



Public Health

STRATEGIC PLAN

2024-2026



July 2, 2024

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MESSAGE FROM THE DIRECTOR

The San Bernardino County Department of Public Health continuously assesses its strategic priorities to ensure they align with community needs and the Countywide Vision. During the past few years, the Department has weathered major public health crises in our County ranging from a pandemic to natural disasters. Responding to these events identified several opportunities for improvement at the federal, state, and local levels. The Federal and California State governments recognized that the public health infrastructure had been severely underfunded for decades. As a result, our department was awarded a five-year grant from the Centers for Disease Control and Prevention and an ongoing annual allocation from the California Department of Public Health. This funding supports our strategic goals by adding key positions, modernizing technology, and enhancing programs and services.

Historically, the Department strategic plan emphasized many programmatic objectives to accomplish over a five-year period. Although it is critical to continue with short and long-term program and performance plans, the Department shifted its approach in this strategic plan by focusing on our most pressing challenges during the next two years. Community feedback and input from all levels of our staff informed the Strategic Priority Areas and established guiding policies, goals, and objectives.

The Department of Public Health values and relies upon partnerships with other County departments, community and faith organizations, and community members to succeed in achieving its goals. We will actively monitor implementation of the plan and will share successes and identify opportunities to make improvements or adjustments.

I invite you to read through our strategic plan and consider how you can help us promote, improve, and protect the health, wellness, safety, and quality of life of the residents of this great County.



JOSH DUGAS, MBA, REHS
DIRECTOR OF PUBLIC HEALTH



VISION, MISSION, AND VALUES

Vision Healthy people in vibrant communities.

Mission Working in partnership to promote, improve, and protect health, wellness, safety, and quality of life in San Bernardino County.

Values COLLABORATION: We build and nurture partnerships to achieve mutual success.

DIVERSITY: We celebrate and respect the uniqueness of cultures, communities, and beliefs.

EQUITY: We recognize that health is a basic human right. Health equity is the state when everyone has fair, impartial, and full access to the resources and power needed to achieve and maintain their highest level of health and well-being.

INNOVATION: We implement creative solutions to address emerging problems.

TRANSPARENCY: We are open, honest and accountable in our relationships, processes and actions.

STRATEGIC PLANNING PROCESS

Community Input

The Department of Public Health (DPH) is a charter member of the San Bernardino County Community Vital Signs initiative, which oversees the County’s Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). For the CHA, a countywide Community Themes and Strengths Assessment survey was conducted in 2023 and results were analyzed in conjunction with a variety of secondary health data.

On August 1, 2023, residents and stakeholder organizations discussed results of the CHA at an all-day community action planning meeting and developed strategies to address the health priorities included in the CHIP.

The DPH Strategic Plan spans fiscal years 2024/2025 through 2025/2026 and was developed to ensure community-focus and direct alignment with the CHIP.

SWOT Analysis

A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis was conducted to engage staff from all levels of the Department including executive leadership (Director, Assistant Directors, Chief Financial Officer, Division Chiefs), program leadership (Program Managers, Program Coordinators, Project Coordinators, Supervisors, etc.) and staff from multiple DPH programs. Program-level SWOTs were completed in each DPH division and on May 31, 2023, DPH leadership convened to review the findings, themes, and insights from their respective programs.



STRATEGIC PLANNING PROCESS

Executive Team Workshop

During a strategic planning workshop on August 30, 2023, executive leadership drew upon the insights gained from the SWOT analysis and CHA data to identify six Strategic Priority Areas (SPAs). SPAs were selected based on their urgency to address within two years and DPH's capacity to directly affect or influence associated outcomes. This process resulted in prioritizing themes that emerged in the SWOT analysis: data, sustainability, workforce, and health equity; and overdose prevention and chronic disease from community feedback received during the CHA.



STRATEGIC PLANNING PROCESS

Additional DPH Staff Input

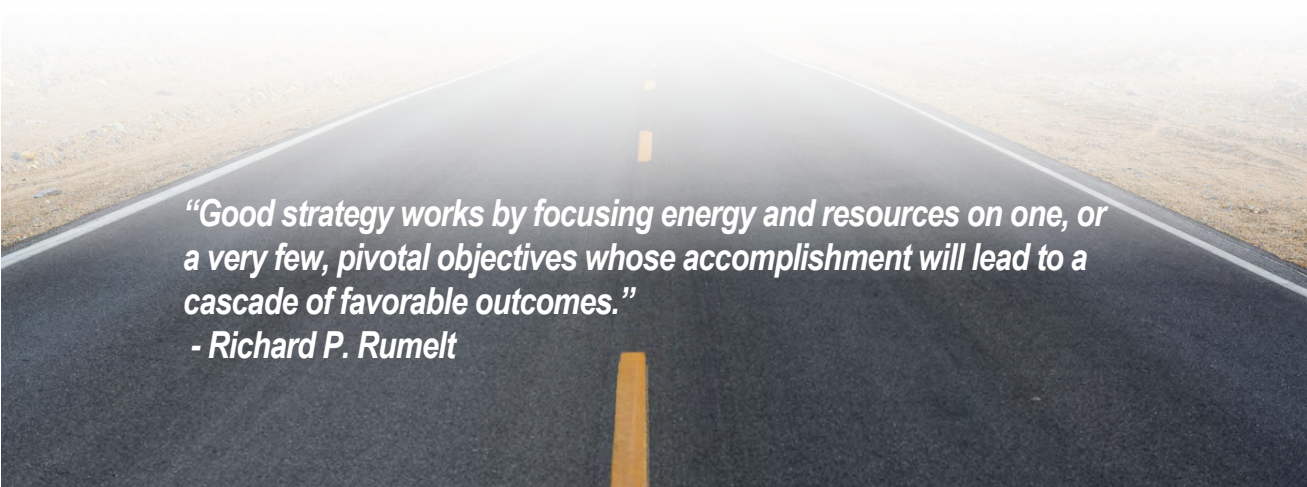
The executive workshop initiated a series of weekly planning meetings with input from staff and subject matter experts to address the top challenges facing the department in the next two years by developing strategies based on the following three elements:

1. A **diagnosis** that defines or explains the nature of the challenge and identifies critical aspects of the situation.
2. A **guiding policy** for dealing with the challenge, which is an overall approach chosen to cope with or overcome the obstacles identified in the diagnosis.
3. A set of **coherent actions** (i.e. goals and objectives) designed to coordinate and carry out the guiding policy.

The active engagement of program leadership and staff was essential in developing two-year strategies and SMARTIE objectives – those that are Specific, Measurable, Achievable, Relevant, Time-Bound, Inclusive and Equitable.

The Department’s Health Equity and Diversity Committee (HEDC) members reviewed DPH’s Vision, Mission, and Values statements and recommended language for updating the Equity and Diversity descriptions, which are incorporated into this plan.

The 2024-2026 Strategic Plan will also inform updates to DPH’s Workforce Development and Quality Improvement Plans.



“Good strategy works by focusing energy and resources on one, or a very few, pivotal objectives whose accomplishment will lead to a cascade of favorable outcomes.”

- Richard P. Rumelt

¹ These elements are derived from the “kernel of a strategy” in Good Strategy/Bad Strategy: The Difference and Why It Matters, by Richard P. Rumelt ©2011.



PRIORITY AREA 1: OVERDOSE PREVENTION



DIAGNOSIS:

Opioid related overdose deaths increased 165% from 2019 to 2021.



GUIDING POLICY:

Partner with stakeholders to measure impacts and reduce opioid induced deaths by increasing awareness, education, and promoting overdose prevention resources.

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GOAL:

Provide community opioid overdose awareness, education and prevention kits.



OBJECTIVES:

- Expand capabilities and use of the Opioid Data Analytics Surveillance Harm Reduction (ODASH) Dashboard to increase surveillance and response strategies by June 30, 2026.
- The Health Promotion and Education Section will provide 200 community level and street based opioid prevention engagements to include unhoused individuals for a total of 1,600 by June 30, 2026.
- The Health Promotion and Education Section will offer education and opioid overdose prevention kits to two law enforcement agencies per quarter for a total of 14 by June 30, 2026.
- The Friday Night Live (FNL) program will release three opioid overdose prevention materials per quarter for a total of 24 by June 30, 2026.



Executive Champion: Diana Ibrahim, Chief of Surveillance and Response



PRIORITY AREA 2: CHRONIC DISEASE



DIAGNOSIS:

32% of all 2023 Community Themes and Strengths Assessment respondents and 51% of respondents who identify as a person of color indicated that chronic health conditions are most damaging to the health of their community.



GUIDING POLICY:

Expand equitable access to healthcare, and increase community awareness of chronic disease prevention, particularly in remote areas and underserved populations.

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GOAL:

Expand equitable access to healthcare.



OBJECTIVES:

- The Health Promotion and Education Section will release three Chronic Disease awareness and education materials per quarter for a total of 24 by June 30, 2026.
- Starting April 30, 2025, utilize mobile medical service units at six locations per quarter for a total of 18 engagements by June 30, 2026.
- By June 30, 2026, offer expanded evening appointments to two days per week at the Hesperia, San Bernardino, and Ontario Health Centers.
- By June 30, 2026, 10% of scheduled appointments will be telehealth at the Adelanto, Hesperia, San Bernardino, and Ontario Health Centers.

Executive Champion: Melanie Bird-Livingston, Chief of Clinical Health and Prevention



PRIORITY AREA 3: DATA



DIAGNOSIS:

Lack of a cohesive framework to manage data and facilitate data sharing may adversely impact informing public health decisions and strategies.



GUIDING POLICY:

Develop a comprehensive plan to implement a data sharing infrastructure and framework that combines best practices, leverages existing platforms, fosters collaboration, and facilitates knowledge sharing to inform decisions and strategies.

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GOAL 1:

Conduct a comprehensive data inventory and assessment.



OBJECTIVES:

- By September 30, 2024, complete an inventory of data sources that were actively used in 2023.
- By December 31, 2024, secure a consultant to assess department data infrastructure and framework, and coordinate data framework plan development.



GOAL 2:

Develop a data infrastructure and framework plan.



OBJECTIVE:

By June 30, 2026, develop a comprehensive plan that meets the requirements of the guiding policy.



Executive Champion: Ryan Burgess, IT Deputy Chief



PRIORITY AREA 4: HEALTH EQUITY



DIAGNOSIS:

San Bernardino County is considered more vulnerable to adverse health outcomes than 90% of other counties in the US.² 80% of census tracts in San Bernardino County are in the bottom two quartiles of the Healthy Places Index.³



GUIDING POLICY:

Increase staff competency and organizational capacity by establishing health equity as a foundational element in assessment, program planning, and implementation.

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GOAL 1:

Build workforce competency.



OBJECTIVE:

All staff will complete Health Equity 101 training by June 30, 2025.



GOAL 2:

Build organizational capacity.



OBJECTIVE:

Develop a plan to address opportunities for improvement identified in the Bay Area Regional Health Inequities Initiative (BARHII)⁴ assessment by December 31, 2024.

² <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

³ <https://www.healthyplacesindex.org/>

⁴ <https://barhii.org/framework>

Executive Champion: Monique Amis, Chief of Community and Family Health



PRIORITY AREA 5: SUSTAINABILITY



DIAGNOSIS:

Limited term, fixed and decreasing funding hinders program sustainability and the ability to address emerging public health threats.



GUIDING POLICY:

Evaluate program operations, use of current funding, and opportunities to sustain and diversify funding sources.

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GOAL 1:

Evaluate program operations and needs for transparency and collaboration.



OBJECTIVES:

- Fiscal and Administrative Services Collaborative Committee will evaluate 22 programs to analyze and identify risks, gaps and needs to fully leverage and sustain current funding sources by June 30, 2026.
- Fiscal and Administrative Services will implement one phase of a new financial management system for a total of eight phases by June 30, 2026.



GOAL 2:

Build infrastructure and capacity to explore and diversify future funding opportunities.



OBJECTIVE:

Starting January 2025, assess and develop a grants management process and infrastructure to evaluate grant opportunities that will lead to sustaining departmental funding for key services by June 30, 2026.

Executive Champion: Paul Chapman, Chief Financial Officer



PRIORITY AREA 6: WORKFORCE



DIAGNOSIS:

DPH's vacancy rate increased from 19% in 2019 to 23% in 2023, which impacts departmental performance, quality of service, employee morale, and retention of institutional knowledge.



GUIDING POLICY:

Reduce turnover during the initial three years of employment.

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GOAL:

Assess programs with high employee turnover rates and implement mitigation plans.



OBJECTIVES:

- Workforce development taskforce members will be identified and trained to become Quality Improvement (QI) Champions and advance a culture of quality by September 30, 2024.
- Workforce development taskforce will identify root causes for high turnover rates and develop a mitigation plan using quality improvement tools and methodologies by June 30, 2025.
- Workforce development taskforce will implement mitigation plans with four staff cohorts by June 30, 2026.



Executive Champion: Ken Johnston, Chief of Strategic Integrity



IMPLEMENTATION

Overview:

Implementing the Strategic Plan involves a coordinated three-part approach to ensure effective execution and sustained progress towards achieving goals and objectives:

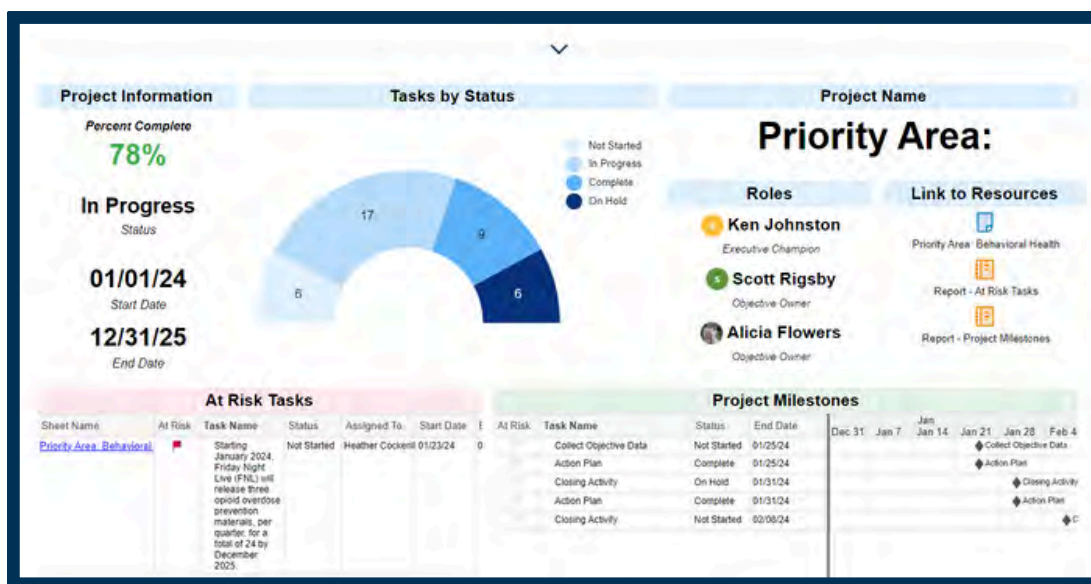
1. Structure:

Each objective is assigned to a member of DPH management, who is responsible for assembling an implementation team, delegating tasks to staff, engaging with stakeholders, and ensuring momentum toward achieving the objective. Objective teams meet biweekly to discuss completion of action items and tasks, raise concerns, address challenges, determine next steps, and assess any adjustments or additional resources that may be needed.

To ensure alignment and accountability, each SPA is overseen by a Division Chief, who serves as a champion, meets with Objective Owners, and provides direction within their designated SPA.

2. Performance Metrics:

DPH uses Smartsheet as part of its performance management system. Objective Owners and staff assigned to action items enter data and status updates for performance metrics, which are rolled up into dashboards for monitoring by leadership and stakeholders. The following is a sample of a SPA dashboard for example purposes only:



SAMPLE OF A STRATEGIC PRIORITY AREA DASHBOARD.



IMPLEMENTATION

3. Monitoring:

The Department of Public Health will follow a structured approach to monitor the progress of the plan's objectives:

1. Objective Teams

Objective owners meet with their teams bi-weekly or more frequently as needed to discuss implementation of objectives.

2. Performance Management Committee

The DPH Performance Management Committee reviews the progress and data of the Strategic Plan objectives, identifies opportunities to improve performance, and makes recommendations to the Executive Champions.

3. Executive Champion Check-Ins

The DPH Strategic Project Coordinator will facilitate meetings with each SPA Executive Champion and the respective Objective Owners to monitor the project timeline, completion of milestones, and coordinate any changes in direction or resources assignments.

4. Leadership Team Updates

The DPH Strategic Alignment Program Manager will provide status updates at DPH Leadership Huddles.

5. Quarterly Executive Team Updates

The Strategic Integrity Division Chief will facilitate quarterly strategic plan discussions during DPH Executive Team meetings.

6. Annual Progress Reports

The Strategic Alignment Program will publish annual Strategic Plan progress reports available to staff, the San Bernardino County Board of Supervisors and Administrative Office, external stakeholders, and the public.



APPENDIX

Glossary of Terms	I
Objectives	III
Action Plan Activities	VI



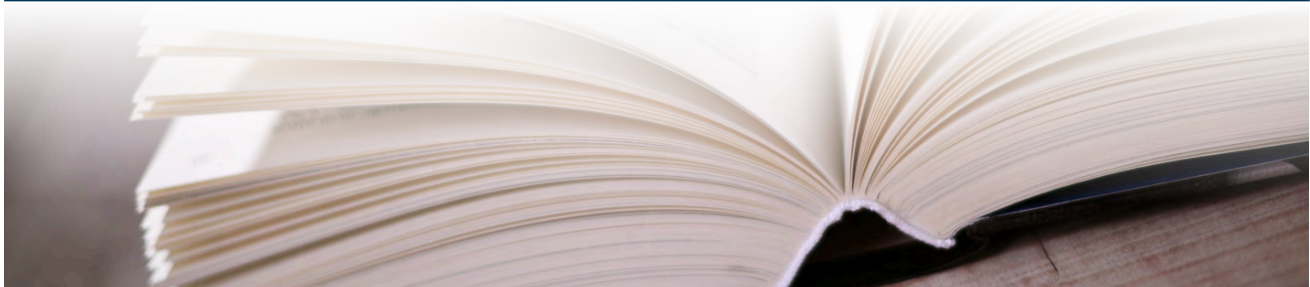
GLOSSARY OF TERMS

TERM	DEFINITION
Coherent Action	A coordinated set of resources, objectives, and tasks to achieve a goal and executive a strategy.
Community Health Assessment (CHA)	The CHA is a systematic examination of the health status indicators in San Bernardino County that is used to identify key community issues, health needs, and assets. The CHA also helps measure how well a public health system is fulfilling its assurance function.
Community Health Improvement Plan (CHIP)	The CHIP uses CHA data to prioritize community health issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement. The San Bernardino County CHIP is called the “Community Transformation Plan”.
Countywide Vision	In 2011, the San Bernardino County Board of Supervisors and the San Bernardino Associated Governments Board of Directors adopted the Countywide Vision. The Countywide Vision calls for collaboration across all sectors on creating a vibrant, physically, and economically healthy county in the next 20 years. This Vision is comprised of eleven elements, including: Jobs/Economy, Education, Housing, Public Safety, Infrastructure, Quality of Life, Environment, Wellness, Water, Image, and Equity.
Diagnosis	The identification and articulation of the critical challenges or obstacles that an organization faces. A good diagnosis involves a clear and realistic assessment of the current situation, pinpointing the key issues that need to be addressed for effective strategic planning. It involves understanding the root causes of problems or opportunities to formulate effective strategies.
Goal	A general statement expressing an organization’s aspirations or intended effect on one or more programs, often stated without limits.



GLOSSARY OF TERMS

TERM	DEFINITION
Guiding Policy	An overarching approach chosen to address the obstacles identified in the Diagnosis.
Objective	A target for achieving all, or a portion of, a goal through coherent actions. Objectives should be assessed for the following “SMARTIE” criteria: Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive and Equitable.
Opioid Data Analytics Surveillance Harm Reduction (ODASH)	ODASH is a tool designed to provide insights into the opioid crisis in San Bernardino County. This platform offers a visual representation of critical data, including overdose rates, geographic and demographic trends. ODASH serves as a valuable resource for healthcare professionals, policymakers, public health officials, and many others in their collective efforts to combat this pressing public health issue.
Strategic Plan	A set of analyses, policies, and concepts as a response to high-stake challenges, which is built upon Diagnoses, Guiding Policies, and Coherent Actions.
Strategic Priority Area (SPA)	Specific and critical topics that have been prioritized to focus on addressing DPH’s most pressing challenges.
Quality Improvement (QI) Champions	Trained individuals that oversee and develop QI activities for DPH programs and encourage a culture of quality.



OBJECTIVES

PRIORITY AREA 1 Overdose Prevention

Executive Champion: Diana Ibrahim
Chief of Surveillance and Response

Goal: Provide community opioid overdose awareness, education, and prevention kits

Objective	Objective Owner
Expand capabilities and use of the Opioid Data Analytics Surveillance Harm Reduction (ODASH) Dashboard to increase surveillance and response strategies by June 30, 2026.	Serene Ong Business Systems Analyst III
The Health Promotion and Education Section will provide 200 community level and street based opioid prevention engagements to include unhoused individuals for a total of 1,600 by June 30, 2026.	Heather Cockerill Program Manager
The Health Promotion and Education Section will offer education and opioid overdose prevention kits to two law enforcement agencies per quarter for a total of 14 by June 30, 2026.	Heather Cockerill Program Manager
The Friday Night Live (FNL) program will release three opioid overdose prevention materials per quarter for a total of 24 by June 30, 2026.	Heather Cockerill Program Manager

PRIORITY AREA 2 Chronic Disease

Executive Champion: Melanie Bird-Livingston
Chief of Clinical Health and Prevention

Goal: Expand equitable access to healthcare

Objective	Objective Owner
The Health Promotion and Education Section will release three Chronic Disease awareness and education materials per quarter for a total of 24 by June 30, 2026.	Heather Cockerill Program Manager
Starting April 2025, utilize mobile medical service units at six locations per quarter for a total of 18 engagements by June 30, 2026.	Kelli Clark Clinical Director
By June 30, 2026, offer expanded evening appointments to two days per week at the Hesperia, San Bernardino, and Ontario Health Centers.	Winnie Kimani Program Manager
By June 30, 2026, 10% of scheduled appointments will be telehealth at the Adelanto, Hesperia, San Bernardino, and Ontario Health Centers.	Winnie Kimani Program Manager



OBJECTIVES

PRIORITY AREA 3 Data

Executive Champion: Ryan Burgess
IT Deputy Chief

Goal 1: Conduct a comprehensive data inventory and assessment

Objective	Objective Owner
By September 30, 2024, complete an inventory of data sources that were actively used in 2023.	Raul Fierros Business Applications Manager
By December 31, 2024, secure a consultant to assess department data infrastructure and framework, and coordinate data framework plan development.	Raul Fierros Business Applications Manager

Goal 2: Develop a data infrastructure and framework plan

Objective	Objective Owner
By June 30, 2026, develop a comprehensive plan that meets the requirements of the Guiding Policy.	Raul Fierros Business Applications Manager

PRIORITY AREA 4 Health Equity

Executive Champion: Monique Amis
Chief of Community and Family Health

Goal 1: Build workforce competency

Objective	Objective Owner
All staff will complete Health Equity 101 training by June 30, 2025.	Stacey Davis Program Manager

Goal 2: Build organizational capacity

Objective	Objective Owner
Develop a plan to address opportunities for improvement identified in the Bay Area Regional Health Inequities Initiative (BARHII) assessment by December 31, 2024.	Stacey Davis Program Manager



OBJECTIVES

PRIORITY AREA 5 Sustainability

Executive Champion: Paul Chapman
Chief Financial Officer

Goal 1: Evaluate program operations and needs for transparency and collaboration

Objective	Objective Owner
Fiscal and Administrative Services Collaborative Committee will evaluate 22 programs to analyze and identify risks, gaps and needs to fully leverage and sustain current funding sources by June 30, 2026.	Eric Patrick Administrative Manager
Fiscal and Administrative Services will implement one phase of a new financial management system for a total of eight phases by June 30, 2026.	Eric Patrick Administrative Manager

Goal 2: Build infrastructure and capacity to explore and diversify future funding opportunities

Objective	Objective Owner
Starting January 2025, assess and develop a grants management process and infrastructure to evaluate grant opportunities that will lead to sustaining departmental funding for key services by June 30, 2026.	Shannon Bailey Strategy and Business Development Officer

PRIORITY AREA 6 Workforce

Executive Champion: Ken Johnston
Chief of Strategic Integrity

Goal: Assess programs with high turnover rates and implement mitigation plans

Objective	Objective Owner
Workforce development taskforce members will be identified and trained to become Quality Improvement (QI) Champions and advance a culture of quality by September 30, 2024.	Richard Arvizu Program Coordinator
Workforce development taskforce will identify root causes for high turnover rates and develop a mitigation plan using quality improvement tools and methodologies by June 30, 2025.	Richard Arvizu Program Coordinator
Workforce development taskforce will implement mitigation plans with four staff cohorts by June 30, 2026.	Richard Arvizu Program Coordinator



ACTION PLAN ACTIVITIES

PRIORITY AREA 1 Overdose Prevention

Executive Champion: Diana Ibrahim
Chief of Surveillance and Response

Goal: Provide community opioid overdose awareness, education, and prevention kits

Objective	Sample of Action Plan Activities
<p>Expand capabilities and use of the Opioid Data Analytics Surveillance Harm Reduction (ODASH) Dashboard to increase surveillance and response strategies by June 30, 2026.</p>	<ul style="list-style-type: none"> • Hire and train staff to maintain and expand ODASH metrics and capabilities. • Leverage ODASH to inform and support the Inland Empire Opioid Crisis Coalition. • Incorporate a naloxone availability map to inform community members of the closest location where they can obtain overdose prevention kits. • Identify new data sources and add new data visualizations.
<p>The Health Promotion and Education Section will provide 200 community level and street based opioid prevention engagements to include unhoused individuals for a total of 1,600 by June 30, 2026.</p>	<ul style="list-style-type: none"> • Identify vendors for prevention kit items. • Hire one Program Coordinator, two Health Education Specialists and one Health Education Assistant for the Opioid Response Initiative. • Maintain inventory of overdose prevention kits. • Provide opioid overdose prevention training and supplies to outreach teams. • Conduct street-based outreach and distribute prevention kits, focusing on unhoused populations. • Track outreach encounters by key demographics (gender, race/ethnicity, age, location).
<p>The Health Promotion and Education Section will offer education and opioid overdose prevention kits to two law enforcement agencies per quarter for a total of 14 by June 30, 2026.</p>	<ul style="list-style-type: none"> • Identify law enforcement agencies in San Bernardino County. • Identify vendors and obtain inventory to produce overdose prevention kits. • Provide opioid overdose prevention training and supplies to law enforcement agencies. • Track training session key variables (agencies, participants, prevention kits provided).
<p>The Friday Night Live (FNL) program will release three opioid overdose prevention materials per quarter for a total of 24 by June 30, 2026.</p>	<ul style="list-style-type: none"> • Analyze data trends, emerging issues and opioid updates for content development. • Develop messaging that focuses on opioid dangers, prevention strategies and resources. • Translate approved materials into threshold languages. • Post approved content to FNL and DPH social media accounts. • Provide opioid prevention presentations to FNL chapters and/or school and parent audiences. • Track overdose prevention materials (number, type, audience, views).



ACTION PLAN ACTIVITIES

PRIORITY AREA 2 Chronic Disease

Executive Champion: Melanie Bird-Livingston
Chief of Clinical Health and Prevention

Goal: Expand equitable access to healthcare

Objective	Sample of Action Plan Activities
<p>The Health Promotion and Education Section will release three Chronic Disease awareness and education materials per quarter for a total of 24 by June 30, 2026.</p>	<ul style="list-style-type: none"> • Research/analyze data trends, emerging issues/prevention innovations and treatment updates for content development. • Develop messaging/content focusing on chronic diseases, prevention strategies and resources. • Submit developed content through standard DPH and County review process to meet stated timelines. • Translate approved materials into threshold languages (Spanish, or additional languages upon special request). • Per DPH policy/procedure, upload/post approved content to DPH social media accounts. • Promote and provide chronic disease prevention presentations to community groups and partner agencies. • Track chronic disease prevention materials (number, type, target audience, views/participants).
<p>Starting April 2025, utilize mobile medical service units at six locations per quarter for a total of 18 engagements by June 30, 2026.</p>	<ul style="list-style-type: none"> • Collaborate with the Health Equity program to implement support with Community Health Workers. • Develop team productivity targets based on industry benchmarks and regularly track progress toward achieving • For each site, determine and monitor the type and number of staff required to support the desired program utilizing the chosen model in the available facility. • Ensure daily work flows support the function of the team to effect positive patient outcomes. Confirm that each staff member is maximizing his/her license and credentials. • Examine team processes to eliminate redundancies in reporting and documentation, allowing more staff resources to be focused on. • Increase the breadth and depth of services offered to those patients to improve outcomes and minimize overall healthcare costs.
<p>By June 30, 2026, offer expanded evening appointments to two days per week at the Hesperia, San Bernardino, and Ontario Health Centers.</p>	<ul style="list-style-type: none"> • Receive approval from the Community Health Center Governing Board to change health centers hours of operations. • Notify all health center staff of the operational changes and update tour of duty memos, as needed. • Modify electronic health record to include after hour appointments. • Change front door signage to reflect update hours of operations. • Notify patients of change.



ACTION PLAN ACTIVITIES

PRIORITY AREA 2 Chronic Disease

Executive Champion: Melanie Bird-Livingston
Chief of Clinical Health and Prevention

Goal: Expand equitable access to healthcare

Objective	Sample of Action Plan Activities
By June 30, 2026, 10% of scheduled appointments will be telehealth at the Adelanto, Hesperia, San Bernardino, and Ontario Health Centers.	<ul style="list-style-type: none"> • Obtain approval from the Community Health Center Governing Board. • Train staff to offer patients telehealth appointment option. • Educate patients on benefits of telehealth appointments. • Assist patients with overcoming barriers to telehealth appointments. • Monitor progress.

PRIORITY AREA 3 Data

Executive Champion: Ryan Burgess
IT Deputy Chief

Goal 1: Conduct a comprehensive data inventory and assessment

Objective	Sample of Action Plan Activities
By September 30, 2024, complete an inventory of data sources that were actively used in 2023.	<ul style="list-style-type: none"> • Develop a timeline and plan to assess operational, functional and data needs in each division and program. • Develop tools to track program information. • Draft discovery interview questions for programs. • Interview three programs per month and update list of the findings post interview.
By December 31, 2024, secure a consultant to assess department data infrastructure and framework, and coordinate data framework plan development.	<ul style="list-style-type: none"> • Identify potential vendors. • Schedule introductory/discovery meetings with each prospective vendor. • Ensure consultant's scope of work aligns with the DPH Strategic Plan. • Initiate competitive procurement process. • Review all proposals and select a vendor of choice. • Complete required procurement and contracting process. • Obtain appropriate approvals and execute the contract.



ACTION PLAN ACTIVITIES

PRIORITY AREA 3 Data

Executive Champion: Ryan Burgess
IT Deputy Chief

Goal 2: Develop a data infrastructure and framework plan

Objective	Sample of Action Plan Activities
By June 30, 2026, develop a comprehensive plan that meets the requirements of the guiding policy.	<ul style="list-style-type: none"> Analyze the consultant's assessment. Outline criteria for a multi-generational plan. Develop standard practices, including a naming convention or data files, to ensure consistency and clarity in the processes. Develop training modules for the data team in compliance with best practices to ensure data quality and assurance. Develop a research plan to innovate key areas. Develop and obtain approval for a multi-generational plan.

PRIORITY AREA 4 Health Equity

Executive Champion: Monique Amis
Chief of Community and Family Health

Goal 1: Build workforce competency

Objective	Sample of Action Plan Activities
All staff will complete Health Equity 101 training by June 30, 2025.	<ul style="list-style-type: none"> Secure health equity training vendor. Refine training objectives. Review and approve training as designed. Complete train the trainers. Implement staff training.

Goal 2: Build organizational capacity

Objective	Sample of Action Plan Activities
Develop a plan to address opportunities for improvement identified in the Bay Area Regional Health Inequities Initiative (BARHII) assessment by December 31, 2024.	<ul style="list-style-type: none"> Finalize assessment and report findings and recommendations to department leadership. Form workgroups to develop a plan with strategies to build organizational capacity. Deliver the plan to DPH leadership.



ACTION PLAN ACTIVITIES

PRIORITY AREA 5 Sustainability

Executive Champion: Paul Chapman
Chief Financial Officer

Goal 1: Evaluate program operations and needs for transparency and collaboration

Objective	Sample of Action Plan Activities
Fiscal and Administrative Services Collaborative Committee will evaluate 22 programs to analyze and identify risks, gaps and needs to fully leverage and sustain current funding sources by June 30, 2026.	<ul style="list-style-type: none"> • Establish staff who will serve on the Collaborative Committee. • Determine roles of committee members. • Schedule at least one committee meeting per quarter. • Develop agendas and pre-meeting tasks for attendees. • Document discussion, opportunities, and action items. • Perform analysis, report findings and recommendations to DPH leadership.
Fiscal and Administrative Services will implement one phase of a new financial management system per quarter for a total of eight phases by June 30, 2026.	<ul style="list-style-type: none"> • Import personnel data for all positions and their associated metadata. • Import and validate recommended fiscal year 2024-2025 budget values prior to the start of the new fiscal year on July 1, 2024. • Establish and test user groups, privileges, and security settings. • Implement the capital module to improve DPH's tracking and visibility of Capital Improvement Projects, fixed assets, etc. • Develop fiscal year 2025-2026 DPH budget by utilizing all of the functionality built into the system. • Explore the possibility of incorporating the annual fee ordinance review and costing process into the system. • Explore the option of developing a public-facing website to provide high-level insight using Open Book functionality. • Explore additional modules/add-ons that would allow DPH to expand on areas of the system found to be most beneficial.

Goal 2: Build infrastructure and capacity to explore and diversify future funding opportunities

Objective	Sample of Action Plan Activities
Starting January 2025, assess and develop a grants management process and infrastructure to evaluate grant opportunities that will lead to sustaining departmental funding for key services by June 30, 2026.	<ul style="list-style-type: none"> • Hire staff to the DPH Contracts and Grants Unit to coordinate grant actions with program staff. • Send survey to staff to determine eligible programs for identified grant opportunities. • Maintain a central monitored email inbox to capture grant opportunities. • Inform funding partners of the new email address, where funding opportunities and supporting documents can be sent. • Assign staff to monitor the inbox and coordinate with program staff to ensure timely applications and response to grant related documents. • Identify four funding opportunities available to DPH each year (one per quarter) by accessing Grants.gov, state agency sites, and non-profit partners.



ACTION PLAN ACTIVITIES

PRIORITY AREA 6 Workforce

Executive Champion: Ken Johnston
Chief of Strategic Integrity

Goal: Assess programs with high turnover rates and implement mitigation plans

Objective	Sample of Action Plan Activities
<p>Workforce development taskforce members will be identified and trained to become Quality Improvement (QI) Champions and advance a culture of quality by September 30, 2024.</p>	<ul style="list-style-type: none"> • Identify staff and establish workforce development taskforce. • Taskforce members complete QI Champion training.
<p>Workforce development taskforce will identify root causes for high turnover rates and develop a mitigation plan using quality improvement tools and methodologies by June 30, 2025.</p>	<ul style="list-style-type: none"> • Create an interview schedule with programs. • Collect relevant exit interviews, stay interviews, and employee satisfaction survey data. • Conduct analysis of data collected to identify needs and risks. • Review findings with program leadership. • Report findings and mitigation recommendations to executive leadership. • Develop employee turnover mitigation plans.
<p>Workforce development taskforce will implement mitigation plans with four staff cohorts by June 30, 2026.</p>	<ul style="list-style-type: none"> • Implement employee turnover mitigation plans.





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