



**Strategic Planning Committee Meeting  
August 16, 2019**

**MEMBERS PRESENT:**

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

**MEMBERS ABSENT:**

Ronald Cimala, Director of Administrative Services

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

Minutes and information from last meeting were reviewed via email after the last meeting so there was no need to make a motion this time. During the last meeting we had completed the strategic plan. The purpose of this meeting is to complete the annual review of the strategic plan and make any needed revisions.

All information in the strategic planning tracker was reviewed and edited as needed as some projects had been completed and others may have taken a different route than first planned. An annual summary of the progress and changes made will be written up and placed on the website with the strategic plan, but a detailed report of what was changed for each strategy/measure is attached to these meeting minutes.

A final draft of the plan will be sent to the district board of health next for their review. Once the plan revisions have been approved by the BOH it will be implemented, staff will report on it quarterly, results will be discussed at executive team meetings and the committee will continue to meet at least annually to review/revise the plan.

Priority Area: 1. Improve Quality of Life	Email of Person Responsible	Annual review notes
<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 least 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 information regarding research-based initiatives that they might choose from to address community identified priorities	tracys.aaron@lcdhd.org;	changed target date to expand throughout strategic plan period since this correlates with the CHIPs
Strategy: 1.1.1.2. Document which programs were adopted and when by community health coalition partners in CHIPs and performance management tracking tool	tracys.aaron@lcdhd.org;	this is part of the CHIP and we continue to work on this
Measure: 1.1.1.1 At least three evidence based programs adopted/implemented by community health coalition partners as documented in the CHIPs	tracys.aaron@lcdhd.org;	continuing to work on this initiative
<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	tracys.aaron@lcdhd.org;	change target to 3 jurisdictions because this goal is proving to be unattainable
Strategy: 1.2.1.2. Educate and advocate for the adoption of tobacco-free schools, currently 9 schools are tobacco-free	tracys.aaron@lcdhd.org;	Wayne County is the only school that is not tobacco-free, we are at 11 right now
Measure: 1.2.1.1 Decrease lung cancer incidence as listed in the health report card from 102 (2015 data) to 101 (1% decrease)	tracys.aaron@lcdhd.org;	this is proving to be difficult due to the vaping and e-cigs, Juuls
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)	tracys.aaron@lcdhd.org;	okay
Measure: 1.2.1.3 Decrease adult smoking rates from 24% to 23%, source County Health Rankings, 2018	tracys.aaron@lcdhd.org;	okay
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	tracys.aaron@lcdhd.org;	okay, tobacco use has decreased but vaping is on the rise
<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	shawnd.crabtree@lcdhd.org;	changed to Melonie Williams
Strategy: 1.3.1.2. Disseminate information provided by Kentucky Department for Public Health (KDPH) to community partners	amandaj.england@lcdhd.org;	okay
Strategy: 1.3.1.3. Analyze community health data to identify emerging public health threats	amandaj.england@lcdhd.org;	okay
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	amyc.tomlinson@lcdhd.org;	okay
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.	amyc.tomlinson@lcdhd.org;	changed to reflect that it is done annually
Strategy: 1.3.2.2. Partner with regional healthcare preparedness to schedule/provide public health exercise opportunities	amyc.tomlinson@lcdhd.org;	just specified that we are working with coalitions and changed to reflect that is done annually
Strategy: 1.3.2.3. Track required trainings of Epi Rapid Response Team (ERRT) staff in public health response	amandaj.england@lcdhd.org;	changed to reflect that it is done annually
Measure: 1.3.2.1 LCDHD will participate in at least one tabletop or functional exercise per year	amyc.tomlinson@lcdhd.org;	okay
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 (SEPs) in 2 additional counties, currently have SEPs in 4 counties	laurae.woodrum@lcdhd.org;	we now have 5 SEPs, still working on this with the fiscal courts in the other counties?
Strategy: 1.3.3.2. Provide community education and awareness (presentation/mass media campaign) on opiate use disorder quarterly	laurae.woodrum@lcdhd.org;	are currently doing and continue to work on this
Strategy: 1.3.3.3. Provide naloxone to community and first responders at community events	laurae.woodrum@lcdhd.org;	we have done this in all the counties but we will continue to do this as opportunities arise
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	christine.weyman@lcdhd.org;	okay, but data has not been updated recently
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	christine.weyman@lcdhd.org;	okay, but data has not been updated recently on KIPRC, but looks to be decreasing per other data sources



Separator		
Priority Area: 2. Enhance Community Access, Engagement & Collaboration	Email of Person Responsible	
<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.	amandaj.england@lcdhd.org;	done that and continuing to do that
Strategy: 2.1.1.2. Update Data Analysis Committee webpage after each meeting and notify the public of our activities through social media posts	amandaj.england@lcdhd.org;	do that currently and will continue to do that
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.	melonie.williams@lcdhd.org ;	do that currently and will continue to do that
Measure: 2.1.1.1 Number of Facebook followers	shawnd.crabtree@lcdhd.org;	reset baseline/increased it since we have now exceeded the current baseline
Measure: 2.1.1.2 Number of YouTube followers	shawnd.crabtree@lcdhd.org;	currently at 58, continue to work on this
Measure: 2.1.1.3 Number of Twitter followers	shawnd.crabtree@lcdhd.org;	currently at 92, will continue to work on this
Measure: 2.1.1.4 Number of Instagram followers	shawnd.crabtree@lcdhd.org;	reset baseline/increased it since we have now exceeded the current baseline
Measure: 2.1.1.5 Monthly traffic to website	shawnd.crabtree@lcdhd.org;	currently meeting this goal some quarters, will continue to work on it
<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 Mobilizing for Action through Planning and Partnerships (MAPP) tool	tracys.aaron@lcdhd.org;	okay



Strategy: 2.2.1.2. Identify and engage partners across Local Public Health System (LPHS) and invite key partners to attend	tracys.aaron@lcdhd.org;	okay
Measure: 2.2.1.1 75% of coalition members regularly attend meetings as recorded in the coalition attendance tracking tool	tracys.aaron@lcdhd.org;	okay, are still working on meeting this goal, getting close.
Measure: 2.2.1.2 25% of newly invited key partners will attend the meetings as recorded in the coalition attendance tracking tool	tracys.aaron@lcdhd.org;	okay
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	tracys.aaron@lcdhd.org;	okay
Measure: 2.2.2.1 Conduct three presentations per county as documented in the community health plan	tracys.aaron@lcdhd.org;	okay
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	tracys.aaron@lcdhd.org;	we will be doing this when we start working on our CHIPs, we will start doing those then
Strategy: 2.2.3.2. Promote web-based feedback form via social media	tracys.aaron@lcdhd.org;	we will be doing this when we start working on our CHIPs, we will start doing those then
Measure: 2.2.3.1 Conduct a survey regarding feedback on CHIPs by June 30, 2019.	tracys.aaron@lcdhd.org;	we will be doing this when we start working on our CHIPs, we will start doing those then and changed the target to 3 annually
<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 via our health report card and social media promotions	shawnd.crabtree@lcdhd.org;	specified that this was to be done annually
Measure: 2.3.1.1 Add illicit drug related hospital & emergency room (ER) visits to the health report card	shawnd.crabtree@lcdhd.org;	completed and will now be removed, it will be updated annually with the health report card updates
Measure: 2.3.1.2 Add drug overdose mortality data to health report card	shawnd.crabtree@lcdhd.org;	source of information was updated and data was collected so we will now add that to the annual health report card
Measure: 2.3.1.3 Promote health report card annually via social media	shawnd.crabtree@lcdhd.org;	changed to Amanda England as she is responsible and will need to notify Melonie Williams when done since she is in charge of the communications
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	amandaj.england@lcdhd.org;	
Measure: 2.3.2.1 Implement at least one initiative to address illicit drug-use health impacts in highest risk counties by June 30, 2023	annaj.tucker@lcdhd.org;	This has been completed and may be removed. We will continue to do these as opportunities arise
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	tracys.aaron@lcdhd.org;	continuing to work on this initiative
Strategy: 2.3.3.2. Educate law enforcement agencies via face-to-face meetings	tracys.aaron@lcdhd.org;	continuing to work on this initiative
Strategy: 2.3.3.3. Educate fiscal courts and city councils	tracys.aaron@lcdhd.org;	continuing to work on this initiative
Measure: 2.3.3.1 Increase number of Syringe Exchange Programs from 4 to 6 by June 30, 2023.	laurae.woodrum@lcdhd.org;	continuing to work on this initiative
<b>Goal: 2.4. Increase childhood immunization rates by promoting use of the immunization registry and providing technical assistance for such as needed.</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 through correspondence or face-to-face meetings	laurae.woodrum@lcdhd.org;	Utilizing the info supplied by DPH. When we started this we had someone in mind to go out and do this, but she left this program. We will get a list of those who don't use that, think the state can tell us, and will send them some correspondence. Amy Tomlinson will help with that also. During the HepA outbreak there was some contact with the pharmacies and some of them expressed interest in utilizing the registry. Info will be shared.
Strategy: 2.4.1.2. Approach Kentucky Health Department Association (KHDA), Kentucky Medical Association (KMA), and Department of Public Health (DPH) on adopting or promoting statewide policy changes regarding increased use of the immunization registry	shawnd.crabtree@lcdhd.org;	Had a legislator interested in doing it and he came back later and said it wasn't going to fly. We did all that we said we were going to do, just did not receive the outcome that we wanted.
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	angelal.simpson@lcdhd.org;	Information was sent by the Immunization Program (DPH) completed that was supplied to us by Erica Davis and we will compile that information.
Objective: 2.4.2. Assist schools to increase compliance to at least 90% with state immunization requirements by June 30, 2023.		Delete this objective
Strategy: 2.4.2.1. Meet with underperforming school health coordinators	christine.veyman@lcdhd.org;	Completed, turned out that the data we got was flawed, but we met with all the school health coordinators anyway
Strategy: 2.4.2.2. Provide immunization information to 6th grade parents to encourage compliance with state immunization requirements	rebecca.baker@lcdhd.org;	Done, informed of new regulations. Will do this again if school requirements change
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	laurae.woodrum@lcdhd.org;	Can delete this with the objective since we will continue to provide VFC childhood vaccinations



Measure: 2.4.2.1 Decrease number of schools with less than 90% compliance with state immunization requirements from 15 to 10.	christine.weyman@lcdhd.org;	Met this goal and will delete that now since the data that we had was flawed.
Separator		
<b>Priority Area: 3. Foster Employee Engagement, Development and Performance</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	shawnd.crabtree@lcdhd.org;	doing this and will continue to do this
Strategy: 3.1.1.2. Annually, all county staff are required to attend the Quality Assurance (QA) safety/shut-off training so this will provide an opportunity for any program to review program purpose, activities, and/or share needs with staff	annaj.tucker@lcdhd.org;	We do have program staff on the agenda for QA this year. This is an annual goal so it will need to stay on the tracker.
Strategy: 3.1.1.3. All program directors made aware of annual Quality Assurance (QA) meeting opportunity and allotted time if requested	annaj.tucker@lcdhd.org;	This is an annual goal also, so it needs to remain and is currently in the process of being completed
Measure: 3.1.1.1 Survey staff via Survey Monkey annually to measure the increase in general program awareness.	annaj.tucker@lcdhd.org;	Completed annually in January now and is on the performance management database so it could be removed from the strategic plan so that we are not double reporting. Decided to leave it for the sake of simplicity.
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	shawnd.crabtree@lcdhd.org;	Discuss at each staff meetings.
Strategy: 3.1.2.2. 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.	annaj.tucker@lcdhd.org;	Done as new programs evolve, but have had no new programs recently, reworded to make clearer
Measure: 3.1.2.1 Survey Division Directors annually to measure their perceived improvement in cross-program collaboration.	annaj.tucker@lcdhd.org;	Completed annually in January now and is on the performance management database so it could be removed from the strategic plan so that we are not double reporting. Decide to leave for sake of simplicity
<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	carola.huckelby@lcdhd.org;	Completed and can remove now as this QI project/process has been implemented via QI project.





Strategy: 3.2.1.2. Develop a secure process allowing all employees to electronically sign documents	carola.huckelby@lcdhd.org;	We still do not have this, have discussed setting up everyone with an electronic signature. It wasn't needed for our evaluations
Strategy: 3.2.1.3. Develop a secure fillable electronic performance evaluation form	carola.huckelby@lcdhd.org;	Done as a QI project and has been successfully implement
Strategy: 3.2.1.4. Work with IT to develop a secure process and method to electronically send, receive, and store personnel forms/records.	carola.huckelby@lcdhd.org;	They are working on it and we are trying to implement this and there may be some new things that we can adopt
Measure: 3.2.1.1 All performance evaluations will be submitted by due date.	carola.huckelby@lcdhd.org;	continuing to work on this initiative
Measure: 3.2.1.2 100% of performance evaluation forms will be sent using new system.	carola.huckelby@lcdhd.org;	done and can be removed
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.	carola.huckelby@lcdhd.org;	Needs to be reviewed by the supervisor. Is now sent out with the performance evaluations for review and updated if needed.
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	carola.huckelby@lcdhd.org;	sending along with the performance evaluation, this seems to be working better and we will continue to measure this
<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.	carola.huckelby@lcdhd.org;	This process was modified after we started working on it and now HR will be sending out an individual professional assessment with the annual performance evaluations instead of doing it at staff meetings since that was more what was needed and make it much more effective in identifying needed trainings.
Strategy: 3.3.1.2. Division directors will provide opportunities for necessary trainings as appropriate	carola.huckelby@lcdhd.org;	Ultimately the division directors will decide what trainings are attended or offered to staff. Will add a box at the bottom of the IPDP for supervisors to express that they are followed up on from the previous year.
Measure: 3.3.1.1 Compliance will be measured monthly (with each division discussing at a meeting at least annually) via the Performance Management (PM) tracking tool.	annaj.tucker@lcdhd.org;	This needs to be removed as this has evolved and this is not the way this objective will be implemented and/or measured. Updated this to reflect that supervisors will utilize the professional development assessment that is now being included with the performance evaluations.
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.	carola.huckelby@lcdhd.org;	not really doing that since we are not hiring through DPH at this point, will revise this to reflect our efforts with GoHire
Strategy: 3.3.2.2. Update recruitment ads wording to entice more qualified applicants	carola.huckelby@lcdhd.org;	we don't do ads any longer because GoHire places the ads so we could work with them on this. We could change the wording on our website and social media recruitments so revised to reflect this, we could add a little description to this above the link.





Strategy: 3.3.2.3. Analyze current online job recruitment tools to identify best platforms to post jobs to recruit qualified individuals	carola.huckelby@lcdhd.org;	Delete this one as we are now using GoHire
Strategy: 3.3.2.4. Update job interview questions to help us better identify quality candidates	carola.huckelby@lcdhd.org;	Have not had an opportunity to address this yet, but will continue to working on that
Measure: 3.3.2.1 Each job vacancy that is advertised outside the agency will have at least three qualified applicants.	carola.huckelby@lcdhd.org;	We are still working on this goal, meeting it in most cases
Separator		
<b>Priority Area: 4. Efficacy of Business Practices through Innovation, Process Improvement and Maximizing Efficiencies</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 (off-loading various under-funded programs), secure Governing Board Approval to pursue this strategy.	shawnd.crabtree@lcdhd.org;	This has been approached, but we have another year to work on this due to legislative changes
Strategy: 4.1.1.2. Identify other community partners that can provide our clinic services	laurae.woodrum@lcdhd.org;	We have done this, but it will need to be done again if we have to let go of some programs in the future
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 become necessary to pursue this objective.	shawnd.crabtree@lcdhd.org;	Also added a strategy due to Mr. Crabtree being a KHDA representative on a legislative workgroup that is drafting the public health transformation bill.
Strategy: 4.1.1.4. Utilize attrition and staff re-assignment prior to implementing a Workforce Reduction Plan	shawnd.crabtree@lcdhd.org;	Deleted since this is part of our policy and would require board approval anyway.
Measure: 4.1.1.1 Clinic programs will improve self-sufficiency from requiring 60% of the agency's total local tax funds to 30%	ronald.cimala@lcdhd.org;	Board doesn't want to change anything at this time.
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.)	ronald.cimala@lcdhd.org;	strating to use Zoom technology for diabetes classes, attending webinars, 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.	shawnd.crabtree@lcdhd.org;	



Strategy: 4.1.2.3. Enhance communication log utilization to include query abilities, link or upload supporting documenting to include the final product.	melonie.williams@l cdhd.org ;	we are doing this but can continue to monitor as there are still enhancements that can be made
Measure: 4.1.2.1 Implement/enhance at least three streamlined processes by June 30, 2023 as reported in the executive team meeting	shawnd.crabtree@lc dhd.org;	
<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.		We are doing this but since the goal has not been met yet we will continue to monitor.
Strategy: 4.2.1.1. Secure Governing Board Approval to pursue this strategy (alternative staffing).	shawnd.crabtree@lc dhd.org;	This has been completed.
Strategy: 4.2.1.2. Meet with staffing agencies to better understand their services and utilize their services, if appropriate.	shawnd.crabtree@lc dhd.org;	This has been completed.
Strategy: 4.2.1.3. Seek KDPH approval of the staffing agency contract model	shawnd.crabtree@lc dhd.org;	This has been completed.
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.	carola.huckelby@lc dhd.org;	This has been completed
Measure: 4.2.1.1 18% of staff will be transitioned to these alternate models, if it is determined this is advantageous.	shawnd.crabtree@lc dhd.org;	Working toward this.
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	amyc.tomlinson@lc dhd.org;	changed the target as we have already met this goal but want to continue to increase, now have 12
Strategy: 4.2.2.2. Make space available for utilization by other members of the public health system when excess facility capacity exists	ronald.cimala@lcdh d.org;	we have extra space and are working on this
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	laurae.woodrum@lc dhd.org;	we have been doing this and will continue to do this
Measure: 4.2.2.1 # of written agreements in effect	ronald.cimala@lcdh d.org;	revised this to make it clearer, need to discuss this with finance administrator
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.	melonie.williams@l cdhd.org ;	doing this and will continue to do this



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.	melonie.williams@lcdhd.org ;	Have not had an opportunity to address this yet, but will continue to working on that
Measure: 4.2.3.1 The submission of at least seven grant applications annually as recorded in the grant managements database.	melonie.williams@lcdhd.org ;	may need to specify that this is federal grants (get with Laura and Tracy later to talk about this)
<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.	shawnd.crabtree@lcdhd.org;	doing this and will continue to do this
Strategy: 4.3.1.2. Evaluate employee suggestions to determine if they would be appropriate for a QI Project.	shawnd.crabtree@lcdhd.org;	doing this and will continue to do this
Strategy: 4.3.1.3. Encourage Board Members to make suggestions for improvement via the monthly Board Survey included on their meeting agenda.	shawnd.crabtree@lcdhd.org;	doing this and will continue to do this
Strategy: 4.3.1.4. Use results from Community Health Assessments and Data Analysis Committee work to drive potential QI Projects (discuss during data analysis committee meetings).	shawnd.crabtree@lcdhd.org;	doing this and will continue to do this
Strategy: 4.3.1.5. Review our staff and board SWOT analysis results to evaluate potential QI Project opportunities (to be reviewed during data analysis committee mtg.)	shawnd.crabtree@lcdhd.org;	we did this and will not do another SWOT analysis until we revise the strategic plan so this can be removed
Strategy: 4.3.1.6. Review our Public Health Accrediation Board (PHAB) Action Plan and Annual Reports response to evaluate potential QI Project opportunities.	annaj.tucker@lcdhd.org;	This was completed for the current year and the NACCHO self assessment was completed. Next annual plan will be due in March 2020.
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.	shawnd.crabtree@lcdhd.org;	
Measure: 4.3.1.1 Initiate at least three QI projects annually.	annaj.tucker@lcdhd.org;	This goal has already been met, actually greatly surpassed, for 2019 and will need to remain on the tracker since it is an annual requirement. We will add a measure related to population health quality improvement project.
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