



# SNOHOMISH HEALTH DISTRICT

## 2014 Strategic Plan Update

JUNE 2014



# Snohomish Health District 2014 Strategic Plan Update

June 24, 2014

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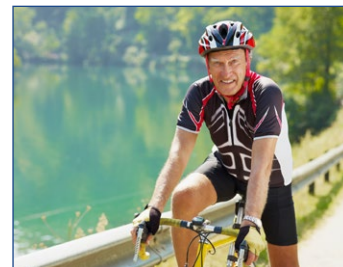


## APPENDICES AND LINKS

2009 Strategic Plan  
Foundational Public Health Services  
Budget Documents  
Reports of Employee Listening Sessions and Stakeholder Interviews

## Executive Summary

In response to dramatic changes in the public health environment, including the Affordable Care Act, severe budgetary and staffing cuts, and an unrelenting public need, public health agencies in Washington State and throughout the nation are in the midst of redefining priorities, programs and operations. Today's public health funding and delivery system was designed in and for the 20th century. It must be redesigned to meet 21st century demands.



This Strategic Plan Update is a wide-ranging and substantial move toward that redesign. It includes a set of eight initiatives intended to improve service delivery, move expertise out of public health offices and into the community, employ new technologies for enhanced customer service, cut costs, develop a 21st century workforce, improve quality, and acquire sustainable sources of funding. It includes a thorough and comprehensive review of current systems, and strives to correct outmoded and ineffective practices.

The strategies are bold because the Snohomish Health District simply cannot afford to do anything less than what is proposed in this document. The District has been under financial crisis for years. Since 2008 the County's population has grown by 6%, but District revenues have dropped by 24%. Approximately 80 full-time staff positions have been cut. In Washington State, Snohomish County ranks #30 among 35 local public health jurisdictions in terms of per capita public health spending.

This Update seizes on opportunities for the District to proactively steer its future rather than simply continue to react and respond to continued budget shortfalls. It is rooted in the 2009 Strategic Plan, incorporating the mission, vision, and directions that were adopted at that time. It adds a greater level of specificity on key action steps, timelines, and accountability for implementation.

This Update also incorporates a number of values that have historically been embodied by public health professionals and that continue to be at the forefront of the Health District's mission. The initiatives seek to provide service to a larger percentage of Snohomish County's population and in locations that are readily accessible to more people. The initiatives take advantage of new business practices to streamline the District's work, create greater operational efficiencies, and improve customer service.

Most importantly, this Update embodies the principle that no one should be left behind when it comes to the very basic health care needs that face every human being. To that end, significant emphasis is placed on creating new partnerships with other agencies, private providers, and local businesses. SHD is intent on moving carefully and deliberately through this process to ensure that those partners are ready, able, willing, and fully capable of delivering some of the services that have previously been under the purview of the Health District, and we are confident these capable partners exist within our County.

When adopted by the Snohomish Board of Health, this Strategic Plan Update will serve as a roadmap for the District over the next three years. Some of the work outlined here has already begun, and those and those efforts will continue to be supported and expanded. Other initiatives will require new ways of operating and mobilizing. In all, the Update offers an exciting and comprehensive range of opportunities to meet the County's public health needs for decades to come.

## The eight strategic initiatives proposed for the next three years include:

- 1) Move Patients out of Health District Clinics and into Medical Homes**  
—Calls for the development of new partners to provide direct clinical services to our current clients.
- 2) Improve Environmental Health Business Practices**  
—Seeks to use new technologies and streamlined procedures to improve customer service and achieve greater operational efficiency.
- 3) Optimize Delivery of Early Childhood Development Programs**  
—Places public health personnel in community locations where they can reach more families and children at risk.
- 4) Mobilize Community Health Action Teams**  
—Takes advantage of new opportunities that make it easier for people to lead healthier lives right where they live.
- 5) Reduce Administrative Overhead Costs**  
—A thorough examination of the District's administrative overhead and ways to reduce it.
- 6) Institute Workforce Development and Succession Planning**  
—A set of comprehensive actions to proactively ensure a skilled and motivated workforce now and into the future.
- 7) Improve Health District Funding and Governance**  
—A reexamination of Snohomish County's current form of public health governance and finance and the pros and cons of a possible change.
- 8) Become Nationally Accredited and Integrate Quality Improvement Principles**  
—The pursuit of national accreditation and enhanced credibility with funders.



## Introduction

### A New Era for Public Health

This Strategic Plan Update from the Snohomish Health District details eight initiatives that are either underway or will be set in motion beginning in mid-2014. These initiatives are designed to propel the District forward into a new era for public health in Snohomish County.

Like public health agencies throughout the nation, the Snohomish Health District has examined its current programs and practices in light of diminishing resources and a vastly changed health care landscape in the United States. With health insurance more widely available to every U.S. citizen, it is becoming more possible for the District's current clients to access comprehensive medical services through providers in the community. We have ways to improve business and technology systems, reduce overhead, streamline processes, and improve customer service. SHD is aware that programs can be enhanced by operating more directly in the community, rather than within the confines of our offices. The District must replace a retiring workforce with new personnel, and perhaps with different skills than have been required in the past. And, our agency embraces the importance of continual quality improvement, especially as we seek to become nationally accredited.

This document incorporates a number of important values. Currently a small number of people to whom the District provides clinical services come to us for care. However, we know there is a much larger percentage of Snohomish County residents who may be at a higher risk, but aren't seeking treatment. Hence, the underlying value in the strategic initiatives that move personnel into more visible locations throughout the County, not only to ensure full delivery of the programs we manage but to also convene and facilitate new community initiatives that make it easier for people to lead healthier lives.

The Health District plays a vital role in protecting people from disease, whether through the monitoring of Tuberculosis patients, restaurant inspections, or ongoing data compilation and analysis of emerging health threats. This Strategic Plan Update does not diminish the importance of those programs, but does provide an opportunity to be a better governmental agency by employing new business practices that streamline our work, create greater operational efficiencies, and improve customer service.

This Update is also built upon the value that no one should be left behind when it comes to the very basic health care needs that face every human being. To that end, significant emphasis is placed on creating new, lasting partnerships with other agencies, private providers, and local businesses. SHD is intent on moving carefully and deliberately through this process to ensure that those partners are ready, able, willing, and fully capable of delivering some of the services that have previously been under the purview of the Health District. We are confident these capable partners exist within our County.

The eight Strategic Initiatives outlined in this Update are wide-ranging and substantial. They cannot be achieved without the full commitment and a great deal of hard work from the Board of Health, the District's senior management, and all District staff. These strategies are bold because the District simply cannot afford to do anything less than what we are proposing here. The Snohomish Health District has been under financial

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crisis for years; without a full examination of our current practices and a set of sweeping reforms, the District cannot be sustained over the long term.

The purpose of this 2014 Strategic Plan Update is to develop a blueprint for the next three years that provides guidance and direction for the tough financial and operational decisions facing the Snohomish Health District. In addition, this work will be used as a framework for annual budget development, ensuring that funds are allocated and spent in a manner consistent with our goals.

This Strategic Plan Update is meant to be a living, flexible document, and should be viewed as a starting point, not an ending place. Additional opportunities for improvement are likely to present themselves as implementation gets underway, and the District will adjust to explore those opportunities. Likewise, some of the initiatives presented here may not be able to be implemented as initially envisioned, requiring subsequent adjustments. Key to success will be ongoing and frequent communication between District management, staff, and the Board of Health, so that all understand and can proceed together on the best path forward. The District is fully committed to this comprehensive level of communication and engagement.

Each initiative is accompanied by a rationale for its implementation and the anticipated benefits it will deliver. An “issues to be addressed” section highlights the key questions that must be answered prior to further action. Examples where these types of initiatives have worked well in other communities are cited, and each initiative is also supported by a clear set of action steps, key deliverables and milestones.

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## Key Elements of 2009 Strategic Plan

In 2009 the Snohomish Health District undertook an extensive strategic planning process that engaged local leaders and representatives of more than 80 organizations, and resulted in five broad goals and seven strategic directions. The 2009 Strategic Plan has guided decision-making and financial investment during a time of diminishing resources and a changing public health landscape. All of the Strategic Initiatives introduced in this Plan Update relate back to one or more of the goals highlighted in the 2009 plan, as demonstrated in the charts in the Appendix to this Update.

Moreover, the mission statement and vision statements from the 2009 Plan remain the same:

### **Snohomish Health District Mission Statement:**

*To improve the health of individuals, families, and communities through disease prevention, health promotion, and protection from environmental threats.*

### **2009 Strategic Plan Vision Statement:**

*In 2020, Snohomish County will be the healthiest community in Washington State and its residents will aspire to lead still healthier lives. Snohomish Health District will play a critical role in improving the health of the community by preventing illness and injury through:*

- Protecting the public's health
- Demonstrating leadership
- Offering partnership
- Providing value
- Education and promotion

These elements and themes continue to be core to the agency, and this 2014 Update is grounded in the principles that were developed and agreed to in 2009.

## Background and Context

Although the 2009 Strategic Plan has served the agency well, this Update is necessary for a number of reasons, beginning with the fact that many new realities have developed since 2009, including:

- The nation's deepest and most prolonged economic downturn since the Great Depression.
- A more than \$10 billion dollar decline in Washington State revenues and more than 11% unemployment in Snohomish County.
- A decrease in financial support to SHD of over \$6 million, resulting in loss of 80 full-time positions (more than 30% of the District's workforce).
- Transfer of the Nurse-Family Partnership program to Child Strive, and elimination of the STD Clinic, First Steps Home Visiting, Child Care Health, Injury Prevention, Foster Care Passport, Unintended Pregnancy Prevention and AIDS case management programs, as well as deep reductions to the Immunization Clinic and other programs.



In preparation for 2015 budget preparations, State agencies have been tasked with identifying how they would reduce state general fund dollars by 15%. If implemented, this would equate to a reduction of \$120 million to the State Department of Health, which is sure to impact local health jurisdictions. Locally, Snohomish County departments supported by state general fund dollars have been directed to identify and prioritize 6% in reductions. Should the Health District be directed to make such a reduction, approximately \$132,000 of annual funding would be in jeopardy. Moving forward the District faces ongoing structural deficits. Annual expenditures are expected to continue to outpace revenues by 3-5%.

Our future challenges include an increasing and aging population for which chronic diseases pose the greatest threat, and the emergence or return of communicable diseases, including pandemic influenza and pertussis.

Since 2009, a number of major national developments have dramatically altered the landscape for local public health. Although health care reform had been underway for a number of years, the 2012 passage of the Affordable Care Act offers new and greatly improved access to comprehensive medical services, changing some of the traditional roles provided by public health. Greater emphasis is also being placed on the need for local public health agencies to become nationally accredited.

The State of Washington has also been at the forefront of policy shifts in public health, and the Strategic Initiatives outlined in this plan fall within the context of those statewide developments. Two of these are the Agenda for Change and the framing of Foundational Public Health Services, which define public health capabilities and programs that no community should be without, regardless of how the services are provided. The table demonstrating how the eight Strategic Initiatives fit within these foundational services is included in the Appendix to this Update. Representatives from the Snohomish Health District have actively participated in these statewide efforts, and continue to monitor and refine the overall work of the District to ensure that local efforts are in concert with these broader statewide goals.

Other Washington State actions of note are the State Health Care Innovation Plan that recognizes the need for community-based efforts to improve health, as well as a general focus on transitioning from individual to population-based health and a greater emphasis on prevention over treatment.

In recognition of these national and state developments and Health District financial challenges, the District has already begun to institute some reforms. These are noted throughout the Strategic Initiatives. For example, consulting resources have been used to evaluate current business systems; the possibility of third-party billing for immunizations and TB clinical services is being pursued; community health assessments have been completed and a community health improvement plan developed. All of these are informative and have been incorporated into the Strategic Initiatives. But the Initiatives take these current actions to another level, and represent a comprehensive, concerted effort to institute the deep and systematic changes that are needed at this time in the Health District's history.





## Who Participated?

This Strategic Plan Update was instigated by Health District Director Dr. Gary Goldbaum, MD, MPH, and Deputy Director Peter Mayer. The District's division directors participated in an initial brainstorming of strategic concepts to explore in this process, as did the District Board of Health. Personnel from throughout the District participated in this brainstorming by attending their own listening sessions and were also invited to submit email comments during the brainstorming phase. Three facilitated sessions were offered at the Lynnwood and Everett offices; approximately 85 staff members attended these sessions.

In conducting the listening sessions, the consultant team focused on two primary questions:

- 1) *What services and programs should the District provide that are not the responsibility of others?*
- 2) *In light of the expansion of coverage resulting from health care reform, fluctuations in public health funding, and movements at the state and national levels to define Foundational Public Health Services:*
  - *What services and programs should be transitioned from the District's realm of responsibility?*
  - *How can those transitions be carried out as effectively as possible?*
  - *What new or enhanced capacity might be required in order to address new and emerging health issues?*

A number of potential ideas were generated during these sessions. The senior leaders of the District reviewed all of the proposed ideas and refined them into the eight Strategic Initiatives that serve as the core component of this Update.

A Substantial Outline and subsequent Draft Strategic Plan Update were then made available for additional review and comment. The Division Directors weighed in with their opinions and guidance on these two documents, as did the Board of Health at their April 8 and May 13, 2014 meetings.

Health District employees commented on the Draft Plan during a second round of listening sessions on May 28-29, and were also invited to submit email comments on the Draft. Some 65 staff members attended these sessions. The focus of these meetings was on a review of the Draft Plan, with the question to employees: How can we make this Draft Strategic Plan Update a better document? What are your recommendations for edits and changes?

Staff members offered a number of suggestions for changes to the document, and the final plan was modified where possible to address those comments.

Stakeholders were also consulted throughout this planning process. The Public Health Advisory Council weighed in on the Update during three of their monthly meetings on March 26, April 23, and May 28, 2014. An email was sent to 30 Health District partners and other stakeholders soliciting comments on the draft, with three stakeholders responding to that invitation. In addition, nine Health District partners were interviewed regarding their opinions, perspectives, and suggestions on the Draft. The final plan benefited from the input provided by these District stakeholders.

The Board of Health was briefed on the results of the listening sessions and interviews at its June 10, 2014 meeting. Reports on the employee listening sessions and stakeholder feedback are available as a supplement to this Update.

*Health District personnel will continue to be significantly engaged in the implementation of these initiatives*

## Health District Staff Involvement in Plan Implementation

It is important to note that Health District personnel will continue to be significantly engaged in the implementation of these initiatives. This is a key and crucial component to the success of the eight initiatives outlined here. Through their day-to-day experiences, employees are often in the best position to evaluate issues and offer practical and workable recommendations for change. In addition, it is through ongoing responsibility for implementation that personnel are likely to develop a sense of ownership and pride in making organizational and operational improvements.

Other goals for the implementation of the Update include an increase in communication and collaboration between the various divisions of the District. The current organizational structure can inhibit these interactions, with personnel tending to work only within their defined areas of responsibility. District leadership hopes to encourage new bridge building and professional development opportunities as staff exerts their energies and expertise in new directions.

The exact mechanisms for implementation will vary depending on the initiative. In some cases “teams” may be assigned to work on a short-term basis to carry out essential tasks. Other initiatives already have work underway, so staff may be assigned in different ways to carry out new programs or recommendations. As noted throughout the report, the Division Directors will take the lead in determining the structure, mechanism and format for the initiatives under their purview.

## Cost to Implement this Strategic Plan Update

It is difficult to determine, at this point, the precise cost of implementing this Update. While a number of the Strategic Initiatives are likely to result in significant cost savings, calculating the full magnitude of those savings is part of this work. This is particularly relevant for Initiatives 1, 2 and 5, with the timeline and anticipated study results explained in the initiative text.

In addition, it is anticipated that outside resources and assistance will be required to support the agency's implementation of this plan, including assessing readiness of community partners, securing written agreements, and developing an implementation framework to assure adequate support of the work teams for each initiative.

Other initiatives may require investments in order to achieve cost savings; spending money to make money. This is particularly true for Strategic Initiatives 2, 6, and 7, where the District is likely to make significant investments in new technologies and software in order to be more efficient and improve customer service over the long-term.

Some of the initiatives may increase costs that must be offset by savings in other areas. District management does not know yet, for example, the costs to co-locate personnel in other agencies (Initiative 3), or how many staff members may be needed to implement Initiative 4, which deploys new community health teams throughout the County. Additionally, many services the District provides are reimbursed by grants and contracts that may offset total costs while other programs are subsidized by fees, charges or the General Fund. As the District moves through the process of implementing these changes we will keep the Board of Health fully informed about what we are learning and where those results might lead.

It is also significant to note that a number of the initiatives are timed to coincide with the 2016 budget process. As SHD works in 2015 to develop transition plans and other mechanisms for change, we will be able to more precisely identify anticipated costs and present those to the Board. Where possible, any needs for the 2015 budget will also be identified, so that District management can bring them forward for discussion by the Board during budgetary deliberations in July of this year.



### Ongoing Reports to the Board of Health

In addition to the budgetary discussions highlighted above, the Board of Health will receive regular reports on the implementation of the Strategic Plan Update. Each initiative has at least one or two key milestones that will be reported to the Board, but in addition to those milestones, the Board will receive ongoing information related to the tasks and actions underway, the results of any analysis related to the Initiative, hurdles or roadblocks that have been encountered, progress and new information relevant to each initiative's success.

These reports will follow a consistent format, making it as easy as possible for Board members to keep track of the implementation process. The form that will be used for these reports is included in the Appendix of the Update.

### Next Steps

The 2014 Strategic Plan Update is a living document. The eight Strategic Initiatives are works in progress that require the ongoing engagement and attention of the District Board of Health, Senior Management, division directors, and staff. Progress reports and new developments will be communicated to all on an ongoing basis.

In addition, formal check-ins on the progress of the initiatives will occur every six months through June 2016. These will be conducted internally with the District personnel who have been assigned implementation duties. The check-ins, which will be mandatory to success, will include troubleshooting, fine-tuning, and adjusting initiative implementation as needed.

## Summary of Initiatives and Key Milestones

|                              |   | December 2014  | January 2015  | June 2015   | January 2016   | December 2016   |
|------------------------------|---|--|---|---|--|---|
| <b>STRATEGIC INITIATIVES</b> | <b>1</b> <b>Move Patients into Medical Homes</b>  | Viable Partners Identified   |   | Transition Planning Completed   | Transition of Services Begins  | Monitor, Assess, Update and Adjust                          |
|                              | <b>2</b> <b>Improve Environmental Health Business Practices</b>                           | Pilot testing of remote technology and mobile operations completed           | EH Staff operating remotely from mobile locations; RFP Issued for New Technology; Services Transition Planning Underway | New Technology Implemented; Plan for Transition of Services Complete      | Transition of Services Begins; Technology improvements continue      | Monitor, Assess, Update and Adjust                          |
|                              | <b>3</b> <b>Optimize Delivery of Early Childhood Development Programs</b>                 | Viable Partners/ Locations Identified; Grant Funded Pilot Proposal Submitted | Transition Planning Underway  | Transition Plan Complete  | Transition Begins  | Monitor, Assess, Update and Adjust                          |
|                              | <b>4</b> <b>Mobilize Community Health Action Teams</b>                                    |  | Healthy Communities Action Planning Underway  | Healthy Communities Action Plan Complete; Budget Presentation to Board    | Begin Implementing Healthy Communities Action Plan                   | Monitor, Assess, Update and Adjust                          |
|                              | <b>5</b> <b>Reduce Administrative Overhead Costs</b>                                      | Consultant Reports Presented   | Transition Planning Underway  | Transition Plans Completed  | Transitions Begin  | Monitor, Assess, Update and Adjust                          |
|                              | <b>6</b> <b>Institute Workforce Development and Succession Planning</b>                   | Workforce Development Plan Presented   | Begin Implementing Workforce Development Plan   | Workforce Development Update and Budget Presentation to Board             | Implementation Underway; Monitor, Assess, Update and Adjust          | Implementation Underway; Monitor, Assess, Update and Adjust |
|                              | <b>7</b> <b>Improve Health District Funding and Governance</b>                            | Evaluation Scope and Process Determined                                      | Evaluation Begins   | Evaluation Completed and Presented to Board                               | Actions Underway   | Monitor, Assess, Update and Adjust                          |
|                              | <b>8</b> <b>Become Nationally Accredited and Integrate Quality Improvement Principles</b> | Accreditation Preparation Plan Complete; QI Council Reconvened               | Accreditation Preparations Underway; Revise QI Plan   | Accreditation Notice of Intent Submitted; QI Plan Implementation Underway | Accreditation Preparations Underway; QI Plan Implementation Underway | Accreditation Awarded; QI Plan Implementation Underway      |

## SECTION TWO: 2014 Strategic Initiatives

### STRATEGIC INITIATIVE 1: Move Patients out of SHD Clinics and into Medical Homes

*This trend presents an opportunity for the District to rethink our role in providing clinical services. Should we continue to offer piecemeal clinical services to small numbers of patients?*

Assuring access to healthcare and linking people to needed personal health services is a core public health function. Public health agencies should generally provide health-care only when it is unavailable elsewhere. Over the years the Snohomish Health District assumed the role of clinical patient service for such things as immunization and HIV/STD/ Pregnancy testing because providers in the community were not willing or available. Today the delivery of clinical services in Snohomish County has changed. For instance, immunizations are widely available throughout the community. Moreover, Medicaid expansion and the availability of community health centers represent the promise that more adults and children will be seen in community-based “medical homes.” In Snohomish County those are the Federally Qualified Health Centers of SeaMar and the Community Health Center of Snohomish County. The mission and responsibility of these organizations is to provide care to everyone, regardless of ability to pay. The medical homes provided by organizations such as these, in combination with the services of private providers, are designed to provide more comprehensive preventive and treatment services within a clinical setting and result in better health outcomes for patients and their families.

This trend presents an opportunity for SHD to rethink its role in providing clinical services. Should we continue to offer piecemeal clinical services to small numbers of patients? Are there sufficient, competent community providers willing to provide these services in a more comprehensive setting? Is this the right time to move clinic patients into medical homes in the community?

Transitioning out of providing certain one-to-one patient services would allow the District to shift attention to other important functions that only public health can provide: informing, educating, and empowering people about health issues; mobilizing community partnerships to identify, prevent, and solve health problems; linking people with needed personal healthcare; and assuring a competent public health and personal healthcare workforce.

Under this initiative, the District will continue to examine its direct service role in clinical services, including but not limited to immunizations, HIV/STD, and TB treatment, with the aim of 1) assuring the competency, availability, and willingness of community-based providers, 2) defining SHD’s ongoing role in assuring the quality and availability of services, and 3) connecting patients to needed health care.

Snohomish Health District began looking critically at its clinical services in 2013. Demand for pregnancy testing dropped dramatically due to a change in Medicaid requirements. The District also looked critically at State grant requirements around HIV testing, and now only provides HIV testing to the highest risk groups. By limiting the District’s services, and referring low- and moderate-risk people to a community partner that also receives state funding, we are able to recover the cost of staff time and supplies without jeopardizing infection control.

An initial step in assessing clinical services was completed in June 2014. A business management consultant evaluated clinical business processes to determine, among other things, the feasibility of third party billing of insurance, meaning that our current

clients would be asked to pay a portion of the clinical services they receive from the District, and that the District would also bill their insurance providers, if that insurance is in place.

Although the study indicated some possibility of recovering fees through third-party billing, the analysis also demonstrated that the immunization clinic is only operating at 50% of capacity. This seems to indicate that, as predicted, those who need these services are already finding them elsewhere. In order to more adequately recover the costs of the immunization program, in particular, the District would need to actively seek additional patients, a move that runs counter to efforts to connect clients to medical homes.

The consultant team also identified operational changes to the Tuberculosis Program that could increase revenue, reduce expenses, and improve employee satisfaction. These recommendations will inform implementation plans and be incorporated into the 2015 budget process, with the longer-term goal of potential transitions away from a number of clinical services by 2016.

### **Rationale and Anticipated Benefits**

The cost to provide immunization services in the Health District exceeds the per-patient cost in other community settings. It is also likely that patients would be better served in clinics that have adopted the medical home model, where patients' other health issues will be identified and treated. To the extent unrestricted or flexible funds are subsidizing these services, monetary savings resulting from this initiative can be redirected to responsibilities that are unique to public health.

In 2013, Health District staff immunized 4,600 people, or less than .05% of Snohomish County's more than 733,000 residents. Immunizations for the vast majority of County residents were provided in other community settings, including medical offices, community health centers, and pharmacies. SHD estimates that approximately 50% of our immunization patients are covered by insurance. However we don't currently have a systematic way of billing insurance companies directly. Moreover, a business process study suggests limited potential of third party billing to recover additional revenue to support immunizations.

Assuring TB treatment and control is a public health responsibility. However, the District is looking at innovations in the ongoing monitoring of patient treatment that may allow us to more fully engage community providers, take advantage of technology, and also recover some costs when patients have insurance. In 2013, District staff supervised 44 people with active, contagious tuberculosis, and treated another 80 people who were infected but not contagious.

### ***Efficiencies have already been adopted in the following areas:***

- The Health District provided 50 pregnancy tests in 2013, however clients are no longer required to have this diagnosis in order to obtain medical coupons. Demand for pregnancy testing has dwindled, and this service has been phased out.

- The Health District provided 443 HIV tests in 2013, 152 of which were “high risk” and reimbursed through our State grant. The State also provides grant funds to our community-based partner, Evergreen Wellness, to provide testing for low- and moderate-risk patients. By limiting District services to the high-risk groups for which SHD receives funding, and referring others to Evergreen Wellness, we are now capturing 100% of the cost for staff and supplies. Staffing levels and assignments continue to be evaluated as staff vacancies occur.

### **Successful Examples in Other Communities**

A number of public health agencies in Washington State have transitioned categorical immunization services out of the health department to other community settings, including Tacoma-Pierce, Seattle-King, Spokane, Thurston, Mason, and Grays Harbor Counties.

Throughout the nation, public health agencies are providing guidance and supervision for Direct Observe Therapy (DOT) to other community settings, including community clinics, community health workers, home care agencies, treatment centers, schools and employers.

Clark County is using devices such as iPads with select TB patients to assure that patients complete their course of treatment. This approach has been effective for patients who travel or prefer to take their medicines at night, allowing public health staff to observe and assure follow through without being onsite with the patient.

### **Issues to Be Addressed Prior to Implementation**

- The Health District and the Board of Health must be satisfied that there are adequate immunization providers, and that services are widely available throughout the County.
- Assuring communicable disease control is a fundamental public health responsibility. However, depending on the severity and complexity of cases, the Health District may be able to transition some patients to private providers or supervise their treatment via video technology.
- SHD and the Board must be satisfied that transitioning direct patient supervision to private providers or the use of technology does not have the unintended consequence of increasing infectious disease rates.
- Because of the District's ongoing responsibility to oversee childhood vaccines through Washington's childhood vaccine program, we have a highly effective quality assurance program for the distribution, proper storage, and proper administration of childhood vaccines. This program includes ongoing contact and professional education with immunization providers throughout Snohomish County. This quality assurance program can be expanded to ensure that private providers, clinics and pharmacies are willing and able to 1) assume our clinic patients, and 2) follow guidelines and protocols.
- Current SHD clinic patients must be connected to services that are both accessible and affordable.
- As the agency's workforce needs change, consideration must be given to implications on District staff, including collaboration with the District's collective bargaining units, honoring labor agreements, and aligning changes with the agency's Workforce Development and Succession planning efforts.

## Action Steps and Key Milestones

### June 2014-December 2014: Consultant Report on Third Party Billing

Develop plans for implementing the study recommendations regarding billing practices and operational improvements and reflect resources needed as part of the 2015 budget process.

### December 2014: Identify and Develop Partnerships

As noted, it is critically important that the Health District have able, willing, and competent partners to carry out these services. Work will begin in July 2014 to recruit new partners to provide clinical services. Dedicated personnel will begin developing these relationships. Tools such as financial incentives or the co-location of SHD staff in these organizations for a period of time will be explored with these potential partners. By December 2014, the District will have a list of those agencies, organizations, and businesses that are capable of, and willing to, assume patients that previously relied on the Health District for these services. The Board of Health will receive a report on these potential partners and the next steps in solidifying agreements with them.

### June 2015: Present Transition Plans to the Board of Health

Provided that viable partners can be recruited, District staff will develop transition plans for both the immunization and TB programs. These plans will include quality assurance programs to ensure that providers are willing to assume the care of current SHD patients and are able to provide the quality, access, and timeliness required to be effective players in infectious disease control. The plans will also outline how and when patients will be transitioned to community providers. And, the plans will include a system of agreement between the District and its various partners, for example, "Memorandums of Agreement" that would specify how services would be carried out, the system for quality assurance, and other elements of the new partnerships.

The TB transition plan will also include a set of criteria for determining the profile of patients that must continue to be managed by the Health District, as well as the profile of patients who can safely be monitored electronically or by community providers. An ongoing quality assurance and professional education program will also be developed to assure adequate training and supervision of community providers, as well as a staffing plan that assures community-wide infection control.

SHD will also develop a strategy for professional growth and development plans for SHD staff whose jobs involve direct patient service, and a detailed transition plan for how those jobs will change.

These plans will be submitted to the Board of Health by June 2015 in order to inform the 2016 budget. If the Board approves of these plans, the Health District will move forward with the transition of these services to qualified community providers.

### January 2016: Begin Transition of Services

Provided the Board lends its approval, transition of immunization services and TB testing and treatment to community partners will begin in January 2016. It is anticipated that these transitions will take place over a one-year period, with the goal of complete transition by January 2017.



## Assignments of Accountability

As Division Director, Nancy Furness has the primary responsibility to implement this Strategic Initiative.

### TIMELINE



■ Consultant Report on Third Party Billing

■ Identify Potential Partnerships

■ Present Transition Plans to the Board of Health

■ Begin Transition of Services

## STRATEGIC INITIATIVE 2: Improve Environmental Health Business Practices

The Health District proposes to conduct a quality improvement process to analyze business practices in the Environmental Health Division. Our goal is to 1) identify technology solutions that make it easier to do business with us online, 2) identify ways to more efficiently deploy staff, and 3) identify and resolve areas of overlapping responsibility with other state and local environmental, planning, and public works agencies.

This year, the Health District initiated a comprehensive review of the information systems that currently support Environmental Health operations. That review is on track. We anticipate that it will result in revisions and, where necessary, elimination of redundant EH-related business processes, policies and procedures. The goal is to improve efficiency and effectiveness, reduce processing times, costs, and variability, and enable exceptional customer/client service whether on-site, over-the-counter or on-line. In the future SHD envisions that the majority of EH-related work will be conducted, accessed, and managed electronically; staff will be sufficiently trained and supported and provided with appropriate data and communication tools.



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*While laws and regulations dictate what the District must do, it is important to ensure that services are delivered in ways that provide the greatest value to the public.*

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In addition to this effort, the District will continue to pursue business practices that can ensure improved customer service, workforce efficiencies, and reduce costs. Two actions in this regard include an overhaul of the way in which Environmental Health staff are deployed in the field, and a review of programs and services that may overlap with other regulatory agencies at the state and local levels, including Snohomish County agencies. An exploration of common areas of responsibilities between Snohomish County and the Health District was initiated in 2010. A renewed and expanded commitment is planned. Where overlaps occur with County functions, the District will consider a number of options to create greater efficiencies. For example, District staff might be co-located in other County offices, continuing to provide Health District expertise and rigor on permit review, and also working alongside staff who are also performing permitting duties. Of particular interest is the current use of District staff in processing septic and drainfield plans associated with single-family residential construction, review and permitting of interior remodels of schools, and permitting of food service establishments. Another option may include the transfer of these services away from the Health District to other county agencies.

While these are three major action steps on the road to improvement, the overarching goal of this Initiative is to ensure that Environmental Health service delivery is evaluated on a continual basis to ensure the best possible customer service and the greatest level of staff efficiency.

### **Rationale and Anticipated Benefits**

Most environmental health services are mandated by law and supported by fees. While laws and regulations dictate what the District must do, it is important to ensure that services are delivered in ways that provide the greatest value to the public and as efficiently as possible to control increases in rates and fees.

This continual improvement initiative is likely to result in a myriad of benefits, including but not limited to:

- Online application and payment systems for permits and fees. This will make it easier, and potentially faster, for the business community and the public to work with the Health District.
- Environmental Health inspectors reporting to their inspection sites directly from home, rather than coming first to a Health District office. This will greatly reduce staff drive time, creating substantially greater monetary efficiencies and environmental benefits.
- Some of the services currently provided by the Health District at District offices in Everett could potentially be provided by Health District staff at other locations. Additionally, some SHD services could, instead, be provided by other regulatory or public agencies. The goal of any such efforts is to achieve greater government efficiency and improved customer service. The District will actively identify and implement opportunities to streamline permit application, review, issuance and inspection processes with Snohomish County Planning and Development Services (PDS), and Snohomish County Public Works (PW). This could include co-location of staff, aligning all reviews, inspections and permits around a single product line, coordinating simultaneous site inspections, and expanding over-the-counter and on-line permit types.

### **Successful Examples in Other Communities**

As building and development activities have ebbed and flowed in communities across the State of Washington, the drive for increased economic development has spurred local officials to find efficiencies in the planning and development process. This typically relates to reforms in regulations, codes, permit review and issuance processes, and adjustments to fees and charges, including waivers or “fee holidays.” Clark County Community Development as well as Snohomish County’s Planning and Community Development Services have implemented a number of process improvements over the past several years, including reducing permit review and issuance time, controlling fee increases, and expanding the permit types made available on-line and over-the-counter.

### **Issues to Be Addressed Prior to Implementation**

#### ***SHD and the Board must be assured that:***

- The expense of moving business functions online will save time and money, and result in improved customer service. Given the technological magnitude of the proposed information system improvements, it is also important to be as thorough and cautious as possible in selecting the vendor and software designed to result in process improvements.
- As the agency’s workforce needs change, consideration must be given to implications on District staff, including collaboration with the District’s collective bargaining units, honoring labor agreements, and aligning changes with the agency’s Workforce Development and Succession planning efforts.
- Transitions of current Health District Environmental Health programs must occur with capable and willing partners, and must include a quality assurance program to make certain that these services are being implemented with adequate thoroughness and care.

## Action Steps and Key Milestones

### December 2014: Pilot Testing of Staff Mobility Completed

The District is currently conducting a pilot test of direct mobility between EH Sanitarians and their respective inspection sites. This testing will be complete by December 2014.

### January 2015: RFP for New Information Systems Technology/Sanitarians Operating with Greater Mobility

By January 2015, the District will issue an RFP for a new software provider, a first step in instituting the improvements that have been identified through the comprehensive evaluation currently being conducted. The Board will be briefed on this evaluation.

Provided the pilot testing proves effective, Environmental Health staff will begin reporting to their inspection sites directly from their homes, starting in January 2015.

### June 2015: Technology Improvements Installed/Review of Service Locations Complete

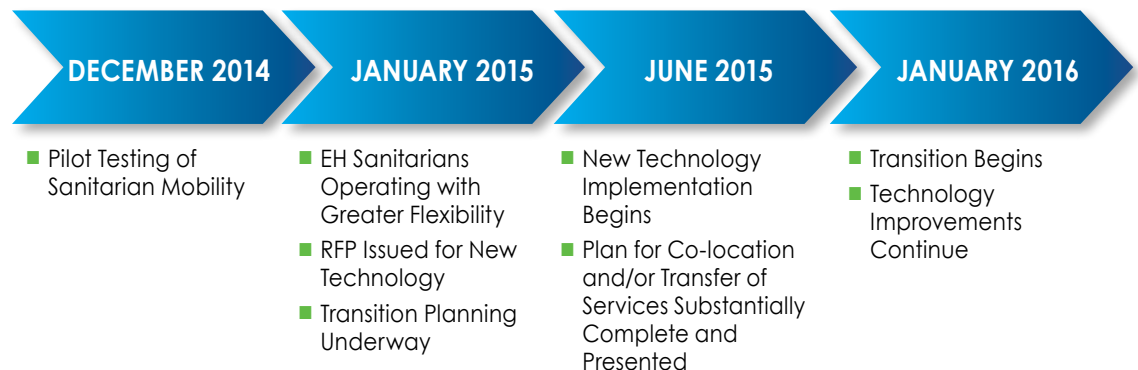
Testing of the new software will take place during the first six months of 2015. The goal is for the system to be up and running with the public by June 2015, with enhancements continuing through 2015 and into 2016.

The Health District's review of all current Environmental Health services will be substantially completed by June 2015. This review will include recommendations on services that should be relocated or transferred to other agencies, the strategies and benefits for doing so, and implications with such a move. The District will provide a report and series of recommendations to the Board of Health, who can then act on these recommendations in time for the 2016 budget.

## Assignments of Accountability

As Division Director, Randy Darst has the primary responsibility to implement this Strategic Initiative. Geoffrey Crofoot is the project manager for the information systems technology components of this initiative.

## TIMELINE



## STRATEGIC INITIATIVE 3: Optimize Delivery of Early Childhood Development Programs

The years from birth to five are prime prevention years for children and their families. Behaviors practiced from pre-conception through kindergarten can have lifelong health consequences. The Adverse Childhood Experiences study (see reference in Appendix) concluded that traumas experienced in childhood are major risk factors for the leading causes of illness and death, including substance abuse, depression, cardiovascular disease, diabetes, cancer, and premature death.

The Health District proposes to explore how our programs and services aimed at this life stage can best be coordinated, managed and delivered in order to maximize our contribution toward prevention.

### Rationale and Anticipated Benefits

Programs aimed at pre-conception to five years of age have been shown to positively impact lifelong health. Some of the benefits of investing in such programs include:

- Improvement in infant survival and health
- Identification of child maltreatment risk factors and intervention with families to prevent child abuse or neglect from becoming chronic and leading to injury or out-of-home placement
- Establishment of medical homes for health care and family support
- Improved nutrition for optimal fetal and child growth and development



The District's Community Health Improvement priorities around youth physical abuse, obesity and suicide also have their roots in early childhood. Acknowledging that we are operating with limited resources, and recognizing that our staff members want to increase interaction with community partners and take services where they are most needed, SHD will examine whether doing our work differently could result in a more effective service delivery network and result in a bigger impact on early childhood development.

Persistent budget reductions have chipped away at the District's capacity to deliver parent and child health programs. While we retain some ability to deliver nutrition, early intervention, and maternity support through WIC, First Steps, and other parent and child health programs, budget reductions have forced SHD to eliminate several programs, including those related to unintended pregnancy prevention, foster care, child care, housing support, and First Steps home visiting. We have also scaled back on oral health services, and transitioned the Nurse/Family Partnership program out of the Health District to a community-based organization.

In keeping with state guidance for the Maternal-Child Health (MCH) Block grant funding, District staff has completed a needs assessment for maternal-child health. SHD proposes to use this data and information to more finely focus efforts to strengthen the systems and networks that deliver services to the County's most vulnerable children. In addition, the District's maternal-child health assessment revealed the need to spend more time out in communities, co-located in organizations that serve vulnerable clients

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where they live, work, and attend school. We can't be effective early childhood partners if we remain inside our offices and wait for people to come to us. District personnel need to be out in communities collaborating with others to strengthen the early childhood network of care. Our commitment to community health improvement priorities relies upon our ability to mobilize multiple agencies and sectors, and work as partners with other community organizations.

The Health District is developing a grant proposal to better coordinate and deliver services to families and children under age three in south Snohomish County. This effort involves mobilizing multiple health and social service agencies and a faith-based organization. SHD is utilizing zip code data to highlight south county areas of greatest need.

Another example of rethinking the District's service delivery model is our decision to take First Steps services to parents receiving mental health and chemical dependency services under the county's 1/10th of 1% tax for mental health, chemical dependency, and therapeutic courts.

### **Examples of Success in Other Communities**

Public health agencies throughout Washington State are combining their services with others to meet clients where they live and gather, including public housing communities, community health centers, and Head Start programs. For example, At Spokane Regional Health District, the Neighborhoods Matter project connects neighbors and strengthens communities by addressing the root causes of health issues. It is a targeted community driven, community-based approach to reduce the health disparities impacting maternal, child and family health. Neighborhoods Matter focuses on the strengths of a community, particularly the commitment of its residents and their knowledge of their issues and concerns.

The Tacoma-Pierce County Health Department has established Family Support Centers in almost every area of Pierce County. Each Center helps families with health, education and social resources, including healthy pregnancy, infant and child development, parenting skills and children with special health care needs.

### **Issues to Be Addressed Prior to Implementation**

#### ***SHD and the Board of Health must be satisfied that:***

- Clear benefits will be achieved by co-locating SHD personnel with partners that share our goals.
- The educational and health care needs of parents and children from birth to five will be better served.

### **Action Steps and Key Milestones**

#### **December 2014: Potential Partners/Locations Identified**

By December 2014, the Health District will identify a set of potential partners/locations with which Health District staff could be working more closely. This set will be accompanied by a series of recommendations regarding where SHD personnel can best contribute time and resources to strengthen the system of care for vulnerable children. In developing these recommendations, staff will draw on the data and information collected for the maternal-child health needs assessment and the Community Health Assessment to identify priority needs and potential partner organizations, as well as sites where staff

could conduct their work. Consideration of the impact on service delivery will also be noted, and will include the Health District's Women, Infant Children (WIC), First Steps, and Children with Special Health Care Needs services.

**October 2014: Grant Funded Pilot Testing Proposal Submitted**

As noted earlier, the District has applied for grant funding to better coordinate and deliver services to families and children under age 3. If successful in procuring the grant, we will begin a pilot project in 2015, with the results of this effort helping to inform this strategic initiative. If we are not successful in procuring the grant, we will review other options for implementation of this initiative.

**June 2015: Transition Plan Completed**

Provided that the new partners/locations prove viable, the Health District will develop a transition plan identifying how and where staff will be relocated. This plan will include Memorandums of Agreement with our new partners, clear action steps and a timetable for the transition, and a strategy for professional growth and development plans for SHD staff whose jobs will change. This plan will be presented to the Board of Health in June 2015, in time to fully inform and adjust the 2016 budget.

**January 2016: Transitions Begin**

Provided the Board of Health approves the recommendations, the co-location of SHD staff into partnership organizations will begin in January 2016.

**Assignments of Accountability**

As Division Director, Charlene Shambach has primary responsibility to implement this Strategic Initiative.



## STRATEGIC INITIATIVE 4: Mobilize Community Health Action Teams

The leading causes of death in Snohomish County – cancer, heart disease, injury – can be traced to conditions in communities that can be changed. Barriers such as a lack of safe places for people to be physically active, poor access to healthy foods, and the proliferation of establishments selling fast food and tobacco are all contributing factors. Public health is uniquely qualified to inform and educate community leaders on policy, systems, and environmental changes that make it easier, more convenient, and more affordable for people to make healthy decisions.

The District's recently completed community health assessment and priority setting process involved multiple players throughout Snohomish County. As a result, the Community Health Improvement Plan (CHIP) includes three priority health issues - youth physical abuse, child and adult obesity, and suicide – that require a community-wide response. SHD's partners rely on us to identify best practice strategies for programs, systems, policies and environmental changes to impact the three priority areas.

Following the Collective Impact model (Stanford Innovation Review, Winter 2011) for bringing about social and health change, the Snohomish Health District is in the position to coordinate the efforts of a broad base of community partners to achieve larger-scale change than could be made through individual efforts. Collective impact requires five elements that strengthen community-based collaborations, leading to enhanced outcomes and impact. These are:

- 1) An established, common agenda
- 2) Shared measurement
- 3) Mutually-reinforcing activities
- 4) Continuous communication
- 5) Backbone support

SHD could take any number of actions to comprehensively support community health programs throughout the County. District staff may act as conveners, for example, in bringing together a range of expertise and personnel to address specific community health issues. Staff may be co-located in other agencies in order to lend their expertise to countywide planning or redevelopment efforts. Alternatively, District personnel could participate in shorter-term community health planning task forces as they are introduced in various locations. All of these possibilities, as well as others, will be explored under this initiative.

This work will be further guided by the Surgeon General's national prevention strategies to support active living, healthy eating, and injury and violence-free living:

- Encourage community design and development that supports physical activity.
- Facilitate access to safe, accessible, and affordable places for physical activity.
- Support workplace policies and programs that increase physical activity.
- Increase access to healthy and affordable foods and beverages in communities by implementing nutrition standard policies.
- Implement and strengthen policies and programs to enhance transportation safety.
- Support community and streetscape design that promotes safety and prevents injuries.



*Adding public health specialists to work with our local governments and schools will, over time, reduce our chronic disease and injury rates by assuring that decisions around policies and systems contribute to healthier conditions.*

- Strengthen policies and programs to prevent violence.
- Provide individuals and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries.

### **Rationale and Anticipated Benefits**

- Where you live and work determines your health. Research has shown that environmental and social factors play a significant role in the health of communities. People's habits improve when they have access to safe and convenient places to exercise, healthy food, non-smoking environments, and a decreased availability of tobacco.
- The District needs more than our current level of staffing to address the magnitude of chronic disease and injury in Snohomish County, as well as provide the leadership and support necessary to bring collective impact to bear. This initiative will help SHD determine appropriate levels of staffing for the future.
- Every year, Snohomish County, school districts, cities and towns make budget and policy decisions about things like sidewalks, parks, transportation, and the availability of healthy foods and smoke-free environments. These conditions in communities have a direct impact on the health of Snohomish County residents. Adding public health specialists to work with our local governments and schools will, over time, reduce chronic disease and injury rates by assuring that decisions around policies and systems contribute to healthier conditions.

### **Successful Examples in Other Communities**

The following public health agencies have addressed physical activity, nutrition, and obesity with the support of Community Transformation grants from the Washington State Department of Health and the Centers for Disease Control and Prevention: Tacoma-Pierce, Seattle-King, Grant, Spokane, Clark, Cowlitz, and Grays Harbor Counties.

Prior to budget and staff reductions, the Snohomish Health District had similar successes in mobilizing community agencies and partners in Lynnwood and Marysville to address priority health issues.

### **Issues to be Addressed Prior to Implementation**

- In order to insure our efforts will make a measurable difference, SHD will use community health data, zip code data, community mapping, and the Community Health Improvement Priorities to assess the areas where our involvement can have the greatest impact.
- This work requires a long-term investment in order to be effective. Up to now, District efforts to prevent and control chronic disease have been supported by a patchwork of funding sources, including many short-term grants. This initiative requires that we look at all potential revenue sources and think creatively about how local and state funds can be blended to support healthier communities.
- Any plans for expanding the District's capacity to address chronic disease and injury should feature guidance for future decision making about how staff will be deployed, and flexibility so that as community needs and priorities change, District staff can be reassigned to respond to those changes.

## Action Steps and Key Milestones

### April 2015: Healthy Communities Action Plan

By April 2015, SHD will develop a Healthy Communities Action Plan that considers health inequities and describes 1) health problems to be addressed, 2) the unique contribution of public health (e.g. community health assessment, mobilization, partner development, evidence-based interventions), 3) areas of greatest opportunity (i.e. where our involvement can have the greatest impact), and 4) the sectors, communities, and zip code areas toward which our initial efforts will be directed. The Board of Health will be briefed on this plan.

During plan development, District staff will gather input from the six local health departments in Washington State that conducted Healthy Communities work with support from Community Transformation Grants from the state Department of Health and the Centers for Disease Control and Prevention. Their input will help determine what is required to build and sustain an ongoing healthy community presence.

### June 2015: Budget Presentation on Healthy Communities Team

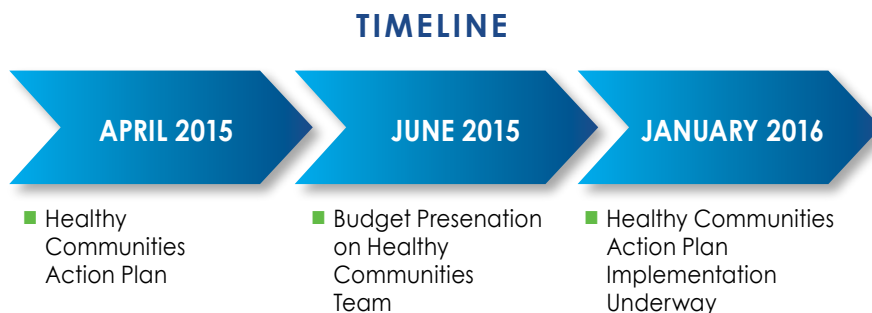
If feasible, the Health District will develop a budget and proposed funding sources for an expanded Healthy Communities team. This will be completed and presented to the Board by June 2015, in time for 2016 budget deliberations.

### January 2016: Healthy Communities Action Plan Implemented

With Board approval, the Healthy Communities Action Plan will be implemented beginning in January 2016. This effort will benefit from ongoing reporting and evaluation to ensure that staff resources are being used as effectively and appropriately as possible. A reporting mechanism will be created that enables both Health District Leadership and the Board to stay abreast of accomplishments (e.g. health impact of community decisions in such areas as availability of healthy foods, mass transportation, walkability, no-smoking policies, smoking cessation support), and to continue to fine tune the program as it moves forward.

## Assignments of Accountability

As Division Director, Charlene Shambach has primary responsibility to implement this Strategic Initiative.



## STRATEGIC INITIATIVE 5: Reduce Administrative Overhead Costs

The initiatives outlined in this Strategic Plan Update could have dramatic impacts on the overall workforce of the Snohomish Health District. As we begin to contemplate a transition away from clinical services, for example, and as we evaluate the potential for staff to be located in other community settings, it is prudent to thoroughly examine the District's current levels of administrative support and staffing throughout the entire agency. Improvements to business practices and processes, and greater use of technology will also redefine the quantity, nature and type of administrative support required. For instance, many tasks that were, in the past, completed by administrative support employees are now systematically processed, verified, and documented as part of new business software systems. Additionally, the physical realignment and combining of District offices and functions can reduce duplication in support staffing.

In concert with the agency's Workforce Development and Succession planning efforts, the District will carefully assess how the proposed changes will alter the amount and type of administrative support needed. SHD will ensure that administrative skills, work processes and products produced are done at an appropriate quality and at a cost equal to or less than it would cost for outside vendors to complete the same work at equal quality. Such a review will assist us in determining which support functions are best provided in-house, and where competitive contracting may be the best strategy.

The types of administrative support functions that will be reviewed through this initiative include payroll, accounting/business services, purchasing, fleet and facilities management, human resources, information technology, communications, and general administrative/program support. These should be reviewed throughout the organization at both the division and district levels. What does the Health District of the future need in terms of these services and how best to align them? Could they be performed more effectively and efficiently in a consolidated customer service work area, performed by outside vendors or in some combination? What are the implications of such a move, and how might the District implement such changes?

The District initiated two actions in support of this initiative in our 2014 budget. The first was to develop an information technology strategic plan/gap analysis to guide us over the next 2-5 years in planning, procuring, implementing and managing the current and future technology investments and resources for both geographic and information services. This plan will help set the agency's direction over the next several years and objectively identify and assess the internal and external staff resources and various technology strategies to most effectively support the District's effort. This work is currently underway, assisted by external IT planning expertise.

A second action item is a Cost of Service and Allocation Study, also approved by the Board of Health for 2014 expenditures. The initiative includes the development of an indirect cost allocation plan, a method to determine and assign the cost of central services to the internal users of those services in a reasonable and equitable manner. Indirect costs are those costs incurred for common or joint purposes, benefiting more than one division or program and not readily assignable to a specific division or program. Examples include technology services, accounting, human resources, and facility and fleet operations and maintenance. The District has engaged outside expertise to

*The District initiated two actions in support of this initiative in our 2014 budget.*

evaluate agency data, allocation and cost factors and financing strategies, and will develop customized financial models to calculate indirect costs and properly allocate them in compliance with regulatory requirements.

These are two important first steps in moving forward with this strategic initiative. Depending on the results of this work, the District could implement a variety of actions to make certain that administrative costs are truly commensurate with the needs of the District. Staff may be redeployed to other functions, for example, and/or some administrative functions could begin to be competitively contracted.

### **Rationale and Anticipated Benefits**

- It may be possible to achieve significant monetary savings if these services are physically realigned, technology is leveraged to a greater extent, business practices and processes refined and competitive contracting explored.
- Staff may be redirected toward other priority work, and opportunities for greater cross training can occur.
- Efficiencies in business practices and processes will enable improved internal and external customer service and help control costs.
- Such efforts create value, cost savings, or at a minimum focus attention on comparable service costs. Using such methods as peer benchmarking (comparing the costs and quality of our services to those of similar agencies) also helps to ensure that industry-leading best management practices are fully utilized.
- Business competencies are a Foundational Public Health Capability. We can't be successful in preventing disease and promoting health if we are not competent in information technology, human resources, fiscal and contract management, facilities and operations, and communications. The question is how much support is needed, and whether some of this support can be procured more economically outside the District.

### **Successful Examples in Other Communities**

Local governments throughout the State of Washington have carefully scrutinized and assessed opportunities for more flexible and efficient service delivery strategies, particularly associated with administrative and indirect support costs.

The City of Bellevue instituted a "Service First" initiative that dramatically realigned customer service support functions throughout the city. The philosophy is based on the assumption that customers shouldn't have to understand city business or how the city is organized to receive service. Services and information should be easy to access and customer needs should be addressed as simply as possible (one stop, one click, one call). A centralized "Service First Desk" was established to facilitate customer service across all city services.

The City of Vancouver reinvented their administrative support, reception and customer service related functions in preparation for a move into a new city hall facility that co-located the majority of all city services into one building. Support staffing needs were reassessed when more central reception and city service-related functions were located together, and multiple departments shared common workspace in open floor plan environments.

The City of Vancouver also engaged in competitive contracting, and has developed a “Competitive Contracting Handbook” that could be of assistance as the Health District undertakes this evaluation.

### **Issues to Be Addressed Prior to Implementation**

- A transition of this magnitude cannot be implemented quickly. Care must be taken to thoroughly understand the benefits of the ways in which these services are currently provided throughout the District.
- Likewise, the implications of any such changes must be carefully determined. Monetary savings, in and of itself, will not be worth it if contracted or competitively managed services are not of adequate quality or are inefficient.
- Like any major reorganization, this transition will need to be phased in on a gradual basis in order to protect the integrity and function of the District as a whole.
- The District must be reassured that quality vendors are accessible and able to provide all of the services necessary should some administrative functions be procured externally.
- As the agency's workforce needs change, consideration must be given to implications for current staff, including collaboration with the District's collective bargaining units, honoring labor agreements, and aligning changes with the agency's Workforce Development and Succession planning efforts.

### **Action Steps and Key Milestones**

#### **December 2014: Consultant Reports Presented**

The two consultant reports referenced earlier, which relate to the information technology gap analysis and indirect cost allocation plan, will be delivered to the District by the end of the third quarter of 2014. These reports will be discussed with the Board of Health, and the recommendations from these reports will be used to guide the District in any subsequent staffing, financial and operational decisions.

#### **June 2015: Transition Plans Presented**

Based on the reports and Board discussions, planning for any staff transitions and independent contracting will take place during the first six months of 2015. The Board will be kept apprised of this effort and the completed plan will be presented to the Board in June 2015 to inform the Board's decision-making related to the 2016 budget.

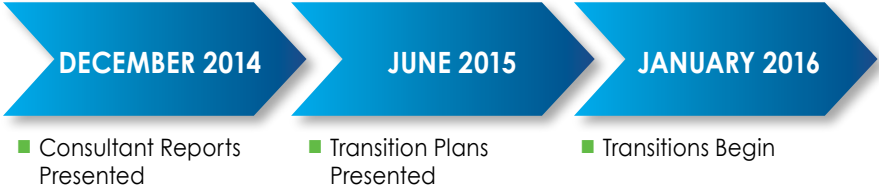
#### **January 2016: Transitions Begin**

Should they prove to be feasible, cost-effective and beneficial to the District as a whole, transitions to revised staffing levels and/or competitive contracting will begin in January 2016.

### Assignments of Accountability

Deputy Director Pete Mayer will have primary responsibility to implement this Strategic Initiative.

#### TIMELINE



## STRATEGIC INITIATIVE 6: Institute Workforce Development and Succession Planning

A major challenge facing the Health District – and across all sectors nationwide – is the pending retirement of the Baby Boom generation. A significant percentage of SHD’s workforce will retire within the next five years, and replacements for many of these employees have not been identified. As the District rethinks how we deliver programs and services, new programs are developed and other services are transitioned out of the District, the skills and staffing levels needed to carry out our work will likely shift as well. We must also ensure that our current workforce remains supported, motivated, healthy and up to date on the latest public health innovations. The District is committed to helping our current staff achieve success.

Toward this end, the District will continue its efforts to enact a workforce development and succession plan to ensure adequate staffing levels, skills and needs well into the future. Workforce development planning was introduced to District management in mid-2013, with seven key goals presented at that time:

- Manage and reduce labor costs without negatively impacting productivity.
- Identify and prepare leaders and managers for future openings (succession planning).
- Fill vacancies in key roles immediately with capable talent.
- Maintain a flexible contingent workforce.
- Proactively move talent internally to maximize the return on talent.
- Target retention activities on current high performers.
- Increase the overall productivity of the workforce.

The District will continue to build on this initial effort, and has recently hired a new Human Resources Director, Teri Smith, who will provide leadership and motivation to complete and implement the Workforce Development plan.

### Rationale and Anticipated Benefits

- A primary driver of such a plan is to stabilize the SHD workforce by avoiding staff lay-offs or panic hiring, and to ensure we have the right number of people with the right skills in the right places at the right time.
- Succession planning is necessary for any large organization and is certainly needed for the District given the significant number of impending retirements and loss of institutional knowledge.
- The opportunity to retain existing employees by offering well-defined career paths and opportunities for job enrichment and professional development will help minimize loss of institutional knowledge, and leverage experienced public health professionals.
- The identification and active development or recruitment of personnel with the skills needed to carry out the District’s priorities will result in a workforce that is fully prepared to meet the challenges of the future.
- Current staff members have expressed a desire for more training and support, especially as the District begins its robust analysis of potential innovations. Revised training plans and exposure to these new developments will equip staff to be better informed and prepared to both suggest, and carry out, these innovations.

*As the District rethinks how we deliver programs and services, new programs are developed and other services are transitioned out of the District, the skills and staffing levels needed to carry out our work will likely shift as well.*

- Proactively communicating workforce needs for budgeting and operating performance purposes will minimize disruption and abrupt changes in course.
- Cost savings can be generated by planning for and reducing employee turnover.

### Successful Examples in Other Communities

A number of organizations have implemented workforce development plans, including Spokane Regional Health District, Snohomish County Planning and Development Services, Clark County Public Health, and the City of San Francisco.

### Issues to Be Addressed Prior to Implementation

- Although the District has a great deal of existing data on retirement eligibility and service credits, this information needs to be carefully evaluated and both short- and longer-term strategies developed to address these shifting personnel needs. Some vacancies may need to be filled immediately, while other positions may need to be redesigned and filled with people who bring differing skill sets necessary to meet new District job requirements.
- Some positions may be impossible to accurately describe until the District has completed some of the other Strategic Initiatives outlined in this document. For example, the results of Strategic Initiative 1, which calls for a transition away from clinic services, will significantly inform the creation of new job descriptions.
- Another important element of this review and ongoing work will be to determine the types of personnel and diverse skills sets needed to extend beyond previously narrowly scoped public health job descriptions and roles. We know that the workforce of the future will need to demonstrate both the ability and flexibility to work outside traditional programs and divisions and across multiple programs and divisions.
- Current staff members have expressed interest in enhanced training and broader exposure to new public health ideas and trends. A training “needs assessment” must be completed in order to ensure that employees are knowledgeable about Core Public Health Functions, Foundational Public Health Capabilities and Programs, national accreditation standards and other cutting edge public health trends. They want to be knowledgeable and prepared to fit into the public health agency of the future.

### Action Steps and Key Milestones

#### December 2014: Workforce Development Plan Presented

By the end of this year, the workforce development planning effort begun in 2013 will be completed. The results of this planning work will be discussed with the Board of Health, including a series of recommendations on the next steps for human resources within the District. These are likely to include both short-term and longer-term action items.

#### March 2015: Workforce Development Update

Given the myriad of personnel decisions likely to be impacted by this initiative, it will be important to regularly update the Board, for example, as vacancies are filled, redefined or left open.

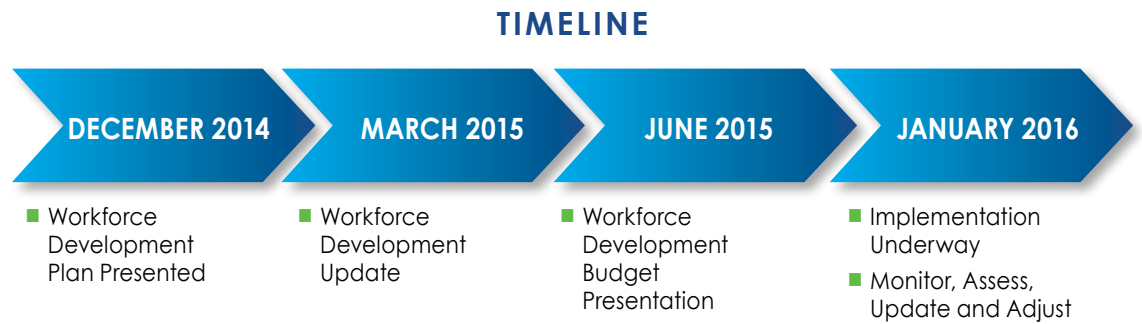


### June 2015: Workforce Development Budget Presentation

As the workforce development work gets underway, the District will provide the Board of Health with a series of recommendations for the longer-term needs and directions for the District's workforce. This information will be provided in time to inform the Board on its 2016 budget deliberations, ensuring that all budgetary requirements can be fulfilled.

### Assignments of Accountability

Deputy Director Pete Mayer will have primary responsibility for this Strategic Initiative.



## STRATEGIC INITIATIVE 7: Improve Health District Funding and Governance

It is essential to look at potential funding and structure changes to Washington's governmental public health network. The lack of a dedicated, sustainable funding source for public health in Washington continues to be a significant concern. We have a public health funding and delivery system that was designed in and for the 20th century. It must be redesigned to meet 21st century demands.

Annual state general fund revenues, the most flexible funding source that the State Department of Health (DOH) can use to meet state needs, have decreased by approximately \$18 billion over the past four years. During that same time period, population and service needs have increased. For DOH specifically, their allocation of state flexible dollars has decreased \$95 million, or 38% since 2010. This decrease has impacted almost every state program. Federal funds continue to make up about half of the budget.

Locally and since 2008, the County's population has grown by 6%, while financial support for the District has dropped 24%. A reduction of approximately 80 full-time equivalents (FTES) occurred during this same period. In Washington State, Snohomish County ranks #30 among 35 local public health jurisdictions in terms of per capita health spending.

The State has responded. The Public Health Improvement Partnership has been tasked by the Legislature to provide overall leadership and coordination of public health issues to improve and protect health across the State.

The Partnership is composed of representatives from tribal nations, local health agencies and boards of health, the State Board of Health and other state and federal agencies. In 2012, the Partnership adopted an Agenda for Change Action Plan to guide the transformation of the public health network in addressing the continuously changing economic and healthcare landscape. This action plan commits to the following three approaches:

- Strategically prioritize public health work to focus on preventing communicable disease and other health threats, fostering healthy communities and environments, and partnering with the healthcare system to improve the health of our communities;
- Develop a performance management and accountability mechanism which uses activities and services, indicators and standards to measure the performance of the public health system in the state;
- Ensure that every resident in Washington can access a foundational set of public health services, no matter where they live.

Foundational Public Health Services Policy and Technical Workgroups have been convening to define this uniform set of foundational public health services, and to provide information about the cost of providing these services. SHD Director and Health Officer Dr. Gary Goldbaum is participating on the Technical Work Group, which has been working to develop a reasonable estimate of what it would cost to provide a uniform level of foundational public health services statewide. Efforts are underway in aligning funding and service delivery models to support the foundational definition and ensure sustainable provision of these services long-term. Draft definitions for the foundational public health services were developed and vetted in 2012; a final report and recommendations is expected in December 2014. A link to this work is provided in the Appendix to this Update.

*Our public health funding and delivery system was designed in and for the 20th century. It's time for a 21st century redesign.*

Locally, the Snohomish Health District receives funding from federal grants, Washington State's public health fund, and from Snohomish County. Currently, approximately \$3.1 million, or 17 percent of the District's overall funding, is provided by the County. This appropriation is made on an annual basis and is determined by both public health needs and available public funds. Similar to DOH federal funding ratios, over half of the District's funding relies on state and federal support; this is a troubling scenario with the declines that continue to negatively impact these sources.

City residents benefit from SHD programs and services. In years past, cities within Snohomish County contributed funding to SHD but that funding has been eliminated. City representatives still serve on the Board of Health, with the result that they are providing governance and direction to an agency that they do not monetarily support.

In addition to an evaluation of funding, the District proposes to review the current governance structure and process the Board of Health uses to conduct its business. The initial Health District Charter was first crafted in 1959, with the most recent amendments made in 1997. The District would be doing itself a disservice without a fresh review and consideration of its governance structure, Board procedures, and sustainable District financing options.

The review will incorporate these types of questions: Is this system as effective as it might be? Is it equitable? What is the reasoning behind current governance, and what benefits does that structure provide? In contrast, are there other models that might be more effective in providing consistent, reliable, and equitable funding for public health programs and services. For example, might countywide options include a levy, utility or sales tax initiative? Likewise, might a different governance structure and set of authorities be more effective and equitable (e.g. new legislation enabling health districts to enact levies)? With or without a new governance structure, what is an appropriate and effective set of "Rules of Procedure" for the Board, including committee structures, public participation opportunities, member terms, officer election protocols, and agenda format?

### **Rationale and Anticipated Benefits**

- With a statewide effort underway to define basic public health services and capabilities, more efficient strategies can be employed in pursuing basic funding.
- While the current local system does have some benefits and has performed relatively well, there are likely a number of changes that could result in more equitable and consistent funding. The current local system gives city representatives a voice in Health District governance without an accompanying financial investment. Regardless of the outcome, services provided by the Health District will continue to benefit all residents of Snohomish County. In an era of decreasing revenue, the District must address disparities in funding and governance.
- In addition, Board of Health members are all elected officials who are stretched for time among a number of competing priorities. The Board might be augmented by other stakeholders who have direct linkages and responsibilities related to public health.
- It is prudent for any organization to periodically review operating rules and procedures, and the Board of Health is likely to benefit from a systematic evaluation of its subcommittee structure, meeting frequency, size and composition of the board and meeting ground rules.

## Successful Examples in Other Communities

Health departments and districts throughout Washington State are governed by a wide variety of models. In Grant County, for example, every city contributes to the funding of the Public Health Department, with funding amounts determined by city population size and ability to pay.

## Issues to Be Addressed Prior to Implementation

- It will be important to determine how a change of this magnitude can best be developed and agreed to. For example, the Board may want to appoint a “Blue Ribbon Commission” that would include representatives from both the Board and key stakeholder groups. Alternatively, the Board could appoint a small group of its own members to structure the process by which options will be examined and potential funding and governance changes will be considered. This decision will be the first step in carrying out this initiative.
- These types of evaluations can be difficult to carry out without the parties feeling defensive and protective of the existing operational mode. A neutral party will be needed to both provide information on other possibilities and to implement the careful evaluation necessary to determine what, if any, changes might be pursued.
- Unlike the other strategic initiatives in this document, this initiative will require a larger audience and “voice” before it can be implemented. New County governance and finance language would need to be crafted, a public vote may be necessary and some actions may require the attention of the Snohomish County Council. All of these possibilities must be carefully delineated prior to the pursuit of any change.

## Action Steps and Key Milestones

### November 2014: Determine Evaluation Process

The Board of Health will work with District senior management to determine how this evaluation should be carried out. This will also be the time to determine any budgetary additions necessary for this process, for example, support for a facilitation team for a Blue Ribbon Commission, and/or an independent expert on public governance and finance.

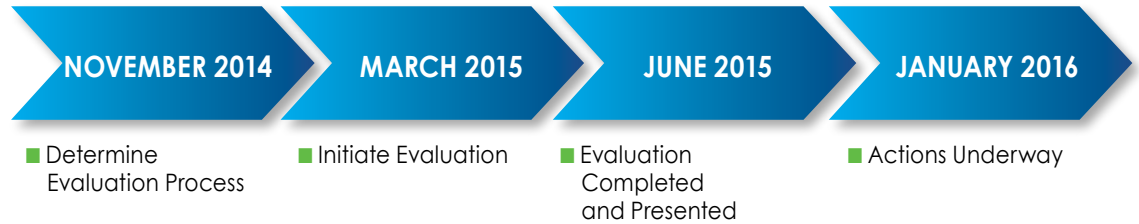
### March 2015: Initiate Evaluation

The evaluation would be initiated in January 2015, with the goal of providing a report to the Board by May of 2015. Any potential changes to governance and finance would then be addressed through the 2016 budgetary process.

## Assignments of Accountability

Agency Director and Health Officer Gary Goldbaum, MD, MPH, and Deputy Director Pete Mayer will lead this effort with the Board of Health and in close collaboration with agency legal counsel.

### TIMELINE



## STRATEGIC INITIATIVE 8: Become Nationally Accredited and Integrate Quality Improvement Principles

*Accreditation ensures that, no matter where people live, they can be confident that their local public health department is providing the highest-quality services possible.*

The Health District proposes to pursue national public health accreditation. Accreditation advances the quality and performance of all health departments in the country, improving and protecting the health of the public. Accreditation ensures that no matter where people live, they can be confident that their local public health department is providing the highest-quality services possible. Accreditation calls for adherence to a set of standards that encourage continuous improvement of services. It is also anticipated that future federal and state funding will be conditioned on meeting the national standards verifiable through the accreditation process.

In concert with the pursuit of accreditation, the Health District will refresh its Quality Improvement (QI) Plan to identify new strategies in assimilating key QI principles and practices into the organization. QI in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in efficiency, effectiveness, performance, accountability, outcomes and other measurable indicators of quality that serve to achieve equity and improve the health of the community.

QI is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to embed it in every aspect of organizational practice, with the end goal of constantly striving to provide optimal service to the public at an optimal price. This initiative will reflect the knowledge gained from preliminary QI efforts, recommend new structures and tactics to “institutionalize” a total quality and performance management culture, and identify alternative strategies to incorporate QI-related methods into the District’s daily work activities rather than as a “program” or “activity” unto itself.

### Rationale and Anticipated Benefits

The concept of uniform standards in the public health community began to emerge in the late 1980’s. Since that time, work has continued at both the state and national levels to establish a unified vision for the role of public health, the essential public health services, and a unifying “system management” that ensures a continual improvement system of diagnosis, monitoring, service delivery, and healthier communities.

For the Snohomish Health District, accreditation would mean that the District would be measured against these national standards, which would then allow us to identify areas in need of improvement and directly link those measurement results to a QI process. It will hold SHD to a nationally recognized system of accountability, and will ensure that we are being measured and monitored in line with a larger overarching system of established quality standards.

Moreover, it appears inevitable that future state and national grant funding will more likely be awarded to those public health agencies that have achieved national accreditation status. The organizations distributing those grants want to be reassured that their monies will be spent wisely and well. Accreditation will give the District a competitive edge at the funding table.

Initiating and maintaining a performance management and quality improvement process enables an ongoing, systematic approach to improving results through evidence-based decision making, continuous organizational learning, and a focus on accountability for performance. When performance management is integrated into all aspects of an organization's management and policy-making processes, it can transform that organization's practices in a manner that allow it to be more focused on achieving improved results for the public it serves.

### **Successful Examples in Other Communities**

A number of public health agencies throughout the country have initiated the process to become accredited. In Washington State, the State Department of Health is nationally accredited, as is the Spokane Regional Health District.

Quality improvement planning and processes are an integral part of public health operations, with exemplary practices underway by Kitsap Public Health District, Spokane Regional Health District and Tacoma-Pierce County Health Department.

### **Issues to Be Addressed Prior to Implementation**

The Health District has already begun to prepare for the process of accreditation. This is a formal effort that requires adherence to a specified plan of action. This takes time, but the process is well defined and is uniform for all agencies working toward accreditation. The primary challenge is to lay out a coherent plan for how the Health District will pursue accreditation, including roles and management among key staff and any additional funding needed to support the effort.

### **Action Steps and Key Milestones**

#### **July 2014: Quality Improvement Council Reconvenes**

The agency's Quality Improvement Council will reconvene with adjusted membership to help develop and recommend new approaches in supporting quality improvement throughout the agency including refreshing the SHD Quality Improvement Plan.

#### **January 2015: Update/Revise Quality Improvement Plan**

The District will undertake a process to update its Quality Improvement Plan.

#### **May 2015: Preparation Plan Presented**

The District will identify a plan of action for the pursuit of accreditation, including all of the action steps required, staff roles and responsibilities, and any necessary funding. Funding to support a temporarily dedicated staff member to lead this effort is included in the 2014 adopted budget and work is anticipated to get underway soon. It will require approximately 18-24 months of focused effort by a host of District staff. The Board will be apprised of this plan and the staff activities associated with the accreditation pursuit.

A revised Quality Improvement Plan will be completed and implementation will begin.

#### **September 2015: Notice of Intent**

The District must provide the Public Health Accreditation Board a "notice of intent" to pursue accreditation. Once this notice has been issued, the District will have one calendar year to complete the requirements.

**September 2016: Accreditation Awarded**

Provided accreditation standards, timelines and goals can be met, national accreditation should be achievable by this date.

**Assignments of Accountability**

This initiative will be the primary responsibility of Deputy Director Pete Mayer.

**TIMELINE**





## Appendix

[Click here](#) for link to the Snohomish Health District 2009 Strategic Plan and Health District Budget documents

[Click here](#) for link to the Washington State Work currently underway, for example, the Foundational Public Health Services and other documents

Charts: Relationship of 2014 Strategic Plan Update to the 2009 plan and to the statewide work on page 42

Report format that will be used for quarterly Board of Health reports regarding the implementation of the Strategic Initiatives on page 44

2014 Strategic Plan Update Supplements – Available Upon Request

- Reports from the employee listening sessions that informed the development of this Strategic Plan Update

- Summary of the key informant interviews that informed the development of this Strategic Plan Update

### Initiative 3 refers to the ACE Study

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego. More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction. To date, more than 50 scientific articles have been published and more than 100 conference and workshop presentations have been made.

The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. Progress in preventing and recovering from the nation's worst health and social problems is likely to benefit from understanding that many of these problems arise as a consequence of adverse childhood experiences.

| <b>2014 Strategic Initiatives are Grounded in 2009 Strategic Directions</b>  | Move patients into medical homes | Improve Environmental Health business practices | Optimize delivery of early childhood development programs | Mobilize community health action teams | Reduce administrative overhead costs | Institute workforce development & succession planning | Improve Health District funding & governance | Become nationally accredited |
|--|----------------------------------|---|---|--|--------------------------------------|---|--|------------------------------|
| Assure provision of basic public health services to protect the population's health and safety.                          | ✓                                | ✓   | ✓   | ✓                                      |                                      | ✓   | ✓  | ✓                            |
| Support healthy lifestyles and environments for the prevention of chronic disease and injuries.                          |                                  | ✓   |   | ✓                                      |                                      |   |  |                              |
| Create support for stable and adequate public health funding.  |                                  |   |   |  | ✓                                    |   | ✓  | ✓                            |
| Expand partnerships to share resources and responsibility for the public's health.                                       | ✓                                | ✓   | ✓   | ✓                                      |                                      |   | ✓  |                              |
| Improve the quality of and access to information and education about disease and injury prevention across the community. | ✓                                | ✓   | ✓   | ✓                                      |                                      |   |  |                              |
| Leverage technology to broaden community outreach and to improve the public's health.                                    | ✓                                | ✓   |   |  | ✓                                    |   |  |                              |
| Increase public involvement in public health policy and direction.   |                                  |   | ✓   | ✓                                      |                                      |   | ✓  |                              |

| <b>2014 Strategic Initiatives Are Grounded in 2009 Strategic Vision</b> | Protecting the Public's Health | Demonstrating Leadership | Offering Partnership | Providing Value | Education and Promotion |
|---|--------------------------------|--------------------------|----------------------|-----------------|-------------------------|
| Move patients into medical homes  |                                | ✓                        | ✓                    |                 |                         |
| Improve Environmental Health business practices                         | ✓                              | ✓                        | ✓                    | ✓               |                         |
| Optimize delivery of early childhood development programs               | ✓                              | ✓                        | ✓                    | ✓               | ✓                       |
| Mobilize community health action teams                                  | ✓                              | ✓                        | ✓                    | ✓               | ✓                       |
| Reduce administrative overhead costs                                    |                                | ✓                        |                      | ✓               |                         |
| Institute workforce development and succession planning                 | ✓                              | ✓                        |                      | ✓               |                         |
| Improve Health District funding and governance                          | ✓                              | ✓                        |                      |                 |                         |
| Become nationally accredited  | ✓                              | ✓                        |                      | ✓               | ✓                       |

| 2014 Strategic Initiatives are Grounded in Statewide Foundational Health Programs |   | Foundational Public Health Programs |                                       |                      |                              |  |               |
|---|---|-------------------------------------|---------------------------------------|----------------------|------------------------------|--|---------------|
|   |   | Communicable Disease Control        | Chronic Disease and Injury Prevention | Environmental Health | Maternal/Child/Family Health | Access/Linkage with Clinical Health Care | Vital Records |
| STRATEGIC INITIATIVES   | Move patients into medical homes                          | ✓                                   |                                       |                      | ✓                            | ✓  |               |
|   | Improve Environmental Health business practices           |                                     |                                       | ✓                    |                              |  |               |
|   | Optimize delivery of early childhood development programs |                                     | ✓                                     |                      | ✓                            | ✓  |               |
|   | Mobilize community health action teams                    |                                     | ✓                                     |                      | ✓                            |  |               |
|   | Reduce administrative overhead costs                      |                                     |                                       |                      |                              |  |               |
|   | Institute workforce development and succession planning   |                                     |                                       |                      |                              |  |               |
|   | Improve Health District funding and governance            |                                     |                                       |                      |                              |  |               |
|   | Become nationally accredited                              | ✓                                   | ✓                                     | ✓                    | ✓                            | ✓  | ✓             |

| 2014 Strategic Initiatives are Grounded in Statewide Foundational Public Health Capabilities |   | Foundational Capabilities That Cut Across All Programs |                                     |                |                                |                                   |                       |
|--|---|--|-------------------------------------|----------------|--------------------------------|-----------------------------------|-----------------------|
|  |   | Assessment   | Emergency Preparedness and Response | Communications | Policy Development and Support | Community Partnership Development | Business Competencies |
| STRATEGIC INITIATIVES  | Move patients into medical homes                          | ✓  |                                     |                | ✓                              | ✓                                 |                       |
|  | Improve Environmental Health business practices           |  |                                     |                |                                |                                   | ✓                     |
|  | Optimize delivery of early childhood development programs | ✓  |                                     | ✓              |                                | ✓                                 |                       |
|  | Mobilize community health action teams                    | ✓  |                                     |                | ✓                              | ✓                                 |                       |
|  | Reduce administrative overhead costs                      |  |                                     |                |                                |                                   | ✓                     |
|  | Institute workforce development and succession planning   |  |                                     |                |                                |                                   | ✓                     |
|  | Improve Health District funding and governance            |  |                                     |                | ✓                              | ✓                                 | ✓                     |
|  | Become nationally accredited                              | ✓  | ✓                                   | ✓              | ✓                              | ✓                                 | ✓                     |

**Snohomish Health District**  
**Implementation of 2014 Strategic Plan Update**  
**Quarterly Report to the District Board of Health**

Date\_\_\_\_\_

**Quarterly Highlights:** Here's What We Are Most Proud Of

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**Brief Details:** Successes, Hurdles, Next Steps

**INITIATIVE 1**

Moving Patients out of Health District Clinics and Into Medical Homes

**INITIATIVE 2**

Improve Environmental Health Business Practices

**INITIATIVE 3**

Optimize Delivery of Early Childhood Development Programs

**INITIATIVE 4**

Mobilizing Community Health Action Teams

**INITIATIVE 5**

Reducing Administrative Overhead Costs

**INITIATIVE 6**

Institute Workforce Development and Succession Planning

**INITIATIVE 7**

Improve Health District Funding and Governance

**INITIATIVE 8**

Become Nationally Accredited and Integrate Quality Improvement Principles

Any major course corrections anticipated?    Yes    No

What can the Board expect at the next quarterly report?