



# Plumas County Public Health Agency Strategic Plan (2016-2021)

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By



## Acknowledgements

Producing this Strategic Plan (2016-2021) would not have been possible without the support and participation of numerous individuals who contributed to this report through numerous discussions and draft reviews.

### Public Health Management Team

Special acknowledgement goes to the Public Health staff who guided the design of all planning retreats and engaged their Divisions to identify the goals and objectives for this Strategic Plan.

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The development of this strategic plan was facilitated by Ellis Planning Associates, Inc.

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## Message from the Director

At the Plumas County Public Health Agency, we have an opportunity to map out a course, in partnership with our entire community, towards a shared vision of a healthy, safe and vibrant Plumas County. Communities are not just residents who live together in the same neighborhood. Communities are groups of people who work together for a common good. We recognize that we are a part of numerous, cross sector efforts working towards a better Plumas County.

The 2016-2019 Strategic Plan is PCPHA's roadmap to proactively participate in our community's journey towards improved community health. After carefully assessing the social and environmental conditions in our communities and identifying health priorities with our residents and partners, we have outlined the steps and measures that will continuously lead the health department towards a singular vision: Plumas County is home to the healthiest and happiest people in the nation, who have strong social connections and work together for a better community.

Looking forward, the role of public health at the local level is shifting. We are deeply focused on addressing the underlying causes of the health challenges of tomorrow. Recognizing that the health care needs of the population are changing, the demographics of our county continue to change over time, and addressing all of the determinants of health requires alliances with health and non-health sectors, PCPHA looks forward to playing a vital role in reorientation of the broader local system toward prevention and wellness.

Through the strategic planning process, we have embraced our role in the broader context of a healthy Plumas County. We have developed long term goals and objectives, and identified the specific actions and processes that will help us achieve them. Our Values, which include humility, accountability, and compassion, are the daily inspirations that guide our efforts. The Strategic Plan will guide our decision-making, from developing programs to allocating resources, in a manner that keeps us on course to continuously pursue our Vision and Mission in every area of our work.

I look forward to working with the entire staff of PCPHA to implement the Strategic Plan, ensuring the community is served well through efforts that are thoughtfully addressed in a comprehensive and coordinated manner.

Mimi Khin Hall

Public Health Director

# PCPHA Vision, Mission and Values Statements

## Vision

Plumas County is home to the healthiest and happiest people in the nation, who have strong social connections and work together for a better community.

## Mission

The mission of the Plumas County Public Health Agency is to promote and protect individual and community health and well-being. We do this through innovative partnerships, public planning and policy, and ensuring access to respectful services.

## Values

These values reflect the guiding principles that inform how we work toward our collective vision with each other, our community partners, and the residents we serve.

Values	Value Statements
Honesty and Integrity	We commit to honesty and integrity in our interactions with others, and maintain transparency in our organization.
Relationships	We believe that our respectful connections to individuals, families, and the community as a whole are the foundation of community health and strength.
We Care	We act from compassion, kindness and respect and recognize how important it is to support and sustain each other.
Accountability	We hold ourselves accountable to being dependable, reliable and professional.
Positivity	We foster positivity and value humor in our workplace and the community.
Collective Impact	We recognize that we are stronger together and seek to draw on the unique strengths of our co-workers and community partners.
Empowerment through Information	We provide quality information and education to empower our whole community.
Innovation	We welcome and are passionate about change; are willing to go above and beyond; and are open to new ways of approaching solutions.

Humility and Inclusivity	We remain open-minded and non-judgmental; seeking to understand, accept, and assist each other regardless of any door a person walks through.
Communication	We remember to actively listen, communicate transparently, and honor confidentiality.

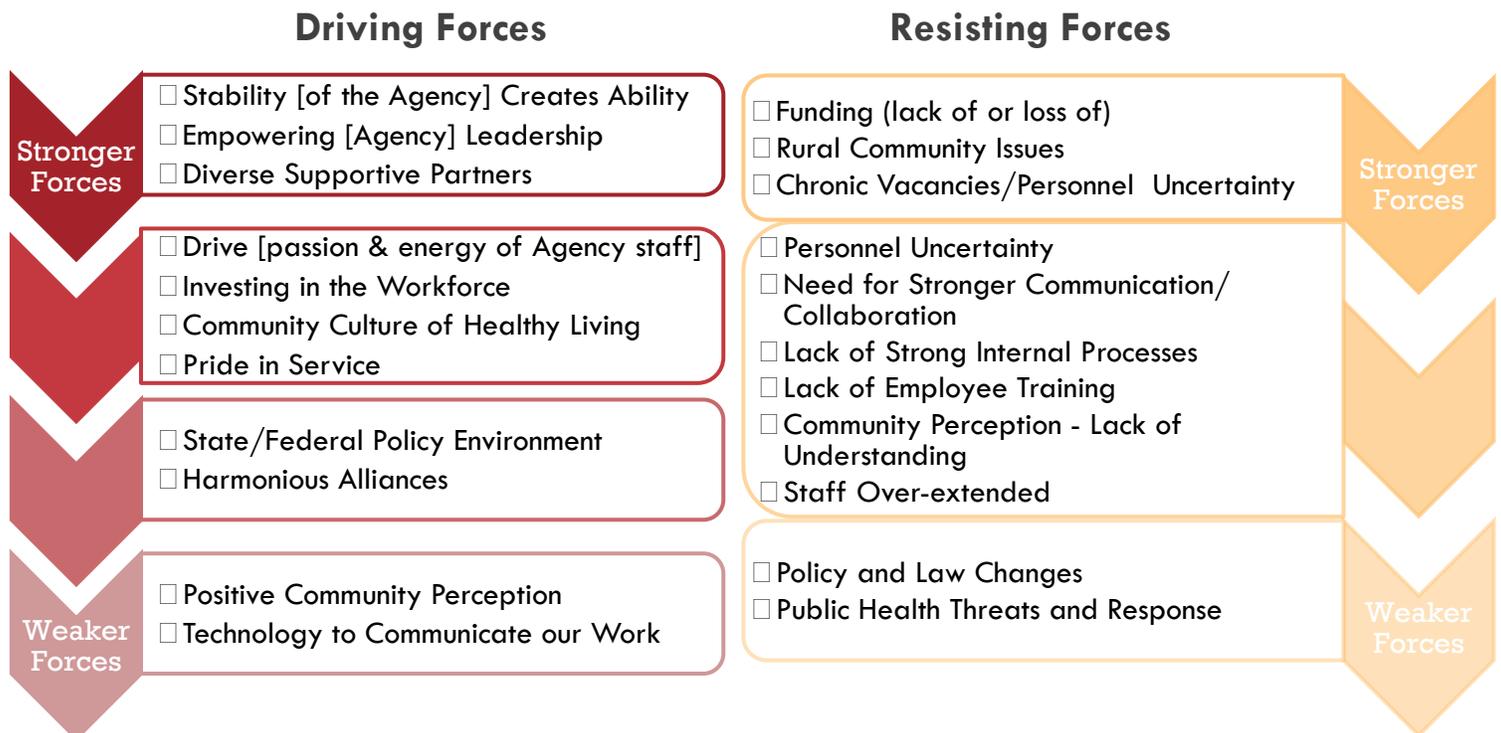
## Overview of Strategic Planning Process

The PCPHA strategic planning process consisted of conducting a two-part SWOT Analysis (identification of strengths, weakness, opportunities, and threats); updating the PCPHA’s vision, mission, and values; identifying broad strategic directions; and developing goals, objectives, activities, and timeframes. The process took place over a six-month period, and utilized an outside consultant to facilitate collaborative decision-making. The consultant met regularly with a Planning Team, made up of agency leaders, to design the strategic planning process and develop the design of two daylong workshops for Agency staff and a representative of the department’s governing entity. The following steps were implemented:

Timeframe	Strategic Planning Step	Meetings and Method of Review
March-April 2016	Division identification of Strengths, Weakness, Opportunities and Threats (SWOT)	Three mini-strategic planning sessions for each PCPHA Division (Clinic and Nursing, Fiscal & Administrative, and Health Education) to detail strengths, weaknesses, opportunities and threats; and to identify preliminary goals.
May 2016	Update of Vision, Mission, Values	Agency-wide day-long retreat facilitated by an outside consultant to update the PCPHA’s vision, and mission, and values to better reflect the identity of the department to the public as well as to affirm the work that is conducted by staff.
May 2016	Identification of Strategic Directions	Agency-wide day-long retreat facilitated by an outside consultant to apply SWOT data to conduct an analysis of driving and resisting forces for achieving the PCPHA vision, and to identify its broad strategic directions.
June-August 2016	Development of Goals, Objectives, Activities, and Timeframes	Two Strategic Plan Workgroup meetings for staff to work to develop goals, objectives, strategies and timeframes for each strategic direction.

# Strategic Directions and Action Plan (Goals, Objectives and Strategies)

Appendix A includes the outcomes of the mini-strategic planning sessions held in each of the Agency’s three Divisions, namely SWOT findings and preliminary thinking about goals in each one. In an agency-wide workshop, staff analyzed those early findings and identified the overall driving and resisting forces that were helping or hindering the agency in achieving its vision, then came to consensus on innovative, substantial actions that would deal with the underlying contradictions (resisting forces) and move the agency toward its vision (driving forces).



## Priority Actions

The Workshop question that was answered through a consensus process was, “*What innovative, substantial actions will deal with the underlying contradictions and move us toward our vision?*” Participants brainstormed answers to this question, then grouped their ideas into clusters. These clusters were then given the following labels (full results are included in Appendix B):

- Active Recruitment
- Creating a Premier Workplace
- Ensure a Highly Competent Workforce

- Strengthening Internal Efficiencies
- Formalize Mission-Driven Financial Plan
- Engage & Empower Community Across the Spectrum of Prevention
- Promoting the Face of Public Health
- Broader Infrastructure Planning

From the priority actions, staff later identified three broad Strategic Priority Areas:

1. Organizational Excellence
2. Improve Quality of Life
3. Collaborate to Improve Community Health and Well-Being

## Action Plan

The following Action Plan integrates all the work of the mini-strategic planning sessions and the agency-wide retreats into goals, objectives, and strategies for each of the Strategic Priority Areas.

<b>Strategic Priority Area #1: Organizational Excellence</b>	
<b>Goal #1: Strengthen Operational Efficiencies</b>	
<b>Objectives</b>	<b>Strategies</b>
Objective 1.1 – Ensure a mission driven financial system that supports PH capacity, sustainability and growth.	Strategy 1.1.1 – By June 2017, develop a formal process to monitor and adjust department-wide budget.
	Strategy 1.1.2 – By June 2017 and ongoing, increase communication and contact with the Board to improve board members' knowledge, awareness, and ability to influence all factors that affect local health jurisdiction funding.
Objective 1.2 - Maintain and improve department information management.	Strategy 1.2.1 – By June 2020, improve and streamline EMR implementation and use.
	Strategy 1.2.2 – By June 2018, develop and implement a formal process to monitor and evaluate department technological needs.

	Strategy 1.2.3 – By June 2017 and ongoing, increase the utilization and usability of department shared network.
Objective 1.3 - Strengthen operational infrastructure to facilitate organizational continuity.	Strategy 1.3.1 – By June 2017, review, update, and implement departmental policies and procedures.
	Strategy 1.3.2 – By June 2018, increase staff understanding of and inclusion in the Emergency Preparedness Continuity of Operations Plan.
	Strategy 1.3.3 – By June 2019, identify departmental continuity of operations strategies that address succession planning, including programmatic and financial knowledge.
<b>Goal #2: Create a Premiere Workplace</b>	
Objective 2.1 – Ensure a stable and highly competent workforce	Strategy 2.1.1 – By June 2017 and ongoing, implement newly developed workforce development plan.
	Strategy 2.1.2 – By June 2018, identify and implement departmental strategies to actively recruit competent and highly trained staff.
	Strategy 2.1.3 – By June 2017 and ongoing, identify, analyze, and adjust factors that increase our ability to become a choice place of employment, such as employee compensation.
	Strategy 2.1.4 – By June 2017, develop orientation and training guidelines to include Public Health competencies.
	Strategy 2.1.5 – By June 2018, assess information technology training needs of all staff.
	Strategy 2.1.6 – By July, 2016, dedicate time and money for staff professional development.
Objective 2.2 - Ensure a workplace environment that is balanced and embodies a culture of health and well-being.	Strategy 2.2.1 – By June 2017, create and implement an annual employee satisfaction survey.

	<p>Strategy 2.2.2 – By June 2018, develop a regular employee feedback mechanism.</p> <p>Strategy 2.2.3 – By July 2016, develop and annually assess a formal employee recognition program.</p> <p>Strategy 2.2.4 – By June 2019, launch staff wellness policy/program.</p>
Objective 2.3 - Integrate quality improvement and performance management into all programmatic and operational aspects of the department.	<p>Strategy 2.3.1 – By June 2017, implement Quality Improvement Plan, including creation of QI team.</p> <p>Strategy 2.3.2 – Annually provide staff training on quality improvement and performance management.</p> <p>Strategy 2.3.3 – By June 2021, integrate the use of the performance management system into all levels of department operations.</p>
Objective 2.4 - Ensure effective communication within the department and the county system of partners that impact Public Health operations.	<p>Strategy 2.4.1 – By January 2018, complete a baseline communications needs assessment for the department.</p> <p>Strategy 2.4.2 – By June 2018, create and implement department-wide communication guidelines, including the effective use of department branding.</p>

## Strategic Priority Area #2: Improve Quality of Life

### Goal #1: Ensure a bridge to respectful services that support and improve individual and population health.

Objectives	Strategies
Objective 1.1 – Assess new and existing programs to ensure the inclusion of the social determinants of health.	Strategy 1.1.1 – By March 2017, review developing Opiate, Dental, and OER programs to include activities and budgeted items that address the social determinants of health and barriers to care.

Objective 1.2 – Ensure enrollment of eligible applicants into MediCal, CMSP, and Covered California.	Strategy 1.2.1 – By June 2017 and ongoing, improve county-wide service provider outreach and enrollment capacity for MediCal, CMSP and Covered California.
Objective 1.3 - Ensure access to medical and dental homes to provide continuity of care and timely preventative services.	Strategy 1.3.1 – Annually work with hospitals, dental providers, and Social Services to identify vulnerable populations.
	Strategy 1.3.2 – Continuously provide care coordination and case management services to eligible clients.
<b>Goal #2: Promote Healthy Lifestyles and Environments</b>	
Objective 2.1 – Engage people where they are.	Strategy 2.1.1 – By June 2017 and ongoing, ensure culturally and linguistically appropriate services.
	Strategy 2.1.2 – By June 2017 and ongoing, prioritize place-based services to address the Social Determinants of Health.
	Strategy 2.1.3 – By June 2017 and ongoing, improve county-wide service provider capacity to provide harm reduction and strength-based services to clients.
	Strategy 2.1.4 – By June 2018, provide harm reduction and strength-based services to Public Health clients.
Objective 2.2 – Engage and empower communities across the spectrum of prevention.	Strategy 2.2.1 – By June 2021, increase education about and access to nutritious, affordable, and culturally appropriate food choices.
	Strategy 2.2.2 – By June 2021, decrease tobacco use in Plumas County by reducing health disparities and changing cultural norms through education and public policy.
	Strategy 2.2.3 – By June 2021, create a comprehensive system of harm reduction and treatment services for individuals experiencing opiate addiction.

Strategy 2.2.4 – By June 2021, actively engage youth from throughout Plumas County in efforts to reduce underage drinking, youth marijuana use and youth prescription drug misuse.

Strategy 2.2.5 – By June 2021, increase outreach to populations at high risk for acquiring or transmitting HIV and Hepatitis C.

**Goal #3: Improve Client Customer Service**

Objective 3.1 – Improve Public Health staff awareness and knowledge of community services and supports.

Strategy 3.1.1 – Annually update Public Health program information in the community resource guide.

Strategy 3.1.2 – Annually provide information and training to Public Health staff on community resource guide contents and usage.

Strategy 3.1.3 – By June 2018, develop and implement a client satisfaction survey for clinic services.

**Goal #4: Provide a warm, friendly, inviting, and safe place that supports the efficient delivery of public health services to clients**

Objective 4.1 – Create a warm and inviting décor that reflects our public health values.

Strategy 4.1.1 – By December 2017, improve the décor of the Public Health department to reflect our Mission, Vision and Values.

Strategy 4.1.2 – By December 2017, install wall art and signage to create a welcoming and warm environment for clients.

**Strategic Priority Area #3:  
Collaborate to Improve Community Health and Well-being**

**Goal #1: Effectively communicate with stakeholders and residents to promote the face of Public Health and ensure public confidence in, recognition of, and value for public health services.**

Objectives

Strategies

Objective 1.1 – Identify and implement strategies to increase public awareness of public health services and priority community

Strategy 1.1.1 – By June 2021, increase the use of social media across Public Health Nursing and Health Education programs.

health initiatives.	<p>Strategy 1.1.2 – By December 2017, revise and improve the department website.</p> <p>Strategy 1.1.3 – By June 2017, rebrand the Public Health Facebook page</p> <p>Strategy 1.1.4 – By June 2017, increase the number of links to community organizations and resources on the Public Health Facebook page.</p>
Objective 2.1 – Expand the 20000 Lives initiative to broaden the implementation of the Community Health Improvement Plan and evaluate the effectiveness of collaborative efforts to improve the health status of local residents.	<p>Strategy 2.1.1 – By June 2018, increase the participation of non-traditional partnerships in the 20000 Lives Coalition.</p> <p>Strategy 2.1.2 – Annually, provide education and training opportunities to coalition members, including rural health issues and professional development to strengthen community workforce.</p>
<b>Goal #2: Foster diverse partnerships that strengthen our operations and capacity to improve our community's health.</b>	
Objective 2.2 - Coordinate and improve data collection efforts to enable the collection of reliable, local, specific health data.	<p>Strategy 2.2.1 – By December 2016, develop and implement tools to collect reliable, local data.</p> <p>Strategy 2.2.2 – By December 2016, collaborate with community partners to identify and share available local data.</p>
Objective 2.3 - Regularly assess community health to determine trends, gaps, and needs.	<p>Strategy 2.3.1 – Conduct a Community Health Assessment (CHA) every 3-5 years.</p> <p>Strategy 2.3.2 – Annually revisit CHA indicators to determine changes in community health status.</p>
Objective 2.4 - Work collaboratively with community partners to implement projects and initiatives identified in the Community Health Improvement Plan.	<p>Strategy 2.4.1 – Develop a Community Health Improvement Plan (CHIP) every 3-5 years.</p> <p>Strategy 2.4.2 – By June 2021, implement the CHIP in collaboration with community partners.</p> <p>Strategy 2.4.3 – Annually review and update the CHIP to document progress.</p>

# Appendices

## Appendix A: Division SWOT Analysis

### SWOT Analysis Summaries

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#### Clinic and Nursing Division

##### STRENGTHS:

- Group support; everyone has each other's backs
- Good knowledge base and mix of years of experience
- Strong family planning services
- Good client base
- Even those with access to services elsewhere still want to come to Public Health because they trust our clinic
- Good relationship with FRC
- Very loyal clients, especially to Edie
- Non-judgmental, open-minded, respectful services
- We see and treat each other as fellow human beings – are there to support each other
- EMR – will save time and money in the future
- Ease of access – it's fairly easy to get in for an appointment for family planning or IZ
- We often fill the “appointment gap” when there is a long wait at local outpatient providers
- Very flexible in willingness to see clients
- We get LOTS of referrals and requests for services – must have a good reputation
- Leadership
- Reputation for providing high quality services in all areas – flu clinics, family planning, outreach, etc.
- The community knows public health and our services
- Those from larger communities have less access to services and knowledge of PH programs and services
- High level of coordination and collaboration
- FRC students love it here – people “look” at you and see you as a fellow human being
- Culture of intimacy, community support, and humanity
- Clinic staff are all cross-trained

## WEAKNESSES

- Confidentiality is difficult in such a small community
- Being short-staffed has taken its toll and affects morale
- Need more stable and responsive inventory control – i.e. shouldn't "run out" of essentials like rings, etc.
- Better resource allocation for medical supplies
- Have continued "status quo" programs and services and taken on new things without adding more staff
- Over-extended and overwhelmed due to being short-staffed and continuing status quo service expectation
- Lack of training for programmatic expectations such as Parents as Teachers, Childbirth Education classes, etc.
- EMR is a huge undertaking, taking staff time away from programs without an additional staff person to help build reports, etc. during the transition.
- Squeezing people in for emergency birth control
- EMR double-charting is labor intensive
- Culture of "if we don't do it, nobody will" so we feel pressured to take on things that overwhelm
- EMR experience can be impersonal – need practice and training to personalize
- Families First – hard to have a routine, constantly putting out fires. FF has an expectation of minimum monthly visits, 3 X's per family per quarter. Even with triage, higher functioning families get pushed to the end of the list, but we still have to "make our numbers"
- Families First is also overwhelmed by CPS referrals, health education requests in CPS team meetings, and requests from Court orders, Social Worker, etc. FF nurses are called anytime there is reunification, team meeting, other. CPS referrals have increased FF caseload and there are high expectations that are difficult to reach within the program SOW.

## OPPORTUNITIES

- PDH staff has said they have teens wanting confidential services. Opportunity to do outreach to this target population
- Better address teen pregnancy, which seems to be on the rise
- Seneca has Family Pact
- Every Woman Counts – if we can become a provider, women not reproductive can get reproductive health screening and care

- Outreach – have been so busy with Families First referrals and being understaffed, have not done outreach
- Discuss challenges, goals, outcomes of Families First with First 5
- Explore Medication Assisted Therapy and budget neutral funding
- Increase coordination for MAT and other opportunities with other county departments
- Increase coordination within the public health department i.e. comprehensive sex education
- Increasing access to care for FRC students with urgent/emergent health needs and coordinating with system of care to get them timely, affordable coverage
- Presumptive Eligibility cross-coordination with hospitals

## THREATS

- Changes/losses in funding, coupled with increased personnel costs as staff advance
  - CHDP/CCS/AOD/MHSA/1<sup>st</sup> Five
- Limited hiring pool for nursing
- Shift in client population due to ACA
  - Less IZ
- Change in medical marijuana laws and impact on PH
- Liability issues with employee health

## Fiscal and Administrative Division

### STRENGTHS:

- Good customer service ethic
- Teamwork, supportive team
- Good Communication
- Skilled/adaptable workforce
- Good leadership
- Positive morale, positive attitude
- Good financial situation
- Reliable staff
- Good working relationships with all staff
- Helpful attitude – filing needs as they arise

### WEAKNESSES:

- Lack of understanding between divisions
- Lack of a good process for tracking Family Planning revenues
- Lack of sufficient workforce to ideally cover and do a good/thorough job

- Not enough time to complete work
- Need for better cross training – need more time
- Administrative Division not growing in proportion to other divisions
- Need for fiscal staff meetings – better communication & coordination
- Need a front door button for Diane and need to better configure the clinic reception area to make it more efficient for staff and more confidential for clients
- Poor staging in office areas with public access – need things for the walls & the TVs need programming
- Veterans client scheduling – unhappy clients

#### **OPPORTUNITIES:**

- Possible new funding opportunities – Opiate – additional staffing?
- EHR – better billing opportunities
- Changes in other county department’s leadership & consequent transition of administrative staff – is an opportunity to share knowledge and communicate better on a county-wide level
- Good county-wide collaboration between departments
- Upgrade to County Auditor accounting software – may make it easier to track and report

#### **THREATS:**

- Changing healthcare system – provider confusion – lack of communication with Social Services
- Funding does not keep up with the demand for services

## **Health Education Division**

#### **STRENGTHS:**

- Positive morale; solid workforce/good team; successful teamwork; diversity of backgrounds; staff commitment & passion; overlap & redundancy of staff/good backup; staff have good work/life balance and are engaged in the community
- Engaging Workplace; FUN; accommodating workplace (sit/stand, schedule flexibility)
- Strong Partnerships – both internally and externally
- Good reputation in the community; seen as community resource – conveners & facilitators
- Active/engaged Health Officer
- Good leadership
- Good internal support from administrative staff
- Excellent financial conditions

## **WEAKNESSES:**

- Communication: between programs and divisions; don't communicate our successes to the public well; outdated website
- Lack of Integration – programs & divisions
- Lack of clearly defined strategic goals that we can align with all work plans
- Siloed work/program requirements prevent participation in broader activities – Activity Overload
- Focus on outputs rather than outcomes
- Rising employee costs vs. stagnant program budgets – always have to do more with less
- Program isolation – need for reorganization
- Physical divisions exacerbate department divisions – clinic (downstairs) and HE/Admin (upstairs)
- Budget & reimbursement drive separations
- Staff spread thin – staff burnout
- Dilution of work – too willing to take on new activities that don't necessarily align with Public Health
- Sedentary work

## **OPPORTUNITIES:**

- Strong state & regional partnerships; regional leadership
- Good reputation
- Requests for services from community partners
- Promoting evidence-based practices in the community
- New funding opportunities: Opiate Overdose, Traffic Safety, Sex Ed.
- Training coordination to strengthen regional partnerships – ex. EPO, Opiate, HIV coordination with other counties to bring trainings to rural areas
- Ability to tie our work to economic outcomes – to bring community leaders on-board
- Accreditation

## **THREATS:**

- Outside perception that PCPHA has a Quincy-centric approach
- Lack of clear and constant communication to share what we do – in each community
- Political change – local, state & national
- Potential funding reductions – based on performance management
- Lack of continuity and strength in Plumas County Health Services (MH, A&D, Probation) and across the county (schools) inhibit our ability to address the social determinants of health
- Conservative nature of our community; stigma for client populations; abstinence vs. harm reduction; lack of support for social safety-net programs
- Lack of education about the Public Health approach – non-judgmental/measurable change

- Increase in natural disasters related to climate change (flooding, fires)
- A changing Public Health environment with little funding flexibility
- Funding cuts
- Staff & leadership changes with partners – hospitals, schools, etc.
- Partners experiencing loss of funding – school services coordinators at risk of cuts.

## Appendix B: Values, Vision, Mission Workshop (May 9, 2016)

### **Plumas County Public Health Agency Strategic Planning Workshop 5/9/16 Notes**

#### **Welcome and Overview**

#### **Introductory Protolanguage Activity**

**Mission:** The organization's core purpose; what the organization does and why.

**Vision:** Futuristic view regarding the ideal state or conditions that the organization aspires to change or create.

**Values:** Principles, beliefs and underlying assumptions that guide the organization.

#### **Values**

Interview & Sticky wall activity: What are the principles, beliefs, and underlying assumptions that guide our organization? (see attached spreadsheet).

Break exercise – values slide show: Old fashioned wagon wheel; Stable horse leg with flair; Weed or wildflower; two staff walking in the distance – walking and environment

#### **Vision**

Visioning script and questions all around:

Sheet 1 – In the past 10 years, what is the most significant breakthrough that launched the organization into a whole new level of wild success? How? What happened? Who helped make it happen? What was different?

- More funding
- Fully staffed with equitable pay
- Plumas County ranked highest for quality of life because of income, equity, health outcomes, and social connections
- Staff gets training to bring it to the next level
- Regional coordinated effort reduced/eliminated overdose deaths
- An active community environment due to collaboration with Public Works and agricultural tourism

- Data driven interventions – performance management
- Better clinical efficiency through use of EHR

Sheet 2 – What are you most proud of? What are your top 1-3 major accomplishments or big wins? What difference did these accomplishments make in the community?

- The health department creates and unleashes leader!
- Complete knowledge of AOD prevention/treatment
- Retirement
- Established electronic medical records
- Reduction in tobacco use
- Availability
- Free meals – whole foods – for every child/youth
- Building relationships
- Sustainable living
- We have started collecting and disseminating more local data
- Showing our value at the table in multiple areas
- Sustainable AOD/youth prevention program – less lives lost to alcohol and drugs
- Everyone has equal opportunities
- Reduction in preventable health problems
- Partnerships
- Knowledge of health needs
- Voice for aging in our community
- Plumas top county in healthy/happy living

Sheet 3 – How are people working together internally? What is the feeling/tone of that work: how are teams working with one another across silos? What's new and different? Why is it working so well? What are the specific structures and practices that are making this new level of collaboration so successful?

- Collaborative creative solutions – efficiency
- Culture of quality
- All employees on the same floor
- Understanding by partners of PH's role within the system
- Use of groupware (Google docs or MS office 360)
- Willingness and openness
- Utilizing strengths of individual employees
- Team building exercises
- Potent and meaningful campaigns and messages

- Understanding of each individual's role/job/mission within PH
- Comfortable environment to vision ideas – work hard together
- Make personal contact
- More collaboration across programs
- We are the mode of innovative collective work with measurable results. Everyone wants to work here to change the community.
- Respectful – innovative - change government work structure will help in employee health and innovation

Sheet 4 – What lives is your work touching? Who are you serving? How are they engaging with you? Zero in on one or two representative individuals... Why are they choosing to engage with your messages, services, programs? What's in it for them?

- Individual feels heard in the community
- Touching lives of people who won't even know it
- Whoever walks in the front door
- Seniors, preschoolers, elementary, mid/high school/college
- People just like me
- Youth in all communities
- Underserved – Medi-Cal/underinsured population
- There are no barriers to care here!
- Change in environment affects all

Sheet 5 – Notice other groups that you partner with now... How is the health department specifically unique and different?

- A hub
- Focus on workforce development
- Understanding of need
- We're the host
- Stable leadership
- High functioning facilitators
- Part of bigger group
- Willingness to partner wherever we are needed
- We are the leader – convener-chief strategist.
- Community members approach us and say "How can I help?"
- Robots
- Build up our allies
- Variety of programs

- We have the desire to make it happen!

Sheet 6 – Are there new or unusual allies that contributed to your success as a health department?

- Law enforcement
- Food banks
- Public Works – environment
- More buy-in/support from Board of Supervisors
- Mental Health
- Seniors
- Individuals
- Retirees
- Youth
- Business community
- Schools/Office of Ed
- Medi-Cal clinics
- Retail owners
- Farmers
- Family Involvement
- HIV+ individuals
- A motivated leader
- PCIRC – resource centers
- Housing Authority
- People in recovery
- Representative, outside normal PH, diverse, collaborating

Distribution of Dots: Top responses on flip charts

- 1) PC ranks highest Quality of Life because of income, equity, health outcomes and social connections
- 2) More collaboration across programs
- 3) Top county in healthy, happy living
- 4) Touching lives of people who don't even know it
- 5) We have the desire to make it happen
- 6) Community members approach us and say "how can we help?"
- 7) Reduction in preventable health problems

Draft vision statements incorporating the top responses:

- **Utilizing community engagement** and collaboration to realize Plumas County's **highest health and well-being potential**.
- Plumas County Public Health strives to provide the highest QOL through **innovation**, organizational collaboration, community involvement, and providing opportunities for **social connections**.
- Plumas County is home to the **healthiest and happiest** people in the nation, because of the department's **commitment to innovative partnerships to improve every life**.
- PCPHA has successful health outcomes, **sustainable living**, and social connections that improve the Quality of Life through collaboration with and **participation of the community**.
- Plumas County Public Health Agency is a regional leader, **engaging a diverse group of community partners** who work together to create a healthy, happy, and **equitable environment** for everyone.

### **Mission**

Draft mission statements (W: Who we are, N: Needs we exist to fill, R: Our Role, H: How we respond to needs)

- To promote health equity that improves Quality of Life for the entire community by maximizing innovative partnerships and collaborations. Safeguarding the community's rights to having an equitable environment to live in. (N,H,R)
- To better the community through innovative resources for a sustainable living. To meet the needs of Plumas County's highest health and wellbeing potential. (W, N, H)
- We endeavor to promote individual and community health and happiness through our devotion towards providing collaborative relationships with community partners and safeguarding our overall quality of life. (N, R, H)
- Empowering individuals to reach their healthiest potential through equitable services and meaningful connections. (N, H)
- PCPHA promotes the highest quality of life through innovative support of policy, system, and environmental changes that enhance our community. (W, N, R, H)
- PCPHA provides direct and indirect health care through collaboration within our community, connecting individuals with the appropriate services and education. (W, N, R, H)
- To promote and protect the health and safety of our community through innovative engagement of local residents and partners to encourage change to policies,

systems, and environments that prevent illness, promote social connections, and create a healthy, happy community. (N, R, H)

- To inform the community on healthy living and to enhance the highest health and wellbeing potential. (N, R, H)
- To ensure that all community members have access to health care and health education to enhance their quality of life. (N, R)
- To lead the community to health and happiness through community engagement, dedication and innovation. (N, R)
- To promote health, health equity, and healthy lifestyles by empowering individuals through prevention interventions and education. (R, N, H)
- Create conditions to achieve the highest QOL through innovation, safeguarding the environment and empowering our community through partnerships and social connections. (H, N, R)
- To ensure the best life possible for every resident through engaging the community in meaningful partnerships that impact health. (H, N, R)

## Notes from Values Exercise

What are the principles, beliefs, and underlying assumptions that guide our organization?										
Honesty and Integrity	Community, Strengths, Connections	Compassion	Dependable, reliable, accountable, professional	Positive	Collective Impact	We care	Decisions empowered by knowledge	Innovation	Inclusive Service-Oriented	Communication
Honesty	Strengthening our community	Compassion	Consistency	Positive workplace	We have collective impact	Supportive	Education and interaction	Never static	Be humble and inviting	Communicate transparently
Integrity	We help frame our community	Keep your compassion	Dependable & reliable	smile	Collaboration	Sustainable	The knowledge to give the best care to the public	Positive change	We are welcoming	Communication
	We believe in our community	Kindness	On time with appointments	laughter is the best medicine	Working toward similar goals	Respectful	Give the tools to succeed (Life/Work)	Joyfulness in making a change	No wrong door approach	Listen
	Hope	Show Kindness	Reliable		Sustainable programming		Can provide accurate information	Look for solutions	We are open-minded and non-judgmental with our clients	Value listening
	Family		Professionalism - supporting clients		Stronger together		Informed	Willingness - going above and beyond	Help as many as you can	Confidential

	Environment of mutual respect		Be professional		Team work		Promotion/ Outreach	Above and beyond	Every person matters	
	Be courteous				Efficient			Being flexible with your time	Equity	
	Relationships with co-workers and clients				Individuals have unique strengths			Passion should be what motivated staff	Don't react to bad behavior	
									Understanding /accepting of co-workers and clients	

# PCPHA VALUES-DRAFT

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These values reflect the guiding principles that inform how we work toward our collective vision with each other, our community partners, and the residents we serve.

## Honesty and Integrity

We commit to honesty and integrity in our interactions with others, and maintain transparency in our organization.

## Relationships

We believe that our respectful connections to individuals, families, and the community as a whole are the foundation of community health and strength.

## We Care

We act from compassion, kindness and respect and recognize how important it is to support and sustain each other.

## Accountability

We hold ourselves accountable to being dependable, reliable and professional.

## Positivity

We foster positivity and value humor in our workplace and the community.

## Collective Impact

We recognize that we are stronger together and seek to draw on the unique strengths of our co-workers and community partners.

## Empowerment through Information

We provide quality information and education to empower our whole community.

## Innovation

We welcome and are passionate about change; are willing to go above and beyond; and are open to new ways of approaching solutions.

## Humility and Inclusivity

We remain open-minded and non-judgmental; seeking to understand, accept, and assist each other regardless of any door a person walks through.

## Communication

We remember to actively listen, communicate transparently, and honor confidentiality.

# PCPHA VISION AND MISSION STATEMENTS

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## Vision

Plumas County is home to the healthiest and happiest people in the nation, who have strong social connections and work together for a better community.

## Mission

The mission of the Plumas County Public Health Agency is to promote and protect individual and community health and well-being. We do this through innovative partnerships, public planning and policy, and ensuring access to respectful services.

## Appendix C: Strategic Directions Workshop (May 23, 2016)

### Driving and Resisting Forces

Plumas County Public Health Agency							
Strategic Planning Session							
May 23, 2016							
<i>Plumas County is home to the healthiest people in the nation, who have strong social connections and work together for a better community</i>							
DRIVING FORCES				RESISTING FORCES			
			Stability Creates Ability	Funding (lack of or loss of)			
			Empowering Leadership	Rural Community Issues			
			Diverse Supportive Partners	Chronic Vacancies	Personnel Uncertainty		
		Drive			Need for Stronger Communication/ Collaboration		
		Investing in the Workforce			Lack of Strong Internal Processes		
		Community Culture of Healthy Living			Lack of Employee Training		
		Pride in Service			Community Perception - Lack of Understanding		
	State/Federal Policy Environment				Staff Over- extended		
	Harmonious Alliances					Policy and Law Changes	
Positive Community Perception						Public Health Threats and Response	
Technology to Communicate our Work							

Identification of Broad Strategic Actions

**What innovative, substantial actions will deal with the underlying contradictions and move us toward our vision?**

<b>Active Recruitment (B)</b>	<b>Creating a Premier Workplace (B)</b>	<b>Ensure Highly Competent Workforce (NT)</b>	<b>Strengthening Internal Efficiencies (K)</b>	<b>Formalize Mission Driven Financial Plan (S)</b>	<b>Engage &amp; Empower Community Across the Spectrum of Prevention (K)</b>	<b>Promoting the face of Public Health (NT)</b>	<b>Broader Infrastructure Planning (B,S)</b>
Proactive Recruiting (incentivize)	Analyzing Pay Scale	Enhancing a Stable Workforce through a Workforce Development Plan	Developing and Implementing P&P	Initiating Mission-Driven Funding Pursuits	Empowering Community	Promoting the Face of Public Health	Supporting Coalitions with Shared Goals to Fill Gaps/Needs
Expanding Employment Advertisement	Reformatting Workplace Compensations Even Beyond Salary & Benefits	Developing Orientation & Training Guidelines	Update our Technological Capabilities		Support Policy Development that Empowers People to Make Healthy Choices	Expanding Community Awareness of Public Health Issues and Services	Yearly Updated Resource Guide

	Launching Staff Wellness Policy/Program	Develop a 3 year Training Plan that Supports Employee Professional Development	Developing Action Plans to Work Toward Measurable Goals		Touch People Where They Are		Empowering Internal and External Partners to Better Advocate for Rural Issues
	Develop Employee Feedback/Survey Mechanisms	Dedicated Time/Money for Staff Development	Develop Continuity Planning				Engaging Non-Traditional Partnerships
			Enhancing Team Cohesion				

Appendix D: List of individuals who participated in the strategic planning process

**STRATEGIC PLANNING WORKSHOPS ATTENDANCE ROSTER & TITLES**

<b>First</b>	<b>Last</b>	<b>TITLE</b>
Andrew	Woodruff	Health Education Division Program Chief
Ashley	Underwood	Administrative Assistant I
Audrey	Rice	Fiscal & Technical Services Assistant II
Christi	Meyer	Public Health Nurse
Dana	Cash	Health Education Coordinator I
Danielle	Blust	Community Outreach Coordinator
Dawn	Fowler	Licensed Vocational Nurse I
Debbie	Robinson	Department Fiscal Officer II
Deniece	Heard	Department Fiscal Officer I
Diane	Goni	Administrative Assistant II
Edie	O'Connor	Physicians Assistant
James	Wilson	Health Education Specialist
Jana	McDowell	Licensed Vocational Nurse II
Jessica	Coelho	Health Education Specialist
Jimmy	LaPlante	Veterans Services Officer
John	Rix	Senior Services Director
Karla	Burnworth	Assistant Director
Katherine	Stafford	Public Health Nurse
Kristin	Brown	Registered Nurse I
Kyle	Short	Veterans Services Representative
Linda	DeWolf	Registered Nurse II
Lori	Pini	Health Education Coordinator I
Lori	Simpson	Plumas County Board of Supervisors
Meagan	Miller	Health Education Specialist
Megan	Mansfield	Health Education Specialist
Mimi	Hall	Director
Richard	Dolezal	Veterans Services Representative
Rosie	Olney	Management Analyst I
Tina	Venable	Director of Nursing
Zach	Revene	Health Education Coordinator II