

Strategic Plan

SHASTA COUNTY HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH BRANCH
2018 - 2020



Terri Fields Hosler, MPH, RD, Branch Director
HEALTH AND HUMAN SERVICES AGENCY, PUBLIC HEALTH BRANCH

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From the Branch Director

As the Public Health Branch Director of the Shasta County Health and Human Services Agency, I am very honored to share our 2020 Public Health Branch Strategic Plan. This plan was developed in 2017 with extraordinary commitment from our branch leaders: Deputy Branch Director Brandy Isola, MPH, Health Officer Andrew Deckert, MD, MPH and the Public Health Expanded Leadership team that includes all branch supervisors and program managers. Valuable input was also garnered along the way from our Public Health Advisory Board and all Public Health Branch staff.

This strategic effort integrates the content from the Community Health Assessment, the Community Health Improvement Plan, and the Health and Human Services Agency Strategic Plan, which focuses on harmful substance use. I am extremely grateful for the dedication, teamwork and forward thinking that was invested in this plan and I am excited for the positive impact it will have toward improving the health of Shasta County residents.

Terri Fields Hosler, MPH, RD
Public Health Branch Director
Health and Human Services Agency





Executive Summary

The Public Health Branch of the Shasta County Health and Human Services Agency (HHSA) prioritized two impactful and emerging health issues, and one area of internal capacity building as strategic focus areas. The unique population-based prevention perspective we bring to the Agency and the community, and our commitment to collaborating with partners, are critical to improving health and social conditions in Shasta County and served as guiding principles of this plan.

With partners, the Public Health Branch completed the Community Health Assessment in 2016, the Community Health Improvement Plan in 2017, and the HHSA completed their Strategic Plan in December 2016. These three documents informed the process and content for the Public Health Branch Strategic Plan. Additionally, the Public Health Branch's Workforce Development Plan, Performance and Quality Improvement Plan, and health equity efforts support elements integrated into this plan.

The Strategic Plan focuses on the elements that the Public Health Branch can directly impact, while responding to the most critical health needs in the county. The plan focuses on three Strategic Priorities:

- 1. Reducing Adverse Childhood Experiences (ACEs)**
- 2. Reducing Chronic Disease**
- 3. Increasing Effectiveness and Efficiency**

The Strategic Plan is specifically designed to be updated each year, as progress is tracked and impact is evaluated.



Organizational Profile and History

On June 27, 2006, the Board of Supervisors approved the consolidation of the Mental Health, Public Health, and Social Services Departments into the Health and Human Services Agency.

The Agency is organized into five branches designed around providing services for the needs of the whole person at one location. They include Adult Services, Children's Services, Regional Services, Public Health and Business and Support Services.

The Office of the Director in the Agency includes the Outcomes, Planning and Evaluation, Community Relations and Education, and the Mental Health Services Act units.

In December 2016, the Agency completed a 2017-2019 Strategic Plan that focuses on the elements that the Agency can directly impact, while bringing together the various skills and resources within the HHSA. The plan identifies activities to address harmful substance use through three Strategic Priorities:

- 1. Integrate programs and client services across HHSA Branches**
- 2. Leverage strategic partnerships**
- 3. Improve business processes**

The current organizational structure of the HHSA is displayed on the following page.



Health and Human
Services Agency



Shasta County Health and Human Services Agency

Vision 2020

As an integrated Agency, Health and Human Services coordinates an effective system of care to reduce the rate of harmful substance use.

Mission

Engaging individuals, families and communities to protect and improve health and wellbeing.

Core Values

Core Value	Description
Collaboration	Working together to achieve meaningful results
Adaptability	Embracing change
Respect	Honoring and serving others
Excellence	Providing high quality service to our customers and community
Additional core values for the Public Health Branch	
Prevention	Stopping problems before they start
Equity	Creating opportunities so everyone can thrive



Public Health Branch Organizational Structure

Governance:

The HHSA is overseen by a director who reports to the County Executive Officer. The County Executive Officer is appointed by the Shasta County Board of Supervisors. Shasta County is governed by a five-member elected Board of Supervisors; one from each of the five districts making up the County's jurisdiction.

Public Health Advisory Board (PHAB):

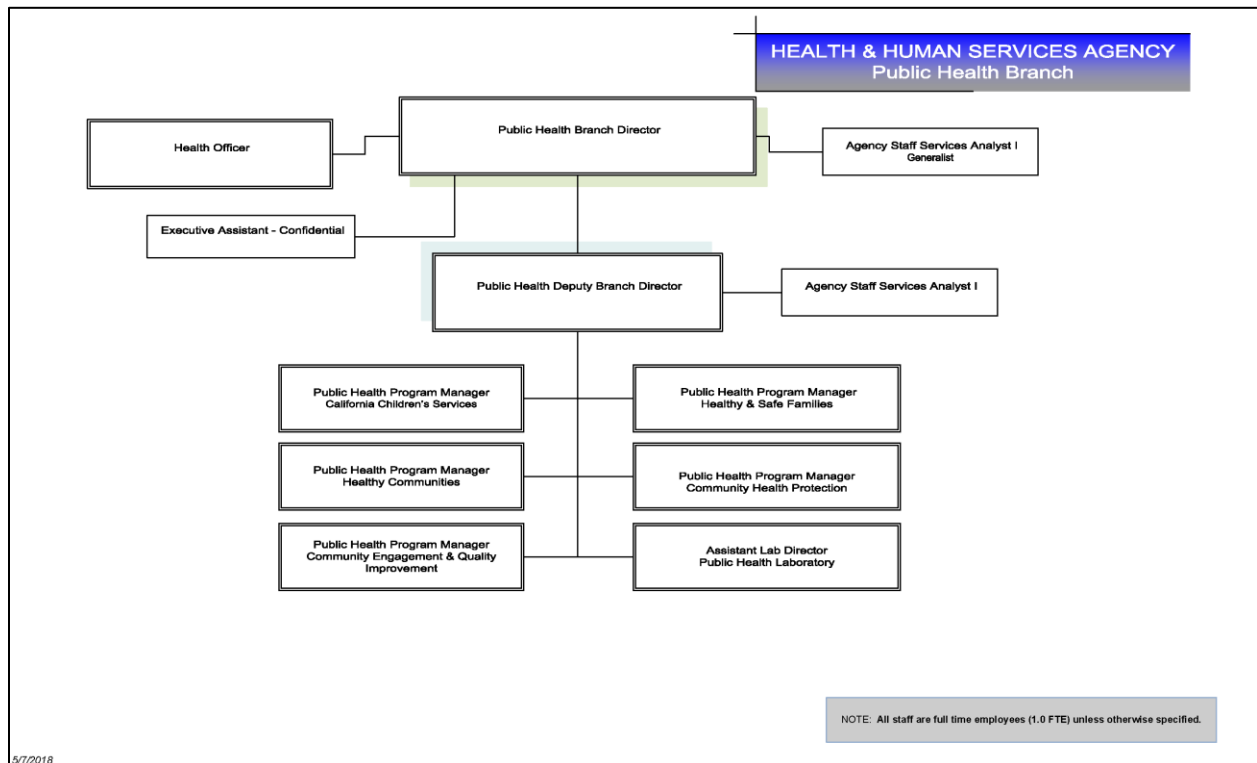
The PHAB was established by the Shasta County Board of Supervisors in 2002, and advises and assists the Public Health Branch in its efforts to improve the health of the community. The PHAB is a representative group of citizens across Shasta County who report to the Board of Supervisors on a periodic basis. Five of the members are appointed by the Board of Supervisors as District Representatives, and the remaining 10 members are appointed by the Board of Supervisors from names submitted by the PHAB membership following a community recruitment process.

Organizational structure:

The Public Health Branch is overseen by the Public Health Branch Director who reports to the HHSA Director. Five divisions and the Public Health Laboratory make up the Public Health Branch. The divisions are California Children's Services, Community Engagement and Quality Improvement, Community Health Protection, Healthy Communities, and Healthy and Safe Families. These divisions are overseen by Public Health Program Managers who are supervised by a Deputy Branch Director, who reports to the Public Health Branch Director. The County Health Officer also reports to the Public Health Branch Director and provides guidance to branch leadership in controlling and preventing the spread of communicable disease, reducing chronic disease and injury in Shasta County, and is responsible for enforcing state and county public health laws.



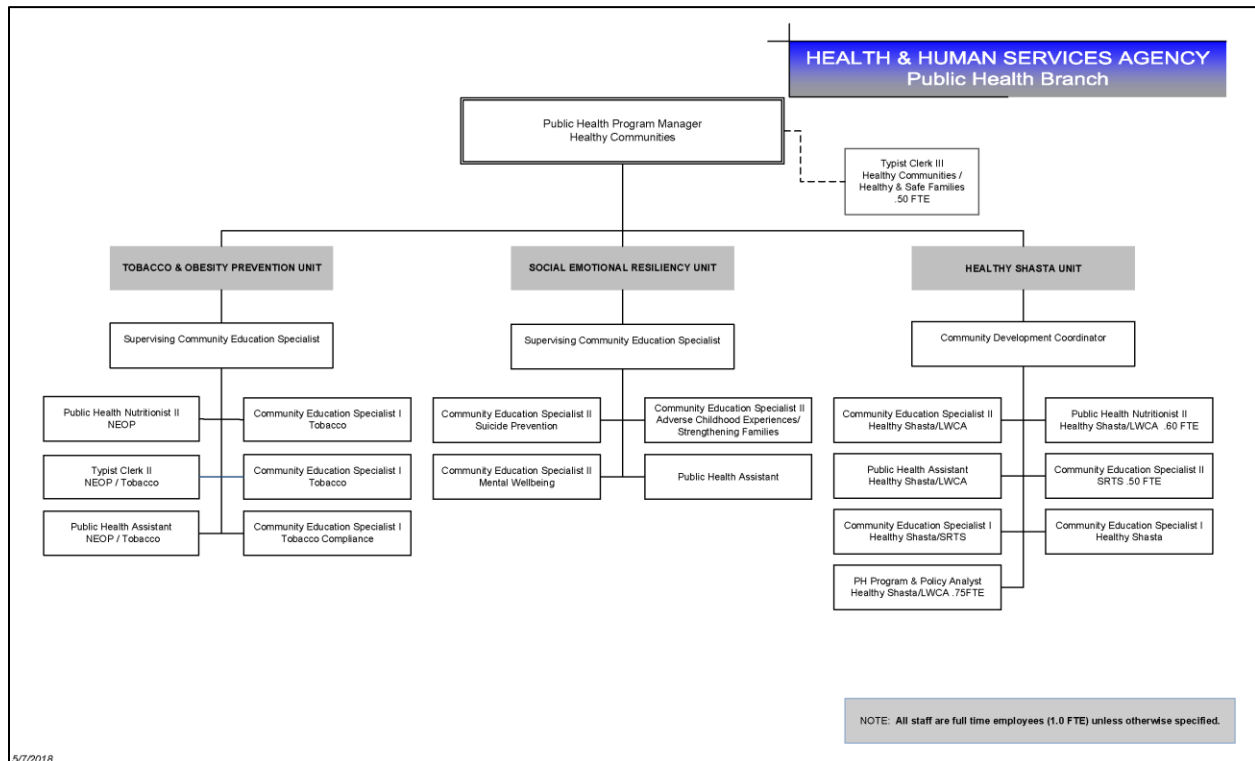
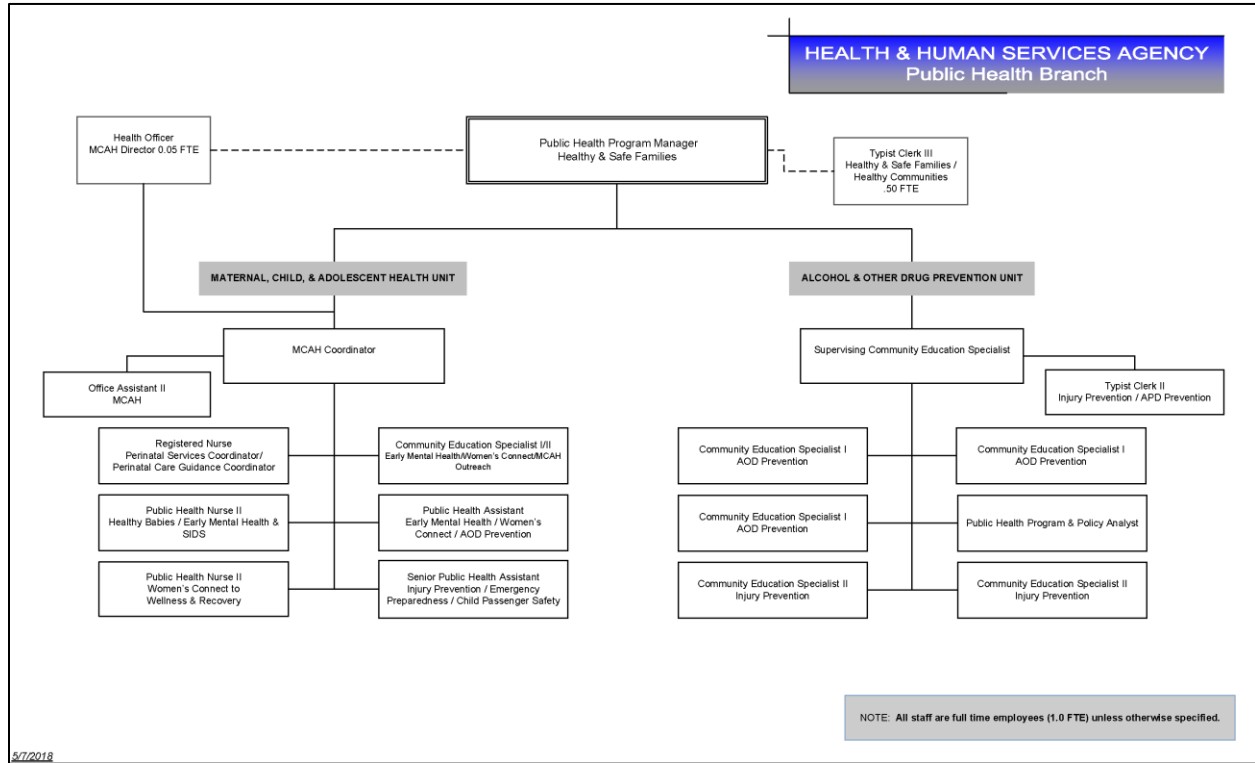
Public Health Branch Organizational Chart



Public Health Branch Staff

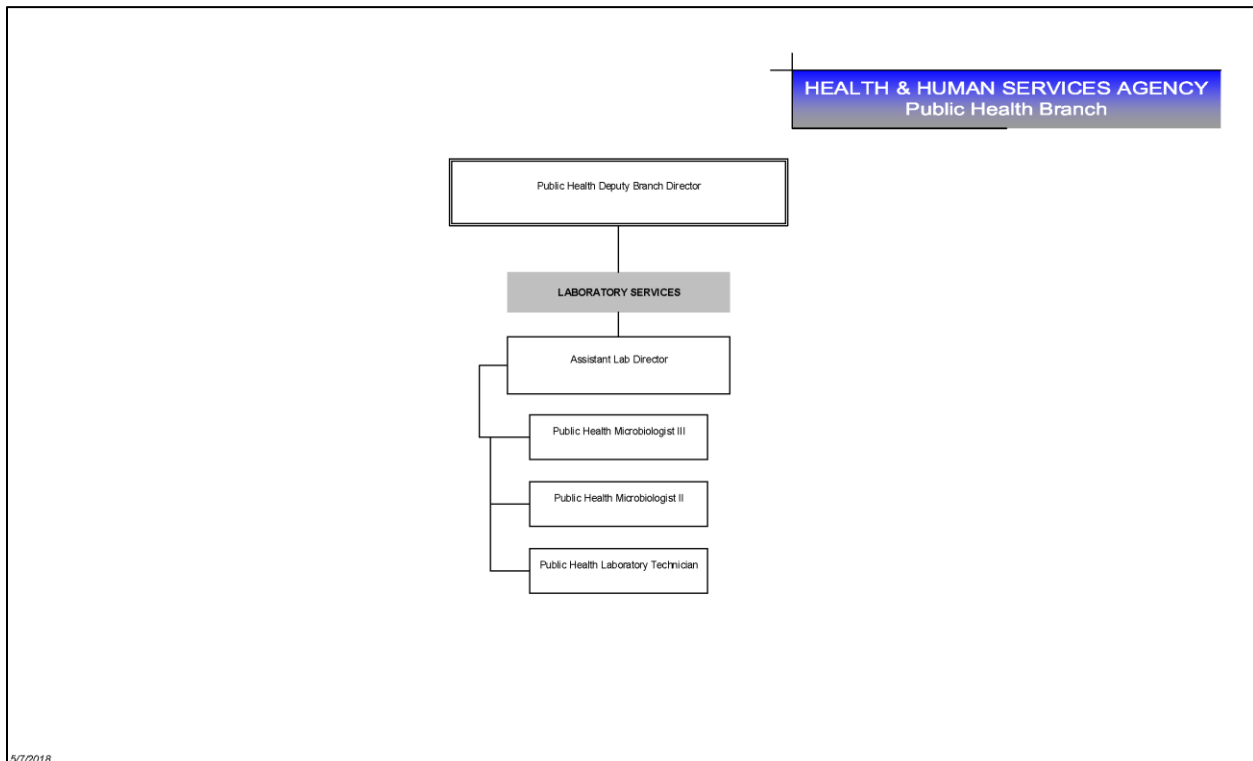
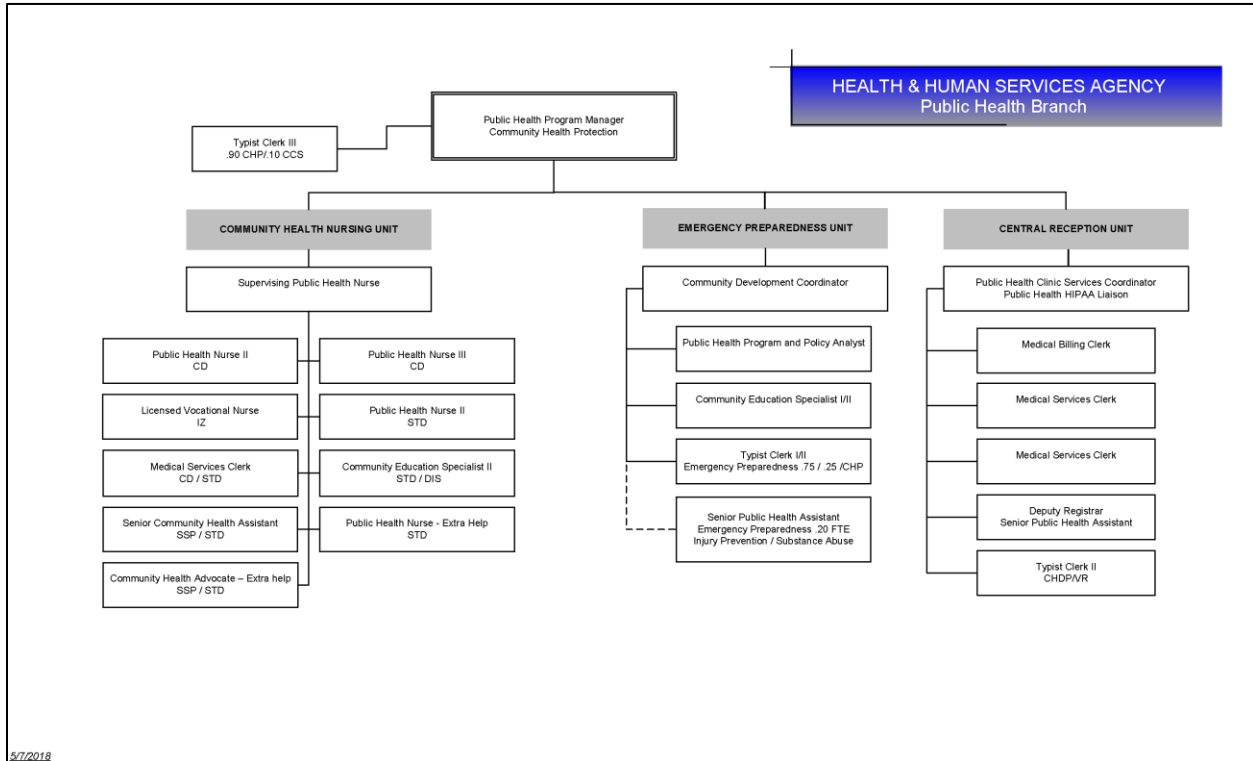


Public Health Branch Organizational Chart (continued)



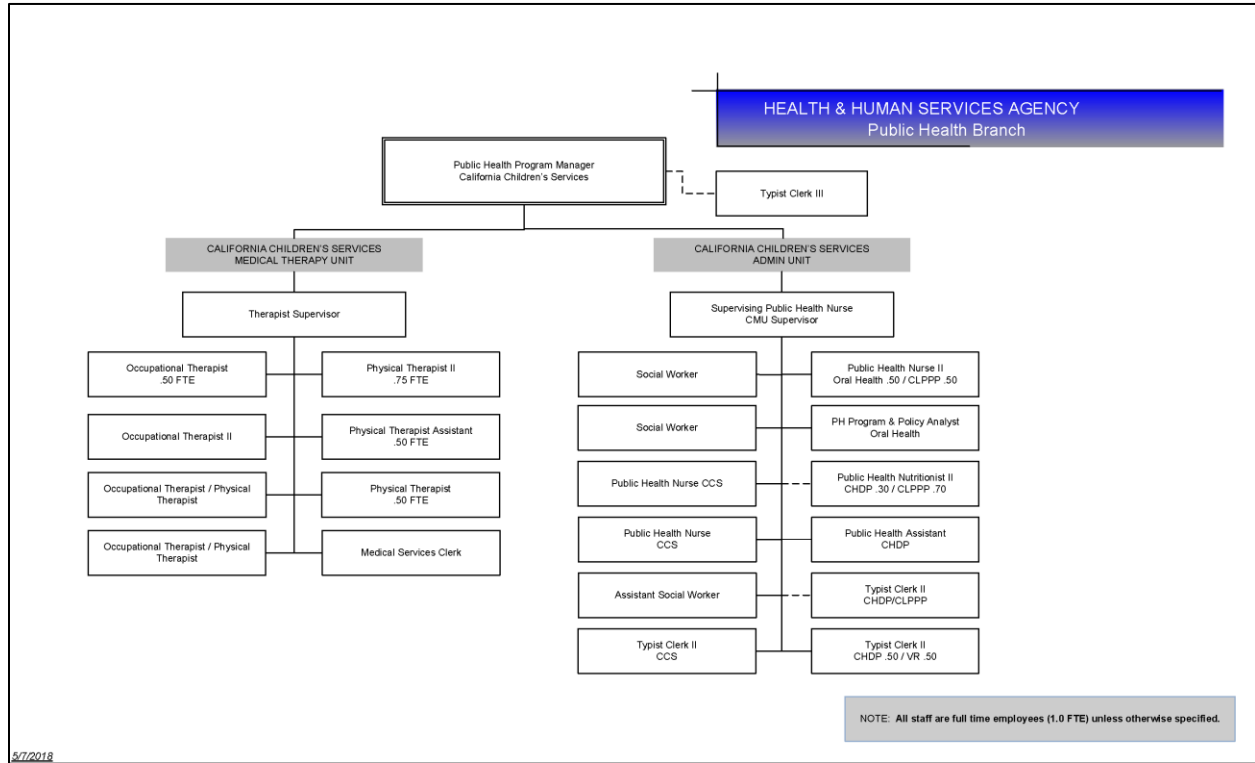


Public Health Branch Organizational Chart (continued)



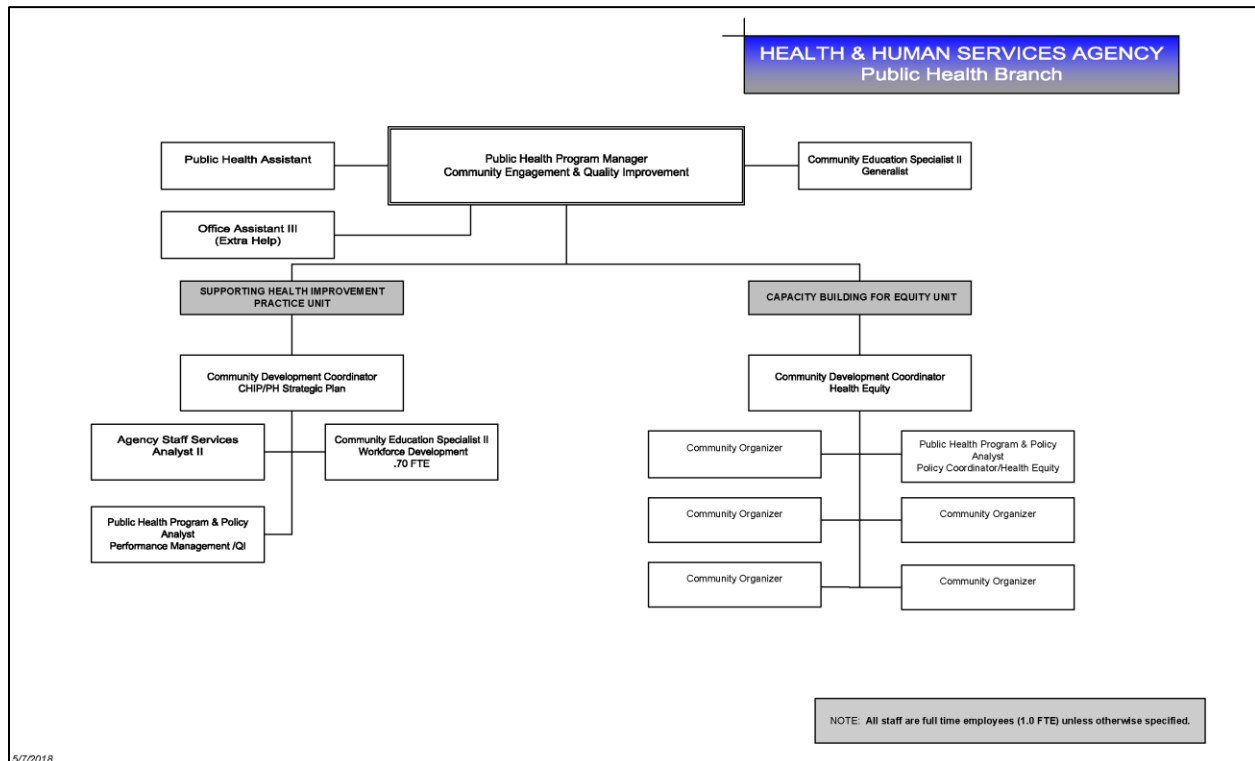


Public Health Branch Organizational Chart (continued)



NOTE: All staff are full time employees (1.0 FTE) unless otherwise specified.

5/7/2018



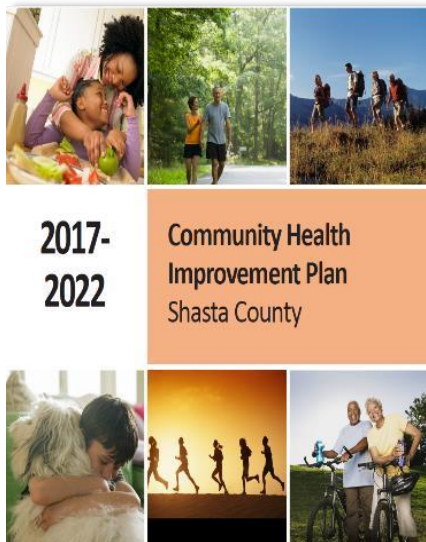
NOTE: All staff are full time employees (1.0 FTE) unless otherwise specified.

5/7/2018



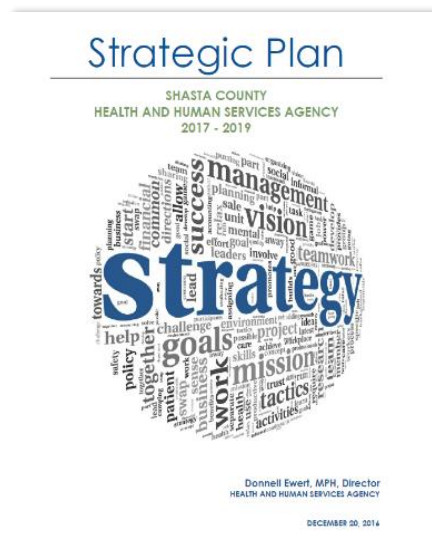
Strategic Planning Overview

The strategic planning process began in the Fall of 2016, and included monthly working meetings with senior leaders, program managers and supervisors of the Public Health Branch. Initially, a thorough review of the existing 2017-2019 HHSA Strategic Plan, an analysis of history, trends, identity, vision, mission, core values and a SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats) was completed. Discussion around the new HHSA mission and vision statements and Agency core values led to the addition of two Public Health Branch specific core values; prevention and equity.



The recently completed Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) provided data, community input and strategic focus for this strategic planning process. The Public Health Advisory Board (PHAB) weighed in at two pivotal points of the planning process, providing input on branch goals and the chosen strategic priorities. Three Public Health All Staff Meetings were held in 2017 to share regular updates with staff, and solicit key input and support throughout the planning process. A strategic self-assessment exercise was conducted with all staff and the PHAB to gather insight to the Public Health Branch's foundational identity and potential opportunities to advance both our branding and success in the

community. Additional exercises helped define where strategic opportunities existed, and identified gaps that must be addressed.



To maximize efforts, the Public Health Branch Strategic Plan aligns with priorities outlined in the CHIP and the HHSA Strategic Plan. The Public Health Branch Strategic Plan prioritizes Adverse Childhood Experiences, which is in the CHIP and HHSA Strategic Plan. The Public Health Branch Strategic plan also addresses chronic disease and aligns with the CHIP by prioritizing prediabetes prevention, and the HHSA Strategic Plan by addressing harmful substance use. The Public Health Branch strategies focus on collaborative opportunities, highlighting the spirit of the CHIP process, and recognizing the power of collective impact when sectors align priorities and leverage efforts around challenging public health issues.



Strategic Planning Overview (continued)

Taking the lead from the HHS Strategic Plan, the Public Health Branch realizes that to effectively address the strategic priorities, we must be a strong organization internally.

Therefore, one strategic priority addresses organizational capacity; to increase effectiveness and efficiency. Objectives include the development of our public health workforce by utilizing a public health core competency assessment and implementing development priorities outlined in the Public Health Branch Workforce Development Plan. Along with the evaluation efforts of this plan, the Public Health Branch is working to ensure the effectiveness and efficiency of how we provide the essential services of public health. These ongoing tracking and evaluation efforts are part of the Public Health Performance and Quality Improvement Plan. A Performance Excellence Council has formed and internal systems and processes are being implemented across the branch. The capacity for the Public Health Branch to address social determinants of health was also identified utilizing the results of the Bay Area Regional Health Inequities Initiative (BARHII) assessment tool conducted in 2017. Priority areas for development are to ensure staff can integrate a health equity approach into programs, policies, plans, and processes.

The Public Health Branch leaders are committed to reporting results quarterly and updating the three-year rolling strategic plan on an annual basis.



Public Health Branch Expanded Leadership Team



Strategic Planning Activities

Multiple meetings were set to identify and analyze the Public Health Branch's strengths and weaknesses, as well as external trends, opportunities and challenges. A SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis was completed with members of the Expanded Leadership Team. Common themes were compiled into the list below. In addition to these internal qualitative analysis activities, the Community Health Assessment (CHA) served as a resource to bring the community's identification of community assets, issues and challenges to the conversation.

SWOT Analysis – Mapping

<p style="text-align: center;">Strengths (internal)</p> <p style="text-align: center;">Funding/Financial Resources Visionary Thinkers Incredible Employees Workforce Development Opportunities Collaboration/Partnerships Evidence-based Decisions</p>	<p style="text-align: center;">Weaknesses (internal)</p> <p style="text-align: center;">Lack of an Intentional Value-driven Culture Administrative Bottlenecks Lack of Priority Setting Dependency on External Funding</p>
<p style="text-align: center;">Opportunities (external)</p> <p style="text-align: center;">Collaboration/Partnerships Leveraging Technology Cross-Branch Prevention</p>	<p style="text-align: center;">Threats (external)</p> <p style="text-align: center;">Decreases in External Funding Regulatory Changes – Federal Regulatory Changes - State Talent Acquisition Talent Retention/Development Sustainability of Partners</p>

Critical Issues and Challenges

The critical issues and challenges facing Shasta County were identified through the development of the CHA and CHIP. They include an increase in homelessness, a harmful substance use epidemic, a shortage of liveable wage jobs, at risk youth, high rates of untreated mental illness, chronic disease, and healthcare availability. These challenges were revisited as part of the Public Health Branch's strategic planning process. A self-assessment process with the Public Health Branch Expanded Leadership Team discussed the following strategic themes:

Self-Assessment Strategic Themes

- Prevention
- Community Education
- Adverse Childhood Experiences
- HHSA – Public Health Identity/Brand
- Effectiveness
- Collaboration
- Innovation
- Quality
- Accreditation



Strategic Priorities

Using the SWOT analysis and self-assessment activities, three strategic priorities were identified and intended results were outlined:

1. Reduce Adverse Childhood Experiences (ACEs) -
 - Increase awareness of ACEs county-wide
 - Increase number of prevention partners annually
 - Decrease incidence and prevalence of ACEs over time
2. Reduce Chronic Diseases -
 - Decrease number of people in Shasta County who are prediabetic
 - Increase awareness, screening and early intervention of diabetes
 - Increase community engagement to prevent harmful substance use
3. Increase Effectiveness and Efficiency -
 - Increase professional development opportunities for Public Health Branch staff
 - Increase staff core competencies
 - Create systems to measure branch performance
 - Increase capacity of Public Health Branch, staff and community residents to improve health equity





Operating Objectives

The following objectives focus on the core activities required to implement the Public Health Branch's Strategic Plan.

Strategic Priority – 1.0 Reduce Adverse Childhood Experiences (ACEs):	
Description: Prevent and break adverse generational cycles	
Operating Objective	Position(s) Responsible
1.1 – Spark, Strengthen and Leverage Collaborative Efforts	Public Health Program Manager – Healthy Communities Division

Strategic Priority – 2.0 Reduce Chronic Diseases:	
Description: Work upstream to prevent long-term health issues that cause disability and premature death	
Operating Objectives	Position(s) Responsible
2.1 – Reduce the Prevalence of Prediabetes	Public Health Program Manager – Healthy Communities Division
2.2 – Reduce Harmful Substance Use (HSU)	Public Health Program Manager – Healthy & Safe Families Division

Strategic Priority – 3.0 Increase Effectiveness and Efficiency:	
Description: Improve practice through consistent, evidence-informed systems and processes	
Operating Objectives	Position(s) Responsible
3.1 – Support Workforce Development	Public Health Program Manager – Community Engagement & Quality Improvement Division
3.2 – Implement Performance Management System and Quality Improvement Processes	Public Health Program Manager – Community Engagement & Quality Improvement Division
3.3 – Equip and Empower Staff and Community Members to Address Health Inequities	Public Health Program Manager – Community Engagement & Quality Improvement Division



Activities

Each activity is outcome based, measurable and assigned to a specific position within the Public Health Branch.

Reduce Adverse Childhood Experiences (ACEs)

Operating Objective – Spark, Strengthen and Leverage Collaborative Efforts		
Intended Result: Increase awareness of ACEs, # of ACEs partners, and reduce ACEs over time		
Activities	Target	Position(s) Responsible
1.1.1 Support Strengthening Families Collaborative	Ongoing	Public Health Program Manager – Healthy Communities Division
1.1.2 Coordinate the ACE Learning Community	Ongoing	Public Health Program Manager – Healthy Communities Division
1.1.3 Educate Agency & community partners with ACE Interface training	# of people reached by ACEs presentations, # of ACEs presentations per year	Public Health Program Manager – Healthy Communities Division
1.1.4 Develop & monitor ACEs related indicators	ACEs Dashboard by 7/31/18	Public Health Program Manager – Healthy Communities Division
1.1.5 Educate and empower staff to integrate ACEs research into Public Health Branch work plans	Annual ACEs training 12/31/18 = 60% 12/31/19 = 75% 12/31/20 = 90%	Deputy Branch Director



Activities (continued)

Reduce Chronic Diseases

Operating Objective – Reduce Prevalence of Prediabetes		
Intended Result: Reduce prediabetes and increase awareness, screening and early intervention		
Activities	Target	Position(s) Responsible
2.1.1 Promote a healthy built environment	2 Planning Depts using healthy design checklist by 12/31/18	Public Health Program Manager – Healthy Communities Division
2.1.2 Implement prediabetes community education campaign	7/31/18	Public Health Program Manager – Healthy Communities Division
2.1.3 Promote prediabetes screening to primary care providers	25% by 7/31/18 50% by 7/31/19	Public Health Program Manager – Healthy Communities Division
2.1.4 Promote participation in evidence-based lifestyle improvement programs	Ongoing	Public Health Program Manager – Healthy Communities Division

Operating Objective: Reduce Harmful Substance Use (HSU)		
Intended Result: Increase community engagement to prevent harmful substance use		
Activities	Target	Position(s) Responsible
2.2.1a Identify/invite partners to HSU prevention community collaborative	6/30/18	Public Health Program Manager – Healthy & Safe Families Division
2.2.1b Develop collaborative model/goals	12/31/18	Public Health Program Manager – Healthy & Safe Families Division
2.2.1c Establish data/indicators for collaborative work	6/30/19	Public Health Program Manager – Healthy & Safe Families Division
2.2.2 Promote evidence informed practices for HSU prevention	12/31/20	Public Health Program Manager – Healthy & Safe Families Division



Activities (continued)

Increase Effectiveness and Efficiency

Operating Objective: Support Workforce Development		
Intended Result: Increase professional development opportunities and staff core competencies		
Activities	Target	Position(s) Responsible
3.1.1 Implement Workforce Development Plan	12/31/18	Public Health Program Manager – Community Engagement and Quality Improvement Division
3.1.2 Review/develop/adopt policies to ensure a work environment supportive of learning and development	3/31/19	Deputy Branch Director
3.1.3 Assess Public Health Branch staff for public health core competencies	12/31/20	Public Health Program Manager – Community Engagement and Quality Improvement Division

Operating Objective: Implement Performance Management System and Quality Improvement Processes		
Intended Result: System to measure Branch performance		
Activities	Target	Position(s) Responsible
3.2.1 Identify and assess progress toward performance standards	5/31/18	Public Health Program Manager – Community Engagement and Quality Improvement Division
3.2.2 Develop, implement and evaluate a performance and quality improvement plan	12/31/2018	Public Health Program Manager – Community Engagement and Quality Improvement Division

Operating Objective: Equip and Empower Staff and Community Members to Address Health Inequities		
Intended Result: Increase capacity of Public Health Branch, staff and community residents to improve health equity		
Activities	Target	Position(s) Responsible
3.3.1 Address needs and gaps in Public Health Branch cultural competence and staff knowledge of health equity	12/31/18	Public Health Program Manager – Community Engagement and Quality Improvement Division
3.3.2 Pilot Community Organizing Institute for Leadership	9/30/18	Public Health Program Manager – Community Engagement and Quality Improvement Division
3.3.3 Develop and adopt policies/procedures and provide training to ensure integration of health equity and social determinants of health into Public Health Branch work	3/31/19	Deputy Branch Director



Evaluation and Quality Improvement

The strategic priorities, operating objectives and activities outlined in this plan are robust and progress evaluation is essential. There will be two components to evaluate progress: process and outcomes. They will consist of regular Public Health Branch Leadership Team discussions and a quarterly review of current qualitative and quantitative data. Consideration of financial sustainability to ensure progress toward these outcomes, and our commitment to serving the public by addressing these prioritized health needs will be discussed regularly.

Identified highlights will be shared at quarterly Expanded Leadership Team meetings, Public Health All Staff meetings, and with the PHAB, as appropriate. Notable progress will be communicated to the community at large to build the public's understanding of the unique prevention work provided by the Public Health Branch. An annual update will be developed to document and report progress toward plan objectives.



Consistent communication with all public health staff on progress and opportunities for impact is pertinent to the long-term success of the plan. Additional opportunities to facilitate communication across the branch include regular employee newsletters and topic specific "town-hall" style meetings. This will provide ongoing venues to address challenges, encourage innovative ideas and identify areas for cross-division collaboration that will improve impact and expand success. Ad-hoc workgroups may be formed to advance specific tasks and ideas as needed.



Revisions and Alignment

Annual revisions of the Public Health Branch Strategic Plan will be data informed, utilizing quality improvement tools in order to maximize opportunities for impact, and with consideration of the following:

- Public Health Branch Workforce Development Plan
- Public Health Branch Performance and Quality Improvement Plan
- Public Health Branch health equity efforts
- Shasta County Community Health Assessment, including data refreshed annually
- Shasta County Community Health Improvement Plan
- HHSA Strategic Plan, including annual updates



- HHSA and Public Health Branch's mission, vision, and core values
- Allocation of resources and changes in regulatory mandates
- External factors and trends that may influence public health locally

Conclusion

This Shasta County HHSA-Public Health Branch Strategic Plan will focus the work of our public health team over the next three years. As a living document, its

elements will be monitored, evaluated and updated to maximize effect.

This document is the result of hours of work by the branch's program managers, supervisors, and senior leaders. We appreciate the support and input given along the way by all Public Health Branch employees and the Public Health Advisory Board. Special thanks to Agency Staff Services Analyst Sara Westmoreland for her administrative support, and Gordon Flinn of GoForth Consulting for his facilitation of this planning process.

In the Spring of 2014, the branch committed to pursuing national accreditation by the Public Health Accreditation Board. Both internal and external efforts began to meet the measures and standards across 12 Domains required for accreditation.

Completion of this Strategic Plan is an additional step toward securing accreditation. We look forward to working with our partners to implement the priorities of this plan and protect and improve health and wellbeing for all Shasta County residents.

Appendix A

Health and Human Services Agency – Public Health Strategic Plan



As an integrated agency, HHSA coordinates an effective system of care to reduce the rate of harmful substance use.						
Engaging individuals, families and communities to protect and improve health and wellbeing.						
Mission	Engaging individuals, families and communities to protect and improve health and wellbeing.					Equity
Core Values	Collaboration Working together to achieve meaningful results	Adaptability Embracing change	Respect Honoring and serving others	Excellence Providing high quality service to our customers and community	Prevention Stopping problems before they start	Creating opportunities so everyone can thrive
Strategic Priorities	Operating Objectives	Intended Result	Activities	Targets		
Reduce Adverse Childhood Experiences (ACEs) <i>Description: Prevent and break adverse generational cycles</i>	<ul style="list-style-type: none"> Spark, Strengthen and Leverage Collaborative Efforts 	<ul style="list-style-type: none"> ↑ Awareness of ACEs ↑ # of ACEs Partners/Yr. ↓ # of ACEs over time 	<ul style="list-style-type: none"> Support Strengthening Families Collaborative Coordinate the ACE Learning Community Educate agency & community partners with ACE Interface training Develop & monitor ACEs related indicators Educate and empower staff to integrate ACEs research into Public Health work plans 	<ul style="list-style-type: none"> # of People Reached by ACEs Presentations ↑ # of Presentations/Yr. ACE Indicators Dashboard by July 2018 Annual Employee Trainings on ACEs 		
Reduce Chronic Diseases <i>Description: Work upstream to prevent long-term health issues that cause disability and premature death</i>	<ul style="list-style-type: none"> Reduce the Prevalence of Prediabetes Reduce Harmful Substance Use (HSU) 	<ul style="list-style-type: none"> ↓ People in Shasta County who are prediabetic ↑ Awareness, screening and early intervention of diabetes ↑ Community engagement to prevent Harmful Substance Use 	<ul style="list-style-type: none"> Promote a healthy built environment Implement prediabetes community education campaign Promote prediabetes screening to primary care providers Promote participation in evidence-based lifestyle improvement programs Identify/invite partners to HSU prevention community collaborative(s) Develop collaborative model/goals Establish data/indicators for collaborative work Promote evidence informed practice for HSU prevention 	<ul style="list-style-type: none"> 2 Planning Departments using the healthy design checklist by Dec 2018 July 2018 25% of providers - July 2018, 50% of providers - July 2019 Ongoing June 2018 December 2018 June 2019 Through 2020 		
Increase Effectiveness and Efficiency <i>Description: Improve practice through consistent, evidence-informed systems and processes</i>	<ul style="list-style-type: none"> Support Workforce Development Implement Performance Management System and Quality Improvement Processes Equip and Empower Staff and Community Members to Address Health Inequities 	<ul style="list-style-type: none"> ↑ Professional dev. opportunities ↑ Staff core competencies System to measure Branch performance ↑ Capacity of PH Branch, staff and community residents to improve health equity 	<ul style="list-style-type: none"> Implement Workforce Development Plan Review/develop/adapt policies to ensure a work environment supportive of learning and development Assess PH Branch staff for Public Health Core Competencies Identify and assess progress toward performance standards Develop, implement and evaluate a performance and quality improvement plan Address needs and gaps in PH Branch cultural competence and staff knowledge of health equity Pilot Community Organizing Institute for Leadership Develop and adapt policies/procedures and provide training to ensure integration of health equity and social determinants of health into PH Branch work 	<ul style="list-style-type: none"> December 2018 March 2019 December 2020 May 2018 December 2018 December 2018 September 2018 March 2019 		