jchd Jefferson County Health Department
1541 Annex Road ♦ Jefferson, WI 53549 ♦ 920-674-7275 (Phone) ♦ 920-674-7477 (FAX)
www.jeffersoncountywi.gov

Agenda

Jefferson County Board of Health
1541 Annex Road, Jefferson, WI 53549
Health Department Conference Room
July 17, 2013
1 p.m.

Board Members
Ed Morse, Chair, Dick Schultz, Vice-Chair, Marie Wiesmann, RN, BSN, Secretary
John McKenzie, Don Williams, MD

1. **Call to order**
2. **Roll Call/Establishment of a Quorum**
3. **Certification of Compliance with the Open Meetings Law**
4. **Review of the Agenda**
5. **Public Comment**
6. **Approval of May 8, 2013 Board Meeting Minutes (1-3)**
7. **Communications (4)**
8. **Financial Report**
   a. Income Statement (5-6)
   b. 2014 Budget (handout at meeting)
   c. Vehicle Usage Report (7)
   d. Plan Purchase of Another Vehicle
   e. Enclosing Corral for Conference Room and Student Education Area (8)
9. **Health Department Strategic Plan – Kathy Eisenmann, UW-Extension (handout at meeting)**
10. **Operational Update of the Environmental Health Program**
11. **Public Health Preparedness**
    a. 2013 Exercise
    b. 2013 – 2014 Public Health Preparedness Grant (9-10)
    c. MondoPad Purchase (11)
12. **Public Health Program and Review of Statistics (12)**
    a. Communicable Disease Cases Reported (13-14)
    b. Public Health Improvement Grant
    c. QI Plan and QI Project (15-22)
    d. Project Purge
    e. Project Inform
13. **Personal Care Program and Review of Statistics (23)**
14. **Director's Report**
    a. Included in Packet (24-25
15. **Status of Rock River Free Clinic and Community Dental Clinic**
16. **Next Meeting Date/Time/Agenda Items: September 18, November 20, 2013**
17. **Adjourn**

The Board may discuss and/or take action on any item specifically listed on the agenda.

Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator at 920-674-7101 24 hours prior to the meeting so appropriate arrangements can be made.

Jefferson County Board of Health
Meeting Minutes – Wednesday, May 8, 2013
Jefferson County Health Department Conference Room
1541 Annex Road Jefferson, WI. 53549

Call to Order
E. Morse, Chair, called the meeting to order at 1:01 p.m.

Roll Call/Establishment of a Quorum
Quorum established
Board Members Present: Ed Morse, Chair; Dick Schultz, Vice-Chair; Marie Wiesmann, RN, BSN, Secretary; John McKenzie; Don Williams, M.D.
Staff Present: Gail Scott, Director; Diane Nelson, Public Health Program Manager; Marc Schultz, Environmental Specialist; Sandee Schunk, Clerical/Recorder
Guests Present: John Molinaro, County Board Chair; Kathy Eisenmann, Family Living Agent, UW-Extension Jefferson County

Certification of Compliance with the Open Meetings Law: Meeting was properly noticed.

Review of the Agenda: No changes requested.

Public Comment: None

Approval of March 20, 2013 Board Meeting Minutes
Motion made by D. Schultz to approve the minutes as written; second by J. McKenzie; motion carried.

Communications
a.) G. Scott reviewed an invitation in the meeting packet from the Dodge-Jefferson Healthier Community Partnership, Inc. to attend a *"Community Health Assessment Public Forum"* planned for June 3, 2013 from 10:00 a.m. – 2:00 p.m. at the Windwood of Watertown. Those interested in attending the luncheon meeting must RSVP by May 24, 2013. A completed Community Health Assessment will be presented with open discussion on developing a Community Health Improvement Plan. The assessment identifies the complex health issues facing our citizens and is focused on obesity prevention, mental health, substance abuse prevention and healthy lifestyles.
b.) G. Scott reviewed a memo dated May 7, 2013 from Terri Palm, Jefferson County Human Resources Director, supporting the *Resolution creating one part-time, non-exempt, WIC Dietetic Technician position at the Health Department.* This item will be discussed later under item #12d on the meeting agenda.
c.) J. Molinaro announced that the County Administrator position has been offered to Benjamin Wehmeier. The County Board of Supervisors will be asked to approve the recommendation from the "Administrator Search Committee" at their meeting on May 14th with a July 1, 2013 start date.

Financial Report
a.) Income Statement: G. Scott reviewed the *"Statement of Revenues & Expenditures Report ~ January – March 2013".*
b.) Vehicle Usage Report: G. Scott reviewed the report that compares annual mileage expenses paid to employees vs. fuel costs for the Health Department van and/or County vehicle use. J. Molinaro reported that the Finance Department has requested that departments provide both an Income Statement and Vehicle Usage Report on a regular basis for tracking purposes.
c.) Plan Purchase of another Vehicle: G. Scott reported that the Health Department van is reserved by staff on an online color-coded calendar with the WIC staff and employees with the longest distance to travel getting priority use. Any date the Health Department van is needed but not available is tracked to monitor if the purchase of an additional department vehicle would be cost effective in the future. This would be requested as a budgeted Capital Expenditure. G. Scott is recommending that a small SUV with four wheel drive be purchased.

Health Department Strategic Plan – Kathy Eisenmann, UW-Extension

G. Scott reported that a departmental strategic plan is required for the Infrastructure Grant.

K. Eisenmann presented a "Proposal for Departmental Strategic Planning Process" (handout disbursed) to the committee that will focus on the Health Department internally. The planning process would be held in two workshop settings with 3 or 4 strategic issues to be focused on. A set of strategies will be developed for each issue, with implementation in the next 3 – 4 years. The Board of Health and Health Department management will be setting goals for relationships internally (Jefferson County) and externally (the public being served). Health Department programs and mandates will be assessed to meet any upcoming changes expected within the next 4 – 5 years in areas such as healthy lifestyles and the Affordable Care Act.

J. Molinaro reported that the Health Department is fortunate to have Kathy at the Jefferson County UW-Extension office to assist with this strategic plan instead of paying an outside firm.

K. Eisenmann reported the strategic plan is expected to be completed by mid-June 2013 with an overview/results shared with the Board of Health at their July 17, 2013 meeting.

Motion by D. Williams to proceed with the Strategic Planning process with the assistance of the Jefferson County UW-Extension Office; second by M. Weismann; motion carried.

Operational Update of the Environmental Health Program

M. Schultz reported on the following items:

- Summer weekend events such as Farmers Markets and food stands will require additional inspections.
- Renewals for annual licensure are being sent out to food establishments and vendors.
- Inspections of restaurants and swimming pools are being completed.
- The Wisconsin Legislature adopted the 2009 FDA code that will become effective in September 2013 and all information will be updated and disbursed by the Department of Agriculture and Department of Health Services.

G. Scott reported that M. Schultz is working with new food establishments for permits and licensure. He communicates information and updates to her on a regular basis.

Public Health Preparedness

a.) 2013 Exercise: G. Scott reviewed the handout titled *"Operation Mayhem: Healthcare Emergency Preparedness Exercise"* scheduled on June 7, 2013 at the Alliant Energy Center in Madison. Eight people were chosen to represent Jefferson County from the following: Jefferson County Emergency Management, Jefferson County Health Department, Jefferson County Sheriff's Department, Fort HealthCare, EMS and the Jefferson County Coroner. The exercise will simulate a severe winter weather scenario affecting the southern region of Wisconsin. They will be testing the ability to set up incident command, create an incident action plan and communicate with partners through public messages and internal situational awareness updates.

b.) Stakeholder Meeting and Review of Mass Clinic Plan: G. Scott reported that a meeting was held to meet the requirements that health departments meet with other emergency response and medical partners for reviewing and updating the Mass Clinic Plan. The State is offering a mini-grant to be expended by June 30, 2013 for updating plans, staff training or equipment purchases. Alex Lichtenstein (consultant) will create the mass clinic plan online (and on a thumb drive) to augment the hardcopy manuals that are currently in place.

Public Health Program and Review of Statistics

a.) Communicable Disease Cases Reported: G. Scott reviewed the handout in the meeting packet.

b.) Infrastructure Mini-Grant: G. Scott reviewed the handout in the meeting packet which outlined the grant standards and domains. By September 30, 2013 the Health Department must develop a Quality Improvement Plan addressing weaknesses identified in a department self-assessment and complete at least one Quality Improvement Project identified in the plan.

G. Scott reported that Jefferson County Human Services is making referrals for Prenatal Care Coordination (PNCC), parenting or protective services to a Waukesha County organization. Some of the referrals are mutual clients that are already being followed by, or could be followed by, Jefferson County Health Department staff. A meeting was held with the Waukesha County based organization and Human Services personnel to clarify the referral process.

c.) Flood Response: G. Scott reported the Health Department worked with local municipalities regarding information on the flood. The Fort Atkinson Fire Department went door-to-door to hand out flood information that was printed at the Health Department. It was reported that this was the 3rd highest flood in Jefferson County history. It was also noted that any sandbags used in floodwaters must be discarded correctly as they may be contaminated.

d.) Dietetic Technician Position for Fit Families Grant (WIC): G. Scott explained that this $15,000 grant came up quickly and the request to create a part-time WIC Dietetic Technician position went before the Human Resources committee on the same day it went before the County Board for a vote. The position was declined by the County Board with a vote of 19 – 6. (A total of 20 votes were needed for approval of the position due to it being a budget amendment item.) A County Board member that voted "no" initially can bring it back to the County Board for reconsideration. G. Scott explained that the grant is for recruiting 50 Jefferson County families to receive education on preventing childhood obesity. Dr. D. Williams noted that the Health Department could partner with Heidi from the Fort HealthCare Pediatric clinic for an education/evidence based program to reduce children's television time; increase children's daily exercise and decrease children's intake of sugary drinks. J. Molinaro supported offering education to the County Board members on this grant having an impact on decreasing health care costs in the future by teaching children and their families healthy lifestyles at a young age.

Motion by Dr. D. Williams that the Board of Health strongly supports forwarding the resolution (No. 2013-12) for creating the part-time Dietetic Technician position to work on the WIC Fit Families Grant to the County Board for reconsideration at their meeting scheduled on Tuesday, May 14, 2013; second by D. Schultz; motion carried.

Personal Care Program and Review of Statistics

G. Scott reviewed the handout in the meeting packet and reported that a new Managed Care Organization/MCO (Southwest Family Care Alliance) is coming into Jefferson County. This MCO has been deemed financially solvent by the State of Wisconsin and will be competition for Care Wisconsin. A meeting was held with representatives from the MCO regarding referrals of clients to the Health Department's Personal Care Program.

Director's Report

a.) Included in Packet

b.) 2012 Annual Report: G. Scott reviewed the "draft" of the Annual Report that is included in the meeting packet. The final 2012 Annual Report will be presented by G. Scott to the full County Board at their July 2013 meeting.

Status of Rock River Free Clinic and Community Dental Clinic

Rock River Free Clinic: G. Scott reported the clinic is working on keeping medication costs down; a person was hired on a trial basis to work on assisting patients with enrollment in the medication assistance programs; a fundraising committee will be set up; an increase of volunteers is needed.

Community Dental Clinic: G. Scott reported that a new dentist has started seeing patients; Dr. Turley continues to work 2 days per week; possibly 2 more dentists will be hired this summer.

Next Meeting Date/Time/Agenda Items: July 17; September 18; November 20, 2013

Next meeting will be held on Wednesday, July 17, 2013 at 1:00 p.m. in the Health Department Conference Room.

Adjourn:

D. Schultz motioned to adjourn at 2:15 p.m.; second by Dr. D. Williams; motion carried.

Respectfully submitted,
Sandee Schunk - Recorder

AMENDED

ORDINANCE NO. 2013-10

Amend Board Rules to report absence in advance of committee meetings and to allow Vice Chair to be designated in order to make a meeting quorum

THE COUNTY BOARD OF SUPERVISORS OF JEFFERSON COUNTY DOES HEREBY ORDAIN AS FOLLOWS:

Section 1. Amend Section 3.05(1) of the Board of Supervisors' Rules of Order 2012-2014:

3.05 STANDING COMMITTEES. (1) . . . Committee members who cannot attend a committee meeting shall report their absence in advance as a courtesy to the other members. Such reports shall be made to the committee chair. If the member is unable to notify the chair, the member shall notify the applicable department head. Members reporting their absence in advance of the meeting shall be noted as having done so in the minutes where their absence is recorded. The Chairperson (or either Vice Chair if so designated by the Chair in advance of any particular meeting) shall be an ex officio member of all standing committees, and shall be allowed to vote in order to break a tie, and shall be counted as a member if necessary to create a quorum at the committee's meeting, and shall also be allowed to vote in that case. . . .. [Am. 03/09/04, Ord. 2003-35; 06/08/04, Ord. 2004-10; 12/13/05, Ord. 2005-31; 07/11/06, Ord. 2006-07; 07/10/07, Ord. 2007-16]

Section 2. This ordinance shall be effective after passage and publication as provided by law.

Adopted by the Jefferson County Board of Supervisors this 9th day of July 2013.

s/John Molinaro
John Molinaro, Chair

ATTEST:

s/Barbara A. Frank
Barbara A. Frank, County Clerk

Published this 12th day of July

AYES 26
NOES 2 (Counsell, Zentner)
ABSTAIN 0
ABSENT 2 (Braughler, Buchanan)

NOTE: Section 3.09 of the County Board Rules provides that amendments to the rules shall be made by 2/3 vote. Proposed amendments shall be introduced at one session of the Board and laid over until the next session before action is taken, unless the Board waives laying it over by unanimous vote.

Requested by
Administration & Rules Committee

07-09-13

Philip C. Ristow: 05-28-13; 06-19-13; 06-26-13

Jefferson County Health Department - Statement of Revenues & Expenditures

01/01/2013 - 05/31/2013	YTD Actual	Prorated Budget	Annual Budget	YTD Variance
REVENUE				
Personal Care Medical Assistance	118,242.48	129,737.16	308,898.00	-11,494.68
Personal Care Private Pay	25,580.30	14,481.60	34,480.00	11,098.70
Personal Care - Care WI Private Pay	168,757.63	268,819.32	640,046.00	-100,061.69
Personal Care Human Services	28,253.50	28,476.00	67,800.00	-222.50
Personal Care Other Revenue	0.00	43.26	103.00	-43.26
Personal Care Prior Year Revenue	0.00	0.00	0.00	0.00
Personal Care WIMCR Funding	0.00	37,800.00	90,000.00	-37,800.00
Total Personal Care	**340,833.91**	**479,357.34**	**1,141,327.00**	**-138,523.43**
Total WIC	**127,556.29**	**142,336.74**	**338,897.00**	**-14,780.45**
Public Health Fee for Service	42,850.82	59,751.72	142,266.00	-16,900.90
Public Health Grant Income	74,369.52	51,150.54	121,787.00	23,218.98
Total Public Health	**117,220.34**	**110,902.26**	**264,053.00**	**6,318.08**
Total Income	**585,610.54**	**732,596.34**	**1,744,277.00**	**-146,985.80**
EXPENSE				
Personal Care Salary & Benefits	41,745.61	40,679.10	96,855.00	1,066.51
Personal Care Contracted Services	298,565.70	395,127.60	940,780.00	-96,561.90
Personal Care Operating Expense	5,715.64	43,550.64	103,692.00	-37,835.00
Total Personal Care	**346,026.95**	**479,357.34**	**1,141,327.00**	**-133,330.39**
WIC Salary & Benefits	109,307.04	116,443.74	277,247.00	-7,136.70
WIC Contracted Services	3,383.55	4,410.00	10,500.00	-1,026.45
WIC Operating Expense	14,865.70	21,340.20	50,810.00	-6,474.50
Total WIC	**127,556.29**	**142,193.94**	**338,557.00**	**-14,637.65**
Public Health Salary & Benefits	397,876.57	383,839.68	913,904.00	14,036.89
Public Health Contractual	15,974.02	27,481.86	65,433.00	-11,507.84
Public Health Operating Expense	56,192.98	71,902.74	171,197.00	-15,709.76
Capital Equipment	0.00	0.00	0.00	0.00
Total Public Health	**470,043.57**	**483,224.28**	**1,150,534.00**	**-13,180.71**
Total Expense	**943,626.81**	**1,104,775.56**	**2,630,418.00**	**-161,148.75**

SUMMARY				
Total Income	**585,610.54**	732,596.34	1,744,277.00	-146,985.80
County Funding Tax Levy & Conting. Transfer	378,874.76	378,874.76	**902,082.75**	
Prior Year Applied Funds **	5,017.59		**36,555.00**	
Total Revenue	**969,502.89**	1,111,471.10	2,682,914.75	-141,968.21
Total Expenditures	**943,626.81**	1,104,775.56	2,630,418.00	-161,148.75
Net Surplus (Deficit)	**25,876.07**			19,180.54

6

Year	Public Hlth. 4501 Mileage Pd	Public Hlth. 4501 Fuel Cost	Pers.Care 4301 Mileage Pd	Pers. Care 4301 Fuel Cost	WIC 4406 & Peer Couns. 4456 Mileage Pd	WIC 4406 & Peer Couns. 4456 Fuel Cost	Total Annual Mileage Pd	Total Annual Fuel Cost	Total Annual Travel Exp.	Routine Maint. 535352	Non-Routine Repairs	Total Annual Costs	Van Mileage Logged	Mileage Expense "Saved"	Rate Per Mile
2010	$ 7,065.20	$ 287.57	$ 923.50	$ 61.19	$ 368.00	$ 602.60	$ 8,356.70	$ 951.36	$ 9,308.06	$ -	$ -	**$ 9,308.06**	0	$ -	
*2011	$ 5,953.46	$ 874.65	$ 329.60	$ 502.74	$ 30.93	$ 609.63	$ 6,313.99	$ 1,987.02	$ 8,301.01	$ 86.59	$ -	**$ 8,387.60**	9,478	$ 5,260.29	0.555
2012	$ 6,558.26	$ 507.54	$ 280.34	$ 530.04	$ 474.46	$ 729.30	$ 7,313.06	$ 1,766.88	$ 9,079.94	$ 133.52	$ 889.50	**$ 10,102.96**	10,437	$ 5,792.54	0.555
*2013	**$ 2,540.31**	**$ 221.75**	**$ 183.11**	$ -	**$ -**	**$ 227.34**	**$ 2,723.42**	**$ 449.09**	**$ 3,172.51**	**$ 14.98**	$ -	**$ 3,187.49**	3,709	$ 2,095.59	0.565
2014															
2015															
2016															
Totals:	$ 22,117.23	$ 1,891.51	$ 1,716.55	$ 1,093.97	$ 873.39	$ 2,168.87	$ 24,707.17	$ 5,154.35	$ 29,861.52	$ 235.09	$ 889.50	$ 30,986.11	23624	$ 13,148.41	

*Dept. Van Obtained on 02/15/2011 = $22,105.00

*2013 expenses = as of 05/31/2013

COUNTY OF JEFFERSON, WI

PURCHASE ORDER#

(920) 674-7101
SALES TAX EXEMPT # ES 43233
FEDERAL TAX ID #39-6005705

DATE: July 3, 2013	Bill To same as Deliver To: ☑	
VENDOR: Jaeger Builders LLC 819 Richards Avenue Watertown, WI. 53094 Vendor #37966	**DELIVER TO:** Jefferson County Health Dept. 1541 Annex Road Jefferson, WI. 53549 **CONTACT: Gail M. Scott Director**	**BILL TO:** Jefferson County Health Dept. 1541 Annex Road Jefferson, WI. 53549 **PHONE:** 920-674-7228
PURCHASE OF $1,000 - $5,000 DOCUMENTED VERBAL QUOTATIONS WERE RECEIVED ☑	PURCHASES BETWEEN $5,001 - $25,000 WRITTEN QUOTATIONS WERE SOLICITED: ☐	PURCHASES OVER $25,000 LET THE LOWEST RESPONSIBLE BIDDER: ☐
STATE CONTRACT NUMBER: ☐	V.A.L.U.E. CONTRACT: ☐	OTHER: ☐

PLEASE FURNISH TO US THE FOLLOWING GOODS OR SERVICES ACCORDING TO THE TERMS AND CONDITIONS HEREWITH. VENDOR AGREES NOT TO CHARGE ANY INTEREST ASSESSMENT FOR BILLS PAID BY THE COUNTY WITHIN 60 DAYS OF ACCEPTANCE OF THE GOODS OR SERVICES OR RECEIPT OF A PROPERLY COMPLETED INVOICE, WHICHEVER DATE IS LATER.

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1.00	Materials & Labor for completion of walls/insulation/door for	$4,589.00	$4,589.00
	Conference Room/upper level		$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00

ALL ATTACHED INVOICES MUST HAVE TOTALS APPROVED & VOUCHERS INITIALED BY DEPARTMENT HEAD

VENDOR#	TOTAL AMOUNT: $4,589.00	JOURNAL DATE:	1099 CODE:	CHECK DATE:

AMOUNT	INVOICE DATE	INVOICE#	LEDGER ACCOUNT#	LEDGER DESCRIPTION
$4,589.00			4635.535360.	Maintenance & Repair
				(Preparedness 2012 Carryover Funding)
				Upper Level Conference Rm. Completion
			Department Approval	

REV 03/15/2013

Local Public Health Preparedness Contract Objectives
CDC Cooperative Agreement Year 2: July 1, 2013 – June 30, 2014

Background Information
In March of 2011, CDC developed 15 capabilities to serve as national public health preparedness standards. Wisconsin will identify three of these capabilities to be addressed statewide each year during the five-year Public Health Preparedness Cooperative Agreement. The Wisconsin Public Health Preparedness Program has identified three CDC Capabilities that will be the focus on:

- #1 Community Preparedness
- #5 Fatality Management
- #14 Responder Safety and Health

The identification of these three Capabilities was based on the results of the Local Capabilities Assessment completed by all Local Public Health Agencies (LPHAs)/Tribes during the 2011 year, guidance from the Wisconsin Public Health Preparedness Advisory Committee and Local Coordination Committees, and consensus among the Public Health and Hospital Preparedness Programs.

In addition, the Preparedness Program realizes that agencies address the following Capabilities in their daily, local public health functions and practices as well as routine public health planning and response;

- #8 Medical Countermeasures Dispensing
- #13 Public Health Surveillance and Epidemiologic Investigation

Completion of the Capabilities Planning Guide (CPG) will measure your progress in closing gaps in the Capabilities and serve as the LPHA contract deliverable.

Program Goal and Implementation Activities
All agencies will work to close gaps identified in the **three** Capabilities (1, 5, and 14) by completing the following activities.

Each agency will:

1. Determine their gaps in the Community Preparedness, Fatality Management, and Responder Safety and Health Capabilities
2. Use their Capabilities Assessment results to identify areas of improvement
3. Review the functions, tasks, plans, skills/training, and equipment gaps within the three Capabilities
4. Prioritize which gaps the agency will address
5. Select at least three gaps per Capability to improve during the contract year
6. Determine if the gaps are best filled by creating or revising plans and protocols, trainings, exercising or obtaining needed equipment
7. The agency will create or modify plans, coordinate trainings and exercises, and obtain resources to close identified gaps
8. Complete the online Capabilities Planning Guide provided by DPH

Local Agency Contract Deliverables
During the second year of the CDC Cooperative Agreement all agencies will complete the following contract deliverables:

1. Completion of the Capabilities Planning Guide (CPG) via a Division of Public Health (DPH) provided online tool.
2. Update and submit to DPH the Point of Dispensing (POD) List.
3. Participate in an exercise among appropriate healthcare coalition partners (as defined locally) that is Homeland Security Exercise and Evaluation Program (HSEEP) compliant. Post the After Action Report to the Partner Communication and Alerting (PCA) Portal. After Action Report resulting from a real event may be used in lieu of an exercise.
4. Complete the Performance Measures Surveys online tool developed by the Division of Public Health.
5. Participation in a mid-year discussion with Preparedness Program staff regarding progress to close Capabilities gaps, needs, and sharing of best practices. (WALHDAB or one on one)
6. As feasible, participate in Preparedness meetings, expert panels, health coalitions, and workgroups.
7. Submit a proposed budget by October 1, 2013, and an updated actual budget by February 15th, 2014 and at the end of the year September 30th, 2014 to DPH. (DPH will provide an easy to use spreadsheet).
8. Maintain 3 to 5 emergency contacts via the PCA Portal Alerting (Everbridge*) system.*
9. *Agencies will continue to ensure staff is trained: on the use of Personal Protective* Equipment (PPE), and on the National Incident Management System (NIMS) and Incident Command System (ICS) as needed.

Division of Public Health (DPH) provided Tools/Training/Technical Assistance
DPH will:

- Provide an online CPG Tool for local agencies to complete as their contract deliverable via the PCA Portal.
- Provide an online Performance measure tool.
- Provide a budget template.
- Facilitate and deliver at least the following trainings:
    - Budget reporting
    - PCA Portal Training
    - Alerting Training
    - Webcast Capabilities Training for: Community Preparedness, Fatality Management, and Responder Safety and Health Capabilities
    - Incident Command System (ICS) 300 and 400 Level National Incident Management System (NIMS) Training
    - Webcast Strategic National Stockpile Trainings
- Facilitate a Homeland Security Exercise and Evaluation Program (HSEEP) compliant exercise in each of the five public health regions, based on the Hazard Vulnerability Assessment scenario/results (this will meet exercise requirements).
- Facilitate the sharing of best practices, resources, tools, and templates statewide.
- Work with the Public Health Preparedness Advisory Committee (PHPAC) to develop a multi-year Statewide Training and Exercise Plan.

Reference: Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities: *National Standards for State and Local Planning:*
http://www.cdc.gov/phpr/capabilities/DSLR_capabilities_July.pdf

Camera Corner Connecting Point COMPUTER CENTER
PHOTO - - - AV - - - VOICE - - - DATA
P.O. Box 248 • Green Bay, WI 54305-0248 • (920) 435-5353
www.cccp.com • Fax (920) 438-0389

Quotation

QUOTATION NO: 0436152
DATE: 6/25/2013
EXPIRES: 7/31/2013
CUSTOMER #: 0010150 0385

JEFFERSON, COUNTY OF
402 S CENTER AVE
JEFFERSON, WI 53549

Ship To: JEFFERSON COUNTY HEALTH DEPT
ATTN: AMY FAIRFIELD
1541 ANNEX ROAD
JEFFERSON, WI 53549

(920) 674-7137
AMYF@JEFFERSONCOUNTYWI.GOV

MONDOPAD ON A CART

ITEM NUMBER	DESCRIPTION	QTY.	PRICE	EXTENDED
INF5520A-KIT	INFOCUS MONDOPAD 55IN W/ SOUNDBAR AND TABLE STAND 1920X1080 60HZ MULTI TOUCH SCREEN USB/VGA//S-VIDEO/COMP VIDEO 400 X400 VESA MOUNT 1 YEAR WARRANTY MONDOPAD INCLUDES: USB CAMERA AND MICROPHONE ARRAY, SOUNDBAR, WIRELESS REMOTE, WIRELESS USB KEYBOARD & MOUSE, STYLUS	1.00	6,029.00	6,029.00
/PINSTALL	PROJECT INSTALLATION ASSEMBLY, INSTALLATION AND CONFIGURATION OF MONDOPAD *** DOES NOT INCLUDE CONFIGURATION OF CUSTOMER'S NETWORK TO SUPPORT CALLING OUTSIDE OF CUSTOMER'S NETWORK. FOR BEST PERFORMANCE, FIREWALL TRANSVERSAL EQUIPMENT IS RECOMMENDED ***	1.00	475.00	475.00
/TRAINING	CUSTOMIZED TRAINING TWO HOURS OF TRAINING - FOR EXAMPLE: ONE HOUR WITH IT PERSONNEL, TWO HALF-HOUR SESSIONS WITH USERS, ETC. ADDITIONAL CONFIGURATION OR TRAINING HOURS BILLED AT $95.00 / HOUR	2.00	95.00	190.00
/SHIP	SHIPPING/HANDLING/INSURANCE	1.00	130.00	130.00
PFCUB	CHI PFC MOBILE CART/WHEELS	1.00	649.00	649.00
PAC710	CHIEF ACCESSORY SHELF	1.00	89.00	89.00
	OPTIONAL VIDEOCONFERENCING SOFTWARE THAT DOES NOT REQUIRE AN ANNUAL FEE TO USE			
5150-82725-001	POLYCOM TELEPRESENCE M100 LIC. DESKTOP CONFERENCING APPLICATION	1.00	89.00	89.00
/TMINSTALL	TIME AND MATERIALS INSTALLATION AND CONFIGURATION OF M100 SOFTWARE NETWORK CONFIGURATION OF CUSTOMER'S NETWORK NOT INCLUDED *** ONLY ALLOWS FOR INTERNAL NETWORK CALLS IF FIREWALL TRANSVERSAL EQUIPMENT IS NOT PURCHASED OR EXISTING ON NETWORK. *** OPENING SPECIFIC FIREWALL PORTS AND USING NAT AND PORT FORWARDING CAN ALSO BE UTILIZED TO CALL OUTSIDE THE NETWORK	2.00	95.00	190.00

SIGNATURE/DATE
SIGNATURE ABOVE AUTHORIZES CAMERA CORNER/CONNECTING POINT TO ORDER THE ABOVE EQUIPMENT
SHIPPING AND HANDLING WILL BE CHARGED AT TIME OF INVOICE UNLESS NOTED

PREPARED BY: JEC SALESSUPPORT@CCCP.COM 920-438-0307

NET ORDER:	7,841.00
SALES TAX:	0.00
ORDER TOTAL:	7,841.00

Public Health Program Statistics 2013

Public Health Statistics	2012	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2013
Blood Lead Level Screenings	753	53	46	44	73	51	43							310
Blood Lead Level (≥ 10ug/dL)	8	0	0	1	1	1	1							4
Car Safety Seat Inspections	146	0	9	12	8	8	7							44
Communicable Disease Cases	333	39	18	26	19	16	17							135
County Jail Client Visits	4222	380	350	346	287	318								1681
EH Dept. of Ag Agent Inspections														
EH Dept. of Health Agent Inspections														
Nuisance Complaints														
Fluoride Clients	76	15	5	3	10	4	13							50
Fluoride Varnish Contacts	51	2	3	5	19	5	2							36
Health Education Attendees	521	7	114	191	105	27	41							485
Health Education Sessions	39	0	8	6	6	2	4							26
Hearing / Vision Screening Sch (H-403, V-715)	715	0	0	0	0	0	0							0
Immunizations Given	3851	213	95	129	98	58	73							666
Immunization Clients	2317	162	50	57	45	32	40							386
Mental Health CSP Visits	707	65	60	47	59	47	48							326
Office Clients Blood Pressures	113	14	6	3	5	5	5							38
Office Clients Mental Health Meds	71	6	4	8	9	9	9							45
Office Clients TB Skin Tests	417	39	15	35	18	27	23							157
Paternity Tests	275	25	27	19	30	11	20							132
PHN Well Water Samples	88	8	3	5	7	8	4							35
Pregnancy Tests	96	5	6	8	2	9	10							40
Public Health Contacts	4787	375	269	386	313	293	281							1917
Well Child/HealthCheck Clinic	289	7	10	8	13	14	20							72
WI Well Woman Program Clients	139	8	9	8	12	19	7							63
WIC Monthly Caseload Average	1,555	1516	1471	1463	1483	1476	1447							1476
WIC Breastfeeding Peer Support Visits*	1041	48	41	55	55	41	51							291

*Program started in Aug 2010

Monthly Disease Incident Counts by Resolution Status

Jefferson County, May 2013

Jefferson County

Applied filters: Resolution Status equal to Confirmed, Probable, Suspect, Not A Case **AND** Disease Category Incident Count not equal to 0 **AND** Disease Category equal to Category I, Category II, Environmental, Not Reportable **AND** Received Year-Month equal to 2013-05 **AND** Jurisdiction equal to Jefferson County

		Incident Count				
Resolution Status		Confirmed	Probable	Suspect	Not A Case	Total
Disease Category	Disease Subcategory					
Category I	Pertussis (Whooping Cough)	0	0	1	3	4
Category II	Campylobacteriosis (Campylobacter Infection)	3	0	0	0	3
	Chlamydia Trachomatis Infection	10	0	0	0	10
	Ehrlichiosis / Anaplasmosis	0	1	0	0	1
	Hepatitis C	2	0	0	0	2
	Mycobacterial Disease (Nontuberculous)	2	0	0	0	2
	Toxoplasmosis	0	0	0	1	1
	Varicella (Chickenpox)	0	1	0	1	2
Total		17	2	1	5	25

Data last refreshed on Monday, July 8, 2013 4:19:26 PM CDT. Analysis performed by Diane Nelson, Program Manager, Jefferson County Health Department.

Monthly Disease Incident Counts by Resolution Status

Jefferson County, June 2013

Jefferson County

Applied filters: Resolution Status equal to Confirmed, Probable, Suspect, Not A Case **AND** Disease Category Incident Count not equal to 0 **AND** Disease Category equal to Category I, Category II, Environmental, Not Reportable **AND** Received Year-Month equal to 2013-06 **AND** Jurisdiction equal to Jefferson County

Resolution Status		Incident Count				
		Confirmed	Probable	Suspect	Not A Case	Total
Disease Category	Disease Subcategory					
Category I	Hepatitis A	0	0	0	2	2
	Pertussis (Whooping Cough)	0	0	1	1	2
	Tuberculosis	0	0	1	0	1
Category II	Arboviral Disease	0	0	0	1	1
	Campylobacteriosis (Campylobacter Infection)	3	0	0	0	3
	Chlamydia Trachomatis Infection	7	0	1	0	8
	Giardiasis	1	0	0	0	1
	Hepatitis B	0	0	1	0	1
	Lyme Disease	0	0	1	0	1
	Mycobacterial Disease (Nontuberculous)	2	0	0	0	2
	Salmonellosis	2	0	0	0	2
	Varicella (Chickenpox)	1	0	0	0	1
Not Reportable	Not Reportable	0	0	0	1	1
	Streptococcal Infection, Other Invasive	1	0	0	0	1
Total		17	0	5	5	27

Data last refreshed on Monday, July 8, 2013 4:08:05 PM CDT. Analysis performed by Diane Nelson, Program Manager, Jefferson County Health Department.

Jefferson County Health Department

1541 Annex Road, Jefferson, WI

920-674-7275

Quality Improvement Plan: July 2013 – July 2014

I. Purpose and Scope

The purpose of the quality improvement plan is to establish policies and procedures for quality improvement (QI) activities within Jefferson County Health Department, (JCHD). By participating in ongoing quality improvement efforts, JCHD will focus on promoting optimal public health outcomes. The Quality Improvement Program provides guidelines to systematically evaluate and improve the quality of Jefferson County Health Department programs, processes and services to achieve a high level of efficiency, effectiveness, and customer satisfaction.

The health department's goal is to achieve a culture of continuous quality improvement that will align with the JCHD strategic plan and will become part of the overall performance management system. During 2013, while transitioning QI into the agency, JCHD completed staff training in QI and one QI project at the program level. For 2013 the scope of QI efforts will include a quality improvement project that identifies needed policies for daily operations and revises existing policies using a standard template and identified review process.

Key Quality Terms

Quality Improvement (QI): The establishment of a program or process to manage change and achieve quality improvements in public health policies, programs, or infrastructure based on performance standards, measures, and reports.

P-D-C-A Improvement Cycle: The continuous quality improvement methodology (Plan, Do, Check, Act) to be used for JCHD Quality Improvement projects.

Strategic Plan: A description of the ideal outcomes JCHD aspires to achieve for the community and its residents. The Strategic Plan will prioritize key issues and identify goals and actions to achieve the ideal outcomes.

Performance Management System: A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department; 2) identifying indicators to measure progress toward achieving objectives on a regular basis; 3) identifying responsibility for monitoring progress and reporting; and 4) identifying areas where achieving objectives requires focused quality improvement processes.

II. Structure of QI Program

Jefferson County Health Department Quality Improvement Plan is a written description of QI activities, current projects, recommendations, improvements made and outcome achievements. The QI Plan informs all JCHD staff of the direction, timeline, activities, and importance of quality improvement at the health department. It is a living document revised as needed to reflect current QI projects, accomplishments and changing organizational priorities. The QI Plan ensures projects will align with the JCHD strategic plan. The QI Plan is approved by the Board of Health at least annually.

Staff Responsibilities

The **Director/Health Officer** has overall responsibility for QI Plan implementation. The Health Officer will designate a Quality Improvement Team (QI Team) to guide JCHD staff in QI training, project development, and accessing tools and resources.

Quality Improvement Team (QI Team) membership consists of the Director/Health Officer, PHN Manager and QI Coordinator. Responsibilities include:

- Develop an annual QI Plan, revise on quarterly basis.
- Review QI project proposals that are brought to QI team using the *QI Change Project Form.*
- Prioritize issues referred to the QI Team for review and appoint QI Project Team members to work on the approved *QI Change Project Form.*
- Assure QI Plan includes projects are aligned with the JCHD strategic plan.
- Assure that the quality improvement activities outlined in the QI Plan are being addressed and completed.
- Assure data obtained through QI activities are analyzed, recommendations made, and appropriate follow up of problem resolution is done.
- Provide oversight for all quality data collected throughout JCHD and track trends identified in QI projects.
- Analyze QI Plan and provide an annual summary of QI activities, current projects, recommendations and improvements to the Board of Health and JCHD staff.
- Evaluate QI Plan annually for effectiveness in achieving the goal of maintaining a culture of continuous quality improvement.
- Review QI Plan with all JCHD staff on annual basis. Provide regular communication on quality improvement and how the QI Plan is being implemented at monthly staff meetings.
- Identify educational needs and assure staff education on QI.

Quality Improvement Project Team (QI Project Team) members are appointed by The QI Team for each quality improvement project. Any JCHD staff is eligible to participate as a QI Project Team member. Responsibilities include:

- Design QI project following PDCA model. Identify activities and collect data.
- Provide an update of the QI Project at the monthly JCHD Staff Meeting.
- Analyze results of project, and make recommendations.
- Results of QI project and recommended changes are reported and discussed at quarterly QI Team meetings.

Budget and Resource Allocation

The Director/Health Officer will establish a QI budget and resource allocation for QI training and projects.

III. Process for Identification of QI Efforts

QI projects may be identified in various ways and will be aligned with department goals and identified needs. Sources of information and processes to identify and prioritize QI projects to develop the annual Quality Improvement Plan may include:

- Community Health Improvement Planning (CHIP) data
- Community needs assessment
- PHAB Accreditation self-assessment
- JCHD staff meetings
- QI Team quarterly meetings
- Customer satisfaction survey results
- Results of process mapping of programs and services
- Contract objective deliverables
- Recommendations from After Action Reports/Improvement Plans
- Strategic priorities identified during the strategic planning process
- Recommendations from Board of Health or other policymakers

IV. Planned QI Efforts and Timelines

JCHD received a Public Health Improvement grant to complete the following objective in 2013:

✓ By September 30, 2013, the department will complete a self-assessment identifying strengths and weaknesses related to PHAB standards & measures.

Administrative/Governance	Community Assessment	Investigation	Public Education about Public Health
Community Engagement	Policies & Planning	Enforcement	Access to Services
Workforce	Evaluation & QI	Evidence Bases	

✓ By September 30, 2013, the department will have developed a quality improvement plan addressing weaknesses identified in the self-assessment.

✓ By September 30, 2013, the department will have completed at least one quality improvement project identified in the quality improvement plan.

This CDC Public Health Improvement Grant is for preparation for voluntary accreditation. As part of the grant objectives JCHD will complete a comprehensive Strategic Plan and the PHAB Self-Assessment Workbook. A Quality Improvement Plan was developed addressing weaknesses identified in the self-assessment. The QI Plan includes a proposed QI project to address the identified needed improvement (see section XI. QI Annual Plan).

- ✓ Identify needed written policies for daily operations that are required for PHAB accreditation: QI project initiated in 2012 – projected completion date 2013
- ✓ Review and revise policies using a standard template: QI project initiated 2014 – projected completion date 2015
- ✓ Initiate the Strategic Planning process and develop strategic plan: 2013

V. Goals, Objectives, and Measures

JCHD will begin the strategic planning process in 2013. Once the strategic plan is completed, the QI Plan will be reviewed to assure integration with the strategic planning goals. Identifying performance measures for JCHD and developing a Performance management system will be completed at a future date.

VI. Monitoring Progress and Results

Methodology: The basic QI model to be used at JCHD is ***Plan-Do-Check-Act***. (Refer to Reference section for resources that contain more information on the *Plan-Do-Check-Act* method).

- PLAN what to accomplish over an identified period of time stating what needs to be done. DO the improvement process. Collect and analyze data, implement recommended changes. CHECK the results. Were the results from the change better, worse or neutral? Was the objective achieved. ACT on the information to continue the process. Follow up with documentation.
- A quick fix process may be used for problems that do not need the *Plan-DoCheck-Act* comprehensive approach to problem solving and solution implementation.
- All JCHD staff has responsibility to participate in the JCHD QI Program. Any staff member can propose a QI project. The first step is to submit a *QI Change Project Form* with a proposal for a QI project to the QI Team for review.

Other QI models may be used depending on the situation such as the NIATx model of process improvement.

Forms: *QI Change Project Form* will be utilized for the following:

- Complete form stating a QI project proposal or idea. Describe the Aim of the project (i.e. what are trying to accomplish) and submit to the QI Team for approval.
- QI Project Team will document project updates, QI activities, data collected, project outcomes and recommendations made on the QI Change Project Form.
- Upon completion of the QI project, the final *QI Change Project Form* will be turned in to QI Team.

Documentation:

- The QI Team is responsible for maintaining minutes of QI Team meetings.
- QI project updates are reported at JCHD staff meetings and will be included in the Staff Meeting minutes.
- Records will be maintained for all QI projects in the QI Plan. A log will detail each QI project, the assigned QI Project Team members, and date of project completion, date of project review by the Q-Team and project outcomes.
- Documentation from the Plan-Do-Check-Act (PDCA) cycle for QI projects will include:
  - Aim Statement
  - Changes made
  - Data analysis
  - Measureable results
  - Name of person or team responsible for activities
  - Time frames
  - QI process and tools
  - Progress and results of QI projects will be shared at QI Team quarterly meetings. The QI Team will make recommendations on QI project development and work with staff to take actions to make improvements based on data monitoring and analysis.

VII. Training Plan

JCHD administration was trained in basic quality improvement in 2012 & 2013.

- All staff is required to complete basic level QI training to prepare them to participate on a Quality Improvement Team or assist with QI projects in the agency. It will include education regarding QI methodology (PDCA).
- All staff will receive an annual review of the QI Plan.
- The Public Health Program Manager is responsible for providing basic QI training and an annual QI review.
- QI Team members are required to have intermediate level QI training at a minimum
- Training and technical assistance resources available to staff include:
  - Institute for Wisconsin's Health: http://www.instituteforwihealth.org/
  - Online through NACCHO Public Health Accreditation Preparation and Quality Improvement | NACCHO
  - Online through ASTHO Quality Improvement | State Public Health | ASTHO
  - *Embracing quality in local public health: Michigan's quality improvement guidebook*
  - Public Health Memory Jogger
  - Embracing Quality in Local Public Health: Michigan's Quality Improvement Guide Book – http://accreditation.localhealth.net

VIII. Communication Plan

Leadership and staff are committed to quality and to communicating results of QI efforts internally and externally. Regular communication of QI activities will help reach the goal of QI integration. Reporting on QI activities internally and externally will be achieved by:

- QI project updates from QI Project Team members at monthly JCHD staff meetings
- QI Team quarterly meeting minutes
- QI Coordinator updates at Board of Health meetings
- Annual report

IX. Evaluation of QI Plan and Activities

The QI plan will be revised quarterly by the QI Team to reflect current QI projects, accomplishments and changing priorities. The QI Plan is submitted by the QI Team to the Board of Health for approval at least annually to reflect program enhancements and revisions based on:

- Reviews of the QI process and progress made on achieving goals and objectives
- Results of assessment of customer satisfaction with services and programs
- How QI activities resulted in increased efficiency or effectiveness
- Results of recognition and communication of QI activities

X. Sustainability of QI Activities

To ensure QI efforts and activities are sustained over time. JCHD will:

- Incorporate QI into employee position descriptions.
- Include QI updates as a standing agenda item for JCHD staff meetings and Board of Health meetings
- Integrate QI with other ongoing efforts to improve efficiency and effectiveness of agency services including CHIPP and contract deliverables.
- Identify staff and other resources needed to sustain QI activities during the annual review process.
- Include the QI Plan in a checklist of policies and procedures that require regular review and updating.

JCHD QUALITY IMPROVEMENT ANNUAL PLAN FOR July 2013 – July 2014			
QI Project: Title or Aim Statement (what is to be accomplished)	**QI Project Team Members**	**Timeline: Status**	**Recommendations & Project Outcomes**
By September 30, 2013, after the JCHD Prenatal Care Coordination (PNCC) Policy & Procedure has been updated reflecting the Wisconsin Medicaid Prenatal Care Coordination Services Handbook, program forms have been updated/revised, PNCC Flow Sheet Checklist developed, and staff training conducted on the PNCC revisions, 100% of the PNCC client charts will be in compliance as evidenced by a chart review process.	Director/Health Officer, Public Health Program Manager, QI Team, PNCC Lead Public Health Nurse	Review PNCC Policy & Procedure by August 31, 2013 Train Staff at September 2013 Staff Meeting Chart Audit completed by December 31, 2013	Obtain model Policy & Procedure from another Local Health Department. Review all PNCC materials as compared to MA Handbook. Provide staff training utilizing WI Division of Public Health personnel. Review process utilizing chart audit outcomes.
By December 31, 2014 Identify all needed policies for daily operations. Cross reference and revise policies using standard template. Establish review process.	Director/Health Officer, Public Health Program Manager, QI Team	Complete Domain Assessment by Sept. 30, 2013 Complete by December 31, 2014	Review of PHAB domains that require written P&P and cross reference existing JCHD policies to identify gaps. All Project Team Members: Meet to finalize. Compile list of all existing policies and procedures/protocols and send to all JCHD staff for review. Program Leads: Review policies and procedures/protocol for accuracy and delineate where current policies and procedures are located for their program areas. QI Team to determine next step/QI activity.
By September 30, 2013 JCHD will work with JCHSD to increase Human Services and Public Health cross over and collaboration with Child Welfare cases.	Public Health Program Manager, QI Team	Complete assessment of services provided by JCHD & JCHSD to clients to evaluation mutual referrals.	Use the NIATx model to drive the project. This will be a mutual QI Project with JCHD & JCHDS. The goal is to increase collaboration and mutual referrals and to ultimately increase quality of care to clients.

Public Health Essential Services

- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems

PHAB Domains

- Domain 9: Evaluate and continuously improve health department processes, programs, and interventions.
    - Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.

EFFECTIVE DATE: July 2013

DATE REVIEWED/REVISED:

PREPARED BY: Gail M. Scott, Director/Health Officer, Diane Nelson, Public Health Program Manager

AUTHORIZED BY: Jefferson County Board of Health

RELATED POLICIES: *QI Change Project Form*

Jefferson County Health Department
2013 Personal Care Program Statistics

	2012	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2013
Admissions	56	3	1	3	3	3	2							15
Discharges	60	7	5	8	1	5	4							30
RN Visits	182	11	13	11	14	12								61
St. Coletta Hours	10,818	988	903	919	953	999	948							5,710
St. Coletta Clients	15	15	15	15	16	16	15							15
MA Card Hours	8,410	656	612											1,268
MA Card Clients	9	9	9											9
Elderly Service Hours	2,687	221	193	207	197									818
Elderly Service Clients	30	32	29	28	26									29
Private Pay Hours	2,135	227	219	225	222									893
Private Pay Clients	16	13	13	12	11									12
COP Hours	402	58	62	58	58									236
COP Clients	5	6	7	7	6									7
Care WI Hours	28,716	1,940	1,521	1685	1811									6,957
Care WI Clients	74	66	63	67	72									67
Total Hours	53,168	4,090	3,510	919										8,519

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Director/Health Officer's Monthly Report
Gail M. Scott, RN, BSN
Updated to 07/11/13

May 2013	
Administration	✓ DJHCP Board Meeting ✓ WPHA/WALHDAB Annual Conference ✓ SWFCA Meeting for Personal Care ✓ Met with potential MSN student ✓ Completed MCH Core Competency Assessment for 2013 ✓ Completed MIS budget request ✓ Board of Health ✓ Public Health Nurse Staff Meeting ✓ County Board for Fit Families Grant Position ✓ Department Head Meeting ✓ Developed Annual Report ✓ Jefferson County Interagency Committee Meeting ✓ Preceptor for RN to BSN student ✓ Preparation of WIC Budget with S. Schunk
Preparedness/Emergency Response	✓ Local Emergency Planning Committee Meeting ✓ LTAR completed ✓ Work on grant objectives ✓ SIMCOM Exercise ✓ Operation Mayhem Co-Captain Teleconference ✓ State-wide Workgroup Meeting ✓ Childcare Preparedness Workgroup Meeting ✓ Local Emergency Planning Committee Meeting
Access to Care	✓ Rock River Free Clinic Board Meeting
Community Health Assessment	✓ Review of Community Health Assessment Report ✓ Substance Abuse Coalition Meeting ✓ WFAW Radio Interview for CHA & Healthy Lifestyles ✓ CHA Leadership Team Meeting

Director/Health Officer's Monthly Report
Gail M. Scott, RN, BSN
Updated to 07/11/13

June 2013	
Administration	✓ WALHDAB/Preparedness Meeting ✓ Strategic Plan Planning Meeting ✓ Strategic Plan Development ✓ County Board Meeting – Annual Report ✓ Amended Car Seat Grant for additional $1,000 ✓ Budget Meetings with S. Schunk to monitor 2013 budget and develop 2014 budget ✓ Meeting with Care Wisconsin ✓ MondoPad demo ✓ Aquos Whiteboard demo ✓ Public Health Nurse Staff Meeting ✓ Meetings with RN to BSN Student
Preparedness/Emergency Response	✓ Operation Mayhem Exercise ✓ Operation Mayhem AAR/IP ✓ Day Care Preparedness Meeting
Communicable Disease Control	✓ TB Dispensary Meeting
Personnel Management	✓ Meeting with Marketing Intern
Community Health Assessment	✓ Town Hall Meeting to roll out CHA
Access to Care	✓ Rock River Free Clinic Board Meeting

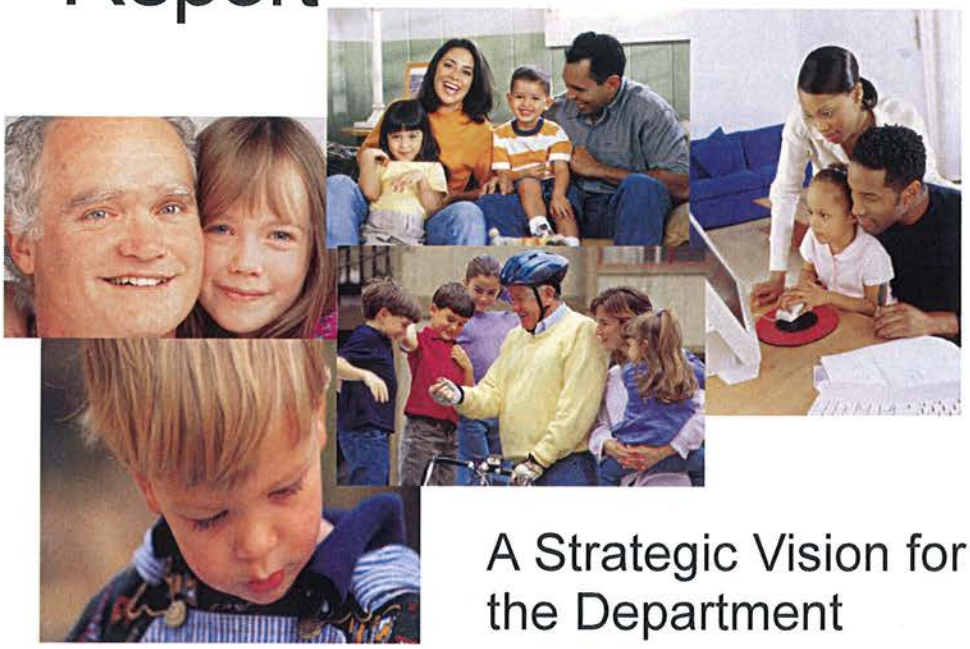
July 2013	
Administration	✓ Board of Health Meeting ✓ Performance Evaluation of D. Nelson ✓ PHN Staff Meeting ✓ Met with Infrastructure Committee regarding remodeling of corral area ✓ Domain Assessment for Accreditation readiness ✓ Development of Strategic Plan ✓ Development of Quality Improvement Plan ✓ 2014 budget preparation with S. Schunk ✓ Child Death Review Team meeting ✓ Booth at County Fair
Preparedness/Emergency Response	✓ Completion of CPG Assessment ✓ Finalizing 2012-2013 grant ✓ Plan for 2013-2014 grant
Communicable Disease Control	✓ West Nile Virus Interview

2014 Health Dept. Programs Business Units	Estimated Revenue 2013	Estimated Expenses 2013	Requested Revenue 2014	Requested Expenses 2014	2014 Requested Budget
4301 - Personal Care	$ 852,047.00	$ 837,010.00	$ 854,620.00	$ 842,481.00	$ 12,139.00
4406 - WIC Grant	$ 315,340.00	$ 315,340.00	$ 322,840.00	$ 322,840.00	$ -
4456 - WIC Peer Counselors	$ 13,675.00	$ 13,675.00	$ 13,675.00	$ 13,675.00	$ -
4501 - Public Health	$ 73,702.00	$ 766,568.00	$ 70,402.00	$ 852,548.00	$ (782,146.00)
4507 - MCH Consol. Ctrct.	$ 24,699.00	$ 159,130.00	$ 24,699.00	$ 157,957.00	$ (133,258.00)
4514 - Lead Consol. Ctrct.	$ 6,621.00	$ 9,266.00	$ 6,621.00	$ 11,653.00	$ (5,032.00)
4515 - Immuniz. Consol. Ctrct.	$ 14,764.00	$ 35,863.00	$ 14,764.00	$ 27,599.00	$ (12,835.00)
4519 - WWWP Consol. Ctrct.	$ 22,405.00	$ 29,181.00	$ 22,405.00	$ 31,289.00	$ (8,884.00)
4502 - TB Dispensary	$ 500.00	$ 100.00	$ 500.00	$ 100.00	$ 400.00
4503 - Headstart Nursing	$ 4,032.00	$ 4,032.00	$ 4,307.00	$ 4,307.00	$ -
4521 - Environmental Health	$ -	$ 35,000.00	$ -	$ 35,000.00	$ (35,000.00)
4524 - Mental Heatlh Nursing	$ 17,169.00	$ 17,169.00	$ 17,205.00	$ 17,205.00	$ -
4528 - Free Clinic Services	$ 42,714.00	$ 42,714.00	$ 46,132.00	$ 46,132.00	$ -
4632 - Public Health Preparedness**	$ 58,502.00	$ 72,642.00	$ 54,660.00	$ 54,660.00	$ -
4633 - Public Health Infrastructure & QI	$ 5,000.00	$ 5,000.00	$ -	$ -	$ -
4635 - Public Health Preparedness**		$ 18,875.00	$ -	$ -	$ -
4639 - Adult Immunization Coalition**	$ 6,620.00	$ 10,018.00			
Totals:	$ 1,457,790.00	$ 2,371,583.00	$ 1,452,830.00	$ 2,417,446.00	$ (964,616.00)
2013 Approved Tax Levy:	$ 897,624.00				
**2012 Carryover funds into 2013:	$ 36,556.00				
**"Estimated" Surplus 2013:	$ 20,387.00				

2014 Tax Levy Goal: $965,108
2014 Tax Levy Goal minus 1%: $955,368
2014 Tax Levy Requested: $964,616

Jefferson County Public Health Department

Strategic Plan Proceedings Report



A Strategic Vision for the Future of the Department

Process Designed, Facilitated and Report Written By:
Kathleen A. Eisenmann
Associate Professor
Family Living Agent
University of Wisconsin-Extension, Jefferson County
June 2013

jchd

UW Extension

Planning Team Participants

Gail Scott, Director/Health Officer

Jackie Behm

Sarah Born

Kathy Cheek

Amy Fairfield

Shirley Gehrke

Serena Jahnke-Berg

Diane Lenz

Sarah Luebke

Diane Nelson

Sandee Schunk

Mary Stearns

Tania Wenzel

Mary Wollet

Message from the Director/Health Officer

Jefferson County Health Department strives to provide high quality Public Health services to advance the quality of life for everyone residing in Jefferson County.

Health Department management and staff met with Kathy Eisenmann of UW-Extension to develop a Strategic Plan to assist in a shared vision for the future of the Health Department programs and services.

This team of dedicated Health Department employees set out to identify a shared mission, vision, goals and objectives, while exhibiting a passion for Public Health and a quest to enhance the future direction of the Health Department.

The resulting Strategic Plan will provide a roadmap for the Board of Health and staff in evaluating current services and in steering the Health Department in the right direction to provide evidence-based, current and cost effective services.

The Health Department team agreed that a plan must be developed to meet the challenges and opportunities head on and with the knowledge and skills to be successful.

During the strategic planning process it was noted that the team had much consensus on core values that drive the services and the manner in which they are provided. They included dedication, compassion, integrity, flexibility and being non-judgmental. It was agreed by all that achieving excellence as a Health Department was a major goal.

Another important aspect of the plan was to solidify policies and procedures that drive Public Health practice, increase internal and external communication and to be an important asset to the community.

The Health Department will be working towards accreditation in order to assure high quality services are the foundation of our work.

We look forward to working with the community on the road to better health!

Gail Scott, RN, BSN

Director/Health Officer

Jefferson County Health Department

Introduction

The strategic visioning process began with two plan for the plan meetings between Kathleen Eisenmann, UW-Extension, Jefferson County; members of the health department management team, Gail Scott, public health officer, and Diane Nelson, department manager. The purpose of the meeting was two-fold:

- provide a planning process overview, plan for the plan and create a draft timeline
- identify and develop the planning team

An executive committee of Ms. Eisenmann, Ms. Scott, and Ms. Nelson was established to guide the planning process. The department staff were selected to form the planning team.

The planning process took place over two sessions. The bulk of the work was done at a six hour session on June 5, 2013. A follow-up planning session was held on June 12, 2013 to identify and prioritize strategic issues and engage in a strategy development exercise. Ms. Eisenmann facilitated the planning process using a research-based comprehensive framework.

This proceedings report was approved by the Jefferson County Board of Health at a subsequent meeting. The proceedings of the plan process are included in this report along with the plan itself.

Individual Beliefs, Values and Guiding Principles

The participants began the process by identifying their individual beliefs, values and guiding principles about the public health work they do and how they implement those beliefs, values and principles in their work. This disclosure helps the group establish a shared understanding and consensus about what underlies the work they do and how they demonstrate those values, principles and beliefs in their work. In addition, disclosure builds a foundation for planning because it's important that the plan developed reflect the values and beliefs of those involved.

Beliefs, Values, Guiding Principles	Put into practice by:
All people created equal (3)	Staying patient with people; interacting with
Nonjudgmental (3)	Treating people with respect, dignity, and un-
Value prevention – driving force (2)	Educating somebody is key to prevent it be-
Spiritual – dignity and respect for the individu-	Giving good customer service come what may
Helping people realize that they are responsi-	Educating people on how to do that
Every day touch someone's life (2)	The smallest gesture can make a difference
Teamwork (2)	Everyone demonstrates that
Public value	Resource and referral
Know my limitations	Seeking out accurate information; very hon-
Focus on the greater good	Immunizations
Treating people holistically	Looking at the whole person
Because I'm a good person	
Quality health care and cost-effective	Prioritizing efforts
Be an encourager	Bright spot in their day; makes a difference
Fairness in cultural and individual differences	Advocating for them

Mandates

Mandates are formal and informal rules that govern the organization. Formal rules may include but are not limited to bylaws, written policies/procedures, standards, and contracts or other agreements. Informal rules include organizational or community norms and expectations about how the organization will conduct its business and have relationships with its key stakeholders. Informal mandates are organizational norms, expectations, or other types of "unwritten rules" that key people both within the organization and outside the organization expect from it.

Understanding and clarifying organizational mandates is helpful in a strategic thinking process because these mandates are key components of the organization's purpose or mission. Clarity about what is mandated will increase the likelihood that the mandates will be met. Research on goal setting indicates that one of the most important determinants of goal achievement is the clarity of the goals themselves. (Bryson, 2004, *citing* Locke, Shaw, Saari, and Latham 1981; Mazmanian and Sabatier, 1983; Boal and Bryson 1987b). Understanding the organizational mandates and what is required also assists the organization in creating a mission that is not limited to just those mandates. The process helps the organization look beyond what is required to what its potential purposes could be - based on what is not forbidden (Bryson, 2004).

Formal Mandates

Food Codes
State Statutes
Jail Standards
County Ordinances
Operation Manuals
Grant Requirements
Professional Licensing

Organizational Policies and Procedures
Standing Orders
Medicaid Guidelines
Individual Orders
Program Requirements
School Nursing Regulations
Continuing Education

Certifications
Vaccinated
Administrative Rules
HiPPA
OSHA Regulations

Informal Mandates

Program Models
Security Regulations
Importance of Confidentiality in Small Communities
Lead Roles – Staff

Ground Rules within the Department
No Gossip
Have autonomy, yet part of a team
Good Communication

Stakeholder Analysis

Participants identified those individuals or groups that either affect or are affected by the Health Department's initiatives. Identification of key stakeholders is an important first step of the process because it is these key individuals and organizations that will most influence the department as it works toward its vision of the future. Stakeholders are first grouped into two major categories—those internal to the organization and those who are external to the organization.

External Stakeholders

DNR
Parents, families, kids
Other county programs
Jail and contracted agency
Interpreters
Churches
Senior Center
Pharmaceutical companies and vendors
Head Start
Veterans
HMOs
Funeral homes
Charitable organizations
DHS
Health care providers
Governor
State Legislature
CDC

County Board
Board of Health
County Administrator
Clients
Federal Government
USDA
HHS
EPA
Homeland Security
Media
Free clinics
Workforce Development
WIC – State and Federal
Program auditors
Consumer Product Commission
FDA
State Labe Hygiene

Data vendors
Staffing agencies
Family care
Care Wisconsin
Licensed facilities – regulated organizations
DOT – State and federal
DATCP
DOJ
Sheriff and Captain
County departments
Other health departments
Hospitals
School of Nursing
Schools
EMS
Police
Fire

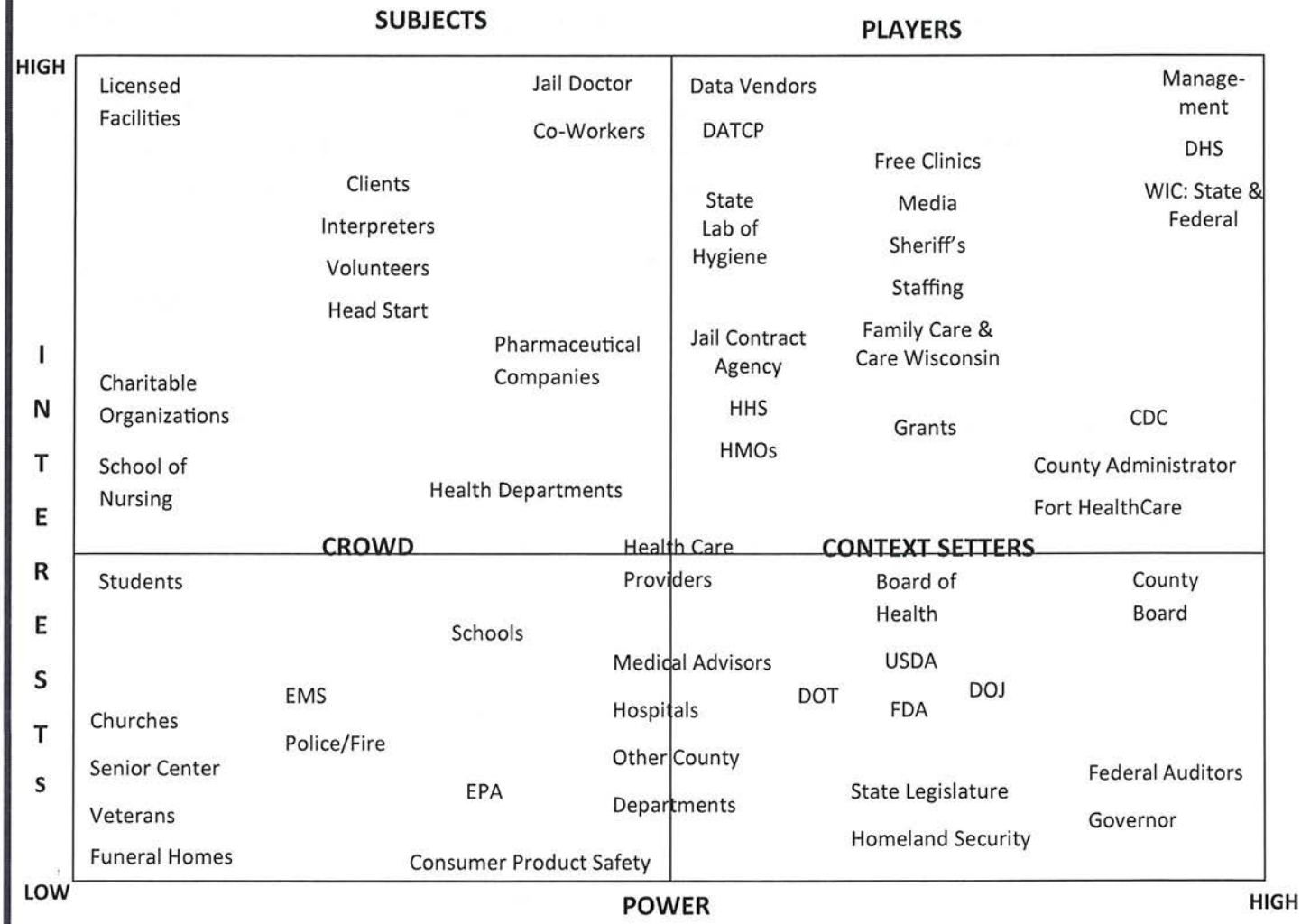
Stakeholder Analysis (cont'd)

Internal Stakeholders

Co-workers	Jail staff	Medical advisor
Students	EAP	Interpreters
Board of Health	Management	Jail doctor
Other departments	Volunteers	

Stakeholder Analysis

Further analysis of these key stakeholders was done to determine their influence on the organization. The planning group identified a number of stakeholder groups who could be comprised of members holding various levels of interest in the Department's mission or power to influence the Department in achievement of its mission. Those groups are repeated in the grid below.



Research on organizational development shows the most effective organizations allocate their time between their stakeholders, spending most of their time with the players (those who have most interest and power), less time with the context setters and subjects (those that either have high interest or high degrees of power) and a minimal amount of time with the crowd (those that have low interest or power). This allocation of time increases organizational effectiveness because the majority of time is spent with stakeholders who must be taken into consideration in order to address the organization's purpose or strategic issues. (Bryson, 2004). Satisfying these key stakeholders will be important to the formulation of strategic issues later in the process.

Mission/Purpose Statement

Visionary or strategic planning is ultimately about purpose, meaning, value and virtue. It is philosophical at its base. (Bryson, 2004) Achieving clarity and common understanding about the organization's purpose, meaning, value and virtue is a key precursor to developing a meaningful vision/ mission statement and identifying strategic issues. This clarity and common understanding provide an influence into organizational identity, a connection to the outside world, define an organization's relationship to its key stakeholders, provide a basis for identification of strategic issues that are in line with core values and philosophy, and articulate a social justification for the organization as a public institution.

The planning team was asked to review its current mission statement, and in the course of reviewing its mission, respond to a series of six questions in order to assist them in developing a common understanding and clarity as to the purpose, meaning, value and virtue of the Department as a public agency. The health board had charged the planning team with crafting a vision for the Department's future. The first step to creating that vision is to understand the organization's present purpose. In the course of that discussion, the planning team considered what the purpose said about the organization and what was unique about the Department Those characteristics are below:

What Social Needs/Community Interests does the Health Department exist to serve?

Basic Social Needs

- Substance abuse
- Health care access
- Transitional care both in program and after program
- Control of communicable disease
- Immunization – ACA change: educating professionals
- Healthy Lifestyle – community education; community-based and countywide
- Public safety and environmental health
- Public health preparedness
- Community leadership
- Food management techniques and skills
- Support MCH and encourage good parenting practices through program
- PNCC Program
- Well Women Program – screenings
- Resource and referral – information; use social media

How Should the Department Respond to those Basic Needs?

Surveillance equals public health

Education on treatment and reasons for substance abuse

Community assessments – on-going to be effective; evolving

Discharge plans with programs, especially jail

Free clinics

Get more input from clients. Are we doing the right things and meeting their needs?

Partner with other programs/services – care plans; advocacy

Access to care

Cultural competence

Health literacy

Good relationship with County Committee and Board

Recognize environment is changing and how we respond needs to change; flexibility; adaptation

**educating professionals on protocols and practices to address communicable diseases

*Multiplier effect on training; unified message to public

Understand policy development affects clients and community – advocacy; political effect; educate students

Close relationships with partners, especially public health preparedness

Mental Health Program

Head Start

What is the role of the Department in responding to these needs and how is that role different from other health care providers?

Role	Different?
**Huge generalists in very specific ways	Others aren't
Have ability to go to the source in a big way; whole clin-	Others don't
**Community focus; broad, wide roles – deep; value-	Big picture is seen as opposed to individual
Prevention focus	Others treat illnesses
Environment on a community level	
Follow up with clients (multiple contacts)	Single appointment
Mentor/Coach to improve behavior	
Have a leadership role	Others don't
Bring in programs and services – grants	Collaborative catalyst when others aren't
Scientific (learn from it, too); evidence-based practices	Prevention-oriented
Confidentiality	Other programs don't have it
Statutory authority	Given by statute
Marshall resources	

*** Denotes attributes that are particularly strong or significant**

What are the Health Department's core values & philosophy?

Core Values and Philosophy

- Provide the best customer service that we can
- Strength-based approaches and focus
- Every client is unique
- Stay positive

How should the Department respond to its key stakeholders?

- ***Become more visible (PNCC example, County Board)
- *Collaborating with key community partners
- Coalition leadership
- *Educating partners
- *Go to people
- Evaluate program quality & client satisfaction
- More information out to partners & community

*** Denotes attributes that are particularly strong or significant**

What is Unique about the Health Department?

Educate other health care professionals

Public Health Nurses and the rest of the staff know their stuff; good communication

Connections; resources, familiarity with clients

*Innovative program development

Staffing/Low turnover/High-quality staff

Collaboration with Watertown

Personal interaction with clients when they contact the department; one-on-one interaction

Open door policy with management

Credible source of information

Resource and referral role

Student interns of all kinds

Instill passion for Public Health

Value everybody

Programs have sound public health principles

Free clinics – health and dental

Contact with everyone who has a baby regardless of status; equality

Car Seat Program

**Jail program - partnership is close; link

Autonomy; self-directed/Willing to go the extra mile

Emergency response

Staff ideas are encouraged

Fiscally responsible and cost-effective

Physical location to other programs/ services

*Relationships with nontraditional community partners

Cross-trained to a high degree

Range of experience and expertise

Control of communicable disease

Use social media

Mental health program

*** Denotes attributes that are particularly strong or significant**

Vision of the Future & Mission Statements

Eisenmann assisted the planning team in developing the new vision and mission by outlining the basic challenges to achieving a vision for the future; detailing the components of a mission statement; and providing the team with an understanding of the eight sequential and critical steps to effective change as determined by organizational development research (Kotter, 1996).

Challenges to Achieving an Organizational Vision

- Describing the vision in clear, understandable way
- How do you get from where you are now to where you want to be?

Mission Components

Purpose

Core function

Reason for being; "the work"

Unique service; skill; ability

Intentions toward clientele

Eight Steps to Major Change

1. Establish a sense of urgency
2. Create guiding coalition
3. Develop vision and strategy
4. Widely communicate the change vision
5. Empower broad-based action
6. Generate short-term wins
7. Consolidate gains and produce more change
8. Anchor new approaches into the organization's culture

Mission Statement

CURRENT MISSION*

The planning committee reviewed the current mission statement in light of the discussion and had these reflections on its responsiveness to the organization's intended purpose. This statement should be reviewed and possibly revised by the entire Department.

- ► Not catchy; not memorable
- ► Need to update mission statement
- ► Not sure how "unique" current statement is
  - How does it stand out?
  - Reads like a "canned statement"

*Please see the Appendix at the end of this report for the current mission statement.

SWOT Analysis

Assessing the internal and external environments in which the organization operates is the next crucial step in the planning process. This and the other initial steps in the process are really a comprehensive look at the organization as a whole in relationship to the environment in which it operates. Public institutions must understand their internal and external environments in order to respond effectively to changes in those environments and to develop strategies to effectively link those environments in the process of meeting the organization's purpose and achieving its vision. (Bryson 2004) Internal and external environmental scans are performed as follows.

This step of the process analyzes the internal environment (departmental strengths and weaknesses) in relationship to its external environment (opportunities and threats). This analysis is important because it assists the Department in building on available strengths and opportunities and minimizing potential weaknesses or threats to its future success. It is a key step in laying the ground work for identification of strategic issues. The planning team developed the following set of strengths and weaknesses.

STRENGTHS

Technology

Very Strong Individual ee's – committed

Strong relationship and knowledge of other departments and community organizations

Well-educated and expert staff – recognized externally

Family-focused work environment – flexible

Care about clients

Program collaborations – local and regional; intercounty

Strong support by county Board

Respected by sheriff and jail staff

Good reputation in community and at State level

Support each other

Good at going with changes

Staff has a good understanding of public health

SWOT Analysis

WEAKNESSES

- Depends on what it is
- Communication – both internal and external
- Visibility – both in County and communities
- Budget restrictions – money; time; continuing education
- Limited outreach
- Lack of referrals (from other agencies) and program utilization
- Lack of community knowledge and confusion
- Stigma
- Lack of support for additional education attainment and professional development
- Lack of consensus of how to operationalize the mission – lack of input at State and Federal level policymaking
- Lack of consensus on vision
- Lack of leadership from State on future direction

The planning committee switched views and considered the Department's external environment by assessing its opportunities and threats.

OPPORTUNITIES

- Better collaboration with Head Start – more effective and efficient
- Additional collaborations with other community resources – referrals
- Stronger collaboration with WIC
- More program knowledge across the department
- Increased understanding of what we do by outside partnerships
- ACA
- Community Health Assessment and Improvement Plan
- Technology resources – computers; social media; electronic documentation
- Accreditation – possibly tied
- Quality Improvement Plan and Assessment

SWOT Analysis

THREATS

- ACA – communication on how can be involved
- Accreditation – money; time and extensive process
- Contracted agencies – partnerships
- Emergencies prevent focus on vision
- Politics – passing laws not based on evidence or science; food share; Medicaid; raw milk
- Most programs are those that private sector wouldn't do
- Act 10 – hiring; recruiting; retention; morale
- Staffing level issue
- Grant funds
- Chasing money – hard to focus on vision
- More competition by grantees
- Sustainability based on retirements
- Replacing employees with new employees - demographics
- Program and institutional knowledge lowered by vacancies

By assessing its environment, the Department positioned itself to identify where it could build on existing strengths and opportunities, minimize potential threats, and build the capability to compensate for its weaknesses.

Build Strengths/Capitalize on Opportunities

- Strengthen partnerships
- Rethink our outreach
- evaluate programs – internal; external – client
- Expand self-promotion
- Increased communication and understanding/ networking
- Shared mission
- Vision
- Updating programs

Minimize Threats and Weaknesses

- Systems/ecological model versus individual impact – How do we achieve balance?
- How do we adapt to cultural changes or client attributes?
- Public policy education
- Cross training
- Marketing/public relations
- Monthly newsletter

Vision Sketch of the Future

The planning team considered its mission, mandates, key stakeholders and environmental analysis in a lengthy discussion of a vision for the future. The consensus of the planning team was to adopt the following sketch for the vision of the Department's future:

Mission:

- ◊ Professional development for ourselves
- ◊ Community needs driven
- ◊ Connection; education; prevention and strive to be a positive force
- ◊ Role of department
- ◊ Engage community
- ◊ Education
- ◊ Leaders in healthy lifestyle
- ◊ Focused on prevention
- ◊ Continually adapting as needs arise

People:

- ◊ Consistent partnerships
- ◊ Another staff person – health education
- ◊ Family-sustaining wages for clients with benefits, including insurance
- ◊ More community health education – target groups that serve
- ◊ More diversity in type, status of clientele and families – insured
- ◊ Diverse staff

Services:

- ◊ Money
- ◊ Technology
- ◊ Free health
- ◊ 24-hour jail nursing with own doctor
- ◊ Evidence-based; needs drive services
- ◊ More partnerships – more referrals
- ◊ Representing all community members

VISION SKETCH OF THE FUTURE

Structure:

- ◊ Accredited department
- ◊ Self-contained department
- ◊ Easier access
- ◊ Community members are at the top of the hierarchy
- ◊ One professional association
- ◊ Respected for expertise at local and state level

Processes:

- ◊ *Face-to-face interactions
- ◊ Better communication
- ◊ Improved partnership processes
- ◊ Streamline technology use to improve efficiency and effectiveness

Culture:

- ◊ Supportive political support
- ◊ All people in community have health care access
- ◊ Accepting of all
- ◊ Continued and improved accessibility
- ◊ Keeping one step ahead of changes
- ◊ Better communication
- ◊ Cross-training
- ◊ More flexible work hours

Vision Sketch (cont'd)

Resources:

◊ Increased understanding of program needs

◊ Increase money available to rural communities – competitive edge

◊ Better partnerships for client resources

◊ More community partners

◊ State program resources

◊ Easier grants

◊ More generalized public health funding– base support

External Support:

◊ Supportive political environment

◊ Informed decision-making

◊ More privacy

◊ *Easy access to physical location – transportation

◊ Effective signage

Vision Gaps

The planning team examined their Vision Sketch for gaps between where they are now as a department and their vision for the future. The team identified the following gaps:

***Resource allocation among programs

Resources - knowledge

Awareness of programs and availability

Time

Stay one step ahead

Internal communications processes need improvement

Marketing person

To connect with providers

Communication

Internal and external partners

Money

The "how" of what you do

Monetary support for new tech and ability to use it.

lynda.com

Clear guidelines on where we are head – mission

Connect internally to improve understanding of programs

Be more involved

Training and education on public health preparedness – capabilities assessment

More efficiency in use of staff time as it relates to program/services

Reconfigure and be open to change

How do we communicate via e-mail

Balancing availability to clients with effective use of time

Strategic Issues

Strategic issues are fundamental policy or change challenges that affect an organization. Each participant identified their top issues based on their interpretation of alignment with key stakeholders, adherence to formal/informal mandates, vision of the future, and environmental analysis. The planning team then discussed their respective top issues, and used a decision matrix to select from among five their priorities.

A decision matrix is a consensus building tool which allows groups to rate or prioritize various issues according to objective criteria along a five point scale rather than rely on subjective means. The criteria the planning team used to evaluate the possible issue priorities were as follows:

- ◊ Extent to which the issue moves the organization towards its vision?
- ◊ Extent to which there is support for acting on the issue by those most critical to achiev ing the vision?
- ◊ Extent to which the organization has the resources and leadership to address the is sue?
- ◊ Extent to which not addressing the issue could have significant consequences?
- ◊ Extent to which it is critical to address the issue?

The planning committee prioritized the following issues:

- ▶ **Lack of Direction/Leadership**
- ▶ **Communication – Internal is current focus, then external**
- ▶ Cross-training and team work
- ▶ Efficiency/Value/Cost-Effectiveness of programs and services
- ▶ Stay connected to clients/individuals/stakeholders

Those issues denoted in bold font were rated at the highest priority. The remaining issues all rated equally important.

STRATEGY DEVELOPMENT

Strategic Issue:

How do we develop more effective communication internally and externally in order to achieve our vision of success?

Desired Outcomes:

- □ Respectful ground rules
- □ Stronger partnerships
- □ An increase in being understood – internally and externally
- □ A positive atmosphere in workplace – happier employees
- □ Increased reliability of information received and sent out
- □ Respectful communication
- □ Increased efficiency
- □ Being able to listen and be empathetic
- □ A healthier environment
- □ Everyone has a chance for input

Strategy	Barrier
◊ Determining what kind of information to share	◊ Leadership and direction
	◊ Lack of knowledge
◊ Creating ground rules for meetings	◊ Time and opportunity
◊ Meaningful agendas (drafts; feedback)	◊ Negativity/attitudes
◊ Develop reliable processes (tech)	◊ Stay on topic with the agenda
◊ Setting deadlines on responses	◊ Change in practice to include everyone
◊ Include all staff	◊ Failure and lack of persistence
◊ Routine updates	

STRATEGY DEVELOPMENT

Strategy Alternative Most Likely to Succeed:

Developing Reliable Internal Communication Processes

Action Steps	Responsibility
◊ Ground rules	◊ Group
◊ Meaningful agendas and minutes	◊ Person running the meeting
◊ Take personal responsibility as part of a team	Team
◊ Setting deadlines – e-mails	◊ Person sending the agenda

Resources Needed	Signs of Success
◊ Staff Participation	◊ Clearer expectations— prioritized
◊ Skills	◊ Staff survey/feedback
◊ Training	◊ Improved environment
◊ Time– personal resources; professional Development	◊ Meet my deadlines
◊ Consensus on rules	◊ More positive attitudes
	◊ Clear consensus on what to do; clear direction
	◊ Capture strengths of individuals & people— appreciate strengths
	◊ People are recognized and rewarded; good News sharing

Conclusion

The Department will take this plan and further develop strategies, proposals and action steps to address each of the issues using a research-based framework. The Board on Health and Department have committed to the implementation of this plan and will be reviewing its progress on a regular basis over the course of the next three years.

Adaptation of Research

The methods and processes used to develop this strategic plan were based on the following research:

Bryson, John M. (2004). Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement (3rd. ed.) San Francisco, CA: Jossey-Bass, Inc.

Kotter, John P. (1996) Leading Change Boston, Mass: Harvard University Press.

Nadler, G. & Chandon, W.J. (2004). Smart Questions: Learn to Ask the Right Questions for Powerful Results San Francisco, CA: Jossey-Bass, Inc.

Winer, Michael and Ray, Karen. (1996). Collaboration Handbook: Creating, Sustaining and Enjoying the Journey Saint Paul, MN: Amherst H. Wilder Foundation.

Appendix

Health Department Mission Statement

The mission of Jefferson County Health Department is to protect and promote health for all citizens of Jefferson County through the primary prevention of disease, disability and death.

The mission is accomplished by:

- ★ Providing community leadership and active membership in partnerships
- ★ *Supporting the primary Public Health functions - assessment, policy development and assurance*
- ★ Creating policies and plans that support individual and community health efforts
- ★ *Preventing morbidity and mortality from communicable and chronic diseases*
- ★ Providing educational opportunities for students
- ★ *Enforcing and complying with local, state and federal laws*
- ★ Promoting and ensuring healthy environments
- ★ *Assuring Public Health preparedness and emergency response*
- ★ Educating the public about healthy lifestyles
- ★ *Providing direct services to identified populations*
- ★ Linking people to needed health services and available resources
- ★ *Compiling and analyzing data to monitor the health status of the community*
- ★ Collaborating with hospitals and community organizations to produce a Community Health Assessment and a Community Health Improvement Plan
- ★ *Maintaining an experienced and competent workforce of health professionals*