POLK COUNTY
COMMUNITY SERVICES DIVISION

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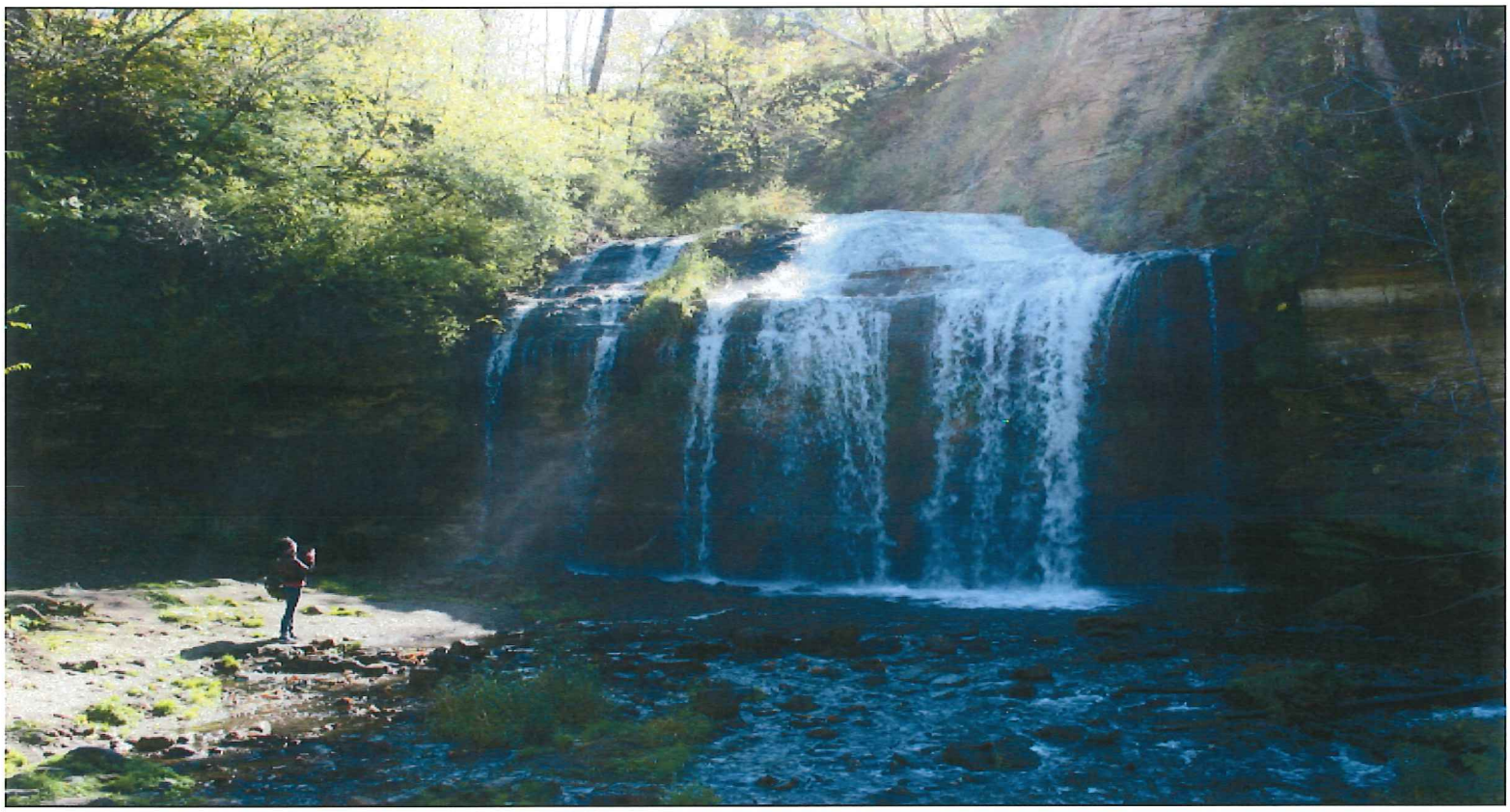
STRATEGIC PLAN

Version 03/03/2017



Behavioral Health Department
Department of Children and Families
Public Health Department

POLK COUNTY
BEHAVIORAL HEALTH DEPARTMENT

POLK COUNTY DEPARTMENT of CHILDREN AND FAMILIES

Polk County Health Department

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From the Director

Thank you for your interest in our first Division wide strategic plan. In 2015, the Polk County Board of Supervisors restructured the Health Department and Human Services Department into a Division model to improve coordination of services to clients, increase efficiency, maximize funding and reduce duplication of services. From this restructure emerged multiple departments under one umbrella organization. Although the Departments continue to be separate, work is focused on better serving the citizens of Polk County with comprehensive and coordinated community based public health and human services.

The strategic plan is a roadmap for the organization to follow for the next three years, taking into account the challenges and opportunities that exist in the environment. This plan will help guide us in making decisions, seeking funding, meeting new challenges head on and staying abreast of the trends and science guiding our practice.

We hope you will be part of the effort to create and sustain a healthy, safe and thriving community in Polk County for years to come.

Sincerely,

Gretchen Sampson

Gretchen Sampson RN MPH
Community Services Division Director

Section 1: Vision, Mission and Values

Our Vision

A Safe and Healthy Community

Our Mission

Partnering with communities to protect and improve health and well being

Our Core Values

Compassion: Caring about people
Prevention: Stopping problems before they start
Collaboration: Teamwork and partnership
Health Equity: Serving everyone equally
Evidence Based: Implementing strategies that are proven to work
Excellence: High quality service provided with integrity and accountability

Section 2: Purpose

The purpose of the Polk County Community Services Division Plan is to:

1. Clearly establish realistic goals, strategies, and objectives consistent with our mission in a defined time frame and within the organization's capacity for implementation.
2. Effectively communicate goals, strategies, and objectives to our staff, Health and Human Services Board, partners and the community.
3. Ensure the most effective use of organizational resources by focusing resources on key priorities.
4. Provide a base from which progress can be measured and establish a mechanism for informed change when needed.
5. Provide organizational focus leading to improved efficiency and effectiveness.

Section 3: Background

Strategic planning for the Division is in part a new process. The Health Department has been active in strategic planning for the past nine years and their last Strategic Plan was crafted in 2012 (2013-2016 Strategic Plan). Primary focus areas were: 1) Institutionalize Performance Management within the PCHD, 2) Improve External Communication and Collaboration, 3) Strengthen Internal Workforce Development and 4) Strengthen Fiscal and Program Management. The Behavioral Health (BH) Department and Department of Children and Families (DCF) have not previously conducted formal strategic planning.

It is important to note that the Division Strategic Plan has linkages to Polk County's Community Health Improvement Plan which addresses health priorities identified in the Community Health Needs Assessment. The current health priorities are: Mental Health, Substance Abuse, Access to Care and Obesity.

As the landscape changes, our business environment must evolve and change as well. This requires adaptation of our work to respond and adjust to an era of ongoing and significant fiscal constraints, an aging workforce, climate change, threats of emerging infectious disease and surge in mental health and substance abuse disorders. Recent science reveals just how deeply the social determinants of income, education and social status affect health outcomes of the people we serve. In addition, the infrastructure of the former human services department has not been refreshed for years and opportunities exist for improvements in technology, staff training and program service delivery.

The 2017-2020 Strategic Plan is intended to position the Division to be a viable health and human service organization within the current environment and continue to meet the expectations of various partner organizations including the national Public Health Accreditation Board (PHAB), the Wisconsin Department of Children and Families (DCF) and The Wisconsin Department of Health Services (DHS)

Section 4: Strategic Planning Process

- Planning for the 2017-2020 Polk County Community Service's Strategic Plan began in the winter of 2015, with discussion about the current Vision, Mission and Core Values. The following is a timeline of the agency activities that occurred related to the Strategic Planning process.

- May, 2016: Leadership facilitated staff meetings within the Division met to review and revise the respective Department's Vision, Mission and Core Values to be more reflective of the current environment staff work in.

- May, 2016: Managers in the Division met with their individual program staff units and completed a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis for each unit. Data was collected, organized and prepared for analysis by the Leaders Group in the Health Department and by the Manager's group in the Behavioral Health/Children and Families Departments. See Appendix A for SWOT analysis results.

- July, 2016: The county Health and Human Services board met to discuss priorities that were identified as part of the SWOT analysis. No additional recommendations were added by the board. Health Department staff identified carryover objectives from the 213-16 plan that will continue in the 2017-2020 plan. Data from the SWOT analysis was presented to the Health Department Leader's Group. A review of data identified common strengths, weaknesses, opportunities and threats that emerged from all the SWOTS. From this analysis, the Leader's group identified four major priority focus areas: 1) Performance Management, 2) Workforce Development, 3) Marketing/Branding, and 4) Accreditation. An all staff meeting was held in the Health Department to elicit further information on the priorities as well as sharing and discussion of the revised Vision, Mission and Core Values.

- August, 2016: An all staff meeting for the BH and DCF focused on review of the SWOT analysis, and identification of priority focus areas: 1) Workforce Development, 2) Communication, 3) Strengthen Agency Infrastructure. Staff contributed suggestions to strategies that could impact these focus areas.

- October, 2016. All staff meeting held in Health Department. Provided a Strategic Plan progress report, and identified work left to be completed by the end of the year. Then presented highlights of the draft 2017-2020 Strategic Plan and the priority areas identified: Workforce Development, Marketing/Branding, Performance Management and Accreditation. Staff was then given the opportunity to sign up to work on

one of the four priority areas identified. Leads for each of the workgroups were identified. A meeting was held with the leads to review a work plan template that will be used to document strategies, objectives, outcomes, tasks, due dates for task completion.

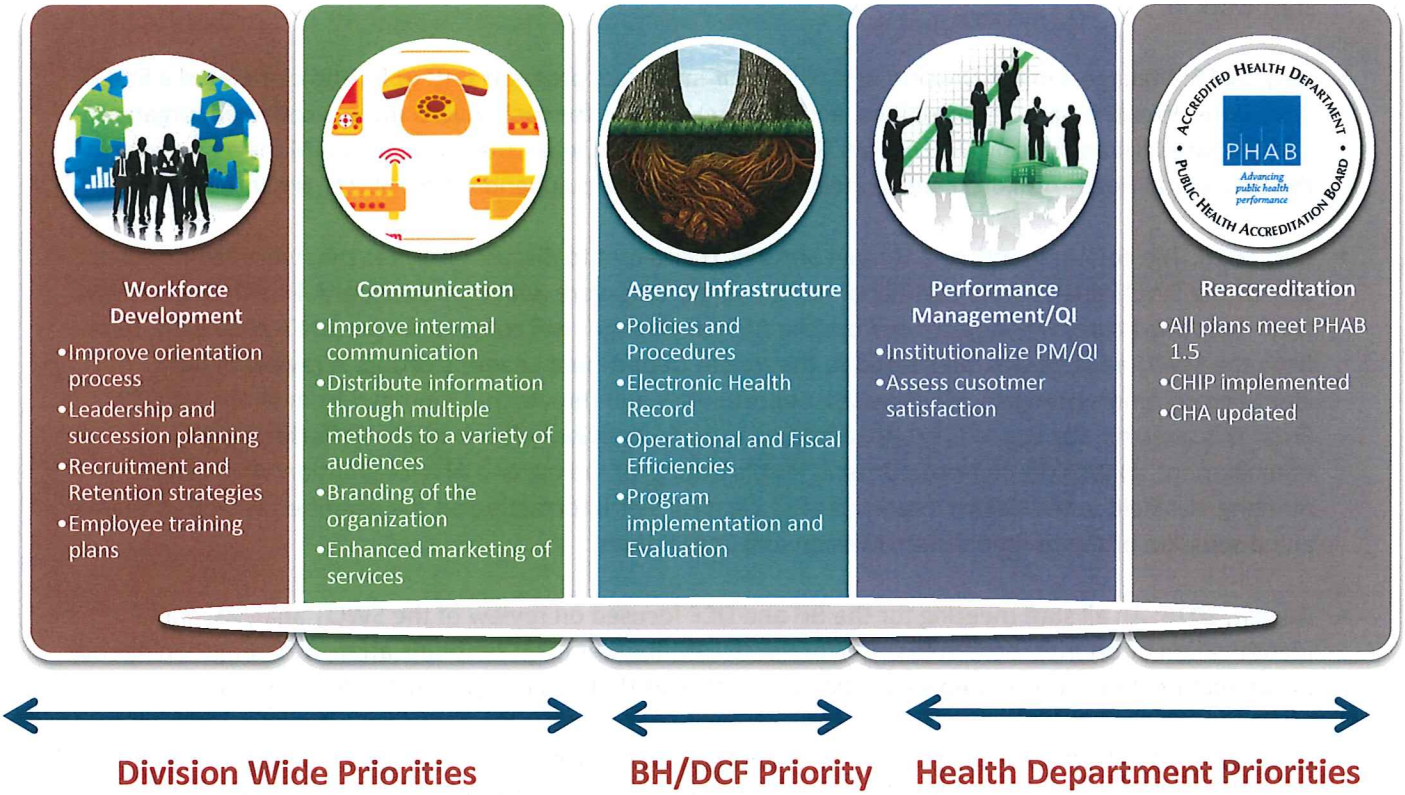
- November, 2016 through January 2017: Agency staff meet with work group members to create a work plan for the priority focus areas.

- December, 2016: A draft of the Health Department Strategic Plan sent out to key community partners for comment or input.

- March, 2017: Strategic Plan is provided to the Health and Human Services Board for comment. Board discussion and approval of the 2017-2020 Strategic Plan is completed. An All Staff meeting is held to introduce the final 2027-2020 Strategic Plan to the entire Division.

Section 5: Strategic Priority Focus Areas for the Division 2017-2020

As each Department did their own SWOTS and strategic priority focus area identification, there were variances in the focus areas selected. What was common to all Departments was the need for workforce development activities and strengthening of both internal and external communication strategies. The BH Department and DCF identified agency infrastructure as a focus area while the Health Department targeted performance management and accreditation as areas needing continued emphasis.



Section 6: Organizing to Support the Strategic Plan

With the Departments still maintaining their separate identities in the Division structure, the way the plan will be supported will vary in each Department. What will be common to all the Departments is the formation of teams with diverse membership of staff and managers to provide support in plan implementation. These teams and overarching responsibilities include:

1. **Workforce Development Team.** The purpose of this team is to assure fulfillment of the respective Department's Workforce Development Plan (WFD), to include; annual assessment, determining priority gaps, finding appropriate training, and re-evaluation. Knowing that the work force is aging, this team will be providing strategic direction to the organization to support emerging leaders, cross training of staff for added capacity, and recruitment and retention of new talent. This team also ensures the completion of all other initiatives identified in the WFD plan.

2. **Communication Team.** The purpose of this team is to ensure fulfillment of the initiatives identified in the marketing/branding/communications plan. A focus of this group will be on customer/client and partner satisfaction surveys. As the roles of the Division Departments evolve, so must our message to the community. The development of a "brand" will give the each department a unique identity that will solidify its place within the community, and the role that it provides.

3. **Infrastructure Team**. The purpose of this team is to assure core elements necessary for strong Departments are in place including policies and procedures, technology, grant planning and implementation and program evaluation. In addition, this team will assure implementation of any formal organizational assessment recommendations.

4. **Performance Management/Quality Improvement (PM/QI) Team.**
   The purpose of this team is to oversee the full administration of the Performance Management and Quality Improvement Plan. The PM/QI team's main focus is project management of all PM/QI initiatives to ensure fulfillment of activities. New this year is the introduction of a Dashboard, a web based system that will allow for the tracking of performance measures, monitoring of performance, identification of potential quality improvement initiatives, and trending of performance over time. This will provide us with the data necessary to evaluate programs and determine the cost as well as the individual/community benefit. This information will be critical to assuring financial viability and sustainability.

5. **Accreditation Team**. The purpose of this team is to provide oversight and guidance to assure the Health Department gains re-accreditation from PHAB based on the 1.5 standards. This team will ensure that the following plans are in alignment with PHAB 1.5 and the PCHD Strategic Plan: 1) Communications; 2) PM/QI; 3) Workforce Development; 4) CHA; 5) CHIP and 6) Ethics.

Strategic Plan Oversight

The PCHD Strategic Plan will be monitored by the respective Department's Leader Group. The Leader's Group is a cross section of agency supervisors and program managers/coordinators. At least one Leader's Group member will participate on each team to provide guidance, direction and to act as a liaison to report progress back to the Leader's Group. The Manager's Group in Behavioral Health and the Department of Children and Families is the oversight body for the strategic plan.

The role of these respective groups will be to assure that the strategic objectives are being met, and will provide support and resources to teams in order to meet the work plan objectives.

Section 7: Plan of Work Framework

The Polk County Community Services Division Strategic Plan is organized using the following framework. Health Department progress is tracked via a performance management dashboard.

1. **Goal**: Strategic goals are broad statements of what the Division hopes to achieve in the next 3 years.

2. **Objective**: Are specific, concrete, measurable statements of what will be done to achieve each of the four goals of the next three years. Objectives were developed using the SMART format (Specific, Measurable, Achievable, Realistic, and Timely).

3. **Activity**: Steps taken to ensure the objectives are met

4. **Individual or Group Responsible**: Identifies the lead person or lead team responsibility for operationalizing the objective.

5. **Due Date**: Identifies the projected due date for each objective in order to assure the Strategic Plan stays on track.

Other topics considered when developing this plan that are not listed are "resources needed" to successfully complete a goal or strategy, as well as any "anticipated challenges" to successfully complete a goal or strategy.

Section 8: Strategic Plan Priorities, Goals and Rationale

It is equally important for agency staff, Board of Health Members, public health and human service agency partners, and the community to understand the rationale or significance for each of the strategies identified in the Strategic Plan. The following is a brief overview of each strategy's focus, rationale and goals.

Priority 1: Workforce Development (Division Wide Priority)

Competencies are a set of knowledge, skills, and attitudes necessary for the broad practice of public health, social work and behavioral health. Investing in workforce competency and capacity development

will assure that the Polk County Community Services Division is able to provide effective and efficient services to the public. Employees that are happy at work have been found to be more productive, engaged, and contribute to a positive work environment. It is more important than ever to plan for the aging of the workforce by retaining high quality employees, identifying talent from within, and providing them with the tools to increase knowledge, skills and abilities needed to become the future leaders of the Departments within the Community Services Division. The goals for Workforce Development include:

Goal 1: Assure a quality staff recruitment and retention process
Goal 2: Develop and assure a competent workforce
Goal 3: Promote leadership development
Goal 4: Develop a succession plan
Goal 5: Develop an employee recognition plan for BH/DCF

Priority 2: Communication, Marketing and Branding (Division Wide Priority)

Visibility and public awareness of the Community Services Division as a consistent and authoritative resource on topics relevant to public health, human services and behavioral health is essential to assure effective communication in times of community crisis, public health emergencies and general public inquiry about health and human services issues of local, state and national importance. The goals for Communication, Marketing and Branding include:

Goal 1: Provide health education and health promotion policies, programs, processes, and interventions that support prevention and wellness
Goal 2: Provide timely information on public health and human services issues and core functions through multiple methods to a variety of audiences
Goal 3: Improve internal communication strategies

Priority 3: Agency Infrastructure (BH and DCF Priority)

Healthy and strong governmental organizations have solid foundations grounded in living strategic plans, current policies and procedures, modern technology for communication and record keeping, sound fiscal management as well as capacity to respond to the changing environment. In addition, it is necessary to implement programs with complex regulations and evaluate them to assure improvements are made when indicated. Agency Infrastructure goals are:

Goal 1: Assure policies and procedures are in place for all programs
Goal 2: Implement the Electronic Health Record in the Behavioral Health Department
Goal 3: Implement the CST program in the Department of Children and Families
Goal 4: Implement recommendations from external formal organizational assessments
Goal 5: Assure optimal staffing mix in the Division
Goal 6: Evaluate programs per recommendations of the Board of Health & Human Services

Priority Area 4: Performance Management/Quality Improvement (Health Department Priority)

Governments have recently embraced performance management to assure service provision is efficient, cost effective and producing desired outcomes. Effective health and human services programs produce outcomes that protect and improve health. It is important to standardize program management approaches in order to systematically achieve program goals and objectives. The Division will continue

to work on achieving the goal of institutionalizing continuous quality improvement in all aspects of agency operations.

Goal 1: Implement and institutionalize performance management
Goal 2: Implement and institutionalize quality improvement
Goal 3: Conduct annual customer/partner satisfaction surveys

Goal 4: Public Health Reaccreditation (Health Department Priority)

The PCHD received PHAB accreditation in 2013. The Health Department is working to align with the updated accreditation standards, and in 2017 apply for re-accreditation for another 5 years. This continued designation demonstrates agency expertise in the delivery of high quality public health services to the public, strengthens the ability of the Health Department to secure future grants, and assures a level of credibility that will attract and retain quality staff.

Goal 1: Enhance Accreditation Team to align with PHAB 1.5 Standards
Goal 2: Ensure Communications Plan is updated to PHAB 1.5 Standards
Goal 3: Ensure PM/QI Plan is updated to PHAB 1.5 Standards
Goal 4: Ensure Workforce Development Plan is updated to PHAB 1.5 Standards
Goal 5: Ensure CHA is updated to PHAB 1.5 Standards
Goal 6: Ensure CHIP is updated to PHAB 1.5 Standards

Strategies

Each priority has a workplan outlining the objectives activities, person/group responsible for due date for completion. See Appendix B for Department workplans.

Section 9: Acknowledgements

Implementation of the Strategic Plan begins here with Strategy 3.2: "workforce recognition". The Community Services Division would like to thank the entire agency staff for their commitment to improving the public's health through participation in the agency strategic planning process. Appreciation is extended to the following staff members for their significant time and energy in developing the Division's 2017-2020 Strategic Plan.

Pam Alleva, Reproductive Health Program Assistant
Wendy Bauman, Health Officer
Mary Boe, Coordinator, Western Wisconsin Tobacco Free Living Coalition
Kristin Boland, Interim Manager, Behavioral Health Department
Tonya Eichelt, Business and Operations Manager
Elizabeth Hagen, Public Health Specialist
Brian Hobbs, Environmental Health Specialist
Donna Johnson, Jail Nurse
Brian Kaczmarski, Director, Western WI Public Health Readiness Consortium
Chad Knutson, Supervisor, Department of Children and Families
Dawn Larson, Birth to Three Program Coordinator
Bonnie Leonard, Public Health Supervisor
Deb Leschisin, Reproductive Health Nurse Practitioner
Diana Peterson, Economic Support Manager
Gretchen Sampson, Community Services Division Director
Andrea Seifert, WIC Director
Corby Stark, Interim Manager, Behavioral Health Department
Jaime Weness, Director, Department of Children and Families
Laurie Whitehead, Fiscal Manager

Appendix A: SWOT Analyses from Division Departments

Behavioral Health and DCF SWOT Analysis-July 2016

Program	Strengths	Weaknesses	Opportunities	Threats	Start	Continue	Stop
APS	• Experience • Knowledge of resources • Knowledge of system & processes	• What to do with people in need after close of contact • Lack of consistent process & procedure • Consistent documentation • Lack of adequate electronic record system • Intersect with BH—roles & responsibilities	• Awareness of alz. & aging processes • Aging population • All TCM to DCF	• Lack of external resources & providers • Unfunded state mandates	• Assisting people to complete POA of health care forms	• Access: Taking the intake phone calls and screening them as I and R, OSS, Guardianships, or investigation • Guardianships and protective placements • Screening referrals • Investigations • I-Team meetings • PP • WATTS Reviews • Networking/meetings	• Rep payee
Behavioral Health/AODA	• Staff knowledge and experience • Multiple Intensity Levels • Multiple time options/after- hours services • Effective team-mutual support; productive- Gary, Kevin, Cindy, and Jackie	• Lack of an electronic medical record system • Not enough staff to meet work expectations • Facility is not adequate for effectively running group treatment sessions--Chairs and tables are old and not in good repair • Training materials are out dated	• Increased clinical supervision and coordination with community partners • Utilize the prevention specialist in a prevention program	• Impending retirement of Clinical Supervisor • The support staff schedule does not allow for adequate coverage at the front desk either prior to 8:00am or after 4:30pm • Morale in the department caused in part by a historic lack of leadership	• Improving our intake procedures • A prevention program	• Serving the Polk County Substance Use Services needs without a waiting list for services • Providing options for all levels of substance use services • Drug testing	• We should stop allowing clients to schedule appointment prior to completing an intake process which includes gathering all of their insurance or ATP information
Behavioral Health/Case Management	• Patience • Current Staff (Nicole, Craig, Norma) • Clinical Supervision	• Paper flow process • Lack of technology • Clear Orientation Process • Flow of clients to	• Increase collaboration with CSP and CCS • Building on community	• Clarification on roles of management in the BH Unit • Accurate data	• Purchase EMR • Clarifying BH Management structure • Continue to	• Collaborating with ADRC • Providing care to our clients/consumers • Collaborating with	• Reducing redundancies • Stop talking about productivity until we have accurate

Behavioral Health and DCF SWOT Analysis-July 2016

Program	Strengths	Weaknesses	Opportunities	Threats	Start	Continue	Stop
	• Training • Collaboration with Corp Counsel and other entities	CSP and CCS	supports • EMR • Having access to the resources we need, for example SSI #	regarding productivity • Lack of clarity about internal job openings since the changes to the Union; overall trust between Admin and employees	improve communication between fiscal and BH Depart to clarify placement funding and structure	Corp Counsel	data
CCS	• Two dedicated, full time Service Facilitators • Dedicated to meeting individualized, recovery oriented needs of the clients • We have built a lot of relationships with other programs this year • Part of a consortium	• Part of a consortium • Clinical Coordinator is stretched too thin • Amount of paperwork- no hot spot	• Complete documentation in the field with clients present • Make more connections with other members of the consortium, providers, and increased training • Increase education of new providers about the process and what to expect	• Our clients are not always stable and sometimes lose their MA and/or housing • Threat that funding will be reduced in 2018	• Hosting yearly provider meetings in Polk County • Advocating with some of our representatives at the state level	• Providing client centered care • Continue to work with the consortium	• The Clinical Coordinator should stop doing MSEs before the client is billable- no more fast tracking unless it is a special situation
CLTS	• Case documentation • Good working relationships • Client focused, family-centered	• Lack of stream-lines computer system • Support staff is through 6 diff people • Process & procedures are loose/not in place • Training procedure	• Take kids off wait list	• Lack of resources • CCS addition? • CMS change to waiver services • 2017 waiver renewal changes	• Community outreach opportunities	• CCOT attendance	
CPS	• Cohesive • Committed to est.	• Training of new employees	• DEC protocol & implementation	• Transportation • State required		• TIP • Parent ed. (Gail,	

Program	Strengths	Weaknesses	Opportunities	Threats	Start	Continue	Stop
	policies • Flexibility • Resilience • Quality of work in field • County partnerships	• Lack of policies & procedures • Constant cycle of review with no progress/action	• Partner with and solicit from county/volunteer organizations/faith • County/family services updates to media • Educate school staff on CPS roles & say what we can/can't do • Connections	timelines, policy & program changes		Blythe & Val) • JI cont. as liaison between DCF & courts	
Economic Support	• Worker longevity • State/federal funding • Teamwork • Programs-policy driven	• Policy changes frequently • IT issues • Lobby services & lobby space • Inexperienced workers • Current consortia and model	• ADRC/ES collaboration • Define roles between public health benefits specialist & ES • Marketing division in a positive light	• State/federal performance standards • Maintaining funding levels • Presidential election	• Lobby to simplify programs policies • Market programs administered • Unit parties at the park • Working lunches	• Education & training • Staff meetings (ES) • Agency all staff meetings • Continued division updates	• Call center • GR current model
Fiscal	• Teamwork • Financially geared • Dedicated, high-work ethic	• Lack of staff • System workflow • Quit doing things instead of modifying • Mgmt doesn't ask enough ?'s or not involving fiscal • Cross training	• Using our knowledge • Trainings	• Less revenue • Wrong system to apply the programs	• Accountability to all employees • Communicating • Teamwork amongst whole department • Trust	• Work ethic & standards • Be respectful • One day at a time	• Double, triple entry • Babysitting • Negative thoughts • Gossip • Stop making spur of the moment decisions

Behavioral Health and DCF SWOT Analysis-July 2016

Program	Strengths	Weaknesses	Opportunities	Threats	Start	Continue	Stop
Juvenile Justice	• Responsiveness • Seasoned, experienced, knowledgeable(experts) • Community partnerships • Current, flexible and adaptable staff • Youth programming – girls group, TIP, SAM, Intensive Supervision, New Richmond CIP • Appropriate assess level of risk/needs and provide services	• Lack of In-house resources • Documentation (consistency) /outcome data • No Diversion programming • Communication about services (do people know what we do?)	• Partnership with Behavioral Health • Prevention/early intervention • Polk Co. Website • Adapting to changing JJ population • Grant funding	• Placements • Lack of resources/services • Lack of juvenile foster homes • Transportation • Reduction in delinquent youth/behaviors	• Communicating what we do (youth experts in the county) • Formal diversion • Collecting better data	• Legal meetings • Mandated Services • Grants • Review staff attending meetings • Evaluate practice/police	• Reduce JDC for non-violent offenses/incidents
Psychiatric – Med Management	• Experienced medical & nursing staff • Flexible scheduling for urgent needs—8am evals and follow up appts. Late if needed. • Adequate support staff • Staff time with sub units—CM/Crisis, AODA, CSP • Improving leadership	• No back-up for RN or psychiatrist • Lack of in-house psychological testing • Communication with primary care MD's. Dr Rugowski identied that he could CC more evals & progress notes • Marketing • Lack of electronic medical records • Difficulty with referral to intensive community based	• EMR	• Limited front desk coverage (hours) • Need more therapy options, particularly for children • Lack of back-up for psychiatrist and nurse	• HER • Cross-training support staff and allow more flexible scheduling • Increased psychiatric time. Recruit & add another MD. See out of county referrals	• Providing great psychiatric/med mgmt. • Encourage flexible scheduling for psychiatrist & RN • Staffing with sub. Units	• Paper-only medical records

Program	Strengths	Weaknesses	Opportunities	Threats	Start	Continue	Stop
		services-lengthy wait times. Limited involvement with "clients" • Lack of expertise for children-both psychiatric & therapy • Limited supported job services for patients. Limited assist with finding competitive employment • Environment-small offices, bland colors, no natural light • Lack of in-house training and inservice					

Health Department SWOT Analysis-May 2016

Program	Strengths	Weaknesses	Opportunities	Threats	Start	Continue	Stop
Birth to 3	**B-3 County Employed Staff** • B-3 Coordinator - has a long history working in the field of special education and has worked within her current position for over 13 years. • B-3 Program Assistant - has worked in two county health departments and was the PCHD receptionist for over 10 years. She has been working with B-3 for two years. **B-3 Contracted Providers** • Dedicated, genuine love for children and families, hardworking, funny, and very competent in their professions. **B-3 Team** • Team work - cooperation and respect between staff members. • Flexibility - staff is flexible. • Communication – open communication style. The team leader allows staff to work at a professional level and has an open door reporting style. **Primary Provider** • All B-3 staff has been trained in primary provider/coaching. Both the occupational therapist and the speech therapist were trained with ARRA funds. All B-3 staff are incorporating it into their everyday practices both in homes and when interacting with other providers. **Collaborations and Partnerships** • The B-3 Program is an active member of numerous collaborates within Polk County. • CARING	**County Staffing** • Birth to 3 county staff only consists of 2 positions. The current staffing does not meet the ratio for the consistently high caseload. **Billing** • MA and private insurance billing procedures are not written. Follow up to information regarding therapy/FSC billing attempts, denials or appeals. • Tracking children's MA status and when secondary insurance is involved. **County Partners** • Haphazard communication patterns with other family providers (PHN, WIC, CPS). • Staff are unaware of the role and responsibilities of PHNs who provide CSHCN services. **Scheduling** • Texting • Missed Visits • Late Cancelations for HV • Scheduling HV • Scheduling with team members for primary coaching • Scheduling with providers for transition meetings **Paperwork** • Number of locations data must be inputted	**Child Find** • Improve our child find activities **Budget** • Increase the revenue generated by therapy and FSC providers **Community Programing** • Provide additional community programming **Staffing** • Have a Public Health Nurse review medical records and brief the team members of health issues at a team meeting **Primary Coaching** • Maximize primary coaching opportunities	**Paperwork** • Ever-increasing and ever-changing paperwork and requirements from state and county **Public Communication** • Misinformation from the mass media regarding childhood conditions. Misinformation about B-3 eligibility and services **Budget** • Not knowing our budget so that we can assess how to help improve revenue. • Not having a contract with United Health Care HMO **Professional Isolation** **Program Isolation** **Increase of Referrals** • Increase of referral due to health care system changes within Polk County (administering ASQ and MCHAT to children) • **IT** • Not having access to a county computer that is compatible with the state's PPS program	**Child Find** • Improving our Child find activities **Budget** • Receiving information about the B-3 budget and revenue/expenses **Primary Coaching** • Scheduling monthly meetings with WIC and PHNs	**Child Find** • Our work with community partners doing child find activities **Paperwork** • Try to automate as much of the paperwork as possible	**Staffing** • Provision of medical case management to families of children with special health care needs **Transition** • Doing work that is beyond our state requirements for school districts

Program	Strengths	Weaknesses	Opportunities	Threats	Start	Continue	Stop
	• Citizen Review Panel • CCOP Advisory Council • Success by 6 • Blue Ribbon Committee • MCH (Maternal Child Health) • Birth to 3 Regional Group • Polk County HD Communication Team • Polk County HD Workforce Development Team • Polk County HD Leadership Team **Evaluation/Ongoing Assessment** • The B-3 team is using Developmental Assessment of Young Children (DAYC) for both evaluation and ongoing assessment of children. **Infant Mental Health** • The B-3 team has increased our focus on infant mental health and family dynamics. •ASQ/SE – is used for every intake •MCHAT - is used for every intake over the age of 1 year old and is revisited as needed. Amery Hospital and Clinics is incorporating the MCHAT into their ongoing assessment practices of children. • Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – is reviewed with every family at enrollment. • The following infant mental health brochures are included and reviewed in every family folder: •TF-CBT •Polk County Mental Health Task Force •Polk County Early Childhood Family Resources	is duplicated (ACCESS, NN, PPS). • Ever changing expectations from the state. • NN not meeting Birth to 3 needs for documentation from the State/Feds					

Health Department SWOT Analysis-May 2016

Program	Strengths	Weaknesses	Opportunities	Threats	Start	Continue	Stop
	• Healthy Beginnings • ACE – Birth to 3 staff have been trained or exposed to ACE. All collaborations that the Birth to 3 Coordinator sits on have agreed and attempted to make this a countywide tool for Trauma Informed Care. However, after 3 years of amazing work in Trauma Informed Care within Polk County, these same collaborations determined that until it becomes practice by Polk County staff, it is ineffective in partnerships with Polk County.						
EH	• Highly visible to the public community • Constant training available • Education • Leadership • Staff working relationships • Ordinance writing	• General public confusion as to the function of environmental health in Polk County • Lack of in-depth training in Uniform Dwelling Code and DHS training in body art, campgrounds and lodging	• Become an agent for Department Safety and Professional Services	• Grant funding for radon activities may be discontinued • Local economy	• Marketing environmental health programs on a county-wide basis • Educating the general public on the importance of testing private wells for bacteria and nitrate	• Radon outreach if grant continues • Community food safety training • Production of semi annual Food Notes newsletter • DNR Transient Well Testing Program	
FHBC	• Flexibility • Knowledge of Programs • FHBC is also a Certified Application Counselor • For the Marketplace (affordable care act) • On-site and Home visits	• Staff of one	• Continue outreach and look for new ways to outreach	• Elimination of non-mandated programs at the County level	• Getting involved with job fairs via the temporary agencies	• Outreach via the schools • Outreach via clinics	• Marketplace appeals
Jail Health	• Strong PCHD management support • Flexibility of staff to adjust to meet the needs of the jail and flexibility of management to allow staff to meet family and personal obligations • Experienced Correctional Nursing Staff • Excellent communication and working relationship with Jail Physician	• Limited back up staff for jail nursing coverage due to workload of PHN's and PHN schedule • Lack of time to work on discharge preparation with inmates and advocacy for inmates	• Improve services by expansion of Diversion Court Model • CIT (Crisis Intervention Training)	• Jail PHN pursuing higher education which will eventually result in her leaving • Increase in privatization of Jail Health throughout the State • High level of jail staff turnover	• A regional Public Health for Correctional Nurses organization/group/meeting	• Provide a high level of care at a reasonable price • Continue to work with partners for improved services and possible expansion of services	

Health Department SWOT Analysis-May 2016

Program	Strengths	Weaknesses	Opportunities	Threats	Start	Continue	Stop
	• Addition of PHN for completion of physicals and TB risk assessments						
PH Nursing	• Experienced, seasoned staff • Flexible Staff/Generalists • We have statutes and mandates to guide our work • Staff willing to learn • Sense of family with each other	• Experienced but aging staff • Compensation Package (wage, tuition reimbursement or educational differential) • Generalists versus specialists • Lack of marketing about our services including use of social media • Large PTO banks! • Communication • No formal orientation plan for new PHN staff (didn't we have one of these)	• *Tx and Diversion (TAD) extended funding for TAD for dual dx* • Other grant opportunities • Collaboration with hospitals on case management for chronic disease • Increase use of social media	• Funding • Decreasing number of clients utilizing Public Health services • ACA • Retirements of key staff • Medical Director retiring soon • Election year • Wisconsin government	• Assess feasibility of specialist roles or focusing in specific program areas • Assessment and planning for aging population • Training PHN staff to write grants • Succession planning for leadership and staff transition • Get meeting agendas out ahead of time	• Mandated programs: communicable disease, human health hazard control, generalized public health nursing, flu clinics, PH preparedness • Family planning and MCH • Jail Nursing • PNCC	• *Animal Bites*
Public Health Preparedness	• Strong partner commitment • Strong administrative support	• Limited staff • Staff over-reach	• Different grant funding/fee for services/outside recruitment	• State program/lack of support • State funding/federal funding	• Expanding business model	• Providing top notch services	• Things outside of our scope
Reproductive Health	• Longevity of staff • Technical support from State-level resources • Low cost or no cost • Accessibility and on-site services	• Decreasing patient population over the last few years due likely due to ACA and long acting reversible contraceptive methods • No staff trained for IUD or implant insertion • Difficulty with business model in providing care in this program; we don't turn anyone away based on inability or unwillingness to pay	• Continue coordination with other Public Health programs, schools, and medical clinics • Participate in educational opportunities • Opportunity to outreach and enroll patients from surrounding counties who do not have an RHS program on-site	• Grant Funding – potential for decrease or loss • Potential cuts to BC+ and FPOS • No follow through by patients we assist in FPOS enrollment (do not verify income, etc) • Medicaid Audits • Focus on mandated only services at the County level	• Providing school based clinic services • Considering satellite clinics again • Marketing and outreach for our program	• Community presentations • Board of Health Presentations • Provide late clinic hours • Continue to serve walk-in patients • Providing male services	• Unable to think of any task that should be stopped at this point
Support Staff	• Flexible • Work well together • Committed to PCHD	• Staffing is inadequate • Communication • Coverage for PTO	• Cross training with support staff from division of community	• Decrease in client numbers • Need for succession	• Intentional efforts to have fun and socialize • Cross training		

Program	Strengths	Weaknesses	Opportunities	Threats	Start	Continue	Stop
	• Expertise in their jobs • Good customer service • Triage		services • Use of temp • Potential interns	planning	• Succession planning		
Tobacco MJC	• Strong competent Workforce • Positive working relationship-Between staff involved. Respect and good communication between co-workers • Support from fiscal agent/HO • Strong Partnerships with our 6 counties • W3TFL is gaining recognition in the communities we serve...people are looking to us as a positive resource in regard to tobacco prevention and control • W3TFL continually meets TPCP work plan goals and objectives	• TPCP does not have clear program policy vision and goals at this time • 2 staff people to cover 6 counties can be difficult at times...especially since there is not specific funding for our partners • The restraints of our work plan from TPCP. Local needs vary. (more flexibility would benefit the residents of our counties) • Program staff does not have real time knowledge of the budget and what has been spent • Funding cuts. (Our partners do not get policy dollars)	• Coordinate efforts with more community groups/coalitions that have similar missions/visions • Continue to offer more things through technology such as Live meeting • Improve on our social media outreach • Seek out and Utilize interns	• Grant funding • Funding Cuts • Staff turnover in our partner counties in their tobacco specialist positions	• Health Education Unit to coordinate growing areas of public health work and pursue business model in the areas of: o QI Plans o PM Plans o Accreditation Prep o Workforce Develop Plans o Polk United o CHA o CHIP	• Working with community organizations • Including the 6 counties in our MJC • Our monthly newsletter • The things we currently do	• Things for free if they are not within the spectrum of our work!! • Health Educator's need to stop doing everything related to PHAB • Health Educator's need to stop leading 3 of the 4 Strategic Plan Teams
WWWP	• Good communication and collaboration with Reproductive Health Services (RHS) Nurse Practitioner (NP) in regards to getting eligible FPOS clients referred to WWWP Coordinator to enroll in Wisconsin Well Woman Medicaid (WWWMA) to cover costs of treatment procedures. • Having a knowledgeable former WWWP Coordinator as back-up • Good communication with previous Coordinators from the other counties within the MJA (i.e. Bi-monthly updates, etc.)	• Harmony Access Software Program (Harmony) is primarily a data input system • Coordinator being unaware of the amount of money that is being/has been billed and what is left from the three areas that comprise WWWP funding • No formal Policy & Procedure for WWWP (specifically procedure)	• Further increase outreach activities/efforts	• Decreased funding due to decreased enrollment goal (made by DHS) from 174 women for current program year 2015-2016 to 68 women for upcoming program year 2016-2017 • 2016-2017 program year is the fifth and final year of the five-year cooperative agreement between DHS and CDC. • Unsure if the program will continue after the July 1, 2016—June	• Ensure that all employees at Government Center (i.e. ADRC, PHNs, FHBC, etc.) are aware of WWWP and know to refer eligible women to Coordinator • Care coordination of WWWP in Nightingale Notes rather than Harmony and paper charts	• Outreach • Coordinator Teleconferences	• Inputting data into Harmony • Documenting case management/care coordination activities in individual paper charts

Health Department SWOT Analysis-May 2016

Program	Strengths	Weaknesses	Opportunities	Threats	Start	Continue	Stop
				30, 2017 program year			
WIC	• Quality nutrition services provided for programs • Friendly staff • Staff work ethic (Staff seek to perform job duties in an exceptional manner. Staff looks for quality improvement areas for the programs and work together to make improvements.)	• WIC clinic schedule can become busy from walk-ins or families not arriving on time • Participant no-show rate for appointments is high • Lack of RD time for implementation of new projects, QI planning or completion of other program requirements. RDs are often pulled in a variety of directions with lack of time to accomplish all job duties • Lack of client understanding of program lingo, processes and use of eWIC card. (i.e. use of WIC terminology such as benefit renewal, mid-cert, length of appointment at WIC (especially if other programs are offered at same appointment), program participation options for PNCC, frustrations with use of eWIC card at stores.) • Potential for lack of client confidentiality. Clinics lack infrastructure for good client confidentiality at front desk. • Staff may have discussions with clients in public areas • WIC computer	• Seek supportive funding for nutrition and breastfeeding projects • Increased WIC caseload • Advocacy at State and Federal legislative levels for adequate WIC funding and expansion of nutrition programs	• Decrease caseload leads to decrease funding • Funding decrease by legislation for WIC, Breastfeeding services and SNAP-Ed	• Breastfeeding services for community • (i.e. Support group at AHC, Peer hospital delivery visits) • Nutrition projects in community (i.e. Family Meal project, Harvest of the Month, physical activity promotion) • Enhanced PNCC Nutrition Counseling • Develop a home visiting safety policy	• QI plans for nutrition programs • Coordination with PH, WNEP and other community programs	• Dresser WIC Clinic

Program	Strengths	Weaknesses	Opportunities	Threats	Start	Continue	Stop
		requirements for internet access. Reliance on community partners for sharing internet access and assurance of good functionality • Potential for poor customer service at grocery store					

Appendix B: Workplans for Strategic Priority Focus Areas

Communication, Marketing and Branding Team Work Plan

Last Revised: March 3, 2017

Team Members: Gretchen Sampson, Jaime Weness, Diana Peterson, Kristin Boland, Corby Stark, Chad Knutson, Tonya Eichelt

Goal 1: Provide health education and health promotion policies, programs, processes and interventions that support prevention and wellness

Objectives	Activity	Individual or Group Responsible	Due Date
By 12/31/2017, two series of Trauma Informed Parenting classes will be conducted in the community	Promote program, accept referrals, conduct classes, evaluate impact	Leigh Wahlen	12/31/17
By 12/31/17, two series of the SIMPLE program (Simplified Interventions to Modify Physical Activity, Lifestyle and Eating Behavior) for chronically mentally ill clients will be conducted	Develop curriculum, procedures for program operation, schedule of classes and solicit donations for supplies. Hold classes. Evaluate impact.	Kathy Carter	12/31/17
By 03/31/17, submit application for ZERO Suicide prevention initiative	Complete application process; identify potential team to attend training; if accepted complete all program requirements	Corby Stark	12/31/17 (if selected)

Goal 2: Provide timely information on public health and human services issues through multiple methods to a variety of audiences

Objectives	Activity	Individual or Group Responsible	Due Date
By 12/31/17 provide at least 4 informational messages to the public and partners on mental health awareness	Develop PSAs using templates by national organizations. Post on agency website and send to print media. Coordinate with public health for radio spots	Kristin Boland Corby Stark	12/31/17
By 12/31/17, provide at least 4 informational messages to the public and partners on child abuse prevention/vulnerable adults	Develop PSAs using templates by national organizations. Post on agency website and send to print media. Coordinate with public health for radio spots	Jaime Weness Chad Knutson	12/31/17

By 12/31/17, assure website is updated regularly and includes logo branding	Finalize logos for BH/DCF Departments. Review website monthly at manager meetings to assure current information on website pages	Department Managers	12/31/17 and ongoing
By 09/30/17, all Polk County School Superintendents will have increased understanding of agency services	Schedule meetings with all superintendents; Discuss successes and challenges with partnership; elicit suggestions for improvements. Develop and implement plan for improvements.	Gretchen Sampson Department Managers	09/30/17 and annually

Goal 3: Improve internal communication strategies

Objectives	Activity	Individual or Group Responsible	Due Date
By 06/30/17, all BH/DCF documents will be reviewed and revised for consistency (letterhead, fax, etc)	Review all template forms for consistency. Assure email signatures reflect Dept. log and accurate agency wording	Tonya Eichelt	06/30/17
By 06/30/17, evaluate all staff meetings to assure they are organized, effective and action oriented.	Develop survey monkey tool to assess staff perception of staff meetings. Review results and adjust agendas, content and delivery to improve if required	Gretchen Sampson Communication Team	06/30/17
By 12/31/17, assure Division updates are published at least quarterly	Gather information from managers and staff to create updates. Strive for every other month.	Gretchen Sampson	12/31/17 and ongoing
By 12/31/17, interdisciplinary staffing of joint cases will be regular practice between the Departments	Explore best practices for how interdisciplinary staffings should occur. Set regular schedule and develop protocol for how staffings will flow	Department Managers	12/31/17

Objectives: Answers the question - what do you want / need to accomplish? Objectives should be written using a SMART format (specific, measurable, achievable, realistic, and timely).
Outcome: Answers the question - what is that you hope to achieve by meeting the objective? An outcome digs a little deeper and looks at answering how will achieving the objectives affect performance or improve health, etc.
Tasks: Answers the question – which specific actions / benchmarks need to be accomplished in order to successfully complete the objective?
Individual or Group Responsible: Answers the question of who will be the lead for assuring the objective is accomplished? While this might come from a team or committee, a person should always be named, not a team.
Due Date: Answers the question - When do you expect to complete the objective?
Status: Answers the question - Where is the status of the objective?

Developed By: Gretchen Sampson RN MPH – Division Director Date: 03/03/2017

Reviewed By: _____ Date: _____

Infrastructure Team Work Plan
Last Revised: March 3, 2017

Team Members: Gretchen Sampson, Jaime Weness, Diana Peterson, Kristin Boland, Corby Stark, Chad Knutson, Tonya Eichelt

Goal 1: Assure Policies and Procedures are in Place for All Programs

Objectives	Activity	Individual or Group Responsible	Due Date
By 04/15/17, an inventory of BH/DCF Department policies and procedures will be completed	Conduct review of all program policies and procedures and document listing indicating currency of existing policies and absence of needed policies	Department Managers	April 15, 2017
By 05/31/17, the inventory will be prioritized by each Department and a schedule created to create and/or update program policies and procedures	Review inventory of program policies and procedures and prioritize creation and revision of such with timeframes developed	Department Managers	May 31, 2017
By 06/30/17, a folder will be created on the Department share drive to organize the Department policies	Clean up current folder and eliminate old irrelevant policies and procedures. Create a structured folder to store policies and procedures created and revised.	Tonya Eichelt	06/30/17
By 12/31/17, at least 6 policies/procedures will be created and/or updated in each Department	Create and update policies and procedures per prioritization	Department Managers and Designated Staff	December 31, 2017
By 12/31/17, staff impacted by the policies and procedures will receive training on the new and revised documents.	Conduct staff trainings each time a policy and procedure has been created and or updated	Department Managers	December 31, 2017

Goal 2: Implement the Electronic Health Record in The Behavioral Health Department

Objectives	Activity	Individual or Group Responsible	Due Date
By 05/31/17, project core staff will be trained on the Epitomax electronic health record setup and functionality following the workplan developed by Psytech.	Attend all trainings scheduled. Carry out tasks requested by training leaders. Involve line staff as needed (Note: This project started in Fall, 2016)	Tonya Eichelt Gretchen Sampson Kristin Boland	05/31/17

		Corby Stark	
By 06/30/17, line staff will be trained and the software will be in "go live" status	Train line staff; Support staff during go live period. Work with Psytech to trouble shoot difficulties.	Tonya Eichelt Gretchen Sampson Kristin Boland Corby Stark	06/30/17
By 12/31/17, implementation will be complete and staff will be baseline proficient in use	Provide ongoing support to staff during the implementation phase.	Tonya Eichelt Gretchen Sampson Kristin Boland Corby Stark	12/31/17
By 12/31/17, reports to assess staff productivity and program service delivery data will be generated	Work with Psytech to develop reports needed to evaluate staff productivity and program service delivery	Tonya Eichelt Gretchen Sampson	12/31/17

Goal 3: Implement the CST Program in the Department of Children and Families

Objectives	Activity	Individual or Group Responsible	Due Date
By 03/31/17, workplan and budget will be reviewed and strategies confirmed for grant year	Meet to review grant workplan and budget and adjust as needed to align with new information from the State as well as staffing nuances	Chad Knutson Rachael Anderson Jaime Weness Gretchen Sampson	03/31/17
By 06/30/17, all Division staff and external service providers will be knowledgeable on CST vision and core values	Conduct training at all staff meeting to convey CST vision and core values Conduct training for service providers	Chad Knutson Rachael Anderson Jaime Weness	06/30/17
By 12/31/17, assure all grant deliverables and reporting requirements have been met	Meet monthly to review program progress and address challenges and barriers to program success	Chad Knutson Rachael Anderson Jaime Weness	12/31/17

Goal 4: Implement Recommendations from External Formal Organizational Assessments

Objectives	Activity	Individual or Group Responsible	Due Date

By 12/31/17, 50% of the recommendations for the first 12 months from 2016 Diamond Healthcare organizational assessment will be implemented per action timeline provided to the Behavioral Health Department Note: This objective is conservative due to vacancy in BH Dept. Director position	Meet with Diamond consultants per schedule to address action steps. Meet as a team to implement action steps.	Kristin Boland Corby Stark Gretchen Sampson BH Dept Director	12/31/17
By 12/31/17, 75% of the recommendations from the 2015 Springsted organizational assessment will be implemented	Meet regularly with Division manager team to develop strategies and action steps to address report recommendations	Division Manager Team	12/31/17
By 01/31/18, a report summarizing progress on recommendations will be given to the county administrator and the Board of Health and Human Services	Review recommendations quarterly and create report to assess progress on the Diamond Healthcare and Springsted recommendations	Gretchen Sampson	01/31/18

Goal 5: Assure Optimal Staff Mix in the Division

Objectives	Activity	Individual or Group Responsible	Due Date
By 12/31/17, each position vacancy during the year will be evaluated for alignment with current organizational needs	Management team will meet upon each vacancy and discuss position need and value to the organization. Positions that are recommended to convert to a different position type will be discussed with Employee Relations for approval	Division Manager Team	12/31/17

Goal 6: Evaluate Programs Per Recommendations of the Board of Health & Human Services

Objectives	Activity	Individual or Group Responsible	Due Date
By 12/31/17, at least 3 programs will be evaluated according to BHHS recommendations	Work with Board and County Administrator to evaluate programs according to criteria established	Gretchen Sampson Division Manager Team	12/31/17
By 12/31/17, all programs evaluation reports will be shared with staff at the all staff meetings	Share evaluation reports with staff during all staff meetings.	Gretchen Sampson	12/31/17

By 12/3/17, assure any recommendations from program evaluations are implemented	Convey evaluation recommendations to program managers. Create a plan to address recommendations	Program Managers	12/31/17

Objectives: Answers the question - what do you want / need to accomplish? Objectives should be written using a SMART format (specific, measurable, achievable, realistic, and timely).
Outcome: Answers the question - what is that you hope to achieve by meeting the objective? An outcome digs a little deeper and looks at answering how will achieving the objectives affect performance or improve health, etc.
Tasks: Answers the question – which specific actions / benchmarks need to be accomplished in order to successfully complete the objective?
Individual or Group Responsible: Answers the question of who will be the lead for assuring the objective is accomplished? While this might come from a team or committee, a person should always be named, not a team.
Due Date: Answers the question - When do you expect to complete the objective?
Status: Answers the question - Where is the status of the objective?

Developed By: Gretchen Sampson RN MPH – Division Director Date: 03/03/2017

Reviewed By: _____ Date: _____

Polk County Health Department

Marketing and Branding Work Plan (M/B Team)

Last Revised:

Team Members: Mary B., Pam A., Lisa S., Jenny B., Dawn L.

Goal 1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
Regularly provide information to the public and partners on health promotion messages.	Develop a process to ensure health literacy of all outgoing messages (See PHAB 3.1.1A Number 2 for further guidance on development requirements)	M/B Team	12/31/2017
	Annually develop and compile 5 message maps on health promotion to add to agency electronic directory	All Staff	Ongoing
	Develop a process for documenting messages that are coordinated with multiple partners. (See PHAB 3.1.1A Number 3 for further Guidance on development requirements)	M/B Team	12/31/2017
Provide Health promotion strategies and programs that are evidence based on preventable health conditions	Develop a policy and procedure for the development of health promotion programs and strategies. (See PHAB 3.1.2A Numbers 1,2, and 3 for further guidance on development requirements)	M/B Team	12/31/2017
	Develop a process to document Collaborations with partners on implementing health promotion strategies and programs in the community	M/B Team	12/31/2017
	Document Collaborations with partners on implementing health promotion strategies and programs in the community	All Staff	Ongoing
Specifically address disparate populations with health promotion messaging	Develop a process for analyzing health inequity factors that cause or contribute to higher health disparities	M/B Team	12/31/2017
	Every three years during CHA process conduct an analysis of health inequity factors that cause or contribute to higher health disparities	Mary/Elizabeth	2019

	Based on analysis develop plans to be included in the CHIP to address the community issues identified that contribute to higher health disparities	Mary/Elizabeth	2020

Goal 2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
Provide information to the public on PCHD's mission, roles, and programs to improve public health.	Yearly during Public Health Week promote the role and value of public health and the range of services and programs the health department provides	M/B Team	Yearly in April
	Document all outreaches completed during public health week in the outreach tracker	All Staff	Yearly in April
	Document all outreaches in outreach tracker	All Staff	Ongoing
By October 31 annually choose a "Friend of Public Health Award recipient" and present award at County Board meeting by end of that year.	Review and Revise the policy and procedure for nominating and choosing friend of public health aware recipient.	M/B Team	March 31 2017
	Award will be presented at county board meeting in the last quarter of every year	Wendy B./ Gretchen S.	Yearly in December
Information will be made available to the public through a variety of methods.	Per the communication plan the PCHD website will be updated at least monthly	Pam A	Ongoing
	Per the communication plan the PHCD Facebook page will be updated at least weekly	Elizabeth H	Ongoing
	At least one new video will be uploaded to YouTube every year	All Staff with TA from Brain K/Elizabeth H	Ongoing

Goal 3: Improve Internal Communication

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
By June 30, 2017 all PCHD documents will be reviewed and revised for consistency (letterhead, fax, ect)	Review and revise all PCHD templates	M/B Team	Ongoing
	Save on I: in easily accessible spot	M/B Team	Ongoing
	Share with staff at all staff meeting in first quarter of the year	M/B Team	Yearly in March
Evaluate PCHD meetings to ensure they are organized, effective and action oriented.	Evaluate structure of All Staff Meetings to keep staff updated on department happenings	Meeting Leaders	Yearly in June
	Evaluate structure of program meetings to keep staff updated on program happenings	Meeting Leaders	Yearly in June

	Evaluate structure of coalition meetings to keep coalition members engaged in coalition happenings	Meeting Leaders	Yearly in June
	Implement changes to All Staff meeting structure based on evaluation results	Meeting Leaders	Yearly in September
	Implement changes to program staff meeting structure based on evaluation results	Meeting Leaders	Yearly in September
	Implement changes to coalition meeting structure based on evaluation results	Meeting Leaders	Yearly in September

Objectives: Answers the question - what do you want / need to accomplish? Objectives should be written using a SMART format (specific, measurable, achievable, realistic, and timely).
Activities: Answers the question – which specific actions / benchmarks need to be accomplished in order to successfully complete the objective?
Individual or Group Responsible: Answers the question of who will be the lead for assuring the objective is accomplished? While this might come from a team or committee, a person should always be named, not a team.
Due Date: Answers the question - When do you expect to complete the objective?

Developed By: _____ Date: _____

Reviewed By: _____ Date: _____

Workforce Development (WFD) Team Work Plan

Last Revised: March 3, 2017

Team Members: Gretchen Sampson, Jaime Weness, Diana Peterson, Kristin Boland, Corby Stark, Chad Knutson, Tonya Eichelt

Goal 1: Develop and Assure a Competent Workforce

Objectives	Activity	Individual or Group Responsible	Due Date
By 06/30/2017, a formal orientation plan for professional staff new hires will be in place in each Department	Research other agency orientation plans for models. Create formal orientation plan. Vet with staff for input and suggestions and revise per suggestions.	Division Director Program Managers Felecia Kallavang	06/30/17
By 09/30/17, a comprehensive workforce development plan will be created and staff trained	Use Health Dept. plan as model. Research competency assessment tools and training plan templates. Explore use of WFD Tracker.	WFD Team Staff rep BH/DCF	09/30/17
By 12/31/17, staff understanding of agency programs and related topic areas will be strengthened	At each all staff meeting, a staff member will present information about an agency program and/or a topic of interest from a recent educational event	Program Managers Line staff	12/31/17 and ongoing
By 12/31/17, each staff person will have created a 2018 training plan to assure maintenance of skill set in his/her position	Training plan will be a component of the WFD plan. Train staff on use of the plan. Managers will assist staff in completing their 2018 training plans	Program Managers	12/31/17
By 12/31/17, identify and assure annual required trainings for staff are completed	Assess need for training for: HIPAA, civil rights compliance, cultural competence, ethics, etc and arrange for onsite training if possible	WFD Team	12/31/17

Goal 2: Promote Leadership Development

Objectives	Activity	Individual or Group Responsible	Due Date
By 06/30/17, an assessment of employee career interests, passions, strengths and aspirations will be completed	Develop survey monkey tool for assessment of employee career related interests	WFD Team	06/30/17

By 12/31/17, assessment results will be used in developing 2018 employee training plans to increase leadership skills	Integrate employee assessment results with training plans and/or employee growth opportunities	Program Managers Employees	12/31/17

Goal 3: Develop an Employee Recognition Program

Objectives	Activity	Individual or Group Responsible	Due Date
By 06/30/17, an assessment of employee preferences for recognition will be completed	Develop survey monkey tool for assessment of employee preferences for recognition; summarize results	WFD Team	06/30/17
By 09/30/17, develop employee recognition program and align with employee preferences from survey	Create written protocols for employee recognition program. Share with staff at all staff meeting	WFD Team	09/30/17
By 12/31/17, employee recognition program will be in in place	WFD team assures program is viable and implemented	WFD	12/31/17 and ongoing

Objectives: Answers the question - what do you want / need to accomplish? Objectives should be written using a SMART format (specific, measurable, achievable, realistic, and timely).
Outcome: Answers the question - what is that you hope to achieve by meeting the objective? An outcome digs a little deeper and looks at answering how will achieving the objectives affect performance or improve health, etc.
Tasks: Answers the question – which specific actions / benchmarks need to be accomplished in order to successfully complete the objective?
Individual or Group Responsible: Answers the question of who will be the lead for assuring the objective is accomplished? While this might come from a team or committee, a person should always be named, not a team.
Due Date: Answers the question - When do you expect to complete the objective?
Status: Answers the question - Where is the status of the objective?

Developed By: Gretchen Sampson RN MPH – Division Director Date: 03/03/2017

Reviewed By: _____ Date: _____

Polk County Health Department

Workforce Development Team

Last Revised: November 25, 2016

Team Members: Brian K, Debbie L, Bonnie L, Laurie W, Therese A, Julie B, Tara K

Goal 1: Recruitment Strategies

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
By the end of 1st quarter 2017, identify key staff positions that will need to be filled within the next 2-3 years	Develop a staff list based on tenure that shows a prioritized list of who is eligible for retirement within the next 3-5 years	Bonnie, Laurie, Brian K	March 15, 2017
	Determine which positions are key for filling, which positions might be absorbed through attrition and/or merged into other positions	Agency Administration	March 15, 2017
By May 31, 2017, work with ER to determine rules/guidelines around recruitment of identified individuals	Work with ER to determine if, as a public entity, there are rules around recruitment of potential employees. Develop a comprehensive list of rules/guidelines and enter into Succession Plan	ER and Bonnie, Laurie	May 15, 2017
	Based on rules/guidelines, develop 3-5 key strategies for recruitment that conform to the identified rules/guidelines	ER and Agency Administration	May 15, 2017
By the end of 2nd quarter 2017, turn over completed Succession Plan to ER and Agency Leadership so they can begin to identify individuals for future recruitment	Present completed Succession Plan to Leader's Group during April Leader's Group meeting	Bonnie, Laurie, Brian K	April Leader's Group Meeting
	Finalize plan based on Leaders Group feedback and present to Agency Administration/Leadership for next steps	Bonnie, Laurie, Brian K	May 15, 2017

Goal 2: Retention Strategies

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
By the end of 2017, Incorporate role specific competencies into all public health professional job	Develop competency language one-pager (based on Council of Linkages General PH Domains) for agency leadership to reference as position descriptions are updated	Brian K	March 15, 2017

descriptions	During annual employee review cycle, supervisor and staff will work together to add appropriate competency language into current position description	Supervisors	Ongoing throughout 2017
Work with PM/QI team to use data from Employee Satisfaction Surveys to incorporate retention strategies into Succession Plan and daily activities	Analyze annual Employee Satisfaction Surveys to develop prioritized list of staff concerns, issues, wants and desires	PM/QI Team and WFD Team (joint project)	Within 1 month of completion of Employee Satisfaction Surveys
	Determine which strategies can be addressed	WFD Team	Within 1 month of completion of prioritized list
	Develop ideas to address strategies that are within the scope of addressing. Present to Leader's Group for feedback.	WFD Team	May 2017 Team Leaders Meeting
	Implement strategies based on Leader's Group feedback	WFD Team	By end of 3rd Quarter, 2017

Goal 3: Succession Planning

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
By the end of the 2nd quarter of 2017, a completed Succession Plan will be presented to the Leader's Group for review	Examine 3-5 templates for succession planning and determine which template will be used	WFD Team	December 31, 2016
	Write Succession Plan to meet the needs of the PCHD	Brian, Bonnie, Laurie	March 31, 2017
	Present to Leaders Group and Agency Admin for review and approval	Brian, Bonnie, Laurie	By end of 2nd Quarter 2017

Goal 4: Leadership Development

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
Update current Leadership Development Activities in WFD Plan by January 31, 2017	Review current Leadership Development Activities in WFD.	WFD Team	Completed on November 18, 2016
	Update Leadership Activities based on need, trends or PHAB 1.5 requirements	WFD Team	Completed on November 18, 2016
Provide leadership RBA training by end of 2nd quarter 2017	Identify RBA training to provide to leadership during 2017	WFD Team	End of 1st Quarter 2017
	Provide identified RBA Training to leadership by end of 3rd quarter 2017	TBD	End of 3rd Quarter 2017

Continue to promote membership in professional organizations as appropriate	Maintain current leadership development strategy of encouraging professional membership as appropriate	Agency Admin	Ongoing throughout 2017

Goal 5: Ensure a Competent Workforce

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
Complete agency wide Competency Assessments by December 15, 2016	Provide instructions to staff to complete assessments by December 2, 2016	Bonnie	Completed on November 18, 2016
Aggregate staff scores to determine the 3 lowest domain areas	Aggregate individual competency scores to determine agency wide scores	Bonnie, Brian, Laurie W.	December 31, 2016
	Determine 3 lowest scoring domains	Bonnie, Brian, Laurie W.	December 31, 2016
Identify/develop trainings to meet the 3 lowest domains. Provide these trainings during quarterly all staff meetings in 2017	Identify/develop trainings to meet lowest scoring domains	Bonnie, Brian, Laurie W.	December 31, 2017
	Provide trainings at each quarterly all staff meeting	WFD Team	Ongoing throughout 2017
Identify the top 4 annual required trainings for the PCHD. Develop/provide these trainings during quarterly lunch/learns during 2017	Develop list of top 4 annual required trainings	Bonnie, Brian, Laurie W., Wendy B.	December 15, 2016
	Develop/provide these trainings during quarterly lunch-n'-learns throughout 2017	WFD Team	Ongoing throughout 2017
Ensure a web based version of both all staff provided trainings and lunch and learn provided trainings as an option for staff who are unable to attend in person events	Convert 8 identified trainings from above (quarterly all staff and quarterly lunch and learn) into easily viewable web-based presentations.	Brian K.	Ongoing throughout 2017
Update WFD Tracker to reflect agency needs	WFD tracker will be updated to compute actual scores not just lowest identified.	Elizabeth H	December 31, 2017
	Create report to compare agency, program and individual competency scores across multiple years	Elizabeth H	December 31, 2017
	Determine other updates as needed	WFD Team	Ongoing

Objectives: Answers the question - what do you want / need to accomplish? Objectives should be written using a SMART format (specific, measurable, achievable, realistic, and timely).
Activities: Answers the question – which specific actions / benchmarks need to be accomplished in order to successfully complete the objective?

Individual or Group Responsible: Answers the question of who will be the lead for assuring the objective is accomplished? While this might come from a team or committee, a person should always be named, not a team.
Due Date: Answers the question - When do you expect to complete the objective?

Developed By: _____ Date: _____

Reviewed By: _____ Date: _____

Polk County Health Department

Maintain Accreditation (MA) Team

Last Revised: November 28, 2016 Future revisions will be found in the Dashboard.

Team Members: Brian K, Gretchen S., Mary B., Elizabeth H., Wendy B., Donna J., Bonnie L., Patty L., Gail P., Brian H.

Goal 1: Enhance Accreditation Team to align with PHAB 1.5 Standards

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
Designate a core group responsible for overall agency accreditation efforts	Work with Admin and Leaders Group to identify a comprehensive group to oversee accreditation efforts.	Accreditation co-leads (Mary and Brian)	COMPLETED AT ALL-STAFF MEETING IN OCTOBER, 2016
	Establish a meeting schedule for Maintain Accreditation Team	Mary/ Brian	2/1/2017
	Collect documentation for Re-accreditation	MA Team	12/31/2017
	Successfully complete PHAB Annual report	Mary/Brian	Yearly in June
	Link all VMSG objectives to appropriate PHAB Domains	MA Team	12/31/2017
	Link all VMSG activities to appropriate PHAB Domains	MA Team	12/31/2018
	Work with ER to ensure PHAB and PM/QI updates are standing agenda items for all Health and Human Services Board Meetings	MA Team	3/30/2017

Goal 2: Ensure Communications Plan is updated to PHAB 1.5 Standards

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
Update current Communications Plan to ensure we meet/exceed PHAB 1.5 requirements	Review PHAB 1.5 Guidance related to Communications Plan	M/B Team and MA Team	01/31/17
	Update Communications Plan to meet/exceed PHAB 1.5 Guidance	M/B Team and MA Team	02/28/17
	Provide completed 1.5 compliant Communications Plan to Team Leaders for review	M/B Team and MA Team	03/31/17
	Update Staff at All staff meeting of changes to plan	M/B Team and MA Team	04/30/17

Goal 3: Ensure PM/QI Plan is updated to PHAB 1.5 Standards

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
Update current PM/QI Plan to ensure we meet/exceed PHAB 1.5 requirements by the end of 2016	Review PHAB 1.5 Guidance related to PM/QI Plan	PM/QI Team and MA Team	1/31/2017
	Update PM/QI Plan to meet/exceed PHAB 1.5 Guidance	PM/QI Team and MA Team	2/28/2017
	Provide completed 1.5 compliant PM/QI Plan to Team Leaders for review	PM/QI Team and MA Team	3/31/2017
	Update Staff at All staff meeting of changes to plan	PM/QI Team and MA Team	5/1/2017

Goal 4: Ensure Workforce Development Plan is updated to PHAB 1.5 Standards

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
Update current WFD Plan to ensure we meet/exceed PHAB 1.5 Requirements by the end of 2016	Review PHAB 1.5 Guidance related to Workforce Development	Brian K. and MA Team	Completed in October 2016
	Update WFD Plan to meet/exceed PHAB 1.5 Guidance	Brian K and MA Team	Completed in November 2016
	Provide completed 1.5 compliant WFD Plan to Team Leaders for review	Brian K and MA Team	December 2016 Team Leader's Meeting
	Update Staff and All staff meeting of changes to plan	Brian K and MA Team	First Quarter 2017

Goal 5: Ensure CHA is updated to PHAB 1.5 Standards

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
Complete CHA and ensure we meet/exceed PHAB 1.5 requirements by April 2019	Administer Community Health Survey and collect/compile data on health priority areas	CHA/CHIP Leadership team	11/30/2018
	Focus Groups to share data and vote on priority areas	CHA/CHIP Leadership team	03/31/2019
	Key Stakeholder meeting to share data and vote on priority areas	CHA/CHIP Leadership team	04/30/2019
	Write CHA – (share draft, revise and finalize)	CHA/CHIP Leadership team	08/31/2019
	Press Release to publically release the CHA	CHA/CHIP Leadership team	09/30/2019

Goal 6: Ensure CHIP is updated to PHAB 1.5 Standards

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
Complete CHIP and ensure we meet/exceed PHAB 1.5 requirements by the end of April 2017	CHIP Leadership team will meet at least Quarterly to provide guidance for the implementation and writing of CHIP	CHA/CHIP Leadership Team	Ongoing
	CHIP Workgroups will submit draft action plans	CHIP Workgroups	1/15/2017
	Draft of 2017-2020 CHIP will be complete	Mary/Elizabeth	2/15/2017
	CHIP Leadership Team will review draft CHIP	CHIP Leadership Team	2/28/2017
	2017-2020 CHIP will be finalized and ready for print	Mary/Elizabeth	3/31/2017
	Press conference to publically release 2017-2020 CHIP	CHIP Leadership Team	4/13/2017
	Update community and key stakeholders (Polk United) quarterly on CHA/CHIP workgroups progress and activities on implementation	Mary/Elizabeth/ Polk United	Ongoing

Goal 7: Ensure Ethics Plan is created and up to PHAB 1.5 Standards

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
Apply for a NACCHO sponsored Ethics training and Infrastructure development opportunity	Apply for the training opportunity	Health Officer	December, 2016 PCHD was selected for this training opportunity
By January 31, 2017, NACCHO sponsored Ethics training for all staff and select community members will be completed	Virtual Ethics training scheduled for January 24, 2017	Health Officer	January 31, 2017
By February 28, Identify staff and community members who will become the core Ethics committee representation	Solicit members through direct contact, email, phone conversations	Health Officer, Health Educator	February 28, 2017
By April 30 2017, NACCHO sponsored all day training with core ethics committee	Schedule the all day in-person with NACCHO staff and Ethics team members.	Health Officer	April 30, 2017

By the end of the second quarter, 2017 PCHD Ethics committee will formalize the PCHD ethics committee	Develop local plan: code of ethics, ethical infrastructure, roles and responsibilities of committee; support to staff who present with an ethical issue; assist with future ethics trainings to advance knowledge	Ethics Team	6/30/2017
Provide staff training to staff	All staff meeting in the summer of 2017	Ethics team Leads	9/1/2017
By end of Third Quarter, 2017, WR Ethic's group will decide on the future of a Regional ethics committee, or Ethics support to the Local Health Departments	Determine how the PCHD can collaborate with the Western Region for support. Work with WR-DPH and regional ethics community of Practice (COP).	Health Officer and Jail Nurse	10/1/2017 and ongoing

Goal 8: Ensure Strategic Plan is updated to PHAB 1.5 Standards

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
Create 2017-2020 Strategic Plan to ensure we meet/exceed PHAB 1.5 Requirements by the end of 2016	Workgroups will submit Workplans for inclusion into the 2017-2020 Strategic Plan	Workgroup Leads	11/30/2016
	Draft Strategic Plan will be submitted to Board for review and comment.	MA Team	12/31/2016
	Draft Strategic Plan will be submitted to community for review and comment	MA Team	12/31/2016
	Final Strategic Plan will be ready for Print and Publication	MA Team	February 2017

Objectives: Answers the question - what do you want / need to accomplish? Objectives should be written using a SMART format (specific, measurable, achievable, realistic, and timely).
Activities: Answers the question – which specific actions / benchmarks need to be accomplished in order to successfully complete the objective?
Individual or Group Responsible: Answers the question of who will be the lead for assuring the objective is accomplished? While this might come from a team or committee, a person should always be named, not a team.
Due Date: Answers the question - When do you expect to complete the objective?

Developed By: _____ Date: _____

Reviewed By: _____ Date: _____

Polk County Health Department

Institutionalize PM/QI within PCHD Work Plan

Last Revised: November 10, 2016 Future revisions will be completed in the Dashboard.

Team Members: Wendy Bauman, Andrea Seifert, Elizabeth Hagen, Rita Bohn, Sally Johnson, Julie McClelland

Goal 1: Institutionalize Performance Management

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
By Jan. 1st 2017 all programs will have established goals, objective and activities to be reported on within the VSMG PM Dashboard.	VSMG Administrators will meet with program staff to establish and enter goals, objectives and activities	Elizabeth/ Brian K	1/1/2017
	VSMG Administrators and Mary B. will meet to Tag all objectives and activities with appropriate category tags	Elizabeth/ Brian K/ Mary	4/1/2017
Program Staff will be trained on VSMG PM Dashboard by March 31st 2017.	Laurie W. will ensure all staff have access to you tube to watch training videos	Laurie W.	2/1/2017
	VSMG Administrators will provide training on the use of the Quick Update tool in the VSMG PM Dashboard	Elizabeth/ Brian K	4/1/2017
	VSMG Administrators will meet with appropriate staff to train how to run reports within the VSMG PM Dashboard.	Elizabeth/ Brian K	4/1/2017
Program staff will enter data into the VMSG PM Dashboard on an ongoing basis	Automated monthly reminders to program staff to update within the VSMG PM Dashboard will be set up.	Elizabeth/ Brian K	Ongoing
	Program Staff will enter a Quick Update on all Activities and Objectives at least monthly.	Program Staff	Ongoing
Performance measures within the VSMG PM Dashboard will be monitored.	Dashboard Activity Report will be run Monthly to ensure program staff is utilizing and updating the VSMG PM Dashboard	Work Group	Ongoing
	If Dashboard Activity Report shows any program staff not utilizing and updating the Health Officer will send a reminder.	Wendy	Ongoing

Goal 2: Institutionalize Quality Improvement

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
If an Objective or Activity within the VSMG PM Dashboard status	Monthly the Categorization Report will be run to identify any objectives or activities with a red light status.	Program Lead	Ongoing

light has changed to red quality improvement will be initiated when appropriate.	PM/QI workgroup will reach out to program staff responsible for the objective or activity and initiate a QI project when appropriate.	Workgroup	Ongoing
In Feb. of each year the NACCHO Culture of Quality Self-Assessment will be conducted and analyzed.	PM/QI workgroup will take the NACCHO QI self-assessment	Workgroup	End of Feb.
	Results will be compiled	Mary /Elizabeth	March 15th
	Results will be analyzed by PM/QI Team	Workgroup	At April PM/QI Meeting
	Results will be presented at Leaders Group for determining next steps.	Wendy	At April Leaders Group
By June 30th 2017 all staff training on the protocol and procedure for QI projects will be completed.	Create a process/procedure for initiating and tracking QI projects within the VSMG PM Dashboard. (Process Map, Aim statement = Goal, ...)	Elizabeth/ Brian K/ Mary	6/30/2017
	At an all staff meeting the new process/procedure will be shared.	Elizabeth/ Brian K/ Mary	9/30/2017
One QI project will be presented at every quarterly all-staff meeting.	PM/QI Workgroup will determine which QI projects have been completed during the quarter and ask one to present.	Workgroup	Ongoing
	A story board will be developed and used for presentation by project team members.	All Staff	Ongoing

Goal 3: Annual Customer/Partner Satisfaction Survey Completion and Follow-up

Objectives	Activities (how will you accomplish it?)	Individual or Group Responsible	Due Date
By June 30th 2017 a partner satisfaction survey will be developed.	Research validated partner satisfaction surveys	Workgroup	2/30/2017
	Present example surveys to PM/QI workgroup	Workgroup	4/28/2017
	Decide on a survey to use or combine multiple surveys that best meet PCHD's needs.	Workgroup	6/30/2017
Annually, by October 31st, the Partner Satisfaction survey will be conducted.	Disseminate Survey to partners determined by program leads no later than October 15th; and the surveys will close no later than October 31st.	All Staff	October 31st
Annually, by December 31st, the partner satisfaction survey will be analyzed.	Program Lead will analyze results related to their program	Program Leads	November 30th
	Program Leads will discuss/present results with PM/QI Workgroup	Workgroup/ Program Leads	November 30th
	Program Leads and PM/QI Workgroup will determine next steps.	Workgroup/ Program Leads	December 31st
Annually, by October 31st, the Customer Satisfaction survey will be conducted.	Review Survey from previous year and make necessary adjustments.	Workgroup	September 30th
	Disseminate Survey to clients no later than October 15th; and the surveys will close no later than October 31st.	All Staff	October 31st

Annually, by December 31st, the Customer satisfaction survey will be analyzed.	PM/QI Workgroup will analyze results and compare to previous year's results.	Workgroup	November 30th
	PM/QI Workgroup discuss/present results with Leaders Group	Workgroup/ Leaders Group	December 31st
	Leaders Group and PM/QI Workgroup will determine next steps.	Workgroup/ Leaders Group	December 31st

Objectives: Answers the question - what do you want / need to accomplish? Objectives should be written using a SMART format (specific, measurable, achievable, realistic, and timely).
Activities: Answers the question – which specific actions / benchmarks need to be accomplished in order to successfully complete the objective?
Individual or Group Responsible: Answers the question of who will be the lead for assuring the objective is accomplished? While this might come from a team or committee, a person should always be named, not a team.
Due Date: Answers the question - When do you expect to complete the objective?

Appendix C: Record of Changes to the Strategic Plan

Record of Changes

The Polk County Community Services Division Strategic Plan is not a stagnant plan but a plan that can change to meet the needs of both the internal and external environment. Therefore it is important that records of these changes are kept in order to monitor the evolution of this plan. **All changes to this plan should be approved by Department Heads or the Community Services Division Director.**

Date	Description of Change	Page #	Made By:	Rationale