

# PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT

## 2017-2021 Strategic Plan



**HEALTH  
DEPARTMENT**  
Prince George's County

# FROM THE HEALTH OFFICER

Protecting and preserving people's health and well-being has been my life's work. This is the main function of our local Health Department. As the Health Officer for Prince George's County, I understand and appreciate the awesome responsibility of making critical decisions that have long-lasting impacts on communities and families.

It's a responsibility the Health Department takes very seriously and we know it takes precise planning to meet specific, measurable objectives to ensure Prince George's County is a healthy and thriving place to live and raise a family. This makes good business sense as well. That's why I am pleased to present the Prince George's County Health Department (PGCHD) Strategic Plan, 2017-2021.

We took a hard look at what we do well and what needs to improve. After identifying those strengths and weaknesses, and considering them in the context of today's health environment, the Strategic Plan determines the best path forward for PGCHD over the next five years.

To ensure all Prince George's County residents have access to high-quality health care services, we will improve our clinical services and programs, and partner with outside agencies to increase coordination among health care providers in the community. We will work to create a culture of prevention and wellness in Prince George's County by implementing high-quality, targeted community health education strategies. We will acknowledge the role of racism and societal obstacles in creating health inequities, and use evidence-based strategies to give everyone the opportunity to live a healthier life, regardless of who they are or where they live. Finally, we will enhance our internal processes and invest in the professional development of our employees so that we remain leaders in the public health industry.

With this plan as a guide, I am confident that PGCHD will continue to improve health outcomes in Prince George's County. Progress will be closely monitored to ensure we stay committed to our goals. Thank you for supporting PGCHD as we sharpen our vision of a healthier, stronger and more resilient Prince George's County.

Pamela B. Creekmur  
Health Officer/Director  
Prince George's County Health Department

# INTRODUCTION

The Prince George's County Health Department (PGCHD) Strategic Plan, 2017-2021 will guide the department's decision-making and focus as it addresses the county's health needs over the coming five years. It highlights key areas where the department seeks to make significant improvements in the health and well-being of Prince George's County residents as well as advance agency operations as a leader in public health. The goals and objectives found in the Strategic Plan were developed within the context of a rapidly changing public health environment.

The PGCHD works to protect and support the public's health through numerous services that range from restaurant inspections and disease tracking to care coordination and health promotion. The department is composed of four divisions: Behavioral Health Services, Environmental Health and Disease Control, Family Health Services, and Health and Wellness, supported by the Office of Administration, Office of Human Resources and the Office of the Health Officer. The mandate of the department has been, and will remain, broad. This plan emphasizes improving core functions and operations, including protecting the public from health threats, implementing strategies to support healthy living, and maintaining a focus on vulnerable populations, while developing efficient internal processes to support these activities.

Prince George's County is the second most populous county in Maryland, and borders Washington, D.C. as well as five Maryland counties. Home to more than 900,000 diverse residents, the county includes urban, suburban, and rural areas. The county, while considered affluent as a whole, has many communities with higher needs and poor health outcomes. Over three-fourths of the county's population identifies as being a racial or ethnic minority, and one in five residents was born outside the United States. Additional findings related to the social and economic makeup of Prince George's County can be found in the 2016 [Prince George's County Community Health Needs Assessment](#) (CHNA).

As strategic planning was occurring, the department, in partnership with the five hospitals in Prince George's County: Doctors Community Hospital, Fort Washington Medical Center, Laurel Regional Hospital, MedStar Southern Maryland Medical Center, and Prince George's Hospital Center, conducted a comprehensive Community Health Needs Assessment (CHNA). The findings of the CHNA and the priorities identified by the CHNA Community Stakeholder Workgroup informed the goals and objectives of this plan.

The CHNA identified key drivers of poor health outcomes in Prince George's County: social determinants of health, access to health insurance, access to sources of care, lack of knowledge of or how to use available resources, and health care provider capacity. Chronic conditions such as heart disease, diabetes and stroke, as well as behavioral health conditions,

persist as negative health outcomes. Furthermore, health disparities in cancer, HIV, and asthma continue to disproportionately impact groups within the county. Broad recommendations resulting from the CHNA include: increasing partnerships and collaborative action, increasing funding and resources for health and wellness, and increasing community-specific outreach and education.

The development of this plan is a continuation of several years of strategic thinking to address health outcomes within the county, as well as the state as a whole. Initiatives and reports that have informed the department's strategic thinking include:

- [\*Assessing Health and Health Care in Prince George's County\*](#). (2009). RAND Corporation.
- [\*Maryland State Health Improvement Process\*](#). (2011). Maryland Department of Health and Mental Hygiene (now Maryland Department of Health).
- [\*Prince George's County Health Improvement Plan, 2012-2022\*](#). (2011). Prince George's County Health Department.
- [\*Transforming Health in Prince George's County, Maryland: A Public Health Impact Study\*](#). (2012). University of Maryland School of Public Health
- [\*Prince George's County Primary Health Care Strategic Plan\*](#). (2015). Prince George's County Government and Maryland-National Capitol Parks and Planning Commission.
- [\*Prince George's County Health Report, 2015\*](#). (2016). Prince George's County Health Department
- [\*Prince George's County Community Health Needs Assessment\*](#). (2016). Prepared by the Prince George's County Health Department.

## MISSION, VISION AND VALUES

### Mission

The mission of the Prince George's County Health Department (PGCHD) communicates the principles that encompass all agency programs, services and activities, and serve to provide a foundation for the strategic planning process.

The mission of the Prince George's County Health Department is to:

- Protect the public's health,
- Assure availability of and access to quality health care services, and
- Promote individual and community responsibility for the prevention of disease, injury and disability.

## Vision

The vision describes the future that the PGCHD wants to create for Prince George's County, and the manner in which the agency will position itself to reach its intended goals.

The vision for the Prince George's County Health department is of a healthy and thriving Prince George's County that:

- Provides access to quality health care services for all,
- Provides policies and services that are culturally appropriate and acceptable,
- Partners with individuals, organizations and communities to accept responsibility for disease, injury and disability prevention and health advancement, and
- Ensures individuals and communities can achieve the best health possible.

## Values

The values of PGCHD describe the principles that influence the way it operates, provides services, and supports the community, as well as the beliefs that will provide the basis for meeting emerging needs. These beliefs are incorporated across all sectors of the organization.

The Prince George's County Health Department values:

- Accountability
- Efficiency
- Evidence-based decisions
- Excellence in customer service
- Innovation
- Integrity
- Partnerships

## STRATEGIC PLANNING PROCESS

The Strategic Plan is the result of work initiated by the PGCHD in 2015 and completed in 2016. A timeline for strategic planning and related activities can be found in Appendix A. The PGCHD strategic planning process consists of four components: assessment, development, implementation, and evaluation.

In February 2015, the Strategic Planning Workgroup (SPW) was convened to initiate the assessment component of the plan. A list of members of the SPW can be found in Appendix B. Development of the plan began in February of 2016. The Strategic Plan will be implemented beginning in the spring of 2017. Plan evaluation will be ongoing throughout the plan period with

annual reports to reflect the progress toward each goal and impact on health outcomes. The strategic planning components are summarized below.

### ENVIRONMENTAL ASSESSMENT

Using the SWOT Analysis planning method, the department conducted an environmental assessment to identify and discuss the internal and external factors that influence services and operations. The existing community health assessment, community health improvement plan, and primary healthcare strategic plan informed the environmental assessment, and ultimately the strategic plan.

Strategic planning workshops were held throughout 2015 to identify priority areas, goals and objectives. Staff members were asked to address the following questions within the context of their respective programs and responsibilities:

- What are the strengths of the Prince George’s County Health Department?
- What are the weaknesses of PGCHD?
- What opportunities currently exist that could facilitate PGCHD’s mission?
- What threats prevent PGCHD from achieving its mission?

Initial facilitated sessions captured the strengths, weaknesses, opportunities, and threats that staff identified as impacting the department’s services and operations (Appendix C). In follow-up sessions, participants were asked to rank the previously identified strengths, weaknesses, opportunities, and threats. The highest ranked responses for each topic are listed in Table 1.

	Helpful	Harmful
Internal	<p>Strengths</p> <ol style="list-style-type: none"> <li>1. Infusion of new leaders and staff</li> <li>2. Reorganization</li> <li>3. Redesign of Administration</li> </ol>	<p>Weaknesses</p> <ol style="list-style-type: none"> <li>1. Internal customer service</li> <li>2. Processes and delivery of services</li> <li>3. Information technology</li> </ol>
External	<p>Opportunities</p> <ol style="list-style-type: none"> <li>1. Partnerships—public and private</li> <li>2. New and novel sources of funding</li> <li>3. Improved awareness of health department services by residents and community stakeholders</li> </ol>	<p>Threats</p> <ol style="list-style-type: none"> <li>1. Funding and heavy reliance on grants</li> <li>2. Information technology</li> <li>3. External processes and systems that impact internal operations</li> </ol>

Table 1. Summary of top responses from Prince George’s County Health Department SWOT Analysis.

The conversations that resulted from the SWOT Analysis yielded four areas of priority for health department staff and leadership: 1) Assuring access to high quality health services; 2) Focusing on prevention and wellness; 3) Increasing health equity; and 4) Developing and maintaining a high-performing public health workforce. These priorities provided the basis for

the strategic goals and were the concepts from which specific, measurable, achievable, relevant, and time-bound (SMART) objectives evolved.

## DEVELOPMENT

The intent of this stage of the strategic planning process was to leverage current agency strengths, maximize opportunities for partnership and sustainability, address organizational weaknesses, and to mitigate threats to the department and the health of the community. The environmental scan process, and the subsequent organizational discussions, yielded strategic priorities that informed the development of the goals and objectives found in this plan. These four priorities include: assuring access to high quality health services, building a culture of wellness and prevention, institutionalizing health equity, and developing a high performing public health workforce and organization.

As seen in the planning timeline (Appendix A), the assessment phase of the planning process primarily occurred between February and May 2015. Due to staff transitions, onboarding of several leadership positions, and reorganization of some key services, much of the development phase was put on hiatus until January of 2016. The SWOT findings and preliminary brainstorming related to priorities, goals, and objectives were reviewed in a recap meeting of the SPW prior to resuming the development phase of the process.

During division-specific sessions, program staff and division leadership developed goals and objectives, and the strategies and tactics to achieve them, to address community health needs. These factors had been identified through ongoing surveillance activity by the health department, and prioritized during the community health needs assessment process.

Several issues identified through the SWOT analysis and subsequent discussions were used to inform the final selection of goals and objectives. Many staff members noted challenges in how the department approaches information technology and automation, as well as how external systems influence internal operations. As numerous anecdotal challenges were discussed, the consensus that developed was that the agency needed a comprehensive information technology strategy. This was reinforced by the findings of an information technology assessment conducted by an external consultant.

Concern about how well residents understand, navigate, or access clinical and community-based services, or are informed about health issues, led to several objectives related to care coordination and navigation, cultural competency, and referral systems. In addition to objectives tied to specific program activity, several policies and plans needed to be developed to address these concerns, including a cultural competency policy and a comprehensive communications and health promotions plan. Additionally, as many health disparities were identified through the CHNA process, the need for a health equity policy was evident as well.

The challenge to increase funding and diversify funding sources was a common topic among staff. Sustainability for novel programs and stability to maintain evidence-based practices, as well as flexibility to meet emerging needs, were recurring themes during the environmental assessment stage. In response to these concerns, an objective related to grants development was incorporated into the plan.

While funding to meet the health demands of the community was of critical importance to those participating in the organizational assessment, staff capacity to deliver those services was viewed as being equally important. In recent years, the PGCHD Office of Human Resources (OHR) has conducted an annual workforce engagement survey. The findings of these workforce engagement surveys aided in the development of a comprehensive workforce capacity assessment, which was conducted in the spring of 2016 by the OHR. Results from this assessment were used to create a workforce development plan. The creation, implementation, and monitoring of this plan is included in the Strategic Plan.

Staff also voiced a desire to strengthen processes related to the department's financial operations. New leadership in the Office of Administration has developed policies and procedures to improve fiscal management at PGCHD. Performance management related to these changes is incorporated into the Strategic Plan.

Lastly, while not exclusive of the Communications and Health Promotion plan, questions related to how surveillance and monitoring data is disseminated to local healthcare organizations, clinical providers, community based organizations, and community stakeholders led to the decision to develop a quarterly newsletter reflective of ongoing epidemiologic activity. This is in addition to the PGCHD interactive dashboard, [PGC Health Zone](#) which is a source for up-to-date local health outcomes and risk factor data. The newsletter will serve to inform stakeholders of emerging health issues as well as the ongoing activity of the Health Department.

The proposed goals and objectives developed during division sessions and one-on-one sessions were submitted to PGCHD senior leadership for refinement and adoption. The resulting goals and objectives are contained within the Strategic Plan and have been integrated into the department's performance management system, and are reflective of the strategic priorities that emerged from the SWOT analysis. Goals 1, 2, and 3 are designed to link to the developing community health improvement plan (CHIP). Goal 4 serves to ensure that the health department's workforce is prepared to meet the needs of the community as it seeks to achieve CHIP.



## GOALS AND OBJECTIVES

Goal 1. Ensure access to high quality, coordinated health services for all Prince George's County residents	
<b>Objective 1.1.</b>	By June 30, 2021, 90% of clients served by Behavioral Health Services, Family Health Services and Health and Wellness that are without a medical home will be linked to one.
<b>Objective 1.2.</b>	By December 31, 2018, establish a baseline for the number of Medicaid clients identified as having diabetes, hypertension, cardiac disease, or obesity that are provided education, linked to their MCO case management programs and connected to other appropriate resources.
<b>Objective 1.3.</b>	By December 31, 2018, establish a baseline for the number of Medicaid clients identified as having a substance use and/or mental health issue that are provided education on MA benefits and referred to community behavioral health programs and resources.
<b>Objective 1.4.</b>	By June 30, 2021, increase the percentage of individuals tested through the health department and newly diagnosed with HIV who have a documented linkage to care from 82% to 85%.
<b>Objective 1.5.</b>	By December 31, 2017, decrease the average wait time for Adult Evaluation and Review Services Evaluations provided to residents with Medicaid from 21 days to 15 days.
<b>Objective 1.6.</b>	By December 31, 2018, increase the number of returned customer satisfaction surveys from medical assistance transportation clients from baseline by 5%.
<b>Objective 1.7.</b>	By February 28, 2018, establish the protocol for linkage and referral to care coordination services within the Behavioral Health Continuum of Care for Children

## Goal 2. Promote prevention and wellness to improve health outcomes in Prince George's County

<b>Objective 2.1</b>	By June 30, 2018, increase the annual number of community partners hosting Healthy Eating/Active Living workshops from 14 to 17.
<b>Objective 2.2.</b>	By December 31, 2018, increase the number of public education campaigns that address chronic disease prevention and management from 1 to 2 per year.
<b>Objective 2.3</b>	By December 31, 2018, increase the number of annual health department sponsored trainings on diabetes self-management from 2 to 3 per year.
<b>Objective 2.4.</b>	By December 31, 2018, establish a cancer outreach, prevention and education program.
<b>Objective 2.5.</b>	Annually, maintain 99% immunization compliance rates among Prince George's County Public School students.
<b>Objective 2.6.</b>	By June 30, 2018, establish a baseline for percentage of communicable disease investigations that are completed per their respective protocols.
<b>Objective 2.7.</b>	By June 30, 2021, increase the percentage of Prince George's County residents living with HIV who achieve viral suppression from 77.5% to 80%.
<b>Objective 2.8.</b>	By June 30, 2018, develop and implement an agency-wide communications and health promotion plan.
<b>Objective 2.9</b>	By December 31, 2019, complete a data gathering and analysis process to better understand the health needs, barriers to care, and health status of special populations in the county.

**Goal 3. Increase community health equity to optimize health outcomes for all residents of Prince George's County**

**Objective 3.1.** By December 31, 2018, the Prince George's Health Department will develop and implement a health equity policy.

**Objective 3.2.** By December 31, 2018 the Prince George's County Health Department will conduct a linguistic and cultural competency assessment and develop policy related to improving and maintaining competency.

**Objective 3.3.** By December 31, 2018, decrease the wait time for case management services for MCHP clients pending verification from 8 days to 5 days from the date of application.

**Objective 3.4.** By December 31, 2018, educate and train 50% of food service facilities fitting the criteria for potential chronic offenders to prevent serious violations of food service regulations.

**Objective 3.5.** By June 30, 2018, update the Prince George's County Health Improvement Plan.

**Objective 3.6.** By December 31, 2018, the Prince George's County Health Department will create, update, and maintain an electronic community resource and services directory on the [PGC Health Zone](#) dashboard which allows users to identify services within their zip code.

**Objective 3.7** By December 31, 2019, designate a point person for health equity within the department.

**Objective 3.8** By December 31, 2019, develop a strategy for reducing stigma attached to chronic conditions like behavioral health disorders and HIV for external and internal providers.

**Goal 4. Support and enhance the Prince George’s County Health Department as an innovative and effective leader in public health**

**Objective 4.1.** By December 31, 2018, apply for Public Health Accreditation Board accreditation.

**Objective 4.2.** By August 31, 2018, develop and implement a quality improvement program.

**Objective 4.3.** By June 30, 2018, create and implement a Workforce Development Plan to address staff training needs and core competency development.

**Objective 4.4.** By March 31, 2018 establish a baseline for the percentage of staff members who have received a past performance appraisal by their respective anniversary dates.

**Objective 4.5.** Annually, conduct a workforce engagement survey.

**Objective 4.6.** By December 31, 2018, engage with the Region V Emergency Preparedness Coalition to update and disseminate disease surveillance and epidemiological information to healthcare organizations, clinical providers, community based organizations, and community stakeholders.

**Objective 4.7.** By January 30, 2019, establish monthly dashboard to track budget vs. actual expenditures, encumbrances, aged payables and aged receivable and bad debt accounts to be compared against an industry standard.

**Objective 4.8** Annually, reduce the number of Grant and GF invoices processed outside of the grant term and county fiscal year by 10%

**Objective 4.9.** By December 31, 2018, develop and implement an information technology strategic plan.

**Objective 4.10** By June 30, 2019, develop one practice management system for all clinical services at the Health Department.

**Objective 4.11** By June 30, 2017, develop and implement a grants development plan.

<b>Objective 4.12</b>	By December 31, 2018, develop and implement an agency-wide branding plan for services within the continuum of care for children.
<b>Objective 4.13</b>	By December 31, 2018, develop a plan with an ongoing monitoring component to ensure that 100% of staff have completed required National Incident Management System courses, ICS-100 and ICS-700 within 6 months of hire.
<b>Objective 4.14</b>	By June 30, 2018, establish a modality to electronically scan and archive essential records in the Division of Environmental Health/Disease control
<b>Objective 4.15</b>	Starting in 2019, graduate at least 5 staff from the leadership training program annually.

## IMPLEMENTATION

This Strategic Plan is intended to provide a foundation for department action and decision-making over the next five years. The goals and objectives that were developed will be monitored using a performance management system adapted from the work of the Public Health Foundation’s Turning Point Performance Management National Excellence Collaborative. The performance management system is driven by the needs of Prince George’s County residents and designed to align with the PGCHD mission and Strategic Plan, as well as existing partnerships and community initiatives.

The performance management system will aid in linking staff and community partners to programmatic goals, individual programs to department goals and PGCHD to the priorities identified by the Community Health Needs Assessment and the Community Health Improvement Plan. This alignment will assure that all stakeholders are working systematically and effectively towards improving the health of all Prince George’s County residents.

The four key components of the system include performance standards, performance measurement, quality improvement, and reporting progress. A quality improvement plan is being developed in conjunction with, and to work in synergy with, the Strategic Plan, as well as current and updated Community Health Improvement Plans. The intention is for performance management to build on PGCHD’s existing performance tracking platform to support the successful implementation of the Strategic Plan and to facilitate continuous quality improvement. A visual of the framework of the can be seen in Figure 1.

Groundwork for implementation incorporates capacity building into the objectives of the plan itself. This includes objectives related to technology and information management; communications, branding and health promotions; sustainability through improved fiscal processes and grants development activity; and workforce development at all levels.

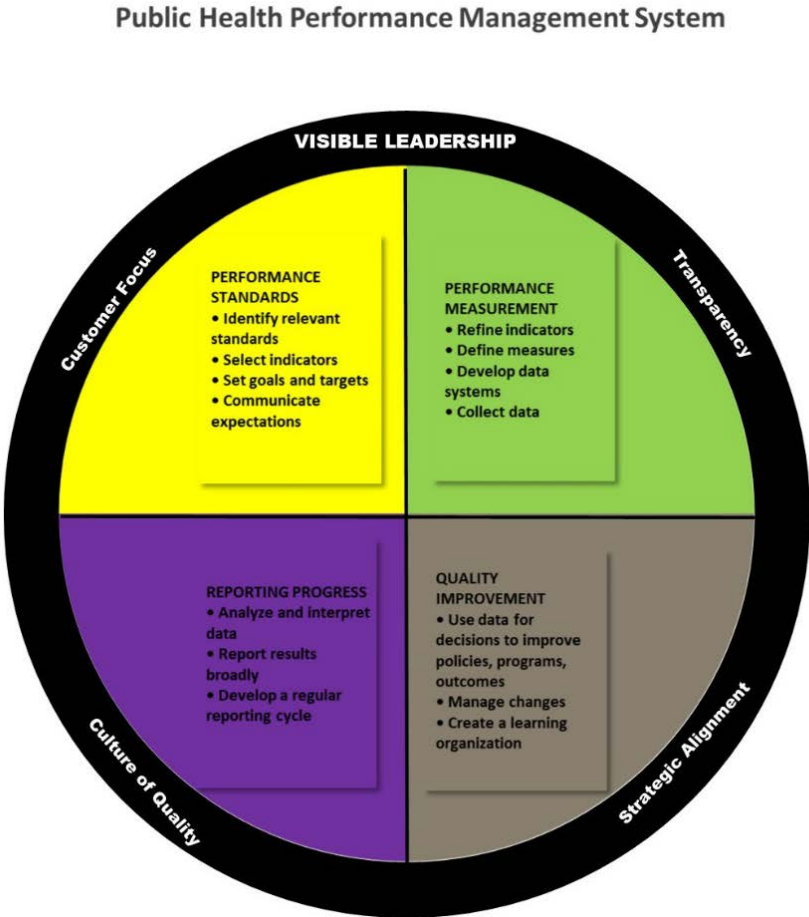


Figure 1. Performance management framework and components, Public Health Foundation, 2013.

Progress toward reaching the goals will be reported publicly on an ongoing basis via the department’s [PGC Health Zone](#) dashboard. Monthly internal reporting and quarterly review will be incorporated into the department’s ongoing activity towards achieving and maintaining accreditation from PHAB. Additionally, as several objectives involve establishing baselines or identifying populations, the performance management system will support the transition of those objectives from foundational to target-driven. As foundational objectives are achieved, the respective objectives will be updated to reflect targets informed by initial activity and outcomes.

## EVALUATION

While the Strategic Plan will lead a new direction for the Health Department, PGCHD began systematically tracking performance measures several years ago through CountyStat, a county-wide performance measurement initiative. The Health Department lacked a Strategic Plan at the time, but did have a set of goals developed in partnership with the Prince George's Health Action Coalition. Performance measures were developed to support these goals, though these were limited by the CountyStat parameters, a top-down approach that targeted output measures that could be tracked monthly. Performance was measured against program-specific projected performance.

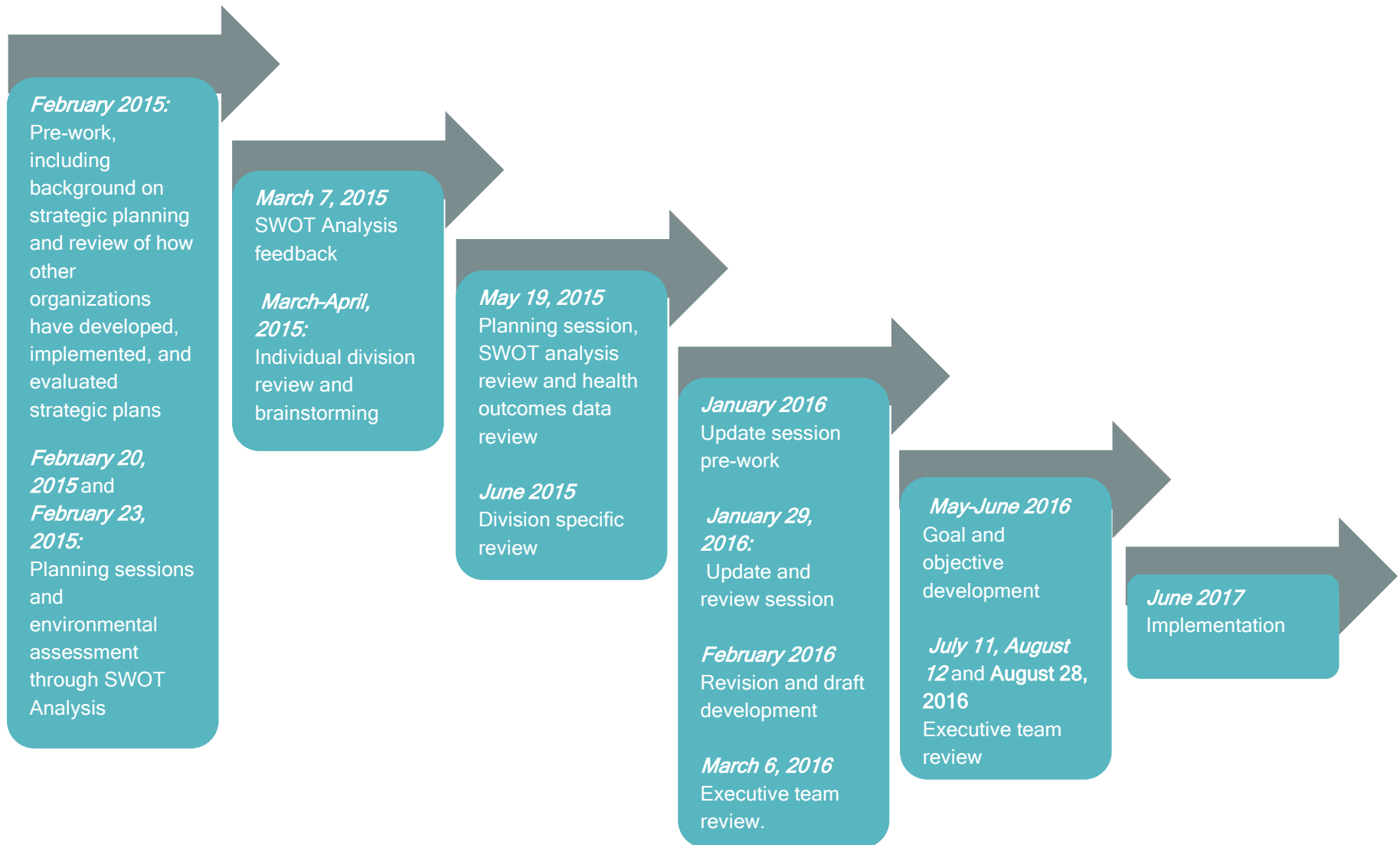
Recognizing the CountyStat limitations, the Health Department Office of Assessment and Planning began working with Associate Directors and Program Chiefs to develop and modify measures to better align with the goals and ensure participation for the data collection process. These measures were used to develop the PGCHD Dashboard, which was reported to the Health Department Executive Team monthly. While the Dashboard included all the Health Department Divisions, it did not include administration programs.

In January 2016, PGCHD took the next step in performance management development with training for all Program Chiefs, Associate Directors, and the Executive Team conducted by the Mid-Atlantic Public Health Training Center. The training addressed both performance management and quality improvement, with Division staff working together to map out processes and areas of improvement. One immediate outcome of this training was for the monthly Dashboard Report to be sent to all Program Chiefs. It has also been made available to all staff via an internal shared drive. Additionally, the Health Department began developing performance measures for the Office of Administration and the Office of Human Resources.

With this Strategic Plan, the Health Department has the opportunity to further refine the performance management process with measurable objectives that support the plan Goals which will be included in the Dashboard Report. Additional avenues to share and review the performance management measures are being explored, such as staff meetings, new employee orientation, and web-based platforms. While still evolving, the performance management process continues to improve and provides meaningful information about progress towards our goals and identifies opportunities for quality improvement.

## APPENDIX A

### Strategic Planning Process Timeline





## APPENDIX B

### Strategic Planning Workgroup

- Pamela B. Creekmur, Health Officer
- Dr. Ernest Carter, Deputy Health Officer
- Elana Belon-Butler, Deputy Health Officer (fmr.)
- Artina Anstead, Assistant Human Resources Manager
- Sezelle Banwaree, Manager, Officer of Administration
- Ron Bates, Program Chief, Adult Services, Behavioral Health Services
- Dellia Hawthorne-Williams, Public Information Officer
- Evelyn Hoban, Associate Director, Environmental Health/Disease Control Division
- Sonia Johnson, Human Resources Manager
- Anea Jordan, Executive Assistant to the Health Officer
- Deborah McGruder, Associate Director, Health and Wellness Division
- Donna Perkins, Epidemiologist, Office of Assessment and Planning
- Champ Thomaskutty, Special Assistant to the Health Officer (fmr.)
- Rae Wallace, Communications Specialist (fmr.)
- Wright Doss, Associate Director, Behavioral Health Services (fmr.)
- Diane Young, Associate Director, Family Health Services

## APPENDIX C

### Environmental Assessment: SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>✓ New leadership and staff</li> <li>✓ Staff who want to serve the public and support the mission and vision of the department</li> <li>✓ Movement toward “getting the right people in the right positions”</li> <li>✓ Organizational alignment</li> <li>✓ Renewed commitment to performance reviews and feedback</li> <li>✓ Data website for county and stakeholders use</li> <li>✓ Behavioral Health Division is accredited by the Joint Commission</li> <li>✓ Increased intra-agency communication and collaboration</li> <li>✓ Cross-training opportunities</li> <li>✓ Wraparound services/programs</li> <li>✓ Development of standards, policies, and practices as a result of pursuing accreditation</li> <li>✓ Skills assessment for staff</li> </ul>	<ul style="list-style-type: none"> <li>✓ Artifacts of “former culture” and “past practices”</li> <li>✓ Internal customer service</li> <li>✓ Lack of professionalism and business acumen</li> <li>✓ Staff do not understand “the big picture”</li> <li>✓ Limited professional mobility and succession planning</li> <li>✓ Need to develop staff to meet new challenges</li> <li>✓ Insufficient quality assurance capacity</li> <li>✓ Insufficient evaluation capacity</li> <li>✓ Lack of automation and IT capacity</li> <li>✓ Staff not maximizing use of technology and information systems</li> <li>✓ Lack of documented processes and standard operating procedures</li> <li>✓ Lack of current knowledge and use of evidence based practices</li> <li>✓ Innovation is not yet part of the culture</li> <li>✓ Inconsistent policy development</li> <li>✓ Capturing program data</li> <li>✓ Shortage of funding</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>✓ Establishing clinical competencies</li> <li>✓ Empowerment of employees</li> <li>✓ Recruiting, developing, and retaining talented staff</li> <li>✓ Putting staff in the right place</li> <li>✓ People should be held accountable but</li> </ul>	<ul style="list-style-type: none"> <li>✓ Challenges with new accounting system, SAP</li> <li>✓ External processes that impact delivery of services,</li> <li>✓ Contract process</li> <li>✓ IT</li> <li>✓ Sub-optimal communication and</li> </ul>

<p>learn from mistakes</p> <ul style="list-style-type: none"> <li>✓ To become a provider of choice on services</li> <li>✓ Becoming an employer of choice</li> <li>✓ Expansion of external partnerships, public and private</li> <li>✓ Working with providers, insurers</li> <li>✓ Changes in federal and state mandates (e.g. Medicaid waivers, IT)</li> <li>✓ Moving towards performance-based services</li> <li>✓ Affordable Care Act/to expand, build services</li> <li>✓ Management development</li> <li>✓ Redesign of Administration, including re-training, to be more collaborative across the Department</li> <li>✓ To better inform stakeholders and policymakers on public health issues and the role/function of the health department.</li> </ul>	<p>information sharing</p> <ul style="list-style-type: none"> <li>✓ New billing system/SAP</li> <li>✓ Dependency on MDH data when MDH<sup>1</sup> is understaffed</li> <li>✓ Reliance on grant funding</li> <li>✓ Decrease in MDH grant funds</li> <li>✓ Department is not an independent business unit but depends on decisions made by county and state entities</li> <li>✓ Lack of general/county funds allocated to Health</li> </ul>
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<sup>1</sup> Maryland Department of Health