

MONTEREY COUNTY
Health Department

Strategic Action Plan 2013-2014



Strategic Plan Implementation Team
Monterey County Health Department
10/15/2013

Monterey County Health Department

Strategic Action Plan

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Letter of Introduction

Monterey County Health Department's (MCHD) mission is to enhance, promote and protect the health of Monterey County's individuals, families, communities and environment.

We do this by operating numerous local, state, and federal programs and services whether for communicable disease detection and prevention, health education, emergency response and preparedness, keeping our environment safe and healthy, and as part of a safety net for primary and behavioral health needs.

We are here to serve, but we can't do it alone. There are many community organizations and partners that we partner with, mutually participating in coalitions and collaboratives and supporting an important and hardworking public health system.

MCHD's strategic plan, passed by the Board of Supervisors in 2011, includes specific strategic initiatives to address the current health disparities that exist in our county. Staff has developed this action plan as a living document to be used by MCHD to track program development, alignment of work across the MCHD Bureaus as part of strategic planning, and progress within MCHD in relation to the Strategic Plan's three initiatives. The Action Plan charts a course for MCHD in relation to opportunities and challenges identified through assessments of the public health system. This Action Plan will enable MCHD to work work specifically related to the three initiatives and also shows the linkages to Bureau-specific performance measures as well as strategies used and measures of progress.

We hope this Action Plan will be a useful tool to track our progress in implementing our Strategic Plan. In so doing, we hope to improve health for all residents of our wonderful and diverse county and also conduct our important work more successfully and effectively.

Sincerely,

Ray Bullick

Director of Health

Executive Summary

In 2011, The Monterey County Health Department (MCHD) reviewed county health data and sought community input on the most pressing health issues across the county and potential solutions to those issues. This work resulted in the identification and adoption of three strategic initiatives as part of the MCHD's Strategic Plan for 2011-2015:

- Empower the community to improve health through programs, policies, and activities
- Enhance community health and safety by emphasizing prevention
- Ensure access to culturally and linguistically appropriate, customer friendly services.

The Strategic Plan proposed a systems integration approach with a focus on prevention and using Health in All Policies in order to implement the three strategic initiatives.

As part of the Strategic Plan implementation process, a team of staff from across MCHD Bureaus was convened. This team developed this Action Plan as a living document to track alignment with the MCHD strategic initiatives of the many important and new programs and projects begun since the Strategic Plan was approved by the Board of Supervisors in December 2011. The Action Plan Matrix summarizes MCHD projects and involvement with city-specific and county-wide initiatives, considers opportunities and challenges identified through assessments of the public health system, and can be used to track and measure progress towards the MCHD's strategic initiatives and objectives.

Going forward, MCHD will continue to adapt to the changing needs of the county and to provide excellent service to our county residents into the 21st century. This strategic action plan is a living document that guides our organization and its work as it relates to the initiatives and our goals.

MCHD Strategy Map



Introduction

History

Monterey County Health Department (MCHD) has roots in prior centuries, but its modern history began in the 1920s with establishment as a County department. In its early years, services included well baby visits from public health nurses, disease control, and environmental health work, including milk inspection and mosquito abatement (no longer conducted by the Health Department).

During the 1960s and 1970s, MCHD grew and changed with the times, adding divisions for mental health, alcohol and drug programs, emergency medical services, and animal control (all currently continue to operate). When the U.S. Army's Fort Ord and its associated medical facilities closed in the early 1990s, the community asked the County Board of Supervisors to expand clinical services for low-income populations to the cities of Seaside and Marina. MCHD was asked to and obtained Federally Qualified Health Center look alike designation to open primary care clinics in these sites, adding a third clinic in the very low income Alisal neighborhood of Salinas. Financial pressures in 2003 led to the transfer of Natividad Medical Center's (NMC's) outpatient specialty and primary care clinics to MCHD; those clinics were incorporated under MCHD's FQHC license. An agreement for coordinating these outpatient services with NMC's inpatient services was recently completed between NMC and MCHD, and the two organizations also completed a joint strategic plan.

Current Structure

MCHD has grown to a staff of over 730 which serves a diverse county population of 426,762 (2012 U.S. Census Bureau). MCHD is a division of Monterey County government. The Department Director is appointed by and reports to the County Administrative Officer, who in turn reports to the five-member, elected Board of Supervisors.

MCHD provides a broad range of health care and protection services that are provided across seven Bureaus:

ADMINISTRATION: provides administrative, fiscal, facilities, planning, and policy management and oversight for all Health Department Bureaus and budget units. Services provided include department-wide administration and budget oversight, accounting oversight, human resources services, management information systems support, program evaluations and data analyses for health policy and program development and monitoring, management of public health accreditation processes, facilities management.

BEHAVIORAL HEALTH: links County residents who have mental health & addictive disorders to a continuum of behavioral health interventions such as inpatient hospitalization, crisis interventions, recovery programs, prevention services, supportive housing, wellness centers, & outpatient services.

CLINIC SERVICES: operates 7 FQHC look-alike clinics providing comprehensive primary medical care, health promotion education & disease prevention services regardless of the patient's ability to pay.

EMERGENCY MEDICAL SERVICES (EMS): works with partners to provide medical care to pre-hospital emergency patients by maintaining an EMS system, paramedic/ambulance franchise, EMS training programs, & preparing disaster plans.

ENVIRONMENTAL HEALTH: educates the public & enforces federal, state and local statutes covering consumer health, drinking water, environmental health reviews, hazardous materials, recycling & resources recovery, & solid waste management. Also provides animal control, shelter, and adoption services through the Animal Services Division.

PUBLIC GUARDIAN/ADMINISTRATOR: provides services in four major functional areas Public Administrator, Probate Conservator, Public Guardian Conservator, and Public Guardian. Services for clients populations, whether alive or deceased, provide protection of client property and finances and assistance to client's families.

PUBLIC HEALTH: provides Health Promotion, Community Nursing, WIC, & Children's Medical Services; monitors, investigates, & develops interventions for health & disease events; maintains the County's vital records; & operates a public health laboratory.

Vision, Mission, Values, and Goals

Vision

The vision of the MCHD is to create a legacy of health together.

Mission

Monterey County Health Department's (MCHD) mission is to enhance, promote and protect the health of Monterey County's individuals, families, communities and environment.

Values

MCHD's values guide us in working to achieve our goals. Our values are:

Integrity - We conduct our work in a trustworthy and dependable manner.

Respect - We value the strengths, experiences, and perspectives of others.

Innovation - We search for creative solutions, manage resources wisely, and lead the way.

Health Equity - We cultivate activities, programs, and policies that equalize opportunities for communities to be healthy.

Excellence - We promote quality outcomes through learning and continuous performance improvement.

Goals

MCHD's goals are to:

- Ensure the optimal capacity and infrastructure to carry out public health functions
- Increase the number of individuals adopting and sustaining healthy and environmentally sound behaviors
- Prevent, survey and control communicable diseases
- Prevent and/or manage injuries and chronic disease and mitigate the associated disabilities
- Assess and assure access to appropriate health care and services
- Prevent and reduce the environmental risks to the public and our natural resources, and
- Prepare for and respond to health emergencies and disasters.

Action Planning Process

Summary of process

Strategic Plan

The Strategic Plan Planning Team met from late 2010 through 2011, coordinating 21 community meetings to more than 500 residents to develop the Monterey County Health Department Strategic Plan. This plan was approved by the Board of Supervisors in December 2011. The extensive community input yielded distinct regional concerns, strengths, challenges, and solutions. For these reasons, the Committee determined a regional approach to service delivery would increase access to care for residents, reduce documented health inequities, and provide health care and prevention service to address specific regional needs.

Strategic Priorities

The Monterey County Board of Supervisors on December 13th, 2011, adopted the Health Department Strategic Plan and the Strategic Planning Committee's recommendations, which were:

1. Adopt Three Strategic Initiatives:

- Empower the community to improve health through programs, policies, and activities
- Enhance community health and safety by emphasizing prevention
- Ensure access to culturally and linguistically appropriate, customer-friendly, quality services

2. Promote and practice "Health in All Policies" with traditional and non-traditional community partners

3. Take a Regional Approach:

- Create four regional, cross-Bureau Community Action Teams (CATs)
- Form conduits for regular communication
- Engage community service providers in implementation

4. Realign Programs and Resources:

- Eliminate duplicative work
- Formalize inter-Bureau information sharing
- Prioritize and fast-track top regional priorities
- Adopt cross-cutting evaluation measures

5. Document and evaluate systems changes; reassess

6. Continue involving residents and collaborating with community-based organizations, cities, schools, agencies, nontraditional groups, and faith based sectors

Initiatives and Objectives

The MCHD Strategic Plan has three initiatives and associated objectives.

Initiative 1: Empower the community to improve health through programs, policies, and activities.

In 5 years, Monterey County Health Department will increase opportunities for community participation in public health dialogues.

Objective 1: Promote a health focus in public policy and planning.

Objective 2: Develop and support a network of volunteers and peers that advocate for and support community health-oriented solutions.

Initiative 2: Enhance community health and safety by emphasizing prevention.

In 5 years, Monterey County Health Department will strengthen the community's ability to respond to safety issues.

Objective 1: Increase opportunities for community-led primary prevention safety efforts through family and youth engagement.

Objective 2: Support social networks working to address and respond to public health and safety risks.

Objective 3: Engage community organizations, businesses and other governmental agencies in assessing and preventing violence & reducing injuries in the community.

Initiative 3: Ensure access to culturally and linguistically appropriate, customer-friendly, quality health services.

In 5 years, Monterey County Health Department will ensure access to health care through culturally and linguistically appropriate customer service and by aligning public health, primary care, behavioral health, and community resources with health care reforms.

Objective 1: Maximize prevention and wellness opportunities as funded by health care reform.

Objective 2: Support integrated primary care, including clinical preventive services.

Objective 3: Incorporate bridges linking clinical and community-based prevention activities.

Objective 4: Ensure access to appropriate health care resources, especially specialty care and ancillary (such as diagnostic and therapeutic) services, regardless of a person's ability to pay.

Implementation Process

An Implementation Team (iTeam) was developed in September 2012 and supported by staff from a newly created Planning, Evaluation, and Policy unit. The team consisted of 15 Health Department staff and acted as an advisory committee for the implementation process through monthly meetings and document planning, preparation, and review.

The iTeam first worked on creating processes for aligning and coordinating cross-Bureau and partner-related activities around the three initiatives and the approach of Health in All Policies (HiAP) while considering regional needs and specific challenges. This included developing health equity-related training, weaving health equity into a department performance management system, prioritizing and fast-tracking top regional priorities, and developing this action plan to track progress.

Input from and partnership with Health Department staff, community partners, and residents continues to be an essential component of implementation. To inform this Action Plan, the iTeam used the Mobilizing for Action through Planning and Partnerships (MAPP) process from the National Association of City and County Health Officials and as outlined in the Strategic Plan. Three of the four MAPP assessments were conducted in 2013 to inform and develop the Community Health Improvement Plan (CHIP) and further inform the MCHD Action Plan.

In March of 2013, 116 MCHD staff and community partners (see Appendix A for list of attendees) participated in a Local Public Health Systems Assessment to identify the perceptions of the community about how the public health system was performing in the standards and measures of the ten essential public health services.

Ten Essential Public Health Services



Participants used a voting ballot to provide input on a scale of 0 to 5 (5 being optimal activity) on their perception of the local public health system’s performance for each of the ten essential public health services. These scores were averaged to create a composite score for each subcomponent of a service and for each essential service. The results and comments can be used to generally guide overall LPHS quality improvement and infrastructure development.

Perceived strengths (average score ≥ 3.5) were in the areas of diagnosing and investigating health problems and health hazards, developing policies and plans that support individual and community health efforts, and enforcing laws and regulations that protect health and ensure safety. Areas where participants perceptions indicated opportunities for improvement (average score < 3.5) were monitoring health status to identify community health problems, mobilizing community partnerships to identify and solve health problems, linking people to needed personal health services and assure safety net services, assuring a competent public and personal health care workforce, evaluating effectiveness, accessibility, and quality of personal and population-based health services, and researching new insights and innovative solutions. This Action Plan matrix (see below) links specific actions to essential public health services for tracking and effort alignment.

In June 2013, MCHD staff and community partners (see Appendix A for list of attendees) participated in a Forces of Change Assessment to identify social, economic, political, technological, scientific, legal, and ethical forces that may influence the implementation of the strategic initiatives. Common themes emerged across all areas including the need to work on social justice and health inequities (social, economic, and political forces), current and future changes in access to care and technology (Affordable Care Act implementation, green energy). Forces that figured several times in the discussion were the recession and global environmental conditions and how they both will affect funding and population needs and the

potential benefits as well as concerns about new technology developments. Results were used to inform the development of outcomes for the CHIP and for informing the MCHD Action Plan.

Finally, as part of developing the MCHD Action Plan as a partner to the Strategic Plan, MCHD staff created Bureau-specific performance measures. These add more specificity to our priorities and increase accountability. In addition, they demonstrate the linkages between the strategic initiatives, the ten essential public health services, priority activities, and outcomes and will guide MCHD action in relation to system needs (such as national public health accreditation) and external forces (Appendix B).

Linkages with Community Health Improvement Plan

This Strategic Plan Action Plan is a living document. It will be updated and linked with the Community Health Improvement Plan (CHIP) upon that plan's completion (estimated to be February 2014). Much of the CHIP will draw from the Strategic Plan, Action Plan Matrix, Community Themes/Strengths assessment, Local Public Health System Assessment, and Forces of Change Assessment and will summarize the system level work across the community that aligns with the Strategic Plan initiatives.

Putting plan into action (Action Plan Matrix)

The MCHD Action Plan was drafted as a living document in order to recognize the need for revision to remain relevant and current with changing local, state, and national public health and healthcare landscapes. Key priorities are aligned with strategic initiatives and goals. This matrix will be reviewed and updated quarterly by the iTeam. It will also be used to produce an annual report charting progress towards implementation of the three initiatives across MCHD and with community partners.

Monterey County Health Department Strategic Action Plan Matrix

Updated 10/15/13

Vision Creating a legacy of health together								
Mission Working to enhance, promote, and protect the health of Monterey County's individuals, families, communities, and environment								
Values Health equity, integrity, innovation, respect, and excellence								
Strategic Initiative 1: Empower the community to improve health through programs, policies, and activities								
Objective	Approach	Time Frame	Bureaus - Lead Role	Strategies Used	Measure of Progress	Resources Needed	Goals Addressed	County or Region
Promote a health focus in public policy and planning	Develop capacity within Health Department to develop more systems-level policy review and planning	Have in place by July 2012	Admn - R. Bullick and support from all Bureaus	N/A	Created and approved in HD budget July 2012. Creation of PEP unit. Staffed fully March 2013.	Budget appropriations from Bureaus Implementation Team	1	County
	Develop tobacco-free multi-unit housing policy	June 2012	PHB – G. Coronado	Voluntary Policy Adoption	A total of 618 Apartment units smoke-free	State tobacco grant funding	2, 4	County
	Participate in statewide Community Transformation Grant opportunity	July 2012	PHB – R. Vasquez	Various (see grant proposal)	City of Seaside Adopted Resolution to become a HEAL City September 2013	Community Leadership coalition, CTG funding	2, 4	Peninsula
	Early Childhood Development Initiative	Began October 2012	PHB/Admin – E. Moreno, L. McGlone/K. Hanni	Collective Impact	Started through April 2012 Board Initiative to review ECD inventory ECDI started by Children's Council October	Staff support, funding	2, 4	County

					2012 Legislative platform – Jan 2013 Partial funding through Board approved budget July 2013		1	County
	Utilize accreditation process to support development of performance management system and quality improvement plan	Begin August 2013	Admin – P. Zerounian Support from iTeam	Accreditation	Performance management system developed September 2012	PEP/iTeam/QI Team/Accreditation teams	2, 4, 5, 6	County
	Develop relations with non-traditional county agencies to support stronger health perspective in built environment policy and planning decisions	July 2012	Admin – E. Padilla-Chavez County HR Admin – K. Hanni, M. Hubbard	Various	Obtain funding support from TCE March 2013 Built Environment Forum - March 2013 County/City Leadership Training (Date TBD) Input on Wind Turbine ordinance July 2013 Input on Salinas Economic element development starting July 2013	Funding PEP/iTeam/Health Element Team	1 – 7	County
	Provide evidence based on measures we	Ongoing	All Bureaus – assigned staff	Performance management systems	Board initiative Performance Management	Bureaus’ staff time	1 – 7	County

	collect to inform public policy development				system Annual report			
Develop and support a network of volunteers and peers that advocate for and support community health-oriented solutions	Begin accreditation process: Conduct Local Public Health Systems and Forces of Change Assessments	Hold March 2013, June 2013	PEP – P. Zerounian	MAPP	LPHSA: March 2013, FOCA: June 2013	PEP funding	1 - 7	County
	Produce Community Health Assessment and disseminate to community	Started April 2013	PEP – P. Zerounian	MAPP	CHA: November 2013	PEP funding	1 - 7	County
	Develop Community Health	Start Nov 2013	PEP – P. Zerounian	MAPP	CHIP: est Jan 2014	PEP funding	1 - 7	County

Improvement Plan								
Develop health equity forums and workshops for partners, agencies, and community members	Begin July 2013	PEP/PHB – E. Padilla-Chavez/ R. Vasquez	Human Impact Partners Health Element Guidelines	CA4Health workshop – June 2013 NAMC Social Justice forum – Sept 2013 Comm Engagement Agency Training – Oct 2013	TCE Grant, CTG Grant	2, 4, 5, 6	County	
Peer led smoking cessation program for people with psychiatric disabilities	October 2013	BH – M. Pollard	Evidence-based program from Colorado	Trainings of psychiatrists and peers Oct 2013	MHSA Regional Workforce and Employment Training	2, 5	County	
ACOMI (Migrant Women’s Health Conference	October 2012 started	PEP – E. Padilla-Chavez, BH – J. Herrera, R. Soto	Community empowerment models, community health worker models	First event Oct 2012 – 150 attendees Second event scheduled Oct 2013	Various grants and PEP funding	2, 4, 5	County	
Ciclovia – facilitate event occurrence	October 2013	PEP – E. Padilla-Chavez	Asset based approach	First event Oct 2013	TCE Funding	2, 4, 5	Salinas	
Develop and refine Steps to Healthy Life Program	Begun 2011	Formerly PHB, mid 2013 - PEP – E. Padilla-Chavez	Community Health Worker models	Oct 2013 – classes offered at different 12 sites	MAA, Realignment	2, 4, 5	County	
Participate and support BHC efforts in East Salinas	Begun 2010	PEP – K. Hanni, E. Padilla-Chavez	Asset based theory	Ongoing	PEP funding, TCE funding	2, 4, 5	Salinas	

Strategic Initiative 2: Enhance community health and safety by emphasizing prevention								
Objective	Tasks/Activities	Timeline	Bureaus - Lead Role	Strategies Used	Measure of Progress	Resources Needed	Goals Addressed	County or Region
Increase the opportunities for community-led primary prevention safety efforts through family and youth engagement	Develop and hold community and agency civics engagement trainings	Begin June 2013	PEP – E. Padilla-Chavez	Coachella/CRLA Training Tools	Planned for July 2013 Development delayed to work on review of transportation and housing plans	TCE Grant	2, 4, 5	County
	Use social media as part of preparedness planning	Ongoing	PHB – L. McCray	CDC	Flu clinics 2012 Social media notices - ongoing	PHEP Grant	2, 4, 5, 6, 7	County
Support social networks working to address and respond to public health and safety risks	Develop use of communications strategies that use social networks	Ongoing	All Bureaus	Social Network Engagement Principles	Communications plan for Bureau TBD Support staff for PIO	Funding	1 - 7	County
Engage community organizations, businesses, and other governmental agencies in assessing and preventing violence and reducing injuries in the community	Develop County Trauma Center	2011	EMS – K. Schmitt	Title 22	Trauma plan redone 2011 RFQ 2012 RFP final designation Jan 2015	EMS budget	1, 5, 7	County
	Obtain funding for and support violence prevention efforts in county	2011	PHB – L. McGlone	Public health approach	STRYVE Grant received Sept 2011 Support of 2013 CASP Strategic Plan update for Salinas Collaborate with countywide violence	Funding	1, 2, 4	Salinas, County

	Reduce underage drinking through Social Host Ordinance	Oct 2012	BH/Admin – R. Moreno/E. Padilla-Chavez	Ventura County model	reduction initiative beginning 2013 In progress	AOD funding	2, 4, 6	County-wide unincorporated
	Reduce underage smoking through Tobacco retail licensing	2012	PHB – G. Coronado	Tobacco Retail License	Developed and Adopted July 2012 City of Carmel modeled theirs after ours – passed Sept 2013	Tobacco-Free Monterey County Coalition support	2, 4	County-unincorporated
	Improve breastfeeding rates through Lactation accommodation county policy	Board referral 2009	PHB – WIC and Health Officer	Policy development, interagency collaboration, and promotion	Developed and passed April 2010 Taskforce formed Workplan developed 2013 implementation across county	WIC funding	2, 4	County
	Develop and/or expand innovative Env. Health inspection services (portable toilets, cottage food, catering trucks)	Various start times since 2012	EH - Various	Regulation enforcement and innovative practice development	Catering truck program linked with Public Health healthy food service program in 2010 and expanded in 2012 Cottage food fees approval May 2013	Board approval to do fees Environmental fees	1, 3, 6	County
Strategic Initiative 3: Ensure access to culturally and linguistically appropriate, customer-friendly quality health services								
Objective	Tasks/Activities	Timeline	Bureaus - Lead Role	Strategies Used	Measure of Progress	Resources Needed	Goals Addressed	County or Region

Maximize prevention and wellness opportunities as funded by health care reform	Develop local safety net analysis	Complete May 2013	PEP – K. Hanni	Survey	Accepted by BOS May 21, 2013	Funding	5	County
	Support ViaCare development	Ongoing	Admin/Clinics – R. Bullick/J. Edgcomb	NA	Started 2012 Expanded May 2013 to 133% FPL	Board approval	5, 7	County
	Support outreach and engagement funding opportunities	Ongoing	All	Grant writing	Received Safety Net Integration Grant (2012), Blue Shield Outreach Grant (2013), support regional Covered CA Outreach Grant (2013)	Grant writing support	1 - 7	County
Support integrated primary care, including clinical preventive services	Develop IT integration opportunities	January 2013,	Clinics – J. Edgcomb	Safety Net Council	Working on EMR integration between all safety net clinics and hospitals with PHIL, will continue into 2014	Funding	5	County
	Integrate BH and Clinic Services	Ongoing	Clinics/BH – J. Edgcomb/A. Miller	Best practices	Received Clinic Integration Grant (2013) Will open Salinas integrated clinic in late 2013 Colocation with WIC in Soledad May 2013 Soledad clinic opened in May 2013 Marina integrated health center	Funding	5	County

					(outreach to homeless and specialty care) opened August 2013			
Incorporate bridges linking clinical and community-based prevention activities	Referral program (Clinics/Regional Teams)	Ongoing	Clinics/PHB – J. Edgcomb/J. Chandler	PCMH Case Management Model	PCMH model in first stages	TCM/MAA	2, 4, 5	County
	Develop and/or support partner collaborative efforts under ACA	Ongoing	Clinics/Admin – J. Edgcomb/K. Hanni & E. Padilla-Chavez	Community engagement principles	Facilitation of coalitions' efforts	Funding	5	County
	Develop Monterey Integrated Health Risk Assessment tool	Ongoing	Clinics/BH/Admin – J. Edgcomb/A. Miller/ K. Hanni	Interdisciplinary collaboration	Developed tool, used with Regional teams (2013)	NA	4, 5	County
Ensure access to appropriate health care resources, especially specialty care and ancillary (such as diagnostic and therapeutic) services, regardless of a person's ability to pay	Support ViaCare	Ongoing	Admin/Clinics – R. Bullick/J. Edgcomb	State opportunity	Started ____ 2013 Expanded May 2013 to 133% FPL	Board approval	5	County
	Expand BH Positive Behavioral Interventions and Supports	Expanded 2012	BH – S. Smith	PBIS	Number of Schools trained: 17, 10 using, rolling out to 25 in Salinas in 2014 Expanded Community Based MH in South County in 2013	Local trainers and federal and local funding	2, 4, 5	County
	STEMI Support Services	May 2010	EMS	AHA standards	New data collection tool June 2013	EMS funding Board approval	2, 4, 5 1, 5	County County

	Expand Clinic Services as needs identified	Ongoing	Clinics – J. Edgcomb	Health Care Reform	Remodel Seaside Clinic begun June 2013 Expansion of 3 rd floor Bldg 400 in progress, NMC preparing construction RFP	Realignment funds		
	Provide integrated re-entry BH Services to formerly incarcerated population	2011	BH – R. Jackson	Integrated community-based services	Implemented and expanding Oct 2013	MHSA	1, 2, 4, 5	County
	Community Crisis Debriefing Team	2010?	BH - _____	_____	_____		1, 2, 4, 5	County
	Client perception survey	January 2014	PEP – P. Zerounian	Survey	Development begun March 2013	PEP, iTeam	5	County
	Develop Customer Service training program	August 2013	PEP – K. Hanni	NA	Development begun June 2013	PEP, iTeam, LOD	5	County
	Develop MCHD Workforce Development Plan	March 2014	PEP – P. Zerounian	NA	To be developed Jan 2014	PEP, iTeam	1 - 7	County

MCHD Goals:

1. Ensure the optimal capacity and infrastructure to carry out public health functions
2. Increase the number of individuals adopting and sustaining healthy and environmentally sound behaviors
3. Prevent, survey and control communicable diseases
4. Prevent and/or manage injuries and chronic disease and mitigate the associated disabilities
5. Assess and assure access to appropriate health care and services
6. Prevent and reduce the environmental risks to the public and our natural resources, and
7. Prepare for and respond to health emergencies and disasters.

Appendices:

A. Lists of participants

Strategic Plan Implementation Team

Julie Edgcomb, Clinic Services Bureau
 Krista Hanni, Administrative Services Bureau
 Molly Hubbard, Administrative Services Bureau
 Elsa Jimenez, Administrative Services Bureau
 Linda McGlone, Public Health Bureau
 Amie Miller, Behavioral Health Bureau
 Michelle O’Neal, Behavioral Health Bureau
 Erica Padilla-Chavez, Administrative Services Bureau
 Susan Rimando, Environmental Health Bureau
 Kirk Schmitt, Emergency Medical Services Bureau
 Karen Smith, Administrative Services Bureau
 Rose Vasquez, Public Health Bureau
 Nazarie Whipple, Public Health Bureau
 La’Quana Williams, Administrative Services Bureau
 Patricia Zerounian, Administrative Services Bureau

Community Health Assessment Planning Team

David Dobrowski, First 5
 Julie Edgcomb, Monterey County Health Department, Clinic Services Bureau
 Krista Hanni, Monterey County Health Department, Administration Bureau
 Larry Imwalle, Action Council
 Linda McGlone, Monterey County Health Department, Public Health Bureau
 Kristy Michie, Monterey County Health Department, Public Health Bureau
 Amie Miller, Monterey County Health Department, Behavioral Health Bureau
 Janet Shing, Community Foundation of Monterey County
 Judy Sulsona, Sulsona and Associates
 Patricia Zerounian, Monterey County Health Department, Administration Bureau

Local Public Health Systems Assessment List of Attendees

1. ACTION Council of Monterey County	27. Grants by Design	55. Monterey County Office of Education - Health & Prevention Programs
2. Alliance on Aging	28. Harmony at Home	56. Monterey County Regional Fire District
3. American Cancer Society	29. Healthy Ways	57. Monterey Peninsula College
4. California State Senator Bill Monning	30. Interim, Inc.	58. Monterey Peninsula Unified School District
5. California State University, Monterey Bay – Health , Human Services, and Public	31. Kinship Center	59. Monterey-Salinas Transit
	32. Law Office of Sara Senger	
	33. Literacy Campaign for Monterey County	
	34. Monterey County – Supervisors Jane Parker,	

<p>Policy</p> <p>6. California State University, Monterey Bay – Nursing Program</p> <p>7. Cancer Patients Alliance</p> <p>8. Center for Community Advocacy</p> <p>9. Central California Alliance for Health</p> <p>10. Central Coast Center for Independent Living</p> <p>11. Central Coast Visiting Nurses Association</p> <p>12. City of Gonzales, Emergency Medical Services</p> <p>13. City of King</p> <p>14. City of Monterey - Fire Department</p> <p>15. City of Salinas - Fire Department</p> <p>16. City of Salinas - Public Works</p> <p>17. Clinica de Salud del Valle de Salinas</p> <p>18. Community Foundation for Monterey County</p> <p>19. Community Hospital of the Monterey Peninsula</p> <p>20. Community Human Services</p> <p>21. Community Partnership for Youth</p> <p>22. Dorothy’s Place</p> <p>23. Eli Lily & Co.</p> <p>24. First 5 Monterey County</p> <p>25. Fort Ord Environmental Justice Network</p> <p>26. George L. Mee Memorial Hospital</p>	<p>Dave Potter, and Simon Salinas</p> <p>35. MCHD – Administration</p> <p>36. MCHD – Administration, Information Systems</p> <p>37. MCHD – Administration, Planning, Evaluation, and Policy</p> <p>38. MCHD – Administration, Public Information Officer</p> <p>39. MCHD – Behavioral Health</p> <p>40. MCHD – Clinic Services</p> <p>41. MCHD – Emergency Medical Services</p> <p>42. MCHD – Environmental Health</p> <p>43. MCHD – Public Guardian/Public Administration</p> <p>44. MCHD – Public Health</p> <p>45. MCHD – Public Health, Epidemiology</p> <p>46. MCHD – Public Health, Nutrition</p> <p>47. MCHD – Public Health, Preparation</p> <p>48. MCHD – Public Health, Special Projects</p> <p>49. Monterey County – Office of the County Counsel</p> <p>50. Monterey County Department of Social Services</p> <p>51. Monterey County Department of Social Services – Child Support Services</p> <p>52. Monterey County Emergency Communications</p> <p>53. Monterey County Free Libraries</p> <p>54. Monterey County Office of Education - Head Start</p>	<p>District</p> <p>60. Natividad Medical Foundation</p> <p>61. Nonprofit Alliance of Monterey County</p> <p>62. North Monterey County Unified School District/Castro Plaza Family Resource Center</p> <p>63. Noyes Research and Consulting</p> <p>64. Pacific Grove Police Department</p> <p>65. Peacock Acres, Inc.</p> <p>66. Planned Parenthood Mar Monte</p> <p>67. Public Health Accreditation Board</p> <p>68. Salinas Valley Memorial Healthcare System</p> <p>69. Salud Para La Gente</p> <p>70. Seaside Police Department</p> <p>71. Service Employees International Union Local 521</p> <p>72. Sulsona Consulting</p> <p>73. Sun Street Centers</p> <p>74. The Village Project</p> <p>75. Townsend and Associates</p> <p>76. United Way of Monterey County – 211</p> <p>77. United States Congressman Sam Farr</p>
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Forces of Change Assessment List of Attendees

Yuri Anderson	United Way	Community Impact Director
Wendy Askew	County of Monterey	Board Aide
Stephen Brooks	MCHD – Emergency Medical Services	Analyst
Lilia Chagolla	Central California Alliance for Health	Regional Operations Director
David Dobrowski	First 5 Monterey County	Evaluation Officer
Krista Hanni	MCHD - Administration	Program Manager II
Molly Hubbard	MCHD - Administration	Public Health Epidemiologist II
Elsa Jimenez	MCHD - Administration	Assistant Director of Health
Linell McCray	MCHD – EMS, Preparedness	Administrative Services Officer
Linda McGlone	MCHD – Public Health	Senior Health Educator
Amie Miller	MCHD – Behavioral Health	Adult Service Manager I
Erica Padilla-Chavez	MCHD - Administration	Management Analyst III
Sue Parris	Nonprofit Alliance of Monterey County	Project Coordinator
Dona Putnam	Community Health Innovations	Nurse Manager
Annabelle Rodriguez	Action Council of Monterey County	Dir. Prog. & Community Engagement
Janet Shing	Community Foundation	Senior Program Officer
Rosemary Soto	MCHD – Behavioral Health	Senior Health Educator
LeVonne Stone	Fort Ord Environmental Justice Network	Executive Director
Rose Vasquez	MCHD – Public Health	Health Program Coordinator
Kelly Vasquez	United Way of Monterey County	Community Assessment Project
La’Quana Williams	MCHD - Administration	Chronic Disease Prevention Coord.
Patricia Zerounian	MCHD - Administration	Management Analyst III

B. Performance Measures as Aligned with Initiatives and Ten Essential Public Health Services

Strategic Plan	10 Essential Services		FY 2012-2013 Budget Performance Measures	Target	Actual	Under-Target Comments	
			Administration				
			Output/Workload Measures				
	8, 9	1	Allocated position vacancy rate	≤5%	12%		under
	8	2	Managers completing staff performance evaluations	90%	79%		under
	8	3	Managers completing sexual harassment trainings	100%	100%		met
			Employees completing sexual harassment trainings	100%	100%		
	8	4	Employees completing IT security trainings	100%	81%		under
	8	5	Managers completing Performance Mgt/Progressive Discipline training*	100%	55%	Class is not offered year round.	under
			All staff completing Excelling at Customer Service training*	100%	8%		
	8	6	Managers completing 7 Habits training*	100%	45%	Class is not offered year round.	under
	9	7	Facility work orders completed within 5 days	70%	63%		under
	9	8	Fiscal year within 2% of budget	2%			
	9	9	IT system maintenance agreements in place	100%	86%		under
	1	10	IT software, systems, and utilities current within 3 versions	100%	89%		under
	1	11	Number of IT systems consistently available during business hours	17	17		met
	5	12	PEP facilitate Bureau use of strategic initiatives in public communication	4			
1.1	5	13	PEP complete two national accreditation prerequisites	100%	100%		met
1.1 1.2 2.3	5	14	PEP HiAP awareness and training encounters	900	1,083		exceeded
			<i>*Note: These three training programs are not available year-round.</i>				
			Animal Services Division				

			Output/Workload Measures				
	6	1	Number of spay and neuter surgeries performed	800	527	Surgeries were reduced to "adoption only" animals due to the retirement of the veterinarian	under
	6	2	Number of dog licenses sold in unincorporated Monterey County	7,000	5,189	Staffing challenges resulted in a backlog of mailed notices for license renewal and license processing.	under
	2, 6	3	Number of animals picked up by animal control officers and taken to shelter (target=1,063)	2,000	1,595	Staffing challenges are reflected in number of animals picked up in the field.	under
	2	4	Annual number of service calls	3,000	3,024		exceeded
	2, 6	5	Number of stray animals from unincorporated Monterey County, Greenfield, Carmel, and Sand City admitted to shelter	2,000	1,595		under
	4	6	Number of animals adopted and transferred to breed rescue groups for foster care and adoption	1,500	1,374	This number does not capture the nearly 35% increase in cat adoptions from FY 2011-2012, nor the 361 live outcomes from owners reclaiming their animals.	under
			Behavioral Health Bureau				
			Output/Workload Measures				
3.1 3.3 3.4	7	1	Number of clients served in Children and Adult systems of care, Access to Treatment, and Alcohol or Drug Abuse	7,100	7,492		exceeded
			Efficiency Measures				
	7	2	Percent of staff who have nearly all (90%) of their client progress notes completed within 72 business hours	75%	60%		under

	7	3	Percent of staff meeting 75% productivity level	75%	42%		under
			Effectiveness Measures				
3.1 3.3 3.4	7	4	Percent of clients discharged with treatment goals met or partially met	1,600	1,399		under
			Clinic Services Bureau				
			Output/Workload Measures				
3.1 3.2 3.3 3.4	7	1	Percent of patients aged 21 or older diagnosed with diabetes who have an HbA1c of <9	≥70%	65%		under
3.1 3.2 3.3 3.4	7	2	Percent of patients with controlled hypertension among all patients with hypertension	≥61%	68%		exceeded
3.1 3.2 3.3 3.4	3, 7	3	Percent of patients aged 18 years or older who had their Body Mass Index calculated at the last visit or within the last six months and who received a follow up plan	≥85%	40%	Chart review showed that most patients were being counseled. We have improved our data collections methods to more accurately record results.	under
3.1 3.2 3.3 3.4	3, 7	4	Percent of patients aged 2 to 17 years who had their Body Mass Index percentile documented within the last 12 months and who received counseling for nutrition and physical activity	≥95%	21%	We have instituted retraining and improved our data collections methods to more accurately record results.	under
	7	5	Number of patient visits	190,000	169,217		under
			Efficiency Measures				
	7	6	Average cost of care per patient according to Federal Standards	≤\$785.96	\$614.18		exceeded
			Effectiveness Measures				

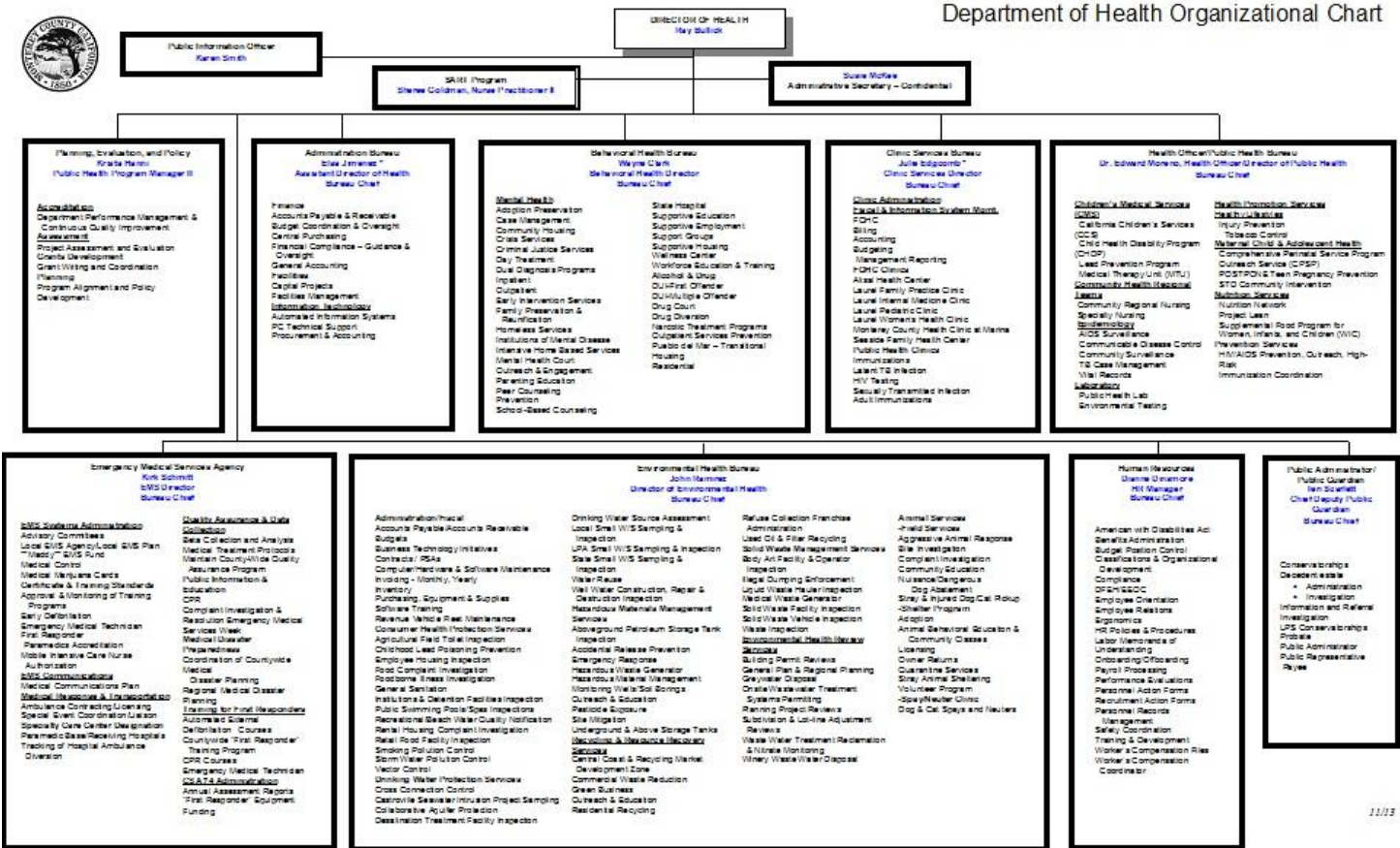
	7	7	Percent of patients: Satisfied with care received..... Who rated reception staff as excellent Who rated nurses as excellent Who rated physicians as excellent Who rated timely service as excellent Who rated waiting time as excellent	100%	90% 92% 92% 89% 80% 79%		
			Environmental Health Bureau				
			<i>Output/Workload Measures</i>				
	2, 6	1	Number of food facilities inspected using Food and Drug Administration guidelines.	4,020	3,306	Shortfall due to over-estimation of goal based on new foodborne illness hazard categories that require multiple inspections after hazards have been detected.	under
	2, 6	2	Number of completed business and multi-family waste assessments.	90	107		exceeded
	2, 6	3	Number of routine Hazardous Materials Facilities inspections completed.	1,764	1,466		under
	2, 6	4	Number of onsite wastewater treatment system permits that are processed and inspected.	200	140	This goal is not workload driven - it is demand driven by resident request.	
	2, 6	5	Number of Solid Waste Management inspections.	1,008	1,127		exceeded
	2, 6	6	Number of water sample tests for Small Drinking Water Systems (2 -14 connections).	1,802	1,801		met
			Emergency Medical Services Bureau				
			<i>Output/Workload Measures</i>				
3.4	7	1	Number of claims processed for transferring uninsured patients.	18,200	17,661		under

3.4	7	2	Percent of Advance Life Support ambulance calls that arrive on scene within specified time frames for life threatening emergencies.	90%	95%		exceeded
3.4	7	3	Value of processed reimbursement claims for uncompensated emergency transportation of patients without a payer source.	\$425,000	\$425,000		met
3.4	7	4	Percent of time-critical calls that require patients to be transported to specific types of receiving hospitals.	10%	12%		exceeded
3.4	7	5	Number of EMS classes provided by first responder agencies	200	185		under
			Public Administration/Guardian Division				
			Output/Workload Measures				
3.1 3.2 3.3 3.4	7	1	Begin conservator investigations within 10 business days after receiving a completed referral packet	100%	100%		met
	6, 8	2	Comply with mandated continuing education requirements for staff.	100%	90%		under
	9	3	Close out all Public Administration cases in a timely manner per the following schedule: <\$5000 within six months; \$5,000 to \$25,000 within one year; \$25,000> within two years.	100%	88%		under
3.1 3.2 3.3 3.4	7	4	Complete and return client Social Security eligibility redeterminations within five business days of notification.	100%	100%		met
3.1 3.2 3.3 3.4	7	5	Conduct quarterly onsite visits with clients	100%	74%		under
			Public Health Bureau				
			Output/Workload Measures				
3.1 3.2 3.3 3.4	7	1	Obtain Medi-Cal reimbursements for providing physical and occupational therapy to patients of California Children's Services Medical Therapy Program.	\$1,000,000	\$999,361		under
1.1	1,3,5	2	Increase in the number of multi-housing complexes with smoke-free policies. (Q1=575; target=230)	346	323		under
			Efficiency Measures				

3.1 3.2 3.3 3.4	3,7	3	Increase in the number of monthly Case Management visits performed per full-time employee	72	56	For fiscal year 2013-14, the case managers have been instructed to ensure completion of the data needed to bill visits.	under
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C. Monterey County Health Department Organizational Chart

Department of Health Organizational Chart



D. Acknowledgements for Other Strategic Action Plans Used as Models

- California Office of Statewide Health Planning and Development 2013 to 2015
- Vermont Department of Health 2010-2013
- Cook County Department of Public Health Strategic Plan 2015
- Palm Beach County Health Department Strategic Plan 2011-2013