



GALLATIN CITY-COUNTY HEALTH DEPARTMENT

STRATEGIC PLAN

JULY 1, 2017-JUNE 30, 2020

Mission: To promote and protect health and wellbeing in Gallatin County.

Vision: Healthy people and healthy communities.

Approved by the Gallatin City-County Board of Health:
May 25, 2017



INTRODUCTION

The objective of creating a strategic plan for Gallatin City-County Health Department (GCCHD) is to create thoughtful interrelationships with the organization's priorities, opportunities, and to maximize resources. This document serves as an effort to focus more on how the department can function better to serve its population through five priority areas. Each goal is a broad statement of intent, which serves as a central focus for the strategic objectives.

The five strategic priorities are:

- Organizational Excellence
- Environmental Quality
- Connections through Communication and Collaboration
- Prevention, Risk Reduction and Health Promotion
- Responding to Growth

The strategic plan serves as a tool to help the department promote a healthier Gallatin County by setting the foundation to drive organizational improvement. This strategic planning document serves as a road map for the health department for the next three years. The goals and objectives outlined in this plan are supplemented by annual performance plans, the Community Health Improvement Plan (CHIP), the Public Health Accreditation Board's Standards and Measures version 1.5 for public health accreditation, as well as the Standards and Measures for Reaccreditation.

BACKGROUND

Gallatin County is the fifth largest county in the state of Montana, with an estimated population of 104,502 residents (US census 2016 estimate). Additionally, Gallatin County is the fastest growing county in the state. Located in the southwest corner of the state, Gallatin County borders Wyoming, Idaho and Yellowstone National Park.

Gallatin County covers an area of 2,632 square miles, the majority of which is considered rural. The largest population center and county seat is Bozeman, with a 2015 population of 43,405 residents. Bozeman is also home to Montana State University. Other cities and towns within Gallatin County include Belgrade, Manhattan, Three Forks and West Yellowstone. Gallatin County also has several Census Designated Places and unincorporated communities that include Big Sky, Gallatin Gateway, Amsterdam-Churchill, Four Corners, Willow Creek, Logan, and Maudlow.

Gallatin City-County Health Department is comprised of two divisions: Human Services (HS) and Environmental Health Services (EHS).

HUMAN SERVICES

The Human Services division focuses on the health of the people of Gallatin County through services of targeted public health home visiting and maternal-child health services, immunizations, Women, Infants and Children supplemental nutrition services, communicable disease surveillance and follow up, chronic disease prevention, and public health emergency preparedness.

ENVIRONMENTAL HEALTH SERVICES

Environmental Health Services focuses on the health interrelationships between people and their environment, and works to ensure safe and healthful environments through adherence of the Gallatin County health code. The department conducts inspections of licensed establishments as set forth by the health codes in addition to septic permit review and inspections. The department also works closely with the local water quality district to ensure clean water throughout the county.

MISSION, VISION AND GUIDING PRINCIPLES

The mission and vision statements of Gallatin City-County Health Department were updated as part of the strategic planning process. These statements reflect the identity of the department to the public and affirm the work conducted by department staff.

MISSION:

To promote and protect health and wellbeing in Gallatin County.

VISION:

Healthy people and healthy communities.

GUIDING PRINCIPLES:

- *Evidence-based practices grounded in sound science and effective implementation*
- *Collaboration and communication with community members and partners*
- *Empowering people through education and engagement to make healthy choices*
- *Continuous quality improvement*
- *Consistent application of public health laws and regulations*
- *Serving all with respect, equality, and equity*

THE STRATEGIC PLANNING PROCESS

The strategic plan was completed over the course of 10 months from July 2016 through April 2017. Broad participation was sought to provide input into the process and to create a document that will help guide the direction of Gallatin City-County Health Department from July 1, 2017 through June 30, 2020.

A strategic planning steering committee was convened in July 2016. This team consisted of the Health Officer, Environmental Health Services Director, Human Services Director, and Accreditation Coordinator. A multi-phase plan was developed to help guide strategic planning efforts. The process included external stakeholder engagement with more than 52 representatives of the community or partner organizations, assessment and data analysis, input from the Board of Health, development of goals and objectives, and finalizing the plan. A detailed outline of this plan is included below:

GALLATIN CITY-COUNTY HEALTH DEPARTMENT STRATEGIC PLANNING PROCESS

Task:	Purpose:
External Stakeholder Engagement	Facilitated engagement of key informants and stakeholders resulting in documented input on GCCHD strengths and vulnerabilities, as well as input on strategic vision for the future and possible specific objectives.
All Staff and Board of Health Retreat	All staff and Board of Health members spent half of a day discussing and providing input on our organizational mission, vision, guiding principles, and priority areas.
Develop Draft Objectives	Program managers and senior staff work with all staff to develop specific, measureable, achievable, relevant and time-bound objectives, resulting in a draft strategic plan with clear goals and SMART objectives, linked to relevant public health data and assessment.
Senior Staff & Admin Revisions	Senior and administrative staff ensure there are no gaps in the draft plan and add/revise objectives as necessary.
Finalize Plan	Presentation of proposed strategic plan to Board of Health resulting in a finalized strategic plan for next 3 years.

TIMELINE

Activity	Timeline	Participants
Facilitated Engagement of Key Informants and Stakeholders	December 2016	External Stakeholders
Survey to Identify Themes	December 2016	All Staff and Board of Health
All-Staff Retreat – Vision, Mission, and Guiding Principles deliberation and Selection of Priority Areas	January 26, 2017	All Staff and Board of Health
Discussion to Finalize Vision, Mission, and Guiding Principles	February 13, 2017	Strategic Planning Steering Committee
Strategic Plan objectives and workplan developed	March 6, 7, 9, 2017	Program managers, Strategic Planning Steering Committee
Revisions and additions to draft objectives and workplan	March 21, 2017	Strategic Planning Steering Committee
Draft Strategic Plan presented to Board of Health	March 23, 2017	Board of Health
Revision and Refinement of Objectives	March 29, 2017	Strategic Planning Steering Committee
Program Manager Input on Strategic Plan	April 28, 2017	Program Managers, Strategic Planning Steering Committee
Strategic Plan Finalized	May 5, 2017	Strategic Planning Steering Committee
Strategic Plan Presented to the Board of Health	May 25, 2017	Board of Health

EXTERNAL STAKEHOLDER ENGAGEMENT

This portion of the process included eight facilitated meetings with key community partners and stakeholders. The meetings were facilitated by Sarah Acker from Bozeman Health, and broken down by program area. Participants provided feedback on the internal strengths and weakness, as well as external opportunities and threats (SWOT analysis). Through this process, we had 19 different organizations and 52 unique individuals participate.

Organizations	# Participants
American Red Cross of Montana	1
Belgrade School District	3
Bozeman Health Deaconess Hospital	9
Bozeman School District	2
Bridgercare	1
Childcare Connections	1
City of Belgrade	1
<i>City of Belgrade Planning</i>	<i>(1)</i>
City of Bozeman	3
<i>City of Bozeman Building & Planning</i>	<i>(1)</i>
<i>City of Bozeman Engineering</i>	<i>(1)</i>
<i>City of Bozeman GIS Mapping</i>	<i>(1)</i>
Community Health Partners	2
Department of Public Health and Human Services	3
Gallatin County	15
<i>Gallatin County Attorney</i>	<i>(1)</i>
<i>Gallatin County Commissioner</i>	<i>(1)</i>
<i>Gallatin County Compliance</i>	<i>(1)</i>
<i>Gallatin County Planning</i>	<i>(1)</i>
<i>Local Water Quality District</i>	<i>(1)</i>
<i>GCCHD (inter-programmatic consultation)</i>	<i>(10)</i>
Gallatin Mental Health Center	1
HRDC	1
Livingston HealthCare	1
Montana State University	4
OPA	1
OPI	1
<i>MT Team Nutrition</i>	<i>(1)</i>
Thrive	1
ZoeCare	1
Grand Total	52

Over the course of several weeks, stakeholders and partners were identified and contacted to provide feedback as part of the strategic planning process. Stakeholders were invited to participate in the meetings by program area and involved completing a SWOT (strengths, weaknesses, opportunities, threats) analysis. At the end of each session, partners were asked to identify two points from each category (strengths, weaknesses, opportunities, threats) that they felt were the most feasible and would have the highest impact. A summary of the feedback gathered from the external stakeholder SWOT meetings is below:

INTERNAL STRENGTHS AND CHALLENGES		
Category	Strengths	Challenges
Staff & Leadership	<ul style="list-style-type: none"> • Staff are knowledgeable, experienced, engaged, dedicated • Engaged in professional development and continuing education • Leadership is invested in making client and staff-centered decisions 	<ul style="list-style-type: none"> • Not enough program staff to meet demand for services • Capacity; both in terms of FTE and physical space • Maintaining information and partnerships as staff leave/retire
Programs & Services	<ul style="list-style-type: none"> • Use of evidence based approach • Comprehensive, high quality services • Supportive and empowering attitude towards clients • Focus on community needs 	<ul style="list-style-type: none"> • Education to the public regarding what the health department offers • Coordination of services • Stakeholders unfamiliar with entire scope/responsibility of program • Gaps in services; specifically mental health, depression, suicide
Communication	<ul style="list-style-type: none"> • Responsive to issues and requests from partners; provide thorough follow-up • Accessible to the public – both physical location and online resources • Good outreach to partners and community – distribution of promotion materials and program updates 	<ul style="list-style-type: none"> • Consistent follow-up or communication back to referral sources • Communicating with partners who offer similar services; coordinating enrollment processes • Advertising of health department services, does the public know what we do?
Community Partnerships	<ul style="list-style-type: none"> • Great community connections – good network and collaboration with other organizations • Program staff are engaged and provide education to staff at other organizations (training and technical assistance) • Generous in sharing resources with partners (both financial and material/educational) 	<ul style="list-style-type: none"> • Prioritization of responsibilities; workload prevents collaborative possibilities • Staff unaware of all the different programs/resources to connect clients to • Outreach to outlying communities/accessibility of resources

EXTERNAL OPPORTUNITIES AND THREATS

Category	Opportunities	Threats
Public Health System	<ul style="list-style-type: none"> • Connect with new and additional partners to provide referrals and support to clients • Improved access to health information through EHRs (specifically BH and CHP) • Improved usability of state databases (HV charting, MSPIRIT, databases) 	<ul style="list-style-type: none"> • Fragmented services across different organizations; are we missing people? • Growing population; capacity to only serve high-risk clients • Aging infrastructure; keeping up with technology • Budgetary implications – competing county priorities
Political Climate	<ul style="list-style-type: none"> • Collaborative opportunities with untraditional partners – city and county departments • Leverage BOH and local decision makers to pass innovative public health policies 	<ul style="list-style-type: none"> • Funding sources, especially from government • Uncertainty associated with transition in administration • Impact of potential changes to Affordable Care Act
Accessibility of Health Services	<ul style="list-style-type: none"> • Culturally appropriate resources • Increase collaboration to compliment program areas, especially in outlying communities 	<ul style="list-style-type: none"> • Stigma associated with services like home visiting, WIC, lactation, chronic diseases • Public not aware of all of the health department services

GALLATIN CITY-COUNTY HEALTH DEPARTMENT: STRATEGIC PRIORITIES, GOALS, & OBJECTIVES

PRIORITY AREA 1: ORGANIZATIONAL EXCELLENCE

Gallatin City-County Health Department will strive to sustain and enhance the established organizational excellence both to ensure the quality of services provided and to create a workplace that fosters personally well, competent, creative, and motivated staff. We will strive to build consistent, effective systems and policies that drive quality services and foster innovation that improve health outcomes.

GOAL 1: MAINTAIN & IMPROVE ORGANIZATIONAL EXCELLENCE WITHIN THE HEALTH DEPARTMENT

OBJECTIVES:

- 1.1 By January 2018, develop and implement an organizational plan for preparing necessary documentation in order to achieve Public Health Accreditation Board (PHAB) reaccreditation in 2020.
- 1.2 Continue to integrate quality improvement in health department operations. Utilize strategies outlined in NACCHO's [Roadmap to Quality Improvement](#)¹ in order to move from Phase 4 to Phase 5 by January 2019.
 - 1.2.1 Coordinate with each program area to conduct a minimum of one quality improvement project per year through June 2020.
- 1.3 By January 2018, develop and implement an organizational branding strategy consistent with the Public Health Accreditation Board (PHAB) standards and measures, version 1.5 (3.2.2A).
- 1.4 By June 2020, all policies and procedures within the GCCHD Policies & Procedure Manual will be reviewed by staff within the past five years (since July 1, 2015).
- 1.5 By December 2018, use the results of the nine [FDA Food Retail Standards](#)² self-assessments to identify food program needs, and establish priorities and plans to address needs as resources become available.
- 1.6 By June 2020, use the FDA Retail Food Program Standards as a model to assess, establish priorities, and develop plans to address emerging EHS program needs in other program areas, starting with trailer courts and moving into other areas as resources become available.
- 1.7 By June 2020, utilize the National Standards for [Culturally and Linguistically Appropriate Services](#)³ to develop policies, processes, programs, and interventions that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes.

¹ National Association of County and City Health Officials Roadmap to a Culture of Quality Improvement; qroadmap.org

² Voluntary National Retail Food Regulatory Program helps define a highly effective and responsive foodservice and retail food establishment regulation program; fda.gov

³ The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities; thinkculturalhealth.hhs.gov/clas

- 1.8 By June 2020, organize, monitor, and evaluate that Chronic Disease Prevention program efforts are occurring across all levels of the [Social Ecological Model](#)⁴.

GOAL 2: MAINTAIN A HIGHLY COMPETENT AND SATISFIED WORKFORCE

OBJECTIVES:

- 1.9 Identify strategies for improving employee satisfaction through feedback obtained in the annual employee satisfaction survey, worksite wellbeing survey, and workforce development assessment. Develop appropriate plans and interventions annually through June 2020.
- 1.10 Improve staff retention and satisfaction within WIC by identifying and implementing methods for promoting employee wellbeing by June 2020.
- 1.11 On an ongoing basis, ensure that all Human Services programs develop specific and measureable workforce development opportunities to maintain a highly competent public health workforce.
- 1.12 By June 2020, at least four of five food program sanitarians, at minimum, will have successfully completed the required elements of the FDA Food Retail Standards training and standardization process in order to improve consistency and assure quality of health inspections.
- 1.13 By June 2020, identify and promote advanced ICS training and exercises to enhance understanding and practice of ICS principles. This would include a staff tabletop exercise, UHC tabletop exercise, and POD exercise by then end of 2017.
- 1.13.1 Investigate opportunities for advanced ICS for PHEP Internal Team, such as ICS leadership courses, Center for Domestic Preparedness Courses, Crisis and Emergency Risk Communication, PIO training and completion of ICS 300.

GOAL 3: USE INFORMATIONAL TECHNOLOGY TO IMPROVE HEALTH DEPARTMENT SERVICES

OBJECTIVES:

- 1.14 By January 2019, improve communicable disease program documentation by maximizing the utility of Patagonia Electronic Health Record; specifically for: Latent Tuberculosis Infection (LTBI) clients, Ryan White⁵ clients, animal bites, and outbreak contacts.
- 1.15 By October 2017, improve efficiency and continuity of pools, spas and public accommodation inspection reports by expanding the use of Paragon electronic information system to these program areas.
- 1.16 By January 2018, establish methods for collecting relevant Lactation Education Program data to inform future funding applications and program decisions.

⁴ CDC's five-level social-ecological model of health promotion to maximize synergies of intervention for the greatest impact; cdc.gov/cancer/crccp/sem

⁵ Ryan White HIV/AIDS program provides funding for a comprehensive system of care including primary medical care and essential support services for people living with HIV; hab.hrsa.gov

- 1.17 By June 2019, successfully integrate notifications for tobacco cessation, cancer screening, insurance access, chronic disease self-management and other programs offered by the Chronic Disease Prevention Program into the Patagonia Electronic Health Record.
- 1.18 By June 2020, improve quality of and access to health department services through use of information technology to allow electronic submissions and retrieval of information (such as environmental health applications, demographic information, etc.) by clients, stakeholders and staff.
- 1.19 Identify and implement techniques for improving efficiency within WIC systems, such as streamlining appointment scheduling, utilizing e-WIC, and providing education on WIC food list updates, by June 2020.
- 1.20 By June 2020, increase internal and external administrative support for the Lactation Education Program in order to improve program efficiency (i.e. fillable forms, website presence, Electronic Health Record, etc.)

PRIORITY AREA 2: ENVIRONMENTAL QUALITY

The beauty, vast natural resources, and diverse economy of Gallatin County help make it an attractive place to live and visit. These assets, along with a growing economy, have spurred population growth that has brought with it more construction, more wastewater, and more potential for pollution of our water, air and soil. Gallatin City-County Health Department will work to protect and improve the quality of those natural resources.

We will utilize our significant expertise in water quality to identify and improve wastewater systems of concern. We will work to educate and empower residents to keep our air clean and clear, both outside and inside our homes. Our staff will work with the Board of Health, when appropriate, to encourage the continued cleanup of sites where the soil and water has been contaminated. We will continue our work to ensure the health and safety of restaurants, hotels and motels, and other establishments, while empowering the public to access our work to make healthy decisions. We will perform this work both by enforcing state and local laws and by working collaboratively with the public to educate, empower, and collaborate.

GOAL1: MONITOR AND ENFORCE ENVIRONMENTAL QUALITY THROUGHOUT GALLATIN COUNTY

OBJECTIVES:

- 2.1 By June 2020, use innovative communication channels and tools to empower the public, policy makers, and stakeholders with environmental health information and resources to improve environmental health knowledge and encourage healthy choices.
- 2.2 By June 2018, convene and facilitate a cross-agency work group to develop and implement plans to consolidate information resources, such as GIS layers, to improve public access and maximize efficiency for participating organizations.
- 2.3 By January 2018, review, evaluate, and revise Chapters 1, 2, and 4 of the Health Code.
- 2.4 By January 2018, develop with the Board of Health new ways to prioritize, and more efficiently and quickly resolve, wastewater and sanitation complaints in ways that are appropriate to the associated risk to public health and the environment.
- 2.5 By June 2020, EHS will participate with interested community organizations to promote healthy community design and built environments in order to improve health and encourage active lifestyles.

PRIORITY AREA 3: CONNECTIONS THROUGH COMMUNICATION AND COLLABORATION

As the lead public health organization in Gallatin County, Gallatin City-County Health Department and the Board of Health will be a catalyst for the creation of innovative and best practice solutions in the identified areas of our community health assessment, particularly where other agencies are not otherwise engaged. We will work with partners and convene community leaders to build true collaborations to identify health priorities, build capacity, and connect the people of Gallatin County to health resources and services they need to lead healthy, productive lives.

We will work to build robust connections between health care providers and other organizations, so that together we can address the social determinants of health, such as economic security, education, strong families, and cohesive communities.

GOAL 1: COLLABORATE WITH COMMUNITY PARTNERS TO IMPROVE HEALTH

OBJECTIVES:

- 3.1 Maintain coordination of the Community Health Improvement Plan through 2020. Use the Community Health Assessment to inform priority areas and work plans by January 2018.
 - 3.1.1 By January 2018, conduct a comprehensive and inclusive Community Health Assessment, utilizing data from the community health needs assessment survey and input from community stakeholders.
- 3.2 By June 2020, engage and train medical volunteers, including the Medical Reserve Corps and other interested members of the medical community, through case study review and scenarios specific to communicable disease outbreaks and/or pandemics to allow for expanded staff capacity in the event of a situation that requires additional staff.
- 3.3 By June 2020, establish linkages with Montana State University Department of Microbiology and Immunology, the Department of Land Resources and Environmental Sciences, and other Departments to identify and innovate solutions to environmental health problems and foster a better-trained environmental health workforce.
- 3.4 By June 2020, partner with Gallatin Local Water Quality District and other stakeholders to develop and implement a well and septic care/maintenance education program, for septic permit applicants.
- 3.5 By June 2018, successfully manage the transition of the Montana Tobacco Use Prevention Program, Montana Cancer Control Program, and Montana Asthma Program grant funds to a regionalized hub including Gallatin, Park, and Sweet Grass counties.
- 3.6 By June 2020, conduct a GAP Analysis that coincides with the Community Health Needs Assessments being led by Bozeman Health to identify chronic disease related resources and needs within Gallatin County.
- 3.7 Establish a WIC clinic on the Montana State University campus to better meet the needs of MSU student families and increase awareness of WIC services to all in the MSU community by January 2018.

- 3.8 Collaborate with grocery stores and convenience stores in West Yellowstone in order to increase support of WIC families and increase participation once stores are established in the WIC Vendor system by January 2018.
- 3.9 By June 2020, the Lactation Education Program will collaborate with the Public Health Home Visiting team to increase early prenatal referrals to lactation services in order to increase breastfeeding duration.
- 3.10 By June 2020, increase Health Department outreach and develop partnerships in outlying areas in order to improve and foster better understanding of Public Health Emergency Preparedness for communicable disease and/or the operations of PODs.

GOAL 2: IMPROVE COMMUNICATION WITH THE PUBLIC AND REFERRAL SOURCES

OBJECTIVES:

- 3.11 By June 2018, develop and analyze a coordinated Communicable Disease and Immunization program advertising and marketing plan in order to inform communities, especially those outside of Bozeman, of upcoming events (i.e. special immunization clinics, flu, etc.).
- 3.12 By June 2018, use Quality Improvement to maximize the efficacy and efficiency of Health Alert Network (HAN) communications.
- 3.13 By June 2020, develop strategies to improve and streamline communication between the health department and referral sources for Public Health Home Visiting services in order to strengthen the feedback loop between providers and home visitors.
- 3.14 By June 2018, improve documentation and communication with local PHEP partners addressing their roles and responsibilities in the GCCHD Public Health Emergency Response Plan.

GOAL 3: EDUCATE THE PUBLIC ON HEALTH DEPARTMENT SERVICES

OBJECTIVES:

- 3.15 Improve organizational outreach by identifying outreach and educational opportunities for referral sources to work towards broader utilization of Public Health Home Visiting services. For example, hold quarterly meetings with labor and delivery nurses and other health department programs in order to keep referral sources and collaborators apprised of program changes and updates.
- 3.16 Improve access and use of WIC services through robust local rollout of easier-to-use Electronic Benefits Transfer (EBT) technology, including possible increased retail access in West Yellowstone.
- 3.17 By June 2020, develop and implement a targeted marketing and advertising campaign to promote WIC services utilizing social media and captive audiences in doctor's offices, waiting areas, etc.
- 3.18 Increase the presence of the Chronic Disease Prevention Program in Park and Sweet Grass Counties by providing outreach regarding cancer-screening services and by providing at

- least one Chronic Disease Self-Management Program (CDSMP) or other educational opportunity in each county by June 2020.
- 3.19 Implement and maintain social media and HealthyGallatin.org messages to high-risk populations, specifically for sexually transmitted diseases by June 2020.
 - 3.20 By June 2018, in order to improve community resilience during a disaster or public health emergency, develop strategies along with community partners that provide services for those with Access and Functional Needs. This will include but is not limited to a collaborative work session with providers.

PRIORITY AREA 4: PREVENTION, RISK REDUCTION AND HEALTH PROMOTION

Prevention of disease is a bedrock principal of public health. In some cases, such as communicable disease surveillance and response, no other organization in Gallatin County can or will provide these services essential to public safety. In other areas, such as empowering people to eat healthy foods and lead physically active lives, Gallatin City-County Health Department can help residents prevent chronic diseases that are the leading causes of death and biggest drivers of the cost of health care. The Health Department can also play a pivotal role in gathering, analyzing, and using data to identify and address emerging health issues. Finally, the Department should continue to provide preventative services, such as immunizations, Public Health Home Visitation (PHHV) and the Women, Infants and Children (WIC) Supplemental Nutrition Program, to ensure that all residents have access regardless of their ability to pay. Whenever possible, the Department will utilize peer-reviewed scientific evidence and guidance from organizations such as the Centers for Disease Control and Prevention (CDC) to address health issues.

GOAL 1: PROMOTE HEALTHY BEHAVIORS AND PREVENT DISEASE

OBJECTIVES:

- 4.1 Develop and provide educational opportunities, such as evening classes focusing on nutrition, financial management, chronic disease prevention, etc., for Public Health Home Visiting clients and others, through the home visiting program and collaboration with other health department programs through 2020.
- 4.2 Develop program-specific evidence-based interventions to increase GCCHD direct service provider compliance with the United States Preventive Services Task Force (USPSTF) tobacco cessation guidelines by June 2020.
- 4.3 By June 2020, utilize technology to increase access to lactation services in rural communities by developing new or improved opportunities to provide education and support services ; for example, telehealth, Baby Bistros, and educational classes offered through web-based tools, etc.
- 4.4 By June 2020, organize and create sustainable programs and partnerships to promote fresh fruit and vegetable consumption among WIC clients, leveraging resources such as community gardens, farmer's markets, summer lunch programs, and Willow Comes to WIC.

GOAL 2: UTILIZE EVIDENCE-BASED PRACTICES TO PROMOTE HEALTH

OBJECTIVES:

- 4.5 Use evidence-based approaches to develop strategies to decrease tobacco use, increase breastfeeding initiation and duration, establish primary care providers, receive appropriate depression screenings, and other interventions to improve health outcomes for home visiting clients by June 2020.

- 4.6 Identify and implement opportunities to provide enhanced Public Health Home Visiting services informed by mental health consultation⁶ and trauma-informed care⁷ through June 2020.
- 4.7 By June 2019, establish a Centers for Disease Control and Prevention (CDC) recognized diabetes prevention program.
- 4.8 By June 2020, collaborate with a willing partner organization to implement a minimum of one evidence-based policy to advance tobacco prevention in Gallatin County.

⁶ A problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more caregivers; ecmhc.org

⁷ A system that realizes the impact of trauma and understands potential paths for recovery, recognizes signs and symptoms of trauma, and responds by fully integrating knowledge about trauma into policies, procedures, and practices; samhsa.gov

PRIORITY AREA 5: RESPONDING TO GROWTH

Gallatin County is currently the fastest growing county in Montana. As such, Gallatin City-County Health Department will be proactive in efforts to respond to an increased demand for services. Objectives outlined in this priority area serve to ensure that the Health Department provides high quality services in a timely manner and makes capacity decisions informed by community input and data.

GOAL 1: PROVIDE QUALITY SERVICES IN A RAPIDLY GROWING COMMUNITY

OBJECTIVES:

- 5.1 Utilize quality improvement methods to develop procedures to foster increased transparency and efficiency in seeking and onboarding new grants, funding sources, or program opportunities by June 2020.
- 5.2 By June 2019, assess EHS staff capacity and create workforce plans in order to provide the Board of Health and other public and private agencies data to assure long-term sustainability of those programs.
- 5.3 By December 2017, increase EHS staffing capacity and develop succession plans for retiring staff members by developing and documenting standard operating procedures and protocols in order to meet rising public demand for wastewater treatment system and Sanitation Act reviews.

GOAL 2: IMPROVE ACCESSABILITY OF HEALTH DEPARTMENT SERVICES

OBJECTIVES:

- 5.4 By January 2018, determine the capacity of the immunization clinic based on using the third next available appointment as an indicator in order to improve access for clients. Use this information to inform staffing and scheduling decisions.
- 5.5 By June 2020, utilize continuous quality improvement approaches to analyze WIC staffing, appointment systems, and customer service processes to allow greater ease of access to WIC appointments, reduce staff stress, and increase WIC participation and participant satisfaction. (For example, using “third next available appointment” as a measure of access to WIC services and/or determine the cost per WIC participant based on expenditure report in order to assess current capacity/ability to take on additional participants).

GOAL 3: MAINTAIN SUSTAINABILITY OF HEALTH DEPARTMENT SERVICES

OBJECTIVES:

- 5.6 By June 2020, increase own-source revenues in home visiting programs to 15% of home visiting operating costs (from 12% in FY2016). Measurement may be controlled for decreases in Targeted Case Management reimbursements.

- 5.7 By January 2018, develop and implement billing processes to maximize Lactation Education Program sustainability through non-grant revenue, specifically by establishing a sustainable pump rental program and billing for direct lactation services.

ALIGNMENT

The purpose of this document is to serve as a guide for achieving the five goals laid out in this plan. There may be times in which objectives or work plans are not fulfilling their intended function. If that is the case, steps will be taken to edit or update the objective. When appropriate, objectives or work outlined in this document may be aligned with working being done through the Community Health Improvement Plan (CHIP). The CHIP is an on-going effort to assess and prioritize health issues in Gallatin County based on data from the Community Health Assessment as well as community and stakeholder input. The CHIP document is the result of community deliberation, and as such, many objectives within the document are owned by other organizations. The Health Department will utilize the CHIP as a venue to complete objectives outlined in this strategic plan when applicable.

Many, if not all, of the objectives outlined in this document will be subject to quality improvement (QI). The Health Department Quality Improvement Plan will be utilized to create QI initiatives where appropriate.

MONITORING

In order to achieve these strategic objectives, annual performance plans have been developed. Each performance plan has a program owner, outcome indicators, strategies, tactics and performance indicators associated with each tactic. Each performance plan is in place to operationalize and monitor the progress of each objective.

In order to integrate the performance plans into the functions of the Health Department, each program's annual performance plan will include time-appropriate parts of the objectives that they have ownership over. Performance plans must include all applicable strategic plan objectives, but performance planning may include additional objectives that are not strategic in nature, and therefore will not be reflected in the strategic plan.

Every program will meet at least semi-annually to review and discuss the progress of the objectives and evaluate the results.