

CCPHC Strategic Plan 2019-2022

Overview

Plan Overarching Key Performance Indicators:

- Increase the percentage of fluoride varnish applications of children screened through CCPHC’s School-based Dental Program by 10% throughout the duration of the 4-year strategic plan.
- By December 2019, obtain the baseline HPV completion rate and up to date rate for 2018-2019 school year among 11-14-year old’s participating in the School Based Immunization Program. Targets for remainder of strategic plan will be set by January 2020.
- Throughout the course of the 4-year strategic plan, prevent annual increases in chlamydia (Δ 9.25%) and gonorrhea (Δ 13.8%) infections for Clay County.
- By the end of the 4 year strategic plan, prevent annual increases in the heart disease death rate of 137.09 per 100,000 population by implementing chronic disease programming to address root causes.
- By December 2019, establish baseline of % population obtaining Rx’s from 3+ prescribers and 3+ pharmacies within a 6 mo. period. Targets for improvement will be set by January 2020.
- Decrease Food Insecurity rates by an average of 1% annually in Clay County over the duration of the 4-year strategic plan.
- Through access to healthy food initiatives, decrease the percentage of adults consuming less than 5 servings of fruits and vegetables per day by 1% annually throughout the course of the 4-year strategic plan.
- Throughout the course of the 4 year strategic plan, reduce current adult smoking rates by 1% annually.
- Throughout the course of the 4 year strategic plan, reduce the percentage of 6-12th graders using E-cigarettes by 1% annually.

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| <i>Goal</i> | |
| 1.1 Promote Health Equity & Improve Chronic Disease Outcomes | |
| <i>Key Performance Indicators</i> | |
| <ul style="list-style-type: none"> • 100% enrollment of Clay County hospital providers into the PDMP by 2020, • Achieve a reach of at least 325,000 for combined media campaigns related to the Opioid Crisis Agreement, • Decrease the prevalence of early childhood obesity in children ages 2 to 5 by 1.5% over the course of this plan. • Reduce untreated tooth decay by increasing the number of children screened through the Clay County School Dental program by 1% annually over the duration of this plan. • Achieve at least one health policy change annually through collaborative partnerships. • Annually implement at least one CCPHC procedure or policy change that positively impacts health equity, health disparities or cultural humility for our customers or employees. • Decrease obesity among a targeted population in Clay County through a community level intervention by 0.5% annually. • Decrease overweight status among a targeted population in Clay County through a community level intervention by 0.5% annually. • Decrease the percentage of individuals with food uncertainty by 0.5% annually throughout the plan. | |
| <i>Tactic</i> | <i>Action</i> |
| 1.1.1 Evidence-Based Strategies: Implement evidence-based strategies to improve | 1.1.1.1 Illicit Drug Use Impact/Reduction: Decrease opioid misuse, abuse and overdose by promoting safe opioid prescribing practices, improving |

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| <p>the health of the county.</p> | <p>access to the PDMP, improving surveillance and awareness and completing the deliverables of the CDC Opioid Crisis agreement.</p> <p>1.1.1.2 Operationalizing Evidence-Based Strategies: Utilize the internal AIM Project Working Group to address PHAB 1.5 Domain 10 measures.</p> |
| <p><i>Tactic</i> 1.1.2 WIC Program: Improve the nutrition and health of women, infants, and children in Clay County.</p> | <p><i>Action</i></p> <p>1.1.2.1 Breastfeeding: Increase breastfeeding education, promotion and support contacts for all prenatal and breastfeeding women by 2% year through breastfeeding peer counselor appointments, breastfeeding encouragement group, breastfeeding class and breastfeeding warmline.</p> <p>1.1.2.2 Child Healthy Weight: Promote healthy weight in children through at least one physical activity event per year (e.g., 12345 FitTasTic Family Fun Day).</p> <p>1.1.2.3 Nutrition Education: Increase the number of WIC clients who receive at least four nutrition education contacts per year by 2% through individual nutrition education, group nutrition classes, cooking classes and online nutrition education.</p> <p>1.1.2.4 Increased Enrollment: Promote and support increased enrollment of first trimester prenatal women and low-income families through a 2% per year increase in community outreach (e.g., pediatric and OB/GYN clinics, Head Start programs, potential addition of extension clinic site(s), OB/GYN providers, crisis pregnancy centers and community agencies) to improve recruitment and retention of clients.</p> |
| <p><i>Tactic</i> 1.1.3 Oral Health: Improve the oral health of children in Clay County.</p> | <p><i>Action</i></p> <p>1.1.3.1 Oral Health Education: Provide Health Education to students in Clay County Schools, monitor improvement through pre/posttests to assess knowledge. (Report in June)</p> <p>1.1.3.2 Prevention: Increase preventative services to include dental screenings, topical fluoride varnish and dental sealants, through added school health and WIC client services.</p> |
| <p><i>Tactic</i> 1.1.4 Healthy Policies: Advance the practice of including Health in all policies.</p> | <p><i>Action</i></p> <p>1.1.4.1 BARHII Model: Conduct the Bay Area Regional Health Inequities Initiative (BARHII) Assessment to evaluate and address the underlying causes of cultural, linguistic and health inequities for CCPHC.</p> <p>1.1.4.2 Health Equity Education Subcommittee: Develop, implement and evaluate an internal cultural humility/health equity educational subcommittee to address gaps in organizational knowledge.</p> |

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| | <p>1.1.4.3 Youth Policies: Identify, support and implement policy, environment and system changes to prevent youth access and use of alcohol, tobacco/nicotine, vaping products and marijuana.</p> <p>1.1.4.4 Zoning/Planning Healthy Environments: Partner with city and county planning and zoning to establish health priorities in local built environment decision making.</p> |
| <p><i>Tactic</i> 1.1.5 Chronic Disease: Focus programming efforts (general approaches as well as specific areas) around chronic disease prevention.</p> | <p><i>Action</i> 1.1.5.1 Chronic Disease Prevention: Develop, implement and evaluate a chronic disease prevention program utilizing the chronic disease programming framework.</p> <p>1.1.5.2 Obesity Prevention through Nutrition Initiative by improving access to healthy food for marginalized populations: Goal: To promote healthy weight status and reduce chronic disease risk for marginalized populations in Clay County by increasing access to healthy food.</p> |
| <p><i>Goal</i> 1.2 Measuring/Demonstrating Our Impact (Data & Measurement): Continue to advance our capabilities of measuring and tracking data to ensure we can demonstrate our outcomes and impact.</p> <p><i>Key Performance Indicators</i></p> <ul style="list-style-type: none"> • Request one provisional data set annually from the patient abstracting system through DHSS. • Increase primary data collection responses from community members through community forms by 5% annually. | |
| <p><i>Tactic</i> 1.2.1 Health Outcome Measures: Develop and monitor health outcome measures for identified priorities.</p> | <p><i>Action</i> 1.2.1.1 Establish Baseline & Track: Establish baseline data and track at least five long term CCPHC health outcome measures across all identified CHIP priorities that CCPHC staff are working on by October 31, 2020. Each measure must have sustainable processes in place for measurement and not change over time to ensure accurate measurement of intervention success.</p> <p>1.2.1.2 Report Health Outcomes: Provide annual reports on health outcome measure status and supporting activity implementation for each of the identified health outcome measures.</p> <p>1.2.1.3 Meet FDA Voluntary Retail Food Program Standard 9: Program Assessment to conduct a baseline risk factor study.</p> |
| <p><i>Tactic</i> 1.2.2 Data Capacity: Build capacity for primary and secondary data collection and analysis.</p> | <p><i>Action</i> 1.2.2.1 Develop Strategy: Develop a long-term strategy to more efficiently collect, manage, analyze and disseminate public health data.</p> |

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| | <p>1.2.2.2 New Data Sources: Identify and use new data sources including emergency room data and clinical data for analysis at a county level and at a community level.</p> <p>1.2.2.3 Community Forums: Identify methods and conduct 2 diverse community forums annually as part of our primary data collection efforts for CHA.</p> <p>1.2.2.4 Expand Data Usage: Expand the use of data to address health inequities and the social determinants of health.</p> <p>1.2.2.5 Syndromic Surveillance & Big Data: Improve Syndromic Surveillance and “Big Data” capacity and capabilities.</p> <p>1.2.2.6 Expand Provisional Data Capabilities: Request 1 provisional data set from DHSS Patient Abstracting System to address real time opioid overdose surveillance in Clay County.</p> <p>1.2.2.7 Drug Misuse Data: Expand data collection on drug misuse and overdose through new and existing partnerships.</p> |
| <p><i>Tactic</i> 1.2.3 Mapping Capabilities: Evaluate data mapping capabilities to better align/support our enhanced data objectives.</p> | <p><i>Action</i> 1.2.3.1 Research Hardware/Software: Research hardware and software requirements and availability.</p> <p>1.2.3.2 Training: Evaluate workforce training needs.</p> <p>1.2.3.3 Staff Training: GIS training scheduled for July 30.</p> |
| <p><i>Goal</i> 1.3 Collaborations/Partnerships: ideas for statement: to leverage ability to improve health...promoting health to reduce costs; community impact</p> <p><i>Key Performance Indicators</i></p> <ul style="list-style-type: none"> • Number of organizations involved in the CHA/CHIP increases by at least one annually. • At least one new grant collaboration with external partners annually. | |
| <p><i>Tactic</i> 1.3.1 CHA/CHIP Priorities: Strengthen CHA and CHIP priorities planning and implementation process.</p> | <p><i>Action</i> 1.3.1.1 Leadership: Participate in and assume leadership roles on CHIP task forces.</p> <p>1.3.1.2 Evaluation: Utilize leadership role within the NHA Data Task force to evaluate CHA/CHIP initiatives.</p> |

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| <p><i>Tactic</i> 1.3.2 Stakeholder Involvement: Continue to work with our core stakeholders to gather data, as well as in planning and execution.</p> | <p><i>Action</i> 1.3.2.1 PH System Assessment: Complete the local public health system assessment by March of 2020.</p> <p>1.3.2.2 Annual Meetings: Conduct and improve annual stakeholder meetings for each environmental health, chronic/communicable diseases and community health programs.</p> <p>1.3.2.3 Annual Surveys: Develop and annually conduct stakeholder surveys for CCPHC programs.</p> <p>1.3.2.4 Community Coalitions: Continue to integrate CCPHC staff into communities to help build and maintain good working relationships with community coalitions whose goals line up with CCPHC strategic focus areas.</p> |
| <p><i>Tactic</i> 1.3.3 Academic Partnerships: Continue to advance academic partnerships in order to influence growth in the public health workforce and advance applicable research.</p> | <p><i>Action</i> 1.3.3.1 Internships: Build a strong public health workforce pipeline by increasing Internship hours.</p> <p>1.3.3.2 Research: Increase opportunities to participate in public health research by completing the AIM Project with Washington University – St. Louis.</p> <p>1.3.3.3 Partners: Increase collaboration with academic partners including primary, secondary, post-secondary and trade schools.</p> <p>1.3.3.4 Program ROI: Partner to implement internal economic evaluation under the chronic disease framework.</p> |
| <p><i>Tactic</i> 1.3.4 Non-Traditional Partnerships: Continue to build partnerships with organizations beyond our core group, in order to further diversify support and collective impact throughout the community.</p> | <p><i>Action</i> 1.3.4.1 Local Planning Departments: Develop and maintain working relationships with local planning departments and municipalities to facilitate process for regulated businesses and property owners to obtain required health permits.</p> <p>1.3.4.2 Non-Health Organizations: Expand collaboration with non-traditional public health partners with a focus on health equity and the social determinants of health (e.g. Food Bank).</p> <p>1.3.4.3 Transportation: Evaluate transportation access for customers/clients of CCPHC.</p> |

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| <p><i>Goal</i> 1.4 Disease Prevention & Health Protection: Protect everyone from communicable diseases and other health threats.</p> <p><i>Key Performance Indicators</i></p> <ul style="list-style-type: none"> • Increase the number of clients ages 15-24 STD tested by 5% over the course of this plan. • At least a 3% reduction in the number of food-borne illness risk factor violations annually for the duration of the plan. • 2% reduction in disinfectant residual violations cited annually at recreational water inspections for the duration of the plan. • Complaint response time = average number of days from receipt to first investigation (onsite, lodging & vector) &le; 3 business days. <ul style="list-style-type: none"> • Increase the number of children ages 11-18 who are up to date with required school immunizations by 5% over duration of plan. • Complete 80% of reportable condition investigations within 2 weeks of report date. | |
| <p><i>Tactic</i> 1.4.1 Communicable Disease Prevention/Mitigation: Prevent and mitigate the effects of communicable disease through education, testing, collaborations and contact investigations.</p> | <p><i>Action</i> 1.4.1.1 STD Provider Education: Partner with the state to reduce the burden of STD's in Clay County by hosting an STD Provider education training once per year (2019 focus on syphilis).</p> <p>1.4.1.2 STD Testing: Through increased awareness, outreach and marketing increase the number of 15-24-year-old clients who are tested for gonorrhea and chlamydia by 2% annually.</p> <p>1.4.1.3 STD Education: Continue to make advances for increasing STD education in the youth population, through collaborative partnerships and targeted outreach and analysis.</p> <p>1.4.1.4 Community Outreach: Utilizing evidence-based practices and program collaboration, provide at least one community-based prevention intervention through outreach and community partnerships every plan year (e.g. testing).</p> <p>1.4.1.5 Investigations/Mitigation: Ensure contact investigations are conducted as efficiently and effectively as possible.</p> <p>1.4.1.6 Internal Collaboration: Ensure we effectively collaborate between CCPHC programs to effectively investigate disease outbreak cases. (e.g. Environmental Health, other as needed).</p> |
| <p><i>Tactic</i> 1.4.2 Environmental Health: Limit exposure to environmental hazards that may adversely affect health through investigation, education, and enforcement of laws and regulations.</p> | <p><i>Action</i> 1.4.2.1 Voluntary Retail Food Program Standards: Maintain conformance with currently met standards and meet the remaining standards by the following schedule: Update the self-assessment by 12/31/2019, meet Standard 4 and re-up Standard 7 by 12/31/2020, Meet Standard 9 and re-up Standard 1 by 12/31/2021, and Meet Standard 8 and re-up</p> |

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| | <p>Standards 2 & 3 by 12/31/2022.</p> <p>1.4.2.2 Ordinance Review: Conduct a review of one environmental health ordinance annually to ensure alignment with model codes, industry updates, best practices, and incorporate stakeholder feedback.</p> <p>1.4.2.3 SOPs Updates: Review and update 25% of environmental health program SOPs annually.</p> |
| <p><i>Tactic</i> 1.4.3 Preparedness: Improve medical countermeasures (MCM) planning and operational readiness of public health response.</p> | <p><i>Action</i> 1.4.3.1 PHEP/CRI: Complete PHEP and CRI contracts deliverables annually.</p> <p>1.4.3.2 Cold Chain Plan: Update and exercise Cold Chain management plan.</p> <p>1.4.3.3 SOPs Updates: Review and update 25% of emergency preparedness SOPs annually.</p> |
| <p><i>Tactic</i> 1.4.4 Immunization Rates: Improve immunization rates through education, marketing and outreach.</p> | <p><i>Action</i> 1.4.4.1 Clinics: Establish additional offsite clinic locations to include a minimum of one new school clinic by end of December 2020 and the implementation of an additional offsite clinic offering by completion of four-year plan.</p> <p>1.4.4.2 HPV Services: Increase HPV series completion rates for 13-year-olds by 2% per year through implementing a school call-back effort.</p> <p>1.4.4.3 Education Events: Support progress towards eliminating vaccine preventable disease by providing a minimum of two Provider Education events.</p> <p>1.4.4.4 SUR Adult Immunizations: Partner with the onsite Rogers Health clinic to develop and implement a plan to increase Adult Immunization Rates.</p> <p>1.4.4.5 WIC Immunizations: Collaborate with the WIC Program to establish and implement a referral process for the improvement of client vaccine rates.</p> <p>1.4.4.6 Client Education: Research and implement additional patient education to reduce vaccine exemptions.</p> |

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| <p><i>Goal</i> 2.1 Staff: Maintain a competent and engaged workforce.</p> <p><i>Key Performance Indicators</i> • Annual unplanned turnover rate of 12% or less.</p> | |
| <p><i>Tactic</i> 2.1.1 Capacity & Performance: Ensure CCPHC has the staffing capacity and performance level to meet agency goals.</p> | <p><i>Action</i> 2.1.1.1 Staffing Plan/Structure: Ensure CCPHC has the staffing capacity and performance levels to meet agency goals by analyzing available data and leading the conversation in annual senior leadership budget planning and program assessment meetings.</p> <p>2.1.1.2 Performance Evaluation: Revise employee performance evaluation process to improve communication, development and accountability levels.</p> |
| <p><i>Tactic</i> 2.1.2 Staff Development: Implement targeted learning & development opportunities to ensure competent employees.</p> | <p><i>Action</i> 2.1.2.1 Plan: Update and implement Employee Learning and Development Plan.</p> <p>2.1.2.2 Specific Trainings: Identify and implement activities to develop and enhance targeted skill sets (leadership, EBDM, Health Equity, Data Analysis, etc.).</p> |
| <p><i>Tactic</i> 2.1.3 Work Environment: Ensure a work environment that is supportive of employee engagement, satisfaction, and wellness needs to enhance recruitment and retention.</p> | <p><i>Action</i> 2.1.3.1 Employee Engagement & Satisfaction: Implement organizational climate, new hire and exit surveys and conduct activities on targeted areas.</p> <p>2.1.3.2 Employee Wellness: Identify and implement employee wellness initiatives to promote healthy choices (including employee immunizations).</p> |
| <p><i>Tactic</i> 2.1.4 Total Rewards: Implement an updated Total Rewards Program to enhance employee recruitment & retention.</p> | <p><i>Action</i> 2.1.4.1 Implementation: Implement Total Rewards Plan.</p> |
| <p><i>Goal</i> 2.2 Board: Maintain board engagement.</p> <p><i>Key Performance Indicators</i> • Annual review of Board Action Analysis Report and BOT calendar schedule indicates 100% compliance with MoRS and PHAB requirements.</p> | |

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| <p><i>Tactic</i> 2.2.1 Board Approval: Board approval of CCPHC policies and ordinances.</p> | <p><i>Action</i> 2.2.1.1 Bylaw Review: Bylaws reviewed and updated</p> <p>2.2.1.2 Ordinance Updates 2.2.1.3 Appointment of Officers 2.2.1.4 Tax Levy Rate Approval 2.2.1.5 Strategic Plan Review 2.2.1.6 Approval of Annual Budget 2.2.1.7 Board Analysis: Complete board action analysis by February 28th of each year.</p> |
| <p><i>Tactic</i> 2.2.2 Board Education Sessions: Provide regular education sessions to the Board to increase awareness of program activities, legislative updates and maintain high ethical standards.</p> | <p><i>Action</i> 2.2.2.1 Program Reports 2.2.2.2 Education Sessions: Annual education sessions completed.</p> <p>2.2.2.3 Ethics Sessions: Annual ethics sessions completed.</p> <p>2.2.2.4 Legislative Priorities: Legislative priorities developed, and updates provided.</p> <p>2.2.2.5 Board Orientation: New Board member orientation completed.</p> |
| <p><i>Goal</i> 2.3 Volunteers: Increase volunteer/intern hours by 5% annually.</p> <p><i>Key Performance Indicators</i> • Annual increase of at least 5% for combined internship and volunteer hours.</p> | |
| <p><i>Tactic</i> 2.3.1 Satisfaction Survey: Research and implement volunteer satisfaction survey.</p> | <p><i>Action</i> 2.3.1.1 Volunteer Program Coordinator Training:</p> <p>6/4/19 – Understanding Soft Risk in Volunteer Engagement. Soft risks are the attitudes, beliefs and actions that expose our organization to risks. These risks may include the actions of staff, interactions on social media, lack of training for leaders and volunteers leading to risky behavior, and how failing to screen for these characteristics or the right fit can open volunteers and the organization up to risk.</p> <p>6/6/2019 – Successfully Implementing Volunteer Program Changes. What do you do when you know things need to change?</p> |

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| | <p>6/13/2019 – Developing a Strategic Plan for Volunteer Engagement. Are you engaging volunteers with an eye to the future? Do you know what your volunteer program should look like in 3 or 5 years? We will go over the fundamentals for creating a strategic plan for volunteer engagement for your organizations.</p> <p>2.3.1.2 Review and Update Current Survey 2.3.1.3 Develop a tool to assist in response evaluation for QI</p> |
| <p><i>Tactic</i> 2.3.2 Volunteer Engagement: Increase engagement among volunteers by creating additional opportunities.</p> | <p><i>Action</i> 2.3.2.1 Harvesters Mobile Food Pantry: Begins June 5, 2019 2.3.2.2 Lobby Information Table 2.3.2.3 Use satisfaction survey to assess volunteer engagement levels</p> |
| <p><i>Tactic</i> 2.3.3 Incentives & Appreciation: Research and implement a volunteer incentive and appreciation program.</p> | <p><i>Action</i> 2.3.3.1 Research Volunteer Program incentives nationally for non-profit and governmental agencies to develop ideas 2.3.3.2 Survey current interns and volunteers to determine how they would prefer to be incentivized 2.3.3.3 Develop incentive program for intern and volunteer program separately 2.3.3.4 Continue to evaluate program annually through satisfaction surveys</p> |
| <p><i>Goal</i> 3.1 Resource Management: Demonstrate financial responsibility by effectively managing resources to sustain current operations and plan for future needs.</p> <p><i>Key Performance Indicators</i></p> <ul style="list-style-type: none"> • Zero exceptions found during the annual fiscal independent audit. • Actual annual expense to actual annual revenue is <100% | |
| <p><i>Tactic</i> 3.1.1 Systems: Ensure effective financial management systems that meet regulatory standards and promote sustainability.</p> | <p><i>Action</i> 3.1.1.1 SOPs: Update Accounting Manual and accounting SOP's that require revision.</p> <p>3.1.1.2 Budgeting Process: Strengthen budgeting/ resource allocation processes.</p> <p>3.1.1.3 Reporting: Strengthen reporting to improve efficiency and availability of financial data to DD/SC.</p> <p>3.1.1.4 Efficiencies: Increase efficiency and reduce costs related to financial processing i.e. online payments, workflow improvements (ex. purchase orders), payroll processing evaluation, and check signing abilities.</p> |
| <p><i>Tactic</i> 3.1.2 Alternate Funding: Evaluate and implement alternate funding options</p> | <p><i>Action</i> 3.1.2.1 Tax Levy Research: Conduct tax levy pre-planning.</p> |

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| <p>to support and/or expand agency services, processes, programs or interventions that improve the health of our communities.</p> | <p>3.1.2.2 Grants/Contracts: Evaluate grant and contract opportunities and improve related management processes.</p> |
| <p><i>Tactic</i> 3.1.3 Fees: Evaluate and implement non-tax levy revenue collection and make revisions as appropriate.</p> | <p><i>Action</i> 3.1.3.1 Assessment: Conduct annual fee assessments.</p> <p>3.1.3.2 SOPs: Review related revenue collection policies & procedures and adjust as needed.</p> |
| <p><i>Goal</i> 3.2 Infrastructure: Maintain and improve an operational infrastructure to support the performance of CCPHC.</p> <p><i>Key Performance Indicators</i></p> <ul style="list-style-type: none"> • At least 85% of internal users are satisfied overall with IT services and technology needs. • Network availability is at least 99.999% • At least 75% of CCPHC staff agree that they are satisfied with the technology options that allow them to work remotely when needed. • At least 95% of employees are satisfied with the cleanliness and safety of the facility, as measured by the employee survey. | |
| <p><i>Tactic</i> 3.2.1 Facilities: Ensure clean, safe, accessible, and secure facilities while identifying cost reduction or management opportunities.</p> | <p><i>Action</i> 3.2.1.1 Eco-Friendly: Implement eco-friendly solutions that promote sustainable facility practices to decrease energy usage and reduce our carbon footprint:</p> <ul style="list-style-type: none"> • LED lighting • Window tint/shade for lobby area to reduce high temperatures on sunny days and amount of light that effects front desk staff <p>3.2.1.2 Safety Committee: Conduct Safety Committee activities to promote employee & visitor safety and to mitigate costs.</p> <p>3.2.1.3 ADA Audit: Complete ADA Audit to analyze facility needs.</p> <p>3.2.1.4 Capital Renewal: Implement annual Capital Renewal Schedule revision to proactively plan for and maintain higher cost facility and technology items.</p> |
| <p><i>Tactic</i> 3.2.2 IT Security & HIPAA Risk Assessment Actions: Ensure secure information systems that provide for the confidentiality, integrity and accessibility of</p> | <p><i>Action</i> 3.2.2.1 IT Security & Maintenance Assessment: Conduct IT Security & Maintenance Assessment</p> <p>3.2.2.2 Mobile Workforce and Video Conferencing Needs Assessment:</p> |

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| <p>data.</p> | <p>Identify technology needs for a mobile workforce and integrate mobile work into standard business practices by completing a staff survey of needs for remote work and remote clinic improvements, implementing video conferencing capabilities and updating SOPs related to continuity of operations.</p> <p>3.2.2.3 HIPAA SOPs - Clinic: HIPAA RA - Update HIPAA related SOPs - Clinic</p> <p>3.2.2.4 HIPAA SOPs - Operations: HIPAA RA - Update HIPAA related SOPs - Operations 3.2.2.5 HIPAA - Key Inventory: HIPAA RA - Complete comprehensive key inventory & update equipment based on findings 3.2.2.6 HIPAA - Initial Facility Security Plan: HIPAA RA - Complete initial comprehensive facility security plan 3.2.2.7 HIPAA - HIPAA Manual Review and Revision: HIPAA RA - Complete HIPAA Manual Review and Revision 3.2.2.8 HIPAA - HIPAA Risk Assessment: HIPAA RA - Complete HIPAA Risk Assessment 3.2.2.9 HIPAA - Complete Final Facility Security Plan: HIPAA RA - Complete final comprehensive facility security plan 3.2.2.10 HIPAA - Facility-Wide Inventory of All Media: HIPAA RA - Complete Facility-Wide Inventory of All Media 3.2.2.11 HIPAA - Business Continuity Plan: HIPAA RA - Make comprehensive update to Business Continuity Plan</p> |
| <p><i>Tactic</i> 3.2.3 IT Systems: Implement hardware and software that ensures effective data storage, protection, management, analysis and reporting to support CCPHC functions.</p> | <p><i>Action</i> 3.2.3.1 Windows 10 Upgrade: Finish upgrade of Windows 10 operating system.</p> <p>3.2.3.2 Camera System Replacement: Research and install camera system</p> <p>3.2.3.3 Bitlocker Implementation: Bitlocker Implementation 3.2.3.4 Multi-function printer replacement: Multi-function printer replacement 3.2.3.5 Fire Alarm System Replacement: Research and update fire alarm system.</p> <p>3.2.3.6 Conf Rooms 1 & 2 + Lobby AV Updates: Complete updates for conference room 1, conference room 2 & lobby AV equipment.</p> <p>3.2.3.7 Wireless Network Updates: Replace wireless access points.</p> <p>3.2.3.8 HVAC Control System Replacement:</p> |

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| | <p>Research HVAC automated control system to ensure related costs are minimized.</p> <p>3.2.3.9 Cell Phones Upgrades: Upgrade agency cell phones.</p> <p>3.2.3.10 Phone System Replacement: Research and update telephone system replacement.</p> <p>3.2.3.11 Generator Monitoring Device Replacement: Research cost benefit for replacing generator monitoring device.</p> <p>3.2.3.12 Antivirus Protection Evaluation: Research new antivirus options and make necessary modifications.</p> <p>3.2.3.13 Card Access System Replacement: Research and update card access system.</p> |
| <p><i>Goal</i> 3.3 Quality Improvement: Improve CCPHC Programs and Health Outcomes using Performance Management and Quality Improvement Strategies.</p> <p><i>Key Performance Indicators</i></p> <ul style="list-style-type: none"> • At least 80% of CCPHC employees look to provide input on improvement opportunities on an occasional or often basis. • At least 80% of CCPHC employees see data being used to guide decisions in their programs. • At least 90% of CCPHC customers agree that they are completely satisfied with the services they received today. | |
| <p><i>Tactic</i> 3.3.1 Culture: Improve QI culture.</p> | <p><i>Action</i> 3.3.1.1 Systems: Assess and improve the current systems for monitoring CCPHC and program performance measures.</p> <p>3.3.1.2 Awareness/Involvement: Increase the awareness/visibility and involvement of quality improvement projects and performance measures across CCPHC by utilizing the QI Communications Board, STAG Days and other feedback pathways.</p> <p>3.3.1.3 QI Training: Organize internal and external QI training opportunities for staff and make them available on the QI SharePoint site.</p> |
| <p><i>Tactic</i> 3.3.2 Feedback for Improvement: Use customer feedback to drive program improvements.</p> | <p><i>Action</i> 3.3.2.1 Survey: Revise customer service survey reporting to include program activities that are not addressed in the general CCPHC customer service survey.</p> |

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| <p><i>Goal</i> 3.4 External Communications & Marketing: Improve health literacy and encourage healthy lifestyles for the community.</p> <p><i>Key Performance Indicators</i></p> <ul style="list-style-type: none"> • Unique website views increase by 5% each year. • Facebook reach increases by at least 5% annually. • Facebook and Twitter combined engagement increase at least 5% annually. | |
| <p><i>Tactic</i> 3.4.1 Marketing Plan: Improve Marketing and Communications Strategies, in alignment with current research and evidence-based intervention strategies, as appropriate.</p> | <p><i>Action</i> 3.4.1.1 Marketing Plan: Update marketing plan.</p> <p>3.4.1.2 Risk Communications: Update risk communications plan and communication plan.</p> <p>3.4.1.3 Website: Evaluate the need for a website redesign.</p> <p>3.4.1.4 Update Communications Plan</p> |
| <p><i>Tactic</i> 3.4.2 Communications: Targeted communications initiatives, in alignment with current research and evidence-based intervention strategies, as appropriate.</p> | <p><i>Action</i> 3.4.2.1 Opioid Crisis: Complete the communications deliverables of the CDC Opioid Crisis agreement.</p> <p>3.4.2.2 Services Video: Video development of individual services CCPHC provides.</p> <p>3.4.2.3 Client Stories Video: Video development of client stories.</p> <p>3.4.2.4 Social Media/Listening: Implement social listening and social media solutions such as Hootsuite or Sprout Social.</p> <p>3.4.2.5 Sex/STD & Unwanted Pregnancy Prevention: Sex/STD & Unwanted Pregnancy Prevention Education using evidence-based strategies for impacting at-risk populations – e.g. social media, PSA’s, etc.</p> <p>3.4.2.6 Targeted Campaigns: Develop and implement targeted communication campaigns based on identified evidence-based health interventions using data and health literacy strategies.</p> |

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| <p><i>Goal</i> 3.5 PHAB Accreditation: Continue to maintain accreditation.</p> <p><i>Key Performance Indicators</i></p> <ul style="list-style-type: none"> • Update at least 33% of SOPs across the organization annually. • PHAB reports completed for submission by December 31 of each year. | |
| <p><i>Tactic</i> 3.5.1 Annual Reporting: Complete all annual reporting requirements and gain reaccreditation.</p> | <p><i>Action</i> 3.5.1.1 Section I & II Reports: Complete all annual Section I and Section II reporting requirements.</p> <p>3.5.1.2 Workgroups: Form workgroups to complete all re-accreditation requirements and provided appropriate reporting during reaccreditation.</p> |
| <p><i>Tactic</i> 3.5.2 Documentation: Document organization and maintenance.</p> | <p><i>Action</i> 3.5.2.1 Document Organization & Maintenance: Develop a document organization and maintenance process for accreditation documents.</p> <p>3.5.2.2 Tracking System: Update the tracking system for active SOPs.</p> <p>3.5.2.3 Update SOPs: Update all active SOPs to the revised format.</p> <p>3.5.2.4 SOP Maintenance: Revise SOP maintenance strategies by creating a SharePoint Wiki that includes active and archived versions of SOPs.</p> |