

MADERA COUNTY DEPARTMENT OF PUBLIC HEALTH



2018 – 2022 STRATEGIC PLAN

ACKNOWLEDGEMENTS

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INTRODUCTION

[Possibly change to Intro letter from Sara. Key points: what is this and why does it matter.]

The Madera County Department of Public Health (MCDPH) completed the 2019-2024 Strategic Plan to guide its actions toward the health of our county. The plan is a requirement for national accreditation by the Public Health Accreditation Board (PHAB), the national accrediting body for Tribal, state, local and territorial public health departments. The accreditation process is long and demanding with strict guidelines and review. Accreditation demonstrates that a public health department functions according to nationally-approved standards with accountability for ongoing improvement. Our journey and eventual accomplishment of accreditation are hallmarks of our strong partnerships and our drive for excellence on behalf of Madera County.

The Strategic Plan describes why MCDPH exists, what we will do in service to Madera County, how we will do it, and how we will measure and track progress. Our planning approach and this plan are the result of substantial input from within and outside MCDPH. The document is public to allow for anyone to understand and inform our direction. The Strategic Plan is required for accreditation. Yet, meeting this requirement would lack merit if this plan does not guide our daily actions and hold us accountable to our community.

The plan outlines five years of action. The priorities and objectives can and will be refined during this period as we evaluate and reflect on lessons for success. MCDPH will lead these actions with direct accountability to its administration and the Madera County Board of Supervisors. Opportunities for regular public reporting to our partners, clients, and broader community are defined within the plan. This plan and our sharing of progress are ways to improve awareness of why public health matters and how we can all contribute to the health of our entire community. Goals and activities aim to improve the health of all with strong attention to members of our community that may be vulnerable, under-represented, and suffering from disparities. While the plan guides the work of MCDPH it does so in ways that ensure collaboration with and attention to areas beyond public health. Education, law enforcement, workforce and economic development, civic and recreational life are incorporated into the plan. Success five years from now will be a Madera County where all of us can work together so we can live well together.

The Strategic Plan acknowledges the challenges to public health for our county. We work in a vast and diverse geography, with poverty and growing income equality, scarce and poorly distributed resources, and many individual and community problems. This plan and eventual accreditation of MCDPH are important milestones towards public health that tackles these problems. MCDPH is a catalyst for public health through prevention and social change, as well as through direct treatment and intervention during emergencies. MCDPH looks forward to bringing this Strategic Plan to life in partnership with you.

THE PROCESS FOR DEVELOPING THE STRATEGIC PLAN

[Needs correcting and shortening (maybe more in Appendices). Key points: information about what we did to get to the Strategic Priorities.]

The MCDPH Strategic Planning process began in August 2017. The MCDPH Accreditation Team worked with an external local public health contractor to facilitate development and production of the plan. The process was dynamic, both responding to and being a stimulus of internal and external changes for public health. The transition to a new MCDPH Director during the process called for a Strategic Plan that would integrate new and existing goals for MCDPH and its external partnerships. The multi-sector coalition which accomplished the CHA and early stages of the CHIP began transforming into Live Well Madera County, a coalition for action with county-wide goals in agencies beyond MCDPH. These and similar experiences led to a Strategic Plan with actionable goals that incorporates other planning documents. Specifically, the MCDPH Strategic Plan integrates the MCDPH Workforce Development Plan key elements of the Quality Improvement Plan and the Communication Plan.

STAKEHOLDER ENGAGEMENT

Engagement included MCDPH staff at all levels and representatives from the MAPP (spell) Steering Committee. The MAPP was established in Month/Year as a collaborative process for completing the MCDPH CHA and CHIP. Its [number of members] members include MCDPH governing board members and representatives, other Madera County agencies, and decision-makers across sectors and levels of the community. Appendix # illustrates the stakeholders and their participation throughout the Strategic Planning process. MCDPH were engaged within and across Divisions (MCDPH work units) in the Visioning, SWOT Analysis, developing of priorities and goals, and in the overall review and adoption of this plan. The activities below describe this engagement in more detail. Peer review and engagement was sought throughout the process.

PLANNING ACTIVITIES & LESSONS INFORMING THE STRATEGIC PLAN

Activities were guided by a workplan developed for a NACCHO grant for Strategic Planning for PHAB Accreditation. Our teams made changes based on lessons along the way and as they saw a need for greater information, clarity, and engagement. The list below describes a shorter synthesis of the process and results that guided the development of the plan. Appendices # - # (Visioning Process, SWOT Analysis, Mission Survey) offer more details on this process.

Review of CHA & CHIP Documents and Lessons. The CHA was completed in Month/Year. The CHIP began in Month/Year to be completed by Month/Year. Specific “fishbone diagrams” were created based on select CHA areas that continue to guide the Strategic Plan. Four priority areas (obesity and diabetes, mental health, alcohol and drug abuse, and child abuse and neglect) were further prioritized into two areas: obesity and child abuse and neglect. Staff reviewed the CHA and CHIP documents in preparation for the Visioning activities and during the development of strategic priorities.

Review of Key Documents for County and MCDPH. Prior planning and guiding documents regarding Madera County were reviewed for guidance on goals, strategies, and activities. These included the Madera County General Plan (1995 Background Report, 1995 Final Environmental Impact Report, 2010 Air Quality Element, 2016-2024 Housing Element), the 2017-2020 Local Area Plan of the Workforce Development Board of Madera County, the 2009 City of Madera General Plan, the Vision Madera 2025 3-Year Reports to the Community (2006-2009 and 2009-2011), City of Madera 2016-2024 Housing Element Update (adopted 2015), and the 2018-2019 Community Action Plan (CAP) from Madera for the California Department of Community Services and Development Community Services Block Grant. The governmental reports emphasized the importance of the county's agricultural and dairy industries, challenges related to air quality, transportation, and housing availability and affordability, and the importance of addressing cultural and linguistic barriers in educational and economic advancement. The CAP included findings from a comprehensive county needs assessment. The assessment emphasized challenges related to social determinants of health (e.g., poverty, food insecurity, housing instability) and echoed priorities indicated in the CHA and in the CHIP process to date (e.g., mental health, child abuse and neglect).

County Field Visits and Discussions. Members of the Accreditation Team and the Strategic Plan Consultant conduct two visits to different divisions of Madera County. The visits served to document environmental conditions and to speak with community and agency stakeholders to inform the Strategic Plan (e.g., examine housing, transportation, and other social determinants of health). The visits documented the vast geographic range of the county (from the valley to the Sierra Nevada foothills), cultural diversity, and substantial growth in housing neighboring Fresno county.

Visioning Process. The MCDPH vision was reviewed and refined through two group meetings with staff and a staff survey. The meetings used Technology of Participation (ToP) Facilitation to guide participants through interactive brainstorming around one question: "What conditions must be in place for all Maderans to be healthy?" Two meetings engaged MCDPH administration and Champions (Jose correct name for this group). Results from these meetings were used to create and administer a department-wide survey of the vision for feedback and additional ideas. The results are shown in the Strategic Planning Framework in this plan.

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis. Based on the success of the ToP process in the Visioning process, the same approach was used for the SWOT analysis. To reach all areas of MCDPH and to get more specific ideas, MCDPH Divisions completed their own ToP. SWOT discussions were conducted with [list each MCDPH Division and the groups that had more than one Division together]. Results across Divisions were synthesized by the Director and the Accreditation Coordinator. Individual Division findings and synthesized findings are in Appendix #.

- Key strengths and opportunities: collaboration with external partners, department's work environment, department's foundation and capacity, and governance and leadership.
- Key weaknesses and threats: funding and technology, instinctive communication, departmental operations and leadership.

Mission Survey. The SWOT Analysis findings indicated a strong priority on workforce development (as a strength and area for improvement). The Accreditation Team decided to probe deeper into this priority to better address it in the Strategic Plan. The Director proposed an idea for this. What if the key elements of the MCDPH mission (To Protect, Lead and Empower) were used to ask staff how they

perform their work and what would support them to do so. For example, how do you “protect” through your job responsibilities and what support and resources could help you do so better? Forty-eight staff completed the survey. The findings indicated clear examples of how staff see their job duties and functions connected to the MCDPH mission. The results regarding support needed to accomplish the mission were very similar to those in the Weaknesses and Threats of the SWOT Analysis. These included a call for greater coordination and communication (both within MCDPH and across county agencies), more and better opportunities for formal and on-the-job training, and greater and more stable funding to ensure adequate staffing and resources necessary to perform mission.

Strategic Priorities Planning. The strategic priority areas were developed through group and individual meetings. Following the SWOT Analyses a team of administrative staff and the consultant used the ToPS method to brainstorm and organize six priority areas that would lead to goals and objectives for the plan. The Director organized these areas into a template to help Division Managers complete goals, objectives and measures for each priority area. A group meeting was held to review the template and how to complete it. The Managers and Director shared drafts and refinements with each other to achieve the final items listed in the plan.

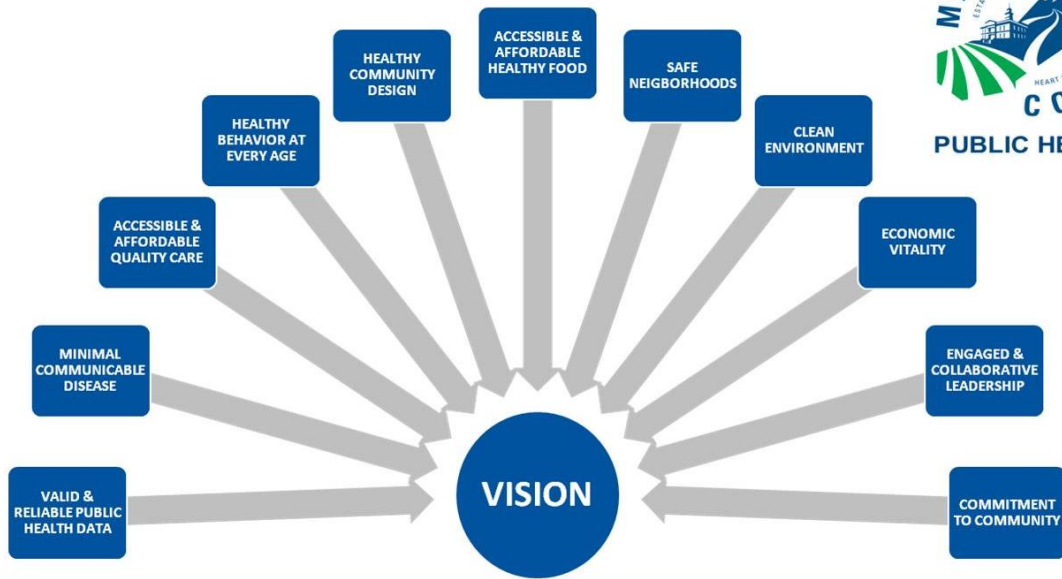
[New director’s perspective. Share here or elsewhere?]

VISION, MISSION AND GUIDING PRINCIPLES

DEVELOPMENT PROCESS

[Narrative: Jose]

MISSION: LEAD. PROTECT. EMPOWER.



Guiding Principles

Culture of Honor. Innovation. Service. Quality Improvement.
Partnerships & Collaboration. Equity & Health in All Policies

I CARE – Integrity, Collaboration, Accountability, Respect, Equity

VISION

VALID AND RELIABLE PUBLIC HEALTH DATA

- Meaningful use
- Strong, well-communicated data

MINIMAL COMMUNICABLE DISEASE

- Early, accurate detection
- Effective investigation and mitigation
- All vaccinated

ACCESSIBLE AND AFFORDABLE QUALITY HEALTHCARE

- Healthcare is accessible and affordable (Medical/ Dental/ Vision/ Nutrition/ Mental/ Homeless)
- Preventive healthcare services are prioritized: reproductive health, prenatal care, substance abuse treatment, chronic diseases well-managed

HEALTHY BEHAVIOR AT EVERY AGE

- Accessible and quality health education
- Residents are aware of health issues
- Families have healthy support systems and services: parenting, healthy relationships, conflict resolution, and resiliency
- Meaningful youth engagement

HEALTHY COMMUNITY DESIGN

- Access to active, green living environments: open spaces, parks, trails, and gardens
- Gathering spaces in neighborhoods
- Affordable recreation services
- Adequate, accessible, and affordable transportation
- Active transportation infrastructure
- Affordable, safe and adequate housing

ACCESSIBLE AND AFFORDABLE HEALTHY FOOD

- Accessible, affordable healthy food
- Viable farmers markets

SAFE NEIGHBORHOODS

- Free from crime and violence
- Partnerships with law enforcement
- Gang prevention and intervention
- Safe home environments

CLEAN ENVIRONMENT

- Clean air
- Access to clean, free water
- Clean soil to grow healthy food
- Clean power infrastructure

ECONOMIC VITALITY

- Livable family wages/ jobs
- Incomes support families
- Vibrant economic hubs
- Healthy worksites and workforce

ENGAGED AND COLLABORATIVE LEADERSHIP

- Public health is adequately funded
- Public health in all policies
- Strong health workforce
- Shared values and vision with partners
- Positive and active collaboration among all public and private sectors

COMMITMENT TO COMMUNITY

- Community engagement, pride, cohesion, and accountability
- Racial equity
- Partnerships with business
- Active philanthropy
- Inclusive and respectful of faith
- Passionate about health

MISSION

Lead. Protect. Empower.

Lead the county in the creation and sustenance of environments that promote health and prevent disease,

Protect the population of Madera County from disease, environmental hazards and other public health threats, and

Empower all people to act in ways that ensure a high quality life for themselves, their families, and their communities.

Fulfilling this mission depends on our ability to develop and nurture an effective workforce. The MCDPH workforce must be clearly committed to our mission and benefit from ongoing training guided by nationally-accepted standards for quality.

GUIDING PRINCIPLES

Culture of Honor

Shared Values: I CARE

- ◆ Integrity
- ◆ Collaboration
- ◆ Accountability
- ◆ Respect
- ◆ Equity

Service

Innovation

Quality Improvement

Equity and Health in All Policies

Partnerships and Collaboration

[Narrative: Sara]

STRATEGIC PRIORITIES

1. Community Health Improvement
2. Data-driven Action and Quality Improvement
3. Department Efficiency
4. Funding Stability
5. Adequate, Qualified and Motivated Workforce
6. Madera Public Health Brand

GOVERNANCE AND ORGANIZATIONAL STRUCTURE

Madera County is governed by a five-member Board of Supervisors. The Board appoints a Chief Executive Officer who is responsible for overseeing the operations of County departments. MCDPH is one of ## departments in the County. MCDPH is overseen by a Director, an Assistant Director, a Health Officer, and ## Division Managers.

MCDPH is organized into ## functional and administrative Divisions described in the organizational chart in Appendix #. The Divisions work individually and collaboratively to implement all MCDPH programs, services and activities.

Table #. Leadership Roles and Responsibilities	
Who	Roles & Responsibilities
Board of Supervisors	
Executive Team	
Division Managers	
Department Vision Team	
Supervisors and Emerging Leaders	
Strategic Plan Goal Leaders	
All Employees	

LOCATION AND POPULATION SERVED

Madera County is located in the heart of the San Joaquin Valley of California. The county’s 2,153 square miles represent vast geographic diversity, from productive agriculture of the Valley to the foothills entrance of Yosemite National Park. Its proximity to Fresno City (the fifth largest in California) adds a strong urban influence to a largely rural county setting.

Madera’s population...

The California Future Health Workforce Commission brings together leaders in the health, education, and workforce development sectors. The purpose of this commission is to draft a master plan to bolster the health workforce with an emphasis on primary care, behavioral health, and care for the aging. MCDPH will learn best practices and recommendations from top statewide leaders to address these issues. The commission plans to release research and recommendations during 2018. The final plan will

promote short-, medium- and longer-term solutions that could be implemented by multiple state and local healthcare sectors, educational institutions, employers, and other stakeholders to address current and future gaps in the health workforce.

[demographics, possibly emphasizing key features influence public health needs / youth, culture, language; socio-economics.]

GOALS, OBJECTIVES, AND MEASURABLE ACTIONS

[Narrative: Sara]

STRATEGIC PRIORITY 1: COMMUNITY HEALTH IMPROVEMENT

[Narrative: Sara]

Goal Leader: Jose Arrezola

Goal	
Increase access locations for healthy food including fruits and vegetables.	
Objectives/Activities	Measures
1 By November 2018, MCDPH will participate in the promotion of local farmers markets to provide access to fresh produce.	<ul style="list-style-type: none"> ▪ Weekly announcements on social media ▪ Weekly participation of diverse MCDPH programs ▪ Number of Farmers Market WIC Vouchers redeemed at local farmers markets ▪ WIC program will certified market
2 By March 2019, will convene 3 meetings with the city of Madera parks and community service office and other integral stakeholders to collaborate and create a plan for the Madera 2019 Farmers Market	<ul style="list-style-type: none"> ▪ 3 Planning Agendas ▪ List of participating stakeholders ▪ WIC program will certified market
3 By March 2019, MCDPH will promote the Madera 2019 Farmers Market in the Obesity & Diabetes Workgroup and in the Child Abuse & Neglect Workgroup.	<ul style="list-style-type: none"> ▪ January agenda item, February agenda item, March agenda item ▪ Promotional flyer ▪ WIC program will certified market
4 By January 2020, MCDPH will have a list of all active local farmers markets in the county.	<ul style="list-style-type: none"> ▪ List of all active local markets. ▪ List will be uploaded in the MCDPH website. ▪ WIC program will certified market
5 By January 2021, MCDPH will create and increase opportunities to buy local produce directly from farmers.	<ul style="list-style-type: none"> ▪ Log of all local farmers offering fresh produce to the community ▪ WIC program will certified market
6 By January 2022, MCDPH will bring together families, neighbors, visitors and local food	<ul style="list-style-type: none"> ▪ Annual convener of stakeholders ▪ Annual promotion in social media ▪ Annual promotion with collaborators

<p>producers to create a sense of community and social gathering.</p>	<ul style="list-style-type: none"> ▪ WIC program will certified markets annually
<p>7 By March 2022, MCDPH will coordinate and promote the Market Match Program within Madera County. Market Match is California’s healthy food incentive program, which matches customers’ federal nutrition assistance benefits, like CalFresh and WIC, at farmers’ markets.</p>	<ul style="list-style-type: none"> ▪ Social media and online posts explaining how the Market Match program works. ▪ Outreach materials developed and distributed specifically for WIC and CalFresh consumers. ▪ Promotional materials (onsite) developed specifically for WIC and CalFresh consumers.
<p>8 By March 2022, MCDPH will have developed and established with MUSD an on-campus farmer’s market located at 6 elementary/middle schools.</p>	<ul style="list-style-type: none"> ▪ Log of participating schools. ▪ Press release promoting the establishment of school based farmers markets. ▪ Promotional materials developed for purposes of the on-campus farmers markets. ▪ Ongoing tracking form documenting number of participants and revenue generated.

Goal Leader: Sara Bosse

<p>Goal Increase the use of CMSP services.</p>	
<p>Objectives/Activities</p>	<p>Measures</p>
<p>1 By December 2018, MCDPH will identify opportunities to expand enrollment in to the CMSP program including, but not limited to identification of additional CMSP enrollment sites to increase access to underserved populations.</p>	<ul style="list-style-type: none"> ▪ List of enrollment sites ▪ Promotion of reenrollment sites in partners website ▪ Communication plan
<p>2 By December 2018, MCDPH will create a Memorandum of Agreement (MOA) with Behavioral Health Department and Department of Social Services, and/or other local healthcare providers to develop/strengthen the continuum of care across the service line for CMSP receivers.</p>	<ul style="list-style-type: none"> ▪ MOA document
<p>3 By December 2019, MCDPH will convene at least 2 times with essential healthcare</p>	<ul style="list-style-type: none"> ▪ Agendas and minutes of meetings

providers to determine the CMSP service operation in the county.	
4 By December 2020, MCDPH will create a list of agencies and point of contact staff to enhance communication and CMSP program needs and accessibility to services.	<ul style="list-style-type: none"> List of staff assigned to provide service to CMSP receivers.

Goal Leader: Natalie Stein

Goal	
Reduce infant morbidity and mortality by reducing the rate of SIDS/SUID deaths	
Objectives/Activities	Measures
1 By December 2024, all parents/caregivers experiencing a sudden and unexpected death will be offered grief and bereavement support services.	<ul style="list-style-type: none"> (Insert number) of parents/caregivers who experience a presumed SIDS death and the number who are contacted for grief and bereavement support services.
2 By December 2024, MCAH will collaborate with the Child Death Review Team (CDRT) and other collaborative groups to address infant safe sleep practices and SIDS/SUIDS reduction.	<ul style="list-style-type: none"> Increase the number of community partners and stakeholders providing SIDS/SUIDS materials Increase community awareness through the local education campaign Survey developed and implemented
3 By December 2024, all professionals, para-professionals, staff, and community members will receive information and education on SIDS risk reduction practices and infant safe sleep	<ul style="list-style-type: none"> Numbers receiving AAP guidelines on infant safe sleep

Goal Leader: Natalie Stein

Goal	
Improve access to and utilization of preventive health and social services to children and young adults.	
Objectives/Activities	Measures
1 By December 2024, 95% of children in MCAH programs are up-to-date on their immunizations.	<ul style="list-style-type: none"> Percentage of children with up-to-date immunization records.
By December 2024, all women of reproductive age, pregnant women, infants, children,	<ul style="list-style-type: none"> yearly updated community profile

adolescents and children and youth with special health care needs (CYSHCN) will have access to needed and preventive, medical, dental, and social services.	<ul style="list-style-type: none"> ▪ List types of protocols or policies developed or revised to facilitate access to health care services ▪ Protocols developed to ensure all clients in MCAH programs are enrolled in insurance
2 By December 2024, 95% of primary caregivers are screened using a standardized and validated depression screening tool.	<ul style="list-style-type: none"> ▪ Percentage of depression screenings provided for MCAH clients.
3 By December 2024, conduct a developmental screening for 100% of children 0-3 years enrolled in MCAH programs	<ul style="list-style-type: none"> ▪ Number of children provided a developmental assessment

Goal Leader: Alan Gilmore

Goal	
Work with partners to improve oral health.	
Objectives/Activities	Measures
By December 2018, develop Advisory Committee and recruit key organizations representing diverse stakeholders.	<ul style="list-style-type: none"> ▪ Initial Advisory Committee meeting held.
By December 2018, conduct key informant interviews, focus groups and KAB surveys of key stakeholders.	<ul style="list-style-type: none"> ▪ Documentation of key informant interviews, focus groups and KAB surveys.
By December 2018, identify goals and objectives for improving oral health.	<ul style="list-style-type: none"> ▪ Documentation of goals and objectives as determined by Advisory Committee.
By December 2018, conduct an assessment of available data to determine LHJ healthy status, oral health status, oral health care needs and available dental and health care services.	<ul style="list-style-type: none"> ▪ Completed Oral Health Care Needs Assessment.
By December 2018, based upon the results of the Oral Health Care Needs Assessment, develop a Community Health Improvement Plan.	<ul style="list-style-type: none"> ▪ Completed Oral Health Community Health Improvement Plan.
By December 2018, develop an Evaluation Plan to monitor and assess the progress and success of the Oral Health Community Health Improvement Plan.	<ul style="list-style-type: none"> ▪ Provide comprehensive Evaluation Plan of required and selected Implementation Objectives.
By June 2022, based upon Oral Health Community Health Improvement Plan, implement evidence-based programs to achieve California Oral Health Plan Objectives.	<ul style="list-style-type: none"> ▪ Documentation of clinical linkage efforts and on-site events.
By June 2022, convene meeting of local programs and discuss prevention and access to care issues.	<ul style="list-style-type: none"> ▪ Documentation from meetings held.

By June 2022, address common risk factors for oral diseases and chronic diseases including tobacco and sugar, and promote factors that will reduce disease burden.	<ul style="list-style-type: none"> Documentation of the number of dental offices that implemented tobacco cessation and/or Rethink-Your-Drink interventions.
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Goal Leader: Alan Gilmore

Goal	
Increase smoke and tobacco-free public parks.	
Objectives/Activities	Measures
By June 2021, collaborate with statewide grantees and other health departments engaged in similar efforts to share information, obtain resources and consult for assistance on accomplishing the passage of a smoke and tobacco free parks policy.	<ul style="list-style-type: none"> Communications Log
By June 2021, conduct strategic planning session with community partners and stakeholders to identify short, intermediate and long terms goals, organizational considerations, constituents, allies, targets and tactics to create a plan for smoke and tobacco free parks policy.	<ul style="list-style-type: none"> Documentation of assets identified
By June 2020, develop a sample petition to collect names and addresses of community members who support a policy to prohibit smoking and tobacco use in public parks. Petition signatures will be collected at community forums or town hall events to demonstrate community support for smoke and tobacco free parks policy.	<ul style="list-style-type: none"> Sample petition and completed petitions
By June 2021, coordinate with community groups by attending events and meetings, sharing information and updates about smoke and tobacco free parks.	<ul style="list-style-type: none"> Meeting Log
By June 2021, present a Photovoice project with youth coalition members on the benefits of tobacco free parks to key stakeholders and display at one of the following locations; city hall or Government Center.	<ul style="list-style-type: none"> Photovoice presentation and photos from Photovoice events
By June 2021, meet with and informally education 10-15 policymakers to discuss the benefits of smoke and tobacco free parks.	<ul style="list-style-type: none"> Meeting Log

By June 2021, present to the governing boards of specific jurisdictions a resolution to address the need for the adoption and implementation of a policy prohibiting smoking and tobacco use in public parks.	<ul style="list-style-type: none"> ▪ Sample Resolution
By June 2024, at least two municipalities within the County of Madera will adopt and implement a policy prohibiting smoking and tobacco use in public parks.	<ul style="list-style-type: none"> ▪ Local policies adopted

Goal Leader: Alan Gilmore

Goal	
Expand reproductive health services for teens and young adults.	
Objectives/Activities	Measures
By June 2019, Community Wellness staff will have conducted research exploring evidence based program models that could be replicated in Madera County.	<ul style="list-style-type: none"> ▪ Research on evidence based programs will have been completed. ▪ A total of 5-10 potential program models will have been identified for possible implementation.
By June 2020, Community Wellness Program manager will consult with MCAH Program Manager to consider partnering on conducting a resource inventory of reproductive health services within Madera County.	<ul style="list-style-type: none"> ▪ Documentation of meetings with MCAH Program Manager will be recorded in a meeting log. ▪ A resource inventory of reproductive health service providers and the services they provide will have been finalized.
By June 2020, Community Wellness staff will hold a series of community forums with other community partners (MUSD, Family First, MCAH, and MCOE) and residents to discuss and exchange ideas on the topic of teen pregnancy in Madera County.	<ul style="list-style-type: none"> ▪ Documentation of community forums will be recorded in a forum log. Information will include community partners who attended. ▪ Ideas and comments emerging from the community forums will be documented and made available to residents through the MCDPH website for comment. ▪ Information from other community forums will be used by program staff in developing an Action Plan for Madera County.
By June 2020, Community Wellness staff will have contacted other counties similar in demographics and size to Madera County to explore interventions that have attempted to address teen pregnancy issues in rural settings.	<ul style="list-style-type: none"> ▪ Documentation of discussions with other counties will be recorded in a meeting log.

Information from other counties will be used by program staff in developing an Action Plan for Madera County.	
By June 2020, Community Wellness staff will have compiled and organized secondary data relative to teen pregnancy in Madera County.	<ul style="list-style-type: none"> ▪ Secondary data will be gathered and inventoried. ▪ Secondary data will be used by program staff in developing an Action Plan for Madera County.
By December 2020, staff will have determined the need for collecting primary data.	<ul style="list-style-type: none"> ▪ If determined, primary data will be gathered and inventoried.
By June 2021, any primary data collection efforts will have been concluded.	<ul style="list-style-type: none"> ▪ Primary data will be gathered and inventoried.
By June 2021, a comprehensive report will have been generated documenting data collection and analysis as well as the information obtained through the community forums with community partners and residents.	<ul style="list-style-type: none"> ▪ Report documenting all needs assessment and resource inventory efforts will be created.
By June 2021, an Action Plan will have been completed detailing the assets, unmet needs and evidence of community support for implementing a comprehensive teen pregnancy prevention effort.	<ul style="list-style-type: none"> ▪ Action Plan will have been completed and distributed to key partners and policy makers.
By June 2021, the Action Plan, which will include identified funding resources, will have been completed that will direct efforts towards securing support and funding for implementation of one or more components of the Action Plan.	<ul style="list-style-type: none"> ▪ Action Plan will have been completed and distributed to key partners and policy makers.
By June 2022, funding will have been secured to implement one or more components of the Action plan.	<ul style="list-style-type: none"> ▪ Executed agreements with funding partners.

Goal Leader: Myriam Alvarez

Goal	
Improve community preparedness to respond to all hazards.	
Objectives/Activities	Measures
By June 2019, continue evacuation planning and training on MHOAC & CDPHs newly drafted EOM with staff and partners.	<ul style="list-style-type: none"> ▪ AAR from real event or exercise ▪ Documentation of planning meetings & trainings ▪ List of participating agencies

By June 2020, identify the top 3 hazards with attention to PH, Medical and Behavioral impact with emphasis on at-risk populations.	<ul style="list-style-type: none"> ▪ Submit HVA to CDPH ▪ Identify gaps ▪ Documentation of participants
By June 2021, identify the top 3 hazards with attention to PH, Medical, Behavioral & EH impact with emphasis on at-risk populations.	<ul style="list-style-type: none"> ▪ Submit HVA to CDPH ▪ Identify gaps ▪ Documentation of participants
By June 2022, continue evacuation planning and training on MHOAC & CDPHs newly drafted EOM.	<ul style="list-style-type: none"> ▪ AAR from real event or exercise ▪ Documentation of planning meetings & trainings ▪ List of participating agencies
By June 2024, continue to update and complete an annual HVA to identify the top 3 hazards with the highest impact on PH, Medical, Behavioral and EH with emphasis on at-risk populations.	<ul style="list-style-type: none"> ▪ Submit HVA to CDPH with all elements ▪ EOP annexes

Goal Leader: Myriam Alvarez

Goal	
Develop clear HCC boundaries that contribute to HCC strategic planning, identification of gaps and mitigation strategies, operational planning and response, information sharing, and resource coordination and management.	
Objectives/Activities	Measures
By June 2018, HCC will coordinate planning & training and include CMS participants	<ul style="list-style-type: none"> ▪ HCC meetings ▪ Completed HVA ▪ Sign in sheets
By June 2018, HCC will assess health care resources and include them in a resource directory & provide updates to the MHOAC program.	<ul style="list-style-type: none"> ▪ Updated ERD ▪ HCC agendas & meeting minutes
By June 2019, continue to identify at-risk populations including AFN	<ul style="list-style-type: none"> ▪ Documentation
By June 2020, refine and test HCC preparedness plan	<ul style="list-style-type: none"> ▪ AAR/IP
By June 2021, continue to test redundant communication systems and information sharing procedures	<ul style="list-style-type: none"> ▪ CAHAN reports ▪ HAvBed drills ▪ Sit reports ▪ WebEOC
By June 2021, develop the HCC supply chain and have an annex for information sharing	<ul style="list-style-type: none"> ▪ Annex in EOP
By June 2022, assist HCC members with developing the ability to rapidly alert & notify employees, patients & visitors	<ul style="list-style-type: none"> ▪ Needs assessment ▪ Submit plan

By June 2022, conduct a supply chain integrity assessment & develop strategies to address potential shortfalls	<ul style="list-style-type: none"> ▪ Assessment ▪ Meeting agendas & minutes
By June 2024, the HCC plan would have been tested and identified gaps addressed.	<ul style="list-style-type: none"> ▪ AAR ▪ Submit plans

Goal Leader: Myriam Alvarez

Goal	
Implement the Diabetes Prevention Program to reduce the overall burden of health.	
Objectives/Activities	Measures
By December 2018, identify and procure training for 20 Promotoras to become Lifestyle Coaches.	<ul style="list-style-type: none"> ▪ Training
By December 2018, identify sites for DPP classes, referral process and begin implementation.	<ul style="list-style-type: none"> ▪ Meeting minutes ▪ Identified sites ▪ Documented referral process
By December 2018, review and address billing options for sites implementing the program for sustainability purposes.	<ul style="list-style-type: none"> ▪ Meeting minutes
By December 2019, accreditation will have been achieved by sites implementing DPP.	<ul style="list-style-type: none"> ▪ Accreditation certificate for agency
By December 2019, we will have initiated 4 additional cohorts of DPP classes.	<ul style="list-style-type: none"> ▪ Schedule of classes at various sites.
By December 2019, billing and referral systems will be assessed and gaps identified.	<ul style="list-style-type: none"> ▪ Documentation-agendas, meeting minutes
By December 2019, future funding would have been secured to further enhance DPP.	<ul style="list-style-type: none"> ▪ MOUs in place

Goal Leader: Lori Gardner

Goal	
Implementation of services to provide healthy support systems for families of children receiving services through CMS.	
Objectives/Activities	Measures
By June 2018, determine family needs.	<ul style="list-style-type: none"> ▪ Complete family need assessment
By November 2018, complete a County wide resource assessment to identify collaborative partnerships for family support.	<ul style="list-style-type: none"> ▪ Determine industry standard for family support

By March 2019, complete curriculum draft, identify staffing needs, budget, and staff training for implementation of family support services.	<ul style="list-style-type: none"> ▪ Identify key programs and services in Madera ▪ County to participate in program development
By June 2019 prepare family support services programs for implementation fiscal year July 1	<ul style="list-style-type: none"> ▪ Initiate MOU and/or contracts for program services
By July 1, 2019 implement the EHR system in Children’s Medical Services (CMS).	<ul style="list-style-type: none"> ▪ CMS patients are all in the EHR to determine use of family resources and identification of children transitioning out of the program.

Goal Leader: Lori Gardner

Goal	
Minimize the impact of lead in the community for children and adults exposed to unsafe living conditions.	
Objectives/Activities	Measures
1 By January 2019, develop for implementation an education and outreach program to increase awareness of lead in the community.	<ul style="list-style-type: none"> ▪ Education and outreach to increase awareness of areas where lead is found in the environment. ▪ Education and outreach to increase awareness of areas where lead is found in cultural and traditional remedies, cooking methods, and foods.
2 By January 2019 develop for implementation a plan to work with health providers and collaborative agencies to increase knowledge of free lead testing services.	<ul style="list-style-type: none"> ▪ Expand awareness of laws surrounding lead testing for children from one to five years of age. ▪ Availability to the public of free lead testing via capillary and venous blood testing
3 By June 2019 implement education programs that identify foods and techniques that can be implemented to prevent lead in the home. Collaborate with key health department programs regarding nutrition and expansion of education in relation to lead and healthy nutrition.	<ul style="list-style-type: none"> ▪ Education of the public that lead poisoning can be easily prevented through cleaning, hand washing, and good nutrition (foods with calcium and iron) ▪ Collaboration with WIC and SNAP Ed services
4 By January 2021 develop for implementation programs that increase education to landlords and local businesses	<ul style="list-style-type: none"> ▪ Education of local business to identify lead prevention hazards in the environment. ▪ Work with local chamber of commerce and housing authority to develop education programs that address the

	<p>impact of lead on children and what can be done to reduce the exposure of lead.</p> <ul style="list-style-type: none"> ▪ Educate landlords of lead requirements and laws that impact housing – work to identify policies that can be used to protect children living in unsafe housing.
5	<p>By January 2019 collaborate with Environmental Health to identify services compliant with Tier III lead funding to increase funding of services.</p> <ul style="list-style-type: none"> ▪ Research to identify projects that will allow the program to access Tier III grant funding to increase awareness of lead poisoning. ▪ Collaborate with Environmental Health to assess projects that qualify for Tier III funding and expand services.

Goal Leader: Jennifer Maddox

Goal	
Improve effectiveness in preventing and controlling infectious disease.	
Objectives/Activities	Measures
1	<p>By January 2021, streamline internal disease reporting and follow-up processes to ensure timely and high quality management of disease cases and contact investigations.</p> <ul style="list-style-type: none"> ▪ 98 % of investigations in Hep A, Meningitis and STEC will be initiated within 24 hours of receipt of report. • 80 % of all labs will be inputted into CalRedi within one month.
2	<p>By January 2022, focus the Public Health Laboratory toward new technologies, testing capabilities and to enable seamless transmission of data.</p> <ul style="list-style-type: none"> ▪ Monitor proficiency testing scores and ensure that at least 75% of proficiencies in each testing area are passed with a score of at least 80 %
3	<p>By January 2022, strengthen coordination of activities for prevention, control and care of Syphilis within DPH and with partners Or By January 2021, improve prevention and control of among syphilis by addressing ???? and providing education and clinical services</p> <ul style="list-style-type: none"> ▪ Provide medical provider outreach ▪ Partner with Community Health & Wellness, Medical providers, Madera Community Hospital and other stakeholders
4	<p>By January 2020, reduce new HIV infection through aggressive testing, linkage to care and evidenced based treatment.</p> <ul style="list-style-type: none"> ▪ 20 % Reduction seen
5	<p>Increase immunization up-to-date rates of pre-school and school aged children by supporting</p> <ul style="list-style-type: none"> ▪ Provide continuing education and share best practices to increase capacity to

staff awareness of mandates and Personal Beliefs Exemption laws, and ability to properly monitor immunization rates and adhere to school entry laws by June 2020.	effectively prevent and control infectious diseases and increase immunization rates.
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Goal Leader: Jerry Peterson

Goal Create and apply innovative diagnostic testing and test strategies that are tailored to the prevention and management of disease.	
Objectives/Activities	Measures
1 By June 2018, will pursue savings and efficiencies in services through partnerships with other agencies.	<ul style="list-style-type: none"> ▪ ▪
3 By December 2018, maintain state of the art testing methods to assure that test results are accurate and reliable.	<ul style="list-style-type: none"> ▪ Monitor proficiency testing scores and ensure that at least 75% of proficiencies in each testing area are passed with a score of at least 80 % ▪
4 By January 2019, Partner with other Public Health Labs, hospitals, prisons and other private medical agencies by June 2020.	<ul style="list-style-type: none"> ▪ ▪
5 By September 2020, update and replace obsolete/inefficient suboptimal tests or processes.	<ul style="list-style-type: none"> ▪ ▪

Goal Leader: Ilse Arrambide

Goal Fully implement the New State Women, Infants, and Children (WIC) Management Information System.	
Objectives/Activities	Measures
1 By DATE, November 2018, identify leads and begin training lead staff	<ul style="list-style-type: none"> ▪ Schedule lead staff for all State required trainings.
2 By DATE, By June 2019, all participants files will begin to be converted into the new system	<ul style="list-style-type: none"> ▪ MCDPH WIC leaders will identify staff to upload information into the new Management Information System.
3 By March of 2019, begin training all WIC staff in the usage of the new WIC MIS.	<ul style="list-style-type: none"> ▪ Schedule weekly training sessions for groups of 3-5 staff at a time to avoid negatively impacting the clinic flow.

Goal Leader: Ilse Arrambide

Goal	
Increase participation in the WIC program.	
Objectives/Activities	Measures
1 By September 2021, a new mobile unit will service the people with transportation issues.	<ul style="list-style-type: none"> ▪ Schedule once a month a mobile clinic to service City of Madera North Lake areas and Fairmead
2 By January of 2020, identify alternative methods of providing nutrition education that are more convenient for the participants, so that the program dropout rate can be reduced.	<ul style="list-style-type: none"> ▪ Administer a WIC participant survey to identify how they prefer to receive nutrition education in order to give them greater motivation to stay on the program. ▪ Consult the State WIC about the allowable nutrition education methods that don't require the participants to come to the clinic in person.

Goal Leader: Ilse Arrambide

Goal	
Maintain agency's exclusively Breast Feeding rates between 25% -28%.	
Objectives/Activities	Measures
1 By September 2018, a one year Breastfeeding assessment report will be done to identify individual clinic rate targets.	<ul style="list-style-type: none"> ▪ Run quarterly reports and compare all MCDPH WIC sites Breastfeeding percentages rates.
2 By January 2019, new protocols will be implemented to help MCDPH WIC staff to Identify B breastfeeding problems and address them.	<ul style="list-style-type: none"> ▪ BF protocols will be added to the Nutrition Quality Assurance list of Major and Minor errors.
3 By January of 2019, implement the prenatal participant education that focuses on anticipatory guidance in order to reduce breastfeeding cessation.	<ul style="list-style-type: none"> ▪ Design a prenatal breastfeeding class that focuses on anticipatory guidance to prevent breastfeeding problems and cessation. ▪ Create simple breastfeeding anticipatory guidance messages that WIC staff can use during prenatal counseling sessions.

STRATEGIC PRIORITY 2: DATA-DRIVEN ACTION AND QUALITY IMPROVEMENT

[Narrative: Sara]

The MCDPH Strategic Plan specifies measures and measurement activities to ensure data-driven action and quality improvement. Goals and objectives outlined in the Strategic Plan represent the Quality Improvement (QI) Plan for MCDPH. Terms related to the QI are further defined in the Glossary in Appendix # and will be refined as needed to ensure clarity, understanding, and consistent messaging. As described below, a Quality Steering Committee (QSC) [or other group name if existing] will be responsible progress in this Strategic Priority and report to the Strategic Plan Steering Committee. The QSC will be led by the MCDPH Assistant Director and include [list member staff titles]. The QSC will lead MCDPH in creating a culture for continuous improvement and learning in the process of executing the Strategic Plan. [Details for what and how below?]

Goal Leader: Dr. Saad Muttar- Dr. Muttar & Myriam will draft

Goal 2.1 Ensure accurate, timely, and useful data to address County health and health priorities.	
Objectives/Activities	Measures
1 By DATE, Data quality	<ul style="list-style-type: none"> ▪ ▪
2 By DATE, HIE	<ul style="list-style-type: none"> ▪ ▪
3 By DATE, Next CHA with hospitals	<ul style="list-style-type: none"> ▪

Goal Leader: Stephanie Nathan

Goal 2.2 Establish a Department Vision Team to: <ul style="list-style-type: none"> • Monitor the implementation and measurable success of the Strategic Plan. • Monitor the measures in Performance Management and Quality Improvement (PMQI) dashboard. • Communicate strategic plan and quality improvement activities and accomplishments. 	
Objectives/Activities	Measures
1 By July 2018, convene a Department Vision Team and establish a regular meeting schedule.	<ul style="list-style-type: none"> ▪ Meeting agendas and sign-in sheets
2 By October 2018, define performance indicators such as: financial metrics, customer service data, employee turnover rate, and employee satisfaction.	<ul style="list-style-type: none"> ▪ Data collection tools ▪ Data reports
3 By October 2018, update the Department PMQI Dashboard to include strategic plan and other division programmatic indicators.	<ul style="list-style-type: none"> ▪ PMQI Dashboard ▪

4	By October 2018, all MCDPH managers will designate a lead within their section to input monthly updates of their section activities in the PMQI system for year 2019.	<ul style="list-style-type: none"> ▪ List of Division PMQI Leads
5	By December 2018, establish and record baseline measures in the PMQI Dashboard.	<ul style="list-style-type: none"> ▪ PMQI Dashboard
6	By January 2019, determine minimum targets for year one and future years as appropriate.	<ul style="list-style-type: none"> ▪ PMQI Dashboard
7	By February 2019, use quadrant analysis for “easy” and “important” to determine quality improvement (QI) projects for implementation.	<ul style="list-style-type: none"> ▪ Department Vision Team meeting minutes
8	By February 2019, develop a QI Project Tracking Tool.	<ul style="list-style-type: none"> ▪ QI Project Tracking Tools
9	Annually, complete a minimum of two QI projects.	<ul style="list-style-type: none"> ▪ Completed QI Project Tracking Tools ▪ Meeting minutes
10	Annually, all MCDPH managers will choose two quality improvement activities to display in two story boards.	<ul style="list-style-type: none"> ▪ Manager meeting agendas and minutes ▪ List of two activities ▪ Published story boards
11	By February 2018, establish regular staff communication methods to share strategic plan and quality improvement activities and accomplishments.	<ul style="list-style-type: none"> ▪ Communications to staff
12	Quarterly, Accreditation coordinator will provide PMQI Dashboard reports.	<ul style="list-style-type: none"> ▪ Quarterly PMQI reports

Goal Leader: Stephanie Nathan

Goal 2.3	
To utilize the PMQI system to monitor Quality Improvement activities.	
Objectives/Activities	Measures
1 By December 2018, all MCDPH managers will write new quality improvement section goals and objectives for year 2019.	<ul style="list-style-type: none"> ▪ Individual section lists of 2019 PMQI goals and objectives ▪ Goals and objectives are input in the PMQI system
2 By December 2018, all MCDPH managers will choose two quality improvement activities to display in two story boards utilizing the PDCA model.	<ul style="list-style-type: none"> ▪ Manager meeting agendas and minutes ▪ List of two activities ▪ Published story boards
3 By December 2018, all MCDPH managers will designate a leader within their section to input monthly updates of their section activities in the PMQI system for year 2019.	<ul style="list-style-type: none"> ▪ List of leaders updating PMQI activities ▪ Accreditation coordinator will provide monthly reports/updates

<p>4 By December 2019, MCDPH will track customer service data to make fact-based decisions in the delivery of healthcare services to the community.</p>	<ul style="list-style-type: none"> ▪ Reports to Director and Assistant Director ▪ Customer service survey
<p>5 By December 2020, MCDPH will define Performance indicators such as: Financial Metrics, Number of customers served for clinical interventions, Employee Turnover Rate (ETR), and Employee Satisfaction.</p>	<ul style="list-style-type: none"> ▪ Staff Surveys ▪ Financial Reports ▪ HR reports

Goal Leader: Stephanie Nathan- [Jose will draft]

<p>Goal 2.3 Expand the use of quality improvement processes and training opportunities for staff to implement quality improvement projects.</p>	
Objectives/Activities	Measures
<p>1 By DATE,</p>	<ul style="list-style-type: none"> ▪ ▪
<p>2 By DATE,</p>	<ul style="list-style-type: none"> ▪ ▪
<p>3 By DATE,</p>	<ul style="list-style-type: none"> ▪ ▪
<p>4 By DATE,</p>	<ul style="list-style-type: none"> ▪ ▪
<p>5 By DATE,</p>	<ul style="list-style-type: none"> ▪ ▪
<p>6 By DATE,</p>	<ul style="list-style-type: none"> ▪ ▪

Goal Leader: Jose Arrezola

<p>Goal 2.4 Gain accreditation by the Public Health Accreditation Board (PHAB).</p>	
Objectives/Activities	Measures
<p>1 By December, 2018 MCDPH will devise recommendations from the Live Well Steering Committee to include in the CHIP with the intention to improve Madera County’s health care delivery system.</p>	<ul style="list-style-type: none"> ▪ Live Well Steering Committee Meeting Agendas & Minutes ▪ 2 Workgroups Meeting Agendas & Minutes

<p>2 By December 2018, to complete and publish the MCDPH – Community Health Improvement Plan (CHIP) [S&M 5.2.2] (PHAB Requirement #3)</p>	<ul style="list-style-type: none"> ▪ Written document ▪ Internet URL to make CHIP report accessible and available to the public via electronic version.
<p>3 By December, 2018 MCDPH will complete the department’s Strategic Plan depicting findings of the CHA and the goals and strategies of the CHIP. The strategic plan will address the 2 identified health priority issues by the Live Well Steering Committee (Obesity & Diabetes, and Child Abuse & Neglect). (Requirement #3)</p>	<ul style="list-style-type: none"> ▪ Written document ▪ Internet URL to make the Strategic Plan accessible to key Public Health Professionals and available to Strategic Partners via electronic version.
<p>4 By December, 2019 MCDPH will evaluate and assess department’s activities and identify strengths and weaknesses to develop the Quality Improvement Plan (QIP) [S&M 9.2.1]</p>	<ul style="list-style-type: none"> ▪ PMQI biannual report. ▪ Agenda and minutes of management meetings. ▪ 2 PDCA story boards
<p>5 By December, 2020 MCDPH will implement the goals written in the WFDP. An active staff program will support all MCDPH staff competencies, education, and trainings needed to improve the department’s workforce, and will determine the level of employee core competencies: Analytical/Assessments, policy development/ program planning, communication, cultural competency, public health science, financial planning & management, leadership & system thinking.</p>	<ul style="list-style-type: none"> ▪ Annual report and lists of all employees’ trainings conducted. ▪ Agendas ▪ List of mandatory trainings ▪ Quarterly updates to the list of staff that need to maintain active certification. ▪ 100% of new staff will received new employee orientation (list).

STRATEGIC PRIORITY 3: DEPARTMENT EFFICIENCY

[Narrative: Sara]

Goal Leader: Melody Kellar

<p>Goal 3.1 Fully implement an Electronic Health Record (EHR) system.</p>	
<p>Objectives/Activities</p>	<p>Measures</p>
<p>1 By June 2018, identify and procure HER software.</p>	<ul style="list-style-type: none"> ▪ EHR software identified and procured.
<p>2 By _____, implement the EHR system in Clinics.</p>	<ul style="list-style-type: none"> ▪ Clinic patients are all in the EHR.

	<ul style="list-style-type: none"> Employee competency and satisfaction ratings are $\geq 80\%$.
3 By _____, implement the EHR system in Communicable Disease Investigation.	<ul style="list-style-type: none"> Communicable Disease Investigation patients are all in the EHR. Employee competency and satisfaction ratings are $\geq 80\%$.
4 By _____, implement the EHR system in Lab.	<ul style="list-style-type: none"> Lab patients are all in the EHR. Employee competency and satisfaction ratings are $\geq 80\%$.
5 By _____, implement the EHR system in Maternal Child Adolescent Health (MCAH).	<ul style="list-style-type: none"> MCAH patients are all in the EHR. Employee competency and satisfaction ratings are $\geq 80\%$.
6 By _____, implement the EHR system in Children’s Medical Services (CMS).	<ul style="list-style-type: none"> CMS patients are all in the EHR. Employee competency and satisfaction ratings are $\geq 80\%$.
7 By August 2019, convert all paper patient files to laser fiche.	<ul style="list-style-type: none"> No paper patient remain.
8 By July 2018, identify and implement appropriate technologies to improve process for distribution of patient results to external submitters.	<ul style="list-style-type: none">

Goal Leader: Stephanie Nathan

Goal 3.2	
Increase and improve applicable technology.	
Objectives/Activities	Measures
1 By January 2019, complete an assessment of technology needs and available tools.	<ul style="list-style-type: none"> Assessment results
2 By January 2019, identify the staff that would functionally benefit from a mobile workstation.	<ul style="list-style-type: none"> List of staff going mobile
3 By March 2019, develop a plan for transitioning appropriate staff to mobile workstations.	<ul style="list-style-type: none"> Transition plan
4 By June 2020, fully implement the plan for transitioning appropriate staff to mobile workstations.	<ul style="list-style-type: none"> Transition plan tracking documentation Lease/purchase agreements
5 By March 2019, work with managers and staff to organize and purge the shared (S) drive.	<ul style="list-style-type: none"> Meeting minutes

6	By March 2019, develop a PPG for maintaining the organization and regular monitoring of the S drive.	<ul style="list-style-type: none"> ▪ S Drive Maintenance and Monitoring PPG
7	By January 2019, research and determine the Department uses of Sharepoint including PPG's, electronic document review and approval, collaboration, training, and Department Dream Team updates. Develop an action plan for Sharepoint implementation.	<ul style="list-style-type: none"> ▪ Sharepoint Action Plan
8	By January 2019, determine equipment and training needs to establish Workforce Development (WFD) Videos posted to Sharepoint. Develop a training plan.	<ul style="list-style-type: none"> ▪ Summary of tools and training required. ▪ WFD video production training plan

Goal Leader: Staff Services Manager

Goal 3.3	
Improve communication and follow-through between Fiscal Services staff and their customer base.	
Objectives/Activities	Measures
1 By August 2018, create a universal in-box to receive all Fiscal Services requests for assistance.	<ul style="list-style-type: none"> ▪ Group Email In-box set up complete and available for customers to submit requests. ▪ 100% of Fiscal Service staff oriented to registering receipt of requests through group email and confirming receipt to customers within 1 working day with expected date to be resolved.
2 By January 2019, develop a response time matrix for responding to commonly requested services received through the group in-box.	<ul style="list-style-type: none"> ▪ 95% of all received requests responded to within 1 date from receipt with an initial timeline for request to be resolved. ▪ 100% of requests to be tracked/logged into database for monitoring workflow and assignment of requests. ▪ 80% of routine requested services completed within 5 working days of receipt. ▪ 100% of requests with established response deadline will be updated and client notified of any extenuating rationale preventing or delaying completion.

<p>3 By March 2019, establish a workflow tracking model using Sharepoint to capture response times.</p>	<ul style="list-style-type: none"> ▪ 100% of supply requests processed within 2 working days of receipt. ▪ 100% of claims received to be processed within 5 working days of receipt, or notification of additional documentation needed sent to requestor. ▪ 100% of all supporting documentation saved into Laserfiche files within 1 day of completion.
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Goal Leader: Staff Services Manager

<p>Goal 3.4 Develop a Fiscal Operations Manual.</p>	
<p>Objectives/Activities</p>	<p>Measures</p>
<p>1 By August 2018, incorporate technical assistance and training for allowing sharing of valuable experience and knowledge of current processes between fiscal services staff to establish a 3-depp backup for all assignments.</p>	<ul style="list-style-type: none"> ▪ Standardized instruction sheets established for each task or assignment. ▪ 100% of all assigned tasks will have instruction sheets for completing them completed. ▪ All staff providing backup coverage to primary assigned staff will be oriented and cross trained in completion of tasks necessary to maintain continuity of operations when primary staff are absent.
<p>2 By September 2018, create a list of internal and external forms in use currently.</p>	<ul style="list-style-type: none"> ▪ 100% of all forms in use for completion of tasks will be identified and accompanied in the operations manual with detailed instructions for completion ▪ 100% of forms that are locally generated will be reviewed to ensure they meet all required formatting before distributing for use. ▪ Section will prepare a resource directory of established form in use and will maintain that list when forms are updated, replaced, or added.
<p>3 By January 2019, compile all existing procedures guiding workflow.</p>	<ul style="list-style-type: none"> ▪ Review of all procedures to identify any required Policies needing to be established. ▪ 95% of policies to be identified on initial review.

<p>4 By January 2019, identify all databases in use for assigned programs required to be accessed/updated internal (within our section) or external (state).</p>	<ul style="list-style-type: none"> ▪ All staff will be trained and monitored in maintaining internal databases, with refreshers provided on a routine basis. ▪ Staff assigned to programs requiring external databases will be trained and monitored in maintaining accurate entries to those databases initially upon assignment to the program and then tested randomly to ensure competency.
<p>5 By July 2019, identify new procedures to be completed for assigned tasks.</p>	<ul style="list-style-type: none"> ▪ 100% of policies to be assigned for completion within 30 days of list generation. ▪
<p>6 By September 2019, develop a directory for programs, county, legal, state, etc., contacts for assistance on fiscal issues.</p>	<ul style="list-style-type: none"> ▪ 100% of all staff oriented to use and maintenance of established directory within 30 days of completion. ▪
<p>7 By September 2019, organize the shared drive for Fiscal Services folder to standardize entries and folder content.</p>	<ul style="list-style-type: none"> ▪ 100% of fiscal folders will be standardized for content and format within 30 days of institution. ▪ All staff will be trained in maintaining and updating the content of established folders to maintain efficiency and ability for backup coverage with ease.
<p>8 By April 2020, develop reference material for accessing, updating, and navigating the various databases in use for assigned programs.</p>	<ul style="list-style-type: none"> ▪
<p>9 By January 2021, compile FAQ's and Tips to answer common questions and issues.</p>	<ul style="list-style-type: none"> ▪

Goal Leader: Sara Bosse

<p>Goal 3.5 Increase and improve Department communication and collaboration.</p> <p>Provide orientation to all staff (including refresher and catch-up sessions). Ensure all staff are always well-informed. Director monthly communication Communication to the Department</p>	
Objectives/Activities	Measures
<p>1 By DATE,</p>	<ul style="list-style-type: none"> ▪ ▪
<p>2 By DATE,</p>	<ul style="list-style-type: none"> ▪

	<ul style="list-style-type: none"> ▪
3 By DATE,	<ul style="list-style-type: none"> ▪ ▪
4 By DATE,	<ul style="list-style-type: none"> ▪ ▪
5 By DATE,	<ul style="list-style-type: none"> ▪ ▪
6 By DATE,	<ul style="list-style-type: none"> ▪ ▪

Goal Leader: Sara Bosse

Goal 3.6 Reduce Department waste.	
Objectives/Activities	Measures
1 By December 2018, increase the use of each county car and reduce cost.	<ul style="list-style-type: none"> ▪ Number of cars assigned to the Department. ▪ Number of miles logged weekly and monthly. ▪ Number of loaner cars needed monthly.
2 By August 2019, reduce the amount of supplies on hand.	<ul style="list-style-type: none"> ▪ Inventory system in place throughout the Department. ▪ Quantities of supplies on hand ▪
3 By ----- going paperless, recycling	<ul style="list-style-type: none"> ▪ A ▪ B
4 By -----	<ul style="list-style-type: none"> ▪ A ▪ B
5 By	<ul style="list-style-type: none"> ▪ A ▪ B
6 By	<ul style="list-style-type: none"> ▪ A ▪ B
7 By	<ul style="list-style-type: none"> ▪ A ▪ B

Goal Leader: Sara Bosse

Goal 3.7 Increase and improve Department communication and collaboration with other county departments and partners.
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Objectives/Activities	Measures
1 By DATE, Department of Social Services, Behavioral Health Services, Veteran Services, and Child Support Services.	<ul style="list-style-type: none"> ▪ ▪
2 By DATE, coalition assessment	<ul style="list-style-type: none"> ▪ ▪
3 By DATE, Referral system (Increase referrals and meet actual needs)	<ul style="list-style-type: none"> ▪ ▪
4 By DATE, Reduce duplication of services	<ul style="list-style-type: none"> ▪ ▪
5 By DATE,	<ul style="list-style-type: none"> ▪ ▪
6 By DATE,	<ul style="list-style-type: none"> ▪ ▪

Goal Leader: Jose Arrezola

Goal 3.8 Report Strategic Plan progress to the County Board of Supervisors and the community.	
Objectives/Activities	Measures
1 By December 2018, MCDPH will request to include the presentation of the Strategic Plan to the BOS agenda.	<ul style="list-style-type: none"> ▪ Agenda ▪ Minutes ▪ PPT ▪ Handouts
2 By December 2019, MCDPH Director and/or Assistant Director will provide report to the BOS and provide information in regards the goals accomplished in the Strategic Plan.	<ul style="list-style-type: none"> ▪ Agenda ▪ Minutes ▪ PPT ▪ Handouts
3 By December 2020, MCDPH Director and/or Assistant Director will provide report to the BOS and provide information in regards the goals accomplished in the Strategic Plan.	<ul style="list-style-type: none"> ▪ Agenda ▪ Minutes ▪ PPT ▪ Handouts
4 By December 2020, MCDPH will attend 5 town hall meetings (1 per district) to inform the community in regards the advancement and implementation of the Strategic Plan.	<ul style="list-style-type: none"> ▪ Agenda ▪ Minutes ▪ PPT ▪ Handouts ▪ Lists of Attendees
5 By December 2021, MCDPH Director and/or Assistant Director will provide report to the	<ul style="list-style-type: none"> ▪ Agenda ▪ Minutes ▪ PPT

BOS and provide information in regards the goals accomplished in the Strategic Plan.	<ul style="list-style-type: none"> ▪ Handouts
6 By December 2022, MCDPH Director and/or Assistant Director will request feedback from BOS in regards the goals they would like to see accomplished in the next Strategic Plan.	<ul style="list-style-type: none"> ▪ Agenda ▪ Minutes ▪ Report

STRATEGIC PRIORITY 4: FUNDING STABILITY

[Narrative: Sara]

MCDPH operations are funded through a variety of sources including grants, contracts, and fees. Total revenue for fiscal year 2017-2018 was ##. [Include annual training budget, if applicable, or some indication of allocations to workforce training and development if possible.]

Goal Leader: Sara Bosse

Goal 4.1 Increase revenue and funding flexibility. Foundation Clinics Lab CHEAC Legislative Committee Grant writing	
Objectives/Activities	Measures
1 By DATE,	<ul style="list-style-type: none"> ▪ ▪
2 By DATE,	<ul style="list-style-type: none"> ▪ ▪
3 By DATE,	<ul style="list-style-type: none"> ▪ ▪
4 By DATE,	<ul style="list-style-type: none"> ▪ ▪
5 By DATE,	<ul style="list-style-type: none"> ▪ ▪
6 By DATE,	<ul style="list-style-type: none"> ▪ ▪

Goal Leader: Sara Bosse

Goal 4.2 Maximize recovery of revenues from MAA and TCM.
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Objectives/Activities	Measures
<p>1 By July 2018, identify all existing classifications eligible for MAA and TCM time studying.</p>	<ul style="list-style-type: none"> ▪ 100% of all existing classifications will be reviewed to identify staff eligible to participate in MAA or TCM time studies. ▪ 100% of eligible staff/classifications will be trained to meet MAA/TCM requirements for participating. ▪ 95% of eligible classifications will submit time studies on monthly basis for MAA.
<p>2 By July 2018, assign fiscal staff to complete and submit annual application forms to allow department to participate in MAA services.</p>	<ul style="list-style-type: none"> ▪ Fiscal staff identified to complete application packet forms. ▪ Analyst authorized for MAA LGA Coordination will review and transmit the application packet by established deadline. ▪ Analyst will establish instruction packet to issue to classifications to be time studying.
<p>3 By November 2018, identify fiscal staff responsible for monitoring and invoicing of MAA and TCM time studies.</p>	<ul style="list-style-type: none"> ▪ Fiscal staff responsible for collection and review of time studies will be assigned. ▪ Analyst responsible for compiling and invoicing MAA & TCM expenses will be trained in the process. ▪ 100% of eligible expenses will be submitted on a quarterly basis.
<p>4 By December 2018, train identified classifications to be participating in TCM services.</p>	<ul style="list-style-type: none"> ▪ 100% of eligible staff/classifications will be trained to meet TCM requirements for participating. ▪ 95% of eligible classifications will submit time studies on monthly basis for TCM. ▪ Identified staff responsible for entering TCM encounters on state database will complete the process no less than monthly to ensure all services are eligible for reimbursement.

Goal Leader: Melody Kellar

Goal 4.3
 Reduce the dependency of Clinical and Laboratory services on health realignment.

Keep low overhead
 Optimize the # of patients seen in an hour
 Use the latest in electronic billing through EHR system

Billing & Coding team: Increase quality, efficiency, and collections	
Objectives/Activities	Measures
1 Conduct a needs assessment for the clinical and laboratory services DPH provides, prioritize services according to DPH's unique expertise and estimated unmet needs by February 2019.	<ul style="list-style-type: none"> ▪ Needs assessment completed.
2 By January 2020, ensure sustainability of DPH clinical and laboratory services by pursuing reimbursement and other funding options, including implementation of fee schedules for clinic services and enrollment of eligible patients in Medi-Cal.	<ul style="list-style-type: none"> ▪ Updated Fee schedules in place
3 Create a system to identify funding opportunities and processes to apply for funding by May, 2019. Or Establish a cohesive and coordinated process and/or system for pursuing and securing more funding by June 2019.	<ul style="list-style-type: none"> ▪
4 Assess business needs and implement an Electronic Health Record, registration and scheduling system by January 2019.	<ul style="list-style-type: none"> ▪

STRATEGIC PRIORITY 5: ADEQUATE, QUALIFIED AND MOTIVATED WORKFORCE

LEARNING CULTURE

The MCDPH Guiding Principles promote a learning culture for the Department. As every member of the team is valued and honored for their contribution, staff are empowered to ask questions, collaborate, innovate, try new approaches, and test and learn to improve quality. Coaching and training methods model and reinforce this learning culture.

WORKFORCE POLICIES

All MCDPH Policy and Procedure Guides (PPG's) and workforce training resources are stored in SharePoint.

WORKFORCE ASSESSMENT

The team used a qualitative approach in contrast to surveys of staff knowledge, skills and satisfaction, for three main reasons. First, the assessment approach served the needs of all aspects of the integrated Strategic Plan that incorporates many strategic priorities, including workforce development. Second, the team review available surveys and none fully captured the rich possibilities of workforce capacity and skills, often missing the human side of employees. Third, qualitative assessments, such as focus group style discussions, would allow staff to interact and generate richer ideas and possibilities.

Three methods are represented in the MCDPH workforce assessment.

1. The review and summary of secondary data included staff demographics, job descriptions including competencies, and job-related requirements such as certificated and continuing education.
2. A Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis conducted by each division using the Technology of Participation method was part of the broader Strategic Planning yet explicitly prompted for workforce development areas. These included work environment, operations and management, communications, and staff development.
3. A Mission Survey assessed workforce capacity and needs through the competencies reflected in the MCDPH Mission. The MCDPH mission is “*Lead. Protect. Empower.*” A brief, online survey was distributed to all staff with two areas of questions. Staff were asked to describe how they perform each “competency” (protect, lead, empower) in their job role. Staff were asked to describe what would help them to perform each competency within their job role.

The two qualitative methods generated a tremendous amount of data on how staff understand and describe what they do and what they need as individuals, as a Division, as an organization, and as a community (beyond MCDPH walls) to be effective in their mission. Equally important, the interactions within and across MCDPH Divisions have helped staff to better understand each other and have stimulated a new sense of optimism for improvement in the department. The assessment data are synthesized in the following plan divisions with fuller details in Appendices # (SWOT Analysis) and # (Mission Survey).

Strategic Priority 5: Adequate, Qualified and Motivated Workforce (the Workforce Development Plan) describes goals, objectives and activities for linking staff training to the Core Competencies for Public Health Professionals developed by the Council on Linkages between Academia and Public Health Practice (version 2014). This includes activities for competency-based job descriptions that follow the eight areas of knowledge or skill necessary for effective public health practice and reflecting the three tiers of career development.

WORKFORCE PROFILE

Category	# or %
Total # of Employees	90

Category		# or %
# of FTE		89.5
% Paid by Grants/Contracts		%
Gender	Female	74
	Male	16
Race	Native American	1
	Asian	2
	Black	5
	Latino	59
	White	21
	Other	2
Age	18 – 35	28
	36 – 55	44
	56 – 65	16
	66 – 75	2
Classification	Clerical	7
	Technical	40
	Mid-Management	18
	Professional	19
	Department Head	1
	Extra-Help	5
Employees < 5 Years from Retirement	Management	#
	Non-Management	#

*Does not include contracted staff.

Assessment of the MCDPH workforce and future needs is value and vision driven. Ongoing workforce analysis includes population growth and demographic trends; job classification competencies, certifications, and credentials; staff performance; mandated and needed training; adoption of new technology and corresponding training needs; current and anticipated skilled/licensed staff shortages; emerging public health issues; and social, political, and policy change. Some of the strong areas to monitor include: 1) the severe provider in the San Joaquin Valley, 2) insufficient and unpredictable funding to invest in workforce development; and 3) the failure of colleges and universities to incorporate core skill-building into public health (and related) degree programs.

COMPETENCIES AND EDUCATION REQUIREMENTS

Job Specification	Licensing Requirement	CE Requirements
Public Health Nurse (I, II, Senior, Supervising)	Registered Nurse in the State of California	30 contact hours every 2 years

Table #. Licensing and Continuing Education (CE) Requirements for MCDPH Staff		
Job Specification	Licensing Requirement	CE Requirements
Registered Nurse	Registered Nurse in the State of California	30 contact hours every 2 years
Nutrition Assistant (I, II, Senior)	State of California WNA Certification	None
Deputy PHD-Clinical & Nursing Services	Registered Nurse in the State of California	30 contact hours every 2 years
Clinical Services Assistant	Medical Assistant Cert in State of California	None
Licensed Vocational Nurse I/II	LVN Certification with State of California	30 CE hours every 2 years
Nutritionist	Registered with American Dietetic Association	50 CEUs every 5 years
Registered Dietician	Registered with American Dietetic Association	75 CPEUs every 5 years
Microbiologist	Certificate with CDPH-Microbiologist	None
Lab Director	Certified Lab Director Certificate with CDPH- Microbiologist	24 hours CLS every 2 years
Prelicensed Mental Health Clinician	Registered with CA State Board of Behavioral Sciences as MFTI	None
Occupational Therapist	Current licensure as an Occupational Therapist issued by the California Board of Occupational Therapy	30 CE hour every 2 years
Physical/Occupational Therapy Unit Supervisor	Physical Therapist issued by the State of California, Department of Consumer Affairs - Physical Therapy Board -Or- Current licensure as an Occupational Therapist issued by the California Board of Occupational Therapy and current registration as an Occupational Therapist with the National Board of Certification in Occupational Therapy	30 CE hour every 2 years
Physical Therapist	Current licensure as a Physical Therapist issued by the State of California, Department of Consumer Affairs - Physical Therapy Board	30 CE hour every 2 years
Doctor of Medicine/Health Officer	License with Medical Board of CA	50 hours of CME every 2 years

COMPETENCIES AND CONDITIONS FROM WORKFORCE STRENGTHS

The SWOT Analysis identified four areas of strengths related to MCDPH workforce development. These included strengths among individuals, their Division, and the overall department.

Collaboration with External Partners and the Broader Community

- Seeking out and working with staff from other agencies toward mutual goals
- Developing partnerships and effective working relationships as for the detection of latent Tuberculosis by QFT Lab in Schools and in other public settings

MCDPH Work Environment

- A workforce with passion about their job and the community
- Strong communication among staff and across the department
- Flexible staff and attitudes
- Culturally knowledgeable and sensitive
- Staff care about the community
- Teamwork – We work together well
- Collaborations within the department (within and across Divisions)
- Understanding of the social determinants of health

MCDPH Foundation and Capacity

- Guidelines for job duties and performance are clearly established
- Customer service is a high priority
- Strong bilingual and bicultural skills
- Cultural competency
- Staff are recognized speakers and presenters in MCDPH and the community
- Ability to focus and accentuate client strengths
- Staff content expertise in job roles and programs
- Recognized by the community
- Internal and external cross training exists to prepare staff
- Advocates for clients and community
- Staff cohesion

Governance and Leadership

- Opportunities for Medi-CAL Administrative Activities
- Management workshops for cohesion across the county
- Appropriate planning

The Mission Survey identified staff skills, knowledge and attitudes that reflect the MCDPH mission to Lead, Protect and Empower.

Table #. Staff Strengths Identified in the Mission Survey		
How Staff “Lead”	How Staff “Protect”	How Staff “Empower”
Practicing the I CARE values Nurturing inter-agencies and intra-agency relationships	Identifying and responding to top public health threats Preventing public health threats	Building and supporting capacity of others (clients, peers, community)

Table #. Staff Strengths Identified in the Mission Survey		
How Staff “Lead”	How Staff “Protect”	How Staff “Empower”
Following public health standards Serving as a role model for peers and community Promoting a culture of learning for self and organization Inclusivity in decisions and planning Communicating often and with many Monitoring and encouraging progress Proactively stepping in to offer help	Protecting our organization from fiscal harm (fiscal accountability, audit preparations, financial sustainability) Following standards and guidelines	Training, guiding and serving as model for others Creating and promoting opportunities for practice and learning Speaking up and advocating for others that may not be able to (peers, families, community) Developing and implementing policies and plans Promoting sharing and collaboration (intra- and inter-agency)

Staff also emphasized:

- The Importance of serving those most in need with what they most need
- Better understanding of “Culture of Honor”
- Appreciation for going through the process of visioning and reflecting on what matters

TRAINING NEEDS

The SWOT Analysis identified four areas of that need attention related to MCDPH workforce development. These included needs of individual staff, their Division, and the overall department.

Funding and Technology

- Uncertainty and instability in MCDPH funding influences staff training and performance
- Fund development (within Divisions and overall department)
- Training for information technology (IT) staff, and other staff as related to IT

Instinctive Communication

- Strategically marketing of services (marketing and branding)
- Improved coordination of departmental-wide social media efforts
- Greater knowledge of other MCDPH programs and sharing information across programs
- Identifying new partnerships needed for our vision
- Better skills to discuss and apply “built environment design”
- Skills to strength partnerships within and outside of MCDPH
- Communication (within and across Divisions; within department, with other county agencies)

MCDPH Operations and Leadership

- Training the fundamentals of public health for staff who are not familiar with public health
- Standardized program specific training resources and protocols
- Stabilization of departments administration structure and operations
- Cross-training (within MCDPH and with other county agencies)
- Training the electronic health records
- Training for professional development
- Reviewing guidelines for missing critical or important policies
- Supporting leadership for infrastructure and succession
- Training and coaching in how to plan better
- Resource and funding limitations affecting our internal capacity and customer service
- Opportunities for growth within*
- Better recognition of employee work
- Better infrastructure to staff services across all of the county
- Training in evaluation of programs and services
- Addressing staffing issues that affect performance of MCDPH (retention, vacancies, turnover, shortages; especially for physical therapists, public health nurses, and occupational therapists)

The Mission Survey identified training needs for staff skills, knowledge and attitudes that reflect the MCDPH mission to Lead, Protect and Empower.

Table #. Staff Needs Identified in the Mission Survey		
Needs for Staff to “Lead”	Needs for Staff to “Protect”	Needs for Staff to “Empower”
Training and education (for self and community)	Staying informed, with advance notice when feasible	More and ongoing training and education for staff and community
Opportunities to build skills and grow on the job	Clear communication, expectations, and standards for all staff	More and better ways to get information and resources out to community and build relationships with community
Resources (for self and community)	Better coordination and collaboration among inter-agencies and intra-agency on programs, decisions, and planning	Continuing to practice the I CARE values
Better coordination inter-agencies and intra-agency on programs, decisions, and planning	Ongoing training and development for latest standards and innovations	Funding – sufficient and stable
Clear communication, expectations, and standards for all staff	Staffing – qualified, sufficient, available, retained	Team building (intra- and inter-agency) to support each other
Better and more evaluation of progress and outcomes	Funding – sufficient and stable	Attention to needs of non-English speaking (e.g., bilingual resources)
Funding	Technology – appropriate and useful	Adequate space for individual work and set up for collaboration
Community understanding our roles and conditions (e.g., State-related barriers to local work)	Ongoing, strong presence in the community	

Table #. Staff Needs Identified in the Mission Survey		
Needs for Staff to “Lead”	Needs for Staff to “Protect”	Needs for Staff to “Empower”
Formal recognition and appreciation	Support for my work by admin/supervisors	
More staff to do required work	Ongoing monitoring of our outcomes, community impact	
Flexibility in scheduling to respond to community needs when they occur (outside 8-to-5)		
Modeling of the I CARE values		

The training needs identified through the SWOT Analysis and the Mission Survey will be refined and expanded through specific objectives describe further in the plan.

MANDATORY TRAINING

Table #. Training required by MCDPH and/or by state or federal mandate		
Training	Who	Frequency
HIPPA	All staff	Annually
Sexual Harassment	All Staff	Biennial
Drug & Alcohol	All Staff	Biennial
Mandated Reporter	All Staff	Biennial
ICS 100, ICS 200, DOC specific trainings	All staff	Every 3 years
Respirator Fit Testing	All Staff	Annually
Bloodborne Pathogen Training	All Staff	Annually
SNAP Ed Civil Rights Training	SNAP Ed Staff	Annually
WIC Civil Right Training	WIC Staff	Annually
Code of Conduct Training	WIC Staff	Annually
National Voter Registrar Training	WIC Staff	Annually
Ethics in Public Service	Dept Head	Biennial

STRATEGY 5 GOALS, OBJECTIVES, & TIMELINE

Goal Leader: Melody Kellar, Deputy Director of Clinical and Nursing Services

Goal 5.1 Recruit, retain, and maintain a public health workforce to meet the needs of the Madera County population.	
Objectives/Activities	Measures

1	By June 2018 and annually, gather and compile staff demographic data.	<ul style="list-style-type: none"> Staff Demographic Data
2	By December 2018, develop a tracking and calculation mechanism for retention rate and staff loss trends. Add retention rate and staff loss trends to the staff demographic data.	<ul style="list-style-type: none"> Retention rate
3	By June 2019, use staff demographic data to identify: 1) opportunities to increase gender, cultural, and generational sensitivity in the workplace, 2) gaps in professional skills, 3) opportunities to increase the retention rate, and 4) succession planning needs.	<ul style="list-style-type: none"> Report of 1) opportunities to increase gender, cultural, and generational sensitivity in the workplace, 2) gaps in professional skills, and 3) succession planning needs.
4	By March 2019 and annually, increase applications to CMSP Loan Forgiveness Program.	<ul style="list-style-type: none"> Number of applications annually PMQI dashboard measure and target
5	By March 2019, in each division, assess staffing and individual workload.	<ul style="list-style-type: none"> Division staffing and workload assessment
6	By May 2019, develop an improvement plan to address the issues identified in the division staffing and workload assessment.	<ul style="list-style-type: none"> Staffing and workload improvement plan
7	By December 2019, work with Human Resources to determine the dollar value of county benefits for public health job classifications and refine promotions of job postings.	<ul style="list-style-type: none"> Targeted postings including value of benefits
8	By December 2020, work with HR to develop a Succession Planning Guide.	<ul style="list-style-type: none"> Succession Planning Guide

Goal Leader: Isaac Toor, Human Resources Analyst

Goal 5.2	
Increase staff work satisfaction.	
Objectives/Activities	Measures
1 By July 2019, research and select/develop a tool to assess work satisfaction.	<ul style="list-style-type: none"> Work satisfaction assessment tool
2 By August 2019, assess staff work satisfaction.	<ul style="list-style-type: none"> Satisfaction assessment
3 By October 2019, use the assessment results to develop improvement plan.	<ul style="list-style-type: none"> Staff satisfaction improvement plan
4 Annually, repeat steps 2-3.	<ul style="list-style-type: none"> Satisfaction assessment Staff satisfaction improvement plan

Goal Leader: Isaac Toor, Human Resources Analyst

Goal 5.3	
Increase staff competency-based knowledge and skills.	
Objectives/Activities	Measures
1 By June 2018, using the Council on Linkages Between Academia and Public Health Practice 2014 Core Competencies for Public Health Professionals (CCPHP), determine competency tier for each public health job specification.	<ul style="list-style-type: none"> ▪ List of staff, positions and appropriate tier
2 By June 2018, identify two job specifications, one public health and one clerical/admin, to work with Human Resources and pilot steps 4-10.	<ul style="list-style-type: none"> ▪ Positions selected, meeting minutes
3 By December 2018, complete the pilot. Use the pilot to inform steps 4-10 across all positions in the Department.	<ul style="list-style-type: none"> ▪ Two position-specific competency assessments ▪ Supervisor training agenda and sign-in sheet ▪ Completed assessments ▪ Training plans ▪ Process evaluation by staff, supervisors, and human resources
4 By June 2019, research additional competencies for clerical positions as well as public health positions with specialized roles.	<ul style="list-style-type: none"> ▪ Research information collected
5 By August 2019, use the tiered and clerical competencies as well as for specialized roles to develop an assessment for each job classification to determine staff ability to demonstrate each competency and identify competencies that are priority for their assigned role.	<ul style="list-style-type: none"> ▪ Position-specific competency assessments
6 By March 2019, train supervisors to administer the assessments.	<ul style="list-style-type: none"> ▪ Supervisor training agenda and sign-in sheet ▪ Training evaluations
7 March 2019-February 2020, complete the appropriate assessment with each job classification.	<ul style="list-style-type: none"> ▪ Supervisor reports of completed assessments
8 March 2019-February 2020, supervisors, in consultation with managers, will use individual results of assessments to develop one-year training plans that include one-on-one coaching, online training, group training, and modeling and practice.	<ul style="list-style-type: none"> ▪ Training plans

9	April 2019-March 2020, regularly review training plans in manager meetings and determine appropriate areas group trainings.	<ul style="list-style-type: none"> ▪ Manger meeting minutes
10	June 2019-February 2021, schedule group trainings and determine training content/curricula and appropriate trainers based on topic. Conduct trainings.	<ul style="list-style-type: none"> ▪ Group training agendas ▪ Training content/curricula ▪ Training sign-in sheets ▪ Training evaluations
11	By April 2020, gather staff feedback regarding the assessment and training process.	<ul style="list-style-type: none"> ▪ Staff feedback report
12	By April 2020, incorporate competency-based targets into the PMQI system.	<ul style="list-style-type: none"> ▪ Updated PMQI dashboard
13	Annually, repeat steps 7-11.	<ul style="list-style-type: none"> ▪ Measures above

Goal Leader: Sara Bosse, Public Health Director

Goal 5.4	
Distribute the leadership and responsibility of supervision through the Department and reduce each supervisor's number of direct reports.	
Objectives/Activities	Measures
1 By November 2017, review job specifications and identify staff that are able to assume supervisory duties.	<ul style="list-style-type: none"> ▪ List of staff
2 By June 2018, work with managers to select functional supervisors in each division, with the goal of reducing direct reports to 7 or less.	<ul style="list-style-type: none"> ▪ Organizational charts
3 By June 2018, identify and implement supervision changes.	<ul style="list-style-type: none"> ▪ Organizational charts ▪ HR documentation
4 By June 2018, develop a Policy and Procedure Guide (PPG) requiring division managers to update their division org chart as staff changes occur.	<ul style="list-style-type: none"> ▪ PPG
5 By May 2018, identify additional staff that will likely move into supervisory roles (over staff or volunteers) within the next 3-4 years.	<ul style="list-style-type: none"> ▪ Supervisor and emerging leader list
6 By December 2018, recruit and hire the Deputy Director of Clinical and Nursing Services.	<ul style="list-style-type: none"> ▪ HR documentation
7 By June 2018, recruit and hire the Assistant Director.	<ul style="list-style-type: none"> ▪ HR documentation

Goal Leader: Isaac Toor, Human Resources Analyst

Goal 5.5

Work with supervisors to improve ongoing staff performance coaching, monitoring, documentation, and evaluation.	
Objectives/Activities	Measures
1 By June 2018, establish Quarterly Supervisor Trainings.	<ul style="list-style-type: none"> ▪ Quarterly Supervisor Training agendas and sign-in sheets
2 By July 2018, research supervisor competencies.	<ul style="list-style-type: none"> ▪ Research information collected
3 By August 2018, use research and the Department Mission Survey to develop an assessment for supervisor competencies.	<ul style="list-style-type: none"> ▪ Position-specific assessments
4 By October 2018, executive team and managers will complete the assessment with supervisors.	<ul style="list-style-type: none"> ▪ Supervisor reports of completed assessments
5 By November 2018, develop an action plan to address needs identified by supervisor assessment through one-on-one coaching, online training, group training, and modeling and practice.	<ul style="list-style-type: none"> ▪ Supervisor training action plan
6 By December 2019, implement the supervisor training action plan.	<ul style="list-style-type: none"> ▪ Quarterly Supervisor Training agendas and sign-in sheets ▪ Supervisor individual training documentation
7 Annually, complete the supervisor competency assessment along with their job classification competency assessment.	<ul style="list-style-type: none"> ▪ Competency assessment

Goal Leader: Stephanie Nathan, Assistant Public Health Director

Goal 5.6	
To provide high quality resources and services to improve health equity by 2020.	
Objectives/Activities	Measures
1 By December 2018, MCDPH will increase efforts to advance data collection, data analysis, and sharing capacity to examine differences in access/quality/outcomes in Madera County.	<ul style="list-style-type: none"> ▪ Data collection documentation ▪ Data reports
2 Annually, MCDPH will provide at least 1 training to staff and 1 training to community partners to address the needs of vulnerable populations (<i>Racial Equity, Health Equity, and Social Determinants of Health</i>).	<ul style="list-style-type: none"> ▪ Agendas Sing-in sheets ▪ List of new MCDPH employees

3	By December 2019, MCDPH will develop a PPG for cultural and linguistic standards for Department materials.	<ul style="list-style-type: none"> ▪ Cultural and Linguistic Standards PPG
4	By December 2020, MCDPH will develop review and update all existing Department materials for compliance with the Cultural and Linguistic Standards PPG.	<ul style="list-style-type: none"> ▪ List of updated materials (handouts, pamphlets, flyers, PPTs, etc)

Goal Leader: Stephanie Nathan, Assistant Public Health Director

Goal 5.7 Develop a sustainable training system in SharePoint.	
Objectives/Activities	Measures
1 By May 2018, contact IT to determine the availability of SharePoint.	<ul style="list-style-type: none"> ▪ Email from IT
2 By July 2018, meet with IT for training on SharePoint and determining modules available.	<ul style="list-style-type: none"> ▪ Training agenda and sign-in sheet
3 On an ongoing basis, based on competency assessments and training plans, identify existing electronic trainings to include on SharePoint.	<ul style="list-style-type: none"> ▪ Trainings identified and posted on SharePoint
4 By August 2018, secure equipment needed to record and archive staff training modules.	<ul style="list-style-type: none"> ▪ Equipment purchased
5 As completed, record group trainings and make available on SharePoint.	<ul style="list-style-type: none"> ▪ Trainings posted on SharePoint

Goal Leader: Sara Bosse, Public Health Director

Goal 5.8 Work with Central Valley high schools, vocational schools, colleges, and universities to increase core practical skills into.	
Objectives/Activities	Measures
1 By October 2019, engage the San Joaquin Valley Public Health Consortium (SJVPHC) review the MCDPH position-specific competency assessments and similar documents/tools from other SJVPHC counties.	<ul style="list-style-type: none"> ▪ Meeting minutes ▪ Competency assessments and similar documents/tools collected
2 By October 2019, research innovative/non-traditional education methods in public health and other disciplines that produce competency-based skills in students and early career adults.	<ul style="list-style-type: none"> ▪ Database of innovative/non-traditional education methods

3	By December 2019, compile a list of public health (and related) certificate and degree program contacts from Central Valley high schools, vocational schools, colleges, and universities.	<ul style="list-style-type: none"> ▪ List of program contacts
4	By April 2020, work with SJVPHC to identify a set of competencies and innovative/non-traditional education methods to promote with public health (and related) certificate and degree program contacts.	<ul style="list-style-type: none"> ▪ Agreed upon set of competencies ▪ Agreed upon innovative/non-traditional education methods
5	By July 2020, develop a partnership plan to engage educational contacts in adoption of public health competencies and innovative/non-traditional education methods.	<ul style="list-style-type: none"> ▪ Partnership Plan

Goal Leader: Sara Bosse, Public Health Director

Goal 5.9	
Develop strengths-based practice.	
Objectives/Activities	Measures
1 By May 2021, implement Strength Finders Survey with supervisors.	<ul style="list-style-type: none"> ▪ Survey tracking
2 By June 2021, train supervisors a strength-based approach to work.	<ul style="list-style-type: none"> ▪ Training agenda and sign-in sheet ▪ Training evaluation
3 By November 2021, train supervisors the practice of strength-based leadership and staff development.	<ul style="list-style-type: none"> ▪ Training agenda and sign-in sheet ▪ Training evaluation
4 By January 2022, implement Strength Finders Survey with all staff.	<ul style="list-style-type: none"> ▪ Survey tracking
5 By June 2022, train all staff a strength-based approach to work.	<ul style="list-style-type: none"> ▪ Training agenda and sign-in sheet ▪ Training evaluation

COMMUNICATION

The Workforce Development Plan will be shared with all staff through the MCDPH Microsoft SharePoint document sharing system. All staff have access to this system at all times through their computers and through the Internet. The plan will be formally presented at an all-staff meeting by the Director and during individual Division meetings by managers. Plan revisions will be shared through these same approaches (with prior versions stored in an archive folder on SharePoint).

EVALUATION AND TRACKING

Evaluation of training activities will vary with the training purpose, type and provider. For example, web-based training may be assessed through online forms or brief surveys, with in-person trainings using printed measurement forms. Measures will aim to understand and improve the intended purpose or topic of the training, satisfaction with the training, and recommendation for improvement. When appropriate, pre-post and follow-up measures will be used to determine change. Existing measurement tools will be used when they accompany a training program (as is common with CE courses). Otherwise, the training provider will be asked to provide the evaluation method they see as most appropriate. In situations where training is intended to improve a skill, practice, or performance, employees and supervisors will be asked to conduct follow-up measures in addition to evaluation at the time of training. This may occur to evaluate skills that require ongoing practice and monitoring, and as part of annual staff evaluations. Participation in training will be tracked using print and web-based sign-in sheets or participation logs. Tracking information will include training date, location, purpose, and personal identifiers of participants such as name, staff ID number (except when not appropriate). This information will be used to assess participation rates, compliance with mandatory trainings, and overall exposure to staff development programs. When completion of training includes receipt of certificates or similar item, tracking will document their receipt (e.g., who, when, and what was received). Quarterly, semi-annual and annual reports and presentations will be used to summarize and apply lessons within divisions and for the department.

CONCLUSION

The MCDPH Workforce Development Plan is an essential and integral part of the overall Strategic Plan. Formal annual review of progress with the plan will accompany periodic review of sections important to specific teams and divisions. Refinements and updates will be documented and communicated as they occur.

STRATEGIC PRIORITY 6: MADERA PUBLIC HEALTH BRAND

[Narrative: Sara]

Goal Leader: Juli Gregson

Goal

Establish the new MCDPH campus.

Work with the county team and PBK

Urban Greening

Groundbreaking

Ribbon cutting

Lobby/hallway messaging

Reduce dependency on paper	
Objectives/Activities	Measures
1 By	<ul style="list-style-type: none"> ▪ ▪
2 By	<ul style="list-style-type: none"> ▪ ▪
3 By	<ul style="list-style-type: none"> ▪ ▪
4 By	<ul style="list-style-type: none"> ▪ ▪
5 By	<ul style="list-style-type: none"> ▪ ▪
6 By	<ul style="list-style-type: none"> ▪ ▪

Goal Leader: Stephanie Nathan

Goal	
Establish and implement an ongoing Branding Strategy.	
[Raise awareness and attention to MCDPH commitment to Vision, Mission, and Values.]	
Objectives/Activities	Measures
1 By	<ul style="list-style-type: none"> ▪ ▪
2 By	<ul style="list-style-type: none"> ▪ ▪
3 By	<ul style="list-style-type: none"> ▪ ▪
4 By	<ul style="list-style-type: none"> ▪ ▪
5 By	<ul style="list-style-type: none"> ▪ ▪
6 By	<ul style="list-style-type: none"> ▪ ▪

CONNECTION TO THE COMMUNITY HEALTH IMPROVEMENT PLAN

Key points to communicate

- Re-emphasize the timeline noted in the table in the division above for completion of the CHIP.
- Indicate how the Strategic Plan will aim to hold County accountable for CHIP implementation (possibly connect to PH Report Card and next CHA).

PROCESS FOR ONGOING LEARNING AND IMPROVEMENT

Key points to communicate

- Plans for systematic monitoring and refinement for the Strategic Plan (how, who, how often) as a living, action-driving document.
- The importance of learning and applications of lessons to improve MCDPH process and impact.

APPENDICES

	<i>Appendix Name</i>	<i>Description</i>
1.	MCDPH Organizational Chart	
2.	Strategic Planning Team	Description of team members (name, roles within MCDPH and County).
3.	Stakeholder Engagement	List of meetings, events, and activities to produce the Strategic Plan with illustration of broad participation and engagement. [JOSE -?maybe create a separate table with the list of people, titles, organizations, and roles? This may help to make the Engagement Table shorter and less repetitive.]
4.	Visioning Process and Results	
5.	SWOT Analysis Process and Results	
6.	Mission Survey Process and Results	
7.		
8.	Glossary of Terms	
9.		
10.	Strategic Plan Revision Table	List of dates of revisions made to the Strategic Plan.
11.		

APPENDIX 1. STAKEHOLDER ENGAGEMENT

[Measure 5.3.1 A: Department strategic planning process – Revisions to Required Documentation 1a now specify that “participants (in the process) must include various levels of staff,” in addition to the representatives of the governing entity already required in Version 1.0. Version 1.5 Guidance: A list of individual who participated in the strategic planning process and their titles must be provided. Participants must include various levels of staff as well as representatives of the health department’s governing entity.]

Stakeholder Engagement		
Meeting Date	Purpose	Participants & Roles

APPENDIX #. VISIONING PROCESS AND RESULTS

APPENDIX #. SWOT ANALYSIS PROCESS AND RESULTS

APPENDIX #. MISSION SURVEY PROCESS AND RESULTS

APPENDIX #. GLOSSARY OF TERMS

Vision is a statement of the agency’s goals—why it does what it does and what it hopes to achieve.

Mission is a description of the unique purpose of an organization. The mission statement serves as a guide for activities and outcomes and inspires the organization to make decisions that will facilitate the achievement of goals.

Values (and principles) describe how the work is done, what beliefs are held in common as the basis for the work.

Strategic planning is a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does. The process of assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses; then setting in motion a plan of action to position the organization.

Goals are general statements expressing an organization's (Dept., division, program) aspirations or intended effects, often stated without time limits. Goals may not necessarily be stated in quantitative terms though they should be associated with one or more measureable objectives.

Performance measures are quantitative indicators of performance and can be used to show progress toward a goal or objective overtime. It is the specific number representation of a capacity, process, or outcome that is relevant to the assessment of performance. [Note: sometimes performance measures are confused with objectives. For our purposes, when we talk about performance measures, we are only referring to what is being measured (number + unit of measure), not the entire SMART objective (see definition of objectives below).

[Modify with what we use in document by using terms defined by PHAB Acronyms and Glossary of Terms

<http://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.02.pdf>

See example from Tacoma. http://qiroadmap.org/?wpfb_dl=28

REFERENCES