

Kansas Department of Health and Environment Strategic Planning Process

July-September 2011



Table of Contents

Message from the Secretary	3
Introduction to Organizational Strategic Planning	4
Strategic Planning Team Members	6
Engaging Key Stakeholders	6
Internal Communication	7
External Communication	7
Situational Analysis: Assessing the Current Situation July 2011	8
Setting Future Direction: Developing the Framework	8
Vision and Mission	10
Central Challenge and Strategic Priorities	11
Strategic Mapping: Visualizing the Process	13
Strategic Mapping	14
Setting Implementation Priorities	18
Identifying Tracks of Work	19
Developing Preliminary Implementation Plans	20
Appendices	21

Message from the Secretary

During the summer of 2011, the Kansas Department of Health and Environment set the future direction of the agency by kicking off a strategic planning process involving a thorough and critical assessment of the current situation and the identification of strategic priorities. This process began with a two-day workshop involving the executive team and program managers, as well as key leaders from about 10 partner organizations. In the weeks that followed, all staff within KDHE played a role in finalizing the strategic map and setting the objectives that would later guide work groups in their tracks of work.



An underlying theme in this process is the breaking down of silos within the department by increasing communication and collaboration. The addition of the Division of Health Care Finance to the department in July 2011 provides us with new opportunities to be more effective at the community level. We're incorporating a health-outcomes component in the state's Medicaid program and strengthening the efforts of HealthQuest in our State Employee Health Plan. Working in the current environment poses unique challenges, so meeting our objectives and making adjustments where necessary won't be easy. However, I'm confident that it can be done.

When it comes to the day-to-day responsibilities of programs within a bureau and division, it's very easy to overlook the fact that the work performed in one division has a direct impact on and greatly relates to the work being accomplished in a sister division within KDHE. As the state health department, all of us in the Division of Environment, Division of Health and Division of Health Care Finance are committed to the overall public health of Kansans. The work each of us is contributing at KDHE has a very significant impact on the health of people in this state. The same principles that we use to guide our efforts in public health can also guide our efforts in both environment and health care finance. Through the strategic plan, we want to create synergy among these divisions and extend that synergy to our work with stakeholders.

I'm committed to this process, to creating a vision that guides us in our work where we can use metrics to judge our effectiveness. I'm grateful to ASTHO and to the Robert Wood Johnson Foundation for their support of this important work. This plan covers years 2011-2014. Over the next three years, we have a unique opportunity to set the future direction of the department. Thank you for your commitment to this process. As our facilitator Tim Fallon shared with us, "Strategic effectiveness is an organization's ability to set the right goals and consistently achieve them."

Sincerely,

A handwritten signature in black ink that reads "Robert Moser". The signature is written in a cursive style and is contained within a thin black rectangular border.

Robert Moser, M.D.

Introduction to Organizational Strategic Planning

Purpose of Strategic Planning

The organizational strategic plan focuses on the entire department of health and environment and provides a guide for making decisions for:

- Allocating resources
- Taking action to pursue strategies and priorities

Department programs may develop program-specific strategic plans to support and complement the organizational strategic plan. The process of strategic planning has four key features:

1. Identify intended future outcomes
2. Continuous process
3. Measureable
4. Helps to identify problems and facilitates a plan for improving

The strategic planning process provides a blue print that guides an organization to identify and address system-wide strategies for continuous quality improvement within agency. Organizations need to remain “fluid and flexible” in order to make *minor* adjustments to time lines that are created in the continuous process of planning, implementing the plan, and evaluating the plan. Reviewing or evaluating the progress of strategic plan implementation helps an organization measure activities or processes. The process of effective strategic planning can be summed up easily:

- Formulate a “good enough” strategic plan
- Immediately implement plan
- Review progress regularly
- Make real-time adjustments
- Focus on results, not activities



Customer-Focused

Strategic planning for an organization, department, or program must include a wide representation of “customers” which include individuals or populations served, stakeholders, and the employees providing the services. In order for a strategic plan to be functional and useful, it must be understood by staff and implemented by the organization. The planning process “considers opinions and knowledge from across the health department, assesses the larger environment in which

the health department operates, uses its organizational strengths, and addresses its weaknesses. Ultimately, the strategic plan links to the health improvement plan” (PHAB, 2011, p. 135) adopted by stakeholders and populations served, and links to a quality improvement plan.

Five Drivers of Population Health Services

The five “drivers” or components that must be considered in planning and providing population health services include 1.) Policy and advocacy; 2.) Economic considerations; 3.) Emerging health and social Issues; 4.) Environmental impacts, and; 5.) Technology advances. These “drivers of population health work” impact organizational and program planning at all levels to some degree.



Organizations with high strategic effectiveness:

- Quickly formulate a “good enough” strategic plan.
- Move immediately to implementation—letting implementation teach them the ways that the strategy is on target and ways it needs to be improved.
- Review progress on implementation regularly with honesty and candor.
- Make real-time adjustments based on what is working, what isn’t, and how the world has changed.
- Focus on results, not activities.

The agenda outline for KDHE’s strategic planning session was:

- Assess the current situation of the Department.
- Set the future direction of the Department.
- Create a strategic map that depicts how to move from “current” to “future.”

Strategic Planning Team Members

The entire workforce of KDHE was involved in the development of the agency Strategic Plan through the solicitation of their input and feedback by the Secretary prior to the plan being put into action in September 2011. This took place in the form of a video message on the Intranet and an in-person focus group with the Secretary. The two-day planning kick-off workshop included the KDHE Executive Team, Bureau Directors, Program Directors, and Leaders representing External Stakeholder Groups. See **Appendix 1** for a list of workshop participants.

To implement the plan and its five tracks of work, the Secretary appointed five work group leaders and representatives from each of the three divisions. The Strategic Planning Implementation Work Group team leaders and members are listed in **Appendix 2**.

Engaging Key Stakeholders

A stakeholder is a person or organization that has an interest in the success of KDHE's programs and whose support is critical to the success of the strategic plan's implementation efforts. This would include all staff employed at KDHE and all customers and partners of the agency. Through the strategic planning process, the Secretary secured feedback from each key audience and considered a broad range of communication methods. The future strategic direction of the organization was presented, and feedback was solicited.

KDHE's strategic plan should create synergy among the agency's three divisions and extend that synergy to external stakeholders. Support from both internal and external stakeholders is critical to the success of the plan's implementation efforts and ultimately the mission-essential goal.

Internal Stakeholders – The Secretary solicited the participation of all KDHE staff in the development and implementation of the Plan by asking for feedback and input on the strategic map developed during the two-day workshop; this was accomplished through electronic mediums and in-person meetings.

External Stakeholders – To engage external stakeholders in the process, the Secretary invited executives from organizations outside KDHE to participate in the two-day strategic planning workshop in July 2011. Subsequently, communication of the strategic plan to an external audience included posting information to the KDHE website and sending an announcement to the public through the news media. All communication that KDHE staff members have with external stakeholders is of substantial importance. KDHE will continue to build and maintain sound relationships with all of its stakeholders. Communication with stakeholders should be strengthened as the agency carries out the action items defined by the plan's objectives.

Internal Communication

- **Webinar**- The Secretary presented the draft strategic map and the supporting documentation to all KDHE Staff through a webinar. The video was made available via the Intranet. Ample time was given for feedback and input on the strategic priorities and objectives that had been drafted during the two-day workshop in July 2011. Comments and suggestions were submitted to the Secretary and/or the Communications Director to be considered in the final version of the “working” strategic map and objectives.
- **Focus Groups** - The Secretary conducted a live session with 40-50 staff from around the agency. The invitation for participation went to all staff. This “focus group” allowed for breakout sessions and brief-out presentations, giving participants an opportunity to ask clarifying questions and offer suggestions for the Plan.
- **Questions for Staff** - The following questions were asked during the webinar and focus group sessions:
 - Are the Vision and Mission Statements appropriate?
 - What are the Strengths of the Strategic Plan?
 - What issues and concerns do you have?
 - What suggestions do you have to ensure the success of the plan?
- **Culture/Communications Survey** – The Office of Communications solicited additional feedback on the Plan through an internal survey that centered on objectives within the Culture/Communications track of work. The workgroup for this track of work used the responses to tailor the plan’s action items for that track of work.
- **Modes of Communicating to an Internal Audience** –
 - Weekly news bulletin, *Friday Flash*
 - Workgroup meetings
 - Intranet, *KDHENet*
 - All Staff email
 - Staff meetings

External Communication

- **Media Announcement** – The Office of Communications submitted a press release announcing that the agency’s Mission Statement changed through the Strategic Planning process and included the strategic map.
- **Public Website** – The Secretary’s page on the KDHE public website contains a note about the Strategic Plan and a link to the map.
- **Public Health Calls** – Strategic planning updates are provided to local health departments and hospitals via monthly teleconferences.
- **Conferences** – The Secretary and other agency officials include information about the strategic plan in presentations with industry partners.

- **Meetings** – Announcements and updates provided as needed during meetings with external stakeholders, to include a well-attended Public Health Grand Rounds presentation by Secretary Moser.

Situational Analysis: Assessing the Current Situation, July 2011

Assessing the current situation of the agency was the first step in setting KDHE’s future direction. Participants met in small groups to assess:

Appendix 3 - Strengths of the Organization

Appendix 4 - Weaknesses/Areas of Improvement of the Department

Appendix 5 - Critical Health and Environment Issues for the Next 3 to 5 Years

Appendix 6 - Critical Organizational Issues for the Next 3 to 5 Years

Setting Future Direction: Developing the Framework

Time Frame

Strategic planning is a disciplined process for defining and determining an organization’s roles, priorities and direction over a three- to five-year time frame. The plan sets forth:

- What an organization plans to achieve
- How the organization will achieve it
- How the organization knows if it has achieved it

Four Elements of Strategic Planning

The strategic planning process is the framework that an organization uses to clarify the future direction of work. The framework is comprised of four key elements: 1.) Mission and vision; 2.) Strategies; 3.) Norm or core values, and guiding principles, and; 4.) Tactics. These elements are described as follows:

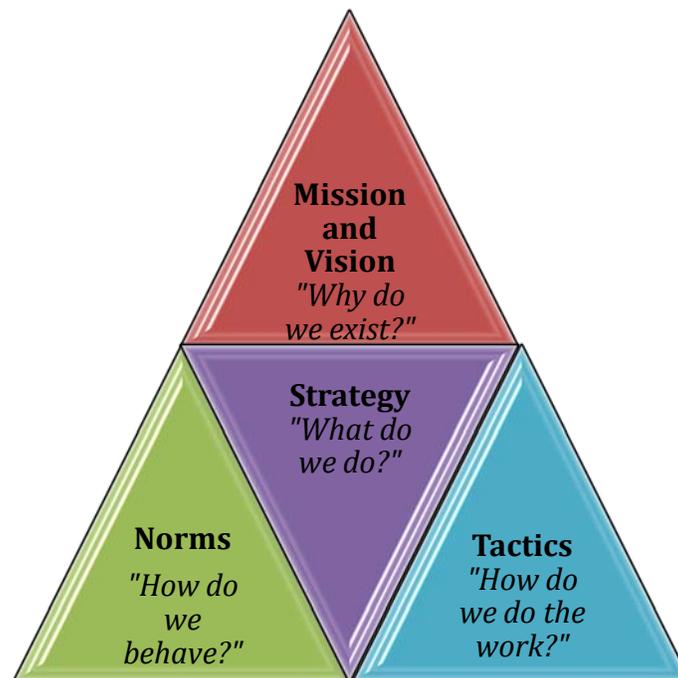
1. An organization’s Mission and Vision are two important elements of an organizational flagship that identifies why an agency exists.
 - a. The Mission statement helps to identify for an organization its reason for being, and its fundamental purpose. This is typically an enduring statement that remains for several years, providing long-term continuity and direction.
 - b. The Vision articulates the long-term outcome or end-state – the definitive contribution to those served.
2. The plan to move the Mission and Vision of the organization is called the Strategy. This outlines what the organization needs to do at this point in its history. This is an important point as it helps us to understand the strategic plan is a “living document” and subject to

change, revision, and evaluation! It is more focused and time-bound than the Mission and Vision.

3. How an agency does things is the organization's core values and/or guiding principles – this is typically a unique approach and is considered the "Norm" for the agency.

4. Finally, the "how to" which is the Tactics the organization uses to implement its strategy or "work to be done". It is at this level that problems can be identified, quality improvement activities used, and evaluation of changes made.

Tim Fallon, the strategic planning facilitator, provided a brief overview of the key elements of an organization's future direction.



- An organization's mission states why it exists, its reason for being, its fundamental purpose. It's an enduring statement that usually remains the same for many years, providing long-term continuity and direction for the organization.
- Vision articulates the long-term outcome or end-state that the organization will make a definitive contribution to creating.
- Strategy outlines what the organization needs to do at this point in its history. It is more focused and time bound than mission and vision—often looking to the next three years.
- An organization's core values and/or guiding principles outline its unique approach, its norms for "how we do things" in the organization.
- An organization's tactics outline "how to" implement its strategy.

Vision and Mission

As a first step in setting future direction for the Kansas Department of Health and Environment, planning participants reviewed the agency's vision and mission.

Current **Vision** for the Kansas Department of Health and Environment

Healthy Kansans living in safe and sustainable environments

Current **Mission** of the Kansas Department of Health and Environment

To protect the health and environment of all Kansans by promoting responsible choices

Discussion of the vision and mission included the following points.

- This vision and this mission were developed before the Division of Health Care Finance became part of the Department.
- Participants confirmed the current vision for the Department as describing the end state the Department is working to create: "Healthy Kansans living in safe and sustainable environments."
- Discussion notes about the mission statement included the following points:
 - The addition of the Division of Health Care Finance adds a multi-billion dollar purchasing arm to the Department. This has significant opportunity to impact the health of Kansans both in terms of health care delivery and in terms of encouraging population health.
 - Participants discussed whether to add the core public health functions to the mission statement. They decided not to add them – seeing them as strategies that support the mission rather than as part of the statement of mission.
 - Participants agreed that the mission statement should both provide guidance internally and provide effective communication externally.
 - The phrase "responsible choices" in the current mission is clearly important. However, it is not the only way that the Department protects the health and environment. It is one of the strategies that the Department uses. As a result, it was deleted from the mission.
 - In addition, addressing a number of health and environmental issues goes beyond the ability of individuals or populations to make responsible choices.
 - The term "protect" in the current mission is accurate and clearly part of the mission. However, the Department engages in efforts that go beyond protecting the current status. As a result, participants agreed that the Department's mission should be to "protect and improve."
 - In order to carry out its mission, the Department collaborates with a wide range of other organizations. However, "collaboration" is a core value or a strategy. It does not need to be included in the mission.

Based on the above discussion, the current vision of the Department was confirmed and the mission of the Department was revised as outlined below:

Mission of the Kansas Department of Health and Environment

To protect and improve the health and environment of all Kansans

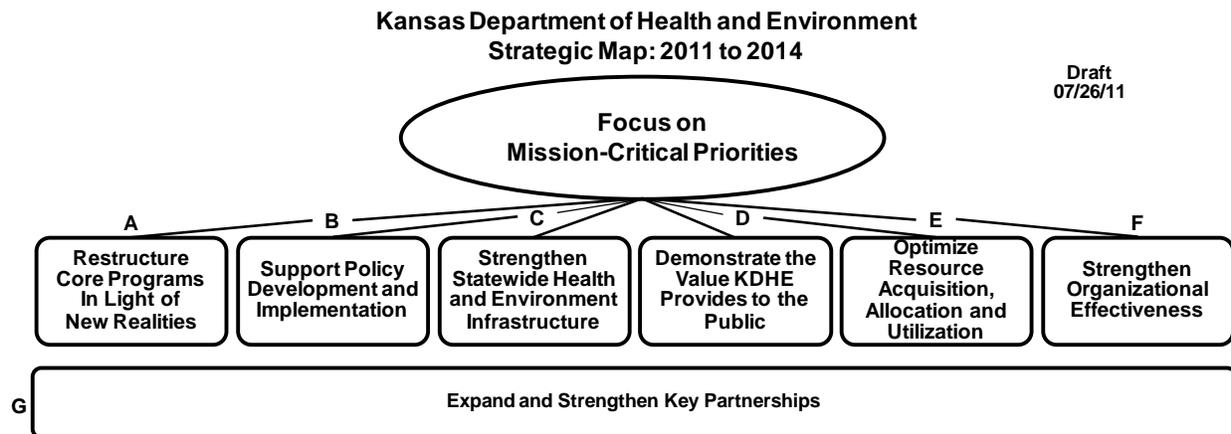
Central Challenge and Strategic Priorities

Participants were asked to identify—in a word or phrase—the central challenge that the Department faces over the next three years. A summary of the responses is listed in **Appendix 7**.

Using a one-page graphic representation of a strategic map, Tim Fallon explained the concepts of central challenge and strategic priorities.

- The oval at the top of the strategic map is the central challenge.
 - It is the focal point for strategy.
 - It focuses on what the organization needs to do in the next three years to support its mission.
- The central challenge is supported by some number of strategic priorities.
 - Strategic priorities are the few critical things we must do in order to meet our central challenge.
 - The number of strategic priorities can vary, but is never fewer than three or more than six.
- There are two tests of a strategic priority:
 - Is each priority *necessary* to meet the central challenge?
 - Are the strategic priorities taken together *sufficient* to meet the challenge?

Based on participant input on the central challenge, Tim Fallon then presented a “first draft” of a possible central challenge and strategic priorities for the Department for the next three years. After discussion and revision, the group agreed to the following version as “good enough” to begin work to develop strategic objectives for the map.



Discussion of the **central challenge** and **strategic priorities** included the following points.

- Discussion of the central challenge, “Focus on mission-critical priorities,” included the following points:
 - Because of the significant resources shortages the Department will face as we move forward, focusing is absolutely critical.
 - We can no longer do everything that we would like to do.

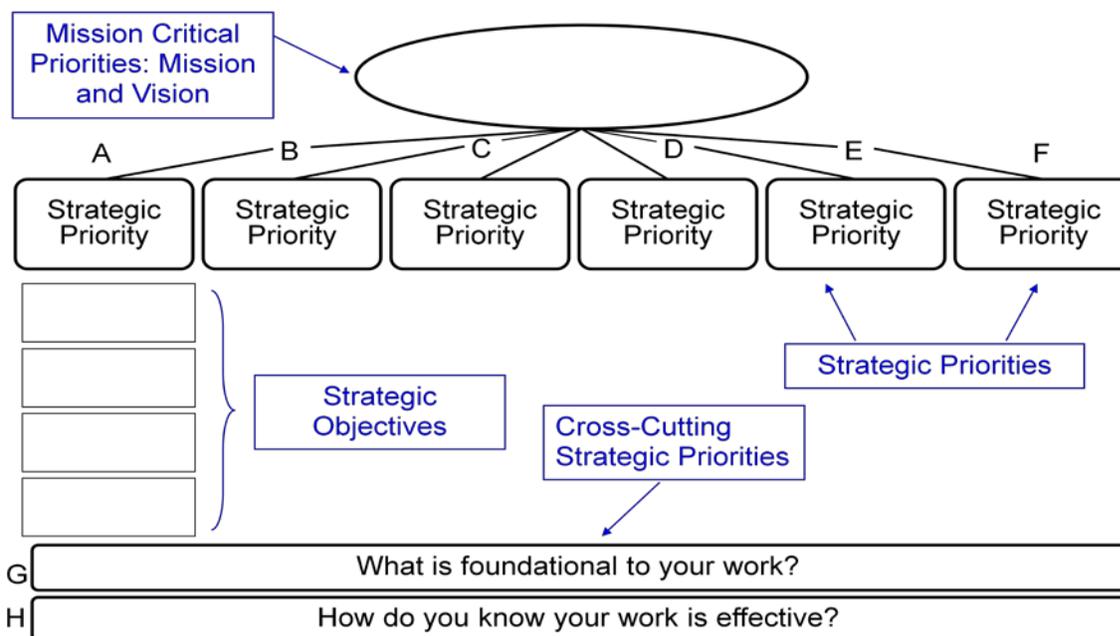
- We need to make sure that we focus on our mission-critical priorities.
- Strategic Priority A focuses on core programs: “Restructure core programs in light of new realities.”
 - This will require that we define clearly what we mean by core programs.
 - Our current understanding of core programs may not be what we decide to focus on in the future.
- Discussion of Strategic Priority B, “Support policy development and implementation,” included the following points:
 - We have a critical role in helping policy makers fully understand the issues as they make policy decisions.
 - “Policy” includes much more than just state laws. It ranges from ensuring the Department has the right policies to helping communities formulate health and the environmental policy.
 - This presumes that the Department will need to be clear on what its own policy goals and agenda.
- Discussion of Strategic Priority C, “Strengthen statewide health and environment infrastructure,” included the following points:
 - The Department has a critical role in developing and implementing the right statewide infrastructure for health and environment.
 - This will clearly require working in collaborative ways at multiple levels: federal, state, and local.
- Discussion of Strategic Priority D, “Demonstrate the value KDHE provides to the public,” included the following points:
 - Often the good work that we do is not obvious to the public or even to policy makers.
 - As resources are diminished and we are forced to demonstrate our effectiveness, it will also be critical that we are able to describe in meaningful ways the value that we provide to the public.
 - Assessing and demonstrating value requires effective metrics.
- Discussion of Strategic Priority E, “Optimize resources acquisition, allocation and utilization,” included the following points:
 - We need to remember that “resources” includes more than money. It also includes people, support resources and all the things we need to carry out the work of the Department.
 - Acquisition focuses on making sure we have a sufficient level of resources.
 - Allocation and utilization focuses on making sure that we do our best to apply those resources in the right place and use them both effectively and efficiently.
- Discussion of Strategic Priority F, “Strengthen organizational effectiveness,” included the following points:
 - We need to make sure that the Department is structured in the optimal way to deliver on our mission and strategy.
 - A key element of that effectiveness is ensuring that we have the right organizational culture to face current and future challenges.
- Discussion of Strategic Priority G, “Expand and strengthen key partnerships,” addresses the increased need to work in collaboration with a wide range of partners. In

an environment of diminished resources, this will be increasingly important for achieving our intended results.

- Strategic Priority G is a cross-cutting strategic priority. In strategic map logic, a cross-cutting strategic priority:
 - Is placed at the bottom of the strategic map to show that it is foundational to the strategy.
 - Spans the map from left to right to demonstrate that efforts to achieve the cross-cutting priority will be embedded in the efforts to implement all the other strategic priorities on the map.
 - No plan to implement the other strategic priorities will be considered complete unless it includes emphasis on the cross-cutting priority.

Strategic Mapping: Visualizing the Process

Components of the Strategic Map



1. The **central challenge** or purpose for existing (Mission and Vision) is supported by some number of strategic priorities.
2. The **strategic priorities** define the few critical things the organization needs to do to meet the central challenge. An organization must consider that each priority will become the focus of significant energy and attention over the next three – five years (length of time the organization opts to develop the strategic plan).

3. At the bottom of the strategic map there are two **cross-cutting strategic priorities**. In the logic of strategic mapping, there are two characteristics of a cross-cutting strategic priority:
 - a. A cross-cutting strategic priority is foundational to the strategy so it is placed at the bottom of the strategic map to show this.
 - b. A cross-cutting strategic priority also spans the map from left to right to show that the work of implementing it needs to be embedded in all other strategic priorities.

No plan to implement the other strategic priorities should be considered complete unless it includes emphasis on the cross-cutting strategic priority. This is what “makes” an organization a cohesive unit, working together to meet the Central Challenge!
4. The boxes under each strategic priority are **strategic objectives**. Objectives are the next level of “what to do.” They spell out more specifically what needs to be accomplished in order to achieve the strategic priority.

In addition to developing a strategic map, key areas of emphasis are identified for the each year of implementation. These areas are called **tracks of work** because the prioritized objectives have been grouped together in terms of the work required to complete them. The KDHE strategic map developed for the KDHE identifies five tracks of work for the first year of implementation which includes:

1. Program and Resources
2. Structure and Work Processes
3. Culture and Communications
4. Policy
5. Data

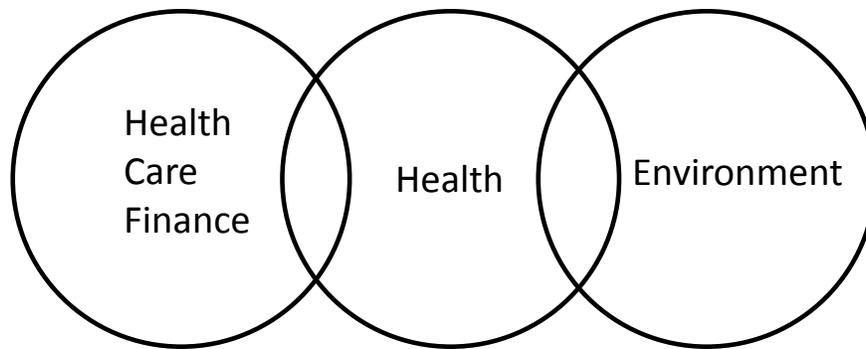
Strategic Mapping

In order to develop a strategic map for the Department, participants worked in small groups to identify objectives that support each strategic priority. A summary of the small group reports follows:

STRATEGIC PRIORITY A: RESTRUCTURE CORE PROGRAMS IN LIGHT OF NEW REALITIES

- Prioritize programs and services.
- Review program efficiencies.
- Focus on customer service.

The graphic at the top of the next page depicts the relationship of Health, Environment and Health Care Finance.



STRATEGIC PRIORITY B: SUPPORT POLICY DEVELOPMENT AND IMPLEMENTATION

- Capacity to collect, identify and analyze data
 - Identify the problem.
 - Quantify the impact.
 - Evaluate the impact.
- Timely and cohesive policy agenda
 - Way to conduct the process
 - Ability to assess policy options (evaluation)
- Institute process to identify problems and process to develop policy proposals.
- Develop a compendium of best practices.
 - Technical analysis
 - Knowledgeable workforce
- Develop a structure and process for policy analysis.
- Solid partnerships with key partners and funders
- Evaluation capacity

STRATEGIC PRIORITY C: STRENGTHEN STATEWIDE HEALTH AND ENVIRONMENT INFRASTRUCTURE

- Programs
 - Effective coordination
 - Strengthen legal authority.
- People
 - Technical assistance
 - Partnerships
 - System reviews
 - Retaining/training good staff
 - Workforce development
- Data and information
 - Internal/external communication
 - Performance measurement and accountability
 - Needs assessments/surveys
 - Partnership sharing of information/respect
- Materials
 - Equipment
 - Monitoring systems
 - Vaccines

- Resources
- Funding

STRATEGIC PRIORITY D: DEMONSTRATE THE VALUE KDHE PROVIDES TO THE PUBLIC

- Strengthen relationships with other state agencies.
- Grow community outreach initiatives.
- Improve communications internally and externally.
- Develop the tools to make data and key messages more easily accessible.

STRATEGIC PRIORITY E: OPTIMIZE RESOURCE ACQUISITION, ALLOCATION AND UTILIZATION

- Appropriate versus inappropriate funding sources
- Prioritizing (aligning)
- Aligning resources with priorities
- Optimizing resources (identify which resources)
- Maximize efficiencies.
- Develop employment strategies.
- Communicate priorities to partners.
- Strong internal communication
- Tracking, evaluation and data component – performance measures

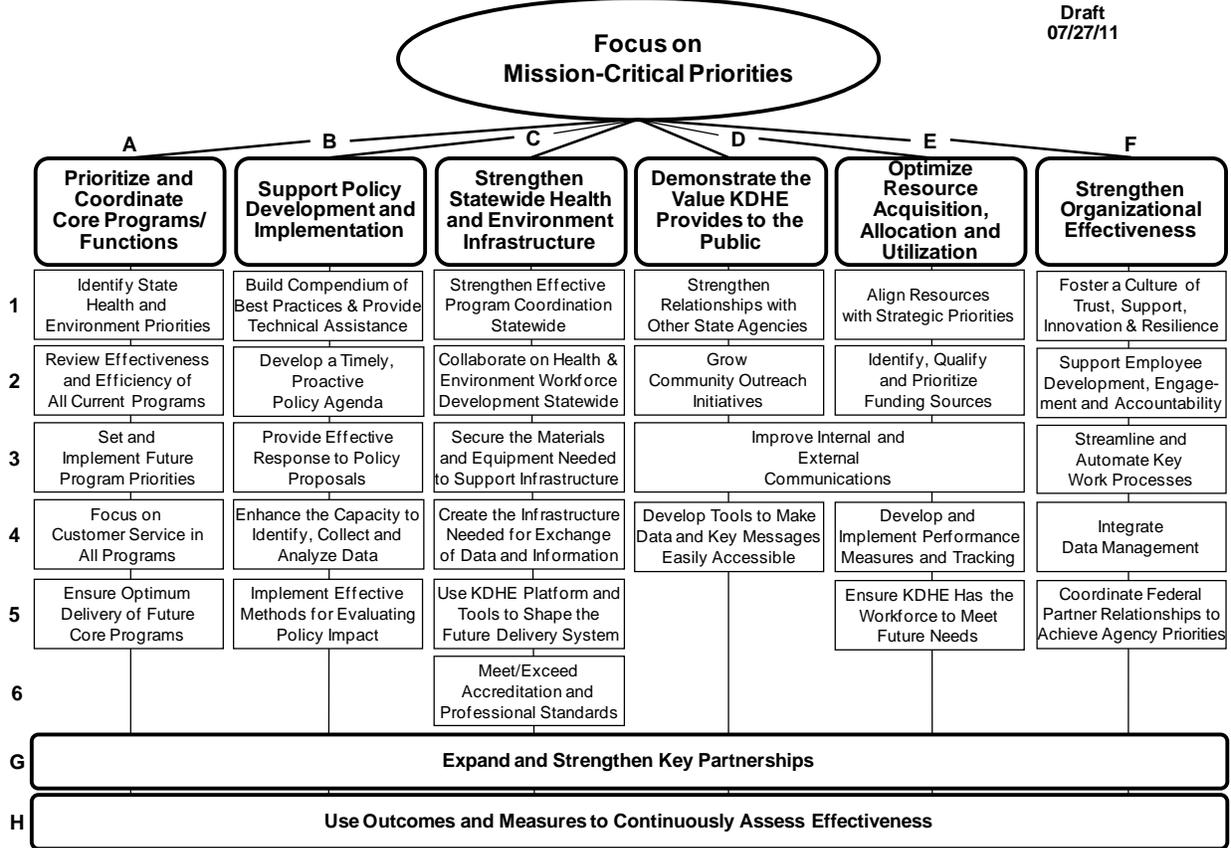
STRATEGIC PRIORITY F: STRENGTHEN ORGANIZATIONAL EFFECTIVENESS

- Monitoring work flow and integrating data management
- Coordinating our relationship with the federal government to achieve agency priorities
- Comprehensive review of programs and workforce functions from the bottom up
 - Legislatively required
 - Evidence-based decisions/best practices
- Cultural change/communication
- Shared responsibility and individual accountability

Based on the above input and extensive discussion that followed, the group developed the strategic map on the following page to guide the Department's efforts during the next three years.

**Kansas Department of Health and Environment
Strategic Map: 2011 to 2014**

Draft
07/27/11



Discussion of the strategic map is included in **Appendix 8**.

Setting Implementation Priorities

The group prioritized the efforts to implement the strategic map during the next 12 months using two different approaches. First, it surveyed each person’s thinking on the allocation of the organization’s time and energy that should be devoted to each column of the map during the next 12 months. (120 points represents all the resources that will be spent on implementation.) The table below depicts the number of points allocated to each column and the number of persons allocating that amount. The total number of points assigned for each column appears at the bottom of the table.

Number of Points	A	B	C	D	E	F
5	0	1	1	1	0	1
10	0	13	12	18	4	7
15	0	8	6	8	6	2
20	6	9	8	2	13	12
25	3	1	5	1	7	3
30	13	2	2	3	2	6
35	4	0	0	1	1	1
40	9	1	0	0	1	1
50	1	0	0	0	0	0
	1135	560	560	495	700	685

Next, the group surveyed perceptions of which objectives on the map are the most important to emphasize during the next 12 months. Each person was given five votes, and a summary of the “straw vote” is depicted in the table below.

	A	B	C	D	E	F
1	35	0	7	6	21	15
2	22	11	2	0	12	6
3	8	2	2	17		3
4	7	11	10	1	8	8
5	1	1	0	X	5	2
6	X	X	0	X	X	X

These “straw polls” will provide guidance on the most important things for the Department to focus on as it proceeds with implementation planning.

Identifying Tracks of Work

Tim Fallon introduced the group to the concept of a “track of work.”

- A track of work is a single map objective or a group of related objectives that use the same resources.
- Tracks of work are a means of getting organized for implementation.
- Organizations generally focus on no more than 3 to 5 tracks in a 12-month implementation period.

Participants agreed that the following tracks of work should receive primary emphasis during the next 12 months.

PROGRAM/RESOURCES

- Objective A-1: Identify state health and environment priorities.
- Objective A-2: Review effectiveness and efficiency of all current programs.
- Objective A-3: Set and implement future program priorities.
- Objective A-4: Focus on customer service in all programs.
- Objective C-1: Strengthen effective program coordination statewide.
- Objective E-1: Align resources with strategic priorities.
- Objective E-2: Identify, qualify and prioritize funding sources.
- Objective F-2: Support employee development, engagement and accountability.

POLICY

- Objective B-2: Develop a timely, proactive policy agenda.
- Objective B-3: Provide effective response to policy proposals.
- Objective B-4: Enhance the capacity to identify, collect and analyze data.

CULTURE/COMMUNICATIONS

- Objective D/E-3: Improve internal and external communications.
- Objective F-1: Foster a culture of trust, support, innovation and resilience.

DATA

- Objective B-4: Enhance the capacity to identify, collect and analyze data.
- Objective C-4: Create the infrastructure needed for exchange of data and information.
- Objective D-4: Develop tools to make data and key messages easily accessible.
- Objective E-4: Develop and implement performance measures and tracking.
- Objective F-4: Integrate data management.

STRUCTURE/WORK PROCESS

- Objective A-4: Focus on customer service in all programs.
- Objective C-1: Strengthen effective program coordination statewide.
- Objective D-1: Strengthen relationships with other state agencies.
- Objective F-2: Support employee development, engagement and accountability.
- Objective F-3: Streamline and automate key work processes.

Developing Preliminary Implementation Plans

Participants met in small groups to begin developing implementation plans for each track of work. **Appendix 9** includes a summary of the small group reports. The preliminary work on the implementation plan for each track of work will be used as input as the implementation plans are developed and finalized.

Appendices

Appendix 1 - Strategic Planning Workshop Participants, July 26-27, 2011

Office of the Secretary

Robert Moser, Secretary and State Health Officer
Aaron Dunkel, Deputy Secretary
Kari Bruffett, Assistant Secretary for Policy and External Affairs
Miranda Steele, Communications Director
Nathan Bainbridge, Senior Executive Policy Analyst
Jessica Abel, Human Resources Director
Bob Hasslinger, Interim IT Director
Tim Keck, Deputy Chief Counsel
Pat Kuester, Chief Financial Officer
Bret Mangan, Summer Intern

Division of Environment

John Mitchell, Division Director
Gary Blackburn, Director for Bureau of Environmental Remediation
Rick Bean, Chief – Remedial Section, BER
Karl Mueldener, Director for the Bureau of Water
Tom Stiles, Chief - Watershed Planning, BOW
Leo Henning, Director for the Bureau of Environmental Field Services
Rick Brunetti, Director for the Bureau of Air
Tom Gross, Air Monitoring and Planning Chief, BOA
Bill Bider, Director for the Bureau of Waste Management
Jim Rudeen, Section Chief -Compliance, Assistance, & Enforcement Section, BWM
April Dixon, Director of District Offices

Division of Health Care Finance

Andy Allison, Division Director
Barbara Langer, Medicaid Director
Mike Michael, State Employee Health Plan Director
Scott Brunner, Chief Fiscal Officer

Division of Health

Mindee Reece, Director for the Bureau of Community Health Systems
Rosanne Rutkowski, Director for the Trauma Program in BCHS
Brenda Nickel, Director for the Center for Performance Management
Brenda Walker, Director for the Bureau of Disease Control and Prevention
Charlie Hunt, Director for the Bureau of Epidemiology and Public Health Informatics
Lou Saadi, State Registrar and Deputy Director for BEPHI
David Thomason, WIC Program Director, Interim Director, Bureau of Family Health
Marc Schiff, Section Chief, Children and Youth with Special Health Care Needs

Joe Kroll, Director for the Bureau of Health Facilities
Mary Murphy, Section Administrator - Compliance & Regulation Development Unit, BCCHF
Katherine Weno, Director for the Bureau of Oral Health
Paula Clayton, Director for the Bureau of Health Promotion
Brandon Skidmore, Deputy Director for BHP
Tom Langer, Director for the Bureau of Environmental Health

Outside Stakeholders

Amy Chesser, Research Assistant Professor, KU School of Medicine Wichita
Edie Snethen, Executive Director, Kansas Association of Local Health Departments
Elaine Schwartz, Executive Director, Kansas Public Health Association
Jerry Slaughter, Executive Director, Kansas Medical Society
Nancy Larson, Director Pollution Prevention Institute Engineering Extension, KSU
Rick Kellerman, Chair, Family and Community Medicine, KU School of Medicine Wichita
Robert St. Peter, CEO, Kansas Health Institute
Tom Bell, President, Kansas Hospital Association

Appendix 2 - Implementation Work Group Team Leaders and Members

Culture/Communications	Data
Miranda Steele	Aaron Dunkel
Brenda Nickel	Brenda Nickel
Sara Roberts	Rachel Berroth
Brenda Walker	Robert Stiles
Greg Crawford	JanetNeff
Lori Haskett	Jennifer Schwartz
John Mitchell	Ghazala Perveen
Rick Brunetti	Russ Brichacek
April Dixon	Leo Henning
Scott Nightengale	Randy Carlson
Rod Geisler	Jonathan Haynes
Megan MacPherson	
Jaime Brown	
Kristi Carter	

Policy	Program/Resources	Structure/Work Processes
Kari Bruffett	Nathan Bainbridge	Mindee Reece
Brenda Nickel	Brenda Nickel	Brenda Nickel
Michael McNulty	Cyndi Treaster	Mary Murphy
Deb Warren	Phil Griffin	Jane Shirley
Charlie Hunt	Lou Saadi	Tom Langer
Paula Clayton	Paula Clayton	Farah Ahmed
Aiko Allen	Miles Stotts	David Thomason
Tom Gross	Cathy Colglazier	Brandon Skidmore
StaceySandstrum	Christine Houston	Kathy Weno
Rick Bean	Gary Blackburn	Marrian Massoth
Tom Stiles	Mike Tate	Julie Coleman
BillBider	Mike Michael	Jon Brady
		Bob Jurgens
		Terry Medley
		Phyllis Funk
		Kim Burnam
		Mary Ellen Wright
		Teresa Graber
		Jennifer Flory

Appendix 3 - Strengths of the Organization

GROUP 1: AARON DUNKEL, PAT KUESTER, LEO HENNING, BARBARA LANGER, CHARLIE HUNT, PAULA CLAYTON, NANCY LARSON

- Institutional knowledge/experience
- Frontline staff have genuine concern for health and the environment
- Dedicated staff
 - Competent
 - Friendly
- Education/technical experience
- We use a common approach.
- Passionate staff
- Innovation – staying current
- Fiscally responsible
- Strong leadership
- Established analytic capacity
- Strong data systems
 - Vital statistics
 - BRFSS
 - DAI
 - Infectious disease
 - GIS
- Partnerships
- Unique mission – health and environment together
- Strategic presence/customer service
- Partnerships with federal agency
- The focus on evidence-based practice
- Business friendly
 - Technical assistance before penalty
 - Education to increase compliance
- Adaptive/open to change
- We are a good “training ground.”

GROUP 2: KARI BRUFFETT, BRET MANGAN, RICK BRUNETTI, MIKE MICHAEL, LOU SAADI, BRANDON SKIDMORE, RICK KELLERMAN

- Data warehouse
- People
 - Dedicated workforce
 - Professional commitment
 - Expertise
 - Broad responsibilities/constituencies
 - Opportunities for linkages
 - “Department of miscellaneous”
- Shared resources – opportunity
- Authority/statutory responsibility
- Federal partners

- Funding
- Linked to national perspective
- Positive mission connotation
 - Health
 - Environment

GROUP 3: MIRANDA STEELE, JOHN MITCHELL, TOM GROSS, SCOTT BRUNNER, DAVID THOMASON, TOM LANGER, ROBERT ST. PETER

- Expertise
- Data in house
- Window of opportunity with the new Secretary
- Relationship with stakeholders
- Unique role of the Department

GROUP 4: NATHAN BAINBRIDGE, GARY BLACKBURN, MINDEE REECE, MARC SCHIFF, AMY CHESSEY, TOM BELL

- Expertise/tenure/institutional knowledge
- Leadership
- Respect/confidence
- Infrastructure
 - IT
 - HR
 - Physical
 - Legal
- Organizational structure
- Grant writers
- Partnerships
- Timing for change

GROUP 5: TIM KECK, TOM STILES, ANDY ALLISON, BRENDA WALKER, KATHERINE WENO, JERRY SLAUGHTER, GLEN COX

- People
 - Professional
 - Dedicated
- Leadership
- Important services
- Common sense solutions – not black and white

GROUP 6: JESSICA ABEL, RICK BEAN, JIM RUDEEN, ROSANNE RUTKOWSKI, JOE KROLL, EDIE SNETHEN

- Dedicated workforce
- Service-oriented – including a focus on rural issues
- Committed, passionate
- Long-term experience
- Innovation
- Relationship with partners/credibility with partners
- Integration of health, environment and health care finance

- Outreach and field presence for customers
- Peer networking
- Preparedness for a crisis, emergency, assistance
- Ability to leverage resources

GROUP 7: KARL MUELDENER, APRIL DIXON, BRENDA NICKEL, MARY MURPHY, ELAINE SCHWARTZ, SHIRLEY ORR

- Broad set of tools/resources
 - Regulations
 - Finance
 - Workforce
- Transparency/accountability/accessibility
- Most budgets do not use SGF.
- National leadership (experts in our field)
- Data/information
- Continuity of staff

Appendix 4 - Weaknesses/Areas of Improvement of the Department

GROUP 1

- Dependent on external money
- Declining SGF
- Work driven by what is available
- Compartmentalization
- Lack of agency-wide strategic plan
- Adequate human resources
 - Vacancies
 - Positions cut
- Pressure to cut is demoralizing to staff.
- Difficulty recruiting
- Inability to attract and recruit young talent
- Lack of succession planning – aging workforce
- Lack of sufficient planning for change
- Insufficient employee management – working supervisors don't have time to coach and mentor
- High turnover in some areas (The agency as a whole is about average.)
- Some classes are hard to recruit.
 - Epidemiologists
 - Engineers
 - Registered nurses
 - Registered dietitians
- Inconsistencies in enforcement program
- Need to better communicate our success
- Regulatory role attracts negative media.
- Diminishing local resources

GROUP 2

- Ability to tap into data/resources
- More effective use of external partners – needs better coordination
- Application of public health principles to populations
 - SEHP
 - Medicaid
- Recruitment/retention of good employees
- Federal partners
 - Funding dependence
 - Philosophy/policy impact (i.e. health reform)
- Legislative advocates
 - A lack of advocates
 - “Brand” issues (customer service)
- Balancing population health versus individual health care delivery
- Lack of clarity with local partners
- Timeliness/responsiveness
 - Checks and balances
 - The presence of so many layers slows implementation.
- So many responsibilities
 - Some are a lesser priority.
 - They still take resources.
- Interaction/partnership with other state agencies

GROUP 3

- Loss of institutional knowledge through attrition
- Attitude towards the Department as state regulators
- Organization and dissemination of data
- Perception of KDHE in the legislature
- Morale – transition

GROUP 4

- Declining funding
- Focus on policy maker relationships
- Focus on service orientation
- Regulatory programs
- Chasing federal dollars leads to dilution
- Need greater IT capacity
- Public outreach (especially for environment)
- Diminishing institutional memory
- Lack of pay increases
- Employee turnover/inability to fill positions
- Improved internal policy communication
- Succession planning

GROUP 5

- Retention, turnover
- Horizontal management – silos (external view)
- Internal communication
- Educating the public on what we do (promoting)
- Need for better communication on policy priorities

GROUP 6

- Staff attrition through retirement
- Communication challenges
- Challenges due to economic problems
- Improve communication to address morale issues.
 - Lack of shared vision being communicated
 - Framing new philosophic vision
- Federal dominance – state, federal and local tension
- Shrinking funding, inflexibility of some funding sources
- Complexity of business processes; technology not used to advantage
- Improving relationships with outside partners for policy advocacy

GROUP 7

- Communication flow (internal and external)
- Technology issues
 - Web master
 - Confusing web pages
- Silos
- Mission alignment – identify core functions
- Perception of agency (external)

Appendix 5 - Critical Health and Environment Issues – Next Three to Five Years

GROUP 1

- Manpower
- Providers are aging.
 - Critical shortage
 - Affects Medicaid especially
- Substance abuse
 - Tobacco
 - Alcohol
 - Other drugs
- Alternative energy sources
- Obesity
- Regulatory change
 - Constant federal requirements
 - Changing with no new revenue/resources
- Air quality
 - Ozone

- Greenhouse gas
- Water
 - Nutrient loading for surface water (i.e. blue/green algae)
 - Pharmaceutical waste impacts water quality.
- Emerging infectious disease
- Health care associated infections
- Food and water-borne pathogens
- Water quality – affected by energy sources
- Economy affects health.
- Health care costs
 - Buying the right service
 - Higher demand due to obesity related disease, such as diabetes
 - Higher demand due to tobacco
 - Changing demographics
 - Changing cost of delivering service (inflation)
- Mental health
- Messaging
 - Cutting through inaccurate social media messaging
 - Media is deluded by many sources.
- Refocusing on prevention

GROUP 2

- Aging population
 - Impact on retirement
 - Long-term care
 - External partners/health care providers
 - Onset of disability
- Chronic disease – prevention
- Foreign animal diseases
 - Hoof in mouth
 - Lyme disease
- Impact of federal health care reform
 - Financing
 - Economics
 - Effective exchange
 - Information/education
- Systems that impact health
 - Health care providers
 - Communities – built environment
- Accreditation
- Immigration
 - New diseases
 - Cultural interface

GROUP 3

Public Health Issues

- Aging of baby boomers and cost of chronic disease treatment
- Workforce shortages
 - Public health
 - Primary care
- Lack of stable funding
- Infant mortality/follow up after newborn screening

Critical Environmental Issues

- Water quality/quantity issues
- Workforce shortages
- Asthma
- Lab capacity

GROUP 4

- Resource limitations (decreased capacity)
- Limited options – response and recovery
- Medicaid reform
- Health reform implementation
- Sustainability of programs and services
- Focusing on prevention
- Balancing programs and services with the needs of the public and “politics”
- “Partisanship”
- Aging population
- Declining rural physicians/treatment access
- “Siloed” IT systems/obtaining data
- Public health accreditation
- Orphan/contamination sites
- Corporate culture – opportunities to foster

GROUP 5

- Federal regulations limit flexibility to address local/state priorities.
- Balance between mission and economic vitality
- Funding (EPA)
- Mutual partnerships
- Accreditation – public health

GROUP 6

- Obesity
- Health promotion
 - Data development to identify opportunities
 - Leveraging resources to promote health
- Infrastructure funding for water quality infrastructure
- Air quality

GROUP 7

- Data rich, information poor
- Privacy, ownership
- Obesity – overeating
- Aging population
- Poverty – disparities (access to care)
- Land use – resources
- State and federal priorities (role of government in health)

Appendix 6 - Critical Organizational Issues – Next Three to Five Years

GROUP 1

- Aging workforce throughout KDHE
- Too many supervisors per employee
- Integration of HCF into KDHE
- Supervisor requirements – need a career ladder
- Professional development – reward technical staff in some way other than promotion to supervisor
- Stagnant pay matrix – need alternative incentives
- Emergence of electronic health records
 - Use of them in public health surveillance
 - For public health information
 - Improved health care delivery
 - Etc.
- Energy-friendly practices
 - Model behavior
 - Environmental management policy/statement
- IT policy and practice to support agency needs and ensure basic IT support
- Priority setting
 - In concert with partners
 - In concert with legislators
- Potential for future privatization
- Need for efficiencies in declining resource environment

GROUP 2

- Retirements – loss of institutional memory
- Disjointed public health delivery systems
 - Working with local delivery systems
 - County health departments
 - Primary care clinics
 - Better use of external partners
 - Disconnect with health care providers (physicians, hospitals)
 - Urban versus rural
- Ability to implement federal regulations without funding – unfunded mandates
- Reducing costs but maintaining or improving outcomes all across the agency
- Meshing of cultures among divisions

- Information systems

GROUP 3

- IT resources
- Staffing – not able to replace vacant conditions
- Federal/state resource constraints
- Planning/direction for the agency related to science versus politics
- The identity of KDHE under the new administration
- Creating positive/new culture in reorganized agency

GROUP 4

- Funding
- Organizational effectiveness/capacity
- HCF integration
- Employee retention
- Leadership “burnout” (multiple hats)
- Lack of competitive salaries
- Proactive with policy makers
- Stakeholder collaboration

GROUP 5

- Limited resources and reorganization
 - Shrinking federal/state funding
 - Retirement
- Better collaboration
 - Internal
 - External
- Better use of technology/system functionality
- Identify duplication.

GROUP 6

- Developing a member workforce
- Reduction of qualified public health workforce to respond to needs, including disasters
- Prioritization of essential services and funding
- Communication/transparency/realistic planning

GROUP 7

- What is the strategy for the climate we live in (administration)?
- Shrinking government
- Maintain competent, adaptive workforce.
- Optimize communication.
- Agency values? – job one
- Identify core functions.
- Keep pace with technology.

Appendix 7 - Central Challenge of the Department in the Next 3 to 5 Years

- Health of the population
- Restructuring health care financing and delivery systems to promote quality of care
- Success on achieving the right priorities with diminished resources
- Navigating the current political climate
- Prioritization
- Declining resources in the context of political contention
- Restructuring the services KDHE provides
- Implementing, maintaining and expanding valuable programs within health promotion due to lack of funding
- Helping policy makers redefine what government can best do
- Adapting to declining funding and other resources
- Building a shared vision for health
- Politics and economics
- Effective communication
- Adapting to change
- Establishing priorities
- Diminishing resources while maintaining mandated programs
- Fulfilling regulatory mandates to protect the environment while business is already challenged
- Competing priorities among the divisions
- Maintaining trust
- Demonstrating value to the public in order to ensure our ongoing mission
- Coordinating and facilitating multiple priorities within emerging fiscal and demographic realities
- Achieving the mission with fiscal and political realities
- Doing more with less in a fundamentally changed environment
- Setting and sticking to agency priorities
- Declining resources and competing demands
- Retaining and developing leaders
- Sustaining core programs
- Reorganization
- Dealing with the disconnect between federal and state policies
- Defining success
- Optimal departmental effectiveness and efficiency
- Informed, thoughtful decision making with a shared long-term view
- Lack of resources
- Adequate funding for core programs
- Achieving the agency mission with shrinking budget and resources
- Providing appropriate services with limited resources and political opposition
- Staying true to our mission in tough times
- Defining and explaining our purpose in a time of significant questions about the role of government
- Assuring infrastructure to support the mission

- “E pluribus unum” – out of many one
- Meeting the mission with constricted resources
- Managing our programs with a moving target
- Sustaining funding in light of the mission
- Providing core and essential services with fewer resources
- Doing more with less

Appendix 8 - Discussion of the Strategic Map

- Strategic Priority A was edited to read as follows: “Prioritize and coordinate core programs/functions.” As we move to implementation, it will be important to engage the staff in the work of prioritizing programs and functions.
- Objective A-1, “Identify state health and environment priorities,” recognizes that the Department will need to set those priorities. It will be important to let the people in the Department know that this work has not yet been done and that they will be a part of it.
- Objective A-1 also recognizes the need to use effective needs assessment as a basis for prioritization.
- In developing objectives for Strategic Priority A, we will also have to define what we mean by “core programs/functions.” At the present time, there are multiple understandings of this within the Department.
- Objective A-2, “Review effectiveness and efficiency of all current programs,” addresses the need for a comprehensive program review. In order to effectively complete such a review, it will need to be done in stages.
- Objective B-1, “Build compendium of best practices and provide technical assistance,” addresses the Department’s role in providing policy guidance to the legislature, other organizations and communities.
- Objective B-2, “Develop a timely, proactive policy agenda,” addresses the Department’s need to clearly focus its policy efforts.
- Objective B-3, “Provide effective response to policy proposals,” addresses the Department’s need to respond to the policy initiatives of others. Regardless of the Department’s agenda, others will make policy proposals that require Department attention and response.
- Objective B-4, “Enhance the capacity to identify, collect and analyze data,” addresses the need to increase the Department’s ability to use effective data collection and analysis to support policy recommendations and decisions.
- Objective B-5, “Implement effective methods for evaluating policy impact,” calls for the Department to increase its effectiveness in evaluating its policy impact to both ensure its effectiveness and guide its improvement.
- Objective C-1, “Strengthen effective program coordination statewide,” recognizes that the Department has multiple ways to influence program coordination of the programming that others provide. This includes funding, evaluation and other means.
- Objective C-2, “Collaborate on health and environment workforce development statewide,” recognizes the need for the Department to play a significant role in

ensuring that Kansas has the workforce it needs to meet the future health and environmental needs.

- Objective C-4, “Create the infrastructure needed for exchange of data and information,” addresses the critical need for the state to have effective information technology to support coordinated efforts to improve health and the environment.
- Objective C-6, “Meet/exceed accreditation and professional standards”:
 - Recognizes that accreditation is only one of the professional standards that the Department must meet and exceed
 - Commits the Department to achieving accreditation
 - Recognizes the Department’s critical role in encouraging and supporting the accreditation of other public health organizations in the state
- Objectives D-1 through D-4 of the strategic map support efforts to demonstrate the value KDHE provides to the public. This includes:
 - Explicitly defining and effectively communicating the Department’s value using the right key messages
 - Improving both internal and external communication to effectively convey those messages
 - Strengthening relationships with other state agencies and expand outreach to communities in Kansas
- Objectives E-1 through E-5 focus on both financial and human resources.
- Objective E-2, “Identify, qualify and prioritize funding sources,” addresses the Department’s need to seek out the right sources to fund the Department’s priorities without “chasing dollars” that don’t fund mission-critical priorities.
- Objective E-4, “Develop and implement performance measures and tracking,” recognizes the need to continually assess and improve performance.
- Objective E-5, “Ensure KDHE has the workforce to meet future needs,” is related to Objective C-2 but focuses more specifically on the internal workforce needs of the Department.
- Objective F-1, “Foster a culture of trust, support, innovation and resilience,” recognizes the importance of culture in providing organizational cohesiveness as it faces current challenges and opportunities.
- Objective F-2, “Support employee development, engagement and accountability”:
 - Recognizes the need to more effectively engage employees and support their development
 - Emphasizes increasing employee accountability for delivering the results of the Department.
- Objective F-3, “Streamline and automate key work processes,” addresses a two-fold need:
 - Making sure that the Department’s work processes are effective and efficient
 - Ensuring those processes are supported by effective IT systems
- Objective F-4, “Integrate data management,” addresses the critical role of improving data management in driving departmental effectiveness.
- In the final version of the map, participants agreed to add a second cross-cutting strategic priority – Strategic Priority H – “Use outcomes and measures to continually assess effectiveness.”

Appendix 9 – Preliminary Implementation Plans

PROGRAM/RESOURCES

Result	Deadline	Accountability
Inventory design	9/1/11	Executive
Complete program inventory	10/15/11	Management Team
Design program/function evaluation process	10/1/11	Executive
Communicate design to employees	11/1/11	Management Team
Conduct prioritized evaluations	4/1/12	Management Team
Prioritize program/functions	5/1/12	Executive
Solicit stakeholder feedback on priorities	7/1/12	Executive
Align resources based on priorities	8/1/12	Executive

POLICY

Result	Deadline	Accountability
Update process for policy development	August/September 2011	Office of the Secretary, Division Directors
Review/enhance process for policy consideration <ul style="list-style-type: none"> • Prospective and reactive <ul style="list-style-type: none"> ○ Including shared internal resources 	August/September 2011	Office of the Secretary, Bureaus
Prepare cohesive policy agenda based on state/agency priorities	Fall 2011	Office of the Secretary
Prepare cohesive policy agenda based on state/agency priorities <ul style="list-style-type: none"> • Longer term – beyond one year • Coordinated with the Program/Resources track • Includes collaboration with private and academic partners to develop best practices research and analytics 	To be determined	Office of the Secretary

CULTURE/COMMUNICATIONS

Result	Deadline	Accountability
Provide all KDHE staff ongoing and timely updates on key agency functions, policies, issues and information <ul style="list-style-type: none"> • Town Hall • FF revamp • Drop box 	10/1/11	Office of Communications, Division Directors and Deputies
Increase public awareness of KDHE as a resource and increase awareness of KDHE activities <ul style="list-style-type: none"> • Website design • Schedule web updates • Social marketing/media • Subscription service 	2/1/12	Office of Communications, Information Technology
KDHE takes prominent role in creating an environment for timely and effective inter-agency communications across all program areas and with partner organizations <ul style="list-style-type: none"> • National resources • EMS Board meetings • KALHD Board meetings • Etc. 	4/1/12	Office of the Secretary, Division Directors and Deputies
Develop a process to encourage and support employee wellness, including stress and time management as well as personal health <ul style="list-style-type: none"> • On-site Wellness Lunch and Learn • Work site Wellness at work • Biggest Loser • Biking Across Kansas • Golf tournament • Intramural sports 	12/31/11	Headquarters and BHP

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Result	Deadline	Accountability
Develop internal recognition program for individual and/or Program Bureau accomplishments <ul style="list-style-type: none"> • Above and Beyond • Lunch with the Secretary • Web recognition/programs • Etc. 	11/1/11	Office of Communications, Human Resources and Deputy Division Directors
Determine and implement a set of no-cost employee incentives to sustain and support improved morale <ul style="list-style-type: none"> • Survey • Guidance from DA 	1/1/12	Office of Communications, Deputy Directors, Human Resources, DHCF-M

DATA

Result	Deadline	Accountability
Have a completed gap analysis (including KALHD regarding current work) to establish data needs and current data available for accreditation and performance management	2/1/12	A designated committee
Ensure KDHE is in position to: <ul style="list-style-type: none"> A. Define relationship to administrative structure B. Access HIE data for public health purposes 	A. ASAP - 9/1/11 B. 8/1/12	Aaron Dunkel, Dr. Moser
Complete a basic macro-level architecture design for Knowledge Management System	6/1/12	Information Technology and "the committee"
Develop implementation plan for using the Knowledge Management System	8/1/12	Information Technology and "the committee"

Structure/Work Process

Result	Deadline	Accountability
Master grant (Objective F-4) <ul style="list-style-type: none"> • The grant application and reporting process is efficiently streamlined and meets the needs of our partners • Locals fill out one form for all programs 	8/1/12	Project team of experts
Result	Deadline	Accountability
Needs of statewide partners are identified, reviewed and prioritized (Objective F-4)	3/31/12	Program Directors
Measureable improvement in customer service (Objective A-4)	8/1/12	Project team of experts
Identify those processes that can be automated and/or streamlined (Objective F-4)	3/31/12	Program Managers and employees