



Organizational Profile

Hurricane Irma made landfall in Collier County on September 10th, 2017 with 142 mph sustained winds leaving devastation in its wake. The leadership team of the Florida Department of Health in Collier County (DOH-Collier) coordinated county-wide healthcare services from their post at the Emergency Operations Center. At the county's only special needs shelter, 120 employees cared for over 700 people with special medical needs around-the-clock under the worst conditions possible. Epidemiologists, nurses, environmental specialists, and public health professionals deployed to the hardest hit areas to protect the community from disease outbreaks and environmental hazards resulting from Irma's destruction. **This is DOH-Collier.** A county health department full of dedicated, compassionate employees, who value each other and the community they serve, fulfilling the organization's mission in the best of times and the worst of times.

Organizational Description

DOH-Collier is one of 67 county health departments that form an integrated public health system serving the State of Florida. DOH-Collier serves the residents and visitors of Collier County by providing services mandated by Florida statutes and guided by the Center for Disease Control and Prevention's (CDC) Ten Essential Public Health Services and the Public Health Accreditation Board's (PHAB) Twelve Public Health Accreditation Domains.

Organizational Environment

Service Offerings

The service offerings at DOH-Collier (Figure 1) are determined by the mandates of public funding agencies in conjunction with the needs of the local community. The success of the organization depends on its ability to serve the changing needs of the community while observing the priorities of the government agencies that provide its funding.

Programs in the clinical and nutritional services category work to maintain a balance in the community that facilitates access to health care for all individuals by providing clinical services at health department facilities. Success in this service category provides health care, dental care, and nutritional services to population segments that lack access to these services elsewhere in the community.

Wellness programs are focused on educating the community about public health issues and functions. This is accomplished by participating on policy making boards and commissions and working with community partners such as schools, child care providers, health care providers, wellness committees, and others to inform, promote, educate, and facilitate participation in health and wellness programs. A function of the programs in this category is to influence public health related policy in local, community governance. Success in this service category increases knowledge, advocacy, and overall community wellness.

The other five service categories: community health planning and statistics, emergency preparedness and response, environmental health, infectious disease services, and vital statistics are essential public health services. Success in these categories translates to optimum community health: infectious diseases are under control, swimming pools, beaches and other water resources are safe for public use, environmental health hazards are minimized, disaster plans are in place, and health statistics and documentation are readily available.

Figure 1: Service Categories, Mission Alignment, Programs, and Delivery Mechanisms

Service Category <i>Mission Alignment</i>	Program	Delivery Mechanisms
Clinical & Nutritional Services <i>Promote & Improve Health</i>	<ul style="list-style-type: none"> • College and Pre-employment Physicals • Dental Clinic • Family Health • Healthy Start • Refugee Health • Immigration Physicals • Women, Infants, & Children (WIC) • Immunizations • Infectious Disease Services 	Walk-in clinics Home visits Online resources
Community Health Planning <i>Protect & Improve Health</i>	<ul style="list-style-type: none"> • Public Health Information • Community Health Improvement Planning 	Walk-in services Online resources Email newsletters Community events
Emergency Preparedness & Response <i>Protect Health</i>	<ul style="list-style-type: none"> • Collier County Medical Reserve Corps • Comprehensive Healthcare Emergency Preparedness Coalition (CHEPC) • Comprehensive Emergency Management Plan Review • Special Needs Shelter Operations • Emergency Support Function #8 (Public Health and Medical Services) 	Online resources Email newsletters Community outreach Preparedness exercises Mobilization and response
Environmental Health <i>Protect Health</i>	<ul style="list-style-type: none"> • Water • Facilities • Onsite Sewage Treatment and Disposal Systems 	Walk-in services Field operations Online resources
Infectious Disease Services <i>Protect Health</i>	<ul style="list-style-type: none"> • HIV/AIDS • Disease Reporting & Investigation • Sexually Transmitted Diseases • Tuberculosis 	Walk-in clinics Field operations Community events Online resources
Wellness Programs <i>Promote & Improve Health</i>	<ul style="list-style-type: none"> • Healthy Communities • School Health • Tobacco Prevention • Community Outreach and Presentations 	Policy boards School screenings Online resources Coalitions Community events
Vital Statistics <i>Protect & Promote Health</i>	<ul style="list-style-type: none"> • Birth and Death Certificates 	Walk-in services Online resources Tax Collector Sites

Mission, Vision, Values

The mission, vision, and values of DOH-Collier are set by the leadership of the Florida Department of Health (the Department, DOH). In addition, DOH-Collier added a culture declaration to brand the local organizational culture and defined its core competencies to align with the mission and service categories (Figure 2).

Figure 2: Mission, Vision, Values, and Culture Declaration

	<p>Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county and community efforts</p> <p>Vision: To be the healthiest state in the nation</p> <p>Values: ICARE – Innovation, Collaboration, Accountability, Responsiveness, Excellence</p> <p>Culture Declaration: I am valued and I CARE</p> <p>Core Competencies</p> <ul style="list-style-type: none"> • Protect public health • Assess and monitor public health • Enhance access to healthcare • Promote population health
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Workforce Profile

The DOH-Collier workforce is segmented by service function and includes administration, licensed professionals, environmental specialists, and public health professionals. There are 200 employees: 160 full-time, salaried and 40 part-time, temporary positions. The Administrator leads the organization and division directors serve as the senior leadership team. Licensed professionals that meet ongoing educational requirements, include one senior physician that is responsible for the medical orders and protocols for the clinical services, along with one part-time and two full-time dentists. Other licensed professionals include a dental hygienist, four advanced practice registered nurses (APRN), twenty-one licensed nurses (RN)s, seven licensed practical nurses (LPN)s, and seven registered dieticians (RDN). Environmental specialists must have a bachelor's degree as well as job specific certifications. On average, DOH-Collier employees have a high level of education attainment with 25% holding a bachelor's degree and 12% with graduate or professional degrees.

There was a significant workforce reduction in 2011 because of the general economic climate and a decrease in state funding. There was also a notable restructuring of service delivery at that time. Since 2011, the workforce has remained stable with small fluctuations in the number of employees, but the organization and service delivery structure have experienced changes.

In 2016, the human resources division absorbed duties for eight additional county health departments and became the Department's Southwest Region Human Resources Consortium. In 2017, there was a shift from contracted to in-house family planning services.

Other notable changes came from a combination of retirements, shifting programmatic needs, and Departmental controls on staffing levels. These changes involved consolidating duties in the disaster preparedness division, creating new positions in the community health promotion division, and shifting public information office responsibilities to administration.

There are two key drivers that engage DOH-Collier employees. They are an altruistic motivation to make a positive difference in the lives of individuals while improving community health outcomes and a desire to work in an organization where their contribution is valued and they are valued as a person. The DOH-Collier Culture Declaration, I am valued and I CARE, reflects these two key engagement drivers.

Three collective bargaining units represent employees at DOH-Collier: the American Federation of State & County Municipal Employees, the Florida Nurses Association, and the Federation of Physicians and Dentists.

Assets

The DOH-Collier main office is an 81,000 square foot facility located on the campus of the Collier County Government Center near downtown Naples. A second 14,000 square foot facility is in the unincorporated area of Immokalee. There is a branch office in the Golden Gate unincorporated area, which is used two days a week by the WIC program. The Human Resources Consortium occupies about 3,000 square feet of office space in a building adjacent to the Government Center. The DOH-Collier Disaster Preparedness office is located within the Collier County J.V. Mudd Emergency Services Center (ESC). All these facilities are owned or leased and maintained by Collier County government.

DOH-Collier owns the office furniture and computer equipment used by its employees within the county buildings. A facilities manager is employed to manage the inventory and serves as a liaison between the department and the county. The information systems division has three employees who manage the inventory of computer equipment and serve as systems administrators. Network infrastructure and primary systems are provided by the Department, while internet service and fiber optic infrastructure are provided in the county facilities that DOH-Collier occupies.

DOH-Collier operates a fleet of 20 vehicles of various types (trucks, cars, vans), which are owned and maintained by Collier County government.

The disaster preparedness unit maintains an inventory of consumable supplies such as disposable bed sheets and medical supplies to be used when the special needs shelter is activated.

DOH-Collier also maintains an inventory of typical medical and dental equipment (e.g. exam tables, American with Disabilities Act compliant wheel chair scale, equipment sterilization unit and dental panoramic x-ray equipment). The Environmental Health (EH) division maintains an inventory of various field tools and equipment such as laser levels, stadia rods, soil augers, and distance measuring devices.

Regulatory Requirements

DOH-Collier operates under Florida Statute (FS) Title XI, Chapter 381, which describes the general provisions for public health and FS Title XI, Chapter 154, which establishes county health departments and delineates the delivery system of services for environmental health, communicable disease control, and primary health care. In addition, the Department maintains a library of policies and procedures which regulate all aspects of DOH-Collier operations.

Annually, an agreement is executed between DOH-Collier, the Department, and the Collier County Board of County Commissioners (BCC) to provide funding and facilities. The agreement emphasizes public health as a shared responsibility and establishes a core set of programs for which DOH-Collier is accountable.

DOH-Collier clinical services are regulated by the Health Insurance Portability and Accountability Act (HIPAA), healthcare provider licensure requirements, and Occupational Safety and Health Administration (OSHA) guidelines.

As an accredited integrated public health system, the Department must meet all requirements to maintain its accreditation status with PHAB. For DOH-Collier, this entails maintenance of five planning documents, a community assessment, a performance management system, and public health service delivery.

Ethical challenges tend to occur in the clinical and regulatory settings. For example, in clinical and nutritional services an ethical challenge may involve seeing clients who appear to be lacking an acceptable level of daily care. This is especially challenging when the client is a child. Other challenges occur in the regulatory environment when a facility does not meet minimum requirements and closing it would dramatically affect the owner's livelihood. When ethical challenges arise, they are vetted through Departmental legal counsel before final decisions are made and actions taken.

Organizational Relationships

The citizens of Florida are simultaneously the governors and customers of DOH-Collier. Their governance comes through elected representatives in the state legislature and the Governor's office. Their benefits come from the public health infrastructure and services delivered by DOH-Collier.

Organizational Structure

The Governor of Florida appoints a state surgeon general to lead the Florida Department of Health, which provides leadership to DOH-Collier through the Office of the Deputy Secretary for County Health Systems. The DOH-Collier Administrator reports to the Deputy Secretary for County Health Systems, who sets expectations and monitors performance.

Other divisions and bureaus within the Department also govern DOH-Collier in their specific areas of authority. For example, the Bureau of Performance Assessment and Improvement ensures compliance with PHAB accreditation standards, the Inspector General monitors accountability, integrity, and efficiency, and some programs are governed by federal, state, or regional funding agencies.

DOH-Collier is also governed by and accountable to the Collier County BCC. The administrator provides quarterly reports to the BCC and sends a representative to monthly operations meetings of the Collier County Public Services Department, which monitors DOH-Collier operations on behalf of the BCC.

DOH-Collier has eight divisions, each with multiple program areas. Division directors report to the administrator and program managers report to their division directors. The senior leadership team includes the administrator and the eight division directors.

Customers and Stakeholders

DOH-Collier serves all residents and visitors of Collier County, which has a full-time population of about 358,000. From October to May, the population increases by 20% as seasonal residents and migrant farm workers occupy their winter homes. These months also draw many of the 1.78 million annual visitors to the county.

The sub-tropical climate and paradise-like setting of western Collier County have attracted rapid growth and increases in property values. The result is a significant income gap with a diverse immigrant, minority population working in the agriculture, service, and hospitality sectors.

There are key demographic features that delineate the DOH-Collier key market segments. They are the high percentage of cost-burdened households (42%), the immigrant population, and the increased level of service required during the seasonal population surge.

DOH-Collier clinical and nutritional services are targeted to specific segments of the population who tend to be medically underserved and do not have medical insurance or other means to access private sector health care services. More than 50,000 clients are directly served by DOH-Collier annually.

The second key market segment is the entire population of Collier County residents and visitors. Most of these customers are usually unaware of services being provided for them but benefit from preventative services (environmental and disease surveillance). They become aware of these services only when emergency situations (hurricanes), environmental issues (beach advisories or public pool closings) or a disease outbreak (Ebola and Zika) make the headlines. Other customers in this market segment have broad county wide reach (like community coalitions and committees), and the services DOH-Collier provides to them support their core competencies.

The environmental health market segment is key to DOH-Collier because there is a regulatory mandate to provide these services, the division is financially self-supporting, and the winter population surge of migrant farm workers, seasonal residents, and visitors significantly impacts the septic, water, and multiple facility types that are regulated by the Environmental Health Division.

A listing of the DOH-Collier market segments, customer groups, key stakeholders, and their requirements and expectations is presented in Figure 3.

Suppliers and Partners

DOH-Collier has two primary partners that are essential for the delivery of all its services: The Collier County BCC and the central office of the Florida Department of Health. These two partners provide the strategic, operations, workforce, and funding infrastructure that fuels DOH-Collier.

Suppliers are approved State of Florida vendors and are selected using mandated procurement methods. The State maintains contracts for selected products and services with designated vendors at negotiated rates, which provides a more favorable pricing structure and allows DOH-Collier to provide some services at reduced rates to qualified clients. DOH-Collier has a purchasing representative who uses Departmental protocols to procure required supplies and services. Pharmaceuticals used in the clinics are supplied by the Department's central pharmacy and other approved vendors; and information systems are provided by the Department's Office of Information Technology.

At the leadership level, two-way communication with Collier County government takes place at the Public Services Department monthly meetings. Senior leaders also make appearances at the Collier County BCC meetings. Leadership level communication with the Department occurs through bi-monthly conference calls, quarterly performance assessments,

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and the DOH-Collier administrator's participation on statewide committees. At the operations level, programs engage in two-way communication with partners through scheduled conference calls, email communications, and audits.

The other key types of partners include healthcare providers and community coalitions. DOH-Collier contracts with local healthcare providers to offer specialized health services, while staff and senior leaders participate in coalitions as members and in leadership positions.

The strong infrastructure support provided by the Department and the Collier county BCC allows DOH-Collier to benefit from utilization of innovations implemented by them and their suppliers. The Department infrastructure also provides methods for sharing of best practices and innovations among the 67 county health departments.

Figure 3: Market Segments, Customer Groups, Key Stakeholders, Requirements and Expectations

Market Segments	Customer Groups	Key Stakeholders	Requirements & Expectations
Specifically Identified Population Segments	<p>Clients:</p> <ul style="list-style-type: none">• Clinical (Dental, Family Planning, Healthy Start, Infectious Diseases, Immunizations)• Women, Infants, Children (WIC)• Vital Statistics Clients	<ul style="list-style-type: none">• Federally Qualified Health Centers• Community Coalitions• Neighborhood Health Clinic• Senior Friendship Health Centers• Hospitals & Funeral Homes	<ul style="list-style-type: none">• Accuracy• Confidentiality• Affordability• Multi-lingual• Accessibility• Timeliness• Cleanliness
Collier County Residents and Visitors	<ul style="list-style-type: none">• Schools• Healthcare providers• Policy making boards• Community Organizations• Public	<ul style="list-style-type: none">• Collier County BCC• NCH Healthcare System• Physicians Regional Medical Center• Community Coalitions	<ul style="list-style-type: none">• Accuracy• Accountability• Responsiveness• Clarity• Timeliness
Environmental Health	<p>Regulated Entities:</p> <ul style="list-style-type: none">• Water• Facilities• Onsite Sewage Treatment & Disposal Systems	<ul style="list-style-type: none">• Collier County BCC• Industry Associations	<ul style="list-style-type: none">• Accuracy• Clarity• Timeliness• Efficiency

Competitive Environment

Competitive Position

DOH-Collier is a publicly funded agency, which exists to offer services that the private sector remains unable to consistently provide, yet are essential to ensure the health and well-being of the community. Essential services such as disease reporting and surveillance, environmental health regulation, public health information, and vital statistics have no direct competitors in the market.

Programs such as WIC, Healthy Start, Tobacco Prevention, School Health, and Refugee Health exist in a quasi-competitive market. They compete for funding from state and federal agencies, however the funding agencies open bidding infrequently and the programs have been awarded to DOH-Collier for many years.

Clinical healthcare services offered by DOH-Collier, such as immunizations, family planning, and dental, exist in a market that poses a unique competitive position. These clinical services exist to fill a gap in healthcare services, but providing the services puts DOH-Collier in direct competition with private healthcare providers that could potentially offer the same services. DOH-Collier clinical services recoup most of their direct costs through fees thereby contributing to its financial health and workforce strength, but they might be preventing a competitor from entering the market, which would fill the gap and eliminate the need for public agency intervention. This dilemma is well resolved in Collier County through strong partnerships between DOH-Collier and private healthcare providers.

DOH-Collier is the only public health agency in Collier County and is classified as a large county health department, serving a population between 200,000 and 1,000,000 people. Incremental growth in the organization is anticipated corresponding with predicted population growth in the county over the next decade, which may affect the disease control, environmental health, and emergency preparedness and response divisions most.

Competitive Changes

Federal, State, and local policy changes have the potential to change the competitive environment in which DOH-Collier exists. The most recent key changes are the removal of the individual mandate for health insurance, the declaration of a public health emergency for the opioid epidemic, changes in immigration laws and refugee programs, and realignment of Medicaid dental insurance plans.

Comparative Data

Key public health comparative data sources for DOH-Collier include FLHealthCHARTS (Florida Charts), Florida Shots, the Department's county health department performance snapshot, administrative snapshot, and Environmental Health database, the Robert Wood Johnson Foundation (RWJF) County Health Rankings, and Healthy People 2020, all of which provide data used for comparisons to peer counties and state and national benchmarks. The primary limitation of these data sources is that the most recent data is usually at least one year old by the time of publication.

Strategic Context

During the 2016 strategic planning process and 2017 strategic plan review, DOH-Collier leaders, employees, and stakeholders developed a complete list of strategic advantages and challenges facing the department over the next five years. The key advantages and challenges are listed in Figure 4.

Figure 4: Strategic Advantages and Challenges

Advantages	Challenges
Business <ul style="list-style-type: none"> • Partnerships • Culture of quality improvement 	<ul style="list-style-type: none"> • Federal regulatory environment • Data management • Stakeholder engagement
Operations <ul style="list-style-type: none"> • Customer focus • Clinical services • Environmental health services 	<ul style="list-style-type: none"> • Funding sources • Integration across programs
Societal <ul style="list-style-type: none"> • Disaster preparedness • Partnerships with local universities 	<ul style="list-style-type: none"> • Policy makers and public perception • Health disparities
Workforce <ul style="list-style-type: none"> • Highly qualified • Committed • Diverse • Culturally competent 	<ul style="list-style-type: none"> • Recruitment/Retention • Low salaries • PH expertise

Performance Improvement System

DOH-Collier uses the Plan, Do, Check, Act (PDCA) quality improvement cycle for performance improvement (Figure 5). The Performance Management Council (PMC) meets monthly to review the DOH-Collier performance scorecard, which includes measures from the strategic plan objectives and key performance indicators (KPIs) for administrative and program outcomes. Opportunities for improvement are identified from lagging performance indicators and from ideas brought forward by employees and stakeholders. Each year several department-wide improvement projects are selected by the PMC because of their alignment with strategic priorities, local initiatives, or PHAB requirements. Other improvement projects are selected and completed throughout the organization based on programmatic, customer focused needs [6.1b(3)]. Improvement projects follow a standard process for documenting and monitoring progress using the PDCA cycle.

Figure 5: DOH-Collier Performance Improvement System

