

Strategic Plan

2020-2022



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Erie County Health Department
An Accredited Public Health Department

Erie County Community Health Center
A Federally Qualified Health Center

Peter T. Schade, MPH, RS
Health Commissioner



Dear Erie County Community:

The Erie County Health Department/Erie County Community Health Center staff has been reviewing our five year strategic plan (2015-2019) on a continuous basis to monitor for goal attainment as well as areas in need of attention. Our agency strategic plan encompasses priorities and comprehensive response to emerging needs built into it.

Now, as we look toward the end of this first 5-year cycle, we have determined that our updated strategic plan will be a three year process, from 2020 to December, 2022, inclusive.

It is important to note our three main public health core functions: Assessment, Policy Development and Assurance. This updated strategic plan utilizes this core function philosophy. As an agency, our assessment with our community contains volumes of data and demographics. The Erie County Board of Health analyzes the trends and more importantly, performs specific assessments to determine health outcomes. Assessments are the only true mechanism that measures our quality of life indicators.

Moving forward, the strategic plan will enhance policy development in areas that the Board of Health will need to update, create or amend in order to meet the needs of our communities. It is very important to use assessment data to effect policy development. It is the truest gauge of our performance.

Lastly, the new three year strategic plan will offer assurance to our communities that we are moving in a positive direction toward fulfilling our mission, vision and overall purpose for our programs and services.

The Erie County Board of Health appreciates the continual community support we receive, and thank you for assisting us in our daily mission. The Erie County Health Department strategic plan is the foundation for our Performance Management and Management by Objectives process.

Thanks to all who have enabled this effort to flourish.

Peter T. Schade, MPH, RS
Health Commissioner
Erie County Health Department

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EXECUTIVE SUMMARY

This Strategic Plan was created by the Strategic Planning team with substantial input from the agency's staff. The Strategic Planning team incorporated input from agency staff into a refined set of strategic priorities that will ensure the sustainability and expansion of the services offered by the Erie County Health Department (ECHD)/Erie County Community Health Center (ECCHC) and aligns with the State Health Improvement Plan and State Health Assessment. This is a three year plan beginning in January 2020 and spanning through December 2022.

The staff assisted in identifying population health trends, using the Community Health Assessment (CHA) and other data points that will impact the agency and the quality of life in our communities throughout the next three years. This included completion of a Strength, Weakness, Opportunities, and Threats (SWOT) Analysis, a proposal of agency goals and/or objectives, and creation of the mission, vision and guiding principles value statements of the agency. Staff input is based on a thorough knowledge of the agency's workings, strengths and weaknesses, the needs of the community, and overall awareness of the region and ECHD/ECCHC's current and potential role within it.

The two major components of this plan include the **Strategic Priorities**, and the **Goals and Objectives**. The Strategic Priorities assist ECHD/ECCHC in providing programs and interventions that are responsive to the needs of the community, ensure sustainability of the agency, and allow for growth and expansion of services. The goals and objectives that support the pursuit of these strategic priority areas were thoughtfully developed by the Strategic Planning team to ensure specific, measureable, attainable, relevant and timely (SMART) goals and objectives are utilized.

MISSION

Erie County Health Department and Erie County Community Health Center will provide the essential public health services for our community in an effective and fiscally responsible manner. The identification and the prevention of injury, illness, health promotion, disease surveillance, and the improvement of personal and environmental health status within the health district through assessment and policy development is vital. We strive for continuous quality improvement among all programs and services offered through continuing education and on-going workforce development; coupled with the evaluation of the community health status and strong governance to deliver the essential public health services.

VISION

To assure an elevated quality of life across the complete age spectrum for the residents of the Erie County General Health District, by being the leader in protecting and promoting public and environmental health through accessible services, education, and community health assessments.

CORE VALUES

Leadership – Respect – Professionalism – Teamwork – Creativity – Compassion – Quality Improvement

GUIDING PRINCIPLES AND VALUES

The Erie County Health Department/Erie County Community Health Center:

- Believe that people desire to be in good health, and while we provide quality medical treatments and services, our emphasis is on the promotion of wellness and the prevention of injury or chronic disease.
- Understand that in any community some residents will struggle with access to affordable health care and our agency works to minimize health disparities by operating and promoting access to medical, dental and behavioral health for under achieving populations.
- Support efforts that are protective of the natural resources (air, land, water) within the district which contribute to the quality of life for residents and visitors.
- Maintain a competent, caring workforce that delivers quality care and services through interactions with clients and customers based on respect and dedication.
- Values community input and feedback through the use of satisfaction surveys, health data surveys, open discussion forums, public participation events and public board meetings.
- Recognize the importance of diversity, both within the agency and among those we serve, and promotes sensitivity and understanding in all interactions. All staff are trained in Culturally and Linguistically Appropriate Services (CLAS).
- Commit to continuous quality improvement through the use of a systematic approach of assessing and improving services with the Plan – Do – Study – Act (PDSA) model.
- Collaborate and network with key stakeholders across varied sectors at local, state and national levels of cooperation and advancement toward common goals.
- Strive for efficiency and effectiveness when using fiscal resources in responding to community needs and priorities, and seeks a variety of funding opportunities for programs and services.
- Align itself with state and national public health priorities and emerging trends, and adapt how public health services are delivered and monitored in changing times.

STRATEGIC PRIORITIES

The following five strategic priorities were identified by the Strategic Planning team through SWOT analysis, trend identification, staff observations, and Community Health Assessment data.

STRATEGIC PRIORITY # 1 - <i>Collect and utilize data from multiple sources including Community and Environmental Health Assessments for use in agency and community planning processes.</i>		
Data collection is an important method for those determining the needs of the community; targeting, expanding, or creating services and programs to address the needs; identifying emerging issues; securing funding; and assessing the effectiveness of programs and services. This collection process will allow the agency to react quickly and adapt to changing demands from community and environmental conditions.		
Goal A: Collaborate with partners to secure funding and long-term success of Community Health Assessment, Community Health Improvement Plan, and other public health initiatives.		
	Action Step	Status
Objective: 1 By December 2021, coordinate the Erie County Youth Health Assessment.	<ol style="list-style-type: none"> 1) Collaborate with partners to secure funding for the assessment. 2) Coordinate question selection with community partners, Partners for Prevention of Erie County (PPEC), and school leadership. 3) Review data and identify target areas for concern. 4) Disseminate results to community. 	
Objective: 2 By December 2020, coordinate the creation of the 2021-2024 Community Health Improvement Plan (CHIP) and fully implement the plan with community action teams.	<ol style="list-style-type: none"> 1) Facilitate the formation of a diverse CHIP Steering team and utilize data to determine community health priorities. 2) Utilize the Mobilizing Action through Planning & Partnerships (MAPP) process to create the CHIP. 3) Identify existing coalitions to function as CHIP action teams. 4) Provide leadership and support to action teams through quarterly CHIP leadership meetings and ensure positive momentum. 	
Objective: 3 By December 2022, develop assessment of co-morbidity and a prediction for priorities covering the next 10 years.	<ol style="list-style-type: none"> 1) Assess population health data outcomes. 2) Develop policy based on co-morbidity. 3) Ensure services are available to minimize disparities in the community. 4) Integrate and network strategically with local hospital and medical providers. 	

Goal B: Assess and utilize Health Center data to improve healthcare disparities within the community.		
Objective: 1 By December 2022, demonstrate yearly improvement in Health Center clinical measures.	<ol style="list-style-type: none"> 1) Implement four clinical continuous quality improvement projects each year that are focused on improving patient health outcomes. 2) Involve all health center staff in quality improvement projects. 3) Update and/or develop policies for existing or new clinical measures to assure quality standards of care and efficient documentation. 4) Quality improvement projects are reviewed on a quarterly basis with providers and support staff. 5) Track and report improved outcomes via population health management tools and software. 	
Objective: 2 By December 2021, submit for Patient Centered Medical Home (PCMH) Recognition, maintaining current recognition through National team for Quality Assurance.	<ol style="list-style-type: none"> 1) Review Patient Centered Medical Home data on a quarterly basis with providers and support staff. 2) Implement new Patient Centered Medical Home standards across the health center. 3) Expand PCMH best practices across the agency. 	
Objective: 3 Continue through December 2022, network with the Board of Health and Co-Applicant Board for input related to community-centered care and initiatives.	<ol style="list-style-type: none"> 1) Coordinate sharing of information through dissemination of pre-board meeting information. 2) Facilitate feedback loop through Board meeting agenda discussions. 	
STRATEGIC PRIORITY # 2 - <i>Maintain and expand stable funding sources to ensure continuity of operations and allow for expansion of needed services for our community.</i>		
<p>Stable funding sources provide for needed expansion of services and continuity of operations relative to the current programs and service offerings and allow for growth and development of new and innovative programs. Grant opportunities through federal, state and local agencies, levies, and charges for services all contribute to funding streams that allow the agency to identify and pay for programs that are needed within our community.</p>		
Goal A: Advocate for and ensure access to service expansion.		
	Action Step	Status
Objective: 1 Continue through December 2022, support Medicaid expansion via data collection and outcomes.	<ol style="list-style-type: none"> 1) Continue to use Community Health Assessment to gather data that justifies expansion. 2) Partner with the primary care association and other community stakeholders to support community needs. 3) Maintain and enhance our outreach and enrollment efforts to reach underserved population. 4) Expand access to care through the opening of new sites at school based health centers and Erie County Job and Family Services. 	

<p>Objective: 2 By December 2021, prepare narratives that support Medicaid expansion via school and community-based health centers, and report benefits of expansion.</p>	<ol style="list-style-type: none"> 1) Collect and analyze data. 2) Inform the Boards of policy amendments. 3) Develop strategic plan for expansion based on success. 	
<p>Objective: 3 By December 2020, develop a network of collaborative stakeholders who benefit from this effort to improve our collective quality of life.</p>	<ol style="list-style-type: none"> 1) Host a regional/statewide conference. 2) Continue to provide outreach and enrollment networking sessions. 3) Maintain increased marketing toward underserved and vulnerable populations to promote access to health care. 	
<p>Objective: 4 Annually perform cost analysis in all fee based programs.</p>	<ol style="list-style-type: none"> 1) Ensure that the cost associated with all fee based programs are covered by the fees set that calendar year 2) Project anticipated cost for the upcoming calendar year 3) Align projected costs with projected budgetary expenses 	
Goal B: Expand agency services for CHIP priority objectives.		
<p>Objective: 1 Continue through December 2022, pursue and acquire new funding sources for initiatives that support CHA and CHIP priority objectives.</p>	<ol style="list-style-type: none"> 1) Collaborate with administrative services to identify possible funding sources. 2) Apply for grants and funding programs. 3) Develop specific community health assessments that measure specific needs. 	
<p>Objective: 2 Continue through December 2022, provide relevant services based on emerging community needs.</p>	<ol style="list-style-type: none"> 1) Identify emerging needs for personal health and environmental exposures. 2) Coordinate with Administration to identify diverse funding sources to address identified needs and submit funding applications. 	
Goal C: Expand the Agency’s capacity as a regional resource for public education.		
<p>Objective: 1 By December 2020, increase the number of regional educational offerings.</p>	<ol style="list-style-type: none"> 1) Partner with regional schools, health departments, private sector groups, and individuals to plan multiple conferences, seminars and workshops related to improving the quality of life and garner greater attendance at agency training events. 2) Identify six areas of public participation to help provide education for health improvement. 	
<p>Objective: 2 Continue through December 2022, identify emerging public health issues and serve as trusted source of information.</p>	<ol style="list-style-type: none"> 1) Expand public education through utilization of messaging and social media. 2) Utilizing a sense of urgency, respond to public health issues with factual information. 	

Strategic Priority # 3 – *Expand the public health service delivery system and reduce health disparities and health inequities through the use of innovation and technology.*

Innovative treatments, diagnostic tools, programming, and resources shall be made available to individuals to reduce health disparities and health inequities. Investment in health IT can foster better coordinated care, improve guideline compliance, and reduce the likelihood of redundant testing, thereby encouraging more equitable treatment.

Goal A: Implement agency-wide technological progress for the benefits of all persons in our communities.

	Action Steps	Status
<p>Objective: 1 Continue through December 2022, seek innovative new pharmaceutical drugs, diagnostic tools, and comprehensive services for implementation in Federally Qualified Health Centers (FQHC).</p>	<ol style="list-style-type: none"> 1) Engage with Board members and providers for input on policy development. 2) Research and identify emerging trends, technology, processes, and services which can be implemented in Health Centers. 3) Implement and market new tools, technology, and services for improved quality of life outcomes. 	
<p>Objective: 2 Continue through December 2022, utilize gains in clinical care and personalized treatment for all patients and users of the services we offer.</p>	<ol style="list-style-type: none"> 1) Expand use of case/care management. 2) Utilize software as a predictor of care. 3) Ensure Board support of adequate resource prioritization. 4) Increase patient interaction/participation. 	
<p>Objective: 3 By December 2022, increase the number of ethnic and racial minority patients with access to innovative diagnostic tools and treatments.</p>	<ol style="list-style-type: none"> 1) Expand culturally and linguistically appropriate services (CLAS) at all FQHC sites. 2) Expand services offered at Erie County Job and Family Services (JFS). 3) Continue staff and Board diversity recruitment and retention. 4) Engage the public for participation in policy development. 	
<p>Objective: 4 Seek opportunities for infrastructure improvements that support our Agency by December 2022.</p>	<ol style="list-style-type: none"> 1) Look for a location to house and expand server space to accommodate offsite expansions. 2) Evaluate growth in services provided to determine if expansion or new building is justified. 3) Increase health information exchange system to include gaps of care. 	

Goal B: Reprioritize and redesign Epidemiology and Environmental Health divisions within the agency.

<p>Objective: 1 Continue through December 2022, connect vulnerable populations to Environmental Health program redesign.</p>	<ol style="list-style-type: none"> 1) Promote program resources using established advertising mediums. 2) Establish partners to link to internal/external services. 3) Prioritize a 5% increase of referrals for improvement. 	
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<p>Objective: 2 By January 2021, develop prevention strategies for the most vulnerable populations and those most impacted by environmental factors.</p>	<ol style="list-style-type: none"> 1) Utilize available funding and technology to identify and target low income households for eliminating high risk exposures. 2) Conduct an epidemiological assessment. 3) Utilize referral system for linkage to additional health care and community support services. 	
<p>Objective: 3 Continue through December 2022, educate and engage local healthcare providers in county-wide disease surveillance measures.</p>	<ol style="list-style-type: none"> 1) Collect influenza surveillance data from local healthcare providers to include in weekly flu reports during flu season 2) Update providers via Wireless Emergency Notification System (WENS) within 24 hours of a Center of Disease Control Health Alert Network (CDC HAN) or Ohio Department of Health Alert Network (ODH HAN) relating to the state of Ohio 3) Provide up to date information regarding updates to Reportable Infectious Disease in Ohio (ABC's) as well as proper laboratory testing for diagnosis of various reportable diseases 	
<p>Objective: 4 By December 2022, reform the design and implementation of Point of Dispensing (POD) sites throughout Erie County.</p>	<ol style="list-style-type: none"> 1) Establish and implement Memorandum of understanding (MOU) to develop at least two (2) open POD and two (2) closed POD sites in Erie County. 2) Obtain POD materials and train staff at newly established open and closed POD sites for a standardized approach to emergency medical countermeasure (MCM) distribution 3) Analyze data gathered from POD drills with newly established sites to evaluate throughput and overall effectiveness 	
<p>Objective: 5 Continue through December 2022, enhance infectious disease surveillance through partnerships with local healthcare providers and new technology.</p>	<ol style="list-style-type: none"> 1) Utilize Ohio Disease Reporting System (ODRS), EpiCenter, Real-time Outbreak and Disease Surveillance (RODS), Epi-X, and other surveillance systems to monitor infectious disease trends in Erie County 2) Implement Power Business Intelligence (BI) software to increase mapping, graphing, and charting capabilities for data analysis 3) Garner further support from local healthcare providers to report surveillance data (e.g., flu data) for county-wide analysis and reporting. 	
Goal C: Revise and continue to implement a comprehensive marketing plan.		
<p>Objective: 1 By December 2020, revise the comprehensive marketing plan utilizing various media sources to target audiences with agency messaging.</p>	<ol style="list-style-type: none"> 1) Provide leadership and coordination to the agency multi-disciplinary marketing team. 2) Revise the current plan utilizing all forms of paid and non-paid advertising to target audiences with agency messaging related to services, health education, and public awareness. 	

<p>Objective: 2 By December 2022, monitor data to evaluate the marketing plan.</p>	<p>1) Continuously monitor data relating to engagement, reach, readership, listenership, and utilization to determine effectiveness. 2) Update communication plan based on results.</p>	
<p>Goal D: Increase utilization of clinical practice guidelines and promotion of chronic disease management to improve the health of the community.</p>		
<p>Objective: 1 By December 2022, analyze data collected in the Community Health Assessment, CHIP, & Erie County Community Health Center (ECCHC) to identify areas of focus and health initiatives.</p>	<p>1) Utilize the quality improvement processes to improve population health outcomes. 2) Expand case management/care team model of care to increase chronic disease management strategies. 3) Utilize the MAPP process to identify areas of focus and include in the CHIP.</p>	
<p>STRATEGIC PRIORITY # 4 - <i>Support and serve as a model for the development of a regional approach to public health and population health services.</i></p>		
<p>Collaboration with community partners ensures maximum impact for programming and services, and prevents duplication of efforts. A regional approach to strategy development can enable the agency to make significant improvements in health care delivery.</p>		
<p>Goal A: Continue attaining PHAB Accreditation.</p>		
	<p>Action Steps</p>	<p>Status</p>
<p>Objective: 1 By December 2020, submit all documents pertaining to Public Health Accreditation Board (PHAB) re-accreditation.</p>	<p>1) Complete response to standard and measure questions for re-accreditation. 2) Meet as frequently as needed to review completion of responses to the standards and measures.</p>	
<p>Objective: 2 By December 2022, improve staff understanding of PHAB and processes.</p>	<p>1) Coordinate staff to attend Ohio Accreditation Learning Community sessions. 2) Maintain quarterly PHAB meetings. 3) review comments from PHAB on annual report.</p>	
<p>Goal B: Expand the public health delivery system to address comprehensive needs.</p>		
<p>Objective: 1 Continue through December 2022, maintain and/or expand service jurisdiction through contracts.</p>	<p>1) Annually review contracts to assess efficacy. 2) Identify areas of potential expansion through contracts, annually and as needed.</p>	
<p>Objective: 2 Continue through December 2022, promote the increased usage of public health services.</p>	<p>1) Reassess and modify the intra-agency/inter-agency referral system by tracking and reporting department-wide implementation. 2) Increase accessibility to health center services based on the quarterly analysis of consumer feedback, utilization data, and internal capacity.</p>	

<p>Objective: 3 By December 2022, expand oral health services and utilization.</p>	<ol style="list-style-type: none"> 1) Expand restorative services. 2) Focus marketing and intra-agency referral efforts for people who need an oral health home. 	
<p>Objective: 4 By December 2020, achieve 95% assigned Women Infants and Children (WIC) caseload and maintain this level of active participants.</p>	<ol style="list-style-type: none"> 1) Assess effectiveness of appointment notification system when making calls to reschedule missed appointments. 2) Revise and improve intra-agency policy to increase referrals through the Health Center 3) Utilize show rates and COGNOS data software to identify participation trends. 4) Continuously identify targeted outreach efforts within the community and expand marketing efforts. 5) Increase visibility through regular social media marketing and participation in Marketing team. 	
<p>Objective: 5 By December 2022, achieve understanding of WIC services.</p>	<ol style="list-style-type: none"> 1) Deliver informative presentations to area provider offices to improve awareness of WIC services and increase referrals. 2) Develop partnerships with area maternity units for implementation of bedside WIC certification program. 3) Integrate WIC services into Vermilion school based health system. 4) Coordinate services with other community partners that provide similar services. 	
<p>Objective: 6 By December 2021, expand primary services in Erie County that reflect a Patient Centered Medical Home (PCMH) model of care.</p>	<ol style="list-style-type: none"> 1) Open sites at Job and Family Services (JFS) as well as school based health centers at EHOVE and Vermilion schools. 2) Increase marketing techniques to promote the use of the satellite clinics. 	
<p>Goal C: Work toward achieving the current Office of Disease Prevention and Health Promotion (Healthy People 2030) vaccination standards for all ages within the health district.</p>		
<p>Objective: 1 Continue through December 2022, educate parents on the importance of immunizing children.</p>	<ol style="list-style-type: none"> 1) Include information on the importance of immunizing children in marketing efforts. 2) Implement a proactive approach with parents/guardians to assist in improving vaccination rates. 3) Develop a toolkit to provide evidence based information for parents/guardians who refuse vaccination. 	

<p>Objective: 2 By December 2022, achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children (Healthy People 2020, IID-7).</p>	<ol style="list-style-type: none"> 1) Identify and administer all age appropriate vaccines at well-child and acute appointments. 2) Continue to provide school-based immunization clinics. 3) Increase the percentage of children and adults who are vaccinated annually against seasonal influenza. 3) Utilize the Public Health Outreach Clinics to provide vaccines across the age spectrum. 	
<p>Objective: 3 By December 2022, expand Vaccine for Children program by 5%.</p>	<ol style="list-style-type: none"> 1) Increase marketing on all immunizations. 2) Expand Vaccine for Children services at all sites including Erie County Job and Family Services and school-based health centers. 	

STRATEGIC PRIORITY # 5 - Expand community access to mental health and substance use programs and services.

Current community health assessment information has shown that mental health and addiction services continue to be a need within our region. Expansion of services to reach both adults and youth increases access to mental health and substance use programs, and promotes the early screening and referral to treatment services.

Goal A: Identify and address deficits in adult mental health and substance use services.

	Action Step	Status
<p>Objective: 1 By December 2020, identify gaps in services or programming related to mental health and substance use services.</p>	<ol style="list-style-type: none"> 1) Convene stakeholder meetings and receive input on the status of mental and behavioral health service delivery. 2) Collaborate with stakeholders to develop programming to close gaps and provide comprehensive care. 3) Utilize state and local data to inform the public. 	
<p>Objective: 2 By December 2021, establish a spectrum of essential services targeted at mental health and addiction services</p>	<ol style="list-style-type: none"> 1) Work with existing providers to explore opportunities to expand current level of services. 2) Explore partnership opportunities to collaborate within community. 	
<p>Objective: 3 By December 2020, establish a central hub for resource, case management, and connection to services.</p>	<ol style="list-style-type: none"> 1) Utilize a community health worker to identify and address needs with Health Center providers and other resources within the community. 2) Utilize detoxification case management to identify and address needs with health center providers or other community resources. 	

Goal B: Increase mental health services, substance use and prevention services for youth within the community.		
Objective: 1 By December 2020, obtain current data for mental health issues among youth within our community	<ol style="list-style-type: none"> 1) Utilize recent Community Health Assessment, Community Health Improvement Plan and comparative State and National data to determine areas of need. 2) Collaborate with stakeholders to provide feedback on gaps or deficits in service. 	
Objective: 2 By December 2021, design and implement school-based programs for service delivery to community youth.	<ol style="list-style-type: none"> 1) Continue planning and discussions with current school districts expressing interest. 2) Work with youth mental health providers to develop a school-based service delivery model. 3) Train public health nursing staff to identify and connect youth with services. 	
Objective: 3 By December 2020, develop community campaign focused on reducing stigma surrounding mental health.	<ol style="list-style-type: none"> 1) Engage best practices to formulate education campaign regarding mental health stigma 2) Engage PPEC, school nurses, and school staff to educate youth with programming to reduce stigma. 	
Goal C: Ensure success and sustainability of mental health and substance use services within the community.		
Objective: 1 Continue through December 2022, increase communication and collaboration between local, state, and federal stakeholders.	<ol style="list-style-type: none"> 1) Continue regional and state meetings with key personnel committed to reducing or eliminating mental health and substance use issues within Erie County. 2) Initiate community forums focusing on the benefits of mental health and service provisions. 	
Objective: 2 Leverage additional funding mechanisms to sustain service delivery.	<ol style="list-style-type: none"> 1) Continue monitoring of federal, state, and local grant opportunities designed to facilitate mental health and substance abuse provisions. 2) Continue collaboration with state-managed care providers to validate the need for additional or enhanced reimbursement to provide quality of care within each service. 	
Objective: 3 Develop training and employment opportunities to increase the number of service providers within the community.	<ol style="list-style-type: none"> 1) Engage stakeholders and community partners on the need to increase mental health and substance abuse providers within the community 2) Identify training opportunities with stakeholders and hold community training events for continued education credits and additional certifications. 	

Appendix I: Strategic Planning team

Health Commissioner: **Peter Schade, MPH, RS**

Human Resources Program Coordinator: **Kathy Bango**

Epidemiologist: **Ashley Franks, MPH, RS**

Chief Financial Officer: **Joseph Palmucci**

Director of Finance, Administration, Grants and Performance Management: **Steve Staley**

Administrative Services Supervisor: **Darlene Coy**

Finance, Administration, Grants and Performance Management Supervisor: **Melissa Hacker**

Chief Behavioral Health Officer: **Trey Hardy, JD**

Director of Behavioral Health: **Adrienne Gibbs, RN**

Director of Public Health Nursing: **Amber Yarborough, MSN, RN**

Chief Environmental Public Health Officer: **Robert England, MSOH, RS**

Director of Environmental Health: **Craig Ward, RS**

Environmental Health Supervisor: **Mark Janowich, RS**

Construction Services Supervisor: **Christine Stelzer, RS**

Sanitarian in Training: **Anne Wells, SIT**

Chief Health Planning Officer: **Shari Greene, RN**

Director of Primary Care & Clinical Services: **Heather Westcott, RN**

Director of Community Health: **Abby Schwanger**

Primary Care & Clinical Services Supervisor: **Nicole Ziegler, RN**

WIC Program Director: **Kaitlin Denison, MS, RD, LDN**

Appendix II: The Strategic Planning Process

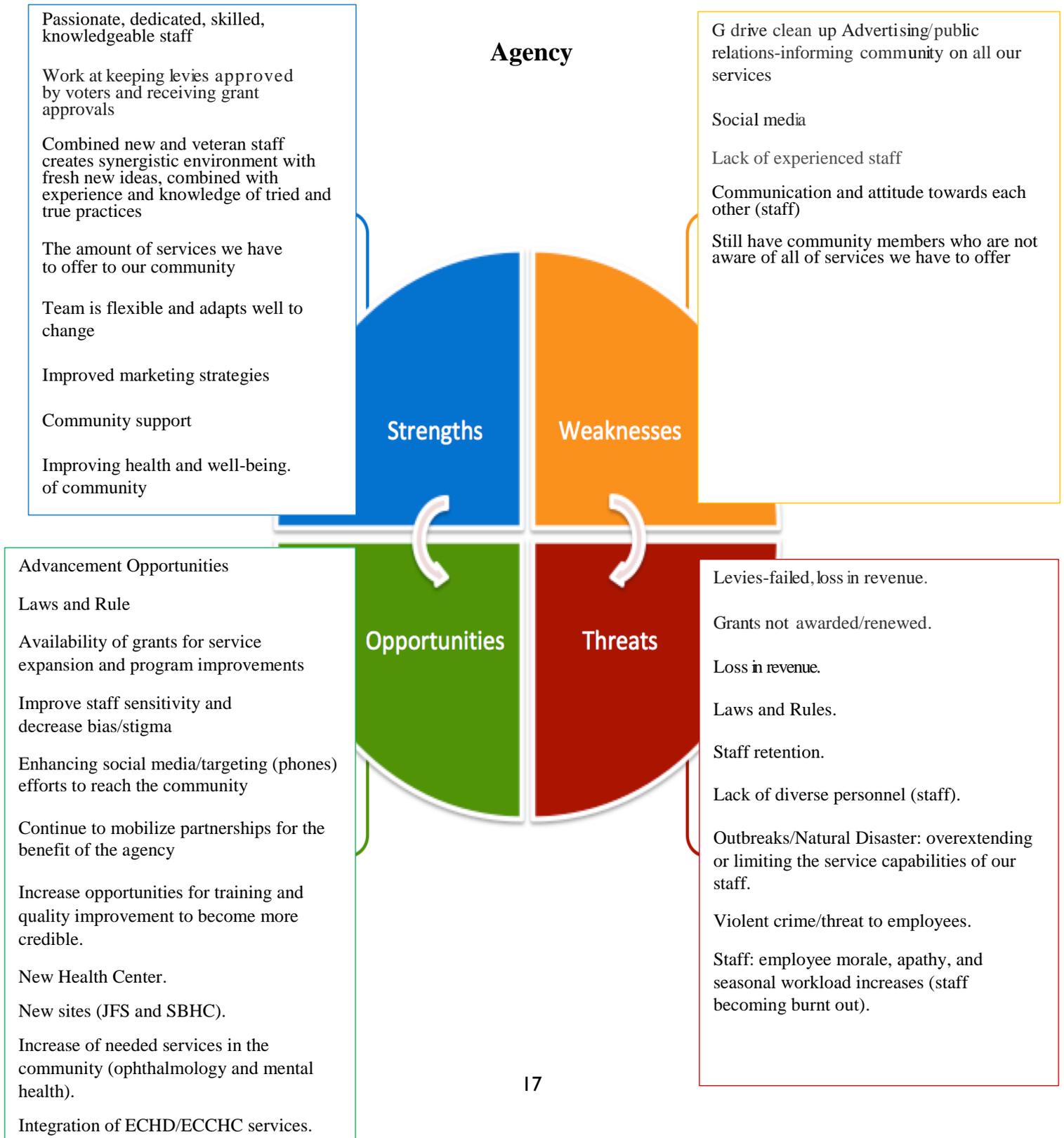
The 2020-2022 strategic planning process was initiated by the Health Commissioner, Peter Schade. The structure of the Strategic Planning team and the planning process was designed during that meeting. It was determined that the six division directors would be the Strategic Planning team. Division directors would meet to assist in completing SWOT (strength, weakness, opportunity, threat) assessments, the identification of trends that could potentially impact the agency, to give their input regarding the goals and objectives pursuant to the strategic priorities, and to comment on the other groups and the team's changes and additions to the plan and related materials.

The Strategic Planning team was present at all of the individual staff workgroup meetings to guide the planning process and to stay in contact with the staff in order to ensure that the resulting strategic plan captured the most complete representation of, and fully addressed, the issues identified by the agency as a whole. The Strategic Planning team met separately to refine the input of the staff and health commissioner into a concise, but thorough, set of strategic priorities, goals and objectives. The strategic priorities, goals and objectives are the cornerstone of the Strategic Plan and were developed with the goal of ensuring the sustainability of the agency and planning and preparation for its growth. The Strategic Planning team worked to ensure that all goals and objectives were in SMART format. SMART goals and objectives are specific, measurable, attainable, relevant and timely. The team discussed and determined that the agency's Performance Management System would be used to track the progress toward the attainment of the goals and objectives within the Strategic Plan in pursuit of addressing the strategic priorities.

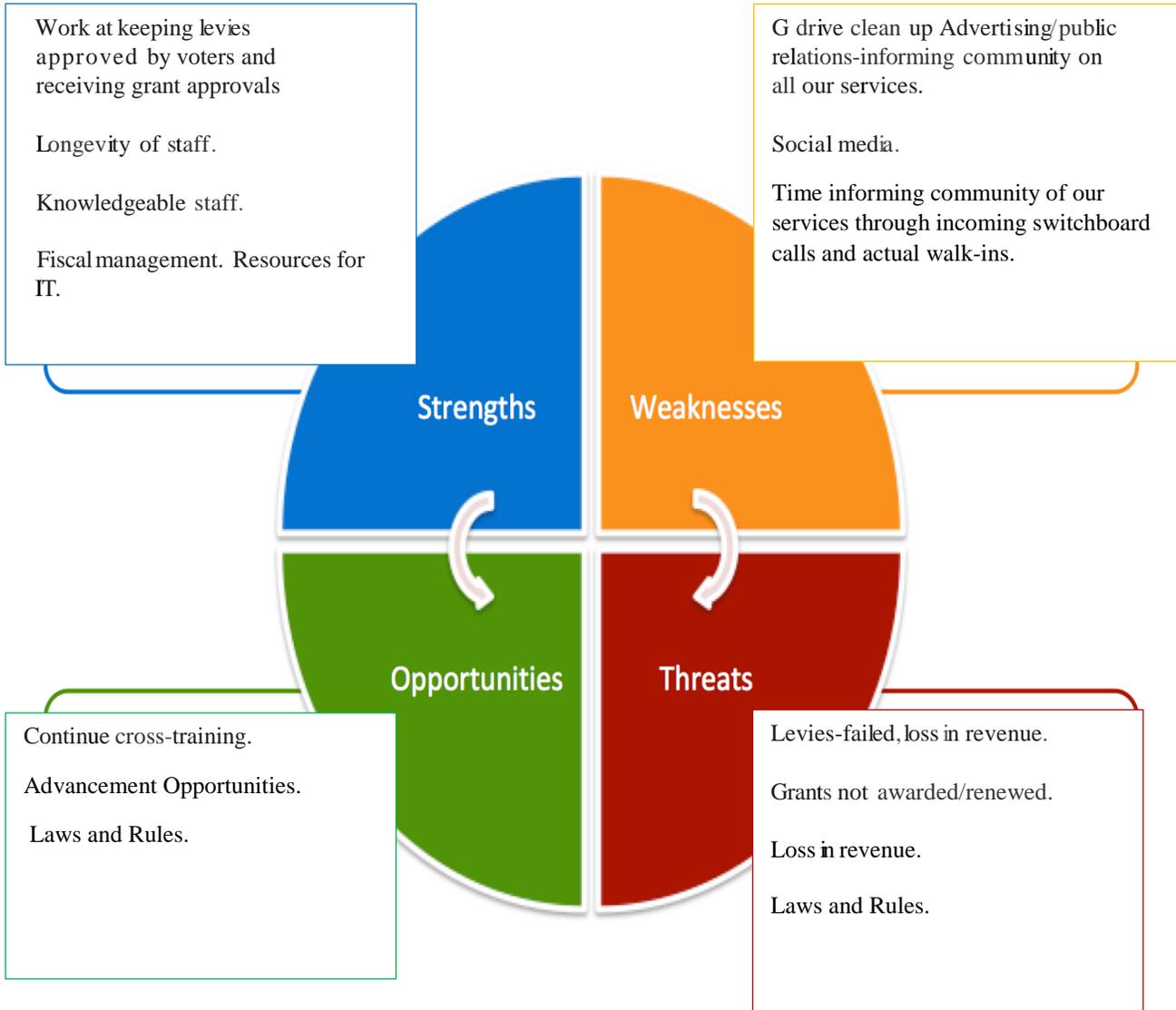
The Strategic Planning team met multiple times to compile the staff input, assemble the findings of assessment data, and to create the strategic priorities, goals and objectives for the next three year period. The Strategic Planning team assured linkages between this plan, the Erie County Community Health Improvement Plan (CHIP), the Quality Improvement Plan, the marketing plan and the Workforce Development Plan.

Appendix III: SWOT Analysis Findings

The staff was asked to identify and analyze the department's strengths, weaknesses opportunities and threats . The findings of this analysis are below. There were many instances where staff members identified similar items. These similar issues and themes were considered to be high priority issues by the Strategic Planning team and weighed accordingly when developing the Goals and Objectives .



Administration



Behavioral Health

- Established detox unit
- Obtained State Certification as level of care 3.7 withdrawal management
- Obtained the Joint Commission Behavioral Healthcare Accreditation
- Team-oriented
- Improved marketing strategies
- Community support
- Improving health and well-being of community
- Outreach & enrollment for SUD clients
- Improving admission hours
- Post-discharge referrals

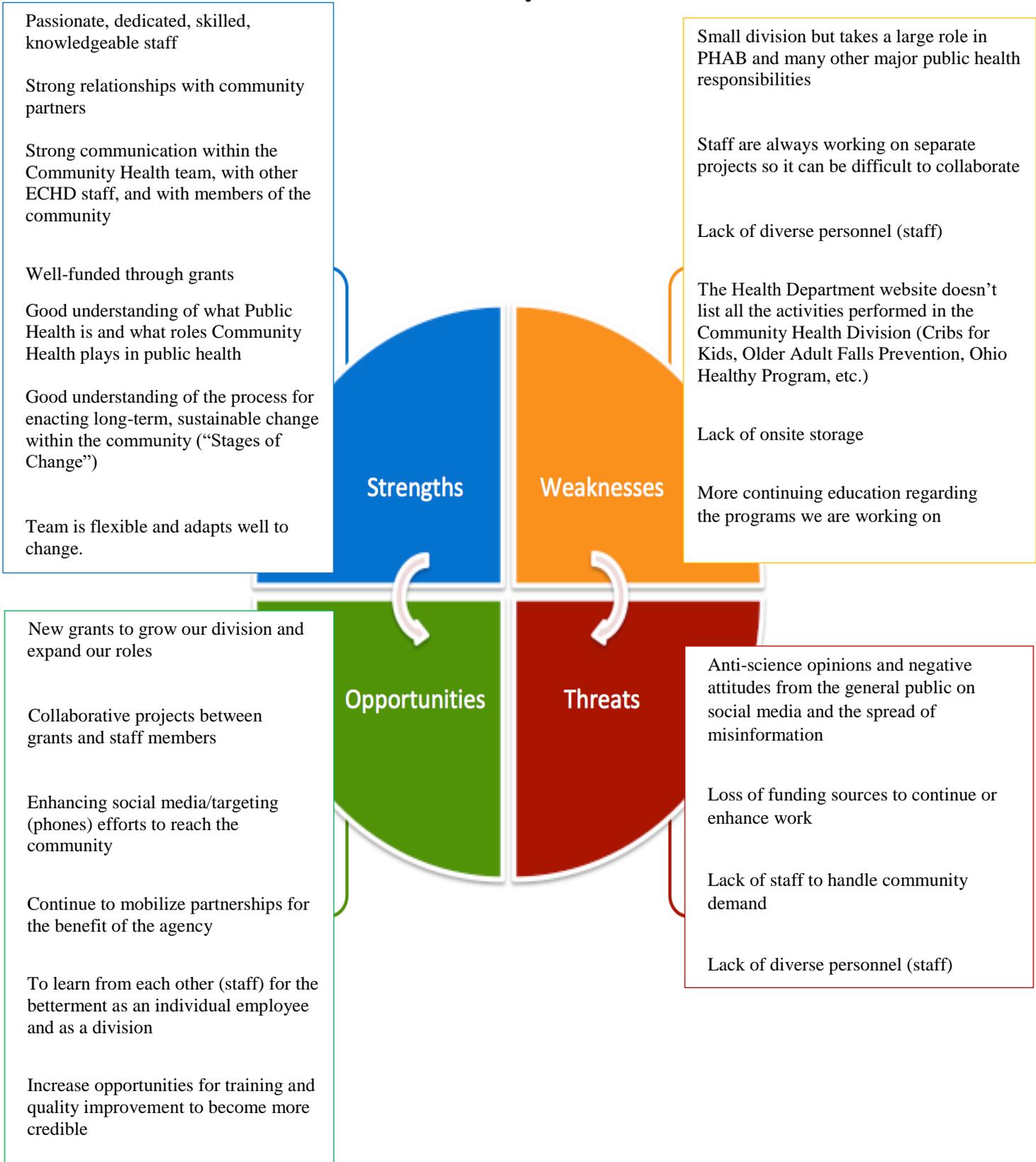
- Billing, reimbursement
- Difficulty taking admissions around the clock
- Lack of experienced staff
- Employees with negative attitudes
- Transportation for clients
- Poor communication
- Professionalism
- No shows
- Scheduling in the health center
- Funding
- Lack of detox social media account



- Take admissions 24/7
- Establish ambulatory detox program
- Expand MAT services
- Expand mental health services
- Continue to increase/improve staff education and training
- Offer recovery support services or meeting areas for outside recovery support groups
- Provide increased education and resources to family and friends of patients/clients
- Increase awareness of community resources for people with addictions and their families
- Promote harm reduction
- Improve staff sensitivity and decrease bias/stigma

- New detox centers opening throughout state = competition
- Low census
- Developing a negative reputation
- Staff burnout/turnover
- Difficulty with payers/reimbursements
- Revenue loss due to no shows

Community Health



Environmental Health

Experienced & knowledgeable staff are able work effectively and efficiently work in all programs

Cohesive staff who are cross trained to work in and are mutually supportive in all programs

Representation at State and National levels

National & state credentials related and/or required for our programs

Leadership within our community, regionally, & statewide

Accreditation through PHAB & the FDA Voluntary Retail Food Program Standards

Staff capacity & versatility to perform at a high level in a broad range of diverse programs and settings

Community program Education through social media, community events, trainings, and through operator interactions

Agency support for continuing education and workforce development for professional staff

The regular use of interns who can provide support for full time staff



Office space: limited storage and meeting area space for public interactions.

IT personnel: This agency does not have an IT person to fix/troubleshoot computer and software related issues.

Building Structure: Several areas of the building have limited/no cell phone reception.

Availability of grants for service expansion and program improvements

Increasing rainfall levels leads to increasing laboratory service needs

Participation in many public outreach and educational events where we can link people to internal services

Partnerships with surrounding counties, BGSU/Firelands, Univ. of Toledo for services and research

Local economic growth creating program expansion needs

The use of emotional intelligence among staff when working with operators can lead to more positive outcomes

Improving public image through marketing, referrals, and operator interactions

The use of internships can lead to future staffing opportunities and employee retention

Professional EH staff recruitment/retention/retirements: Fewer applicants in recent graduates with specialized environmental course work and staff who are now eligible for retirement

Economy: Always changing

Funding: Passing levies, grants expiring

No Internal Backup: plumbing and clerical

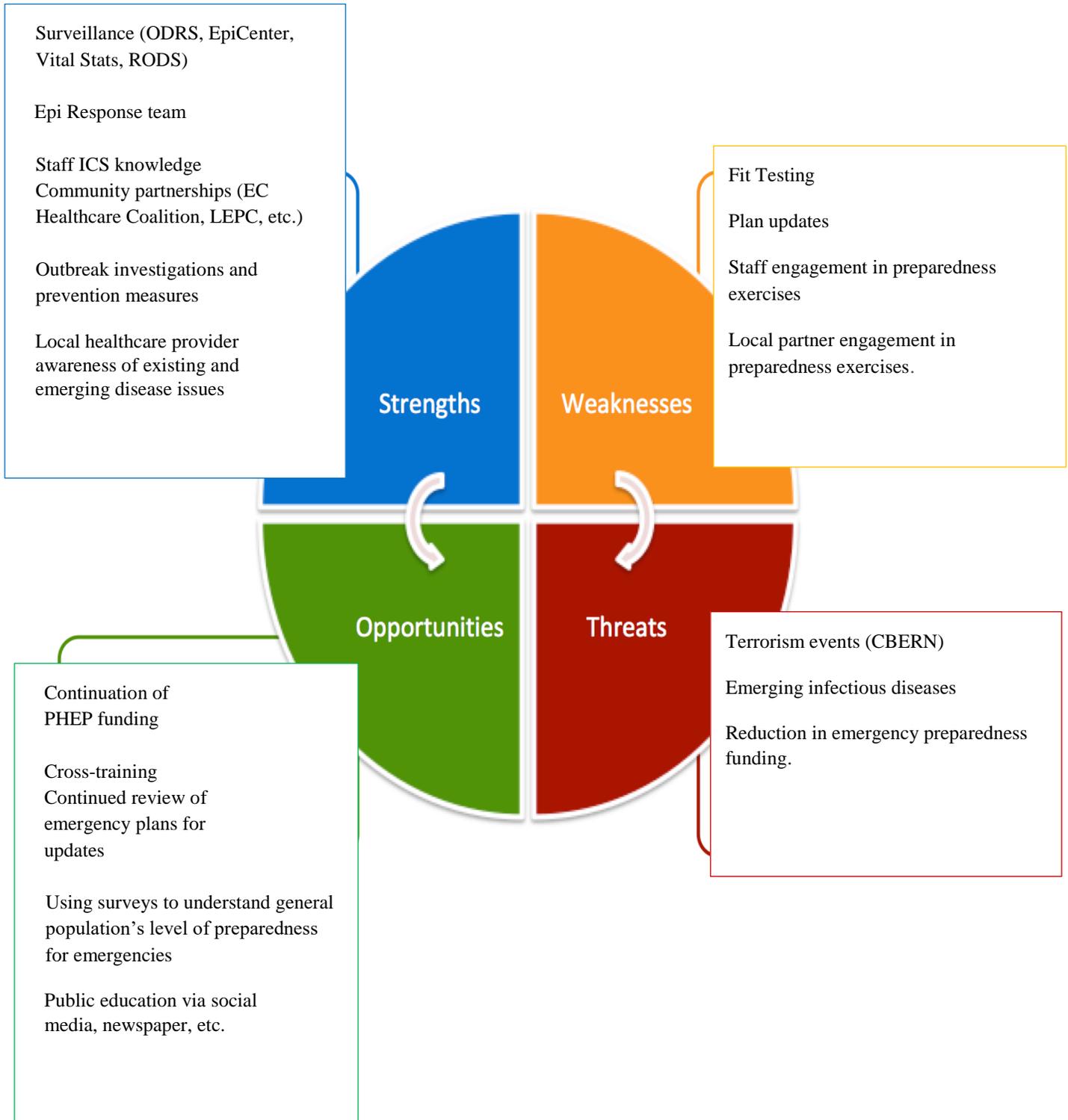
Plumbing Territorial Takeover: other qualified plumbing inspectors taking over in contracted counties we currently serve.

Outbreaks/Natural Disaster: overextending or limiting the service capabilities of our staff

Violent crime/threat to employees

Staff: employee morale, apathy, and seasonal workload increases (staff becoming burnt out)

Epidemiology & Emergency Preparedness



Primary Care & Clinical Services

Community Health Worker

PCMH

Teamwork

The amount of services we have to offer to our communities (one stop shop)

WIC services, consumer satisfaction

Personable staff

Community outreach through the MHV and PHOCs

Open access appointments

Knowledgeable staff

Successful attainment of grants and state/federal funding

Weekly staff meetings, monthly provider CQI meetings

Evening appointments

We now have more FTEs (2.6) for RDs than RNs in WIC

Combined new and veteran staff creates synergistic environment with fresh new ideas, combined with experience and knowledge of tried and true practices

Communication and attitude towards each other (staff)

Down time in WIC

Still have community members who are not aware of all of services we have to offer

Nutrition services

IT/software issues

Secure email, remote access

Not being offered competitive salary compared to general market

Lack of team building activities

Staff recruitment and retention

Not being able to flex or use vacation time

Not enough rooms or space in lobby during busy days

Communication

Building layout

Hiring process

Patient's behavior

Changes in Agency and State WIC Policies and Procedures can sometimes result in pushback and ambivalence to change when staff is accustomed to doing things one way for a long time. This can make quality improvement challenging but also necessary

Strengths

Weaknesses

Opportunities

Threats

New Health Center

BH only building, community outreach

Increased advertising and marketing of services and staff

New sites (JFS and SBHC)

Increase of needed services in the community (ophthalmology and mental health)

Decrease risky teen behaviors through education at SBHC

Improve MHV to increase dental efficiency

Diaper bank for patients of the health center or CHW clients

Improve transportation efforts for patients

Increase state/federal funding through expansion of grants and HRSA

Expansion of chronic disease management, securing stable funding, expand continuing education

Integration of ECHD/ECCHC services

WIC staffing is at capacity, 1st time in a while, allowing us to expand outreach efforts while fully covering all three clinic sites

Loss of levy funding

Other medical/dental offices offering the same services the health center offers

Staff retention

Outside community providers who do not offer full services

Transportation

Potential of losing WIC funding from the USDA is a threat

Public Nursing

