

Strategic Plan Tracking Tool

Strategic Plan Goal #1: Maintain Excellence as a Public Health Agency				
Objective	Strategies	April - Sept 2015 Update	October 2015 - March 2016 Update	Status
Objective A: By October 1, 2015, achieve National Public Health Accreditation	Successfully achieve MDCH accreditation			Completed
	Identify accreditation team			Completed
	Complete PHAB orientation			Completed
	Educate staff on importance and purpose of pursuing accreditation			Completed
	Assign Domain lead staff			Completed
	Complete agency CHNA, CHIP, and Agency Strategic Plans			Completed
	Submit Statement of Intent to PHAB			Completed
	Educate staff on actual accreditation process			Completed
	Develop tracking system for agency accomplishments			Completed
	Submit application to PHAB			Completed
	Identify appropriate documentation to meet standards/measures			Completed

	Complete site visit	DHD#10 PHAB Site visit conducted on April 14 and 15 in the Oceana County office. Prior to the site visit, staff were identified to serve on the Domain Review teams to provide feedback to the reviewers. DHD#10 was informed that it had achieved National Public Health Accreditation effective May 12, 2015. The accreditation period will be for five years.		Completed
	Submit Annual Report on PHAB status - June 2016		currently working on submission	in progress
Objective B: By January 1, 2015, create an agency plan for improved communication with emphasis on communication between and within the divisions	Review employee survey data			Completed
	Evaluate current communication strategies (email, phone, admin updates)	Communication workgroup continues to meet quarterly to review and assess progress. Anne Bianchi, WIC Director, serves as liaison between the group and Directors, providing regular updates on potential strategies and initiatives.	Committee initiated a Division "one-pager" concept to share with all staff. Goal is to have a general overview of divisions & the programs they offer	Ongoing
	Conduct employee focus group			Completed
	Evaluate plan accomplishments and areas for improvements annually		Needs DATE - will go back to committee	Ongoing
Objective C: By December 31, 2014, assure that an agency wide Performance Management system, which incorporates QI, exists within DHD#10	Finalize agency QI plan		Revision planned for 2016	Completed
	Create Performance Management/QI Team			Completed
	Provide/attend training on Performance Management systems for directors and staff		Will be incorporated into new plan with QI	Ongoing
	Directors incorporate performance management strategies into division goals			Ongoing
	Review current evaluation and disciplinary processes		on-hold until post accreditation	Not Started
	Establish QI resources on agency intranet			Ongoing

	Develop tracking systems for completed projects		will be revised with PM/QI 2016 plan	Completed
Objective D: By June 30, 2014, develop and implement a workforce development plan for the agency	Research plan development tools and templates			Completed
	Educate staff on core competencies	<p>Tier 3 staff job descriptions revised to include core competencies. Anticipate Tier 2 staff starting similar process in October, 2015. Emmanuel Jadhav, FSU Professor, attended the September 3, 2015 all Directors, Managers, Supervisors and Coordinators meeting to provide a presentation on the core competencies to prepare the Tier 2 staff for the upcoming process. Initial steps in the process will involve Tier 2 staff completing the online Tier 2 core competency assessment by the end of October. Additional training on core competencies will be provided as needed. Core Competencies reviewed and discussed at Personal Health staff meeting 8/21/15. Training on the 7 Health Ed Core Competencies were included in staff trainings from march - sept 2015.</p>		Ongoing
	Educate Division Directors on plan			Completed
	Review current training plans and determine if adequate	<p>Annual review of Workforce Development Plan was completed in April, 2015 by the Directors. Necessary updates and changes were made to the plan as deemed appropriate. Next update will be in April, 2016.</p>		Ongoing

Assess staff training needs	Discussion on the need to have a standardized assessment tool for assessing training needs, Anne Bianchi volunteered to work with Jan Wiltse on developing a survey monkey assessment tool. Anticipate piloting of the tool in October, 2015. Input from each Division Director will be part of the survey design process.	A general Agency wide training survey was completed in March 2016 - results will go to the Agency Communications committee at their July Meeting. Staff specific training needs surveys were completed by Personal Health Staff in February 2016; by WIC Division staff in February 2016;	Ongoing
Review 2013 Employer Survey data			Completed
Complete Employer Survey in 2018			Not Started
Pursue funding opportunities (MMRMA) for trainings and plan strategies			Ongoing
Review plan annually	Workforce Development Plan review completed in April, 2015	held until June - post accreditation	Completed

Objective E: By September 30, 2018, annually provide four educational opportunities to BOH members to expand knowledge of public health purpose and practice. (These opportunities would be provided at lunch and learns following regular BOH meetings)	Utilize NALBOH webinars for training	Completed the final four of six training modules from the University of Michigan Public Health Training Center during Board of Health meetings in June, July. Follow-up survey completed by Board members in August on trainings.		Ongoing
	Incorporate NALBOH BOH Governance Functions into training	Copy of Governance Functions provided to Board members at August, 2015 Board meeting.		Ongoing
Objective F: By September 30, 2018, annually assure the incorporation of "best practices" or "evidence based" strategies into agency programming efforts	Provide training opportunities on evidence based or best practice strategies	Training activities provided Division specific and as needed.		Ongoing
	Directors incorporate evidence based or best practices into division goals	Completed annually		Ongoing
	Utilize "The Community Guide", Healthy People 2020, and the County Health Rankings material strategies into program development	Utilized as needed	Grant Writer uses Evidenced based programs in grant writing efforts ie: SNAP-Ed mid year & annual, Sodium Reduction Grant, etc	Ongoing
	Utilize the University of Kansas Community Toolbox to research evidence based or best practices (http://ctb.ku.edu)	Utilized as needed		Ongoing
	Utilize CQI process to evaluate health outcomes and program efficiencies	Agency QI policy dictates the ongoing utilization of this process. Division Directors and agency QI Team monitor progress and provide status updates. Northern Michigan Public Health Alliance, of which DHD#10 is a member, discussed starting an MIHP QI initiative in September, 2015. Initial meeting held on 9/23/15.	The Northern Public Health Alliance is continuing the MIHP/QI initiative. Initial data looks positive, with 9 of 10 counties of DHD #10 increasing the number of women enrolled in MIHP. Percentages of increase ranged from 19% in Crawford County to 311% in Kalkaska County. The average increase was 108%. Launch of MyInsight migration includes a workflow analysis and realignment for efficiencies and is a collaborative process between line staff, program management, administration & the Vendor.	Ongoing

Objective G: By June 30, 2015, develop and implement an agency wide technology plan to enhance the provision of public health services throughout the health jurisdiction	Evaluate existing technology plan	Completed by IT Resources previously		Ongoing
	Identify current gaps and weaknesses	Prioritization completed by IT Resources including plan to address identified issues		Ongoing
	Survey staff on technology needs	Assessment completed following each training session		Ongoing
	Provide training opportunities to staff on technology	Provided as needed		Ongoing
	Develop GIS Implementation Plan	Proposal submitted to Tencon Health Plan requesting funding for GIS pieces August, 2015	GIS funding secured; exploration of options have been taking place, planning team set up; vendor meetings have been scheduled.	Ongoing
	Initiate fiber connections to offices	Eight of 10 offices connected by fiber as of September 30, 2015	Completed 9 offices (Missaukee will not be on fiber)	Ongoing
	Switch to a Microsoft Platform	Phase one of switch over completed September 30, 2015. Phase two beginning October, 2015	Completed by Microsoft Platform	Ongoing

Objective H: By December 31, 2015, assess DHD#10's current Incident Command System structure	Review the DHD#10 Incident Management Guidelines	Annually completed as part of funding requirement. Need to incorporate Directors into review process so they are aware of responsibilities.	Reviewed at December 2015 Directors Meeting	Ongoing
	Identify staff for each Incident Management Team position (three deep)	Included in existing agency plan. Need to share plan more widely with Directors and staff.	Developed at December 2015 Directors Mtg	Completed
	Determine if specialized Incident Management Teams are needed		Determined to not be necessary at December 2015 Directors Mtg	Not Started
	Explore Incident Management Team staff training opportunities	Discussion with EPC on the need to incorporate more staff training opportunities into plan to assure that staff are aware of their responsibilities. EPC to develop plan with initial overview planned for All Staff meeting in October, 2015.	Training Plan presented at December 2015 Directors Mtg; Includes Table Top in March 2016, Special Pathogens in June, & POS in July. PIO attended specific PIO training at BLDHD in Dec 2015	Ongoing
Objective I: By December 31, 2015, review the DHD#10 current organizational structure	Complete SWOT Analysis with Leadership Team			on-hold
	Review current employee opinion survey results			on-hold
	Share SWOT data with Managers, Supervisors, and Coordinators for input			on-hold
	Discuss need for changes with Leadership Team based upon data			on-hold
	Create and share plan for change with staff			on-hold
	Evaluate changes			on-hold
	Develop timeline for future review process			on-hold

Strategic Plan Goal #2: Improve the Health Status of Residents

Objective	Strategies	April - Sept 2015 Update	October 2015 - March 2016 Update	Status
Objective A: By December 1, 2013, implement the DHD#10 Community Health Improvement Plan within the health jurisdiction	Directors educate staff on plan			Completed & ongoing
	Directors include plan strategies into divisional goals	Completed annually		Ongoing
	Educate community and partners on DHD#10 plan	Education and updates on the plan's progress provided regularly at coalition and collaborative meetings.	Presented at local Health Coalitions over the past six months;	Ongoing
	Place plan on agency website	Plan placed on website and linked to Community Health Assessment January, 2015.		Completed
	Assure plan components are included in community coalitions and collaborative groups planning process		Integrated into the FY 16-FY19 Tencon CDCN project; strategies must link to CHIP built into partner funding opportunity.	Ongoing
	Assure integration of plan with hospital partners plans			Ongoing
	Annually review plan and provide status updates to staff, partners, community and Board		CHIP update presented to Tencon Board at their March 2016 mtg	Ongoing
Objective B: By September 30, 2016, assure development of collaborative relationships with healthcare service providers and health plans.	Identify appropriate service providers and health plans			Ongoing
	Identify appropriate public health services to market and promote			Ongoing
	Schedule meetings with service providers and health plans			Ongoing
	Secure contracts or agreements with providers/plans		Priority Health has established DHD#10's DPP as a reimbursable program effective 1/1/16	Ongoing
	Utilize innovative strategies to improve health outcomes in the jurisdiction		Continue to participate in the NM Public Health Alliance; will play an active role in the Community Health Innovation Region (CHIR) development over the next 3 years.	Ongoing

Objective C: By January 1, 2016, develop a plan for how DHD#10 will integrate into Health Care Reform	Participate in health care reform training opportunities			Ongoing
	Facilitate discussion with partners on collaboration		Continue to participate in the NM Public Health Alliance; will play an active role in the Community Health Innovation Region (CHIR) development over the next 3 years.	Ongoing
	Provide community/partner education on components of health care reform utilizing Michigan Consumers for Health Care and Enroll			Ongoing
	Educate staff on plan and health care reform pieces impacting public health		DHD#10 is actively exploring implementing a Community Health Worker program in FY 2016. This is identified as a key component in the ACA and health plan contracts. It is a reimbursable service.	Ongoing
	Identify appropriate staff for community outreach opportunities	new outreach team strategy built into FY 16 budget		Completed
	Provide Navigator and Application Counselor services within the jurisdiction	new navigator/application assistance strategies built into FY16 plan		Ongoing
	Develop implementation plan covering equipment needs, space requirements, proposed costs and estimated revenue	Grant from MDEQ received in 2014 for some of the required equipment. Looking at establishing two labs, one in Ludington office and one in collaboration with the City of Cadillac water testing lab.	It was determined that there was not space available in Cadillac Office to establish a drinking water laboratory.	Ongoing
	Initiate conversation with MDEQ on certification requirements for laboratories	Initial Discussion on lab requirements and necessary certifications held in August, 2015.		Ongoing
	Purchase equipment	Bacterial testing equipment in place, need to order nitrate testing equipment.	Nitrate analysis to be purchased and counter space increased in water lab area using resources from the general fund; Nitrate analysis equipment purchased	Ongoing
	Develop quality assurance plan and policy manual	Draft copy of plan and manual submitted to MDEQ on 9/30/15	Development of standard operating procedures	Ongoing

Objective D: By April 30, 2017, establish two regional laboratories (Ludington and Cadillac) for the analysis of bacterial and nitrate levels in drinking water.

Develop and/or explore purchasing software for record keeping	Matt Fournier has been identified as the responsible person for completing this task which is in progress. Discussion with MDEQ on the need for specific software vs. a log sheet	Insight software to be further developed to work as receiving and reporting software for lab services	Ongoing
Develop forms for tracking sample analysis and public use	Matt Fournier has been identified as the responsible person for completing this task which is in progress. Discussion with MDEQ on the need for specific software vs. a log sheet	Development of standard operating procedures; Insight software to be further developed to work as receiving and reporting software for lab services	Ongoing
Assign staff to laboratories		Lab Services Specialist position to be posted in July 2016	Not started
Purchase supplies		Initial supplies to be purchased in July of 2016. Additional supplies will be purchased based on inventory and demand	Not started
Obtain MDEQ certification	Waiting on MDEQ review of policies and manual	Application for lab certification submitted; on-going plan review	Ongoing
Test mailing time	Test of mailing time process completed in July, 2015		Completed
Develop and activate plan to advertise and encourage use of laboratories		Tom plans to propose a \$30-\$40 fee increase to well permits to the Board of Health for approval	in-process

Strategic Plan Goal #3: Engage Communities to Identify and Solve Health Problems

Objective	Strategies	April - Sept 2015 Update	October 2015 - March 2016 Update	Status
Objective A: By September 30, 2018, create a Community Health Assessment and Community Health Improvement Plan	Review current CHNA and CHIP	Initial review of prior CHNA and CHIP completed in August, 2015. Draft time line for next CHNA and CHIP completed and reviewed in September, 2015. Discussion on holding with DHD#10 CHNA and CHIP process until the Community Health Innovation Regions are announced. It is expected that one of the responsibilities of the CHIR will be CHNA and CHIP development for the designated region. Announcements on these regions expected in October, 2015	DHD#10 launched its CHNA/CHIP process in Nov/Dec 2015 and developed a plan for implementation that went to the Advisory Board in January.	On-going
	Explore collaboration with partners for documents development		DHD#10 is utilizing a standard health indicator tool implemented across northern Michigan as part of the NMPHA efforts; We are also utilizing their community summary/report card to explain the CHNA results	On-going
	Identify appropriate data for inclusion on documents	Contracted with Marty Hill of VIP Research to conduct a BRFS in the five Northern Counties of the jurisdiction. Also contributed funding to the Spectrum Health BRFS completed for Oceana County to make it a county wide survey. Including five northern counties with the Spectrum results will provide a more recent jurisdiction wide BRFS which will be incorporated into the next DHD#10 CHNA. Jurisdiction wide BRFS data expected in January, 2016.		completed

	Form steering committee		Advisory Committee established, met 1/12/16 for approval of plan	completed
	Gather appropriate secondary data (BRFS, County Health Rankings, MiPHY, etc.)		BRFS data received in Jan 2016; Chart books completed in March 2016; MiPHY happening in select counties.	completed
	Gather primary data as necessary		Community Conversations started in the northern counties with HSCB & local health coalitions; Client / Community survey implemented along same schedule as conversations	in process
Objective B: By September 30, 2018, assure that annually relationships with community partners are fostered and maintained.	Continue to facilitate hospital partners CHNA and CHIP development meetings			On-going
	Participate on hospital partner steering committees			On-going
	Explore collaborative opportunities for CHNA and CHIP development			On-going
	Provide training opportunities to partners			On-going
	Assure active participation in health coalitions and collaborative groups			On-going
	Maintain existing Chamber memberships (Cadillac and Ludington)			Ongoing
	Explore additional Chamber membership opportunities		will take place summer/fall fo 2016	Not started
Objective C: By December 31, 2015, identify requirements to be designated as an Academic Public Health Department	Identify staff to lead initiative	Deputy Health Officer to lead exploration of this project	Initial meeting with FSU, DHD#10 HO & Deputy HO held on 11/16/15; DHD#10 Internal Team identified;	completed
	Discuss initiative with Central Michigan University and Ferris State University	Initial discussions had with Ferris State University and Western Michigan University	Follow up/launch meeting will be set in June with FSU	Ongoing
	Formalize relationships with universities	Draft MOU's researched and reviewed, copies shared with potential University partners	MOU with FSU signed in January; approved by BOH	Ongoing
	Explore and identify designation requirements	Resources from Council on Linkages and Public Health Foundation utilized for this process	Moved to after accreditation	Ongoing

Implement process	Exploration and review process completed during this period. Board of Health informed of current status at August, 2015 meeting.	Meeting on next steps summer of 2016	Ongoing
Evaluate process and initiate necessary changes/ modifications			Not started