

Keweenaw Bay Department of Health and Human Services

Agency Strategic Plan 2015-2018

*Date Adopted: 10.10.15
By Tribal Health Board*

MISSION STATEMENT

Our mission is to be a leader in Tribal Health and Human Services by using traditional, evidence based, and innovative strategies that contribute to building a strong, healthy community.

Honesty

Respect

Wisdom

Truth

Acknowledgements

The Keweenaw Bay Department of Health and Human Services (DHHS) would like to acknowledge the support, expertise, and dedication of those who contributed to the development of the 2015-2018 Strategic Plan. The Strategic Planning Committee was composed of key stakeholders representing the various divisions within the health department, tribal health board and tribal administration.

The Strategic Planning Committee (SPC)

Department of Health and Human Services

Carole LaPointe, Health Director
Kathy Mayo Assistant Health Administrator
Dr Peter Benson MD, Medical Director
Dr Brent Johnson, DDS
Cynthia Gourneau, Pharmacist
Sue Ollila RN, Clinic Lead Nurse
Micah Petoskey, IT Site Manager
Heather Wood Health Promotions Specialist

Tribal Health Board

Lois Bedell
Rodney Loonsfoot

Tribal Administration

Sarah Maki, Assistant CEO

Keweenaw Bay Department of Health and Human Services Strategic Directions 2015 – 2018

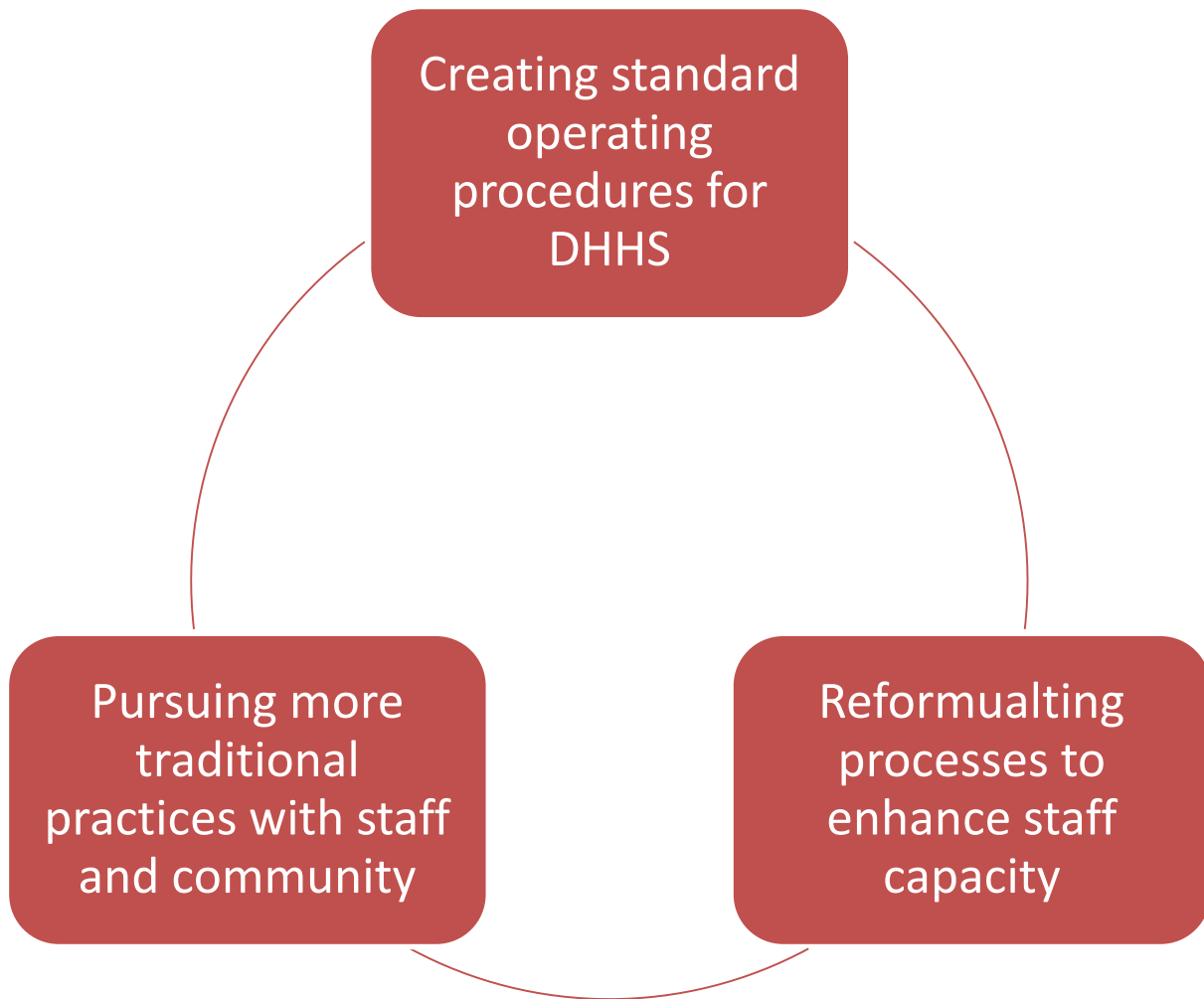


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June 2015

KBIC Members:

As you read through our 2015 Strategic Plan, you will see the dedication and commitment of the KBIC DHHS Administrative team and staff that took many hours in meetings to sit down and create a plan of where we hope to be in the next five years and into the future.

Dollars spent on preventative care and population health greatly improve the health status of communities and produce an exponential cost savings. We will see this cost savings particularly in the area of chronic conditions. For example, through public health programs that teach healthy eating and lifestyles, many costly and devastating conditions such as diabetes, cardiovascular disease, and obesity can be avoided.

Public Health – the new buzz term for community health --- is the science of protecting and improving the health of our community through education, promotion of healthy lifestyles, and research for disease and injury prevention. While health care systems like the Indian Health Service cater to the individual patient, public health seeks to serve *whole* communities.

A healthy Native community gets sick less frequently and spends less money on health care; this means better economic productivity and improved quality of life for our community. The health disparities experienced in Indian Country are often the areas of health that benefit the most from a public health approach. Chronic disease such as heart disease, diabetes, and chronic respiratory disease are some of the leading causes of death for our people. These chronic conditions can be prevented with a well-designed and comprehensive public health approach.

Through numerous treaties, Supreme Court cases, legislative acts, and executive orders, the federal government took on a duty to provide health care and other benefits to the Tribes across our Nation. This duty is not the province of one particular federal agency; instead these duties run from the whole federal government to the Tribes.

While there are agencies that have been set up to fulfill this duty, like the I H S, to date, this duty has not been fulfilled. I H S is funded at approximately 56% of need. Because the federal government must meet its solemn obligations to the Tribes, it must look at ways it can address unmet health needs. Through Public Health Accreditation, we are creating a viable and attractive way to improve the health and wellness of the Keweenaw Bay Indian Community.

Be Well!

Carole LaPointe, RN
Health Administrator

Introduction

Tribal public health departments face many challenges in their efforts to prevent chronic disease, and to protect and promote community health. Tribal communities face great health disparities and tribal health departments lack resources needed to address these issues. Developing a plan to utilize resources to build tribal health department capacity and develop infrastructure will benefit the health of the community. It is a proactive approach to improving the health status of our community. The DHHS is committed to developing a solid foundation, rich in public health capabilities to efficiently and effectively manage long term health needs of the community. To ensure this is done the DHHS is working to obtain Public Health Accreditation. Through funding and technical assistance from the National Indian Health Board the development of this tribal strategic plan was possible.

Strategic planning is “a deliberative, disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it.”¹ According to the Public Health Accreditation Board (PHAB), a **health department strategic plan “results from a deliberate decision-making process and defines where an organization is going. It sets the direction for the organization, through a common understanding of the mission, vision, goals, and objectives, and provides a template for all employees and stakeholders to make decisions that move the organization forward.”**²

In approaching the development of an initial strategic plan, Keweenaw Bay DHHS leadership staff recognized the need for a plan that was internally focused on improving the functioning and performance of the department. The goal for this strategic plan was to work toward having a plan that utilized a defined planning process, included as many key employees and stakeholders as possible, and to produce strategic directions that were action-oriented, measurable, doable, and responsive to the department’s current needs.

This plan defines the Keweenaw Bay DHHS short and long term priorities, and aligns its efforts with nationally recognized standards for public health practice where applicable. This strategic plan provides the Keweenaw Bay DHHS and its stakeholders with a clear picture of where the department is headed, what it plans to achieve, the methods by which the department will succeed, and the measures to monitor progress.

Partners in Strategic Planning

The Keweenaw Bay DHHS partnered with the Tribal Health Board and Tribal Administration to complete the strategic planning process. Staff from each division within the DHHS was represented in the

¹ Bryson (2010). The future of public and nonprofit strategic planning in the United States. *Public Administration Review*, p. S256

² Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations*. Jossey Bass. New Jersey. 2008), as cited in Public Health Accreditation Board (2011). Acronyms and Glossary.

planning process: Medical, Dental, Pharmacy, Community Health and Administration along with representatives from the Tribal Health Board and Tribal Government administration.

DHHS Staff

Management staff within the tribal health department was recruited to participate in the strategic planning process. It was extremely important to have input from staff working within the programs and providing services. We provided an overview of the strategic planning process to division managers so they understood the benefit of having a strategic plan to follow and understood how important their participation was in the process.

Tribal Health Board

Key DHHS staff presented information about the strategic planning process at a health board meeting. Members were encouraged to participate in the process, as part of their board duties and responsibilities in managing and maintaining health services. The action plan was reviewed so members were aware of the type of work and time commitment involved in the planning process.

Tribal Council

DHHS administrative personnel invited tribal government administration to participate in the strategic planning process. The action plan was reviewed with key administrative staff and the assistant to the CEO was selected to participate on the Strategic Planning Committee.

Consultant

The Keweenaw Bay DHHS contracted with a professional, Robin VanDerMoere (see Appendix A for a narrative biography), from the Michigan Public Health Institute (MPHI) Center for Healthy Communities to help design and facilitate the strategic planning process. MPHI's role was to support the efforts of the Keweenaw Bay DHHS to develop a strategic plan by providing project planning, facilitation, and training and technical assistance.

Strategic Planning Process

Approach

The Keweenaw Bay DHHS used an approach to develop this strategic plan that was both dynamic and participatory. The process was guided by *Developing a Tribal Health Department Strategic Plan: A How-To Guide* developed by Redstar Innovations and the National Association of County and City Health Officials. A plan was developed at the onset of the work, but the process remained responsive to the needs and priorities of participants as directions and steps needed to change or be reprioritized. Overall, the approach included inclusive participation, teamwork and collaboration, individual and group creativity, action and ownership, reflection and learning and consensus. Consensus was the primary group process used to make decisions for this strategic plan. Consensus is a process that finds and creates shared understanding which allows everyone to say 'yes' and move forward in a common direction, knowing that

communications were sufficiently open, the group is supportive and gives everyone a fair chance to influence the group decisions.

Design

The Keweenaw Bay DHHS strategic planning process was carried out over a period of approximately four months. The process started on February 15, 2015 with a grant from the National Indian Health Board and concluded on June 30, 2015 with a complete draft of the strategic plan. The process included three stages: (1) preparing for the strategic planning process, (2) conducting strategic planning, and (3) implement, monitor, and evaluate the strategic plan.

Structure

The strategic planning process was led by the Strategic Planning Committee (SPC). The SPC consisted of DHHS management staff: Health Administrator, Medical Director, Dentist, Pharmacist, Lead Nurse, Health Promotions and IT, health board representation and assistant to the CEO. The SPC met every other week in April and May to review and revise the current DHHS mission statement and develop a vision and value statements. The SPC was also responsible for developing a list of data and information sources as well as a list of formal and informal mandates. The process was facilitated by both the Keweenaw Bay Assistant Health Administrator who chaired the SPC and the consultant from the MPHI with expertise in strategic planning, public health, and facilitation.

I. Preparing for the Strategic Planning Process

The initial phase of work involved three meetings of the SPC prior to the two-day, in-person strategic planning workshop held on May 19 and 20, 2015 at the Keweenaw Bay DHHS, as well as one day of the workshop.

Specifically, this phase consisted of the following:

- Revising the Keweenaw Bay DHHS mission statement
- Developing a vision and values statements
- Compiling relevant information: Environmental Scan
 - Data availability and quality analysis
 - Compilation of formal and informal mandates
 - Situational analysis
 - SWOC analysis

Vision, Mission, and Values

A vision statement is a futuristic view regarding the ideal state or conditions that the organization aspires to change or create.³ The purpose of the vision statement is to establish a shared vision for the department as a key step in the strategic planning process. The Keweenaw Bay DHHS did not have a vision statement at the onset of this work, so the SPC spent some meeting time working together to develop a vision to work toward through the implementation of this strategic plan.

The vision statement was developed by the SPC through the use of practical visioning and brainstorming activities. The SPC identified how the tribal health department went about its work and how the community would benefit from the work. Each participant was asked to envision what they wanted to see in place in 3-5 years as a result of the strategic plan. The information was shared and three elements/ideas were determined as most important to the group, and why. The vision statement was based on the three elements the group came to a consensus on.

Vision

“Our future tribal community will be actively engaged in promoting healthy living through participation in prevention activities, including traditional practices, managing chronic conditions, and expanding services.”

By contrast, a mission statement is, “a clear and concise statement that justifies the existence of the public organization in light of its mandated purpose(s) or aim(s). The mission statement should, in other words, plainly declare that an agency, department or unit, exists to accomplish certain ends or responsibilities that are socially desirable...”⁴ The Keweenaw Bay DHHS had an existing mission statement, but the SPC deemed it necessary to revisit the statement and make revisions. This work was also completed in a SPC meeting held prior to the two-day, in-person strategic planning workshop.

The mission statement was revised by first identifying the tribal health department stakeholders. A stakeholder analysis was completed. The SPC answered the following question for each stakeholder identified 1) what expectations did the stakeholder have of the tribal health department 2) how well was the tribal health department meeting those expectations, and 3) what level of attention is needed for this stakeholder? The SPC reflected upon the purpose of the tribal health department, and answered a series of thought provoking questions to assist in revising the mission statement.

³ Bryson & Alston (2005). *Creating and implementing your strategic plan: A workbook for public and nonprofit organizations*. San Francisco: Jossey-Bass/Wiley

⁴ Bryson (1995). *Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement*, rev. ed. San Francisco: Jossey-Bass, 21-44.

Mission

“Our mission is to be a leader in Tribal Health and Human Services by using traditional, evidence based, and innovative strategies that contribute to building a strong, healthy community.”

As a public health department, the Keweenaw Bay DHHS is responsible for providing health care services: medical, dental, and behavioral health services as well as health promotion and disease prevention programs to the Native Americans residing within Baraga, Houghton and Ontonagon counties. The Keweenaw Bay DHHS core values are based on the Seven Grandfather Teachings and include:

- *Honesty: Always be honest with word and action – Gwayakwaadiziwin*
- *Respect: All of creation should be treated with respect – Minaadendamowin*
- *Wisdom: Wisdom is given by the Creator to be used for the good of the people – Nibwaakaawin*
- *Truth: Speak the truth; do not deceive yourself or others - Debwewin*

The above values statements were developed by identifying the tribal health department’s principals, beliefs and underlying assumptions that guided the department. Values were selected by reflecting how the tribal health department related to its customers, services and one another. The SPC came to a consensus in selecting the four grandfather teachings as core values.

Environmental Scan

An environmental scan is the process of gathering information to help gain insight into factors that may be driving or influencing the organization, both internally and externally. The purpose of completing an environmental scan is for those involved to know and understand the significance of these influences before beginning the planning process, helping to focus the planning and establish a context for making decisions about the future.

A portion of the environmental scan was completed prior to the two-day, in-person strategic planning workshop that was held on May 19 and 20, 2015, with the remaining components completed during the first day of the strategic planning workshop. The environmental scan was carried out by the SPC to help members better understand the context within which the department must function while striving to fulfill the essential roles of a public health department, including the trends, factors, and events that influence the work of the department; existing strengths and weakness of the department; and potential opportunities and challenges to consider while moving forward.

Specifically, the environmental scan included a data availability and quality analysis, compilation of formal and informal mandates, situational analysis (forces of change), and SWOC analysis. Following is a brief description of each assessment.

Data Availability and Quality Analysis

A data source is information utilized when planning services and programs. The SPC members developed a list of data or information sources used by the tribal health department. The data was categorized as:

community, financial, health department, legislative or learning & growth. The source of the information was identified and the date it was collected. Finally the SPC rated its relevance as a data source for the tribal health department. The complete data availability and quality analysis worksheet can be found in Appendix B.

Compilation of Formal and Informal Mandates

Mandates include anything formally or informally required of the organization by external authorities.

Formal mandates may be those set forth in laws, statutory requirements and other legally binding or public requirements. Informal mandates may be in the form of organizational norms or strong stakeholder expectations.⁵ Identifying and clarifying formal and informal mandates is an important step prior to engaging in development work. A list of mandates created was started by the SPC prior to the two-day, in-person strategic planning workshop. During the first day of the strategic planning workshop, the list started by the committee was revisited and further developed through a facilitated conversation by the MPHI consultant. The complete list of mandates can be found in Appendix C.



Situational Analysis

Situational analysis of the external context was conducted using a combination of the NACCHO ‘Forces of Change’ assessment and the ToP Wall of Wonder Historical Scan exercise. An exercise facilitated by the MPHI consultant was conducted with the SPC. A matrix was created on the wall, creating a framework for assessing the various levels of influence acting on the department (federal, state, local/tribal) over a period of time (past, present, future). Each individual brainstormed factors and events influencing the department at all three levels and the various periods of time. Once members completed their individual brainstorming, they worked in pairs to share their individual brainstorms, compile all unique ideas, and then reported out on the results of their work. Once all pairs reported out, the large group was led through a focused conversation that labeled several trends existing over time at each of the levels of influence. The full results of the situational analysis can be found in Appendix D.

Strengths, Weaknesses, Opportunities, and Challenges (SWOC) Analysis

A SWOC analysis is an assessment of an organization's external and internal environments to identify strengths, weaknesses, opportunities, and challenges (or threats).⁶ The SWOC analysis was conducted

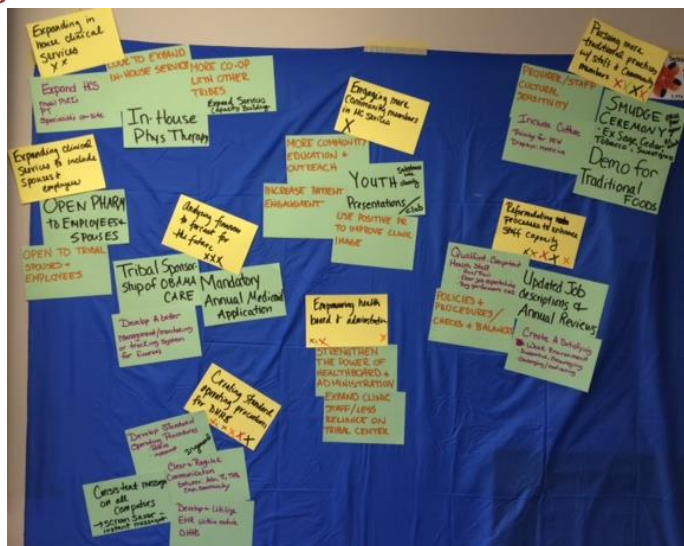
⁵ Bryson & Alston (2005)

⁶ Bryson (1995)

during the first day of the two-day in-person strategic planning workshop by the SPC. Results of the analysis can be found in Appendix E.

II. Conducting Strategic Planning

The second phase, conducting strategic planning, was the focus of day two of the two-day, in-person strategic planning workshop. During this phase, the SPC selected strategic directions to focus on for this plan and started to develop action plans for each strategic direction, which were completed in subsequent meetings that followed the two-day workshop.



Selecting Strategic Directions

The SPC worked through a process of identifying strategic directions. Strategic directions use existing strengths and opportunities within an organization to overcome impeding patterns, structures, and policies, in order to catalyze movement in the direction of the organization’s vision.⁷ The strategic directions should set the course of action for the department. A consensus workshop focused on answering the question, “What significant actions can Keweenaw Bay DHHS take to move the agency toward the vision?” was conducted in order to determine the strategic directions that were most important to focus on. The workshop resulted in a total of eight strategic directions (see Appendix F) which the SPC determined was too many to address through this initial strategic plan. To reduce the number of strategic directions to a manageable amount, members of the SPC engaged in a voting process in order to obtain consensus on where the department should focus their efforts. See the table below for an overview of the strategic directions with their associated goals and long-term objectives that create the framework for this strategic plan.

Strategic Direction	Goal	Long-term Objective
1. Creating standard operating procedures for DHHS.	Develop a manual of standard operating procedures for the DHHS.	By October 1, 2018, have a complete final draft of the policies and procedures manual

⁷ Institute of Cultural Affairs, *ToP Strategic Planning* manual, p. 49

		for review and approval by the tribal health board and tribal council.
2. Reformulating Processes that Enhance Staff Capacity	Create a DHHS Work Force Development Plan	By March 1, 2017, have a complete final draft of the DHHS Workforce Development Plan for review and approval by tribal health board and council.
3. Pursuing more Traditional Practices with Staff and Community	Educate staff about traditional practices and cultural sensitivity to promote use in DHHS treatment practices and education programs.	By February 1, 2017, implement a biannual collection of staff and patient surveys relating to the implementation and staff knowledge.

Strategic Direction 1: Creating Standard Operating Procedures for DHHS

Goal: Develop a manual of standard operating procedures for the DHHS.

Long-term Objective: By October 1, 2018, have a complete final draft of the policies and procedures manual for review and approval by the tribal health board and tribal council.

The Situation: Our review of the tribal health department indicates we are lacking formal policies and procedures that dictate health service operations. Many processes or procedures are not standardized or documented in a written format. The absence of comprehensive operating procedures make it difficult to provide services and programs in a consistent and efficient manner.

Taking Action: The development of a Standard Operating Procedure Manual will assist us in providing a consistent service or program to community members. It will provide DHHS employees with clear guidelines on how implement and carryout services and programs. It will provide more organization and efficient use of our resources.

Strategic Direction 2: Reformulating Processes that Enhance Staff Capacity

Goal: Create a DHHS Work Force Development Plan.

Long-term Objective: By March 1, 2017, have a complete final draft of the DHHS Workforce Development Plan for review and approval by tribal health board and council.

The Situation: The DHHS does not have a standard process for determining an efficient and competent public health workforce. The standard performance review does ensure a competent public health workforce.

Taking Action: The DHHS will develop a Workforce Development Plan that will include a formal orientation process, annual performance reviews, a workforce assessment that will ensure staff qualifications and competence and a process for developing an employee professional development plan to maintain licensure

Strategic Direction 3: Pursuing more Traditional Practices with Staff and Community

Goal: Educate staff about traditional practices and cultural sensitivity to promote use in DHHS treatment practices and education programs.

Long-term Objective: By February 1, 2017, implement a biannual collection of staff and patient surveys relating to the implementation and staff knowledge.

The Situation: Through the Community Health Assessment process we identified that we rarely incorporated traditional practices or behaviors in our practice to protect health and prevent disease in our community.

Taking Action: We will learn about and incorporate traditional practices in the delivery of health care services. DHHS staff will become knowledgeable about the customs and traditions of the Keweenaw Bay Indian Community. Utilizing language, traditional foods and behaviors will show respect to the community we serve and make them comfortable when receiving services.

III. Implement, Monitor, and Evaluate the Strategic Plan

The following describes how Keweenaw Bay DHHS will implement, monitor, and evaluate this strategic plan on a regular, ongoing basis.

Action Planning

The SPC worked with the MPHI consultant to create SMART (specific, measurable, attainable, relevant, time-bound) action plans during the second day of the two-day strategic planning workshop. One action plan was started by the whole committee through a facilitated process in order for committee members to gain an understanding of what the action planning process entailed and how to complete each section of the action plan. The SPC then divided themselves into two smaller action planning teams to start work on the remaining two action plans with each team focusing on one plan. The SPC and smaller action planning teams met over the course of several weeks to fully develop the action plans. The MPHI consultant provided ongoing technical assistance throughout the process via email and phone following the in-person workshop.

The action plans for the Keweenaw Bay DHHS Strategic Plan utilize a framework that includes strategic directions, goals, SMART objectives, and evidence-based strategies. The attached Action Plans (see p. 16) were created by staff to address each of the strategic directions selected as priorities to address through implementation of this plan. These action plans identify the steps that will be taken to systematically address each strategic direction. For each strategic direction, there are responsibilities delegated to individuals who will be responsible for tracking progress toward completing the activities according to the planned timeline and making adjustments/revisions to the plans as needed.

Monitoring

Ongoing monitoring of the implementation of the strategic plan will be the responsibility of the individual, committee, or workgroup assigned to each action plan. Progress reports on each action plan will be provided to the SPC on a quarterly basis during the regularly scheduled committee meeting. During these quarterly progress reviews, a brief assessment and re-manuevering discussion may be conducted if progress has stalled, roadblocks have been encountered, or other barriers have become evident. The timeline for activities may also be adjusted as indicated, and revisions made to the action plan to reflect these adjustments. All adjustments and revisions to the plan will be documented on the action plans, and changes will be tracked and kept in one central location on the back page of this document on the Record of Revisions and Updates page (see Appendix G). All changes will be reviewed by Health Administrator and signature documented on the record.

Evaluating

On an annual basis, a brief progress report that summarizes the outcomes, accomplishments, challenges, barriers, and revisions made to the strategic plan, will be written and shared with stakeholders. In addition, data will be gathered to assess and report on progress toward achieving each of the targets for the objectives attached to each of the action plans according to the timeline and frequency of data collection noted.

Keweenaw Bay DHHS Action Plans

STRATEGIC DIRECTION # 1: *Creating Standard Operating Procedures for DHHS*

Strategic Direction <i>Creating standard operating procedures for DHHS.</i>						
Goal: <i>Develop a manual of standard operating procedures for the DHHS.</i>						
PERFORMANCE MEASURES <i>Have an up to date and actively reviewed manual of KBIC DHHS standard operating procedures and policies. Staff is aware of and following all procedures and policies outlined in the manual.</i>						
Short Term Objectives				Data source	Frequency of data collection and review	
1. <i>By November 1, 2015, create one committee to work on developing the standard operating procedures manual.</i>				N/A	N/A	
2. <i>By February 1, 2016, develop a detailed outline for the standard operating procedures manual.</i>				N/A	N/A	
3. <i>By May 1, 2016, collect policies and procedures that exist to be reviewed, considered for inclusion, and revised as needed.</i>				<i>Existing DHHS policies and procedures</i>	N/A	
Intermediate Objectives				Data source	Frequency of data collection and review	
4. <i>By October 1, 2017, develop a complete draft of the policies and procedures manual for committee and staff review.</i>				N/A	N/A	
5. <i>By October 1, 2018, have a complete final draft of the policies and procedures manual for review and approval by the tribal health board and tribal council.</i>				N/A	N/A	
Strategic Issue	Objectives	Baseline	Target	Linkages	Lead Person/Responsible	Progress Notes
<i>Creating standard operating procedures for DHHS.</i>	<i>1. By November 1, 2015, create one committee to work on developing the standard operating procedures manual.</i>	0	1	QI Plan Performance Management Plan CHIP	Health Administrator	

<i>Creating standard operating procedures for DHHS.</i>	<i>2. By February 1, 2016, develop a detailed outline for the standard operating procedures manual.</i>	0	1	QI Plan Performance Management Plan CHIP	Health Administrator	
	<i>3. By May 1, 2016, collect policies and procedures that exist to be reviewed, considered for inclusion, and revised as needed.</i>	0	All policies and procedures that currently exist.	QI Plan Performance Management Plan CHIP	Health Administrator	
	<i>4. By October 1, 2017, develop a complete draft of the policies and procedures manual for committee and staff review.</i>	0	1	QI Plan Performance Management Plan CHIP	Health Administrator	
	<i>5. By October 1, 2018, have a complete final draft of the policies and procedures manual for review and approval by the tribal health board and tribal council.</i>	0	1			

OBJECTIVE #1:
By November 1, 2015, create one committee to work on developing the standard operating procedures manual.

BACKGROUND ON STRATEGY
Reference/Source: N/A
Evidence Base: N/A
Policy Change (Y/N): N

WORKPLAN

Action steps	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
1. Identify a chair (lead person) to recruit committee members.	November 1, 2015	Staff time	Health Director	Committee Chair	
2. Develop an invitation that describes the committee, the	November 30, 2015	Staff time	Committee Chair and Health Director	Invitation	

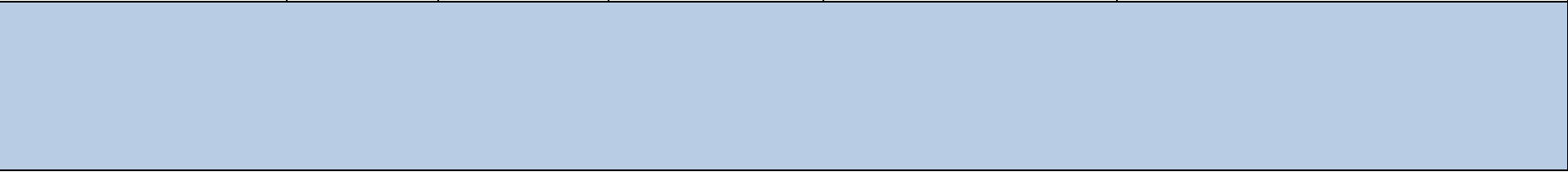
responsibilities/expectations of committee members, and includes initial meeting date.					
3. Heath Director sends invitation to division heads asking them to participate in the committee.	December 15, 2015	Staff time	Health Director	Formed Committee	

OBJECTIVE #2:
By February 1, 2016, develop a detailed outline for the standard operating procedures manual.

BACKGROUND ON STRATEGY
Reference/Source: N/A
Evidence Base: N/A
Policy Change (Y/N): N

WORKPLAN

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1 Committee meets to brainstorm and develop a list of what is important to include in a SOP	January 15,2016	Staff time	Committee Chair	List of Operating Procedures that should be included in the Manual	
2 Committee Chair develops a draft SOP outline.	February 28, 2016	Staff time	Committee Chair	Draft Standard Operating Procedures Manual outline	
3 Committee meets to review the outline and discuss revision/modifications	March 15, 2016	Staff time		Draft Standard Operating Procedures Manual outline	
4 Committee Chair makes final edits to the SOP manual outline	March 31, 2016	Staff time		Standard Operating Procedures Manual outline	
5 Committee meets to discuss what policies and procedures in the SOP manual outline already exist	April 15, 2015	Staff time		Compilation of existing DHHS policies and procedures	



OBJECTIVE #3: <i>By June 1, 2016, collect policies and procedures that exist to be reviewed, considered for inclusion, and revised as needed.</i>					
BACKGROUND ON STRATEGY Reference/Source: N/A Evidence Base: N/A Policy Change (Y/N): Y					
WORKPLAN					
Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Apply existing policies and procedures to the outline and identify those that need to be written.	June 1, 2016	Staff time, existing policies	Committee Chair	SOP Manual that includes All policies and procedures that exist and those that need to be written.	
2. Review and update existing policies/procedures as needed.	July 1, 2016	Staff time, Health Director, Division Supervisors	Committee Chair	Current DHHS policies and procedures up to date in draft SOP Manual	
3. Assign/identify appropriate staff to write policies/procedures identified as needed that do not exist.	August 1, 2016	Staff time	Committee Chair	New written policies and procedures for the DHHS are written for inclusion in the draft SOP Manual.	
4. Complete review of DHHS newly written policies and procedures.	January 1, 2017	Staff time, Health Director, Division Supervisors, Committee	Committee Chair, Health Director	Health Director, committee, and division have approved new policies and procedures	
OBJECTIVE #4: <i>By October 1, 2017, develop a complete draft of the policies and procedures manual for committee and staff review.</i>					
BACKGROUND ON STRATEGY Reference/Source: N/A Evidence Base: N/A Policy Change (Y/N): Y					
WORKPLAN					
Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Compile all policies and procedures for DHHS.	March 1, 2017	Staff time	Committee Chair	Complete set of policies and procedures for DHHS	

2. Update SOP Manual outline to accommodate any new policies/procedures.	April 1, 2017	Staff time	Committee Chair	Accurate SOP Manual outline	
3. Create draft SOP Manual.	May 1, 2017	Staff time	Committee Chair	Complete DHHS SOP Manual draft	
4. Draft manual will be reviewed by committee, Health Director, and DHHS staff.	July 1, 2017	Staff time	Committee Chair, Health Director	Minimum of 60% of DHHS staff will have reviewed and made suggestions for the DHHS SOP Manual policies and procedures	
5. Make modifications to SOP Manual based on input from staff review.	August 1, 2017	Staff time	Committee Chair	Staff suggestions for policies and procedures complete	
6. Create SOP Manual final draft.	September 1, 2017	Staff time	Committee Chair	Complete draft of final DHHS SOP Manual including all policies and procedures ready for approval	
7. Give final draft SOP Manual to Health Director for presentation to Tribal Health Board.	October 1, 2017	Staff time	Committee Chair, Health Director	Health Director will present final draft to Tribal Health Board	
OBJECTIVE #5: <i>By October 1, 2018, have a complete final draft of the policies and procedures manual for review and approval by the tribal health board and tribal council.</i>					
BACKGROUND ON STRATEGY Reference/Source: N/A Evidence Base: N/A Policy Change (Y/N): Y					
WORKPLAN					
Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Health Director will present final draft of DHHS SOP Manual to Tribal Health Board for approval	December 1, 2017	Staff time, Tribal Health Board	Health Director	Tribal Health Board approved DHHS SOP Manual	
2. Make modifications based on Tribal Health Board suggestions	February 1, 2018	Staff time	Health Director, Committee Chair	All Tribal Health Board DHHS SOP Manual suggested changes complete	
3. Tribal Health Board will make final approval of DHHS SOP Manual	April 1, 2018	Staff time, Tribal Health Board	Health Director	Tribal Health Board approved DHHS SOP Manual	

4. Health Director will present final Tribal Health Board approved DHHS SOP Manual to Tribal Council	May 1, 2018	Staff time, Tribal Council	Health Director	Tribal Council approved DHHS SOP Manual	
5. Make modifications based on Tribal Council suggestions	July 1, 2018	Staff time	Health Director, Committee Chair	All Tribal Council DHHS SOP Manual suggested changes complete	
6. Tribal Council will make final approval of DHHS SOP Manual	September 1, 2018	Staff time, Tribal Council	Health Director	Tribal Council approved DHHS SOP Manual	
7. All staff will be notified of DHHS SOP Manual approval and all the enclosed policies and procedures will be implemented	October 1, 2018	Staff time	Health Director, Committee Chair	Use of DHHS SOP	

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Obj #	State	Healthy People 2020	National Prevention Strategy
1			
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STRATEGIC DIRECTION # 2 *Reformulating Processes that Enhance staff Capacity*

Strategic Direction						
Reformulating Processes that Enhance Staff Capacity						
Goal:						
Create a DHHS Work Force Development Plan						
PERFORMANCE MEASURES						
Short Term Objectives				Data source	Frequency of data collection and review	
1. By November 30, 2015, complete current KBIC Annual Employee Performance review for each DHHS employee.				Employee Human Resource Records.	Annually	
2. By February 1, 2016, create and implement a Health Care orientation process for all DHHS employees.				N/A	N/A	
3. By June 1, 2016, complete a DHHS workforce assessment to assess staff capacity and qualifications.				Selected Workforce Assessment Tool	N/A	
4. June 1, 2016 create and implement a DHHS staff professional development plan.						
Intermediate Objectives				Data source	Frequency of data collection and review	
5. By January 1, 2017, develop a complete draft of DHHS Workforce Development Plan for committee & health administration review.				Data from Workforce Assessment Workforce Development Plan		
6. By March 1, 2017, have a complete final draft of the DHHS Workforce Development Plan for review and approval by tribal health board and council.				Workforce Development Plan		
Strategic Issue	Objectives	Baseline	Target	Linkages	Lead Person/Responsible	Progress Notes
Reformulating Processes that Enhance Staff Capacity	1. By November 30, 2015 complete current KBIC annual employee performance review for each DHHS employee.	0	35		Administration/Supervisors	

	2. By June 2016 complete a DHHS workforce assessment	0	1			
	3. By June 2016 complete DHHS workforce assessment tool	0	1	PHAB Domain 8, Standard 8.2, Measure 8.2.1A	DHHS Supervisors	
	4. By June 2016 create a DHHS professional development process.					
	5. By January 1, 2017, develop a complete draft of DHHS Workforce Development Plan for committee & health administration review.			PHAB Domain 8, Standard 8.2, Measure 8.2.1A		
	6. By March 1, 2017, have a complete final draft of the DHHS Workforce Development Plan for review and approval by tribal health board and council.			PHAB Domain 8, Standard 8.2, Measure 8.2.1A		

OBJECTIVE #1: By October 1, 2015 complete current KBIC annual employee performance review for each DHHS employee

BACKGROUND ON STRATEGY

Reference/Source:

Evidence Base:

Policy Change (Y/N):

WORKPLAN

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Training by Personnel Department on use of evaluation tool.	October 2015	<ul style="list-style-type: none"> Personnel to provide training Time for Supervisors to attend 	Health Administrator and Personnel Director	Standardized use of the KBIC employee performance evaluation form & scoring by DHHS Supervisors All DHHHS supervisors trained	
2. Supervisors complete performance review for their staff, utilizing the KBIC process & form.	November 2015	<ul style="list-style-type: none"> Time Current job descriptions 	Supervisors	Completed/signed annual DHHS employee performance review forms for all employees.	
3. Supervisors update employee job description during review process to accurately reflect duties.	November 2015	Job descriptions	Supervisors	Job descriptions with notes indicating updates to job duties	
4. Annual review forms, with updated job description are submitted to Personnel Department.	December 15, 2015		Health Administrator Supervisors	Completed 2015 annual employee performance reviews with revised job descriptions.	
5. Identify & document gaps that exist in current KBIC performance review	December 30, 2015	<ul style="list-style-type: none"> Supervisor time Notes from reviews 	Supervisors	Completed list of other ways we should also evaluate HCW.	

process after implementation.					
OBJECTIVE #2: BY November 2016 complete a DHHS work force assessment					
BACKGROUND ON STRATEGY					
Reference/Source:					
Evidence Base:					
Policy Change (Y/N):					
WORKPLAN					
Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Select/convene Work Force Assessment Committee	January 2016		Carole LaPointe Strategic Planning Committee	Committee Membership Roster	
2. Research work force assessment process for the public health field.	January 2016	<ul style="list-style-type: none"> • Time • Internet search • Contact with other agencies 	Workforce Assessment Committee	Assessment to review or consider.	
3. Review prioritized list of workforce assessment processes found through literature review.	March 2016	Tools for review	Workforce Assessment Committee	N/A	
4. Agree upon one or combination of workforce assessments to utilize for the DHHS	April 2016	Staff time	Workforce Assessment Committee	Identified workforce assessment tool to use to assess DHHS	
5. Complete the workforce assessment for the DHHS.	August 2016	<ul style="list-style-type: none"> • Staff time • Employee demographic data • Health data • Tribal data 	Workforce Assessment Committee	Completed work force assessment report	

6. Report submitted to SPC for review	September 2016	Completed assessment report	Workforce Assessment Committee	Work Force Development Assessment Report	
7. Assessment report presented to tribal health board	November 2016	<ul style="list-style-type: none"> • Completed assessment report • PowerPoint for presentation • Copy of report for tribal health board members 	Carole LaPointe		

OBJECTIVE #3: *By May 2016 develop Health Care orientation process*

BACKGROUND ON STRATEGY
Reference/Source:
Evidence Base:
Policy Change (Y/N):

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Create a team to work on the development of this process.	November 1, 2015	Representation of <ul style="list-style-type: none"> • Physicians • Nursing • Dental • Pharmacy • Behavioral Health 	Health Administrator	Team roster /committee formed	

		<ul style="list-style-type: none"> • Community Health • MCH 			
2. Develop an orientation checklist	December 2015	Staff time	Team/committee	Orientation Checklist	
3. Develop or obtain materials to support orientation checklist	January 2016	Staff time	Team/committee	<ul style="list-style-type: none"> • KBIC History, mission statement • KBIC Policy manual • DHHS policy manual • DHHS mission, vision & value statement • 7 grandfather's teachings • DHHS specific policies • DHHS exposure control plan • HIPPA training materials • BBP training/material 	
4. Develop a competency/skills checklist	February 2016	Staff from each division to list skills needed/required for that area	Team/committee	<p>Identified skills needed/required to perform each DHHS position, that can be observed by supervisor or designee</p> <p>Competency/skills Checklist</p>	
5. Create orientation process/policy	March 2016	<ul style="list-style-type: none"> • Orientation checklist • Competency or skills checklist 	Team/committee	Orientation policy which describes the orientation process for new hires. It will describe the step by	

				step process, which includes forms & checklists used.	
6. Orientation policy submitted to tribal health board for approval	April 2016	Completed orientation policy	Carole LaPointe	Approved orientation policy that can be included in our DHHS Standard Operating Procedures manual	
7. Submission of departmental policy to tribal CEO	May 2016	Approved orientation policy	Carole LaPointe	Tribal CEO's approval of the orientation policy	
OBJECTIVE #4: <i>By November 2016 create a DHHS professional development process.</i>					
BACKGROUND ON STRATEGY Reference/Source: Evidence Base: Policy Change (Y/N):					
WORKPLAN					
Action Steps	Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Create professional development team/committee to work on project	December 2015	Dedicated staff time to participate	Strategic Planning Committee (SPC)	Individual employee professional development plan, approved by Supervisor/Health Administrator	Professional development plan could be done at time of annual evaluation so that employees can
2. Develop annual schedule for mandatory staff training	January 2016	<ul style="list-style-type: none"> Annual training calendar Assigned individual to arrange and provide annual trainings 	Professional Development Team (PDT)	Current mandatory training required for staff: <ul style="list-style-type: none"> HIPPA BBP TST CPR (q 2 yrs) 	
3. Develop credentialing & license maintenance process	March 2016	<ul style="list-style-type: none"> State licensing requirements 	PDT	<ul style="list-style-type: none"> Copy of current license for Health Care Worker 	

		<ul style="list-style-type: none"> for health disciplines Assigned individual to monitor 		<ul style="list-style-type: none"> Copy of continuing education 	
4. Develop process for creating annual professional development plans	May 2016	Research professional development progress	PDT	Professional development plan policy, process, and template	
5. Develop process for creating annual employee professional development plans	August 2016	Research employee development plans	PDT	Employee Development Plan policy & process	
6. Submit draft professional development policy, process, and template to SPC for review	October 2016	Time for SPC to review	PDT	Revisions and/or approval of policy, process, and template	
7. Submit professional development policy, process, and template to the tribal health board for approval	November 2016	Tribal health board meeting	Carole LaPointe	Obtain approval from the tribal health board	

OBJECTIVE #5: *By March 1, 2017, develop a complete draft of DHHS Workforce Development Plan for committee & health administration review.*

BACKGROUND ON STRATEGY
Reference/Source:
Evidence Base:
Policy Change (Y/N):

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Combine the orientation, performance	December 2016	Staff time	PDT	Draft Workforce Development Plan completed	

review and professional development process with the workforce assessment to develop a workforce development plan					
2. Present the draft plan to tribal health administration for review	January 1, 2017	Staff time	PDT	Draft Workforce Development Plan	
3. 3. Make revisions to the draft plan based on administration review	February 1, 2017	Staff time	PDT	Revised draft Workforce Development Plan	
4. Present the revised draft Workforce Development Plan to the SPC for approval	March 1, 2017	Staff time	PDT	Draft Workforce Development Plan	
OBJECTIVE #6: <i>By April 1, 2017, have a complete final draft of the DHHS Workforce Development Plan for review and approval by tribal health board and council.</i>					
BACKGROUND ON STRATEGY Reference/Source: Evidence Base: Policy Change (Y/N):					
WORKPLAN					
Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

1. Present draft Workforce development plan to tribal health board	May 2017	Staff time	Carole LaPointe		
2. Complete any revisions suggested by tribal health board	June 2017	Staff time	PDT	Revised Draft Workforce Development Plan	
3. Submit the revised draft of the Workforce Development Plan to the tribal health board for approval	August 2017	Staff time	Carole LaPointe		

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Obj #	State	Healthy People 2020	National Prevention Strategy
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STRATEGIC DIRECTION # 3: Pursuing more traditional Practices with Staff and Community

Strategic Direction						
Pursuing more Traditional Practices with Staff and Community						
Goal: Educate staff about traditional practices and cultural sensitivity to promote use in DHHS treatment practices and education programs.						
PERFORMANCE MEASURES Staff will report knowledge of Native American traditions and beliefs. Staff will use show cultural sensitivity in their patient interactions and programming. Patients will report awareness of staff cultural sensitivity.						
Short Term Objectives				Data source	Frequency of data collection and review	
1. By November 1, 2015, identify a liaison from the Tribal Cultural Committee to assist with staff traditional practices and cultural sensitivity training.				N/A	N/A	
2. By January 1, 2016, develop a set of staff training guidelines about frequency, traditional practices, cultural sensitivity, and how to incorporate these into staff's day to day practice.				N/A	N/A	
3. By July 1, 2016, complete initial staff traditional practices and cultural sensitivity trainings.				Pre-post test	Pre-post test	
Intermediate Objectives				Data source	Frequency of data collection and review	
4. By August 1, 2016, staff will implement methods for incorporating traditional practices and cultural sensitivity in their day to day work.				N/A	N/A	
5. By February 1, 2017, implement a biannual collection of staff and patient surveys relating to the implementation and staff knowledge.				Staff and patient surveys (to be developed)	Biannual	
Strategic Issue	Objectives	Baseline	Target	Linkages	Lead Person /Responsible	Progress Notes
Pursuing more traditional practices	1. By November 1, 2015, identify a liaison from the Tribal Culture Committee to assist with staff training.	0	1	Building on efforts of the current Tribal Cultural Committee		
	2. By January 1, 2016, develop a set of staff training guidelines that includes training frequency,	0	1			

<i>with staff and community.</i>	traditional practices, cultural sensitivity and how staff can incorporate these into practice and programming.					
	3. By July 1, 2016, complete initial staff trainings.	Trainings: 0 Staff trained: 0	Trainings: 1 Staff trained: 35			
	4. By August 1, 2016, staff will implement methods for incorporating traditional practices and cultural sensitivity in their day to day work.	N/A	N/A			
	5. By February 1, 2017, start a biannual collection of staff and patient surveys relating to the implementation and staff knowledge.	0	2			

OBJECTIVE #1:
By October 2015, identify a liaison from the Tribal Cultural Committee to assist with staff training.

BACKGROUND ON STRATEGY
Reference/Source: N/A
Evidence Base: N/A
Policy Change (Y/N): N

WORKPLAN

Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Recruit a Culture Committee person to assist and teach	November 1, 2015	Culture Committee	Assigned staff	Culture Committee Liaison	

OBJECTIVE #2:
By January 1, 2016, develop a set of staff training guidelines that includes training frequency, traditional practices, cultural sensitivity and how staff can incorporate these into practice and programming.

BACKGROUND ON STRATEGY Reference/Source: N/A Evidence Base: N/A Policy Change (Y/N):Y					
WORKPLAN					
Action steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Meet with Culture Committee Liaison	December 1, 2015	Staff and Liaison time	Assigned staff	Meeting sign-in sheet and minutes	
2. Develop training Guidelines	January 1, 2016	Staff and Liaison	Assigned staff	Guidelines developed	
3. Develop training schedule	January 1, 2016	Staff, Health Director, and Liaison	Assigned staff	Schedule and training plan developed	
4. Approval of guidelines and schedule by Health Board	February 1, 2016	Staff, Liaison, Health Director	Health Director	Approved training plan and schedule	
OBJECTIVE #3: <i>By July 1, 2016, complete initial staff training.</i>					
BACKGROUND ON STRATEGY Reference/Source: N/A Evidence Base: N/A Policy Change (Y/N):Y					
WORKPLAN					
Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Staff complete initial training	July 1, 2016	Staff and Trainer	Assigned staff, trainer	80% of staff trained	
OBJECTIVE #4:					

By August 1, 2016, staff will implement methods for incorporating what was learned about traditional practices and cultural sensitivity in their day to day work.

BACKGROUND ON STRATEGY

Reference/Source: N/A

Evidence Base: N/A

Policy Change (Y/N): Y

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Staff Implementation	August 1, 2016	Staff	All staff	Improved patient relations	
2. Plan Annual Culture Day	August 1, 2016	Staff , Liaison, Culture Committee, Health Director	Assigned staff	Plan and date for event	

OBJECTIVE #5:

By February 1, 2017, start a biannual collection of staff and patient surveys relating to the implementation and staff knowledge.

BACKGROUND ON STRATEGY

Reference/Source: N/A

Evidence Base: N/A

Policy Change (Y/N):Y

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Create surveys – one for staff and one for patients	January 1,2017	Staff	Assigned staff	Completed Draft Surveys	
2. Develop survey distribution plan	January 1, 2017	Staff	Assigned staff	Complete distribution plan	
3. Implement survey distribution plan with staff and patients	February 1,2017	Staff and Patients	Assigned staff	Collect completed surveys	
4. Compile survey data, analyze data, and create formal report	May 1, 2017	Staff	Assigned staff	Finished report	

5. Presentation of results	June 1, 2017	Staff, Health Director, Health Board	Assigned staff, Health Director	Inform Tribal Health Board and staff Powerpoint presentation of results	
6. Modify training as needed		Survey results, staff, trainer, culture liaison	Assigned staff	All staff well trained	

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Obj #	State	Healthy People 2020	National Prevention Strategy
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Appendix A: MPHI Consultant Narrative Biography

The Michigan Public Health Institute (MPHI) is a 501(c) (3) corporation established in 1990. All projects are driven by the Institute's mission to maximize positive health conditions in communities through collaboration, scientific inquiry, and applied expertise. MPHI's work carries the voice of communities to policy makers and researchers and increases community capacity to improve health and well-being and reduce health disparities. The Institute employs 365 individuals, including more than 100 with Ph.D. and masters-levels degrees, who include researchers, business and IT professionals, trainers, project managers, data analysts, and scientists trained in a broad array of health fields.

Robin VanDerMoere, MS, ASQ-CQIA, is a Project Coordinator/Quality Improvement Specialist for the Center for Healthy Communities within MPHI. In this role, Ms. VanDerMoere provides project oversight, training, technical assistance, and consultation to direct service providers, as well as public health agencies. Additionally, she has expertise in developing and implementing performance management systems and using performance management data to improve outcomes. Ms. VanDerMoere has worked with local, tribal, and other public health organizations to provide training and technical assistance on quality improvement and to facilitate planning processes. Ms. VanDerMoere is a Certified Quality Improvement Associate through the American Society of Quality, is a trained ToP Strategic Planning facilitator, and served as one of the authors of the second edition of *Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook*. Ms. VanDerMoere received her Bachelor of Arts in Education and Masters in Childhood Development from Michigan State University.

Appendix B: Data Availability and Quality Analysis

Data or Information Available	Data Perspective					Source Document/Date Developed		Substantiation		Relevance		
	Community	Financial	Health Dept.	Tribe, State, Nation Legislation	Learning and Growth	Source	Date	Fact Based	Opinion Based	Low	Medium	High
Community Health Assessment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHHS Data	2013	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
KBIC Cancer Linkage with MI	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tribal Enrollment/MI Cancer Registry	2010 & 2013	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
AI/ATS Tobacco Survey	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KBIC	2006, 2012, 2014	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Annual Diabetic Care & Outcome Audits	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KBIC DHHS	Since 2008	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Indian Health Service Immunization reports	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KBIC	yearly	X	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Focus groups (HOC/PREP/THV grants)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant documents	2012-13	<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>
Youth Risk Assessment	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tribal PREP grant	2012	<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>
Electronic Medical Record	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHHS EMR	Since Sept 2014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Department Monthly/Annual Report	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHHS	2014-15	x	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>

Annual Cost Report for CMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Billing	2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Monthly Financial Status Reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KBIC Accounting Dept	Ongoing - 2014-15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Annual Financial Reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grants/Acct Dept	Ongoing/annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electronic Medical Record Billing Package	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KBIC Billing/IT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PHAB Self-Study Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KBIC DHHS	2010	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DHHS SWOT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHHS	2009 or 10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1976 Indian healthcare Improvement Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I.H.S/ Federal Gov't		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Affordable Care Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Federal Gov't	2013	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medicare Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Federal Gov't		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KBIC DHHS	2013-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program/Grant Reporting (monthly/quarterly/annually)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Program/Grant Specific	Ongoing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Appendix C: Compilation of Formal and Informal Mandates

Mandate	Formal or Informal?	What is required, forbidden, or allowed?	Does staff understand? How is THD honoring this?	What needs to be done? (e.g., include in mission, educate staff, etc.)
I.H.S Annual Funding Agreement	Formal	Dictates how we use these funds	Yes – PRC	Mission, more education by all staff
State of MI Federal Gov't	Informal	Mandatory reporting of abuse	Yes - report	
State of MI	Informal	Reporting of communicable disease	Not sure	Staff education
MOAs – UPCAP	Formal	Have the carry out the programs – PATH, Diabetes, A Matter of Balance	Yes – specific staff the work in the programs	Nothing at this time
Contractual Agreements	Formal	Dictates how we use funding and carry out programming	Yes, for the most part	Complete requirements, program reporting, evaluation, staff education
MOAs – BCCCP, Vaccines for Children, POD Plan (emergency preparedness)	Informal	Collaboration with Western UP District Health Department	Yes	Nothing at this time
Tribal Government	Formal	Have to carry out specific policies and guidelines (hiring, leave time, working hours, grievance process, approve all budgets and contracts, travel, compensation - employee evaluation does	No – Tribal government needs to do more education so staff know how to honor the policies and guidelines	More consistent expectations (written guidelines and procedures that are followed and communicated in a timely manner); staff education

		not feed into this process, etc.)		
Provide services for other tribal departments	Informal	Health service provision for tribal employees for tribal employees in other departments	No – both internal staff and staff from other tribal departments	Include in mission statement – what is provided for tribal community; work with human resources to ensure clarity for tribal employees; education – administrators and human resource staff
Licensing agencies	Formal	Staff professional development, CEs/CEUs, listed as a requirement in job descriptions	Yes	Track/monitor for the health center – need to determine who does this and how; need policy and procedure
Certifications	Informal	Specific staff competencies for services they are providing (program specific)	Yes – those that are certified Reminders are needed at time re: CEs/CEUs	Track/monitor for the health center – need to determine who does this and how; need policy and procedure
Health Director	Informal	Health fairs, working with schools (mentors), good customer services, staff meetings by program area, keep apprised on what is going on in programs – good communication	No – some do, but some don't	Staff education on what expectations are, need definitions in term of what expectations are, job description clarity, need proper employee evaluations (appropriate to job description), making patient evaluations (when collected on a regular basis) available for staff to see so they

				know how they are doing in respect to customer service
Tribal community members	Informal	Immediate services, no cost services (believe that everything is for free), convenient and high quality services	Most staff, try to honor community members needs as best possible	Need support from the tribal administration and council
Billing/Revenue, Medicaid, various insurances	Formal and Informal	Based on the services provided and requirements as dictated by insurer	Mostly	Continuing education as things are changed and updated

Appendix D: Situational Analysis

Level of Influence	Past	Present	Future (foreseeable)	Trends
Federal	<ul style="list-style-type: none"> • HIPPA Laws – rise in EMRs • Meaningful use laws – rise in EMRs • Reimbursement changes in Medicare/Medicaid • Decreased and increased funding opportunities • Staffing issues - shortage of primary care providers • Retention issues (staffing) 	<ul style="list-style-type: none"> • Increased cost of care • Affordable Care Act • Healthcare focus minority populations • Decreased and increased funding opportunities • Staffing issues - shortage of primary care providers • Retention issues (staffing) 	<ul style="list-style-type: none"> • Lack of member blood quantum • Increased cost of care • ICD – 10 • Practice for payment or patient? • National Military Action • Increased healthcare options • National election – change in government • Decreased and increased funding opportunities • Staffing issues - shortage of primary care providers • Retention issues (staffing) 	<ul style="list-style-type: none"> • Public vs. Clinical Care • Shift in treatment methods/priorities (patient-centered) • Qualified staff and retaining those staff • Impacts of laws/legislation • Increase in cost of care • Special populations – diabetic and substance use/abuse • Funding increases and decreases • Politics are important at all levels
State	<ul style="list-style-type: none"> • Reimbursement changes in Medicare/Medicaid • Staffing issues - shortage of primary care providers • Retention issues (staffing) 	<ul style="list-style-type: none"> • Staffing issues - shortage of primary care providers • Retention issues (staffing) • MCIR 	<ul style="list-style-type: none"> • Staffing issues - shortage of primary care providers • Retention issues (staffing) • Increased collaborative funding 	

	<ul style="list-style-type: none"> • Decreased and increased funding opportunities 	<ul style="list-style-type: none"> • Decreased and increased funding opportunities • Healthcare focus minority populations 	<ul style="list-style-type: none"> • Decreased and increased funding opportunities 	
Local/Tribal	<ul style="list-style-type: none"> • Poor economy • Treaty rights • High diabetes rates in Native American population • Substance abuse rates are high • Aging population • Tribal political climate • Tribal gaming revenues profit • Decreased and increased funding opportunities • Staffing issues - shortage of primary care providers • Retention issues (staffing) 	<ul style="list-style-type: none"> • Lack of college educated tribal members • Limited specialty providers in UP • High diabetes population • Poor economy • Substance abuse rates are high • Treaty rights • Increase healthcare costs • Tribal political climate • Tribal gaming revenues profit • Increased diagnosis of chronic health conditions • Decreased and increased funding opportunities • Staffing issues - shortage of primary care providers 	<ul style="list-style-type: none"> • Lack of college educated tribal members • Open clinic to non-tribal • High diabetes population • Poor economy • Digital x-rays • Treaty rights • Lack of qualified tribal member employees • Increased healthcare costs • Tribal political climate • Increased screening for prevention • Decreased and increased funding opportunities • Staffing issues - shortage of primary care providers • Retention issues (staffing) 	

		<ul style="list-style-type: none">• Retention issues (staffing)• MCIR	<ul style="list-style-type: none">• Increased health effects – substance exposure during pregnancy	
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Appendix E: SWOC Analysis

	SUPPORT The THD in achieving its objectives	HINDER The THD in achieving its objectives
INTERNAL Attributes of the THD	<p>STRENGTHS</p> <ul style="list-style-type: none"> • Funding is not dependent on patient volume • Small community – easy access for our patients (know our patients) • Clinics ability to be more patient focused with an all-encompassing approach • KBIC has a well-informed, motivated , respectful staff • Community – people live/work around the area • Funding – 3rd party revenue, affordable healthcare, variety/specialty care • Variety and uniqueness of services, number and cultural/traditional • Technology – EMR, uniform • Staff support: training opportunities and opportunities for input • Staff characteristics: professional, experienced, large number, team approach 	<p>WEAKNESSES (Opportunities for improvement)</p> <ul style="list-style-type: none"> • Employee supervision, training, and evaluation • Political influence on operations • Some staff not working as team member • Uniformed/misinformed clients accountability • Staff less centralized, need more staff on-site • No clear expectations – jobs and services • Customer service – can use better learning approach • No checks and balances • Fair and consistent treatment of employees/customers • Not many written policies/procedures • Don't efficiently utilize health information • Lack of efficient communication between administration, programs/services, divisions
EXTERNAL Attributes of the THD	<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Coordination with other departments and tribes • Ability to add services • Open house to show services offered and daily operations • Collaboration: tribal, state, local • Trusted by community seen as a resource • Funding: variety of sources (opportunities) – flexibility – tribal can be utilized where needed 	<p>CHALLENGES</p> <ul style="list-style-type: none"> • Ongoing need for grant/grant writing services • High percentage of substance/behavioral health issues • Patient not proactive in own healthcare • Expectations beyond scope of clinic • Tribal government – lack of understanding of our process • No clear vision – reactive and not proactive • High/unrealistic expectations of community • Lack of SOP • Support – no TC support

Appendix F: Results from Strategic Directions Workshop

Strategic Directions	Expanding in house clinical services (2 votes)	Expanding clinical services to include spouses and employees (0 votes)	Analyzing finances to forecast for the future (3 votes)	Creating standard operating procedures for DHHS (6 votes)	Empowering health board and administration (4 votes)	Reformulating processes to enhance staff capacity (5 votes)	Pursuing more traditional practices with staff and community members (4 votes)	Engaging more community members in Health Center services (1 vote)
Action Ideas	<ul style="list-style-type: none"> - Expand Health Care services (mobile MRI's, PT, specialists on-site) - Look to expand in house services - In house physical therapy - More collaboration with other tribes (expand 	<ul style="list-style-type: none"> - Open pharmacy to employees and spouses - Open to tribal spouses and employees 	<ul style="list-style-type: none"> - Tribal sponsorship of Obama Care - Mandatory annual Medicaid application - Develop a better management / monitoring or tracking system for finances 	<ul style="list-style-type: none"> - develop standard operating procedures – policies and implement - Clear and regular communication between: Admin, TC, THB, employees, community - Develop and utilize EMR within entire DHHS 	<ul style="list-style-type: none"> - Strengthen the power of health board and administration - Expand clinic staff/ less reliance on tribal center 	<ul style="list-style-type: none"> - Qualified, competent health staff (hire/train, clear job expectations, regular performance evaluations) - Policies and procedures/ checks and balances - Updated job descriptions and annual reviews - Create a satisfying work 	<ul style="list-style-type: none"> - provider and staff cultural sensitivity - Include culture trainings for Health Center workers – display medicines - Smudge ceremony – sage, cedar, tobacco, sweetgrass 	<ul style="list-style-type: none"> - More community education and outreach - Increase patient engagement - Youth presentations / club (substance use and obesity) - Use positive PR to improve clinic image

	services, capacity building)			- Consistent messaging on all computers – screen savers/ instant messages		environment (supportive and encouraging; challenging and motivating)	- Demo for traditional foods	
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Appendix G: Record of Revisions and Updates

As the Keweenaw Bay DHHS 2014-2018 Strategic Plan is a fluid document, edits, changes, and updates will happen annually throughout the life of this plan. For efficiency and accountability purposes, these changes are recorded. All changes to the strategic plan will be reviewed and approved by the Health Administrator.

Date	Description of Change	Page Number	Made By:	Rationale