



# **Deschutes County Health Services Strategic Plan 2016-2020**



*To promote and protect the health and safety of our community*

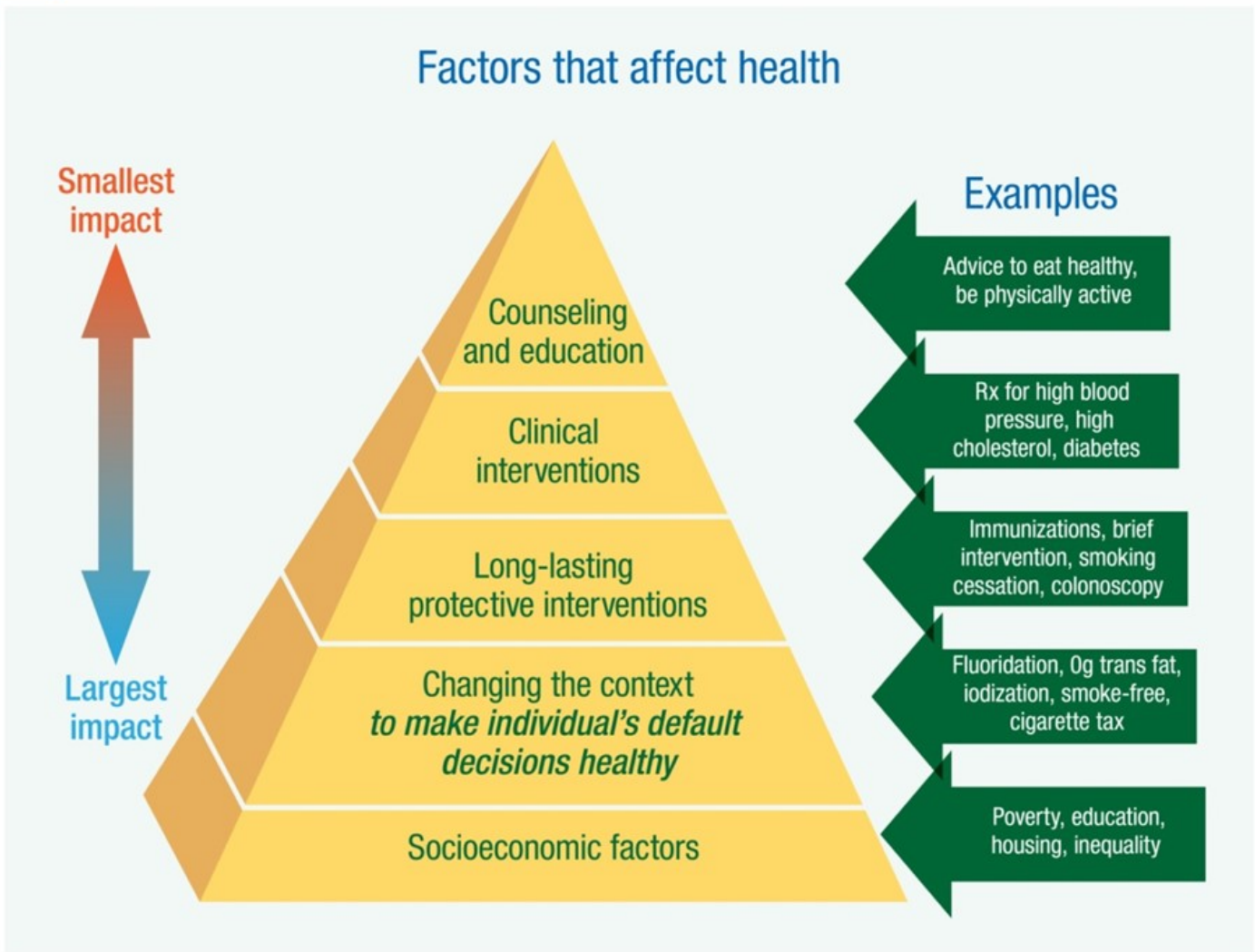
## Introduction

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.

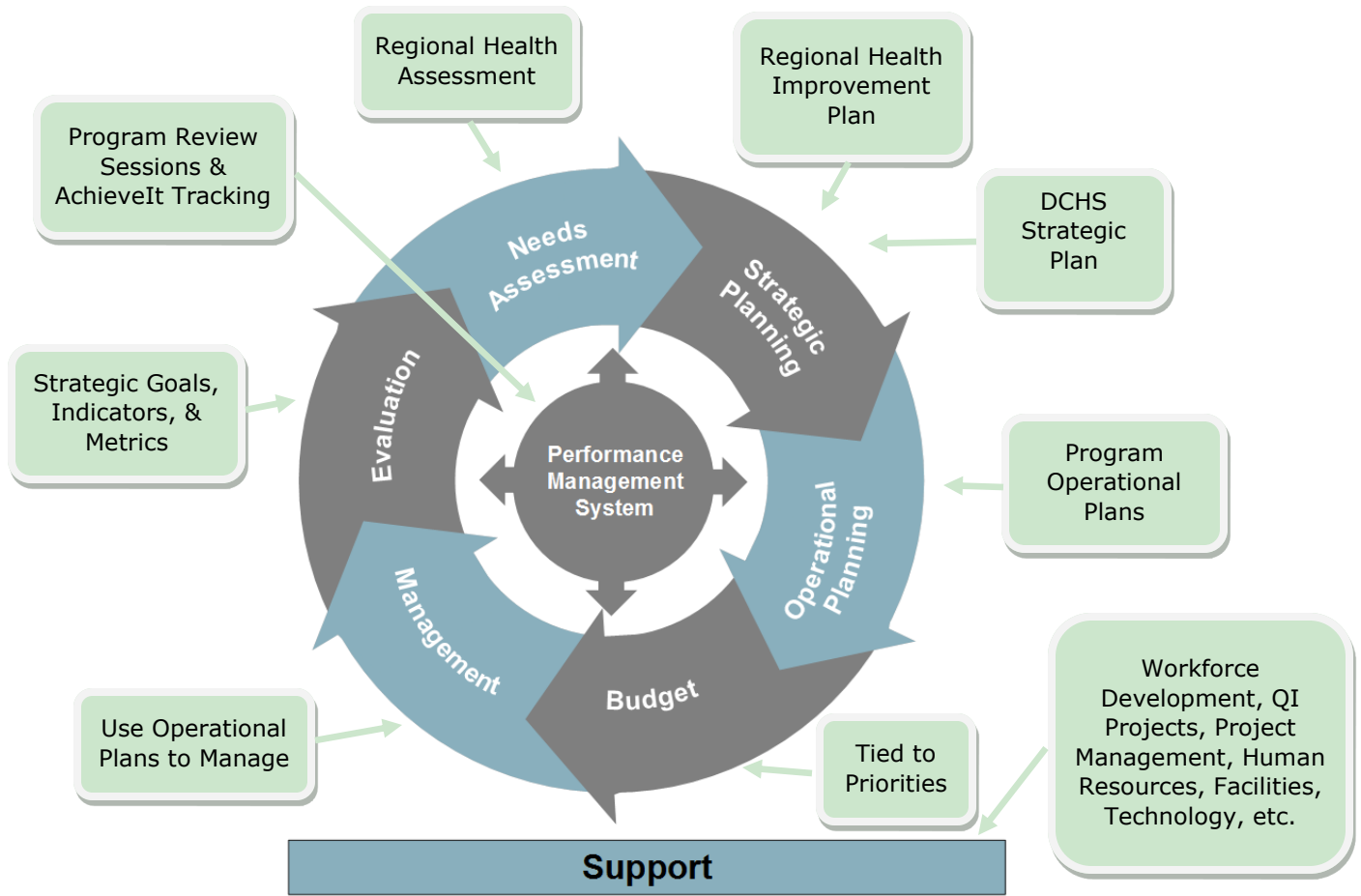
DCHS has a record of working collaboratively with partners within Deschutes County, as well as those throughout the Central Oregon Tri-County region. When implementing new programming or expanding current work, consideration is first given to determine how regional efficiency opportunities can be maximized. 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

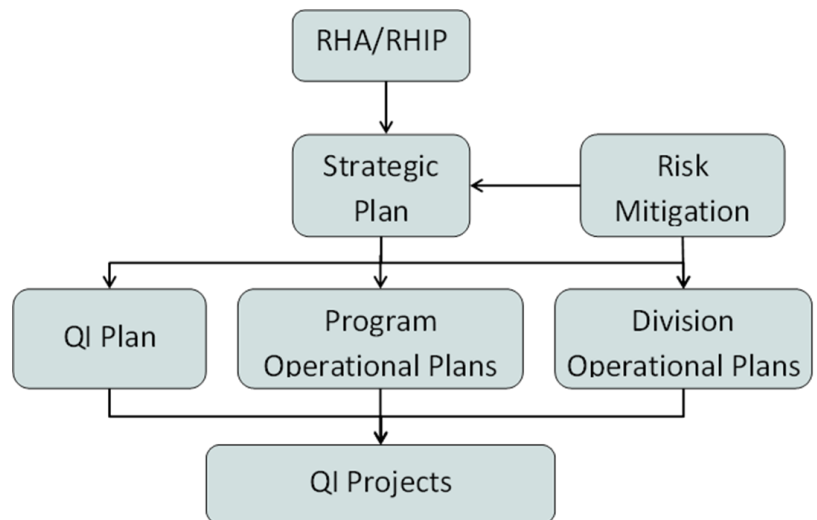
The DCHS strategic plan incorporates strategies from all levels of the Health Impact Pyramid shown above. Interventions in the top two tiers of the pyramid commonly occur in a health care setting. These interventions are essential to protect and improve an individual's health, but they often have a limited 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:

<b>Advocacy</b>	Supporting individual and community health by ensuring access to health care for all.
<b>Collaboration</b>	Building relationships that reflect growth, authenticity, and mutual respect.
<b>Equity &amp; Inclusion</b>	Demonstrating awareness and respect for the diversity in our workplace and community.
<b>Excellence</b>	Committing to use the best data, science, and information available to make decisions that result in high quality services.
<b>Healthy Workplace</b>	Promoting respectful interactions, healthy lifestyles, emotional and physical safety in work environments ( <a href="#">trauma-informed practices</a> ).
<b>Leadership</b>	Advancing a shared vision with inspiration that guides our work at all levels of the organization and in the community.
<b>Professionalism</b>	Conducting oneself with the highest level of personal integrity, conduct and accountability.
<b>Stewardship</b>	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"> <li>• Decrease the prevalence of cigarette smoking among adults from 18% to 16%</li> <li>• Decrease the prevalence of smoking among 11th and 8th graders from 12% and 6%, respectively, to 9% and 3%, respectively</li> <li>• Decrease the prevalence of adults who report no leisure time physical activity from 14% to 12%</li> <li>• Decrease the prevalence of 11th graders and 8th graders who have zero days of physical activity from 11% and 6%, respectively, to 10% and 5%, respectively</li> <li>• Decrease the percentage of 8th graders who used alcohol at least once within the past 30 days from 20.9% to 18.9%</li> <li>• 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</li> <li>• 95% of licensed facilities receive inspections by environmental health staff per state requirements</li> <li>• 95% of communicable disease investigations will be completed within 10 days, as defined by the Oregon Health Authority</li> <li>• Decrease the prevalence of 8th graders who report using marijuana at least once over the past 30 days to &lt; 9.5%</li> </ul>
B. Implement evidence-based programs and/or best practices in health promotion and prevention	
C. Provide information and education to individuals and the community	
D. Enforce laws and regulations that promote and protect health	
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"> <li>• Increase the number of women in Central Oregon who receive prenatal care beginning in the first trimester from 81% to 90%</li> <li>• Increase the Central Oregon State Performance Measure—Child Immunization Status rate (0-24 months) from 60% to 80%</li> </ul>
B. Implement, provide, and support a full continuum of screening, referral, evidence-based services, and best practices	<ul style="list-style-type: none"> <li>• 79% of individuals discharged from a psychiatric hospital receive an outpatient behavioral health visit within 7 calendar days of discharge</li> <li>• 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</li> </ul>
C. Ensure services and environment are trauma-informed and linguistically, culturally, and developmentally appropriate	<ul style="list-style-type: none"> <li>• 90% of children and adolescents referred by DHS receive a behavioral health assessment within 60 calendar days of notification</li> </ul>
D. Increase use and ease of access to appropriate services by underserved, marginalized, and at risk populations	<ul style="list-style-type: none"> <li>• Increase the percent of children who receive a developmental screen before the age of 3 from 56% to 62%</li> <li>• Establish baseline and monitor behavioral health outcomes using ACORN tool</li> </ul>
E. Improve delivery of clinical preventive services	<ul style="list-style-type: none"> <li>• 90% of respondents to DCHS client satisfaction surveys are satisfied with staff sensitivity toward their culture and background</li> <li>• 75% of reproductive health clients age 12 and older will receive an annual alcohol and drug screening using the CRAFFT or SBIRT screening tools</li> </ul>
F. Support client engagement and self-advocacy in the design, delivery, and effectiveness of services	<ul style="list-style-type: none"> <li>• Determine the extent to which we are serving underserved, marginalized, and at risk populations—establish benchmark in Year 1</li> </ul>

## 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"> <li>• Establish a baseline and increase annually the dollar amount of non-OHP claims billed and collected</li> </ul>
B. Ensure program expenses do not exceed budgeted program revenue	<ul style="list-style-type: none"> <li>• 100% of programs will spend less than the amount of revenue budgeted by program</li> </ul>
C. Ensure all internal processes maximize revenue, increase efficiencies, and minimize cost	<ul style="list-style-type: none"> <li>• Maintain contingency funds at 8.3% of the total budget and OHP reserve funds at 25% of annual capitation</li> <li>• Meet 100% of external fiscal audit standards</li> </ul>
D. Consider state and national standards/ frameworks when making decisions about organizational priorities and resources	<ul style="list-style-type: none"> <li>• The total dollar amount of invalid behavioral health claims will not exceed 2% of the total value of behavioral health claims</li> </ul>
E. Analyze data to align and allocate resources with strategic priorities	<ul style="list-style-type: none"> <li>• Develop and implement tools for close monitoring of program, division, and department budgets</li> </ul>
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"> <li>• 90% of respondents to DCHS client satisfaction surveys are satisfied with their experience</li> </ul>
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"> <li>• DCHS will complete four quality improvement projects annually</li> <li>• Establish a baseline for achievement of operational plan metrics, set targets in Year 2, and monitor annually</li> </ul>
C. Improve external communication process	<ul style="list-style-type: none"> <li>• Maintain positive performance/findings on Triennial Review, AMH and ODDS site reviews, OHA audit, OPAR audit, Public Health accreditation, and other programmatic reviews</li> </ul>
D. Document, evaluate, and update work processes, policies, procedures and protocols	<ul style="list-style-type: none"> <li>• Percentage of programs that are currently implementing evidence-based interventions—establish benchmark in Year 1</li> </ul>
E. Optimize use of technology to create efficiencies, support our work, and meet agency needs	
F. Increase internal collaboration among programs and divisions	

## Goal 5. Develop Workforce and 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"> <li>• 100% of staff have individual development goals articulated in their performance evaluations</li> <li>• 100% of positions have identified core competencies</li> </ul>
B. Attract, develop, and retain a talented workforce	<ul style="list-style-type: none"> <li>• Percent of staff who rate their overall level of job satisfaction as "very satisfied" or "satisfied"—establish benchmark in Year 1</li> </ul>
C. Empower staff to share responsibility for team and organizational culture and outcomes	<ul style="list-style-type: none"> <li>• Percent of staff who rate their level of satisfaction with internal communication as "very satisfied" or "satisfied"—establish benchmark in Year 1</li> </ul>
D. Develop leadership practices that cultivate healthy relationships, teams, and organization	<ul style="list-style-type: none"> <li>• 100% of facilities have at least one completed safety and emergency response drill annually</li> <li>• Monitor retention rate and review quarterly</li> </ul>
E. Improve internal communication process	<ul style="list-style-type: none"> <li>• 100% of staff performance evaluations are completed on time</li> </ul>



## 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 style="text-align: center;"><b><u>Strengths (Internal)</u></b></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 style="text-align: center;"><b><u>Weaknesses (Internal)</u></b></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 style="text-align: center;"><b><u>Opportunities (External)</u></b></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 style="text-align: center;"><b><u>Threats/Challenges (External)</u></b></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 and stakeholder forums on health priorities in our community
Sep-Dec 2015	Regional Health Improvement Plan (RHIP) development
Mar 2016	Solicit supervisor and 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	First draft complete
May 5, 2016	Solicit supervisor input on draft plan at Managers and Supervisors Meeting
May 25, 2016	DCHS Advisory Boards Combined Meeting to review draft plan
June 6, 2016	Management team reviews input and revises plan as needed
June 10, 2016	Second draft complete
June 20, 2016	Present draft plan to Board of County Commissioners
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 (Fiscal Year 2017)

Strategies and Key Actions	Lead	Due Date
<b>1a. Develop, advocate for, and implement policies that support individual and community health</b>		
1a1. Actively engage in regional/community processes to ensure DCHS leadership in health system development, including pursuit of CCBHC implementation and Public Health Modernization. (CCBHC, PH Mod.)	G. Conway	FY17 Q4
1a2. Assess the feasibility of implementing 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	FY17 Q4
1a3. Increase the number of schools using the CDC School Health Index to improve their health policies and programs. (RHIP)	H. Saraceno	FY17 Q4
<b>1b. Implement evidence-based programs and/or best practices in health promotion and prevention</b>		
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	FY17 Q4
1b2. Implement a regional Diabetes Prevention Program (DPP). (RHIP)	T. Kuhn	FY17 Q1
1b3. Work with providers to increase referrals to chronic disease self-management and prevention programs. (RHIP)	T. Kuhn	FY17 Q4
<b>1c. Provide information and education to individuals and the community</b>		
1c1. Develop and implement an annual community education plan (i.e., low risk drinking, mental health promotion). (RHIP)	T. Kuhn	FY17 Q4
1c2. Promote annual well-child visits, immunizations, and developmental screenings in first three years of life. (RHIP)	P. Ferguson	FY17 Q4
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	FY17 Q4
<b>1d. Enforce laws and regulations that promote and protect health</b>		
1d1. Continue to build capacity and expertise for regulatory, educational, and risk mitigation environmental health activities. (PH Mod.)	T. Kuhn	FY17 Q4
<b>1e. Monitor disease, health behaviors, disparities, social determinants and other factors that affect health to assure programs and services meet documented needs</b>		
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.)	S. Vandegriff	FY17 Q4
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	FY17 Q4
<b>2a. Coordinate and integrate services through collaborative community partnerships</b>		
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	FY17 Q4
2a2. Expand integration of behavioral health and public health with primary care. (CCBHC)	D. Carr	FY17 Q4

Strategies and 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	FY17 Q2
<b>2b. Implement, provide, and support a full continuum of screening, referral, evidence-based services, and best practices</b>		
2b1. Increase substance use disorder services for young adults in transition and adolescents. (CCBHC, RHIP)	B. Flesh	FY17 Q4
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	FY17 Q4
<b>2c. Ensure services and environment are linguistically, culturally, and developmentally appropriate</b>		
2c1. Increase language services and best practices for use of interpreters.	D. Inbody	FY17 Q4
<b>2d. Increase use and ease of access to appropriate services by underserved, marginalized, and at risk populations</b>		
2d1. Increase the number/percent of children who received a developmental screen by the age of 3. (RHIP)	H. Saraceno	FY17 Q4
2d2. Hire a behavioral health medical director. (CCBHC)	D. Carr	FY17 Q4
2d3. Ensure Courtney building provides an efficient and welcoming client experience.	C. Weiler	FY17 Q4
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	FY17 Q4
<b>2e. Improve delivery of clinical preventive services</b>		
2e1. Work with the CCO and other health system partners to increase provision of clinical preventive services including: immunizations, tobacco counseling and cessation, STD screening and follow-up, highly effective contraception, and early prenatal care. (PH Mod., RHIP)	P. Ferguson	FY17 Q4
<b>2f. Support client engagement and self-advocacy in the design, delivery, and effectiveness of services</b>		
2f1. Engage parents, youth, and/or clients through focus, support, and/or advisory groups. (CCBHC)	B. Flesh	FY17 Q4
<b>3a. Increase accuracy of claims and encounter data resulting in maximum revenues and approved encounters</b>		
3a1. Complete paybacks/data accuracy project and monitor effectiveness.	J. Garceau	FY17 Q4
3a2. Develop internal support for staff providing client services (a. coding training, b. prebilling audit "real time" feedback, c. service plan and delivery training).	S. Vandegriff	FY17 Q4
<b>3b. Ensure program revenues, by funding type, match expenditures associated with programs and services</b>		
3b1. Reconcile program revenues to expenditures annually.	D. Inbody	FY17 Q1
<b>3c. Ensure all internal processes maximize revenue, increase efficiencies, and minimize cost</b>		
3c1. Implement service entry processes that address requirements associated with insurance types, including copays.	D. Inbody	FY17 Q4

Strategies and Key Actions	Lead	Due Date
3c2. Provide additional trainings for Epic Super Users	C. Weiler	FY17 Q4
<b>3d. Consider state and national standards/frameworks when making decisions about organizational priorities and resources</b>		
3d1. Develop a process and criteria for decision-making based on the CCBHC and Public Health Modernization standards. (CCBHC, PH Mod.)	G. Conway	FY17 Q4
<b>3e. Analyze data to align and allocate resources with strategic priorities</b>		
3e1. Review data annually to set program standards and adjust resources accordingly across programs to meet business needs.	D. Inbody	FY17 Q4
3e2. Establish department dashboard/data points that are tracked, analyzed and reported on monthly, making use of info graphics and other accessible apps.	S. Vandegriff	FY17 Q4
<b>3f. Secure monetary and non-monetary resources that address identified needs</b>		
3f1. Continue to identify, apply for, and secure public/private, local, state and federal resources to address identified and prioritized needs.	G. Conway	FY17 Q4
<b>4a. Review organizational structure annually, and align to meet agency needs</b>		
4a1. Incorporate organizational structure review into annual budget process using best practices.	D. Inbody	FY17 Q3
<b>4b. Monitor, evaluate, and continuously improve service and program outcomes using the DCHS Integrated Management System and other tools</b>		
4b1. Identify, pursue, and achieve/maintain national recognized performance standards and measures (e.g., Public Health Accreditation Board, CCBHC). (CCBHC)	G. Conway	FY17 Q4
4b2. Implement ACORN tool for behavioral health programs and clients to evaluate behavioral health clinical outcomes. (CCBHC)	B. Flesh	FY17 Q2
<b>4c. Improve external communication process</b>		
4c1. Create and implement a department plan for external communication. (CCBHC, PH Mod.)	G. Conway	FY17 Q4
<b>4d. Document, evaluate, and update work processes, policies, procedures and protocols</b>		
4d1. Establish behavioral health clinical vision to guide service provision. (CCBHC)	D. Carr	FY17 Q4
4d2. Improve efficiency, effectiveness, and communication through the meeting improvement project.	S. Vandegriff	FY17 Q2
4d3. Review, update, and disseminate department policies, procedures, and protocols.	G. Conway	FY17 Q4
<b>4e. Optimize use of technology to create efficiencies, support our work, and meet agency needs</b>		
4e1. Actively participate in the successful implementation of the Tyler Finance and HR system.	D. Inbody	FY17 Q4
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.	C. Weiler	FY17 Q4
<b>4f. Increase internal collaboration among programs and divisions</b>		
4f1. Use IMS reporting to share information across programs and divisions.	S. Vandegriff	FY17 Q3

Strategies and Key Actions	Lead	Due Date
<b>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</b>		
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 four years and use the results for long-term facility planning.	C. Weiler	Q2 2017
<b>5b. Attract, develop, and retain a talented workforce</b>		
5b1. Define roles and responsibilities, connect to core competencies, and implement.	D. Inbody	FY17 Q4
5b2. Develop and implement staff appreciation and recognition process.	J. Garceau	FY17 Q4
5b3. Enhance and maintain Workforce Development Plan.	D. Inbody	FY17 Q4
5b4. Develop and implement a training plan for all divisions. (CCBHC, PH Mod.)	D. Inbody	FY17 Q4
5b5. Develop and implement grant writing capacity, support, and training.	D. Inbody	FY17 Q4
<b>5c. Empower staff to share responsibility for team and organizational culture and outcomes</b>		
5c1. Develop method to determine time availability for staff and teams to participate on projects, committees, and non-core duties.	D. Inbody	FY17 Q4
<b>5d. Develop leadership practices that cultivate healthy relationships, teams, and organization</b>		
5d1. Provide information and education to county decision-makers about programs, services, system changes, and accomplishments on a regular basis.	G. Conway	FY17 Q4
<b>5e. Improve internal communication process</b>		
5e1. Create and implement a department plan for internal communication, working with the department Communications Committee.	S. Vandegriff	FY17 Q2

## Appendix C. Action Plan (Fiscal Year 2018)

Key Actions by Goal	Lead	Due
<b>Goal 1. Promote Health and Prevent Disease</b>		
1. Identify a tobacco retail-licensing program that will eliminate illegal sales to minors, prevent retailers from selling tobacco within 1,000 feet of schools, raise the age of purchase to 21, and eliminate sales of flavored tobacco products (RHIP) (1a)	T. Kuhn	FY18 Q3
2. Increase the number of schools using the CDC School Health Index to improve their health policies and programs (RHIP) (1a)	H. Saraceno	FY18 Q4
3. 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) (1b)	T. Kuhn	FY18 Q3
4. Improve coordination of external health communication (1c)	H. Kaisner	FY18 Q3
5. 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) (1c)	T. Kuhn	FY18 Q2
6. Serve as an epidemiology resource to the community and produce regular reports on health issues important to Deschutes County residents and providers (PH Mod.) (PH Accred. Board) (1e)	H. Kaisner	FY18 Q2
7. 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) (1e)	H. Saraceno	FY18 Q3
<b>Goal 2. Assure Needed Health and Human Services</b>		
1. Expand integration of behavioral health with primary care (CCBHC) (2a)	D. Carr	FY18 Q3
2. Establish and implement the community health record and e-referral system (Reliance) with community partners and internal programs (2a, 4e)	C. Weiler	FY18 Q3
3. Implementation of stabilization center (2b)	N. Tyler	FY18 Q3
4. Create process to review health equity assessment regularly with PH leadership, use information to assess internal and external activities, and guide agency action (PH Accred. Board) (2c)	S. Vandegriff	FY18 Q3
5. Evaluate and modify non-English language services and incorporate best practices (2c)	D. Inbody	FY18 Q3
6. Submit grant application for universal home visiting (Family Connects) (RHIP) (2d)	P. Ferguson	FY18 Q4
7. Collaborate with community providers (Mosaic, COPA, and other pediatric and/or OB providers) ensuring WIC support is provided in the most appropriate client-centered location (2e)	P. Ferguson	FY18 Q2
<b>Goal 3. Acquire and Use Resources Effectively</b>		
1. Establish department dashboard/data points that are tracked, analyzed, and reported on monthly, making use of infographics and other accessible apps (3e)	S. Vandegriff	FY18 Q2



Key Actions by Goal	Lead	Due
<b>Goal 4. Evaluate and Improve Agency Processes and Performance</b>		
1. Refine utilization of Acorn Outcome Tool for data-informed decision-making (4b)	D. Carr	FY18 Q2
2. Mapping of Clinical Vision for Behavioral Health (4b)	W. Berry	FY18 Q3
3. Monitor and improve CCBHC processes and metric performance (4b)	S. Vandegriff	FY18 Q3
4. Enhance policy and procedure process (4d)	S. Vandegriff	FY18 Q3
5. Implement process for chart access auditing to ensure client privacy (4d)	S. Vandegriff	FY18 Q2
6. Actively participate in the successful implementation of the Tyler Finance and HR system and NOVA time (4e)	D. Inbody	FY18 Q3
<b>Goal 5. Develop Workforce and Enhance Positive Organizational Culture</b>		
1. Evaluate department safety (5a)	C. Weiler	FY18 Q3
2. Implement trauma-informed care at DCHS (RHIP) (CCBHC) (5a)	B. Flesh	FY18 Q4
3. Complete Workforce Development Plan (5b)	D. Inbody	FY18 Q3
4. Participate in and implement Class & Compensation Study and changes (5b)	D. Inbody	FY18 Q3

## Appendix D. Action Plan (Fiscal Year 2019)

Key Actions by Goal	Lead	Due
<b>Goal 1. Promote Health and Prevent Disease</b>		
<p>Determine approach for a tobacco retail-licensing program that will eliminate illegal sales to minors, prevent retailers from selling tobacco within 1,000 feet of schools, raise the age of purchase to 21, and eliminate sales of flavored tobacco products (RHIP) (1a)</p> <ul style="list-style-type: none"> <li>Complete TRL Community Readiness Assessment (FY Q1, T. Kuhn)</li> <li>Report out results of TRL project to BOCC and ask for guidance or make a recommendation (FY Q2, T. Kuhn)</li> </ul>	T. Kuhn	FY19 Q2
<p>Identify additional funding and partnerships to expand harm reduction and prevention strategies for at risk populations to reduce substance abuse and communicable disease transmission (e.g., syringe exchange) (RHIP) (1b)</p>	H. Kaisner	FY19 Q3
<p>Participate in creation of the Regional Health Assessment, and assure the process meets best practices and National Public Health reaccréditation standards</p> <ul style="list-style-type: none"> <li>Participate in RHA planning meetings (FY Q3, Hillary Saraceno)</li> <li>Assure the RHA is created using the evidence based MAPP process (FY Q3, Channa Lindsay)</li> <li>Assure Health Equity is incorporated in the RHA (FY Q3, Channa Lindsay)</li> <li>Work with partners to complete the Health Status Assessment (FY Q3, Jennifer Faith)</li> <li>Work with partners to complete the Community Themes and Strengths Assessment (FY Q3, Channa Lindsay)</li> <li>Work with partners to complete the Forces of Change Assessment (FY Q3, Channa Lindsay)</li> <li>Work with partners to complete the Health System Assessment (FY Q3, Channa Lindsay)</li> </ul>	H. Saraceno	FY19 Q3
<p>Work with OCHIN to build Social Determinants of Health capabilities in the system, determine training opportunities for staff, and assess opportunities and implementation steps (4e)</p>	C. Weiler	FY19 Q3
<b>Goal 2. Assure Needed Health and Human Services</b>		
<p>Assess current external capacity and assure equitable access to reproductive health and STD/STI clinical services are available in Deschutes County</p>	P. Ferguson	FY19 Q2
<p>Complete and disseminate Public Health Equity Report, and use to prioritize, analyze, and make recommendations around health equity.</p> <ul style="list-style-type: none"> <li>Complete the BAR HII Health Equity Assessment (FY Q1, Channa Lindsay)</li> <li>Review available community level Equity Data (ex. Poverty and Health) (FY Q1, Channa Lindsay)</li> <li>Create recommendations based on BAR HII and Community Data (FY Q2, Channa Lindsay)</li> <li>Create and disseminate Deschutes County Health Equity Report (FY Q2, Channa Lindsay)</li> <li>Continue to convene Health Equity Workgroup, and use the Health Equity Report to finalize work plan (FY Q3, Channa Lindsay)</li> <li>Begin implementing Health Equity work plan strategies (FY Q3, Channa Lindsay)</li> </ul>	P. Ferguson	FY19 Q3

Key Actions by Goal	Lead	Due
<b>Goal 2. Assure Needed Health and Human Services</b>		
Assess ways to improve integration between public health and Mosaic at the Courtney location.	P. Ferguson	FY19 Q1
Evaluate welcoming environments for all people and identify opportunities for improvement. (2c)	D. Inbody	FY19 Q3
Develop efforts to integrate behavioral health with primary care. (CCBHC) (2a) <ul style="list-style-type: none"> <li>Establish multidisciplinary collaboration opportunities between primary and behavioral health care at each site</li> <li>Develop a complex care MDT model that can be utilized for high need-high utilization clients</li> </ul>	D. Carr	FY19 Q3
Implement stabilization center. (2b) <ul style="list-style-type: none"> <li>Secure operating funds</li> <li>Secure site through public safety campus master planning project</li> <li>Obtain approval from BOCC</li> <li>Complete construction</li> <li>Identify program philosophy, staffing model and schedule</li> <li>Conduct procurement and infrastructure development</li> <li>Open facility</li> </ul>	H. Harris	FY19 Q3
<b>Goal 3. Acquire and Use Resources Effectively</b>		
Participate in efforts to identify alternative long-term sustainable funding sources. (ie. CCO)	H. Saraceno	FY19 Q3
Continue to integrate dashboard/data points that are tracked, analyzed, and reported on monthly, making use of infographics and other accessible apps. (3e) <ul style="list-style-type: none"> <li>Determine ideal methods of analysis and distribution of division level dashboards to improve agency performance</li> <li>Provide quarterly presentations to BOCC</li> <li>Track percent show rate &amp; cancelations (analytics plan)</li> </ul>	S. Vandegriff	FY19 Q3
Determine method, including tracking, to maintain and ensure high quality care of DCHS equipment and vehicles. (3c)	C. Weiler	FY19 Q3
Create a long term facility/space plan.	D. Inbody	FY19 Q3
Improve process for management of long term fiscal stability and create a 10 year fiscal plan. (3f)	J. Wood	FY19 Q2
<b>Goal 4. Evaluate and Improve Agency Processes and Performance</b>		
Assure Public Health is prepared for the OHA Triennial Review in May 2019. <ul style="list-style-type: none"> <li>Complete internal compliance review for all PH program that have a review and create an internal work plan (FY Q3, Compliance Officer)</li> <li>Address all work plan items by April 2019 (FY Q3, Compliance Officer)</li> <li>Coordinate with OHA to schedule reviews and create master list detailing when reviews will happen (FY Q4, Compliance Officer)</li> <li>Leadership team meets to review Triennial Review meeting schedule and discuss the process (FY Q4, Compliance Officer)</li> <li>Complete Triennial Review (FY Q4, Compliance Officer)</li> </ul>	H. Saraceno	FY19 Q3

Key Actions by Goal	Lead	Due
<b>Goal 4. Evaluate and Improve Agency Processes and Performance</b>		
<p>Assure Public Health is prepared to apply National Public Health for Reaccreditation.</p> <ul style="list-style-type: none"> <li>Complete all narratives and examples (FY Q2, Channa Lindsay)</li> <li>Institutionalize processes/activities for standards that are not achieved (FY Q2, Channa Lindsay)</li> <li>Determine and update the metrics for annual public health outcome reporting (FY Q2, Channa Lindsay)</li> <li>Accreditation Coordinator and Public Health Director complete all reaccreditation training modules (FY Q2, Channa Lindsay)</li> <li>Collaborate with other counties who are preparing for reaccreditation (FY Q2, Channa Lindsay)</li> <li>Complete the re-accreditation application and introduction (FY Q3, Channa Lindsay)</li> <li>Educate BOCC on re-accreditation and create a reaccreditation education packet (FY Q3, Channa Lindsay)</li> <li>Assure staff are prepared for virtual site visit and reaccreditation process (FY Q3, Channa Lindsay)</li> <li>Apply for re-accreditation (FY Q4)</li> </ul>	H. Kaisner	FY19 Q3
Actively participate in the successful implementation of the Munis/HR system. (4e)	D. Inbody	FY19 Q3
<p>Evaluate and improve prioritized BH division processes and performance. (4b)</p> <ul style="list-style-type: none"> <li>Conduct quality improvement project(s) to ensure efficiency of I/DD processes (M. Rizzo/M. Davidson)</li> <li>Conduct quality improvement project to increase percent of clients receiving follow-up visits within 60 days of assessment (S. Vandegriff/S. Davis)</li> <li>Identify ways to improve quality and documentation (L. Nokell)</li> </ul>	D. Carr	FY19 Q4
<p>Map clinical vision for behavioral health. (4b)</p> <ul style="list-style-type: none"> <li>Develop a guide for clinical supervision</li> <li>Implement standards for clinical supervision</li> <li>Identify clinical supervision training needs and provide solutions</li> </ul>	W. Berry	FY19 Q3
<b>Goal 5. Develop Workforce and Enhance Positive Organizational Culture</b>		
<p>Support efforts to implement and integrate Trauma Informed Care in public health, behavioral health, and administrative services. (RHIP) (CCBHC) (5a)</p> <ul style="list-style-type: none"> <li>Selected DCHS staff will participate in a two day Sanctuary “Train the Trainer” event (Q2)</li> <li>Staff trained as trainers will train DCHS staff in the Sanctuary Model of Trauma Informed Care (ongoing into FY20)</li> </ul>	H. Saracen D. Inbody, B. Flesh	FY19 Q4 Q3
<p>Evaluate department safety. (5a)</p> <ul style="list-style-type: none"> <li>Provide annual Panic alarm and fire alarm drills</li> <li>Implement procedure to respond to requests generated from safety committee meetings</li> </ul>	C. Weiler	FY19 Q3
Complete Workforce Development Plan. (5b)	D. Inbody	FY19 Q2
Implement Class & Compensation changes and job description initiative. (5b)	D. Inbody	FY19 Q3

## Appendix E. Public Health Action Plan (Fiscal Year 2020)

Key Actions by Goal	Lead	Due
<b>Goal 1. Promote Health and Prevent Disease</b>		
Participate in the creation of the Regional Health Assessment and Regional Health Improvement Plan, and assure the process meets best practices, National Public Health Accreditation standards, and incorporates equity (PH Equity Plan) (PH Accreditation).	H. Saraceno	FY20 Q4
Assist the Public Health Advisory Board (PHAB) and the Shared Future Coalition in advocating for Public Health related legislation which aligns with Deschutes County priorities.	T. Kuhn	FY20 Q4
Ensure timely response to media interview requests and provide media spokesperson training to staff within Deschutes County Health Services.	H. Kaisner	FY20 Q3
<b>Goal 2. Assure Needed Health and Human Services</b>		
Work with OCHIN to build Social Determinants of Health capabilities for Public Health, determine training opportunities for staff, and assess opportunities and implementation steps.	C. Weiler & P. Ferguson	FY20 Q3
Explore the use of Adverse Childhood Experiences tracking for public health programs using OCHIN.	C. Weiler & P. Ferguson	FY20 Q3
<b>Goal 3. Acquire and Use Resources Effectively</b>		
Improve fiscal tracking and reporting processes and management systems for grants and contracts (i.e. e-Civis). Work with DCHS Administration Division to incorporate equity, social determinants of health, evidence-based decision-making and feedback from impacted staff.	C. Smallman, H. Saraceno & T. Kuhn	FY20 Q4
<b>Goal 4. Evaluate and Improve Agency Processes and Performance</b>		
Establish and implement guidelines for assuring, implementing and assessing the inclusion of health equity in public health planning, policies, practices and decision-making (PH Equity Plan) (QI Plan).	H. Saraceno & C. Smallman	FY20 Q3
Achieve National Public Health Reaccreditation (PH Accreditation).	H. Saraceno	FY20 Q3
Complete Public Health Strategic Assessments and Plans BAR HII, NACCHO QI SAT, Public Health Agency Risk Assessment, SWOT, Environmental Scan. (Strategic Planning) (QI Plan).	H. Saraceno &	FY20 Q4
<b>Goal 5. Develop Workforce and Enhance Positive Organizational Culture</b>		
Support efforts to implement and integrate the Sanctuary Model in public health. (RHIP) (CCBHC) (5a)	P. Ferguson, H. Kaisner, & T. Kuhn	FY20 Q4
Creating a Positive Culture for Public Health Staff <ul style="list-style-type: none"> <li>Modify PH All staff meeting structure based on feedback from staff focus groups (PH Equity Plan).</li> <li>Create an overview of public health leadership roles and responsibilities and a decision-making matrix (PH Equity Plan).</li> <li>Create and establish agreed upon guidelines for and commitment to, levels of authority in decision-making and to clarify when and how staff will be included in PH decision-making processes (PH Equity Plan) (QI Plan)</li> </ul>	H. Saraceno	FY20 Q3
Conduct a review of existing models and assess the feasibility of integrating Health in All Policies (PH Equity Plan).	T. Kuhn & H. Saraceno	FY20 Q4
Formalize and implement a job description template for public health that includes public health core competencies and links to the department's strategic plan (PH Accreditation) (WFD Plan).	D. Inbody & P. Ferguson	FY20 Q3





To request this information in an alternate format, please call (541) 617-4747 or send email to [ken.harms@deschutes.org](mailto:ken.harms@deschutes.org).