

# Consolidated Strategic Plan Report July 2015



## **County of Dare** **Department of Health & Human Services**

We are committed to meeting the evolving health & social needs of our community.

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**Additional copies of this document and summary handouts are available upon request.**

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# Strategic Planning Summary

July 2015– June 2019



## Our Mission

The Dare County Department of Health & Human Services is committed to meeting the evolving health and social needs of our community.



## Our Strategies & Goals

Agency focus will be on building Consolidation efforts. This will be achieved through four Strategies:

### Communication

Enhance effective communication

### Quality

Deliver excellent services

### Sustainability

Support services, systems, and resources

### Partnership

Work collaboratively with community and agency resources

## Our Values

The department desires to accomplish its mission by:

- promoting a proactive, cost effective approach to future health & social outcomes to assure long term wellness and stability.
- respecting each other's culture and beliefs in a diverse community.
- empowering others to make informed decisions and positive choices through knowledge.
- ensuring a safe and secure community to support an optimal quality of life.
- providing guidance and assistance through outreach to community resources.



# Our SWOT Analysis

## Internal

### Strengths

Staff  
Leadership  
Value & Respect

### Weaknesses

Communication  
Inconsistency  
Turnover

### Opportunities

Staff & Organizational Development  
Leadership Development  
Retention & Recruitment

### Threats

Morale  
Fiscal  
Uncertainty

## External

### Strengths

Strong Partnerships  
Supportive Community  
Environmental Appeal

### Weaknesses

Access to Services  
Geography  
Structured Communication

### Opportunities

Enhance Relationships  
Utilize Technology  
Cultivate Services

### Threats

Geography  
Economics  
Evolving Population



## Our 2013 Community Health Assessment Priorities

1. Access to Care
2. Chronic Diseases
3. Older Adults
4. Mental Health & Substance Abuse



### County of Dare

Department of Health & Human Services

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## Executive Summary

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The strategic planning process is meant to strengthen the organization internally, and focus on range of agency-level organizational goals, strategies, objectives, and new initiatives.

In November of 2013, the Dare County Board of Commissioners voted unanimously to merge the Department of Public Health and the Department of Social Services to form the Dare County Department of Health & Human Services.

In efforts to support consolidation between Social Services and Health, a team was tasked with creating a Consolidated Strategic Plan.

## Strategic Planning Methodology

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### Strategic Planning Team

Roxana Ballinger, Director of Health Education & Outreach Services

Debbie Dutton, Director of Community & Clinical Services

Bonnie Drewry, Economic Services Program Administrator

Katie McCarron, Adult Services Supervisor

### Strategic Planning Coordinator

Kelly Nettnin, Communications Specialist

### Components of the Strategic Planning Process

- Surveys & Self-Assessments
- Mission & Values
- Review of Community Priorities
- Strengths, Weaknesses, Opportunities, Threats Analysis
- Strategy Selection
- Goals and Objectives with development of measurable outcomes and targeted time frames
- Unit Operation Plans
- Identify key performance indicators
- Create a yearly update report

## Stakeholder Surveys

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Surveys were sent to agency leadership (including Board of Commissioners, County Directors, Board of Health and Human Services), agency staff, and community members to solicit feedback about the revisions of the agency's mission and values. Survey tools and summaries can be found in Appendix A.

## Leadership Self-Assessment

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A self-assessment of operations was sent to agency leadership. Staff included were supervisors, managers, directors, and the board. The assessment included essential public health services and was tailored to be applicable to a health and human services agency.

Feedback from the self-assessment indicated that social services leadership did not feel the survey was pertinent to their daily work. The team compiled an additional self-assessment to seek feedback from social services leadership. The survey was sent to all Administrative, Health, & Social Services leadership. Survey results were combined, analyzed, and that data can be found in Appendix B.

## Our Mission

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The Dare County Department of Health & Human Services is committed to meeting the evolving health and social needs of our community.

## Our Values

---

The department desires to accomplish its mission by:

- promoting a proactive, cost effective approach to future health & social outcomes to assure long term wellness and stability.
- respecting each other's culture and beliefs in a diverse community.
- empowering others to make informed decisions and positive choices through knowledge.
- ensuring a safe and secure community to support an optimal quality of life.
- providing guidance and assistance through outreach to community resources.

## 2013 Community Health Assessment Priorities

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- 1. Access to Healthcare** – Focus group data showed access to healthcare as a significant cause of health problems (3rd most cited), a barrier to wellness (2nd most cited), and also a solution to health problems (2nd most cited).
- 2. Chronic Diseases**
  - *Heart disease* – mortality rate has increased among both males and females.
  - *Chronic lower respiratory disease (CLRD)* – mortality has risen steadily the last few years, especially among females.
  - *Alzheimer's disease* – mortality rate is increasing dramatically after years of decline.
  - *Colon cancer* – mortality rates are down for all major site-specific cancers except colon cancer.
  - *Obesity* – obesity prevalence is high among both children and adults.
  - *Diabetes* – although not yet a major cause of mortality in Dare County, diabetes prevalence among adults has risen steadily over the past several years.
- 3. Older Adults** - The growing elderly population in Dare County is considered at-risk due to an apparent lack of nursing home and assisted living housing options for them as they reach the point they can no longer care for themselves. Focus group data indicated this group as (2nd most cited) not receiving enough healthcare.
- 4. Mental Health & Substance Abuse** – Focus group data showed substance abuse and mental health as the most serious health problem in our community, and was identified (3rd most cited) as a barrier to wellness. People who abuse alcohol and drugs, and persons with mental health disorders are at-risk due to high utilization of the Outer Banks Hospital Emergency Department for mental health issues. This could indicate that many people are not connected to/do not know how to/do not want to connect to the local management entity serving Dare County.

**Note: The 2016 Community Health Assessment process may change or alter these priorities. In the case of priority changes, unit/function leaders will be advised and as a result, plans may be altered. Such changes will be noted in the Yearly Report provided by the department.**

## SWOT Analysis

### Internal

Strengths	<i>Staff:</i> We have a team of dedicated, knowledgeable and compassionate professionals.
	<i>Leadership:</i> We have a supportive agency and county Board of Commissioners that provide strong leadership.
	<i>Value &amp; Respect:</i> We have a strong appreciation for our colleagues and the work they do in our community.
Weaknesses	<i>Communication:</i> We have a need to enhance intradepartmental knowledge by effectively communicating between colleagues, units, divisions, administration and county departments.
	<i>Inconsistency:</i> We have a need to streamline agency policies, procedures and processes while ensuring accountability.
	<i>Turnover:</i> We have a need for a culture shift that will support change, improve morale and address inequities among team members.
Opportunities	<i>Staff &amp; Organizational Development:</i> We have an opportunity to support consolidation efforts through raising awareness among colleagues regarding agency services and staff member functions.
	<i>Leadership Development:</i> We have an opportunity to empower our leaders by equipping them with knowledge to guide their staff, support autonomy and the development of new skills.
	<i>Retention &amp; Recruitment:</i> We have an opportunity to create an environment that recognizes employees, values their worth and appreciate their skills brought to the agency.
Threats	<i>Morale:</i> We have the potential to be effected by a decrease in employee satisfaction.
	<i>Fiscal:</i> We have the potential to be impacted by a loss of funding.
	<i>Uncertainty:</i> We have the potential to hinder the quality of work due to staff concern over evolving roles.

### External

Strengths	<i>Strong Partnerships:</i> We have a resource rich network of professionals that advocate and work collaboratively to enhance quality of life for our residents.
	<i>Supportive Community:</i> We have a strong sense of community with a culture of helping others.
	<i>Environmental Appeal:</i> We value our natural resources that enrich our community's financial opportunities through tourism.
Weaknesses	<i>Access to Services:</i> We have a need to recognize and raise awareness of potential barriers to services.
	<i>Geography:</i> We have a need to collaborate with community partners to ease the impact of geographical barriers.
	<i>Structured Communication:</i> We have a need to establish enhanced communication, which will help eliminate duplication of services and misperceptions.
Opportunities	<i>Enhance Relationships:</i> We have an opportunity to strengthen state and regional networks to support positive outcomes.
	<i>Utilize Technology:</i> We have an opportunity to be better connected worldwide because of affordability and accessibility of technology related services.
	<i>Cultivate Services:</i> We have an opportunity to expand growth of our medical community and patient and client advocacy services through strengthened partnerships.
Threats	<i>Geography:</i> We are impacted by our ever-changing, unique geography connected by vulnerable roads and bridges as a result of natural disasters.
	<i>Economics:</i> We are impacted by a predominate service related, seasonal employment market, coupled with low wages, poor benefits and a high cost of living.
	<i>Evolving Population:</i> We are impacted by our changing demographics which create gaps in services.

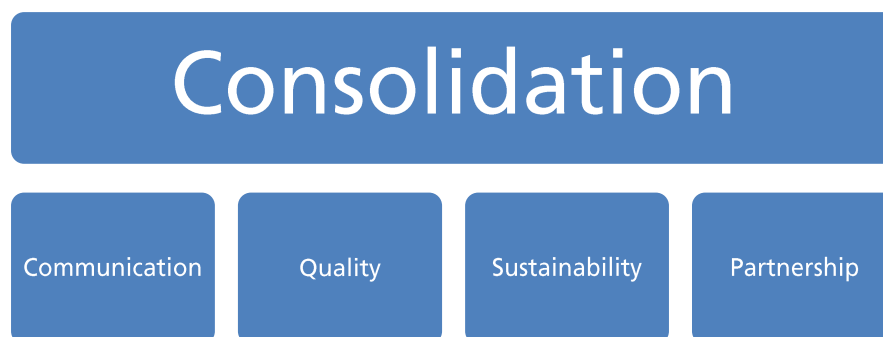
## Self-Assessment Results: Potential Strategies

Both of the completed self-assessments were analyzed, and the group noted any area that was mediocre or needed improvement as an opportunity identified. Priorities from the 2013 Community Health Assessment, data from the SWOT Analysis, and opportunities identified through the self-assessment were discussed. The team separated out each opportunity identified and matched each item with potential strategies. The chart below indicates the results of this analysis:

Opportunity Identified	Communication	Quality	Sustainability	Partnership
adequate resources for job performance	x		x	
agency evaluation strategy focuses on community outcomes	x		x	x
apply research results		x	x	
communication regarding change in responsibilities that might impact the delivery of benefits and services	x	x	x	x
communication (internal)	x	x	x	x
data & data analysis		x		
data sharing with community partners	x			x
develop & implement media strategies	x			
disseminate research findings	x	x	x	
future workforce development		x	x	
participating in research activity		x		x
prevention and personal healthcare and human service system building			x	x
raise awareness and gain general public support for the plan and a deeper understanding	x		x	x
reporting progress, advocating for resources to implement priorities	x	x	x	x
use of evidence-based methodology for evaluation		x	x	

## Strategies Selected

Both sets of survey results from leadership were compiled and organized into categories pre-determined by the SWOT Analysis. The SWOT analysis and survey results directed the team through the finalization of the following strategies.



Agency focus will be on building Consolidation efforts. This will be achieved through four Strategies:

- *Communication*: Enhance effective communication.
- *Quality*: Deliver excellent services.
- *Sustainability*: Support services, systems, and resources.
- *Partnership*: Work collaboratively with community and agency resources.

## Operating Plans

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Units or functions within the Health and Social Services Division created a four year operation plan that ties into the agency's strategic plan and selected strategies. An Operating Plan period of four years was decided upon, as it allows units ample time to achieve their goals and tasks. Operating Plans are working documents and tasks may be added and changed as the unit deems appropriate.

These were created with unit/function leaders under the guidance of an assigned Strategic Planning Support Team:

Unit/function leaders will continue to meet with their Strategic Planning Support Team on a quarterly basis throughout the four year cycle. Operating Plans are designed for a yearly report out to be completed at the end of the year by unit/function leaders. Highlights from all unit/function Operating Plans report outs will be summarized in the Year End Report.

The operating plans are available to unit/function leaders and the Strategic Planning Team through a share folder on Google Docs.

### Plan of work Framework

*Strategy-* Strategies are broad statements of what Dare County Department of Health & Human Services hopes to achieve in the next 4 years.

Roxana Ballinger & Bonnie Drewry
<ul style="list-style-type: none"><li>•Administrative Support</li><li>•School Health</li><li>•Environmental Health</li><li>•Adult Services</li><li>•Family Services</li><li>•Leadership</li></ul>

Katie McCarron & Debbie Dutton
<ul style="list-style-type: none"><li>•Health Education &amp; Outreach Services</li><li>•Community &amp; Clinical Services</li><li>•Home Health &amp; Hospice</li><li>•Economic Services</li><li>•Child Services</li></ul>

*SMART Goal-* Goals are specific, concrete, measurable statements of what will be done to achieve each of the four strategies over the next four years. Goals were developed using the SMART format (Specific, Measurable, Achievable, Realistic, and Timely). Goals are set by Senior Leadership and do not change during the Strategic Planning cycle.

*Unit-* The group establishing the tasks to achieve the overall goals. Units to have operating plans are: Administration, Child Services, Adult Services, Economic Services, Family Services, Environmental Health, Home Health & Hospice, Community & Clinical Services, School Health, and Health Education & Outreach Services.

*Task-* A task is a plan of action to reach the overarching goal. It is possible for each unit/function goal to have many tasks that need to happen in order to achieve the goal. A task should not be changed without consulting with the unit's strategic planning support teams. Tasks that align with Community Health Assessment priorities are indicated with # followed by the number. (ie: Task that deals with older adults #3). Tasks that align with an Accreditation activity are indicated by \* followed by the number associated with the activity. (ie: \*15.1)

*Measure-* The formula used to complete your baseline, and fiscal year updates.

*Notes-* Allows for units to report specific information regarding tasks, this could be a report on the status or a report on the inability to complete tasks/goals with an explanation.

*Baseline-* A baseline must first be established in order to measure progress, improvement, or completion for the task. For tasks with no baseline data, the plan of work identifies the baseline as a new initiative. There may be one baseline for many tasks.

*Fiscal Year Updates-* The measure is followed and updated at the end of each fiscal year.

## Department Goals

*Communication:* Establish strong internal and external communication plans by end of strategic plan cycle.

*Quality:* A culture of quality service delivery is set by the department. Standards of excellence and expectations are communicated by end of strategic plan cycle.

*Sustainability:* Raise awareness and gain general public support (local, regional, state) for department programs and services by end of strategic plan cycle.

*Partnership:* The department will work collaboratively with internal and external resources.

## Operating Plan Highlights

### Communication

Unit	Task
Leadership	Establish routine communication between divisional management teams.
Environmental Health Services	Raise awareness of the importance of hand washing for temporary food establishment vendors by dispersing information.
Health Education & Outreach Services	Establish regularly occurring meetings with key management and senior leadership to discuss and plan for public information and branding needs.
School Health Services	Increase communication on school health issues and initiatives through web-based forms such as Haiku, Webpages, Facebook in addition to Print and TV.
Community & Clinical Services	Monthly report sent to Medical & Health Director will also be sent to unit staff.
Economic Services	Develop an external outreach plan to determine source of information obtained by clients.

### Quality

Unit	Task
Leadership	Promote quality through recognition as opportunity presents.
School Health Services	Fully implement Electronic Medical Records. #1
Children's Services	Services will be provided to ensure safety and well-being of children and families, with the first goal to safely maintain children in their own homes, and when this is not possible, arranging for placement which is both safe and stable.
Home Health & Hospice Services	Develop and implement a medication instruction plan to teach each patient about their medications. #3; #4
Economic Services	More expedient processing times for approvals that results in clients receiving benefits faster by the utilization of readily available verifications.
Family Services	Show impact on the community by tracking the number of families and individuals that received food pantry referrals, rental assistance and utility assistance.

## Sustainability

Unit	Task
Leadership	Report progress and advocate for resources to implement priorities.
Family Services	Partnering with clients and community agencies to ensure best use of funds which will increase the number of families we are able to assist.
Children's Services	Recruit, train, license and maintain licenses of foster parents to ensure that children entering agency custody have appropriate placements with individuals who have the skills to provide for their needs.
Adult Services	Maintain an in-home aide waiting list to show the need for services among older/disabled adults in Dare County. #1; #3
Environmental Health Services	Available staff members within the department will be cross-trained to provide front office support when needed.
Administrative Support	Ensuring staff time is coded correctly to maximize funding sources and decrease corrections required.

## Partnership

Unit	Task
Leadership	Ensure department is an engaged partner in community health and human services initiatives.
Health Education & Outreach Services	Partner with New Horizons and Dare CASA to implement Children's Group program. Train and credential additional staff to implement the program. #4
Adult Services	Provide essential items to adult services clients through the Older Adult Christmas Program by partnering with community organizations. #3
Home Health & Hospice Services	Work with the OBH or New Horizons to provide telemedicine services to homebound clients. #1
Community & Clinical Services	Work with the OBH to promote and increase participation in community outreach programs.
Administrative Support	Conduct a needs assessment for translating services in partnership with other units.

## Key Performance Indicators

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Key Performance Indicators (KPIs) is a metric used to evaluate factors that are crucial to the success of an organization. KPIs differ per organization, business KPIs are typically revenue based, while government and public agencies often have KPIs that are service based.

Unit/function leaders worked with the Strategic Planning Team to create a list of KPIs that provided a clear illustration of process and work achieved by their team. KPIs will be collected and analyzed on a yearly basis. As identified, notable KPIs will be highlighted and shared in the reporting process.

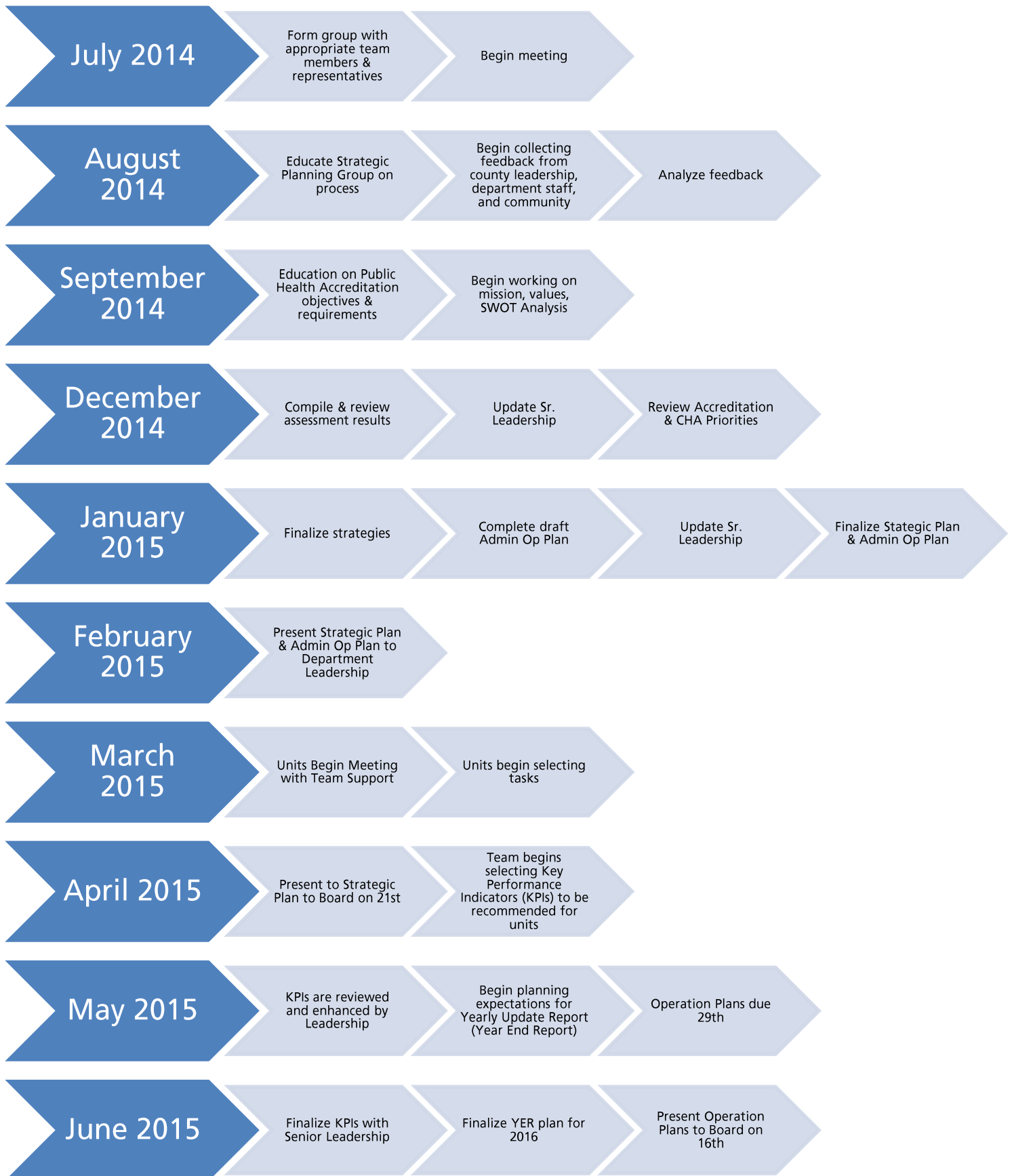
## Reporting Progress

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Report outs on the process will be collected on the Fiscal Year end and provided to the Board of Health & Human Services and community each year in November.

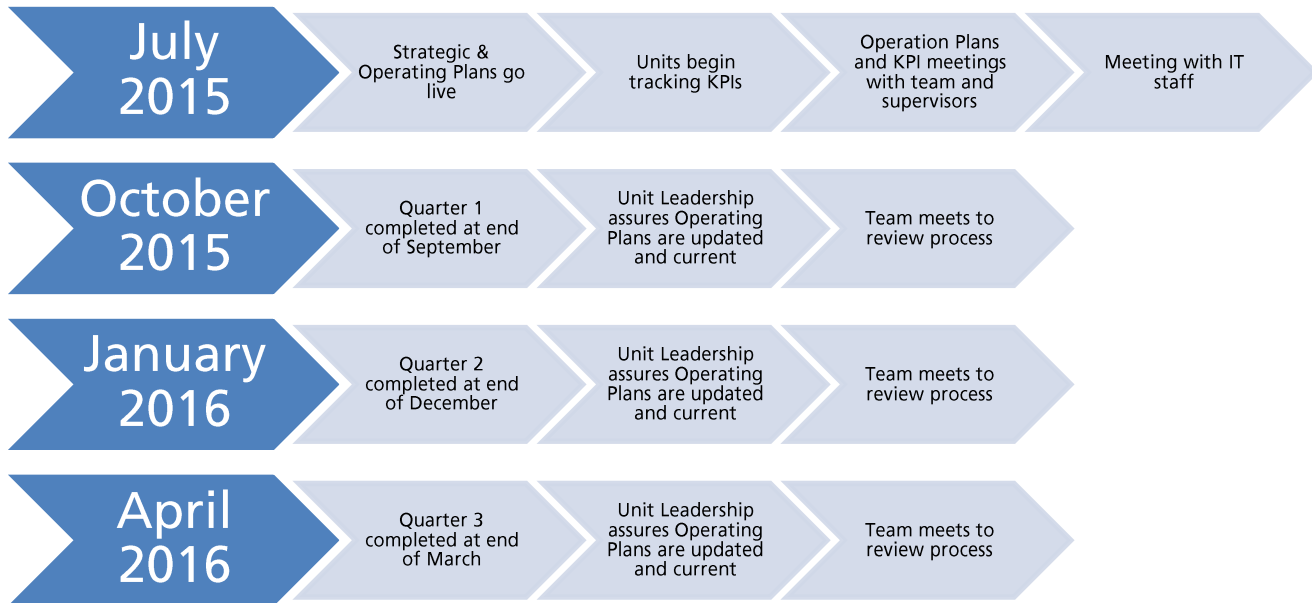
While the fiscal year is over June 30, November was selected as to allow time for the financial aspect of the year to be closed out and accounted for in the reporting process.

## Planning Process Timeline FY 2014-2015



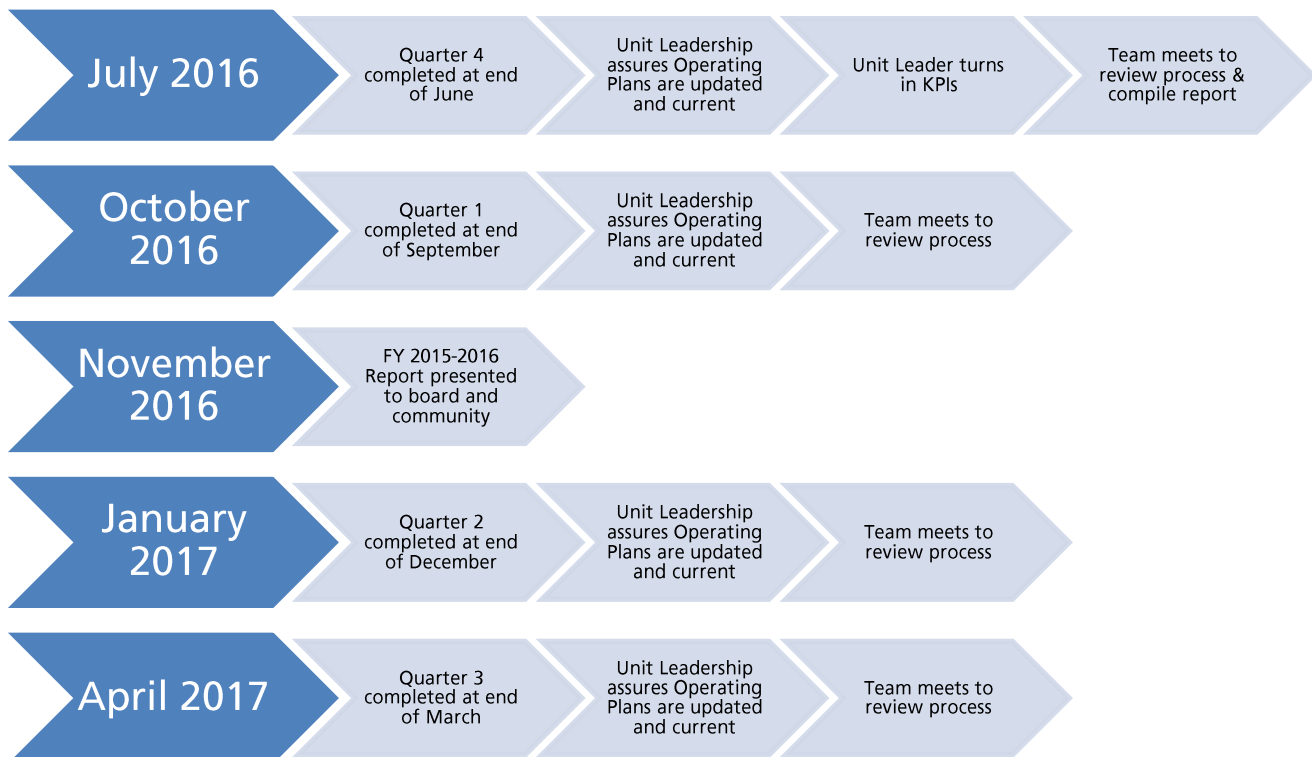
## Year One Timeline FY 2015-2016

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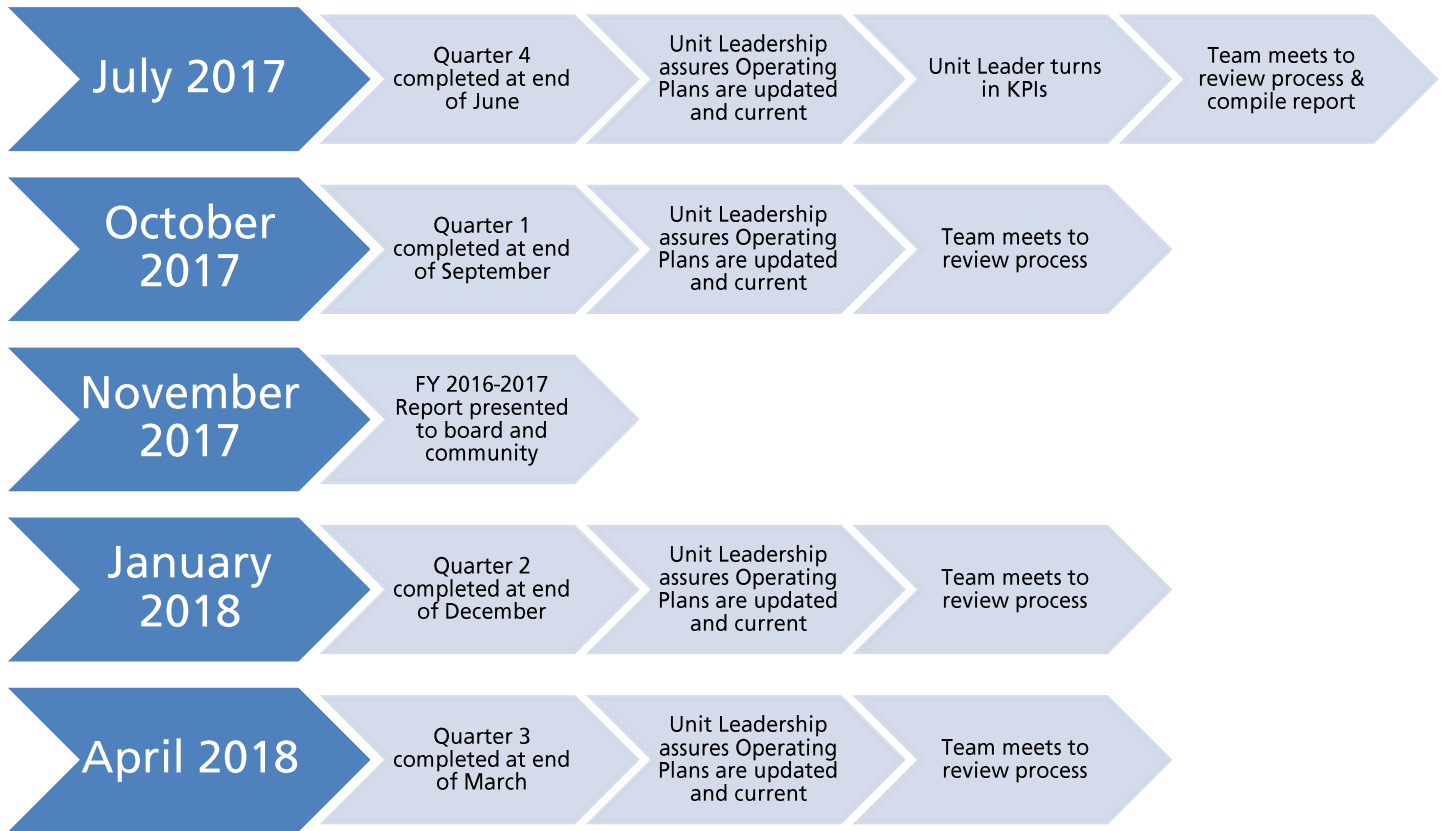
## Year Two Timeline FY 2016-2017

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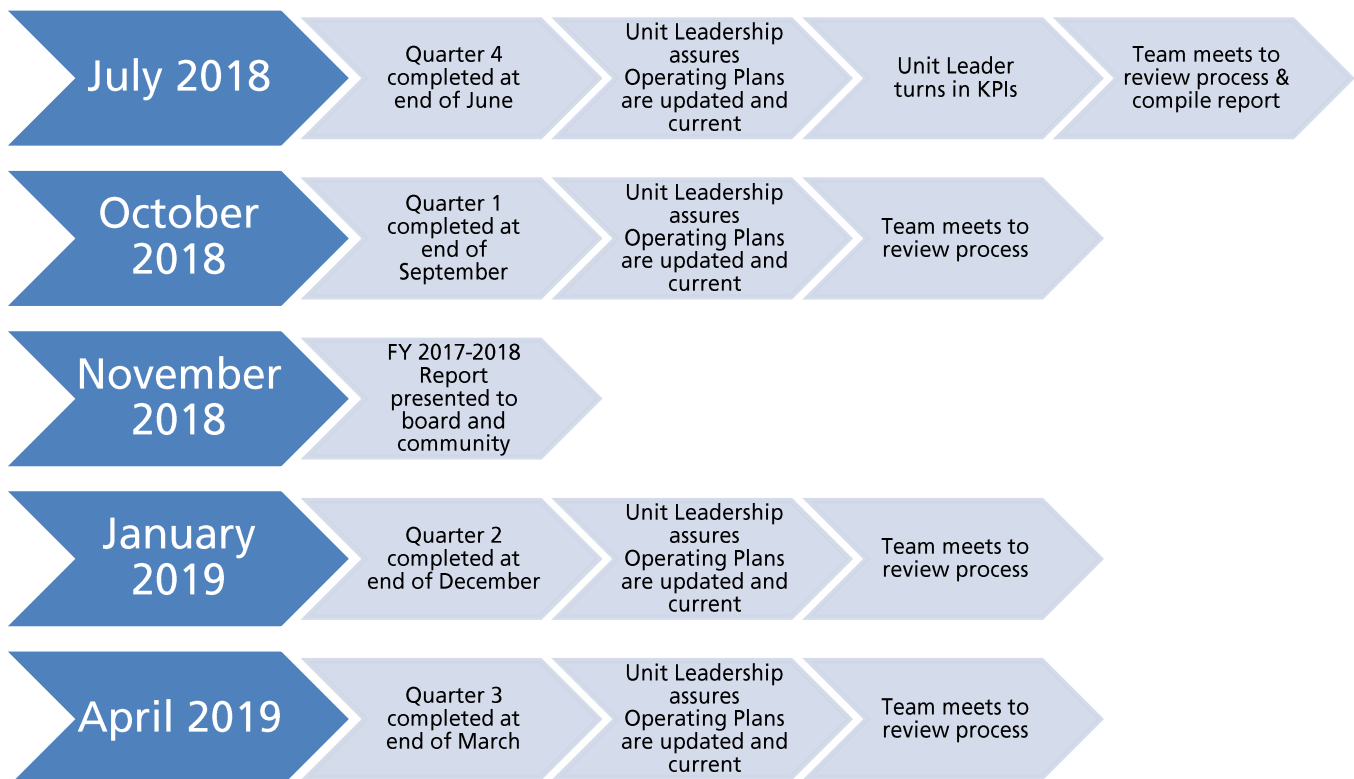
## Year Three Timeline FY 2017-2018

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## Year Four Timeline FY 2018-2019

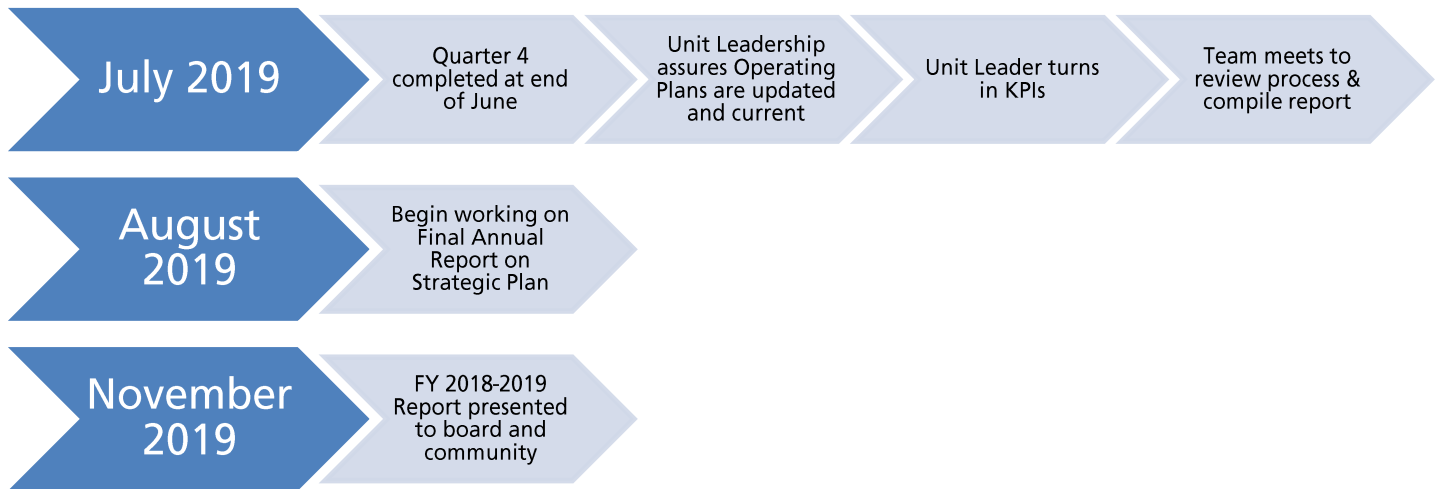
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**Note: During Year Four, a new team should be established and the process of Strategic Planning should begin with a roll out for FY 2019-2020**

## Year Five Timeline FY 2019-2018

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## Lessons Learned & Observations

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Communication varied with divisions and units. It was essential to project success to keep recommendation and decision making authority within the team. Future recommendations include:

- Establish a charter with recommendations for communication.
- Including staff more in the process through focus groups and surveys.
- Rotating off team members to prevent burn out and allow others to serve.
- Adding a board member.
- Adding a member of senior leadership.
- Adding a front line staff from each division.
- Analyzing information from quality surveys conducted in Health.
- Establishing an ongoing quality survey for Social Services.

## Conclusion

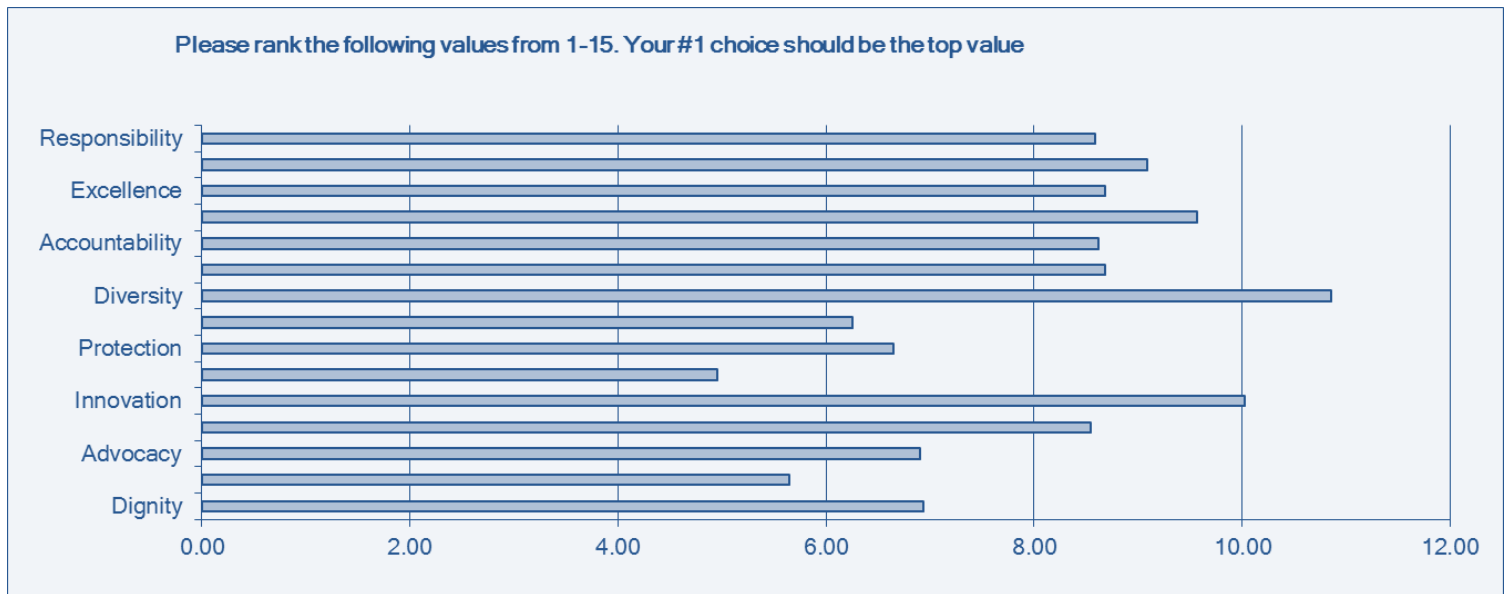
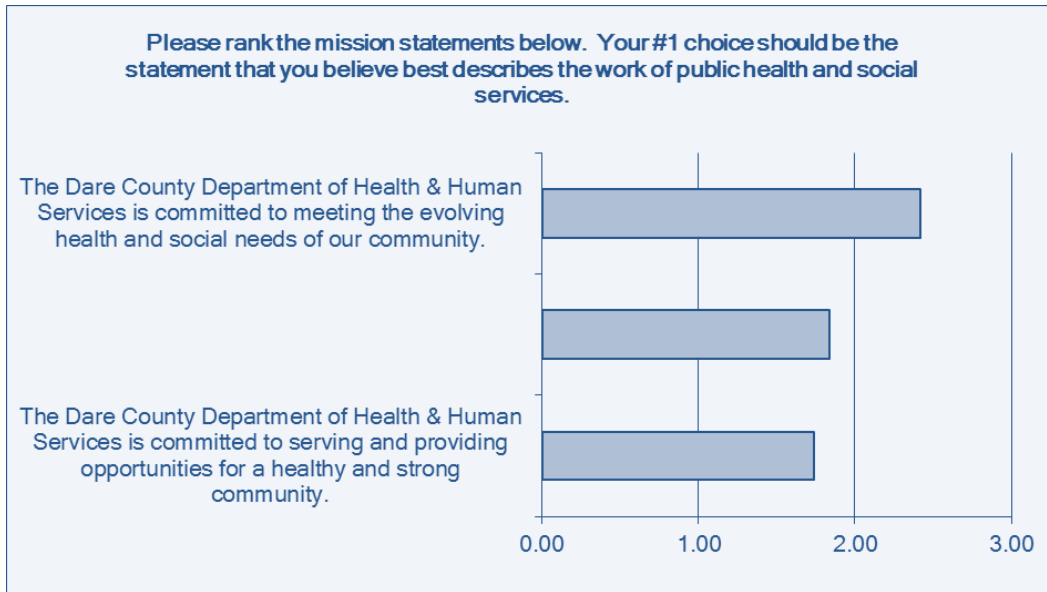
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While the process was a lengthy one, it was well worth the time and investment. The fruits of the labor, in many circumstances, are already visible through enhanced working relationships across a department that was previously two separate entities.

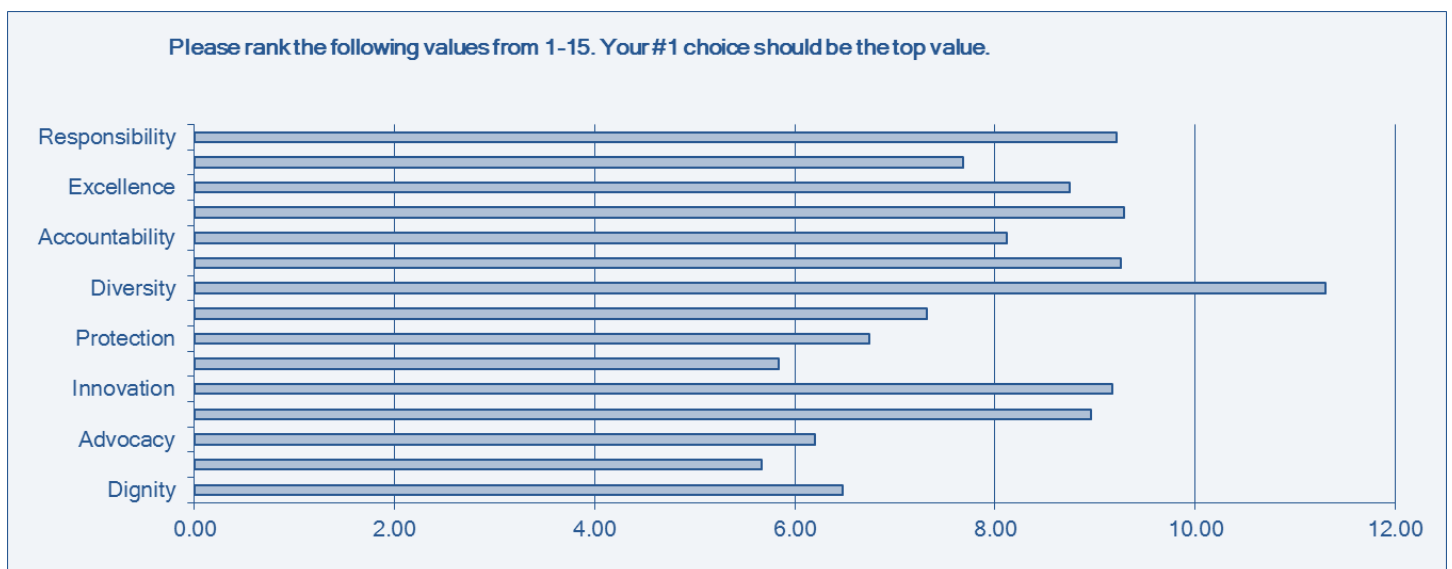
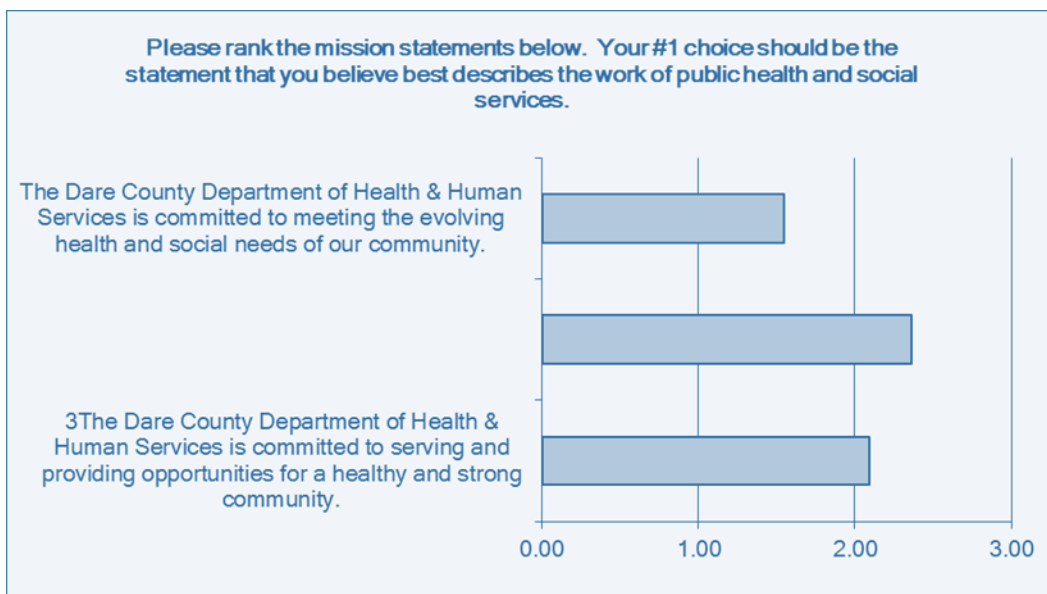
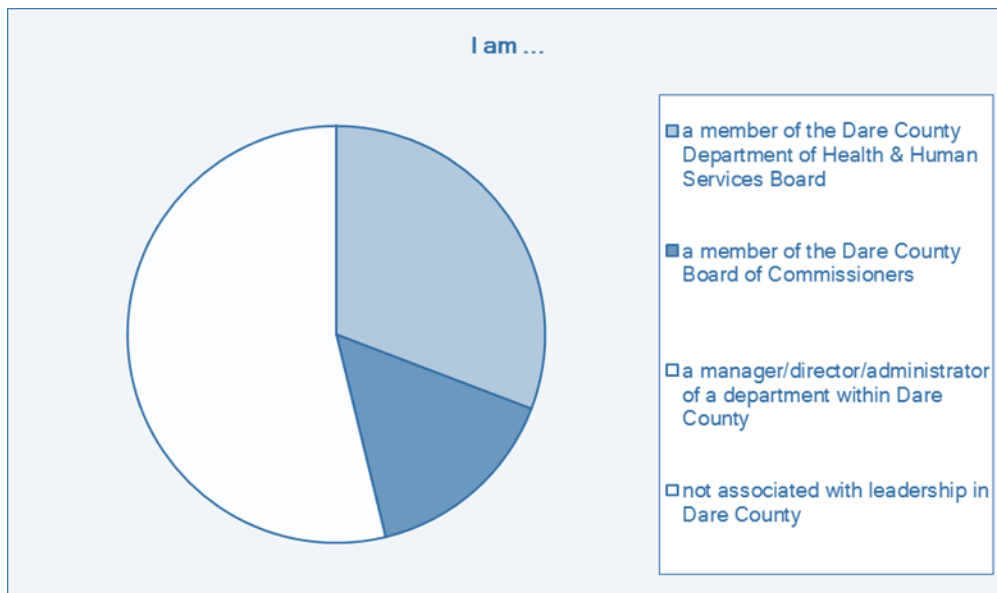
We would like to extend our gratitude to our leadership, staff, and community for their commitment to taking our department from good to great, and participating in the strategic planning process. A special thanks goes to the Strategic Planning Team, for their ongoing hard work and dedication to the process.

# Appendix A: Stakeholder Surveys for Mission & Values (2014)

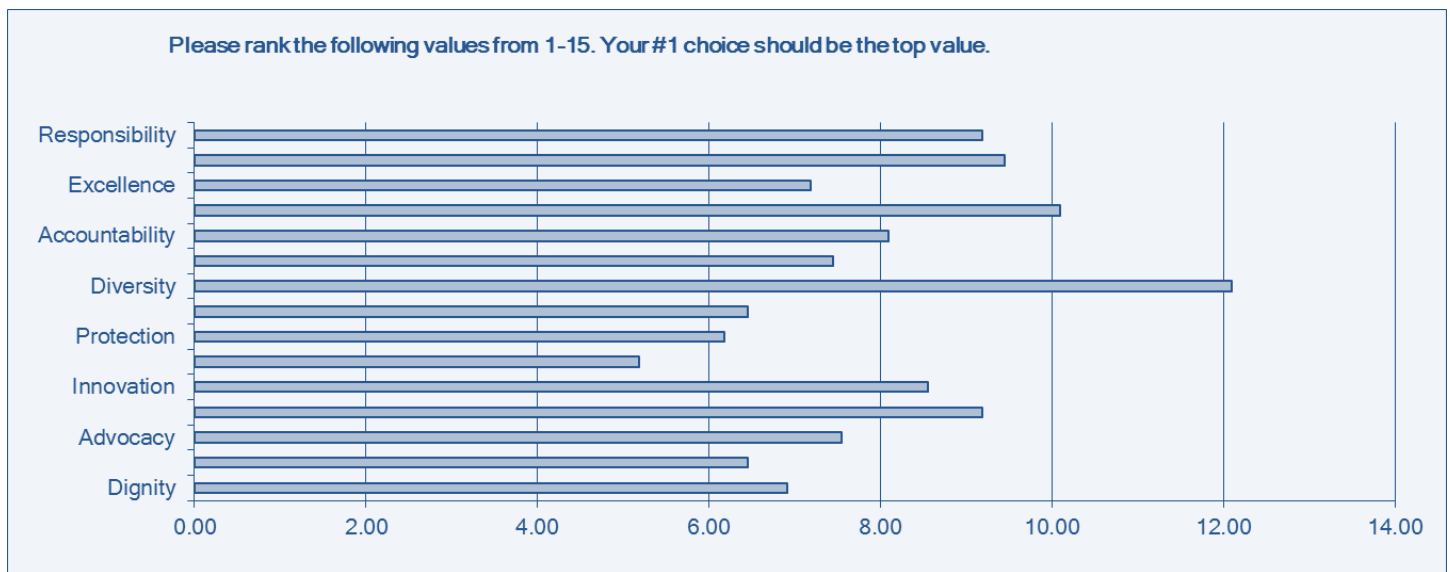
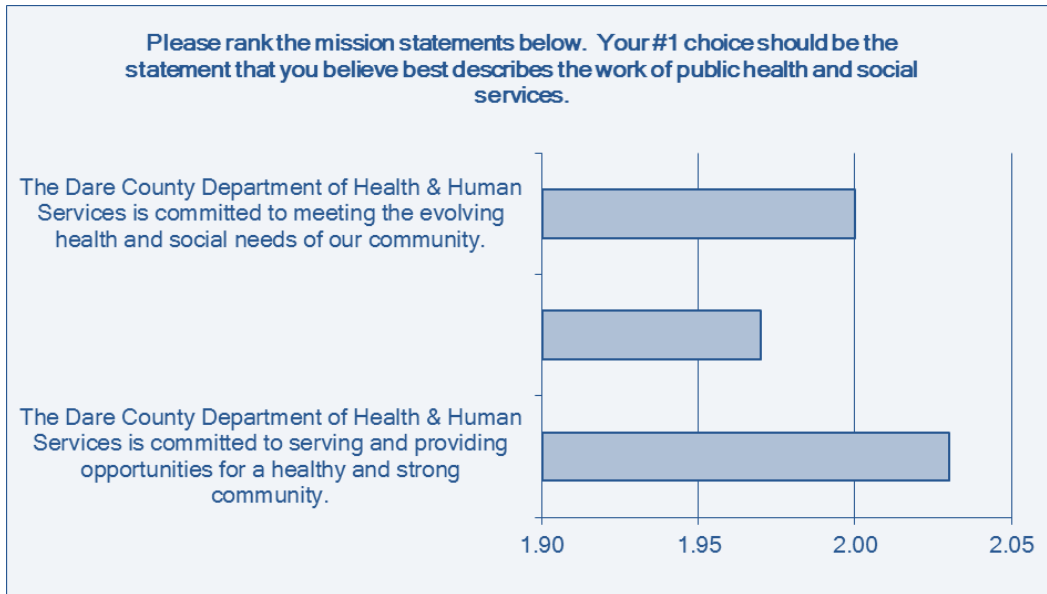
## Agency Staff Survey Results



## Leadership Results

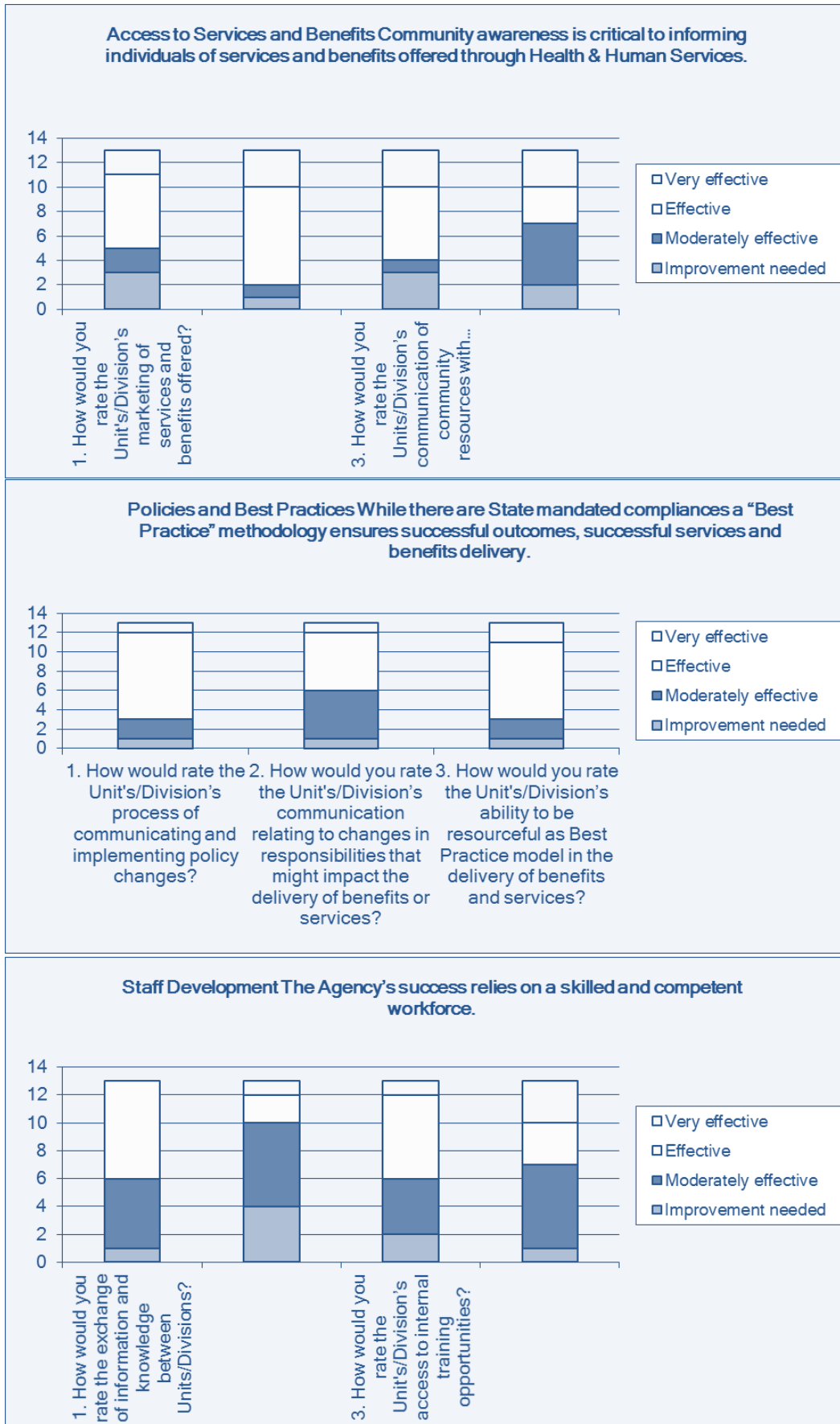


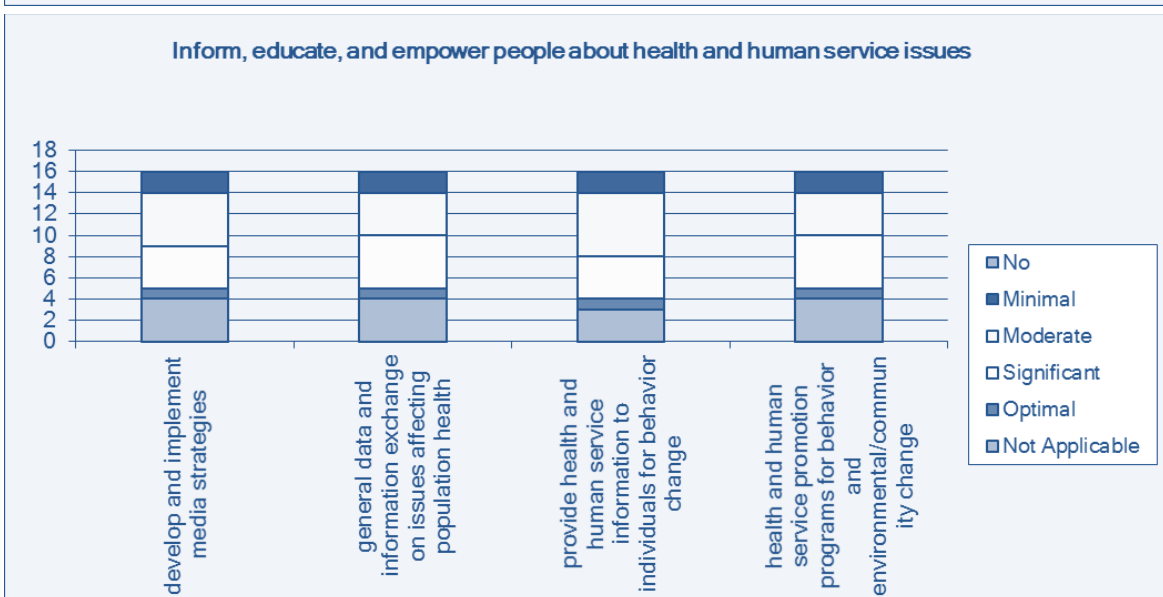
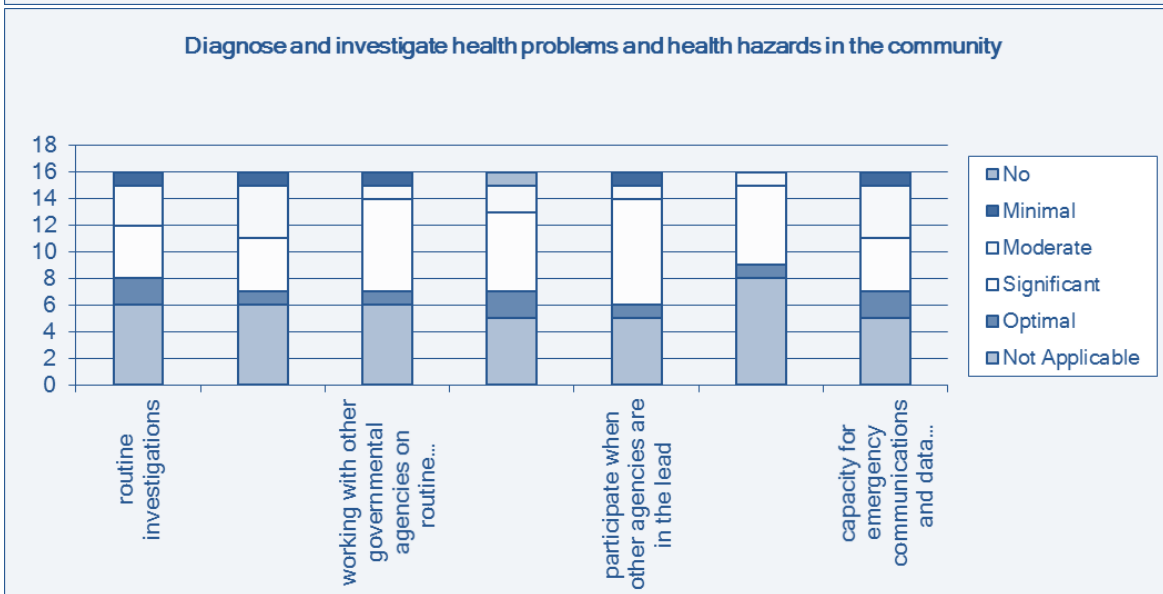
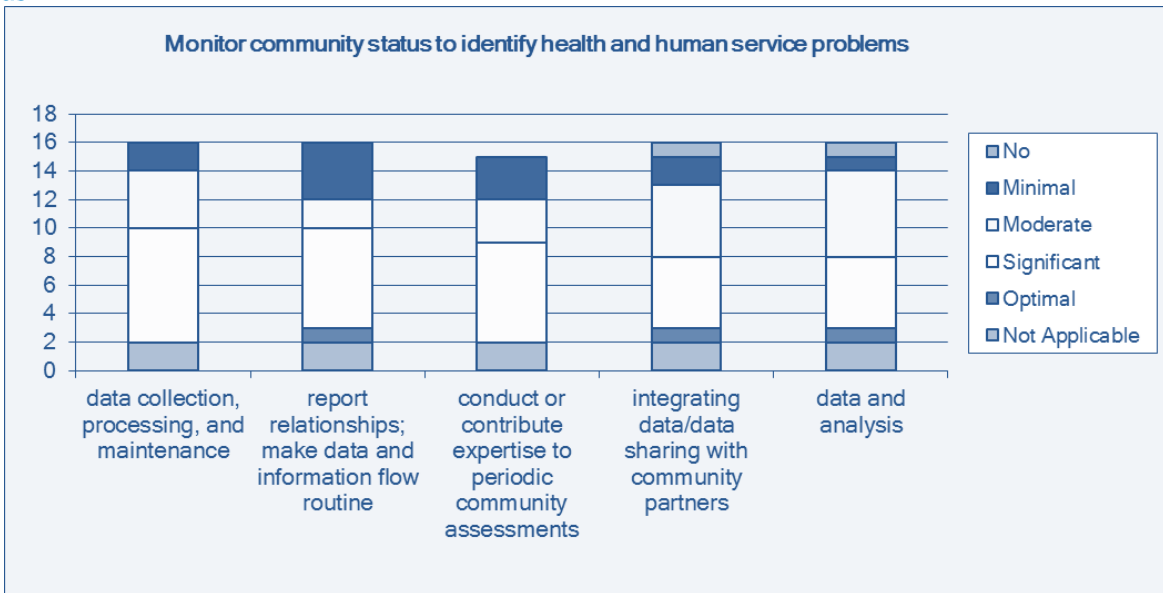
## Community Results



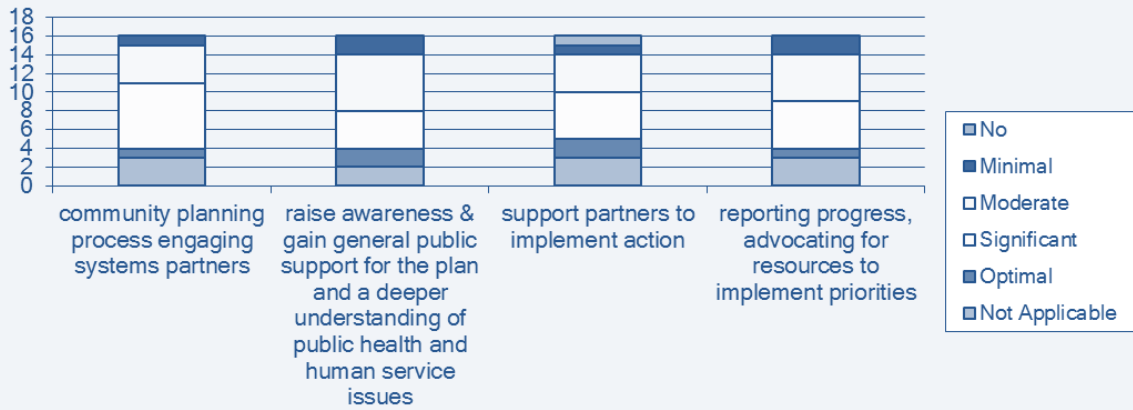
# Appendix B: Leadership Self-Assessments (2014)

## Social Service Focus

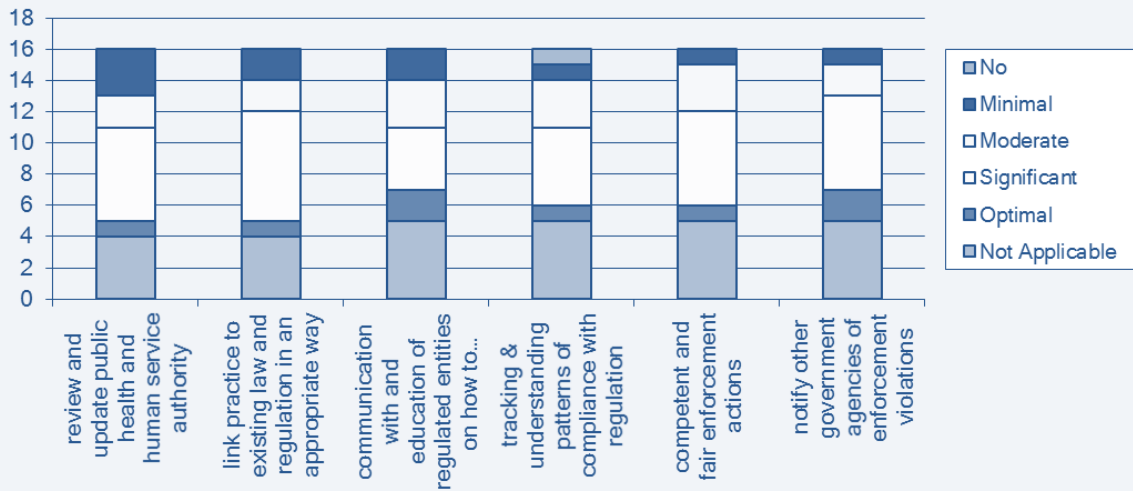




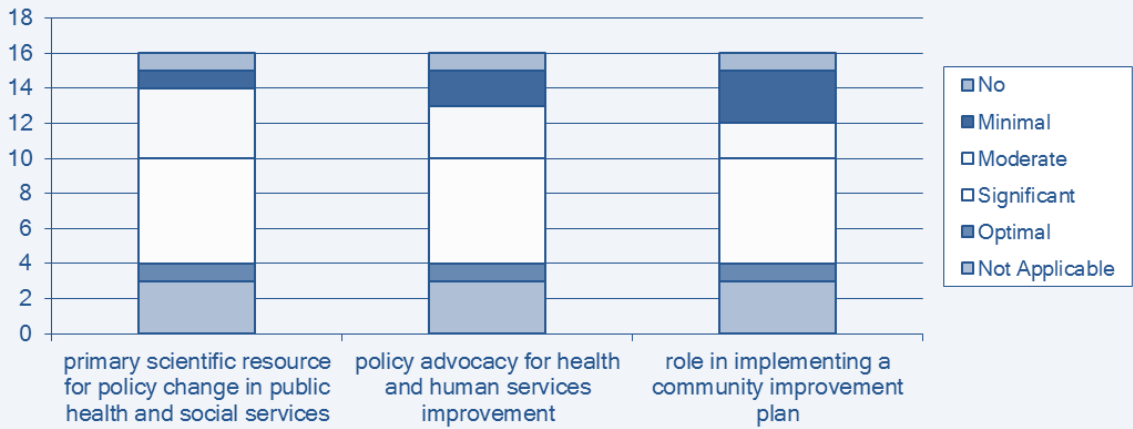
### Mobilize community partnerships to identify and solve health and human service problems



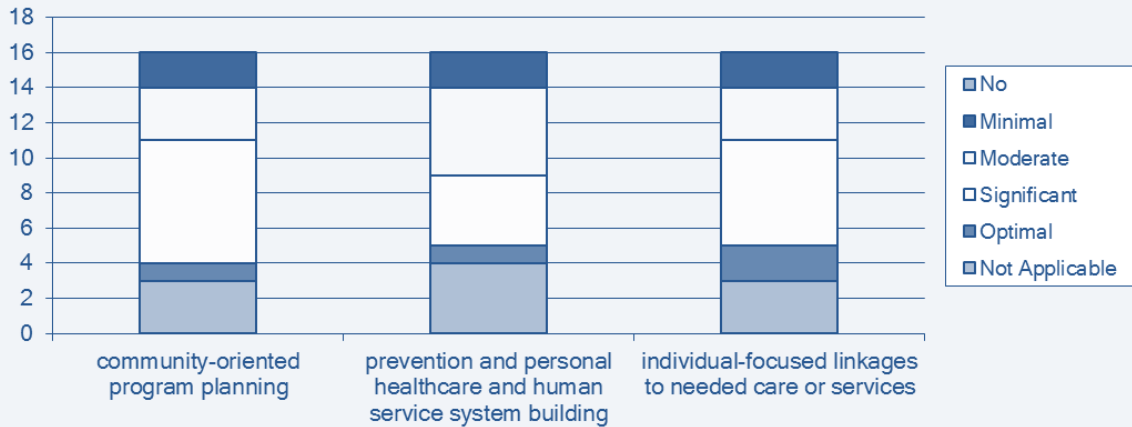
### Enforce laws and regulations that protect and ensure safety



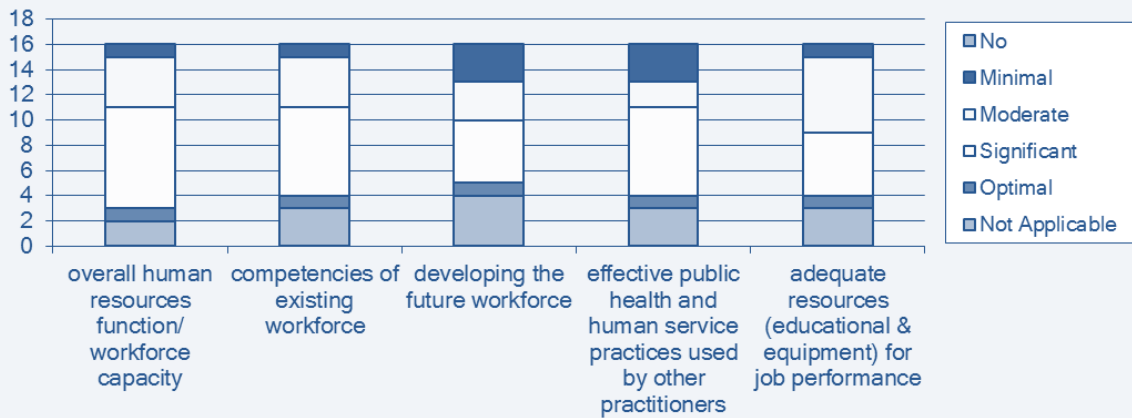
### Develop policies and plans that support individual and community health and human service efforts



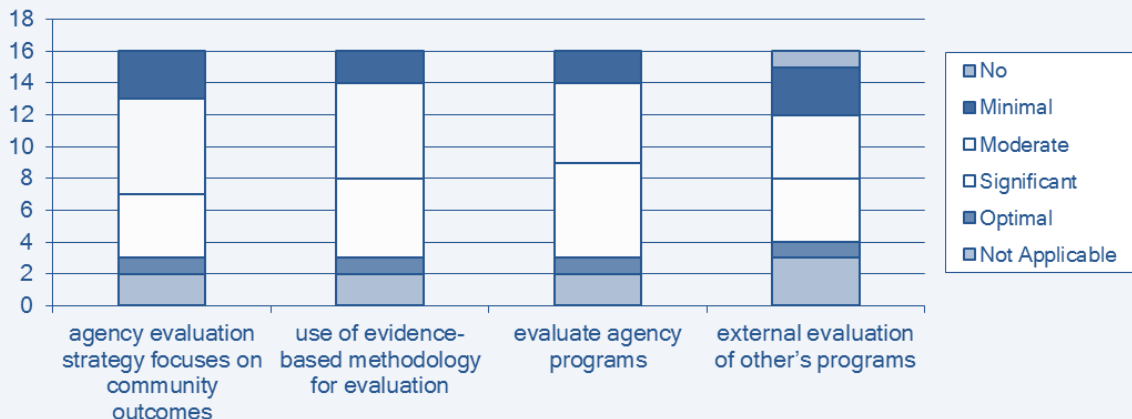
**Link people to needed personal health and human services services and assure the provision of care or services when otherwise unavailable**



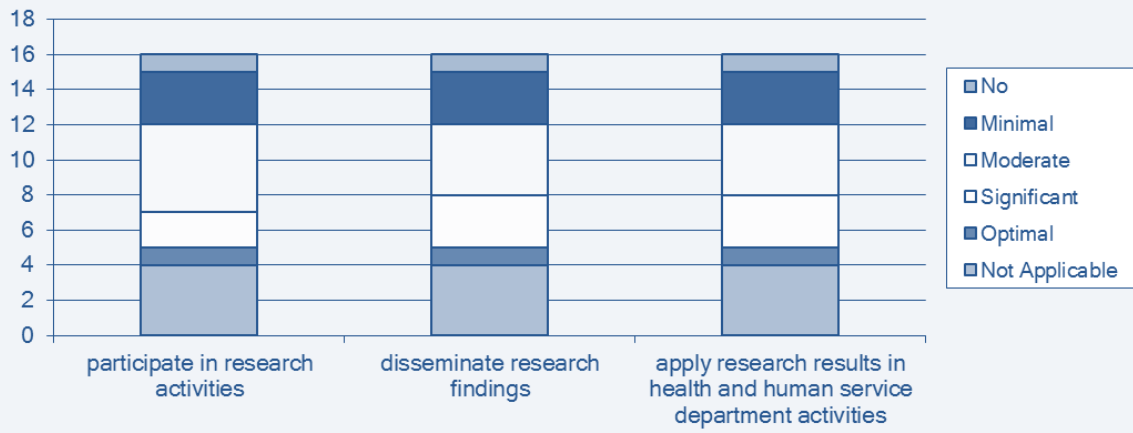
**Assure a competent public health, human services, and personal health and human service workforce**



**Evaluate effectiveness, accessibility, and quality of personal and population-based health and human services**



### Research for new insights and innovative solutions to health and human service problems



# Special Thanks

## Strategic Planning Team

Roxana Ballinger, Director of Health Education & Outreach Services  
Debbie Dutton, Director of Community & Clinical Services  
Bonnie Drewry, Economic Services Program Administrator  
Katie McCarron, Adult Services Supervisor

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For more information, please call 252.475.5036.



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