

**MISSOULA CITY-COUNTY HEALTH DEPARTMENT
STRATEGIC PLAN
FY2016-2018**



ADOPTED ON OCTOBER 15, 2015 BY THE MISSOULA CITY-COUNTY BOARD OF HEALTH

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MESSAGE FROM THE DIRECTOR

Dear Missoulians, Board, Staff, and Elected Officials,

Many of today's health problems are preventable. We have known for some time how important clean air, clean drinking water, safe and nutritious food, immunizations, and healthy pregnancy and parenting are to our public health. We are learning more about how our built environments – where we live, work and play – affect our long-term health. The Missoula City-County Health Department is charged with keeping fundamental public health protections in place and addressing emerging public health problems. This strategic plan – informed by the 2014 Missoula County Community Health Assessment, the 2015 Community Health Improvement Plan, department staff, and the Missoula City-County Boards of Health, Air Pollution Control, and Water Quality District – identifies the department's priorities, goals, objectives and work plans for the period July 1, 2015 through June 30, 2017.

The plan sets forth major goal areas for the next three years and identifies key indicators telling us how we are doing in each. Because the plan is a living document, the annual work plan objectives and activities are adopted one year at a time, each new year building on the previous year's progress. This approach allows us to adjust key strategies each year while keeping sight of the longer-term goals. The department is involved in numerous efforts to protect you, your family, and our environment, that are not reflected in this plan. This other work is important, may even be mandated, and is monitored in the department's performance management system. The strategic plan specifically addresses larger and longer-term public health priorities that require focused effort to improve, not just maintain, our community's health. Strategic priorities are categorized as "Population Health Status" and "Environmental Health Conditions" within the plan. And as an accredited* health department, MCCHD must uphold national standards in all of its work. The FY2016-2018 strategic plan includes a new category of "Internal Capacity and Support" aimed at keeping our work up to those standards.

As with past progress, future progress is heavily reliant on Missoula's citizens, volunteers, experts, community-based agencies, health care institutions, employers, families, and you. Thank you for contributing to a healthier Missoula.

Sincerely,



Ellen Leahy
Director and Health Officer

**ACCREDITED BY THE PUBLIC HEALTH ACCREDITATION BOARD, MARCH 2014*

VISION STATEMENT

Health For All

MISSION STATEMENT

Building conditions that support the health of people, environments, and communities.

GUIDING PRINCIPLES

The department proactively works to operate from the following principles:

- Respect the dignity of every individual and strive to understand the cultural diversity of those we serve, protect, or regulate.
- Assure debate and decisions are grounded in science (best and promising practices) and consider community values.
- Use population-based strategies as the best way to help the most people.
- Employ prevention at the earliest opportunity—acknowledging that improved surveillance is a key aspect of effective prevention.
- Engage proactively with the community to develop and communicate the Department’s mission, goals, and ongoing activities.
- Promote partnerships with all stakeholders in an open public process, creating incentives for optimal public health outcomes.
- Protect our constitutional right to a clean and healthy environment.
- Advocate to improve social justice—work to identify and address health disparities and promote health equity.
- Use approaches that strengthen the impact of programs across the public health system.
- Recognize emerging issues and the evolving territory of public health and prioritize the key areas to focus on, considering the resources available.
- Recognize both community and personal responsibility as essential in improving public health.

MISSOULA CITY-COUNTY HEALTH DEPARTMENT OVERVIEW

The Missoula City-County Health Department operates under an interlocal agreement between the City of Missoula and Missoula County and is accredited by the national Public Health Accreditation Board. The seven-member Board of Health, which governs the Department, is appointed equally by the City Council and the County Commissioners. The department's Health Services, Environmental Health, and Health Promotion Divisions serve to protect, maintain, and improve the public health of citizens in the community. Health Board members also serve in separate governing capacities as the Air Pollution Control Board and as the Water Quality District Board, both of which are also established by city-county interlocal agreements. The Water Quality District Board has an eighth member appointed by the local Conservation District.

The Health Services Division programs are designed to prevent disease and promote the health and well-being of individuals and families in Missoula County. Activities include immunizations offered on a sliding fee scale, maternal and child health programs, the federal Women's, Infants and Children's Supplemental Nutrition Education Program (WIC) and various grant programs designed to prevent health problems at the earliest stages of life. Key among these is the Nurse-Family Partnership home visitation program for pregnant women and infants, which operates in partnership with several Montana counties, and other maternal-child health and evidence-based home visiting programs. The division also operates the community's travel immunization program, a model foster child health program and programs in daycare health and diabetes prevention. This division is central to the "Health Status of the Population" priorities of the department strategic plan.

The Environmental Health Division conducts programs to improve and maintain the safety and quality of Missoula's air, water, food, and the overall built and natural environments our residents inhabit. This work includes inspections and education of licensed food establishments, regulation of on-site wastewater systems and drinking water wells. The air quality program, governed by the Air Pollution Control Board, works to bring and keep Missoula's airsheds in compliance with National Ambient Air Quality Standards for particulate pollution. The Water Quality District, governed by the Water Quality District Board and administered through the Environmental Health Division, aims at protecting surface and ground water quality including our sole source of drinking water, the Missoula Valley aquifer. Its work includes, water quality monitoring, education, hazardous waste collection and clean-up, and enforcement. Animal Control serves to protect against spread of rabies among animals and subsequent spread to humans, as well as protecting our public from injuries from domestic animals. This division is central to the "Environmental Health Conditions" priorities of the department strategic plan.

The Health Promotion Division initiates and coordinates with other agencies to prevent and curb risk factors that would otherwise lead to obesity, injury, cancer or other chronic conditions. The division also serves as the hub of the department-wide infectious disease control and emergency preparedness programs. Again operating in a department-wide fashion, this division serves as a coordinating point for the department's performance management, quality improvement and

accreditation work. This division is central to the “Population Health Status” and the “Internal Support Capacity” priorities of our strategic plan.

Health Administration provides staffing for the work of the Health, Air Pollution Control, and Water Quality District Boards, oversees the department budget and policies, strategic planning process, and coordinates many of the “Internal Support Capacities” necessary for carrying out our strategic plan.

WORKFORCE DEVELOPMENT

MCCHD bases its work on the Ten Essential Public Health Services. The Core Public Health Functions Steering Committee developed the framework for the Essential Services in 1994. The committee included representatives from US Public Health Service agencies and other major public health organizations. The ten essential services are:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

The eighth essential service is assuring a competent public health workforce. At MCCHD, this is done based on the Core Competencies for Public Health Professionals (Core Competencies). The Core Competencies are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Developed by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), the Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health. These competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals.

The three tiers of career stages are Front Line Staff/Entry Level, Program Management/Supervisory Level, and Senior Management/Executive Level.

The eight domains of the core competencies are as follows:

1. Analytical/Assessment Skills
2. Policy Development/Program Planning Skills

3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Public Health Sciences Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

Each year, each staff member individually completes a self-assessment of their level of understanding and application of the core competencies. Based on this assessment, each staff member proposes and completes an individual learning plan which is reviewed by her supervisor. The collective results from all staff assessments are analyzed and used to determine areas for all-staff training offered annually. Throughout the Strategic Plan work plans, additional training and education is provided for staff in order to best work toward strategic goals and objectives.

STRATEGIC PLAN PROCESS OVERVIEW

The Strategic Plan for FY2016-2018 was developed through a strategic planning process that involved input from staff at all levels, the management team, and the Board of Health. The strategic priorities in this plan do not encompass all of the work done at MCCHD. These goals and objectives were chosen for this three-year period in order to bring specific attention to these priority areas. This does not mean that other work done by the department is less important; it just gives specific attention to areas that need additional focus. The following are the steps taken throughout the process.

Organize/Identify Strategic Issues

On June 16, 2015, key Accreditation, Performance Management, and Quality Improvement staff met with the Department Director to discuss the strategic planning process and determine the next steps to initiating the strategic planning process. The steps identified included organizing three meetings in which all staff reviewed the Community Health Assessment data and Community Health Improvement Plan as a basis for selecting priorities. The process that was determined called for nominal voting technique would be used to gain staff input and a small group brainstorming sessions to identify strengths, challenges, opportunities, and threats (SCOT). (See section below on SCOT analysis for more detail.) The three staff meetings involved a mix of department-wide staff rather than meetings separated by division. The results of these meetings were combined and used as a basis for moving strategic planning forward with the management team and representatives from the Board of Health. Following the management team meeting with representatives from the board of health, a draft of the strategic priorities would be presented to the Board of Health for review prior to adoption of the formal strategic plan.

Assess/Develop Strategy

On July 9, 14, and 30, 2015, meetings were held with all staff in the department. These meetings were open invitation and staff was asked to sign up for one of the three meetings according to

their work schedule. Sixty-nine MCCHD staff attended the meetings and provided input for strategic priorities. The staff voted for the top five health indicators within the 2014 Community Health Assessment. They were asked to consider and identify up to four health indicators that were not previously identified. They were broken up into small groups and brainstormed strengths, challenges, opportunities, and threats to the department as a whole in order to assist in identifying barriers and/or facilitators to public health issues.

Facilitated Planning Session/Build the Plan

On September 2, 2015, MCCHD managers, key staff members, and Board of Health representatives provided input to determine the FY2016-2018 strategic goals. The 2014 Community Health Assessment, Community Health Improvement Plan, staff strategic planning sessions, and performance management measures were discussed prior to strategic goal proposals. The group reviewed and edited the department's vision and mission statements as well as the guiding principles. The group conducted a strengths, challenges, opportunities, and threats (SCOT) assessment to identify internal strengths and challenges and to identify external threats and opportunities. With this information, each participant selected a maximum of three strategic goals. These goals were assessed based on the following criteria for prioritizing public health issues: size and seriousness of problem, trends, equity, prevention and early intervention opportunities, values, and resources. Group members agreed on the proposed goals which were then presented, along with indicators, to the Board of Health for their review and adoption on **September 17, 2015**. The management team then prepared the Year One annual Work Plan for each goal. The full three-year Strategic Plan and the first year annual work plans were presented to the Board of Health and adopted on **October 15, 2015**.

STRENGTHS, CHALLENGES, OPPORTUNITIES, AND THREATS

The Strengths, Challenges, and Opportunities and Threats (SCOT) analysis provides a systematic assessment of the internal and external environment of an organization. The SCOT analysis was utilized as a tool to identify barriers and facilitators in achieving MCCHD's goals. Strengths are internal characteristics that allow the program or department to meet community needs. Challenges are internal characteristics of the program or department that may hinder meeting community needs. Opportunities are external events that MCCHD may take advantage of to achieve Public Health goals. Threats are external events that may negatively impact MCCHD's ability to perform effectively. At the aforementioned meetings, SCOT analysis was performed with all levels of health department staff and representatives from the Board of Health. Following is a summary of the strengths, challenges, opportunities, and threats that were identified.

Staff most often identified Missoula's level of physical activity and active transportation options as a community strength. Lack of resources for MCCHD programs and activities were most often identified by staff as a challenge. Community supports were most often mentioned as an opportunity that the MCCHD can take advantage of. Last, community barriers were most often

mentioned as a threat to MCCHD’s reach of programs and activities. See Table 1 below for categories and select examples from the staff SCOT analysis workgroup.

Table 1. SCOT Analysis Staff Outcomes	
Strengths	
Category (Freq)	Examples:
1. Physical Activity/Active Transportation (13)	“trails”, “Sidewalks”, “Missoula in Motion”
2. Academia (9)	“University”, “public and private schools”
3. Positive Attitude (9)	“Community involvement”, “Community pride”, “Attitude of caring”
Challenges	
1. MCCHD Resources (13)	“Resources(people) and time”, “funding”, “MCCHD-parking”, “Communication”
2. Diversity/Disparities/Access (9)	“Lack cultural diversity”, “Disparities”, “Accessibility (Medicaid)”, “Geographic vulnerabilities”
3. Geography/Environment (8)	“Increasing population”, “Transportation”, “Sprawl”, “Competitive (non-existent) job market”
4. Socioeconomic Status: Income (8)	“Economic gap”, “Poverty”, “Pockets of Inequality”
Opportunities	
1. Community-level (19)	“Sales tax”, “Students gather data for research”, “Increase collaboration with Parks n Rec”
2. MCCHD-level (15)	“Grant-funded”, “Collaboration with Social Work students”, “Increase data”, “Focus more on results than data”
3. Staff-level (6)	“Dedicated and expert staff”, “Accountability”, “More training to staff”, “Breakdown MCCHD silos”
Threats	
1. Community-level (16)	“Public attitude”, “Rentals [home] deplorable”, “Unfocused growth”, “High cost of services or care”
2. Funding Limitations (12)	“Funding”, “Funding of program in health dept.”, “Lack of funding”, “Cuts in public funding”
3. Geography/Environment (11)	“Train wrecks”, “Water quality”, “Sensitive, sole-source aquifer”, “Air quality”

The Management Team identified positive qualities of staff and Boards, Performance Management, and Quality Improvement efforts as strengths within MCCHD. Lack of resources (staff) to address problems, staff burnout, IT training needs, billing practices training, education needs and the City-County funding approach were identified as challenges within MCCHD. Community resources – concerned community, collaborations with key agencies, local government support and the Public Health Master’s program at the University of Montana in Missoula – were identified as opportunities that MCCHD has or can take advantage of. Last, external threats were identified as community issues (e.g., limited access for substance abuse and mental health treatment options, negative attitude about government), national issues (e.g., lack of Missoula-specific key data, Affordable Care Act (ACA) and legislation), funding cuts, and environmental

issues (e.g., global warming) for MCCHD programs and services. See Table 2 Below for categories and select examples from the Management Team SCOT analysis.

Table 2. SCOT Analysis Team Management Outcomes	
Strengths	
Category (Freq)	Examples:
1. Staff level	"Expert staff", "Passionate staff"
2. MCCHD level	"Addition of PM & QI", "Responsive upper management team able to try new things"
3. Community level:	"Supportive Boards"
Challenges	
1. Funding Limitations	"Funding", "Unilateral city county funding approaches"
2. MCCHD level	"IT – lack of adequate tech training for our staff for core apps", "overwhelming number of problems to address", "HDIS/Training –education R/T billing practices", "Burnout", "increase expectations of staff/management with evolving dedication and leadership".
3. Community-level	"succession planning needs"
Opportunities	
1. Community-level	"Concerned community", "New collaborations with key agencies", "Local government support (CC and BCC), "Master of PH program at the University"
Threats	
1. Community-level	"Lack of access to treatment for substance abuse/mental health issues", "Perception of 'government over-reach", "...Competition (Box stores)"
2. National-level	"Lack of key data/information that is Missoula-specific, "ACA/Legislation..."
3. Funding Limitations	"Funding cuts"
4. Geography/Environment	"Global warming"

STRATEGIC PRIORITIES AND GOALS

Each of the following Strategic Priorities and Goals has an accompanying annual work plan that details the work to be done in pursuit of the goal. These work plans will be reviewed, reported to the Board of Health, and updated annually.

The strategic priorities have been separated into three distinct sections: Population Health Status, Environmental Health Conditions, and Internal Capacity and Support.

Part I Population Health Status

Maternal Child Health

Goal 1: Sustain and increase home visiting services that demonstrate effectiveness in reducing child maltreatment (child abuse and neglect). *See 2014 CHIP Focus Area: Improve Access to Care through Public Health Nurse Home Visiting Services.

Indicator: Sustained program funding.

Baseline (or Trend): NFP: funded through MIECHV/formula and HMFP** (through 6/30/16), and TCM (on-going) SafeCare: funded through MIECHV/competitive (through 9/30/16), and TCM (on-going) MFCHP: funded through CBS (CBO)*** and DPHHS-CFSD (through 6/30/16), and TCM (on-going)

*2014 CHIP, page 10-11

**9.3% decrease from FY2015

***15.84% decrease from FY2015

Goal 2: Participate in a collaborative pilot project (University of Montana, Community Medical Center, MCCHD) for Universal Post-Natal Home Visiting. *See 2014 CHIP Focus Area: Improve Access to Care through Public Health Nurse Home Visiting Services.

Indicator: Families contacted by phone by MCCHD in the immediate post-natal period after hospital discharge who engage in at least one encounter after hospital discharge with the MCH home visiting team.

Baseline (or Trend): 20%

Nutrition

Goal 3: Increase the percent of WIC-eligible families that are enrolled in Missoula County WIC to 50%.

Indicator: Percent of eligible families served.

Baseline (or Trend): SFY15 estimate: 45% eligible served. (Total average Missoula County served 2,302. Total eligible 5,092*)

*The most current ACS county level poverty rates by appropriate age category for WIC comparison is for 2005-2009. Estimates are based on older, but best available poverty data.

Goal 4: Improve the school nutrition environment in Missoula County through collaborative relationships with community stakeholders.

Indicator: Currently there is not a consensus on how to measure improvement in the nutrition environment in school settings.

Baseline (or Trend): Baseline needed - see Objective #1 in Work Plan for steps to determine baseline

Immunizations

Goal 5: By June 30, 2018 the billing process for immunization services will receive 80% of collectible charges.

Indicator: Collection rate for collectible charges

Baseline (or Trend): Baseline needed - see Objective #1 in Work Plan for steps to determine baseline

Goal 6: By June 2018, there will be a detailed outreach campaign to increase community awareness about the public health impact of vaccine-preventable diseases and immunization services provided by MCCHD.

Indicator: Outreach campaign

Baseline (or Trend): There is no current coordinated approach for outreach regarding vaccine-preventable diseases and services.

Driving Under the Influence

Goal 7: Decrease death and serious injury related to driving under the influence in Missoula County.

Indicator: Deaths and serious injury related to driving under the influence

Baseline (or Trend): CY2014 = Deaths 5.32/100,000; Deaths plus serious injury 43.48/100,000

Suicide

Goal 8: Decrease completed suicides in Missoula County. * See 2014 CHIP Focus Area: Improve Access to Mental Health Services.

Indicator: Completed Suicides

Baseline (or Trend): CY2013= US 13.0; Montana 23.9; Missoula County 32.8/100,000 population

Part II Environmental Health Conditions

Ambient Air Quality

Goal 1: Bring air quality in Seeley Lake closer to compliance with current Federal PM2.5 standards by having no more than 9 exceedance days per year by the end of 2018.

Indicator: PM 2.5 particulates in air is based on daily monitoring in Seeley lake.

Baseline (or Trend): During the winter of 2014-15 Seeley Lake had 13 exceedance days

Groundwater Protection

Goal 2: Ensure that connections to public sewer systems inside the Water Quality District occur at a rate such that the total number of septic systems in the District does not increase over time.

Indicator: The City and County track connections to public sewer systems. The Health Department tracks the number of sources using septic systems. According to the Voluntary Nutrient Reduction Program (VNRP), the number of systems on septic in the urban area should be maintained at not more than 3,390.

Baseline (or Trend): Baseline needed - see Objective #1 in Work Plan for steps to determine baseline

On-Site Wastewater Information

Goal 3: Increase the methods, frequency and efficiency with which the department provides information to property owners about their septic system(s) by June 30, 2018.

Indicator: Number of ways the department provides information

Baseline (or Trend): 1 method

Public Drinking Water

Goal 4: Increase percentage of County population obtaining drinking water from public water systems, to protect public health and safety.

Indicator: Homes connected to community public water supplies in Missoula County.

Baseline (or Trend): Total resident population of 71,375, or 63.8 % of Missoula County's population of 111,807 (EPA and DEQ Safe Drinking Water Information System, US Census). Nationally in 2011, 93.2% of the population receives water from public water supplies. The HP 2020 goal is 91%. (HP 2020)

Indoor Air Quality (Radon)

Goal 5: The majority of new homes built in Missoula County will incorporate radon-resistant construction techniques by 2018.

Indicator: Percentage of new homes built with radon-resistant construction;

Baseline (or Trend): Baseline needed - see Objective #1 in Work Plan for steps to determine baseline

Food Safety

Goal 6: By 2018, develop and implement a program in conjunction with 3 or more high schools to teach food safety to teenagers (potential food service workers).

Indicator: Program established that effectively targets high schoolers.

Baseline (or Trend): 0

Human Injury/Infection from Dog Bites

Goal 7: By June 2018, reduce the number of dog bites requiring medical care to less than 60% of the national average of (129.3 per 100,000 population-data from CDC); by calculation the target goal is less than 86 dog bites needing medical attention in Missoula County per year.

Indicator: Number of animal bites

Baseline (or Trend): In CY 2014, there were 116 reported dog bites in Missoula City/County and a total of 26 cat bites. The metrics to track "medical attention required" needed to be improved for tracking purposes and accuracy, this has been done allowing for a more accurate report at the end of each CY.

Part III Internal Capacity and Support Goals

Information Technology

Goal 1: Increase information technology capacity for engaging the public, stakeholders, and partners, and for improving department branding, by adding and using specific tools for:

- a. File sharing (Own Cloud)
- b. Website (new)
- c. GIS mapping (for health factors)
- d. Agenda Management (on-line access to board agenda, minutes, videos)
- e. Social media

Indicators: Use of new and expanded information technology applications

Baseline (or Trend): a) new website, b) new cloud file sharing, c) new on-line agenda management, d) expanded use of GIS for public health factor plotting, and expanded use of social media.

Health Equity

Goal 2: Build capacity to support health equity and decrease health disparity in the community by taking specific actions as follows:

- a) Adopt a department health equity policy and plan. *See 2014 CHIP Focus Area: Remove Barriers for Groups Experiencing Health Disparities
- b) Become a Trauma-Informed Organization
- c) Decrease the rate of uninsured among clients we serve *See 2014 CHIP Focus Area: Improve Access to Health Care Coverage.
- d) Build partnerships with the Native American population/community *See 2014 CHIP Focus Area: Remove Barriers for Groups Experiencing Health Disparities
- e) Build capacity to serve populations living with disabilities

Indicators: Assess and implement existing and new programs related to health equity

Baseline (or Trend): Capacities a, b and e do not exist; capacity c can be expanded when Medicaid waiver is approved, capacity d and e have minor baseline data and strategies for improvement.

Performance Management System Evolution

Goal 3: Adopt a revised PM policy and procedures that integrates PM indicators, CHIP, and QI Plan including the following action steps:

- a. Improve data collection for Performance Measures
- b. Increase reliance on data
- c. Use input, output, quality, efficiency, and outcomes for performance measures
- d. Improve population surveillance for demographic information of the populations that we serve directly

Indicators: Revised PM system that “always” or “almost always” includes necessary components are in place to achieve results and continually improve performance.

Baseline (or Trend): Public Health Performance Management Self-Assessment Tool 2015 results: 32.3% Goal: 39%

Financial System

Goal 4: Health fund tax support from city and county-only taxing jurisdictions will be aligned with service costs by end of FY 2018.

Indicator: Ratio of city and county service costs in comparison to ratio of city and county tax revenue support.

Baseline (or Trend): In 2010 service costs were 60% city, 40% county-only and respective tax contributions were 54% to 46%.