

Monterey County Health Department

DRAFT 2018-2022 Strategic Plan



COUNTY OF MONTEREY
HEALTH DEPARTMENT



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associates

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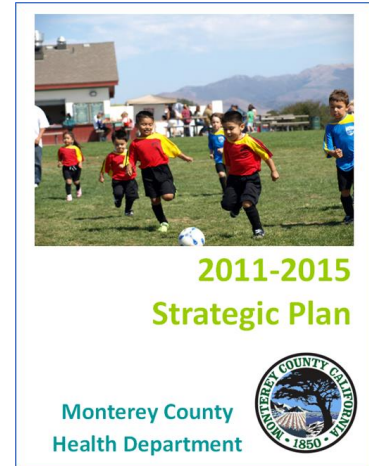
This report may be downloaded from: <http://www.mtyhd.org/strategicplan>

Published: _____

INTRODUCTION

UPDATING MCHD'S STRATEGIC PLAN GOALS & OBJECTIVES

In 2011, MCHD adopted a strategic plan to address health inequities across the county by focusing on three key areas: community empowerment, prevention, and accessible care. That plan was developed with substantial community input and extensive analysis of regional differences. In 2017, MCHD staff revisited and updated the plan based on a close review of health and community assessments that had been conducted since 2011, including the 2013 Community Health Assessment, Impact Monterey County 2015 assessment, and 2015 MCHD All Staff Survey. While the three focus areas of the 2011 plan remain central in the 2018-2022 MCHD Strategic Plan, a new focus area was also identified: workforce development and operations. In spring of 2017, MCHD contracted with Raimi + Associates to oversee the Strategic Plan “refresh” process and development of the action plan. The strategic plan “refresh” continues to support MCHD’s overall vision and mission, and the Monterey County Board of Supervisors’ Strategic Initiatives.



MCHD VISION
Creating a legacy
of health together

MCHD MISSION
To enhance, promote, and
protect the health of Monterey
County individuals, families,
communities, and environment

**Aligned with Monterey County
Board of Supervisors’ Strategic
Initiatives:**

*Health and Wellness
for Monterey County Residents*

Improve health and quality of life
through County supported
policies, programs, and services;
promoting access to equitable
opportunities for healthy choices and
healthy environments in
collaboration with communities

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IDENTIFYING STRATEGIES, ACTIVITIES, AND METRICS

Introduction

In late summer and early fall 2017, an internal work team (the Performance, Management and Innovations Team or PMIT) oversaw a process to identify strategies that supported each of the objectives outlined in the MCHD Strategic Plan. Then, at a convening held in November 2017, MCHD managers and supervisors had the opportunity to review draft strategies, provide feedback, and identify bureau-specific activities related to selected strategies. These strategies and activities were reviewed by MCHD staff and incorporated into the strategic plan. Finally, PMIT members added additional activities, and reviewed and finalized key metrics. Metrics were identified through a systematic review of existing MCHD performance measures and health indicators from a range of documents from within and outside of Monterey County, including the following:

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County of Monterey Plans and Metrics

- Monterey County Board of Supervisors Strategic Initiatives and Managing for Results Annual Performance Report, FY 2016-2017
- 2013 Monterey County Community Health Assessment (CHA)
- 2014-2018 Monterey County Community Health Improvement Plan (CHIP)
- MCHD Operational Goals for FY 2017-2018 and Measuring for Results (MFR) indicators for all MCHD bureaus (FY 2016-17 and FY 2017-2018)
- 2017 MCHD Staff Survey
- 2015 MCHD Performance Management Assessment
- 2016 Monterey County EMS Agency Strategic Plan
- 2010 Monterey County General Plan

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Plans and Metrics from Sources Other than Monterey County Government

- Impact Monterey 2015 Assessment
- 2016 Community Health Needs Assessment Report for the CHOMP [Community Hospital of Monterey Peninsula] Service Area (Monterey, Peninsula – Monterey County, CA)
- 2017 Community Health Needs Assessment for Salinas Valley Memorial Healthcare System
- Public Draft General Plan (Seaside 2040)
- Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity (2015)
- Health Disadvantage Index for California, Version 1.1 (2016-01-17)
- Let's Get Healthy California Goals and Indicators

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IMPLEMENTING THE STRATEGIC PLAN

This Strategic Plan identifies strategies that will be implemented over a five-year period (2018-2022), as well as corresponding activities and metrics. PMIT will oversee the implementation of the MCHD Strategic Plan. MCHD leadership and the PMIT will review this document annually to: 1) confirm and celebrate the department's accomplishments; 2) review metrics and share how strategies are being implemented; and 3) update the activities for the following 1-2 years.

The metrics (identified in the "Tracking Progress" section) will help inform the coming year's activities by identifying accomplishments, challenges, and opportunities. This annual reflection will be an opportunity for all MCHD bureau chiefs to identify cross-bureau, cross-sector, and community collaborations that support the Strategic Plan's goals, objectives, and strategies.

MCHD BUREAUS

Monterey County Health Department is led by the Health Director and is made up of the following Bureaus.

- The **Administration** Bureau oversees the other bureaus and is performs budget/finance, human resources, planning and evaluation, information technology, facilities, and policy functions.
- The **Behavioral Health** Bureau links residents who have mental health and substance use disorders to a continuum of interventions (including inpatient hospitalization, crisis intervention, prevention services, and more).
- The **Clinic Services** Bureau operates clinics that provide comprehensive primary medical and specialty care, health education, and disease prevention services.
- The **Emergency Medical Services (EMS)** Agency partners to ensure that emergency medical care is available and to prepare disaster plans.
- The **Environmental Health** Bureau enforces federal, state, and local statutes related to consumer health, drinking water, environmental health reviews, solid waste management and recycling, and hazardous materials, as well as the Animal Services Program.
- The **Public Health** Bureau provides disease surveillance, disaster preparedness, diagnosis of and response to health problems, and outreach and education. Its programs include Children's Medical Services, Disease Prevention and Control, Public Health Laboratory, the Women, Infants, and Children's Program (WIC), Nutrition Services, and Regional Health Teams.
- The **Public Administrator/Public Guardian** keeps property of residents who died without a will or apparent heirs safe from loss, injury, waste, or misappropriation, and acts as a representative for conservatees (residents incapable of managing their public entitlement benefits).

GLOSSARY OF USEFUL TERMS

Terms and abbreviations that are defined below are commonly used by MCHD employees and appear throughout the MCHD Strategic Plan.

Health Equity means that everyone has a fair and just opportunity to be healthier (or as healthy as possible). This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.¹

Note: Different communities have different needs and optimal ways to meet their unique needs (examples illustrated by graphic).



Health Inequities are differences in health that are avoidable, unfair, and unjust. They are an outcome of systemic social, economic, and environmental policies and practices (and the resulting conditions) that create barriers to opportunity.

Health Disparities are differences in health between groups of people.

Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. The approach focuses on identifying “co-benefits,” in other words, when a strategy for improving health also meets policy objectives of other agencies (for example, ensuring that roads are safe for bicyclists encourages physical activity and reduces greenhouse gas emissions).

Policies include legislation, regulations, and organizational standards.

Public Health Prevention aims to halt the onset or progression of disease through risk reduction by focusing efforts on population groups with various levels of risk for a problem (e.g., poor health outcome).

- **Primary Prevention** focuses on preventing the onset of a disease.
- **Secondary Prevention** uses early detection and the corresponding treatment or response to halt the progression of disease.
- **Tertiary Prevention** leverages treatment options to minimize disability from incurable disease.

¹ Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017. <https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437393>

STRATEGIC PLAN

GOALS

Below is an overview of the overarching goals in the MCHD Strategic Plan. Goals represent the long-term target or outcome of the work being done by MCHD. For each goal, there is a corresponding icon and description of the goal.



Goal 1

Empower the Community to Improve Health



Goal 2

Enhance Public Health & Safety through Prevention



Goal 3

Ensure Access to Culturally & Linguistically Appropriate,
Customer-Friendly, Quality Health Services



Goal 4

Engage MCHD Workforce and Improve Operational
Functions to Meet Current & Developing Population Health
Needs

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OBJECTIVES

Objectives represent short-term outcomes that will help lead to the achievement of each goal.

Goal 1: Empower the Community to Improve Health



Objective 1.1. Engage community members in policy development & planning

Objective 1.2. Develop & support population health initiatives with meaningful participation of community members

Goal 2: Enhance Public Health & Safety through Prevention



Objective 2.1. Address public health & safety risks through policy & systems change

Objective 2.2. Engage community organizations, businesses, & other government agencies in changing environments to make residents healthier & safer

Goal 3: Ensure Access to Culturally & Linguistically Appropriate, Customer-Friendly, Quality Health Services



Objective 3.1. Maximize preventative care, early diagnosis/intervention, & timely treatment

Objective 3.2. Promote linkages between clinical & community-based prevention activities

Objective 3.3. Increase patient-centered coordination of services

Goal 4: Engage MCHD Workforce & Improve Operational Functions to Meet Current & Developing Population Health Needs



Objective 4.1. Attract, develop, & maintain a competent, diverse, & responsive workforce

Objective 4.2. Promote trust & communication throughout the organization

Objective 4.3. Align funding with strategic initiatives & mandated programs

Objective 4.4. Optimize efficiency & effectiveness

STRATEGIES

This section of the Strategic Plan presents an overview of the strategies identified for each objective. The columns on the far left identify priority strategies by time period. Each time period is approximately two and a half years, with the first beginning in January 2018, and continuing through June of 2020. The second time period is currently estimated to begin in July of 2020, and is estimated to conclude in December of 2022. A priority strategy is one that will be the focus of the Department in terms of capacity and commitment to implement the strategy. As explained earlier, the Strategic Plan has been designed to be revisited and updated annually based on progress made on the strategies, as well as any important changes in contextual factors (e.g., funding). Priorities were identified based on a review of feedback from the November 2017 convening of MCHD managers and supervisors where participants identified strategies that should be prioritized in the coming 1-2 years along with those that strongly support health equity.

The column on the right includes a list of bureaus that are or will be implementing the strategy. Please note that bureaus are listed by their acronyms (e.g., Behavioral Health = BH), and Administration is indicated with "Admin." For bureau-specific implementation timelines, please see the Appendix.



Goal 1: Empower the community to improve health

<u>Strategies</u> to Empower the Community	Bureau(s) Implementing Strategy
Objective 1.1. Engage community members in policy development & planning	
a) Support community members in policy and advocacy education related to community initiatives	Admin, PH
b) Implement equitable and authentic engagement practices	Admin
Objective 1.2. Develop & support population health initiatives with meaningful participation of community members	
a) Support community engagement in initiatives addressing priority health risks or issues	Admin, PH, BH, EMS, EH, CS
b) Develop and expand opportunities for community involvement in planning for health education events	Admin, PH, BH, EMS

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Goal 2: Enhance public health & safety through prevention

<u>Strategies</u> to Enhance Health & Safety through Prevention	Bureau(s) Implementing Strategy
Objective 2.1. Address public health & safety risks through policy & systems change	
a) Support laws and policies that promote health and equity	Admin, PH, EH, EMS, BH
b) Strengthen relationships with both traditional and non-traditional partners to support Racial & Health Equity in All Policies	Admin, PH, BH
Objective 2.2. Engage community organizations, businesses, & other government agencies in changing environments to make residents healthier & safer	
a) Engage local partners in developing and implementing policies and programs that reduce injury, illness, and mortality	Admin, PH, BH, CS, EMS
b) Help build capacity of community coalitions/collaboratives that address health and safety	Admin, EMS, PH, EH



Goal 3: Ensure access to culturally & linguistically appropriate, customer-friendly, quality health services

<u>Strategies</u> to Ensure Quality Health Services are Accessible	Bureau(s) Implementing Strategy
Objective 3.1. Maximize preventative care, early diagnosis/intervention, & timely treatment	
a) Improve access to behavioral health services	CS, BH
b) Expand preventative care and early diagnosis & treatment/early intervention efforts related to chronic and communicable diseases	PH, CS
c) Explore and address equity issues within service delivery	BH, CS
Objective 3.2. Promote linkages between clinical & community-based prevention activities	
a) Enhance case management capacity across systems of care	Admin, BH, CS, PH
b) Utilize community health workers, peers, and promotores to increase engagement and access to care	Admin, BH, PH, CS
Objective 3.3. Increase patient-centered coordination of services	
a) Adopt patient-centered/user-centered framework and implement user feedback	Admin, BH, CS
b) Improve coordination across the safety net	CS, BH



Goal 4: Engage MCHD workforce & improve operational functions to meet current & developing population health needs

<u>Strategies</u> to Engage MCHD Workforce & Improve Operational Functions	Bureau(s) Implementing Strategy
Objective 4.1. Attract, develop, & maintain a competent, diverse, & responsive workforce	
a) Address challenges to attracting and retaining desired MCHD workforce	Admin, PH
b) Increase customer service skills and expectations for MCHD workforce	Admin
c) Increase skills of MCHD workforce in priority areas/to ensure workforce can be responsive to needs	Admin
Objective 4.2. Promote trust & communication throughout the organization	
a) Create and implement a workforce culture and development plan that addresses equity	Admin
b) Ensure internal communications are clear and inclusive	Admin
c) Identify and leverage opportunities for cross-bureau collaboration	Admin
Objective 4.3. Align funding with strategic initiatives & mandated programs	
a) Continue to seek funding for MCHD priorities (e.g., preventative services, capital improvements)	Admin
b) Align funding and budget allocations with strategic priorities	Admin
c) Increase fiscal sustainability of prioritized and mandated programs	Admin
Objective 4.4. Optimize efficiency & effectiveness	
a) Develop IT interoperability to support collaboration between programs and collaborative partners	Admin
b) Use available data to identify public health risks and prioritize responses	Admin, EH, PH, EMS, BH
c) Continue to implement quality improvement plans and the performance management system	Admin, PH, BH, CS, EMS, PG, EH

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This section of the Strategic Plan presents *activities* for each strategy that will take place during the first two years of the strategic plan, in other words, the 2018-2020 timeframe. The bureau(s) that are implementing the activity have been identified and are indicated in the corresponding column. Many of the activities presented below are currently being implemented. Others will begin to be implemented during this time period. As the action plan is updated, the activities and bureaus will also be updated.



Goal 1: Empower the community to improve health

2018-2020 <u>Activities</u> for Each Strategy	Bureau(s)
Objective 1.1. Engage community members in policy development & planning	
a) Support community members in policy and advocacy education related to community initiatives	
Continue to support and grow opportunities for training that strengthens participant's skills to advocate for, lead, and own efforts to transform their community (e.g., EnLACE, Community Health Workers, Postpone, Active Transportation Program)	Admin, PH
Expand on opportunities for community members to obtain ownership, power and authority over their own collective destiny by working with agencies as decision makers to improve their community (e.g., general plan elements)	Admin, PH
Implement Active Transportation Plan Cycle 3 community engagement activities	Admin, PH
Develop interactive mobile community policy education app	Admin
Educate/support other county department community engagement efforts by providing training/tools or providing support on best practices	Admin
b) Implement equitable and authentic engagement practices	
Evaluate equity of community engagement methods used by existing programs and recommend best process/approaches.	Admin, PH
Update MCHD communications plan to have communication strategies specific to priority communities	Admin

Activities that support Goal 1 are continued on the following page

Activities that support Goal 1 are continued from the following page

2018-2020 <u>Activities</u> for Each Strategy		Bureau(s)
Objective 1.2. Develop & support population health initiatives with meaningful participation of community members		
a) Support community engagement in initiatives addressing priority health risks or issues		
Continue staff participation as active members in county collaboratives/coalitions/initiatives		Admin, PH, BH, EMS, EH
Continue backbone support and involvement in community assessment and CHIP (InsightVision) process for Impact Monterey County Network		Admin
Support development of community advisory boards or community membership in collaboratives/initiatives/commissions		Admin, PH, CS, BH
b) Develop and expand opportunities for community involvement in planning for health education events		
Involve community leaders with planning for community events (e.g., Migrant Women's Health Conference/Adelante Con Orgullo Mujer Inmigrante (ACOMI), Girls' Health in Girls' Hands (GHGH), etc.)		Admin, PH, BH
Partner with NMC to produce “stop the bleed” classes.		EMS

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Goal 2: Enhance public health & safety through prevention

2018-2020 <u>Activities</u> for Each Strategy	Bureau(s)
Objective 2.1. Address public health & safety risks through policy & systems change	
a) Support laws and policies that promote health and equity	
Develop and implement department policy related to MCHD inter-bureau approach to conducting systems-level policy review and planning	Admin
Develop and support policies with a prevention approach that improve population health and equity (e.g., smoke free parks, number of cities with tobacco retailer license ordinance)	Admin, PH
Develop new ordinances to address public health and safety risks	Admin, PH, EH, EMS, BH
Develop data briefs to inform policy/decision-makers (traditional and nontraditional) on topics identified through CHIP or bureau-specific strategic planning	Admin, PH, EH, EMS, BH
Disseminate health and epidemiologic information to healthcare providers, medical facilities, community-based organizations, policy/decision makers, and the public	Admin, PH, EMS, BH
Develop Ambulance Exclusive Operating Area to include equitable levels of service, based on population density	EMS
Review County Code and update all policies that promote health and equity.	Admin, PH
b) Strengthen relationships with both traditional and non-traditional partners to support Racial & Health Equity in All Policies	
Continue built environment work (Safe Routes to Schools, health elements, etc.) with county and city planning partners	Admin, PH
Educate partners, agencies, and community members about racial and health equity	Admin
Collect, analyze, and distribute information on racial and health equities within Monterey County on topics identified through CHIP or bureau-specific strategic planning	Admin, PH, EH, EMS, BH
Attend and/or help organize public events that provide health information to populations disproportionately impacted by health issues	Admin, PH, EH, EMS, BH
Continue work w/ Governing for Racial Equity initiative and share with cities within the county.	Admin, PH, BH
Continue working w/ Learning and Development Network to expand health and racial equity training	Admin

Activities that support Goal 2 are continued on the following page

Activities that support Goal 2 are continued from the following page

2018-2020 <u>Activities</u> for Each Strategy		Bureau(s)
Objective 2.2. Engage community organizations, businesses, & other government agencies in changing environments to make residents healthier & safer		
a) Engage local partners in developing and implementing policies and programs that reduce injury, illness, and mortality		
Develop strategies to increase participation in the Supplemental Nutrition Program (CalFresh) for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) and increase healthy food and beverage purchases among WIC and SNAP participants, including incentives for purchasing fresh produce		PH
Collaborate with afterschool K-6 programs to include healthy meal opportunities		PH
Explore opportunities for co-location/collaboration with at least one health services provider serving the WIC-eligible population		PH
Explore opportunities to increase school wellness activities		PH
Implement evidence-based teen pregnancy and sexually transmitted infection prevention, as well as healthy relationship programs, such as CalPREP and Safe Dates in the schools, to enhance compliance with the California Comprehensive Sexual Health and HIV/AIDS Prevention Act.		PH
Promote a public health approach to youth violence prevention with partners, such as members of the Community alliance for Safety and Peace (CASP); and through support of evidence-based programs, including Olweus Bullying Prevention Program and Crime Prevention through Environmental Design (CPTED).		PH
Develop coordinated department obesity/illness/wellness plan		PH
Implement county facility policy for healthy vending.		PH
Develop and implement an injury prevention plan that addresses the role of public health in preventing intentional and unintentional injury, including violence, motor vehicle crashes, and infant/childhood injuries]		PH
Implement injury prevention program for communities that include car seat, bicycle, and pedestrian safety		PH
Obtain stakeholder input on draft EMS policies		EMS
Use EMS quality improvement (QI) committees to identify policy/protocol needs.		EMS
Implement social marketing campaigns to prevent teen dating violence, in coffee shops, cinema ads, Twitter, Facebook and through other public health programs serving teens, to distribute prevention messages.		PH
Implement social marketing campaigns to promote tobacco control and oral health prevention messages		PH
Implement cannabis control program, including supporting programs and policies that reduce access by youth to marijuana products		PH
Develop, promote and adopt standards and performance based environmental health activities related to healthy homes and sanitation.		PH
Use multi-sector partnerships to support people who are homeless or at risk for homelessness		Admin, PH, BH, CS
Support programs and policies to reduce Children's Exposure to Violence		PH, BH, CS
Develop, implement, and promote an evidence-based Nurse Family Partnership (NFP) program		PH

Activities that support Goal 2 are continued on the following page

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2018-2020 <u>Activities</u> for Each Strategy		Bureau(s)
b) Help build capacity of community coalitions/collaboratives that address health and safety (e.g., CAP/Resilient Monterey County, MCI Plan)		
Create public health safety risks collaborative toolkit for use by coalitions/collaboratives		EH
Continue coordinating the Healthcare Emergency Preparedness Coalition		PH
Update Mass Casualty Incident Plan		EMS
Develop a medical communication center		EMS
Create a comprehensive MHOAC (Medical Health Operational Area Coordinator) Program		EMS
Implement department-wide, bureau-wide, and individual clinic-wide texting capacity for staff safety.		Admin, EMS, PH



Goal 3: Ensure access to culturally & linguistically appropriate, customer-friendly, quality health services

2018-2020 <u>Activities</u> for Each Strategy		Bureau(s)
Objective 3.1. Maximize preventative care, early diagnosis/intervention, & timely treatment		
a) Improve access to behavioral health services		
Support clinic physicians in accessing and using opioid eRx as part of efforts to reduce opioid abuse		CS
Expand substance use disorder (SUD) treatment - Train staff on general SUD services - Create resource list + collaboration protocol for SUD/ Behavioral Health providers		BH
Develop a comprehensive behavioral health prevention and early intervention plan.		BH
Support programs that improve behavioral health access		CS, BH
Provide integrated re-entry behavioral health services to formerly incarcerated population		BH
Modify the EMS System to include non-ambulance transport for behavior health care services and active case management of behavioral health patients.		EMS
b) Expand preventative care and early diagnosis & treatment/early intervention efforts related to chronic and communicable diseases		
Eliminate barriers to and promote incentives for evidence-based, high quality prevention, early diagnosis and treatment, health education and access to care for chronic and communicable diseases		PH, CS
CDPC staff will provide linkage to care services for all individuals diagnosed with HIV, pregnant women diagnosed with syphilis and active cases of tuberculosis and their close contacts.		PH
Oversee CHDP provider site certification activities (site visits, audits, etc.)		PH
Increase in-service training/education on lab testing capability and quality		PH
Improve laboratory testing turn-around times		PH
Implement oral health prevention, policies and guidelines into traditional healthcare settings to address chronic disease risk factors.		PH
Conduct an assessment of available data to determine health status, oral health status, needs and available dental and health care services to resources to support underserved areas and vulnerable population groups.		PH
Identify and recruit key groups/organizations to participate in an oral health coalition and to develop strategies to improve oral health.		
Support clinical, administrative and structural community capacity building for improving access to timely diagnosis & treatment of complicated STIs.		PH, CS
Expand access to comprehensive sexual health, risk reduction, and safer sex education		PH, CS

Activities that support Goal 3 are continued on the following page

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Activities that support Goal 3 are continued from the following page

2018-2020 <u>Activities</u> for Each Strategy		Bureau(s)
c) Explore and address equity issues within service delivery		
Improve equity through implementation of BH Cult Comp plan action plan.		BH
Explore wellness centers at schools		BH, CS
Continue partnerships with schools to implement positive behavioral interventions and supports (PBIS)		BH
Expand clinic services and/or capacity as needs are identified		CS
Objective 3.2. Promote linkages between clinical & community-based prevention activities		
a) Enhance case management capacity across systems of care		
Work with partners, to develop a grid of available case management resources (county), including description of services & shared partners. Post publicly		Admin, PH
Train staff on referral processes		CS, PH
Work with county counsel to identify strategies to communicate status of referrals to Health Care providers and other referring entities		Admin
Establish protocols for processing referrals and re-directing as appropriate, including data and tracking components		Admin, PH
Expand NCQA-recognized patient-centered medical homes.		CS
Support education and prevention activities in community (teams).		Admin
Integrate case management of high ambulance users into EMS System		EMS
b) Utilize community health workers, peers, and promotores to increase engagement and access to care		
Produce report on use of community-based promotores/peer educators across county		Admin
Implement recommendations from report to support increasing use of Community Health Workers (CHWs) in county (e.g., Support outreach and engagement funding opportunities to increase access to healthcare, develop funding for using CHWs, utilize CHW to find people where they are to bring them into available services/programs, support expansion of other orgs use of CHWs)		Admin
Train and use youth and young adults to serve as peer educators to provide tobacco and sexuality education within the community		PH
Provide evidenced-based patient education services that build and strengthen self-efficacy skills that foster optimal disease management and healthy behaviors.		CS, PH

Activities that support Goal 3 are continued on the following page

Activities that support Goal 3 are continued from the following page

2018-2020 <u>Activities</u> for Each Strategy		Bureau(s)
Objective 3.3. Increase patient-centered coordination of services		
a) Adopt patient-centered/ client-centered/ user-centered framework and implement user feedback		
Continue BH clinical work on trauma informed services		BH
Understand how each bureau understands or defines “trauma-informed organization” to increase common language around trauma.		BH
Implement training on trauma informed practices for all staff		BH
Facilitate the development of a networked referral and communication system between, social, medical, and mental health providers		Admin
Maintain opportunities and consistency between client feedback opportunities		Admin
Support innovative practices in the safety net		CS
b) Improve coordination across the safety net		
Expand diabetes/hypertension web-based community resource clearinghouse / guide to include other major diseases.		Admin
Develop trainings for providers related to community-clinic linkages to increase awareness of existing programs		Admin
Use current meetings (e.g. situational awareness meeting) to share information on services and safety net coordination opportunities		CS, PH
Continue to use Safety Net Integration Council to support coordination of healthcare delivery		CS
Increase outreach to community providers to provide information and encourage safety net use.		CS?
Continue to integrate primary care and behavioral health services		CS, BH

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Goal 4: Engage MCHD workforce & improve operational functions to meet current & developing population health needs

2018-2020 <u>Activities</u> for Each Strategy		Bureau(s)
Objective 4.1. Attract, develop, & maintain a competent, diverse, & responsive workforce		
a) Address challenges to attracting and retaining desired MCHD workforce		
Support county efforts to improve workforce recruitment, hiring, promotion, and retention, in particular through use of an equity framework		Admin
Develop and distribute department guide of fun wellness job-related activities		PH
b) Increase customer service skills and expectations for MCHD workforce		
Increase staff attendance at county wide training for customer service		Admin
c) Increase skills of MCHD workforce in priority areas/to ensure workforce can be responsive to needs		
Conduct systemic analysis and implement plan to develop workforce competency to address emerging public health issues and strategies (e.g., use of EHR and telecare technology, champions for evidence-based practices)		Admin
Provide emergency preparedness trainings to MCHD employees		PH
Increase employee public health program and services knowledge (e.g., use psychiatrists for in-service trainings, host cross-regional/program mixers, coffees w/ in-service presentation, bring more trainings (webinars, in-services) to Marina Training Center and other clinics).		Admin
Objective 4.2. Promote trust & communication throughout the organization		
a) Create and implement a workforce culture and development plan that addresses equity		
Create and sustain a department workforce development plan advisory team		Admin
Create a workplace culture and development plan integrating the workplace culture and equity assessments (and that aligns with the Cultural Sensitivity and Humility Plan for Behavioral Health)		Admin
Integrate culture and development plan into bureau practices in a more robust manner		Admin
b) Ensure internal communications are clear and inclusive		
Update communications plan to include goals and strategies to support a culture of clear and inclusive internal communications, public relations, and community engagement		Admin
Implement the communication plan goals		Admin
Enhance social media capacity and web design skills		Admin

Activities that support Goal 4 are continued on the following page

Activities that support Goal 4 are continued from the following page

2018-2020 <u>Activities</u> for Each Strategy		Bureau(s)
c) Identify and leverage opportunities for cross-bureau collaboration		
Develop work teams that inform protocols related to client care needs across bureaus		Admin, PH, CS, BH
Develop cross-bureau information sharing		Admin
Objective 4.3. Align funding with strategic initiatives & mandated programs		
a) Continue to seek funding for MCHD priorities (e.g., preventative services, capital improvements)		
Pursue relevant grant opportunities to support priorities		Admin
Seek funding for new infrastructure and capital opportunities		Admin
Continue to advocate for program funding at legislative level.		Admin
b) Align funding and budget allocations with strategic priorities		
Develop and implement a plan to align funding and budget allocation to support health and racial equity and other strategic priorities		Admin
Communicate w/ bureaus to budget according to strategic initiatives / incorporate accountability.		Admin
Implement participatory budget process		Admin
c) Increase fiscal sustainability of prioritized and mandated programs		
Develop approaches to partner with other local entities for strategically deploying resources for similar functions		Admin
Develop a fiscally sustainable system for pre-hospital services (i.e., develop an RFP for ambulance services in Monterey County, develop/revise ambulance ordinance, EMS system redesign for financial sustainability		EMS
Objective 4.4. Optimize efficiency & effectiveness		
a) Develop IT interoperability to support collaboration between programs and collaborative partners		
Develop interoperability and data exchange across county systems		Admin
Develop IT integration opportunities in order to improve community-clinical linkages		Admin
Update Health IT data security policies		Admin

Activities that support Goal 4 are continued on the following page

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Activities that support Goal 4 are continued from the following page

2018-2020 <u>Activities</u> for Each Strategy		Bureau(s)
b) Use available data to identify public health risks and prioritize responses		
Support and/or expand staff and infrastructure capability for data analytics		Admin
Identify and implement technology solutions to inform bureau planning and decision processes		Admin
Track, monitor, and report on inspection findings from food, water, hazmat, wastewater inspections by standardizing inspection data systems entry and maintenance.		EH
Improve surveillance to better inform bureau planning and decision making.		Admin, PH, EMS, BH
Update and communicate emergency operations plan.		PH
c) Continue to implement quality improvement plans and the performance management system		
Re-create Quality Oversight Council (QOC) group.		Admin
Maintain a department-wide performance management system for measuring and monitoring effectiveness, quality, and efficiency		Admin
Revise and narrow performance measures to more accurately align with mission, values, and outcomes.		Admin
Provide quarterly updates on 4 quality metrics		Admin
Explore ways of promoting rapid QI using a new tool		Admin
Develop results-based contracting processes		Admin
Include productivity and clinical expectations in all contracts.		Admin, PH, BH, CS, EMS, PG, EH
Include implementation plans in vendor contracts, and monitor objectives and review invoices prior to payment.		Admin, PH, BH, CS, EMS, PG, EH

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MCHD DASHBOARD

The long-term, health-related outcomes associated with Goals 1, 2, and 3 were identified in the 2014-2018 Monterey County Community Health Improvement Plan (CHIP) and updated based on community input through the Impact Monterey County process and a review of indicators used by leading county initiatives and collaboratives. The outcomes identified for Goal 4 are from the 2017 MCHD Staff Survey and were identified during the “refresh” of the Strategic Plan. A dashboard of indicators will be used to track progress towards the outcomes.

Goal 1: Empower the Community to Improve Health



- Increase civic engagement
- Decrease obesity and diabetes rates
- Decrease teen birth rate
- Decrease heart disease death rate
- Increase kindergarten readiness

Goal 2: Enhance Public Health & Safety through Prevention



- Decrease bullying and violent injury
- Decrease tobacco, cannabis, drug, and alcohol use
- Decrease unintentional injury and death
- Decrease environmentally-related illness and injury

Goal 3: Ensure Access to Culturally & Linguistically Appropriate, Customer-Friendly, Quality Health Services



- Increase access to health care services
- Increase access to mental health services and substance abuse treatment
- Increase access to dental care services
- Increase access to culturally appropriate health education & care

Goal 4: Engage MCHD Workforce & Improve Operational Functions to Meet Current & Developing Population Health Needs



- Maintain a balanced annual budget
- Increase innovative funding streams to further advance work on inequities
- Maintain low vacancy rate for department positions

METRICS TO TRACK IMPLEMENTATION OF PLAN STRATEGIES

The following metrics will be used to track the short and intermediate term implementation of Strategic Plan strategies



Goal 1: Empower the community to improve health

Strategies to Empower the Community	Example Metrics	Type of Metric	Source	Target
Objective 1.1. Engage community members in policy development & planning				
a) Support community members in policy and advocacy education related to community initiatives	New teen peer educators participating in Postpone (a youth leadership development training program to deter teen pregnancy and support youth leadership within schools)	#	Postpone training participation and completion records / MCHD FY 17-18 Operational Goals / MCHD 16-17; 17-18 PH Performance Measures	50
	New teen volunteers who are trained by MCHD for Girls Health in Girls Hands (a youth leadership development training program to deter teen pregnancy and implement change in schools, communities, and neighborhoods)	#	MCHD 16-17; 17-18 PH Performance Measures	4
	<i>Initiatives</i> driven by community members/residents for which MCHD provides policy/advocacy education support	#	Annual check-in with Bureau leads	TBD
	<i>Residents</i> to whom MCHD provides policy/advocacy education support (as part of supporting Initiatives driven by community members/residents)	#	Annual check-in with Bureau leads	TBD
b) Implement equitable and authentic engagement practices	MCHD staff who agree or strongly agree that <i>MCHD has expectations for how to work with the community.</i>	%	MCHD Staff Survey	85%
	Practices have been developed/adopted	y/n overall OR # or % of bureaus	Annual check-in with Bureau leads	TBD
	Practices have been consistently implemented	y/n overall OR # or % of bureaus	Annual check-in with Bureau leads	TBD

Strategies to Empower the Community	Example Metrics	Type of Metric	Source	Target
Objective 1.2. Develop & support population health initiatives with meaningful participation of community members				
a) Support community engagement in initiatives addressing priority health risks or issues	Number of volunteers involved in solid waste abatement efforts/clean up events	#	MCHD 16-17; 17-18 EH Performance Measures	275
	Pounds of solid waste (recyclables/waste) collected in clean up events	#	MCHD 16-17; 17-18 EH Performance Measures	100,000
	MCHD initiatives that include meaningful community engagement	# or %	Annual check-in with Bureau leads	TBD
b) Develop and expand opportunities for community involvement in planning for health education events	MCHD health education events with any opportunity for community involvement	# or %	Annual check-in with Bureau leads	TBD
	MCHD health education events that involve community members in the planning process	# or %	Annual check-in with Bureau leads	TBD
	Health education events initiated by or driven by community members with limited MCHD support	# or %	Annual check-in with Bureau leads	TBD

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Goal 2: Enhance public health & safety through prevention

Strategies to Enhance Health & Safety through Prevention	Example Metrics	Type of Metric	Source	Target
Objective 2.1. Address public health & safety risks through policy & systems change				
a) Support laws and policies that promote health and equity	Plans and policies where a “health lens” is used in the development of the plan or policy	#	MCHD 16-17; 17-18 Admin Performance Measures	2
	Plans and policies with a health impact review	#	MCHD 16-17; 17-18 Admin Performance Measures	8
	Adopted/implemented policies co-developed by MCHD staff	#	Annual check-in with Bureau leads	TBD
	Proposed but not (yet) adopted policies co-developed by MCHD staff	#	Annual check-in with Bureau leads	TBD
	Adopted/implemented policies for which MCHD provided <u>data or evidence</u>	#	Annual check-in with Bureau leads	TBD
	Proposed but not (yet) adopted policies for which MCHD provided <u>data or evidence</u>	#	Annual check-in with Bureau leads	TBD
b) Strengthen relationships with both traditional and non-traditional partners to support Racial & Health Equity in All Policies	MCHD staff who agree or strongly agree that MCHD partners with institutions and community organizations to advance racial equity for our communities of color.	%	MCHD Staff Survey	65%
	New relationships with traditional partners developed	#	Annual check-in with Bureau leads	TBD
	New relationships with non-traditional partners developed	#	Annual check-in with Bureau leads	TBD
	Existing relationships with traditional partners strengthened	#	Annual check-in with Bureau leads	TBD
	Existing relationships with non-traditional partners strengthened	#	Annual check-in with Bureau leads	TBD

Strategies to Enhance Health & Safety through Prevention	Example Metrics	Type of Metric	Source	Target
Objective 2.2. Engage community organizations, businesses, & other government agencies in changing environments to make residents healthier & safer				
a) Engage local partners in developing and implementing policies and programs that reduce injury, illness, and mortality	CASP coalition organizations that participate annually in a STRIVE work plan activity (public health approach to prevent youth violence)	#	MCHD 16-17; 17-18 PH Performance Measures	50%
	Partners who are engaged in developing and/or implementing policies and/or programs that support community health	#	Annual check-in with Bureau leads	TBD
	Policies that MCHD develops and/or implements with close collaboration/coordination with local partners	#	Annual check-in with Bureau leads	TBD
	Programs that MCHD develops and/or implements with close collaboration/coordination with local partners	#	Annual check-in with Bureau leads	TBD
b) Help build capacity of community coalitions/collaboratives that address health and safety (e.g., CAP/Resilient Monterey County, MCI Plan)	Coalitions/collaboratives of community-based organizations or government agencies for which MCHD provides capacity building support	#	Annual check-in with Bureau leads	TBD



Goal 3: Ensure access to culturally & linguistically appropriate, customer-friendly, quality health services

Strategies to Ensure Quality Health Services are Accessible	Example Metrics	Type of Metric	Source	Target
Objective 3.1. Maximize preventative care, early diagnosis/intervention, & timely treatment				
a) Improve access to behavioral health services	BH clients who access services in a timely manner	# or %	Avatar reports / MCHD FY 17-18 Operational Goals	65% seen within 10 days
	New (never previously seen) BH clients by region	# or %	MCHD 16-17; 17-18 BH Performance Measures	Varies 5-50%
	Adult residents who reported needing help for their mental/emotional or drug/alcohol issue(s) who received treatment	%	CA Health Interview Survey (CHIS)	80%

Strategies to Ensure Quality Health Services are Accessible	Example Metrics	Type of Metric	Source	Target
b) Expand preventative care and early diagnosis & treatment/early intervention efforts related to chronic and communicable diseases	MCHD Clinic Services patients (21+) with diabetes who have an HbA1c<9 (Hemoglobin A1c below 9)	%	EPIC reports / MCHD FY 17-18 Operational Goals / MCHD 16-17; 17-18 CS Performance Measures	71%
	MCHD Clinic Services patients (18-85) with controlled hypertension among all patients diagnosed with hypertension (last systolic blood pressure measurement <140 mm Hg and diastolic blood pressure < 90 mm Hg)	%	EPIC reports / MCHD FY 17-18 Operational Goals / MCHD 16-17; 17-18 CS Performance Measures	64%
	Patients (18+) who had their Body Mass Index calculated at the last visit or within the last 6 months <u>and</u> had a follow-up plan documented if patients are overweight or underweight	%	MCHD 16-17; 17-18 CS Performance Measures	80%
	Patients (3-17) who had their Body Mass Index percentile documented within the last 12 months <u>and</u> counseling on nutrition and physical activity documented if patients are overweight or underweight	%	MCHD 16-17; 17-18 CS Performance Measures	90%
	Individuals with new early syphilis infections who receive a documented HIV test within 30 days of their syphilis diagnosis	%	Interview records and morbidity reports / MCHD FY 17-18 Operational Goals / MCHD 16-17; 17-18 PH Performance Measures	75%
	Children (2-5 years) enrolled in WIC who are overweight or at risk	%	WIC records / MCHD FY 17-18 Operational Goals / MCHD 16-17; 17-18 PH Performance Measures	17%/19 %
	Infants enrolled in WIC who are breastfed (exclusively or any for 6 months and 12 months)	%	WIC records / MCHD FY 17-18 Operational Goals / MCHD 16-17; 17-18 PH Performance Measures	22%/18 .5%
	Children receiving all required vaccines upon kindergarten entry	%	CA Department of Health & Human Services Open Data Portal	95%

Strategies to Ensure Quality Health Services are Accessible	Example Metrics	Type of Metric	Source	Target
c) Explore and address equity issues within service delivery	MCHD staff who agree or strongly agree that MCHD provides services in ways that are culturally sensitive.	%	MCHD Staff Survey	85%
	MCHD staff who agree or strongly agree that MCHD is making progress on improving access to services for marginalized communities.	%	MCHD Staff Survey	76%
	Difference in distribution of BH clients and distribution of Medi-Cal recipient residents in each region of County	%	Avatar reports / MCHD FY 17-18 Operational Goals	TBD
	Clients of the Public Guardian who are visited once per quarter	%	MCHD 16-17; 17-18 PA/PG Performance Measures	100%
	Difference by race/ethnicity in TBD client satisfaction measures	%	Survey for MCHD clients (BH, CS)	TBD
	Difference by race/ethnicity in TBD client treatment measures	%	TBD	TBD
	Difference by race/ethnicity in TBD client outcome measures	%	TBD	TBD
Objective 3.2. Promote linkages between clinical & community-based prevention activities				
a) Enhance case management capacity across systems of care	Case management data system is operational (developed and set up)	y/n	Annual check-in with Bureau leads	y
	% of case management positions filled	%	Annual check-in with Bureau leads / HR	TBD
	# persons enrolled in WPC	#	Case management data system	TBD
b) Utilize community health workers, peers, and promotores to increase engagement and access to care	Medi-Cal applications filled out for residents from vulnerable communities	#	Outreach tracking Excel spreadsheet	300/year
	Community health worker curriculum is implemented at local college	y/n	Annual check-in with Bureau leads	y

Strategies to Ensure Quality Health Services are Accessible	Example Metrics	Type of Metric	Source	Target
Objective 3.3. Increase patient-centered coordination of services				
a) Adopt patient-centered/ client-centered/ user-centered framework and implement user feedback	Discharged BH clients with treatment goals met or partially met	%	MCHD 16-17; 17-18 BH Performance Measures	45%
	BH clients who remain stable with intensive outpatient services after hospital discharge – BH clients who are not re-admitted to the hospital mental health unit after discharge	%	Avatar reports / MCHD FY 17-18 Operational Goals	TBD
	MCHD staff who agree or strongly agree that MCHD is making progress at providing interpretation and translation services for people with limited English.	%	MCHD Staff Survey	78%
	MCHD staff who agree or strongly agree that MCHD shared information in ways that are culturally sensitive.	%	MCHD Staff Survey	78%
	Client satisfaction measures	%	Survey for MCHD clients (BH, CS)	TBD
b) Improve coordination across the safety net	Development of Master Patient Index	y/n	Annual check-in with Bureau leads	y
	TBD, e.g., utilization or outcome measure from Master Patient Index	TBD	TBD	TBD



Goal 4: Engage MCHD workforce & improve operational functions to meet current & developing population health needs

Strategies to Engage MCHD Workforce & Improve Operational Functions	Example Metrics	Type of Metric	Source	Target
Objective 4.1. Attract, develop, & maintain a competent, diverse, & responsive workforce				
a) Address challenges to attracting and retaining desired MCHD workforce	TBD, e.g., equity analysis of HR applicants and hiring process (e.g., length of time from candidate application to hire, differences in racial/ethnic demographics of applicants vs hires)	TBD	TBD	TBD
	Position vacancy rate	%	MCHD 16-17; 17-18 Admin Performance Measures	10%
	MCHD staff who agree or strongly agree that most MCHD staff demonstrate a commitment to addressing the environmental, social, and economic conditions that impact health.	%	MCHD Staff Survey	83%
	MCHD staff who agree or strongly agree that (if they want) they can work toward a position with more responsibilities.	%	MCHD Staff Survey	67%

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Strategies to Engage MCHD Workforce & Improve Operational Functions	Example Metrics	Type of Metric	Source	Target
b) Increase customer service skills and expectations for MCHD workforce	Staff completing Excelling at Customer Service training	%	MCHD 16-17; 17-18 Admin Performance Measures	100%
	Building permit applications (involving onsite wastewater systems) processed within 2 weeks	%	MCHD 16-17; 17-18 EH Performance Measures	90%
	Water well applications responded to within 10 working days of payment submittal	%	MCHD 16-17; 17-18 EH Performance Measures	90%
	Trauma complaints referred to appropriate organizations for quality improvement within 3 business days of receipt	%	EMS records / MCHD FY 17-18 Operational Goals / MCHD 16-17; 17-18 EMS Performance Measures	95%
	Timely EMS duty officer response to Communications Center – EMS duty officer/EMS director response to calls from Communications Center within 15 minutes	%	MCHD 16-17; 17-18 EMS Performance Measures	95%
	Timely EMT certification/recertification (processed within 7 business days of receipt excluding delays due to Department of Justice background checks)	%	EMS records / MCHD FY 17-18 Operational Goals / MCHD 16-17; 17-18 EMS Performance Measures	95%
	Timely paramedic accreditation/reaccreditation (processed within 7 business days of receipt excluding delays due to Department of Justice background checks)	%	EMS records / MCHD FY 17-18 Operational Goals / MCHD 16-17; 17-18 EMS Performance Measures	95%
	Conservator investigations begun within 10 business days of receiving completed referral packet	%	MCHD 16-17; 17-18 PA/PG Performance Measures	100%
	Public Administrator cases closed within a timely manner (based on case complexity): - Within 6 months for below \$5,000 - Within 1 year for \$5,000-25,000 - Within 2 years for more than \$25,000	%	MCHD 16-17; 17-18 PA/PG Performance Measures	100%
	Processing time from receipt of a new CCS referral to generation of a service authorization or a service denial	Average business days	MCHD 16-17; 17-18 PH Performance Measures	5
	MCHD staff who agree or strongly agree that their Bureau's Management responds to communications from staff and customers/clients.	%	MCHD Staff Survey	69%
	Customer satisfaction measures (both for BH and CS patients/clients, as well as customers of EH, EMS, PG/PA, etc.)	%	Customer Service Cards	TBD

Strategies to Engage MCHD Workforce & Improve Operational Functions	Example Metrics	Type of Metric	Source	Target
c) Increase skills of MCHD workforce in priority areas/to ensure workforce can be responsive to needs	Managers and supervisors completing Performance Management and Progressive Discipline training / Key Practices for Successful Supervision / 7 Habits of Highly Effective Managers Training	%	MCHD 16-17; 17-18 Admin Performance Measures	100%
	Managers and supervisors completing 7 Habits of Highly Effective Managers training	%	MCHD 16-17; 17-18 Admin Performance Measures	100%
	Effectiveness measure for Health Equity Training – Participants who gained knowledge through Health Equity Academy (for MCHD staff) or enLACE (for residents) curricula	%	MCHD 16-17; 17-18 Admin Performance Measures	80%
	Employees completing Preventing Sexual Harassment training	%	MCHD 16-17; 17-18 Admin Performance Measures	100%
	Managers and supervisors completing Preventing Sexual Harassment for Supervisors training	%	MCHD 16-17; 17-18 Admin Performance Measures	100%
	CEUs completed by laboratory staff members annually	Average # of CEU hours per FTE	MCHD 16-17; 17-18 PH Performance Measures	100%
Objective 4.2. Promote trust & communication throughout the organization				
a) Create and implement a workplace culture plan that addresses equity	MCHD staff who report their Bureau works in a trustworthy way.	%	MCHD Staff Survey	71%
	MCHD staff who report their Bureau values diversity.	%	MCHD Staff Survey	88%
	MCHD staff who report their Bureau welcomes creative suggestions.	%	MCHD Staff Survey	70%
	MCHD staff who report their Bureau looks for ways to continuously improve.	%	MCHD Staff Survey	76%
	MCHD staff who agree or strongly agree that their Bureau's Management welcomes idea and comments from staff at all levels.	%	MCHD Staff Survey	66%
	MCHD staff who agree or strongly agree that their Bureau's Management is visible to employees as a leader.	%	MCHD Staff Survey	66%
	Workplace culture planning process has been initiated	y/n	MCHD administration records	y
	Workplace culture plan has been developed / adopted	y/n	MCHD administration records	y
	Workplace culture plan has been implemented	y/n or # of Bureaus	Annual check-in with Bureau leads	y

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Strategies to Engage MCHD Workforce & Improve Operational Functions	Example Metrics	Type of Metric	Source	Target
b) Ensure internal communications are clear and inclusive	MCHD staff who participate in annual staff survey	# or %	MCHD Staff Survey / MCHD 16-17; 17-18 Admin Performance Measures	500
	MCHD staff who agree or strongly agree that MCHD organizational decisions are communicated clearly.	%	MCHD Staff Survey	51%
	MCHD staff who agree or strongly agree that MCHD organizational decisions are communicated in a timely manner.	%	MCHD Staff Survey	48%
	Respondents who report performance measures are always communicated through Bureau	%	MCHD Staff Survey	60%
	Respondents who report information about performance management is always clear and usable	%	MCHD Staff Survey	60%
c) Identify and leverage opportunities for cross-bureau collaboration	Successful/Implemented examples of cross-Bureau collaboration	#	Annual check-in with Bureau leads	TBD
Objective 4.3. Align funding with strategic initiatives & mandated programs				
a) Continue to seek funding for MCHD priorities (e.g., preventative services, capital improvements)	State and federal funds pursued	# of grant/contract proposals submitted	MCHD administration tally / MCHD FY 17-18 Operational Goals	TBD
	State and federal funds secured	\$ or # of new funding sources/streams	MCHD administration tally	TBD

Strategies to Engage MCHD Workforce & Improve Operational Functions	Example Metrics	Type of Metric	Source	Target
b) Align funding and budget allocations with strategic priorities	Degree to which MCHD budget is aligned with strategic priorities	TBD	Financial assessment TBD (funding restrictions, mandated services, and bureaucratic limitations need to be considered)	TBD
	Timely invoicing – Invoices submitted within 30 days of when invoicing data are available	%	MCHD 16-17; 17-18 Admin Performance Measures	85%
	Productivity standard for monitoring billable services	%	MCHD 16-17; 17-18 BH Performance Measures	75%
	Average Cost of Care per Patient (per Federal Standards)	average (\$)	MCHD 16-17; 17-18 CS Performance Measures	\$785.96
	Medi-Cal eligible CCS clients who retain Medi-Cal coverage while receiving CCS treatment authorizations and case management services	%	MCHD 16-17; 17-18 PH Performance Measures	99%
	CCS Medical Therapy Program (MTP) program visits that are kept (rather than being cancelled or having clients no-show)	%	MCHD 16-17; 17-18 PH Performance Measures	73%
	Billable PH Nurse case management visits per month	Average # of visits per FTE	MCHD 16-17; 17-18 PH Performance Measures	40
Objective 4.4. Optimize efficiency & effectiveness				
a) Develop IT interoperability to support collaboration between programs and collaborative partners	Bureaus with ability to use SharePoint/Data Sharing Repository	# or %	MCHD 16-17; 17-18 Admin Performance Measures	50%

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Strategies to Engage MCHD Workforce & Improve Operational Functions	Example Metrics	Type of Metric	Source	Target
b) Use available data to identify public health risks and prioritize responses	Health and epidemiologic information disseminated to healthcare providers, medical facilities, community-based organizations, and the public	#	Morbidity records / MCHD FY 17-18 Operational Goals / MCHD 16-17; 17-18 PH Performance Measures	24
	Resident compliance with dog licensing	%	MCHD 16-17; 17-18 AS Performance Measures	50%
	High and Moderate-Risk Food Facilities Inspections – inspections conducted of Tier II (moderate risk) and Tier III (higher risk) food facilities	#	EH records / MCHD FY 17-18 Operational Goals / MCHD 16-17; 17-18 EH Performance Measures	2,964/114
	Registered Underground Storage Tank (UST) facilities inspected annually	# or %	MCHD 16-17; 17-18 EH Performance Measures	219
	Reports of selected reportable diseases that are initiated within appropriate timeframe (defined by CDC and CDPH)	%	MCHD 16-17; 17-18 PH Performance Measures	80%
	Analyses of MCHD data (e.g., hot spotting, site locations) to inform decisions and programs	#	Annual check-in with Bureau leads	TBD

Strategies to Engage MCHD Workforce & Improve Operational Functions	Example Metrics	Type of Metric	Source	Target
c) Continue to implement quality improvement plans and the performance management system	Quality improvement (QI) projects	#	MCHD 16-17; 17-18 Admin Performance Measures	14
	QI projects per year / Plan-Do-Study-Act (PDSA) Outcome reports	#	PDSA outcome reports / MCHD FY 17-18 Operational Goals / MCHD 16-17; 17-18 Admin Performance Measures	14
	Employees with an annual formal written performance evaluation	%	HR records / MCHD FY 17-18 Operational Goals / MCHD 16-17; 17-18 Admin Performance Measures	90%
	Respondents who report Leadership always communicates value of using performance management system	%	MCHD Staff Survey	TBD
	Respondents who report senior management is always committed to using performance management system	%	MCHD Staff Survey	TBD
	Respondents who report bureau always sets performance measures and achievement time period	%	MCHD Staff Survey	TBD
	Respondents who report information on progress around performance measures is always available	%	MCHD Staff Survey	TBD
	Respondents who report employees can always develop QI projects	%	MCHD Staff Survey	TBD
	BH services provided by county staff identified as evidence-based practice	%	MCHD 16-17; 17-18 BH Performance Measures	20%
	Hospital re-admittance rate – BH clients admitted to Natividad Medical Center acute psychiatric services beds who are re-admitted within 30 days	%	MCHD 16-17; 17-18 BH Performance Measures	17%
	Monterey County hospital birth certificates recorded within 10 days of birth (excludes home births)	%	MCHD 16-17; 17-18 PH Performance Measures	89%
	Laboratory proficiency scores	Average score	PH Laboratory proficiency assessment records / MCHD FY 17-18 Operational Goals / MCHD 16-17; 17-18 PH Performance Measures	80%

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APPENDIX

ALIGNMENT OF ORGANIZATIONAL VALUES

The table below presents how MCHD's organizational values align with the values for the County of Monterey and the Impact Monterey County initiative.

Monterey County Health Department	County of Monterey	Impact Monterey County
Health Equity – We cultivate activities, programs, and policies that equalize opportunities for communities to be healthy.		
Integrity – We conduct our work in a trustworthy and dependable manner.	We are committed to assuring honesty and integrity in all County actions.	Courage: Ensure that the results of the study will lead to collective action.
Respect – We value the strengths, experiences, and perspectives of others.	We are committed to treating our fellow employees, customers and residents with respect and courtesy at all times.	Respect: Honor each participant's perspective and treat all with dignity.
Innovation – We search for creative solutions, manage resources wisely, and lead the way.	We are committed to practicing continuing innovation .	Acceptance: Accept and be open to all ideas that are expressed and uncovered during the study
Excellence – We promote quality outcomes through learning and continuous performance improvement.	We are committed to providing top quality customer service.	Evidence: Be unbiased and thorough in the interpretation and dissemination of study data and results.
		Inclusiveness: Reflect the residents of Monterey County in terms of the demographic, geographic, and socio-economic makeup of the study's participants.

ALIGNMENT BETWEEN MCHD AND IMPACT MONTEREY STRATEGIES

Impact Monterey County (IMC) is a collaborative effort of nonprofits, businesses, public agencies and the community working together to identify the most effective ways to improve life in Monterey County. Using multiple outreach and engagement strategies to shine a light on our community aspirations related to education, income (economic self-sufficiency) and health, IMC works to align stakeholders' efforts around common goals and measurements that improve conditions for all. IMC has also become an umbrella network for several initiatives striving to improve health and other outcomes, including Bright Futures (a "cradle to career" initiative) and Bright Beginnings (an early childhood development initiatives). Visit ImpactMontereyCounty.org for more information.



As one of the agencies involved in Impact Monterey County, much of MCHD's work aligns with IMC's common goals. The table below identifies where goals, objectives, and strategies identified in MCHD's Strategic Plan align with Impact Monterey's implementation strategies. Some MCHD strategies correspond to multiple Impact Monterey strategies.

Note: Only the Impact Monterey strategies that are aligned with the MCHD Strategic Plan are presented here.

MCHD 2018-2022 Strategic Plan		Aligned	Impact Monterey Strategies
Goal 1: Empower the community to improve health		✓	• Provide Info & Resources that Empower People to Live Healthy Lives
Objective 1.1. Engage community members in policy development & planning		✓	• Expand Community Leadership Development
	a) Support community members in policy and advocacy education related to community initiatives	✓	• Expand Community Leadership Development • Empower Community & Parents to Advocate for Comprehensive Reproductive Health Education
	b) Implement equitable and authentic engagement practices	✓	• Strengthen Communications & Forge Community Partnerships

MCHD 2018-2022 Strategic Plan		Aligned	Impact Monterey Strategies
Objective 1.2. Develop & support population health initiatives with meaningful participation of community members		✓	• Increase Community Engagement & Participation
a)	Support community engagement in initiatives addressing priority health risks or issues	✓	• Increase Community Engagement & Participation
b)	Support community engagement in initiatives addressing priority health risks or issues	✓	• Increase Community Engagement & Participation
c)	Develop and expand opportunities for community involvement in planning for health education events	✓	• Provide Info & Resources that Empower People to Live Healthy Lives
Goal 2: Enhance public health & safety through prevention		✓	• Implement Environmental Change Strategies that Support Healthy Living
			•
a)	Support laws and policies that promote health and equity	✓	• Enhance School Wellness Policies • Increase Smoke-free Campus Policies at Hospitals, Clinics & Other Health/Social Service Providers • Advance Policies that Support Early Childhood Development • Advocate for Policies That Encourage Higher Density Housing Near Transit, Parks, Schools & Services
b)	Strengthen relationships with both traditional and non-traditional partners to support Racial & Health Equity in All Policies	✓	• Increase Leadership Capacity to use a Racial Equity Lens in all Community & Economic Development Decisions
Objective 2.2. Engage community organizations, businesses, & other government agencies in changing environments to make residents healthier & safer		✓	• Engage All Relevant Stakeholders
a)	Engage local partners in developing and implementing policies and programs that reduce injury, illness, and mortality	✓	• Build Resilience • Expand Positive Youth Development
b)	Help build capacity of community coalitions/collaboratives that address health and safety (e.g., CAP/Resilient Monterey County, MCI Plan)	✓	• Improve Community Efforts to Achieve Equity

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MCHD 2018-2022 Strategic Plan		Aligned	Impact Monterey Strategies
Goal 3: Ensure access to culturally & linguistically appropriate, customer-friendly, quality health services		✓	• Ensure Accessible, High-quality Health & Mental Health Services Countywide
Objective 3.1. Maximize preventative care, early diagnosis/intervention, & timely treatment		✓	• Increase and Strengthen Prevention & Early Intervention
a)	Improve access to behavioral health services	✓	• Improve Access to Behavioral Health Services
b)	Expand preventative care and early diagnosis & treatment/early intervention efforts related to chronic and communicable diseases	✓	• Increase and Strengthen Prevention & Early Intervention • Increase Screening for Identified Chronic Diseases
c)	Explore and address equity issues within service delivery	✓	• Build Capacity to Integrate & Implement the CLAS Framework • Increase Affordability and Accessibility of Services
Objective 3.2. Promote linkages between clinical & community-based prevention activities		✓	• Improve Alignment & Integration of Existing Efforts
a)	Enhance case management capacity across systems of care	✓	• Enhance Case Management Capacity Across Systems of Care
b)	Utilize community health workers, peers, and promotores to increase engagement and access to care	✓	• Increase and Enhance Use of Community-based Promotores/Peer Educators • Increase Peer Support for STI Prevention
Objective 3.3. Increase patient-centered coordination of services		✓	• Improve System Navigation
a)	Adopt patient-centered/ client-centered/ user-centered framework and implement user feedback	✓	• Support and Promote Trauma Informed Services & Approaches
b)	Improve coordination across the safety net	✓	• Develop Countywide Standard Multi-Sector Referral Process • Enhance Coordination of Programs for Highest Need Youth

MCHD 2018-2022 Strategic Plan		Aligned	Impact Monterey Strategies
Goal 4: Engage MCHD workforce & improve operational functions to meet current & developing population health needs			
Objective 4.1. Attract, develop, & maintain a competent, diverse, & responsive workforce			
a) Address challenges to attracting and retaining desired MCHD workforce			
b) Increase customer service skills and expectations for MCHD workforce			
c) Increase skills of MCHD workforce in priority areas/to ensure workforce can be responsive to needs		✓	• Ensure Comprehensive Training for All Clinical Providers • Improve the Knowledge, Skills & Employability of the Local Workforce
Objective 4.2. Promote trust & communication throughout the organization			
a) Create and implement a workplace culture plan that addresses equity			
b) Ensure internal communications are clear and inclusive			
c) Identify and leverage opportunities for cross-bureau collaboration			
Objective 4.3. Align funding with strategic initiatives & mandated programs			
a) Continue to seek funding for MCHD priorities (e.g., preventative services, capital improvements)		✓	• Secure Funding • Increase Funding for Preventive Services
b) Align funding and budget allocations with strategic priorities			
c) Increase fiscal sustainability of prioritized and mandated programs			
Objective 4.4. Optimize efficiency & effectiveness		✓	• Ensure Resource Stewardship
a) Develop IT interoperability to support collaboration between programs and collaborative partners		✓	• Increase Use of Technology to Increase Efficiency & Effectiveness
b) Use available data to identify public health risks and prioritize responses			
c) Continue to implement quality improvement plans and the performance management system			

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STRATEGIES AND IMPLEMENTATION TIMELINE FOR EACH MCHD BUREAU

The color key below indicates the implementation phase in which each MCHD bureau expects to be with the strategy during the time period.

0	No action planned (includes not applicable)	1	Planning phase	2	Begin implementation phase	3	Ongoing improvement phase
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Goal 1: Empower the community to improve health

Time-line	Strategies to Empower the Community	MCHD Bureaus						
		Admin-istration	Behavioral Health	Clinic Services	Emergency Medical Services Agency	Environ-mental Health	Health Officer/ Public Health	Public Administrator/ Public Guardian
Objective 1.1. Engage community members in policy development & planning								
2018-2020	a) Support community members in policy and advocacy education related to community initiatives	3	3	0	0	3	3	0
2020-2022		3	3	0	0	3	3	0
2018-2020	b) Implement equitable and authentic engagement practices	3	3	0	3	0	3	0
2020-2022		3	3	0	3	0	3	0
Objective 1.2. Develop & support population health initiatives with meaningful participation of community members								
2018-2020	a) Support community engagement in initiatives addressing priority health risks or issues	3	3	0	3	0	3	0
2020-2022		3	3	0	3	0	3	0
2018-2020	b) Develop and expand opportunities for community involvement in planning for health education events	3	3	0	3	3	3	0
2020-2022		3	3	0	3	3	3	0



Goal 2: Enhance public health & safety through prevention

Time-line	Strategies to Enhance Health & Safety through Prevention	MCHD Bureaus						
		Admin-istration	Behavioral Health	Clinic Services	Emergency Medical Services Agency	Environ-mental Health	Health Officer/ Public Health	Public Administrator/ Public Guardian
Objective 2.1. Address public health & safety risks through policy & systems change								
2018-2020	a) Support laws and policies that promote health and equity	3	3	3	3	0	3	3
2020-2022		3	3	3	3	1	3	3
2018-2020	b) Strengthen relationships with both traditional and non-traditional partners to support Racial & Health Equity in All Policies	3	3	3	1	0	3	1
2020-2022		3	3	3	3	0	3	2
Objective 2.2. Engage community organizations, businesses, & other government agencies in changing environments to make residents healthier & safer								
2018-2020	a) Engage local partners in developing and implementing policies and programs that reduce injury, illness, and mortality	3	3	3	3	3	3	0
2020-2022		3	3	3	3	3	3	0
2018-2020	b) Help build capacity of community coalitions/collaboratives that address health and safety (e.g., CAP/Resilient Monterey County, MCI Plan)	3	3	3	3	3	3	0
2020-2022		3	3	3	3	3	3	0

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Goal 3: Ensure access to culturally & linguistically appropriate, customer-friendly, quality health services

Time-line	Strategies to Ensure Quality Health Services are Accessible	MCHD Bureaus						
		Admin-istration	Behavioral Health	Clinic Services	Emergency Medical Services Agency	Environ-mental Health	Health Officer/ Public Health	Public Administrator/ Public Guardian
Objective 3.1. Maximize preventative care, early diagnosis/intervention, & timely treatment								
2018-2020	a) Improve access to behavioral health services	3	3	3	1	0	3	3
2020-2022		3	3	3	2	0	3	3
2018-2020	b) Expand preventative care and early diagnosis & treatment/early intervention efforts related to chronic and communicable diseases	3	3	3	0	1	3	0
2020-2022		3	3	3	0	2	3	0
2018-2020	c) Explore and address equity issues within service delivery	3	3	3	1	0	3	1
2020-2022		3	3	3	3	0	3	2
Objective 3.2. Promote linkages between clinical & community-based prevention activities								
2018-2020	a) Enhance case management capacity across systems of care	3	3	3	1	0	3	3
2020-2022		3	3	3	3	0	3	3
2018-2020	b) Utilize community health workers, peers, and promotores to increase engagement and access to care	3	3	3	1	0	3	0
2020-2022		3	3	3	3	0	3	0

Bureau-Specific Timelines for Goal 3 Strategies are continued on the following page

Bureau-Specific Timelines for Goal 3 Strategies are continued from the following page

Time-line	Strategies to Ensure Quality Health Services are Accessible	MCHD Bureaus						
		Admin-istration	Behavioral Health	Clinic Services	Emergency Medical Services Agency	Environ-mental Health	Health Officer/ Public Health	Public Administrator/ Public Guardian
Objective 3.3. Increase patient-centered coordination of services								
2018-2020	c) Adopt patient-centered/ client-centered/ user-centered framework and implement user feedback	3	3	3	1	0	3	0
2020-2022		3	3	3	3	0	3	0
2018-2020	d) Improve coordination across the safety net	3	3	3	3	0	3	3
2020-2022		3	3	3	3	0	3	3



Goal 4: Engage MCHD workforce & improve operational functions to meet current & developing population health needs

Time-line	Strategies to Engage MCHD Workforce & Improve Operational Functions	MCHD Bureaus						
		Admin-istration	Behavioral Health	Clinic Services	Emergency Medical Services Agency	Environ-mental Health	Health Officer/ Public Health	Public Administrator/ Public Guardian
Objective 4.1. Attract, develop, & maintain a competent, diverse, & responsive workforce								
2018-2020	a) Address challenges to attracting and retaining desired MCHD workforce	2	2	3	3	0	2	2
2020-2022		3	2	3	3	0	3	3
2018-2020	b) Increase customer service skills and expectations for MCHD workforce	3	3	3	3	3	3	3
2020-2022		3	3	3	3	3	3	3
2018-2020	c) Increase skills of MCHD workforce in priority areas/to ensure workforce can be responsive to needs	2	3	3	3	3	3	2
2020-2022		3	3	3	3	3	3	3
Objective 4.2. Promote trust & communication throughout the organization								
2018-2020	a) Create and implement a workplace culture plan that addresses equity	1	1	3	3	0	3	1
2020-2022		2	1	3	3	0	3	2
2018-2020	b) Ensure internal communications are clear and inclusive	1	2	3	3	3	3	1
2020-2022		2	2	3	3	3	3	2
2018-2020	c) Identify and leverage opportunities for cross-bureau collaboration	1	2	3	1	3	3	1
2020-2022		2	2	3	3	3	3	2

Bureau-Specific Timelines for Goal 4 Strategies are continued on the following page

Bureau-Specific Timelines for Goal 4 Strategies are continued from the following page

Time-line	Strategies to Engage MCHD Workforce & Improve Operational Functions	MCHD Bureaus						
		Admin-istration	Behavioral Health	Clinic Services	Emergency Medical Services Agency	Environ-mental Health	Health Officer/ Public Health	Public Administrator/ Public Guardian
Objective 4.3. Align funding with strategic initiatives & mandated programs								
2018-2020	a) Continue to seek funding for MCHD priorities (e.g., preventative services, capital improvements)	3	3	3	2	3	3	0
2020-2022		3	3	3	3	3	3	0
2018-2020	b) Align funding and budget allocations with strategic priorities	1	2	3	3	3	3	1
2020-2022		2	2	3	3	3	3	2
2018-2020	c) Increase fiscal sustainability of prioritized and mandated programs	3	2	3	2	3	3	3
2020-2022		3	2	3	3	3	3	3
Objective 4.4. Optimize efficiency & effectiveness								
2018-2020	a) Develop IT interoperability to support collaboration between programs and collaborative partners	3	2	3	3	3	3	0
2020-2022		3	2	3	3	3	3	0
2018-2020	b) Use available data to identify public health risks and prioritize responses	3	3	3	3	3	3	0
2020-2022		3	3	3	3	3	3	0
2018-2020	c) Continue to implement quality improvement plans and the performance management system	3	3	3	3	3	3	0
2020-2022		3	3	3	3	3	3	0