

Strategic Plan

March 1, 2023 – February 28, 2028



Florida Department of Health in Monroe County

Published: March 2023

Ron DeSantis

Governor

Joseph A. Ladapo, MD, PhD

State Surgeon General

Carla Fry, PhD, MSN, RN

Florida Department of Health in Monroe County

Health Officer and Administrator

Updated December 2023

Table of Contents

DOH Monroe Profile.....	3
I. Mission, Vision, and Values	3
II. Infrastructure and Capacity Required for Efficiency and Effectiveness.....	3
III. Strategic Planning Process.....	10
IV. Strategic Priorities	12
V. Objectives	15
VI. Monitoring Progress and Reviews.....	28
VII. Appendices	28
Appendix A: Schedule of Meetings	28
Appendix B: Strategic Planning Participants	30
Appendix C: Environmental Scan Resources	31
Appendix D: Strengths, Weaknesses, Opportunities and Threats (SWOT).....	32
Appendix E: Summary of Reviews.....	34

DOH Monroe Profile

I. Mission, Vision, and Values

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

Vision: To be the **Healthiest State** in the Nation.

Values:

- **Innovation:** We search for creative solutions and manage resources wisely.
- **Collaboration:** We use teamwork to achieve common goals & solve problems.
- **Accountability:** We perform with integrity & respect.
- **Responsiveness:** We achieve our mission by serving our customers & engaging our partners.
- **Excellence:** We promote quality outcomes through learning & continuous performance improvement.

II. Infrastructure and Capacity Required for Efficiency and Effectiveness

Public health touches every aspect of our daily lives. It aims to provide the maximum benefit for the largest number of people. It is what we do collectively to assure conditions in which people can be healthy.

Public health is a well-established science that has been in practice for hundreds of years that is based upon the social, behavioral, environmental, biological, and socioeconomic factors that impact the population.

The over-arching goal of public health is to protect and improve the health of communities through education, promotion of healthy lifestyles, research for disease and injury prevention. Through research, surveillance and data analysis, we develop programs and policies that protect the health of the entire community.

Monroe County is the southernmost county in Florida and the continental United States. It is made up of the Florida Keys and portions of the Everglades National Park and Big Cypress National Preserve. These parks are mostly uninhabited mainland areas. Most known are the Florida Keys with its string of islands connected by U.S.1, which ends in Key West, 150 miles southwest of Miami.

In total area, Monroe County is comprised of 3,737 square miles, 73 percent of which is surrounded by water. The Florida Keys proper are an elongated, curved bow-like chain of low-lying islands over 220 miles in length. They extend from the southeastern tip of the Florida peninsula to the Dry Tortugas and lie between the Gulf of Mexico and the Atlantic Ocean. Key West is the largest in the island chain and has a natural deep-water harbor. The keys are islands of coral rock; sandy beaches are not common. Just miles offshore on the Atlantic side of the keys is the only living coral reef in the continental United States. At no point, in the keys, is anyone more than four miles from the ocean.

This geography makes Monroe County unique and unlike any other county in Florida, posing exceptional challenges and threats. The Florida Keys are broken into three distinct areas, the Lower Keys and Key West, where the bulk of the population resides; the Middle Keys; and the Upper Keys. Each area has their own population, transportation, housing and medical needs. Population growth is projected to be static for the next 25 years. Businesses, county and state offices are generally placed in the Lower, Middle, and Upper Keys. In a small county with limited resources, this creates a threat to finding employees, paying appropriate wages and providing optimal services.

Demographics

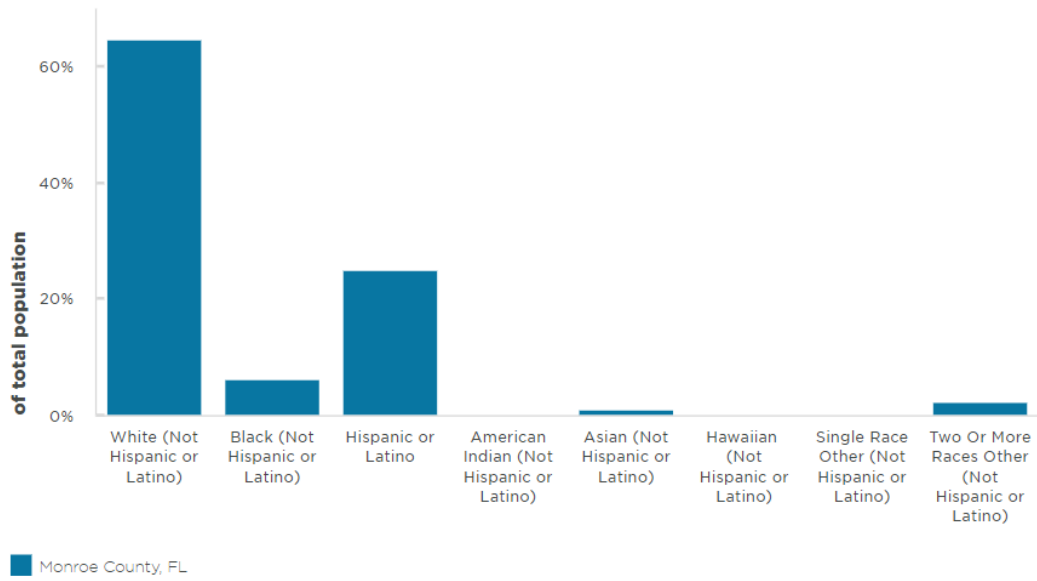
The Florida Department of Health in Monroe County (DOH-Monroe) serves a population of 76,280.

Where we live influences our health. Demographic, socioeconomic and environmental factors create unique community health service needs. Monroe County has many unique characteristics that set it apart from other counties. Almost a quarter (24 percent) of Monroe County’s residents are 65 and older, which is higher than the state average (21 percent). This population is often transient and seasonal. Furthermore, Monroe has fewer households with children under 18 years old than the state overall (5.9 percent). The non-Hispanic white population of Monroe County is 65.4 percent, with the largest proportions of diversity comprised of Hispanic residents (24.6 percent). Residents’ educational attainment, as measured by high school graduation or advanced studies, is higher (91.9 percent) than the state (88.5 percent).

According to the 2018 ALICE Report (Asset-Limited, Income-Constrained, Employed), Monroe County has the most expensive survival threshold budget in Florida. The median price of a single-family home that was sold in Monroe County was \$880,000 according to Florida Today’s Real Estate Market Report (November 2022). Monroe County has the highest Fair Market Rent (FMR) for an efficiency, 1, 2, and 4-bedroom units in the State of Florida according to the Office of Policy Development and Research (2023). Broward County is the only exception with a higher FMR for a 3-bedroom unit, with Monroe ranking second. FMRs are estimates of 40th percentile gross rents for standard quality units within a metropolitan area or nonmetropolitan county. Other characteristics include our main tourism industry of low paid workers, lack of affordable housing, issues with mental health and substance abuse and access to health care.

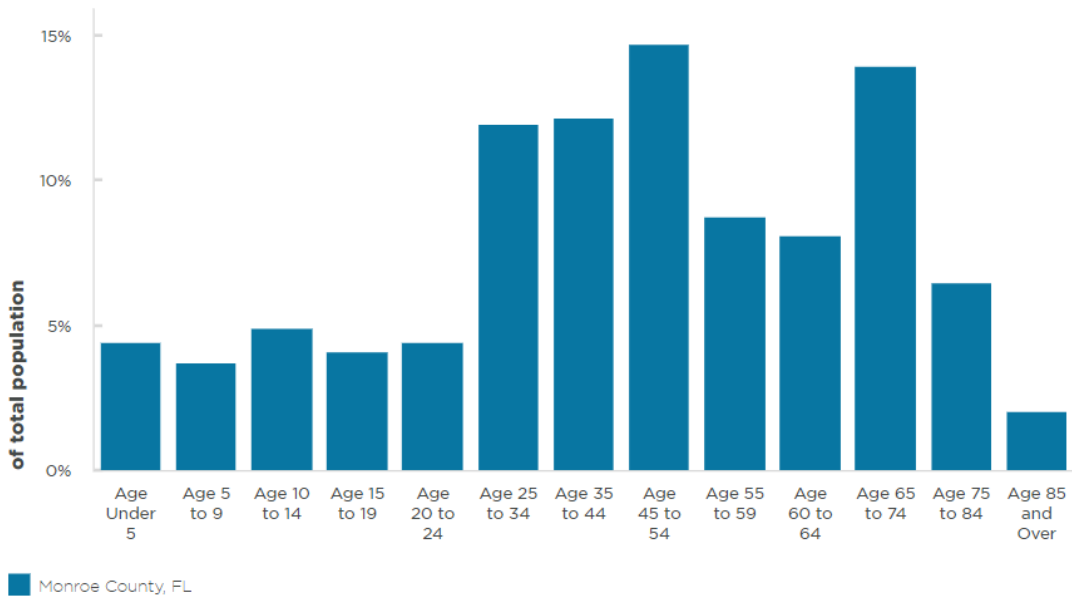
Demographics (2020)	Monroe County	Florida
Total	76,280	21,640,766
Female	36,763	11,064,444
Male	39,517	10,576,322
% Individuals below Poverty Level (2019)	10.9	14.0
% Children <5 Living in Poverty (2019)	13.9	22.4
Median Household Income	\$70,033.00	\$55,660.00

Race/Ethnicity Totals



Sources: US Census Bureau ACS 5-year 2017-2021

Age Totals

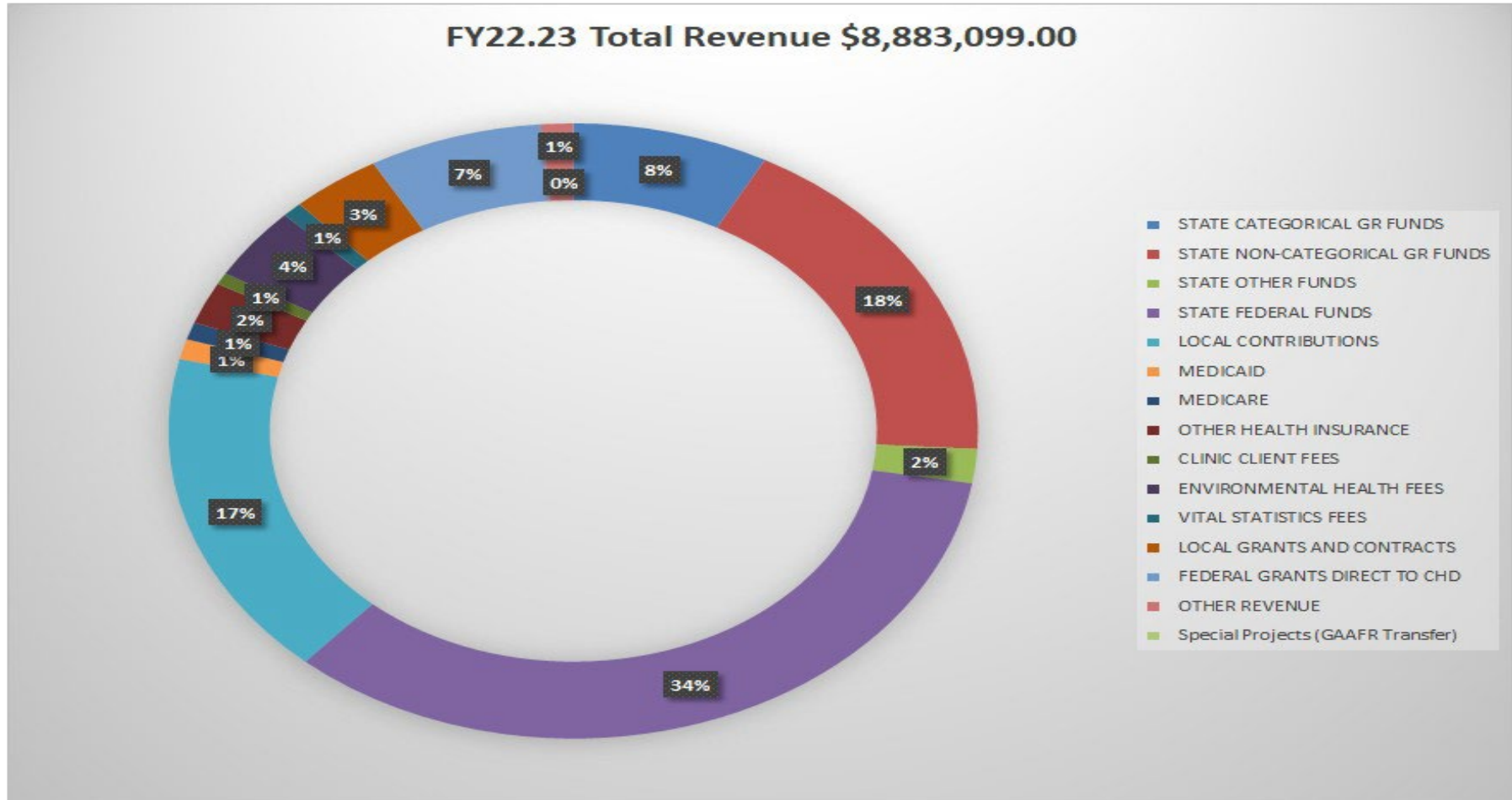


Sources: US Census Bureau ACS 5-year 2017-2021

Budget and Revenue

Funding sources for the Florida Department of Health in Monroe County are provided through multiple sources. These include service-based fees, grants (State and Federal) and Local County allocations. Please see the data below.

The Florida Department of Health in Monroe County Fiscal Year: 2022-2023



Source: State of FL Financial & Information Reporting System (FIRS)

Budget planning and Program Manager fiscal monitoring is a vital component to ensuring DOH-Monroe's programs continue to operate in an efficient and productive capacity.

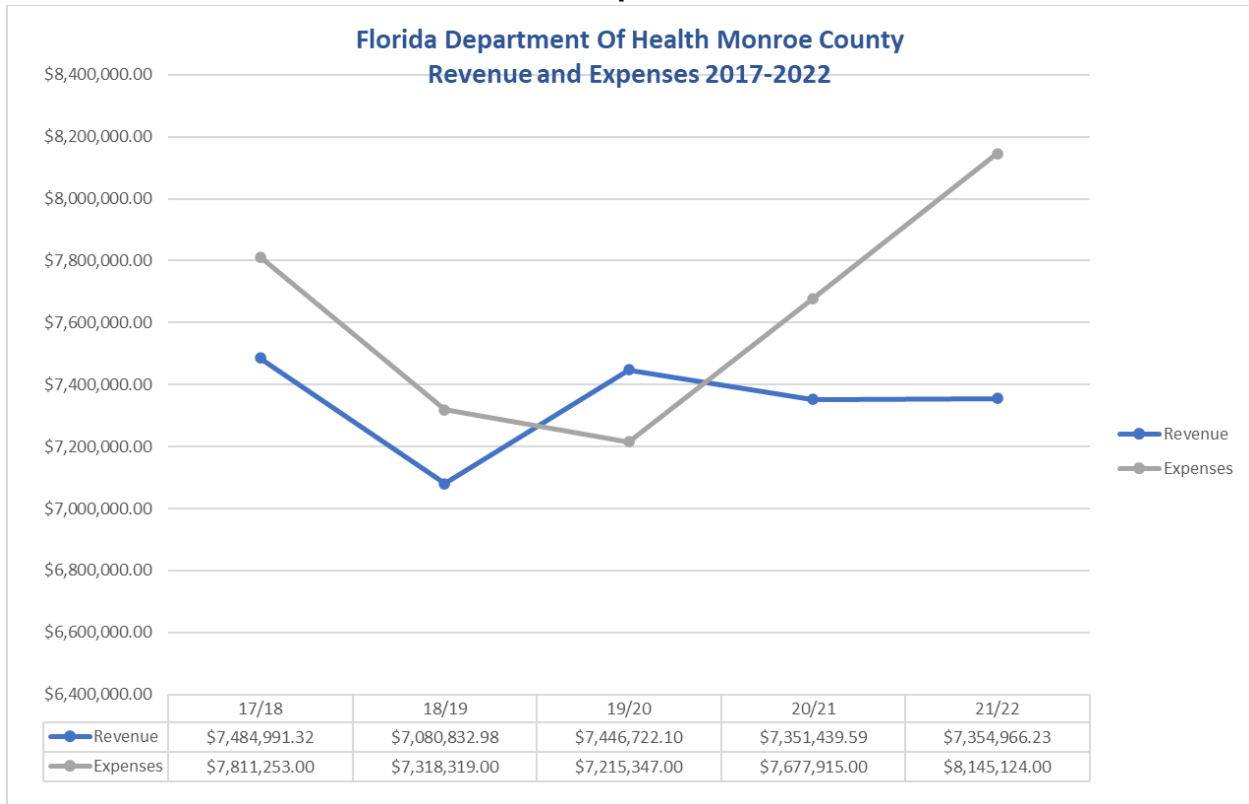
As illustrated in the below HMS Report, DOH-Monroe is experiencing variances. Variances signal to Program Managers and fiscal staff that changes are needed with the currently budgeted plan for that program. Through comprehensive program review the Program Manager and fiscal staff can present to the Division Directors and Administrator the current/potential needs of a program (i.e.: Staffing increases decreases, expenditures increase/decreases) thus helping to maintain the department's overall cash balance percentages and program funding spending goals.

Monroe Contract Management Variance Report for Period July 2022 to February 2023

Program Title	Reported FTEs	Planned FTEs	% Variance FTE	Reported Clients/ Units	Planned Clients/ Units	% Variance Clients/ Units	Reported Visits/ Services	Planned Visits/ Services	% Variance Visits/ Services	Reported Expenditures	Planned Expenditures	% Variance Expenditures
Communicable Disease Section												
Communicable Disease Totals	45.14	44.36	1.76	5,709	4,597	24.18	15,304	11,512	32.94	\$3,362,260.88	\$3,260,424.00	3.12
Primary Care Section												
Primary Care Totals	24.26	29.49	-17.73	3,474	2,889	20.25	154,725	132,758	16.55	\$1,676,944.74	\$1,907,041.00	-12.07
Environmental Health Section												
Environmental Health Totals	6.30	8.43	-25.27	1,885	2,359	-20.10	1,987	3,273	-39.28	\$340,196.12	\$389,950.33	-12.76
Monroe Totals	75.70	82.28	-8.00	11,068	9,846	12.42	172,016	147,543	16.59	\$5,379,401.73	\$5,557,415.33	-3.20

The graph below represents the department's revenue and expense relationship over the past five years. As illustrated, the expenses have risen since 2020, exceeding that of the revenue.

The Florida Department of Health in Monroe County Revenue and Expenses 2017-2022



Sources: Revenues Yearly De580 Fund Equities Report and FIRS L3 Cash Balance Graph

Programs and Services

Some of the most effective strategies for improving public health include policies and programs that shape the environment and create opportunities for healthier behaviors. The following core functions and services form the basis for the Florida Department of Health in Monroe County's commitment to providing the highest standards of public health:

Environmental Health

We protect the health of the community by monitoring and regulating environmental activities which may contribute to the occurrence or transmission of disease by ensuring safe drinking water, safe food, proper sewage disposal, clean swimming pools, as well as conducting complaint investigations and enforcing public health laws

Communicable Disease and Epidemiology

We protect the health of the community through surveillance, monitoring, and prevention of infectious and communicable diseases. Activities include investigating contagious disease cases and outbreaks, sexually transmitted infections (STI) detection and control, AIDS/HIV treatment and education, immunizations, tuberculosis (TB) control, hepatitis A, and mosquito-borne disease.

Public Health Preparedness

We partner with the local healthcare system, emergency management, government, and the community on preparedness and response to natural and man-made disasters. The preparedness effort focuses on developing critical capabilities necessary for an effective disaster response to keep our communities safe and to minimize loss. Monroe County is especially vulnerable during hurricane season as residents may need to be evacuated out of county.

Community Health Promotion

We plan and implement programs to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships. We are currently working with SWAT (Students Working Against Tobacco), Tobacco Free FL Keys, Choose Health: A Partnership for a Healthier Florida Keys, Access to Care and Mental Health & Substance Abuse Workgroups.

Health Equity

We strive to reach Health Equity in our county. Achieving Health Equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Clinical Services

We have a variety of services for expecting mothers, newborn babies, infants and toddlers, school-aged children, adolescents, and adults. Our services are provided by highly qualified physicians, nurses, social workers, and other health care providers. Clinical Services programs include Healthy Start, WIC, immunizations, refugee health, and family planning.

Vital Statistics

We maintain Florida's birth and death records locally and assist with birth, death, marriage, and divorce records for all fifty states. Using data collected by our office, we assist the state with tracking causes of morbidity and mortality— two main indicators of health status.

III. Strategic Planning Process

The performance management system is designed to ensure continuous improvement and progress toward organizational goals. The system allows the department to track performance by systematically collecting and analyzing data. It also includes forums for routinely discussing performance to identify opportunities and targets for improvement.

The strategic plan sets the direction for action for the Florida Department of Health in Monroe County (DOH-Monroe) for a five-year plan. As part of the performance management (PM) system, the strategic plan identifies the priority focus areas for the department and aligns with state and national priorities. The strategic plan considers capacity for and enhancement of information management, workforce development, communication (such as branding) and financial sustainability.

A five-year strategic plan is always in place.

The performance management system is integrated into the operations and practices and does the following:

- Sets organizational objectives by developing strategic health improvement, quality improvement, and workforce development plans at multiple levels across the department that are aligned with the overall agency goals and objectives.
- Identifies performance indicators and establishes processes to measure and report on progress toward achieving objectives on a regular basis.
- Identifies areas where achieving objectives requires focused quality improvement processes.
- Provides visible leadership for ongoing performance management.

The DOH-Monroe Performance Management Council is the foundation of the department's performance management system. The primary functions of the council are to:

- Advise and guide the creation, deployment, and continuous evaluation of the performance management system and its components.
- Continuously and routinely monitor and evaluate the performance in achieving strategic objectives in health improvement, agency strategic, quality improvement, and workforce development plans.
- Make recommendations to improve performance.

To define the direction and course of the DOH-Monroe for consumers, employees, administrators and legislators for the next five years, in February 2023, DOH-Monroe initiated a new strategic planning process. This plan will position DOH-Monroe to operate as a sustainable integrated public health system and provide DOH-Monroe customers with quality public health services. The plan is a living document that DOH-Monroe will evaluate and update annually to address new challenges posed by the changing public health environment.

To develop the plan, senior leadership championed the six-month planning process during 11 meetings. Numerous internal stakeholders including the senior leadership, program managers, and a dedicated performance management council attended these meetings. During the meetings, DOH-Monroe considered key support functions required for efficiency and effectiveness; and it sought to articulate what it plans to achieve as an organization, the actions it will take and how it will measure success.

Additionally, DOH-Monroe approached the strategic planning process with the following guiding principles in mind:

- Health Equity is part of every public health activity.
- Children, adults and families are at the center of public health activities.
- Individuals, families, businesses, schools, civic organizations, faith-based groups and local government are responsible for child, adult, family and community health.
- Social determinants dominate health outcomes.
- Interventions to promote public health are evidence-based and supported by the community.
- Veterans particularly deserve support.

In preparation for the strengths, weaknesses, opportunities, and threats (SWOT) analysis, staff from the DOH-Monroe presented information summaries from the sources listed in Appendix C, Environmental Scan Resources page 27, to the Performance Management Council (PMC.) The PMC then reviewed the findings and conducted a SWOT analysis based on their findings. The SWOT analysis discussion included the identification of external trends, events and other factors that may impact community health or the health department. See all identified strengths, weaknesses, opportunities and threats in Appendix D, SWOT Analysis page 28.

Discussions also included the consideration of infrastructure and capacity required for efficiency and effectiveness including:

- Information management
- Communication (including branding)
- Workforce development and financial sustainability

The Performance Management Council members used the SWOT analysis, the Agency Strategic Plan and the agency mission, vision and values to establish strategic priority areas and goals. Staff then worked with program managers and their staff to write and revise strategies and objectives for each goal area. The strategies and objectives were routed back to the Performance Management Council for comment and approval.

Throughout the life of the plan, the DOH-Monroe staff will monitor the strategic plan objectives through implementation plans. A designated performance management (PM) Champion will continually collect these plans that include quarterly and annual data values on indicators and sub-indicators along with a status of completion (on track, not on track, complete, not complete or decision required). The PM Champion will also enter data into the department's online plan tracking system. This action will generate reports that the DOH-Monroe Performance Management Council participants will use as a reference when the strategic plan is discussed.

IV.Strategic Priorities

Strategy Map

Priority 1: Workforce Development

Goal 1.1 Improve workforce development

OBJECTIVES	1.1.1	By February 2024, each month evaluate (from 0 in February 2023), 6 positions their position descriptions, performance evaluations, and performance expectations to ensure accuracy to core work functions and conformity to comparable positions within the state.
	1.1.2	By August 30 of each year until 2027, evaluate (from 0% in February 2023), 90% of all position descriptions and performance evaluations annually and ensure accuracy to core work functions and conformity to comparable positions within the state.

Priority 2: Agency Processes

Goal 2.1 Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.

OBJECTIVES	2.1.1	Starting April 2023, issue (from zero in Quarter 1, 2023), one employee newsletter to all staff and include program updates, events, and new and departing employees every quarter.
	2.1.2	Increase the number of program managers meetings from zero (in January 2023) to one every other month until February 2028 with program updates, training opportunities, position description evaluations. REVISED - Maintain that the number of program managers meetings remain quarterly from zero (in January 2023) until February 2028 with program updates, training opportunities, position description evaluations.
	2.1.3	Increase the number of employees who receive "Employee of the Month" recognition from zero (in August 2022) to one person per month until February 28, 2028.
	2.1.4	By February 2028, increase the percentage of employees each quarter who certify their EARs/DARs from 86.32% (Quarter 4, 2022) to 90%.
	2.1.5	Increase the percentage from 0% (in January 2023) to 90% of program managers having a regular meeting of one time per quarter with the business office to go over budget needs and training until February 28, 2028.
	2.1.6	Since Quarter 2 of 2022, maintain the cash reserve balance quarterly between 3 and 12% of the annual operating budget by February 2028. REVISED - Since Quarter 2 of 2022, Maintain the CHD trust fund balance/cash reserve balance quarterly between 3 and 12% of the annual operating budget by February 2028, excluding quarters where Central Office Schedule for Revenue disbursements has been delayed beyond the CHDs control.
	2.1.7	By February 2028, add formal grant writing training to the performance expectations of at least 21 supervisors from 0 supervisors who have not yet completed one. Revised 8/25/23 - By December 31, 2023, hire a full-time grant writer who will identify, research, draft, develop, and furnish prospective funding sources to support existing program activities.
	2.1.8	By February 2028, submit from 0 (in March 2023) at least 4 grant proposals on behalf of DOH-Monroe.

	2.1.9	Within one month of the start of each fiscal year until 2028, 90% of program managers (from 0% in 2023), formally submit a spending plan by email to the business office to ensure that proper management and consideration is taken when spending down funding.
	2.1.10	Increase the percentage from 0% (Quarter 2, 2022) to 90% of program managers meeting once every quarter with the business office until February 2028 to ensure they adhere to the spend down plan.

Priority 3: Maternal and Child Health

Goal 3.1 Reduce infant morbidity and mortality

OBJECTIVES	3.1.1	Increase the percentage of infants who are exclusively breastfed for at least 6 months from birth from 17.56% (March 2022) to 20% by February 2028.
	3.1.2	By February 2028, increase the percentile from 84.8 (December 2022) to the state rate of 84.9 of the percent of total births that were mothers who initiate breastfeeding.
	3.1.3	By February 2028, increase the percentage of DOH-Monroe Family Planning clients who are using long-acting reversible birth control methods from 56% (1/1/22-12/31/22) to 90%.

Priority 4: Mental Well-being and Substance Abuse Prevention

Goal 4 Support and enhance the mental, behavioral, and emotional health of all, and reduce the health impact of chemical dependencies.

OBJECTIVES	4.1.1	By December 31, 2024, increase the awareness and understanding of mental/behavioral health in Monroe County from 42% (March 2020) to 70% based on annual Facebook poll. ABANDONED
	4.1.2	By February 28, 2028, increase the percentage of staff trained in Narcan administration from 0% (October 2022) to 95%.

Priority 5: Social, Economic, and Environmental Conditions Impacting Health

Goal 5.1 Increase resources and subject matter experts available to decrease identified health disparities and service deficits.

OBJECTIVES	5.1.1	Since March 2019, maintain the facilitation and coordination of Monroe County's Access to Care Workgroup meetings at once per quarter per year until February 2028.
	5.1.2	Increase the number of WIC Outreach Activities from zero (in December 2022) to four per quarter each year until February 2028.
	5.1.3	Starting March 2023, conduct at least four "Health to You" community outreach events annually (from 0 in March 2023) until February 2028.

REVISED - 5.1.3. Starting March 2023, conduct at least four large-scale "Health to You" community events annually (from 0 in March 2023) until February 2028

Goal 5.2 Improve public health communications and strengthen collaboration among community partners through active participation in committee and workgroup meetings.

OBJECTIVES	5.2.1	By December 2024, work with various agencies and organizations in developing and disseminating comprehensive health provider directory from zero to one directory.
	5.2.2	By February 2028, decrease the percentage of Monroe County residents who are uninsured from 17% (2021) to the state's average of 12.6%.

5.2.3	By February 2025, add from 0% (2023) to 100% of performance expectations of all career services and select exempt services employees' performance expectations a requirement to be involved in at least one community group or organization.
	REVISED - By February 2025, add from 0% (2023) to 100% of performance expectations of all program managers or supervisors' performance expectations a requirement to be involved in at least one community group or organization.
5.2.4	NEW - By March 1, 2024, track all community outreach activities being done by DOH-Monroe (from 0 in November 2023) to one "Tracking Outreach Spreadsheet" updated monthly, including date, time, location, and outcome, with a reminder of this spreadsheet within the DOH Insider.

Priority 6: Transmissible and Emerging Diseases

Goal

6.1 Reduce Transmissible and Emerging Diseases

OBJECTIVES

6.1.1	By February 28, 2028, increase the percentage of 2-year-old persons who are vaccinated against required diseases from 83.4% (2022) to 90% (State goal)
6.1.2	By December 31, 2027, increase in-care individuals'—those in care within the Ryan White Part C program—cohort viral load suppression (less than 200 copies) from 95.6% (Quarter 3, 2022) to 98%.
	REVISED - By December 31, 2027, increase in-care individuals'—those in care within the Ryan White Part C program—cohort viral load suppression (less than 200 copies) from 95.6% (Quarter 3, 2022) to 98% (Quarter 3, 2027).
6.1.3	By June 30, 2024, increase percentage from 85% (Quarter 3, 2022) to 95% of PWH at Gato Clinic with two or more documented VL or CD4 labs, medical visits or prescriptions at least three months apart from 1/1/2023 through 6/30/2024.
6.1.4	By June 30, 2028, increase number of HIV rapid tests completed by all sponsored testing sites from 554 (2022) to 1800.
6.1.5	By February 28, 2025, maintain the percentage at 100% (100% in 2022) of interviews conducted among confirmed giardia lamblia cases to within 14 days after identification.
6.1.6	By February 2028, increase the percentage of STI cases of gonorrhea, chlamydia, HIV, and syphilis from 85% (2022) to 90% or above who are treated within 14 days of case identification.
6.1.7	By July 31, 2026, increase the number of community organizations that receive TB education from 0 (Quarter 1, 2023) to 12.
6.1.8	By February 2028, increase the percentage of the composite annual score of Epidemiology measures from 92% (2023) to 93%.

Goal

7.1 Prevent or reduce injuries in vulnerable populations

OBJECTIVES

7.1.1	Workforce Development & Performance - By February 2028, develop and implement systems to train and educate 95% of staff (from xxx in January 2024) to recognize human trafficking and abuse.
7.1.2	Public Health Service Delivery - By February 2028, develop and implement at least one system (from zero in January 2024) that improves access to human trafficking and abuse resources.
7.1.3	Engagement & Collaboration - By February 2028, develop and implement at least three partnerships (from zero in January 2024) and communication channels to improve human trafficking and abuse reporting and prevention.

V. Objectives

Measurable outcomes of objectives are obtained through the execution of data-driven initiatives. The table below lists objectives (with baseline values, target values, and objective status), data sources, alignment with other foundational plans, responsible entities and strategic initiatives/actions that will be implemented to achieve the objectives.

1. Workforce Development

Objective 1.1.1: By February 2024, each month evaluate (from 0 in February 2023), 6 positions their position descriptions, performance evaluations, and performance expectations to ensure accuracy to core work functions and conformity to comparable positions within the state.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
DOH-Monroe Human Resources	0 (2022)	6 per month	On Track	ASP- 4.1.1 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> Ensure accurate employee classification and appropriate compensation. A preset schedule each year will be distributed to program managers with six positions being determined at random by Human Resources. Program managers will work with schedule and Human Resources to evaluate and ensure accuracy of position descriptions, performance evaluations, and performance expectations. 			Entities Responsible: Human Resources. Will be reported monthly.	
Objective 1.1.2: By August 30 of each year until 2027, evaluate (from 0% in February 2023), 90% of all position descriptions and performance evaluations annually and ensure accuracy to core work functions and conformity to comparable positions within the state.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
DOH-Monroe Human Resources	0 (2022)	90%	On Track	ASP- 4.1.1 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> Ensure accurate employee classification and appropriate compensation. Once objective 1.1 is complete, each position description and performance evaluation will be evaluated on an annual basis. Human Resources will work with program managers to provide regular reminders to submit these evaluations before August 30 each year. State broadband description will also match with position description. 			Entities Responsible: Human Resources. Will be reported annually on August 30.	

2. Agency Processes

Objective 2.1.1: Starting April 2023, issue (from zero in Quarter 1, 2023), one employee newsletter to all staff and include program updates, events, and new and departing employees every quarter.

Data Source	Baseline Value	Target Value	Objective Status	Alignment
Public Information Officer (PIO)	0 (2022)	1 per quarter	On Track	ASP- 4.1.1 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> Standardize and enhance internal communications at DOH-Monroe. PIO will submit survey monkey questionnaire to program managers by email to complete each quarter for newsletter content. 			Entities Responsible: PIO. Will be reported quarterly.	
Objective 2.1.2: Maintain that the number of program managers meetings remain quarterly from zero (in January 2023) until February 2028 with program updates, training opportunities, position description evaluations.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Administration	0 (2022)	1 every other month	On Track	ASP- 4.1.1 CHIP- N/A PMQI- N/A WFD- Agency Processes Obj.9, 17, and 19
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> Set up a schedule with a facilitator every other month along with preset dates. Host bimonthly program manager meetings. Each meeting will focus on a different topic, provide program updates, and speakers. Breakout sessions with a lead and moderator will include the following topics (1) comprehensive orientation, (2) CHD meeting structure, (3) talent acquisition and retention, (4) preparedness structure and function. Each breakout session will have a timeline for deliverables a completion dates and integrate team ideas and report on progress. 			Entities Responsible: Administration. Will be reported every other month.	
Objective 2.1.3: Increase the number of employees who receive “Employee of the Month” recognition from zero (in August 2022) to one person per month until February 28, 2028.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Planning Manager	1 (February 2023)	1 per month	On Track	ASP- 4.1.1 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> A recurring calendar invite and/or email will be sent at the beginning of each month by Planning Manager reminding staff to submit Employee of the Month (EOTM) nominations. Employee Activities Committee (EAC) Members actively participate in the EOTM voting process to ensure task does not fall on any one EAC member each month (Refer to EOP 60-1-22 EOTM Member Rules and Review Checklist). EOTM is awarded pin and certificate with their photo in the SharePoint page and posted on DOH-Monroe bulletin boards. Share the actual nomination with the EOTM recipient. 			Entities Responsible: Planning Manager. Will be reported monthly.	

Objective 2.1.4: By February 2028, increase the percentage of employees each quarter who certify their EARs/DARs from 86.32% (Quarter 4, 2022) to 90%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Human Resources	86.32% (10/1/22-12/31/22)	90%	Not on Track	ASP- 4.1.5 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective:			Entities Responsible:	
<ul style="list-style-type: none"> Send weekly reminders the day OPS, CS, and SES timesheets are due with reminder to submit timesheets and EARs/DARs. Send weekly reminder to submit and certify EARs daily. 			Human Resources. Will be reported every quarter.	
Objective 2.1.5: Increase the percentage from 0% (in January 2023) to 90% of program managers having a regular meeting of one time per quarter with the business office to go over budget needs and training until February 28, 2028.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Business Office	0% (January 2023)	90%	On Track	ASP- 4.1.2 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective:			Entities Responsible:	
<ul style="list-style-type: none"> Ensure balanced operational budget. As of March 2023, DOH-Monroe has 21 program managers. This number may fluctuate due to staff turnover. The quarterly value will be recalculated each quarter. Denominator will be based on the number of employed program managers for each quarter. 			Business Office. Will be reported within two weeks of the end of each quarter.	
Objective 2.1.6: Since Quarter 2 of 2022, Maintain the CHD trust fund balance/cash reserve balance quarterly between 3 and 12% of the annual operating budget by February 2028. excluding quarters where Central Office Schedule for Revenue disbursements has been delayed beyond the CHDs control.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Business Office	9.18% (Quarter 2, 2022)	Between 3 and 12%	On Track	ASP- 4.1.2 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective:			Entities Responsible:	
<ul style="list-style-type: none"> Ensure balanced operational budget. This value is reported quarterly and maintained as part of the spending plan requirement and signed by the administrator. 			Business Office. Will be reported within two weeks of the end of each quarter: October 11, January 11, April 11, and July 11. These reports are available on the 10 th of the month.	
Objective 2.1.7: By December 31, 2023, hire a full-time grant writer who will identify, research, draft, develop, and furnish prospective funding sources to support existing program activities.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Human Resources	0 (February 2023)	24 1	On Track	ASP- 5.1 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective:				Entities Responsible:
<ul style="list-style-type: none"> Increase revenue received. Identify formal grant writing training on train.org and Grant Writing USA. Identify in-person trainings offered by the Community Foundation of the Florida Keys or other local organization. Require at least four program managers each year receive formal grant writing training virtually or in-person. In person training is preferred. 				Human Resources.

<ul style="list-style-type: none"> Increase revenue received. Identify resources in Monroe County who can assist with grant writing. Conduct reference checks for potential candidates. Onboard the staff member. 				
Objective 2.1.8: By February 2028, submit from 0 (in March 2023) at least 4 grant proposals on behalf of DOH-Monroe.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Contract Administrator	0 (February 2023)	4	On Track	ASP- 5.1 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> Increase revenue received. Designate at least one program manager each year to submit a grant proposal relevant to their program. 			Entities Responsible: Program Managers	
Objective 2.1.9: Within one month of the start of each fiscal year until 2028, 90% of program managers (from 0% in 2023), formally submit a spending plan by email to the business office to ensure that proper management and consideration is taken when spending down funding.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Business Office	0% (February 2023)	90%	New	ASP- 4.1.2 CHIP- N/A PMQI- N/A WFD- Agency Processes Obj.5
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> Make most efficient use of funding. Program manager is responsible to work with budget staff in providing annually before the start of each fiscal year to present a formal spending plan by email and meet via teams to go over budget requirements for the program. 			Entities Responsible: Program Managers and business office. Will be reported annually.	
Objective 2.1.10: Increase the percentage from 0% (Quarter 2, 2022) to 90% of program managers meeting once every quarter with the business office until February 2028 to ensure they adhere to the spend down plan.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Business Office	0% (Quarter 2, 2022)	90%	On Track	ASP- 4.1.2 CHIP- N/A PMQI- N/A WFD- Agency Processes Obj.5
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> Make most efficient use of funding. Program Managers are required to meet via Teams for one hour each quarter with the business office to go over budget and spend down plan. Business office will keep track of each program managers' adherence to this plan. 			Entities Responsible: Program managers and business office. Will be reported every quarter.	

3. Maternal and Child Health

Objective 3.1.1: Increase the percentage of infants who are exclusively breastfed for at least 6 months from birth from 17.56% (March 2022) to 20% by February 2028.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment

CHARTS	17.56% (March 2022)	20%	On Track	ASP- 1.1.1 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> • Provide maternal support and postpartum breastfeeding education. • Partner with FL Keys Healthy Start Coalition, Healthy Start, and local hospitals to refer new moms to educational resources. • Provide local businesses and organizations with necessary tools to provide breastfeeding mothers a place to pump on site. • Provide breast pumps to working breastfeeding women and education on proper storage of expressed breast milk. • Physicians provide education support and awareness of patient's lactation status when prescribing medications. 			Entities Responsible: WIC. Will be reported annually in December of each year.	
Objective 3.1.2: By February 2028, increase the percentile from 84.8 (December 2022) to the state rate of 84.9 of the percent of total births that were mothers who initiate breastfeeding.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
CHARTS	84.8% (December 2022)	84.9%	On Track	ASP- 1.1.1 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> • Partner with FL Keys Healthy Start Coalition, Healthy Start, and local hospitals to refer to new moms with educational resources. • Promote the initiation of breastfeeding before the first feed (i.e., before, during, and immediately after birth). • Provide health education, peer support, practical skills training and early mother-and-baby contact. 			Entities Responsible: WIC. Will be reported annually in December of each year.	
Objective 3.1.3: By February 2028, increase the percentage of DOH-Monroe Family Planning clients who are using long-acting reversible birth control methods from 56% (1/1/22-12/31/22) to 80%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
HMS	56% (1/1/22-12/31/22)	80%	On Track	ASP- 1.1.1 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> • Provide education materials in client's first language at each family planning annual exam visit, if the client is not currently using a long-acting, reversible method. • Obtain education materials for Nexplanon in Haitian Creole to ensure inclusion and better understanding of birth control efficacy, safety, and risks. • Participate in public outreach events quarterly and distribute education materials in multiple languages for long-acting, reversible birth control methods. • Obtain visual teaching tool for Nexplanon to target visual learners. 			Entities Responsible: Family Planning Manager. Will be reported twice a year (July and January) annually.	

4. Mental Well-being and Substance Abuse Prevention

Objective 4.1.1: By December 31, 2024, increase the awareness and understanding of mental/behavioral health in Monroe County from 42% (March 2020) to 70% based on annual Facebook poll.				
ABANDONED				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Planning Manager	42%	70%	On Track	ASP- 2.1 CHIP- Mental Health & Substance Abuse 1.2 PMQI- Population-based 4 WFD- N/A
Strategies/Actions to Achieve Objective:			Entities Responsible:	
<ul style="list-style-type: none"> Increase awareness of existing mental health resources in Monroe County through advertising, press releases, and events. Conduct Facebook poll annually to track progress 			Planning Manager. Will be reported annually by March of each year based on Facebook poll results.	
Objective 4.1.2: By February 28, 2028, increase the percentage of staff trained in Narcan administration from 0% (October 2022) to 95%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Train.org Data	0%	95%	On Track	ASP- 2.1 CHIP- Mental Health & Substance Abuse 1.3 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective:			Entities Responsible:	
<ul style="list-style-type: none"> Training will be part of onboarding of new staff. Existing employee training will be tracked each year. 			Human Resources and Nursing Director. Tracked annually.	

5. Social, Economic, and Environmental Conditions Impacting Health

Objective 5.1.1: Since March 2019, maintain the facilitation and coordination of Monroe County's Access to Care Workgroup meetings at once per quarter per year until February 2028.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Planning Manager	1 per quarter	1 per quarter	On Track	ASP- 1.1.2 CHIP- Access to Care 2.1 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective:			Entities Responsible:	
<ul style="list-style-type: none"> As part of the requirement for the Access to Care Workgroup, DOH-Monroe Planning Manager sets quarterly meetings and ensures the participation of chair or co-chair and the attendance of hospital representatives and federally qualified healthcare centers (CHI and RHN). The meetings address the CHIP Priorities for Monroe County. 			Planning Manager	
Objective 5.1.2: Increase the number of WIC Outreach Activities from zero (in December 2022) to four per quarter each year until February 2028.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment

WIC	0 (December 2022)	4 per quarter	On Track	ASP- 1.1.2 CHIP- N/A PMQI- N/A WFD- Health Equity Obj.4
Strategies/Actions to Achieve Objective:			Entities Responsible:	
<ul style="list-style-type: none"> WIC will report each quarter the number of outreach activities they participate in to capture DOH-Monroe's measurement in regular outreach activities. 			WIC. Will be reported quarterly	
Objective 5.1.3: Starting March 2023, conduct at least four large-scale "Health to You" community events annually (from 0 in March 2023) until February 2028				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Health Officer or Nursing Director	1 (2023, Quarter 1)	1 per quarter	On Track	ASP- 1.1.2 CHIP- N/A PMQI- N/A WFD- Health Equity Obj.4
Strategies/Actions to Achieve Objective:			Entities Responsible:	
<ul style="list-style-type: none"> Health Officer or Nursing Director will report each quarter the number of "Health to You" events that are hosted each quarter. "Health to You" Outreach events will take place at various locations throughout the Florida Keys with priority in areas with vulnerable populations, such as socioeconomic status, higher proportion of youth, and higher proportion of older residents. Events will have public-health relevant information, include other community partners, and testing and vaccinations. 			PIO. Will be reported quarterly	
Objective 5.2.1: By December 2024, work with various agencies and organizations in developing and disseminating comprehensive health provider directory from zero to one directory.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Facebook Advertising Poll	0 (2022)	1	On Track	ASP- 1.1.2 CHIP- Access to Care 2.1 PMQI- N/A WFD- Health Equity Obj.5
Strategies/Actions to Achieve Objective:			Entities Responsible:	
<ul style="list-style-type: none"> Work with Conch Republic App, hospitals, federally qualified healthcare centers, and other providers in participating in the directory. Assist in disseminating the information and following up with group care practices and other providers to ensure participation in the directory. Promote availability of directory through advertising and press releases. 			Planning Manager will report update at the end of December 2024.	
Objective 5.2.2: By February 2028, decrease the percentage of Monroe County residents who are uninsured from 17% (2021) to the state's average of 12.6%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Census 2021, 5-Year Estimate, table S2701 – Annual Data	17% (2022)	12.6%	On Track	ASP- 2.1 CHIP- Access to Care 1.1

				PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> • Increase resources and subject matter experts available to decrease identified health disparities and service deficits. • Work with Epilepsy Alliance, Certified Federal Navigator, FQHCs, and other community partners in an annual marketing campaign to promote open enrollment for the marketplace each year, which takes place November 1. internal communications at DOH-Monroe. • Conduct radio interviews with Keys Talk and US1 Radio. • Engage leaders to identify grants, programs, and educational opportunities for health improvement identified in data analysis. • Issue press releases on free health insurance assistance for open enrollment and special enrollment period. 			Entities Responsible: Planning Manager. Will be reported in February each year for the previous year's data.	
Objective 5.2.3: By February 2025, add from 0% (2023) to 100% of performance expectations of all program managers or supervisors' performance expectations a requirement to be involved in at least one community group or organization.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Human Resources	0% (2022)	100%	On track	ASP- 1.1.2 CHIP- N/A PMQI- N/A WFD- ex.
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> • Program managers will review each salaried staff member's performance expectation and add language to be involved in at least one community group or organization. • Program managers will grade salaried staff member's involvement in community group or organization based on program feasibility. 			Entities Responsible: Program Managers and Human Resources. This is a fluctuation number based on staffing and will be captured as a snapshot every February until 2025.	
Objective 5.2.4: By March 1, 2024, track all community outreach activities being done by DOH-Monroe (from 0 in November 2023) to one "Tracking Outreach Spreadsheet" updated monthly, including date, time, location, and outcome, with a reminder of this spreadsheet within the DOH Insider.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
PIO	0% (2022)	1	On track	ASP- 1.1.2 CHIP- N/A PMQI- N/A WFD- ex.
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> • Program managers will communicate outreach activities to either PIO or delegated staff member with information about upcoming events, such as date, time, location, and outcome timely for reporting in the spreadsheet. 			Entities Responsible: Program Managers, PIO, and delegate	

6. Transmissible and Emerging Diseases

Objective 6.1.1: By February 28, 2028, increase the percentage of 2-year-old persons who are vaccinated against required diseases from 83.4% (2022) to 90% (State goal)				
Data Source	Baseline Value	Target Value	Objective Status	Alignment

CHARTS	83.4% (2022)	90%	On Track	ASP- 3.1.1A CHIP- N/A PMQI- Population- based 2 WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> Educate clinical nursing staff with annual immunizations grand rounds. Create an action plan and communicate with all clinical staff and partners addressing 2-year-old immunizations. Provide education to parents on the importance of vaccines. Schedule vaccines before parents leave and create reminder of the Vaccines for Children program. 			Entities Responsible: Immunizations Program Manager. Will be reported annually in February.	
Objective 6.1.2: By December 31, 2027, increase in-care individuals' –those in care within the Ryan White Part C program—cohort viral load suppression (less than 200 copies) from 95.6% (Quarter 3, 2022) to 98%.(Quarter 3, 2027).				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
CAREWARE: RSR Report	95.6%	98%	On Track	ASP- 2.1.1 CHIP- N/A PMQI- Population- based 1 WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> Promote HIV and STI testing regularly, encouraging those living with HIV to get tested along with their partners and seek treatment. Link clients to healthcare providers, ensuring they treat regardless of insurance status. Identify and implement additional evidence-based adherence tools for clinicians and medical case managers. Ensure clients take antiretroviral medication regularly and as directed. 			Entities Responsible: HIV Program Manager. Will be reported quarterly.	
Objective 6.1.3: By June 30, 2024, increase percentage from 85% (Quarter 3, 2022) to 95% of PWH at Gato Clinic with two or more documented VL or CD4 labs, medical visits or prescriptions at least three months apart from 1/1/2023 through 6/30/2024.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
CAREWARE: RSR report	85% (Quarter 3, 2022)	95%	On Track	ASP- 2.1.1 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> Provide mandatory trainings and refresher trainings to care coordinators. Track data and provide case updates to all providers monthly. Ensure patient follow up is made timely. 			Entities Responsible: HIV Program Manager. Will be reported quarterly.	
Objective 6.1.4: By June 30, 2028, increase number of HIV rapid tests completed by all sponsored testing sites from 554 (2022) to 1800.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Florida Department of Health Counseling and Testing Data	554 (2022)	1800	On Track	ASP- 2.1.1 CHIP- N/A. PMQI- N/A WFD- N/A

Summary Report				
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> • Create marketing campaign to decrease stigma and promote available free testing locations in Monroe County. • Provide self-testing kit focuses on residents who cannot or are reluctant to get tested at health care/community settings. • Promote testflkeys.org website, including testing centers, self-testing ordering, and contact information to obtain additional information on HIV testing. • Increase number of testing sites and trained testing counselors in Monroe County. 			Entities Responsible: HIV Program Manager. Will be reported annually in January.	
Objective 6.1.5: By February 28, 2025, maintain the percentage at 100% (100% in 2022) of interviews conducted among confirmed giardia lamblia cases to within 14 days after identification.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Merlin	100% (1/1/22-12/31/22)	95%	On Track	ASP- 2.1 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> • Maintain epidemiologic follow up with clients on all giardia cases within the recommended timeframes (7 to 14 days). • Maintain or exceed that clients are provided treatment and/or referrals on a timely basis for all giardia cases. • Maintain and strengthen partnerships (e.g., Monroe County Health Providers, including hospitals and urgent care centers) to ensure communication is timely and accurate. • Ensure that refugee health program provides regular testing and education about how intestinal diseases are spread and how to mitigate spread. 			Entities Responsible: Epidemiology Team. Will be tracked annually in January of each year.	
Objective 6.1.6: By February 2028, increase the percentage of STI cases of gonorrhea, chlamydia, HIV, and syphilis from 85% (2022) to 90% or above who are treated within 14 days of case identification.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
STI Database	85% (1/1/23-3/22/23)	90%	On Track	ASP- 2.1 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> • Increase visibility, attendance, and participation at community events countywide, offering HIV testing, condoms, and contact information for gonorrhea, chlamydia, and syphilis testing. • Participate in educational pop-up events in the community. • Conduct community outreach events through Health to You quarterly outreach events. • Provide education, testing, and referrals at health fairs. • Collaborate regularly with healthcare providers to deliver educational resources, condoms, and PrEP among MSM population and other vulnerable populations. 			Entities Responsible: Disease Intervention Specialist. Will be tracked annually in January of each year.	
Objective 6.1.7: By July 31, 2026, increase the number of community organizations that receive TB education from 0 (Quarter 1, 2023) to 12.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment

TB Program Manager	0 (Quarter 1, 2023)	12	On Track	ASP- 3.1.5 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> The community organizations include those whose role is close contact with persons arriving in the United States from another country and include the following 12: (1) Key West Fire Rescue; (2) Marathon Fire Rescue; (3) Islamorada Fire Rescue; (4) Monroe County Fire Rescue; (5) US Customs and Border Protection, (6) Monroe County Sheriff's Office; (7) Key West Police Department; (8) Key Colony Beach Police Department; (9) Florida Highway Patrol; (10) National Guard; (11) Coast Guard; and (12) FWC. Each quarter reach at least 1 of the 12 previously listed. Make contact and set up prevention education time to conduct with staff. Community organizations will receive education on (1) TB – how it is spread and how to mitigate it, how to protect themselves from exposure, what to do if they think they may have been exposed; (2) benefits or providing TB relevant information to refugee health population; and (3) effectively speaking with and reaching vulnerable populations. These organizations will receive educational and or promotional materials to distribute to refugee health populations. Provide follow up with trained organizations on an annual basis. Work with these organizations to strategize ways that work well to reach vulnerable populations. 			Entities Responsible: TB Program Manager. Will be reported every quarter.	
Objective 6.1.7: By February 2028, increase the percentage of the composite annual score of Epidemiology measures from 92% (2023) to 93%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Epidemiology Team	92% (2023)	93%	On Track	ASP- 3.1.5 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none"> Maintain epidemiologic follow up with clients on all reportable diseases are conducted within the recommended timeframes (7 to 14 days). Maintain or exceed that clients are provided treatment and/or referrals on a timely basis for all reportable diseases. Maintain and strengthen partnerships (e.g., Florida Keys Mosquito Control, AH Monroe, health care providers) to ensure communication is timely and accurate. 			Entities Responsible: Epidemiology Team. Will be reported every year in February.	

7. Prevent or reduce injuries in vulnerable populations

Objective 7.1.1: Workforce Development & Performance - By February 2028, develop and implement systems to train and educate 95% of staff (from xxx in January 2024) to recognize human trafficking and abuse.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
TRAIN Individual transcripts from CE Broker Sign-in sheets	28.2%	95%	On track	ASP CHIP PMQI- N/A WFD
Strategies/Actions to Achieve Objective: Registered Nurses at DOH-Monroe will provide CEU transcript with licensure renewal with evidence of completed Human Trafficking education per the Florida Board of Nursing requirement. All DOH-Monroe staff will complete annual Human Trafficking training via face-to-face or TRAIN modality. Staff working directly with clients will be provided with posters and education materials at their workstations to increase awareness and recognition. The DOH-Monroe SharePoint site will be updated to include evidence-based training and materials related to human trafficking.			Entities Responsible: Personnel Liaison, Program Managers, Community Health Division Director, and Public Information Officer.	
Objective 7.1.2: Engagement & Collaboration - By February 2028, develop and implement at least three partnerships (from zero in January 2024) and communication channels to improve human trafficking and abuse reporting and prevention.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Meeting Minutes Senior Leadership Program Managers	0 partnerships	3 partnerships	In progress	ASP CHIP PMQI- N/A WFD
Strategies/Actions to Achieve Objective: Add human trafficking as a standing agenda item for discussion at partnership meetings including AHEC, Womankind, Access to Care Group, Keys Health Ready Coalition, SANE/SART, Rural Health Network, etc. Discuss reporting methods with all DOH-Monroe partners. Provide education materials to partners to enhance their knowledge of reporting and prevention.			Entities Responsible: Senior leadership, Program Managers, and Public Information Officer.	
Objective 7.1.3: Public Health Service Delivery – Public Health Service Delivery - By February 2028, develop and implement at least one system (from zero in January 2024) that improves access to human trafficking and abuse resources.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment

Monroe County Sheriff's Office	0 systems	1 system	Not yet started	ASP CHIP PMQI- N/A WFD
<p>Strategies/Actions to Achieve Objective:</p> <p>Senior leadership will engage with county officials, healthcare entities, and local law enforcement to determine what systems and resources are already in place.</p> <p>Once existing resources have been identified, DOH-Monroe will facilitate interagency collaboration and communication to ensure resources are readily available throughout the county.</p> <p>Once a system to improve access to human trafficking resources is developed, FDOH Program Managers and senior leadership will disseminate the information and processes broadly with partners and stakeholders.</p>			<p>Entities Responsible:</p> <p>Senior leadership & Program Managers</p>	

- ASP-** Agency Strategic Plan
- CHIP-** Community Health Improvement Plan
- PMQI-** County Health Department Performance Management and Quality Improvement Plan
- WFD-** County Health Department Workforce Development Plan

VI. Monitoring Progress and Reviews

Reviews of the strategic plan take place during the DOH-Monroe Performance Management Council meetings.

The lead entity for each objective will provide quarterly updates on objectives that are not on track, not completed, or require a decision. Annually, the leads will report the progress and status for all objectives. Additionally, operational policies and procedures, including human resource policies and procedures, will be reviewed and revised on a routine basis.

Progress reports including the status of all objectives, the progress of all objectives and a description of how targets were monitored will be developed and are due each year.

VII. Appendices

Appendix A: Schedule of Meetings

The following is the strategic planning schedule of meetings:

Meeting Date	Topic
August 22, 2022	Kick off meeting at Performance Management Council Meeting. Overview and proposed timeline for Strategic Planning Process
October 31, 2022	Performance Management Council Meeting. Objectives for strategic planning process and finalized timeline.
November 14, 2022	Environmental Scan and Comprehensive Data Presentations Meeting
November 29, 2022	Strategic Plan Objectives Priority Planning Meeting with Epidemiology Program
December 5, 2022	Strategic Plan Objectives Priority Planning Meeting with Leadership/ Human Resources on Employee Retention and Talent Acquisition

December 9, 2022	In-Person Prioritization of Data, SWOT Analysis, Priority Area Identification and Objectives Meeting
January 20, 2023	Objectives Planning and Discussion Meeting
January 26, 2023	Strategic Plan Objectives Priority Planning Meeting with STI Program
February 8, 2023	Strategic Plan Objectives Priority Planning Meeting with business office
February 20, 2023	All Staff Mandatory Meeting – Finalization of Strategic Planning Objectives
February 27, 2023	Performance Management Council Meeting. Strategic Plan Update, Annual Progress Report Development and Revision Update.

Appendix B: Strategic Planning Participants

Florida Department of Health in Monroe County Strategic Planning Participants 2023

Natalie Aguilar
Operations and Management Consultant

Mechelle Burgohy
Disease Intervention Specialist

Nadine Balbi
Registered Nurse Specialist, Immunizations

Andrea Diaz
Personnel Liaison, Administrative Services

William Brookman
Government Operations Consultant III

Carla Fry
Health Officer and Administrator

Carmel Cox
Chief Deputy Registrar, Vital Statistics

Marvin Gifford
HIV Prevention and Linkage to Care

Fitima Garcia
Biological Scientist - IV

Alison Kerr
Director of Community Health

Jennifer Greenwell
Budget Analyst, Administrative Services

Keith Lannon
Records Manager

Priscilla Hunter
Clinic Manager

Jennifer Lefelar
Public Information Officer

Alison Jean
Registered Nurse

Brandie Peretz
Planning Manager

Jessica Lariz
Sr. Human Svs. Program Mgr, Healthy Start

Aundria Portner
Government Operations Consultant III

Suzanne Otto
WIC Senior Public Health Nutritionist

Tyler Rapposelli
Public Health Medical Preparedness Analyst

Dana Portillo
School Health & Dental Sealant Prg. Mgr.

TalleyAnne Reeb
Nursing Program Specialist

James Rachal
Environmental Health Manager

Jason Stubblefield
IT Director

Emily Rapposelli
Lead Epidemiologist

Mark Whiteside
Medical Director

Kimberly Stevens
Tobacco Prevention Program Manager

Cyna Wright
Public Health Services Mgr, HIV Program

Jacqueline Curl
TB Program Manager

Brittney Waite
Nursing Program Specialist

Appendix C: Environmental Scan Resources

1. [Agency Strategic Plan, 2016-2020](#)
2. [Agency Quality Improvement Plan, 2018-2020](#)
3. Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019
4. Biomedical Research Advisory Council Annual Report, 2022
5. Careware, RSR Report, 2022
6. Census, American Factfinder, 2020
7. Environmental Health Database, Rehost, 2022
8. HMS, 2022
9. Monroe County Community Health Assessment, 2022
10. Monroe County Community Health Improvement Plan, 2022
11. Monroe County Quality Improvement Plan, 2021
12. Monroe County Workforce Development Plan, 2021
13. Public Health Workforce Interests and Needs Survey, 2021
14. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
15. [Florida Department of Health Long Range Program Plan, Fiscal Years 2019-2023](#)
16. Florida Department of Health, Office of Inspector General Annual Report 2022
17. [Florida Department of Health Workforce Development Plan](#)
18. Florida Department of Health Counseling and Testing Data Summary Report, 2022
19. Florida Medical Examiners Annual Opioid Death Report, 2021
20. [Florida State Health Improvement Plan, 2017-2021](#)
21. Florida Middle School Health Behavior Survey Results, 2022
22. Florida Morbidity Statistics Report, 2021
23. Florida Pregnancy Risk Assessment Monitoring System Trend Report, 2022
24. [Florida Strategic Plan for Economic Development, 2018-2023](#)
25. Florida Vital Statistics Annual Report, 2022
26. Florida Youth Risk Behavior Survey Results, 2022
27. Florida Youth Tobacco Survey Results, 2022
28. [Office of Policy Development and Research, Fair Market Rents \(40th Percentile\), 2023](#)
29. Physician Workforce Annual Report, 2022
30. Robert Wood Johnson, County Health Rankings and Roadmaps, 2022
31. Surveillance HIV Report, Florida, Monroe, 2022
32. Tuberculosis Control Section Report, 2022
33. Volunteer Health Services Annual Report, 2022
34. [United Way, ALICE Report, 2018](#)

Appendix D: Strengths, Weaknesses, Opportunities and Threats (SWOT)

Strengths (Internal)

We want to maintain and leverage strengths.

Agency Infrastructure:

- We do face-to-face contact
- Program alignment with the mothership
- Public messaging is phenomenal
- Nurses are cross trained
- Unique medical expertise
- Improved use of/interface of technology
- Strong community partnerships (e.g., m-pox response)
- Organizational flexibility, leveraging the public health system
- Evidence-based practices/decision making
- Facilitating improvement in community partners

Capacity:

- Excellent at communicating resources and referring
- Networking and knowing what we do
- Facilitating
- Divisions getting customer service responses, such as good attitude, vaccines, and front desk staff.
- Qualifications, such as advanced degrees
- Workforce has initiative to complete work, independent, and self-motivates
- Problem solving abilities
- Strong internal relationships
- Strong relationships and communications in the school health program
- Adaptable to changing circumstances
- Ability of staff to multitask
- Strong/experienced IT Dept.

Emerging Trends:

- N/A

Other:

- We have the highest viral suppression rate
- School health vaccines

Opportunities (External)

We want to invest in opportunities.

Agency Infrastructure:

- Regular program manager meetings to improve communications
- Program manager videos
- Develop administrative schedules
- Bill paperless
- Employee Newsletter
- Employee Recognition

Capacity:

- Ability to take new staff and new energy and be molded
- Create or merge a position to cover onboarding or supervisor involvement
- Continue to develop staff
- Specific and intentional team building
- Tighten up change methods or use PDCA

Emerging Trends:

- Address salary compression and equity

Other:

- N/A

Threats or Challenges (External)

We want to identify threats or challenges that need to be addressed and understand their potential impact.

Agency Infrastructure:

- N/A

Capacity:

- Constantly changing technology, inconsistent with providers. Unstandardized data.
- Comms failures (e.g., cell towers)

Emerging Trends:

- Staff leaving
- Upkeep of changing practices
- Emerging or recurring infectious disease
- Mass migration
- Lack of acceptance of public health regulations
- Economy
- Housing opportunities are not inclusive of state employees
- Geography (e.g., bridges; we can be isolated quickly)

Other:

- N/A

Weaknesses (Internal)

We want to minimize weaknesses.

Agency Infrastructure:

- HMS
- Inability to use HMS for data tracking
- Patients put on hold for too long
- Language barrier, especially with Haitian Creole Language
- Processes, policies, and procedures are not followed universally (e.g., budget) – (onboarding training objective?)
- We are old-fashioned (e.g., technology)
- We are not paperless
- We work in silos
- Lack of awareness of what internal resources are.
- Heavily influence by politics
- Lack of communications, interdepartmentally (e.g., if change happens that may overlap with other departments)
- Other geographic locations are not included (e.g., RIC)
- Lack of depth in any department
- Weak onboarding, employee training, and orientation
- Lack of built-in administrative support and backup
- Lack of specific, detailed training
- Lack of training, no uniform documentation
- Condition of facilities and structures, buildings not safe (e.g., active shooter) and inventory needs
- Printers need to be clearly labeled

Capacity:

- Lack of standardization across the board
- Cross training (this is also a strength)
- We are not diverse nor reflective of our clientele

Emerging Trends:

- High turnover rate

Other:

- We tend to fly by the seat of our pants (e.g., decision-making)

Appendix E: Summary of Reviews

This is a new Strategic Plan. DOH-Monroe plans to review this plan quarterly during the Performance Management Council Meetings and conduct an annual comprehensive review in February 2024.