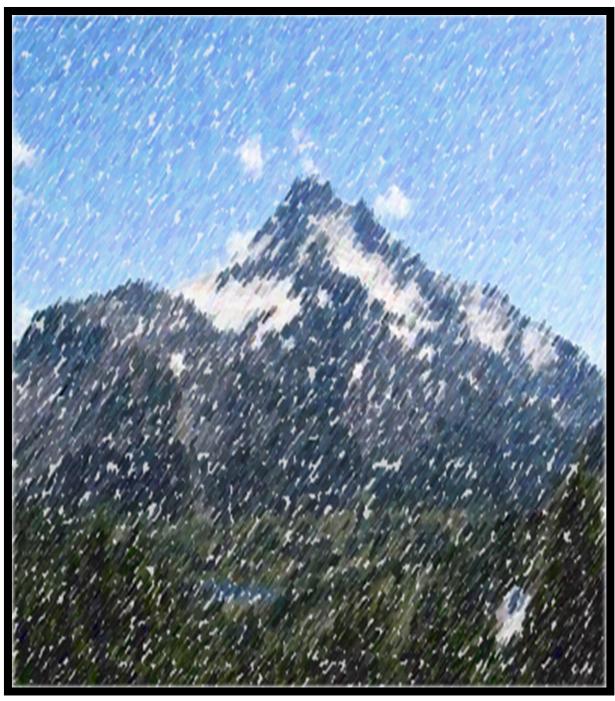
Jefferson County Public Health Department



Strategic Plan 2018-2020



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Letter from Health Services Director

After nearly a full year of development, the first Jefferson County Public Health Strategic Plan is complete. The plan is the first step towards greater accountability and eventual accreditation with the Public Health Accreditation Board (PHAB). Along the way, we integrated Oregon's requirement for Public Health Modernization and information from the Central Oregon Regional Health Improvement Plan to guide the ways local public health services are provided. Additionally, we now have completed a strategic plan that will not simply sit on a shelf and be ignored; but instead, our plan highlights the improvement that we are currently implementing in our programs as well as identifying the path towards reaching the vison the department has identified for itself.

In this strategic plan, we collectively agree to commit our energies and resources to ensure there are no barriers to services for anyone in our community. As a department and team, we have identified 6 goals that we feel are at the core of our public health services. As you read through the strategic plan, you will see that staff has placed emphasis on improving our community's health by creating a structured service method that utilizes polices and data-based decision making, by strengthening our commitments to our partners, and ensuring we remain responsible stewards. The pursuit of our ambitious (but realistic) strategic goals will have long lasting impacts on the department, our community, and the Central Oregon region as a whole.

The completion of the plan does not signal the end of the planning process. As a department, we are committed to a transparent process and regular communications with all staff, county administration, partners, and community members. This ongoing process of active and open communication will ensure that everyone within the department remains focused in order to have the greatest impact. We already have a strong start in some of this work, due entirely to our remarkable staff. To be honest, it is understood that there will remain challenges (in staffing, funding, or support) in reaching our goals. Our plan will therefore remain flexible and allow us to address these ongoing challenges while continuing to provide our highest level of service. Our community and our staff have come to expect no less.

I am grateful for the efforts our AmeriCorps volunteer, Jackson, devoted to ensure that each and every staff member was able to contribute to the process and final Strategic Plan. From the front desk support staff to managers and directors, the entire staff has voiced what it will take to be, not just a good department, but the best department we are capable of. I am both proud and humbled to have been able to be a part of this process with such an amazing team. Their dedication to their clients, their teammates, and this department is without question. It is with great enthusiasm that I look to the future and the work we will accomplish.

Sincerely,

Michael Baker Health Services Director Jefferson County Public Health

OREGON

Background for Strategic Planning

Why Did We Plan?

We began planning with a variety of reasons in mind. First, we wanted to create a document that was publicly available, showing who we are and where we're going. Remaining accountable to our stakeholders is always at the forefront of our mind, and strategic planning is an opportunity to demonstrate how our staff has committed to that principle. Second, we wanted to plan how we can adapt to a rapidly changing public health system, which includes trends towards accreditation, regionalization, and modernization in Oregon. This requires that we plan preemptively and comprehensively as we don't anticipate the dynamism of public health to change soon. Lastly, we wanted to act in a coordinated way to "move the needle" on the health indicators reported by the County Health Rankings. After a repeatedly low ranking, we seek to identify how we can improve aligning our services with the most dire needs in our small, diverse county.

What Kind of Plan is It?

This plan lays out how Jefferson County Public Health (JCPH) will address needs in the community, needs of our partners, and needs of the department itself. We are labeling this plan a three-year *transitional* plan in anticipation of the necessity to realign our plan with the Regional Health Improvement Plan for 2021-2025 and reevaluate how JCPH can address these new health priorities. The next three years will involve significant preparation to be better positioned to serve our community in a changing public health context. Accordingly, our plan emphasizes updating the systems behind our services.

2018 --- 2020

How Did We Plan?

From start to end, we met in small and large groups for a period of one year to ensure that all voices in JCPH were heard and plenty of time was devoted to identifying our three-year priorities. By lengthening our planning timespan, we were also able to thoughtfully approach the process without withdrawing from our community and allowing our previous culture to adapt to a new culture that makes time for planning. During this time, JCPH enlisted the help of two of our neighbors, Crook and Deschutes counties to ensure our planning process was successful. Please see the Appendix for more information on our planning process.

OREGON

About Us

Our Vision for Jefferson County:

Healthy people in thriving communities

Our Mission in Jefferson County:

To improve the health and promote the well-being of **all** Jefferson County residents through policies, partnerships, and services

Our **Values** in Our Work:

- Respect: We are honored to serve our community and treat our clients as good neighbors.
- Integrity: We hold ourselves to a high standard.
- Equity: We remove barriers for those who otherwise might not be able to access services.
- Diversity: We identify differences in the community as assets.
- Empowerment: We support and encourage our clients and staff to thrive.
- Optimism: We believe in our ability to effect positive change in our community.

About Our County

Overall, Jefferson County is comprised of several rural communities, the largest of which is Madras. With nearly 24,000 people (2018 estimate), our county of 1,781 square miles is one of the least populated in Oregon yet occupies a key transportation crossroad in the state and overlaps with part of the Warm Springs Indian Reservation. We boast one of the most ethnically diverse populations, by percentage, in Oregon, a fact we celebrate and have at the front of our minds as we do our work. In particular, our multi-ethnic county is enriched with sizable Latinx and Native American communities. Our chief industry is agriculture, which instills a seasonality to the area's activity and our work in public health. Finally, Jefferson County is geographically diverse, spanning the transition from mountainous, conifer forests to rolling, arid grasslands.



Organizational Description

As a health department with diverse clientele, we seek to provide services with a staff that reflects the diversity of our community. At Jefferson County Public Health, we provide a variety of public health services and programs with a small, diverse staff of nineteen, including:

- Community Health Outreach & Education
- Environmental Health
- Communicable Disease Prevention & Surveillance
- Immunizations
- Reproductive Health
- Family Support Services (Nurse Home-Visiting, Perinatal Care Coord.)
- Women, Infants, and Children Nutritional Program
- Public Health Emergency Preparedness & Response
- Tobacco Prevention, Cessation, and Policy Promotion
- Jail Health Services

Our partner in behavioral health, BestCare Treatment Services, provides addiction treatment and mental health services across the county and region. These services span from pain management to gambling addiction therapy. JCPH operates in an increasingly regionalized environment, partnering across Central Oregon to help us improve the lives of our clients.

Insert picture of JCPH staff, building, etc.



Strategic Plan

Our Priorities & Goals

The components of our plan are structured through *four* perspectives that compose our department operations: Our Community's Health, Our Partners & Clients, Our People & Processes, and Our Resources. We adapted this four perspective framework from the Balanced Scorecard Institute. The priorities that we address in this transitional plan are Alignment, Communication, and our Internal Functions. Our six goals seek to advance these priorities as well as organize our Strategic Plan. More specifically, our priorities are:

- Alignment Services & Partnerships Aligned with Community Needs
 - Why? To best serve our community, we must focus our efforts on regional and local priorities as shown in health assessments and partner needs
- Communication In & Out of JCPH
 - Why? We see opportunities for improving communication between JCPH programs and with partners so that our work is thorough yet not wasteful.
- Internal Functions— JCPH systems, processes, and plans
 - Why? Many of our internal functions are unused or outdated; we want to take a more methodical approach to fulfilling our public health role.

Our Community's Health	Our Partners & Clients	
Goal 1: Promote Optimal Health for all Community Members	Goal 4 : Create & Sustain a Client-Driven Culture	
ior all community Members	Goal 5 : Diversify & Deepen Partnerships	
Our People & Processes	Our Resources	
Goal 2 : Create, Update, and Align Policies & Plans	Goal 6 : Build Staff & Program Capacity	





Our Community's Health

Expected Results and Products:

- Decrease in rates of diseases
- Improved County Health Ranking
- More community events attended & hosted by JCPH

Goal 1: Promote Optimal Health For All Community Mem-

	Objectives & Actions	Р	rogress Indicators	Action Lead(s)	Targe	t Date
Eve	Streamline Community Outreach nts with Partners eate electronic & paper calendars ntify process to update calendars	*	JCPH Outreach calendars created # of events JCPH organizes & attends	AmeriCorps VISTA & Health Educator	20	nber 31, 18 & going
Μοι	Increase participation in Movin' Intains & Cardio Challenge by 5% Flore new promotion methods	•	5% increase in sign -ups & completions	Health Educator	Ong	joing
(RH -Co	Promote tobacco prevention policies IP) ntinue coordination of prevention aces with local & regional partners	•	Decrease prevalence of smoking among 11th and 8th graders from 12% and 6% to 9% and 3%, respectively	TPEP Coor. & Health Educator		nber 31,)19
Peri Prog serv -Co regi	Improve maternal health through natal Care Coordination (PCC) gram & JCPH Reproductive Health ices (RHIP) Intinue coordination of services with onal health care partners Egrate One Key Question principles clinic and home-visiting care	*	Increase number of women in Central Oregon who receive prenatal care beginning in 1st trimester from 86% to 90% One Key Question training certificates	Maternal Child Health Supervisor & Perinatal Care Coordination Staff		nber 31,)19
age -Be	Map out referral process to partner ncies (RHIP) havioral health & e-referral to quit-line lore in-house behavioral health hider	•	100% of clients who smoke are referred to cessation resources	Data Analyst		nber 31,)19
JCP	bers	1		ı	1	6

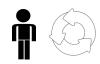


Objectives & Actions	Progress Indicators	Action Lead(s)	Target Date
1F—Identify & Promote JCPH health equity best practices across -Promote trauma-informed environment & services through training & remodel (RHIP) -Analyze county-wide services for gaps/inequities (PHAB)	 JCPH Best Practices document Health Equity Survey Report & Action Plan Baseline # of Gaps identified from Gap Analysis Report 	Director & AmeriCorps VISTA	June 30, 2019
1G—Improve physical accessibility to building -Communicate with BOC to enhance accessibility during upcoming building remodel -Consult with Bend Accessibility Consultant -Request community comment	Report from accessibility consultant	Director	December 31, 2020

A Note on Progress Indicators & Data Tracking

Our Progress Indicators reflect a variety of ways we will ensure our Strategic Plan is executed. We chose quantitative measures when possible, while remaining aware of the sustainability to track. Behind the goal for Our Community's Health are numerous measures from the RHIP, only some of which specifically pertain to our roles and capabilities in public health. We include only those measures and RHIP priorities that our staff identified as internal priorities. It is important to note that the omission of any RHIP priorities in our plan does not mean we have not already been actively working to advance those priorities





Our People & Processes

Expected Results and Products:

- Increased efficiency and participation during decision-making processes
- Comprehensive plans and processes for short-term and long-term operations

Goal 2: Create, Update, and Align Policies &

Objectives & Actions	Progress Indicators	Action Lead(s)	Target Date
2A—Adapt a Performance Management (PM) model/process specific to JCPH functions and culture (PHAB) -Integrate PM into job descriptions -Identify at least one performance measures per program by 2019	 Document explaining integration of all JCPH functions and PM % of programs with performance measures 	Director & Finance Admin.	August 31, 2019
2B—Establish Quality Improvement (QI) Plan and Goals (PHAB) -Submit QI Plan and Goals for JCPH review	 Reach 80% of QI Goals QI Project Assessments 	QI Team Chair	December 31, 2019
2C—Update Department Emergency Operations Plan (PHAB) -Create schedule to review/update plan	% of EOP components reviewedCompleted EOP	PHEP Coordinator	June 30, 2019
 2D—Develop a Workforce Development Plan (PHAB) -Identify plan components -Update staff survey to reflect plan components & track survey responses 	 Establish Baseline % Staff Satisfaction with JCPH Workforce Development 	AmeriCorps VISTA	August 31, 2019
2E —Establish formal JCPH marketing/branding strategies (PHAB) -Document past & present strategies	JCPH Branding Strategy Document Completed	AmeriCorps VISTA	October 31, 2018
2F —Complete 100% of PHAB Readiness Checklist in order to submit Intent to Apply	% of PHAB Readi- ness Checklist Completed	Director	August 31, 2019



Goal 2: Create, Update, and Align Policies &

Objectives & Actions	Progress Indicators	Action Lead(s)	Target Date
2G—Complete JCPH policy review and update policies as needed (PHAB) -Form review team and assign roles	◆ 100% of policies reviewed, updated, and signed	Director	June 30, 2020
2H—Ensure JCPH remains organized throughout pre-accreditation -Write policy for documentation standards (formatting, roles, etc.)	Tracking Documents Completed	AmeriCorps VISTA	August 31, 2018
-Create schedule for plan and process review			
2I—Ensure Department plans align with OHA modernization mandate -Review crosswalk of PH Modernization and Accreditation	◆ 100% of plans aligned with OHA & PHAB requirements	AmeriCorps VISTA	June 30, 2020

Goal 3: Strengthen Data Gathering, Assessment, and Utiliza-

Objectives & Actions	Progress Indicators	Action Lead(s)	Target Date
3A —Collaborate with regional partners on conducting Regional Health Assessment & creating Regional Health Improvement Plan (PHAB)	Documentation of participation	Director & Supervisors	Ongoing
3B —Integrate JCPH data gathering ability with decision-making (PHAB)	 # of JCPH Reports and Documents referencing in-house data 	Data Analyst	December 31, 2019 & Ongoing





Our Partners & Clients

Expected Results and Products:

- ◆ Consistent, Positive Partner & Client Feedback
- Improved Coordination of Services

Goal 4: Create & Sustain Client-Driven Culture

Objectives & Actions	Progress Indicators	Action Lead(s)	Target Date
4A—Establish quarterly client satisfaction survey and attain an average of 80% satisfaction rating -Create survey form (paper & electronic) -Establish survey administration process	 Baseline results of satisfaction survey Maintain 80% satis- faction each quarter 	AmeriCorps VISTA	September 30, 2018
4B —Form a five member client advisory board -Establish advisory board policies & role -Solicit client interest in joining board	 # of board members Client advisory board ratification status (from BOCC) 	Director	June 30, 2020

Goal 5: Diversify & Deepen Key Partnerships

Objectives & Actions	F	Progress Indicators	Action Lead(s)	Target Date
5A —Conduct yearly stakeholder analysis to identify strategic partners for and programs -Conduct analysis with all staff present	•	Documentation of stakeholder analysis at annual staff retreat	AmeriCorps VISTA	December 31, 2018 & Ongoing
5B —Seek triennial feedback from partners about our performance	•	Establish baseline of survey responses	Director	June 30, 2018 & Ongoing
-Develop survey or other feedback method				
5C— Strengthen relationship with Robert Wood Johnson Foundation and The Ford Family Foundation	•	# of meetings with Foundation representatives	Director	Ongoing





Our Resources

Expected Results and Products:

- Increased discretionary budget
- Improved transparency in budget status & budgeting process

Goal 6: Build Staff & Program Capaci-

Objectives & Actions	Progress Indicators	Action Lead(s)	Target Date
6A—Integrate grant-writing services with data analysis position -Schedule meetings with regional grant writer	 # of grants submit- ted with Data Analyst additions 	Data Analyst & Director	December 31, 2018
6B —Secure program & accreditation processes -Secure AmeriCorps VISTA OHA partnership	Position accepted!	Director	July 2018 & 2019
6C —Explore funding opportunities for programs and staff expansion -Develop or find accessible system for sharing grant opportunities (intranet, dashboard, etc.)	 # of pooled grant opportunities Intranet or Dash- board options identified 	All Staff	Ongoing
6D —Integrate new budget format into finance operations -Present budget to staff	Establish baseline for reporting accuracy (%)	Finance & Grant Manager	June 30, 2019
6E —Develop thorough position & program manuals for department-wide sustainability -Identify core components for template	Completed Template	Finance & Grant Manager	December 31, 2020
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Planning Process

Our process for setting the direction of JCPH was gradual and a new experience for all staff. The diagram on the next page details our process, beginning in July 2017 and ending July 2018. Due to such a lengthy timeline this process was piecemeal and gradual, but the opportunities we had to share our thoughts about how we can increase and leverage our resources for the community's benefit was extremely valuable. Along the way, we welcomed any advice from our neighboring counties in Central Oregon (Crook & Deschutes) while referring to resources available nationally, such as the many examples and guides from NACCHO. Jefferson County Commissioners attended and invited to participate in our staff retreat on December 21st, 2017, which was a major step in the planning process. [Insert sentence about final review by commissioners]

As you'll see in our timeline on the next page, we chose to meet in a variety of group sizes, depending on the planning step and the level of feedback needed. Before we began organizing official planning groups, JCPH staff completed a Strengths, Weaknesses, Opportunities, and Threats Analysis while at a staff retreat to ensure a comprehensive scan of our environment and organization. Later, six staff members met periodically as the Strategic Planning Team to guide the strategic process; specifically, the team met to decide the "how" of strategic planning. The team decided that with a relatively small number of staff at JCPH, it was to our advantage that we could engage the entire department. Beginning with the staff meeting at the end of 2017, we engaged all of staff from that point until completion. We are proud that this plan was created with input from all JCPH staff and will continue to integrate all input as this plan is revised in the coming years.

Strategic Planning Team

- Michael Baker, Health Services Director
- Beth Ann Beamer, Perinatal Care Nurse
- Carolyn Harvey, Health Educator
- Karla Hood, Finance & Grant Administrator
- Barb Ibrahim, Home Visiting Supervisor
- Jackson Storm, AmeriCorps VISTA
- Kim Symons, Staff Administrator
- Emily Wegener, Public Health Emergency Preparedness & Healthy Communities Coordinator

Number of meetings: 6

Active from September 2017-January 2018

Contributors & Partners

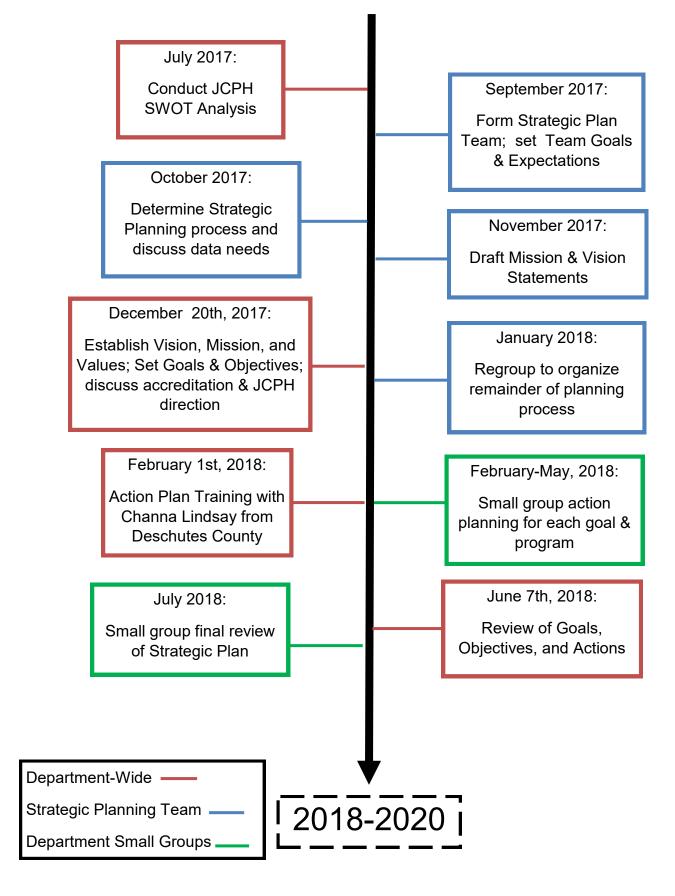
- Jefferson County Commissioners
- Deschutes County Health Services
- Crook County Health Department

Key Documents & Considerations

- Central Oregon Regional Health Improvement Plan (RHIP)
- JCPH SWOT Analysis
- Oregon Health Authority's Public Health Modernization Mandate
- Public Health Accreditation



Strategic Planning Timeline



Strength

- Address public's needs/wants
- Diverse workforce
- Collaboration with partners
- Knowledgeable staff/cross-
- (open/flexible) to PH Dedicated and committed
- Efficient (staff excelling over multiple programs)
- Michael Baker as Director Tribes—valuable resources
- Space & windows
- Professional autonomy Positive state relationships (liaisons, etc.
- Multiple service provider
- Extended hours
- ventative programs Access to state funded, pre-
- Supporting/encouraging healthy lifestyles
- Taking walk-in appointments
- MMIS access-OHP
- Work together as a team
- Outreaching
- Staff lives in Jefferson county
- state meds Contraception dispensing/
- consistency Positive client relationships/
- Working with what you have

Culturally represented

Weakness-

- Communication
- department) Public image (inter-
- Residual trauma (prior leadership
- Physical building & clean-
- in all programs (except Need to increase numbers
- community of what public health is/does Preconceived notion in
- programs and staft Internally supporting all
- Lack of professionalism
- Low pay for all staff
- Limited hours of operation
- county Lack of support from
- Cheap on mileage

Opportunities

Continuing outreach

- Social media
- More informative fliers
- Resource guide
- sioners for funding
- ties Specific training opportuni-
- neer
- media
- Need a voice in regional nitiatives
- New county website
- Working with partners New programs & funding
- Educate decisions makers
- Brag on PH staff
- More management staff to

hreats

- Check-in table
- Provide services for under-Relationship with commis-
- served
- Regular articles in the Pio-
- Program specific social

- countable when apply for grants that include us Hold other counties ac-

- Data analyst position

Harm staff/department:

- Complaints
- Past perceptions
- gossip Rumors—breach of confidentiality/
- Lack of knowledge
- providers Lack of communication of outside
- Competitors: Lack of support from commissioners
- Regionalization
- St. Charles Community Health
- More staff, more funding
- Mosaic!
- standards and expectations Contractors providing our expected
- Weaknesses Creating Threats:
- Availability
- contributions Recognition of community partners'
- cussions Funding instability/being able to pro-Fear to speak up from past reper-
- ethnocentric charge/that they know better/ vide quality care & services Deschutes County wanting to be in
- Competition for funding
- Ego in partner organizations
- Perception of community (druggies, not knowledgeable, bad place to



BEFORE THE BOARD OF COUNTY COMMISSIONERS FOR THE COUNTY OF JEFFERSON, STATE OF OREGON

IN THE MATTER OF SUPPORTING THE JEFFERSON COUNTY PUBLIC HEALTH STRATEGIC PLAN)	Resolution No.	R-018-18
WHEREAS, the Jefferson County Board need to proactively plan with Jefferson C mission, values and strategic initiatives; an	ounty l	unty Commissioners : Public Health to work	recognize and support the towards a shared vision,
WHEREAS, Jefferson County leadership Goals described in the Strategic Plun will implementation that will work within the a staff members; and	be not	thing more than word	s on paper without proper
WHEREAS, Jefferson County leadershi governmental organization but also a contra			
WHEREAS, the Jefferson County Boan Strategic Plan is to support Jefferson C strengthen their programs and services in the quality of life for everyone in our comments.	launty order o	Public Health staff o improve the overall	in making decisions that
WHEREAS, Jefferson County Board of C Health Strategic Plan and directs Jefferson objectives.			
THEREFORE IT IS HEREBY RESOLV supports the work of Public Health and department and within their individual problems to the problems of the public Health and the problems of the public Herebook (1998).	their e rogram	fforts to improve the s in order to remove	delivery of services as a
Dated this 10th day of October, 2018.	BÓ/	ARD OF COMMISSI	ONERS
	Way	June July	sion Chair
	-	Nas Heister Huston-Commission Uls	er.
ATTECT	Mil	e Abren Commission	NOT.

Barhara Andresen, Admin. Assistant