

ENVISION PROGRESS

Strategy Agenda Progress Report
Health and Human Services Agency
San Diego County

A Mid-Year Progress Report for FY 2007-08



VISION: Safe, Healthy, Thriving Communities

MISSION: To make people's lives safer, healthier and self-sufficient
by managing essential services

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This document was prepared by the Strategic Planning & Operational Support Division, Office of Strategy Management. Any questions or comments, please call 619/685-2524.

BACKGROUND

Background on the Strategy Agenda

The Strategy Agenda links the Agency's goals to its daily operations. It helps the Agency to translate our mission and vision into actions and results. It helps each employee better understand how his or her contribution makes a difference. It also helps community stakeholders see how Agency actions and results contribute to overall goals.

The Strategy Agenda was developed in 2004 with input from citizen advisory committees, who helped to identify priority programs. It was further framed and refined by HHSA's Executive Team and focus groups engaging managers, subject matter experts and advisory committee representatives. During the fall of 2005, the Strategy Agenda was first presented to HHSA citizen advisory committees. Feedback was solicited as to whether or not key community priorities were sufficiently reflected, and whether or not the Result Indicators were clear and meaningful. The feedback offered by our stakeholders led to further streamlining of the Strategy Agenda.

The Agency's goals are to assist at-risk and vulnerable people to be safe, healthy and self-sufficient, and also to protect the public's health. These goals have been distilled down to six "mission critical services"—prevention, access, protection, treatment and care, preparedness and response, and communication. Seventeen (17) Result Indicators capture the results the Agency is seeking, and individual performance measures that fall under these Result Indicators reflect progress towards specific outcomes for programs that HHSA Regions and Divisions are implementing.

Why a Progress Report?

The Agency Director has promised to use the Strategy Agenda to engage community stakeholders and advisors in an ongoing dialogue about what results are valuable to them and how those results can be accomplished. HHSA staff provides regular progress reports in order to enhance understanding of, and transparency regarding, Agency operations. Sharing our progress provides a forum to discuss ways in which our community partners can work with the Agency to improve community outcomes.

Where Do the Measures and Targets Come From?

Measures and targets are proposed each year by individual Regions and Divisions and approved by the Agency Director and Executive Team, as part of the annual planning cycle. Often, achievement of targets require the cooperation of multiple Regions and Divisions, which is why it is so important that goal setting is done collaboratively and with Executive Team oversight and approval. Alignment to the County Strategic Plan is also critical to ensure that HHSA efforts support overall goals and priorities of the Board of Supervisors and the Chief Administrative Officer.

There is an expectation that the targets for existing measures are raised each year in order to continue to improve on performance. In some cases, the new target for 2007-08 may be lower than current year 2006-07 performance for a variety of reasons—the new target is based on mid-year projections of performance and is also considered appropriate given available resources and service expectations. Many measures carry over from year-to-year; however, some new measures are developed each year. For new 2007-08 measures, no target or results data are available for the prior year 2006-07 and "N/A" appears in those columns.

KEY TO READING THE PROGRESS REPORT

This document is organized by the Strategy Agenda's six mission critical services. Each mission critical service has a corresponding action statement and several result indicators. The results of our activities are reflected through Region or Division performance measures. After the measure name, alignment to County and Agency strategic goals is captured in the first 3 columns, and in the last 4 columns, targets and performance results for 2006-07, and mid-year 2007-08, appear.

MISSION CRITICAL SERVICE

Action Statement to Get to Desired Result

# Number	Result Indicator (<i>Results</i>)	County Strategic Initiatives							
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>County Strategic Initiatives: -Improve Outcomes for Kids -Promote Safe & Livable Communities</p> </div> <div style="width: 45%;"> <p>Agency Goals: -Assist At-Risk and Vulnerable People to be Safe, Healthy and Self-Sufficient -Protect the Public's Health</p> </div> </div>		Safe & Livable Communities						
			Kids	Vulnerable Adults	Public's Health	Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
Agency Program or Region Measure (that corresponds with Result Indicator)									
			Agency Goals						

Result End-Year	What Symbol Means	What Does Symbol Say about HHS Performance?
	100% of target or above	Excellent: At, or better than, expected levels of performance
	Less than (<) 100% of target but greater than or equal to (≥) 75% of target	Caution: Below expected levels of performance
	Below 75% of target	Concern: Significantly below expected levels of performance
	Data will be available at the end of the fiscal year	

PREVENTION

Provide prevention and early intervention services to maximize the health, safety and well-being of our community.

1. Completion of recommended number of well-child and prenatal visits

	Kids	Safe & Livable Communities		Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
		Vulnerable Adults	Public's Health				
Expectant mothers visited by Public Health Nurses through delivery, completed recommended number of prenatal care visits	X		X	89%	98.5%	95%	97.6% 
Children in out of home placement who receive preventive health examinations in accordance with Child Health & Disability Prevention (CHDP) periodicity	X		X	70%	80%	70%	83.7% 

2. Preparation of children and youth to transition to adulthood

	Kids	Safe & Livable Communities		Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
		Vulnerable Adults	Public's Health				
Foster youth in 12 th grade who achieved high school completion	X			78%	83.3%	79%	
Adolescents successfully discharged from alcohol and drug programs that are enrolled in school or completed high school or equivalent	X			76%	90.3%	80%	90% 
Increase in number of transitional aged youth (TAY) receiving outpatient mental health services compared to the same period in the previous fiscal year	X			N/A	N/A	10%	8.1% 

3. Receipt of education and prevention services

Measures being developed and results will be reported in FY 08-09

PREVENTION

Provide prevention and early intervention services to maximize the health, safety and well-being of our community.

4. The impact of chronic and acute diseases and spread of infectious disease.

	Kids	Safe & Livable Communities		Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
		Vulnerable Adults	Public's Health				
Activities implemented to contribute to the accomplishment of the Childhood Obesity Initiative	X		X	N/A	N/A	5	4
Children age 24 months who are fully immunized and served by the regional Public Health Centers	X		X	90%	90%	98%	
Nurse Family Partnership (NFP) graduates' children who are fully immunized at 24 months of age	X		X	N/A	N/A	95%	

ACCESS

Provide outreach and links to services to help at-risk children, families and vulnerable adults lead safe and healthy lives, and become self-sufficient.

5. Individuals provided assistance accessing services

	Kids	Safe & Livable Communities		Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
		Vulnerable Adults	Public's Health				
Increase in number of older adults receiving mental health services		X		5%	7%	5%	8.3%

6. Enrollment in medical, dental and behavioral health services

	Kids	Safe & Livable Communities		Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
		Vulnerable Adults	Public's Health				
Net gain in children enrolled in Medi-Cal and Healthy Families by year end	X		X	4,696	4,582	1%	3.7%

ACCESS

Provide outreach and links to services to help at-risk children, families and vulnerable adults lead safe and healthy lives, and become self-sufficient.

7. Average wait times to access services

	Kids	Safe & Livable Communities		Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
		Vulnerable Adults	Public's Health				
Average system-wide wait time for children and youth to be assessed by a mental health professional and referred to outpatient treatment	X			5 days or less	4.2 days	5 days or less	3.9 days 
Child Care Stage 1 payments issued timely—within 10 days of receipt of complete attendance sheet, CalWORKs participants only	X			97%	100%	99%	100% 
Child Care Stage 2 payments issued timely—within 10 days of receipt of complete attendance sheet, current and former CalWORKs participants if income eligible	X			97%	99.6%	99%	100% 
Adolescent Alcohol and Drug Services non-residential treatment participants admitted timely (within 14 days of acceptance to program)	X			N/A	N/A	70%	91.3% 
System-wide average wait time for adults to be provided an outpatient mental health assessment		X		8 days or less	7.2 days	8 days or less	5.9 days 
Face-to-face Adult Protective Services investigations within 10 days of referrals		X		95%	95.8%	95%	96% 
Healthy Families and Medi-Cal applications distributed to appropriate regions within 5 days.	X		X	N/A	N/A	98%	100% 
County Medical Services (CMS) wait time for scheduling eligibility determination appointments.		X		N/A	N/A	20 days or less	17 days 
Public Administrator cases submitting the Inventory & Appraisal (I&A) reports to the probate court within 120 days.		X		N/A	N/A	80%	80% 
Public Guardian cases submitting the Inventory and Appraisal (I&A) reports to the probate court within 90 days.		X		N/A	N/A	80%	75% 

ACCESS

Provide outreach and links to services to help at-risk children, families and vulnerable adults lead safe and healthy lives, and become self-sufficient.

8. Receipt of sustainable financial support by eligible individuals

	Kids	Safe & Livable Communities		Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
		Vulnerable Adults	Public's Health				
Approval of claims submitted by Veterans' Services for benefits		X		86%	89.2%	86%	94.1% 
General Relief and Cash Assistance Program for Immigrants (CAPI) clients, who complete the Supplemental Security Income (SSI) application process through the Advocacy Program, and obtain SSI		X		91%	91.7%	90%	89.2% 
Increase in eligible seniors receiving Food Stamps benefits		X		N/A	N/A	5%	14.3% 
Increase CalWORKs families accessing the Earned Income Tax Credit (EITC)	X	X		N/A	N/A	10%	

PROTECTION

Provide services that protect children, families and vulnerable adults from dangerous conditions.

9. Protection from abuse and neglect

	Kids	Safe & Livable Communities		Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
		Vulnerable Adults	Public's Health				
Children with a substantiated allegation of neglect/abuse within a 6 month period, who have another substantiated allegation in the next 6 months <i>Note: Due to lag time in availability of data for this measure, 2007-08 Mid-Year result reflects performance over 1st half of calendar year 2007 (Jan – June), as opposed to fiscal year.</i>	X			8.4%	8.5%	8.4%	7.8% 

10. Permanency and stability in living situations

	Kids	Safe & Livable Communities		Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
		Vulnerable Adults	Public's Health				
Children in foster care for less than 12 months with fewer than 3 placements	X			80%	75.3%	80%	76.7% 
Foster children placed in permanent adoptive homes	X			630	632	635	451 
Children, entering through on-site Assessment Center, who are diverted from Polinsky Children's Center and placed in foster homes within 24-hours	X			20%	62%	25%	47.6% 

11. Continued level and need for services

	Kids	Safe & Livable Communities		Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
		Vulnerable Adults	Public's Health				
Foster children who re-enter foster care within 12 months of being reunified with their families	X			9.9% or less	8.9%	9% or less	8.9% 
Adult Protective Services cases not re-referred within six months of case closing, indicating that the needs of these clients were met		X		89%	91.4%	90%	91.3% 

TREATMENT AND CARE

Provide quality treatment and care to improve physical health, mental health and reduce dependency on public resources

12. Status of well-being from in-take to re-assessment or discharge

	Kids	Safe & Livable Communities		Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
		Vulnerable Adults	Public's Health				
Adult & adolescent patients in alcohol and drug treatment for more than 30 days who complete treatment	X	X		55%	51.9%	55%	66.7% 
County Medical Services patients with diabetes who are enrolled in Project Dulce for a minimum of 12 months receive annual eye exams, foot exams and kidney function assessments		X		80%	84%	84%	84% 
Youth participating in the Critical Hours after-school program who demonstrate improvement in protective factors.	X			80%	97.5%	80%	100% 
Youth receiving juvenile diversion services who do not have contact with the juvenile justice system at case closing	X			80%	91.9%	90%	84% 

13. Participation in employment, education and other productive activities

	Kids	Safe & Livable Communities		Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
		Vulnerable Adults	Public's Health				
Welfare-to-Work participants and their families who exit CalWORKs cash assistance due to employment and remain off cash aid for six continuous months	X	X		90%	85.2%	90%	94.2% 

PREPAREDNESS & RESPONSE

Monitor, identify and respond to health-related events and behaviors, while preparing the community to react and recover from disasters.

14. Response time for selected reportable diseases and newly emerging public health threats

	Kids	Safe & Livable Communities		Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
		Vulnerable Adults	Public's Health				
Cases of selected reportable diseases (hepatitis A, meningococcal disease and E. coli) that Epidemiology staff make first contact and initiate investigations within 24 hours			X	97%	100%	98%	100% 
Tuberculosis cases reported to Public Health Services within one working day from the start of treatment			X	90%	95%	90%	92.3% 

15. Readiness to respond and mobilize in a disaster

	Kids	Safe & Livable Communities		Target 2006-07	Result End-Year	Target 2007-08	Result Mid-Year
		Vulnerable Adults	Public's Health				
Drills or exercises with community partners and public health staff to evaluate the County's level of preparedness for public health hazards			X	5	8	5	4 
Public Administrator/Public Guardian clients and real property that are accurately mapped under Geographic Information System <i>Explanation: In progress. Planning has begun to map client addresses for use in emergencies.</i>		X		N/A	N/A	90%	0% 

COMMUNICATION (*New*)

Ensure timely and accurate communication of risks to improve overall community health and well-being.

16. Timeliness and strategic dissemination to selected populations

Measures being developed and results will be reported in FY 08-09

17. Impact on awareness and/or behavior as a result of education or health promotion efforts

Measures being developed and results will be reported in FY 08-09