

ALL IN GOOD HEALTH.



PERFORMANCE MANAGEMENT PLAN

DECEMBER 2024

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE OF NEVADA



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



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QUESTIONS OR COMMENTS?

Contact DPBH's Agency Manager within the Public Health Infrastructure and Improvement Section at DPBHPII@health.nv.gov.

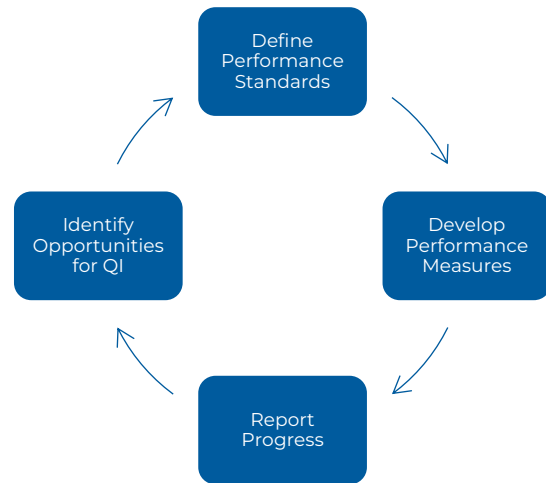


INTRODUCTION

Performance management encompasses the ongoing process of measuring, monitoring, and reporting on progress toward state, organization-wide, and programmatic goals. It is closely linked to, but distinct from, quality improvement (QI) as it provides a structured, data-driven approach to identifying and prioritizing opportunities for improvement.

According to the National Association of County and City Health Officials (NACCHO), performance management involves continuously cycling through four steps:

1. Defining performance standards;
2. Developing performance measures;
3. Reporting progress; and
4. Identifying opportunities for quality improvement.



The Public Health Foundation defines performance management as “a systematic process by which an organization involves its employees in improving the effectiveness of the organization and achieving the organization's mission and strategic goals.” The purpose of DPBH’s Performance Management (PM) Plan and System is to ensure progress is made toward the Division’s mission of “protecting, promoting, and improving the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.”

The Division’s PM System provides information on the effectiveness and efficiency of DPBH’s operations. It increases transparency and accountability—to accreditation boards, governing entities, and the people of Nevada—highlighting practices that are working well and identifying those that require improvement. Most importantly, it serves as a tool to assess the Division’s systematic efforts to improve the health, well-being, and longevity of Nevadans.

When fully implemented and operational, DPBH’s PM System will align performance management at all levels of the Division—individual, programmatic, and organizational—(as illustrated in Figure 1 on page 3) with the goal of improving the health of populations. This includes:

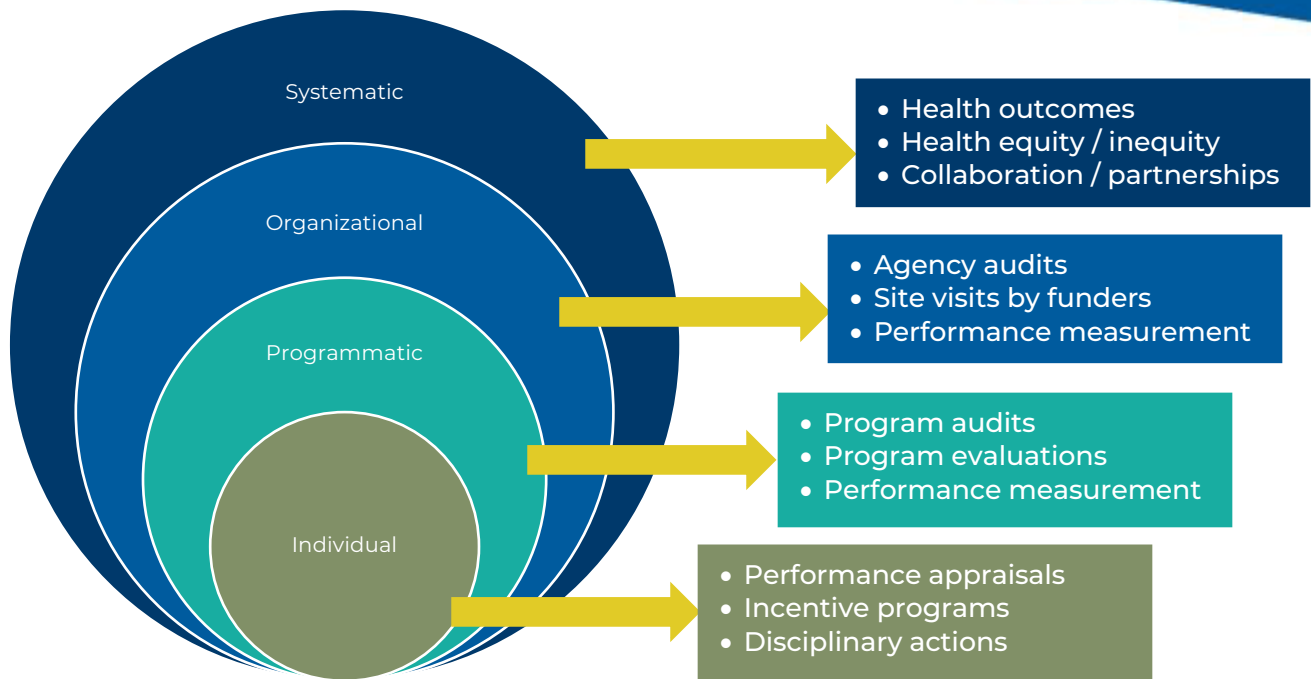
1. Setting organizational objectives across all levels of the Division;
2. Identifying transparent indicators to measure progress toward achieving objectives on a regular basis;
3. Assigning responsibility for monitoring progress and reporting on performance; and
4. Identifying areas that need improvement.¹

Developing a strong performance management system will ensure DPBH and its programs work to improve the health of communities in Nevada through data-driven decision making, organizational learning, and a culture of accountability. Engaging in effective performance management requires humility, respect, and curiosity and, similar to DPBH’s efforts to cultivate a culture of quality at DPBH, the PM System is intended to be used to identify opportunities for improvement without placing blame or judgement.

¹ Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011



Figure 1: Performance Management Alignment at All Levels



Source: [Performance Management in Local Public Health](#), Kent County Michigan

This Performance Management Plan (PM Plan) outlines the systems and processes necessary to measure, monitor, and report progress toward state, organizational, and program-level goals to improve the health of communities in Nevada.

It also describes how DPBH's PM System will be implemented in two phases, beginning with systems to track progress on statewide and organizational goals in 2024, and building additional systems to track and report progress toward programmatic goals in 2025.

Full implementation and integration of the PM System at all levels of the organization is expected by the end of 2025.

The PM Plan and System are closely associated with DPBH's core organizational documents. It measures and monitors key outputs and outcomes to ensure sustainable progress is made toward the implementation of the following DPBH plans:

- [Three-Year Strategic Plan \(2023-2025\)](#)
- [Quality Improvement Plan 2024-2026](#)
- Workforce Development Plan 2025-2027
- Communications Plan



DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

MISSION

The mission of DPBH is to protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

Preventable health and safety issues no longer impact the opportunity for all people to live in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.

VALUES



Accountability

We are transparent with and responsible to our team members, stakeholders, and the public we are honored to serve.



Health Equity

We ensure all Nevadans have an equal opportunity to live in good health through cultural competence and safety, respect, and accessibility.



Innovation

We are a continuously learning and improving organization that grows through experience, feedback, and evidence-informed practices.



Integrity

We do the right things for the right reasons to ensure public trust in our services.



Leadership

We provide accountability, inspiration, and a vision for sustainability for the entirety of the public and behavioral health systems in Nevada.



Partnership

We are a single team built on internal and external communication and collaboration.



DEFINITIONS

Culture of Quality Improvement—A culture of quality improvement occurs when QI is fully embedded into the way the agency does business across all levels, branches, and programs. Leadership and staff are fully committed to quality, and the results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that they seek out the root cause of problems. They do not assume that an intervention will be effective, but rather establish and quantify progress toward measurable objectives.

Evaluation—A systematic application of scientific methods to assess the design, implementation, improvement, or outcomes of a program.

Performance Improvement—Continual and systematic use of planning, monitoring and improvement activities to make intentional changes and improvement in public health capacity, processes, or outcomes.²

Performance Management—Performance management is a systematic process that helps an organization achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision making. In practice, performance management often means actively using data to improve performance, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results.³

Performance Management System—A performance management system serves as the framework to set goals, measure and report on progress, and make improvements.⁴ A fully functioning performance management system that is completely integrated into the health agency's daily practice at all levels includes:

1. Setting organizational objectives across all levels of the department;
2. Identifying indicators to measure progress toward achieving objectives on a regular basis;
3. Identifying responsibility for monitoring progress and reporting; and
4. Identifying areas where achieving objectives requires focused quality improvement processes.⁵

Quality Improvement (QI)—Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.⁶

Quality Improvement Plan—A plan that serves as a roadmap to establish shared goals across the agency to foster a culture of quality.⁷

² Public Health Accreditation Board. Summary of Recommendations from Performance Management & Quality Improvement Think Tank. July 2018; [Public Health Accreditation Board Acronyms and Glossary of Terms](#), Version 2022

³ Public Health Foundation (PHF). Focus Areas: Performance Management. "Overview". Accessed on June 21, 2022m [Public Health Accreditation Board Acronyms and Glossary of Terms](#), Version 2022

⁴ Standards and Measures for Initial Accreditation, Version 2022

⁵ Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011

⁶ Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. Defining Quality Improvement in Public Health. Journal of Public Health Management and Practice. January/February 2010; [Public Health Accreditation Board Acronyms and Glossary of Terms](#), Version 2022

⁷ Standards and Measures for Initial Accreditation, Version 2022



PERFORMANCE MANAGEMENT AT DPBH

Program-level metrics and indicators have long been used as metrics of accountability at DPBH; however, this PM Plan marks the beginning of systematic and strategic monitoring of performance at every level of the agency to improve both accountability and population health.

Approach to Performance Management

The Division's approach to performance management largely is based on the Public Health Foundation's [Public Health Performance Management System](#) guidance. This model relies on visible leadership at the agency and emphasizes transparency, strategic alignment, culture of quality, and customer focus. As is illustrated to the right, these values are continuous and do not conclude if a specific performance indicator is met.

The Division's approach is also informed by the [Results-Based Accountability](#)TM framework, which asks three key questions in developing performance measures:

- What/how much do we do?
- How well do we do it?
- Is anyone better off?

In addition, DPBH's commitment to performance management is reflected in our core values of accountability, innovation, and health equity.

- **Accountability**—We are transparent with and responsible to our team members, stakeholders, and the public we are honored to serve.
- **Innovation**—We are a continuously learning and improving organization that grows through experience, feedback, and evidence-informed practices.
- **Health Equity**—We ensure all Nevadans have an equal opportunity to live in good health through cultural competence and safety, respect, and accessibility.

Performance Management System

When fully implemented, DPBH's PM System will monitor three levels of data: statewide metrics, organizational/DPBH metrics, and program-specific metrics. Performance at each level influences the success of the next level; that is, achieving programmatic objectives contributes to the success of organizational goals and objectives, which in turn influence the statewide metrics that monitor the health of Nevada communities. Each piece of the PM System monitors indicators of progress toward implementing goals and objectives outlined in the plans below.

1. Statewide Measures
 - a. [Silver State Health Improvement Plan 2023-2028](#)
2. Division-wide Measures
 - a. DPBH Strategic Plan 2023-2025
 - b. Quality Improvement Plan 2024-2026
 - c. Workforce Development Plan 2025-2027
 - d. Communications Plan

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM





3. Programmatic Measures

- a. Biennial Activity-Based Performance Measures
- b. Funder-Based Performance Measures

Engaging in formal performance management at all levels of the organization is new to DPBH and will be implemented in two phases, as outlined below. Full implementation and integration of the PM System across all levels is expected in 2026.

Phase I: In 2024, DPBH will build PM Systems to monitor state and organizational goals and objectives.

Phase II: In 2025, DPBH will build PM Systems to monitor programmatic goals and objectives.

Monitoring Statewide Measures

Performance on statewide measures is monitored and reported through the Silver State Health Improvement Plan Dashboard, which is available to the public and linked under “Resources” on the Public Health Infrastructure and Improvement (PHII) Section’s [webpage](#). Data is entered into the dashboard annually, at the end of each fiscal year, by PHII staff with assistance from DHHS’s Office of Analytics. Following each annual review of these metrics, the dashboard shows where progress has been made and where opportunities for improvement exist.

A summary of performance results is submitted or presented each August by PHII to the Performance Management Team to discuss and use in informing and guiding decisions at DPBH. This information may be used to influence resource distribution or other efforts to continue making progress toward statewide goals. The Performance Management Team refers potential QI projects to the appropriate unit and/or the QI Council.

Summary performance data is also presented to the SSHIP Steering Committee and subcommittees at annual gatherings to review SSHIP performance and discuss changes to the SSHIP Implementation Plan for the following year.

Monitoring Division-wide Measures

Division-wide performance goals and objectives are monitored through DPBH’s internal Organizational Performance Dashboard. This dashboard tracks progress toward the three goals outlined in the Division’s Strategic Plan 2023-2025, and each goal aligns with goals and initiatives included in the Quality Improvement, Workforce Development, and Communications plans. By monitoring metrics in the Organizational Performance Dashboard, DPBH evaluates progress toward all of its strategic goals.

The PHII section is responsible for ensuring appropriate DPBH staff upload data into Dashboard quarterly, though other programs are responsible for entering certain data (e.g. HR updates workforce-related data, the Public Information Officer updates communications-related data, and PHII provides QI-related data). Data is tracked quarterly, and the PHII Agency Manager is responsible for reviewing organizational performance results with the Performance Management Team the month following the end of each quarter. This information may also be shared with the Director of DHHS, Public Health Resource Officer, State Board of Health, and/or DPBH staff, as determined by the DPBH Administrator.

The Performance Management Team uses quarterly results as it makes decisions that affect the Division and its work. This data is also used to inform or guide changes to how DPBH implements the Strategic Plan, Workforce Development Plan, QI Plan, and internal communications. Opportunities for QI are referred to the appropriate unit and/or the QI Council and used to inform subsequent versions of these core organizational plans.



Monitoring Programmatic Measures

Biennial Activity-Based Performance Measures

As an executive agency in the State of Nevada, DPBH is required to prepare an Activity Budget Activity Report, or NEBS310, every two years as part of the biennial budget process. These Activity Reports outline by budget account the program name, specific purpose of the program, and associated performance measures. Though these indicators are reported to the Nevada State Legislature bi-annually, they are updated annually and presented in the [Budget Performance Dashboard](#). During the annual review of the performance measures for each activity, the DPBH Executive Leadership Team and the lead manager or Bureau Chief over each program assess progress, identify successes or challenges in meeting goals, and determine appropriate next steps for improving progress in the future. This dashboard is a work-in-progress, and both its design and content will be reviewed and updated in 2025, as part of Phase II of implementing DPBH's PM System.

Funder-Based Performance Measures

The Division is funded largely by federal cooperative agreements and grants. Many of these awards include national objectives that are required as part of the federal act that appropriates the funds, such as those outlined in [Healthy People 2030](#). These are mandatory measures against which DPBH is evaluated throughout the performance period of each award. A dashboard to track these measures, as well as DPBH performance, will be established in 2025, as part of Phase II of implementing the PM System.

Performance Management Team

The Division's Executive Leadership Team serves as the Performance Management Team. This group is ultimately responsible for monitoring performance management goals and objectives; using resulting data to guide decision making; and identifying opportunities for improvement.

While various DPBH programs, units, and staff are responsible for entering data into PM dashboards, the Executive Leadership Team reviews performance management goals and objectives at least quarterly at its regular meetings and uses this data to inform and drive internal change at DPBH.

Performance management results and decisions are communicated when necessary and as appropriate to relevant programs or all staff through internal communications mechanisms, as outlined in the Division's Communications Plan. Opportunities for quality improvement and potential QI projects are communicated to appropriate programs and/or to the QI Council.

Because the PM System is closely linked to DPBH's Strategic Plan 2023-2025, the System is reviewed and updated in alignment with the strategic planning process.

NEXT STEPS

The Division of Public and Behavioral Health is committed to strategically measuring, monitoring, and reporting on progress toward state, organization, and programmatic goals and ensuring decisions are driven by data. When fully implemented, the PM System will integrate performance management at all levels of DPBH—strengthening the organization, improving services, and enhancing the health of communities statewide.

Phase II of implementing the PM System will begin in 2025, and state and organizational goals and objectives will continue to be tracked. This PM Plan and related goals and objectives will be evaluated as DPBH engages in strategic planning in late 2025 or early 2026, to ensure strategic priorities are monitored closely.



PERFORMANCE MANAGEMENT PLAN RECORD OF CHANGES

Date of Change	Description of Change	Page Number(s)