Kittitas County
Public Health
Department

2020-2024

Strategic Plan

THE FUTURE OF PUBLIC HEALTH IN KITTITAS COUNTY

FROM THE CASCADES...TO THE COLUMBIA
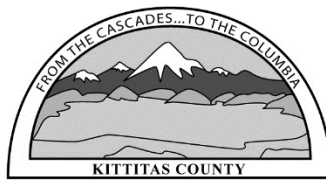
KITTITAS COUNTY

This report can be found online at: www.co.kittitas.wa.us/uploads/documents/health/reports

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Message from the Public Health Director

Our strategic plan anticipates the needs of the community over the next five years, as well as future challenges we may face. It attempts to align available resources with all necessary activities to ensure preparedness for that future. This strategic plan is a continuation of the work done by many before us. We have built upon their successes, learned from their experiences, and adopted a future-facing attitude that focuses on doing even better as we move forward while ensuring that we remain accountable to our partners, ourselves, and the public we serve. We are committed to serving our community to the very best of our ability.

The Kittitas County Public Health Department (KCPHD) has been providing public health services and education to the community for over 75 years. The population we serve, the residents of Kittitas County, has increased rapidly over the past decade, with even more anticipated growth on the horizon. With population growth comes an increased need for public health services, specifically those that address systems-based change and environmental health and safety protections. In addition, the most recent community health improvement plan (CHIP) called out the need for KCPHD to work collectively with community partners to address several key areas including healthcare access (especially mental health), substance abuse, and trauma-informed practices.

Recent reports indicate that the most effective rural public health departments are evolving to meet the needs of their community through non-traditional means. This new approach to public health, called Public Health 3.0, shows a movement away from direct services and a heavier reliance on community partnerships to leverage and share resources in order to reach larger sects of the population. Public Health 3.0 also calls for improving the public's health through policy and systems change. Policy can create avenues for sustainable state and federally funded services, instead of having to rely on sporadic funding streams, that dry up quickly, leaving departments with no way to fund needed, and often mandated, services. With all this in mind, we continue to the future.

Our agency has evolved over the last decade thanks to the adaptability and innovation of previous leadership and staff. The research, exercises, and planning that went into the development of this document can be attributed to one such former KCPHD staff person: Amy Fuller, MPH. I would like to thank Ms. Fuller, previously Assessment Coordinator II at KCPHD, for leaving this plan, in addition to countless other contributions, as her legacy.

Sincerely,

Tristen Lamb
Public Health Director

Introduction to Kittitas County

Kittitas County is a 2,297 square mile area located in the central valley region of Washington State (see Figure 1). It is comprised of various topographies including the Cascade mountain range and the Yakima River valley. The I-90 interstate runs through the middle of the county, connecting the county from the top of the Snoqualmie Pass to the Columbia River Gorge down in Vantage, WA. By U.S. Census definition, it is a rural county, having less than 50,000 residents. The U.S. Census (2018a) puts the current population estimate of Kittitas county at 44,825. Almost half of Kittitas County residents (46%) live in unincorporated areas (OFM, 2019). Ellensburg is the largest city in the county with a population of 20,977 (U.S. Census, 2018b). Other incorporated towns include Kittitas, Cle Elum, South Cle Elum, and Roslyn. Unincorporated communities include Easton, Thorp, Ronald, Liberty, Snoqualmie Pass, and Vantage. For the most part, gender and age are evenly distributed across the county population, however, almost a third of Kittitas County residents are between the ages of 15-24 (U.S. Census, 2018a). The large percentage of young adults is attributed to the estimated 15,000 students who attend Central Washington University annually (Central Washington University, 2018). The ethnic composition of Kittitas County is primarily Caucasian (89%) with the next largest ethnic group identifying as Hispanic (8%) and the remainder reporting as African American, Asian or Native American (U.S. Census, 2018a).

Figure 1. Kittitas County

The Kittitas County Public Health Department

The Kittitas County Public Health Department (KCPHD) has been providing public health services in Kittitas County since the early 1940s. KCPHD became fully incorporated into the county governance structure in 1983. The department currently operates in a renovated rural hospital in Ellensburg, serving the entirety of Kittitas County, including both the upper and lower regions of the valley. As required by state law, governance of the department is overseen by a Board of Health (BOH). The Kittitas County BOH has five members made up of three county commissioners and two appointed members from the community. In addition, KCPHD is supported by a Board of Health Advisory Committee (BOHAC) which is composed of community and agency partners and residents. As of 2020, the KCPHD is funded for fifteen full-time and seven part-time employees. The powers and authority of the department operate under the license and guidance of the Health Officer, while direct operations of the department are overseen by the Public Health Director. Within the department are three major divisions: Administrative and Community Health Services, Environmental Health, and Health Promotion. The department also features assessment, harm reduction, water resources, fiscal, and special programs (including developmental disabilities and emergency communications). The agency's current organizational structure can be seen in Figure 2.

Figure 2. KCPHD Organizational Chart 2020
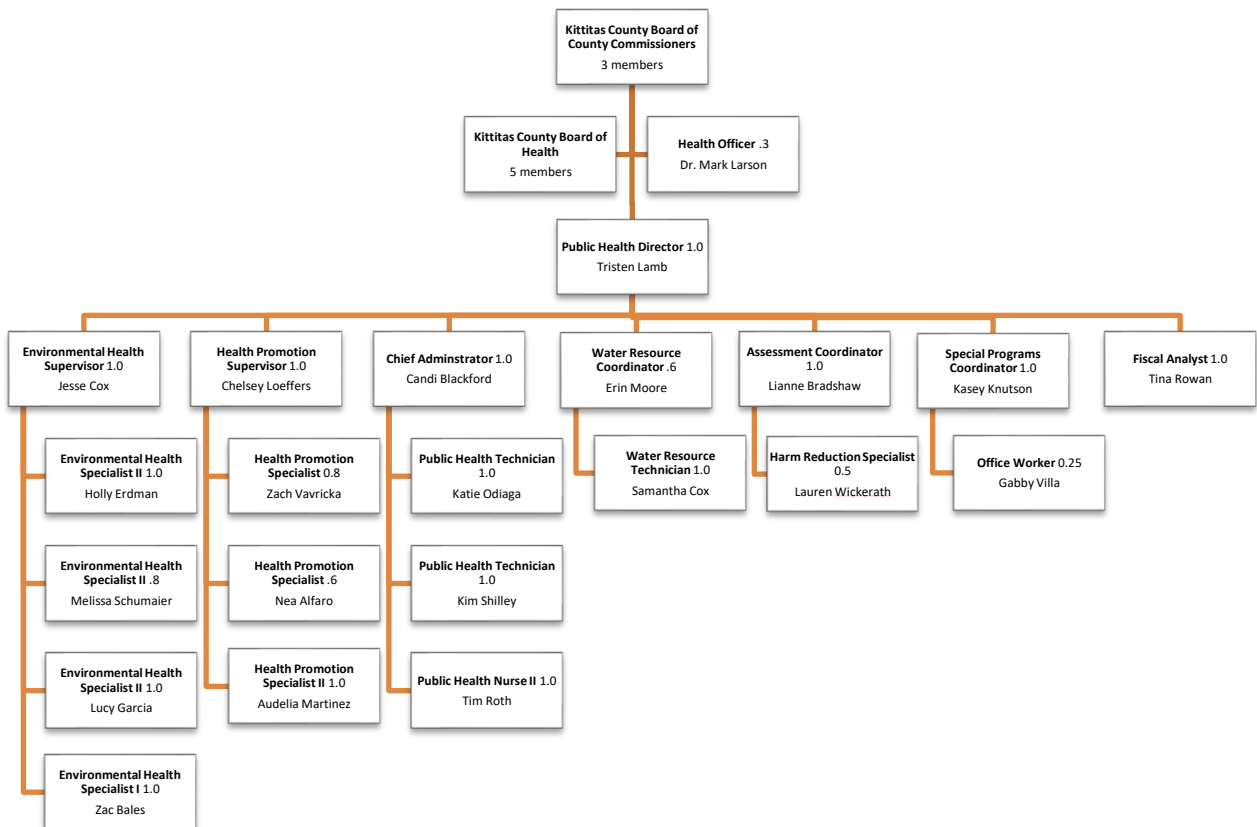
The Strategic Planning Process

The strategic planning process was completed over the course of six months from September 2019 to February of 2020. Broad involvement was sought to provide input into the process and to create a document that will help guide the direction of the Kittitas County Public Health Department from January 1, 2020 through December 31, 2024.

Timeline	Activities	Participants
September-October 2019	• Data gathering • Environmental scan of department	Assessment Coordinator
October 2019	• Review measures of previous strategic plan • Reviewed existing data with team • Conducted a SWOT analysis • Align goals with balanced scorecard initiatives	Management Team: Director, PH Officer, EH, CH and HP program managers, Assessment staff.
October-November 2019	• Share SWOT results for additional feedback from KCPHD staff, governance and community stakeholders • Revisit values with staff and change if needed	BOH BOHAC KCPHD Division Staff
November-December 2019	• Conduct a TOWS analysis to create potential strategies to achieve goals • Prioritize strategies be utilized • Create strategic objectives with measures	Assessment Coordinator BOH All KCPHD Staff
January 2020	• Revision and refinement of objectives and work plans, align strategies with teams and resources • Plan shared for feedback from BOH	Assessment Coordinator KCPHD Director KCPHD Management Team
February 2020	• Finalize Action Plans • Publish Strategic Plan	Management Team Assessment Coordinator

The initial step in the strategic planning process was to involve all management staff in the planning and analysis. The existing vision and mission (see Page 9) were kept, and the 2014-2019 Strategic Plan was reviewed for progress on goals and objective. The team was asked to identify aspects of each goal area that they would like to keep (preserve), alter (change or eliminate), or start (create). In addition to a staff brainstorm, the following data sources were also referenced in order to compile a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis:

- 2014-2019 KCPHD Strategic Plan Implementation Tracking Spreadsheet
- 2018 Community Health Assessment
- 2018 Community Health Improvement Plan
- 2019 and 2020 KCPHD Budget Narratives
- 2017 High Yield Analysis of Public Health Core Competencies Report

The SWOT was conducted in order to understand the internal and external forces that may affect the department's ability to move toward our vision and stay true to our mission. The initial results were shared with program staff and external stakeholders for feedback. Results were evaluated through a TOWS analysis to identify specific goals in four priority areas and strategic objectives to meet those goals. Potential strategies were developed and then prioritized with feedback from KCPHD management, staff, governing bodies and community stakeholders (see Appendix A for SWOT results).

Frameworks to Support the Plan

Several evidence-based frameworks were used to create the strategic priorities and goals of this strategic plan. This was done to ensure the work of the department would align with current best practices for public health department activity, and that the language used to formulate goals and action items that can be understood by public health staff and stakeholders on the local, state and national level.

The Ten Essential Public Health Services

The three core functions and 10 Essential Public Health Services is a framework developed by the National Association of City and County Health Officials and the Centers for Disease Control and Prevention. The three Core Functions of any public health department are Assurance, Assessment, and Policy Development. These core functions are supported by the ten areas of essential services of public health. The Core Functions and 10 Essential Services are defined below and illustrated in Figure 3:

1. **Monitor health status** to identify and solve community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize community partnerships** and action to identify and solve health problems.
5. **Develop policies** and plans that support individual and community health efforts.
6. **Enforce laws** and regulations that protect health and ensure safety.
7. **Link people to needed personal health services** and assure the provision of health care when otherwise unavailable.
8. **Assure competent** public and personal healthcare **workforce**.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

Figure 3. The 3 Core Functions and 10 Essential Services of Public Health
Graphic Source: https://courses.lumenlearning.com/suny-buffalo-environmentalhealth/chapter/ten-essential-public-health-services/

The Balance Scorecard Framework

In 1992, the Balanced Scorecard (Figure 4) was developed by Robert Kaplan and David Norton, and it was intended for the business community to use measures to drive performance. The Balanced Scorecard method of Kaplan and Norton is a strategic approach and performance management system that enables organizations to translate a company's vision and strategy into implementation, working from 4 general perspectives of financial, customer, internal business processes, and learning and growth. In a traditional Balanced Scorecard, strategies are divided into four perspectives (or focus areas) to ensure that the goals, strategies, and performance measures of the organization maintain a "balanced" focus on all key stakeholder groups. The four traditional perspectives include:

I. **Financial –** Establishes measures that help to the answer to the question: "*How do we look to shareholders?*"

II. **Internal Business Processes –** Establishes measures that answer the question: *"What must we excel at?"*

III. **Learning and Growth –** Establishes measures that answer the question: *"Can we continue to improve and create value?"*

IV. **Customer –** Establishes measures that answer: *"How do customers see us?"*

Kaplan and Norton cite the following benefits of the Balanced Scorecard:

- Focusing the whole organization on the few key things needed to create breakthrough performance.
- Breaking down strategic measures towards lower levels, so that unit managers, operators, and employees can see what's required at their level to achieve excellent overall performance.

Figure 4. The Balanced Scorecard Model
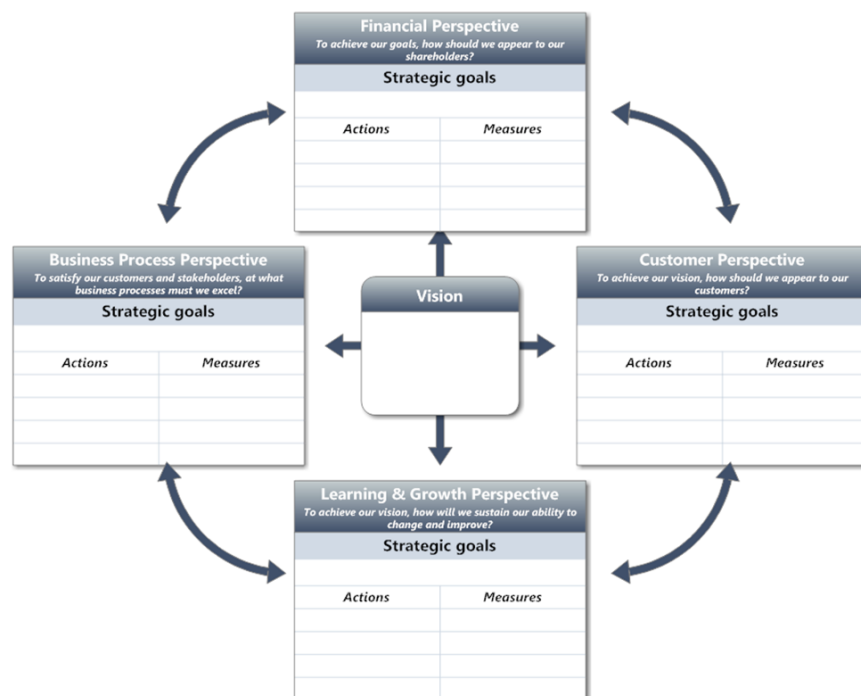
Adapted from the Balanced Scorecard by Robert S. Kaplan and Dave P. Norton. Harvard Business School Press. 1996.

The KCPHD Strategic Plan

The objective of this strategic plan is to create alignment between the organization's priorities and resources, prepare for change, and capitalize on opportunities for growth. The strategic plan serves as a tool to help the department promote a healthier Kittitas County by setting the foundation to drive organizational improvement. This plan serves as KCPHD's road map for the next five years, and is supplemented by work plans, the Community Health Improvement Plan (CHIP), and the agency's Quality Management Plan. This document serves to focus KCPHD's efforts through four strategic priority areas (Figure 5) that align with the balanced scorecard framework (Figure 4). Each priority area is a broad statement of intent, which serves as a central focus for the goals and action items of the strategic plan. The Strategic Implementation Plan includes action items, with corresponding goals and timelines indicated, are included in Appendix D.

Figure 5. Relationship of Strategic Plan to KCPHD Documents

Adapted from MarMason Consulting LLC, 2012
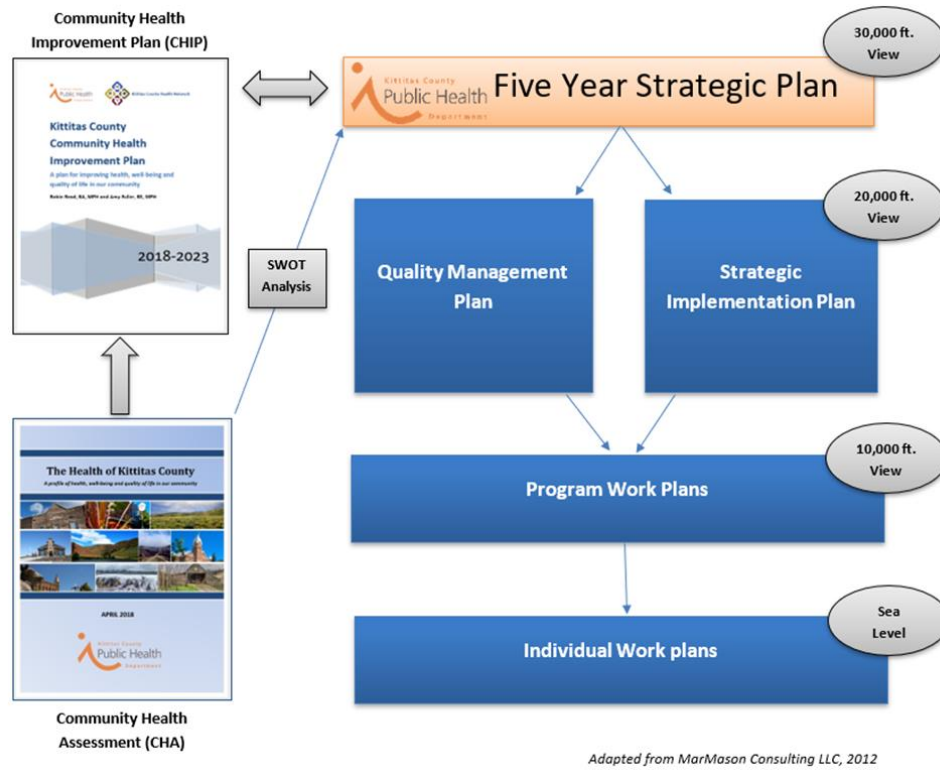
The KCPHD Strategic Plan consists of four major strategic priority areas, each with two overarching goals that describe the desired states for the department in 2024 (where we hope to be). Each of the goals will have an associated strategy (a method for getting there). Action plans with timelines are included in the Strategic Implementation Plan in Appendix D.

Figure 6. Overview of KCPHD 2020-2024 Strategic Plan Goals

- Department's budget process is standardized and includes all division supervisors.
- Improved grant management by the department.

Resource Management

Community Partnerships & Public Awareness

- Improved public awareness and collaboration with public health partners.
- Increase opportunities to collectively address population health issues.

- Staff are cross-trained and obtain continuing education.
- Succession plans are in place for management positions.

Workforce Development

Performance Management & Quality Improvement

- Program planning is data driven and responsive.
- Department processes and procedures are standardized using Quality Improvement methods.

KCPHD Mission, Vision, and Values

Mission (our purpose here in the county):

To protect and promote the health and the environment of the people of Kittitas County.

Vision (desired state of public health in our county):

All Kittitas County residents have the freedom and ability to pursue healthy lives in a healthy environment.

Values (what we strive to exemplify in our day to day work with the public):

- ❖ **Quality:** We strive to be effective, efficient, consistent, adaptable, and provide excellent customer service.
- ❖ **Community:** We seek to serve our community through effective collaboration and partnerships.
- ❖ **Dedication:** We are committed and hard-working in our daily work.
- ❖ **Integrity:** We are professional, respectful, courteous, ethical, and honest. We are good stewards of our resources.

Health Equity Statement:

KCPHD recognizes that we have a responsibility to promote equity and undo inequity through population health work. Prioritizing equity, diversity, and inclusiveness is critical to creating and supporting healthy individuals and communities.

We are dedicated to building an internal organizational infrastructure and workforce that promotes and supports health equity, diversity, and inclusion. Outside our agency, we are dedicated to investing in local and regional partnerships that dismantle disparities and allow those most impacted by inequities to be heard, and lead community change.

Strategic Priority 1: Resource Management

This quadrant encompasses the physical and organizational features of KCPHD including all operational, financial, technological, and human resource capabilities used to drive the health department's programs and day-to-day activities.

Goal 1: The department's budget process is standardized and includes contribution from all division supervisors.

Strategy: Train all management staff in fiscal planning and budget creation techniques, including formalizing procedures to guide the annual budget and fee development processes.

Overall Success Measure: Fee Schedule is updated each calendar year and annual KCPHD budget is submitted on time, as a product of management contributions.

Goal 2: Grants are effectively managed and utilized as supplementary funding sources.

Strategy: KCPHD Staff effectively forecast, plan, manage, and seek grants to supplement public health work.

Overall Success Measure: Programs are appropriately and effectively funded and align with KCPHD's vison and the CHIP, with the Grant Gantt updated quarterly, and list of sustainable/potential grants which KCPHD qualifies for.

Strategic Priority 2: Community Partnerships and Public Awareness

In public health, "customers" translates to the public we serve and the partnerships we have with our community stakeholders. This includes the local population, public health officials, medical providers, law enforcement, social service providers, schools, and many other members of the local public health system. Integration and collaboration are key components in our agency's ability to respond quickly to emerging public health threats and assisting us in collectively address ongoing community health issues. Our level of communication with the public and our stakeholders is key to how KCPHD is perceived and supported in the community.

Goal 3: Improved public awareness and collaboration with public health partners.

Strategy: Create external and internal communication strategies, including MOU management procedures that include list of required agency partners during emergency or regulatory events, and how we communicate with the public.

Overall Success Measure: Formal agreements with partners relied upon during emergency response scenarios with clearly defined expectations for both parties. Formal agreements will have clear start and end dates.

Goal 4: Increase opportunities to collectively address population health issues.

Strategy: Increase funds to address policy and systems change around social determinants of health, especially mental and behavioral health, and trauma-informed care.

Overall Success Measure: Partner with other organizations within the public health system to collaboratively respond to gaps identified in the CHIP and community-specific emerging issues.

Strategic Priority 3: Workforce Development

This quadrant reflects the need for ongoing learning and development in public health staff and the essential service of ensuring a competent public health workforce. It also aligns with resource management and the need for a consistent level of qualified staff to perform mandated public health functions. A stable workforce can adapt to change with minimal disruption to daily work.

Goal 5: All health department staff will be cross-trained and obtain continuing education.

Strategy: Create a cross training plan for all positions so that staff have a wide range of skill sets within their division and beyond, including detailed lists of trainings and conferences that can be prioritized by cost and necessity to specific positions.

Overall Success Measure: Each KCPHD position has a list of required and advanced trainings and at least one other person that can fill in as a temporary stopgap if necessary.

Goal 6: Leadership will remain stable during times of transition.

Strategy: Create a succession plan for all leadership positions at KCPHD, cultivating future leaders from within the department.

Overall Success Measure: The Director, the Health Officer, and all Supervisor and Coordinator positions will have a plan in place so that agency business will continue with minimal interruption upon departure and appropriately skilled individuals will be recruited for the positions.

Strategic Priority 4: Performance Management and Quality Improvement

This quadrant is specific to the internal processes of the agency and we organize our activities to meet the needs of our customers. Measuring the efficacy of program activity differs from Environmental Health to Health Promotion, however, in the end, we want to be able to create a workplace culture that encourages efficiency, accuracy and consistent improvement across the divisions. We must excel at creating programs and services that are of value to the community we serve.

Goal 7: Department processes and procedures are standardized using Quality Improvement methods.

Strategy: Standardize KCPHD Environmental Health, Communicable Disease, and funding procurement processes so that they have workflows and step by step instructions on how to carry out specific job duties.

Overall Success Measure: KCPHD Environment Health, Communicable Disease, and funding procurement processes will follow have workflow and step by step processes.

Goal 8: Program planning is data driven and responsive.

Strategy: Implement the Results Based Accountability framework to plan and evaluate KCPHD programs.

Overall Success Measure: KCPHD's programs have data regularly collected, including customer feedback, and reported in manner that assists programmatic decision-making.

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Appendix A. SWOT Results

STRENGTHS (internal origin, stuff we do well)	WEAKNESSES (internal origin, need to improve)
Family first workplace, a shared workplace value	Policies and processes are outdated
Work- life balance is also promoted as a value	EH processes are not documented & standardized
Good communication between divisions	QILT- Still engaging in ad hoc QI, not meeting regularly
Work comradery – we work well together	QI Projects can only be led by Assess Coordinator
Autonomy is promoted, staff are self-motivated	Still need PM data dashboard
Competent staff – large percentage well trained, experienced	Staff retention challenges, no room for career growth
Cross trained staff (100% EH staff cross trained)	Facilities (not professional looking, outdated, safety)
Support of the BOCC, BOH	Funding sustainability
Equipment and tech available to do jobs well	No Management Onboarding process
Staff are all residents of Kittitas County	No effective MOU management, lacking MOU's w/KVH
Excellent customer Service- esp. front desk	CD Emergency Reponses – no outbreak policy
Assessment division to support data driven choices	Recent "close calls" showed us we are not as
Health Officer on site, experienced, engaged, award winner	prepared/organized for potential threats as we need to be. We
Part of formal community partnership (KCHN)	need formal agreements about roles with partners
Good relationship with FISH (good=reliable project partners)	(law enforcement, medical providers, Fire and rescue, etc.)
Maintain good relationship with CHCW, CWU, KCHN	in the case of certain events:
	- Mass shooting (ex. CWU)
	- Disease outbreak (ex. Measles, Hep A)
Maintain Good relationship with Board of Health	Tech (Smartgov, Opengov) not fully utilized
Maintain Good/strong relationships with WA DOH, WSALPHO	Poor communication with the public
Healthy Fund Balance	Emergency vs. non-emergency
Admin with fiscal experience and training	- no formal communication plan
Responsive leadership	Low public awareness of Public Health's role outside of EH
Proactive leadership	No formal structure for evidence-based decision making
Culture of QI is promoted by leadership	HP funding instability (grant-based division)
HP staff to target disparate populations (ex. Hispanic)	MT needs training in budget management, forecasting
Staff trained in records disclosure	Need better fiscal software for budget management
New Facebook page (Social media presence)	No workforce development plan, need one that includes:
New leadership, new ideas, new energy (CH, EH, HP)	- More effective evaluations for staff
Style guide in progress, CD/Epi Manual in progr3ss	- Education, training and advancement opportunities
momentum to improve/standardize procedures across dept.	- Succession planning
Prosecutor knowledge and support	No targeted outreach efforts to pop's with health inequities

OPPORTUNITIES (external origin, positive impact)	THREATS (external origin, negative impact)
Partner with IT to install MS Project	Population growth, no $ for increased need
Partnering with KCHN on current grants	Revenue/expenditure gap
Partnering KCHN on finding future grant/KVH grant writer	Unfunded mandates, having to do more with less
Partnering with outside LHJ's on projects	HP Grant funding streams ending in the next few years
FPHS policy changes mean funding for Assess/CD/EH	MOU with Law enforcement ending and not being renewed
WSALPHO legislative advocacy	Restaurants closing, less new establishment opening
State leadership is bought into ACES work	Building may be slowing, could impact revenue
Admissions tax ($100,000 annual funding)	Increased environmental threats due to climate change:
Investment opportunism available for fund balance	Drought, wildfire, Flood
Increased visibility with other county 12depts….	Staff being "poached" by other counties
National grants plentiful for opiate work	+ Homeless/transient population, IV drug using population
National grants plentiful for ACES/resiliency work	Disease Outbreaks (measles, TB, Hep A)
New local leadership	Changes in electable positions (commissioners, county clerk)
Regional economist available from the state	Healthcare provider shortage, esp. MH and Dental
New Regional Epi recently hired	Concerning upwards trends in youth mental health, suicide
Unfunded mandates means opps to ask for money	Records disclosure requests
CWU partnership: new MPH program, interns, projects	Economic Recession
KVH willing to formalize partnerships through MOU's	Lack of QI/PM standards outside KCPHD
Grants or funding for Emergency Preparedness	UKC vulnerable, area of health inequity, needs more eval
County departments want to partner up to improve processes	Presidential election, shift in federal funding priorities
Harm reduction program funding (KCHN)	
Annual funding from both state and federal sources	

Appendix B. TOWS Results & Brainstorm

Fiscal-Potential Strategies:

1. **Train Management Team** in budget oversight, performance evaluation and program planning.
2. Implement **priority-based budgeting**.
3. **Change organizational structure** to operate without a fiscal analyst on site.
4. **Formalize intern program with CWU** to supplement workforce and improve productivity.
5. Create process/procedure for **data-driven fiscal decision making**.
6. **Strengthen HP staff ability** to seek, identify and manage appropriate grants.
7. Allocate staff time to work with WSALPHO lobbyists to **advocate on a legislative level** for funding allocation.
8. Allocate staff time to research and propose **fund balance investment opportunities**.

Community-Potential Strategies:

1. Develop **grant seeking agenda** with KCHN/KVH community grant writer.
2. **Ensure support to KCHN** through assessment assistance and development of community facing health data dashboard.
3. Create **MOU management policy and procedure** that includes list of required vs. desired MOU's with community partners.
4. **Formalize PHEPR role agreements** with all emergency management response partners (KVH, KVFR, Law Enforcement, etc.).
5. Develop **communication plan** or desk manual that outlines when and how we communicate with the public (emergent vs. non-emergent, frequency, templates, etc.).

Workforce-Potential Strategies:

1. Formally implement **360 performance evaluations** department wide.
2. Create a **cross training plan** for all positions so that staff have a wide range of skillsets within their division and beyond.
3. Create a **succession plan** for all leadership positions.
4. Implement a system where we **evaluate the efficacy of trainings** and determine if the training was of value to the department.

QI-PM Potential Strategies:

1. Work with county departments to create a **county wide LEAN team**, bring in an outside trainer to develop LEAN coaches.
2. Train Management Team on **MS project** software in order to manage grant-based work and QI projects for divisions.
3. **Standardize all EH and CD work** so that every position will have a desk manual with standardized procedures.
4. Develop a **user-friendly QI-curriculum** to get staff bought in to using QI methods on a more regular basis.
5. **Use OpenGov to create KCPHD program data dashboard** to display internal and external program performance metrics and tie them into budgetary determinations.
6. New Assessment Coordinator **re-invigorates QILT and the QI coaching model** to implement projects.
7. Create a **KCPHD QI-PM web page with sources** for community health data, a QI toolbox and a data request portal and access to program performance data.
8. I**mprove program performance reports** to BOCC, stakeholders, the public so that they are easy to understand and give relevant information, tailored to the audience (increase awareness and buy in to PH activities).

Appendix C. Example TOWS Exercise to Develop Potential Fiscal Strategies

OPPORTUNITIES	STRENGTHS	THREATS	WEAKNESSES
KCHN membership increases grant opportunities, 3 yr opiate grant $	Partnerships going well with FISH, KCHN, CWU, CHCW, KVH	The expenditure revenue gap	No formal relationships/MOU's with partner agencies that say what we can ask of them in terms of shared work and vice versa
MOU for CWU intern workforce	KCPHD staff have all the supplies needed to do jobs	Unfunded mandates	All of HP is mostly grant funded, not stable for long term
Possible increase in grant monies for Emergency Prep, ACEs, MH,	Healthy Fund Balance	Temporary nature of grant funded programs	
Investment opportunities for Fund Balance	Cross trained EH staff, MT bought in to expanding this model to all staff	Recession/Economic slow down	HP staff, MT needs skill building in grant locating, applying & mgt
Admin has buy-in from Auditor's office for a different fiscal mgt style within KCPHD (after Tina)	Admin has working fiscal knowledge	Feds/state asking us to do more with less	Fiscal Analyst retiring in 2021, hard position to fill
Tech Assist from Regional Economist			MT needs training in budget management, fiscal planning
FPHS funds to focus on EH, CH, Assessment	Assessment staff allocated to promote data-driven, evidence-based decision making		
Admissions tax allocation could be increased if need is demonstrated		Admissions tax could go away	
Legislative changes could mean more money for PH, lobbyists through WSALPHO	Admin, MT members have experience with legislative advocacy and are WSALPHO members		

Appendix D: Broad Implementation Plan and Timeline

SP1		SP2		SP3		SP4		2020-2024 Strategic Implementation Plan: Action Items	2020 Q1	Q2	Q3	Q4	2021 Q1	Q2	Q3	Q4	2022 Q1	Q2	Q3	Q4	2023 Q1	Q2	Q3	Q4	2024 Q1	Q2	Q3	Q4
G1	G2	G3	G4	G5	G6	G7	G8																					
x	x			x	x	x	x	Establish procedural steps for generating standardized Novatime & Quickbooks reports of staff time spent (raw data collection) and compiled (excel) to be used for fee calculations, grant billings, and time audits.		▓				▓				▓				▓				▓		
x				x	x	x	x	Establish procedural steps and templates for generating Data Reports (SmartGov and others) to determine hours directly spent on each fee activity. Repair existing data gaps.		▓	▓			▓				▓				▓				▓		
x	x			x	x	x	x	Evaluate indirect costs from previous years' actuals to predict next year's budget of indirect costs that must be included in fee calculations and grant billings. Repair existing data gaps.			▓			▓				▓				▓				▓		
x				x	x			KCPHD management team trained by Director in fee calculations.			▓			▓				▓				▓				▓		
x				x	x	x		KCPHD management team uses fee model to generate next year's fees, which are then reviewed by Director.				▓			▓				▓				▓				▓	
x				x	x	x	x	Novatime reports used for EH and clinic hours distribution in KCPHD budget spreadsheet.		▓				▓				▓				▓				▓		
x				x	x	x	x	Establish procedural steps and templates for generating Data Reports (Quickbooks, SmartGov) to estimate next year's preliminary revenue projections in EH and Clinic.		▓				▓				▓				▓				▓		
x	x		x	x	x	x	x	Use Grant Gantt and historical funding patterns to estimate next year's preliminary revenue projections in HP, and a five-year projection of anticipated funding.	▓				▓				▓				▓				▓			
x				x	x			Fiscal analyst enters department budget into OpenGov while training each division supervisor and the Director on their sections.			▓				▓				▓				▓				▓	
	x		x			x		Develop grant application template(s) for projects that align with department capacity, vision and mission, and CHIP.		▓	▓																	
	x		x			x	x	Use RBA framework to establish scopes of work and measurables for anticipated funding and project asks.		▓	▓																	
		x		x		x	x	Use RBA framework to establish performance metrics for existing programs.					▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
		x				x		Expand emergency communications to include CD manual and pre-messaging.		▓	▓	▓																
		x				x		Develop internal communication strategies for emergency and non-emergency situations.			▓	▓																
		x	x			x		Develop external communication strategies for non-emergency situations, including key messaging for all KCPHD programs and services and community partners.					▓	▓	▓	▓												
		x				x		List all existing MOAs/MOUs with CD and Emergency partners.		▓																		
		x				x		Identify any missing formalizations of key partners for CD and Emergency response and formalize those partnerships.			▓	▓																
	x	x	x					Participate in KCHN with a focus on increasing partnerships and funding to address SDOH, mental and behavioral health, resiliency, and policy, systems, and environmental changes.		▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
		x	x		x	x		Evaluate and update all department policies and procedures to reflect current practices and eliminate redundancies.														▓	▓					
x	x			x	x	x	x	Analyze all data collection within the department to ensure all necessary data is collected, while eliminating any data collection that is not required for funders, statute, or to inform decision making.					▓	▓														
				x		x		Formalize cross-training plans within supervisor guidance documents, which would identify training required for "back up" for any essential service or program.								▓	▓											
				x	x			List all required training for personnel within supervisor guidance documents, including optional trainings for workforce development and industry networking.								▓	▓											
					x	x		Director and Health Officer will develop guidance documents and training plans for potential successors.														▓	▓					
x	x	x	x	x	x	x	x	Transition to population-based public health services through partner discussions, formalized partnerships, code revisions where necessary, and public messaging.		▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
						x	x	Evaluate and address deficits of strategic implementation action items.														▓	▓	▓	▓	▓	▓	▓