



# Clay County Public Health Center

2012 Strategic Plan As of September 26, 2014

*Executive Summary w/Progress Created by OnStrategy*

## **MISSION STATEMENT**

Clay County Public Health Center's mission is to deliver the essential public health services of Prevention, Promotion, and Protection to the communities of Clay County.

## **VISION STATEMENT**

Empowering all people in Clay County to lead healthier lives!

## CORE VALUES

**Professionalism** - We will provide quality services essential to the public's health with professionalism, progressiveness, competency, and integrity.

**Quality** - We will meet and aim to exceed the expectations of service for our customers, visitors, and all who benefit from the services we provide.

**Respect** - We will treat each other, volunteers, the business community, and the community at-large with courtesy and respect, and will foster the principle of mutual accountability.

**Stewardship** - We will strive to be leaders and partners with others to improve community health and prevent injury and illness in every community in Clay County.

## STRATEGIC DIRECTIONS

1. Position Resources to Ensure Maximum Returns
2. Engage and Invest in Our Staff
3. Maximize Health and Safety Outcomes
4. Ensure Missourians are Health, Safe and Informed **Public Health Workforce**  
**Community Development**  
**Public Health System Collaboration**  
**Public Health System Improvement**  
**Policy**

## CUSTOMER SEGMENTS

Local Public Health system in the Northland

Residents of Clay County

Visitors to Clay County

1) Health Care organizations, providers, & support organizations 2) Schools 3) Municipalities 4) Social service organizations 5) Faith based organizations 6) Big & small businesses

All people who live in and pay a health levy tax in Clay County.

1) Those that work in but do not live in Clay County. 2) Those that travel to Clay County for business or pleasure. 3) Those that pass through Clay County during their travels.

## 2012 STRATEGIC PLAN - PROGRESS AT-A-GLANCE

CCPHC Objectives	Measure	Target	YTD	Status
1.1 Objective 1: Update the population based Community Health Assessment using the National Public Health Performance Standards' Guidance by June 30 of each year.	CHA approved by board	100%	80%	 As of 09/10/14
1.2 Create Community Health Profiles using the National Public Health Performance Standards' Guidance by June 30 of each year.	CHA approved by board	100%	25%	 As of 08/12/14
1.3 Objective 3: Develop a population health registry for Clay County communities and utilize currently available population health registries beginning January 1st, 2013 and ongoing through December 2015.	provide completed registry to BOT & to specific profiled community	7		 -7 As of 04/24/14
2.1 Objective 1: Complete an evaluation of the effectiveness, accessibility, and quality of personal health services from beginning January 1st, 2013 & ongoing to June 30, 2015.	Completed Evals of Personal Health Services in Clay County	100%	15%	 As of 08/12/14
2.2 Objective 2: Complete an evaluation of the effectiveness, accessibility, and quality of population-based health services beginning January 1st, 2013 & ongoing to June 30, 2015.	DDSC team to complete assessment tool	100%	10%	 -90 As of 04/24/14
3.1 DDSC Level Objective 1. Develop and Implement a comprehensive new employee orientation plan.	Complete and implemented	100%	100%	 As of 06/30/14
3.2 Objective 2: Develop and implement an effective staff training program which integrates the 10 Essential Public Health Services by December 31, 2014.	Plan Developed and Implemented	100%	100%	 As of 08/12/14
3.3 Objective 3: Develop a comprehensive workforce development plan by October 31, 2013.	Completed Plan	100%	100%	 As of 04/28/14
3.4 Objective 4: Assure all management is trained in Performance Management and incorporate QI expectations into 2014 manager's performance goals by December 31, 2013.	Completed training and included in performance goals	100%	100%	 As of 04/28/14
3.5 Objective 5: Assure the development of an internal communications plan completed by December 31, 2013.	Completed plan	100%	100%	 As of 01/28/14
4.1 Objective 1: Develop a financial plan to support the Balanced Scorecard initiatives adopted by the BOT by November 30, 2013, 2014, and 2015.	Annual Development of Plan	100%	33%	 As of 08/29/14
4.2 Objective 2: Develop an operational infrastructure plan to support the Balanced Scorecard initiatives adopted by the BOT by November 30, 2013, 2014, and 2015.	submit plan to BOT in October to be used for each November FY budget discussion		50%	 50 As of 09/09/14
5.1 Objective 1: Create a Public Health/Community Development Model to guide the implementation of each community by December 31, 2013.	Completed Model	100%	80%	 As of 06/11/14
5.2 Objective 2: Engage the stakeholders in the community partnerships from July 1, 2013 to December 31, 2015. DPH	Maintain & increase # of meaningful community partners	100%	55%	 As of 09/10/14
6.1 Objective 1: Assist the communities of Clay County in developing health education resources and promoting healthy lifestyle behaviors beginning January 1st, 2013 & ongoing to June 30, 2015.	Seven communities have been provided resources and information	7	2	 As of 09/02/14
7.1 Objective 1: Develop and present specific Community Health Profiles to a minimum of three communities in Clay County beginning January 1st, 2013 & ongoing to June 30, 2015.	develop and present profile to BOT and to specific community	3		 -3 As of 04/29/14
7.2 Objective 2: Assist in the development of the Community Health Improvement Plan in at least one community in Clay County from 2014 to 2015.	develop and present Mini CHIP to BOT and to specific community	100%	60%	 -40 As of 04/30/14
8.1 Objective 1: Implement a Performance Management System that will assure CCPHC is efficiently and effectively delivering the essential	PM Tool developed and	100%	70%	

public health services of prevention, promotion, and protection by December 31, 2014.	developed and Utilized	100%	70%	 As of 04/29/14
<b>9.1 Objective 1: Complete an evaluation of the effectiveness, accessibility, and quality of CCPHC programs and services currently offered by March 31 of each year and present evaluations and recommendations to Board of Trustees April of each year.</b>	<b>provide annual evaluation to BOT at April meeting</b>	<b>100%</b>	<b>100%</b>	 <b>0</b> As of 04/29/14
<b>9.2 Objective 2: Monitor the outcomes of the community health improvement plan within one year after the completion of each.</b>	<b>Outcomes of all CHIPs monitored on an annual basis</b>	<b>100%</b>	<b>0%</b>	 <b>-100</b> As of 04/29/14

# 2012 STRATEGIC PLAN - PROGRESS DETAIL

## QUADRANT I: COMMUNITY HEALTH INDICATORS GOALS & CCPHC OBJECTIVES

### 1 Goal 1: Assess the health status of communities in Clay County.

**1.1 Objective 1: Update the population based Community Health Assessment using the National Public Health Performance Standards' Guidance by June 30 of each year. (Division of Administration) (12/31/15)**

**Measure:**  
CHA approved  
by board

**Target:**  
100%

**YTD:**  
80%

**Status:**

As of 09/10/14

*Comments on Status: Published on Internet 6/26/13 Activities for an updated CHA have begun. Director is meeting with a stakeholder group to organize/conduct the CHA. 9/10/14 DM.*

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<b>1.1.1 Program Level Strategy 1.1 Review, revise and update standard operating procedures for formatting, writing and updating Community Health Assessment data sets. (Division of Administration)</b>  <i>Comments on Status: Completed 3/15/13</i>	01/01/13, 01/31/13	100% SOP Approved	100%	 As of 04/28/14
<b>1.1.2 Conduct seven (7) individual community health assessments. (Division of Administration)</b>  <i>Comments on Status: Awaiting first community meetings of GP Red to obtain feedback. The Liberty, NKC, Excelsior Springs assessments are awaiting final review. The Gladstone assessment is in progress. The Liberty PIO group will meet on May 6, 2014 to review the Liberty assessment and provide feedback on ways to better present the information in a written format. After that meeting the changes will be made and the format will be replicated on the remaining assessments. DM 4/28/14. The Liberty PIO group provided minimal feedback on ways to improve the data sets. Gladstone Data Set was reviewed as a CCPHC group two weeks ago. Editing continues. Director will present the draft document to Gladstone city council in about a week. DM 8/12/14 HPP and Communications staff assembled the Gladstone Community Profile. The Director presented the document to Gladstone city officials and they are providing feedback and any needed additional primary data to the document. DM 9/9/14</i>	01/01/13, 06/30/15	7 Assessments published and presented		 As of 09/09/14

**1.2 Create Community Health Profiles using the National Public Health Performance Standards' Guidance by June 30 of each year. (Division of Administration) (12/31/15)**

**Measure:**  
CHA approved  
by board

**Target:**  
100%

**YTD:**  
25%

**Status:**

As of 08/12/14

*Comments on Status: Overall objective will take the full three years. Many wheels in motion at this time to keep us on track. Work continues on this initiative. Annual Analysis of community health issues is needed documentation for PHAB. DM 8/12/14.*

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<b>1.2.1 Include existing primary health-related data resources in the 7 community health profiles. (Division of Administration)</b>  <i>Comments on Status: Adjusted during DDSC on 4/28/14. DM Devices to survey community members is being researched. Multiple areas are being explored to gain primary data for profiles. DM 8/12/14.</i>	01/01/13, 12/31/15	7 Receipt of primary health related data from LPH system partners		 As of 08/12/14
<b>1.2.2 2.2 Develop an SOP to be used for the individual community health profiles that contains the following components: NPHPSP Guide, existing and available primary health-related data resources, identified needs from individual communities, performance management and a quality improvement process. (Division of Administration)</b>  <i>Comments on Status: Based on sub-objectives below. This SOP will be completed following the adoption of the newly developed "Community Development Plan" the is nearing completion. DM 8/6/14.</i>	01/15/13, 04/30/14	100% All inclusive SOP	50%	 As of 08/06/14
<b>1.2.3 Develop collaborative partnership with DHSS to improve system access to the lowest available level of data. (Division of Administration)</b>  <i>Comments on Status: It has proved difficult to work with the State of MO to obtain this information. Date changed from 12/31/13 to 12/31/15 during the 4/28/14 DDSC meeting. Also changed the focus of the description. DM 4/28/14. Look at future areas to measure progress towards improvement: Data committee (Inclusion of ENV and WIC), MICA improvement</i>	01/01/13, 12/31/15	100% Documented improvement of access to data	50%	 As of 04/28/14
<b>1.2.4 2.4 Develop an SOP to incorporate the Environmental Health Assessment for each community into the individual Community Health Profiles. (Division of Administration)</b>  <i>Comments on Status: Requirements for Environmental incorporated into Health Planning &amp; Policy Section's SOP</i>	06/15/13, 06/30/15	100% Completed procedure	100%	 As of 04/28/14
<b>1.2.5 Include specific environmental health data in each of the 7 community health profiles. (Division of Environmental Health Protection)</b>  <i>Comments on Status: County-wide Environmental Assessment in progress - awaiting feedback from DNR. Once County assessment is released, EPH staff will begin working on information that can be gleaned and placed into Community-based Profiles. County wide EH assessment is in the editing phase. 1/9/14 - DM County wide EH assessment continues to be in editing phase. 4/9/14 - DM Changed focus to include the env info into each community profile at 4/28/14 DDSC meeting. DM</i>	01/01/13, 12/31/15	7 Complete		 As of 04/28/14

<p><b>1.2.6 Create a minimum of one and a maximum of three Community Health profiles using the NPHSP guidance annually. (Division of Administration)</b></p> <p><i>Comments on Status: Working with interns for template for Liberty. Data filed - awaiting meeting with GP Red for community input. Many of the profiles are nearing completion for review and publishing. 8/12/14 DM</i></p>	03/01/13, 06/30/15	6 Community Health Profiles Completed		 -6 As of 08/12/14
<p><b>1.2.7 Use available Department of Health &amp; Senior Services health data at the census tract level. (Division of Administration)</b></p> <p><i>Comments on Status: one regional committee and one state committee in progress for understanding on protocol on obtaining census tract level data.</i></p>	06/01/13, 06/30/15	100% As available	10%	 As of 04/29/13

**1.3 Objective 3: Develop a population health registry for Clay County communities and utilize currently available population health registries beginning January 1st, 2013 and ongoing through December 2015. (Division of Administration) (12/31/15)**

*Comments on Status: Delays at federal level on HL7/EHR will cause delays at CCPHC. Also dependent on DHSS partners in data collection/suppression 10/28/013 - CCPHC is as far as they can go on HIE currently. Must wait one more year. However Show Me VAX is working. Vax Care worked. DPH is pursuing other avenues of health information exchange. Vital records and Medical Records staff still working on HIPAA/HIE.*

Measure: provide completed registry to BOT & to specific profiled community  
 Target: 7  
 YTD:  
 Status:   
-7  
As of 04/24/14

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<p><b>1.3.1.3.1 Achieve HL7 and all EHR compliance with the Public Health requirements (Division of Administration)</b></p> <p><i>Comments on Status: Insight HL7 compliance through Show-Me Vax (MOA on file). STAGE 1 requirements met. CCPHC is as far as it can go until October 2014 or later. Joint effort between Medical Records &amp; IT units of CCPHC</i></p>	03/01/13, 04/30/13	100% Achieve most up to date compliance requirements	100%	 As of 04/28/14
<p><b>1.3.2.3.2 Develop and maintain SOPs for the population health registries. (Division of Administration)</b></p> <p><i>Comments on Status: SOP will follow on State's policy and federal law regarding information exchange. We will also require input from CCPHC. Noted that CCPHC must further define population registries, impact, and responsibility. SOPs on HIPAA signed and filed.</i></p>	03/01/13, 04/30/13	100% Approved SOPs	100%	 As of 04/28/14
<p><b>1.3.3.3.3 Develop a local data suppression policy. (Division of Administration)</b></p> <p><i>Comments on Status: This is up to the state. Their policy requires work on it prior to releasing to the local public health agencies. This came out as a result of the data workgroup that Gary and Ximena participate in. In addition new SOPs are being developed for HIPAA compliance that will impact this objective/activity. Dr. Somoza working with DHSS to develop. Adjusted End Date to reflect discussion from DD/SC meeting on 1/27/14. - DM</i></p>	03/01/13, 06/30/14	100% Policy Approved	15%	 As of 01/27/14

**2 Goal 2: Evaluate the local public health system specific to the communities in Clay County.**

**2.1 Objective 1: Complete an evaluation of the effectiveness, accessibility, and quality of personal health services from beginning January 1st, 2013 & ongoing to June 30, 2015. (Division of Administration) (06/30/15)**

*Comments on Status: Community Development Specialists have begun assessing Hospital Providers. Standardized questions are in development. 4/9/14 - DM The large scope of the project requires external partners to participate in the development of the assessment. Meetings began in August to explore partnerships to revisit the CHA. This evaluation will be part of the CHA process. DM 8/12/14.*

Measure: Completed Evals of Personal Health Services in Clay County  
 Target: 100%  
 YTD: 15%  
 Status:   
As of 08/12/14

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<p><b>2.1.1.1.1 Develop an evaluation plan to effectively evaluate personal health services. (Division of Administration)</b></p> <p><i>Comments on Status: Will utilize findings from CCPHC program assessments and what we "don't know" in beginning this evaluation plan. Also begun looking at research on all this entails. This will be part of the work that Community Development Specialists do when reaching out to partners. This process will be included in the Community Development Plan scheduled to be completed by 6/30/14. - (DM 1/27/14) Community Development Plan is still in development. Assessment questions are in development for multiple personal health services providers in the County. 4/9/14 - DM</i></p>	06/01/13, 06/30/14	100% Completed evaluation tool included in completed plan	25%	 As of 04/28/14
<p><b>2.1.2.1.2 Implement the plan. (Division of Administration)</b></p> <p><i>Comments on Status: Portions of this plan will be included in the Comm Dev Plan scheduled to be completed in mid 2014. No dates were present. Dates entered to better reflect main goal timeline. DM 1/28/14.</i></p>	04/01/14, 09/30/14	100% Plan implementation complete	0%	 As of 04/28/14
<p><b>2.1.3.1.3 Monitor the plan to make evidence based decision about personal health services sustainability. (Division of Administration)</b></p> <p><i>Comments on Status: No dates were provided. Entered dates to better reflect the timeline for the main goal. DM 1/28/14.</i></p>	10/01/14, 06/30/15	100% Plan progress evaluated in June 2015	0%	 As of 04/28/14

**2.2 Objective 2: Complete an evaluation of the effectiveness, accessibility, and quality of population-based health services beginning January 1st, 2013 & ongoing to June 30, 2015. (Division of Administration) (06/30/15)**

*Comments on Status: These tasks are being folded into the Community Development Model. 4/9/14 DM*

Measure: DDSC team to complete assessment tool  
 Target: 100%  
 YTD: 10%  
 Status:   
-90  
As of 04/24/14

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<p><b>2.2.111. Develop an evaluation plan to effectively evaluate population-based health services. (Division of Administration)</b></p> <p><i>Comments on Status: This will be part of the Community Development model. Deadline changed based upon discussion at DD/SC on 1/27/14. DM 1/28/14 The development of the Community Development Model is still taking place. 4/9/14 - DM</i></p>	01/01/13, 06/30/14	100% Completed plan	15%	 As of 04/28/14
<p><b>2.2.2 1.2 Implement the plan. (Division of Administration)</b></p> <p><i>Comments on Status: End Date Changed to better reflect the main goal timeline. Components will be implemented after the Comm. Dev Plan is finalized in mid 2014. DM 1/28/14</i></p>	04/01/14, 09/30/14	100% Implementation of evaluation processes	0%	 -100 As of 04/28/14
<p><b>2.2.3 1.3 Monitor the plan to make evidence based decision about the sustainability of population-based health services. (Division of Administration)</b></p> <p><i>Comments on Status: Start and end date changed to better coincide with timelines of main goal. DM 1/28/14</i></p>	09/01/14, 12/31/15	100% Plan evaluated in June of 2015	0%	 As of 04/28/14

**3 Goal 1: Enhance and assure a competent public health workforce.**

**3.1 DDSC Level Objective 1. Develop and Implement a comprehensive new employee orientation plan. (Division of Administration) (03/31/13)**

Measure: Complete and implemented

Target: 100%

YTD: 100%

Status:   
As of 06/30/14

Comments on Status: See Program objectives below

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<p><b>3.1.1.1.1 Review existing employment screening check list (1/1/13 to 1/31/13) (Division of Administration)</b></p> <p>Comments on Status: Standard Operating Procedure completed - actual form in construction for implementation by Jami Lewis. After process review it was determined that this area item is covered in processes that already exist. Considered completed on 4/28/14 DM</p>	01/01/13, 03/31/13	100% Completed	100%	 As of 04/28/14
<p><b>3.1.2.1.2 Develop New Employee Orientation Handbook (1/31/13 to 3/31/13) (Division of Administration)</b></p> <p>Comments on Status: See subobjectives for progress. 10/28/13 Very close to 100% on this date.</p>	01/01/13, 03/31/13	100% Completed Handbook	100%	 As of 04/28/14

**3.2 Objective 2: Develop and implement an effective staff training program which integrates the 10 Essential Public Health Services by December 31, 2014. (Division of Administration) (12/31/14)**

Measure: Plan Developed and Implemented

Target: 100%

YTD: 100%

Status:   
As of 08/12/14

Comments on Status: STAG Day patterned to illustrate each of 10 essential services. March assessment of 100% of staff on Public Health Competencies and provided feedback in April. Utilized information from Tiers 1, 2, & 3 in new job descriptions. Plan has been developed and implemented. Annual review continues. DM 8/12/14

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<p><b>3.2.1.1.1 Assess staff knowledge base on NPHPS (1/31/13) (Division of Administration)</b></p> <p>Comments on Status: Started 1-14-13 with STAG Day - Essential Service #7. Ten months' - 10 services developed by the Education Committee. April 17, 2013 STAG Day will administer Public Health Competency assessments (3-tiers) and base remaining training package on results. Assessments done in 2013. Training was shaped around the results of the training. The workforce development plan requires the assessment to be conducted on an annual basis. Training will for staff will be based upon the areas showing needed improvement. DM 1/9/14</p>	01/01/13, 04/01/13	100% Completed Assessment	100%	 As of 04/28/14
<p><b>3.2.2.1.2 Develop &amp; Integrate 10 Essential Public Health Services into staff training programs (1/1/13 ongoing) (Division of Administration)</b></p> <p>Comments on Status: See 3.2.1.1.1 above - STAG Day Training plus education on 10 essential services through Annual Report. Core Competencies Assessed for 2014. Education Committee met to plan 2014 training based on areas with greatest need for improvement. 4/28/14. DM The Workforce Development Plan has been developed to outline the staff training process. CCPHC staff Core Competencies are now evaluated each March and the aggregate results are used to identify areas of needed improvement for staff. The Core Competencies from the Core Compencies for Public Health Professional from the Council on Linkages Between Public Health and Acedemia have been adopted by CCPHC as well as the assessment too. These core competencies are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Training needs identified by the annual staff assessment are evaluated by the Education Committee to develop the STAG Day training calendar for the year. STAG Day trainings from the past calendar year include trainings such as QI Tools, Performance Measures, Ethic in Data collection, Community Agencies educating staff on the services they provided to the LPHS, etc. DM 8/12/14</p>	01/01/13, 12/31/15	100% Emp. trained based on assessed area of need annually	100%	 As of 08/12/14
<p><b>3.2.3.1.3 Explore available educational &amp; training resources (1/1/13 ongoing) (Division of Administration)</b></p> <p>Comments on Status: Final educational package will be based on public health competency assessment on April 17, 2013. BLR online training system was introduced in mid 2013 with favorable results. This allows for staff to complete training online and tracks compliance. Additional online training is required for all employees at a management level. Annual STAG Day training will be shaped around Core Competency Assessment conducted for staff annually by HR. DM 1/9/14. BLR online training system renewed for 2014. HIPPA Compliance training included for online requirements for staff. Program Managers and DD/SC will begin bimonthly (every other month) training based upon areas of need determined by HR and Director of Admin. 4/28/14 DM. Processes are now in place to evaluate staff training on an annual basis. (Core Competencies, BLR Online training, etc) Education Committee and HR Director work together on an annual basis to plan staff trainings. DM 8/12/14.</p>	01/01/13, 12/31/15	100% Annual Assessment of Training Staff Training Needs	100%	 As of 08/12/14

**3.3 Objective 3: Develop a comprehensive workforce development plan by October 31, 2013. (Division of Administration) (10/31/13)**

Measure: Completed Plan

Target: 100%

YTD: 100%

Status:   
As of 04/28/14

Comments on Status: Submitted to PHAB 9/30/13. Completed 9/15/13.

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<p><b>3.3.1.1.1 Develop framework with a tracking mechanism to monitor employee development (Division of Administration)</b></p> <p>Comments on Status: New online courses subscribed to will track all mandatory on-line classes and report to HR. BLR Online training system tracks online class progress. Further development to</p>	04/28/14, 12/31/14	100% Completed Tracking Mechanism	50%	 As of 04/28/14

<i>integrate total trainings taken by staff is needed. DM 4/28/14</i>				
<b>3.3.2 1.2 Develop budget to support the plan. (Division of Administration)</b> <i>Comments on Status: Budget items looked at on continuous basis. 2014 budget drafted and ready to present to board 11/14/13</i>	11/01/13, 12/31/13	100% Training Budget Developed	100%	 As of 04/28/14
<b>3.3.3 1.3 Develop rationale for new employee hire and/or position development (Division of Administration)</b> <i>Comments on Status: Workforce development plan in progress. Presented to DD/SC in October. Utilized for approval of new Community Development Specialist position.</i>	07/01/13, 11/30/13	100% Completed tool	100%	 As of 04/28/14
<b>3.3.4 1.4 Incorporate the Performance Evaluation Tool into the Comprehensive Workforce Development Plan. (Division of Administration)</b> <i>Comments on Status: Planned revision of performance Eval Tool in 2014 to be used for 2014 Evaluations conducted in the first quarter of 2015. 4/28/14 DM.</i>	04/01/14, 12/31/14	100% Completed Revision of Performance Eval	10%	 As of 04/28/14
<b>3.3.5 1.5 Assure that relevant components of the comprehensive Workforce Development Plan are incorporated into CCPHCs Business Continuity Plan (see Quadrant IV) (Division of Administration)</b> <i>Comments on Status: Update annually</i>	01/01/14, 12/31/15	Reviewed BC Plan Annually	0%	 0 As of 04/28/14

**3.4 Objective 4: Assure all management is trained in Performance Management and incorporate QI expectations into 2014 manager's performance goals by December 31, 2013. (Division of Administration) (06/30/14)**

Measure:  
Completed training and included in performance goals

Target:  
100%

YTD:  
100%

Status:  
  
As of 04/28/14

*Comments on Status: Managers have received PM/QI training from Michelle Steinkamp Managers have received PM refresher from GEZ on July 31st, 2013 End Date extended based upon discussion from 1/27/14 DD/SC meeting. A phased approach will be used to ensure Program Managers are trained in Performance Management by the end of the second quarter of 2014. DM 1/27/14. Performance management and training has been included in all managers performance goals for 2014. Additional training for Program Managers, Section Chiefs, and Division Directors has been scheduled for June 2014. The Open Forum for Quality Improvement in Public Health is coming to Kansas City in June 2014 and nearly all managers at CCPHC are signed up to attend. 4/9/14 DM*

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<b>3.4.1 1.1 Define Performance Management as it relates to workforce development &amp; training (3/31/13) (Division of Administration)</b> <i>Comments on Status: Adopted modified PH Competencies as standard for workforce development PH Competency self-assessments completed at March 2013 STAG Day. Process in development to incorporate training and improvement.</i>	01/01/13, 03/31/13	100% Adopted Definition by DDSC	100%	 As of 04/28/14
<b>3.4.2 1.2 Complete Performance Management and Quality Improvement plan (6/30/13). (Division of Administration)</b> <i>Comments on Status: Adopted August 2013.</i>	01/01/13, 06/30/13	100% Approved Plan	100%	 0 As of 04/28/14
<b>3.4.3 1.3 Train managers in Performance Management. (Division of Administration)</b> <i>Comments on Status: Conference call 4/30/13 with Public Health Foundation. More training is needed. Sue Miller sent to PM conference. DDSC had additional training by the Director of Public Health. In 2014 Program Managers will have Performance Management training included in their 2014 performance goals. There will be a tiered training approach implemented by the DDSC Team. End Date altered based upon discussion at DD/SC Meeting on 1/27/14. (DM 1/27/14) Performance management and training has been included in all managers performance goals for 2014. Additional training for Program Managers, Section Chiefs, and Division Directors has been scheduled for June 2014. The Open Forum for Quality Improvement in Public Health is coming to Kansas City in June 2014 and nearly all managers at CCPHC are signed up to attend. 4/9/14 DM</i>	01/01/13, 06/30/14	100% Training Completed	100%	 As of 04/29/14

**3.5 Objective 5: Assure the development of an internal communications plan completed by December 31, 2013. (Division of Administration) (12/31/13)**

Measure:  
Completed plan

Target:  
100%

YTD:  
100%

Status:  
  
As of 01/28/14

*Comments on Status: Student intern completed framework in summer 2012. Need communication specialist to fulfill the plan. Draft to be presented in November to BOT and staff. Completed by Jodee Fredrick. DM 1/27/14.*

**4 Goal 2: Assure resources are available to enable CCPHC to meet the identified needs of Clay County.**

**4.1 Objective 1: Develop a financial plan to support the Balanced Scorecard initiatives adopted by the BOT by November 30, 2013, 2014, and 2015. (Division of Administration) (11/30/15)**

Measure:  
Annual Development of Plan

Target:  
100%

YTD:  
33%

Status:  
  
As of 04/29/14

*Comments on Status: QI project underway with operational section to determine cost cutting or control methods. Financial information incorporated into program assessments and decision tree. Piloted March/April 2013.*

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<b>4.1.1 1.1 Ensure annual budgets are developed enabling the management team to recruit, develop and retain a competent workforce by November 30 of each year. (Division of Administration)</b> <i>Comments on Status: This is ongoing throughout the year(s)</i>	01/01/13, 12/31/15	100% Annual budget aligned w/ training needs based on WDP	33%	 As of 04/29/14

<p><b>4.1.2 1.2 Ensure annual budgets are connected to development of evidenced based programs that are integrated with the implementation of CCPHC's Strategic Plan &amp; CHIP by November 30 of each year. (Division of Administration)</b></p> <p><i>Comments on Status: On going process. Performance Management/QI plan approval will require program developed is linked to evidence based programming. As new programs are developed, incremental increases in goal will occur. Because of the timing of the 2013 Program Assessments and the actions that were taken to align the programs with evidence based programming, it was determined that CCPHC would not conduct Program Assessments in 2014. This would allow time for programs to redefine evidence based approaches if needed. In March 2014 two new Insight modules were purchased for the EMR system. This will allow the new Case Management program to better document evidence based approaches utilizing the OMAHA System approach and the Personal Health Services Program to document patient progress to impact health outcomes. The Environmental Health Program is now enrolled in the Voluntary National Retail Food Regulatory Program Standards. An assessment of the nine standards will be completed by Sept 30, 2014 to ensure the Food Program is using evidence based approaches in thier regulation and education. DM 4/29/14.</i></p>	<p>09/01/13, 11/30/15</p>	<p>100% Program Assessments Completed and Evaluated</p>	<p>66%</p>	<p> As of 04/29/14</p>
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**4.2 Objective 2: Develop an operational infrastructure plan to support the Balanced Scorecard initiatives adopted by the BOT by November 30, 2013, 2014, and 2015. (Division of Administration) (11/30/15)**

*Comments on Status: Change made - Operational infrastructure plan undergoing research. Research continues. Many components and steps are complete, however a formal plan still needs to be developed. DM 9/9/14.*

**Measure:**  
submit plan to BOT in October to be used for each November FY budget discussion

**Target:**

**YTD:**  
50%

**Status:**  
  
**50**  
As of 09/09/14

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<p><b>4.2.1 1.1 Develop an evaluation framework with measures (as a decision-making tool) by 1/31/13 (Quadrant 4, Goal 2) (Division of Administration)</b></p> <p><i>Comments on Status: DD/SC piloting Decision Tree tool in February-March 2013</i></p>	<p>01/01/13, 01/31/13</p>	<p>100% present tool to DDSC for approval by Jan 31</p>	<p>100%</p>	<p> As of 04/29/14</p>
<p><b>4.2.2 1.2 Evaluate the effectiveness of community health programs and services offered by CCPHC's by March 31st (Division of Administration)</b></p> <p><i>Comments on Status: All have been reviewed. Summary sent in BOT packets. Will be Presented to Board 4.11.13 - GEZ</i></p>	<p>01/01/13, 03/30/13</p>	<p>100% Completed Summary to CCPHC BOT</p>	<p>100%</p>	<p> As of 04/29/14</p>
<p><b>4.2.3 1.3 Prioritize and make recommendations to the BOT based on evaluation of programs and services based on resources available by April BOT meeting (Division of Administration)</b></p> <p><i>Comments on Status: Agenda 4/11/13 includes recommendations and discussion.</i></p>	<p>03/31/13, 04/11/13</p>	<p>100% Document reporting to BOT via minutes from April meeting</p>	<p>100%</p>	<p> <b>0</b> As of 07/25/13</p>

**5 Goal 1: Mobilize community partnerships to prioritize health problems specific to a community.**

**5.1 Objective 1: Create a Public Health/Community Development Model to guide the implementation of each community by December 31, 2013. (Division of Community Health Promotion) (12/31/13)**

Measure: Completed Model

Target: 100%

YTD: 80%

Status:

As of 06/11/14

*Comments on Status: Three Community Development Specialists have been working on the development of a model that will include HIA, Health in All Policies and Social Capital. As of December 9, 2013, there are now five Community Development Specialists, as we have added two Health Educators whose positions already existed. They have been brought to the team and are prepared to begin training as it becomes available. All five CDS are meeting weekly to develop ideas and discuss what is know and unknown in CCPHC and in the Community. Toward developing a CD model, the Section of Health Policy and Planning, the Section of Operations--due to become the Director of Administration 1/1/2014--have a meeting scheduled to begin the framework of the CD Model Plan on 12/13/2013 and 12/19/2013 (with the five CDS at that time). As of January 16, 2014, the Community Development Specialist (all five of the CDS and the management team made up of Division Directors of Administration, Community Health Promotion and the Quality Improvement Coordinator) have begun work on a QI process to determine process in developing the program which will lead into the CD Model. Meetings are being held weekly to provide time and opportunities in discussion. 3/11/14-Continuing to meet weekly as the team develops a Community Development program from which plans for meeting with Section of Health Policy and Planning as their assessments of individual community needs are determined. Currently, the QI process for developing the CD Program is progressing well; the Community Development Specialists (4) will be attending training on Community Development in St. Louis later in March followed by a week-long grant-writing training in April. Will continue to meet weekly with the goal of having the Community Development Program completed by the end of April or mid-May. As of April 30, 2014, four of the five Community Development Specialists have completed: 1-CDS completed all three; 2-CDS completed 2 of 3 and 1-CDS has completed 1of 3 trainings. 3 of 4 attended Grant Writing Training in Nevada, MO in early April. The CDS Team has developed a presentation about the Community Development process and will provide this to the CDS Team which includes both Division Directors, Section Chief for Health Policy and Planning and the QI coordinator. The QI project os to continue after a several week hiatus due to training and other conflicts (PHAB Accreditation Team). It is hoped that this team can complete and provide the structure of the model/process taht will be used in going forward to engage all identified community partners. At this time, about 30 % is left to complete this task. Barbara Dawson 6/11/14-The CDS team has been tasked with researching and completing segments of the MAPP plan that was chosen in last meeting. This includes the six-sided diagram that follows the MAPP process to include PDCA and Sustainability. We are closer now to completion, but still have some discussion remaining. Now about 80% complete. Barbara Dawson*

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<p><b>5.1.1.1.1 Assemble the team for a Community Development Model. (Division of Administration)</b></p> <p><i>Comments on Status: On line research being conducted. Recommend objective to have later completion date. 10-9-13 - three of four community development specialist positions have been filled. As of January 3, 2014, there are five (5) staff members who make up the Community Development Team in two Sections--2 from the Section for Health Policy and Planning and 3 from the Section of Chronic Disease Management. Three have completed at least one training on Community Development with plans made for four of the five to be trained in March on either an initial or follow-up training. (the 5th staff person will pick up training at a later date due to maternity leave). The team meets weekly to discuss what has transpired in previous week and is meeting regularly with management (Section Chief of Health Policy and Planning and Division Directors of Administration and Community Health Promotion) on a weekly basis.</i></p>	01/01/13, 02/28/13	100% Positions Created and Filled	100%	 As of 04/29/14
<p><b>5.1.2 Define the training needed for the Community Development Model. (Division of Administration)</b></p> <p><i>Comments on Status: Must wait until funds become available to hire, train and deploy community development specialists. 10-9-13 - three staff (including one new employee) have attended at least one of the three designated courses through the Community Development Academy. All will have been completed by March 2014. At the end of this week one Community Development Specialists will have completed all three courses through the Community Development Academy. The others will have completed 2 out of 3 courses. All but one Community Development Specialist has completed the Grant Writing training. 4/9/14 - DM. After a discussion at DD/SC meeting on 6/23/14 it was determined to adjust the measure to read "Define the Training for the Community Development Model". This was due to the fact that for every Community Development Specialist to become fully trained on every identified area that has been defined in the CDS-QI project could take years. The training needs were defined in the development of the model almost a month ago and are being included in the complete Community Development Plan. 6/26/14 - DM.</i></p>	03/29/13, 03/31/14	100% Training Needs Defined	100%	 As of 06/26/14
<p><b>5.1.3.1.3 Write a comprehensive external communications plan by December 31, 2015. (Division of Administration)</b></p> <p><i>Comments on Status: Student intern developed framework in Summer 2012. Need communication specialist to implement. 10-9-13 Draft of Internal &amp; External Communications Plan AND a revision of the Risk Communication Plan will be available at November Board Meeting. Presented to BOT. 4/9/14 - DM</i></p>	01/01/13, 01/31/15	100% Plan Complete	100%	 As of 04/09/14

**5.2 Objective 2: Engage the stakeholders in the community partnerships from July 1, 2013 to December 31, 2015. DPH (Division of Administration) (12/31/15)**

Measure: Maintain & increase # of meaningful community partners

Target: 100%

YTD: 55%

Status:

As of 09/10/14

*Comments on Status: A number of community partnerships have been established, identified or are on-going. GP Red is Liberty is a true CHIP for the city including School District, Hospital, City and County Health Center. 10-9-13 the Mother & Child Health Partnership of the Northland is continuing to grow. They are in first phases of strategic planning. GP Red scheduled to meet 10-16-13/ The number of coalition partnerships continues to grow. GP Red has been renamed as L-CHAT. Over 30 community partners attended the community partnership forum for the CCPHC PHAB site visit the first week of April. 4/9/14 - DM Over 30 Community Partners attended the "Community Partners" portion of the PHAB onsite visit at the beginning of April. DM 4/29/14 Partnerships continue to grow. A new CHA process is beginning and the Com Dev Team continues reaching out to community partners. DM 9/10/14.*

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
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<p><b>5.2.1.1.1 Identification of key stakeholders for implementation. (Division of Administration)</b></p> <p><i>Comments on Status: This is based on start-up of GP-Red- City of Liberty CHIP initiative. (Renamed to L-CHAT) A leadership team has been developed for L-CHAT and they traveled to Atlanta for a Leadership Conference. (DPH is part of that leadership team.) MCHC has an organized structure with Goals and Objectives for the Coalition. City of Gladstone leadership has shown interest for CHIP in their community. DM 4/29/14.</i></p>	07/01/13, 12/31/15	100% Identify Champions for CHIPs in each community	40%	 As of 04/29/14
<p><b>5.2.2.1.2 Use current data on the availability of personal health services in Clay to inform stakeholders. (Division of Administration)</b></p> <p><i>Comments on Status: Data collection assigned to Section of HPP Both HPP and CHP Division are collecting data for this purpose via the Community Development team. DM4/29/14</i></p>	07/01/13, 12/31/15	100% Data report of personal health services in communities	15%	 As of 04/29/14
<p><b>5.2.3.1.3 Assemble Community Development Teams to write CHIP. (Division of Administration)</b></p> <p><i>Comments on Status: Awaiting funds or transfer of staff to begin 10-9-13 New CD Specialist Jamie Powers is taking the lead for 3-person CDS team to construct the Community Development Model for Public Health. She will be assisted by two other Community Development Specialists hired from within current staff. CCPHC currently has 5 Community Development Specialists. The 2013 CHIP update was developed and approved by the CCPHC BOT at their March 2014 meeting. 4/9/14 - DM</i></p>	07/01/13, 12/31/15	100% Team assembled	100%	 As of 04/29/14

## 6 Goal 2: Inform, educate, and empower Clay County communities about health issues.

### 6.1 Objective 1: Assist the communities of Clay County in developing health education resources and promoting healthy lifestyle behaviors beginning January 1st, 2013 & ongoing to June 30, 2015. (Division of Community Health Promotion) (06/30/15)

Measure:  
Seven  
communities  
have been  
provided  
resources and  
information

Target:  
7

YTD:  
2

Status:  
  
As of 09/02/14

*Comments on Status: Health Education Specialists from Behavior and Community Health Education Section have worked on and completed the 'Beans and Greens' initiatives for the SNAP program, are working with Liberty GPRed initiative and Smithville City and the School District on Community 2000 goal of introducing a Clean Indoor Air Quality ordinance. As of December 9, 2013, the Liberty GPRed is now called the Liberty Community Health Action Team (LCHAT). April 30, 2014-the staff from the Section of Chronic Disease Management (formerly Behavior and Community Health Education) are now working with the City of Gladstone as part of the DHSS Chronic Disease Primary Prevention contract and are provided health resources to them about physical activity, nutrition, and tobacco cessation through the City Parks and Rec, the city Farmer's Market and the NKC School District High School (Oak Park High School) located in its city limits by working with them and other collaborative partners including the University of Missouri Extension office, the Legacy Foundation who provided the city Farmer's Market with funding for SNAP recipients. Working with City of Liberty on LCHAT with representatives on several of the task forces and are developing messages. Barbara Dawson September 2, 2014-One of the Community Development Specialists has been visiting physician offices to introduce the Strategic Plan and goals for our communities in 2014-15. All offices contacted were receptive to developing stronger partnerships with CCPHC. Information about services and pertinent information provided to these offices. This is the first step in completing this goal in developing resources for healthy lifestyles for our residents. BD*

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<p><b>6.1.1.1.1 Review the findings of the assessment and evaluation (Division of Community Health Promotion)</b></p> <p><i>Comments on Status: Awaiting conversation with Health Policy and Planning to determine which communities have a completed assessment. Barbara Dawson 6/11/14-Continue to await information on assessments from Section of Health Policy and Planning. Have touched base with Dr. Somoza and she is aware of need. Barbara Dawson</i></p>	01/01/13, 12/31/15		2	 As of 06/11/14
<p><b>6.1.2.1.2 Participate in the development of solutions based on the findings of specific communities. (Division of Community Health Promotion)</b></p> <p><i>Comments on Status: The Community Development Team has been assembled and are working on developing a plan of action. Community Assessments are near completion and some initial work has been done on a smoke free ordinance in one community; working with partners in Liberty on activity and nutrition to address obesity an inactivity in children ages 10-14. April 30, 2014-3 of the five Community Development Team are working with another municipality providing resources, developing partnerships as they address physical activity, nutrition and tobacco cessation and Clean Indoor Air; also working on developing partners for a long term coalition to continue working on these areas. Also waiting on the individual communities health profiles to determine other areas of identified needs. Barbara Dawson 6/11/14 Continuing to develop information and plans of action with both Liberty and Gladstone. For Gladstone, the team is working on physical activities for children and adults (Youth Triathlon and Strive to Thrive-walking program), nutrition (partnering with Farmer's Markets and the Beans and Greens Program) and Smoking (developing smoking cessation information for both youth and adults and researching status of Clean Indoor Air policies). In Liberty, regular meetings with various task groups for the LCHAT. Barbara Dawson</i></p>	01/01/13, 12/31/15	7	2	 As of 06/11/14
<p><b>6.1.3.1.3 Assure the implementation of solutions in each community. (Division of Community Health Promotion)</b></p> <p><i>Comments on Status: 3/11/14-as we progress on developing the Community Development program, we await opportunities to discuss what communities will show the most need and then we can address these with our Community Development Specialists. April 30, 2014-Awaiting community profiles. Barbara Dawson</i></p>	01/01/13, 12/31/15	7%	2%	 As of 04/30/14

## 7 Goal 3: Assist communities in developing interventions necessary to support improvement in personal and population-based health.

**7.1 Objective 1: Develop and present specific Community Health Profiles to a minimum of three communities in Clay County beginning January 1st, 2013 & ongoing to June 30, 2015. (Division of Administration) (06/30/15)**

**Measure:**  
develop and present profile to BOT and to specific community

**Target:**  
3

**YTD:**

**Status:**



-3

As of 04/29/14

*Comments on Status: Liberty Community Profile completed and awaiting approval of Director before submitting. Draft of profile originally sent to City of Liberty for informational purposes and comment. Liberty CHIP is the GP Red project to address obesity in children 10-14 years of age. NKC, Liberty, Ex Springs Assessments are ready to be published and presented, Gladstone is in development. DM 4/29/14*

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<b>7.1.1.1.1 Develop and present three community health profiles (list out the steps). (Division of Administration)</b>  <i>Comments on Status: One CHIP started. One Community Health Profile started by 2 members of HPP. NKC, Liberty, and Ex Springs Assessments ready to be published. Gladstone in development. 4/29/14. DM</i>	06/03/13, 12/31/15	100% Profiles developed and presented	50%	 As of 04/29/14

**7.2 Objective 2: Assist in the development of the Community Health Improvement Plan in at least one community in Clay County from 2014 to 2015. (Division of Community Health Promotion) (12/31/15)**

**Measure:**  
develop and present Mini CHIP to BOT and to specific community

**Target:**  
100%

**YTD:**  
60%

**Status:**



-40

As of 04/30/14

*Comments on Status: Working with Section of Health Policy and Planning to address obesity in children in Liberty through the GPRed initiative (now called L-CHAT) 3/11/14-While we are still working on this, the Division of Community Health Promotion has accepted a Chronic Disease Primary Prevention contract from the MO Department of Health and Senior Services to work with a community in three key areas. We are working with Gladstone, MO with in a coalition, whose initial basic make-up is within the City of Gladstone--the Parks and Rec staff, Communications staff and local Farmer's Market groups--and will bring into this school district personnel: Food and Nutrition Supervisor, school site (Oak Park High School) social worker and those involved in TRY (Teaching and Reaching Youth, a Community 2000 group) to work the areas of (1) Tobacco use prevention/cessation; (2) Nutrition and (3) Physical Activity. CCPHC has leadership and staff participation in both L-CHAT and MCHC progress reported in annual CHIP progress report. 4/29/14 DM.*

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<b>7.2.1.1.1 Collaborate in the development and implementation of the Community Development Model Plan as it relates to each Community Health Improvement Plan. (Division of Community Health Promotion)</b>  <i>Comments on Status: The five Community Development Specialists along with the two division directors (Administration and Community Health Promotion), the Section Chief of Health Policy and Planning, and the QI Coordinator have been meeting weekly to work on a Community Development Program. We are approaching it as QI and have learned much about what we and who we need to include as we develop this program. As of 3/6/14, the entire team is looking a process lining out the 10 Essential Services and the 10 Domains where we feel the program and staff can address these with community partners, communities and internally. It is the hope taht this program will be completed and ready for implementation by the end of April 2014. April 30, 2014-Update-the CDS team has completed community development training (1 CDS has all 3 trainings; 2 CDS have completed 2 of 3 and 1 CDS has completed 1 of 3); we are meeting weekly again after this brief hiatus to continue to develop the Community Development Model.</i>	06/01/13, 12/31/15		50%	 As of 04/30/14
<b>7.2.2.1.2 Monitor the implementation of each adopted Community Health Improvement Plan in Clay County by December 31, 2015. (Division of Community Health Promotion)</b>  <i>Comments on Status: Awaiting assistance from Section of Policy and Planning</i>	06/03/13, 12/31/15			 As of 05/02/14
<b>7.2.3.1.3 Evaluate the process of the CHIP implementation through December 31, 2015. (Division of Administration)</b>  <i>Comments on Status: GP Red - City of Liberty CHIP has some evaluation components already ingrained in the Indiana University project they are undertaking. A 2013 CHIP update was developed. This will continue annually. An assessment tool will be implemented in the future. 4/9/14 - DM.</i>	01/01/14, 12/31/15	100% Evaluation Complete	33%	 As of 04/09/14

**8 Goal 1: Deliver the Essential Public Health Services of Prevention, Promotion, and Protection to improve the health of communities in Clay County.**

**8.1 Objective 1: Implement a Performance Management System that will assure CCPHC is efficiently and effectively delivering the essential public health services of prevention, promotion, and protection by December 31, 2014. (Division of Administration) (12/31/14)**

**Measure: PM Tool developed and Utilized**

**Target: 100%**

**YTD: 70%**

**Status:**  
  
 As of 04/29/14

*Comments on Status: Plan in draft form - ready for adoption. Program staff working on indicators for 2013. 4-8-13 - PM PLAN adopted by Quality Improvement Committee. Monthly meetings begin May 2013. All Division Directors/Section Chiefs have QI project in 2013 expectations. Section Chiefs currently working on performance indicators to measure for 2013-2015 QI Coordinator and DDSC Team developed a PM tracking tool with Measures. Tool is being used for the first time in the first quarter of 2014 and evaluated for adjustment. DM 4/29/14*

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<p><b>8.1.1.1 By March 31, 2013 develop a comprehensive performance management plan and tools for guidance and integration of acceptable measures/standards for chronic disease, communicable diseases, environmental health, injury prevention and workforce development. (Division of Administration)</b></p> <p><i>Comments on Status: Program staff working on these based on Healthy People 2020 - see 8.1 above for details The tracking tool is complete and Performance Measure updates will be sent to the QI Coordinator on their prescribed reporting timeline. 4/9/14 DM.</i></p>	01/15/13, 03/31/13	100% Approved Performance Management/Quality Improvement Plan	100%	 As of 04/09/14
<p><b>8.1.2.1.2 Evaluate programs and services against the Performance Management System (Division of Administration)</b></p> <p><i>Comments on Status: Staff establishing indicators to measure. 10-9-13 Some indicators noted on Perf Management Tracking Matrix. Completed by QI Coordinator. Will be added to as more metrics are identified. Performance Measures have been developed to cover areas in all 12 Standards. 2014 will be the implementation year for the measurement tool and will also serve as the baseline year for multiple measures. DM 1/27/14.</i></p>	01/01/13, 12/31/15	100% Evaluation of PM report	40%	 As of 04/29/14
<p><b>8.1.3 Implement the Performance Management/Quality Improvement Plan by June 30, 2013. (Division of Administration)</b></p> <p><i>Comments on Status: First meeting May 14, 2013 of QIC to review QI projects. QIC is actively following plan. PM is nearing completion. DM 1/9/14. Performance Measures have been adopted and tracking tool is in place. Reporting begins for the first quarter of 2014. DM 4/9/14.</i></p>	04/01/13, 06/30/13	100% Adoption of 3-5 Indicators and Measures p/program	100%	 As of 04/09/14

**9 Goal 2: Assure CCPHC resources are aligned with the local public health system to meet the identified needs in each community.**

**9.1 Objective 1: Complete an evaluation of the effectiveness, accessibility, and quality of CCPHC programs and services currently offered by March 31 of each year and present evaluations and recommendations to Board of Trustees April of each year. (Division of Administration) (03/31/15)**

**Measure: provide annual evaluation to BOT at April meeting**

**Target: 100%**

**YTD: 100%**

**Status:**  
  
 0  
 As of 04/29/14

*Comments on Status: 2013 evaluation of CCPHC programs evaluated including financial consideration, meeting essential ph services, no other agency to do what CCPHC does. Result for 2013 - four programs transitioned out. Program evaluations will be refined, tested in 2014 and hopefully published! Board accepted recommendations of transitions It was determined by Director and DDSC that a program assessment was not needed do to the amount of significant changes made to programs in 2013. The next program assessments will occur in 2015. Marked at 100% complete for 2014 due to no assessments needed. DM 4/29/14.*

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<p><b>9.1.1 Develop a program tool to assess programs that include financial considerations (Division of Administration)</b></p> <p><i>Comments on Status: DD/SC all using tool for 2013 as of 1/31/13</i></p>	01/01/13, 06/30/13	100% Develop tool and use during program assessments	100%	 As of 04/29/14
<p><b>9.1.2.1.1 Adopt standards and measures to assist in setting priorities. (Division of Administration)</b></p> <p><i>Comments on Status: CCPHC has adopted the National Public Health Performance Standards and the Healthy People 2020 measures in it's performance management plan. Also used are the Community health data sets on Chronic Disease. The evaluation also includes 10 Essential Services.</i></p>	01/01/13, 06/30/13	100% Approval of Standards/Measures	100%	 As of 10/09/13
<p><b>9.1.3.1.3 Present evaluation and recommendations to BOT (Division of Administration)</b></p> <p><i>Comments on Status: Scheduled 4/11/13 Assessments not conducted in 2014 as determined by DHP and DDSC. Program Assessments will be conducted again in 2015 with recommendations to BOT by 4/15. DM 4/29/14.</i></p>	07/01/13, 04/30/15	100% Board Approval	100%	 0 As of 04/29/14
<p><b>9.1.4 Integrate evaluation results into the annual financial and operational plans by the end of the second quarter (June 30) each year. (Division of Administration)</b></p>	01/01/13	100% Financial Operation	....	

Comments on Status: Pending BOT meeting 4/11/13 2013 - BOT accepted recommendations - 33% represents 1st year of 3 year measure. Finance officer has developed additional program tracking and charting. this will be utilized in the plans. DM 4/29/14.	06/11/15	Plan template completed	40%	 As of 04/29/14
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**9.2 Objective 2: Monitor the outcomes of the community health improvement plan within one year after the completion of each. (Division of Administration) (12/31/15)**

**Measure:**  
Outcomes of all  
CHIPs  
monitored on an  
annual basis

**Target:**  
100%

**YTD:**  
0%

**Status:**  
  
**-100**  
As of 04/29/14

Comments on Status: No Community Health Improvement Plans were completed in 2013. Outcomes of CHIPs completed in 2014 will be monitored for 2015. 1/27/14 DM

Division Objectives	Start Date, End Date	Target, Measure	YTD	Status
<p><b>9.2.1 Develop a program tool to assess outcomes of each CHIP. (Division of Administration)</b></p> <p>Comments on Status: GP Red - Liberty is first Community Health Improvement Plan. GP Red has evaluation tool in place - needs to be "tweaked by stakeholders" including CCPHC.</p>	04/01/13, 06/30/13	100% Tool developed	10%	 As of 10/28/13
<p><b>9.2.2 Apply standards and measures to assist in evaluation of each CHIP. (Division of Administration)</b></p> <p>Comments on Status: Standards and measures to be developed based on obesity rates in 10-14 year olds No eval tool is developed from L-CHAT currently.</p>	04/01/13, 06/30/13	100% Adoption of Standards & Measures	10%	 As of 04/29/14
<p><b>9.2.3 Evaluation Team disseminates evaluation findings. (Division of Administration)</b></p> <p>Comments on Status: No CHIP is complete to report outcomes, however in 2014 an annual CHIP update was been published by CCPHC - HPP Section and will continue each year. This will provide a progress report for each CHIP and eventually report on outcomes. Published annual in April. DM 4/29/14.</p>	07/01/13, 10/31/15	100% Publication of Findings for each CHIP	100%	 0 As of 04/29/14
<p><b>9.2.4 Present evaluation and recommendations to BOT (Division of Administration)</b></p> <p>Comments on Status: GP Red in 1st year of project. Anticipate a July 2014 report. No report was available in 2013. Published 2014 CHIP Update presented to BOT and County Commision in March 2014. 2015 update will be presented to BOT in April 2014. DM 4/29/14.</p>	12/01/13, 12/31/15	100% Presentations Made of Annual CHIP update	66%	 As of 04/29/14
<p><b>9.2.5 Integrate evaluation results into the annual financial and operational plans by the end of the second quarter (June 30) each year. (Division of Administration)</b></p> <p>Comments on Status: The need for Community Development Specialists, training and resources were included in 2014 Budget. CHIP impact and outcomes will drive future budget needs in this area. DM 4/29/14.</p>	04/01/13, 06/30/15	100% Acceptance of Financial/Operational Plans by Board of Trustees	33%	 As of 04/29/14

