

Madera County Department of Public Health



Strategic Plan Final Report 2019-2022

Lead. Protect. Empower.

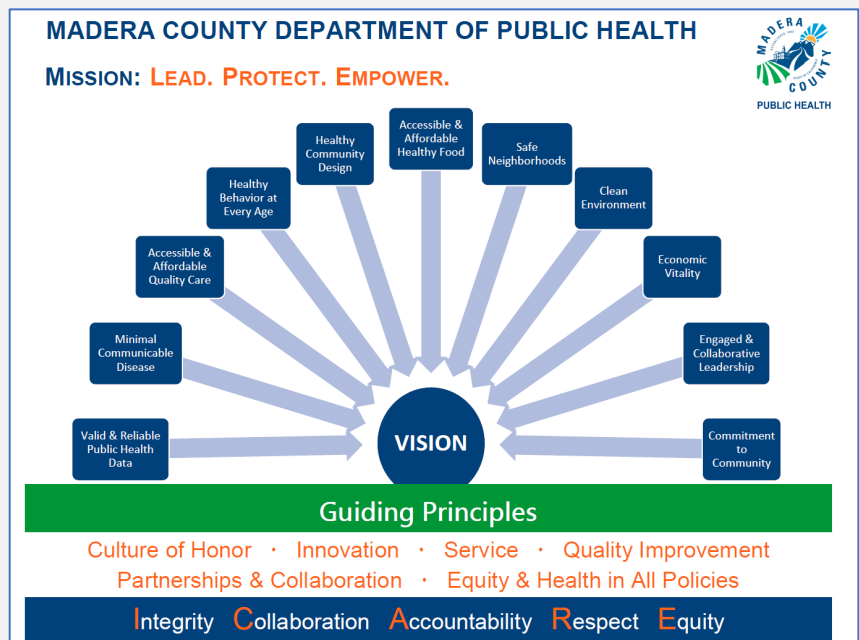
Background

In June 2019 Madera County Department of Public Health (MCDPH) published its first strategic plan to establish strategic priorities and guide the actions of the Department. The strategic planning process lasted from December 2017 – May 2019 involving all levels of staff including the Executive Team, managers, emerging leaders, and line staff. External to MCDPH, the planning process engaged *Live Well Madera County*, the community coalition that guided the development of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). Major steps in the strategic plan process included the development of an updated mission, vision, and values, several analyses of strengths, weaknesses, opportunities, and threats (SWOT assessments), a workforce development assessment, and the selection of strategic priorities along with goals and measurable objectives.

Since the plan’s adoption in 2019 it has been monitored through the VMSG Performance Management System and reports have been provided to staff and/or the Board of Supervisors on an annual basis. Periodically, changes have been made to goals, objectives, and timeframes due to changing circumstances.

The original timeframe for the strategic plan was June 2019 – December 2021, approximately 2 ½ years. However, the plan was extended until June 2022 in recognition of the time lost due to the COVID-19 pandemic.

While nearly 2 ½ years of the 3-year strategic plan took place during the COVID-19 pandemic, there are still many successes to celebrate. In fact, 76% of objectives were fully accomplished with an additional 17% of objectives in-progress. This final report highlights the progress made towards implementation of the plan over the previous three years while also acknowledging the many challenges faced. As MCDPH moves towards development of the next strategic plan, MCDPH will build upon the lessons learned from this inaugural plan to develop an ambitious yet realistic plan to guide the department moving forward.



Plan Overview

The MCDPH strategic plan all-inclusive, incorporating three other major department plans:

- Performance Management and Quality Improvement (PMQI) Plan (strategic priority 2)
- Workforce Development Plan strategic priority 5)
- Branding Plan (strategic priority 6)

The plan is structured around six strategic priorities:

1. Community Health Improvement
2. Data-driven Action and Quality Improvement
3. Department Efficiency
4. Funding Stability
5. Adequate, Qualified and Motivated Workforce
6. Madera County Department of Public Health Brand

Each strategic priority has a set of goals and measurable objectives that were developed in consultation with the Executive Team and designated lead. The designated lead is responsible for tracking progress and recommending changes, if necessary for their assigned goals and objectives.



Strategic Plan: At-A-Glance

STRATEGIC PRIORITY 1: COMMUNITY HEALTH IMPROVEMENT

Goal 1.1: Pursue upstream policy, system, and environmental change approaches to reduce chronic disease and promote health equity.

Goal 1.2: Implement supportive services and programs for healthy children and families.

Goal 1.3: Prevent and control infectious disease.

Goal 1.4: Build internal and community preparedness capacity to respond to all hazards.

Goal 1.5: Maintain strong and diverse partnerships for collective impact.

Goal 1.6: Increase comprehensive surveillance, data collection, and meaningful analyses.

STRATEGIC PRIORITY 2: DATA-DRIVEN ACTION AND QUALITY IMPROVEMENT

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT PLAN (PMQI)

Goal 2.1: Establish a functional and user-friendly infrastructure for performance management.

Goal 2.2: Integrate a culture of Quality Improvement (QI).

Goal 2.3: Implement and monitor the Strategic Plan.

Goal 2.4: Develop customer-focused programs responsive to community and stakeholder.

Goal 2.5: Become an accredited public health department.

STRATEGIC PRIORITY 3: DEPARTMENT EFFICIENCY

Goal 3.1: Increase and improve applicable technology

Goal 3.2: Improve internal communication and coordination using technology between staff and sections at all levels.

Goal 3.3: Develop, update, and centralize MCDPH Policies, Procedures, and Guidelines (PPGs), desk reference manuals (DRMs), and workflows for administrative and program areas.

Goal 3.4: Institutionalize health equity and systems-thinking into program and operations.

STRATEGIC PRIORITY 4: FUNDING STABILITY

Goal 4.1: Maximize recovery of revenue from Medi-Cal Administrative Activities (MAA)

Goal 4.2: Increase revenue through expansion and billing for services, grants, and leveraging of existing funds.

STRATEGIC PRIORITY 5: ADEQUATE, QUALIFIED AND MOTIVATED

WORKFORCE DEVELOPMENT PLAN

Goal 5.1: Recruit a qualified public health workforce to meet the needs of the Madera County population.

Goal 5.2: Increase staff satisfaction and retention.

Goal 5.3: Increase competency-based training, knowledge and skills.

Goal 5.4: Promote training, leadership, and professional development opportunities.

Goal 5.5: Increase staff capacity to implement Public Health 3.0 through an understanding of the social, economic, and environmental causes of poor health.

STRATEGIC PRIORITY 6: MADERA COUNTY DEPARTMENT OF PUBLIC HEALTH BRAND

Goal 6.1: Establish a consistent and recognizable brand.

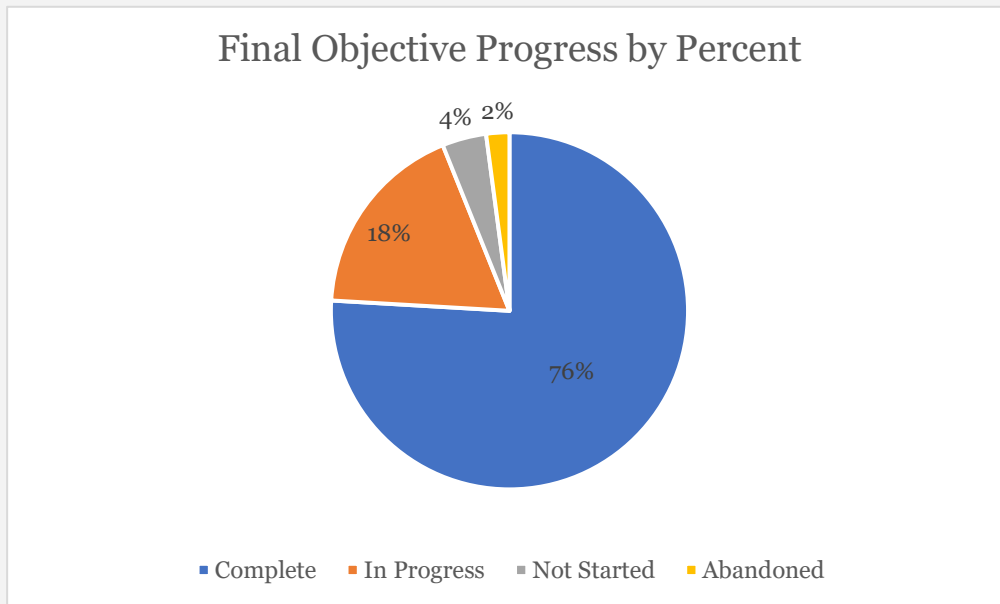
Goal 6.2: Effective communication with community members and partners.

Overall Performance & Results

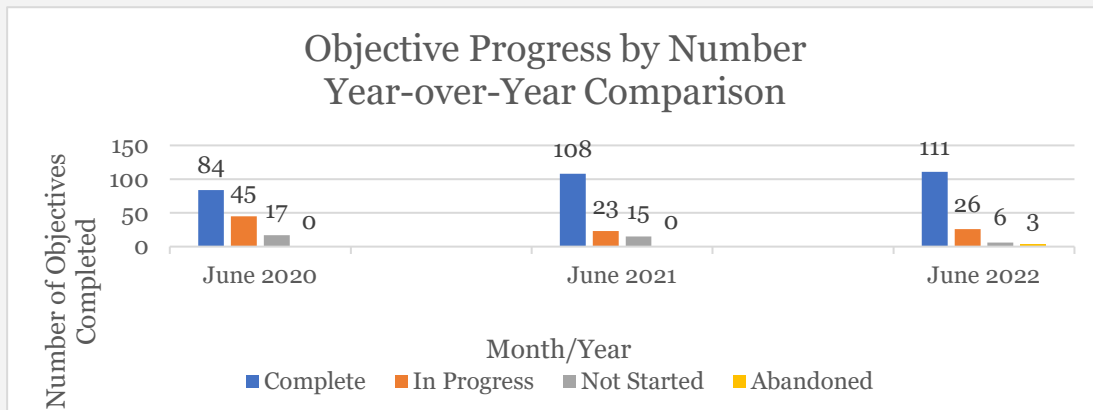
A summary of the strategic plan results is below. A detailed report from the VMSG Performance Management System indicating the status of each goal and objective can be found in Appendix A. Status is based upon reports from each objective lead.

Out of 146 objectives within the strategic plan:

- 76% of objectives are fully complete
- 18% of objectives are still in-progress
- 4% of objectives were not started
- 2% of objectives were “abandoned” meaning efforts stopped because they were either no longer relevant and/or no longer feasible.



Since the plan was adopted in 2019, progress has been monitored on an annual basis. As expected, the number of objectives completed steadily increased between 2020 and 2022 with a substantial amount of progress being made during the heart of the pandemic. The number of objectives ‘not started’ was cut by more than half, decreasing from 17 in 2020 down to only 6 objectives in 2022. The number of objectives in progress remained fairly consistent from 2021 to the end of the plan in June 2022.

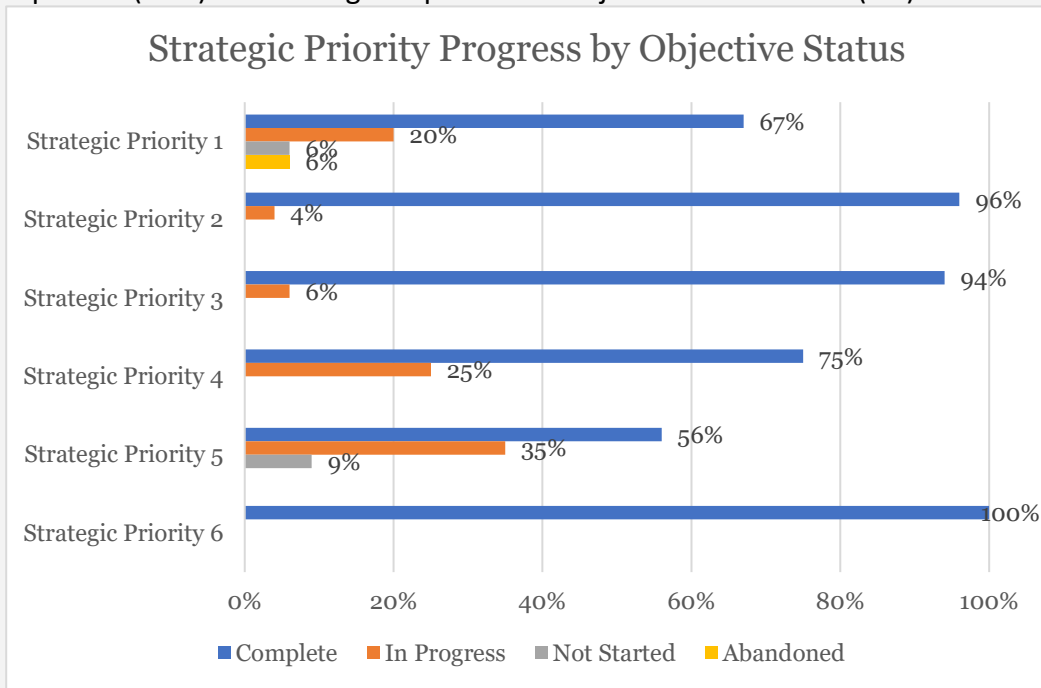


Overall Performance & Results (cont.)

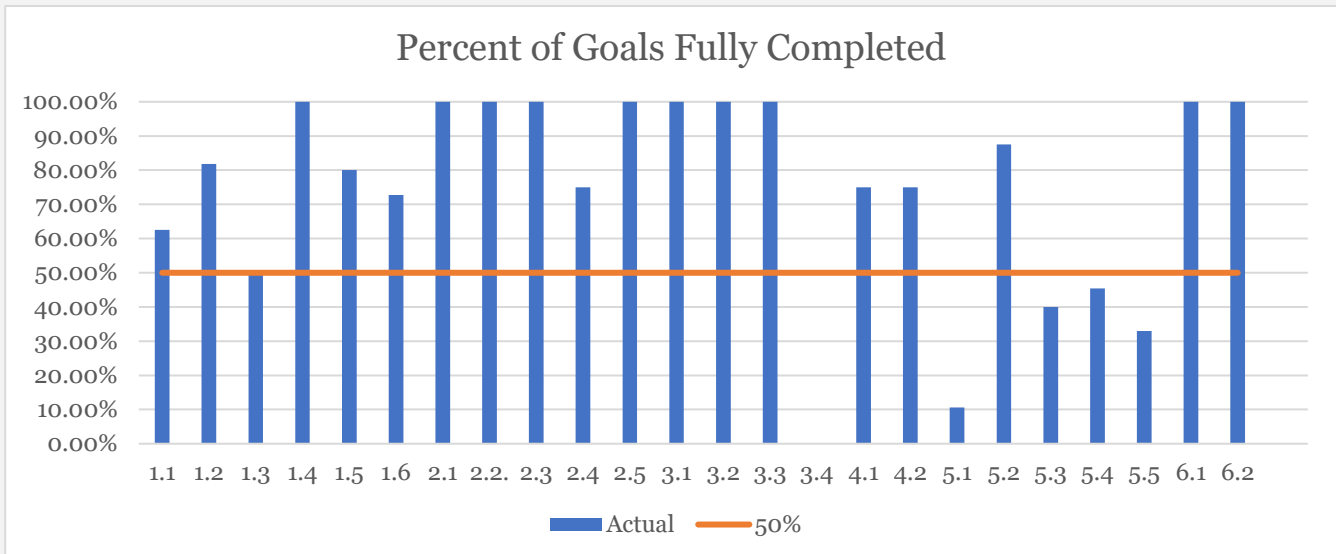
In three strategic priority areas, over 90% of objectives were accomplished. These include:

- Strategic Priority 2: Data-Drive Action and Quality Improvement (96%)
- Strategic Priority 3: Department Efficiency (94%)
- Strategic Priority 6: Branding (100%)

Strategic Priority area 5 (Adequate, Qualified and Motivated Workforce had both the least percent of objectives accomplished (56%) and the highest percent of objectives not started (9%).



In analyzing the strategic plan performance based upon goals, the information aligns with the strategic priority analysis. Out of the 24 goals within the plan, only five did not reach at least 50% completion and 4 of those 5 are in strategic priority 5 (goals 5.1, 5.3, 5.4, and 5.5). Several goals were fully completed (100%).



Key Accomplishments

Community Health Improvement

- Establishment of Farmers Market with Madera Community Hospital and Facilitation of EBT Acceptance
- Smoke-Free Park Policies adopted by two jurisdictions, City of Madera and City of Chowchilla.
- Maintenance of high caseload for breastfeeding peer counselors in WIC.
- Implementation of WIC WISE system.
- Maintained timely reporting of communicable disease cases in CalREDIE.
- Collaboration with Fresno State nursing students to identify top diagnosis of children with chronic disease referred to the CCS program.
- Maintained high CAHAN response rate among staff and partners.
- Established written referral system from Madera Community Hospital to WIC and MCAH.
- Expanded Live Well Madera County.
- Public Health Director joined Executive Committee of CHEAC.
- Established data sharing agreements with key entities.
- Established a data and publications page on the MCDPH website with reports and major plans.

Data-driven Action and Quality Improvement (PMQI Plan)

- Established a performance management system, formed the Vision Committee, and developed a process for quality improvement projects.
- Trained all staff in LEAN Six Sigma.
- Submitted documentation to PHAB for site visit.

Department Efficiency

- Implemented Electronic Health Record system.
- Transitioned staff from desktops to laptops.
- Progress towards paperless work environment.
- Expanded SharePoint for PPGs, COVID response, and other key functions.

Funding Stability

- Conducted MAA training for all relevant staff.
- Applied and was awarded multiple grants (e.g., REACH, CMSP HSD and LICN).

Adequate, Qualified and Motivated Workforce (Workforce Development Plan)

- Conducted first workforce development assessment.
- Formed academic partnerships with schools such as National University and UC Merced.
- Established and maintained an active Culture Club for staff morale.
- Established training location on SharePoint.
- Completed organizational equity assessment.

Madera County Department of Public Health Brand

- Created branded templates and enforced use of county branded templates.
- Increased number of MCDPH staff presenting at conferences.
- Established relationships with English/Spanish media.

Lessons Learned – strengths & weaknesses

MCDPH’s inaugural strategic plan was successful with over ¾ of the plan being accomplished during an unprecedented pandemic. The success of goals and objectives was found to most likely occur when at least one of the following conditions were true:

- Goal/objective was within an existing grant’s workplan or scope of work
- Goal/objective was tied to accreditation
- Goal/objective was necessary as part of the response to the COVID-19 pandemic

Strategic Priority 1 was the largest priority area representing 34% of the plan and covering everything from chronic disease prevention, WIC, and MCAH to communicable disease and epidemiology. In priority 1, 67% of objectives were fully completed with varying degrees of success. When objectives were tied to an existing workplan they tended to be accomplished such as in the case with the farmers market and WIC WISE implementation. Strategic Priority 2 (PMQI) and strategic priority 6 (branding) were two of the most successful priority areas. In both cases, most of the objectives tied directly to accreditation requirements such as the need for a performance management system and to complete quality improvement projects.

COVID-19 both hindered and helped strategic plan implementation. For example, in the area of technology (e.g., SharePoint), COVID-19 propelled progress forward; in other ways, it severely impeded progress. Objectives under Strategic Priority 5 did not have a link to an existing workplan and were not direct accreditation requirements. During the COVID-19 pandemic these objectives were seen as low priority and were put on the backburner. Examples include objective 5.1.2.1, “work with Human Resources to determine the dollar value of county benefits for public health job classifications...” and 5.1.1.4, “develop a partnership plan to engage educational contacts.”

Recommendations and Next Steps

The following recommendations are being made based on a reflection of the previous planning process and review of the strategic plan results.

Strategic Plan Structure

- Maintain the structure of an all-inclusive plan that incorporates all the major plans.
- Maintain a 2 - 3-year plan due to rapidly changing environment and priorities.

Goals and Objectives

- Increase the clarity and specificity of objectives. Make sure they are concrete and SMART.
- Limit/balance the number of objectives and goals. The 2019-2022 plan had a lot of variances in the number of goals and objectives per strategic priority.
- Do not include ongoing/annual objectives. Instead, keeps those as performance measures.
- When possible, link selected goals/objectives to existing efforts such as grant workplans or accreditation. If unable to do so, clearly designate a person who is responsible for leading effort.

Equity and Communicable Disease

- Expand goals and objectives in the areas of equity and communicable disease. Both are only minimally represented in the 2019-2022 plan.

Workforce Development

- Hire dedicated workforce development staff to help move forward objectives under priority 5.

APPENDIX A: VMSG FINAL REPORT: Results by Goal and Objective

Categorization Report

MCDPH: 1-Strategic Plan - Madera County Dept of Public Health Strategic Plan Final June, 2019

[10/11/2022]



Group: - 1-Strategic Plan | - Madera County Dept of Public Health Strategic Plan Final June, 2019

Service 1: Community Health Improvement



Goal Pursue upstream policy, system, and environmental change approaches to reduce 1.1: chronic disease and promote health equity.



Objective 1.1.1: Increase access locations for healthy food. By September 2019, establish one certified farmers market in the city or County of Madera.



Objective 1.1.2: Increase access locations for healthy food: By June 2022, facilitate the acceptance of EBT at two markets.



Objective 1.1.3: Increase access locations for healthy food: By September 2019, and ongoing annually, maintain a WIC farmers' market voucher redemption rate of 75%.



Objective 1.1.4: Increase access locations for healthy food: By December 2021, and ongoing annually, facilitate the adoption of nutrition standards and /or water policies at two key institutions (E.g., businesses, worksites, community locations, etc.) per year.



Objective 1.1.5: Increase smoke and tobacco-free environments: By December 2021, establish a smoke-free parks ordinance in two jurisdictions.



Objective 1.1.6: Increase smoke and tobacco-free environments. By June 2022, work with one jurisdictions to adopt restrictions on the location of tobacco retailers.



Objective 1.1.7: Increase smoke and tobacco-free environments: By December 2021, work with two jurisdictions to update the definition of tobacco to meet state recommendations and include e-cigarettes.



Objective 1.1.8: Improve community breastfeeding supports: By June 2022, establish two written referral agreements from agencies (e.g., hospitals, clinics, business, and /or worksites) to WIC.



Objective 1.1.9: Improve community breastfeeding supports. By June 2022, establish one new breastfeeding support group.



Objective 1.1.10: Improve community breastfeeding supports: By September 2021, increase lactation support at a minimum of five institutions.



Objective 1.1.11: Improve community breastfeeding supports: By September 2021, and ongoing annually, maintain an average breastfeeding peer counselor (BPC) caseload of 75 clients per BPC.



Objective 1.1.12: Improve community breastfeeding supports: By December 2020, and ongoing annually, maintain an exclusive breastfeeding rate among WIC Clients six months of age or younger of 25%.



Objective 1.1.13: Promote healthy planning and community design. By December 2021, collaborate with local planning and economic development agencies on at least two efforts designed to increase food access and/or physical activity such as zoning ordinances, active transportation, downtown plan, park plan, etc.



Objective 1.1.14: Promote healthy planning and community design. By June 2022, restrict advertising signage through a local ordinance or plan modification.



Goal Implement supportive services and programs for healthy children and families. 1.2:



Objective 1.2.1: Educate the community and providers to reduce SIDS and SUIDS in Madera County. By June 2019, and ongoing annually, offer grief and bereavement support services to 100% of parents/caregivers who experience a sudden unexpected infant death (SUID) related to a presumed SIDS death



Objective 1.2.2: Educate the community and providers to reduce SIDS and SUIDS in Madera County. By June 2019, and ongoing annually, provide ongoing community education on safe infant sleep practices, SIDS and available resources by delivering at least six presentations per year.



Objective 1.2.3: Maximize participation and leverage home visitation programs. By June 2021, and ongoing annually, home visitation staff will maintain caseload at or above 85% of capacity for all MCAH home visiting programs.



Objective 1.2.4: Maximize participation and leverage home visitation programs. By June 2021, and ongoing annually, 95% of families will be up-to-date with immunizations.



Objective 1.2.5: Maximize participation and leverage home visitation programs. By June 2019, and ongoing annually, 100% of eligible children will receive the appropriate developmental screening on time.



Objective 1.2.6: Maximize participation and leverage home visitation programs. By June 2019, and ongoing annually, 95% of parents/caregivers are screened using the validated depression screening tool.



Objective 1.2.7: Update WIC service delivery to increase WIC efficiency and participation. By March 2020, begin implementation of the new state Women, Infants, and Children (WIC) management information system.



Objective 1.2.8: Update WIC service delivery to increase WIC efficiency and participation. By September 2020, and ongoing annually, achieve 80-85% of the state allocated caseload per month.



Objective 1.2.9: Minimize lead exposure among children and families. By December 2019, develop an education and outreach plan for providers, collaborative agencies, and community members.



Objective 1.2.10: ABANDONED: Minimize lead exposure among children and families. By June 2019, collaborate with Environmental Health to identify services compliant with tier III lead funding to increase funding of services.



Objective 1.2.11: Develop education programs for children and families with chronic disease. By December 2019, collaborate with California State University, Fresno, nursing students, to identify top diagnosis of children with chronic disease referred to the CCS program.



Objective 1.2.12: Develop education programs for children and families with chronic disease. By June 2020, collaborate with Valley Children's Healthcare CCS Transition Team to develop a support group for families of CCS children who are 18 years of age and preparing to transition out of the CCS program into the traditional healthcare setting.



Goal Prevent and control infectious disease.

1.3:



Objective 1.3.1: Streamline internal disease reporting and follow-up processes. By June 2019, and ongoing monthly, 80% of labs will be inputted into CalRedie within one month.



Objective 1.3.2: Strengthen coordination of activities for prevention, control, and care of HIV, syphilis, and other STIs within MCDPH and with partners. By June 2022, and ongoing quarterly conduct three of medical provider education and/or outreach sessions per quarter.



Goal Build department and community preparedness capacity to respond to all hazards.

1.4:



Objective 1.4.1: Improve MCDPH capacity to respond to public health emergencies. By December 2021, maintain a quarterly CAHAN response rate of 90% or above among MCDPH staff and partners.



Objective 1.4.2: Improve MCDPH capacity to respond to public health emergencies. By December 2021, train 100% of new staff in ICS 100 and 200 within 30 days of hire.



Objective 1.4.3: Improve MCDPH capacity to respond to public health emergencies. By December 2021, ensure all Department Operation Center (DOC) staff complete the require trainings per position by given deadline on an annual basis.



Objective 1.4.4: Improve MCDPH capacity to respond to public health emergencies. By December 2021, increase the percent of staff that accurately complete WEB-EOC exercise to 90%.



Goal Maintain strong and diverse partnerships for collective impact.

1.5:



Objective 1.5.1: Continue to build and strengthen local partnerships with diverse agencies. By December

2021, continue to participate in and expand LWMC by two new strategic partners per year.



Objective 1.5.2: Continue to build and strengthen local partnerships with diverse agencies. By December 2021, increase the number of LWMC Coalition members adopting HiAP approaches in their organization's policies and practices from 0 to 3.



Objective 1.5.3: Continue to build and strengthen local partnerships with diverse agencies. By December 2021, continue to be an active leader and participant in community coalitions (e.g., health care coalition, tobacco coalition, breastfeeding coalition, etc.)



Objective 1.5.4: ABANDONED: Lead and participate in regional and statewide collaboratives. By December 2019, continue to lead the regional diabetes brief funding efforts.



Objective 1.5.5: Lead and participate in regional and statewide collaboratives. By December 2021, continue to be an active member in the San Joaquin Valley Public Health Consortium (SJVPH) by attending quarterly meetings.



Objective 1.5.6: Lead and participate in regional and statewide collaboratives. By December 2021, continue to be an active participant in the County Health Executives Association of California (CHEAC) and other statewide public health groups.



Goal Increase comprehensive surveillance, data collection, and meaningful analyses.

1.6:



Objective 1.6.1: Increase data sharing. By December 2020, establish data sharing agreements with at least two entities (e.g., hospital, behavioral health, etc.).



Objective 1.6.2: Increase data sharing. By December 2019, develop a location for data and reports on the public website to increase accessibility and data sharing for partners and the public.



Objective 1.6.3: Standardize data collection and reporting. By December 2019, develop a desk reference manual for epidemiologist section; include data sources, data collection pathways and infrastructure.



Objective 1.6.4: Standardize data collection and reporting. By December 2021, collaborate with community partners to identify and share available local data.



Objective 1.6.5: Standardize data collection and reporting. 1.6.2.3 By December 2019, and ongoing annually, engage with target communities to identify effective method(s) of sharing public health data and messaging.



Objective 1.6.6: Standardize data collection and reporting. 1.6.2.4 By September 2019, operationalize a system to track data requests.



Objective 1.6.7: Expand surveillance and collection of data around the social determinants of health and race/ethnicity. By December 2021, identify best practices for collecting data on indigenous populations.



Objective 1.6.8: Expand surveillance and collection of data around the social determinants of health and race/ethnicity. By March 2020, establish protocols on the best method of data disaggregation on racial/ethnic populations; and how to best define and measure the impact of race and ethnicity in the County.



Objective 1.6.9: Expand surveillance and collection of data around the social determinants of health and race/ethnicity. By March 2020, develop data collection tools and method that are linguistically, culturally and congruently appropriate for different race/ethnic groups.



Objective 1.6.10: Regularly assess community health to determine trends, gaps and needs. By December 2021, begin planning for the next CHA.



Objective 1.6.11: Regularly assess community health to determine trends, gaps and needs. By December 2019, and ongoing annually, revisit the CHA to determine changes in community health status.

Service 2: Data-Driven Action and Quality Improvement - Performance Management and Quality Improvement Plan (PMQI)



Goal Establish a functional and user-friendly infrastructure for performance management.

2.1:











Objective 2.1.1: Create a PMQI oversight group. Beginning July 2019, the Vision Committee will meet at least once per quarter to discuss PMQI, strategic Plan, and/or policies and procedures.







Objective 2.1.2: Implement a performance management system. By July 2019, a new PM system will be

selected and launched for Department-wide use.

-  **Objective 2.1.3:** Implement a performance management system. By July 2019, 100% of sections will develop a minimum of two goals, objectives, and activities to be monitored within the PM system.
-  **Objective 2.1.4:** Implement a performance management system. By July 2019, 80% of Section managers and Vision Committee members will receive training on the new PM system.
-  **Objective 2.1.5:** Implement a performance management system. By July 2019, 100% of sections (including Administration and Fiscal) will begin monitoring approved performance measures.
-  **Objective 2.1.6:** Implement a performance management system. Beginning October 2019, 80% of sections will report to the Vision Committee on a quarterly basis to review performance measures.
-  **Objective 2.1.7:** Implement a performance management system. By June 2020, 100% of sections will review and revise performance measures and submit to the AQI Coordinator for approval.
-  **Objective 2.1.8:** Develop a training plan for all levels of staff. By July 2019, 100% of all new staff will receive a basic overview of performance management and quality improvement as part of the New Employee Orientation (NEO).
-  **Objective 2.1.9:** Develop a training plan for all levels of staff. By December 2019, a PMQI training plan will be developed with a recommended level of training based on staff position.
-  **Objective 2.1.10:** Develop a training plan for all levels of staff. By March 2020, 80% of all staff (new and current) will have received basic training on PMQI.





Goal Integrate a culture of Quality Improvement (QI) throughout the Department.

2.2:

-  **Objective 2.2.1:** Implement a formal QI process. By June 2019, a process for the proposal and approval of QI projects will be developed and proposal forms will be available to all staff on SharePoint.
-  **Objective 2.2.2:** Implement a formal QI process. By October 2020, a minimum of three QI projects will be submitted and approved by the Vision Committee for initiation within the Department.
-  **Objective 2.2.3:** Implement a formal QI process. By June 2022, a minimum of three QI projects will be completed.
-  **Objective 2.2.4:** Implement a formal QI process. By July 2020, a QI project report will be provided to the Board of Supervisors (MCBOS) on an annual basis.




Goal Implement and monitor the Strategic Plan.

2.3:

-  **Objective 2.3.1:** Regularly monitor and report on Strategic Plan progress. By January 2020, the Vision Committee will conduct a Strategic Plan review to be shared with the Executive Committee and all staff on a bi-annual basis (twice a year).
-  **Objective 2.3.2:** Regularly monitor and report on Strategic Plan progress. By July 2020, the Vision Committee will prepare an annual status report on the progress of the Strategic Plan on an annual basis.
-  **Objective 2.3.3:** Regularly monitor and report on Strategic Plan progress. By July 2020, the Public Health Director will provide an annual update on the Strategic Plan to the Board of Supervisors (i.e., governing entity).
-  **Objective 2.3.4:** Initiate process for the next Strategic Plan. By January 2022, initiate the planning process for the next Strategic Plan, 2022-2024.

Goal Develop customer-focused programs responsive to community and stakeholder.

2.4:

-  **Objective 2.4.1:** Develop mechanisms for customer and stakeholder feedback. By June 2019, assess programmatic use of customer service surveys across the Department.
-  **Objective 2.4.2:** Develop mechanisms for customer and stakeholder feedback. By September 2019, develop tools (e.g., spreadsheet, Qualtrics) to track customer/stakeholder feedback and responses.
-  **Objective 2.4.3:** Develop mechanisms for customer and stakeholder feedback. By September 2019, update the customer feedback form on the website to provide a more structured and convenient access for customer feedback.



Objective 2.4.4: Develop mechanisms for customer and stakeholder feedback. By December 2019, conduct stakeholder survey for Live Well Madera County and other partners on an annual basis.



Goal Become an accredited Department of Public Health.

2.5:



Objective 2.5.1: Apply and achieve accreditation through the Public Health Accreditation Board (PHAB). By June 2019, submit application for public health accreditation to PHAB.



Objective 2.5.2: Apply and achieve accreditation through the Public Health Accreditation Board (PHAB). By August 2019, attend PHAB training for AQI Coordinators.



Objective 2.5.3: Apply and achieve accreditation through the Public Health Accreditation Board (PHAB). By September 2019, identify and launch domain teams.



Objective 2.5.4: Apply and achieve accreditation through the Public Health Accreditation Board (PHAB): By May 2021, submit documentation to PHAB.



Objective 2.5.5: Apply and achieve accreditation through the Public Health Accreditation Board (PHAB): By June 2022, prepare staff for site-visit.

Service 3: Department Efficiency



Goal Increase and improve applicable technology.

3.1:



Objective 3.1.1: Implement an electronic health record (EHR) system. By November 2019, train 90% of identified EHR users in the system.



Objective 3.1.2: Implement an electronic health record (EHR) system. By June 2019, implement the EHR system in Clinic, Communicable Disease, CMS, and Lab.



Objective 3.1.3: Transition staff from stationary desktop to mobile work stations. By June 2019, transition identified staff to mobile work stations (laptops).



Objective 3.1.4: Reduce Waste. By December 2019, transpose all paper patient files (clinic) to Laserfische/ Patagonia.



Objective 3.1.5: Reduce Waste. October 2019, 100% of sections will complete the scanning and indexing of documents and records.



Objective 3.1.6: Reduce Waste. By January 2020, standardize and reduce the number of printers in the Department by 25%.



Objective 3.1.7: Reduce Waste. By December 2019, develop and implement guidelines for a centralized office supply ordering system.



Objective 3.1.8: Improve information management. By August 2019, establish clear protocols and guidelines for the storage, retention, archiving, and destruction of information.



Objective 3.1.9: Modernize and streamline administrative processes. By December 2019, utilize technology to update and streamline at least four processes.



Goal Improve internal communication and coordination using technology between staff and 3.2: sections at all levels.



Objective 3.2.1: Increase functionality and use of SharePoint. By December 2019, train at least one person per section on the use of SharePoint.



Objective 3.2.2: Increase functionality and use of SharePoint. By December 2019, expand SharePoint by adding at least two pages in addition to the home page.



Objective 3.2.3: Increase the use of universal inbox for appropriate sections/programs. By December 2019, assess the need for group email in-boxes for functions such as fiscal requests, accounting, car washing, data request, etc.



Goal Develop, update and centralize MCDPH Policies, Procedures, and Guidelines 3.3: (PPGs), desk reference manuals (DRMs), and work flows for administrative and program areas.



Objective 3.3.1: Create a universal location for all Department-approved policies. By December 2019, expand the policy section of SharePoint to include all Department-approved policies.



Objective 3.3.2: Create a universal location for all Department-approved policies. By December 2019, establish a Section specific location on SharePoint for Section procedures and guidelines.



Objective 3.3.3: Create a universal location for all Department-approved policies. By July 2019, develop a comprehensive list of needed policies to meet PHAB requirements and other PPGs based on department need.



Objective 3.3.4: Create protocol for Department processes. By September 2019, assess existing and needed policies.



Objective 3.3.5: Create protocol for Department processes. By May 2020, update and create needed policies.



Goal Institutionalize health equity and systems-thinking into programs and operations. 3.4:



Objective 3.4.1: Program Planning Tool. By December 2019, the MCDPH program planning tool will be in use by at least 50% of program managers.

Service 4: Funding Stability



Goal Maximize recovery of revenue from Medi-Cal Administrative Activities (MAA). 4.1:



Objective 4.1.1: Implement a modern timecard system: By June 2019, assess time study needs for all department programs.



Objective 4.1.2: Implement a modern timecard system: By July 2020, implement a standardized department wide time study system including training.



Objective 4.1.3: Identify eligible MAA performed within MCDPH. By July 2019, identify specific staff positions which perform MAA and the expected minimum level of MAA performed.



Objective 4.1.4: Identify eligible MAA performed within MCDPH. By July 2019, identify department direct expenses eligible for MAA reimbursement.



Goal Increase revenue through expanded billing to Medi-Cal and private insurance, grants, 4.2: and leveraging of existing funds.



Objective 4.2.1: Gain the ability to bill private insurance for clinical and laboratory services. By December 2019, conduct assessment and review requirements for being able to bill private health insurance plans.



Objective 4.2.2: Gain the ability to bill private insurance for clinical and laboratory services. By June 2021, based on assessment results, add the ability to bill to at least two insurance providers.



Objective 4.2.3: Continue to apply for grants. On an ongoing basis, continue to apply for grants through in-house writing and increased use of County Grant Writer.



Objective 4.2.4: Use innovative and new approaches to increase revenue. By December 2019 and ongoing, explore approaches such as employee clinics, workers compensation, etc. to increase revenue.

Service 5: Adequate, Qualified and motivated - Workforce development Plan



Goal Recruit a qualified public health workforce to meet the needs of the Madera County 5.1: population.



Objective 5.1.1: Increase academic partnerships to promote public health as a career; By June 2022, form academic public health department partnerships with at least two local educational institutions (e.g., college, universities, etc.)



Objective 5.1.2: Increase academic partnerships to promote public health as a career, By June 2022, increase the number of volunteer and internships opportunities at MCDPH across the Department (e.g., nurse interns, etc.)



Objective 5.1.3: Increase academic partnerships to promote public health as a career; By May 2020, and annually, participate in at least two outreach activities (e.g., presentations, career fairs, etc.) to promote public health at local high schools, workforce development, DSS, etc.



Objective 5.1.4: Increase academic partnerships to promote public health as a career; By July 2020, develop a partnership plan to engage educational contacts in the adoption of public health competencies and innovative/non-traditional education methods.



Objective 5.1.5: Market the benefits of working for Madera County; By December 2019, work with Human Resources to determine the dollar value of county benefits for public health job

classifications and refine promotions of job postings.



Objective 5.1.6: Collect and track demographics, recruitment, and retention data; By June 2019, and annually, gather and compile staff demographic data. Use staff demographic data to identify: 1.) opportunities to increase gender, cultural, and generational sensitivity in the workplace, 2.) gaps in professional skills, 3.) opportunities to increase the retention rate, and 4.) succession planning needs.



Objective 5.1.7: Collect and track demographics, recruitment, and retention data; By March 2019, in each division, assess staffing and individual workload.



Goal Increase staff satisfaction and retention.

5.2:



Objective 5.2.1: Assess employee satisfaction regularly; By June 2019 and annually, conduct an employee satisfaction survey.



Objective 5.2.2: Assess employee satisfaction regularly; By June 2021, increase the percentage of employees who strongly agree or agree with the statement 'I am satisfied with my organization,' from 72% to 80% (baseline from 2018 survey).



Objective 5.2.3: Assess employee satisfaction regularly; By June 2021, increase the percentage of employees who strongly agree or agree with the statement 'I am satisfied with my job,' from 81 to 85% (baseline from 2018 survey).



Objective 5.2.4: Develop policies and programs that provide a supportive environment; By December 2019, develop an employee recognition program for MCDPH.



Objective 5.2.5: Develop policies and programs that provide a supportive environment; By June 2019, the MCDPH Culture Club (morale committee) will coordinate a minimum of one employee engagement (e.g., spring baskets, jersey day, etc.) activity per month.



Objective 5.2.6: Develop policies and programs that provide a supportive environment; By June 2020, finalize at least two policies that support employee wellness (e.g., breastfeeding, alternate work schedules, etc).



Objective 5.2.7: Manage proper staffing and workload; By December 2019 and ongoing, increase the number and use of technical and functional supervisors.



Objective 5.2.8: Manage proper staffing and workload; By June 2019, reduce manager direct reports to less than seven by maximizing the use of functional and technical supervisors.



Goal Increase competency-based training, knowledge, and skills.

5.3:



Objective 5.3.1: Establish Core Competencies Training; By May 2019, complete a competency-based assessment for all employees using the Council on Linkages Between Academia and Public Health Practice core competencies.



Objective 5.3.2: Establish Core Competencies Training; By August 2019, develop a training plan including a calendar that responds to gaps in competency capacity by tiers.



Objective 5.3.3: Establish Core Competencies Training; By September 2019, modify annual employee evaluation forms to integrate core competencies and other important aspects of performance.



Objective 5.3.4: Establish Core Competencies Training; By December 2019, develop one-year competency-based training/development plans that include one-on-one coaching, online training, group training, and modeling and practice.



Objective 5.3.5: Establish Core Competencies Training; By May 2021, and biennially, reassess staff knowledge around core competencies through a department-wide core competencies assessment.



Goal Promote training, leadership, and professional development opportunities.

5.4:















Objective 5.4.1: Maximize available technology and training systems; By December 2019, initiate the use of SharePoint as a training repository for electronic and/or recorded trainings.














Objective 5.4.2: Maximize available technology and training systems; By December 2020, and annually, at least 50% of MCDPH employees will complete a professional development course through Target Solutions.



Objective 5.4.3: Promote staff training and professional development; By December 2019, and annually, identify cross-training opportunities between programs.

-  **Objective 5.4.4:** Promote staff training and professional development; By December 2019, and annually, 80% of employees will attend/complete at least one job-related conference or training.
-  **Objective 5.4.5:** Promote staff training and professional development; By December 2019, identify staff needing information technology (computer-related) training.
-  **Objective 5.4.6:** Invest in the development of leaders and managers; On a quarterly basis, conduct Quarterly Supervisor trainings.
-  **Objective 5.4.7:** Invest in the development of leaders and managers; By June 2019, and biennially assess competencies for supervisors and managers.
-  **Objective 5.4.8:** Invest in the development of leaders and managers; By August 2019, develop supervisor/manager-specific evaluation form that integrates the assessment of leadership skills.
-  **Objective 5.4.9:** Invest in the development of leaders and managers; By December 2019, implement the supervisor training action plan.
-  **Objective 5.4.10:** Invest in the development of leaders and managers; By December 2019 provide at least one training annually to supervisors around coaching, monitoring, documentation, and/or evaluations.
-  **Objective 5.4.11:** Invest in the development of leaders and managers; By June 2022, train supervisors on a strength-based approach to work.
-  **Goal Increase staff capacity to implement Public Health 3.0 through an understanding of 5.5: the social, economic, and environmental causes of poor health.**
-  **Objective 5.5.1:** Increase staff knowledge and ability to promote health equity; By December 2019, conduct a health equity staff assessment to identify gaps in understanding of social determinants of health, cultural competency, equity, etc.
-  **Objective 5.5.2:** Increase staff knowledge and ability to promote health equity; By March 2020, develop a training plan for the department to cover topics such as health equity, health in all policies, social determinants of health, structural racism, and power.
-  **Objective 5.5.3:** Increase staff knowledge and ability to promote health equity; By December 2020 and annually, 90% of staff will complete at least one health-equity related training annually.

Service 6: Madera County Department of Public Health Brand

-  **Goal Establish a consistent and recognizable brand.**
- 6.1:**
-  **Objective 6.1.1:** Standardized Templates; By July 2019 and annually, review and update all branded templates as needed
-  **Objective 6.1.2:** Standardized Templates; By December 2019, update branding information in the New Employee Orientation.
-  **Objective 6.1.3:** Standardized Templates; By January 2020, branded program summaries will be finalized for all Department programs.
-  **Objective 6.1.4:** Standardized Templates; 6.1.1.4 By December 2020, translate the mission, vision, and values into Spanish for inclusion in PowerPoint templates.
-  **Objective 6.1.5:** Use signage to increase awareness of MCDPH; By February 2020, place signage throughout the new Public Health building that conveys the mission, vision, and guiding principles
-  **Objective 6.1.6:** Use signage to increase awareness of MCDPH; By January 2020, establish exterior signage that clearly states the location of MCDPH.
-  **Objective 6.1.7:** Promote MCDPH achievements; By January 2020, and ongoing annually, present at a minimum of two conferences/meetings per year (e.g., oral or poster presentations).
-  **Goal Effective communication with community members and partners.**
- 6.2:**
-  **Objective 6.2.1:** Increase external communication and marketing; By December 2019, update protocols and procedures around social media and expand social media presence to reach new audiences such as youth.
-  **Objective 6.2.2:** Increase external communication and marketing; By June 2020, develop a marketing and communication plan that includes an analysis of local communication channels.



Objective 6.2.3: Increase external communication and marketing; By January 2020, establish relationships with local and regional Spanish media to increase targeted messaging to monolingual and bilingual residents.