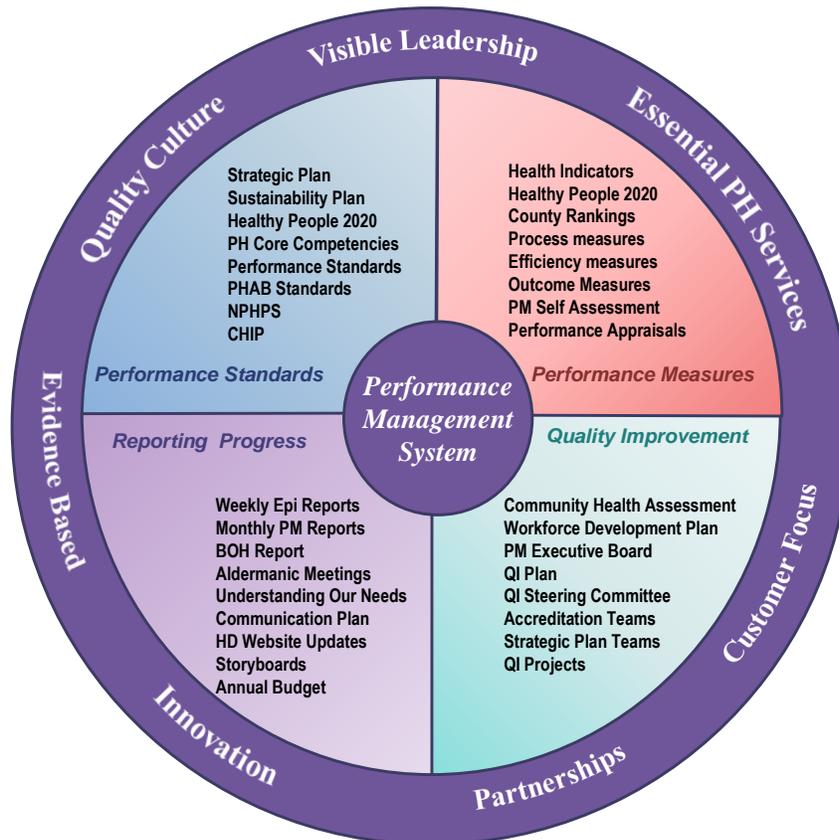




Performance Management Plan



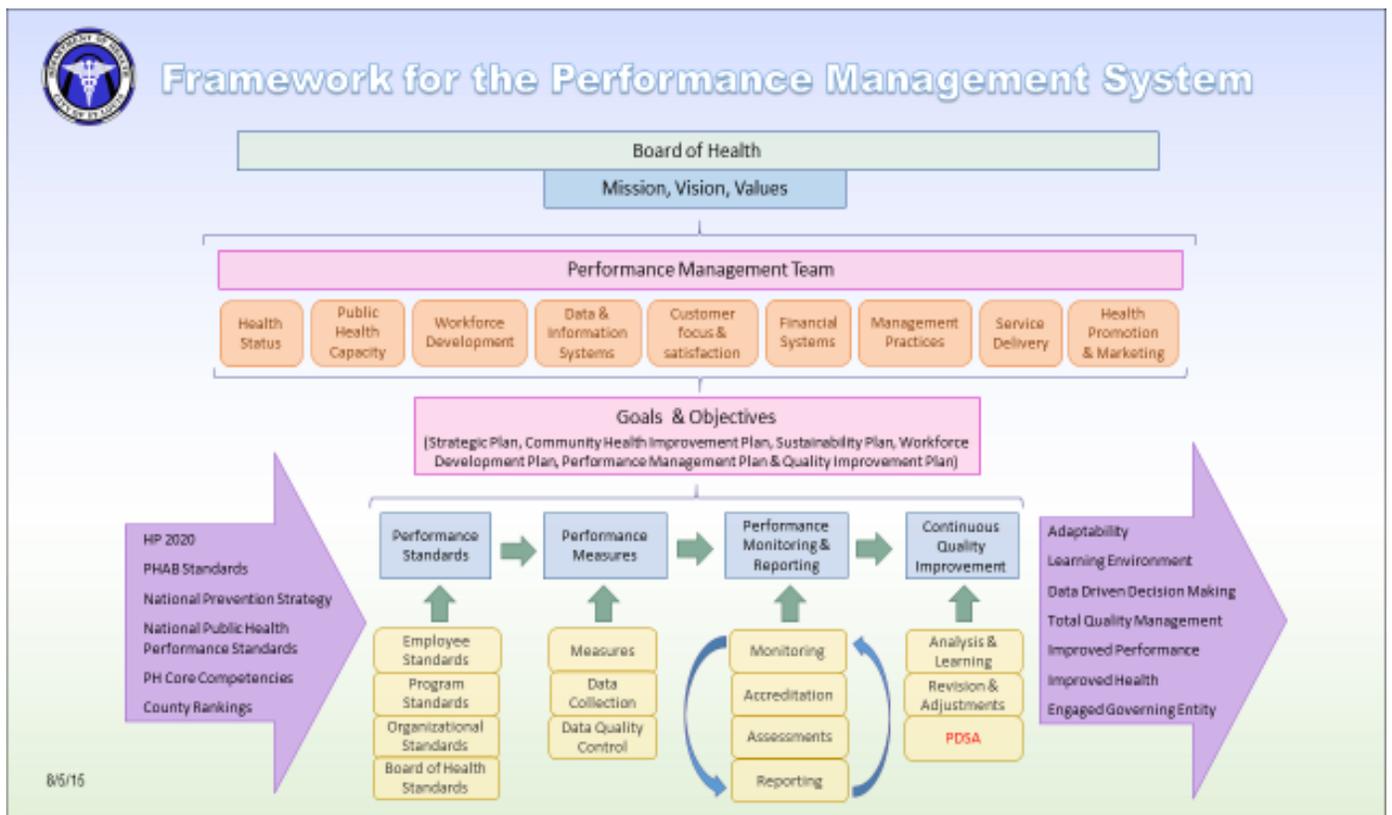
The purpose of this Plan is to establish a formal Performance Management System for the City of St. Louis Department of Health. The plan is designed to demonstrate how the Department has identified ways to achieve organizational goals through constant assessment and feedback leading to improvement in individual performance, organizational performance, and health outcomes. This plan should be reviewed and updated annually by the Performance Management Team, and the Director/Commissioner of Health.

Approved this 26th day of March 2015 for the period of March 26, 2015 - April 30, 2016.

Pamela Rice-Walker, MPA, CPHA
 Interim Director of Health

Overview of the Performance Management System

Performance Management is when an organization uses performance measures and standards to achieve desired results. There are many reasons why an organization should measure performance, such as: quality improvement, transparency, accreditation, increased funding opportunities, evidence-based decisions, and improved health outcomes. A Performance Management System is also a requirement of the Public Health Accreditation Board (PHAB) Standard 9.1. Performance Management is a forward-looking, continuous process of asking, “Is progress being made toward desired goals? Are appropriate activities being undertaken to promote achieving those goals? Are there problem areas that need attention? Do we have successful efforts that can serve as a model for others?”



The above conceptual model provides an overview of the performance management system used by the City of St. Louis Department of Health (DOH). The system was adapted from concepts described in the “Turning Point Performance Management Framework” developed by the Turning Point Performance Management National Excellence Collaborative (PMC). The system is grounded in four core components: Performance Standards, Performance Measurement, Reporting of Progress, and Continuous Quality Improvement.

Performance Standards: Relevant standards are identified and chosen to set goals and expectations for the DOH based on the mission, vision, and strategic plan. When available, the DOH selects nationally used performance standards such as the PHAB, Healthy People 2020, Public Health Core Competencies, and the National Public Health Performance Standards when selecting key indicators and targets.

Performance Measures: DOH has performance measures in place that have been strategically selected to monitor our processes, efficiency, and outcomes against established standards and selected targets. DOH has established measures to actively manage performance in the following categories:

- Health Status
- Workforce Development
- Customer Focus & Satisfaction
- Management Practices
- Health Promotion & Marketing
- Public Health Capacity
- Data & Information Systems
- Financial Systems
- Service Delivery

Reports of Progress: Established data collection methods and reports of progress are used to monitor and analyze performance measures on a regular basis. These reports are also used as communication tools to keep our governing board, governing entity, management, and the community informed of our progress. Regular reports included, but are not limited to:

- “Understanding Our Needs”- a comprehensive report on the health status of the citizens of St. Louis, which is compiled every three years and shared with the community and key stakeholders.
- Monthly Board of Health Report, which is shared with our Board of Health and Mayor.
- Region C Weekly Report on incidences of key communicable diseases, which compares St. Louis City and its surrounding counties.
- Monthly Programmatic Reports, which are used internally for performance management and monitoring our strategic plan initiatives.
- Annual Report on Performance Management Activities, which is shared with the community, key stakeholders, staff, Mayor, and the Board of Health.
- Annual Report on the Community Health Improvement Plan, which is posted on DOH’s webpage and shared with community partners.
- Annual Access to Care Report for the Regional Health Commission, which is posted on the Regional Health Commission’s website.
- Annual Report on St. Louis City’s Sustainability Plan.
- Annual Report on Environmental Health

Quality Improvement: DOH monitors the data collected on established performance measures and identifies areas for quality improvement. Quality tools are used to achieve quality improvement in policies, programs, infrastructure, and ultimately health status. The formal process used by DOH to address gaps and improvement areas is described in greater detail in the Quality Improvement Plan.

A **Performance Management Team** is established by the Director of Health and made up of senior staff responsible for assuring the integration of performance management efforts across all areas of the DOH. The Performance Management Team meets quarterly to review the Performance Measures Reports. The data reports are evaluated for trends and to determine if established targets are being met. The Performance Management Team will recommend evidence-based initiatives, policy changes, quality improvement projects or other actions when targets are not being met or when there is need to improve quality.

Monthly Reports on Programmatic Areas

Each program area within DOH is responsible for collecting data on performance measures, and reporting data monthly by the 10th of the month in the file labeled “Monthly Report 2015-Performance Measures”. Individual report tabs have been created within this file for the various program areas to standardize the reporting format. The Center for Health Information, Planning, and Research (CHIPR) is responsible for reporting the health status data monthly in the tab labeled “CHIPR”. The health status data in the “CHIPR” report will automatically populate into the health status sections of other program reports to streamline processes and avoid redundancy in data collection. Like the various program tabs, the Community Health Improvement Plan (CHIP) has its own monthly report tab with performance measures to monitor the goals of that plan. Data from the monthly reports on the performance measures is used to simplify development of special reports such as the Board of Health Report or budget reports.

The “Monthly Report-Performance Measures” file is located on the Google drive. This is a shared file so that data can be easily accessible and shared throughout the Department. For safety, editing is protected for each program area and for select personnel. All managers should keep a back-up copy of their monthly reports on their F drives.

Monthly Reports on Strategic Plan Initiatives

The Strategic Plan for DOH is also monitored by the Performance Management Team. There are 10 goals within the Strategic Plan, and each goal has been assigned a Lead. The assigned Lead is responsible for updating the status of objectives within their assigned goals monthly by the 10th of the month in the file labeled “Monthly Report-Strategic Plan” on the Google drive. The Performance Management Team reviews the report on the Strategic Plan quarterly to evaluate progress on objectives and target timeframes for completing those objectives. The Performance Management Team will determine if adjustments need to be made in target dates, objectives need to be modified, or additional resources need to be allocated. Many of the performance measures established in the “Monthly Report-Performance Measures” are linked to the strategic initiatives.

Responsibilities of the Performance Management Team

1. Setting goals and identifying resources, and providing overall guidance for the work accomplished by the seven committees established and defined within this Performance Management Plan:
 - Quality Improvement Steering Committee- Lead Rhonda Bartow
 - Policy Committee- Lead Melba Moore
 - Workforce Development Committee- Lead Rhonda Bartow
 - Grants/Fiscal Committee- Lead Joan McCray
 - Communications Committee- Lead Warren Nichols
 - Public Health Laws Committee- Lead Jeanine Arrighi
 - Community Health Assessment Committee- Lead Carl Filler
 - Technology Committee- Dave Harvey

2. Developing a performance management report, “Board of Health Report”, that is presented to the Board of Health monthly, which reviews the progress of each committee and each program throughout the year.
3. Monitoring the activities of the Strategic Plan and CHIP.
4. Establishing standards, measures, structures, processes, and reports to integrate and institutionalize accountability and improvement initiatives.
5. Assuring annual communication of performance management activities to the governing entity, Board of Health, staff, and key stakeholders.
6. Ensuring processes exist to manage changes in policies, programs, or infrastructure.
7. Performing an annual self-assessment of the performance management system using the “Public Health Performance Management Self-Assessment Tool” developed by Turning Point and the Public Health Foundation.
8. Reviewing and updating the Performance Management Plan annually to ensure continuous quality improvements and include plans to address gaps identified in self-assessments.
9. Focusing resources effectively, defining and monitoring outcomes for key public health issues and trends, and emphasizing evidence-based strategies.
10. Maintaining an innovative and learning work environment with a workforce that is well trained for current public health challenges and has access to continuous professional development.
11. Developing mechanisms to recognize and reward employees for accomplishments in quality improvement efforts.
12. Assuring effective performance of the Core Public Health Functions and Ten Essential Public Health Services.
13. Applying communication strategies that are effective and foster greater public involvement in achieving public health goals, including public information, media relations, and social marketing strategies.
14. Providing quality service to internal and external customers.
15. Facilitating discussions about health care access, emerging public health issues, and community needs to educate policy makers and influence policy development for improving health outcomes.
16. Establishing new coalitions and alliances among stakeholders, policy makers, and leaders that support the mission of public health with emphasis on population health.

2015 Goals for the Performance Management Team:

- Goal 1: Continue evaluating, monitoring, and improving the performance management system as required by PHAB standard 9.2. Update the Performance Management Plan on an annual basis.
- Goal 2: Develop a Strategic Plan for 2016-2018 by 12/1/15, and assure that it is monitored and meets PHAB standard 5.3.
- Goal 3: Assure the department is on track with accreditation initiatives.
- Goal 4: Continue using NACCHO's Roadmap to a Quality Culture as a guide in developing and improving our services.

Committees to Support Performance Management Efforts:

The following subcommittees have been established by the Performance Management Team to assist with performance management, strategic initiatives, and accreditation. The Performance Management Team is responsible for establishing the goals for the subcommittees, and ensuring adequate staffing and resources. The Team will assign a Lead to chair each committee and facilitate the activities of that committee. Each subcommittee will be responsible for establishing strategies to accomplish the goals assigned to that subcommittee. Each subcommittee will report quarterly on their activities to the Performance Management Team, highlighting the accomplishments and challenges of the committee. The Performance Management Team is responsible for setting milestones and for recognizing and rewarding employees who participate on the committees.

Quality Improvement Steering Committee

The Quality Improvement Steering Committee provides direction for agency-wide, consistent activities to support quality improvement. The Committee assists with training staff on basic quality improvement tools and techniques, and communicates quality improvement activities to the staff.

Goals for 2015:

1. Conduct self-assessment evaluations of services, programs, and staff to improve performance management, workforce development, and quality improvement efforts.
2. Facilitate Quality Improvement Teams/Projects and monitor all quality improvement activities.
3. Develop strategies to move us to next phase of NACCHO's roadmap to a quality culture.
4. Review and update the Quality Improvement Plan annually and assures compliance with PHAB Domain 9 by July 30, 2015.

Workforce Development Committee

The Workforce Development Committee sets objectives for workforce development, identifies recruitment and retention issues, training issues, and helps develop learning systems that give public health workers the skills and information they need.

Goals for 2015:

1. Assure each employee has a personal professional development plan and that training is documented.
2. Develop Workforce Development Plan in accordance with PHAB Standard 8.2
3. Implement a plan to incorporate Core Competencies for Public Health Professionals into job descriptions.
4. Evaluate employee satisfaction and turnover annually. Develop techniques to improve staff satisfaction.

Communications Committee

The Communication Committee monitors informational materials distributed by the department to ensure the information is current and dated within the past two years. Committee promotes social media and new technology to enhance communications and marketing of the Health Department, and assist with staff development in these areas. The Communication Committee helps the department maintain standards for PHAB Domains 2 and 3.

Goals for 2015:

1. Establish a system to revise and update all informational materials distributed by the department biennially.
2. Review and update the department's Communications Policy biannually, and assure compliance with PHAB standards 3.2 and 2.4.
3. Develop and implement a Marketing plan in compliance with PHAB standard 3.1.2, and assure we have two examples meeting the requirements of the measure.
4. Develop training curriculum and train staff in social media/new technology that can be used to improve communications by May 2015.
5. Assure web pages are monitored and updated regularly for all program areas, and meet the needs of our customers.

Policy Committee

The Policy and Procedures Committee is responsible for establishing a system which assures that departmental policies are monitored and updated a minimum of once every three years or as required by PHAB, and that records are maintained of policy reviews. The committee is responsible for developing a standardized format for all policies and ensuring that policies required for accreditation meet PHAB standards.

Goals for 2015:

1. Develop a schedule to effectively and efficiently review and update departmental policies on an annual basis by 5/30/15.
2. Develop and maintain a local depository of departmental policies on the H drive, and assure requirements of PHAB standard 11.1.4 are met.
3. Provide training to staff on health department policies as needed, and maintain a log on training and receipt of policies.

Technology Committee

The Technology Committee is responsible for implementing new technology to improve services within the Health Department, such as video-conferencing, Internet, Intranet, and other new and innovative systems.

Goals for 2015:

1. Biennially inventory and assess the technology equipment and software/databases used within the department and make recommendations for improvements.
2. Assist with the implementation and training of staff in new technology/software.
3. Assist with improving Healthspace database and the ability to query data, make reports, and to implement electronic inspections for the community sanitation program.

Grants/Fiscal Committee

The Grants/Fiscal Committee identifies resource needs and develops recommendations for grant opportunities. Committee members assist with grant writing and developing grant writing skills in other staff. The committee assists with developing and implementing accounting systems and payroll systems.

Goals for 2015:

1. Assist programs with identifying funding opportunities and writing grants.

2. Evaluate grant applications and enhance grant writing skills to improve the potential for grant application awards.
3. Implement QI projects on the new fiscal accounting system and the new payroll system.

Community Assessment Committee

The Community Needs Assessment Committee identifies assessment needs and ensures regular implementation of identified assessments according to PHAB standards in Domain 1.

Goals for 2015:

1. Create a list of assessment needs for the next five years. Develop a schedule of timeframes for necessary assessments. Assure Understanding Our Needs is completed every 3 years.
2. Assure that the CHA is completed and updated as required by PHAB standard 1.1.
3. Assure requirements for PHAB Standard 5.2 for the Community Health Improvement Plan are maintained.
4. Assure that CHA, CHIP, and Annual Progress Reports are communicated to the community, stakeholders, and governing entity.

Public Health Laws Committee

The Public Health Laws Committee identifies policy needs and ensures regular review of ordinances according to PHAB standards in Domain 6. The committee proposes changes to current ordinances, or recommends new ordinances.

Goals for 2015:

1. Establish a scheduled review of public health ordinances a minimum of every three years.
2. Develop a standardized checklist and report to show that ordinance reviews meets requirements of PHAB standard 6.1.
3. Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply as required by PHAB standard 6.2.
4. Provide training for staff in laws to support public health interventions and ensure consistent application of laws as required by PHAB Standard 6.2.1.

**PERFORMANCE MANAGEMENT COMMITTEES
LEADS AND TEAM MEMBERS
UPDATED 6/26/15**

QUALITY IMPROVEMENT STEERING COMMITTEE		WORKFORCE DEVELOPMENT COMMITTEE		COMMUNICATIONS COMMITTEE	
Lead:	Rhonda Bartow- Admin	Lead:	Rhonda Bartow- Admin	Lead:	Warren Nichols- Health Promotion
Members:	Shontae Fluellen-Hays- Severe Weather	Members:	Victoria Reed- Fiscal	Members:	Harold Bailey- Health Promotion
	Leila Thampy- CHIPR		Patty Koller- Admin		Staci Zellin- Health Promotion
	Heather Gasama- Environmental		Shontae Fluellen-Hays- Severe Weather		Gwen Thompson- WCAH
	Bridgette Collins- CD		Diedra Weaver- Environmental		Kamina Ballard- CD
	Katie Wolf- CD		Leila Thampy- CHIPR		
	Staci Zellin- Health Promotions		Franda Thomas- CD		
			Darne Guest- CD		

POLICY COMMITTEE		TECHNOLOGY COMMITTEE		GRANTS/FISCAL COMMITTEE	
Lead:	Melba Moore- Admin	Lead:	Dave Harvey- Admin	Lead:	Joan McCray- Fiscal
Members:	Patty Koller- Admin	Members:	Matt Steiner- CHIPR	Members:	Victoria Reed- Fiscal
	Michelle Turner- Admin		Richard Eskew- Environmental		Rhonda Bartow- Admin
			Leslie Gatewood- Fiscal		Tory Johnson- CD
					Carl Filler- CHIPR
					Staci Zellin- Health Promotion
					Shontae Fluellen-Hays- Severe Weather

COMMUNITY HEALTH ASSESSMENT COMMITTEE		LAWS COMMITTEE	
Lead:	Carl Filler- CHIPR	Lead:	Jeanine Arrighi- Environmental
Members:	Leila Thampy- CHIPR	Members:	Barbara Birkicht- Lawyer
	Matt Steiner- CHIPR		Diedra Weaver- Environmental
	Nila Garba- CHIPR		Monique Hudspeth- Environmental
	Yvette Ineza- CHIPR		Zachary Krug- Environmental

**Strategies for Performance Management Plan 2015
updated 3/26/15**

PM Plan Goal	Strategies	Measures	Target Date	Target Value	Status	Lead	Committee or Team Members
PMT #1	Monthly Reports on Performance Measures	% reports turned in by 10th	Ongoing	100%		Rhonda	PM Team
	Evaluate performance measures and update for 2016	2016 Monthly Report- Performance Measures updated	12/1/2015	Ongoing		Rhonda	PM Team
PMT #2	Implement Quarterly PM meetings	4/yr- schedule	3/23/2015	4/yr		Rhonda	PM Team
PMT #3	Updated Performance Management Plan	written plan for 2015 written plan for 2016	4/1/2015 12/30/2015	Complete		Rhonda	PM Team
PMT #4	Survey Stakeholders by June 2015 for input on strategic initiatives for 2016-2018	Survey analysis completed by July	7/30/2015	Complete		Rhonda	PM Team
	Schedule Retreat in July 2015 with leadership staff, BOH members	Retreat held by August	8/1/2015	Complete		Rhonda	PM Team
	Schedule All Staff Meeting/SWOT analysis in July 2015	All Staff Meeting by August	8/30/2015	Complete		Rhonda	PM Team
	Draft Goals and Objectives for Strategic Plan	Drafted plan by September	9/30/2015	Complete		Rhonda	PM Team
	Align strategic goals with national priorities, state, hospitals, and mayor's sustainability plan	matrix of strategic alignments	9/30/2015	Complete		Rhonda	PM Team
	Meet with BOA and discuss accomplishments, challenges, and strategic initiatives	BOA meeting by October	10/20/2015	Complete		Rhonda	PM Team
	Share draft strategic plan for input from our governing entity	Governing entity input by October	10/30/2015	Complete		Rhonda	PM Team
	Updated drafted strategic plan	Revised draft by November	11/15/2015	Complete		Rhonda	PM Team
	Finalize goals and strategies with time frames and assign leads	Finalized Strategic Plan by December	1/1/2016	Complete		Rhonda	PM Team
	Share Final Strategic Plan with Community, Staff, Stakeholders, Governing Entity	Communicated by January 2016	1/15/2015	Complete		Rhonda	PM Team
	Monthly Report on Strategic Plan	% reports turned in by 10th	Ongoing	100%		Rhonda	PM Team
	Design Monthly Report for 2016-2018 Strategic Plan	Report form drafted by January 2016	1/15/2015	Complete		Rhonda	PM Team
Annual Progress Report on 2013-2015 Strategic Plan	Written Progress Report	8/31/2015	Complete		Rhonda	PM Team	
PMT #5	Respond to PHAB questions/requests by timeframe set by PHAB	Complete by deadline	TBD	Complete		Rhonda	PM Team
	Prepare for Site Visit around September 2015	Complete by deadline	TBD	Complete		Rhonda	PM Team
	Reponds to questions from site visitors by timeframe set by PHAB	Complete by deadline	TBD	Complete		Rhonda	PM Team
	Assure mechanisms are in place to maintain PHAB standards be annually assessing gaps and implementing improvements when needed	Complete by deadline	TBD	Complete		Rhonda	PM Team
PMT #6	Self-assessment with Turning Point's tool completed by June 2015	Analysis with scores	6/30/2015	+5%		Rhonda	PM Team
	Identify strategies for low scoring areas	Strategies identified and assigned to subcommittees	7/30/2015	Complete		Rhonda	PM Team
PMT #7	Identify strategies/next steps for low scoring areas of NACCHO's roadmap tool	Strategies added to PM Plan matrix		Complete		Rhonda	PM Team

QISC #1	Quality Culture Survey with Staff	% improvement in survey results	6/30/2015	+5%		Rhonda	QISC
	Self-assessment with NACCHO's roadmap tool	Analysis	8/30/2015	Complete		Rhonda	QISC
	Core Competency Assessment of Staff	Analysis	12/1/2015	Complete		Rhonda	QISC
	Workforce Development/Demographics survey	% improvement in survey results	3/30/2016	+5%		Rhonda	QISC
	Self-assessments of project teams	Analysis	Ongoing	Ongoing		Rhonda	QISC
QISC #2	Continue QI Project- Performance Management	As established by project team	TBD	TBD		Rhonda	QISC
	Continue QI Project- Quality Culture	As established by project team	TBD	TBD		Rhonda	QISC
	QI Project- TB data entry & reporting processes	As established by project team	TBD	TBD		Meredith	QI Project Team
	QI Project- specimen handling and shipping	As established by project team	TBD	TBD		Meredith	QI Project Team
	QI Project- LTBI compliance	As established by project team	TBD	TBD		Meredith	QI Project Team
	QI Project- Administrative Fines	As established by project team	TBD	TBD		Jeanine	QI Project Team
	Continue QI Project- Fiscal Accounting System	As established by project team	TBD	TBD		Joan	QI Project Team
	QI Project- Payroll system	As established by project team	TBD	TBD		Joan	QI Project Team
	QI Project- CHIP implementation	As established by project team	TBD	TBD		Carl	QI Project Team
	QI Project- Improve measures for Obesity	As established by project team	TBD	TBD		Carl	QI Project Team
	QI Project- HIV case management	As established by project team	TBD	TBD		Maggie	QI Project Team
	QI Project- STD	As established by project team	TBD	TBD		Franda	QI Project Team
	QI Project- Infant mortality	As established by project team	TBD	TBD		Courtney	QI Project Team
	Identification of QI projects	# QI project proposal forms turned in	12/1/2016	3		Rhonda	TBD
QISC #3	Customer Satisfaction survey- Ryan White	Repeat in February 2016	2/1/2016	maintain scores		Maggie	QISC
	Customer Satisfaction survey- Schools	Repeat in February 2016	2/1/2016	TBD		Courtney	QISC
	Customer Satisfaction survey- Food Control	Survey completed with analysis	6/30/2015	TBD		Jeanine	QISC/Pat M
QISC #4	Update Quality Improvement Plan	Complete by deadline	7/30/2015	Complete		Rhonda	QISC
QISC #5	Quarterly Newsletter	4/yr	4/15/2015	4/yr		Rhonda	QISC
QISC #6	Next steps on the roadmap tool identified	TBD	5/4/2015	TBD		Rhonda	QISC
QISC #7	Develop a QI tools 3 class	Pre/post test results % staff completing QI Tools 3	7/30/2015	20%		Shontae	QISC
	Schedule QI Tools 1 class	% staff completing QI Tools 1	6/30/2015	90%		Shontae	QISC
	Schedule QI Tools 2 class	% staff completing QI Tools 2	6/30/2015	90%		Shontae	QISC
WDC #1	Training log maintained on each employee	% staff with updated training records	5/1/2015	100%		Rhonda	WDC
	PPDP submitted with annual ratings	% staff with PPDP	4/1/2016	100%		Rhonda	WDC
	Ratings completed on time	% of ratings completed on time	Ongoing	100%		Rhonda	WDC
WDC #2	Updated Workforce Development Plan	Review and update plan annually/when needed	3/30/2016	Complete		Rhonda	WDC
	Monitor class schedule for Workforce Development Plan	timeframes adjusted as needed	Ongoing	Ongoing		Rhonda	WDC
	Train leadership on how to calculate Return on Investment, Cost vs Benefit Matrix, Impacts of programs	Completed	8/1/2015	Complete		Melba	PM Team
	Develop strategies to improve scores of core competency survey	% improvement in core competency scores	2/20/2016	+5%		Rhonda	WDC
WDC #3	Benchmark templates that incorporate core competencies	benchmarking complete	6/1/2015	Complete		Rhonda	WDC
	Develop Template for Job Descriptions	Standard template developed	6/30/2015	Complete		Rhonda	WDC
	Identify 3 job classes to update	3 job descriptions updated	8/30/2015	Complete		Rhonda	WDC
WDC #4	Implement new employee orientation checklist and assess its quality	analysis completed % new employee checklist completed within 30 days	8/20/2015	Complete 80%		Rhonda	WDC
	Develop a new employee orientation checklist for managers	completed	9/30/2015	Complete		Rhonda	WDC

WDC #5	Benchmark other city department on what they do for employee incentives	analysis complete with recommendations for PM Team	7/1/2015	Complete		Rhonda	WDC
	Implement a quality improvement event for Christmas Holidays	Annual celebration	12/30/2014	Complete		Rhonda	WDC
	Quality Improvement Champion Award/Honorable Mention Awards	Annual awards	12/30/2014	Complete		Rhonda	WDC
	Research the possibility of gift card rewards	research completed	5/30/2015	Complete		Joan	
	Survey Staff for incentive suggestions	survey completed	7/30/2015	Complete		Rhonda	WDC
WDC #6	Employee Satisfaction Survey	% improvement in survey results	1/31/2016	+5%		Rhonda	WDC
WDC #7	Turnover analysis completed annually	Analysis completed	3/1/2016	Complete		Rhonda	WDC
Comm #1	Create a list of Departmental brochurs, powerpoint presentations, marketing material, and other media that is currently available	List created with schedule for review	6/1/2015	Complete		Warren	Communication Com.
	Review and update brochures, presentations, marketing materials, and other media every two years	% of brochures updated	4/1/2016	100%		Warren	Communication Com.
Comm #2	Communication Policy reviewed/updated	completed	4/1/2016	Complete		Warren	Communication Com.
Comm #3	Marketing Plan developed and implemented	completed	4/1/2016	Complete		Warren	Communication Com.
Comm #4	Training curriculum developed	Written curriculum developed	5/30/2015	Complete		Warren	Communication Com.
	In-house classes designed	# classes offered	10/30/2015	2		Warren	Communication Com.
	Schedule in-house classes	% employees trained	10/30/2015	80%		Warren	Communication Com.
Comm #5	Regular monitoring and updating of web pages	ongoing	Ongoing	Ongoing		Warren	Communication Com.
Comm #6	Benchmark other health department websites	analysis complete with recommendations	7/30/2015	Complete		Warren	Communication Com.
	Develop improvement plan	Strategies developed	8/30/2015	Complete		Warren	Communication Com.
	Implement improvement plan	Strategies imlemented	2/1/2016	Complete		Warren	Communication Com.
POL #1	Schedule developed	% of policies reviewed/signed on time	5/30/2015	100%		Melba	Policy Committee
POL #3	H drive maintained with current policies	Ongoing Review	Ongoing	Ongoing		Melba	Policy Committee
POL #4	Log of staff training on policies maintained	Ongoing log	Ongoing	Ongoing		Melba	Policy Committee
	Identify PHAB required policies	List created with frequency of review, staff signature, and training	6/30/2015	Complete		Melba	Policy Committee
	Maintain PHAB standards for required policies	Standards maintained	Ongoing	Ongoing		Melba	Policy Committee
Tech #1	biennial inventory of equipment with recommended changes	Inventory list	4/1/2016	Complete		Dave	Technology Com.
Tech #2	biennial inventory of software/databases with recommended changes	Inventory list	4/1/2016	Complete		Dave	Technology Com.
Tech #3	Identify training needs and implement training plan for new software or equipment	TBD	TBD	Complete		Dave	Technology Com.
Tech #4	Continue improving Healthspace capabilities for quering data and generating reports	monthly reports to generate data necessary to monitor environmental programs	4/1/2016	Complete		Dave	Technology Com.
Tech #5	Upgrade Healthspace database to implement electronic inspections for community sanitation	hotel inspection records maintained electronically pool inspection records maintained electronically	4/1/2016	Complete		Dave	Technology Com.
G/F #1	Grant committee researches/identifies grant opportunities	# grants submitted	Ongoing	Ongoing		Victoria	Grants/Fiscal Com.
G/F #2	Program managers can request assistance from grant committee for writing grants	# hours grant writing	Ongoing	Ongoing		Victoria	Grants/Fiscal Com.
G/F #3	Grants are reviewed for improvements based on feedback from grantee	analysis completed	Ongoing	Ongoing		Tory	Grants/Fiscal Com.

G/F #4	Develop measures to show improvements	performance measures identified	4/30/2015	Complete		Joan	QI Project Team
	Develop flow diagram of current process and future process	flow diagram	6/30/2015	Complete		Joan	QI Project Team
	Develop procedures for new process	written procedures	7/30/2015	Complete		Joan	QI Project Team
	Monitor/PDSA the implementation of the new system for improvement needs	QI project documentation	TBD	Complete		Joan	QI Project Team
G/F #5	Develop measures to show improvements	performance measures identified	4/30/2015	Complete		Joan	QI Project Team
	Develop flow diagram of current process and future process	flow diagram	6/30/2015	Complete		Joan	QI Project Team
	Develop procedures for new process	written procedures	7/30/2015	Complete		Joan	QI Project Team
	Monitor/PDSA the implementation of the new system for improvement needs	QI project documentation	TBD	Complete		Joan	QI Project Team
CHA #1	Evaluate historical assessments and PHAB standards to creat a list of assessment needs	List	7/1/2015	Complete		Carl	CHA Com.
CHA #2	Assessment plans with strategies developed	written plan	12/1/2015	Complete		Carl	CHA Com.
	Understanding Our Needs every 3 years	written reports shared with staff, governing entity, partners, & community	12/15/2015	Complete		Carl	CHA Com.
	CHA completed/updated	biennially updated	2/1/2016	Complete		Carl	CHA Com.
CHA #3	Measures developed for CHIP initiatives- Obesity Plan, Youth Violence Prevention Plan, etc	Monthly Report-Performance Measures	4/1/2015	Complete		Carl	CHA Com.
CHA #4	Monthly/Annual reporting on CHIP performance measures and strategies	Annual Report	4/1/2015	Complete		Carl	CHA Com.