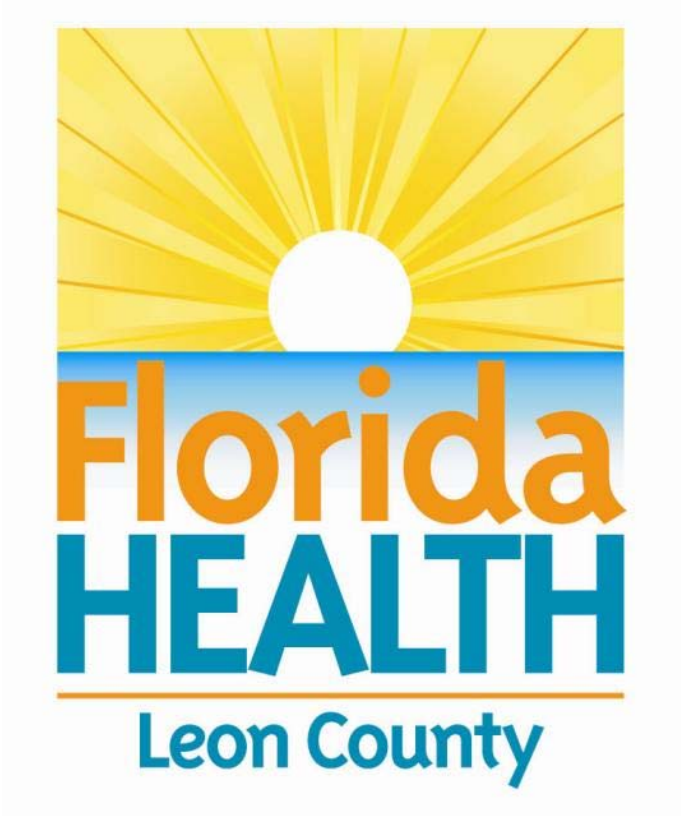
Florida Department of Health – Leon County
Strategic Plan

2015 - 2018



Prepared by:

Laura Ethridge, ASQ-CQIA
Accreditation and Performance Management Coordinator

Brandi Knight, MPH
Quality Improvement Coordinator

Introduction

Strategic planning is a process for defining and determining an organization's roles, priorities, and direction over three to five years. A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. A health department's strategic plan focuses on the entire health department. Health department programs may have program-specific strategic plans that complement and support the health department's organizational strategic plan.

To meet the requirements for National Public Health Accreditation, a strategic plan must provide the following:

a) Membership of the strategic planning group
b) Strategic planning process steps
c) Mission, vision, guiding principles/values
d) Strategic priorities
e) Goals and objectives with measurable and time-framed targets
f) Consideration of key support functions required for efficiency and effectiveness
g) Identification of external trends, events, or factors that may impact community health or the health department
h) Assessment of health department strengths and weaknesses
i) Link to the health improvement and quality improvement plan

About the Florida Department of Health

The Florida Department of Health (DOH) was established by the Florida Legislature in 1996; however, public health has its roots in Florida dating back to 1888 with the creation of the Florida State Board of Health. In 2007, the first-ever "State Surgeon General" was established to spearhead the efforts of DOH, thereby designating a health officer to oversee all matters of public health. The Surgeon General's role is to be the state's leading advocate for wellness and disease prevention.

The Department is an executive branch agency, established in section 20.43, Florida Statutes. The Department is led by a State Surgeon General, who serves as the State Health Officer and is directly appointed by Florida's Governor, and confirmed by Florida's Senate.

The Department is comprised of a state health office (central office) in Tallahassee, with statewide responsibilities; Florida's 67 county health departments; 22 Children's Medical Services area offices; 12 Medical Quality Assurance regional offices; nine Disability Determinations regional offices; and four public health laboratories. Facilities for the 67 county health departments (CHDs) are provided through partnerships with local county governments.

DOH-Leon is the oldest continuously operating county health department in Florida. In Leon County, the first form of public health activity began as early as 1889 when quarantine agents began working to control yellow fever. The DOH–Leon opened in January 1931, with emphasis on the "prevention of disease and the prolongation of physical and mental efficiency through organized community effort." The department functioned with three divisions: Clinics and Nursing, Sanitation, and Mental Health. Today, we continue

our mission to "promote, protect, and improve the health of all people through integrated state, county, and community efforts."

Strategic Planning Leadership Team:

Project Sponsor: Alex Mahon, Environmental Health Director and Strategic Planning

Claudia Blackburn, Health Officer	Holly Kirsch, Clinic Administrator
Justine Mahon, Business Manager	Jackie Stubbs, WIC Public Health Nutritionist Supervisor
Marjorie Kirsch, Medical Director	Ann E. Waltz, Immunization Nurse
Donna Moore, Director of Nursing	Kathy Davis, Environmental Health Supervisor
Joya Fazier, Environmental Health Supervisor	Dykebra Gaskin, Public Health Nutrition Supervisor
Becky D'Alessio, Epidemiology Nurse	Latoya Whitaker, Front Desk Supervisor
Vincent Irving, Tobacco Prevention Specialist	Page Jolly, Public Information Officer
Mario McWhorter, I.T. Systems Administrator	Nancy Cooper, School Health Manager
Dale Harrison, Health Services Supervisor	RoseAnn Scheck, Social Services Program Manager

Mission, Vision, and Values

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision:

To be the *Healthiest State* in the Nation

Values (ICARE):

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

Process and Planning Steps

The approach to strategic planning for DOH-Leon was to be inclusive of all staff in the organization. The dates and times were identified using input from the managers and the facilitator. Five days (January 8, 9, 12, 13, and 14) were dedicated to the strategic plan development. Staff was divided into two groups supervisory and non-supervisory.

On Day 1 and Day 2, using a facilitated process, supervisory members of the department management team and the extended department management team (DMT/EDMT) assessed the strengths and

weaknesses and identified external factors (opportunities and threats) potentially impacting the community health and the health department (see Attachment 1 for the SWOT). Also, the group discussed what they wanted to be known for in the community and what they did not want to be known for in community.

The DMT/EDMT continued the discussion of the strengths, weaknesses, opportunities, and threats. The discussion included why they felt it was a strength, weakness, opportunity, or threat to ensure clarity among the group. Each of the SWOT items contained an indication of whether it was a strength, weakness, opportunity, or threat (usually a letter in the upper right-hand corner of the sticky note). This was data that would later be used during the development of goals, objectives, and strategies, and was beneficial in creating the action plans. After submission and discussion of the items, the DMT/EDMT grouped the item into themes/categories. Four potential themes/categories emerged:

- Internal Communication
- Community Partnerships
- Workforce Development
- Financial Planning

With the themes/categories identified, DMT/EDMT was divided into four groups. The groups were assigned a theme/category to begin development of goals, objectives and strategies. Each group worked on the theme/category for between 1.5 and 2.0 hours. The first task was to determine if there were sub-categories within the major categories. At the end of the time, the groups were rotated from theme/category to theme/category until each group had a chance to review, make adjustments to improve and/or add additional information to the goals, objectives, and strategies. During the process of circulating from one theme/category to the next, one of the themes/categories (financial planning) was identified as a component for each of the themes/categories. It was added to a parking lot of administrative activities that would be addressed outside of the strategic plan or reassigned to a plan area.

DMT/EDMT members were given five dots to use for multi-voting to prioritize the goals that had been developed. There was no limit to the number of dots that could be used for a single goal by an individual. The voting determined the priority goals for the next three years.

Talent Management, Motivation – Create an environment that supports high level performance.

Talent Management, Succession Planning: Identify (Develop) internal employees with potential to fill critical positions.

Talent Management, Workforce Development: Ensure a competent public health workforce.

Internal Communication, Organizational Culture/Onboarding: Develop an on-boarding process for all employees.

Internal Communication, Communication Tools: Ensure all staff is aware of and using communication tools available.

Community Relations: Create a sustainable model for DOH-Leon's participation in community partnerships and coalitions.

All non-supervisory staff were invited to participate in a Just-in-Time (JIT) training on Day 3 and part of (1.5 hours) Day 4 regarding data collection and problem-solving. The JIT training was designed to minimize the stress for those that might not be familiar with some of the quality improvement or planning terms and to allow them time to review the work that had been done by the supervisory employees (DMT/EDMT). Also, it was an opportunity for them to ask questions regarding the strategic plan development and the items developed by the DMT/EDMT. The facilitator asked staff if they agreed with the work of the DMT/EDMT and if they felt anything was missing. A few asked for an explanation of a few items. No one voiced disagreement or the need to add something.

On Day 4 and Day 5 (partial days), cross-functional teams were created from the participating non-supervisory staff. The teams were assigned to work on a particular priority initially. As was the process with the DMT/EMDT, each group worked on a particular theme/category for between 1.5 and 2.0 hours each. The task was to develop action steps to accomplish the strategies, indicate success or how to measure progress, and evaluate the activities/planning process.

At the end of Day 5, participants were asked to volunteer to present the information developed to the Health Officer (Claudia Blackburn) and the DMT on the following morning. The volunteers practiced in front of their co-participants, questions were asked by the audience and the presenters, and the presenters made notes to help during their presentation. The preliminary action steps were presented to the Health Officer and the DMT on January 15, 2015.

The next steps in the process are:

- Finalize a draft of the narrative portion of the strategic plan and action plans
- Post the draft to SharePoint site for review and comment by all staff
- Modify draft as needed based on comments received
- Approve the Strategic Plan with initial action plans by leadership
- Identify workgroups/teams and schedule initial meeting to create team charters
- Begin work on activities; monitor progress; report quarterly on status
- Evaluate and begin cycle again in January 2018

Strategic Issues/Priorities:

The table below provides the priority areas (Talent Management, On-boarding/Organizational Culture, etc.) developed during the strategic planning process (column 1) and priorities carried forward from the 2012-2017 Community Health Improvement Plan and 2013-2015 Strategic Plan (column 2).

Talent Management • Create an environment that supports high level performance • Ensure a competent public health workforce • Identify/Develop internal employees with potential to fill critical positions	**Access to Care** (2012-2017 Community Health Improvement Plan and 2013 – 2015 Strategic Plan) • Identify barriers to care and increase efficiencies
Organizational Culture/On-Boarding • Develop an on-boarding process for all employees • Increase understanding and awareness of how each employee's role contributes to achieving the health department's mission • Ensure all staff are aware of and using communication tools available (original identified as a separate priority)	**Chronic Disease/Obesity** (2012-2017 Community Health Improvement Plan and 2013 – 2015 Strategic Plan) • Increase access to resources that promote healthy behaviors
Community Relationships • Create a sustainable model for DOH-Leon's participation in community partnerships and coalitions	**Health Disparities** (2012-2017 Community Health Improvement Plan and 2013 – 2015 Strategic Plan) • Provide equal access to culturally and linguistically competent care

Plan Relationships and Current Status:

Community Health Improvement Plan: While the Leon County Community Health Assessment (CHA) was a strong document, the Leon County Community Health Improvement Plan (CHIP) lacked in project management, communication, and coordination with and between community partners and the community at large.

The results of the previous MAPP process have reached a level of maturity that requires conducting another community health assessment. Internal discussions have begun to develop a plan to conduct a new CHA in 2016 and finalize a new CHIP no later than June 2017.

In the meantime, activities related to chronic disease/obesity continue under the Healthiest Weight Initiative. This initiative promotes healthy behaviors for both staff and the community at large through various events that encourage physical activity, healthier eating, and disease management.

Quality Improvement Plan: DOH-Leon has a standing Quality Improvement Team that meets monthly to discuss progress on QI projects in the individual departments/programs. In addition, DOH-Leon is a participant in a multi-county quality improvement project regarding breastfeeding rates.

Also, a project from the former strategic plan related to access to care has transitioned from strategic planning only into a quality improvement project to address the availability and scheduling of appointments.

Goals and Objectives

Talent Management

- Create an environment that supports high level performance
- Ensure a competent public health workforce
- Identify/Develop internal employees with potential to fill critical positions

Data Source: Use of the Employee Satisfaction Survey results, as appropriate.

PHAB Measures:

8.1.1 – Relationships and/or collaborations that promote the development of future public health workers

8.2 – Assess staff competencies and address gaps by enabling organizational and individual training

Documentation:

- Number of students and hours of service provided listed by program or job function or QI projects (PHAB 9.2.2) undertaken
- Succession plan is implemented and reviewed annually
- Number of staff with an individual development plan that links to key and/or critical positions identified in the succession plan
- Assessment of public health core competencies and job skills is conducted at least biennially

Objective 1: Create an inventory of what motivates employee's performance through an assessment process by July 1, 2015.

Objective 2: Create a multi-faceted plan for addressing motivational desires based on assessment by 1/1/2016.

External Focus

Objective 1: Create a process (IOP) for managing students/residents/volunteers/interns by April 30, 2015

- Review existing "Best Practices", including DOH Volunteer Program and Council on Linkages

Objective 2: Implement process by July 1, 2015

Internal Focus

Objective 3: To assess DOH-Leon Core Competencies (staff) by November 1, 2015

- Finding nationally recognized tool for conducting the assessment (Public Health Foundation)
- Administer the assessment

Objective 4: Implement training plan based on results of assessment by July 1, 2016

Objective 5: Complete succession plan by November 1, 2015 (using DOH process)

- Assess potential for vacancies in leadership and other key positions
- Assess the readiness of current staff to assume these positions
- Identify the core competencies for critical and key positions
- Select the priorities to work on for succession planning
- Address gaps to include the use of mentoring, formal training in leadership and supervisory skills, and retention of current and/or potential employees

Objective 6: Implement succession plan by November 1, 2016
Objective 7: Revise Succession plan by November 1, 2016 (evaluation)

Organizational Culture/On-boarding

- Increase understanding and awareness of how each employee's role contributes to achieving the health department's mission
- Ensure all staff are aware of and using available communication tools

PHAB Measures:

8.2.4 – Work environment that is supportive to the workforce

9.1.4 A – Implemented systematic process for assessing customer satisfaction with health department services

Documentation:

- On-boarding process is saved and accessible to all staff. The process will use the DOH On-boarding tools and steps, but be Leon-specific
- Analysis of the data from the communication tools skills assessment (initial and re-assessments)
- Training modules added to the DOH-Leon Training/Workforce Development Plan

Objective 1: Develop an on-boarding process for all employees by July 1, 2016.

- Gather data for onboarding process
- Create onboarding process

Objective 2: Implement on-boarding process by July 1, 2018

- Develop a "Walk in my Moccasin" (WIMM) program for employees by December 31, 2018

Objective 3: Seventy-five percent of staff are aware of communication tools available by December 31, 2015

- Conduct a needs assessment of comfort with using various communication tools
- Develop training to improve skills related to the use of various communication tools

Objective 4: Fifty percent of staff will use communication tools available by December 31, 2016

- Re-assess staff usage and comfort with various communication tools

Community Relationships

- Create a sustainable model for DOH-Leon's participation in community partnerships and coalitions

PHAB Measures:

4.1.1 A - Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations

4.1.2 T/L – Stakeholders and partners linked to technical assistance regarding methods of engaging with the community

4.2.1 A – Engagement with the community about policies and/or strategies that will promote the public's health

5.1.2 A – Engagement in activities that contribute to the development and/or modification of policy that impacts public health

Documentation:

- Maintain a list of community partnerships/coalitions
- Save agenda and minutes/meeting notes indicating DOH-Leon activity with the community partnership/coalition and support of actions aligned with public health goals/initiatives
- Save community partnership/coalition assessment after completion
- Save community partnership/coalition participation policy and make accessible to all staff. The policy will indicate date created and last revision date.

Objective 1: By May 31, 2015, identify all DOH-Leon partnerships and coalitions

- Identification of existing community partnerships and coalitions and creation of a list

Objective 2: Assess each partnership with the alignment of CHD mission statement by May 31, 2016

- Conduct an assessment to evaluate effectiveness of the community partnerships and coalitions.

Objective 3: By May 31, 2017, implement a DOH-Leon policy for employee participation in community partnerships and coalitions

- Develop a policy
- Communicate the policy
- Evaluate the policy

Priorities related to the 2012-2017 Leon County Community Health Improvement Plan, 2013-2015 Strategic Plan, and the 2014-2015 Quality Improvement Plan

Access to Care
(2013 – 2015 Strategic Plan and 2014-2015 Quality Improvement)

- Identify barriers to care and increase efficiencies

Chronic Disease/Obesity
(2013 – 2015 Strategic Plan and 2014-2015 Healthiest Weight Initiatives)

- Increase access to resources that promote healthy behaviors

Health Disparities
(2013 – 2015 Strategic Plan)

- Provide equal access to culturally and linguistically competent care

Attachment 1

Strengths	Weaknesses	Opportunities	Threats
Good Data	Low compensation for our employees compared with private sector	Research/using data to publish work	Funding
Employees are dedicated, intelligent, resourceful people	Lack of depth	Building morale	Low salaries/High turnover
People tend to stay in their jobs history long	Silo	Tie EARS WITH PEOPLE FIRST TIMESHEETS	Loosing institutional knowledge
A health officer who knows the functions of the programs within the department and listens to opportunities for improvement	Staff depth	FIND A WAY TO ENCOURAGE GOOD PEOPLE TO STAY	Funding cuts
Employees seem to be vested in the community and stay with the CHD long term	Electronic medical records	Streamlining Adm. Duties	Our budget is extremely limited
Thorough care	Lack of trust b/t staff and mgmt.	Coalition performance improvement role	County repurposing building
Knowledgeable staff	Communication	More orientation of new staff	Current political environment that favors private sector or government run serviced
Collaboration with partners	No official process to pass on institutional knowledge and experience to staff	Community blitz	Historical turnover of staff
Data	We are limited on approved ways to give incentives	Claudia – new blood	The drive towards McPublic Health with worship of quantity over quality in regards to services and staffing
Shared resources	Personal relationships with community partners as opposed to institutional relationships	Succession planning	Loss of individuality and autonomy to address our local needs due to state health office power drift/takeover
Work well in crisis	Lack of quality seating for clients – plastic	Community visibility	Can't compete with other areas of public

Strengths	Weaknesses	Opportunities	Threats
	chairs with stains and missing feet		health with salaries – lose great staff
Staff community commitment	Staff not getting things done on time	Funding available/need to get it	Aging workforce (health issues and retirement)
Staff	Lack of planning	Project mgmt. training	Lack of resources to maintain productivity
Quality services	Position classification – allow for comp, overtime, etc.	Team development	Combining programs
Employees who care about our patients and our community	Lack of leadership development	Leadership development	Presenteeism vs absenteeism
Staff with heart	Maintaining professionalism	Training and focus on policy development	Media influences our policies
Facilities	Expectations for limited # of employees to have extra (non-regulatory) duties	To be involved in healthy activities at work	Ebola in Leon
Tools we have for internal communications	Lack of technical training	Opportunities to develop commu8nity partner relationships	
We are putting plans in place that will change the health culture of our community	Communication between programs	Collaboration between divisions	Potential budget cuts
Great base of institutional knowledge	Lack of knowledge of state coalitions	We have the opportunity to change the face of the HD and how the community sees us	Lawsuits – employees and partners
Diversity of programs that promote health, wellness and align with the department's mission, vision, and values	Time management		Potential reduction in Medicaid revenue
We partner with other community leaders	Consistent staff		Staff depth – turnover
Staff with excellent skills	Low salaries		
Visible in the community	Staff don't know each other		
	Lack of understanding of policies and processes among staff		

Strengths	Weaknesses	Opportunities	Threats
	Not enough communication between divisions – lacks cohesion		
	Difficulty recruiting/retaining professional staff		
	Needing to do more with less		
	No morale!! Is very low		
	Lack of communication – poor plan		