Strategic Plan

SHASTA COUNTY HEALTH AND HUMAN SERVICES AGENCY 2017 – 2019 (INCLUDES 2018 UPDATE)



Donnell Ewert, MPH, Director
HEALTH AND HUMAN SERVICES AGENCY
CREATED DECEMBER 20, 2016; UPDATED APRIL 2018



Table of Contents

From the Director	2
Executive Summary	4
Organizational Profile and History	5
Overview of Health and Human Services Agency	7
Vision 2020	8
Mission	8
Core Values	8
Critical Issues and Challenges	8
Strategic Themes, Priorities and Expected Outcomes	9
Summary of Strategic Priorities and Operating Objectives	10
Operating Objectives	11
Strategic Plan Evaluation	14
What Comes Next	15
The Strategy Planning Process	16
Appendix A – SWOT ANALYSIS	17
Appendix B – SELF-ASSESSMENT	18
Addendum A - Annual Update 2018	19



From the Director

As director of the Shasta County Health and Human Services Agency, I'm pleased to present you our 2020 strategic plan. When the Mental Health, Public Health and Social Services Departments combined in June 2006, the Board of Supervisors' goal was to coordinate services to better serve clients, increase efficiency, maximize funding and reduce duplication. Today, the Health and Human Services Agency has a unified vision and mission and has reorganized and consolidated services to be target-population specific. The Agency strives to help our local residents in an integrated way with the variety of social, physical, and behavioral health challenges they face. This is achieved through better collaboration, integration, access and flexible funding. Here are just a few highlights of what we have accomplished as a Health and Human Services Agency in the first 10 years:

- 1. **Expanded services offered in Regional Offices** serving people in neighborhoods, including adding a regional office in Enterprise;
- 2. Increased access to healthcare largely because of the Affordable Care Act, we expanded Medi-Cal enrollment by 17,000 people. In addition, we established two call centers, added more online services, increased capacity, and participated in the creation of the Health Information Exchange;
- 3. Addressing Adverse Childhood Experiences implemented evidence-based practices such as Triple P[™], Safe Care, and Nurse Family Partnership[™], and helped found the Strengthening Families Collaborative;
- 4. **Increased housing resources** used various funding streams to develop housing case management programs and resources for families and unsheltered childless adults;
- Behavioral Health Court intensive program gives offenders access to comprehensive, coordinated behavioral health services, with the goal of increasing public safety, reducing recidivism and reducing abuse of alcohol and other drugs;
- 6. **Child welfare integration** public health nursing, mental health services, alcohol and drug services, and evidence-based practices have been integrated with child welfare services, simplifying implementation of Pathways to Mental Health and Continuum of Care Reform;
- 7. **Behavioral health program integration** substance abuse prevention, suicide prevention and prevention of Adverse Childhood Experiences have been incorporated into the Public Health Branch, direct service programs are carried out in the Adult Services, Children's Services, and Regional Services Branches,



- and managed care and compliance has been incorporated into the Business and Support Services Branch;
- 8. **Expanded role for Community Health Advocates** this team once worked solely in Public Health and now does eligibility outreach, which has increased enrollment in CalFresh and Medi-Cal:
- 9. Implemented programs funded by the Mental Health Services Act highlights include establishment of wellness centers, the Positive Parenting Program Triple P™, The Woodlands housing project, the Suicide Prevention Workgroup and the Brave Faces destigmatization project;
- 10. Electronic benefit transfer (EBT) access at Farmers' Markets expanded and sustained EBT access at all Farmers' Markets in partnership with Healthy Shasta has helped low-income people purchase fresh, locally grown produce.

In order to bring together the many resources and skills throughout our Agency, we need a plan to focus us on common objectives. In essence, a strategic plan is defining a common set of priorities, and finding collaborative means to address them. It doesn't diminish the good work we've accomplished in the past, but provides a roadmap for the future, taking into account current obstacles and opportunities. It also helps provide focus so we make smarter decisions when acquiring new funding, facing new issues and staying current with trends. From the direction in these pages, staff will be able to develop action plans, scopes of work, and grant applications.

I appreciate everyone who participated in the complicated process of bringing focus to our work. We hope you will join us in creating a healthy, safe and thriving community for years to come.





Executive Summary

The Shasta County Health and Human Services Agency (HHSA) strategic plan is a roadmap engaging individuals, families and communities to protect and improve health and wellbeing. While the HHSA addresses many social and health problems with a vast array of programs, this plan is focused on what resources the HHSA can bring together to address an issue of common concern.

This new, three-year rolling plan is built on the foundation and achievements of the initial HHSA 2011-2020 Strategic Plan. However, **this plan is focused on one area, harmful substance use**, in order to direct our combined resources to one of the most critical issues facing Shasta County.

The Strategic Plan focuses on the elements that the Agency can directly impact, while bringing together the various skills and resources within the HHSA. The plan focuses on three Strategic Priorities:

- 1. Integrate programs and client services across HHSA Branches
- 2. Leverage strategic partnerships
- 3. Improve business processes

The Strategic Plan is specifically designed to be updated each year, with an integrated tracking system and implementation schedule.



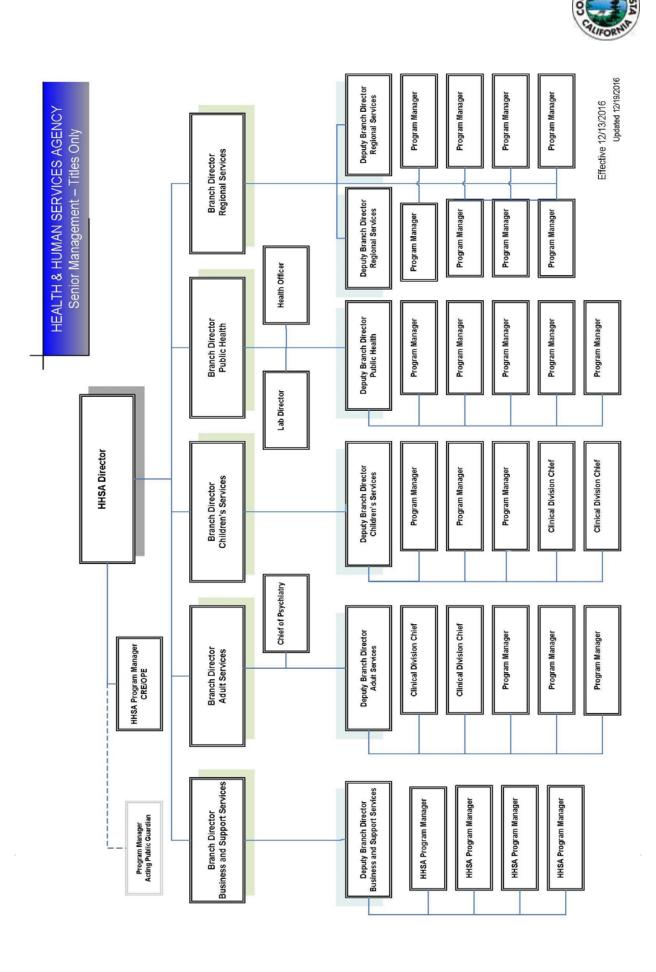
Organizational Profile and History

In March 2006, the Board of Supervisors instructed staff to look into the feasibility of combining Mental Health, Public Health and Social Services Departments into one agency. The study determined that the benefits of consolidation include enhanced coordination of service among the three departments, increased efficiencies, maximum use of financial leveraging, and cost savings due to reduced duplication. In addition, the collaboration between the three county departments and their community stakeholders would allow easier access to the health care and social services that many mutual clients need.

On June 27, 2006, the Board of Supervisors approved the consolidation of Mental Health, Public Health, and Social Services into a Health and Human Services Agency (HHSA), and authorized the creation and recruitment of a Director. The guiding principles on which the new Health and Human Services Agency were founded:

- Leadership that is objective, dedicated, and can effect appropriate change and implement a consolidated continuum of care for the families, children, and individuals served by the agency.
- A program that promotes the health, prevention, well-being, safety, and permanency of all children, families, and individuals in Shasta County.
- The objectivity and flexibility to receive community input, implement, evaluate, modify, and refine practices to meet future needs and challenges.

The current organizational structure of the Health and Human Services Agency is displayed on the following page.





Overview of Health and Human Services Agency

The agency is organized into five branches designed around providing services for the needs of the whole person at one location.

Adult Services focuses on issues that affect people primarily age 18 or older. Adult mental health services include outpatient mental health care, linkage to inpatient psychiatric hospitalization, and 24-crisis residential facility among other services. This branch also provides Adult Protective Services provides to elders (65 and older) and dependent adults (18-64) who are unable to protect their own interests or to care for themselves. In-Home Supportive Services is a program directed by the California Department of Social Services that provides aid to blind, disabled individuals of any age as well as the elderly who are unable to remain safely in their own home without the aid of a care provider. The Public Guardian's offices insures the physical and financial safety of persons unable to do so on their own, and there are no viable alternatives to a public conservatorship.

BUSINESS AND SUPPORT SERVICES provides administrative services to the program branches. These include human resources, contracts and board communications, facilities and asset management, information technology support, budget and accounting services, and mental health compliance and managed care.

CHILDREN'S SERVICES Is a fully integrated branch with staff from child welfare, children's mental health, substance use disorder treatment, public health nurses, and eligibility workers to ensure children are protected and safe. This branch investigates alleged abuse and neglect of children, it approves Resource Family Homes (formerly known as foster homes) and adoptive homes for children in Shasta County. It provides mental health services and coordinates referrals for physical and other needs to children and families. The Children's Services Branch partners with juvenile justice, education and other community providers to coordinate services for clients. PUBLIC HEALTH focuses on community-wide prevention of communicable diseases, chronic diseases, injury, substance abuse and Adverse Childhood Experiences. Public Health helps the community develop policies and support community environments that encourage healthy behaviors. It promotes nutrition and physical activity, healthy aging, worksite wellness and healthy communities. Public Health is also where the HHSA's emergency response unit is headquartered, and its laboratory provides testing services for Shasta County and numerous other Northern California counties.

REGIONAL SERVICES provides services to our clients in the areas where they live. Located in downtown Redding, Anderson, Shasta Lake, Burney and Enterprise, these regional offices offer assistance with eligibility services, such as CalFresh, WIC, Medi-Cal, and CalWORKs. To encourage healthy families, the regional offices offer prenatal care guidance, parent education and support and breastfeeding support. The Opportunity Center provides vocational training and employment services to people with disabilities.

The Agency also includes **OFFICE OF THE DIRECTOR**, including the Director's Office, which includes the Outcomes, Planning and Evaluation Unit and Community Relations and Education Unit.



Vision 2020

As an integrated agency, Health and Human Services Agency coordinates an effective system of care to reduce the rate of harmful substance use.

Mission

Engaging individuals, families and communities to protect and improve health and wellbeing.

Core Values

Core Value	Description
Collaboration	Working together to achieve meaningful results
Adaptability	Embracing change
Respect	Honoring and serving others
Excellence	Providing high quality service to our customers and community

Critical Issues and Challenges

The critical issues and challenges facing Shasta County include: an increasing number of homeless individuals, a harmful substance use epidemic, a shortage of liveable wage jobs, a high rate of child abuse and neglect, and a variety of related social issues. Health and Human Services Agency is uniquely equipped and positioned to coordinate an effective system of care that reduces the rate of harmful substance use and improve health and wellbeing.



Strategic Themes, Priorities and Expected Outcomes

HHSA Leadership conducted a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis (Appendix A) and a self-assessment (Appendix B) to identify strategic themes, priorities and outcomes for this plan.

Strategic Themes

- Adverse Childhood Experiences (ACEs)
- Business Process Improvement
- Communication
- Continuous Quality Improvement (CQI) and a Culture of Excellence
- Customer Service (internal/external)
- Embracing, Leading and Leveraging Change
- HHSA Identity/Brand
- Improved Agency Integration
- Integration of Programs/Client Services Across HHSA Branches
- Social Determinants of Health
- Substance Use Disorder

Strategic Priorities and Expected Outcomes

- 1. Integrate Programs and Client Services Across HHSA Branches (2017-2019)
 - Increase Service Access
 - Increase Service Utilization
 - Increase Education
 - Increase Referrals
 - Increase Screening
- 2. Leverage Strategic Partnerships (2017-2019)
 - Increase Available Resources
 - Increase Education
 - Decrease Addiction
 - Decrease Adverse Childhood Experiences
 - Increase Access
 - Increase Utilization
- 3. Improve Business Processes (2017-2019)
 - Decrease Hiring Cycle Time
 - Decrease Number of Vacancies
 - Decrease Length of Vacancies
 - Decrease Contract Cycle Time
 - Increase Staff Development
 - Increase Staff Retention
 - Increase Operating Efficiency



Summary of Strategic Priorities and Operating Objectives

The following initiatives focus on the core activities required to implement the strategic plan. They are in priority order and represent the macro view.

Strategic Priority – 1.0 Integrate Programs and Client Services Across HHSA Branches:		
Description: Improve client access and inter-branch communication		
Operating Objectives Person(s) Responsible Target Date		
1.1 – Standardize screening for harmful substance use at point of service access	Branch Director Adult Services	12/31/2018
1.2 – Identify top 20 highest HHSA system utilizers	Branch Director Regional Services	6/30/2019
1.3 - Foster integrated cross- branch culture	HHSA Director	12/31/2018

Strategic Priority – 2.0 Leverage Strategic Partnerships:		
Description: Strengthen existing/add new strategic partnerships to reduce harmful substance use		
Operating Objectives Person(s) Responsible Target Date		
2.1 - Expand SUD treatment options	HHSA Director	12/31/2019
2.2 - Reduce Adverse Childhood Experiences	Branch Director Public Health	12/31/2018
2.3 – Initiate community collaborative focused on prevention of harmful substance use	Deputy Branch Director Public Health	6/30/2019

Strategic Priority – 3.0 Improve Business Processes:		
Description: Improve internal service, communication, and performance		
Operating Objectives Person(s) Responsible Target Date		
3.1 - Speed up contract process	Deputy Branch Director Business and Support Services	6/30/2019
3.2 - Increase workforce development	Branch Director Business and Support Services	12/31/2019
3.3 - Improve space planning and utilization	Branch Director Business and Support Services	3/31/2019



Operating Objectives

Each operating objective is outcome based, measurable and assigned to a specific individual or operating role (position).

1.1 Operating Objective – Standardize Screening for Harmful Substance Use at Point of Service Access		
Intended Result: Streamlined intake and referrals		
Activities	Target	Person(s) Responsible
1.1.1 Research, evaluate and select a screening tool	12/31/2018	Branch Director Adult Services
1.1.2 Design and launch a screening tool	12/31/2018	Branch Director Adult Services
1.1.3 Implement screenings and referrals for treatment	Oct 2017 = 100 Oct 2018 = 500 Oct 2019 = 1000	Branch Director Adult Services

1.2 Operating Objective: Identify Top 20 Highest HHSA System Utilizers		
Intended Result: Reduced costs and increased efficiency of system of care		
Activities Target Person(s) Responsible		
1.2.1 Identify standards (frequency, costs, etc.)	6/30/2018	Branch Director Regional Services
1.2.2 Develop data tracking and communication plan	12/31/2018	Branch Director Regional Services
1.2.3 Implement a multi- disciplinary team to wrap services	6/30/2019	Branch Director Regional Services

1.3 Operating Objective: Foster Integrated Cross Branch Culture		
Intended Result: Improved communication, operating efficiency, and client outcomes		
Activities	Target	Person(s) Responsible
1.3.1 Plan and implement a staff integration and orientation plan	03/31/2017	HHSA Cabinet
1.3.2 Strengthen identity and brand	12/31/2018	HHSA Cabinet
1.3.3 Foster cross-branch collaborative projects	6/30/2018	HHSA Cabinet



Operating Objectives - (continued)

2.1 Operating Objective - Expand SUD Treatment Options		
Intended Result: Expanded treatment options for residents with substance use disorders		
Activities	Target	Person(s) Responsible
2.1.1 Opt in to Drug Medi-Cal organized delivery system and partner with Partnership HealthPlan of California (PHC)	12/31/2018	HHSA Director
2.1.2 Further develop medication assisted treatment capacity (Vivitrol, Suboxone, Methadone, Naloxone)	12/31/2018	Alcohol and Drug Administrator
2.1.3 Assure development of at least one new youth treatment service	12/31/2017	Branch Director Children's Services

2.2 Operating Objective: Reduce Adverse Childhood Experiences (A.C.E.)		
Intended Result: Increased community engagement to prevent Adverse Childhood Experiences		
Activities	Target	Person(s) Responsible
2.2.1 Partner with Strengthening Families Collaborative to expand county awareness of ACEs, launched with a Town Hall Forum	4/30/2017	Branch Director Public Health
2.2.2 Contract for ACE Interface training and capacity building among at least 25 organizations representing multiple sectors	09/30/2017	Branch Director Public Health
2.2.3 Support at least two healthcare partners in institutionalizing ACE screening and referral system in their organizations	12/31/2018	Branch Director Public Health
2.2.4 Develop a data dashboard of ACE and child abuse indicators	12/31/2018	Branch Director Public Health



Operating Objectives - (continued)

2.3 Operating Objective: Initiate Community Collaborative focused on Prevention of Harmful Substance Use		
Intended Result: Increased community engagement to prevent harmful substance use		
Activities	Target	Person(s) Responsible
2.3.1 Identify and invite potential partners to community collaborative	12/31/2018	Deputy Branch Director Public Health
2.3.2 Develop collaborative model and goals	12/31/2018	Deputy Branch Director Public Health
2.3.3 Establish benchmark data/indicators	6/30/2019	Deputy Branch Director Public Health

3.1 Operating Objective: Speed Up Contract Process		
Intended Result: Reduced time for contract approval		
Activities	Target	Person(s) Responsible
3.1.1 Reduce contract processing time to an average of 90 days	12/31/18	Deputy Directors of all Branches
3.1.2 Reduce retroactive agreements	10% by 6/30/2017 5% by 6/30/2018 1% by 6/30/2019	Deputy Branch Director Business and Support Services

3.2 Operating Objective: Increase Workforce De	velopment	
Intended Result: Reduced hiring time, increased use of individual development plans	employee retent	ion, and greater
Activities	Target	Person(s) Responsible
3.2.1 Reduce time from request for recruitment to start date to eight weeks	75% by 06/30/2017 80% by 06/30/2018 85% by 06/30/2019	Branch Director Business and Support Services
3.2.2 Reduce time for hiring background checks to five days	80% by 06/30/2017 85% by 06/30/2018 90% by 06/30/2019	Branch Director Business and Support Services

Operating Objectives - (continued)



Activities (Continued)	Target	Person(s)
,	3	Responsible
3.2.3 Offer individual development plans to all	70% by 06/30/2017	Branch Director
· ·	80% by 06/30/2018	Business and
employees	90% by 06/30/2019	Support Services
2.2.4 Douglass strategies for difficult to recruit		Branch Director
3.2.4 Develop strategies for difficult-to-recruit positions and succession	12/31/2018	Business and
positions and succession		Support Services

3.3 Operating Objective – Improve Space Plann Intended Result: Proactively planned space utilize	<u> </u>	
acquisition	-	Person(s)
Activities	Target	Responsible
3.3.1 Develop space plan request for proposals and select a contractor	04/30/2017	Branch Director Business and
		Support Services
3.3.2 Finalize and implement contract for space plan	07/31/2017	Branch Director Business and Support Services
3.3.3 Complete space plan	3/31/2019	Expanded Cabinet

Strategic Plan Evaluation

Evaluation of our efforts to accomplish what we have committed to in this plan is essential. There will be two components to evaluating our performance: process and outcomes. Process evaluation will consist of quarterly meetings of the Expanded Cabinet where we will review progress on the objectives and activities outlined in the plan. This review will focus on effective collaboration and completion of tasks in order to update the plan as indicated. Outcome evaluation will include the development of a data dashboard and tracking charts that will assist the Expanded Cabinet in measuring the impact of our efforts on health, social, and administrative outcomes. An annual report will be developed to report on progress in meeting plan objectives.



What Comes Next

- Communicate priorities with staff, Advisory Boards, and community partners
 - o Post plan on the website (shastahhsa.net)
 - o Distribute plan with partners as appropriate
- Organize teams within the Agency and community to accomplish the operating objectives in the plan
- Manage HHSA resources to maximize success of the plan
 - o Seek new resources through grants/allocations
 - Leverage and repurpose existing resources to address needs outlined in the plan
- Monitor progress through Expanded Cabinet
 - Review progress quarterly
 - o Produce annual outcome report
 - o Report results to the Advisory Boards
 - o Update plan annually to maintain three-year plan



The Strategy Planning Process

The process included establishing a strategy task force comprised of a cross section of the experienced leadership team of Health and Human Services Agency, a review of the existing strategic plan, an analysis of history, trends, identity, vision, mission, core values and SWOT analysis (strengths, weaknesses, opportunities, and threats); resulting in clarified vision, compelling mission, updated core values, strategic initiatives and operating objectives (goals). The leadership team (Expanded Cabinet) are committed to reporting results quarterly and updating the three-year rolling strategic plan on an annual basis.

The Director extends appreciation for the dedicated effort from the members of the Strategy Task Force from July 2016 through September 2016 and their ongoing commitment to the mission and vision of Shasta County Health and Human Services Agency.

Strategy Task Force Participants:

- Nancy Bolen, Deputy Branch Director, HHSA Children's Services
- Roxanne Burke, HHSA Program Manager, HHSA Office of the Director
- Andrew Deckert, MD, MPH, Public Health Officer, HHSA Public Health
- Megan Dorney, Deputy Branch Director, HHSA Business and Support Services
- Donnell Ewert, MPH, HHSA Director
- Terri Fields Hosler, MPH, RD, Branch Director, HHSA Public Health
- Brandy Isola, MPH, Deputy Branch Director, HHSA Public Health
- Melissa Janulewicz, RN, PHN, Branch Director, HHSA Regional Services
- Jacqueline McElvain, Executive Assistant to HHSA Director
- Mary Schrank, RD, MA, MS, Deputy Branch Director, HHSA Regional Services
- Lisa Sol, MA, Deputy Branch Director, HHSA Adult Services
- Tracy Tedder, Branch Director, HHSA Business and Support Services
- Dean True, RN, MPA, Branch Director, HHSA Adult Services
- Dianna L. Wagner, MS, LMFT, Branch Director, HHSA Children's Services
- Gordon Flinn Facilitator, GoForth Consulting



Appendix A – SWOT ANALYSIS S.W.O.T. Analysis – Mapping

5.W.O.I. Allalysis –	Opportunities	Threats
	Invest Community Partnerships	Defend or mobilize resources or enter into strategic alliances
Strengths	Employee Engagement	Gov't Regulation(s)
ou on guio	Business Processes	Substance Abuse Disorder
	New Funding Sources	Homelessness Liveable Wages
	Adverse Childhood Experiences	Economy
		Disenfranchised & Vulnerable
		Organizational Complexity
		Breadth/Scope of Programs
	Invest, divest or collaborate	Divest or damage control
	Connecting Activities to Outcomes/Results	Agency Scope and Complexity
	Talent Acquisition, Development and Deployment	Middle Level Employee Retention
Weaknesses	Proactive vs. Reactive	Recruitment Challenges
	Business Processes	Opiate Epidemic

From: Driving Strategic Planning – Strategies are highlighted



Appendix B – SELF-ASSESSMENT

The HHSA executive team performed an Agency self-assessment of our skills and performance in a variety of areas, with the following ranking results:

High

Collaboration Knowledge and experience Mission Strategic Partnerships

Medium

Access to services
Customer Service
Planning
Prevention
Professional Development
Quality
Resource Utilization
Vision

Low

Agency Integration
Community's Awareness of HHSA



Addendum A – Annual Update 2018



Health and Human Services Agency 2017-2020 Strategic Plan: Annual Update 2018

2020 Vision	As an integrated agenc	y, HHSA coordinates	an effective system of ca	an integrated agency, HHSA coordinates an effective system of care to reduce the rate of hamful substance use.	I substance use.
Mission	Engaging	individuals, families a	nd communifies to prote	Engaging individuals, families and communities to protect and improve health and wellbeing	lbeing.
Core Values	Collaboration Working together to achieve meaningful resuls	Adaptability Embracing change	Respect Honoring and serving others	Excellence Providing high quality service to our customers and community	HHSA C.A.R.E. s
Strategic Priorities	Integrate Programs and Client Services across HHSA Branches		Leverage Strategic Partnerships		improve Business Processes
Strategic Priorities	Operating Objectives		Activities		Targets
htegrate Programs and Client Services across HHSA Banches	Standardize screening for HSU at point of service access	Research, evaluate, se Implement screenings (Research, evaluate, select and launch screening tools for children Implement screenings and referrals for treatment for adults 	rfor children dults	• 12/31/18 • 12/31/18
Description: Improve olentacoess and inter-	Identify Top 20 highest HHS A system utilizers	Identify standards Develop data tracking Implement a multi-disoi	Leanify standards Develop data tracking and communication plan Prolement a multi-disciplinary team to wrap services		• 6/30/18 • 12/31/18 • 6/30/19
	Foster integrated cross- branch culture	Cross-branch shadowing Strengthen identity & bran Foster cross-branch collate popfanal job shadowing to	Cross-branch shadowing Shengthen identify & brand: New logo, branding presentation, style guide Foster cross-branch to callaborative projects and communicate them widely optional job shadowing to evaluations where appropriate	Cross-bran oh shadowing Stenathen identitiv & brand: NewTopp, brandina presentation, style guide Foster cross-branch collaborative projects and communicate them widely with staff – add opfanal job shadowing to evaluations where appropriate	• 6/30/18 • 12/31/18 • 6/30/18
Leverage Stategic Partherships	Expand SUD treatment options	Optinto DMC organiza Further develop mediod horease medioaflon-as Targeted interventions s	 Optimb DMC organized delivery system & partner w/Partnership HealthPlan Further develop medication assisted freatment appacity Increase medication-assisted treatment in Shasta County jail Targeted interventions at Right Road and Empire, train on motivational interviewing. 	Parthership HealthPlan ity nty jail on motivational interviewing,	• 12/31/18 • 12/31/18 • 12/31/19 • 12/31/18
Description: Stength en existin al add new startegic parth eships to reduce harmful substance use	Reduce Adverse Childhood Experiences Initiate community collaborative coursed on	engaging families, and social/emotic • Deliver more ACE Interface trainings • Support more healthcare partners in (Redding Ranchers, One SAFE Place) • Develop data dashboard of ACE/ohi • Identify/invite potential partners to or • Develop collaborative model/gadals	engaging families, and social/emotional health • Deliver more ACE Interface trainings • Support more healthcare partners in institutionalizing ACE screenings and referrals (Fedding Rancheria, One SAFE Place, Nercy Ramily Health) • Develop data dashboard of ACE/child abuse indicators • benefor politicative model/gloads • Develop confidentive model/gloads	(CE screenings and referrals ealth) ors orative	• 12/31/18 • 12/31/18 • 12/31/18 • 12/31/18
Improve Business Processes	Speed up contract process	Reduce contract processenior manager tells Cofully executed	assing time to an average of 90 ontracts analyst to begin work;	Reduce contract processing time to an average of 90 days, starting point is the time the senior manager tells. Contracts analyst to begin work; ending point is the time a contract is fully executed.	• 12/31/18
Description: Improve internal service, communication, and performance	Increase workforce development	 Reduce retraactive agreements Reduce time from request for rec 	Reduce retroactive agreements Reduce time from request for recruitment to start date to eight weeks	: to eight weeks	• 10% by 6/30/17 5% by 6/30/18 1% by 6/30/19 • 75% by 6/30/17 80% by 6/30/18
	 Improve space planning and uffization 	Develop strategies for o Ensure staff have comp Complete space plan	 Develop strategies for difficult-to-recruit positions and succession Ensure staff have completed an individual Development Plan Complete space plan 	succession ent Plan	85% by 6/30/19 • 12/31/18 • 10% by 12/31/18 • 15% by 12/31/19 • 3/31/2019



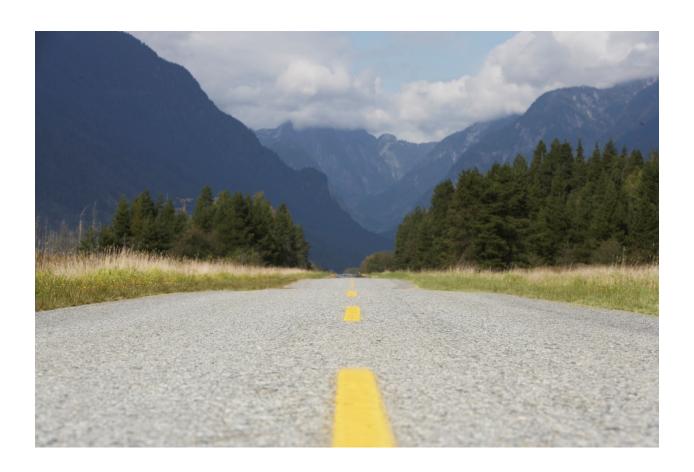


Health and Human Services Agency 2017-2020 Strategic Plan: Annual Update 2018

Missions accomplished:

h tegrate Programs and Client Services across HHSA Branches	Foster integrated cross- branch culture	 Planned & implemented a staff integration & orientation plan – completed a staff survey, prioritized the results, chose cross-education apportunities with Speaker's Bureau being established and tracked (gadi: 20 by end of 2018, 45 by end of 2019, 75 by end of 2020)
Description: Improve clientacoess and in ter-		 Branding presentation oreated Coost-brands or called the projects: AS1299, emergency child care forfaster youth, MHSA, Shasta Lake project, Coop, linkages Completed a contract with Matt Briner, Graphic Designer for HHSA logo
Le verage Strategio Partherships	Expand SUD freatment options	 Aegis apened medication-only clinic; county contracted with Aegis Aegis received a grant for hub-and-spacke to do more subasane (has 110 methadone patients) Public Health Ranch is working with Shasta Corrmunity Health Center to distribute naloxone 17x waiveed subasane prescribers
Description: Stengthen existing ladd new strategic partheships to receive harmtul substrance use	Reduce Adverse Childhood Experiences	 Additional drug disposal kiosks installed at Owers Pharmacies Youth treatment service callaborative was started, and eight trainings on a youth screening tool will begin July 1, 2018 ACB: Town Hall meeting was held Partnered with KIXE for ACE Interface Training Working with Hill Country, Shasta Community Health Center and Mercy Maternity Clinic to institutionalize ACE training and referral and referral panels thinkes sharted panels and panels.
mprove Business Rocesses Description: Improve internal service, communication, and performance	Speed up contract process Increase workforce development Irrarrowe space planning and utilization	 Reduced time for hiting background checks to five days Offered individual development plans to all employees Developed space plan request for proposals and selected a confractor Finalize and implement contract for space plan





Strategic Plan 2017-2019

Shasta County Health and Human Services Agency
www.shastahhsa.net
hhsa@co.shasta.ca.us
(530) 225-8400