



Allen County Public Health

2017-2018 Strategic Plan Addendum to the 2014-2016 Strategic Plan



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An Equal Opportunity Employer and Provider of Services Serving All Allen County Including the Cities of Lima & Delphos



Mission Statement

Protecting and promoting the health of Allen County

Vision

Healthy people living, working, playing and learning in a healthy environment

Values

Collaboration: Maximizing internal and external resources to improve the health of Allen County

Integrity: Achieving a high standard of service

Respect: Caring for individuals and their situations

Equality: Providing consistent services to all

Empowerment: Providing information and guidance to help people lead healthy lives

Communication: Sharing clear and concise information

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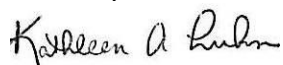
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LETTER FROM LEADERSHIP

Dear Allen County Residents and Colleagues:

I am pleased to present the 2017-2018 Strategic Planning Addendum to our 2014-2016 Strategic Plan. Developed by our employees and the Board of Health, this plan will continue to shape our work in effectively carrying out our roles and responsibilities aimed at protecting and promoting the health of our community. Creating a shared vision and working on the 2014-2016 plan moved us forward. The process of implementing this plan has reinforced the critical role of partnership and collaboration – both within our organization and with our external partners. As we continue our work and refine our objectives through this Addendum, our vision remains clear and aligned with our partners': healthy people living, working, playing and learning in a healthy environment. We look forward to accomplishing this with you.

Sincerely,



Kathleen A. Luhn, MS, RD, LD, MCHES
Health Commissioner

The 2017-2018 Strategic Plan Addendum was approved by the Allen County Board of Health on April 14, 2017 and will be shared with the District Advisory Council. It can be found on our website at www.allencountypublichealth.org.

ABOUT THIS DOCUMENT

This document contains the 2017-2018 Strategic Plan Addendum for Allen County Public Health. Building on our 2014-2016 Strategic Plan, this document serves as a roadmap for our agency, highlighting new programs and activities that will allow us to address the health needs of our community in an efficient manner. Despite some staff turnover, our Strategic Planning Team still includes representatives of all service areas within the agency. Members of the 2016 team were Kathy Luhn, Health Commissioner; Monica Harnish, Director of Health Planning & Accreditation Coordinator; Paula Hillard, OIMRI Program Supervisor; Bill Kelly, Director of Environmental Health; Matt Elling, Sanitarian 3; Sally Dray, Director of Finance; Stacia Schmenk, WIC Dietitian; Chris Shrider, Registrar/Clerical Supervisor; Mitchell Holmes, Administrative Assistant; and Karen Niese, Public Health Nurse 2. The team reviewed action steps taken and outcomes/evaluation for our objectives through 2016. Many of the objectives were in progress and the Strategic Planning team decided that continuing this work through a 2-year addendum made the most sense for flexibility and continuity of the first strategic plan of this type for the agency. This report contains information about the processes undertaken to continue our plan, the goals, key measures, strategies and objectives for each of the priorities.

This plan will continue to be reviewed annually by the Strategic Planning Team and assigned staff to determine if the agency is achieving the measures outlined in the plan. Adjustments to the plan will be made as needed and then a new planning cycle will begin.

AGENCY OVERVIEW

Allen County has had a Public Health department since 1919. In the 1950's, the Allen County General Health District united with both the City of Delphos and City of Lima Health Departments through contracts. In 1967, with a change in legislation, we became one health district, The Allen County Combined Health District, serving the cities of Lima, Delphos and all of Allen County. Public health continues to evolve to meet the needs of the communities we serve. Today, our programs and services are grouped by Administrative Services, Environmental Health Services, Personal Health Services and Community Health Services. Our focus is on health protection such as immunization programs, environmental programs, and disease tracking, and health promotion such as population based programs and community health and preparedness planning. Allen County Public Health also has several direct service or referral programs that provide care, primarily for underserved women and/or children. A Table of Organization is included on Page 13.

OUR



STRATEGIC PRIORITIES

Our strategic priorities and associated goal statements support our mission and contribute to providing high quality public health services to Allen County.

Priority #1: Personnel

Allen County Public Health is an employer of choice in West Central Ohio.

Priority #2: Accountability

Allen County Public Health provides high quality public health programs.

Priority #3: Service

Allen County Public Health provides exceptional service and care.

Priority #4: Resources

Allen County Public Health optimizes resources to support mandated and locally determined services.

Priority #5: Innovation

Allen County Public Health anticipates and responds to the public health needs of the community and organization.

THE STRATEGIC PLANNING PROCESS

The health department has utilized a seven phased approach to strategic planning. The Ohio State University Center for Public Health Practice (OSU CPHP) helped facilitate the initial process that began in March 2014. The Strategic planning team continued to meet over the course of 2014-2016. When the team decided to continue objectives still in progress and refine or replace others, plans were started for a two-year addendum. The steps below reflect the implementation and continuation of this plan.



The Strategic Planning Team participating in an exercise to determine potential strategies and objectives for the Strategic Plan.

Phase 1 - Plan to Plan: In March 2014, ACPH staff contacted The OSU CPHP for assistance in our Strategic Planning Process. A Scope of Work and timeline were developed and agreed up by both parties, and initial planning began.

Phase 2 - Articulate Mission, Vision, and Values (MVV): In May, Allen County Public Health Staff and Board of Health completed a survey to begin the process of forming our new Mission, Vision and Values. The Strategic Planning team met to further explore and define options. Input from staff was obtained and reviewed by the Strategic Planning Team before determining the final version. MVV were then shared with the staff on July 8, 2014.

Phase 3 - Assess the Situation: In May 2014, staff and the Board of Health completed a survey determining the Strengths, Weaknesses, Opportunities and Threats of our organization. This information was compiled by OSU CPHP. Agency information such as employee survey results, our annual report and our Pillars of Excellence (Personnel, Accountability, Service, Resources and Innovation) were also reviewed. In addition, the most recent Community Health Assessment and the Community Health Improvement Plan were shared with the Strategic Planning Team. This information was reviewed and updated with input from staff and the Board in 2016.

Phase 4 - Agree on Priorities: During our first Strategic Planning Meeting on June 11, 2014, the Strategic Planning Team used all of the documents included in the assessment to clarify the priorities of our plan. The priorities were based on our Pillars of Excellence.

Phase 5 - Write the Plan: Through a series of small and large group discussions during our day-long meetings, the planning team members gained clarity on the priority areas and began identifying strategies and objectives for each. Working with OSU CPHP, the Director of Health Education and Health Commissioner drafted the plan. It was then shared with the team for feedback. Finally, the strategic work plan was approved by the Board of Health in October 2014.

Phase 6 – Implement the Plan: The plan was shared with all staff. Work on the objectives began even as the Strategic Plan was being completed. While timelines had been written into the plan, they were flexible enough to allow for adjustments when needed.

Phase 7 – Report, Review & Revise: The plan was reviewed annually and the 2015 and 2016 reports were compiled and shared with staff, the Board of Health, and District Advisory Council. The initial plan was quite ambitious. During the 2016 meetings, the Strategic Planning team felt there was not sufficient time in 2016 to complete everything in the plan. Many of the objectives were in progress and the Strategic Planning team decided that continuing this work through a two-year addendum made the most sense for continuity of the first strategic plan of this type for the agency. During 2016, the Strategic Planning Team worked on updating the plan and refining/identifying objectives to include in this 2017-2018 Strategic Plan Addendum, based on the progress to date and to coordinate with other agency plans that had been developed since the initial Strategic Plan. This addendum is scheduled to be finalized and adopted in early 2017.

THE SWOT ANALYSIS

As part of the overall strategic planning process (Phase 3), the agency conducted a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis in 2014. In 2016, all Allen County Public Health staff and Board of Health members were invited to review and update internal strengths and challenges (weaknesses) as well as external trends and local events that may impact community health. A summary of themes from the SWOT analysis are shown in the table below. This updated information was reviewed in 2016, along with other inputs such as customer service data, community health improvement plan priorities, staff satisfaction data, and Board input to provide the basis for updating the agency’s priorities, goals and strategies.

Internal Strengths	Internal Weaknesses
<ul style="list-style-type: none"> • Employees (Employee Characteristics) Caring, loyal staff, competent and dedicated workforce, knowledgeable • Agency/Infrastructure Meet and follow guidelines from state partners such as ODH, ODA, OEPA, etc., committed to a healthier community, fiscally responsible, able to obtain grants • Administration Dedicated leadership, Board of Health support • Service Equal treatment for all customers, link people to needed services, good customer service 	<ul style="list-style-type: none"> • Employees (Employee Characteristics) Limited opportunities to work with other departments, lack of understanding of what other divisions do, resistant to change • Agency/Infrastructure/Administration Silos/departmentalization, lack of communication, inconsistencies • Service Availability, decreased services provided • Benefits/Resources Lack of funding, limited technology, short-staffed/limited redundancy
External Opportunities	External Threats
<ul style="list-style-type: none"> • Resources Additional or new funding opportunities, increasing technology for all divisions/service areas • Partnerships Opportunities to work with various community agencies, regionalization of grants; Opportunities to partner with university public health baccalaureate programs for service learning • Services Expansion of community-based health services, continued growth by conveying information about services with technology, Affordable Care Act • Quality Become a higher functioning health department through the process of accreditation 	<ul style="list-style-type: none"> • Resources Funding, too reliant on grant funds, unfunded mandates; state mandate to complete voluntary accreditation on specified timeline may stress resources • Services Some services are now being provided by other agencies • Community Agencies Regionalization • Environment/Community Issues Population changes (aging, decline in population), disease outbreaks, Affordable Care Act, legislative changes • Public Knowledge/Opinion Community doesn’t know the importance of public health and the services we provide

PRIORITY #1: Personnel

A knowledgeable, committed, and happy staff are at the center of any successful organization. At ACPH, the focus is on our team. Our work environment is flexible and supportive; all staff have the resources necessary to do their job. Our staff are up-to-date on current public health issues that affect our community and are provided with education and training to support them in carrying out the mission of the organization. People want to work here.

Goal Statement: Allen County Public Health is an employer of choice in Allen County.

Key Measure: Average scores of the Teamwork & Cooperation and Rewards & Recognition dimensions of the employee survey are at least 4.5

Strategies and Objectives:

1. Provide training and development opportunities for all staff.
 - 1.1 By June 30, 2017 finalize procedural guidance document for the process of hiring, and on-boarding employees.
 - 1.2 By June 30, 2017, develop an Orientation and Training SOG for new employees that includes Service Area orientation.
 - 1.3 By August 31, 2017, implement the use of an exit interview process for all employees leaving ACPH.
 - 1.4 By June 2, 2017, review and update the ACPH Workforce Development Plan.
2. Provide a competitive benefits package.
 - 2.1 Annually review benefits package with employees.
 - 2.2 By January 1, 2018, implement a performance based compensation system. (Merit Increase)
 - 2.3 By May 2018, develop an agency compensation review process.
3. Improve internal communication.
 - 3.1 By June 30, 2017, re-organize selected agency documents by implementing a platform so all employees can access agency information electronically e.g. Personnel policies, forms and agency plans.
 - 3.2 By August 31, 2017, implement evidence-based leadership skill(s) learned through Leadership Development Training.
4. Strengthen teamwork within the agency.
 - 4.1 By October 31, 2017, conduct 2nd annual staff retreat/in-service.
 - 4.2 By December of each year, develop a schedule to highlight jobs or programs at ACPH at full staff meetings.
 - 4.3 Annually hold at least two leadership development trainings for leadership team to promote teamwork and consistency.

PRIORITY #2: Accountability

At Allen County Public Health we have a culture of quality. We look for ways to be more efficient and effective in our work. We provide programs and services that result in measureable improvements in the health of our community. We are accountable to state public health mandates and grant guidelines while also remaining responsive to community needs. Whenever possible, we implement evidence-based programs and/or best practices in our work. We evaluate our programs to determine impact and modify our programs and services accordingly.

Goal Statement: Allen County Public Health provides high quality programs and services.

Key Measure: All programs implemented show improvement over baseline measures

Strategies and Objectives:

1. Improve the health of Allen County residents
 - 1.1 By December 31, 2017, train community partners on how to register residents on the Ready Allen County functional needs registry.
 - 1.2 By December 2018, the county-wide Maternal Infant Task Force will implement at least one new community based prevention effort in order to reduce infant mortality/pre-term births.
 - 1.3 By June 30, 2018, two presentations will be made to parents of children under age two within geographic areas of Allen County with known immunization disparities.
 - 1.4 By June 2017, exercise all Public Health Emergency Preparedness target capabilities.
2. Ensure a healthy environment
 - 2.1 By January 2018, report on the implementation of the Household Sewage Treatment System rules in Allen County.
 - 2.2 By December 2017, review Board of Health "Environmental Health and Sanitation Regulation #3" in order to plan for educational campaign.
 - 2.3 By September 2018, distribute 400 Pack N Plays through implementation of the ABC's of safe sleep campaign in conjunction with Cribs for Kids Pack N Play program/MCH Grant.
 - 2.4 By December 2018, implement one evidence-based public health recommendation from the Ohio Active Transportation Plan.
 - 2.5 By June 2017, update the Emergency Operations Plan to ensure uniformity throughout the plan.
3. Create a culture of quality at Allen County Public Health
 - 3.1 By December 31, 2018, all Leadership Team members understand and embrace the core QI principles through training designed for leadership.

- 3.2 By September 30, 2017, establish a procedure to ensure that 100% of new hires complete online training, “CQI for Public Health: The Fundamentals,” within 180 days of start date.
- 3.3 By December 2017, implement at least 2 continuous quality improvement projects each year.
- 4. Create a culture of accountability at Allen County Public Health.
 - 4.1 By September 30, 2017, establish a procedure to ensure that 100% of new hires complete a basic training on Performance Management within 180 days of start date.
 - 4.2 By April 2017, develop a dashboard reporting process for performance management data collection, reporting and sharing.
 - 4.3 By December 2017, integrate employee performance evaluations into the agency’s performance management system.

PRIORITY #3: Service

The role of Public Health is to prevent disease, protect the health of residents and promote healthy lifestyles. We provide these services to residents in a manner that results in a positive experience for the customer as well as improved health. Our services are timely and delivered in a manner that is consistent with our values. Community input is important to our agency and we value the suggestions given to us by our residents. We provide excellent service and care.

Goal Statement: Allen County Public Health provides exceptional service and care.

Key Measure: Increase overall client satisfaction rating from baseline.

Strategies and Objectives:

1. Provide consistent service across the organization.
 - 1.1 By August 31, 2017, implement a customer service survey QI process agency-wide.
2. Leverage technology to enhance service delivery.
 - 2.1 By September 2017, assess the technology needs of our residents/clients as identified on Customer Surveys.
 - 2.2 By January 2018, use technology to enhance services in response to IT needs identified by employees/client. (Example: Text Messaging for Appointment Reminders)
 - 2.3 By August 31, 2017, develop a plan for resuming agency operations in emergency mode at a temporary location, including how to secure ePHI.

PRIORITY #4: Resources

Efficient and effective use of resources is central to our operations. We have sufficient funding, technology, and supplies to support our work. We are good stewards of resources so that we can continue to provide mandatory programs in addition to locally determined services. We maximize our revenue and minimize our expenses. We have a diversified funding stream which provides adequate cash flow. Our flexibility allows us to adjust to the changing environment.

Goal Statement: Allen County Public Health will optimize resources to support mandated and locally determined services.

Key Measure: Increase local funding by 2%.

Strategies and Objectives:

1. Manage building and equipment assets for safety and efficiency.
 - 1.1 By September 2017, investigate feasibility of building modifications in PHEP office area and Vital Statistics office area.
 - 1.2 By November 2017, develop a safety and health review program for the agency (e.g. Public Employees Risk Reduction Program).
 - 1.3 By June 2018, update inventory with visual database, e.g. photos, videos, of furniture and equipment in all ACPH offices.
2. Diversify funding resources.
 - 2.1 By June 2018, create a Health Levy Resource notebook.
 - 2.2 By June 2018, acquire local funding to support one program not currently funded.
 - 2.3 By December 2017, maximize fee collection and reimbursement for current services.
3. Pursue grant funding to deliver needed services.
 - 3.1 By March 2018, implement a grant writing process for the agency.
4. Review and revise policies, updating format and organization for efficiency.
 - 4.1 By September 30, 2017, create a separate section of ACPH Personnel Policies for Fiscal Policies.

PRIORITY #5: Innovation

Successful agencies look for innovative ways to grow and improve. We assess and anticipate the health needs of the community and expand our services to meet those needs. We are committed to internal growth as well. Our staff are proactive and open to changes that can improve how we provide services. We welcome staff suggestions for improvement and growth and strive to achieve an innovative culture. The community is aware of the programs and services that we provide; we are visible within the community.

Goal Statement: Allen County Public Health anticipates and responds to the public health needs of the community and organization.

Key Measure: Two new programs/services implemented based on community needs.

Strategies and Objectives:

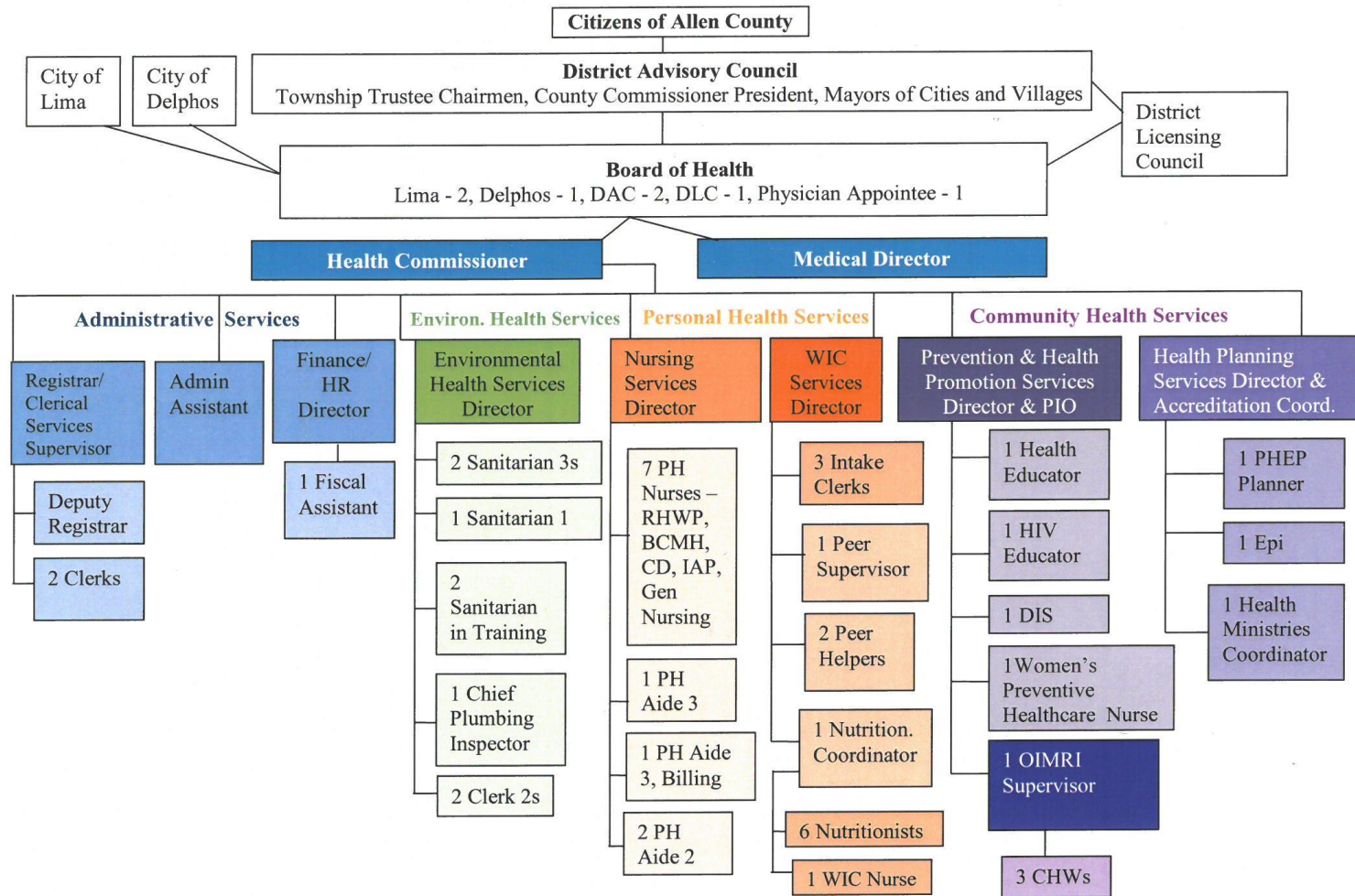
1. Adjust services to meet the needs of the community.
 - 1.1 By September 2017, assess the health and service needs of the community with emphasis on minority populations and health disparities.
 - 1.2 By July 2017, assess current services and community needs to develop a 'business plan' to support ACPH foundational capabilities.
 - 1.3 By December 2017, implement one new program and/or participate in a community collaborative to address the emerging opiate crisis in Allen County.
2. Increase visibility of our agency, programs and services within the community.
 - 2.1 By September 2017, implement a branding strategy for ACPH.
 - 2.2 By December 2017, implement a marketing plan for ACPH that includes a strong social media presence.
 - 2.3 By June 2018, develop and implement a plan to advocate for support or improved funding structure for public health.
3. Align ACPH processes with PHAB Standards.
 - 3.1 By September 2017, develop a process to identify and resolve ethical issues that arise from agency programs, services and policies.
 - 3.2 By December 2017, submit required documentation for accreditation to the Public Health Accreditation Board.
 - 3.2 By May 31, 2018, train staff and Board of Health on the Accreditation site visit process.

2017-2018
Strategic Plan Appendices

Allen County Combined Health District Organizational Chart



3/2017



Strategic Priority: Personnel					
A knowledgeable, committed, and happy staff are at the center of any successful organization. At ACPH, the focus is on our team. Our work environment is flexible and supportive; all staff have the resources necessary to do their job. Our staff are up-to-date on current public health issues that affect our community and are provided with education and training to support them in carrying out the mission of the organization. People want to work here.					
Goal: Allen County Public Health is an employer of choice in Allen County.					
Key Measure: Average scores of the Teamwork & Cooperation and Rewards & Recognition dimensions of the employee survey are at least 4.5 (Current: Teamwork & Cooperation - 3.82, and Rewards & Recognition – 3.38)					
Strategy #1: Provide training and development opportunities for all staff					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
Objective 1.1: By June 30, 2017, finalize procedural guidance document for the process of hiring, orienting/on-boarding employees.	On-Boarding SOG final document on file	1. Complete hiring SOGs	04/2017	Director of Finance and HR & Health Commissioner	
		2. Create on-boarding flow chart and checklist(s)	04/30/2017		
		2. Key staff review hiring SOGs, finalize document and set review frequency	5/2017		
		3. Train Leadership Team on hiring SOGs	06/30/2017		
		4. Date and file (Add to U: Leadership Team drive)	06/30/2017	2- Leadership Team Volunteers 3 & 4 - Director of Finance/HR & Health Commissioner	
Objective 1.2: By June 30, 2017, develop an Orientation and Training SOG for new employees that includes Service Area orientation.	New Hire Orientation checklist, and Training Checklist form available on U Drive and at WIC	1. Update Orientation Checklist with corresponding resource sheet for Supervisors. (Add to U: Leadership Team drive)	Jan – April 2017	1-Orientation Ad Hoc Committee (C Shrider, P Hillard, M Holmes, E Krumel, S Dray, T Gough) 2-Director of Health Planning	
		2. Update new hire training checklist WFD form, with instructions for on-line training. (Add to U: Leadership Team drive)	March-April 2017		
		3. Develop checklist of topics to cover that new hires	January – April 2017		
	Service area specific orientation checklists				

	<p>New Hire Orientation Folder on a shared drive and at WIC</p> <p>Updated Employee Orientation to Public Health on shared drive and at WIC</p>	<p>should know about their Service Area. (Add to U: Leadership Team drive)</p> <p>4. Create New Hire Orientation folder on U Drive and add forms. Send forms to WIC. (Consider New Employee Resources folder on shared drive) (NOTE: Include Employee Service Pledge on checklist)</p> <p>5. Update New Employee Orientation to Public Health materials? (Binder and CD? – Consider putting it on shared drive instead of CDs?)</p>	<p>April –May 2017</p> <p>April – July 2017</p>	<p>4-Director of Finance/HR? Admin Assistant?</p> <p>5-Prevention and Health Promotion Services Director</p>	
<p>Objective 1.3: By August 31, 2017, implement the use of an exit interview process for all employees leaving ACPH.</p>	<p>Exit interview process SOGs and exit interview documentation forms</p>	<p>1. Develop exit interview questionnaire based on sample forms from other organizations.</p> <p>2. Leadership Team make suggestions.</p> <p>3. Compile final questionnaire, including instructions and format, e.g. electronic/paper/in-person</p> <p>4. Write SOGs that include how/when to administer and assigning responsibility to compile and report information gathered.</p> <p>5. Develop a process to compile & review exit</p>	<p>June -July 2017</p> <p>July 2017</p> <p>August 2017</p> <p>June-July 2017</p> <p>August 2017</p>	<p>1- Director of Finance/HR and Health Commissioner</p> <p>2 - Leadership Team</p> <p>3. Health Commissioner</p> <p>4 - Director of Finance/HR & Health Commissioner</p> <p>5 - Director of Finance/HR &</p>	

		interview information at least annually and add to SOGs		Health Commissioner	
		All forms to include date created, date revised, and instruction on where to file, if applicable (and ACPH logo)			
Objective 1.4 – By June 2, 2017, review and update Workforce Development Plan (WFD).	Updated WFD Plan approved by Board	1. EAG review WFD plan to evaluate goals met and to identify areas of plan to be updated	1-February 2017	EAG will assign point person for reporting on Action Steps	
		2. Develop a workplan and timeline to complete updates.	2, 3 - March 2017		
		3. Complete updates.			
		4. Identify WFD Plan objectives for 2017-2019	4-April 2017		
		5. Share updates and objectives with Leadership Team and staff for feedback.	5-April 2017		
		6. Revise and share with Board for approval	6- May 2017		
Review date:	Notes: Objective 1.2 Includes Employee Service Pledge developed as a part of 2014-2016 Strategic Plan Service Priority				
Strategy #2: Provide a competitive benefits package					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
Objective 2.1: Annually review benefits package with employees.	Comprehensive list of fringe benefits.	1. Compile ACPH benefits/compensation fact sheets for current/future employees. 2. Disseminate fact sheet/information to employees.	January – April 2017	1 -Director of Finance/Human Resources & Health Commissioner 2 – Director of Finance/HR	

		3. Share fiscal information/education with all staff.	11/2017	Health Commissioner,	
<p>Objective 2.2: By January 1, 2018, implement a performance based compensation system. (Merit Increase system)</p> <p>(Cross reference: Accountability Priority, Strategy 4.3, Accountability - Integrate Employee Performance Evaluations into Performance Management System)</p>	Approved performance based compensation system	<ol style="list-style-type: none"> 1. Gather potential method/criteria for merit-based/performance based pay increases. 2. Leadership Team review potential methods and make suggestions. 3. Benefits Review Team provide input. 4. Leadership Team finalize recommendation for Board. 5. Obtain Board of Health approval for system. 6. Educate all staff (administration and line staff) of system criteria. 7. Implement system and receive feedback from staff. 	<p>1- 4/15/2017</p> <p>2- 4/30/2017</p> <p>3- 5/31/2017</p> <p>4- 6/30/2017</p> <p>5- 7/15/2017</p> <p>6- 10/31/2017</p> <p>7-1/1/2018</p>	<p>1-Health Commissioner, Director of Finance/Human Resources,</p> <p>2-Leadership Team</p> <p>3-Benefits Review Team</p> <p>4-Leadership Team</p> <p>5-Health Commissioner</p> <p>6 & 7-Health Commissioner & Leadership Team</p>	
<p>Objective 2.3: By May 2018, develop an agency compensation review process.</p>	Results of compensation review.	<ol style="list-style-type: none"> 1. Develop Benefits Review Committee (include admin staff and line staff) and organize with a Team Charter. 2. Review relevant local health department benefits/compensation data and/or list of common benefits. 	<p>4/15/2017</p> <p>5/31/2017</p> <p>5/31/2017 (Annually)</p>	<p>1 -Health Commissioner, Director of Finance/Human Resources</p> <p>2&3 - Director of Finance/Human Resources</p>	

		<p>3. Annually review ACPH benefits, fiscal status, liabilities and opportunities.</p> <p>4. Provide suggestions for changes in policy, procedures, and/or compensation packages.</p> <p>5. Obtain Board of Health approval for suggested policy or compensation changes as relevant.</p>	<p>6/30/2017</p> <p>12/31/2017 (then annually)</p>	<p>4 - Benefits Review Team</p> <p>5-Health Commissioner</p>	
Review date:					
Strategy #3: Improve internal communication					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
<p>Objective 3.1: By June 30, 2017, re-organize selected agency documents by implementing a platform so all employees can access agency information electronically e.g. Personnel policies, forms and agency plans.</p> <p>(Cross reference: Accountability Priority, Strategy 3.3, Quality - Implement QI projects annually)</p>	<p>Electronically accessible documents for employees and Board of Health members</p> <p>Written procedures (SOGs) for organizing documents within the folders</p>	<p>1. QI Council Subcommittee investigate and evaluate potential platforms for document sharing</p> <p>2. QI Council views demos of the platforms and makes recommendations</p> <p>3. Purchase platform and train staff/Board.</p> <p>4. QI Council Subcommittee develops a process for organizing folders and documents for easy retrieval</p> <p>5. Implement the new platform and organization system</p>	<p>1- Jan – March 2017</p> <p>2 -March- April 2017</p> <p>3- April- May 2017</p> <p>4-Feb – April 2017</p> <p>5-May 31, 2017</p>	<p>1-QI Council IT Subcommittee Chair</p> <p>2-QI Council IT Subcommittee Chair</p> <p>3-Health Commissioner & QI Council</p> <p>4-QI Council File Organization Subcommittee Chair</p> <p>5,6 - QI Council Chair</p>	

		6. Evaluate how the new system is working for staff	6-December 2017		
<p>Objective 3.2: By August 31 2017, implement evidence-based leadership skill(s) learned through Leadership Development Training.</p> <p>(Cross-reference: Personnel Priority, Strategy 4.3, Leadership Development training)</p>	Reporting mechanism in place for supervisors to report on use of learned skills and outcomes	1. Identify/prioritize leadership skills training needs	1- March 2017	1-Health Commissioner	
		2. Determine method to evaluate implementation of skills learned	2-May 2017	2-Health Commissioner with Leadership Team	
		3. Determine outcome desired when skill is fully implemented and how to measure/assess outcome(s)	3-May 2017	3-Leadership Team	
		4. Provide training for all supervisors on leadership skills/behaviors	4-June 2017	4-Health Commissioner	
		5. Implement			
		6. Compile info gathered into a report	5-August 2017	5-Leadership Team	
		7. Evaluate process and outcomes to determine next steps	6-TBD 7-December 2017	6-Leadership Team volunteer 7-Health Commissioner	
Review date:	NOTES: 3.2 incorporates component of Objective 3.1 from 2014-2016 Strategic Plan – to determine gaps in communication and how to address them				
Strategy #4: Strengthen teamwork within the agency					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
Objective 4.1: By October 31, 2017, conduct 2 nd annual staff retreat/in-service	Retreat agenda Sign-in sheet	1. Determine purpose/agenda for retreat.	5/31/2017	EAG will assign point person to report on Action Steps	

<p>(Cross Reference: Personnel Priority, Strategy 1.4, Workforce Development Plan)</p>	<p>Evaluation summary and recommendations</p>	<p>2. Plan event a. Develop planning checklist b. Assign to EAG members</p> <p>3. Hold retreat/in-service</p> <p>4. Make recommendations for following year. a. Summarize evaluation results b. Review process c. Create list of recommendations</p>	<p>6/30/2017</p> <p>10/31/2017</p> <p>11/30/2017</p>		
<p>Objective 4.2: By December of each year, develop a schedule to highlight jobs or programs at ACPH at full staff meetings.</p>	<p>Schedule for staff meetings</p>	<p>1. Develop schedule and share with leadership team</p> <p>2. Assign EAG member to send reminder along with interview questions.</p>	<p>Start: 12/2016 (December of each year) 1-2 weeks before assigned full staff meeting</p>	<p>EAG will assign point person to report on Action Steps</p>	
<p>Objective 4.3: Annually, hold at least two leadership development trainings for leadership team to promote teamwork and consistency.</p>	<p>Leadership training agendas and evaluations</p>	<p>1. Determine purpose/goals of trainings with input from Leadership Team</p> <p>2. Identify type of training needed to enhance communication, consistency</p>	<p>1 -4/2017</p> <p>2 – By 9/30/2017</p>	<p>1 - Health Commissioner</p> <p>2- Health Commissioner and/or Leadership Team volunteer</p>	

(Cross-reference: Personnel Priority, Strategy 3.2, Rounding to improve communication)		and teamwork for leaders and staff, and potential resources 3. Hold trainings on selected topics. 4. Evaluate trainings.	Within 30 days of training	3,4 – Leadership Team - TBD	
Review date:	NOTES: Objectives 1.2 & 4.2 incorporate aspects of Objective 4.2 from 2014-2016 Strategic Plan – to inform employees about others’ jobs through full staff meetings rather than a shadowing program				

<p>Strategic Priority: Accountability</p> <p>At Allen County Public Health we have a culture of quality. We look for ways to be more efficient and effective in our work. We provide programs and services that result in measureable improvements in the health of our community. We are accountable to state public health mandates and grant guidelines while also remaining responsive to community needs. Whenever possible, we implement evidence-based programs and/or best practices in our work. We evaluate our programs to determine impact and modify our programs and services accordingly.</p>					
<p>Goal: Allen County Public Health provides high quality programs and services</p>					
<p>Key Measure: All programs implemented show improvement over baseline measures</p>					
<p>Strategy #1: Improve the health of Allen County residents</p>					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
<p>Objective 1.1: By December 2017, train community partners on how to register residents on the Ready Allen County functional needs registry.</p>	<p>Trainings completed for:</p> <ul style="list-style-type: none"> • Fire chiefs • Senior Citizen Centers • Neighborhood Associations 	<ol style="list-style-type: none"> 1. Present the system, highlighting benefits of registering 2. Set up user accounts for individuals/facilities 3. Train individuals/facilities how to sign up new users 4. Report on registry uses/participation annually. 	<p>Complete by 12/31/2017</p>	<p>Public Health Emergency Preparedness (PHEP) Planner</p>	

<p>Objective 1.2: By December 2018, the county-wide Maternal Infant Task Force will implement at least one new community based prevention effort in order to reduce infant mortality/pre-term births (Cross reference: 2014-2016 CHIP Initiative)</p>	<p><i>A Community – based intervention implemented</i></p>	<ol style="list-style-type: none"> 1. Identify evidence-based prevention effort, goals and objectives. 2. Identify staff/community partners. 3. Implement the intervention. 4. Evaluate outcomes. 	<p>Complete by 9/15/17</p> <p>Complete by 12/31/2017</p> <p>Complete by 6/30/18</p> <p>Complete by 12/31/18</p>	<p>Prevention and Health Promotion Services Director</p>	
<p>Objective 1.3: By June 30, 2018, two presentations will be made to parents of children under age two within geographic areas of Allen County with known immunization disparities.</p>	<p>Presentations completed for two groups of parents</p> <p>Outcome desired: increased rates of on-time vaccinated children under 2 in Allen County</p>	<ol style="list-style-type: none"> 1. Identify a potential location and audience 2. Schedule presentation 3. Publicize/invite parents 4. Hold trainings 5. Evaluate trainings 	<p>Complete by June 30, 2018</p>	<p>IAP Coordinator</p>	
<p>Objective 1.4: By June 30, 2017, exercise all Public Health Emergency Preparedness target capabilities.</p>	<p>Completed Functional or Full Scale exercise After Action Review (AAR)</p>	<ol style="list-style-type: none"> 1. Complete a training and exercise plan. 2. Utilize the building block to planning an exercise. 3. Submit an HSEEP-compliant AAR to ODH. 4. Complete an Improvement Plan. 	<p>Complete by June 30, 2017</p>	<p>Public Health Emergency Preparedness (PHEP) Planner</p>	
<p>Review date:</p>	<p>Notes:</p>				

Strategy #2: Ensure a healthy environment					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
Objective 2.1: By January 2018, report on the implementation of the Household Sewage Treatment System (HSTS) rules in Allen County.	Household sewage system notation on Allen County Recorder’s website and/or records Number of properties added to Operation and Maintenance (O & M) program	1. Work with county partners to identify all properties in jurisdiction which are served by sanitary sewers.	January – March 2017	Director of Environmental Health, M Elling, M Dionicio	
		2. Compare records of properties on sanitary sewers with records of all habitable properties.	January – March 2017		
		3. Develop a data base of all properties served by a HSTS which are required to put into an O & M program which would include periodic inspection of the HSTS.	April – June 2017		
		4. Explore how the listing of properties with a HSTS can be made publicly available to the Allen County Recorder’s office, Real Estate Agents and others.	April – June 2017		
		5. Explore how Real Estate transfers could trigger an on-site review of the components and operation of the HSTS on the property for possible upgrades and placement of info in O & M program.	October – December 2017		
		6. Promote regulation changes to mandate HSTS inspections be made upon Real Estate	2018		

		transfers by providing information to effected parties.			
<p>Objective 2.2: By December 2017, review Board of Health “Environmental Health and Sanitation Regulation #3” in order to plan for educational campaign.</p> <p>(Cross reference: 2014-2016, 2017-2018 CHIP Housing Initiative)</p>	<p>Updated regulation</p> <p>ACPH Staff participation in Housing Coalition</p> <p>Education plan and materials</p>	<ol style="list-style-type: none"> 1. Review existing Environmental Health and Sanitation Regulation #3. 2. Determine need for any revisions to existing regulation. 3. Actively work to be more involved in community groups promoting safe housing. 4. Develop a plan to educate community partners about the regulations. 5. Develop a plan for community and landlord education on the regulations. 6. Develop educational materials and plan to share information through use of website and other methods. 7. Work to secure local funding for an inspection and enforcement program. 	<p>1-January – June 2017</p> <p>2-July – December 2017</p> <p>3-July – Dec 2017</p> <p>4-July – Dec 2017</p> <p>5-July – Dec 2017</p> <p>6-July – Dec 2017</p> <p>7-2018</p>	<p>Director of Environmental Health, Health Commissioner, PHAP?? Sanitarian?</p>	
<p>Objective 2.3: By September 2018, distribute 400 Pack N Plays through implementation of the</p>	<p># of Pack N Plays distributed</p>	<ol style="list-style-type: none"> 1. Identify infants in need of safe sleep environment and offer the Cribs For Kids Pack N Play option. 	<p>Complete by September 2018</p>	<p>PHPS Director</p>	

<p>ABC's of safe sleep campaign in conjunction with Cribs for Kids Pack N Play program/MCH Grant. (Cross reference: State Quality Indicator - injury prevention intervention)</p>	<p># of attempts/follow-ups conducted</p>	<p>2. Educate parent on the use of the Pack N Play – with demo/return demo of crib assembly. 3. Educate parent on the ABC's of safe sleep: Alone (without stuffed animals, blankets, or bumpers); On their Back to sleep; and in a Crib with a firm mattress. (Evidence-based) 4. Follow-up with parent by phone 3 months after distribution of Pack N Play to re-assess safe sleep practices in the home.</p>			
<p>Objective 2.4: By December 2018, implement one evidence-based public health strategy from the Ohio Active Transportation Plan. (Cross reference: ODH/ODOT Statewide campaign to increase active transportation)</p>	<p>Number of educational programs offered teaching safe, active transportation Documentation of participation in statewide media campaign for active transportation</p>	<p>1. Review Active Transportation Plan recommendations with Activate Allen County and Allen County Bike and Pedestrian Task Force. 2. Identify role of public health to implement strategy. 3. Establish a monitoring/evaluation plan. 4. Participate in broad scale, state/community-wide education campaign on Active Transportation</p>	<p>January – April 2017 January – May 2017 January – May 2017 May – December 2017</p>	<p>CHC Program Coordinator (PHPS Health Educator)</p>	

	# of leaders trained in Experiential Bicycle Education programs	5. Implement the evidence-based PH intervention, Experiential Bicycle Education Program 6. Disseminate results to stakeholders and community.	By August 31, 2018 By December 31, 2018		
Objective 2.5: By June 2017, update the Emergency Operations Plan to ensure uniformity throughout the plan.	A completed All-Hazards EOP Plan	1. Review and update the entire plan 2. Pick a usable format 3. Revise plans to match desired format. 4. Submit to Board for approval as applicable.	1 -June 30, 2017 2 – July 31, 2017 3- December 31, 2017	Public Health Emergency Preparedness (PHEP) Planner	
Review date:	Notes:				
Strategy #3: Create a culture of quality at Allen County Public Health					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
Objective 3.1 By December 31, 2017, all Leadership Team members understand and embrace the core QI principles through training designed for leadership.	Documentation of training/Technical Assistance (TA) Suggested additional QI training for leadership team	1. Develop a QI training/TA for leaders, working with Fab 4 partners as able, to learn to identify QI Projects 2. Review how supervisors can support the QI Process, from forming a team to implementing the complete QI Process	April – June 2017 June – December 2017	QI Coordinator	

		3. Track staff who have participated in the training/TA			
<p>Objective 3.2 By September 30, 2017, establish a procedure to ensure that 100% of new hires complete online training, “CQI for Public Health: The Fundamentals,” within 180 days of start date</p> <p>(Cross-reference: Personnel Priority, Strategy 1.2, New Employee Orientation)</p>	Written process Process implemented	<p>1. Update new hire orientation materials to include on-line “CQI for Public Health: The Fundamentals” or comparable training</p> <p>2. Work with supervisors/Human Resources to incorporate changes to orientation process</p> <p>3. Track completion of new orientation checklist and required trainings</p>	<p>1 - April – July 2017</p> <p>2 - July – September 2017</p> <p>3 - October 2017+</p>	<p>1 - Ad hoc Orientation Committee</p> <p>2 – Ad hoc Orientation Committee</p> <p>3 – Leadership Team members</p>	
<p>Objective 3.3: By December 2017, implement at least 2 continuous quality improvement projects each year.</p> <p>(Cross reference: Personnel, Strategy 3.1 Improve communication)</p>	Storyboards from 2 projects annually	<p>1. Remind staff periodically on the project nomination process</p> <p>2. Prioritize project ideas submitted for the potential project</p> <p>3. Select a project for the QI Council to complete together</p> <p>4. Complete the PDCA process, reporting and storyboard</p> <p>5. Implement and monitor results of QI Project</p> <p>6. Share results with QI Council, staff, Board, and stakeholders as appropriate</p>	<p>1 -May - June 2017</p> <p>2 – as needed</p> <p>3-6 QI Council: Complete by June 2017</p> <p>3-6 Program level project: TBD</p>	<p>1 -QI Council</p> <p>2 - QI Project Team</p> <p>3-6 QI Council and individual Project Team(s)</p>	
Review date:	Notes: Coordinates with QI Plan/objectives				

Strategy #4: Create a culture of accountability at Allen County Public Health					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
<p>Objective 4.1 By September 30, 2017, establish a procedure to ensure that 100% of new hires complete a basic training on Performance Management, within 180 days of start date</p> <p>(Cross-reference with Personnel Priority, Strategy 1.2, New Employee Orientation)</p>	Written process Process implemented	<ol style="list-style-type: none"> 1. Identify basic introductory Performance Management training, e.g. on-line version 2. Update new hire orientation materials to include a basic orientation to Performance Management 3. Work with supervisors/Human Resources to incorporate changes to orientation process 4. Track completion of new orientation checklist and required trainings 	<p>1 - April – July 2017</p> <p>2 – June</p> <p>3 - July – September 2017</p> <p>4 - October 2017+</p>	<p>1-Health Commissioner</p> <p>2 – Health Commissioner & Ad Hoc Orientation Committee</p> <p>3 – Health Commissioner</p> <p>4 – Leadership Team members</p>	
<p>Objective 4.2: By April 2017, develop a dashboard reporting process for performance management data collection, reporting and sharing.</p>	<p>Performance Management reporting and tracking tool installed and data entered</p> <p>Annual Performance Management Report generated</p>	<ol style="list-style-type: none"> 1. Enter ACPH performance management measures into VMSG system 2. Identify key measures for each strategic pillar/priority and assign responsible name/position title to performance measures 3. Establish timelines for monitoring/reporting on each measure. 4. Create at least one report from the system that includes performance results 	<p>1 - April 2017</p> <p>2 – April 2017</p> <p>3 – April – May 2017</p> <p>4-October 1, 2017 and January 2018</p>	<p>1 – Individual staff assigned</p> <p>2 - Leadership Team and Service areas</p> <p>3 – Applicable staff</p> <p>4 – Accred. Coordinator</p>	

		<p>5. Share results with QI Council, staff, Board of Health for analysis for improvement and next steps</p> <p>6. Compile annual Performance Management Report</p> <p>7. Share reports annually with staff, Board, District Advisory Council, and other stakeholders, as appropriate, or on a timeline determined by stakeholders.</p>	<p>5 – 7 July 31, 2017 and February 2018</p>	<p>and/or Health Commissioner</p> <p>5 -7 – Accred. Coordinator and/or Health Commissioner</p>	
<p>Objective 4.3: By December 2017, integrate employee performance evaluations into the agency’s performance management system.</p> <p>(Cross-reference with Personnel: Strategy 2.2, Employee benefits/recognition and Strategy 1.4, Workforce Development)</p>	<p>Performance Management system incorporated in annual employee performance evaluations</p>	<p>1. Involve employees in identifying their connections to strategic priorities, strategies, objectives.</p> <p>2. Incorporate individual objectives into employee performance evaluations through use of Professional Development form</p> <p>3. Develop a process for reporting progress on individual objectives.</p> <p>4. Employees use updated Continuing Education log, report quarterly, and review with Supervisor at annual performance evaluation.</p> <p>5. Benefits team suggests recognition for accomplishing personal objectives.</p>	<p>April – May 2017</p> <p>June 2017</p> <p>July 2017</p> <p>4 – December 2017</p> <p>5 – September 30, 2017</p>	<p>1 -Health Commissioner, Benefits Review Committee</p> <p>2 - Leadership Team</p> <p>3 – Benefits Team</p> <p>4 - Employees</p> <p>5 – Benefits Team</p>	

		6. Develop overall evaluation/outcome measures and reporting system. 7. Implement the plan.	6 – October 2017 7 -2018	6 – Benefits Team 7- Leadership Team	
Review date:	Notes: Coordinates with Performance Management Plan, QI Plan, and Workforce Development Plan				

Strategic Priority: Service					
The role of Public Health is to prevent disease, protect the health of residents and promote healthy lifestyles. We provide these services to residents in a manner that results in a positive experience for the customer as well as improved health. Our services are timely and delivered in a manner that is consistent with our values. Community input is important to our agency and we value the suggestions given to us by our residents. We provide excellent service and care.					
Goal: Allen County Public Health provides exceptional service and care.					
Key Measure: Increase overall client satisfaction rating from baseline.					
Strategy #1: Provide consistent service across the organization.					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
Objective 1.1: By August 31 2017, implement a customer service survey QI process agency-wide. (Cross-reference with Accountability Priority, Strategy 3 Quality Improvement Pan)	SOGs for Customer Survey response review process	1. Review customer service survey questions annually and update as needed.	1- July 2017	Customer Survey QI Project Team (TBD)	
	Customer Survey summary report	2. Review annual baseline results – is data helpful for getting useable feedback	2 - July 2017		
	Revised Customer Survey if indicated	3. Share aggregate results and how they were used with Leadership Team (quarterly), 4. Share service-specific data with each service area quarterly 5. Revise survey questions using suggestions from above groups 6. Implement revised customer survey for 2018	3 -August 2017 4 - October 15, 2017 5 – December 1, 2017 6 – January 1, 2018		
Review date:	Notes:				

Strategy #2: Leverage technology to enhance service delivery.					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
Objective 2.1: By September 2017, assess the technology needs of our residents/clients as identified on Customer Surveys.	Plan to address clinic/client IT needs/requests	<ol style="list-style-type: none"> 1. Review responses to technology question on customer service survey. 2. Identify common themes/possible areas for intervention 3. Relevant service area proposes possible methods to address requests/ideas. 	1 & 2 July – September 2017 3 -October – November 2017	1 & 2 - Customer Survey QI Project Team (TBD) 3 – Service Area staff	
Objective 2.2: By January 2018, use technology to enhance services in response to IT needs identified by employees/client. (Example: Text Messaging for Appointment Reminders)	New technology(s) available for use at ACPH	<ol style="list-style-type: none"> 1. Speak with other health departments to determine what technologies they use. 2. Determine technology needs to implement new tech ideas and budget resources. 3. Work with IT consultants to make needed changes. 4. Train staff 5. Implement the new technology 5. Evaluate effectiveness. 	October 2017- December 2017	Relevant Service area TBD	
Objective 2.3: By August 31, 2017, develop a plan for resuming agency operations in emergency mode at a temporary location, including how to secure ePHI. Cross Reference: Agency HIPAA workplan	Checklists for resuming operations and securing ePHI at a temporary location	<ol style="list-style-type: none"> 1. Review needs with IT consultants service providers 2. Identify resources needed and how to procure 3. Add plan to agency COOP 	Complete by August 2017	PHEP Planner	
Review date:	Notes: Objective 2.3 coordinates with HIPAA security Improvement Plan				

Strategic Priority: Resources					
Efficient and effective use of resources is central to our operations. We have sufficient funding, technology, and supplies to support our work. We are good stewards of resources so that we can continue to provide mandatory programs in addition to locally determined services. We maximize our revenue and minimize our expenses. We have a diversified funding stream which provides manageable cash flow. Our flexibility allows us to adjust to the changing environment.					
Goal: Allen County Public Health will optimize resources to support mandated and locally determined services.					
Key Measure: Increase local funding by 2%.					
Strategy #1: Manage building and equipment assets for safety and efficiency.					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
Objective 1.1: By September 2017, investigate feasibility of building modifications in PHEP office area and Vital Statistics office area.	Quotes for renovations to PHEP office area and Vital Statistics	<ol style="list-style-type: none"> 1. Identify and contact remodeling consultants 2. Identify options to increase efficient use of space 3. Work with consultant and other stakeholders to develop potential plans 4. Share proposal and cost with Leadership Team/Board 	1 - March – April 2017 2 & 3 – April – June 2017 4- July 15, 2017	Health Commissioner, Director of Environmental Health, PHEP Planner	
Objective 1.2: By November 2017, develop a safety and health review program for the agency (e.g. Public Employees Risk Reduction Program - PERRP).	Written Safety and Health Program for ACPH	<ol style="list-style-type: none"> 1. Research health and safety checklists/assessment tools 2. Develop a Safety and Health review program 3. Assess ACPH worksites 4. Develop a plan to address any issues identified in the assessment 	1- April – May 2017 2 -	1 –Health Commissioner 2 & 3 -Ad Hoc Safety Team 4 – Safety Team & Leadership Team	
Objective 1.3: By June 2018, update inventory with visual database, e.g. photos, videos,	Visual inventory stored and	<ol style="list-style-type: none"> 1. Inventory current equipment 2. Determine a method for visually capturing inventory. 	1 & 2 Jan – March 2018	Administrative Assistant &	

of furniture and equipment in all ACPH offices.	backed up on Network	3. Designate staff and equipment to photograph/video record every office, workspace and storage area. 4. Upload onto ACPH network for maintenance and back up.	3- April – May 2018 June 30, 2018	Health Commissioner	
Review date:	Notes:				
Strategy #2: Diversify funding resources.					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
Objective 2.1: By June 2018, create a Health Levy Resource notebook.	Health Levy Resource Notebook	1. Gather legal information about the process of placing a levy on the ballot. 2. Gather information about developing the financial request for a levy. 3. Gather information about funding a health levy campaign. 4. Research successful health levy campaigns. 5. Develop a tentative timeline/process for seeking a health levy. 6. Update information every 3 years.	April – June 2018	Health Commissioner	
Objective 2.2: By June 2018, acquire local funding to support one program not currently funded.	List of needs and potential funding sources	1. Determine service needs/gaps that are not available in the community and determine feasibility of ACPH to support an intervention to address need(s) – e.g. from CHIP	TBD	Program Personnel - TBD	

<p>(Cross-reference with Innovation Priority, Strategy 1)</p>		<p>2. Prioritize programs for funding or resources 3. Identify if potential community collaborations are possible 4. Brainstorm funding streams for specific programs with employees working in relevant service area 5. Investigate funding possibilities and make recommendations to the Board</p>			
<p>Objective 2.3: By December 2017, maximize fee collection and reimbursement for current services. (Cross-reference with Accountability Priority, Strategy 3, Quality Improvement Plan)</p>	<p>List of ideas to maximize fee collections Increased billable income</p>	<p>1. Brainstorm fee collection methods, ways to increase fee for service activities. 2. Brainstorm new services for which we can collect fees. 3. Identify missed or new opportunities for collecting fees 4. Propose methods to increase collection to Board of Health for approval, if needed 5. Write plan and introduce methods to staff</p>	<p>1-July 31, 2017 2 -July 2017 3-July 2017 4- September 2017 5- December 2017</p>	<p>Leadership Team</p>	
<p>Review date:</p>	<p>Notes:</p>				
<p>Strategy #3: Pursue grant funding to deliver needed services</p>					
<p>Objectives</p>	<p>Measure</p>	<p>Action steps to achieve this objective</p>	<p>Timeframe</p>	<p>Lead/Reporter</p>	<p>Status</p>
<p>Objective 3.1: By March 31, 2018, implement a grant evaluation and writing process for the agency.</p>	<p>Adopted agency guidelines for writing grants</p>	<p>1. Determine method/process to review/evaluate grant Requests For Proposals against agency mission, community need, staff expertise, agency resources,</p>	<p>2018</p>	<p>TBD</p>	

(Cross reference Resources, Strategy 2.2, Local funding)		required timelines, cost/benefit, and feasibility of ACPH implementation 2. Develop grant writing process for agency that includes program and fiscal evaluation and planning 4. Develop grant writing checklist. 6. Review processes with staff members who write grants/Leadership Team.			
Strategy #4: Review and revise policies, updating format and organization for efficiency					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
Objective 4.1: By September 30, 2017, create a separate section of ACPH Personnel Policies for Fiscal Policies.	Board Approved Fiscal Policies	1. Determine policies to be included in Fiscal Policy section of Personnel Policies 2. Determine policies needed that have never been written 3. Collect sample policies from other health departments/public agencies, subject matter experts 4. Develop and organize the fiscal policies 5. Obtain Board of Health approval 6. Set frequency for review and updating policies	Complete by September 2017	Domain 11 Team?	
Review date:	Notes: Objective 4.1 coincides with agency process of reviewing and updating/reformatting personnel policies				

Strategic Priority: Innovation					
Successful agencies look for innovative ways to grow and improve. We assess and anticipate the health needs of the community and expand our services to meet those needs. We are committed to internal growth as well. Our staff are proactive and open to changes that can improve how we provide services. We welcome staff suggestions for improvement and growth and strive to achieve an innovative culture. The community is aware of the programs and services that we provide; we are visible within the community.					
Goal: Allen County Public Health anticipates and responds to the public health needs of the community and organization.					
Key Measure: Two new programs/services implemented based on community needs.					
Strategy #1: Adjust services to meet the needs of the community.					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
Objective 1.1: By September 2017, assess the health and service needs of the community with emphasis on minority populations and health disparities.	Completed Assessment report	<ol style="list-style-type: none"> 1. Work with Community Assessment Committee to survey adult and youth residents of the county and oversample for minority responses. 2. Review results. 3. Share results with stakeholders and the community. 4. Use information to update the CHIP. 	<p>9/2016</p> <p>Share results: August 2017</p> <p>12/2017</p>	Health Planning Director/Accreditation Coordinator	
Objective 1.2: By July 31, 2017, assess current services and community needs to develop a 'business plan' to support ACPH foundational capabilities.	"Business Plan"	<ol style="list-style-type: none"> 1. Review agency services offered 2. Identify program needs 3. Prioritize program needs 4. Create plans for aligning resources with areas of need 	Complete by July 31, 2017	Health Commissioner and Leadership Team	

<p>Objective 1.3: By December 2017, implement one new program and/or participate in a community collaborative to address the emerging opiate crisis in Allen County.</p> <p>(Cross-reference with Accountability Priority, Strategies 1.2, Maternal Infant Task Force, Resource Priority, 2, Diversity funding resources and Strategy 3, Pursue funding to deliver needed services)</p>	<p>Program or need addressed by ACPH (solely or in partnership with other agencies)</p>	<ol style="list-style-type: none"> 1. Compile data on current opiate interventions in Allen County. 2. Identify community issue to be addressed by ACPH. 3. Educate the staff and the Board of Health on the above. 4. Identify potential community partners. 5. Review current resources and staffing needs to determine implementation of program 6. Begin implementation of program 	<p>1 -Jan – March 2017</p> <p>2 – March – May 2017</p> <p>3- March – June 2017</p> <p>4. Jan – March 2017</p> <p>5. Mar – April 2017</p> <p>6. April 2017</p>	<p>Prevention and Health Promotion Services Director</p>	
<p>Review date:</p>	<p>Notes:</p>				
<p>Strategy #2: Increase visibility of our agency, programs and services within the community.</p>					
<p>Objectives</p>	<p>Measure</p>	<p>Action steps to achieve this objective</p>	<p>Timeframe</p>	<p>Lead/Reporter</p>	<p>Status</p>
<p>Objective 2.1: By September 2017, implement a branding strategy for ACPH</p>	<p>Branding Strategy Document with guidelines for staff</p>	<ol style="list-style-type: none"> 1. Develop branding strategy. 2.Solicit input from Leadership Team and Board Members, and develop final draft for Board Approval in August, 2017. 	<p>Complete by 5/31/17</p> <p>Complete by 8/31/17</p>	<p>Prevention and Health Promotion Services Director (PIO) and Social Media Team</p>	

		3. Train full staff on the purpose and implementation of the ACPH Branding Strategy	Complete by 9/30/17		
Objective 2.2: By December 2017, implement a marketing plan for ACPH that includes a strong social media presence.	Completed Marketing Plan?	<ol style="list-style-type: none"> 1. Develop ACPH marketing committee 2. Brainstorm ways to promote little-known programs/services. 3. Develop marketing strategy 4. Write plan 5. Share with and train staff as appropriate? 6. Implement plan 7. Determine frequency of review and revision of plan 	<p>1 -1/2017</p> <p>2 - 5/2017</p> <p>3 - 8/2017</p> <p>4 - 12/2017</p> <p>5 - 6/2018</p> <p>6 - 7/2018</p> <p>7 - 12/2017</p>	Social Media Team	
Objective 2.3 By June 2018, develop and implement a plan to advocate for support or improved funding structure for public health. (Cross-reference with Resource Priority, Strategy 2)	Advocacy Plan	<ol style="list-style-type: none"> 1. Develop process for engagement with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health 2. Develop a process to record/document engagement and outcomes. 	<p>01/2018</p> <p>6/2018</p>	Health Commissioner and Accreditation Coordinator develop process	
Review date:	Notes: Objective 2.3 – PHAB reference 4.2.2				

Strategy #3: Align ACPH processes with PHAB standards.					
Objectives	Measure	Action steps to achieve this objective	Timeframe	Lead/Reporter	Status
Objective 3.1: By September 2017, develop a process to identify and resolve ethical issues that arise from agency programs, services and policies.	Adopted guiding principles	1. Identify public health ethics resources for staff/Board.	1-4 Complete by September 2017	Health Commissioner	
	Ethics training materials and sign-in/sign-off sheets	2. Identify local ethicists as potential consultants.			
	Decision-making process identified	3. Identify and adopt guiding principles for agency. 4. Educate staff and Board of Health on ethical decision-making principles and processes. 5. Document examples of ethical issues and how they were resolved and share "lessons learned" with staff	5 – on-going	Leadership Team	
Objective 3.2: By December 2017, submit required documentation for accreditation to the Public Health Accreditation Board (PHAB).	All submitted documents meet PHAB requirements	1. Develop system for collecting and finalizing accreditation materials for submission.	1. June 2017	1 & 2 Health Planning Director/ Accreditation Coordinator	
		2. Create a process for reviewing collected materials against PHAB standards.	2. July 2017	Accreditation Coordinator	
		3. Recruit staff to review and evaluate materials collected compared to PHAB standards.	3 & 4. July – Nov 2017	3 -Leadership Team/ Domain Leaders	
		4. Upload documents to e-PHAB portal.	5. Dec. 2017	4 & 5 - Health Planning Director/ Accreditation Coordinator	
		5. Submit all required documents to PHAB.			

<p>Objective 3.3 By May 31, 2018, train staff and Board of Health on the Accreditation site visit process.</p>	<p>Site Visit Training materials</p>	<ol style="list-style-type: none"> 1. Review PHAB Site Visit process 2. Develop timeline for training based on tentative timeline for site visit 3. Train staff and Board on site visit process 4. Reach out to Fab 4/Regional partners for volunteers to help with a “mock site visit” 5. Hold a “mock site visit” 	<p>TBD</p>	<p>Health Planning Director/ Accreditation Coordinator</p>	
<p>Review date:</p>	<p>Notes:</p>				