



Deschutes County Health Services

DRAFT Strategic Plan 2016-2020



To promote and protect the health and safety of our community

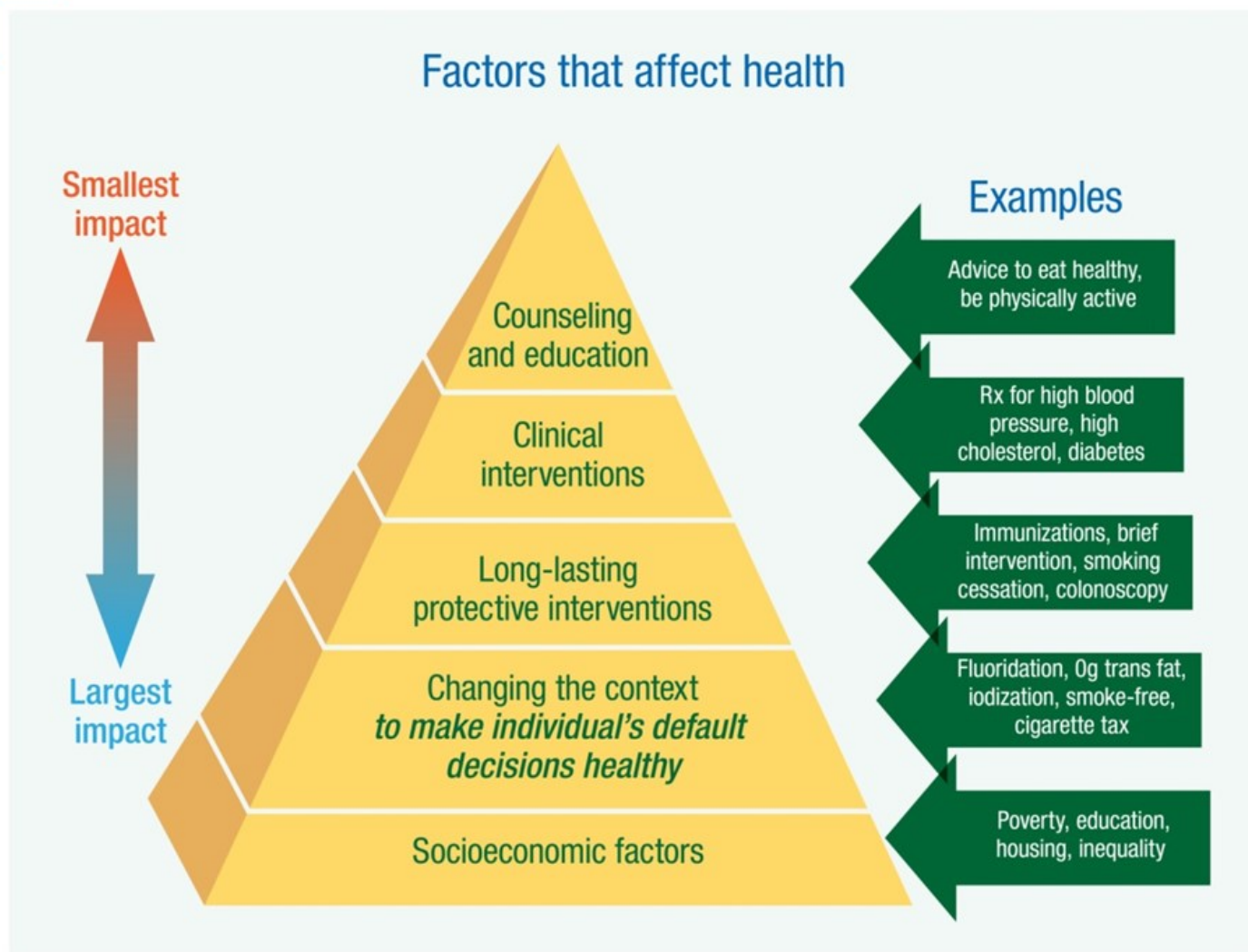
Introduction

The Deschutes County Health Services (DCHS) 2016-2020 strategic plan was developed with an intensive planning process (see Appendix A) that included input from DCHS staff and supervisors, advisory boards, the Board of County Commissioners, and the DCHS management team. The planning process is based on the principles of the Balanced Scorecard, which suggests strategic goals address four different perspectives of an organization:



The strategic plan includes five goals with intended results/outcomes, strategies, and indicators identified for each goal. For every strategy, key actions were identified and prioritized for each year of the plan. Strategic plan actions have a regional or department level impact, including strategies from the Central Oregon Regional Health Improvement Plan (RHIP). Additionally, actions were considered through the lenses of Public Health Modernization (PH Mod.) and Certified Community Behavioral Health Clinic (CCBHC) criteria, state and federal level initiatives with potential for significant impact on DCHS. The action plan for Year 1 can be found in Appendix B.

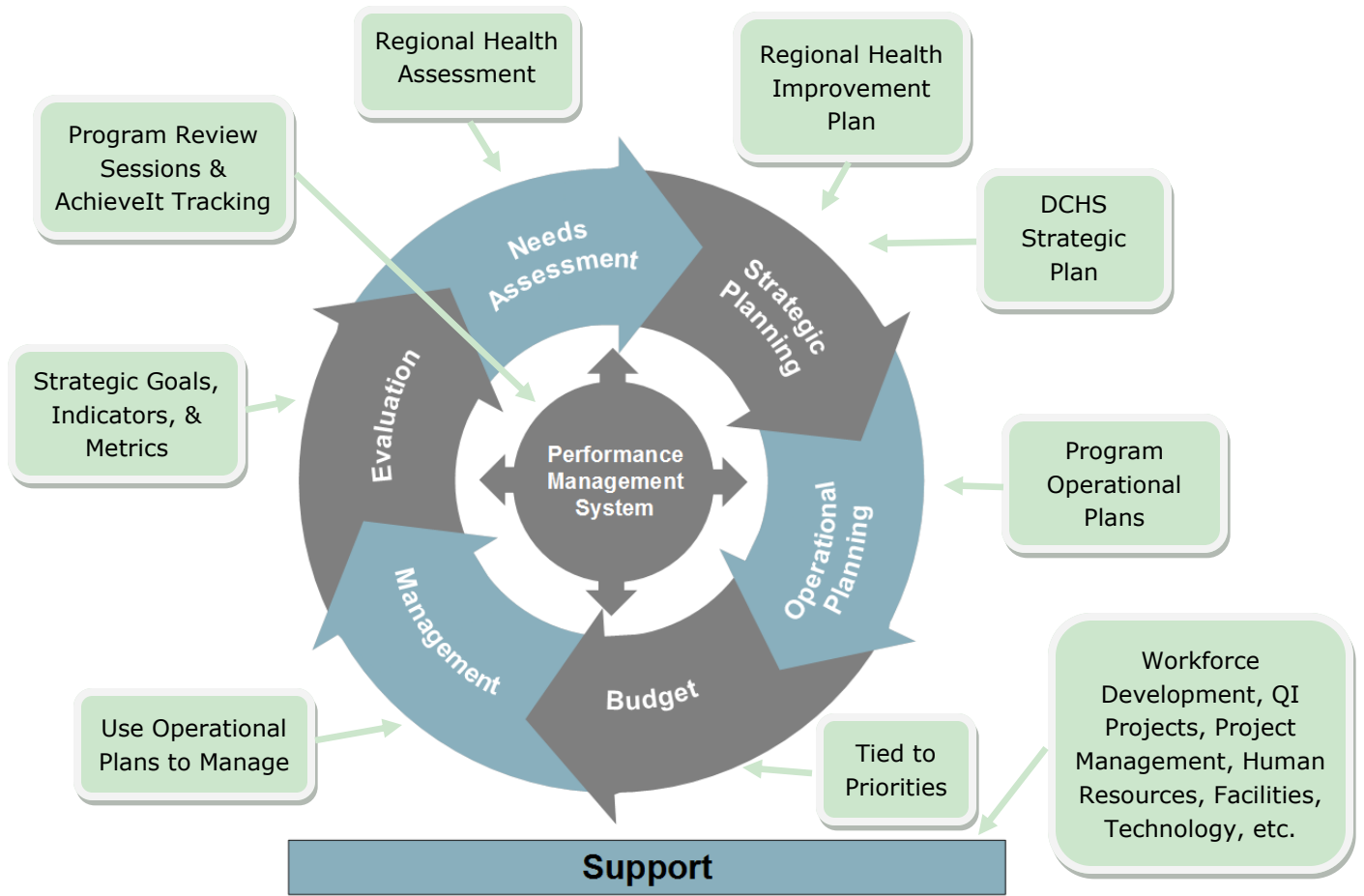
DCHS has a record of working collaboratively with partners within Deschutes County, as well as those throughout the Central Oregon Tri-County region. When implementing new programming or expanding current work, consideration is first given to determine how regional efficiency opportunities can be maximized. DCHS is very engaged with the Central Oregon Health Council (COHC) and the Wellness and Education Board of Central Oregon (WEBCO) in determining how resources and efforts can be combined to best serve the population of Central Oregon, as well as patients, providers, the regional coordinated care organization (CCO), and all public and behavioral health organizations. The Living Well with Chronic Conditions program, administered by DCHS throughout the region since 2006, is an example of how DCHS has successfully worked with regional partners to implement sustainable programming.



Source: Frieden, T.R. (2010). A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health*, 100(4): 509-595. Doi: 10.2105/ALPH.2009.185652 PMID: PMC2836340

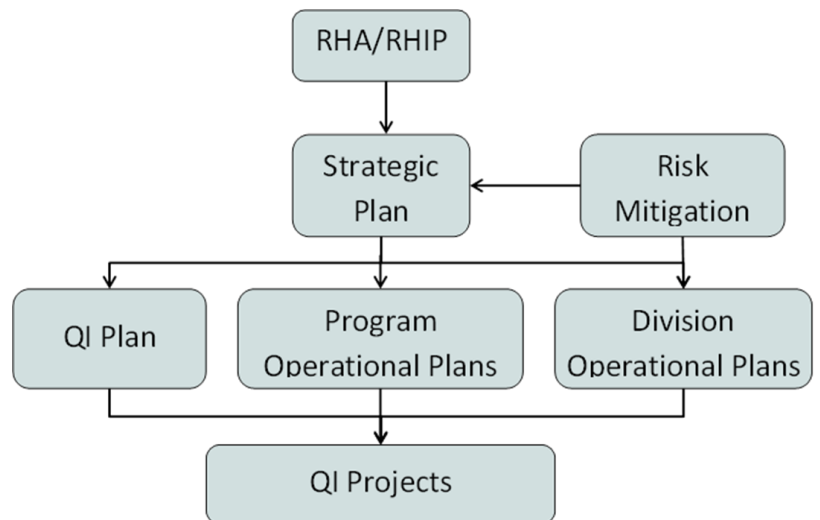
The DCHS strategic plan incorporates strategies from all levels of the Health Impact Pyramid shown above. Interventions in the top two tiers of the pyramid commonly occur in a health care setting. These interventions are essential to protect and improve an individual's health, but they often have a limited impact on the population's achievement of optimal health. Interventions in the middle and at the base of the pyramid are geared toward improving the health of the entire population by focusing on prevention, making health resources readily available, ensuring the health care system is equipped to address health needs, and enacting policy that makes healthy choices the default and addressing socioeconomic factors that affect health. These interventions can have the greatest potential to affect health because they influence the entire population, in contrast to focusing on one individual at a time. However, it may take generations to see the effects of interventions designed to change socioeconomic factors.

Figure A. Integrated Management System



The strategic plan will be implemented using the DCHS Integrated Management System (IMS) (see Figure A). All DCHS programs have developed operational plans, which contain many of the key actions necessary to achieve our department goals. These operational plans will be used and reviewed regularly at the program and department level, and the strategic plan and action items will be reviewed and updated annually. All DCHS plans, including operational plans, are designed to align with one another and ensure our actions are tied to community needs and agency strategy in order to have the greatest possible impact on the health and safety of our community (see Figure B).

Figure B. Alignment of DCHS Plans





Mission To promote and protect the health and safety of our community.

Vision Deschutes County Health Services provides leadership, programs, services, education, and protections to improve the health of individuals, families and communities so people enjoy longer and healthier lives.

Values

Deschutes County Health Services promotes the following **values** in all we do:

Advocacy	Supporting individual and community health by ensuring access to health care for all.
Collaboration	Building relationships that reflect growth, authenticity, and mutual respect.
Equity & Inclusion	Demonstrating awareness and respect for the diversity in our workplace and community.
Excellence	Committing to use the best data, science, and information available to make decisions that result in high quality services.
Healthy Workplace	Promoting respectful interactions, healthy lifestyles, emotional and physical safety in work environments (trauma-informed practices).
Leadership	Advancing a shared vision with inspiration that guides our work at all levels of the organization and in the community.
Professionalism	Conducting oneself with the highest level of personal integrity, conduct and accountability.
Stewardship	Using public resources effectively and efficiently.

Strategic Goals

1. Promote Health and Prevent Disease
2. Assure Needed Health and Human Services
3. Acquire and Use Resources Effectively
4. Evaluate and Improve Agency Processes and Performance
5. Develop Workforce and Enhance Positive Organizational Culture

Goal 1. Promote Health and Prevent Disease

Intended Results and Outcomes

- Reduced prevalence and incidence of disease
- Increased healthy behaviors and improved mental health
- Decreased health disparities and increased health equity
- Health-related policies to address population health needs and disparities are implemented
- The health of Deschutes County residents is monitored regularly and critical health issues are prioritized

Strategies	Indicators
A. Develop, advocate for, and implement policies that support individual and community health	<ul style="list-style-type: none"> • Decrease the prevalence of cigarette smoking among adults from 18% to 16% • Decrease the prevalence of smoking among 11th and 8th graders from 12% and 6%, respectively, to 9% and 3%, respectively
B. Implement evidence-based programs and/or best practices in health promotion and prevention	<ul style="list-style-type: none"> • Decrease the prevalence of adults who report no leisure time physical activity from 14% to 12% • Decrease the prevalence of 11th graders and 8th graders who have zero days of physical activity from 11% and 6% to 10% and 5%, respectively
C. Provide information and education to individuals and the community	<ul style="list-style-type: none"> • Decrease the percentage of 8th graders who used alcohol at least once within the last 30 days from 20.9% to 18.9% • Decrease the percentage of 6th, 8th, and 11th graders reporting that they seriously considered attempting suicide over the past year from 7.4%, 15.0%, and 19.3%, respectively, to 6.4%, 14.0%, and 17.3%, respectively
D. Enforce laws and regulations that promote and protect health	<ul style="list-style-type: none"> • 95% of licensed facilities receive inspections by environmental health staff per state requirements • 95% of communicable disease investigations will be completed within 10 days, as defined by the Oregon Health Authority • Decrease the prevalence of 8th graders who report using marijuana at least once over the past 30 days to < 9.5%
E. Monitor disease, health behaviors, disparities, social determinants and other factors that affect health to assure programs and services meet documented needs	

Goal 2. Assure Needed Health and Human Services

Intended Results and Outcomes

- Increased access to services in the community and improved health through collaboration with community partners
- Clients and the community experience a streamlined and coordinated system of services

Strategies	Indicators
A. Coordinate and integrate services through collaborative community partnerships	<ul style="list-style-type: none"> • Increase the number of women in Central Oregon who receive prenatal care beginning in the first trimester from 81% to 90%
B. Implement, provide, and support a full continuum of screening, referral, evidence-based services, and best practices	<ul style="list-style-type: none"> • Increase the Central Oregon State Performance Measure - Child Immunization Status rate (0-24 months) from 60% to 80% • 79% of individuals discharged from a psychiatric hospital receive an outpatient behavioral health visit within 7 calendar days of discharge • 100% of Behavioral Health Oregon Health Plan clients are seen within state timelines as specified in the following categories: 1) Emergent: Within 24 hours, 2) Urgent: Within 48 hours, and 3) Routine: Within 2 weeks
C. Ensure services and environment are trauma-informed and linguistically, culturally, and developmentally appropriate	<ul style="list-style-type: none"> • 90% of children and adolescents referred by DHS receive a behavioral health assessment within 60 calendar days of notification
D. Increase use and ease of access to appropriate services by underserved, marginalized, and at risk populations	<ul style="list-style-type: none"> • Increase the percent of children who receive a developmental screen before the age of 3 from 56% to 62% • Establish baseline and monitor behavioral health outcomes using ACORN tool
E. Improve delivery of clinical preventive services	<ul style="list-style-type: none"> • 90% of respondents to DCHS client satisfaction surveys are satisfied with staff sensitivity toward their culture and background
F. Support client engagement and self-advocacy in the design, delivery, and effectiveness of services	<ul style="list-style-type: none"> • 75% of reproductive health clients age 12 and older will receive an annual alcohol and drug screening using the CRAFFT or SBIRT screening tools • Determine the extent to which we are serving underserved, marginalized, and at risk populations — establish benchmark in Year 1

Goal 3. Acquire and Use Resources Effectively

Intended Results and Outcomes

- Resources are maximized to meet obligations, address strategic priorities, and support community health
- Annual revenue generated meets or exceeds annual expenses
- Capitation utilized at 100%

Strategies	Indicators
A. Increase accuracy of claims and encounter data resulting in maximum revenues and approved encounters	<ul style="list-style-type: none"> • Establish a baseline and increase annually the dollar amount of non-OHP claims billed and collected • 100% of programs will spend less than the amount of revenue budgeted by program • Maintain contingency funds at 8.3% of the total budget and OHP reserve funds at 25% of annual capitation • Meet 100% of external fiscal audit standards • The total dollar amount of invalid behavioral health claims will not exceed 2% of the total value of behavioral health claims • Develop and implement tools for close monitoring of program, division, and department budgets
B. Ensure program expenses do not exceed budgeted program revenue	
C. Ensure all internal processes maximize revenue, increase efficiencies, and minimize cost	
D. Consider state and national standards/frameworks when making decisions about organizational priorities and resources	
E. Analyze data to align and allocate resources with strategic priorities	
F. Secure monetary and non-monetary resources that address identified needs	

Goal 4. Evaluate and Improve Agency Processes and Performance

Intended Results and Outcomes

- Aligned and integrated programs, services, and plans that maximize our effectiveness
- Operating an integrated Electronic Health Record that increases efficiency and effective service delivery
- Consistent use of a project planning model
- Up-to-date and relevant policies and procedures across the agency
- Employees know standard department processes
- Balanced manager/supervisor/staff ratios
- Decisions and processes are informed by a variety of data and information sources and linked to strategic goals and outcomes
- Clear and consistent multidirectional communication

Strategies	Indicators
A. Review organizational structure annually, and align to meet agency needs	<ul style="list-style-type: none"> • 90% of respondents to DCHS client satisfaction surveys are satisfied with their experience
B. Monitor, evaluate, and continuously improve service and program outcomes using the DCHS Integrated Management System and other tools	<ul style="list-style-type: none"> • DCHS will complete four organization or division level quality improvement projects annually
C. Improve external communication process	<ul style="list-style-type: none"> • Establish a baseline for achievement of operational plan metrics, set targets in year 2, and monitor annually
D. Document, evaluate, and update work processes, policies, and procedures	<ul style="list-style-type: none"> • Maintain positive performance/findings on Triennial Review, OHA audit, OPAR audit, Public Health accreditation, and other programmatic reviews
E. Optimize use of technology to create efficiencies, support our work, and meet agency needs	<ul style="list-style-type: none"> • Percentage of programs that are currently implementing evidence-based interventions — establish benchmark in Year 1
F. Increase internal collaboration among programs and divisions	

Goal 5. Develop Workforce & Enhance Positive Organizational Culture

Staff & Organizational Capacity

Intended Results and Outcomes

- Opportunities to enhance career goals and skills are available
- Core competencies are identified and achieved
- Leadership development strategy and plan are in place
- Staff are aware of and understand the service array delivered across DCHS
- Employee involvement, accountability, and strong/positive interactions
- Staff share and demonstrate a common vision and purpose
- Clear responsibilities and accountable expectations
- Clear and consistent multidirectional communication

Strategies	Indicators
A. Promote and sustain a safe and respectful workplace (i.e., become a certified trauma-informed organization) in which every individual's role and contribution is valued	<ul style="list-style-type: none"> • 100% of staff have individual development goals articulated in their performance evaluations • 100% of positions have identified core competencies
B. Attract, develop, and retain a talented workforce	<ul style="list-style-type: none"> • Percent of staff who rate their overall level of job satisfaction as "very satisfied" or "satisfied" — establish benchmark in Year 1
C. Empower staff to share responsibility for team and organizational culture and outcomes	<ul style="list-style-type: none"> • Percent of staff who rate their level of satisfaction with internal communication as "very satisfied" or "satisfied" — establish benchmark in Year 1
D. Develop leadership practices that cultivate healthy relationships, teams, and organization	<ul style="list-style-type: none"> • 100% of facilities have at least one completed safety and emergency response drill annually • Monitor retention rate and review quarterly
E. Improve internal communication process	<ul style="list-style-type: none"> • 100% of staff performance evaluations are completed on time

Appendix A. Strategic Planning Process



SWOT Analysis Summary

The development of the strategic plan has included an analysis of data on health needs and trends in our county and region through the Central Oregon Regional Health Assessment, as well as this assessment of our department and the conditions in our county, region and state. We have used this information to frame our long-range goals and fulfill our mission to promote and protect the health and safety of our community. SWOT stands for Strengths, Weaknesses, Opportunities, and Threats.

<p><u>Strengths (Internal)</u></p> <p>Passionate, highly skilled staff with strong commitment to serving clients and the community</p> <p>Wide array of programs and services that respond to client and community needs</p> <p>Internal integration of public health, behavioral health, intellectual and developmental disabilities, and administrative services</p> <p>Strong relationships with key partners</p> <p>Systematic approach to organizational development (Integrated Management System), including performance management, operational support, quality improvement/assurance and evaluation expertise</p>	<p><u>Weaknesses (Internal)</u></p> <p>Limited staffing and resources/missing critical roles (e.g., Medical Director/Child Psychiatrist)</p> <p>Roles and responsibilities are not clear</p> <p>Constant change and unclear scope</p> <p>Organizational communication needs improvement, including additional opportunities for staff to shape DCHS direction</p> <p>Lack of adequate financial support for training and career development opportunities</p>
<p><u>Opportunities (External)</u></p> <p>Healthcare transformation through Public Health Modernization and Certified Community Behavioral Health Clinics</p> <p>Healthcare integration in the community</p> <p>Collaboration and support for regional work to address needs together, including the RHIP</p> <p>Regional focus on social determinants of health</p>	<p><u>Threats/Challenges (External)</u></p> <p>High tobacco use among pregnant women</p> <p>Legalization of recreational marijuana use</p> <p>Low 2-year old up-to-date immunization rates</p> <p>Lack of access to healthcare (and transportation) in rural areas</p> <p>High suicide rate</p> <p>Stigma for behavioral health treatment</p> <p>Increasing prevalence of diabetes</p> <p>Financial uncertainty: increased costs/decreased funding resources/rate setting challenges</p> <p>Unknown impact of Public Health Modernization</p> <p>Competition for our work in public health and behavioral health with healthcare transformation</p> <p>External reputation does not consistently reflect the reality of the quality and availability of services at DCHS</p>

DCHS Strategic Plan Development Timeline

Date	Item/Meeting
Jan-Aug 2015	Regional Health Assessment (RHA) development
Jun-Aug 2016	Community & stakeholder forums on health priorities in our community
Sep-Dec 2015	Regional Health Improvement Plan (RHIP) development
Mar 2016	Solicit supervisor & staff input on strategic plan in team meetings
Mar 2016	Solicit input at DCHS Advisory Board meetings
April 2016	Strategic planning sessions with management team
April 11 & 27, 2016	Staff Advisory Group sessions with the management team
May 3, 2016	1 st Draft Complete
May 5, 2016	Solicit supervisor input on draft plan at Managers & Supervisors Meeting
May 25, 2016	DCHS Advisory Boards Combined Meeting to review draft plan
June 6, 2016	Management team reviews input & revises plan as needed
June 10, 2016	2 nd Draft Complete
June 20, 2016	Present draft plan to BOCC
June 30, 2016	Final Plan Complete
July 2016	Implement DCHS 2016-2020 Strategic Plan
Ongoing	Monitor strategic plan progress and update annually

Appendix B. Action Plan — Year 1

Strategies & Key Actions	Lead	Due Date
1a. Develop, advocate for, and implement policies that support individual and community health		
1a1. Actively engage in regional/community processes to ensure DCHS leadership in health system development. (CCBHC, PH Mod.)	Director	Q2 2017
1a2. Assess the feasibility of implementation of a tobacco retail licensing program that will eliminate illegal sales to minors, prevent retailers from selling tobacco within 1000 feet of schools, raise the age of purchase to 21, and eliminate sales of flavored tobacco products. (RHIP)	T. Kuhn	Q2 2017
1a3. Increase the number of schools using the CDC School Health Index to improve their health policies and programs. (RHIP)	H. Saraceno	Q2 2017
1b. Implement evidence-based programs and/or best practices in health promotion and prevention		
1b1. Identify and develop harm reduction and prevention strategies for at risk populations to reduce substance abuse and communicable disease transmission (e.g., needle exchange). (RHIP)	T. Kuhn	Q2 2017
1b2. Implement a regional Diabetes Prevention Program (DPP). (RHIP)	T. Kuhn	Q3 2016
1b3. Work with providers to increase referrals to chronic disease self-management and prevention programs. (RHIP)	T. Kuhn	Q2 2017
1c. Provide information and education to individuals and the community		
1c1. Develop and implement an annual community education plan (i.e., low risk drinking, mental health promotion). (RHIP)	T. Kuhn	Q2 2017
1c2. Promote annual well-child visits, immunizations, and developmental screenings in first 3 years of life. (RHIP)	P. Ferguson	Q2 2017
1c3. Provide education and consultation to local clinics and providers (i.e., "2As and R" or "5As" tobacco cessation counseling, Oregon Tobacco Quit Line, pregnancy intention screening with One Key Question®). (RHIP)	T. Kuhn	Q2 2017
1d. Enforce laws and regulations that promote and protect health		
1d1. Continue to build capacity and expertise for regulatory, educational, and risk mitigation environmental health activities. (PH Mod.)	T. Kuhn	Q2 2017
1e. Monitor disease, health behaviors, disparities, social determinants and other factors that affect health to assure programs and services meet documented needs		
1e1. Serve as an epidemiology resource for the community and produce regular reports on health issues important to Deschutes County residents and providers. (PH Mod.)	Quality & Performance Manager	Q2 2017
1e2. Work with community partners to develop a four-year Education and Health Work Plan with emphasis on the social determinants of health and kindergarten readiness. (RHIP)	H. Saraceno	Q2 2017
2a. Coordinate and integrate services through collaborative community partnerships		
2a1. Identify existing referral pathways and gaps in pathways for primary care providers to use post screening for substance use disorders and mental health. (RHIP)	D. Carr	Q2 2017
2a2. Expand integration of behavioral health and public health with primary care. (CCBHC)	D. Carr	Q2 2017

Strategies & Key Actions	Lead	Due Date
2a3. Implement and coordinate the regional AFIX (Assessment, Feedback, Incentives, and eXchange) project to increase 2 year old immunization rates. (RHIP)	T. Kuhn	Q4 2016
2b. Implement, provide, and support a full continuum of screening, referral, evidence-based services, and best practices		
2b1. Increase substance use disorder services for young adults in transition and adolescents. (RHIP)	B. Flesh	Q2 2017
2b2. Implement universal nurse home visiting (e.g., Family Connects) as part of a regional perinatal continuum of care system in partnership with public health, primary care medical providers and the CCO. (RHIP)	P. Ferguson	Q2 2017
2c. Ensure services and environment are linguistically, culturally, and developmentally appropriate		
2c1. Increase language services and best practices for use of interpreters.	Director	Q2 2017
2d. Increase use and ease of access to appropriate services by underserved, marginalized, and at risk populations		
2d1. Increase outreach to and intervention with vulnerable children ages 0-5 and their parents. (RHIP)	H. Saraceno	Q2 2017
2d2. Hire a behavioral health medical director. (CCBHC)	D. Carr	Q2 2017
2d3. Ensure Courtney building provides an efficient and welcoming client experience.	D. Inbody	Q2 2017
2d4. Expand evidence-based home visiting programs that work to improve family well-being and to reduce child maltreatment by coordinating services. (RHIP)	P. Ferguson	Q2 2017
2e. Improve delivery of clinical preventive services		
2e1. Work with the CCO and other health system partners to increase provisions of clinical preventive services including: immunizations, tobacco counseling and cessation, STD screening and follow-up, highly effective contraception, and early prenatal care. (RHIP) (PH Mod.)	P. Ferguson	Q2 2017
2f. Support client engagement and self-advocacy in the design, delivery, and effectiveness of services		
2f1. Engage parents, youth, and/or clients through focus, support, and/or advisory groups. (CCBHC)	B. Flesh	Q2 2017
3a. Increase accuracy of claims and encounter data resulting in maximum revenues and approved encounters		
3a1. Complete paybacks/data accuracy project and monitor effectiveness.	J. Garceau	Q2 2017
3a2. Develop internal support for staff providing client services (a. coding training, b. prebilling audit "real time" feedback, c. service plan and delivery training).	Quality & Perf. Manager	Q2 2017
3b. Ensure program revenues, by funding type, match expenditures associated with programs and services		
3b1. Reconcile program revenues to expenditures annually.	Quality & Perf. Manager	Q3 2016
3c. Ensure all internal processes maximize revenue, increase efficiencies, and minimize cost		
3c1. Implement service entry processes that address requirements associated with insurance types, including copays.	D. Inbody	Q2 2017
3c2. Provide additional trainings for Epic Super Users.	Operations Manager	Q2 2017

Strategies & Key Actions	Lead	Due Date
3d. Consider state and national standards/frameworks when making decisions about organizational priorities and resources		
3d1. Develop a process and criteria for decision-making based on the CCBHC and Public Health Modernization standards. (CCBHC, PH Mod.)	Director	Q2 2017
3e. Analyze data to align and allocate resources with strategic priorities		
3e1. Review data annually to set program standards and adjust resources accordingly across programs to meet business needs.	D. Inbody	Q2 2017
3e2. Establish department dashboard/data points that are tracked, analyzed and reported on monthly basis, making use of info graphics and other accessible apps.	Quality & Perf. Manager	Q2 2017
3f. Secure monetary and non-monetary resources that address identified needs		
3f1. Continue to identify, apply for, and secure public/private, local, state and federal resources to address identified and prioritized needs.	Director	Q2 2017
4a. Review organizational structure annually, and align to meet agency needs		
4a1. Incorporate organizational structure review into annual budget process using best practices.	D. Inbody	Q1 2017
4b. Monitor, evaluate, and continuously improve service and program outcomes using the DCHS Integrated Management System and other tools		
4b1. Identify, pursue, and achieve/maintain national recognized performance standards and measures (e.g., Public Health Accreditation Board, CCBHC). (CCBHC)	Director	Q2 2017
4b2. Implement ACORN tool for behavioral health programs and clients to evaluate behavioral health clinical outcomes. (CCBHC)	B. Flesh	Q4 2016
4c. Improve external communication process		
4c1. Create and implement a department plan for external communication. (CCBHC, PH Mod.)	D. Inbody	Q2 2017
4d. Document, evaluate, and update work processes, policies, and procedures		
4d1. Establish behavioral health clinical vision to guide service provision. (CCBHC)	D. Carr	Q2 2017
4d2. Improve efficiency, effectiveness, and communication through the meeting improvement project.	Quality & Perf. Manager	Q2 2017
4d3. Review, update, and disseminate department policies, procedures, and protocols.	D. Inbody	Q2 2017
4e. Optimize use of technology to create efficiencies, support our work, and meet agency needs		
4e1. Actively participate in the successful implementation of the Tyler Finance and HR system.	D. Inbody	Q2 2017
4e2. Review technology on an annual basis to determine whether agency current and future needs are met with existing technology. If it is determined agency needs are not being met, identify needed technology.	Operations Manager	Q2 2017
4f. Increase internal collaboration among programs and divisions		
4f1. Use IMS reporting to share information across programs and divisions.	Quality & Perf. Manager	Q2 2017

Strategies & Key Actions	Lead	Due Date
5a. Promote and sustain a safe and respectful workplace (i.e., become a certified trauma-informed organization) in which every individual's role and contribution is valued		
5a1. Implement trauma-informed care at DCHS and increase trauma-informed practices in the community. (RHIP) (CCBHC)	B. Flesh	Q2 2017
5a2. Evaluate each facility's needs, uses, and safety at least once every 4 years and use the results for long term facility planning.	D. Inbody	Q2 2017
5b. Attract, develop, and retain a talented workforce		
5b1. Define roles and responsibilities, connect to core competencies, and implement.	Operations Manager	Q2 2017
5b2. Develop and implement staff appreciation and recognition process.	J. Garceau	Q2 2017
5b3. Enhance and maintain workforce development plan.	Operations Manager	Q2 2017
5b4. Develop and implement a training plan for all divisions. (CCBHC, PH Mod.)	Operations Manager	Q2 2017
5b5. Develop and implement grant writing capacity, support, and training.	D. Inbody	Q2 2017
5c. Empower staff to share responsibility for team and organizational culture and outcomes		
5c1. Develop method to determine time availability for staff and teams to participate on projects, committees, and non-core duties.	D. Inbody	Q2 2017
5d. Develop leadership practices that cultivate healthy relationships, teams, and organization		
5d1. Provide information and education to county decision-makers about programs, services, system changes, and accomplishments on a regular basis.	Director	Q2 2017
5e. Improve internal communication process		
5e1. Create and implement a department plan for internal communication.	D. Inbody	Q2 2017