

Meeker-McLeod-Sibley Community Health Services

Strategic Plan 2012-2015

Mission

Lead efforts to protect and promote the health of the people in Meeker-McLeod-Sibley counties through education, empowerment and provision of essential public health services.



Public Health
Prevent. Promote. Protect.

Meeker McLeod Sibley
Community Health Services

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Meeker-McLeod-Sibley Community Health Services Strategic Plan was approved and adopted on April 9th, 2015 by the MMS Community Health Board.



Meeker-McLeod-Sibley Community Health Board, Chair –2015

This document will be reviewed annually at a MMS CHS Board Meeting. An annual report will assess progress towards the goals and objectives set and show how targets are monitored.

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Reviewed:

Strategic Plan Revisions

Date	Reviewed	Staff Initial	CHB approved	Board Chair Signature

Purpose

The purpose of the Meeker-McLeod-Sibley Community Health Services Strategic Plan is to:

- ❖ Establish realistic goals, objectives, indicators and activities consistent with our mission within a time frame and within the organizations' capacity for implementation.
- ❖ Communicate goals, objectives, indicators and activities to all public health staff, the Meeker-McLeod-Sibley Healthy Communities Collaborative, all community partners including health care partners.
- ❖ Provide a framework for evaluating ongoing progress towards long range goals
- ❖ Provide an organizational focus to guide staff alignment towards Meeker-McLeod-Sibley Community Health Services Strategic Goals.

Guiding Principles for Meeker-McLeod-Sibley Community Health Services

Accountability

- ❖ Stewards of public trust and public funds
- ❖ Responsible to the people of Meeker, McLeod, Sibley Counties and the Community Health Board
- ❖ Providing cost effective services
- ❖ Wisely manage resources

Cohesive

- ❖ Individual county goals aligned with MMS CHS goals
- ❖ Supportive of collaboration

Education

- ❖ Fostering health awareness through education
- ❖ Trained and knowledgeable staff

Evidence-Based

- ❖ Services and interventions based in science
- ❖ Measurable outcomes

Flexibility

- ❖ Resiliency
- ❖ Responsive to needs

Innovative

- ❖ Catalyst to growth
- ❖ Fostering new ways to address old issues

Prevention

- ❖ Focus on primary prevention
- ❖ Population based services

Quality

- ❖ Honest and ethical
- ❖ Continuously working toward improvement
- ❖ Make measurable difference in the lives of residents

Respect

- ❖ Treat each other with esteem and dignity
- ❖ Value diversity in the workplace and in clients
- ❖ Client centered

Introduction

Meeker-McLeod -Sibley Community Health Services (MMS CHS) is the governing entity for public health services under Minnesota Statute 145A. A Joint Powers Agreement was formed in 1980. The governing entity for MMS CHS is the Community Health Board (CHB) and consists of all five commissioners from each of the three counties for a total of fifteen commissioners. MMS CHS has a long history of working together in numerous public health programs. This collaboration under the community health board arrangement has allowed MMS CHS to be more efficient and effective in the delivery of public health programs, streamline work plans and reduce duplication in reporting.

According to MN Statute 145A, Community Health Boards are required to complete a community health assessment (CHA) and community health improvement (CHIP) plan, every five years. In 2011 this requirement was changed to include submission of a strategic plan and a quality improvement plan by February 2015.

In light of the new requirements, Meeker-McLeod-Sibley formed a Performance Excellence Team to spearhead the development of a strategic plan, a quality improvement and to facilitate the collaborative process for the CHA and CHIP. The following plan describes the process that staff went through to identify and prioritize goals, objectives and indicators that work towards the mission and vision of MMS CHS.

Strategic Planning Process

Background

The Strategic Planning Process was developed by the Minnesota Department of Health (MDH) and is based on the national public health accreditation standards issued by the Public Health Accreditation Board (PHAB).

The strategic planning process was mapped out as:



See Appendix A for a more detailed diagram

In May of 2012 MDH staff facilitated a Strategic Planning Session for the MMS CHS Performance Excellence Team (PET). Members of PET include two staff with identified strengths in strategic thinking skills, each director from the counties, the MMS Accreditation Coordinator and the Community Health Services Administrator.

Meeker County Public Health	McLeod County Public Health	Sibley County Public Health	Community Health Services
Diane Winter-Director	Kathy Nowak-Director	Laura Reid-Director	Allie Freidrichs-Director
Michelle Koch- PHN	Linda Senst- PHN	Mary Bachman-Health Educator	Linda Bauck- MDH Facilitator
Pam Miller- PHN	Melissa Kernan-PHN	Rachel Fruhwirth-PHN	Wendy Kvale-MDH Facilitator
	Kerry Ward – Health Educator*		Andrea Kaminski-MDH Facilitator

*Accreditation Coordinator joined PET at a later date

Strengths, Weakness, Opportunities and Challenges (SWOC) Analysis

Staff discussed a variety of existing documents that they had recently reviewed, including (MN Public Health Assessment and Planning Process, Strategic Planning Facilitated Session Overview, and the Local and Tribal Public Health Strategic Planning Overview). Staff also reviewed the agency self-assessment that was submitted to MDH. They reflected on these, as well as their own experience, as they listed accomplishments and strengths, weaknesses and opportunities and challenges (SWOC analysis) for the future:

Strengths/Accomplishments <ul style="list-style-type: none">• Willingness to try new technologies• The way the agencies work together, collaborative team structures• Strong collaborative relationship building externally, with community partners, stakeholders & added community partners• CHB -diversity of grants and a larger number of grants (good grant writers)• Directors are good at utilizing staff's strengths and placing them in appropriate placement in strengths areas• Commitment of team building and staff development• Experienced staff, high staff retention• Positive support from governing boards, creating trust between the governing board and the agencies• Succession Planning	Weaknesses and Challenges <ul style="list-style-type: none">• Barriers to new technologies (IT, County Board, Liability, money, risk, privacy concerns, lack of understanding, staff capacity• Not a lot of capacity for staff to pick up new or extra work• Unstable funding, constantly looking for funding opportunities to keep staff• Getting support from governing boards for unfunded requests• Workforce (pay-market sensitivity, recruitment, no place for advancement, generational differences)• Silo effect between MCH & Community Health in local agencies• Divide between partners within the different regions• Hard to show short term results for long term outcomes
Opportunities <ul style="list-style-type: none">• Embracing/Communicating with new technology• Accreditation to increase credibility• Sharing the agencies Public Health story (Elevator speech)• Buy in from governing boards on creating incentives for staff retention• Opportunity to really change public health practice with generational differences (changing environment)• Government has to learn to adapt with the changing times and adapting to the changing environment (funding constraints, public expectations)• Communications of what Public Health does, needs to become a part of our everyday work, we need to create visibility	
External Trends, Events and Other Factors	

External Trends, events and other factors, that may impact MMS CHS include:

- Affordable Care Act,
- Dramatic changes of CHB composition (turnover of Commissioners)
- MN Legislature regarding funding and resources for funding.
- Potential for organizational structure changes by county boards.

Mission:

After review of previous reports, trends, and completion of the SWOC analysis, staff reviewed the mission statement of MMS CHS. The mission statement had been in place for a number of years and was revised to reflect a more accurate mission:

Lead efforts to protect and promote the health of the people of Meeker-McLeod-Sibley counties through education, empowerment, and provision of essential public health services.

Vision:

Healthier people with enhanced quality of life living in Meeker-McLeod-Sibley counties

A Vision summary and Vision Statements were developed by a brainstorming session. Staff were asked: “Keeping in mind the assessment conclusions and mission, what does the Meeker-McLeod-Sibley Community Health Services organization need to look like in 3 – 5 years?” An affinity grouping process was utilized to collect similar ideas; vision elements were identified to capture the main themes. This identified and named the major elements of the vision statements. In subsequent meetings after the initial facilitated session, staff further defined vision statements based on the original brainstormed ideas.

Vision Statements

Public Health is Valued

MMS CHS will be a community leader in the roles of prevention/promotion/protection, providing resources to residents of MMS counties. MMS CHS will commend successes of our work therefore increasing awareness of public health as a trusted resource. MMS CHS will be valued and gain visibility within the community by educating the public of our services.

Strong Public Health Workforce to meet community health needs

MMS CHS will encompass an agency culture which empowers staff to become creative leaders who can work autonomously within a team. MMS-CHS will encourage and provide opportunities for continuous learning in order to respond to the complex needs of the community.

Improved Health Outcomes

MMS-CHS vision will project optimal health services for all residents leading to a decreased incidence of prevention/chronic disease and unhealthy behaviors. Provision of preventative services will lead to reductions in unhealthy lifestyle choices and behaviors resulting in longer life spans for our residents.

Optimal use of technology

MMS CHS will use innovative technology to reach all populations within our communities to communicate educate and serve. MMS –CHS will collaborate with our community and partners to maximize the use of technology available. By utilizing innovate and advanced technology MMS-CHS will empower employees to be more productive and efficient in their delivery of care to the community.

Effective Collaboration

MMS CHS will engage and empower partners and stakeholders in collaborative prevention and health promotion efforts through shared goals.

Informed Elected Officials

MMS CHS will ensure the education of local elected officials and policy makers on the work of public health, the value of primary prevention, and generational differences. Provision of education will increase understanding of the changing demographics of communities, their public health needs and the needs of the local public health workforce. Through education elected officials will understand and fully the value the work of public health.

Sustainable Funding

MMS CHS will continue to seek sources of funding to address our local priorities. MMS CHS will work efficiently, creatively, and collaboratively to be community champions for ongoing public health efforts

Fully Integrated Performance Management System

MMS CHS will strive to continuously improve the health of the community. This will be completed by setting objectives, monitoring outcomes, reporting results and implementing improvement plans.

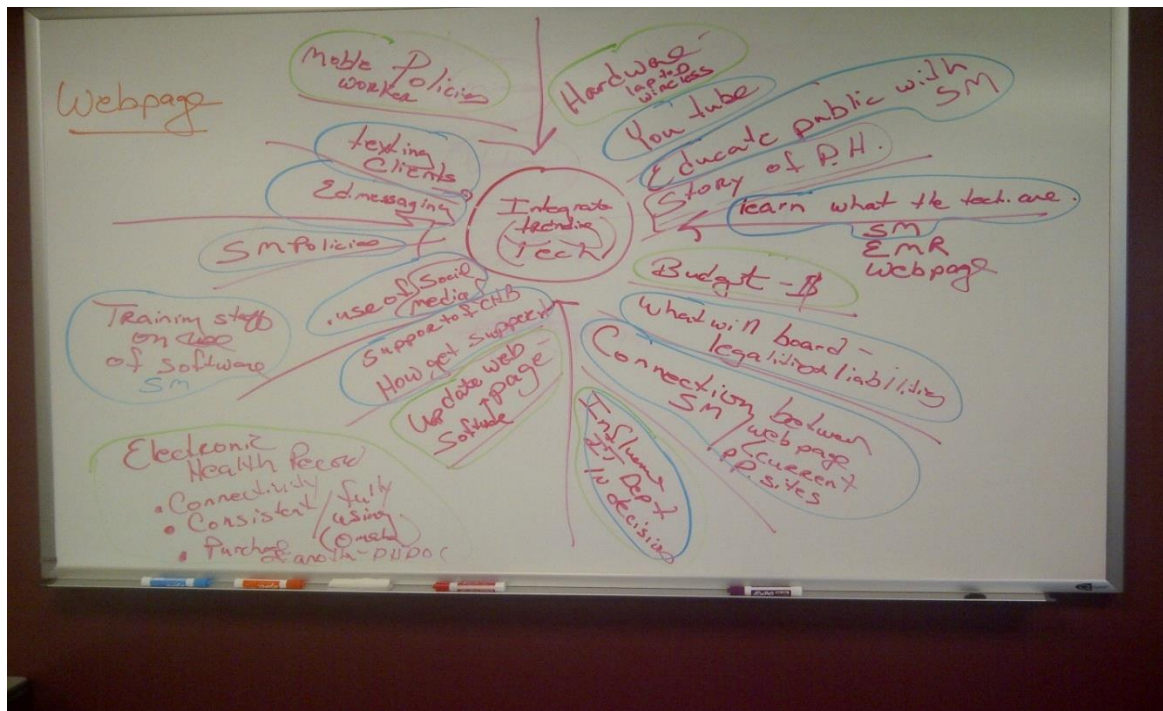
Strategic Priorities

The final portion of the facilitated session included brainstorming actions necessary in order to make the vision statements a reality. Similar to the vision process, an affinity grouping was utilized to collect similar action steps and strategy elements were identified to capture the main themes.

The strategies were identified as:

- Integrate Trending Technologies
- Continually Engage and Educate Policy Makers (elected officials)
- Integrate Performance Management
- Engage, Educate and Empower Communities
- Engage New and Existing Community Partners
- Seek Sustainable Funding
- Promote Ongoing Professional Development of Public Health Workforce
- Implement and Support Evidence Based Strategies to Improve Health Outcomes

A priority setting tool was implemented at a subsequent meeting to identify the top two strategies to address at this point in the strategic planning cycle and develop action plans. Through the use of the Interrelationship Digraph tool the top two strategies identified were: Integrate Performance Management and Integrate Trending Technologies. Objectives, measures and action plans have been developed and will be monitored on an ongoing basis.



Picture of QI tool used for brainstorming action plans for Integrating Trending Technologies

Through Meeker-McLeod-Sibley Community Health Service community health assessment and community health improvement plan objectives, measures and action plans have been developed in collaboration with Meeker-McLeod-Sibley Healthy Communities Collaborative. These objectives, measures and action plans are specific to improving health outcomes for the counties and thus are also part of MMS CHS strategy of: *Implementing and supporting evidence based programs to improve health outcomes*. These objectives, measures and action plan are a truly collaborative effort and are the responsibility of MMS CHS and the Healthy Communities Collaborative. MMS CHS will continue to monitor progress on these objectives as well as members of the Healthy Communities Collaborative. Objectives and measures in this strategy are part of the larger Quality Improvement Plan for MMS CHS. Quality Improvement projects will be implemented within MMS CHS and MMS Healthy Communities Collaborative to help achieve the objectives.

Implementation and Communication of Plan

The 2012 – 2015 strategic plan represents an ongoing process of setting priorities, reflecting on what is being learned, and taking realistic steps forward. The strategic plan provides the organizational guideposts for CHB staff, county partners and board members to discuss and determine where to focus time and resources. At the broadest level, the implementation of the five year strategic plan occurs through the development and monitoring of the annual work plan. The strategic planning team manages this process and oversees communication with agency staff and the CHB.

In addition to reviewing the work plan annually, the strategic planning team will review health indicator data every two years. Upon review of this data, the strategic plan will be updated or changed as needed. Communication regarding progress and revisions of the plan will be discussed with the MMS PET Team, individual Public Health Departments and the MMS CHS Board. Various forms of communication will be used such as email, staff meetings, CHS Board meetings and PET Team meetings. During a development year, the CHS Board and individual public health staff will be updated on the progress and revisions of the plan. The MMS PET Team will follow the maintenance plan for the Strategic plan on the following table.

Quarter/Year (Calendar Year)	Activity
Q4- 2013	Review 2013 Work Plan Develop 2014 Work Plan
Q4-2014	Review 2012 – 2015 Strategic Plan Review 2014 Work Plan Develop 2015 Work Plan

Q2-2015	Review Health Indicator Data
Q3- 2015	Review 2015 Work Plan Begin development of 2016 – 2019 Strategic Plan
Q4-2015	Finalize 2016 – 2020 Strategic Plan Develop 2016 Work Plan

Action Plan

Initial strategies selected by MMS CHS for the first round of actions plan creation and implementation are Integrate Performance Management and Integrate Trending Technologies. Additional actions plans have been developed for implementation through the MMS CHS Community Health Improvement Plan.

See Appendix B for the current Integrate Performance Management action plan, including progress made in implementation of the plan.

See Appendix C for the current Integrate Trending Technologies action plan, including progress made in implementation of the plan.

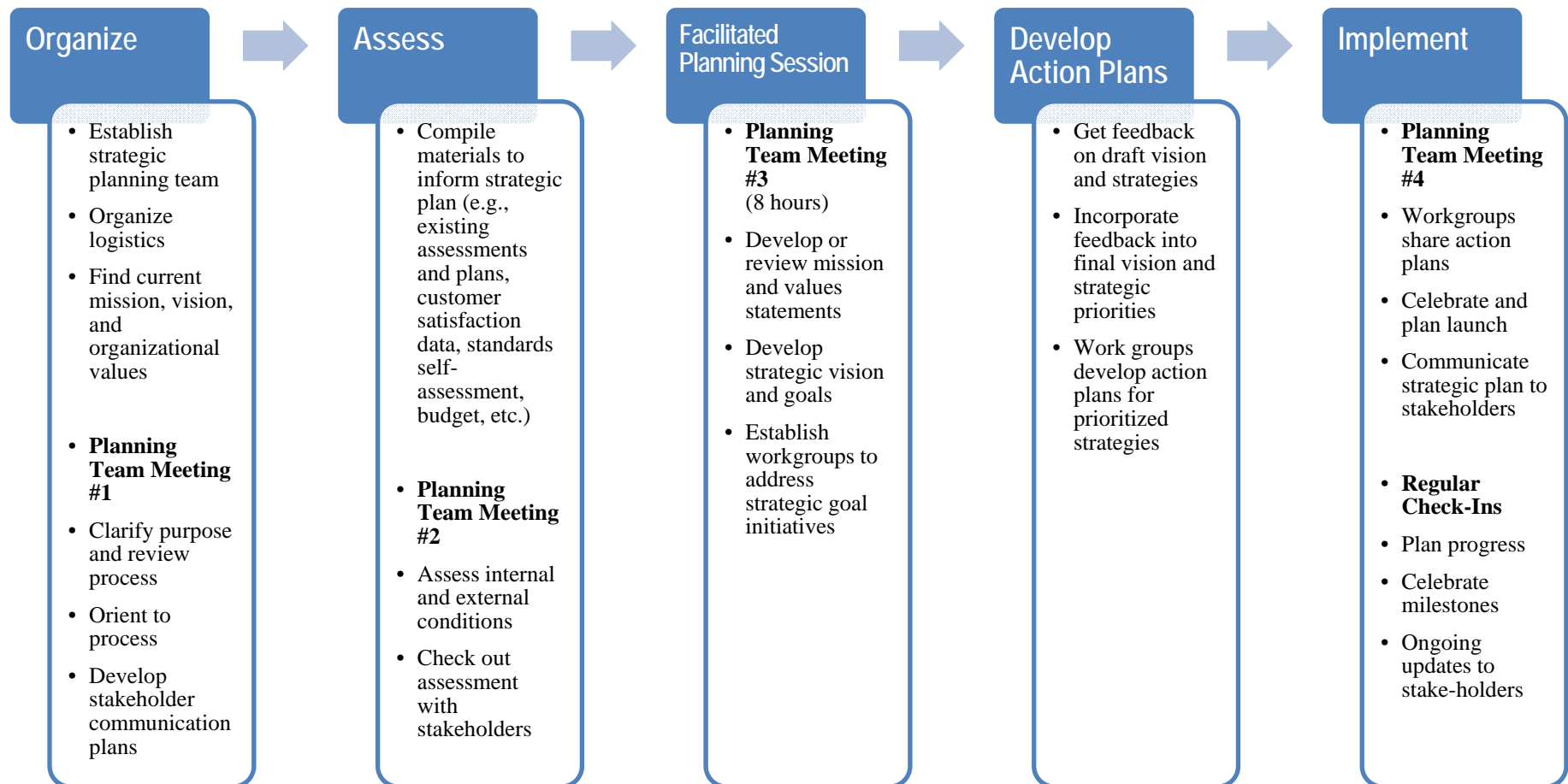
Linkages

The *Minnesota Local Public Health Assessment and Planning Process* (Appendix D – diagram of the process) links the MMS CHS Strategic Plan with the Community Health Improvement Plan (CHIP) and Quality Improvement Plan. One of the strategies identified during the MMS CHS strategic planning process was improved health outcomes. As a part of the implementation of the CHIP, three community-based subcommittees have created actions plans to address the top three health concerns identified during the Community Health Assessment process. These action plans are included in Appendix E. The Quality Improvement (QI) Plan links directly to the Strategic Plan as one of the identified priorities is Integrate Performance Management. QI is an important piece of creating a successful performance management system. The QI Plan lays out how MMS CHS will create a QI culture. As a part of the performance management process, each program-specific MMS CHS team will identify at least one performance measure based on Results Based Accountability (RBA), as well as identify at least one SMART objective. Teams will then develop action plans to meet their objective. Teams will complete a quarterly report form on progress of objectives. If adequate progress is not being made towards an objective, teams will incorporate quality improvement to help them reach their objective. By implementing continuous quality improvement, MMS CHS teams will be creating a culture of QI and performance management.

Strategic Plan: Process Overview

Local and Tribal Public Health Strategic Planning

Strategic planning is a deliberate decision-making process that determines the direction in which the organization is going.



Appendix B:

Strategic Planning Worksheet: Action Planning

9/11/13

Strategic Priority: Integrate Performance Management		Goal (desired result related to the strategic priority): Staff are fully aware and engaged in the Performance Management framework at a program, agency and systems level.		
#1 SMART Objective with expected results: (specific, measurable, achievable, relevant, time frame) Adopt a performance management framework and principles in program and system level work by January 2016.			Status of Objective: Yearly performance management self-assessment tool completed by PET	
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status of action steps w/dates
Provide education to county commissioners on performance management.	April 2015	Power point, handouts	MT/Kerry	
Adopt a performance management policy	April 2015	Policy	PET	
Set-up a consistent schedule to update county commissioners on progress for CHS programs, PPMRS and Community Health Improvement Plans.	PPMRS- annual Summer CHIP- semi-annual Programs- quarterly	A template report form will be developed that will track progress of each team's objective. The report form will also be used to track the progress of CHIP. PPMRS reports are provided by MDH.	PET/MT	
PET will complete self-assessment on organization performance management on a yearly basis.	Annually in January	Excel workbook. Years 2013 and 2014 completed	PET	

Strategic Planning Worksheet: Action Planning

#2 Objective: Staff will be able to apply and implement the components of the performance management framework within their program work by January 2016.

Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status w/ dates
1) Staff training on RBA	March 2014	Washington County staff to complete the training		3 county training held in Hutchinson on March 24, 2014
2) Survey monkey sent to all staff to get staff's baseline understanding of performance management. Will then complete on an annual basis to evaluate progress	March 2015	Will use survey monkey to create a staff survey to assess knowledge and implementation of performance management.	Allie/Kerry	
3) Based on survey monkey results will research ongoing training opportunities. Will also determine how to educate on an on-going basis at the local level	April 2015	MN Train (web), Results accountability workshop-Mark Friedman (DVD), MDH training, MN Office of Continuous Improvement	Kerry/MT	
4) Each team will complete an initial RBA process at a QI team meeting. All QI team members will participate with all teams. a) Each team will identify at least one performance measure based on RBA b) Each team will identify at least one SMART objective c) Teams will then develop action plans to meet objective d) Teams will complete quarterly report form on progress of objective	12-29-14 and 3-6-15	Team members and team leader present, grant workplan if available.	Allie/Kerry	

Strategic Planning Worksheet: Action Planning

<p>5) At least annually each team will review performance measure and chosen objective to determine if any changes need to be made or if new objective needs to be identified.</p> <p>a) Each team will implement quality improvement projects if not meeting objectives</p>	Jan-March 2016			
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#3 Objective: (specific, measurable, achievable, relevant, time frame) Will develop a process to systematically review the strategic plan, QI and CHA/CHIP within the performance management framework by January 2016				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status
PET will review the strategic plan on a semi-annual basis with action plans reviewed quarterly.	April 2015	Initial review of strategic plan 2015, then semi-annual.	PET	
PET will review the QI plan for alignment with the performance management policy and to ensure initiation of QI projects based on program SMART objectives, the strategic plan and/or CHIP SMART objectives.	May 2015	Initial review early May 2015.	PET	

Strategic Planning Worksheet: Action Planning

#4 Objective: Implementation of MMS CHIP will follow the performance management framework.				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status
CHIP will be developed in collaboration with Healthy Communities Community Leadership Team and subcommittees.	May 2015	Action plan template, identified SMART objective from each of the subcommittees	Assigned staff	
At least one SMART objective will be developed for each of the subcommittees under the CLT	Done (except DP&C)		Assigned staff	
Progress on SMART objective will be reported semi-annual using a report template and then shared with CLT, commissioners and the community	Initial report April-May 2015		Assigned staff	
Quality improvement tools will be implemented if objectives are not being met or issues arise with implementation of CHIP	On-going			

APPENDIX C:

Strategic Planning Worksheet: Action Planning

9/11/13

Strategic Priority: Integrate Trending Technologies		Goal (desired result related to the strategic priority): Fully implement PH Doc with a smooth transition		
#1 SMART Objective with expected results: (specific, measurable, achievable, relevant, time frame) By April 1, 2015 MMS CHS Staff will be at a level 3 on a 0 to 5 (most comfortable) scale of knowledge/comfort level with the use of PH Doc			Status of Objective: Measure by sending out Survey Monkey	
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status of action steps w/dates
1) Assign Subject Matter Experts (SME) for PH Doc from each county a. Roles/responsibilities	5/13/14	1) Staff buy in	MT	1) 5/2/14: baseline knowledge/comfort level of MMS CHS staff on PH doc is 0
2) Develop a process to identify issues and opportunities to facilitate change. a. Develop a team of SMEs who meet quarterly to discover potential improvement plans for use of PH Doc. b. The MMS CHS SME team will facilitate consistency between the 3 counties (charting guidelines) c. Linkage with PH Doc and MCCC	08/31/14	2) SME training 3) Team members will need infrastructure and information 4) Job duties/responsibilities		
3) Send out survey monkey initial survey monkey post implementation of PH.Doc	April 2015	Develop survey monkey questions		
4) SME's, fiscal and MT to discuss and address results of survey monkey	May 2015			
5) Develop a continuous process to address consistency in charting, the potential of RBA within PH.Doc and use of KBS, identify anything not being captured through charting	May 2015			

Strategic Planning Worksheet: Action Planning

#2 Objective: By October 1, 2015, all MMS CHS staff will be using PH Doc for documentation and program/agency evaluation as evidenced by use of performance management framework and dashboards.				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status w/ dates
1) Training/development of objectives for PH Doc training 2) Ongoing training on day to day operations held at staff meetings 3) Annual agency reports to showcase what was done in the previous year 4) Ongoing training on performance management (dashboard)		MDH, OPI, other counties using performance management, glossary of terms		

Strategic Planning Worksheet: Action Planning

#3 Objective: By October 1, 2016 MMS CHS will achieve interoperability with other agencies evidenced by real-time sharing of data.

Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status
1) Identify information needed by all entities involved 2) Initiate conversations with local clinics/hospitals for exchange of data 3) Work with Ph.Doc to ensure interoperability	Jan 2016			

#4 Objective:

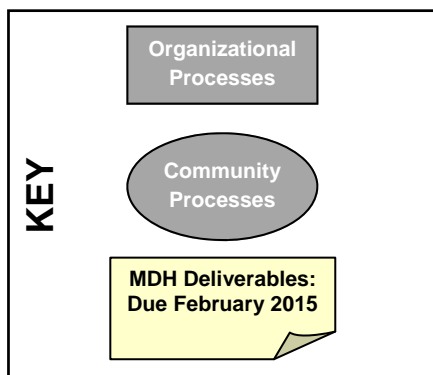
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status

APPENDIX D:

Minnesota Local Public Health Assessment and Planning Process



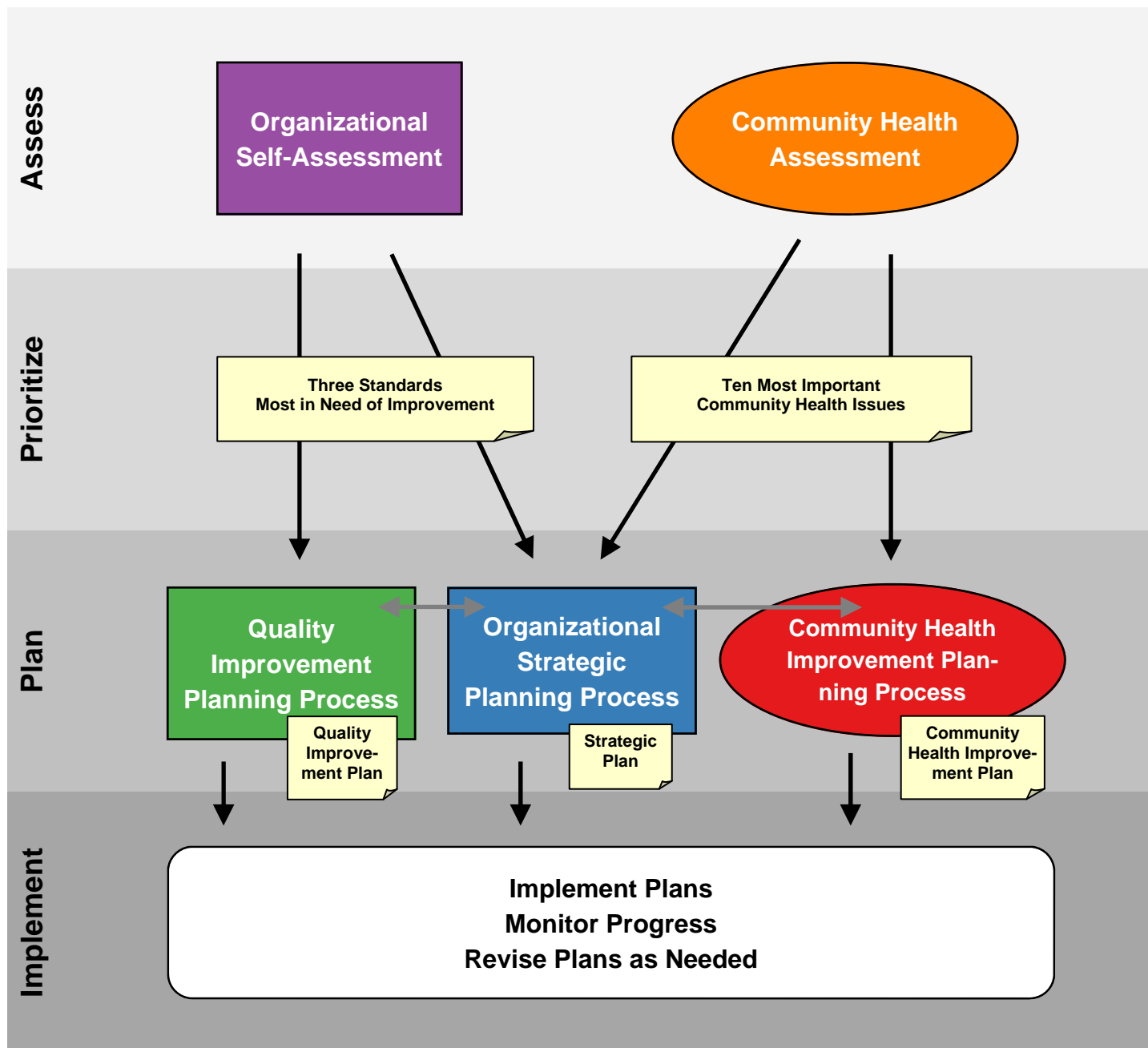
Office of Performance
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Revised April 12, 2012

This diagram represents the revised Community Health Assessment and Action Planning (CHAAP) process.

For information on definitions and criteria for assessments and plans, please visit the *Public Health Accreditation Board (PHAB) Standards and Measures, Version 1.0* at www.phaboard.org.



APPENDIX E:

Obesity Prevention Subcommittee

SMART Objective: Complete a pilot referral process between health care and community education organizations by April, 2016.

	Dec. 2014	Updates	Jan. 2015	Updates	Feb. 2015	Updates	Mar-15	Quarter 1 Jan. - March 2016	Quarter 2 Apr. - June 2016
Logistics	Develop flow chart Lead: PH Set measures for evaluation Lead: PH Determine value for vouchers Lead: Subcommittee	PH will continue to update flow chart after each meeting. Decided up to \$25.00 value for voucher	Identify challenges and steps to overcome them Lead: Subcommittee Create system/process for billing invoices Lead: Ce and Subcommittee	Identified fundign source - asking Healthy Communities for \$5,000 for pilot. Invoices would be processed through Healthy Communities	Develop referral form Lead: Develop coupon Lead:		Develop tracking system for referrals Lead: Develop system for coupon payment Lead:	Revise system based on results and feedback from pilot program Lead: Subcommittee	
Outreach	Identification of subpopulations targeted Lead: Subcommittee	Decision made to use the pilot process to identify which subpopulations come to the surface through this process.	Identify system to cross promote offerings Lead: CE Director's Group	CE Directors completed at CE Directors meeting	Develop outreach plan. Lead:				
Health Care	Identify missing HC partners Lead: Subcommittee	Rebecca follow up with Meeker Memorial Clinic. Tina was connecting with GRHS.	Receive HC letters of support Lead: Identify point of contact person for each HC facility. Lead: HC Secure HC organization support for coupon funding Lead: HC	Decided letters of support not needed at this time since we are not asking health care organizations for funding at this point. Point people are being identified.	Identify HC champions to participate in pilot referrals Lead: HC		Target subpopulations Lead: Train/orient HC champions Lead: HC point of contact		
Community Education	Discuss subpopulations Lead: Subcommittee	Decision made to leave it to HC providers' discretion. Part of pilot project will be to assess what groups of people providers are giving coupons to.	Contact CE partners not at table (one-on-one mtgs) Lead: CE Assess suport Lead: CE Creat standard identification symbol of approved items (HC logo?) Lead: CE	CE will use Healthy Communities logo as identification symbol.	Assess current class availability Lead: CE Receive CE letters of support Lead: C		Create cross promotional system Lead: CE Approval of universal referral form and coupon Lead: CE Train/orient CE partners not formally on committee Lead: CE		
Planning for Expansion							HC champion pre-survey or assessment? Lead: PH & HC point of contact	All HC pre-survey/assessment	

Strategic Planning Worksheet: Action Planning

9/11/13

Strategic Priority:		Goal (desired result related to the strategic priority): Increase Mental Health Awareness in Meeker, McLeod, and Sibley counties.		
#1 SMART Objective with expected results: (specific, measurable, achievable, relevant, time frame) By 12/31/17, we will increase the number of Mental Health Referrals by 10% for persons in Meeker, McLeod, Sibley counties.			Status of Objective	
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status of action steps w/dates
1. Invite Susan Abderholden from NAMI to meeting 1/20/15 to generate discussion of Best Practices.	1/30/15		Rhonda	Complete.
2. Identify potential barriers/Root cause, for obtaining Mental Health referrals in Meeker, McLeod, and Sibley counties	9/30/15	Key Informant Interviews, Survey, Focus group	Allie/Pam	
3. Develop Mental Health Awareness Campaign to be conducted during Mental Health Awareness month.	5/31/16	Information of existing Mental Health resources located in all three counties and surrounding areas.	MH Team	
4. Healthcare Providers in Meeker, McLeod, and Sibley counties will be educated about available resources.	12/31/16	Identify existing resource guides from each county.	MH Team	
5. Number of Mental Health referrals from Providers will be tracked from Meeker, McLeod, and Sibley county Healthcare.	6/30/17	Tracking tool. Agreement to track referrals from different Sioux Trails Mental Health, Woodlands, Crow River Mental Health, Hutch Mental Health Outpatient quarterly beginning 3/31/15 and ending 9/30/17.	Allie/Pam	

Strategic Planning Worksheet: Action Planning

#2 Objective: By 12/31/15 we will engage and recruit two new active Mental Health subcommittee members.				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status w/ dates
1. Partners in Meeker, McLeod, Sibley counties will be identified.	Ongoing.	List of all potential partners in all three counties.	MH Team	Complete.
2. Each current MH subcommittee member will ask one potential new member to attend next meeting.	9/30/15	List of all meeting dates for 2015-2017.	Rhonda	
3. MH subcommittee Action Plan will be finalized.	12/31/14	SMART objectives, list of obtainable goals.	MH Team	Complete.

Strategic Planning Worksheet: Action Planning

9/11/13

Strategic Priority: Prevention and Wellness		Goal (desired result related to the strategic priority): Reduce number of deaths caused by heart disease in Meeker, McLeod, Sibley Counties		
#1 SMART Objective with expected results: (specific, measurable, achievable, relevant, time frame) By December 2017 will increase the number of cardiovascular disease screenings by 5% for men ages 50-65			Indicators (how you know you are making a difference) Rates of screenings by defined data sources	
Action Steps (Deliverables)	Timeframe	Rationale	Lead Person	Status of action steps w/dates
1. Identify screening measures	1 st qtr. 2015	<i>Screening definition: Use of BP, and blood cholesterol screenings, according to American Heart Association</i>		
2. Identify potential data sources				
3. Obtain baseline measure				
4. Identify barriers for obtaining screenings	2 nd qtr 2015	<i>Individual vs combine databook</i>		
5. Identify work being done promoting screenings	2 nd qtr 2015	<i>Root cause analysis, survey, key interviews, focus groups, etc</i>		
6. Identify evidence based strategies to increase screenings	2 nd -3 rd qtr. 2015	<i>Research/ national campaign, statewide campaign, evidence based interventions</i>		
7. Develop workplan for implementation of strategies and implementation of strategies	3 rd qtr 2015			