

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

LONG RANGE PROGRAM PLAN

Department of Health

Tallahassee

September 30, 2020

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Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Long Range Program Plan (LRPP) for the Department of Health is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives and measures for the Fiscal Year 2021-22 through Fiscal Year 2025-26. The Internet website address that provides the link to the LRPP located on the Florida Fiscal Portal is <http://www.floridahealth.gov/about-the-department-of-health/about-us/priorities.html> This submission has been approved by Scott A. Rivkees, MD, State Surgeon General.

Sincerely,

Scott A. Rivkees, MD
State Surgeon General

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State of Florida
Department of Health

LONG RANGE PROGRAM PLAN

Fiscal Years 2021-22 through 2025-26



September 30, 2020

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AGENCY MISSION

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

AGENCY GOALS

1. Healthy Moms and Babies
2. Long, Healthy Life
3. Readiness for Emerging Health Threats
4. Effective Agency Processes
5. Regulatory Efficiency

**GOALS, OBJECTIVES, SERVICE OUTCOMES
AND PERFORMANCE PROJECTIONS TABLES**

GOAL #1: Healthy Moms and Babies

OBJECTIVE 1A: Improve maternal and infant health
OUTCOME: Infant mortality rate per 1,000 live births

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
7.1 / 1997	5.7	5.6	5.5	5.4	5.3

OBJECTIVE 1B : Improve health care disparities in maternal and infant health
OUTCOME: Black infant mortality rate per 1,000 black births

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025/26
12.4 / 1999	11.1	11.0	10.9	10.8	10.7

OBJECTIVE 1C: Reduce births to teenagers
OUTCOME: Live births to mothers age 15-19 per 1,000 females age 15-19

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
58.2 / 1997	15.2	14.2	13.2	12.2	11.2

OBJECTIVE 1D: Reduce congenital syphilis cases
OUTCOME: Number of congenital syphilis case reports

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
108 in 2016	104	100	90	80	70

FY 2020-21 Baseline and targets were revised due to increasing trend of congenital syphilis over the past five years. The baseline and targeted goals are more realistic based on trending morbidity.

GOAL #2: Long Healthy Life

OBJECTIVE 2A: Increase the percentage of adults who are at a healthy weight
OUTCOME: Percent of adults who are at a healthy weight

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
34.9% / 2011	35.5	35.8	36.1	36.4	36.7

OBJECTIVE 2B: Reduce the AIDS case rate
OUTCOME: AIDS case rate per 100,000 population

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
11.7/ 2014	10.2	10	9.8	9.6	9.4

OBJECTIVE 2C : Provide a family-centered, coordinated managed care system for children with special health care needs
OUTCOME: Percent of families served reporting a positive evaluation of care provided

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
84.0% / 2014-15	90	90.5	90.5	90.5	91

OBJECTIVE 2D : Ensure that CMS clients receive appropriate and high quality care
OUTCOME: Percent of CMS enrollees in compliance with periodicity schedule for well child care

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
65.2% / 2005-06	82	82.5	82.5	82.5	88

OBJECTIVE 2E: Compliance with appropriate use of asthma medications (national measure)
OUTCOME: Percent of CMS Plan enrollees in compliance with appropriate use of asthma medications

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
92.5% / 2014-15	95	95	95	95	95

OBJECTIVE 2F : Provide early intervention services for eligible children with special health care needs
OUTCOME: Percent of children whose Individualized Family Support Plan session was held within 45 days of referral

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
69.0% / 2004-05	97	98	98	98	98

OBJECTIVE 2G: Prevent deaths from all causes of unintentional injury among Florida resident children ages 0-19

OUTCOME: By 2022-23, reduce the baseline of 10.4 (2013) per 100,000 children ages 0-19 to 6.5.

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
10.4 / 2013	6.5	6.5	6.3	6.1	6.1

OBJECTIVE 2H: Develop and maintain a continuous, statewide system of care for all injured patients, increase system preparedness, and decrease morbidity and mortality due to traumatic injury.

OUTCOME: By 2022-23 reduce the statewide trauma mortality rate to meet the average U.S. trauma mortality rate of 3.0% or less. (2012 US Trauma mortality rate = 3.8%)

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
6.5% / 2002	3	3	3	3	3

OBJECTIVE 2I: Increase the number of children receiving a preventive dental service.

OUTCOME: Percent of Medicaid enrolled children receiving a preventive dental service statewide by any dental provider.

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
13.0% / 2011	28	30	32	35	40

OBJECTIVE 2J: Assist persons suffering brain and spinal cord injuries to rejoin their communities

OUTCOME: Percent of Brain & Spinal Cord Injury program clients reintegrated to their communities at an appropriate level of functioning

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
79.2% / 1995-96	93.9	93.9	93.9	93.9	93.9

OBJECTIVE 2K: Reduce the tuberculosis rate

OUTCOME: Tuberculosis case rate per 100,000

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
9.5 / 1997	2	2	2	2	2

GOAL #3: Readiness for Emerging Health Threats

OBJECTIVE 3A: By June 30, 2024, increase the number of counties that have significant or full ability on the three most critical preparedness capabilities (8 functions) for Public Health Community Preparedness, Emergency Operations Coordination, and Mass Care Coordination from 43 to 67.

OUTCOME: Number of counties with significant or full able to respond to top three critical risks

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
43 / 2018	57	64	67	67	67

OBJECTIVE 3B: Reduce the proportion of Floridians, particularly young Floridians, who use tobacco

OUTCOME: Percent of middle and high school students who report using tobacco in the last 30 days

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
30.4% / 1997-98	5.6	5.2	4.8	4.6	4.3

OBJECTIVE 3C: Increase the immunization rate among young children

OUTCOME: Percent of two year olds fully immunized

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
82.6% / 1997	90.0	90.0	90.0	90.0	90.0

GOAL #4: Effective Agency Processes

OBJECTIVE 4A: Complete medical disability determinations in an accurate manner
OUTCOME: Percent of disability determinations completed accurately as determined by the Social Security Administration

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
90.6% / 1996-97	>96%	>96%	>96%	>96%	>96%

OBJECTIVE 4B: Provide specialized team assessments for children suspected of suffering abuse or neglect
OUTCOME: Percent of Child Protection Team assessments provided to the Department of Children and Families' Family Safety and Preservation program within established timeframes.

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
92.0% / 2014-15	99%	99%	99%	99%	99%

OBJECTIVE 4C: Assist in the placement of volunteer health care providers in underserved areas
OUTCOME: Increase the number of contracted health care practitioners in the Volunteer Health Care Provider Program

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
12,867 / 2011-12	14,936	15,384	15,846	16,321	16,811

GOAL #5: Regulatory Efficiency

OBJECTIVE 5A: Effectively address threats to public health from specific practitioners
OUTCOME: Percent of emergency actions taken within 30 days of receipt of a priority complaint

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
8.99% / 2009-10	40	42	44	48	50

OBJECTIVE 5B: Ensure emergency medical service (EMS) providers and personnel meet standards of care
OUTCOME: Percent of EMS providers found to be in compliance during licensure inspection

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
91.0% / 1997-98	99	99	99	99	99

***NOTE: The Onsite Sewage Program is transferring to Department of Environmental Protection (DEP) 7/01/2020**

OBJECTIVE 5C: Monitor individual sewage systems to ensure adequate design and proper function
OUTCOME: Septic tank failure rate per 1,000 within two years of system installation

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
3.0 / 1997	1.82* (see note above)	NA	NA	NA	NA

OBJECTIVE 5D: Ensure regulated facilities are operated in a safe and sanitary manner
OUTCOME: Percent of required food service inspections completed

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
80.15% / 2009	100	100	100	100	100

OBJECTIVE 5E: Protect the public from food and waterborne diseases
OUTCOME: Confirmed foodborne disease outbreaks identified per million population*

Baseline/ Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
2.69 / 2011	3.51	3.56	3.61	3.66	3.71

*Indication more disease being identified by improved surveillance/implementation of more rigorous inspection process since baseline

LINKAGE TO GOVERNOR'S PRIORITIES

The Florida Department of Health's Goals and Objectives link to five of the Governor's priority areas—Restore and Protect Florida's Environment, Economic Development and Job Creation, Health Care, Public Safety, and Public Integrity. Several Department objectives link to the Governor's specific priorities, while others more generally link to broader priority areas. The Department's Goal #1—Healthy Moms and Babies, for example, focuses on improving maternal and infant health and includes specific objectives related to decreasing the black infant mortality rate; reducing births to teenagers; and reducing congenital syphilis. These Goal #1 objectives directly link to the Governor's overarching Priority Area #4—Health Care, but do not directly link to the Governor's specific priorities. The table below crosswalks the Governor's Priority Areas with corresponding Department objectives (rows in gray) and also identifies the Department goals that link to specific priorities (rows without shading).

Governor's Priority Areas and Priorities	Florida Department of Health Goal/ Objective #
Priority Area 1 – Restore and Protect Florida's Environment	Goal #5 Regulatory Efficiencies/ Objective 5C
Priority Area 3 – Economic Development and Job Creation	Goal #2 Long Healthy Life/ Objectives 2G, 2J
Priority Area 4 – Health Care	Goal #1 Healthy Moms and Babies/ Objectives 1A, 1B, 1C, 1D
	Goal #2 Long Healthy Life/ Objectives 2A, 2B, 2J, 2K
	Goal #3 Readiness for Emerging Health Threats/ Objective 3B, 3C
	Goal #5 Regulatory Efficiencies/ Objective 5A
Priority – Promote innovation in health care that reduces the cost of medical procedures and services and increases access to care for Floridians.	Goal #2 Long Healthy Life/ Objectives 2C, 2D, 2E, 2F, 2H, 2I
	Goal #4 Effective Agency Processes/ Objective 4C
	Goal #5 Regulatory Efficiencies/ Objective 5B
Priority – Reduce the cost of prescription drugs through state and federal reform.	Goal #2 Long Healthy Life/ Objective 2E

Governor's Priority Areas and Priorities	Florida Department of Health Goal/ Objective #
Priority Area 5 – Public Safety	Goal #3 Readiness for Emerging Health Threats/ Objective 3C Goal #4 Effective Agency Processes/ Objective 4B Goal #5 Regulatory Efficiencies/ Objective 5A, 5E
Priority – Develop and implement comprehensive threat assessment strategies to identify and prevent threats to the public.	Goal #3 Readiness for Emerging Health Threats/ Objective 3A
Priority Area 6 – Public Integrity	
Priority – Protect taxpayer resources by ensuring the faithful expenditure of public funds.	Goal #4 Effective Agency Processes/ Objective 4A Goal #5 Regulatory Efficiencies/ Objective 5B
Priority – Promote greater transparency at all levels of government.	Goal #5 Regulatory Efficiencies/ Objective 5D

TRENDS AND CONDITIONS STATEMENT

Introduction

The Florida Department of Health (the Department) is responsible for the health and safety of all citizens and visitors to the state (s.381.001 Florida Statutes). The Department's mission is to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts. As a public health agency, the Department monitors the health status of Floridians, investigates and manages health problems, and mobilizes local communities to address health-related issues. The Department develops policies and plans that support health goals, enforces laws and regulations that protect the health of all residents and visitors, links people to needed health care services, and provides services where necessary when people have difficulty accessing services from other providers.

Five key issue areas are identified as factors that must be addressed in order to improve the health and safety of Florida's citizens and visitors: Healthy Moms and Babies; Long, Healthy Life; Readiness for Emerging Health Threats; Effective Agency Processes and Regulatory Efficiency. By targeting these key areas, Florida's public health resources are strategically positioned to continue improving the health of all its residents. The following describes the five key issue areas, programs intended to impact these issues, recent public health care trends and conditions in the areas, and the Department's goals and operational intentions for the next five years.

Goal 1: Healthy Moms and Babies

Keeping children, mothers and families healthy is the core of public health activity in Florida and the health and well-being of children and families across the globe are measured by infant mortality rates. While infant mortality has reached historic lows, racial and ethnic disparities continue. Reducing the overall rates of infant mortality and eliminating disparities in infant death rates among racial and ethnic groups ensures we are creating healthier communities.

Maternal and Child Health

Purpose: The Maternal and Child Health Section (MCH) focuses on improving maternal and child health outcomes and reducing the disparity between the black infant mortality rate (IMR) and the white IMR.

Five-Year Trends:

Objective 1A: Improve maternal and infant health. Reducing the IMR to meet the state and national standards is a strategic priority. During the period 2015-2019, the overall infant mortality rates stayed flat with an IMR of 6.2 infant deaths per 1,000 live births in 2015 and 6.0 infant deaths per 1,000 births in 2019. In contrast, the overall IMR decreased 16.7% from 7.2 (2005) to 6.0 (2019).

Objective 1B: Improve health care disparities in maternal and infant health. Targeting populations for intervention that are at a higher risk of infant mortality is also a strategic priority. In 2015, the black IMR was 11.4 infant deaths per 1,000 births compared to 6.2 statewide. The black IMR decreased to 10.9 infant deaths per 1,000 births in 2019. This decrease was not significant. The ratio of the black IMR to the white IMR decreased from 2.6 in 2015 to 2.5 in 2019.

Conditions:

Objective 1A: Improve maternal and infant health. The IMR varies across areas due, in part, to static demographic characteristics such as maternal race, marital status and maternal education.

Objective 1B: Improve health care disparities in maternal and infant health. Racial disparities continue to exist in Florida's IMR, with black infants being 2.5 times more likely to die within the first year of life than white infants in 2019. Continued work is needed to address the racial disparity in IMR. Racial disparities and risks of IMR could be lowered by improving preconception health, improving safe sleep practices, increasing breastfeeding practices and addressing social determinants.

Five-Year Plan and Projections:

Objective 1A: Improve maternal and infant health. MCH plans to continue participating in and implementing activities to reduce the IMR and decrease disparities by continued collaboration and partnership with federal, state and local partners. Activities include promoting adoption of policies to address social determinants of health; promoting safer infant sleeping practices to prevent suffocation; encouraging tobacco cessation; and reducing teen pregnancies. The Department has engaged in the assessment, planning and evaluation of the Healthy Start Program to determine impact and move the program to evidence-based programs.

Objective 1B: Improve health care disparities in maternal and infant health. The Department is focusing on ways to ensure health equity, eliminate health disparities, address social determinants of health, and implement best programs, policies, and practices to reduce the IMR. Embedded throughout the Healthy Start Program are inclusive planning and service delivery approaches that reach deep into the community to ensure the perspectives, strengths, needs, and assets of persons directly affected are incorporated when striving for optimal community health. By viewing the community as a partner rather than the object of MCH planning and service delivery, MCH plans to leverage the skills and capacities of community members in this effort. The Department continues the Florida Healthy Babies initiative which is a collaborative effort with key partners across sectors to positively influence social determinants and reduce infant mortality disparities. Internally, a Health Equity Program Council was developed, comprising county health officers and leaders in the state health office, who assist counties and programs by providing support and technical assistance on emerging research and best practices to expand throughout the state. Data have been mapped to identify areas of the state with the greatest disparities in infant mortality to aid local leaders with information for discussion, planning and community engagement within each county. Initiatives that address behaviors, social circumstances, and healthy environments have been initiated in each county.

Adolescent and Reproductive Health

Purpose: To promote positive behaviors, provide education and increase access to reproductive health services to prevent unintended pregnancies and associated negative outcomes.

Five-Year Trends:

Objective 1C: Reduce births to teenagers. Over the past five years, the rate of teen births has been reduced from 21.0 per 1,000 females aged 15-19 in 2015 to 16.2 in 2019.

Conditions:

High teen birth rates are a significant public health concern. Research has shown that births to teen mothers also correlate with lower educational attainment, lower earned income, and engagement in high-risk behavior, which can result in negative outcomes for both mother and infant. The Adolescent and Reproductive Health Section uses a comprehensive approach to

address the prevention of teen pregnancy, including positive youth development, abstinence education and various health and social interventions, including increased access to reproductive health education and services through the Title X Family Planning Program.

Five-Year Plan and Projections:

The Department, with the assistance of federal, state and local partners, will continue to deliver a continuum of services to address teen pregnancy prevention. Within the 67 county health departments, the Family Planning Programs will continue to provide access to care for teens desiring reproductive health care planning and counseling.

Five-Year Trends:

Objective 1D: Reduce the number of congenital syphilis cases. Over the last five years, the number of congenital syphilis cases has trended upward, from 48 in 2014, to 108 cases in 2018. The long-range goal is to reduce the number of cases to 90 by 2023.

Conditions:

Cases among females have increased from 795 cases in 2014 to 1,792 cases in 2019, a 125% increase. The increase of congenital syphilis cases is due to the increase of syphilis among women of childbearing age over the past five years.

Five-Year Plan and Projections:

The goal of the Section is to reduce the number of congenital syphilis cases from 108 in 2018, to 90 in 2023. The plan to meet the goal will be accomplished through enhanced case identification, increased awareness among pregnant women and providers of the need for screening and treatment, and establishment of a statewide congenital syphilis case review process to identify reasons why cases are occurring and developing prevention strategies to prevent future occurrences.

In March 2019, the Adolescent and Reproductive Health Section established a statewide Congenital Syphilis Review Team at headquarters whose mission is to conduct formal case reviews, identify missed opportunities for prevention, and make recommendations to Area STD Programs to prevent future occurrences. To collect and analyze information in a logical format, the Section developed a fillable congenital syphilis case review form that includes all relevant information on the mother and baby related to the case. In April 2019, the Section launched a statewide awareness campaign highlighting the importance of screening for syphilis, HIV and hepatitis B during pregnancy and for all women of childbearing age. The campaign also focused on prenatal providers and the Florida Statute related to screening requirements. All campaign materials remain in place on county health department websites.

Goal 2: Long Healthy Life

A key function of the Department is to increase life expectancy and quality of life. In order to do this, the Department must work toward the objectives of preventing and controlling infectious disease, preventing illness, injury and death related to environmental factors, and reducing unintentional and intentional injuries.

Additionally, the Department must work toward reducing premature death and disability due to chronic diseases, resulting in large part from obesity. People suffering from preventable chronic diseases have shorter lives, suffer more, and have higher health care costs. Obesity, sedentary lifestyle, tobacco use and poor nutrition can cause or worsen numerous chronic diseases including heart disease, hypertension, asthma and arthritis.

Healthiest Weight / Bureau of Chronic Disease Prevention

Purpose: Healthiest Weight Florida (HWF) is a public-private collaboration bringing together state agencies, not for profit organizations, businesses, and entire communities to help Florida's children and adults make choices about healthy eating and active living. Priorities are based on the Institute of Medicine's recommendations for accelerating progress in obesity prevention.

Five-Year Trends:

Objective 2A: Increase the percentage of adults who are at a healthy weight. In 2011, the Behavioral Risk Factor Surveillance System changed its sampling methodology, establishing the 2011 baseline. From 2011 to 2018, the percentage of adults at a healthy weight has decreased from 34.9% to 32.2%.

Conditions:

The HWF initiative relies on the Collective Impact (CI) model where a group of actors from different sectors commit to a common agenda for solving a complex social or environmental problem. The decrease seen in the percentage of adults at a healthy weight is not a statistically significant difference.

Five-Year Plan and Projections:

Over the next five years, the initiative partners will continue to focus on policy, system and environmental change to support the following healthy places/topics: (1) health care settings; (2) early care and education; (3) schools; (4) worksites; (5) community-based organizations; (6) breastfeeding; and (7) built environment.

HIV/AIDS Section

Purpose: The HIV/AIDS Section focuses on preventing exposure, infection, illness and death related to HIV and AIDS through surveillance, care and treatment, educational outreach, enhanced testing, and counseling efforts, along with county and community collaborations with a particular focus on reducing the state's HIV/AIDS rates.

Five-Year Trends:

Objective 2B: Reduce Florida's AIDS case diagnosis rate. Over the past five years (2015-2019), Florida's AIDS case diagnosis rate has decreased from 10.7 per 100,000 population to 8.8 per 100,000 population. Additionally, during the same time, Florida also saw an overall decrease in the rates of HIV resident deaths, from 4.4 in 2015 to 3.3 in 2019.

Conditions:

Over the past five years, the goals and objectives of the HIV/AIDS Section have been to counsel and test individuals at risk for HIV and to link them into care. Once linked into care, these individuals are assessed for viral load and CD4 levels and placed on antiretroviral therapies with the goal of having a suppressed HIV-viral load level. The expected outcomes were observed by the reduction in both the AIDS case diagnosis rate and the HIV resident death rate during this five-year period.

Five-Year Plan and Projections:

The HIV/AIDS Section has re-focused its plan to eliminate HIV Transmission, Reduce AIDS Diagnoses, and Reduce HIV-related Deaths by: (1) Implementing routine HIV and Sexually Transmitted Infection (STI) screening in health care settings and priority testing in non-health care settings. (2) Providing rapid access to treatment and ensure retention in care (Test & Treat). (3) Improving access to antiretroviral pre-exposure prophylaxis (PrEP) and non-

occupational post-exposure prophylaxis (nPEP). (4) Increasing HIV awareness and community response through outreach, engagement, and messaging. As part of the National plan to End the HIV Epidemic (EtHE), Florida plans to reduce the rate per 100,000 population of HIV transmissions diagnosed annually in Florida, from 23.4 per 100,000 population (2018) to 5.9 per 100,000 population (2025). Another plan is to increase the proportion of people living with HIV (PLWH) in Florida with a suppressed viral load (<200/ml) from 64% (2018) to 90% in (2020) and 95% in 2025. Finally, Florida plans to reduce the state's HIV Resident Death Rate from 3.3 in 2018 to 0.8 in 2025.

Children's Medical Services Managed Care Plan

Purpose: Children's Medical Services (CMS) provides a family-centered, comprehensive system of care and medical home for children with special health care needs who have chronic and serious conditions and are enrolled in the CMS Managed Care Plan through the Medicaid Managed Medical Assistance program or Florida KidCare or are enrolled in the CMS Safety Net Program. Recognizing the importance of family satisfaction, compliance with well-child care and compliance with appropriate use of asthma medications, the Department has made each of these a strategic priority for the Medicaid enrolled children.

Five-Year Trends:

Objective 2C: Provide a family-centered, coordinated managed care system for children with special health care needs who have chronic and serious conditions. The percentage of families served reporting a positive evaluation of care provided has fluctuated slightly since FY 2015-16, staying at or near 85%. In FY 2019-20, the rate was 84.1%.

Objective 2D: Ensure that CMS clients receive appropriate and high-quality care. Over the past five years, the percentage of enrollees in compliance with the periodicity schedule for well-child care increased only slightly, however there was an 11.2% increase from FY 2018-19 at 74.2% to FY 2019-20 at 85.4%.

Objective 2E: Compliance with appropriate use of asthma medications (national measure). Over the past five years, the percentage of CMS Managed Care Plan enrollees in compliance with appropriate use of asthma medications has varied. In the most recent measurement period (FY 2019-20), there was a decrease in the compliance rate from 68.1% to 64.0%.

Conditions:

Objective 2C: Provide a family-centered, coordinated managed care system for children with special health care needs who have chronic and serious conditions: This evaluation was conducted during the COVID-19 pandemic when access to providers was shifting from an in-person model to a telehealth model where possible. While there were positive impacts as a result of the transition to telehealth, we expect that our members did experience some delays in accessing providers, which may have contributed to this measure being lower than expected. However, because of improvement efforts by CMS, the percentage of families served reporting a positive evaluation of care provided is expected to increase in coming years.

Objective 2D: Ensure that CMS clients receive appropriate and high-quality care: The implementation of value-based contracting for health care providers in February 2019 and a more robust care management model contributed to this marked improvement.

Objective 2E: Compliance with appropriate use of asthma medications (national measure): Continued and current efforts are underway to identify innovative solutions to address the needs of the CMS Managed Care Plan Members. New interventions recently initiated include a Pharmacy Advisor Support Program that aims to ensure members are using an inhaled

corticosteroid for long term control and outreach to providers who have patients that are over-using the short-acting beta Agonist.

Five-Year Plan and Projections:

Objective 2C: Provide a family-centered, coordinated managed care system for children with special health care needs who have chronic and serious conditions: CMS will improve satisfaction rates by continuing efforts to meet the needs of the CMS enrollees, even as new threats emerge. Areas of satisfaction that CMS will focus on are defined by the contract with the Agency for Health Care Administration and subject to change. The CMS Plan will focus on satisfaction with the care coordination provided, the child's primary care physician and the CMS Plan benefit package.

Objective 2D: Ensure that CMS clients receive appropriate and high-quality care: CMS will increase periodicity compliance rates by utilizing value-based purchasing with providers and a new care management model that enhances the care manager's role in providing family-centered, coordinated care to enrollees, including the coordination of visits to the child's primary care physician and offering member incentives for completing well-child visits.

Objective 2E: Compliance with appropriate use of asthma medications (national measure): CMS will increase asthma medication compliance rates by utilizing evidence-based and informed methods such as the Pharmacy Advisor Support Program. Care management services will be utilized to identify gaps in medication compliance and provide member education and assistance.

Children's Medical Services, Early Steps

Purpose: Early Steps is Florida's early intervention system offering services to families of infants and toddlers (birth to 36 months) with significant developmental delays, conditions likely to result in delays, and those who are at-risk of a developmental delay. Early intervention services are provided to enable the family to implement developmentally appropriate learning opportunities during everyday activities and routines.

Five-Year Trends:

Objective 2F: Provide early intervention services for eligible children with special health care needs. The five-year trend data for referrals to Early Steps continues to increase steadily with a slight decrease in 2020. The performance trend for timely Individualized Family Support Plan (IFSP) development showed steady improvement over the last three years: 84.3% in FY 2017-18, 90.3% in FY 2018-19 and 91.2% in FY 2019-20.

Conditions:

Referrals to Early Steps decreased slightly in spring 2020 due to COVID-19.

Five-Year Plan and Projections:

Referrals to Early Steps will likely increase due to statewide, targeted public awareness and local outreach efforts. Continued emphasis on technical assistance, increased quality assurance monitoring, and accountability reporting will ensure timely development of IFSPs.

Injury Prevention

Purpose: In 2017, the Injury Prevention Program merged with the Sexual Violence Prevention Program to form the Violence and Injury Prevention Section (VIP) in the Division of Community Health Promotion. The VIP provides statewide coordination of violence and injury prevention strategies and resources to prevent and reduce unintentional and intentional injuries and deaths in Florida. VIP priorities are based on data and address equity and social determinants to build sustainable protective healthy safe environments for all residents.

Five-Year Trends:

Objective 2G: Prevent deaths from all causes of *unintentional* injury among Florida resident children ages 0–19. Motor vehicle traffic crashes are the leading cause of unintentional injury death among children 0-19 (2019), followed by suffocation and drowning.

- From 2014 to 2019, the unintentional injury fatality rates for Floridians ages 0–19 decreased from 11.4 per 100,000 population to 10.5.
- From 2014 to 2019, the unintentional poisoning fatality rate among children 0 to 19 increased from 0.4 per 100,000 population to 0.8, or approximately a 100% increase.
- The unintentional falls fatality rate increased from 0.2 per 100,000 population to 0.3, or approximately a 50% increase, from 2014 to 2019.
- From 2007 to 2019, the statewide number of drowning deaths among Florida’s children ages 1–4 decreased by 31%; the drowning rate for the same population decreased by 35%.

Conditions:

Activities to decrease unintentional injury and death among Florida’s youth are the main function of Safe Kids Florida. The Department of Health is the lead agency for Safe Kids in the state, which, is part of a global effort to prevent injuries to children aged 19 and under. Safe Kids coalitions (SKC), covering 40 Florida counties, comprise key injury prevention stakeholders, educators, first responders, health care providers, local departments of health and other service agencies and businesses. SKC provide car seat safety inspections; bike and helmet safety education and training; pedestrian education, poison prevention education; swimming lessons and pools and barriers education; safe sleep initiatives, and other relevant safety topics. The State Health Improvement Plan (SHIP) Injury Safety and Violence (ISV) Priority Area Workgroup contributes to these efforts by addressing systems and policy support. Additional objectives under the SHIP ISV Priority area, which serves as the state’s injury prevention plan, address across-the-lifespan efforts to decrease injury and fatalities in the state. Current activities include elder falls prevention, violence prevention, drowning prevention, trauma, and motor vehicle safety.

Five-Year Plan and Projections:

Unintentional injuries are the leading cause of death for residents ages 0-19. The Department prioritized efforts to reduce vehicle crashes, prevent drowning, and promote community mobilizations in all prevention efforts to improve health outcomes. The VIP Safe Kids Florida Coordinator continues to support SKC as well as related activities implemented under the 2017-2021 State Health Improvement Plan (SHIP). The goal is to expand Safe Kids Coalitions to cover all 67 counties.

VIP also addresses *intentional* injuries and fatalities. In 2018, suicide was the eighth leading cause of death in the state. Information available from the National Center for Health Statistics shows Florida with the third highest number of suicides (3,567) in 2018, based on data from CDC-WONDER. According to the Florida Community Health Assessment Resource Tool Set [FL-CHARTS], among males over the age of 60, suicides were primarily by Whites / Non-

Hispanic (49.8%) followed by White / Hispanic (33.5%), and African Americans (7.9%). The COVID-19 crisis will likely play a factor in increasing suicide rates due to social isolation and Florida is preparing accordingly. The Department is elevating efforts around suicide prevention, working closely with lead agencies to build state capacity, including designation of a full-time suicide prevention coordinator in the VIP Section. Apart from suicide, Florida has the third highest ranking for destination by human traffickers. Half of Florida's identified victims are under the age of 18. The Department of Health is in initial planning stages of strategically addressing human trafficking as a public health issue.

Finally, VIP implements the CDC's STOP Sexual Violence (SV) Technical Package. Using Rape Prevention and Education funds, community providers implement programs, policies or practices that align with the STOP SV strategy by Promoting Social Norms that Protect Against Violence (S), Teaching Skills to Prevent Sexual Violence (T), Providing Opportunities to Empower and Support Girls and Women (O), Create Protective Environments (P) and Support Victims/Survivors to Lessen Harms (SV). The current focus of this work is to expand intervention beyond the individual level and outward to the community and societal levels of the socioecological model. These programs, policies or practices aim to improve community health and safety by addressing shared risk and protective factors to prevent multiple forms of violence.

Trauma Section

Purpose: The Trauma Section is responsible for planning and oversight of the statewide trauma system. The trauma system ensures all trauma victims have access to the resources required for care and treatment of their injuries.

Five-Year Trends:

Objective 2H: Develop and maintain a continuous, statewide system of care for all injured patients, increase system preparedness, and decrease morbidity and mortality due to traumatic injury. The current trauma mortality rate for Florida for FY 2019-20 was 3.24 percent, which is significantly below the 2002 baseline of 6.5 percent. While trauma mortality has decreased, it is still 0.04 percent above the target mortality rate for FY 2019-20 at 3.2 percent.

Conditions:

Trauma mortality has decreased since 2002 as a result of enhanced prevention efforts, increased access to specialized trauma care, improved patient data needed to drive performance improvement, and enhanced integration of patient care resources at all levels of the trauma system. Since 2000, the number of verified trauma centers increased from 20 to 36.

Five-Year Plan and Projections:

Even though trauma mortality is currently above the projected rate of 3.2 percent for FY 2019-20, the downward trend is expected to continue and is on track to meet the targeted projections over the next five years. Continued emphasis on the development of a data-driven trauma system will identify strategic priorities that will strengthen and improve trauma care throughout the state and positively affect health outcomes for severely injured patients. Florida's trauma mortality rate will continue to decrease over the next five years with continued emphasis on performance improvement and enhanced patient resource coordination.

Public Health Dental Program

Purpose: The Public Health Dental Program (PHDP) provides direction on oral health policy, promotes cost-effective preventive activities, collects and analyzes data, and supports the provision of direct dental services. Specifically, the PHDP aims to increase the number of preventive dental services for low-income children by facilitating and providing oral health education and prevention programs.

Five-Year Trends:

Objective 2I: Increase the number of children receiving a preventive dental service. During the past six years (2011-18), the percentage of Florida Medicaid children ages 0-20 enrolled for 90 continuous days receiving any preventive dental service statewide increased by 23.88% (percent change of 183%). The national CMS416 reports have not been released for FY 2018-19 as of August 14, 2020. The CY 2018 goal of 35.02% was reached with preliminary data showing 36.87% receiving any preventive dental service.

Conditions:

There are numerous reasons why Medicaid children do not visit the dentist. The PHDP continues to emphasize increasing access to dental services through school-based and school-linked programs and providing cost-effective preventive measures for controlling dental disease such as dental sealants. The PHDP has increased the number of county health departments with a school-based sealant program from 27 in 2012 to 51 in 2019. Current conditions in 2020 that will have measurable negative impacts to the services provided include the onset of the COVID-19 epidemic. The period from February 2020 to June 2020 will show a large decline in services due to the statewide shutdown of elective services ordered by the Governor's Executive Order in response to the spread of COVID-19.

Five-Year Plan and Projections:

The PHDP plans to continue this progress by expanding school-based sealant programs and increasing referrals to a dental home. Over the next five years, the goal to reach and maintain 47% of Medicaid enrolled children to receive a preventive dental service by FY 2024-25.

Brain and Spinal Cord Injury Program (BSCIP)

Purpose: The BSCIP provides eligible individuals the opportunity to obtain necessary services enabling them to return home or to other community-based living. Case management and resource facilitation are the primary services provided. The Program purchases rehabilitative services as funding permits and is the payor of last resort.

Five-Year Trends:

Objective 2J: Assist persons suffering brain and spinal cord injuries to rejoin their communities. The percent of clients reintegrated into the community has remained relatively constant, fluctuating between 93.7% to 95.3% from FY 2011-12 (94.7%) to FY 2019-20 (93.7%) without additional revenues for the Brain and Spinal Cord Injury Trust Fund. This measure has been tracked only since July 1, 2011. Prior to this date, measures were calculated using a different methodology. The methodology for this objective was changed due to the formal adoption of a definition of "Reintegration into the Community" in Florida Administrative Code rule 64I-1.001 2011.

Conditions:

Funding to purchase rehabilitative services for program clients has decreased from previous years' allocations.

Five-Year Plan and Projections: The Program continues working to identify third party payors for client services and to research and identify alternate resources to fund or provide client services. The Program projects the community reintegration percentage rate will remain steady moving forward.

Tuberculosis (TB) Control Section

Purpose: The TB Control Section reduces the prevalence of TB in Florida through early diagnosis, rapid initiation of effective treatment of the disease to render the individual non-infectious in the shortest possible time, and continuous treatment until cure to prevent additional transmission in the community.

Five-Year Trends:

Objective 2K: Reduce the TB rate. From FY 2014-15 to FY 2019-20, the TB case rate dropped by 24.1% from 2.9 to 2.2 TB cases per 100,000 of population.

Conditions:

The TB case rate dropped over the previous five-year period due to new technologies to identify *Mycobacterium tuberculosis* (*M.tb*) in as little as 24 hours after the laboratory receives the specimen. These include cutting-edge procedures such as nucleic acid amplification (NAA) testing and molecular methods to identify gene mutations consistent with drug resistance within 24 hours of a positive NAA test result, resulting in effective initial therapy. The achievement of universal genotyping has helped identify previously unknown clusters of TB cases leading to interventions to interrupt transmission. It also enabled the identification of laboratory cross-contamination, preventing the misdiagnosis of TB. Lastly, effectively managing nursing caseloads, using directly observed therapy (DOT) and video DOT (VDOT), incentivizing treatment, removing barriers to care, exercising public health orders (if all else fails), and expanded use of short-course therapy for the treatment of latent TB infection (LTBI), contribute to the cure and prevention of active TB disease.

Five-Year Plan and Projections:

Over the next five-year period, the TB Control Section plans to: (1) increase the use of NAA testing for the rapid identification of *M.tb* at the point of service; (2) expand the menu of drugs for which molecular drug susceptibility testing is available; (3) improve nurse case management strategies and share best practices; (4) test for LTBI in populations at high risk for progression to active disease, if infected; and (5) increase the acceptance of treatment for LTBI and the proportion of patients with LTBI who complete treatment.

Goal 3: Readiness for Emerging Health

A key function of the Department is to maintain readiness to protect the health and safety of all people by minimizing loss of life and preventing injury and illness from emerging and potential public health threats such as natural and man-made disasters, disease outbreaks, terrorist attacks, tropical diseases and epidemics. The continued development and review of capabilities help build community resilience and ensure sustainable public health and health care, and superior emergency management systems.

Bureau of Preparedness and Response (BPR)

Purpose: BPR ensures that local, state and federal preparedness and response investments are wisely leveraged to build a resilient Florida public health and health care system prepared for any disaster or emergency. The state supports Florida's health and medical response with grants from the Centers for Disease Control and Prevention (CDC) and Office of the Assistant Secretary for Preparedness and Response (ASPR).

Five-Year Trends:

Objective 3A: By June 30, 2024, increase the number of counties that have significant or full ability on the three most critical preparedness capabilities (8 functions) for Public Health Community Preparedness, Emergency Operations Coordination, and Mass Care Coordination from 43 to 67 (100%).

Conditions:

Scores are derived from data from local and statewide partners to produce gap analyses, estimate the impacts of hazards to public health, and measure the effect of mitigation factors such as community resilience thereby producing a final matrix of residual risk.

Five-Year Plan and Projections:

Florida has a 64% baseline (43 counties) for FY 2020-21 with counties that have achieved significant or full ability in the three most critical preparedness capabilities. There was a 9% increase in the number of CHDs that achieved a score of 4 or 5 in the last three fiscal years. A 95-100% achievement rate is expected by the 2023-24 assessment.

Bureau of Tobacco Free Florida

Purpose: The Bureau of Tobacco Free Florida (BTFF) focuses on preventing and reducing tobacco use among Floridians. Youth prevention is a primary target of the BTFF. Tobacco companies spend about \$605.3 million per year (or, over two million dollars a day) marketing in Florida, and exposure to that advertising can lead to increased tobacco initiation among youth.

Five-Year Trends:

Objective 3B: Reduce the proportion of Floridians, particularly young Floridians, who use tobacco. Over the last five years, the percentage of middle and high school students who use tobacco has decreased by 71%, from 14.7% in 2011 to 4.3% in 2019. Florida's goal is to continue the reduction in the number of youth using tobacco (cigarettes, cigars and smokeless products).

Conditions:

BTFF administers a comprehensive tobacco prevention and control program, including a statewide prevention and cessation media campaign that contributes to changing the knowledge and attitudes about tobacco of both users and non-users. Locally, BTFF staff and partners work to educate their communities about the way tobacco is promoted, sold and

used. They also address policy, environmental and systems change. These activities have the potential to change social norms about tobacco use in the community and lead, in time, to reductions in tobacco use. The Department supports youth advocacy efforts through its Students Working Against Tobacco (SWAT) organization. Youth are identified as being integral members of their local tobacco free partnership; working toward policy change, exposing tobacco industry tactics, and changing social norms by reducing pro-tobacco influences. The youth prevention statewide media campaign, The Facts Now, delivers relevant factual information about tobacco use through digital and social platforms. All components of the program are externally evaluated and the BTFF makes changes to its programs based on evaluator recommendations.

Five-Year Plan and Projections:

The BTFF plans to further reduce tobacco use among middle and high school students by continuing the strategies that have been successful the last five years. These include the statewide media campaign and community interventions, both of which are recommended by the Centers for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Programs. The BTFF will also make programmatic improvements to these areas based on evaluation recommendations.

Immunization Section

Purpose: The Immunization Section focuses on increasing immunization levels in Florida and decreasing vaccine-preventable diseases. Recognizing the importance of early childhood immunizations, the Department has made increasing the immunization coverage of two-year-old children a strategic priority.

Five-Year Trends:

Objective 3C: Increase the immunization rate among two-year-old children. Over the last five years, the estimated rates have fluctuated. From 2015 to 2019, the annual estimated percentages of fully immunized two-year-old children were:

2015 – 85.5% ± 1.1;

2016 – 84.1% ± 1.2;

2017 – 86.1%± 1.0;

2018 – 83.9% ±1.1,

2019 – 83.5% ±0.6.

In 2019, the estimated rate decreased 0.4% from the prior year.

Conditions:

The percentage of fully immunized two-year-olds has not risen due to multiple factors, including the increase in religious exemptions and vaccine hesitation by parents. Additionally, over the past five years, childhood immunization services have greatly shifted away from county health departments (CHDs) to the private sector, where driving behavior change in immunization practices is more difficult. Although efforts have been made to increase the percentage immunized in both the public and private sectors, overall state rates have remained below the 90% target.

Five-Year Plan and Projections:

The Immunization Section plans to increase immunization rates by:

(1) implementing targeted intensive rate review visits to large private practices having lower immunization rates to illustrate the benefits of using best practices; (2) educating health care providers and community groups on the importance of adhering to the Advisory Council for Immunization Practices (ACIP) Recommended Immunization Schedule for Children 0-18 years; (3) developing and implementing interventions in geographic areas with high risk populations of under-immunized pockets of need; (4) utilizing the Florida State Health Online Tracking System (FL SHOTS) for reminder/recall activities to improve overall compliance with immunization schedules; (5) maintaining partnerships with managed care organizations and private health care providers to promote the Standards for Pediatric Immunization Practices, as well as FL SHOTS; and (6) establishing a three-year contract to develop and implement a new Immunization Marketing Campaign to increase statewide public awareness and promote the Department's priority immunization initiatives.

Goal 4: Effective Agency Processes

Performance measurement, continuous improvement, accountability and sustainability of the public health system are strategies the Department has adopted to ensure Florida's population is served efficiently and effectively. Highly functioning data collection and management systems, electronic health records and systems of health information exchange are necessary for understanding health problems and threats and for crafting policies and programs to address them. Florida's public health system should: use health information technology to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes; ensure that its workforce is prepared, diverse and sustainable; and promote efficiency and effectiveness through performance management and collaboration among public health partners.

Division of Disability Determinations (DDD)

Purpose: To provide, as engaged by and under the rules of the Social Security Administration (SSA), accurate entitlement determinations on claims for benefits made under the Social Security Act (Title II and Title XVI) and the state's Medically Needy Program (administered by Department of Children and Families).

Five-Year Trends:

Objective 4A: Complete medical disability determinations in an accurate manner. Completed disability determinations continue a general decrease, due to a decrease in disability cases forwarded by SSA (5.45% decrease from previous year), examiner attrition (DDD has 45 less trained examiners compared to the same time last year), and COVID-19 impacts. Current decisional accuracy exceeds the approved standard.

Conditions:

Total determinations completed have decreased over the last year (15.95% decrease from previous year), partially due to limited federal hiring authority. However, the largest factor in decreased production is the impact of the COVID-19 pandemic. SSA suspension of non-critical workloads, combined with the inability to obtain timely medical evidence, is reflected in decreased production.

Five-Year Plan and Projections:

The Division of Disability Determinations plans to meet SSA performance targets and thresholds. The requested standards reflect the trending national disability workload anticipated by SSA. A combination of training and a targeted, error-specific technique for

monitoring performance and accuracy is expected to maintain the current balance of production and strong decisional accuracy.

Children's Medical Services, Child Protection Team

Purpose: Children's Medical Services' Child Protection Teams (CPT) provide medical and non-medical services to identify and evaluate child abuse, neglect, and abandonment. CPTs assist the Department of Children and Families (DCF) and designated sheriffs' offices to supplement child protective investigations received by the Florida Abuse Hotline.

Five-Year Trends:

Objective 4B: Provide specialized team assessment reports for children with allegations of abuse or neglect. The three-year trend for CPTs providing timely assessment reports has consistently been greater than 99.7%. Over the past three fiscal years, the percentages of timely assessments were: 99% in FY 2017-18, 100% in FY 2018-19, and 100% in FY 2019-20.

Conditions:

The number of assessment reports completed within the established time frames increased due to technical assistance, quarterly conference calls with providers and implementation of enhanced contract monitoring tools.

Five-Year Plan and Projections:

The Bureau of Child Protection implemented a novel funding allocation methodology to support data-informed decisions. Over the next five years, the Bureau plans to utilize data to modify policies and contract requirements to determine funding based on services provided.

Volunteer Health Services Program

Purpose: The Volunteer Health Services Program is responsible for administering the two Department volunteer programs, the Volunteer Health Care Provider Program and the Chapter 110 Volunteer Program. The objective of the program is to increase access to health care for uninsured and low-income Florida residents through the use of volunteers.

Five-Year Trends:

Objective 4C: Increase the number of contracted licensed health care professionals in the Volunteer Health Care Provider Program. Over the past five years, the number of contracted volunteers has averaged around 13,000. The number of contracted volunteers during FY 2018-19 was 14,501.

Conditions:

The Department continues to provide assistance to existing clinics and actively works to assist groups and individuals to establish new points of access to care. Also, an appropriation for free clinics should enable recipient clinics to expand their ability to provide services through capacity building and provide additional opportunities for new contracted volunteer providers.

Five-Year Plan and Projections:

The Department will continue to support efforts to increase the number of contracted volunteers, and partner with Association of Free and Charitable Clinics in promoting the Program. The goal is to increase the number of active contracted providers by 3% over the projection period.

Goal 5: Regulatory Efficiency

The Department is committed to continuously scrutinizing its regulatory system to ensure that its benefits exceed the costs and each regulation is implemented with maximum efficiency.

Division of Medical Quality Assurance

Purpose: The Division of Medical Quality Assurance (MQA) regulates health care professions for the preservation of the health, safety, and welfare of the public. The Division is responsible for regulatory activities for more than 200 types of licenses.

Five-Year Trends:

Objective 5A: Percentage of Emergency Actions taken within 30 days of receipt of a priority complaint. This measure has been tracked since FY 2017-18. Over the last three years, the percentage of Emergency Actions taken within 30 days has averaged 39.5%. During FY 2019-20, the percentage of Emergency Actions taken within 30 days was 40.3%.

Conditions:

Emergency Actions are taken under s. 120.60(6), Florida Statutes, which requires the Department to show immediate serious danger to the public health, safety or welfare. The Uniform Rules that apply to Emergency Actions require the Department within 30 days to initiate a formal proceeding in compliance with ss. 120.569 and 120.57, Florida Statutes. As a result, within a very short time after the issuance of an Emergency Order, the Department must be able to prove the allegations by clear and convincing evidence. This level of proof frequently requires more than 30 days to develop.

Five-Year Plan and Projections:

MQA plans to increase the percentage of Emergency Actions taken within 30 days by continuing to improve partnerships with law enforcement, continuing to identify and implement process improvements, and continuing to maintain an Emergency Action Unit to handle priority cases. The goal in 2020 is to reach a target of 42% by 2021 and improve that level of performance to 50% through 2025.

Emergency Medical Services (EMS)

Purpose: The EMS Section is responsible for the statewide regulation of emergency medical technicians (EMTs), paramedics, EMT and paramedic training programs, 911 Public Safety Telecommunicators (911 PSTs) and ambulance services and their vehicles. In concert with the Emergency Medical Services Advisory Council, the Section establishes and reviews the Florida EMS State Strategic Plan to provide new strategies to improve emergency medical services throughout Florida.

Five-Year Trends: **Objective 5B**—Ensure EMS providers and personnel meet standards of care. Over the past five years, the percentage of EMS providers found to be in compliance during licensure inspection has increased by 2%. This objective has plateaued, and a revised strategy is being developed. Currently, 67% of EMS agencies require on-site corrections to be compliant. After these corrections are made, 98% of EMS agencies are compliant with Florida Statutes and the Florida Administrative Code.

Conditions: The EMS Section is revising the EMS agency inspection process to include a broader focus on population health. The EMS Section staff normally inspect ambulance providers once every two years. During the inspections, staff reviews records and equipment which provides a static view of performance but has no statistical impact on the health of a population. Provider compliance has increased over the years but has not addressed other

areas of the Agency Strategic Plan related to a Long Healthy Life, Healthy Moms and Babies, and Regulatory Efficiency.

Five-Year Plan and Projections: The EMS Section plans to convert to a performance-based inspection process within the next five years. The performance-based inspection process includes a dynamic review of clinical and operational performance and the agency's impact on the population they serve. The EMS Section projects that at least 50% of the EMS provider agencies are converted to a performance-based regulatory environment by December 2021. Additionally, the EMS Section and EMS Advisory Council will begin to integrate objectives related to a Long Healthy Life, Healthy Moms and Babies, and Regulatory Efficiency. The EMS Section will also continue to award county and matching grants to improve and expand pre-hospital EMS.

Onsite Sewage Program Section

Purpose: The Onsite Sewage Program Section prevents disease of environmental origin by ensuring safe water and safe disposal of wastewater. Twelve million Florida citizens obtain their drinking water from private and certain public water systems and a similar number of citizens use onsite sewage systems installed under Department oversight. Effective July 1, 2021, the Onsite Sewage Program is being transferred to the Department of Environmental Protection.

Five-Year Trends: Objective 5C—Monitor individual sewage systems to ensure adequate design and proper function. Over the last five years, the rate of early failure for onsite sewage systems has fluctuated between 1.45 and 4.56 per thousand installations. The average annual outcome has remained below the 3.5 goal since 2006.

Conditions: The failure of onsite sewage treatment disposal systems within two years of installation is a measure of the overall program quality. Early failure may be the result of several issues including improper siting, design, installation and operation. The Department has monitored this measure quarterly since 1998. Onsite Sewage Program Section staff document and review every early failure, look for patterns and adjust the rules or inspection procedures as necessary. They also educate system owners by distributing brochures and producing televised public service announcements. Additionally, they electronically monitor daily permitting data and communicate directly with the Environmental Health Director in the local county health department when they detect an early system failure. This ongoing dialogue allows them to identify more precisely early failures and their causes on all levels.

Five-Year Plan and Projections: Not applicable. The Onsite Sewage Program is being transferred to the Department of Environmental Protection, effective July 1, 2021. Propose to discontinue tracking this measure for the remainder of the fiscal year, so the program staff can work on the program transfer process.

Food Safety and Sanitation Program / Facility Programs Section

Purpose: The Facility Programs Section works to prevent disease of environmental origin by ensuring safe and sanitary facilities. Approximately 82,958 facilities serve food, house migrant farmworkers, manage biomedical waste, perform tattooing and body piercing procedures, provide tanning devices for public use, or accommodate mobile homes, recreational vehicles, or camps. In addition, approximately 10,956 individuals practice tattooing.

Five-Year Trends: Objective 5D—Ensure regulated facilities are operated in a safe and sanitary manner. Overall, the number of completed food inspections has decreased by 11 percent over the past five years from 91 percent to 82 percent. The past 12-month period has resulted in a 3.58 percent decrease of food inspections.

Conditions: The food program permit fees in Florida Administrative Code rule are not at a level sufficient enough to cover the cost of performing the inspections and other food program services and therefore, county health departments (CHD) have relied on state General Revenue funding and local fees collected through local fee resolutions to cover the unfunded costs. Due to additional cuts in state General Revenue funding, occurring over the past few years, CHDs have continued to see a reduction in environmental health staff. This has reduced the ability of CHDs to perform the inspections at the proper frequency in the food program. In addition, food program staff also generally carry responsibilities in other environmental health programs. CHDs are working toward making a more efficient workforce through cross-training staff over multiple program areas; thus, allowing for staff to complete more than one inspection type in facilities with multiple facets.

Five-Year Plan and Projections: A continued focus on workforce development should improve efficiency and further increase the number of completed food service inspections, as well as other programmatic inspections. Should future climate allow for an increase in fees to cover all programmatic costs, it may allow for an increase in environmental health staff. These two factors combined should allow for achieving the goal of completing 100 percent of food service inspections.

Food and Waterborne Disease Program

Purpose: The Food and Waterborne Disease Program (FWDP) assists county health departments in identifying and investigating food and waterborne diseases and outbreaks, ensuring they are investigated, and control measures are implemented. Outbreaks are generally under-detected and under-reported. FWDP has made increasing the number of outbreaks detected per million individuals a priority.

Five-Year Trends:

Objective 5E: Protect the public from food and waterborne diseases. Foodborne outbreaks from 2015-2019 have ranged in size from 70-135 outbreaks per year with a median of 93 foodborne outbreaks per year. The goal for FWDP is that the detection of foodborne outbreaks will increase by ~ 0.05/million population each year over the next five years. These data are currently reported to the Centers for Disease Control and Prevention (CDC).

Conditions:

The FWDP ensures that outbreak investigation team members are properly trained on outbreak investigation methodologies, outbreaks are properly tracked in the Florida Complaints and Outbreak Reporting System, and outbreaks are reported to federal authorities at the CDC through the National Outbreak Reporting System (NORS). Efforts are underway to improve the level of support and training CHDs receive, with the goal of more foodborne outbreaks being detected and reported. The FWDP will be better able to identify and investigate foodborne outbreaks, leading to an increase in the rate.

Five-Year Plan and Projections:

The FWDP plans to increase the detected number of outbreaks per million population through continuing to assist the CHDs (which have primary responsibility for investigating these outbreaks) by providing trainings and consultation services when requested, as well as continuing to report these incidents to federal authorities. The outbreak rate will increase by 0.05 each year. The FWDP has eight regional environmental epidemiologists and one time-limited CDC Public Health Crisis Cooperative Agreement-funded regional environmental epidemiologist to assist the CHDs with their food and waterborne disease investigations.

See task forces, studies, etc. in progress on the following page.

TASK FORCES OR STUDIES IN PROGRESS

Implementing Bill or Statute	Division of Children's Medical Services (5)
Section 383.14	Florida Genetics and Newborn Screening Advisory Council
Title 20 U.S.C. 1441	Florida Interagency Coordinating Council for Infants and Toddlers
Section 409.818 (2)(b)	Florida KidCare Coordinating Council
Section 383.402	State Child Abuse Death Review Committee
Section 39.303(9)	CMS Forensic Interview Task Force
Implementing Bill or Statute	Division of Community Health Promotion (9)
Section 381.82	Alzheimer's Disease Research Grant Advisory Board
Section 215.5602	Biomedical Research Advisory Council
Section 381.925	Cancer Center of Excellence Joint Committee
Section 385.203	Diabetes Advisory Council
Section 413.271	Florida Coordinating Council for the Deaf and Hard of Hearing
Title 42, U.S.C. 300w-4	Florida Preventive Health & Health Services Block Grant Advisory Committee
Section 383.141	Information Clearinghouse on Developmental Disabilities Advisory Council
Section 381.86	Institutional Review Board
Section 381.84(4)	Tobacco Education and Use Prevention Advisory Council
Implementing Bill or Statute	Division of Disease Control and Health Protection (5)
Section 381.0101(3)	Environmental Health Professional Advisory Board
Section 381.0065(4)(o)	Onsite Sewage Research Review and Advisory Committee
Section 381.0068	Onsite Sewage Technical Review and Advisory Panel
Section 381.0065(4)(h)	Onsite Sewage Variance Review and Advisory Committee
Section 514.028	Public Pool and Bathing Place Advisory Review Board

Implementing Bill or Statute	Division of Emergency Preparedness and Community Support (8)
Section 381.78	Advisory Council on Brain and Spinal Cord Injuries
Section 468.314	Advisory Council on Radiation Protection
Section 401.245	Emergency Medical Services Advisory Council
Section 401.245(5)	Emergency Medical Services for Children Advisory Committee
Section 381.0303 (5)	Special Needs Interagency Committee
Section 395.402(2)	Trauma System Advisory Council
Section 381.79(2)	Brain and Spinal Cord Injury Program - Annual Report (March 1)
Section 395.4025 (2)(a)	State Trauma System Assessment -- Analysis of the state's trauma system by August 31, 2020, and every three years thereafter
Implementing Bill or Statute	Division of Medical Quality Assurance (2)
Section 1004.4351(2)(f)	Medical Marijuana Research (in progress)
Section 397.333	Drug Policy Advisory Council
Implementing Bill or Statute	Public Health Statistics and Performance Management (1)
Section 381.4018	Florida Physician Workforce Advisory Council

PERFORMANCE MEASURES AND STANDARDS

LRPP EXHIBIT II

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
Program: EXECUTIVE DIRECTION AND SUPPORT	Code: 64100000
Service/Budget Entity: ADMINISTRATIVE SUPPORT	Code: 64100200

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2020-21	Approved Prior Year Standard FY 2019-20	Prior Year Actual FY 2019-20	Approved Standards for FY 2020-21	Requested FY 2021-22 Standard
Agency administrative costs/administrative positions as a percent of total agency costs/ agency positions	0.80%	0.65%	0.80%	0.80%
Technology costs as a percent of total agency costs	1.0%	1.1%	1.1%	1.1%

Office of Policy and Budget - July 2020

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
Program: COMMUNITY PUBLIC HEALTH	Code: 64200000
Service/Budget Entity: COMMUNITY HEALTH PROMOTION	Code: 64200100

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2020-21	Approved Prior Year Standard FY 2019-20	Prior Year Actual FY 2019-20	Approved Standards for FY 2020-21	Requested FY 2021-22 Standard
Infant mortality rate per 1,000 live births	6.9	6.0	5.7	5.7
Nonwhite infant mortality rate per 1,000 nonwhite births	10.7	10.0	11.2	9.9
Percent of low birth weight births among prenatal Women, Infants and Children (WIC) program clients	8.5%	9.1%	8.5%	8.8
Live births to mothers age 15 - 19 per 1,000 females 15 - 19	41.5	16.2	16.2	15.2
Number of monthly participants-Women, Infants and Children (WIC) program	500,000	419,760	475,000	425,000
Number of child care food meals served monthly	14,402,233	11,200,379	10,403,842	10,616,919
Age-adjusted death rate due to diabetes	20	19.7	20	19.0
Prevalence of adults who report no leisure time physical activity	20.0%	26.8%	27%	26.0%
Age-adjusted death rate due to coronary heart disease	104	88.6	91	88.0
Percent of middle and high school students who report using tobacco products in the last 30 days	5.8%	4.3%	5.4%	4.30%

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LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
Program: COMMUNITY PUBLIC HEALTH	Code: 64200000
Service/Budget Entity: DISEASE CONTROL AND HEALTH PROTECTION	Code: 64200200

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2020-21	Approved Prior Year Standard FY 2019-20	Prior Year Actual FY 2019- 20	Approved Standards for FY 2020-21	Requested FY 2021-22 Standard
AIDS case rate per 100,000 population	28.0	9.2	10.4	10.2
HIV/AIDS resident total deaths per 100,000 population	9.0	3.3	4.0	3.9
Bacterial sexually transmitted disease case rate among females 15-34 per 100,000	2,540	2,897	3,000	3,000
Tuberculosis case rate per 100,000 population	6.0	2.2	2.2	2.2
Immunization rate among 2 year olds	90.25%	83.5%	90.0%	90.0%
DELETE - Number of patient days (A.G. Holley tuberculosis hospital)	13,500	*	*	*
DELETE - Enteric disease case rate per 100,000	47	77.89	40	40
DELETE - Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department	3.55	2.06	1.00	1.05
Septic tank failure rate per 1,000 within 2 years of system installation	3.50	NA	1.82	NA
Percent of required food service inspections completed	100.0%	82.44%	95%	95.0%
Percent of laboratory test samples passing routine proficiency testing	100.0%	99.62%	100%	100.0%
NEW - Number of confirmed foodborne disease outbreaks identified per million population	N/A	6.21	3.46	3.51

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* A.G. Holley hospital closed 2012/ measure no longer relevant

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
Program: COMMUNITY PUBLIC HEALTH	Code: 64200000
Service/Budget Entity: COUNTY HEALTH DEPT. LOCAL HEALTH NEEDS	Code: 64200700

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2020-21	Approved Prior Year Standard FY 2019-20	Prior Year Actual FY 2019-20	Approved Standards for FY 2020-21	Requested FY 2021-22 Standard
Number of Healthy Start clients	236,765	200,333	216,013	216,013
Number of school health services provided	18,816,788	19,648,993	25,500,000	18,000,000
Number of Family Planning clients	219,410	93,935	114,217	114,217
Immunization services	1,457,967	608,056	660,000	660,000
Number of sexually transmitted disease clients	99,743	93,544	95,000	95,000
Persons receiving HIV patient care from county health departments (excludes ADAP, Insurance, Housing HIV clients)	12,821	21,049	27,000	25,000
REVISE - Number of tuberculosis medical, screening, tests, test read services	289,052	111,455	137,254	90,506
Number of onsite sewage disposal systems inspected	407,668	NA	NA	NA
Number of community hygiene services	126,026	67,936	65,000	65,000
REVISE - Water system/storage tank inspections/plans reviewed.	258,974	77,538	80,000	70,000
Number of vital events recorded.	406,083	455,890	427,292	450,000

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LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
Program: COMMUNITY PUBLIC HEALTH	Code: 64200000
Service/Budget Entity: STATEWIDE HEALTH SUPPORT SERVICES	Code: 64200800

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2020-21	Approved Prior Year Standard FY 2019-20	Prior Year Actual FY 2019-20	Approved Standards for FY 2020-21	Requested FY 2021-22 Standard
DELETE - Number of radiation facilities, devices and users regulated	75,148	129,009	88,880	100,000
DELETE - Percent saved on prescription drugs compared to market price	40.0%	*	*	*
Number of birth, death, fetal death, marriage and divorce records processed	653,447	658,257	677,999	672,200
DELETE - Percent of health and medical target capabilities met	75.0%	*	*	*
Percent of emergency medical service providers found to be in compliance during licensure inspection	92.0%	97%	98%	98%
Number of emergency medical technicians and paramedics certified	50,000	73,772	69,000	69,000
Number of emergency medical services providers licensed	262	286	286	286
REVISE - Percent of individuals with brain and spinal cord injuries reintegrated to the community	91.7%	93.7%	93.8%	93.8%
REVISE - Number of brain and spinal cord injured individuals served	2,985	1,275	1,500	1,500
NEW - Level of preparedness against national standards	N/A	100	100.0	100%
NEW - Number of errors per million per yearly number of repacks/prepacks to pharmacy customer	N/A	0.5%	0.5%	0.05%
NEW - Number of errors per million per yearly number of Pharmacy dispenses to the pharmacy customer	N/A	0.5%	0.5%	0.05%
NEW - Percent radioactive material inspection violations corrected in 120 days	100%	98%	100%	100%
NEW - Percent of x-ray machine inspection violations corrected within 120 days.	93%	95%	95%	95%
DELETE - Number of students in health professions who do a rotation in a medically underserved area	5,598	**	**	**
DELETE - Number of providers who receive continuing education	16,750	**	**	**

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- * no longer measureable
- ** unfunded 2011-12 not measurable

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
Program: CHILDRENS MEDICAL SERVICES	Code: 64300000
Service/Budget Entity: CHILDRENS MEDICAL SERVICES	Code: 64300100

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2020-21	Approved Prior Year Standard FY 2019-20	Prior Year Actual FY 2019-20	Approved Standards for FY 2020-21	Requested FY 2021-22 Standard
Percent of families served with a positive evaluation of care	96.6%	84.1%	89%	89.0%
REVISE - Percent of CMS Network enrollees in compliance with periodicity schedule for well child care	91.0%	85.4%	80%	86.0%
DELETE - Percent of eligible infants/toddlers provided CMS early intervention services	100.0%	**	**	**
REVISE -Percent Child Protection Team assessments to Family Safety and Preservation within established timeframes	92.0%	100.0%	99%	100.0%
Percent CMS Network enrollees in compliance with appropriate use of asthma medications (national measure)	94.0%	64.0%	75%	75.0%
Number of children enrolled in CMS Program Network (Medicaid and Non-Medicaid)	64,740	94,778	70,359	99,517
DELETE - Number of children provided early intervention services	47,502	**	**	**
DELETE -Number of children receiving Child Protection Team (CPT) assessments	25,123	23,640	25,123	24,628
NEW - Percentage of children with mandatory allegations of abuse and neglect that receive CPT assessments within the established timeframes	N/A	***	85%	***
NEW - Percentage of children whose Individualized Family Support Plan session was held within 45 days of referral	N/A	91.0%	91%	91%
NEW - Percentage of cases that received multidisciplinary staffing	N/A	13.0%	20%	20.0%

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**No longer measureable- propose new measures

***Data to report this is currently not available

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
Program: HEALTH CARE PRACTITIONER AND ACCESS	Code: 64400000
Service/Budget Entity: MEDICAL QUALITY ASSURANCE	Code: 64400100

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2020-21	Approved Prior Year Standard FY 2019-20	Prior Year Actual FY 2019-20	Approved Standards for FY 2020-21	Requested FY 2021-22 Standard
Average number of days to issue initial licenses	60	51.16	59	49
Number of unlicensed cases investigated	700	981	1,100	1,000
Number of licenses issued	500,000	555,423	534,000	565,000
DELETE - Average number of days to take emergency action on Priority I practitioner investigations	150	91.07	60	60
Percent initial investigations & recommendations as to existence of probable cause completed within 180 days of receipt	90.0%	95.60%	95%	97.00%
Average number of practitioner complaint investigations per FTE	352	358	280	322
DELETE - Number of inquiries to practitioner profile website	2,000,000	954,933	1,400,000	1,000,000
Percent applications approved or denied within 90 days from documentation of receipt of complete application	100.0%	99.80%	100%	100%
Percent of unlicensed cases investigated and referred for criminal prosecution	*1.5%	53.10%	64%	64%
Percent unlicensed activity cases investigated & resolved through remedies other than arrest (cease & desist, citation)	28.0%	71.10%	45%	73%
DELETE - Percent of examination scores released within 60 days from the administration of the exam.	100.0%	N/A	100%	N/A
Percent of disciplinary final orders issued within 90 days from issuance of the recommended order	85.0%	27.80%	50%	50%
DELETE - Percent of disciplinary fines and costs imposed that are collected by the due date.	65.0%	54.21%	65%	65%
Percent of applications deemed complete or deficient within 30 days.	100.0%	99.90%	100%	100%
Average number of days to resolve unlicensed activity cases	410	171	110	110
NEW - Percent of emergency actions taken on priority cases within 30 days from receipt of complaint	N/A	40.30%	40%	42%
NEW - Percent of practitioners with a published profile on the internet	N/A	98.80%	100%	100%

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*Measure was initially incorrectly copied from a recidivism measure.

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
Program: DISABILITY DETERMINATIONS	Code: 64500000
Service/Budget Entity: DISABILITY BENEFITS DETERMINATIONS	Code: 64500100

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2020-21	Approved Prior Year Standard FY 2019-20	Prior Year Actual FY 2019-20	Approved Standards for FY 2020-21	Requested FY 2021-22 Standard
Percent of disability determinations completed accurately as determined by the Social Security Administration	95.31%	96.8%	96.0%	96.0%
Number of disability determinations completed *	249,608	239,622	255,000	255,000

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Fiscal YTD Accuracy (October 2019 - March 2020)

** Production as of Week 45 (ending 8/7/19). Full FY is 52 weeks.

ASSESSMENT OF PERFORMANCE FOR APPROVED PERFORMANCE MEASURES

LRPP EXHIBIT III

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Executive Direction and Support

Service/Budget Entity: Administrative Support/64100200

Measure: Technology costs as a percent of total agency costs

Action:

Performance Assessment of Outcome Measure Revision of Measure

Performance Assessment of Output Measure Deletion of Measure

Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
1.0	1.1	.1	10%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: The Legislature has increased the appropriation related to Information Technology.

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

- Training Technology
- Personnel Other (Identify)

Recommendations:

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure: Percent of low birth weight births among prenatal WIC program clients

Action:

Performance Assessment of Outcome Measure Revision of Measure

Performance Assessment of Output Measure Deletion of Measure

Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
8.5%	9.1%	.60	7%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: Low birth weight percentages are heavily impacted by multiple births whose infants are often of a low birth weight. Multiple births contribute to the percentage of low birth weight births in the WIC population. There were 2,543 multiple WIC births during this reporting period, and 58.9% of these births were low birth weight. If multiple births are excluded from the total number of infant births for WIC prenatal clients, the low birth weight percentage decreases to 7.3%, which is below the target.

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

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
|-----------------------------------|-------------------------------------|

Personnel

Other (Identify)

Recommendations: While the Department can do relatively little to influence the frequency of multiple births, WIC continues to conduct outreach activities that promote first trimester enrollment into WIC. As women enter WIC earlier in their pregnancies, they can receive more WIC food benefits and additional nutrition education. The low birth weight rate decreased from 9.1% for all infants to 8.7% for infants of women who received at least 3 food issuance services during the prenatal period. This suggests that receiving ongoing supplemental foods and additional nutrition education available to the woman when she enters WIC earlier in her pregnancy may have an impact on low birth weight. Enrolling prenatal women in WIC early in their pregnancies continues to be a program priority. WIC also continues to encourage and promote breastfeeding for the first 12 months of life, which improves the health status of infants and young children. In addition to its health benefits, breastfeeding can increase the inter-conceptual period, which allows time for the mother's nutritional status to improve before the onset of the next pregnancy. During SFY19-20, the percent of WIC infants who were fully breastfed at 26 weeks increased from 13.9% (June 2019) to 14.3% (June 2020). Despite these efforts, it appears that other factors are contributing to low birth weight rates in WIC infants that are not directly impacted by the services that the WIC program provides. However, by focusing on early prenatal entry into WIC and breastfeeding promotion/support activities, WIC may indirectly be affecting the low birth weight rate among its prenatal population.

Due to the external factors noted above, our recommendations are to change the approved standard to 8.8%.

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure: Number of Monthly Participants – Women, Infants and Children Program

Action:

Performance Assessment of Outcome Measure Revision of Measure

Performance Assessment of Output Measure Deletion of Measure

Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
500,000	419,760	(80,240)	(16%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The current salary structure makes it difficult to obtain and retain public health nutrition professionals. County health departments (CHDs) also experienced issues related to rate and spending authority which impacted the ability to hire staff. When the COVID-19 pandemic hit, WIC staff were needed to assist with COVID related activities in the CHD. All of these factors resulted in fewer staff available to perform required WIC services.

External Factors (check all that apply):

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

Explanation: Participation data recorded since inception of Florida WIC's current data system (FL-WiSE) in 2013 shows that highest WIC participation level was 493,889 in October 2016. To qualify for WIC, a family's income must be at 185% poverty or lower or they must currently be participating in

Medicaid, Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF). Since October 2016, the percentage unemployment dropped to record low levels in Florida, until the COVID-19 pandemic. At higher income levels, clients were not eligible for WIC or did not think that they needed WIC services, or the time spent getting WIC services conflicted with the time required by their jobs.

WIC services are provided to women who are pregnant, breastfeeding up to 1 year, post-partum (not breastfeeding) up to 6 months, infants, and children up to 5 years of age. There has been a steady decrease in the number of births in Florida in the past 4 years: from 225,018 in 2016, 223,579 in 2017, 221,508 in 2018 to 220,010 in 2019, which impacts the total number of clients eligible for and participating in WIC.

In January 2017, there were changes in the federal government, including information from and laws created by the federal administration that significantly impacted the immigrant population seeking WIC services. While the new rules did not impact the legal ability for immigrants (whether documented or undocumented) to participate in WIC, the changes may have created apprehension that prevented clients from coming to or returning to WIC to obtain services.

At the beginning of the COVID-19 pandemic, many clients chose not to go to WIC due to significant concerns about exposure to COVID-19 from other families there to obtain WIC services. USDA has provided multiple waivers that have assisted Florida WIC to continue to provide services during the COVID-19 pandemic without requiring most clients to physically come to the clinic. Increased SNAP benefits during the COVID-19 pandemic also impacted a family's perceived need for additional WIC assistance.

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

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

Recommendations: Many outreach activities are conducted throughout the state to inform prospective clients about WIC services. Pre-COVID-19, many local WIC agencies had one or more clinics open on Saturday and/or outside of the 8-5 normal business hours to provide services. Many clinics needed to limit or cease being open during these extra days and hours during the COVID-19 pandemic. Current USDA waivers allow most clients to obtain WIC services without physically coming to WIC offices. Clients who do need to come to the WIC clinic, such as for direct distribution formulas, are assisted to minimize contact. Some of

the procedures implemented during the pandemic will be evaluated for possible continuation after COVID-19, which could significantly decrease the amount of time clients need to be in the WIC clinic.

Due to the external and internal factors noted above, our recommendations are to change the approved standard to 425,000 participants.

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure: Prevalence of adults who report no leisure time physical activity

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
20.0%	26.8%	6.8% over	34%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: _____

External Factors (check all that apply):

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

Explanation: The Bureau of Chronic Disease Prevention is working to increase opportunities for Florida adults to engage in physical activity, as there have been limited resources for this population, and, to a greater extent, older and low-income adults. Programs currently underway are those that aim to make environmental, educational, and behavioral changes to increase physical activity for older adults, particularly the aging and low-income populations.

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

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

Recommendations: _____

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: <u>Department of Health</u>
Program: <u>Community Public Health</u>
Service/Budget Entity: <u>Community Health Promotion/64200100</u>
Measure: <u>Live births to mothers age 15-19 per 1,000 females 15-19</u>
Action:
<input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure <input type="checkbox"/> Revision of Measure <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure <input type="checkbox"/> Deletion of Measure <input checked="" type="checkbox"/> Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
11.6	16.2	4.6	39.7%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The approved standard from the previous 5-year cycle is not appropriate for the approved standard for the new 5-year cycle. The new cycle standard calculations are based on a new methodology using final 2019 vital statistics data.

External Factors (check all that apply):

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

Explanation: _____

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

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

Recommendations: Change Approved Standard from a rate of 11.6 to 16.2.

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Community Health Promotion/64200100
Measure: Nonwhite infant mortality rate per 1,000 nonwhite births

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
11.2	10	1.2	10.7%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The measure “Nonwhite infant mortality rate per 1,000 nonwhite births” found in the Measures spreadsheet is inconsistent with the measure “Black infant mortality rate per 1,000 black births” found on the Goals spreadsheet. We recommend using the measure “Black infant mortality rate per 1,000 black births” consistently throughout all documents to avoid confusion and to maintain consistency with other Department priorities in the Agency Strategic Plan and State Health Improvement Plan.

External Factors (check all that apply):

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

Explanation: _____

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

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

Recommendations: _____

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure: Number of child care food meals served monthly

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
14,402,233	11,200,379	(3,201,854)	(22%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input checked="" type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input checked="" type="checkbox"/> Other (Identify) – COVID-19 |
| <input type="checkbox"/> This Program/Service Cannot Fix the Problem | |
| <input type="checkbox"/> Current Laws Are Working Against the Agency Mission | |

Explanation: During March 2020, COVID-19 struck Florida and child care facilities started closing in highly impacted areas of the state. As COVID-19 spread across the state, more and more facilities closed or only offered limited care to children of first responders. USDA responded by issuing national waivers that provided program flexibilities for facilities participating in the Child Care Food Programs (CCFP) to allow them to feed children through grab&go and/or mobile delivery meal service. Despite the national waivers, participating facilities continued to be impacted by closures, decreased enrollment, limited operations, staffing shortages and families receiving meals for all their children from local schools each week instead of from their child care facility. All of these

factors combined caused the actual reported meals served to be much lower than originally projected.

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

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

Recommendations: Hurricane Michael hit the Florida Panhandle area October 10, 2018, which caused many child care facilities participating on the program to close due to sustained damage. Some of those centers never re-opened. These closures created concern over decreased access to nutritious meals and snacks for children of needy families. As a result, the Bureau of CCFP partnered with Florida Impact and Long Term Feeding Task Force to implement an outreach mentoring program to encourage public school boards in rural areas to enroll in the CCFP Afterschool Meals Program (AMP). The meal service projection set for FY 2020/2021 was calculated anticipating that a number of public school boards with multiple sites would enroll in the program during FY 2019/2020 thereby increasing meal service for both FY 2019/2020 and FY 2020/2021. Although CCFP has successfully increased the number of public school boards participating in AMP, the continued statewide impact of COVID-19 has negated the successful results of the AMP outreach. Child care facilities are slowly re-opening and attendance at those facilities is slowly growing, however, it is anticipated that for FY 2020/2021 meal service will still be approximately 20-24% below normal operations. It is requested that the approved standard for FY 2020-2021 be reduced to 10,403,843.

Office of Policy and Budget – July 2020

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Disease Control and Health Protection/64200200

Measure: Bacterial Sexually Transmitted Disease (STD) case rate among females aged 15-34 per 100,000

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2,540	2,897	357	14%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: Bacterial STDs among females 15-34 years of age have been increasing each year for more than a decade and the staffing/resources have remained constant.

External Factors (check all that apply):

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

Explanation: Bacterial STD rates among females continue to increase in the midst of level resources. For example, over the last five years, the number of congenital syphilis cases have trended upward, from 48 in 2014, to 108 cases in 2018. The long-range goal is to reduce the number of cases to 60 by 2023. Conditions: Cases among females has increased from 370 cases in 2014 to 856 cases in 2018, a 131% increase. The increase of congenital syphilis cases is due to the increase of syphilis among women of childbearing age over the past five years. Therefore, the targeted reductions through 2025 have been adjusted to reflect more realistic projected reductions.

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

- Training
- Personnel

- Technology
- Other (Identify)

Recommendations: _____

Office of Policy and Budget – July 2020

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Disease Control and Health Protection/64200200

Measure: DELETE-Enteric Disease Case Rate per 100,000

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
47	77.89	30.89	66%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The calculated enteric disease rate is greater than the approved standard because of the change in how the enteric disease rate was calculated in CHARTS (**C**ommunity **H**ealth **A**ssessment **R**esource **T**ool **S**et). Prior to 2010, the enteric disease rate reported in CHARTS only included five enteric diseases; it now includes five additional diseases. By including a more comprehensive list of enteric diseases, a more accurate rate of enteric disease in Florida can be calculated.

External Factors (check all that apply):

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

Explanation: The enteric disease rate comprises reportable enteric infections that are caused by bacteria and parasites, which have varied sources and different routes of transmission. These organisms may affect populations differently depending on factors such as exposure, age, sex, and immunocompromising conditions, to name a few. The enteric disease rate is a comprehensive rate determined by 10 organisms included in the calculation. Since so many different organisms are included in the calculation, no one prevention effort can reduce this rate, and many

factors contribute to the spread of infection caused by these organisms. Although the county health departments (CHDs) and state health department epidemiologists work diligently to implement control measures (especially education) to prevent further spread of disease, not all are evenly accepted and utilized in the community, which allows for continued transmission. As relationships are built with health care partners, the CHDs are often informed of more reports of enteric diseases and not fewer. There was a significant outbreak of one of the enteric diseases (hepatitis A) spanning from 2018 into 2020. The COVID-19 pandemic in 2020 also significantly hindered resources that could be devoted to enteric disease case investigations. Additionally, changes in the national surveillance case definitions were implemented for campylobacteriosis (2015), salmonellosis (2017), shigellosis (2017), Shiga toxin-producing *Escherichia coli* Infection (2018), *S. Typhi* Infection (2019), and *S. Paratyphi* Infection (2019). These changes caused an increase in the number of individuals meeting the confirmed or probable case classifications and, therefore, increased the number of reported infections for these diseases. This is not a valuable measure by which to evaluate the efforts of the epidemiology staff at the county, region, or state levels and we recommend deleting the measure.

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

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

Recommendations: The measure is almost exclusively impacted by factors outside the control of epidemiology staff at the county, region, or state levels; therefore, there are no efforts that could be made by management to successfully mitigate the factors causing the measure to not be met. We recommend deleting the measure.

Office of Policy and Budget – July 2020

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Disease Control and Health Protection/64200200

Measure: DELETE-Food & waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
3.55	2.06	1.49	41.97%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The Department of Health (Department) is a partner with other agencies in detecting outbreaks. The Department has responsibility for inspecting a percentage of all Florida facilities, but also carries the responsibility to conduct investigations and possible interventions to stop outbreaks that are identified by other agencies in any facility. When more outbreaks are detected and reported on, it actually reflects good surveillance and investigation efforts. This measure is attempting reflect the protection offered through the inspection side (Department inspections and regulation of specific facilities) with goals of keeping these types of food facilities safe which should eventually lead to fewer outbreaks. It does not reflect all of the outbreak work the Department is responsible for. Since the onset of HB5311, the Department does has fewer resources for the facilities the Department is specifically responsible for, though the Department’s role in any outbreak regardless of facility has not changed. The 2019-2020 rate was 2.06, as compared to the 2018-2019 rate of 2.45.

External Factors (check all that apply):

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

Explanation: Previously, the above measure when calculated did not take into consideration the number of water regulated facilities. The measure was calculated using the number of food and waterborne outbreaks investigated in Department regulated facilities over the number of permitted Department food facilities. The denominator does not accurately account for the number of water facilities permitted by the Department. To accurately account and report on the measure, the numerator and denominator should be in agreement.

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

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

Recommendations: Continue to report the number of confirmed foodborne disease outbreaks identified per million population, which includes facilities regulated by the Department and other state partners. The Department is continuing to train epidemiological and environmental health investigators within county health departments to improve surveillance and outbreak detection of both food and waterborne diseases. Many of the food and waterborne outbreak investigations are conducted at facilities not regulated by the Department.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Disease Control and Health Protection/64200200

Measure: Immunization Rate Among 2-Year-Olds

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
90.25%	83.50%	(6.75%)	(7.77%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: _____

External Factors (check all that apply):

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

Explanation: Vaccines are held to the highest standard of safety. The United States currently has the safest, most effective vaccine supply in history. However, vaccine safety has become a growing concern among parents of young children in recent years. Parents are confronted with information on the Internet that is not always evidence-based science. An increasing number of parents are delaying their children’s vaccines or requesting religious exemptions from immunizations. The Immunization Section works with county health departments to target immunization services to children who are at the highest risk for under-immunization. Due to county health departments transitioning away from primary care and Medicaid children increasingly enrolling in managed care organizations, there are more children receiving their immunizations in the private sector. The 2019-2020 statewide coverage rate for basic 4:3:1:3:3:1 (four DTaP, three Polio, one MMR, three Hib, three Hepatitis B, and one

Varicella) immunizations series was 83.5%, as compared to the 2018 rate of 83.9%. In addition to the increased religious exemption rates, this 0.4% decrease was due to counties with a low coverage rate being over-represented, and counties with a higher coverage rate were under-represented. County sample sizes were significantly smaller, and coverage rate margin of errors were higher. Invalid doses (those administered ≥ 5 days earlier than the minimum age or minimum interval) were included when calculating completion rates. The Immunization Section continues its outreach efforts to develop strategies to increase immunization coverage levels in two-year-olds. During FY 2018-19-, the program implemented two statewide provider recall projects, to assist low-performing providers with reminder/recall to increase two-year-old rates. Due to the ongoing success of the Pfizer statewide reminder/recall project, the Immunization Section has directed staffing from the Select Targeted Assistance with Reminder Recall (STARR) project to the Childcare Project December of 2018. By December of 2019, the Childcare Project completed 637 monitoring visits and 24,104 records were reviewed. In January 2018, Pfizer Inc., collaborated with the Immunization Section and started a second reminder/recall project to target parents who have a child with a missing dose of vaccine. Pfizer sent out 130,901 postcards to parents who were late on their scheduled immunizations by December 2019. The Immunization Section collaborated with the Department's Communications Office to contract with Brunet Garcia Advertising, Inc., in 2018 for a three-year statewide immunization marketing campaign to promote the Department's priority immunization initiatives. The campaign for year two further continues to promote the Department's immunization initiatives. The campaign website was updated to include an interactive CHD locator tool as a method of improving access to vaccines. Also, starter kits with printed collateral (in English and Spanish) for The Power to Protect campaign were sent out to the Vaccine for Children Program field staff and Immunization Coordinators in each CHD.

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

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

Recommendations: Strategies to increase these rates are described above but also include changing the methodology of the Department's Survey of Immunization Levels in 2-Year-Old Children, such that 2020's survey population will correct issues such as counties oversampling and under sampling, high county Maintenance of Efforts (MOEs), including invalid shots. The statewide immunization registry, Florida State Health Online Tracking System (FL SHOTS), will be used for ongoing reminder/recall activities, decreasing missed opportunities, providing clinician and patient/parent education, and increasing access to immunization services. Technology strategies including text messaging and geofencing are being developed to help increase

communication to parents/guardians of the need to vaccinate their children on time.

Please Note: The 2020 data for this objective are annual and will not be available nor reported again until January 2021. *The requested standard of 90.0% is based on current national standards from the U.S. Department of Health and Human Services' Healthy People 2020, the Florida Department of Health's strategic objectives, and to reflect the standard of current trends.*

Office of Policy and Budget – July 2020

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support Services/64200800

Measure: Percent of Laboratory Test Samples Passing Routine Proficiency Testing

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	99.62%	.38%	<1%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: _____

External Factors (check all that apply):

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

Explanation: The Department's laboratory always sets its proficiency testing target at 100% although 100% accuracy is very difficult to achieve. The Department did achieve a 99.62% accuracy rate in 2019-20 which represents excellent performance and exceeds all federal and professional standards, which are set at 90%. However, the laboratory will continue to set its target at 100%.

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

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

Recommendations: _____

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Disease Control and Protection/64200200

Measure: Percentage of Required Food Service Inspections Completed

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	82.44%	(17.6%)	18%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The Department of Health (Department) has not been able to increase permit fees for the food safety program since the late 1990's which is the main revenue source for resources associated with the food safety program. Statewide, only 57% of the expenses for the food safety program are covered by permit fee revenue. While some CHDs can find discretionary funding to supplement the resources needed for the program services, most CHDs have competing services which need discretionary funding to function and must function on the permit fee revenue alone for the food safety program. The consequence is a program that has an understaffed workforce which leads to the Department's inability to meet the statutory obligations for the food program.

External Factors (check all that apply):

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

Explanation: The continued growth in Florida’s population brings an increase in the number of establishments providing food service to the public, which puts a strain on the already understaffed CHD workforce. Relying on permit revenue alone to staff the program means a lag time in availability of funds to create new staffing positions to meet the demand. The active hurricane season impacted the most recent completed inspection year, requiring CHD workforce to provide emergency response. Department food safety program fees are set by Florida Administrative Code rule and cover approximately 57% of the programmatic expenses. Due to economic factors, such as the impact on businesses, there is no anticipation of changing these fees.

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

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

Recommendations: The Department continues to use a risk-based approach with food safety inspections, as well as work on standardizing staff conducting the inspections. This may lead to greater efficiencies in performing the program requirements while striving to maintain public health protection.

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health Needs/64200700

Measure: Number of Family Planning Clients

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
219,410	93,935	(125,475)	(57%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: Overall nationwide and statewide decrease in number of Family Planning clients using the FP services at the county health department due to managed care plans and the fact that certain FP methods no longer require yearly FP visits. COVID-19 decreased the number of clients seen from March 2020 to present.

External Factors (check all that apply):

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

Explanation: COVID-19 shut down and/or dramatically reduced the number of FP clients seen in the clinics from March 2020 to present.

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

- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> Training | <input type="checkbox"/> Technology |
|--|-------------------------------------|

Personnel

Other (Identify)

Recommendations: Last year a request to reduce the approved standard due to first two factors listed above was submitted and the next year approved standard is 114,217 (20/21).

Office of Policy and Budget – July 2020

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health Needs/64200700

Measure: Number of Community Hygiene Services

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
126,026	67,936	(58,090)	(46%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: Community hygiene services are difficult to predict because these services are based on demand and are provided in response to community requests or local conditions. For example, the demand for rabies control services included in this measure and complaints related to sanitary nuisances tend to vary greatly from year to year; so too can the demand for rodent and arthropod control services.

External Factors (check all that apply):

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

Explanation: These are services based on community requests or local conditions. The number of services vary from year to year depending on a particular condition a region or area may be experiencing.

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

- Training
- Personnel

- Technology
- Other (Identify)

Recommendations:

The community hygiene services measurement includes many programs that could be tracked and trended separately to get a better prediction over time of what the community demand might be to understand lowest and highest demand probabilities. The Fiscal Year 2020-21 standard has been set for 68,000, which is in line with the current community demand.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health Needs/64200700

Measure: Immunization services

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
1,457,967	608,056	(849,911)	(58%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: Actual output was less than the standard for two reasons—(1) beginning in 2010 more children were being served in the private sector, and (2) the COVID-19 pandemic affected the services at the clinic level. CHD clients chose not to visit clinics during the beginning part of 2020. From March to May, there was a 40% drop in vaccinations. It improved in June, but vaccination administrations were still down by 10%. Additionally, the **2019-20** statewide coverage rate for basic 4:3:1:3:3:1 (four DTaP, three Polio, one MMR, three Hib, three Hepatitis B, and one Varicella) immunizations series decreased compared to last year. 2019-20 rate was **83.5%**, as compared to the **2016** rate of **83.9%**. ***Please Note:*** The data for this objective are reported annually and will not be reported again until March **2021**.

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

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

Recommendations: Strategies to increase these rates include using Florida State Health Online Tracking System (FL SHOTS), the statewide immunization registry, for ongoing reminder/recall activities, decreasing missed opportunities, providing clinician and patient/parent education, and increasing access to immunization services.

Office of Policy and Budget – July 2020

Please Note: The data for this objective are annual and will not be reported again until March **2021**.
New request to revise the standard to reflect the current trends.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health Needs/64200700

Measure: Number of Healthy Start Clients

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
236,765	200,333	(36,432)	(15%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: Previously, Momcare clients were included in the number of Healthy Start Clients. Momcare is funded by the Agency for Health Care Administration and no longer included in the number of Healthy Start clients.

External Factors (check all that apply):

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

Explanation: _____

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

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

Recommendations: Request new standard of **200,000** based on Healthy Start program redesign, including Coordinated Intake and Referral, launched July 1, 2018. This method of access to services will reduce the number of Healthy Start clients to the most high-risk women and children and refer women to appropriate maternal and child health programs or community based services based on identified needs. Other statewide home visiting programs, such as Nurse Family Partnership and Healthy Families Florida, have expanded capacity to provide services to eligible families, thereby reducing the number of Healthy Start clients.

Office of Policy and Budget – July 2020

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health Needs/64200700

Measure: Number of Water System/Storage Tank Inspections/Plans Reviewed

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
258,974	77,538	-181,436	-70%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The number of systems inspected and plan reviews conducted is dependent on the number of systems constructed or operating permits issued. The Florida Department of Environmental Protection significantly changed the number and frequency of required storage tank inspections several years ago. This affected several CHDs that were contracted to perform the program. Additionally, nearly all the petroleum tank replacements required ten+ years ago have been accomplished, thus reducing the plan review counts. Though a modest increase in new water system construction might be anticipated in FY 2020-21, this continues to be low due to COVID-19 access by staff and due to small system connections to larger public water systems. We recommend setting the 2020-2021 goal at 70,000 services. The Department continues to meet our statutory requirements for system inspections.

External Factors (check all that apply):

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

Current Laws Are Working Against the Agency Mission

Explanation: The target population of new water systems and new storage tanks has declined since 2005 when building activity was at a peak. Additionally, the Florida DEP storage tank inspection contracts formerly conducted by numerous CHDs were rescinded. COVID-19 pandemic has reduced possible onsite inspections slightly. These are changes that the program/service cannot affect. The Department continues to meet our statutory and contractual requirements for inspections.

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

Training

Technology

Personnel

Other (Identify)

Recommendations: The measure should be evaluated for an accurate reflection of required activity by considering lowering the goal to 70,000; the anticipated new facility construction and needed inspections. The change is needed to also reflect COVID-19 personnel issues, and reductions in inspections/plan reviews by Department staff as stated in Factors sections above.

Office of Policy and Budget – July 2020

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health Needs/64200700

Measure: Number of medical management screening tuberculosis tests, nursing assessments, directly observed therapy and paraprofessional follow-up services provided

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
289,052	111,455	(177,597)	(61%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: There are four factors resulting in decreased TB services in Florida and all reflect improved practice. First, an increased emphasis on testing only clients at high risk for latent TB infection (LTBI) or progression to active disease once infected. Second, the decreased testing of large numbers of clients as a result of exposure to TB disease in a congregate setting unless circumstances warrant. This results in fewer contacts requiring testing for LTBI. Third, the increased utilization of interferon gamma release assays (IGRA) rather than skin testing, more specific tests for LTBI. These practices not only result in fewer clients tested for LTBI but decrease the number of false-positive test results and the demand for nursing assessment and treatment services previously associated with these false-positive clients. While the number of clients tested for LTBI has declined, CHDs remain the primary and only expert provider of medical management, nursing assessment and treatment (Directly Observed Therapy and follow-up services) for clients with active TB disease in Florida. Fourth, the expanded use of short-course therapy regimens to treat LTBI has also contributed to the decrease, because they require fewer encounters to complete treatment. Despite the impact of these internal factors and efforts to intervene listed below, under-utilization of Health Management Component coding in the Department of Health’s Health Management System (especially for IGRA testing) persists.

External Factors (check all that apply):

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

Explanation: The number of TB cases reported in Florida was less in state fiscal year 2019–2020, compared to the beginning of the five-year period in fiscal year 2014-2015. As in previous years, decreasing annual disease incidence contributed to less demand for TB services in the most recent fiscal year as disease incidence decreased by 21.6% compared to FY 2018-2019.

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

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

Recommendations: The following LRPP Exhibits should be updated to reflect the revised measure wording provided on this Exhibit: Exhibit II, Exhibit IV and Schedule X/Exhibit VI. The measure was revised to remove skin test readings as the current business practice and client service record coding has merged this with skin tests. In addition, the Approved Prior Year standard will need to be updated to reflect the current FY2019-20.

Office of Policy and Budget – July 2020

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support Services/64200800

Measure: Number of Brain and Spinal Cord Injured Individuals Served

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2,985	1,275	(1,710)	(57%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The Brain and Spinal Cord Injury Program’s (BSCIP) Rehabilitation Information Management System (RIMS) originated from the Department of Labor and Employment Security, Division of Vocational Rehabilitation. It was designed for client management and could only accommodate one program type. The application was cloned and provided to BSCIP when it was legislatively transferred to the Department of Health.

Beginning July 1, 2011, BSCIP changed its calculation methodology for indicator projections. The base approved standard is outdated and needs to be changed. The new calculation methodology counts only those individuals who have been placed “in-service” with the program. As a result, there has been a continued decrease in the number served projections from that point forward.

During the 2017 Legislative Session, the Agency for Health Care Administration received legislative approval to consolidate the Traumatic Brain and Spinal Cord Injury Home and Community-Based Waiver and the Adult Cystic Fibrosis Waiver, which were being operated by BSCIP, into the Statewide Medicaid Managed Care Program. As a result, BSCIP was only responsible for operating the waivers through December 31, 2017, which also decreased the number of clients served for FY 2018-19 and forward.

During FY 2019-20, due to COVID-19 and stay-at-home orders, BSCIP saw a reduction in referrals, thus causing the number of individuals served to decrease.

External Factors (check all that apply):

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

Explanation: An individual may only be placed “in-service” if all eligibility requirements for the program are met. Therefore, based on the severity of each client’s injury, or lack thereof, the number of clients served each year can vary widely.

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

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

Recommendations: The program continues to refine program processes to ensure that actual “in-service” client numbers are accurately captured. There are no internal factors under the program’s control that would account for the decrease from FY 2018-19 to FY 2019-20.

Office of Policy and Budget – July 2020

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support Services/64200800

Measure: Percent radioactive material inspection violations corrected in 120 days.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	98%	(2%)	(2%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The Bureau of Radiation Control (Bureau) cannot accurately anticipate the time it takes licensees to correct various violations and the time it takes for licensees to respond back upon completion.

External Factors (check all that apply):

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

Explanation: These numbers are not performance based. They are data and information only

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

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

Recommendations: It is not within the Bureau's control to perform and/or manage the licensee's violation(s) corrections. This data are tracked only and cannot be manipulated by internal or external factors.

However, the Bureau can keep better communication with the progress. This year being a leap year, the Inspection Tracking database failed to report on missing completion letters from licensees. This has since been rectified, as well as instituting additional checks.

Office of Policy and Budget – July 2020

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Children's Medical Services (CMS)

Service/Budget Entity: Children's Special Health Care/64300100

Measure: Number of Children Receiving Child Protection Team Assessments

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
25,123	23,640	-1,483	-6%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The Child Protection Teams provide a multitude of services, which include assessments. CPTs were impacted by COVID-19 during the months of March 2020 – June 2020. CPT services and assessments were prioritized during this time frame.

External Factors (check all that apply):

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

Explanation: During this time frame, the number of referrals to CPT as compared to last year was significantly less. CPT services are essential and remained open during the pandemic. This may have contributed in a difference of 1,483 fewer assessments during that time frame.

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

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

Recommendations: Program Office staff, Statewide Medical Director for Child Protection Teams, Associate Statewide Medical Director, in collaboration with CPT providers, will continue to explore best practices to ensure continuity of services and assessments during a natural disaster or pandemic.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Children's Medical Services (CMS)

Service/Budget Entity: Children's Special Health Care/64300100

Measure: Percent of families served with a positive evaluation of care

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
96.6%	84.1%	-12.5%	13%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: _____

External Factors (check all that apply):

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

Explanation: This evaluation was conducted during the COVID-19 pandemic when access to providers was shifting from an in-person model to a telehealth model where possible. While there were positive impacts as a result of the transition to telehealth, members likely experienced some delays in accessing providers, which may have contributed to this measure being lower than expected.

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

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

Recommendations: CMS will improve satisfaction rates by continuing efforts to meet the needs of the CMS enrollees, even as new threats emerge.

Areas of satisfaction that CMS will focus on are defined by the contract with the Agency for Health Care Administration and subject to change. The CMS Plan will focus on satisfaction with the care coordination provided, the child's primary care physician and the CMS Plan benefit package.

Office of Policy and Budget – July 2020

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Children's Medical Services (CMS)

Service/Budget Entity: Children's Special Health Care/64300100

Measure: Percent of CMS Managed Care Plan enrollees in compliance with appropriate use of asthma medications

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
94%	64%	-30%	32%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: _____

External Factors (check all that apply):

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

Explanation: CMS Plan recognizes that social determinants of health also play an important role in being able to address and manage medication adherence. These factors may also contribute to the difficulty in fully realizing this measure, however, members are assessed for indicators that contribute to the care provided to members with asthma, including housing conditions, and care coordinators work with families to address those needs concurrently with other medication adherence activities.

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

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

Recommendations: CMS Plan has identified several opportunities including a Pharmacy Advisor Support Program that aims to ensure members are using an inhaled corticosteroid for long term control and outreach to providers that have patients who are _____

over-using the short-acting beta Agonist. Additionally, the CMS Plan provides care coordination to educate members and their caregivers about the importance of medication adherence, assists members with any pharmacy related issues, and offers expanded benefits to members such as carpet cleaning, hypoallergenic bedding, and pest control to address asthma triggers within the home environment.

Office of Policy and Budget – July 2020

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Children's Medical Services (CMS)

Service/Budget Entity: Children's Special Health Care/64300100

Measure: Percent of CMS Network enrollees in compliance with the periodicity schedule for well child care.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
91%	85.4%	-5.6%	6%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The need for additional time to fully realize the positive implications from the transition to a value-based contracting model is a factor that is contributing to this measure not being fully met.

External Factors (check all that apply):

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

Explanation: _____

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

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

Recommendations: Although not meeting the approved standard, CMS saw an 11.2% increase in this measure from the last cycle. CMS will continue to identify additional opportunities to continue to increase this measure through value-based contracting for health care providers, incentives for members who complete annual well checks, and the robust care management model in place.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: DELETE-Number of inquiries to practitioner profile website

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2,000,000	954,933	(1,045,067)	52%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The measure no longer advances the initiative because tracking the number of website visits does not reflect the usefulness of the Practitioner Profile that is in statute. Measuring the number of Practitioner Profiles available is a better measure.

External Factors (check all that apply):

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

Explanation: Tracking the number of people who visit the website does not provide value like the number of profiles actually published according to law. The purpose should be that when people visit the website they find the profile but tracking the number of visits does not provide that the law is being executed.

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

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

Recommendations: Delete this measure and replace with the *percentage of practitioners with a published profile on the Internet*, which better represents the success of the profile activity.

Office of Policy and Budget – July 2020

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percent of applications deemed complete or deficient within 30 days

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	99.90%	(.10%)	(.001%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The performance target was due to higher than expected staff and management turnover. Emphasis is placed on training staff to close out application transactions when an application is determined to be complete and is monitored by error reports.

External Factors (check all that apply):

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

Explanation: Transition to telework during March 2020 for COVID-19 response may have resulted in slower processing times as staff adjusted to technical changes and ability.

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

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

Recommendations: Increase staff bench strength to help surge capacity when turnover in an office becomes more prevalent.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percent of applications approved or denied within 90 days from documentation of receipt of complete application

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	99.80%	(.20%)	(.002%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The performance target was not met due to higher than expected staff and management turnover. Emphasis is placed on training staff to close out application transactions when an application is determined to be complete and is monitored by error reports.

External Factors (check all that apply):

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

Explanation: Transition to telework during March 2020 for COVID-19 response may have resulted in slower processing times as staff adjusted to technical changes and ability.

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

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

Recommendations: Increase staff bench strength to help surge capacity when turnover in an office becomes more prevalent.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Health Care Practitioner Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percent of disciplinary final orders issued within 90 days from issuance of the recommended order

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
85%	27.80%	(57.20%)	(67%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: After the issuance of a recommend order, Prosecution Services works to expeditiously present the cases to the requisite board. Prosecution Services immediately prepares the cases for the next scheduled board meeting. Barring any delays due to meeting dates or board-granted continuances, the cases are presented to the board for final action. Then the Final Orders are drafted by contract board counsel and rarely by Department staff for professions where there is no board. Through continued monitoring and coordination with the boards and contracted board counsel, the performance is expected to continue to improve.

External Factors (check all that apply):

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

Explanation: Any added delays may have been due to delayed board meetings because of COVID-19 pandemic.

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

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

Recommendations: None

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Health Care Practitioner Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percent of disciplinary fines and costs imposed that are collected by the due date

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
65%	54.21%	(10.79%)	(17%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: Reminder notices are sent 30 days prior to the due date to improve collection. Compliance with this policy is being monitored monthly. Historically, the Department has had difficulty collecting fines and costs from persons whose license has been revoked or suspended. Process improvement initiatives are underway.

External Factors (check all that apply):

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

Explanation: _____

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

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

Recommendations: None

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Health Care Practitioner Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percent of unlicensed cases investigated and referred for criminal prosecution

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
1.5%	53.10%	51.6%	3440%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: When this measure was initially added to the standard, it was incorrectly copied over from a recidivism measure. A request has been made to adjust the standard to 64% which accurately reflects the goal the Department is working to achieve.

External Factors (check all that apply):

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

Explanation: _____

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

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

Recommendations: Continued emphasis on investigation and prosecution of unlicensed activity

Office of Policy and Budget – July 2020

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Disability Determinations

Service/Budget Entity: Disability Benefits Determinations/64500100

Measure: Number of disability determinations completed

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
249,608	239,622	-9,986	-4%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: Limited federal hiring authority, as reflected in a 9.83% staff decrease from the prior year, resulted in a shortage of trained adjudicators to provide determinations.

External Factors (check all that apply):

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

Explanation: With the onset of the COVID-19 pandemic, the Social Security Administration (SSA) suspended non-critical workloads, such as continuing disability reviews. Associated demands on the medical community also severely limited our ability to obtain medical evidence needed to provide quality medical assessments for claimants.

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

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

Recommendations: SSA has indicated the Department will have additional hiring authority in the upcoming federal fiscal year. Extensive telework

support for current staff has been provided to accommodate current social distancing recommendations. Professional relations staff have worked diligently with consultative examination providers to utilize telehealth appointments for needed evidence where possible. Additionally, they have coordinated with providers to resume limited in-person examinations utilizing appropriate COVID-19 safety precautions (where needed evidence cannot be obtained using a telehealth process).

Office of Policy and Budget – July 2020

PERFORMANCE MEASURE VALIDITY AND RELIABILITY

LRPP EXHIBIT IV

EXHIBIT IV
PERFORMANCE MEASURE VALIDITY AND RELIABILITY

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

<p>Department: <u>Department of Health</u></p> <p>Program: <u>Executive Direction and Support Services</u></p> <p>Service/Budget Entity: <u>Administrative Support/64100200</u></p> <p>Measure: <u>Percent of agency administrative costs and positions compared to total agency costs and positions</u></p> <p>Action (check one):</p> <p><input type="checkbox"/> Requesting revision to approved performance measure</p> <p><input type="checkbox"/> Change in data sources or measurement methodologies</p> <p><input type="checkbox"/> Requesting new measure</p> <p><input checked="" type="checkbox"/> Backup for performance measure</p>

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

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

2. Describe the methodology used to collect the data and to calculate the result:

The data in LAS/PBS are a combination of automated and manually entered data. The automated data are loaded from FLAIR, the state’s accounting system. Legislative budget request issues are manually entered by Budget staff.

3. Explain the procedure used to measure the indicator:

Total operational costs of the Executive Direction and Administration program component divided by total agency costs less fixed capital outlay. Total positions in the Executive Direction and Administration program component divided by the total agency positions. This formula was provided by the Governor’s Office.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by Division of Administration staff.

1. Does a logical relationship exist between the measure’s name and its definition/formula?
 Yes No

2. Does this measure provide a reasonable measure of what the program is supposed to accomplish?
 - Yes No (according to the program, it is an effort to represent Executive Direction costs as a percent of total agency cost.)

3. Is this performance measure related to a goal in the Department of Health's current strategic plan?
 - Yes No

4. Is this performance measure mandated by statute, law, or directive from the Executive Office of the Governor?
 - Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides a reasonable assessment of the validity of this performance measure in relation to the purpose for which it is being used.

As this measure was directed by the Executive Office of the Governor as part of the Long Range Program Plan Instructions and established by the Florida Senate as part of the *Agency Performance Measures For Fiscal Year 2002-2003*, this measure is considered valid for the purposes of this review.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General and answered by Division of Administration staff.

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**
 Yes, the measure is defined in the *Agency Performance Measures For Fiscal Year 2002-2003*, issued by the Florida Senate and in the Executive Office of the Governor's Long Range Program Plan Instructions.

2. **Is written documentation available that describe how the data are collected?**
 No, the data are extracted from LAS/PBS and there is documentation available on the use of LAS/PBS through EOG or the Legislative Data Center.

3. **Has an outside entity ever completed an evaluation of the data system?**
 Not that Department of Health Budget Office is aware.

4. **Is there a logical relation between the measure, its definition and the calculation?**
 Yes

Reason the Methodology Was Selected:

This methodology was used because it provides a reasonable assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Executive Direction and Support Services

Service/Budget Entity: Administrative Support/64100200

Measure: Technology costs as a percent of total agency costs

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

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

2. Describe the methodology used to collect the data and to calculate the result:

The data in LAS/PBS are a combination of automated and manually entered data. The automated data are loaded from FLAIR, the state's accounting system. Legislative budget request issues are manually entered by Budget staff.

3. Explain the procedure used to measure the indicator:

Total operational costs of the Information Technology (IT) program component divided by total agency costs less fixed capital outlay. This formula was provided by the Governor's Office.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by Division of Administration staff.

1. Does a logical relationship exist between the measure's name and its definition/formula?

Yes No

2. Does this measure provide a reasonable measure of what the program is supposed to accomplish?

Yes No (according to the program, It is an effort to represent Information Technology costs as a percent of total agency cost.)

3. Is this performance measure related to a goal in the Department of Health's current strategic plan?

Yes No

4. Is this performance measure mandated by statute, law, or directive from the Executive Office of the Governor?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides a reasonable assessment of the validity of this performance measure in relation to the purpose for which it is being used.

As this measure was directed by the Executive Office of the Governor as part of the Long Range Program Plan Instructions and established by the Florida Senate as part of the *Agency Performance Measures For Fiscal Year 2002-2003*, this measure is considered valid for the purposes of this review.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General and answered by Division of Administration staff.

1. Is written documentation available that describe/define the measure and the formula used, if applicable?

Yes, the measure is defined in the *Agency Performance Measures For Fiscal Year 2002-2003*, issued by the Florida Senate and in the Executive Office of the Governor's Long Range Program Plan Instructions.

2. Is written documentation available that describe how the data are collected?

No, the data are extracted from LAS/PBS and there is documentation available on the use of LAS/PBS through EOG or the Legislative Data Center.

3. Has an outside entity ever completed an evaluation of the data system?

Not that Department of Health Budget Office is aware.

4. Is there a logical relation between the measure, its definition and the calculation?

Yes

Reason the Methodology Was Selected:

This methodology was used because it provides a reasonable assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: <u>Department of Health</u>
Program: <u>Community Public Health</u>
Service/Budget Entity: <u>Disease Control and Protection/64200200</u>
Measure: <u>Tuberculosis cases per 100,000 population</u>

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Tuberculosis Information Management System (TIMS) is a microcomputer database system that collects surveillance information on tuberculosis cases including demographics, address information, lab results, X-ray information, skin test results, information on contacts, medication pickups and drug susceptibility studies. Data are input at the regional TB offices and then transmitted up to Tallahassee to the Statewide TIMS, and reports are produced.

2. Describe the methodology used to collect the data and to calculate the result:

County health departments submit data to Department of Health Area Coordinators who confirm the data and then enter it into the TIMS where it is electronically transmitted to Department of Health headquarters on a monthly basis.

Population figures are obtained from the U.S. Census during censal years and from the official mid-year population estimates produced by the Spring Florida Demographic Estimating Conference for intra-censal years.

3. Explain the procedure used to measure the indicator:

Calendar year number of tuberculosis cases divided by population estimate multiplied by 100,000.

Validity

Validity Determination Methodology: *The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to:

Goal 1: Prevent and treat infectious diseases of public health significance

Objective 1F: Reduce the tuberculosis rate

3. Has information supplied by programs been verified by the Office of Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff.

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, Performance Measure Definitions, Summer 1998 [TB]

2. **Is written documentation available that describe how the data are collected?**

Yes, Performance Measure Definitions, Summer 1998 [TB]

3. **Has an outside entity ever completed an evaluation of the data system?**

Yes, Centers for Disease Control and Prevention

The following data reliability test questions were created and answered by the Office of the Inspector General:

1. Is there a logical relation between the measure, its definition and its calculation?

Yes No

2. Has information supplied by programs been verified by the Office of the Inspector General?

Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

Yes No

If yes, note test results:

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department:	<u>Department of Health</u>
Program:	<u>Children's Medical Services</u>
Service/Budget Entity:	<u>Children's Special Health Care/64300100</u>
Measure:	<u>Number of children receiving Child Protection Team Assessments</u>
Action (check one):	
<input type="checkbox"/>	Requesting revision to approved performance measure
<input type="checkbox"/>	Change in data sources or measurement methodologies
<input type="checkbox"/>	Requesting new measure
<input checked="" type="checkbox"/>	Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The Child Protection Team Information System (CPTIS) data system was developed in 2001. CPTIS is utilized by Child Protection Team (CPT) providers to enter program data and client information.

2. Describe the methodology used to collect the data and to calculate the result:

Assessments are entered into CPTIS and compliance is measured through a Performance Measure Standards report monthly or as needed. This report is issued to monitor CPT providers compliance with statutory and contractual requirements for client assessments.

3. Explain the procedure used to measure the indicator:

The total number of children referred to CPT by the Florida Department of Children and Families (DCF) in comparison to the number of assessments conducted by CPTs during the evaluation timeframe.

Validity

1. Number of children receiving Child Protection Team assessments

2. Explain the methodology used to determine validity and the reason it was used:

Validity Determination Methodology:

The methodology used to determine validity consisted of the following steps:

- Program staff were interviewed and the following current Department of Health documents were reviewed:
 - Agency Strategic Plan, 1998-99 through 2002-03
 - Florida Government Accountability Report, August 1998
 - County Health Profiles, March 1997
 - County Outcome Indicators, August 1994
 - Resource Manual, December 1996

The following program purpose statement was created:

CPTs supplement DCF child protective investigation activities or designated sheriff's offices by providing a multitude of medical and non-medical assessment services to children with allegations of abuse, neglect, or abandonment. Comprehensive services provided by CPT are targeted to identify and evaluate child abuse, neglect, abandonment, and recommend effective interventions to protect vulnerable children in Florida. Services provided by CPT include medical examinations and consultations, child forensic interviews, specialized interviews, social assessments, psychological evaluations and consultations, along with a few different types of case staffings.

3. Does a logical relationship exist between the measure's name and its definition/ formula?

Yes No

4. Does this measure provide a reasonable measure of what the program is supposed to accomplish?

5. Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides a reasonable assessment of validity given the time constraints created by the legislative acceleration of the Department's submission of performance measures and the concurrent assessment of validity. Further testing will be needed to fully assess the validity of this measure.

Based upon the validity determination methodology, there is a moderately high probability that this measure is valid subject to data testing results.

Reliability

1. Number of children receiving Child Protection Team assessments

2. Explain the methodology used to determine validity and the reason it was used:

Reliability Determination Methodology:

The methodology used to determine the reliability of the performance measure included staff interviews and review of the following current Department of Health documents:

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

Reliability Determination Methodology: Based on the interviews and the documents' review, the following questions relating to reliability were answered.

1. Is written documentation available that describe/define the measure and the formula used, if applicable?

Yes, The CPT Program Reporting Guidelines are available in the Health Information Systems Office, the CMS state Program Office and on site at each provider office.

2. Is written documentation available that describe how the data are collected?

Yes, see above.

3. Has an outside entity ever completed an evaluation of the data system?

No

4. Is there a logical relation between the measure, its definition and the calculation?

Yes

Reason the Methodology Was Selected:

This methodology was used because it provides a reasonable beginning point for assessing reliability given the time constraints created by the legislative acceleration of the Department's submission of its performance measures and the concurrent assessment of reliability. Further testing will be needed to fully assess the reliability of this measure.

Based upon the validity determination methodology, there is a moderately low probability that this measure is valid subject to data testing results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure: Total infant mortality rate per 1,000 live births

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Vital Statistics is a mainframe data system, which records the registration of vital record events (births, fetal deaths, deaths, marriages, and divorces) from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

2. Describe the methodology used to collect the data and to calculate the result:

County health departments collect live birth information from the birth facility/certifier and death information from the funeral director/certifier and send it to Vital Statistics in Jacksonville. Vital Statistics enters this information into the database and electronically sends these data to Tallahassee.

3. Explain the procedure used to measure the indicator:

Calendar year number of infant deaths divided by number of live births multiplied by 1,000. An infant death is defined as less than one year of age.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to:

Goal 4: Improve access to basic family health care services

Objective 4A: Improve maternal and infant health.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff.

- 1. Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, Vital News (Office of Vital Statistics newsletter), Monthly vital statistics data files, and Florida Vital Statistics Annual Report.

- 2. Is written documentation available that describe how the data are collected?**

Yes. F.S. 382 describes live birth and death record completion/filing procedures.

Vital Statistics Registration Handbook describes item by item procedures for completion of the records.

- 3. Has an outside entity ever completed an evaluation of the data system?**

No, not the data system, but the National Center for Health Statistics annually reviews the Vital Statistics data for accuracy and completeness.

The following data reliability test questions were created and answered by the Office of the Inspector General

4. Is there a logical relation between the measure, its definition and its calculation?

Yes No

5. Has information supplied by programs been verified by the Office of the Inspector General?

Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

6. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

Yes No

If yes, note test results:

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure: Non-white infant mortality rate per 1,000 Non-white live births

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Vital Statistics is a mainframe data system, which records the registration of vital record events (births, fetal deaths, deaths, marriages, and divorces) from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

2. Describe the methodology used to collect the data:

County health departments collect live birth information from the birth facility/certifier and death information from the funeral director/certifier and send it to Vital Statistics in Jacksonville. Vital Statistics enters this information into the database and electronically sends these data to Tallahassee.

3. Explain the procedure used to measure the indicator:

Calendar year number of Non-white infant deaths (based on the infant's race) divided by number of Non-white live births (based on the mother's race) multiplied by 1,000. An infant death is defined as less than one year of age.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health’s Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to:

Goal 4: Improve access to basic family health care services

Objective 4B: Improve Nonwhite maternal and infant health.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, Vital News (Bureau of Vital Statistics newsletter), monthly vital statistics data files, and Florida Vital Statistics Annual Report.

2. **Is written documentation available that describe how the data are collected?**

Yes, Chapter 382, Florida Statutes, describes live birth and death record completion/filing procedures. Vital Statistics Registration Handbook describes item by item procedures for completion of the records.

3. **Has an outside entity ever completed an evaluation of the data system?**

No, not the data system, but the National Center for Health Statistics annually reviews the Vital Statistics data for accuracy and completeness.

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General:

1. **Is there a logical relation between the measure, its definition and its calculation?**

Yes.

2. **Has information supplied by programs been verified by the office of the Inspector General?**

Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. **Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?**

No.

If yes, Note test results:

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure: Percent of low weight births among prenatal Special Supplemental Nutrition Program for Women, Infants and Children (WIC) clients.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The WIC Information Project (WIP) Automated Data Processing System, which is a centralized mainframe system that collects client and worker data; delivers and accounts for services; and provides ad hoc, microfiche and paper output reports. WIP captures client demographic and eligibility information as well as specific health data. WIP prints food checks for clients and tracks food check issuance, nutrition education and certification activities. WIP includes inventory management systems for food checks and special formula and an appointment scheduling system for client appointments. System reports at the county and state level address management needs for information on food check issuance, redemption and reconciliation; participation and enrollment; retail grocer monitoring and management; infant formula rebate calculation; and breastfeeding incidence and duration.

2. Describe the methodology used to collect the data:

Local agency WIC staff enters WIC client demographic information and health data directly into this system. The information is "point in time" or information that is "as of a certain date."

3. Explain the procedure used to measure the indicator:

Total number of low birthweight infants certified during a reporting period who were born to mothers who participated prenatally in the WIC program divided by the total number of infants certified during that same reporting period who were born to mothers who participated prenatally in the WIC program. Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to:

Goal 4: Improve access to basic family health care services.

Objective 4C: Reduce low birth weight births among WIC clients.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

No. This information will be included in the Department of Health document: Performance Measure Definitions, [WIC]

2. **Is written documentation available that describe how the data are collected?**

No.

3. Has an outside entity ever completed an evaluation of the data system?

No.

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General:

1. Is there a logical relation between the measure, its definition and its calculation?

Yes.

2. Has information supplied by programs been verified by the Office of the Inspector General?

Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. Has the office of the Inspector General conducted further detailed reliability test or reviewed other independent data reliability test results?

No.

If yes, note test results:

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure: Number of live births to mothers age 15–19 per 1,000 females age 15-19.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Vital Statistics is a mainframe data system, which records the registration of vital record events (births, fetal deaths, deaths, marriages, and dissolutions of marriage) from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

2. Describe the methodology used to collect the data and to calculate the result:

County health departments collect birth information from the birth facility/certifier and forward to Vital Statistics in Jacksonville. Vital Statistics enters this information into the database and electronically sends these data to Tallahassee.

3. Explain the procedure used to measure the indicator:

Calendar year number of live births to females age 15-19 divided by the total number of female adolescents age 15-19 (population) multiplied by 1,000.

Population data are the July 1 mid-year estimates from the winter consensus estimating conference Office of the Governor.

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to:

Goal 4: Improve access to basic family health care services.

Objective 4D: Reduce births to teenagers.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff.

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, this information is found in Performance Measure Definitions, Summer 1998 [Family Planning] and Monthly vital statistics data files and Florida Vital Statistics Annual Report (Office of Vital Statistics)

2. **Is written documentation available that describe how the data are collected?**

Yes.

Performance Measure Definitions, Summer 1998 [Family Planning] and F.S. 382 describes live birth record completion/filing procedures, and Vital Statistics Registration Handbook describes item by item procedures for completion of the records.

3. **Has an outside entity ever completed an evaluation of the data system?**

Yes. The National Center for Health Statistics annually review the Vital Statistics data for accuracy and completeness.

The following data reliability test questions were created and answered by the Office of the Inspector General

1. Is there a logical relation between the measure, its definition and its calculation?

Yes No

2. Has information supplied by programs been verified by the Office of the Inspector General?

Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

Yes No

If yes, note test results:

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure: Number of monthly special supplemental nutrition program for Women, Infants and Children (WIC) participants

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The WIC Information Project Automated Data Processing System (WIP) is a centralized mainframe system that collects client and worker data; delivers and accounts for services; and provides ad hoc, microfiche and paper output reports. WIP captures client demographic and eligibility information as well as specific health data. WIP prints food checks for clients and tracks food check issuance, nutrition education and certification activities. WIP also includes inventory management systems for food checks and special formula and an appointment scheduling system for client appointments. System reports at the county and state level address management needs for information on food check issuance, redemption and reconciliation; participation and enrollment; retail grocer monitoring and management; infant formula rebate calculation; and breastfeeding incidence and duration data.

2. Describe the methodology used to collect the data:

Local agency WIC staff enter WIC client demographic information and health data directly into this system. The information is "point in time" or information that is "as of a certain date."

3. Explain the procedure used to measure the indicator:

Participation is based on the number of WIC clients who have received WIC food checks, which can be used during the reporting month. The monthly statewide participation is calculated by using the October to September monthly participation data for the most recent federal fiscal year using final data.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal 4: Improve access to basic family health care services

Objective 4C: Reduce low birth weight births among prenatal WIC clients

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff.

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes. Section D of the WIC Coordinator's Guide relating to WIP Reports. Other edits identify possible problems that require follow-up

2. **Is written documentation available that describe how the data are collected?**

Yes. WIP System Guide, Florida WIC Program, June 1996.

3. **Has an outside entity ever completed an evaluation of the data system?**

WIC did not report an outside evaluation.

4. **Is there a logical relation between the measure, its definition and the calculation?**

Yes

5. **Has information supplied by programs been verified by the Office of the Inspector General?**

No

6. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure: Number of Child Care Food Program meals served monthly

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Data are derived from monthly claims filed by program contractors using the Child Care Food Program's web based Management Information and Payment System (MIPS).

2. Describe the methodology used to collect the data:

In addition to other information, contractors report the number of meals served to children in their care during the reporting month.

3. Explain the procedure used to measure the indicator:

These data are transmitted monthly to the USDA Food and Nutrition Service and provides the basis for federal meal reimbursements.

Validity (as determined by program office):

Program contractors must document and report the number of meals served at each meal service – breakfast, lunch, snack, etc. MIPS edits these numbers against other information in the database to ensure validity. The system flags potential problems for follow-up and desk reviews and on-site monitoring reviews further ensure validity of reported numbers and consequent payments.

Reliability (as determined by program office):

System edits, on-going training, written guidance, technical assistance and on-site monitoring help ensure the reliability of reported numbers.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure: Age-adjusted death rate due to diabetes

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The data source used will be Florida Community Health Assessment Resource Tool Set (CHARTS).

2. Describe the methodology used to collect the data:

CHARTS collects information on causes of death from the Florida Department of Health, Office of Vital Statistics.

3. Explain the procedure used to measure the indicator:

The Department extracts data using ICD-10 codes specific to diabetes.

- A crude death rate is calculated by dividing the total number of deaths due to diabetes in a year by the total number of individuals in the population who are at risk for these events and multiplying by 100,000. Population estimates are from July 1 of the specified year and are provided by the Florida Legislature, Office of Economic and Demographic Research.
- The next step is to calculate diabetes death rates per 100,000 for different age groups. If this is a 3-year rate, sum three years of deaths and divide by three to obtain the annual average number of events before calculating the age-specific rates.
- Multiply this rate by the 2000 US population proportion. This is the standard 2000 US population proportion, which Florida CHARTS uses to calculate age-adjusted death rates.
- Sum values for all age groups to arrive at the Age-Adjusted Death Rate.
- CHARTS populates age-adjusted death rates on a yearly basis, although the most recent data are always approximately 1 year behind.

The Bureau of Chronic Disease and Prevention epidemiologist will measure the indicator using trend data and Healthy People 2010 target goals.

Validity

As yet to be determined by Department of Health, Office of Inspector General

Reliability

As yet to be determined by Department of Health, Office of Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure: Age-adjusted death rate due to coronary heart disease

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The data source used will be Florida Community Health Assessment Resource Tool Set (CHARTS).

2. Describe the methodology used to collect the data:

CHARTS collects information on causes of death from the Florida Department of Health, Bureau of Vital Statistics.

3. Explain the procedure used to measure the indicator:

- The Department extracts data using ICD-10 codes: I20-I25 specific to coronary heart disease.
- A crude death rate is calculated by dividing the total number of deaths due to coronary heart disease in a year by the total number of individuals in the population who are at risk for these events and multiplying by 100,000. Population estimates are from July 1 of the specified year and are provided by the Florida Legislature, Office of Economic and Demographic Research.
- The next step is to calculate coronary heart disease death rates per 100,000 for different age groups. If this is a 3-year rate, sum three years of deaths and divide by three to obtain the annual average number of events before calculating the age-specific rates.
- Multiply this rate by the 2000 US population proportion. This is the standard 2000 US population proportion, which Florida CHARTS uses to calculate age-adjusted death rates.
- Sum values for all age groups to arrive at the Age-Adjusted Death Rate.

CHARTS populates age-adjusted death rates on a yearly basis, although the most recent data are always about 1.5 years behind.

The Bureau of Chronic Disease and Prevention epidemiologist will measure the indicator using trend data and Healthy People 2010 target goals.

Validity

As yet to be determined by Department of Health, Office of the Inspector General

Reliability

As yet to be determined by Department of Health, Office of the Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure: Percent of middle and high school students who report using tobacco products in the last 30 days.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Self-reported tobacco use in the past 30 days, from an anonymous survey of Florida public middle and high school students. The database is stored as a Statistical Analysis System (SAS) data set (v 6.04) and analyzed using the Survey Data Analysis (SUDAAN) software for complex sampling designs

2. Describe the methodology used to collect the data:

Florida Youth Tobacco Survey, which is an anonymous self-administered school-based classroom survey conducted in public middle and high schools. The survey is administered by school or health personnel during February and March. The sample is stratified by grade level and geographical region. The Florida Youth Tobacco Survey methodology was developed by the Centers for Disease Control and Prevention (CDC). The questions relating to 30 day use of tobacco products were developed and tested as part of the Youth Risk Behavior Surveillance System developed by the Division of Adolescent and School Health at CDC.

3. Explain the procedure used to measure the indicator:

Students are asked a series of questions regarding use of cigarettes, cigars, and smokeless tobacco products within the previous 30 days.

The numerator is the number of students responding “yes” to the questions.

The denominator is the total number of students asked the question.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health’s Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health’s Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Executive Direction and Support Program Purpose Statement

To provide policy direction and leadership to the Department and develop and support the infrastructure necessary to operate the Department's direct service programs.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal 5: Prevent and reduce tobacco use

Objective 5A: Reduce the proportion of Floridians, particularly young Floridians, whose tobacco.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General and answered by program staff.

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes. Florida Youth Tobacco Survey Report #1 presents the survey questions and methodology. This report is available from the Department of Health, Bureau of Epidemiology.

2. **Is written documentation available that describe how the data are collected?**

Yes. Florida Youth Tobacco Survey Report. This report is available from the Department of Health, the Bureau of Epidemiology.

3. **Has an outside entity ever completed an evaluation of the data system?**

Not an evaluation per se, however, the CDC assisted in the development of the survey to ensure questions used were reliable and valid. The questions used are standard youth risk behavior survey questions that have been tested and found reliable by many other states.

The following data reliability test questions were created and answered by the Office of the Inspector General:

1. **Is there a logical relation between the measure, its definition and its calculation?**
Yes.
2. **Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.**
 - Performance Measure Definitions, Summer 1998
 - County Health Profiles, March 1997
 - County Outcome Indicators, August 1994
 - Resource Manual, December 1996
 - Public Health Indicators Data System Reference Guide, October 1994
 - State Health Office Indicators-County Public Health Unit Workbook, August 1995
3. **Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? No. If yes, note test results.**
No. If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Disease Control and Health Protection/64200200

Measure: AIDS case rate per 100,000 population

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

HIV/AIDS Reporting System (HARS), which is a microcomputer database application developed by the Center for Disease Control (CDC), in which demographic and patient data on all AIDS cases are maintained.

2. Describe the methodology used to collect the data:

The number of AIDS cases reported during the calendar year come from the regional HIV/AIDS surveillance coordinator who compiles AIDS case reports submitted to the county health departments and enters the data directly into HARS. Regional data are then transferred to Tallahassee on a regular basis. These regional data make up the statistics in the HARS database from which statistical reports are produced.

Population figures are obtained from the U.S. Census during censal years and from the official mid-year population estimates produced by the Spring Florida Demographic Estimating Conference for intra-censal years.

3. Explain the procedure used to measure the indicator:

Number of reported AIDS cases during the calendar year divided by population, multiplied by 100,000.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal 1: Prevent and treat infectious diseases of public health significance.

Objective 1B: Reduce deaths due to HIV/AIDS.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff.

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, Performance Measure Definitions, Summer 1998 [HIV/AIDS] and Public Health Indicators Data System Reference Guide [AIDS1, PARA18]

2. **Is written documentation available that describe how the data are collected?**

Yes, Performance Measure Definitions, Summer 1998 [HIV/AIDS]

3. **Has an outside entity ever completed an evaluation of the data system?**

Yes. Centers for Disease Control and Prevention. In addition, there are internal quality control checks to ensure that the data are accurate and complete. Internal quality control by staff ensures accurate data through routine data verification and edits of reports entered into the statewide HIV/AIDS case registry. Each electronic data transfer and hard copy of case reports are subject to computer software procedures that identify outliers and other data entry errors. Monthly data audits are conducted and case reports are sent back to the county health department as necessary to correct or update data. All case reports sent to the HIV/AIDS program are reviewed to ensure an unduplicated count of cases both at the local and state level. Completeness of reporting is accomplished through active surveillance for AIDS cases by field staff.

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General:

1. **Is there a logical relation between the measure, its definition and its calculation?**
Yes.
2. **Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.**
 - Performance Measure Definitions, Summer 1998
 - County Health Profiles, March 1997
 - County Outcome Indicators, August 1994
 - Resource Manual, December 1996
 - Public Health Indicators Data System Reference Guide, October 1994
 - State Health Office Indicators-County Public Health Unit Workbook, August 1995
3. **Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?**
No If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Disease Control and Protection/64200200

Measure: Immunization rate among two-year-olds

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Annual Immunization Survey of Florida's Two-year-old Children

2. Describe the methodology used to collect the data:

A random population-based sample from Florida birth records for children born two years prior to the survey. Immunization program staff contact county health departments, private providers, and parents regarding the child's immunization status.

3. Explain the procedure used to measure the indicator:

(Total number of two-year-old children with complete immunization status) divided by (total number of two-year-old children located and surveyed) multiplied by 100.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal 1: Prevent and treat infectious diseases of public health significance

Objective 1C: Increase the immunization rate among children

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff.

1. Is written documentation available that describe/define the measure and the formula used, if applicable?

Yes, Performance Measure Definitions, Summer 1998 [Immunization]

2. Is written documentation available that describe how the data are collected?

Yes. For each survey done, the program has detailed memos, guidelines, and forms to ensure that data are collected in a consistent manner.

3. Has an outside entity ever completed an evaluation of the data system?

Unknown

The following data reliability test questions were created by the Office of the Inspector General:

1. Is there a logical relation between the measure, its definition and its calculation?

Yes

2. Has information supplied by programs been verified by the Office of the Inspector General?

Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996

- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Disease Control and Health Protection/64200200

Measure: Number of annual patient days at A. G. Holley Tuberculosis Hospital

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

An annual report was prepared by a private firm when the hospital was operational.

2. Describe the methodology used to collect the data:

These data are kept on an A.G. Holley Tuberculosis Hospital spreadsheet using information derived from admission records and discharge records.

3. Explain the procedure used to measure the indicator:

Admission and discharge records are reviewed to determine number of days a patient was enrolled at the hospital. Additionally, Medicaid, Medicare, veterans' benefits, private insurance reimbursements, and private pay records are reviewed. A log is maintained which documents this information. The data collection period is the state fiscal year.

Program staff's assessment of accuracy is "excellent."

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Not enough information provided by the program for the Office of the Inspector General to determine.

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control, and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal 1: Prevent and treat infectious diseases of public health significance.

Objective 1F: Reduce the tuberculosis rate.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that this measure is valid in relation to the purpose for which it is being used.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General and answered by the program staff:

1. Is written documentation available that describe/define the measure and the formula used, if applicable?

The definition of "patient day" is the same used by the Agency for Health Care Administration for the term "length of stay."

2. Is written documentation available that describe how the data are collected?

No.

3. Has an outside entity ever completed an evaluation of the data system?

No, however, the hospital's quality assurance department verifies documentation and accuracy, and routinely reviews all medical records. Also, the hospital must meet licensing requirements of the Agency for Health Care Administration, including a medical records review.

The following reliability test questions were created and answered by the Office of the Inspector General:

1. Is there a logical relation between the measure, its definition and its calculation?

Not enough information has been provided by the program for the Office of the Inspector General to determine.

2. **Has information supplied by programs been verified by the Office of the Inspector General?**

No

3. **Has the Office of the Inspector General conducted further detailed data tests or reviewed other independent data test results?**

No.

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Disease Control and Health Protection/64200200

Measure: Enteric disease case rate per 100,000

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The enteric disease case rate per 100,000 population is obtained from data submitted to Merlin, Florida's web-based notifiable disease surveillance system utilized by the 67 county health departments (CHD) to report and track reportable disease conditions in Florida as required by Florida Administrative Code Chapter 64D-3.

2. Describe the methodology used to collect the data:

Each case of campylobacteriosis, giardiasis, hepatitis A, salmonellosis, and shigellosis is reported by health care providers to county health departments along with demographic information, symptoms, diagnosis status (confirmed or probable) laboratory tests, exposure history, prophylaxis if indicated, and other information as appropriate. The case reports are entered into Merlin.

3. Explain the procedure used to measure the indicator:

Bureau of Epidemiology epidemiologists review the cases to ensure complete and timely data submission, and calculate disease rates per 100,000 population. This gives a measure of the enteric disease burden in Florida annually. In response, epidemiologic measures including prompt case finding, education and intervention can be used to prevent outbreaks and achieve desired target rates of enteric disease.

Validity

As yet to be determined by Department of Health, Office of the Inspector General

Reliability

As yet to be determined by Department of Health, Office of the Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Disease Control and Health Protection/64200200

Measure: Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Data are stored in a microcomputer database application developed by Center for Disease Control and Prevention (CDC) called the EPI-INFO system, which tracks foodborne illness complaints and outbreaks.

2. Describe the methodology used to collect the data:

Data collection at the county health department may be either by hand or electronic. Regional food and waterborne illness epidemiologists collect the data from the county health departments on a monthly basis, enter them into a standard file in EPI-INFO software and send them in electronic format to the statewide coordinator in the Bureau of Environmental Health in Tallahassee. The data are then concatenated into a file that is used for quarterly and annual reports and individual information inquiries.

3. Explain the procedure used to measure the indicator:

The number of food and waterborne illness outbreaks that occurred at public food service establishments licensed and inspected by the Department of Health. This number is first divided by the total number of public food service establishments licensed and inspected by the Department of Health, and then multiplied by 10,000. Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal 3: Prevent diseases of environmental origin.

Objective 3C: Protect the public from food and waterborne diseases.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff.

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

No

2. **Is written documentation available that describe how the data are collected?**

No

3. **Has an outside entity ever completed an evaluation of the data system?**

No

4. Is there a logical relation between the measure, its definition and the calculation?

Yes

5. Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

6. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Disease Control and Health Protection/64200200

Measure: Septic tank failure rate per 1,000 within two years of system installation

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Comprehensive Environmental Health Tracking System (CENTRAX) is a micro-computer database application written in CLIPPER programming language, used by environmental health to track selected program information. There is a module in CENTRAX called the On-line Sewage Treatment and Disposal System (OSTDS) which is used to record septic tank information.

2. Describe the methodology used to collect the data:

Programs are maintained and the data are input at the county health departments. Data are transmitted monthly to the Bureau of Environmental Health and statewide reports are produced. Those county health departments not currently using CENTRAX submit their data on a quarterly basis.

3. Explain the procedure used to measure the indicator:

The number of repair permits issued within two years of installation is divided by the total number of permits issued within two years, and then multiplied by 1,000.

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish

- Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Objective 3A: Monitor individual sewage systems to ensure adequate design and proper function.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

5. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, this information is found in the Performance Measure Definitions, Summer 1998 [Sewage and Waste]

2. **Is written documentation available that describe how the data are collected?**

Performance Measure Definitions, Summer 1998 [Sewage and Waste]

3. **Has an outside entity ever completed an evaluation of the data system?**

No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: <u>Department of Health</u>
Program: <u>Community Public Health</u>
Service/Budget Entity: <u>Disease Control and Health Protection/64200200</u>
Measure: <u>Percent of required food service inspections completed</u>
Action (check one):
<input type="checkbox"/> Requesting revision to approved performance measure
<input type="checkbox"/> Change in data sources or measurement methodologies
<input type="checkbox"/> Requesting new measure
<input checked="" type="checkbox"/> Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The data will come from inspection records collected by the Department's Environmental Health database.

2. Describe the methodology used to collect the data:

Food inspection results are entered into the Department's Environmental Health database. That data are uploaded to and compiled at the Department's Central Office. Facility inspection frequencies depend on the level of food service they provided to their customers.

3. Explain the procedure used to measure the indicator:

Each facility will be multiplied by its assigned inspection frequency to determine how many inspections should have been performed. This number will be compared to the number of inspections actually performed during the prescribed time period.

Validity

As yet to be determined by Department of Health, Office of the Inspector General

Reliability

As yet to be determined by Department of Health, Office of the Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Public Health Support/64200800

Measure: Number of relative workload units performed annually by the laboratory.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Laboratory monthly, semiannual, and annual reports of tests performed and the relative workload units performed.

2. Describe the methodology used to collect the data:

Each branch laboratory and each section of the central laboratory reports the number and types of specimens processed for that monthly period. The monthly reports are compiled to produce semiannual and annual reports.

3. Explain the procedure used to measure the indicator:

The Relative Workload Units (RWU) were established in a cooperative effort by the Centers for Disease Control and Prevention and the state public health laboratories. The RWU system was adopted to provide a basis for the comparison of workloads among the various state laboratories and between different types of tests performed in the laboratory. The workload factor assigned to each procedure adjusts for the batch size and the level of automation and the methodology used for testing. Therefore, very complex manual testing methods will have a high RWU factor because of the labor intensity and the lack of automation; whereas, an automated procedure, such as clinical chemistry, will have a very low RWU factor since there is little hands on time and the testing is not labor intensive, plus the procedure is nearly independent of the batch size.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?
- Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal: Provide public health related ancillary and support services

Objective: Provide timely and accurate laboratory services

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff.

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes

2. **Is written documentation available that describe how the data are collected?**

Yes, monthly report form and RWU factors

3. **Has an outside entity ever completed an evaluation of the data system?**

Yes, CDC ca 83-84

Reliability Determination Methodology: The following data reliability test questions were created and answered by the Office of the Inspector General:

1. **Is there a logical relation between the measure, its definition and its calculation?**

Yes

2. **Has information supplied by programs been verified by the Office of the Inspector General? Part of the information has been verified through the review of the following documents.**
- Performance Measure Definitions, Summer 1998
 - County Health Profiles, March 1997
 - County Outcome Indicators, August 1994
 - Resource Manual, December 1996
 - Public Health Indicators Data System Reference Guide, October 1994
 - State Health Office Indicators-County Public Health Unit Workbook, August 1995
3. **Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?**

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Disease Control and Health Protection/64200200

Measure: The number of confirmed foodborne disease outbreaks identified per million population.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The data for this measure are obtained from the electronic Environmental Health Database (EHD). The data in this database are input by the Regional Environmental Epidemiologists (REE) after an outbreak investigation is complete. This database includes information about foodborne and waterborne disease outbreaks that occur in Florida.

Community Health Assessment Resource Tool Set (CHARTS) is used to gather the population by year which is necessary to calculate the rate of foodborne disease outbreaks per million population.

2. Describe the methodology used to collect the data:

The number of confirmed foodborne outbreaks is gathered from the database by year.

3. Explain the procedure used to measure the indicator:

The rate of confirmed foodborne disease outbreaks in Florida is calculated by dividing the number of outbreaks each year by the population of Florida and presented in a rate per 1 million population. Increasing rates each year are the desired goal as this indicates that the CHDs are identifying and investigating foodborne disease outbreaks. Decreasing rates may not indicate that foodborne illnesses are not occurring but that they are not being investigated.

Validity

As yet to be determined by Department of Health, Office of the Inspector General

Reliability

As yet to be determined by Department of Health, Office of the Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health
Needs/64200700

Measure: Number of women and infants receiving Healthy Start services
annually.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

2. Describe the methodology used to collect the data:

Employees record the services provided to clients on Client Service Records (CSRs) and are entered into a local CIS/HMC program at each of the county health departments. For every person receiving a Healthy Start service an unduplicated count is derived by the client identification number. These data are then electronically transmitted to the state CIS/HMC database and reports are produced.

3. Explain the procedure used to measure the indicator:

An unduplicated number based on client ID number of women and infant clients receiving Healthy Start Prenatal program services - program components 25, 26, 27, 30, and 31. Added to this figure is the average monthly SOBRA (Sixth Omnibus Budget Reconciliation Act) MomCare caseload, unduplicated by the percent of MomCare clients referred to the Healthy Start Program. Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal 4: Improve access to basic family health care services

Objective 4A: Improve maternal and infant health

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes--instructions for interpreting the Healthy Start Executive Summary Report are provided quarterly.

2. **Is written documentation available that describe how the data are collected?**

Yes. Instructions for interpreting the Healthy Start Executive Summary Report quarterly.

3. **Has an outside entity ever completed an evaluation of the data system?**

No. However, Healthy Start Coalitions use the data on a quarterly basis and frequently call to inquire about data issues.

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General:

1. Is there a logical relation between the measure, its definition and its calculation?

Yes

2. Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

Yes

If yes, note test results.

The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health Needs/64200700

Measure: Total number of School Health services provided annually by the county health departments.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

2. Describe the methodology used to collect the data:

School nurses in all 67 counties group or batch code the number of services provided to all Basic and Comprehensive School Health Services (CSHSP) students. This information is entered in the local CIS/HMC program and then transmitted electronically to the state CIS/HMC System, which produces state and county-level quarterly year to date and yearly total reports. The state School Health Program office utilizes the yearly total CIS/HMC reports to provide counts for the state and county number of school health services.

3. Explain the procedure used to measure the indicator:

The measure is the total number of school health services as reported quarterly in the Combined School Health Service Report. The appropriate four quarters are summed to yield data that will be reported for the state fiscal year 7/1 through 6/30.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal 4: Improve access to basic family health care services

Objective 4H: Improve access to health care services for school children

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, this information is found in the following Department of Health documents:

- Performance Measure Definitions, Summer 1998 [School Health]
- CIS/HMC Coding Report

2. **Is written documentation available that describe how the data are collected?**

Yes, a very brief description is documented in the following documents:

- Department of Health Performance Measure Definitions, Summer 1998
- CIS/HMC Coding Report

3. **Has an outside entity ever completed an evaluation of the data system?**

No

The following data reliability test questions were created and answered by the Office of the Inspector General:

1. Is there a logical relation between the measure, its definition and its calculation?

Yes

2. Has information supplied by programs been verified by the Office of the Inspector General?

Part of the program submitted information has been verified through the review of the following documents

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

Yes

If yes, note test results.

The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health
Needs/64200700

Measure: Number of clients served annually in county health department
Family Planning program

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

2. Describe the methodology used to collect the data:

Client Service Records are completed for county health department clients receiving family planning services. These records are entered into the CIS/HMC system locally and are then electronically transmitted into the statewide CIS/HMC system.

3. Explain the procedure used to measure the indicator:

This is the number of clients provided Family Planning services, as reported, based on number of unduplicated client ID numbers, typically Social Security numbers, in county health department program component 23—Family Planning. Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal 4: Improve access to basic family health care services

Objective 4A: Improve maternal and infant health

Objective 4D: Reduce births to teenagers

Objective 4A: Reduce repeat births to teenagers

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, Performance Measure Definitions, Summer 1998 [Family Planning] and Personal Health Coding Pamphlet—DHP 50-20.

2. **Is written documentation available that describe how the data are collected?**

Yes. Performance Measure Definitions, Summer 1998 [Family Planning] and Personal Health Coding Pamphlet—DHP 50-20.

3. **Has an outside entity ever completed an evaluation of the data system?**

No

The following data reliability test questions were created and answered by the Office of the Inspector General:

1. Is there a logical relation between the measure, its definition and its calculation?

Yes

2. Has information supplied by programs been verified by the Office of the Inspector General?

Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

Yes

If yes, note test results:

The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health
Needs/64200700

Measure: Number of immunization services provided by county health
departments during the fiscal year.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

2. Describe the methodology used to collect the data:

Each county health department reports immunization services through the CIS/HMC. This methodology was selected due to the consistently reliable results from year to year. The data are collected in a routine, repeatable manner and follows departmental policy and procedures for data collection. The measure is reliable through repeatable automated data collection methods that are standardized in all county health departments. The data are also backed by paper copy.

3. Explain the procedure used to measure the indicator:

The measure captures all vaccines and nurse/paraprofessional contacts administered in the county health department immunization program. This includes the range of direct services reflected on the DE385 Variance Report.

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal 1: Prevent and treat infectious diseases of public health significance.

3. Has information supplied by programs been verified by the Office of the Inspector General

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, this information is found in the Department of Health documents Performance Measure Definitions, Summer 1998 [Immunization]

The immunization staff suggest that this measure provides a reasonable estimate of immunization services provided in county health departments through standard data conversion methods. The staff also say that the instrument is valid for the purposes of determining immunization services rendered in county health departments due to standardized reporting of doses of vaccine administered.

2. **Is written documentation available that describe how the data are collected?**

Yes. Personal Health Coding Pamphlet, DHP-20, June 1, 1998

The following data reliability test questions were created and answered by the Office of the Inspector General:

1. **Is there a logical relation between the measure, its definition and its calculation?**
Insufficient information was provided by the program for the Office of Inspector General to determine.
2. **Has information supplied by programs been verified by the Office of the Inspector General?**
No
3. **Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?**
Yes

If yes, note test results:

The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health Needs/64200700

Measure: Number of clients served in county health department Sexually Transmitted Diseases (STD) programs annually

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. CIS/HMC can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

2. Describe the methodology used to collect the data:

County health department provider personnel record the services provided to clients on Employee Activity Reports which are then entered into a local CIS/HMC program at each of the county health departments. For every person receiving a sexually transmitted disease service, an unduplicated count is derived by the client identification number. These data are then electronically transmitted to the state CIS/HMC database and reports are produced.

3. Explain the procedure used to measure the indicator:

The number is derived by totaling the unduplicated client identification numbers served in county health department STD programs.

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal 1: Prevent and treat infectious diseases of public health significance.

Objective 1E: Identify and eventually reduce the incidence of chlamydia.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, this information is found in the Department of Health documents:

- Performance Measure Definitions, Summer 1998 [STD]
- Public Health Indicators Data System Reference Guide

2. **Is written documentation available that describe how the data are collected?**

Yes, a very brief description is found in the Performance Measure Definitions, Summer 1998 [STD]

3. **Has an outside entity ever completed an evaluation of the data system?**

No

4. Is there a logical relation between the measure, its definition and the calculation?

Yes

The following data reliability test questions were created and answered by the Office of the Inspector General:

1. Is there a logical relation between the measure, its definition and its calculation?

Yes

2. Has information supplied by programs been verified by the Office of the Inspector General?

No

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

Yes. The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: <u>Department of Health</u>
Program: <u>Community Public Health</u>
Service/Budget Entity: <u>County Health Departments Local Health Needs/64200700</u>
Measure: <u>Number of persons receiving HIV Patient Care from county health departments, Ryan White Consortia, and General Revenue Networks annually</u>
Action (check one): <input type="checkbox"/> Requesting revision to approved performance measure <input type="checkbox"/> Change in data sources or measurement methodologies <input type="checkbox"/> Requesting new measure <input checked="" type="checkbox"/> Backup for performance measure

Data Sources and Methodology

- 1. List and describe the data source(s) for the measure:**

Data on client demographics is collected by the HIV/AIDS Patient Care program office on a quarterly basis from the Patient Care Network contract providers, county health departments, and Ryan White Title II Consortia contract providers on the HIV/AIDS Quarterly Demographic Report. The statewide data are then electronically compiled. This is not an unduplicated count.
- 2. Describe the methodology used to collect the data:**

Data on client enrollment are collected by all HIV/AIDS patient care service providers. These data are forwarded to the applicable lead agency for quarterly reporting to the HIV/AIDS Patient Care Program at the state health office. The data are then aggregated statewide. The state program office provides detailed reporting instructions on the quarterly reporting form. The HIV/AIDS Program Coordinators review the quarterly reports in detail, and work with county health departments and lead agencies in resolving data deficits and/or discrepancies.
- 3. Explain the procedure used to measure the indicator:**

This number is derived by summing the data from the appropriate four quarters as reported in the HIV/AIDS Quarterly Demographic Report. Data are collected throughout the year. Although the county health department contract year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to:

Goal 1: Prevent and treat infectious diseases of public health significance.

Objective 1A: Reduce the AIDS case rate.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. Is written documentation available that describe/define the measure and the formula used, if applicable?

Yes, a brief description is found in the contract between the service provider and the Department and detailed instruction are provided on the reporting document.

2. Is written documentation available that describe how the data are collected?

Yes, a brief description is found in the contract between the service provider and the department and detailed instruction are provided on the reporting document.

3. Has an outside entity ever completed an evaluation of the data system?

No

The following data reliability test questions were created and answered by the Office of the Inspector General:

1. Is there a logical relation between the measure, its definition and its calculation?

No

2. Has information supplied by programs been verified by the Office of the Inspector General?

No

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, and the fact that the staff collecting these data report that it is not an unduplicated count, there is a low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results. Even the program staff assess the accuracy of the data as only "fair."

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: <u>Department of Health</u>
Program: <u>Community Public Health</u>
Service/Budget Entity: <u>County Health Departments Local Health Needs/64200700</u>
Measure: <u>Number of tuberculosis medical management screenings, tests, nursing assessments, directly observed therapy and paraprofessional follow-up services provided</u>
Action (check one): <input checked="" type="checkbox"/> Requesting revision to approved performance measure <input type="checkbox"/> Change in data sources or measurement methodologies <input type="checkbox"/> Requesting new measure <input type="checkbox"/> Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management.

2. Describe the methodology used to collect the data:

Clients receiving the tuberculosis services listed above will have the service codes 0583—TB test, 0584—IGRA (Interferon-Gamma Release Assay), 4801—Directly Observed Therapy, Nurse; 4802—Video Directly Observed Therapy, Nurse; 4803—Directly Observed Therapy, Paraprofessional; 4804—Video Directly Observed Therapy, Paraprofessional; 5000—Nursing Assessment, 5040—Drug Issuance, Nurse, 6000—Medical Management, and 6500—paraprofessional follow-up recorded on the Client Service Record. These records are recorded into the local CIS/HMC program at the county health departments. The data are then electronically transmitted to the state CIS/HMC system, from which statistical reports can be produced for federal, state, and local needs.

3. Explain the procedure used to measure the indicator:

The total number of tuberculosis services coded to service codes 0583, 0584, in the CIS/HMC system are counted and added to the total number of services coded to service codes 4801, 4802, 4803, 4804, 5000, 5040, 6000 and 6500 in the tuberculosis program (program component 04 in the CIS/HMC system).

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

Validity

To be determined by Department of Health, Inspector General

Reliability

To be determined by Department of Health, Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health
Needs/64200700

Measure: Number of on-site sewage disposal system inspections completed
annually

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The CIS/Health Management Component and the Comprehensive Environmental Health Tracking System (CENTRAX). The Department will initially use CIS/HMC as the data source until CENTRAX is operational in all county health departments. CENTRAX is a micro-computer database application written in CLIPPER programming language, used by environmental health to track selected program information. Programs and data are maintained on the local county health department information systems. Data are transmitted monthly to the state environmental health office using the On-line Sewage Treatment and Disposal System (OSTDS) component of CENTRAX and statewide reports are produced. CENTRAX data are uploaded to CIS/HMC.

2. Describe the methodology used to collect the data:

Data are collected at each of the county health department's Environmental Health offices. Within the first five days of each month, each county health department runs an export routine that extracts data and creates a file that is uploaded to the state Environmental Health server in Tallahassee. This creates a statewide master file data and inspection report that is used in preparing this report.

3. Explain the procedure used to measure the indicator:

The number of inspections will be derived by summing a series of inspection related service codes in program component 61—Individual Sewage. The service codes are 1500, 3100 and 3210.

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff

and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to:

Goal 3: Prevent diseases of environmental origin

Objective 3A: Monitor individual sewage systems to ensure adequate design and function

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, this information is found in the Performance Measure Definitions, Summer 1998 [Environmental Health - Facilities] and the Environmental Health Coding Pamphlet DHP 50-21

2. **Is written documentation available that describe how the data are collected?**

Yes, a very brief description is documented in the Department of Health Performance Measure Definitions, Summer 1998 [Environmental Health - Facilities]

3. Has an outside entity ever completed an evaluation of the data system?

No

The following data reliability test questions were created and answered by the Office of the Inspector General:

1. Is there a logical relation between the measure, its definition and its calculation?

Yes

2. Has information supplied by programs been verified by the Office of the Inspector General?

Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

Yes

If yes, note test results.

The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health
Needs/64200700

Measure: Number of community hygiene services provided by county health
departments annually

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

2. Describe the methodology used to collect the data:

County health department personnel indicate on the Daily Activity Report the type of service provided by service code and the program to which the service should be credited by program code.

3. Explain the procedure used to measure the indicator:

The service counts are based on the total number of direct services coded to the following environmental health programs—Toxic Substances (pc73), Rabies Surveillance (pc66), Arbovirus Surveillance (pc67), Rodent/Arthropod Control (pc68), Sanitary Nuisance (pc65), Occupational Health (pc44), Consumer Product Safety (pc45), EMS (46), Water Pollution (pc70), Air Pollution (pc71), Radiological Health (pc72), Lead Monitoring (pc50), Public Sewage (pc62), Solid Waste (pc63). The direct services and associated counts are the same as those reflected in the Department's DE385 Variance Report under the grouping Community Hygiene.

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal 3: Prevent diseases of environmental origin

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Coding guidelines are reflected in the Environmental Health Coding Pamphlet DHP 50-21.

2. **Is written documentation available that describe how the data are collected?**

Coding guidelines are reflected in the Environmental Health Coding Pamphlet DHP 50-21.

The following data reliability test questions were created and answered by the Office of the Inspector General:

1. **Is there a logical relation between the measure, its definition and its calculation?**

Yes

2. **Has information supplied by programs been verified by the Office of the Inspector General?**

Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

Yes

If yes, note test results.

The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health Needs/64200700

Measure: Number of water system and storage tank inspections and plans reviewed annually

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The Department will use the Client Information System/Health Management Component (CIS/HMC) as the data source.

2. Describe the methodology used to collect the data:

Data are collected at each of the county health department's Environmental Health offices. Each county health department runs an export routine weekly that extracts data and creates a file that is uploaded to the state server in Tallahassee. This creates a statewide master file data and inspection report that is used in preparing this report

3. Explain the procedure used to measure the indicator:

The number of water system and storage tank inspections and plan reviews will be derived by summing all services coded in program components 56—SUPER ACT; 57—Limited Use Public Water Systems; 58—Public Water System; 59—Private Water System. Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

Validity

As yet to be determined by Department of Health, Office of the Inspector General

Reliability

As yet to be determined by Department of Health, Office of the Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: County Health Departments Local Health Needs/64200700

Measure: Number of vital events recorded

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Vital Statistics is a mainframe data system, which records the registration of vital record events from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

2. Describe the methodology used to collect the data:

County health departments submit records of births and deaths to the Bureau of Vital Statistics in Jacksonville where this information is entered into the database.

3. Explain the procedure used to measure the indicator:

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the calendar year.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the 2002-03 through 2006-07 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

1. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?
 Yes No
2. Has information supplied by programs been verified by the Office of the Inspector General?
 Yes No
3. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?
 Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used. Based upon the validity determination methodology, there is a moderately high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**
 Yes, monthly production and statistical reports and Vital Statistics annual report.
2. **Is written documentation available that describe how the data are collected?**
 Yes, Chapter 382, Florida Statutes, Vital Statistics handbook and office procedures.
3. **Has an outside entity ever completed an evaluation of the data system?**
 Yes - The Auditor General completed an audit of the Death System component of the Vital Statistics Program (February 2001). In addition, the Auditor General is currently finalizing an operational audit of the county health departments that included the vital statistics program. The National Center for Health Statistics also reviews data monthly for accuracy and completeness.

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General:

1. **Is there a logical relation between the measure, its definition and its calculation?**
 Yes
2. **Has information supplied by programs been verified by the Office of the Inspector General?**
 Part of the program submitted information has been verified through the review of the following documents.
 - Performance Measure Definitions, Summer 1998
 - County Health Profiles, March 1997
 - County Outcome Indicators, August 1994

- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Public Health Support/64200800

Measure: Number of facilities, devices and users Regulated and monitored

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

- X-ray machine registration database for the number of x-ray machines registered
- Radioactive materials licensing database for the number of active radioactive materials licensees
- Radiologic technologist certification database for the number of active radiologic technologists certified
- Laser device registration database for the number of lasers registered
- Phosphate mining database for the number of acres monitored

2. Describe the methodology used to collect the data:

Program staff update these databases routinely as they perform workload activities

3. Explain the procedure used to measure the indicator:

The numbers of facilities, devices and users and acres are totaled.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?
 Yes No
- If yes, which goal and objective it relates to?
3. Has information supplied by programs been verified by the Office of the Inspector General?
 Yes No
4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?
 Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a moderately low probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**
Yes. This is included in the Bureau of Radiation Control's regulations and in inspection procedures.
2. **Is written documentation available that describe how the data are collected?**
Yes. This is included in the inspection procedures.
3. **Has an outside entity ever completed an evaluation of the data system?**
No

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General:

1. **Is there a logical relation between the measure, its definition and its calculation?**
Yes
2. **Has information supplied by programs been verified by the Office of the Inspector General?**
No
3. **Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?**
No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support Services/64200800

Measure: Percent saved on prescription drugs purchased under statewide pharmaceutical contract compared to market price

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

- (1) A database supplied by eAudit Solutions, Inc.; an independent, contracted drug invoice reconciliation service.
- (2) A database supplied by eAudit Solutions, Inc. containing a list of all drugs purchased by eligible State of Florida accounts. This database contains a full fiscal year of detailed drug cost information.
- (3) Current Minnesota Multistate Contracting Alliance for Pharmacy-Group Purchasing Organization (MMCAP-GPO) drug manufacturer price list and Section 340B Public Health Service (340B PHS) contracted price lists, updated on a quarterly basis as per federal regulation.
- (4) The current wholesale acquisition cost (WAC) for each drug.

2. Describe the methodology used to collect the data:

eAudit Solutions, Inc. prepares daily and annual invoice reconciliation reports verifying all drug purchases and reconciling same. The annual report provides MMCAP-GPO and 340B PHS drug cost savings vs. wholesale acquisition cost (WAC) to measure the value of participating in the GPO and the 340B PHS program.

3. Explain the procedure used to measure the indicator:

The total percent saved for drugs purchased under the MMCAP-GPO and 340B PHS are compared to the previous year's percent savings. Any loss in 340B PHS percent saving provides detail for additional negotiations with individual drug manufacturers to obtain additional, future savings; loss in savings for MMCAP-GPO procured drugs is used to negotiate with MMCAP-GPO awarded drug manufacturers for additional, future savings during the biennial drug manufacturer award negotiations. For FY07-08, MMCAP-GPO drug procurement averages a savings of WAC minus 25%; 340B PHS drug procurement averages WAC minus 50%.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, which goal and objective it relates to?

Goal: Provide public health-related ancillary and support services

Objective: Provide cost efficient statewide pharmacy services.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, eAudit Solutions, Inc. maintains documentation.

2. **Is written documentation available that describe how the data are collected?**

Yes, eAudit Solutions, Inc. maintains documentation.

3. **Has an outside entity ever completed an evaluation of the data system?**

Yes, eAudit.

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General:

1. Is there a logical relation between the measure, its definition and its calculation?

Yes

2. Has information supplied by programs been verified by the Office of the Inspector General?

No

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Public Health Support/64200800

Measure: Number of birth, death, marriage, divorce, and fetal death records processed annually.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Vital Statistics is a mainframe data system, which records the registration of vital record events (births, deaths, marriages, and dissolutions of marriage) from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

2. Describe the methodology used to collect the data:

County health departments submit records of births and deaths and county clerks submit records of marriages and divorces to the Bureau of Vital Statistics in Jacksonville where this information is entered into the database.

3. Explain the procedure used to measure the indicator:

Number of birth, marriage, divorce, death and fetal death records received and processed annually.

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the January 2003 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Community Public Health Vital Statistics Description of Activity:

Provide for the timely and accurate registration, amendment, and issuance of certified copies of birth, death, fetal death, marriage, and divorce records. This includes data entry of vital records, microfile, and permanent storage.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, which goal and objective it relates to?

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- 1. Is written documentation available that describe/define the measure and the formula used, if applicable?**
Yes, monthly production and statistical reports and Vital Statistics annual report.
- 2. Is written documentation available that describe how the data are collected?**
Yes, Chapter 382, Florida Statutes, Vital Statistics handbook and office procedures.
- 3. Has an outside entity ever completed an evaluation of the data system?**
Yes, the State of Florida Auditor General performed an Information Technology audit of the Office of Vital Statistics' Death System. The audit report was released on February 28, 2001. Additionally, the National Center for Health Statistics and Social Security Administration reviews the data monthly for accuracy and completeness.

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General:

- 1. Is there a logical relation between the measure, its definition and its calculation?**
Yes
- 2. Has information supplied by programs been verified by the Office of the Inspector General?**
Part of the program submitted information has been verified through the review of the following documents.
 - Performance Measure Definitions, Summer 1998
 - County Health Profiles, March 1997
 - County Outcome Indicators, August 1994
 - Resource Manual, December 1996

- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support Services/64200800

Measure: Percent of counties reporting significant progress in achieving the Public Health and Medical-Related Target Capabilities

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

This measure is intended to provide insight into the extent to which the Division of Emergency Preparedness and Community Support, Bureau of Preparedness and Response and county health departments (CHDs), achieve the 15 CDC Public Health Emergency and Response capabilities. These capabilities are necessary to effectively respond to a large-scale disaster or emergency. They are the foundation for public health emergency preparedness and response at the national level and their achievement relies upon collaboration with external partners and stakeholders.

2. Describe the methodology used to collect the data:

The Bureau of Preparedness and Response developed the Florida Public Health Risk Assessment Tool (FPHRAT) in 2016 and updates the tool regularly. The FPHRAT is a platform to measure, analyze, compare and aggregate the data related to the capabilities. The assessment of the 15 CDC capabilities and their functions is conducted by each CHD in collaboration with external partners and stakeholders. Each year, the Bureau of Preparedness and Response analyzes the progress achieved and identifies gaps in the capabilities to enhance the local and state preparedness and response. Progress and gaps are aligned to and addressed through the CHD annual preparedness expectations and deliverables.

3. Explain the procedure used to measure the indicator:

The Bureau of Preparedness and Response has developed an online platform (<https://flphrat.com>) to assess the status of the capabilities, the overall public health risks and mitigation factors for each county, region and the state.

Validity (as determined by program office)

The framework for the assessment methodology, including the data collection and analysis data is based on the CDC model, which is described in the 2018 Public Health Preparedness and Response Capabilities: National Standards for State, Local, Tribal and Territorial Public Health. The assessment process identifies public health emergency preparedness and response program development priorities.

In an effort to further ensure the validity of the data, the assessment utilizes a five-point Likert scale to assess the critical functions performed within each target capability. Point scale: 5 = Full ability/capability; 4 = Significant ability/capability; 3 = Some ability/capability; 2 = Limited ability/capability 1 = No ability/capability. Evidence of the achievement or status of the capabilities is provided through the Bureau' evidence-based expectations and deliverables assessed on a quarterly basis through the Expect Preparedness System.

(<https://expectpreparedness.flhealthresponse.com/>) The data provide a snapshot and trends over time of the Public Health Preparedness and Response Capabilities at the county, regional and state levels. Trends have predicted the capability gaps in emergency events. The assessment also includes adjustments for a range of small, medium, large and metro counties based on population density.

Reliability

In this context, the reliability of the data is achieved by maintaining consistency on the capability and function definitions, collection and analysis methodology and bureau's experts guiding the assessment and conducting the analysis. The FPHRAT platform was built and updated in collaboration with the University of North Carolina and the University of Central Florida.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Public Health Support/64200800

Measure: Percent of Emergency Medical Services (EMS) providers found to be in compliance during licensure inspection

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Manually compiled from the Emergency Medical Service's (EMS) Section Inspection files.

2. Describe the methodology used to collect the data:

Ambulance providers are inspected, on average, once every two years. During the inspections, records, ambulances and physical facilities are reviewed and the results are recorded on a series of forms designed and approved by Section staff. Deficiencies are rated according to their severity as either lifesaving, intermediate support, or minimal support. The performance measure is the percentage of providers inspected that did not have any deficiencies.

3. Explain the procedure used to measure the indicator:

Numerator: Number of EMS providers found to have no deficiencies during licensure inspection

Denominator: Total number of EMS providers having licensure inspections during a calendar year

Program information: The measure identifies necessary components of a good provider, but does not guarantee the provider will furnish acceptable service. In other words, the measure provides necessary, but insufficient, conditions to ensure acceptable service.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the January 2003 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

- Yes No

Description of the Licensed Emergency Medical Services Providers Activity:

The Emergency Medical Services Section licenses and inspects ground and air ambulance providers and permits their emergency vehicles according to state regulations which are consistent with federal standards.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, which goal and objective it relates to?

Goal 7: Enhance and Improve the Emergency Medical Services system

Objective 7A: Ensure emergency medical services providers and personnel meet standards of care

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a moderately high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, the EMS Section compliance monitoring inspection manual and Operating Procedure 30-4 "Inspection and Correspondence Processing Procedures."

2. **Is written documentation available that describe how the data are collected?**

Yes, the EMS Section compliance monitoring inspection manual.

3. **Has an outside entity ever completed an evaluation of the data system?**

Not applicable, data are gathered manually.

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General:

1. **Is there a logical relation between the measure, its definition and its calculation?**

Yes

2. **Has information supplied by programs been verified by the Office of the Inspector General?**

Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Public Health Support/64200800

Measure: Number of emergency medical technicians (EMTs) and paramedics certified or re-certified biannually.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Mainframe database with:

Operating system: Digital VMS running on a Vax 3600 Database Interface: Dataflex

There are database files that provide information of those who apply and/or receive Emergency Medical Services certification (EMTs/paramedics), including demographics, personal profiles, certificate date, test results and correspondence.

While currently residing in Dataflex, data will be moved from Dataflex to a Microsoft SQL server database (Version 6.5). Certification database was slated to be moved by end of December 1998.

2. Describe the methodology used to collect the data:

Certification data received each month on disk from SMT (testing contractor) on all applicants who pass their exams and have received new EMT or paramedic certificates. This is an ongoing tabulation.

3. Explain the procedure used to measure the indicator:

Number of EMTs and paramedics certified or re-certified during the fiscal year. (EMS re-certifies EMTs and paramedics as of 12/1 each even number year.)

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

- Yes No

Health Care Practitioner and Access Program Purpose Statement:

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, which goal and objective it relates to?

Goal 7: Enhance and improve the Emergency Medical Services system

Objective 7B: Ensure Emergency Medical Services providers and personnel meet standards of care.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

No

2. **Is written documentation available that describe how the data are collected?**

Yes, EMS Section's files

3. **Has an outside entity ever completed an evaluation of the data system?**

No

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General:

1. **Is there a logical relation between the measure, its definition and its calculation?**

Yes

2. Has information supplied by programs been verified by the Office of the Inspector General?

Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Public Health Support/64200800

Measure: Number of emergency medical services providers licensed annually.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Mainframe database with:

Operating system - Digital VMS running on a Vax 3600 Database interface: Dataflex

There are Licensure database tables that include demographic data, application information, permitted vehicles data, etc.

While currently residing in Dataflex, data will be moved from Dataflex to a Microsoft SQL server database (Version 6.5).

2. Describe the methodology used to collect the data:

Data collected directly from licensure application. Hand entered into database. Frequency count of providers licensed.

3. Explain the procedure used to measure the indicator:

The number of emergency medical services (EMS) providers licensed. The collection period is each fiscal year.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Health Care Practitioner and Access Program Purpose Statement:

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, which goal and objective it relates to?

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, EMS ambulance providers licensure files.

2. **Is written documentation available that describe how the data are collected?**

Yes, EMS Section's files

3. **Has an outside entity ever completed an evaluation of the data system?**

No

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General:

1. **Is there a logical relation between the measure, its definition and its calculation?**

Yes

2. **Has information supplied by programs been verified by the Office of the Inspector General?**

Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

1. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Public Health Support/64200800

Measure: Number of medical students who do a rotation in a medically underserved area.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Area Health Education Center (AHEC) Programs maintain records on placements of medical providers including physician/resident medical students, nurses, dental students, physical therapists, dentists, emergency medical technicians, dietitians, etc., in defined underserved areas. These data are collected manually by each AHEC and input into a Florida AHEC Network Data System by each center.

2. Describe the methodology used to collect the data:

AHEC's data of program participants' activities is reported to the AHEC contract manager. Each quarter the AHEC Program Offices provide this information in their Quarterly Report.

3. Explain the procedure used to measure the indicator:

The unduplicated count of medical providers who were placed in underserved areas for the calendar year.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Health Care Practitioner and Access Program Purpose Statement:

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, which goal and objective it relates to?

Goal 8: Increase the availability of health care in underserved areas and assist persons with brain and spinal cord injuries to reintegrate into their communities.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

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

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes. AHEC Contracts and Reports

2. **Is written documentation available that describe how the data are collected?**

Yes, AHEC Contract Manager

3. **Has an outside entity ever completed an evaluation of the data system?**

Contract with Learning Systems Institute, FSU, July '93-June '94.

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General:

1. **Is there a logical relation between the measure, its definition and its calculation?**

Yes

2. **Has information supplied by programs been verified by the Office of the Inspector General?**

Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Public Health Support/64200800

Measure: Percent of brain and/or spinal cord injured clients reintegrated to their communities at an appropriate level of functioning as defined in Chapter 64i-1.001, FAC

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Rehabilitation Information Management System (RIMS)

2. Describe the methodology used to collect the data:

As each client's case is closed, this information is entered into RIMS by field associates. Edits have been added to RIMS to prevent the entry of invalid or erroneous data as much as possible without constricting the system unduly. These data are aggregated from RIMS and the report prepared directly by Brain and Spinal Cord Injury Program staff.

3. Explain the procedure used to measure the indicator:

The Rehabilitation Information Management System (RIMS) originated from the Department of Labor and Employment Security, Division of Vocational Rehabilitation. It was designed for client management and could only accommodate one program type. The application was cloned and provided to the Brain and Spinal Cord Injury Program (BSCIP) when the program was legislatively transferred to the Department of Health. BSCIP has since incorporated seven new program types into RIMS. Over time, RIMS has been enhanced to improve data collection, data validity and reliability, as well as data reporting capabilities. These enhancements required BSCIP to revise its calculation methodology for indicator projections beginning July 1, 2011.

$$\% \text{ Community Reintegrations} = \frac{\# \text{ Community Reintegrated} + \# \text{ BSCIP Program Ineligible:Eligible for Vocational Rehabilitation}}{\# \text{ Community Reintegrated} + \# \text{ BSCIP Program Ineligible:Eligible for Vocational Rehabilitation} + \# \text{ Program Ineligible:Institutionalized} + \# \text{ Death}}$$

Note 1: The case closure date, for unduplicated clients who were in-service status, will be used to identify those clients to be included in the denominator for the reporting period.

Note 2: Closure sub statuses in RIMS define the reason in-service clients were closed from BSCIP. For a list of sub status definitions, you may contact the BSCIP.

Note 3: Closure sub statuses that do not provide definitive information on the community reintegration status of clients who were closed from in-service during the reporting period are not

included in the denominator of the % Community Reintegrated equation. These sub statuses are: declined services; failure to cooperate; other; program ineligible (excluding program ineligible – eligible for VR and program ineligible – institutionalized/incarcerated); and unable to locate.

Note 4: Calculations for this indicator include unduplicated counts for all program types for those clients who had sustained a brain and/or spinal cord injury.

Validity

As yet to be determined by Department of Health, Office of the Inspector General

Reliability

As yet to be determined by Department of Health, Office of the Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Public Health Support/64200800

Measure: Number of providers receiving continuing education

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Four Area Health Education Center (AHEC) Programs. Composed of four medical schools and 10 Area Health Education Center offices. This information is collected manually at each continuing education program through specific forms. The information from these forms is input into the Florida AHEC Network Data System.

2. Describe the methodology used to collect the data:

Data are collected through the registration process of the AHEC continuing education programs for physicians and others. In order to receive continuing education units required for licensure, these professionals must register. This information is collected on specific forms at each continuing education program and input by each center into the Florida AHEC Network Data System. This information is reported to the Division in the AHEC Program Office's Quarterly Report.

3. Explain the procedure used to measure the indicator:

An unduplicated count of the registrants number of individuals who were awarded continuing education units through AHEC programs during the calendar year.

Validity

Number of persons who receive continuing education services through Workforce Development programs. The methodology used to determine validity consisted of the following steps:

Program staff were interviewed and the following current Department of Health documents were reviewed:

- Agency Strategic Plan, 1999-00 through 2003-04
- Florida Government Accountability Report, August 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996

These questions relating to validity were answered:

1. Does a logical relationship exist between the measure's name and its definition/ formula?

Yes No

Health Care Practitioner and Access Program Purpose Statement:

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, which goal and objective it relates to?

Strategic Issue I: Ensuring Competent Health Care Practitioners

Strategic Goal: Increase the Number of Licensed Practitioners

Reason the Methodology Was Selected:

This methodology was used because it provides a reasonable assessment of validity. Further testing will be necessary to fully assess the validity of this measure.

Based upon the validity determination methodology, there is a high probability that this measure is valid subject to further testing results.

Reliability

Number of persons who receive continuing education services through Workforce Development programs

Reliability Determination Methodology:

- The methodology used to determine the reliability of the performance measure included staff interviews and review of the following current Department of Health documents:
- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

Based on the interviews and the documents' review, the following questions relating to reliability were answered.

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Yes, AHEC reports

2. **Is written documentation available that describe how the data are collected?**
Office of Workforce Development, AHEC Contract Manager
3. **Has an outside entity ever completed an evaluation of the data system?**
Contract with Learning Systems Institute, FSU, July '93-June '94.
4. **Is there a logical relation between the measure, its definition and the calculation?**
Yes

Reason the Methodology Was Selected:

This methodology was used because it provides a reasonable beginning point for assessing reliability. Further testing will be needed to fully assess the reliability of this measure.

Based on our reliability assessment methodology, there is a high probability that this measure is reliable subject to data testing results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Public Health Support/64200800

Measure: Number of brain and/or spinal cord injured clients served

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The Rehabilitation Information Management System (RIMS) data are used; the information is entered into the system by field associates for every customer.

2. Describe the methodology used to collect the data:

“Edits” have been added to RIMS to prevent the entry of invalid or erroneous data as much as possible without constricting the system unduly. The data are aggregated, and the report prepared directly from the mainframe computer.

3. Explain the procedure used to measure the indicator:

The Rehabilitation Information Management System (RIMS) originated from the Department of Labor and Employment Security, Division of Vocational Rehabilitation. It was designed for client management and could only accommodate one program type. The application was cloned and provided to the Brain and Spinal Cord Injury Program (BSCIP) when the program was legislatively transferred to the Department of Health. BSCIP has since incorporated seven new program types into RIMS. Over time, RIMS has been enhanced to improve data collection, data validity and reliability, as well as data reporting capabilities. These enhancements require BSCIP to revise its calculation methodology for indicator projections beginning July 1, 2011. The previous methodology counted those individuals who were applicants to the program and were not receiving “services.” The new methodology counts only those individuals who have been placed “in-service.” As a result, there will be a significant decrease in the number served projections.

‘Number Served’ = # of Unduplicated Clients with a status of “in-service” during the reporting period.

Note 1: Number served includes all unduplicated clients with a status of “in-service” at any time during the reporting period, regardless of the year they were referred to the program.

Note 2: Calculations for this indicator include unduplicated counts for all program types for those clients who had sustained a brain and/or spinal cord injury.

Note 3: An applicant must be determined eligible for community reintegration services and must have a Community Reintegration Plan developed and written before they are placed in “in-service” status.

Validity

As yet to be determined by Department of Health, Office of the Inspector General

Reliability

As yet to be determined by Department of Health, Office of the Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Public Health Support Services/64200800

Measure: Level of preparedness against national standards (on a scale of 1 to 10)

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

This measure is intended to provide insight into the extent to which Florida is achieving the health and medical system capabilities necessary to effectively respond to a large-scale disaster or emergency. This new indicator is based on the national target capabilities.

2. Describe the methodology used to collect the data:

Prior to there being a national standard, the former Office of Public Health Preparedness developed and facilitated a statewide health and medical capabilities assessment. The project included an in-depth self-assessment by each county health and medical system against the national target capability critical tasks. It is recognized that self-assessments are soft data, but these were the only data available at the time. A second assessment was conducted in 2008 using an electronic survey to health and medical stakeholders.

3. Explain the procedure used to measure the indicator:

In 2010, two federal capabilities assessments were conducted in Florida (the FEMA State Preparedness Report and the Department of Homeland Security Domestic Security Assessment). Both national assessments used a 10-point Likert scale to assess capability status, although the scales for each assessment were slightly different (with 1 demonstrating no level of capability and 10 demonstrating capability completely achieved). The Department of Health participated in both national assessments. In order to be in compliance with national standards, it is requested that the federal assessment reflected in the new measure will replace the internal assessment previously conducted.

Validity

As yet to be determined by Department of Health, Office of the Inspector General

Reliability

As yet to be determined by Department of Health, Office of the Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support Services/64200800

Measure: Percent error rate per yearly number of dispenses to Bureau of Public Health Pharmacy customers

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The source of the data used to calculate the error rate is based on errors per million operations based on the national standard that include but are not limited to: medication duplicated Rx, incorrect pill count, labeling errors, incorrect drug edits, etc., as they are related to the act of pill dispensing activities.

2. Describe the methodology used to collect the data:

The data are accumulated through the pharmacy dispensing system software and constitute the performance metric equivalent to the yearly rate of service/product delivered to the Bureau of Public Health Pharmacy (BPHP) customer. It identifies the "actual" and goal error rates acceptable for the action.

3. Explain the procedure used to measure the indicator:

The number of actual dispensing errors is divided by the total number of pharmacy scripts distributed/dispensed. That result is multiplied by 100 and the result is the percentage of error.

Validity (as determined by the program office):

BPHP employs a set of Internal Operating Procedures (IOPs) coupled with periodic audits by an internal Quality Assurance/Quality Improvement Manager to inspect ongoing operations to grade compliance with current Good Manufacturing Practices (cGMP) and to grade compliance with set performance standards and metrics established by IOPs and each program. Corrective actions for non-compliance with performance metrics and IOPs include conducting "Kaizen Events," according to the Quality Engineering principles of Motorola's Lean Six Sigma (LSS) Continuous Process Improvement Program. Following the principles, resulting outcomes and implementation of associated corrective actions of this continuous process improvement program ensures adequate control of performance metrics and compliance with same. Adherence to the LSS CPI program ensures that performance standards and metrics registered are relevant to the evaluation of BPHP program production.

Reliability (as determined by the program office):

The performance outputs sited above meet or exceed retail industry standards.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support Services/64200800

Measure: Percent error rate per yearly number of repacks and prepacks to Bureau of Public Health Pharmacy customers

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The source of the data used to calculate the error rate is based on errors per million operations based on the national standard that include: medication duplicated Rx, incorrect pill count, labeling errors, incorrect drug edits, etc., as it relates to the act of repackaging and prepackaging medications.

2. Describe the methodology used to collect the data:

The data are accumulated through the pharmacy dispensing system software and constitute the performance metric equivalent to the yearly rate of service/product delivered to the Bureau of Public Health Pharmacy (BPHP) customer. It identifies the “actual” and goal error rates acceptable for the action.

3. Explain the procedure used to measure the indicator:

The number of repack and prepack errors is divided by the total number of pharmacy repacks and prepacks distributed/dispensed. That result is multiplied by 100 and the result is the percentage of error.

Validity (as determined by the program office):

BPHP employs a set of Internal Operating Procedures (IOPs) coupled with periodic audits by an internal Quality Assurance/Quality Improvement Manager to inspect ongoing operations to grade compliance with current Good Manufacturing Practices (cGMP) and to grade compliance with set performance standards and metrics established by IOPs and each program. Corrective actions for non-compliance with performance metrics and IOPs include conducting “Kaizen Events,” according to the Quality Engineering principles of Motorola’s Lean Six Sigma (LSS) Continuous Process Improvement Program. Following the principles, resulting outcomes and implementation of associated corrective actions of this continuous process improvement program ensures adequate control of performance metrics and compliance with same. Adherence to the LSS CPI program ensures that performance standards and metrics are relevant to the evaluation of BPHP program production.

Reliability

The performance outputs sited above meet or exceed retail industry standards.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support Services/64200800

Measure: Percent radioactive material inspection violations corrected in 120 days.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Radioactive material database for the number of licensees with violations and the date of the inspection.

Radioactive material database for the violation corrected documentation and the date corrected.

2. Describe the methodology used to collect the data:

Inspection staff uploads their inspection reports.

The inspection coordinator reviews the reports for accuracy and creates a violation correction letter to be sent to licensee.

The date of the violation correction letter is entered in the database.

3. Explain the procedure used to measure the indicator:

When the violation correction documentation is received by the radioactive material section, it is entered into the database.

The receipt date is then compared to the date of the violation correction letter.

Validity

As yet to be determined by Department of Health, Office of the Inspector General.

Reliability

As yet to be determined by Department of Health, Office of the Inspector General.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Public Health Support/64200800

Measure: Number of brain and/or spinal cord injured clients served

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The Rehabilitation Information Management System (RIMS) data are used; the information is entered into the system by field associates for every customer.

2. Describe the methodology used to collect the data:

“Edits” have been added to RIMS to prevent the entry of invalid or erroneous data as much as possible without constricting the system unduly. The data are aggregated, and the report prepared directly from the mainframe computer.

3. Explain the procedure used to measure the indicator:

The Rehabilitation Information Management System (RIMS) originated from the Department of Labor and Employment Security, Division of Vocational Rehabilitation. It was designed for client management and could only accommodate one program type. The application was cloned and provided to the Brain and Spinal Cord Injury Program (BSCIP) when the program was legislatively transferred to the Department of Health. BSCIP has since incorporated seven new program types into RIMS. Over time, RIMS has been enhanced to improve data collection, data validity and reliability, as well as data reporting capabilities. These enhancements require BSCIP to revise its calculation methodology for indicator projections beginning July 1, 2011. The previous methodology counted those individuals who were applicants to the program and were not receiving “services.” The new methodology counts only those individuals who have been placed “in-service.” As a result, there will be a significant decrease in the number served projections.

‘Number Served’ = # of Unduplicated Clients with a status of “in-service” during the reporting period.

Note 1: Number served includes all unduplicated clients with a status of “in-service” at any time during the reporting period, regardless of the year they were referred to the program.

Note 2: Calculations for this indicator include unduplicated counts for all program types for those clients who had sustained a brain and/or spinal cord injury.

Note 3: An applicant must be determined eligible for community reintegration services and must have a Community Reintegration Plan developed and written before they are placed in “in-service” status.

Validity

As yet to be determined by Department of Health, Office of the Inspector General

Reliability

As yet to be determined by Department of Health, Office of the Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Public Health Support Services/64200800

Measure: Level of preparedness against national standards (on a scale of 1 to 10)

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

This measure is intended to provide insight into the extent to which Florida is achieving the health and medical system capabilities necessary to effectively respond to a large-scale disaster or emergency. This new indicator is based on the national target capabilities.

2. Describe the methodology used to collect the data:

Prior to there being a national standard, the former Office of Public Health Preparedness, now Bureau of Preparedness and Response, developed and facilitated a statewide health and medical capabilities assessment. The project included an in-depth self-assessment by each county health and medical system against the national target capability critical tasks. It is recognized that self-assessments are soft data, but these were the only data available at the time. A second assessment was conducted in 2008 using an electronic survey to health and medical stakeholders.

3. Explain the procedure used to measure the indicator:

In 2010, two federal capabilities assessments were conducted in Florida (the FEMA State Preparedness Report and the Department of Homeland Security Domestic Security Assessment). Both national assessments used a 10-point Likert scale to assess capability status, although the scales for each assessment were slightly different (with 1 demonstrating no level of capability and 10 demonstrating capability completely achieved). The Department of Health participated in both national assessments. In order to follow national standards, it is requested that the federal assessment reflected in the new measure will replace the internal assessment previously conducted.

Validity

As yet to be determined by Department of Health, Office of the Inspector General

Reliability

As yet to be determined by Department of Health, Office of the Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support Services/64200800

Measure: Percent error rate per yearly number of dispenses to Bureau of Public Health Pharmacy customers

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The source of the data used to calculate the error rate is based on errors per million operations based on the national standard that include but are not limited to: medication duplicated Rx, incorrect pill count, labeling errors, incorrect drug edits, etc., as they are related to the act of pill dispensing activities.

2. Describe the methodology used to collect the data:

The data are accumulated through the pharmacy dispensing system software and constitutes the performance metric equivalent to the yearly rate of service/product delivered to the Bureau of Public Health Pharmacy (BPHP) customer. It identifies the “actual” and goal error rates acceptable for the action.

3. Explain the procedure used to measure the indicator:

The number of actual dispensing errors is divided by the total number of pharmacy scripts distributed/dispensed. That result is multiplied by 100 and the result is the percent of error.

Validity (as determined by the program office):

BPHP employs a set of Internal Operating Procedures (IOPs) coupled with periodic audits by an internal Quality Assurance/Quality Improvement Manager to inspect ongoing operations to grade compliance with current Good Manufacturing Practices (cGMP) and to grade compliance with set performance standards and metrics established by IOP and each program. Corrective actions for non-compliance with performance metrics and IOPs include conducting “Kaizen Events,” according to the Quality Engineering principles of Motorola’s Lean Six Sigma (LSS) Continuous Process Improvement Program. Following the principles, resulting outcomes and implementation of associated corrective actions of this continuous process improvement program ensures adequate control of performance metrics and compliance with same. Adherence to the LSS CPI program ensures that performance standards and metrics registered are relevant to the evaluation of BPHP program production.

Reliability (as determined by the program office):

The performance outputs sited above below meet or exceed retail industry standards.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support Services/64200800

Measure: Percent error rate per yearly number of repacks and prepacks to Bureau of Public Health Pharmacy customers

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The source of the data used to calculate the error rate is based on errors per million operations based on the national standard that include: medication duplicated Rx, incorrect pill count, labeling errors, incorrect drug edits, etc., as it relates to the act of repackaging and prepackaging medications.

2. Describe the methodology used to collect the data:

The data are accumulated through the pharmacy dispensing system software and constitute the performance metric equivalent to the yearly rate of service/product delivered to the Bureau of Public Health Pharmacy (BPHP) customer. It identifies the "actual" and goal error rates acceptable for the action.

3. Explain the procedure used to measure the indicator:

The number of repack and prepack errors is divided by the total number of pharmacy repacks and prepacks distributed/dispensed. That result is multiplied by 100 and the result is the percent of error.

Validity (as determined by the program office):

BPHP employs a set of Internal Operating Procedures (IOPs) coupled with periodic audits by an internal Quality Assurance/Quality Improvement Manager to inspect ongoing operations to grade compliance with current Good Manufacturing Practices (cGMP) and to grade compliance with set performance standards and metrics established by IOP and each program. Corrective actions for non-compliance with performance metrics and IOPs include conducting "Kaizen Events," according to the Quality Engineering principles of Motorola's Lean Six Sigma (LSS) Continuous Process Improvement Program. Following the principles, resulting outcomes and implementation of associated corrective actions of this continuous process improvement program ensures adequate control of performance metrics and compliance with same. Adherence to the LSS CPI program ensures that performance standards and metrics are relevant to the evaluation of BPHP program production.

Reliability

The performance outputs sited above meet or exceed retail industry standards.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support Services/64200800

Measure: Percent radioactive material inspection violations corrected in 120 days.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Radioactive material database for the number of licensees with violations and the date of the inspection.

Radioactive material database for the violation corrected documentation and the date corrected.

2. Describe the methodology used to collect the data:

Inspection staff uploads their inspection reports.

The inspection coordinator reviews the reports for accuracy and creates a violation correction letter to be sent to licensee.

The date of the violation correction letter is entered in the database.

3. Explain the procedure used to measure the indicator:

When the violation correction documentation is received by the radioactive material section, it is entered into the database.

The receipt date is then compared to the date of the violation correction letter.

Validity

As yet to be determined by Department of Health, Office of the Inspector General.

Reliability

As yet to be determined by Department of Health, Office of the Inspector General.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support Services/64200800

Measure: Percent of x-ray machine inspection violations corrected within 120 days.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

- X-ray machine database for the number of x-ray machine facilities with violations and the date of the inspection.
- X-ray machine database for the violation corrected documentation and the date corrected.

2. Describe the methodology used to collect the data:

- Inspection staff uploads their inspection reports to the X-ray Machine Registration Section.
- The X-ray Machine Registration Section staff enters the inspection results indicating the date of the inspection.
- A violation letter is sent to the registrant and tracking is started.

3. Explain the procedure used to measure the indicator:

- When the violation correction documentation is received by the X-ray Machine Registration Section, it is entered into the database.
- The receipt date is then compared to the date of the inspection

Validity

As yet to be determined by Department of Health, Office of the Inspector General.

Reliability

As yet to be determined by Department of Health, Office of the Inspector General.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: <u>Department of Health</u>
Program: <u>Children's Medical Services</u>
Service/Budget Entity: <u>Children's Special Health Care/64300100</u>
Measure: <u>Percentage of children with mandatory allegations of abuse and neglect that receive CPT assessments within the established time frames</u>
Action (check one): <input type="checkbox"/> Requesting revision to approved performance measure <input type="checkbox"/> Change in data sources or measurement methodologies <input checked="" type="checkbox"/> Requesting new measure <input type="checkbox"/> Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The data source is the Child Protection Team Information System (CPTIS).

2. Describe the methodology used to collect the data:

CPT staff enter data on all assessments provided into the CPTIS. The CPTIS has reporting capability on these measures. An SQL query is used to pull the data by central office CPT staff.

3. Explain the procedure used to measure the indicator:

Numerator: Number of children with mandatory allegations of abuse and neglect receiving assessments within the established time frames.

Denominator: Total number of children with mandatory allegations receiving assessments.

Validity

To be determined by Department of Health, Inspector General

Reliability

To be determined by Department of Health, Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Children's Medical Services

Service/Budget Entity: Children's Special Health Care/64300100

Measure: Percent of families in the Children's Medical Services Network indicating a positive evaluation of care

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

For the purposes of this evaluation, an National Committee for Quality Assurance (NCQA)-certified vendor was used to administer surveys to statewide enrollees.

2. Describe the methodology used to collect the data:

Eligibility requirements mandated that enrollees had:

- An age of 21 years or younger as of December 31st of the reporting year.
- Current enrollment at the time the sample is drawn.
- Continuous enrollment for at least the last 6 months.
- No more than one gap in enrollment of up to 45 days during the measurement year.
- Prescreen Status Code, where the member has claims or encounters during the measurement year or the year prior to the measurement year. The Prescreen Status Code indicates the child is likely to have a chronic condition.

3. Explain the procedure used to measure the indicator:

Per contract specifications, NCQA methodologies were utilized. A list of all eligible members [per the criteria above] was supplied to the NCQA-certified Consumer Assessment of Healthcare Providers and Systems (CAHPS) program vendor for survey administration. In turn, a sample was pulled based upon NCQA guidelines. Multi-modal (mail and phone) administration of the survey was employed per NCQA guidelines. Eligible participants were contacted in five waves:

- Wave 1: Initial survey is mailed.
- Wave 2: A thank you/reminder postcard is mailed four to ten days after the initial questionnaire.
- Wave 3: A replacement survey is mailed to non-respondents approximately 35 days after the initial questionnaire.
- Wave 4: A thank you/reminder postcard to non-respondents is mailed four to ten days after replacement questionnaire.

- Wave 5: Telephone interviews are conducted with members who have not responded to either survey mailing. Telephone follow-up began approximately 21 days after the replacement survey is mailed.

Validity

As yet to be determined by Department of Health, Office of the Inspector General.

Reliability

As yet to be determined by Department of Health, Office of the Inspector General.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Children's Medical Services

Service/Budget Entity: Children's Special Health Care/64300100

Measure: Percent of CMS Network enrollees in compliance with the periodicity schedule for well child care.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

As opposed to the previous use of parental reporting to assess compliance with this performance measure, the Healthcare Effectiveness Data and Information Set (HEDIS) Quality of Care Measure for children ages 3-6, will be utilized, which reflects children who received one or more well-child visits with a primary care physician. These data are gathered through a variety of sources including enrollment files, telephone surveys and health insurance claims data and more accurately depict compliance with this performance measure. Therefore, the baseline for this measure has been changed, using data from 2005-06. This baseline is considerably lower than the previous baseline since actual claims data are used. Parental self-reporting with well-child visits tends to be higher than actual claims driven data.

Validity

The HEDIS is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA).

Reliability

The National Committee for Quality Assurance (NCQA) assumed responsibility for management of the evolution of the Healthcare Effectiveness Data and Information Set (HEDIS) by devising a standardized set of performance measures that could be used by various constituencies to compare health plans, and to help drive quality improvement activities. HEDIS is utilized by numerous entities, including employers, and state and federal regulators as the performance measurement tool of choice. For the purposes of this performance measure, HEDIS is a more reliable source of data as it is claims driven, as opposed to parental reporting.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Children's Medical Services

Service/Budget Entity: Children's Special Health Care/64300100

Measure: Percent of eligible infants/toddlers provided CMS Early Intervention Services

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Early Steps Data System:

The Early Steps Data System is a microcomputer database system developed and maintained by the University of Florida to capture and summarize all the significant medical, psychological, social, educational, and fiscal information currently required by early intervention federal and state regulations. The Data System contains patient specific data in four areas (demographic, evaluation, services, and service cost) for infants and toddlers and their families served through the CMS Early Steps Program.

2. Describe the methodology used to collect the data:

Each of 15 local Early Steps Program providers enter data on each child served under the auspices of the CMS Early Steps Program into the statewide Early Steps data system. The data system generates reports quarterly and at the end of the state fiscal year on the unduplicated number of children served by age grouping during the report period.

3. Explain the procedure used to measure the indicator:

Numerator: The actual number of 0–36-month-old children served through the Early Steps Program is obtained for the state fiscal year period most recently completed.

Denominator: The number of 0–36-month-old children potentially eligible for early intervention services is based on 75 percent of the 0–4-year-old children reported by the Bureau of Vital Statistics for the most recent year available.

Validity

As yet to be determined by Department of Health, Office of the Inspector General.

Reliability

As yet to be determined by Department of Health, Office of the Inspector General.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Children's Medical Services

Service/Budget Entity: Children's Special Health Care/64300100

Measure: Percent of Child Protection Team (CPT) assessments provided to Family Safety and Preservation within established time frame

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Child Protection Team (CPT) program utilized the Child Protection Team Information System (CPTIS) for the collection of CPT data. CPTIS was created to meet the data needs of the local Child Protection Teams and Children's Medical Services. This includes tracking client registration, service provision, assessment reports and case progress notes as well as the ability to track program compliance with contractual requirements and measure program performance on key indicators. CPTIS is a .NET web-based program supported by the CPT program office and the Department's Information Technology (IT) office. Major elements of the system are demographic information, referral information, registration information, assessment activities and reports, family information, abuse report review, other CPT activity, and provider information. Each of these sections contains screens necessary for data input. Each screen has "mandatory" fields, i.e., fields that are required to successfully create a new record. Each screen also has built-in edit checks to ensure data integrity.

2. Describe the methodology used to collect the data:

Each contract provider collects required information on all children seen by the local CPT program and enters the data into CPTIS. The local CPT staff also enters all assessments activities completed by the staff into CPTIS, when the assessments reports were completed, and the date the assessment report was sent to the Child Protective Investigator or Community Based Care.

3. Explain the procedure used to measure the indicator:

This measure is number of reports completed and submitted to Child Protective Investigators within specified time frames. Data reports required to measure this indicator are available through CPTIS. These reports are available to both local providers and program office staff.

Validity

As yet to be determined by Department of Health, Office of the Inspector General.

Reliability

As yet to be determined by Department of Health, Office of the Inspector General.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Children's Medical Services

Service/Budget Entity: Children's Special Health Care/64300100

Measure: Percent of CMS Network enrollees in compliance with appropriate use of asthma medications

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Administrative data are used to calculate this measure. Pharmacy data are used to measure compliance with appropriate use of asthma medications.

2. Describe the methodology used to collect the data:

Using administrative data, the measurement population (denominator) is identified based on age, enrollment span, and utilization of pharmacy and services for asthma. Members determined to be in compliance with appropriate use of asthma medication (numerator) are those members who achieved a proportion of days covered (PDC) of at least 50% for their asthma controller medications during the measurement year.

3. Explain the procedure used to measure the indicator:

Administrative data are gathered through a National Committee for Quality Assurance (NCQA)-certified software to calculate HEDIS® measures.

Validity (as determined by program office):

Healthcare Effectiveness Data and Information Set (HEDIS) measures are used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. "Use of appropriate medications for people with asthma" is one of the HEDIS measures and is required by both commercial and public (Medicaid) insurers.

Reliability (as determined by program office):

The contracted vendor, WellCare, will develop an annual report to collect these data.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Children's Medical Services

Service/Budget Entity: Children's Special Health Care/64300100

Measure: Number of children in the Children's Medical Services Network receiving Comprehensive Medical Services.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Client Information System (CIS) is a mainframe computer application maintained by the Department of Children and Families and Case Management Data System (CMDS), a distributed, locally maintained computer system.

2. Describe the methodology used to collect the data:

Data are collected on each child in the Children's Medical Services (CMS) Network receiving Comprehensive Medical Services, which is indicated in the CIS and CMDS. This allows the program to identify the total CMS recipient enrollment by county of children with special health care needs.

3. Explain the procedure used to measure the indicator:

The total number of children enrolled in the Children's Medical Services Network and receiving Comprehensive Medical Services, which includes Medicaid and Title XXI eligible children, as well as the uninsured (safety net) population.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Children's Medical Services Program Purpose Statement:

To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, which goal and objective it relates to?

Goal 2: Provide access to care for children with special health care needs

Objective 2A: Provide a family-oriented, coordinated managed care system for children with special health care needs.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has information supplied by programs been verified by the Office of the Inspector General

Yes No

5. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

Explain the methodology used to determine reliability and the reason it was used:

1. Is written documentation available that describe/define the measure and the formula used, if applicable?

Yes, CIS and CMDS specifications on file.

2. Is written documentation available that describe how the data are collected?

Yes, CIS and CMDS programming specifications.

3. Has an outside entity ever completed an evaluation of the data system?

No.

4. Is there a logical relation between the measure, its definition and its calculation?

No

5. Has information supplied by programs been verified by the Office of the Inspector General?

No

6. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Children's Medical Services

Service/Budget Entity: Children's Special Health Care/64300100

Measure: Number of children provided early intervention services annually

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Early Intervention Program Data System (EIP) is a microcomputer database system developed and maintained by the University of Florida. It captures and summarizes all the significant medical, psychological, social, educational, and fiscal information currently required by early intervention federal and state regulations. The EIP contains patient specific data in four areas (demographic, evaluation, services, and service cost) for infants and toddlers and their families served through the CMS Early Intervention Program.

2. Describe the methodology used to collect the data:

Each of 16 local Early Intervention Program providers enter data on each child served under the auspices of the CMS Early Intervention Program into the statewide EIP. The data system generates reports quarterly and at the end of the state fiscal year on the unduplicated number of children served by age grouping during the report period.

3. Explain the procedure used to measure the indicator:

The measure is an unduplicated count of the number of 0-36 month old children served under the auspices of the CMS Early Intervention Program. The number of children is reported for the most recent state fiscal year period completed, 7/1 through 6/30.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Children's Medical Services Program Purpose Statement:

To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, which goal and objective it relates to?

Goal 2: Provide access to care for children with special health care needs.

Objective 2B: Provide early intervention services for eligible children with special health care needs.

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has information supplied by programs been verified by the Office of the Inspector General

Yes No

5. •Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

No.

2. **Is written documentation available that describe how the data are collected?**

Yes, Early Intervention Program Data System Handbook.

3. **Has an outside entity ever completed an evaluation of the data system?**

Yes, Florida TaxWatch, Inc.

4. Is there a logical relation between the measure, its definition and its calculation?

Yes

5. Has information supplied by programs been verified by the Office of the Inspector General?

Part of the program submitted information has been verified through the review of the following documents.

- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

6. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

Yes

If yes, note test results.

The Office of the Inspector General completed a computer systems audit of the Early Intervention Program Data System (EIP) on November 16, 1998, which indicated that there are internal control deficiencies in the EIP Data System.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Children's Medical Services

Service/Budget Entity: Children's Special Health Care/64300100

Measure: Percentage of cases that received multidisciplinary staffing

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The data source is the Child Protection Team Information System (CPTIS).

2. Describe the methodology used to collect the data:

CPT staff enter data on all assessments provided into the CPTIS. The CPTIS has reporting capability on these measures. SQL query is used to pull the data by central office CPT staff.

3. Explain the procedure used to measure the indicator:

Numerator: Number of CPT cases that received multidisciplinary staffing.

Denominator: Total number of CPT cases.

Validity

To be determined by Department of Health, Inspector General

Reliability

To be determined by Department of Health, Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Children's Medical Services

Service/Budget Entity: Children's Special Health Care/64300100

Measure: Percentage of children whose Individualized Family Support Plan (IFSP) session was held within 45 days of referral

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The data sources are the Early Steps Data System (a statewide system) and monitoring of individual child records.

2. Describe the methodology used to collect the data:

All 15 local Early Steps programs are monitored annually. Monitoring utilizes a review of child record documentation and data. The monitoring sample is made up of randomly selected child records based on local program size.

3. Explain the procedure used to measure the indicator:

The percentage of eligible infants and toddlers with Individualized Family Support Plans (IFSPs) for whom an initial IFSP meeting was conducted within Part C's 45-day timeline divided by the total number of eligible infants and toddlers for whom an initial IFSP meeting was required to be conducted times 100.

Validity

To be determined by Department of Health, Inspector General

Reliability

To be determined by Department of Health, Inspector General

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percent of disciplinary fines and costs imposed that are collected by the due date.

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

DEFINITION: Percentage of fines and costs imposed where the date of completion of the requirement (if any) occurred on or before the due date, for those fines and costs imposed within the applicable date parameters.

Data are obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform.

2. Describe the methodology used to collect the data:

Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. When a disciplinary action is imposed through a final order or citation, the Compliance Management Unit (CMU) will enter the fines and cost amounts due as well as the due date into the Compliance Module in COMPAS under the applicable case number. When payment has been received, CMU enters the amount paid and the date of completion.

3. Explain the procedure used to measure the indicator:

The denominator for this measure is the sum total of the fines and costs imposed where the due date falls within the time frame being applied in the measure. Of that group where fines and/or costs fell due, the numerator consists of the total dollar amount entered as paid and where the completion date of the fine and/or costs requirement was equal to or earlier than the entered due date.

Validity (as determined by program office):

The dollar amounts entered by CMU as due and payable as well as those amounts having been collected, in connection with the entered due dates and payment collection date, directly correspond to this measure. The numerator for this measure is necessarily based upon the completion date entered by CMU, which may not be the same as the date the payment was stamped in as received in the mail room. It must be further kept in mind it is the percentage of imposed fine/cost dollar amounts timely paid that is being tracked, not the percentage of final

orders and citations paid on time. A single case with a very large fine/cost amount not paid on time would greatly outweigh several cases with fines/costs paid on time where those amounts were small.

Reliability

The data are a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. The reliability of this measure necessarily depends upon the accurate entry by CMU of the dollar amounts of fines and/or costs due under each applicable case number, as well as the accurate entry of the date when each requirement is due as well as the date each requirement was completed. Provided that CMU is diligent and accurate in making these entries as the disciplinary final order and citations are received, and when the required payments are received, the reliability of this measure should be high and sufficiently error-free.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percent of unlicensed activity cases investigated and referred for criminal prosecution

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Data are obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. The Unlicensed Activity program includes the health care professions licensed under Chapter 456, Florida Statutes.

2. Describe the methodology used to collect the data:

When an unlicensed activity investigation is referred to a law enforcement investigative agency (such as a police department), an activity code 29 is entered into that case number by investigative staff. When a referral is made to a prosecuting authority (such as a state attorney's office), an activity code 30 is entered by investigative staff. A referral that includes a request for an arrest is likewise coded as an activity 43.

3. Explain the procedure used to measure the indicator:

The presence of one of these activity code entries within the applicable time frame in an unlicensed activity investigation constitutes the numerator for this percentage measure. The denominator is represented by a total count of the number of unlicensed activity complaints received by the Consumer Services Unit (CSU) during the applicable time period. Complaints closed in CSU with a 1013 disposition code as a duplicate complaint are excluded from this denominator.

Validity (as determined by program office):

The activity codes 29, 30 and 43 directly correspond to the actions being counted in the numerator of this measure. The denominator consists of the total number of unlicensed complaints received. One limitation on the validity of this measure is that a time lag can easily occur where an unlicensed activity complaint is received by CSU in one-time period and investigated and referred to law enforcement in a later time period. For that reason, this measure

could be considered more of a ratio rather than a percentage calculation where the numerator is entirely a subset of the denominator. The validity of this measure increases when longer time periods are considered, such as a full year, while the validity may be lessened if a shorter period such as a quarter of a fiscal year is under consideration.

Reliability (as determined by program office):

The data are a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. This measure is necessarily dependent upon the accurate entry of allegation and, where applicable, the disposition code for a duplicate complaint by CSU. The numerator of this measure is additionally dependent upon the accurate entry of the law enforcement referral activity codes by investigative or prosecution staff. As the process for the coding of unlicensed activity complaints in COMPAS is well established, and the tracking of law enforcement referrals is a priority for the Enforcement program, the reliability of this measure based upon the usage of these codes can be considered very high. Backup data provided to Enforcement staff upon computation of this measure allows for the identification and correction of errors or omissions that would impact the reliability of this measure.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percent of unlicensed activity cases investigated and resolved through remedies other than arrest (Cease & Desist, citation)

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Data are obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. DEFINITION: The number of Unlicensed Activity investigations resolved to closure during a specified time frame and where the resolution of the investigation includes one of the non-arrest remedies of the issuance of a Notice or Agreement to Cease & Desist and/or the issuance of an Unlicensed Activity Citation, or both, divided by the total number of Unlicensed Activity investigations resolved to closure during the identical time frame.

2. Describe the methodology used to collect the data:

When an Order to Cease and Desist is issued in an unlicensed activity (ULA) investigation, an activity code of 35 (for an informal agreement to cease and desist) or 36 (for a notice to cease and desist being issued) is entered into COMPAS under the applicable case number by investigative enforcement staff. Upon closure of the case by the ULA Prosecutor, a disposition code of 4121 or 4122 (reflecting formal or informal notices to cease and desist, respectively). In the event an Unlicensed Activity Citation is issued, the case will be closed with a 4185 disposition code entered by the ULA Prosecutor's Office, and the code will be upgraded to 5185 by the Compliance Management Unit (CMU) upon completion of the penalty.

3. Explain the procedure used to measure the indicator:

The numerator for this measure looks for the entry of either one of the applicable activity codes or one of the applicable closing disposition codes entered in those ULA cases closed during the applicable time frame. The denominator is a count of all ULA cases closed with a 4100 disposition code during the applicable time frame, also accounting for the possibility that the 4185 disposition code entered for a ULA citation can be subsequently upgraded to 5185 by the CMU upon completion of the penalty.

Validity (as determined by program office):

The 35 and 36 activity codes and the 4121, 4122, 4185 and 5185 disposition codes directly correspond to the resolution of ULA complaints by means other than arrest, the activity being counted in the numerator of this measure. The denominator is simply all ULA cases being closed during the same time frame. The query counts a case in the numerator of this measure if a Notice or Agreement to Cease & Desist occurred during the investigation of the case, even if the ULA Prosecutor's Office should subsequently assign a disposition code other than the codes for Cease & Desist or ULA Citation to the case at the conclusion. With both the numerator and the denominator, the time frame being applied is the status 120 closure of the case, so the resulting figure is a valid percentage where the numerator is a subset of the denominator.

Reliability (as determined by program office):

The data are a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. This measure is necessarily dependent upon the entry of the applicable activity codes and/or closing disposition codes by investigative and prosecution staff involved in the handling of unlicensed activity investigations. In addition to the activity codes for Notice or Agreement to Cease & Desist, the disposition codes entered by the ULA Prosecutor's Office add an extra degree of reliability as both would have to be missed in order for the Cease & Desist to be omitted in the numerator count. Overall, the business processes of entering activity codes and closing disposition codes has been well established in the investigative offices and the ULA Prosecutor's Offices. When this measure is computed, backup data of the cases being counted is provided to Investigative Services and the ULA Prosecutor's Office for review and verification, adding to the reliability of the computed measure. Thus, confidence in the reliability of this measure can be considered very high.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: <u>Department of Health</u>
Program: <u>Health Care Practitioner and Access</u>
Service/Budget Entity: <u>Medical Quality Assurance/64400100</u>
Measure: <u>Average number of days to issue initial license</u>
Action (check one):
<input type="checkbox"/> Requesting revision to approved performance measure
<input checked="" type="checkbox"/> Change in data sources or measurement methodologies
<input type="checkbox"/> Requesting new measure
<input type="checkbox"/> Backup for performance measure

Requesting change to this measure to more accurately reflect the performance of the licensure process within the Division of Medical Quality Assurance. The nursing profession is one of over 40 professions regulated by the division.

Definition: The average number of days from the date the application is received to the date the license is issued. The professions and initial applications measured are those defined and approved by each Board's Executive Director under the Florida Department of Health that were not cancelled or generated in error.

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Data are obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure information input by board office staff. The COMPAS Datamart utilizes an Oracle platform.

2. Describe the methodology used to collect the data:

This measure is only for applications from specific professions and initial transactions. These professions and initial transactions were approved by the Executive Director for each Board in the Department of Health. The approved list of professions and their associated initial transactions are shown in report dxa511 (Health Care Practitioner Regulation (HCPR) Application Transaction List). Only non-cancelled and non-error transactions where the license original issue date is not prior to the application date are counted.

3. Explain the procedure used to measure the indicator:

To determine the average number of days to issue a license, 2 pieces of information are required for each application, the Application Date and the License Original Issue Date. The Application Date is loaded via Image API when the application transaction is inserted into COMPAS in the application (appl) table. As the application is being worked, the application date is verified by Department staff and any corrections are made at this time by Department staff. When an initial license is approved, COMPAS generates the License Original Issue Date. The License Original Issue Date should never change and is stored in the main license (lic) table.

The HCPR Balanced Scorecard – Average Number of Days to Issue an Initial License Report gives both the average number of days analysis and the supporting data for this measure.

For the analysis portion, each Profession's Average Issue Age is determined by the Average of (License Original Issue Date – Application Date) for each non cancelled/non error application/transaction for each profession measured. The overall Department Average Issue Age is determined by summing the weighted Profession's Average Issue Age (multiplying the Profession's Average Issue Age by the Number of Applications Issued for that Profession) and dividing by the total number of Licenses Issued for All Professions.

For the supporting data portion of the report, each application/transaction that was used in the determination of the averages is listed along with the Profession Code, File Number, Licensee Key Name, Application Date, License Original Issue Date, Application ID, Application Status, and License ID.

The report used to generate the average issue date can be located in COMPAS Datamart package pkg_rpt_appl.p_dxa523_M2. The columns desired in the return set are pro_cde and pro_avg_issue_age. The report plsqli is available upon request.

Validity (as determined by program office):

The data analysis generated by this report has been verified against the generated supporting data. Furthermore, each of the professions identified in this report have been asked to review the report and verify both the analysis and the supporting data. This report can also be cross checked against several other reports to verify the number of licenses issued during a date range (dxa516: HCPR Applications Issued Licenses and dxl515: Licenses Issued by Profession. Care must be used while comparing with dxl515 as not all licenses listed will be the result of applications/transactions being counted in this measure of initial licensure).

Reliability (as determined by program office):

Because these data are retrieved via a Compas Datamart Report (dxa523: HCPR Balanced Scorecard – 1.1.1.1 Average Number of Days to Issue an Initial License), these data will be generated using the same query each time thereby providing consistent results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Number of unlicensed activity cases investigated

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Data are obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart.

2. Describe the methodology used to collect the data:

The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. The ULA Program includes boards and professions under Chapter 456, Florida Statutes. Upon completion of an unlicensed activity investigation, a status 50 entry is entered into COMPAS under the applicable case number by investigative support staff and the case is forwarded to the ULA Chief Legal Counsel for review and final closure.

3. Explain the procedure used to measure the indicator:

The query for this measure counts the number of unlicensed activity cases with the first occurrence of the status 50 entry falling within the applicable date parameters.

The definition of the number of ULA cases investigated would be the quantity of Uniform Complaint Forms forwarded to the field offices for investigation where an investigation has been completed and the case forwarded to the ULA Chief Legal Counsel, who is responsible for review and final closure.

Validity (as determined by program office):

The status 50 entry directly corresponds to the activity being counted by this measure. The unlicensed activity complaints are distinguished by the presence of an unlicensed activity allegation code (0 or 1) and/or the unlicensed activity classification code (13) entered into COMPAS under each case number. As the ULA program excludes professions outside of Chapter 456, the query excludes those client codes in COMPAS falling under Drugs, Devices, and Cosmetics, EMS, and Radiation Technology.

Reliability (as determined by program office):

The cases are assigned and documented in the COMPAS System as to what field office and investigator is responsible. The completed cases are transmitted to the ULA Chief Legal Counsel for closure in the COMPAS System. The ULA cases can be distinguished from the regulatory cases, which also receive a status 50 entry upon completion of an investigation, by the destination staff code beginning with "UL."

The data are a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. The reliability of this measure is necessarily dependent upon the correct entry of the ULA allegation and/or classification codes as well as the status 50 entry upon completion of an investigation by the ISU. As these codes are long-established and the tracking of law enforcement referrals is a priority for the Enforcement program, the reliability of this measure based upon the usage of these codes can be considered very high.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Number of licenses issued

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

This measure is a total count of initial licenses and renewal licenses issued during a certain time period. Data are obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart.

2. Describe the methodology used to collect the data:

The databank is updated using a data streaming process with licensure information input by board office staff. The COMPAS Datamart utilizes an Oracle platform.

3. Explain the procedure used to measure the indicator:

When an initial license is approved and printed it establishes an original licensure date. This date should never change and is stored in the main license table. Licensees must renew their license based on what each board requires.

Validity (as determined by program office):

The license table stores very important data pertaining to all of the licensed medical professionals throughout the state of Florida. The date that the licensee was first issued a license is considered the original license date. This date is and should never be modified in the COMPAS Datamart. Where the original license date lies between the chosen date parameters is an appropriate and direct reflection of this performance measure.

Reliability (as determined by program office):

All date fields used for initial renewal licenses issued are automatically populated by the system. These dates should never be modified. Application status codes can, but very unlikely, be changed. For example, if the status code of "8" which equals closed is modified then the staff member who is running this measurement will need to be notified.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Average number of days to take emergency action on Priority I practitioner investigations

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Data are obtained from the Department of Health Professional Regulation Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an Informix database.

2. Describe the methodology used to collect the data:

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

3. Explain the procedure used to measure the indicator:

Once a Consumer Services Investigator makes the determination that the allegation is of a priority one nature (as defined in the procedure manual in Consumer Services), the priority is changed to a "1" on the complaint maintenance screen in the PRAES system. The complaint is then fast tracked through the Investigative Services Unit and the completed investigation submitted to Practitioner Regulation Legal. If the legal section determines that emergency action is necessary, it goes forward with an Emergency Suspension Order or an Emergency Restriction Order using a status "90" to indicate that emergency action was taken. If, during or after investigation, the prosecuting attorney determines that the matter is no longer an immediate threat to the public, then the complaint is downgraded to a priority two. The Access query was written to identify the number of priority one complaints and the number of status "90"s entered during the fiscal year. The average days were then determined on all instances of emergency action, counting the days between the received date (also the date of legal sufficiency) and the date of the status "90."

Validity (as determined by program office):

This measure indicates the Department's responsiveness to practices by health care practitioners that pose a serious threat to the public. The status "90" identifies when emergency action is taken and is entered by legal staff designated in each legal section to monitor priority one complaints to ensure consistency.

Reliability (as determined by program office):

The priority and current status of complaints and cases is monitored monthly and weekly (by request) on all open complaints and cases. These reports are sent to the section managers for review and distribution. Once a status "90" is entered, it can only be deleted by restricted and password protected authority. The data are a representation of the database on the day of the report. However, as the Datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month without it being considered an error by the PRAES system. In this case, the number would be different if run again. In order to control for this, the inventories are reconciled monthly to capture any erroneously backdated information. Due to the weekly and monthly monitoring of the priority one complaints, reliability is high and sufficiently error free.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percent of initial investigations and recommendations as to the existence of probable cause completed within 180 days of receipt of complaint

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Data are obtained from the Department of Health Professional Regulation Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an Informix database.

2. Describe the methodology used to collect the data:

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

3. Explain the procedure used to measure the indicator:

The denominator for this measurement is a combination of 3 figures: Administrative closures by Consumer Services (entry of a closure date and a disposition “1000” – “1090” by the Consumer Services Unit), recommendations to probable case panel (indicated by the entry of status “70” by Practitioner Regulation Legal, and citations issued (indicated by the entry of code “70” by the Consumer Services Unit). The numerator is determined by calculating the number of days from the received date (also the date of legal sufficiency) to the date of the closure, recommendation, or issuance of citation. If the number of days is 180 or less, then it is counted in the numerator. An Access query was written to calculate both numbers. This number is tracked in the monthly Critical Business Reports, which includes a running tally for the fiscal year.

Validity (as determined by program office):

This measure indicates the Department’s responsiveness to consumer complaints against health care practitioners and the ability to meet the time frames set forth in statute. The date that a recommendation of probable cause is drafted for the panel is indicated by the status “70” date. The date of the Activity “70” (issuance of a citation) has been determined to be a recommendation of probable cause.

Reliability (as determined by program office):

The backup data for this measure is monitored weekly as meeting the 180-day compliance rate, which has been a priority within the program. The figures are gathered monthly in a monthly critical business report. A running total is reported for the fiscal year in the monthly critical business report. The number in the June report is then used for the annual statistic. In order to check this number against the database, the number is run for the entire fiscal year. In this case the figure was 88.3%, rather than 88.7%. This could be due to the process of reopening complaints if additional information is received. Therefore, the figure collected from the monthly reports is sufficiently reliable (within .4%).

The data are a representation of the database on the day of the report. However, as the Datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month without it being considered an error by the PRAES system. In this case, the number would be different if run again. In order to control for this, the inventories are reconciled monthly to capture any erroneously backdated information. Due to the weekly and monthly monitoring of this measure, reliability is high and sufficiently error free.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Number inquiries to practitioner profile website

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The data source consists of log files. The Web server generates a file (the “log file”) that documents all activity on the site, including, but not limited to the IP address or domain name of the visitor to your site, the date and time of their visit, what pages they viewed, whether any errors were encountered, any files downloaded and the sizes, the URL of the site that referred to yours, if any, and the Web browser and platform (operating system) that was used.

2. Describe the methodology used to collect the data:

The server gathers information and stores it continuously as hits to the website occur.

3. Explain the procedure used to measure the indicator:

Off the shelf software is used that analyzes and displays statistical analyses from the log file information. The reports are available on the intranet at the following location:

http://dohiws.doh.state.fl.us/Special_Groups/WebManagers/SiteStatistics/index.htm

The reports include information such as how many people visit the website, which pages on the site are the most popular, and what time of day the visits occur.

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the 2002-03 through 2006-07 Department of Health’s Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health’s Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Health Care Practitioner and Access Program Purpose Statement:

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, which goal and objective it relates to?

Goal 6: Ensure health care practitioners meet relevant standards of knowledge and care

Objective 6B: Evaluate and license health care practitioners

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has information supplied by programs been verified by the Office of the Inspector General

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a moderately high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

No – However, software that was purchased by the Department tracks the number of hits on the website. Web managers within the Division of Medical Quality Assurance have the capability to retrieve the necessary information by logging on to the site.

2. **Is written documentation available that describe how the data are collected?**

No. Web managers may query the intranet site for specific data.

3. **Has an outside entity ever completed an evaluation of the data system?**

No.

Reliability Determination Methodology: The following data reliability test questions were created and answered by the Office of the Inspector General:

1. **Is there a logical relation between the measure, its definition and its calculation?**

Yes

2. Has information supplied by programs been verified by the Office of the Inspector General?

No

3. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percent of applications approved or denied within 90 days from documentation of receipt of a complete application

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

DEFINITION: The overall percentage of complete initial licensure application/transactions that are approved or denied within 90 days of the complete date. The professions and initial application transactions measured are those defined and approved by each Board's Executive Director under the Florida Department of Health that were not cancelled or generated in error.

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Data are obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure information input by board office staff. The COMPAS Datamart utilizes an Oracle platform.

2. Describe the methodology used to collect the data:

The 1.1.1.4 measure is only for applications from specific professions and initial transactions. These professions and initial transactions were approved by the Executive Director for each Board in the Department of Health. The approved list of professions and their associated initial transactions are shown in report dxa511 (HCPR Application Transaction List). Only applications where the application date is prior to the original license issue date, and the complete and action dates are not null are counted in this measure. The complete and action dates are required as these dates give us the start of and stop of the 90 day clock. Only those applications where the final application status of APPROVED or DENIED are counted.

3. Explain the procedure used to measure the indicator:

To determine the percentage of complete applications approved or denied within 90 days, 3 pieces of information are required for each application:

- the complete date (the date stamped on the last piece of mail received to deem the file complete)
- the action date (the date action was taken on the application- approval (the applicant has been approved to sit for the exam or the applicant has been approved for licensure), denied, tolled, waived, pending ratification),
- and the application/transaction timestamp of when the application/transaction was APPROVED or DENIED.

The complete and action dates are required during data entry before an application/transaction can be APPROVED. But this is not the case for application/transactions that are DENIED.

Each application/transaction is counted in this measure when the application/transaction reaches its final status of APPROVED or TO BE DENIED status and can no longer be edited. At this point, the complete and action dates can no longer be edited either. This is the total number of applications/transactions to be counted. To verify if the application/transaction is within the 90 day clock, the action date must be within 90 days of the complete date. The 90 day measure can then be defined as:

Total Number of applications where action date – complete date \leq 90 days and the final application status is during the selected date range / total number of applications where the final application status is during the date range.

For the supporting data portion of this report, each application/transaction that was APPROVED or DENIED during the selected date range is listed along with the Profession Code, File Number, Licensee Key Name, Application Date, Complete Date, Action Date, Application ID, Application Status, Application Approved Status, Application Status Description, License status and effective date, and License ID.

The report used to generate the percentage approved or denied can be located in COMPAS Datamart package pkg_rpt_appl.p_dxa523_M3.

Validity (as determined by program office):

The data analysis generated by this report has been verified against the generated supporting data. Furthermore, each of the professions identified in this report have been asked to review the report and verify both the analysis and the supporting data.

Reliability (as determined by program office):

Because these data are retrieved via a COMPAS Datamart Report (dxa523: HCPR Balanced Scorecard – % of Complete Initial Licensure Applications Approved or Denied with 90 Days Report), these data will be generated using the same query each time thereby providing consistent results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percentage of examination scores released within 60 days from the administration of the examination

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Definition: The percentage of examination scores that were released and posted to the website within 60 days of the date the examination was administered. The examination scores measured are those defined and administered by the Testing Services Unit (TSU) under the Florida Department of Health to those whose initial application by examination has been approved by each Board's Executive Director that were not cancelled or generated in error.

TSU provides and administers examinations for Chiropractic Physicians, Optometrists, Opticians, Dentists and Dental Hygienists. There are two formats provided for testing. Computer Based Testing (CBT) that is administered via personal computer during a given time frame (window). Clinical examinations that are provided in a classroom setting on set dates.

2. Describe the methodology used to collect the data:

Examination scores for CBT for Dentistry and Dental Hygiene are calculated and provided to TSU by the vendor Northeast Regional Board of Dental Examiners (NERB). CBT scores for Chiropractic Physicians, Optometrists, and Opticians are calculated and provided to TSU by the vendor Prometrics. In all, Testing Services administers thirteen CBT examinations. CBT scores are provided to TSU on a weekly basis; TSU then performs a quality check of the data. Once data have been determined to be accurate, TSU uploads into the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. TSU then notifies the respective Board offices and the examination scores are posted and can be accessed through the online score look-up application. This is the end date for the measure.

Clinical Examination answer sheets are retrieved by TSU at the time the examinations are administered. The answer sheets are then forwarded to the vendor Image API for scanning and calculating. Image API provides TSU with the scanned file; TSU then performs a quality check of the data. Once data have been determined to be accurate, TSU uploads into the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. TSU then notifies the respective Board offices and the examination scores are posted and can be accessed through the online score look-up application. This is the end date for the measure.

3. Explain the procedure used to measure the indicator:

The measure is for the percentage of examination scores that are posted to the website within 60 days of the date the examination was administered. Examinations contain multiple parts and are not deemed complete until all parts have been taken. The date is calculated from the date the last exam part is completed to the date the scores are posted and accessible from the online score look-up application on the Medical Quality Assurance website(s). To calculate this measure TSU has an established process utilizing an Excel spreadsheet that is updated with the examination start and end dates and data provided from the examinations that were administered. This report is provided to Executive Management on a quarterly basis.

Validity (as determined by program office):

TSU maintains a project plan for each examination administered. Project plans contain the dates, times and locations of each examination administered.

When an examination has been deemed complete, all parts taken, the data are checked for accuracy. This is the start date used for the measure. This date is entered into the Excel spreadsheet established to calculate this measure.

TSU performs several quality checks before examination scores are uploaded into COMPAS and posted to the website which include the following:

1. Review to ensure scores uploaded into COMPAS are accurate.
2. Review to ensure that the online score look-up data coincides with the COMPAS data.
3. Review pass list for accuracy and provide to Strategic Planning Services (SPS).

Once the examination score data have been reviewed and approved for accuracy, the Board offices are notified and the date(s) are posted to the online score look-up website application. This is the end date used for the measure. This date is entered into the Excel spreadsheet established to calculate this measure.

The measure is calculated using the date the examination is deemed complete, all parts taken, to the date the scores are uploaded to the online score look-up website application.

Reliability (as determined by program office):

TSU has an established process by which the examination start dates and end dates of this measure are consistently captured and calculated utilizing an Excel spreadsheet which contains the necessary formulas to determine the percentage of examination scores posted to the website within 60 days. This measure is currently being provided to the Executive Management on a quarterly basis. Since the Excel formulas are imbedded in the spreadsheet, the calculations should be consistent with each report.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: <u>Department of Health</u>
Program: <u>Health Care Practitioner and Access</u>
Service/Budget Entity: <u>Medical Quality Assurance/64400100</u>
Measure: <u>Percent of Disciplinary Final Orders issued within 90 days from issuance of the Recommended Order</u>
Action (check one):
<input type="checkbox"/> Requesting revision to approved performance measure
<input type="checkbox"/> Change in data sources or measurement methodologies
<input type="checkbox"/> Requesting new measure
<input checked="" type="checkbox"/> Backup for performance measure

DEFINITION: The number of disciplinary Final Orders issued where the Final Order Index Number suffix reflects that the Final Order resulted from a Division of Administrative Hearings (DOAH) Recommended Order and where the number of days between the issuance of the Final Order and the activity code reflecting receipt of the DOAH Recommended Order was 90 days or less, divided by the total number of Final Orders issued during the identical time frame where the Final Order Index Number suffix reflects that the Final Order resulted from a DOAH Recommended Order.

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

Definition: The number of disciplinary Final Orders issued where the Final Order Index Number suffix reflects that the Final Order resulted from a DOAH Recommended Order and where the number of days between the issuance of the Final Order and the activity code reflecting receipt of the DOAH Recommended Order was 90 days or less, divided by the total number of Final Orders issued during the identical time frame where the Final Order Index Number suffix reflects that the Final Order resulted from a DOAH Recommended Order. Data are obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform.

2. Describe the methodology used to collect the data:

Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. When an administrative complaint results in a formal hearing before an Administrative Law Judge of the DOAH, the resulting findings of fact and recommended penalty (where applicable) are contained in a Recommended Order which is provided to the Department. The matter is thereafter scheduled to be heard before the respective licensing board for issuance of a disciplinary Final Order.

3. Explain the procedure used to measure the indicator:

When the Recommended Order is received from DOAH, support staff personnel in the Prosecution Services Unit (PSU) enter the applicable activity code of 440 with the effective date into COMPAS under that case number. The case is thereafter placed on the agenda of the next board meeting for the respective profession, and upon said board taking action on the case and determining the appropriate penalty (if any), a final order is subsequently prepared by the Office of the Attorney General and filed with the Department's Agency Clerk. At the time said Final Order is filed, Central Records staff will enter a status code of 120 to put the case into closed status, and enter the appropriate "4000" series disposition code to reflect the applicable disciplinary penalty or dismissal of the case. The Final Orders resulting from a Recommended Order are identified by the Final Order Index Number entered by Central Records, and where the "FOF" (final order - formal) suffix is entered upon the filing of a Final Order resulting from a Recommended Order. The numerator for this measure is the number of cases that proceed from a received Recommended Order to a filed Final Order within 90 days or less. The denominator is the total number of cases that proceeded from Recommended Order to Final Order within the applicable time frame regardless of the number of days following the Recommended Order.

Validity (as determined by program office):

The activity code 440 for receipt of a DOAH Recommended Order directly corresponds to the starting event for the number of days being counted in this measure. The status 120 entry with a disciplinary "4000" series disposition code directly corresponds to the ending event for the number of days being counted in this measure. As it might be possible (though, rare) for more than one Recommended Order to be issued in the event that a matter was remanded to DOAH for further proceedings or clarification, the query utilized in this measure applies the latest activity 440 date in the event that said activity code occurs more than once in a case. The only other foreseeable limitation on the validity of this measure might occur if a case was reopened on appeal, and upon the Department prevailing in the matter, a later status 120 close date (well after the Final Order) were to be applied to a case. This situation could result in a long period between the Recommended Order and the date of case closure, however these could be distinguished and removed from cases being counted in the measure by observation that the prefix of the Final Order Index No. does not correspond with the date of case closure.

Reliability (as determined by program office):

The data are a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. This measure is necessarily dependent upon the accurate entry of the activity 440 code by PSU support staff upon receipt of the Recommended Order, and the status 120 case closure entry by Central Records upon the filing of the disciplinary Final Order. Each time this measure is computed, an error report is generated which displays as a blank field the activity 440 code effective date in the event that PSU failed to capture the date of receipt of the Recommended Order in the system. Any such cases can then be referred to PSU for the appropriate entry to be completed. The status 120 entry with a disciplinary disposition code by Central Records, and entry of the Final Order Index Number with the appropriate "FOF" suffix, is a very long established business process and of very high reliability.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percent of disciplinary fines and costs imposed that are collected by the due date

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

DEFINITION: Percentage of fines and costs imposed where the date of completion of the requirement (if any) occurred on or before the due date, for those fines and costs imposed within the applicable date parameters.

Data are obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform.

2. Describe the methodology used to collect the data:

Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. When a disciplinary action is imposed through a final order or citation, the Compliance Management Unit (CMU) will enter the fines and cost amounts due as well as the due date into the Compliance Module in COMPAS under the applicable case number. When payment has been received, CMU enters the amount paid and the date of completion.

3. Explain the procedure used to measure the indicator:

The denominator for this measure is the sum total of the fines and costs imposed where the due date falls within the time frame being applied in the measure. Of that group where fines and/or costs fell due, the numerator consists of the total dollar amount entered as paid and where the completion date of the fine and/or costs requirement was equal to or earlier than the entered due date.

Validity (as determined by program office):

The dollar amounts entered by CMU as due and payable as well as those amounts having been collected, in connection with the entered due dates and payment collection date, directly correspond to this measure. The numerator for this measure is necessarily based upon the

completion date entered by CMU, which may not be the same as the date the payment was stamped in as received in the mail room. It must be further kept in mind it is the percentage of imposed fine/cost dollar amounts paid on time that is being tracked, not the percentage of final orders and citations paid on time. A single case with a very large fine/cost amount not paid on time would greatly outweigh several cases with fines/costs paid on time where those amounts were small.

Reliability (as determined by program office):

The data are a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. The reliability of this measure necessarily depends upon the accurate entry by CMU of the dollar amounts of fines and/or costs due under each applicable case number, as well as the accurate entry of the date when each requirement is due as well as the date each requirement was completed. Provided that CMU is diligent and accurate in making these entries as the disciplinary final order and citations are received, and when the required payments are received, the reliability of this measure should be high and sufficiently error-free.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percent of applications deemed complete or deficient within 30 days

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

DEFINITION: The number of days to determine if the initial licensure application is complete or deficient from the application date. The professions and initial application transactions measured are those defined and approved by each Board's Executive Director under the Florida Department of Health that were not cancelled or generated in error.

Data are obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure information input by board office staff. The COMPAS Datamart utilizes an Oracle platform.

2. Describe the methodology used to collect the data:

This 1.1.1.3 measure is only for applications from specific professions and initial transactions. These professions and initial transactions were approved by the Executive Director for each Board in the Department of Health. The approved list of professions and their associated initial transactions are shown in report dxa511 (HCPR Application Transaction List). Only non-cancelled and non-error transactions where the license original issue date is not prior to the application date are counted.

3. Explain the procedure used to measure the indicator:

To determine the average number of days to determine if an application is complete or deficient, 3 pieces of information are required for each application: the Application Date, the earliest COMPAS generated application deficiency letter date, and the date the application is determined complete if a deficiency letter was not generated.

- The Application Date is loaded via Image API when the application transaction is inserted into COMPAS in the application (appl) table. As the application is being worked, the application date is verified by Department staff and any corrections are made at this time by Department staff.

- If the application is deficient, an application deficiency letter is generated in COMPAS by Department staff. The deficiency letter used must have a letter description with 'DEF' in the COMPAS Name Description (ltr_mstr.ltr_desc). This date will stop the 30 Day Clock. Not all applications will have an application deficiency letter.
- Once the application is to be determined complete, Department staff will enter the date the last piece of mail was received by the Department into the Application Complete Date field (appl_hcpr.app_comp_dte). This date cannot be prior to the application date, or in the future. This date will stop the 30 Day Clock if no application deficiency letter was sent.

The HCPR Balanced Scorecard – 1.1.1.3 Appl Complete or Deficient Notification Sent within 30 Days Report gives side by side analysis comparison of

- Deficient in 30 Days is the number of applications that had a COMPAS deficiency letter generated during the input date range within 30 days of the application date.
- Total Deficient is the total number of applications that had a COMPAS deficiency letter generated during the input date range.
- Complete in 30 Days is the number of applications that had an Application Complete Date within the report input date range and was also within 30 days of the Application Date. These applications do not have a COMPAS generated deficiency letter.
- Total Complete is the number of applications that had an Application Complete Date within the report input date range. These applications do not have a COMPAS generated deficiency letter.
- Total Apps Proc in 30 is the Deficient in 30 Days plus Complete in 30 Days.
- Total Apps Processed is Total Deficient plus Total Complete.
- % Process in 30 Days is Total Apps Proc in 30 divided by Total Apps Processed. If there are no applications processed during the time period, 100% is used.

For the supporting data portion of this report, each application/transaction that was used in the determination of the averages is listed along with the Profession Code, File Number, Licensee Key Name, Application Date, Deficiency Date, Complete Date, Application ID, and License ID.

The report used to generate the average processing time can be located in COMPAS Datamart package pkg_rpt_appl.p_dxa523_M1.

Validity (as determined by program office):

The data analysis generated by this report has been verified against the generated supporting data. Furthermore, each of the professions identified in this report have been asked to review the report and verify both the analysis and the supporting data.

Reliability (as determined by program office):

Because these data are retrieved via a COMPAS Datamart Report (dxa523: HCPR Balanced Scorecard – Appl Complete or Deficient Notification Sent within 30 Days Report), these data will be generated using the same query each time, thereby providing consistent results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: <u>Department of Health</u>
Program: <u>Health Care Practitioner and Access</u>
Service/Budget Entity: <u>Medical Quality Assurance/64400100</u>
Measure: <u>Average Number of Days to Resolve a Complaint of Unlicensed Activity</u>
Action (check one):
<input type="checkbox"/> Requesting revision to approved performance measure
<input type="checkbox"/> Change in data sources or measurement methodologies
<input type="checkbox"/> Requesting new measure
<input checked="" type="checkbox"/> Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

The average number of days between the recorded date of complaint and the closure of investigated complaints of unlicensed activity by the Office of the General Counsel within professions licensed under Chapter 456, Florida Statutes and for all such cases resolved during the applicable time frame.

Data are obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition.

Complaints of unlicensed activity are assigned a Receive Date by the Consumer Services Unit (CSU).

2. Describe the methodology used to collect the data:

Following the investigation of those complaints found legally sufficient by CSU, the Prosecutor within the Office of the General Counsel will then handle the final resolution of each case. The closure of a case is accomplished in COMPAS through a status 120 entry accompanied by a recorded disposition code in the 4100 range assigned to unlicensed activity complaints.

3. Explain the procedure used to measure the indicator:

Some of the cases resolved may be forwarded to the Compliance Management Unit (CMU) for additional enforcement action (such as citations), and upon completion by CMU the disposition code for said cases will be upgraded to a corresponding value in the 5100 series. For all Chapter 456 unlicensed activity complaints resolved within the applicable time frame, the reported measure result is the average number of days between the date received and the date of closure.

Validity (as determined by program office):

The recorded Receive Date and the status 120 effective date directly correspond to the two events involved in this measure. The measure is based upon a subtraction to determine the number of days having elapsed between the two events as recorded in COMPAS, and then the average of those values for all applicable cases. In computing the measure, the latest status 120 effective date is to be used in any instance where a complaint was previously closed prior to investigation due to insufficient information for legal sufficiency.

Reliability (as determined by program office):

The data are a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. This measure is necessarily dependent upon (a) a correct Receive Date being entered by CSU; (b) a correct effective date of closure (status 120 date) being entered by the Office of the General Counsel, and (c) a correct closing disposition code in the 4100 series being entered by the Office of the General Counsel. The business processes by which the applicable dates and disposition codes are entered are long established and basic in nature. In addition, error reports are generated following each quarter to identify status date entries outside of acceptable values, and the supporting data for this measure listing each case being counted is provided to the Office of the General Counsel for review and confirmation. In light of the foregoing, the reliability of the value reported for this measure can be considered to be very high.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percent Emergency Action Issued within 30 days on Priority Complaints

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. List and describe the data source(s) for the measure:

DEFINITION: The total number of priority complaints that reach a status 90 entry within 30 days of receipt, divided by the number of cases with a first status 90 entry falling within the applicable time frame.

Data are obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart.

2. Describe the methodology used to collect the data:

The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. Priority complaints are designated by the Consumer Services Unit (CSU) based upon whether the information contained in a complaint indicates that an immediate threat to the health and safety of the public may be present. An entry is made into COMPAS to reflect this designation in that the priority value under the applicable case number is set to 1, 2 or 3. Also, a Receive Date is recorded in COMPAS by CSU to reflect the date each complaint is received and complete for a determination of legal sufficiency to investigate. Emergency actions are processed by the Prosecution Services Unit (PSU) and upon issuance of an emergency suspension or restriction order, a status 90 entry is made in COMPAS to reflect the emergency action under the applicable case number.

3. Explain the procedure used to measure the indicator:

For each case with emergency action taken, a query calculates the number of days that have elapsed since the Receive Date set by CSU. The total number cases where the first instance of a status 90 occurred within the applicable time frame and within 30 days of the Receive Date divided by the total number of cases where the first instance of a status 90 occurred within the applicable time frame yields the applicable percentage result for this measure.

Validity

The priority designations and receive date and status 90 date entries directly correspond to the units being counted in computing this percentage measure. Cases are counted for the purposes of this measure when the first emergency action is taken, and any subsequent status 90 entries are excluded as emergency action had already occurred. It should be noted that the Receive Date is re-set by CSU in the event that insufficient information is present at the outside for a determination of legal sufficiency, to the date when the receipt of additional information renders said complaint complete for said determination. Also, as emergency actions are taken to protect the health and safety of the public, this is a fundamental performance measure as it directly reflects the speed at which the Department responds when the health and safety of the public are threatened.

Reliability (as determined by program office):

The data are a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. The reliability of this measure is necessarily dependent upon the appropriate designation of Priority 1 status to specific complaints by CSU, as well as the accurate coding of the receive date and status 90 entry for emergency action by PSU. All sets of coding applicable to this measure are very long established and the reliability of their usage is very high. The usage of the status 90 code can be checked through a query that searches for the presence of the activity codes for emergency suspension orders (290) and emergency restriction orders (300) by PSU where the status 90 entry, which should always accompany said activity code entries, is not present.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percent of practitioners with published profile on the Internet

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. Describe the methodology used to collect the data:

Data are obtained from the Department of Health's Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure information input by board office staff.

2. Explain the procedure used to measure the indicator:

This measure is only for professions that are required to provide their profile information. Professions include medical doctors, osteopathic physicians, podiatrists, advanced registered nurse practitioners, and chiropractors.

3. List and describe the data source(s) for the measure

The percentage is determined by dividing the number of practitioners who have profile information available on the MQA Practitioner Profile website by the total number of practitioners who should have profile information available on the website.

Validity (as determined by program office):

The percentage measure provided by this report will be verified against the generated supporting data. Furthermore, staff will review the report and verify both the measure and the supporting data.

Reliability (as determined by program office):

A new COMPAS Datamart Report will be developed to provide this measure. The data will be generated using the same query each time thereby providing consistent results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: <u>Department of Health</u>
Program: <u>Disability Determination</u>
Service/Budget Entity: <u>Disability Determination/64500100</u>
Measure: <u>Percentage of disability determination decisions completed accurately as measured by the Social Security Administration</u>
Action (check one):
<input type="checkbox"/> Requesting revision to approved performance measure
<input type="checkbox"/> Change in data sources or measurement methodologies
<input type="checkbox"/> Requesting new measure
<input checked="" type="checkbox"/> Backup for performance measure

Data Sources and Methodology

1. Describe the methodology used to collect the data:

Historically this key process measure has been used by the SSA as a “standard” for comparing states’ disability determination programs. This measure is reported weekly on SSA’s State Agency Operations Report (SAOR) and is used to evaluate Disability Determination Services performance.

The Social Security Administration (SSA) Office of Program Integrity Review (OPIR) determines decision accuracy by reviewing a random sample of approximately 100 - 200 completed claims per month. Claims are computer selected after being logged into the system with the decision code. Each SSA region has a Disability Quality Branch (DQB) to review random samples of completed claims.

Each region’s DQB submits a random sample of their reviewed claims to the Central Office in Baltimore for an accuracy review. All claims require adequate documentation for an independent reviewer to reach the same decision.

2. Explain the procedure used to measure the indicator:

This accuracy measure is calculated from the percentage of correct decisions divided by the total reviewed.

3. List and describe the data source(s) for the measure

See above

Validity

Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health’s Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?

Yes No

Disability Determination Purpose Statement

To decide in a timely and accurate manner whether Florida citizens are medically eligible to receive disability benefits under the federal Social Security Act or the state Medically Needy Program.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal 9: Process disability determinations

Objective 9A: complete disability determinations in an accurate manner

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

1. **Is written documentation available that describe/define the measure and the formula used, if applicable?**

Since this is a federal process, it is quite likely that there is, we don't have the specific information yet.

2. **Is written documentation available that describe how the data are collected?**

Since this is a federal process, it is quite likely that there is, we don't have the specific information yet.

3. **Has an outside entity ever completed an evaluation of the data system?**

Since this is a federal process, it is quite likely that there is, we don't have the specific information yet.

4. Is there a logical relation between the measure, its definition and its calculation?

Insufficient information was provided by the program for the Office of Inspector General to determine.

5. Has information supplied by programs been verified by the Office of the Inspector General?

No

6. Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Disability Determination

Service/Budget Entity: Disability Determination/64500100

Measure: Number of disability determination decisions completed annually

Action (check one):

- Requesting revision to approved performance measure
- Change in data sources or measurement methodologies
- Requesting new measure
- Backup for performance measure

Data Sources and Methodology

1. Describe the methodology used to collect the data:

A claim is logged into the National Disability Determinations Service System (NDDSS) when it is filed in a SSA district office. Each step of the claim adjudication processes is recorded. Upon completion relevant data about the claim are accessible including completed decision data.

2. Explain the procedure used to measure the indicator:

Number of disability determination decisions completed annually.

Program information: Historically this output measure has been a key process measure used by the SSA as a “standard” for comparing states’ disability determination programs. This measure is recorded when a claim is completed and is reported weekly on SSA’s NDDSS.

All disability claims filed in SSA’s district offices are logged into the NDDSS. Each step in the claim adjudication process is recorded. Upon completion relevant data about the claim are accessible and comparisons with other states are made.

3. List and describe the data source(s) for the measure

The number of completed disability decisions are obtained from the NDDSS maintained by the Social Security Administration (SSA). Medically Needy determinations were added for 2001-02 fiscal year.

Validity

Validity Determination Methodology: Validity Determination Methodology: The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health’s Long Range Program Plan (i.e., agency strategic plan).

1. Considering the following program purpose statement from the Department of Health’s Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?
 Yes No

Disability Determinations Purpose Statement

To decide in a timely and accurate manner whether Florida citizens are medically eligible to receive disability benefits under the federal Social Security Act or the state Medically Needy Program.

2. Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?

Yes No

If yes, state which goal and objective it relates to?

Goal 9: Process disability determinations

Objective 9A: complete disability determinations in an accurate manner

3. Has information supplied by programs been verified by the Office of the Inspector General?

Yes No

4. Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?

Yes No

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

Reliability

Reliability Determination Methodology: The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- 1. Is written documentation available that describe/define the measure and the formula used, if applicable?**
Since this is a federal process, it is quite likely that there is, we don't have the specific information yet.
- 2. Is written documentation available that describe how the data are collected?**
Since this is a federal process, it is quite likely that there is, we don't have the specific information yet.
- 3. Has an outside entity ever completed an evaluation of the data system?**
Since this is a federal process, it is quite likely that there is, we don't have the specific information yet.
- 7. Is there a logical relation between the measure, its definition and its calculation?**
Yes

8. **Has information supplied by programs been verified by the Office of the Inspector General?**

No

9. **Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?**

No

If yes, note test results.

Reason the Methodology Was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for their intended purposes, subject to verification of program information and further test results.

ASSOCIATED ACTIVITIES CONTRIBUTING TO PERFORMANCE MEASURES

LRPP EXHIBIT V

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

64100000 Program: EXECUTIVE DIRECTION AND SUPPORT
 64100200 Service/Budget Entity: EXECUTIVE DIRECTION AND SUPPORT SERVICES

Measure Number	Approved Performance Measures for FY 2019-20	Associated Activities Title
1	Agency administrative costs as a percent of total agency costs/ agency administrative positions as a percent of total agency positions	Executive Direction ACT0010
2	Technology costs as a percent of total agency costs	Information Technology - Executive Direction ACT0300

Florida Department of Health

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

64200000 Program: COMMUNITY PUBLIC HEALTH
 64200100 Service/Budget Entity: COMMUNITY HEALTH PROMOTION

Measure Number	Approved Performance Measures for FY 2019-20	Associated Activities Title
3	Infant mortality rate per 1,000 live births	Healthy Start Services ACT2330 Family Planning Services ACT2360 WIC ACT2340 CMS Network ACT3160 Dental Health Services ACT2310 Recruit Volunteers ACT2390
4	Nonwhite infant mortality rate per 1,000 nonwhite births	Healthy Start Services ACT2330 Family Planning Services ACT2360 WIC ACT2340 Racial/Ethnic Disparity Grant ACT2700 CMS Network ACT3160 Dental Health Services ACT2310 Recruit Volunteers ACT2390
5	Percent of low birth weight births among prenatal Women, Infants and Children (WIC) program clients	WIC ACT2340
6	Live births to mothers age 15 - 19 per 1,000 females 15 - 19	Family Planning Services ACT2360 School Health Services ACT2300 Recruit Volunteers ACT2390
7	Number of monthly participants-Women, Infants and Children (WIC) program	WIC ACT2340
8	Number of Child Care Food program meals served monthly.	Child Care Food ACT2350
9	Age-Adjusted Death rate due to diabetes per 100,000	Chronic Disease Screening & Education ACT2380
10	Prevalence of adults who report no leisure time physical activity.	Chronic Disease Screening & Education ACT2380
11	Age-Adjusted death rate due to heart disease.	Chronic Disease Screening & Education ACT2380
68	Percent of middle and high school students who report using tobacco products in the last 30 days	Tobacco Prevention Services ACT4300 School Health Services ACT2300 Anti-Tobacco Marketing Activities ACT1220 Community Based Anti-Tobacco Activities ACT1240 QuitLine Services ACT1260

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

64200000 Program: COMMUNITY PUBLIC HEALTH
64200200 Service/Budget Entity: DISEASE CONTROL AND HEALTH PROTECTION

Measure Number	Approved Performance Measures for FY 2019-20	Associated Activities Title
12	Aids case rate per 100,000 population	HIV/AIDS Services ACT2420 Sexually Transmitted Disease Services ACT2410 CMS Network ACT3160
13	HIV/AIDS resident total deaths per 100,000 population	HIV/AIDS Services ACT2420 Sexually Transmitted Disease Services ACT2410 CMS Network ACT3160
14	Bacterial sexually transmitted disease case reate among females 15-34 per 100,000 population	Sexually Transmitted Disease Services ACT2410 Family Planning Services ACT2360
15	Tuberculosis case rate per 100,000 population	Tuberculosis Services ACT2430
16	Immunization rate among 2 year olds	Immunization Services ACT2400 Primary Care Adults and Children ACT2370
17	Number of patient days (A.G. Holley tuberculosis hospital)	AG Holley TB Hospital ACT2440
18	Enteric disease case rate per 100,000 population	Infectious Disease Surveillance ACT2450
19	Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health	Monitor/Regulate Facilities ACT2600 Infectious Disease Surveillance ACT2450 Environmental Epidemiology ACT2630 Monitor Water Systems/Groundwater ACT2720
20	Septic tank failure rate per 1,000 within 2 years of system installation	Monitor/Regulate Onsite Sewage Disposal Systems ACT2610
22	Percent of required food service inspections completed.	Monitor/Regulate Facilities ACT2600
34	Percent of laboratory test samples passing routine proficiency testing	Public Health Laboratory ACT2830

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

64200000 Program: COMMUNITY PUBLIC HEALTH
 64200700 Service/Budget Entity: COUNTY HEALTH DEPT. LOCAL HEALTH NEEDS

Measure Number	Approved Performance Measures for FY 2019-20	Associated Activities Title
23	Number of Healthy Start clients	Healthy Start Services ACT2330
24	Number of school health services provided	School Health Services ACT2300
25	Number of Family Planning clients	Family Planning Services ACT2360
26	Immunization services	Immunization Services ACT2400
27	Number of sexually transmitted disease clients	Sexually Transmitted Disease Services ACT2410 Family Planning Services ACT2360
28	Persons receiving HIV patient care from county health departments (excludes ADAP, Insurance, and Housing HIV clients)	HIV/AIDS Services ACT2420
29	Number of tuberculosis medical, screening, tests, test read services	Tuberculosis Services ACT2430
30	Number of onsite sewage disposal systems inspected	Monitor/Regulate Onsite Sewage Disposal Systems ACT2610
31	Number of community hygiene services	Community Hygiene Services ACT2710
32	Water system/storage tank inspections/plans reviewed	Monitor Water Systems/Groundwater ACT2720
33	Number of vital events recorded	Record Vital Events ACT2810

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

64200000 Program: COMMUNITY PUBLIC HEALTH
64200800 Service/Budget Entity: STATEWIDE HEALTH SUPPORT SERVICES

Measure Number	Approved Performance Measures for FY 2019-20	Associated Activities Title
35	Percent saved on prescription drugs compared to market price	Public Health Pharmacy ACT2820
36	Number of birth, death, fetal death, marriage and divorce records processed	Record Vital Events ACT2810
37	Percent of health and medical trget capabilities met	Public Health Preparedness & Response to Bioterrorism ACT2850
38	Percent of emergency medical service providers found to be in compliance during licensure inspection	License EMS Providers ACT4250
39	Number of emergency medical services providers licensed annually	License EMS Providers ACT4250
40	Number of emergency medical technicians and paramedics certified	Certification of EMTs/Paramedics ACT4260
21	Number of radiation facilities, devices and users regulated	Control Radiation Threats ACT2620
64	Number of medical students who do a rotation in a medically underserved area	Recruit Providers to Underserved Areas ACT4210
65	Percent of individuals with brain and spinal cord injuries reintegrated to the community	Rehabilitate Brain and Spinal Cord Injured Persons ACT4240
66	Number of providers who receive continuing education	Support Area Health Education Centers ACT4200
67	Number of brain and spinal cord injured individuals served	Rehabilitate Brain and Spinal Cord Injured Persons ACT4240

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

64300000 Program: CHILDRENS MEDICAL SERVICES
 64300100 Service/Budget Entity: CHILDRENS MEDICAL SERVICES

Measure Number	Approved Performance Measures for FY 2019-20	Associated Activities Title
41	Percent of families served with a positive evaluation of care	CMS Network ACT3160
42	Percent of CMS Network enrollees in compliance with the periodicity schedule for well child care	CMS Network ACT3160
43	Percent of eligible infants/toddlers provided CMS early intervention services	Early Intervention Services ACT3100
44	Percent of Child Protection Team assessments provided to Family Safety and Preservation within established time frames	Medical Services to Abused/Neglected Children ACT3110
45	Percent of Children's Medical Services Network enrollees in compliance with appropriate use of asthma medications	CMS Network ACT3160
46	Number of children enrolled in CMS Program Network (Medicaid and Non-Medicaid)	CMS Network ACT3160
47	Number of children provided early intervention services	Early Intervention Services ACT3100 CMS Network ACT3160
48	Number of children receiving Child Protection Team (CPT) assessments	Medical Services to Abused/Neglected Children ACT3110

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

64400000 Program: HEALTH CARE PRACTITIONER AND ACCESS
64400100 Service/Budget Entity: MEDICAL QUALITY ASSURANCE

Measure Number	Approved Performance Measures for FY 2019-20	Associated Activities Title
49	REVISED - Average number of days to issue a license	Issue License and Renewals ACT4100
50	Number of unlicensed cases investigated	Investigate Unlicensed Activity ACT4110
51	Number of licenses issued	Issue License and Renewals ACT4100
52	Average number of days to take emergency action on Priority I practitioner investigations	Consumer Services ACT7060 Investigative Services ACT7040
53	Percent of initial investigations and recommendations as to the existence of probable cause completed within 180 days of receipt	Consumer Services ACT7060 Investigative Services ACT7040
54	Average number of practitioner complaint investigations per FTE	Consumer Services ACT7060 Investigative Services ACT7040
55	Number of inquiries to practitioner profile website	Profile Practitioners ACT4130
56	Percent of applications approved or denied within 90 days from documentation of receipt of a complete application	Investigate Unlicensed Activity ACT4110
57	Percent of unlicensed cases investigated and referred for criminal prosecution	Investigate Unlicensed Activity ACT4110
58	Percent of unlicensed activity cases investigated and resolved through remedies other than arrest	Investigative Services ACT7040
59	Percent of examination scores released within 60 days from the administration of the exam	Issue License and Renewals ACT4100
60	Percent of disciplinary final orders issued within 90 days from issuance of the recommended order	Practitioner Regulation Legal Services ACT7050
61	Percent of disciplinary fines and costs imposed that are collected by the due date	Consumer Services ACT7060
62	Percent of applications deemed complete or deficient within 30 days	Issue License and Renewals ACT4100
63	Average number of days to resolve unlicensed activity cases. Combination of 2 deletions directly above	Investigative Services ACT7040

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

64500000 Program: DISABILITY DETERMINATIONS
 64500100 Service/Budget Entity: DISABILITY BENEFITS DETERMINATIONS

Measure Number	Approved Performance Measures for FY 2019-20	Associated Activities Title
69	Percent of disability determinations completed accurately as determined by the Social Security Administration	Eligibility Determination for Benefits ACT5100
70	Number of disability determinations completed	Eligibility Determination for Benefits ACT5100

HEALTH, DEPARTMENT OF		FISCAL YEAR 2019-20			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		3,045,932,002		9,292,459	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		1,470,773,453		0	
FINAL BUDGET FOR AGENCY		4,516,705,455		9,292,459	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)					9,292,459
Anti-tobacco Marketing Activities * Number of anti-tobacco impressions.		1,668,489,099	0.02	25,437,175	
Community Based Anti-tobacco Activities * Number of community based tobacco intervention projects funded.		67	169,617.70	11,364,386	
Provide Quitline Services * Number of cessation services provided.		77,126	161.34	12,443,194	
State And Community Interventions - Area Health Education Centers (ahecs) * Total number of health care practitioners trained in tobacco dependence, patient referrals and systems change.		4,284	3,502.29	15,003,803	
Provide School Health Services * Number of school health services provided		19,648,993	3.19	62,625,616	
Provide Dental Health Services * Number of Medicaid enrolled children receiving a preventive dental service statewide.		924,261	79.70	73,662,391	
Provide Healthy Start Services * Number of Healthy Start clients provided by direct service providers.		200,333	574.35	115,060,568	
Provide Women, Infants And Children (wic) Nutrition Services * Number of monthly participants		419,760	812.47	341,042,022	
Child Care Food Nutrition * Number of child care meals served monthly		11,200,379	23.02	257,787,428	
Provide Family Planning Services * Number of family planning clients.		93,935	582.78	54,743,093	
Provide Primary Care For Adults And Children * Number of adults and children receiving well child care and care for acute and episodic illnesses and injuries.		71,922	1,755.98	126,293,695	
Provide Chronic Disease Screening And Education Services * Number of persons receiving chronic disease community services from county health departments.		88,244	465.34	41,063,199	
Recruit Volunteers * Number of volunteers participating		27,474	17.99	494,345	
Provide Immunization Services * Number of immunization services provided		608,056	64.47	39,199,311	
Provide Sexually Transmitted Disease Services * Number of sexually transmitted disease clients.		81,569	502.10	40,955,946	
Provide Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (hiv/Aids) Services * Persons receiving HIV patient care and case management from Ryan White Consortia and General Revenue Networks		26,973	8,708.46	234,893,219	
Provide Tuberculosis Services * Number of tuberculosis medical, screening, tests, test read services.		111,455	459.76	51,242,303	
Provide Infectious Disease Surveillance * Number of epidemiological interview / follow-up services.		269,998	56.67	15,299,516	
Monitor And Regulate Facilities * Number of facility inspections.		155,625	191.96	29,874,433	
Monitor And Regulate Onsite Sewage Disposal (osds) Systems * Number of onsite sewage disposal systems inspected.		192,321	185.61	35,696,988	
Control Radiation Threats * Number of radiation facilities, devices and users regulated.		129,009	59.84	7,720,304	
Racial And Ethnic Disparity Grant * Number of projects		26	116,429.31	3,027,162	
Provide Community Hygiene Services * Number of Community Hygiene Health Services		67,936	118.70	8,063,830	
Monitor Water System/Groundwater Quality * Water system / storage tank inspections / plans reviewed.		77,538	95.50	7,405,058	
Record Vital Events - Chd * Number of vital events recorded.		455,890	25.98	11,844,864	
Process Vital Records *		658,257	16.04	10,558,935	
Provide Public Health Pharmacy Services * Number of drug packets, bottles, and scripts distributed/dispensed.		2,538,461	69.42	176,213,693	
Provide Public Health Laboratory Services * Number of relative workload units performed annually.		10,854,896	3.28	35,582,851	
Public Health Preparedness And Response To Bioterrorism * Number of services (vary considerably in scope)		31,424	1,641.32	51,576,767	
Statewide Research * Number of grants awarded annually		57	1,920,843.56	109,488,083	
Prescription Drug Monitoring * Number of queries to the Prescription Drug Monitoring Database		40,599,881	0.03	1,382,081	
Early Intervention Services * Number enrolled in early intervention program.		54,481	1,329.50	72,432,248	
Medical Services To Abused / Neglected Children * Number of Child Protection Team assessments		46,642	509.61	23,769,395	
Poison Control Centers * Number of telephone consultations.		193,657	27.18	5,264,468	
Children's Medical Services Network * Number of children enrolled		94,778	16,753.17	1,587,832,323	
Issue Licenses And Renewals * Health care practitioner licenses issued		555,423	68.81	38,219,583	
Investigate Unlicensed Activity * Number of unlicensed cases investigated.		981	2,121.99	2,081,675	
Profile Practitioners * Number of visits to practitioner profile website.		954,933	0.32	304,189	
Recruit Providers To Underserved Areas * Providers recruited to serve in underserved areas.		545	412.44	224,778	
Support Local Health Planning Councils * Number of Local Health Councils Supported.		11	103,908.82	1,142,997	
Support Rural Health Networks * Rural Health Networks supported.		9	170,603.44	1,535,431	
Rehabilitate Brain And Spinal Cord Injury Victims * Number of brain and spinal cord injured individuals served.		1,275	10,264.19	13,086,839	
Dispense Grant Funds To Local Providers * Number of disbursements to EMS providers		90	81,770.96	7,359,386	
Trauma Services * Number of Verified Trauma Centers		36	391,977.92	14,111,205	
Provide Eligibility Determination For Benefits * Number of claims completed with accurate determinations		239,622	560.74	134,366,521	
Investigative Services * Number of practitioner cases investigated.		21,114	504.29	10,647,487	
Practitioner Regulation Legal Services * Number of practitioner cases resolved.		6,059	1,394.43	8,448,842	
Consumer Services * Number of complaints resolved.		47,897	52.52	2,515,497	
TOTAL				3,930,389,123	9,292,459
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER				314,886,315	
REVERSIONS				271,430,462	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				4,516,705,900	9,292,459

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

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

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

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

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

GLOSSARY OF TERMS

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

EPI-INFO: Database application developed by the Centers for Disease Control and Prevention which tracks vaccine preventable diseases.

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

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

Outcome: See Performance Measure.

Output: See Performance Measure.

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

- Input means the quantities of resources used to produce goods or services and the demand for those goods and services.
- Outcome means an indicator of the actual impact or public benefit of a service.
- Output means the actual service or product delivered by a state agency.

Program: A set of activities undertaken in accordance with a plan of action organized to realize identifiable goals based on legislative authorization (a program can consist of single or multiple services). For purposes of budget development, programs are identified in the General Appropriations Act for FY 2001-2002 by a title that begins with the word “Program.” In some instances, a program consists of several services, and in other cases the program has no services delineated within it; the service is the program in these cases. The LAS/PBS code is used for purposes of both program identification and service identification. “Service” is a “budget entity” for purposes of the LRPP.

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

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

Service: See Budget Entity.

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

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

ACRONYMS

AHEC – Area Health Education Center

BSCIP – Brain and Spinal Cord Injury Program

BPR – Bureau of Preparedness and Response

BTFF – Bureau of Tobacco Free Florida

CDC – Centers for Disease Control and Prevention

CHD – County Health Department

CHSP – Coordinated School Health Program

CIC/HMC – Client Information System/Health Management Component

CMS – Children’s Medical Services

CPT – Child Protection Team

DOH – Department of Health

DOT – Directly Observed Therapy

EMS – Emergency Medical Services

FCASV – Florida Council Against Sexual Violence

F.S. – Florida Statutes

FWDP – Food and Waterborne Disease Program

GAA – General Appropriations Act

GR – General Revenue Fund

HEDIS – Healthcare Effectiveness Data and Information Set

HSPA – Health Professional Shortage Areas

HWF – Healthiest Weight Florida

IFSP – Individualized Family Support Plan

IMR – Infant Mortality Rate

IT – Information Technology

L.O.F. - Laws of Florida

LRPP – Long Range Program Plan

MCH – Maternal and Child Health

MQA – Medical Quality Assurance

NHSPI – National Health Security Preparedness Index

PBPB/PB2 – Performance-Based Program Budgeting

PHDP – Public Health Dental Program

SARS – Severe Acute Respiratory Syndrome

SHIP – State Health Improvement Plan

SHOTS – State Health Online Tracking System

SIS – SOBRA Information System

SOBRA – Sixth Omnibus Reconciliation Act

SPRANS – Special Projects of Regional and National Significance

SSA – Social Security Administration

STD – Sexually Transmitted Disease

STO – State Technology Office

TB – Tuberculosis

TBD – To Be Determined

TCS – Trends and Conditions Statement

TF – Trust Fund

WIC – Women, Infants and Children

VIPP – Violence and Injury Prevention Program