



CARSON CITY HEALTH AND HUMAN SERVICES

Strategic Plan

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TABLE OF CONTENTS

Introduction6

Vision6

Mission6

Values6

2014 Update7

Strategic Priorities8

Appendix A – SWOT Analysis21

Appendix B – Links between CCHHS Strategic Plan (SP) and the Community Health Improvement Plan (CHIP)22

Appendix C – Strategic Planning, Performance Management, and Quality Improvement: How do they fit together?24

Appendix D – Strategic Plan Monitoring and Reporting System25

Appendix E – Processes to Develop the Strategic Plan with Documentation26

Appendix F – Acronyms Used.....27

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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 has 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.

2014 Update

CCHHS has seen both organizational challenges and successes since the creation of the CCHHS Strategic Plan in 2013. Within a quarter of the completion of the Strategic Plan, unanticipated organizational changes began to unfold, including changes in leadership. Although such changes can sometimes be detrimental to an organization's path towards its goals, after a period of adjustment, CCHHS was able to move forward with its objectives and continue progress on previous projects, while exploring opportunities to develop new projects.

In addition, due to the lack of experience of the organization in building and maintaining a strategic plan, it quickly became evident that version 1.0 of the Strategic Plan needed to be revised much sooner than the anticipated 2017 date. Thus, work began to improve the alignment of the plan with other organizational plans, accreditation and community-wide activities, as well as to implement a new monitoring and reporting system.

The following is an outline of the changes made to the plan during the 2014 update, as well as their purpose:

New Table Format

Two new categories were added to each Strategic Priority table. The purpose for this addition was to (a) more clearly assign activities to specific divisions of CCHHS, and (b) to tie in the organizational plans or national standards directing the objectives.

Review of Objectives and Activities

All CCHHS divisions participated in a review of their assigned objectives or activities in the previous version of the Strategic Plan. From there, the objectives and activities were updated to best reflect the current course of each division, and how those pieces fit together into the overall objectives of the organization as a whole.

Improved Monitoring and Reporting System

Since the inception of the Strategic Plan in 2013, CCHHS gained access to cloud-based software that is now being used to track the progress of each of the objectives as they are assigned to each division. With the addition of this system, the plan monitoring system is able to better integrate with the organizational performance management system as a whole, and provide improved quarterly point-in-time reports of progress. These reports will be used in conjunction with materials from the annual divisional review process to advise an internal annual report on the progress of the Strategic Plan.

Please see Appendix D on page 24 for further details on the current monitoring and reporting system.

Future Updates to the CCHHS Strategic Plan

The next anticipated date of publication of an updated plan is in 2017, the current review and update process will be evaluated annually as to whether or not the Plan must be updated further (see Strategic Priority 4, Objective I and related activities on page 19 for details), but internal reports of progress will be published annually.

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	Measure	Timeline	Responsible Division or Committee	Related Plan, National Standard, or PHAB Domain
A. Provide education and information to promote a healthy lifestyle	1. Produce weekly newspaper articles / inserts to promote pertinent public health issues.	52 articles produced per calendar year	Ongoing, annually, measured January through December	Chronic Disease Prevention and Health Promotion	Domain 3, Public Health Essential Service 3
B. Monitor the health of the community by collecting and evaluating data	1. Work with community partners to use the statewide Core Health Indicators List to build a specific standardized Core Health Indicator data list for use in Carson City	Core Health Indicator List produced	By June 30, 2015	Disease Control and Prevention, Administration	CHIP Community Issue B; Domain 1, CHA, Public Health Essential Service I
	2. Work with community partners to disseminate standardized data and compile deadlines to community partners collecting health data.	Core Health Indicator List released with set deadlines	By June 30, 2015	Disease Control and Prevention, Administration	CHIP Community Issue B; Domain 1, CHA, Public Health Essential Service I
	3. Identify important data that is missing from currently available information	Compile list of missing community data	By June 30, 2015	Disease Control and Prevention, Administration	CHIP Community Issue B; Domain 1, CHA, Public Health Essential Service I
	4. Develop a plan to collect missing community data from Activity 3 above	Plan or updated items in CHIP Community Issue B SmartSheet	By June 30, 2015	Disease Control and Prevention, Administration	CHIP Community Issue B; Domain 1, CHA, Public Health Essential Service I
	5. Collect health data from community partners every 3 years	First Carson City Core Health Indicator data set completed	By December 31, 2015	Disease Control and Prevention, Administration	CHIP Community Issue B; Domain 1, CHA, Public Health Essential Service I
	6. Release health data to the community in the form of a new or existing Community Health Assessment (CHA) within a year of data collection	Second Carson City Community Health Assessment Produced	By December 31, 2016	Disease Control and Prevention, Administration	CHIP Community Issue B; Domain 1, CHA, Public Health Essential Service I

**STRATEGIC PRIORITY I.
INCREASE OPPORTUNITIES FOR HEALTHY LIVING ACROSS THE LIFESPAN.**

Goal: Promote wellness and reduce the incidence of chronic disease

Objective	Activities	Measure	Timeline	Responsible Division or Committee	Related Plan, National Standard, or PHAB Domain
C. Develop and implement evidence-based community programs to prevent chronic disease and promote lifetime health among community members	I. Attain funding to implement evidence-based programs advised by HP2020 and the Community Guide that focus on the prevention of chronic diseases, or those targeting the reduction of risk factors related to chronic disease.	Funding stream identified or attained	By December 31, 2017	CDPHP, Administration	Domain 10, Domain 3, Public Health Essential Service 3, HP2020, CHIP Community Issues E-G

**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	Measure	Timeline	Responsible Division or Committee	Related Plan, National Standard, or PHAB Domain
A. Maintain essential health services for vulnerable populations	1. Increase the number of insured individuals in our community by partnering with the State of Nevada to offer weekly education and enrollment sessions for Medicaid and health insurance as a part of the ACA	Number of hours/days an enrollment Navigator is onsite	November 15, 2014 through August 30, 2015	Clinical Services	Domain 7, CHIP Community Issue A, Essential Public Health Service 7
	2. Explore formal partnerships with local primary care services	Initial meetings scheduled with local primary care Documentation of partnership feasibility	January 1, 2015 through December 30, 2015 December 30, 2015 through June 30, 2016	Clinical Services	CHIP Community Issue A, Essential Public Health Service 4 and 7
	3. Provide direct clinical services as financial resources allow and as guided by community health needs A. Conduct an annual assessment of client needs B. Identify gaps in services, check for feasibility, and plan to add or pursue those services	A. Completion and evaluation of client satisfaction survey B. Analysis report or resulting plan from community health data collected (customer satisfaction survey, inputs from community stakeholders, and focus group data)	A. Annually, by October 31 st of each year B. Annually, first report by December 31, 2014; subsequent reports completed by October 31 st each year	Clinical Services, aided by Disease Control and Prevention, and Chronic Disease Prevention and Health Promotion	Domain 7, CHIP Community Issues H and I, Essential Public Health Service 7
	4. Participate in community health coalition meetings and activities	Report of attendance of 50% of local partnership/coalition meetings annually	Annually, by March 31 st .	Administration, Public Health Preparedness	Domain 4, Essential Public Health Service 4

**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	Measure	Timeline	Responsible Division or Committee	Related Plan, National Standard, or PHAB Domain
B. Coordinate appropriate discharge planning services for medically vulnerable, homeless and at-risk senior populations	1. Participate in planning and execution of comprehensive discharge planning with Carson Tahoe Health, local jail facilities, local extended care facilities, senior services, Friends in Service Helping (FISH), and other agencies	Referral plan or listing in place	By December 31, 2015	Human Services	Domain 7, CHIP Community Issues A and D, Essential Public Health Service 7
C. Increase awareness of services available through Carson City Health and Human Services	1. Improve utilization of existing social media accounts in frequency of posts by both active and inactive divisions	Number of divisional social media campaigns (targets specific to division) Number of page interactions related to specific divisional posts (targets specific to division)	Annually, first measurement by December 31, 2015	Chronic Disease Prevention and Health Promotion, Clinical Services, Public Health Preparedness, Human Services	Domain 3, Essential Public Health Service 3
	2. Update and improve website content, SEO, and format	Report of realistic options developed to hire appropriate contractors	By December 31, 2016	All	Domain 3, Essential Public Health Service 3
	3. Conduct or participate in community outreach events per division grant deliverables	Number of outreach events attended (specific to each division and/or program)	Human Services: by June 30, 2015 CDPHP/AHEP: by September 30, 2015	Human Services, Chronic Disease Prevention and Health Promotion, Public Health Preparedness	Domain 3, Essential Public Health Service 3
	4. Formalize community partnerships, as possible	MOUs or other documentation (as appropriate) for all current partnerships	By June 30, 2015	All, as applicable	Domain 3, Essential Public Health Service 3
D. Develop non-traditional multisectoral partnerships in novel fields to expand reach and breadth of both program services and funding	1. Find new partners through previously unexplored avenues	Contact 10 new multisectoral organizations as potential partners	By December 31, 2015	Chronic Disease Prevention and Health Promotion	Domain 4, Essential Public Health Service 4
	2. Engage new partners to leverage new resources	At least 1 new partner engaged and appropriate processes in place	By June 30, 2016	Chronic Disease Prevention and Health Promotion	Domain 4, Essential Public Health Service 4

**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	Measure	Timeline	Responsible Division or Committee	Related Plan, National Standard, or PHAB Domain
E. Promote community collaboration through the Carson City Community Health Improvement Plan (CHIP)	1. Continue to act as Lead or support Lead organizations in the undertaking of projects related to the CHIP	Report of participation in CHIP workgroup meetings, subcommittees, and projects	Annually, by December 31 st , beginning 2015	Administration, Clinical Services, Chronic Disease Prevention and Health Promotion, Disease Control and Prevention, Human Services	Domain 5, CHIP (all), Essential Public Health Service 5
	2. Implement improved system to monitor progress of subcommittees	Point-in-time reports of subcommittee progress Brief CHIP Annual Report Completed	Quarterly, beginning January 2015 Annually, by December 31 st of each year, beginning 2015	Administration	Domain 5,
	3. Review current system of monitoring progress towards CHIP objectives to ensure efficiency and effectiveness	Review completed and included in the CHIP Annual Report	By December 31, 2015	Administration	Domain 5, Domain 9
	4. Work with community partners to develop a plan to implement the next Community Health Improvement Plan	Planning process in place Second CHIP completed	By December 31, 2016 By June 30, 2017	Administration	Domain 5, Essential Public Health Service 5

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	Measure	Timeline	Responsible Division or Committee	Related Plan, National Standard, or PHAB Domain
A. Investigate health and safety issues and mitigate problems where possible	1. Review CCHHS policies and procedures on a yearly basis for compliance with state laws and national guidelines	Appropriate policies developed Policies reviewed	By December 31, 2014 Annually, first review completed by December 31, 2015	Disease Control and Prevention	Domain 2, Domain 6, Essential Public Health Services 2 and 6
	2. Respond to health and safety issues based on established protocols	Audit reports of complaint response times	Ongoing	Disease Control and Prevention	Domain 6, Essential Public Health Service 6
B. Develop and update local ordinances and regulations	1. Establish a policy on frequency of review of Carson City Municipal Code (CCMC)	Policy created and implemented	By June 30, 2015	Disease Control and Prevention	Domain 6, Essential Public Health Service 6
C. Participate in cross-jurisdictional sharing of public health services with adjacent counties	1. Prepare toolkit for CJS projects as per grant requirements	CJS Toolkit completed	By January 31, 2015	Disease Control and Prevention	Domain 4, Domain 7, Essential Public Health Services 2,4, 5, 6, 7, and 10
	2. Provide periodic updates to the Carson City Board of Health on activities of CJS	Number of reports given	Through December 31, 2015	Disease Control and Prevention	Domain 11
	3. Provide periodic reports to all appropriate governing bodies (Douglas County Commissioners, etc.)	Number of reports given	Through December 31, 2015	Disease Control and Prevention	Domain 4, Domain 11
D. Promote enforcement of local regulations related to public health and safety issues	1. Provide food establishment inspection reports to local media outlets	Audit reports of information sent to media outlets	Ongoing	Disease Control and Prevention	Domain 6, Essential Public Health Services 3 and 6

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	Measure	Timeline	Responsible Division or Committee	Related Plan, National Standard, or PHAB Domain
(Continued) Promote enforcement of local regulations related to public health and safety issues	2. Develop web-based reporting of food establishment inspection results that can be accessed by the public	Deployment of web- based reporting	By June 30, 2016	Disease Control and Prevention	Domain 6, Domain 3, Essential Public Health Services 3 and 6
E. Practice being prepared for natural or manmade disasters/incidents	1. Complete 1 full-scale exercise per 5 five year grant cycle, as per grant requirements	1 full-scale exercise completed	By October 31, 2017	Public Health Preparedness	Domain 5, CCHHS EOP, CDC PHEP Capabilities, Essential Public Health Service 5
	2. Maintain the completion of 4 communication drills (“call-down exercises”) per year, as per grant requirements	4 communication drills completed	Annually, by June 30 th , ongoing	Public Health Preparedness	Domain 5, CCHHS EOP, CDC PHEP Capabilities, Essential Public Health Service 5
	3. Maintain the completion of one notification drill (physical sign-in) per year, as per grant requirements	1 notification drill completed	Annually, by June 30 th , ongoing	Public Health Preparedness	Domain 5, Domain 8 CCHHS EOP, CDC PHEP Capabilities, Essential Public Health Service 5
	4. Provide annual training on the CCHHS department All-Hazards Plan	Training implemented	Annually, by June 30 th , ongoing	Public Health Preparedness	Domain 5, Domain 8, CCHHS EOP, CDC PHEP Capabilities, Essential Public Health Services 5 and 8
	5. Develop a review schedule for all department public health emergency plans (including assigning staff to review plans).	Completed plan review schedule	By May 31, 2015	Public Health Preparedness	Domain 5, CCHHS EOP, CDC PHEP Capabilities, Essential Public Health Service 5

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	Measure	Timeline	Responsible Division or Committee	Related Plan, National Standard, or PHAB Domain
(Continued) Practice being prepared for natural or manmade disasters/incidents	6. Attach review of department public health emergency preparedness plans to weekly PHP staff meetings	Inclusion of topic to weekly PHP staff meeting agenda	Ongoing, weekly	Public Health Preparedness	Domain 5, CCHHS EOP, CDC PHEP Capabilities
	7. Staff assigned and review completed of public health emergency plans annually	Reviews Completed, including updating document with revision date	Annually, ongoing	Public Health Preparedness	Domain 5, CCHHS EOP, CDC PHEP Capabilities, Essential Public Health Service 5
F. Prepare vulnerable residents that are homebound for health hazards and emergency preparedness	1. Collaborate with first responders and aging/disability resources in identifying homebound residents	Report of number of residents identified	By June 30, 2015	Human Services	Domain 7, Essential Public Health Services 4 and 7
	2. Connect residents (from Activity 1) with in-home services and natural resources such as neighbors,	Resource materials provided	By June 30, 2015	Human Services, Public Health Preparedness	Domain 7, Essential Public Health Service 7
G. Connect local persons experiencing chronic homelessness to secure housing to promote safety and wellness	1. Provide case management to connect homeless clients to permanent housing, medical providers, and other resources	8 chronically homeless clients with medical disabilities and/or chronic substance abuse will be housed	By September 30, 2015	Human Services	Domain 7, CHIP Community Issue D, Essential Public Health Service 7

STRATEGIC PRIORITY 4.**PROMOTE A CULTURE OF PUBLIC HEALTH EXCELLENCE**

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

Objective	Activities	Measure	Timeline	Responsible Division or Committee	Related Plan, National Standard, or PHAB Domain
A. Evaluate CCHHS capacity to provide necessary public health services	1. Conduct an analysis of funding needs based on current and projected population expectations	Assessment completed	Annually, by March 31 st of each year, ongoing	Administration	Essential Public Health Service 9
B. Ensure active engagement of the Board of Health in CCHHS activities	1. Invite and encourage Board of Health members to be involved in department – sponsored events held in the community	At least twice per year	Ongoing, by December 31 st	Administration	Domain 12
C. Foster a culture of constant Quality Improvement	1. Each CCHHS division engages in at least one QI project per year	>1 QI project submitted from each division to the PMT	Annually, by December 31 st , beginning 2014	Performance Management Team	Domain 9, CCHHS QI Plan, Essential Public Health Service 9
	2. Include continuing education on QI principles for all employees annually	Continuing education (“refresher” of basic topics) training identified and implemented	Annually, by December 31 st , beginning 2015	Performance Management Team	Domain 9, CCHHS QI Plan
	3. Include education on QI principles in orientation of new employees	New employee completion	Ongoing	CCHHS Management Team, Performance Management Team	Domain 9, CCHHS QI Plan
	4. Build education and expected knowledge of QI principles and practices into the CCHHS Workforce Development Plan	Inclusion in the completed CCHHS Workforce Development Plan	By December 31, 2015	Workforce Development, aided by Performance Management Team	Domain 8, Domain 9, CCHHS QI Plan
	5. Revise current CCHHS QI Plan	Revision completed	Annually, by May 31 st , beginning 2015	Performance Management Team	Domain 9, CCHHS QI Plan

STRATEGIC PRIORITY 4.**PROMOTE A CULTURE OF PUBLIC HEALTH EXCELLENCE**

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

Objective	Activities	Measure	Timeline	Responsible Division or Committee	Related Plan, National Standard, or PHAB Domain
(Continued) Foster a culture of constant Quality Improvement	6. Complete a self-assessment of the organizational Performance Management System to identify areas of improvement	Completed self-assessment, using the appropriate Turning Point tool	Annually, by August 31 st , beginning 2014	Performance Management Team, CCHHS Management Team	Domain 9, CCHHS QI Plan
	7. Address “High Priority” areas of improvement from Performance Management System Self Evaluations	Specific areas selected and strategies identified	Annually, by September 30 th , beginning January 2015	Performance Management Team	Domain 9, CCHHS QI Plan
		Strategies implemented	Annually, by December 31 st , beginning February 2015		
	8. Complete a review of current QI processes, training plan, and tools to evaluate for effectiveness and efficiency	Revision completed	Annually, by May 31 st , beginning 2015	Performance Management Team	Domain 9, CCHHS QI Plan
	9. Implement organizational customer satisfaction surveys	Organizational survey and process developed	By June 30, 2015	Performance Management Team	Domain 9, CCHHS QI Plan
		Regular survey process implemented	Annually, by July 31 st , beginning 2015		
	10. Maintain reports to the Board of Health on CCHHS QI projects	Reports presented at each Board of Health meeting	Ongoing, bimonthly	Performance Management Team, Administration	Domain 9, CCHHS QI Plan Domain 12
	11. Build/identify and implement QI training on advanced QI topics, as per the QI Plan’s training plan.	At least two new trainings (Modules 3 and 4) developed or identified	By June 30, 2015	Performance Management Team	Domain 9, CCHHS QI Plan
		Trainings implemented	By December 31, 2015		
	12. Include brief reports of Best Practice guidelines, QI projects, and the use of the Community Guide at all-staff meetings	“Best Practices” agenda item included in all-staff meeting agendas	Ongoing, implemented by December 31, 2014	Administration, Performance Management Team	Domain 9, Domain 10

STRATEGIC PRIORITY 4.

PROMOTE A CULTURE OF PUBLIC HEALTH EXCELLENCE

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

Objective	Activities	Measure	Timeline	Responsible Division or Committee	Related Plan, National Standard, or PHAB Domain
D. Maintain an internal workforce development plan	1. Create and adopt a department-wide workforce development plan	Completed plan accepted by CCHHS Director, Carson City Board of Health	By December 31, 2015	Workforce Development Committee, Administration	Domain 8, Essential Public Health Service 8
		Plan fully implemented	By December 31, 2016		
	2. Conduct a staff needs assessment biannually	Assessment completed	Biannually, with first assessment completed by July 31, 2016	Workforce Development Committee, CCHHS Management Team	Domain 8, Essential Public Health Service 8
	3. Assess staff core competencies based on national standards, where applicable	Core competencies established for each position	By July 31, 2014	Workforce Development Committee, CCHHS Management Team	Domain 8, Essential Public Health Service 8
		Assessment of staff implemented	By December 31, 2016, depending on approval of CCHHS WFD Plan		
		Core competencies reviewed and updated as needed by Managers	Annually, first review completed by July 31, 2017		
	4. Training committee formed to advise training selection offered to CCHHS staff, as per the Workforce Development Plan	Committee roles and responsibilities developed, meeting schedule established	By January 31, 2015	Workforce Development Committee	Domain 8, Essential Public Health Service 8
E. Develop and Implement a worksite wellness program at CCHHS	1. Pilot a worksite wellness program for CCHHS employees	Program developed and initial strategies implemented	By December 31, 2015	Chronic Disease Prevention and Health Promotion	The Community Guide, HP2020
	2. Evaluate pilot program for effectiveness	Self-reported employee evaluation	By March 31, 2016	Chronic Disease Prevention and Health Promotion	The Community Guide, HP2020
F. Coordinate activities within all divisions of the department	1. Maintain periodic all-staff meetings (to include all divisions on-and off-site)	4 Quarterly meetings held per year	Measured annually, by December 31 st	Administration	(none)

STRATEGIC PRIORITY 4.

PROMOTE A CULTURE OF PUBLIC HEALTH EXCELLENCE

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

Objective	Activities	Measure	Timeline	Responsible Division or Committee	Related Plan, National Standard, or PHAB Domain
(Continued) Coordinate activities within all divisions of the department	2. Maintain periodic division manager meetings	80% (42) of weekly meetings held per year	Measured annually, by December 31 st , beginning 2014	Administration	(none)
	3. Improve inter-departmental communication strategies, including exploring an electronic calendar of events, and evaluating/maintaining current strategies	Revision of current strategies and new strategies implemented	By December 31, 2015	Administration	(none)
G. Maintain department fiscal accountability	1. All division Managers participate in grant trainings biannually	Training developed and implemented	Biannually, by December 31 st , beginning 2015	Administration	Domain 11
	2. Develop an internal FAQ on grants	FAQ developed and disseminated to staff	By December 31, 2015	Administration	Domain 11
	3. Monitor grant expenditures and provide a report to the Board of Health Resource Stewardship Committee	Report provided	Annually, by December 31 st , beginning 2015	Administration	Domain 11
H. Seek out new solutions to healthcare problems	1. Participate in clinical studies, as available.	1 study per year, as available	Annually, by December 31 st , beginning 2013	Clinical Services	Domain 10, Essential Public Health Service 10
I. Participate in an ongoing strategic planning process, resulting in the development of a new CCHHS Strategic Plan every 5 years	1. Maintain monitoring of progress towards all current CCHHS Strategic Plan objectives and related activities	Reports exported from the organization's performance management system	Quarterly, on the first Monday of the first month of the quarter, unless otherwise designated	Administration, Performance Management Team	Domain 5
	2. Perform an annual review of the CCHHS Strategic Plan, including its goals, objectives, related activities, and timelines	Annual review packets completed by all members of the CCHHS Management Team.	Annually, by March 31 st of each year, beginning 2015	All CCHHS Divisions	Domain 5

**STRATEGIC PRIORITY 4.
PROMOTE A CULTURE OF PUBLIC HEALTH EXCELLENCE**

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

Objective	Activities	Measure	Timeline	Responsible Division or Committee	Related Plan, National Standard, or PHAB Domain
(Continued) Participate in an ongoing strategic planning process, resulting in the development of a new CCHHS Strategic Plan every 5 years	3. Create brief internal reports on the progress of the CCHHS Strategic Plan	Annual internal Strategic Plan reports	Annually, by April 30 th of each year, beginning 2015	Administration, aided by all CCHHS divisions	Domain 5
	4. Begin planning for a new 5-year CCHHS Strategic Plan	Plans for next strategic planning process finalized	By August 31, 2016	Administration	Domain 5
	5. Second CCHHS Strategic Plan Completed	Second plan accepted by the Carson City Board of Health	By March 31, 2017	Administration, aided by all CCHHS divisions	Domain 5
J. Achieve and maintain Public Health Accreditation	1. Complete and submit documentation to PHAB	Documentation submission receipt	By May 26, 2015	Accreditation Team, aided by all CCHHS divisions	All PHAB Domains, All 10 Essential Public Health Services
	2. Prepare all CCHHS staff for the PHAB Site Visit	Staff trainings developed	By July 31, 2015	Accreditation Team	All PHAB Domains
		Trainings implemented	By August 31, 2015		
3. Prepare an organizational plan to fill gaps and improve internal processes based on the PHAB Site Visit Report	Plan completed	By March 31, 2016	Accreditation Team, CCHHS Management Team	All PHAB Domains, All 10 Essential Public Health Services	

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:

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

* Carson City Health and Human Services contracted with the Nevada Humane Society in 2014 to take over Animal Services responsibilities. The next organization wide SWOT Analysis scheduled for 2017 will not include Animal Services.

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 – 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, 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.

Strategic Priority 2: E - Promote community collaboration through the Carson City Community Health Improvement Plan

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 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. These objectives are noted as being driven by or otherwise related to the CHIP by notation in the far left category of the objective grids, labeled "Related Plan, National Standard, or PHAB Domain". 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. 13.

**Get Healthy Carson City! A Community Health Improvement Plan, p. 9.

To access the CHIP, go to: <http://www.gethealthycarsoncity.org>

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. – STRATEGIC PLAN MONITORING AND REPORTING SYSTEM

SmartSheet

SmartSheet is cloud-based project management software that has been adopted by CCHHS to monitor progress of the organizational Strategic Plan. The software format resembles an MS Excel spreadsheet and can be accessed from any location with a secure internet connection, which increases user-friendliness for the CCHHS management team. Categories included in each division's SmartSheet for the purpose of monitoring of the Strategic Plan include:

- Objective and Activity
- Related National Standard or Plan
- Start Date
- Projected Finish Date
- What is Measured?
- Measurement Method
- Measurement Interval
- Next Measurement Date
- Assigned To (staff member)
- Progress Reported To
- Reporting Interval
- Next Report Due
- Overall % Complete
- Status
- Actual Completion Date
- Barriers
- Possible Solutions
- Opportunity for QI?
- Comments

The monitoring of all of the above components allows for not only progress to be tracked, but also for the identification of potential quality improvement projects, as well as the recording of both issues and solutions that have come up as activities progress.

Description of Quarterly and Annual Reporting Process (Updated November 2014)

The following is a step-by step description of the process that will be used to monitor the progress of CCHHS Strategic Plan objectives.

- Monthly performance management meetings are held by the Performance Management Team Lead for the CCHHS Management Team to discuss progress towards Strategic Plan objectives, ongoing and potential quality improvement projects, data sharing among divisions (discussed quarterly), and other performance measures.
- At the end of the first workday of every quarter, a “snapshot” of each division's SmartSheet will be exported from the SmartSheet system to capture progress.
- The CCHHS Strategic Plan will be reviewed at least annually using divisional update packets (or by another means if process evaluations deem it appropriate).
- The completed divisional update packets will be used by the Administration division (or designated staff) to develop the internal Annual Strategic Plan Report.
- Upon the completion of each Annual Strategic Plan Report, it will be discussed by the CCHHS Management Team as to the appropriateness of an update to the published strategic plan.

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, 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 was 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.

APPENDIX F. – ACRONYMS USED

ACA	Affordable Care Act
AHEP	Adolescent Health Education Program
BOH	Board of Health
CCHHS	Carson City Health and Human Services
CCMC	Carson City Municipal Code
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
CJS	Cross-Jurisdictional Sharing
EOP	Emergency Operations Plan
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
PHAB	Public Health Accreditation Board
PHEP	Public Health Emergency Preparedness
PHP	Public Health Preparedness
PIO	Public Information Officer
QI	Quality Improvement
SEO	Search Engine Optimization
SP	Strategic Plan
