



**Public Health**  
Prevent. Promote. Protect.

**Wicomico County  
Health Department**

# **Wicomico County Health Department Strategic Plan 2017-2022**

Updated July 2017



**EXECUTIVE SUMMARY**

The Wicomico County Health Department began updating its Strategic Plan in January 2017 in response to the Local Health Improvement Coalition (LHIC) having identified chronic disease and behavioral health as its priority areas. The LHIC is led by the Health Officer of Wicomico County and provides a forum for nonprofit hospitals, community based organizations and other stakeholders to analyze and prioritize community health needs.

In a rapidly changing world, health departments need to keep pace by continually assessing their processes in order to adapt to emerging issues and unanticipated changes in priorities. This plan, used in association with continuous quality improvement, will guide the work of the Department, ensuring effectiveness and efficiency. Improvement will be monitored by the Performance Management Plan through the examination of data, business processes, and review of employee satisfaction. As we implement many new goals, objectives, and strategies, we will continue to work with our stakeholders, coalitions, and partners already identified, as well as new ones, to achieve our vision: ***Healthy people in healthy communities.***

Sincerely,

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08/14/2017 08:09:03 am

Lori Brewster, MS, APRN/BC, LCADC

## **STRATEGIC PLANNING TEAM**

Lisa Anderson, Community Health Services Director

Lori Brewster, Health Officer

James Cockey, MD, Deputy Health Officer

Dennis DiCintio, Deputy Health Officer

Tammy Griffin, Planning and Population Health Director & PIO

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Michelle Hardy, Behavioral Health Director

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Lisa Renegar, Health Planner\*

Cara Rozaieski, Prevention and Health Communications Director & Deputy PIO

Michael Taylor, Child and Adolescent Mental Health Specialist\*

Brandy Wink, Director of Administration

\*Denotes membership on the Health Department's Quality Improvement Council

## STRATEGIC PLANNING PROCESS

Planning began with a half day retreat for the Strategic Planning Team. The team is comprised of individuals from various levels and departments throughout the Agency: senior management staff, supervisory staff, and non-supervisory staff. The team also includes members of the Quality Improvement Council. Following a SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats) strategic priorities and goals were developed. The Strategic Planning Team continued its work to develop an Implementation Plan for each Strategic Priority. Input on the preliminary draft was solicited from Health Department staff through a survey. Once suggestions and edits were incorporated, additional comments were requested from the LHIC, our governing entities, and other community stakeholders.

STRATEGIC PLANNING TIMELINE	
2016	Need to revise the Strategic Plan was identified.
January 9, 2017	Strategic Planning Team meets for half day retreat to conduct SWOT analysis and revise Mission, Vision & Guiding Principles, Strategic Priorities, Goals & Objectives.
January 13, 2017	Health Planner & Deputy Health Officer meet to incorporate results of January 9 into Plan.
January 24, 2017	Mission, Vision & Guiding Principles Feedback Survey sent to all Health Department staff.
February 3, 2017	Mission, Vision & Guiding Principles reviewed with LHIC, during regular LHIC meeting time. LHIC members present complete the Feedback Survey.
February 3, 2017	Mission, Vision & Guiding Principles Feedback Survey results received from Health Department staff.
February 6, 2017	Health Planner & Deputy Health Officer meet to develop Implementation Plan.
February 7, 2017	Draft of Strategic Plan distributed to Senior Management.

February 9, 2017	Mission, Vision & Guiding Principles Feedback survey sent to LHIC to solicit input from members not present at the February 3, 2017 meeting.
February 17, 2017	Mission, Vision & Guiding Principles Feedback Survey results received from LHIC members.
February 28, 2017	Senior Management review the Strategic Plan draft and the results of the Mission, Vision & Guiding Principles Feedback Survey from staff and LHIC.
March 1, 2017	Health Planner & Deputy Health Officer revise Plan based on Senior Management input.
March 17, 2017	Strategic Plan draft distributed to staff and LHIC for input.
March 30, 2017	Strategic Plan feedback received from staff and LHIC.
April 25, 2017	Strategic Plan draft revised based on input received from staff and LHIC.
May 1, 2017	Draft of Strategic Plan distributed to governing entities.
May 24, 2017	Governing entities approve plan as written.
June 19, 2017 - July 14, 2017	Request for public comment on the draft strategic plan. News Release issued a variety of ways (i.e. website, social media and newspaper) informing public how to access plan and provide input. Plan and survey available on the Health Department's website. Plan and survey also available in hard copies at each Health Department location.
July 14, 2017	Public comment period closed. Feedback indicated to support the draft Strategic Plan as written.
July 14, 2017	Final version of Strategic Plan is approved and published.

# MISSION, VISION, & GUIDING PRINCIPLES

## ***Mission***

Wicomico County Health Department's mission is to maximize the health and wellness of all members of the community through collaborative efforts.

## ***Vision***

Healthy People in Healthy Communities.

## ***Guiding Principles***

Maximize health status through prevention, education, clinical, monitoring, advocacy and regulatory services

Initiate programs in response to identified needs

Strengthen the physical, behavioral and environmental health of all citizens of Wicomico County

Address social determinants of health

Commitment to all populations while striving for health equity

## STRENGTHS

1. Quality of the services provided to the patients.
2. Experienced staff
3. Case management skills
4. Community partners
5. Reputation in the community
6. IT development/investment
7. Stable senior management leadership
8. Strong collaboration between majority of programs/services
9. Visibility in the community
10. Willingness to try new services
11. Self assessment and quality and performance improvement
12. Dedicated staff
13. Insurance billing knowledge
14. Ability to advocate for patient and program needs
15. Ability to maximize resources
16. Branding
17. Accreditation achievement and efforts
18. Integration achievement and efforts
19. Creative initiatives and leadership of Senior Management
20. Communication at all levels
21. Leadership respected statewide
22. All hazards emergency operations plan
23. Cultural competency efforts

## WEAKNESSES

1. Staff morale
2. Lack of mentoring/coaching of supervisory staff/succession planning
3. Physical separation of programs/staff
4. Consistency of staff requirements
5. WAN connection
6. Lack of knowledge of resources
7. Community engagement
8. Physical building issues
9. Service delivery in rural areas
10. Increased capacity for program evaluation

## OPPORTUNITIES

1. Contracting with private providers, Insurers and primary care for case management
2. Funding of services – contracting with private payers
3. Integration of services/programs
4. Collaboration & partnering across jurisdictions
5. Developing model programs
6. Community health assessment
7. Increase service capacity and delivery in the community
8. Developing the support of stakeholders to assist in reaching the unmet needs in the community
9. Medicare waiver/global budgeting
10. Emerging technology to streamline processes
11. State Innovation Model

## THREATS

1. Being a hybrid organization – grants and fee for service (FFS)
2. Lack of ability to issue employee incentives
3. Health care reform (fear of the unknown)
4. Aging workforce
5. Economic challenges
6. Provider shortages
7. Provider competition
8. Department of Health and Mental Hygiene (DHMH) staff turnover
9. Slow response from DHMH when changes are made
10. Public health infrastructure funding
11. Unfunded mandates
12. High overhead for service provision makes it difficult to compete with private sector
13. Lack of funding and restrictions on how funding is to be utilized
14. Population served can be difficult and has high noncompliance rate
15. Failure to address capital needs related to buildings and vehicles lead to larger financial outlay
16. Transition to and sustaining FFS programs
17. Recruitment challenges
18. State rules decrease flexibility
19. Dual governing entities
20. Legal changes that impact population health
21. Emerging infections and other health issues



# SWOT ANALYSIS

## Prevailing themes:

- The Health Department's ability to maximize resources can be matched with opportunities in emerging technologies as well as opportunities to contract with private providers, insurers and primary care for case management;
- The Health Department's ability to maximize resources can help address funding threats and economic challenges;
- The Health Department's strong collaboration between programs/services can be matched with opportunities to integrate services and programs;
- The opportunity to increase service capability can be matched to the Health Department's willingness to try new services;
- The Health Department's strength of IT development and investment can be enhanced by opportunities with emerging technology to streamline processes;
- The opportunity of the Medicare Waiver/global budgeting can be maximized by the Health Department's strong community partnerships;
- The Health Department's strength of completing a self-assessment and quality and performance improvement can be matched to improve weaknesses in staff morale, recruitment, retention, mentoring/coaching of supervisory staff, and succession planning;
- The physical building needs of the Seth H. Hurdle Center are currently being addressed by the Health Department's leadership through collaborations and partnerships with Wicomico County government;

## STRATEGIC PRIORITIES

1. Improve community health and wellness by focusing on priority areas identified in collaboration with the Local Health Improvement Coalition: chronic disease and behavioral health. Increasing access to care will be addressed in both priority areas.
2. Provide, maintain, develop and ensure quality public health services.
3. Adopt business practices that will assist in reducing administrative costs and increase revenues by improving operational efficiencies.
4. Build and grow partnerships that will facilitate improved communication and expand public health and wellness awareness.
5. Recruit and retain a competent and diverse workforce.

## GOALS AND OBJECTIVES

**Strategic Priority #1:** Improve community health and wellness by focusing on priority areas identified with the Local Health Improvement Coalition (LHIC): chronic disease and behavioral health. Increasing access to care will be addressed in both priority areas.

**Strategic Goal #1:** Continually improve and implement action plans for priority areas.

### *Objectives*

1. Maintain and expand subcommittees by July 2017 to address identified priority areas: chronic disease, behavioral health.
2. Lead in the development of strategic action plans for each subcommittee by June 2017.
3. Implement action plans by July 2017.
4. Evaluate existing agency programs annually to determine how they address identified health care trends.
5. Evaluate data annually to determine strategic action plan's impact on identified priority areas.

**Strategic Priority #2:** Ensure quality public health services.

**Strategic Goal #1:** Maintain national accreditation.

### *Objectives*

1. Submit annual reports beginning March 2017.
2. Conduct annual community updates on identified priority areas and progress of Community Health Improvement Plan (CHIP) beginning September 2017.
3. Conduct the 2019 Community Health Assessment.
4. Continue work on identified opportunities for improvement.
5. Quality Improvement (QI) Council will review data related to quality improvement needs and initiatives.

Strategic Goal #2: Maintain collaboration with community partners to identify and address gaps in provision of quality services.

*Objectives*

1. Identify gaps in services in the community, soliciting input from stakeholders.
2. Develop plans to address gaps.
3. Publicize changes in programs.
4. Evaluate new program outcomes.

Strategic Priority #3: Adopt business practices that will assist in reducing administrative costs and increase revenues by improving operational efficiencies.

Strategic Goal #1: Evaluate and optimize use of resources to effectively meet the organization's financial needs.

*Objectives*

1. Continue to contract with insurance companies and private entities for select services.
2. Research and implement best practices and benchmarks including performance improvement initiatives annually.
3. Develop detailed financial reports to review staff productivity monthly.
4. Identify areas of weakness in financial planning quarterly.
5. Develop a plan for organizational efficiencies.

**Strategic Priority #4: Build and grow partnerships that will facilitate improved communication and expand public health and wellness awareness.**

**Strategic Goal #4: Identify opportunities for community and stakeholder engagement.**

*Objectives*

1. Continue to implement communications plan daily.
2. Maintain media accessibility daily.
3. Identify opportunities to solicit community input annually.
4. Identify all current and potential stakeholders annually.
5. Incorporate identified stakeholders in planning processes annually.

**Strategic Priority #5: Recruit and retain a competent and diverse workforce.**

**Strategic Goal #5: Strengthen workforce competency, capacity and satisfaction.**

*Objectives*

1. Quality Improvement Council will collect and analyze data on employee morale and satisfaction by July 2017.
2. Based on morale and satisfaction survey data analysis and employee input, Quality Improvement Council will develop plan to increase employee morale and satisfaction.
3. Assess staff performance semi-annually.
4. Develop and implement a workforce competency plan by December 2017.
5. Develop and implement a staff training plan by December 2017.

## IMPLEMENTATION PLAN

**Strategic Priority #1: Improve community health and wellness by focusing on priority areas identified with the Local Health Improvement Coalition (LHIC): chronic disease and behavioral health. Increasing access to care will be addressed in both priority areas.**

**Strategic Goal #1: Continually improve and implement action plans for priority areas.**

*Objective 1: Maintain and expand subcommittees by July 2017 to address identified priority areas: chronic disease, behavioral health.*

Key Actions	Person/Group Responsible	Timeline
Identify LHIC members and other key stakeholders to serve on subcommittees.	Health Planner & LHIC	Annually

*Objective 2: Lead in the development of strategic action plans for each subcommittee by June 2017.*

Key Actions	Person/Group Responsible	Timeline
Review State Health Improvement Process (SHIP) data to identify priority area-specific trends.	Priority area subcommittees	Ongoing
Continue meetings for behavioral health advisory boards to develop action plan.	LBHA & BH	Ongoing

*Objective 3: Implement action plans by July 2017.*

Key Actions	Person/Group Responsible	Timeline
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Compile action plans into a revised Community Health Improvement Plan (CHIP).	Health Planner	July 2017
<i>Objective 4: Evaluate existing agency programs annually to determine how they address identified health care trends.</i>		
Key Actions	Person/Group Responsible	Timeline
Review program-specific data to evaluate effectiveness.	Senior Management Staff	Ongoing
<i>Objective 5: Evaluate data annually to determine strategic action plan's impact on identified priority areas.</i>		
Key Actions	Person/Group Responsible	Timeline
Review data specific to CHIP and Performance Management Plan.	Health Planner & Senior Management Staff	Ongoing

<b>Strategic Priority #2: Ensure quality public health services.</b>		
<b>Strategic Goal #1: Maintain national accreditation.</b>		
<i>Objective 1: Submit annual reports beginning March 2017.</i>		
Key Actions	Person/Group Responsible	Timeline
Submit annual report	Health Planner & Deputy Health Officer	March 2017
<i>Objective 2: Conduct annual community updates on identified priority areas and progress of CHIP beginning September 2017.</i>		

Key Actions	Person/Group Responsible	Timeline
Publish agency Annual Report.	Health Planner & PIO	September 2017
<i>Objective 3: Conduct the 2019 Community Health Assessment.</i>		
Key Actions	Person/Group Responsible	Timeline
Collaborate with PRMC and other stakeholders.	Senior Management Staff & Health Planner	Ongoing
<i>Objective 4: Continue work on identified opportunities for improvement.</i>		
Key Actions	Person/Group Responsible	Timeline
Coordinate CLAS Committee to implement Culturally and Linguistically Appropriate Services (CLAS) standards.	Health Planner & CLAS Committee	2019
Enhance internal capacity for program evaluation.	Senior Management Staff & Quality Council	Ongoing
<i>Objective 5: Quality Improvement (QI) Council will review data related to quality improvement needs and initiatives.</i>		
Key Actions	Person/Group Responsible	Timeline
Continue monthly meetings.	Quality Council	Ongoing
Report to Senior Management on QI initiatives.	Quality Council	Quarterly
<b>Strategic Goal #2: Maintain collaboration with community partners to identify and address gaps in provision of quality services.</b>		



<i>Objective 1: Identify gaps in services in the community, soliciting input from stakeholders.</i>		
Key Actions	Person/Group Responsible	Timeline
Conduct needs assessments.	LBHA, Prevention, SBWC, Fiscal Department, Community Health & STI/Dental Task Forces	Ongoing
<i>Objective 2: Develop plans to address gaps.</i>		
Key Actions	Person/Group Responsible	Timeline
Analyze needs assessment data to develop action plans.	LHIC, LBHA, Prevention, SBWC, Fiscal Department, Community Health & STI/Dental Task Forces	December 2017
<i>Objective 3: Publicize changes in programs.</i>		
Key Actions	Person/Group Responsible	Timeline
Distribute information on changes to programs to increase Department's visibility in the community.	PIO & Program Staff	Ongoing
<i>Objective 4: Evaluate new program outcomes.</i>		
Key Actions	Person/Group Responsible	Timeline
Review data associated with action plans.	Senior Management Staff, LHIC & Program Staff	Ongoing

**Strategic Priority #3: Adopt business practices that will assist in reducing administrative costs and increase revenues by improving operational efficiencies.**

**Strategic Goal #1: Evaluate and optimize use of resources to effectively meet the organization's financial needs.**

*Objective 1: Continue to contract with insurance companies and private entities for select services.*

Key Actions	Person/Group Responsible	Timeline
Identify new providers	Administrator & Program Staff	Ongoing

*Objective 2: Research and implement best practices and benchmarks including performance improvement initiatives annually.*

Key Actions	Person/Group Responsible	Timeline
Analyze program-specific, evidence-based best practices for process improvement.	Quality Council, Program Staff & Senior Management Staff	Ongoing

*Objective 3: Develop detailed financial reports to review staff productivity monthly.*

Key Actions	Person/Group Responsible	Timeline
Review fee for service programs monthly to monitor staff performance and revenue.	Administrator, Fiscal Staff & Program Supervisors	Monthly

*Objective 4: Identify areas of weakness in financial planning quarterly.*

Key Actions	Person/Group Responsible	Timeline
Continue quarterly budget meetings with individual departments to analyze projected	Administrator, Fiscal Staff & Program Supervisors	Ongoing

revenue or deficits.		
<i>Objective 5: Develop a plan for organizational efficiencies.</i>		
Key Actions	Person/Group Responsible	Timeline
Analyze expenses with DUNDAS	Administrator & Program Supervisors	December 2017

**Strategic Priority #4: Build and grow partnerships that will facilitate improved communication and expand public health and wellness awareness.**

**Strategic Goal #1: Identify opportunities for community and stakeholder engagement.**

*Objective 1: Continue to implement communications plan daily.*

Key Actions	Person/Group Responsible	Timeline
Monitor all agency/media communications.	PIO	Ongoing
Ensure compliance with the Plan by continuously monitoring.	Program Supervisors	Ongoing

*Objective 2: Maintain media accessibility daily.*

Key Actions	Person/Group Responsible	Timeline
Continue existing processes for tracking media requests and contacts.	PIO & Program Staff	Ongoing

*Objective 3: Identify opportunities to solicit community input annually.*

Key Actions	Person/Group Responsible	Timeline
Ensure community input is collected during development of CHA and future CHIP's.	Health Planner	Ongoing
Establish Health Summit to foster collaboration and solicit community input.	Health Planner & Senior Management Staff	Annually
<i>Objective 4: Identify all current and potential stakeholders annually.</i>		
Key Actions	Person/Group Responsible	Timeline
Review LHIC and subcommittee membership.	Health Planner & LHIC	Annually
<i>Objective 5: Incorporate identified stakeholders in planning processes annually.</i>		
Key Actions	Person/Group Responsible	Timeline
Conduct needs assessments to solicit stakeholder input.	Health Planner & LHIC	Annually

## Strategic Priority #5: Recruit and retain a competent and diverse workforce.

### Strategic Goal #1: Strengthen workforce competency, capacity, and satisfaction.

*Objective 1: Quality Improvement Council will collect and analyze data on employee morale and satisfaction by July 2017.*

Key Actions	Person/Group Responsible	Timeline
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Revise employee exit interview questionnaire to allow for quantitative data collection.	Personnel & Quality Council	July 2017
Conduct staff satisfaction surveys.	Quality Council	Quarterly
<i>Objective 2: Based on morale and satisfaction survey data analysis and employee input, Quality Improvement Council will develop plan to increase employee morale and satisfaction.</i>		
Analyze survey data.	Quality Council & Senior Management	Quarterly
Develop plan to address morale and job satisfaction.	Quality Council	December 2017
<i>Objective 3: Assess staff performance semi-annually.</i>		
Key Actions	Person/Group Responsible	Timeline
Conduct performance evaluations on all staff.	All supervisors	Semi-annually
<i>Objective 4: Develop and implement a workforce competency plan by December 2017.</i>		
Key Actions	Person/Group Responsible	Timeline
Add workforce competency to existing development plan.	Personnel & Senior Management Staff	December 2017
<i>Objective 5: Develop and implement a staff training plan by December 2017.</i>		
Key Actions	Person/Group Responsible	Timeline
Develop program-specific training plans.	Senior Management & Supervisory Staff	December 2017