

Williamson County and Cities Health District





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EXECUTIVE SUMMARY

After the completion of the first year of the 2017-2019 Strategic Plan, the leadership of the Williamson County and Cities Health District (WCCHD) commissioned this report to 1) assess the progress we have made so far towards achieving the plan's goals, and 2) make recommendations for corrective actions for 2018. This report summarizes where we are doing well, where we are off track, which projects are at risk and, most importantly, what we are going to do about it.

2017 was the first year of implementation for the agency's performance management system (Achievelt), which meant that WCCHD had a powerful new tool to track our performance regularly against all plans (i.e., the Strategic Plan, Community Health Improvement Plan, and all agency project plans). Division Directors and leadership reported on progress monthly, and the District Leadership Team (DLT) periodically reviewed the agency's status throughout the year.

The first year of the plan was very successful (Figure 1). Not only did WCCHD achieve roughly a third of the goals (30.1%), but over half were either on track or achieved (51.8%) with only 4.7% off track and 1.3% at risk. 47 of 955 items (4.9%) were canceled and the remainder (37.4%) were not yet started. A deeper dive into these numbers is provided later in this report.





For the nine goals set forth in the three-year StratPlan, WCCHD's Year One progress is as follows:

| A1: | A2: | A3: | A4: | B1: | C1: | D1: | D2: | D3: |
|------------|------------|-----------|------------|----------|----------|------------|-----------|--------------|
| Create a | Develop | Improve | Implement | Replace | Expand | Increase | Increase | Increase |
| culture of | the public | processes | strategic | DSRIP | services | visibility | community | community |
| quality | health | | management | funding | | | support | preparedness |
| | workforce | | | | | | | |
| 38.12% | 37.73% | 40.97% | 63.34% | \$25,000 | 36.9% | 30.43% | 60.00% | 86.54% |
| On Track | On Track | On Track | On Track | (1.84%) | On | Off | On Track | On Track |
| | | | | At Risk | Track | Track | | |

The sections that follow provide further details on the structure of the plan and the status of the objectives and strategies that support each goal as of 12/31/2017.

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STRATEGIC PLAN OVERVIEW

The 2017-2019 Strategic Plan (StratPlan) for the Williamson County and Cities Health District (WCCHD) guides the work of the District to meet the Board of Health's goals through achievement of objectives, strategies, and action steps. Figure 2 below depicts the relationships between the different levels of items within the StratPlan from broadest scope to narrowest; each level has a layer of accountability and performance management:

- A theme is a grouping of ideas by topic (e.g., sustainability).
- A goal is a desired end result. These are realized at the agency level, with leadership accountable for results.
- An objective is a statement about what is to be accomplished. All objectives are SMART (Specific,
 Measurable, Achievable, Relevant, and Time-bound) and are assigned to a specific Division within the
 agency, although many objectives require intra-agency coordination. WCCHD's organizational chart of
 Divisions is provided in Appendix A.
- Strategies define an approach to take to accomplish the objective; there are potentially many possible strategies for achieving any given objective. Strategies are assigned to individual Division Directors or designees who are ultimately responsible for ensuring the strategy is executed.
- The action steps are the specific steps that need to be taken to execute a strategy. Individual staff
 members are assigned action steps and held accountable for achieving results and meeting deadlines.



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The four themes of this plan are:

- A. **High-Performance Local Government:** WCCHD seeks to be outcome-oriented, mission-driven, strategic, and responsive to the needs of the community. We provide outstanding customer service through "smart government".
- B. **Sustainable Funding:** Too often, public health operates at the mercy of uncertain state and federal funding, making it difficult to build and maintain lasting capacity to meet the changing needs of the community. WCCHD will reduce its dependence on unstable funding streams, diversify income sources, and increase fee revenue to provide a sustainable platform for future success.
- C. **Growing with Wilco:** Williamson County is experiencing rapid growth and demographic changes, and WCCHD must grow and adapt to keep pace with those changes. WCCHD will increase the availability of public health services and adapt services to meet the evolving needs of the people of the county.
- D. **Engaging the Community:** One of the many benefits of living in Williamson County is the community. WCCHD will engage the population as partners in health improvement through outreach events, social media, and our community partners in the Wilco Wellness Alliance. We will deepen existing relationships and build new ones, increasing grassroots support in a collaborative cycle of cooperation, referrals, and coordination.

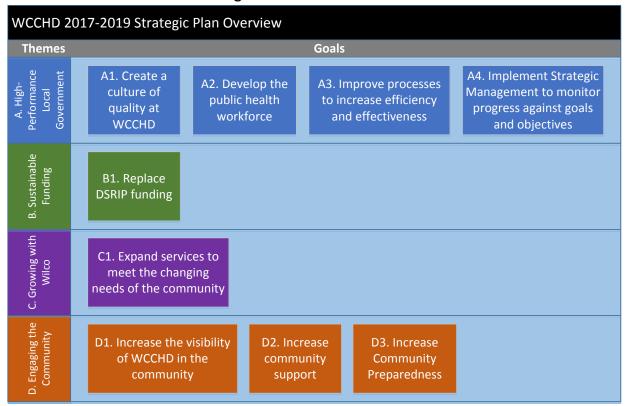


Figure 2: Themes and Goals

In keeping with the structure of the plan, this report includes a section for each theme with the 2017 progress for each objective and strategy.

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A. HIGH-PERFORMANCE LOCAL GOVERNMENT

Goal A1. Create a culture of quality at WCCHD.

WCCHD aims to establish a culture of quality focused on continuous quality improvement (CQI). This culture will be achieved through quality improvement (QI) at the agencywide level, division level, and through individual process improvements.



| Objec | tive | Strateg | У | Update | Status | Progress |
|-------|---|---------|---|--|--------------|----------|
| A1.1 | By 12/31/2019, each Division will triple the number of completed Division-level quality improvement (QI) projects above baseline (minimum of three). | A1.1.1 | Hold Division Directors accountable for QI projects in the monthly report, annual report, and at performance reviews. | Executive Director will meet with each Division Director in January to discuss each Director's planned QI projects for 2018. | Off Track | 20% |
| A1.2 | By 12/31/2019, WCCHD will improve scores on the National Association of County and City Health Officials (NACCHO) Self-Assessment Tool for Quality by 25% above baseline. | A1.2.1 | Implement the NACCHO Roadmap to Creating a Culture of Quality. | The Senior Quality Manager (SQM) and the QM Committee conducted the NACCHO SAT to assess the agency's baseline score. The QM Committee implemented selected intervention strategies. | On Track | 33% |
| A1.3 | By 6/30/2018, the quality management (QM) committee will assure availability to QI competency development resources for all WCCHD employees. | A1.3.1 | Research, develop, and deploy a training curriculum based on best practices and research. | The SQM developed a Quality Improvement training curriculum and opened training to the QM Committee. The SQM needs to certify 25% of QM Committee and implement training curriculum for all WCCHD staff. | On Track | 61% |
| A1.4 | By 6/30/2018, QSM will establish an annual schedule to revise and publish the WCCHD Integrated QI Plan. | A1.4.1 | Revise and publish the QI plan annually. | The first draft of the 2017 QI Year 1 Plan was included as a component of the Performance Management Plan, which was submitted for review and final editing. | On Track | 85% |



| Objec | Objective | | у | Update | Status | Progress |
|-------|-----------------------------|--------|---------------------|------------------------------|--------|----------|
| A1.5 | By 12/31/2018, QSM will | A1.5.1 | Conduct feasibility | The SQM is in the early | On | 24% |
| | provide ELT | | and cost-benefit | stages of researching | Track | |
| | recommendations regarding | | analysis | feasibility and cost-benefit | | |
| | application for the Malcolm | | assessment. | of applying for the | | |
| | Baldrige National Quality | | | Malcolm Baldridge award. | | |
| | Award. | | | | | |

Goal A1 Corrective Action Plan:

- The Executive Director will review QI cycles completed on the monthly report for each Division each month in 2018 and address issues with Divisions as needed.

Goal A2. Develop the public health workforce.

The non-profit Public Health Foundation notes that "a well-prepared public health workforce is the foundation of a healthy community." WCCHD's Workforce Development plan describes how we will enhance the training, skills, and performance of our employees.



| Object | ive | Strategy | | Update | Status | Progress |
|--------|---|----------|--|---|----------|----------|
| A2.1 | By 6/30/2017, ELT will implement a Board of Health (BoH) Director orientation and onboarding process. | A2.1.1 | Develop a process for BoH member onboarding. | The Deputy Director has developed a Board of Health training manual, which is now in use. | Achieved | 100% |
| A2.2 | By 12/31/2019, 90% of all staff will be trained in the basics of emergency response and incident command. | A2.2.1 | Implement a training program for all staff appropriate to their Tier and job function. | The Emergency Preparedness and Response (EPR) division assessed response needs for all staff, developed a multi-year staff training and exercise plan, and collected training records from all staff. | On Track | 99% |
| A2.3 | By 12/31/2019, 90% of DLT members will be proficient in the core | A2.3.1 | Implement a training program and schedule for DLT staff. | EPR identified training for DLT. | On Track | 96% |

¹ 2017, Public Health Foundation. http://www.phf.org/focusareas/workforcedevelopment/Pages/default.aspx



| Object | ive | Strategy | | Update | Status | Progress |
|--------|--|----------|---|---|----------------|----------|
| | components of incident command for public health (Emergency Support Function 8). | A2.3.2 | Implement an Incident Commander rotation for DLT staff through project management of non- emergency operations. | EPR continues to track DLT members who have assumed Incident Commander role for project management. | On Track | 65% |
| A2.4 | By 9/30/2017, human resources (HR) will enhance the procedure for onboarding new employees. | A2.4.1 | Update employee onboarding process and associated procedures at the agency and Division level. | HR is identifying additional needs as new employees are processed. Feedback was positive. Recommendations for improvement are outside of HR capabilities: keys, scan badge, computer access on first day. The HR team continues to find ways to improve this process for a more efficient employee first day. | Off Track | 33% |
| A2.5 | By 6/30/2018, HR will establish an integrated, central training resource for employees. | A2.5.1 | Develop "WCCHD University" with specific learning tracks. | Only 27 employees are showing up in the TX TRAIN WCCHD list. HR Submitted a ticket to TX TRAIN support for assistance. | On Track | 15% |
| A2.6 | By 3/31/2017, HR will establish annual schedule to update the Workforce Development plan at end of first quarter of every year. | A2.6.1 | Review and revise the Workforce Development plan annually. | Competencies have not changed. HR will need to update training plans. | Off Track | 8% |
| A2.7 | By 12/31/2019, WCCHD will have 80% of employees trained to the minimum competencies necessary for their position Tier and meeting continuing education requirements. | A2.7.1 | Assist Division Directors in creating specialized training plans for employees based on position. | WCCHD has not started on strategy. WCCHD will implement this strategy in late 2018. | Not Started | 0% |



| Object | ive | Strategy | | Update | Status | Progress |
|--------|---|----------|--|--|--------------------|----------|
| A2.8 | By 06/30/2018, Program Eligibility and Social Services (PESS) and ELT will be fully informed in the County Indigent Healthcare Program (CIHCP) program funding and mechanics. | A2.8.1 | Create a comprehensive report describing all relevant aspects of Williamson County's Indigent Healthcare Program (CIHCP, known as WilCo Care). | PESS developed a comprehensive report descripting CIHCP. All documents have been uploaded, however, PESS Director would like to create a quick reference one-pager to accompany the information. | On Track | 58% |
| A2.9 | By 12/31/2017, WCCHD will expand the employee award and recognition system in place. | A2.9.1 | Research best practices and expand employee award and recognition system. Implement Merit Policy and devise a | HR submitted 2018 budget request and was approved for \$3,000. However, HR will need to revisit option because program requested requires \$5,000. HR implemented Merit policy in place, Board of Health will | On Track Achieved | 15% |
| | | | sustainability plan for annual implementation. | review for sustainability on an annual basis. | | |
| A2.10 | By 6/30/2018, every position will have at least two employees fully trained to perform | A2.10.1 | Cross-train staff at the Division level. | HR has not started on strategy. HR will implement strategy with directors, to assess current cross-training levels and needs in 2018. | Not Started | 0% |
| | the necessary job functions. | A2.10.2 | Train at least one staff member per Division to provide public information to the media. | Marketing and Community Engagement (MarCom) Director identified DLT members to receive in- person media training. | On Track | 50% |
| | | A2.10.3 | Convert technical Environmental Health (EH) employees to an Environmental Health Specialist model. | WCCHD has not started on strategy. Employees have been identified that would like to cross-train in other areas. | Not Started | 0% |
| | | A2.10.4 | Assist all Divisions to develop a succession plan that identifies employees in succession for future leadership roles. | WCCHD has not started on strategy. WCCHD will implement strategy in 2018. | Not Started | 0% |



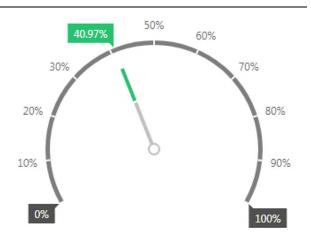
| Object | ive | Strategy | | Update | Status | Progress |
|--------|-------------------|----------|-----------------------|-----------------------------|---------|----------|
| A2.11 | By 9/30/2018, HR | A2.11.1 | Provide the Strengths | HR has not started on | Not | 0% |
| | will assess | | Finder tool for all | strategy. HR will implement | Started | |
| | employees to | | employees. | strategy in 2018. | | |
| | identify best | | | | | |
| | approaches for | | | | | |
| | collaboration and | | | | | |
| | team development. | | | | | |

A2 Corrective Action Plan for 2018:

- Human Resources will update the Workforce Development plan no later than the second quarter of 2018, to include updated training plan templates.
- Human Resources will work with Administration and Finance and the Deputy Director on a sustainability plan for merit increases no later than the end of the third quarter of 2018.
- WCCHD will initiate all activities scheduled to start in 2018.

Goal A3. Improve processes to increase efficiency and effectiveness.

WCCHD is focused on improving the programs and services it provides to its stakeholders. WCCHD will evaluate its key programs, processes, and services toward improving their effectiveness, efficiency, outputs, outcomes, and customer satisfaction.



| Object | ive | Strategy | | Update | Status | Progress |
|--------|--------------------|----------|--------------------|--------------------------|----------|----------|
| A3.1 | By 12/31/2017, | A3.1.1 | Procure purchasing | With the assistance of a | On Track | 63% |
| | Administration and | | system to meet | review committee, A&F | | |
| | Finance (A&F) will | | business needs. | reviewed, selected, and | | |
| | have an electronic | | | purchased an additional | | |
| | purchasing system. | | | module to the current | | |
| | | | | accounting system in | | |
| | | | | December for WCCHD's | | |
| | | | | procurement needs. | | |



| Object | ive | Strategy | | Update | Status | Progress |
|--------|---|----------|--|--|----------|----------|
| A3.2 | By 12/31/2017, A&F will have an updated timekeeping system. | A3.2.1 | Implement timekeeping system to meet business needs. | The A&F has chosen the Abila EWS product at the only viable solution at this time and at little to no additional cost to WCCHD. The project will be resurrected and with the approval of the Deputy Director, HR will take a lead role in implementation and training. | On Track | 41% |
| A3.3 | By 12/31/2017, Women, Infants, and Children (WIC) will improve service delivery and information management. | A3.3.1 | Implement new information management system (TXIN). | WIC piloted and implemented TXIN in September. | Achieved | 100% |
| A3.4 | | A3.4.1 | Identify requirements and capabilities needed for a new comprehensive EH database to improve tracking, billing, and reporting. | Williamson County is purchasing Accela as the new comprehensive EH database. Training and projected live date for the database will begin in February 2018. | Achieved | 100% |
| | | A3.4.2 | Implement environmental health information management system to meet business needs. | EH will implement the new EH database, begin data entry of all transactions, and begin reporting in January 2018. | On Track | 18% |
| A3.5 | By 12/31/2019, EH will implement a progressive enforcement program for environmental health. | A3.5.1 | Enhance current enforcement tools to meet desired standards. | EH ensured that the new database would include the required reports to implement enforcement tools. In addition, EH is running Quality Assurance (QA) monthly to ensure all complaints are following procedure. | On Track | 21% |
| A3.6 | By 12/31/2018, PESS will implement a robust CIHCP fraud detection process. | A3.6.1 | Implement residence checks. | PESS is unsure if physical resident checks will be necessary. PESS will likely have to hire/enlist the help of a Constable. | At Risk | 40% |



| Objecti | ve | Strategy | | Update | Status | Progress |
|---------|---|----------|--|---|----------------|----------|
| A3.7 | By 12/31/2018, PESS will reduce the median time for processing an application by 20%. | A3.7.1 | Implement QSM audit recommendations to improve processes. | QSM process review will begin in 2018. | Not Started | 0% |
| A3.8 | By 12/31/2018, QSM will provide recommendations to improve effectiveness of Program Eligibility and Social Services programs. | A3.8.1 | Conduct performance audit of PESS. | QSM process review will begin in 2018. | Not Started | 0% |
| A3.9 | By 12/31/2019, WCCHD will have moved selected staff to the new facility at 355 Texas Avenue. | A3.9.1 | Implement the Facility Move project plan. | The Facility Move Task Force meets monthly to implement Facility Move project plan in Achievelt. | On Track | 16% |
| A3.10 | By 12/31/2019, WIC will relocate WIC services to new facilities. | A3.10.1 | Implement new WIC service locations in Georgetown, Round Rock, Taylor, and Cedar Park. | WIC has not started on strategy. WIC will implement strategy in 2018. | Not Started | 0% |
| | | A3.10.2 | Implement WIC service additional location or locations based on clientele needs. | WIC has not started on strategy and is pending successful implementation of TXIN. WIC will implement strategy in 2018. | Not Started | 0% |
| A3.11 | By 6/30/2017, EH will improve customer service in Retail Food Program. | A3.11.1 | Implement High Performance Customer Service for all Retail Food employees. | All Retail Food employees have received High Performance Customer Service. | Achieved | 100% |
| A3.12 | By 6/30/2018, EH will improve effectiveness of Retail Food Program based on performance audit recommendations. | A3.12.1 | Implement performance audit recommendations and improvements. | EH has not started on strategy because process review has not been completed. EH will implement strategy in 2018. | Not Started | 0% |



| Objecti | ve | Strategy | | Update | Status | Progress |
|---------|---|----------|--|--|----------------|----------|
| A3.13 | By 6/30/2018, QSM will provide recommendations to improve effectiveness of Retail Food Program. | A3.13.1 | Conduct a performance audit of Retail Food Program. | QSM mapped out the RFP process and conducted a critical path analysis. QSM will conduct a detail RFP walk-through in January 2018 and draft a summary report with recommendations. | On Track | 70% |
| A3.14 | By 6/30/2018, WCCHD will maximize use and effectiveness of PolicyTech. | A3.14.1 | Implement PolicyTech Phase II and III. | WCCHD has not started on strategy. WCCHD will implement strategy in 2018. | Not Started | 0% |

A3 Corrective Action Plan for 2018:

- The Deputy Director will continue to work on PolicyTech Phases II and III.
- QSM will complete the Retail Food program process review and submit the findings to Environmental Health in the first quarter of 2018.
- WIC will develop a project plan for relocation of WIC services, starting with Round Rock, no later than the end of the second quarter of 2018.
- QSM will schedule the PESS process review to begin in the second quarter of 2018.
- The PESS Director and Executive Director will determine if physical residency checks are feasible no later than the third quarter of 2018.



Goal A4. Implement Strategic Management to monitor progress against goals and objectives.

The implementation of the StratPlan is key to strategic management and consists of two interrelated processes — change management and performance management. Change management addresses questions of how to prepare, equip, and support individuals to successfully adopt change in order to drive organizational success and outcomes.



| Objec | tive | Strateg | У | Update | Status | Progress |
|-------|---|---------|--|--|----------|----------|
| A4.1 | By 10/31/2017, WCCHD will transition the On- | A4.1.1 | Prepare OSSF program for transfer. | WCCHD transferred OSSF to Williamson County in October. | Achieved | 100% |
| | Site Sewage Facility (OSSF) program smoothly and | A4.1.2 | Prepare fiscal impact analysis for EH. | All fiscal impacts were configured and shared accordingly within the imposed timeline. | Achieved | 100% |
| | effectively to the County. | A4.1.3 | Inform public and clients of the change. | EH notified the public and OSSF clients of the change through the OSSF newsletter, website, and social media. EH placed physical signs at the front desk of the office and passed out cards to customers with the new contact information. | Achieved | 100% |
| A4.2 | By 12/31/2019 WCCHD will be competitive in salaries for each job | A4.2.1 | Conduct a compensation study for all job titles. | HR updated the electronic file database based on job descriptions and pay grade. | On Track | 7% |
| | title in WCCHD inventory as resources allow. | A4.2.2 | Review and revise Salary Schedule annually for Board of Health review based on compensation studies. | The Deputy Director completed the FY18 schedule salary, incorporated impacted job positions' salary changes to FY18 Proposed Budget and obtained approval of FY18 salary schedule. | On Track | 21% |
| A4.3 | By 12/31/2018 WCCHD will have agency-wide standards for government relations. | A4.3.1 | Create written guidance and procedures for government relations. | PESS Director participated in TACCHO's Policy and Government Affairs Committee and continues to serve on Texas Indigent Health Care Association (TIHCA) Board. | On Track | 65% |



| Objec | tive | Strateg | у | Update | Status | Progress |
|-------|---|---------|--|--|-----------|----------|
| A4.4 | By 12/31/2019, WCCHD will systematically promote and improve employee effectiveness. | A4.4.1 | Develop and implement an employee performance management system for WCCHD. | QSM trained DLT and ELT on the new performance management system software – Achievelt. The Performance Management System Plan is drafted and waiting review. | On Track | 86% |
| A4.5 | By 3/31/2018, A&F will have an integrated and effective fiscal and budgetary management system. | A4.5.1 | Develop Standard Operating Procedures to assure effective practices, provide situational awareness, and mitigate risk. | Strategy has been delayed due to new module implementation. | On Track | 70% |
| | | A4.5.2 | Implement automated budget software. | A&F selected an additional module for Abila MIP as its automated budget software. A&F scheduled meetings with the vendor/administrator to develop a plan for full implementation effective January 2018. | On Track | 60% |
| A4.6 | By 9/30/2018 WCCHD will increase its capacity for performance at highest levels of effectiveness. | A4.6.1 | Develop High Performance Local Government (HPLG) procedures. | All 102 current WCCHD employees have received HPCS training. The Executive Director will work with QSM and HR in January 2018 on an Action Plan to continue this training for all of DLT. | Off Track | 24% |
| | | A4.6.2 | Implement High Performance Local Government (HPLG) procedures. | HR implementation of HPLG procedures is dependent on Executive Director's vision for HPLG. | Off Track | 33% |

A4 Corrective Action Plan for 2018:

- The Executive Director will work with QSM and HR to deliver High Performance Local Government training to the District Leadership Team.

B. SUSTAINABLE FUNDING

Goal B1. Replace DSRIP funding.

WCCHD will devote resources to replace Medicaid 1115 Waiver/Delivery System Reform Incentive Program (DSRIP) funding.



| Objec | tive | Strateg | у | Update | Status | Progress |
|-------|--|---------|---|---|-----------|----------|
| B1.1 | By 06/30/2018, PESS will create a comprehensive fiscal sustainability plan for all DSRIP-funded positions. | B1.1.1 | Conduct a feasibility study on Community Health Worker (CHW) billing. | PESS considered the feasibility of billing Texas Medicaid for CHWs. CHWs are unable to bill because they are considered administrative. | Achieved | 100% |
| | | B1.1.2 | Solicit grant funding for CHWs and Program Navigators. | PESS director discussed with Texas A&M Health Science Center/RHP8 on ability to seek additional (outside) funding for DSRIP projects. HHSC and CMS approved a five-year DSRIP extension starting in 2018. | Off Track | 0% |
| B1.2 | By 12/31/2019, Clinical Services will increase program revenue to account for 40% of the Clinical budget. | B1.2.1 | Maximize billing to Medicaid. | Clinical Services started billing Medicaid for the Healthy Texas Women (HTW) program. Clinical Services is completing a sliding fee scale in order to bill Medicaid for the best reimbursement rate. | On Track | 53% |

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| Objec | tive | Strateg | у | Update | Status | Progress |
|-------|---|---------|--|---|----------|----------|
| | | B1.2.2 | Bill services to insurance. | Clinical Services selected Harris Health to begin the process of billing services to insurance. Clinical Services updated all templates and nurses are beginning to test them out. Clinical Services will conduct QA assessment of the templates along with a training for the nurses (correct coding level for billing). | On Track | 46% |
| | | B1.2.3 | Increase number of clinical encounters. | In 2017, Clinical Services implemented staggered lunch hours; however, staff vacancies challenge consistent, ongoing application. A new nurse practitioner was hired. | On Track | 41% |
| B1.3 | By 12/31/2019, WCCHD will increase funding from grant sources by 30%. | B1.3.1 | Dedicate staff for new and/or enhanced grant application development and tracking. | QSM hired a Grants and Sustainability Coordinator. The new coordinator began development of grant application development and tracking. She is currently identifying grant opportunities, meeting with divisions to develop action plans for applying to grants, and tracking progress of grants. | On Track | 76% |

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| Objec | tive | Strateg | у | Update | Status | Progress |
|-------|--|---------|--|--|--------------------|------------|
| B1.4 | By 3/31/2019, QSM will provide ELT recommendations on creation of cancer screening programs funded by Cancer Prevention Research Institute of Texas (CPRIT). | B1.4.1 | Identify the need for, feasibility, resources, and bandwidth necessary to create a cancer screening program funded by the Cancer Prevention Research Institute of Texas (CPRIT). | WCCHD is meeting with different Cancer Center employees to gather information on how they treat indigent patients. WCCHD has been trained and is registered as a Texas Quit Line provider. Any clients referred by WCCHD to the Quit Line are able to receive phone counseling and over the counter medications. WCCHD is currently preparing a CPRIT Tobacco Cessation grant application and gathering data for a CPRIT HPV vaccination grant | On Track | 35% |
| B1.5 | By 9/30/2018, Clinical Services will implement a complete Women's Health Program. | B1.5.1 | Implement the HTW's fee-for- service program in all Public Health Clinics. Implement the HTW's categorical | application (August 2018). Clinical Services implemented HTW in all PHCs. Clinical Services is developing a sliding scale to bill services. WCCHD needs to market HTW program in 2018. WCCHD canceled this strategy because categorical funding is not available at this | On Track Canceled | 97% N/A |
| B1.6 | By 9/30/2017, WIC will increase reimbursement from DSHS. | B1.6.1 | funding program in all Public Health Clinics. Investigate feasibility of billing allowable indirect costs to DSHS. | funding is not available at this time. Current funding is level to FY 2017 amounts. Have not started due to contract time requirements. | Off Track | 7% |

B1 Corrective Action Plan for 2018:

- WIC will propose increased funding to cover allowable indirect costs in their next budget to DSHS.
- PESS will work with the Grants and Sustainability Coordinator to identify grants for community health workers.

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C. GROWING WITH WILCO

Goal C1. Expand services to meet the changing needs of the community.

Williamson County is growing rapidly. The Office of the State Demographer estimates that over one million people will live in the county by 2050. WCCHD will expand services to meet the changing needs of the community.



| Object | tive | Strategy | | Update | Status | Progress |
|--------|------------------------------|----------|---|---|-----------|----------|
| C1.1 | By 6/30/2018, WCCHD | C1.1.1 | Implement evidence- | Multiple outreach | Off Track | 75% |
| | will increase utilization of | | based improvement | events have occurred | | |
| | the Taylor Clinic by 50%. | | efforts to increase | along with | | |
| | | | utilization. | community | | |
| | | | | marketing. WIC is | | |
| | | | | also involved. Hours | | |
| | | | | of operation may | | |
| | | | | require adjustment. | | |
| | | | | Client encounters | | |
| | | | | have trended | | |
| | | | | downward. | | |
| | | C1.1.2 | Enhance WCCHD outreach and marketing efforts in East Williamson County. | The WilCo Wellness Alliance (WWA) staff attended externally hosted community meetings and events that align and support with WCCHD/WWA mission to offer services and information. | On Track | 77% |

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| Object | tive | Strategy | | Update | Status | Progress |
|--------|--|----------|---|--|-----------|----------|
| C1.2 | By 12/31/2019, WCCHD will establish a fully-staffed Public Health Center in Leander. | C1.2.1 | Engage stakeholders in Leander. | The Executive Director has met with Leander City Manager, Chamber of Commerce CEO, one hospital CFO, Judge Gattis, and Commissioner Long. The Executive Director will continue to meet with other key community influencers. | On Track | 60% |
| | | C1.2.2 | Develop and deploy necessary infrastructure. | The Executive Director has conducted preliminary meetings with partners. No location can be determined until approximately late 2018. | Off Track | 0% |
| C1.3 | By 12/31/2018, WCCHD will have an enhanced suicide data surveillance system. | C1.3.1 | Strengthen relationships with primary sources of suicide data in Williamson County to secure policy support from elected officials. | Three out of four Justices of the Peace are submitting suicide data to WCCHD. | On Track | 75% |
| | | C1.3.2 | Implement suicide data collection procedures and analyze suicide data from all identified reporting partners. | Three out of four Justices of the Peace are submitting suicide data to WCCHD. Analysis of data is occurring in pace with updates. | On Track | 44% |
| C1.4 | By 12/31/2018, WCCHD will support off-site Health and Wellness clinic(s). | C1.4.1 | Create a business plan and scope of work proposal for creation of a county employee health and wellness clinic. | The Executive Director will meet with Deputy Director, Medical Authority, and QSM in January 2018 to discuss next steps. | Off Track | 0% |

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| Object | ive | Strategy | | Update | Status | Progress |
|--------|---|----------|--|---|-------------|----------|
| · | | C1.4.2 | Create a business plan and scope of work proposal for an alternative Health and Wellness clinic setting in a school. | wcchd canceled strategy. Several school systems did not see need for Health and Wellness clinic. | Canceled | _ |
| C1.5 | By 12/31/2019, Clinical Services will develop a Human Immunodeficiency Virus (HIV) prevention | C1.5.1 | Implement HIV pre- exposure prophylaxis. | Clinical Services will discuss this program with the new Medical Director. | Off Track | 45% |
| | program that includes PrEP (Pre-Exposure Prophylaxis). | C1.5.2 | Implement a clinical HIV prevention program for WilCo residents. | Clinical Services has not started on strategy. Clinical Services will implement strategy in 2018. | Not Started | 0% |
| | | C1.5.3 | Provide HIV prevention education. | Clinical Services has not started on strategy. Clinical Services will implement strategy in 2019. | Not Started | 0% |
| C1.6 | By 12/31/2019, Disease Control and Prevention (DCP) will implement an epidemiology/surveillance program for HIV/Sexually Transmitted Infections (STIs). | C1.6.1 | Conduct feasibility study for returning HIV/STI surveillance from Texas Department of State Health Services (DSHS) Health Service Region 7 to WCCHD. | DCP has discussed with DSHS Region 7 about the feasibility of WCCHD having an HIV/STD surveillance program. DCP will continue to identify resources needed for program. | On Track | 48% |
| | | C1.6.2 | Secure funding for staff necessary to conduct HIV/STI surveillance and epidemiology. | WCCHD has not started on strategy. DCP will implement strategy in 2018. | Not Started | 0% |
| C1.7 | By 12/31/2019, WCCHD will add a needs-based environmental public health plan review service. | C1.7.1 | Perform a needs assessment/feasibility analysis on creation of comprehensive Environmental Public Health plan review service for member cities. | EH has not started on strategy. EH will implement strategy in 2018. | Not Started | 0% |

Growing with Wilco Page 19 of 31



| Object | tive | Strategy | | Update | Status | Progress |
|--------|---|----------|---|--|-------------|----------|
| | | C1.7.2 | Perform a needs assessment/feasibility analysis on expanding EH for environmental noise, magnetic fields, indoor/outdoor air quality or other services. | EH has not started on strategy. EH will implement strategy in 2018. | Not Started | 0% |
| C1.8 | By 12/31/2019, WCCHD will establish a sustainable, evidence-based, and coordinated chronic disease program. | C1.8.1 | Create a chronic disease epidemiology program based on stakeholder data needs. | WCCHD is working to hire a chronic disease epidemiologist. Community Health Improvement Plan Year 1 Progress Report is in progress. | On Track | 48% |
| | | C1.8.2 | Create a chronic disease screening program. | WCCHD has not started on strategy. WCCHD will implement strategy in 2018. | Not Started | 0% |
| | | C1.8.3 | Create a chronic disease referral program. | Due to loss of funding and turnover, progress for program has been slow. Discussions between EMS, MOT, and WCCHD using the same electronic health record system (eClinicalWorks) have been held. | Off Track | 44% |
| | | C1.8.4 | Expand WCCHD's chronic disease education program. | MarCom trained WCCHD staff on diabetes education and tobacco cessation. WCCHD is in the process of establishing a tobacco cessation program. | On Track | 77% |

Growing with Wilco Page **20** of **31**



| Object | tive | Strategy | | Update | Status | Progress |
|--------|--|----------|--|--|-----------------------|----------|
| C1.9 | By 12/31/2019, WCCHD will have a comprehensive vaccination program. | C1.9.1 | Provide travel vaccinations. | Clinical Services will have to research prices on travel vaccines and date of expiration to see if program is fiscally possible. Clinical Services has | On Track Not Started | 37% |
| | | C1.9.2 | stock on-site immunization program. | not started on strategy pending new refrigerator/freezer unit and monitoring system install. Clinical Services will implement strategy in 2019. | Not Started | 076 |
| | | C1.9.3 | Implement an off-site influenza vaccination program for medium and large private sector and school district employers. | WCCHD canceled this strategy due to lack of stakeholder interest in participating. Clinical Services will evaluate strategy at a later date. | Canceled | 0% |
| C1.10 | By 3/31/2018, EH will develop a Level III Integrated Mosquito Management program. | C1.10.1 | Engage stakeholders. | WCCHD has canceled this strategy due to lack of stakeholder support. The IMM Working Group does not recommend developing a Level III IMM program. | Canceled | 0% |
| | | C1.10.2 | Review, revise, and update IMM Program. | WCCHD has canceled this strategy due to lack of stakeholder support. The IMM Working Group does not recommend developing a Level III IMM program. IMM hired two technicians. Two staff took applicator licensing tests in August 2017. | Canceled | 0% |

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| Objec | Objective | | | Update | Status | Progress |
|-------|---------------------------|---------|-----------------------|-------------------------|-------------|----------|
| C1.11 | By 12/31/2018, EH will | C1.11.1 | Develop a WCCHD | EH convened a | On Track | 75% |
| | develop a non-residential | | Public Swimming Pool | working group to | | |
| | swimming pool permitting | | and Interactive Water | discuss feasibility and | | |
| | and inspection program. | | Features and | recommendations | | |
| | | | Fountains Order by | for a WCCHD Public | | |
| | | | December 2018. | Swimming Pool and | | |
| | | | | Interactive Water | | |
| | | | | Features and | | |
| | | | | Fountains Order. EH | | |
| | | | | obtained approval | | |
| | | | | from Board of Health | | |
| | | | | to adopt and enforce | | |
| | | | | order. | | |
| | | C1.11.2 | Implement the | At the 03/01/18 | Not Started | 0% |
| | | | swimming pool and | Board of Health | | |
| | | | water feature | meeting, WCCHD | | |
| | | | inspection program. | Administration | | |
| | | | | received approval to | | |
| | | | | delay | | |
| | | | | implementation to | | |
| | | | | first quarter, 2019. | | |

C1 Corrective Action Plan for 2018:

- Environmental Health will fill the vacant Medical Epidemiologist/Integrated Mosquito Management program lead position.
- Environmental Health will follow their project plan for implementation of the swimming pool and water feature inspection program no later than the first quarter of 2019.
- WCCHD will investigate grant funding to support chronic disease referrals.
- WCCHD will initiate all activities scheduled to start in 2018.

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D. ENGAGING THE COMMUNITY

Goal D1. Increase the visibility of WCCHD in the community.

WCCHD is the best kept secret in Williamson County, but it shouldn't be. WCCHD will work to promote our services to address a lack of public awareness and visibility of our services and mission.



| Objec | tive | Strateg | У | Update | Status | Progress |
|-------|--|---------|--|---|----------------|----------|
| D1.1 | By 03/31/2018, Marketing and Community Engagement (MarCom) will assess baseline of Williamson County residents' awareness of WCCHD services. | D1.1.1 | Conduct statistically valid survey of Williamson County residents to assess knowledge and utilization of WCCHD services. | MarCom has not started on strategy. MarCom will implement strategy in 2018. | Not Started | 0% |
| D1.2 | By 12/31/2017, MarCom will create a WCCHD marketing plan to increase community awareness and engagement. | D1.2.1 | Create a comprehensive communications and marketing program to increase brand awareness. | MarCom has identified marketing and communications tools. Working group has met to identify examples for the new WCCHD website. | On Track | 51% |
| | | D1.2.2 | Create a marketing plan tailored to specific program services. | Development of marketing plans are dependent on program services and require additional programs to launch before implementing. | On Track | 52% |
| | | D1.2.3 | Refer community members to the appropriate service when necessary. | Referrals are ongoing. | On Track | 47% |

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| Objec | Objective | | 1 | Update | Status | Progress |
|-------|---|--------|--|---|----------------|----------|
| D1.3 | By 12/31/2019, MarCom will assess Williamson County residents' awareness of WCCHD services postimplementation of marketing plan. | D1.3.1 | Conduct statistically valid survey of Williamson County residents to assess knowledge and utilization of WCCHD services. | MarCom has not started on strategy. MarCom will implement strategy in 2018. | Not Started | 0% |
| D1.4 | By 12/31/2019, WCCHD will contribute to public health science through annual presentations at a minimum of three times each year. | D1.4.1 | Submit abstracts for presentation at professional conferences. | DCP submitted abstracts to the National Immunization Conference and TACCHO. | On Track | 33% |
| D1.5 | By 12/31/2019, WCCHD will contribute to public health science through publications in peerreviewed journals. | D1.5.1 | Submit papers to peer- reviewed journals for publication. | DCP has not started on strategy. Subject matter has not been determined. This will an ongoing project. | Not Started | 0% |
| D1.6 | By 3/31/2017, QSM will establish annual dissemination of service reports to member cities. | D1.6.1 | Revise monthly performance reporting process to include quarterly reporting and continue annual report development. | SOPs drafted and waiting approval. Monthly report, CHIP updates, StratPlan updates, and project updates in process of being consolidated using Achievelt. | On Track | 87% |

D1 Corrective Action Plan for 2018:

- WCCHD will initiate all activities scheduled to start in 2018, including the conduct of a Community Assessment for Public Health Emergency Response (CASPER) as the statistically valid survey methodology in support of the 2019 Community Health Assessment process.

Engaging the Community



Goal D2. Increase community support.

WCCHD will be aligned with community stakeholders, viewed as community health experts, and engage local cities and the community as a whole to increase grassroots and political support for our mission.



| Objective | | Strategy | | Update | Status | Progress |
|-----------|---|----------|--------------------------------------|---|----------|----------|
| D2.1 | By 12/31/2019, MarCom will increase | D2.1.1 | Facilitate stakeholder interactions. | MarCom promoted classes and events at stakeholder meetings and WWA meetings. | Achieved | 100% |
| | outreach and community participation in classes, presentations, and meetings by 20% over 2016 baseline. | D2.1.2 | Provide Health Education classes. | MarCom created an online health education calendar to share on social media and in meetings and distributed promotional materials at community meetings and outreach. MarCom held diabetes education and tobacco cessation classes across the county. | Achieved | 100% |
| | | D2.1.3 | Coordinate outreach events. | MarCom attended externally hosted community meetings and events that align and support with WCCHD/WWA mission to offer services and information. | On Track | 46% |
| | | D2.1.4 | Expand online presence. | MarCom posted events on Eventbrite, the Healthy Williamson County website calendar, social media, and local sites. | Achieved | 100% |

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| Objec | tive | Strategy | У | Update | Status | Progress |
|-------|---|----------|---|--|----------|----------|
| D2.2 | By 12/31/2019, MarCom will increase WWA membership by 10%. | D2.2.1 | Raise awareness of WCCHD in the community by invitations to join the WWA. | WWA staff attend externally hosted community meetings and events that align and support with WCCHD/WWA mission to offer services and information. The Coalition Coordinator developed a monthly email newsletter. WWA holds an annual Summit meeting and coordinates working group meetings. | Achieved | 100% |
| | | D2.2.2 | Support and expand online tools such as healthywilliamsoncounty.org. | MarCom and QSM secured a grant from Georgetown Health Foundation to purchase additional data. WWA staff conducts webinars and in person trainings on data to WWA members and funder's audiences. | On Track | 67% |
| D2.3 | By 12/31/2019, PESS will reduce the percentage of referred clients who are not pre- screened prior to referral by | D2.3.1 | Assess current level of prescreening, best practices, and barriers. | PESS provides on-site interviews and/or prescreening education for Georgetown Behavioral Health Institute (GBHI) once per week. PESS added Mobile Outreach Team, GBHI, Rock Springs, and Healthcare Link to the WebTPA portal so providers can view current eligibility status. | Achieved | 100% |
| | 20%. | D2.3.2 | Educate mental health providers. | PESS has met with Bluebonnet Trails and held two education sessions at GBHI. | Achieved | 100% |
| | | D2.3.3 | Provide job aids. | PESS created and distributed a pre-screening checklist to partnering mental health agencies such as GBHI, Bluebonnet Trails, and Rock Springs. | Achieved | 100% |

D2 Corrective Action Plan for 2018:

- N/A



Goal D3. Increase community preparedness.

Williamson County needs to remain prepared for emerging public health threats. WCCHD is committed to creating a culture of preparedness for all staff to ensure that WCCHD and the community partners are ready to respond to natural and man-made disasters. As of July 2017, the National Association of City and County Health Officials (NACCHO) has recognized WCCHD as being a certified Project Public Health Ready organization. WCCHD is the fourth health department in Texas to be Project Public Health Ready certified, and the third health department in Texas to be both PHAB accredited and Project Public Health Ready certified.



| Object | tive | Strategy | , | Update | Status | Progress |
|--------|--|----------|---|---|----------|----------|
| D3.1 | By 6/30/2018, Emergency Preparedness and Response (EPR) will assure adequate resources for | D3.1.1 | Identify and purchase supplies and equipment. | EPR purchased a F150 4x4 pickup truck and accessories. EPR purchased supplies and equipment according to budget availability. | On Track | 92% |
| | emergency response. | D3.1.2 | Identify and train Strike Teams for emergency response, to include DCP, EPR, and EH staff and others as needed. | EPR developed emergency response strike team training and identified staff for training. EPR has trained a majority of staff on emergency response. | On Track | 87% |
| | | D3.1.3 | Provide Emergency Operations Center (EOC) operations training. | EPR identified staff to receive EOC operations training. This training is being included in the training and exercise plan for 2018. | On Track | 50% |
| D3.2 | By 12/31/2017, EPR will assure current preparedness plans. | D3.2.1 | Review, revise, and update the All-Hazards plan. | EPR is working on the All-Hazards Plan. | On Track | 78% |
| | | D3.2.2 | Finalize the WCCHD Zika Action Plan. | EPR is planning for the final dissemination of the Zika Action Plan in January 2018. | Achieved | 100% |
| D3.3 | By 6/30/2018, EPR will conduct preparedness exercises to enhance | D3.3.1 | Develop and implement the multi-year exercise and training plan. | EPR canceled this strategy as a duplication of another strategy in Goal A | Canceled | N/A |

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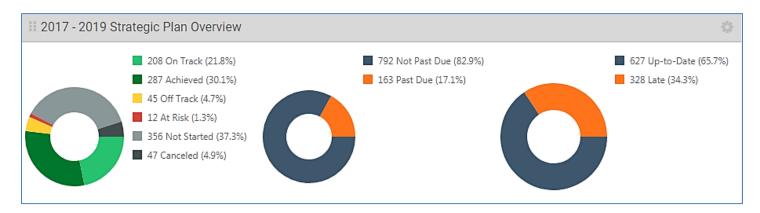


| | agency emergency | | | (workforce | | |
|------|-----------------------------|--------|---|--|----------|-------|
| | response capability. | | | development) | | |
| | | D3.3.2 | Conduct annual internal drills for all staff. | EPR conducted annual internal drills for all | Achieved | 100% |
| | | | | staff. | | |
| | | D3.3.3 | Conduct external drills | WCCHD participated | Achieved | 100% |
| | | | in collaboration with | and conducted annual | | |
| | | | community | exercises with | | |
| | | | preparedness stakeholders. | community partners. | | |
| D3.4 | By 12/31/2019, DCP will | D3.4.1 | Conduct routine in- | Project will change as | On Track | 66% |
| | increase communication with | | person outreach with | providers come to Williamson County. | | |
| | Williamson County | | provider stakeholder groups. | Epidemiologists | | |
| | medical providers | | groups. | participated in Bio | | |
| | above 2017 baseline by | | | Watch. DCP identified | | |
| | 20%. | | | 1,055 medical providers | | |
| | | | | in Williamson County in | | |
| | | | | 2017. DCP maintains | | |
| | | | | contact information for | | |
| | | | | Infection | | |
| | | | | Preventionists, | | |
| | | | | daycares, preschools, | | |
| | | | | and long-term care | | |
| | | | - · · · · · · · · · · · · · · · · · · · | facilities. | | 1000/ |
| | | D3.4.2 | Develop an effective | The medical authority | Achieved | 100% |
| | | | messaging and | sends out messages to | | |
| | | | notification protocol for alerting Medical | providers. MarCom Director publishes | | |
| | | | Providers to pertinent | health alerts on WCCHD | | |
| | | | health information. | website. DCP | | |
| | | | neath information. | established 2017 | | |
| | | | | baseline of medical | | |
| | | | | providers and will | | |
| | | | | continue to do so in | | |
| | | | | 2018 and 2019. | | |
| D3.5 | By 03/31/2018, WCCHD | D3.5.1 | Complete training and | MarCom has identified | On Track | 67% |
| | will have a minimum of | | orientation in risk | CDC Crisis Emergency | | |
| | five employees trained | | communication for DLT | Risk Communication | | |
| | to serve as Public | | and other employees | training. | | |
| | Information Officers | | considered subject | | | |
| | during an emergency. | | matter experts. | | | |

D3 Corrective Action Plan for 2018:

 Marketing and Community Engagement will provide Crisis Emergency Risk Communication (CERC) training to selected staff.

SUMMARY AND NEXT STEPS



The Strategic Plan is a living document, and WCCHD will continue to monitor and adjust tasks and deadlines as necessary to achieve the goals of the Board of Health. Division Directors and Executive Leadership will continue to enter progress into the performance management system monthly, and once each quarter the District Leadership Team will conduct an in-depth review of progress against goals, objectives, and strategies.

Also, WCCHD will address the issue of past due items (17.1%) and late updates (34.3%). In the first year, the focus was on introducing the system and training staff. In the second year, Directors will have increased ownership of their items in the strategic plan and greater accountability for outcomes. As the performance management system implementation moves into the next phase, it will be even more important for staff to meet project deadlines and submit updates on time.

2018 promises to be another very busy year:

- A1.3 By 6/30/2018, the QM committee will assure availability to QI competency development resources for all WCCHD employees.
- A1.5 By 12/31/2018, QSM will provide ELT recommendations regarding application for the Malcolm Baldrige National Quality Award.
- A2.4 By 9/30/2018, HR will enhance the procedure for onboarding new employees.
- A2.5 By 6/30/2018, HR will establish an integrated, central training resource for employees.
- A2.8 By 12/31/2018, PESS and ELT will be fully informed in the county's CIHCP program funding and mechanics.
- A2.10 By 6/30/2018, HR will assess all agency divisions, to ensure that least two employees are fully trained to perform each necessary job function.
- A2.11 By 9/30/2018, HR will assess employees to identify best approaches for collaboration and team development.
- A3.1 By 12/31/2018, A&F will have an electronic purchasing system.
- A3.2 By 12/31/2018, A&F will have an updated timekeeping system.
- A3.3 By 12/31/2018, WIC will improve service delivery and information management.
- A3.4 By 12/31/2018, EHS will have a new database for environmental health.
- A3.6 By 12/31/2018, PESS will implement a robust CIHCP fraud detection process.
- A3.7 By 12/31/2018, PESS will reduce the median time for processing an application by 20%.

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- A3.8 By 12/31/2018, QSM will provide recommendations to improve effectiveness of Program Eligibility and Social Services programs.
- A3.12 By 6/30/2018, EHS will improve effectiveness of Retail Food Program based on performance audit recommendations.
- A3.13 By 6/30/2018, QSM will provide recommendations to improve effectiveness of Retail Food Program.
- A4.3 By 12/31/2018, WCCHD will have agency-wide standards for government relations.
- A4.5 By 3/31/2018, A&F will have an integrated and effective fiscal and budgetary management system.
- A4.6 By 9/30/2018, WCCHD will increase its capacity for performance at highest levels of effectiveness.
- B1.1 By 06/30/2018, PESS will create a comprehensive fiscal sustainability plan for all DSRIP-funded positions.
- B1.6 By 9/30/2018, WIC will increase reimbursement from DSHS.
- C1.4 By 12/31/2018, WCCHD will support off-site Health and Wellness clinic(s).
- C1.10 By 3/31/2018, EHS will develop a Level III Integrated Mosquito Management program.
- C1.11 By 12/31/2018, EHS will develop a non-residential swimming pool permitting and inspection program.
- D1.1 By 03/31/2018, MarCom will assess baseline of Williamson County residents' awareness of WCCHD services.
- D1.2 By 12/31/2018, MarCom will create a WCCHD marketing plan to increase community awareness and engagement.
- D3.1 By 6/30/2018, EPR will assure adequate resources for emergency response.
- D3.3 By 6/30/2018, EPR will conduct preparedness exercises to enhance agency emergency response capability.
- D3.5 By 03/31/2018, WCCHD will have a minimum of five employees to act as Public Information Officers.

Through the coordinated and focused efforts of the dedicated staff at WCCHD, we will continue to make significant progress providing high-performance local government, increasing the sustainability of our funding, growing with Williamson County, and engaging the community.

To find out more about how WCCHD protects and promotes the health of the people of Williamson County, please see our websites:

www.wcchd.org

www.healthywilliamsoncounty.org

Summary and Next Steps

APPENDIX A: ORGANIZATIONAL CHART

