PACIFIC COUNTY HEALTH & HUMAN SERVICES DEPARTMENT

Mission:

Promote and protect the health of the people of Pacific County today and into the future.

Vision:

Healthy people of all ages, abilities and cultures living, playing and working together in thriving communities.

Values:

- Respect: We value and respect our clients and colleagues.
- Prevention: We believe that life and health can improve. Our purpose is to provide services that improve environments and influence community policy and norms that support healthy choices.
- Partnership: We value community partnerships, both public and private. We understand that together we are able to have greater impact the health of our community.
- Stewardship: We honor the public's trust and are responsible and accountable stewards of public monies, our time, and tools we use to provide services.
- Communication: We believe in effective exchange of information with our peers and our community. We will share knowledge and seek input.

Health & Human Services Strategic Plan Summary: 2013 – 2015

Strategic Initiative #1: Communication – external

1.1: The Department will improve communications with the public, the Board of Health, and community agencies and partners.	March 2013
1.2: Program and/or service descriptions, updates, and new initiatives will be published at least monthly in newspapers, on radio stations, on the Department website, and distributed to community stakeholders.	March 2013
1.3: Input will be solicited from the public, the Board of Health, and community agencies.	March 2013
1.4: The Department will create and regularly update and monitor a Facebook page.	January 2014

Strategic Initiative #2: Communication – internal

2.1: Management staff will review and update personnel-related policies, processes and procedures.	September 2013
2.2: Line staff will create or update written policies, processes, procedures, and program changes in conjunction with management.	December 2013
2.3: Regular department staff meetings will take place at least monthly by various methods including face-to-face, distance audio-visual, or telephone.	January 2013
2.4: Regular face-to-face meetings will be held at least monthly between line staff and supervisors.	January 2013

Strategic Initiative #3: Workforce Development

3.1: All Department staff will participate in team building learning sessions.	December 2013
3.2: Staff expertise will be identified and shared across the Department.	December 2013
3.3: Individualized training plans will be developed for each staff person.	December 2013
3.4: Customer service training will be conducted at least once each year with all staff.	December 2013

Strategic Initiative #4: Quality Improvement

4.1: Program Performance will be evaluated and shared among staff and stakeholders.	March 2014
4.2: Performance reviews will be used to improve program delivery.	June 2014
4.3: Program reports will be completed in a timely manner and communicated to funding source(s).	March 2014
4.4: Department vision, mission, and values will be incorporated into a staff performance evaluation system.	December 2014
4.5: Management and staff will study current operations with the goal of consolidating scheduling of clinics and other services to more efficiently use available time, staff, and resources.	July 2013
4.6: Contract procedures and processes will be reviewed, recorded, and updated to improve compliance with laws, rules, and procedures of federal, state, and local funding sources and expectations.	December 2013

Strategic Initiative #5: Develop a Community Health Assessment and Community Health Plan

5.1: Develop a Community Health Assessment using existing, available data.	March 2013
5.2: Share Community Health Assessment with the Board of Health, the public, and stakeholders.	June 2013
5.3: Develop a Community Health Plan using the community health assessment and community input.	December 2013

Health & Human Services Strategic Plan: 2013 – 2015

According to the Public Health Accreditation Board's (PHAB's) glossary, a **strategic plan** sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. The strategic plan document results from a deliberate decision-making process and defines where an organization is going.

The Department conducted a variety of data gathering processes as the basis for this plan, including: community health data, key informant interviews, focus groups, electronic surveys, and discussions with staff. In addition the mission, vision, and values of the department were review and slightly modified. Organizational strengths and weaknesses and community opportunities and threats were identified and considered. Program and service mandates, both formal and informal, were reviewed. These processes have resulted in a strategic plan for the department to implement, review, and update for the next three years.

Department Overview

The Pacific County Board of Commissioners serves as the **Board of Health**. Each local board of health shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction and shall:

> (1) Enforce through the local health officer or the administrative officer appointed under RCW 70.05.040, if any, the public health statutes of the state and rules promulgated by the state board of health and the secretary of health;
> (2) Supervise the maintenance of all health and sanitary measures for the protection of the public health within its jurisdiction;
> (3) Enact such local rules and regulations as are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof;
> (4) Provide for the control and prevention of any dangerous, contagious or infectious disease within the jurisdiction of the local health department;
> (5) Provide for the prevention, control and abatement of nuisances detrimental to the public health;
> (6) Make such reports to the state board of health through the local health officer or the administrative officer as the state board of health may require; and
> (7) Establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by the law and the rules of the state board of health: PROVIDED, That such fees for services shall not exceed the actual cost of providing any such services.[1]

The Pacific County **Health & Human Services Department** includes programs and services provided directly by staff and through contracts with private agencies and individuals. The programs include services to individuals and targeted groups, all aimed at improving or maintaining the health of the entire community. All services are dependent on the collaboration of individuals, agencies, and stakeholders across the County. Specific programs include:

[1] Revised Code of Washington, Chapter 70.05.060

- Substance abuse prevention (alcohol/drug/tobacco)
- Substance abuse treatment
- School Nursing (Naselle, Willapa Valley, South Bend Districts)
- Healthy Communities (chronic disease prevention)
- Mentoring
- Healthy Strides (Healthy eating, exercise)
- Community gardens
- Communicable disease control (TB, rabies, STD, pertussis)
- Data about our community
- Emergency preparedness
- Medical Reserve Corps
- Public Health Nurse home visits
- Mental health promotion/suicide prevention
- Millage mini-grants
- Birth certificate – certified
- Death certificate – certified
- WIC Nutrition
- ABCD dental
- Immunizations for children
- Immunizations for adults
- Family Planning
- Breast, Cervical, & Colon Health
- Developmental Disabilities employment services
- Smoking in Public Places enforcement
- Tobacco Quit Line
- Parenting Programs

In addition to these programs provided either directly or through contract, the Department actively supports a variety of community coalitions by providing staffing and fiscal oversight. These coalitions include Wellspring, Teen Advocacy Council, and the Pacific County Healthcare Coalition.

Department Strategic Plan

In June 2012 the Department leadership began a process to complete a Strategic Plan. Input for the plan was sought from staff, stakeholders, community agencies, and key leaders across the County.

The Department vision, mission, and values were examined and updated:

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- Communication: We believe in effective exchange of information with our peers and our community. We will share knowledge and seek input.

Community health data, key informant interviews, focus groups, electronic surveys, and discussions of organizational strengths, weaknesses, opportunities, and threats and observations of staff have led to the following strategic initiatives the Department will undertake over the next three years.

Strategic Initiative #1: Communication – external

Objective	Strategy	Performance Measure			Staff Responsible	Complete by
		Data Source	Baseline	Target		
1.1: The Department will improve communications with the public, the Board of Health, and community agencies.	1.1.a: Quarterly updates to the Board of Health/County Commissioners will be given by the Department Director and Health Officer, in writing and verbally. 1.1.b: Updates will be distributed to community agencies via email or other electronic communications.	Board of Health meeting notes; Record of updates and target audience	-0-	4 per year	Director, Health Officer	March 2013
1.2: Program and/or service descriptions, updates, and new initiatives will be published at least monthly in newspapers, on the Department website and distributed to community stakeholders.	1.2.a: Line staff will write one program or service description or update, suitable for publication, each year. 1.2.b: Staff responsible for new initiatives will write a program or service description, suitable for publication, upon initiation of the new initiative. 1.2.c: A contact list will be developed for (a) newspapers, (b) radio, and (c) community stakeholders that will regularly receive these communications. 1.2.d: Administrative Assistant II will collect updates and descriptions and publish at least monthly to newspapers, website, Facebook, and community stakeholders.	Publications written	-0-	12 per year	Line staff.	March 2013
1.3: Input will be solicited from the public, the Board of Health, and community agencies.	1.3.a: Each written or electronic communication will include a standardized method of gathering comment or input such as email, telephone, or office location contact information. 1.3.b: Director will collect comments. Comments will be published at least twice yearly with actions taken in response.	Standard contact information in each publication	-0-	All publications will include standard contact information.	Director, Health Officer, Line staff.	March 2013
1.4: The Department will create and regularly update and monitor a Facebook page.	1.4.a: A Public Health Nurse will research best practices, policies, and procedures used by other public health agencies for development of a Facebook page. 1.4.b: The Public Health Nurse will assist the Director and Deputy Director to develop policies and procedures regarding the Facebook page in cooperation with county risk management and IT department 1.4.c: Administrative Assistant II will provide weekly updates to the Department Facebook page.	Department Facebook page	-0-	50 updates per year	Director, Deputy Director, Line Staff	January 2014

Strategic Initiative #2: Communication – internal

Objective	Strategy	Performance Measure			Staff Responsible	Complete by
		Data Source	Baseline	Target		
2.1: Management staff will be responsible for reviewing and updating personnel-related policies, processes and procedures.	2.1.a: All personnel-related policies, processes and procedures will be reviewed for currency, correctness, and consistency. 2.1.b: Any personnel-related policy, process, or procedure found to be outdated, incorrect, or inconsistent with another will be corrected. 2.1.c: Any updated policy, process, or procedure will be shared among staff and management and be made available on a common electronic drive.	Electronic Policy Manual; Record of policy updates	-0-	6 per year	Director and Deputy Director	September 2013
2.2: Line staff will be responsible for creating or updating written policies, processes, procedures, and program changes.	2.2.a: All program policies, processes and procedures will be reviewed for currency, correctness, and consistency. 2.2.b: Any program policies, processes, or procedures found to be outdated, incorrect, or inconsistent will be corrected. 2.2.c: Any updated policy, process, or procedure will be shared among staff and management and be made available on a common electronic drive.	Electronic Policy Manual; Record of policy updates	-0-	6 per year	Line staff, with assistance from Deputy Director	December 2013
2.3: Regular department staff meetings will take place at least monthly by various methods including face-to-face, distance audio-visual, or telephone.	2.3.a: Face-to-face meetings will take place at least quarterly. 2.3.c: Telephone meetings will take place monthly (except for months when face-to-face meetings are scheduled) 2.3.d: Regular, Program-specific meetings will be held including supervisory and line staff on a schedule determined by program need. 2.3.e: Notes will be taken (manually or electronically) of each meeting and shared among all staff	Electronic or manual meeting notes	-0-	12 per year	Director and all staff	January 2013
2.4: Regular face-to-face meetings will be held at least monthly between line staff and supervisors.	2.4.a: Regular schedules for 1:1 meetings will be established for supervisors and line staff.	Regular schedule	-0-	Each staff meets regularly with supervisor	Director, Deputy Director	January 2013

Strategic Initiative #3: Workforce Development

Objective	Strategy	Performance Measure			Staff Responsible	Complete by
		Data Source	Baseline	Target		
3.1: All Department staff will participate in team building learning sessions.	3.1.a: Web-based distance-learning opportunities will be made available to all staff, and completion of such exercises will be completed by 100% of staff members. 3.1.b: Face-to-face team building learning sessions will be completed at least quarterly with all staff in attendance. Kathy S. had concern about who pays, what if staff does not participate?? 3.1.c: Team building expectations will be built in to all staff performance evaluations.	Electronic meeting notes	-0-	4 per year	Director, Deputy Director, Line staff	December 2013
3.2: Staff expertise will be identified and shared across the Department.	3.2.a: Quarterly staff meetings will include program presentations by expert, lead staff. Opportunities for information sharing and feedback will be incorporated into presentations.	Electronic meeting notes	-0-	4 per year	All staff	December 2013
3.3: Individualized training plans will be developed for each staff person.	3.4.a: Management and staff will identify training needs as part of performance review. 3.4.b: Appropriate training will be identified and may be accomplished through various methods including on-line, web, conferences, or meetings specific to the topic.	Written Training Plans	-0-	All staff members	Director and Deputy Director, with all staff.	December 2013
3.4: Customer service training will be conducted at least once each year with all staff.	3.5.a: Customer service training will be done through a variety of methods including on-line or face-to-face using guest speakers or staff experts.	Electronic meeting notes	-0-	Once each year	Director and Deputy Director, with all staff.	December 2013

Strategic Initiative #4: Quality Improvement

Objective	Strategy	Performance Measure			Staff Responsible	Complete by
		Data Source	Baseline	Target		
4.1: Program Performance will be evaluated and shared among staff and stakeholders.	4.1.a: Each program will identify and review performance measures. 4.1.b: Program performance will be shared at Board of Health meetings, with stakeholders, and the general public.	Written program performance measures and results	-0-	6 per year	Director will identify priority and timeline; Line staff will complete reviews with assistance from Deputy Director.	March 2014
4.2: Performance reviews will be used to improve program delivery.	4.2.a: Each program review will seek at least one improvement in the program. 4.2.b: Each program will create a change record.	Program improvement change record	-0-	6 per year	Line staff, with support from Director, Health Officer, and Deputy Director	June 2014
4.3: Program reports will be completed in a timely manner and communicated to funding source(s).	4.3.a: Each program will identify and review reporting requirements. 4.3.b: Program reports will be sent to funding source(s), and shared at Board of Health meetings, with stakeholders, and the general public.	Program reporting requirements; program reports submitted; program reviews shared	-0-	6 per year	Line staff will complete reviews and reports with assistance from Deputy Director.	March 2014
4.4: Department vision, mission, and values will be incorporated into a staff performance evaluation system.	4.4.a: A new staff Performance Evaluation system, incorporating best practice from current/former system, will be implemented. 4.4.b: Expectations for performance will be created and agreed upon between management and staff, based on the department stated vision, mission, and values. 4.4.c: Performance evaluations done at least once each year for all department staff, recorded and filed in the personnel file.	Personnel Evaluation System; Performance expectations; Personnel evaluations completed	Every other year performance evaluations	Each staff completed performance evaluation	Director, with input from all Department staff.	December 2014
4.5: Management and staff will study current operations with the goal of consolidating scheduling of clinics and other services to more efficiently use available time, staff, and resources.	4.5.a: Current schedules of clinics and services will be reviewed. 4.5.b: Available staff time and expertise will be identified. 4.5.c: Efficiencies will be identified and tested.	Clinic schedules; staff expertise inventory; record of changes	-0-	3 per year	Director and all staff	July 2013

Objective	Strategy	Performance Measure			Staff Responsible	Complete by
		Data Source	Baseline	Target		
4.6: Contract procedures and processes will be reviewed, recorded, updated to improve compliance with laws, rules, and procedures of federal, state, and local funding sources and expectations.	4.6.a: Current written contract procedures will be identified and reviewed for accuracy. 4.6.b: Gaps in contract procedures will be identified and procedures will be drafted to fill gaps. 4.6.c: Updated contract procedures and processes will be reviewed with legal counsel and corrected as necessary. 4.6.d: Contract procedures and processes will be made available to potential contractors and any interested parties.	Contract procedure manual	-0-	At least one reviewed and updated procedure each month.	Deputy Director	December 2013

Strategic Initiative #5: Develop a Community Health Assessment and Community Health Plan

Objective	Strategy	Performance Measure			Staff Responsible	Complete by
		Data Source	Baseline	Target		
5.1: Develop a Community Health Assessment using existing, available data.	5.1.a: Collect and organize existing and available health data for Pacific County. 5.1.b: Create publication-ready document(s) for newspapers, website, Facebook, and other publications. 5.1.c: Create presentation(s) with notes for various audiences	Various			Contractor	March 2013
5.2: Share Community Health Assessment with the Board of Health, the public, and stakeholders.	5.2.a: Present Community Health Assessment to Board of Health. 5.2.b: Present Community Health Assessment to identified stakeholders. 5.2.c: Present to community groups.	Presentations	-0-		• Contractor, • Director, • Health Officer	June 2013
5.3: Develop a Community Health Plan using the community health assessment and community input.	5.3.a: Identify interested individuals and organizational representatives to be appointed to Health Planning group. 5.3.b: Present data, gather input on health priorities. 5.3.c: Determine priorities and actions.	Planning group membership; meeting records	-0-		• Board of Health • Contractor • Director • Health Officer	December 2013
5.4: Implement the Community Health Plan.	5.4: to be determined by Plan.					January 2014