



# Livingston County Department of Public Health

2016 – 2020 Strategic Plan

# Table of Contents

I.	<b>Acknowledgements .....</b>	<b>3</b>
II.	<b>LCDPH Strategic Plan At-a-Glance .....</b>	<b>4</b>
	Mission Statement	
	Vision	
	Values	
III.	<b>Introduction.....</b>	<b>5</b>
IV.	<b>Strategic Planning Process.....</b>	<b>5</b>
	Participants	
	Approach	
	Design	
	I. Preparing for Strategic Planning	
	II. Identification of Strategic Priorities	
	III. Focused Implementation	
	Action Planning	
	Monitoring	
	Learning and Evaluation	
	Linkages	
V.	<b>Appendix A: LCDPH Strategic Planning Participants.....</b>	<b>14</b>
VI.	<b>Appendix B: Data Summary .....</b>	<b>15</b>
VII.	<b>Appendix C: LCDPH Action Plans .....</b>	<b>18</b>
VIII.	<b>Appendix D: Record of Revisions and Updates .....</b>	<b>42</b>

# Acknowledgements

---

The Livingston County Department of Public Health acknowledges the support, expertise, and dedication of those who contributed to the development of the 2016-2020 Strategic Plan.

## Administration

Dianne McCormick, Health Officer / Director  
Donald Lawrenchuk, Medical Director  
Barton Maas, Financial Services Coordinator

## Emergency Preparedness

Ray Porter, Emergency Preparedness Coordinator  
Jennifer Kramer, Preparedness Specialist

## Environmental Health Services

Matt Bolang, Director  
Aaron Aumock, Field Program Coordinator  
Amy Aumock, Food Program Coordinator  
Beau Forgette, Sanitarian  
Brandon Jongkind, Sanitarian  
Gail Ramsey, Clerk  
John Wilson, Non-Community Water Supply Coordinator  
Lisa Sanchez, Sanitarian  
Robert Starr, Sanitarian  
Tom Latchney, Sanitarian  
Vicky Atkinson, Clerk

## Health Promotion

Chelsea Moxlow, Health Promotion Coordinator  
Emily Hamilton, Health Promotion Specialist

## Personal / Preventive Health Services

Elaine Brown, Director / Deputy Health Officer  
Amy Pendell, Nutritionist  
Carol Murray, Clerk  
Cheri Joliet, Administrative Aide  
Ellen Leach, PHN Program Coordinator  
Gail Doyle, Vision & Hearing Coordinator  
Jackie Marks, V&H Technician  
Janet Slavin, Clerk  
Jennifer Kaiser, Breastfeeding Peer Counselor  
Katie Kennedy, Clerk  
Kris Moyer, PHN Program Coordinator  
Linda Weiman, PHN Supervisor  
Lucy Sikora, Clerk  
Maryann Pedigo, Clerk  
Michele Bunyak, PHN Program Coordinator  
Michelle Steele, V&H Technician  
Nicole Baran, PHN Program Coordinator  
Pat Moore, Office Specialist  
Sandra Williams, PHN Program Coordinator  
Sharon Considine, Public Health Nurse  
Terry Kersten, Public Health Nurse  
Thearesa Kelley, Clerk

## Board of Commissioners

Kate Lawrence, District 1  
William Green, District 2  
David J. Domas, District 3  
Ronald L. VanHouten, District 4  
Donald S. Parker, District 5  
Steven E. Williams, District 6  
Carol S. Griffith, District 7  
Dennis L. Dolan, District 8  
Gary Childs, District 9

## Consultants

Jessie Jones, Michigan Public Health Institute  
Angela Precht, Michigan Public Health Institute



## Mission Statement

Livingston County Department of Public Health (LCDPH) will protect, preserve, and promote the health and safety of the people of Livingston County.

## Vision

Livingston County will be a safe and healthy community where all people realize their fullest health potential and live enriched and productive lives.

## Values

- Knowledgeable
- Effective
- Positive
- Accountable
- Honest
- Competent
- Courteous
- Responsive
- Respectful

# Introduction

---

The Livingston County Department of Public Health (LCDPH) engaged in strategic planning as a way to identify priorities, focus energy and resources, and move the health department staff forward in unison toward common goals. The strategic planning process used was participatory, ensuring that all staff had a voice in identifying the strategic priorities, goals, and objectives, and the actions that LCDPH would use to reach them. This plan will serve as a guide for the health department when making decisions and allocating resources to pursue strategies and priorities. The strategic plan will be implemented over the five year period from 2016 through 2020, and revisited regularly to measure progress and ensure that the plan still meets the health department's needs.

## Strategic Planning Process

---

### **Participants**

LCDPH used a participatory, consensus-building approach to strategic planning. This process ensured that those impacted most directly by the plan had a voice in the plan's creation and the priorities and actions identified within.

#### ***Health Department Staff***

LCDPH engaged staff in the planning process in several ways. All staff had the chance to participate in the identification of strategic priorities and in development of corresponding goals, objectives, and action plans. A list of participating staff is included in Appendix A. The planning process kicked off with a day-long session in January, guided by facilitators, to identify strategic priorities. Staff also participated in the action planning process to operationalize the priorities, and will have roles in strategic plan implementation.

#### ***Board of Commissioners***

Prior to LCDPH staff engaging in strategic planning activities, health department leaders met with the Livingston County Board of Commissioners to inform them of the upcoming strategic planning activities, and allowed the Commissioners to identify several priorities that they wanted considered in plan development. The facilitators and LCDPH leaders included these priorities in the conversation held during the day-long facilitated planning session. Additionally, the plan was presented to the Board of Commissioners for their review and approval. As the plan is implemented, LCDPH will keep the Board of Commissioners apprised of progress made on an annual basis during a board meeting. Other progress will be communicated via email updates, as needed.

#### ***Consultants***

LCDPH contracted with a team of professionals from the Michigan Public Health Institute (MPHI) to facilitate the strategic planning process. The MPHI team included Jessie Jones and Angela Precht. MPHI's role was to support LCDPH's planning process, guiding the identification of strategic priorities, assisting with drafting the language of the plan, and providing technical assistance as needed for the action planning process.

## Approach

LCDPH's approach to strategic planning was driven by the needs and expertise of participants, and built by consensus. The process was also guided by LCDPH's values, which participants kept in mind throughout the planning process. These include staff aiming to be knowledgeable, effective, positive, accountable, honest, competent, courteous, responsive, and respectful while developing strategic priorities, goals, objectives, and activities. The consensus-building approach was used to make generally accepted decisions supported by group-wide agreement during the creation of this plan.

## Design

The LCDPH strategic planning process spanned seven months, beginning in October 2015 with the kickoff of a strategic planning training series for staff, a review of existing plans and setting priorities in January 2016, and ending with the adoption of the strategic plan with approval of the Board of Commissioners in May 2016. The process comprised three major stages: Preparation for Strategic Planning, Identification of Strategic Priorities, and Focused Implementation.

### I. Preparing for Strategic Planning

Beginning in October 2015, staff began a four-session strategic planning training series to familiarize themselves with the strategic planning process. Prior to the facilitated strategic planning session in January 2016, participants reviewed relevant data sources to become familiar with the health department's current context. Additionally, MPHI consultants reviewed LCDPH's Community Health Assessment, Community Health Improvement Plan, draft Workforce Development Plan, annual reports, and client and staff satisfaction reports. Consultants then developed a data summary to be used during the Practical Vision and SWOC sessions, so that participants had relevant information available during the sessions.

Prior to the facilitated session, the facilitators asked participants to respond to the following reflection questions:

What do you want to see in place in three to five years as a result of the Livingston County Department of Public Health's Strategic Plan?

What will the Health Department be in the future? How does it go about its work?

How will the community benefit from the work of the health department?

The facilitators received feedback on these questions from 16 staff members (or 40% of staff), and analyzed the responses for themes to identify facets of a draft practical vision.

### II. Identification of Strategic Priorities

LCDPH staff identified strategic priorities for the five-year period during the facilitated session in January 2016. This session lasted one full day, and involved three main components: creating a practical vision, conducting an environmental scan and SWOC analysis, and selecting priority areas for focus.

### ***Creating a Practical Vision***

Prior to the session, MPHI facilitators used responses to the reflection questions to develop three draft practical vision statements. The in-person strategic planning session began with an explanation of the importance of a shared vision for what the plan would accomplish in the next five years. The practical vision focuses strategic planning efforts and ensures that participants in the planning process are working toward a common goal. Facilitators presented the draft practical vision statements, and asked staff to identify what resonated with them, whether anything was missing, and what felt like the best fit. Staff provided feedback and discussed the key words and phrases that they thought should be included in the vision for the strategic plan. As a result of the conversations, staff developed the following practical vision, which was used to guide discussion and kept as a consideration throughout the rest of the day-long strategic planning session:

**Practical Vision** By December 31, 2020, LCDPH will be the known and trusted leader and partner to ensure and promote improved public health outcomes.

### ***Environmental Scan and SWOC Analysis***

Following practical vision development, discussion moved to the current landscape of health in Livingston County as a starting point to working toward the practical vision for the next five years. Participants reviewed the data summary (Appendix B) and participated in a group discussion, identifying what the data revealed and what they could build on in the strategic plan.

Building on this discussion, staff next participated in a facilitated analysis to identify Strengths, Weaknesses, Opportunities, and Challenges (SWOC) related to achieving the practical vision. Strengths include the things the organization has control over and does well. Weaknesses include internal factors that prevent the organization from working at its optimum level. Opportunities include external factors that the agency can take advantage of, such as trends, aligned activities, economic factors, and so on. Challenges are external factors that the organization needs to avoid or minimize in level of effect. The SWOC analysis was guided by the following discussion questions:

What strengths and opportunities can we build on?

What weaknesses and challenges do we need to address?

To answer these questions, the group engaged in individual and group brainstorming, resulting in the following SWOC diagram:

<h2>Strengths</h2> <p><i>What are LCDPH's assets and strengths that will help reach the practical vision?</i></p> <table border="1"> <tr> <td>High customer satisfaction + service</td> <td>Teamwork of smart staff</td> <td>Central location internal + external</td> <td>Solid MRC</td> </tr> <tr> <td>Dedicated competent staff</td> <td>Student program (win-win)</td> <td>Internal quality processes (QI, QA, PM, etc.)</td> <td>MI state accreditation (we're really good!)</td> </tr> <tr> <td>Small group</td> <td>Collaboration (internal + external)</td> <td>Knowledge of community</td> <td>Staff local to community</td> </tr> </table>	High customer satisfaction + service	Teamwork of smart staff	Central location internal + external	Solid MRC	Dedicated competent staff	Student program (win-win)	Internal quality processes (QI, QA, PM, etc.)	MI state accreditation (we're really good!)	Small group	Collaboration (internal + external)	Knowledge of community	Staff local to community	<h2>Weaknesses</h2> <p><i>What are LCDPH's weaknesses that will need to be addressed so that it can reach the practical vision?</i></p> <table border="1"> <tr> <td>Lack of training opportunities</td> <td>Lack of professional growth</td> <td>Tunnel vision to own programs</td> <td>Staff retirement</td> </tr> <tr> <td>Limited professional partnerships</td> <td>Lack of a known brand (outreach)</td> <td>Out of the box thinking (lack of)</td> <td>Lack of \$</td> </tr> <tr> <td>Cross-training not effective</td> <td>Reluctance to embrace change</td> <td>Lack of data</td> <td>Public perception</td> </tr> <tr> <td>Fear of technology</td> <td>Why do we do what we do?</td> <td>Understaffed</td> <td>Communication internal/external</td> </tr> </table>	Lack of training opportunities	Lack of professional growth	Tunnel vision to own programs	Staff retirement	Limited professional partnerships	Lack of a known brand (outreach)	Out of the box thinking (lack of)	Lack of \$	Cross-training not effective	Reluctance to embrace change	Lack of data	Public perception	Fear of technology	Why do we do what we do?	Understaffed	Communication internal/external																	
High customer satisfaction + service	Teamwork of smart staff	Central location internal + external	Solid MRC																																											
Dedicated competent staff	Student program (win-win)	Internal quality processes (QI, QA, PM, etc.)	MI state accreditation (we're really good!)																																											
Small group	Collaboration (internal + external)	Knowledge of community	Staff local to community																																											
Lack of training opportunities	Lack of professional growth	Tunnel vision to own programs	Staff retirement																																											
Limited professional partnerships	Lack of a known brand (outreach)	Out of the box thinking (lack of)	Lack of \$																																											
Cross-training not effective	Reluctance to embrace change	Lack of data	Public perception																																											
Fear of technology	Why do we do what we do?	Understaffed	Communication internal/external																																											
<h2>Opportunities</h2> <p><i>What opportunities can LCDPH build on when working toward the practical vision?</i></p> <table border="1"> <tr> <td>Data availability + use</td> <td>Statewide push for large-scale collaboration</td> <td>Grants</td> <td>Change in departmental culture</td> <td>Visibility to the public</td> </tr> <tr> <td>Community events</td> <td>Outside-the-box thinking</td> <td>Public health + school integration</td> <td>Use of technology</td> <td>Staff expertise</td> </tr> <tr> <td>Innovative partnerships</td> <td>National accreditation</td> <td>Community partner collaboration</td> <td>Utilize MRC</td> <td>Engaging professional partnerships</td> </tr> <tr> <td>Communication</td> <td>Accessibility to services, i.e. dental + Imms</td> <td>Staff development training</td> <td>Participation in all 10 of strategic issues</td> <td>Website opportunity to improve</td> </tr> <tr> <td></td> <td></td> <td>Quality improvement</td> <td></td> <td></td> </tr> </table>	Data availability + use	Statewide push for large-scale collaboration	Grants	Change in departmental culture	Visibility to the public	Community events	Outside-the-box thinking	Public health + school integration	Use of technology	Staff expertise	Innovative partnerships	National accreditation	Community partner collaboration	Utilize MRC	Engaging professional partnerships	Communication	Accessibility to services, i.e. dental + Imms	Staff development training	Participation in all 10 of strategic issues	Website opportunity to improve			Quality improvement			<h2>Challenges</h2> <p><i>What challenges does LCDPH have to avoid or minimize to reach the practical vision?</i></p> <table border="1"> <tr> <td>Philosophical differences w/ community</td> <td>External factors/limited control</td> <td>Community outreach</td> <td>Public trust (PR)</td> <td>Staffing constraints</td> </tr> <tr> <td>Cross training</td> <td>Hard to change department culture ("we've always done it this way")</td> <td>PHAB</td> <td>Time + resources to improve + promote public health</td> <td>LHD-LHD collaboration</td> </tr> <tr> <td>Workforce development</td> <td>Empowerment</td> <td>The division of the work staff professional/support</td> <td>Funding</td> <td>Time</td> </tr> <tr> <td></td> <td></td> <td>The division of departments EH/PPHS</td> <td>Public perception</td> <td></td> </tr> </table>	Philosophical differences w/ community	External factors/limited control	Community outreach	Public trust (PR)	Staffing constraints	Cross training	Hard to change department culture ("we've always done it this way")	PHAB	Time + resources to improve + promote public health	LHD-LHD collaboration	Workforce development	Empowerment	The division of the work staff professional/support	Funding	Time			The division of departments EH/PPHS	Public perception	
Data availability + use	Statewide push for large-scale collaboration	Grants	Change in departmental culture	Visibility to the public																																										
Community events	Outside-the-box thinking	Public health + school integration	Use of technology	Staff expertise																																										
Innovative partnerships	National accreditation	Community partner collaboration	Utilize MRC	Engaging professional partnerships																																										
Communication	Accessibility to services, i.e. dental + Imms	Staff development training	Participation in all 10 of strategic issues	Website opportunity to improve																																										
		Quality improvement																																												
Philosophical differences w/ community	External factors/limited control	Community outreach	Public trust (PR)	Staffing constraints																																										
Cross training	Hard to change department culture ("we've always done it this way")	PHAB	Time + resources to improve + promote public health	LHD-LHD collaboration																																										
Workforce development	Empowerment	The division of the work staff professional/support	Funding	Time																																										
		The division of departments EH/PPHS	Public perception																																											

Following the SWOC analysis activity, the group was asked to reflect on what the analysis revealed, what they could build on, what might hinder their work, or what trends they saw, and apply these reflections to the overall process. The group was reminded to keep an eye on the strengths, resources, and existing work to build upon, and the weaknesses and challenges to build up and be ready for when identifying strategic priorities and creating action plans.

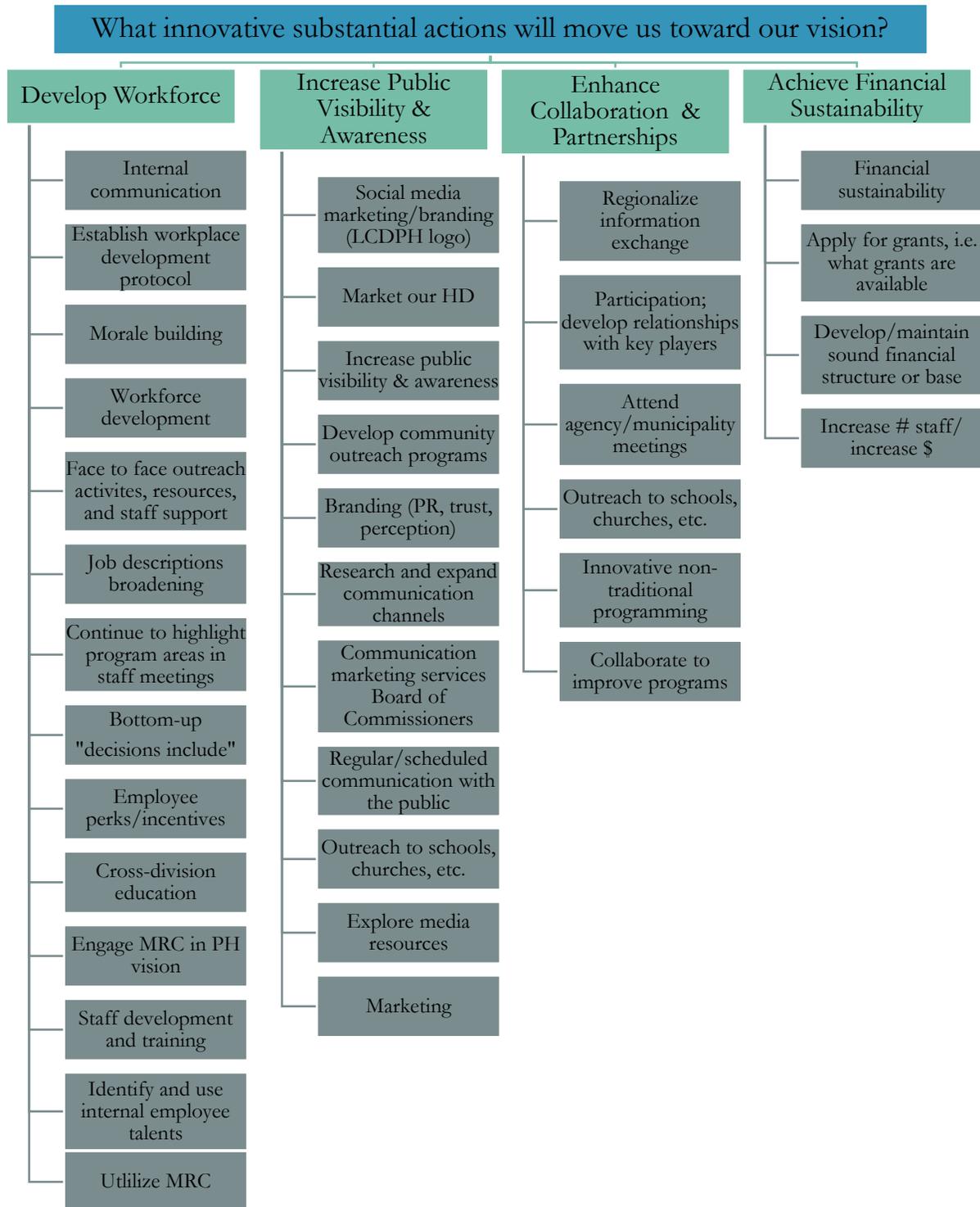
### ***Selecting Priority Areas for Focus***

Selection of priority areas for focus was guided by the following focus question:

What innovative, substantial actions will move us toward our practical vision?

LCDPH staff developed priority areas for focus through the consensus workshop method, which is a method that engages the participation of all group members. The process is used to facilitate group consensus-based decisions that respect the diversity of perspectives within the group, inspire individual action, and move the group toward joint resolve and action.

Keeping the items identified during the SWOC in mind, the group participated in individual brainstorms to generate ideas. Staff identified their three to five clearest ideas and shared them in pairs, then each pair identified their two to three strongest ideas to share with the larger group. The pairs wrote their strongest ideas on cards and posted them at the front of the room for the entire group to consider. Staff then grouped the presented ideas by similar intent, and gave each grouping a descriptive title, which became the strategic priorities. The group's ideas and resulting priorities are presented below; the group also developed strategies to consider when creating action plans for each priority.



The identified strategic priorities set the course of action for the agency. LCDPH staff identified four strategic priorities. Each priority with its associated goals and objectives is presented in more detail below.

## Develop Workforce

**Goal:** To develop a competent and satisfied workforce that successfully meets the needs of the department.

- **Objective #1:** All employees will engage in at least one continuing education opportunity annually.
- **Objective #2:** Research and implement an internal communication protocol by June 1, 2017.
- **Objective #3:** Conduct an evaluation of personnel resources and their ability to meet the current (and future) demands of the department by October 1, 2017.
- **Objective #4:** At least 20% of employees will realize increased employee job satisfaction by January 1, 2018.
- **Objective #5:** Develop an agency succession plan for all positions by April 1, 2018.
- **Objective #6:** Evaluate and update the LCDPH recruitment policy (G28) by October 1, 2016.

## Increase Public Visibility & Awareness

**Goal:** To increase public visibility and awareness of Livingston County Department of Public Health programs and services.

- **Objective #1:** By the end of 2017, LCDPH will create and implement a comprehensive communication strategy to inform other local governing bodies and human service agencies of health department services.
- **Objective #2:** By September 1, 2016, LCDPH will create and utilize a logo specific to the Department of Public Health.
- **Objective #3:** By December 1, 2018, LCDPH will expand our use of technology to include additional social media platforms for communication to the community and our stakeholders.
- **Objective #4:** By June 1, 2017, LCDPH will create and implement a community outreach strategy.
- **Objective #5:** By December 1, 2019, LCDPH will create and implement a marketing strategy.

## Enhance Collaboration & Partnerships

**Goal:** To strengthen current and develop future collaborative partnerships.

- **Objective #1:** Establish baseline of current partnerships and collaborative efforts that exist by November 30, 2016.
- **Objective #2:** Determine where opportunities for mutual and beneficial collaboration and partnerships can be made by September 1, 2017.
- **Objective #3:** Develop an improvement plan to strengthen existing partnerships by September 1, 2018.
- **Objective #4:** Develop a plan to create future partnerships utilizing the gap analysis by January 31, 2018.

## Achieve Financial Sustainability

**Goal:** To implement efforts to achieve financial sustainability.

- **Objective #1:** Develop a proposal to implement targeted case management (TCM) through Children's Special Health Care Services (CSHCS) by August 1, 2017.
- **Objective #2:** Explore at least three new grant opportunities annually.
- **Objective #3:** Increase the number of hours coded to Medicaid Outreach by 20% by December 31, 2020.
- **Objective #4:** Implement at least one expense reduction quality improvement project annually.
- **Objective #5:** Explore opportunities for increasing funding and reaching financial sustainability in every program by December 31, 2020.

### III. Focused Implementation

Following identification of the four strategic priorities, facilitators led staff through a brief instructional session on action planning. Staff self-selected into groups for each priority based on interest/area of expertise and facilitators provided action planning templates and instructions to fill out as a group. This session was designed to help staff answer the following focus question:

## What steps will we take to achieve our strategic priorities?

For each priority, staff started to consider possible goals, measurable and time-framed objectives, and activities designed to meet objectives. Facilitators created electronic copies of the draft action plans and provided them to LCDPH for use in future action planning activities.

### **Action Planning**

The action planning process spanned February and March 2016. In February, all staff participated in a half-day action planning work session. Staff selected the priority they wanted to address, and joined the action planning group for that priority. During this session, action planning groups created draft plans for each priority. LCDPH's Accreditation Coordinator produced electronic versions of each draft plan and each group presented their draft to the wider staff at a staff meeting in early March. Following this meeting, staff had one week to review the drafts and provide feedback to the Accreditation Coordinator, who incorporated feedback and finalized the action plans. The full action plans are included in Appendix C.

### **Monitoring**

The LCDPH Management Team will be responsible for ongoing monitoring of the strategic plan implementation. The team will review quarterly reports on progress from those individuals responsible for implementation of each action plan and discuss possible solutions to barriers encountered or areas where staff may need to consider changes to planned activities to better meet set goals and objectives. The Management Team may also suggest and/or approve revised timelines at this time. Following any changes to the plan, the Management Team will track and review changes (Appendices C & D), and the Health Officer will provide a signature and date as documentation that the changes are accepted. The Accreditation Coordinator is responsible for plan maintenance.

In addition, staff will regularly gather data related to performance measures outlined in the action plans, and input these data into LCDPH's performance management system according to the timeline and frequency of data collection noted. This activity will allow staff to monitor implementation on an ongoing basis, and use data to inform any improvements that may be needed.

### **Learning and Evaluation**

At the beginning of each year, the Accreditation Coordinator and the individuals responsible for implementation of each action plan will compile a brief report that summarizes the outcomes, accomplishments, challenges, and plan revisions, and share this report with the Board of Commissioners, County Administrator, Management Team, and LCDPH staff.

## Linkages

There is a clear link between the LCDPH 2016-2020 Strategic Plan and the 2015-2019 Livingston County Community Health Improvement Plan (CHIP). As a lead organization in the development, implementation, and evaluation of the CHIP, LCDPH has a responsibility for ensuring that the goals, objectives, and strategies for which we are identified as the lead agency are completed successfully and according to the timeline (where feasible) prescribed by the CHIP. The objectives that LCDPH is responsible for in the CHIP have been kept separate from the objectives in the Strategic Plan for ease of use and tracking; however, some objectives in the 2016-2020 Strategic Plan support the strategic priorities in the CHIP. These include objective 2 under workforce development, and objectives 1, 3, 4, and 5 under public visibility and awareness. These tie directly to the Communication strategic priority in the CHIP.

LCDPH will regularly collect information to decide whether or not progress is being made toward the objectives contained within this plan. Progress toward achieving identified performance measures will be tracked via the LCDPH Performance Management System and evaluated. The LCDPH Quality Improvement/Performance Management Team will determine what is working, what is not working, and why. Through this process of regular review, the goal is improved department effectiveness, efficiency, and customer satisfaction.

Specifically, objectives 2 and 3 under workforce development and objective 4 under financial sustainability are tied directly to quality improvement efforts. Other objectives are indirectly tied to quality improvement efforts by utilizing quality improvement tools in the action steps.

Goals and objectives contained within this plan will be adjusted as they are met. This part of LCDPH's work is so critical that separate plans, the LCDPH Performance Management Plan and the LCDPH Quality Improvement Plan, have been developed to help guide these important efforts.

The 2015-2019 Livingston County Community Health Improvement Plan can be found on the LCDPH shared drive, as well as the LCDPH website ([www.lchd.org](http://www.lchd.org)). The LCDPH Performance Management Plan and the LCDPH Quality Improvement Plan can be found on the LCDPH shared drive.

# Appendix A: LCDPH Strategic Planning Participants



Strategic Planning Retreat  
Sign-In Sheet  
January 26, 2016 from 8 a.m. - 4:00 p.m.

Name	Agency
Nicole Baran	LCDPH
Thearesa Kelley	LCDPH
John Wilson	LCDPH - EH
Gail Ramsey	LCDPH - EH
Dianne McCormick	LCDPH
Chelsea Moxlow	LCDPH
Linda Weiman	LCDPH
Matt Bolang	"
Joshua Marks	LCDPH
Bob Starr	LCDPH
Lucy Sikora	LCDPH
Janet Slavin	LCDPH
Barton Maas	LCDPH
Larry Keister	LCDPH
John Wilson	LCDPH
Ray Porter	"
LISA SANCHEZ	LCDPH
Jennifer Mouser	LCDPH
Amy Aumock	LCDPH
Aaron Aumock	"
Sandy Williams	LCDPH
Michele Bunyak	LCDPH
Michelle Steele	LCDPH
Sharon Considine	LCDPH
Amy Pendell	LCDPH
Emily Hamilton	LCDPH
Brandon Latchney	LCDPH
Michelle Steele	LCDPH
Tom Latchney	LCDPH
Brandon Latchney	LCDPH
Ellen Leach	LCDPH
HERIQUET	LCDPH
Maryann Pedigo	LCDPH
Elaine Brown	LCDPH
Jennifer Kramer	LCDPH
Janet Slavin	LCDPH
Jessie Jones	MPH
Apple Precht	MPH



## Strategic Priority Action Planning Teams\* Livingston County Department of Public Health

Develop workforce	Increase public visibility & awareness	Enhance collaborative partnerships	Achieve financial sustainability
<b>Room B</b>	<b>Room D</b>	<b>Room E</b>	<b>Room A</b>
Matt Bolang (Lead)	Elaine Brown (Lead)	Dianne McCormick (Lead)	Barton Maas (Lead)
Amy Aumock	Bob Starr	Linda Weiman	Aaron Aumock
Beau Forgette	Emily Hamilton	Michele Bunyak	Amy Pendell
Ellen Leach	Kris Moyer	Michelle Steele	Carol Murray
Janet Slavin	Lisa Sanchez	Sharon Considine	Maryann Pedigo
Lucy Sikora	Nicole Baran	John Wilson	Sandy Williams
Ray Porter	Pat Moore	Tom Latchney	
Thearesa Kelley			

\*Chelsea Moxlow to float between all teams for facilitation/assistance.

## Appendix B: Data Summary

---

### Workforce development Plan/Job Satisfaction Survey

Results of the Spector Job Satisfaction Survey conducted in 2015 with Livingston County Department of Public Health (LCDPH) employees showed that employees were dissatisfied with opportunities for promotion. LCDPH's draft Workforce Development Plan identifies Communication Skills, Analytical/Assessment Skills, and Public Health Sciences Skills as the top three priority areas for staff competency. Additionally, the Job Satisfaction Survey indicated the following:

- 55.9% of respondents disagreed at least slightly that communications seem good within the organization.
- 20.6% agreed that the goals of this organization are not clear to them.
- 48.4% are interested in topic specific courses. The following topics were of most interest to at least 25% of respondents:
  - Biostatistics
  - Community health
  - Emergency management/disaster preparedness
  - Epidemiology
  - Health policy, management, and leadership
  - Information technology
  - Occupational and environmental health
  - School health
  - Social and behavioral sciences
  - Women's health

Draft workforce development goals include:

- Establish a culture of quality within the agency
- Increase staff confidence with each domain in the Core Competencies for Public Health Professionals
- Establish individualized professional development plans for all employees
- Improve agency communication with staff
- Improve accountability and consistency by using the Curricula & Training schedule

### Client Satisfaction Survey

Overall, results from the client satisfaction survey showed a high level of satisfaction. There were no areas across programs that stood out as issues, but within programs key areas identified as possible areas for improvement included: availability of program information, convenience of clinic areas, and appearance/cleanliness of waiting areas.

# Community Health Improvement Plan

The following strategic issues from the Livingston County Community Health Improvement Plan list the LCDPH as the owner/lead agency or group:

- **Health Education/Promotion**

A primary goal of Healthy People 2020 is to “increase the quality, availability, and effectiveness of education and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.” The results of the Livingston County MAPP Community Themes and Strengths Assessment indicated that the top three areas that Livingston County residents would like to receive more information and education on included wellness / disease prevention (39.6%), nutrition / diet (39.4%), and overweight / obesity (32.9%). Additionally, key stakeholders within the community identified the need for more educational opportunities about participating in healthy lifestyles / choices as an area to focus on to help Livingston County improve its health and quality of life (LCDPH, 2015).

- **Dental Health**

Healthy People 2020 states improving the accessibility of dental care for individuals is a priority area for our nation. Within Livingston County, there is one dentist for every 1,662 county residents, which is below the state of Michigan’s dentist to Michigan resident ratio of one to 1,485 (University of Wisconsin Population Health Institute, 2015). Additionally, 21.3% of Livingston County residents reported no dental visit within the past year. It was also found that those with lower incomes and those with no dental insurance were more likely to report no dental visit in the past year, compared to their higher income and insured counterparts (Rusz, Kennedy, & Stork, 2014).

- **Sexually Transmitted Diseases/Infections**

A primary goal for Healthy People 2020 is to “promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent STDs and their complications.” There were 155 reported chlamydia cases per 100,000 persons in Livingston County compared to 456 cases per 100,000 persons in the state of Michigan during 2014 (MDHHS, 2015). While Livingston County’s chlamydia rate was lower than the statewide rate, chlamydia accounts for roughly a quarter of all reported conditions in Livingston County. Additionally Livingston County has seen an increase in the number of reported chlamydia cases. From 2005-2009 the average number of cases reported per year was 158 with the average number of reported cases per year increasing to 270 between 2010-2014. Livingston County has also seen an increase in the number of reported cases for males and females 15-19 years of age, with 73 and 97 cases for 2013/2014 and 2014/2015, respectively, as well as for females 20-44 years of age with 142 cases reporting for 2013/2014 and 150 cases for 2014/2015 (MDHHS, 2015)

**The following are strategic issues from the Livingston County Community Health Improvement Plan which do not have LCDPH as the owner/lead agency or group:**

- **Substance Abuse**
- **Mental Health**
- **Healthcare Integration**
- **Communication**
- **Chronic Disease**
- **Transportation**
- **Affordable Housing**

## 2014 Livingston County Health Dashboard

	Michigan Current	Livingston County		
		Prior	Current	Progress
Access to Care				
Adults without health insurance (%)	17.4	13.2	12.9	Improve
Chronic Diseases				
Adults with diabetes (%)	10.3	6.3	6.0	Decline
Perception of Health				
Adults with fair or poor mental health status 18-64, 65+ (%)	12.7	10.4	13.1	Decline
Weight, Nutrition and Exercise				
Obese and overweight adults (%)	65.8	59.4	64.3	Decline
Obese and overweight children (High school) (%)	27.3	24.6	23.6	Better
Obese and overweight children (Middle school) (%)	N/A	20.4	23.5	Decline
Children engaged in moderate to vigorous exercise (High school) (%)	49.4	54.5	26.8*	Decline*
Children engaged in moderate to vigorous exercise (Middle school) (%)	N/A	69	32.5*	<b>Decline*</b>
Screening and Prevention				
Childhood Immunizations (Fully vaccinated toddlers) (%)	74.6	73.8	72.8	Decline
Maternal, Child, and Infant Health				
Infant Mortality Rate per 1,000 live births - 1 Year	6.9	6.9	4.6	Improve
Infant Mortality Rate per 1,000 live births - 3 Year Average	6.9	6.7	5.9	Improve
Risky Behaviors				
Adults who smoke (%)	22.7	17.7	17.7	No Change
Students who smoked in last 30 days (High school) (%)	19.6	14.8	14.6	Improve
Adults who binge drink (%)	19.2	19.4	22.3	Decline
Students who binge drink (High school) (%)	17.8	14.5	14.5	No Change
Prescription drug class 2-3 Scripts Rate (per 1,000 pop.)	1,322	N/A	1,013	Improve
Prescription drug class 2-3 Units Rate (per 1,000 pop.)	86,882	N/A	62,118	Improve

\*A marked decrease in sample size from the 2012 MiPHY report to the 2013-2014 report. No explanation was given in the report as to this change.

## Appendix C: LCDPH Action Plans

<b>GOAL: To develop a competent and satisfied workforce that successfully meets the needs of the department.</b>				
<b>SMART Objectives</b>	<b>Data Source/s Frequency of collection/review</b>	<b>Baseline</b>	<b>Target</b>	<b>Lead Person/Responsible</b>
1. All employees will engage in at least one continuing education opportunity annually.	MI-TRAIN, ongoing	88%	100%	All staff
2. Research and implement an internal communication protocol by June 1, 2017.	Internal communication protocol examples	0	1 Internal communication protocol	Management Team
3. Conduct an evaluation of personnel resources and their ability to meet the current (and future) demands of the department by October 1, 2017.	MUNIS Service Activity Log reports	0	1 Evaluation	Management Team Program Coordinators
4. At least 20% of employees will realize increased employee job satisfaction by January 1, 2018.	Job Satisfaction Survey	2015 Job Satisfaction Survey	20% increase in employee job satisfaction	Management Team
5. Develop an agency succession plan for all positions by April 1, 2018.	Existing succession plan, if any	0	1 Succession plan	Management Team Program Coordinators
6. Evaluate and update the LCDPH recruitment policy (G28) by October 1, 2016.	Policy G28 (2002) Human Resources	0	1 Recruitment process	Management Team Program Coordinators

**OBJECTIVE #1: All employees will engage in at least one continuing education opportunity annually.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1.1. Conduct annual performance evaluations for each employee.	December 31 <sup>st</sup> of each year	Performance Evaluation Form	Directors Supervisors	Annual performance evaluations for all staff	
1.2. Disseminate training, continuing education, and professional development opportunities to employees.	Ongoing	Email Time	Directors Supervisors Staff	Increased attendance at professional development opportunities	
1.3. Provide at least two training opportunities on current technology annually.	December 31 <sup>st</sup> of each year	Training opportunities Time Information Technology Department	Health Promotion	An increase in current technology proficiency	

**OBJECTIVE #2: Research and implement an internal communication protocol by June 1, 2017.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
2.1. Establish an internal communication quality improvement (QI) team with representation from multiple programs and levels.	May 2016	Staff Time	Management Team	1 Internal communication QI team	
2.2 Complete an internal communication QI project.	January 2017	Internal Communication QI Team Time	Internal Communication QI Team	1 Completed QI project on internal communication	
2.3 Create a storyboard to summarize the QI project.	February 2017	Internal Communication QI Team Time	Internal Communication QI Team	1 Storyboard	
2.4 Present the findings of the QI team to the Management Team.	March 2017	Internal Communication QI Team Time	Internal Communication QI Team	1 Presentation	
2.5. Write an internal communication protocol based on the findings of the internal communication QI project.	May 2017	Staff Time	Internal Communication QI Team Designee	1 Internal communication protocol	
2.6. Present the communication protocol to and train all staff.	June 2017	Staff Meeting scheduled	Management Team	1 Training on use of the internal communication protocol	

**OBJECTIVE #3: Conduct an evaluation of personnel resources and their ability to meet the current (and future) demands of the department by October 1, 2017.**

<b>WORKPLAN</b>					
<b>Action steps</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
3.1. Perform a root cause analysis to evaluate personnel resources and their ability to meet current and future department demands.	October 2016	Staff Time QI tools	Health Promotion	1 Root cause analysis	
3.2. Analyze root cause analysis and write response strategy.	February 2017	Root cause analysis Staff Time	Management Team	1 Response strategy	
3.3. Form a QI team dedicated to improving staff efficiency.	March 2017	Response strategy Staff Time	Management Team	1 Staff efficiency QI team	
3.4. Implement QI project dedicated to improving staff efficiency.	April 2017	Staff efficiency QI team Time	Staff efficiency QI team	1 Staff efficiency QI project	
3.5 Create a storyboard and present results to all staff.	October 2017	Staff efficiency QI team Time	Staff efficiency QI team	1 Storyboard	
3.6. Evaluate employee strengths and interests.	October 2017	Survey Staff Time	Health Promotion	1 Database of employee strengths and interests	
3.7. Evaluate technological resources as a tool to increase efficiencies.	October 2017	Time Knowledge of technological resources Time	Management Team	Cost/benefit analyses of proposed resources	

**OBJECTIVE #4: At least 20% of employees will realize increased employee job satisfaction by January 1, 2018.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
4.1. Review findings from the employee recognition study and make recommendations.	April 2016	Employee recognition survey results Time Staff	EH Director Health Promotion Coordinator	Recommendations for employee recognition program	
4.2. Identify strategies to increase job satisfaction based on the 2015 Job Satisfaction Survey.	January 2017	Staff Time 2015 Job Satisfaction Survey	Management Team	1 List of strategies	
4.3 Implement strategies to increase job satisfaction based on the 2015 Job Satisfaction Survey.	March 2017	Staff Time 2015 Job Satisfaction Survey	Management Team	Evidence of implementation	
4.4. Evaluate change in job satisfaction.	January 2018	Job Satisfaction Survey	Health Promotion Coordinator	An increase in job satisfaction	

**OBJECTIVE #5: Develop an agency succession plan for all positions by April 1, 2018.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
5.1. Link strategic and workforce planning decisions by identifying the long-term vision for succession.	June 2017	Staff Time <a href="http://1.usa.gov/1Tcn10t">http://1.usa.gov/1Tcn10t</a>	Management Team	1 Succession planning vision and process	
5.2. Analyze gaps in core competencies and technical competency requirements, gaps in current supply and anticipated demand of human resources, and gaps in position continuity.	July 2017	Staff Time Internal and external resources TBD	Management Team	1 Gap analysis	
5.3 Identify human resources from multiple levels with critical competencies and skills.	September 2017	Staff Time Gap analysis	Management Team	1 List of human resources from multiple levels with critical competencies and skills	
5.4 Develop a comprehensive succession plan.	March 2018	Staff Time Gap analysis	Management Team	1 succession plan	
5.5. Implement succession strategies.	April 2018	Staff Time	Management Team	Evidence of implementation of succession strategies	
5.6 Monitor and evaluate succession strategies.	Ongoing	Staff Time	Management Team	Ongoing evaluation of strategies and adjusting as needed	

**OBJECTIVE #6: Evaluate and update the LCDPH recruitment policy (G28) October 1, 2016.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
6.1. Review the LCDPH recruitment policy (G28) and update it to a process.	July 2016	Staff Time	EH Director Health Promotion Coordinator	1 Recruitment process	
6.2. Consult with Human Resources (HR) to determine the need for any additional edits and finalize the process.	August 2016	Staff Time HR	EH Director	1 Revised recruitment process vetted by HR	
6.3. Implement recruitment process and present to staff.	October 2016	Staff Time Meeting scheduled	EH Director Financial Services Coordinator	1 Finalized recruitment process	

**GOAL: To increase public visibility and awareness of Livingston County Department of Public Health programs and services.**

<b>SMART Objectives</b>	<b>Data Source(s): Frequency of collection/review</b>	<b>Baseline</b>	<b>Target</b>	<b>Lead Person/Responsible</b>
1. By the end of 2017, LCDPH will create and implement a comprehensive communication strategy to inform other local governing bodies and human service agencies of health department services.	Communication strategy examples	0	1 written communication strategy	1 representative from each division
2. By September 1, 2016, LCDPH will create and utilize a logo specific to the Department of Public Health.	Other local health department logos	0	1 LCDPH-specific logo	Health Promotion
3. By December 1, 2018, LCDPH will expand our use of technology to include additional social media platforms for communication to the community and our stakeholders.	Available social media platforms	1	Use of additional social media platform(s)	Health Promotion
4. By June 1, 2017, LCDPH will create and implement a community outreach strategy.	Community outreach strategy examples	0	1 community outreach strategy	1 representative from each division
5. By December 1, 2019, LCDPH will create and implement a marketing strategy.	Marketing strategy examples	0	1 marketing strategy	Health Promotion

**OBJECTIVE #1: By the end of 2017, LCDPH will create a comprehensive communication strategy to inform local governing bodies and human service agencies of health department services.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1.1. Conduct current communications assessment.	December 2016	Staff Time	Program Coordinators	1 Comprehensive list of who/what/when/how information sent	
1.2. Perform a gap analysis based on the current communications assessment.	March 2017	Comprehensive list of who/what/when/how information sent Staff Time	Program Coordinators	1 Gap analysis	
1.3. Develop a communication strategy based on the gap analysis.	September 2017	Staff Comprehensive list of who/what/when/how information sent Gap analysis	Program Coordinators	1 Comprehensive communication strategy	
1.4. Inform staff of communication strategy and request feedback.	October 2017	Staff Meeting time Draft communication strategy	Program Coordinators	1 Revised comprehensive communication strategy	
1.5. Implement the comprehensive communication strategy.	December 2017	Staff Time Training	All staff	Widespread utilization of the communication strategy	

**OBJECTIVE #2: By September 1, 2016, LCDPH will create and utilize a logo specific to the Department of Public Health.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
2.1. Explore feasibility of creating a LCDPH-specific logo.	May 2016	Staff	Health Officer/Deputy	Approval to create a LCDPH-specific logo	
2.2. Create a committee to design and choose logo.	May 2016	Staff Time Design software	Health Promotion	1 Logo Committee	
2.3. Committee chooses logo with consideration of NACCHO's public health logo.	June 2016	NACCHO's "Promoting the Local Public Health Identity" guide	Logo Committee	1 LCDPH-specific logo	
2.4. Present LCDPH-specific logo to staff.	August 2016	Logo Email Staff time	Logo Committee member	Staff knowledge about new logo	
2.5. Utilize logo	September 2016	Training, including examples of use	All staff	Utilization of logo included in communication and branding strategies, and on all LCDPH documents	

**OBJECTIVE #3: By December 1, 2018, LCDPH will explore expanding our use of technology to include additional social media platforms for communication to the community and our stakeholders.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
3.1. Review acceptable social media platforms according to the county information technology and social media policies.	October 2017	County information technology and social media policies	Health Promotion	Knowledge of approved social media platforms	
3.2. Create a pros & cons list analyzing use of each available platform.	December 2017	Staff Time List of approved social media platforms	Health Promotion	1 Pros & cons list analyzing use of each social media platform	
3.3. Present pros & cons list analyzing each potential social media platform to staff for feedback and recommendation(s).	March 2018	Staff Time Pros & cons list	Health Promotion	New-to-LCDPH social media platform(s) identified	
3.4. Implement the “new” social media platform(s) for LCDPH use.	December 2018	Time Social media platforms Content for posts	Health Promotion	Expanded use of social media and increased outreach	

**OBJECTIVE #4: By June 1, 2017, LCDPH will create and implement a community outreach strategy.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
4.1. Perform an assessment of current community outreach efforts and activities.	June 2016	Staff Time	Program Coordinators	1 Comprehensive list of who/what/when/how outreach activities	
4.2. Conduct a gap analysis based on the comprehensive list of current outreach activities.	October 2016	Comprehensive list Staff Time	Program Coordinators	1 Gap analysis	
4.3. Develop a community outreach strategy.	March 2017	Staff Comprehensive list Gap analysis	Program Coordinators	1 Comprehensive community outreach strategy	
4.4. Inform staff of community outreach strategy and request feedback	April 2017	Staff Meeting scheduled Community outreach strategy	Program Coordinators	1 Revised comprehensive community outreach strategy	
4.5. Implement the strategy	June 2017	Staff	All staff	Widespread utilization of the community outreach strategy	

**OBJECTIVE #5: By December 1, 2019, LCDPH will create and implement a marketing strategy.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
5.1. Conduct an assessment of current marketing efforts and activities.	June 2018	Staff Time	Health Promotion with Program Coordinator input	1 Comprehensive list of who/what/when/how marketing activities	
5.2. Perform a gap analysis based on the comprehensive list of marketing activities.	October 2018	Comprehensive list Staff Time	Health Promotion with Program Coordinator input	1 Gap analysis	
5.3. Develop a marketing strategy for LCDPH based on the current list of marketing activities and the gap analysis.	March 2019	Staff Comprehensive list Gap analysis	Health Promotion with Program Coordinator input	1 Comprehensive marketing strategy	
5.4. Inform staff about the marketing strategy and request feedback.	October 2019	Staff Meeting scheduled Marketing strategy draft	Health Promotion with Program Coordinator input	1 Revised comprehensive marketing strategy	
5.5. Implement the marketing strategy.	December 2019	Staff Time	All staff	Widespread utilization of the marketing strategy	

**GOAL: To strengthen current and develop future collaborative partnerships.**

<b>SMART Objectives</b>	<b>Data Source/s Frequency of collection/review</b>	<b>Baseline</b>	<b>Target</b>	<b>Lead Person/Responsible</b>
1. Establish baseline of current partnerships and collaborative efforts that exist by November 30, 2016.	List of current partnerships	To be determined	1 Comprehensive list of current partnerships	Health Promotion
2. Determine where opportunities for mutual and beneficial collaboration and partnerships can be made by September 1, 2017.	Gap analysis	0	1 Gap analysis	Health Officer
3. Develop an improvement plan to strengthen existing partnerships by September 1, 2018.	Partnership improvement plan	0	1 Partnership improvement plan	Management Team
4. Develop a plan to create future partnerships utilizing the gap analysis by January 31, 2018.	Partnership creation plan	0	1 Partnership creation plan	Gap Analysis Team to recommend appropriate person based on results

**OBJECTIVE #1: Establish baseline of current partnerships and collaborative efforts that exist by November 30, 2016.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1.1. Define partnerships and collaboration (who you meet with and why).	July 2016	Definition of partnerships Definition of collaboration	Management Team	1 Definitions of partnerships 1 Definition of collaboration	
1.2. Develop staff survey to determine where partnerships currently exist, including the benefit to LCDPH and the primary LCDPH contact for the partnership.	August 2016	SurveyMonkey Time	Health Promotion	1 Staff survey to determine existing partnerships	
1.3. Staff to complete the partnership survey.	September 2016	SurveyMonkey	Health Promotion All staff	Survey completion with 100% response rate	
1.4. Compile partnerships survey data.	November 2016	Shared drive	Health Promotion	1 Comprehensive list of current partnerships	

**OBJECTIVE #2: Determine where opportunities for mutual and beneficial collaboration and partnerships can be made by September 1, 2017.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
2.1. Form a Gap Analysis Team.	January 2017	Staff Recruitment email	Health Officer	1 Gap Analysis Team	
2.2. Perform a gap analysis based on the comprehensive list of current key LCDPH partnerships.	May 2017	Comprehensive list of current partnerships Staff Time	Gap Analysis Team	1 Gap analysis	
2.3. Communicate results of gap analysis and establish a list of new potential partnerships to foster.	September 2017	Gap analysis Staff	Gap Analysis Team	1 List of potential new partnerships	

**OBJECTIVE #3: Develop an improvement plan to strengthen existing partnerships by September 1, 2018.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
3.1. Create a partnership improvement team	April 2018	Comprehensive list of current partnerships	Health Officer	1 Partnership Improvement Team	
3.2. Develop a partnership improvement plan to strengthen existing partnerships.	July 2018	Staff Time	Partnership Improvement Team	1 Partnership improvement plan	
3.3. Train staff on use of the partnership improvement plan.	September 2018	Staff Training scheduled	Partnership Improvement Team	1 Staff training	
3.4 Implement use of the partnership improvement plan.	September 2018	Staff Time	All staff	Stronger partnerships	

**OBJECTIVE #4: Develop a plan to create future partnerships utilizing the Gap Analysis by January 31, 2018.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
4.1 Develop a plan to create future partnerships based on the gap analysis from Objective 2.	December 2017	Staff Time	Management Team	1 Partnership creation plan	
4.2. Determine point people to reach out to form collaborative partnerships that were identified in Objective 2, and provide point people with the end goal of the outreach and the partnership creation plan.	January 2018	Gap analysis Staff Time Training	Management Team	Point people identified Improved collaboration and partnerships	
4.3. Point people provide updates to Management Team.	Ongoing	Staff Time	Point people	Improved collaboration and partnerships	

**GOAL: To implement efforts to achieve financial sustainability.**

SMART Objectives	Data Source/s Frequency of collection/review	Baseline	Target	Lead Person/Responsible
1. Develop a proposal to implement targeted case management (TCM) through Children’s Special Health Care Services (CSHCS) by August 1, 2017.	Medicaid and other agencies already implementing TCM	0	1 TCM proposal	CSHCS Nurse
2. Explore at least three new grant opportunities annually.	Internet research Professional colleagues <a href="http://www.grants.gov">www.grants.gov</a>	0	Three new grant opportunities per year	Program Coordinators Directors
3. Increase the number of hours coded to Medicaid Outreach by 20% by December 31, 2020.	MUNIS report of hours coded to Medicaid Outreach Collected quarterly	2,196 hours (2015)	2,635 hours	Financial Services Coordinator PPHS Director
4. Implement at least one expense reduction quality improvement project annually.	QI Project Tracking Log Updated as needed	0	One expense reduction quality improvement project per year	Financial Services Coordinator Program Coordinators
5. Explore opportunities for increasing funding and reaching financial sustainability in every program by December 31, 2020.	Program funding sources MUNIS	Current funding and financial status	Increased revenue and financial stability	Program Coordinators Directors

**OBJECTIVE #1: Develop a proposal to implement targeted case management (TCM) through Children’s Special Health Care Services (CSHCS) by August 1, 2017.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1.1. Explore eligibility and feasibility of TCM in Michigan.	August 2016	Staff Time	CSHCS Nurse	Definitive evidence that TCM is feasible or not feasible in Michigan	
1.2. Research/study data and information pertaining to TCM in Michigan, including (but not limited to) cost/revenue analysis and time to implement TCM.	February 2017	Staff Time Professional colleagues	CSHCS Nurse CSHCS Clerk	Important data and information needed to prepare and present the proposal	
1.3. Report data found to the Financial Services Coordinator and PPHS Director.	March 2017	Staff Time Meeting scheduled	CSHCS Nurse CSHCS Clerk	Approval to create the final proposal	
1.4. Prepare the final TCM proposal.	June 2017	Staff Time	CSHCS Nurse CSHCS Clerk	1 TCM proposal	
1.5. Present final TCM proposal to PPHS Director and Health Officer.	August 2017	Staff Time	CSHCS Nurse CSHCS Clerk	TCM implementation approval	

**OBJECTIVE #2: Explore at least three new grant opportunities annually.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
2.1. Notify all staff about the new grant exploration requirement and process.	May 2016	Email	Health Officer	Increased awareness for all staff about the importance of identifying grant opportunities	
2.2. Create grant opportunity tracking log.	May 2016	Staff Time	Financial Services Coordinator	1 Grant opportunity tracking log	
2.3. Record and track all proposed grant opportunities in a tracking log.	Ongoing	Staff Time Grant opportunity tracking log	Financial Services Coordinator	An increase in the number of grant opportunities explored annually An increase in the number of opportunities LCDPH applies for annually	

**OBJECTIVE #3: Increase the number of hours coded to Medicaid Outreach by 20% by December 31, 2020.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
3.1. Assess availability of staff to perform Medicaid Outreach activities.	September 2016	Staff Time	PPHS Director	1 List of staff with the potential to increase their Medicaid Outreach hours	
3.2. Assess schedule and available time to perform additional Medicaid Outreach activities.	September 2016	Staff Schedules Time	PPHS Director Financial Services Director	Availability of staff time to dedicate to Medicaid Outreach	
3.3. Hold a discussion with staff about activities that may be coded to Medicaid Outreach.	October 2016	Staff Meeting scheduled	PPHS Director	Increased knowledge about allowable Medicaid Outreach activities	
3.4. Implement new schedule/coding.	January 2017	Staff Time New schedule	PPHS Director PHN Supervisor	Increase in coded hours to Medicaid Outreach	
3.5. Track Medicaid Outreach hours quarterly and report to the Management Team.	Quarterly	MUNIS report Staff Time	Financial Services Director	20% increase in coded Medicaid Outreach hours by 2020	

**OBJECTIVE #4: Implement at least one expense reduction quality improvement project (QI) annually.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
4.1. Identify a potential problem area to address with an expense reduction quality improvement project.	March of each year	Staff Time	Financial Services Coordinator Program Coordinators	1 List of viable expense reduction QI projects per year	
4.2. Select a viable expense reduction QI project.	March of each year	Staff Time MUNIS	Financial Services Coordinator Program Coordinators	1 Expense reduction problem statement	
4.3. Create an expense reduction QI team for at least one project.	March of each year	Staff Time	Financial Services Coordinator	1 QI team charter	
4.4. Complete at least one expense reduction QI project.	December of each year	Staff Time	Financial Services Coordinator	1 Completed storyboard	
4.5 Present the completed storyboard at an all-staff meeting.	December of each year	Staff Time Storyboard	QI team member	1 Storyboard presentation	

**OBJECTIVE #5: Explore opportunities for increasing funding and reaching financial stability in every program by December 31, 2020.**

**WORKPLAN**

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
5.1. Assess current funding structure by program.	July 2016	Staff Time	Program Coordinators Directors	Program coordinators understand how their programs are funded	
5.2. Assess financial stability for each program.	July 2016	Staff Time Professional colleagues	Program Coordinators Directors	Program coordinators understand the current financial situation for their programs, including future projections	
5.3. Assess staffing levels in each program.	July 2016	Staff Time Meeting scheduled	Program Coordinators Directors	Staffing levels in each program are assessed objectively and a cost-effective recommendation is made to increase efficiency	
5.4. Assess potential ability to increase hours in revenue generating programs.	May 2017	Staff Time	Program Coordinators Directors	Hours are increased in revenue-generating programs, bringing more financial stability to programs	
5.5. Explore other funding possibilities/opportunities for each program.	December 2020	Staff Time	Program Coordinators Directors	1 comprehensive list of other funding opportunities/sources	

## Appendix D: Record of Revisions and Updates

---

As the Livingston County Department of Public Health Strategic Plan 2016-2020 is a fluid document, edits, changes, and updates will happen throughout the life of this plan. For efficiency and accountability purposes, these changes are recorded. All changes to the plan will be reviewed and approved by the Management Team. Updated versions of this document will be saved on the department shared drive under [S:\PHAB All Users\Strategic Plan](#).

Date	Description of Change	Page Number	Made By	Rationale	Signature of Approval
04/19/2016	LCDPH approval of plan.	All	Chelsea Moxlow	Initial document.	

