

2023-2026 STRATEGIC PLAN



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Revised August 6, 2024

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STRATEGIC PLANNING PARTICIPANTS

Thank you to the following leaders for your guidance in developing Douglas County Health Department's (DCHD) 2023-2026 Strategic Plan:

- Chris Burnett - Douglas County Health Department, Quality Improvement
- Coordinator Laura Ciancone - Douglas County Mental Health Initiative
- Maggie Cooper - Douglas County Mental Health Initiative, Community Response Team
- Linda Fielding, MD - Douglas County Board of Health
- Caitlin Gappa - Douglas County Health Department, Environmental Health *
- Michael Hill - Douglas County Health Department, Executive Director
- Wendy Holmes - Douglas County Communication and Public Affairs
- Kristin Kolstedt - Douglas County Human Resources
- Laura Larson - Douglas County Health Department, Community Health
- Laura Kesner - Douglas County Information Technology
- Dan Makelky - Douglas County Human Services
- Steve Montanez - Douglas County Health Department, Administration *
- Kim Muramoto, RN - Douglas County Board of Health
- Ruby Richards - Douglas County Human Services
- Greg Smith, DO - Douglas County Health Department, Medical Officer
- Jon Surbeck - Douglas County Health Department, EPR & Disease Control
- Katheryn Wille - Douglas County Board of Health Alternate
- Richard Miura - Douglas County Health Department, Performance Mgmt. Specialist **

* These individuals are no longer present

** These individuals have been added

LETTER FROM DIRECTOR HILL

I am proud to present the first strategic plan for Douglas County Health Department. This plan will guide the work of our department through 2026.

Douglas County Health Department (DCHD) started to work for our community in 2022, providing its first services to the public on June 1, 2022. Throughout that year, we hired a great team and fully built-out the department. We worked closely with our elected and appointed leaders to build the kind of public health department that Douglas County needs and deserves.

This plan will guide the work of our staff as we further develop our organization and get ready to serve the community for the longer term. This plan represents our efforts to refine the department and the systems we initially created and to build a solid foundation for our future.

I'm grateful to the members of our strategic planning committee, our Board of Health, and the Douglas County Board of County Commissioners for their support for our department and for this plan. We cannot do our work alone and we look forward to the continued support of our community and our many partner agencies.

Sincerely,

Michael Hill, MPH, MPA, FACHE
Executive Director



DOUGLAS COUNTY HEALTH DEPARTMENT VISION, MISSION, AND VALUES

Vision

Douglas County residents have access to opportunities for achieving their healthiest possible lives.

Mission

We provide education and evidence-based services to improve health in Douglas County.

Values

1. **Collaboration** – We partner to achieve shared goals.
2. **Education** – We provide accurate, reliable data and information.
3. **Inclusiveness** – We value our communities' diverse perspectives and experiences.
4. **Professionalism** – We provide the highest quality public health services.
5. **Responsiveness** – We strive to meet and adapt to our communities' evolving needs in a timely manner.
6. **Transparency** – We are open and honest with one another, our partners, and our communities.



2023-2026 STRATEGIC PLAN

Background

Douglas County Health Department's (DCHD) strategic plan is a road map to ensure we meet the needs identified in our 2021-2026 Public Health Improvement Plan. It defines and clarifies what we aim to achieve, how we will accomplish these goals, and how we will know we are successful. Our goals in this strategic plan align with our values, and its outcomes and objectives reinforce accountability to our staff, partners, and most importantly, our community. Our strategic plan helps DCHD staff prioritize their work and understand how to allocate resources. It is a guiding tool that does not replace core activities or grants already underway; instead, the plan informs and complements program work plans and helps to direct department activities.

Creating the Plan

In spring 2023, DCHD leadership and county partners convened four times to develop a strategic plan based on our 2021-2026 Community Health Assessment (CHA) and Public Health Improvement Plan (PHIP). The group started by developing an organizational mission, vision, and values. They identified principles, beliefs, and underlying assumptions to guide DCHD in articulating how we want to conduct ourselves and treat others. The group then discussed how Douglas County and its residents would benefit from our department's work, and how we would like to accomplish this work. These exercises resulted in DCHD's vision, mission, and values. Next, the group refined intended goals and outcomes identified in each of the PHIP's priority areas: Behavioral Health Promotion & Prevention, Disease Management & Prevention, and Injury Prevention. The group identified a fourth priority area focused on improving internal workforce efforts. Participants also completed a strengths, weaknesses, opportunities, and threats (SWOT) analysis to ensure proposed goals and objectives fit within and were responsive to DCHD's internal and external environments (see Table 1). Lastly, the group developed time-bound and measurable objectives and outcomes for each goal.

Table 1: Summary DCHD SWOT Analysis

Internal Environment

STRENGTHS

- Dedicated and fully staffed team and workgroups
- Strong county infrastructure
- Supportive Board of Health and County Commissioners
- Proactive growth mindset DCHD follows the national guidelines of the 10 essential focuses of public health.
- Internal partnerships across the county departments
- Existing technology (data dashboard and reporting)
- Positive and engaging public messaging/information
- Accreditation process
- Strong partnerships and opportunities for collaboration with community, businesses, state, coalitions, other county agencies*
- Strong Parks and Recreation Department*
- Communications *

WEAKNESSES

- Small organization
- Flat organizational structure
- Competing political and ideological priorities
- Staff bandwidth, turnover
- Develop new employees to ensure all training needs are met.*
- Stigma and discrimination facing those with health challenges who live in the 'healthiest community'
- Staff is split into several locations.*

External Environment

OPPORTUNITIES

- Greater involvement with peer organizations in the metro area
- Regional Health Connectors
- UniteUs and other referral platforms
- Community engagement and interest
- Communication campaigns
- Partner data, such as Colorado
- Department of Transportation and Healthy Kids Colorado Survey data
- Community connections such as county fair or senior centers
- Legislation
- Staff compensation
- Community planning efforts, surveys
- Existing public education
- Grant funding
- Proximity of trauma centers/programs
- Trainings
- Relationships with schools*
- Increase coordination with partners to enforce public health orders.*

THREATS

- Unknown future funding situation
- Changing public health laws
- Decision-makers
- Providers' time, capacity, and training, including with electronic screening
- Public opinion, lack of trust
- Economy, including cost of living, housing, and food
- Population growth, congestion, and increased development
- Changes in driving practices
- Increase in use of intoxicants and with anxiety/depression
- Lack of public understanding
- Aging population
- Lack of low-cost transportation
- Beliefs around substance misuse and harm reduction strategies
- Missing administrative champions
- Data completeness

* This point was revised on 8/6/2024

2023-2026 GOALS & OBJECTIVES

Behavioral Health Promotion & Prevention

Goal 1 Establish and sustain an alliance among mental and physical health providers serving Douglas County.

Objectives	Outcomes
By December 31, 2023, build connections with North Central Healthcare Coalition (NCHC), Regional Health Connectors (RHCs), and physician groups.	Documented meeting dates, attendance, notes, action items.
By March 30, 2024, establish a working group of key stakeholders, including NCHC and RHCs, to engage health care leadership.	
By March 30, 2025, complete a baseline assessment of primary care practices in Douglas County and develop a plan to increase and monitor the proportion of primary care practices serving Douglas County that routinely screen for behavioral health (mental health and substance use) issues.	Assessment, final report, and logic model that outlines shared strategies to increase the proportion of primary care practices serving Douglas County that routinely screen for behavioral health (mental health and substance use) issues.
By December 31, 2025, implement shared strategy to increase the proportion of PCPs who routinely screen for behavioral health (mental health and substance use) issues.	Five primary care practices have agreed to implement and/or update their behavioral health screening and referral practices as a standard practice.

2023-2026 GOALS & OBJECTIVES

Behavioral Health Promotion & Prevention

Goal 2 Develop, disseminate, and evaluate appropriate, consistent framing and language for mental health promotion and stigma reduction.

Objectives	Outcomes
By February 29, 2024, engage new and non-traditional partners to co-create a communication working group with Douglas County Mental Health Initiative (DCMHI).	Documented meeting dates, attendance, notes, action items.
By September 30, 2025*, assess community culture, successful marketing campaigns, data from past marketing efforts, and existing media training practices, and select existing messaging and/or develop the messages based on research.	Messages identified and/or created.
By September 30, 2025*, create a communications delivery strategy, including information that addresses public safety questions around mental health and substance use conditions.	Create joint social marketing and communication plan focused on awareness and attitude change.
By December 31, 2025*, begin implementing strategies that create a common language across sectors for talking about issues and systems related to mental health and substance use.	80% of communications working group members share co-created and selected messaging each month.
By December 31, 2025*, create an evaluation plan with clear metrics to measure messaging reach and engagement.	Impression and engagement report; 30,000 messaging impressions each month.

* This point was revised on 8/6/2024

2023-2026 GOALS & OBJECTIVES

Disease Management & Prevention

Goal 1 Build DCHD’s ability to monitor, detect, and respond to outbreaks or trends in infectious diseases.

Objectives	Outcomes
By December 31, 2023, identify needed skills and training for public health staff.	Create list of required trainings for staff (new and existing).
By December 31, 2024, staff successfully complete skills-appropriate training.	80% of staff complete identified trainings.
By Dec 31, 2025, train and integrate EPR, epidemiologists, and EH for coordinated, effective incident response.*	Improved effective response time for outbreaks and increased communication.*

* This point was revised on 8/6/2024

2023-2026 GOALS & OBJECTIVES

Disease Management & Prevention

Goal 2

Increase public awareness of and trust for DCHD-supported chronic disease education and prevention resources.

Objectives	Outcomes
By December 31, 2024, appropriate DCHD staff will attend at least three outreach events per year.*	Ch and EPI partner to inform the public about disease prevention and education.*
By December 31, 2024, identify and implement additional strategies that promote DCHD's disease education and prevention content and publicly available data.*	Increase public health data dashboard/website use by 5%. Increase public information releases by 25%.
By June 30, 2025, utilize database (see Internal Processes, Goal 2, Objective 1) to connect with partners who can share, distribute, and contribute to public messaging.	Increase partners who share messaging by 5%.

* This point was revised on 8/6/2024

2023-2026 GOALS & OBJECTIVES

Injury Prevention

Goal 1 Compile meaningful data and information to analyze the impact of injury in Douglas County.

Objectives	Outcomes
By December 31, 2023, conduct an environmental scan to identify data partners, collate existing data sources, and note missing data to analyze the full impact of injury (motor vehicle injuries, falls in older adults, substance misuse and overdose, and attempted and completed suicides) in Douglas County.	Environmental scan complete, including list of community needs and data collection partners.
By June 30, 2024, combine, analyze, and summarize existing injury data and create an action plan to identify if and how to gather missing data as well as utilize data to inform community activities.	Action plan created.
By December 31, 2025*, publish data and publicize the impact to communities.	Data published and readily available for public use on digital education resource hub. DCHD staff use and share data during community meetings and community-facing activities.

* This point was revised on 8/6/2024

2023-2026 GOALS & OBJECTIVES

Injury Prevention

Goal 2 Collaborate with DCMHI to enhance and sustain injury prevention efforts.

Objectives	Outcomes
By December 31, 2023, appropriate DCHD staff actively participate in DCMHI and support the development of its Suicide Prevention Committee.	Designated staff attend and participate in all DCMHI activities.
By June 30, 2025*, DCHD and DCMHI partners identify funding sources for suicide prevention and substance misuse to achieve shared priorities.	Short-term and long-term funding sources identified.
By December 31, 2025*, create collaborative, sustainable prevention approaches that respond to community needs as identified by data.	At least one shared activity to prevent suicide among impacted populations is implemented.

* This point was revised on 8/6/2024

2023-2026 GOALS & OBJECTIVES

Internal Processes

Goal 1 Create a workforce development plan for all DCHD employees to increase retention and identify opportunities for professional growth and career pathways.

Objectives	Outcomes
By December 31, 2023, utilize existing resources and data available from the Colorado Public Health Workforce Collaborative to create a project plan using best practices and aligned with statewide efforts.	Workforce development plan complete.
By December 31, 2024, administer and analyze a workforce development assessment and create an action plan to address the findings.	Assessment and action plan complete.
By December 31, 2025, implement the workforce development action plan.	As measured by existing Douglas County employee surveys, a majority of DCHD employees report feeling valued, properly awarded, and committed to future of organization; report that DCHD is a great place to work.

2023-2026 GOALS & OBJECTIVES

Internal Processes

Goal 2 Establish and maintain relationships with internal and external partners to advance the goals and objectives of the DCHD strategic plan.

Objectives	Outcomes
By December 31, 2023, create a tool (database or information system) and process to identify existing or potential partners.	Organizations and partners identified through an agreed-upon tool and process.
By December 31, 2024, build and implement an action plan for all DCHD staff that fosters internal and external partnerships.	Staff share updates on their assigned organizations in the existing tool according to the action plan.
By December 31, 2025, establish a system to monitor how partners are being engaged in and connected to all DCHD services.	Organizations report feeling valued and understand DCHD’s commitment to partnership.

Goal 3 Establish and maintain Quality Improvement (QI), Performance Management (PM) and Financial Control Systems.

Objectives	Outcomes
By December 31, 2023, create plans and systems to monitor QI, PM, and financial performance.	DCHD staff report that there is a continuous QI culture across all divisions. DCHD regularly monitors reports on its performance and financial systems as it enacts the strategic plan.
By December 31, 2024, provide quarterly reports to the Board of Health regarding QI, PM, and financial performance.	

NEXT STEPS

We will use this strategic plan to create an annual agency work plan that will detail the specific activities needed to accomplish the goals, objectives, and outcomes. Work plans may include additional information about populations served, community partners, evaluation processes, funding, communications needs, and training and quality improvement activities. Whenever possible, we will align our agency work plan with existing program work plans.

We will also develop a transparent process for monitoring progress internally and with our partners and county residents. We will revisit our strategic plan annually and make updates as needed to reflect our accomplishments and to respond to our communities' needs.



REVISIONS

On August 6, 2024 original members who helped create the strategic plan met for proposed changes to the current strategic plan.

SWOT Analysis: Page 6

Strengths:

Moved from Opportunity the following bullet points to Strengths:

- Strong partnerships and opportunities for collaboration with community, businesses, state, coalitions, other county agencies (Within the past year, since the Strategic Plan was developed, Community Health has established and strengthened approximately 75 partnerships within the community. EPI/EPR have strengthened partnerships with all emergency response teams within the county, and EPI is reaching out to various community partners, including local hospitals and veterinary clinics. Environmental Health has inspected all licensed establishments within the county.)

Strong Parks and Recreation Department (Douglas County has a strong open space and parks system, it gives the residents within the county opportunity to get outdoors and enjoy nature. Douglas County has a strong youth sports focus which leads to healthier children)

Current:

- Foundation of public health work, especially in behavioral health. We eliminated, "especially in behavioral health".

Revised:

- DCHD follows the national guidelines of the 10 essential focuses of public health.

(DCHD follows the national guidelines of the 10 essentials focuses of public health not just behavioral health.)

Moved "Communication Needs" from Weakness to a Strength. Remove the word needs. (We have a strong relationship with our communications team, which is highly experienced, skilled, and professional in their work. The Community Health team also has participated in 65+ event YTD which entails communicating directly with both the public and our partners.)

Weaknesses:

Removed first bullet point since we are no longer a new Health Department.

- New health department building new policies and procedures

Change bullet point about new workforce to cover new employees based on turnover.

Current:

- New workforce with training needs (current)

Revised:

- Develop new employees to ensure all training needs are met.

Removed bullet point

- communication needs

(DCHD gets outstanding support from our communication team therefore we feel it is not a weakness and should be moved to strength)

Moved Bullet point about relationships with schools to Opportunity section (Relationships with the schools have developed into a strong relationship and currently are not considered a Weakness and can be moved to Opportunity. We want to continue to focus on building that relationship in the future)

Removed bullet point

- Concerns about data accuracy with health department transition

(We are no longer in transition from Tri-County. We need to focus on the accuracy of existing new data and reacting to that.)

Removed bullet

- Accuracy of patient self-reported behavioral health electronic screenings.

(Due to not conducting clinical screening, we are not receiving any self-reported behavioral health electronic screenings.)

Added weakness:

- Staff is split into several locations.

Opportunities:

Removed bullet point

- Telemedicine.

(We do not use telemedicine, as we offer no clinical services. This is not a focus of the Health Department and will not be in the future.)

Added bullet point:

- Increase coordination with partners to enforce public health orders.

Threats:

Removed bullet

- Reactive vs. proactive mindset

(DCHD has conducted several EPR/EPI training sessions to ensure proactive responses in any situation. Community Health will soon be conducting a joint information campaign with Douglas County Sherriff's Office and surrounding law enforcement agencies to have a county wide focus on gun safety and injury prevention.)

Behavioral Health Promotion & Prevention: Page 8

Goal 2

The partnership with the Mental Health Initiative is progressing well. However, due to the complexity of the tasks, the goal dates need to be adjusted. While substantial progress has been made, it is necessary to extend the deadlines.

Current Objective 2:

By September 30, 2024, assess community culture, successful marketing campaigns, data from past marketing efforts, and existing media training practices, and select existing messaging and/or develop the messages based on research.

Revised Objective 2:

By September 30, 2025, assess community culture, successful marketing campaigns, data from past marketing efforts, and existing media training practices, and select existing messaging and/or develop the messages based on research.

Current Objective 3:

By September 30, 2024, create a communications delivery strategy, including information that addresses public safety questions around mental health and substance use conditions.

Revised Objective 3:

By September 30, 2025, create a communications delivery strategy, including information that addresses public safety questions around mental health and substance use conditions.

Current Objective 4:

By January 31, 2025, begin implementing strategies that create a common language across sectors for talking about issues and systems related to mental health and substance use.

Revised Objective 4:

By December 31, 2025, begin implementing strategies that create a common language across sectors for talking about issues and systems related to mental health and substance use.

Current Objective 5:

By January 31, 2025, create an evaluation plan with clear metrics to measure messaging reach and engagement.

Revised Objective 5:

By December 31, 2025, create an evaluation plan with clear metrics to measure messaging reach and engagement.

Disease Management & Prevention: Page 9

Goal 1

Current Objective 3:

By Dec 31, 2025, train and integrate EPR, epidemiologists, and EH for coordinated, effective incident response. Outcomes: Improved effective response time for outbreaks and increased communication. (Include Environmental Health due to their integral role in responding to several incidents that have occurred within the year. Therefore, we want to include them in appropriate EPI/EPR trainings.)

Revised Objective 3:

By Dec 31, 2025, train and integrate EPR, epidemiologists, and EH for coordinated, effective incident response.

Disease Management & Prevention: Page 10

Goal 2

Current Objective 1

By December 31, 2024, appropriate DCHD staff will attend at least three outreach events per quarter.

We would like to update this to include the work that Community Health is currently doing. Previously this was included to refer to a grant which DCHD no longer has which was for EPI. It was a requirement for that grant. DCHD feels that the EPI team is better utilized in the office working directly to identify and track infections within the county. As of August 1st, the Community Health team has YTD has attended 65+ events within the community.

Revised Objective 1:

By December 31, 2024, appropriate DCHD staff will attend at least three outreach events per year. Outcome: Ch and EPI partner to inform the public about disease prevention and education.

Current Objective 2. By December 31, 2024, identify and implement additional strategies that promote DCHD's chronic disease education and prevention content and publicly available data. Removed the word "chronic" from the objective, we investigate all diseases. Revised Objective 2: By December 31, 2024, identify and implement additional strategies that promote DCHD's disease education and prevention content and publicly available data.

Injury Prevention: Page 11

Goal 1

Through the fatality review, in conjunction with other county partners and using data from the coroner's report, a new focus was identified. This has led to a strategic partnership with the Douglas County Sheriff's Office and local community law enforcement agencies to implement a countywide gun safety program. Since a gun safety campaign has not been conducted in the county in the last five years, there is a clear need for this initiative. Given the scale of the project, additional time will be required for planning, implementation, and completion. As a result, we are adjusting the dates for several deliverables to accommodate this new focus.

Current Objective 3:

By December 31, 2024, publish data and publicize the impact to communities.

Revised Objective 3:

By December 31, 2025, publish data and publicize the impact to communities.

Injury Prevention: Page 12

Goal 2

Current Objective 2:

By June 30, 2024, DCHD and DCMHI partners identify funding sources for suicide prevention and substance misuse to achieve shared priorities.

Revised Objective 2:

By June 30, 2025, DCHD and DCMHI partners identify funding sources for suicide prevention and substance misuse to achieve shared priorities.

Current Objective 3:

By December 31, 2024, create collaborative, sustainable prevention approaches that respond to community needs as identified by data.

Revised Objective 3:

By December 31, 2025, create collaborative, sustainable prevention approaches that respond to community needs as identified by data.