Contents

Introduction 2
History of Strategic Planning for CCHD 2
Phase I – Strategic Planning Process 2
Team Makeup 2
Process 3
Vision 3
Mission 3
Values 3
Phase II 5
Performance Management System 5
Glossary of Acronyms and Terms 7
Appendices 9
Appendix A 9
Appendix B 11
Appendix C 13
Appendix D 15
Attachment 1 – Annual Strategic Action Plan 16

Introduction

The objective of strategic planning is to create a document that provides the agency and its stakeholders with a clear picture of how the agency is moving forward. This includes what the agency hopes to achieve and how success is measured. The City-County Health Department (CCHD) has created an updated Strategic Plan that is grounded in decisions made by agency leadership and stakeholders about priorities for the near future. This plan is a powerful tool for driving decisions and managing the agency effectively, as well as directing performance management at every level of the agency.

This document is the culmination of the three-phase process CCHD implemented to complete the Strategic Plan refresh. It will replace the 2014 – 2018 CCHD Strategic Plan. An executive summary of the 2014 – 2018 Plan acts as the final summary of the action plan for that version, and indicates the priority areas that will be carried forward for the new Strategic Plan.

History of Strategic Planning for CCHD

As the agency has grown and developed, opportunities for improvement with the previous version of the strategic plan were identified. The focus in this plan is to ensure that it is developed by those who will use it and includes metrics that truly reflect the Agency's work.

Agency performance management tracks the outcomes of an organization and should be aligned with the strategic plan. CCHD is using a strategic planning process to develop priorities and set the direction for the future, while utilizing an online data-tracking program called AchieveIt for a performance management system to ensure the agency is making continual headway in positively impacting its key priorities.

The previous strategic plan had some strengths and helped identify the direction that CCHD should begin moving, but due to some opportunities for improvement, CCHD utilized the Annual Executive Summary as an opportunity to summarize work that has been done and identify next steps for an altered methodology. This is discussed further in the section below "Current Planning Process."

Phase I – Strategic Planning Process

Team Makeup

The Cascade City-County Health Department (CCHD) internally managed the Strategic Planning Process that began in May of 2017, and included all Leadership Team members. This includes Division Managers as well as staff at varying levels of leadership.

CCHD's Leadership Team is comprised of the following members:

- Tanya Houston – Health Officer
- Trixie Smith – Prevention Services Division Manager
- Sandy Johnson – Environmental Health Division Manager
- Jo-Viviane Jones – Family Health Services Division Manager
- Katie Brewer – Preparedness & Community Planner
- Anna Attaway – Communications and Community Planner
- Melanie McKinzie-Swartz – Office & Accreditation Coordinator

Bowen Trystianson – Public Health Nurse
Laura Brusky – Sanitarian
Millie Olson - Sanitarian
Trisha Gardner – Privacy Officer/Community Health Education Specialist

In addition, CCHD's Board of Health Chair, Peter Grey, provided leadership, feedback, and guidance as the team worked through this Strategic Planning process. On February 21, 2018, he helped facilitate a leadership strategic planning discussion.

Topics covered were critical for a Strategic Planning Process and included:

- Defining customers
- Internal and external communication
- Forward reaching goals for the Agency, and where there may be gaps

*An example of preparation done by each Division, and then discussed at the Agency level, can be found in Appendix B.

Process

This process proved to be longer than average for a Strategic Plan refresh, beginning in July 2017 and concluding with the development, approval, and release of the full Strategic Plan as well as the first annual Action Plan in February 2019.

One of the first steps of this strategic planning process, was to revisit the CCHD's Vision, Mission, and Values. It is important that these are updated to ensure alignment with the work that is being done by CCHD to serve the community. All staff, the Board of County Commissioners, and the Board of Health each had the opportunity to provide feedback at various times throughout the process. Approval was received from each group on the following dates:

- CCHD Leadership Team – August, 2017
- Board of Health – September 6, 2017
- Board of County Commissioners – September 12, 2017
- Presented to all Staff – September 13, 2017

CCHD's Vision and Mission reflect the promise made to our community. Strategic planning efforts and actions are made with the purpose of improving CCHD's ability to make good on our promise.

Vision

Healthy People in a Safe and Healthy Community

Mission

A responsive agency that strives to prevent disease and illness, ensure a healthy environment, promote healthy choices, and deliver quality services to all in Cascade County.

Values

The Cascade City-County Health Department - Always working to **ExCEL**

Excellence – We act with integrity, honesty, and fiscal accountability.

Competence – We ensure we are knowledgeable on our subject matter, seek innovative solutions, and are capable of the duties entrusted to us.

Education – We work with the public to ensure they receive the information they need to be an empowered, healthy, and energized community.

Listen – We ensure two-way communication and collaboration with the community and our partners, always acting with compassion and respect.

As previously mentioned, there were some major opportunities for improvement with the 2014-2018 CCHD Strategic Plan that made implementation and tracking of the Plan very difficult. As part of the strategic plan refresh process, the Root Cause Analysis tool was utilized to help explore the potential reasons for these opportunities for improvement. Copies of these are included as Appendix A to this narrative.

The Leadership Team strived to keep the two discovered "root causes" in mind throughout the process and wanted to ensure that steps were taken to mitigate them moving forward. One critical point worth noting is that the team discovered they must first have the foundation and skill set to ensure that this can be a practical, useful, and applicable plan, as opposed to an unyielding document that does not flexibly support the work of the Agency. Thus, the team completed the following to set that foundation:

- A phase process of Strategic Planning was utilized.
- Focus was on ensuring SMART (Specific, Measurable, Attainable, Realistic, and Time-Frame for completing) objectives are set; at first, process objectives were allowable, but as time goes on the focus will systematically turn towards outcome orientation.
- Data focused reports are generated in AchieveIt, and distributed to the team regularly.
- Objectives are a reflection of actual work that is being done.
- Shorter timeframes are used for performance measure to show consistent movement towards the strategic priorities.

This methodology was deemed as best for the Agency to help support the growth and development of the team in the Strategic Planning and Performance Management work. Allowing the team to be directly involved; to practice developing, reporting on, and collecting data for SMART objectives; and to become familiar and well-versed with utilizing the AchieveIt system help set the foundation for the work that came in Phase II and Phase III.

In order to ensure that staff at all levels were introduced to the concepts, material, and received an opportunity to provide feedback and insight to the process, a number of meetings were held with all levels of staff on each of the following topics:

- Strength, Weaknesses, Opportunities, and Threats (SWOT) Analysis (Appendix C)
- Vision, Mission, Value (promise) review*
- Data assessment collection*
- Stakeholder assessment*
- External Trends for CCHD (Appendix C)

Each Division Manager met with their staff regarding these topics. Once that step was completed, the information was brought back to the Leadership Team and compiled. Top components of information were identified and utilized for forward movement in the planning process. This included:

1. Each Division developed at least two SMART objectives, utilizing the process tools and resources such as the SWOT Analysis; approved Agency Vision, Mission, Values; data assessment; stakeholder assessment; and the five identified priority areas.
2. These SMART Objectives and baselines were entered into the AchieveIt program.
3. Divisions reported out once per month during Phase I. Reports were provided verbally to the LT, entered into AchieveIt, and templates were completed that include tools such as Root Cause Analysis to assess opportunities for improvement. As mentioned above, many of the objectives at this point are process-oriented, but can be tied to a long-term outcome, as the team starts developing those.
4. After one year, objectives were reviewed, results archived, or carried forward for continued work.

*Additional documentation further describing the process and deliverables from Phase I have been archived by CCHD and are available upon request.

Phase II

It is important to note that some of the components of the 2014-2018 Strategic Plan were not completed. In the Executive Summary, it was noted that these would be carried forward. Components such as the Communication Plan, Quality Improvement, Gap Analysis for Community Partners, and the Community Health Improvement Plan all fall under one of the five Strategic Priority areas that were established by Phase I of this Strategic Planning process.

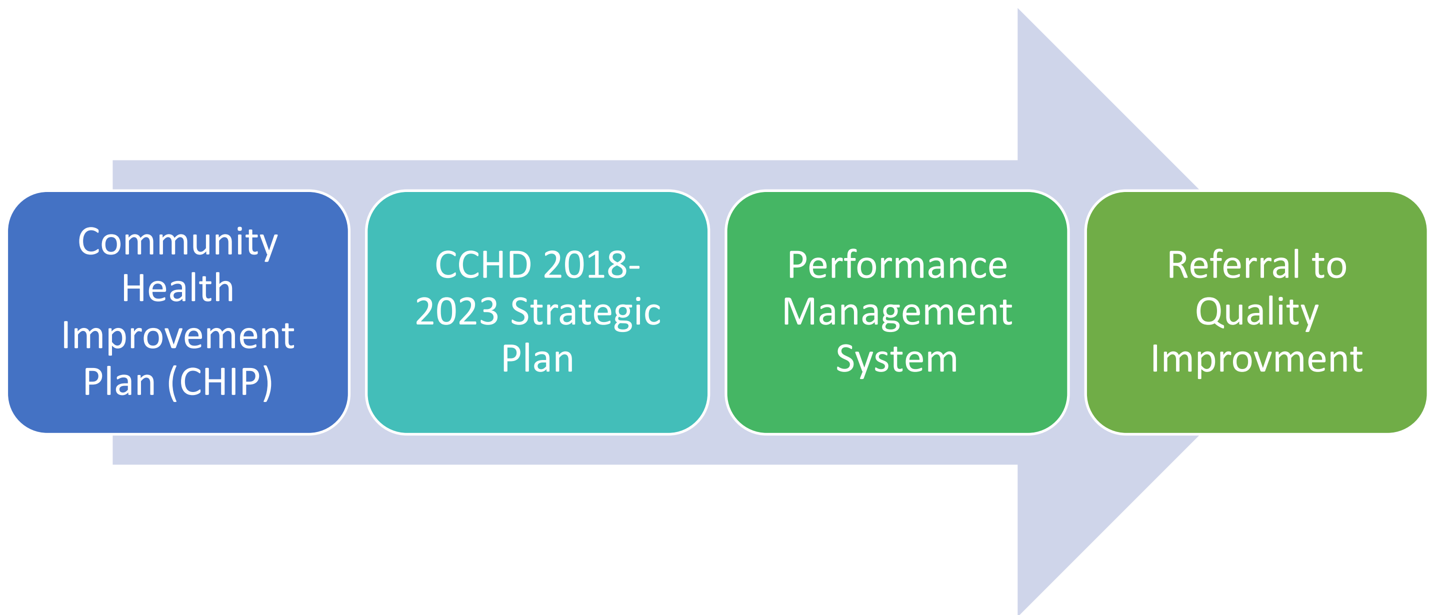
Once Phase I was complete, the team had a solid foundation of knowledge, experience, and confidence to move into more in depth metric development, utilization, and reporting.

Tools such as the SWOT were revisited, and others such as fishbone diagrams were completed and utilized to identify the top Strategic Goals for 2018-2023. These are:

1. CCHD will achieve and maintain 100% compliance with Public Health Accreditation Board requirements to maintain accreditation status.
2. Achieve and maintain a new employee first year retention rate of 95%.
3. Reduce the number of reportable disease cases in Cascade County residents by 5%.
4. Establish and maintain designated staff or positions that participate in each community group that addresses the priority areas identified in the Community Health Improvement Plan. This includes identifying performance measures that tie into the Community Health Needs Assessment and align with CCHD's services.
5. Each of the four Divisions will have at least one information and data management system in place with specific identified methods in which information will be collected, analyzed, utilized, and shared in deliberate ways.
6. Finish each County Fiscal year with a balanced budget.

Performance Management System

At this juncture, it is important to note that at the beginning of this process, CCHD made a conscious decision to align several plans. This includes combining the Strategic Plan and Performance Management Plan, with direct methods of referring projects for Quality Improvement. This helps tie the efforts of CCHD together, with one plan feeding the next for a collective impact and less redundancy of efforts.



The Strategic Goals bulleted above set the framework for all Performance Measures as demonstrated in the Annual Strategic Action Plan (Attachment 1). Below are a few additional points of note regarding CCHD's Performance Management Plan and System:

- The CCHD Leadership Team comprised the Strategic Planning Team and is also the lead Performance Management Team. Staff are brought in as activities dictate, and all staff receive progress updates.
- Each Division developed at least two performance measures and completed a Performance Measure Development Worksheet (Appendix D) to articulate all required areas. As noted, these measures tie in directly to at least one of the Strategic Goals.
- A lead individual is identified for each measure, progress is tracked, reported, and analyzed on a monthly or quarterly basis, and data is inputted into the online performance management system, AchieveIt.
- Criteria for referring a performance measure to the Agency's quality improvement process was also included and noted on the worksheet.
- The Annual Strategic Action Plan (Attachment 1) includes information regarding each performance measure. This plan will be revisited annually with measures being marked as complete and archived, or carried forward to the next year. As measures are completed and archived, additional ones will be identified and added. This will ensure continued work towards reaching the Strategic Goals outlined for CCHD.
- Reports will be generated annually and shared with the staff at all levels, the Cascade County Board of Commissioners, the Board of Health, stakeholders, and the public.

This Strategic Plan, like all Agency Plans, is a living document. As this plan is finalized and implementation continues, consistent evaluation, monitoring, and revising will be taking place.

Glossary of Acronyms and Terms

Accreditation

The measurement of a health department's performance against a set of nationally recognized, practice-focused and evidence-based standards that are designed to improve service, value, and accountability of health department operations to its stakeholders.

CCHD – Cascade City-County Health Department

CHIP – Community Health Improvement Plan

A long-term, systematic, science based effort to address public health problems in a community. The plan is a collaborative effort based on the results of Community Health Needs Assessment activities, and is part of a community health improvement process.

CHNA – Community Health Needs Assessment

An in-depth statistical assessment of the 'state of health' in a community. This is achieved through collaboration of many community health-related partners and stakeholder. The Community Health Improvement Plan (CHIP) is developed using statistics from this assessment.

Core At Work

A workforce training program designed by the Arbinger Institute that helps employees understand the importance of functioning as a positive, productive part of an agency. Arbinger's work equips people to understand and effect change of an organization's culture and resolve conflict. Currently, CCHD has one licensed Core at Work Facilitator (Tanya Houston).

Core Competencies

The Core Competencies for Public Health Professionals (Core Competencies) are used in the development of CCHD's Workforce Development Plan. They are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Developed by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), the Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health. These competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals. (See Tier definitions below)

LT – Leadership Team

PHAB – Public Health Accreditation Board

A national non-profit agency dedicated to improving and protecting the health of the public by advancing the quality of public health departments. PHAB designed the national public health standards and measures. They are also the accrediting agency for public health departments.

Performance Management and Quality Improvement Plan

A plan describing the system that will be used by CCHD to monitor the quality of performance of processes, programs, interventions and other activities. A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving

objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes.

PMT – Performance Management Team

A team of CCHD employees that is responsible for carrying out the purpose and scope of the Performance Management and Quality Improvement Plan for CCHD.

SMART – criteria are a guideline that can be used to describe goals in enough detail to help monitor progress toward achieving them. The acronym for SMART Goal Setting stands for Specific, Measurable, Attainable, Realistic, and have a Time-Frame for completing.

Standards and Measures

Guidance provided by PHAB to health departments which outlines the activities and documentation needed to assure quality delivery of the 10 Essential Public Health Services.

Workforce Development Plan

An employee training and status plan that uses nationally accepted methods of survey and 3-step statistical analysis processes in order to discover the gaps in core competency training among the staff. It also outlines required basic certifications and recurring trainings required by health department workforce and the evaluation and tracking processes used to supply and assure core competency training has occurred.

Appendices

Appendix A

5 – Why Root Cause Analysis Tool
Problem: Agency Strategic Plan is not being utilized to help guide CCHD's actions.
Why 1 The connection for the Leadership Team (LT) between the Strategic Plan and their everyday work is not clear to them. They are not finding the Strategic Action Plan a useful tool for making decisions and allocating resources.
Why 2 LT was part of the plan development process that was led by a consultant. But, they often did not fully grasp the intricacies of the process or how the work tied into the ultimate goals. SMART Goals/Objectives/ Strategies were not deemed the standard, thus measurement was often difficult and ambiguous.
Why 3 There was a timeline and a consultant who had a process he wanted to use. The LT sometimes felt rushed to complete activities in the process without a full understanding how that activity or document actually tied into their work. Since the LT was lacking experience in utilizing data and the SMART process was not deemed the standard, these were missing from many of the goals developed in the Strategic Action Plan.
Why 4 A new Health Officer (HO) and LT knew that they were working on a timeline for accreditation, so it was imperative to finish the plan. Also, the consultant had been hired by the former HO and this position was changed partway through the process. Although, all LT members and the new HO were present for the entire process, the change in leadership, working, and thinking styles may have added to the complication and confusion of the process. In addition, the lack of experience and knowledge from the HO and team regarding data utilization and SMART objective development made reporting true progress extremely difficult.
Why 5 The Leadership Team and new HO lacked a large breadth of experience with Strategic Planning and did not fully understand the process.
Root Cause **There was a critical change in Leadership during this process. (Former HO resigned with no position specific training to new HO.) This transition interrupted the flow of and added challenges to the Strategic Planning process. The new HO and team finished the process and plan with the consultant and it was approved by stakeholders. However, lack of full understanding of practical application & data utilization, and an absence of SMART objectives, made the implementation and reporting cumbersome and unrealistic.**

5 - Why Root Cause Analysis Tool
Problem: Entries are not being logged in AchieveIt regarding work towards CCHD's Strategic Plan.
Why 1 The team is not comfortable reporting in the system.
Why 1 A large number of updates are required, and the tie-in to work is not really clear. In addition, the lack of understanding of data utilization as well as the absence of SMART objectives cause ambiguity and uncertainty regarding what should actually be reported.
Why 2

The action plan steps are numerous and many lack solid SMART metrics.
Why 3 During development, the Leadership Team (LT) was not necessarily considering metrics and how work towards the action steps would be measured. This was a new concept for the team that did not naturally occur to them.
Why 4 A lack of data analysis and interpretation knowledge has been identified as an opportunity for improvement with the CCHD LT.
Why 5 HO and LT were both new to the process. They had never helped write a Strategic Plan, had never used AchieveIt for tracking, and were new to the concept of utilizing metrics and SMART objectives to measure and report out regarding their work.
Root Cause **Lack of training regarding data utilization for plans and performance management as well as a lack of SMART objectives made it cumbersome and confusing for the LT to update the program; they simply did not know what they were supposed to be reporting. Updates were only done when required and not as a part of or reflection of the work that was being done.**

Appendix B

Cascade City-County Health Department
Brainstorming
Division: Administration
Date: February 21, 2018

1. Who is the customer and what do they want from each of the following groups:
   The Customer is any individual who receives something from us. Because of the diversity of our Agency this can be a very broad definition and encompasses many groups/individuals. So that I could wrap my mind around it, I have defined it as any individual who is seeking something directly from us. (service, information, support, etc.)
   a. You – Provide the leadership and guidance to the Agency so that they can seamlessly approach us. In reality, people probably don't give a lot of thought to me and my position until things start going sideways. In addition, it is expected that I will utilize my authority appropriately to mitigate health threats in our community.
   b. Your Division – Support operations in a fiscally responsible way, be completely transparent, inform and educate the community on ongoing risks, be prepared to respond effectively to any event that may threaten the health of our community.
   c. Our Agency – To provide the necessary structure and balance in the community to ensure the public's health, not unnecessarily disrupt operations in the enforcement of regulations, and always operate in a trustworthy, fiscally responsible, and ethical manner.

2. How do we communicate?
   a. Groups to consider:
      i. Employees – Emails, in person (formal and informal), staff meetings, all staff meetings, newsletter, press releases, website, facebook
         1. What is our goal of this communication? Improve culture, build awareness, increase compliance
         2. Is it effective? How do we measure? We measure effectiveness though compliance, informal cues, verbal/nonverbal feedback, surveys, deadlines. Gap.

      ii. Customers – In person, presentations, website, facebook, email, newsletters, press releases, publications, media,
         1. What is our goal of this communication? Increase awareness and education, build trust and respect in the community, promote health, promote compliance with "healthy living" in a myriad of ways, increase client base for services, increase revenue, be seen as a source of information
         2. Is it effective? How do we measure? We measure effectiveness though regulatory and programmatic compliance, quality assurance, data collected from QI and other systems, client numbers (number of services delivered), revenue, website hits, facebook engagement, communicable disease numbers, other informal cues. Potential gap.

      iii. Suppliers – very little, email, phone calls, orders, maybe a meeting?
         1. What is our goal of this communication? To secure what we need from them.
         2. Is it effective? How do we measure? If we received what we were requesting, was it timely, was it correct/accurate, was it as described. Gap.

iv. Collaborators - Emails, in person (formal and informal), newsletters, presentations, meetings
    1. What is our goal of this communication? Reduce redundancy, build trust, improve service delivery to public, better utilize resources
    2. Is it effective? How do we measure? Relationships, successfully streamlining programs, better client outcome (informally/formally measured), AchieveIt. Gap

v. Community - In person, presentations, website, facebook, email, newsletters, press releases, publications, media,
    1. What is our goal of this communication? Increase awareness and education, build trust and respect in the community, promote health, promote compliance with "healthy living" in a myriad of ways, increase client base for services, increase revenue, be seen as a source of information
    2. Is it effective? How do we measure? We measure effectiveness though regulatory and programmatic compliance, quality assurance, data collected from QI and other systems, client numbers (number of services delivered), revenue, website hits, facebook engagement, communicable disease numbers, other informal cues. Potential gap.

vi. Stakeholders - Emails, in person (formal and informal), newsletters, presentations, meetings,
    1. What is our goal of this communication? Build trust, show we are meeting requirements, demonstrate effectiveness, educate, foster support,
    2. Is it effective? How do we measure? Formal and informal feedback, validation, demonstrations of support (such as signature on plans, legislative action, BOH/Commissioner approval)

b. Both sending and receiving? Yes
c. Specific methods (website, meetings, etc (where applicable) – documented above
d. What is our goal of this communication? – documented above
e. Is it effective? How do we measure? – documented above

3. Looking forward, where is our goal to end up?
    a. Where is your Division/Agency headed (ideally)
        i. To continue to promote awareness with all groups as to what we offer, how we operate, services we provide in a manner that is measurable.
        ii. Increase the number of community members served.
        iii. Develop and increase interactive methods of communicating with the community.
        iv. Continue to maintain an Agency that if 95% trained in Arbinger principles, with ongoing uptraining in application, and measurement of outcomes.
        v. Recognize and reinforce the ways that our Agency is successful and build on those.

    b. What are the gaps?
        i. Measurement and analysis of data
        ii. Clear understanding of what public health is in our community

Appendix C

Cascade City-County Health Department
SWOT Analysis
Division: CCHD ALL
Date: July 17, 2017

	Helpful	Harmful
Internal	**Strengths:** ***Administration*** • Supportive Board of Health • Promote a solid workforce culture that keeps employees engaged and challenged ***Environmental Health*** • Strong relationships with partner agencies • Fully staffed division including administrative support ***Family Health Services*** • Passionate, focused approach to every day work • Experience/knowledge/reliable/committed staff ***Prevention Services*** • Team Players • Experienced Leadership	**Weaknesses:** ***Administration*** • Less competitive salaries and insurance to help secure good employees • Lack of experience in gathering data and establishing metrics ***Environmental Health*** • Lack of needed legal support (Co atty's overloaded. • RS recruitment and retention. Less competitive salaries and insurance to help secure good employees ***Family Health Services*** • Difficulty finding qualified replacement staff at current wage structure • Lack of internal policies for each program ***Prevention Services*** • Salary and benefits – vulnerable for staff leaving • Limited space for growth-cohoused with CHCC
External	**Opportunities:** ***Administration*** • Developing culture in Great Falls seems to be better equipped to accept change • Collaborative Partnerships with Community Partners ***Environmental Health*** • IMPROVE COMMUNICATION and EDUCATION on all levels to achieve general support from the public and operators. Ex. face to face, media tools • External support for Health Departments wishing to grow and adapt. Ex: FDA standards support and training, Public Health improvement grants, DPHHS/FCSS support and training ***Family Health Services*** • Unmet client needs/expand existing program • Streamline internal processes ***Prevention Services*** • More face to face contact with external partners • Provide community members with additional information on services	**Threats:** ***Administration*** • Uncertainty with Political climate and the impact that is may have on funding, programs, services, etc. • Changing technology ***Environmental Health*** • Uncertainty with Political climate and the impact that it may have on funding, programs, services • Understanding limits of authority • Lack of public knowledge about our programs ***Family Health Services*** • Space limitation due to being cohoused with another agency • Burden on staff due to increased grant requirements and data entry requirements (more work/less resources ***Prevention Services*** • Political Change • Uncertainty of funding

Trends Discussion

What external trends or events may impact CCHD in the next five years?

- CHCC's split from the County – opportunity for CCHD's recognition as a stand-alone agency – better understanding of the role of public health in the community
- Legislation – can include funding, rule changes, etc
- Dr. Wood's retirement
- Continuous shifting of leadership in other agencies/partners
- Elected officials
- Illicit drug use implications
-

What internal trends or events may impact CCHD in the next five years?

- Changes in workforce
- Wage discrepancy - Government vs. Private industry
- Consistent focus on improving workplace culture
- Building space
- Increased focus on processes, structure, accountability, metrics, etc. Both in pursuit of continued PHAB accreditation and improvement in meeting community needs.

Are there any mitigation actions that can/should be taken?

- Succession Planning
- Ongoing, effective, two-way communication (internally and externally)
- Maintain focus on improving workplace culture
- Continued focus on meeting PHAB requirements
- Alignment with Strategic Plan, CHIP, etc
- Demonstrate fiscal responsibility
- Explore options for increased transparency, involvement, and flexibility in position compensation packages

Who will be monitoring these?

All levels of workforce

Appendix D

Cascade City-County Health Department
Performance Measure – Division:
Date

Performance Measure Development

Problem Statement or significance of this Measure –

Strategic Priority Area –

Programmatic or Administrative focus -

Measurable objective/action/intervention –

Responsible party –

Data source –

Documentation –

Measurement –

Analysis (timeframe/method; evidence for cited opportunities for improvement can be shown through the use of tools and techniques, for example, root cause analysis, cause and effect/Fishbone; or other analytical tools) –

Indicator of Quality Improvement referral –

Reporting mechanism – (Reporting must include: performance results, opportunities for improvement, and next steps for the identified goals and corresponding objectives.)

Reporting frequency –

Methods this metric, progress, etc be communicated throughout the organization –

Attachment 1 – Annual Strategic Action Plan

CCHD Strategic Action Plan December 2018 - December 2019		
CCHD will achieve and maintain 100% compliance with Public Health Accreditation Board requirements to maintain accreditation status.		
Performance Measure:	**Increase performance rate of required first follow-up inspections for all licensed establishments from 74% to 85%.**	
	Division	Environmental Health
	Focus	Programmatic
	Tracking in AchieveIt	Yes
	Reporting Frequency	Monthly
	Responsible Party	EH Division Manager, Sandy Johnson
Performance Measure:	**Establish a baseline number of complaints that EH receives in 2019 to determine the patterns or trends by program and the resolution time to close out complaints.**	
	Division	Environmental Health
	Focus	Programmatic
	Tracking in AchieveIt	Yes
	Reporting Frequency	Monthly
	Responsible Party	EH Division Manager, Sandy Johnson
Achieve and maintain a new employee first year retention rate of 95%.		
Performance Measure:	**After 6 months of employment, employee and supervisor complete workplace development survey with an average score of "meets expectations" or equivalent.**	
	Division	Administration
	Focus	Administrative
	Tracking in AchieveIt	Yes
	Reporting Frequency	Monthly
	Responsible Party	Health Officer, Tanya Houston
Reduce the number of reportable disease cases in Cascade County residents by 5%.		
Performance Measure:	**Increase CCHD's rate of children receiving all four DTaP vaccinations by 10%.**	
	Division	Prevention Services
	Focus	Programmatic
	Tracking in AchieveIt	Yes
	Reporting Frequency	Monthly
	Responsible Party	Prevention Services Division Manager, Trixie Smith
Performance Measure:	**Reduce the rate of Chlamydia and Gonorrhea in Cascade County by 10%.**	
	Division	Prevention Services
	Focus	Programmatic
	Tracking in AchieveIt	Yes
	Reporting Frequency	Monthly
	Responsible Party	Prevention Services Division Manager, Trixie Smith

Performance Measure:	**Increase CCHD Emergency Response Plan annual exercises/drills from 2 to 6.**	
	Division	Administrative Services
	Focus	Programmatic
	Tracking in AchieveIt	Yes
	Reporting Frequency	Monthly
	Responsible Party	Preparedness & Community Planner, Katie Brewer

Performance Measure:	**Maintain 90% on all 15 Public Health Emergency Preparedness E5/E6 deliverables.**	
	Division	Prevention Services
	Focus	Programmatic
	Tracking in AchieveIt	Yes
	Reporting Frequency	Monthly
	Responsible Party	Prevention Services Division Manager, Trixie Smith

Establish and maintain designated staff or positions that participate in each community group that addresses the priority areas identified in the Community Health Improvement Plan. This includes identifying performance measures that tie into the Community Health Needs Assessment and align with CCHD's services.

Performance Measure:	**Increase 12-month average active enrolled caseload for SafeCare from 33.9% to 65%.**	
	Division	Family Health Services
	Focus	Programmatic
	Tracking in AchieveIt	Yes
	Reporting Frequency	Monthly
	Responsible Party	Family Health Services Division Manager, Jo-Viviane Jones

Performance Measure:	**Increase 12 month average active enrolled caseload for PAT from 72.7% to 85%.**	
	Division	Family Health Services
	Focus	Programmatic
	Tracking in AchieveIt	Yes
	Reporting Frequency	Monthly
	Responsible Party	Family Health Services Division Manager, Jo-Viviane Jones

Performance Measure:	**Increase WIC average monthly participation from 1222 to 1272 clients.**	
	Division	Family Health Services
	Focus	Programmatic
	Tracking in AchieveIt	Yes
	Reporting Frequency	Monthly
	Responsible Party	Family Health Services Division Manager, Jo-Viviane Jones

Each of the four Divisions will have at least one information and data management system in place with specific identified methods in which information will be collected, analyzed, utilized, and shared in deliberate ways.		
Performance Measure:	**Each of the four Divisions will share one piece of public information each month that is compliant with rebranding and communications protocols.**	
	Division	Administrative Services
	Focus	Administrative
	Tracking in AchieveIt	Yes
	Reporting Frequency	Monthly
	Responsible Party	Communications and Community Planner, Anna Attaway
Performance Measure:	**Achieve and Maintain 100% timely updates in AchieveIt.**	
	Division	Administrative Services
	Focus	Administrative
	Tracking in AchieveIt	Yes
	Reporting Frequency	Monthly
	Responsible Party	Office and Accreditation Coordinator, Melanie Swartz

Finish each County Fiscal year with a balanced budget.		
Performance Measure:	**The Accountant will meet monthly with each division manager to ensure the percentage of budget year elapsed is within 5% of the actual expenses/revenues budget to date and any discrepancies will be documented.**	
	Division	Administrative Services
	Focus	Administrative
	Tracking in AchieveIt	Yes
	Reporting Frequency	Monthly
	Responsible Party	Accountant