Strategic Plan

For the

Branch-Hillsdale-St. Joseph

Community Health Agency

2010-2012

Presented to the Board on June 24, 2010

Branch-Hillsdale-St. Joseph Community Health Agency
Strategic Planning Session for 2010-2012
Final Report

June 24, 2010

On March 18, 2010, members of the Branch-Hillsdale-St. Joseph Community Health Agency Board of Health and Agency staff met as part of the 2010-2012 strategic planning process. The session was facilitated by Brad Neumann, St. Joseph County MSU Extension. Subsequent meetings were held on May 27th and Agency Administrative staff held additional follow-up meetings to finalize goals and establish priorities utilizing the direction established by the Board of Health.

The goal of the Agency strategic plan is threefold; first, to align the goals and expectations between the Board of Health and Agency administration through a review of the 2007-09 Strategic Plan and a shared review of current trends and conditions. Second, given the economic uncertainty of the Michigan economy, set core priorities for the agency should resources decrease over the term of the plan. Third, establish strategic, demonstrable goals for each of the divisions of the agency. Tracking of these goals will be the responsibility of Agency Administration and it is expected that progress toward the accomplishment of these goals will be reported to the Board periodically, and that annual Agency Action Plans will reflect these priorities.

The establishment of this 3 year plan entails several steps: first a review of the 2007-09 plan, mission, value and vision statements to determine concurrence with previous plans. This review was accomplished in the March 18 meeting.

The Agency Mission Statement was not changed and is provided below

Branch-Hillsdale-St. Joseph Community Health Agency Mission Statement:
The mission of the Branch-Hillsdale-St. Joseph Community Health Agency is to provide quality and accessible local public health services with fiscal responsibility.

The value statements of the Agency were modified to include the 'value to the agency' provided by quality improvement – reflected in item #2. The edited list is provided below.

Organization Value Statements
The Branch-Hillsdale-St. Joseph Community Health Agency shall strive to:

1. Place the customers of our services at the center of our operations
2. Improve the quality of our services for the benefit of our customers and the Agency
3. Improve communication and coordination of services within our agency
4. Coordinate our services with other locally based organizations to reduce duplication of effort and improve customer access to appropriate services in the most financially responsible manner
5. Provide a safe, rewarding, and challenging work environment for our employees
6. Continually assess the needs of our community to assure that essential health services are provided

The Vision Statement was modified to align the agency with the entire community, rather than individual customers and to highlight the collaborative necessity under which we provide services. The revised Vision Statement is provided below.

Organization Vision Statement:
The Branch-Hillsdale-St. Joseph Community Health Agency is an organization that excels in the community in terms of responsiveness, competence and collaboration.

Trend Analysis
The next step taken was the review and prioritizing of programs provided by the Agency. Prior to this step, the Board and staff reviewed trends that may have a significant impact on programming decisions within the 3 years of the plan. The **highlighted** trend in each section was determined to be the most important to the Agency in the coming years.

Social Environment

1. **The first five years of a child's life is vital to their development into a productive, healthy, and well-adjusted adult.**
2. There will be a reduction of jobs with health benefits for local residents.
3. The tri-counties will see an increase of chronic diseases due to high levels of smoking, obesity, sedentary lifestyles and aging population.
4. The demographics of the tri-counties will reflect an aging and more culturally diverse population.
5. Aging people want to live at home as long as possible.

Technical Environment

1. **There will be an increase in the reliance on electronic communication and social media for business purposes.**
2. Technological hardware need increases while dollars to pay for upgrades decreases.
3. Local interagency collaboration will need to increase to avoid duplication.
4. The agency's employees are in need of additional training to keep up with future computer software and technology demands.
5. The agency has lost good employees due to budget reductions.

Political Environment

1. **Medicaid and Medicare will continue to cost more and absorb more and more of state and federal budgets.**
2. Public health is not a major priority of the State administration or legislature until public health emergencies arise.
3. Term limits for State elected officials has increased the need for increased local / state communication.
4. Federal and state homeland security policies will continue to influence our agency's services.
5. The general negative public attitude toward government and government programs will continue to increase.

Economy

1. **Counties will continue to have limited state and local resources for public health services.**
2. Aging population will pay ever increasing percentage of health care cost.
3. Loss of health insurance coverage will negatively affect the health status of residents.
4. The long-term economic impact of the changing local population demographics is unclear.
5. It is unknown what type of economic activity will replace the loss of manufacturing jobs.

Key Program Considerations.
Following comprehensive trend analysis, Administrative staff of the Community Health Agency presented program summaries along with key program considerations going forward. These considerations were shared with the Board. A summary of each Divisions program outlook is listed below. Items of highest priority, based on these discussions, are bolded.

Prevention Services

- **Growing WIC participation, less service coverage, greater need for diversity outreach, increase funding.**
- **Increase need for immunization outreach.**
- Better prepared for emergency response (re: vaccine coverage)
- State and Federal push for greater outreach using social media (re: STD/I)
- Gradual increase in STD rates among youth.
- Need to communicate with non-traditional populations.
- Greater emphasis on tracking, communicating, investigating illness.

Environmental Health

- **Increase inspection requirement for food training and smoking.**
- Decreasing sewage inspection demand (and permit issuance).
- Water supply permits down, but room for growth (irrigation and geothermal).
- Requirement for meth lab cleanup.
- New body art licensing law – not currently funded by state.
- Decreased assistance from DNRE.
- Increase in general regulatory enforcement.
- Aging community sewer systems.

Area Agency on Aging

- **Growing population in need of care.**
- Decreased funding from state.
- Increase interest in programs to support 'aging at home'.
- Veteran needs increasing and emerging opportunities for funding.
- Trend toward 'person-centered care'.

Health Promotion

- **High rates of abuse/neglect with declining funding.**
- **Decreased school health education and increase requests to Health Agency.**
- Growing Medicaid enrollment and increase funding coming in for service.
- Increase billable services for children health care (special) services.
- Stable funding for vision/hearing screening.
- Increase inspection fro smoking ban.
- Sporadic emergency preparedness funding.
- Changing media and multiple language needs.
- Expectation of communication leader.

2010-2012 Plans

Based on the identified, critical financial uncertainties, i.e. decreases in Medicaid and Medicare funding, decrease in County revenues and potential cuts to State Local Public Health Operations (funding for core Public Health services) it was determined that the Agency Administrative team would first develop a priority catalog of programs currently administered by the Agency, and identify three tiers of priorities. Tier 1, the core services required by Statute, Citation or Rule in the Public Health Code. These Services are funded through a State/Local partnership and are central to the Agency's accredited status with the State of Michigan. Funding is provided through Local Public Health Operations State dollars and County appropriation. These programs are listed below

Tier 1 program – Mandated

Immunizations – PA 349 and MCL 333.9203

Infectious/Communicable Disease Control – MCL 333.2433; PA 349 of 2004 Section 218 & 904

Sexually Transmitted Disease Control – PA 349 of 2004 – Section 218 & 904; R325.177

Hearing and Vision Screening – MCL 333.9301; PA 349 of 2004

Public/Private Wastewater – MCL 333.12751-12757

Food Protection – PA 92 of 2000; MCL 289.3105; PA 349 of 2009 section 904

Public/Private Water Supply – MCL 333.1270-12-715; MCL 325.1023;

Essential, Basic Public Health Services. The second tier of programs are deemed to be central to the Agency mission and values, are **not** mandated, but do not overtax the agencies local appropriation, which is limited. These programs provide funding to the agency, help offset agency indirect costs and provide services to our communities that would otherwise likely not be available.

Tier 2 Programs – Essential/basic service Programs

Women-Infants-Children Program (WIC)– key clinical service – Federally funded – No local funds

Emergency Preparedness – Federally funded – central to our collaborative response in our communities – collaborative with our CD control program - no local funds

Health Education – Public Health core service – ' required' in Public Health Code – MCL 333.2433 – not mandated through funding.

Pools/Campgrounds/Type II water/Septage Program/DHS Inspections/long Term Groundwater Monitoring – (inspection and or monitoring programs) - collaborative programs provided by key EH staff – would otherwise not be provided locally. Fees offset some agency indirect cost base.

Medicaid Outreach – 50% Federal Match for services provided to clients routinely. Minimal local data collections allows for Federal reimbursement.

Children's Special Health Care Services – Local liaison for State funded insurance program for children with specialized healthcare needs. No local funding required. Offsets agency administrative overhead. If eliminated, not local assistance for more than 350 families.

Area Agency on Aging – CHA is local host for this program. Self Funded by State/Federal dollars. Essential services that may not otherwise be provided. Helps offset agency indirect cost base.

Tobacco Control Grant – State funding – offsets portion of Health Education staff – no local dollars needed.

Prenatal Care Enrollment – Grant funded (Maternal Child Health Block Grant). No local funds required, partner program to WIC. Essential in rural communities with no other enrollment assistance. Offsets agency indirect cost base.

Collaborative, Community Partnership Programs

The final tier, tier 3, are those programs the agency facilitates that are not mandated, not central to the core services of the agency, but are services the CHA has the capacity to host, that otherwise may be eliminated or severely reduced. They allow for collaboration with community partners and provide necessary community services. These services could be transitioned to other community partners in the event that overall funding to the agency does not allow for such activities.

Tier 3 – Collaborative, Community Partnership Programs

SAFE KIDS – minimal state funding – numerous community partners, large in-kind contribution

HSN Coordination – CHA is host for the Hillsdale County Collaborative Coordinator. Excellent partnership for community involvement.

Healthy Families – Family Outreach program in St. Joseph County – grant funded. Collaborative effort with St. Joseph County ISD – could be transitioned to ISD if necessary.

Healthy Beginnings – Home Visitor Program in Hillsdale County – multiple community partners both financial and in-kind contributors. Extremely visible, high achieving prevention program. State-wide recognition for outputs and best-practice. May be able to transition to community partner if necessary.

Meth follow-up/Lead Follow-up – Unfunded State initiatives – some fees collected. Could refuse to provide.

2010-2012 Plans – Program Goals

In addition, goals were also to be established for services for the term 2010-2012 as if these services were to continue to exist as they do today. Management staff reviewed existing mandates, accreditation standards, quality improvement concerns, customer service issues, Board of Health input and key financial considerations in determining goals for each Division. The goals for Community Health Agency programs are detailed below.

Goals for Environmental Public Health Programs:

1. Continue the agency staff review of the Environmental Health Code in preparation for holding a stakeholders meeting with the purpose of revising and updating the EH Code. And as a part of this review, investigate the following for potential addition to the EH Code:
    a) Investigate the feasibility of a nonpotable well permitting program that would include permitting of irrigation and geothermal wells. Other nonpotable wells are currently being permitted by the agency.
    b) Investigate the feasibility of instituting a Homeowner Protection Program that requires on-site sewage system and private well review according to an outlined set of requirements and investigation as a part of a property transfer.

2. Purchase Environmental Health program software that will allow for electronic permit issuance and program efficiencies.

3. Investigate the feasibility of and begin to budget for digital scanning of existing records that would result in a searchable record. This would piggy-back Goal #2.

4. Review and revise the agencies Food Program Enforcement Policies and Procedures.

5. Develop an outreach program to local foodservice licensees that encourages their input in program activities.

Prevention Services Goals

WIC Goals:

1. Increase breastfeeding initiation and duration rates.
    a. Monitor rates quarterly. Goal is 2% increase annually.
2. Maintain caseload numbers and quality outcomes to support funding levels.
    a. Monitor enrollment and caseload monthly.
    b. Goal is minimum of 97% of funded caseload. Evaluation parameters for caseload outcomes may change as MDCH criteria is changed.

Immunization Goals:

1. Maintain and improve percentage of the up to date pediatric population.
    a. Maintain coverage above 80% agency-wide. Increase at least 1% annually in each county.
2. Increase the percentage of fully vaccinated adolescent and adult population.
    a. Conduct adolescent recalls in Branch and St. Joseph counties in 2010.
    b. Increase adolescent coverage by minimum of 3% in each county annually.
3. Involve staff in development and monitoring of quality program outcomes.
    a. Continue monitoring of 5 clients per weekly clinic. Report results monthly to staff and include action plans in both Clinic Coordinator and Clinic staff meeting minutes.
    b. Evaluate audit tool in 2010 for program evaluation effectiveness. Revise as needed.

Communicable Disease Monitoring and Reporting Goals:

1. Increase intra-agency and community collaboration in the investigation and mitigation of reportable communicable diseases.
   a. Report summary of food borne investigations to Health Protection Team.
   b. Involve EH in food borne investigations of two or cases with like characteristics.
   c. Implement MDSS direct entry of all labs in the tri-county area by 12/2011.
   d. Report summary of MDSS cases to Hospital Infection Control Committees for periods from meeting to meeting.
2. Establish and monitor quality program outcomes in CD reporting and investigation and in LTBI management.
   a. Report LTBI audit outcomes to Clinic Coordinator meeting and Clinic Staff meeting quarterly. Minutes to reflect this report, any needed action plan, and outcomes of action plans.
   b. Review current LTBI audit tool in 2010 for program evaluation effectiveness. Revise as needed.

Sexually Transmitted Disease and HIV/AIDS Goals:

1. Promote innovative, systems-based and health-based approaches to the prevention and control of HIV and Sexually Transmitted Disease.
   a. Evaluate methods to facilitate partner notification and treatment in 2010. Implement strategy in 2011.
   b. Implement strategy to facilitate and track recommended 90 day retesting of positive tested clients to prevent reoccurrence of infection.
2. Provide staff with development opportunities to ensure the effective and innovative delivery of services.
   a. Provide new information for staff with either agency training or training outside of the agency. Monitor this through in-service records and clinic Training Logs.
   b. Leadership to actively participate in area wide and MDCH teams/committees to bring most current strategies to our agency. Monitor this through monthly Collaboration Reports and Training Logs.
3. Monitor performance and quality of prevention services and interventions.
   a. Monitor collaboration reports and clinic Training Logs for attendance. Clinic Coordinator and Clinic meeting minutes to reflect feedback and new information.
   b. Establish quality measurement indicators to reflect successful program outcomes and accreditation outcomes by 12/2010.
   c. Begin auditing quality outcomes in 2011 with reporting to Coordinator and Clinic meetings to reflect results of audits, action plans if needed, and results of action plans.

Health Promotion Goals

Collaborative Program Goals:

1. Continue to be the leader in health information & data for the community
2. Cultivate opportunities to contract for projects in this area (hospitals, etc).

Medicaid Outreach Goals:

1. Better document and report services – maximize revenue
2. Streamline reporting in 2010 to reduce administrative burden

Children's Special Health Care Services Goals:

1. Continue to maximize Case Management services to maximize revenue expansion
2. Move to electronic records – save time/money
3. Continue alignment of program with coming accreditation standards

Hearing and Vision Goals:

1. Continue on-going review with State Accreditation requirements; Continue QI initiatives with staff
2. Better utilize technology to streamline billing/Reporting

Tobacco Reduction Goals:

1. Look for local resources to offer additional assistance (cessation classes)
2. Continue to coordinate with existing state resources to provide optimal services
3. Continue to evaluate impact of new law on staff time/requirements

Emergency Preparedness Goals:

1. Minimize duplication with Emergency Management (EM) and other Emergency Preparedness partners
2. Develop activities for drills and trainings to better prepare this agency to respond to realistic local emergency and illness outbreaks.
3. Work more with schools on preparedness (likely partner in disaster)