MMDHD

STRATEGIC PLAN

# 2014 - 2017

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MISSION

We take action to assure the health and well-being of our community and the environment by responding to public health needs and providing a broad spectrum of prevention and educational services.

VISION

Your public health team, connecting with our communities to achieve healthier outcomes.

Mid-Michigan District Health Department
Guiding Principles

- I will have a positive attitude.

- I will regard others with respect, consideration and appreciation, as I would have them regard me.

- I will remember that neither of us is perfect and that human errors are opportunities, not for shame or guilt, but for forgiveness and growth.

- We believe in flexibility and adaptability, resolving problems constructively and acting in the best interest of our clients at all times.

- I will value each staff member and recognize his or her contributions.

- Although unforeseen changes happen, I will remain confident that my efforts will lead to the desired outcome.

- We believe it is important for each member of our team to accept responsibility for their behavior and the decisions they make.

- There is equity, fairness, and consistency among our team.
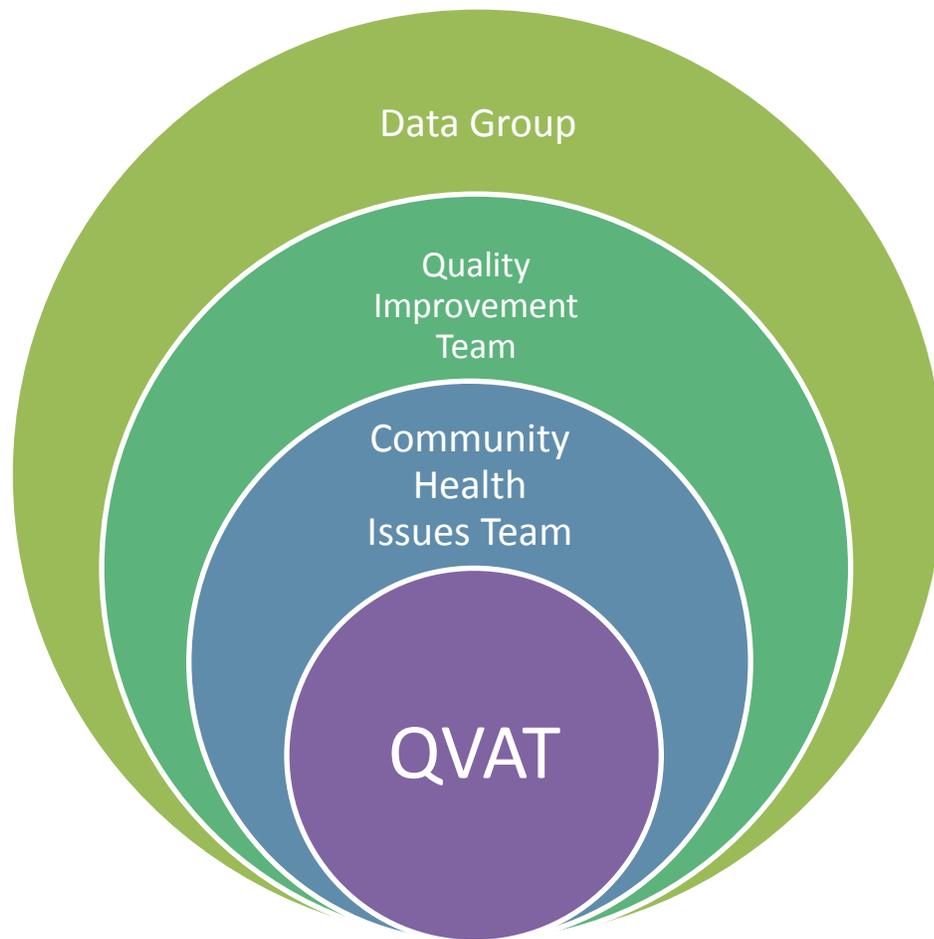
Preamble

The work of the Mid-Michigan District Health Department (MMDHD) is guided by a strategic plan. The planning process is led by the Quality Vision Action Team (QVAT) which includes members representing all branches of the Department and the Board of Health. The Plan is developed from a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis and identifies specific—usually measureable and time-bounded—actions that will be taken to achieve critical goals.

MMDHD created its first strategic plan in April 2000. The Plan was created to respond to staff concerns about the future of the Department. The Plan included considerable staff input and collaboration, as well as community partner participation addressing future strategic initiatives. The 2014-2017 Strategic Plan includes the following six *Vision Priorities*.

1. We monitor community needs and serve as a catalyst for change.
2. We excel at quality improvement and organizational efficiencies.
3. We market our services and promote public health.

4. MMDHD is an ideal place to work, retains and values a positive, cohesive team.
5. We effectively manage our fiscal resources while expanding opportunities for financial growth.
6. We continue to assess and respond to strategic opportunities to serve our community and enhance our organization.

Interestingly, many of the strategic objectives in the first iteration of the Plan focused on internal organizational development rather than responding to external threats and opportunities as strategic plans typically do. Broadly speaking, the Plan aimed at improving internal communication, accountability and quality. But this can also be seen as a logical first step as the organization gathered itself to prepare for the tumultuous world of the Affordable Care Act (ACA) the Sequester, etc.

QVAT implemented the Plan through regularly scheduled meetings, establishing subcommittees as needed to carry out Plan objectives. Progress on each objective was monitored and tracked right in the Plan document itself. Thus a reader could pick up the document (or look at it on the Department intranet) and flip to any objective to see the current status. Importantly, many of the goals in the Plan were achieved (e.g., Create an innovation station, conduct a community health assessment, and regularly inform staff about Department finances).

The Plan was intended to be revised on a three-year schedule and was revised for the first time in 2006-2007 and again in 2008-2009 and 2011-2014. The 2010 cycle focused only on essential goals and actions from the 2008-2009 plan. MMDHD had planned to revise it again in 2014; however circumstances forced us to revise it in 2013. For one thing, MMDHD decided to apply for National Voluntary Public Health Accreditation from the Public Health Accreditation Board (PHAB). The 2011-2014 Strategic Plan did not meet certain PHAB requirements and consequently needed updating. Additionally, after the advent of the ACA, public health in Michigan began to change very rapidly and MMDHD began to respond to strategic threats and opportunities not addressed by the Plan. These actions shifted Department resources into important new areas that had not previously been identified as strategic priorities. For example:

1. The expansion of health care coverage under the Affordable Care Act made billing for services a more important part of future funding for the Department.

2. At the same time the Affordable Care Act would ultimately reduce funding for the Mid-Michigan Health Plan (MMHP) to the point that it might cease to exist.

3. The State Innovation Model (SIM) created the opportunity to participate in a community HUB project which could generate significant new revenues.

MMDHD's strategic planning process began with a SWOT analysis facilitated for QVAT by our consultant, Dr. Christine Ameen. The main goal of the strategic plan is to help MMDHD create the capabilities it needs to respond to the opportunities in its environment so that we can preserve and expand preventive health services in Mid-Michigan. The SWOT analysis identified the opportunities and

threats in our environment, assessed our strengths which will help us respond, and called out weaknesses that need to be addressed. These concepts appear in the strategic plan in their appropriate places.

A detailed, itemized SWOT analysis appears below. To summarize, our environment is full of opportunity, in large part because of the changes in health care under the Affordable Care Act that are driving clinical providers to seek partnerships with community-based prevention providers. MMDHD's role is to ensure that both its staff and the prevention community as a whole understand how we need to transform ourselves to seize these opportunities and to facilitate planning and implementation.

MMDHD is particularly well suited to this role. It is unusually rich in strengths following a lengthy and determined effort at building systems that make it a high functioning organization. This is partly due to the fact that the previous health officer was active in the creation of PHAB through the MLC process, and became very-well versed in the systematic thinking (e.g. 10 Essential Services) that underpins PHAB, and launched the strategic planning process that began to put these systems in place.

The Department also has a good reputation in the community following many years of collaboration on a wide range of projects. MMDHD will be able to leverage its reputation to play the role required of it at this time.

The Department has weaknesses that need to be corrected for it to succeed. Many of these result from decisions, made in the depth of austerity, to reduce the number of mid-level management positions, mostly supervisors. Today some supervisors have very large spans of control. The Department must support these supervisors and ensure they have the resources they need to succeed. At the present time, funding will not permit us to rebuild our staffing model completely. We will also have to leverage technology, and use team approaches to work to correct this weakness.

<center>ITEMIZED SWOT ANALYSIS</center>

INTERNAL ANALYSIS
1. Strengths
    a. High quality clinical and community programs accredited by the State "with commendation".
    b. Workforce has progressive values and is highly motivated to serve the community.
    c. Relative financial stability. Compared to many local health departments, MMDHD has a stable fund balance and avoids cash flow problems.
    d. Engaged Board of Health. Board of Health understands public health governance and is actively involved in public health issues.
    e. Good community collaboration. Each of the three counties has an active collaborative that is a willing partner in the CHA/CHIP process.
    f. Strong CHA processes in all three counties.
    g. Local grant-makers support MMDHD programs.
    h. Well-endowed county health plan supported by innovative statewide network.

      i.   Excellent management team. Highly skilled leadership is both engaged with staff in day-to-day operations and active in statewide policy formation.

      j.   Good technical skills in key positions: statistician, quality improvement coordinator, programmer, disease control, dietician, breastfeeding counselors, etc.

      k.   Good systems in place: data collection (staff survey, employee survey, quarterly reports, monthly financials, etc.), routine staff appraisals, regular staff meetings for sharing information, routine processes well adhered to (purchasing, hiring, training, etc.).

      l.   Proven ability to engage in Continuous Quality Improvement (CQI).

      m.   Good information technology in many programs (immunizations, disease control, clinical programs (EHR).

      n.   Connection to MCDC Community Dental Clinics.

      o.   Good legal support.

      p.   Innovative staff have created many initiatives to improve productivity.

      q.   Yearly calendar of teambuilding activities.

2. Weaknesses

      a.   Low pay (see 1.c above) makes retention challenging.

      b.   Workforce needs deeper education in the root causes of health inequity (see 1.b above).

      c.   Underfunded programs don't provide for adequate overhead.

      d.   Reduced funding has led to significantly diminished staffing at supervisory level, especially in Environmental Health (EH) in order to keep direct-line staff to conduct programs/services.

      e.   Department has not provided sufficient training for management staff.

      f.   Lack of information technology in EH.

      g.   Keeping staff member's technical skills up to date in some positions.

      h.   Lack of local funding for CHIPs (see 1.f above)

      i.   Not well connected to national grant-making networks.

      j.   Unable to offer key programs the public needs in some locations: Breast and Cervical Cancer Control Program (BCCCP), Maternal Infant Health Program (MIHP), environmental toxicology and testing because of funding.

      k.   Two of three facilities aging and in need of rehabilitation.

ENVIRONMENTAL ANALYSIS

3. Opportunities

      a.   Opportunity to generate sustainable partnerships with providers who need community supportive to achieve P4P goals under the ACA.

      b.   Opportunity to generate funding by helping hospitals reduce uncompensated Emergency Department (ED) use.

      c.   Opportunity to generate sustainable funding by helping health plans save unnecessary expenses.

      d.   Michigan's State Innovation model is a vigorous attempt to reinvent public health. It is seeding Pathway Community HUB projects which we are positioned to obtain.

      e.   Funding for enrollment projects for both the Marketplace and Medicaid Expansion.

f. More insured people means increased opportunity to bill for services.
g. Supportive State agencies seek successful collaborations with Local Health Department's (LHDs). Michigan Association for Local Public Health (MALPH) is a vehicle for this work.
h. Ingham Health Plan (IHP) convening strategic planning process for county health plans.
i. Governor and State Health Director supportive of local public health.
j. Innovative local community mental health leadership in all three counties.
k. MCDC seeks to fund oral health prevention projects in LHD connected clinics.
l. Community partners reach out to us to participate in grant ideas (e.g. BCCCP funding, Rural Health Network).
m. History of successful grant writing and grant management has positioned our agency to apply for additional funding to further PHAB readiness/compliance (e.g. MMDHD has high probability of securing grant funds).
n. Participation in PHAB propels organizational development (Planning, data collection, workforce development, performance management, etc.)
o. Participation in National Association of County and City Health Officials (NACCHO) activities (exposes staff to training opportunities).

4. Threats
    a. Sequestration
    b. Cuts at the Centers for Disease Control and Prevention (CDC) level will be passed down to states.
    c. Stagnant local economy threatens our local appropriations.
    d. ACA has required hospitals and LHD's to collaborate, which creates an environment where it is imperative that we strengthen our relationship with health systems in our service district (e.g. need to improve collaborative relationships to improve the health of the community).
    e. ACA will curtail Indigent Care Agreement Disproportionate Share Hospital (ICA DSH) funding for county health plans.
    f. Some State programs have not been able to improve their use of technology to ease administrative and process compliance for LHD's, which has hindered MMDHD's ability to be as effective or efficient as possible.
    g. Local communities cautious about some public health policies (more restrictions on smoking, point-of-sale, etc.).
    h. Legislative leaders cautious about expanding human services.

In its fullest form, the plan includes three documents. The first is the strategic planning document itself which you are reading. This document lays out the goals and objectives developed through the SWOT analysis and QVAT planning process. However, inevitably many of the goals and objectives will focus on certain key aspects of the Department's operations. Human Resources is a good example. Any organization working to improve its performance will always be striving to improve the skills and abilities of its workforce. Consequently, for these areas, there are two accompanying plans that provide greater detail about the strategies that will be used. These documents are:

1. Workforce Development Plan (WD)
2. A Quality Improvement and Performance Management Plan (QI/PM)

The plan may be read without these two additional documents, but in its fullest form it includes them and many of the goals and objectives of the plan are fully fleshed out in the attached plans.

DETAILED STRATEGIC PLAN

Vision Priority #1:   We monitor community needs and serve as a catalyst for change.

Goal 1:   Ensure a robust role for local public health in the State Innovation Model (SIM).

<u>1.1 Action A:</u> Participate in the Michigan Department of Community Health (MDCH) SIM and related community committee meetings to ensure a favorable policy environment for the transformation of local public health.

Champion: Marcus Cheatham (Health Officer)
Who could be involved: Administrative staff
Resources Needed: Staff time to meet
Completed By: December 2013 (complete)

<u>Status:</u>   1. *Need to share information with other staff that might be affected. e.g. Finance, CHED supervisors. Need to inform community partners so they can participate. Completed in November.*
2. *The SIM meetings have ended and the State is finishing its application for funding to CMS this month. Several local public health staffers from around the State helped shape the final plan. Have not done a good job of communicating with CHED staff. This is partly because we don't know if we are funded to do anything yet, or even what that might be exactly. That depends if the State is funded and what local RFPs they put out. (7-25-14)*
3. *MDHHS has made its final selection of SIM grantees and we expect the announcement to come during 2015. (10-23-15)*

<u>1.1 Action B:</u> Work to have Local Health Departments (LHDs) written into the State funding plan for the SIM to ensure MMDHD has resources with which to develop innovative strategies for delivering services.

Champion: Marcus Cheatham (Health Officer)
Who could be involved: Administrative staff
Resources Needed: Staff time to meet
Completed By: December 2013

<u>Status:</u>   1. *A committee of health officers is writing a paper for MDCH on LHDs role in the SIM. Completed in December.*
2. *Marcus provided an update regarding the SIM survey indicating that the agency had participated in four surveys (Kent and Ingham Counties, MIHIA, and we submitted one survey on behalf of our agency). (7-25-14)*

3. MALPH (Marcus) wrote a grant application to the Michigan Health Endowment Fund to have local public health funded to participate in the SIM. (10-24-14)
4. Michigan was awarded 70 million dollars for round two of the State Innovation Model Initiative. (1-23-15)
5. MALPH's application for funding from the Health Endowment Fund to participate in the SIM was not funded. However the fund did give MALPH a large grant for a statewide immunizations project. (4-24-15)
6. MMDHD is participating in two submissions to be part of a SIM Community Health Innovation Region. One submission is with Clinton, Eaton and Ingham and the other is with the Michigan Health Improvement Alliance which is in the Tri-Cities area including Gratiot County. Both of these are likely to be funded in the next two years. MMDHD will not be the lead agency in either one, but will play an important role in developing community based preventive services for these projects. (4-24-15)

Vision Priority #1: We monitor community needs and serve as a catalyst for change.

Goal 2: Transform the Mid-Michigan Health Plan (MMHP) into a viable means of sustaining community-based prevention activities across all our counties by leveraging its fund balance to invest in new service delivery models. See for example VP 1 goal 3.

1.2 Action A: Protect the MMHP fund balance by not spending down the fund.

Champion:	Marcus Cheatham (Health Officer)
Who could be involved:	Andrea, MMHP Board, IHP Board
Resources Needed:	Participation in the process
Completed By:	December 2015

Status:
1. MMHP Board has protected a fund balance of around $400,000 through next year.
2. MMHP fund balance has grown to $800,000. MMHP BOD discussed this at their last meeting. They are watching what happens with our CHW in Clinton and if all goes well is likely to use the balance to hire CHWs in Gratiot and Montcalm. (7-25-14)
3. The MMHP is accepting enrollment of individuals with exemptions from the Marketplace; although the number contacting us has been low. A reminder letter and press release will be prepared and distributed throughout the district. (7-25-14)
4. MMHP Board designated $110,000 to hire CHWs for Gratiot and Montcalm counties. (10-24-14)
5. MMHP Board designated $55,000 to hire another CHW in Clinton County. They also designated $25,000 for the Sidney dental expansion and $20, 000 for the Behavioral Health PA Pilot Project. (1-23-15)
6. MMHP has wrapped up operations as a health plan. It has renamed itself Mid-Michigan Pathways. The fund balance is now $800,000 and the Board is considering various ways to maintain this balance while using some of it strategically. (1-23-15)

7. Marcus has joined the Michigan Pathways sustainability committee to make sure that the State allows CHWs to bill for their services. Much of the information about what the State is planning is confidential because it would affect the bids Medicaid Health Plans are submitting to the State. But indications are the State will be responsive. (4-24-15)

8. August 13th, 2015–Marcus and Andrea met with partners from the HUB, Ingham, Barry-Eaton, Dr. Mark Redding, PHP and McLaren to discuss data, program certification and sustainability. The data that was presented confirmed that the program was having positive health and financial outcomes. Staff is pursuing certification which will enhance the sustainability of the program. In addition, discussions were held with the health insurance partners – who expressed interest in partnering depending on the outcome of the health plan Request for Proposals. (10-23-15)

9. October 19th – Marcus and Andrea met with partners from HUB, Ingham and Barry Eaton to discuss the sustainability and next steps since there is preliminary information on what Medicaid Health Plans will cover the various Disparity Zones. (10-23-15)

1.2 Action B: Participate in the Ingham Health Plan Corporation (IHPC) Strategic Planning process to ensure MMHP has options for continuing to provide preventive services.

Champion: Marcus Cheatham (Health Officer)
Who could be involved: MMHP Board
Resources Needed: Participation in the process
Completed By: January 2014

Status: 1. Need to keep MMHP funded employees informed of progress. Draft plan completed in December.

2. ~~IHPC added $100,000 to MMHP's budget (different from the $110,000 above) for future innovative programming. (10-24-14)~~ Item move to Action A above to reduce confusion.

3. IHPC is acting as the "HUB" for our CHWs. The HUB manages the software the CHWs use to coordinate care for their clients and in the future will manage the contracts with Health Plans. IHPC has identified HUB services as an important area for strategic growth statewide. (4-24-15)

4. Local health departments are meeting with the Ingham Health Plan Corporation to develop plans for ongoing management of CHW services including managing data and tracking pathways. The meeting will also discuss which Medicaid health plans will be paying for CHW services. (10-23-15)

1.2 Action C: Work with Clinton-Eaton-Ingham Community Mental Health (CEICMH) on developing a model for using local match dollars to obtain additional dollars for mental health services.

Champion: Marcus Cheatham (Health Officer)
Who could be involved: MMHP Advisory Board

Resources Needed: TBD
Completed By: December 2014 (completed)

Status: 1. *Marcus wrote a paper on this concept, but has not been able to advance it through CEICMH to the Medicaid office.*
               2. *This is not going to happen. CMH has lost interest and local CMHs are being funded in different ways now. There will not be State support for this. We could try to revive this in a year or two after Healthy Michigan is stable. (7-25-14)*
               3. *MMDHD continues to collaborate with CEICMH. CEICMH is the lead agency on the Clinton, Eaton Ingham SIM application. When funded we would have to work closely with them on new community-based preventive services. (4-24-15)*

1.2 Action D: Identify another point of entry to the State Medicaid Office to complete 1.2.C above.

Champion: Marcus Cheatham (Health Officer)
Who could be involved: Community Mental Health, Other Health Departments
Resources Needed: TBD
Completed By: January 2014 (cannot move forward)

Status:

Vision Priority #1:	We monitor community needs and serve as a catalyst for change.

Goal 3:   Lead a local planning process with community partners to explore the viability of establishing a new means of delivering community-based prevention services, such as a Pathways Community HUB, in all the counties we serve.

1.3 Action A: Establish a "Tiger Team" to identify a target population and appropriate preventive services for a potential HUB project in Gratiot and Montcalm counties.

Champion: Andrea Tabor (CHED Division Director)
Who could be involved: Tiger Team representatives from hospitals, prevention providers
Resources Needed: Consultation on clinical preventive services
Completed By: March 2014 (complete)

Status: 1. *Tiger Team has been developed, is moving slowly and needs better direction. MMDHD submitted a grant to the State in December that proposed acquiring consulting services to further develop this opportunity.*
               2. *Grant from the State was not received. Tiger team has been meeting ongoing and getting closer to development of a business model after discussions with Ingham County Health Department and Ingham Health Plan on April 22, 2014. (4-25-14)*
               3. *See above. Funding has been received to hire CHWs in all counties now. (10-24-14)*

<u>1.3 Action B:</u> Develop service delivery model and business plan for the HUB project, based on best
practices for preventive services, dependent on the target population and preventive
services identified by the Tiger Team.

Champion: Andrea Tabor (CHED Division Director)
Who could be involved: Tiger Team
Resources Needed: Consultation on the financial model
Completed By: Depends on 1.3.A (complete)

<u>Status:</u>   1. *Following discussions with Ingham Health Plan – the agency is waiting for a proposal
from IHP on the types of back office support – and the associated costs - that they
could offer for the project in Gratiot/Montcalm counties. Once that information is
received, the MMHP fund balance will be reviewed to determine the resources available
to support Community Health Workers (CHW) and Supervision throughout the counties.
(4-25-14)*
2. *MMDHD has received a quote for the cost of the HUB services – which was $13,333 per
CHW (includes training, QA support, data system, etc.). HUB staff are in the process
of developing a contract to be signed by both agencies. (10-24-14)*

<u>1.3 Action C:</u> Identify initial source of capital for the HUB Project. Options include IHP investment,
MMHP fund balance, Medicaid matching funds, etc.

Champion: Andrea Tabor (CHED Division Director)
Who could be involved: Tiger Team, Michigan Medicaid Health Plans
Resources Needed: Board of Health & Finance
Completed By: Depends on 1.3.A (complete)

<u>Status:</u>   1. *Marcus needs to reach out to Medicaid Health Plans as soon as possible to avoid delay.*
2. *At their March 6, 2014 meeting, the Mid-Michigan Health Plan Advisory Board
approved utilizing the fund balance to implement a HUB program. The business model
will be presented at their next meeting on May 15, 2014. (4-25-14)*
3. *MMHP Board designated $110,000 for the CHW project at their May meeting. (10-24-
14)*

<u>1.3 Action D:</u> Develop legal agreements to create mechanisms for delivering services. This could include
provider agreements, data sharing agreements, business associate agreements, etc.

Champion: Melissa Bowerman (Director of Administrative Services)
Who could be involved: Administrative Services Division, MMDHD Law Firm, Partners' Law Firms
Resources Needed: Cohl, Stoker
Completed By: Depends on 1.3.A

Status: 1. *Dialogue between Ingham Health Plan/Medicaid Health Plan currently. (1-23-15)*

1.3 Action E: Develop evaluation plan for the HUB project to demonstrate return on investment (ROI)
                 to investors.

Champion: Marcus Cheatham (Health Officer)
Who could be involved: Management Information Systems (MIS), health care providers' MIS
                             departments
Resources Needed: Access to financial and outcome data of partner organizations
Completed By: Depends on 1.3.A

Status: *1. This is a challenge but we must not lose track of this. Right now MPHI is in charge of
                 the Pathways projects and is doing the evaluation and establishing the reimbursement
                 formulas. It is not clear that they have the data they need to demonstrate ROI. We
                 need to learn from them, but we may want to develop our own relationships with health
                 plans so we can do the best possible job on this. We are asking IHPC to help us with this
                 and they are willing to do so. (7-25-14)*
                 2. MPHI staff are in the process of analyzing data to determine ROI. (1-23-15)
                 *3. MPHI has been slow to release data on ROI because of restrictions CMS has placed on
                 them. The CHW Tiger Team is going to be revived to look at local hospital data to see if
                 we can measure the impact of CHWs on outcomes. (4-24-15)*

1.3 Action F: Identify ways to outreach CHW services to hospitals and physicians offices.
Champion: Wendy Currie (CHED Supervisor)
Who could be involved: CHW staff
Resources Needed: staff time & outreach materials
Completed By: ongoing (is this completed?)

Status: *1. Email was sent to staff informing them of the program specifics and who could be
                 eligible for assistance. (1-23-15)*
                 *2. Numerous meetings have occurred with hospitals, physician's offices, and community
                 partners throughout all three counties. (1-23-15)*
                 *3. Since January 1, 2015 there have been thirty-four meetings with community partners
                 (human service agencies, health care providers) to provide information on the Pathways
                 Program. Staff promoted the program on the Alma and Greenville radio stations as well.
                 (4-24-15)*
                 *4. Since 4-24-15, there have been 13 additional meetings with physicians and other
                 community partners. Andrea has reached out to the new ER Manager at Spectrum
                 United and he was agreeable to meet to discuss the program (he also is going to invite
                 discharge planners). Meeting date and time TBD (7-24-15)*

5. *Outreach efforts continue. Staff met with EMS representatives in all three counties. A business agreement has been formed with Clinton and Gratiot's EMS agencies and they are referring clients to Pathways as appropriate. Staff are in the process of forming the same relationship with Montcalm County. (10-23-15)*

QVAT Suggestion: send the CHW job description out to staff, so they know what to look for when referring a client onto one of our CHW's. (Suggestion completed 4-24-15)

Vision Priority #1:   We monitor community needs and serve as a catalyst for change.

Goal 4:   Implement the new role MMDHD plays in community-based prevention services, e.g. the HUB project.

1.4 Action A: Identify the staffing structure and capacities required.

Champion:	Wendy Currie (CHED Supervisor)
Who could be involved:	CHED, HUB Committee
Resources Needed:	Plans from 1.3.B May require new or modified software systems, connection to Health Information Exchange (HIE)
Completed By:	Depends on 1.3.A

Status:
1. All nurses attended training with Great Lakes Health Information Exchange (GLHIE) on April 4th. (4-25-14)
2. Juncai is working on Care Connect implementation with GLHIE. (4-25-14)
3. CareConnect implementation will start in May of 2015. (4-24-15)
4. CareConnect implementation is in progress. 08/17/2015 is targeted as the go-live date. (7/24/15)
5. *Netsmart missed the target go-live date for CareConnect implementation. It is in the works right now but will take some time to complete. (10-23-15)*

1.4 Action B: Hire/train staff.

Champion:	Melissa Bowerman (Director of Administrative Services), Holly Stevens (HR Specialist)
Who could be involved:	CHED Supervisors, Preceptor Staff
Resources Needed:	Authorization from the Board of Health to hire
Completed By:	Depends on 1.3.A

Status:
1. We have developed a job description and have hired Shelly McPherson as CHW in Clinton. (4-25-14)
2. Sam Tran (Montcalm) and Molly Smith (Gratiot) have been hired. (10-24-14)

3. ~~Mary Bates (Clinton) was hired as an additional CHW staff member. She will start on January 26th. (1-23-15)~~ Did not end up starting this position.
4. Angie Felton was hired and began serving in her new role on April 6, 2015 as the additional CHW staff member in CBO (4-24-15)

1.4 Action C: Begin implementation.

Champion:	Wendy Currie (CHED Supervisor)
Who could be involved:	CHED Supervisors and staff
Resources Needed:	Authorization from BOH for financing and to provide new services
Completed By:	Depends on 1.3.A (completed)

Status: 1. Office has already been designated for CHW in CBO. (4-25-14)
2. Shelly McPherson (Clinton CHW) has completed orientation and is serving clients (as of the end of July 2014). Molly starts on October 20th and Sam will start November 3. The Supervisory responsibilities are being transferred to Wendy Currie. Wendy, Sam and Molly will attend the week-long training beginning November 3. (10-24-14)

1.4 Action D: Complete evaluation of HUB project measuring ROI to determine sustainability.

Champion:	MIS
Who could be involved:	CHED, CHA Team, HUB partner organizations
Resources Needed:	Access to partner financial and outcome data, could require new or modified software, connection to HIE
Completed By:	Depends on 1.3.A

Status: 1. Marcus has joined as a member of the State-wide Pathways Sustainability Committee that is working obtaining ROI information to present to partners in an effort to eventually bill for CHW services. (4-24-15)

Vision Priority #1:   We monitor community needs and serve as a catalyst for change.

Goal 5:   Ensure Clinton County participates in the Ingham County based HUB.

1.5 Action A: Identify requirements for participation in the Ingham HUB. e.g. staff and space requirements, referral process, eligibility requirements.

Champion:	Andrea Tabor (CHED Division Director)
Who could be involved:	CHED Leadership, MIS
Resources Needed:	Ingham HUB policies and procedures
Completed By:	March 2014 (complete)

Status: 1. Ingham HUB is currently piloting model and open to expanding to Clinton. Need to participate more fully in Ingham's HUB planning team and determine cost of participation in HUB model.
2. MMDHD has entered into an agreement with the Ingham County Health Department (ICHD) to employ a Community Health Worker to be based in the Clinton Branch Office. Funding from the ICHD for the position will be available through June 2015 on the project. The project leadership is working to show the return on investment (the money they saved for their clients to gain access to needed services, decrease health care costs and increase health outcomes) for partners, such as Medicaid Health Plans and others. A. Tabor will be participating in training with the CHW. (4-25-14)
3. Shelly McPherson was hired on May 5, 2014 and began seeing clients in June. As of July 22, 2014, Shelly has a caseload of 20 clients. Goal is between 30-35 clients (depending on the severity of the needs). Outreach to providers is underway. (7-25-14)

1.5 Action B: Create procedures required to connect clients to Ingham HUB services.

Champion: Andrea Tabor (CHED Division Director)
Who could be involved: CHED Leadership
Resources Needed: Ingham HUB policies and procedures
Completed By: July 2014 (complete)

Status: 1. Ingham has requested that we do this. When we complete this step they will be willing to contract with us for this.
2. Once the CHW is hired, Andrea and the CHW will receive training on policies, procedures and processes from ICHD/IHPC. (4-25-14)
3. Shelly and Andrea participated in a 5 day training the week of June 23, 2014. (7-25-14)

1.5 Action C: Implement procedures and navigate eligible clients to Ingham HUB services.

Champion: Andrea Tabor (CHED Division Director)
Who could be involved: CHED Leadership
Resources Needed: Provider, Data Sharing and Business Associate Agreements
Completed By: July 2014 (complete)

Status: 1. Andrea attended a meeting at Ingham Health Plan Corporation on April 23rd to learn about the new data system (MiPathways) that the HUB is currently using. (4-25-14)
2. Shelly and Andrea have been trained on MiPathways and are currently utilizing the data system. (7-25-14)

1.5 Action D: Evaluate the impact of client's participation in the Ingham HUB.

Champion: Andrea Tabor (CHED Division Director)

Who could be involved: CHED Leadership, MIS, CHA Team
Resources Needed: May require new or modified software system
Completed By:

Status: 1. *May depend on methodology being used by Ingham. Do we want to define our own
                measures, such as health outcomes, cost savings, satisfaction in service, etc.*
            2. *Ingham HUB has its own process for measuring client satisfaction – and will be sharing
                the information with MMDHD as reports become available. (7-25-14)*

Vision Priority #2:   We excel at QI and organizational efficiencies.

Goal 1: Implement the Department's QI Plan.

2.1 Action A: Create a draft of QI Plan as part of the strategic planning process.

Champion: Ross Pope (Quality & Process Improvement Coordinator)
Who could be involved: Any staff member
Resources Needed: Staff time
Completed By: September 2013 (Completed for FY's 13/14, 14/15, and 15/16)

Status: 1. *Draft plan is complete*

2.1 Action B: QI Plan vetted by QI and PM Leadership Team.

Champion: Ross Pope (Quality & Process Improvement Coordinator)
Who could be involved: Marcus Cheatham, Division Directors, Juncai Li
Resources Needed: Staff time to review/discuss at meeting
Completed By: October 2013 (Completed for FY's 13/14, 14/15, and 15/16)

Status: 1. *QI and PM teams have reviewed the plan.*

2.1 Action C: QI Plan vetted and approved by QVAT.

Champion: Ross Pope (Quality & Process Improvement Coordinator)
Who could be involved: QVAT
Resources Needed: Staff time to review/discuss at meeting
Completed By: October 2013 (Completed for FY's 13/14 and 14/15)

Status: 1. *Approved and completed*
            2. *FY 2014/15 draft plan has been developed and will be reviewed for recommendations
                and approval at the 10/24/14 QVAT meeting.*

Goal 2:   Enhance quality and efficiency in Department programs and services by implementing Continuous Quality Improvement. Areas of special emphasis include continuing QI activities in MIHP, billing projects and building new capabilities within Environmental Health.

2.2 Action A: Increase the frequency with which MMDHD uses Quality Improvement to address organizational performance challenges.

Champion:	Ross Pope (Quality & Process Improvement Coordinator)
Who could be involved:	Front line staff, management team, MIS and CHA team, general public (i.e. through suggestion box or survey)
Resources Needed:	Varies by project, but data and technology will be needed continuously
Completed By:	Ongoing

Status:

1. *Continue to work with MIHP and are now focusing on the scheduling process in the program. (4-25-14)*
2. *Have begun a three-cycle QI process in Family Planning with the first cycle focusing on scheduling & registration and the last two cycles will focus on billing and collection processes. (4-25-14)*
3. *Have completed a successful 1st QI cycle in Family Planning that focused on scheduling & registration. A final report will be developed to provide more details on the 1st QI cycle project and the team has begun its 2nd QI cycle. (7-25-14)*
4. *Have begun QI projects to address our agency's orientation process and the automated phone systems central scheduling process. (1-23-15)*
5. *The Orientation QI Project has continued to meet. EH/CHED have revised their checklists and will test them with new employees. We are currently working on the details of the administrative orientation and are looking at tools/process of reporting/communicating orientation progress (electronic vs. paper, etc.). (4-24-15)*
6. *The automated phone system changes related to immunization scheduling have proved beneficial and were implemented by developing a call group specific to immunizations. The team is currently testing these changes in WIC/FP scheduling to determine if they would work effectively in those programs as well. (4-24-15)*
7. *The automated phone system changes have been implemented with call groups being utilized in WIC/FP and immunizations. No further changes are planned until the new communications platform is implemented in December/January. (7-24-15)*
8. *A team has been brought together to identify and implement improvement strategies to help increase WIC caseloads. They are in the initial phases, so more information will be available in the near future. (7-24-15)*
9. *The training request system has been redeveloped to make it easier for staff to enter information and give supervisor's a clearer format to review and approve training requests. (7-24-15)*

2.2 Action B: Increase the number of QI training opportunities for staff.

Champion:	Ross Pope (Quality & Process Improvement Coordinator)
Who could be involved:	All staff
Resources Needed:	Links to online training, hands-on training through projects, and attendance at seminars/conferences. Also make sure that new staff hears this idea right from the start.
Completed By:	Ongoing

Status:
1. *Family Planning staff members in GBO are currently hands-on training through their QI project. (4-25-14)*
2. *QI & PM Leadership Team members will be receiving additional training from MPHI through their collaborative work on developing a PM system for our agency. (4-25-14)*
3. *MPHI has been providing assistance with the development of MMDHD's PM system, which has provided more interaction with PM & QI for staff members in our 5 Key Areas of CHED, EH, Finance, Human Resources, and MIS. (7-25-14)*

2.2 Action C: Provide technical assistance to staff to achieve QI project goals in their programs.

Champion:	MIS
Who could be involved:	Program Supervisor's, program staff
Resources Needed:	Varies by project but in general will require interconnecting data sources and configuring standardized reporting
Completed By:	Ongoing

Status:
1. *A good example is the new reports on clinic flow.*
2. *Are currently in the process of automating reporting capabilities for data utilized in the QSR. (4-25-14)*
3. *R. Pope took the lead in writing a grant proposal to MPHI where the agency was awarded 20 hours of technical assistance. (4-25-14)*
4. *The QSR has been automated for 20 out of the 22 CHED measurements, which has proven highly beneficial. The 2 measurements not automated are due to those systems being out of our control (MI-WIC, MDSS). (7-25-14)*
5. *Many QA reports have been developed to assist staff in maintaining appropriate procedures and standards within health department programs (ex: MIHP, Family Planning, etc.). (10-24-14)*
6. *MIHP implemented the case management module in Insight for their program, which provides documentation to assist with reporting requirements and improves accreditation compliance in the program. Juncai developed multiple Insight reports to assist staff with their reporting requirements. (4-24-15)*
7. *Databases were developed to assist documentation practices in the Electronic Recycling Program, so that program can track/showcase its results to community partners. (4-24-15)*

==SUGGESTION FROM QVAT:== Send VALL with link on how to access the QSR (7-25-14). (Suggestion completed 4-24-15)

2.2 Action D: Document QI projects and their outcomes.

Champion:	Ross Pope (Quality & Process Improvement Coordinator)
Who could be involved:	Project Leads
Resources Needed:	Way of communicating results of QI projects to all staff, community partners or public.
Completed By:	Method and deadline for reporting should be incorporated in project plans up front.

Status: *1. Utilize Dashboard on intranet to allow staff to see what the status of QI projects are (not developed yet).*

2.2 Action E: Evaluate effectiveness of CQI activities in enhancing quality and/or efficiencies.

Champion:	QI & PM Leadership Team
Who could be involved:	Project specific team members
Resources Needed:	Formal reports of each project
Completed By:	Ongoing

Status:

Vision Priority #2:	We excel at QI and organizational efficiencies.

Goal 3: Finish the work of the Performance Management team and launch the Performance Management System. The PM system will address reporting capacity in five key areas which include CHED, EH, Finance, HR and MIS.

2.3 Action A: Identify initial standards and measures by prioritizing areas where performance monitoring is required to achieve important strategic goals.

Champion:	Melissa Bowerman (Director of Administrative Services)
Who could be involved:	Program Supervisors, Division Directors
Resources Needed:	Staff time to discuss where priorities are
Completed By:	March 2014

Status: *1. Initial work on standards and measures not complete as of October 19, 2013.*
2. We have setup meetings to work on all five keys areas, but the process has not been completed. (4-25-14)

3. Have completed our initial work on the indicators for all five key areas. Will hold individual meetings in August to finalize all indicators except for those in the EH key area. (7-25-14)

2.3 Action B: Identify potential sources of data for the performance management system.

Champion:	Ross Pope (Quality & Process Improvement Coordinator)
Who could be involved:	Program Supervisors, Division Directors, All staff in each program
Resources Needed:	Staff time, technical advice from MIS team
Completed By:	April 2014

Status:
1. *Have begun revisions to the QSR, which we will use to link the QSR data to some of our PM system measurements. (4-25-14)*
2. *CHED QSR revisions have been automated and completed. EH will go through a similar process beginning in January 2015 after the software (SWORD modules) has been implemented. (7-25-14)*
3. *EH has selected a different software vendor in place of Sword Solutions. Performance Management data selection process will be incorporated into the development of the new software system (Hedgerow Software Ltd.) scheduled for winter and spring of 2015(1-23-15).*

2.3 Action C: Identify key components for automating reporting for the five key areas. Components include data elements currently collected, available methods for connecting databases or merging data sets, and tools for generating automated reports.

Champion:	MIS
Who could be involved:	Program Supervisors, Division Directors
Resources Needed:	Staff time
Completed By:	June 2014

Status:
1. *Won't be possible until we get a new software system this fall.*
2. *Have begun testing and developing automated reports specific to CHED and MIS PM indicators. MIS has also purchased SolarWinds and began its installation; this is a software that enables us to report on MIS PM indicators. (10-24-14)*
3. *MIS has implemented the performance management software called SolarWinds, that will allow them to be more proactive in addressing technical issues and track the necessary data for MIS performance indicators. They feel this is a great tool and it will allow them more insight in addressing specific technical issues. (1-23-15)*

2.3 Action D: Design the technology/infrastructure to support the performance management reporting process.

Champion:	MIS
Who could be involved:	Management Team, CHA team, any staff member who works with data
Resources Needed:	Staff time, technical consulting by MIS, may involve new or modified software
Completed By:	September 2014

Status:
1. *Goal is to have this completed and showcase it to all staff at district-wide.*
2. *Are currently in the process of automating reporting capabilities for data utilize in the QSR. (4-25-14)*
3. *Are currently working on the development of the PM system and how it will function. This is being handled by the QI & PM Leadership Team, which expects to have something to showcase to all staff by district-wide. (7-25-14)*

2.3 Action E: Train Division Directors and Program Supervisors and staff in the five key areas on how to use the reporting system.

Champion:	Ross Pope (Quality & Process Improvement Coordinator)
Who could be involved:	Program Supervisors
Resources Needed:	Time and staff buy-in
Completed By:	December 2014

Status:

2.3 Action F: Train leaders, managers, and supervisors on how to use information to enhance program performance, including using CQI processes.

Champion:	Marcus Cheatham (Health Officer), Ross Pope (Quality & Process Improvement Coordinator)
Who could be involved:	Program Supervisors, Division Directors, all staff
Resources Needed:	Training opportunities could be sought through other agencies (e.g. MPHI, NACCHO, etc.) or woven into MMDHD activities.
Completed By:	December 2014

Status:
1. *This is being slowed down while we get through PHAB, MLPHAP and launch Hedgehog. Our thought is that we should conduct an evaluation of how people use the existing system first and then move to training. (4-24-15)*

Vision Priority #3:	We market our services and promote public health.

Goal 1: Increase the visibility of MMDHD and Public Health in our service area.

<u>3.1 Action A:</u> Working with MIS, pilot MMDHD waiting room video in Montcalm Branch office (MBO), working out bugs.

Champion:	Leslie Kinnee (Public Information Officer)
Who could be involved:	Mario, all staff could contribute content
Resources Needed:	Seasonal information and looping PowerPoint with minimal audio. Content contributed by staff.
Completed By:	December 2013 (complete)

<u>Status:</u>
1. *A pilot video has been developed. TV monitors have been purchased for MBO and GBO, but need to be installed.*
2. *The video has been running in MBO since the end of December and seems to be going well. We will continue to improve content and process as we move forward. (4/25/14)*
3. *Staff not remembering to turn on unit or do not know how to set up video. Leslie will develop a solution (instructions taped to the back of the remote?). (4/25/14)*
4. *MIS provided clinic staff in MBO and GBO step-by-step instructions on how to operate the units, and they seem to be running more consistently than before. MIS and Leslie will continue to work with staff on any issues. (7-25-14)*
5. *Video updated in October, and includes information on hand, foot and mouth disease. No staff issues reported. Leslie will continue to share the current video with staff, as well as a list of topics covered, and encouraged them to forward any ideas to her. (10-24-14)*
6. *It seems there have been some technical difficulties with the unit in Montcalm. Leslie will work with MIS to get those issues resolved. Also, staff in Montcalm indicated that the video is not a hit with kids and requested that cartoons be added. Leslie will address this. Jen Stratton is going to discuss the issue with the Supervisor's and with Management Team. (1-23-15)*

==SUGGESTION FROM QVAT:== Share the location of the video so staff can view what is currently running and provide new content to Leslie (4-25-14). Melissa suggested adding a statement to the video and press release regarding hand, foot, and mouth disease. Andrew said staff suggested getting an antenna to get the news. QVAT discussed it and determined that it was not a good idea (7-25-14). (Suggestion completed 4-24-15)

<u>3.1 Action B:</u> Roll out waiting room video in Gratiot Branch Office (GBO).

Champion:	Leslie Kinnee (Public Information Officer)
Who could be involved:	GBO staff person to be in charge of operating TV and video daily, Mario Lucchesi

Resources Needed: An appropriate monitor and method of streaming content.
Completed By: March 2014 (complete)

Status:
1. *MIS has purchased monitors that can stream content from our network, but they need to be installed.*
2. *The video has not yet been launched in GBO as the TV still needs to be installed. (4-25-14)*
3. *The video was installed and launched in GBO in May. Staff have not reported any issues. (7-25-14)*

3.1 Action C: Work with Michigan Community Dental Clinics, Inc. (MCDC) to develop general public health messages for Clinton Branch Office (CBO) to be used with MCDC waiting room video or explore sharing display time.

Champion: Leslie Kinnee (Public Information Officer)
Who could be involved: MCDC, all staff could suggest content
Resources Needed: Need to forward text of content by email.
Completed By: June 2014 (complete)

Status:
1. *Identified who to contact with content information, but need to test information sharing with contact.*
2. *There are no plans to utilize the video in CBO at this time as MCDC already has a video in place- having two videos running in the same room, at the same time, would be too confusing for staff and clients. (4-25-14)*
3. *Work with MCDC to provide content for their video- Leslie has forwarded a few items, but needs to do so on a more frequent basis. (4-25-14)*
4. *Leslie participated in a conference call regarding submitting general public health messages to MCDC for consideration. Leslie has begun to incorporate this in her information sharing process. For example, when a press release is issued, it is also sent to MCDC, if the topic is appropriate. (10-24-14)*
5. *General public health information is occasionally being sent to MCDC. (1-23-15)*

3.1 Action D: Add questions to Client Satisfaction Survey about the satisfaction of the waiting room videos (education, make wait pleasurable, marketing services).

Champion: Rex Hoyt (Data Specialist)
Who could be involved: Marketing Team
Resources Needed: Technical consultation from MIS/CHA on how to modify survey, collect data
Completed By: June 2014

Status:
1. *The survey needs to be changed as a whole. We need to move away from hand tallied to automated data collection.*

2. This will be done after the video has been running in MBO and GBO for at least six months. (4-25-14)

3. Questions pertaining to the waiting room video will be added to the Client Satisfaction Survey by January 2014. (7-25-14)

4. Currently on hold. (10-24-14)

5. Questions are being reviewed as the electronic client satisfaction survey is currently under development. Anticipated roll-out is October 1st. (7-24-15)

6. ==The CHED electronic client satisfaction survey has been completed and is available for clients to access in the waiting room of each branch office and links to take the survey are provided on the agency website. (10-23-15)==

==SUGGESTION FROM QVAT:== Marcus suggested holding off on asking clients thoughts on the video in the waiting rooms until the new Client Satisfaction Survey (electronic version) is complete and Juncai is back from leave (7-25-14).

3.1 Action E: Announce to staff to continually forward ideas for the waiting room video to Leslie.

Champion: Andrea Tabor (CHED Division Director)
Who could be involved: Program Supervisors, target people to supply the info needed by email
Resources Needed:
Completed By: November 2013 (complete)

Status: 1. Leslie mentioned this at a recent EH division meeting. CHED Supervisors have been asked to let their staff know. (4-25-14) Share the location of the video so staff can view the content to determine if it was already included before submitting a suggestion to Leslie. (4-25-14)

2. Leslie shared the current video with staff, as well as a list of topics covered, and encouraged them to forward any ideas to her. This is an ongoing process. (7-25-14)

3.1 Action F: Create more Q-tube videos (for Facebook, internet website, waiting room video) client stories, staff day-in-the-life, education pieces.

Champion: Leslie Kinnee (Public Information Officer)
Who could be involved: All staff
Resources Needed: Time, Staff
Completed By: Start on April 2014 (ongoing)

Status: 1. Mario has plans for several internal videos. Lynda Farquharson has agreed to shoot a video about family emergency preparedness, which will be used on social media, website, and waiting room video. Additional videos are also being planned (WIC PCs, dietitians, etc.) (4-25-14)

2. *Mario, Leslie and Bonnie Waterman met to discuss ideas, but have not had a chance to move forward. (10-24-14)*
3. *We have not had a chance to create a video internally, but are working with students from Alma College on the creation of a public health related video. (4-24-15)*
4. *Alma College video is in progress as it needs to be reformatted in order for us to utilize what they developed. (7-24-15)*
5. <mark>*In the process of re-formatting Alma student video. Creation of videos in-house has been put on hold. (10-23-15)*</mark>

<u>3.1 Action G</u>: Identify one radio outlet in each county where staff will regularly appear to discuss public health issues and our programs.

Champion:	Leslie Kinnee (Public Information Officer)
Who could be involved:	All staff are encouraged to be champions for their own programs.
Resources Needed:	Staff, radio stations, development of talking points
Completed By:	June 2014 (complete)

<u>Status</u>:
1. *MBO is participating; a GBO outlet has been identified but needs to be confirmed/setup. Leslie will continue to try to make contact with stations. Need to find a media outlet in Clinton County, but if we are not able to we will have to reevaluate the strategy for this county.*
2. *WGLM (Greenville) monthly radio spot is going well. Marcus and Norm taped an interview with Alma's WMLM in January on the St. Louis PBB situation. We have committed to 3-4 spots per year, with the next scheduled for the end of May. Identifying a station in Clinton County will be difficult. (4-25-14)*
3. *Greenville and Alma radio spots are going well. Identifying a station in Clinton County is not being pursued at this time because of the nature of the market in that area. (7-25-14)*

<u>3.1 Action H</u>: Utilize content in the monthly health promotion calendar.

Champion:	Marketing Committee
Who could be involved:	All program leads, all staff
Resources Needed:	
Completed By:	Started by January 2014 (complete)

<u>Status</u>:
1. *A good source of content is Leslie's press releases which follow an annual cycle. (ongoing)*

<u>3.1 Action I</u>: Identify the staff who will commit to share the content.

Champion:	Marketing Committee

Who could be involved:	All staff
Resources Needed:	Will identify the topic and person at the time
Completed By:	Ongoing (complete)

Status: 1. Ongoing

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Vision Priority #4:   MMDHD is an ideal place to work, retains and values a positive, cohesive team.

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Goal 1:   Increase cultural competency of staff

4.1 Action A: Complete the Cultural and Linguistic Assessment to identify specific areas for development of skills related to cultural competency.

Champion:	Melissa Bowerman (Director of Administrative Services)
Who could be involved:	QVAT, all staff
Resources Needed:	MMDHD Cultural and Linguistic Assessment (on Survey Monkey account)
Completed By:	September 2013

Status: 1. Need to develop plan based on results from assessment.
          2. Admin Staff will discuss at their next meeting (7-25-14).

4.1 Action B: Quantify the need for cultural resources to identify most frequent issues.

Champion:	Melissa Bowerman (Director of Administrative Services)
Who could be involved:	QVAT, all staff
Resources Needed:	TBD
Completed By:	January 2015

Status: 1. Need to identify data collection method.
          2. Suggest developing online (intranet based) reading and reviewing list for staff (books, articles, movies, etc.). (4-25-14)

4.1 Action C: Assess available training resources for cultural competency to address identified content. (e.g. MSU's Social Justice Program)

Champion:	Melissa Bowerman (Director of Administrative Services)
Who could be involved:	QVAT, all staff
Resources Needed:	Medical dictionary, training services, phones services
Completed By:	January 2015

Status: 1. Dependent on implementation of plan to be developed.

4.1 Action D: Work with staff to implement training.

Champion: Melissa Bowerman (Director of Administrative Services)
Who could be involved: Management Team, all staff
Resources Needed: Could involve fees, transportation costs
Completed By: December 2015

Status: 1. Sam, Linda, and Andrea attended Cultural Competency on Enrollment into ACA webinar. (4-25-14)
                2. On April 29-30th, eleven CHED WIC staff members will be attending a poverty based cultural competency training. (4-25-14)
                3. Jennifer Stratton will have all WIC staff complete a multi-cultural breastfeeding training via webinar.

4.1 Action E: Evaluate and enhance training

Champion: Melissa Bowerman (Director of Administrative Services)
Who could be involved: QVAT, MIS, CHA, all staff
Resources Needed: Need to develop evaluation methodology and tool
Completed By   December 2015

Status: 1. Sara Kile to attend District Wide Meeting and present information/training on cultural competency (Bridges out of Poverty presentation). (10-24-14)

Vision Priority #4:   MMDHD is an ideal place to work, retains and values a positive, cohesive team.

Goal 2:   Improve staff skill and abilities in all of the core competencies of public health. An area of special emphasis will be technical skills.

4.2 Action A: Assess staff skill levels related to the core competencies of public health.

Champion: Melissa Bowerman (Director of Administrative Services)
Who could be involved: QVAT, all staff
Resources Needed: Survey tool or other instruments
Completed By: September 2013

Status: 1. Assessment completed, but the results need to be analyzed further.
                2. Have not completed this step, but plan to work more on it in this next quarter. (4-25-14)
                3. Have begun tracking core competencies as they relate to our training request system, which should allow us to identify gaps in the future and the types/amounts of trainings that are occurring. Need to analyze the training report. (7-25-14)

<u>4. 2 Action B:</u> Identify specific training and experiential content based upon the assessment.

Champion: Melissa Bowerman (Director of Administrative Services)
Who could be involved: QVAT, all staff
Resources Needed: Results of the assessment
Completed By: March 2014

<u>Status:</u>   *1. Just need to identify the training.*

<u>4.2. Action C:</u> Implement training and document it using the on-line training request system

Champion: Melissa Bowerman (Director of Administrative Services)
Who could be involved: Administration, QVAT
Resources Needed: Training database, environmental scan (MPHI, NACCHO, etc.)
Completed By: December 2014

<u>Status:</u>   *1. Juncai made changes to include word documents and pictures (gif, png, jpg, and jpeg) in the acceptable attachment formats as long as they are smaller than 3MB. For security concerns, we can't allow everything to be uploaded to the server, and for space concerns, it's unwise to allow documents of any size to be uploaded. (10-24-14)*
2. It is inaccurate to say only division directors can make changes, as each staff member has the ability to make changes until it has been approved by their superior (front-line staff, supervisors, directors, health officer). Melissa has made it a priority to begin a QI project to improve the training request processes which will begin this winter. (10-24-14)
3. Will begin QI project to address issues in the on-line training request system in Feb 2015. (1-23-15)
4. The training request system is currently be reformatted and the project team will be selecting a couple of staff members to view and test the new format for additional feedback before it is put into operation. (4-24-15)
5. ==The training request system has been reformatted to be more user-friendly and other revisions have been made to reduce errors. It is now currently operational. (10-23-15)==

==SUGGESTION FROM QVAT:== Fix on-line training process so that staff and supervisors could make changes. Currently, only Division Directors can make changes. Also correct issues with attaching non-PDF documents. (completed)

<u>4.2. Action D:</u> Evaluate and enhance non-mandated training

Champion: Melissa Bowerman (Director of Administrative Services)
Who could be involved: QVAT, Program Supervisors, Division Directors
Resources Needed: Evaluation methodology and instrument

Completed By: December 2015

Status: 1. Need to identify criteria for evaluation and an evaluation methodology that will enable
                     us to determine of training is accomplishing what we want. C. Ameen would supply an
                     evaluation form to M. Bowerman for MMDHD to use for those attending trainings.
                 2. Juncai has been busy with other priorities; will focus on when he returns (7-25-14).
                 3. We can pull up any report on the training requests to assist decision support as long as
                     we've captured all data that we need. We can also develop any additional reports
                     needed. (10-24-14)

Vision Priority #4:   MMDHD is an ideal place to work, retains and values a positive, cohesive team.

Goal 3: Increase training opportunities for staff

4.3. Action A: Increase training budget to 1.2% of the district's total annual budget.

Champion: Administration
Who could be involved: QVAT, Board of Health
Resources Needed: Financial stability
Completed By: October 2014

Status: 1. Current budget at .8%
                 2. Melissa reported that the budget for training will remain at .8% for FY 14/15 (7-25-
                     14).

4.3. Action B: Establish process for how staff utilizes training resources, including a train-the-trainer
                concept

Champion: Administration
Who could be involved: QVAT, Management Team
Resources Needed: Work Force Development Team
Completed By: December 2014

Status:

4.3. Action C: Evaluate the utilization of training resources, e.g. staff satisfaction, ability to access
               training, opportunities for professional development to apply training on the job, etc.

Champion: Administration
Who could be involved: QVAT, Management Team
Resources Needed:
Completed By: January 2015

Status:

4.3 Action D: Enhance process for using available training resources using the results of the assessment in 4.3.C

Champion: Administration
Who could be involved: QVAT, Management Team
Resources Needed:
Completed By: January 2015

Status:

| Vision Priority #4:   MMDHD is an ideal place to work, retains and values a positive, cohesive team. |

Goal 4:   Improve the quality of supervision at all levels in MMDHD.   Add coaching, mentoring, union relationships, employee recognition, listening skills, leadership and problem solving

4.4. Action A: Work with the management team and unions to complete and put in place a coaching and progressive discipline policy.

Champion: Administration
Who could be involved: Unions, QVAT
Resources Needed: Training on progress discipline policy
Completed By: October 2014

Status: *1. Need to contact agency law firm for guidance.*
2. Policy is developed and will be out to staff in the next week. Bonnie Toskey from Cohl, Stoker, Toskey (law office) provided training to the Union Stewards and Management Staff on progressive discipline. We will be having another session in the near future. (10-24-14)
3. A meeting with Bonnie Toskey has been scheduled for 5-28-15 to continue progress on this topic. (4-24-15)
4. A revised orientation process is being tested. This includes better tracking of new hire orientations to their programs and also a complete new health officer orientation which has been implemented. (10-23-15)

SUGGESTION FROM QVAT: Marcus will take responsibility for this section and has some ideas, but has not had time to develop (4-25-14). QVAT discussed the orientation process for new hires to their programs. Both B. Jongkind and J. Shepler felt that the process could be improved. Specifically, office processes and procedures as well as program-specific training were needed. J. Stratton noted that it

was especially difficult for part-time employees to receive consistent training when their work schedule was broken up. New employees need more one-on-one training. M. Bowerman suggested having part-time employees working full time for two weeks to focus on one-on-one program training. B. Jongkind suggested a "buddy system" for new hires. M. Bowerman suggested that a group of the new hires attend the Workforce Development Meeting to work on a new orientation process. A. Holdeman requested that when a position is posted, it would be helpful to know at that time if any technology was needed (4-25-14).

4.4. Action C: Provide training for management on coaching, staff discipline, staff recognition, staff communication, and accountability.

Champion:	Administration
Who could be involved:	QVAT, Unions
Resources Needed:	Trainer, e.g. Cohl, Stoker can do this.
Completed By:	October 2014

Status: *1. M. Bowerman stated that she was working on developing new questions for the Reverse Appraisal, reviewing other models available.*
2. The Reverse Appraisal has been revised and is now conducted electronically. (7-25-14)
3. Bob needs to develop a checklist for EH orientation of new employees; possibly using a PHR III for in-office training. EH needs to provide more on-the-job training/job shadowing and observing (7-25-14).
4. A new EH orientation checklist was not developed in 2014. In response to staff feedback, more on-the-job training /job shadowing was provided for two new sanitarians August-November 2014. Feedback from those changes indicates that further enhancements to new hire orientations are needed. EH is interested in an electronic solution if possible (1-23-15).

4.4. Action B: Identify and use training resources related to support supervisory development.

Champion:	Administration
Who could be involved:	QVAT, Management Team
Resources Needed:	Training opportunities
Completed By:	July 2014

Status: 1. Had a training with our legal firm in June (Cohl, Stoker, Toskey and McGlinchey) regarding discipline, progressive discipline etc. (7-25-14)

SUGGESTION FROM QVAT: Send draft of Reverse Appraisal to QVAT to review questions and provide feedback before the next QVAT meeting; check with co-workers for comments. J. Stratton suggested improving the process of providing the feedback from the Reverse Appraisal back to supervisors. C. Partlo suggested putting the Reverse Appraisal on Survey Monkey to ease concern for some staff.

Goal 5:   Improve internal communications at MMDHD. Examples could include a situation reporting system, weekly email blast, a bulletin board, changes to agendas at Division, breakfast meetings, etc.

<u>4.5 Action A</u>: QVAT to assess internal communications to identify specific areas for improvement.

Champion: QVAT
Who could be involved: All staff
Resources Needed: Assessment tool or methodology
Completed By: July 2014

<u>Status</u>:   1. *C. Ameen sent us her assessment tool/methodology.*

<mark>SUGGESTION FROM QVAT:</mark> Chris Ameen sent the assessment tool to Melissa and she forwarded it to Ross. Possibly survey staff on communication using a version of the tool.

<u>4.5 Action B</u>: Implement selected strategies to improve internal communications.

Champion: QVAT
Who could be involved: Leslie Kinnee, Ross Pope, Jen Stratton, Linda Gronda
Resources Needed: Appropriate technology.
Completed By: July 2015

<u>Status</u>:   1. *Need to identify methodology for evaluating selected communications strategies, e.g. staff survey, etc.*
           2. *The option of Monday morning meetings was discussed throughout the district. (4-25-14)*
           3. *Melissa used C. Ameen's tool and others to build a survey. QVAT to review at the 10/24 meeting.*
           4. *Have had multiple meetings to work on developing a evaluation tool to capture opportunities for improved communications (1-23-15)*

<mark>QVAT Suggestion</mark>: Have QVAT refine/pilot this survey and determine how it will be utilized in the future (distribution, analysis, ability to address the best method(s) of how staff learn, etc.). Jen S. and Linda G. will work with Melissa to refine the survey. (10-24-14)

<u>4.5 Action C</u>: Develop and implement specific evaluation tool.

Champion: QVAT
Who could be involved: Rex Hoyt, Ross Pope

Resources Needed: Appropriate technology
Completed By: July 2015

Status:

Vision Priority #5:	We effectively manage our fiscal resources while expanding opportunities for financial growth.

Goal 1:   Acquire new software systems for Environmental Health.

5.1 Action A: Create the specifications for data to be collected, reporting requirements, usability, reliability, and portability; must meet requirements from the state, funders and other entities.

Champion: Bob Gouin (EH Division Director), Lonnie Smith (EH Supervisor)
Who could be involved: EH, MIS, Finance, Marcus Cheatham
Resources Needed: Funding, staff time, Performance Management Plan
Completed By: March 2014

Status: 1. *In progress, already researching; Especially interested in GIS capability.*
             2. *Test/demo versions of the Sword Water and Septic Modules are scheduled to be installed for speed testing within the next 30 days. Numerous discussions have taken place with the P.M. group as well as inside the division on system design components. Continued meetings are required to assure MPR's as well as the finance division are addressed in the system design. (4-25-14)*
             3. *Consistent work and progress is being made and a beta test is in process. No purchase has been made yet for EH software; however, MIS is confident that they can tweak reports in Sword to make them useful. Sword would need to be customized for EH needs and the process will take a long time (7-25-14).*
             4. *EH has completed process mapping for the new Food module for Sword. (10-24-14)*
             5. *The Clinton Conservation District is writing a 319 grant the EPA that will include $70,000 to digitize documents for the Water program. (10-24-14)*
             6. *Due to lack of interest and response from Sword Solutions, MMDHD has selected and obtained Board of Health approval (December 2014) to purchase a new software system (Hedgerow Software Ltd.). MMDHD is partnering with Kent County to purchase and develop the same software package. Preliminary development of the new system is already underway (1-23-15).*
             7. *Preliminary EH data have been pulled and sent to Hedgerow software so they can begin customizing the workflows in Hedgehog for us. We need to do a second set of data and should be done in May. The target date for implementation is October. (4-24-15)*
             8. ==*EH continues to work diligently in developing our custom reporting capabilities with Hedgehog, and as with any project of this size and complexity there have been some*==

<u>5.1 Action B:</u> Talk to other health departments about their software, any best practices they've adopted and identify the option or options that best fit our needs.

Champion:	Bob Gouin (EH Division Director), Lonnie Smith (EH Supervisor)
Who could be involved:	MIS
Resources Needed:	Staff time
Completed By:	June 2014 (complete)

<u>Status:</u>
1. Lonnie and Bob toured K-zoo and Calhoun county health dept.'s to view there sword system in action. Consulted with Midland and Barry Eaton Dist. Health Departments as well. Numerous ideas of do's and don'ts were gathered. A future trip to Barry Eaton District Health Dept. is planned when that LHD puts Sword into its install phase (this summer is the expected timeframe). (4-25-14)
2. See Action A above (1-23-15).
3. MMDHD and the Kent County Health Department are working collaboratively to develop the interfaces in Hedgehog which is saving us money in development costs. (4-24-15)

<u>5.1. Action C:</u> Write an RFP to generate proposals for consideration.

Champion:	Melissa Bowerman (Director of Administrative Services), Bob Gouin (EH Division Director)
Who could be involved:	Board of Health
Resources Needed:	Staff time
Completed By:	August 2014 (complete)

<u>Status:</u>
1. Work has started for this action. In order to provide and accurate quote – the Sword Solutions Designer needs to be provided the information from MMDHD on how screens, forms, and outputs are to look. This is a labor intensive task as every program must be evaluated as to how the final outputs are to look (permits, letters, reports, log screens, inspection forms, etc.) This should take EH the remainder of the summer to complete. (4-25-14)
2. Have been authorized by the BOH to purchase HedgeRow software system to address EH data collection infrastructure/updates. (1-23-15)

<u>5.1. Action D:</u> Develop an implementation plan (which includes conversion of current data, refinement of data collection and reporting options, piloting, staff training, equipment acquisition).

Champion:	Bob Gouin (EH Division Director), Lonnie Smith (EH Supervisor), MIS
Who could be involved:	EH staff, Finance

Resources Needed: Funding, staff time
Completed By: October 2014

Status: 1. *EH has met with Kent County and has scheduled preliminary development meetings for January and February 2015. Development is scheduled to continue up to a development deadline of April 1st, 2015. Final Roll-out date scheduled for October 1st, 2015(1-23-15).*
2. Juncai Li is currently working on the data conversion. (4-24-15)

Vision Priority #5: We effectively manage our fiscal resources while expanding opportunities for financial growth.	

Goal 2:   Create enhanced performance management reporting capacity in Environmental Health.

5.2 Action A: Implement new software system(s).

Champion: Bob Gouin (EH Division Director), Lonnie Smith (EH Supervisor), MIS
Who could be involved: EH staff, Finance
Resources Needed: Funding, staff time
Completed By: January 2015

Status:

5.2. Action B: Train staff on creation and interpretation of reports from the software system.

Champion: MIS, Ross Pope (Quality & Process Improvement Coordinator)
Who could be involved: EH staff
Resources Needed: Staff time
Completed By: March 2015

Status:

5.2 Action C: Train staff on how to implement CQI processes based upon statistics and reporting.

Champion: Ross Pope (Quality & Process Improvement Coordinator)
Who could be involved: EH staff
Resources Needed: Staff time
Completed By: December 2015

Status: 1. *This training should align with training called out in Actions 4.2 and 4.3.*

Vision Priority #5:	We effectively manage our fiscal resources while expanding opportunities for financial growth.

Goal 3: Ensure staff understanding of District's financial status on an ongoing basis.

5.3 Action A: Create a training or presentations that addresses how budgets are created, what assumptions are made, the full cost of positions (including salaries, benefits), and the current financial status of the District.

Champion:	Melissa Bowerman (Director of Administrative Services)
Who could be involved:	Finance
Resources Needed:	Reports/records
Completed By:	March 2014

Status: 1. *Ongoing*
          2. *Melissa provided a wonderful "Fiscal Fitness" presentation to EH at their last Division meeting. (4-25-14)*

5.3. Action B: Create and implement a regular cycle of Financial and Human Resources training or presentations for all staff.

Champion:	Melissa Bowerman (Director of Administrative Services)
Who could be involved:	Holly Stevens, MMDHD staff
Resources Needed:	Outside financial benefit partners
Completed By:	June 2014

Status: 1. *Ongoing*

5.3 Action C: Create a mechanism for administrators and supervisors to give regular updates to staff about financial performance.

Champion:	Melissa Bowerman (Director of Administrative Services)
Who could be involved:	Management staff, QI & PM Leadership Team
Resources Needed:	Breakdown by program
Completed By:	October 2014

Status: 1. *Ongoing*
          2. *M. Bowerman stated that the BOH meeting materials (including financial highlights) are now placed on the agency's Internet website and staff receives a monthly email when they are posted. (4-25-14)*

SUGGESTION FROM QVAT: push off until 2015

5.3. Action D: Evaluate to what extent staff understanding of financial position was enhanced.

Champion:	Melissa Bowerman (Director of Administrative Services)
Who could be involved:	QVAT, QI & PM Leadership Team
Resources Needed:	May need access to survey mechanism
Completed By:	December 2014

Status:　　　1.　*Discuss whether financial information should be part of performance management, or should it be connected to internal training mentioned in VP#4? It might not need a separate evaluation.*

<mark>SUGGESTION FROM QVAT:</mark> push off until 2015

Vision Priority #5:	We effectively manage our fiscal resources while expanding opportunities for financial growth.

Goal 4:　Ensure staff understanding of the impact their work activity has on the financial status of the organization

5.4 Action A: Create a training or presentations that addresses how specific work activity impacts the financial status of the organization, e.g., coordinated use of leave time (to avoid over time use), how to reduce no shows, etc.

Champion:	Melissa Bowerman (Director of Administrative Services), Division Directors
Who could be involved:	Finance, supervisors, managers
Resources Needed:	Reports/records
Completed By:	March 2014

Status:　　　1.　*Ongoing*

Vision Priority #6:	We continue to assess and respond to strategic opportunities to serve our community and enhance our organization.

Goal 1:   Identify the criteria the organization will use to assess which strategic opportunities we would pursue.

6.1 Action A: Develop a draft of the potential criteria, e.g., must meet mission and vision, must be financially viable, etc.

Champion:	Marcus Cheatham (Health Officer)
Who could be involved:	Managers, Supervisors, QVAT
Resources Needed:	Meeting time
Completed By:	January 2014

Status: *1. Marcus distributed revised criteria for QVAT to review, including a sample project. QVAT discussed the criteria and Melissa noted that there were two "6's"; one needed to be a "7" (7-25-14).*

6.1. Action B: Get feedback from at least one planning consultant about the criteria

Champion:	Marcus Cheatham (Health Officer)
Who could be involved:	QVAT
Resources Needed:	Outside planning consultant
Completed By:	February 2014

Status: *1. Got feedback from Christine Ameen. (7-25-14)*

6.1. Action C: Finalize the criteria list and process for using it

Champion:	Marcus Cheatham (Health Officer)
Who could be involved:	QVAT
Resources Needed:	Meeting time
Completed By:	March 2014

Status:

Goal 2:   Identify strategic opportunities the organization should consider for implementation

6.2 Action A: Scan the environment for strategic opportunities to consider, including billing, grant making, collaborations, etc.

Champion:	Management Team
Who could be involved:	All Staff, QVAT
Resources Needed:	Priority that scanning is done continuously
Completed By:	Ongoing

Status:
1. *Considering offering a women's health program (annual exam) for those who do not qualify for family Planning. (4-25-14)*
2. *Consider absorbing the Resource Recycling Coordinator position currently vacant within Montcalm County. (4-25-14)*
3. *We have taken over the Montcalm County resource recycling program responsibilities. (1-23-15)*
4. *We are working with the Montcalm Center for Behavioral Health on a project where we would provide medical direction and billing for a Physician's Assistant in their facility. (1-23-15)*
5. *Considering continuing a 2014 collaboration with Clinton County Conservation District to possibly enhance EH software capabilities as well as a possible Point of Sale Ordinance (1-23-15).*
6. *Considering possible further EH collaborations with Kent County as a continuation of the EH software development project (1-23-15).*
7. *We will be revisiting the idea of participating in parades. Last year there was no interest in CBO or GBO, but several staff marched in the Stanton parade and agreed it was fun and worthwhile. We are also looking at the possibility of revamping our logo, at the suggestion of Commissioner Lindeman. (4-24-15) did not fit in any of the marketing strategies so it was placed here.*
8. *CHED is the process of implementing the Veteran's Medical Evaluation. Contract has been signed with Veteran's Evaluation Services. Jen Efaw has to participate in two more trainings. Antic1pated start date is mid-August. (7-24-15)*

6.2 Action B: Evaluate the potential opportunity using the criteria

Champion:	Administration
Who could be involved:	QVAT
Resources Needed:	Meeting time
Completed By:	Ongoing

Status:

6.2 Action C: Document the process and the decision made

Champion: Administration
Who could be involved: QVAT
Resources Needed: Meeting time
Completed By: Ongoing

Status:

6.2 Action D: Evaluate the use of the criteria tool, the process and the decisions made to identify
               potential refinements to the process

Champion: Administration
Who could be involved: QVAT
Resources Needed: Meeting time
Completed By: Annually

Status:

6.3 Action A: Develop content management system (4/25).
6.3 Action B: Create a working framework that is error-free.
6.3 Action C: Port over the content.

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
INTERNAL COMMITTEES AND MEMBERS

Health Enhancement Committee (HEC)

Purpose: To assist employees in establishing a balance of health and wellness in the workplace.

Mission: To create a sense of community within the agency that conveys a positive outlook and a shared vision for the health and wellness of self and others.

Members: Melissa Bowerman, Sue Corrigan, Lynda Farquharson, Leslie Kinnee, Charity Little, Kim Peters, Sara Thelen, Sam Tran, Dawn Wadle

Meets: As needed

Quality Vision Action Team (QVAT)

Purpose: This team exists to champion the strategic planning and quality improvement efforts at MMDHD.

Members: Melissa Bowerman, Marcus Cheatham, Sue Corrigan, Bob Gouin, Laura Grosskopf, Andrew Holdeman, Gayle Hood, Betty Kellenberger (BOH), Dena Kent, Jacob Kizer, Cindy Partlo, Stacey Peterman, Ross Pope, Stephen Pratt, Jamie Shepler, Jennifer Stratton, Andrea Tabor

Meets: Quarterly

Health Insurance Task Force

Purpose: This team represents Administration and both unions to assess, review, and make recommendation on employee insurance programs. Also makes decisions on requests from general leave bank.

Members: Melissa Bowerman, Marcus Cheatham, Jenniffer Efaw, Bryan Fowler, Kim Monahan, Holly Stevens, Becky Stoddard

Meets: Annually or As Needed

Marketing Team

Purpose: Subcommittee of QVAT – Develop or enhance information/ communication venues

Members: Marcus Cheatham, Wendy Currie, Jessica Gallop, Leslie Kinnee, Ross Pope, Cheryl Thelen, Pat Wall, Breann Bonga

Meets: Quarterly (February, May, August, November)

QI & PM Leadership Team

Purpose: Evaluation of program and service outcomes administered by MMDHD. This team then identifies and prioritizes quality improvement opportunities for increased effectiveness and efficiency within our programs and services. This team also develops MMDHD's annual Quality Improvement & Performance Management Plan.

Members: Melissa Bowerman, Marcus Cheatham, Bob Gouin, Jennifer Stratton, Juncai Li, Ross Pope, Andrea Tabor

Meets: Monthly

Acronym Description

ACA –	Affordable Care Act
BCCCP –	Breast and Cervical Cancer Control Program
CBO –	Clinton Branch Office
CDC –	Centers for Disease Control and Prevention
CEICMH -	Clinton-Eaton-Ingham Community Mental Health
CHA –	Community Health Assessment
CHED –	Community Health and Education Division
CHIP –	Community Health Improvement Plan
CQI –	Continuous Quality Improvement
ED –	Emergency Department
EH –	Environmental Health
GBO –	Gratiot Branch Office
ICA DSH -	Indigent Care Agreement Disproportionate Share Hospital
IHP –	Ingham Health Plan
IHPC -	Ingham Health Plan Corporation
LHD –	Local Health Department
MALPH –	Michigan Association for Local Public Health
MBO –	Montcalm Branch Office
MCDC -	Michigan Community Dental Clinics, Inc.
MDCH -	Michigan Department of Community Health
MIHP –	Maternal Infant Health Program
MIS -	Management Information Systems
MMHP –	Mid-Michigan Health Plan
MPHI –	Michigan Public Health Institute
NACCHO -	National Association of County and City Health Officials
PHAB –	Public Health Accreditation Board
PM –	Performance Management
ROI -	Return on Investment
SIM –	State Innovation Model
QI -	Quality Improvement
QVAT –	Quality Vision Action Team