

Progress Report

Agency Strategic Plan Progress Report, 2020

Florida Department of Health



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Executive Summary

The Florida Department of Health (Department) 2016–2021 Agency Strategic Plan positions the Department to operate as a sustainable, integrated public health system under the existing economic environment, and to provide residents and visitors with high-quality public health services. The Agency Strategic Plan is a living document the Department evaluates and updates routinely to address new challenges posed by Florida’s changing public health environment.

The Agency Performance Management Council (Council) monitors the Department’s progress in achieving its strategic objectives and addresses areas for improvement on a quarterly and annual basis. During annual reviews, the lead for each objective reports progress and status—completed, on track and not on track or not complete. Based on the reviews, the Council may revise strategic plan objectives.

2020 Strategic Accomplishments

Division of Administration (DA)

The priority of DA for 2020 was to establish a sustainable infrastructure which included a competent workforce, standardized business practices and efficient use of technology. During 2020, DA was able to accomplish its objectives. DA implemented a pilot system that produced and stored electronic vouchers which allowed for standardized business practices and made effective use of technology. In addition, DA updated the FLHealthDesk–HR User Guide and posted it to the Human Resource (HR) Portal and SharePoint. DA also completed data integration between FLHealthDesk–HR and Everbridge for Recruitment (employees and non-employees), Classification, Separation (employees and non-employees) and Name Change ticket types. This resulted in providing the Bureau of Preparedness and Response (BPR) with up-to-date real time data, and it made efficient use of technology.

Division of Children’s Medical Services (DCMS)

During 2020, DCMS successfully implemented changes to the Child Protection Team (CPT) Program client referral process. These improvements resulted in the annual number of CPT clients with confirmed or suspected neonatal abstinence syndrome referred to the Early Steps Program increasing from 19.63 percent to 57.69 percent. The CPT Program also established stakeholder workgroups to identify further efficiencies necessary to achieve the objective target value of 100 percent. In alignment with the Department’s COVID-19 response efforts, the DCMS added three new objectives to ensure continuity of services throughout the pandemic. Through these objectives, the DCMS increased the capacity of telehealth for early intervention services; enhanced the delivery of education and information needed to mitigate COVID-19 transmission to DCMS Plan enrollees; and established requirements for the inclusion of planning for virtual provisions for home visiting and related parent/family support activities into annual continuity planning. Related activities for COVID-19 specific objectives were incorporated as routine program functions in preparation for emerging threats.

Division of Community Health Promotion (DCHP)

CHP is composed of three bureaus that work toward promoting good and improved health for Florida communities. These bureaus are the Bureau of Family Health Services (BFHS), the Bureau of Tobacco Free Florida (BTFF) and the Bureau of Chronic Disease Prevention (BCDP).

BFHS has collaborated with the Florida Association of Healthy Start Coalitions and their Well Family Data System to improve data collection on interconception care counseling. Messaging on the importance of first trimester care was incorporated into the Florida Pregnancy Support Services Program contract compliance manual. In addition, the Smoking Cessation and Reduction in Pregnancy Treatment Program was implemented for Healthy Start clients. The

Ounce of Prevention Fund of Florida, under contract with the Department, provided culturally appropriate educational safe sleep materials as well.

In partnership with the Florida Prematurity Prevention Campaign, CHP held a Florida Prematurity Summit in 2017 and established a statewide plan to prevent prematurity, specifically addressing disparities. All 67 county health departments (CHDs) submitted statements of work annually to implement evidence-based activities addressing health equity, disparities and social determinants of health for the maternal and child population.

Collaboration with the Florida Perinatal Quality Collaborative allowed for the initiation and completion of several hospital-based quality improvement initiatives, including promoting primary vaginal deliveries, immediate postpartum long-acting reversible contraception and reducing neonatal abstinence syndrome.

BTFF has made progress in youth tobacco prevention. Just 1.5 percent of youth report smoking cigarettes. In 2020, 21.6 percent of Florida high school students reported current e-cigarette use, a 15 percent decrease from 2019. Through the 2020 E-Epidemic initiative, parents, teachers and members of the community were alerted of the e-cigarette epidemic and tools were created to help communities address youth e-cigarette use. The BTFF youth prevention program, THE FACTS NOW, launched a statewide youth electronic cigarette prevention campaign called Textimonials. The campaign features real testimonials from young e-cigarette users told in the language they speak—texting. The Florida Cancer Prevention and Control Program collaborated with the Cancer Control Research and Advisory Council to engage stakeholders from six regional cancer control collaboratives in the development of the Florida Cancer Plan 2020–2025.

BCDP hosted the first Chronic Disease Summit, Strengthening Community Linkages and Partnerships, in which 100 partners were in attendance to discuss the use of health behavior support services in the prevention and management of diabetes, heart disease and stroke. BCDP contracted with the Golin public relations firm to develop a campaign educating people either at-risk for or living with a chronic disease/condition, about preventing COVID-19 infections and managing chronic conditions during the pandemic. The campaign targeted health care providers with resources to effectively reach patients. It was highly successful, reaching over 673,500 health care providers through both an electronic newsletter and 23 million social media impressions captured through Facebook, Twitter and Pandora.

Division of Disability Determinations (DDD)

DDD 2020 Agency Strategic Plan objectives focused on increasing efficiency in disability claims processing and increasing telework capacity to maintain and enhance the continuity of operations. This year was not without challenges for DDD due to the COVID-19 pandemic bringing the world to a standstill along with the Social Security Administration's directive that each state Disability Determinations Services office brought on a new national disability case processing system. These two items continued to bring many challenges to the DDD's workforce and its ability to meet strategic goals; however, with the continuous use of management information reports, the DDD tracked the progress of the DDD's strategic goals along with using the reports to monitor and take immediate corrective actions to ensure it continues to meet target goals.

Division of Disease Control and Health Protection (DDCHP)

As the DDCHP Protection has progressed through the COVID 19 response, objectives were developed to measure and evaluate success. Additionally, a collaboration between the Bureau of Public Health Laboratories and the Epidemiology Surveillance Section has reduced the interval between the specimen and results date to two days. Such efficiencies directly impact effective public health disease intervention and timely treatment for disease.

The DDCHP's HIV/AIDS Section continued the implementation of the OraQuick In-Home HIV Test pilot project that was launched the previous fiscal year. The home HIV test was promoted by the media provider EVOK on Florida's KnowYourHIVStatus.com website and social media. Tied to this successful progress, the HIV/AIDS Section was awarded funding from the Centers for Disease Control and Prevention (CDC) to implement strategies and activities to end the HIV epidemic in Florida.

The Sexually Transmitted Disease (STD) Program collaborated with the CDC's Division of STD Prevention Evaluation Unit on a Syphilis Partner Services Outcomes Evaluation Project. The CDC team analyzed data from an October 2020 survey sent to Disease Intervention Specialists (DIS), supervisors and managers. The results will be used to direct more specific questions via interviews or focus groups.

The percentage of Florida teens who completed their first human papillomavirus (HPV) vaccine dose increased. The Adolescent Partnership Project (TAPP), previously known as the HPV Nurse Champion Model, successfully onboarded two additional partnerships in 2020. These two partnerships were with the Nona Pediatric Center and Raymond Caron Pediatrics. TAPP continued to conduct bimonthly conference calls with providers to discuss and provide trainings on the barriers and triumphs in adolescent vaccines.

In 2020, 22 facilities were converted from a legacy/flat file to a Meaningful Use-compliant HL7 file. By the end of 2020, there were 308 facilities sending HL7 data, representing 79 percent of the total number of reporting facilities. In 2020, the Florida Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL) syndromic surveillance team successfully completed onboarding of all remaining hospital emergency departments in Florida into the system, representing 100 percent population coverage of patients who visit a Florida emergency department.

Division of Emergency Preparedness and Community Support (DEPCS)

The 2020 calendar year brought new challenges to the DEPCS; however, strategic programs and objectives that were in place for several years had prepared the Department for many types of hazard response, such as the COVID-19 pandemic. Due to continued strategic efforts with internal and external partners to prepare for all-hazards response, DEPCS successfully met the challenges in 2020 and accomplished goals set within the Agency Strategic Plan. Innovative ideas and the desire to fulfill statutory and programmatic responsibilities ensured goals were met despite issues brought to the forefront due to COVID-19. Through strategic planning efforts and the Department's Agency Strategic Plan, CHDs, trauma centers and community health programs are better prepared to continue moving forward with achieving strategic priority goals while performing ongoing response efforts.

Division of Medical Quality Assurance (MQA)

During the calendar year 2020, the MQA Performance Management Council (PMC) was presented with several challenges associated with its strategic planning process. First and foremost, MQA staff provided significant technical support and logistical assistance to the Department's COVID-19 response efforts.

Since the State Surgeon General's Declaration of a Public Health Emergency on March 1, 2020, MQA leadership and staff have supported response efforts through:

- Identifying statutory provisions that required waiving to ensure the efficient delivery of health care in Florida; accomplished by Executive Orders, Emergency Orders and Emergency Rules.

- Coordinating the temporary reactivation of unencumbered inactive licenses as requested and in accordance with section 381.00315(1)(c)3, Florida Statutes.
- Assisting the Division of Emergency Management (DEM) to create strategic partnerships with contracted staffing companies to credential in-state and out-of-state health care practitioners quickly.
- Identifying health care professions critical to the COVID-19 response and facilitating expedited application processing and licensure.
- Serving as a liaison with CHDs to address challenges involving health care practitioners in their respective counties.
- Participating as assigned on a variety of DEM Emergency Support Function 8 (Public Health and Medical Services Support).
- Creating numerous guidance, notification and presentation documents for licensees, stakeholders and the public.

Despite these challenges, MQA successfully achieved two of its three Regulatory Efficiency measure targets established for 2020. Specifically, MQA effectively increased the number of applications approved for health care licensure of military spouses and honorably discharged veterans from 137 to more than 1,700 and the average time to issue a license to a health professional was decreased by more than 25 percent.

Responsive to the COVID-19 pandemic, MQA established three Readiness for Emerging Health Threats Objectives. Identified as initial metrics to evaluate MQA's ability to increase the number of health care practitioners during a public health emergency to address shortages due to COVID-19, these measures were significantly impacted by the evolving response environment.

Division of Public Health Statistics and Performance Management (DPHSPM)

The DPHSPM continued to provide Florida with the latest public health data and vital statistics. The DPHSPM developed and maintained the Department's performance management system to support continuous improvement toward strategic goals and objectives and supported health improvement planning in 67 counties and at the state level. In addition to wide-ranging COVID-19 response efforts, DPHSPM's 2020 accomplishments include:

- State Health Office reaccreditation: After a rigorous 2020 review process, the Public Health Accreditation Board (PHAB) continued the Department's accreditation for five years. The PHAB report concluded that the Department is a high-functioning state health department with many key assets and factors that contribute to a comprehensive approach to health improvement and disease prevention.
- Critical Access Hospitals (CAHs): The State Office of Rural Health (ORH) leveraged its federal grants to support Florida's CAHs throughout the COVID-19 pandemic. All 10 CAHs are eligible, through the ORH, to receive a compliant telemedicine platform to safely respond to and manage COVID-19 patients, and to improve operational performance in emergency departments.
- Public Health Statistics: FLHealthCHARTS.com maintained and expanded the wealth of health statistics and the related data that it delivers. This included expanding the number of profile reports around specific areas of public health interest and improving ways for users to retrieve and customize the display of information to meet their needs.
- Vital Statistics: The Bureau of Vital Statistics partnered with the University of South Florida's College of Public Health to provide 34 Florida hospitals with training sessions

focused on the Florida Perinatal Quality Collaborative Project and ways to improve maternal and infant health data collection.

Office of Budget and Revenue Management (OBRM)

OBRM continued the use of the automated Approved Operating Budget system in conjunction with the spending plan to ensure that all program areas were within their operating budget. This was ensured by continuing monthly budget meetings with program areas.

Office of Children’s Medical Services Managed Care Plan and Speciality Programs (OCMSMCP)

OCMSMCP Managers provided COVID-19 education to 100 percent of newly diagnosed members in December 2020. Care Managers were provided with technical assistance and training to ensure successful incorporation of this initiative into routine case management activities, which is ongoing for 2021.

Office of Information Technology (OIT)

Since February 1, 2020, OIT rolled out Microsoft Teams to allow for virtual meetings to be held with remote staff. To accomplish this, the OIT added 15,000 Virtual Private Network (VPN) licenses (1,625 Agent softphone licenses to cover 1:1 Agent desktops with 20 percent surge capacity). The OIT also added 6000 Session Initiation Protocol (SIP) licenses for non-Remote Personal Computer/VPN user SIP telephony connections. As a large number of contact tracers were added, additional Office 365 licenses were purchased to ensure all Department staff were able to work remotely and perform the tasks required of their positions.

The OIT has increased the number of COVID-19 Electronic Laboratory Reporting and COVID-19 Electronic Case Reporting facilities from 187 to 457. The OIT will also continue to work with Department stakeholders to increase the number of facilities reporting electronically.

Office of Medical Marijuana Use (OMMU)

OMMU has made great strides in the last five years. The OMMU has focused on expanding access, providing education and increasing regulatory efficiencies. In 2020, the OMMU launched the Compliance, Licensing, Enforcement and Regulation (CLEAR) database. The CLEAR database has allowed the OMMU to automate many manual processes related to licensure and regulation of medical marijuana and low-THC cannabis. In addition to the technological updates, the OMMU more than doubled in size by adding additional staff during 2020 to support the needs of Florida’s qualified patients. These achievements have allowed the OMMU to decrease initial response time for all medical marijuana treatment center (MMTC) new facility and product requests by 37 percent. The OMMU has also increased the scope of the statewide cannabis and marijuana education campaign by 200 percent.

Office of Minority Health and Health Equity (OMHHE)

With the direct support and collaboration of four entities—the Bureau of Epidemiology (BE), BDCHP, the Health Equity Program Council (HEPC) and the Bureau of Communicable Diseases—OMHHE was able to report the successful progression of most designated strategic objectives in 2020. The percentage of Department employees completing *Addressing Health Equity: A Public Health Essential* was 71.82 percent, which far exceeded the target value of 45 percent. The most profound achievement was with its short-term COVID-19 objective 1.1.3A: “By December 31, 2020, reduce the percentage of COVID-19 cases where race and ethnicity are unknown in Merlin from 28% (6/2020) to 20%.” The performance for this objective was 13 percent. The result may be partly attributed to support of federal guidance in improving data

collection methods in COVID-19 testing. The OMHHE intends to continue to monitor this objective in the subsequent years.

Trend and Status Descriptions

¹Trend Descriptions:

-  = Data trend is upward and in the desired direction for progress.
-  = Data trend is downward and in the desired direction for progress.
-  = Data trend is upward and in the undesired direction for progress.
-  = Data trend is downward and in the undesired direction for progress.

²Status Descriptions:

- On Track** = Objective progress is exceeding expectations or is performing as expected at this point in time.
- Not on Track** = Objective progress is below expectations at this point in time.
- Decision Required** = Objective is at risk of not completing/meeting goal. Management decision is required on mitigation/next steps.
- Completed** = Objective has or has been met, and the target date has passed.
- Not Completed** = Objective has not been completed or has not been met and the target date has passed.

Objectives



Goal 1.1: Ensure Floridians in all communities will have opportunities to achieve healthier outcomes

Strategy 1.1: Reduce racial disparity in infant mortality

Lead: Division of Community Health Promotion

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
1.1.1A 	By December 31, 2020, reduce the annual Black infant mortality rate from 11.4 (2015) to 10 per 1,000 live births.	11.4	10.90 2019 Data <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Final 2020 data not available until July 31, 2021	10	12/31/2020	▼	Not On Track
2021 Revisions							
N/A	By December 31, 2020 <u>2021</u> , reduce the annual Black infant mortality rate from 11.4 (2015) <u>10.9 (2019)</u> to 10.0 per 1,000 live births.	10.9		N/A	12/31/2021		
Revision Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement.							

2020 Progress and Overall Accomplishments
<p>The Maternal and Child Health section took several steps to address this objective. Statements of Work (SOW) were developed for the 67 county health departments (CHDs) to implement evidence-based activities that address health equity, disparities and social determinants of health for the maternal and child health population. The Florida Department of Health (Department) continued its partnership with the Florida Perinatal Quality Collaborative (FPQC) to implement evidence-based quality improvement initiatives that impact health equity, racial disparities and the social determinants of health for the maternal and child health population. The current project is the Promoting Primary Vaginal Deliveries (PROVIDE) Initiative, which has engaged 76 hospitals with a goal to improve maternal and newborn outcomes by applying evidence-based interventions to promote primary vaginal deliveries and reduce Nulliparous Term Singleton Vertex (NTSV) cesarean section deliveries.</p> <p>CHDs submitted workplans and quarterly reports to headquarters showcasing their efforts being made at the local level. These efforts included implementing such evidence-based programs as Reach Out and Read, Fresh Access Bucks, Best Baby Zone, Protocol for Assessing Community Excellence in Environmental Health and the Safe Sleep Hospital Certification Program.</p>

How Targets Were Monitored
The Bureau of Family Health Services (BFHS), within the Division of Community Health Promotion, monitored the target by reviewing birth certificate vital statistics data annually.



PRIORITY 1

Health Equity

Goal 1.1: Ensure Floridians in all communities will have opportunities to achieve healthier outcomes

Strategy 1.1: Reduce racial disparity in infant mortality

Lead: Division of Community Health Promotion

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
1.1.1B 	By December 31, 2020, reduce Black-White infant mortality gap from 2.6 (2015) to less than two times higher.	2.6	2.48 2019 Data <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Final 2020 data not available until July 31, 2021	<2	12/31/2020	▼	Not on Track
2021 Revisions							
N/A	By December 31, 2020 2021 , reduce Black-White infant mortality gap from 2.6 (2015) 2.48 (2019) to less than two times higher.	2.48		N/A	12/31/2021		
Revision Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement.							

2020 Progress and Overall Accomplishments
<p>The Maternal and Child Health (MCH) section, within Community Health Promotion (CHP), partnered with the Adolescent and Reproductive Health Section (ARHS) to implement a statewide project focused on preconception health including healthy weight. Planning meetings were held, and strategies were developed to implement a statewide adolescent health campaign. The MCH section worked with the Office of Communications to develop campaign materials and update the Adolescents and Young Adults page on the Department website to include resources targeted at specific adolescent age groups.</p> <p>Additionally, the Department worked with multiple partners to implement a coordinated intake and referral process as a strategy for maximizing resources and linking pregnant women with programs that best address their needs and preferences. The Department met with partners to assess progress and to determine what can be done to improve the process.</p>

How Targets Were Monitored
BFHS monitored the target by reviewing birth certificate vital statistics data annually.



Health Equity

Goal 1.1: Ensure Floridians in all communities will have opportunities to achieve healthier outcomes

Strategy 1.1.2: Adopt a system of ongoing agency capacity building on health equity

Lead: Office of Minority Health and Health Equity

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
1.1.2A 	By December 31, 2020, increase the percentage of Department employees who completed the <i>Cultural Awareness: Introduction to Cultural Competency and Humility</i> and <i>Addressing Health Equity: A Public Health Essential</i> online trainings from less than 1% (2018) to 45%.	<1%	38.2% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	45%	12/31/2020	▲	Not on Track
2021 Revisions							
N/A	By December 31, 2020 <u>2021</u> , increase the percentage of Department employees who completed the <i>Cultural Awareness: Introduction to Cultural Competency and Humility</i> and <i>Addressing Health Equity: A Public Health Essential</i> online trainings from less than 1% (2018) to 45%. from 38.2% (2020) to 50%.	38.2%		50%	12/31/2021		
Rationale for Revisions							
This objective was extended so that the Department can continue to advance health equity and cultural competency amongst Department employees.							
This objective was split into two separate objectives to improve the efficiency of monitoring data collection and reporting. The new objective can be seen in the New Objectives section on page 87.							

2020 Progress and Overall Accomplishments
The percentage of Department employees who completed <i>Cultural Awareness: Introduction to Cultural Competency and Humility</i> was 38.2 percent, which did not meet the target value of 45 percent. The percentage of Department employees who completed <i>Addressing Health Equity: A Public Health Essential</i> was 71.82 percent, which far exceeded the target value of 45 percent. OMHHE worked with Venice White of Seminole County to conduct in-person trainings at local CHDs, which contributed to an increase in the



PRIORITY 1

Health Equity

percentage of employees who received each respective training. As the OMHHE continues to identify more potential partners to provide these in-person trainings, we expect to see increases to these values.

Note: At the end of 2019, the percentage of employees completing *Cultural Awareness: Introduction to Cultural Competency and Humility* was 27.55 percent, which was on track to achieve the 45 percent. However, during 2020 and the COVID-19 pandemic only 10.65 percent of employees were able to complete this training. The lower completion rate resulted in a combined 38.2 percent, which was below the target value of 45 percent.

How Targets Were Monitored

Targets were monitored using the TRAIN Learning Network Florida Ad Hoc, which reports on a quarterly basis.



Health Equity

Goal 1.1: Ensure Floridians in all communities will have opportunities to achieve healthier outcomes

Strategy 1.1.3: Reduce disparities related to COVID-19

Lead: Office of Minority Health and Health Equity

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
1.1.3A 	By December 31, 2020, reduce the percentage of COVID-19 cases where race and ethnicity are unknown in Merlin from 28% (6/2020) to 20%.	28%	13% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	20%	12/31/2020	▼	Complete
2021 Revisions							
N/A	By December 31, 2020 <u>2021</u> , reduce the percentage of COVID-19 cases where race and ethnicity are unknown in Merlin from 28% (6/2020) to 20% <u>10%</u> .	N/A		10%	12/31/2021		
Rationale for Revisions							
This objective was extended to continue to reduce the percentage of COVID-19 cases with unknown race and ethnicity.							

2020 Progress and Overall Accomplishments
The percentage of COVID-19 tests where race and ethnicity were unknown decreased from 28 percent to 13 percent. The original target value was 20 percent, but through a partnership with the Bureau of Epidemiology (BE) and the implementation of federal guidelines pertaining to COVID-19 testing, an indicator value of 13 percent was achieved.

How Targets Were Monitored
The BE Surveillance Section monitored targets on a bi-weekly basis using the Merlin surveillance system.



PRIORITY 1

Health Equity

Goal 1.1: Ensure Floridians in all communities will have opportunities to achieve healthier outcomes

Strategy 1.1.3: Reduce disparities related to COVID-19

Lead: Office of Children’s Medical Services Managed Care Plan

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
1.1.3B 	By December 31, 2020 increase the percentage of newly identified COVID-19 positive Children’s Medical Services Managed Care Plan members who have received education from their care manager to mitigate COVID-19 transmission from 91% (8/21/2020) to 100%.	91%	100% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	100%	12/31/2020	▲	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective has been met and incorporated into routine care management functions.							

2020 Progress and Overall Accomplishments
Children’s Medical Services Health Plan Care Managers provided COVID-19 education to 100 percent of newly diagnosed members in December 2020. Care Managers were provided with technical assistance and training to ensure successful incorporation of this initiative into routine case management activities, which is ongoing for 2021.

How Targets Were Monitored
The Children’s Medical Services Health Plan utilized an internal COVID-19 tracker for care management teams and for oversight of efforts.



Long Healthy Life

Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all groups

Strategy 2.1.1: Increase the healthy weight of children

Lead: Division of Community Health Promotion

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
2.1.1A 	By December 31, 2020, increase the number of school districts ever earning the Florida Healthy District Award from 53 (2018) to 67.	53	51 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	67	12/31/2020	▼	Not on Track
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective has been removed due to a lack of available reportable data as a result of COVID-19.							

2020 Progress and Overall Accomplishments
Bureau of Chronic Disease Prevention (BCDP), within CHP, engaged external partners, including the Florida Partnership for Healthy Schools and the Florida Association of District School Superintendents, to promote the Florida Healthy District Award. Internal and external subject matter specialists provided technical assistance to school districts by completing the recognition assessment. However, the target was not achieved, with information indicating this is due to the impact of COVID-19 on school operations. Twenty-one new districts completed the self-assessment for the 2020–2022 designation; previously recognized districts were given the option to extend their recognition for another year due to COVID-19. For 2020, the Florida Partnership for Healthy Schools recognized the 51 existing new and renewed districts as Florida Healthy School Districts.

How Targets Were Monitored
BCDP monitored this target through annual assessments completed by school districts.



Long Healthy Life

Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups

Strategy 2.1.1: Increase the healthy weight of children

Lead: Division of Community Health Promotion

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
2.1.1B 	By December 31, 2020, increase the number of Baby-Friendly Hospitals in Florida from 10 (2015) to 30.	10	26 2019 Data <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final 2020 Data not available	30	12/31/2020	▲	Not Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
There was no data to report for 2020. The Florida Breastfeeding Coalition is no longer working with hospitals for the Baby-Friendly Hospital Initiative.							

2020 Progress and Overall Accomplishments
The BFHS, within CHP, did not have CHDs actively engaged in assisting hospitals with earning a Baby-Friendly designation. However, some CHDs were still promoting Baby-Friendly hospitals, but were not engaging in new activities for this objective.

How Targets Were Monitored
The Florida Breastfeeding Coalition is no longer working with hospitals on the Baby-Friendly Hospital Initiative and therefore, the target was not monitored in 2020.



Long Healthy Life

Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all groups

Strategy 2.1.2: Improve the cardiovascular health of adults

Lead: Division of Community Health Promotion

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
2.1.2A 	By December 31, 2020, increase the percentage of adults in Federally Qualified Health Centers with diagnosed high blood pressure who had their blood pressure adequately controlled (less than 140/90 at the last visit) from 59.7% (2013) to 61.5%.	59.7%	61.5% 2019 Data <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final 2020 Data not available	61.5%	12/31/2020	▲	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was met.							

2020 Progress and Overall Accomplishments
<p>The Bureau of Chronic Disease and Prevention (BCDP) has developed an overview defining what the National Association of Chronic Disease Directors (NACDD) is, how the system operates, which counties are involved and who is eligible to use the program. In 2020, the BCDP continued to carry out the partnership established in 2019 with the NACDD. This involved working with Community e-Connect and the Health Services Advisory Group (HSAG) while onboarding two pilot regional county sites: Pasco and Escambia County Health Departments (CHDs). Clinical providers at the CHDs conducted clinical assessments of each patient and sent direct referrals to their local community-based organizations (CBOs). For example, the YMCA customers who were screened and diagnosed with health risk factors such as high blood pressure, high cholesterol and dyslipidemia, were linked to evidenced-based services to assist with their medical needs. Community E-Connect is now live and operable. Successes include the expansion of E-Connect to CHDs and CBOs. HSAG recruited 12 additional health systems that identified health system barriers. Implementation plans were created to accomplish monthly coaching/technical assistance. Training on team-based care approaches, quality improvement, clinical quality management documentation, and data was developed to reach this objective’s target.</p>
How Targets Were Monitored
<p>Progress was monitored through the NACDD and the HSAG quarterly reports using evaluation reporting tools and monthly check-in calls.</p>



Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all groups

Strategy 2.1.3: Increase cancer survival

Lead: Division of Community Health Promotion

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
2.1.3A 	By December 31, 2020, reduce the overall age-adjusted rate of cancer deaths from 176.9 (2016) to 145 per 100,000 population.	176.9	142.8 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	145	12/31/2020	▼	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was met.							

2020 Progress and Overall Accomplishments

The Florida Breast and Cervical Cancer Early Detection Program (BCCEDP) conducted 9,402 mammograms and 1,362 Papanicolaou (Pap) Smear Tests. Of those screened, 206 breast cancers and 13 cervical pre-cancer/invasive cancers were detected. The Florida Colorectal Cancer Control Program (CRCCP) maintained partnerships with three existing health systems within nine clinic locations to continue implementation of policy and system changes using evidence-based interventions. Health system partners collectively achieved a screening rate of 54.1 percent. The CRCCP was awarded the new Centers for Disease Control and Prevention (CDC) five-year cooperative agreement #1NU58DP006772-01-00. The Comprehensive Cancer Program's health system change project had 9,775 patients complete Cologuard and fecal immunochemical tests, while 4,438 patients received a colonoscopy or sigmoidoscopy.

How Targets Were Monitored

The target was monitored through the BCCEDP Cancer Surveillance and Tracking System. The Colorectal Cancer Control Program's partnered with health systems to submit monthly implementation reports that were used to monitor targets. The Comprehensive Cancer Control Program's partnered with health systems to submit quarterly reports that were also used to monitor targets.



Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all groups

Strategy 2.1.4: Reduce injury

Lead: Division of Community Health Promotion

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
2.1.4A 	By December 31, 2020, increase the number of community action teams (community partners specific to address community violence) implementing the Centers for Disease Control and Prevention (CDC) STOP Sexual Violence (SV) Technical Package from 0 (2018) to 13.	0	13 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	13	12/31/2020	▲	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was met.							

2020 Progress and Overall Accomplishments
The Rape Prevention Education Program worked with 13 contracted providers to implement the CDC's STOP SV technical package. The providers, whose five-year contract ended 1/31/2021, implemented approaches to support leadership skills for young women and to build protective environments through social marketing campaigns that address risk and protective factors for sexual violence. The providers supported community efforts with the help of Green Dot implementation teams, which served as Community Action Teams.

How Targets Were Monitored
This target was not monitored in 2020 as the objective was met previously and no additional Community Action Teams were developed.



Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all groups

Strategy 2.1.4: Reduce injury

Lead: Division of Community Health Promotion

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
2.1.4B 	By December 31, 2020, increase the number of counties that are included in a Safe Kids coalition from 38 (2018) to 40.	38	40 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	40	12/31/2020	▲	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was met.							

2020 Progress and Overall Accomplishments

The Florida Safe Kids Coordinator continued outreach and discussion on the future development of the Emerald Coast Safe Kids Coalition with stakeholders from Santa Rosa, Okaloosa and Escambia counties. Due to the COVID-19 pandemic, Safe Kids World-Wide implemented a freeze on forming new coalitions; therefore, this objective was placed on hold. However, existing Safe Kids Coalitions found creative ways to provide training and education for important injury prevention topics such as car seat safety, bicycle safety, drowning prevention and poison prevention through liberal use of social media platforms, virtual trainings, drive-through events and other activities.

How Targets Were Monitored

All Safe Kids Coalitions must execute a formal agreement with Safe Kids Worldwide, which is co-signed by the Florida Statewide Safe Kids Coordinator. To manage recruitment, communications with potential collaborators are documented and tracked, enabling continued relationship building conversations and offers of technical assistance.



Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all groups

Strategy 2.1.5: Reduce Human Immunodeficiency Virus (HIV) incidence

Lead: Division of Disease Control and Health Protection

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
2.1.5A 	By December 31, 2020, reduce the rate of HIV transmissions diagnosed annually in Florida, from 24.5 (2015) to 23.9 per 100,000 population.	24.5	21.6 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	23.9	12/31/2020	▼	Complete
2021 Revisions							
2.1.1A	By December 31, 2020 <u>2021</u> , reduce the rate of HIV transmissions diagnosed annually in Florida, from 24.5 (2015) to 23.9 <u>20.7</u> per 100,000 population (2021).	N/A		20.7	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement. The objective number was changed as a result of other objectives being removed from the strategic plan.							

2020 Progress and Overall Accomplishments
<p>Due to the COVID-19 pandemic, the HIV/AIDS Section continued the implementation of The OraQuick In-Home HIV Test pilot project that was launched in the previous fiscal year. The project and availability of these home HIV tests was promoted by the media provider EVOK on Florida's KnowYourHIVStatus.com website, Facebook, Instagram and Twitter, with statewide display. The program mailed 3,229 test kits in 2020.</p> <p>The HIV/AIDS Section collaborated with the southern AIDS Education and Training Center (AETC) to develop a statewide peer education certification program for persons with HIV. While individual community-based organizations may have an organization-specific program, developing a standardized program for the state ensures all peers receive the same level of training and capacity building to be of assistance to individuals recently diagnosed or re-engaged in care.</p> <p>Additionally, the HIV/AIDS Section was awarded funding from the CDC to implement strategies and activities to end the HIV epidemic in Florida. Seven counties were identified as Phase 1 jurisdictions for this national effort – Duval, Pinellas, Hillsborough, Palm Beach, Broward, Miami-Dade and Orange. The funding supported continued efforts to decrease new HIV diagnoses in the state. The HIV/AIDS Section continued to support the high impact providers funded to implement prevention services and strategies in their designated area and among their identified priority population. The statewide minority media campaign successfully implemented a PrEP messaging component to bring awareness to its availability</p>



PRIORITY 2

Long Healthy Life

and importance in reducing HIV transmissions in the state. In addition, the Section launched a media campaign to raise awareness about the availability of housing services provided through the Housing Opportunities for Persons With AIDS program. Housing is a key factor in the likelihood that persons with HIV remain in care and adherent to treatment.

How Targets Were Monitored

Targets for this objective are monitored through the HIV/AIDS Section's comprehensive surveillance system.



Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all group

Strategy 2.1.5: Reduce Human Immunodeficiency Virus (HIV) incidence

Lead: Division of Disease Control and Health Protection

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
2.1.5B 	By December 31, 2020, reduce the rate of HIV transmissions diagnosed annually in Florida's Black population from 66.9 (2015) to 65.3 per 100,000 population.	66.9	59 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	65.3	12/31/2020	▼	Complete
2021 Revisions							
2.1.1B	By December 31, 2020 <u>2021</u> , reduce the rate of HIV transmissions diagnosed annually in Florida's Black population from 66.9 (2015) to 53.2 per 100,000 population.	53.2		N/A	12/31/2021		
Rationale for Revisions							
This objective was met.							
2020 Progress and Overall Accomplishments							
<p>In partnership with the seven counties identified as Phase 1 Ending the HIV Epidemic jurisdictions, multiple virtual and in-person community engagement sessions were held with priority populations. In those sessions, feedback and insight addressing local and state programming was gathered and implemented to achieve goals and objective. The HIV/AIDS Section and OMHHE collaborated to provide \$700,000 to grassroots organizations in the seven identified "Ending the HIV Epidemic: A Plan for America" counties. Funds were used to implement PrEP awareness, education and referral services for specific populations such as Black women, Black persons with trans experience and Black men who have sex with men.</p> <p>Partner sites were established to engage in the fight against HIV through education and awareness. In 2020, 150 partner sites were developed through the Business Responds to AIDS initiative. Additionally, 25 partner sites were established through the Faith Responds to AIDS initiative.</p>							
How Targets Were Monitored							
Targets for this objective were monitored through the HIV/AIDS Section's comprehensive surveillance system.							



Long Healthy Life

Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all groups

Strategy 2.1.5: Reduce Human Immunodeficiency Virus (HIV) incidence

Lead: Division of Disease Control and Health Protection

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
2.1.5C 	By December 31, 2020, reduce the rate of HIV transmissions diagnosed annually in Florida's Hispanic population from 30.8 (2015) to 30 per 100,000 population.	30.8	30.9 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	30	12/31/2020	▲	Not on Track
2021 Revisions							
2.1.1C	By December 31, 2020 <u>2021</u> , reduce the rate of HIV transmissions diagnosed annually in Florida's Hispanic population from 30.8 (2015) to 30 <u>28.1</u> per 100,000 population.	N/A		28.1	12/31/2021		
Rationale for Revisions							
The targets were extended to allow for continued work on this objective. The objective number was updated due to deleted objectives.							

2020 Progress and Overall Accomplishments
<p>In partnership with the seven counties identified as Phase 1 Ending the HIV Epidemic jurisdictions, multiple virtual and in-person community engagement sessions were held with priority populations. In those sessions, feedback and insight addressing local and state programming was gathered and implemented to achieve goals and objective. The HIV/AIDS Section and OMHHE collaborated to provide \$700,000 to grassroots organizations in the seven identified "Ending the HIV Epidemic: A Plan for America" counties. Funds were used to implement PrEP awareness, education and referral services for specific populations such as Hispanic persons with trans experience and Hispanic men who have sex with men.</p> <p>Partner sites were established to engage in the fight against HIV through education and awareness. In 2020, 150 partner sites were developed through the Business Responds to AIDS initiative. Additionally, 25 partner sites were established through the Faith Responds to AIDS initiative.</p>

How Targets Were Monitored
Targets for this objective were monitored through the HIV/AIDS Section's comprehensive surveillance system.



Long Healthy Life

Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all groups

Strategy 2.1.5: Reduce Human Immunodeficiency Virus (HIV) incidence

Lead: Division of Disease Control and Health Protection

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
2.1.5D 	By December 31, 2020, reduce the rate of total early syphilis cases in Florida from 25.9 (2017) to 22 per 100,000 population.	25.9	34.8 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	22	12/31/2020	▲	Not on Track
2021 Revisions							
2.1.1D	By December 31, 2020 2020 <u>2021</u> , reduce the rate of total early syphilis cases in Florida from 25.9 <u>34.8</u> (2019) to 22 <u>32</u> per 100,000 population.	34.8		32	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement. objective number was changed due to other objectives being removed from the strategic plan.							

2020 Progress and Overall Accomplishments
<p>The Sexually Transmitted Disease (STD) Program collaborated with the CDC's Division of STD Prevention Evaluation Unit on a syphilis partner services outcomes evaluation project. The CDC team analyzed data from an October 2020 survey sent to Disease Intervention Specialists (DIS), supervisors and managers. The results will be used to direct more specific questions via interviews or focus groups. The project will result in recommendations to improve partner services outcomes, which have declined steadily in Florida and the rest of the nation over the past 10 plus years.</p> <p>The weekly STD Tools and Reporting System (STARS) Critical Task list was sent to all STD Program field staff working in the 14 Area STD Programs. The list contained the top priority investigations to allow for enhanced focus on the highest priority investigations to ensure timely treatment. The field staff used a STARS report to monitor the timeliness of treatment for all syphilis cases and it was available to all Area STD Program Managers. For the fourth quarter of 2020, 82 percent (1,524/1,852) of all early syphilis cases were treated within 14 days of specimen collection, thus meeting the objective. The Regional Consults continued to send documented instruction to staff in local programs who need investigation prompting or other attention.</p>



How Targets Were Monitored

The Sexually Transmitted Disease and Viral Hepatitis Section (Section) used the STARS data management application to monitor all aspects of syphilis case management including electronic reporting of lab results to partner services and reporting syphilis morbidity to the CDC. The Section had the capacity to monitor in real time the timeliness of treatment, disease prevention and intervention activities. There were numerous quality assurance/quality improvement measures in place to monitor the performance of all 14 Area STD Programs in the state. The Section monitored congenital syphilis case management and all early syphilis case management activities using five STD Program Regional Consultants, a Congenital Syphilis Quality Assurance Coordinator and a member of the Section's Surveillance Unit. Additionally, the Section routinely monitored syphilis trends and overall caseloads of the Area STD Programs. Regular communication with these programs provided continual assessment their capacity to effectively respond to syphilis case increases.



Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all groups

Strategy 2.1.6: Develop an integrated trauma system

Lead: Division of Emergency Preparedness and Community Support

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
2.1.6A 	By September 1, 2020, implement all 7 statutory requirements for Florida's restructured trauma system.	0	7 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	7	9/1/2020	▲	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective has been met.							

2020 Progress and Overall Accomplishments
This objective was completed on August 31, 2020. The statutory requirements for this objective came from HB 1165 (2018). Prior to this year, the Department's Trauma Section had implemented six of the seven new statutory requirements. The remaining statutory requirement was the completion of a statewide trauma system assessment by August 31, 2020. During this reporting year, the Department finalized the methodology for the assessment, which was published in accordance with the statutory deadline outlined in section 395.4025, Florida Statutes.

How Targets Were Monitored
The objectives and action steps were monitored using a legislative implementation plan. Objectives were marked complete upon the Department completing all action steps required to fully implement the statutory directive.



Long Healthy Life

Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all groups

Strategy 2.1.7: Improve public health messaging about COVID-19

Lead: Division of Community Health Promotion

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
2.1.7A 	By December 31, 2020, increase the number of paid and unpaid media advertisements reaching diverse, vulnerable populations using digital and social media platforms to educate about the risk of serious illness for those persons infected with COVID-19 from 0 (7/2020) to 15.	0	33 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	15	12/31/2020	▲	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for NEW Objective							
This objective was met.							

2020 Progress and Overall Accomplishments
<p>The BCDP and the Bureau of Tobacco Free Florida (BTFF) administered two separate media campaigns, targeting priority populations with information about preventing the spread of COVID-19. BCDP managed the creation and dissemination of eight creative assets, targeting health care providers about the importance of promoting chronic disease management strategies to their patients. Through partnerships, a health care provider toolkit was disseminated statewide. The campaign was highly successful, reaching over 673,500 health care providers through an electronic newsletter and 23 million social media impressions achieved through Facebook, Twitter and Pandora.</p> <p>BTFF managed the creation and dissemination of a youth/young adult targeted COVID-19 pandemic prevention informational campaign. The campaign focused on the four social platforms on which this audience spends the most time including Snapchat, YouTube, TikTok and Instagram, to achieve high reach and frequency through a targeted investment. The campaign, funded through both the Department of Health and the Division of Emergency Management, resulted in 25 creative assets with over 129 million impressions in less than 120 days.</p>

How Targets Were Monitored
Both campaigns were monitored using weekly reporting from a media vendor that detailed the number of impressions across media channels.



Long Healthy Life

Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all groups

Strategy 2.1.7: Improve public health messaging about COVID-19

Lead: Division of Community Health Promotion

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
2.1.7B 	By September 30, 2020, increase the number of public health materials available to provide guidance on safe practices and COVID-19 mitigation strategies in a school setting from 0 (3/2020) to 3.	0	3 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	3	9/30/2020	▲	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was met.							

2020 Progress and Overall Accomplishments
The School Health Services Program distributed materials to provide guidance to school districts on safe practices and COVID-19 mitigation strategies including general reopening guidance, sick-day guidelines, daily health screening guidance, a symptom clinic log tool and a COVID-19 decision tool.

How Targets Were Monitored
Guidance documents were created by School Health Team members and routed for approval through leadership. These documents were sent out to school districts via email. They were also reviewed on school health calls, on which BE team members participated and answered questions from schools.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.1: Increase vaccination rates for children and teens

Lead: Division of Disease Control and Health Protection

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.1A 	By December 31, 2020, increase the percentage of two-year-olds who are fully immunized from 86% (2014) to 90%.	86%	83.5% (±0.6%) 2019 Data <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Final 2020 data will be available in 2021	90%	12/31/2020	▼	Not on Track
2021 Revisions							
N/A	By December 31, 2020 2020 2021 , increase the percentage of two-year-olds who are fully immunized from 86% (2014) to 90%.	N/A		N/A	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement.							

2020 Progress and Overall Accomplishments
<p>Data from the 2019 Florida Department of Health Survey of Immunization Levels in 2-Year-Old Children, released Q2 of 2020, show a decrease from 83.9 percent (2018) to 83.5 percent. The methodology for the 2020 survey was the same as 2019, though the type and number of parent contacts that the field staff must complete prior to excluding a child from a survey have increased. The 2020 survey data will be reported Q2 or Q3 of 2021.</p> <p>The Child Care Project focused on monitoring visits at childcare facilities statewide to assess and determine if the facilities are in compliance with Florida’s immunization requirements for childcare entry. During these visits, immunization field staff provided technical assistance regarding childcare entry immunization requirements in Florida and the Florida State Health Online Tracking System (FLSHOTS) participation. Immunization field staff also worked with providers to produce reminder recall letters. By December 31, 2020, 257 visits were conducted.</p> <p>The Power to Protect campaign continued to promote the Department’s immunization initiatives:</p> <ul style="list-style-type: none"> ○ The social media campaign was expanded. ○ Display banners were geotargeted and geofenced around doctor offices. ○ In-office placement materials were created and sent to facilities (Due to COVID-19, #PowerToProtect posters have QR codes instead of fact cards). ○ Exam table paper was sent to providers to include a kid-friendly design with games.



Readiness for Emerging Health Threats

- The new pop-up banner, posters, fact cards and digital ads were received and distributed

How Targets Were Monitored

Targets are monitored through the Florida Department of Health Survey of Immunization Levels in 2-Year-Old Children. According to this survey, the 2019 statewide immunization coverage rate for the 4:3:1:3:3:1 immunization series has decreased from 83.9% ($\pm 1.1\%$) (2018) to 83.5% ($\pm 0.6\%$) (2019); as a result, this objective is not on track toward achieving the target of 90%.

The program monitors the progress of the childcare projects by tracking the number of visits conducted and the number of reminder recalls. Reminder recall letters are sent to parents of children who are not on schedule. Childcare monitoring visits were suspended by the third quarter due to COVID-19.

The Pfizer reminder/recall project uses FLSHOTS data to identify children 12 to 24 months of age with outstanding vaccinations. A report is generated quarterly to assess progress. By December 31, 2020, Pfizer sent out 182,688 postcards to parents of children who were late on their scheduled immunizations, and 41.0 percent of these children received vaccinations after the date of the postcard mailing. The Pfizer reminder/recall project ended in Q4 after expiration of the agreement.

The Immunization Marketing Campaign is hosted through a Department contract with Brunet Garcia, Inc. Progress is monitored through the completion of outlined contract deliverables. Uptake of the campaign's messaging is measured through reporting by the vendor of both media and website impressions.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.1: Increase vaccination rates for children and teens

Lead: Division of Disease Control and Health Protection

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.1B 	By December 31, 2020, increase the percentage of teens (13-17 years of age) who have completed the first dose of the human papillomavirus (HPV) vaccine from 55.9% (±6.7%) (2016) to 70% according to the National Immunization Survey (NIS-Teen) data.	55.9%	67.9% (±7.9) 2019 Data <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Final 2020 data not available until 2021	70%	12/31/2020	▲	Not On Track
2021 Revisions							
N/A	By December 31, 2020 2021 , increase the percentage of teens (13-17 years of age) who have completed the first dose of the human papillomavirus (HPV) vaccine from 55.9% (±6.7%) (2016) to 70% according to the National Immunization Survey (NIS-Teen) data.	N/A		N/A	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement.							

2020 Progress and Overall Accomplishments
<p>The percentage of Florida teens who completed their first HPV vaccine dose was on a continuous increase. According to NIS-Teen data, the percentage in 2017 was 59.8% (±6.5%) and 64.1% (±6.6%) (2018). The most recent NIS-Teen data, released Q3 of 2020, reflects a 3.8% increase from 64.1% to 67.9% (2019).</p> <p>The Adolescent Partnership Project (TAPP), previously known as the HPV Nurse Champion Model, successfully onboarded two additional partnerships in 2020, Nona Pediatric Center and Raymond Caron Pediatrics. TAPP continued to conduct bimonthly conference calls with providers to have discussions and trainings on the barriers and triumphs in adolescent vaccines. The Immunization Quality Improvement Program (IQIP) report creator, created by the Florida SHOTS team to incorporate the CDC's quality improvement (QI) program was produced on a bimonthly basis and used to promote and support the implementation of provider-level strategies designed to help increase on-time vaccination of children and adolescents.</p>



Readiness for Emerging Health Threats

The Florida Immunizes Statewide for HPV through Enhancing Recommendations (FISHER) quality improvement project's content and script for all three modules were finalized and approved. The FISHER project was a collaborative initiative with a purpose of training immunizing physicians, nurses and their staff on how to recommend the HPV vaccine. A FISHER presentation of the training modules was scheduled for early 2021 and a discussion will follow.

The Power to Protect campaign for year three continued to promote the Department's immunization initiatives:

- The social media campaign was expanded.
- Display banners are now geotargeted and geofenced around doctor offices.
- In-office placement materials were created and sent to facilities. (Due to COVID-19, #PowerToProtect posters have QR codes instead of fact cards.)
- Exam table paper was sent to providers to include a kid-friendly design with games.
- The new pop-up banner, posters, fact cards and digital ads were received and distributed.

How Targets Were Monitored

The Immunization Marketing Campaign is hosted through a Department contract with Brunet Garcia, Inc. Progress was monitored through the completion of outlined contract deliverables. Uptake of the campaigns messaging was measured through reporting by the vendor of both media and website impressions. NIS-Teen data are available on an annual basis. Data for 2020 will be reported in Q3 2021.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.2: Improve Florida’s Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) to better provide just-in-time data on syndromic events

Lead: Division of Disease Control and Health Protection

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.2A 	By December 31, 2020, increase the number of facilities submitting Health Level Seven International (HL7) data from 226 (2017) to 350.	226	308 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	350	12/31/2020	▲	Not on Track
2021 Revisions							
N/A	By December 31, 2020 <u>2021</u> , increase the number of facilities submitting Health Level Seven International (HL7) data from 226 (2017) to 350.	N/A		N/A	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement.							

2020 Progress and Overall Accomplishments
In 2020, 22 facilities were converted from a legacy/flat file to a Meaningful Use-compliant HL7 file. By the end of 2020, there were 308 facilities sending HL7 data, representing 79 percent of the total number of reporting facilities. In 2020, the ESSENCE-FL syndromic surveillance team successfully completed onboarding of all remaining hospital emergency departments (EDs) in Florida into the system, representing 100 percent population coverage of patients who visit a Florida ED. In 2020, ESSENCE-FL identified 690 reportable disease cases that were not previously reported through traditional reporting mechanisms, including cases of varicella, dengue fever, malaria, hepatitis A, carbon monoxide poisoning and COVID-19.

How Targets Were Monitored
Florida’s ESSENCE team created dynamic spreadsheets for tracking the number of facilities that sent HL7 data. This was updated as changes were made, and it provided a rapid tracking of this measure. Maintaining adequate staffing to appropriately follow and resolve issues was the key to success.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.2: Improve Florida ESSENCE to better provide just-in-time data on syndromic events

Lead: Division of Disease Control and Health Protection

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.2B 	By December 31, 2020, increase the number of hospitals participating in electronic lab reporting (ELR) from 52 (2014) to 250.	52	1752 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	250	12/31/2020	▲	Complete
2020 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement.							

2020 Progress and Overall Accomplishments

Over 202 health care systems were onboarded through ELR in 2020, representing a 42 percent increase in onboarding compared to 2019. During the COVID-19 pandemic, a Web portal was developed to accommodate the rapid receipt and consumption of COVID-19 results from non-traditional facilities performing COVID-19 testing that could not generate an HL7 message. At the end of 2020, there were over 1,026 reporting facilities and 962,844 results that were submitted through the COVID-19 portal. The COVID-19 pandemic resulted in the hiring of several new ELR staff, and it has resulted in the ELR program becoming agile and able to quickly update interface templates/documentation to handle reporting changes in a short amount of time. An ELR registration portal was built and deployed to accommodate the rapid increase in facilities requesting to be enrolled. Additionally, a robust quality assurance process was developed prior to onboarding in ELR. This new process has resulted in significantly lower production issues in those facilities that were onboarded after the new processes were put into place.

How Targets Were Monitored

Frequent communication through email, phone calls and Skype screen-sharing technology allowed for HL7 feeds to be brought online, fully validated and any issues resolved within a timely fashion. Maintaining adequate staffing to monitor and resolve issues was the key to success.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.3: Reduce residual risk of hazards with high public health, health care and behavioral health impacts as identified in the Florida Public Health Risk Assessment Tool

Lead: Division of Emergency Preparedness and Community Support

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.3A 	By December 31, 2020, increase the number of counties that have significant or full ability on the three most critical preparedness capabilities (9 functions) for Public Health Community Preparedness, Emergency Operations Coordination and Mass Care Coordination from 43 to 67.	43	42 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	67	12/31/2020	▼	Not on Track
2021 Revisions							
N/A	By December 31, 2020 <u>2021</u> , increase the number of counties that have significant or full ability on the three most critical preparedness capabilities (9 functions) for Public Health Community Preparedness, Emergency Operations Coordination and Mass Care Coordination from 43 (64%) to 67 <u>54 (80%)</u> .	N/A		54	12/31/2021		
Rationale for Revisions							
<p>Extending the deadline from December 2020 to December 2021 and changing the target value from 100 percent (67 counties) to 80 percent (54 counties) is supported by the following facts:</p> <ol style="list-style-type: none"> 1. The CDC released the updated Public Health Emergency Preparedness (PHEP) capabilities and functions on January 2019. The Bureau of Preparedness and Response (BPR) implemented and updated the assessment tool during fiscal year 2019–20. Consequently, a new function to be assessed by the CHDs was added. 2. Due to COVID-19 operations, CHDs were exempted from working on their preparedness performance expectation reports and assessment of the capabilities and functions. 3. All CHDs received a default score of 3 on the new function, reducing the number of CHDs that could have met the objective. 							



2020 Progress and Overall Accomplishments

The total number of CHDs with significant or full ability on the three most critical preparedness capabilities (9 functions) for Public Health Community Preparedness, Emergency Operations Coordination and Mass Care Coordination decreased from 46 to 42. The factors involved were:

- The CHDs were exempted from reporting on their performance expectations to concentrate their efforts on the response to COVID-19.
- The assessment tool included a new capability function with a default score of 3 (some ability or capability).
- CHDs might have re-assessed their capabilities, lowering their scores as they had to respond to large magnitude disasters and operations.

The operations to respond to COVID-19 are ongoing and are a priority for the BPR and CHDs. Monitoring the status of the objective will continue quarterly.

How Targets Were Monitored

The target was monitored as follows:

1. Data target source: The Florida Public Health Risk Assessment Tool (<https://flphrat.com>) includes a Capability Assessment Application to evaluate the ability/capability of 15 CDC capabilities and 61 functions.
2. Report name: Capability Score worksheet
3. How frequent the data are available: Annually
4. How often the target is monitored: Annually
5. Reports generated: 2020 Capability/Function score
6. Party responsible for the monitoring: Evaluation and Analysis Unit Supervised by Sonia McNelis, Supervisor, MD, MPH
7. The target was calculated following these steps:
 - Obtaining a non-aggregated report of the capability function scores and selecting the 9 target functions in a spreadsheet which contained the score entries (603) of the 67 counties for each of the 9 functions.
 - Aggregating the number of counties with scores of 5, 4, 3, 2 and 1 [=COUNTIF(B2:BP2,5), =COUNTIF(B2:BP2,4), =COUNTIF(B2:BP2,3), =COUNTIF(B2:BP2,2), =COUNTIF(B2:BP2,1)].
 - Including the following in the entire analysis:
 - Calculating the average score for each function [=AVERAGE(B2:BP2)].
 - Calculating the percentage of counties with scores of 5, 4, 3, 2, 1 [=BQ2/67, =BR2/67, =BS2/67, =BT2/67, =BU2/67,
 - Calculating the percentage of counties under 5 (scores 1-4)-Achieve 5, and the percentage of counties under 4 (scores 1-3)-Achieve 4 [=SUM(BX2:CA2) and =SUM(BY2:CA2)].
 - Identifying the counties with at least one function with less than Significant and Full ability (score of LESS THAN 4) [=IF(OR(B2<4,B3<4,B4<4,B5<4,B6<4,B7<4,B8<4,B9<4,B10<4),1,0)].
 - Calculating the total number of counties with at least one function with less than Significant and Full ability [=SUM(B11:BP11)].
 - Calculating the number of counties with all scores of 4 and/or 5 [=67-(SUM(B11:BP11)).



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.4: Decrease inhaled nicotine use among children and adults

Lead: Division of Community Health Promotion

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.4A 	By December 31, 2020, decrease current inhaled nicotine prevalence in Florida youth ages 11-17 years from 14.7% (2014) to 12.6%. (Youth inhaled nicotine includes cigarettes, cigars, flavored cigarettes, flavored cigars, hookah and e-cigarettes.)	14.7%	17.1% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	12.6%	12/31/2020	▲	Not on Track
2021 Revisions							
N/A	By December 31, 2020 <u>2021</u> , decrease current inhaled nicotine* prevalence in Florida youth age 11-17 from 14.7% (2014) to 12.6% <u>17.1% (2020) to 16.8%</u> . * Inhaled nicotine includes cigarettes, cigars, flavored cigarettes, flavored cigars, hookah and e-cigarettes. (Agency Obj. 3.1.4A)	17.1%		16.8%	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement.							

2020 Progress and Overall Accomplishments

Inhaled nicotine prevalence among Florida youth was at 17 percent (2020), which was a decrease from 19 percent in 2019. Cigarette smoking among Florida’s high school population (1.5 percent) was lower than the national rate (5.8 percent). Traditional tobacco use continues to decline, but the high rates of e-cigarette use remains a major concern. Youth vaping has increased significantly since 2016 across the country including in Florida. In 2020 however, 21.6 percent of Florida high school students reported current e-cigarette use, a 15 percent decrease from 2019. E-cigarettes typically contain nicotine, which is highly addictive. Teens may be more sensitive to nicotine and feel dependent on nicotine more quickly than adults. BTFF has launched a new statewide ad campaign – Textimonials – which shares real stories of young adults impacted by nicotine addiction in a language youth know best— text. The BTFF has also



Readiness for Emerging Health Threats

mobilized our school and community partners with resources as they work to make youth vaping less acceptable and less accessible. These resources are available on a public website, www.EndTeenVapingFL.gov. BTFF has empowered its Students Working Against Tobacco youth organization to speak out against e-cigarette use through initiatives like Not A Lab Rat, which educates peers about the health effects of vaping.

How Targets Were Monitored

This objective includes current cigarette, cigar, electronic vaping and hookah use among youth. The identified tobacco products in this objective are set up as sub-indicators for monitoring individually. Overall, the primary objective is not on track because of the increase in youth e-cigarette use. Indicators are monitored annually through administration of the Florida Youth Tobacco Survey.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.4: Decrease inhaled nicotine use among children and adults

Lead: Division of Community Health Promotion

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.4B 	By December 31, 2020, decrease current inhaled nicotine** prevalence in adults from 22.2% (2015) to 19.2%. ** Adult inhaled nicotine includes cigarettes, cigars, hookah and e-cigarettes.	22.2%	25.4% 2019 Data <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final 2020 data not available until July 2021	19.2%	12/31/2020	▲	Not on Track
2021 Revisions							
N/A	By December 31, 2020 <u>2021</u> , decrease current inhaled nicotine** prevalence in adults from <u>22.2% (2015) to 19.2% 25.4% (2019) to 24.8%</u> . ** Adult inhaled nicotine includes cigarettes, cigars, <u>little cigars</u> , hookah and e-cigarettes.	25.4%		24.8%	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement.							

2020 Progress and Overall Accomplishments
<p>According to the 2019 Behavior Risk Factor Surveillance System, the percentage of adults who currently use cigarettes significantly decreased between 2014 and 2019, from 17.6 percent to 14.8 percent. The prevalence of current adult e-cigarette use has risen from 4.3 percent in 2017 to 7.5 percent in 2019. The BTFF media campaign adheres to the CDC recommendations to target audiences with cessation messaging. An independent evaluation found exposure to the statewide media campaign has significantly influenced the rate of quit attempts among adult smokers. There are approximately 451,000 fewer adult smokers today than there were in 2006, even as the population has increased by more than 3 million people during that same time. Aggressive marketing by e-cigarette companies encourages smokers to switch to electronic vaping products, even though the Food and Drug Administration has not approved e-cigarettes as a cessation aid. In 2019, 44.3 percent of smokers reported switching to an electronic vaping product during their most recent quit attempt.</p> <p>To date, the BTFF expanded use of electronic referral to include County Health Systems, University of Florida/Shands Hospital and Clinics, H.L. Moffitt Cancer Center and CareerSource Florida.</p>



Readiness for Emerging Health Threats

The BTFF developed a partner relationship with the Agency for Health Care Administration (AHCA) and their Medicaid Managed Care Organizations. The BTFF highlighted the role that tobacco plays in many of the potentially preventable events that contribute to high medical costs. The AHCA agreed to let the BTFF survey the Medicaid Managed Care Organizations regarding tobacco coverage, provider and enrollee support, member identification and knowledge of available programs and resources. The information gained was aggregated and shared with the AHCA and the Medicaid Managed Care Organizations.

How Targets Were Monitored

The BTFF contracted with Research Triangle International to administer the Florida Adult Tobacco Survey. This survey collected information about state level tobacco consumption among adults.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.5: Investigate and respond to cases, outbreaks and other public health events to protect persons residing or traveling in Florida, and implement control measures and interventions as appropriate

Lead: Division of Disease Control and Health Protection

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.5A 	By December 31, 2020, increase the number of county health departments implementing control measures for high-priority reportable diseases within the appropriate time frame from 54 (average from 2014-2017 reporting years) to 60.	54	53 2019 Data <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final 2020 data not available	60	12/31/2020	▼	Not On Track
2021 Revisions							
N/A	By December 31, 2020 <u>2021</u> , increase the number of county health departments implementing control measures for high priority reportable diseases within the appropriate time frame from 54 (average from 2014-2017 reporting years) to 60.	N/A		N/A	12/31/2021		
Rationale for Revisions for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement.							

2020 Progress
Data for this measure were not captured during 2020 due to the impact of the COVID-19 pandemic. The large number of COVID-19 cases resulted in a significant shift of priorities for CHDs. In 2019, the overall number of CHDs implementing control measures for selected reportable diseases within the appropriate time frame was 53. Counties, some quite large, are struggling to initiate control measures within the appropriate time frame because of the large number of hepatitis A and Shiga toxin-producing <i>E. coli</i> (STEC) cases. The Quality Improvement Assessment alert, developed by the Merlin team, is sent to inform CHDs of their score for the previous month. The Department will reconvene contacting epidemiology leads from counties that are not implementing control measures within the appropriate time frame quarterly to identify issues and provide one-on-one coaching in areas in which BE can provide assistance. The Quality Improvement Workgroup and the Control Measures Workgroup, a subgroup of the



Readiness for Emerging Health Threats

Quality Improvement Workgroup, conduct quarterly conference calls to identify barriers and limitations to ensure effective progress in meeting the objective. These calls were canceled for 2020 and will reconvene in 2021.

How Targets Were Monitored

A control measure data collection screen within the reportable disease surveillance system, Merlin, was created allowing a specified period for selected reportable diseases and any Florida county to be selected and reviewed to document the implementation of control measures. Within this screen, specific cases can be matched to a CHD for technical assistance purposes. This tool in Merlin is used for quarterly reporting and to notify counties when they are not meeting the measure for the quarter.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.5: Investigate and respond to cases, outbreaks and other public health events to protect persons residing or traveling in Florida, and implement control measures and interventions as appropriate

Lead: Division of Disease Control and Health Protection

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.5B 	By December 31, 2020, reduce the monthly average number of days between specimen result date to lab report date into Merlin for COVID-19 laboratory reports from 4 (3/2020) to 2 days.	4	2 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	2	12/31/2020	▼	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was met.							

2020 Progress and Overall Accomplishments
The Surveillance Systems Section worked with facilities to achieve the objective. The average number of days between specimen result date to lab report date into Merlin for COVID-19 laboratory reports was two days. The plan target was met. Revisions were made to Florida Administrative Code Rule 64D-3. These revisions ensured Florida laboratories report COVID-19 test results in a timely fashion. Surveillance staff created quality check dashboards for daily monitoring of labs reporting to the Department. Laboratories that were not meeting compliance standards were contacted by surveillance staff to provide assistance.

How Targets Were Monitored
Quality check dashboards created to monitor labs reporting to the Department were monitored daily. Merlin data query reports were produced monthly.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.5: Investigate and respond to cases, outbreaks and other public health events to protect persons residing or traveling in Florida, and implement control measures and interventions as appropriate

Lead: Division of Disease Control and Health Protection

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.5C 	By December 31, 2020, the Bureau of Public Health Laboratories will maintain a turnaround time (TAT) of <=2 days for 95% (5/2020) of received samples. (TAT begins when the laboratory accessions the received samples.)	95%	99.53% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	95%	12/31/2020	▲	Complete
2021 Revisions							
3.1.5B	By December 31, 2020 <u>2021</u> the Bureau of Public Health Laboratories will test and report 95% <u>96%</u> of received <u>COVID-19</u> samples with a turnaround time (TAT) of <= 2 days. (TAT begins with the laboratory accessions the received samples.)	N/A		96%	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement. The objective number was updated due to deleted objectives.							

2020 Progress and Overall Accomplishments
This objective is tracked weekly, and the agency met the target 100 percent of the time (13 of 13 weeks). Interventions to reduce TAT included hiring more staff to cover night and weekend shifts, purchasing more lab instruments/equipment and executing a contract with an outside lab to help test any overflow specimens.

How Targets Were Monitored
The data source for the target is LabWare, which is one of the bureau’s Laboratory Information Management Systems (LIMS). LabWare houses most of the bureau’s clinical laboratory data and results, specifically when specimens are received and when results are released.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.5: Investigate and respond to cases, outbreaks and other public health events to protect persons residing or traveling in Florida, and implement control measures and interventions as appropriate

Lead: Division of Disease Control and Health Protection

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.5D 	By December 31, 2020 increase the percentage of electronic COVID-19 laboratory order submissions from the county health departments to the Bureau of Public Health Laboratories from 60.88% (6/2020) to 70%.	60.88%	95.82% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	70%	12/31/2020	▲	Complete

2021 Revisions							
3.1.5C	By December 31, 2020 <u>2021</u> , increase the percentage of electronic COVID-19 laboratory order submissions from the county health departments to the Bureau of Public Health Laboratories from 60.88% in Quarter 2 (April-June 2020) to 70% <u>90%</u> .	N/A		90%	12/31/2021		

Rationale for Revisions

This objective was extended in order to monitor and continue progress toward target achievement.

2020 Progress and Overall Accomplishments

This objective is tracked monthly, and the agency met the target 100 percent of the time (three of three months). Interventions to achieve the objective’s target included the deployment of mobile kits and the promotion of electronic ordering to the CHDs.

How Targets Were Monitored

The data source for the target is LabWare, which is one of the Bureau of Public Health Laboratory’s Laboratory Information Management Systems (LIMS). LabWare houses most of the bureau’s clinical laboratory data and results, specifically how orders are submitted to the system (electronic or manual).



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.5: Investigate and respond to cases, outbreaks and other public health events to protect persons residing or traveling in Florida, and implement control measures and interventions as appropriate

Lead: Office of Information Technology

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.5E 	By December 31, 2020 increase the number of COVID-19 Electronic Laboratory Reporting and COVID-19 Electronic Case Reporting facilities from 187 reporting facilities (3/1/2020) to 405.	187	457 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	405	12/31/2020	▲	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was met.							

2020 Progress and Overall Accomplishments
OIT has increased the number of COVID-19 Electronic Laboratory Reporting and COVID-19 Electronic Case Reporting facilities from 187 to 457. The OIT will continue to work with the Department's stakeholders to increase the number of facilities reporting electronically.

How Targets Were Monitored
Data were pulled monthly from the reporting data base of electronic filers and reviewed by staff. Any anomalies were identified, investigated and documented. After completion of the initial review, the reports and any supporting information were forwarded to the Strategic Planning lead who added the data to the OIT's monthly managed reviews. Objectives were updated quarterly.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.5: Investigate and respond to cases, outbreaks and other public health events to protect persons residing or traveling in Florida, and implement control measures and interventions as appropriate

Lead: Division of Emergency Preparedness and Community Support

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.5F 	By December 31, 2020, increase the monthly percentage of Florida's population tested for COVID-19 from 4.93% (6/2020) to 10%.	4.93%	13.2% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	10%	12/31/2020	▲	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
COVID-19 testing is currently being performed by many public and private providers. The Department will continue to monitor the percentage of Florida's population being tested.							

2020 Progress and Overall Accomplishments
The monthly percentage of Florida's population tested for COVID-19 increased from 4.93 percent in June 2020 to 13.2 percent in December 2020. Florida continually increased COVID-19 testing capacity each month during 2020. The public's increased access to available diagnostic, rapid, antigen and antibody testing fostered an environment where Florida's residents and visitors utilized these tests to determine their COVID-19 status and make appropriate decisions.

How Targets Were Monitored
The Emergency Support Function 8 Incident Management Team (ESF8 IMT) published the weekly Department COVID-19 Situation Report using the COVID-19 Statewide Aggregate Case Data and the Data and Surveillance Dashboard. The testing targets were monitored by reviewing the weekly reports and using the data from the last report published in the last week of the month to determine monthly performance. The data from these reports were one of the many sources the ESF8 IMT used to make insight driven decisions regarding COVID-19 testing and other activities.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.6: Develop infrastructure to support the assessment, referral and appropriate treatment for newborns experiencing neonatal abstinence syndrome

Lead: Division of Children’s Medical Services

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.6A 	By December 31, 2020, increase the percentage of Child Protection Team clients ages 0 to 36 months diagnosed with neonatal abstinence syndrome who are referred to Early Steps from 19.63% (fiscal year 2017-18) to 100%.	19.63%	57.69% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	100%	12/31/2020	▲	Not on Track
2021 Revisions							
N/A	By December 31, 2020 <u>2021</u> , increase the percentage of Child Protection Team clients ages 0 to 36 months diagnosed with neonatal abstinence syndrome who are referred to Early Steps from 19.63% (fiscal year 2017/2018) <u>57.69% (2020)</u> to 100%.	57.69%		N/A	12/31/2021		
Rationale for Revisions							
Policy clarifications related to the criteria for mandatory referral of Child Protection Team (CPT) clients to Early Steps (ES), changes to the CPT Information System (CPTIS) and stakeholder engagement activities are ongoing, and they are expected to be completed by December 31, 2021. Ongoing training and technical assistance will be provided to local CPTs to ensure implementation of policy changes.							

2020 Progress and Overall Accomplishments
<p>Bureau of Child Protection and Special Technologies Program Office staff, within the Division of Children’s Medical Services, the CPT Statewide Medical Director (SWMD), the Associate CPT SWMD and local CPT providers collaborated to update the CPT referral form for ES, develop neonatal abstinence syndrome (NAS) referral policy updates and modify CPTIS to align with the referral criteria.</p> <p>The referral criteria included the following:</p> <ul style="list-style-type: none"> • Policy clarifications related to the criteria for mandatory referral of CPT clients to the ES Program were proposed and shared with CPT providers during the second quarter of 2020 • The Bureau of Child Protection and Special Technologies Program Office staff established CPT Provider Field Workgroups to provide ongoing feedback on program policy, including the NAS referral process



Readiness for Emerging Health Threats

- CPTIS revisions were made in 2020 to collect CPTIS referral data. Based on identified gaps and CPT provider feedback, additional modifications to CPTIS are ongoing with completion anticipated during the first quarter of 2021
- An action plan was developed in December 2020 to include the implementation of NAS referral policy updates in the CPT Handbook and CPTIS User Guide, which is scheduled to begin during the first quarter of 2021

How Targets Were Monitored

Progress was monitored quarterly by the CPT Program Office staff using data from CPTIS. The following formula is used to calculate the outcome:

Client cases closed during each quarter with suspected or confirmed diagnosis of NAS referred to ES Client and cases closed during each quarter with suspected or confirmed diagnosis of NAS.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.7: Increase telehealth capacity to support direct service delivery

Lead: Division of Public Health Statistics and Performance Management

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.7A 	By December 31, 2020, increase the percentage of critical access hospitals with a telehealth platform for use in hospital emergency departments and by local emergency medical services agencies from 10% (7/2020) to 100%.	10%	60% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	100%	12/31/2020	▲	Not on Track
2021 Revisions							
N/A	By December 31, 2020, increase the percentage of Critical Access Hospitals with a number of telehealth platforms for use in within critical access hospitals and rural emergency medical services agencies from 10% (7/2020) to 100%. 1 (7/2020) to 10.	1		10	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement. Values were changed from percentages to numbers for clarity. The objective language was changed from the number of critical access hospitals (CAHs) to the number of telehealth platforms because some emergency medical services agencies will also receive the telehealth platform.							

2020 Progress and Overall Accomplishments
The vendor presented at Florida’s CAH conference in August, and the Rural EMS coordinator reached out to each individual hospital to assess their readiness, willingness and ability to implement the platform. The Office of Rural Health (ORH) is working with the National Rural Health Resource Center and the vendor to assist the CAHs in leveraging the telemedicine tool beyond COVID-19 and improve primary care access among rural residents.

How Targets Were Monitored
ORH works with the vendor to implement this platform into each hospital. The ORH provides one-on-one technical assistance to each hospital. The vendor also invoices for each hospital that completes installation of the platform.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.7: Increase telehealth capacity to support direct service delivery

Lead: Emergency Preparedness and Community Support

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.7B 	By December 31, 2020, increase the percentage of suitable and eligible clients utilizing telehealth services coordinated by the Brain and Spinal Cord Injury Program for therapy and/or medical follow-up from less than 1% (7/2020) to 20%.	1%	27% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	20%	12/31/2020	▲	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
The objective was met.							

2020 Progress and Overall Accomplishments
<p>Sixteen different indicator reports were created to ensure staff stay in compliance and maintain effective oversight of client eligibility, contact information, services needed, caseload assignments and authorizations/vendors of issue. A Nurse Consultant was hired to provide clinical support to staff, assist with difficult cases for eligibility determination and provide case reviews on a continuous basis to support compliance.</p> <p>The Outreach Committee for the Brain and Spinal Cord Injury Advisory Council worked with the Office of Communications to highlight testimonials from clients who were in the Brain and Spinal Cord Injury Program and the success they had as a result of their enrollment. The Program developed an intranet page that is on a shared network location for staff where all common files, procedures, resources, etc. are stored. The location is accessible throughout the entire state, and it is driven by the Brain and Spinal Cord Injury Program's Security Groups so that permissions could be granted easily for various directories. The Central Registry Portal is being updated to ensure all referrals are received from reporting facilities in an efficient way. The Florida Spinal Cord Injury Resource Center will be rebranded as the Brain and Spinal Cord Injury Resource Center. Information for persons with both brain and spinal cord injuries will be included on the web page.</p>

How Targets Were Monitored
Monthly indicator reports were pulled from the Rehabilitation Information Management System identifying all services clients receive via telehealth based on care plans.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.7: Increase telehealth capacity to support direct service delivery

Lead: Office of Children’s Medical Services Managed Care Plan and Division of Children’s Medical Services

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.7C 	By December 31, 2020, increase the percentage of Children’s Medical Services internal and contract provider continuity of operations plans that include virtual and other provisions for home visiting functions from 0% (4/1/2020) to 100%.	0%	100% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	100%	12/31/2020	▲	Complete

2021 Revisions							
Delete	Delete	Delete		Delete	Delete		

Rationale for Revisions

This objective was met. Related activities were incorporated as routine program functions. By incorporating home visiting and related parent/family support activities into continuity planning, teams ensure that processes remain in the event of other emerging threats.

2020 Progress and Overall Accomplishments

In November 2020, continuity of operations plans for the Office of Children’s Medical Services (OCMS) Medical Foster Care Program, OCMS Health Plan and Business Continuation Plans for each of the 15 Local ES Program Providers were reviewed.

The following plans were revised to include plans for the provision of home visiting functions throughout the COVID-19 Pandemic:

- The OCMS Medical Foster Care Program and the OCMS Health Plan Fiscal Year 2020–21 Continuity of Operation Plans were updated to include language specific to the provisions for home visiting functions throughout the COVID-19 pandemic
- The 15 Local ES programs updated the 2020–2021 Business Continuation Plans by submitting signed attestations to the ES Program guidance on ensuring provisions for home visiting functions throughout the COVID-19 pandemic

How Targets Were Monitored

An excel spreadsheet was developed to monitor key action steps. The spreadsheet was reviewed and updated regularly to track progress.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.7: Increase telehealth capacity to support direct service delivery

Lead: Division of Children’s Medical Services

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.7D 	By December 31, 2020, decrease the percentage of early intervention services for Early Steps enrollees that are delayed due to COVID-19 from 10% (7/31/2020) to 0%.	10%	6.1% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	0%	12/31/2020	▼	Not on Track
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
<p>There was a decrease in early intervention services due to COVID-19, from 11.15 percent in September to 6.10 percent in December. This demonstrates the use of telehealth as an effective approach to mitigating the impact of COVID-19 on the delivery of timely early intervention services.</p> <p>The ES Program has determined that data system enhancements and telehealth are not the primary approaches needed to meet this objective goal, considering the multifaceted effects of the ongoing pandemic. The ES Program will continue to prioritize the capacity and use of telehealth when appropriate across the state. Additionally, the program will continue to monitor COVID-19 specific barrier and suspension codes to ensure timely process improvement actions are implemented to mitigate the impact of COVID-19 on the delivery of program services.</p>							

2020 Progress and Overall Accomplishments
<p>Collaboration between the ES Program and the Agency for Health Care Administration (AHCA) to establish Medicaid billing and policy guidelines for the provision of virtual early intervention services by ES local providers included the following:</p> <ul style="list-style-type: none"> • The AHCA provided guidance for use of telehealth for Medicaid recipients including billing and implementation requirements. • Guidance was shared with ES providers by email alerts and the AHCA's website, and ongoing updates were provided as needed. • Telehealth collaborative meetings were held between ES and the AHCA bi-weekly, which allowed opportunity to engage the AHCA as needed related to telehealth. <p>Barrier and suspension codes specific to COVID-19 were added to the data system:</p> <ul style="list-style-type: none"> • Local ES programs and providers received training on how to use COVID-19 related barrier and suspension codes. • Programs and providers continue to receive individualized technical assistance as needed.



PRIORITY 3

Readiness for Emerging Health Threats

How Targets Were Monitored

Throughout the reporting period, the ES Program Data Manager conducted weekly analysis of barrier codes and billing codes. This information was used to assess the ongoing impact of COVID-19 on the program and the success of the recently implemented telehealth services.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.8: Increase the number of licensed health care practitioners available during a public health emergency to address shortages due to COVID-19

Lead: Division of Medical Quality Assurance

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.8A 	By December 31, 2020, decrease the average time to register out-of-state telehealth health care providers from 3.77 days (6/2020) to 2 days.	3.77	4.4 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	2	12/1/2020	▲	Not on Track
2021 Revisions							
	By December 31, 2020 <u>2021</u> , decrease the average time to register <u>qualified</u> out-of-state telehealth health care providers from 3.77 <u>1.42</u> days (6/2020) to 2 <u>0.99</u>	1.42		0.99	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement.							

2020 Progress and Overall Accomplishments
<p>Emergency Order 20-002 and Emergency Order 20-003 authorized certain practitioners to perform telehealth services for patients in Florida without registering with the Department. The top applications for the out-of-state telehealth provider registration were physicians, mental health professionals and psychologists. These professions were also included in the referenced Emergency Orders, and therefore many did not have a sense of urgency in resolving deficiencies due to the ability to practice while their application was in process. Both Emergency Orders were in effect throughout the duration of this measure being tracked.</p> <p>Though the overall number of days to register an applicant did not meet the expected target, the Department notably kept applications moving at a fast pace, processing upon receipt at an average of 1.06 days, and registering qualified applicants within an average of 0.12 days. A high portion of the overall time to license was due to waiting for additional information from the applicant.</p>

How Targets Were Monitored
Targets were monitored using the Licensure Enforcement Information Data System (LEIDS) database system – DXL703, BSC M1 Report.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.8: Increase the number of licensed health care practitioners available during a public health emergency to address shortages due to COVID-19

Lead: Division of Medical Quality Assurance

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.8B 	By December 31, 2020, increase the percentage of eligible health care practitioners who reactivate their license in response to a public health emergency, as defined in s. 381.00315(1)(c)(3), F.S, from 5.1% (8/12/2020) to 15%.	5.1%	13.57% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	15%	12/1/2020	▲	Not on Track
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective will no longer be worked on in 2021 as the existing business processes do not have a discernable impact on the indicator.							

2020 Progress and Overall Accomplishments
In April 2020, Medical Quality Assurance (MQA) created a system to allow eligible health care practitioners to temporarily reactivate their licenses to provide support during the public health emergency. Once created, the MQA maintained direct communication with the eligible group, launched website sliders with a user guide, communicated through regular newsletters to health care practitioners and modified the system to make sure those who reactivated their license remained active for the life of the public health emergency.

How Targets Were Monitored
In April, the LEIDS Data System was modified to reactivate eligible health care practitioners. A report was created on a quarterly basis to measure and interpret the data.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.8: Increase the number of licensed health care practitioners available during a public health emergency to address shortages due to COVID-19

Lead: Division of Medical Quality Assurance

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.8C 	By December 31, 2020, increase the percentage of Florida active licensed health care practitioners who indicate their willingness to serve in special need shelters or to help staff medical assistance teams during times of emergency or major disasters from 40% (8/12/2020) to 50%.	40%	28.59% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	50%	12/1/2020	▼	Not on Track
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective will no longer be worked on in 2021 as it has become integrated into our routine activities.							

2020 Progress and Overall Accomplishments
During licensure renewal periods and profile updates, MQA surveyed all health care practitioners about their willingness to volunteer in a time of emergency or major disaster. Additionally, the data were provided to the Division of Emergency Management (DEM) and DPHSPM on a consistent basis to be leveraged during the existing public health emergency. MQA also worked with DEM to launch the volunteer registration system. The system was used by DEM and County Health Systems to contact health care practitioners who indicated their willingness to serve in a county regarding the time frame in which they were able to serve.

How Targets Were Monitored
MQA used LEIDS to track this objective.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.9: Plan strategically to support response efforts

Lead: Division of Disease Control and Health Protection

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.9A 	By December 31, 2020, increase the number of county health departments with a priority action plan for environmental health inspections from 0 (9/1/2020) to 67.	0	67 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	67	12/31/2020	▲	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was met.							

2020 Progress and Overall Accomplishments
This objective was met with 100 percent of CHDs providing a Priority Action Plan for environmental health inspections.

How Targets Were Monitored
Contact was made via County Health Systems staff to the Health Officers. The Bureau of Environmental Health (BEH) also provided outreach to the Environmental Health Directors.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.9: Plan strategically to support response efforts

Lead: Division of Emergency Preparedness and Community Support

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.9B 	By 10/31/2020, the Bureau of Preparedness and Response will increase the number of county health department emergency operations plans reviewed for consistency with all Public Health Accreditation Board reaccreditation requirements and for which results are reported to the county health departments from 0 (8/2020) to 67.	0	60 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	67	10/31/2020	▲	Not on Track
2021 Revisions							
3.1.9A	By 10/31/2020 February 28, 2021 , the Bureau of Preparedness and Response will increase the number of county health department emergency operations plans reviewed for consistency with all Public Health Accreditation Board reaccreditation requirements and for which results are reported to the county health departments from 0 (8/2020) to 67.	N/A		N/A	2/28/2021		
Rationale for Revisions							
The target date was extended to February 28, 2021 to account for delays as a result of CHD COVID-19 activities. The objective number was updated due to objective deletions.							



Readiness for Emerging Health Threats

2020 Progress and Overall Accomplishments

- 60 emergency operations plans were reviewed, which included the following steps:
 - Compilation of plans, demographic profiles, cultural competence addenda and after-action reports.
 - Evaluation of the plan and documents.
 - Identification of the information and completion of the cover page.
 - Validation of the evidence of the plan review process.
 - Compilation of all documents and page numbering.
 - Request for approval to submit from the CHD.
- 67 CHDs were contacted.
- 268 emergency operation plans and annexes were identified (including plans such as the base plan, communications, continuity of operations and special needs sheltering).
- 67 after-action reports were identified.
- 67 cover page templates were uploaded to the BPR Accreditation SharePoint.

The review process started in September 2020. Several communications were necessary to reach the CHD preparedness planners and request missing plans or plan signatures.

How Targets Were Monitored

The target data were monitored weekly. Requests for documents and signatures were monitored daily. Reports were updated daily and submitted weekly to the Community Preparedness Section Administrator.

The monitoring variables included:

- Number of CHDs that uploaded evidence to the SharePoint.
- Number of CHDs with updated plans submitted to the Evaluation and Analysis Unit.
- Number of Emergency Operations Plans updated and signed by the CHD director/administrator.
- Number of cover pages and plan compilations completed.
- Number of cover pages under review.
- Number of cover pages with pending CHD approval to submit.
- Percentage of cover pages complete.
- Percentage of cover pages under review.
- Number of CHD requests for assistance with development of the cover pages.
- Percentage of cover pages developed.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.9: Plan strategically to support response efforts

Lead: Division of Emergency Preparedness and Community Support

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.9C 	By December 31, 2020, the number of county health departments whose emergency operations plans meet all Public Health Accreditation Board reaccreditation requirements will increase from 5 (10/2020) to 67.	5	22 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	67	12/31/2020	▲	Not on Track
2021 Revisions							
3.1.9B	By December 31, 2020 March 15, 2021 , the number of county health departments whose emergency operations plans meet all Public Health Accreditation Board reaccreditation requirements will increase from 5 (10/2020) to 67.	N/A		N/A	3/15/2021		
Rationale for Revisions							
The target date was extended to March 15, 2021, to account for delays as a result of CHD COVID-19 activities. The objective number was updated due to deleted objectives.							

2020 Progress and Overall Accomplishments
<p>Progress included the following accomplishments:</p> <ul style="list-style-type: none"> • 22 cover pages and emergency operations plans met the Public Health Accreditation Board (PHAB) 5.4.2 criteria and were submitted to the Accreditation Team. • The Accreditation Team accepted all submissions. <p>The major obstacle was the time required for each review. Preparedness Planners were exclusively tasked to respond to COVID-19. Because the emergency planning area is extremely specialized, there were no other staff available.</p> <p>The activation and deployment of the BPR staff slowed down the pace of the reviews; however, extending the deadline and creating a review schedule resolved the challenges.</p>

How Targets Were Monitored
<p>The target for the objective was monitored weekly. Submissions were followed up daily. A daily report was produced with the number of submissions completed and accepted by the accreditation team within the Bureau of Performance Assessment and Improvement.</p>



PRIORITY 3

Readiness for Emerging Health Threats

Other variables monitored were the percentage of submissions completed and the percentage of reviews in progress.



Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.9: Plan strategically to support response efforts

Lead: Division of Public Health Statistics and Performance Management

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
3.1.9D 	By December 31, 2020, increase the number of county health departments with one or more COVID-19 objectives in at least one foundational plan (community health improvement plan, strategic plan, performance management quality improvement plan, workforce development plan and/or emergency operations plan) from 0 (8/2020) to 67.	0	67 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	67	12/31/2020	▲	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was met.							

2020 Progress and Overall Accomplishments

As the Division of Public Health Statistics and Performance Management (DPHSPM) prepared CHDs for reaccreditation, there were several opportunities to meet with CHDs and discuss their plans. When editing or providing feedback on CHD plans, DPHSPM plan leads recommended adding relevant COVID-19 objectives.

How Targets Were Monitored

The DPHSPM strategic plan lead kept a list of CHDs that did not have a COVID-19 related objective. As plans were submitted, CHDs were removed from the list of those still needing a COVID-19 related objective.



Effective Agency Processes

Goal 4.1: Establish a sustainable infrastructure that includes a competent workforce, sustainable processes and effective use of technology, which supports the Department’s core business functions

Strategy 4.1.1: Maintain a sustainable performance management framework/system

Lead: Division of Public Health Statistics and Performance Management

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
4.1.1A 	By December 31, 2020, improve the combined agency-level performance management assessment score (on a scale of 1-5) from 3.32 (2017) to at least 4.29.	3.32	3.91 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	4.29	12/31/2020	▲	Not Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was deleted because the Performance Management Assessment was not given in 2020.							

2020 Progress and Overall Accomplishments
This objective was deleted because the Performance Management Assessment was not given in 2020.

How Targets Were Monitored
The target for the objective was monitored by analyzing the 2019 Performance Management Council Survey results. Each question had a rating of one through five based on a Likert rating scale. The Department’s average response for each survey item was calculated, and then the average of those figures was calculated to get the Department’s score.



Effective Agency Processes

Goal 4.1: Establish a sustainable infrastructure that includes a competent workforce, sustainable processes and effective use of technology, which supports the Department’s core business functions

Strategy 4.1.1: Maintain a sustainable performance management framework/system

Lead: Division of Public Health Statistics and Performance Management

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
4.1.1B 	By December 31, 2020, improve the combined division-level performance management assessment score (on a scale of 1-5) from 3.93 (2017) to at least 4.29.	3.83	3.93 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	4.29	12/31/2020	▲	Not Completed
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was deleted because the Performance Management Assessment was not given in 2020.							

2020 Progress and Overall Accomplishments
This objective was deleted because the Performance Management Assessment was not given in 2020.

How Targets Were Monitored
The target for the objective was monitored by analyzing the 2019 Performance Management Council Survey results. Each question had a rating of one through five based on a Likert rating scale. DPHSPM’s average response for each survey item was calculated; and the average of those figures was then calculated to get the division scores.



Effective Agency Processes

Goal 4.1: Establish a sustainable infrastructure that includes a competent workforce, sustainable processes and effective use of technology, which supports the Department’s core business functions

Strategy 4.1.1: Maintain a sustainable performance management framework/system

Lead: Division of Public Health Statistics and Performance Management

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
4.1.1C 	By December 31, 2020, improve the combined CHD-level performance management assessment score (on a scale of 1-5) from 4.05 (2017) to at least 4.29.	4.13	4.05 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	4.29	12/31/2020	▼	Not Completed
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was deleted because the Performance Management Assessment was not given in 2020.							

2020 Progress and Overall Accomplishments
This objective was deleted because the Performance Management Assessment was not given in 2020.

How Targets Were Monitored
The target for the objective was monitored by analyzing the 2019 Performance Management Council Survey results. Each question had a rating of one through five based on a Likert rating scale. The CHD average response for each survey item was calculated; and then the average of those figures was calculated to get the CHD’s score.



Effective Agency Processes

Goal 4.1: Establish a sustainable infrastructure that includes a competent workforce, sustainable processes and effective use of technology, which supports the Department’s core business functions

Strategy 4.1.2: Ensure balanced operational budgets

Lead: Office of Budget and Revenue Management

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
4.1.2A 	By December 31, 2020, have 100% of programs functioning within their annual operating budgets.	0%	100% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	100%	12/31/2020	▲	Complete
2021 Revisions							
N/A	By December 31, 2020 2021 , have 100% of programs functioning within their annual operating budgets.	0%		N/A	12/31/2021		
Rationale for Revisions							
This is an annual objective.							

2020 Progress and Overall Accomplishments

The Office Budget Revenue and Management continued the use of the automated Approved Operating Budget system in conjunction with the spending plan to ensure that all program areas were within their operating budget. This was ensured by continuing monthly budget meetings with program areas.

How Targets Were Monitored

Program spending plans were monitored bi-monthly. Spending plan meetings and quarterly director meetings were also held to monitor indicator progress.



Effective Agency Processes

Goal 4.1: Establish a sustainable infrastructure that includes a competent workforce, sustainable processes and effective use of technology, which supports the Department’s core business functions

Strategy 4.1.2: Ensure balanced operational budgets

Lead: Division of Public Health Statistics and Performance Management

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
4.1.2B 	By December 31, 2020, increase the amount of COVID-19 Coronavirus Aid, Relief, and Economic Security (CARES) Act funding spent by critical access hospitals and small rural hospitals from \$80,697 (7/2020) to \$650,000.	\$80,697	\$714,475.81 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	\$650,000	12/31/2020	▲	Complete
2021 Revisions							
N/A	By December 31, 2020 <u>December 31, 2021</u> , increase the amount of COVID-19 Coronavirus Aid, Relief, and Economic Security (CARES) Act funding spent by critical access hospitals and small rural hospitals from \$80,697 (7/2020) to \$650,000. <u>\$714,475.81 (2020) to \$1,215,000.</u>	\$714,475.81		\$1,215,000	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement.							

2020 Progress and Overall Accomplishments

The scopes of work for the project were approved in April and hospitals were then able to invoice the ORH for reimbursement. ORH held a webinar and provided technical assistance for hospitals.

How Targets Were Monitored

The targets are monitored by tracking the invoices received from each hospital. ORH maintains a master spreadsheet of the amount each hospital can spend and the items for which they have invoiced.



Effective Agency Processes

Goal 4.1: Establish a sustainable infrastructure that includes a competent workforce, sustainable processes and effective use of technology, which supports the Department’s core business functions

Strategy 4.1.3: Publish public health best practices in nationally recognized journals

Lead: Division of Community Health Promotion

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
4.1.3A 	By December 31, 2020, annually publish 30 articles regarding the Department's accomplishments in peer-reviewed journals.	0	35 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	30	12/31/2020	▲	Complete
2021 Revisions							
N/A	By December 31, 2020 <u>2021</u> , annually publish 30 new articles regarding the Department's accomplishments in peer-reviewed journals.	N/A		N/A	12/31/2021		
Rationale for Revisions							
This is an annual objective.							

2020 Progress and Overall Accomplishments
The Department’s researchers exceeded the target value of publishing 30 peer-reviewed publications. The Public Health Research Unit (PHRU) oversees non-infectious disease surveillance and epidemiology programs, which contribute to many of the Department's accomplishments in peer-reviewed journals. The PHRU also provides data and technical assistance to state and local epidemiologists and other staff working on projects that may result in peer-reviewed publications. Several PHRU staff members also co-authored peer-reviewed publications with other Department staff and/or university partners.

How Targets Were Monitored
To monitor this target, PHRU created Google Scholar alerts to receive notifications of any publications that mention the Department. These alerts captured manuscripts funded by the Department and those using Department data.



Effective Agency Processes

Goal 4.1: Establish a sustainable infrastructure that includes a competent workforce, sustainable processes and effective use of technology, which supports the Department’s core business functions

Strategy 4.1.3: Publish public health best practices in nationally recognized journals

Lead: Division of Community Health Promotion

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
4.1.3B 	By December 31, 2020, increase the number of peer-reviewed journal article submissions related to the Department's COVID-19 response efforts from 0 (9/2020) to 10.	0	12 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	10	12/31/2020	▲	Complete
2021 Revisions							
N/A	By December 31, 2020 2021 , increase the number of peer-reviewed journal article submissions related to the Department's COVID-19 response efforts from 0 (1/2021) to 40 20 .	N/A		20	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement.							

2020 Progress and Overall Accomplishments
Collectively the Department researchers exceeded the target value of 10 papers and reported 12 peer-reviewed journal article submissions/publications related to the Department’s COVID-19 response efforts.

How Targets Were Monitored
The Research Agenda Team within DCHP developed an overview status sheet of identified topics that was shared with the executive leadership team. Bi-weekly team meetings which included technical assistance were conducted to assess progress throughout the Department.



Effective Agency Processes

Goal 4.1: Establish a sustainable infrastructure that includes a competent workforce, sustainable processes and effective use of technology, which supports the Department’s core business functions

Strategy 4.1.4: Increase telework capacity to maintain and enhance continuity of operations

Lead: Office of Information Technology

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
4.1.4A 	By December 31, 2020, the Office of Information Technology will increase the percentage of Department employees who have access to its remote access toolkit from 12.2% (2/1/2020) to 99%.	12.2%	99.9% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	99%	12/31/2020	▲	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was related to the increase of resources for remote work to better facilitate COVID-19 social distancing. When Department employees return to their offices, these systems will begin to be dismantled.							

2020 Progress and Overall Accomplishments

Since February 1, 2020, OIT implemented Microsoft Teams to allow for virtual meetings to be held with remote staff. The OIT added 15,000 Virtual Private Network (VPN) licenses and 1,625 Agent softphone licenses to cover 1:1 Agent desktops with a 20 percent surge capacity. There were 6,000 Session Initiation Protocol (SIP) designed to address the evolving needs of IP-based communications. SIP is a signaling protocol used for initiating, maintaining, modifying and terminating real-time sessions that involve video, voice, messaging and other communications applications and services between two or more endpoints on IP networks. Licenses for non-Remote Personal Computer VPN user SIP telephony connections were added as well. Also, because a large number of contact tracers were added, additional Office 365 licenses were purchased to ensure all Department staff were able to work remotely and perform the tasks required of their position. This objective’s target was met, and its status is complete.

How Targets Were Monitored

Performance of these systems was monitored daily to ensure the demand of services was being met. A Qlik database reporting site was established that pulled in data from multiple reporting systems, identified usage across the day and identified any potential service breaches. Service Desk systems (Cherwell) were monitored to identify potential trouble spots. A daily end-of-day status meeting was established initially to review performance. These meetings gradually moved to weekly as performance stabilized.



Effective Agency Processes

Goal 4.1: Establish a sustainable infrastructure that includes a competent workforce, sustainable processes and effective use of technology, which supports the Department’s core business functions

Strategy 4.1.4: Increase telework capacity to maintain and enhance continuity of operations

Lead: Division of Disability Determinations

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
4.1.4B 	By December 31, 2020, the Division of Disability Determinations will increase the percentage of fulfilled telework requests, if job duties allow and with delegated authority approval, from less than 1% (3/25/2020) to 99%.	<1%	100% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	99%	12/31/2020	▲	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was met.							

2020 Progress and Overall Accomplishments
The Division of Disability Determinations was able to fulfill 99 percent of telework requests if job duties allowed and with delegated authority approval.

How Targets Were Monitored
Ongoing utilization of internal tracking reports was used to monitor the progress of the strategic goal.



Effective Agency Processes

Goal 4.1: Establish a sustainable infrastructure that includes a competent workforce, sustainable processes and effective use of technology, which supports the Department’s core business functions

Strategy 4.1.4: Increase telework capacity to maintain and enhance continuity of operations

Lead: Division of Emergency Preparedness and Community Support

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
4.1.4C 	By December 31, 2020, increase the percentage of full or partial remote investigations of reported radiation medical events from 20% (12/2019) to 80%.	20%	100% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	80%	12/31/2020	▲	Complete
2021 Revisions							
4.1.4A	By December 31, 2020 2021 , increase the percentage of full or partial remote investigations of reported radiation medical events from 20% (12/2019) to 80%.	N/A		N/A	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement. The objective number was updated due to deleted objectives.							

2020 Progress and Overall Accomplishments
The total number of medical events from January 1, 2020 to June 30, 2020, was five, of which 60 percent were performed fully or partially by remote. Total medical events from July 1, 2020 to December 31, 2020, was four, of which 100 percent were performed fully or partially by remote, thus exceeding the target value of 80 percent.

How Targets Were Monitored
All nine medical events were audited to determine objective performance, trends and achievement.



Regulatory Efficiency

Goal 5.1: Establish a regulatory structure that supports the state's strategic priorities related to global competitiveness and economic growth

Strategy 5.1.1: Reduce lines of regulation

Lead: Office of the General Counsel

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
5.1.1A 	By December 31, 2020, reduce the number of lines of regulation from 71,442 (2015) to 57,719.	71,442	57,719 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	57,719	12/31/2020	▼	Complete
2021 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale for Revisions							
This objective was met.							

2020 Progress and Overall Accomplishments
The Office of the General Counsel (OGC) continued to review rules and reduce lines of regulation through the agency's rulemaking process in order to meet the previously set target.

How Targets Were Monitored
OGC reviewed the rules that were adopted during each quarter and identified the number of lines of regulation that were reduced through the rulemaking process.



Regulatory Efficiency

Goal 5.1: Establish a regulatory structure that supports the state's strategic priorities related to global competitiveness and economic growth

Strategy 5.1.2: License health care professionals in a more timely and efficient manner

Lead: Division of Medical Quality Assurance

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
5.1.2A 	By December 31, 2020, reduce the percentage of deficient applications received from 74% (2015) to 37%.	74%	64.96% <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	37%	12/31/2020	▼	Not Complete
2021 Revisions							
5.1.1A	By December 31, 2020 <u>2021</u> , reduce the percentage of deficient applications received from 74% <u>65% (2020)</u> to 37% <u>60%</u> .	65%		60%	12/31/2020		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement.							

2020 Progress and Overall Accomplishments
In evaluating the cause of deficient applications submitted, MQA determined there were factors impacting the measure that are dictated by laws and rules, as well as the responsiveness of the applicant in providing the needed information. Legislative changes were recommended and the boards reviewed rules to simplify the application requirements within the parameters of the current laws. MQA continues to evaluate existing business processes and systems that directly impact this objective.

How Targets Were Monitored
This measure was monitored by staff who generate daily reports to review, process and monitor applications. The MQA team engaged in daily monitoring of licensure processing timeframes to ensure compliance with internal and statutory requirements.



Regulatory Efficiency

Goal 5.1: Establish a regulatory structure that supports the state's strategic priorities related to global competitiveness and economic growth

Strategy 5.1.2: License health care professionals in a more timely and efficient manner

Lead: Division of Medical Quality Assurance

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
5.1.2B 	By December 31, 2020, increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans from 137 (2015) to 1,691.	137	1,732 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	1,691	12/31/2020	▲	Complete

2021 Revisions							
5.1.1B	By December 31, 2020 <u>2021</u> , increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans from 437 <u>1,732</u> (2020) to 1,691 <u>2,500</u> .	1,732		2,500	12/31/2021		

Rationale for Revisions

This objective was extended in order to monitor and continue progress toward target achievement.

2020 Progress and Overall Accomplishments

Since January 2016, MQA has approved 1,732 applications for military spouses and honorably discharged veterans, thereby exceeding the 2020 target of 1,691. Frequently asked questions were added to the military website to assist with improving upfront customer service. The creation of a checklist for military licensure applications was also completed as a quality improvement effort.

How Targets Were Monitored

This measure was monitored by staff who generate daily reports to review, process and monitor applications. The MQA team engaged in daily monitoring of licensure processing time frames to ensure compliance with internal and statutory requirements.



Regulatory Efficiency

Goal 5.1: Establish a regulatory structure that supports the state's strategic priorities related to global competitiveness and economic growth

Strategy 5.1.2: License health care professionals in a more timely and efficient manner

Lead: Division of Medical Quality Assurance

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
5.1.2C 	By December 31, 2020, reduce the average time to issue a license to a health professional by 25%, from 65 days (2015) to 49 days.	65	49.63 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	49	12/31/2020	▼	Not Complete
2021 Revisions							
5.1.1C	By December 31, 2020 2021 , reduce the average time to issue a license to a health professional by 2%, from 65 50 days (2015 2020) to 49 days.	50		49	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement. The objective number was updated due to deleted objectives.							

2020 Progress and Overall Accomplishments

MQA reduced the average time to issue a license from 65 days (2019) to 49.63 days in 2020. MQA continues to evaluate existing business processes and systems that directly impact this objective. It also works to identify additional strategies to help achieve the objective target, such as evaluating and refining the licensing, enforcement and information database system as well as MQA's online service portal to ensure these systems meet the business needs of the program.

How Targets Were Monitored

This measure was monitored by staff who generate daily reports to review, process and monitor applications. The MQA team engaged in daily monitoring of licensure processing time frames to ensure compliance with internal and statutory requirements.



Regulatory Efficiency

Goal 5.1: Establish a regulatory structure that supports the state's strategic priorities related to global competitiveness and economic growth

Strategy 5.1.3: Increase efficiency in disability claims processing

Lead: Division of Disability Determinations

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
5.1.3A 	By the end of each calendar year, reduce 3 of 4 quarterly (Florida disability) claim processing times to less than the national or regional average processing time, whichever is greater.	National or regional average, whichever is greater National <u>Average</u> Q1 = 87.78 Q2 = 85.87 Q3 = 87.17 Q4 = 89.40 Regional <u>Average</u> Q1 = 88.13 Q2 = 87.43 Q3 = 91.22 Q4 = 98.33	136.27 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	Within 20% of the National or Regional Average, whichever is greater	12/31/2020	▲	Complete
2021 Revisions							
N/A	N/A	N/A		N/A	12/31/2021		
Rationale for Revisions							
This objective was extended in order to monitor and continue progress toward target achievement.							

2020 Progress and Overall Accomplishments
The Department maintained case processing time standards during the COVID-19 pandemic while additionally onboarding a new Social Security Administration disability case processing system.

How Targets Were Monitored
Disability claims processing times were provided via Social Security Administration reporting systems. The data reported above were published in the <i>Weekly Division of Disability Determinations Performance Tracking Report</i> . Additional management information reports were utilized to assess supplemental indicators which impact claims processing times. Specific supplemental indicators tracked and analyzed include mean processing times by case type, workload tracking reports, quality reports and staff production reports.



Regulatory Efficiency

Goal 5.1: Establish a regulatory structure that supports the state's strategic priorities related to global competitiveness and economic growth

Strategy 5.1.4: Reduce the rate of newly installed septic tank failures through education, training, enforcement and research

Lead: Division of Disease Control and Health Protection

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
5.1.4A	By December 31, 2020, reduce the septic tank failure rate from 1.97 within two years of system installation (2017) to 1.95 per 1,000.	1.97	1.85 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	1.95	12/31/2020	▼	Complete
2020 Revisions							
Delete	Delete	Delete		Delete	Delete		
Rationale							
Septic tank inspections are no longer the responsibility of the Department.							

2020 Progress and Overall Accomplishments
This objective was met with a final rate of 1.85 reported in the final report. This objective is being removed from the strategic plan as the Onsite Sewage Program is being moved to the Department of Environmental Protection (DEP) on July 1, 2021, and it will no longer be the responsibility of the Department.

How Targets Were Monitored
The Bureau of EH coordinates the tracking of the early failure rates and updates the data quarterly, on or after the 15th day following the end of each quarter. This was reported in the quarterly implementation plan for this objective.



Regulatory Efficiency

Goal 5.1: Establish a regulatory structure that supports the state's strategic priorities related to global competitiveness and economic growth

Strategy 5.1.5: Increase Floridians' access to and education about low-tetrahydrocannabinol (THC) cannabis and medical marijuana

Lead: Office of Medical Marijuana Use

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
5.1.5A	By December 31, 2020, reduce the medical marijuana treatment center new location and product request initial response time from 30 days (2018) to 21 days.	30	18.92 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	21	12/31/2020	▼	Complete

2020 Revisions							
5.1.2A	By December 31, 2020 2021 , reduce the medical marijuana treatment center new location and product request initial response time from 30 days (2018) to 21 18 days.	N/A		18	12/31/2020		

Rationale

This objective was extended in order to monitor and continue progress toward target achievement. The objective number was updated due to deleted objectives.

2020 Progress and Overall Accomplishments

The Office of Medical Marijuana Use (OMMU) decreased the initial response time for medical marijuana treatment center new facility location and product requests from 30 days to 18.92 days, resulting in a 37 percent increase in efficiency. In addition to reducing response time, the OMMU launched a licensing and enforcement database which will provide opportunities for future efficiencies.

How Targets Were Monitored

Targets monitored by management using Excel tracking were updated daily and reconciled against variances received weekly. The targets were also monitored and discussed during weekly staff and management meetings.



Regulatory Efficiency

Goal 5.1: Establish a regulatory structure that supports the state's strategic priorities related to global competitiveness and economic growth

Strategy 5.1.5: Increase Floridians' access to and education about low-THC cannabis and medical marijuana

Lead: Office of Medical Marijuana Use

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend ¹	Status ²
5.1.5B	By December 31, 2020, increase the scope and topics of the statewide cannabis and medical marijuana education campaign from 2 (2018) to 5 topics.	2	6 <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final	5	12/31/2020	▼	Complete

2020 Revisions							
5.1.2B	By December 31, 2020 2021 , increase the scope and topics of the statewide cannabis and medical marijuana education campaign from 2 (2018) to 5 7 topics.	N/A		7	12/31/2021		

Rationale

This objective was extended in order to monitor and continue progress toward target achievement. The objective number was updated due to deleted objectives.

2020 Progress and Overall Accomplishments

In 2020, the OMMU added one new educational topic and developed one additional topic to be released in 2021. The topics covered were Medical Marijuana Health Effects on Minors and Effects of Medical Marijuana on Pregnant and Breastfeeding Women.

How Targets Were Monitored

In order to ensure the OMMU was meeting the targeted performance expectation, the OMMU implemented several activities to help track progress. These activities included the following:

1. The OMMU developed an annual plan for achieving the best return on educating the public.
2. Quarterly, the Communication Manager for OMMU met with leadership to discuss the progress achieved during the period. Adjustments were made to ensure progress.
3. During the third quarter of the fiscal year, focus groups were conducted by a third-party to provide independent feedback on the educational efforts made by OMMU. Results from these focus groups are used to determine if modifications to the OMMU annual plan were needed to maintain the performance goal.



PRIORITY 5

Regulatory Efficiency

4. An annual report was developed to capture the efforts of the year and outline future efforts needed to achieve the expected performance goal.

New Objectives

New Objectives

Lead: Office of Minority Health and Health Equity

New Objective Number	New Objective	Baseline	Target Value	Target Date
1.1.2B	By December 31, 2021, increase the percentage of Department employees who have completed <i>Addressing Health Equity: A Public Health Essential</i> online training from 71.82% (2020) to 82%.	71.82%	82%	12/31/2021
1.1.2C	By December 31, 2021, increase the number of divisions with a health equity training plan from 0 (2020) to 2.	0	2	12/31/2021
1.1.2D	By December 31, 2021, increase the number of health equity liaisons in county health departments from 0 (2020) to 67.	0	67	12/31/21
New Objective Rationale				
Objective 1.1.2A is being separated into two objectives (1.1.2A and 1.1.2B) to improve efficiency of monitoring data collection and reporting. Also, one training's initial target value was achieved and the other was not (2020). Objective 1.1.2C and 1.1.2D were added to improve division and CHD capacity building on health equity.				

Lead: Community Health Promotion

New Objective Number	New Objective	Baseline	Target Value	Target Date
2.1.7A	By December 31, 2021, increase the number of paid and unpaid media advertisements reaching diverse, vulnerable populations using digital and social media platforms to educate about the importance of completing the COVID-19 vaccination from 0 (1/2021) to 20.	0	20	12/31/2021
New Objective Rationale				
This new COVID-19 objective covers media advertisements on the importance of completing the COVID-19 vaccination in addition to continued messaging on COVID-19 prevention methods.				

Lead: Division of Disease Control and Health Protection

New Objective Number	New Objective	Baseline	Target Value	Target Date
1.1.3C	By December 31, 2021, increase the proportion of adults in Florida 65 years and older who have completed their COVID-19 vaccination series from 3% (2/2021) to 80%.	3%	80%	12/31/21
1.1.3D	By December 31, 2021, increase the proportion of Black adults in Florida who have completed their COVID-19 vaccination series from 8.1% (4/2021) to 70%.	8.1%	70%	12/31/21

New Objectives

1.1.3E	By December 31, 2021, increase the proportion of Hispanic adults in Florida who have completed their COVID-19 vaccination series from 9.6% (4/2021) to 70%.	9.6%	70%	12/31/21
3.1.1C	By December 31, 2021, increase the proportion of adults in Florida 65 years and under who have completed their COVID-19 vaccination series from 3.0% (2/2021) to 70%.	30%	70%	12/31/21
New Objective Rationale				
These objectives were added to reduce the spread of COVID-19, especially among vulnerable populations.				

Lead: Division of Public Health Statistics and Performance Management

New Objective Number	New Objective	Baseline	Target Value	Target Date
4.1.1A	By December 31, 2021, the Department will advance the Agency's Quality Improvement (QI) Cultural Assessment within Phase 4: Formal QI in Specific Areas of the Organization, from 4.1 (2017) to 4.5.	4.1 (2017)	4.5	12/31/2021
New Objective Rationale				
An important goal of the Department is to measure organizational maturity within critical aspects or elements of a culture of quality and to identify the next steps for transformational change. The 2017 baseline score and 2021 target reflect a roll-up of division, office and CHD results. The Agency Performance Management Council highlights areas of excellence within the overall culture and targets opportunities for statewide quality improvement initiatives. Therefore, this objective is well suited for an agency-level plan.				