



LCDHD Strategic Plan

Annual Summary

(FY 2018-2019)

In 2018, the Lake Cumberland District Health Department Strategic Planning Committee developed a strategic plan to guide our organizational efforts over the next five years. The meeting minutes that show the evolution of that plan are posted on the LCDHD website (<https://www.lcdhd.org/about/accreditation-strategic-planning/>). At the time of development, the Kentucky public health system was facing public health reform and continues to be in the midst of transformation. The threat of a new financial reality continues to loom over us; so much of our strategic plan is still based on that impending crisis. Regular review and revision of strategic plan, and the documents used in its development, are a vital component of the strategic planning process because changes in the public health system occur frequently and health departments must evolve with these changes to continue to be able to meet the needs of the community. Hence a decision was made to meet annually and thoroughly review and update the LCDHD Strategic Plan.

On August 16th, 2019 our first annual review of the strategic plan took place. As we started the review, we realized we had accomplished many things over the last year, so those items were removed and replaced with new objectives or strategies, or rewritten because our focus changed somewhat over the last year, etc. A detailed report of what changed and why can be seen in the following pages (notated on the initiatives chart).

New programs and initiatives are being implemented in response to emerging health issues. So, our focus continues to move more toward community health and outreach as we try to become innovative in our approach to the emerging threats. Some notable events that have occurred over the last couple of years that continue movement in this direction include:

- The opioid crisis is becoming more prominent in our area so we continue shifting our focus toward opioid response and implementing programs and initiatives to address this. The Rural Health Opioid Program, which provides case management to those at risk of substance abuse disorder, as well as education in the community regarding this issue, is one such program. Syringe Exchange Programs have been implemented in five of our ten counties. Free naloxone, along with education regarding overdose, has also been provided in all of our communities.
- New legislation was passed that really spurred the movement toward tobacco free communities. Now 10 of our 11 school districts are tobacco free.
- The Hepatitis A outbreak has ravaged our district and has proven to be difficult to stop, in spite of our many efforts to keep it under control. However, our quick response in providing free hepatitis A vaccination to high risk populations is finally paying off and the epidemiological curve is starting to trend downward. Hopefully, that public health crisis is close to being over.

We continue to evolve with the impending public health transformation and the strategic plan guides our efforts through this difficult time. The challenge remains to keep the momentum going to ensure continuous improvement both internally and externally!

*LCDHD Strategic Plan Annual Report
April 30, 2019*

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

2020

Priority Area: 1. Improve Quality of Life	Measure Baseline	Measure Target	Start Date	Target Date	Email of Person Responsible
Goal: 1.1. Provide more evidence based programs in the community					
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	No	Yes	7/1/2018	6/30/2023	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 as documented in the CHIPs.	0.00	3.00	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Goal: 1.2. Promote healthy lifestyles					
Objective: 1.2.1. Decrease tobacco related death and disease rates 2% by June 30, 2023.					

Changed target date to expand throughout strategic plan period since this correlates with the CHIPs



Strategy: 1.2.1.1. Educate and advocate for the adoption of smoke-free ordinances within the LCDHD district, currently 2 jurisdictions	2.00	3.00	7/1/2018	6/30/2023	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.	14.30%	13.30%	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Goal: 1.3. Prevent/respond to existing and emerging public health threats					
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	melonie.williams@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	amandaj.england@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					

Changed target from 5 to 3 since this goal is proving to be unattainable.

Wayne Co is the only school that is not tobacco so we are 11 right now

Tobacco use has decreased, but vaping is on the rise

Changed from Mr. Crabtree to Melonie Williams



Strategy: 1.3.2.1. Develop multiyear training and exercise plan (MYTEP) to reflect exercise/drill opportunities annually.	No	Yes	7/1/2018	6/30/2023	amyc.tomlinson@lcdhd.org;
Strategy: 1.3.2.2. Partner with regional healthcare preparedness coalition to schedule/provide public health exercise opportunities annually.	No	Yes	7/1/2018	6/30/2023	amyc.tomlinson@lcdhd.org;
Strategy: 1.3.2.3. Track required trainings of Epi Rapid Response Team (ERRT) staff in public health response annually.	No	Yes	7/1/2019	6/30/2023	amandaj.england@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	6/30/2023	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 (SEPs) in 2 additional counties, currently have SEPs in 5 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;
Separator					
Priority Area: 2. Enhance Community Access, Engagement & Collaboration	Measure Baseline	Measure Target	Start Date	Target Date	Email of Person Responsible
Goal: 2.1. Increase awareness of public health services					

Just revised to reflect that it is done annually

specified work is with coalitions and occurs annually

Currently have SEPs in 5 counties and continue working with fiscal courts in the other counties

This has been done in all counties this year, but we will continue to offer this as opportunities arise.



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	6/30/2023	amandaj.england@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	6/30/2023	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	melonie.williams@lcdhd.org;
Measure: 2.1.1.1 Number of Facebook followers	8899	10500	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	300.00	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;
Goal: 2.2. Strengthen the Local Public Health System through partnership and planning across the Lake Cumberland District					
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.	No	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;

reset the target since we had exceeded the original goal of 10,000.

reset the target since we had exceeded the original goal of 200.



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 as recorded in the coalition attendance tracking tool.	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 as recorded in the coalition attendance tracking tool	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 as documented in the community health plan.	0	30	7/1/2018	6/30/2023	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	6/30/2023	tracys.aaron@lcdhd.org;
Strategy: 2.2.3.2. Promote web-based feedback form via social media	No	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 2.2.3.1 Conduct 3 surveys regarding feedback on CHIPs by June 30, 2023.	0	3	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Goal: 2.3. Increase awareness of public health services and implement new approaches when appropriate based on data analysis.					
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 annually.	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 2.3.1.1 Add drug overdose mortality data to health report card.	No	Yes	7/1/2018		shawnd.crabtree@lcdhd.org;

Just revised to reflect that it is done annually



Measure: 2.3.1.2 Promote health report card annually via social media.	No	Yes	7/1/2018	6/30/2023	amandaj.england@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.			7/1/2018	6/30/2023	amandaj.england@lcdhd.org;
Objective: 2.3.3. Increase 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;
Goal: 2.4. Increase childhood immunization rates by promoting use of the immunization registry and providing technical assistance for such as needed.					
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. Utilizing the information provided by KYIR showing 175 pharmacies are using the KYIR, educate the remaining pharmacies and physician offices on value of immunization registry through correspondence or face-to-face meetings.	No	Yes	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;
Strategy: 2.4.1.2. 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;
Separator					

Deleted: Implement at least one initiative to address illicit drug-use health impacts in highest risk counties as this task has been accomplished. But we will continue to implement initiatives in this area as opportunities arise. Also added a measure to make sure we analyze this data at each analysis committee meeting.

There was another Objective with Strategies listed under this goal relating to assisting schools in increasing compliance with the state immunization requirements that was deleted. Turned out that the data we based this objective on was flawed. When we started meeting with the school health coordinators evidence showed that immunization rates were much better per infinite campus than our reports were showing.

Deleted strategy to obtain this information as it was completed. Updated this strategy to reflect that information and clarify plans going forward with this objective. Also added a measure to make sure we send out the educational materials this year.

Deleted as we will definitely continue to provide this service throughout the district.



Priority Area: 3. Foster Employee Engagement, Development and Performance	Measure Baseline	Measure Target	Start Date	Target Date	Email of Person Responsible
Goal: 3.1. Increase staff awareness and collaboration across all programs					
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	6/30/2020	melonie.williams@lcdhd.org;
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.	No	Yes	7/1/2018	6/30/2023	annaj.tucker@lcdhd.org;
Strategy: 3.1.1.3. 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;
Measure: 3.1.1.1 Survey staff via Survey Monkey annually to measure the increase in general program awareness.	1.00%	85.00%	7/1/2018	6/30/2023	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;
Strategy: 3.1.2.2. Directors of new programs will present in person or via electronic meeting in annual QA meeting (that all staff are required to attend) and inform staff about the new program.	No	Yes	7/1/2018	6/30/2023	annaj.tucker@lcdhd.org;
Measure: 3.1.2.1 Survey Division Directors annually to measure their perceived improvement in cross-program collaboration.	1.00%	85.00%	7/1/2018	6/30/2023	annaj.tucker@lcdhd.org;
Goal: 3.2. Develop and adopt procedures to protect sensitive personnel information and improve departmental efficiencies.					
Objective: 3.2.1. By June 30, 2023, we will develop a modality to electronically send, receive, and store essential personnel records.					

Deleted a strategy/measures that fell under this objective because we completed it - a QI project was completed and electronic evaluations have now been implemented



Strategy: 3.2.1.1. Develop a secure process allowing all employees to electronically sign documents.	15.00%	100.00%	7/1/2018	6/30/2020	carola.huckelby@lcdhd.org;
Strategy: 3.2.1.2. Work with IT to develop a secure process and method to electronically send, receive, and store personnel forms/records.	No	Yes	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Measure: 3.2.1.1 All performance evaluations will be submitted by due date.	90.00%	100.00%	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Objective: 3.2.2. By 2023, all job descriptions for applicable employees will be reviewed at least every three years and updated as needed.					
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	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Measure: 3.2.2.1 95% or more job descriptions will have been reviewed and (if needed) updated to reflect current tasks expectations within the past three years.	50.00%	95.00%	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Goal: 3.3. Recruit and assure a competent workforce by providing training opportunities that develop core public health competencies					
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. During annual employee performance evaluations, supervisors will utilize the "professional development assessment" results to discuss and identify staff professional development needs/wants and make recommendations on individual development.	No	Yes	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Strategy: 3.3.1.2. Supervisors will facilitate opportunities for necessary trainings as appropriate and report annually, via the "professional development assessment", outcomes from the previous year.	No	Yes	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Measure: 3.3.1.1 As the "professional development assessments" are submitted to HR, HR Director will review to insure supervisors are consistently utilizing the "professional development assessment".	25.00%	100.00%	7/1/2018	6/30/2020	carola.huckelby@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 GoHire to implement improved recruitment strategies.	No	Yes	7/1/2018		carola.huckelby@lcdhd.org;

Revised to note review every 3 years and update if needed

This complete 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. Division directors will decide what trainings are attended or offered to staff, but supervisors will have the ability to make recommendations.

Changed from DPH to GoHire since we are hiring through them now and removed the objective under this goal to identify platforms to post jobs also for the same reason.



Strategy: 3.3.2.2. Update recruitment wording on our website and social media to entice more qualified applicants.	No	Yes	7/1/2018	6/30/2020	carola.huckelby@lcdhd.org;
Strategy: 3.3.2.3. Update job interview questions to help us better identify quality candidates.	No	Yes	7/1/2018	6/30/2023	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	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Seperator					
Priority Area: 4. Efficacy of Business Practices through Innovation, Process Improvement and Maximizing Efficiencies	Measure Baseline	Measure Target	Start Date	Target Date	Email of Person Responsible
Goal: 4.1. Adjust the Agency to New Financial Realities					
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.	Yes	Yes	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.	Yes	Yes	7/1/2018	6/30/2020	laurae.woodrum@lcdhd.org;
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.	Yes	Yes	7/1/2018	6/30/2020	shawnd.crabtree@lcdhd.org;
Strategy: 4.1.1.4. Work as KHDA representative on Legislative Workgroup that is drafting the public health transformation bill.	Yes	Yes	7/1/2019	6/30/2020	shawnd.crabtree@lcdhd.org;
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	6/30/2020	ronald.cimala@lcdhd.org;
Objective: 4.1.2. Implement/enhance three technologies to streamline existing practices/processes by June 30, 2023.					

GoHire places the ads now, but we can adapt the wording on our web site and social media recruitments

Added this strategy since Mr. Crabtree will be a KHDA representative on a legislative workgroup that is drafting the public health transformation bill



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.)	No	Yes	7/1/2018	6/30/2023	ronald.cimala@lcdhd.org;
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.	Yes	Yes	7/1/2018	6/30/2023	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.	Yes	Yes	7/1/2018	6/30/2020	melonie.williams@lcdhd.org;
Measure: 4.1.2.1 Implement/enhance at least three streamlined processes annually by June 30, 2023 as reported in the executive team meeting.	3.00	3.00	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Goal: 4.2. Seek Opportunities to Enhance Capacity					
Objective: 4.2.1. Continue utilizing alternative staffing arrangements (other than merit system) FY 2020.	The strategies under this measure were deleted because we have identified and are implementing a hiring agency, but we have not met the measure/goal yet so we will continue to monitor.				
Measure: 4.2.1.2 18% of staff will be transitioned to these alternate models, if it is determined this is advantageous.	No	Yes	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 15 closed Point of Dispensing (POD) partnerships by FY 2021 as evidenced by written agreements	0.00	15.00	7/1/2018	6/30/2021	amyc.tomlinson@lcdhd.org;
Strategy: 4.2.2.2. Make space available for utilization by other members of the public health system when excess facility capacity exists.	No	Yes	7/1/2018	6/30/2023	ronald.cimala@lcdhd.org;
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.	Yes	Yes	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;
Measure: 4.2.2.1 Increase number of written agreements with community agencies to enhance and provide access to services.	0.00	75.00	7/1/2018	6/30/2023	ronald.cimala@lcdhd.org;
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.	Yes	Yes	7/1/2018	6/30/2023	melonie.williams@lcdhd.org;
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.	No	Yes	7/1/2018	6/30/2020	melonie.williams@lcdhd.org;
Measure: 4.2.3.1 The submission of at least seven grant applications annually as recorded in the grant managements database.	0.00	7.00	7/1/2018	6/29/2023	melonie.williams@lcdhd.org;
Goal: 4.3. Effectively use QI Plan/Tools to improve processes, programs and interventions.					
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.	Yes	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Strategy: 4.3.1.2. Evaluate employee suggestions to determine if they would be appropriate for a QI Project.	Yes	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
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 (discuss during data analysis committee meetings).	Yes	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Strategy: 4.3.1.5. Review our Public Health Accrediation Board (PHAB) Action Plan and Annual Reports response to evaluate potential QI Project opportunities.	Yes	Yes	7/1/2018	6/30/2020	annaj.tucker@lcdhd.org;
Strategy: 4.3.1.6. Monitor performance management database and other tracking tools to identify trends to continually identify opportunities for improvement/QI project development.	Yes	Yes	7/1/2018	6/30/2023	annaj.tucker@lcdhd.org;
Measure: 4.3.1.1 Initiate at least one population focused QI project.			2019	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 4.3.1.2 Initiate at least three QI projects annually.	0	3	7/1/2018	6/30/2023	annaj.tucker@lcdhd.org;

Deleted one strategy regarding review and identify potential projects from out SWOT analysis which was completed. We will not be doing another SWOT analysis until we rewrite the strategic plan.

Added this measure to make sure we have population focused QI projects to submit to PHAB when we apply for Reaccreditation.



Seperator					
Do Not Delete					

