

**Public Health Services
San Joaquin County**

Strategic Summary

&

Action Plan

January 2008

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EXECUTIVE SUMMARY

Public Health Services of San Joaquin County undertook a thorough strategic planning process that included the review and development of their organizations' mission, vision, values and strategic goals. The planning process objectives were two-fold:

- Create clarity and energy around the mission, vision and goals for Public Health Services that are reflective of the diverse and growing population it serves; and
- Develop an Action Plan that supports and fosters the success of the organization's core values and goals, while providing structure for goal implementation.

Public Health Services of San Joaquin County is a local health department, operated by the County of San Joaquin. It is a division of the San Joaquin County Health Care Services Agency, which also includes San Joaquin General Hospital, and Behavioral Health Services. Led by the Public Health Director, William Mitchell, MPH, and local health officer, Dr. Furst, the department is internally organized into three divisions: Administration and Health Promotion, Disease Control and Prevention, and Family Health.

Public Health Services of San Joaquin County embarked on a planning process that spanned from October 2007 to January 2008. These planning sessions were facilitated by Moss Adams LLP, a certified public accountant and business consulting firm. The sessions generated draft 1) mission & vision statements, 2) core values, and 3) strategic goals that were presented at agency wide staff feedback sessions on December 10, 2007. The feedback and recommendations from PHS staff were integrated into the final version that was adopted by the organization and strategies were developed into an action plan.

In October of 2007 a core Strategic Planning Committee was established to take the lead for PHS SJC and its planning process. During October 2007 through January 2008, a 16 person Strategic Planning Committee conducted planning meetings, reviewed past and current organizational assessments and solicited wide input to determine a mission and vision, set objectives and clarify the future direction of Public Health Services of San Joaquin County. Members of the group represented the three divisions of the organization and were from different employee groups, programs and functions.

The planning process involved approximately 541 hours of time spread across 98 PHS staff members, 16 Strategic Planning Committee members and three Moss Adams staff members. This time is reflective of meeting preparation, meeting attendance, consultant time and staff review and input.

The result is a vision, mission, values and strategic goals that will guide the organization for the next three to five years.

SAN JOAQUIN COUNTY OVERVIEW

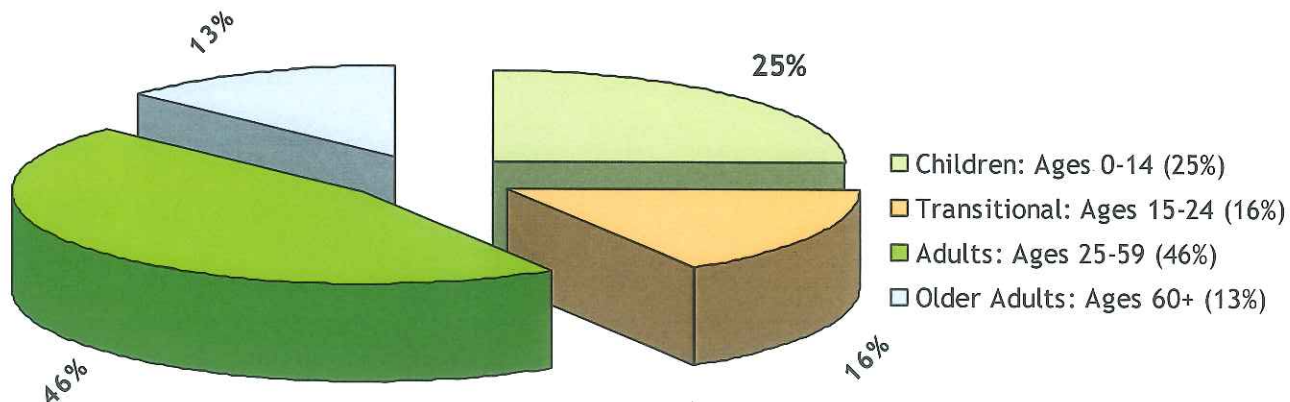
San Joaquin County is situated in the northern San Joaquin Valley and includes the cities of Stockton, Lodi, Manteca, Escalon, Ripon, Lathrop, Lockeford, French Camp, and Tracy, in addition to numerous other small cities and unincorporated areas, such as the Delta Islands. Stockton is the 12th largest city in California and one of the top five in predicted growth. The County covers 1,400 square miles and is in the heart of California's richest farmland and home to a large port. The Port of Stockton is the second busiest inland port on the U.S. west coast handling more than seven million tons of cargo with trade relationships with more than 55 countries.

Heart disease, cancer, cerebrovascular accidents (stroke), unintentional injury, Alzheimer's and diabetes accounted for 55% of the deaths in 2003 in San Joaquin County. Lifestyle factors, such as cigarette smoking, high-fat diets and physical inactivity, are known risk factors for four of these six conditions. Another identified chronic condition on the increase, by national, state and local level data, is asthma. Asthma was identified as an area of focus by the *Healthier San Joaquin County Community Assessment 2005*.

A. Population and Age Distribution

San Joaquin County is home to an estimated 649,868 persons in 2004¹ with a projected population of 747,000 by 2010. From the year 2000 to the year 2004, San Joaquin County's population has increased by 14%. Most county residents are adults 25-59, but there are nearly as many children and transitional age youth, who together make up 41% of the county's population.

Graph 1. San Joaquin County Age Breakdown, by Percentage, Year 2003²



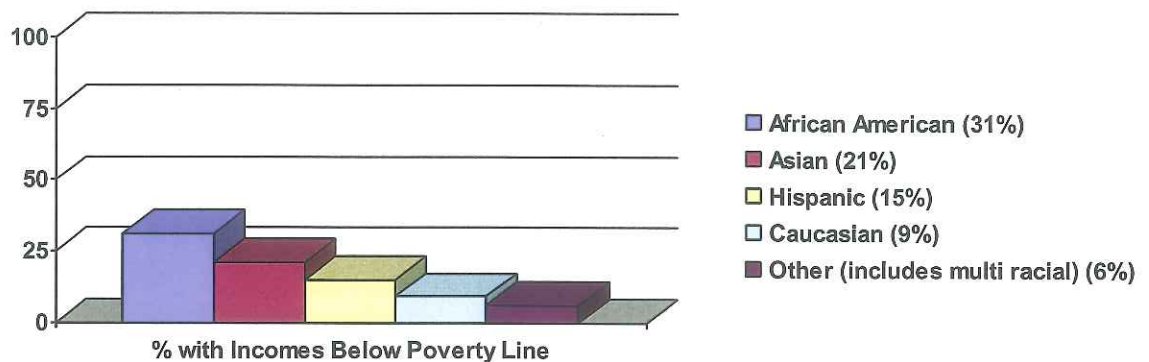
¹ Population and poverty estimates are taken from the Census Bureau's 2004 American Community Survey.

² RAND Corporation and Census Bureau

B. Poverty

The overall poverty rate in San Joaquin County is approximately 14%. Of the estimated 86,648 persons with incomes below the poverty line, 41% are children, 55% are adults, and 3.6% are older adults. While the overall poverty rate in San Joaquin County is about 14%, the poverty rate among specific ethnic groups in the county varies from a high of 31% to a low of 6%. Also, single female head of household families were 27% below poverty level in 2003³ and the estimated percentage of children living in poverty in San Joaquin County in 2002 was 19.6%.⁴

Graph 2. The Percentage of Persons from the Major Ethnic Groups in San Joaquin County with Incomes below the Poverty Line, Year 2004⁵



Based on the size of the various ethnic group populations in San Joaquin County, the largest number of people living below the poverty line is Hispanic. This discrepancy of race in poverty is also reflected in household income levels.

In 2003 there were a total of 305,268 eligible Medi-Cal persons, 46.9% of the total population in San Joaquin County.⁶ Another source notes that of the population of 625,600 in San Joaquin, there were 131,283 persons certified eligible or 21% of the population.⁷

The following map divides the county into eight areas and indicates the percentage of people in each sub-area that had incomes below the poverty line in 2000.⁸ Poverty in the county is densely focused in the central area, predominantly in south Stockton and the Delta Islands.

³ *American Community Survey: 2003*, U.S. Census Bureau.

⁴ *Healthier San Joaquin County Community Assessment 2005*, Applied Survey Research

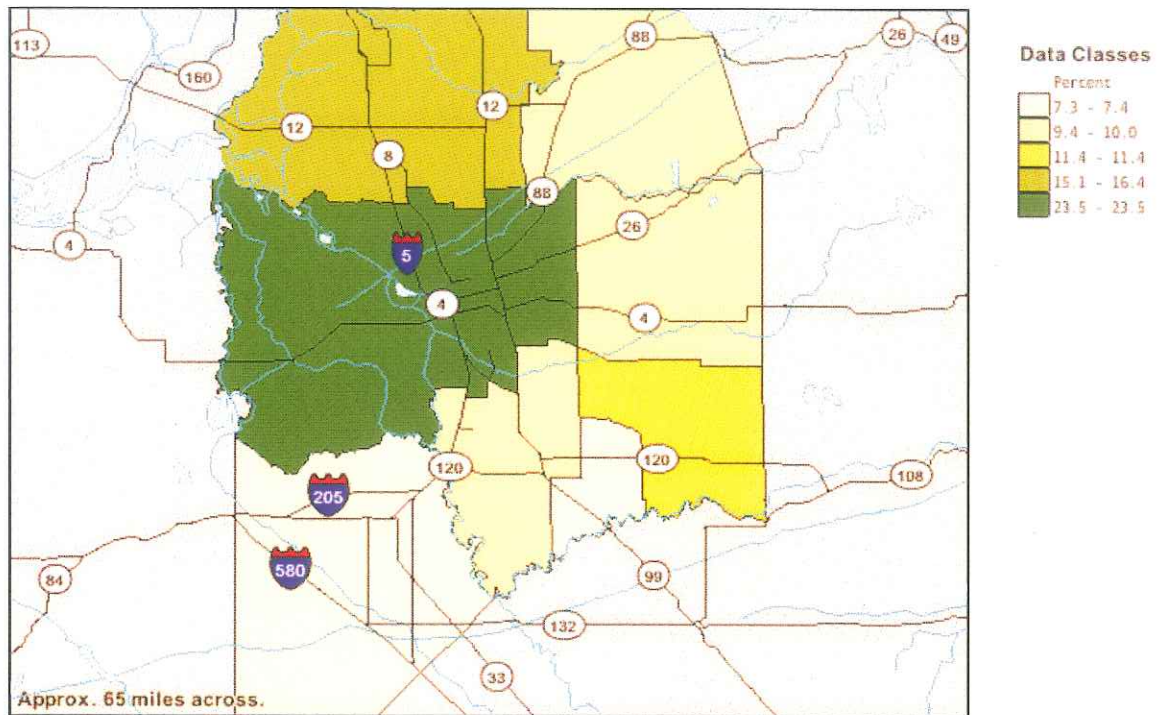
⁵ Population and poverty estimates from the Census Bureau's 2004 American Community Survey and RAND Corporation Data

⁶ RAND California Data by zip code range

⁷ *California's Medical Assistance Program Annual Statistical Report, Calendar Year 2003*, Medical Care Statistics Section.

⁸ Map derived from data from the 2000 census.

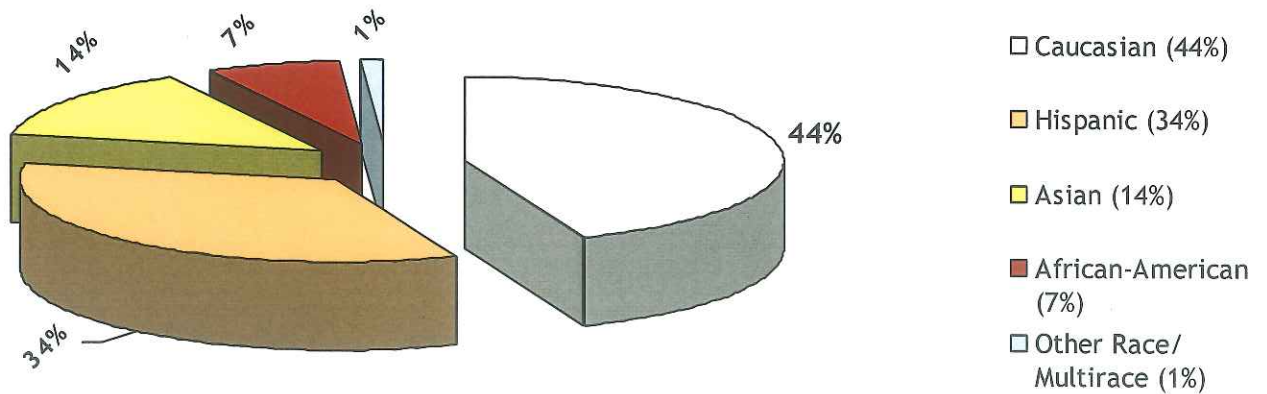
Map 1. Location of Persons with Income below the Federal Poverty Level, by Percentage Population, Year 2000



C. Ethnic and Linguistic Diversity

San Joaquin County consists of a wide diversity of cultures and the multiple languages spoken reflect its racial diversity. The top five languages spoken at home in 2003 include English only (64.4%), Spanish (22%), Chinese (2.2%), Hmong/Miao (2%), and Tagalog (1.9%).⁹

Graph 3. San Joaquin County Ethnic Distribution, by Percentage, Year 2004



⁹ Healthier San Joaquin County Community Assessment 2005, Applied Survey Research

**Table 1. English Learner Students in San Joaquin County in 1996 and 2004
by Primary Spoken Language**

| Language | Number of Students in 1996 | Number of Students in 2004 | Percentage of Change |
|--------------------|-------------------------------|-------------------------------|----------------------|
| Spanish | 11,630 | 19,237 | + 65 % |
| Hmong | 2,845 | 1,784 | - 37% |
| Khmer (Cambodian) | 3,986 | 2,035 | - 49 % |
| Filipino (Tagalog) | 430 | 586 | + 36 % |
| Punjabi | 292 | 717 | + 245 % |

STRATEGIC PLANNING PROCESS

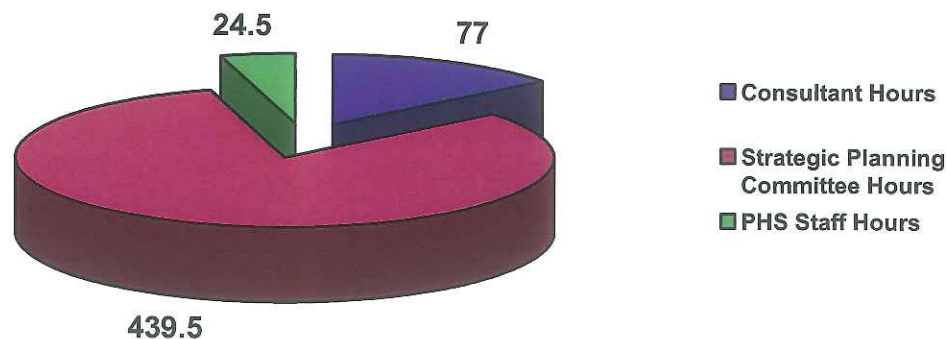
A. Planning Process

Public Health Services of San Joaquin County embarked on a planning process that spanned from October 2007 to January 2008. These planning sessions were facilitated by Moss Adams LLP, a certified public accounting and business consulting firm. The sessions generated draft 1) mission & vision statements, 2) core values, and 3) strategic goals that were presented at full agency staff feedback sessions. The feedback and recommendations from PHS staff were integrated into the final version that was adopted by the organization and strategies were developed in the Action Plan, page 12. The planning process also led to creation of a logo.

During October 2007 through January 2008, the PHS staff, and the Strategic Planning Committee conducted planning meetings, reviewed past and current organizational assessments and solicited wide input to determine a mission and vision, set objectives and clarify the future direction of Public Health Services of San Joaquin County. A 16 member core Strategic Planning Committee was established to take the lead for PHS SJC's planning process. Members of the group represented the three divisions of the organization and were from different employee groups, programs and functions. Meeting dates included: November 13, 2007, November 15, 2007, November 27, 2007, December 10, 2007, December 17, 2007 and January 7, 2008.

The planning process involved approximately 541 hours of time spread across 98 PHS staff members, 16 Strategic Planning Committee members and three Moss Adams staff members. This time is reflective of meeting preparation, meeting attendance, consultant time and staff review and input.

The graph below shows the breakdown in hours per group.



The last formal planning process occurred on January 7, 2008 in the form of a summary meeting with the Strategic Planning Committee. During this meeting final approval was made on the draft versions and a formal Mission, Vision, Core Values and Strategic Goals were adopted. Attendance included the Strategic Planning Committee in its'

entirety: Ruth Aguila, Roberto Alaniz, Rosa Castillo, Bruce Cosby, Pam Costamagna, Dawn Custer, Susan DeMontigny, Krista Dommer, Dr. Furst, Mike Hill, Azalyn Manning, Brenda Marin, Bill Mitchell, Tina Orallo, Miriam Tapia and Vikki Williams.

The integration of planning documents, staff input, planning team input, strategic goals and resources were carefully considered during this process. The matching of all of the recommendations and feedback from PHS staff were considered as the Strategic Planning Team developed overarching strategic goals and a subsequent implementation plan. This document is a culmination of that work.

B. Context Analysis

The context that Public Health Services of SJC is currently operating includes population characteristics that include 1) overall growth, 2) an increase in the elderly, homeless, and special needs population and 3) continuing diversity. Health context includes an increase in childhood obesity, asthma and other chronic diseases with a funding mechanism that predominantly focuses on intervention instead of prevention. The threat of the loss of a County hospital presence was also noted. The community at large faces continual change as the economic base is moving further from agriculture, forcing an increasing number of commuters to the bay area. The County faces mounting societal pressures in the form of gangs, illegal drug use, poverty and low education levels.

Internally, the organization faces an aging workforce and an increase demand for accrediting and credentialing in public health service personnel. Finding and retaining employees will continue to be a challenge. The department also struggles with aging facilities forcing staff and programs to be spread between different geographical locations.

C. Strengths Weaknesses Opportunities and Threats

Strengths:

1. Committed, experienced, linguistically & ethnically diverse workforce
2. Strong community partnerships
3. Sense of higher purpose and goals for the greater good of the community
4. Open, flexible and responsive to requests from the community and other agencies
5. More funds compared to other jurisdictions
6. Geographically well situated to serve the community
7. Dedicated to keeping pace with technology
8. Perceived as having solid services

Weaknesses:

1. Aging workforce coupled with lack of structured talent and leadership development
2. Lack of clarity and follow-up with employees regarding goal accountability and performance standards
3. Need for more training in mentoring, leadership development, and general training in core competencies
4. Less than great, consistent customer services
5. Lack of internal quality improvement mechanisms
6. Lack of internal understanding of fund allocation and overall funding
7. Multiple locations of programs and services
8. Disparity in south county for health outreach services
9. Limited proactive identification of needs to public and Board of Supervisors
10. Aging inadequate facilities
11. E-mail consumption of time
12. Lack of adequate time to develop and maintain community partnerships and collaborations

Opportunities:

1. Strategic planning as opportunity to think in a forward way
2. Ability to inform and influence other agencies, the public and community organizations
3. Health care reform (could be either an opportunity or threat)
4. National attention on preparedness
5. National attention on obesity
6. Ability to interact and influence others to meet health goals

7. Ability to set own priorities within funding mechanism
8. New facility potential
9. Increase productivity and morale of employees

Threats:

1. Air pollution
2. Increase incidence of asthma and childhood obesity
3. Lack of adequate staffing
4. Focus on intervention vs. prevention services
5. Funding
6. Health care reform

MISSION, VISION, CORE VALUES & GOALS

The following is a culmination of dialogue during five strategic planning meeting, as well as staff feedback throughout the agency.

A. Mission

Public Health Services, in partnership with the community, promotes a healthy future for San Joaquin County.

B. Vision

San Joaquin County is a community where innovative, quality public health programs and services are available and accessible. SJC Public Health Services promotes well being and prevents disease through community engagement and interaction, education, workforce development, leadership and strategic planning. We serve everyone with respect by acknowledging and supporting diversity.

C. Core Values:

Collaboration – we provide leadership and encourage active collaboration between programs, other organizations and the community to achieve common goals.

Education – we commit to promoting quality health education through strategies suitable for individual and community empowerment.

Excellence – we will achieve and maintain quality services and outcomes through continuous performance improvement, core competencies, maintaining state of the art services and methods and by staying up-to-date on emerging issues and trends.

Cultural and Linguistic Appropriateness – we recognize and honor each individual and create an environment where diversity is respected and embraced.

Standards – we provide services based on assessment and evaluation of community needs, driven by data and aligned with Healthy People health indicators and goals. Practices are evidence-based, coordinated with other programs and continuously evaluated for impacts on community health.

Accountability – we take pride in and responsibility for our professional behavior and work performance. We model healthy and ethical behaviors.

D. Overarching Goals

1. PHS will maintain a sufficient workforce that is culturally and linguistically appropriate, dedicated, capable and accountable.
2. PHS will have strong and broad partnerships with the community.
3. PHS will proactively seek funding to provide model practices and state of the art technology and facilities.
4. PHS will prioritize, improve and develop excellent programs and services to serve community public health needs.
5. PHS will exceed internal and external customer expectations.
6. PHS will be a known and respected source for health information and leadership.

There was additional dialogue acknowledging that internal communication needs have increased with the continuing growth and complexity of the department. While there is not a formal goal addressing this within the strategic plan, the senior management team has agreed to begin a quarterly report aimed at professionals and an annual report aimed at the community.

ACTION PLAN

ACTION PLAN: Strategic Plan, January 2008 - December 2009

Prepared by Moss Adams LLP

FUTURE 1: PHS will maintain a sufficient workforce that is culturally and linguistically appropriate, dedicated, capable, and accountable.

- Future 1: **People:** PHS will maintain a sufficient workforce that is culturally and linguistically appropriate, dedicated, capable and accountable.
- Future 2: **Programs:** PHS will have strong and broad partnerships with the community.
- Future 3: **Financial:** PHS will proactively seek funding to provide model practices and state of the art technology and facilities.
- Future 4: **Programs:** PHS will prioritize, improve and develop excellent programs and services to serve community public health needs.
- Future 5: **Customer:** PHS will exceed internal and external customer expectations
- Future 6: **Programs:** PHS will be a known and respected source for health information and leadership.

Future 1: **People:** PHS will maintain a sufficient workforce that is culturally and linguistically appropriate, dedicated, capable and accountable.

| P | Action | Responsible Person | Resources (working with) | Start Date | Due Date | Performance Measure | Comments / Status |
|-----|--|--------------------|--------------------------|------------|------------|---------------------|--|
| 1.1 | Language line system training - expanded and implemented. | Mike Hill | Managers | | 6/30/2008 | | |
| 1.2 | All managers and supervisors will be 100% current with employee evaluations. | Bill Mitchell | | | 6/30/2008 | | |
| 1.3 | Specific Tracking System for Staff Training - IT | Roberto Alaniz | IT Dept. | | 6/30/2008 | | |
| 1.4 | Complete cultural and linguistically appropriate standards training and establish project goals. | Roberto Alaniz | | | 12/31/2008 | | May include personnel recruitment and selection goals. |
| 1.5 | Conduct needs assessment, inventory resources and prepare staff development plan. | Shene Bowie | | | 1/31/2009 | | Hiring for position now |
| 1.6 | All managers will have developed Duty Statements and job performance expectations for their staff. | Bill Mitchell | | | 6/30/2009 | | |
| 1.7 | Public Health Services will have a time and attendance policy developed and implemented. | Roberto Alaniz | | | 6/30/2009 | | |

ACTION PLAN: Strategic Plan, January 2008 - December 2009

Prepared by Moss Adams LLP

FUTURE 2: PHS will have strong and broad partnerships with the community.

- Future 1: **People:** PHS will maintain a sufficient workforce that is culturally and linguistically appropriate, dedicated, capable and accountable.
- Future 2: **Programs:** PHS will have strong and broad partnerships with the community.
- Future 3: **Financial:** PHS will proactively seek funding to provide model practices and state of the art technology and facilities.
- Future 4: **Programs:** PHS will prioritize, improve and develop excellent programs and services to serve community public health needs.
- Future 5: **Customer:** PHS will exceed internal and external customer expectations
- Future 6: **Programs:** PHS will be a known and respected source for health information and leadership.

Future 2: Programs: PHS will have strong and broad partnerships with the community.

| PA | Action | Responsible Person | Resources (working with) | Start Date | Due Date | Performance Measure | Comments / Status |
|-----|--|--|--------------------------|------------|-----------|---------------------|-------------------|
| 2.1 | We will have established formal processes with City of Stockton in which PHS will review development and specific project plans for health considerations. | Bill Mitchell | | | 6/30/2008 | | |
| 2.2 | We will establish formal relationships with CBO's & other organizations (including schools) that serve our diverse populations to expand our risk communication capability. | Roberto Alaniz, Shene Bowie, Judy Ward | | | 9/30/2008 | | |
| 2.3 | In collaboration with other coalition partners, PHS will provide formal health considerations input into County of San Joaquin and City of Lodi General Plan update process. | Bill Mitchell | | | 6/30/2009 | | |

ACTION PLAN: Strategic Plan, January 2008 - December 2009

Prepared by Moss Adams LLP

FUTURE 3: PHS will proactively seek funding to provide model practices and state of the art technology and facilities.

- Future 1: **People:** PHS will maintain a sufficient workforce that is culturally and linguistically appropriate, dedicated, capable and accountable.
- Future 2: **Programs:** PHS will have strong and broad partnerships with the community.
- Future 3: **Financial:** PHS will proactively seek funding to provide model practices and state of the art technology and facilities.
- Future 4: **Programs:** PHS will prioritize, improve and develop excellent programs and services to serve community public health needs.
- Future 5: **Customer:** PHS will exceed internal and external customer expectations
- Future 6: **Programs:** PHS will be a known and respected source for health information and leadership.

Future 3: Financial: PHS will proactively seek funding to provide model practices and state of the art technology and facilities.

| F | Action | Responsible Person | Resources (working with) | Start Date | Due Date | Performance Measure | Comments / Status |
|-----|--|--------------------|--------------------------|------------|------------|---------------------|--|
| 3.1 | PHS will increase grant applications for the purpose of increasing funding. | Roberto Alaniz | | | 6/30/2009 | | Decide on utilizing an internal grant writing position or independent contractor; increase writing and research skills of current staff. |
| 3.2 | The Finance Office will provide regular feedback and support to each program manager re: status of grants and budgets. | Bruce Cosby | | | 6/30/2008 | | |
| 3.3 | MIP Software will be expanded and all program managers trained to facilitate budget and grant fund management. | Bruce Cosby | | | 12/31/2008 | | |

FUTURE 4: PHS will prioritize, improve and develop excellent programs and services to serve community public health needs.

- Future 1: **People:** PHS will maintain a sufficient workforce that is culturally and linguistically appropriate, dedicated, capable and accountable.
- Future 2: **Programs:** PHS will have strong and broad partnerships with the community.
- Future 3: **Financial:** PHS will proactively seek funding to provide model practices and state of the art technology and facilities.
- Future 4: **Programs:** PHS will prioritize, improve and develop excellent programs and services to serve community public health needs.
- Future 5: **Customer:** PHS will exceed internal and external customer expectations
- Future 6: **Programs:** PHS will be a known and respected source for health information and leadership.

Future 4: Programs: PHS will prioritize, improve and develop excellent programs and services to serve community public health needs.

| PQ | Action | Responsible Person | Resources (working with) | Start Date | Due Date | Performance Measure | Comments / Status |
|-----|---|--------------------|--------------------------|------------|------------|---------------------|---|
| 4.1 | Form an internal PH Committee to examine the feasibility of performing a community health needs assessment. | Susan DeMontigny | | | 12/31/2008 | | |
| 4.2 | Complete implementation of PH PHIMS Software. | Mike Hill | | | 12/31/2008 | | |
| 4.3 | Complete rollout of website management to all programs and maintain current programs and service information. | Mark Young | | | 12/31/2008 | | |
| 4.4 | Develop quality program and service measures | Mike Hill | | | 6/30/2009 | | Includes program assessment and evaluation component. |

ACTION PLAN: Strategic Plan, January 2008 - December 2009

Prepared by Moss Adams LLP

FUTURE 5: PHS will exceed internal and external customer expectations.

- Future 1: **People:** PHS will maintain a sufficient workforce that is culturally and linguistically appropriate, dedicated, capable and accountable.
- Future 2: **Programs:** PHS will have strong and broad partnerships with the community.
- Future 3: **Financial:** PHS will proactively seek funding to provide model practices and state of the art technology and facilities.
- Future 4: **Programs:** PHS will prioritize, improve and develop excellent programs and services to serve community public health needs.
- Future 5: **Customer:** PHS will exceed internal and external customer expectations
- Future 6: **Programs:** PHS will be a known and respected source for health information and leadership.

Future 5: Customer: PHS will exceed internal and external customer expectations

| C | Action | Responsible Person | Resources (working with) | Start Date | Due Date | Performance Measure | Comments / Status |
|-----|---|--------------------|--------------------------|------------|---------------------|---------------------|---|
| 5.1 | Train program managers in development of Process Improvement Plans. Identify internal and external customers. | Mike Hill | | | 9/30/2008 | | Staff involvement expected. Look at past Service Excellence archives. |
| 5.2 | Identify up to three improvement areas (can be internal or external or a combination of both). | Mike Hill | | | 11/30/2008 | | Focus on process improvements, not program and service improvements. For example, customer service attitudes, IT response time; customer referral, etc. |
| 5.3 | Develop and implement improvement plan. | Mike Hill | | | 11/30/2009 | | |
| 5.4 | Report progress findings and adjust improvement plan as needed to meet customer satisfaction goal. | Mike Hill | | | Ongoing (quarterly) | | Beginning 4/1/2010 |
| 5.5 | Increase customer satisfaction with referrals within Public Health Services. | Roberto Alaniz | | | 8/15/2008 | | Includes phone book listing, knowledge of staff, phone tree system, phone coverage. |

FUTURE 6: PHS will be a known and respected source for health information and leadership.

- Future 1: **People:** PHS will maintain a sufficient workforce that is culturally and linguistically appropriate, dedicated, capable and accountable.
- Future 2: **Programs:** PHS will have strong and broad partnerships with the community.
- Future 3: **Financial:** PHS will proactively seek funding to provide model practices and state of the art technology and facilities.
- Future 4: **Programs:** PHS will prioritize, improve and develop excellent programs and services to serve community public health needs.
- Future 5: **Customer:** PHS will exceed internal and external customer expectations
- Future 6: **Programs:** PHS will be a known and respected source for health information and leadership.

Future 6: Programs: PHS will be a known and respected source for health information and leadership.

| CA | Action | Responsible Person | Resources (working with) | Start Date | Due Date | Performance Measure | Comments / Status |
|-----|---|--------------------|--------------------------|------------|-----------|---------------------|---|
| 6.1 | The PHS Web site will be accurate and up to date. | Roberto Alaniz | Mark Young | | 4/15/2008 | | User friendly, easy to navigate and find information on all programs and services; add Web site address to all business cards and on all PHS-developed newsletters; default the Web site to all PHS staff computers |
| 6.2 | The PHS "brand" will be more visible in the community. | Roberto Alaniz | | | 10/1/2008 | | Use of logo; posting mission statement; standardized health fair booth set-up to include banner/logo/department brochure; clothing line. |
| 6.3 | We will expand PHS Matters to include all public health data and increase distribution to additional community partners and to all employees. | Roberto Alaniz | | | 9/30/2008 | | |

Considerations for next Action Plan:

1. Career Nights (HS) Career Fair (College - UOP, Delta) i.e. Delta Nursing Program
2. Train, develop and educate staff to increase their public health knowledge to better represent the public health department in the community
3. Increase skill levels for media contact personnel.
4. Evaluate directional signage at Hazelton for visibility and usefulness
5. Brochure listing services and programs with phone numbers and promote all PHS clinic sites.

AGENDAS



Public Health Services of San Joaquin
Agenda
Strategic Planning
November 13, 2007
8:30 a.m. – 12:00 noon

- Meeting Goals:
1. Understand process of strategic planning; clarify expectations
 2. Name values and promises
 3. Create a clear vision of the future; review match with mission
 4. Context analysis
 5. Begin defining current and future state

| | |
|---|---------------|
| I. Welcome/ Introductions/ Meeting Agreements | 8:30 – 8:45 |
| II. Strategic Planning Overview | 8:45 – 9:00 |
| A. Expectations | |
| III. Values and Promises | 9:00 – 9:20 |
| IV. Vision and Mission Review | 9:20 – 10:00 |
| V. Context Analysis | 10:15 – 10:40 |
| VI. Current and Future States | 10:40 – 11:50 |
| VII. Next Steps | 11:50 – 12:00 |



Public Health Services of San Joaquin

Agenda

Strategic Planning

November 15, 2007

8:30 a.m. – 12:00 noon

- Meeting Goals:
1. Complete current and future state definitions
 2. Define driving and restraining forces
 3. SWOT analysis

| | |
|---|---------------|
| I. Welcome/ Introductions/ Meeting Agreements | 8:30 – 8:45 |
| II. Recap of Last Session | 8:45 – 8:55 |
| III. Current and Future State Definition | 8:55 – 10:00 |
| Break 10:00 – 10:15 | |
| IV. Define Driving and Restraining Forces | 10:15 – 10:45 |
| V. SWOT Analysis | 10:45 – 11:50 |
| VI. Next Steps | 11:50 – 12:00 |



Public Health Services of San Joaquin

Agenda

Strategic Planning

November 27, 2007

8:30 a.m. – 4:00 p.m.

Meeting Goals: 1. Review and input into draft vision statement, SWOT analysis & future states
2. Development and prioritization of goals
3. Beginning logo discussion

| | |
|---|---------------|
| I. Welcome/ Introductions/ Meeting Agreements | 8:30 – 8:45 |
| II. Draft Vision Statement | 8:45 – 9:15 |
| III. Review SWOT Analysis and Future States | 9:15 – 10:00 |
| Break 10:00 – 10:15 | |
| IV. Goal Development and Prioritization | 10:15 – 12:00 |
| Lunch 12:00 – 12:30 | |
| IV. Goal Development and Prioritization continued | 12:30 – 2:30 |
| Break 2:30 – 2:45 | |
| V. Logo Discussion | 2:45 – 3:50 |
| VI. Next Steps and Next Meeting Date | 3:50 - 4:00 |



Public Health Services of San Joaquin

Agenda

Strategic Planning

January 7, 2008

8:30 a.m. – 12:00 noon

Meeting Goals: 1. Finalize future states/goals & action steps
2. Chose initial logo designs

| | |
|---|---------------|
| I. Welcome/ Agenda Review | 8: 30 – 8:40 |
| II. Action Plan Development | 8:40 – 11:30 |
| A. Future State/Goal – Action Clarification | |
| B. Action Plan Development | |
| C. Goal Feedback and Discussion | |
| Break 10:00 – 10:15 | |
| III. Logo Initial Design Choices (Pat Davis Design) | 11:30 – 11:50 |
| IV. Next Steps | 11:50 – 12:00 |



Public Health Services of San Joaquin

Agenda

Strategic Planning

December 17, 2007

2:00 p.m. – 5:00 p.m.

- Meeting Goals:
1. Review staff feedback on draft vision statement, mission, values and overarching goals
 2. Develop future states/goals further
 3. Clarify logo direction

- | | |
|---|-------------|
| I. Welcome/ Introductions/ Meeting Agreements | 2:00 – 2:15 |
| II. Review of Staff Feedback – December 10th Report | 2:15 – 3:00 |
| III. Continued Goal Development and Prioritization | 3:00 – 4:15 |
| Break 3:30 – 3:40 | |
| IV. Logo Clarification (George Dimo – Pat Davis Design) | 4:15 – 4:50 |
| V. Next Steps | |