



Strategic Plan Implementation Year 2 Summary (FY13)

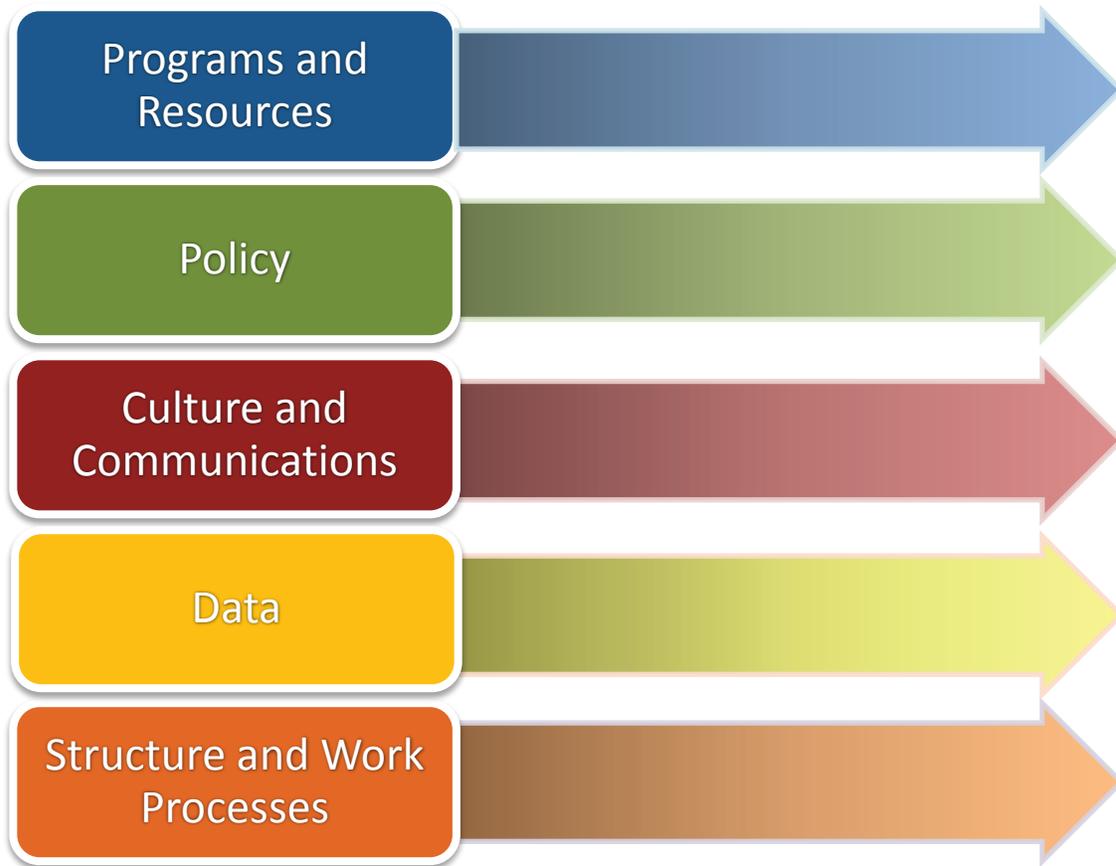


Table of Contents

Page

Executive Summary	3
Priority Tracks of Work	5
Tracks of Work Progress at a Glance	6
Second Year Outputs and Outcomes	10
<ul style="list-style-type: none">• Programs and Resources• Policy• Culture and Communications• Data• Structure and Processes	<ul style="list-style-type: none">1012131617
Planning for Year 3 (FY14): Aligning Priorities with Healthy Kansans 2020	20
Appendix	
I. Kansas Department of Health and Environment Strategic Map: 2011 to 2014	21
II. Workgroup Leaders and Team Members (Year 2)	22
III. Core Functions and Essential Public Health Services	23
IV. KDHE Performance Management Framework	24

Executive Summary

The originally established five Strategic Planning Workgroups continued meeting through Year 2 implementation (September 2012 – September 2013) while the State Health Assessment (SHA) and Healthy Kansans 2020 planning process were underway. The KDHE Secretary, along with KDHE Division and Bureau Directors, invited leaders at other state agencies and health system organizations across Kansas to form a steering committee in leading the Healthy Kansans 2020 process. For purposes of the KDHE Strategic Plan, the Workgroups in Year 2 made only minor adjustments on the original (Year 1) objectives and action items because any significant changes to the strategic map during a Review & Adjust Session of the KDHE Strategic Plan would require alignment with the pending Healthy Kansans 2020 State Health Improvement Plan.

During Year 2 of Strategic Planning implementation (Figure 1), the five tracks of work remained in place as the SHA was nearing completions and the agency began the development of a State Health Improvement Plan. This period of time involved several meetings of the Healthy Kansans 2020 steering committee. Additionally, the five workgroups were able to focus on the projects that were assigned in Year 1 and either complete or adjust their activities depending on the related policy and economic drivers.

The KDHE Secretary conducted Review & Adjust sessions with the work group leaders, as well as a Review & Adjust session with the initial set of representatives of bureaus and programs across the agency. An annual strategic plan update is an important part of the agenda for KDHE's agency-wide Town Hall meeting, one of which was held in November 2012 during Year 2 implementation.

During these meetings, the Secretary and Workgroup leaders monitor implementation progress including identifying accomplishments, resolving any implementation issues, identifying lessons learned to share with other groups, and determining how the five drivers of public health that impact strategic planning may have changed (Figure 2). The annual review serves as a platform for setting implementation priorities for the next twelve months, assuring agency priorities align with the state enterprise priorities, as well as what is needed to assure the agency is meeting the core functions and essential public health services (Appendix III, p. 24).

Strategic Plan Implementation

Figure 1

Year 2 Strategic Plan Implementation Time Line (September 2012 – September 2013)



Figure 2

Five Drivers of Public Health



Year 2 (FY13) Implementation

Tracks of Work Progress at a Glance

Table 1 provides a visual summary of the five tracks of work accomplished during the first two years of KDHE's Strategic Planning activities: from September 1, 2011 (beginning Year 1) to September 1, 2013 (ending Year 2).

The table includes the following: 1.) Objectives; 2.) Month in which specific objectives were started and were to be met; 3.) Progress towards meeting deadlines, and; 4.) Accountable groups and implementation tactics with a time frame/deadline provided. Additional tactics were identified throughout the first two years as work groups met and are noted in the table by the month activities were started.

Table 1

Activities and Time Frame for Identified Priority Tracks of Work

STRATEGIC MAP OBJECTIVES	TIME FRAME												ACCOUNTABILITY AND TACTICS	
	SEPTEMBER 2012 TO SEPTEMBER 2013													
														<i>OOG - Office of the Governor</i> <i>ET - Executive Team (ET)</i> <i>OOS - Office of the Secretary</i> <i>OOC – Office of Communications</i> <i>MT - Management Team (Bureau, Division, and Section Directors)</i> <i>IT – Information Technology</i> <i>HR – Human Resources</i> <i>BHP – Bureau of Health Promotion</i>
		Met	In Progress	Not Met	Deadline									
	YEAR 1 (Sept 11-12)	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	June 2013	July 2013	Aug 2013	Sept 2013
PROGRAM AND RESOURCES														
A-1: Identify state health and environment priorities.														<ol style="list-style-type: none"> ET will complete inventory design by September 1, 2011. ET/MT will complete Program inventory by October 15, 2011.
A-2: Review effectiveness and efficiency of all current programs.														<ol style="list-style-type: none"> ET requests all programs complete a function evaluation process by October 1, 2011. ET/MT to conduct prioritized evaluation of programs by April 1, 2012. MT communicates evaluation design to directors (revised from YR1).
A-3: Set and implement future program priorities.														<ol style="list-style-type: none"> ET and OOG identify priority programs by October 1, 2011. MT completes prioritization of programs and submits information to ET by April 1, 2012.
E-1: Align resources with strategic priorities.														<ol style="list-style-type: none"> ET and OOG identify resources for priority programs by August 1, 2012.
E-2: Identify, qualify, and prioritize funding sources.														<ol style="list-style-type: none"> ET designs inventory form and requests programs identify funding, populations served, stakeholders, and impact if program eliminated by October 15, 2011.

Year 2 (FY13) Implementation

F-2: Support employee development, engagement, and accountability.		1. ET and MT solicit feedback on priorities from internal and external stakeholders by July 1, 2012. (YR2:
POLICY		
B-2: Develop a timely, proactive policy agenda.		1. ET/MT updates process for policy development by June 2012.
B-3: Provide effective response to policy proposals.		1. OOS and MT review and enhance process for policy consideration by June 2012. 2. OOS and MT develop standard process to identify topics/issues for policy consideration by June 2012. 3. MT works with program staff to identify policy topics/issues indicating if prospective or reactive and shared internal resources needed by June 2012.
B-4: Enhance the capacity to identify, collect, and analyze data.		1. OOS prepares cohesive policy agenda based on state/agency priorities considering the following: 1.) Long term (beyond one year) policy issues; 2.) Policy coordinated with resources and priorities identified by the Program/Resources work group, and; 3.) Collaboration with private and academic partners to develop best practice and analytics by September 1, 2012. (YR2: Dec 2012)
CULTURE AND COMMUNICATIONS		
D/E-3: Improve internal and external communications.		1. OOC and MT provide staff with timely updates on key agency functions, policies, issues, and information through adequate solicitation of/coordination with MT and staff by December 31, 2011. 2. OOS, ET, and MT will take a prominent role in creating an environment for timely and effective inter-agency communications across all program areas and with partner organizations by April 1, 2012. 3. OOC and IT coordinate with ET/MT and program staff to increase public awareness of agency as a resource and increase awareness of agency activities by December 31, 2011.

Year 2 (FY13) Implementation

F-1: Foster a culture of trust, support, innovation, and resilience.		<ol style="list-style-type: none"> OOS, HR, and BHP develop a process to encourage and support employee wellness, including stress and time management and personal health by December 31, 2011. OOC, HR, and MT develop an internal recognition program for individual and/or Program/Bureau accomplishments by June 2012.
DATA		
B-4: Enhance the capacity to identify, collect, and analyze data.		<ol style="list-style-type: none"> IT/Data Work Group will complete a basic macro-level architecture design for Knowledge Management System by June 1, 2012. IT/Data Work Group will develop an implementation plan for using the Knowledge Management System by August 1, 2012.
C-4: Create the infrastructure needed for exchange of data and information.		<ol style="list-style-type: none"> OOS will ensure the agency is in position to: <ol style="list-style-type: none"> Define relationship to administrative structure by June 30, 2014 (Review/Design workgroup started) Access Health Information Technology (HIE) for public health purposes by August 1, 2012 (Web IZ, Syndromic Surveillance, ELR) Access HIOs for population health reporting/aggregate datasets by Jan. 1, 2015
D-4: Develop tools to make data and key messages easily available.		
E-4: Develop and implement performance measures and tracking.		<ol style="list-style-type: none"> OOS/ET will designate a committee to complete a gap analysis (including Kansas Association of Local Health Departments) to establish data needs and current data available for accreditation and performance management by July 1, 2014. (New deadline)
F-4: Integrate data management.		<ol style="list-style-type: none"> OOS/IT and Data Work Group subcommittee will review previous data inventory structure and develop data inventory collection tool by April 1, 2012. Data Work Group/IT/ ET will meet with internal staff to assist in identifying stakeholders that need data by May 1, 2012. MT will complete data inventory collection tool to determine current data bases being utilized in agency by June 1, 2012.

Year 2 (FY13) Implementation

STRUCTURE AND WORK PROCESS

<p>A-4: Focus on customer service in all programs.</p>		<ol style="list-style-type: none"> 1. Structure and Work Process work group will identify and research feasibility of activities that lead to measurable improvement in customer service by August 1, 2012. <ol style="list-style-type: none"> a. Subcommittee will develop and distribute a local health department pass-through funding survey to be distributed April 2012. b. Develop recommendations for implementation in the 2013-2014 process (July 1, 2013 – June 30, 2014) by May 1, 2012.
<p>C-1: Strengthen effective program coordination statewide.</p>		<ol style="list-style-type: none"> 1. MT/ Structure and Work Process work group will identify, review, and prioritize the needs of statewide partners by March 31, 2012. 2. MT will identify processes that can be automated and/or streamlined by March 31, 2012.
<p>D-4: Strengthen relationships with other state agencies.</p>		
<p>F-2: Support employee development, engagement, and accountability.</p>		<ol style="list-style-type: none"> 1. MT/Structure and Work Process subcommittee (Employee Training Tracking Team,) will review Division systems for tracking of employee training to determine feasibility of developing a proposal to streamline/combine training and tracking processes by June 1, 2012. <ol style="list-style-type: none"> a. Subcommittee will be formed to create awareness and engagement of employees of Division of Health Care Finance (DHCF) by August 1, 2012. 2. OOS, ET, and MT will encourage and facilitate improved inter-building collaboration and activities through all Divisions by August 1, 2012.
<p>F-3: Streamline and automate key work processes.</p>		<ol style="list-style-type: none"> 1. Structure and Work Process group will develop a Master Grant application and reporting process to streamline agency processes and meet needs of grantees/partners by August 1, 2012. 2. ET/MT will assure Customer Service incoming telephone calls to the agency between the hours of 8:00 a.m. – 5:00 p.m. Monday – Friday, excluding holidays, do not roll through more than one unanswered phone with the majority of callers able to speak to a person by September 1, 2012.

Year 2 (FY13) Implementation

Second Year (& 1st Year) Outputs and Outcomes

The Strategic Planning Workgroups use a SharePoint site for developing, sharing, and implementing the agency strategic plan. All work group leaders have been requested to post work on this site for review by the agency Secretary, the Executive and Management Teams, and to engage all work group members in actively contributing content and suggestions. The following section summarizes resources and strategies used for implementing each Track of Work, accomplishments including outputs and/or outcomes¹, and challenges.

Programs and Resources

Accomplishments and Challenges from Year 2 (FY13)

- ✓ The agency executive team will continually work with the Office of the Governor to identify resources for priority programs. In Year 2 implementation, a focus was placed on identifying tools to demonstrate the alignment of resources with strategic priorities. The Kansas State Legislature, specifically appropriations, has a strong interest in the agency's demonstration of priority-resource alignment.
- ✓ The agency Solicited Feedback on Priorities from Internal and External Audiences. The Programs and Resources workgroup benefited from the work of the Culture and Communications (C/C) workgroup in 2013 with the activities of a KDHE Public Awareness Baseline Survey. The goal of the survey was to examine and understand public awareness of the programs and services provided by KDHE, with the intent by the Office of Communications and the C/C Workgroup to use the survey results to design/modify strategic communication planning. The survey was conducted in 2013 by the Reynolds Journalism Institute, and the results are being used in late 2013/early 2014 to develop a strategic communications product. The Programs and Resources workgroup have the results as well and will study them as necessary for purposes of other projects.

¹ Outputs or outcomes are designated by an underline
Year 2 (FY13) Implementation

- ✓ A formal internal survey for feedback on priorities has not been conducted; however, there is ongoing communication with directors and staff facilitated by a process outlined in the Internal Directive on the Development of External Initiatives and Timeline.

Accomplishments and Challenges from Year 1 (FY12)

- ✓ A Prioritization of Bureau Programs template was created by the Executive Team for use by all Bureaus/Programs. The template requested the following information:
 1. Name of Program
 2. Funding Source
 3. Genesis of Program
 4. Service Recipients
 5. State Agency Partners
 6. Outside Stakeholders
 7. Description of Relationship to other Agency Programs/Impact if Program Reduced/Discontinued
 8. Effect of Program Reductions/Discontinuance of Service Recipients
 9. Bureau Program Rank Order
- ✓ An Inventory Ranking Form was designed by the Executive Team fall 2011 to be utilized to rank programs based on completed Prioritization of Bureau Program forms.
- ✓ All programs completed program prioritization and budget narratives by September 1, 2011. This process assisted the agency and state Executive Branch to complete a program inventory which was used to identify immediate cost savings and alignment of state agencies, programs, and priorities.
- ✓ The strategic plan implementation for Programs and Resources was to include an inventory of agency programs soliciting feedback from both internal and external stakeholders. The process of program prioritization was completed by the September 1, 2011 deadline with agency programs using the Prioritization of Bureau Programs template. The process and final prioritization was communicated to bureau directors, with the direction to communicate to staff as needed.

Policy

Accomplishments and Challenges from Year 2 (FY13)

- ✓ In Year 2 implementation, the workgroup Updated the Process for Policy Development with a new internal directive: “Development of External Initiatives and Timeline.” This directive was drafted by the Internal Directives Committee with direction and support from the Policy Strategic Planning Workgroup. It was approved and signed by the Secretary on October 1, 2012. This new directive references the Strategic Planning Map and establishes a process, procedure and timeline for the development of agency policy initiatives, including budget and legislative.
- ✓ The Policy workgroup drafted a Cohesive Policy Agenda and finalized the document *KDHE Guiding Principles and Policy Statements* in December 2012.

Accomplishments and Challenges from Year 1 (FY12)

- ✓ A process to streamline and add objectivity to the legislative, policy, and budget process was developed with the creation of standardized templates for submitting proposals to the agency executive team, Executive Branch, and legislature by April 2012. The policy tools implemented were:
 1. Kansas Department of Health and Environment 2012 Issue Paper
 2. Kansas Department of Health and Environment Legislative, Policy, and Budget Initiative Scoring System 2012.

Both the issue paper format and scoring system were aligned to address the following: 1.) Nature of the initiative; 2.) Background; 3.) Recommendations; 4.) Summary of the proposed initiative; 5.) Relevance to the mission of KDHE, Division, Bureau, or Program, and the Governor’s Roadmap; 6.) Impact on of initiative on the environment and public health; 7.) Legislative implications / history; 8.) Feasibility of the initiative and fiscal impact, 9.) Strengths and

weaknesses of the initiative; 10.) Stakeholder impact; 11.) Potential issues and strategies, and; 12.) External references and resources.

- ✓ A full report and report brief, Public Health Policy: Guiding Principles for State Health Department, was developed in April 2012 providing a broad overview of the role of the agency related to population-focused public health. The report identified the factors that impact policy response and development including the thoughtful consideration of diverse populations served by the agency, promotion of health equity focusing on root causes of poor health, maintaining integrity of internal and external processes and partnerships, and working for long-term systems change leveraging resources, regularly measuring progress, and engaging stakeholders in decision-making.
- ✓ A report, An Assessment of the Forces Driving Environmental Policy Development at KDHE was developed in May 2012 as a companion to the aforementioned report. The report identified the role of the Division of Environment in respect to balance environmental stewardship with the need for economic activity and resource utilization to encourage growth in the state.
- ✓ A review of agency policies began with the revision or creation of new Internal Directives began January 2012. New directives were posted on the agency Intranet as developed, reviewed by the Legal Department and Human Resources, and signed by the agency Secretary. Employees are notified about the availability of new directives on the Intranet and in staff meetings once the new internal policy directive is completed.
- ✓ There was lengthy discussion within the core work group to define “policy” as it relates to external and internal policy, the agency’s role in being proactive versus reactive, and defining “population-focused health” from the perspective of Divisions of Health and Environment. The aforementioned reports were the products created in an attempt to create a unified defined role of the agency related to health and environmental health policy. There continues to be a need to clearly define the agency’s unified approach to policy.

Culture and Communications

Accomplishments and Challenges in Year 2 (FY13)

Year 2 (FY13) Implementation

- ✓ To Increase Public Awareness of the Agency as a Resource, the workgroup commissioned a KDHE Public Awareness Baseline Survey and worked with the vendor to develop the questionnaire for a phone survey of Kansas adults using random digit dialing (RDD). The goal of the survey was to examine and understand public awareness of the programs and services provided by KDHE, with the intent by the Office of Communications and the C/C Workgroup to use the survey results to design/modify strategic communication planning. The survey was conducted over two months in 2013 by the Reynolds Journalism Institute, and the results are being used in late 2013 and early 2014 to develop a strategic communications product.

- ✓ The agency did not develop a formal internal recognition program for staff during the first or second implementation year as planned. One factor in the operation of such a program is the Department of Administration's statewide (Executive branch) guidelines and framework for Employee Awards and Recognition programs, and these guideline documents were made available in May 2013. The strategic planning workgroup for Culture/Communications now includes a member of the human resources staff, and the plan now is to use a sub-committee of the C/C workgroup to develop a program proposal for the Office of the Secretary during Year 3 implementation.

Accomplishments and Challenges in Year 1 (FY12)

- ✓ Implemented an internal weekly newsletter, Friday Flash, July 2011. All Divisions, Bureaus, Programs, and individuals are encouraged to submit photos, articles, information, and resources to the Office of Communications with the newsletter sent out electronically each Friday afternoon. Fifty-seven newsletters have been published from July 2011 – September 1, 2012 with all Division programs contributing content on a weekly basis. Newsletters are archived on the agency Intranet.
- ✓ "At Your Door" Program implemented in fall 2011 providing an opportunity for the agency Secretary and Director of Communication to visit specific program employees to learn more about the program and/or recognize accomplishments.
- ✓ Implemented an Intranet Employee e-Suggestion Box March 2012. This electronic forum serves as a forum for employees to: 1.) Recognize other agency staff; 2.) Ask questions about state programs and policies, and; 3.) Provide feedback on current operations. The Office of the Secretary responds to questions and comments in the

Year 2 (FY13) Implementation

Friday Flash news bulletin. All comments (positive and negative) are encouraged and anonymous.

- ✓ New redesigned agency website <http://www.kdheks.gov/> was launched February 17, 2012. Users of the website were invited to complete a survey through April 15, 2012 related to the new web site. The survey allowed visitors to the site to comment on the appearance and functionality of the new website and make recommendations about what KDHE could do to improve the site even more.
- ✓ The Office of the Secretary, in collaboration with the Office of Local Public Health, established monthly “KDHE Public Health Call” beginning February 28, 2012. These hour-long partner telephone conference calls provide timely updates to local health departments, hospitals, and other interested partners on timely public health issues and/or updates.
- ✓ Beginning late fall 2011, the Office of the Secretary coordinates Emergency Medical Services (EMS) Board Meetings every other month.
- ✓ Developed an internal Social Media Directive and encouraged the use of social media platforms (Facebook, Twitter) by specific programs for engagement of agency staff and external customers. Programs using social media platforms on a regular basis include:
 1. Kansas Medical Reserve Corps
 2. Kansas Immunization Program
 3. Kansas Sexually Transmissible Disease (STD) Program
 4. Kansas Trauma Program
 5. Kansas Farm Worker Health Program
 6. Kansas Environmental Health Program
 7. Safe Kids Kansas

A webinar about the use of social media was offered for any interested employees January 2012 with the training archived on the Learning Management System, KS-TRAIN.

- ✓ Beginning in January, 2012, a new project was undertaken to share more “informally”, share information about programs with the public and give staff the opportunity to be more engaged: KDHE Dispatch. The Communication Staff or programs keep track of activities, programs, or monthly themes related to health. There have been 7 informal video messages, recorded using an iPad, that have been posted to YouTube since this project began:
 1. Tire Recycling
 2. Home Visiting Program

3. Text for Baby, Tobacco Cessation Assistance
 4. Radon Awareness
 5. Million Heart Initiative (Heart Disease and Stroke Prevention Program)
 6. Free Kansas Arthritis Walking Program
- ✓ There were several projects that were planned to be implemented during the first year of plan implementation to further engage agency employees, improve/increase staff morale, establish trust, and assist in employee retention that were not able to be implemented due to competing state priorities, most notably the planning and implementation of the state Medicaid transformation initiative, KanCare. This important transformation process was time and agency personnel intensive, delaying other proposed employee engagement strategies which were to include: 1.) On-site Wellness Lunch and Learn; 2.) Work site wellness activities; 3.) Agency “Biggest Loser”; 4.) Biking Across Kansas; 5.) Golf tournament; 6.) Intramural sports; 7.) Internal recognition program for individual and/or Program/Bureau accomplishments with possible suggestions of recognition including “Above and Beyond Award” and “Lunch with the Secretary.

Data

Accomplishments and Challenges in Year 2 (FY13)

- ✓ This workgroup has defined and communicated to managers the relationship of data to the administrative structure. Inventory and infrastructure will be presented to the Data workgroup when a new IT project is proposed. The workgroup will ensure that the project aligns with the enterprise convention.
- ✓ During the review and adjust meeting, the deadline for the following projects were extended: C-4, 1.a. Define relationship to administrative structure by June 30, 2014 (Review/Design workgroup started); E-4. 1. Gap analysis committee to establish data needs and current data available for accreditation and performance management by July 1, 2014.
- ✓ A new project was added to the Data track of work: C-4, 1.c. Access HIOs for population health reporting/aggregate datasets by Jan. 1, 2015.

Accomplishments and Challenges in Year 1 (FY12)

Year 2 (FY13) Implementation

- ✓ A subcommittee was formed to review the 2009 Data Inventory and Gap Analysis with the purpose of identifying changes to be made and to map a new structure for collecting information on data systems and stakeholders. A revised Data Inventory and Gap Analysis form was created with a decision made for Internet Technology (IT) personnel complete the form first since those staff has expertise with language and data elements being inventoried. This will serve three purposes:
 1. Identify systems that are maintained by IT.
 2. Determine what data elements are best completed by program staff.
 3. Identify where it may be important for both IT and program staff to work together to complete inventories for clarification of data elements and information.

All agency programs completed a data inventory by May 2012 under the guidance of the agency IT department.

- ✓ The IT department developed a technical architecture of the Knowledge Management System (KMS) as part of the data survey collection process by June 2012 and is currently loading data survey results as time allows.
- ✓ The development of a new varied, complex eligibility index data system for the state Medicaid and social service programs has required intensive IT resources delaying some of the key tactics related the use of data with and by internal and external partners.

Structure and Processes

Accomplishments and Challenges in Year 2 (FY13)

- ✓ This workgroup surveyed the Division of Health Care Finance to identify the level of employee satisfaction following the agency (KHPA) transition into KDHE. The survey informed the workgroup's efforts to Support Employee Development, Engagement, and Accountability. Informed by the survey, the following actions were taken: signage in Landon Building and at the Clearinghouse (Forbes) was updated/replaced; HR was brought in to coordinate updating of all KHPA badges to KDHE even though the initial policy said to hold on to old access badges; improved collaboration for agencywide events such as workplace fundraisers and the town hall meetings. (The workgroup is plans to incorporate internal tours to state labs at Forbes to create more familiarity between the downtown staff and the lab staff.)
- ✓ The workgroup assessed the public health aid-to-local grant process in an effort to see Measurable Improvement in Customer Service and Streamline/Automate Key Work

Year 2 (FY13) Implementation

Processes. A master grant application and reporting processes is being implemented. The Preparedness, Local Public Health, Family Health and Primary Care programs will now be sharing a streamlined application system resulting in reduced workload not just for KDHE but for all the local health departments, clinics and other facilities applying through the ATL process.

- ✓ This workgroup looked at improved customer service with Incoming Telephone Calls to the Agency between the hours of 8 a.m. and 5 p.m., i.e., prevent calls from rolling through more than one unanswered phone so that a majority of callers are able to speak to a person. The research was conducted in Year 2 (FY13) with the information available, and now, in Year 3 (FY14), the workgroup will make determinations on changes to work processes across the agency.
- ✓ During Year 2, the workgroup informed a department-wide Quality Improvement project on Contract Processing. This resulted in a new functionality for the agency's contract and grant concurrence process; reviewers now have the ability to make modifications to the documents while they are in the concurrence process in Image Now.

Accomplishments and Challenges in Year 1 (FY12)

- ✓ The process to identify key stakeholders and the primary type of interaction was completed March 2012. The Stakeholder Needs Spreadsheet identified list of 318 external key stakeholders was narrowed to 29 key stakeholders served by several Programs, Bureaus, or Divisions.
- ✓ There were two processes identified as having potential to be automated or streamlined across all Divisions: 1.) Aid to Local/Contracts, and; 2.) Tracking of employee workforce training. Two subcommittees were formed to explore each of these processes in more detail. The results of the subcommittee work were:
 - ✓ Employee Training Tracking Team Subcommittee reviewed Division systems for tracking of employee training to develop a proposal to streamline/combine processes. The team made the following recommendations:
 - Allow Bureaus the flexibility to use KS-TRAIN or other systems versus requiring all Divisions to use the Learning Management System.
 - An agency-wide policy is not recommended at this time due to the varying levels and types of training across the agency.
 - A list of the types/systems of training tracking alternatives should be shared with all agency programs which will individually determine the best training management approach.

- ✓ Consolidating the Aid-to-Local process into a single application/granting system was explored. The following were findings:
 - An Aid-to-Local (ATL) Survey was sent to all local health departments to collect input on the existing contracting system and to assess their opinions about additional programs to potentially include in the ATL contracting process May 2012. There was a 76.5 percent response rate with local health departments, primary care, and community-based non-profit organizations responding.
 - The Office of Local Public Health met with ATL programs and agency programs with pass-through contracts about the potential for inclusion in the ATL contracts, including the Local Environmental Protection Program (LEPP), Tuberculosis (TB), and Preparedness by June 1, 2012. It was determined there would not be single system developed during this fiscal year due to the complexity of funding/funding cycles, payment for services versus pass-through funding, and working with non-government recipients.
- ✓ A Division of Health Care Finance (DHCF) Awareness Subgroup was created June 2012 to enhance improved agency-wide knowledge of DHCF to promote a unified agency. The first Meet-and-Greet Event was held July 2012 to begin the integration process. This activity will be ongoing.
- ✓ External Customer Service for Telephone Calls to Agency activity was started May 2012. The goal of this work will be to assure that incoming calls to the agency are answered in a timely manner by an agency employee that can assist the caller. The subcommittee recommended the following: 1.) Identify current protocols for various Bureaus/Programs; 2.) Develop recommendations for improved telephone triage. 3.) Develop a draft Internal Directive to be presented to KDHE's Internal Directives Committee for consideration. This activity will be ongoing.
- ✓ The diversity and size of the agency, use of multiple electronic/data systems, and varied funding cycles and grant requirements is viewed as challenging to implement more streamlined and/or automated systems. The agency is currently devoting resources to securing the IT system and creating technical architecture that has the capacity to support/meet the implementation of the Health Information Technology requirements, current data management, and a future performance management system.
- ✓ Recommendations for implementation in the 2013-2014 ATL contracting process, which runs July 1, 2013 – June 30, 2014, was to be made in collaboration with the Office of the Secretary and the IT Department. The reduction/inability to hire agency workforce, change in fiscal and human resource management processes, and reorganization of the

state-wide enterprise is decreasing the capacity for the agency to develop and implement system-changes as rapidly and efficiently as had been planned.

Planning for Year 3 (FY14): Aligning Organizational Strategic Plan with Healthy Kansans 2020 Priorities

State Health Assessment and Planning

The agency conducted the State Health Assessment (SHA) from 2012-2013 to identify the leading health issues to be address to improve the health of Kansas residents. The Healthy People/Healthy Kansans 2020 assessment process led to final recommendations for developing the State Health Improvement Plan using cross-cutting strategies, which were released in 2013.

The agency is now leading the work to develop the State Health Improvement Plan (Healthy Kansans 2020), which is set to be completed and announced in early 2014.

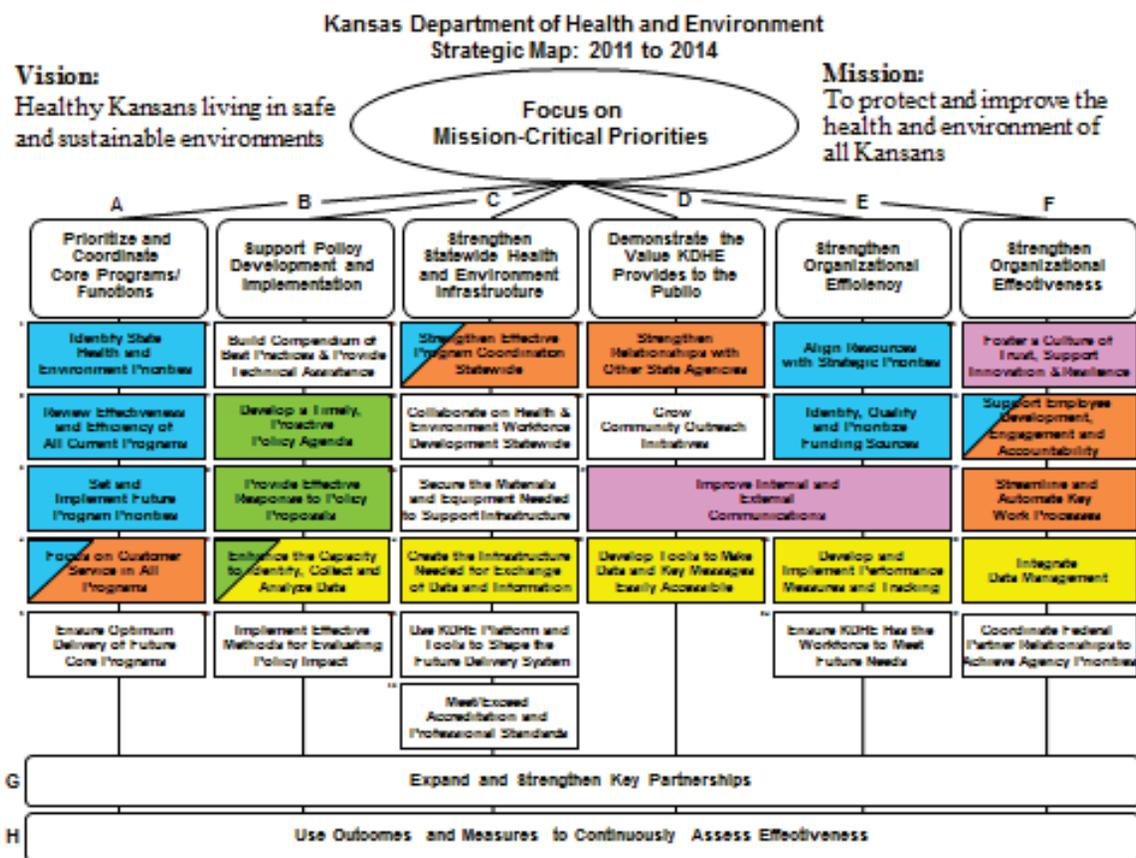
Due to the critical need to assure the organizational strategic plan aligns with the identified priorities, year two agency strategic planning occurred in early spring 2013 and year three strategic planning will be picked up in February 2014.

This will provide an opportunity to assess the five drivers potentially impacting Year 3 organizational and program planning (Figure 2, p. 4): 1.) Policy and advocacy; 2.) Economic considerations; 3.) Emerging health and social issues; 4.) Environmental impacts and; 5.) Technology advances. The annual review will serve as a platform for setting implementation priorities for the next twelve months aligning budget and human resources with the Healthy Kansans 2020 health priorities, the agency performance management framework (Appendix IV, p. 24), and the next year's implementation of the strategic plan.

Quality Improvement training and QI projects were also a major factor during Year 2 (FY13) Implementation, thus QI will have an impact on Year 3 (FY14) planning. The agency's Center for Performance Management is leading the QI effort; however, every staff member at KDHE will contribute to a QI project in FY14. This QI planning must be considered in the Strategic Planning process across the agency.

An agency QI Council will be formed and will work with the Executive Leadership Team to develop a KDHE QI Plan in year 3. This is an important component in KDHE's work to ensure that the agency strategic plan, the state health improvement plan and the QI plan are aligned and that we are meeting the needs of our internal and external customers.

Appendix I: Kansas Department of Health and Environment (KDHE) Strategic Map: 2011 to 2014



This version of the Strategic Map is the result of a Review & Adjust meeting held by the Secretary during Year 2 implementation.

Year 2 (FY13) Implementation

Appendix II: *Workgroup Leaders and Team Members* (Year 2)

Program/Resources	Policy	Culture/Communications	Data	Structure/Processes
Leader: Nathan Bainbridge	Leader: Tim Keck / Co-Lead: Michael Smith	Leader: Miranda Steele	Leader: Aaron Dunkel / Co-Lead: Glen Yancey	Leaders: Mindee Reece/John Mitchell
Tim Shallenburger (OOG)	Kate Watson	Kate Watson	Kate Watson	Kate Watson
Kate Watson	Rachel Berroth	Sara Roberts	Rachel Berroth	Mary Murphy
Cyndi Treaster	Debra Warren	Brenda Walker	Janet Neff	Jane Shirley
Phil Griffin	Janet Neff	Lori Haskett	Jennifer Schwartz	Tom Langer
Lou Saadi	Jennifer Schwartz	Greg Crawford	Ghazala Perveen	Farah Ahmed
Paula Clayton	Ghazala Perveen	John Mitchell	Russ Brichacek	David Thomason
Miles Stotts	Aiko Allen	Rick Brunetti	Leo Henning	Brandon Skidmore
Cathy Colglazier	Paula Clayton	April Dixon	Randy Carlson	Donna Calabrese
Christine Houston	Charlie Hunt	Scott Nightingale	Jonathan Haynes	Marian Massoth
Gary Blackburn	Michael McNulty	Rod Geisler	Michael MacPherson	Julie Coleman
Mike Tate	Tom Gross	Megan MacPherson		Bob Jurgens
Mike Michael	Stacey Sandstrom	Kristi Carter		Terry Medley
	Rick Bean			Phyllis Funk
	Tom Stiles			Kim Burnam
	Bill Bider			Mary Ellen Wright
	Jeanine Schieferecke			Teresa Graber
	Russell Nittler			Jennifer Flory

Legend: Team Leaders Division of Public Health Division of Environment Division of Health Care Finance

Year 2 (FY13) Implementation

Appendix III: *Core Functions and Essential Public Health Services*

Core Functions of Public Health and How They Relate to the 10 Essential Services

The ten essential environmental health and public health services align with the three core functions of environmental and public health (assessment, policy development, and assurance).

Assessment

1. Monitor environmental and health status to identify and solve community environmental health problems.
2. Diagnose and investigate environmental and health problems and health hazards in the community.

Policy Development

3. Inform, educate, and empower people about environmental and health issues.
4. Mobilize community partnerships and actions to identify and solve environmental health and health problems.
5. Develop policies and plans that support individual and community environmental health and population public health efforts.

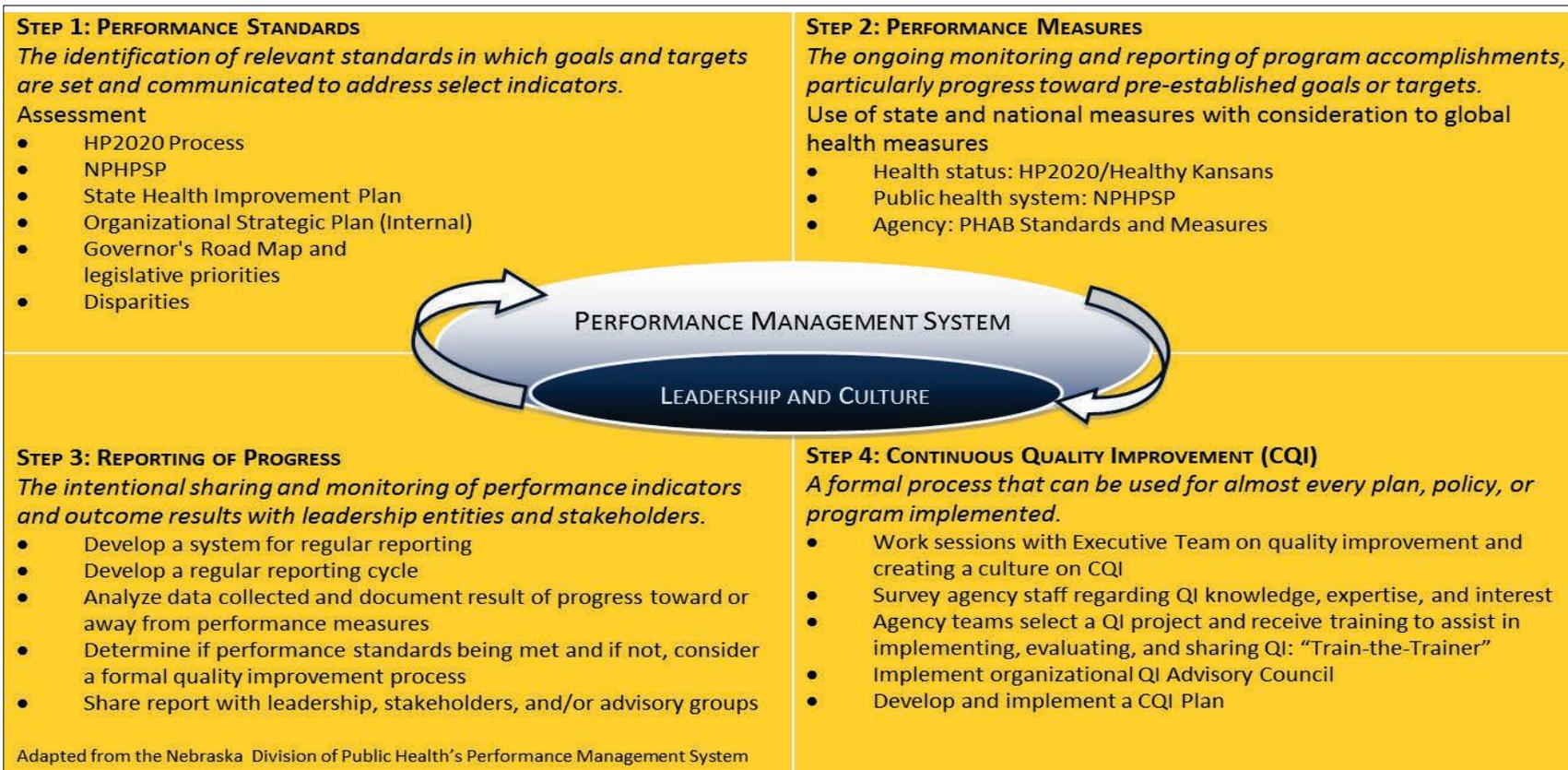
Assurance

6. Enforce laws and regulations that protect environmental health, population public health, and ensure safety.
7. Link people to needed environmental and health services and assure the provision of environmental health and health services when otherwise unavailable.
8. Assure a competent environmental health and public health workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based environmental health and public health services.
10. Research for new insights and innovative solutions to environmental health and public health problems.



Appendix IV: Kansas' Performance Management Framework

Kansas uses an adapted version of the Turning Point Performance Management System Framework to engage employees, and serve to guide, measure, and improve the agency's efficiency and effectiveness of services



Year 2 (FY13) Implementation