

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Rural Primary Care Residency Slots-Sacred Heart

4. Recipient name and address:
Name: *Sacred Heart Health Systems, Inc.*
Address 1: *5151 North 9th Avenue*
Address 2:
City: *Pensacola*
State: *FL*
Zip Code: *32504*
Location county/counties: *Escambia*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private for profit

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$3,000,000</i>		<i>\$3,000,000</i>	<i>471</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
The Florida Legislature recognizes that residency programs are an important part of the health care safety net and that medical residents who complete a program are likely to practice in that area. It is also state policy to enhance access to primary care in underserved and rural communities. Offering financial and training motivation for rotations in rural and underserved areas for primary care medical residents provides the opportunity to recruit and retain primary care physicians in these communities, improving health access through integrated training programs. This program and funding supports residency rotations for Pediatric, Internal medicine, OBGYN, and Family Practice areas of medicine. These resident MD's practice in a variety of rural underserved sites. The project also supports the development of a motivational rural physician retention and recruitment program.

9. Number of years this project has received state funding:
This project has received state funding for 2 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes, The Florida Legislature recognizes that residency programs are an important part of the health care safety net and that medical residents who complete a program are likely to practice in that area. It is also state policy to enhance access to primary care in underserved and rural communities. Offering financial and training motivation for rotations in rural and underserved areas for primary care medical residents provides the opportunity to recruit and retain primary care physicians in these communities, improving health access through integrated training programs.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes. This program provides residency program practice to the North Florida counties, those with the greatest primary care physician shortages and to populations with the most barriers to access to care (poverty, lack of transportation, compromised health status, etc.) This program also provides the tools and incentives needed to cultivate a continuing sustainable supply of primary care physicians to practice in these communities for decades into the future.

12. What are the intended outcomes/impacts and benefits of the project?

The immediate outcomes each year are the creation of 17 residency positions; nearly 1500 hour of clinical training while at the same time providing care to the underserved in rural areas of North Florida, the institution of a model motivational and incentive driven physician recruitment and retention program and a model "pipeline" program that targets middle and high school students in rural public schools to interest them in the profession of medicine, provides career counseling and motivational support for striving to meet the goal of attending college and eventually applying for medical school in Florida.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Patients served, number of residency slots, training hours, number of patients served, number of students mentored in pipeline programs,

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

17 residency slots; minimum of 1408 clinical hours provided, exceeded this in 2012 with 2,436 clinical hours to patients, approximately 200 patients served in 2012

Unit cost data (e.g., cost per unit produced); Enumerate:

Not applicable

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Invoices are submitted and is monitored according to DOH contract monitoring procedures.

15. Is there an executed contract between the agency and the recipient?

Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes, residency slots in practice, clinical hours, patients, students in pipeline program, hours of residency training

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

They are not comparable as this is the only such project with the uniqueness of serving the rural panhandle area, or any rural or underserved area of the state. Average Graduate Medical Education, residency costs are not available even on a national level as each program is so unique, and data on such programs is not publicly available. Not collected by any national or state source.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, this program is exceeding expectations, has cultivated residency pipeline with Florida State University College of Medicine, and St. Vincent's Healthcare, a medical center in rural panhandle that benefits from the placement of residents.

19. Describe how the information upon which the answer above is based was obtained and validated:

The above cited information comes from monitoring reports, invoices and progress reports of the contract.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

A report was recently posted on FACTS.

<https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=640000&ContractId=COTEQ>

22. Provide any other information that can be used to evaluate the performance of this project:

This program creates an investment in the state's physician workforce. It also prevents uninsured and underserved rural citizens from inappropriately using the emergency rooms of the area hospitals as they now use the various rural clinics staffed by the primary care residents. The FSU college of Medicine is also able to train in accordance with its founding mission, physicians who will commit for a lifetime of service to underserved patients in underserved areas.

23. CONTACT INFORMATION for person completing this form:

Name: *Debbie Reich*

Title: *Program Administrator State Primary Care Office Division of Public Health Statistics and Performance*

Phone: *(850) 245-4446, ext 2702*

Email: *debbie_reich@doh.state.fl.us*

Date: *01/11/13*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Community Smiles, Inc.

4. Recipient name and address:
 Name: Community Smiles, Inc.
 Address 1: 750 NW 20th Street
 Address 2:
 City: Miami
 State: Florida
 Zip Code: 33127
 Location county/counties: Miami-Dade

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Non-profit

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$283,643</i>		<i>\$283,643</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
To enhance access to comprehensive dental care to the underserved, uninsured, underinsured children in Miami-Dade County, Florida; to develop competent pediatric dentists; to improve residents' skills in pediatric dentistry; and, to promote and improve pediatric oral health.

9. Number of years this project has received state funding:
This project has received state funding for 5 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes. This program addresses the need to reduce emergency room visits for dental health care through a residency program.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes. The project provides dental services to indigent Floridians. These services are part of the dental safety net in South Florida.

12. What are the intended outcomes/impacts and benefits of the project?

To provide 3,000 uninsured, underinsured, and underserved children in Miami-Dade County, Florida with no less than 15,000 dental services and/or treatments; to provide quality pediatric dental services and/or treatments to needy families; to provide residents with a balanced curriculum, didactic material, clinical experience, and knowledge of various specialties of pediatric dentistry.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

The agency collects the providers Case Managed Report and Unit Cost Analysis Report. The Case Mange Report outlines the number of patients seen and the type of service provided. The Unit Cost Analysis Report reflects the number of pediatric visits and dental services and/or treatment provided; the number of residents enrolled in the program, and the comparative cost-savings to the state.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Treatment is considered to be on-going.

Unit cost data (e.g., cost per unit produced); Enumerate:

Unit Cost for this project is either at or below Medicaid rates for dental care. For instance, D0140, Oral Exam: \$8; D0210, Full Series including Bitewings, \$32.

Other (Explain):

N/A

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected monthly. At least once per year the provider is subjected to a Programmatic and Pediatric Dental Records Review to validate services and accuracy.

15. Is there an executed contract between the agency and the recipient?

Yes.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Services provided at or below Medicaid rates represent a significant cost-savings.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes. The Pediatric Dentistry Residency Program includes training in advanced Pediatric Dentistry, instruction in behavior management, treatment of children with special needs, preventive and interceptive treatment of malocclusion, general anesthesia, biostatistics, research, physical diagnosis and sedation. Instruction and training is conducted at the provider's dental clinic. Upon completion of the program the residents receive a certificate of specialty in Pediatric dentistry and meet requirements for the American Board of Pediatric Dentistry Examination

19. Describe how the information upon which the answer above is based was obtained and validated:

The above information was obtained and validated through monthly review of the provider's documentation, Programmatic Monitoring, and Dental Chart Review. Additionally, periodic discussions held with provider and residents.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

Unknown

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Programmatic Monitoring and Records Review (2011 - 2012 FY).

22. Provide any other information that can be used to evaluate the performance of this project:

N/A

23. CONTACT INFORMATION for person completing this form:

Name: *JD Shingles*
 Title: *Contract Manager*
 Phone: *786-845-0358*
 Email: *jd_shingles@doh.stae.fl.us*
 Date: *January 4, 2013*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
County Specific Dental Project - Escambia

4. Recipient name and address:
Name: Sacred Heart Health System, Inc.
Address 1 5151 N. 9th Avenue
Address 2
City: Pensacola
State: FL
Zip Code: 32504

Location
county/counties: Escambia

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private non-profit

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$136,149</i>		<i>\$136,149</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
NONE

8. Project Purpose/Description:
Provides for preventive and restorative dental services for uninsured and low-income adults.

9. Number of years this project has received state funding:
12

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
The main focus of our CHD is to improve the general oral health of low income residents. This program addresses a severe need to reduce emergency room visits for infected dentition of low income adults.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
This program barely addresses the demonstrated need. There are many uninsured dental patients with severe dental pain and infection in our community whose only option for temporary relief is the emergency room. Those visits to the emergency rooms are a lose-lose situation for everyone involved. Patients only get temporary treatment instead of a cure; the hospital and community spends a lot of resources without any meaningful gain.

12. What are the intended outcomes/impacts and benefits of the project?

This program plays a unique and indispensable role in our community by curing those dental diseases for our patients while saving precious resources of emergency care. This program delivers absolutely needed primary dental care to improve the oral health of our vulnerable low income patients and in the mean time amplifies the investment by eliminating costly and ineffective emergency visits due to predictable and preventable dental pain and infection.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

of clients served 943

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

90% of clients successfully complete treatment

Unit cost data (e.g., cost per unit produced); Enumerate:

\$144.38 per client.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The data is collected by the provider and 5% is independently validated for accuracy.

15. Is there an executed contract between the agency and the recipient?

Yes, EB205

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

\$144.38 per client for an extraction of infected tooth. \$15,000 (approx) per client for emergency room visit. \$100,000 (approx) for 3 day stay at hospital if one of these infected teeth turns into cellulitis.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

As the contract is written the provider is exceeding the minimum outcome of 350 clients seen by 593. This still falls short of the community need.

19. Describe how the information upon which the answer above is based was obtained and validated.

Obtained by quarterly reports from provider. 5% validated by onsite visit.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

N/A

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Programmatic contract monitoring completed on 1/13/2012.

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: *Dr. Liu*
Title: *Dental Executive Director*
Phone: *850-595-6607*
Email: jiguo.Liu@doh.state.fl.us
Date: *1/08/13*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. <u>State Agency:</u> <i>Florida Department of Health</i>												
2. <u>State Program (or Type of Program):</u> <i>Community Public Health</i>												
3. <u>Project Title:</u> <i>County Specific Dental Projects - Charlotte, Lee, Collier</i>												
4. <u>Recipient name and address:</u> Name: Family Health Centers of Southwest Florida, Inc. Address 1: <i>2256 Heitman Street</i> Address 2: <i>P. O. Box 1357</i> City: <i>Fort Myers</i> State: <i>Florida</i> Zip Code: <i>33902</i> Location: <i>Charlotte, Lee, Collier counties</i>												
5. <u>Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:</u> <i>Private non-profit</i>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: left;">6. <u>FUNDING:</u></th> <th style="width: 15%;">FY 2012-13 Trust Funds</th> <th style="width: 15%;">FY 2012-13 Total Funds</th> <th style="width: 20%;">GAA Specific App Number</th> </tr> <tr> <td style="text-align: right;">FY 2012-13 Recurring General Revenue <i>\$453,834</i></td> <td></td> <td><i>\$453,834</i></td> <td><i>477</i></td> </tr> </table>					6. <u>FUNDING:</u>	FY 2012-13 Trust Funds	FY 2012-13 Total Funds	GAA Specific App Number	FY 2012-13 Recurring General Revenue <i>\$453,834</i>		<i>\$453,834</i>	<i>477</i>
6. <u>FUNDING:</u>	FY 2012-13 Trust Funds	FY 2012-13 Total Funds	GAA Specific App Number									
FY 2012-13 Recurring General Revenue <i>\$453,834</i>		<i>\$453,834</i>	<i>477</i>									
7. <u>FY 2012-13 GAA proviso specifically associated with the project (if any):</u>												
8. <u>Project Purpose/Description:</u> <i>Provides funding for a contract with the Family Health Centers of Southwest Florida to provide direct client dental services.</i>												
9. <u>Number of years this project has received state funding:</u> <i>10 years</i>												
10. <u>Does this project align with the core missions of the agency or the program area in which it is funded?</u> <u>(Explain):</u> <i>Yes. This project aligns with the core mission of the agency because it protects, promotes, and improves the dental health of those that receive the services. This project is an integrated collaborative project between the State of Florida (Department of Health) and a local community partner (Family Health Centers of Southwest Florida).</i>												
11. <u>Does the program meet a demonstrated need in the community that is not otherwise being met?</u> <u>(Explain):</u> <i>Yes. The project provides dental services to indigent Floridians in their local communities. These services are a major part of the dental safety net in the southwest Florida counties and communities served.</i>												

12. What are the intended outcomes/impacts and benefits of the project?

The project's intended outcomes/impacts are to provide access to care to disadvantaged families in need of dental care. The impact will include decreased rates of dental decay, dental disease, and missing teeth of those in the area served. This contract benefits the community by providing dental care to low-income patients.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Number of patient visits, number of eligible patients, number of treated adults and children

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Number of dental care visits provided to low income families

Unit cost data (e.g., cost per unit produced); Enumerate:

The unit cost ratio is \$103.34 per patient visit.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The provider is required to send data quarterly along with the invoice request for payment. The provider has an independent auditor to validate the information.

15. Is there an executed contract between the agency and the recipient?

Yes, there is an executed contract between the agency and the recipient.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes, the outputs, measures, and costs are specified in the contract.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

The unit costs are below market price of comparable services in the private market.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, based on the performance data, the project is meeting expected outputs. The provider is meeting and exceeding the expected number of outputs and outcomes.

19. Describe how the information upon which the answer above is based was obtained and validated:

The department monitors the provider by reviewing the quarterly reports that are sent along with each invoice and the department receives an annual report. In addition, the department has the ability to validate and report information directly to the provider's auditor. Also, the department monitors the provider using desk-top reviews and on-site inspections.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

Matching funding is not required.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

N/A

22. Provide any other information that can be used to evaluate the performance of this project:

N/A

23. CONTACT INFORMATION for person completing this form:

Name: *SEAN ISAAC*

Title: *CONTRACT MANAGER*

Phone: *850-245-4333*

Email: *SEAN_ISAAC@DOH.STATE.FL.US*

Date: *01/03/13*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Deerfield Beach School Health Clinic

4. Recipient name and address:
Name: *North Broward Hospital District*
Address 1: *1608 SE 3rd Avenue*
Address 2:
City: *Fort Lauderdale*
State: *Florida*
Zip Code: *33316*

Location
county/counties: *Broward*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$367,149</i>		<i>\$367,149</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
This school-based health center provides primary health care, dental and school health services to students, their families and the communities surrounding Deerfield Beach.

9. Number of years this project has received state funding:
This project has received state funding for 15 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
The Deerfield Beach Health Center provides school health services to Deerfield High School students as required by the Florida statutes and administrative rules which pertain to school health programs, including sections 381.0056, 381.0057, 381.0059, F.S., s. 1006.062, F.S., s. 381.88, F.S., and with Chapter 64F-6.001- 6.006, F.A.C.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
The project provides enhanced medical and social services to any student attending Deerfield Beach High School or feeder schools to Deerfield Beach High School and their families. Current year enrollment at Deerfield Beach High School is 2,470, inclusive of a high number of economically disadvantaged students with approximately 50% of the students qualify for the free and reduced lunch program. Without this project in place, access to health services for this population would be difficult to obtain.

12. What are the intended outcomes/impacts and benefits of the project?

The two intended outcomes for this project include: 1) Comprehensive primary care and preventive services will be provided to students, their families and the surrounding community; and 2) Basic school health will be provided to students attending Deerfield Beach High School or feeder schools to Deerfield Beach High School.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Quarterly reports are provided to the agency by the provider that shows the type of health services provided, number of visits, and distinguishes between student and non-student visits.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

During fiscal year 2011/2012 the provider exceeded the contract requirements by providing 4,562 primary health care visits (Contract Requirements: 2,500), 2088 social services hours (Contract Requirements: 300), and 5,784 basic school health services (Contract Requirements: 2,250).

Unit cost data (e.g., cost per unit produced); Enumerate:

This is a multiple year fixed price (fixed fee) contract. The Department pays the Provider the amount of \$367,149 for each twelve month funding period from July 01, 2012 through June 30, 2015 (to be paid in four equal quarterly payments of \$ 91,787.25). The total amount paid to the Provider will not exceed \$1,101,447.00, subject to the availability of funds.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected through the submission of quarterly reports from the Provider that show the type of health services provided, number of visits, and distinguishes between student and non-student visits. The Department's Contract Manager for this Provider conducts an annual monitoring visit and submits a report thereafter. This report reflects the Provider's adherence to the requirements set forth in the contract.

15. Is there an executed contract between the agency and the recipient?

Yes (Contract #COHA6)

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes. The contract does specify outcomes, measures, and costs.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

The Department does not have any other projects comparable to this project.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

During fiscal year 2011/2012 the provider exceeded the contract requirements by providing 4,562 primary health care visits (Contract Requirements: 2,500), 2088 social services hours (Contract Requirements: 300), and 5,784 basic school health services (Contract Requirements: 2,250).

19. Describe how the information upon which the answer above is based was obtained and validated:

The information was obtained and validated from an executed contract, monthly progress reports, and a programmatic monitoring report.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

There is not any additional funding or matching funds for this project.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

North Broward Hospital District: Reports on Federal and State Awards in Accordance with OMB Circular A-133 and Chapter 10.550, Rules of Auditor General. (Annual).

22. Provide any other information that can be used to evaluate the performance of this project:

March 20 - 21, 2012 Contract Programmatic Monitoring Report

23. CONTACT INFORMATION for person completing this form:

Name: *Wes Payne*
 Title: *School Health Consultant*
 Phone: *850-245-4444 x2931*
 Email: *Wes_Payne@doh.state.fl.us*
 Date: *December 27, 2012*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. <u>State Agency:</u> <i>Florida Department of Health</i>											
2. <u>State Program (or Type of Program):</u> <i>Community Public Health</i>											
3. <u>Project Title:</u> <i>Jessie Trice Community Health Center (Economic Opportunity)-Dade</i>											
4. <u>Recipient name and address:</u> Name: <i>Jessie Trice Community Health Center</i> Address 1: <i>5607 Northwest 27th Ave.</i> Address 2: City: <i>Miami</i> State: <i>FL</i> Zip Code: <i>33142</i> Location county/counties: <i>Dade</i>											
5. <u>Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:</u> <i>Private, non-profit</i>											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 5px;"> 6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue </td> <td style="width:25%; padding: 5px;"> FY 2012-13 Recurring Trust Funds </td> <td style="width:25%; padding: 5px;"> FY 2012-13 Recurring Total Funds </td> <td style="width:25%; padding: 5px;"> GAA Specific App Number </td> </tr> <tr> <td style="text-align: center; padding: 5px;"> <i>\$52,422</i> </td> <td style="text-align: center; padding: 5px;"> </td> <td style="text-align: center; padding: 5px;"> <i>\$52,422</i> </td> <td style="text-align: center; padding: 5px;"> <i>477</i> </td> </tr> </table>				6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number	<i>\$52,422</i>		<i>\$52,422</i>	<i>477</i>
6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number								
<i>\$52,422</i>		<i>\$52,422</i>	<i>477</i>								
7. <u>FY 2012-13 GAA proviso specifically associated with the project (if any):</u>											
8. <u>Project Purpose/Description:</u> <i>Provides outreach cardiovascular prevention services from the Jessie Trice Community Health Center including cardiovascular risk assessments, referrals and education to the at-risk population of racial and ethnic minorities of Dade county in order to improve health outcomes.</i>											
9. <u>Number of years this project has received state funding:</u> <i>This project has received state funding for 11 years.</i>											
10. <u>Does this project align with the core missions of the agency or the program area in which it is funded?</u> <u>(Explain):</u> <i>Yes, the project aligns with the Division of Community Health Promotion, Bureau of Chronic Disease Prevention. This is a heart disease prevention program.</i>											
11. <u>Does the program meet a demonstrated need in the community that is not otherwise being met?</u> <u>(Explain):</u> <i>Yes, it is a community resource in a high risk area. The program has provided assessments, education, and referrals to this community for several years.</i>											

12. What are the intended outcomes/impacts and benefits of the project?

The benefits are to improve the cardiovascular health outcomes of racial and ethnic populations, increase the awareness in minority communities of quality healthcare, and partner with community organizations to provide culturally competent strategies of prevention.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

The Provider has participated in over 80 community outreach activities, and involved over 1800 community participants in the last year.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Over 1000 outreach participants had an assessment, which included taking a blood pressure, and provided education about cardiovascular disease symptoms and prevention. Over 80 participants were referred for further services.

Unit cost data (e.g., cost per unit produced); Enumerate:

The provider had a cost reimbursement contract and not a unit cost contract. However, just the unit cost per assessment (\$52,422 / 1044 assessments) would equal \$50.21.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The provider submits a monthly progress report with the data for the month and year-to-date. A programmatic monitoring was completed at the providers site and records were reviewed.

15. Is there an executed contract between the agency and the recipient?

Yes, there is an executed contract.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes, the contract lists measures to be completed by the provider.

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

The costs of providing these services has remained constant through the last few years. Previous years the cost was comparable to other contracted prevention services in the bureau of Chronic Disease Prevention.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, the provider is meeting the contract requirements for outreach activities, disseminating education materials, and providing health risk assessments.

19. Describe how the information upon which the answer above is based was obtained and validated:

The information was from an executed contract, monthly progress reports, and a programmatic monitoring report.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None known.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Independent audit through January 31, 2012 was sent to the Contract Administrative Monitoring Unit, DOH.

22. Provide any other information that can be used to evaluate the performance of this project:

N/A

23. CONTACT INFORMATION for person completing this form:

Name: *Dan Washburn*

Title: *Health Education Program Consultant*

Phone: *850-245-4444, ext. 3807*

Email: *Washburn_daniel@doh.state.fl.us*

Date: *December 31, 2012*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Florida Heiken Children's Vision Program

4. Recipient name and address:
Name: Miami Lighthouse for the Blind/Florida Heiken Children's Vision Program
Address 1: *601 SW 8th Avenue*
Address 2:
City: *Miami*
State: *Fl.*
Zip Code: *33130*
Location county/counties: *Miami/Dade*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private non-profit

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$750,000</i>		<i>\$750,000</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
From the funds in Specific Appropriation 477, \$750,000 in recurring funds from the General Revenue Fund is provided to the Florida Heiken Children's Vision Program to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no other source for vision care.

8. Project Purpose/Description:
Provides free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no other source for vision care.

9. Number of years this project has received state funding:
The project has received state funding since 2010.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
The project aligns with the core missions of the program area in which it is funded. S.381.0056 (4)(a).6., F.S. requires the provision of vision screening as a part of the school health services program.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
This project serves economically disadvantaged students who have twice failed school based eye exams. There are other resources available to provide some of the services that this project provides (i.e., Lense Crafters, Lions Club, etc.) but the level of availability in individual counties is unknown.

12. What are the intended outcomes/impacts and benefits of the project?

The intent of this project is to provide vision services to eligible students attending public schools in counties assigned as outlined in the contract. A comprehensive eye exam by a licensed optometrist and eyeglasses are to be provided at no cost to students who meet the eligibility requirements of the contract.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Monthly reports are provided to the agency by the provider that shows by county the number of students referred, the number of eye examinations completed, the number of eye glasses dispensed and the number of schools served, in aggregate.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

During fiscal year 2011/2012 the provider received 4,366 referrals for services. Eye examinations were performed on 2,523 or 57.79% of the total number referred. Also, 2,204 or 87.36% of the 2,523 that received an eye examination were provided with eye glasses.

Unit cost data (e.g., cost per unit produced); Enumerate:

The cost per exam and glasses under this contract cannot exceed \$98 per student.

Other (Explain):

None

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected through the submission of monthly reports from the recipient in aggregate specifying the number of students referred, eye exams completed, eyeglasses dispensed and the number of students served. Random samplings of the documentation of the process from receipt of the referral through the actual exam being performed and eyeglasses dispensed are reviewed to validate accuracy and completeness of the data collected.

15. Is there an executed contract between the agency and the recipient?

Yes (Contract #COH9L)

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes, the contractual agreement does specify outcomes, measures and costs.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

The agency has two vision services contracts and the unit costs for each are the same.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Service provision is contingent on receiving an adequate number of eligible referrals for services. The contract required the provider to provide 5,550 services for fiscal year 2011/2012 and the provider provided 2,523. Based on the numbers, the project did not meet the expected outputs for fiscal year 2011/2012. Of the 4,366 referrals received by the provider, 1,152 were determined to be ineligible to receive services under the contract.

19. Describe how the information upon which the answer above is based was obtained and validated:

The information used to formulate the answer above was obtained from review of information contained in the monthly reports of services submitted by the provider and the contract document.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

There are no matching funds from non-state sources available for this project.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

*Miami Lighthouse for the Blind and Visually Impaired Audited Financial Statements - June 30, 2011.
Optometry - Journal of the American Optometric Association - January 2012. Volume 83.Number 1*

22. Provide any other information that can be used to evaluate the performance of this project:

The May 31 - June 1, 2012 Contract Programmatic Monitoring Report.

23. CONTACT INFORMATION for person completing this form:

Name: *Ernest J. Bruton*

Title: *Senior Human Services Program Specialist*

Phone: *(850) 245-4444, Ext. 2939*

Email: ernest_bruton@doh.state.fl.us

Date: *01/07/2013*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. <u>State Agency:</u> <i>Florida Department of Health</i>											
2. <u>State Program (or Type of Program):</u> <i>Community Public Health</i>											
3. <u>Project Title:</u> <i>Haitian American Association Against Cancer-Miami/Dade County</i>											
4. <u>Recipient name and address:</u> Name: Haitian American Association Against Cancer Address 225 NE 34th Street, Suite 208 Address City: Miami State: Florida Zip Code: 33137 Location Miami-Dade											
5. <u>Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:</u> <i>Private non-profit</i>											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 5px;"> 6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue </td> <td style="width:25%; padding: 5px;"> FY 2012-13 Recurring Trust Funds </td> <td style="width:25%; padding: 5px;"> FY 2012-13 Recurring Total Funds </td> <td style="width:25%; padding: 5px;"> GAA Specific App Number </td> </tr> <tr> <td style="text-align: center; padding: 5px;"> <i>\$163,839</i> </td> <td style="padding: 5px;"></td> <td style="text-align: center; padding: 5px;"> <i>\$163,839</i> </td> <td style="text-align: center; padding: 5px;"> <i>477</i> </td> </tr> </table>				6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number	<i>\$163,839</i>		<i>\$163,839</i>	<i>477</i>
6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number								
<i>\$163,839</i>		<i>\$163,839</i>	<i>477</i>								
7. <u>FY 2012-13 GAA proviso specifically associated with the project (if any):</u>											
8. <u>Project Purpose/Description:</u> <i>Provides outreach and education in Dade County on breast and cervical cancer. Also provides payment for mammograms, clinical breast exams, Pap tests and other needed diagnostic tests. Treatment is found for any women in their program diagnosed with cancer. These services are provided to low income women, with no health insurance which are younger than age 50.</i>											
9. <u>Number of years this project has received state funding:</u> <i>This project has been funded for 12 years.</i>											
10. <u>Does this project align with the core missions of the agency or the program area in which it is funded?</u> <i>Yes, this project aligns with the mission of the Division of Community Health Promotion, Bureau of Chronic Disease Prevention, Florida Breast and Cervical Cancer Early Detection Program which provides for mammograms, Pap test, clinical breast exams, and some diagnostic exams for women ages 50-64.</i>											
11. <u>Does the program meet a demonstrated need in the community that is not otherwise being met?</u> <u>(Explain):</u> <i>The YWCA in Dade County provides breast and cervical cancer screenings and outreach and education to primarily Haitian and Spanish women ages younger than 50. Do not know how many women they are able to screen each year.</i>											

12. What are the intended outcomes/impacts and benefits of the project?

The outcome and benefits to the program are that women are educated on the importance of breast and cervical cancer screenings. Breast and cervical cancer screenings are provided to 168 women each year. Those diagnosed with cancer are referred to treatment.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

A monthly report is provided each month which includes sign in sheets for those that attend the educational sessions. A total of 520 women per year attend the educational sessions. The report also includes the names of those provided a mammogram, clinical breast exam and Pap test. There are 168 women each year receiving the Pap tests, clinical breast exams, and mammograms. There is a list of those receiving diagnostic tests sent in each quarter. There is also a list of those who were provided transportation. The provider keeps a chart on each client that includes an invoice for screenings and also a copy of each payment.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Close to 100 percent of the clients complete the mammogram, clinical breast exams, and Pap tests.

Unit cost data (e.g., cost per unit produced); Enumerate:

The unit cost per mammogram, Pap test, and Clinical breast exam is in line with the unit cost for a mammogram, Pap test, and clinical breast exam done through the Florida Breast and Cervical Cancer Early Detection Program which pays the Medicare part B rate.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The provider submits monthly sign in sheets of those educated and names of those receiving breast and cervical cancer screenings. Each third month the total of those getting diagnostic tests and transportation services is reported. A programmatic monitoring is completed each year at the site and records of each client are reviewed.

15. Is there an executed contract between the agency and the recipient?

Yes, there is an executed contract.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes, the contract list the services to be provided, reports to complete, and allowable cost of services.

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

The unit cost are comparable to the Florida Breast and Cervical Cancer Early Detection Program that pays at the Medicare part B rate.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, the provider is meeting the contract requirements for providing for breast and cervical cancer screenings, education on breast and cervical cancer, transportation services, diagnostic testing as needed, and providing pre and post test results.

19. Describe how the information upon which the answer above is based was obtained and validated:

The information was from an executed contract, monthly progress reports, and a programmatic monitoring report.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None known

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Do not know of any audits done.

22. Provide any other information that can be used to evaluate the performance of this project:

N/A

23. CONTACT INFORMATION for person completing this form:

Name: *Clifton Skipper*

Title: *Florida Breast and Cervical Cancer Early Detection Program/Health Educator/Outreach Coordinator*

Phone: *850-245-4444 ext. 2944*

Email: *Clifton_Skipper@doh.state.fl.us*

Date: *01/04/12*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Midwifery Services for the Treasure Coast

4. Recipient name and address:

Name:	Martin County Health Department	Florida Community Health Center
Address 1	<i>3441 SE Willoughby Blvd</i>	<i>4450 S. Tiffany Drive</i>
Address 2		
City:	<i>Stuart</i>	<i>West Palm Beach</i>
State:	<i>FL</i>	<i>FL</i>
Zip Code:	<i>34994</i>	<i>33407</i>
Location county/counties:	<i>Martin</i>	

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Martin CHD is a governmental entity. Florida Community Health Center is a Private-Non-profit entity.

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$360,000</i>		<i>\$360,000</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
From the funds in the Specific Appropriation 477, \$360,000 in recurring funds from the General Revenue is provided for the Midwifery Services for the Treasure Coast.

8. Project Purpose/Description:
The Prenatal Care Program, currently operated by the Martin County Health Department, provides prenatal care to low-income patients helping women give birth to healthy babies. Access to affordable maternity services increases the likelihood of early entry into prenatal care (within the first three months of pregnancy). Mothers who enter care early are more likely to have babies with healthy birth weights resulting in less medical cost than those with low birth weight. The reduction is related to a lower risk of both health complications and infant mortality which is a sentinel indicator of the health and well-being of a community. These funds were required to meet the gap in current operating fund deficiencies of the Martin County Health Department and start up expenses of Florida Community Health Center as services were transitioned to Florida Community. This transition will not only continue the gains already accomplished and provide an additional source of services for an even wider range of residents but will, through the use of the same facility and, at least partially, the same staff ensure that clients have access to a facility and people they already trust.

9. Number of years this project has received state funding:
2012 was the first year

10. Does this project align with the core missions of the agency or the program area in which it is funded?

(Explain):

Yes both in it's operation and in the transition to Florida Community Health Center (the reason for allocation of funding). The Department of Health mission, and Florida Statute, task this agency with the responsibility of ensuring that prenatal services were available in our community. The Martin County Health Department assumed responsibility for this program when the community hospital elected to terminate their program which provided maternity services to those residents who had no other way to access prenatal care services. Facing the potential reality of having residents with barriers to care arrive in the ER, having had no prenatal care, with delivery imminent and a strong evidence based possibility of negative birth outcomes, the Martin County Health Department hired the clinical staff that had been performing services and commenced providing services in partnership with the Healthy Start Coalition and other local supporters.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain):

At the inception of the current program, there were no alternative sources for prenatal care to uninsured residents.

12. What are the intended outcomes/impacts and benefits of the project?

This program has experienced great success in the years it operated under the management of the Martin County Health Department. Compared to other Florida Counties, Martin County rose from 47th to 7th in infant mortality and from 36th the in low birth weight to 6th which are both significant accomplishments.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

In addition to the significant increases in early entry into prenatal care and the resulting improvements in birth outcome, the program has delivered over 2,900 babies, of which over half of the mothers had no other venue to receive prenatal care .

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

From 2005 to 2010 compared to other Florida Counties - from 67th to 45th in early entry into prenatal care (first three months), from 36th to 6th in percent of babies born at a low birth weight (below 2,500 grams), from 47th to 7th in infant mortality, and from 67th to 37th for late entry/no prenatal care.

Unit cost data (e.g., cost per unit produced); Enumerate:

According to the CONMAN (DOH) system, our cost per service is \$184.81 for FY 2011-2012. This program has been requiring general revenue support ranging from \$360K to \$500K annually which we can no longer sustain given an available alternative source of care for residents

Other (Explain):

N/A

14. How is program data collected and has it been independently validated for accuracy and completeness?

All of the above reported data is from CHARTS (DOH system) and is based on reported birth and fetal death data.

15. Is there an executed contract between the agency and the recipient?

Each client, upon entry into the prenatal care program, signs an agreement to pay a copayment, currently \$450, for their care. However, as a result of statute and the contract for collecting on accounts receivable for clients without social security numbers, we are limited in our ability to collect the majority of these fees.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

N/A

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

Until Florida Community Health Center expressed an interest in providing both prenatal and primary care services, there were no alternatives available to our presently served client base.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

The funding received is enabling us to continue to operate the prenatal care and delivery program as Florida Community Health Center awaits federal approval of its change in scope. Additionally, it is key to accomplishing our initially stated goals of providing continuity of care to our clients in the same facility and with, to the greatest extent possible, the same staff to maintain the positive gains achieved in infant mortality, earlier entry into prenatal care and birth weight.

19. Describe how the information upon which the answer above is based was obtained and validated:

Financial tracking based on expenses and revenues reported for operating expenses to date.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None are anticipated this FY. The dollars were provided to cover the expenses over and above what we are able to collect in Medicaid, local funding and payment of client copayments.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

N/A

22. Provide any other information that can be used to evaluate the performance of this project:

N/A

23. CONTACT INFORMATION for person completing this form:

Name: *Shirley Hanners*

Title: *Administrative Services Manager*

Phone: *(772) 221-4000 ext. 2155*

Email: *shirley_hanners@doh.state.fl.us*

Date: *01/07/13*

<p>1. <u>State Agency:</u> <i>Florida Department of Health (DOH)</i></p>																	
<p>2. <u>State Program (or Type of Program):</u> <i>Community Public Health/Sexual Violence Prevention Program</i></p>																	
<p>3. <u>Project Title:</u> <i>Rape Crisis Center - Palm Beach</i></p>																	
<p>4. <u>Recipient name and address:</u></p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Name:</td> <td><i>Palm Beach County, a Political Subdivision of the State of Florida, by and through it Board of Commissioners</i></td> </tr> <tr> <td>Address 1</td> <td><i>205 North Dixie Highway, Suite 5.1100</i></td> </tr> <tr> <td>Address 2</td> <td></td> </tr> <tr> <td>City:</td> <td><i>West Palm Beach</i></td> </tr> <tr> <td>State:</td> <td><i>Florida</i></td> </tr> <tr> <td>Zip Code:</td> <td><i>33401</i></td> </tr> <tr> <td>Location county/counties:</td> <td><i>West Palm Beach/Palm Beach County</i></td> </tr> </table>				Name:	<i>Palm Beach County, a Political Subdivision of the State of Florida, by and through it Board of Commissioners</i>	Address 1	<i>205 North Dixie Highway, Suite 5.1100</i>	Address 2		City:	<i>West Palm Beach</i>	State:	<i>Florida</i>	Zip Code:	<i>33401</i>	Location county/counties:	<i>West Palm Beach/Palm Beach County</i>
Name:	<i>Palm Beach County, a Political Subdivision of the State of Florida, by and through it Board of Commissioners</i>																
Address 1	<i>205 North Dixie Highway, Suite 5.1100</i>																
Address 2																	
City:	<i>West Palm Beach</i>																
State:	<i>Florida</i>																
Zip Code:	<i>33401</i>																
Location county/counties:	<i>West Palm Beach/Palm Beach County</i>																
<p>5. <u>Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:</u> <i>The recipient is a governmental entity.</i></p>																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"> <p>6. <u>FUNDING:</u></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">FY 2012-13 Recurring General Revenue</td> <td style="width:50%;">FY 2012-13 Recurring Trust Funds</td> </tr> <tr> <td align="center"><i>\$282,039</i></td> <td></td> </tr> </table> </td> <td style="width:33%;"> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">FY 2012-13 Recurring Total Funds</td> <td style="width:50%;">GAA Specific App Number</td> </tr> <tr> <td align="center"><i>\$282,039</i></td> <td align="center"><i>477</i></td> </tr> </table> </td> </tr> </table>				<p>6. <u>FUNDING:</u></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">FY 2012-13 Recurring General Revenue</td> <td style="width:50%;">FY 2012-13 Recurring Trust Funds</td> </tr> <tr> <td align="center"><i>\$282,039</i></td> <td></td> </tr> </table>	FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	<i>\$282,039</i>		<table style="width:100%; border: none;"> <tr> <td style="width:50%;">FY 2012-13 Recurring Total Funds</td> <td style="width:50%;">GAA Specific App Number</td> </tr> <tr> <td align="center"><i>\$282,039</i></td> <td align="center"><i>477</i></td> </tr> </table>	FY 2012-13 Recurring Total Funds	GAA Specific App Number	<i>\$282,039</i>	<i>477</i>				
<p>6. <u>FUNDING:</u></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">FY 2012-13 Recurring General Revenue</td> <td style="width:50%;">FY 2012-13 Recurring Trust Funds</td> </tr> <tr> <td align="center"><i>\$282,039</i></td> <td></td> </tr> </table>	FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	<i>\$282,039</i>		<table style="width:100%; border: none;"> <tr> <td style="width:50%;">FY 2012-13 Recurring Total Funds</td> <td style="width:50%;">GAA Specific App Number</td> </tr> <tr> <td align="center"><i>\$282,039</i></td> <td align="center"><i>477</i></td> </tr> </table>	FY 2012-13 Recurring Total Funds	GAA Specific App Number	<i>\$282,039</i>	<i>477</i>								
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds																
<i>\$282,039</i>																	
FY 2012-13 Recurring Total Funds	GAA Specific App Number																
<i>\$282,039</i>	<i>477</i>																
<p>7. <u>FY 2012-13 GAA proviso specifically associated with the project (if any):</u></p>																	
<p>8. <u>Project Purpose/Description:</u> <i>Funds provide a coordinated crisis response to improve medical and mental health treatment of rape victims, and enhance the evidence collection process. By centralizing and coordinating dedicated teams comprised of law enforcement, prosecutors, advocates and medical providers, there will be a more effective response to victims of sexual assault. This will ultimately lead to more successful arrests and prosecutions with a victim centered approach. Victim Advocates provide crisis intervention and follow-up support 24 hours per day, seven days a week. The therapist provides on-going trauma therapy for the project's victims and their families.</i></p>																	
<p>9. <u>Number of years this project has received state funding:</u> <i>The 12-13 state fiscal year is the second year of funding for this project.</i></p>																	
<p>10. <u>Does this project align with the core missions of the agency or the program area in which it is funded?</u> (Explain): <i>Yes. Direct services are provided to victims of sexual assault and their families who are residents and/or visitors to Palm Beach County (whether or not the incident is reported to law enforcement). In addition to medical equipment, medications and personal care items for victims, funds are used to furnish staff offices and the victims' waiting area. Services are provided by two rape crisis advocates/therapist, one or more medical provider(s), and Sexual Assault Nurse Examiners (SANE). These services align with the core mission of DOH and the Sexual Violence Prevention Program.</i></p>																	
<p>11. <u>Does the program meet a demonstrated need in the community that is not otherwise being met?</u> (Explain): <i>Yes. According to the 2011 Florida Department of Law Enforcement Uniform Crime Reports, Palm Beach County had the 5th highest reports of forcible rape in Florida. According to the Department of Health's Sexual Violence Data Registry, Palm Beach County Victim Services and Rape Crisis Center provided 3,601 services with these contract funds to primary and secondary victims of sexual assault during 2012. The Palm Beach County Victim Services Center and Rape Crisis Center is a certified rape crisis center that also receives funds from the Rape Crisis Program Trust Fund; however, due to the population of over a million people, the general revenue funds are needed to help meet the need of providing 24/7 sexual battery recovery services in Palm Beach County.</i></p>																	

12. What are the intended outcomes/impacts and benefits of the project?

The intended outcomes and benefits of this project include the provision of sexual battery recovery services 24 hours per day, seven days a week. These recovery services include crisis intervention, advocacy and accompaniment (e.g., accompanying victims to court, medical facilities, police departments), information and referrals, support groups, and therapy for victims, family and household members, and those collaterally affected by the sexual assault. Long-term benefits include providing confidential, on-going support to a rape victim to facilitate the healing process after an assault.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate:
<i>The contract provider must collect, record, and enter victim data, and service data into DOH's Sexual Violence Data Registry. During 2012, the Palm Beach County Victim Services and Rape Crisis Center provided 3,601 services to primary and secondary sexual assault victims. The provider submits monthly progress reports, monthly timelines, and client satisfaction survey data that demonstrate the value of the program to the state of Florida.</i>	
	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
<i>The contract provider must offer rape victims served by this contract the opportunity to complete a client satisfaction survey. One hundred percent of the customer satisfaction survey results must then be reported to DOH monthly. Almost 100 percent of clients report that information provided by the agency staff was understandable, helpful and useful, and that the staff treated them with compassion and respect. Often notes are written at the bottom of the surveys that include heartfelt personal thanks for caring attentiveness.</i>	
	Unit cost data (e.g., cost per unit produced); Enumerate:
<i>During 2012, the Palm Beach County Victim Services Rape Crisis Center provided 3,601 services to sexual assault victims at a cost of approximately \$78 per service. The cost per service was determined using fiscal year 12-13 funding of \$282,039. Annually the contract provider must submit a detailed budget indicating proposed expenditures. Quarterly, the contract provider must submit a Quarterly Financial Expenditure Report that aligns with the budget and provides information about allowable expenditures. The unit costs include salaries, medications and clinical supplies, advertising, on-call cell phones and travel for first responders to respond to victims 24/7 and to attend Sexual Assault Nurse Examiners (SANE) training and the Advocacy Core Training (ACT), as required by certification standards.</i>	
	Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The contract provider collects, reports and enters rape victim and service data into DOH's Sexual Violence Data Registry. Each victim is given a computer-generated Victim Identification number that corresponds to the agency's victim record. Because of this ID number, victims remain anonymous in the Sexual Violence Data Registry. Annually, the DOH Contract Manager performs an on-site programmatic monitoring visit to verify accuracy and completeness and ensure client files support data entered monthly into the Sexual Violence Data Registry. Expenditures and purchases are also reviewed at this time. This contract provider is a certified rape crisis center and; therefore, is monitored by an independent reviewer every two years to confirm compliance with certification standards for rape crisis centers.

15. Is there an executed contract between the agency and the recipient?

Yes, the contract number is COH8Z.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes, the outputs, measures and costs are specified in the contract.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

A Cost/Price Analysis was completed prior to the execution of this contract. The Cost/Price Analysis states, "As a newly funded project, there is no previous price per unit. This program does not have, and is not aware of, current centralized hospital and/or community based facility with trained Sexual Assault Nurse Examiners (SANE) to conduct forensic rape exams to provide patients assessment and medical treatment, collections of forensic evidence and preparation for offender prosecution in Palm Beach County."

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes. The performance data indicates that this project is meeting contract outputs and intended outcomes. Sexual assault victims are receiving recovery services 24/7 from advocates and sexual assault nurse examiners (SANE Nurses) who have received specialized training. The provider is also reaching out to the community by advertising the availability of the Sexual Assault Response Team (SART) Center services. Sample client satisfaction survey responses frequently report that the rape victims are genuinely pleased with the services provided by this agency.

19. Describe how the information upon which the answer above is based was obtained and validated:

On the annual programmatic site visit, the DOH contract manager confirmed that client files supported the data entered in DOH's Sexual Violence Data Registry. A review of client satisfaction surveys validated client satisfaction.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

There is no known matching funding. The Palm Beach County Victim Service Center and Rape Crisis Center is one of nine centers that receives the Preventive Health and Health Services Block Grant funding for the provision of victim services for primary sexual assault victims. The current funding from the Block Grant for Palm Beach is \$40,000.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audits found at: www.pbcgov.com/ofmb/budget/audit.reports/

22. Provide any other information that can be used to evaluate the performance of this project:

A copy of the annual DOH Sexual Violence Prevention Program Programmatic Monitoring Report can be obtained by phoning the Sexual Violence Prevention Program at 850-245-4455, or by emailing: marsha_slade@doh.state.fl.us.

23. CONTACT INFORMATION for person completing this form:

Name: *Marsha Slade*
Title: *Government Operations Consultant II*
Phone: *850-245-4444 ext 2952*
Email: *marsha_slade@doh.state.fl.us*
Date: *12/19/2012*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Reducing Oral Health Disparities

4. Recipient name and address:
 Name: DOH County Health Departments
 Address 1
 Address 2
 City:
 State:
 Zip Code:
 Location

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Funds are given to the 53 county health departments (CHDs) that operate dental programs. Each CHD receives \$6,542.00.

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Number
<i>\$346,678</i>		<i>\$346,678</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides for the expansion of county health department safety-net dental programs that serve as a vital component in the integrated oral health system between the public and private sector.

9. Number of years this project has received state funding:
This project has received state funding for 10 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
Yes. This project aligns with the core mission of the agency because it protects, promotes and improves the dental health of those that receive the provided services.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
Yes, the project provides dental services to indigent Floridians in their local communities. These services are a part of the dental safety net in the Florida counties and communities served.

12. What are the intended outcomes/impacts and benefits of the project?

The project's intended outcomes/impacts are to provide access to care to disadvantaged families in need of dental care. The impact will include reduced rates of dental decay, dental disease, and missing teeth of those in the service areas.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Number of patient visits, number of eligible patients, number of treated adults and children.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Number of dental care visits provided to low income families.

Unit cost data (e.g., cost per unit produced); Enumerate:

Unit cost is \$120.00 per patient visit.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Patient and visit information is entered into the DOH Health Management System (HMS).

15. Is there an executed contract between the agency and the recipient?

No. There is a Schedule C Letter and Attachment I. Funds are provided directly to DOH county health departments.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the the agency and the recipient?

N/A

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

Unit costs are below the market price for comparable services in the private sector.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, approximately 3,000 patient visits were provided last year.

19. Describe how the information upon which the answer above is based was obtained and validated:

Verified through reports generated by the DOH Health Management System (HMS).

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

Match funding is not required.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

N/A

22. Provide any other information that can be used to evaluate the performance of this project:

N/A

23. CONTACT INFORMATION for person completing this form:

Name: *Jan Horne*
Title: *Public Health Dental Program Manager*
Phone: *850-245-4476*
Email: *marsha_horne@doh.state.fl.us*
Date: *01-03-2013*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Statewide Dentistry Network - Escambia County

4. Recipient name and address:
Name: Sacred Heart Health Systems, Inc.
Address 1: *5151 N. 9th Avenue*
Address 2:
City: *Pensacola*
State: *FL*
Zip Code: *32504*
Location county/counties: *Escambia*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
private non-profit

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$112,892</i>		<i>\$112,892</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
NONE

8. Project Purpose/Description:
Provides dental services, outreach and education to low-income children.

9. Number of years this project has received state funding:
8

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
The main focus of our CHD is to serve the low income patients. This contract provides the much needed access to oral hygiene instruction for low income children and their families.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Since many low income families have no reliable transportation, school is the only accessible opportunity for these children in great need of oral hygiene instruction.

12. What are the intended outcomes/impacts and benefits of the project?

To reduce dental decay, infection and pain in low income children. To reduce the prevalent low dental education that leads to increased dental problems with lead to a host of health and economic problems.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

of clients served 6,164

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

All 6,164 clients completed education based on submitted documentation.

Unit cost data (e.g., cost per unit produced); Enumerate:

\$18.31 per educated client.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The data is collected by the provider and 5% is independently validated for accuracy.

15. Is there an executed contract between the agency and the recipient?

Yes, EB200

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

This program is cost reimbursement. The cost per client educated is \$18.31. The Medicaid rate is \$6.00.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Based on the supplied performance data, this project is exceeding the expected outputs by 1,664 clients educated. The minimum required by contract to be served in 4,500.

19. Describe how the information upon which the answer above is based was obtained and validated:

Obtained by quarterly reports from provider. 5% validated by onsite visit.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

N/A

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Programmatic contract monitoring completed on 1.13.2012 and reported on 2.6.2012.

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: *Dr. Liu*

Title: *Dental Executive Director*

Phone: *850-595-6607*

Email: jiguo_Liu@doh.state.fl.us

Date: *1.07.13*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
UF Dental Clinics Statewide

4. Recipient name and address:
Name: *University of Florida, Board of Trustees*
Address 1: *P.O. Box 100405*
Address 2:
City: *Gainesville*
State: *FL*
Zip Code: *32610-0405*
Location county/counties: *Alachua*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Governmental entity

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Total Funds	GAA Specific App Number
<i>\$714,519</i>		<i>\$714,519</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides direct client dental care for indigent persons through 6 University of Florida College of Dentistry clinics and 9 community based clinics using dental students and residents.

9. Number of years this project has received state funding:
This project has received state funding for 15 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes. This project aligns with the core mission of the agency because it protects, promotes and improves the dental health of those that receive the services. This project is an integrated collaborative project between the State of Florida (Department of Health) and the University of Florida College of Dentistry.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes. The project provides dental services to indigent Floridians in their local community. These services are a major part of the dental safety net in the Florida communities served.

12. What are the intended outcomes/impacts and benefits of the project?

The project's intended outcomes/impacts are to provide access to care to disadvantaged families in need of dental care. The impact will include decreased rates of dental decay, dental disease, and missing teeth of those in the area. This contract benefits the community by providing dental care to low-income patients.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Number of patient visits, number of eligible patients, number of treated adults and children

Outcome data (data on the effectiveness or quality of services, e.g., percentage of successfully completing treatment); Enumerate:

Number of dental care visits provided to low income families

Unit cost data (e.g., cost per unit produced); Enumerate:

Unit cost is \$90 per patient visit.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The provider is required to send data quarterly along with the invoice request for payment. The provider has an independent auditor to validate the information.

15. Is there an executed contract between the agency and the recipient?

Yes, there is an executed contract between the agency and the recipient.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes, the outputs, measures, and costs are specified in the contract.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

The unit costs are below market price of comparable services in the private market.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, based on the performance data, the project is meeting expected outputs. The provider is meeting and exceeding the expected number of outputs and outcomes.

19. Describe how the information upon which the answer above is based was obtained and validated:

The department monitors the provider by reviewing the quarterly reports that are sent along with each invoice and the department receives an annual report. In addition, the department has the ability to validate and report information directly to the provider's auditor. Also, the department monitors the provider using desk-top reviews and on-site inspections.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the

Matching funding is not required.

21. List any audits or evaluative reports that have been published for this project (including website links,

N/A

22. Provide any other information that can be used to evaluate the performance of this project:

N/A

23. CONTACT INFORMATION for person completing this form:

Name:	<i>SEAN ISAAC</i>
Title:	<i>CONTRACT MANAGER</i>
Phone:	<i>850-245-4333</i>
Email:	<i>SEAN_ISAAC@DOH.STATE.FL.US</i>
Date:	<i>1-3-13</i>

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. <u>State Agency:</u> <i>Florida Department of Health</i>			
2. <u>State Program (or Type of Program):</u> <i>Community Public Health</i>			
3. <u>Project Title:</u> <i>Vision Quest</i>			
4. <u>Recipient name and address:</u> Name: Jeppesen Visionquest, Inc. Florida's Vision Quest Address 1 <i>167 N Industrial Drive</i> Address 2 City: <i>Orange City</i> State: <i>Fl.</i> Zip Code: <i>32763</i> Location county/counties: <i>Volusia</i>			
5. <u>Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:</u> <i>Private non-profit entity</i>			
6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue <i>\$750,000</i>	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds <i>\$750,000</i>	GAA Specific App Number <i>477</i>
7. <u>FY 2012-13 GAA proviso specifically associated with the project (if any):</u> <i>From the funds in Specific Appropriation 477, \$750,000 in recurring funds from the General Revenue Fund is provided to Vision Quest to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no other source for vision care.</i>			
8. <u>Project Purpose/Description:</u> <i>This non-profit organization provides follow-up eye examinations and eyeglasses to visually impaired, economically disadvantaged public school students identified through vision screening programs at the local school level.</i>			
9. <u>Number of years this project has received state funding:</u> <i>This project has received state funding since 1994.</i>			
10. <u>Does this project align with the core missions of the agency or the program area in which it is funded?</u> <u>(Explain):</u> <i>The project aligns with the core missions of the program area in which it is funded. S.381.0056 (4)(a).6., F.S. requires the provision of vision screening as a part of the school health services program.</i>			
11. <u>Does the program meet a demonstrated need in the community that is not otherwise being met?</u> <u>(Explain):</u> <i>This project serves economically disadvantaged students who have twice failed school based eye exams. There are other resources available to provide some of the services that this project provides (i.e., Lense Crafters, Lions Club, etc.) but the level of availability in individual counties is unknown.</i>			

12. What are the intended outcomes/impacts and benefits of the project?

The intent of this project is to provide vision services to eligible students attending public schools in counties assigned as outlined in the contract. A comprehensive eye exam by a licensed optometrist and eye glasses are to be provided at no cost to students who meet the eligibility requirements of the contract.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Monthly reports are provided to the agency by the provider that shows by county the number of students referred, the number of eye examinations completed, the number of eye glasses dispensed and the number of schools served, in aggregate.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

During fiscal year 2011/2012 the provider received 3,245 referrals for services. Eye examinations were performed on 2,195 or 67.64% of the total number referred. Also, 1,870 or 85.19% of the 2,195 that received an eye examination were provided with eye glasses.

Unit cost data (e.g., cost per unit produced); Enumerate:

The cost per exam and glasses under this contract cannot exceed \$98 per student.

Other (Explain):

None

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected through the submission of monthly reports from the recipient in aggregate specifying the number of students referred, eye exams completed, eyeglasses dispensed and the number of students served. Random samplings of the documentation of the process from receipt of the referral through the actual exam being performed and eyeglasses dispensed are reviewed to validate accuracy and completeness of the data collected.

15. Is there an executed contract between the agency and the recipient?

Yes (Contract #COH9M)

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes, the contractual agreement does specify outcomes, measures and costs.

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

The agency has two vision services contracts and the unit costs for each are the same.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Service provision is contingent on receiving an adequate number of eligible referrals for services. The contract required the provider to provide 2,727 services for fiscal year 2011/2012 and the provider provided 2,195. Based on the numbers, the project did not meet the expected outputs for fiscal year 2011/2012.

19. Describe how the information upon which the answer above is based was obtained and validated:

The information used to formulate the answer above was obtained from review of information contained in the monthly reports of services submitted by the provider and the contract document.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

There are no matching funds from non-state sources available for this project.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Florida's Vision Quest, Inc. Audited Financial Statements and Supplementary Information - June 30, 2011.

22. Provide any other information that can be used to evaluate the performance of this project:

The April 16 - 17, 2012 Contract Programmatic Monitoring Report and Plan of Corrective Action.

23. CONTACT INFORMATION for person completing this form:

Name: *Ernest J. Bruton*

Title: *Senior Human Services Program Specialist*

Phone: *(850) 245-4444, Ext. 2939*

Email: ernest_bruton@doh.state.fl.us

Date: *01/07/2013*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
HIV/AIDS Outreach Program-Haitian & Hispanic Comm. - SW

4. Recipient name and address:

Name:	<i>Community Health of South Florida, Inc</i>	<i>Union Positiva, Inc.</i>
Address 1	<i>10300 SW 216th Street</i>	<i>215 SW 17th Avenue, Suite 31</i>
Address 2		
City:	<i>Miami</i>	<i>Miami</i>
State:	<i>FL</i>	<i>FL</i>
Zip Code:	<i>33190</i>	<i>33135</i>
Location county/counties:	<i>Miami-Dade</i>	<i>Miami-Dade</i>

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Non-profit community-based organizations

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$239,996</i>		<i>\$239,996</i>	<i>491</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides funding for two projects: Community Health of South Florida (CHI) and Union Positiva, both in Miami-Dade County. CHI serves black/Haitian and Hispanic persons at risk for HIV infection and Union Positiva serves at-risk Hispanic males. Both agencies provide HIV testing, linkage to care for persons found to be infected and prevention-for-positive interventions.

9. Number of years this project has received state funding:
Eight

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes, this project aligns with the core mission of the Department of Health. The HIV/AIDS and Hepatitis Program provides HIV prevention services to all Floridians at risk for infection, as well as those living with HIV or AIDS.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
This program provides HIV counseling and testing, linkage to care for HIV-infected persons and behavioral interventions for persons living with HIV/AIDS. Miami-Dade County is heavily impacted by HIV and racial-ethnic minorities are disproportionately affected. This program fills a vital need by providing prevention services to very high-risk populations in the county.

12. What are the intended outcomes/impacts and benefits of the project?

Approximately 20% of persons infected with HIV do not know they are infected. This project will provide HIV testing to high-risk persons resulting in more infected persons learning their HIV status. HIV-infected persons will be linked to care, which will prolong life, increase the quality of life and reduce the spread of HIV to partners and loved ones. Studies have shown that persons who know they are HIV infected take steps to reduce transmission to their partners. HIV-infected persons who are in care and adhere to their medications can lead long, productive lives.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Data on the number of HIV tests conducted, number of HIV positives identified, number of infected persons linked to care, and number of behavioral interventions conducted are collected on a monthly basis. Demographic data are also collected to ensure that the targeted populations are being reached. Technical assistance is provided by DOH staffs when targets are not reached or indicators are not met.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Data are collected on the proportion of persons who learn their HIV status, proportion successfully linked to care and referred to prevention services and the proportion of enrolled persons who complete an intervention. We also collect quantitative data which are used to help evaluate the program.

Unit cost data (e.g., cost per unit produced); Enumerate:

Providers develop an itemized budget in conjunction with the local contract manager. Unit costs are estimated by dividing the amount allocated in the budget by the number of services provided.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

CHI and Union Positiva send monthly reports to the local contract manager, who in turn shares those reports with staff in the HIV/AIDS and Hepatitis Program. Each contract is monitored annually by the local contract manager. Monitoring includes programmatic and fiscal components. During the monitoring, records are reviewed, staffs are interviewed and services are observed. Testing data are collected through a statewide database tied to the state laboratory and are verified by staff in the HIV/AIDS and Hepatitis Program for accuracy and completeness. Continuous feedback is provided to agency staffs.

15. Is there an executed contract between the agency and the recipient?

Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable to all other HIV prevention contracts between the DOH and community-based organizations. Some allowances are made for geographic area covered, target population, etc.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, the project has consistently met expectations. Based on evaluation of the data collected and contract monitoring reports, project objectives have been met.

19. Describe how the information upon which the answer above is based was obtained and validated:

Data are reviewed on a regular basis to ensure that performance measures have been met. For example, we compare the number of completed HIV tests with the number of tests required by the contract. Contract monitoring reports are reviewed upon completion to ensure the program is operating as intended, services are delivered in a culturally competent manner and interventions are conducted with fidelity.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

Both contracts contain a combination of general revenue and federal HIV prevention funding from the Centers for Disease Control and Prevention. The general revenue funding accounts for about one-third of each contract.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

N/A

22. Provide any other information that can be used to evaluate the performance of this project:

This project is very important to HIV prevention efforts in Miami-Dade County, one of the most heavily impacted counties in the nation. CHI will provide testing, outreach, intervention and linkage services to 42,040 clients, while Union Positiva will serve 22,232 clients.

23. CONTACT INFORMATION for person completing this form:

Name: *Marlene LaLota, MPH*

Title: *HIV Prevention Manager*

Phone: *(850) 245-4423*

Email: Marlene_Lalota@doh.state.fl.us

Date: *December 27, 2012*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency: <i>Florida Department of Health</i>			
2. State Program (or Type of Program): <i>Community Public Health</i>			
3. Project Title: <i>South Florida AIDS Network-Jackson Memorial (SFAN)</i>			
4. Recipient name and address: Name: <i>South Florida AIDS Network</i> Address 1: <i>1611 NW 12th Avenue, ACC East</i> Address 2: City: <i>Miami</i> State: <i>FL</i> Zip Code: <i>33126</i> Location county/counties: <i>Miami-Dade</i>			
5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: <i>Private for-profit entity</i>			
6. FUNDING:			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$719,989</i>		<i>\$719,989</i>	<i>491</i>
7. FY 2012-13 GAA proviso specifically associated with the project (if any):			
8. Project Purpose/Description: <i>Provides health care services to people with AIDS. Also has the lead role in coordinating the planning, development and delivery of HIV/AIDS services.</i>			
9. Number of years this project has received state funding: <i>Eight</i>			
10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): <i>Yes, this project aligns with the core mission of the Florida Department of Health and the HIV/AIDS and Hepatitis Program by providing patient care and support services to HIV/AIDS clients in the Miami-Dade area. This GR contract is between Public Health Trust/South Florida AIDS Network and the Department of Health.</i>			
11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): <i>The greatest number of reported AIDS cases in the state of Florida is reported from Miami-Dade County. This program provides critical patient care service to clients with HIV or AIDS who do not have health care coverage and are otherwise unable to access the needed health care services. The provider/recipient has a documented history of competent management and there have been no other organization or agency with the unique ability to manage the funding effectively.</i>			

12. What are the intended outcomes/impacts and benefits of the project?

The intended outcome/impact is to produce and sustain good health outcomes for HIV/AIDS clients in Miami-Dade, by offering quality health care services; ensuring their access to ambulatory/outpatient medical care, case management, AIDS pharmaceutical assistance, treatment adherence, early intervention services, and mental health services, as well as other essential services (transportation, etc).

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

For the AIDS Information Management System (AIMS), SFAN collects First Time This Year (FTTY) data (unduplicated client numbers) each month; SFAN collects client demographic data through the Service Delivery Information System (SDIS) and the State CAREWare system on a daily basis; client eligibility information (HIV status, living in Florida status, insurance, Federal Poverty Level) is also collected in SDIS and CAREWare.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Outcome data is not collected for this program. Clients provided services through this program receive services related to a chronic illness and the treatment is on-going.

Unit cost data (e.g., cost per unit produced); Enumerate:

N/A - Unit cost is not used for this program. SFAN funds direct care, support services, and clinical quality management through these funds based on area priorities and local allocation methodology.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Monthly and daily client level data is collected in CAREWare. SFAN also uses its own database SDIS to collect data for reporting and invoicing. Both systems have been validated for data security and integrity. The SFAN contract is monitored annually by the local contract manager at the Miami-Dade County Health Department. Monitoring includes programmatic and fiscal components. During the monitoring, records are reviewed, staffs are interviewed and services are observed.

15. Is there an executed contract between the agency and the recipient?

Yes.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

N/A – Unit costs are not used.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

This contract is with a lead agency with a track record for successful administration and working relationships with subcontracted providers within the local area. Program costs have remained level in the administration and program support categories. The administration by SFAN has also been effective in cost containment as a gate keeper.

19. Describe how the information upon which the answer above is based was obtained and validated:

Annual monitoring of the contract with SFAN is required. Contract monitoring reports are reviewed upon completion to ensure the program is operating as intended, services are delivered in a culturally competent manner and interventions are conducted with fidelity. Data are reviewed on a regular basis to ensure that performance measures have been met and that current clients are eligible to receive program services.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

SFAN receives a combination of general revenue and federal HIV patient care funding (Ryan White Part B).

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Prior audits have been conducted by the Department of Health's contract administration unit. Audit findings supplied by independent audit companies have been supplied to the local contract managers. These audits are conducted and are reviewed on an annual basis, per contract requirement.

22. Provide any other information that can be used to evaluate the performance of this project:

This project is critical to HIV/AIDS care provision in Miami-Dade County, one of the most heavily impacted counties in the nation. This funding will provide approximately 2,011 client encounters annually, including hospital in-patient care and residential care.

23. CONTACT INFORMATION for person completing this form:

Name: *Uneeda Brewer*
 Title: *Community Programs Coordinator*
 Phone: *(850) 245-4444 ext. 2594*
 Email: uneeda_brewer@doh.state.fl.us
 Date: *1/8/13*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
La Liga-League Against Cancer

4. Recipient name and address:
 Name: *Liga Contra El Cancer - League Against Cancer*
 Address 1: *2180 SW 12th Avenue*
 Address 2:
 City: *Miami*
 State: *Florida*
 Zip Code: *33129*
 Location county/counties: *Miami-Dade*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Non-profit

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$940,000</i>		<i>\$940,000</i>	<i>522</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
From the funds in Specific Appropriation 522, an additional \$117,173 in recurring funds from the General Revenue Fund is provided for La Liga-League Against Cancer.

8. Project Purpose/Description:
Provides free personal health care services to uninsured, low-income cancer patients who are US citizens and legal residents of Florida. Services may include doctors appointments, chemotherapy, laboratory services, radiological applications, medications, surgery, prosthetics and supplies, and transportation.

9. Number of years this project has received state funding:
This project has received state funding for 13 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes. The main objective of the program area are as follows: (1) To provide "free" oncological treatments and services to uninsured and low-income residents of Florida; (2) To enhance access to quality cancer services and care; (3) To address risk behaviors or factors, which impede health, such as tobacco use, poor nutrition, and alcohol use; (4) To reduce barriers to physicians and referral; (5) To reduce cancer disparities amongst minorities and improve health; (6) Improve early detection and prevention of cancer through (a) Routine mammography; (b) Radiological exams; (c) Pap tests; and (d) Colorectal exams.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes. Program provides uninsured patients access to cancer treatment and services that would not otherwise be met.

12. What are the intended outcomes/impacts and benefits of the project?

1. To enhance access to cancer care to uninsured patients; 2) To reduce uninsured cancer patient's financial burden; 3) Improve quality of life; and, 4) To reduce cancer mortality in Florida.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

The number of cancer patients served by the entity during FY 2011 -- 2012 was 298 and provided 1,363 procedures and/or services.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

The provider has an active or on-going cancer case of 784 patients.

Unit cost data (e.g., cost per unit produced); Enumerate:

Unit costs range from \$25.00 to \$10,000.00. For instance, Social Services: New Cases, \$25.00, Re-evaluations, \$25.00, , Orientation/Consultation, \$30.00; Home Care. DME, \$50.00, Nurses Visits, \$30.00; Prosthesis/Ostomy, 100.00; Transportation: Van, 5.00, Ambulance, \$200.00; Medical Staff: Doctors Appointment (New Cases-On Site), \$200.00, Follow-up visits, \$85.00; Doctors Appointment - Off Site: \$200.00, Follow up Visits, \$85.00; Medication: \$80.00; Hospitas: In-Patient - (a) surgery -\$10,000.00, Chemotherapy-\$4,000.00, Emergency-\$3,000.00; Outpatient:Surgery (Minor)-\$5,000.00, Chemotherapy-\$2,000.00, Emergency-\$1,500.00; Chemotherapy (On-Site) -\$250.00; Radiotherapy-\$8,000.00; Laboratory-\$20.00; Radiology (Off Site): X-Ray/Diagnostics, \$50.00, Pet Scan, \$250.00, Muga Scan, \$600.00, MRI, \$800.00, CT/CAT/Body Scan, \$250.00, Bone Density Scan (DXA), \$200.00; Preventive Medicine: Pap Smears, \$75.00, Prostate, \$75.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected and reviewed monthly. The provider submits a Service Report which outlines the category and quantity of services provided to each cancer victim. At least, once per year, the provider is subjected to a Programmatic Monitoring and Medical Records Review by the Contract Manager and local Program Office to ensure that services and treatment are provided to appropriate cancer victims.

15. Is there an executed contract between the agency and the recipient?

Yes.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit Costs for this project is either at or below the current Medicaid rates. Unit costs for this project has not changed within the past 10 years.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes. Patients who would otherwise not have had access to cancer treatment have been granted a "golden thread" to latch onto in order to receive needy oncological care; improve quality of life and life itself. More than 250 cancer victims entered through the provider's door for care.

19. Describe how the information upon which the answer above is based was obtained and validated:

Through review of the provider's records and documentation and interaction with cancer patients during the monitoring process.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

Unknown

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Independent CPA Audit; Website: ligacontraelcancer.org

22. Provide any other information that can be used to evaluate the performance of this project:

Programmatic Monitoring and Medical Records Review.

23. CONTACT INFORMATION for person completing this form:

Name: *JD Shingles*

Title: *Contract Manager*

Phone: *786-845-0358*

Email: *jd_shingles@doh.state.fl.us*

Date: *January 4, 2012*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Manatee County Rural Health Services

4. Recipient name and address:
Name: Manatee County Rural Health Services
Address 1: 1227 US Highway 301 North
Address 2: PO Box 499
City: Parrish
State: FL
Zip Code: 34219
Location county/counties: Manatee and DeSoto

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private Non-Profit

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$82,283</i>		<i>\$82,283</i>	<i>522</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides primary care and laboratory services to the indigent and underserved population in Manatee and DeSoto counties. This is a Federally Qualified Community Health Center.

9. Number of years this project has received state funding:
This project has received state funding for 12 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes, it improves the access to health services for the underinsured/uninsured population of Manatee and DeSoto counties.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes, it does. It provides funding for Manatee County Rural Health Services to provide laboratory services to the targeted population.

12. What are the intended outcomes/impacts and benefits of the project?

Improve access to health care services within Manatee and DeSoto counties.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Approximately 10,000 clients or more.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Manatee County Rural Health Services provides a detailed report showing client names, date of service, laboratory procedure and cost.

Unit cost data (e.g., cost per unit produced); Enumerate:

Varies

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Each month data reports are reviewed by the contract manager.

15. Is there an executed contract between the agency and the recipient?

Currently being prepared for current fiscal year.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes, the cost of laboratory services is an attachment to the contract.

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

Unknown

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, uninsured/underinsured clients have an easy access to health care services.

19. Describe how the information upon which the answer above is based was obtained and validated:

Manatee County Rural Health Services submits monthly reports with the invoices.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

None.

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: *Jorge A. Navarrete*
Title: *Finance and Accounting Director*
Phone: *941-708-6115*
Email: jorge_navarrete@doh.state.fl.us
Date: *01/14/13*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Minority Outreach-Penalver Clinic

4. Recipient name and address:
Name: *Dr. Rafael A. Penalver Clinic, Inc.*
Address 1: *971 NW 2nd St.,*
Address 2:
City: *Miami*
State: *Florida*
Zip Code: *33128*
Location county/counties: *Miami-Dade County*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
A private non-profit entity.

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$319,514</i>		<i>\$319,514</i>	<i>522</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
The Provider will provide cardiovascular assessments and screenings to clients, implementing the Community Worker initiative and implementing the Cardiovascular Wellness initiative, in an effort to reduce the prevalence of cardiovascular disease among the Hispanic population.

9. Number of years this project has received state funding:
This project has received state funding for at least 11 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes. Disease prevention, intervention and education services for cardiovascular disease and hypertension. Collaboration and Partnership by stimulating the development of community and neighboring neighborhoods in improving overall health of its residents and fostering collaborative and broad-based participation between public and private entities in the delivery of health care among residents in high-risk and disproportionately racial and ethnic populations to enhance health screenings, improve outreach services and wellness initiatives.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
This funding has allowed services to reduce health disparities in Little Havana and adjacent areas to uninsured and underinsured men, women and adolescents that are in need of prevention, intervention and education services for cardiovascular disease and hypertension.
If eliminated, the access to health care by the targeted population (Little Havana) and surrounding communities may possibly be severely hampered; community outreach initiative, i.e. hypertension, cardiovascular, and nutritional screenings, may possibly be mislaid; and, an overwhelming increase in health care costs may be incurred by the state.

12. What are the intended outcomes/impacts and benefits of the project?

The Provider shall provide services to reduce health disparities in Little Havana and adjacent areas to uninsured and underinsured men, women and adolescents that are in need of prevention, intervention and education services for cardiovascular disease and hypertension. The Provider shall also provide services throughout Little Havana and adjacent areas through the use of mobile unit(s).

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Outreach Program Binders (logs), Outreach Program Outcome 2012-2013, Work Plan and Reporting - monthly calendars, and monthly reporting form. Copies of mass media communications, sign-in sheets logs, screening logs, BMI screening logs, Health Education, fitness and dance classes logs.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Number of Events: 4; Clients attending events: 168; Outreach visits and BMI: 137; Education Sessions: 330; Hypertension Screenings: 1407; Hypertension positive follow ups: 6; Hypertension clients referred: 666; Cholesterol Screenings: 1007; Cholesterol with positive follow ups: 24; Cholesterol clients referred: 268; Health and Fitness Workshops: 53; Newsletters issues: 4; Newsletters copies: 5000; Advertisements: 26.

Unit cost data (e.g., cost per unit produced); Enumerate:

This is a cost reimbursement contract.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected by conducting programmatic monitoring and reviews of Outreach Program Binders (logs), Outreach Program Outcome 2012-2013, Work Plan and Reporting - monthly calendars, and monthly reporting form. Copies of mass media communications, sign-in sheets logs, screening logs, BMI screening logs, Health Education, fitness and dance classes logs. For accuracy and completeness, the CHD Office of Community Health Director and the Contract Manager performed the programmatic monitoring of the contract.

15. Is there an executed contract between the agency and the recipient?

Yes.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

This is a cost reimbursement contract.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes. The Provider met or exceeded the services units required by the contract.

19. Describe how the information upon which the answer above is based was obtained and validated:

Programmatic monitoring. Outreach Program Binders (logs), Outreach Program Outcome 2012-2013, Work Plan and Reporting - monthly calendars, and monthly reporting form. Copies of mass media communications, sign-in sheets logs, screening logs, BMI screening logs, Health Education, fitness and dance classes logs.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

N/A

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

12/6/12 Monitoring Report.

22. Provide any other information that can be used to evaluate the performance of this project:

Outreach Program Binders (logs), Outreach Program Outcome 2012-2013, Work Plan and Reporting - monthly calendars, and monthly reporting form. Copies of mass media communications, sign-in sheets logs, screening logs, BMI screening logs, Health Education, fitness and dance classes logs. Expenditures reports.

23. CONTACT INFORMATION for person completing this form:

Name: *Ninfa Urdaneta*

Title: *Contract Manager*

Phone: *786-845-0316*

Email: *ninfa_urdaneta@doh.state.fl.us*

Date: *12/28/12*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. <u>State Agency:</u> <i>Florida Department of Health</i>			
2. <u>State Program (or Type of Program):</u> <i>Community Public Health</i>			
3. <u>Project Title:</u> <i>Sanford-Burham Medical Research Institute</i>			
4. <u>Recipient name and address:</u> Name: Sanford-Burnham Medical Research Institute Address 1: <i>6400 Sanger Road</i> Address 2: City: <i>Orlando</i> State: <i>FL</i> Zip Code: <i>32827</i> Location county/counties:			
5. <u>Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:</u> <i>A private non-profit entity</i>			
6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue <i>\$3,000,000</i>	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds <i>\$3,000,000</i>	GAA Specific App Number <i>543B</i>
7. <u>FY 2012-13 GAA proviso specifically associated with the project (if any):</u> <i>From the funds in Specific Appropriation 543B, \$3,000,000 from the General Revenue Fund is provided for the Department of Health and the Sanford-Burnham Medical Research Institute to work in conjunction to establish activities and grant opportunities in relation to biomedical research.</i>			
8. <u>Project Purpose/Description:</u> <i>Funding to establish the Florida Initiative for Novel Therapeutics (FLINT) in cooperation with the Sanford-Burnham Medical Research Institute.</i>			
9. <u>Number of years this project has received state funding:</u> <i>This project has received state funding for 1 year.</i>			
10. <u>Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):</u> <i>Yes. The program area is to work in conjunction with Sanford-Burnham Medical Research Institute to establish activities and grant opportunities in relation to Biomedical research.</i>			
11. <u>Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):</u> <i>Yes. The program provides for research initiatives that is only provided by a few other institutions in the state. A demonstrated need in the community that is not otherwise met and to translate laboratory research discoveries into the medicine of tomorrow.</i>			

12. What are the intended outcomes/impacts and benefits of the project?

A pipeline of potential new drugs that will serve as a catalyst for the development of spin-off companies and attract partnerships with pharmaceutical and biotechnology companies thereby enhancing economic development of the state's biomedical industry.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Research performance and outcomes cannot be quantified by number of clients, unit produced, etc. Due to the unique aspects of the project, the Department of Health is currently negotiating with Sanford-Burnham Medical Research Institute to define appropriate output data.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

See above.

Unit cost data (e.g., cost per unit produced); Enumerate:

See above.

Other (Explain):

N/A

14. How is program data collected and has it been independently validated for accuracy and completeness?

This is the first year of the program and the methodology for collecting and validating data for accuracy and completeness has yet to be established.

15. Is there an executed contract between the agency and the recipient?

There is not an executed contract. However, there is a formal written agreement between the Department of Health and Sanford-Burnham Medical Research Institute.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

No contract. However, the formal agreement will contain outputs, reassures, and specified costs.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Since this is the first year of this type of agreement, there are no other agreements of this type for comparison.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

This is a new project. There has not been any time to evaluate the outcomes.

19. Describe how the information upon which the answer above is based was obtained and validated:

N/A

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

Unknown.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

None.

22. Provide any other information that can be used to evaluate the performance of this project:

N/A.

23. CONTACT INFORMATION for person completing this form:

Name: *Robert Hood*

Title: *Director of Biomedical Research*

Phone: *(850) 245-4585*

Email: Robert_Hood@doh.state.fl.us

Date: *January 11, 2013*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Children's Medical Services

3. Project Title:
Fetal Alcohol Spectrum Disorder (FASD)

4. Recipient name and address:
Name: Kathryn Shea, President & CEO
Address 1 *4620 17th Street*
Address 2 *The Florida Center for Early Childhood, Inc.*
City: *Sarasota*
State: *Florida*
Zip Code: *34235*
Location county/counties: *Located in Sarasota but serves state-wide.*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
The recipient is a private non-profit entity.

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$280,000</i>		<i>\$280,000</i>	<i>554</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides access to evaluation, diagnosis, counseling and developmental services counseling for infants and children and their families. Provides funding to support the diagnostic and intervention services, statewide training on FASD and the administrative oversight and infrastructure of this program.

9. Number of years this project has received state funding:
This project has received state funding for 8 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
This project aligns with the core missions of the agency and the program area in which it is funded because it provides services to a population in a manner that protects and promotes the health of residents in the state through organized state and community efforts.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes, this program meets a demonstrated need in the community that is not otherwise being met. No other statewide program or services of this type exists that provides the support services available through this program. The Florida Center for Early Childhood, Inc. is the only entity of this type in the state of Florida.

12. What are the intended outcomes/impacts and benefits of the project?

Services provided through the direct client service providers include: access to evaluation, diagnosis, counseling and developmental services counseling for infants and children and their families. Provides funding to support the diagnostic and intervention services, statewide training on FASD and the administrative oversight and infrastructure of this program.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

*45 Unduplicated CMS patients received FASD Diagnostic Assessment July 1, 2011 - June 30, 2012. 32
Unduplicated CMS patients received FASD Intervention services July 1, 2011 - June 30, 2012. 318
individuals received education and training July 1, 2011 - June 30, 2012. 40,000 FASD Rack Cards Distributed July 1, 2011 - June 30, 2012*

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

All data included above

Unit cost data (e.g., cost per unit produced); Enumerate:

As indicated in the Method of Payment of the contract, the unit costs are as follows: Payments are made monthly in the amount of \$23,333 for eleven months and \$23,337 for one month.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected via a Program Services Report completed by the provider and validated for accuracy by the contract manager as submitted monthly, and then annually through a desk audit or site visit.

15. Is there an executed contract between the agency and the recipient?

Yes, there is an executed contract between the agency and the recipient.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes, the outputs, measures and costs are specified in a contract between the agency and the recipient in the Performance Specifications section of the contract on Page 13, Section 5(a).

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

It does not compare in this case, since this is the only project in the state of it's kind.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, the project is meeting the expected outputs and having the intended outcomes. The provider has consistently met the requirements as enumerated in the contract. All deliverables are completed and received in a timely manner. Children with FASD whose parents are accepting of the diagnosis and have sought treatment routinely take advantage of the program and the program has been successful in providing families with the education and treatment necessary to live with the disorder.

19. Describe how the information upon which the answer above is based was obtained and validated:

The contract manager receives a monthly report of services provided as well as an annual report detailing the services provided, and which provide an overview of the expected outputs and resulting outcomes. These reports are verified by the contract manager against the contract to ensure that the provider remains in compliance from month-to-month, and annually via a desk review and/or site visit.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

As indicated in their Financial Statements, The Florida Center receives; \$2.3 million in Federal and State Contracts, \$1.2 million in County and Other Contracts. And various other incomes to total \$5.5 million in Operating Revenues and Support. Children's Medical Services provides only \$280,000 of this support.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

http://www.thefloridacenter.or/pdfs/2011_FC-Annual_Report.pdf

22. Provide any other information that can be used to evaluate the performance of this project:

<http://www.thefloridacenter.or/aboutus.htm>

23. CONTACT INFORMATION for person completing this form:

Name: *Beverlyn L. Elliott*

Title: *Contract Manager*

Phone: *850-245-4200 X3942*

Email: Beverlyn_Elliott@doh.state.fl.us

Date: *January 11, 2013*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Alpha One Program

4. Recipient name and address:
Name: *Alpha One Foundation, Inc.*
Address 1: *2937 SW 27th Ave. Ste. 302*
Address 2:
City: *Miami*
State: *FL*
Zip Code: *33133*
Location county/counties: *Provider is in Miami-Dade but services are provided throughout the state.*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
a private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$345,169</i>		<i>\$345,169</i>	<i>556A</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides statewide screening, detection and research for the rare genetic disorder "alpha 1-antitrypsin (ATT) deficiency," a disorder that manifests most commonly as lung disease in adults or liver disease in both children and adults. This program provides services for statewide screening and detection program for the identified individuals with Alpha-1 and for professional, medical, patient, and family education about this disorder.

9. Number of years this project has received state funding:
This project has received state funding for 12 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes, this project directly aligns with the core mission of health promotion and disease prevention through integrated state, county, & community efforts. The provider educates physicians throughout the state about Alpha-1 and encourages them to test at-risk patients. They have developed a network of community partners to test individuals. Those who test positive can get appropriate treatment and care earlier thus improving their health.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes. The provider is the only agency in the state that provides this service. No other similar statewide programs and services exist such as this.

12. What are the intended outcomes/impacts and benefits of the project?

Identify Florida residents with Alpha-1 so they can be referred for medical intervention and thereby improve health outcomes and reduce healthcare costs for the State of Florida.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Primary and confirmatory testing and intervention. Site contacts (includes solo practices, group practices, hospital clinics and hospitals), Alpha-1 education days, articles, Continuing Education Units (CEU), Continuing Medical Education (CME), exhibits, grand rounds, health fairs, medically related conferences and TV/Radio interviews.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Of the persons screened by the Provider, Provider shall refer 100% diagnosed with Alpha-1 Antitrypsin Deficiency for specialized medical care.

Of individuals screened and diagnosed clients with Alpha-1 Antitrypsin Deficiency the Provider will report the total unduplicated diagnosed number.

Unit cost data (e.g., cost per unit produced); Enumerate:

Quarterly payments of \$86,292.25. Early diagnosis could lead to increased intervention/treatment for Alpha-1 which would in turn stabilize overall health and quality of life and potentially prevent/postpone the need for lung and/or liver transplants. The cost of a double lung transplant is approximately \$797,300 and the cost of a liver transplant is \$577,100.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

There are 2 major components to this program: testing and education.

Program testing data is collected by the University of Florida Alpha-1 Genetics Laboratory, which submits monthly, quarterly, and yearly reports to the Florida Detection Program Coordinator. This laboratory is an international reference laboratory for Alpha-1 Antitrypsin levels and phenotype and genotype analysis. This laboratory is under an Institutional Review Board that provides critical oversight and independent validation for accuracy and completeness. This laboratory also has a certification of accreditation by the Centers for Medicare & Medicaid Services Clinical Laboratory Improvement Amendments (CLIA).

Additional program testing data is collected for the Florida Alpha-1 Coded Testing Study (ACT) by the Medical University of South Carolina (MUSC), which submits monthly, quarterly, and yearly reports to the Florida Detection Program Coordinator. This program is also under an Institutional Review Board that provides critical oversight and independent validation for accuracy and completeness.

Educational program data is collected by the Alpha-1 Foundation and its various partners in these endeavors including the American Lung Association in Florida (ALA), the National Association for Continuing Education (NACE), EXCEL Continuing Education, the Brevard Indo-American and Dental Association (BIMDA), and various individual hospital/teaching institution continuing medical departments. Data is independently validated by the Accreditation Council for Continuing Medical Education (ACCME) for NACE and EXCEL, and by the Florida Medical Association (FMA) for BIMDA, and by one of these bodies for the various individual hospitals/teaching institutions.

15. Is there an executed contract between the agency and the recipient?

Yes. Contract #COQQS

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

There are no comparable or alternative projects or services.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, the project is meeting expected outputs and having intended outcomes. Further, expectations have been exceeded in every category.

19. Describe how the information upon which the answer above is based was obtained and validated:

The performance data is directly based upon the program data (see answer above) as compared with the deliverables described in contract COQQS. Besides the validation mentioned above, the performance data is further evaluated and validated by the COO of the Alpha-1 Foundation.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

The only non-state funding is matching funding provided by the Alpha-1 Foundation. This amount varies from year to year to cover costs not directly covered by the state grant.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

A report on this project was recently published as an abstract poster for the National Organization for Rare Disorders.

22. Provide any other information that can be used to evaluate the performance of this project:

Early diagnosis could lead to increased intervention/treatment for Alpha-1 which would in turn stabilize overall health and quality of life and potentially prevent/postpone the need for lung and/or liver transplants. The cost of a double lung transplant is approximately \$797,300 and the cost of a liver transplant is \$577,100.

23. CONTACT INFORMATION for person completing this form:

Name: Amy Tejirian

Title: Attorney

Phone: 786-845-0339

Email: amy_tejirian@doh.state.fl.us

Date:

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. <u>State Agency:</u> <i>Florida Department of Health</i>											
2. <u>State Program (or Type of Program):</u> <i>Children's Medical Services</i>											
3. <u>Project Title:</u> <i>Diaphragmatic Pacing Demonstration Project at Broward Children's Center</i>											
4. <u>Recipient name and address:</u> Name: <i>Broward Children's Center</i> Address 1: <i>200 SE 19th Avenue</i> Address 2: City: <i>Pompano Beach</i> State: <i>Florida</i> Zip Code: <i>33060</i> Location county/counties:											
5. <u>Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:</u> <i>Recipient is a private non-profit entity.</i>											
6. <u>FUNDING:</u> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width:25%;">FY 2012-13 Recurring General Revenue</th> <th style="width:25%;">FY 2012-13 Recurring Trust Funds</th> <th style="width:25%;">FY 2012-13 Recurring Total Funds</th> <th style="width:25%;">GAA Specific App Number</th> </tr> <tr> <td align="center"><i>\$500,000</i></td> <td></td> <td align="center"><i>\$500,000</i></td> <td align="center"><i>556A</i></td> </tr> </table>				FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number	<i>\$500,000</i>		<i>\$500,000</i>	<i>556A</i>
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number								
<i>\$500,000</i>		<i>\$500,000</i>	<i>556A</i>								
7. <u>FY 2012-13 GAA proviso specifically associated with the project (if any):</u> <i>From the funds in Specific Appropriation 556A, \$500,000 in recurring funds from the General Revenue Fund is provided for the Diaphragmatic Pacing Demonstration Project at Broward Children's Center.</i>											
8. <u>Project Purpose/Description:</u> <i>This program provides for the implantation of a pacer electronic device in a young adult person's chest to stimulate the phrenic nerve and send a regular signal to the diaphragm, causing it to contract and fill the lungs with air. This permits taking the person off a mechanical ventilator unit, providing mobility opportunities, reduction in medical complications and reducing need for re-hospitalizations. The demonstration project will develop necessary data for possible development of a Medicaid daily cost that will be less than the current ventilator daily cost, thereby generating a significant long term cost saving to the Medicaid program.</i>											
9. <u>Number of years this project has received state funding:</u> <i>This project has received funding for one Fiscal Year (2012).</i>											
10. <u>Does this project align with the core missions of the agency or the program area in which it is funded?</u> <u>(Explain):</u> <i>Yes. There are more than 100 brain and spinal cord injury patients in Florida on expensive mechanical ventilator care with most being paid for by Medicaid. Successful demonstration of the Diaphragmatic Pacer program for these type patients will: significantly improve these patients' lives by taking them off the mechanical ventilator, allowing mobility, fewer medical complications, and fewer re-hospitalizations and allowing development of a Diaphragmatic Pacer Medicaid Reimbursement rate that will reduce significantly long term medical costs for these patients.</i>											
11. <u>Does the program meet a demonstrated need in the community that is not otherwise being met?</u> <u>(Explain):</u> <i>Yes. The technology for the Diaphragmatic Pacer unit has been demonstrated successfully in private pay patients in Florida and other states. It is not currently reimbursable under the Florida Medicaid program. Successful demonstration of its use in eligible Florida Medicaid patients will significantly improve these patients' lives and significantly reduce the Medicaid costs of maintaining these patients.</i>											

12. What are the intended outcomes/impacts and benefits of the project?

The intended outcome of this project is to demonstrate the viability of the Diaphragmatic Pacer Procedure in Medicaid patients to develop data for a Medicaid Reimbursement Rate determination for use when patients undergo this procedure and the 90 day rehabilitation costs. Once established this will lead to lesser costs for long term care versus the current ventilator Medicaid reimbursement rate.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

The first six months of the program has been utilized to negotiate the contract and by the recipient facility to apply for and obtain the necessary licenses for care of these type patients. Application has been made to the Agency for Health Care Administration (AHCA) for a Transitional Residency License and an application for a CARF rehabilitation certification for this type rehabilitation has been filed. AHCA has performed their on-site review and the facility is awaiting the results of that review. Specialized staffing is being recruited and two sets of specialized equipment have been ordered. This will not be a high volume program in the demonstration phase. It is anticipated that only 1-3 patients at any one time will be in the 90 day demonstration rehabilitation period.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Until December 2012 no patients have entered the demonstration project while a contract was negotiated, the facility applied for and obtained the necessary AHCA license and rehabilitation certification, recruited staffing and obtained needed specialized equipment. A limited number of private pay patients have successfully undergone this procedure with the majority receiving the rehabilitation stage out of state. Application of this procedure and rehabilitation model in the state of Florida for Medicaid patients is anticipated to be able to develop the data needed for development of a Medicaid reimbursement rate that will significantly reduce the cost of care for these patients once they are able to function off of a mechanical ventilator.

Unit cost data (e.g., cost per unit produced); Enumerate:

The contract for this program was developed on a negotiated contract basis, until a sufficient number of patients enter and complete the 90 day rehabilitation program. Exact cost data can not be produced until sufficient numbers of patients complete the demonstrate program, at which time, unit cost data will be reviewed and adjustment will made as necessary with a recommendation regarding a Medicaid Reimbursement Rate to AHCA.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected by direct cost invoicing for costs at rates negotiated versus actual cost for the staffing and set care costs. These costs are documented and will be reviewed by a panel to determine the recommended Medicaid reimbursement rate.

15. Is there an executed contract between the agency and the recipient?

Yes. There is an executed contract between the agency and recipient.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes. There is a contract that details outputs, measures and costs specified between the agency and the recipient.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

At present the costs of the Diaphragmatic Pacer unit itself, is comparable to what information is available related to this unit's costs as found by the few Florida trauma centers that have done the procedure on private pay patients. The purpose of the demonstration project is to develop unit costs data for use in recommending a Medicaid reimbursement rate for 90 days of specialized diaphragmatic pacer transitional rehabilitation. Therefore, it is not possible to determine cost comparison at this time since such a facility does not exist in Florida until now and the purpose of this project is to determine these costs in the first facility of its type in Florida.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

It is meeting the expected outcomes expected in the initiation of this demonstration project. A contract had to be negotiated for this new type of specialized rehabilitation, the facility had to apply for and obtain a necessary AHCA Transitional Living Facility and apply for and obtain necessary rehabilitation certification. It will now be accepting initial patients soon.

19. Describe how the information upon which the answer above is based was obtained and validated:

Direct involvement monitoring by the Contract Manager and by the department's Brain and Spinal Cord Program Director, plus site-visit and AHCA licensing site-review has obtained and validated information.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

No matching funds are involved directly with this project at present. The facility is supporting some of the facility support costs and staffing support costs from their own funding.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

The AHCA site-visit report has been completed and is being evaluated at AHCA for licensing of this facility at the applied for level.

22. Provide any other information that can be used to evaluate the performance of this project:

This is a unique project to develop rehabilitation cost reimbursement data for development of a Medicaid Reimbursement Rate for the transitioning of young adult ventilator care patients, to the more modern technology diaphragmatic pacer unit. The diaphragmatic pacer unit allows more patient mobility, reduces medical complications and generates fewer re-hospitalizations reducing overall costs of care and will generate substantial lifetime costs savings for the Medicaid program related to provision of care for these type patients.

23. CONTACT INFORMATION for person completing this form:

Name: *Thomas Weaver (alternate: Mitzi Durbin)*
 Title: *Contract Manager, Bureau of Emergency Medical Oversight*
 Phone: *(850) 251-8721 {(850) 245-4440 ext. 2763}*
 Email: *Tom_Weaver@doh.state.fl.us (Mitzi_Durbin@doh.state.fl.us)*
 Date: *1/2/2013*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. <u>State Agency:</u> <i>Florida Department of Health</i>											
2. <u>State Program (or Type of Program):</u> <i>Children's Medical Services</i>											
3. <u>Project Title:</u> <i>Islet Cell Transplantation To Cure Diabetes</i>											
4. <u>Recipient name and address:</u> Name: Diabetes Research Institute Foundation (DRIF) Address 1: <i>200 South Park Road, Suite 100</i> Address 2: City: <i>Hollywood</i> State: <i>Florida</i> Zip Code: <i>33021</i> Location county/counties: <i>Broward</i>											
5. <u>Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:</u> <i>Non- Profit Entity</i>											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 5px;"> 6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue </td> <td style="width:25%; padding: 5px;"> FY 2012-13 Recurring Trust Funds </td> <td style="width:25%; padding: 5px;"> FY 2012-13 Recurring Total Funds </td> <td style="width:25%; padding: 5px;"> GAA Specific App Number </td> </tr> <tr> <td style="text-align: center; padding: 5px;"> <i>\$213,332</i> </td> <td style="padding: 5px;"></td> <td style="text-align: center; padding: 5px;"> <i>\$213,332</i> </td> <td style="text-align: center; padding: 5px;"> <i>556A</i> </td> </tr> </table>				6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number	<i>\$213,332</i>		<i>\$213,332</i>	<i>556A</i>
6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number								
<i>\$213,332</i>		<i>\$213,332</i>	<i>556A</i>								
7. <u>FY 2012-13 GAA proviso specifically associated with the project (if any):</u>											
8. <u>Project Purpose/Description:</u> <i>Provides funding to contract with the Diabetes Research Institute (DRI) Foundation for staff to follow up with transplant patients after surgery and for anti-rejection agents. The foundation conducts research to further islet cell transplantation as a method for reversing diabetes in humans.</i>											
9. <u>Number of years this project has received state funding:</u> <i>This project has received state funding for 12 years.</i>											
10. <u>Does this project align with the core missions of the agency or the program area in which it is funded?</u> <u>(Explain):</u> <i>Yes: The project does align with the core mission of the agency as it improves the health of Florida residents with diabetes. By finding a cure for diabetes, this project will greatly have a positive impact on the health of all residents with disease.</i>											
11. <u>Does the program meet a demonstrated need in the community that is not otherwise being met?</u> <u>(Explain):</u> <i>Yes: It provides an opportunity for cutting edge healthcare research.</i>											

12. What are the intended outcomes/impacts and benefits of the project?

This program intends to improve the health status of participants and by advancing medical practice in health and in finding cure to diabetes.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

(1) The provider submits quarterly service reports, that shows the number of trial recipients served. (2) Research papers published

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Since 04/2000 the Diabetes Research Institute Foundation has transplanted 52 subject (19 from Florida). At the present time they follow 13 subjects from Florida with graft function for over 11 years (stable metabolic control without severe hypoglycemia and improved quality of life). Six of them are still insulin independent.

Unit cost data (e.g., cost per unit produced); Enumerate:

The unit cost is \$9,275.30 per client.

Other (Explain):

N/A

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected by the provider and documented in quarterly and annual reports. Program data is not independently validated, however, the name of each patient served and detailed medical records are provided allowing verification of accuracy and completeness.

15. Is there an executed contract between the agency and the recipient?

Yes: There is an executed contract between the agency and the recipient. Contract#COQUF

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes: The outputs, measures and costs are specified in the contract.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

N/A: The project and services are unique

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes - Based on the reports provided, patient results have improved drastically from less than 10% able to achieve insulin independence prior to 2000 to nearly 70% of them now reporting being off insulin at one year after transplant.

19. Describe how the information upon which the answer above is based was obtained and validated:

The information above is based on provider reports and referred publications.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

The amounts vary: They seek further donations from Individuals, Corporations, Private Foundation.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

DOH conducts annual Fiscal Audits and external independent audits are also conducted by a DRI appointed auditor on an annual basis. 1). DOH Administrative Monitoring Review, period July 2009-2010. 2) Berkowitz Pollack Brant Advisors and Accountants annual financial audit (2011-2012).

22. Provide any other information that can be used to evaluate the performance of this project:

Several papers are published annually from the research conducted under this project and since 2000, over 46 papers have been published. These papers have significantly advanced the field of islet transplantation. The support of the State of Florida have been acknowledged in these publications.

23. CONTACT INFORMATION for person completing this form:

Name: *Maryann Thairu*

Title: *Contract Manager*

Phone: *850-245-4444 Ext. 3954*

Email: *Maryann_Thairu@doh.state.fl.us*

Date: *11/24/2012*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Jessie Trice Cancer Center/Health Choice Network

4. Recipient name and address:
 Name: *Health Choice Network of Florida, Inc. (HCNFL)*
 Address 1: *9064 NW 13 Terrace*
 Address 2:
 City: *Doral*
 State: *FL*
 Zip Code: *33172*
 Location county/counties: *Provider is located in Miami-Dade, and services are provided in Miami-Dade and Broward counties.*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
a private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$156,485</i>		<i>\$156,485</i>	<i>580</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
The provider will implement community-based screening, education and pre-screening risk assessments, and clinical cancer screening programs for breast and cervical cancer in partnership with faith-based organizations and Community Health Centers in low income, predominantly African-American and/or Hispanic, communities in, Miami-Dade County and Broward County. Screening tools developed by the provider, such as a pre-screening assessment, pre and post-event questionnaire, and satisfaction survey, may be used in meeting the tasks and goals identified in this agreement.

9. Number of years this project has received state funding:
This project has received state funding for 12 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes, it is Health Promotion and Disease Prevention. It is also specifically mandated in the Florida Statutes Public Health Chapter. 381.91 Jessie Trice Cancer Prevention Program.—
(1) It is the intent of the Legislature to create a community faith-based disease-prevention program in conjunction with the Health Choice Network and other community health centers to build upon the natural referral and education networks in place within minority communities and to increase access to health service delivery in Florida and establish a funding source to build upon local private participation to sustain the operation of the program.
(2)(a) There is created the Jessie Trice Cancer Prevention Program, to be located, for administrative purposes, within the Department of Health, and operated from the community health centers within the Health Choice Network in Florida.
(b) Funding may be provided to develop contracts with community health centers and local community faith-based education programs to provide cancer screening, diagnosis, education, and treatment services to low-income populations throughout the state.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes, it targets low income, predominantly African-American and/or Hispanic, communities in, Miami-Dade County and Broward County who are less likely to have health insurance. These are the populations who suffer at high rates of cancer.

12. What are the intended outcomes/impacts and benefits of the project?

1) To maintain coordinated cancer risk assessment, screening and education programs targeting African-American and Hispanic residents by linking Community Health Centers, with other community organizations including, but not limited to faith-based organizations, cancer centers, health departments, and tertiary services.

2) To increase rates of early detection and diagnosis of breast and cervical cancer in targeted communities.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Staff will conduct a minimum of ten (10) outreach activities in targeted communities within Broward and Miami-Dade Counties in an effort to increase community awareness of breast and cervical cancer risks and the availability of screening. This will be done through Health Fairs and 'Healthy Sundays' events.

At a minimum, 45 women who are referred for a follow-up mammogram or pap smear following outreach activities will receive recommended services at a participating Community Health Center or a community partner.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Staff will use their best efforts to contact 100% of women screened and referred to a Community Health Center following community activities for follow-up cervical and breast cancer screening tests.

Unit cost data (e.g., cost per unit produced); Enumerate:

N/A

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program teams enter data into OUTREACH, a collection and reporting tool designed to support the Jessie Trice Cancer Prevention Program. Monthly, the HCNFL contract administrator uses a series of four reporting tools to review the information. The Health Choice Network of Florida, (HCNFL), contract administrator resolves inconsistencies and gaps with the subcontracting community health centers. Annually, the HCNFL contract administrator conducts a training session with the subcontracting community health centers to review program outreach, data collection, and reporting procedures. Annually, the HCNFL contract administrator collects hard copy participant assessments and conducts a sample review of reporting information.

15. Is there an executed contract between the agency and the recipient?

Yes, contract #DEW10

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

The Jessie Trice Cancer Prevention Program unit cost of Florida State Department of Health funding for increasing awareness of the need for breast and cervical cancer screening in the community was \$20.92 per participant receiving communication education provided in Fiscal Year 2012. If you add the contributions of HCNFL and its individual subcontractors, the total per person cost in 2012 was \$33.22. The alternative to not increasing awareness for cancer screening is late stage diagnosis. The per person cost alternative of late diagnosis of breast cancer can be as high as \$66,000 in out-of-pocket expenses per person (National Opinion Research Center, 2012). For cervical cancer, the average cost of treatment can be \$75,000 per person (National Review, via Gardasil, 2012).

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, for FY 2012, HCNFL exceeded all program goals. Subcontractors completed 48 outreach activities (goal of 3) to reach 7479 community members (goal of 1500). 1350 Women were assessed for eligibility for breast and cervical cancer screening (goal 300) of which 1184 were eligible (an estimate of 100). Of those that were eligible, 1071 or 90% were referred to a community health center for screening services (goal of 90). Successful contact was made with 444 women (goal of 90) to make appointments for screening. At the end of the program year, 775 women who were initially identified in outreach events and activities received services for mammograms and Pap smears. In addition, 28 women were referred for follow-up services as a result of breast and cervical cancer screening results.

19. Describe how the information upon which the answer above is based was obtained and validated:

The information was obtained from the Exhibit C of the contract with DOH for FY12. Activities Report submitted with the final program year end report in July 2012. The report was developed using the data collection tool implemented by HCNFL to support the Jessie Trice Cancer Prevention Program, OUTREACH. Subcontractor community health workers complete a paper assessment with each potential participant to establish eligibility for screening services. Subcontracts save these documents for seven years, per program requirements. Subcontractors enter data describing each outreach event and activity and participant demographics, assessment, and follow-up activities. Monthly, the Program Manager produces a series of reports from OUTREACH to assess data using the program process flow model (participant education, assessment, follow-up, receipt of services). These reports are the basis for information reported on Exhibit C, Activities Report. Annually, the Program Manager reviews assessment forms to validate participant data. HCNFL works closely with its subcontractors to resolve any questions or issues.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

In FY2012, HCNFL contributed \$42,000 from donated funding to support the project. Subcontracting community health centers contributed the equivalent of an additional \$50,000.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

The Florida Department of Health audits the Jessie Trice Cancer Prevention Program every year. The program was highlighted in a published evaluation in 2009, Cook, N, Mauro A. Jessie Trice Cancer Prevention Program, Breast and Cervical Cancer Program. Proceedings of the Health Choice Network 15th Annual Educational Session, "Models that Work." 2009; June 10-12; Bonita Springs, FL. <http://biomed.miami.edu/?p=484&pid=184&m=facultyph&mid=2&item=415>). The program was featured in poster presentations at conferences and meetings sponsored by the National Association of Community Health Centers, Office of Minority Health, and the University of Miami in 2008. HCNFL features program results in its regular reports to its Board of Directors, in Annual Reports, newsletters, and information describing the Health Choice Network Health Promotion Program.

22. Provide any other information that can be used to evaluate the performance of this project:

The Jessie Trice Cancer Prevention Program specifically targets under and uninsured women who are least likely to complete important cancer screening tests. In FY2012, of the 1350 women who were assessed for eligibility for services, 88% were identified as noncompliant with medically recommended screening schedules for breast and cervical cancer. In this population, fully 90% were under or uninsured women who referred to services at participating Federally Qualified Community Health Centers. These centers provided 775 women with mammograms and Pap smears and 28 women were referred for follow-up services.

23. CONTACT INFORMATION for person completing this form:

Name: Amy Tejirian
Title: Attorney
Phone: 786-845-0339
Email: amy_tejirian@doh.state.fl.us
Date:

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. <u>State Agency:</u> <i>Florida Department of Health</i>							
2. <u>State Program (or Type of Program):</u> <i>Community Public Health</i>							
3. <u>Project Title:</u> <i>SW Alachua County Primary & Community Health Care Clinic</i>							
4. <u>Recipient name and address:</u> Name: University of Florida, College of Nursing, Archer Family Health Care Address 1 <i>P.O. BOX 100197</i> Address 2 City: <i>Gainesville</i> State: <i>FL</i> Zip Code: <i>32610</i> Location county/counties: <i>Alachua County</i>							
5. <u>Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:</u> <i>Private Non-profit</i>							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"> 6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue <i>\$98,529</i> </td> <td style="width:25%;"> FY 2012-13 Recurring Trust Funds </td> <td style="width:25%;"> FY 2012-13 Recurring Total Funds <i>\$98,529</i> </td> <td style="width:25%;"> GAA Specific App Number <i>580</i> </td> </tr> </table>				6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue <i>\$98,529</i>	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds <i>\$98,529</i>	GAA Specific App Number <i>580</i>
6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue <i>\$98,529</i>	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds <i>\$98,529</i>	GAA Specific App Number <i>580</i>				
7. <u>FY 2012-13 GAA proviso specifically associated with the project (if any):</u> <i>None</i>							
8. <u>Project Purpose/Description:</u> <i>The purpose of this project is to provide Primary care and Mental health services to indigent, uninsured, and medically underserved residents of north central Florida.</i>							
9. <u>Number of years this project has received state funding:</u> <i>This project has received state funding for 12 years.</i>							
10. <u>Does this project align with the core missions of the agency or the program area in which it is funded?</u> <u>(Explain):</u> <i>Yes, Access to care, chronic disease prevention, and attention to health infrastructure are key components of the Florida State Health Improvement Plan 2012-2015. AFHC contributes to all of these efforts by providing access to care for residents who would have none otherwise, by providing health education to individual patients and local communities as one means to prevent chronic diseases, and by including clinical experiences that make the next generation of health professionals more likely to work in underserved areas.</i>							
11. <u>Does the program meet a demonstrated need in the community that is not otherwise being met?</u> <u>(Explain):</u> <i>Yes, it provides primary care and mental health services to indigent, uninsured, and medically underserved residents of north central Florida, many of whom are the "working poor". In addition, health education services are provided in public schools, at meal sites for the elderly, in low-income housing projects, and at other locations.</i>							

12. What are the intended outcomes/impacts and benefits of the project?

In FY 2012 over 1,100 different primary care patients were provided with over 5,000 clinic visits and community health services were provided to over 200 different area residents. Over 9,000 different primary care patients have been served by AFHC since FY 2001.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

OBJECTIVES/ OUTCOMES:

1. *PROVIDE A MINIMUM OF 1,100 PATIENT VISITS PER YEAR*
2. *PROVIDE A MINIMUM OF 5 COMMUNITY GROUP HEALTH EDUCATION SERVICES PER YEAR*

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

- 1). *Client education will be offered appropriately based upon presenting problem(s), physical findings and diagnoses, and anticipatory guidance for health promotion and disease prevention.*
- 2). *Documentation in the medical records will verify that 85 percent of referrals have received follow-up.*
- 3). *Documentation in the medical records will verify that 85 percent of problems identified by the client have been addressed.*
- 4). *Documentation in the medical records will verify that education where appropriate was given to the client 80 percent of the time.*

Unit cost data (e.g., cost per unit produced); Enumerate:

Average cost \$89.00

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The provider submits monthly invoices that are submitted and is monitored according to DOH contract monitoring procedures.

15. Is there an executed contract between the agency and the recipient?

Yes.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes, the contract specifically identifies measures to be completed by the provider.

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

Cost of providing these services has remained constant.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, FY 2012 over 1,100 different primary care patients were provided with over 5,000 clinic visits and community health services were provided to over 200 different area residents. Over 9,000 different primary care patients have been served by AFHC since 2001.

19. Describe how the information upon which the answer above is based was obtained and validated:

This information is validated by the submission of monthly progress reports and any additional documentation if requested by the department.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

None

22. Provide any other information that can be used to evaluate the performance of this project:

Undergraduate and nurse practitioner program nursing students work with nurse practitioner and community health faculty members as part of their clinical coursework. Health professional students who have experiences with underserved patients and communities are more likely to work in those areas upon graduation.

23. CONTACT INFORMATION for person completing this form:

Name: *Eli Williams*

Title: *Contract Manager*

Phone: *245-4446*

Email: elijah_williams@doh.state.fl.us

Date: *01/04/12*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Traumatic Brain Injury Association/Brain Injury Association of Florida

4. Recipient name and address:
Name: Brain Injury Association of Florida (BIAF)
Address 1: 1637 Metropolitan Blvd., Suite B
Address 2:
City: Tallahassee
State: Florida
Zip Code: 32308
Location county/counties: *The recipient has its headquarters located in Leon County. However, it does have personnel stationed throughout the state.*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
The recipient is a private non-profit entity.

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$1,000,000</i>		<i>\$1,000,000</i>	<i>580</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
From the funds in Specific Appropriation 580, \$1,000,000 from the General Revenue Fund is provided for the department to contract with the Brain Injury Association of Florida (BIAF) to identify and link resources to traumatic brain injury patients.

8. Project Purpose/Description:
Provides prevention, education, and long term care services and support through the Family and Community Support Program for brain and spinal cord injured individuals. Also provides resources to individuals, family members, advocates and professionals who serve individuals with traumatic brain injury.

9. Number of years this project has received state funding:
The Florida Department of Health/Brain and Spinal Cord Injury Program has contracted with the Brain Injury Association of Florida at different levels for 13 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes. This project provides information and assistance to survivors after they are integrated back into the community by helping them, their families and caregivers navigate through any issues that may jeopardize their ability to remain in the community.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes. The recipient is Florida's only statewide nonprofit organization dedicated to inform, educate, support and advocate on behalf of traumatic brain injury (TBI) survivors, their families and caregivers .
The recipient provides ongoing, proactive, phone and in person support to the TBI family in the hospital, at home and in the community.

The recipient is available to help families from the time the injury occurs throughout the various phases of recovery, and are experts in national, statewide and local resources necessary to live stable and productive lives. They connect families to the right resources and ensure that the resources are responsive and accessible to meet the needs of the individual.

12. What are the intended outcomes/impacts and benefits of the project?

The outcomes/impacts of this project are to ensure that survivors of traumatic brain injury are able to have a fulfilling life in their community. The benefits of this project are survivors, their families and caretakers have someone just a phone call away to help them navigate any problems they may encounter after they are integrated back into the community throughout their lifetime.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Each quarter the recipient must serve a minimum of 400 clients, have a minimum of 5 Resource Facilitators, a minimum of 3 Resource Facilitators must take some type of continuing education, must produce a monthly E-Newsletter, must provide the support groups with a list of guest speakers, must maintain a supply of resource materials on hand to provide to new and existing clients.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

The Brain Injury Association of Florida provides the Department of Health/Brain and Spinal Cord Injury Program with comprehensive quarterly deliverables. Deliverables are reviewed to ensure compliance with the performance indicators. The Brain Injury Association of Florida is reimbursed and four equal quarterly payments based on satisfactorily meeting or exceeding each of the performance indicators. The recipient is required to serve at least 400 Survivors and Service Providers each quarter. The recipient is required to attend at least 15 support group meetings per quarter.

Unit cost data (e.g., cost per unit produced); Enumerate:

\$250,000 per quarter based on output data.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The data is collected at the quarterly meetings when the recipient submits its invoice for payment. It is not independently validated.

15. Is there an executed contract between the agency and the recipient?

Yes. The current contract, COPM5, started on July 1, 2012 and ends on June 30, 2013.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes. There are 9 deliverables that the recipient is responsible for completing each quarter. Each deliverable has a specific measure and cost associated with it.

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

The deliverables obtained from the Brain Injury Association of Florida are unique to this population and are not available through any other program or organization in the state of Florida. The services obtained are designed and developed specifically to address the unique and unmet needs of individuals who have sustained traumatic brain injuries.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes. The recipient sends out the required information to survivors, families and caregivers and to the BSCIP regional offices so that they may also send out information. The recipient also sends out information to anyone else who might request it. The intended outcome of helping survivors remain in the community is achieved through constant contact by the resource facilitators and the website.

19. Describe how the information upon which the answer above is based was obtained and validated:

The recipient turns in a quarterly report to show what information was sent out. In that report it lists how many people have visited their website. It also reports any questions submitted via the survey listed on their website pages.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

The general revenue appropriated by the legislature is utilized in its entirety to fund the services and supports included in the contract. No other funding is utilized to support these projects.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: *Mitzi Durbin*

Title: *Contract Manager*

Phone: *850-245-4440 ext. 2763*

Email: *Mitzi_Durbin@doh.state.fl.us*

Date: *1/14/13*