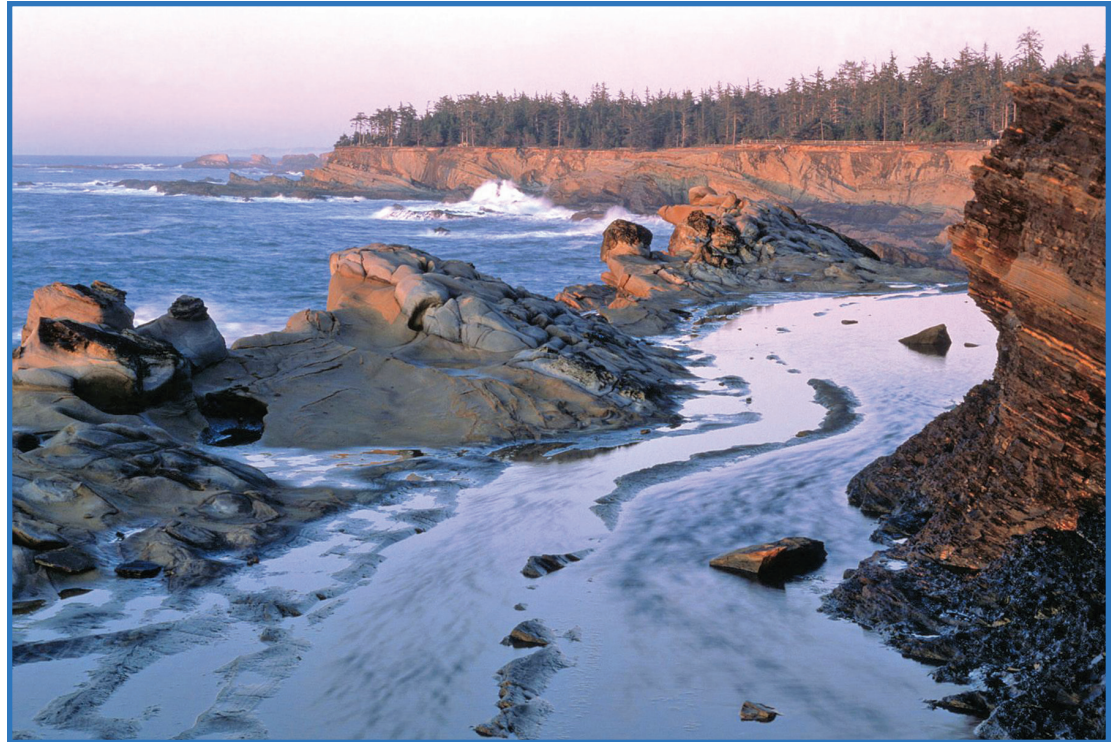


Coos County Health and Human Services



# Strategic Plan



*Together, Inspiring Healthier Communities*

2014-2019

1975 McPherson Street  
North Bend, Oregon 97459

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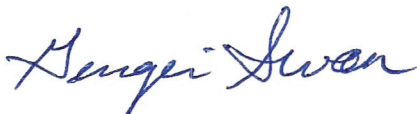
## Letter from the Coos County Health and Human Services Director

*We are living in a time of health transformation. With the creation of Coordinated Care Organizations in Oregon we have been given an exciting and challenging task to integrate physical, dental, addictions and mental health services. This challenge requires us to think of health services in a new way.*

*Rather than viewing the health needs for an individual in segmented, specialty service areas, we must examine the needs of the whole person. We must also examine how we as an organization can blend our services and resources, eliminate silos, find innovative solutions, and work towards a common goal. We intend to be the model for integrated health service delivery for our community. We will make the most of our current resources by strengthening our communications, continuing to recognize and value our staff, integrating and coordinating our responses to community needs and reducing redundancies.*

*Our planning process not only resulted in a dynamic strategic framework that will help us adapt to changes, it also strengthened communication between us as we engaged in creative, innovative thinking that was both fun and outcome oriented. This Strategic Plan provides a dynamic framework that gives guidance to staff and the community about the future direction of this organization. It is intended to be a living document that is easily accessible and understandable and grounded in principles that remind us of why we do this work and why we are passionate about our part in creating a vital, healthy community.*

*It is my pleasure to present this Strategic Plan, Implementation Plan and a summary of our strategic planning process to our organization, the healthcare community and citizens. We look forward to making our vision of “Together, inspiring healthier communities” a reality and becoming increasingly more visible and engaged with a range of community partners.*



Ginger Swan, Director  
Coos County Health and Human Services  
November, 2014

# Part I: The Five Year Strategic Plan

The Coos County Health and Human Services (CCHHS) Department engaged in a five year strategic planning process designed to integrate all human services and to minimize silos. The overarching goal is to create a system of services that responds to a full range of human needs. Rather than compartmentalizing and potentially duplicating services, CCHHS seeks to expand outreach services to the community and join with partners to mobilize wide-ranging quality public health and behavioral health services as well as prevention and health promotion services.

## Strategic Planning Offers a Road Map to the Future

This strategic planning process was designed to 1) enhance cross organizational collaboration, 2) create a road map that guides the future of the Department and 3) supports the Public Health Accreditation process. The Division Directors, Program Managers and some staff members participated in a highly interactive and creative approach that sought to include all voices in the room and land agreed upon outcomes. A very aggressive timeline helped to maintain the momentum including: 4 half day workshops with the Core Team, Managers and staff and 2 all day workshops with the Core Team within a five week period.

CCHHS, like most county agencies, functions in a highly volatile environment with unpredictable funding, changing regulations and federal mandates while coping with the effects of unemployment, educational limitations and high rates of health challenges affecting the County. The County is among the lowest ranked counties in the State yet it has one of the highest rankings for physical environment. Out of 33 Oregon Counties, Coos County ranks among the lowest statewide in health indicators.

- 30th: Health Outcomes
- 30th: Quality of Life
- 30th: Health Factors
- 30th: Health Behaviors
- 23rd: Clinical Care
- 29th: Social and Economic Factors

Despite these challenges, the CCHHS staff and leadership team remains resilient, committed and passionate about creating community transformation. They intend to build on their strengths and leverage opportunities to overcome community challenges. Each division within the Department created a SWOT Analysis. The SWOT is an abbreviation for the following:

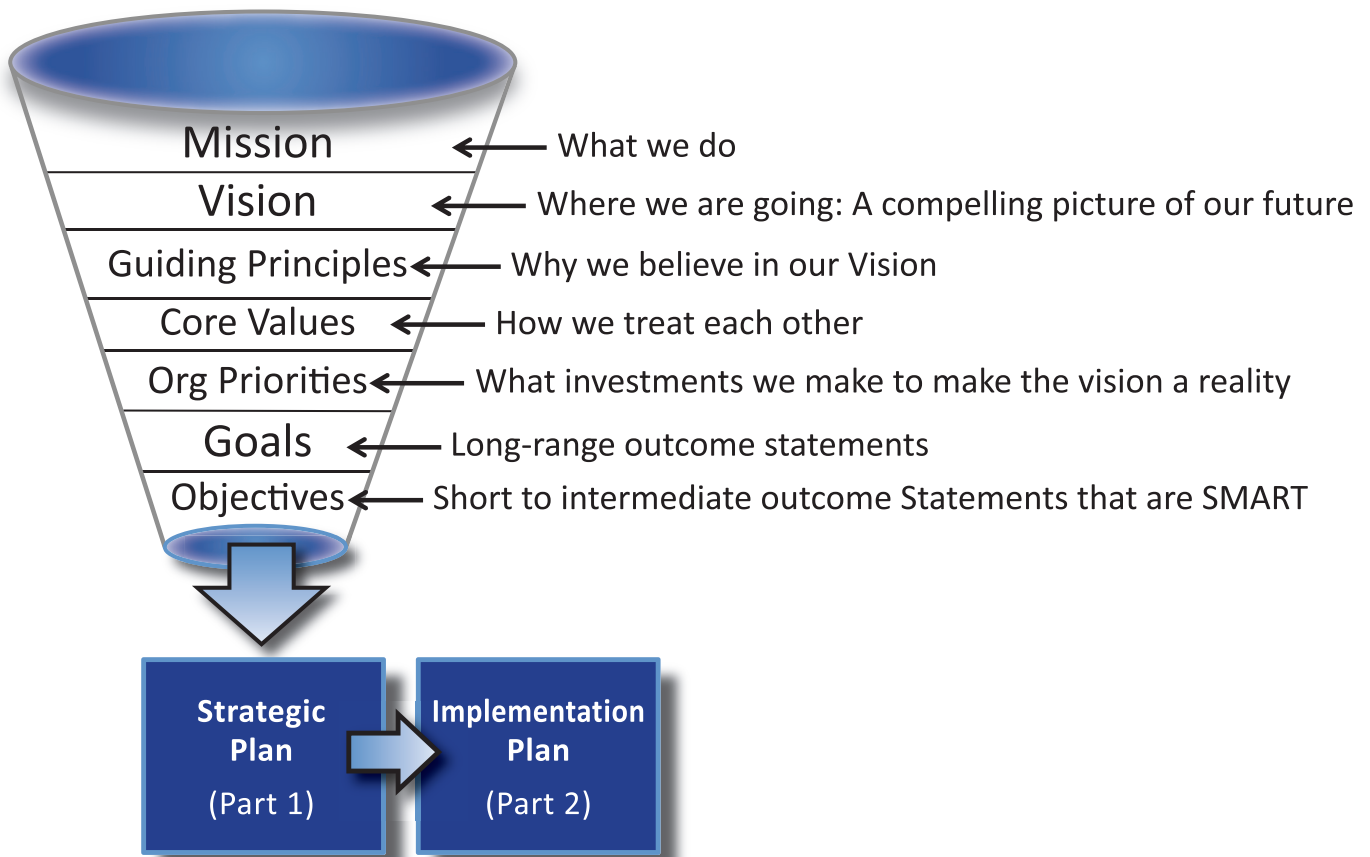
- Strengths refer to organizational strengths
- Opportunities refer to building an improved organization and improving the community
- Weaknesses refer to the challenges facing the organization
- Threats refer to the elements in the environment that are beyond control but have to be anticipated and managed.

A composite Departmental SWOT was created by combining each division’s SWOT Analysis and capturing common themes that emerged across the Department. This allowed participants to see that they face similar challenges and opportunities and this was essential for setting a common frame of reference which enabled participants to agree on the “stake” everyone has in the success of the organization and the future health of the County. The composite SWOT also served as a tool for designing integrated solutions that turned challenges into opportunities and created plans to manage current and emerging threats.

<b><i>Strengths of the HHS Organization</i></b>	<b><i>Opportunities to create community impact</i></b>
<ul style="list-style-type: none"> <li>- <b>Staff:</b> dedicated, flexible, loyal, teamwork across departments</li> <li>- <b>Customer Services:</b> highly responsive to community, offices located within the community, open door (anyone can be served)</li> <li>- <b>Partnerships:</b> good community collaboration, strong provider network</li> <li>- <b>Administration:</b> good financial management, financial stability, positive culture</li> </ul>	<ul style="list-style-type: none"> <li>- <b>HHS Partners</b> who can form coalitions</li> <li>- <b>Community Impact:</b> CHIP, health impact assessments</li> <li>- <b>Staff:</b> training for new energetic staff, communicable disease leader</li> <li>- <b>Direct Service Delivery:</b> the ability to shape CCO operations</li> <li>- <b>Integration:</b> more connections to providers, the ability to define priorities, merge with WOA, gain accreditation, develop EMR and share with other EMRs, create branding and marketing to create a new identity in Coos County</li> <li>- <b>Expansion:</b> OHP may allow for more economies of scale, expand state of the art services: PCIT, Collaborative Problem Solving, Assertive Community Treatment, expand services to schools, Head Start, and other community settings</li> </ul>
<b><i>Weaknesses of the HHS Organization</i></b>	<b><i>Threats of environment (beyond our control)</i></b>
<ul style="list-style-type: none"> <li>- <b>Staff:</b> heavy workload, hard to complete projects</li> <li>- <b>Employment Practices:</b> union vs. non-union, slow hiring practices and procurement process</li> <li>- <b>Lack of Training:</b> limited orientation</li> <li>- <b>Organizational Integration:</b> lack of standardized processes, measures of performance and IT networks that don’t connect</li> <li>- <b>Money:</b> silos, lack of funding, inflexible funding</li> <li>- <b>Culture of Limitation:</b> some narrow-minded thinking</li> <li>- <b>Building:</b> old and uninviting</li> <li>- <b>IT Infrastructure:</b> need IT staff, programming skills, integration, more technology literacy</li> </ul>	<ul style="list-style-type: none"> <li>- <b>High Rates of No Shows:</b> current delivery system does not meet client needs and lifestyles</li> <li>- <b>Lack of Public Awareness:</b> limited social media and access to program information, limited community awareness</li> <li>- <b>Lack of Preparedness:</b> the need to strengthen the ability to respond to natural disasters and big outbreaks</li> <li>- <b>Funding:</b> federal changes in the CCO rules of operation, unpredictable federal and state dollars</li> <li>- <b>Policies:</b> regionalization vs. county: BOC change, leadership changes, HUB, the Governor’s Plan</li> <li>- <b>Unpredictable External Partners:</b> merging with CCO/ WOA</li> <li>- <b>Overwhelmed System:</b> high level of uninsured individuals, lack of qualified healthcare professionals to meet MH needs</li> <li>- <b>Community Poverty:</b> child abuse, substance abuse, not well addressed</li> <li>- <b>Staffing and Recruitment:</b> difficulty in attracting talent</li> <li>- <b>Enforcement</b></li> </ul>

## The Strategic Framework

The strategic planning process was completed with six workshops within a 5 week timeframe and began with the highest level thinking and became more refined (granular) with each workshop. The intent was to engage in creative, big thinking, identify emerging themes, prioritize them and gain commitments (sign-offs) from all participants at each stage of the process. The participants ranged from County Commissioners, division directors, program managers and frontline staff members who participated in a collaborative and integrated process across the organization. The complete list of all participants is located in Section III. The illustration below shows how the strategic elements fit together and lead to the creation of an Implementation Plan.





## **VISION**

*Together, inspiring healthier communities*

## **MISSION**

*CCHHS promotes and provides innovative quality health services, prevention, and education for our communities*

### **Guiding Principles**

- Every individual has value
- Community members have a right to lead healthy and happy lives
- Healthy individuals are the foundation for healthy communities
- Our health today influences generations to come

### **Core Values**

- Appreciation
- Integrity
- Making a difference and being impactful
- Empathy
- Respect
- Fun and teamwork
- Quality
- Communication

### **Five Organizational Priorities**

- Enhance organizational effectiveness
- Improve the quality of communication
- Enhance program and financial sustainability
- Value our people
- Champion prevention and community health

### **Eight Strategic Goals**

1. Merge Infrastructure
2. Achieve Public Health Accreditation
3. Develop Our Workforce
4. Deliver Excellent Service
5. Integrate Our Services Within the Healthcare System
6. Create Marketing and Branding for Our Organization
7. Facilitate Community Health Efforts
8. Improve Preparedness Capabilities

# Strategic Matrix: Goals/Objectives and Aligning Organizational Priorities

**Vision:** Together, Inspiring Healthier Communities.

**Mission:** CCHHS promotes and provides innovative quality health services, prevention, and education for our communities.

Organizational Goals & Objectives	Organizational Priorities				
	Enhance Organization Effectiveness	Improve the Quality of Communication	Enhance Program and Financial Sustainability	Value Our People	Champion Prevention and Community Health
<b>1. Merge Infrastructure</b> 1.1. Merge IT infrastructure by June 30, 2015. 1.2. Create shared administrative policies for all staff by January 31, 2016. 1.3. Create a global budget by July 1, 2015. 1.4. Improve facilities by July 1, 2019.	✓	✓	✓		
<b>2. Achieve PHAB Accreditation</b> 2.1. Prepare for accreditation site visit by December 15, 2016.	✓	✓	✓	✓	✓
<b>3. Develop Our Workforce</b> 3.1. Develop a training program that cross trains staff and develops skill sets and professionalism by December 31, 2015. 3.2. Create a positive culture by December 31, 2019. 3.3. Recruit and retain talented professionals to expand our workforce by December 31, 2019.	✓	✓		✓	
<b>4. Deliver Excellent Service</b> 4.1. Deliver services in an effective, timely manner as indicated by best practice guidelines by December 31, 2019. 4.2. Provide access to a range of effective services by December 31, 2019.	✓	✓	✓	✓	✓
<b>5. Integrate Our Services Within the Healthcare System</b> 5.1. Investigate integration of PCP into our organization by December 31, 2017. 5.2. Integrate behavioral health services into already existing primary care settings by December 31, 2018. 5.3. Create replicable models by December 31, 2019.			✓		
<b>6. Create Marketing and Branding for Our Organization</b> 6.1. Initiate a marketing campaign by June 30, 2015. 6.2. Develop a Communications Plan by December 31, 2015.		✓	✓		
<b>7. Facilitate Community Health Efforts</b> 7.1. Facilitate the implementation of the Community Health Improvement Plan by December 31, 2016. 7.2. Develop a Community Outreach and Mobilization Plan by December 31, 2015. 7.3. Advocate for health policies by June 1, 2016.		✓			✓
<b>8. Improve Preparedness Capabilities</b> 8.1. Review and update our organizational preparedness plans by December 31, 2015. 8.2. Ongoing review and update interrelated community preparedness plans by December 31, 2016.	✓	✓	✓		✓

# Strategic Objectives Will Be Phased In Over a Five Year Time Frame

Activities will be undertaken to address the 20 strategic objectives including specific projects and continuous process improvement efforts that will last for the life of the organization. The staff is committed to finding ways to do things better, more affordably and more efficiently and is building in process improvement and policy development as part of this Strategic Plan to support organizational maturity. Work will be reviewed every year to determine the progress in achieving the objectives.

## Timeline for Prioritized Strategic Objectives

Strategic Objectives (Activities)	FY 2015				FY 2016				FY 2017	FY 2018	FY 2019
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
<b>Merge Infrastructure</b>											
▪ Merge IT infrastructure (1.1)	→										
▪ Create shared adm. policies for all staff (1.2)	→	→									
▪ Create global budget (1.3)	→										
▪ Improve facilities (1.4)	→	→	→	→	→	→	→	→	→	→	→
<b>Achieve PHAB Accreditation</b>											
▪ Prepare for PHAB accreditation (2.1)	→	→	→	→	→	→	→	→			
<b>Develop Our Workforce</b>											
▪ Develop staff skills, cross training and increased professionalism (3.1)	→	→	→	→							
▪ Create a positive culture (3.2)	→	→	→	→	→	→	→	→	→	→	→
▪ Recruit and retain talented professionals (3.3)	→	→	→	→	→	→	→	→	→	→	→
<b>Deliver Excellent Service</b>											
▪ Deliver services in effective, timely manner according to best practices (4.1)	→	→	→	→	→	→	→	→	→	→	→
▪ Provide access to a range of effective services (4.2)	→	→	→	→	→	→	→	→	→	→	→
<b>Integrate Our Services within the Healthcare System</b>											
▪ Investigate integration of PCP into our organization (5.1)	→	→	→	→	→	→	→	→	→		
▪ Integrate behavioral health services into existing primary care settings (5.2)	→	→	→	→	→	→	→	→	→	→	
▪ Create replicable models (5.3)	→	→	→	→	→	→	→	→	→	→	→
<b>Create Marketing and Branding for Our Organization</b>											
▪ Initiate a marketing campaign (6.1)	→	→									
▪ Develop a communications plan (6.2)	→	→	→								
<b>Facilitate Community Health Efforts</b>											
▪ Facilitate implementation of the Community Health Improvement Plan (7.1)	→	→	→	→	→	→	→	→			
▪ Develop a Community Outreach and Mobilization Plan (7.2)	→	→	→	→							
▪ Advocate for health policies (7.3)	→	→	→	→	→	→	→	→			
<b>Improve Preparedness Capabilities</b>											
▪ Review and update organizational preparedness plans (8.1)	→	→	→	→							
▪ Ongoing review and update of interrelated community preparedness plans (8.2)	→	→	→	→	→	→	→	→	→	→	→

## Part II: The Implementation Plan

Each Organizational Priority is supported by high-level goals that define **what** will be done and associated objectives that provide information on **how** they will be done. Each objective is supported by activities that are the beginning of project plans needed to make the strategic objective a reality.

### Organizational Priority: Enhance Organizational Effectiveness

#### Goal 1: Merge Infrastructure

##### Objective 1.1: Merge IT Infrastructure by June 30, 2015

Program Activities Interventions	Person/Group Responsible	Timeline Start/End	Process Indicators	Outcome Indicators
Finalize name and domain	Department Director Board of Commissioners	11/1/14 – 11/30/14	Work session scheduled	- Decision of the name - Board of Commissioners votes for name change - Domain name is bought
Develop Migration Plan - Develop users training plan - Server development - Train staff on Groupwise	Mike Steven Joe Lisa H. PH Assistant	11/1/14 – 12/31/14	Meetings scheduled	- Plans developed - Trainings organized and developed
Network Deployment - Migrate PH over to Novell network (5/2015-6/2015) - External offices operate on HHS system too	Mike Lisa Steven Joe	11/1/14 – 6/2015	Upgrade and migrate email to new Groupwise 2014 server (10/2014 – 12/2014) - Build Novell logins for PH and migrate staff to server Groupwise 2014 (12/2014 – 3/2015) - Upgrade file server to SLES II and migrate PH data files over to new server (3/2015 – 5/2015)	HHS is on the same server/email system

**Organizational Priority:** Enhance Organizational Effectiveness

**Goal 1:** Merge Infrastructure

**Objective 1.2:** Create shared administrative policies for all staff by January 31, 2016

Program Activities Interventions	Person/Group Responsible	Timeline Start/End	Process Indicators	Outcome Indicators
Develop policy plan - Hire QA manager - Assess current state of policies (Same? Differences? Gaps? What we don't need) - Create a team - Policy list selection criteria - Policy manual	QA Admin PH team	11/2014 – 1/31/16	- Policies assessed - Standardized format designed and approved	- QA manager hired - Policy plan completed
Develop procedures plan - Prepare list of shared procedures and prioritize - Define standardized format and a review timeframe/person responsible - Procedure manual	IT Admin QA	11/2014 – 1/31/16	Standardized format	Completed procedure plans
Implementation – train/forms available, processes/procedures in place - Create fillable PDF formats	IT Admin HQ	11/2014 – 1/31/16	Draft forms completed	Processes and procedures being used

**Organizational Priority:** Enhance Organizational Effectiveness

**Goal 1:** Merge Infrastructure

**Objective: 1.3:** Create a global budget by July 1, 2015

Program Activities Interventions	Person/Group Responsible	Timeline Start/End	Process Indicators	Outcome Indicators
Determine global budget goals - Set work session w/ Board of Commissioners, treasurer - Assess current budget structures/contract requirements, pros/cons, and what works/what doesn't	Ginger Mike Admin/Finance Director PH Business Manager	11/1/14 – 12/31/14	- Decision made as to which systems will be used for a global budget - Processes are standardized	Approval of global budget by commissioners/ treasurer
Create global budget - Standardize grant writing for global use - Develop grant repository - Prepare and approve allocation plan of admin direct and indirect costs	Ginger Mike Admin/Finance Director PH Business Manager	1/1/15 – 4/30/15	- Work session scheduled - Management team review	Budget presentation for 2015-16
Implement global budget - Standardize budget and accounting processes - Build structure in accounting software	Ginger Mike Admin/Finance Director PH Business Manager	7/1/15 – 6/30/16	County level support - Treasurer	HHS operates under one budget by 7/1/15

**Organizational Priority:** Enhance Organizational Effectiveness

**Goal 1:** Merge Infrastructure

**Objective 1.4:** Improve facilities by July 1, 2019

Program Activities Interventions	Person/Group Responsible	Timeline Start/End	Process Indicators	Outcome Indicators
Improve existing facilities - Compile building needs list - Determine space, equipment, IT needs for department - Compile building “wants” list (paint, windows, etc.)	Department Director Leadership Team	11/1/14 – 1/30/15 7/31/19 (ongoing)	Leadership meetings	- Lipstick on the pig - Satellite offices
Envision new opportunities - Investigate purchase options - Investigate lease options - Investigate co-locations	Board of Commissioners Department Director Leadership Team	11/1/14 – 1/30/15 7/31/19 (ongoing)	- Leadership meetings - Site visits - Building “wish list”	We are in new facilities

**Organizational Priority:** Enhance Organizational Effectiveness

**Goal 2:** Achieve PHAB Accreditation

**Objective: 2.1:** Prepare for accreditation site visit by December 15, 2016

<b>Program Activities Interventions</b>	<b>Person/Group Responsible</b>	<b>Timeline Start/End</b>	<b>Process Indicators</b>	<b>Outcome Indicators</b>
Prepare documentation - Create team and assign coordinator - Work on PMS and WFD and QI plans - Submit statement of intent to PHAB - Compile/review/update documentation	Health Ed Director PH Admin Accreditation team	11/2014 – 11/2015	- Meetings - Team review	- WFD plan - QI plan - PM plan - Statement of Intent submitted - Documents received
Apply to PHAB - Put in WiFi - Upload documentation to ePHAB	PH Admin Coordinator	10/2015 – 10/2016	- Draft application - Meetings with IT	- Application submitted - Fees paid
Site visit - Prepare staff	ALL	10/2016 – 12/2016	- Schedule site visit - Staff meetings and trainings	Accreditation



**Organizational Priority:** Value Our People

**Goal 3:** Develop Our Workforce

**Objective: 3.1:** Develop a training program that cross trains staff and develops skill sets and professionalism by December 31, 2015

Program Activities Interventions	Person/Group Responsible	Timeline Start/End	Process Indicators	Outcome Indicators
Assess development needs - Define professionalism and what attributes potentially get us there - Assess cross training needs and skill sets required - Assess current skill sets, competencies, and existing gaps - Assess areas of work where cross training makes sense - Identify priority areas - Identify positions for cross training	Core managers	11/2014 – 6/30/15	Meetings with core + managers	Assessment completed
Develop training programs - Identify training opportunities and costs - Include cross training goals in all annual employee performance evaluations	Core managers	7/1/15 – 12/31/15	Draft training program	Completed plan

**Organizational Priority:** Value Our People

**Goal 3:** Develop Our Workforce

**Objective: 3.2:** Create a positive culture by December 31, 2019

Program Activities Interventions	Person/Group Responsible	Timeline Start/End	Process Indicators	Outcome Indicators
Assessment of current/ongoing state - 2x/year climate assessment survey - Survey employees on skills they want to bring up to their position - Develop job satisfaction surveys (1-5 questions) - Prioritize what needs improvement - Exit interviews for staff (need to develop) - Add job satisfaction to survey/discussion - Add survey questions to performance evaluation template	Core team	1/2015 – 12/2015	Team created to handle the issues	- Survey done and actions taken to address issues - All performance evaluations have data from questions
Develop a plan - Recognition program (employee of the month?) - Begin to implement some of the flex schedule from AFSCME contract into operations - Establish an employee wellness program for all county employees - Develop clear performance expectations including productivity standards	Management team	1/2016 – 12/2016	- Manager meetings - Draft plans	- Decrease in absentees - Recognition program implemented with set of criteria - Events are organized at least 4x/year
Implementation of positive culture activities - Regular potlucks/events	ALL	11/2014 - 12/2019	Improving environment	- Happy people - Events are organized at least 4x/year

**Organizational Priority:** Value Our People

**Goal 3:** Develop Our Workforce

**Objective: 3.3:** Recruit and retain talented professionals to expand our workforce by

December 31, 2019

Program Activities Interventions	Person/Group Responsible	Timeline Start/End	Process Indicators	Outcome Indicators
Develop a recruitment plan - Build a list of selling points of our community/area - Develop PR functions to go hand-in-hand with recruiting function (MDs often are taken on tours, help w/housing and moving) - Revamp job descriptions, applications process, presentation of Coos County - Develop list of advertising sites/papers/ places - Update recruiting practices to reflect industry success (use of internet, head hunters, etc.) - Build a list of selling points of HHS	Core HR Board of Commissioners	11/2014 - 12/2019	- Gathering data - Work with HR for recruitment process initiated	Written process
Develop a retention plan - Ensure/offer competitive package within budget - Incentives available outside of \$\$ (childcare, gym) - Wellness program and/or incentives through county as employer - Training plan development - Develop updated payroll process (pay 2x/ month, look at PTO time) - Develop mid-level positions to increase upward mobility for staff - Keep our VISTAs engaged/employed	Core HR Board of Commissioners	11/2014 - 12/2019	Training plan and cost are developed	- Written process - Employee programs are developed
Implement recruitment practices	Leadership teams	11/2014 - 12/2019	Decreased staff vacancies	Talented workforce is recruited/ retained

**Organizational Priority:** Enhance Program and Financial Sustainability

**Goal 4:** Deliver Excellent Service

**Objective 4.1:** Deliver services in an effective, timely manner as indicated by best practice guidelines by December 31, 2019

<b>Program Activities Interventions</b>	<b>Person/Group Responsible</b>	<b>Timeline Start/End</b>	<b>Process Indicators</b>	<b>Outcome Indicators</b>
Assess internal current processes - Determine what works, what doesn't - Develop needs vs. resources - Conduct customer satisfaction surveys - Develop goals and tracking mechanisms	Core program leads	11/2014 – 12/2019	- Reviews of current processes - Analyses of customer feedback	- Assessment done - Areas of improvement identified - Customer satisfaction survey done and actions taken accordingly
Identify best practice timeframes for various services and programs	QA Core managers	11/2014 - 12/2019	Review of authoritative sources	Adopted best practices
Develop process improvement plan - Create workgroups to focus on specific area to implement lean process - Customer service training are organized regularly	Division heads	11/2014 - 12/2019	- Plan reviews - Implementation groups formed	- Process improvement plan completed - Reduce no-show rate and reputation issues - QI projects implemented to enhance services

**Organizational Priority:** Enhance Program and Financial Sustainability

**Goal 4:** Deliver Excellent Service

**Objective 4.2:** Provide access to a range of effective services by December 31, 2019

Program Activities Interventions	Person/Group Responsible	Timeline Start/End	Process Indicators	Outcome Indicators
<p>Explore</p> <ul style="list-style-type: none"> <li>- Provide global (physical/behavioral/dental health, etc.) healthcare services at single locations</li> <li>- Coordinate with public transit to provide transport services to care facilities</li> <li>- Explore and create health delivery systems that take services to the people (school-based programs)</li> <li>- Create an opportunity for client input and feedback</li> <li>- Outreach services to address access issues</li> <li>- Complete/identify priorities with consumers and community partners</li> <li>- Evaluate feasibility of EASA model (12/2015)</li> </ul>	<p>Leadership core</p>	<p>11/2014 – 12/2019</p>	<p>Specific teams assigned</p>	<p>Completed all input data recommendation for service</p>
<p>Develop</p> <ul style="list-style-type: none"> <li>- Develop/complete gap analysis of evidence-based practices that we have/don't have</li> <li>- Use SAMHSA/AMH list of EBPs</li> <li>- Develop implementation team with members relevant to specific practices (follow SAMHSA process)</li> <li>- Outreach our services</li> <li>- Provide health concierge service for clients</li> <li>- Implement ACT-like program (June 2015)</li> </ul>	<p>Leadership core</p>	<p>11/2014 – 12/2019</p>	<p>Developed potential list of practices and processes</p>	<ul style="list-style-type: none"> <li>- Completed gap analysis</li> <li>- Implementation plan completed</li> <li>- ACT team in place</li> </ul>
<p>Sustain</p> <ul style="list-style-type: none"> <li>- Sustainability of existing soft money practices</li> <li>- Make "Ready to Smile" sustainable</li> <li>- Determine what services can be integrated (warm hand-off) within department</li> <li>- Track internal referrals between health programs</li> </ul>	<p>Leadership core</p>	<p>11/2014 – 12/2019</p>	<p>Decreased high cost services</p>	<ul style="list-style-type: none"> <li>- More mobile offsite clinics developed</li> <li>- Better access to services</li> </ul>

**Organizational Priority:** Enhance Program and Financial Sustainability

**Goal 5:** Integrate Our Services Within the Healthcare System

**Objective 5.1:** Investigate integration of PCP into our organization by December, 31, 2017

Program Activities Interventions	Person/Group Responsible	Timeline Start/End	Process Indicators	Outcome Indicators
Assess PCP needs - Discuss PCP “share” with WFC and Bandon health clinic - Look into becoming a FQHC or a satellite - Assess pilot projects - Survey/tour of other efforts underway to develop effective practice model - Begin discussion with WOA/PCP to develop consensus/agreement - Schedule discussion meetings with WOA/PCP - Review data on PCP assignments for open clients - Outreach our services - Provide health concierge service for clients - Implement ACT-like programs (June 2015)	Ginger Florence David	2015-2016	Partner meetings	Decision made as to becoming a PCP
Sustain - Sustainability of existing soft money - Make “Ready to Smile” sustainable - Determine what services can be integrated (warm hand-off) within department - Track internal referrals between health programs	Leadership Core	11/2014-12/2019	Decreased high cost services	- More mobile offsite clinics developed - Better access to services

**Organizational Priority:** Enhance Program and Financial Sustainability

**Goal 5:** Integrate Our Services Within the Healthcare System

**Objective 5.2:** Integrate behavioral health services into already existing primary care settings by December 31, 2018

Program Activities Interventions	Person/Group Responsible	Timeline Start/End	Process Indicators	Outcome Indicators
Establish immediate presence - Outstation psychiatrists at NBMC/ Bay Clinic - Move access to psych services to same as other specialty care	David Program managers	1/2015 – 6/2015	Internal meeting with LMP and therapists	- Psychiatrist outstationed at medical offices - Therapists' services outstationed
Map integration approach - Begin internal group with ADAPT/ WOAH to outline process/heads - Look at non-physical aspects of integration, especially communication and shared records - Assess and list number of primary care settings - Approach each primary care setting for integration	QA manager-lead	1/2015 – 1/2018	- Schedule meetings with NBMC and Bay Clinic	Agreed-upon approach developed with CCO and MDs

**Organizational Priority:** Enhance Program and Financial Sustainability

**Goal 5:** Integrate Our Services Within the Healthcare System

**Objective 5.3:** Create replicable models by December 31, 2019

<b>Program Activities Interventions</b>	<b>Person/Group Responsible</b>	<b>Timeline Start/End</b>	<b>Process Indicators</b>	<b>Outcome Indicators</b>
Identify what practices or tools we have/will have developed that can be marketable	Core team	1/1/2016 – 12/30/2019	Standing agenda item on core team meetings	One practice identified to market



**Organizational Priority:** Improve the Quality of Our Communication/Enhance Program and Financial Sustainability

**Goal 6:** Create Marketing and Branding for Our Organization

**Objective 6.1:** Initiate a marketing campaign by June 30, 2015

<b>Program Activities Interventions</b>	<b>Person/Group Responsible</b>	<b>Timeline Start/End</b>	<b>Process Indicators</b>	<b>Outcome Indicators</b>
Concept development - Develop “core” team for branding/marketing including one commissioner and HHS - Prepare marketing budget based on draft plan	Health Ed Director M/B Team	12/1/14 – 6/30/15	Present to Board of Commissioners workgroup	Board of Commissioners approval
Create branding - Message design, development	Health Ed director M/B Team	12/12/14 – 6/30/15	- Logo design - Email address consistent - All forms/brochures updated	Branding/messaging developed
Launch marketing media campaign - Create external media and partners committee - Do a soft launch to consumers/customers/staff	Health Ed director M/B Team	12/1/14 – 6/30/15	- Plan to launch consumer, customer, staff launch in place - Plans to launch media campaign in place	Marketing/media plans launched

**Organizational Priority:** Improve the Quality of Our Communication/Enhance Program and Financial Sustainability

**Goal 6:** Create Marketing and Branding for Our Organization

**Objective 6.2:** Develop a Communications Plan by December 31, 2015

<b>Program Activities Interventions</b>	<b>Person/Group Responsible</b>	<b>Timeline Start/End</b>	<b>Process Indicators</b>	<b>Outcome Indicators</b>
Assess internal/external communication needs	Health Ed director Core team	12/2014 – 6/2015	- Meetings - Surveys	Knowledge of communication needs
Develop plan - Outlines messaging: target audience, message, elevator speech, standardize template (same look/feel)	Health Ed director Core team	6/2015 – 12/2015	Draft message	Plan completed
Implement communication plan - Train staff on common talking points - Employ mindset that “everything is a marketing opportunity”	Health Ed director Core team	6/2015 – 12/2015	New messages rolled out	People know who we are

**Organizational Priority:** Champion Prevention and Community Health/Improve Quality of Communication

**Goal 7:** Facilitate Community Health Efforts

**Objective 7.1:** Facilitate the implementation of the Community Health Improvement Plan by December 31, 2016

Program Activities Interventions	Person/Group Responsible	Timeline Start/End	Process Indicators	Outcome Indicators
Review/update the CHIP - CHIPAT takes lead role to facilitate progress towards outcomes and timelines - Build community relationships - Emphasize preventative programs	HHS Core CHIPAT	11/2014 – 12/30/16	Data collection, entry, reporting completed by assigned staff	CHIP is facilitated
Monitor implementation of CHIP	HHS Core CHIPAT CHIP Steering Committee	11/2014 – 12/30/16	<ul style="list-style-type: none"> <li>- Work with county road department, Coquille River Path Committee, CB/NB Boardwalk Committee, etc. to promote and fund bike and walking paths</li> <li>- Regular Steering Committee meetings organized</li> <li>- Brought CHIP to WOAH annually</li> <li>- Brought CHIP to CAC board meeting every 3 months by PH Admin or BH Director</li> </ul>	CHIP reviewed at least 2x/year

**Organizational Priority:** Champion Prevention and Community Health/Improve Quality of Communication

**Goal 7:** Facilitate Community Health Efforts

**Objective 7.2:** Develop a Community Outreach and Mobilization Plan by December 31, 2015

Program Activities Interventions	Person/Group Responsible	Timeline Start/End	Process Indicators	Outcome Indicators
<p>Create community outreach plan (HHS integrated)</p> <ul style="list-style-type: none"> <li>- Staff identified to provide outreach services</li> <li>- Assess HHS services that could/should be delivered in community setting</li> <li>- Develop plan to shift staff to community locations</li> </ul>	Core clinical leadership	7/1/15 – 12/30/16	Outreach plan drafted	Plan completed
<p>Community mobilization plan (partners integrated with HHS services)</p> <ul style="list-style-type: none"> <li>- Create a health and fitness culture, eg. Eugene’s “Jog for Health”</li> <li>- Advocate for public fitness facilities (walking trails, bike paths)</li> <li>- MH First Aid in schools</li> <li>- Facilitate community partner meeting to map gaps/needs for Health Ed and prevention</li> <li>- Get buy-in from community partners that would “house” staff (MOAs)</li> </ul>	Barbara Health Ed team Existing coalitions	7/1/15 – 12/30/16	Outreach plan drafted	Plan completed

**Organizational Priority:** Champion Prevention and Community Health/Improve Quality of Communication

**Goal 7:** Facilitate Community Health Efforts

**Objective 7.3:** Advocate for health policies by June 1, 2016

Program Activities Interventions	Person/Group Responsible	Timeline Start/End	Process Indicators	Outcome Indicators
Define/Analyze - Define priority areas for policies - Develop team to work, create timeliness - BOC legislative push for OARs to provide policy chance, AOC - Build alliances with existing champions - Look at what is happening at state and other counties	Core	7/1/15 – 6/1/16 Ongoing	Meetings team created	Up to two areas for advocacy recommended
Make recommendations	Core Health Ed team	7/1/15 – 6/1/16 Ongoing	Draft recommendation for discussion with BOC	Approval from BOC
Advocacy - PSA - Town hall meetings - Briefing with policymakers	Core Health Ed team	7/1/15 – 6/1/16 Ongoing	Meetings held	New health policies passed

**Organizational Priority:** Champion Prevention and Community Health/Improve Quality of Communication

**Goal 8:** Improve Preparedness

**Objective 8.1:** Review and update our organizational preparedness plans by December 31, 2015

Program Activities Interventions	Person/Group Responsible	Timeline Start/End	Process Indicators	Outcome Indicators
Assess current state and existing plans	Florence Don	11/2014 – 4/2015	Meetings Plans Reviews	Assessment done
Identify urgent needs and focus areas	Core team	11/2014 – 4/2015	Prioritization matrix and meetings	Focus areas identified
Update and finalize plans - Consistent and continuous training of staff involved, quarterly meetings - Merge all programs into preparedness plans - Determine level of staff participation/ role assignments	Don PH Admin	5/2015 – 12/2015	Draft of plans	- Organizational plans developed and reviewed - Shared understanding of organization actions

**Organizational Priority:** Champion Prevention and Community Health/Improve Quality of Communication

**Goal 8:** Improve Preparedness

**Objective 8.2:** Ongoing review and update interrelated community preparedness plans by December 31, 2016

<b>Program Activities Interventions</b>	<b>Person/Group Responsible</b>	<b>Timeline Start/End</b>	<b>Process Indicators</b>	<b>Outcome Indicators</b>
Assess current state and existing plans - Integrate preparedness plan with county and hospital plans - Finalize communicable disease plan - Finalize port of entry plan	PH Admin PHEP Coordinator Community Partners	1/2016 – 12/2016	Plan reviews	Assessment done
Identify urgent needs and focus areas	PH Admin PHEP Coordinator Community Partners	1/2016 – 12/2016	Meetings organized	Focus areas identified
Update and finalize plans	PH Admin PHEP Coordinator Community partners	1/2016 – 12-2016	Draft of plans	- Shared understanding at community level - Plans reviewed and finalized

## Part III: The Strategic Planning Process

### The Planning Phases

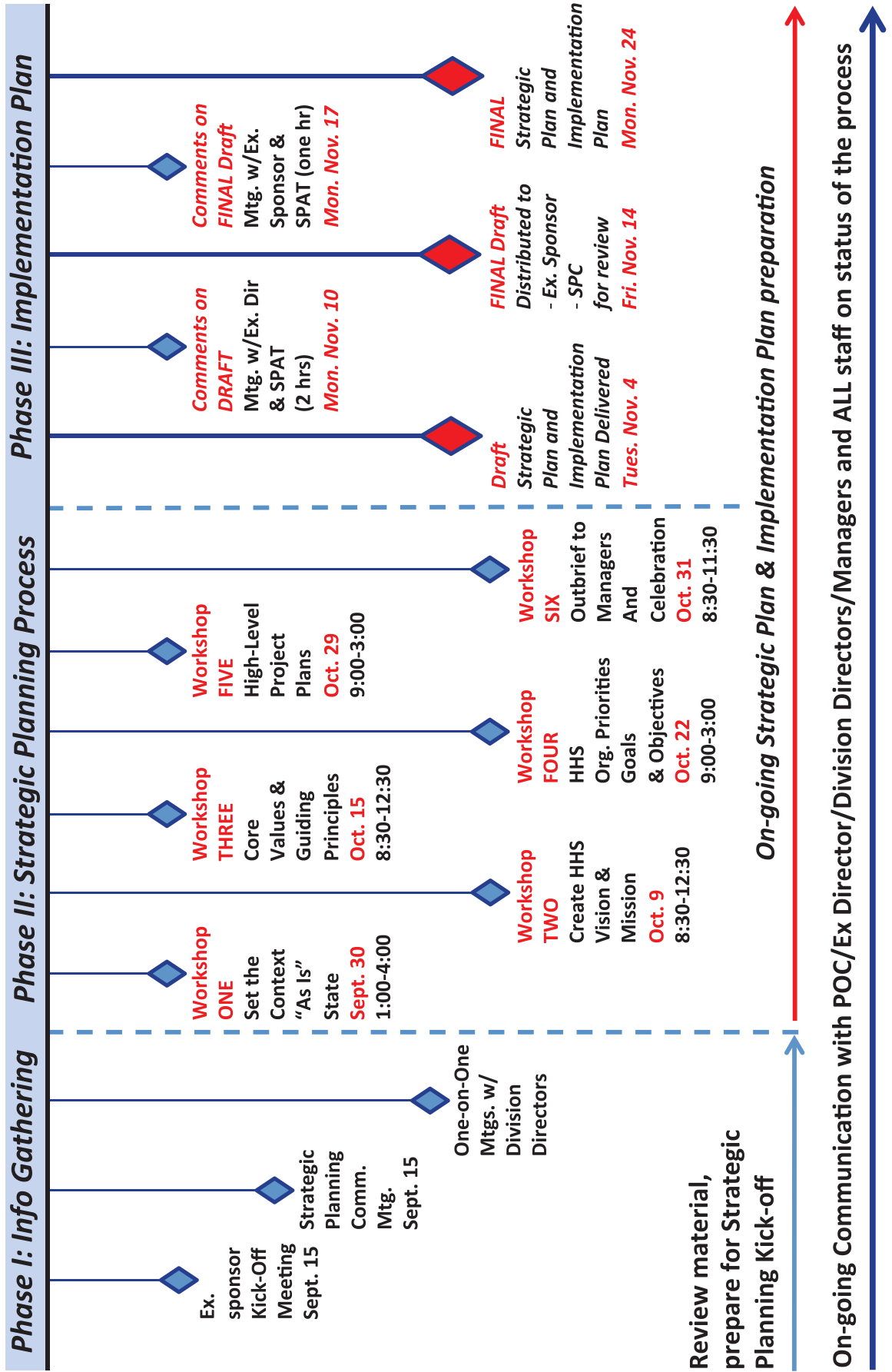
The strategic planning work was completed in three phases:

- *Information gathering:* meetings with the Core Team, reviewed materials, gained an understanding of the driving issues and desired outcomes, the needs of the stakeholders and constraints of the participants.
- *Strategic planning process:* each workshop achieved the desired outcomes, engaged all participants, ensured consistent participation and maintained continuity from one workshop to the next resulting in a dynamic strategic framework to guide the work of the Department.
- *Implementation plan:* documented outcomes, processes for achieving them and high-level project plans associated with strategic goals and objectives. This document will be the basis for launching work that aligns to the strategic framework.



# Coos County Health and Human Services Phases of the Timeline

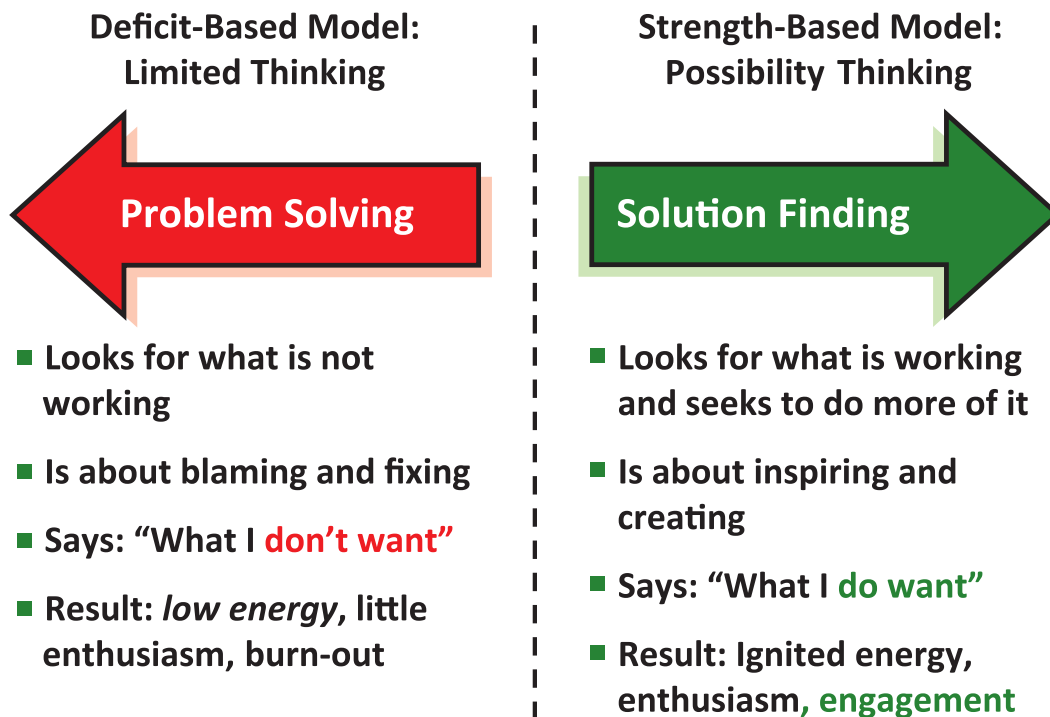
(Sept. 15-Nov. 24, 2014)



# The Art of Possibility Thinking: Making the Shift from Problem Solving to Solution Finding

The strategic planning process was guided by a philosophy of possibility thinking that focuses on the strengths of the individuals in the organization and the strengths of the community. This approach makes a shift from “fixing and blaming” to “inspiring and creating” which leads to innovative ideas that attract new resources, leverages existing community resources and/or re-aligns organizational resources.

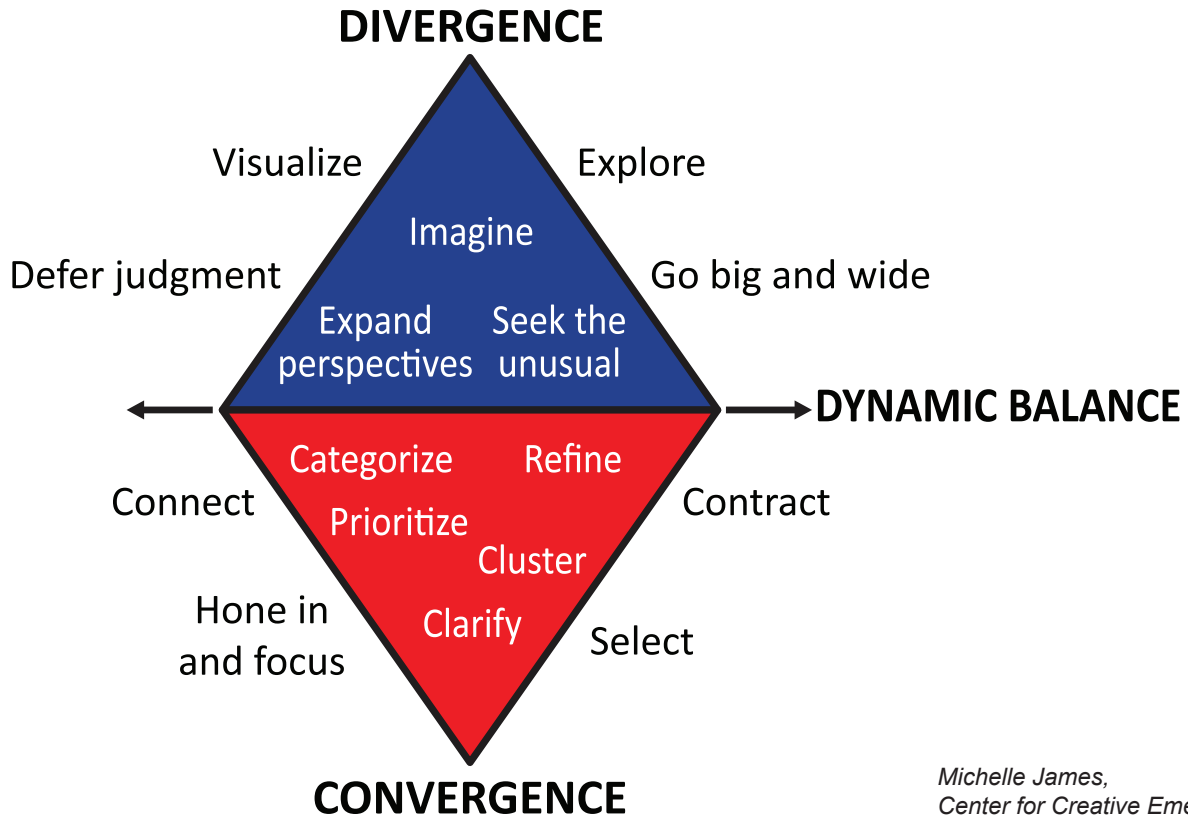
## Problem Solving vs. Solution Finding



Deborah Maher, DFM Consulting

## The Creative Process

New solutions came from a Divergent/Convergent creative process that was messy and inclusive and led to concrete outcomes. This process consistently called on participants to make a creative mess of the room and treat it as a laboratory for new ideas. In addition, the group utilized improvisation principles by engaging in “Yes/And” conversations, seeking the good of the whole and allowing ideas to be tested and discussed. The process was intended to be lively and engaging so that the group could work together in new ways.



## Consensus Redefined

The group also agreed to a revised definition of “consensus”. It did not mean that everyone in the room had to agree with a statement or an outcome, rather it meant that participants could agree with it, live with it, or disagree with it. If the disagreements were substantial, we stopped and discussed the item and if they were minimal, then we agreed that it would be addressed later. The essential ingredient was that everyone be heard and acknowledged so that all viewpoints were respected. It was a fast moving process and we did our best to balance efficiency with the need to discuss and reflect on key points. For the most part the process seemed to work.

## The Participants

The strategic planning process included the Core Team (heads of divisions), County Commissioners, a representative from Department of Human Services, some program managers and some staff who participated in a series of six workshops convened over a five week period. The Core Team participated in 6 sessions including 2 all day sessions to define organizational priorities, goals, objectives and high-level work plans, while the rest of the group participated in 4 half day sessions.

Name	Title	Workshops					
		1	2	3	4	5	6
Angie Mattecheck	HHS Home Visitor	X	X	X			X
Bailey Richards	HHS VISTA Volunteer	X	X	X		X	X
Barbara Bassett	HHS Health Education Director	X	X	X	X	X	
Carrie McKim	HHS Administrative Services Supervisor	X	X	X			
Cynthia Edwards	HHS Health Education Coordinator	X	X	X	X		X
David Geels	HHS Mental Health Director	X		X	X	X	
Deborah Maher	DFM Consultant	X	X	X	X	X	X
Diane Marsh	HHS Administrative Aide			X			X
Don Marr	HHS Preparedness Coordinator	X	X				X
Florence Stevens	HHS Public Health Administrator	X	X	X	X	X	X
Ginger Swan	Health & Human Services Director	X	X	X	X	X	X
Jamie Wright	HHS WIC Coordinator	X	X	X			X
Jennifer Fischer	DHS Business Coordinator		X	X			X
John Sweet	Coos County Commissioner			X			X
Kathy Cooley	HHS Home Visiting Manager	X	X	X			X
Katrinka McReynolds	HHS <i>Ready to Smile</i> Dental Manager	X	X	X			X
Lena Hawtin	HHS Clinic Services Manager	X		X			X
Lisa Hermann	HHS Secretary	X	X	X			X
Lisa Williams	HHS Adult Program Manager						X
Mike Rowley	HHS Finance Director	X	X	X	X	X	X
Melissa Cribbins	Coos County Commissioner			X			
Neville Cordell	HHS BTCS Manager			X			X
Nicole Bowman	HHS VISTA Volunteer		X	X			X
Renee Hacker	HHS Public Health Assistant		X	X			X
Rick Hallmark	HHS Environmental Health Manager		X	X			
Shannon Durkee	HHS Tobacco Prevention Program		X	X			
Shari Jackson	Coos County HR Director	X					
Shawna Schaar	HHS Children's Program Manager			X			X
Sherrill Lorenzo	HHS Business Manager	X	X	X			X
Steven Ryan	HHS IT Manager			X			X
Suzanne Arrington	HHS VISTA Volunteer	X	X	X		X	X

### Laying the Foundation

This workshop laid the foundation for the strategic planning process and set the tone for the journey. Participants were introduced to positive change models that seek to move from “problem solving” to “solution finding”. In addition, we not only talked about the creative process, we engaged in it. The group engaged in pairs conversations, created a Timeline of Accomplishments, and identified organizational strengths and weaknesses, environmental challenges and opportunities and the “stake” they have in the future of this organization. After conducting pairs’ conversations to discover the strengths and accomplishments of the other person, the group created a “community of strengths” that made the skills, gifts, and talents visible and affirmed that those present were equipped to address the challenges ahead. After establishing the baseline of strengths, capabilities and organizational accomplishments, the group began to address the “current state”.

### Pairs Conversations Discover Individual Strengths

Individuals engaged in pairs conversations to talk about a time when they were part of a team that accomplished something that made them proud. This story could have been in the workplace, at home or when they were younger. The goal was to tell a story of team accomplishments. After they completed their stories, they were asked to describe what talent or strengths they contributed. Each strength was written on a large post-it and then all post-its were put up, so everyone could see the strengths and talents in the room. This was designed to set the stage for a group effort that would result in the strategies.



***Pairs conversations: discovering strengths***



***Making a “community of strengths” visible***

**The Goal:** *“To create an alignment of strengths so that weaknesses become irrelevant.”*

*Peter Drucker*

## Timeline of Accomplishments

After identifying the strengths in the room, all participants were asked to populate a timeline of accomplishments with post-its. This enabled all to see the magnitude of all of the work done by the entire department for the previous five years and before 2009.

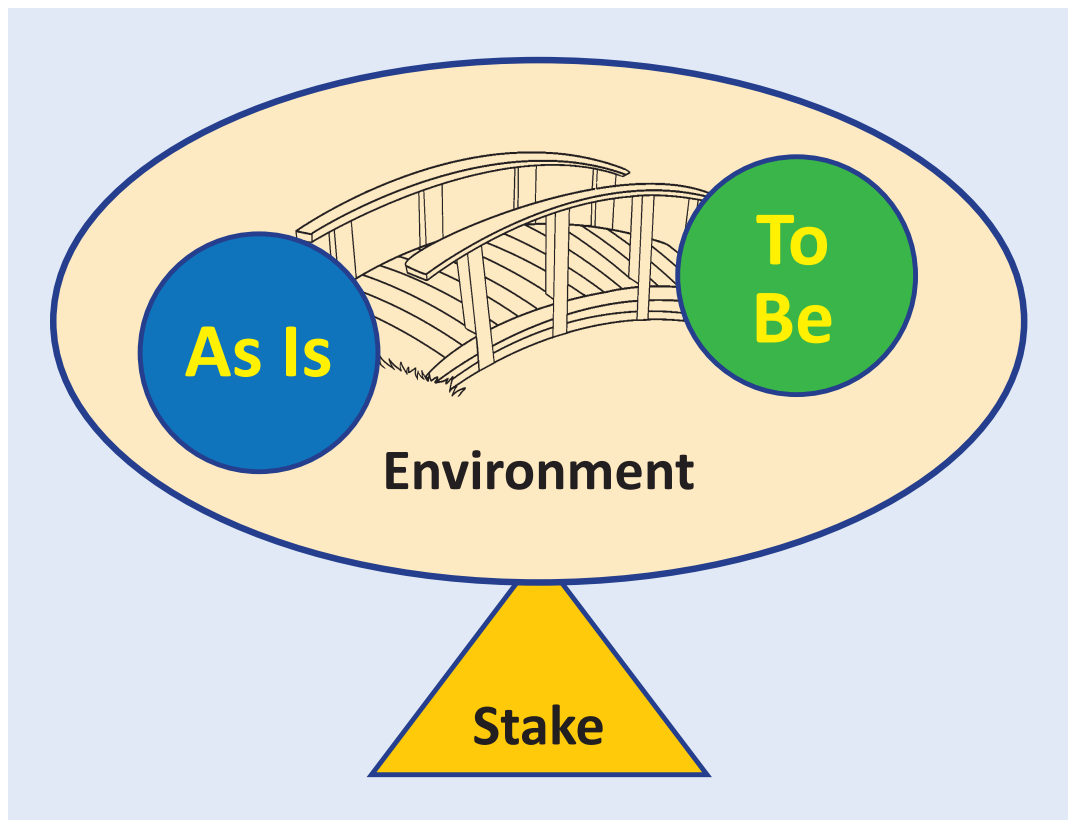


*Reviewing Timeline of Accomplishments*

## The “As Is” State

Participants identified what was “at stake” if they failed to think and act differently and failed to engage differently with each other and the community. Key to the success of organizational integration is grounding the participants in their strengths as a group, building cross-collaborative working relationships, being clear about the “as is” situation, the surrounding environment and the “stake” everyone has in the success or failure of the plan. It is difficult to move forward if challenges are glossed over and strategic planning simply jumps to imagining a bright future without acknowledging the truth about what IS.

The group realized that HHS is at a critical turning point. The staff has the potential to help guide the community in a new and positive direction and there is much at stake if the organization succeeds! Central to the “what’s-at-stake” discussion was identifying why this work is important because when one understands why something is important, it fuels energy and passion for doing the work, in short it becomes a “calling”.



*Chris McGoff, The Primes (Book)*

# Organizational and Environmental Challenges Further Validated the Findings of the SWOT Analysis

## *Organizational Challenges*

### ▪ **Communication Challenges Around Integration**

- No clear communicated process for integrating the divisions
- Lack of understanding on the importance of integration
- Limited cross-collaboration opportunities
- Many moving parts: it is difficult to pull people together
- Merging cultures

### ▪ **Staffing Issues**

- Vacancies unfilled
- Admins. and Staff wearing many hats: department heads and managers filling-in
- Support responsibilities have increased
- Limited staff with increasing projects
- New boss means a new job description
- Attitudes: people can't get out of their comfort zones

### ▪ **Time**

- Not enough time to train new employees well
- Not enough time to review and complete projects

### ▪ **Money**

- Funding uncertainties: "Will I have a job tomorrow?" We have a lot of soft money
- We have non-billable hours to keep programs in compliance
- No combined budget between departments: siloed funding streams each with their own regulations and targeted spending and no interpretation for what is correct

### ▪ **The Building and Infrastructure**

- It is less than stellar: "A rat cage!"...we are too crowded
- Limited parking
- Fragmented IT system does not integrate divisions



## ***Environmental Challenges***

### **▪ Depressed Economic Environment**

- Isolated location, limited salaries/wages leads to “brain drain” and difficulty in attracting high caliber staffing
- Culture of hopelessness, low wages
- A relationship between lack of jobs and drug use

### **▪ Perceptions of HHS and Community Attitudes**

- Negative views/stigma
- Lack of knowledge about HHS services
- Resistance to change

### **▪ Financial**

- Loss of revenue, competition is causing patients to go elsewhere
- Retired population is less supportive of public expenditures
- Regulations
- Responsibility for ACA
- Changing health care structure impacts service delivery
- Multiple requirements from multiple departments (bureaucracy)
- Political
- Political shifts, new political ideas and leadership

## ***“The Stake”:* Determining What Is At Stake If We Fail or If We Succeed**

### **▪ For Our Community**

- The future of our community
- The health of our community
- Our ability to build resilience
- Helping individual lives
- Quality of life

### **▪ For Our Organization**

- Whether HHS survives as an organization
- Job satisfaction
- Our ability to recruit/attract/retain talent
- Our ability to blend in with CCO, other agencies and partners within CCO
- Being proactive rather than reactive
- Our success can be a model for the State and beyond

The workshop concluded with the group committed to moving into the “visioning” process that would be bridged by a strategic framework and Implementation Plan.

## Workshop TWO:

# Strategic Planning Overview and Creating the Vision and Mission

(4 hours)

The elements of the strategic framework were presented so participants would know how the pieces fit together. Providing the context for the entire process enabled the participants to focus on the work before them without having to guess where it was going. In addition they were reminded of the importance of the creative process and that “right brain” creativity would be called upon to imagine a different future for the entire organization.



## Creating the Vision for the Future

The video, “Celebrate What’s Right with the World” was used to help shift the paradigm and ask different questions to see the world differently, to see possibility. The creative work of the day was designed to see new possibilities for CCHHS. Teams comprised of people from different divisions created abstract drawings of the future without talking and then were asked to report out to the entire group what would be happening five years from now.





## Guiding Principles

Successful organizations attract individuals that are energized by common beliefs that sustain the journey they take together. This workshop began with a TED lecture from Simon Sinek who explains that all organizations can tell you what they do and how they do it, but the successful ones tell you *WHY* they do it because our beliefs compel us to take action and give us the energy to do what we do every day. Without a compelling reason for an organization to exist, long-term success, staff engagement and commitment to the work is not possible. Here is the diagram that Simon Sinek presented as it applies to CCHHS.

## How it ALL Fits Together

- People buy **WHY** you do what you do.....  
**NOT** what you do
- Inspired leaders work from the **inside out**
- What do you (as an organization) **believe?**
- What sets CCHHS **apart?**



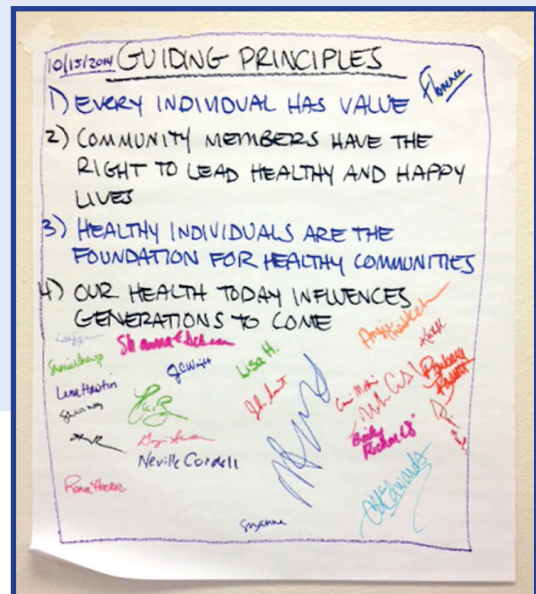
The group broke into pairs and interviewed each other using the Five WHY worksheet. The first Why:

1. Why does CCHHS exist? \_\_\_\_\_
2. Then why is that important? \_\_\_\_\_
3. And why is that important? \_\_\_\_\_
4. And why is that important? \_\_\_\_\_
5. And why is that important? \_\_\_\_\_

The pairs reported back to their teams and began to identify emerging themes and then the group synthesized the results:

### **Guiding Principles**

1. Every individual has value
2. Community members have the right to lead healthy and happy lives
3. Healthy individuals are the foundation for healthy communities
4. Our health today influences generations to come



## Core Values

How we treat people in the workplace indicates what is valued. The strategic planning staff conducted a survey of values and this exercise validated those findings. In order to discover the most important values in the organization and rank them, everyone was asked the following question:

*What is the ONE most important thing a person could do or say in the workplace that would make you feel valued and seen?*



The answers revolved around appreciation, acknowledgment and thanks. The core values were distilled from the comments that we ranked by the group.

### **Appreciation:**

- "Tell me I did a good job"*
- "Thank me for what I have done"*
- "Personally thank me for the job I did."*
- "Give me a sincere 'thank you' to make me feel valued"*
- "Let me know you heard me"*

### **Respect**

- "Acknowledge me as a team member"*
- "Let me get my work done"*
- "Acknowledge my work"*
- "Recognize my participation as a valuable member of the team"*

### **Making a difference**

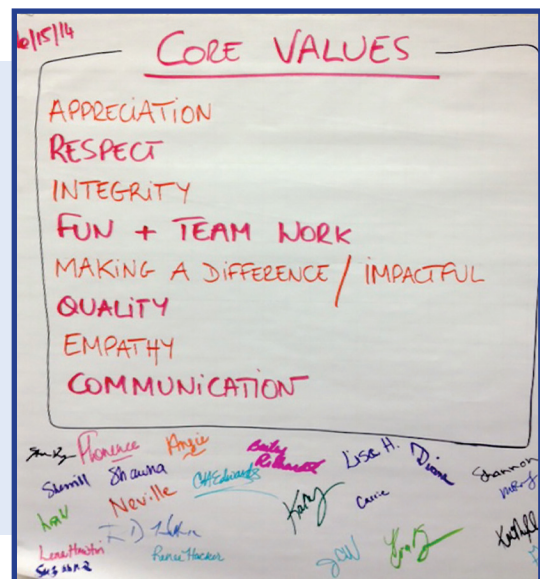
- "Tell me I made a difference"*
- "Assign me to an important assignment"*
- "You are the right person for this job"*

### **Fun and team work**

- "Smile"*

### **Core Values**

- » Appreciation
- » Respect
- » Integrity
- » Fun and team work
- » Making a difference
- » Quality
- » Empathy
- » Communication



The Core Team used the input from the organization wide SWOT analysis and input from the previous three workshops to inform their work. The intention was to create a fleshed-out strategic framework that would provide guidance to managers when it came to implementing projects that aligned to the strategic direction. The group began by reviewing progress to date.

## **Name Change Considered**

They engaged in a discussion on the name of the organization for marketing and branding purposes but the most immediate need was to agree on a naming convention to integrate the IT system so that Health and Human Services would operate on the same system. The group engaged in a creative process with post-its and is continuing to review a name change.

## **Organizational Priorities for Achieving the Vision**

Organizational priorities are the “investments” an organization will make to achieve its vision. The participants revisited the Vision statement and began to brainstorm ideas that could achieve it. Ideas were free flowing and were listed on a flip chart. As ideas began to emerge, they were categorized as strategic or operational. All ideas were kept, as they would later fit into a strategic goal or objective. The group identified overarching themes and clustered ideas together. Once they were clustered, the organizational priorities became clear. Five organizational priorities emerged and are listed below.

## **Organizational Priorities and Rationale**

- *Enhance organizational effectiveness:* The Department is fragmented with different IT systems, budget systems, policies and procedures and physical location. In order to become an integrated organization, integrated systems, policies and procedures must be in place.
- *Improve the quality of communication:* Communication between divisions and throughout the organization was noted on numerous occasions. Staff did not know what was going on. Also concern has been expressed about interpersonal communications and the need to create a more professional demeanor in the community.
- *Enhance program and financial sustainability:* A number of funding sources are uncertain and increasingly the organization has to compete for clients, prove its value in the community and find ways to generate revenue.
- *Value our people:* Staff expressed feelings of being on overload and not appreciated for what they do. The organization has a need for cross training, retention of staff and enhanced skills. By providing growth opportunities for staff, recognizing their abilities and enhancing their careers, the organization can create an improved organization and enhance community care.
- *Champion prevention and community health:* This priority moves HHS in the direction of community well being, education, advocacy and facilitation of community partnerships.

## Strategic Goals and Rationale

- 1. Merge Infrastructure:** HHS is moving away from silos to an integrated structure where public health, mental health, health education and administrative services (including HR/finance/IT/business operations and Health Electronic Records). This will require merged IT systems, shared administrative policies, a global budget and improved facilities.
- 2. Achieve Public Health Accreditation:** HHS seeks to enhance the delivery of public health services and improve quality through regular assessment of strengths and areas for improvement. It also seeks to demonstrate expertise and leadership to the community.
- 3. Develop Our Workforce:** HHS seeks to promote cross-organizational collaboration, skill building, increased job satisfaction and the recruitment and retention of talented staff members.
- 4. Deliver Excellent Service:** HHS wants Coos County citizens to have timely access to a range of quality services.
- 5. Integrate Our Services Within the Healthcare System:** HHS seeks to gain economies of scale by finding ways to work with existing organizations.
- 6. Create Marketing and Branding for Our Organization:** HHS intends to initiate a marketing campaign to re-position the organization in the community and upgrade its image.
- 7. Facilitate Community Health Efforts:** HHS will champion efforts to bring various partners together on diverse projects which will have a positive impact on the health of the community.
- 8. Improve Preparedness Capabilities:** HHS will improve its preparedness capabilities throughout the organization and will work with other organizations in the County to review and update interrelated community preparedness plans.

## Goals and Objectives

Community outreach and quality are built into the goals as well as links to the Community Health Improvement Plan (Objective 7.1) and the Quality Improvement Plan (Goal 2). The 8 strategic goals and 20 strategic objectives support all of the organizational priorities as reflected in the Strategy Matrix on page 6 of this Strategic Plan.



## **Workshop FIVE:** *Create High-level Work Plans for Each Organizational Objective*

*(8 hours)*

The Executive Leadership Team spent the day creating high-level project plans for each goal. We created a gallery walk with 20 strategic objectives posted in the form of charts all around the room. Everyone used post-its to populate pre-printed flip charts so the work could be expedited. Those with a particular interest/expertise focused on project plans that they could guide. This resulted in the Implementation Plan which is Part II of this document.

## **Workshop SIX:** *Re-Cap and Celebration*

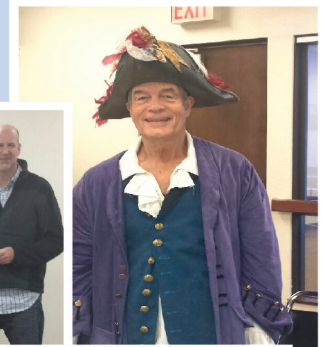
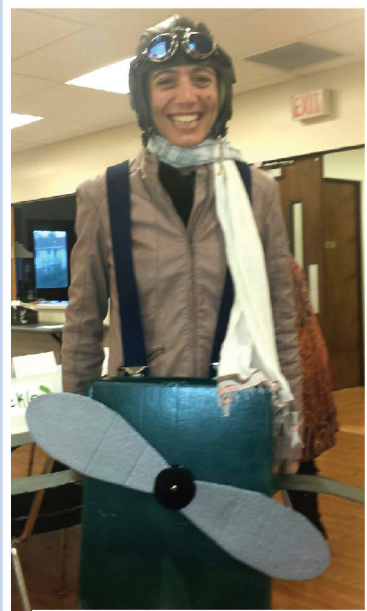
*(3.5 hours)*

The Executive Leadership Team reported to all the managers on the progress made to define organizational priorities, strategic goals and objectives. Each goal and object was reviewed along with activities associated with them in the Implementation Plan. This workshop happened to fall on Halloween so to add to the team building and celebration, everyone came in costume and this was incorporated in a creative, team building process. The purpose of this gathering was not to simply out-brief the program managers but to solidify cross-organizational commitments and team spirit in a way that will begin a new chapter of organizational integration.

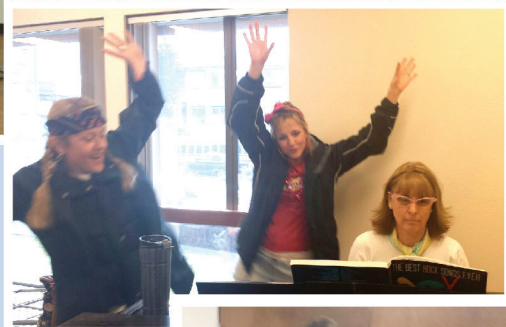
Each participant was asked to offer their talents, strengths or gifts as a commitment to building the future of the organization. Participants filled out cards that will be mailed to them within the next month as a reminder of the commitments they made. The success of the work and the team spirit was evident in the final gathering!



# The Team Spirit



**Go  
team!**



## **Report Information**

For questions or information regarding this report, please contact Coos County Health and Human Services Director, Ginger Swan at (541) 751-2547.

## **Non-Discrimination Policy:**

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