Department of Health

Tallahassee

September 29, 2023

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Dear Directors:

Pursuant to Chapter 216, Florida Statutes, the 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 2024-25 through Fiscal Year 2028-29. The Internet website address that provides the link to the LRPP located on the Florida Fiscal Portal is https://www.floridahealth.gov/about/priorities.html. This submission has been approved by Joseph A. Ladapo, MD, PhD, State Surgeon General.

Sincerely,

Joseph A. Ladapo, MD, PhD
State Surgeon General

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State of Florida

Department of Health

Fiscal Year 2024-25 through 2028-29

September 29, 2023

Ron DeSantis

Governor

Joseph A. Ladapo, MD, PhD

State Surgeon General

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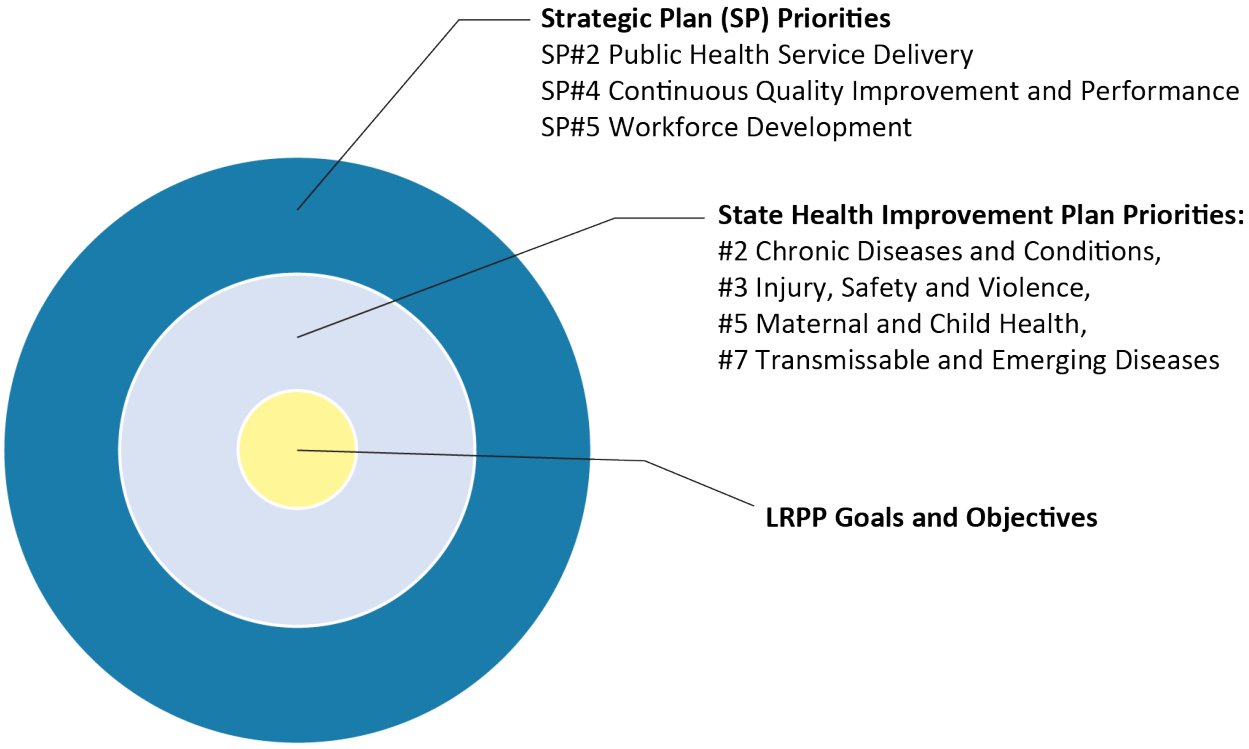
DEPARTMENT MISSION

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

DEPARTMENT GOALS

As shown below and described in the following pages, the Department's LRPP Goals connect to its strategic plan as well as the State Health Improvement Plan.



GOAL #2: Public Health Service Delivery

OBJECTIVE 2A: Improve maternal and infant health.
OUTCOME: Infant mortality rate per 1,000 live births.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
7.1 / 1997	5.4	5.3	5.2	5.1	5.1

OUTCOME: Black infant mortality rate per 1,000 black live births.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
12.4 / 1999	10.8	10.7	10.6	10.5	10.5

OBJECTIVE 2C: Reduce births to teenagers.
OUTCOME: Live births to mothers age 15-19 per 1,000 females age 15-19.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
58.2 / 1997	12.2	11.2	10.2	9.2	8.7

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

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
146 in 2019	170	160	150	140	130

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.

OBJECTIVE 2E: Increase the percentage of adults who are at a healthy weight.
OUTCOME: Percentage of adults who are at a healthy weight.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 202829
32.8% / 2019*	34.2	34.3	34.4	34.5	34.6

* Baseline was changed from 2011 to 2019 because of decreasing trends from 2011 to 2019. Targets were revised based on new baseline.

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

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
11.7/ 2014	7.8	7.7	7.5	7.4	7.3

OBJECTIVE 2G: Provide a family-centered, coordinated managed care system for children with special health care needs who have chronic and serious conditions.

OUTCOME: Percentage of families served reporting a positive evaluation of care provided.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
84.0% / 2014-15	90.5%	91%	91%	91%	91%

OBJECTIVE 2H: Ensure that CMS clients receive appropriate and high quality care.

OUTCOME: Percentage of CMS enrollees ages 3-21 in compliance with periodicity schedule for well child-visits.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
63.6% / 2021-22	68%	71%	73%	75%	78%

OUTCOME: Increase percentage of Medical Foster Care (MFC) providers relative to children in need of Medical Foster Care.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
88.9%/2021-22	90.2%	91.6%	93%	94.4%	95%

OBJECTIVE 2I: Compliance with appropriate use of asthma medications (national measure).

OUTCOME: Compliance with appropriate use of asthma medications (national measure).

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
92.5% / 2014-15	95%	95%	95%	95%	95%

OBJECTIVE 2J: Provide early intervention services for eligible children with special health care needs.

OUTCOME: Percentage of children whose Individualized Family Support Plan session was held within 45 days of referral.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
84.5% / 2020-22	88.5%	90%	90%	90%	90.5%

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

OUTCOME: Reduce rate of childhood unintentional injuries by 10 percent over a 5 year span (2% yearly).

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
10.94 / 2013	8.7	8.5	8.3	8.1	7.8

OBJECTIVE 2L: 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 U.S. trauma mortality rate = 3.8%).

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
6.5% / 2002	3%	3%	3%	3%	3%

OBJECTIVE 2M: Increase dental services for children served by county health departments (CHD).

OUTCOME: Number of children receiving a dental service by any CHD dental provider.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
112,938 / 2021-22	187,938	212,938	237,938	262,938	287,938

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

OUTCOME: Percentage of Brain and Spinal Cord Injury program clients reintegrated to their communities at an appropriate level of functioning.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
79.2% / 1995-96	93.9%	93.9%	93.9%	93.9%	93.9%

OBJECTIVE 2P: Reduce the tuberculosis rate.

OUTCOME: Tuberculosis case rate per 100,000.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
9.5 / 1997	2	2	2	2	2

OBJECTIVE 2Q: Reduce the proportion of Floridians, particularly young Floridians, who use tobacco.

OUTCOME: Percentage of youth who report using inhaled nicotine products* in the last 30 days. *Inhaled nicotine products include cigarettes, cigars, little cigars, hookah and electronic vapor products.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
14.4% / 2021	13.3%	12.6%	12.0%	11.4%	10.8%

OBJECTIVE 2R: Increase the immunization rate among young children.

OUTCOME: Percentage of two-year olds fully immunized.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
82.6% / 1997	90.0%	90.0%	90.0%	90.0%	90.0%

GOAL #4: Continuous Quality Improvement and Performance

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

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
90.6% / 1996-97	>96%	>96%	>96%	>96%	>96%

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

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
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 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
11425 /2020 - 21	12859	13245	13642	14051	13246

OBJECTIVE 4D: Effectively address threats to public health from specific practitioners.
OUTCOME: Percentage of emergency actions taken within 30 days of receipt of a priority complaint.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
8.99% / 2009-10	56.72	58.06	59.39	60.73	62.12

OBJECTIVE 4E: Ensure emergency medical services (EMS) providers and personnel meet standards of care.
OUTCOME: Percentage of EMS providers found to be in compliance during licensure inspection.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
91.0% / 1997-98	99%	99%	99%	99%	99%

OBJECTIVE 4F: Ensure regulated facilities are operated in a safe and sanitary manner.
OUTCOME: Percentage of required food service inspections completed.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
80.15% / 2009	100%	100%	100%	100%	100%

OBJECTIVE 4G: Protect the public from food and waterborne diseases.
OUTCOME: Confirmed foodborne disease outbreaks identified per million population.*

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
2.69 / 2011	3.01	3.06	3.11	3.16	3.21

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

GOAL #5: Workforce Development

OBJECTIVE 5A: 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 ability to respond to top three critical risks.

Baseline/ Year	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
43 / 2018	67	67	67	67	67

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 #2—Public Health Service Delivery, for example, includes improving maternal and infant health and includes specific objectives related to decreasing the black infant mortality; reducing births to teenagers; and reducing congenital syphilis. Goal #2 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 3 – Economic Development and Job Creation	Goal #2 Public Health Service Delivery/ Objectives 2O, 4C, 4G
Priority Area 4 – Health Care	Goal #2 Public Health Service Delivery Objectives 2A, 2C, 2D Objectives 2E, 2F, 2O, 2P, 2Q, 2R Goal #4 Continuous Quality Improvement and Performance/ Objective 4D
Priority – Promote innovation in health care that reduces the cost of medical procedures and services and increases access to care for Floridians.	Goal #2 Public Health Service Delivery Objectives 2G, 2H, 2I, 2J, 2K, 2L, 2M, Goal #4 Continuous Quality Improvement and Performance/ Objective 4A, 4C
Priority – Reduce the cost of prescription drugs through state and federal reform.	Goal #1 Public Health Service Delivery/ Objective 2I
Priority Area 5 – Public Safety	Goal #1 Public Health Service Delivery/ Objective 2R Goal #4 Continuous Quality Improvement and Performance/ Objective 4D, 4G
Priority – Develop and implement comprehensive threat assessment strategies to identify and prevent threats to the public.	Goal #5 Workforce Development/ Objective 4D, 4G, 5A
Priority Area 6 – Public Integrity	
Priority – Promote greater transparency at all levels of government.	Goal #4 Continuous Quality Improvement and Performance / Objective 4F

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.

Three of the Department's current strategic priorities (LRPP goals) must be addressed in order to improve the health and safety of Florida's citizens and visitors: Public Health Service Delivery, Continuous Quality Improvement and Performance, and Workforce Development. By targeting these goals, Florida's public health resources are strategically positioned to continue improving the health of all its residents. The following narrative describes specific goals and objectives, the programs intended to address them, recent public health care trends and conditions in the areas, and the Department's operational intentions for the next five years.

Goal 2: Public Health Service Delivery

The Department must work toward objectives related to Public Health Service Delivery, Continuous Quality Improvement and Performance, and Workforce Development 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.

Maternal and Child Health / Bureau of Family Health Services

Purpose:

The Maternal and Child Health (MCH) Section promotes access to MCH services and programs that improve health outcomes for pregnant women and children. The MCH Section's primary objective is to reduce fetal, infant, and maternal mortality through identification of factors associated with at-risk pregnancies and adverse birth outcomes. This includes the reduction of the infant mortality rate (IMR) in the state.

Five-Year Trends:

Objective 2A: Improve maternal and infant health.

Outcome 1: Reducing the IMR to meet the state and national standards is a strategic priority. During the period 2018-2022, the overall infant mortality rates stayed flat with an IMR of 6.0 infant deaths per 1,000 live births in 2018 and 6.0 infant deaths per 1,000 births in 2022. In contrast, the overall IMR decreased 16.7 percent from 7.2 (2008) to 6.0 (2022).

Outcome 2: Targeting populations for intervention that are at a higher risk of infant mortality is also a strategic priority. In 2018, the black IMR was 11.3 infant deaths per 1,000 births compared to 6.0 statewide. While the black IMR decreased to 11.0 infant deaths per 1,000 births in 2022, this decrease was not statistically significant.

Conditions:

Objective 2A: 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.

In 2022, black infants were 2.6 times more likely to die within the first year of life than white infants.

Five-Year Plan and Projections:

Objective 2A: Improve maternal and infant health.

Outcome 1: The MCH Section will continue participating in and implementing activities to reduce the IMR by continued collaboration and partnership with federal, state and local partners. Activities include statewide implementation of Fetal and Infant Mortality Review Committees, promoting policies to address infant mortality; 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.

Outcome 2: The Department is focusing on ways to implement evidence-based programs to reduce the IMR. Throughout the Healthy Start Program, planning and service delivery approaches are embedded in the community to ensure the perspectives, strengths, needs, and assets of persons directly affected are incorporated when striving for optimal community health. The Department continues the Florida Healthy Babies initiative which is a collaborative effort with key partners across sectors to positively influence maternal and child health outcomes, including the reduction of infant mortality.

Adolescent and Reproductive Health / Bureau of Family Health Services

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 2C: Reduce births to teenagers.

Over the past five years, the rate of teen births has been reduced from 18.5 per 1,000 females aged 15-19 in 2017 to 13.6 in 2021.

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, and increased access to reproductive health education and services through the Title X Family Planning (FP) 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.

Division of Disease Control and Health Protection /Bureau of Communicable Diseases

Purpose

The Sexually Transmitted Disease Section (Section) works to reduce the number of new STD infections, and to prevent disease-related complications through early disease identification, timely treatment, and promotion of sexual health education. The Section promotes routine, systematic diagnostic testing of STDs among reproductive-aged females and high-risk populations.

Five-Year Trends:

Objective 2D: Reduce the number of congenital syphilis cases. Over the last five years, the number of congenital syphilis cases has trended upward, 109 in 2018, to 276 cases in 2022. The long-range goal is to reduce the number of cases to 130 by 2027.

Conditions:

Syphilis cases among females have increased from 1,825 cases in 2018 to 3,952 cases in 2022, a 117% increase. The increase of congenital syphilis cases is due to the increase over the past five years of syphilis among women of childbearing age.

Five-Year Plan and Projections:

The Department's goal is to reduce the number of congenital syphilis cases from 276 in 2022, to 130 in 2027. Efforts to meet the goal include 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 develop prevention strategies to prevent future occurrences.

Since March 2019, the STD Section at the state health office established a formal congenital syphilis review process 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 (CHD) websites. Another campaign, developed in 2022 and launched in fall 2022 focuses primarily on congenital syphilis prevention.

In 2021, the STD program began implementing a five-point congenital syphilis response plan to enhance screening and treatment practices among women of childbearing age and their partners; create increased public awareness with a new campaign and provider detailing; partner with high-risk institutions (e.g. syringe services programs, jails, emergency departments) to improve screenings; maximize functionality of congenital syphilis case review

boards with continuous quality improvement efforts; and enhance data systems to improve data collection and dissemination to drive actionable activities.

In November 2022, the STD Section established a Congenital Syphilis Review Board to conduct formal congenital syphilis case reviews with local CHD officials. Cases reviewed are those considered to have been preventable. From the reviews, staff collectively develop corrective measures to prevent future occurrences.

In March 2023, the Section developed a Dear Colleague letter that was signed by the State Surgeon General and sent to providers to alert of an increase in congenital syphilis and remind them of the Florida Statute related to screening requirements for all pregnant women. The Office of Communications sent to all licensed health care providers in Florida.

In April 2023, the Section launched a robust Congenital Syphilis Awareness Campaign to include a dedicated website on congenital syphilis prevention. The website, Partnership for Congenital Syphilis Prevention, can be found here Home | Stop Syphilis FL

Healthy Communities / Bureau of Chronic Disease Prevention

Purpose:

Healthy Communities of Florida (HCF) 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 national objectives from Healthy People 2030 to improve health and well-being over the next decade.

Five-Year Trends:

Objective 2E: Increase the percentage of adults who are at a healthy weight.

From 2016 to 2021, the percentage of adults at a healthy weight decreased from 34.5 percent to 31.1 percent (Behavioral Risk Factor Surveillance System) 2021.

Conditions:

The Healthy Communities of Florida 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 in the percentage of adults at a healthy weight from 2016 to 2021 is not statistically significant.

Five-Year Plan and Projections:

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. Over the next five years, the initiative will continue to emphasize the life course approach focusing on breastfeeding, child, adolescent, and adult health outcomes, as well as food access and community improvements.

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 2F: Reduce Florida's AIDS case diagnosis rate. Over the past five years (2018-2022), Florida's AIDS case diagnosis rate has decreased from 9.2 per 100,000 population to 8.9 per 100,000 population. Additionally, during the same time, Florida also saw an overall decrease in the rates of HIV resident deaths, from 3.2 per 100,000 population in 2018 to 2.8 in 2022.

Conditions:

The goals and objectives of the HIV/AIDS Section continue to focus on counseling and testing for 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 to have 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. COVID-19 had a significant impact on the number of persons screened for HIV as outreach. During the pandemic, face-to-face testing activities also were severely limited during stay-at-home orders. Telehealth services during the pandemic for both antiretroviral pre-exposure prophylaxis (PrEP) and rapid access to HIV medications increased and improved access to services. The HIV/AIDS Section saw an increase in the number of persons ordering free at-home testing kits and will continue to support this program throughout the rest of the pandemic.

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:

- Implementing routine HIV and sexually transmitted infection screening in health care settings and priority testing in non-health care settings.
- Providing rapid access to treatment and ensuring retention in care (Test & Treat).
- Improving access to PrEP and non-occupational post-exposure prophylaxis.
- Increasing HIV awareness and community response through outreach, engagement, and messaging.

As part of the national plan to End the HIV Epidemic, Florida plans to reduce the rate per 100,000 population of HIV transmissions diagnosed annually in Florida, from 21.4 per 100,000 population (2019) to 5.4 per 100,000 population (2026). Another goal is to increase the proportion of people living with HIV (PLWH) in Florida with a suppressed viral load (<200/ml) from 68% (2019) to 90% in (2020) and 95% in 2025. Finally, Florida plans to reduce the state's HIV Resident Death Rate from 3.3 in 2019 to 0.8 in 2025.

Office of Children's Medical Services Health Plan and Specialty Programs

Purpose:

The Office of Children's Medical Services (CMS) supports a family-centered, comprehensive system of care and medical home for children and youth with special health care needs who have chronic and serious conditions. This includes those who receive managed care from the CMS Health Plan through the state Medicaid Managed Medical Assistance (Title XIX) or Florida KidCare (Title XXI) programs, as well as those served in CMS Specialty Programs.[1]

[1] CMS Specialty Programs include Medical Foster Care, Children's Multidisciplinary Assessment Team, Regional Perinatal Intensive Care Centers, Title V projects: Patient Centered Medical Home recruiting and Behavioral Health Hub formation, and other specialty contracts.

Recognizing the importance of family satisfaction, compliance with well-child visits, and compliance with appropriate use of asthma medications, the Department has made each of these a strategic priority for CMS Health Plan enrollees and has aligned methodologies with national quality standards to afford broader performance comparisons. New measures are also proposed for inclusion to capture initiatives in two of the CMS Specialty Programs to increase the pediatricians and parent providers who are recruited and certified to offer care to the growing population of children and youth with specialized care needs.

Five-Year Trends:

Objective 2G: 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 2016-17, staying at or near 85%. The percentage for FY 2022-23 is 85.4%, representing a slight decrease from FY 2021-22 of 86.4%. CMS is requesting the standard to remain 90.5% for FY 2022-24 and increase to a goal of 91% for 2025-27.

Objective 2H: Ensure that CMS Health Plan enrollees receive appropriate and high-quality care: As of 2020, the National Committee for Quality Assurance (NCQA) updated the Healthcare Effectiveness Data and Information Set (HEDIS) measure associated with this objective to be more inclusive of child and adolescent age ranges (ages 3-21). As such, the CMS Health Plan is now able to measure both child and adolescent annual well-child visits and appointments with primary care physicians for enrollees ages three to twenty-one years old. Since the age ranges captured in this measurement methodology have changed, direct comparisons and historical trends are not available, but there was a 1.8% increase this year compared to last year. For FY 2022-23, the percentage is 65.45%. In FY 2020-21 the combined child and adolescent well-child visits were at 69.1%, and the percentage for FY 2021-22 was 63.63%. CMS Health Plan is requesting a revision to the standard to 68% for FY 2024-25.

New Objective 2H Outcome: Percentage of Medical Foster Care providers. The state Medical Foster Care (MFC) program works to recruit, train, and support foster parents to provide safe, quality medical care for eligible foster children with complex medical needs. This program has a historic attrition rate in MFC parent providers of 10% annually, due to adopting the children in their home as well as demands in providing care with a high degree of complexity or intensity. Thus, CMS proposes a performance measure to capture efforts to recruit and retain an adequate pool of parent providers prepared to accept new children into care. The baseline for this measure in FY 2021-22 was 274 children and 242 parent providers, which is 88.9%. Historical grassroot recruitment efforts were not able to keep up with continued MFC parent attrition as FY 2022-23 was 246 children and 200 parent providers or 81.7%. Early identification of this outcome prompted the program to complete a legislative budget request for dedicated resources for a formal marketing and recruitment campaign. The goal is to establish a brand identity for MFC and use modern day advertising methods such as digital display, connected television, social media, etc. to grow the net total of providers. It is anticipated these efforts will yield an initial 10% increase the first year, followed by 1.5% annually to ensure providers exceed the number of children at 95.8% by year 2028-29.

Objective 2I: Compliance with appropriate use of asthma medications (national measure). Prior to the FY 2020-21 reporting cycle, the HEDIS measure used for this objective was medication management for people with asthma. This measure calculated the CMS Health Plan enrollees, ages five to twenty-one, identified as having persistent asthma who remained on their asthma-controlled medications for at least 75% of their treatment period. As of 2020, NCQA retired this measure.

Another asthma medication measure is available through HEDIS and has been used to report on this objective since FY 2020-21. The new measure, the asthma medication ratio (AMR), assesses CMS Health Plan enrollees ages five to twenty-one who have a ratio of controller medication to total asthma medication of 0.50 or greater. The AMR is used by clinicians to determine disease control and the need for additional intervention and education. The current AMR rate for the CMS Health Plan for FY 2022-23 is 83.41%, representing a slight decrease (0.42%) from the FY 2021-22 rate of 83.83% that was likewise lower than the FY 2020-21 rate of 86.14%. Since this measure methodology has changed, direct comparisons to previous reports cannot be made. With the change to the asthma medication ratio methodology, CMS is requesting the standard for 2023-24 be revised to 86.5%.

Conditions:

Objective 2G: Provide a family-centered, coordinated managed care system for children with special health care needs who have chronic and serious conditions: the pandemic had a significant impact on the number of families requiring assistance with care needs. However, CMS expects to see an increase in coming years as the program continues to implement enhancements to the program and provider network. All CMS Health Plan enrollees are assigned a care manager to assist the family in accessing quality care when needed. They provide education, coordination of referrals, appointment scheduling assistance, and coordination of health plan and community resources to ensure the family's needs are addressed timely.

CMS Health Plan had a 12.0% increase in positive evaluation of care from previous year. All CMS Health Plan enrollees are assigned a care manager to assist the family in accessing quality care when needed. They provide education, coordination of referrals, appointment scheduling assistance, and coordination of health plan and community resources to ensure the family's needs are addressed timely.

Objective 2H: Ensure that CMS enrollees receive appropriate and high-quality care: CMS Health Plan had a 1.5% increase in the well-child visit rate for the 2022-2023. CMS enrollees have reported the following factors related to well-child visits:

- The burden on parent caregivers in attending a high volume of appointments with both specialty and primary care providers to address their chronic conditions, makes it difficult to attend additional well-child visits.
- Families continued to resume well-child visits at expected levels in the 2022-2023 post-pandemic environment.

The CMS Health Plan expects to see a continued increase in the number of well-child visits completed during the next reporting year.

Objective 2I: Compliance with appropriate use of asthma medications (national measure): The shift in focus to the health outcomes of CMS Health Plan enrollees with asthma through medication utilization monitoring aligns with national guidelines and clinical practice. CMS Health Plan will continue current efforts to identify innovative solutions to address the needs of enrollees and improve quality of life for those with asthma.

Five-Year Plan and Projections:

The number of children served in the CMS Health Plan was reduced by 1.4% with unduplicated counts decreasing from 118,247 in FY 2021-22 to 116,583 in FY 2022-23 (Title XIX n= 106,705; Title XXI n= 9,878). The combined enrollment may see an exchange in enrollees between Medicaid and KidCare.

Due to the end of the public health emergency and its impact on enrollment, CMS is preparing for a period of instability in enrollments, and cautiously expecting a net projected growth of 10.6% for Medicaid and a 3.02% projected growth in KidCare.

Objective 2G: Provide a family-centered, coordinated managed care system for children with special health care needs who have chronic and serious conditions: CMS Health Plan will improve satisfaction rates by continuing efforts to meet the needs of enrollees. The CMS Health Plan will focus on satisfaction with the care coordination provided, the child's primary care physician and the benefit package.

Objective 2H: Ensure that CMS Health Plan enrollees receive appropriate and high-quality care: CMS Health Plan 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.

New Objective 2H Outcome: Percentage of Medical Foster Care providers. Medical Foster Care program efforts are underway to increase the pool of parent providers by 1.5% each year for the next five years, so that providers exceed the number of children in need of medical foster care by year 2027. Increasing the provider pool will expand options to children for at-home care.

Objective 2I: Compliance with appropriate use of asthma medications (national measure): CMS Health Plan will increase asthma medication ratio rates in enrollees by using evidence-based and informed methods such as the Pharmacy Advisor Support program and the Asthma Home Visiting pilot program. Care management services will be used to identify threats to positive health outcomes and provide enrollees with education and assistance.

Children's Medical Services, Early Steps

Purpose:

Early Steps is Florida's early intervention system providing 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 2J: Provide early intervention services for eligible children and youth with special health care needs.

The performance trend for timely Individualized Family Support Plan (IFSP) development has remained in the lower 90th percentile range with the exception of a dramatic increase in FY 2020-21. However, since that time the data dropped back to the lower 90th percentile during the current 5-year trend: 90.3% in FY 2018-19, 91.2% in FY 2019-20, 98.2% FY 2020-21, 92.15% in FY 2021-22, and 90.89% in FY 2022-23.

Conditions:

The performance trend for timely IFSP development decreased over the last year. The local Early Steps programs continue to struggle with provider recruitment and retention which caused delays in scheduling evaluations and initial IFSP meetings in a timely manner.

Five-Year Plan and Projections:

The program will continue to promote an emphasis on technical assistance to local programs, implement creative approaches to provider recruitment, as well as update quality assurance monitoring procedures and processes to ensure timely development and individualized IFSPs.

Injury Prevention / Bureau of Family Health Services

Purpose:

To reduce unintentional injuries and deaths among Florida's youth 0-19, the Violence and Injury Prevention Section leverages statewide partnerships including Safe Kids Coalitions (SKC), CHD, and WaterSmart Florida Coalitions. SKCs' are connected through the Florida Safe Kids Coordinator, who represents Florida at the Safe Kids Worldwide meetings. The SKCs goal is to prevent unintentional injuries in the 42 Florida counties they serve. SKC members include local educators, first responders, health care providers, CHDs, service agencies and businesses. SKCs provide:

- Car seat safety inspections and distributions
- Bike and helmet safety education and training
- Pedestrian education
- Poison prevention education, including laundry packets, medications, etc.
- Water safety education, including swimming lessons
- CPR training and distribution of water barriers, such as alarms
- Safe sleep initiatives and other child safety topics, such as hot car temperatures

Many members of the SKCs also participate in local WaterSmart coalitions, serving the community to prevent drowning through development of action plans, education and safety classes. CHDs that are not directly involved as a member work in conjunction with SKCs and WaterSmart Coalitions, providing similar safety education.

Five-Year Trends:

Objective 2K: Prevent deaths from all causes of *unintentiona*l injury among Florida resident children ages 0–19. Motor vehicle traffic crashes are the leading cause of unintentional injury death among children 0-19 (2021), followed by drowning and suffocation.

- From 2018 to 2022, the overall unintentional injury fatality rates for Floridians ages 0-19 increased from 11.56 per 100,000 population to 12.72.
- From 2018 to 2022, the unintentional poisoning fatality rate for Floridians ages 0-19 increased from .054 per 100,000 population to 1.49, or approximately a percent-threefold increase.
- From 2018-2022, the unintentional falls fatality rate for Floridians ages 0-19 remained consistent at 0.6 per 100,000 population.
- From 2018-2022, the rate for unintentional drowning deaths for Floridians ages 0-19 decreased from 2.29 per 100,000 population to 2.02.

Conditions:

Overall, child injury rates are increasing, with significant increases of poisoning and falls for ages 0-19. This was primarily driven by increases among 15 to 19 year-olds from 1.75 to 4.66 per 100,000. Falls remained consistent while the 2018-2022 rate for unintentional drowning rate for the same age group has decreased.

Five-Year Plan and Projections:

Violence and injury prevention activities and resources support the prevention and reduction of unintentional and intentional injuries and deaths. The State Health Improvement Plan

(SHIP) Injury, Safety and Violence (ISV) Priority Area Workgroup contributes to these efforts by addressing systems and policy support. Objectives under the ISV priority area serve as the state's injury prevention plan, and address across-the-lifespan efforts to decrease injury and fatalities in the state. The Violence and Injury Prevention Section priorities are data driven and address risk and protective factors across the social ecology to build sustainable protective healthy safe environments for all residents. Children ages 0-19 are of particular focus.

The Violence and Injury Prevention Section also addresses *intentional* injuries and fatalities of children and youth. The Department is elevating efforts around youth suicide prevention, working closely with lead agencies to build state capacity. The Violence and Injury Prevention Section also established a full-time mental health coordinator and suicide prevention coordinator. In response to a noted rise in risk factors for youth suicide and self-harming behavior, targeted interventions including public health campaigns will be initiated. Activities will support evidence-based strategies and approaches from the Centers for Disease Control and Prevention (CDC) "Preventing Suicide: A Technical Package of Policy, Programs and Practices." The Violence and Injury Prevention Section also supports efforts to implement the CDC "STOP SV: A Technical Package to Prevent Sexual Violence." The goal is expansion beyond the individual and relationship level outward to a heightened focus on community and societal levels of the social ecology, where addressing shared risk and protective factors across multiple types of violence (sexual violence, dating violence, human trafficking) will have the greatest impact.

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 2L: 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 2022-23 was 2.54 percent, which is significantly below the 2002 baseline of 6.5% and aligns with the target projection for this year.

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 at its projected target goal, slight fluctuations are expected over the next five years, but are expected to stay within one-half percent of the target projections. 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 likely continue to decrease over the next five years with continued emphasis on performance improvement and enhanced patient resource coordination.

Public Health Dental Program / Bureau of Family Health Services

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:

New Objective 2M: Increase dental services for children served by county health departments (CHDs).

The number of children receiving dental services increased from 165,677 in FY 2013-14 to 272,218 in FY 2018-19. Dental visits decreased during FY 2020-21 but started to increase again with 112,941 children receiving dental services in FY 2021-22. The number of children who received dental services from CHDs was 112,941 in FY 2021-22 and 165,605 in FY 2022-23.

Conditions:

The PHDP continues to emphasize increasing access to dental services through school-based sealant programs and providing cost-effective preventive measures, such as dental sealants for controlling dental disease. The PHDP has increased the number of CHDs with a school-based sealant program from 27 in 2012 to 49 in 2021. However, in 2022, 42 programs covered 48 counties. In 2022-23 there were 36 programs. During the 2023 legislative session, the Department received funding to open or expand school-based sealant programs to 25 additional CHDs so all counties will have a school-based sealant program.

CHDs also operate brick-and-mortar clinics in 33 counties that provide fillings, extractions, and other needed services to eliminate pain and infection in children and adults. Timely provision of dental services decreases the need for children and adults to seek care in the emergency room, reduces costs, and increases overall health outcomes. However, Florida has an aging dental workforce, and many providers chose early retirement during the pandemic, accelerating the existing workforce shortage. To keep programs open, CHD dental programs focused primarily on providing services for children and pregnant women. In FY 2023-24, the Florida Legislature provided funding for a dental student loan repayment program. It is anticipated that this will provide an incentive to improve the dentist workforce in CHDs and federally qualified health centers.

Five-Year Plan and Projections:

The PHDP plans to continue expanding school-based sealant programs, increasing referrals to a dental home, and looking for funding opportunities to support brick-and-mortar clinics which provide critical services to eliminate pain and infection. The PHDP received funding to open or expand school-based sealant programs in all 67 Florida counties. Over the next five years, the goal is to increase the number of children receiving CHD dental services to 310,605 by FY 2028-29.

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. The primary services provided are case management and resource facilitation. The BSCIP purchases rehabilitative services as funding permits and is the payor of last resort.

Five-Year Trends:

Objective 2O: Assist persons suffering brain and spinal cord injuries to rejoin their communities. The percentage 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 2022-23 (94.6%) 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 BSCIP continues working to identify third party payors for client services and to research and identify alternate resources to fund or provide client services. The BSCIP 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 2P: Reduce the TB rate. From FY 2016-17 to FY 2021-22, the TB case rate dropped by 17.2% from 2.9 to 2.4 TB cases per 100,000 of population.

Conditions:

Florida continues to experience a steadily decline in the number of TB cases reported since the historic low in 2020 of 412 cases, down 26% from the 558 in 2019. Suggested explanations for the decline of the case rate of 17.2% between FY 2016-17 and FY 2021-22 are the delayed and missed diagnoses during and after the COVID-19 pandemic. In 2021, Florida reported 500 cases, an increase of 21% from 2020 (412 cases). In 2022, Florida again experienced an increase in TB morbidity when 535 cases were reported, an increase of 7% over the previous year 2021 when 500 cases were reported. Despite the increases, the case count in 2022 was lower by 4.1% when compared with the pre-pandemic year, 2019, when there were 558 cases.

The TB case rate dropped over the previous five-year period due also to new technologies to identify Mycobacterium tuberculosis (M.tb) in as little as 24 hours after the laboratory receives the specimen. These new technologies 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 quick 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, incentivizing treatment adherence, removing barriers to patient 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.

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 $614.3 million per year (or, over two million dollars a day) on marketing in Florida, and exposure to that advertising can lead to increased tobacco initiation among youth. Florida has always been at the forefront of tobacco prevention and has seen steady declines in youth cigarette smoking, but the use of electronic vapor products (EVPs) among youth threatens to reverse that trend. According to the 2022 Florida Youth Tobacco Survey, 10.6% of middle and high school youth reported using electronic vapor products.

Five-Year Trends:

Objective 2Q: Reduce the percentage of youth who report using inhaled nicotine products in the last 30 days.

Over the last five years, the percentage of middle and high school students who use tobacco has decreased by 50%, from 5.1% in 2017 to 2.6% in 2022. Florida's goal is to continue the reduction in the number of youth using tobacco (cigarettes, cigars and smokeless products) while also focusing on new, emerging nicotine products targeting youth. Youth electronic vapor product use (EVP) or e-cigarette use, has increased in recent years with flavored products playing an important role in driving youth appeal. Although the use of EVP among youth has decreased by 32.5% since 2018, approximately one in ten youth still report using these 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 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 inhaled nicotine use among youth by continuing the strategies that have been successful over 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. BTFF has expanded its cessation interventions to include Live Vape Free, a text support platform to assist youth quit vaping. The BTFF will also make programmatic improvements to these areas based on evaluation recommendations. The newly proposed objective change to include electronic vapor products will better represent tobacco use trends among youth. Youth EVP use was at its highest in 2019 (16.6%). Since that time, according to the 2022 Florida Youth Tobacco Survey, rates have decreased to 10.6%, which represents a 37.5 percent decrease.

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 2R: Increase the immunization rate among two-year-old children. Over the last five years, the estimated rates have fluctuated. From 2017 to 2021, the annual estimated percentages of fully immunized two-year-old children were:

2017 – 85.0% ± 1.1

2018 – 83.1% ± 1.1

2019 – 82.4% ± 0.6

2020 – 83.2% ± 0.6

2021 – 75.5% + 0.6

Conditions:

The percentage of fully immunized two-year-olds has not risen due to multiple factors, including the increase in religious exemptions and immunization hesitation. Also, over recent years, childhood immunization services have greatly shifted away from 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 immunizations required for school entry in Florida for ages 18 years or younger.
(3) Developing and implementing interventions in geographic areas with high risk populations of under-immunized pockets of need.
(4) Using the Florida State Health Online Tracking System (FL SHOTS) for reminder/recall activities to improve overall immunization rates.

(5) Maintaining partnerships with managed care organizations and private health care providers to promote the Standards for Pediatric Immunization Practices, as well as the Florida State Health Online Tracking System (FL SHOTS).
(6) Supporting an immunization marketing campaign to increase statewide public awareness and promote the Department's priority immunization initiatives.

Goal 4: Continuous Quality Improvement and Performance

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 the Department of Children and Families).

Five-Year Trends:

Objective 4A: Complete medical disability determinations in an accurate manner. Completed disability determinations exceed the established standard. This reflects a stabilization from the sharp decrease in determinations over the last several years.

Conditions:

Despite targeted and consistent hiring attempts there are 37 fewer examiners processing disability cases compared to the same week last year (353 examiners on July 22, 2022 and 316 examiners on July 21, 2023). The Florida DDD currently has one of the highest examiner attrition rates in the nation, resulting in decreased capacity to provide disability determinations. DDD is currently receiving support from SSA federal partners to provide determinations, which resulted in meeting the approved standard. Should this support be removed (currently over 200 examiners), DDD would see a large decrease in completed determinations. Accordingly, recruitment and retention efforts remain a top priority.

Five-Year Plan and Projections:

The DDD plans to meet SSA performance targets and thresholds. The requested standards reflect the trending national disability workload anticipated by SSA and an adjustment for decreased examiner staff. The DDD will continue efforts to recruit and hire examiner staff to increase case processing capacity. A combination of training and a targeted, error-specific technique for monitoring is expected to maintain the current 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. Recent trends for CPTs providing timely assessment reports have consistently been greater than 95%. Over the past three fiscal years, the percentages of timely assessments were: 100% in FY 2019-20, 98% in FY 2020-21, 96% in FY 2021-22, and 99.77% in FY 2022-23.

Conditions:

The number of assessments and evaluation reports submitted to the DCF within the required time frames increased by 3.77% between FY 2021-22 and FY 2022-23. This ensures that critical information regarding child abuse investigations is timely conveyed to DCF and law enforcement to inform maltreatment findings and safety planning for children.

Five-Year Plan and Projections:

Over the next five years, Children's Medical Services plans to continue to monitor the timeliness of assessments provided, using these data to provide ongoing technical assistance to programs that face challenges which impact the program's ability to complete assessments timely.

Volunteer Health Services Program

Purpose:

The Volunteer Health Services Program (Program) is responsible for administering two programs, the Volunteer Health Care Provider Program and the Chapter 110 Volunteer Program. The Program's objective is to increase access to health care for uninsured and low-income Florida residents through the use of volunteers.

Five-Year Trends:

Objective 4C: Assist in the placement of volunteer health care providers in underserved areas. Over the past 3 years, the program has seen a decrease in the number of contracted providers participating in the program. Part of that decrease can be contributed to changes to the Florida Administrative Code Chapter 64I-2 which occurred on June 26, 2015, limiting the terms of the Volunteer Health Care Provider contract (DH1029) to 60 months. This change ensured that clinics removed from facility databases any licensed health care professionals who were no longer providing services to their clinics, thus creating a more accurate clinic summary report. To ensure the program is meeting the Department's goal of increasing the number of active contracted providers by 3%, the Program developed a new baseline showing the current number of contracted providers participating in the program. During FY 2022-23, the most recent data available, the number of contracted volunteers was 10,043.

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. 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 the Florida 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.

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. MQA is responsible for regulatory activities for 346 types of licenses.

Five-Year Trends:

Objective 4D: Percentage of Emergency Actions taken within 30 days of receipt of a priority complaint. This measure has been tracked since FY 2011-12. Over the last five years, the percentage of Emergency Actions taken within 30 days has averaged 55.3%. During FY 2022-23, the percentage of Emergency Actions taken within 30 days was 48.5%.

Conditions:

Emergency Actions are taken under section 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 section 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 is to reach a target of 49.5% by FY 2023-24 and improve that level of performance to 62.12% through FY 2028-29.

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 training programs and ambulance services and their vehicles. In concert with the Emergency Medical Services Advisory Council, the EMS 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 4E: 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, 45% of EMS agencies require on-site corrections to be compliant. After these corrections are made, 100% 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 Healthy, Thriving Lives 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 now called site reviews 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 will convert to a performance-based regulatory environment by December 2029. Additionally, the EMS Section and EMS Advisory Council will begin to integrate objectives related to a Healthy, Thriving Lives and Regulatory Efficiency. The EMS Section will also continue to award county and matching grants to improve and expand pre-hospital EMS.

Bureau of Radiation Control (BRC)

While not directly related to the Department's current goals and objectives, the BRC provides the following important information related to radiation control.

Purpose: Institute and maintain a program to permit development and utilization of sources of radiation for purposes consistent with the health and safety of the public and to prevent any associated harmful effects of radiation upon the public through the institution and maintenance of a regulatory program for all sources and users of radiation.

Five Year Trends: Performance Measure – Number of radiation facilities, devices and users regulated.

The number of radiation facilities, devices and users regulated covers the registration of x-ray machine facilities/tubes, facilities licensed to use radioactive materials, survey of pre and post phosphate mined and reclaimed land, inspection of low-level radioactive waste shipments, inspection and enforcement of certified radiologic technologists, and registration of laser devices. Over the past five years, the number of radioactive materials licensees has gradually increased. The number of phosphate mining acres and the low-level radioactive waste shipments have continued to decrease.

Conditions:

External conditions, such as the economy, create the trends for this measure. The cost and difficulty of purchasing certain types of radioactive materials and the increased security controls that the U.S. Nuclear Regulatory Commission has imposed can be attributed to the decrease of licenses. Facilities are expanding services and using x-ray machines and laser devices for additional types of treatment, therefore, creating more registrations.

Five-Year Plan and Projections:

The BRC will continue to license, register and inspect sources and users of radiation to ensure the public is protected from unnecessary exposure to radiation. Focus over the next five years will be on high-risk radiation sources and devices to ensure safe use and security.

Food Safety and Sanitation Program / Facility Programs Section

Purpose:

The Facility Programs Section works to prevent diseases of environmental origin by ensuring safe and sanitary facilities. Approximately 88,000 facilities in Florida 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 145,300 individuals practice tattooing.

Five-Year Trends:

Objective 4F: Ensure regulated facilities are operated in a safe and sanitary manner. Overall, the percentage of completed food inspections has decreased from 84% to 74% over the past five years. During the 2019-20 permit year, the food program had a 60% decrease of food inspections, but rebounded during the 2020-21 permit year, completing 82% of the required inspections. However, during the 2021-22 permit year, 75% of the required inspections were completed.

Conditions:

The drastic decrease in food inspection completion was due to the Department's COVID-19 pandemic response. Most Department-regulated food service facilities did not receive the required inspections due to temporary closure resulting from the pandemic. Reassignment of inspection staff to the pandemic response prevented most staff from conducting inspections for reopened facilities.

Aside from the constrains of the pandemic, environmental health programs have an understaffed workforce resulting from insufficient permit fees. Permit fees have not increased in facility programs since 2009 and are not at a level sufficient to cover the cost of performing the inspections and other program services. Statewide, only 43% of the expenses for the food safety program are covered by permit fee revenue and local fees collected through local fee resolutions. In addition to food program permit fees, CHDs have relied on state general revenue funding to cover the underfunded inspection costs.

Since the pandemic, there has been a decrease in environmental health staff resulting from a 25% turnover rate with inspector positions. In turn, the staffing shortage 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 continue to work toward making a more efficient workforce through cross-training staff over multiple program areas. This allows staff to complete more than one inspection type in facilities with multiple facets.

Five-Year Plan and Projections:

Inspection efficiency should continue to improve, and the number of inspections completed should increase. Should future climate allow for an increase in fees to cover all programmatic costs, it may allow for an increase in environmental health staff. If environmental health employees can concentrate on regular job duties and there is an increase in base fees to keep the Department competitive within the workforce, then 100% of food service inspections could be completed.

Food and Waterborne Disease Program

Purpose:

The Food and Waterborne Disease Program (FWDP) assists CHDs 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 4G: Protect the public from food and waterborne diseases. Foodborne outbreaks from 2018–22 have ranged from 41–135 outbreaks per year with a median of 94 foodborne outbreaks per year. Foodborne outbreaks decreased by 69% from 2019 to 2020 but increased

129% from 2020 to 2021.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 decrease in foodborne outbreaks in 2020 is likely attributable to pandemic closures and changes in health care seeking behavior. In 2021, foodborne outbreaks detected increased 129% from 2020 but was still 29% below 2019 reported outbreaks. 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. 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 to assist the CHDs with their food and waterborne disease investigations.

Goal 5: Workforce Development

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 that is prepared for any disaster or emergency. The state supports Florida's health and medical response with grants from the CDC and Office of the Assistant Secretary for Preparedness and Response.

Five-Year Trends:

Objective 5A: 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 previous three fiscal years. During FY 2022-23, the number of counties with significant and full ability on the three most critical preparedness capabilities (8 functions) for Public Health Community Preparedness, Emergency Operations Coordination, and Mass Care Coordination increased to 100% and this objective has been fully met.

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

TASK FORCES, COUNCILS, COMMITTEES, BOARDS OR STUDIES IN PROGRESS

Statute	Division of Children's Medical Services (4)
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
Statute	**Division of Community Health Promotion (12)**
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 397.333	Drug Policy Advisory Council
Section 1004.435	Florida Cancer Control and Research 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
Section 381.99	Rare Disease Advisory Council
Statute	**Division of Disease Control and Health Protection (4)**
Section 381.0101(3)	Environmental Health Professional Advisory Board
Section 514.028	Public Pool and Bathing Place Advisory Review Board
Section 388.46	Florida Coordinating Council on Mosquito Control
Section 585.008	Animal Industry Technical Council
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

Statute	Division of Medical Quality Assurance (26)
Section 457	Board of Acupuncture
Section 468	Board of Athletic Trainers
Section 460	Board of Chiropractic Medicine
Section 483	Board of Clinical Laboratory Personnel
Section 491	Board of Clinical Social Work, Marriage and Family Counseling, and Mental Health Counseling
Section 466	Board of Dentistry
Section 484	Board of Hearing Aid Specialists
Section 480	Board of Massage Therapy
Section 458	Board of Medicine
Section 464	Board of Nursing
Section 468	Board of Nursing Home Administrators
Section 468	Board of Occupational Therapy
Section 484	Board of Opticianry
Section 463	Board of Optometry
Section 468	Board of Orthotists and Prosthetists
Section 459	Board of Osteopathic Medicine
Section 465	Board of Pharmacy
Section 486	Board of Physical Therapy
Section 461	Board of Podiatric Medicine
Section 490	Board of Psychology
Section 468	Board of Respiratory Care
Section 468	Board of Speech-Language Pathology and Audiology
Section 467	Council of Dietetics and Nutrition Practice
Section 468	Council of Electrolysis
Section 478	Council of Licensed Midwifery
Section 458 & 459	Council of Physician Assistants
Statute	**Public Health Statistics and Performance Management (1)**
Section 381.4018	Florida Physician Workforce Advisory Council

LRPP EXHIBIT II

PERFORMANCE MEASURES AND STANDARDS

LRPP Exhibit II – Performance Measures and Standards

Department: Department of Health | **Department Number: 64**

Program: Executive Direction and Support | **Code:** 64100000

Service/Budget Entity: Administrative Support | **Code:** 64100200

Note: Approved primary service outcomes must be listed first.

Measure Number	Approved Performance Measures for FY 2021-22	2009 Approved Standard	Requested Standards for FY 2022-23	Prior Year Actual FY 2022-23	Approved FY 2023-24 Standard	Requested 2024-25 Standard
1	Agency administrative costs/ administrative positions as a percentage of total agency costs/ agency positions	0.80%	0.80%	.80%	.80%	.80%
2	Technology costs as a percentage of total agency costs	1.0%	1.1%	1.1%	1.1%	1.1%

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LRPP Exhibit II – Performance Measures and Standards

Department: Department of Health **Department Number: 64**

Program: Community Public Health **Code:** 64200000

Service/Budget Entity: Community Health Promotion **Code:** 64200100

Note: Approved primary service outcomes must be listed first.

Measure Number	Approved Performance Measures for FY 2021-22	2009 Approved Standard	Requested Standards for FY 2022-23	Prior Year Actual 2022-23	Approved FY 2023-24 Standard	Requested FY 2024-25 Standard
3	Infant mortality rate per 1,000 live births	6.9	5.6	6.0*	5.5	5.4
4	**REVISED**: **Black infant mortality rate per 1,000 black births	10.7	11.0	11.0**	10.9	10.9
5	**DELETE** - Percentage of low birth weight births among prenatal Women, Infants and Children (WIC) program clients	8.5%	9.5%	***	9.5%	***
6	Live births to mothers age 15 - 19 per 1,000 females 15 - 19	41.5	14.2	13.1	13.2	13.0
7	**REVISE**: The average number of monthly participants- Women, Infants and Children (WIC) program	500,000	375,000	422,210	375,000	375,000
8	*Number of childcare food meals served monthly	9,030,000	12,557,012	12,075,723****	12,808,152	12,462,332
9	Age-adjusted death rate due to diabetes	20	19.0	24.2	20.0	23.1
10	Prevalence of adults who report no leisure time physical activity	20.0%	26.4%	26.2%	26.0%	26.2%
11	Age-adjusted death rate due to coronary heart disease	104	55.2	87.8	83.1	83.1

68	**REVISE**: Percentage of youth who report using *inhaled nicotine products in the last 30 days. *Inhaled nicotine products include cigarettes, cigars, little cigars, hookah, and electronic vapor products	14.4% 2021	3.9%	12.4%*****	2.7%	13.3%

* Maternal and Child Health (MCH) - Reported data are provisional. Requested FY 2022-23 Standard was calculated at 2% increase over 2020-21 activity. The resulting monthly average is in line with program activity for SFY 2017-18 and SFY 2018-19.
** MCH - Reported data are provisional. Revised Measure: MCH- Reporting infant mortality as a statistical measure, could be eliminated because does not reflect core functions.
*** WIC- Delete Measure: The data are corrupted and not of any value to continue reporting.
**** Child Care Food Program (CCFP) - Reported data are provisional.
***** TFF- 2009 Tobacco Standard is representing original Performance Measure (Percentage of middle and high school students who report using tobacco products in the last 30 days); Revised standard introduced with a 2021 baseline for revised Performance Measure statement.

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LRPP Exhibit II – Performance Measures and Standards

Department: Department of Health **Department Number: 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.

Measure Number	Approved Performance Measures for FY 2021-22	2009 Approved Standard	Requested Standards for FY 2022-23	Prior Year Actual FY 2022-23	Approved FY 2023-24 Standard	Requested FY 2024-25 Standard
12	AIDS case rate per 100,000 population	28.0	8.1	8.9	8.3	8.7
13	**REVISE**- Number of HIV-related resident total deaths per 100,000 population	9.0	2.8	2.8	2.7	2.7
14	Bacterial sexually transmitted disease case rate among females 15-34 per 100,000	2,540	2,818	2,915	2,733	2,651
15	Tuberculosis case rate per 100,000 population	6.0	2.0	2.3	2.0	2.0
16	Immunization rate among 2-year-olds	90.25%	90%	76.63%	90%	90%
17	**DELETE** – Number of patient days (A.G. Holley tuberculosis hospital)	13,500	**	**	**	**
18	**DELETE** – Enteric disease case rate per 100,000	47	40	64	40	40
19	**DELETE** – Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department	3.55	1.05	1.94	1.05	1.10
20	**DELETE** – Septic tank failure rate per 1,000 within 2 years of system installation	3.50	NA	NA	NA	NA
22	Percentage of required food	100.0%	95%	74.62%	95%	95%

	service inspections completed					
34	Percentage of laboratory test samples passing routine proficiency testing	100.0%	100%	98%	95%	95%
	NEW – Number of confirmed foodborne disease outbreaks identified per million population	N/A	3.51	2.96	3.01	3.06
	NEW – Average number of days to request additional information for Medical Marijuana Treatment Center (MMTC) Renewals	N/A	N/A	N/A	30	30
	NEW – Average number of days to complete new Medical Marijuana Treatment Center (MMTC) facility inspections	N/A	N/A	N/A	30	30
	NEW – Average number of days to process qualified physician Request for Exceptions (RFEs)	N/A	N/A	N/A	14	14

**A.G. Holley hospital closed 2012. Measure no longer relevant.

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LRPP Exhibit II – Performance Measures and Standards

Department: Department of Health **Department Number: 64**

Program: Community Public Health **Code:** 64200000

Service/Budget Entity: County Health Department Local Health Needs **Code:** 64200700

Note: Approved primary service outcomes must be listed first.

Measure Number	Approved Performance Measures for FY 2021-22	2009 Approved Standard	Requested Standards for FY 2022-23	Prior Year Actual 2022-23	Approved FY 2023-24 Standard	Requested FY 2024-25 Standard
23	Number of Healthy Start clients	236,765	200,000	226,358	215,000	220,000
24	Number of school health services provided	18,816,788	18,000,000	25,518,459*	10,000,000**	18,000,000
25	Number of Family Planning clients	219,410	100,000	72,991***	100,000	100,000
26	Immunization services	1,457,967	660,000	959,706	660,000	660,000
27	Number of sexually transmitted disease clients	99,743	95,000	78,721	95,000	95,000
28	Persons receiving HIV patient care from county health departments (excludes ADAP, Insurance, Housing HIV clients)	12,821	25,000	17,091	21,000	20,000
29	**REVISE** – Number of medical management screening tuberculosis tests, nursing assessments, directly observed therapy and paraprofessional follow-up services provided	289,052	90,506	123,372	100,007	137,189
31	Number of community hygiene services	126,026	65,000	50,473	60,000	60,000

32	**REVISE** – Water system/storage tank inspections/plans reviewed.	258,974	70,000	70,279	70,000	70,000
33	**NEW**: Number of vital events requested and issued (CHDs)	406,083	2,291,000	2,693,929	2,291,000	2,236820

* Data reported are for Fiscal Year 2021-22. Figures for school health services are returning to pre-2020 levels.
**School Health Measure #24: For the requested standard, the Department anticipates a reduction in reported services due to changes in statutory language related to parental consent and the ability to opt-out of specific health services, combined with (at this time) no standard for how to implement these requirements, school districts will have various changes to their school health data capture and reporting structures during the upcoming years.
*** Data reported are for calendar year 2022.

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LRPP Exhibit II – Performance Measures and Standards

Department: Department of Health **Department Number: 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.

Measure Number	Approved Performance Measures for FY 2021-22	2009 Approved Standard	Requested Standards for FY 2022-23	Prior Year Actual 2022-23	Approved FY 2023-24 Standard	Requested FY 2024-25 Standard
21	**DELETE** – Number of radiation facilities, devices and users regulated	75,148	100,000	107,948	113,000	N/A
35	**DELETE** – Percentage saved on prescription drugs compared to market price	40.0%	*	N/A	N/A	N/A
36	Number of birth, death, fetal death, marriage and divorce records recorded	653,447	676,301	697,474	676,301	689,827
	NEW: Number of vital events requested and issued (Bureau)	406,083	460,000	501,519	460,000	469,200
37	**DELETE**– Percentage of health and medical target capabilities met	75.0%	*	N/A	*	N/A
	NEW – Percentage of CHDs reporting resources “mostly in place” to respond to hurricane/tropical storms and biological disease outbreaks.		45%	42%	50%	50%
38	Percentage of emergency medical service providers found to be in compliance during licensure inspection	92.0%	100%	100%	100%	100%
39	Number of emergency medical technicians and paramedics certified	50,000	75,000	68,875	80,000	80,000
40	Number of emergency medical services providers licensed annually	262	298	314	304	314

Measure Number	Approved Performance Measures for FY 2021-22	2009 Approved Standard	Requested Standards for FY 2022-23	Prior Year Actual 2022-23	Approved FY 2023-24 Standard	Requested FY 2024-25 Standard
65	**REVISE** – Percentage of individuals with brain and spinal cord injuries reintegrated to the community	91.7%	93.8%	94.6%	93.8%	93.9%
67	**REVISE** – Number of brain and spinal cord injured individuals served	2,985	1,500	1,081	1,500	1,100
	DELETE – Level of preparedness against national standards	N/A	*	N/A	*	N/A
	NEW – Percentage of errors per million per yearly number of repacks/prepacks to pharmacy customer	N/A	0.5%	0%	.05%	0%
	NEW – Percentage of errors per million per yearly number of Pharmacy dispenses to the pharmacy customer	N/A	0.5%	0%	.05%	0%
	NEW – Percentage radioactive material inspection violations corrected in 120 days	100%	95%	97%	95%	95%
	NEW – Percentage of x-ray machine inspection violations corrected within 120 days.	93%	85%	87.5%	85%	85%
64	**DELETE** – Number of students in health professions who do a rotation in a medically underserved area	5,598	*			
66	**DELETE** – Number of providers who receive continuing education	16,750	**			

* no longer measurable

** unfunded 2011-12 not measurable

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LRPP Exhibit II – Performance Measures and Standards

Department: Department of Health **Department Number: 64**

Program: Children's Medical Services **Code:** 64300000

Service/Budget Entity: Children's Medical Services **Code:** 64300100

Note: Approved primary service outcomes must be listed first

Measure Number	Approved Performance Measures for FY 2021-22	2009 Approved Standard	Requested Standards for FY 2022-23	Prior Year Actual FY 2022-23	Approved FY 2023-24 Standard	Requested FY 2024-25 Standard
41	Percentage of families served with a positive evaluation of care	96.6%	90.5%	85.4%	90.5%	90.5%
42	**REVISE** – Percentage of CMS Network enrollees ages 3-21 in compliance with periodicity schedule for well-care visits.	91.0%	64.8%	65.45%	66.3%	68%
	NEW – Proportion of Medical Foster care (MFC) providers relative to children in need of Medical Foster Care.	N/A	90.4%	81.74%	81.7%	91.6%
43	**DELETE** – Percentage of eligible infants/toddlers provided CMS early intervention services	100.0%	**	**	100%	**
44	**REVISE** – Percentage Child Protection Team assessments to Family Safety and Preservation within established time frames	92.0%	100%	99.77%	100%	100%
45	**REVISE** – Percentage CMS Network enrollees in compliance with appropriate use of asthma medications (national measure)	94.0%	85.5%	83.41%	86.5%	86.5%
46	Number of children enrolled in CMS Program Network (Medicaid and Non-Medicaid)	64,740	129,181	116,582	141,225	122,466
47	**DELETE** – Number of children provided early intervention services	47,502	54,503	60,584****	59,102	62,742
48	**DELETE** – Number of children receiving Child Protection Team (CPT) assessments	25,123	26,628	22,477	25,000	25,000

Measure Number	Approved Performance Measures for FY 2021-22	2009 Approved Standard	Requested Standards for FY 2022-23	Prior Year Actual FY 2022-23	Approved FY 2023-24 Standard	Requested FY 2024-25 Standard
	NEW – Percentage of children whose Individualized Family Support Plan session was held within 45 days of referral	N/A	98%	90.89%	98%	98%
	DELETE– Percentage of cases that received multidisciplinary staffing	N/A	20%	12.14%	15%	15%

*Measure change from Child Well-Care visits (ages 3-6) to Child and Adolescent Well-Care visits (ages 3-21)

**Not Measurable

***Measure change from Medication Management for People with Asthma to Asthma Medication Ratio

****Data reported for this measure for FY 2020-21 is preliminary.

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LRPP Exhibit II – Performance Measures and Standards

Department: Department of Health | **Department Number: 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.

Measure Number	Approved Performance Measures for FY 2021-22	2009 Approved Standard	Requested Standards for FY 2022-23	Prior Year Actual FY 2022-23	Approved FY 2023-24 Standard	Requested FY 2024-25 Standard
49	Average number of days to issue initial licenses	60	46.45	44.88	46.45	45.00
50	Number of unlicensed cases investigated	700	1,100	1,105	1,100	1,100
51	Number of licenses issued	500,000	571,859	738,985	620,000	650,000
52	**DELETE** – Average number of days to take emergency action on Priority I practitioner investigations	150	60	74.69	60	70
53	Percentage initial investigations & recommendations as to existence of probable cause completed within 180 days of receipt	90.0%	97%	95.7%	97%	97%
54	Average number of practitioner complaint investigations per FTE	352	322	277.58	N/A	N/A
55	**DELETE** – Number of inquiries to practitioner profile website	2,000,000	N/A	796,883	N/A	750,000
56	Percentage applications approved or denied within 90 days from documentation of receipt of complete application	100.0%	100%	99.88%	100%	100%
57	Percentage of unlicensed cases investigated and referred for criminal prosecution	*1.5%	60%	57.09%	60%	55%

Measure Number	Approved Performance Measures for FY 2021-22	2009 Approved Standard	Requested Standards for FY 2022-23	Prior Year Actual FY 2022-23	Approved FY 2023-24 Standard	Requested FY 2024-25 Standard
58	Percentage unlicensed activity cases investigated & resolved through remedies other than arrest (cease & desist, citation)	28.0%	74%	82.5%	74%	74%
59	**DELETE** – Percentage of examination scores released within 60 days from the administration of the exam.	100.0%	N/A	**	N/A	N/A
60	Percentage of disciplinary final orders issued within 90 days from issuance of the recommended order	85.0%	50%	38.2%	50%	50%
61	**DELETE** – Percentage of disciplinary fines and costs imposed that are collected by the due date.	65.0%	65%	48.32%	65%	50%
	Percentage of applications deemed complete or deficient within 30 days.	100.0%	100%	99.94%	100%	100%
63	Average number of days to resolve unlicensed activity cases	410	120	147.08	120	145
	NEW – Percentage of emergency actions taken on priority cases within 30 days from receipt of complaint	N/A	42%	48.5%	60%	50%
	NEW – Percentage of practitioners with a published profile on the internet	N/A	100%	100%	100%	100%

* Measure was initially incorrectly copied from a recidivism measure.

**The examination process is outsourced, and this measure is no longer tracked.

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LRPP Exhibit II – Performance Measures and Standards

Department: Department of Health **Department Number: 64**

Program: Disability Determinations **Code:** 64500000

Service/Budget Entity: Disability Benefits Determinations **Code:** 64500100

Note: Approved primary service outcomes must be listed first.

Measure Number	Approved Performance Measures for FY 2021-22	2009 Approved Standard	Requested Standards for FY 2022-23	Prior Year Actual 2022-23	Approved FY 2022-23 Standard	Requested FY 2024-25 Standard
69	Percentage of disability determinations completed accurately as determined by the Social Security Administration	95.31%	96.0%	97.9%	96.0%	96.0%
70	Number of disability determinations completed*	249,608	150,000	157,702	150,000	150,000

Decisional Accuracy (April 2022 – June 2022)

*Production as of Week 42 (ending 7/21/23). Full FY is 52 weeks. Projected FY total closures is 192,350.

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ASSESSMENT OF PERFORMANCE FOR APPROVED PERFORMANCE MEASURE

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion / 64200100

Measure #7: Original: Number of Monthly Participants WIC Program
REVISED: The average number of monthly participants WIC 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	422,210	(-77,790)	16.8%

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: Participation in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is directly impacted by the availability of adequate staff to be able to complete WIC certification processes promptly. Inadequate staffing results in long wait times for WIC participants to be able to obtain WIC services, which decreases participant's willingness to obtain services. Florida WIC local agencies are experiencing significant challenges in hiring and retaining both professional and support staff to perform the required services. The current salary structure makes it particularly difficult to recruit and retain public health nutrition professionals. County health departments (CHDs) also have on-going challenges related to rate and spending authority which negatively impact the ability to hire staff. In addition, changes to the licensure requirements for Registered Dietitians may have reduced available

workforce in Florida, contributing to the overall inadequate staffing levels that negatively impact WIC participation levels.

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: WIC participation data show that the highest state participation level was 509,731 in the federal Fiscal Year 2010. To qualify for WIC, a family's income must be 185 percent poverty or lower or they must currently be participating in Medicaid, Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF). WIC participation tends to increase in times of high unemployment and poor economic environment, and participation tends to decline in periods of low unemployment and good economic environment. Since 2010, which was during the recession, Florida's unemployment rates declined to record low levels and the economy has been steadily improving.

WIC services are provided to women who are pregnant, breastfeeding for up to one-year postpartum, postpartum (not breastfeeding) up to six months after delivery, infants, and children up to five years of age. There has been a steady decrease in the number of births in Florida over the past five years: from 225,018 in 2016, 223,579 in 2017, 221,508 in 2018 to 220,010 in 2019 and 209,882 in 2020. As a result, the total number of clients eligible for and participating in WIC may have been impacted. In addition, potentially eligible participants may believe that their income would not meet the WIC income requirements or that they do not need WIC services. Recent increases in SNAP benefits may also impact the perceived need for WIC assistance.

In addition, many clients experience barriers, including accessing reliable transportation or taking time away from work or school to receive in-person services at the local WIC office.

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

- ☐ Training
- ☐ Technology
- ☐ Personnel
- ☐ Other (Identify)

Recommendations: Ongoing outreach activities are conducted throughout the state to inform prospective clients about WIC services. Due to recent barriers to serving

clients in-person, local agencies have expanded their methods of providing services to increase access to the program. Local WIC agencies continue to remain open to provide in-person services, as well as accommodate clients who are eligible for virtual services by the allowance of federal waivers. Through the federal WIC program's ongoing evaluation and efforts to modernize services, the Florida WIC Program has implemented new use of technology to streamline the application and certification process, including enhancing the Florida WIC App. As a result, certain barriers to participating in the program, as well as significantly decreasing the amount of time clients need to be in the WIC clinic have improved. The state and local agencies will require time to fully adapt and market these program expansions to the public.

Due to the external and internal factors noted above, the recommendation is to change the approved standard to 375,000 participants.

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health Exhibit III form to revise Measure statement only, met standard.

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure #4: Delete-Original: Nonwhite infant mortality rate per 1,000 nonwhite births

Revised:-Black infant mortality rate per 1,000 black live birth.

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
10.7	11.0	(0.3)	2.76%

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: See the below statement.

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 Fetal and Infant Mortality Review (FIMR) is a community-based process that examines rates, trends, and causes of individual cases of fetal and infant deaths in a community. A multidisciplinary team participates in case review meetings and develops findings and recommendations based on the case reviews. These findings and recommendations are aimed at improving services; systems; and resources for women, infants, and families in the

community. A Community Action Group then translates these recommendations into action at the local level. Florida's FIMR process is based on the National FIMR model and is an initiative of the American College of Obstetricians and Gynecologists. Historically, the Florida Department of Health has contracted with 11 Healthy Start Coalitions, covering 25 counties, for the facilitation of FIMR. During the 2022 legislative session, House Bill 5: Reducing Fetal and Infant Mortality, was passed. House Bill 5 directs the Department to contract with Coalitions for FIMRs in all areas of the state. It further requires the Department to compile FIMR findings and recommendations in an annual report to be submitted to the Governor, President of the Senate, and Speaker of the House of Representatives. The Department has executed contracts with the Healthy Start Coalitions for the statewide implementation of Case Review Teams and Community Action Groups. Statewide implementation of FIMR will have an impact on the state's ability to reduce infant mortality; however, the impact will take time.

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

- ☐ Training
- ☐ Technology
- ☐ Personnel
- ☒ Other (Identify)

Recommendations: Delete the original measure description and replace with the revised version above.

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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 #10: 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%	26.2%	(6.2)	26.8%

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: During 2021, opportunities for physical activity were reduced nationwide, including in Florida, and may contribute to why this standard was not met.

During this same period though, state efforts continued to promote physical activity both in home settings, as well as outside and increase opportunities for physical activity for all Floridians.

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

- ☐ Training
- ☐ Technology
- ☐ Personnel
- ☒ Other (Identify)

Recommendations: Maintain and intensify education efforts promoting physical activities as well as strategies increasing opportunities for physical activity for all Floridians.

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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 #9: Age-adjusted death rate due to diabetes

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	24.2	(4.2)	19.0%

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: This 19 percent increase in the age-adjusted death rate from diabetes above the standard in 2021 may be attributed to delays in diagnosis and treatment.

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

☐ Training
☐ Technology
☐ Personnel
☒ Other (Identify)

Recommendations: Maintain and intensify diabetes care and management throughout the state, particularly in communities in which we continue to see an increase in risk factors that contribute to the development of chronic diseases and conditions (e.g., hypertension, high cholesterol, physical inactivity, poor nutrition, etc.).

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

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

Measure #14: Bacterial STD case rate among females 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	2,915	(375)	13.7%

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: Hiring disease investigation specialists, field staff working to test and treat people and their partners for STDs, has become more and more difficult. A competitive hiring market, competing wages, and cultural shifts have made the job less appealing to the public. Due to high turnover, the staff at any given time are less trained and experienced than in the past. Higher caseloads combined with hiring difficulties, high turnover, and less experienced staff have contributed to decreased performance.

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 STD program's target population, like society at large, has moved farther and farther away from face-to-face services. Contacting patients and identifying partners has become more difficult as the years have passed.

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

- ☒ Training
- ☒ Technology
- ☒ Personnel
- ☐ Other (Identify)

Recommendations: With additional grant money from the CDC, the STD program is working to improve outcomes through three primary methods. First, improved training opportunities are being developed in partnership with the University of South Florida that will help train new and existing staff. Second, the program has greatly improved available positions with expanded OPS opportunities. Third, the program is improving the case monitoring software used by the field to make case investigations easier and to automate some parts of case processing and reporting.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

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

Measure #27: Number of sexually transmitted disease 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
99,743	78,721	(-21,022)	23.6%

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: Hiring disease investigation specialists, field staff working to test and treat people and their partners for STDs, has become more and more difficult. A competitive hiring market, competing wages, and cultural shifts have made the job less appealing to the public. With high turnover the staff at any given time are less trained and experienced than in the past. Therefore, over the years, there has been a steady reduction in public county health department (CHD) clinic capacity and STD clients are less likely to visit a CHD clinic, as opposed to a private clinician, for STD 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: There are more options than before for STD clients to receive services outside of the CHD, especially those with insurance. A larger proportion of STD clients are receiving care from private providers

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

- ☒ Training
- ☒ Personnel
- ☒ Technology
- ☐ Other (Identify)

Recommendations: With additional grant money from the CDC, the STD program is working to improve outcomes through improved training opportunities that are being developed in partnership with the University of South Florida that will help train new and existing staff. The program is also improving the case monitoring software used by the field to make case investigations easier and to automate some parts of case processing and reporting. These improvements aim to increase CHD capacity for STD clients seeking care in public clinics.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200200

Measure (#18): 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	74.20	(27.2)	44.88%

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 calculated enteric disease rate is greater than the approved standard because of the change in how the enteric disease rate was calculated in CHARTS (Community Health Assessment Resource Tool Set). 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)

- ☐ 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 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 used 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 2021. 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 the Division of Disease Control and Health Protection (Division) recommends deleting the measure.

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

- ☐ Training
- ☐ Technology
- ☐ Personnel
- ☒ 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. The Division recommends deleting the measure.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

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

Measure #22: 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%	74.62%	(-25.38%)	29.0%

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:

Limited resources have caused staffing issues and competition with local government agencies and the private sector. Since the transfer of the septic program from the Department of Health to the Department of Environmental Protection, the Department's priority has been to focus resources on completing septic services (inspections and permits). The consequence is a program that has an understaffed workforce that leads to the Department's inability to meet the statutory obligations for the food safety program.

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 continued growth in Florida's population impacts the food safety program due to an increase in the number of establishments providing food service to the public and the escalation of new homes being built increasing the demand for septic inspections and permits. This, in turn, puts a strain on the already understaffed CHD workforce. The active hurricane season impacted the most recent completed inspection year, requiring CHD workforce to provide emergency response.

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

- ☒ Training
- ☐ Technology
- ☐ Personnel
- ☒ 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.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200200

Measure #19: 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	1.78	(-1.77)	66.4%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The Department partners with other agencies in detecting outbreaks. The Department also has responsibility for inspecting a percentage of all Florida facilities, and also has the responsibility to conduct investigations and possible interventions to stop outbreaks that are identified by other agencies in any facility. This measure is attempting to reflect the protection offered through the inspection side (Department inspections and regulation of specific facilities) with goal of keeping these types of food facilities safe, that should eventually result in fewer outbreaks. It does not reflect all of the outbreak work the Department is responsible for. There has been a reduction in food and waterborne outbreaks within the past two years. The 2021-2022 rate was 1.78, as compared to the 2020-2021 rate was 0.83.

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: 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 agree.

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

- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☒ 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 Division of Disease Control and Health Protection continues 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: Community Health Promotion/64200200

Measure: **NEW** – Number of confirmed foodborne disease outbreaks identified per million population

Action:

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

Requested Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
3.51	2.96	(-0.55)	17%

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 calculated foodborne disease outbreak rate is less than the approved standard because of diminished capacity at the local county health departments due to COVID-19 case load and staff shortages, along with open positions in the Food and Waterborne team. The outcome in 2020 and 2021 was less than expected due to a likely real decrease in foodborne outbreaks along with staff shortages. In 2022, the rate increased but is still short of standard.

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 approved standard shows an increase in the foodborne disease outbreak rate each year due to increased detection. However, the rate in 2020 decreased to 1.90 and in 2021 improved to 2.54, both of which are likely due to a real decrease in foodborne outbreaks for reasons such as facility closures and decreased social events. The rate has improved to 2.96 in 2022 which is still short of the goal by 17%, but is an improvement from the prior year.

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

- ☒ Training
- ☐ Technology
- ☐ Personnel
- ☒ 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 Division of Disease Control and Health Protection continues to train epidemiological and environmental health investigators within county health departments to improve surveillance and outbreak detection of foodborne diseases.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

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

Measure #16: 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%	76.63%	13.62	16.8%

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: Florida has seen a decline in vaccination rates among children over the past three years. The declines seen in Florida closely align with trends seen in other states as well.

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 Immunization Section works with county health departments to target immunization services to children who are at the highest risk for under-immunization. County health departments continue to transition away from primary care and Medicaid-eligible children increasingly enrolling in managed care organizations, therefore more children receive

their immunizations in the private sector. The 2021 statewide coverage rate for basic 4:3:1:3:3:1 immunizations series (four DTaP, three polio, one MMR, three Hib, three hepatitis B and one varicella) was 76.2% compared to the 2020 rate of 84.0%. The Immunization Section continues its outreach efforts to develop strategies to increase immunization coverage levels in 2-year-olds.
During FY 2021–2022, the program implemented two statewide provider recall projects to assist low-performing providers with reminder/recall to increase 2-year-old rates. The Immunization Section collaborated with Pfizer Inc. and started a fourth reminder/recall project to target parents who have a child with a missing dose of vaccine. In 2022, Pfizer sent out 559,026 postcards as part of our reminder recall project to parents of children who were late on their scheduled immunizations. The program also monitors the progress of the Child Care Project by tracking the number of visits conducted and number of reminder recall letters. Reminder recalls are sent to parents of children who are not on schedule.

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

- ☐ Training
- ☐ Personnel
- ☒ Technology
- ☒ 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 and promoting vaccine uptake. The statewide immunization information system, the Florida State Health Online Tracking System, 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 about the need to vaccinate their children on time.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Disease Control and Health Protection

Measure #34: Percentage 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%	98.3%	(-1.7)	1.7%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: Staff shortages due to high turnover and challenges in recruiting, training and retaining qualified laboratory staff.

External Factors (check all that apply)

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

Explanation: Staff shortages due to high turnover and challenges in recruiting, training and retaining qualified laboratory staff.

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

- ☒ Training
- ☒ Personnel
- ☐ Technology
- ☐ Other (Identify)

Recommendations: Continue efforts to recruit and train qualified staff. Cross train personnel.

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 #23: 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	226,358	(-10,407)	4.49%

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: Currently, the universal prenatal screening process is paper-driven and results in delayed identification and referral for pregnant women at-risk for poor pregnancy and/or birth outcomes. As a result, the number of pregnant women screened and identified as at-risk continues to decline. As a result, the number of pregnant women identified, referred and served by Florida's Healthy Start Program has declined.

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

- ☐ Training
- ☒ Technology

☐ Personnel ☐ Other (Identify)

Recommendations: Develop and implement an electronic prenatal risk screening system that will be more accessible and user-friendly for health care providers serving pregnant women. This will increase the number of pregnant women identified as at-risk that will be referred to Florida's Healthy Start Program.

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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 #31: 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	50,473	(-75,553)	85.6%

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: 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 is 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):

- ☐ 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: 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

☐ Technology

☐ Personnel

☒ 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 FY 2023-24 standard has been set for 60,000, 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 #32: 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	70,279	(-188,695)	114.6%

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 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 (DEP) significantly changed the number and frequency of required storage tank inspections over a decade ago. This affected several county health departments (CHDs) that were contracted to perform the program. Additionally, nearly all the petroleum tank replacements required two decades ago have been accomplished, thus reducing the plan review counts. The Department continues to meet our statutory requirements for system inspections and plan reviews.

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 target population of new water systems and new storage tanks has declined since 2006 when building activity was at a peak. Additionally, the Florida DEP storage tank inspection contracts formerly conducted by numerous CHDs were rescinded. The pandemic had reduced possible onsite inspections slightly but in the latest fiscal year data the counts of services have increased. 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 re-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 pandemic personnel losses, and reductions in inspections/plan reviews by Department staff as stated in Factors sections above.

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 #25: 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	72,991	(-146,419)	100.14%

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: Overall nationwide and statewide there has been decrease in number of Family Planning (FP) clients using the FP services at the county health department (CHD) due to managed care plans and the fact that certain FP methods no longer require yearly FP visits. Since March 2020 there has been a marked decrease in the number of clients seen which continues to the present. Staffing issues are a continuing problem for the CHDs.

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: Since March 2022 there was a dramatic reduction in the number of FP clients seen in the clinics due to clients not being able to go into the CHDs for in-person visits. The FP program and the CHDs continue to work to return to previous visit

numbers for FP clients seen. Staff turnover and shortages have been an issue cited by the CHDs which impacts the ability to increase/maintain client numbers.

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

- ☒ Training
- ☐ Technology
- ☐ Personnel
- ☐ Other (Identify)

Recommendations: REVISED: Last year a request to reduce the approved standard due to the first two factors listed above was submitted and the next year's approved standard is 100,000 (23/24). Recommend changing the approved standard due to the reasons noted above.

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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 #26: 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	959,706	(-498,261)	41.2%

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: Staff in county health departments have been tapped to respond to multiple public health issues in addition to COVID-19. Continued increases in hepatitis A, meningococcal disease and other public health priorities have all had an impact on daily operations in health department clinics.

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: 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)

multiple vaccine-preventable disease outbreaks affected the services at the clinic level.

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

- ☐ Training
- ☐ Technology
- ☐ Personnel
- ☒ Other (Identify)

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

***Please Note**: New request to revise the standard to reflect the current trends.*

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: **Tuberculosis Control Section**

Service/Budget Entity: County Health Department Local Need/64200700

Measure29: REVISE 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	123,372	(-165,680)	80.3%

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: Four factors contributed to 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, recommendations to limit testing to close contacts unless there are evidence of transmission has reduced the number of tests and examinations needed. Second, the decreased testing of large numbers of clients because 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) which is a more specific test for LTBI, rather than skin testing. These clinical advances in TB screening technology practices not only result in fewer clients tested for LTBI but also 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, county health departments (CHDs) remain the primary and only expert provider of medical management, nursing assessment and treatment (DOT and follow-up services) for clients with active TB disease in Florida. CHDs remain the expert in Tuberculosis and TB services are often referred to the health departments, so TB services may increase also which translate to more services. While this help to narrow the percentage between the approved standard and actual performance, TB aim is to reduce or eliminate TB. Fourth, the expanded use of short-course therapy regimens to treat LTBI has also contributed to the decrease in TB services, because it requires fewer encounters to complete treatment. Despite the impact of these internal factors and efforts to intervene listed below, under-utilization of HMC coding in the Department of Health's Health Management System (especially for IGRA testing) persists. Internal issues with the underutilization of HMC Coding and documentation of these services may be contribute to the decline on TB services. This will unfortunately reduce the number of services needed to match the approved standard.

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 number of TB cases reported in Florida was 7.2% lower in state FY 2022–23, compared to the beginning of the five-year period in FY 2017-18. There was a 4.2% annual decrease of disease incidence compared to FY 2021-2022. However, the 16.3% increase in cases in the 2nd half of FY 2022-2023 compared to the 2nd half of FY 2021-2022, may be still an artifact of the COVID-19 pandemic due to a suspected change in focus from COVID-19 to TB diagnosis by providers and clients seeking TB care in addition to an increase in immigration to the United States. Routine-nonessential TB services were deferred during COVID-19

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

- ☐ Training
- ☐ Technology
- ☐ Personnel
- ☒ Other (Identify)

Recommendations: The original 2009 measure language should be updated to reflect the revised measure wording provided in 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.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support Services/64200800

Measure #67: 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	1,081	(-1,904)	93.6%

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 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 the program 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 2020-21, there was also an impact to the program due to COVID-19. BSCIP saw a reduction in referrals, thus causing the number of individuals served to decrease.

External Factors (check all that apply):

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

Explanation: 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):

- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☒ Other (Identify)

Recommendations: BSCIP continues to refine program processes to ensure that it accurately captures actual in-service clients that BSCIP provide services to. There are no internal factors under the program's control that would account for the decrease from FY 2020-21 to FY 2022-23.

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support Services/64200800

Measure: Percentage of x-ray machine inspection violations corrected within 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
93%	87.5%	(-5.5%)	6.1%

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: This percentage is out of our control as the registrant is responsible for correcting these violations.

External Factors (check all that apply):

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

Explanation: This percentage is out of our control as the registrant is responsible for correcting these violations.

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

☐ Training
☐ Technology
☐ Personnel
☒ Other (Identify)

Recommendations: Re-working of form language and information provided to the registrant during inspection/when they receive the violation to help improve the number of registrants that correct their violations by 120 days of receiving the violation.

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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 #41: Percentage 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%	85.4%	(-11.2%)	12.3%

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 percentage of families served reporting a positive evaluation of care provided has remained well below the standard of 96.6% and only fluctuated slightly since FY 2016-17, staying at or near 85%. This evaluation was conducted as we were emerging from the pandemic. As such, families may have experienced delays in receiving needed care CMS did expand access to

telehealth services in FY 2020-21. The rate was 86.4% in FY 2021-22. CMS expects to see an increase in families receiving needed care as enrollees resume normal health care activities.

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

☐ Training ☐ Technology

☐ Personnel ☒ Other (Identify)

Recommendations: CMS will improve satisfaction rates by continuing efforts to meet the needs of the CMS enrollees. CMS will focus on satisfaction with the care coordination provided, the child's primary care physician and the CMS Health Plan benefit package.

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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 #45: Percentage of 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%	83.41%	(-10.59%)	11.9%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

☐ Personnel Factors ☐ Staff Capacity

☐ Competing Priorities ☐ Level of Training

☐ Previous Estimate Incorrect ☐ Other (Identify)

Explanation:

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 asthma medication ratio (AMR) is available to assess CMS Health Plan enrollees ages five to twenty-one who have a ratio of controller medication to total asthma medication of 0.50 or greater. The AMR is used by clinicians to determine disease control and the need for additional intervention and education. The plan continues to work on this measure through collaborative educational interventions. CMS is requesting a revision of the standard to 86.5%.

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

☐ Training
☐ Technology
☐ Personnel
☒ Other (Identify)

Recommendations: CMS has identified and implemented several initiatives to improve asthma medication ratios including a Pharmacy Advisor Support Program that educates providers of members with asthma. Additionally, the CMS Health Plan continues to educate members and their caregivers about medication management. Expanded benefits such as carpet cleaning, hypoallergenic bedding, and pest control are also available to members. The plan has also partnered with the Department's Asthma Home Visiting Program to improve medication outcomes.

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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 #42: Percentage of CMS Network enrollees in compliance with the periodicity schedule for well-child visits.

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%	65.45%	(-25.55%)	32.7%

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: During the pandemic, there was a significant reduction in members seeking care. This was a national experience. Program year 2022-23 is the first post-pandemic reporting year. As members continue to resume normal health care activities, CMS expects improvement in this measure.

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

☐ Training ☐ Technology

☐ Personnel ☒ Other (Identify)

Recommendations: Staff will continue to identify opportunities to increase this measure through value-based contracting for health care providers, incentives for members who complete annual well visits, and care management.

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Children's Medical Services (CMS)

Service/Budget Entity: Medical Foster Care/64300100

Measure: Increase percentage of Medical Foster Care (MFC) providers relative to children in need of Medical Foster 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
90.4%	81.7%	(-8.7%)	10.0

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: Historical MFC grassroot recruitment efforts (i.e., word of mouth) did not yield a net gain of MFC parents with continued attrition, including those that adopted a child in their home and withdrew from the program to focus on their new families.

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: Historical grassroot recruitment efforts of MFC parents were unable to result in a net gain, with continued attrition. The program did not have brand or marketing materials and needed budgetary resources for this. CMS submitted a legislative budget request to fund a formal marketing and recruitment campaign, which was funded beginning July 1, 2023

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

- ☐ Training
- ☐ Technology
- ☐ Personnel
- ☒ Other (Identify)

Recommendations: CMS is anticipating a 10% increase next year with its newly implemented marketing and recruitment campaign. CMS will monitor data and outcomes.

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Children's Medical Services (CMS)

Service/Budget Entity: Children's Medical Services/64300100

Measure: DELETE-Percentage of cases that received multidisciplinary staffing

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
N/A	12.14%	N/A	N/A

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: Child Protection Team (CPT) providers conduct multidisciplinary staffings on a case-by-case basis, and the number of staffings may vary significantly each fiscal year. This standard is not a reliable measure.

External Factors (check all that apply):

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

Explanation: Child Protection Team (CPT) providers conduct multidisciplinary staffings on a case-by-case basis, and the number of staffings may vary significantly each fiscal year. This standard is not a reliable measure.

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

- ☐ Training
- ☐ Technology
- ☐ Personnel
- ☒ Other (Identify)

Recommendations: CMS recommends the deletion of this measure.

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure #54: DELETE -Average number of practitioner complaint investigations per FTE

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
352	277.58	(-74.42)	23.6%

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: This is a calculation that considers the total number of cases investigated divided by the number of FTE Employees. The number of complaints opened for investigation is limited to only cases found legally sufficient.

The number of FTE positions cannot be adjusted as readily to meet the LRPP target goal if the number of cases found legally sufficient fall.

The number of complaints opened for investigation and subsequently found legally sufficient is reliant on the number of complaints submitted in a fiscal year.

External Factors (check all that apply)

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

Explanation: This measure is reliant on the number of complaints received and is limited to only cases found legally sufficient. This number can change each fiscal year.

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

- ☐ Training
- ☐ Technology
- ☐ Personnel
- ☒ Other (Identify)

Recommendations: The Division of Medical Quality Assurance's Bureau of Enforcement would like to DELETE this measure from the LRPP.

Office of Policy and Budget – July 2023

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure #55: 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	796,883	(-1,203,117)	86%

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 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)

- ☐ 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: 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):

☐ Training ☐ Technology

☐ Personnel ☒ 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 2023

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure #59: DELETE - Percentage of examination scores released within 60 days from the administration of the exam.

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%	N/A	N/A	N/A

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 examination process is outsourced, and this measure is no longer tracked.

External Factors (check all that apply)

☐ Resources Unavailable ☐ Technological Problems

☐ Legal/Legislative Change ☐ Natural Disaster

☐ Target Population Change ☐ Other (Identify)

☐ This Program/Service Cannot Fix the Problem

☐ Current Laws Are Working Against the Agency Mission

Explanation:

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

☐ Training ☐ Technology

☐ Personnel ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2023

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure #61: Percentage 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%	48.32%	(-16.68%)	29.4

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply)

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

Explanation: This measure relies on the health care practitioners' willingness and ability to pay.

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

- ☐ Training
- ☐ Technology
- ☐ Personnel
- ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2023

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure #57: Percentage of unlicensed cases investigated 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
64%	57.09%	(-6.91)	11.4%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

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 Division is actively seeking to strengthen partnerships with law enforcement and leverage social media as a tool to generate cases and increase surveillance in targeted areas.

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

- ☐ Training
- ☐ Technology
- ☐ Personnel
- ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2023

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure #60: Percentage of disciplinary final orders issued within 90 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
85%	38.2%	(-46.8%)	75.9

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: Recommended Orders are issued by an Administrative Law Judge (ALJ) at the conclusion of a formal administrative hearing. Formal administrative hearings are held on dates when the parties and the ALJ are available, which can be any weekday of the year. The appropriate regulatory board within the Department must consider the ALJ's Recommended Order and rule on any party's exceptions to the Recommended Order prior to issuing a Final Order. The Department's regulatory boards meet at varying schedules throughout the year. Therefore, a Recommended Order may be issued at a time when there is no board meeting scheduled within the 90-day period.

The board can then decide to schedule a special meeting or consider the Recommended Order at its next regularly scheduled meeting that is outside of the 90 days.

External Factors (check all that apply)

- ☐ Resources Unavailable
- ☐ Technological Problems
- ☐ Legal/Legislative Change
- ☐ Natural Disaster
- ☐ Target Population Change
- ☒ Other (Identify)

☐ This Program/Service Cannot Fix the Problem

☐ Current Laws Are Working Against the Agency Mission

Explanation: _____

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

☒ Training

☐ Technology

☐ Personnel

☒ Other (Identify)

Recommendations: This measure should be modified to include Final Orders issued after informal hearings. Per section 120.569(2)(l), Florida Statutes (2022), a Final Order must be issued within 90 days after a Recommended Order is submitted to the agency *or* after an informal hearing is conducted by the agency. For the past fiscal year, this metric did not incorporate the time it took the Department to issue Final Orders following informal hearings conducted by its regulatory boards. Because informal hearings are set by the Department and conducted in conjunction with regularly scheduled board meetings, it is anticipated that 85% to 100% of the Final Orders for informal hearings are issued within 90 days. There are also significantly more informal hearings conducted by the Department than Recommended Orders. Therefore, if informal hearings were captured in this metric, it would more accurately reflect the Department's compliance with the 90-day statutory requirement.

Office of Policy and Budget – July 2023

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Health Care Practitioner and Access

Service/Budget Entity: Medical Quality Assurance/64400100

Measure: Percentage of applications deemed complete or sufficient 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	99.94	(-0.06)	0.06%

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: An evaluation of the data is ongoing to identify the root cause of this performance issue.

External Factors (check all that apply):

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

Explanation:

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

- ☐ Training
- ☐ Technology
- ☐ Personnel
- ☐ Other (Identify)

Recommendations: _____

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health

Program: Disability Determinations

Service/Budget Entity: Disability Determinations/64500100

Measure #70: 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	159,041	(-90,567)	44.33%

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 Social Security Administration (SSA) removed a category of workload credit for assistance requests, resulting in a loss of 12,628 cases that would have counted in previous years.

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: SSA mandated the use of a national case processing system. This system is currently still undergoing a large amount of development for missing functionality. Accordingly, it takes more time to provide disability determinations.

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

☒ Training
☒ Technology
☒ Personnel
☐ Other (Identify)

Recommendations: The division regularly conducts training as new functionality is provided by the case processing system. Additionally, case management training tips have been provided to staff providing decisions. Wherever possible, internal Information Services staff have created and distributed reports to assist with missing functionality. Multiple approaches have been used to improve examiner hiring. Position descriptions and advertisements were reviewed and updated. Additional outreach efforts were made to attract job applicants. The division also successfully advocated with SSA to allow an increase in starting examiner salary. Currently there are efforts to implement this salary increase. Lastly, the division is working with SSA to address issues with the federal background requirement delays currently negatively affecting hiring. The extended length of time currently required has resulted in qualified applicants withdrawing from the hiring process.

LRPP EXHIBIT IV

PERFORMANCE MEASURE VALIDITY AND RELIABILITY

☐ NA or No Change to Exhibit IV

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 #1: Percentage of agency administrative costs and positions compared to total agency costs and positions

Action:

☐ 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 is 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.

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 percentage 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*-03, 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 2002-03,* 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.

☐ NA or No Change to Exhibit IV

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 #2: Technology costs as a percentage of total agency costs

Action:

☐ 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.

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 percentage 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*-03, 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 2002-03,* 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.

☒ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure #3: Total infant mortality rate per 1,000 live births

Action:

☒ 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 the Bureau of Vital Statistics in Jacksonville. The Bureau of Vital Statistics enters this information into the database and electronically sends these data to Central Office.

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:

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 2: Public Health Service Delivery to correspond with the Department's Strategic Plan.
   Objective 2A: 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:

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:

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, August1994
   - 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

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.

July 2022

☐ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure #4: **Delete** Non-white infant mortality rate per 1,000 Non-white live births

Revised: Black infant mortality rate per 1,000 black live births

Action:

** **The objective has been removed and this is a new outcome under Objective 2A.**

☒ Requesting revision to approved performance 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. The Bureau of Vital Statistics enters this information into the database and electronically sends these data to Central Office.

3. **Explain the procedure used to measure the indicator:**

   Calendar year number of Non-white (Black) infant deaths (based on the infant's race) divided by number of Non-white (Black) 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:

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 2: Public Health Service Delivery to correspond with the Department's Agency Strategic Plan.
   Delete: Objective 2B: ~~Improve health care disparities in maternal and infant health~~.
   ~~Revised: Black infant mortality rate per 1,000 black live births~~

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:

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:

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.

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.

July 2022

☐ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure #5: **DELETE:** Percentage of low weight births among prenatal Special Supplemental Nutrition Program for Women, Infants and Children (WIC) clients.

2022-Delete Request on Exhibit III form for this Performance Measure.

Action:

☒ Requesting revision to approved performance measure

☒ Backup for performance measure

Data Sources and Methodology

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

   The Florida WIC Automated Data Processing System (FL WiSE) is a centralized web-based system that collects client and worker data; delivers and accounts for WIC services; provides WIC Electronic Benefits Transfer (EBT) food assistance; and produces program management reports. FL WiSE also captures client demographic and eligibility information; maintains specific health data; tracks the issuance and redemption of the WIC EBT benefits used to purchase specific WIC foods at retail stores; and captures nutrition education and certification activities. The health and certification information that is entered into the FL WiSE database is used to determine the percentage of low birth weight infants born to women who participated in WIC during their prenatal periods.

2. **Describe the methodology used to collect the data:**

   Local agency WIC staff enter client demographic information and health data, including birth weight information, directly into the FL WiSE system. This information is then stored in an Oracle database. The mothers and infants are linked together in the database so that the mother's prenatal health and certification information can be associated with the infant's birth outcome. The low birth weight rate is determined by extracting the infant's birth weight status from the database and then linking this information with the mother's prenatal WIC enrollment, which must have occurred during the infant's gestational period.

3. **Explain the procedure used to measure the indicator:**

   The measure uses the following selection criteria to extract information from the database:
   - The infant's birth date is within the reporting period. (07/01/YYYY to 06/30/YYYY + 1 year.)
   - The infant's birth date and birth weight have been entered into the database.

- The mother must have been fully certified for WIC during her prenatal period.
- The prenatal period must correspond to the infant's gestational period.

The percentage of low birth weight births is determined by dividing the number of low birth weight infants born during a reporting period and linked to mothers who participated in WIC during their pregnancies by the total number of infants born during that same reporting period and linked to mothers who participated in WIC during their pregnancies.

WIC data for mothers and infants are entered into FL WiSE throughout the year during the client certification process. The data can be aggregated for any time period. The data for this activity will be reported for the state fiscal year 7/1 through 6/30.

Validity

Validity Determination Methodology:

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.

   The Department of Health's current mission statement is:
   To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts. WIC provides nutritious foods and nutrition education to pregnant women, which helps women to have healthier pregnancies. Although these services may impact the percentage of low birth weight births, this performance measure is also affected by many factors outside the scope of the WIC Program including:
   - Multiple fetuses
   - Chronic maternal health problems during pregnancy
   - Maternal high blood pressure and diabetes
   - Maternal substance use/abuse
   - Infections in the mother or fetus
   - Physical abnormalities in the maternal reproductive system
   - Socio-demographic factors

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

   ☐ Yes ☒ No

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.

Unfortunately, it does not appear that the services provided solely by the WIC Program are sufficiently adequate to impact the percentage of low birth weight births in WIC prenatal women.

Reliability

Reliability Determination Methodology:

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:

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.

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.

July 2022

☐ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure #6: Number of live births to mothers age 15–19 per 1,000 females age 15-19.

Action:

☒ 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 the Bureau of Vital Statistics in Jacksonville. The Bureau of Vital Statistics enters this information into the database and electronically sends these data to Central Office.

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:

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 2: Public Health Service Delivery to correspond with the Department's Strategic Plan (when approved).

   Objective 2C: 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:

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 (Bureau of Vital Statistics).

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

   Yes. Performance Measure Definitions, Summer 1998 [Family Planning] and Chapter 382, Florida Statutes, 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.

Reliability Determination Methodology:

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.

July 2022

☐ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure #7: Original: Number of monthly participants-Supplemental Nutrition Program for Women, Infants and Children (WIC) program

REVISED: The average number of monthly participants-Supplemental Nutrition Program for Women, Infants and Children (WIC) program

Action:

☒ Requesting revision to approved performance measure (Requesting revision of Exhibit II Standard and Statement)

☒ Backup for performance measure

Data Sources and Methodology

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

   The Florida WIC Automated Data Processing System (FL WiSE) is a centralized web-based system that collects client and worker data; delivers and accounts for WIC services; provides WIC Electronic Benefits Transfer (EBT) food assistance; and produces program management reports. FL WiSE also captures client demographic and eligibility information; maintains specific health data; tracks the issuance and redemption of the WIC EBT benefits used to purchase specific WIC foods at retail stores; and captures nutrition education and certification activities. The issuance of monthly WIC EBT benefits to certified clients is used to measure the monthly number of WIC participants.

2. **Describe the methodology used to collect the data:**

   Local agency staff issue a WIC EBT card to an authorized representative for a WIC family. The food benefits for each client in the family are loaded onto the card and then issued to the family. Although the database stores both the individual client's EBT benefits and the family's collective EBT benefits, monthly participation is based on the issuance of the client's benefits.

3. **Explain the procedure used to measure the indicator:**

   Participation is based on the number of WIC clients who have been issued WIC benefits during the reporting month. The WIC database maintains a record of all benefits issued to clients and linked to a family issuance account. Each month a report of monthly participation is generated by the system. Because the EBT benefits may be issued in one

month but redeemed during the following month, the monthly participation is not final until approximately two months after the issuance date.

The WIC participation for the state fiscal year is calculated by using the average monthly participation data for the most recent state fiscal year.

Validity

Validity Determination Methodology:

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?

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. The Reports chapter of the *FL WiSE Clinic Manual* provides information on monthly participation.

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

   Yes. Document is located on Department of Health network H:Drive>WicShare>Participation.

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?**

   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.

July 2022

☐ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure #8: Number of Child Care Food Program meals served monthly

Action:

☐ 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. Failed edit checks can keep claiming data from being entered. 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.

☐ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure #9: Age-adjusted death rate due to diabetes

Action:

☐ 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 (FLCHARTS).

2. **Describe the methodology used to collect the data:**

   FLCHARTS 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 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 U.S. population proportion. This is the standard 2000 U.S. population proportion, which FLCHARTS uses to calculate age-adjusted death rates.
   - Sum values for all age groups to arrive at the Age-Adjusted Death Rate.
   - FLCHARTS 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 Prevention epidemiologist will measure the indicator using trend data and Healthy People 2030 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.

July 2022

☐ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure #10: Prevalence of adults who report no leisure time physical activity

Action:

☐ 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 Florida Behavioral Risk Factor Surveillance System (BRFSS) will be the data source for this measure.

2. **Describe the methodology used to collect the data:**

   The Florida BRFSS is a cross-sectional telephone survey that uses random-digit-dialing methods to select a representative sample from Florida's adult population (18 years of age or older) living in households.

   The Florida Department of Health, Public Health Research Unit, implements BRFSS throughout the state. Next, they analyze the data and produce annual reports of the results. The measure above is defined as persons who answer no to the BRFSS question "During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"

3. **Explain the procedure used to measure the indicator:**

   - For a representative sample, prevalence is the number of people in the sample with the characteristic of interest, divided by the total number of people in the sample.
   - The prevalence rate is adjusted, or weighted, to represent all Florida adults. Weighting is a procedure that adjusts for the chance of an adult being selected to complete the survey and for discrepancies between the adults who completed the survey and the overall population of Florida adults. The data are weighted to the respondent's probability of selection by county, as well as age, sex, marital status, race/ethnicity, education level, and housing type.

- The indicator is calculated/measured using the statistical software program SAS by running the PROCSURVEY FREQ procedure on the variable representing the measure in the Florida BRFSS.

The Bureau of Chronic Disease Prevention epidemiologist will measure the indicator using trend data and Healthy People 2030 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.

July 2022

☐ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure #11: Age-adjusted death rate due to coronary heart disease

Action:

☐ 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 (FLCHARTS).

2. **Describe the methodology used to collect the data:**

   FLCHARTS 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 U.S. population proportion. This is the standard 2000 U.S. population proportion, which FLCHARTS uses to calculate age-adjusted death rates.
   - Sum values for all age groups to arrive at the Age-Adjusted Death Rate.

   FLCHARTS 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 Prevention epidemiologist will measure the indicator using trend data and Healthy People 2030 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.

July 2022

☐ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Community Health Promotion/64200100

Measure #68: Original: Percentage of middle and high school students who report using tobacco products in the last 30 days.
REVISED: Percentage of youth who report using inhaled nicotine products* in the last 30 days. *Inhaled nicotine products include cigarettes, cigars, little cigars, hookah, and electronic vapor products.

Action:

☒ 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 question items 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 the CDC.

3. **Explain the procedure used to measure the indicator:**

   Students are asked a series of questions regarding the use of cigarettes, cigars, little cigars, electronic vaping products, and hookah 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:

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 2: Public Health Service Delivery
   Objective 2Q: Reduce the proportion of Floridians, particularly young Floridians, who use 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:

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, Bureau of Epidemiology.

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

   Not an evaluation per se, however, the Centers for Disease Control and Prevention assisted in the development of the survey to ensure the 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.

Reliability Determination Methodology:

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.

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.

☒ NA or No Change to Exhibit IV

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 #12: AIDS case rate per 100,000 population

Action:

☐ 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:**

   Enhanced HIV/AIDS Reporting System (eHARS), which is a microcomputer database application developed by the Center for Disease Control and Prevention (CDC), in which demographic and patient data on all HIV cases, including those with AIDS 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 eHARS. Regional data are then transferred to Tallahassee on a regular basis. These regional data make up the statistics in the eHARS 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 2: 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 Section 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

☒ NA or No Change to Exhibit IV

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 #14: Bacterial STD case rate among females 15-34 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:**
   Database: Surveillance Tools and Reporting System (STARS)
2. **Describe the methodology used to collect the data:**
   Required Reportable: Provider and Laboratory Reports
3. **Explain the procedure used to measure the indicator:**
   - Numerator: # Females diagnosed with syphilis, gonorrhea, chlamydia aged 15–34 at the time of diagnosis reporting
   - Denominator: # of Females age 15–34 from Florida Population tables
   - Scaling: Quotient is multiplied by 100,000 to get value per 100,000
   - Authority: Chapters 381 and 384 Florida Statutes and 64D–3 Florida Administrative Code

Validity (As Determined by the Program Office)

Yes, this is a valid performance measure. The measure addresses the heart of the STD and Viral Hepatitis Section's mission to prevent, control, and intervene in the spread of STD infections. The data used to calculate this measure will provide an accurate measure of the disease burden in Florida. Over time, this measure will reflect any impact the Section has in completing its function to safeguard and improve the health of the citizens of Florida with respect to the bacterial STDs of chlamydia, gonorrhea and syphilis.

Reliability (As Determined by the Program Office)

Yes, this is a reliable performance measure. The reliability of the data for this performance measure is reflected in the traceability of the information back to its original

source. Since this information is based on laboratory and provider reports of disease, the information can be traced back through the laboratory that performed the test, using the laboratory accession number, back to the original health care provider via the provider information required under the current Florida Administrative Code Chapter 64D-3.

☒ NA or No Change to Exhibit IV

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 #13: Number of HIV/AIDS resident total deaths per 100,000 population

REVISE: Number of HIV-Related resident total deaths 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

Department: Department of Health

Program: Community Public Health

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

Measure: Number of HIV/AIDS resident total deaths 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:**

   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 collect birth and death information, including information collected through death certificate reviews and follow-up investigations conducted by the HIV/AIDS Surveillance Program to identify unreported HIV/AIDS cases, and send it to the Bureau of Vital Statistics in Jacksonville. The Bureau of Vital Statistics enters the information into the database and electronically sends these data to the Florida Department of Health Central Office.

3. **Explain the procedure used to measure the indicator:**

   Number of annual HIV/AIDS resident deaths per calendar year (as coded ICD9 042-044 on the death certificate) divided by population, multiplied by 100,000.

VALIDITY (as determined by program office):

Yes, this is a valid performance measure. This measure addresses the heart of the Bureau of Communicable Diseases (Bureau) mission to prevent, control, and intervene in the spread of HIV. The data used to calculate this measure will provide an accurate measure of the disease burden in Florida. Over time, this measure will reflect any impact the Bureau has in completing its function to safeguard and improve the health of the citizens of Florida with respect to reducing HIV-related mortality.

RELIABILITY (as determined by program office):

Yes, this is a reliable performance measure. Mortality statistics compiled from death certificates are used to measure health quality, set public health goals and policy, and to direct research and resources. The reliability of the data for this performance measure is reflected from the information based on death certificate data from the Bureau of Vital Statistics.

☐ NA or No Change to Exhibit IV

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 #15: Tuberculosis cases per 100,000 population

Action:

☐ 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 Health Management System (HMS) is a statewide electronic medical record system that collects surveillance information on tuberculosis cases and contacts including demographics, address, bacteriology, chest X-ray, skin test and Interferon-Gamma Release Assays (IGRA) tests results, treatment, and medication pickups, etc. Data is collected and entered at the local health departments HMS systems and data is collected through the TB registry system and reports are created at the state office. Data on Tuberculosis cases is transmitted to Center for Disease Control and Prevention (CDC) through the TB registry using HL7 messaging for reporting purposes.

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

County health departments staff enter data in their local HMS surveillance section and once data is validated and approved by the TB Manager or Area TB coordinators, this data is submitted electronically using the Report of Verified Case of Tuberculosis (RVCT) form to CDC. Data also is captured in the TB registry for the creation of reports and validation inquiries if there are data discrepancies. RVCT data for TB cases is transmitted in real time basis.

Population figures are obtained from the United States Census Bureau during censal years. All population-based rates are calculated using July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research.

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 2: Prevent and treat infectious diseases of public health significance.

   Objective 2P: 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, National TB Program Objective and Performance Targets for 2025.

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

   Yes, National TB Program Objective and Performance Targets for 2025.

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

   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

2. **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.

☒ NA or No Change to Exhibit IV

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 #16: Immunization rate among 2-year-olds

Action:

☐ 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 2-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 Section 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 2-year-old children with complete immunization status) divided by (total number of 2-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 2: 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.

☒ NA or No Change to Exhibit IV

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 #17: Delete: Number of annual patient days at A. G. Holley Tuberculosis Hospital

Action:

- ☐ 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. The hospital is no longer in operation.

2. **Describe the methodology used to collect the data:**

   These data were 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 were reviewed to determine number of days a patient is 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 2: Prevent and treat infectious diseases of public health significance.

   Objective 2P: 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.

☒ NA or No Change to Exhibit IV

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 #18: **DELETE-**Enteric disease case rate per 100,000

Action:

☐ 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 used by the 67 county health departments (CHDs) 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. Epidemiologic activities 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

☐ **NA or No Change to Exhibit IV**

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 #19: **DELETE**-Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health

Action:

☒ 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 database called the Florida Complaint and Outbreak Reporting System (FLCORS), which is used to track food and waterborne illness complaints and outbreaks.

2. **Describe the methodology used to collect the data:**

   Data collection occurs at the county health department and outbreak information is entered into FLCORS by the CHD or the Regional food and waterborne epidemiologists. Food and waterborne outbreaks are then filtered by agency of jurisdiction and any setting with a Department of Health jurisdiction is included.

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 the total number of drinking water systems and public swimming pools and bathing places, and then multiplied by 10,000. Data are collected throughout the 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

   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: Continuous Quality Improvement and Performance

   Objective 4G: 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.

☒ NA or No Change to Exhibit IV

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 #20: **DELETE-**Septic tank failure rate per 1,000 within two years of system installation

Action:

☐ 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 entered at the local county health departments. Data are transmitted monthly to the state environmental health office 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

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 [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.

☒ NA or No Change to Exhibit IV

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 #22: Percentage of required food service inspections completed

Action:

- ☐ 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 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. The 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

☒ **NA or No Change to Exhibit IV**

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Disease Control and Health Protection

Measure #34: Percentage of laboratory test samples passing routine proficiency testing

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:

Proficiency test scores from various vendors such as College of American Pathologists (CAP) and American Association of Bioanalysis (AAB)

2. Describe the methodology used to collect the data:

Request official scores from supervisors of each department and count the number of questions passed per proficiency test for the three State of Florida Public Health Laboratories.

3. Explain the procedure used to measure the indicator:

Numerator: number of proficiency tests passing= 2542

Denominator: total number of proficiency tests (PT)=2586

Program information: Each test uses a different vendor for proficiency testing depending on specimen availability.

Validity

Validity Determination Methodology: The following validity test questions were created by the Office of the Inspector General and answered by program staff.

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 timely and accurate laboratory services

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

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

Yes, see data sources and methodology

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

.

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?**

- 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 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.

☒ NA or No Change to Exhibit IV

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: **NEW-**The number of confirmed foodborne disease outbreaks identified per million population.

Action:

☐ 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 Florida Complaint and Outbreak Reporting System (FLCORS). 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.

   The 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 county health departments (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

☐ NA or No Change to Exhibit IV

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 #23: Number of women and infants receiving Healthy Start services annually.

Action:

☐ 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 Health Management System (HMS) 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 HMS.

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 HMS 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 HMS 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 Ombnibus Budget Reconciliation Act) MomCare caseload, unduplicated by the percentage 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:

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 2: Public Health Service Delivery to correspond to the Department's Strategic Plan (when approved).
   Objective 2A: 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:

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 available.

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

   Yes. Instructions for interpreting the Healthy Start Executive Summary Report are available.

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

   No. However, Healthy Start Coalitions use the data and frequently call to inquire about data issues.

Reliability Determination Methodology:

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 HMS system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the HMS 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.

July 2022

☐ NA or No Change to Exhibit IV

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 #24: Total number of school health services provided annually by the county health departments.

Action:

☐ 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 Health Management System (HMS) is a department-wide mainframe client information system can 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 HSM. School Health Services Program data are pulled from this database. Data are submitted via direct entry by Department employees, and entry of services data submitted to Department of Health school health by school districts and other contracted entities.

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 HMS program and then transmitted electronically to the state HMS System, which produces state and county-level quarterly year to date and yearly total reports. The state School Health Program office uses the yearly total HMS 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 annually in the School Health Service Data Summaries Report.

Validity

Validity Determination Methodology:

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:

   The program helps students mitigate health barriers to learning, allowing children to learn to the best of their ability. Health status as an adult is directly correlated to education attainment; and the school health services program is aimed at directly tackling health limitations to educational attainment.

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

   ☐ Yes ☒ No

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:

The School Health Services Program provides direct services to clients. Aggregating the annual services data reported provides meaningful data on student population health and programmatic need/impact.

Reliability

Reliability Determination Methodology:

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:

   - HMS Coding Report.

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

   Yes. A very brief description is documented in the HMS Coding Report.

3. **Has an outside entity ever completed an evaluation of the data system?**
   No. Not to our knowledge.

Reliability Determination Methodology:

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?**

   Unknown.

   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**.**

July 2022

☐ NA or No Change to Exhibit IV

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 #25: Number of clients served annually in county health department Family Planning program

Action:

☐ 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 Health Management System (HMS) is a department-wide mainframe client information system can 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 HMS.

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 HMS system locally and are then electronically transmitted into the statewide HMS system.

3. **Explain the procedure used to measure the indicator:**

   This is the number of clients provided Family Planning services, as reported, based on the 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 Title X Family Planning grant contract year is 4/1 through 3/31, 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:

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 2: Public Health Service Delivery to correspond with the Department's Strategic Plan (when approved).

   Objective 2C: 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:

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.

Reliability Determination Methodology:

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 HMS system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the HMS 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.

July 2022

☒ NA or No Change to Exhibit IV

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 #26: Number of immunization services provided by county health departments during the fiscal year.

Action:

- ☐ 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:**

   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 2: Public Health Service Delivery.

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.

☒ NA or No Change to Exhibit IV

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 #27: Number of clients served in county health department Sexually Transmitted Diseases (STD) programs annually

Action:

- ☐ 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 and are 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 October 1 through September 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 July 1 through June 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 2: Prevent and treat infectious diseases of public health significance.

   Objective 2D: 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.

☒ NA or No Change to Exhibit IV

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 #28: Number of persons receiving HIV Patient Care from county health departments, Ryan White Consortia, and General Revenue Networks annually

Action:

- ☐ 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 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/AID Quarterly Demographic 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 2: Prevent and treat infectious diseases of public health significance.

   Objective 2F: 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.

☐ NA or No Change to Exhibit IV

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

Action:

☒ 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.

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

☒ NA or No Change to Exhibit IV

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 #30: **DELETE-**Number of on-site sewage disposal system inspections completed annually

Action:

- ☐ 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-site 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 2: Public Health Service Delivery

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]

   Environmental Health Coding Pamphlet DHP 50-21

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.

☐ NA or No Change to Exhibit IV

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 #31: Number of community hygiene services provided by county health departments annually

Action:

- ☐ 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 Health Management System (HMS) is a statewide, distributed computerized system used by County Health Departments (CHD) in daily business and clinical operations. The Health Management Component (HMC) of HMS is used to collect public health service and time data at the program component level for reporting to the HMC. At the state-level, data from all the county health departments is collected and analyzed to support departmental planning, budgeting, management, administration as well as reporting to the governor and state legislature. Statistical reports can be developed for federal, state, and local needs from the information contained in 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 2: Public Health Service Delivery

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.

☒ NA or No Change to Exhibit IV

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 #32: Number of water system and storage tank inspections and plans reviewed annually

Action:

☐ 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

☒ NA or No Change to Exhibit IV

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 #33: Number of Vital Events Recorded.

Action:

- ☐ 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 Bureau of Vital Statistics (Bureau) is responsible for the registration, certification, archiving and statistical analysis of the state's vital records. It manages the central repository for records of all births, deaths, fetal deaths, marriages, dissolution of marriages for the state of Florida. The Bureau issued 427,755 certified copies for 2020. These records are necessary for individuals to carry out day-to-day business, such as obtaining passports, enrolling in schools, participating in sports, starting new jobs, qualifying for subsidized housing, collecting life insurance benefits, and transferring property. The records serve as an important source for a significant portion of the health statistics and outcomes on FLHealthCHARTS.

2. **Describe the methodology used to collect the data:**
   Funeral directors and clients submit requests to the Bureau for certified copies of birth, death, fetal death, marriage, and divorce certificates.

3. **Explain the procedure used to measure the indicator:**
   Number of births, death, fetal death, marriage, and divorce certifications requested by clients and issued by the Bureau annually.

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.

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

   ☒ Yes ☐ No

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 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, registration and statistical data.

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 Bureau 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 Vital Statistics data monthly for accuracy and completeness.

Reliability Determination Methodology:

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

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?**

   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.

☐ NA or No Change to Exhibit IV

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 #21: **DELETE -** Number of facilities, devices and users regulated and monitored

Action:

☒ Requesting revision to approved performance measure - **DELETE**

☐ 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, 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 x

   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.

☐ NA or No Change to Exhibit IV

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 #35: **DELETE -** Percentage saved on prescription drugs purchased under statewide pharmaceutical contract compared to market price

Action:

☒ Requesting revision to approved performance measure - **DELETE**

☐ 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 a daily and annual invoice reconciliation report 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 percentage saved for drugs purchased under the MMCAP-GPO and 340B PHS are compared to the previous year's savings. Any loss in 340B PHS percentage 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: Public Health Service Delivery

   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.

☒ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Community Public Health

Service/Budget Entity: Statewide Health Support/64200800

Measure #36: Number of Birth, Death, Fetal Death, Marriage, and Divorce records processed annually.

Action:

☐ 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 Bureau of Vital Statistics is responsible for the registration, certification, archiving and statistical analysis of the state's vital records. It manages the central repository for records of all births, deaths, fetal deaths, marriages, dissolution of marriages for the state of Florida. The Bureau registered 643,584 records in 2020. These records are necessary for individuals to carry out day-to-day business, such as obtaining passports, enrolling in schools, participating in sports, starting new jobs, qualifying for subsidized housing, collecting life insurance benefits, and transferring property. The records serve as an important source for a significant portion of the health statistics and outcomes on FLHealthCHARTS.

2. **Describe the methodology used to collect the data:**

   Hospitals, funeral directors, physicians, and medical examiner's submit electronic vital records of births, deaths and fetal death and the Clerk of the Courts submit electronic marriages and divorces records to the Bureau of Vital Statistics in Jacksonville.

3. **Explain the procedure used to measure the indicator:**

   Number of births, death, fetal death, marriage, and divorce records received and recorded annually by Bureau of Vital Statistics.

   Data are collected throughout the year and used to produce the Vital Statistics Annual Report.

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.

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, registration and statistical data 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 Bureau 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 Vital Statistics 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.

☐ NA or No Change to Exhibit IV

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 #37: **DELETE -** Percentage health and medical target capabilities met.

Action (check one):

- ☒ Requesting revision to approved performance measure - **DELETE**
- ☐ 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, achieve the 15 Centers for Disease Control and Prevention (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 (Bureau) developed the Florida Public Health Risk Assessment Tool (FPHRAT) in 2016 and updated the system 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 county health department 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 county health department (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 are 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 uses 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. The data from the assessment is also used to conduct a Capability Gap Analysis, which identifies the gap between the Weighted Capability Goals and the Weighed Capability Assessments. Taking into account each hazard and each capability, the gap is calculated using the following formulas: Capability Goal (Hazard Risk Weighted) = Hazard Risk Index * Capability Hazard Component * 5 Capability Assessment (Hazard Risk Weighted) = Hazard Risk Index * Capability Hazard Component * Capability Function Assessment Gap between Assessment and Goal = Hazard Risk Weighted Capability Assessment - Hazard Risk Weighted Capability Goal 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 overtime 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 are achieved by maintaining consistency on the capability and function definitions, collection and analysis methodology and Bureau 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.

☒ **NA or No Change to Exhibit IV**

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: Percentage of county health departments reporting "4=mostly in place" in accessing the needed resources to respond to the public health consequences from Hurricane/Tropical Storms and Biological Disease Outbreaks (non-pandemic influenza).

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

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

This measure is intended to provide insight into how the Division of Emergency Preparedness and Community Support, Bureau of Preparedness and Response (BPR), and county health departments (CHDs) fare in accessing the anticipated resources needed to respond to hazards of public health significance based on an annual evaluation completed by the CHDs in the Florida Public Health Risk Assessment Tool (FPHRAT). This measure assesses the status of the jurisdiction's resources/assets required for a given hazard (including staff, volunteers, equipment, communications systems, etc.) to execute the necessary response to each hazard. Achievement of the measurement relies upon collaboration with cross-sector partners within a jurisdiction and region.

5. Describe the methodology used to collect the data:

BPR developed the FPHRAT in 2016 and updates the system regularly. The FPHRAT is a platform to evaluate, measure, analyze, compare and aggregate the data related to the resources accessible. The assessment of resources needed to respond to hazards' is conducted by each CHD in collaboration with external partners and stakeholders. Each year, BPR analyzes the resulting data and identifies gaps in the accessibility to each hazard's resources.

6. Explain the procedure used to measure the indicator:

BPR uses the FPHRAT to assess the status of the hazard resources as a component of a comprehensive assessment of the public health risks and mitigation factors for each county, region, and state.

The framework for the assessment methodology, including the data collection and analysis data are 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.

To further ensure the validity of the data, the assessment uses a four-point Likert scale to assess the accessibility to the hazard response resources.

1 = Less than partially in place: 0-25% of anticipated needed resources accessible.

2 = Partially in place: 26-50% of anticipated needed resources accessible.

3 = Substantially in place: 51-75% of anticipated needed resources accessible.

4 = Mostly in place: 76-100% of anticipated needed resources accessible.

The data from the assessment are also used to conduct a Resource Readiness Gap Analysis, which represents the relationship between each hazard's risk and the resources needed to counteract a hazard's risk; this relationship is called Resource Score in Proportion of Hazard Risk Index. The resource assessment is also included in calculating a mitigation index and hazard residual risk for each count, region, and state.

Once the CHDs complete the assessment, the following formulas are applied to calculate the Resource Readiness Gap:

- Resource Score in Proportion of Hazard Risk Index = Resource Assessment / 4 * Hazard Risk Index
- Resource Readiness Gap = Hazard Risk Index - Resource Score in Proportion of Hazard Risk Index

Numerator: Number of county health departments with a resource assessment score of "4=mostly in place" for the designated hazards of Hurricane/Tropical Storms and Biological Disease Outbreaks (non-pandemic influenza)

Denominator: Total number of county health departments (67)

Program information: Bureau of Preparedness and Response

Validity

Validity Determination Methodology: The following validity test questions were created by the Office of the Inspector General and answered by program staff.

5. 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

6. 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 #5. This measure and goal are both related to assessing the ability of the county health departments' ability to respond to public health hazards.

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

   ☐ Yes ☒ No - Pending

Reason the Methodology Was Selected:
This methodology was developed to measure the hazard resource readiness for hazards with public health relevance for Florida.

Reliability

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

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

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

6. **Has an outside entity ever completed an evaluation of the data system?** The data system has been developed cooperatively with and evaluated by the University of Central Florida and the Hazards Vulnerability & Resilience Institute (HVRI) of the University of South Carolina.

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

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 - Pending

9. **Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?** No - Pending

   If yes, note test results.

☒ NA or No Change to Exhibit IV

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 #38: Percentage of emergency medical services (EMS) providers found to be in compliance during licensure inspection

Action:

- ☐ 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 (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 Bureau of Emergency Medical Oversight 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 not found to have any 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 4: Continuous Quality Improvement and Performance

   Objective: 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.

☒ **NA or No Change to Exhibit IV**

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 #39: Number of emergency medical technicians (EMTs) and paramedics certified or re-certified biennially.

Action:

☐ 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 moved in 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. (MQA re-certifies EMTs and paramedics as of December 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 4: Continuous Quality Improvement and Performance

   Objective: 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.

☒ NA or No Change to Exhibit IV

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 #40: Number of emergency medical services providers licensed annually.

Action:

☐ 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.

☐ NA or No Change to Exhibit IV

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 #64: Number of medical students who do a rotation in a medically underserved area.

Action:

☐ 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 are 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 2: Public Health Service 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.

☒ NA or No Change to Exhibit IV

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 #65: Percentage 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:

☒ 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 it 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.

   Percentage Community Reintegrations = # Community Reintegrated + # BSCIP Program Ineligible: Eligible for Vocational Rehabilitation / # Community Reintegrated + # BSCIP Program Ineligible: Eligible for Vocational Rehabilitation + # Program Ineligible: Institutionalized + # 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 percentage of 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

☐ NA or No Change to Exhibit IV

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 #66: Number of providers receiving continuing education

Action:

☐ 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 of Community Health Promotion in the AHEC Program Office's Quarterly Report.

3. **Explain the procedure used to measure the indicator:**

   An unduplicated count of the registrant's 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.

☒ NA or No Change to Exhibit IV

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 #67: Number of brain and/or spinal cord injured clients served

Action:

- ☐ 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 client.

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:**

   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

☒ NA or No Change to Exhibit IV

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: **DELETE**: Level of preparedness against national standards (on a scale of 1 to 10)

Action:

- ☐ 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 how the Division of Emergency Preparedness and Community Support, Bureau of Preparedness and Response, and county health departments progress in accessing the anticipated needed resources to respond to 38 hazards of public health relevance. This measure assesses the status of the jurisdiction's resources/assets required for a given hazard (including staff, volunteers, equipment, communications systems, etc.) to execute the necessary response to each hazard. Its achievement relies upon collaboration with cross-sector partners within a jurisdiction and region.

2. **Describe the methodology used to collect the data:**

   The Bureau of Preparedness and Response (Bureau) developed the Florida Public Health Risk Assessment Tool (FPHRAT) in 2016 and updated the system regularly. The FPHRAT is a platform to measure, analyze, compare and aggregate the data related to the resources accessible. The assessment of the 38 hazards' resources is conducted by each county health department in collaboration with external partners and stakeholders. Each year, the Bureau of Preparedness and Response analyzes the progress achieved and identifies gaps in the accessibility to each hazard's resources.

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 hazard resources as a component of a comprehensive assessment of the public health risks and mitigation factors for each county, region, and state.

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

☒ NA or No Change to Exhibit IV

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: NEW: Percentage of errors per million per yearly number of Pharmacy dispenses to the pharmacy customer

Action:

- ☐ 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 percentage of errors is 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 percentage of errors.

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 (CPI) 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 above meet or exceed retail industry standards.

☒ NA or No Change to Exhibit IV

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: NEW: Percentage of errors per million per yearly number of repacks/prepacks to Bureau of Public Health Pharmacy customers

Action:

- ☐ 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 percentage of errors is 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 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 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 errors.

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 (CPI) 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 above meet or exceed retail industry standards.

☒ NA or No Change to Exhibit IV

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: Percentage of radioactive material inspection violations corrected in 120 days.

Action:

- ☐ 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 Inspection Tracking and Varco databases for the number of licensees with violations and the date of the inspection.

Radioactive material Inspection Tracking and Varco databases 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.

☒ NA or No Change to Exhibit IV

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: Percentage of X-ray machine inspection violations corrected within 120 days.

Action:

- ☐ 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 performs inspection and provides notice of violation.

   Inspections 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 and initiates tracking.

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.

☒ NA or No Change to Exhibit IV

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 with mandatory allegations of abuse and neglect that receive CPT assessments within the established time frames

Action:

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

2. **Describe the methodology used to collect the data:**

CPT providers enter assessments into CPTIS and submit a report to the Department of Children and Families (DCF) within the required time frames. Compliance is measured through a CPTIS report, which is used to monitor and track contractual compliance.

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

Section 39.303(3)(a–j), F.S., authorizes CPTs to provide services and assessments to children referred by DCF. In addition, section 39.303(4)(a-l), F.S. outlines criteria for reports that DCF must refer to CPT for an assessment and other appropriate services.

Assessments include medical evaluations, medical consultations, nursing assessments, psychological evaluations, psychological consultations, child forensic interviews, specialized interviews and social assessments. Additionally, a CPT Medical Director can authorize an exception for medical evaluations for children meeting the statutory requirement(s) under certain circumstances as outlined in the CPT Handbook.

CPT providers are contractually required to review all abuse reports received by the DCF abuse hotline and determine if services are needed based on the mandatory criteria or for other reasons. CPT providers document/enter assessments into the CPTIS electronic case record upon completion within the required time frames. A CPTIS report is used to monitor compliance. Providers have access to the CPTIS User Guide, which provides information on data entry and management.

Reliability

The Bureau of Child Protection and Special Technologies provides oversight of CPTIS in collaboration with Department's Office of Information Technology. Critical components of CPTIS include, but are not limited to, information on demographics, client registration, assessments, and other information. CPTIS has mandatory fields to capture critical data prior to case closure. In addition, each screen in CPTIS has built-in edit checks to ensure data integrity.

☒ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Children's Medical Services (CMS)

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

Measure: Percentage of families in the Children's Medical Services Health Plan indicating a positive evaluation of care

Action:

- ☐ 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, a 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 31 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 used. A list of all eligible members [per the criteria above] was supplied to the NCQA-certified Consumer Assessment of Healthcare Providers and Systems (CAHPS) 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

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 2G: 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:

A third-party administers the CAHPS survey, using NCQA determined methodology. Customer survey data are used for this measure to provide an indicator of program performance from the perspective, opinions, and experiences of enrollees in CMS programs.

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.

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

   Yes.

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?**

   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:
NCQA methodology is rigorously tested and developed for use by the industry. The reliability of the survey administration and data collection is further monitored and assured by the survey vendor to maintain fidelity to the national standards.

☒ **NA or No Change to Exhibit IV**

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 #45: Percentage in compliance with appropriate use of asthma medications

Action:

☐ 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 changed this reporting cycle as the previous measure reported was retired by National Committee for Quality Assurance (NCQA). Measurements from prior years cannot be compared. However, another asthma-related measure is available to use, called the asthma medication ratio (AMR). Administrative data are used to calculate this measure, and pharmacy data are used to measure compliance with appropriate use of asthma medications.

2. **Describe the methodology used to collect the data:**

   The AMR assesses adults and children 5–21 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Using administrative data, the measurement population (denominator) is identified based on age, enrollment span, and utilization of pharmacy and services for asthma. Enrollees 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% of America's health plans to measure performance on important dimensions of care and service. Ratio of enrollees with asthma controlled is one of the HEDIS measures and is required by both commercial and public insurers, i.e., Medicaid.

Reliability (as determined by program office):

CMS will develop an annual report to collect and report these data.

☐ NA or No Change to Exhibit IV

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 #42: Percentage of enrollees in compliance with the periodicity schedule for well-child visits.

Action:

☐ 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:**

   New measure, based on Healthcare Effectiveness Data and Information Set (HEDIS), 'Quality of Care Measure'.

2. **Describe the methodology used to collect the data:**

   This is a national measure, with changed methodology and target population. The previous measure used parental reporting to assess compliance with performance, the new measure is based on claims data. The new measure also is expanded to include children ages 3-21 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 depicts compliance with this performance measure. Therefore, the method and baseline performance statistic for this measure have been changed, with the resulting baseline considerably lower than the previous baseline.

3. **Explain the procedure used to measure the indicator:**

   Numerator of all enrolled children ages 3-21 who received one or more well-child visits with a primary care physician in a year period, contrasted with a denominator of all enrolled children ages 3-21, resulting in a calculated percentage of enrolled children who received an annual well-child visit.

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: Public Health Service Delivery

Objective 2G: 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 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:

The Healthcare Effectiveness Data and Information Set (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

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

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

Yes

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?**

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:

For the purposes of this performance measure, HEDIS is a more reliable source of data than the previous measure, as it is claims driven instead of parental report. Reliability of the underlying data are monitored by the National Committee for Quality Assurance (NCQA), who have 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 used by numerous entities, including employers, and state and federal regulators as the performance measurement tool of choice.

☐ NA or No Change to Exhibit IV

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:

☐ 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 enrollee information is compiled in the Client Information System (CIS), this is a mainframe computer application maintained by the Department of Children and Families and stored in the Department of Health's Case Management Data System (CMDS).

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 includes Medicaid and KidCare, as well as the uninsured (Safety Net) population.

   For the Medicaid portion of projected enrollment, the estimate was derived by using the 10.6% growth statistic forecast for 2022-23, multiplied by the current Medicaid enrollment, and added to the total for the following year. For the KidCare portion of projected enrollment, the estimate was derived by using the 3.02% growth statistic forecast for 2022-23, multiplied by the total enrollment for Healthy Kids, and added to the current total for the following year. Then the Medicaid and KidCare numbers are combined for total projected enrollment.

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 2G: 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:

The calculations to provide an unduplicated count of children and youth enrolled in CMS programs is straightforward and unweighted. This methodology was used because it provides a year over year count of unduplicated children served in the array of CMS programs who have been screened for eligibility and determined in need. However, in providing projections into the likely future enrollment, CMS staff have noted that the respective programs have experienced very different trends and are impacted by program specific drivers. For this reason, CMS references the Medicaid Caseload Social Services Estimating Conference, as well as the KidCare Caseload Estimates from Florida Health Kids as the basis for future projections and is aggregated so each program contributes their unique trend to the final estimated projection.

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:

Based on our reliability assessment methodology, there is a low probability that the data collection procedure for this performance measure would contain errors, and low probability that the means of calculation would yield differing results on repeated trials. The queries used to pull the data produced for the measure are retained in the work files to ensure consistency and are complete and sufficiently error free for its intended purposes.

☒ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Office of Children's Medical Services Managed Care Plan and Specialty Programs; Medical Foster Care

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

Measure: Percentage of Medical Foster Care Providers

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:** CMS 3.0 Health Information Management System
2. **Describe the methodology used to collect the data:** Unduplicated count of MFC parent providers divided by the unduplicated count of children in need of medical foster care.
3. **Explain the procedure used to measure the indicator:** Proportion of providers relative to children in need. [# Providers / # Children = %]
   Numerator: An unduplicated count of registered and trained MFC parent providers in the SFY.

   Denominator: An unduplicated count of children who have been assessed and determined to meet need for medical foster care in the SFY.

   Program information: The state Medical Foster Care (MFC) program works to recruit, train and support parent providers to ensure prompt placement and quality of care for foster children with medical needs. This program has a historic attrition rate in providers of 10% annually, due to the demands in providing care with a high degree of complexity or intensity. Thus, CMS proposes this performance measure to capture MFC program efforts to recruit and retain an adequate pool of parent providers prepared to accept new children into care. By increasing the ratio of parent providers to MFC eligible enrollees, it will lessen the burden on the current parent providers and increase options for enrollees on availability of at-home care.

Validity

Validity Determination Methodology: The following validity test questions were created by the Office of the Inspector General and answered by program staff.

Answers to the following questions are pending.

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, which goal and objective it relates to? *Objective 1H*

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 the ratio of too few providers relative to foster children in need is currently an identified area of concern. Program staff are working to recruit new providers to improve this ratio and reduce turnover and workload. The measure captures progress toward program goal to grow the net total of providers by 3.2% annually to ensure providers exceed the number of children at 105% by year 2027.

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 baseline for this measure in FY 2021-22 is 274 children and 242 parent providers, which is 88.9%. The goal is to grow the net total of providers by 3.2% annually to ensure providers exceed the number of children at 105% by year 2027.

3. **Is written documentation available that describe how the data are collected?** Yes, providers have registration and training; enrollees have assessments and intake documents.

4. **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 each of the data elements have multiple checks to ensure completeness and correctness, ensuring the program of continuity in reporting this percentage.

☒ NA or No Change to Exhibit IV

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 #43: Percentage of eligible infants/toddlers provided CMS Early Intervention Services

Action:

- ☐ 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: Unknown.

Validity

Previous years used the following calculation to determine the denominator: the number of 0–36-month-old children potentially eligible for early intervention services is based on 75% of the 0–4-year-old children reported by the Bureau of Vital Statistics for the most recent year available.

This calculation is not an accurate representation of the potentially eligible population, as it assumed that all children 0–3 years are potentially eligible. In addition, using 75% of the 0–4 age group assumes that the distribution of age groups within the state were equivalent, which is highly unlikely.

Reliability

Utilizing an assumption to obtain the data limits the reliability of the measure.

☒ NA or No Change to Exhibit IV

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 #44: Percentage of Child Protection Team (CPT) assessments provided to Family Safety and Preservation within established time frame

Action:

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

2. **Describe the methodology used to collect the data:**

   CPT providers enter assessments into CPTIS and submit a report to DCF within the required time frames. Compliance is measured through a CPTIS report, which is used to monitor and track contractual compliance.

3. **Explain the procedure used to measure the indicator:**

   The percentage of assessments provided to DCF is equivalent to the number of completed assessment reports submitted to DCF within required time frames. CPTIS data reports are used to measure and monitor compliance. CPTIS reports are available to CPT providers and program office staff.

Validity

Section 39.303(3)(a–j), F.S., authorizes CPTs to provide services and assessments to children referred by DCF. During FY 2020-21, CPT providers conducted 23,821 assessments. Assessments include medical evaluations, medical consultations, nursing assessments, psychological evaluations, psychological consultations, child forensic interviews, specialized interviews and social assessments.

CPT providers are contractually required to document/enter assessments into CPTIS electronic case record upon completion and provide a report to DCF within required time frames. The Monthly Deliverable Report is used to monitor compliance. Providers have access to the CPTIS User Guide, which provides information on data entry and management.

Reliability

The Bureau of Child Protection and Special Technologies provides oversight of CPTIS in collaboration with the Department's Office of Information Technology. Critical components of CPTIS include, but are not limited to, information on demographics, client registration, assessments, and other provider information. CPTIS has mandatory fields to capture critical data prior to case closure. In addition, each screen in CPTIS has built-in edit checks to ensure data integrity.

☒ NA or No Change to Exhibit IV

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 #47: Number of children provided early intervention services annually

Action:

☐ 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 is a database developed and maintained by the University of Florida to capture and summarize the 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 Intervention 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 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:**

   The measure is a preliminary count of the number of 0–36 months old children served by the CMS Early Steps Program. The number of children is reported for the most recent state fiscal year period completed, 7/1 through 6/30.

   The calculation reported active children in the Early Steps Program during FY 21-22. Active children are defined as:

   - Children continuing to be served from the last fiscal year.
   - Children who exited but were active at some point within FY 21-22.
   - Children referred who were determined eligible.
   - Children referred who were determined not eligible.
   - Children referred who have yet to complete the eligibility determination process.

Validity

To be determined by Department of Health, Inspector General

Reliability

To be determined by Department of Health, Inspector General

☒ NA or No Change to Exhibit IV

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 #48: Number of children receiving Child Protection Team Assessments

Action:

- ☐ 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 Child Protection Team Information System (CPTIS) data system was developed in 2001. CPTIS is used 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 by CPT providers into CPTIS within required time frames. Compliance is measured through a CPTIS report, which is used to monitor and track contractual compliance.

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 in comparison to the number of assessments conducted by CPTs during the evaluation time frame.

Validity

Section 39.303(3)(a – j), F.S., authorizes CPTs to provide services and assessments to children referred by DCF. During FY 2020-21, CPT providers conducted 23,821 assessments. Assessments include medical evaluations, medical consultations, nursing assessments, psychological evaluations, psychological consultations, child forensic interviews, specialized interviews and social assessments.

CPT providers are contractually required to document/enter assessments into CPTIS electronic case record upon completion within the required time frames. The Monthly Deliverable Report is used to monitor compliance. Providers have access to the CPTIS User Guide, which provide information on data entry and management.

Reliability

The Bureau of Child Protection and Special Technologies provides oversight of CPTIS in collaboration with the Department's Office of Information Technology. Critical components of CPTIS include, but are not limited to, information on demographics, client registration, assessments, and other provider information.

CPTIS has mandatory fields to capture critical data prior to case closure. In addition, each screen in CPTIS has built-in edit checks to ensure data integrity.

☒ NA or No Change to Exhibit IV

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:

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

2. Describe the methodology used to collect the data:

CPT providers enter a variety of staffing assessments into CPTIS and submit a report to DCF within the required time frames. Compliance is measured through a CPTIS report, which is used to monitor and track contractual compliance.

CPTIS has the capacity to capture these measures, however, field for multidisciplinary staffing was deactivated in 2016. Therefore, Structured Query Language (SQL) was used to manually obtain multidisciplinary staffing data. The program office ran a query to combine and calculate three (3) types of staffing, which are conducted by CPT providers. CPT Team Staffing, DCF Medical Neglect Staffing, and Staffing Attended are the three types, however, multidisciplinary staffing is not an option in CPTIS.

3. Explain the procedure used to measure the indicator:

Numerator: Number of CPT cases that received multidisciplinary staffing (CPT Team Staffing, DCF Medical Neglect Staffing, and Staffing Attended are combined together) to get the total of multidisciplinary staffing.

Denominator: Total number of CPT cases initiated.

Validity

Section 39.303(3)(a–j), F.S., authorizes CPTs to provide services and assessments to children referred by DCF, which include case staffing. Staffing are considered a core CPT service to share or obtain information (recent allegations and history) to assess risk factors, plan additional assessment activities, and to make recommendations.

Reliability

The Bureau of Child Protection and Special Technologies provide oversight of CPTIS in collaboration with the Department's Office of Information Technology. CPTIS has mandatory fields to capture critical data prior to case closure. In addition, each screen in CPTIS has built-in edit checks to ensure data integrity.

Critical components of CPTIS include, but are not limited to, information on demographics, client registration, assessments, staffing, and other provider information. CPT Team Staffing, DCF Medical Neglect Staffing, and Staffing Attended are captured in CPTIS, however, a SQL is required to obtain manual data on the percentage of cases that received multidisciplinary staffing.

☒ NA or No Change to Exhibit IV

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:

- ☐ 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 uses 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 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

☐ NA or No Change to Exhibit IV

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 #61: Percentage of disciplinary fines and costs imposed that are collected by the due date.

Action:

☐ 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's Licensing and Enforcement Information Database System (LEIDS). LEIDS is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. LEIDS uses 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 LEIDS 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 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 timely paid. A single case with a very large fine/cost amount not timely paid would greatly outweigh several cases with timely paid fines/costs 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 LEIDS 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.

☐ NA or No Change to Exhibit IV

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 #57: Percentage of unlicensed cases investigated and referred for criminal prosecution

Action:

☐ 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's Licensing and Enforcement Information Database System (LEIDS). LEIDS is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. LEIDS uses 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 (ULA) 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 into 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 into 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 LEIDS 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 ULA complaints in LEIDS is well established, and the tracking of law enforcement referrals is a priority for the Enforcement Bureau (Bureau), the reliability of this measure based upon the usage of these codes can be considered very high. Backup data provided to Bureau staff upon computation of this measure allows for the identification and correction of errors or omissions that would impact the reliability of this measure.

☐ NA or No Change to Exhibit IV

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 #58: Percentage of unlicensed activity cases investigated and resolved through remedies other than arrest (Cease & Desist, citation)

Action:

☐ 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's Licensing and Enforcement Information Database System (LEIDS). LEIDS is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. LEIDS uses 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 (ULA) 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 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 LEIDS 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 a ULA 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 LEIDS 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.

☐ NA or No Change to Exhibit IV

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 #49: Average number of days to issue initial license

Action:

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

Requesting change to this measure to more accurately reflects 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's Licensing and Enforcement Information Database System (LEIDS). LEIDS is updated using a data streaming process with licensure information input by board office staff. LEIDS uses 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 (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 LEIDS 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 the Department staff. When an initial license is approved, LEIDS 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 LEIDS package pkg_rpt_appl.p_dxa523_M2. The columns desired in the return set are pro_cde and pro_avg_issue_age. The report plsql 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 LEIDS 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.

☐ NA or No Change to Exhibit IV

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 #50: Number of unlicensed activity (ULA) cases investigated

Action:

☐ 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's Licensing and Enforcement Information Database System (LEIDS).

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. LEIDS uses 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 LEIDS 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 LEIDS under each case number. As the ULA program excludes professions outside of Chapter 456, the query excludes those client codes in LEIDS falling under Drugs, Devices and Cosmetics, Emergency Medical Services, and Radiation Technology.

Reliability (as determined by program office):

The cases are assigned and documented in LEIDS as to what field office and investigator is responsible. The completed cases are transmitted to the ULA Chief Legal Counsel for closure in the LEIDS 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 LEIDS 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.

☐ NA or No Change to Exhibit IV

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 #51: Number of licenses issued

Action:

☐ 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's Licensing and Enforcement Information Database System (LEIDS)

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. LEIDS uses 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 LEIDS. 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 renewals 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.

☐ NA or No Change to Exhibit IV

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 #52: Average number of days to take emergency action on Priority I practitioner investigations

Action:

☐ 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's Licensing and Enforcement Information Database System (LEIDS). LEIDS is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. LEIDS uses an Oracle platform.

2. **Describe the methodology used to collect the data:**

   Ad hoc queries were written by Consumer Services Unit (CSU) staff with Microsoft Access and reported for the measure based on the definition.

3. **Explain the procedure used to measure the indicator:**

   Once a CSU 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 LEIDS 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 90s 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 are 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 LEIDS 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 LEIDS. 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.

☐ NA or No Change to Exhibit IV

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 #53: Percentage of initial investigations and recommendations as to the existence of probable cause completed within 180 days of receipt of complaint

Action:

☐ 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:**
2. Data are obtained from the Department of Health's Licensing and Enforcement Information Database System (LEIDS). LEIDS is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. LEIDS uses an Oracle platform. **Describe the methodology used to collect the data:**

   Ad hoc queries were written by Consumer Services Unit (CSU) 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 CSU (entry of a closure date and a disposition 1000–1090 by the CSU), 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 CSU). 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 Report, 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 LEIDS 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 LEIDS. 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.

☐ NA or No Change to Exhibit IV

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 #55: Number of inquiries to practitioner profile website

Action:

☐ 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.

   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 4: Continuous Quality Improvement and Performance

   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 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.

☐ NA or No Change to Exhibit IV

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 #56: Percentage of applications approved or denied within 90 days from documentation of receipt of a complete application

Action:

☐ 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's Licensing and Enforcement Information Database System (LEIDS). LEIDS is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. LEIDS uses 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).
   - 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 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 <= 90 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 LEIDS 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 LEIDS 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.

☐ NA or No Change to Exhibit IV

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 #59: Percentage of examination scores released within 60 days from the administration of the examination

Action:

☐ 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, TSU 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 the data to the Department of Health's Licensing and Enforcement Information Database System (LEIDS). 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 LEIDS. 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 LEIDS and posted to the website which include the following:

1. Review to ensure scores uploaded into LEIDS are accurate
2. Review to ensure that the online score look-up data coincide with the LEIDS data
3. Reviews pass list for accuracy and provides 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.

☐ NA or No Change to Exhibit IV

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 #60: Percentage of Disciplinary Final Orders issued within 90 days from issuance of the Recommended Order

Action:

- ☐ Requesting revision to approved performance measure
- ☐ Change in data sources or measurement methodologies
- ☐ Requesting new measure
- ☒ 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's Licensing and Enforcement Information Database System (LEIDS). LEIDS is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. LEIDS uses 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 in the Prosecution Services Unit (PSU) enter the applicable activity code of 440 with the effective date into LEIDS 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 used 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 LEIDS 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 Prosecution Services Unit (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.

☐ NA or No Change to Exhibit IV

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 #61: Percentage of disciplinary fines and costs imposed that are collected by the due date

Action:

☐ 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's Licensing and Enforcement Information Database System (LEIDS). LEIDS is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. LEIDS uses 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 LEIDS 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 timely paid. A single case with a very large fine/cost amount not timely paid would greatly outweigh several cases with timely paid fines/costs 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 LEIDS 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.

☐ NA or No Change to Exhibit IV

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 #62: Percentage of applications deemed complete or deficient within 30 days

Action:

☐ 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's Licensing and Enforcement Information Database System (LEIDS). LEIDS is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. LEIDS uses 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 LEIDS 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 LEIDS 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 the Department staff.
   - If the application is deficient, an application deficiency letter is generated in LEIDS by Department staff. The deficiency letter used must have a letter description with DEF in the LEIDS 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 LEIDS 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 LEIDS 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 LEIDS 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 LEIDS 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
- Percentage Processed 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 LEIDS 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 LEIDS 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.

☐ NA or No Change to Exhibit IV

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 #63: Average Number of Days to Resolve a Complaint of Unlicensed Activity

Action:

☐ 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 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, F.S., and for all such cases resolved during the applicable time frame.

   Data are obtained from the Department of Health's Licensing and Enforcement Information Database System (LEIDS). LEIDS is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. LEIDS uses 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 LEIDS 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, F.S., 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 LEIDS, 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 LEIDS 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.

☐ NA or No Change to Exhibit IV

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 Emergency Action Issued within 30 days on Priority Complaints

Action:

☐ 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's Licensing and Enforcement Information Database System (LEIDS). LEIDS is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. LEIDS uses an Oracle platform.

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. LEIDS uses 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 LEIDS 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 LEIDS 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 LEIDS 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 issued, 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 LEIDS 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.

☐ NA or No Change to Exhibit IV

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 practitioners with published profile on the internet

Action:

☐ 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 Licensing and Enforcement Information Database System (LEIDS). LEIDS 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 LEIDS report provides this measure. The data are being generated using the same query each time, thereby providing consistent results.

☒ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Disability Determination

Service/Budget Entity: Disability Benefits Determinations/64500100

Measure #69: Percentage of disability determination decisions completed accurately as measured by the Social Security Administration

Action:

- ☐ 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:**

   Historically this key process measure has been used by the SSA as a standard for comparing states' disability determination programs. This measure is reported on a quarterly and annual basis.

   The Social Security Administration (SSA) Office of Quality Review (OQR) determines decision accuracy by reviewing a random sample of approximately 100—200 completed claims per month. Claims are computer selected after a proposed determination is electronically submitted to SSA by the Division of Disability Determinations. 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:**

   The decisional accuracy rate reflects the percentage of correct state disability determinations. A decisional error rate is calculated by dividing the number of deficient cases by the number of cases reviewed. This decisional error rate is subtracted from 100 to provide the decisional accuracy rate.

3. **List and describe the data source(s) for the measure**

   Data are obtained from OQR's quality dashboards (SSA intranet site).

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 4: Continuous Quality Improvement and Performance

   Objective 4A: 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 same methodology is used by SSA to evaluate federal grant requirement compliance for the Division. It provides monitoring by qualified federal employees with expertise in the documentation needed to support a disability determination and the medical-vocational guidelines required for compliance. This independent monitoring by outside reviewers provides a valid assessment of the decisional accuracy for the Division.

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. OQR provides methodology summaries on the SSA intranet page. The samples are designed to produce an accuracy rate estimate that is within five percentage points of the true accuracy rate that would be obtained if all allowances and denials were reviewed.

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

   Yes. OQR uses a random sampling process to select cases for review. They have a federal case processing system (DICARS) that documents relevant quality data for each case. This system then produces reporting data available on their intranet page.

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

   This is a federal program and the State of Florida is not privy to this information.

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

   Yes. The quality assurance review process requirements are mandated by the Regulations (20 CFR 404.1640 - 404.1670). The results of the review are used by SSA to measure state agency performance accuracy

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 same methodology is used by SSA to evaluate federal grant requirement compliance for the Division. It provides monitoring by qualified federal employees with expertise in the documentation needed to support a disability determination and the medical-vocational guidelines required for policy compliance. This independent monitoring by outside reviewers provides a reliable assessment of the decisional accuracy for the Division.

☒ NA or No Change to Exhibit IV

LRPP Exhibit IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Health

Program: Disability Determinations

Service/Budget Entity: Disability Benefits Determinations/64500100

Measure #70: Number of disability determination decisions completed annually

Action:

- ☐ 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 Social Security Administration (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 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 NNDDSS maintained by the 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 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 4: Continuous Quality Improvement and Performance

   Objective 4A: 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 same methodology is used by SSA to evaluate the federal grant requirement compliance for the Division. It provides an exact tracking mechanism for cases processed by the Division.

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 available in the SSA Management Information Manual Part IV (MIM). The Disability Operational Data Store (DIODS) counts cases that are receipted, cleared, and pending for each program (Title II only, Title XVI only, and concurrent) and the various levels that apply, i.e. initial cases, reconsideration cases, Continuing Disability Review (CDR) cases, etc.

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

   Yes. This information is available in the SSA Management Information Manual Part IV (MIM). These reports are run on Friday at approximately 8:00 p.m. eastern standard time. The report data transmits on Friday directly to SSA's Management Information (MI) system with no intervention required by the Division.

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

   This is a federal program and the State of Florida is not privy to this information.

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?**

   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 same methodology is used by SSA to evaluate federal grant requirement compliance for the Division. It provides an exact tracking mechanism for cases processed by the Division. Queries are periodically used to identify any cases with closure transaction failures.

☐ **NA or No Change to Exhibit IV**

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: NEW: Average number of days to complete new Medical Marijuana Treatment Center (MMTC) facility inspections

Action:

☐ 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 set is obtained from the Office of Medical Marijuana Use's Compliance Licensing Enforcement and Regulatory System (CLEAR). CLEAR is updated using a data streaming process with information input by office staff. CLEAR uses a Salesforce platform.

2. **Describe the methodology used to collect the data:**

   New MMTC facility variance applications are submitted through CLEAR by Medical Marijuana Treatment Centers or entered into CLEAR by office staff. If additional information is submitted before it is requested, office staff will enter an additional information date. Office staff reviews the applications and schedules inspections in the CLEAR. After the inspection is completed, office staff will close the inspection in CLEAR.

3. **Explain the procedure used to measure the indicator:**

   The measure uses the following selection criteria to extract information from the database:
   - The variance received date or additional information date (whichever is later).
   - The inspection end date.

   The average number of days to complete new MMTC facility variance inspections is determined by subtracting the application received date or additional information date from the inspection end date. The days to complete for each new MMTC facility variance inspection are added together and then divided by the total number of variance inspections to determine the average.

Validity (as determined by program office):

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

Reliability (as determined by program office):

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

☐ **NA or No Change to Exhibit IV**

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: NEW: Average number of days to approve variance request

Action:

☐ 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 set is obtained from the Office of Medical Marijuana Use's Compliance Licensing Enforcement and Regulatory System (CLEAR). CLEAR is updated using a data streaming process with information input by office staff. CLEAR uses a Salesforce platform.

2. **Describe the methodology used to collect the data:**

   Renewal applications are entered into CLEAR by office staff. If additional information is required, office staff will enter an additional information requested date and send an Errors and Omissions letter to the MMTC.

3. **Explain the procedure used to measure the indicator:**

   The measure uses the following selection criteria to extract information from the database:
   - The renewal received date.
   - The date additional information was requested.

   The average number of days to send a request for additional information is determined by subtracting the received date from the date additional information was requested. The days to request additional information are added together and then divided by the total number of renewal applications requiring additional information to determine the average.

Validity (as determined by program office):

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

Reliability (as determined by program office):

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

☐ **NA or No Change to Exhibit IV**

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: NEW: Average number of days to process qualified physician Request for Exceptions (RFEs)

Action:

☐ 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 set is obtained from the Office of Medical Marijuana Use's Medical Marijuana Use Registry (MMUR). The MMUR is updated using a data streaming process with information input by qualified physician's office staff and additional online systems via Application Programming Interfaces (API). The MMUR is a .NET application with a SQL server database.

2. **Describe the methodology used to collect the data:**

   Qualified physician Requests for Exemption are submitted through the MMUR, paper applications or a hybrid system of the MMUR and paper documentation. Once all documentation has been received, office staff reviews the request and supporting documentation and updates them in the office's online systems. Once all documentation has been reviewed and verified, office staff will approve the request.

3. **Explain the procedure used to measure the indicator:**

   The measure uses the following selection criteria to extract information from the database:

   - .
   - The request received date or additional information date (whichever is later).
   - The request approval date.

   The average number of days to approve Requests for Exemption is determined by subtracting the request received date from the request approval date. The days to approve for each request are added together and then divided by the total number of requests approved to determine the average.

Validity (as determined by program office):

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

Reliability (as determined by program office):

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

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LRPP EXHIBIT V

ASSOCIATED ACTIVITIES CONTRIBUTING TO PERFORMANCE MEASURES

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 percentage of total agency costs/ agency administrative positions as a percentage of total agency positions	▪ Executive Direction ACT0010
2	Technology costs as a percentage of total agency costs	▪ Information Technology – Executive Direction ACT0300

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	Percentage 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	Percentage 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

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	▪ Sexually Transmitted Disease Services ACT2410 ▪ Family Planning Services ACT2360
14	Bacterial sexually transmitted disease case rate 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	Percentage of required food service inspections completed	▪ Monitor/Regulate Facilities ACT2600
34	Percentage of laboratory test samples passing routine proficiency testing	▪ Public Health Laboratory ACT2830

LRPP Exhibit V: IDENTIFICATION OF ASSOCIATED ACTIVITY CONTRIBUTING TO PERFORMANCE MEASURES

64200000 **Program:** Community Public Health

64200700 **Service/Budget Entity:** County Health Department 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

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	Percentage 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	Percentage of health and medical target capabilities met	▪ Public Health Preparedness & Response to Bioterrorism ACT2850
38	Percentage 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	Percentage 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

LRPP Exhibit V: IDENTIFICATION OF ASSOCIATED ACTIVITY CONTRIBUTING TO PERFORMANCE MEASURES

64300000 **Program:** Children's Medical Services

64300100 **Service/Budget Entity:** Children's Medical Services

Measure Number	Approved Performance Measures for FY 2019-20	Associated Activities Title
41	Percentage of families served with a positive evaluation of care	▪ CMS Network ACT3160
42	Percentage of CMS Network enrollees in compliance with the periodicity schedule for well childcare	▪ CMS Network ACT3160
43	Percentage of eligible infants/toddlers provided CMS early intervention services	▪ Early Intervention Services ACT3100
44	Percentage of Child Protection Team assessments provided to Family Safety and Preservation within established time frames	▪ Medical Services to Abused/Neglected Children ACT3110
45	Number of children enrolled in CMS Program Network (Medicaid and Non-Medicaid)	▪ 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
48	Number of children receiving Child Protection Team (CPT) assessments	▪ Medical Services to Abused/Neglected Children ACT3110

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	Percentage 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	Percentage of applications approved or denied within 90 days from documentation of receipt of a complete application	▪ Investigate Unlicensed Activity ACT4110
57	Percentage of unlicensed cases investigated and referred for criminal prosecution	▪ Investigate Unlicensed Activity ACT4110
58	Percentage of unlicensed activity cases investigated and resolved through remedies other than arrest	▪ Investigative Services ACT7040
59	Percentage of examination scores released within 60 days from the administration of the exam	▪ Issue License and Renewals ACT4100
60	Percentage of disciplinary final orders issued within 90 days from issuance of the recommended order	▪ Practitioner Regulation Legal Services ACT7050
61	Percentage of disciplinary fines and costs imposed that are collected by the due date	▪ Consumer Services ACT7060
62	Percentage of disciplinary fines and costs imposed that are collected by the due date	▪ Issue License and Renewals ACT4100
63	Average number of days to resolve unlicensed activity cases. Combination of 2 deletions directly above	▪ Investigative Services ACT7040

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	Percentage 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

Schedule XI/LRPP EXHIBIT VI

Agency-Level Unit Cost Summary

HEALTH, DEPARTMENT OF

SECTION I: BUDGET	FISCAL YEAR 2022-23 OPERATING	FIXED CAPITAL OUTLAY
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT	3,325,376,252	101,030,000
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)	2,668,379,862	-6,830,000
FINAL BUDGET FOR AGENCY	5,993,756,114	94,200,000

SECTION II: ACTIVITIES * MEASURES	Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)				0
Anti-tobacco Marketing Activities * **Number of anti-tobacco impressions.**	1,306,070,611	0.02	27,407,258	
Provide Quitline Services * **Number of cessation services provided.**	63,631	208.24	13,250,417	
State And Community Interventions - Area Health Education Centers (ahecs) * **Total number of health care practitioners trained in tobacco dependence, patient referrals and systems change.**	5,432	2,976.04	16,165,832	
Provide School Health Services * **Number of school health services provided**	25,518,459	2.68	68,512,603	
Provide Dental Health Services * **Number of children receiving a County Health Department dental service.**	170,692	463.67	79,144,551	
Provide Healthy Start Services * **Number of Healthy Start clients provided by direct service providers.**	226,358	561.95	127,201,853	
Provide Women, Infants And Children (wic) Nutrition Services * **Number of monthly participants**	422,210	1,058.47	446,898,089	
Child Care Food Nutrition * **Number of child care meals served monthly**	12,075,723	29.33	354,178,777	
Provide Family Planning Services * **Number of family planning clients.**	72,991	796.48	58,135,825	
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.**	56,774	2,365.89	134,321,205	
Provide Chronic Disease Screening And Education Services * **Number of persons receiving chronic disease community services from county health departments.**	47,558	1,031.16	49,040,042	93,700,000
Recruit Volunteers * **Number of volunteers participating**	18,429	54.19	998,747	
Provide Immunization Services * **Number of immunization services provided**	959,706	59.34	56,951,201	
Provide Sexually Transmitted Disease Services * **Number of sexually transmitted disease clients.**	78,721	534.27	42,058,386	
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**	17,091	19,830.55	338,924,008	
Provide Tuberculosis Services * **Number of tuberculosis medical, screening, tests, test read services.**	123,372	433.49	53,480,118	
Provide Infectious Disease Surveillance *	230,345	652.27	150,247,639	
Monitor And Regulate Facilities *	272,199	122.11	33,237,538	500,000
Monitor And Regulate Onsite Sewage Disposal (osds) Systems * **Number of onsite sewage disposal systems inspected.**	247,270	146.50	36,224,672	
Control Radiation Threats * **Number of radiation facilities, devices and users regulated.**	109,809	80.57	8,847,167	
Racial And Ethnic Disparity Grant * **Number of projects**	33	373,649.85	12,330,445	
Provide Community Hygiene Services * **Number of Community Hygiene Health Services**	50,473	171.13	8,637,574	
Monitor Water System/Groundwater Quality * **Water system / storage tank inspections / plans reviewed.**	70,279	108.41	7,618,886	
Record Vital Events - Chd * **Number of vital events recorded.**	2,693,929	4.72	12,706,252	
Process Vital Records *	697,474	15.44	10,767,901	
Provide Public Health Pharmacy Services * **Number of drug packets, bottles, and scripts distributed/dispensed.**	1,135,784	163.87	186,125,879	
Provide Public Health Laboratory Services * **Number of relative workload units performed annually.**	12,097,227	3.84	46,501,590	
Statewide Research *	57	2,499,625.44	142,478,650	
Prescription Drug Monitoring * **Number of queries to the Prescription Drug Monitoring Database**	127,570,293	0.00	223,116	
Early Intervention Services * **Number enrolled in early intervention program.***	60,584	1,241.79	75,232,448	
Medical Services To Abused / Neglected Children * **Number of Child Protection Team assessments**	22,477	1,123.00	25,241,675	
Poison Control Centers * **Number of telephone consultations.**	134,172	49.69	6,666,485	
Children's Medical Services Network * **Number of children enrolled**	116,582	19,328.17	2,253,316,949	
Issue Licenses And Renewals * **Health care practitioner licenses issued**	738,985	60.98	45,063,012	
Investigate Unlicensed Activity * **Number of unlicensed cases investigated.**	1,104	1,928.97	2,129,579	
Profile Practitioners * **Number of visits to practitioner profile website.**	796,883	0.52	411,318	
Recruit Providers To Underserved Areas * **Providers recruited to serve in underserved areas.**	1,258	54.02	67,959	
Rehabilitate Brain And Spinal Cord Injury Victims * **Number of brain and spinal cord injured individuals served.**	1,081	13,295.86	14,372,828	
Dispense Grant Funds To Local Providers * **Number of disbursements to EMS provides**	106	275,741.43	29,228,592	
Provide Eligibility Determination For Benefits * **Number of claims completed with accurate determinations**	157,702	781.60	123,259,474	
Investigative Services * **Number of practitioner cases investigated.**	24,687	469.83	11,598,610	
Practitioner Regulation Legal Services * **Number of practitioner cases resolved.**	4,681	2,018.74	9,449,710	
Consumer Services * **Number of complaints resolved.**	50,745	55.54	2,818,539	
TOTAL			**5,121,473,399**	**94,200,000**

SECTION III: RECONCILIATION TO BUDGET	
PASS THROUGHS	
TRANSFER - STATE AGENCIES	
AID TO LOCAL GOVERNMENTS	
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS	
OTHER	347,712,333
REVERSIONS	524,570,503
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)	5,993,756,235 / 94,200,000

(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.

* Data submitted for FY 2021-22 is preliminary

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.

AHEC – Area Health Education Center

AMR – Asthma Medication Ratio

BSCIP – Brain and Spinal Cord Injury Program

BPR – Bureau of Preparedness and Response

BRC – Bureau of Radiation Control

BRFSS – Behavioral Risk Factor Surveillance System

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

CMSN – Children Medical Services Network *now known as* the Office of Children's Medical Services Health Plan and Specialty Programs

CPT – Child Protection Team

CSRs – Client Service Records

CY – Calendar Year

CYSHCN – Children and Youth with Special Health Care Needs

DCF – Department of Children and Families

DDD – Division of Disability Determinations

DOT – Directly Observed Therapy

EBT – Electronic Benefits Transfer

EMS – Emergency Medical Services

EMT – Emergency Medical Technician

EVP – Electronic Vapor Product

FCASV – Florida Council Against Sexual Violence

FIMR – Fetal and Infant Mortality Review

FLCHARTS – Florida Community Health Assessment Resource Tool Set

FL Wise – Florida WIC Automated Data Processing System

FP – Family Planning

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

HMS – Health Management System

HSPA – Health Professional Shortage Areas

HWF – Healthiest Weight Florida

IFSP – Individualized Family Support Plan

IMR – Infant Mortality Rate

IT – Information Technology

ISV – Injury, Safety and Violence

L.O.F. – Laws of Florida

LRPP – Long Range Program Plan

MCH – Maternal and Child Health

MFC – Medical Foster Care

MIPS – Management Information and Payment System

MQA – Medical Quality Assurance

NCQA – National Committee for Quality Assurance

NHSPI – National Health Security Preparedness Index

PBPB/PB2 – Performance-Based Program Budgeting

PCMH – Patient Centered Medical Home

PHDP – Public Health Dental Program

SARS – Severe Acute Respiratory Syndrome

SFY – State Fiscal Year

SHIP – State Health Improvement Plan

SHOTS – State Health Online Tracking System

SIS – SOBRA Information System

SKC– Safe Kids Coalitions

SNAP – Supplemental Nutrition Assistance Program

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

TANF – Temporary Assistance for Needy Families

TB – Tuberculosis

TBD – To Be Determined

TCS – Trends and Conditions Statement

TF – Trust Fund

WIC – Women, Infants and Children

VIPS – Violence and Injury Prevention Section