Strategic Plan
Benton County Public Health

2020-2024
Benton County Public Health
Nicole Ruhoff, CHS Administrator

Benton County Human Services Board approved 12/17/2019

Contents

Introduction To the Public Health Unit of Benton County Human Services

Benton County Human Services (BCHS) is an integrated public health and human service agency. The BCHS department reports directly to the Benton County Human Services Board which operates in accordance with Minnesota Statute 145A.09-17 and Minnesota Statute 393.01-13. There is approximately 100 staff employed in the various units of the HS department, including 12 staff in the Public Health unit.

Public health is the art, practice and science of protecting and improving the health of the community. Public health is about what makes us healthy, what makes us sick, and what we can do together about it. When we think about health, what often comes to mind is the individual and ways he or she can stay healthy. Public health shifts the focus to the community - from "me" to "all of us."

The Public Health Unit of BCHS provides services and pursues policy and environmental changes to promote healthier and safe living for the Benton County Community. Services include disease prevention and control, Women's, Infants and Children program, emergency preparedness, maternal and child health, and community health improvement priorities. In collaboration with community partners, the Public Health Unit determines and addresses local public health needs as well as community health priorities.

Strategic Plan Background

In Minnesota, the Community Health Services Act (later renamed the Local Public Health Act) established the "Statewide Community Health Services Advisory Committee" (SCHSAC), to advise, consult with and make recommendations to the Commissioner of Health on matters relating to the development, funding and evaluation of community health services in Minnesota. In 2011, SCHSAC approved recommendations from the "Performance Improvement Committee" that Community Health Boards be required to submit three plans (Community Health Improvement Plan (CHIP), Strategic Plan, Quality Improvement Plan) for each 5 year planning cycle.

Strategic Plan Purpose

As defined by the Minnesota Department of Health (MDH), the strategic plan guides and strengthens a community health board's ability to carry out its public health functions. It provides community health boards with a guide for making decisions; allocating human and financial resources; and pursuing time-bound, measurable strategies and priorities. The plan is internal to the organization, and informed by priorities noted during the organizational assessment and the community health assessment. Strategic planning also allows agency staff the opportunity to contribute to their community health board's mission, vision, and goals.

Minnesota community health boards have identified further benefits of strategic planning:

- Engaging staff and stakeholders in envisioning the future of the unit/department
- Raising the profile of public health within a larger organization
- Attending to important long-term issues
- Identifying strengths
- Refocusing on the philosophy of public health

National public health accreditation standards note that the strategic plan and community health improvement plan are related to and should connect with each other. All community health boards are encouraged to develop a strategic plan that meets national public health standards by means of statutory requirement.

https://www.health.state.mn.us/communities/practice/assessplan/lph/org/strategicplan.html

Process Overview

Strategic planning is a deliberate decision-making process that determines the direction in which the organization is going. In 2013, Benton County contracted with Stearns County to provide Community Health Service (CHS) Administration. Stearns County CHS Administrator participated in the development of our first strategic plan, including a Strength, Weakness, Opportunity, and Challenges (SWOC) analysis (Appendix, Figure 1). This led to a unique opportunity to compare and contrast services and commonalities and it was determined that a group should form to explore cross jurisdictional sharing. During 2016-2017, the group met regularly and completed a Strength, Weakness, Opportunity, and Threats (SWOT) analysis (Appendix, Figure 2) to identify factors to consider before moving forward. In the spring of 2018, Stearns and Benton County Public Health agency staff conducted a joint meeting to identify shared mission, vision, values and priorities. The intent at that time was to work towards a more formal cross jurisdictional sharing model. In early 2019, new leadership wanted to move in another direction and it was decided that the counties could partner where appropriate but would not pursue formal sharing at this time. Discussions continue on regional and county levels about leveraging collaboration when able. Benton staff moved forward with the joint work and adapted it to best fit our agency. In July 2019, the strategic planning team met to identify goals, objectives and action steps. Public Health staff continued to meet on a monthly basis to refine the strategic plan to best fit the unit and to assure alignment with the CHIP.

In Benton County, the strategic planning team included:
•Public Health Supervisor: Nicole Ruhoff
•Community Health Specialists: Samantha Hageman, Jennifer Lezer, Julie Willman, Mariah Schyma
•Staff Nurse(s): Cloanne Wegman, Deb DiCarlo, Gina Loterbauer
•Public Health Nutritionist(s): Pam Gohman, Sally Murray

•Case Aide: Brianne Zulawski, Amanda Edwards
Facilitated by:
•Minnesota Department of Health Public Health Nurse Consultant, Kristin Erickson

The strategic plan was presented and approved by the Benton County Board on:
In 2020, public health will restructure adding a PH Supervisor, full time CHS Administrator and 7 MN Choice assessors that also will be responsible for intake and adult protection. Plans for incorporating MN Choices, intake and adult protection, will take place in late 2020 as we integrate new staff and programs.

Assessment

Public Health staff completed a number of assessments. Staff participated in two SWOC/SWOT analyses as a part of the Benton Stearns Planning Initiative and also as a standalone unit (Appendix, figure 1 & 2). The Public Health staff SWOC analysis was completed as part of the 2014-2019 strategic planning process and revised in 2019. The Benton Stearns Planning Initiative SWOT analysis was completed in 2017 to further the partnership between the two counties and support next steps. The Local Public Health System Assessment (LPHSA) document (Appendix, Figure 3) was an assessment developed during our Mobilizing for Action through Planning and Partnerships (MAPP) process to gauge the public health system perception of local public health duties. Areas of priority were established, with each agency working to incorporate those items into their strategic plans moving forward. A prioritization matrix tool was utilized to help prioritize our core functions by reach and urgency in 2014 and then again repeated in February 2019 (Appendix, Figure 4). The PH Budget table tool was developed and helped to assess the budget and actual expenses, staffing capacity, and movement toward Public Health 3.0 (Appendix, Figure 5).

Reports and Key Trends

Throughout the assessment discussions, the strategic planning team noted key trends and factors that impact the Public Health Unit. This is a continual process as we work across our program areas and meet monthly as a unit.

County Leadership & Human Services Department

- Reassigned Supervisory duties – movement of program areas between units within the Human Services Department
- County Strategic Plan development with specific Human Services strategies
- Significant changes proposed in the 2018 Human Services Study
- Change in office location
- County leadership has increased knowledge about Public Health
- DHS/HS leadership leveraging early intervention and prevention opportunities; Families First, Social Determinants of Health (SDOH), Health Equity

Public Health Unit

- Strong leadership in Public Health
- Reassignment of job duties within the unit due to staffing inconsistencies (turn over, extended time off, etc.)
- Decreasing amount of dollars invested in Public Health per capita since 2011
- Underutilized Public Health grant dollars
- Public Health has adopted and implemented a Performance Management System including performance measures
- Continued strong partnerships with neighboring counties
- Increased integration of Public Health 3.0 concepts
- Improved understanding of the public health competencies

Community

- Changes in city and county elected officials
- Decreased immigration rates
- Increased community involvement in Public Health related efforts
- Central MN Alliance: 3 county and CentraCare collaboration around a common Community Health Improvement Plan
- Communities of Excellence (COE) national learning collaborative member

Key Support Functions

The 10 Essential Public Health Services fall under 3 categories; **Assessment**-monitor health, diagnose & investigate, **Policy Development**-inform, educate & empower, mobilize community partnerships, develop policies and **Assurance**-enforce laws, link to/provide care, assure competent workforce, evaluate. To carry out this work a public health agency needs to have sufficient infrastructure using a system-level approach. These factors noted below were also considered as we developed our priorities.

Information management: Data-driven decision making as part of Performance Management is key to support 21st Century Public Health. Our unit has prioritized data needs and has dedicated staff to assist with informatics type work. We will continue to grow our knowledge of data usage so that so that we can deliver best practice and/or evidence based programming to effectively meet the needs of our communities.

Workforce development: The Public Health workforce development plan identifies training needs and goals, lays out a training schedule, and specifies how to implement and monitor the plan. Public health workforce needs are changing, utilization of technology and data are a driving force for this.

Communication: This is a core function of effective public health, it is how we exchange information. *Healthy People 2010* defines health communication as "the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues." Public health communication draws from numerous disciplines, including mass and speech communication, health education, marketing, journalism, public relations, psychology, informatics, and epidemiology which directly tie back to information management and workforce development. Improving our competencies around communication will support the delivery of effective public health.

Financial sustainability: The local public health system depends on the financial health of the county as well as state and federal public health agencies and programs, including the Centers for Disease Control and Prevention and the Patient Protection and Affordable Care Act. Using data to capture the "return on investment" for prevention is a priority locally as well as statewide. Public Health does recognize the need to securing funding from a range of sources and will continue to diversify funding with the goal of creating a sustainable model for service delivery for the 21st Century Public Health.

Mission – Vision – Values – Priorities

MISSION STATEMENT
Empower the community to support a culture of health and well-being.

VISION STATEMENT
Optimal quality of life for all.

VALUES
• Collaboration (internal and external partners, co-worker, clients – everyone contributes their time, talents, and expertise)

• Flexibility (identify individual needs, case by case basis, allow for employees to be flexible in work life, shift roles to meet community needs)

• Respect (co-workers, clients, non-judgmental)

• Quality/evidence based (do something because there is evidence to support it, not doing it because it is the way you have always done it)

• Transparency (promote and establish honesty, integrity, and trust)

• Health Equity (providing opportunity for everyone to obtain their best health)

PRIORITIES
1. Promote the value of public health

2. Collaboration with community members and partners

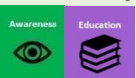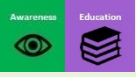3. Improve competencies around continuous workforce development

GUIDING PRINCIPLES

The guiding principles below are followed by the region in the Community Health Improvement Plan. We have adopted these ideals to shape how our unit operates. These help set the expectation about how we interact with the community, partners and with each other as well as help filter opportunities and decisions that support the guiding principles. These guiding principles will be referenced throughout the strategic plan to showcase how the two plans intersect.
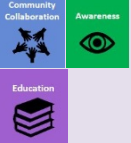

Operational Strategies

The table below addresses the goals, objectives, and action steps for each of our 3 priorities. The objectives are SMART: specific, measurable, achievable, relevant and time-bound. These will be monitored according to the time frame specified. -We use this data to make decisions and evaluate progress. We have identified performance measures in this document with a **PM l**ocated within the action steps. We also will use existing performance measures where data is collected, monitored and analyzed on a regular schedule-to get a full picture of the progress being made in the Public Health Unit.

Strategic Priority 1: Promote the value of Public Health	
Goal 1: Increase visibility and awareness of Public Health	
Objective 1: By 2022, the per capita investment would increase from $26.16 (2018) to $30.00 (2022).	
Action Steps:	**1.1.1.a.** Fully utilize grant dollars annually. **1.1.1.b.** Review Grant budget at monthly program specific staff meetings. **PM** **1.1.1.c.** Offer quarterly update to the County Board and unit staff on programs, trends and budget. **1.1.1.d.** Update and review/reclassify job descriptions upon annual staff performance evaluation. **1.1.1.e.** Participate in Minnesota Inter-County Association (MICA) and Local Public Health Association (LPHA) legislative platform development. **1.1.1.f.** Participate in the development of the Human Services Advisory Board. **1.1.1.g.** Utilize the Human Services Advisory board, once established, to advise local public health investments.
Objective 2: Complete at least 3 Public Health outreach activities per quarter between January 2020 and December 2022. **PM**	
Action Steps:	**1.1.2.a.** Create an electronic tracking system to document quarterly outreach activities Create and make available to staff an electronic list of outreach activities: Public Health 101 presentations to Human Services staff, county staff and/or community partners or members; newspaper articles; community outreach events. **1.1.2.b.** Review and update interagency and collaborative group document, include

	contact information for partnering organizations and highlight resiliency related organizations to contribute to the resiliency index created by the Central MN Alliance partners. **1.1.2.c.** Include "partners to consider" or "new partners" on staff meeting agenda. **1.1.2.d.** Reach out to potential partners within the agency for collaboration opportunities.

Strategic Priority 2: Collaboration with community members and partners	
Goal 1: Increase community participation in assessment, planning, implementation, and evaluation processes	
Objective 1: Increase the number of CHIP Strategies lead by community partners from 0 to 5 by 2021.	
Action Steps:	**2.1.1.a.** Attend Central MN Alliance meetings and develop engagement strategies to motivate community partners to take the lead on CHIP strategies. **2.1.1.b.** Connect with MDH Staff to utilize the community engagement technical assistance (contact Jeanette Raymond, Dorothy Bliss). **2.1.1.c.** Engage partners from under-represented populations to take part in the annual Central MN Alliance Steering Committee meeting including members of the CAMHI Suicide prevention coalition.
Objective 2: Revise current CHIP to include Communities of Excellence (COE) framework concepts by October 2020.	
Action Steps:	**2.1.2.a.** Participation of at least one Benton County PH Staff Member in COE monthly meetings Oct 2019–Sept 2020. **2.1.2.b.** Meet with MDH staff to identify similarities in COE and local public health processes, and possible solutions to barriers at minimum biannually. **2.1.2.c.** Identify roles and expectations of Benton County Public Health Staff in the COE and CHIP work. **2.1.2.d.** Offer COE updates monthly at Public Health Unit staff meetings. **2.1.2.e.** Receive feedback, resources, etc. on content specific strategies related to COE & CHIP priorities quarterly from public health staff. **2.1.2.f.** Provide updates to the Human Services Management Team on COE work quarterly. **2.1.2.g.** Provide annual COE updates to the County Board.
Objective 3: Family Home Visiting (FHV): 85% of Family Home Visiting target caseloads reached for 4-County collaborative by 2021.	
Action Steps:	**2.1.3.a.** Participation of at least one Benton County PH Staff Member at First Steps Coalition meetings. **PM** **2.1.3.b.** Implement LEAN recommendations for referral processes. **2.1.3.c.** Add community collaboration as a standing agenda item in First Steps (FHV Grant Coalition) Meetings to assess gaps in partnerships and identify partners missing from the table.

Strategic Priority 3: Improve competencies around continuous workforce development	
Goal 1: Create ongoing culture of quality improvement (QI)	
Objective 1: Increase the QI maturity score from 3.5 in 2016 to 4 by 2022	
Action Steps:	**3.1.1.a.** Offer and require staff to participate in at least one QI training annually.

Education	**3.1.1.b.** Review and revise the QI plan annually. **3.1.1.c.** Integrate QI Plan into the Performance Management Plan by January 1, 2021. **3.1.1.d.** Report progress on QI projects quarterly at Public Health staff meetings. **3.1.1.e.** Offer QI maturity assessment in 2022 (every three years).
Objective 2: Review workforce development (WFD) plan annually at the start of each calendar year by 1/1/2020	
Action Steps: **Education**	**3.1.2.a.** Add agenda item to QI monthly meeting to review WFD Plan components. **3.1.2.b.** Engage PH staff to take an active role in making recommended changes for their program specific sections at least 2x a year, spring and fall. **3.1.2.c.** Revise the current tracking method to capture recommended training frequency effectively. **3.1.2.d.** Add resiliency tools/trainings in WFD plan. **3.1.2.e** Add MNChoices, Intake and Adult Protection by 2021.
Objective 3: Increase staff understanding of Health Equity principles through 3 focused annual trainings, beginning January 1, 2020.	
Action Steps:	**3.1.3.a.** Complete 1 or more health equity trainings annually, specific to program area. **3.1.3.c.** Complete 1 or more Health Equity trainings (all PH Staff) annually. **3.1.3.d.** Make Health Equity Training opportunities available to all HS staff annually. **3.1.3.e.** Allocate resources to health equity training options.
Objective 4: Fully implement the Performance Management System policy by 1/1/2021	
Action Steps: **Community Collaboration**	**3.1.4.a.** Monitor and revise CHIP quarterly. **3.1.4.b.** Monitor and revise Strategic Plan annually. **3.1.4.c.** Monitor and review quarterly performance measure data and revise when appropriate. **3.1.4.d.** Performance measures PM progress reported to staff quarterly. **PM** **3.1.4.e.** Review performance management system policy annually to assure it reflects current best practices.

Implementation

The Staff are assigned to action steps in the plan with the CHS Administrator and PH Supervisor having the overall responsibility for the implementation. During 1:1 staff meetings, the CHS Administrator or PH Supervisor will discuss progress on the assigned action steps and performance measures. .   PH plans are a standing agenda item on monthly staff meetings with updates and progress given at that time. A more in-depth discussion of measures for the past quarter will be scheduled for the months of January, April, July and October.

Monitoring

A strategic plan monitoring document has been developed and will be used to track progress. Staff will be expected to offer updates on their assigned action steps quarterly and document that in the tracking sheet. Routine monitoring will be done by designated staff, planner and CHS Administrator. Progress will be reported out at monthly staff meetings. Revisions to the Strategic Plan will be made annually by the team or as need.

Plan Linkages

Public Health is required to submit a number of different plans. Each plan is equally as important as the next and serves its own purpose. However, we know they should not and do not operate separately from each other. They are intertwined and should be intentionally overlapped contributing to each other's goals and purpose.

		Public Health Strategic Priorities		
		Promote the value of Public Health	Collaboration with community members and partners	Continuous workforce development
Other Related Plans	Performance Management System	X		X
	Performance Measures	X		X
	CHIP Implementation Strategy	X	X	X
	Quality Improvement	X		X
	Workforce Development Plan			X
	County Strategic Priorities	X	X	X
	County Strategic Plan - HS Goals	X	X	X

Next Steps

The CHS Administrator is responsible for ongoing communication regarding strategic plan implementation to the governing entity, the Benton County Human Services Board. Progress will be reported routinely to the Board as well as to community partners and the general public. The strategic plan and strategic plan progress reports will be located on the public health website.

Revision History

Date	Changes Made	Name

Appendix

Figure 1: Public Health SWOC Analysis,

(Originally completed in 2014 with updates in 2019)

SWOC Analysis

Following the review of the summary of reports and key trends, the strategic planning team discussed a list of strengths, weaknesses, opportunities and challenges. This information was used to help further refine the vision, mission, value statements and strategic issues. The team reviewed the strengths that could be useful in addressing the opportunities. They also identified that many of the challenges could also be viewed as opportunities for the agency. Listed below are the issues identified by the team members.

Strengths/Accomplishments

- Dedicated employees passionate about the work
- Transition to new staff
- Ability to voice opinions
- Staff are reliable and accountable
- Excitement about possibilities
- Vast amount of knowledge
- Open communication
- Ability to expand website and media
- Leadership support
- Building capacity
- County Board and leadership completed Strategic Planning for the county agency in 2019
- Gains made in economic development
- Board member is part of the SHIP Community Leadership Team
- Board member regularly attends SCHSAC Meetings
- Increased cross-sector collaboration
- Adopted and Implemented a performance management system
- Staff have embraced Continuous Quality Improvement concepts

Weaknesses/Challenges

- Silos in work, between Human Services and Public Health
- Staff are task focus, lack big picture view
- Changing of staff, transition to new staff
- Lack of policy and procedures in many program areas
- Public Health is unknown in the community
- Dynamics of the county make up, Greater Benton County vs. the St. Cloud area Benton County

- Lack of health care resources in rural areas
- Lack of tax base to provide funding, area needs economic development; companies prefer to be located in neighboring counties
- Lack of leadership support and understanding
- Transition to new staffing structure and job duties
- Difficulties showing short-term outcomes in long-term work to increase buy in.

Opportunities

- Use of data and outcomes in talking about Public Health
- Increased emphasis on outcomes
- SHIP grant provides opportunities to highlight outcomes
- Shift in staffing provides opportunities to make program changes
- HS structure changes have led the way to be more comfortable with changes
- CHS administrator contract allows Public Health an opportunity to learn from well-established leadership in the region
- MDH's availability to consult with local public health
- Changes in budget and finance
- Changes with billing codes, opportunity to better reflect the work of Public Health
- Central intake through SSIS allowing PH better access to information needed for clients
- Benton County Fair as a platform to promote Public Health and other community services/events
- Movement for regional collaboration among health providers and local public health

Figure 2: Benton Stearns Planning Initiative – SWOT Analysis – March 2017
Original document (shared drive)

Strengths:

- Desire to partner – open to ideas
- Highly skilled management that is well-grounded in public health and understand Public Health 3.0 (the future of public health)
- Staff range from millennials to boomers and bring a wide range of experience and skills.
- Staff are very passionate and dedicated to their work
- Politically astute
- Share community resources/common partners
- Public Health is well respected in the community
- MN Statute that governs public health mandates allow for local control

Weaknesses:

- Lack of a diverse workforce
- Lack of workforce capacity (to meet the needs of our communities)
- Lack of understanding (engagement) of what public health does and what we bring to the table

- o PH can look very different throughout the state, creating uncertainty in what PH does or can do.
- Lack of understanding and under-utilization of the roles of the CHS Administrator and Agent of the Board)
- Role of the CHS Administrator varies from county to county, full utilization of this role is often underutilized.
- Different Electronic Health Record systems
- The majority of public health funding is too reliant on categorical grants which limits flexibility.

<u>Identify needs or risks the organization has in the next 3-5 years</u>

- Transition to 3.0 may result in decrease in revenue generation.
- Key leadership will be retiring; raising concerns about succession planning.

Opportunities:

- Current discussion/planning efforts are promising
- Similar issues and problems have been identified in our communities
- Similar grants and programs
- Shared geography and populations with highest needs are concentrated in same areas
- Maximize resources between the two counties
- The missions of Human Services and Public Health are different and provide an opportunity to make a bigger impact in the community

<u>What external trends, events or factors might impact the organization? Consider the impact of health care reform on public health.</u>

- The need for a "safety net" may increase depending on what happens with the Affordable Care Act
- Public Health resources have shifted away from "safety net" services along with the loss of expertise in providing those services
- "The Great Awakening" The community is demanding more of public health as it relates to prevention and our role in convening the community.

Threats

- There is a shift away from funding and staffing of public health
- Fear of loss of control at individual county level
- Potential lack of staff buy-in
- Focus on mandates only
- Fires/crises get the attention; prevention short shrift Is this the word we wanted?
- Short-term response versus long-term investment

Figure 3: Local Public Health System Assessment, MAPP process 2018

(Participants included leadership from Benton, Stearns, and Sherburne Counties.)

Original Document (Shared drive)

SUCCESS: Maintain Effort	SUCCESS: Cut Back Resources
CHIP/COE collaborative, platform to reinforce the role of LPH in relation to health care access, infectious disease, EH and EM.	None identified
Central Region participation in statewide efforts to strengthen LPH in MN: SCHSAC workgroup & PISC	
Annual LPH Reporting: Continue to increase the number of "meets" on reporting measures	
Majority of EM responses Mod-High	
LPH provides timely, accurate and appropriate information to elected official, community partners and public in the event of a Public Health Emergency.	
LPH has established and maintained regular communication and relationships with partners	
Expertise on vaccines/immunizations to local community partners	
Supports to agencies around policies, plans and response to all hazard emergencies	
Collaborative efforts regionally around MIIC and Health Alert Information	

CHALLENGE: Requires Increased Activity	CHALLENGE: Requires Increase Coordination
ALL: Underserved: Identify population groups that are underserved or underrepresented (elderly, unemployed, disabled, Hispanics, rural, youth)	EH: Stearns County, City of St Cloud, MDH-increased awareness, information exchange & reports available
ALL: Local Public Health encouraged to add EH/EM/HCA-ID as a part of strategic plans.	EM: Outreach to cities about role due to lack of response or "unsure" responses.
EH: Q1-8 Since low level of responses for the survey, all questions should be addressed. Q1 should be priority as we are working on the CHA now. Q8 should be next, maintain relationships and regular communication with regulatory authority at all levels of government.	Local public health role in communicable disease investigations/in partner with other providers and partners
HCA/ID:Outreach to cities about role due to lack of response or "unsure" responses.	Public health role and presence around response to disasters and disease containment/recovery
HCA/ID: Consumer education on topic areas and services available	Need to improve the collaborative effort around assuring availability of quality health care services; including gaps and emerging issues and how to improve access
HCA/ID: Environmental health needs in water and airborne and other infectious hazards/diseases	24/7 for emergency access
HCA/ID:Dissemination of information to providers on diseases and immunization rates	Role of LPH in TB control and management
All: Assessment of health data on risks/needs in community-including gaps and needed response to issues/emerging issues	
All: Educating policy makers and key community stakeholders on the issues/emerging issues in the community	

Figure 4: Prioritization Matrix

(Completed in 2014 and revised in February 2019. 2019 version is included here.)

Score:
0-not related to each other
1=equally important
5=significantly more important
10=exceedingly more important
1/5=significantly less important
1/10=exceedingly less important

Benton County Public Health
Prioritization Matrix
PH Priorities

Criteria: considering the Board's desire for supporting programs that meet community need: based on needs in the community (numbers served; others providing service; immediacy of need), what are top public health priorities?

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Score	Rank
1. WIC	■	5	10	5	10	0	0	5	0	0	0	0	0	0	35	1
2. MCH/Home Visiting	1/5	■	5	1	1	0	0	5	0	0	0	0	0	0	12.2	4
3. Follow Along Program	1/10	1/5	■	1/5	1	0	0	0	0	0	0	0	0	0	1.5	10
4. Child and Teen Check-up outreach	1/5	1	5	■	5	0	0	5	0	0	0	0	0	0	16.2	3
5. EHDI/BD	1/10	1	1	1/5	■	0	0	0	0	0	0	0	0	0	2.3	8
6. Senior Clinics	0	0	0	0	0	■	0	0	0	0	0	0	0	0	0	14
7. Employee Health & Wellness	0	0	0	0	0	0	■	0	0	0	0	1/10	0	0	.1	13
8. Child Passenger Safety Distribution	1/5	1/5	0	1/5	0	0	0	■	0	1	0	0	0	0	1.6	9
9. BCSUP Coalition	0	0	0	0	0	0	0	0	■	0	0	0	5	0	5	7
10. Child Passenger Safety CARS training	0	0	0	0	0	0	0	1	0	■	0	0	0	0	1	11
11. SHIP-Schools Health Eating and Physical Activity	0	0	0	0	0	0	0	0	0	0	■	1	1	5	7	6
12. SHIP-Worksite wellness	0	0	0	0	0	0	10	0	0	0	1	■	1	5	17	2
13. SHIP-Tobacco	0	0	0	0	0	0	0	0	1/5	0	1	1	■	5	7.2	5
14. SHIP-Healthcare	0	0	0	0	0	0	0	0	0	0	1/5	1/5	1/5	■	.6	12
15. PH Nuisance/Environmental health																
16. Refugee Health																
17. Disease Prevention and Control MN FVC grants																

18. PHEP-Prepare for and respond to emergencies													
19. Community Health Assessment (CHA) Data collection, analysis, distribution													
20. Community Health Improvement Plan (CHIP) Priorities Mental Health Substance Abuse Family Health													
21. CHS Administration-Assure an adequate PH infrastructure (See job description) Performance Management (statute) Accreditation *National Standards met 53/100 in 2014 Strategic Planning Quality Improvement Workforce Development plan-students/interns Community Engagement													
22. Health in All Policies Work Health Equity													
23. Assure Health Services													

Score:

1=equally important

5=significantly more important

10=exceedingly more important

1/5=significantly less important

1/10=exceedingly less important

*related to statutory mandates for Infectious disease or the Local Public Health Assessment & Planning (LPHAP)

Attendees:

Updated 2/25/19

Figure 5: PH Budget Table

(Originally developed in 2015, the table is revised annually to reflect the current status in regards to budgeting and staffing.)

Document link to shared drive

Year	Annual Budget	Levy $ in Budget	Actual	Actual Levy $ Utilized	Amount Under Budget	Staffing	Notes
2011	$1,064,941	$438,784	$1,130,125	$504,994	+$65,184 over budget	10+1 Julie W contracted SHIP coordinator (Diana, Deb, Nancy, Amy,	SHIP 1 funding ended (2009-2011)

						Cloanne, Marla, Pam, Sally, Sharon, Cynthia)	
2012	$1,011,209	$491,099	$925,599	$362,382	$85,610	10 (Diana, Deb, Nancy, Amy, Cloanne, Nicole, Pam, Sally, Sharon, Cynthia)	Gap in SHIP funding
2013	$994,563	$473,050	$905,427	$377,337	$89,136	9+1 Lori B contracted SHIP Coordinator, Renee CHS Adm Contract (Nicole, Deb, Nancy, Amy, Cloanne, Julie, Pam, Sally, Sharon)	Approved: Flipped PHN position to CHS, 1 employee to SHIP contractor. SHIP 3 11/1/13
2014	$1,179,076	$499,565	$943,927	$276,198	$235,149	9+1 Sam H contracted SHIP coordinator Renee CHS Adm Contract (Nicole, Deb, Nancy, Cloanne, Julie, Pam, Sally, Sharon)	PHN moved to SS for MNCHOICES
2015	$1,068,920	$413,201	$993,766	$280,226	$75,154	9+1 Sam H contracted SHIP coordinator Renee CHS Adm Contract (Nicole, Deb, Nancy, Cloanne, Julie, Jenny, Pam, Sally, Brianne)	Denied: Policy request to add full time CHS Administrator and Lead PHN
2016	$1,224,409	$475,135	$945,574	$158,319	$278,835	10+1 Gina contract C&TC coordinator (Nicole, Deb, Nancy, Cloanne, Julie, Jenny, Sam, Pam, Sally, Brianne)	Approved: Policy request to change SHIP contractor to employee and backfill C&TC work with Gina as

							contractor
2017	$1,123,904	$345,022	$1,097,43 County audit $1,072,229	$171,546	$26,466 $55,820	11 (Nicole, Deb, Nancy, Cloanne, Gina, Julie, Jenny, Sam, Pam, Sally, Brianne)	Approved: Policy request to change C&TC contractor to employee
2018	$1,321,189	$395,297	$1,060,611	$295,291	$260,578	11 (Nicole, Deb, Gina, Cloanne, Julie, Jenny, Sam, Brenda, Pam, Sally, Brianne)	Approved: Flipped PHN to CHS
2019	$1,221,266	$	$	$	$	11 (Nicole, Deb, Gina, Cloanne, Julie, Jenny, Sam, Mariah, Pam, Sally, Brianne)	Restructure conversations
2020	$	$	$	$	$	18 (Nicole, PH Supervisor, Deb, Gina, Cloanne, Julie, Jenny, Sam, Pam, Sally, Brianne) (MNCHOICES-Julie, Vicki, Kim, Margot, Candace, Keryn, Ali)	Approved: Reclassify PH Supervisor to CHS Administrator, Backfill PH Supervisor and add MNCHOICE assessment staff
2021							

*Office Support staff funded by PH grants (.5 FTE) but not considered part of the overall FTEs.

Strategic Plan Review Checklist Benton County

For strategic plan guidance, visit: www.health.state.mn.us/lphap.

Review Characteristics	Found on Page(s)	Not Found	Notes
Dated within past five years[i]	Cover page	☐	2020-2024
Lists individuals who participated in the strategic planning process[ii]	pp. 4-5	☐	
Includes a description of the process used to develop the strategic plan[iii]	pp. 4-5	☐	
Includes mission statement[iv]	p. 6	☐	Empower the community to support a culture of health and well-being.
Includes vision statement/elements[v]	p. 6	☐	Vision statement, no elements
Lists guiding principles/values[vi]	p. 7	☐	Guiding Principles serve a similar function as vision elements .
Includes an organizational assessment that notes external trends, events, or other factors[vii]	p. 5	☐	Reports and Key Trends
Includes an organizational assessment that analyzes the department's strengths and weaknesses[viii]	p. 5 and Appendix, figures 1, 2, 3, 4,and 5	☐	-SWOC -SWOT -LPHSA document -prioritization matrix tool -PH 3.0, PH Budget table
Includes strategic priorities[ix]	pp. 7, 8, 9	☐	
Includes goals and SMART objectives (specific, measurable, achievable, relevant, time-bound), with expected results[x]	pp. 7, 8, 9	☐	

Review Characteristics	Found on Page(s)	Not Found	Notes
Includes consideration of key support functions required for efficiency and effectiveness (including information management, workforce development, communication, and financial sustainability) [xi]	p. 11-17	☒	I see references to these support functions in your assessments, but would suggest you aggregate and highlight the ones related to information management, workforce development, communication, and financial sustainability and add a narrative that details your consideration of these key support functions.
Links the strategic plan strategies to the community health improvement plan[xii]	p. 7-10	☐	Use of the guiding principles icons show the connection between the SP and the CHIP.
Links the strategic plan strategies to the quality improvement plan[xiii]	p. 10	☐	Table showing plan linkages.
Describes how the organization will use the plan[xiv]	p. 9-10	☐	Implementation, Monitoring, and Next Steps

Planning Activities

Note which of these activities, if any, the planning team used during the strategic planning process:

- ☒ SWOT analysis (strengths-weaknesses-opportunities-threats)
- ☐ Environmental scan
- ☒ Stakeholder analysis
- ☐ Storyboard(s)
- ☐ Scenario development

Notes:

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[i] Public Health Accreditation Board (PHAB) Measure 5.3.2 Documentation Guidance #1.
[ii] PHAB Measure 5.3.1 Documentation Guidance #1a.
[iii] PHAB Measure 5.3.1 Documentation Guidance #1b.
[iv] PHAB Measure 5.3.2 Documentation Guidance #1a.
[v] PHAB Measure 5.3.2 Documentation Guidance #1a.
    MDH Assessment and Planning Guidance.
[vi] PHAB Measure 5.3.2 Documentation Guidance #1a.
[vii] PHAB Measure 5.3.2 Documentation Guidance #1e.
    MDH Assessment and Planning Guidance.
[viii]   PHAB Measure 5.3.2 Documentation Guidance #1f.
    MDH Assessment and Planning Guidance.
[ix] PHAB Measure 5.3.2 Documentation Guidance #1b.

[x] PHAB Measure 5.3.2 Documentation Guidance #1c.
MDH Assessment and Planning Guidance.

[xi] PHAB Measure 5.3.2 Documentation Guidance #1e.

[xii] PHAB Measure 5.3.2 Documentation Guidance #1g.

[xiii] PHAB Measure 5.3.2 Documentation Guidance #1g.

[xiv] MDH Assessment and Planning Guidance.