2023-24 STRATEGIC PLAN

UPDATE

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Executive Summary

Founded in 1994, the Tillamook County Health and Human Services Department, commonly known as the Community Health Centers (CHC) and formerly known as The Health Department is celebrating almost 30 years of serving the community. In that time the Department has built a strong, dependable, and sustainable organization geared toward meeting the unique needs of the residents of Tillamook County. The Department Health provides a comprehensive and patient-centered program that addresses the full-spectrum of the bio-psycho-social healthcare needs of our patients. The Department provides integrated public health and environmental health services With a dedicated team of providers and staff, the Department is able to provide direct services for primary care, acute care, behavioral health (including Medication Assisted Treatment (MAT)), dental/oral health, public health and WIC services and case management. Through our community partners and contractors, we are also proud to provide expanded dental, specialized behavioral health and specialty medical services for our patients. TCCHC works with our partners and ensure that our referred patients receive the same high standard of care and financial discount they would receive from our Health Centers.

The Department is also proud to provide these services to everyone, and no one is ever refused service because of an inability to pay. The Department practices holistic, team-based care that is sensitive to the individual needs of our patients without discrimination based on race, color, national origin, religion, gender, disability, political belief, age or sexual orientation. The Department provides a safe space where all are welcome and cared for in a culturally competent manner by a care team that is invested in the community and their patients. To ensure that our patients with limited English proficiency receive the same level of care and attention as our English-speaking   patients, we have invested in building a Spanish language interpretation and translation program and is unique in the region for its staff of qualified and certified Spanish language interpreters and translators. We also provide quality telephonic, virtual/video, and in-person interpretation in other languages through our well vetted contractors.

The Department coordinates a countywide Wellness Coalition (established 2016) comprised of over 35 multi-sector partners and 65 individuals engaged population health improvement efforts in one or more of the action/work groups. Although it is the vision of the Coalition that Tillamook County become "a place where people feel empowered by their community to engage in healthful lifestyles", the current goal is to address the risk factors that lead to diabetes and other chronic diseases and thereby reduce the number of people that become type 2 diabetics. The Health Center believes that this community-based work will result in improved health and wellness for individuals and the community.

The Department is proud of the work it has accomplished in its first 30 years and looks forward to continuing to meet the ever-changing needs of our community. The Department has dedicated itself to building a strong financial model to ensure the sustainability of our organization. Today, the Department is in the strongest financial state in recent memory. The 2019-2022 Strategic Plan built on our recent successes and positioned TCCHC for continued growth and success. Through the 2023-24 Strategic Plan update, we will maintain services while enhancing sustainable growth and partnerships. This plan update will focus on some of our most important resources – our staff! Emphasis is placed on developing the internal processes, communications, and planning to meet our long-term and short-term staffing needs with related resources and facilities. We will engage in a comprehensive planning process to guide us for the next five years. As always, at the heart of this strategic plan is an unrelenting focus on people, both the patients we serve and the individuals who provide those services.

Marlene Putman, Administrator

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Organizational Overview

The Tillamook County Health and Human Services Department (hereafter the Department) operates as the Community Health Center (TCCHC) which is a Federally Qualified Health Center (FQHC) primarily serving the residents of Tillamook County, OR. As an FQHC, the Department receives Health and Human Services funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals. The Department is also a deemed federal Public Health Service employee through the Federal Torts Claims Act.

The Department is committed to providing quality, affordable and accessible services, without discrimination on the basis of race, color, national origin, religion, gender, disability, political beliefs, age, sexual orientation or religious creed. No one is refused service due to inability to pay. The Centers offer a wide array of services to meet the diverse bio-psycho-social needs of the community. Services provided by the Centers include:

- Behavioral/Mental Health
- CDL Exams
- Dental/Oral Health
- Environmental Health – Food, Water, lodging, Restaurants
- Health Insurance Assistance (OHP/QHP)
- HIV/AIDS Assistance
- Immunizations
- Immediate Care
- Nutrition & Health Education
- Pediatric – All Ages
- Preventative Care/Services
- Primary & Family Healthcare
- Public Health/Home Visits
- Spanish Interpreters
- WIC – Women, Infants & Children Nutrition Services
- Women's Health

The Department practices team-based care, where a Primary Care Provider leads a care team of medical assistants, nurses, specialized doctors, health educators, and other healthcare professionals. This team serves as a health coach helping patients to be healthy and happy by providing the right care and services for the individual and family. In recognition of this care model, TCCHC is recognized by the Oregon Health Authority (OHA) as a certified Patient Centered Primary Care Home (PCPCH Tier 4).

The *mission* of TCCHC is *to promote and Protect the Health of ALL People in Tillamook County*.

TCCHC's *vision* for Tillamook is *a thriving community that will attain the highest level of community wellness by empowering people to improve their health and well-being.*

The Center's vision for itself is that the Department will be recognized as the healthcare provider and employer of choice in Tillamook County by establishing a culture that champions patient-centered care, promotes staff engagement, engages community members, embraces the latest technology, and pursues community and strategic alliances.

The Tillamook County Community Health Centers achieves its mission and strives for its visions by honoring its *core values* of:

- Care and Compassion
- Honesty and Integrity
- Teamwork
- Community
- Excellence and Quality
- Accountability
- Education, Teaching and Training
- Diversity, Equity and Inclusion

Strategic Planning Process

In early 2023, the Department engaged in a process to update the most recent strategic plan (2019-2022) as a bridge to a more comprehensive planning process expected to take place in 2024 -25. The update process included input from stakeholders, review of documentation, and deliberations on key issues to guide the development of the plan update.

TCCHC hired Solid Ground Consulting to guide the process. Eric Brinkert from Solid Ground engaged key internal and community stakeholders to get their input on the needs, trends, strengths, and challenges facing the health center. The process also reviewed relevant materials and documents generated by or relevant to the Centers since the last planning process (i.e. community health needs assessment, marketing plan, communications plan, etc.)

The process for prioritization and decision-making was done through two retreats, one conducted face-to-face on May 4, 2023 at the Tillamook County Library, and the second conducted virtually on May 24, 2023 to complete the conversation from the first session. Through a critical issues discussion format led by Solid Ground's Marc Smiley, the group identified both the short-term and long-term issues needing attention, providing input both to this interim planning process and identifying critical issues for the longer-term strategic planning process.

Staff then reviewed progress towards goals and strategies in the 2019 -2022 plan and made recommendations for updates to the plan, collaborating on their program elements and incorporating their input into the plan drafts. Plan drafts were reviewed by management and finalized for approval by the Health Council (July 19, 2023).

Engagement Report Overview

The Tillamook County Health & Human Services Department (aka Health Department), including the Health Centers, Public Health, and Environmental Health, experienced three years of unprecedented challenges, starting with a ransomware attach in 2019, followed by a three-year global pandemic beginning in 2020.

As a result, the strategic priorities of the Department, formalized in spring 2019, had to be realigned to meet the unparalleled needs of the community presented by the pandemic. The Department embarked on a strategic plan updating process to guide the organization for the next year while conducting a more comprehensive strategic planning process. The interim plan involved interviews with key staff and stakeholders in the form of interviews, review of key documents, and a progress report on the 2019-22 plan. The information garnered revealed that the Department, according to community partners and internal stakeholders, not only met the challenge posed by the pandemic, but exceeded expectations.

Nonetheless, like so many organizations, for the Department the COVID19 pandemic served to highlight both the organization's strengths and the weaknesses. Among its strengths, respondents noted:

- The leadership and management team especially relating to collaboration and innovation
- Commitment to mission, patients, and the community

- Robust external communications, responsiveness, and professional
- The broad array of services – including public health and environmental health
- Quality services that meet state and federal benchmarks

Some of the key areas to strengthen include:

- Personnel related items pertaining to timely recruitment (wage, benefits, incentives) and retention (ongoing training, career pathways, promotion, etc.) of employees., and more.

- Facilities to meet the growing number of services and staff and demands of a busy department

- Internal communication to support staff engagement and to build strong and cohesive teams and a positive department culture

Fortunately, the Department has built a strong foundation of success, built in part on a solid and consistent management team. The Department faces some fundamental questions about its future and how it will continue to grow, innovate, and meet the needs of the community amidst changing workforce, demographics, and socioeconomic trends in the County, the state, and around the country.

Strategic Goals, Activities, and Updated Action Items. The following reflects the format used for the update process and highlights the 2023-24 action items to bridge the organization's comprehensive strategic planning thru 2024. An update of progress on strategic activities is provided in the attached, *Strategic Plan Update 2023-24 – Progress Report.*

Goal 1: Build a financial model poised for service growth

Strategic Objective	Strategic Activities	2023-24 Action Items
1. *Increase healthcare options in Tillamook County schools*	a) Develop model for School Based Health Center	• Provide public health services (reproductive health) to NKN SD and Nestucca SD. Tillamook School District #9 (TSD) is currently not allowing access to schools.
2. *Expand physical infrastructure through capital investment*	b) Investigate capital requirements to expand physical infrastructure	• Complete space planning and continue to address Action Items iii – vi. • Will reconsider master facilities plan and funding models as part of 2024 Strategic Planning process.
3. *Develop integrated service delivery model with partner agencies*	c) Increase the number and frequency of partner agency services delivered in a TCCHC facility	• Will reconsider along with staffing strategy in 2023-24 • Will re-engage with TFCC as leadership are hired and identified to further the future work and partnership.
4. *Expand scope of services to meet the diverse needs of County regions*	d) Define scope of services needed in North and South County e) Explore additional services required to serve the unmet bio-psycho-social needs of patients in our community	• Will reconsider as part of 2024 Strategic Planning process.

Goal 2: Create the optimal patient care experience

Strategic Objective	Strategic Activities	2023-24 Action Items
1. **Leverage technology to reduce barriers to care**	a) Develop options for electronic visits and consults b) Improve telephone systems and processes c) Optimize MyChart d) Develop interactive web presence	• Reevaluate MyChart and interactive web presence based on accessibility needs of patients as part of DEI planning. • Reevaluate strategic activities as part of 2024 strategic planning process
2. **Promote a culture of patient centered care and customer service**	e) Adopt customer service standards f) Align daily Epic schedule around the patient experience	• Implement customer service standards based on pandemic responses successes throughout the department. • Reevaluate strategic activities as part of 2024 strategic planning process
3. **Deliver culturally competent and linguistically sensitive care**	g) Emphasize recruitment of bi-lingual staff h) Emphasize professional development of bi-lingual personnel i) Explore strategy to grow the interpreting program aligned with patient needs	• Continue to market all staffing vacancies to bi-lingual candidates and defining incentives for staff to become certified and qualified interpreters and translators. • Continue to develop and follow DEI planning process.

Goal 3: Create the optimal workforce experience

Strategic Objective	Strategic Activities	2023-24 Action Items
1. Promote opportunities for workforce growth and development	a) Create career or promotion tracks for all positions b) Create workforce training program aligned with career and promotion tracks c) Create formal intensive on-boarding program for all positions d) Develop employee recognition program aligned with the personality profiles of all personnel	• Continue to develop promotion tracks within the confines of County HR process. • Create an onboarding plan that minimally addresses the core requirements of all department managers.
2. Maximize workforce productivity through systems and processes	e) Develop standard work for all positions f) Implement management methodology g) Automate basic tasks h) Develop real-time performance communication.	• Implement leader for daily work to include regular touchpoints with all staff to provide real time feedback on performance. • Map standard work for all positions. Map minimum core competencies. • Reevaluate as part of 2024 strategic planning process.
3. Develop culture of teamwork, communication, and connectivity	i) Select teamwork methodology j) Select leadership development program	• Implement leader daily work to include regular touchpoints with all staff to learn their communication preferences and how to deliver information so that it is accessible to each individual staff person. • Reevaluate as part of 2024 strategic planning process.

Goal 4: Build a financial model poised for service growth

Strategic Objective	Strategic Activities	2023-24 Action Items
1. **Develop financial standards for additional services**	a) Create a formal structure for change management b) Develop productivity models around program growth c) Develop revenue-based staffing model d) Develop decision making standards for major expenses and projects	• Reevaluate as part of 2024 strategic planning process.
2. **Enhance recruitment and retention efforts**	e) Create a comprehensive recruitment strategy f) Create a comprehensive retention strategy g) Create transition plans for all key positions h) Explore adding human resources to Health Center workforce	• Follow through with 2019 Strategic Activities to: create a comprehensive retention strategy and create transition plans for all key positions. • *Evaluate feasibility of financial models based on continuing as a County department and becoming an independent 501c3.**
3. **Leverage technology to enhance revenue and decrease waste**	i) Leverage Epic system to optimize billing j) Develop internal reporting that informs strategy for maximizing revenue k) Automate tasks that are non-value added to the patient	• Implement action plans for missed revenue opportunities. • Reevaluate electronic automation as an accessibility concern. • Reevaluate how to use technology to improve revenue and decrease waste as part of the 2024 strategic planning process.
4. **Develop marketing strategy to drive productivity in defined growth segments**	l) Create marketing strategy for all revenue generating service lines m) Align marketing strategy to optimize provider panels n) Develop comprehensive organizational marketing strategy	• Pivot marketing and communications strategy to align with staffing needs before pursuing marketing strategy for services.

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Appendix I: Engagement Summary

I.   Overview

The Tillamook County Community Health Department, including the Health Centers, Public Health, and Environmental Health, experienced three years of unprecedented challenges, starting with a ransomware attach in 2019, followed by a three-year global COVID19 pandemic starting in 2020.

As a result, the strategic priorities of the Department, formalized in spring 2019, had to be realigned to meet the unparalleled needs of the community presented by the pandemic. The Department, according to community partners and internal stakeholders, not only met these challenges, but exceeded expectations.

Like so many organizations, for the Department the pandemic served to highlight both the organization's strengths and the weaknesses. Among its strengths, respondents noted:

- The leadership and management team especially relating to collaboration and innovation
- Commitment to mission, patients, and the community
- Robust external communications, responsiveness, and professionalism
- The broad array of services – including public health and environmental health
- Quality services that meet state and federal benchmarks

Listed among the Departments primary areas of weakness:

- Personnel issues pertaining to timely recruitment (wage, benefits, incentives) and retention (ongoing training, career pathways, promotion, etc.) of employees.
- Facilities to meet the growing number of services and staff and demands of a busy department
- Internal communication to support staff engagement and to build strong and cohesive teams and a positive department culture

Fortunately, the Department has built a strong foundation of success, built in part on a solid and consistent management team. The Department faces some fundamental questions about its future and how it can continue to grow, innovate, and meet the needs of the community amidst changing workforce, socioeconomic, and demographic trends in Tillamook County, throughout the state, and around the country.

"What the community needs is for the Health Center to continue trying to improve. The community is understanding of limitations if they know they are trying." – Community Partner

"I think they are viewed as planning carefully, thinking about the long-term impact of health interventions." – Community Partner

II.   Methods

This report draws on the responses of 16 Department stakeholders identified by the Administrator and leadership of the Department. Stakeholders included both Department personnel and community partners. Interviews were conducted throughout February and March 2023. Most of the stakeholders interviewed had long-established relationships with the Department, although some were relatively new

to their roles within the Department or as community partners working with the Department. Interviews followed a predetermined interview protocol, a set of interview questions, but each individual interview was allowed to unfold organically. Not all interviewees were asked exactly the same questions and follow-up questions varied from respondent to respondent. While this introduced variation into the responses, it also allowed for the most candid feedback and for new and potentially more important themes to emerge than had been identified in the interview protocol. The interview protocol was developed from the document review conducted in January and February 2023, and a report on the document review and the interview protocols were shared with the Department Administrator before the interview process began. The themes that are presented below and the critical questions derived from those themes are a result of a synthesis of the document review and stakeholder interviews.

III.   *Document Review*

The Department has amassed a great deal of valuable information for strategic planning. They developed several plans related to different strategic initiatives, including their 2019 Strategic Plan, a Health Programs and Promotion Expansion Plan, and a Communications Plan. The Department has begun working on a Health Equity Framework, which was scheduled to be completed by November 2022, but was expanded to include more community and staff engagement through 2024. The Department was a lead partner in the Tillamook Community Health Needs Assessment, which calls for the creation of a Community Health Implementation Strategy. By participating in these planning activities, the Department acquired a significant amount of quantitative and qualitative data about past performance and the current state of the community they serve. A review of these documents led to several critical questions for the Department to consider. These critical questions will be incorporated into the critical questions arising from our stakeholder interviews and are addressed in detail below.

IV.   *Critical Questions*

This bridge planning and update process gives the Department an excellent opportunity to reflect on the unprecedented global pandemic over the last three years and begin to consider their post-pandemic future. This positions the Department during this planning process to wrestle with these core questions:

- How does the Department process their collective trauma and exhaustion after the pandemic?
- How does this experience shape their vision of the future of the Department?

V.   *Themes*

Critical questions guided Interviews with Department staff and external partners which informed the development of themes to be considered when prioritizing strategies and actions in the coming year(s). These discussions and the themes identified below were also informed by review of department and community planning documents. In order, the Themes are: (1) Personnel; (2) Facilities; and (3) Services.

(1) Personnel

Staffing	Compensation/wages/benefits/incentives
Human Resources Practices	Progressive Discipline
Workforce Readiness	Onboarding
Training	Retention
Leadership & Career Development	Succession Plan & Retaining Inst. Knowledge

Teamwork workgroup & interdepartmental	Workplace Culture

(2) Facilities

- Physical Spaces
- Workstation tools
- Work environments
- Patient experience
- Staff interactions/unified teams

(3) Services

- Telehealth
- Dental
- Behavioral Health

An in depth summary of the interviews and issues including strengths and weaknesses is provided in the **attached, APPENDIX 2:** *Interview Summary and Analysis***.**

VI.   Strategic Plan Goals, Objectives, and Action Updates & Progress.

Staff provided input on progress towards goals, objectives and actions described in the 2019 – 2022 Strategic Plan. To demonstrate the process approach, below is a progress update for the first two objectives of *Goal One*, completed as part of the planning process. The, *Strategic Plan Update 2023-24*

Progress Report, provides more details.

Objective 1: Increase healthcare options in Tillamook County schools	
Activity A: Develop model for school-based health center	
Action Items	**Progress Update for 2023**
1) Develop pilot program with one participating school 2) Expand program to additional schools as demand warrants	**Pilot Program for School-based Health Center:** ➢ Supported development of school-based health center for Neahkahnie School District #56 (NKN) with Nehalem Bay Clinic (FQHC) and North County partners. ➢ Supporting development of school-based health center for Nestucca Valley School District #101 (NVSD) in South County. ➢ Discontinued conversations to School-based health Center in Tillamook School District #9 (TSD) due to changes in administration and school board. **Other Information:** ➢ Providing dental screening and sealant program to school districts. ➢ Discontinued school-based nursing services due to lack of nursing staff and limited school funding. Schools hired separate nursing staff or contracted for services with COVID19 funds. ➢ Consulting with school districts on COVID19 response, school exclusions, and flu and pneumonia vaccines.
Objective 2: Expand physical infrastructure through capital investment	
Activity B: Investigate capital requirements to expand physical infrastructure	
Action Items	**Progress Update for 2023**
1) Create master facilities plan for TCCHC 2) Conduct feasibility analysis of master facilities plan 3) Develop capital campaign aligned with feasibility analysis 4) Increase prudent reserve fund to account for capital projects	➢ New Construction underway on health services building adjacent to main clinic to include public health, environmental health, mobile clinic coordination and driver, communications staff, and large conference room for all staff events and public education and immunization events and screening. ➢ Funding for new building accomplished through federal capital improvement or facilities grant from HRSA and Health Center capital reserve ($650K from HRSA and $650K from Health Center). ➢ Engaging in the creation of a facility plan and assessment: space planning, current and best use of facilities, ADA accessibility, and safety of building and equipment. The plan will be used to guide future development and capital improvement. To be completed 12/31/23 ➢ Prudent reserve consistently maintained for 6 months of operations. Reserve also includes capital improvement funds or approximately $1.0 million.

VII.   Recommendations & Next Steps

The Department has many questions to consider when envisioning its future. Many of those questions are beyond the scope of this limited planning project and more appropriate for consideration for the next 3-5 year strategic planning process. Fundamental to these considerations are the personnel matters addressed above. As mentioned earlier, pay and benefits may produce the most existential question facing the Department. Specifically, the Department my need to consider:

- Can the Department adequately staff their departments while remaining part of the county infrastructure?

- What is the most appropriate compensation model to equip the Department to recruit and retain the staff it will need to secure its long-term future?

- How can the Department balance the needs and values of their senior staff with the needs and values presented by junior staff and recruits?

These questions are all part of the larger systemic question:

- How is the Department caring for its employees and the future of the organization?

Related to this question and the personnel and facilities questions raised above:

- How will the Department create a cohesive culture across all its internal departments?

As the Department considers its future identity it may help to reflect on the stated identity it was striving for in 2019, "for the Health [Department] to be recognized as the healthcare provider and employer of choice in [Tillamook] County," and to question:

- Does this remain the vision for the organization, or have the circumstances of the last three years changed the Department's vision for itself?

APPENDIX 2: Interview Summary and Analysis

Personnel

There was no issue that was brought up by more respondents and with more frequency than personnel. The responses related to personnel were vast and complex, but personnel was a key concern for everyone interviewed for this project. The breadth and depth of the feedback on personnel necessitates a thorough exploration of the myriad of issues the Department faces to produce the workforce needed to serve their community and achieve their goals. What follows are several sub-categories of staffing-related themes with their own varied list of observations. Included in these subcategories will be: staffing, workforce readiness, planning, and teamwork.

> *"There is a core group of very dedicated people in all areas of the department that go above and beyond to do what is needed for our patients and community." – Internal Stakeholder*

> *"They are committed to have an inclusive workplace that is professional, responsive, and helps everyone get to a "yes" – to get to the affirmative." - External Partner*

Staffing

Perhaps the most frequently referenced personnel issue was staffing. That is, simply filling positions required for daily operations. The three main staffing related themes derived from these interviews related to compensation, human resources, and discipline.

Compensation

Pay and benefits may produce the most existential question facing the Department. There is the general sense that take-home pay is insufficient to attract and retain the best talent to the Department. While respondents noted that a Market Wage Analysis was conducted recently, comparing the Department to similar markets, it is questionable if this analysis truly understood the marketplace in which the Department is competing. The transferable skill set of Department employees allows them to work anywhere in the state. Furthermore, with the limited workforce available in Tillamook County, the Department is often recruiting from larger markets, like Portland and Salem. Despite the recent analysis resulting in a 5 percent wage increase, it remains to be seen if that will provide the Department with the competitive advantage it needs to recruit the specialized personnel required in all its departments – including public health and environmental health.

Wages are set by the County, and subject to County regulations. Compensation packages are also subject to union review. This places significant limitations on staff compensation packages compared to the Department's competitors, both in Tillamook and throughout the state. This begs the question of whether the Department can continue to adequately staff their departments while remaining part of the county infrastructure. Setting aside the Department's unique relationship with the administrative infrastructure of the County government for a moment, this question also poses a significant conflict between the needs and interests of senior staff and the needs and interests of recruits and junior staff. Senior staff have a vested interest in the benefits and pensions that come with being a county employee. New recruits and junior staff often do not value the county benefits package like senior staff

and can at times even find the county's benefits package a disincentive to working at the Department compared to its competitors. The question of what the most appropriate compensation model for the Department is could prove to be the most pivotal question facing the Department.

Human Resources

The nature of the Department's relationship with the County Human Resources Department (HR) and the challenges that come with it were also mentioned often. The two main areas of concern related to the Department's relationship with HR were process and responsiveness.

The main concern about the HR processes is related to the staff turnover in HR. Staff reported that there has been five HR directors at the County over the last five years. With each new director comes new processes and ways of doing business. This creates significant delays and rework for the Department, which represents about 30 percent of the County's overall payroll, and possibly more than 40 percent of the HR department's requisitions. Such turnover and ever-changing processes were cited as a significant barrier to filling, or even posting, vacancies in all divisions of the Department.

Regardless of who oversaw the Human Resources department, the responsiveness of the HR department's staff to Department requisitions was routinely seen as too slow for the fast-paced needs of the Department, especially when it comes to clinical staff personnel requisitions. Even the most efficient HR administrations subjected the Department to burdensome review processes that delayed positing critical positions. Overall, the HR department was also not viewed as an engaged partner that was willing to work with Department managers and explore creative solutions, but more often a bureaucratic obstacle to posting and filling positions. Similar feedback included the feeling that the HR department has not shown interest in learning and exploring how the Department, especially the clinic, has uniquely different recruiting needs than other departments in the County government. The most recent HR Director, hired just months into the planning process, , has expressed an interest in learning about the roles and functions of the Department and recognizes department plays a critical county function. Some comments about personnel:

> *"It's hard to hire and it's hard to fire." – Internal Stakeholder*

> *"Marlene has had difficulty with recruiting and retaining staff.   What she has is an exceptional group there – creative, resourceful, and dedicated to their community and service to a low-income community."*

Progressive Discipline

The final issue specific to staffing that was raised repeatedly was staff discipline. This issue was not raised as frequently or with as much zeal as compensation and HR, but it was mentioned often enough and with enough concern that it is worth noting. There were two main concerns shared about discipline. The first was the sense from managers that there are too many barriers preventing timely and effective progressive discipline of staff members. Managers reported that the guidance they received from Human Resources was to continue to document employee misconduct and counsel the offending employee, with no real guidance on how to escalate the discipline should no behavioral changes occur. Then, when a manager does desire to terminate an employee, the union will intervene which causes HR to modify their response and leaves the manager with little or no recourse for an offending employee. Managers felt they were left with little recourse with perpetually disruptive or negative employees.

Complicating the institutional barriers to employee discipline, reported some managers, was the apparent absence of an adequate progressive disciplinary policy (it could not be found by the responding managers) but rather a case-by-case analysis by HR and legal counsel. Careful review is appreciated but these reporting managers did not feel they were consistently supported by specific HR operating procedures in matters of employee discipline.

Workforce Readiness

Citing the challenges of recruiting highly trained staff positions, the complexities of operating an FQHC, and the ongoing needs of a sophisticated Department, workforce readiness was another area of concern within the realm of personnel issues. Especially with the challenge of recruiting and retaining highly skilled staff, two main areas of concern for workforce readiness emerged from the interview: onboarding and training. Comments:

> *"As much as your staff are strengths, they are also your weaknesses. You can only do as much as your staff knows how to do." – Internal Stakeholder*

> *"It's hard to be part of the county system. There is very specific pay and salary constraints, what you can and can't do to attract and retain staff, and a lack of other tools."*

Onboarding

When the Department does hire a new employee, the process for introducing the employee to their job tasks, the department, and the intricacies of running an FQHC are critical for employee success and retention. Although there is an onboarding process that has been used for years, the feedback on the Department's onboarding process reveals a process in need of significant attention. A primary concern with the onboarding process was its rushed nature. Vacancies during a pandemic and prolonged vacancies in general lead to a sense of urgency and stress which results in accelerating the onboarding process to quickly move new employees directly into their daily duties.

The fallout of this rushed process is that new employees are put into positions without the time needed for in-depth instruction and/or hands-on training. Although staff receive the basic skills needed to meet the core competencies of a position, they may experience stress and a lack of support to address questions and concerns while still feeling uncertain in a new job. Sometimes this urgency to fill a vacancy can lead to mistakes and in the worst case scenarios, employee burnout.

Another challenge to onboarding comes from management turnover. New managers, whose onboarding may have been rushed as well, simply may not know the intricacies of the positions they are filling, and therefore cannot ensure that adequate onboarding is provided for new employees. This is particularly a challenge in the clinic operations.

Additionally, the loss of institutional knowledge from management turnover leaves the remaining managers without all the resources and knowledge needed to provide adequate onboarding support, answer new employee questions, and help the new employee understand all the various divisions and services within the Department. Once again, the result can be inefficiencies, stress, and mistakes which can have an impact on patient care and employee burnout. Thus, exacerbating the staffing issues faced by the Department.

Training

Providing adequate instruction at the time of hiring is not enough. Ongoing training is required to maintain a sharp skillset, meet ever-changing regulations, reinforce standard operating procedures, and growth within a position. Although staff receive monthly training at All-staff meetings on a range of topics (from compliance to service delivery), 40 minutes per day to confer with their care team, and twice monthly team meetings, there is a need for more training, support, monitoring, and efficiencies. For starters, it should not be assumed that new employees will master all the aspects of their job with onboarding training alone. New employees will often only perform the basic functions of the position they are hired to fill, with the expectation that additional training will be provided over time as they build proficiency in their assigned tasks. This necessitates an ongoing training plan for all new employees with related competencies, schedules, and frequency for training. This training is above and beyond required monthly training for all Department employees.

Additionally, as a Department in general, and a Federally Qualified Health Center specifically, the Department is under numerous regulatory agencies, all of whom are constantly changing their regulations and guidelines. This also necessitates ongoing training to ensure Department compliance. Finally, for the sake of retention and employee satisfaction, there is also a desire for more employee professional development opportunities and training to take on new tasks while growing in one's role/position within the Department. It was also pointed out that there is a difference between informing staff and training staff. This led to an expressed desire for more hands-on training opportunities (practice skills, role playing, etc.) across the board rather than solely receiving information in emails, meetings, and/or being assigned training videos.

Planning

Planning in the personnel realm was another important area brought up by stakeholders both among the Department staff as well as community partners. While this might seem like a luxury in the midst of the crises of the ransomware attack and global pandemic., failure to create, implement, and revise a robust personnel plan can result in crisis for the organization. The areas of planning that were most cited related to: employee retention, leadership development, and management succession, and closely related, retaining institutional knowledge.

> *"Marlene brings a collaborative perspective, and she would bring that to any process that relates to change. " – External Partner*

Retention

The Department has experienced tremendous success in maintaining their core management team. Also, when a retirement in public health was announced years ago, a successor was identified and elevated into leadership to maintain management continuity. Further, when the environmental health manager retired, a successor was identified. Many of the managers have been part of the Department for years or even decades.

However, the clinic manager position has turned over twice in two years, and staff positions, especially for frontline staff like Medical Assistants and Office Specialist (OS2) turn over with frequency, a consistent pattern over decades. Respondents indicated that this was in part related to the pandemic, but that this was a trend that predated the pandemic and one that continues to this day. It is recognized

that the OS2 and MA positions traditionally have the highest turnover in FQHC health care settings across the country but in the local market this is exaggerated as staff move between health care organizations seeking better pay. The Department is faced with two challenges regarding retention. First, respondents indicated that the Department needs to have a solid plan to curb the turnover with frontline staff, and to build an experienced and stable staffing model for these mission critical positions. Second, with a recent manager's retirement and several managers scheduled to retire in the next 5 years, it was also reported that the Department needs to have a plan for retaining existing and new managers. The forthcoming management retirements lead to another personnel planning concern: succession planning.

> *"Once young staff are trained and credentialed, once they have experience, they leave because now they can find better jobs." – Internal Stakeholder*

Succession

As noted above, the Department's management team has experienced and is due for some significant turnover. In the past 5 years (since 2019) four managers (Public Health Manager, Clinic Manager, Clinical Nurse Manager, and Environmental Health Manager) have retired or accepted other employment with the Clinic Manager position experiencing turnover. Two of these four management positions have found a solid successor, Public Health and Environmental Health. A clinic manager was recently hired when the last manager left after 12 months with the county. The Clinical Nurse Manager position has not been filled for 5 years, although recruitment was conducted resulting in no qualified applicants. The dental manager has also announced a retirement date in 2023 and the finance manager and Department administrator have also expressed an interest in either retirement or pursuing other interests in the next 4-5 years. Without a solid plan, these key management positions may be unfilled or liable for turnover in a short timeframe. Such turnover could be detrimental to the Department if there is no plan in place for handling management turnover. In addition to turnover, respondents represented that the Department appears to lack solid plans for interim strategies in the event a manager leaves the organization or career paths that would develop internal candidates for management positions, leading up to and including the Department administrator. Even with plans in place, these plans could be confounded by HR practices for pay equity, internal promotions, and delays in recruitment, among other things.

> *"I don't know what is going to happen when the Administrator and the managers start to retire." – Internal Stakeholder and Community Partner*

> *"I can see what Marlene is doing – she has continued to put good people all around her – that's going to be critical." – External Partner*

Retaining institutional knowledge

Related to succession planning is the retention of institutional knowledge. Several respondents noted that when two key staff (Clinic Manager and EMR Site Specialist with a combined 50 years of experience) retired simultaneously with short notice. There was not a succession plan in place and limited plans or strategies for capturing the institutional knowledge these employees possessed. Although there were transition plans covering the two-month period before retirement, there was not time for training of new staff by the retiring staff. The documents that were provided by existing staff did not include the detailed instructions needed for new staff. Further, the county implemented

practices to destroy the internal files of existing staff after 60 days which caused a huge loss of information. Thus, the clinical operations experienced a significant gap in knowledge and systems. Staff report they are continuing to struggle to identify the different functions these staff performed. Staff also report that there is missing, information and tasks that were known to these retired staff, but not distributed to other staff and managers. As a result, many of these missing pieces are only identified when errors occur, mistakes are made, or regulatory requirements are missed. Related to a plan for personnel succession, staff report that plans are needed to ensure that the Department retains and distributes institutional knowledge so that the clinic and other departments continue to run smoothly as managers and leader's turnover.

Teamwork

The final personnel matter emerging from these interviews was teamwork. There were two very different experiences of teamwork reported by interview respondents. Within work groups, teamwork was generally reported as a positive. This was especially the case with the management team. However, teamwork between work groups was largely reported by most respondents as lacking or strained.

Strong leadership

Before getting into teamwork dynamics for the Department in general and workgroups specifically, it should be noted that Department leadership was generally viewed favorably. The Department Administrator in particular was highlighted as a strong individual leader and supportive manager. Community partners likewise identified Department leadership as willing collaborators and strong partners. On the flip side of this, as we addressed above in the discussion on succession planning, is a genuine concern for the future of the organization once current managers and the Administrator retire. It was noted that the Department was struggling before the current Administrator arrived and introduced her management team, and there is concern that the Department could backslide once this management team retires.

> *"I appreciate that the Health Department is a creative and innovative partner and leader in the community, but sometimes they can take on too much. I think sometimes they should empower their partners to take the lead and not always feel like they have to do everything." – Community Partner*

Management teamwork

The general response from the management team was that one of the best parts of their respective jobs was working with their peers. Most of the managers have worked together for years and it was obvious from the respondents that a good deal of chemistry had developed over their time together. This was true across departments and disciplines within the Department. In addition to enjoying their colleagues, the management team also felt like they genuinely work well together too. There is a sense that the team is truly deliberative and collaborative. A vision of their culture was presented where new ideas are welcome and rigorous debate is encouraged.

> *"Working with my fellow managers is one of the best parts of my job!" – Internal Stakeholder*

Employee teamwork

Counter to the working relationship of the management team, teamwork amongst staff was cited as a challenge, especially between work groups. Within workgroups, managers cited less concern about

teamwork, with any teamwork issues within teams being largely attributed to a lack of adequate training and onboarding for new hires. However, tension between workgroups was raised by most internal stakeholders. There was a general sense that work groups did not understand the roles and responsibilities of their peers in other work groups. Similarly, it was reported that workers largely did not understand or fully appreciate how their performance impacted the performance of other workgroups, for the better and for the worse. On the clinical side, staff engaging with patient visits have the opportunity to ease burdens on other workgroups by excelling at their part of the patient encounter.

Those same staff can also contribute additional burdens to other work groups by skipping steps of making mistakes in their part of the patient encounter. This does not just include the patient experience during their visit but can extend beyond the visit when quality metrics and billing mistakes are made. The downstream effects here can impact finance and quality, and the performance of quality and finance also impact the clinical teams. Unfortunately, most team leaders felt that most workgroups, including their own, failed to understand other workgroups and were not given the opportunity to learn with and about other workgroups through onboarding and ongoing training.

"Workers seem to feel like if they make a mistake, someone else will catch it and fix it later."

Facilities

Aside from personnel matters, facilities was one of the most commonly referenced concerns from interview respondents. Feedback regarding facilities primarily centered on the desire for a unified campus, but also included the desire to improve the physical experience of the existing infrastructure.

Unified campus

A common refrain from most respondents, especially among internal stakeholders, was the desire for a unified campus to house all Department services and personnel at one, integrated location. The primary desire was for a singular building to perform this function, but citing the obstacles to attaining such a structure, simply sharing one campus (multiple buildings on a single lot) was largely considered acceptable.

The reasons for this desire were twofold. First, providing all services in one location was considered a more patient-centered model for the Department. Rather than routing patients from the clinic, to dental, and over to admin for billing issues, providing a patient with a single point of contact, or at least a single point of entry, for all their needs was expressed as the desired standard of care for patients. Second, having all staff in one location was seen as a path to including cross-workgroup teamwork and collaboration. With workgroups like dental, finance, the clinic, and public health all sequestered in different buildings, it is difficult for workers to get to know their peers in other workgroups, interact with them regularly, and understand workflows through the entirety of a patient visit. It was believed that breaking down the physical barriers between workers could contribute to breaking down the performance and teamwork barriers between work groups. It was noted that the Department is engaged in a facilities assessment during this plan update.

Integrated services

Related to a unified campus or larger building was the desire for adequate space to allow for integrated services. This also relates to the idea of a single point of contact or single point of entry for patients.

Within this idea, however, was the desire for sufficient space to allow for warm handoffs between various clinical departments, with the opportunity for a patient to be immediately referred to clinical partners for on-the-spot consultations without interfering with standard operations of the rest of the department. For example, a patient being seen for primary care receiving a consult from behavioral health, care coordination, and dental, without leaving the exam room, but with enough space in the clinic for other patients to continue to be roomed and seen by primary care. It was reported that the current design and layout of Department buildings does not allow this model of integrated care to be routinely executed.

Physical experience

Mentioned less frequently than a unified campus, but still worth noting, is the physical experience of the existing infrastructure. First, across work groups there were complaints about crowded working environments with multiple staff sharing offices and workspaces. Although these shared workspaces were intentionally designed to improve communication and teamwork, many of the staff the were engaged in developing the workspaces no longer work for the Department. For example, the "team pod" to support a patient-centered care team approach to patient care. Within these working conditions were also references to perceived inadequate or insufficient workspace, like full-sized desks and filling cabinets. There was also a desire to improve the general aesthetics of building interiors with more pleasant paint pallets and improved interior décor. It was reported that currently artwork in the buildings, including patient spaces and staff spaces, was either lacking or uninspired. Finally, the buildings were reported to need improvements to environmental systems, with respondents citing noticeable variations in temperature and lighting throughout the primary Department building. The facilities assessment, safety assessment and space planning process underway should identify the areas of needed improvement and assist in future facilities planning and capital improvements.

Services

As would be expected, Department services, especially in the clinic, were mentioned frequently, but not with the same regularity or intensity as personnel issues and facilities. Generally, there was satisfaction with the current slate of services offered without much mention of a desire for new or different services. Related to facilities, there was a desire to have sufficient space in the building to allow for new services, especially services delivered by volunteers (i.e. physicians retiring to the Coast who want to volunteer). There was not a great deal of energy behind pursuing new volunteers, just having space available to allow for volunteers and to support current volunteers. However, there were two service areas that did standout in respondent feedback: telehealth and behavioral health.

> *"Community health centers have been lifted up – a heightened sense of being a professional entity in the community." – Community Partner*

> *"They are one of the only partners that is fully integrated across all services. And they play a different role than other providers in the county."*

> *"Marlene and the clinics already offer excellent bicultural services (in support of the Latino community). They are fearless in serving that population." – External Partner*

> *"How do we deliver services with 'no wrong door'? It will rely on partnerships, and we could use more of them." – External Partner*

Telehealth

In light of the COVID19 pandemic, It is widely believed that telehealth is here to stay, and that this is ultimately a good thing for Tillamook County residents. Within the realm of telehealth, there was a desire to see the system improved and to leverage telehealth to draw new services and a wider array of providers to the clinic. It was mentioned that this is already being done in some areas, especially psychiatry. Additionally, it was noted that the clinic is already working to improve telehealth systems, especially with a provider now exclusively providing services via telehealth. Some respondents did note, however, that during the pandemic and the rapid transition to telehealth, that the telehealth visit pilot identified a risk that some of the standard screenings may be missed which may impact the quality of patient care and related metrics. Telehealth systems and related policy and procedure need continued improvement to ensure that these visits provide a comparable experience to, and capture the same quality data as, clinic visits.

Telehealth was also seen as a tool for the recruitment and retention of providers. As more of the professional workforce moves to remote work or hybrid work coming out of the pandemic, it was thought that clinical providers are looking for a similar remote work experience as their peers in other fields. This was thought of as a possible retention strategy, to offer the clinic's current providers with remote work opportunities to remain with the Department, as well as a strategy to attract new providers to the Department from outside Tillamook County.

Behavioral Health

The one service that was most widely viewed as a candidate for growth was Behavioral Health. This was in part related to turnover of behavioral health personnel, as well as the demand for behavioral health services coming out of the pandemic. It was reported that the Department's current capacity cannot keep up with the demand for services, and that integrated services and warm handoffs, the desired standard for care within the clinic, occurs less frequency due to an increase in demand amidst a decrease in providers.

> *"It all depends on how they view their role in behavioral health – should that be embedded within the system?"*

> *"The health and behavioral health connection – that anchors our connection to work together." – Community Partner*

Dental/Oral Health

Although not mentioned with frequency, was identified as an area of already anticipated growth and the department has recently opened a dental clinic and mobile services are expanding to the northern area of the county.

Stabilize and strengthen services

Respondents were generally satisfied, if not impressed, with the quality and array of services offered by the Department. The Department has consistently achieved both regional, state, and federal benchmarks and quality metrics. In some instances, carrying the county quality metrics for Medicaid. At this point, some of the strongest feedback on services was to standpat, to focus on stabilizing the Department after the pandemic, and to strengthen the existing programs offered by the Department.

The creativity and innovativeness of the Department was widely reported as a strength by both internal and external stakeholders, but at this time there was a sense among some respondents, including both internal stakeholders and community partners, that now is not the time to take on anything new in the Department. Both community partners and internal stakeholders want the Department to retain their culture of creativity and innovation, but to temper it for the moment with the need to recover from the challenges of the pandemic.

"The Health Department has a great array of services. What I think they would be wise to do is focus on strengthening their current services rather than adding new ones." – Community Partner

Pandemic response

The defining feature of the last three years for the Department was their response to the COVID-19 pandemic. The Department was tasked with coordinating the County's public health response to the pandemic and treating patients with COVID-19, while also continuing to provide routine healthcare services to the general public. This was a monumental task the exceeded that of any of their healthcare partners in the County. The Department should be commended for their actions as both a public health agency and a health center and healthcare provider during this unparalleled time. Two elements of their response to the pandemic in particular deserve to be noted: staff resiliency and responsiveness, and public communication.

"I trained my whole life for this moment." – Internal Stakeholder

"They functioned as they should – as the local health authority. It was viewed very positively." – External Partner

"County played a critical role during the health emergency. They were well organized and very nimble, and were able to meet the needs of a population willing to get vaccinated." – External Partner

Resiliency and responsiveness

It was cited by internal stakeholders and community partners alike how responsive Department staff were to the pandemic. This extends beyond simply administrating the mandates of the Oregon Health Authority, which was challenging enough, but the all-hands-on-deck approach of Department staff. It was widely cited how staff willingly and without reservation would be reassigned to new duties in the service of the pandemic response. This enabled the Department to be flexible to the needs of the community and implement response measures like testing centers, vaccine centers, and home visitations. Without the willingness of staff to be flexible in their work, the Department would not have been able to meet the needs of the community. Furthermore, staff also showed resiliency, determination, and stamina amidst three years of pandemic related challenges, stepping up to the challenges presented by each new variant and being diligent in ensuring that the public was receiving the care and services required to mitigate a health crisis no one in the Department had ever seen before.

Public communication

The Department was also applauded for their consistent, reasoned, and measured communications to the public and its community partners throughout the pandemic. The Department was held up as a

reliable and unbiased source of information and a source of truth for the community. It was the community partner other organizations relied on for current and accurate pandemic information to allow them to continue providing their services to the community in compliance with public health standards.

"The Health Department was our source of truth for reliable information during the pandemic. We know that whatever was coming from Public Health was the best, most reliable information available."

"Marlene is a community voice – thinks all the time about how to improve the community."   - External Partner

"During the pandemic – if we need the opinion and thinking of the local health authority, we called Marlene." – External Partner

Retreat Agenda

The primary discussions driving the plan update took place on May 4, 2023.

Tillamook County Community Health Clinics

Planning Retreat
May 4, 2023
Tillamook County Library, Hatfield Room
1716 3rd St, Tillamook

Retreat Objectives

- Address critical issues that affect the strategic direction of TCCHC
- Provide guidance on development of strategic plan documents

Agenda

1:00 pm Arrive / Connect

1:15 pm Quick Overview of the Planning Process
Set the stage for discussion and define what is going to happen now and next. Review highlights from the background report and set the stage for the focus on critical issues.

1:30 pm Work through Discussion Questions
Talk through a set of critical questions that will guide and influence the draft of the strategic plan. Focus on the following and related questions as part of the discussion.

1. *The level of service and service model we now provide conflicts with many of the constraints present within the county's administrative and structural system.*
   - *What options do we have to better match our service model to the resources and responsibilities we have within the community?*
   - *Is there a different approach that could yield different / better results?*
   - *What are the short-term responses to these constraints for filling out the personnel needs at the Health Department?*

2. *The pandemic is over, but the impacts live on. Those impacts are well defined in the background report.*
   - *What more is needed to fully recover from the impacts of the pandemic?*
   - *How can the Health Department rebuild its culture and invest in a cohesive, supportive, and healthy internal culture across all departments?*

3. *Some of our greatest strengths include the deep commitment and institutional knowledge and culture that is present among the staff. That strength is subject to swift changes with several leaders nearing retirement.*
   - *What level of succession planning is needed to ensure that the inevitable transitions over the next decade are done with organizational sustainability?*

3:40 pm Discussion Summary / Next Steps
Synthesize, summarize, and affirm the key decision from the discussion. Define next steps in the process and timeline for completion.

4:00 pm Adjourn

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Goal 1: Expand and Enhance Patient Services

Strategic Objective	Strategic Activities	Action Items	Progress Update 2023	New Action Items 2024-25
5. *Increase healthcare options in Tillamook County schools*	a) Develop model for School Based Health Center	1) Develop pilot program with one participating school 2) Expand program to additional schools as demand warrants	**Pilot Program for School-based Health Center:** ➢ Supported development of school-based health center for Neahkahnie School District #56 (NKN) with Nehalem Bay Clinic (FQHC) and North County partners. ➢ Supporting development of school-based health center for Nestucca Valley School District #101 (NVSD) in South County. ➢ Discontinued conversations to School-based health Center in Tillamook School District #9 (TSD) due to changes in administration and school board. **Other Information:** ➢ Providing dental screening and sealant program to school districts. ➢ Discontinued school-based nursing services due to lack of nursing staff and limited school funding. Schools hired separate nursing staff or contracted for services with COVID19 funds. ➢ Consulting with school districts on COVID19 response, school exclusions, and flu and pneumonia vaccines.	➢ Provide public health services (reproductive health) to NKN SD and Nestucca SD. Tillamook School District #9 (TSD) is currently not allowing access to schools.
6. *Expand physical infrastructure through capital investment*	b) Investigate capital requirements to expand physical infrastructure	1) Create master facilities plan for TCCHC 2) Conduct feasibility analysis of master facilities plan 3) Develop capital campaign aligned with feasibility analysis 4) Increase prudent reserve fund to account for capital projects	➢ **New Construction** underway on health services building adjacent to main clinic to include public health, environmental health, mobile clinic coordination and driver, communications staff, and large conference room for all staff events and public education and immunization events and screening. ➢ **Funding for new building** accomplished through federal capital improvement or facilities grant from HRSA and Health Center capital reserve ($650K from HRSA and $650K from Health Center). ➢ **Engaging in the creation of a facility plan** and assessment: space planning, current and best use of facilities, ADA accessibility, and safety of building and equipment. The plan will be used to guide future development and capital improvement. To be completed 12/31/23 ➢ **Prudent reserve consistently maintained** for 6 months of operations. Reserve also includes capital improvement funds or approximately $1.0 million.	➢ Complete space planning and continue to address Action Items iii – vi. ➢ Will reconsider master facilities plan and funding models as part of 2024 Strategic Planning process.

7. Develop integrated service delivery model with partner agencies	c) Increase the number and frequency of partner agency services delivered in a TCCHC facility	1) Identify partner agency services that can be delivered in TCCHC facility now or with minimum effort 2) Identify additional partner agency services to be delivered in TCCHC facility and develop plan to overcome barriers to providing those services onsite at CHC 3) Identify TCCHC services that can be delivered in a partner agency facility now or with minimum effort	➤ Continued partnership for CHC on-site referral and services with Tides of Change (formerly Women's Resource Center) to assist and support patients experiencing domestic violence or unsafe and/or unhealthy relationships. ➤ Bi-directional integration pilot was completed but next steps are on hold due to staffing shortages in behavioral health and partner agency (see below for detail). ➤ Of note, behavioral health services are now a billable service in FQHC and an expanded scope of services has been defined by the Medicaid insurers which make it possible for a wide array of services to be delivered by CHC. ➤ Some efforts were paused due to COVID-19 restrictions and staffing turnover. ➤ Completed pilot of ***bi-directional integration*** between CHC and Tillamook Family Counseling Center (TFCC) to engage TFCC patients without a primary care provider and/or who have had limited engagement with a health care provider or dentist in the last 12 months. Health Center worked with TFCC staff to "scrub" TFCC patient charts and identify patients for referral. On-site services were not possible, but patients were assisted in the 1 block walk to the Health Center from TFCC. ➤ Established and implemented school-based dental screening and sealant program in county schools.	➤ Will reconsider along with staffing strategy in 2023-24 ➤ Will re-engage with TFCC as leadership are hired and identified to further the future work and partnership. ➤ ➤
	d) Explore delivering TCCHC services, with TCCHC personnel, in a partner agency facility e) Integrate TCCHC communication technologies (i.e. patient portal, electronic records) with partner agencies	4) Identify additional TCCHC services to be delivered in partner facility and develop plan to overcome barriers to providing those services onsite 5) Create a phone line that centralizes all patient calls to a single source for all TCCHC provided and contracted services	➤ Created centralized response and phone center for COVID19 response including patient call center; public health nurse lines; and scheduling line for COVID19 vaccine and testing. ➤ Created URL and text message for patients to call when at COVID19 test centers and main clinic. ➤ Provided weekly updates through multi-media platforms (Facebook; live stream radio; local cable access television; website (English and Spanish) over 2 plus year addressing COVID19 issues, services, and precautions while also addressing CDC and OHA updates and requirements. ➤ Used Care Messaging tool (group text messaging) to notify over 6000 people of COVID19 emergency updates and vaccination and testing. ➤ Create on-line portal for countywide registration for COVID19 vaccination to achieve a 75% vaccination rate countywide.	

		6) Explore linking to partner agencies through website and MyChart	➢ Convened cross jurisdictional partners to share messages on websites, patient platforms, and staff updates pertaining to COVID19 resources. ➢ Enhance MyChart access by assisting patients in signing up for and testing out MyChart during a patient visit with a rate of utilization increasing from 5% to over 20% in two years. Additional strategies are being address to improve scheduling and registration options. ➢ Worked with regional Coordinated Care Organization/Accountable Care Organization (state Medicaid insurer), Columbia Pacific CCO, to fund and implement a shared closed loop referral system to address social determinants of health called, ConnectOregon (aka UniteUs). Partners include health care, behavioral health, dental, faith-based organizations and CBOs. The Health Center also has a direct referral link on our website for patient self-referral even if they are not our patients. ➢	
8. *Expand scope of services to meet the diverse needs of all the various regions of Tillamook County*	f) Define scope of services needed in North and South County g) Explore additional services required to serve the unmet bio-psycho-social needs of patients in our community	1) Market and implement Mobile Clinic 2) Investigate demand for services by region and service type 3) Articulate market strategy to TCCHC personnel, patients, and the community 4) Conduct a gap analysis to identify unmet service needs 5) Identify which new services are best delivered through TCCHC 6) Collaborate with community partners to identify which new	➢ **Implement Mobile Clinic: Services** (1) New emphasis – COVID19 vaccine and testing during pandemic (2020=2022). (2) Objective temporarily became providing COVID-19 testing, vaccinations, treatment, and information throughout the various geographic regions. (3) Mobile Clinic operational, but some services were paused due to COVID19 precautions and staffing shortage resulting from COVID-19 pandemic. (4) Mobile Dental Services Pilot w/ Columbia Pacific CCO in North County (2023) ➢ **Market Mobile Clinic Services:** (1) COVID19 services were promoted via multi-media platforms statewide (2) Dental services marketing beginning June 2023. (3) Working with North and South County partners on service delivery plan ➢ **Demand/Need for Services and Service Gaps:** (1) **GAP Behavioral Health**. **Need**: The state of Oregon and Tillamook County convened health and behavioral health providers and other service organizations to address the need to timely access and treatment for behavioral health and substance use disorders in response to Measure 110 which decriminalized certain drug and alcohol related offenses and redirected funding to *Behavioral Health Resource Networks.* **Response to Identified Need:**	(11) Will reconsider as part of 2024 Strategic Planning process.

services are best delivered through their respective agencies

-**A**pplied for and received funding to expand access to behavioral health care and support services including daily screening and access to prescribing for MAT services; daily access to behavioral health clinicians; and, care coordination

-Prior to the removal of X-waiver requirement, all primary care providers in the CHC met the criteria to prescribe Suboxone.

-Hired additional staff including a psychiatrist and two behavioral health clinicians

-Contracted with two additional providers for virtual/telehealth visits for psychiatry (BrightPsych) and licensed clinical social worker (Array).

(2) GAP Behavioral Health.

Need: The COVID-19 pandemic caused an increase in need for behavioral health services to address anxiety, stress, depression, and substance use among other things. Not all community members were able to (no wifi access or equipment) or wanted to receive services via virtual or phone.

Response to Need: Behavioral Health Clinicians provided the option of in-person care to meet the needs of the community, which in turn increased demand.

(3) GAP Behavioral Health.

Need: Given the growth within the behavioral health division it was recognized that additional administrative support was needed.

Response: New Assistant Manager position was created and staff hired.

(4) GAP Harm Reduction.

Need: Tillamook County has some of the highest opioid prescribing and overdose rates in the state of Oregon and Oregon has some of the highest rates in the country.

Response: In response, CHC joined partners in form the Opioid Use Response (OUR) Team. CHC took on the role a harm reduction coordination. (**insert more here**) May need to delete this section as federal funds cannot be used to operate needle exchange programs.

(5) GAP Dental.

Need: Due to closure of Medicaid dental services provided by Willamette Dental, CHC became the only Medicaid dental provider for Tillamook County with over 6000 assigned dental members.

Response: CHC contracted with four community dental providers to serve our Medicaid and uninsured patients and opened CHC dental clinic resulting in an increase from 1200 unduplicated dental patients per year to over 2800. Services are expanding to North county region starting July 2023.

(6) GAP Medical.

Need: Expansion of women's health and reproductive health services.

Response: Additional staff were trained in birth control insertion and removal to meet patient demand.

(7) **GAP Specialty Care**.

Need: There are limited medical specialty services available in the county. Services of specific need for CHC patients include: physical therapy; dermatology; and nephrology.

Response:

-CHC will begin providing dermatology services one day per week with a licensed dermatologist volunteer starting July 2023.

-Focused on needs of diabetic patients with enhanced and frequent screening and offered nutrition services.

(8) **GAP Public Health Home Visiting and WIC**.

Need: As the result of the pandemic, public health services for home visiting and WIC were limited to telephone or video visits and patient engagement lagged. Further, nurses became difficult to find and hire. The need for bilingual (English/Spanish) staff also became clear.

Response:

-Developed a nurse supervisor role to delegate home visiting services to a trained Community Health Worker and retained two bilingual staff for the WIC program.

-A new part-time nurse started in June, 2023.

(9) **GAP Communications.**

Need: Increased communication and education of the public to prepare for a respond to emergencies was identified as a focus. The COVID19 pandemic and recent wildfires created a sense of urgency to share information and engage hard to reach populations.

Response: (See DEI and other sections pertaining to communication)

- Community interviews and surveys on communication methods
- Creation of Communications Plan and Marketing Plan
- Creation of Health Equity Plan
- Creation of Communications Team

(10) **GAP Community Collaboration.**

Need: CHC, hospital, mental health and others need to complete a community health needs assessment and improvement plan to address identified community needs and desire to do so without duplication of cost or effort.

Response: Partners joined together to developed a shared assessment and plan facilitated by hospital and CHC to be implemented through CHC Tillamook County Wellness Advisory Committee. New Network established with Rural Health grant 2023.

Goal 2: Create the optimal patient care experience

Strategic Objective	Strategic Activities	Action Items	Progress Update 2023	New Action Items 2024-25

4. *Leverage technology to reduce barriers to care*	a) Develop options for electronic visits and consults	1) Provide virtual visits with TCCHC providers
		2) Facilitate virtual visits with TCCHC partner agencies
		3) Coordinate with outside agencies
		   a. to facilitate virtual visits
		   b. specialty services
			➤ **Telemedicine Workgroup formed** to implement remote provider access.
			➤ **Telemedicine visits available** – video and telephone visits are now available for patients to engage with clinical providers through a secure web platform.
			➤ **Medical visit options for patients**:
			➤ Come to the office and receive a traditional health care visit
			➤ Come to the office, complete vital signs, get roomed for a visit, and receive assistance telemedicine linking to CHC remote clinical provider (who is an employee of the CHC).
				➤ Reevaluate MyChart and interactive web presence based on accessibility needs of patients as part of DEI planning.
				➤ Reevaluate strategic activities as part of 2024 strategic planning process

	b) Improve telephone systems and processes	4) Develop process to limit transfers to one transfer per call 5) Optimize Epic telephone encounters to eliminate voice mail 6) Replace phone calls with texting for routine messaging	➤ Call a provider from a cell phone or smart device and connect to the provider at the CHC clinic. ➤ Call a provider from a cell phone or smart devise and be connected to a CHC health care provider at an off-site location ➤ **Behavioral Health visits options expanded**: ➤ Video visits with contracted providers (Bright Psych and Array) available in TCCHC clinic. (This allows for patients to be roomed and have a secure and stable web connection.) ➤ **Telephone system improvements** – new phone system w/ messaging and response via computer	
	c) Optimize MyChart	7) Increase MyChart utilization from current baseline 8) Make MyChart the TCCHC preferred outlet for communicating with the clinic and scheduling appointments	➤ **MyChart users Increased by 10%** ➤ **MyChart access improvements** (1) allow patients to complete registration ➤ Communicate with provider and MA with questions, etc throughout day ➤ **My Chart access improvements underway**;	
	d) Develop interactive web presence	9) Enhance connectivity between MyChart and website 10) Make all forms available online and for digital submission	➤ Scheduling patient visits ➤ Bill paying ➤ **UniteUs available** for CHC, partner, or self-referral with link on CHC website ➤ **Environmental Health:** **(1) Online Payment** - allow clients to get invoiced and pay online with a credit card instead of over the phone or via USPS.	

		11) Connect patients to partner agencies via TCCHC website	**(2) Online Application - R**evised to be fillable form. Updated yearly.	
5. *Promote a culture of patient centered care and customer service*	e) Adopt customer service standards f) Align daily Epic schedule around the patient experience	1) Develop Uniform customer service training and annual competencies for all areas of service 2) Develop customer service standard work for all areas 3) Incorporate customer service training into onboarding process 4) Build schedule template that accounts for all the standard elements of a patient encounter 5) Create standard work for each standard element of a patient encounter 6)	➢ Patient centered care standards executed throughout pandemic response practices. ➢ Marketing Plan created and implemented ➢ Equity and inclusion plan for COVID19 vaccine created and implemented ➢ Assessment of communications and access for hard-to-reach populations and those disproportionately impacted by health inequities conducted. ➢ Tillamook County Wellness Advisory group formed new Access to Care Committee with multi-partner engagement ➢ Rural Health Network grant received to improve coordination between care providers (2023) ➢ Environmental Health has food code facts sheets for 18 different languages as of 2023 ➢	➢ Implement customer service standards based on pandemic responses successes throughout the department. ➢ Reevaluate strategic activities as part of 2024 strategic planning process
6. *Deliver culturally competent and linguistically sensitive care*	g) Emphasize recruitment of bi-lingual staff h) Emphasize professional development of bi-lingual personnel i) Explore strategy to grow the	1) Develop comprehensive recruiting plan for all TCCHC positions 2) Create marketing plan targeting bi-lingual applicants 3) Define formal path for bi-lingual personnel to become certified and qualified interpreters/translators 4) Define incentives for staff to become certified and qualified interpreters/translators	➢ Bilingual (Spanish/English), bicultural staff sought for every position posted. Limited success due to overall staffing shortages. ➢ Certification training paid for by staff completing training with o 5% pay differential when certified. ➢ Re-formed Diversity, Equity & Inclusion Committee	➢ Continue to market all staffing vacancies to bi-lingual candidates and defining incentives for staff to become certified and qualified interpreters and translators. ➢ Continue to develop and follow DEI planning process.

interpreting program aligned with patient needs	5) Study market demand for interpreters/translators among Tillamook County health services 6) Perform workforce capacity study to identify the available bi-lingual talent pool 7) Collaborate with clinic partners to expand access to onsite interpreters in Tillamook County

Goal 3: Create the optimal workforce experience

Strategic Objective	Strategic Activities	Action Items	Progress Update 2023	New Action Items 2024-25
4. *Promote opportunities for workforce growth and development*	f) Create career or promotion tracks for all positions	1) Identify and outline promotion tracks for all position 2) Identify additional experience/training required for further advancement for positions with a terminal promotion track (i.e. positions that do not lead to management or higher)	➢ Promotion tracks developed in some parts of the department, ie. Community health worker pathway with 1 CHW hired in public health. ➢ Working with CPCCO to develop sustainable funding for CHW in clinical setting (medical, dental, behavioral health).	➢ Continue to develop promotion tracks within the confines of County HR process. ➢ Create an onboarding plan that minimally addresses the core requirements of all department managers.
	g) Create workforce training program aligned with career and promotion tracks	3) Conduct regular reviews of positions and update position descriptions and associated compensation as warranted. 4) Identify training and continuing education opportunities that can be supported by the organization that position staff for advancement.	➢ Intensive onboarding plan delayed due to staffing shortages and turnover resulting from COVID-19. ➢ County completed pay equity study and review of comparable salaries with a 5% across the board pay increase (January 2023)	
	h) Create formal intensive on-boarding program for all positions	5) Identify the educational and external experience requirements for advancement to leadership or higher license clinical positions, and how the organization can support employees seeking such advancement	➢ Reviewing and revising the large group of employees that fall in the Public Health Program Representative job description to reflect duties and qualifications more accurately. ➢ Core competencies for front desk and medical assistants updated (2022) w/ further MA competencies in process.	
	i) Develop employee recognition program aligned with the personality profiles of all personnel	6) Create training program for all new employees 7) Create standard training competencies for all new employees 8) Create structured employee recognition program	➢ Create new positions pending w/HR for review: communications specialist; equity specialist; data specialist; communications and wellbeing manager; chief financial officer; and, Date Analyst Manager.	

		9) Identify recognition preferences for all employees	➤ Began working on developing relationships with universities to create a pathway to work, especially in behavioral health and nursing. , ➤ Developing pathways for staff to advance their career goals and experience (i.e. CHW, behavioral health)	➤ Continue to build partnerships ➤ Work with HR on new position descriptions
5.	*Maximize workforce productivity through systems and processes*	j) Develop standard work for all positions k) Implement management methodology l) Automate basic tasks m) Develop real-time performance communication	1) Create annual training plans and competencies around standard work for all positions 2) Developing training plans for all new program areas 3) Select Management Methodology like Lean, Six Sigma or IHI 4) Develop report out structure to share improvements resulting from adopted program 5) Leverage technology to reduce non-value-added tasks from personnel like using tablets or kiosks 6) Identify data that employees need in real-time to improve their performance (ie. Dashboards) 7) Create systems to pull that data on a regular basis 8) Develop process to present data in a format that is visible and easily accessible to personnel	➤ Many items delayed due to COVID19 pandemic ➤ Clinical data dashboards were enhanced with productivity and key clinical measures that are shared with all staff. Weekly updates were curtailed due to staff shortages but in process to reinstitute. ➤ Communication Improvements to convey key operations information: (1)Implemented regular use of Teams messenger and schedules to improve communication. (2)Meetings via Teams for video conferencing allowed staff to stay connected during pandemic restrictions/precautions and continue to be used. (3)Teams meetings for all-staff allow everyone to participate and hear and see the information and presentation as there is no space in facilities that is large enough for everyone to meet. (4) Weekly Newsletter-In the Loop used during 2 years of pandemic. Currently offered 1-2 times a month.	➤ Implement leader daily work to include regular touchpoints with all staff to provide real time feedback on performance. ➤ Map standard work for all positions. ➤ Map minimum core competencies. ➤ Reevaluate as part of 2024 strategic planning process.
6.	*Develop culture of teamwork, communication, and connectivity*	n) Select teamwork methodology o) Select leadership development program	1) Implement a program like TeamSTEPPS and embed the program standard work for all areas	➤ **Not implemented**. Delayed due to pandemic and staffing shortages.	➤ Implement leader for daily work to include regular touchpoints with all staff to learn their communication preferences and how to

2) Implement a system like Table Group and embed the program into leadership standard work

deliver information so that it is accessible to each individual staff person.

➤ Reevaluate as part of 2024 strategic planning process.

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Goal 4: Build a financial model poised for service growth

Strategic Objective	Strategic Activities	Action Items	Progress Update 2023	New Action Items 2024-25
5. *Develop financial standards for additional services*	a) Create a formal structure for change management	1) Develop grants management program 2) Adopt system for developing new service lines 3) Adopt system to assessing and procuring new technologies and equipment	➤ Finance Team to add more information by July 11	• Reevaluate as part of 2024 strategic planning process.
	b) Develop productivity models around program growth	4) Develop ROI assessment that will be used for all new programs 5) Define productivity requirements for current services to support investment in new programs		
	c) Develop revenue-based staffing model	6) Define financial break-even productivity requirements to support current staff model 7) Identify collective productivity requirements to support additional shared support staff 8) Identify individual productivity requirements to support additional 1:1 staff		
	d) Develop decision making standards for major expenses and projects	9) Select decision making process, such as RACI 10) Delineate decision making authority by job type		
6. *Recruitment and retention*	e) Create a comprehensive recruitment strategy	1) Create competitive position descriptions and compensation models for revenue generating positions		• Follow through with 2019 Strategic Activities to: create a comprehensive retention strategy and create transition plans for all key positions. • *Evaluate feasibility of financial models based on continuing as a County department and becoming an independent 501c3.**
	f) Create a comprehensive retention strategy	2) Develop mentorship program 3) Identify and implement performance appraisal process to align vision to action		
	g) Create transition plans for all key positions	4) Create succession plans for all leadership positions		

h) Explore adding human resources to Health Center workforce	5) Develop interim plans for all leadership and revenue generating positions 6) Create the job description and reporting structure within the Health Department 7) Identify how this position will integrate with County HR infrastructure 8) Conduct feasibility steady on adding HR to Health Center workforce 9) Depending on the outcome of the feasibility study, negotiate with County leadership to add position in Health Center		
7. Leverage technology to enhance revenue and decrease waste	i) Leverage Epic system to optimize billing j) Develop internal reporting that informs strategy for maximizing revenue k) Automate tasks that are non-value added to the patient	1) Identify and correct current deficiencies 2) Identify and implement opportunities for improvement 3) Provide monthly reports on revenue generated and missed opportunities 4) Develop actions plans for missed revenue opportunities 5) Explore using tablets and kiosks for registration and rooming 6) Automate patient paperwork through MyChart and TCCHC website 7) Provide initial intake forms on MyChart for chief complaint and patient history	➢ Pursuing on-line bill pay through MyChart	• Implement action plans for missed revenue opportunities. • Reevaluate electronic automation as an accessibility concern. • Reevaluate how to use technology to improve revenue and decrease waste as part of the 2024 strategic planning process.
8. Develop marketing strategy to drive productivity in defined growth segments	l) Create marketing strategy for all revenue generating service lines	1) Develop a marketing strategy for medical services 2) Develop a marketing strategy for behavioral health services 3) Develop nutrition program and develop marketing strategy for nutrition program	➢ Many efforts directed to COVID19 pandemic response for 3 years. ➢ Marketing Plan created across media platforms for education, health promotion, and services	• Pivot marketing and communications strategy to align with staffing needs before pursuing marketing strategy for services.

m) Align marketing strategy to optimize provider panels	4) Define optimal panel size per job type and licensure 5) Create custom marketing strategy to achieve desired panel size	➢ Working with CPCCO on shared marketing strategies for Medicaid patients ➢ Contract for development of Communications Plan in place (2023-24)
n) Develop comprehensive organizational marketing strategy	6) Explore alternative marketing venues 7) Create marketing key performance indicators	➢ Nutrition program created and implemented with corresponding marketing. Patient appreciated the resource but not cost effective to maintain and extremely difficult to recruit Nutritionists. Program cancelled. ➢ Panel size monitored monthly for increase and decrease over time; reviewing complexity of patient panels. ➢ Providers with complex patients over 1250 patients are supported with additional MA and 1-2 same day slots for patients. ➢ Sharing with staff through communication channels when achieving performance metrics. Not consistent plan for sharing with community.

*This action item is new for 2023. This action item is based on the strategic planning sessions conducted in May 2023.