Cecil County Health Department Strategic Plan FY 2021-2025

SEPTEMBER 2020

HEALTH OFFICER: LAUREN LEVY

401 Bow Street | Elkton, MD 21921

FOREWORD

I am pleased to present the Cecil County Health Department's Strategic Plan for fiscal years 2021-2025. The critical role that CCHD plays in protecting and improving the health of our community has rarely been more evident than it has over the past five months. The novel coronavirus (COVID-19) pandemic has brought public health to the forefront, challenging us to reexamine our approaches to providing critical health services and reinforcing the urgent need to address health disparities.

It is in this context that we launch our latest strategic plan. The attached document represents many months of work assessing our organization's strengths and challenges as well as identifying priority areas for improvement. The plan seeks to build on CCHD's strong history of promoting and protecting the health of Cecil County residents through a broad range of public health programs - prevention efforts like Drug Free Cecil, direct services such as treatment for sexually transmitted infections and substance use disorders, community protection programs such as food facility inspections and outbreak investigation, connections to health insurance, advocacy for our developmentally disabled community members, and services for homeless individuals and families, among many others.

The strategic planning effort included critical input from CCHD staff, leadership and community partners to help more clearly define the Health Department's role in addressing the health challenges county residents face as well as identify those areas where improvements are needed to optimize the programs and services we provide.

Three broad themes were identified during the strategic planning process: capacity, communication and accessibility. In the next five years, we seek to improve our ability to address community health needs, better disseminate information about available resources, and increase access to services, particularly among the most vulnerable members of our community.

Public health is a dynamic field and we must continuously seek to improve our ability to respond to ongoing challenges. Cecil County continues to experience high rates of substance use disorders and chronic diseases. This strategic plan was drafted to complement the health priorities identified in the Community Health Needs Assessment and Community Health Improvement Plan. I am confident that we will be able to achieve the goals outlined in this plan and, as a result, position the Health Department to more effectively address critical health concerns. Thank you for your continued support of our work.

Lauren Levy, JD, MPH
Health Officer

CECIL COUNTY HEALTH DEPARTMENT OVERVIEW

The public health responsibility of the Cecil County Health Department is to improve the health of Cecil County and its residents, in partnership with the community, by providing leadership to find solutions to health problems through assessment, policy development and assurance of quality health services and education. Specifically, the Health Department's responsibilities include:

- Preventing epidemics and the spread of disease
- Protecting against environmental hazards
- Preventing injuries
- Promoting and encouraging healthy behavior and mental health
- Responding to disasters and assisting communities in recovery
- Assuring the quality and accessibility of health services

Cecil County Health Department offers services to all county residents through its six divisions: Administrative Services, Addictions Services, Community Health Services, Environmental Health Services, Health Promotion, and Special Populations Services. Please see page 1 of the appendix for descriptions of each division.

Through the strategic planning process, Cecil County Health Department identified the vision statement, mission statement, and values below.

Vision

HEALTHY *people.* HEALTHY *community.* HEALTHY *future.*

Mission

The mission of the Cecil County Health Department is to work together to promote, protect, and advance the health and wellness of the community.

Values

Respect and Inclusion

Advocacy and Empowerment

Accountability and Integrity

Leadership and Innovation

Quality and Health Equity

Through the strategic planning process, Cecil County Health Department identified three strategic priorities: Capacity, Communication, and Accessibility. Detailed goals and objectives for each priority are delineated below.

Priority 1: Capacity

Goal 1. Optimize the utilization of technology

Objective 1.1: Equip staff with the tools necessary to operate programs remotely where feasible by December 31, 2020.

Objective 1.2. Evaluate existing data systems for opportunities to improve user experience and customer service by June 30, 2021.

Objective 1.3. Develop a technology improvement plan to address issues identified through the evaluation by December 31, 2021.

Objective 1.4. Implement technology improvement plan strategies to address identified issues by December 31, 2022.

Goal 2. Improve capacity to respond to public health emergencies

Objective 2.1. Identify barriers to staff participation in Emergency Preparedness trainings, drills, exercises, and real-world events by December 31, 2020.

Objective 2.2: Provide cross training to staff in critical roles for emergency response by December 31, 2020.

Objective 2.3. Develop a communications plan to promote the value of Emergency Preparedness by June 30, 2021.

Objective 2.4. Develop a plan to increase staff participation in the respirator protection program by June 30, 2021.

Objective 2.5. Provide ongoing training and exercise opportunities to staff on critical CCHD functions for emergency response.

Goal 3. Increase capacity to pursue grant opportunities

Objective 3.1. Establish a non-profit entity by June 30, 2021.

Objective 3.2. Develop an outreach plan to establish public-private partnerships by December 31, 2021.

Objective 3.3. Offer grant writing training to staff (considered as a core competency training) by December 31, 2021.

Objective 3.4. Explore the viability of hiring a grant writer/ grant consultant when pursuing specific grants by December 31, 2022.

Goal 4. Support and sustain an engaged public health workforce

Objective 4.1. Develop interactive "how to" guide on key human resources functions by June 30, 2021.

Objective 4.2. Conduct an existing space utilization survey by June 30, 2021.

Objective 4.3. Identify career development/education reimbursement opportunities for staff by June 30, 2022.

Objective 4.4. Establish a mentoring program within divisions by December 31, 2022

Priority 2: Communication

Goal 5. Improve external communication

Objective 5.1. Develop an external communications plan by December 31, 2020.

Objective 5.2. Redesign CCHD's website to improve functionality and user-friendliness by December 31, 2020.

Objective 5.3. Develop a program/division specific editorial calendar for CCHD by June 30, 2021.

Objective 5.4. Explore the viability of hiring a public information officer by June 30, 2021.

Goal 6. Foster an inclusive culture that encourages open communication

Objective 6.1. Include monthly one-on-one meeting requirements in employee job descriptions (MS-22s) by December 31, 2020.

Objective 6.2. Develop an internal communications plan which outlines methods of communicating different types of information to staff by December 31, 2021.

Priority 3: Accessibility

Goal 7. Promote health equity in concept and in action

Objective 7.1. Provide health equity training for staff and community partners by June 30, 2021.

Objective 7.2. Convene a workgroup of community partners to identify where health inequities exist in Cecil County by December 31, 2022.

Objective 7.3. Utilize a process to include health equity components in more CCHD services/programs by December 31, 2022.

Objective 7.4. Provide ongoing advocacy for health equity CCHD partners and governance.

Goal 8. Improve access to health department services

Objective 8.1. Identify which CCHD programs would benefit from mobile services, teleservices, satellite offices/co-location of services with partners by December 31, 2021.

Objective 8.2. Explore the feasibility and potential locations for satellite offices in Cecil County by June 30, 2022.

Objective 8.3. Reduce barriers to accessing services at CCHD by December 31, 2022.

STRATEGIC PLANNING PROCESS

Cecil County Health Department's Strategic Plan was carefully developed via a six-month, department-wide effort that was organized and facilitated by the strategic planning committee and an external consultant. Supervisors and staff across the health department were invited and included throughout the effort, which included four focus groups, two surveys, and two retreats. Insights gained from each part of the process informed subsequent steps. Please see page 4 of the appendix for more details.

CONSIDERATION OF INTERNAL & EXTERNAL FACTORS

The Strategic Plan takes into consideration internal and external factors that impact the Health Department's ability to fulfill its mission. Internal factors include agency infrastructure and capacity required for efficiency and effectiveness. Specifically, information management, workforce development, financial stability, and communication emerged as major themes throughout the strategic planning process. External factors include trends, events, or other factors that may impact community health or the health department. This includes shifting national, state, and/or county priorities, fluctuations in availability of funding, and changes in public health policy. Please see page 24 of the appendix for more details.

LINKS TO HEALTH AND QUALTY IMPROVEMENT PLANS

There are many synergies between the Health Department's Strategic Plan and the Cecil County Community Health Improvement Plan well as between the Strategic Plan and the Health Department's Quality Improvement Plan.

For example, the four priorities of the Community Health Improvement Plan are: Behavioral Health (substance abuse and mental health); Cancer (focus on lung cancer); Childhood Trauma; and Diabetes. These priorities are closely related to two particular goals in the Cecil County Health Department Strategic Plan: to promote health equity (Goal 7) and improve the accessibility to Health Department services (Goal 8).

In addition, Cecil County Health Department implements a department-wide biannual quality improvement plan that utilizes a plan-do-study-act (PDSA) model to create and implement change in an ongoing effort to improve the organization's efficiency, effectiveness, quality, and/or performance of services, processes, capacities, and outcomes. In implementing the Strategic Plan, the Health Department will identify areas where achieving objectives requires a focused quality improvement process. The following goals are all well-suited to be executed as quality improvement initiatives over the next few months and years:

1. Optimize utilization of technology;
2. Improve capacity to respond to public health emergencies;
3. Increase capacity to pursue grant opportunities;
4. Create conditions for a supportive and sustaining workforce;
5. Improve external communication; and
6. Foster an inclusive culture that encourages open communication (Goal 6)

EXECUTION AND ACCOUNTABILITY

Work groups consisting of Health Department staff will be formed for each objective determined in the Strategic Plan. Each group will create detailed work plans and execute the plan over the next five years. Progress will be tracked within the Health Department's Performance Management System. Annual progress reports will evaluate progress and annual review meetings will be held to determine if the Strategic Plan needs to be updated or if quality improvement initiatives are needed. Objectives that have not been met according to established timelines will be addressed in subsequent years and new priorities, goals and objectives may be added if necessary.

Cecil County Health Department Strategic Plan FY 2021-2025
Appendix

HEALTH DEPARTMENT DIVISIONS

ADMINISTRATIVE SERVICES

The Division of Administrative Services supports Health Department operations by providing budget, fiscal, human resources, building, fleet and information technology services. Services provided to the public include issuing birth and death certificates, health insurance eligibility determinations, education and care coordination for Medical Assistance clients to access and utilize the health care system, ombudsman services, and transportation to non-emergency medical appointments for qualified Medical Assistance recipients.

The Health Planning Program provides health planning and support services. The program leads the collaborative community health improvement process in Cecil County and provides data support and epidemiological assistance to internal and external stakeholders including conducting health assessments, project planning and development, and project evaluation. The program leads Health Department strategic planning, performance management, quality improvement, workforce development and health communication efforts.

The Emergency Preparedness Program provides public health emergency planning and support. This includes planning for county-wide emergencies and disasters, training staff on emergency response, educating the public on personal preparedness, and coordinating the response of Health Department staff to actual emergencies or disasters.

ADDICTIONS SERVICES

The Division of Addictions Services – Alcohol and Drug Recovery Center – provides substance use disorder assessment, early-intervention, care-coordination, outpatient treatment, overdose response training, and recovery support for adult and adolescent patients and their families. Services are delivered from the Health Department and within a variety of other community and institutional-based settings. The division's counseling approach integrates Prochaska and DiClemente's Stages of Change model and incorporates Motivational Enhancement and Cognitive Behavioral Therapy. The program recognizes that addiction is a disease that causes changes in the brain, and that substance abuse is influenced by environmental conditions and behavior; recovery from addiction is possible with appropriate treatment and long-term lifestyle changes. Family support and counseling sessions are offered to patients and their families to help increase understanding of the dynamics of addiction. Patients are also encouraged to

attend recovery-oriented support groups, including Narcotics Anonymous and Alcoholics Anonymous meetings, several of which are held at the Health Department.

COMMUNITY HEALTH SERVICES

The Division of Community Health Services promotes the health of Cecil County residents and offers a variety of health services for children and adults. These include: monitoring and controlling communicable diseases and conditions (communicable disease may include sexually transmitted infections, tuberculosis, rabies, and other public health disease threats); communicable disease surveillance and case management of residents affected by communicable diseases; outbreak investigation and control; screening, testing and treatment of sexually transmitted infections; pregnancy testing; child and adult immunization and immunization tracking and follow up; and WIC (Women, Infants and Children's) Program nutrition counseling.

ENVIRONMENTAL HEALTH SERVICES

The Division of Environmental Health Services enforces state regulations, conducts inspections, and issues licenses and permits. Services include soil testing for septic systems; well permits; community water supply and sewage systems surveillance; food services inspections; rabies vaccination clinics and control activities; inspection of bathing beaches, swimming pools, public camps, and mobile home parks; issuing burning permits, and nuisance investigations.

HEALTH PROMOTION

The Division of Health Promotion interacts with the community by providing cancer screening, health education and outreach programs. Registered Nurses, Health Educators, Coordinator of Special Programs, and Outreach Workers educate and encourage Cecil County residents to practice behavioral changes that prevent disease and help promote healthy lifestyles. Preschoolers to senior citizens enjoy an extensive range of services and programs including the dental sealant and oral health program, colorectal and lung cancer screening outreach, fall prevention programs, self-management programs, substance use prevention, free stop smoking programs and Nicotine Replacement Program/Chantix® Services programs. Mini grants are also available to community groups in the area for tobacco use prevention. Staff assists the Healthy Lifestyles, Cancer and Tobacco Task Forces to develop and implement strategies that address health-related issues identified in the Community Health Improvement Plan to improve overall health in the community. Staff provides information and educational materials on health topics upon request from the community.

SPECIAL POPULATIONS SERVICES

The Division of Special Populations Services is comprised of the Mental Health Core Service Agency (CSA) the Adult Evaluation and Review Services (AERS) Program, and the Developmental Disabilities Coordination of Community Services Program. Each of these programs share the overarching goal of assisting individuals to access treatment and services to remain in community- based living environments. The CSA performs local planning on behalf of the Public Behavioral Health System and ensures access to treatment for the Medicaid and uninsured population. The AERS program provides assessments for older adults and those with chronic disabling conditions at risk of placement into an institutional level of care. This unit develops comprehensive plans of care to allow individuals to remain in their home. The Developmental Disabilities program provides case management to eligible residents who have a developmental disability that occurred prior to the age of 22 years. The program assists the individual to achieve optimal integration into the community.

STRATEGIC PLANNING PROCESS

TIMELINE OVERVIEW

Strategic Planning Process
- July 8, 2019: Developed strategic planning process and timeline

Focus Groups
- August 28, 2019: Conducted focus groups with staff (n=11) and community partners (n=7) on health department strengths, weaknesses, opportunities, and threats
- August 29, 2019: Conducted focus gropus with supervisors (n=7) and staff (n=16) on health department strengths, weaknesses, opportunities, and threats

Survey 1
- October 15 - 24, 2019: Conducted survey of all health department staff on focus group findings (n=102)

Retreat 1
- October 29, 2019: Held full-day retreat for health department supervisors to identify mission, vision, values, and strategic priorities (n=20)

Retreat 2
- November 5, 2019: Held full-day retreat for health department directors to identify strategic goals and objectives (n=10)

Survey 2
- December 13 - 20, 2019: Conducted survey of all health department staff on mission, vision, and values (n=71)

Strategic Plan
- September 2020: Finalized strategic plan FY 2021-2025

STRATEGIC PLANNING PARTICIPATION

Strategic Planning Committee

Name	Title	Organization
Lauren Levy	Health Officer	Cecil County Health Department
Laurie Humphries	Deputy Health Officer - Operations	Cecil County Health Department
Daniel Coulter	Director of Health Planning	Cecil County Health Department
Sonia Gupta Pandit	Consultant	The Pandit Group

Focus Group Participants

Focus Group	Participants	Divisions/Organizations Represented*
1	CCHD Staff (11)	SPS, ADRC, HP
2	CCHD Supervisors (7)	EHS, SPS, Admin, EHS, ADRC
3	Community Partners (7)	WCHC, CCPS/ECAC, CCSO, Cecil College, UHCC, DCS
4	CCHD Staff (16)	ADRC, CHS, Admin, SPS, EHS, HP

*Divisions/Organizations Represented

Health Department Divisions
ADRC = Division of Addictions Services, Cecil County Health Department
HP = Division of Health Promotion, Cecil County Health Department
EHS = Division of Environmental Health Services, Cecil County Health Department
SPS = Division of Special Populations Services, Cecil County Health Department
Admin = Division of Administrative Services, Cecil County Health Department
CHS- Division of Community Health Services, Cecil County Health Department

Community Partners
WCHC = West Cecil Health Center
CCPS/ECAC = Cecil County Public Schools/ Early Childhood Advisory Council
CCSO = Cecil County Sherriff's Officer
UHCC = Union Hospital of Cecil County
DCS = Cecil County Department of Community Services

Retreat 1 Participants

Name	Title	Division
Gabe Alli	Environmental Health Specialist Program Supervisor	Environmental Health
Ed Arellano	Deputy Director - Division of Environmental Health	Environmental Health
Allison Borzymowski	Director, Division of Administrative Services	Administrative Services
Steve Brechbiel	Computer Network Specialist	Administrative Services
Cindy Brown-Ingram	Social Worker - AERS Program Manager	Special Populations
Ken Collins	Director, Division of Addictions Services	Addictions Services
Jaimi Conley-Mahan	Community Health Nurse Supervisor	Health Promotion
Daniel Coulter	Director of Health Planning	All
Shelly Gulledge	Program Administrator - Core Service Agency	Special Populations
Laurie Humphries	Deputy Health Officer - Operations	All
Stacy Kortas	Community Health Nurse Supervisor	Special Populations
Kathleen Martineau	Community Health Nurse Supervisor	Community Health Services
Mike Massuli	Deputy Director - Division of Addictions Services	Addictions Services
Gwen Parrack	Director, Division of Special Populations Services	Special Populations
Judi Rodemich	Director of Community Health Services	Community Health Services
Donna Runkles	Program Administrator - Addictions Clinical Manager	Addictions Services
Lyndsey Scott	Program Manager - Health Education	Health Promotion
Angie Scramlin	Environmental Health Specialist Program Supervisor	Environmental Health
Meredith Springsteen	Environmental Health Specialist Program Supervisor	Environmental Health
Rebecca Urie	Program Manager - Developmental Disabilities	Special Populations

Retreat 2 Participants

Name	Title	Division
Ed Arellano	Deputy Director - Division of Environmental Health	Environmental Health
Allison Borzymowski	Director, Division of Administrative Services	Administrative Services
Ken Collins	Director, Division of Addictions Services	Addictions Services
Daniel Coulter	Director of Health Planning	All
Laurie Humphries	Deputy Health Officer - Operations	All
Lauren Levy	Health Officer	All
Gwen Parrack	Director, Division of Special Populations Services	Special Populations
Judi Rodemich	Director of Community Health Services	Community Health Services

FOCUS GROUP DETAILS AND ANALYSIS

Four focus groups were conducted for the Cecil County Health Department's strategic planning initiative. Each focus group lasted for 1.5 hours and discussions with the participants were prompted with the previously agreed upon questions provided below. Supervisors and community partners answered the last four questions as a large group while the two staff focus groups addressed the questions in breakout sessions. The bullet points underneath each question list the major themes that emerged from a qualitative analysis of the focus groups cumulatively, starting with the theme associated with the most frequently shared response.

Focus Group	Date	Time	Participants
1	August 28, 2019	8:30am	CCHD Staff (11)
2	August 28, 2019	10:30am	CCHD Supervisors (7)
3	August 29, 2019	8:30am	Community Partners (7)
4	August 29, 2019	10:30am	CCHD Staff (16)

Focus Group Prompts and Major Themes
In your opinion, what role should the Health Department play in Cecil County?
- Lead or hub for health promotion, education, awareness, and prevention
- Provider of services, especially where there are gaps to vulnerable populations; safety net
- Coordinator of resources, services, and care
- Authority and information sharer on health issues: monitor of health issues and trends, conveyer of information from state
- Convener of community partnerships

- Lead on population health management to improve the overall health and well-being of the community and to empower the community to take ownership of their well-being
- Lead on emergency preparedness and response
- Enforcer of environmental health laws
- Advocate for individuals, the community, and other service providers

In your opinion, what should be the core purpose of the Cecil County Health Department? In other words, what should be the primary objective of the Cecil County Health Department?
- To keep the community healthy; to improve the health/wellness of the community
- To serve as a connector or coordinator between the community and resources; to be a community partner
- To educate/empower the community; to promote public health

In your opinion, how should the Health Department achieve its purpose/objective?
- Convene and collaborate/partner with community stakeholders, sharing resources/funding as needed
- Improve communication of the health department's role, mission, vision, values, services with stakeholders
- Improve internal interdepartmental communication and transparency so that all staff know what each department and program do
- Educate staff, stakeholders, and the community
- Continually identify and prioritize community health needs; conduct ongoing needs assessment and evaluate the effectiveness of services
- Build trust in the community and reduce stigma of receiving services

In your opinion, what should be the top priorities of Cecil County Health Department for the next 5 years?
- To act as a hub in the community by serving as a link to resources, ensuring partnerships and collaborations are in place, and identifying strategies to engage with the community
- To increase awareness of the Health Department's services and promote education and communication of health issues to partners and the public
- To take a community-driven approach and prioritize community health needs
- To prioritize a long-term approach to disease prevention
- To ensure that all Health Department staff are aware of all Health Department services
- To fill gaps in services and reach those who are most vulnerable

In your opinion, what should be the long-term vision for the Health Department? In other words, what should be the ultimate, long-term goal of the Health Department?
- "Healthy people. Healthy community. Healthy future."; improvement of community health and quality of life; empowerment of citizens to be healthy
- Coordination of long-term, sustainable services for the community

In your opinion, what words most represent the Health Department's values? In other words, what are the guiding principles of the Health Department?
- Facilitator, partnerships, collaborative, access
- Empathy, compassion
- Trustworthiness, reliability
- Integrity
- Leadership
- Advocate
- Educator
- Commitment, dedication
- Respect for all people, inclusion
- Community-driven, empowering community

In your opinion, what are key strengths of the Health Department?
- Employees are committed, dedicated, knowledgeable, multi-tasking, empathetic, caring, passionate, team-players, advocates, initiators
- Programs work well and make a difference
- Community partnerships are strong
- Gaps when services are not available in the community are filled
- Ability to collaborate
- Ability to accomplish a lot with limited resources

In your opinion, what are key weaknesses/areas of needed improvement of the Health Department?
- Staffing: under-staffed, undefined roles (e.g. too much multi-tasking), recruitment, retention, lack of diversity, unclear path for growth/upward mobility, education benefits, staff transition, orientation (e.g. new staff do not know where to go for information), salary is not competitive, need for specific positions (e.g. registered nurse, social worker)
- Communication between lower and senior level staff and between departments
- Funding sustainability (too much dependence on grants/state funding)
- Physical space: one building, lack of space, lack of privacy, location of specific departments/programs, lack of satellite locations
- Information technology: implementation before technology is ready, lack of training on new programs, website, modernization needed (too much paperwork)
- Internal structure: lack of human resources support, lack of transparency, changes made without communication
- Education and outreach of services to community
- Limitations on eligibility requirements are too restrictive

In your opinion, what are the key opportunities available to the Health Department in the next 5 years? For example, what does the community need? What new or additional services could the Health Department provide? How can partnerships be strengthened?
- Satellite offices, mobile services, and/or adding on to the health department
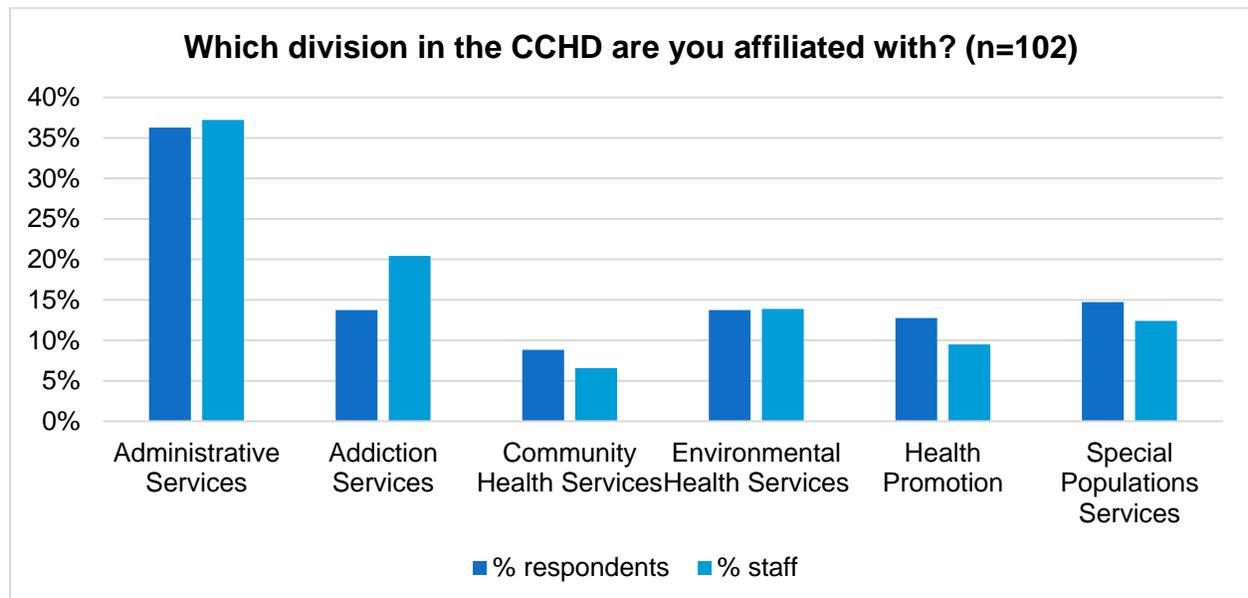
- Increased care coordination and care integration within the health department
- Strengthening and expansion of partnerships and collaborations
- Internal communication
- Transportation
- Public perception, community awareness
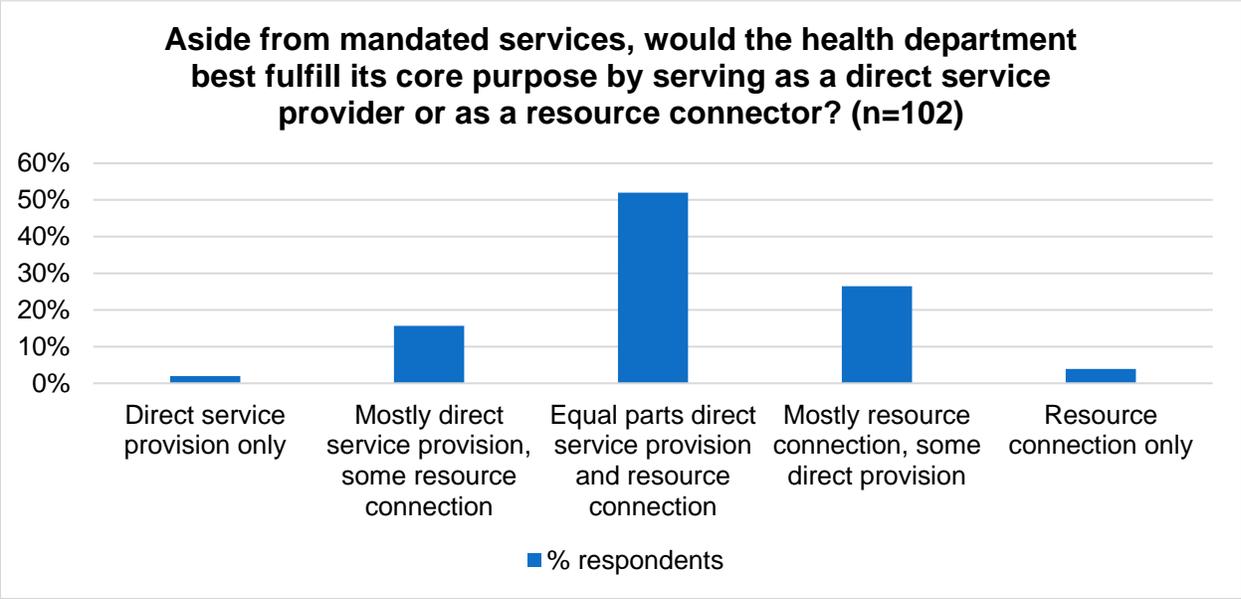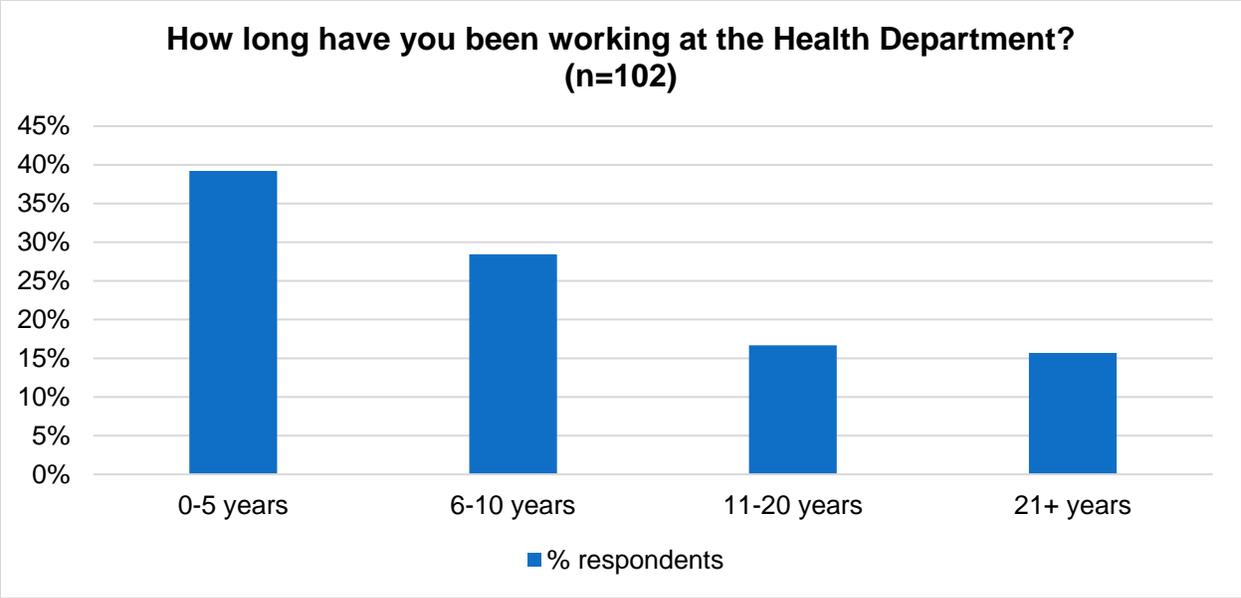- Expansion of services (e.g. family planning, nursing, telepsychiatry, behavioral health)

In your opinion, what are the key threats facing the Health Department in the next 5 years?
- Funding
- Staffing: recruitment, retention, turnover, retiring workforce, noncompetitive salary, employee morale
- Perception in the community; stigma/lack of trust
- Limited healthcare services to link to; gaps in services; lack of resources
- Internal and external communication
- Information technology

SURVEY 1 DETAILS AND RESULTS

An electronic survey was distributed to all Cecil County Health Department staff between October 15 and 24 to gain further insight on the themes identified from the focus groups. 102 people (74% of staff) completed at least some part of the survey and 63 people (50% of staff) completed the survey fully. The development of the strategic planning survey was informed by the insights gained from the focus groups. Results of the survey are provided below.

Which division in the CCHD are you affiliated with? (n=102)

Legend: ■ % respondents ■ % staff

How long have you been working at the Health Department? (n=102)

■ % respondents

Aside from mandated services, would the health department best fulfill its core purpose by serving as a direct service provider or as a resource connector? (n=102)

■ % respondents

What services should be the top priority for the Health Department as a direct service provider? (n=56)

- Drug and Alcohol/Addictions/ADRC (27)
- Clinic services (13)
- Family planning (11)
- Environmental services (8)
- Mental health (7)
- Transportation (6)
- Special populations health, including homeless services (5)
- Health and wellness (e.g. flu shots, immunizations, vaccinations) (4)
- Communicable disease/STD testing and treatment (4)

- Children's clinics/immunizations/checkups (4)

What services should be the top priority for the Health Department as a resource connector? (n=62)
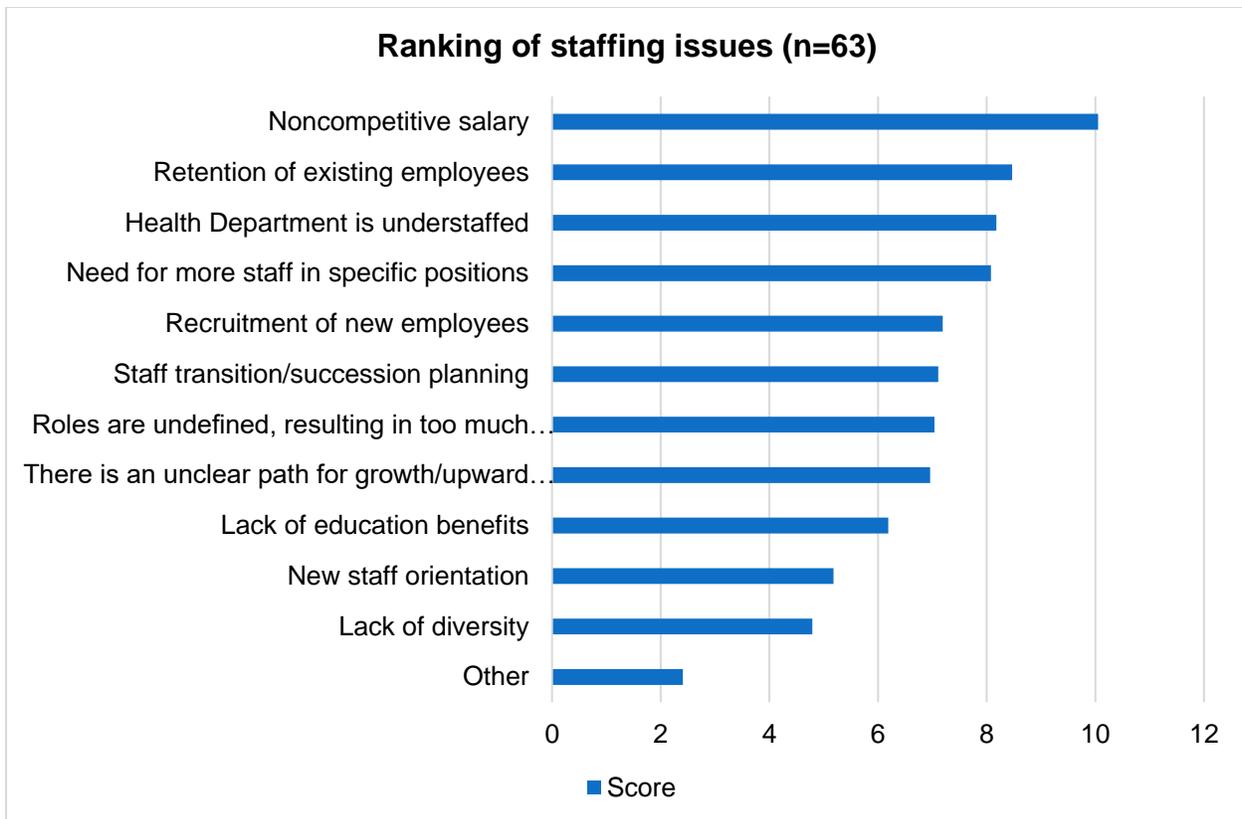- Addictions/alcohol and drug/substance abuse (16)
- Mental health (13)
- Referral/resource coordination/resource directory (9)
- Health promotion (5)
- Smoking or tobacco cessation (5)
- Insurance (4)
- Transportation (4)
- Homeless (4)

Are there any direct services the health department is providing, or resources the health department is connecting with, that it should not be? (n=14)
- Transportation (4)
- Addiction/drugs and alcohol (4)
- Harm reduction/needle exchange (3)
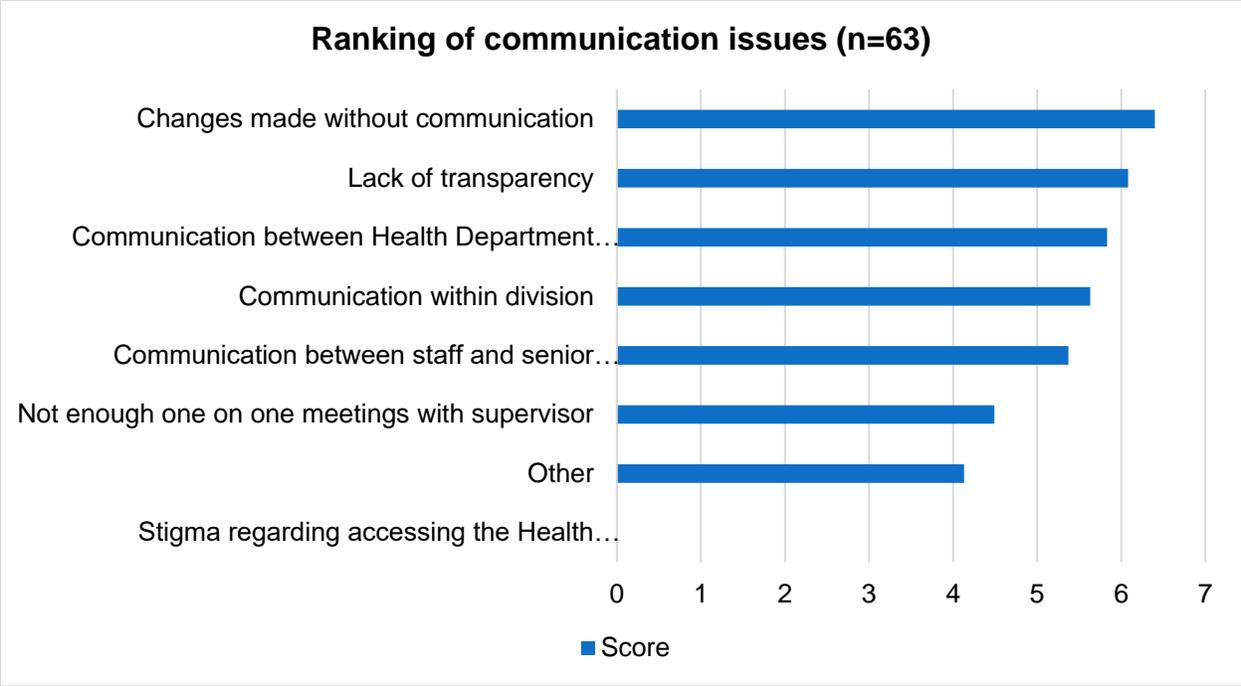- Developmental disability services (2)

Are there any direct services the health department is not providing, or resources the health department is not connecting with, that it should be? (n=36)
- Family planning (8)
- Dental clinic (8)
- Transportation (4)
- Satellite office (2)
- Homeless (2)
- Health education (2)
- Flu shots (2)
- More clinical services (2)
- More mental health services (2)

Ranking of staffing issues (n=63)

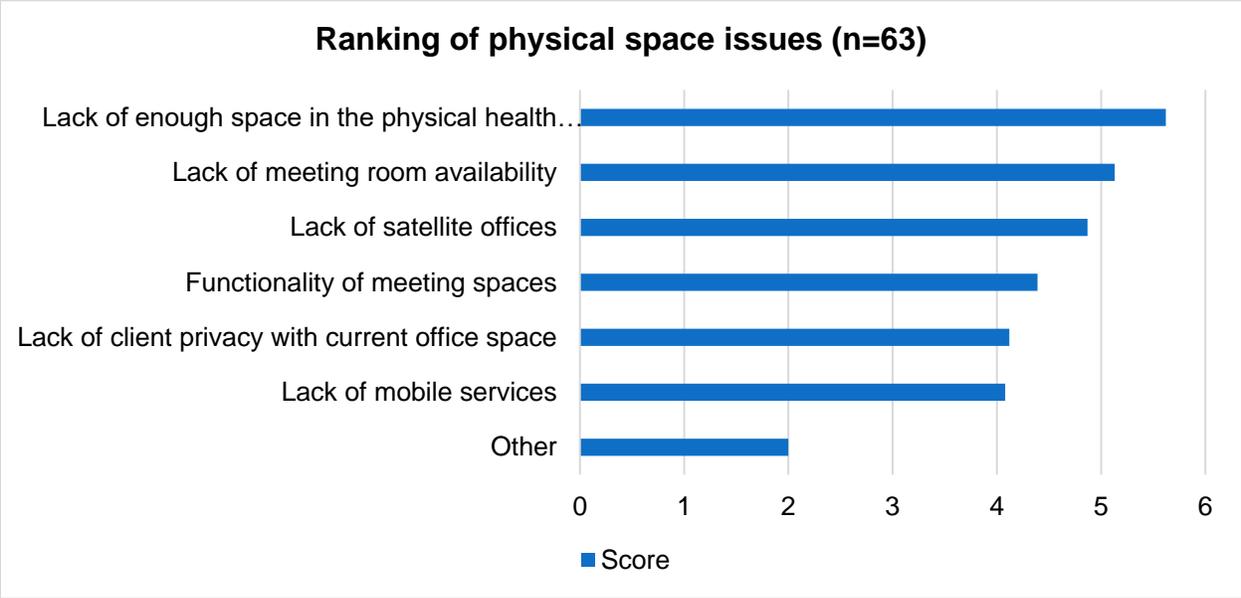| Issue	Score
Noncompetitive salary	~10
Retention of existing employees	~8.5
Health Department is understaffed	~8.2
Need for more staff in specific positions	~8
Recruitment of new employees	~7.2
Staff transition/succession planning	~7.1
Roles are undefined, resulting in too much…	~7
There is an unclear path for growth/upward…	~6.9
Lack of education benefits	~6.2
New staff orientation	~5.1
Lack of diversity	~4.8
Other	~2.3

■ Score

What tangible solutions could help address staffing challenges? (n=47)
- More competitive salaries/salary increases (16)/Routine pay increases (2)
- More streamline and clearer onboarding process/Shorter time between interview, offer date, and start date (12)
- More staff/interns (5)
- Clearly defined roles (4)
- More opportunities for growth (3)
- Offer more flexibility in schedule (2)
- Try to re-class staff into other positions (2)/No contractual positions (2)/Consider experience in place of education (2)
- Succession planning for retiring staff/Prioritized processing for programs with critical staffing levels (2)
- Timely and complete communication regarding HR related issues/Additional support for HR (2)
- Supervisory skills/training (2)

Ranking of communication issues (n=63)

- Changes made without communication
- Lack of transparency
- Communication between Health Department...
- Communication within division
- Communication between staff and senior...
- Not enough one on one meetings with supervisor
- Other
- Stigma regarding accessing the Health…
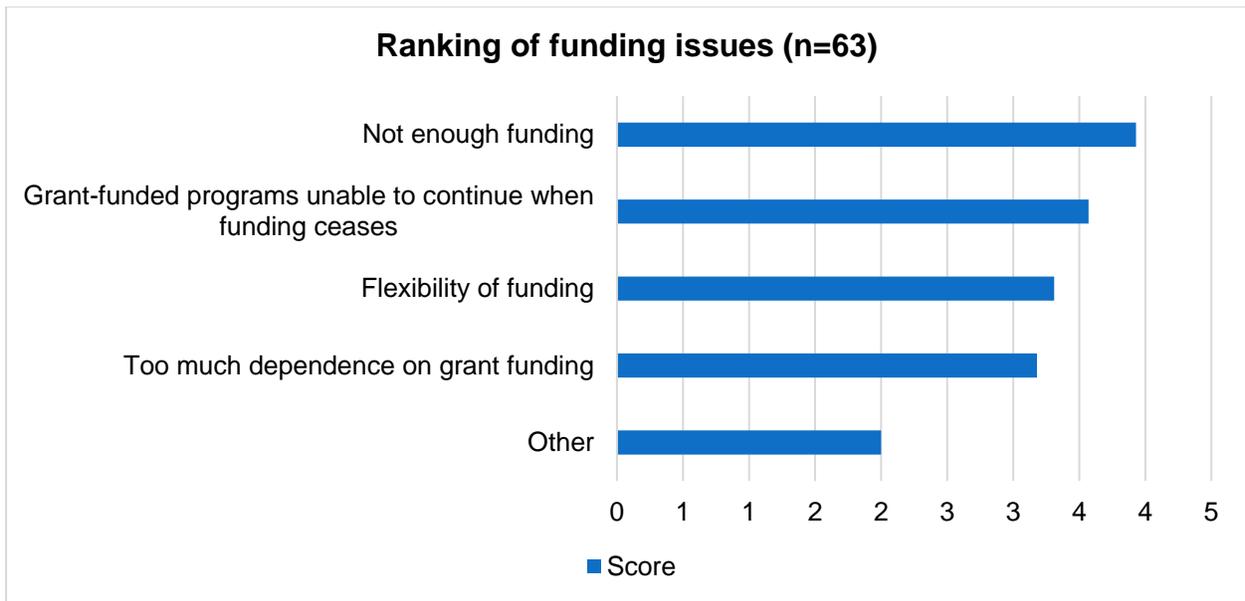
0 1 2 3 4 5 6 7

■ Score

What tangible solutions could help address communication challenges? (n=38)
- Solicit input from/communicate with staff before implementing major changes (6)
- More information regarding each division, what they are doing, and their constraints (6)
- Directors talking to/acknowledging employees daily/equally (3)
- Fewer emails (2)
- Internal communications plan (2)

Ranking of physical space issues (n=63)

- Lack of enough space in the physical health…
- Lack of meeting room availability
- Lack of satellite offices
- Functionality of meeting spaces
- Lack of client privacy with current office space
- Lack of mobile services
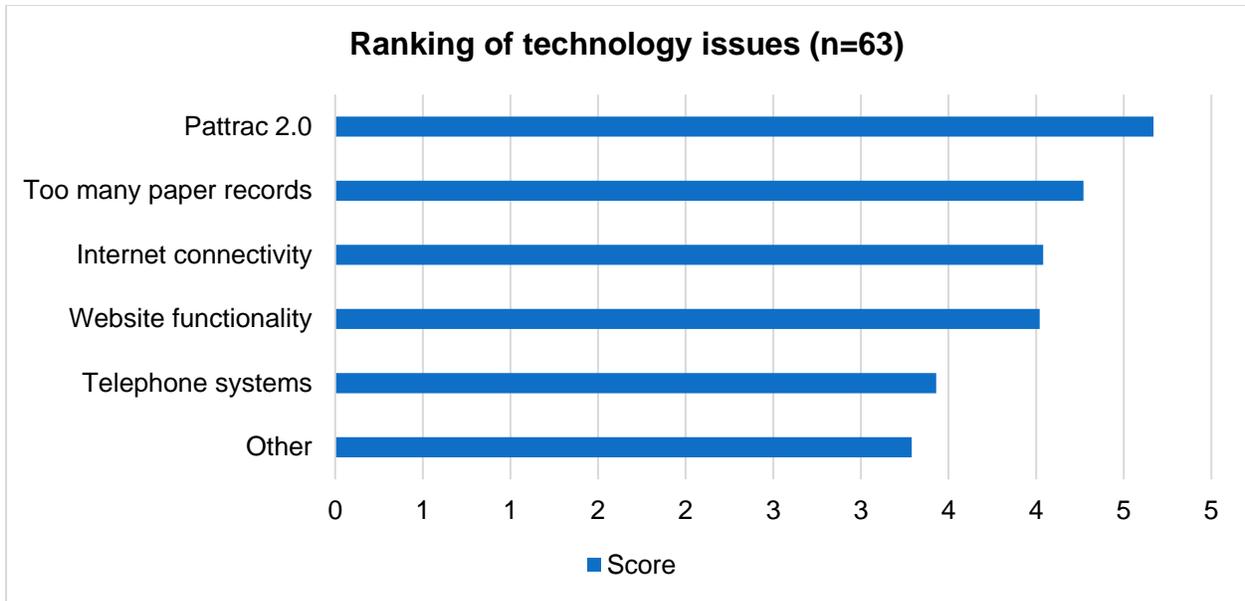- Other

0 1 2 3 4 5 6

■ Score

What tangible solutions could help address physical space challenges? (n=35)
- Satellite office (15)
- Another location/New building (4)
- Teleworking options (3)
- Reorganize divisions in the health department (3)
- Prioritize what public meeting rooms are used for/Restrict outside groups from using meeting rooms during the day (3)
- Better scheduling of conference rooms (2)
- Declutter storage (2)
- Dedicated space for private meetings with clients (2)

Ranking of funding issues (n=63)

Funding issue	Score
Not enough funding	3.9
Grant-funded programs unable to continue when funding ceases	4.1
Flexibility of funding	3.6
Too much dependence on grant funding	3.4
Other	2.0

What tangible solutions could help address funding challenges? (n=18)
- Hire person to find and write grants/Teach staff how to find and apply for grants/grant-writing (4)
- Locate additional funding (2)
- Lobby/advocate to allow more flexibility/discretion in usage of funds (2)
- Ensure enough funding is available for success before implementing new program/Adopt pilot program mentality for grant-funded programs (2)

Ranking of technology issues (n=63)

Issue	Score
Pattrac 2.0	~5.3
Too many paper records	~4.5
Internet connectivity	~4.1
Website functionality	~4.0
Telephone systems	~3.8
Other	~3.5

■ Score

What tangible solutions could help address technology challenges? (n=29)
- Replace PatTrac (6)
- More IST staff/more access to or time with IT staff (6)
- Eliminate redundancy of both electronic and paper records (5)
- Redesign website (4)
- Allow choice of cell phone (3)
- Access to mobile hot spots on cellphones/access to PatTrac when not connected to internet (2)
- Hire someone to maintain website (2)

RETREAT 1 AGENDA AND RESULTS

Strategic Planning Retreat Agenda: October 29, 2019

8:00 am – 9:00 am	Breakfast
9:00 am – 9:15 am	Welcome & strategic planning purpose
9:15 am – 9:45 am	Strategic planning process and data review
9:45 am – 11:00 am	Mission statement
11:00 am – 11:15 am	Break
11:15 am – 12:00 pm	Vision statement and values
12:00 pm – 12:45 pm	Lunch
12:45 pm – 2:30 pm	Strategic plan goals (small group breakout session)
2:30 pm – 2:45 pm	Break
2:45 pm – 3:45 pm	Ranking of strategic plan goals
3:45 pm – 4:00 pm	Review of session results and next steps

Strategic Plan Brainstorming
Communication Goals
1. Develop communications plan (internal and external)
2. Improve staff understanding of hierarchical roles within divisions and CCHD
3. Increase opportunities for staff to have input in decision making (when appropriate)

Physical Space Goals
1. Improve efficiency (use of) existing space
2. Satellite offices
3. Assess viability of mobile services

Funding Goals
1. Explore public-private partnerships
2. Form a nonprofit
3. Increase capacity to pursue grant opportunities
4. Educate staff about funding constraints and budget issues

Staffing Goals
1. Improve retention
2. Improve recruitment
3. Succession planning

Technology Goals
1. Improve training
2. Improve data management system
3. Increase mobile accessibility

RETREAT 2 AGENDA AND RESULTS

Strategic Planning Retreat Agenda: November 5, 2019

8:00 am – 9:00 am	Breakfast
9:00 am – 9:15 am	Welcome and review of first session's results
9:15 am – 10:00 am	Viability assessment of strategic plan goals
10:00 am – 10:30 am	Prioritization matrix and criteria
10:30 am – 10:45 am	Break
10:45 am – 12:15 pm	Strategic plan objectives (small group breakout session)
12:15 pm – 1:00 pm	Lunch
1:00 pm – 2:30 pm	Strategic plan objectives (small group breakout session)
2:30 pm – 2:45 pm	Break
2:45 pm – 3:45 pm	Finalization of strategic plan objectives
3:45 pm – 4:00 pm	Review of session results, workgroup leadership, next steps

Prioritization Matrix Methodology
1. Identified criteria
    a. Potential impact (Is there reason to believe that the opportunity will have a significant impact on the problem)
    b. Continuity (Does this support organizational goals and priorities?)
    c. Feasibility (Is the opportunity actionable/feasible? Are there ways to address this issue? Is there room to make meaningful improvement?)
        i. Cost (How much cost does your organization incur each time this issue occurs or fails to occur?)
        ii. Integration (Is there an opportunity to build on existing work? Would this be a duplication of efforts?)
        iii. Readiness (Is there momentum to help move the issue forward? Will it be seen as important?)
    d. Urgency (How soon does this issue need to be addressed?)
2. Defined rating scale
    a. Potential impact scale: 0-10
    b. Continuity scale: 0-5
    c. Feasibility scale: 0-5
    d. Urgency scale: 0-5
3. Brainstormed potential objectives*
4. Created a matrix by listing potential objectives in rows down the left side and identified criteria across columns
5. Rated the objectives using the criteria

Goal 1. Optimize the utilization of technology

Objective	Potential impact (0-10)	Feasibility (cost, integration, readiness) (0-5)	Urgency (0-5)	Continuity (0-5)	Total
Evaluate existing data systems for opportunities to improve user experience and customer service by December 31, 2020	7	4	5	5	21
Develop a technology improvement plan to address issues identified through the evaluation by June 30, 2021	7	4	5	5	21
Implement technology improvement plan strategies to address identified issues by June 30, 2022	9	2	5	5	21

Goal 2. Improve capacity to respond to public health emergencies

Objective	Potential impact (0-10)	Feasibility (cost, integration, readiness) (0-5)	Urgency (0-5)	Continuity (0-5)	Total
Provide ongoing training and exercise opportunities to staff on critical CCHD functions for emergency response	8	4.5	5	5	22.5
Develop a communications plan to promote the value of Emergency Preparedness by December 31, 2020	6	5	3	5	19
Identify barriers to staff participation in Emergency Preparedness trainings, drills, exercises, and real world events by June 30, 2020	5	5	3	5	18

Goal 3. Increase capacity to pursue grant opportunities

Objective	Potential impact (0-10)	Feasibility (cost, integration, readiness) (0-5)	Urgency (0-5)	Continuity (0-5)	Total
Establish a non-profit entity by June 30, 2020	9.5	5	5	5	24.5
Develop an outreach plan to establish public-private partnerships by December 31, 2020	9.5	4	4	4.5	22
Explore the viability of hiring a grant writer/ grant consultant when pursuing specific grants by December 31, 2022	9.5	2	2	4	17.5
Offer grant writing training to staff (considered as a core competency training) by June 30, 2021	5.5	5	2	4	16.5

Goal 4. Support and sustain an engaged public health workforce.

Objective	Potential impact (0-10)	Feasibility (cost, integration, readiness) (0-5)	Urgency (0-5)	Continuity (0-5)	Total
Develop interactive "how to" guide on key human resources functions by December 31, 2020	10	5	5	5	25
Conduct an existing space utilization survey by December 31, 2020	7	5	4.5	4	20.5
Establish a mentoring program within divisions by December 31, 2021	8	3	2	4.5	17.5
Identify career development/education reimbursement opportunities for staff by June 30, 2021	5	2	2	4.5	13.5

Goal 5. Improve external communication

Objective	Potential impact (0-10)	Feasibility (cost, integration, readiness) (0-5)	Urgency (0-5)	Continuity (0-5)	Total
Develop an external communications plan by June 30, 2020	10	5	5	5	25
Redesign CCHD's website to improve functionality and user-friendliness by December 31, 2020	10	4	4	5	23
Develop a program/division specific editorial calendar for CCHD by June 30, 2021	7.5	5	2.5	4.5	19.5
Explore the viability of hiring a public information officer by June 30, 2021	8	1.5	3	5	17.5

Goal 6. Foster an inclusive culture that encourages open communication

Objective	Potential impact (0-10)	Feasibility (cost, integration, readiness) (0-5)	Urgency (0-5)	Continuity (0-5)	Total
Include monthly one-on-one meeting requirements in employee job descriptions (MS-22s) by June 30, 2020	10	5	4.5	5	24.5
Develop an internal communications plan which outlines methods of communicating different types of information to staff by June 30, 2021	4	5	2.5	3	14.5

Goal 7. Promote health equity in concept and in action

Objective	Potential impact (0-10)	Feasibility (cost, integration, readiness) (0-5)	Urgency (0-5)	Continuity (0-5)	Total
Utilize a process to include health equity components in more CCHD services/programs by December 31, 2022	9	3	4	5	21
Provide health equity training for staff and community partners by June 30, 2021	8	4	3	5	20
Convene a workgroup of community partners to identify where health inequities exist in Cecil County by December 31, 2022	9	3	3	5	20
Provide ongoing advocacy for health equity CCHD partners and governance	6	4	3	5	18

Goal 8. Improve access to health department services

Objective	Potential impact (0-10)	Feasibility (cost, integration, readiness) (0-5)	Urgency (0-5)	Continuity (0-5)	Total
Identify which CCHD programs would benefit from mobile services, satellite offices/co-location of services with partners by December 31, 2020	10	5	3.5	5	23.5
Explore the feasibility and potential locations for satellite offices in Cecil County by June 30, 2021	10	2.5	3.5	5	21
Reduce barriers to accessing services at CCHD by December 31, 2021	8	3	4.5	5	20.5

*objectives provided in the tables above reflect the versions in the final strategic plan

SURVEY 2 DETAILS AND RESULTS

An electronic survey was distributed to all Cecil County Health Department staff between December 13 and 20 to obtain feedback on the mission statement, vision statement, and values proposed at the retreats. 71 people (52% of staff) completed at least some part of the survey and 69 people (50% of staff) completed the survey fully. Results of the survey are provided below.

**Do you agree that the following statement accurately captures the mission of the health department?
"Work together to promote, protect, and advance the health and wellness of the community."**

No
10%

Yes
90%
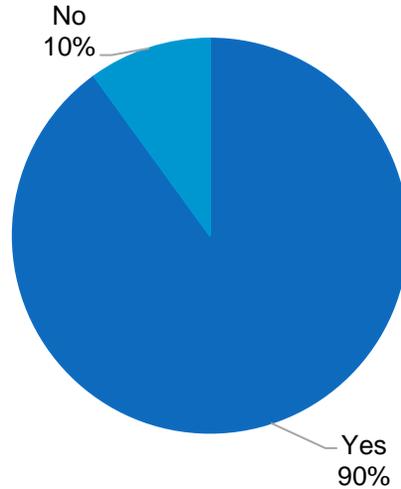
**Do you agree that the following statement accurately captures the vision of the health department?
"Healthy People. Healthy Community. Healthy Future."**

No
4%

Yes
96%
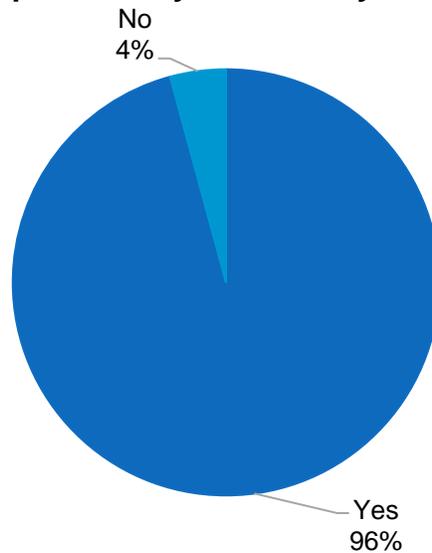
Do you agree that the following words accurately capture the values of the health department?
"Respect and inclusion, advocacy and empowerment, accountability and integrity, leadership and innovation, quality and health equity."

No 14%

Yes 86%
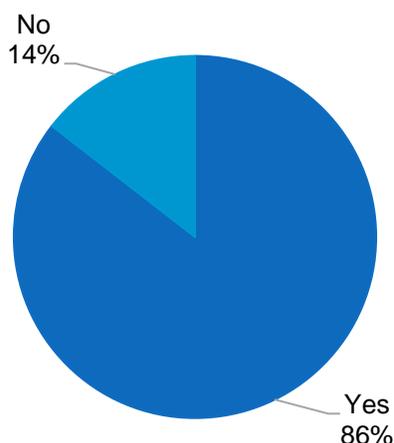
CONSIDERATION OF INTERNAL FACTORS

INFORMATION MANAGEMENT

Information management was identified as both a key area of needed improvement and also a threat by participants of focus groups. The health department-wide survey ranked technology issues in the following order from most important/pressing to least important/pressing: PatTrac 2.0, too many paper records, internet connectivity, website functionality, and telephone systems.

Technology goals brainstormed from the first retreat included improving training, improving data management system, and increasing mobile accessibility.

Under the goal of optimizing the utilization of technology, the following objectives emerged at the second retreat: 1) evaluate existing data systems for opportunities to improve user experience and customer service by December 31, 2020, 2) develop a technology improvement plan to address issues identified through the evaluation by

June 30, 2021, and 3) implement technology improvement plan strategies to address identified issues by June 30, 2022.

WORKFORCE DEVELOPMENT

Workforce development was identified as both a key area of needed improvement and also a threat by participants of focus groups. The health department-wide survey ranked staffing issues in the following order from most important/pressing to least important/pressing: noncompetitive salary, retention of existing employees, Health Department is understaffed, need for more staff in specific positions, recruitment of new employees, staff transition/succession planning, roles are undefined resulting in too much multi-tasking, there is an unclear path for growth/upward mobility, lack of education benefits, new staff orientation, and lack of diversity.

Staffing goals brainstormed from the first retreat included improving retention, improving recruitment, and succession planning.

Under the goal of supporting and sustaining an engaged public health workforce, the following objectives emerged at the second retreat: 1) develop interactive "how to" guide on key human resources functions by December 31, 2020, 2) conduct an existing space utilization survey by December 31, 2020, 3) identify career development/education reimbursement opportunities for staff by June 30, 2021, and 4) establish a mentoring program within divisions by December 31, 2021.

FINANCIAL STABILITY

Financial stability was identified as both a key area of needed improvement and also a threat by participants of focus groups. The health department-wide survey ranked funding issues in the following order from most important/pressing to least important/pressing: not enough funding, grant-funded programs unable to continue when funding ceases, flexibility of funding, and too much dependence on grant funding.

Funding goals brainstormed from the first retreat included exploring public-private partnerships, forming a nonprofit, increasing capacity to pursue grant opportunities, and educating staff about funding constraints about budget issues.

Under the goal of increasing capacity to pursue grant opportunities, the following objectives emerged at the second retreat: 1) establish a non-profit entity by June 30, 2020, 2) develop an outreach plan to establish public-private partnerships by December 31, 2020, 3) offer grant writing training to staff (considered as a core competency training) by June 30, 2021, and 4) explore the viability of hiring a grant writer/ grant consultant when pursuing specific grants by December 31, 2022.

COMMUNICATION

Communication was identified as a key area of needed improvement, an opportunity, and a threat by participants of focus groups. The health department-wide survey ranked communication issues in the following order from most important/pressing to least important/pressing: changes made without communication, lack of transparency, communication between health department divisions, communication within divisions, communication between staff and senior management, and not enough one on one meetings with supervisors.

Communication goals brainstormed from the first retreat included developing an internal and external communications plan, improving staff understanding of hierarchical roles within divisions and CCHD, and increasing opportunities for staff to have input in decision making when appropriate.

Under the goal of improving external communication, the following objectives emerged at the second retreat: 1) develop an external communications plan by June 30, 2020, 2) redesign CCHD's website to improve functionality and user-friendliness by December 31, 2020, 3) develop a program/division specific editorial calendar for CCHD by June 30, 2021, and 4) explore the viability of hiring a public information officer by June 30, 2021.

Under the goal of fostering an inclusive culture that encourages open communication, the following objectives emerged: 1) include monthly one-on-one meeting requirements in employee job descriptions (MS-22s) by June 30, 2020 and 2) develop an internal communications plan which outlines methods of communicating different types of information to staff by June 30, 2021.

CONSIDERATION OF EXTERNAL FACTORS

Participants of the focus groups articulated the role of the Health Department in Cecil County as the lead or hub for health promotion, education, awareness, and prevention. Furthermore, the Health Department was viewed as a safety net or provider of services, especially where there are gaps to vulnerable populations. Participants also shared that the core purposes of the Health Department should be to improve the health/wellness of the community, to serve as a connector or coordinator between the community and resources, and to educate/empower the community. More than 50% of health department-wide survey respondents indicated that the health department would best fulfill its core purpose through both direct service provision and resource connection equally. Additionally, one of the top priorities cited for the Health Department by focus group participants included filling gaps in services and reaching those who are most vulnerable.

In context of these roles, purposes, and priorities of the Cecil County Health Department, there are several external factors that may impact the effectiveness and/or strategies of the organization. Such factors include shifting national, state, and/or county priorities,

fluctuations in availability of funding, and changes in public health policy. While acknowledging that such factors may pose unforeseen and/or immutable facilitators or barriers to the Health Department's strategic goals, the planning process focused on three external-facing factors that the Health Department sought to address: physical space, public health emergency response, and accessibility to services.

Survey respondents ranked physical space issues in the following order from most important/pressing to least important/pressing: lack of enough space in the physical health department building, lack of meeting room availability, lack of satellite offices, functionality of meeting spaces, lack of client privacy with current office space, and lack of mobile services. Relevant goals brainstormed from the first retreat included exploring satellite offices and assessing the viability of mobile services.

Under the goal of improving access to health department services, the following objectives emerged: 1) identify which CCHD programs would benefit from mobile services, satellite offices/co-location of services with partners by December 31, 2020, 2) explore the feasibility and potential locations for satellite offices in Cecil County by June 30, 2021, and 3) reduce barriers to accessing services at CCHD by December 31, 2021.

Under the goal of improving capacity to respond to public health emergencies, the following objectives emerged at the second retreat: 1) identify barriers to staff participation in Emergency Preparedness trainings, drills, exercises, and real-world events by June 30, 2020, 2) develop a communications plan to promote the value of Emergency Preparedness by December 31, 2020, and 3) provide ongoing training and exercise opportunities to staff on critical CCHD functions for emergency response.

Under the goal of promoting health equity in concept and in action, the following objectives emerged: 1) provide health equity training for staff and community partners by June 30, 2021, 2) convene a workgroup of community partners to identify where health inequities exist in Cecil County by December 31, 2022, 3) utilize a process to include health equity components in more CCHD services/programs by December 31, 2022, and 4) provide ongoing advocacy for health equity CCHD partners and governance.