



# CARSON CITY HEALTH AND HUMAN SERVICES

## Strategic Plan

March 2013

Version 1.0

[www. GetHealthyCarsonCity.org](http://www.GetHealthyCarsonCity.org)

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# 2013 - 2017

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## **INTRODUCTION**

The Carson City Board of Health and Carson City Health and Human Services (CCHHS) staff are pleased to present the CCHHS Strategic Plan (SP). The SP was developed to create a clear five-year roadmap for the development of services and organization within CCHHS.

Although CCHHS had not published a SP previously, the development of new partnerships and projects throughout all divisions of CCHHS made it clear that a SP would be necessary to ensure that staff and divisional efforts are in proper alignment with CCHHS's departmental goals. Also, this document will be used as a communication instrument to educate staff as to the goals and programs of each division.

In August of 2011, the Public Health Accreditation Board (PHAB) released a process of voluntary health department accreditation. This process gives State, Local, and Tribal Health Departments a standard of quality and spectrum of services to meet or exceed. Although PHAB Accreditation is voluntary, CCHHS leadership and staff have decided to move forward with the PHAB Accreditation process to ensure that CCHHS is delivering services to the community that are both high in quality and meet Carson City's specific needs.

CCHHS included input from staff brainstorming sessions, Division Managers, CCHHS administration, and members of the Board of Health to develop the content of the SP. More specific information on our Strategic Planning Process can be found in Appendix E. This document was also produced in such a way as to meet the requirements set forth in the PHAB Standards and Measures\* to meet the criteria for PHAB Accreditation.

CCHHS staff will review progress towards objectives outlined in the SP on a quarterly basis and will provide an annual update on this progress to the Board of Health. CCHHS staff will update the plan annually in March of each year as needed. A review checklist to be used is in Appendix D.

\*To access the PHAB Standards and Measures, go to:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

## **VISION**

Carson City and Health and Human Services leads the region in providing services that support healthy communities.

## **MISSION**

To protect and improve the quality of life for our Community through disease prevention, education and support services.

## **VALUES**

- Respect for Others: We treat everyone equally.
- Competence: We stay current with the latest resources available.
- Collaboration: We work together to meet the mission and move towards our vision.
- Ethical: We work professionally, respecting confidentiality and following laws and regulations.

## STRATEGIC PRIORITIES

### Strategic Priority 1.

#### Increase opportunities for healthy living across the lifespan.

##### Goal Promote wellness and reduce the incidence of chronic disease.

Objective	Activities	Timeline
A. Provide education and information to promote a healthy lifestyle.	<ol style="list-style-type: none"> <li>1. Provide community education utilizing resources within all divisions.                             <ol style="list-style-type: none"> <li>a. Develop and maintain a system to record the number of community members impacted by community education and outreach events.</li> <li>b. Using the recording tool, impact 10% of the population per year for the 5-year strategic plan.</li> </ol> </li> <li>2. Produce weekly newspaper articles / inserts to promote pertinent public health issues.</li> </ol>	<ol style="list-style-type: none"> <li>1. a. Develop by May 2013.                             <ol style="list-style-type: none"> <li>b. 10% of the population each year by the end of 2017.</li> </ol> </li> <li>2. Produce 52 articles a year.</li> </ol>
B. Monitor the health of the community by collecting and evaluating data.	<ol style="list-style-type: none"> <li>1. Update and expand core community health data.                             <ol style="list-style-type: none"> <li>a. Continue to participate in state core indicator workgroup.</li> <li>b. Develop health core indicator report.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. a. Committee membership through December 31, 2013.                             <ol style="list-style-type: none"> <li>b. Report produced by December 31, 2014.                                     <ol style="list-style-type: none"> <li>i. To be updated annually.</li> </ol> </li> </ol> </li> </ol>

### Strategic Priority 2.

#### Support the integration of public health, primary care, behavioral health, oral health and community health resources.

##### Goal Facilitate collaboration between public health and community agencies and link individuals to appropriate services.

Objective	Activities	Timeline
A. Maintain essential health services for vulnerable populations.	<ol style="list-style-type: none"> <li>1. Facilitate referrals to local primary care services by utilizing a referral plan.                             <ol style="list-style-type: none"> <li>a. Referral plan / list to be created and updated semi-annually.</li> </ol> </li> <li>2. Provide direct clinical services as financial resources allow and as guided by community health needs.                             <ol style="list-style-type: none"> <li>a. Conduct an annual assessment of client needs.</li> <li>b. Identify gaps in services, check for feasibility, and plan to add or pursue those services.</li> </ol> </li> <li>3. Participate in community health coalition meetings and activities.</li> </ol>	<ol style="list-style-type: none"> <li>1. a. By December 31, 2013 have a referral plan / listing in place.                             <ol style="list-style-type: none"> <li>b. Update semi-annually.</li> </ol> </li> <li>2. a. Conduct assessment by December 31, 2013.                             <ol style="list-style-type: none"> <li>b. Within 3 months of assessment.</li> </ol> </li> <li>3. Attend 50% of local partnership / coalition monthly meetings annually.</li> </ol>
B. Coordinate appropriate discharge planning services for medically vulnerable, homeless and at-risk senior populations.	<ol style="list-style-type: none"> <li>1. Participate in planning and execution of comprehensive discharge planning with Carson Tahoe Regional Healthcare, local jail facilities, local extended care facilities, senior services, Friends in Service Helping (FISH) and other agencies.</li> <li>2. Maintain a resource list in concert with local agencies that can be accessed by vulnerable populations for guidance and care after discharge.</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop plan by December 31, 2015.</li> <li>2. Update resource list annually.</li> </ol>
C. Increase awareness of services available through Carson City Health and Human Services.	<ol style="list-style-type: none"> <li>1. Develop Community Marketing Plan to increase public awareness of our services.</li> <li>2. Produce an Annual Open House for the community to showcase CCHHS services.</li> <li>3. Conduct televised Board of Health meetings from CCHHS.</li> </ol>	<ol style="list-style-type: none"> <li>1. a. Develop by end of 2013.                             <ol style="list-style-type: none"> <li>b. Plan implemented by January 2014.</li> </ol> </li> <li>2. First Annual Open House at CCHHS to be held by December 31, 2013.</li> <li>3. a. Present an implementation plan to the BOH/BOS no later than end of 2014.                             <ol style="list-style-type: none"> <li>b. Begin conducting televised BOH/BOS meetings no later than end of 2015 (pending approval).</li> </ol> </li> </ol>



### Strategic Priority 3.

#### Ensure Public safety and increase community resilience.

**Goal** To provide a safe environment and strengthen the community's ability to prepare for, respond to, and recover from public health hazards.

Objective	Activities	Timeline
A. Investigate health and safety issues and mitigate problems where possible.	<ol style="list-style-type: none"> <li>1. Review CCHHS policies and procedures on a yearly basis for compliance with state laws and national guidelines.</li> <li>2. Respond to health and safety issues based on established protocols.</li> </ol>	<ol style="list-style-type: none"> <li>1. Annually by December 31.</li> <li>2. Any time as it pertains.</li> </ol>
B. Develop and update local ordinances and regulations.	<ol style="list-style-type: none"> <li>1. Update Carson City Municipal Code Chapter 9 to be in line with State and Federal Food Code.</li> <li>2. Update Carson City Municipal Code Chapter 7 to be in line with State and Federal Animal Services Codes.</li> <li>3. Establish a policy on frequency of review of CCMC.</li> </ol>	<ol style="list-style-type: none"> <li>1. By December 31, 2013.</li> <li>2. By December 31, 2013</li> <li>3. By December 31, 2014.</li> </ol>
C. Participate in cross-jurisdictional sharing of public health services with adjacent counties.	<ol style="list-style-type: none"> <li>1. Document the process for adding or expanding services.</li> <li>2. Provide a report to Carson City BOH on activities of cross-jurisdictional sharing.</li> <li>3. Provide a report to the appropriate governing body on cross-jurisdictional activities.</li> </ol>	<ol style="list-style-type: none"> <li>1. a. Initial document produced by December 31, 2013. b. Document to be reviewed and updated annually by December 31<sup>st</sup> of each year.</li> <li>2. Annually by December 31.</li> <li>3. Annually by December 31.</li> </ol>
D. Promote enforcement of local regulations related to public health and safety issues.	<ol style="list-style-type: none"> <li>1. Establish an internal review process of enforcement actions of the various programs within the Health Department; following protocol and providing updates as needed.</li> </ol>	<ol style="list-style-type: none"> <li>1. By December 31, 2013.</li> </ol>
E. Educate community on appropriate processes in response to natural or manmade disasters / incidents.	<ol style="list-style-type: none"> <li>1. Provide educational materials to community members each year on the appropriate response to natural or manmade disasters.               <ol style="list-style-type: none"> <li>a. Impact an estimated 100 people per year, (with a goal to increase 10% each year). (Utilize the tracking tool developed in Goal 1, Strategy A, Activity 1.)</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. 100 people per fiscal year. (increase 10% each year)</li> </ol>
F. Practice being prepared for natural or manmade disasters / incidents.	<ol style="list-style-type: none"> <li>1. Match the number of exercises public health preparedness needs to meet grant requirements on an annual basis.               <ol style="list-style-type: none"> <li>a. One full-scale exercise.</li> <li>b. Four communication (call down) exercises.</li> <li>c. One notification drill (physical sign-in).</li> </ol> </li> <li>2. Develop an internal All Hazards Plan.</li> </ol>	<ol style="list-style-type: none"> <li>1. a. Once per fiscal year. b. Four drills per fiscal year. c. Once per fiscal year.</li> <li>2. Develop by December 31, 2013.</li> </ol>

## Strategic Priority 4.

### Promote a culture of public health excellence.

**Goal Support the education and growth of the public health workforce, promote involvement of Board of Health within the department, and work toward public health accreditation.**

Objective	Activities	Timeline
A. Evaluate CCHHS capacity to provide necessary public health services.	<ol style="list-style-type: none"> <li>1. Conduct a staff needs assessment biennially.</li> <li>2. Assess staff core competencies based on national standards, where applicable.</li> <li>3. Maintain distribution and collection of customer satisfaction surveys.</li> <li>4. Conduct an analysis of funding needs based on current and projected population expectations.</li> <li>5. Conduct assessment of all CCHHS physical facilities for appropriate use.</li> </ol>	<ol style="list-style-type: none"> <li>1. Completed by July 31, 2014, and reviewed every two years.</li> <li>2. Completed by July 31, 2014, and reviewed every two years.</li> <li>3. Twice a year.</li> <li>4. Annually by end of February.</li> <li>5. Conduct assessment by 2014; assess annually thereafter (contingent on leasing contract).</li> </ol>
B. Insure active engagement of the Board of Health in CCHHS activities.	<ol style="list-style-type: none"> <li>1. Invite and encourage BOH members to be involved in department projects and department-sponsored events held in the community. <i>(This item is included as part of our Marketing Plan.)</i></li> </ol>	<ol style="list-style-type: none"> <li>1. At least twice a year, as it pertains.</li> </ol>
C. Foster a culture of constant Quality Improvement.  <i>(See Appendix C for further information.)</i>	<ol style="list-style-type: none"> <li>1. Conduct QI education sessions at division manager meetings for at least six months initially.</li> <li>2. Conduct QI education sessions for employees.</li> <li>3. Include education on QI principles in orientation of new employees; build into the Workforce Development plan.</li> <li>4. Include brief reports of Best Practices guidelines, QI projects and use of Community Guides at all-staff meetings.</li> <li>5. Each division engages in at least one QI project per year.               <ol style="list-style-type: none"> <li>a. Divisions develop initial project ideas in year one.</li> <li>b. Divisions submit project ideas each calendar year.</li> </ol> </li> <li>6. Include continuing education on QI principles in yearly skills assessment day for all employees.</li> <li>7. Include evaluation of performance of QI principles in employee evaluations.               <ol style="list-style-type: none"> <li>a. Develop an evaluation tool.</li> </ol> </li> <li>8. Develop public recognition program for employees engaging in superior QI efforts (to be included in the Annual Report in the future).</li> </ol>	<ol style="list-style-type: none"> <li>1. a. Begin by June 30, 2013 and end by December 31, 2013. b. Develop a system of ongoing QI training for division managers and implement by January 31, 2014</li> <li>2. Staggered one month. Begin by July 31, 2013; end by January 31, 2014.</li> <li>3. Included in new employee orientation by December 31, 2014.</li> <li>4. Reports at all-staff quarterly meetings by June 30, 2013.</li> <li>5. a. First QI project ideas due June 30, 2013; project completed by December 31, 2013. b. Subsequent annual QI project ideas due by end of fiscal year and completed by end of calendar year.</li> <li>6. Begin by December 31, 2014.</li> <li>7. Begin by December 31, 2014.               <ol style="list-style-type: none"> <li>a. Evaluation tool developed by December 31, 2014.</li> </ol> </li> <li>8. Developed by December 31, 2014.</li> </ol>
D. Maintain an internal workforce development plan.	<ol style="list-style-type: none"> <li>1. Create and adopt a department-wide workforce development plan.</li> <li>2. Develop an internal health department employee wellness plan.</li> </ol>	<ol style="list-style-type: none"> <li>1. To be completed by September 30, 2013. Review every two years.</li> <li>2. To be completed by December 31, 2014.</li> </ol>
E. Coordinate activities within all divisions of department.	<ol style="list-style-type: none"> <li>1. Maintain periodic all-staff meetings (to include all divisions on- and off-site).</li> <li>2. Maintain periodic division manager meetings.</li> <li>3. Improve inter-departmental communication strategies, including a message board, electronic newsletter, etc. <i>(This item is included as part of our internal Marketing Plan.)</i></li> </ol>	<ol style="list-style-type: none"> <li>1. Quarterly meetings each year.</li> <li>2. Goal of at least 75% (39) of the 52 weeks in a year.</li> <li>3. To be implemented by September 30, 2013. To be updated monthly or as needed.</li> </ol>
F. Maintain department fiscal accountability.	<ol style="list-style-type: none"> <li>1. All division managers participate in grant trainings biennially.               <ol style="list-style-type: none"> <li>a. Develop an internal FAQ on grants.</li> </ol> </li> <li>2. Monitor grants expenditures and fiscal compliance according to federal standards and provide a report to director.</li> <li>3. Develop a yearly budget to Board of Health for review.               <ol style="list-style-type: none"> <li>a. Present yearly budget to Board of Health for review.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Every two years.               <ol style="list-style-type: none"> <li>a. Develop by December 31, 2014.</li> </ol> </li> <li>2. Once each fiscal year by July 31, 2013.</li> <li>3. Develop by July 31, 2013.               <ol style="list-style-type: none"> <li>a. Annually by December 31.</li> </ol> </li> </ol>
G. Seek out new solutions to healthcare problems.	<ol style="list-style-type: none"> <li>1. Participate in clinical studies (pharmaceutical, treatment protocols, etc.), as available.</li> </ol>	<ol style="list-style-type: none"> <li>1. Goal of one study per year, as available.</li> </ol>
H. Achieve / maintain Public Health Accreditation.	<ol style="list-style-type: none"> <li>1. Submit letter of intention to apply for Public Health Accreditation by end of 2013.</li> </ol>	<ol style="list-style-type: none"> <li>1. One time by end of 2013.</li> </ol>

## APPENDIX A – SWOT ANALYSIS

When staff members participated in the Strategic Planning sessions in September of 2012, they were asked to identify what they perceived to be some of the strengths and weaknesses within the health department. The following lists these items:

<b>Internal Trends</b>	
<i>Strengths</i>	<i>Weaknesses</i>
<ol style="list-style-type: none"> <li>1. Experienced and knowledgeable staff</li> <li>2. Enthusiasm and passion among employees</li> <li>3. Individual participation / stewardship to public health</li> <li>4. Support of employees within the Department</li> <li>5. Contract employees; provides flexibility</li> <li>6. Social opportunities among employees</li> <li>7. Management with foresight</li> <li>8. Dynamic and supportive leadership</li> <li>9. Management; readily available and their hearts are in the right place</li> <li>10. Grants</li> <li>11. Data; ability to use it and make decisions</li> <li>12. Health and Human Services Facility</li> <li>13. Self-directed employees</li> <li>14. Works close to the client and people ultimately served in the public</li> <li>15. Compassionate staff</li> <li>16. Staff has progressive ideas and are problem-solvers</li> <li>17. Always looking for ways to improve</li> <li>18. Bilingual staff</li> <li>19. Having an active Health Board</li> <li>20. Great administrative / front desk staff</li> <li>21. Coordination / collaboration with other City Departments</li> </ol>	<ol style="list-style-type: none"> <li>1. Grants - chasing grants can divert the mission and ignores sustainability</li> <li>2. Grant funded employees - tenuous future</li> <li>3. Lack of staffing</li> <li>4. Lack of consistent training due to budget / time / manpower restraints</li> <li>5. Influence of the negative / disgruntled employee</li> <li>6. Inconsistent management</li> <li>7. Management too busy - too much on their plates</li> <li>8. Animal Shelter facility is old</li> <li>9. Lack of internal spay / neuter/ vaccination services</li> <li>10. Lack of security – Community Counseling center, working nights, weekends, hostile clients, ice/snow removal</li> <li>11. No panic button in front desks or for Animal Service radios</li> <li>12. Coordination / collaboration between divisions and City departments</li> <li>13. Lack of knowledge of what others in the Department do</li> <li>14. Inconsistent communication of department activities</li> <li>15. Lack of communication down the ranks with regard to Department-wide issues</li> <li>16. Lack of space; not enough storage</li> <li>17. No orientation for contract employees</li> <li>18. Evaluations for employees when they have changed positions</li> <li>19. Full-time contract employees - don't receive same benefits or get city notifications (i.e., policy tech)</li> <li>20. No employee incentives / recognition</li> <li>21. Staff who dominate a particular situation/ critical of others' suggestions</li> <li>22. Lack of equipment in all programs</li> </ol>
<b>External Trends</b>	
<i>Opportunities</i>	<i>Threats</i>
<ol style="list-style-type: none"> <li>1. Food banks</li> <li>2. Grant funding</li> <li>3. HUD Funding</li> <li>4. State Health Division</li> <li>5. Affordable Care Act</li> <li>6. RX Discount Cards</li> <li>7. Favorable local public representatives</li> <li>8. Outside spay and neuter campaigns</li> <li>9. News coverage of health-related issues</li> <li>10. Internet / Media</li> <li>11. Social networking</li> </ol>	<ol style="list-style-type: none"> <li>1. Economy (budgets and service demand)</li> <li>2. Client needs increasing</li> <li>3. Limited resources; lack of State resources</li> <li>4. State Health Division</li> <li>5. Poor communication with state agencies</li> <li>6. Lack of primary care providers for low-income people</li> <li>7. Agencies closing; shifting demand for services</li> <li>8. Misinformed public – internet, media, social networking</li> <li>9. Public perception of programs</li> <li>10. Competition with other agencies</li> <li>11. Competition for grants and services</li> <li>12. Hostile clients</li> <li>13. Mental health issues</li> <li>14. Lack of grant opportunities for Animal Services</li> <li>15. National animal welfare ads - perception they create of local government animal service organizations</li> <li>16. No outside spay / neuter source</li> </ol>

## **APPENDIX B – LINKS BETWEEN CCHHS STRATEGIC PLAN (SP) AND THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)**

### *Background*

The Community Health Improvement Plan (CHIP) was developed as a joint effort between Carson City Health and Human Services (CCHHS) and other local partners, and was accepted in its final form by the Carson City Board of Health (BOH) in June 2012. The CHIP document outlines specific issues within our community that were designated by stakeholders and partnering organizations as those that should receive the highest priority as we work together to better the overall health of our community. Objectives outlined in the CHIP require teamwork from CCHHS and all partnering organizations to coordinate the necessary activities and achieve our community goals.

Similarly, the Strategic Plan (SP) has been developed by CCHHS as an internal tool to systematically strengthen and improve our existing workforce, programs and infrastructure. The SP also outlines the necessary steps allowing CCHHS to lay the framework for future programs that would help achieve applicable goals outlined in the CHIP.

### *Strategic Priority 1: B – Activities in line with CHIP Priority Area I, Community Issue B: Improving Access to Health Information – Health Data from Community Partners*

The nature of the SP directs CCHHS towards all of its organizational priorities, whether they are more general in nature or are specific to the objectives of the CHIP. However, there are two specific points of the SP that directly correlate with the CHIP. The first relates to our internal and external directives to collect viable health-related data from our community (Strategic Priority 1, Objective B). This goes hand-in-hand with the CHIP document, Priority Area I, Community Issue B – Improving Access to Health Information: Health Data from Community Partners,\* which has an overarching goal of improving data collection within the healthcare community of Carson City.

A major issue that CCHHS encountered when collecting and analyzing internal and external community health information was that the data provided from community partners and within CCHHS was either collected in different formats and thus not fully comparable to other data, or was missing entirely. Although CCHHS has been able to partner with several groups to work on this issue externally, it is apparent that internal mechanisms must be put in place to ensure that data collected internally by CCHHS is also comparable to that collected by other partners. By inserting this objective into the SP, CCHHS is moving forward with efforts to ensure that the best possible relevant information will be available for use by CCHHS and our partner organizations.

### *Strategic Priority 2: B, 2 – Activities in line with CHIP Priority Area I, Community Issue A: Improving Access to Health Information – Health Resources in Carson City*

Another direct link between the SP and the CHIP can be found in the SP's Priority 2, Objective B, Activity 2: "Maintain a resource list in concert with local agencies that can be accessed by vulnerable populations for guidance and care after discharge," and the CHIP's Priority Area I, Community Issue A: Improving Access to Health Information – Health Resources in Carson City.\*\* In the CHIP document, one of the outstanding objectives of this Community Issue is to develop an online resource tool for community use that will list various health and social service resources. One of the major goals for this resource list is to have it housed by an organization that will have the ability to keep the list up-to-date, as the listed partner organizations' objectives and funding (and thus programs) change and evolve over time. It is also important that the resource list be located in a manner that all community members can find and use the resource list.

Although the community resource list objective has been fulfilled for the purposes of the CHIP, it became obvious that specific resources for our most vulnerable populations, the indigent population in particular, should be better coordinated for post-hospital/medical discharge. There are many resources available within Carson City; however, it would improve the coordination of care if post-discharge resources were made more readily available. Simply coordinating better marketing of these services through the resource list will help fulfill this objective, while staying within the capacity of CCHHS and its partners.

#### *Other Links to the CHIP*

Although not directly a part of the SP, CCHHS staff have taken the lead on many of the Community Issues outlined in the CHIP document that either correlate with their work, or in which they have experience. Staff members are Leads or Co-Leads for CHIP Subcommittees including:

- Priority Area II: Chronic Disease
- Priority Area III: Lifestyle and Behaviors
  - Combined: Community Issue H: Teenage Pregnancy, and Community Issue I: Sexually Transmitted Diseases
  - Community Issue K: Pedestrian and Bicycle Safety and Access

Staff members also sit as members in every other applicable subcommittee, lending their support, knowledge base, and guidance to its leaders.

#### *Summary*

While the CHIP document functions as a community-wide action plan to coordinate efforts amongst various community partners and CCHHS, the SP outlines CCHHS's specific plan to achieve its goals and objectives. There are some specific points of the SP that coordinate directly with the objectives of the CHIP. Although many of the objectives of the SP may seem unrelated to the CHIP document itself, further development of CCHHS at various organizational levels allows for a stronger framework that could allow for the expansion of organizational capacity so that CCHHS may be better able to work towards our community's health objectives.

\*Get Healthy Carson City! A Community Health Improvement Plan, p. 11.

\*\*Get Healthy Carson City! A Community Health Improvement Plan, p. 7.

To access the CHIP, go to:

[http://www.gethealthycarsoncity.org/images/stories/BOH/get\\_healthy\\_carson\\_city\\_action\\_plan\\_final\\_v1.pdf](http://www.gethealthycarsoncity.org/images/stories/BOH/get_healthy_carson_city_action_plan_final_v1.pdf)

## **APPENDIX C – STRATEGIC PLANNING, PERFORMANCE MANAGEMENT, AND QUALITY IMPROVEMENT: HOW DO THEY FIT TOGETHER?**

For Carson City Health and Human Services to most effectively and efficiently improve the health of the population we serve, a system of performance management is needed. This system needs to include:

1. Setting organizational objectives across all levels of the department,
2. Identifying indicators to measure progress toward achieving objectives on a regular basis,
3. Identifying responsibility for monitoring progress and reporting, and
4. Identifying areas where achieving objectives requires focused quality improvement processes.

The creation of a departmental strategic plan provides us with the foundation to create this performance management system. Quality improvement (QI) is also a key element of this system. QI in public health is defined as:

“(T)he use of a deliberate and defined process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes which achieve equity and improve the health of the community.” - ([Riley et al, “Defining Quality Improvement in Public Health”, JPHMP, 2010, 16\(10\), 5-7](#))

While all elements of our strategic plan speak to improving quality in our organization, developing a culture of continuous quality improvement is specifically addressed in Strategic Priority 4.C. These activities will also help us to meet the standards in Domain 9 (Evaluate and continuously improve health department processes, programs, and interventions) of the Public Health Accreditation Board’s (PHAB) Standards & Measures.

## APPENDIX D. – REVIEW MATERIALS

### Review Checklist

Below is the review check list created to measure completion and progress of activities throughout the next five years as we progress through the strategic plan.

Review Check list																				
	2013				2014				2015				2016				2017			
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
<b>Strategic Priority 1</b>																				
A-Provide Educ & Info to Promote health lifestyles																				
B-Monitor Community Health-Collect/Eval Data																				
<b>Strategic Priority 2</b>																				
A-Health Svcs for Vulnerable Pops																				
B-Coordinate Discharge Planning/Vulnerable Pops																				
C-Increase Awareness of CCHHS Svcs																				
<b>Strategic Priority 3</b>																				
A-Investigate/Mitigate Health/Safety Issues																				
B-Develop/Update local Ordinances/Regs																				
C-CJS of Public Health Svcs w/Adj Counties																				
D-Promote Enforcement of Health/Safety Regs																				
E-Educate Community on Disaster Response																				
F-Practice Being Prepared																				
<b>Strategic Priority 4</b>																				
A-Evaluate CCHHS Capacity for Svcs																				
B-Insure Engagement w/BOH																				
C-Foster Culture of Quality Improvement																				
D-Maintain Workforce Development Plan																				
E-Coordinate Activities w/in all Dept Divisions																				
F-Maintain Dept Fiscal Accountability																				
G-Seek New Solutions to Healthcare Problems																				
H-Achieve/Maintain PH Accreditation																				

### *Strategic Plan (SP) Objective and Activity Review Form*

For each completed activity from the SP, a Strategic Plan (SP) Objective and Activity Review Form will be completed and placed in its appropriate folder on the CCHHS HDrive. The purpose of this form is to document the completion of activities and any resulting future activities that should be included in updates of the SP. This will allow all updated versions of the SP to properly align with staff efforts and vice versa.

The form will include the following information:

- Strategic Priority
- Objective
- Activity
- Review due date
- Review date
- Reviewer name
- Reviewer title
- Activities performed
- Date activities were performed
- Future activities planned (to be included in SP updates)
- Timeline for future activities
- Comments



## **APPENDIX E. – PROCESSES TO DEVELOP THE STRATEGIC PLAN WITH DOCUMENTATION**

The beginning phases of development started in the summer of 2012 and continued through March 1, 2013.

- The CCHHS Director and Division Managers reviewed current vision, mission, and values.
- An all-staff meeting was held (with Ritter Consulting and without division managers) to have staff analyze the Vision, Mission, and Values, and to draft a SWOT analysis.
- Ritter Consulting presented findings to Division Managers, upon which they reviewed.
- A Strategic Planning Committee was developed to revise the findings and develop a written Strategic Plan.
- Eight meetings were held among the Strategic Planning Committee for revisions and plan development (the current representative of the Board of Health was present for one meeting).
- A draft form of the Strategic Plan was then disseminated to the following persons for review, with edits made after each group (in order):
  - Division Managers
  - All Staff
  - CCHHS Director
  - Carson City District Attorney's Office (Designated Staff)
  - Carson City Board of Health
- The CCHHS Strategic Plan is finalized after review and acceptance by the Carson City Board of Health.

In the initial stages of the process completed by the Director and Division Managers, it was determined to bring in a neutral third party for the All Staff planning meeting and not have the Division Managers present. The purpose of excluding the Division Managers would be to elicit honest responses from staff without the perception of managerial pressure to give specific feedback. Ritter Consulting facilitated this stage in the planning process and conducted an environmental scan (external trends), including an internal organizational assessment.

Division managers reviewed the assessment conducted by staff and provided additional input into the process. The environmental scan and organizational assessment helped CCHHS and the Board of Health assess both the challenges and opportunities it is likely to face over the next five years and set the context for the choices reflected in this strategic plan.

After review of the assessment, a Strategic Planning Committee was formed to carry out the remaining work to complete the SP. The Strategic Planning Committee included one board member, one CCHHS division manager and three staff members. During the Strategic Planning process, there was a change in the member of the Board of Health who was involved in the planning committee due to changing Board of Health membership resulting from the 2012 election cycle. It is important to highlight the Strategic Planning Committee's task to reflect on the mission, vision, and core values underlying the organization's approach to its work. These meetings set the stage for several work sessions with CCHHS staff and provided important support and analysis to complete this plan. CCHHS staff on the Strategic Planning Team met eight times to develop the strategic plan. From that point, draft versions of the document were distributed to Division Managers for review, followed by dissemination to all staff members to make final edits and comments. After the all staff member review, the final draft of the SP returned to the CCHHS Director for review, then went on to legal review before final review and acceptance by the Carson City Board of Health.

This process yielded a Strategic Plan (SP) that incorporates review and feedback from all levels of administration, management, and staff that will be impacted by the objectives, activities, and timelines dictated within the SP.