
2013-2016 Strategic Plan

Lake County Health
Department and
Community Health
Center

October 16, 2013

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LETTER FROM GOVERNING BOARDS AND EXECUTIVE DIRECTOR

The Lake County Health Board of Health and the Lake County Community Health Center Governing Council are committed to improving the overall health and quality of life in Lake County. We have engaged in this strategic planning effort to focus the energies of the organization, set organizational priorities and guide the allocation of public health resources. We are proud to present the Lake County Health Department and Community Health Center’s 2013-2016 Strategic Plan.

The Strategic Plan lays out the goals and objectives of the Lake County Health Department and Community Health Center for the next three years. Through this plan, we are focusing what our organization will do towards addressing the strategic priorities issues that had been articulated for Lake County through the Community Health Improvement Plan. It is our belief that each employee brings significant strengths to the Health Department. The core values recently established provide a blueprint for them to successfully work together and with the public. Internal and external relationships are most critical to our success. This strategic plan provides a broad roadmap for the Health Department and is intended to be a dynamic plan.

Together, we can achieve our vision: *Healthy people. Healthy choices. Healthy Lake County!*



Timothy Sashko
President, Board of Health



Eula Crawford
Chair, Governing Council

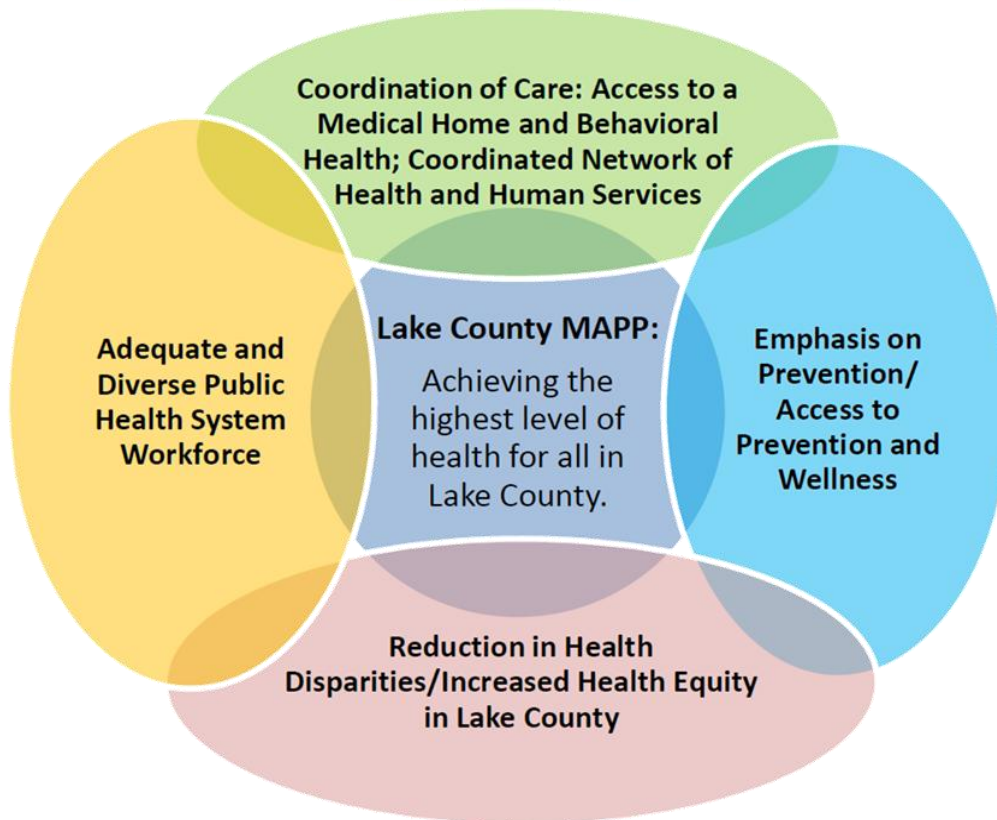


Tony Beltran
Executive Director

OVERVIEW OF THE STRATEGIC PLANNING PROCESS AND ALIGNMENTS

In 2011-2012, as part of the overall approach to strategic community health improvement planning, Lake County embarked on a community based approach called MAPP, which stands for Mobilizing Action through Planning and Partnerships. MAPP is a tool which “helps communities improve health and quality of life through community-wide and community driven strategic planning¹.” By following this approach, four assessments were conducted, Community Themes and Strengths, Community Health Status, Local Public Health System and Forces of Change. These assessments were reviewed by an engaged and broad representation of persons who share the commitment to, and have a role in, the community’s health and overall well-being. This process places an emphasis on a community driven, community owned approach which helps the community take responsibility for its own health.

The 2012 Lake County Community Health Improvement Plan’s strategic priorities are:



¹ MAPP Basics - Introduction to the MAPP Process, National Association of County & City Health Officials, www.naccho.org

The Department's own internal strategic planning process was conducted from January through October 2013 and included the retirement of an Executive Director and the transition to a new Executive Director.

The Department approached this strategic planning process with a number of objectives in mind. The primary objective was to affirm the department's commitment to addressing these community health strategic priorities that had been articulated for Lake County through the Community Health Improvement Plan. In addition, the department intended to create a framework from which the department could continue to build public health partnerships with a wide range of organizations such as academia, health care providers, hospitals, community-based organizations, businesses, schools, local governments and individuals that contribute to the health and well-being of the community.

From January through March 2013, Department staffs presented updates at the monthly meetings of the Lake County Board of Health and the Lake County Community Health Center Governing Council. These power point presentations were intended to refresh these governing boards on the issues facing Lake County and the Department. January's presentation focused on Lake County's profile including its changing demographics and socioeconomic indicators. February's presentation was on the Impacts of the Affordable Care Act on Lake County and the Department. March's presentation focused on our need to assure that our own strategic planning process correlated and coordinated with the other external strategic planning processes including the Community Health Improvement Plan, the Illinois State Health Improvement Plan, area hospitals strategic priorities and the Lake County Board. Strengths, weaknesses, threats and opportunities from these presentations were captured and reported on the strategic planning process SWOT summary.

In April 2013, the Board of Health with facilitation provided by Laurie Call, Director, Center for Community Capacity Development, Illinois Public Health Institute, participated in the National Public Health Performance Standards Governance Assessment instrument. Once again, strengths, weaknesses, threats and opportunities from these presentations were captured and reported on the strategic planning process SWOT summary.

In July 2013, 33 staff representing various sectors of the Department assisted in identifying goals and objectives that the Department should adopt to support the Lake County Community Health Improvement Plan's strategic priorities.

In August 2013, a combined strategic planning retreat of Lake County Board of Health and Lake County Community Health Center Governing Council members took place. Facilitation was provided again by the Illinois Public Health Institute. This process included overview of the prior planning activities, review and adoption of mission, vision and values, review of Community Health Improvement Plan strategic issues, and review of SWOT - strengths, weaknesses, opportunities and threats. The activities and guidance are noted in this document.

MISSION, VISION AND VALUES

MISSION

The mission of the Department concisely communicates the overarching purposes that encompass all the programs, services and activities undertaken by the Department. As part of this strategic planning process, the Lake County Board of Health and the Lake County Community Health Center Governing Council members modified its mission statement slightly to better emphasize the Department's use of needs assessment and development of policies to promote health. Our Department's revised mission statement is:

The Lake County Health Department and Community Health Center, through the assessment of needs, the development of policy and the provision of accessible, quality services, promotes physical, mental and social well-being, prevents disease, injury and disability, and protects the environment.

VISION

A key component of strategic planning is a future vision. This vision should reflect the Department's intentions, and describe the way the organization will help position the Department to achieve its goals. This strategic planning process did not modify our Department's vision, which is:

Healthy people. Healthy choices. Healthy Lake County.

VALUES

Value statements go beyond what an organization does, and describe the core beliefs that influence the way the organization conducts business. These enduring tenets will be incorporated across the organization in staff performance appraisals and marketing material and turned to when making key organizational decisions. The following values were reviewed and agreed upon as key to our Department's core purposes and philosophy.

Outstanding Customer Service

- Providing service in an approachable, compassionate, respectful and timely manner.
- Paying close attention, listening, and asking the right questions.
- Providing proper attention to concerns or complaints and addressing them appropriately in a timely and respectful manner.

Outstanding Professional Competence

- Communication skills, including the ability to listen, write and speak clearly and effectively.
- The ability to assess the situation, seek multiple perspectives, gather more information if necessary, and identify key issues that need to be addressed.
- Staying current in the respective field, including continuing professional education and activity in professional associations.
- Use of best practices and evidence based approaches, including the use of continuous improvement principles.



Outstanding Teamwork

- Working together to get the job done and “carrying your weight” in completing team assignments.
- Cultural sensitivity and an ability to build rapport with a diverse workforce in multicultural settings.
- Fair and equitable treatment.
- Willingness to assist co-workers with their tasks and provide or receive constructive feedback without disrespect or retribution.

Fiscal Responsibility

- Ethically and wisely managing resources, including money, time and materials.
- The use of continuous improvement methods that increase efficiencies in delivering services and improved outcomes.
- Providing timely and complete documentation for billing purposes and/or reporting requirements.
- Exploring and implementing cost-saving measures for both short and long-term benefit.

SWOT ANALYSIS

A strategic planning process includes an analysis of an organization's internal strengths and weaknesses and external opportunities or threats (SWOT). The goal of the planning process is to help the organization use its strengths to seize new opportunities and minimize any potential threats, and develop a plan to address its weaknesses so they do not hinder the success of the organization. This strategic planning process aligned its SWOT with the Joint Budget Committee Presentations, the Governance Assessment, the latest demographic profile of the county, significant health reforms underway, and strengths, weakness, opportunities and threats identified in MAPP's four community health assessments.

STRENGTHS

Joint Budget Committee Presentations

- Successful advocacy by the Northern Illinois Public Health Consortium, the Illinois Public Health Association, the Illinois Primary Health Care Association, the Community Behavioral Health Association and an array of public partners (e.g., restored mental health funds, revised food managers education requirements, and passed Medicaid expansion)
- Participating in hospital community health needs assessment to improve alignment of hospital benefit with the MAPP community health improvement plan
- Cross jurisdictional sharing opportunities with other Northern Illinois Public Health Consortium partners (e.g. communicable disease bio-surveillance) and chronic disease prevention programming (e.g. regional obesity reduction efforts)
- Striving towards closed points of dispensing sites (PODS) expansion for medicine distribution (antiviral and/or antibiotics) during an emergency
- High demand for behavioral health services
- Quality clinicians / quality services
- Ability to obtain new funding to support needs programs - as of Fall 2012: child treatment program (Substance Abuse and Mental Health Services Administration - SAMHSA grant), Williams Consent Degree programs (assertive community treatment, clinical review, transitional coordination, integrated health care)

Governance Assessment

- Essential Service 4: Mobilize partnerships to identify and solve health problems
- Essential Services 6: Enforce laws and regulations that protect health and ensure safety
- Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable

WEAKNESSES

Joint Budget Committee Presentations

- It's difficult to estimate revenue with changes under Affordable Healthcare Act and Medicaid Managed Care
- Uninsured adult dental population are making fewer appointments resulting in a decrease of revenue
- Due to permanent Dental Director vacancy, we have not been able to implement strategies to increase pediatric dental visits as planned in 2013
- With implementation of electronic health records, FY13 has seen a reduction in provider productivity
- Provider base salary needs to remain attractive for provider retention and recruitment
- Funding is flat due to the economy however reporting, tracking and workload (deliverables) for same amount of revenue are increasing
- There is a need for a deeper understanding of what impacts health. Studies now indicate that zip code is more important than genetics. And that more prevention activities and services need to occur at the population level to result in health improvements.
- Increased demand for behavioral health services stresses the system and further increases the wait time for appointments
- New and multiple managed care organizations – new partners with new rules require personnel to manage these complex changes
- System compatibility with multiple payer sources
- Reliance on tax dollars
- Maintain a solid presence in western part of Lake County
- Shortage of Spanish speaking Psychiatrists
- Continue implementation of EHR
- Demand for increasingly complex and centralized services and coordination of agency-wide efforts
- Development of more formal and active collections efforts for outsourcing accounts receivable

Governance Assessment

- Communication and Collaboration: This opportunity for improvement is multi-faceted and is necessary for more effective advocacy and policy work. Specific areas for improvement identified by BOH include: relationship building and collaboration, serving as liaison for health department with other individuals and organizations or potential new partners (e.g., medical community, county board, municipalities, organizations with access to vulnerable populations, etc.), outreach and assuring/understanding of the health department's communication plan.

OPPORTUNITIES

Demographic

- Between 2000-2010, Lake County's total population grew by 8.4% from 644,356 to 703,462
 - Asian population grew by 34.9% (43,954)
 - Hispanic increased by 33.8% (139,987)
 - African Americans, non-Hispanic grew by 7.3% (46,989)
 - White, non-Hispanic decreased by 3.1% (458,701)
- Highly educated workforce
- Median Lake County household income \$78,948
- Beautiful and diverse recreational areas; highly envied Forest Preserve System
- Critical mass of businesses and corporate headquarters in several key health care related industries
- Some of the most challenged and some of the best performing public school systems in the state
- Six undergraduate colleges and/or universities, and three graduate level schools

Health Reform

- Promotes prevention and wellness
- Health insurance regulations improvements (plans cannot refuse you coverage due to pre-existing condition, extends dependent coverage to age 26)
- Expansion Insurance and Medicaid expansions to gain regular access to care
- Opportunity to enroll many of our current uninsured patients to insurance
- Promotes use of a medical home
- Essential benefits include prevention, prescriptions, mental health and substance abuse services
- Promotes coordination of care and integration of providers
- Promotes use of health information technology to improve health outcomes
- Increases access to home and community based services and supports
- New funding for outreach, education and enrollment into health insurance exchange
- Transition to Ohio Shared Information Services (OSIS) management of Electronic Medical Records provides great opportunities with efficiencies within our workflows in medical and dental clinics (and outcomes improvement)

MAPP's Community Assessments

- Wider participation in community collaborations and partnership (many sectors of the community realizing the value of collaborating for better results, partnering strategically was emphasized)
- Greater community engagement (bringing community members into the conversation when planning, policy development and cultivating awareness; importance of feedback)

- Prioritize the built environment (allocated bike lanes on roads, need for linked sidewalks and bike paths, pedestrian safety)
- Great open spaces, parks and forest preserves
- Increased awareness on wellness and making healthy choices
- Local hospitals part of larger systems and expanded acute care
- Increase in Hispanic populations
- Social media
- Create health equity by assuring supportive conditions for optimal health for all Lake County residents
- New administrative adjudication policies and processes support improved collections
- Opportunities for increased coordination/collaboration of behavioral health services with the Lake County jail, courts, and probation programs

Governance Assessment

- **Communication and Collaboration:** This opportunity for improvement is multi-faceted and is necessary for more effective advocacy and policy work. Specific areas for improvement identified by BOH include: relationship building and collaboration, serving as liaison for health department with other individuals and organizations or potential new partners (e.g., medical community, county board, municipalities, organizations with access to vulnerable populations etc.), outreach and assuring/understanding of the health department's communication plan.
- **Advocacy for Priority Issues, Policy and the Health Department:** This opportunity for improvement also includes development of BOH knowledge regarding public health and the value of public health to the community, Community Health Improvement Plan and State Health Improvement Plan priority issues and foundational data to support decision making inside and outside of the department. This knowledge is necessary for effective advocacy, ultimately recommending, developing or revising policy to improve health of the community.

THREATS OR CHALLENGES

Demographics

- 27.7% of the population speaks a language other than English at home, and this population is increasing
- Five communities with the lowest median household income are: Park City, North Chicago, Round Lake Park, Waukegan, and Zion
- 25.6% of the population are at or below 200% Federal Poverty Level
- The population under age 65 with ambulatory disabilities is growing
- Increase in Hispanic Population – limited English proficiency

Health Reform

- Prevention and wellness funding raided multiple times
- Increase managed care entities and administrative processes
- Workforce capacity
- Some individuals lack engagement in their own health care process
- Hospitals are increasing primary care practices in communities we serve
- Affordable Healthcare Act's Public Health Prevention Fund is an opportunity. However, it's being used to supplant current agency budgets and health insurance enrollment efforts.
- Potential of further federal cuts

MAPP's Community Assessments

- State of the economy
- Limited personal resources (low paying jobs, lack of health insurance)
- Poverty, being poor (some condemnation of the poor as reluctant to make a better life and practice more personal responsibility)
- Limited public transportation and need for better roads/infrastructure
- Shortage of mental health services
- Substance abuse
- Undocumented immigration push back and limited resources to serve their needs
- Increase in Hispanic population – limited English proficiency
- Educational disparities – achievement gap
- Decrease in funding for behavioral health
- Federal, state and local funding decreasing
- Decreasing water supply
- Increasing air pollution
- Lack of engagement of persons with low health literacy, low English proficiency, affected by digital divide
- Polarization / political extremes
- Education and awareness of policy makers

Local Public Health System Assessment

- Mobilize community partnerships to identify and solve health problems
- Research for new insights and innovative solutions to health problems
- Evaluate effectiveness, accessibility and quality of personal/population health based health
- Assure a competent public health care workforce
- Link people to needed personal health services and assure the provision of health services

DEPARTMENT'S GOALS AND OBJECTIVES

The Department approached this strategic planning process with a number of objectives in mind. The primary objective was to affirm the department's commitment to addressing these community health strategic priorities that had been articulated for Lake County through the Community Health Improvement Plan. In addition, the department intended to create a framework from which the organization could build upon in partnership with the greater Lake County community.

COORDINATION OF CARE: ACCESS TO A MEDICAL HOME AND BEHAVIORAL HEALTH HOME; COORDINATED NETWORK OF HEALTH AND HUMAN SERVICES

GOAL: INCREASE THE NUMBER OF RESIDENTS IN LAKE COUNTY WHO HAVE HEALTH INSURANCE

- By June 30, 2014, "Enroll Lake County!" will educate 40,000 individuals and enroll 21,800 residents of Lake County in health insurance coverage.

GOAL: INCREASE THE PROPORTION OF PERSONS WHO HAVE A CONSISTENT SOURCE OF ONGOING CARE

- By June 30, 2014, establish a baseline for the proportion of persons in Lake County with a consistent primary care provider. By December 31, 2016, increase the proportion of persons with a consistent primary care provider by 10%.

GOAL: ASSESS AND REDUCE BARRIERS TO CARE AND COVERED SERVICES

- By June 30, 2014, establish a baseline of the proportion of persons who are unable to obtain or experience a delay in obtaining necessary primary care, mental health, substance abuse or dental care using LCHD/CHC patient population data.
- By June 30, 2014, establish a baseline of the availability of core standard services (includes primary care, mental health, substance abuse and dental care) as measured by decreased time to the next appointment. By December 31, 2016, decrease the time to the next appointment by 10%, from the established baseline.

EMPHASIS ON PREVENTION / ACCESS TO PREVENTION AND WELLNESS

GOAL: REDUCE ILLNESS, DISABILITY AND DEATH RELATED TO TOBACCO USE AND SECOND HAND SMOKE EXPOSURE

- By June 30, 2016, reduce the percent of Lake County adults who smoke by 10%, from 14.3%.
- By June 30, 2016, reduce the percentage of individuals under 18 years old who used cigarettes in the last year by 10%, for 6th graders: 1%; 8th graders: 5%; 10th graders: 10%; 12th graders: 17%.
- By June 30, 2014, establish a baseline of how many Behavioral Health Services clients use tobacco. By June 30, 2016, reduce by 5 percentage points the number of Behavioral Health Services clients who use tobacco.

GOAL: REDUCE THE INCIDENCE OF INFECTIOUS DISEASES

- By December 31, 2016, reduce food borne illness factors (critical violations) as measured by the number of facilities that have a critical violation by 15% from 59%.
- By June 30, 2014, establish a baseline of the LCHD/CHC patient population who knows their serostatus. By December 31, 2016, increase the proportion of persons living with HIV who know their serostatus from the established baseline to 90% to be consistent with the National HIV/AIDS Strategy and increase the number of LCHD/CHC patients who have an undetectable viral load (<200) by 10% from 16%.

GOAL: PROTECT AND IMPROVE SURFACE AND GROUND WATER RESOURCES

- By June 30, 2016, establish a public awareness campaign and identify at least 100 abandoned wells and assure 100% are sealed.
- By December 31, 2016, complete policy/ordinance revisions to regulate and monitor supplemental irrigation wells (non-potable water wells that are used for residential landscape watering and/or other outdoor purposes, where a separate water supply exists for drinking, culinary and sanitation purposes).

- By December 31, 2016, expand the use of non-toxic alternatives to deicing salt compounds on parking lots and roads by educating at least 20 new commercial/governmental applicators.
- By December 31, 2016, reduce the percentage of surface discharging septic system samples that fail the fecal coliform effluent standard by 50%, from 23%.

GOAL: REDUCE THE PERCENTAGE OF ADULTS AND CHILDREN IN LAKE COUNTY WHO ARE OVERWEIGHT OR OBESE

- By June 30, 2016, prevent the continued increase in childhood overweight/obesity, to a maximum for 6th graders: 19%; 8th graders: 20%; 10th graders: 19%; 12th graders: 17%.
- By June 30, 2016, prevent the continued increase in adult obesity, to a maximum of 19.8%.
- By June 30, 2016, increase the percentage of children who are physically active five (5) or more days per week by 10%, for 6th graders: 58%; 8th graders: 59%; 10th graders: 59%; 12th graders: 53%.
- By June 30, 2016, increase the percentage of children who eat vegetables two (2) times or more per day by 10%, for 6th graders: 41%; 8th graders: 33%; 10th graders: 30%; 12th graders: 31%.
- By June 30, 2016, increase the percentage of children who eat fruit two (2) times or more per day by 10%, for 6th graders: 54%; 8th graders: 47%; 10th graders: 41%; 12th graders: 41%.
- By June 30, 2016, increase the percentage of Lake County adults who meet or exceed the regular and sustained physical activity guidelines, following the recommended guidelines (30 minutes per day) by 10%, from 62.4%.
- By October 1, 2014, work with collaborative partners to develop a countywide active living brand and plan to increase physical activity, healthy eating and quality of life.

GOAL: REDUCE THE NUMBER OF SUBSTANCE ABUSE RELATED EMERGENCY ROOM VISITS AND DEATHS

- By June 30, 2016, reduce the number of opiate-related overdoses by 20%, from 22 deaths.

- By June 30, 2016, reduce the number of toxicology-related deaths by 20%, from 88 deaths.
- By June 30, 2016, reduce the number of emergency room (ER) visits related to excessive alcohol use and other substance abuse related disorders by 5%, from 2,056 alcohol related ER visits and from 778 other substance abuse related ER visits.

REDUCTION IN HEALTH DISPARITIES/INCREASED HEALTH EQUITY

GOAL: REDUCE DISPARITIES IN BIRTH OUTCOMES

- By December 31, 2016, reduce the percentage of premature births (<36 weeks) in African Americans by 10%, from 17%.
- By December 31, 2016, reduce infant deaths in North Chicago and Zion by 20% to approach the Healthy People 2020 goal from 7.5/1,000 in North Chicago and 10.5/1,000 in Zion.
- By December 31, 2016, reduce the African American teenage birth rate by 5%, from 65.2/1,000.
- By December 31, 2016, reduce the Hispanic teenage birth rate by 5%, from 81.5/1,000.

GOAL: IMPROVE HEALTH EQUITY AND REDUCE CHRONIC DISEASE IN TARGET POPULATIONS IN LAKE COUNTY

- By June 30, 2014, determine rates of adults with hypertension in five (5) targeted communities (North Chicago, Waukegan, Zion, Round Lake Area and Highwood) using LCHD/CHC patient population data.
- By December 31, 2016, increase the proportion of hypertensive adult LCHD/CHC patients who have their hypertension controlled in the five (5) targeted communities (North Chicago, Waukegan, Zion, Round Lake Area and Highwood) by 3%, from the established baseline.
- By June 30, 2014, establish baselines for tobacco use, obesity and hypertension for the severely mentally ill population served by LCHD/CHC.

- By December 31, 2016, reduce the rates of tobacco use and obesity by 3% and increase controlled hypertension by 3% in the severely mentally ill population served by LCHD/CHC, from the established baseline.
- By June 30, 2014, establish baselines for diabetes rates in the African American and Hispanic populations served by LCHD/CHC.
- By December 31, 2016, in the African American and Hispanic populations served by LCHD/CHC, increase the percentage of clients who manage their diabetes by 3%, from the established baseline.
- By December 31, 2016, reduce hospitalizations due to asthma in African Americans by 10%, from 71.5/10,000 from African Americans under age 5 and from 48.4/10,000 for African Americans between ages 5-64.
- By August, 2015, reduce the rate of adolescents and adults who have a reportable sexually transmitted infection (Chlamydia or Gonorrhea) in the three (3) targeted communities (North Chicago, Waukegan and Zion). Reduce Chlamydia by 5%, from 401.8/10,000 in North Chicago; 256.9/10,000 in Waukegan; and 307.7/10,000 in Zion. Reduce Gonorrhea by 5% from 181.7/10,000 in North Chicago; 70.4/10,000 in Waukegan; and 108.3/10,000 in Zion.

ADEQUATE AND DIVERSE PUBLIC HEALTH SYSTEM WORKFORCE

GOAL: ATTRACT AND RETAIN A HIGH PERFORMING PUBLIC HEALTH SYSTEM WORKFORCE

- By December 31, 2014, design and implement a workforce succession and sustainability program for LCHD/CHC.
- By December 31, 2015, reduce the LCHD/CHC time to fill a posted position by 33%, from 90 days.
- By December 31, 2015, improve three areas identified in the 2013 employee engagement survey.
- By December 31, 2016, decrease voluntary turnover not due to retirement by 2 percentage points, from 13%.
- By December 31, 2014, LCHD/CHC will apply for Public Health Accreditation through the Public Health Accreditation Board.
- By June 30, 2014, establish a baseline of how many strategically aligned continuous education offerings there are available to LCHD/CHC and partners. By December 31, 2016 increase the amount of offerings by 20%, from the established baseline.

GOAL: STRENGTHEN THE PUBLIC HEALTH SYSTEM WORKFORCE AND FUTURE WORKFORCE PIPELINE TO IMPROVE THE PUBLIC'S HEALTH

- By December 31, 2014, establish a baseline of activities and promotion events with schools and partners to promote public health career choices. By December 31, 2015, increase the number of activities and promotions by 3%, from the established baseline.
- By June 30, 2016, develop and implement an agency-wide internship program.

GOAL: ENSURE THE APPROPRIATE NUMBER OF WELL-TRAINED HEALTH CARE PROVIDERS TO PROVIDE CARE TO ALL RESIDENTS

- By June 30, 2015, conduct a countywide public health workforce assessment with collaborative partners.

- By December 31, 2015, work with collaborative partners to develop a countywide plan to support capacity building of Lake County's future public health workforce.
- By December 31, 2014, establish a baseline of how many providers are enrolled in multiple managed care plans. By December 31, 2016, increase the number of enrolled providers by 5%, from the established baseline.
- By December 31, 2015, establish a baseline of how many primary care and specialty care providers accept multiple managed care plans. By December 31, 2016, recruit additional providers to meet increased demand by 2%, from the established baseline.
- By December 31, 2015, double the number of trained, mass medical distribution site managers, from 90 site managers.

IMPLEMENTATION PLAN

This Strategic Plan is intended to provide focus for the staff and governing boards over the next three years. The created measures will be tracked and monitored by the performance management system as demonstrated in the visual below. Progress toward reaching the goals will be reported on a yearly basis via the Department’s Annual Report. The performance management system will link individuals to programmatic goals, programs to the Department’s goals and the Department to the community’s goals. This alignment will assure that all are working together to improve the health of Lake County’s residents.

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM²



² Turning Point: Performance Management Project and Publications, Public Health Foundation, www.phf.org.

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