

# Strategic Plan

## *A Guide to Our Future*

2021-2024

*City of Middletown Health Department*



Created 3.2018  
Revised 1.2024

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## ***Our Mission Statement***

The City of Middletown Health Department's mission is to prevent disease and injury, promote health and wellness, protect the environment and achieve health equity.

## ***Our Vision***

We aspire to create a healthy and connected community where residents can enjoy optimal physical, emotional and environmental health.

## ***Our Values***

Our guiding principles provide a framework for staff to conduct their jobs.

**Build** – We work with partners and stakeholders to meet the needs of our community to promote health equity.

**Unity** – We show support, courtesy and understanding for all with whom we interact.

**Teamwork** – We capitalize on our collective differences, strengths and perspectives.

**Leadership** – We are committed to developing a public health staff that exceeds core competencies and provides outstanding service to the community.

**Excellence** – We set goals and strive to achieve the highest quality of public health service through innovation and demonstration of outcomes.

**Respect** – We respect the diversity of those we serve and value the contributions made by all staff.



## Strategic Plan Introduction



The City of Middletown Health Department is pleased to present its 2021-2024 strategic plan.

This planned approach provides a guide for achieving the goals and objectives identified in the priority areas over the next three years.

The strategic planning process included input from department staff and the Board of Health which was facilitated by the Center for Public Health Practice at Ohio State University.

This process included a series of planning sessions that occurred over a 5 month period. The work plans that were developed serve as tools to steer the direction of the the City of Middletown Health Department in achieving our mission.

This plan aligns with work done on our Community Health Assessment and Community Health Improvement Plan (CHIP) and will utilize the Quality Improvement plan and process when appropriate in order to meet the stated objectives.

Sincerely,

Jackie Phillips Carter, MPH, BSN, RN  
Health Commissioner  
City of Middletown Health Department

## Strategic Priorities

**Strategic Priority #1:** Health Promotion and Community

Outreach **Strategic Priority #2:** Service and Quality

**Strategic Priority #3:** Sustainability and Finance



## About Us

Middletown is a city located in Butler and Warren counties in the southwestern part of the U.S. state of Ohio. Formerly in Lemon, Turtlecreek, and Franklin townships, Middletown was incorporated by the Ohio General Assembly on February 11, 1833, and became a city in 1886. The City of Middletown Health Department is a local health district within the State of Ohio and the Board answers to the Director of the Ohio Department of Health. The City of Middletown Health Department serves over 50,000 residents.

The City of Middletown Health Department staff strive to achieve help secure the right to a sound body and a healthy life for all Middletown residents by focusing on improving health equity, focusing on access to healthcare, environmental health programs, communicable disease control, maternal-child health, health education, emergency preparedness and vital statistics.

Leadership and guidance is presently provided to the staff by an eight member Board of Health, led by the City of Middletown's mayor, working to ensure the health of our residents by maximizing the health of the population as a whole. The Board of Health strives to take every measure possible to secure the right to a sound and healthy life for each resident. The department is also fortunate to receive support from our county, as well as numerous city and county and state agencies. Without their assistance, we could not meet the many challenges that arise.

Services are provided in accordance with State of Ohio statutes and Ohio Public Health Council. Our team consists of 8 Employees. Our Positions include: One Health Commissioner & Director of Nursing, one Medical Director, one Environmental Director, one Registered Environmental Health Specialist, one Accreditation Coordinator, one Vital Statistics Registrar, one Deputy Registrar.

Our services include issuance of certified birth certificates from anywhere in the state of Ohio, certified death certificates and burial permits. We monitor and assess communicable disease reports, morbidity and mortality within the community. We coordinate immunizations for senior citizens, residents with chronic diseases, city employees and retirees.

We participate in health fairs and other local activities to promote and educate on healthy lifestyles. We provide education for sexually transmitted diseases in the community. We license and monitor all food related facilities and temporary events such as Middletown Arts Festival and the Balloon Challenge and we investigate food borne illnesses.

We have responsibilities regarding private water supplies, new installation inspections of on-site sewage systems. We monitor school environments, tattoo and body piercing establishments, as well as, inspecting the city jail. We investigate animal bites for our Rabies Control Program. We license and monitor all public pools. We provide smoking ban enforcement as mandated by state law, and finally, we provide emergency response planning and related activities.



**WE BELIEVE  
IN MAKING  
A DIFFERENCE**

## Our Process

The City of Middletown Health Department was previously part of an 11-jurisdiction award from the Ohio Department of Health to receive planning and facilitation support for strategic planning purposes. At that time, Services were provided by the Center for Public Health Practice (CPHP, with the Ohio State University, who provided overall guidance and support using a seven-phase planning approach.

The City of Middletown's new Strategic Planning process began in October 2021 and concluded in March 2024; our planning team met a total of six times. A summary of activities related to the first five phases of our process follows. Our process mirrored our original process which was guided and facilitated with the CPHP and OSU. We took all learnings from our first process to guide our team in updating the Strategic Plan for 2021.

**October 2021- Phase 1 - Plan to Plan:** A strategic planning team representing various levels in the department along with Board of Health members which we asked to participate in the development of the new strategic plan. Using the CPHP outline, A time-frame of activities were developed to guide our department through the process of updating our strategic plan. Planning included a live introductory webinar for planning team members and staff to set the stage for the planning process.

**November 2021 - Phase 2 - Articulate Mission, Vision, and Values (MVV):** An online survey was distributed to all staff and Board of Health members in November 2021 to gather input regarding the Mission, Vision and Values for the department as part of our environmental scan. A meeting was then held and board members were invited to review the results of the survey and help draft the Mission, Vision and Values. This was later reviewed by the governing body (the Board of Health) and approved on February 15, 2022.

**November 2021- Phase 3 – Assess the Situation:** An online SOAR survey to assess strengths, opportunities, aspirations and results and challenges was distributed to staff and Board of Health members along with the Mission, Vision and Values online survey. This data was used to help determine the strategic areas the City of Middletown Health Department wanted to focus their efforts on.

**December 2021 - Phase 4 – Agree on Priorities:** The strategic planning committee met for half a day to identify priorities. During this meeting the Mission, Vision and Values were confirmed and a gap analysis was conducted. Using themes identified from the SOAR survey and work group activities, themes were streamlined into three areas. The priority areas for the strategic plan were identified and goal statements related to these three areas were developed.

**January 2022- Phase 5 – Write the Plan:** During another half-day session January 2022, the team met and worked to develop a work plan which included objectives, measures and action steps to address the priority areas for the City of Middletown Health Department. Through additional meetings, priority areas were defined and further explored to help gain clarity over the strategic direction the City of Middletown Health Department wanted to move toward over the next three years. The final plan was reviewed and approved by the board on May 17, 2024.

**Phase 6 – Plan Implementation:** The Strategic Planning team, along with leadership and staff, will implement the action steps outlined in the work plan in an effort to reach the goals and objectives of the strategic plan.

**Phase 7 – Plan Monitoring and Evaluation:** To ensure progress is being made toward the strategic priorities, the plan will be monitored using a performance management system. The strategic planning team will meet quarterly to evaluate the implementation of the plan and make any revisions. A progress report will be developed for the Annual Report to update staff and Board of Health members.

## *Our Strategic Plan Writing Team*

Jackie Phillips Carter, Health Commissioner

Chandra Corbin, Director of Nursing

Carla Ealy, Director of Environment, Assistant Health Commissioner

Nancy McKillop, Accreditation Coordinator

Board of Health members were invited to participate on the strategic planning team. Their input in the environmental scan through the SOAR survey and with the development of the mission, vision, values statements helped guide this process.

## Environmental Scan

### SOAR/C Analysis

As part of our overall strategic planning process, the City of Middletown Health Department conducted a SOAR/C Analysis; assessing strengths, opportunities, aspirations, results and challenges.

During November 2021, electronic surveys were distributed to all staff and Board of Health members. Findings from the survey are summarized in the table below. The planning team reviewed the results together which helped identify themes to address for our strategic priorities and goals.

Strengths	Opportunities
<ul style="list-style-type: none"><li>• Quality of staff</li><li>• Teamwork and collaboration</li><li>• Caring and compassionate</li><li>• Dedication, determination and commitment</li><li>• Customer service</li><li>• Reliability and dependability</li><li>• Hardworking</li><li>• Diversity</li><li>• Responsive</li><li>• Helpful</li><li>• Leadership</li><li>• Integrity and honesty</li></ul>	<ul style="list-style-type: none"><li>• Drugs, addiction, opiates, mental health</li><li>• Health promotion</li><li>• Obesity</li><li>• Smoking</li><li>• Community education</li><li>• Community awareness/communication</li><li>• Networking</li><li>• Community engagement</li><li>• Community outreach</li><li>• Infant mortality</li><li>• Funding and grants</li><li>• Staffing, growth</li><li>• Internal improvements</li></ul>
Aspirations	Results
<ul style="list-style-type: none"><li>• Cultural diversity</li><li>• To be technologically on par with the city and our businesses</li><li>• Growth</li><li>• To be trusted by the community</li><li>• Being a resource for public health information</li><li>• Chronic illness awareness and education</li><li>• Educating the general public, especially the youth about drugs and addiction and how to find help if they should need it</li></ul>	<ul style="list-style-type: none"><li>• Customer satisfaction</li><li>• Easy and rapid access to data</li><li>• New programs-bring back lost programs</li><li>• More community support</li><li>• Website and social media visit tracking and subscriber numbers</li><li>• Impact the chronic illness in our community through diet and exercise education/programs</li><li>• Drops in overdoses, drug use in general</li><li>• Decreased deaths</li><li>• Able to complete work in a timely manner with less stress and positive attitudes</li></ul>

<ul style="list-style-type: none"> <li>• Decrease infant mortality</li> <li>• Be fully staffed in all departments</li> <li>• Have flexible and responsive workforce</li> <li>• Become more consistent across the Health Department and use performance management</li> <li>• Community will engage with health department</li> <li>• To educate and promote healthy active lifestyles</li> <li>• Provide education to the community on preventative health issues and chronic disease management</li> </ul>	<ul style="list-style-type: none"> <li>• Staff to be able to respond to complaints, changes in workload or current events quickly without undue stress</li> <li>• Policies/programs will go forward with increased focus on our community needs</li> <li>• Decrease healthcare costs and provide better quality of living, decrease chronic illnesses</li> <li>• Improved health of residents in Middletown</li> <li>• Maintain accreditation status</li> </ul>
<b>Internal Weaknesses/Challenges</b> <ul style="list-style-type: none"> <li>• Staffing</li> <li>• Funding</li> <li>• City subsidy</li> </ul>	<b>External Challenges</b> <ul style="list-style-type: none"> <li>• Community growth</li> <li>• Limited resources</li> <li>• Community engagement</li> </ul>

In the development of this plan, after multiple meetings and taking another look at the SOAR/C Analysis, the planning team decided to focus on 3 priority areas.

The City of Middletown Health Department Health Promotion and Community Outreach priority will link with the Branding Strategy and the CHIP to increase visibility in the community and to improve health outcomes.

Service and quality will be improved upon by utilizing the Workforce Development Plan along with the Quality Improvement Plan.

Sustainability and finance will consider information management through automation and reassess the programs and services provided by the City of Middletown Health Department.

## Our Strategic Priorities

This section lists our strategic priorities, key measures, goals, and objectives.

More detailed work plans are included in Appendix A.

### Strategic Priority #1: Health Promotion and Community Outreach

Health Promotion and Community Outreach go hand in hand in public health. Health Promotion focuses on keeping people healthy through behavior change and education. Communication assists in getting health focused messages out to the community. Our Community Health Assessment revealed several areas where health outcomes are less than desirable. These areas are also evident in both the state, county and city level Community Health Improvement Plans. Community outreach to promote health and improve outcomes is critically important.

#### **Key measures:**

- Increased access to Naloxone
- Increased knowledge of access to progesterone treatment
- Increased access to tobacco cessation programs offered by the Health Department
- Increased access to clean needles
- Increased non-emergency communications with the community

**Goal 1.1:** Improve critical population health outcomes identified in the Community Health Assessment in the areas of opioid overdose deaths, infant deaths/poor birth outcomes and smoking/chronic disease

#### **Objectives**

- 1.1.1: Increase the distribution of naloxone kits in the community by 15%
- 1.1.2: Increase City of Middletown community awareness of progesterone treatment by 5%
- 1.1.3: Increase the number of tobacco cessation programs offered by the health department from 1 to 2
- 1.1.4: Implement an additional syringe exchange program in Middletown

**Goal 1.2:** Increase overall health department visibility in the community by utilizing a non-emergency communications plan

#### **Objectives**

- 1.2.1: Develop a non-emergency communications plan for the health department.
- 1.2.2: Increase the utilization of two communication methods.

## ***Our Strategic Priorities Continued***

### **Strategic Priority #2: Service and Quality**

Public health provides services to the community and those services must consistently be of exceptional quality. Complacency in these areas is not an option. Actively using data to improve performance will help to ensure an agency achieves desired results.

Use of systematic, deliberate approaches to improving quality through measuring processes and outcomes is necessary throughout the City of Middletown Health Department. Benchmarks such as accreditation and certification (by individuals, as well as the department) indicate attainment of quality; however, implementation of a performance management system to continuously measure everyday tasks and activities is necessary to maintain and ensure quality.

Establishing a culture of quality throughout the City of Middletown Health Department requires an investment in ongoing staff training and begins with job descriptions and evaluations that align with national public health core competencies.

#### **Key measures:**

- Improved infrastructure for workforce development
- Increased alignment with Core Competencies for Public Health
- The City of Middletown Health Department is PHAB accredited
- Performance management system is in place and utilized across the City of Middletown Health Department

**Goal 2.1:** Invest in ongoing staff development and training to maintain excellence in public health service provision

#### **Objectives**

- 2.1.1: Develop an agency-wide Workforce Development Plan
- 2.1.2: Implement two trainings targeted at deficits in PH Core Competencies as part of workforce development
- 2.1.3: Develop functional job descriptions and evaluations that align with Public Health Core Competencies

**Goal 2.2:** Obtain Accreditation from the Public Health Accreditation Board (PHAB)

#### **Objectives**

- 2.2.1: Collect and prepare 100% of the documentation necessary for ACAR submission to finalize accreditation status as accredited
- 2.2.2: Receive accreditation status from PHAB

**Goal 2.3:** Increase use of data monitoring and decision making in all areas of the health department

#### **Objectives**

- 2.3.1: Establish a performance management system to monitor all areas of health department including state mandated programs

## Strategic Priority #3: Sustainability and Finance

Funding allows us to impact the health of the population, enhance or expand programs and services and perform our day-to-day work.

Financial sustainability is dependent upon continuous monitoring and improvement of our financial structure. Technological improvements ensure that our operations are efficient and effective resulting in positive outcomes for the health department and the community we serve.

**Key measures:**

- Improved financial accountability for contracts and programs
- Improved efficiency of internal processes via technological improvements
- Increased funding sources
- Increased billing capability

**Goal 3.1:** All City of Middletown Health Department programs will be efficiently run

**Objectives**

**3.1.1:** Develop and implement a comprehensive systematic method to review 100% of contracts and programs annually to evaluate cost

**3.1.2:** Add at least one new technological improvement annually

**Goal 3.2:** Increase funding stream through maximizing new sources of funds

**Objectives**

**3.2.1:** Implement a MAC Billing program

**3.2.2:** Re-introduce the BCMH program

## *Tracking Our Performance*

The strategic planning team will monitor the progress of the plan on a quarterly basis during the three year cycle. Performance measures will be tracked and reviewed through the use of a performance management system dashboard.

The team will review the implementation of the plan, monitor performance indicators and see if any quality improvement opportunities exist. The team will make revisions to the plan as deemed necessary.

Progress of the plan will be reported to staff and the governing board during the monthly meetings and a report will be submitted annually to be included in the City of Middletown Health Department's Annual Report.

## Priority # 1: Health Promotion and Community Outreach

Health Promotion and Community Outreach go hand in hand in public health. Health Promotion focuses on keeping people healthy through behavior change and education. Communication assists in getting health focused messages out to the community. Our Community Health Assessment revealed several areas where health outcomes are less than desirable. These areas are also evident in both the state, county and city level Community Health Improvement Plans. Community outreach to promote health and improve outcomes is critically important.

**Goal 1.1:** Improve critical population health outcomes identified in the Community Health Assessment and Community Health Improvement Plan in the areas of opioid overdose deaths, infant deaths/poor birth outcomes, and smoking/chronic disease.

**Key Measure(s):**

- Increased access to Naloxone, Baseline: 25
- Increased knowledge of access to progesterone treatment , Baseline TBD
- Increased access to tobacco cessation programs offered by the Health Department, Baseline: 1
- Increased access to clean needles, Baseline: 1

Objective 1.1.1	Measure	Timeframe	Lead/Person Responsible
Increase the distribution of Naloxone kits in the community by 100% (CHIP Priority 1)	Baseline: 25 kits in 2017 Target: 50 kits in 2022	Start: April 2021 End: December 31, 2024	Nursing Director Chandra Corbin

**Action Steps:**

- Develop master list for city of all agencies/entities distributing and receiving Naloxone from state supported, and private sources
- Link with additional existing programs to expand reach and increase number of classes conducted outside the health department (jails, churches, libraries, etc.)
- Ensure those at highest risk of OD have access to Naloxone kits
- Meet quarterly to evaluate: number of doses dispensed and used, barriers and successes

Status:	Date	Update
	4.2022	25 Kits distributed at Middletown SEP and MPD
	5.2022	Increase target to 50 for 2021

10.2022      50 kits received from BC distributed at SEP, MPD and Shalom

Objective 1.1.2	Measure	Timeframe	Lead/Person Responsible
Increase City of Middletown community awareness of progesterone treatment by 5% (CHIP Priority 3)	Baseline: TBD Target: Baseline + 5%	Start: March 2022 End: April 2024	Partnership to Reduce Infant Mortality (PRIM) Co-Leads, Jackie Phillips Carter, Chandra Corbin

**Action Steps:**

## Appendix A Continued

- Develop and conduct survey of PRIM priority population to assess knowledge of use of progesterone for preterm birth prevention
- Assess facilities/providers in the city of Middletown that provide screening for and treatment with progesterone for prevention of preterm birth
- Develop and administer a survey to assess provider knowledge of facilities/institutions where eligible clients can be referred for progesterone treatment for prevention of preterm births
- Analyze and interpret survey results for priority population survey
- Analyze and interpret survey results from provider survey
- Develop educational/awareness campaign using information obtained from provider and community surveys
- Implement educational/awareness campaigns to address knowledge gaps identified from provider and community surveys
- Repeat surveys to assess improvement in knowledge of progesterone treatment

**Date      Update:**  
**Status:** 4.2022      Change target date to December 2022  
1.2023      Change target date to December 2023

Objective 1.1.3	Measure	Timeframe	Lead/Person Responsible
Increase the number of tobacco cessation programs offered by the health department from 0 to 1.	Baseline: 0 program Target: 1 programs	Start: April 2022 End: December 31, 2023	Director of Nursing, Chandra Corbin
<b>Action Steps (a):</b> <ul style="list-style-type: none"> <li>• Search for grants pertaining to smoking cessation</li> <li>• Review and apply for potential grants that seem applicable to the CMHD</li> <li>• Train staff on smoking cessation program</li> <li>• Implement smoking cessation program</li> <li>• Evaluate smoking cessation program</li> </ul> <b>Action Steps (b):</b> <ul style="list-style-type: none"> <li>• Attend tobacco coalition meetings</li> <li>• HC &amp; ED deep dive into Tobacco21 program</li> <li>• Share key information on social media and website</li> </ul>			
Objective 1.1.4	Measure	Timeframe	Lead/Person Responsible
Assist in the implementation of an additional syringe exchange program in Butler County, sharing process and best practices from the implementation of Middletown's syringe exchange (CHIP Priority 2)	Baseline: 1 Target: 2	Start: April 2022 End: May 2024	Health Commissioner , Jackie Phillips Carter
<b>Action Steps:</b> <ul style="list-style-type: none"> <li>• Work with BC Health Commissioner and team to evaluate the need for additional needle/syringe and education sites in Butler County</li> <li>• Attend a stakeholder group to review the need for needle/syringe exchange sites</li> <li>• Share the process used to develop and implement the City of Middletown's Syringe Exchange</li> <li>• Work with BCGHD and providers to implement needle/syringe exchange program</li> </ul>			
<p><b>Date      Update</b></p> <p><b>Status:</b> 12.2021      Reviewed step by step process for the CMHD SEP development including obstacles and successes and needles exchanged reporting  1.2022      Two new exchanges scheduled to begin May 2022  5.2024      New step added to participate in Hamilton County Harm Reduction calls</p>			

## Appendix A Continued

<p><b>Goal 1.2:</b> Increase overall City of Middletown Health Department visibility in the community by utilizing a non-emergency communications plan.</p>			
<p><b>Key Measure(s):</b> Increased non-emergency communications with community, Baseline: Average # reached FB 20, TW 10</p>			
Objective 1.2.1	Measure	Timeframe	Lead/Person Responsible
Develop a non-emergency communications plan for the City of Middletown Health Department.	Baseline: All hazards plan in place Target: Overall non-emergency communication plan in place	Start:April2021 End:December 2024, ongoing	Emergency Response Coordinator, Janay Mourer PIO's, Jackie Phillips Carter, Nancy McKillop
<b>Action Steps:</b>	<ul style="list-style-type: none"> <li>Write CMHD non-emergency communications plan for consistent and continuous outreach via traditional media and social media</li> <li>Allocate and establish .20 FTE to maintain outreach and evaluate effectiveness via traditional media and social media</li> <li>Key staff review draft and provide input-compare to at least 1 accredited HD</li> <li>Social media and website steps initiated</li> </ul>		
<b>Status:</b>	Date 4.2021 Draft completed, reviewed and compared with CHHD/BCHD		
Objective 1.2.2	Measure	Timeframe	Lead/Person Responsible
Increase the utilization of two communication methods	Baseline: Average number reached FB 20, TW 10 Target: FB 50, TW 25	Start: April 2021 End: December 31, 2024	PIO's Jackie Phillips Carter, Nancy McKillop
<b>Action Steps:</b>	<ul style="list-style-type: none"> <li>Research model non-emergency communications plans for outreach via traditional and social media such as <a href="http://www.phf.org/resourcestools/Pages/Planning_Before_You_Communicate_Tool.aspx">http://www.phf.org/resourcestools/Pages/Planning_Before_You_Communicate_Tool.aspx</a></li> <li>Inventory what is currently being used by the CMHD and its effectiveness</li> <li>Utilize community engagement to identify effective ways to reach target populations <b>(FOCUS on low literacy, non-English speaking, etc.)</b></li> <li>Explore new ways to utilize technology to effectively reach target populations</li> </ul>		
<b>Status:</b>	Date 4.2021 Update FB-35, TW-15 -Must go thru city communications mgr-foreseeable future for SM's and data		

## Priority 2: Service and Quality

Public health provides services to the community and those services must consistently be of exceptional quality. Complacency in these areas is not an option. Actively using data to improve performance will help to ensure an agency achieves desired results. Use of systematic, deliberate approaches to improving quality through measuring processes and outcomes is necessary throughout the local health department.

Benchmarks such as accreditation and certification (by individuals as well as the agency) indicate attainment of quality, however implementation of a performance management system to continuously measure activities is necessary to maintain and ensure quality. Establishing a culture of quality throughout the public health department requires an investment in ongoing staff training and begins with job descriptions and

**Goal 2.1:** Invest in ongoing staff development and training to maintain excellence in public health service provision

### Key Measure(s):

Improved infrastructure for workforce development, Baseline: Incomplete Workforce Development Plan (WDP)

Increased alignment with Core Competencies for Public Health, Baseline: 0% aligned with Core Competencies

Objective 2.1.1	Measure	Timeframe	Lead/Person Responsible
Update/augment department-wide Workforce Development Plan (WDP) that meets all accreditation requirements	Baseline: 1 WDP Target: WDP signed by leadership	Start: April 2021 End: August 2024, ongoing	Accreditation Coordinator, Nancy McKillop (Lead)

**Action Steps:**

- Research WDP's in use at other LHD's
- Establish a committee to write a WDP that includes: professional development, cultural competency and cross training
- Complete update to existing WDP
- Evaluate WDP with leadership

**Date      Update**

**Status:** 6.2021      Reviewed other LHD's WDP including accredited LHD  
7.2021      Overhaul to existing WDP  
1.2022      Establish quarterly meetings  
1.2022      Complete training matrix

Objective 2.1.2	Measure	Timeframe	Lead/Person Responsible
Implement two trainings targeted at deficits in PH Core Competencies as part of workforce development	Baseline: 1 trainings targeted to Core Competencies available Target: 2 Core Competency trainings	Start: April 2021 End: December 31, 2024	Accreditation Coordinator, Nancy McKillop,

**Action Steps:**

- Survey staff regarding training needs.
- Identify new training opportunities aside from mandated trainings and previously completed trainings that will be implemented by 2024.
- Implement two Core Competency training opportunities for staff.

**Date      Update**

**Status:** 6.2021      Review at quarterly meeting to implement updates  
6.2021      Implement trainings  
12.2021      Time-frame extended

## Appendix A Continued

Objective 2.1.3	Measure	Timeframe	Lead/Person Responsible										
Develop functional job descriptions and evaluations that align with Public Health Core Competencies	Baseline: 6 Target: 12	Start: April 2021 End: July 2024, ongoing	Accreditation Coordinator, Nancy McKillop										
<b>Action Steps:</b> <ul style="list-style-type: none"> <li>Establish Tier Level 1, 2, 3 competencies for job descriptions and evaluations via staff surveys</li> <li>Develop functional job descriptions and evaluations based on PH competencies identified by staff as most important to their job category</li> <li>Finalize and utilize new job descriptions and evaluations</li> <li>Evaluate, review with City of Middletown Human Resources</li> <li>Level 3 competencies review and develop</li> </ul>													
<b>Status:</b> <table> <thead> <tr> <th>Date</th> <th>Update</th> </tr> </thead> <tbody> <tr> <td>4.2021</td> <td>Time-frame extended</td> </tr> <tr> <td>7.2021</td> <td>Level 1 &amp; 2 competencies complete</td> </tr> <tr> <td>7.2021</td> <td>Level 1 &amp; 2 reviewed by leadership and sent to HR</td> </tr> <tr> <td>1.2022</td> <td>Level 3 competencies under review - add as new action to be completed through the extended time-frame</td> </tr> </tbody> </table>		Date	Update	4.2021	Time-frame extended	7.2021	Level 1 & 2 competencies complete	7.2021	Level 1 & 2 reviewed by leadership and sent to HR	1.2022	Level 3 competencies under review - add as new action to be completed through the extended time-frame		
Date	Update												
4.2021	Time-frame extended												
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7.2021	Level 1 & 2 reviewed by leadership and sent to HR												
1.2022	Level 3 competencies under review - add as new action to be completed through the extended time-frame												
<b>Goal 2.2: Attain Accreditation from the Public Health Accreditation Board (PHAB)</b>													
<b>Key Measure(s):</b> City of Middletown Health Department is PHAB accredited, Baseline: not currently accredited (Status ACAR)													
Objective 2.2.1	Measure	Timeframe	Lead/Person Responsible										
Collect and prepare 100% of the documentation necessary for ACAR submission to finalize accreditation status as accredited	Baseline: 0% collected Target: 100%	Start: August 2021 End: August 2022	Accreditation Coordinator, Nancy McKillop										
<b>Action Steps:</b> <ul style="list-style-type: none"> <li>Research available tools and resources to support accreditation process</li> <li>Take advantage of all support activities offered by Ohio Department of Health (ODH) and Ohio Public Health Association (OPHA)</li> <li>Establish internal PHAB domain teams to engage in process</li> <li>Conduct a gap analysis on documentation requirements</li> <li>Maintain and complete required components</li> <li>Consistently markup documentation to assure all components of PHAB guidance are met</li> </ul>													
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10.2021	Resources acquired and distributed												
<b>Objective 2.2.2</b>													
Receive accreditation status from PHAB		Baseline: ACAR (NA) Target: Accredited	Start: August 2021 End: August 2022										

## Appendix A Continued

<b>Action Steps:</b>	<ul style="list-style-type: none"> <li>• Review all ACAR comments/requirements August 2022</li> <li>• Meet with staff to review ACAR needs and timeline, August, 2021</li> <li>• Assign Domain Champions</li> <li>• Utilize ePhab system to get any questions or clarifications resolved</li> <li>• Reach out to nearby ACAR departments and accredited departments to get samples and review questions/concerns.</li> <li>• Establish timeline for completion</li> <li>• Submit ACAR by August, 2021</li> <li>• Receive Accredited Status</li> </ul>
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	<b>Date</b>	<b>Update</b>
<b>Status:</b>	8.2021	ACAR report created, distributed and reviewed by entire staff
	8.2021	ACAR reviewed, timeline created
	8.2021	ePhab Q&A function shared and utilized (ongoing)
	8.2021	LDH's in ACAR's & Accredited samples acquired (ongoing)
	8.2021	Assignments and timeline created
	3.2022	Timelines extended (15% of documents collected)

### Goal 2.3: Increase use of data in monitoring and decision making in all areas of the health department

**Key Measure(s):** Performance management system is in place and utilized across the health department, Baseline: Performance management system requires ACAR updating to fully meet measure and be effective

<b>Objective 2.3.1</b>	<b>Measure</b>	<b>Timeframe</b>	<b>Lead/Person Responsible</b>
Overhaul/update performance management system to monitor all areas of the health department including state mandated programs to ensure PHAB measure is fully met and plan is effective	Baseline: ACAR 0 dashboard measures Target: 100% of dashboard measures tracked- ACAR pass	Start: August 2021 End: August 2022	Accreditation Coordinator, Nancy McKillop, Jackie Phillips Carter, Health Commissioner

<b>Action Steps:</b>	<ul style="list-style-type: none"> <li>• Select the framework for the performance management system that has been approved to by PHAB and used in accredited health departments</li> <li>• Train staff on the selected performance management system framework</li> <li>• Investigate and evaluate technological options that would support the health department's performance management system</li> <li>• Purchase a technological platform</li> <li>• Train staff on how to utilize the newly acquired technology</li> </ul>
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	<b>Date</b>	<b>Updated</b>
<b>Status:</b>	10.2021	Performance Mgmt. template and framework re-implemented with updated plan
	12.2021	PM system framework training complete
	1.2022	Information systems training of new tech complete

## Appendix A Continued

### Priority 3: Sustainability and Finance

Funding allows us to impact the health of the population, enhance or expand programs and services, and to do our day to day work. Financial sustainability is dependent upon continuous improvement of our financial structure. Technological improvements ensure that our operations are efficient and effective resulting in positive outcomes for the agency and the community we serve.

**Goal 3.1:** All City of Middletown Health Department programs will be efficiently run

**Key Measure(s):**

Improved financial accountability process for contracts and programs, Baseline: No current comprehensive standardized process to review contracts

Improved efficiency of internal processes via technological improvements, Baseline: No new technological improvement utilized

Objective 3.1.1	Measure	Timeframe	Lead/Person Responsible								
Develop and implement a comprehensive systematic method to review 100% of contracts and programs annually to evaluate cost.	Baseline: No contracts under review Target: 100% of contracts reviewed annually	Start: April 2021 End: January 1, 2024	Accreditation Coordinator, Nancy McKillop								
<b>Action Steps:</b>											
<ul style="list-style-type: none"> <li>• Review all contracts annually and renegotiate/re-evaluate where costs could be decreased</li> <li>• Investigate other sources of contract services</li> <li>• Update cost analysis annually</li> <li>• Annually review and update all program fees</li> <li>• Review policies and procedures governing the collection of department program fees</li> </ul>											
<b>Status:</b> <table> <thead> <tr> <th>Date</th> <th>Update</th> </tr> </thead> <tbody> <tr> <td>5.2021</td> <td>Staff meeting to review contract/program processes</td> </tr> <tr> <td>2.2022</td> <td>Grant administration meeting to acquire services for funding opps. &amp; grant mgmt.</td> </tr> <tr> <td>1.2022</td> <td>Annual review complete</td> </tr> </tbody> </table>		Date	Update	5.2021	Staff meeting to review contract/program processes	2.2022	Grant administration meeting to acquire services for funding opps. & grant mgmt.	1.2022	Annual review complete		
Date	Update										
5.2021	Staff meeting to review contract/program processes										
2.2022	Grant administration meeting to acquire services for funding opps. & grant mgmt.										
1.2022	Annual review complete										
Objective 3.1.2	Measure	Timeframe	Lead/Person Responsible								
Add at least one new technological improvement annually	Baseline: 0 Target: 1	Start: May 2021 End: January 1, 2024	Carla Ealy, Director of Environment, Chandra Corbin, Director of Nursing, Amanda McDonald, Administrative								

## Appendix A Continued

### Action Steps:

- Review/assess at least one internal process used within each division of the health department
- Identify gaps in technology in the internal processes used
- Select 2 internal processes to utilize a technological improvement
- Implement the technological improvement
- Evaluate the technological improvement

#### Date      Update

5.2021 Departmental tech review complete

5.2021 Administration process review resulting in purchase of Adobe licenses for dept.

#### Status:

5.2021 Nursing department review resulting in Survey monkey license for dept. 6.2021 Mandated programs cost methodology complete (Lead Carla Ealy)

1.2022 Departmental tech review complete

6.2022 **VMSG** system reviewed with staff-training scheduled for September 30th. 6.2022 IMATS system reviewed with staff-still under review-follow up Oct. 1st.

### Goal 3.2: Increase funding stream through maximizing new sources of funds

#### Key Measure(s):

Increased funding sources, Baseline: no MAC Billing

Re-establish BCMH program, Baseline: No BCMH program

Objective 3.2.1	Measure	Timeframe	Lead/Person Responsible
Implement a MAC Billing program	Baseline: 0% of staff tracking time for MAC Billing Target: 100% of eligible staff tracking time for MAC Billing	Start: January 2021 End: January 1, 2024, ongoing	Deputy Registrar, Laura Brown

**Action Steps:**

- Train an employee to establish and oversee MAC Billing
- Train staff on MAC Billing
- Implement MAC Billing program
- Evaluate MAC Billing program

#### Date      Update

1.2021 Review requirements to participate in MAC

1.2021 Laura assigned lead to replace Joyce, Nancy continues as financial mgr. /reporter

1.2021 Training reviewed with staff, codes sent via email-program in place for all staff

3.2022 Add DON to roster and provide codes

Objective 3.2.2	Measure	Timeframe	Lead/Person Responsible
Re-introduce BCMH program, Baseline: No BCMH program	Baseline: \$0.00 Target: \$10,000	Start: April 2021 End: January 2024, ongoing	Nursing Director, Chandra Corbin

**Action Steps:**

- Implement a QI project in order to re-establish a BCMH program
- Establish new procedure for BCMH
- Establish contract with contract worker
- Train a contract worker to establish BCMH program and billing
- Implement new BCMH billing process
- Evaluate new BCMH billing process program effectiveness

**Date      Update**

Status: 1.2022 Review requirements to participate in MAC  
2.2022 New agreement created for Public Health Contract Worker to be acquired to run BCMH program  
2.2022 PO processed with finance to cover costs of Contract Public Health Worker to run BCMH program  
5.2022 Public Health Worker hired (Sara, RN) to run BCMH  
6.2022 Training started by DON



**MIDDLETOWN**

City of Middletown Health Department



**Public Health**  
Prevent. Promote. Protect.

The City of Middletown Health Department  
Middletown, Ohio

*A Connected and Healthy Community to Live, Work and Play*

## Performance Management Quality Council Meeting Minutes

Date: 4.02.2022

Attendees: Jackie, Carla, Janay, Chandra, Amanda, Laura, Nancy

### Strategic Plan—Implementation of Strategies—Monitor & Assess Progress Meeting

Topic	Discussion (main points)	Follow up/Next steps (if applicable)	Person(s) responsible	Deadline for follow up/Next Steps
Strategic Priority #1 (Health Promotion & Community Outreach)	<ul style="list-style-type: none"><li>-increase distribution of Naloxone in the community (increase access)</li><li>Objective 1.1.2- Progesterone awareness (CHIP Priority 3)</li><li>Objective 1.1.3-Tobacco cessation</li><li>Objective 1.1.4-Assist in new SEP for BC</li><li>-develop non-emergency communications plan</li><li>Objective 1.2.2-Increase the utilization of 2communication methods</li></ul>	<ul style="list-style-type: none"><li>Develop master list for city of all agencies/entities distributing and receiving Naloxone from state supported, and private sources</li><li>Target changed</li><li>CC research grants available. New target date.</li><li>New SEP scheduled to open in Fairfield 5/2023</li><li>Draft completed, reviewed and compared with CHHD/BCHD</li></ul>	<ul style="list-style-type: none"><li>Chandra</li><li>Chandra</li><li>Jackie</li><li>Jackie</li><li>Janay</li><li>Janay/Nancy</li></ul>	<ul style="list-style-type: none"><li>6/30/2022</li><li>25 kits distributed at Middletown SEP and MPD</li><li>12/2022</li><li>12/31/2022</li><li>5/2023</li><li>Plan complete-work with Nancy and Shelby for SM implementation</li><li>Nancy to work with Shelby for social media data for CMHD's website. 12/2021</li></ul>

Strategic Priority #2 (Service & Quality)	Objective 2.1.1-Update department Workforce Development Plan to meet all accreditation requirements	Research WDP's in use at other LHD's	Nancy	1/31/2022
	Objective 2.1.2-Implement 2 trainings targeted at deficits in PH Core Competencies as part of workforce development	This activity will follow the completion and approval of the updated WDP	Nancy	2/01/2022
	-Develop functional job descriptions and evaluations that align with Public Health Core Competencies	Level 2 & 1 competencies nearly complete. Will have completed by 7/31/2021	Nancy/Jackie	7/31/2021
	Objective 2.3.1-Overhaul performance management system to monitor all areas of the HD including state mandated programs to ensure PHAB measure is fully met and plan is effective	Not started at this time. Assigned to Nancy- Combining QI/PM into one plan using template. Goal is to complete Draft by end of October.	Nancy	10/31/2021
Strategic Priority #3 (Sustainability & Finance)	Objective 3.1.1-Develop and implement systematic method to review contracts and programs annually to evaluate cost.	Staff meeting scheduled to review contract and program current procedures and owners	Jackie	5/3/2022
	Objective 3.1.2-Add at least one new technological improvement annually	Add to agenda for May meeting. Administration wants/needs Adobe! PHAB needs VMSG!	Janay- Environmental Laura- Administration Nancy- PHAB	Ongoing
	Objective 3.2.1-Implement a MAC Billing program	Complete-MAC (Allotrac) completed and updated. 1QSY21 claims worksheet reviewed. \$9,270.82 approved and deposited.	Laura-Roster Nancy-Financials	Quarterly
Next Meeting	5/3/2022 10am Conference Room 2L			
Minutes	NM			

**MEDICAID ADMINISTRATIVE CLAIMING (MAC)**

**ACTIVITIES CLAIM WORKSHEET**

**Claiming Entity :** CITY OF MIDDLETOWN HEALTH DEPARTMENT  
**Claiming Unit :** PUBLIC HEALTH  
**Sample Range :** 1QSFY21 : 08/24/2021 - 08/30/2021  
**Supplier ID :** 0000053012

**Claiming Date :** 9/23/2021  
**Preparer :** Nancy McKillop  
**Phone Number :** 513-425-7850

SOURCE DESCRIPTION	SALARY AND FRINGE	TRAVEL AND TRAINING	OTHER COSTS	PERSONAL SERVICE CONTRACTS	INDIRECT COSTS	TOTALS
<b>MAC MATCH</b>	\$119,163.10	\$850.00	\$7,747.20	\$214.59	\$0.00	\$127,974.89
<b>GRAND TOTAL</b>	<b>\$119,163.10</b>	<b>\$850.00</b>	<b>\$7,747.20</b>	<b>\$214.59</b>	<b>\$0.00</b>	<b>\$127,974.89</b>

Time Study Activities		MER%	Time Study%	FFP%
01 - Direct Patient Care		0.00%	0.00%	0.00%
02 - Non-Medicaid Other Program and Social Service Activities		0.00%	2.65%	0.00%
03 - Medicaid Outreach		100.00%	0.00%	50.00%
04 - Non-Medicaid Outreach		0.00%	1.99%	0.00%
05 - Facilitating Medicaid Eligibility Determinations		100.00%	0.00%	50.00%
06 - Facilitating Eligibility for Non-Medicaid Programs		0.00%	0.17%	0.00%
07 - Referral, Coordination & Monitoring of Medicaid Services		22.81%	19.54%	50.00%
08 - Referral, Coordination & Monitoring of Non-Medicaid Services		0.00%	0.25%	0.00%
09 - Transportation and Translation for Medicaid Services		22.81%	0.00%	50.00%
10 - Transportation and Translation for Non-Medicaid Services		0.00%	0.00%	0.00%
11 - Program Planning, Development & Interagency Coordination of Medical Services		22.81%	43.54%	50.00%
12 - Program Planning, Development & Interagency Coordination of Non-Medical Services		0.00%	28.39%	0.00%
13 - Medical Related Provider Relations		22.81%	0.00%	50.00%
14 - Non-Medical Provider Relations		0.00%	0.33%	0.00%
15 - General Administration		0.00%	3.15%	0.00%
15 - Paid Time Off		0.00%	0.00%	0.00%
16 - Time Not Documented		0.00%	0.00%	0.00%
<b>Total Time</b>		<b>100.00%</b>		
<b>REALLOCATION DENOMINATOR</b>		<b>96.86%</b>		

QUARTER CLAIM \$ **\$9,508.53**

PRIOR PERIOD ADJUSTMENT \$

TOTAL CLAIM \$ **\$9,508.53**

	Level of MAC Activities	Reimbursement Level		%	COMPARISON %
COMPOSITE RATES	14.85%	7.43%	MAC % of time	63.08%	65.12%
EXPENDITURES	\$127,974.89	\$127,974.89	NON-MAC time	33.78%	
CALCULATION	\$19,004.27	\$9,508.53	Reallocated % of time	3.15%	
			Total	100.01%	

I hereby certify the following

1. I am the designee of the LPHD authorized to submit this claim and I certify that the LPHD is the agent of ODH.
2. This claim only includes expenditures permitted under the Medicaid program as detailed in Title XIX of the Social Security Act (the Act), and under all applicable implementing federal, state, and local statutes, regulations, policies, and the state plan approved by the Secretary of the US Department of Health and Human Services (Secretary) in effect during the period of the claim.
3. The expenditures included in this claim are based on actual recorded expenditures.
4. The required amount of state and/or local public funds were available and used to match the state's allowable expenditures included in this claim, and such state and/or local public funds were used in accordance with all applicable federal requirements for the non-federal share match of expenditures.
5. Federal matching funds are not being claimed to match any expenditure under any Federal program that was submitted after January 2, 2002, and that has not been approved for the period of the claim.
6. The information above and in this claim is correct to the best of my knowledge and belief based on reasonably available information. Also, I have notice that this information is to be used for filing a claim with the Federal Government for federal funds, and the knowing misrepresentation constitutes violation of the Federal False Claims Act.

**SIGNATURE**  
Nancy McKillop

**DATE**  
9/23/2021 2:09:40 PM