

Strategic Plan

2019-2022

Sherburne County Health and Human Services

Public Health Division



Adopted by the Sherburne County Community Health Board on May 21st, 2019

Table of Contents

- Introduction 3
- Background 3
- Purpose 4
- Process Overview 4
- Reports and Key Trends/Strengths, Weaknesses, Opportunities, and Challenges (SWOC)..... 7
- Key Support Functions 9
- Mission and Values 10
- Operational Strategies 11
- Implementation 13
- Monitoring 13
- Plan Linkages..... 13
- Next Steps 14
- Revision History 14
- Appendix A - Strategic Plan Annual Monitoring/Revision.....15
- Appendix B - Action Planning Worksheets.....19

Introduction

Sherburne County Public Health is organized as a single agency Community Health Board (CHB) under Minnesota Statute, Chapter 145A. Public Health offers services that promote and improve the health of those who live, work, learn, and play in Sherburne County. Services are provided through education, promotion of healthy lifestyles, and disease prevention. Strong partnerships with community organizations, other county agencies, businesses, and schools help build healthier communities for the people of Sherburne County.

The Sherburne County Public Health Division does not operate in isolation. We work closely with our Human Service partners, our neighboring counties, and community partners. It was purposeful to align our strategic plan with the priorities of Sherburne County Board of Commissioners to ensure the most effective alignment of services and resources for the citizens of Sherburne County.

Sherburne County Strategic Priorities

- Promote Healthy, Safe, and Livable Communities
- Encourage Economic Vitality
- Enhance and Expand Partnerships While Creating an Informed Public
- Continue to be Fiscally Prudent and Stewards of the Public Trust
- Foster Organizational Excellence

Background

The strategic plan guides and strengthens a community health board's ability to carry out its public health functions. It provides the Community Health Board with a guide for making decisions; allocating human and financial resources; and pursuing time-bound, measurable strategies and priorities. The plan is internal to the organization and informed by priorities noted during the organizational assessment and the community health assessment.

Minnesota community health boards have identified further benefits of strategic planning:

- Engaging staff and stakeholders in envisioning the future of the department
- Raising the profile of public health within a larger organization
- Attending to important long-term issues
- Identifying strengths
- Refocusing on the philosophy of public health

National public health accreditation standards note that the strategic plan and community health improvement plan are related to and should connect with each other. Sherburne County Public Health first drafted a Strategic Plan Division in 2012 as part of the requirement for the Local Public Health Assessment and Planning Process (LPHAPP). There was a revision made to that plan in 2015. This

document reflects our second full Strategic Plan as a Division, fulfilling requirements of the 2015-2019 Planning Cycle.

Purpose

An organizational strategic plan sets a course for strengthening a CHB to effectively carry out its public health functions. For administrators and oversight bodies, a strategic plan provides a guide to allocate financial and human resources and creates a set of measurable and time framed targets so that progress can be tracked. For public health staff, a strategic plan offers opportunities to contribute to their CHB's efforts to strengthen public health practice.

Other benefits of strategic planning identified by local public health departments in Minnesota include: engaging staff and stakeholders in setting a department's future, raising the profile of public health within a larger organizational context, attending to important long-term issues, identifying strengths, and refocusing on public health philosophy.

Process Overview

The Strategic Planning Process developed and facilitated by Minnesota Department of Health (MDH) was based on national public health accreditation standards issued by the Public Health Accreditation Board (PHAB). Elements and steps of the planning process utilized to develop the Sherburne County Strategic Plan are outlined in the table below:



In Sherburne County, the Strategic Planning Core Team consisted of the following:

- Health and Human Services Director
- Public Health and Economic Supports Manager/Community Health Services (CHS) Administrator
- Health Promotions Supervisor
- Public Health Supervisor
- Lead Community Health Coordinator
- WIC Coordinator
- Lead Public Health Nurse – Family Health
- Lead Public Health Nurse – Adult Health
- Minnesota Department of Health Public Health Nurse Consultant

This core team is representative of the supervisors and lead staff of both the Public Health and Health Promotion units, which includes WIC (Women, Infants, Children); PHEP (Public Health Emergency Preparedness); SHIP (Statewide Health Improvement Partnership); Maternal and Child Health, to include Family Home Visiting; Disease Prevention and Control; Environmental

Health, and other public health programs offered by Sherburne County. Information from the Strategic Planning process were communicated to the rest of Division staff and feedback was solicited and incorporated.

Date	Activity	Participants
January 2018	MDH Strategic Plan Facilitated Session (2-day) <ul style="list-style-type: none"> • Review of Mission and Values • Development of Vision Elements • Development of Prioritized Strategies • Strength, Weakness, Opportunity, Challenges (SWOC) analysis • Description of Performance Management 	Strategic Plan Core Team
February 2018	Performance Management/How to Integrate into LPHAPP deliverables	Strategic Plan Core Team
May 2018	Strategic Plan Summary finalized and presented to Board	CHS Administrator
July 2018	Strategic Plan Action Sheets finalized and tracking begins	Strategic Plan Core Team
May 2019	Strategic Plan Adopted by Sherburne County Board	County Commissioners

Action strategies and measures were developed from a discussion of Vision Elements by the Strategic Planning Core Team. Team members were broken up into two groups and asked to write division goals and priorities for the next three to five years. Those items were then grouped together and named according to the common themes which emerged. Over the course of the Facilitated Session, concrete action steps and activities from this brainstorm session emerged. Ideas captured during that Vision Element brainstorm were as follows:

Group #1	Group #2
<p>Increased Capacity</p> <ul style="list-style-type: none"> • Timely IT support staff • FT CHS Admin • Diverse staff • Multi-lingual staff • Breastfeeding peer program • Increased capacity to be innovative/seek solutions • Increased capacity to meet demands (grants, reporting, accreditation) • RD/nutrition home visiting • Contracted services for LPHAPP • WIC supervisor • Environmental specialist 	<p>HHS Collaboration</p> <ul style="list-style-type: none"> • Program integration between PH and SS • Multi-disciplinary team approach • PH/SS staff integration in special projects • Collaboration among units • Working in coordination with social service partners (continuum/prevention→services)

<ul style="list-style-type: none"> • Data analyst 	
<p>Right Tools for the Job (technology)</p> <ul style="list-style-type: none"> • Paperless programs • Proficient PHDoc system • Skype • Car seat distribution clients in PHDoc system • On-line credit card payment for services • All PHNs use tablets • EBT WIC 	<p>Collaboration with External Partners</p> <ul style="list-style-type: none"> • Coordinated Collaboration (neighboring counties, health care, non-profits) • EMR/EHR data sharing with external partners • Collaboration with health care providers and facilities
<p>Improve Customer Access to Services</p> <ul style="list-style-type: none"> • Work hubs in other locales • Shorter orientation programs for new PHN staff so they can work with clients sooner • Healthy food choices available to all • Public Health marketing (HFA/clinics/PH) • “Value Statement” • Parking spots for families @ GC (WIC, IMM) • Awesome transportation system • Increase access for St. Cloud • CPS garage • No WIC at Becker City Hall 	<p>New Initiatives</p> <ul style="list-style-type: none"> • Filling gaps in services on emerging issues in mental health and chemical dependency • Tobacco free parks • T21 • Bike to work • Maintain health equity momentum • Better dental access

<p>PH Division Meets High Standards</p> <ul style="list-style-type: none"> • Policies and procedures are current • HFA accredited • PHAB accreditation • Increased income generated by HFA accreditation • NFP certified • PH Preparedness staff time (all) increased • CLC, CLS, or CLE training for all PHNs • Staff continuing education/learning • WIC IBCLC 	<p>Influencing policies and decision makers</p> <ul style="list-style-type: none"> • PH Advisory Board • County Board values and understands public health • PH specific communication plan • Viewed as health authority and expert • HIA/PH seen as an important partner to be at the table (like law enforcement) • PH meet/advise cities and townships • Visibility in community
	<p>Worksite Wellness</p> <ul style="list-style-type: none"> • Healthy food policy-county • County café with food labeling • Walking meetings • Enhanced employee wellness • Tobacco free campus

Strategies were then developed which summarized the conversation over the course of the two days. After another prioritization activity, top strategies were selected that the Division will work towards over the course of the next three to five years. Those strategies include: Integrated Department, Enhance and Improve Technology, and Workforce Development Planning. Each area received seven votes.

After further discussion regarding staff capacity, it was decided that Sherburne County Public Health would work in **Integrated Department** and **Enhance and Improve Technology** as the two primary goals as part of this Strategic Plan and LPHAPP cycle, but that a workforce development assessment would be administered prior to the end of 2021. These two priorities were developed into Operational Strategies, which will be tracked and monitored on action sheets.

Reports and Key Trends/Strengths, Weaknesses, Opportunities, and Challenges (SWOC)

Based on the review of the summary of reports and key trends, the strategic planning team brainstormed a list of strengths, weaknesses, opportunities, and challenges. Strengths and weaknesses were identified as our internal analysis, while opportunities and challenges are external factors that impact our work. This information was used to help further refine the vision, value statements, and strategic issues.

The Public Health Nurse Consultant led the group through a discussion summarizing key trends. Internally, key changes in leadership, technology, workload demands, department structure, and integration with social services were among the largest changes that occurred from one LPHAPP cycle to the most current.

Strengths/Accomplishments (internal)

- SHIP grant
- Breastfeeding Coalition
- Longevity of staff
- Hiring of new staff
- County Health & Wellness (public health influences this committee)
- Student opportunities
- Maintaining what we do with less funding or the same funding
- Maintained professionalism with less resources
- Training opportunities
- Advocating for clients (on an individual and community level)
- Full time PHN Supervisor
- Silver level of Breast Feeding Health Department
- County PIO
- Increased social media capability
- HFA affiliation
- Mobility for most staff
- PH Doc streamlines access to data for reporting (time reporting, other data)
- Improved succession planning
- Supportive and visible County Commissioner
- We get done what needs to be done and do it well
- Staff with some experience regarding health equity
- Making strides CQI awareness and action

Weaknesses (internal)

- Lack of internal experience and expertise with environmental health
- Partners not familiar with policy, system and environmental change
- Administration program staff pretty new
- Staff too busy/too new to represent Sherburne PH county or statewide
- PH Doc not fully functional for FH and Adult Health as an EHR
- Staff turnover – accounting (PH-doc tech)
- People with highest need live the furthest from Elk River
- Lack of time to increase health equity work

Opportunities (external)

- Grant opportunities
- Community partnerships (building new ones and strengthening old ones)
- Looking at the integration of PH and SS services, not just merging
- Always have student opportunities
- Community Education, Community forums on PH topics
- Electronic Records-external
- Evidence Based practice methods
- Collaboration with Stearns/Benton
- WIC moving into government center
- Visibility of diverse WIC clients
- WIC clients have better access to other government services

Challenges (external)

- Staff fluctuation (outside the organization)
- Leadership changes
- Medical consultant engagement
- ½ time CHS Administrator
- Political changes (Health Care Reform)
- Multiple changes in management team
- Existing and emerging health issues (tobacco policy, mental health, opioids, etc.)
- Increase in minority and elderly populations
- Dental mobile services gone – no replacement
- (Physical location) moving in next year
- Some challenges for WIC clients
- Long delays in hiring process
- Uncertainty of SHIP funds long term
- Complex families and their needs (e.g. geography, transportation)
- Challenges in maintaining relationships with school staff in order to collaborate in improving health
- Lack of citizens valuing Public Health

Key Support Functions

Sherburne County considered key support functions necessary to build a strong infrastructure which would be adaptable to the changing needs of County residents, while considering potential political, funding, and legislative changes. Throughout the process described, there were several conversations regarding the structure, capacity, and resources that are in place and/or are needed to carry out the plan efficiently, effectively, and with integrity.

One of the most crucial elements identified was the limited capacity of public health staff and increasing priorities. Some of these priorities that were discussed at the time of strategic planning (January, 2018)

included the development of all 2020 deliverables for the Local Public Health Assessment and Planning Process, completion of the Health Equity Data Analysis (HEDA), and Accreditation for the Healthy Families America (HFA) home visiting program. Staffing challenges that were considered included managing day-to-day priorities among direct services staff, the lack of a public health/human services planner, and only having a half-time CHS Administrator.

Two key support functions were identified as operational strategies: *technology* and *workforce development* planning. Primary considerations with technology are expansion of our knowledge and utilization of PH Doc, our electronic health record system, mobile technology out in the field, and utilization of new technologies to better serve clients. With workforce development planning, Sherburne County would like to talk about diversifying our future workforce, training and development opportunities for current staff, and addressing capacity concerns for our Division. Workforce development was put on hold to a later time, but Sherburne County is committed to completing a workforce development assessment in 2020.

Mission and Values

After review of previous reports, trends, and completion of the SWOC analysis, staff reviewed the mission statement, values, and vision of Sherburne County Public Health. These guiding principles remain largely unchanged, but there was slight revision to the vision elements that reflect changes in internal practice and external trends.

Our Mission

To **promote** a healthy and safe community, **prevent** illness/disease and injury, and **protect** and enhance the health of those who live, work, learn and play in Sherburne County.

Our Values

RESPECT. We demonstrate and uphold a standard of conduct that recognizes and values the contributions and diversity of all. We earn and preserve trust through our behavior and the quality of our work.

INTEGRITY. We operate with professionalism, honesty and equality. We honor and adhere to moral and ethical principles that guide our practice. We strive to make the right choice and do our best in spite of the challenges we may face.

COLLABORATION-PARTNERSHIPS. We value working relationships with interdisciplinary and community groups. Our partnerships are critical in exchanging information, planning strategies and sharing resources to better meet the needs of those we serve.

EMPOWERMENT. We motivate people to make healthier choices through our leadership and by providing education and resources.

SCIENCE/EVIDENCE BASED PRACTICE. We are guided by scientific methods and evidence based practices. We utilize the best standards of care to address health needs and concerns.

Our Vision

HEALTH IN ALL POLICIES. We will be highly visible, valued and viewed as a resource that assures the health of those who live, work, learn and play in Sherburne County. Stakeholders and partners will be informed, engaged and supportive of the work of Public Health.

RIGHT TOOLS FOR THE JOB. Technology works for us. We incorporate best practices in technology allowing us to work efficiently both internally and with the community.

HEALTHY WORK ENVIRONMENT. We will provide an environment that is safe and healthy. We will foster an atmosphere that is efficient, organized and enhances employee productivity and satisfaction.

EXPANDED PUBLIC HEALTH INFRASTRUCTURE. We will be supported with additional sustainable, specialized and appropriate staffing that will improve our capacity to meet community needs.

INNOVATIVE SOLUTIONS TO EMERGING NEEDS. We will creatively respond to and address emerging public health needs, in an effort to enhance services and build on previous successes.

COORDINATED COLLABORATION. We will improve collaboration with the community by intentionally engaging partners to enhance effectiveness, reduce redundancies and improve services.

GREATER ACCESSIBILITY TO SERVICES. We will intentionally bring a person-centered approach to public health services by eliminating barriers, filling in gaps, and promoting equity.

MEETS HIGH STANDARDS. We will meet high standards by utilizing continuous quality improvement and evidence based practice. We will maintain a high performing work force by committing to excellence in professional standards and in our daily work.

Operational Strategies

1. ENHANCE AND IMPROVE USE OF TECHNOLOGY TO WORK MORE EFFECTIVELY AND EFFICIENTLY

Goal: All programs are 100% paperless

Goal: New technology is used to reach and serve Sherburne County Public Health clients

Strategic Priority 1	Enhance and improve use of technology to work more efficiently and effectively
Goal 1	All programs are 100% paperless

Objectives:	1.1.a – Develop an inventory of where paper is still used by May, 2019. 1.1.b – Purchase appropriate technology equipment by April, 2019. 1.1.c – Train staff on how to use appropriate equipment and software by January, 2021. 1.1.d – Develop PH Doc ‘Super-Users’ by September, 2018. 1.1.e – Create forms in PH Doc by January, 2020. 1.1.f – Create policies and procedures regarding electronic records by August, 2020.
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Strategic Priority 1	Enhance and improve use of technology to work more efficiently and effectively
Goal 2	New technology (Viydo/Skype) is used to reach and serve PH clients.
Objectives:	1.2.a – Determine what technology/equipment is available by July, 2020. 1.2.b – Purchase new technology and equipment by January, 2021. 1.2.c – Train staff on use of selected technology by June, 2021.

2. COLLABORATION BETWEEN PUBLIC HEALTH AND HUMAN SERVICES WHERE CLIENTS, ISSUES, PROGRAMS OR ACTIVITIES INTERSECT

Goal: Staff has sufficient knowledge of Public Health and Human Service programs to best serve clients in a continuum of services.

Goal: Staff generates ideas for collaborations

Strategic Priority 2	Collaboration between Public Health and Human Services where clients, issues, programs, or activities intersect.
Goal 1	Staff have sufficient knowledge of Public Health and Human Service programs to best serve clients in a continuum of services.
Objectives:	2.1.a – Assess current knowledge of public health staff on human services programs by November, 2020. 2.2.b – Increase public health and human services knowledge/awareness of department programs by October, 2020.

Strategic Priority 2	Collaboration between Public Health and Human Services where clients, issues, programs, or activities intersect.
Goal 2	Staff generate ideas for collaboration.

Objectives:

2.2.a – Establish an internal group to focus on department initiatives related to the mental health continuum of services by the end of 2019.

Implementation

After board approval, the plan must be put into action. In Sherburne County, Strategic Plan Action Plans have been developed to include specific programs, activities, and interventions that will be implemented to address each objective; including who is responsible or accountable for each activity; a timeline for completion; and a measurement plan showing when and how goals and objectives will be measured. Course corrections will be made and the action plans will be revised as needed.

Monitoring

The strategic plan ensures that the organization’s overall strategy, performance measures, and improvement efforts are in alignment. It touches many components of the performance management system by identifying strategic objectives and measurable time-specific targets and setting the foundation and direction for effective performance management.

The implementation of each objective will be carried out by Public Health leadership staff (CHS Administrator, Supervisors, and Leads). This team meets monthly and will continue to meet ongoing to review and report on progress made. Each performance target has work plans to show action steps that will be taken to accomplish the objective(s). Updates to the Strategic Plan will be updated annually by the core team, or as needed.

Plan Linkages

COMMUNITY HEALTH IMPROVEMENT PLAN AND STRATEGIC PLAN LINKAGES:

The Community Health Improvement Plan describes how the health department and the community will work together to improve the health of the population. Though the Community Health Improvement Plan had not been completed prior to the start of this strategic planning process, relevant objectives and action steps may be added to the Strategic Plan at a later time. The Community Health Improvement Plan (CHIP) is a collaborative plan which is ‘owned’ by the community. This cycle, the CHIP is a strategic effort done in collaboration with Benton and Stearns Counties and Centracare Health System. This intersects nicely with our strategic priority of collaboration. Though our strategic priority goal of collaboration is focused on internal, particularly with our human service partners, the CHIP emphasizes building a continuum of services amongst internal and external partners.

QUALITY IMPROVEMENT PLAN AND STRATEGIC PLAN LINKAGES:

Strategic planning is a key component of the larger performance management system. The Sherburne County Public Health performance management system is central to the organizational culture of accountability and performance excellence. In Sherburne County, the Quality Improvement Council (QIC) monitors the organization’s performance management system. This QIC is

responsible for measuring, monitoring, and reporting progress on the goals and objectives of the Agency Strategic Plan, the Community Health Improvement Plan, as well as general performance management. The QIC meets monthly to advise and guide the creation, deployment and continuous evaluation of the Agency performance management system and its components. Annually, the Strategic Planning Team will create a progress report, as required by Minnesota Department of Health reporting. This annual report will include a description of progress toward reaching goals based on an assessment of availability of resources, data, community readiness, current progress, and the alignment of CHIP goals.

Next Steps

The Strategic Planning Team meets monthly to discuss implementation of the 2019-2022 Strategic Plan. The CHS Administrator is responsible for ongoing communication regarding strategic planning progress to the governing entity, the Sherburne County Community Health Board.

For each objective listed in the Strategic Plan, an action plan has been developed. The action plan identifies a project lead as well as a timeline for implementation. The project lead is responsible for action plan implementation and tracking progress. The Strategic Plan will be shared with all Division staff at a quarterly meeting. Ongoing and action steps will include involvement of appropriate staff in the implementation of activities. The Strategic Planning Core Team will continue to meet on a regular basis to monitor progress on implementation of action plans. Action plans will be modified or revised as needed. Progress will be reported to the Community Health Board, as well as to community partners and the general public.

Revision History

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Strategic Plan Annual Monitoring/Revision Plan 2019-2022

Sherburne County Health and Human Services

Public Health Division



A strategic plan is a living document that a community health board routinely reviews, monitors, and updates based on progress, changing needs, and priorities. The Minnesota Department of Health (MDH) requires that Community Health Boards use performance management to monitor and revise the strategic plan annually.

Process

Describe how you will monitor and track progress as you implement your strategic plan.

As of May 2018, action plans were developed in each of the two operational strategies in the 2019-2022 Sherburne County Public Health Strategic Plan. There are several objectives under each goal which are tracked, with a person responsible and target date assigned to each. Monthly, the Strategic Planning Core Team, comprised of the CHS Administrator, Public Health Supervisors and Lead Staff, meet to discuss implementation strategy under each area. Progress notes are documented and target dates are modified based on discussion, progress, and other influencing factors.

How will you share information about implementation and progress?

Progress on the Strategic Plan will be shared quarterly with staff in the Public Health Division. Annually, Strategic Planning updates will also be shared with the Public Health Advisory Council and the Community Health Board as part of Annual Reporting to the Minnesota Department of Health. There are no additional plans to share the Strategic Plan beyond that as it is largely an internal document used to guide progress on operations and decisions.

How frequently will you review the strategic plan?

The Strategic Plan is reviewed monthly by the Strategic Planning Core Team members, as listed above.

How will you decide what to revise?

Revisions are determined by a variety of different factors, influenced both internal and externally. Input on what revisions to include will be discussed and made by the Strategic Planning Core Team.

What process will you use to approve revisions?

The Strategic Planning Core Team will approve revisions using consensus and majority rule decision making. If there is not consensus, the ultimate decision to revise will lie with the CHS Administrator.

Staff engagement

How will you engage staff at various levels within and across your organization, and how will you share responsibility to monitor and revise the strategic plan?

Initially, the Public Health Strategic Plan will be shared with the Community Health Board (CHB) and the Public Health Advisory Council (PHAC). It will also be shared with the Public Health Division staff on a quarterly basis. As already stated, revisions to the plan will rest with the Strategic Planning Core Team. If CHB, PHAC, or Division staff provide feedback or suggestions for revision, that information will be brought back to the Strategic Planning Core Team for discussion and consideration.

Who implements the strategic plan, and what are their roles and responsibilities?

Implementation of the Public Health is the responsibility of all staff in the Public Health Division, shared with the CHS Administrator and the Health and Human Services Director. Ultimately, the final responsibility of development, reporting, and implementation for all requirements of the Local Public Health Planning and Assessment Process, including the strategic plan, lie with the CHS Administrator.

For 2019-2022, the two Operational Strategies are (1) *Enhance and Improve Technology to Work More Effectively and Efficiently*, and (2) *Collaboration Between Public Health and Human Services Where Clients, Issues, Programs, or Activities Intersect*. For these strategies, assignments have been given to IT staff as well as Health and Human Services staff. To view those assigned with responsibility of specific tasks, please see Appendix B – Strategic Plan Work Plan.

How do you assign implementation responsibilities, and how do you hold those staff accountable?

During the development of the Strategic Plan, the Strategic Planning Core Team met to discuss the Action Plan and Specific, Measurable, Attainable, Realistic, and Timely (SMART) ways to ensure deliverables are complete. When action steps were developed, central to the discussion was what staff had the time, talent, expertise, or to whose job it most aligned with. Action steps were then assigned to these persons. Since the Strategic Planning Core Team comprised of the Manager, Supervisors, and Lead Staff, accountability of the Strategic Plan lies with these individuals and will be reflected in annual performance reviews. Annually, performance management will be used to determine how the Agency moved these goals and objectives forward.

What staff are responsible for monitoring progress toward goals, objectives, and implementing action steps toward strategic priorities?

All members of the Strategic Planning Core Team are responsible for ensuring deliverables on the Strategic Plan are being worked towards and achieved. Additional responsibility is also assigned to several IT staff as technology is reflected in most of the objectives included in this Plan.

Progress

What data or information will you use to monitor progress and implementing activities?

Data reviewed ongoing to determine progress on action steps. Primarily, information used is qualitative and informally gathered through discussions with staff. Factors outside Agency control could impact progress on deliverables, such as organizational changes, changes in policy/procedures, budget, or staffing. If changes occur which impact progress, the Core Team will record that information via progress notes and/or update the action plan and deliverables accordingly.

What short-term strategy targets will you monitor?

The Strategic Plan guides overall activities for the division over the course of three years, from the time period of 2019-2022; this timeframe aligns with our Community Health Improvement Plan. Activities reflected in the two operational strategies and four goals span the three years of the strategic plan, and consideration was given to 'By When' dates to the various deliverables which would ensure that activities were spread through the life of the plan. Most of the action steps are short-term, as defined by six months or less, and can be found in the objectives of public health programs going paperless, technology purchases, efficiencies with our electronic health records (PH Doc), and internal collaboration with our social service colleagues in the area of mental health programs, resources, and services.

What long-term goals and objectives will you monitor?

Longer than six months but within the three years of the strategic plan, goals primarily focus around the cross-training of public health and human services staff in their knowledge of different program areas. There is an additional objective around implementing new technologies of expanding our reach and improve staff efficiencies in 2020 and beyond.

During the facilitated strategic planning session, public health staff participated in a prioritization exercise. Workforce development also emerged as an area of importance but due to capacity issues, staff did not feel prudent to formalize as an operational strategy. A workforce development assessment will be conducted in 2020 and more work will be done as staff workload allows. It was also obvious during the strategic planning session that staff felt priority needed to be emphasized around internal operations vs. our work with external partners. Long-term, we hope to maximize some of these operational efficiencies which will help prepare us to be a better partner with stakeholders.

What data or information will you use to assess new and/or emerging strategic priorities?

Assessment of new information is ongoing and will be used to address emerging priorities. Sherburne County has formalized a partnership with Benton and Stearns Counties and Centracare Health for our Community Health Assessment and Community Health Improvement Plan. While each of our Strategic Plans are different and unique to our respective counties, our Implementation Strategies are shared. The three counties have several groups that are formalized to exchange data and resources, such as the Central Region Data Group, SHIP Data Group, and the Central Minnesota Adult Community Health Survey. Emerging data will be talked about with these groups and shared. Any new information that is significant or trending can be considered in the next Community Health Needs Assessment.



Action Planning Worksheet

For assessment and planning guidance, visit: www.health.state.mn.us/lphap.

Remember: [SMART Objectives](#) are specific, measurable, achievable, relevant, and time-bound.

Strategic Priority	Enhance and improve use of technology to work more efficiently and effectively
Goal	All public health division programs are paperless.

Objective 1: Develop an inventory of where paper is still used by May, 2019.

Benchmark and Method of Measuring Success: Inventory spreadsheet saved on the H:// drive identify areas that are paperless or areas that we can transition to paperless.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Gather program people to discuss what is still on paper/what is paperless.	1/1/2019	Program Leads	CHS Admin	
Share findings with Strategic Planning team.	4/1/2019	Strategic Planning Core Team members, room	CHS Admin	
Share findings with HHS Director.	5/1/2019		CHS Admin	

Objective 2: Purchase appropriate technology equipment by April, 2019.

Benchmark and Method of Measuring Success: Technology equipment is purchased, installed, and functional in the field.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Research appropriate equipment (along with system requirements and appropriate quantity).	1/1/2019	Conduent, Sherburne County Helpdesk	PH Sup	
Configure PH Doc onto tablets.	4/1/2019	IT	IT staff	
Research/Coordinate with Michelle and Jake to order signature pads	1/1/2019	Budget	Adult Health Lead	

Objective 3: Train staff on how to use appropriate equipment and software by January, 2021.

Benchmark and Method of Measuring Success: Staff are trained on equipment/software and functioning in practice.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Train PHN's on tablets.	1/1/2019	Tablets, IT support	PH Sup	
WIC staff participate in eWIC training (delivered by State).	4/1/2019	EBT cards, State WIC support	WIC Coord	
Organization of documentation in PHDoc – what stuff goes where. (PHNspecific/already paperless).	6/2019	IT Support, PH Doc support, PH Doc trainer, other county resources.	PH Sup	
Organization of documentation in PHDoc – what stuff goes where (HP/non-paperless programs).	1/2021		HP Sup	

Objective 4: Establish PH Doc “Super-Users” by September, 2019.

Benchmark and Method of Measuring Success: A person or team know functionality of PH Doc and there is a spreadsheet of team members ‘areas of expertise’ within the software.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Identify PHD staff who would be a good Super-User for the PH Doc system (comparable to a Computer Mentor).	6/1/2019		PH + HP Sup	
Super-Users identify advanced or additional PH Doc trainings that would be useful to Agency staff (accounting, administrator, supervisors, users, etc).	8/1/2019	Conduent, other counties,	PH + HP Sup	
Super-Users understand what roles/training are in PHDoc and report this to Mgr/Sups.	9/1/2019	Meeting schedules, other counties, PH Doc.	PH + HP Sup	
Super-Users attend appropriate trainings.	12/1/2021	* Task ongoing	PH + HP Sup	
Work with Accounting to set-up additional processes and trainings regarding PH Doc and billing.	6/2019	Training lists, Accounting staff	PH + HP Sup	

Objective 5: Create forms in PH Doc by January, 2020.

Benchmark and Method of Measuring Success: Necessary forms are created and utilized with the software.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Inventory forms in PH Doc and decide what additional forms are still needed.	1/1/2020	Program people, other county peers.	Forms Creator/Adult Health Lead	
Identify PH Doc forms creator (can be a clerical person).	1/1/2019	Forms from other counties, DHS, MDH, etc.	Adult Health Lead	
Create identified forms in PH Doc.	12/1/2019	Form Creator (*task ongoing)	Form Creator	

Objective 6: Create policies and procedures regarding electronic records by August, 2020.

Benchmark and Method of Measuring Success: Policies and procedures are created and stored on the H:// drive.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Identify policies and procedures that are needed.	1/1/2020	PH Doc Champion(s)	Adult Health Lead	
Create policies and procedures specific to PH Doc.	6/1/2020		TBD	
Communication to Public Health Division staff technology procedures (current staff + new staff as part of orientation.)	8/1/2020		PH + HP Sup	

Action Planning Worksheet

For assessment and planning guidance, visit: www.health.state.mn.us/lphap.

Remember: **SMART Objectives** are specific, measurable, achievable, relevant, and time-bound.

Strategic Priority	Enhance and improve use of technology to work more efficiently and effectively
Goal	New technology (Viydo/Skype) is used to reach and serve PH clients.

Objective 1: Determine what technology/equipment is available by July, 2020.

Benchmark and Method of Measuring Success: The completed feasibility analysis is reported on.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Research what technologies are available to help reach clients.	1/1/2020		IT	
Conducting a feasibility analysis (including cost) on available technologies.	6/2020		IT	
Report findings and cost back to PH Sups and HHS Director.	7/1/2020		IT	

Objective 2: Purchase new technology and equipment by January, 2021.

Benchmark and Method of Measuring Success: New technology and/or equipment is purchased.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Provide technology cost and ROI analysis to HHS Director.	4/1/2020		IT	
Put technologies selected in budget for 2021.	5/1/2020		CHS Admin	
Board approval on technologies within the PH budget.	12/1/2020		HHS Director	
Order new technology and/or licenses.	1/1/2021		Acct Tech/IT	

Objective 3: Train staff on use of selected technology by June, 2021.

Benchmark and Method of Measuring Success: Staff are trained and operational on new technology solutions.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
IT assists with the set-up/installation of new technology.	3/1/2021		IT	
IT trains staff on appropriate use of technology.	6/1/2021		IT	
Technology policies/procedures will be developed or updated, if necessary.	5/2021		CHS Admin	

Action Planning Worksheet

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Remember: [SMART Objectives](#) are specific, measurable, achievable, relevant, and time-bound.

Strategic Priority	Collaboration between Public Health and Human Services where clients, issues, programs, or activities intersect
Goal	Staff have sufficient knowledge of Public Health and Human Service programs to best serve clients in a continuum of services.

Objective 1: Assess current knowledge of Public Health staff on Human Services programs by November, 2020.

Benchmark and Method of Measuring Success: An analysis of pre and post tests is created.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Develop an assessment tool to first understand where staff is in their current knowledge of Human Services programs.	6/1/2019		CHS Admin	
Send out assessment to PH staff.	1/1/2020		CHS Admin	
Analyze assessment results and identify training area needs.	3/1/2020		CHS Admin	
Develop training plan, specific to individuals.	11/1/2020		CHS Admin, PH + HP Sup	
Conduct post-assessment annually to see if knowledge has increased.	ongoing		CHS Admin	

Objective 2: Increase Public Health and Human Service staff knowledge/awareness of department programs by October, 2020.

Benchmark and Method of Measuring Success: Post tests are conducted annually (like the QI Maturity Index) among HHS staff.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Develop a department-wide 'Collaboration Group' to explore areas of opportunity.	1/1/2020	Unit lead or designee from MH, AD, IM, CS, and PH/HP units.	CHS Admin	
Collaboration Group compiles a list of where collaborations are happening departmentwide.	4/1/2020		TBD	
Collaboration Group develops ideas on how to communicate program happenings/functions/news/etc.	4/1/2020		Public Health OA	
Develop a system for job shadowing.	4/1/2020		CHS Admin	
Job shadowing takes place.	10/1/2020		HHS Director	
Develops a list of areas where PH and HS staff can/will work together.	7/1/2020		CHS Admin + SS Manager	
Feasibility and prioritization of where we start.	12/1/2020		CHS Admin + SS Manager	
Have at least one of the ideas from the Collaboration Group implemented.	12/1/2021	Action Plan, timeline, Evaluation Plan needs to be developed as part of this.	CHS Admin	

Action Planning Worksheet

For assessment and planning guidance, visit: www.health.state.mn.us/lphap.

Remember: **SMART Objectives** are specific, measurable, achievable, relevant, and time-bound.

Strategic Priority	Collaboration between Public Health and Human Services where clients, issues, programs, or activities intersect
Goal	Staff generate ideas for collaboration.

Objective 1: Establish an internal group to focus on department initiatives related to the mental health continuum of services by the end of 2019.

Benchmark and Method of Measuring Success: A Mental Health Steering Committee is established.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Establish an internal group of HP, PH, CMH, BHP, and other staff to do something related to mental health. HHS Director and Managers will also sit on this group.	1/1/2019		CHS Admin	
Group will meet monthly.	Ongoing		CHS Admin	
Group will develop tangible ideas in the form of an action plan on how to influence clients/community members on the continuum of services.	4/1/2019		CHS Admin	
Group will review CHIP and use those ideas/action steps as a starting point to help develop programs/services/awareness, etc.	7/1/2019		CHS Admin	
Implement at least one MH strategy.	10/1/2019		HHS Director	

Group will annually (on a formal basis) monitor and revise action plan and strategies.	12/31/2019	ongoing	CHS Admin	
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