

Champaign-Urbana Public Health District

2017-2019

Strategic Plan

Created: March 2017



Public Health
Prevent. Promote. Protect.

Champaign-Urbana Public Health District

Background

As the local governmental public health agency the Champaign-Urbana Public Health District (CUPHD) is charged with the responsibility to act as a catalyst to improve, and a first and last line of defense to protect, the health of the community and all of its residents. The Department works to develop policy, systems and programmatic initiatives that bring local policymakers, community members and health partners --- hospitals, community health centers, social service agencies, municipalities, school districts and others --- together to achieve community health goals

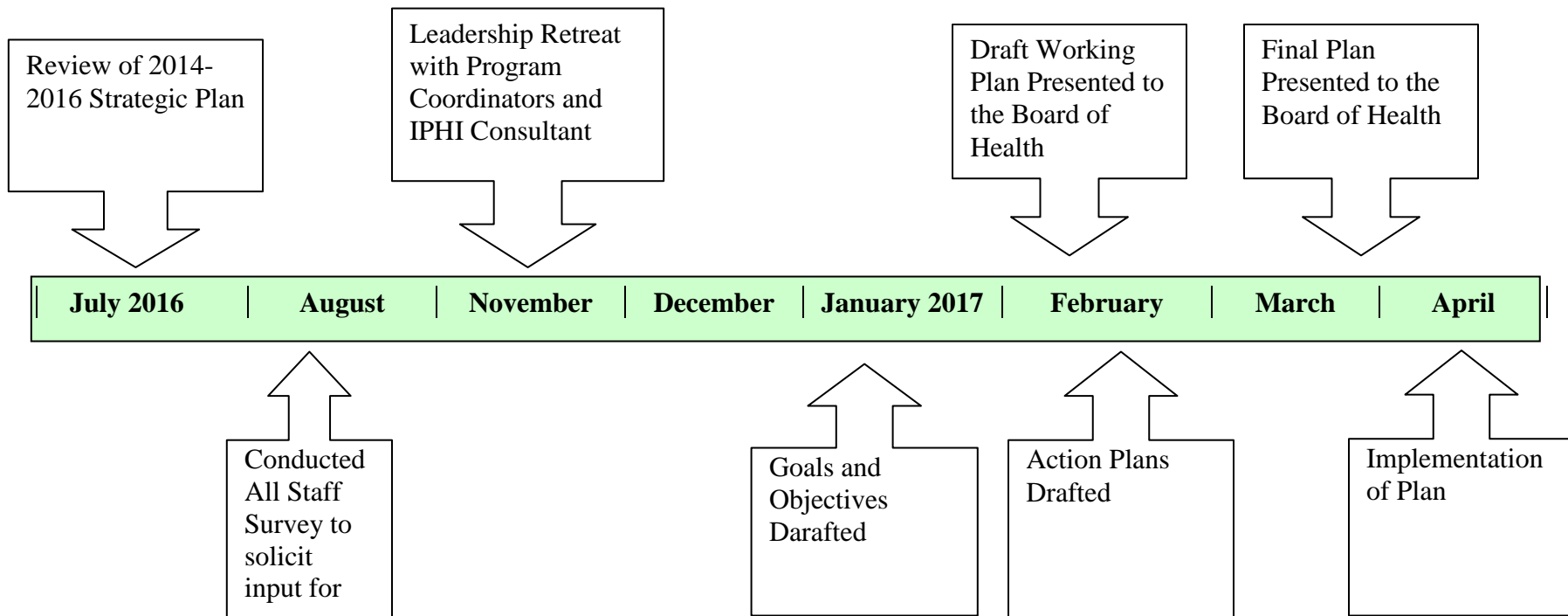
The 2017-2019 Strategic Plan for the Champaign-Urbana Public Health District is the outcome of a process spanning more than six months in 2016-2017 that involved the Board of Health, CUPHD Leadership Team and staff at all levels of the organization. The overall approach to the strategic planning process was developed in consultation with Laurie Call, Consultant with the Illinois Public Health Institute.

Following this Background and Overview section, the 2017-19 Strategic Plan for the Champaign-Urbana Public Health District is organized into the following sections that present the products of the strategic planning process:

- Strategic Planning Timeline
- 2014-2016 Strategic Plan Progress Review
- 2017-19 Strategic Planning Process and Outputs
- Revised Mission Statement and newly established Values Statement
- Strategic Initiatives
- Annual Staff Survey Summary
- Community Partner Survey Summary
- Pre Strategic Plan Discussion: Directors Vision
- Strategic Plan Scan response: Division Lead responses
- 2017-19 CUPHD Strategy Map
- Implementation and Accountability Plan
- Appendix

A strategic plan is most helpful to an organization when it is considered a ‘living, breathing’ document that truly drives the organizations operations from a strategic perspective. Its usefulness is driven by its active use by the organization. CUPHD intends that the 2017-19 Revised and Updated Strategic Plan for the Champaign-Urbana Public Health District be such a living, breathing document.

Strategic Planning Timeline



2014-2016 Strategic Plan Progress Review

Strategic Priority	Complete	Not Complete (ongoing or abandoned)
Goal 1: Build strategic sustainability		
Objective 1.1: By December 31, 2016, Healthy Champaign County (HCC) will develop a means of sustaining the efforts of We Choose Health program strategies by developing an infrastructure fund.	Ongoing	No. Ongoing (HCC is working towards it)
Objective 1.2: By December 31, 2016, the Champaign Emergency Response Coalition will increase emergency preparedness funding to continue preparedness for a public health emergency response.	Ongoing	No. Ongoing (Healthcare Coalition is working towards it)
Objective 1.3: By December 31, 2016, CUPHD will locate and secure a commitment from five partner agencies to pledge \$50,000 annually to support and sustain IPLAN priority strategies.	Yes	Three partner agencies and CUPHD
Goal 2: Measure, Manage and Improve our Public Health Services		
Objective 2.1: By March 31, 2013, the CUPHD Leadership Team will update and implement our formal performance management system (PMS) plan.	Yes	Completed and Revised Annually
Objective 2.2: By March 31, 2014, the CUPHD Leadership Team will update and implement our Formal Quality Improvement (QI) program	Yes	Completed and Revised Annually

Objective 2.3: By December 31, 2014 there will be an increase in staff confidence of their knowledge to do their job well. This will be accomplished through the Human Resources Division by implementing the CUPHD Workforce Development Plan.	Yes	Done on an annual basis each September.
Objective 2.4: By December 31, 2016 increase staff productivity. This will be accomplished through the Human Resources Division by implementing the CUPHD Workforce Development Plan.	Yes	Done on an annual basis each September.
Objective 2.5 By December 31, 2016 improve staff retention. This will be accomplished through the Human Resources Division by implementing the CUPHD Workforce Development Plan.	Yes	Done on an annual basis each September.
Goal 3: Build Infrastructure Scalability		
Objective 3.1 By December 2015, the CUPHD administrator will increase the revenue base by leasing out the empty space in the CUPHD east wing, and hosting another health department on the web server.	Ongoing	Ongoing. Will remodel basement to make it attractive to lease.
Objective 3.2 By May 30, 2014, the CUPHD Director of Finance will, in conjunction with the Leadership Team will develop a comprehensive and sustainable financial plan.	No	No. Will be done in the next cycle
Objective 3.3 By May 30, 2014, the IT Coordinator, in conjunction with the Leadership Team will develop a five-year Information technology Plan.	No	No (will be done in the next cycle). This was due to Staff changes.

2017-2019 Strategic Planning Process and Outputs

As we began to revise and update the 2017-19 strategic planning process, Champaign-Urbana Public Health District were in the midst of several important and significant changes. We faced both new and re-emerging threats to our health ranging from the epidemic of obesity and diabetes to old killers like tuberculosis and influenza. The implementation of the Affordable Care Act at the National, State and Local level and the implementation of the Electronic Medical Record system at the Health District were some of the factors that were moving us into uncharted territories. We wanted this strategic planning process to position ourselves better and stronger for the next decade.

Our strategic planning process re-affirmed our CUPHD Vision and provided us with an opportunity to establish our Values and reformulate the Mission statement and devise a set of three overarching strategic priorities to address the key drivers and move the CUPHD forward toward achieving its mission.

Revised Mission and Values Statement

Mission

“The Mission of Champaign-Urbana Public Health District is to improve and sustain the health, safety and well-being of the community through preventive services, collaboration, education, policy and enforcement”

Vision

Values

Strategy Map

In October and December 2013, the CUPHD Leadership Team worked through a number of meeting activities and exercises to identify areas of integration between the five strategic initiatives of the 2014-2016 CUPHD Strategic Plan and the 2010-2015 Community Health Improvement Plan as well as our Quality Improvement Plan

At a very general or “30,000 foot” view, the connection between the CUPHD’s organizational Vision, Mission, Values and 2014-16 strategic initiatives and the community health improvement outcomes that we hope to achieve are illustrated in the 2014-2016 Strategy Map below:

Resources	Strategies	Outputs	Initial Outcomes	Long Term Outcomes
CUPHD Board of Health Leadership Team Dedicated Staff Community Partners University of Illinois Illinois Department of Public Health	Communication Finance Health Equity and Alignment with CHIP Workforce Development	Motivated and prepared workforce Efficient and effective services and programs Strong community partnerships Engaged policymakers	Alignment of IPLAN, Strategic Plan and Quality Improvement Plan Improved Internal and External Communication Increased Staff Satisfaction Increase in Revenue and Decrease in bad Debt	Healthy and Safe Champaign County residents and visitors Strong and Sustained Health District Satisfied Staff

Name	Title	Department
Julie A. Pryde	Administrator	Administration
Awais Vaid	Director of Planning and Research	Administration
Patricia Robinson	Director of Human Resources	Human Resources
Jamie Perry	Nursing Services Manager	Human Resources
Amy Roberts	Public Information Officer	Human Resources
Amanda Knight	Director of Finance	Finance
Jim Roberts	Director of Environmental Health	Environmental Health
Candi Crause	Director of Infectious Disease	Adult Services
Deb Fruitt	Director of Wellness and Health Promotion	Wellness and Health Promotion
Brandon Meline	Director of Maternal and Child Health	Maternal and Child Health

Jane Li	Emergency Preparedness Planner	Administration
Sarah Michaels	Program Coordinator	Environmental Health
Joe Trotter	Program Coordinator	Administration
Charlie Kahler	Program Coordinator	Wellness and Health Promotion
Breann Swann-Figueroa	Nurse Practitioner	Maternal and Child Health
Alicia Ekhoﬀ	Program Coordinator	Wellness and Health Promotion
Gary Dunn	Program Coordinator	Adult Services
Penny Murphy	Program Coordinator	Environmental Health
Travis Woodcock	Accountant	Finance
Vickie Ellis	Nurse Practitioner	Adult Services

STRATEGIC PLAN TEAM

Consultation and guidance provided by Laurie Call, Director of Community Development, Illinois Public Health Institute. The Director of Planning and Research will be responsible to update the planning monthly.

The Champaign-Urbana Public Health District conducted a survey as part of their annual staff satisfaction survey. A total of 105 staff responded to this survey, which represents 87% of all staff employed at the Health District. The complete survey tool and the results are attached in the appendix. Below is the summary of the top three to five responses for each survey question that was asked.

C-UPHD Employee Survey 2016

I. Q1: How are we doing? What do you see as CUPHD's strengths?

• Prepared to Respond to Emergency Situations/Outbreaks	48.81%
• Ease for Public to Access Services	48.81%
• Quality of Customer Service	46.43%
• Information Dissemination/Public Knowledge of Services available	26.19%
• Clear Focus on Service Priorities	26.19%
• Flexibility in Making Changes/Improvements	25.00%
• Winning the Goal of Improving Public Health, (i.e. Obesity, Smoking)	19.05%
• Teamwork among Co-workers	16.67%
• Financial Resources are Used Wisely and Where Needed	15.48%
• Creativity in Designing Public Relations and Outreach Opportunities	14.29%
• Staff Trained and Clear on Expectations of their Job Function	9.52%
• Communication among and between Divisions	4.76%
• Collaboration among and between Divisions	4.76%
• Staff Recognition	1.19%

II. Q2: What do you see as areas where CUPHD can improve?

• Staff Trained and Clear on Expectations of their Job Function	48.81%
• Communication Among and Between Divisions	44.05%
• Staff Recognition	35.71%
• Teamwork among Co-workers	33.33%
• Collaboration Among and Between Divisions	29.76%
• Financial Resources are Used Wisely and Where Needed	20.24%
• Information Dissemination/Public knowledge of services available	17.86%
• Flexibility in Making Changes/Improvements	17.86%
• Clear Focus on Service Priorities	13.10%
• Creativity in Designing Public Relations and Outreach Opportunities	10.71%
• Quality of Customer Service	8.33%
• Winning the Goal of Improving Public Health, (i.e. obesity, smoking)	7.14%
• Ease for Public to Access Services	4.76%
• Prepared to Respond to Emergency Situations/Outbreaks	3.57%

III.Q3: What do you see as important growth opportunities for CUPHD as we move into the future?

• CUPHD Sponsored Education Opportunities, i.e. tuition reimbursement	56.79%
• Improve New Staff Orientation in Program Specific Areas	45.68%
• Operate Programs Beyond what is Provided through Grant Funding	44.44%
• Cross Training Staff to have Multiple Layers of Coverage	34.57%
• Expand Community Outreach to Promote Healthy Behavior	25.93%
• Monitor & Focus Services on Priorities identified thru community engagement	24.69%
• Increased Focus on Collaborative Efforts between Divisions	22.22%
• QI/Performance Management Processes Become a Concrete Part of CUPHD	19.75%
• Increase Services in Specific Areas of Need (please specify area below)	6.17%

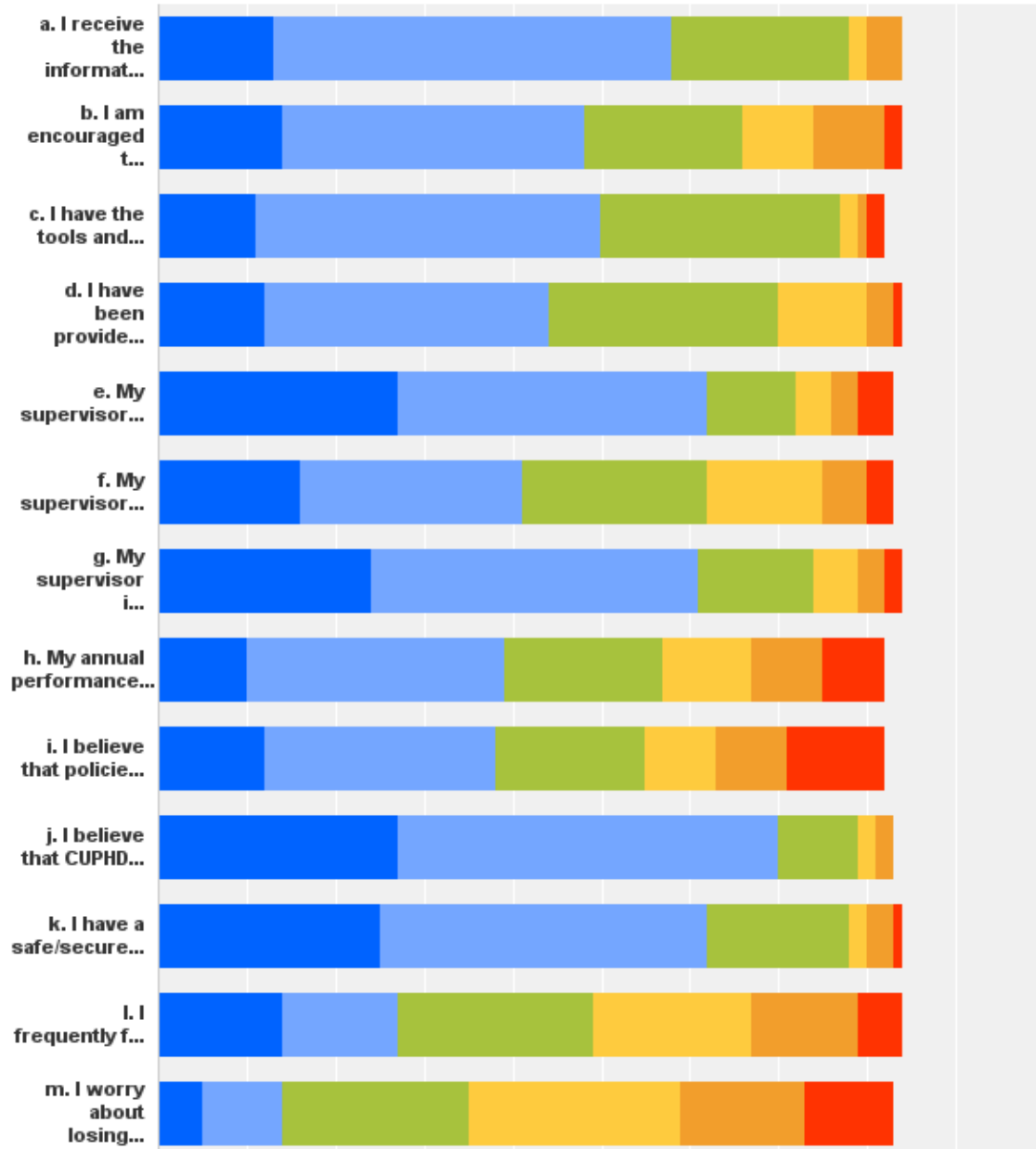
IV. Q4: What do you see as challenges that CUPHD may face as we move into the future?

- Seeking Additional Funding Sources 78.31%
- Changes at the Federal and State Level on the Direction of Public Health 65.06%
- Keeping Staff Engaged and Confident in their Jobs so they Stay 60.24%
- Keeping up with Technology to Enhance Client Services 40.96%
- Scalability of Staff to Effectively Address Service Priorities 19.28%
- Promoting Public Awareness of all Services Available 14.46%

V. Q5: How would you rate the following statements?

Answer Options	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
a. I receive the information I need to do my job effectively	13	45	20	2	4	0
b. I am encouraged to come up with new and better ways of doing things	14	34	18	8	8	2
c. I have the tools and resources I need to do my job effectively	11	39	27	2	1	2
d. I have been provided the necessary training to do my job effectively	12	32	26	10	3	1
e. My supervisor treats me with dignity and respect	27	35	10	4	3	4
f. My supervisor gives me ongoing feedback that helps me improve my performance	16	25	21	13	5	3
g. My supervisor is readily available to me when I have a question or concern	24	37	13	5	3	2
h. My annual performance evaluation provides me with meaningful information about my performance	10	29	18	10	8	7
i. I believe that policies and procedures in my work group are applied equally to all employees	12	26	17	8	8	11
j. I believe that CUPHD demonstrates and supports a diverse workforce	27	43	9	2	2	0
k. I have a safe/secure workplace	25	37	16	2	3	1
l. I frequently feel stress in my job	14	13	22	18	12	5
m. I worry about losing my job	5	9	21	24	14	10
n. I believe that CUPHD practices high standards and ethics	24	37	9	7	4	2
o. I believe that the morale in my work group is generally high	14	28	17	9	10	6

p. Teamwork among my co-workers is good	12	36	18	9	6	3
p. I believe that CUPHD is a good place to work	37	30	14	1	2	0



VI. Q6: How long have you worked at CUPHD?

- 1-5 years 33.33%
- 6-10 years 29.76%
- More than 10 years 15.48%
- Less than 1 year 10.71%
- More than 15 years 10.71%

VII. Q7: What makes you stay at CUPHD?

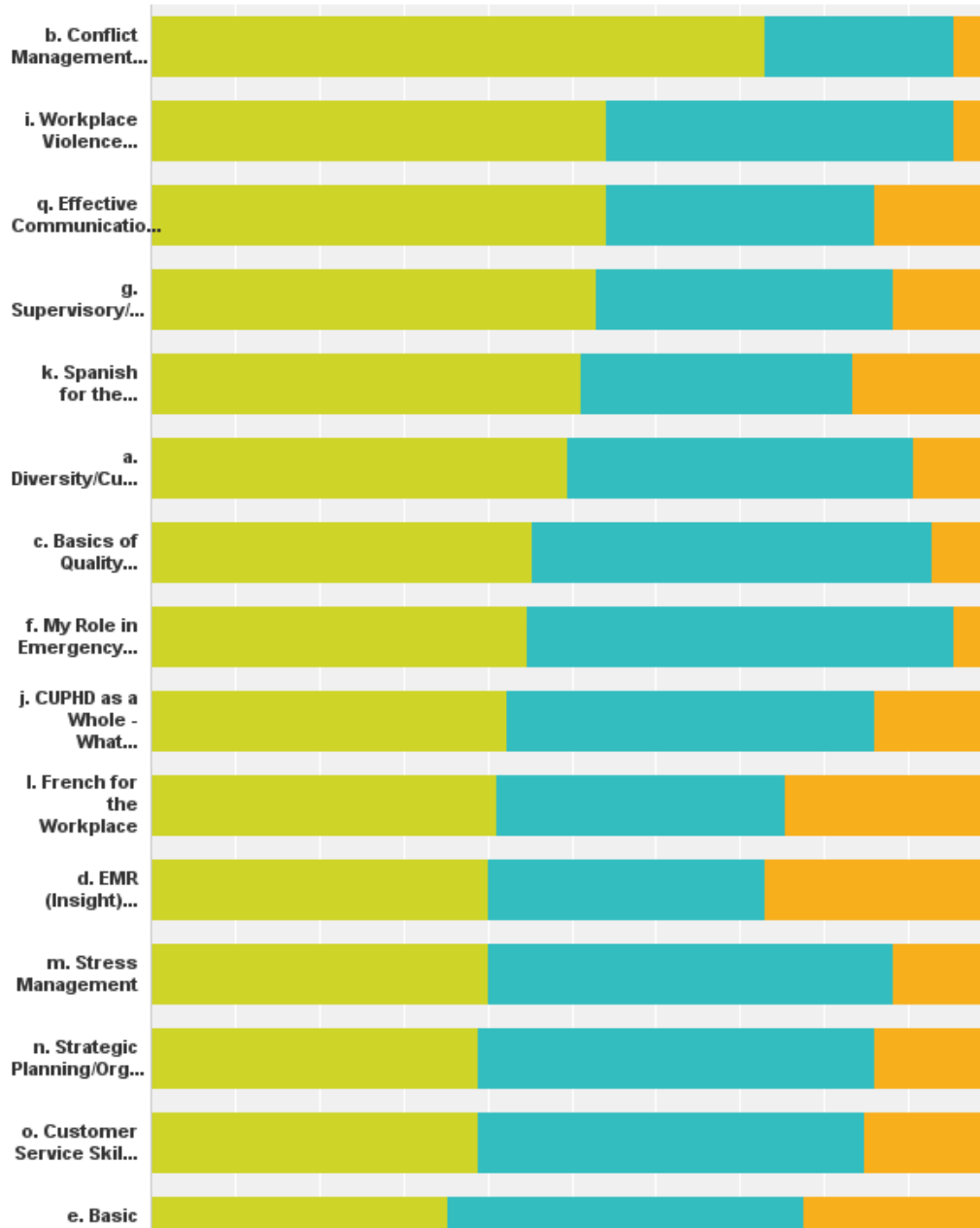
- Benefits 70.24%
- Love What You Do 69.05%
- Hours 59.52%
- IMRF Pension 52.38%
- Co-workers/Supervisor 34.52%
- Pay 26.19%
- Lack of Opportunities Elsewhere 16.67%
- Career Advancement Opportunities 5.95%

VIII. Q8: If you are considering leaving CUPHD within the next 2 years, why?

- More Money 59.62%
- Career Advancement Opportunities 55.77%
- Dissatisfaction with Supervisor(s) 28.85%
- Relocation 26.92%
- Educational Advancement 25.00%
- Dissatisfaction with Co-workers 15.38%
- Dissatisfaction with Job Responsibilities 13.46%
- Better Benefits 9.62%

Q9 SECTION C: TRAINING NEEDS How important to you are the following training topics?

Answered: 85 Skipped: 0



SWOT ANALYSIS OF STAFF SURVEY

STRENGTHS

- Excellent customer service
- Variety of services offered
- Interactive and available to the media
- Supportive and informed Board of Health
- Accessibility of CUPHD location/services
- Interdivisional & Community Collaboration
- Providing services to those in need
- Staff is dedicated and committed
- Leverage local resources, including UIUC
- Innovative & exemplary programs: EH, WIC, HIV/STD, Dental, Mobile Services
- Transparency & Teamwork
- Wellness initiatives for staff Strong Infrastructure
- Established partnerships and local, regional, state and national levels.
- Strong community relationships.

WEAKNESS

- Staff not adequately trained to perform their job
- Staff not clear on job expectations
- Community unaware of all of the services we provide.
- Staff security concerns
- Increase fairness at CUPHD
- Need a standard new employee orientation
- EMR training. Getting all staff up to speed.
- Improvement needed on formal performance management system. QI on measuring impact.
- On-going staff training on QI, computer programs, EMR, dealing with difficult clients.

OPPORTUNITIES

- Implement programs based on needs assessments
- Improve community outreach
- Another pandemic
- Affordable Care Act
- Reduction in services or closing of other local health departments--Regionalization
- Diversification in funding
- Federal matching funds
- Creating 501c3 foundations to support CUPHD services

THREATS

- Community not aware of the services we provide
- Changes at state & federal level of public health priorities
- Inadequate funding
- Pandemic
- Affordable Care Act
- Reduction in services or closing of other health departments—Regionalization
- Reductions in state & federal funding
- Increase in cost of employee benefits
- Changes in boards/local politics

Community Partner Survey Results

A. In what capacity do you collaborate with Champaign-Urbana Public Health District?

- Advocacy or Program Partner 43.18%
- State Agency Partner 11.36%
- Healthcare Provider 11.36%
- Neighboring Local Health Department 6.82%
- Consumer 2.27%
- Other 34.09%

B. Which option best describes the level and/or frequency in which you have collaborated with CUPHD in the past 3 years?

- Frequently 47.73%
- Somewhat frequently 27.27%
- Somewhat infrequently 20.45%
- Infrequently 4.55%

C. Overall, how satisfied are you with the Public Health Leadership provided by CUPHD?

- Satisfied 86.84%
- Somewhat satisfied 13.16%
- Somewhat dissatisfied 0.00%
- Dissatisfied 0.00%

D. In terms of being a good partner and collaborator, which of the following should CUPHD focus on improving over the next 3-5 years? (Please select all that apply)

- Collaborative planning initiatives 78.95%
- Public health and health care integration 39.47%
- Resource allocation 34.21%
- Needs assessment 28.95%
- Improving health equity 28.95%
- Policy development 18.42%
- Cultural competency 10.53%

E. Is CUPHD effectively communicating to the community about services we offer? Is there widespread knowledge of CUPHD and our services?

- Yes 68.42%
- Needs Improvement 26.32%
- Unsure 5.26%

F. Does CUPHD have a positive reputation in the community?

- Yes 94.74%

- Unsure 5.26%
- Needs Improvement 0.00%

G. Is CUPHD successfully linking people to needed personal health services and assuring the provision of health care when otherwise unavailable?

- Yes 57.89%
- Unsure 36.84%
- Needs Improvement 5.26%

H. Identified gaps in services in our community that CUPHD can facilitate or fulfill? Top Five Comments

- Mental health and addiction prevention & outreach.
- Population Health
- Effective communication
- Violence as a public health issue.
- Built environment

Pre Strategic Plan Discussion: Directors Vision

- 1) Succession plan for specific positions that will be retiring in the next few years
- 2) Establishing Indirect Cost rate 10% minimum or more depending on true indirect cost
- 3) Maximizing Billable services revenue for existing services
- 4) Sign on Bonus for New Hires (Nurses)
- 5) IT Back up and Succession plan
 - a. If staff is unavailable
 - b. If system is down
 - c. Specific staff system is completely down
- 6) Improving Client Navigation through Carle and Frances Nelson
- 7) Repair or replace roof
- 8) Website Update
- 9) Merit system for Employee Evaluation.
- 10) Review Employee Evaluation tool
- 11) Increase Revenue with Medicaid and Private Billing
 - a. Workgroup to determine what is being billed regularly and how much do we get paid for specific services/codes
- 12) Improve coordination with IPLAN partners on priorities
- 13) Assess current Senior Services for Chronic Disease. If gap identified, address it.
- 14) Work with External Contractor for maximizing billing
- 15) Improve the Billing and Benefit time software
- 16) Insight Web version
- 17) IT training : Word/Excel

Strategic Plan Scan response: Division Lead responses

Programs & Services

IX. Financial

a) Which existing programs need more \$ and for what?

- Community Health Plan
- Food: a) increase in the number of establishments, b) added certified housing kitchens (~75), c) need to find/add vending locations/delivery services per new food code, d) need to increase staff in plan review, e) need support staff time for new food code fact sheets, etc., and f) need increase support staff. Food: increase progress in FDA-VNRRFP (national standards). Food: add education requirement for temporary food. Potable Water: increase in water well and closed loop well construction. Body Art: add program when IDPH list complete.
- IBCCP is requesting 1 intake position to assist with the Peoria caseload. Dental equipment is aging
- TB DOT needs additional funding; HIV prevention, STD clinic and Family Planning can do more billing of services, more billing of clients, set standard fee for STD clinic clients; Sell large mobile; Ask County Jail to pay for services

b) Where might new \$ come from?

- Medicaid Revenue/Billable services
- Fees, taxes, grants.
- Grants

c) Where might new \$ be best invested in new initiatives?

- Invest in existing programs and their requirements, e.g. routine inspections.

d) Which programs/services have high cost/low benefit (or success) ratio?

- Travis 'sustainability report'

- Required programs.
- IBCCP

e) Which programs/services could be provided by another partner more cost effectively?

- LHD assigned the responsibility

f) Other?

- Potentially payroll software

X. New Initiatives Based on Need (CHIP, etc)

a) What needs have surfaced that the organization should address?

- Continue to focus on Denials, monthly reporting to Directors & Refunds
- PrEP
- Advocate for community education in reducing juvenile crime; needs of refugees coming to area
- Adult Vaccine??; Viral Load/CD4 for clients who have access issues at Carle

b) In what way (provided by org or by another partner?) should the needs be met?

- Need \$\$\$ to implement community infrastructure plans for active transport. FQHC functionality and mission.
- Provide TA for other providers to provide this service (ideally part of their primary medical care)

c) What is the organization best positioned to do?

- advocate for equity
- Lead by example. Provide technical assistance.
- Preventative services through education

d) Other?

- EH not a priority in CHIP, but it is a supporting infrastructure that requires continual investment.

XI. Marketing and Communication

a) How effectively are the organization's services and programs being marketed?

- I think we could improve on all of this.
- EH: website, Facebook, Twitter, "Read the Sign Before You Dine" and "You It's What's For Dinner" park signs
- Somewhat effectively
- Collectively, we need a designated staff person to maintain our social media and other marketing plans for all the programs...website etc.
- Update the CUPHD website

b) How effectively is the value of public health or an understanding of what it takes to improve health and healthy equity, being communicated?

- "Read the Sign Before You Dine" and Zika discussed by contacts and neighbors.
- Could improve.

c) How does marketing strategically need to be improved on the organization's programs, services and the value of public health?

- "Read the Sign Before You Dine" needs messaging.
- We need more of an emphasis on CORE services (required) and then all of the other things that we do to fill in gaps in the community.

d) What, if any, accreditation gaps or other standards regarding programmatic communication need improved?

- Unknown, needs review.

e) Other?

XII. Quality and Performance Improvement

a) How well is the organization measuring quality and performance across all programs and services?

- Improving every year
- EH: Program Review of Food, water, and sewage programs. Food: Verification audits for two FDA-VNRFRP standards (out of 9) with one being Quality Assurance.
- I think it is doing a good job.
- Could improve.
- I think that we measure quality and performance well as it is a grant deliverable.

b) How effective is the performance management system at measuring programmatic and service quality, efficiency, effectiveness, and overall progress towards outcomes?

- EH has been able to measure outcomes, but could do more if had additional staff assigned to explore our inspection data and to create outreach efforts.
- Finance still has Capital Asset Inventory, Insight Patient Refunds, Insight Denials Small Court of Claims to complete.
- Our performance is measured by grants/IDPH. We need internal measurements

c) What are the gaps?

- The number one gap is time, but as performance standards and reporting development has occurred, more time becomes available for the next standard(s).
- need more individual level performance measures

d) Other?

XIII. CHIP Implementation

a) How is the organization supporting and assuring CHIP implementation?

- In-kind staff time
- Key staff attend the meetings. CUPHD puts money towards a staff position.

b) What does the organization need to do to ensure implementation?

- Advocate for Leverage funding for interventions.
- more partner participation/funding

c) What is the organizations role in ensuring PSE improvements are made?

- We can provide staff time, expertise, suggestions of evidence-based practices, etc., but ultimately the community groups have to be on-board with the strategies. Without funding for specific strategies, there is no real way to gain compliance.

d) How is CHIP implementation being tracked, monitored and reported?

- Part-time employee
- Piece-meal. Most of the projects that are related to CHIP do not have specific goals to meet--so it is difficult to collect relevant data & evaluate.

e) Other?

- We should continually assess where tax dollars are going and what they support (ie, overhead, programmatic support within or outside CHP)

XIV. Policy and Systems Change

a) What is the organizations role in policy and systems improvement? Is it adequate? How can it be strengthened?

- Supportive partner. Could pilot direct funding for systems changes???
- CUPHD does best in areas where we have statutory authority. In other areas, and without a specific grant or contract with the IDPH/DHS, etc., we are often relegated to an advisory role.

b) What local, state or federal policies might the organization need to support and in what ways?

- Tobacco purchase age, HEAL Act?
- New food code
- We always need to support those policies that are in line with our mission. We do so now by serving on committees, attending meetings, meeting with legislators, providing testimony, etc.

c) How might local, state and national policies impact the organization or the community served?

- grant funding decreases?
- New food code
- They can influence or even mandate what we do. Additionally, any policy that comes with funding has much more of a chance of success

d) How is the organization periodically reviewing local policies and actively participating in updating them or in some cases enforcing them?

- The Administrator, Directors and Program coordinators attend relevant meetings with funders/grantors, by reading professional publications (NACCHO, NALBOH, APHA, etc.)

Other?

Infrastructure

XV. Financial

a) What does the financial analysis of the organizations budget tell the organization about their sustainability and preparation for the future?

- New report created by Travis
- Currently we seem to be solid, but because of the nature of dealing with the State of Illinois grant fund delays, it is hard to know from quarter to quarter
- What financial tools are needed to answer the question?
- The fund balance of CUPHD remains strong at approximately forty percent of budgeted expenditures. Grant Funding continues to decrease which is mostly reimbursement based. CUPHD would benefit from increasing diversity of funding which is not totally reimbursement based. Potentially increasing contracted services provided to other organizations?
- It shows which programs are self-sustaining, and which programs/services
- Monthly financials would benefit overall evaluation of success on a timely basis
- Need to use new tools to review how tax dollars are allocated to programs; need to know what is billed out vs. what has been reimbursed for each service

b) What are the financial needs?

- Finance
- Need the State of IL to pay grants on time.
- Salary, fringe benefits, IMRF, utilities, mortgage, maintenance, insurance, program supplies, communications, support services (finance, HR, IT)
- Allocation of property tax is done by a weighted average of individual projects net surplus/net loss. Finance allocates each month based to each project that has year to date net loss. At the end of the year, any net surplus will be allocated between all projects by a weighted average.

- Continue with periodic salary surveys to maintain competitiveness.

c) How is funding allocated across the organization?

- Programs are charge direct expenses and then indirect costs are allocated according to a formula (facility charges by square foot of Division, HR by % of staff; etc.
- Last minute plug in to fit expenditures
- Some specifically by grant/program. Others by need or directive

d) What may need to change to fulfill the mission, achieve the vision and meet the needs of the future?

- Concentrate on policies and systems. Keep programs grant specific
- Staff cross-training to do more than one function; audit positions to determine how productive employees are on a daily basis, weekly, monthly. Are there time gaps? Can some staff handle more responsibility? Others need less responsibility?
- Planned funding allocations; realizing the indirect costs
- Needs to change would include better reporting and project management.

e) Other?

- MCH is only 'sustainable' due to Federal Medicaid Match. How do we get more Divisions to be 'sustainable'. How much of a tax levy to other PHD spend on 'overhead' and indirect support.
- New "sustainability" reporting from Finance (Travis) will be very helpful moving forward.

XVI. New Initiatives/Needs

a) What internal organizational needs have surfaced through board discussions, accreditation feedback, staff feedback, customer feedback etc.?

- Leadership trainings, Excel/Word training for staff requested through annual employee workforce development needs survey.
- Planned funding allocations, additional EH inspection/plan review staff(County board, Urbana mayor)

- Defined guidelines/policy of how to handle budget deficits, which includes Board Oversight.
- Improved training for supervisors, better usage of EMR system,

b) What, if any, QI initiatives have been identified through any of the mechanisms listed in the previous question?

- QI project was initiated to review and implement leadership trainings for Program Coordinators.
- None, we should try some options to discuss/solve the problem before declaring QI.
- Re-evalutaion of all fees.
- Quarterly coordinator's meeting

c) Other?

- Continue to work on efficiencies in check-in processes (customer feedback).
- Conducting an employee evaluation training for supervisors (Program Coordinators/Directors) so they are comfortable setrting objectives, having difficult discussions, etc.
- Excel/Word trainings as identified by the annual Workforce Development Plan.
- Evaluation of a payroll program that links to Financial Edge and allows for employee corrections instead of payroll, which leads to inconsistent year-end reports.

XVII. Marketing and Communication

a) How effective is internal communication?

- Always room for improvement
- Some Divisions seem to function with a high degree of communication; others appear to need improvement
- Very well.
- I sent this list of questions and asked for examples for each, and discussed their responses individually to make sure I truly understood their thoughts/definitions. Summary: Sharing of information by various methods in order to insure everyone has the information they need to do their job efficiently and effectively.

- It is mostly effective, but only in top-down (director to staff) form
- Staff presentation from other depts at ID staff meetings has helped understand other programs; Add "search" feature to Intranet; Primary internal communication is through email and is only as effective as the receiver opening/attending to the email

b) How does internal communication need to be improved?

- Maybe competency modules on internal policies?
- The latest QI project on employee onboarding which resulted in an entirely new system, still has some gaps as far as Director input on program needs in terms of their areas.
- Remember to do all of the time.
- Internal communication within Finance/Central Intake is pretty good (there is always room for improvement), but processes have been developed where most of the time everyone who needs to know is aware of the full impact and/or there are internal controls in place that allows them to know they need to find out.
- Communication is often a cited issue for staff. There is a need for improving top-down communication

c) How effective does the organization market the value of Public health, culture of health. culture of quality and health equity internally?

- COVE, PHIT Club, Wellness Committee, but no consistent marketing plan.
- A huge strength of CUPHD.
- Very well
- Internal communication between Divisions are not good. There seems to be a perception that if a few people know, then everyone knows which is not the case. While improving, improvement still needs to occur on identifying who needs to be involved and when. There are times when key individuals are left out of the discussions and ends up creating work on the back-end, or individuals are brought in that truly do not need to be involved. There are also frequent occurrences with Directors not going directly to the individual(s) they have a misunderstanding with or believe is incorrect, but tell everyone else in the agency. This actually promotes working against each other rather than together as a strong, united team as a model to employees.
- Staff orientation is critical to the mission of the CUPHD with continuous educational in-services agency overall

d) How do you know how staff define and understand these terms?

- Training, questions asked, concerns voiced.
- We could potentially address and minimize internal issues by hands-on-training which includes providing general guidelines to help staff work together as well as assisting clients on topics such as ethics, addressing conflicts, tone, email wording, gossiping, etc. We could approach this by recognizing that we all have different backgrounds/histories/experiences, and there is a way to handle things and there an even better way to handles things which will promote personal and professional growth.
- Somewhat effective. Staff often complain that they don't know anything about other programs within CUPHD.

e) How effective is the organization with internal marketing and communication of staff programs and services and the types of programs and services the organization offers and how they work?

- So-so. Should continue interdivisional trainings.
- The employee wellness committee has worked very hard to engage staff in wellness initiatives, but participation rate remains low
- Very Well
- Internal marketing is not good. We could do more to market to employees such as maybe an informal luncheon with a nutritionist, informal meeting with IT to learn, how many staff are aware they can get free condoms just by asking, etc.

f) How are staff tools used like intranet, shared drive etc. What may be needed?

- Division Reports, policies available online
- Sharepoint is a good resource for sharing info, installing the new upgrade seems to be a challenge. Maybe a different tool entirely?
- As needed
- Shared drive is used occassionally. Intranet is used frequently but staff feel it is not very user friendly and it's difficult to locate an item needed. Also names of necessary forms are not always named in order to identify them easily.

g) Other?

XVIII. Quality and Performance Improvement

a) What internal administrative processes and programs need improved and why?

- Employee performance management; current format is only a tool used as the basis for gathering information that unless supervisors take the necessary time to give serious consideration (setting objectives, defining strengths and areas for improvement) no tool will be effective. Leaders need to be trained to use the tool effectively. Supervisors should also be trained that the biggest part of the employee eval. process comes from having the conversation in person and in-depth. Employees would also like to evaluate their supervisors
- Good until policy changes presented to board, e.g. SL policy.
- QI showed that we did not have systemic problem, yet SL policy was changed. Staff informed of change?
- Speed up the time it takes to get someone hired. We have lost good people while we waited to get back to them with an offer
- Coordinator meetings are helpful; need quarterly "training reminders" for all staff to participate in PM activities

b) How effective is the performance management system functioning overall?

- As needed. Could use [incomplete]
- More staff need to be trained on how it works.
- Ok

c) How does the overall PM system need improved?

- Communicate findings
- May be helpful if the performance management is available for staff to look at via intranet.

d) How effective is the performance management system at measuring administrative efficiency, effectiveness and overall quality?

- Would like to see this continue to grow.

- Used to measure specific program issues
- New on-boarding procedure and evaluating central supply were very good examples of success.
- Effective per each goal.

e) Are there performance measures for administrative functions? What needs improved?

- Billing? Billing gross versus revenue received?
- Yes (staff turnover reporting; productivity reporting) need to start tracking how long it takes us to hire (from initial job post to making the offer).
- Yes

f) What accreditation gaps are present in Version 1.5?

- Unknown

g) Other?

- Help-desk efficiency and feedback loop for communication. Need to prioritize client-related issues/needs.

XIX. IT/Information Systems

a) What IT and Info Systems needs does the organization have now and to prepare for the future?

- Continue to build out EMR use efficiency
- Payroll outsource vendors-Finance/HR collaboration team needs to check to see what other vendors/sources are out there. More efficient? More robust? Better ACA year-end functionality; more reporting capabilities.
- Unknown
- More hard drive space and email storage. IT needs to be more consumer-friendly and responsive.
- Increase IT exposure to all departments for continuous improvement in assisting staff with knowledge of computer systems.
- Create new "superusers" so that common, simple fixes could occur in the division; improved customer service;

b) What IT and Info Systems solutions may be needed to support tracking, monitoring and reporting for the CHIP and organization's PM system?

- Detailed financial transactions if transparency issue
- It would be great to have a dashboard system for the website that shows progress towards goals. These are done in other communities.

c) What IT and Info Systems solutions may help with budget efficiencies and reductions in waste?

- payroll system needs to 'talk' to financial software
- unknown
- Consider outsourcing.

d) What data needs and solutions exist for improved local cross sectoral data sharing at the local level?

- Do we do anything with vital records data?
- Why?
- HIE. Law changes that allow mental health to share data with health care providers.

e) Other?

XX. Staffing, Board, and Leadership

a) Are there any turnover issues? If so, where and why?

- turnover is low
- Turnover with Nursing staff is of concern; Nurses can make more money/bonuses elsewhere. Hours/benefits are great at CUPHD in comparison, but salary is an issue. Also, high turnover with intake specialist positions in Central Intake.
- Normal

b) Are there staffing gaps? If so, where and why?

- Central Intake seems to be difficult to staff efficiently (more or less staff at certain times of the day). In addition, Central Intake Staff are utilized elsewhere throughout the day in Finance, EH, Vital records.
- EH, need more staff for plan review and inspections.

c) Does the diversity of the staff match the community being served? If no, what needs exist?

- pretty well
- Yes, very much so, We are right on target with community representation for African-American employees; Hispanic employees; and over the target on Asian employees.
- HR routinely informs.
- No, but getting better.

d) Is there a succession plan in place? If no, what are the plans for developing one?

- No, this needs to be addressed as we have 5 management employees who will retire within the next 4-5 years (this needs to be a priority for HR this next strategic planning period).
- For?
- None in place. No formal plan in place currently.

e) Is the Board membership diverse? Does recruitment of new board members need to be conducted?

- legislatively mandated
- Board members are appointed through statute, so unless the statutes were to change we can't change the makeup. No current diversity.
- Elected board.
- No. It is not within our ability to change this. The BoH positions are elected.

f) How are leaders supported and developed (including those in nonmanagerial positions)?

- i don't think in the past leaders were supported very effectively, however, we are making headway on training them to be more confident.
- Program Coordinators meeting to discuss needs is a good step.
- Quarterly coordinator meeting. Trainings/meetings related to program areas.

g) Other?

XXI. Learning and Growth

a) Is there a Workforce development plan in place?

- Yes
- EH working on FDA-VNRFPR Standards; Out of nine program standards, two standards include workforce development and one of which (Standard #4 for QA) has been met.
- No

b) How well is the Workforce Development plan being implemented?

- Overall, it is on target; however, some trainings still have gaps
- Well

c) What are the gaps?

- education reimbursement
- Computer training on basic Excel/Word possibly Access, Sharepoint.
- Employee evaluation tool is too long with redundant questions; need to create a merit system; provide more Continuing Education opportunities for employees

d) Are staff evaluated related to performance goals and objectives?

- at the grant deliverable level
- COLA
- YES

e) How are leaders developed?

- on the job
- Currently we are working on leadership trainings for supervisors (most recent FMLA, Corrective Action Steps) but the need list is long
- Default

f) How are staff kept uptodate on PH skills, knowledge and certificates?

- competency tests?
- yes

g) Are staff effectively developing cultural and linguistic competency and humility?

- Believe there are, yes. Annual training and the diversity of our clients make it necessary
- Yes, if they understand me.

h) Other?

Implementation and Accountability Plan

The Objectives and action plans for each strategic goals has identified measures of success that are desired 2019 outcomes, as well as a set of measureable objectives and activities for all three years of implementation (January 2017 through December 2019)

A scorecard of measures has been developed for monitoring and reporting progress. Progress will be monitored using the scorecard on a monthly or at least quarterly basis by the CUPHD Leadership Team and reported on a minimum of an annual basis to the Champaign-Urbana Public Health District Board of Health.

Strategic Priority 1: Workforce Development

Goal 1: Continuously work on expanding the knowledge and skills of CUPHDs workforce to provide outstanding public health services for the C-U community.

Goal 2: Create a culture where employees feel satisfied and valued and therefore remain at CUPHD.

Strategic Priority 2: Funding

Goal 1: CUPHD will maintain healthy revenue/expense trends and encourage growth.

Strategic Priority 3: Communications

Goal 1: Improve Internal Communication

Goal 2: Improve External Communication

Strategic Priority 4: Align Priorities with Community Health Improvement Plan

Goal 1: Aligning all CUPHD programs and services with CHIP

Strategic Priority: Align Priorities with Community Health Improvement Plan

Goal 1: Aligning CUPHD programs and services with CHIP	
<i>Objectives:</i>	<i>Strategies: Obtain all objectives by 12/2019</i>
<i>Health Equity is the lens for all programs/services/policy.</i>	
<i>Accessing our services for alignment with CHIP.</i>	
<i>Undertaking one policy agenda per year.</i>	

Strategic Priority: Funding

Goal 1: CUPHD will maintain healthy revenue/expense trends and encourage growth.	
Objectives:	Strategies:
<p><i>On June 30, 2018, grow FY18 billable services revenue by 3% compared to the previous FY.</i></p> <p><i>On June 30, 2019, grow FY19 billable services revenue by 3% compared to the previous FY.</i></p> <p><i>On Dec 31, 2019, grow projected FY20 billable services revenue by 3% compared to the previous FY.</i></p>	<p>1.1 Decrease Bad Debt</p> <p>1.2 Review Standard Charges</p> <p>1.3 Potential Expanding Services</p>
<p><i>On June 30, 2018, have a expense /revenue ratio (operating expenses lower than revenue) lower than 1 for FY18.</i></p> <p><i>On June 30, 2019, have a expense /revenue ratio (operating expenses lower than revenue) lower than 1 for FY19.</i></p> <p><i>On Dec 31, 2019, have a projected expense /revenue ratio (operating expenses lower than revenue) lower than 1 for FY20.</i></p>	<p>1.1 Increase Program Sustainability</p> <p>1.2 Improve Cost Efficiencies</p>

Strategic Priority: Workforce Development

<p>Goal 1: Continuously work on expanding the knowledge and skills of CUPHDs workforce to provide outstanding public health services for the C-U community.</p>	
<p>Objectives:</p> <p>1. By August 2017, 70% of new employees will report that their onboarding/orientation to CUPHD was effective.</p> <p>By August 2018, 80% of new employees will report that their onboarding/orientation to CUPHD was effective.</p> <p>By August 2019, 90% of new employees will report that their onboarding/orientation to CUPHD was effective</p>	<p>Strategies:</p> <p>1.1.1 Complete division-specific onboarding/orientation standards to be made part of the overall onboarding/orientation plan.</p> <p>1.1.2 Track ongoing progress of onboarding orientation for new employees throughout his/her first year.</p> <p>1.1.3 Ensure all new employees are assigned a mentor.</p> <p>1.1.4 Ensure all new employees are surveyed at the end of their first year to gauge effectiveness.</p>
<p>2. By December 2017, 55% of CUPHD’s employees will report they have been given the necessary training to do their job effectively.</p> <p>By December 2018, 65% of CUPHD’s employees will report they have been given the necessary training to do their job effectively.</p>	<p>2.1.1. Assess employee training needs on an annual basis.</p> <p>2.1.2. Arrange priority trainings to be provided based upon findings of annual Training Needs Assessment.</p> <p>2.1.3. Assess employees’ degree of satisfaction with training(s) once it has been provided.</p>

<p><i>By December 2019, 75% of CUPHD's employees will report they have been given the necessary training to do their job effectively.</i></p>	
<p>3. <i>By September 2017, 60% of CUPHD's employees will report that their performance evaluation was meaningful.</i></p> <p><i>By September 2018, 70% of CUPHD's employees will report that their performance evaluation was meaningful.</i></p> <p><i>By September 2019, 80% of CUPHD's employees will report that their performance evaluation was meaningful.</i></p>	<p>3.1.1. <i>Require a minimum of 1-2 objectives for each employee's annual performance evaluation.</i></p> <p>3.1.2. <i>Require Directors/Supervisors to meet in-person with the employee receiving the evaluation.</i></p> <p>3.1.3. <i>Remove job-description-specific evaluation criteria from employee evaluation template until such time as job descriptions more closely align with responsibilities performed.</i></p> <p>3.1.4. <i>Survey staff to find out why they don't feel evaluation is meaningful.</i></p>
<p>4. <i>By December 2017, CUPHD will have identified feasible educational opportunities for employee career advancement.</i></p>	<p>4.1.1. <i>Research educational opportunities for employee career advancement that are effective, efficient, cost-effective and allowable using government funds.</i></p>

Strategic Priority: Workforce Development

Goal 2: Create a culture where employees feel satisfied and valued and therefore remain at CUPHD.	
<i>Objectives:</i>	<i>Strategies:</i>
<p>1. CUPHD will maintain its current 5-yr. average employee <u>voluntary/avoidable</u> turnover ratio of 8.91% through December 2017.</p> <p>By December 2018, CUPHD will decrease its 5-yr. average employee <u>voluntary/avoidable</u> turnover ratio by 1%_ to 7.91%.</p> <p>By December 2019, CUPHD will decrease its 5-yr. average employee <u>voluntary/avoidable</u> turnover ratio by 1% to 6.91%.</p>	<p>1.1.1. Complete statistical analysis to identify job classifications, divisions, and programs that have greater levels of turnover.</p> <p>1.1.2. Assess exiting or potentially exiting employees for reasons they are leaving.</p> <p>1.1.3. Evaluate key positions pay structure compared to similarly situated positions elsewhere.</p>

<p>2. By December 2017, 50% of CUPHD's employees will report that the morale in their workgroup is high. By December 2018, 60% of CUPHD's employees will report that the morale in their workgroup is high.</p> <p>By December 2019, 75% of CUPHD's employees will report that the morale in their workgroup is high.</p>	<p>2.1.1. Assess Divisions/Programs overall morale level.</p>
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Strategic Priority: Communication

Goal 1: Improve Internal Communication	
<i>Objectives:</i>	<i>Strategies:</i>
- By December 2017, improve staff communication between divisions by 20%	- Develop an internal communication team to provide quarterly newsletters
- By December 2017, improve agency communication by 50%	- Develop and distribute an agenda prior to each all-staff meeting
- By December 2017, improve the staff's knowledge of available internal systems and resources by 20%	- Set up trainings for learning SharePoint

Strategic Priority: Communication

Goal 2: Improve External Communication	
Objectives:	Strategies:
<ul style="list-style-type: none"> - By December 2017, improve the community’s satisfaction of relevant information on the website by 10% 	<ul style="list-style-type: none"> - Assign one person per department to monitor information and provide updates to the IT department
<ul style="list-style-type: none"> - By June 2017, improve the community’s knowledge of CUPHD’s plans and strategies by 30% 	<ul style="list-style-type: none"> - Update the website to include links or “hot buttons” with the I-Plan, Strategic Plan and CHIP information on the main page
<ul style="list-style-type: none"> - By June 2017, improve CUPHD’s communication with the community by 50% - By December 2017, improve the community’s knowledge of available services at CUPHD by 30% 	<ul style="list-style-type: none"> - Add a feedback link on CUPHD’s website - Share client success stories and education through Facebook posts



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Strategic Planning Implementation Plan

Align Priorities with Community Health Improvement Plan

YEAR 1 STRATEGY AND IMPLEMENTATION PLAN				
Goal 1: Aligning CUPHD programs and services with CHIP		Planning Team Lead: Julie A Pryde		
Objective 1: By the end of 2019, CUPHD will have HEALTH EQUITY POLICIES implemented in at least three CUPHD programs/services				
Year 1 Strategy 1.1.1: By the end of 2017, CUPHD will assess teen pregnancy rates to establish baseline data of health equity.				
XXII. Activities <i>(describe the activities/ interventions which will lead to the objectives being achieved)</i>	Resources <i>(list the resources needed for implementation of each activity)</i>	Performance Indicators <i>(how will we know this is achieved?)</i>	Responsible Parties <i>(list who will lead the activity)</i>	Time-frame <i>(month/year to month/year)</i>
A. Create a GIS map of Champaign County using vital records data of teen pregnancies by zip code	Vital Record data base GIS mapping	GIS map of teen pregnancies in Champaign County	Deputy Registrar GIS Lab	3/2017
B. Create a report that describes the teen pregnancies by zip code to determine health equity	GIS map	Report on GIS data	Awaiss Vaid	4/2017

Year 1 Strategy 1.1.2. By the end of 2017, CUPHD will assess the OBESITY data to establish baseline data of health equity.				
XXIII. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. By the end of 2017, CUPHD will assess obesity rates to establish baseline data of health equity.	Carle/Health Alliance BMI data by address for 2016	BMI database	Julie Pryde	6/2017
B. By the end of 2017, CUPHD will create a report with baseline data and any health inequity findings.	BMI database	Obesity Health Equity Report	Awais Vaid	9/2017
Year 1 Strategy 1.1.3: By the end of 2017, CUPHD will assess ADVERSE BIRTH OUTCOME data to establish baseline data on health equity.				
XXIV. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. By the end of 2017, CUPHD will assess adverse birth outcomes data to establish baseline data of health equity.	Vital Records data GIS Lab	GIS map of adverse birth outcome data	GIS Lab	6/2017
B. By the end of 2017, CUPHD will create a report with adverse birth outcome baseline data and any health inequity findings.	Adverse birth outcomes GIS map	Adverse birth outcomes Health Equity Report	Awais Vaid	9/2017
Year 1 Strategy 1.1.4: By the end of 2017, CUPHD will assess IMMUNIZATION data to establish baseline data of health equity				

XXV. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. By the end of 2017, CUPHD will assess immunization data to establish baseline data of health equity.	Vital Records data GIS Lab	GIS map of immunization data	GIS Lab	6/2017
B. By the end of 2017, CUPHD will create a report with immunization baseline data and any health inequity findings.	Immunization GIS map	Immunization Health Equity Report	Awais Vaid	9/2017

Objective 2: By the end of 2019, CUPHD will have a process to align our programs and services with the Community Health Improvement Plan (CHIP)

Year 1 Strategy 1.2.1: By the end of 2017, CUPHD will have a priority matrix to assess current programs/services' alignment with our CHIP.

XXVI. Activities <i>(describe the activities/ interventions which will lead to the objectives being achieved)</i>	Resources <i>(list the resources needed for implementation of each activity)</i>	Performance Indicators <i>(how will we know this is achieved?)</i>	Responsible Parties <i>(list who will lead the activity)</i>	Time-frame <i>(month/year to month/year)</i>
A. By the November 30, 2017, CUPHD Health Equity Committee will create a 2 x 2 chart to help align our programs and services with the CHIP.	2018-2020 CHIP Program and service list	Completed priority matrix	Candi Crause (Chair, Health Equity Committee)	11/2017

Year 1 Strategy 1.2.2: By the end of 2017, CUPHD will develop a funding allocation plan for the CUPHD program/service alignment with CHIP.

XXVII. Activities <i>(describe the activities/ interventions which will lead to the objectives being achieved)</i>	Resources <i>(list the resources needed for implementation of each activity)</i>	Performance Indicators <i>(how will we know this is achieved?)</i>	Responsible Parties <i>(list who will lead the activity)</i>	Time-frame <i>(month/year to month/year)</i>
A. By the end of 2017, CUPHD Health Equity Committee will create a 2 x 2 chart to help align our programs and services with the CHIP.	Priority Matrix Financial report of revenue and expenditures by program/service Budget	Completed priority matrix	Candi Crause Travis Woodcock	12/2017

Objective 3: By the end of 2019, CUPHD will have a process in place to undertake a policy agenda each year				
Year 1 Strategy 1.3.1 By the end of 2017, CUPHD will form a policy committee				
XXVIII. Activities <i>(describe the activities/ interventions which will lead to the objectives being achieved)</i>	Resources <i>(list the resources needed for implementation of each activity)</i>	Performance Indicators <i>(how will we know this is achieved?)</i>	Responsible Parties <i>(list who will lead the activity)</i>	Time-frame <i>(month/year to month/year)</i>
A. By the end of 2017 CUPHD will have established a Policy Committee	CUPHD employees Policy briefs from IAPAH, IPHA, IL Alliance to Prevention Obesity, NACCHO, APHA, etc.	Minutes from Policy Committees	Brandon Meline	2017
Year 1 Strategy 1.3.2. By the end of 2018, CUPHD will have acted on the CUPHD Policy Agenda				
XXIX. Activities <i>(describe the activities/ interventions which will lead to the objectives being achieved)</i>	Resources <i>(list the resources needed for implementation of each activity)</i>	Performance Indicators <i>(how will we know this is achieved?)</i>	Responsible Parties <i>(list who will lead the activity)</i>	Time-frame <i>(month/year to month/year)</i>
A. By the end of 2018 CUPHD will have established a Policy Agenda	CUPHD Policy Committee CUPHD Legal Policy briefs from IAPAH, IPHA, IL Alliance to Prevention Obesity, NACCHO, APHA, etc.	Policy Agenda	Brandon Meline	2018

Year 1 Strategy 1.3.3. By the end of 2019, CUPHD will have acted on the 2019 Policy Agenda

XXX. Activities <i>(describe the activities/ interventions which will lead to the objectives being achieved)</i>	Resources <i>(list the resources needed for implementation of each activity)</i>	Performance Indicators <i>(how will we know this is achieved?)</i>	Responsible Parties <i>(list who will lead the activity)</i>	Time-frame <i>(month/year to month/year)</i>
A. By the end of 2019 CUPHD will have acted on the policy agenda	CUPHD Leadership Team CUPHD Board of Health CUPHD Legal	Minutes from Board of Health Attendance at meetings	Leadership Team	2019

CUPHD Strategic Planning Implementation Plan

YEAR 2 STRATEGY AND IMPLEMENTATION PLAN				
Goal 1: Aligning CUPHD programs and services with CHIP		Planning Team Lead: Julie A Pryde		
Objective 1: By the end of 2019, CUPHD will have HEALTH EQUITY POLICIES implemented in at least three CUPHD programs/services				
Year 2 Strategy 1.1.1: By the end of 2018, CUPHD will implement strategies to improve health equity in the Teen Pregnancy prevention program.				
XXXI. Activities <i>(describe the activities/ interventions which will lead to the objectives being achieved)</i>	Resources <i>(list the resources needed for implementation of each activity)</i>	Performance Indicators <i>(how will we know this is achieved?)</i>	Responsible Parties <i>(list who will lead the activity)</i>	Time-frame <i>(month/year to month/year)</i>
A.				

Year 2 Strategy 2.1.2: By the end of 2018, CUPHD will implement strategies to improve health equity in the obesity programs.				
XXXII. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
XXXIII. A.				
Year 2 Strategy 2.1.3: By the end of 2018, CUPHD will implement strategies to improve health inequities in adverse birth outcomes.				
XXXIV. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A				
Year 2 Strategy 2.1.4: By the end of 2018, CUPHD will implement strategies to improve health equity in immunization programs.				
XXXV. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A.				

CUPHD Strategic Planning Implementation Plan Template

YEAR 3 STRATEGY AND IMPLEMENTATION PLAN				
Goal 1: Aligning CUPHD programs and services with CHIP		Planning Team Lead: Julie A Pryde		
Objective 1: By the end of 2019, CUPHD will have HEALTH EQUITY POLICIES implemented in at least three CUPHD programs/services				
Year 3 Strategy 1.1.1: By the end of 2019, CUPHD will evaluate and revise strategies to improve health equity in Teen Pregnancy Prevention program.				
XXXVI. Activities <i>(describe the activities/ interventions which will lead to the objectives being achieved)</i>	Resources <i>(list the resources needed for implementation of each activity)</i>	Performance Indicators <i>(how will we know this is achieved?)</i>	Responsible Parties <i>(list who will lead the activity)</i>	Time-frame <i>(month/year to month/year)</i>
Year 3 Strategy 3.1.2: By the end of 2019, CUPHD will evaluate and revise strategies to improve health equity in obesity prevention programs.				

XXXVII. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame

Year 3 Strategy 3.1.3: By the end of 2019, CUPHD will evaluate and revise strategies to improve health equity in adverse birth outcome prevention programs.

XXXVIII. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame

Year 3 Strategy 3.1.4: By the end of 2019, CUPHD will evaluate and revise strategies to improve health equity in immunization programs.

XXXIX. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame



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Workforce Development Strategic Implementation Plan

YEAR 1 STRATEGY AND IMPLEMENTATION PLAN				
Goal 1: Continuously work on expanding the knowledge and skills of CUPHD’s workforce to provide outstanding public health service for the C-U community.		Planning Team Lead: Pat Robinson		
Objective 1: By August 2017, 70% of new employees will report that their onboarding/orientation to CUPHD was effective.				
Year 1 Strategy 1.1.1: Complete division-specific onboarding/orientation standards to be made part of the overall onboarding/orientation plan.				
XL. Activities <i>(describe the activities/ interventions which will lead to the objectives being achieved)</i>	Resources <i>(list the resources needed for implementation of each activity)</i>	Performance Indicators <i>(how will we know this is achieved?)</i>	Responsible Parties <i>(list who will lead the activity)</i>	Time-frame <i>(month/year to month/year)</i>
A. Survey Directors and/or Supervisors to determine how much progress each has made in their respective Divisions.	Division Directors and/or designated Supervisor(s); Survey monkey.	Survey will be analyzed to determine progress of each.	Jamie Perry, Lead & members of Onboarding/Orientation QI Team	3/2017
B. Collect standards from Division Directors who report having them completed for review by the WFDT.	Members from the WFDT; Relevant Directors and/or Supervisors.	Standards collected and ready for incorporation into Onboarding/Orientation Plan	Jamie Perry Lead & members of Onboarding/Orientation QI Team	3/2017
C. Members of Onboarding/Orientation QI Team to analyze division standards to	Full CUPHD Onboarding/Orientation	Data collected and analyzed.	Jamie Perry Lead & members of	3/2017

determine thoroughness as related to the overall onboarding/orientation strategy.	plan; Amy Roberts, Lead of the Onboarding/Orientation QI Team; other members of Onboarding/Orientation QI Team.		Onboarding/Orientation QI Team	
D. Meet individually with each Director/Supervisor <u>who hasn't completed their standard</u> to ask what if any roadblocks exist and offer any assistance possible to complete.	Jamie Perry, Lead; relevant Division Directors/Supervisors; Onboarding/Orientation QI Team		Jamie Perry Lead & members of Onboarding/Orientation QI Team	5/2017
E. Onboarding/Orientation QI Team to review progress to date and determine what steps need to happen to complete project.	Jamie Perry, Lead; Amy Roberts and members from Onboarding/Orientation QI Team		Jamie Perry Lead & members of Onboarding/Orientation QI Team	5/2017
Year 1 Strategy 1.1.2. Track ongoing progress of onboarding/orientation for new employees throughout his/her first year.				
XLI. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Develop process for tracking progress of Onboarding/Orientation Plan for new employee's in their first year of employment.	Kelly Wyman, Lead, members of Onboarding/Orientation QI Team.	Plan is developed and ready for progress tracking.	Kelly Wyman, Lead & members of Onboarding/Orientation QI Team	6/2017
C. Host a Kaizen event to look at the	Pat Robinson; Amy Roberts	Kaizen event is	Pat Robinson, Lead	9/2017

equipment/log-in process for new employees.	& other members of Onboarding/Orientation QI Team; IT; Director(s); Administrator.	successful in mapping out new improved process.	Members of Onboarding/Orientation QI Team	
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Year 1 Strategy 1.1.3: Ensure all new employees are assigned a “mentor”.				
XLII. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Survey Directors/Supervisors to see if they currently assign or plan to assign in the future a mentor for new employees.	Jamie Perry, Lead; Directors/Supervisors; Survey Monkey/email.	Survey analysis gives the team the answer we need.	Jamie Perry, Lead; members of Onboarding/Orientation QI team as needed.	5/2017
B. Meet with Directors/Supervisors who currently do not assign or plan to assign mentors to find out what obstacles/issues play into their decision.	Jamie Perry, Lead; relevant Directors/Supervisors	Necessary data is collected.	Jamie Perry, Lead; members of Onboarding/Orientation QI team as needed.	6/2017
C. Create workable plan to incorporate mentors into the Onboarding/Orientation process in each Division.	Jamie Perry, Lead; members of the Onboarding/Orientation QI Team	Plan is developed and put into action.	Jamie Perry, Lead; members of Onboarding/Orientation QI team as needed.	6/2017
D. Brainstorm from data received in “C” to come up with a workable plan to incorporate mentors into the O/O process in each Division.	Jamie Perry; members of the Onboarding/Orientation QI Team	Plan is developed and put into action.	Jamie Perry, Lead; members of Onboarding/Orientation QI team as needed.	7/2017

Year 1 Strategy 1.1.4. Ensure all new employees are surveyed at the end of their first year to gauge effectiveness.				
XLIII. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Develop survey to assess effectiveness of first year of the new Onboarding/Orientation process.	Amy Roberts, Kelly Wyman and other members of the Orientation/Orientation QI Team	Survey developed & sent out to invitees.	Kelly Wyman, Lead; members of Onboarding/Orientation QI Team	9/2017
B. If weaknesses are discouraged, review entire Onboarding/Orientation process for necessary improvements.	Amy Roberts, Kelly Wyman and other members of the Orientation/Orientation QI Team	Improvements necessary are identified.	Kelly Wyman, Lead; members of Onboarding/Orientation QI Team	9/2017

Workforce Development Strategic Implementation Plan

YEAR 1 STRATEGY AND IMPLEMENTATION PLAN

Goal 1: Continuously work on expanding the knowledge and skills of CUPHDs workforce to provide outstanding public health services for the C-U community.	Planning Team Lead: Pat Robinson			
Objective 2: By December 2017, 55% of CUPHD’s employees will report they have been given the necessary training to do their job effectively.				
Year 1 Strategy 2.1.1: Assess employee training needs on an annual basis.				
XLIV. Activities <i>(describe the activities/ interventions which will lead to the objectives being achieved)</i>	Resources <i>(list the resources needed for implementation of each activity)</i>	Performance Indicators <i>(how will we know this is achieved?)</i>	Responsible Parties <i>(list who will lead the activity)</i>	Time-frame <i>(month/year to month/year)</i>
A. Redesign portions of the annual Employee Training Needs and Satisfaction survey.	Workforce development plan 2015-2016; Survey Monkey	Redesigned survey ready for presentation to staff by 9/2017.	Pat Robinson, Lead; Joe Trotter	8/2017
B. Create follow-up survey to clarify any answers to the Employee Trainings Needs & Satisfaction survey.	Workforce development plan 2015-2016; Survey Monkey	Follow-up provides information for thorough analysis of results	Pat Robinson, Lead; Joe Trotter	9/2017
Year 1 Strategy 2.1.2: Arrange priority trainings based upon findings of annual Training Needs assessment.				

XLV.Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Prioritize training needs as identified in survey results.	Workforce development plan 2015-2016; Directors/Supervisors.	Key trainings are identified.	Jamie Perry, Lead; Pat Robinson	11/2017

B. Schedule trainings to fit objectives from whatever efficient source available.	Workforce development plan 2015-2016; Directors/Supervisors	Trainings provided on schedule	Jamie Perry, Lead; Pat Robinson; Various Directors/Supervisors	12/2017
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Year 1 Strategy 2.1.3: Assess employees' degree of satisfaction with training(s) once it has been provided.				
XLVI. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Evaluate all trainings provided to make sure training objectives have been met.	Survey Design with staff input.	Data shows that trainings are meeting needs or more training is necessary.	Jamie Perry, Lead; Pat Robinson	On-going

Workforce Development Strategic Implementation Plan

YEAR 1 STRATEGY AND IMPLEMENTATION PLAN

Goal 1: Continuously work on expanding the knowledge and skills of CUPHDs workforce to provide outstanding public health services for the C-U community.	Planning Team Lead: Pat Robinson			
Objective 3: By September 2017, 60% of CUPHDs employees will report that their performance evaluation was meaningful.				
Year 1 Strategy 3.1.1: Require a minimum of 1-2 objectives for each employee's annual performance evaluation.				
XLVII. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. HR Director to add objectives requirement to 2017 employee evaluation tool.	Redesigned evaluation tool	New tool ready and available by 3/2017 for evaluation period.	Pat Robinson	2/2017
B. Training provided to Supervisors/employees on writing SMART objectives for evaluations.	Training developed; supervisors/employees	Training delivered prior to start of evaluation period 3/2017.	Pat Robinson	2/2017
C. Follow-up after evaluation period complete to evaluate success of adding objectives.	Survey; supervisors/employees	Follow-up data will reflect necessary changes for next year.	Pat Robinson	3/2017
D. Include section on employee evaluation so that staff can report achievements during evaluation period.	Redesigned evaluation tool.	New tool ready and available by 3/2017 for evaluation period.	Pat Robinson	2/2017

Year 1 Strategy 3.1.2: Require Directors/Supervisors to meet in person with the employee receiving the evaluation.				
XLVIII. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. HR Director to present a training on evaluation presentation skills.	Directors/Supervisors; training	Directors/Supervisors are trained on best practices	Pat Robinson	3/2017
Year 1 Strategy 3.1.3: Remove job-description-specific evaluation criteria from employee evaluation template until such time as job descriptions more closely align with responsibilities performed.				
XLIX. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. HR Director to remove specific job description related evaluation from 2017 evaluation tool	Employee Evaluation template	Performance evaluations for 2017 do not include.	Pat Robinson	2/2017
Year 1 Strategy 3.1.4.: Survey staff to find out why they don't feel evaluation is "meaningful".				
L. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Design survey to collect data on reasons staff feel evaluation is not "meaningful".	Survey Monkey; staff input	Data analyzed and used for future analysis	Joe Trotter, Lead	2/2017

Workforce Development Strategic Implementation Plan

YEAR 1 STRATEGY AND IMPLEMENTATION PLAN				
Goal 1: Continuously work on expanding the knowledge and skills of CUPHDs workforce to provide outstanding public health services for the C-U community.		Planning Team Lead: Pat Robinson		
Objective 4: By December 2017, CUPHD will have identified feasible educational opportunities for employee career advancement.				
Year 1 Strategy 4.1.1: Research educational opportunities for employee career advancement that are effective, efficient, cost-effective and allowable using government funds.				
LI. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Report all identified student loan forgiveness/educational advancement programs to all staff.	Administrators of loan forgiveness programs	Report compiled and made available to staff	Pat Robinson, Lead Penny Murphy	6/2017
B. Team to research what, if any, educational programs/career advancement opportunities are available for staff	Research -- regulations regarding use of tax dollars; government program administrators; colleges/universities	Report compiled and made available to staff	Pat Robinson, Lead Penny Murphy	6/2017

Workforce Development Strategic Implementation Plan

YEAR 1 STRATEGY AND IMPLEMENTATION PLAN				
Goal 2: Create a culture where employees feel satisfied and valued and therefore remain at CUPHD.			Planning Team Lead: Pat Robinson	
Objective 1: CUPHD will maintain its current 5-year average employee voluntary/avoidable turnover ratio of 8.91% through December 2017.				
Year 1 Strategy 1.1.1: Complete statistical analysis to identify job classifications, divisions, and programs that have greater levels of turnover.				
LII. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Identify Divisions, Programs, Job Classifications where turnover is high.	HR database for turnover history; development of turnover tracking database	Identity of prime turnover positions are identified.	Pat Robinson	3/2017
B. Monthly report turnover trends to Directors/Supervisors.	HR database for turnover history; development of turnover tracking database	Turnover reports delivered monthly.	Pat Robinson	3/2017
Year 1 Strategy 1.1.2: Assess exiting or potentially exiting employees for reasons they are leaving.				
LIII. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Review current "exit" survey for possible revisions.	Previously collected YTD data from exit survey.	Report will be developed for entire team's review	Cathy Ito, Lead Joe Trotter Pat Robinson	3/2017

B. Research whether survey or face-to-face exit interview is the most effective process.	Previously collected YTD data from exit survey.	Report will be presented to WFDT members.	Cathy Ito, Lead Joe Trotter Pat Robinson	6/2017
C. Review trends found in the existing exit interview data as far as Divisions, Program Areas, and positions.	Previously collected YTD data from exit survey.	Data analyzed and reported.	Cathy Ito, Lead Joe Trotter Pat Robinson	7/2017
Year 1 Strategy 1.1.3. Evaluate key positions pay structure compared to similarly situated positions elsewhere.				
LIV. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Poll other County Health Depts. (comparable agencies) for salary information on key positions: Dentist, PHN I & II, Intake Specialists.	Administrator group from other health departments via Julie Pryde.	Data analyzed brought back to group	Penny Murphy, Lead; Pat Robinson	05/2017
B. Job Analysis of MCH CM to MCH PHN I's to compare responsibilities to pay.	Information from Cathy Ito & Sheila Cheatheam	Both job classes reviewed for level of responsibility	Cathy Ito Pat Robinson	06/2017

Workforce Development Strategic Implementation Plan

YEAR 1 STRATEGY AND IMPLEMENTATION PLAN				
Goal 2: Create a culture where employees feel satisfied and valued and therefore remain at CUPHD.			Planning Team Lead: Pat Robinson	
Objective 2: By December 2017, 50% of CUPHD's employees will report that the morale in their workgroup is high.				
Year 1 Strategy 2.1.1: Assess Divisions/programs overall morale level.				
LV. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Develop SOP for sending out surveys; (i.e., explain the purpose for the survey; must publish results; must allow for comments; communicate any actions taken)	Survey Monkey; Input from Directors/Supervisors	Surveys will all be standardized for maximum results.	Awais Vaid	07/2017
B. Compile list of CUPHD committees and team members, meeting days/times	Input from Directors/Supervisors	List compiled & made available	Awais Vaid	07/2017
C. Review programming on all message boards for effectiveness; necessary updates.	Input from Directors/Supervisors	Messaging reviewed and updated.	Awais Vaid; Julie Pryde; Program Directors	07/2017
D. Review ACME mission and rejuvenate the committee with new ideas.	Input from current ACME committee members.	ACME resumes planning of staff activities	Current members of ACME	09/2017

Communication Strategic Plan Implementation

YEAR 1 STRATEGY AND IMPLEMENTATION PLAN				
Goal 1: Improve Internal Communication			Planning Team Lead: Amy Roberts	
Objective 1:				
Year 1 Strategy 1.1.1: Develop an internal communication team to provide quarterly newsletters				
LVI. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Contact division directors to assign one person per division to provide information for newsletter	Division director, e-mail, strategic team	Confirmation from the director on the selected candidate	Amy	End of March 2017
B. Determine information / develop template for information to be provided by each division for their section of the newsletter	Strategic team, monthly reports, e-mail, division representative	Approval by strategic team	Strategic team	End of March 2017
C. Design template for newsletter	Publisher	Approval by strategic team	Strategic team	End of March 2017
D. Determine lead for the newsletter	Volunteer, intern, staff	Group meeting of the division representatives	Strategic team, division representatives	End of March 2017

E. Gather information on a quarterly basis	e-mail, division representatives	Deadlines established and information received		End of May 2017 for June newsletter
Year 1 Strategy 1.1.2: Develop and distribute an agenda prior to each all-staff meeting				
LVII. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Set meeting with Julie to discuss strategy	Strategic team, Julie, Outlook	Meeting date is set	Strategic team, Julie	End of February 2017
B. Develop template for the agenda	Strategic team, Julie	Approval of agenda by Julie	Alicia	End of February 2017
C. Send e-mail to staff one week prior to the all-staff meeting for additional topics/address staff questions	Staff, Julie, e-mail	E-mail is sent to all-staff	Julie	End of December 2017
Year 1 Strategy 1.1.3: Set up trainings for learning SharePoint				
LVIII. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Meet with IT to discuss staff trainings	Strategic team, IT staff, SharePoint	Date for meeting is set	Gary, IT staff	End of March 2017
B. Determine main points for trainings and develop a checklist	Strategic team, IT staff	Meeting has been completed	Strategic team, IT staff	End of March 2017

C. Set up meetings with each division to provide training	IT	Completion of all meetings	IT	End of June 2017
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Communication Strategic Plan Implementation

YEAR 1 STRATEGY AND IMPLEMENTATION PLAN				
Goal 2: Improve External Communication		Planning Team Lead:		
Objective 1				
Year 1 Strategy 1.1.1: Assign one person per department to monitor information and provide updates to the IT department				
LIX. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Strategic team to speak with each division to determine lead person to monitor the website	Strategic team, division director, lead person, e-mail	Lead person for each division is confirmed	Amy	End of March 2017
B. Provide current information to IT	Division lead, IT, e-mail	Website is up-to-date with each division's	Lead from each division	End of December 2017

		current information		
Year 1 Strategy 1.1.2: Update website to include links/hot buttons with the I-Plan, Strategic Plan, and CHIP information on the main page				
LX. Activities	Resources	Data Indicators	Responsible Parties	Time-frame
A. Schedule meeting with IT to discuss adding links on the main page of the website	IT staff, website	Completion of meeting	Gary	End of March 2017
B. Determine placement and add links on the main page of the website	Strategic staff, IT	Website is updated	Strategic staff, IT	End of April 2017
Year 1 Strategy 1.1.3: Add a feedback link on CUPHD's website				
LXI. Activities	Resources	Data Indicators	Responsible Parties	Time-frame
A. Set up meeting with IT to discuss needs	Strategic team, IT, website	Completion of meeting	Gary	End of March 2017
B. Determine placement on the website	Strategic team, IT	Link has been established	Strategic team, IT	End of March 2017
C. Determine who will receive feedback information	Strategic team, Julie	Link has been established and feedback is forwarded to the correct person	Strategic team, IT	End of April 2017

Year 1 Strategy 1.1.4: Share client success stories and education through Facebook posts				
LXII. Activities	Resources	Data Indicators	Responsible Parties	Time-frame
A. Determine who will put together client success stories from each division	Strategic team, lead from division, Facebook	Lead person has been determined for each division	Vickie	End of March 2017
B. Lead from division prepares story	Facebook, client, division lead	Story is posted on Facebook	Division lead	End of December 2017
C. Post is shared on CUPHD's main Facebook page	Facebook, Amy, division lead, Julie	Amy (or Julie) will share the story on the main Facebook page	Division lead, Amy, Julie	End of December 2017
D. Post is seen by the community	Facebook, Amy, division lead, Julie	Post will receive views, likes, shares	Division lead, Amy, Julie	End of December 2017

Funding Strategic Implementation Plan

YEAR 1 STRATEGY AND IMPLEMENTATION PLAN				
Goal 1: maintain healthy revenue/expense trends and encourage growth		Planning Team Lead: Travis Woodcock		
Objective 1: grow billable services by 3% per year				
Year 1 Strategy 1.1.1: Decrease Bad Debt				
LXIII. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Analyze bad debt trend and implement procedures to prevent future occurrences	Time/Labor	Reports/Analysis	Billing Specialist	Ongoing
B. Work clearinghouse rejects to resolve and resubmit claims in a timely manner	Time/Labor	Reports/Analysis	Billing Specialist	Ongoing
C. Review and analyze accounts receivable aging per guidelines	Time/Labor	Reports/Analysis	Billing Specialist Accountant	Ongoing
D. Identify errors and correct them prior to claims being filed	Time/Labor	Queries/Reports	Clinical Staff	Ongoing

E. Complete process for creation of medical self-pay statements	Time/Labor	Statements	Finance Director	March 31, 2017
F. Create new table setups to allow for charging Family Planning co-pays at time of service	Time/Labor	Tables	Finance Director	June 30, 2017
Year 1 Strategy 1.1.2				
Review standard charges				
LXIV. Activities	Resources	Data Indicators	Responsible Parties	Time-frame
A. Review and compare standard charge rates, Medicaid insurance codes, alternate fee schedules in Insight, and Medicaid fee schedule	Time/Labor	Reports and Table accuracy	Billing Specialist	Ongoing
B. Cost analysis of services provided	Time/Labor	Reports/Analysis	Clinical Staff Finance Director	Dec 31, 2018
C. Request revision of private insurance contracts	Time/Labor	Contract changes	Finance	Dec 31, 2018
D. Review EH fees	Time/Labor	Reports/Analysis	EH Director/Coordinator	Dec 31, 2018

			Travis	
E.				
Year 1 Strategy 1.1.3:				
Analyze Potential to Expand Services				
LXV.Activities	Resources	Data Indicators	Responsible Parties	Time-frame
A. Identify services being provided, but not being recorded into the encounters	Time/Labor	Reports/Analysis	Clinic Staff Directors	Ongoing
B. Identify new services which may be provided for additional revenue	Time/Labor	Reports/Analysis	Clinic Staff Directors	Ongoing
C.				
D.				

Funding Strategic Implementation Plan

YEAR 1 STRATEGY AND IMPLEMENTATION PLAN

Goal 1: maintain healthy revenue/expense trends and encourage growth		Planning Team Lead: Travis Woodcock		
Objective 1: operating expense/revenue ratio under 1				
Year 1 Strategy 1.1.1 Increase program sustainability				
LXVI. Activities	Resources	Performance Indicators	Responsible Parties	Time-frame
A. Create reports to analyze program data	Time/Labor	Reports	Travis	Dec 31, 2017
B. Analyze reports to identify trouble programs and create goals to fix	Time/Labor	Analysis/Fixes	Travis Directors	Ongoing
C. Analyze caps to merit/COLA	Time/Labor	Analysis	Travis	Dec 31, 2017
D. Research available investment options for government entities	Time/Labor	Research completed	Travis	Dec 31, 2018
E.				
Year 1 Strategy 1.1.2				

Improve Efficiencies				
LXVII. Activities	Resources	Data Indicators	Responsible Parties	Time-frame
A. Survey staff to get ideas	Time/Labor Survey Monkey	Survey	Funding team	Dec 31, 2017
B. Review paperless options for Accounts Payable and Sewer Program	Time/Labor	Analysis/Goals	Finance Director Flanagan	Dec 31, 2018
C. Analyze incentive program for efficiency improvement	Time/Labor	Analysis	Funding team	Dec 31, 2018
D. Rent rest of building space	Time/Labor/Advertising	Spaces rented out / Rent pricing analyzed	Awais/Travis	Dec 31, 2019
E. Identify and automate processes	Time/Labor	Analysis/Goals	Travis Program Staff	Ongoing

Appendix

1. Documented Staff Input for revised 2014-2016 Plan
2. 2014-2016 Strategic Planning Meeting Agenda and Sign in sheet.
3. **2014-2016 Strategic Plan with Metrics.**
4. 2011-2013 Strategic Plan Update
5. Staff satisfaction and input survey
6. Strategic Plan follow up meeting Agenda and sign-in sheet
7. **Documentation of Strategic Plan presentation to the Board of Health**
8. **Documentation of Strategic Plan follow-up at division level meeting: minutes and agenda.**