



**Strategic Planning Committee Meeting  
August 20, 2018**

**MEMBERS PRESENT:**

Janae Tucker, LHN Specialist  
Laura Woodrum, Clinical Nurse Administrator  
Shawn Crabtree, Executive Director  
Tracy Aaron, Health Education Director  
Christine Weyman, Medical Director  
Amy Tomlinson, Preparedness Program Director  
Pamela Godby, Human Resources Manager  
Carol Huckelby, Human Resources Manager  
Stuart Spillman, Environmental Health Director

**MEMBERS ABSENT:**

Leah Jasper, Director of Administrative Services

Meeting called to order at 9:00 A.M. by Shawn Crabtree, Executive Director.

Minutes and information from last meeting were reviewed. Motion to accept the minutes/information presented made by Laura Woodrum with a second from Stuart Spillman.

All information for Priority Area #3 had been submitted and was already uploaded in the strategic plan tracker in draft format so the meeting focused on discussion and revision of the information. As well as, assigning baseline / target data and person responsible.

At the next meeting Priority Area #4 will be need baselines/targets added to the tracker and assignments made.

Reminders: All data that is measured in the strategic plan also needs to be a part of the online health report card.

The strategic plan needs to be completed by August 30, 2018 because staff will start reporting progress at the end of September. Therefore, the plan must be available for the district BOH to review and approve before the next meeting (September 4<sup>th</sup>, 2018). Next meetings were scheduled to assure the task is completed on time. Calendar invites have been sent to the group. Meeting adjourned at 10:58 AM EST. Minutes will be emailed to committee members for review before the next meeting.

1. Wednesday, August 22<sup>nd</sup>, 2018 1-3 pm
2. Monday, August 27<sup>th</sup> from 9-11 am

# Lake Cumberland District Health Department: Strategic Plan Dashboard for Fiscal Year Ending:

2019

Priority Area: 1. Improve Quality of Life	Measure Baseline	Measure Target	Start Date	Target Date	Email of Person Responsible
<b>Goal: 1.1. Provide more evidence based programs in the community</b>					
Objective: 1.1.1. Within the Lake Cumberland District, community health coalition partners, including the Lake Cumberland District Health Department (LCDHD), will adopt and implement at three evidence-based strategies to address priority areas as identified in the Community Health Assessments/Community Health Improvement Plans (CHAs/CHIPs) by June 30, 2023.					
Strategy: 1.1.1.1. Provide community health coalition partners with literature search results for community identified priorities to choose from when selecting programs	No	Yes	7/1/2018	6/30/2019	tracys.aaron@lcdhd.org;
Strategy: 1.1.1.2. Document which programs were adopted and when by community health coalition partners in CHIPs and performance management tracking tool	No	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 1.1.1.1 At least three evidence based programs adopted/implemented by community health coalition partners	0.00	3.00	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
<b>Goal: 1.2. Promote healthy lifestyles</b>					
Objective: 1.2.1. Decrease tobacco related death and disease rates 2% by June 30, 2023.					
Strategy: 1.2.1.1. Educate and advocate for the adoption of smoke-free ordinances within the LCDHD district, currently 2 jurisdictions	2.00	5.00	7/1/2018		tracys.aaron@lcdhd.org;



Strategy: 1.2.1.2. Educate and advocate for the adoption of tobacco-free schools, currently 9 schools are tobacco-free	9.00	12.00	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 1.2.1.1 Decrease lung cancer incidence as listed in the health report card from 102 (2015 data) to 101 (1% decrease)	102.00	101.00	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 1.2.1.2 Decrease death rates as listed in the health report card from 73.8 (2015 data) to 72.8 (1% decrease)	73.80	72.80	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 1.2.1.3 Decrease adult smoking rates from 24% to 23%, source County Health Rankings, 2018	24.00%	23.00%	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 1.2.1.4 Decrease youth smoking rates (in the past 30-day use) from 14.3 to 13.3%, source: Kentucky Incentives for Prevention (KIP) data, 2016	14.30%	13.30%	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
<b>Goal: 1.3. Prevent/respond to existing and emerging public health threats</b>					
Objective: 1.3.1. Provide education and information related to emerging or existing public health threats to community partners and LCDHD staff a minimum of two times per year, or as needed when events warrant.					
Strategy: 1.3.1.1. Provide education through traditional and social media	Yes	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Strategy: 1.3.1.2. Disseminate information provided by Kentucky Department for Public Health (KDPH) to community partners	Yes	Yes	7/1/2018	6/30/2023	amandaj.england@lcdhd.org;
Strategy: 1.3.1.3. Analyze community health data to identify emerging public health threats	Yes	Yes	7/1/2018	6/30/2023	amandaj.england@lcdhd.org;
Measure: 1.3.1.1 Number of communications related to public health threats LCDHD has initiated with staff and partners, at least 2 times a year	0	2	7/1/2018	6/30/2023	amyc.tomlinson@lcdhd.org;
Objective: 1.3.2. Improve LCDHD's response to public health threats by participating in a minimum of one tabletop or functional exercise per year, beginning in FY 2019					
Strategy: 1.3.2.1. Develop multiyear training and exercise plan (MYTEP) to reflect exercise/drill opportunities.	No	Yes	7/1/2018	6/30/2019	amyc.tomlinson@lcdhd.org;
Strategy: 1.3.2.2. Partner with regional healthcare preparedness to schedule/provide public health exercise opportunities	Yes	Yes	7/1/2018		amyc.tomlinson@lcdhd.org;



Strategy: 1.3.2.3. Train Epi Rapid Response Team (ERRT) staff in public health response	Yes	Yes	7/1/2019	6/30/2023	amyc.tomlinson@lcdhd.org;
Measure: 1.3.2.1 LCDHD will participate in at least one tabletop or functional exercise per year	0.00	1.00	7/1/2018	6/30/2019	amyc.tomlinson@lcdhd.org;
Objective: 1.3.3. Reduce morbidity and mortality rates related to substance use disorder by 2% across the Lake Cumberland District by January 1, 2023					
Strategy: 1.3.3.1. Implement Syringe Exchange Programs in 2 additional counties, currently have SEPs in 4 counties	4.00	6.00	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;
Strategy: 1.3.3.2. Provide community education and awareness (presentation/mass media campaign) on opiate use disorder quarterly	Yes	Yes	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;
Strategy: 1.3.3.3. Provide naloxone to community and first responders at community events	Yes	Yes	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;
Measure: 1.3.3.1 Decrease substance use disorder hospital admissions (as an indicator of morbidity) as listed in the Kentucky Injury Prevention and Research Center profiles from 3.64 to 3.5 per 1,000	3.64	3.50	7/1/2018	6/30/2023	christine.weyman@lcdhd.org ;
Measure: 1.3.3.2 Decrease substance use related overdose deaths as listed in the Kentucky Injury Prevention and Reseach Center profiles from 29.45 to 29 per 100,000	29.45	29.00	7/1/2018	6/30/2023	christine.weyman@lcdhd.org ;
Seperator					
<b>Priority Area: 2. Enhance Community Access, Engagement &amp; Collaboration</b>	<b>Measure Baseline</b>	<b>Measure Target</b>	<b>Start Date</b>	<b>Target Date</b>	<b>Email of Person Responsible</b>
<b>Goal: 2.1. Increase awareness of public health services</b>					
Objective: 2.1.1. Increase the public's engagement via media campaigns / communications as measured by the annual increase of social media and website utilization					
Strategy: 2.1.1.1. Update our Health Report Card webpages information as statistics become available and notify the public through social media posts.	Yes	Yes	7/1/2018		christine.weyman@lcdhd.org;



Strategy: 2.1.1.2. Update Data Analysis Committee webpage after each meeting and notify the public of our activities through social media posts	Yes	Yes	7/1/2018	6/30/2019	amandaj.england@lcdhd.org;
Strategy: 2.1.1.3. Promote on social media various other public health features such as: staff photos on “blue jean and colored shirt” health awareness days, various public health news related events, “52 Weeks of Health” health promotion, staff engaging in various program related activities within their communities, various other health promotion activities, etc.	Yes	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 2.1.1.1 Number of Facebook followers	8899	10000	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 2.1.1.2 Number of YouTube followers	44.00	100.00	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 2.1.1.3 Number of Twitter followers	566.00	600.00	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 2.1.1.4 Number of Instagram followers	179.00	200.00	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 2.1.1.5 Monthly traffic to website	9348	10000	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
<b>Goal: 2.2. Strengthen the Local Public Health System through partnership and planning across the Lake Cumberland District</b>					
Objective: 2.2.1. Sustain, rejuvenate and amplify ten health coalitions (local public health system partners) to collect and analyze data in the creation and implementation of ten community health improvement plans by June 30, 2023.					
Strategy: 2.2.1.1. Implement the MAPP tool	No	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Strategy: 2.2.1.2. Identify and engage partners across Local Public Health System (LPHS) and invite key partners to attend	Yes	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 2.2.1.1 75% of coalition members regularly attend meetings	50.00%	75.00%	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;



Measure: 2.2.1.2 25% of newly invited key partners will attend the meetings	0.00%	25.00%	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Objective: 2.2.2. Increase the number of presentations to stakeholders, policy makers and civic groups on up-to-date health information and community health improvement plans by June 30, 2019.					
Strategy: 2.2.2.1. Attending stakeholder, policymaker and civic group meetings to share data/community health improvement plan	Yes	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 2.2.2.1 Conduct three presentations per county	0	30	7/1/2018	6/30/2019	tracys.aaron@lcdhd.org;
Objective: 2.2.3. Provide at least one opportunity for community members to offer feedback regarding our community health improvement plan by June 30, 2019.					
Strategy: 2.2.3.1. Provide a web-based feedback form	No	Yes	7/1/2018	6/30/2019	tracys.aaron@lcdhd.org;
Strategy: 2.2.3.2. Promote web-based feedback form via social media	No	Yes	7/1/2018	6/30/2019	tracys.aaron@lcdhd.org;
Measure: 2.2.3.1 Provide one social media promotion for CHIP feedback by June 30, 2019.	0	1	7/1/2018	6/30/2019	tracys.aaron@lcdhd.org;
<b>Goal: 2.3. Increase awareness of public health services and implement new approaches when appropriate based on data analysis.</b>					
Objective: 2.3.1. Increase public awareness of illicit drug related health impacts by June 30, 2023 via the health report card and annual social media promotions					
Strategy: 2.3.1.1. Share morbidity and mortality data with the public	No	Yes	7/1/2018	6/30/2023	amandaj.england@lcdhd.org;
Measure: 2.3.1.1 Add illicit drug related hospital & ER visits to the health report card	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 2.3.1.2 Add drug overdose mortality data to health report card	No	Yes	7/1/2018	6/30/2019	shawnd.crabtree@lcdhd.org;
Measure: 2.3.1.3 Promote health report card annually via social media	No	Yes	7/1/2018		@lcdhd.org;



Objective: 2.3.2. Analyze available illicit drug-use hospital and ER visit data via the data analysis committee and recommend educational awareness and interventions annually					
Strategy: 2.3.2.1. Review data at the bi-annual data analysis committee meetings	No	Yes	7/1/2018	6/30/2023	amandaj.england@lcdhd.org;
Measure: 2.3.2.1 Implement one initiative to address illicit drug-use health impacts in highest risk counties	No	Yes	7/1/2018	6/30/2023	annaj.tucker@lcdhd.org;
Objective: 2.3.3. Increase number of Harm Reduction Syringe Exchange Programs (SEPs) from 4 to 6 by June 30, 2023.					
Strategy: 2.3.3.1. Educate the public via public forums and media releases	Yes	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Strategy: 2.3.3.2. Educate law enforcement agencies via face-to-face meetings	Yes	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Strategy: 2.3.3.3. Educate fiscal courts and city councils	Yes	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 2.3.3.1 Increase number of Syringe Exchange Programs from 4 to 6 by June 30, 2023.	4	6	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;
<b>Goal: 2.4. Increase childhood immunization rates by promoting use of the immunization registry and assistance for schools.</b>					
Objective: 2.4.1. Promote more extensive use of Kentucky Immunization Registry (KYIR) with providers in the LCDHD service area by June 30, 2023.					
Strategy: 2.4.1.1. Educate pharmacies and physician offices on value of immunization registry	No	Yes	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;
Strategy: 2.4.1.2. Approach KHDA, KMA and DPH on adopting or promoting statewide policy changes	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 2.4.1.1 Get information from the Department of Public Health and establish a baseline of entities using the KYIR by June 30, 2019	No	Yes	7/1/2018	6/30/2019	angelal.simpson@lcdhd.org;
Objective: 2.4.2. Assist schools to increase compliance to at least 90% with state immunization requirements by June 30, 2023.					





Strategy: 2.4.2.1. Meet with underperforming school health coordinators	No	Yes	7/1/2018	6/30/2019	christine.veyman@lcdhd.org ;
Strategy: 2.4.2.2. Provide immunization information to 6th grade parents to encourage compliance with state immunization requirements	No	Yes	7/1/2018	6/30/2019	rebecca.baker@lcdhd.org;
Strategy: 2.4.2.3. Ensure local health departments continue to utilize Vaccines for Children (VFC) and Kentucky Vaccine Program (KVP) to provide childhood vaccinations	Yes	Yes	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;
Measure: 2.4.2.1 Decrease number of schools with less than 90% compliance with state immunization requirements from 15 to 10.	15.00	10.00	7/1/2018	6/30/2023	christine.veyman@lcdhd.org ;
Seperator					
<b>Priority Area: 3. Foster Employee Engagement, Development and Performance</b>	<b>Measure Baseline</b>	<b>Measure Target</b>	<b>Start Date</b>	<b>Target Date</b>	<b>Email of Person Responsible</b>
<b>Goal: 3.1. Increase staff awareness and collaboration across all programs</b>					
Objective: 3.1.1. Increase general awareness of staff regarding programs by highlighting 12 programs per year beginning Fiscal Year (FY) 2019					
Strategy: 3.1.1.1. Highlight a program monthly via email, website and/or newsletter updates	0.00	12.00	7/1/2018	6/30/2019	shawnd.crabtree@lcdhd.org;
Strategy: 3.1.1.2. Annually, all county staff are required to attend the safety/shut-off training so this will provide an opportunity for any program to review program purpose, activities, and/or share needs with staff	No	Yes	7/1/2018	6/30/2023	annaj.tucker@lcdhd.org;
Measure: 3.1.1.1 Twelve programs highlighted annually	0.00	12.00	7/1/2018	6/30/2019	shawnd.crabtree@lcdhd.org;
Measure: 3.1.1.2 All program directors made aware of annual Quality Assurance (QA) meeting opportunity and allotted time if requested	No	Yes	7/1/2018	6/30/2019	annaj.tucker@lcdhd.org;
Objective: 3.1.2. Improve collaboration across divisions by discussing program needs, as identified at executive staff meeting, with relevant staff					





Strategy: 3.1.2.1. As program needs arise, appropriate groups would meet to discuss strategies / opportunities to educate staff on program needs / requirements	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 3.1.2.1 Directors of new programs participate in person or via electronic meeting in annual QA meeting (that all staff are required to attend) and inform staff of program.	No	Yes	6/30/2018	7/1/2023	annaj.tucker@lcdhd.org;
Measure: 3.1.2.2 Survey staff annually to assess effectiveness of program promotion through newsletter and QA meetings (January) with an 85% satisfaction for those who respond	1.00%	85.00%	6/30/2018	7/31/2019	annaj.tucker@lcdhd.org;
<b>Goal: 3.2. Develop and adopt procedures to protect sensitive personnel information and improve departmental efficiencies.</b>					
Objective: 3.2.1. By June 30, 2023, we will develop a modality to electronically send, receive, and store essential personnel records.					
Strategy: 3.2.1.1. Follow with DPH personnel branch to ensure electronic performance evaluations are approved	No	Yes	6/30/2018	7/1/2019	carola.huckelby@lcdhd.org;
Strategy: 3.2.1.2. Develop a secure process allowing all employees to electronically sign documents	25.00%	100.00%	6/30/2018	7/1/2019	carola.huckelby@lcdhd.org;
Strategy: 3.2.1.3. Develop a secure fillable electronic performance evaluation form	No	Yes	6/30/2018	7/1/2019	carola.huckelby@lcdhd.org;
Strategy: 3.2.1.4. Work with IT to develop a secure process and method to electronically send, receive, and store personnel forms/records.	No	Yes	6/1/2018	7/31/2023	carola.huckelby@lcdhd.org;
Measure: 3.2.1.1 All performance evaluations will be submitted by due date utilizing the new electronic process when available.	95.00%	100.00%	6/30/2018	7/31/2023	carola.huckelby@lcdhd.org;
Measure: 3.2.1.2 100% of performance evaluation forms will be sent using new system.	1.00%	100.00%	6/30/2018	7/31/2023	carola.huckelby@lcdhd.org;
Objective: 3.2.2. By 2023, all job descriptions for applicable employees will be updated at least every three years					
Strategy: 3.2.2.1. Update modality for ensuring job descriptions are updated at least every three years to reflect expectations for current tasks.	No	Yes	6/30/2018	7/31/2023	carola.huckelby@lcdhd.org;
Measure: 3.2.2.1 95% or more job descriptions will have been reviewed and updated to reflect current tasks expectations within the past three years	50.00%	95.00%	6/30/2018	7/31/2023	carola.huckelby@lcdhd.org;



<b>Goal: 3.3. Recruit and assure a competent workforce by providing training opportunities that develop core public health competencies</b>					
Objective: 3.3.1. Review and revise the professional development section of the WFDP to include ad-hoc staff development opportunities to ensure staff are appropriately trained to deal with emerging health issues by July 31, 2023.					
Strategy: 3.3.1.1. At divisional staff meetings, program directors will discuss and identify agency/staff professional development needs/wants and make recommendations on agency-wide, program and individual needs.	No	Yes	6/30/2018	7/31/2023	carola.huckelby@lcdhd.org;
Measure: 3.3.1.1 Compliance will be measured monthly (with each division discussing at a meeting at least annually) via the PM tracking tool.	1.00%	100.00%	6/30/2018	7/31/2019	annaj.tucker@lcdhd.org;
Objective: 3.3.2. By June 30, 2023, revise recruitment process to entice qualified and quality applicants.					
Strategy: 3.3.2.1. Work with new DPH personel branch manager to implement improved recruitment strategies.	No	Yes	6/30/2018	7/31/2023	carola.huckelby@lcdhd.org;
Strategy: 3.3.2.2. Update recruitment ads wording to entice more qualified applicants	No	Yes	6/30/2018	7/31/2019	carola.huckelby@lcdhd.org;
Strategy: 3.3.2.3. Update job interview questions to help us better identify quality candidates	No	Yes	6/30/2018	7/31/2019	carola.huckelby@lcdhd.org;
Measure: 3.3.2.1 Each job vacancy that is advertised outside the agency will have at least three qualified applicants.	1.00	3.00	6/30/2018	7/31/2023	carola.huckelby@lcdhd.org;
Seperator					
<b>Priority Area: 4. Efficacy of Business Practices through Innovation, Process Improvement and Maximizing Efficiencies</b>	<b>Measure Baseline</b>	<b>Measure Target</b>	<b>Start Date</b>	<b>Target Date</b>	<b>Email of Person Responsible</b>
<b>Goal: 4.1. Adjust the Agency to New Financial Realities</b>					



Objective: 4.1.1. If advantageous, consider relinquishing various under-funded clinic programs to other community partners and adjust staff compliment accordingly by June 30, 2023.					
Strategy: 4.1.1.1. Should it become necessary to pursue this objective, secure Governing Board Approval to pursue this strategy.	No	No	7/1/2018	6/30/2020	shawnd.crabtree@lcdhd.org;
Strategy: 4.1.1.2. Identify other community partners that can provide our clinic services					
Strategy: 4.1.1.3. Continue work with DPH Commissioner's Public Health Redesign workgroup to determine which programs are most feasible to relinquish, should it becomce necessary to pursue this objective.	Yes	Yes	7/1/2018	6/30/2020	shawnd.crabtree@lcdhd.org;
Strategy: 4.1.1.4. Utilize attrition and staff re-assignment prior to implementing a Workforce Reduction Plan					
Measure: 4.1.1.1 Clinic programs will improve self-sufficiency from requiring 60% of the agency's total local tax funds to 30%	60.00%	30.00%	7/1/2018	6/30/2023	leah.jasper@lcdhd.org;
Objective: 4.1.2. Implement/enhance three technologies to streamline existing practices/processes by June 30, 2023.					
Strategy: 4.1.2.1. Explore options to improve processes and services (for example: utilizing videoconferencing for Medical Nutrition Therapy, Directly Observed Therapy, training, coalition meeting, supervision, etc.)					
Strategy: 4.1.2.2. Follow Kentucky Health Department Association's (KHDA) Best Practice Committee and the DPH Commissioner's Public Health Redesign Workgroup findings and recommendations and adopt when appropriate.					;
Strategy: 4.1.2.3. Enhance communication log utilization to include query abilities, link or upload supporting documenting to include the final product.					
Measure: 4.1.2.1 Implement/enhance at least three streamlined processes by June 30, 2023.	0	3	7/1/2018	6/30/2023	;
<b>Goal: 4.2. Seek Opportunities to Enhance Capacity</b>					
Objective: 4.2.1. Explore and, if possible, utilize alternative staffing arrangements other than merit positions by FY 2020.					



Strategy: 4.2.1.1. Secure Governing Board Approval to pursue this strategy.					
Strategy: 4.2.1.2. Meet with staffing agencies to better understand their services and utilize their services, if appropriate.					
Strategy: 4.2.1.3. Seek KDPH approval of the staffing agency contract model					;
Strategy: 4.2.1.4. Discuss with other health departments and the KDPH the strategy of contracting with HANDS employees to be reimbursed a per diem per service and adapt this model, if appropriate.					;
Measure: 4.2.1.1 18% of staff will be transitioned to these alternate models, if it is determined this is advantageous.	No	No	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Objective: 4.2.2. Provide written agreements with community agencies to enhance and provide access to services beginning FY 2019 and ending in FY 2023.					
Strategy: 4.2.2.1. Establish at least 10 closed Point of Dispensing (POD) partnerships by FY 2021 as evidenced by written agreements	0.00	10.00	7/1/2018	6/30/2021	;
Strategy: 4.2.2.2. Make space available for utilization by other members of the public health system when excess facility capacity exists					
Strategy: 4.2.2.3. Create opportunities to partner with community agencies to provide public health services that may no longer be provided by the local health department					
Measure: 4.2.2.1 # of written agreements in effect					
Objective: 4.2.3. Aggressively seek out and apply for grant opportunities to help finance existing programs and fund work on issues as identified in our CHIP, Strategic Plan and Data Analysis Committee on an ongoing basis.					
Strategy: 4.2.3.1. Review grant opportunities via popular grant promotion websites and apply for such, when appropriate.					
Strategy: 4.2.3.2. Work with KHDA to pilot test their being a 501(c)(3) partner with us on grants which require said designation.					



Measure: 4.2.3.1 The submission of at least three direct federal grants annually.	0	3	7/1/2018	6/29/2023	;
<b>Goal: 4.3. Effectively use QI Plan/Tools to improve processes, programs and interventions.</b>					
Objective: 4.3.1. LCDHD will engage in at least three Quality Improvement (QI) Projects per year, beginning FY 2019. With two focused on programmatic/community improvement; and one focused on internal agency improvement.					
Strategy: 4.3.1.1. Discuss potential QI Projects during the Executive/Quality Improvement Committee Meetings.					
Strategy: 4.3.1.2. Evaluate employee suggestions to determine if they would be appropriate for a QI Project.					
Strategy: 4.3.1.3. Encourage Board Members to make suggestions for improvement via the monthly Board Survey included on their meeting agenda.	Yes	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Strategy: 4.3.1.4. Use results from Community Health Assessments and Data Analysis Committee work to drive potential QI Projects.					
Strategy: 4.3.1.5. Review our staff and board SWOT analysis results to evaluate potential QI Project opportunities.					
Strategy: 4.3.1.6. Review our Public Health Accrediation Board (PHAB) Action Plan and Annual Reports response to evaluate potential QI Project opportunities.	Yes	Yes	7/1/2018	6/30/2019	annaj.tucker@lcdhd.org;
Strategy: 4.3.1.7. Monitor performance management database and other tracking tools to identify trends to continually identify opportunities for improvement/QI project development.					
Measure: 4.3.1.1 Initiate at least three QI projects annually.	0	3	7/1/2018	6/30/2023	annaj.tucker@lcdhd.org;
Seperator					
Do Not Delete					

