

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
ACTION AGENDA SUMMARY

DEPT: Healthy Community Priority Team *max*

BOARD AGENDA # B-12

Urgent  Routine

AGENDA DATE October 24, 2006

CEO Concurs with Recommendation YES  NO

4/5 Vote Required YES  NO

(Information Attached)

SUBJECT:

Approval to Accept the First Annual Report on the Healthy Community Goals and Performance Measures

STAFF RECOMMENDATIONS:

Accept the first annual report on the Healthy Community goals and performance measures.

FISCAL IMPACT:

There is no fiscal impact associated with this item.

BOARD ACTION AS FOLLOWS:

No. 2006-854

On motion of Supervisor Grover, Seconded by Supervisor O'Brien

and approved by the following vote.

Ayes: Supervisors: O'Brien, Mayfield, Grover, DeMartini, and Chairman Simon

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1)  Approved as recommended

2)  Denied

3)  Approved as amended

4)  Other:

MOTION:

ATTEST: Christine Ferraro  
CHRISTINE FERRARO TALLMAN, Clerk

File No.

# Approval to Accept the First Annual Report on the Healthy Community Goals and Performance Measures

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## **DISCUSSION:**

### **BACKGROUND**

The Board of Supervisors adopted new priorities for Stanislaus County in April 2005. Department Heads were assigned to teams responsible for developing goals and performance measures to successfully support the priorities. The teams identified measures of success for one year, five years and ten years. The one-year measures included the implementation steps to initiate the work required by the goals. The Board of Supervisors adopted the goals and performance measures in October 2005 and directed the priority teams to present an annual report on their performance.

### **OVERVIEW**

The members of the Healthy Community priority team include Area Agency on Aging/Veterans' Services, Behavioral Health and Recovery Services, Child Support Services, Community Services Agency and the Health Services Agency. The team recommended two goals: 1) Focus resources on prevention; and 2) Meet funded State and Federal mandated service or program requirements.

In order to establish a baseline, the priority team determined the ratio of funding for prevention versus direct service by compiling an inventory of the programs that were considered preventive services. Segregating programs between prevention/intervention versus direct service was problematic, as many programs have elements of both. Additionally, local discretion over funding for health programs is quite limited, such that measuring budgeted resources as an indicator of achievement is of limited value. The compilation and review of the prevention programs inventory revealed areas in which collaborative efforts across the teams' departments already occur and which can serve as a baseline to determine feasible expansion efforts. The team concluded that appropriate access by our community to funded prevention-related services is an important factor in determining our success and developed a new definition of "Prevention" for the purposes of this goal.

The team completed an inventory of all funded State and Federal mandated programs and the method by which the programs are audited. As expected, all programs were found to be in compliance with mandated requirements. On-going achievement of this goal is critical, as it protects crucial funding of approximately \$400 million for the majority of the services provided by the departments in the Healthy Community priority team.

Exhibit A outlines the outcomes the Healthy Community priority team expected to achieve in the first year and the actual outcomes achieved. Exhibit A also provides a discussion of Lessons Learned over the past year for each measure.

### **CONCLUSION**

The first year goals of the Healthy Community team were achieved. The inventory and budget for prevention services was compiled and measured as a ratio against the budget allocation for direct service programs. The team acknowledged challenges in the measure used and explored more meaningful methods of monitoring and influencing the County's success with prevention efforts. The team developed an inventory of audits with respect to funded State and Federal mandated programs. Outcomes of this effort included the acknowledgement of current compliance in all such programs and the development of a tool to actively monitor compliance to ensure preservation of critical services and funding in the future.

### **POLICY ISSUE**

The report on the goals and performance measures for a Healthy Community provides the Board of Supervisors with a progress report on the efforts to support the Board commitment to our community's health.

### **STAFFING IMPACT**

There is no staffing impact associated with this item.



**EXHIBIT A  
GOALS AND PERFORMANCE MEASURES**

**BOARD PRIORITY**

The Stanislaus County Board of Supervisors is committed to providing excellent community services and we charge the organization to effectively manage public resources, encourage innovation and continuously improve business efficiencies.

**In collaboration with public and private partnerships we strive for:**

**A healthy community**

**PRIORITY TEAM**

Aging and Veterans' Services  
Behavioral Health and Recovery Services  
Child Support Services  
Community Services Agency  
Health Services Agency

**GOAL 1**

**Focus resources on prevention**

**MEASURE**

Ratio between resources dedicated to prevention/intervention programs versus those dedicated to providing direct services.

## ONE YEAR RESULTS

Expected Outcomes for Fiscal Year 2006-2007	Actual Outcomes through September, 2006
Inventory of prevention/intervention programs, and	<ol style="list-style-type: none"> <li>1. Development of an inventory of programs defined as prevention or intervention by those departments represented in the Healthy Community Priority Team.</li> <li>2. Assessment and acknowledgement of the shortcomings of this measure.</li> <li>3. Redefined "Prevention" to encourage and support initiatives, which the Priority Team and partners can perform and/or influence.</li> <li>4. Development of proposed new measures – work in progress.</li> </ol>
21% prevention/intervention to 79% direct service—this includes % of all programs.	21% prevention/intervention to 79% direct service—this includes % of all programs.

### Lessons Learned:

- Healthy Community programs are preventative in nature.
- Determining the ratio of budget resources, or dollars spent on prevention vs. direct services is not a meaningful measure of the "Goal of Focus Resources on Prevention", particularly on a trended basis. The majority of Healthy Community funds come from the state and federal government and expenditure of these funds is not under local control.
- The Healthy Community Departments partner now in many areas, but funding is highly categorical.
- Exploration of further prevention related activities is a more meaningful opportunity to create positive outcomes, than measuring ratios of resources and budget allocations.
- Focus needs to be turned to customer service outcomes.
- Measuring access to programs may serve as a better means of monitoring the performance of the Goal of "Focus resources on prevention".
- Effective prevention program outcomes are less visible and often difficult to measure, such as the "avoidance" of costs/institutions/facilities.
- A definition of prevention is needed, which balances the categorical funding limitations with opportunities to increase the prevention focus.

Definition: Prevention services provided by the County Healthy Community Programs through the Community Services Agency, Behavioral Health and Recovery Services, Health Services Agency, Child Support Services and the Aging and Veterans Departments are defined as access to the right services at the right time, in the right amount, compassionately and thoughtfully within available budgets.

Specific measures of prevention services that support a healthy community are necessary to assess performance and identify trends and needs. The Healthy Community Priority Team continues to develop proposed new measures that would provide a more meaningful assessment of achievement and progress. Illustrated below are measures related to Access and Outcomes that are under the team's consideration.

**Access Measures**

- Referrals for Senior/Veterans Assistance and Services
- Parents and Children served by Child Support Services
- Medi-Cal and Food stamp Enrollment
- Use of Family Resource Centers
- Access to Permanent Families for Youth
- Primary Care/Urgent Care Clinic Visits
- Immunization Rate
- WIC Participants
- Behavioral Health Services provided to Medi-Cal Enrollees

**Outcomes Measures**

- Elder Abuse Cases
- Access to Healthcare for Seniors at Risk
- Out-of-Home Placements
- Infant Mortality Initiatives
- Prevention Related Community Collaborations

**GOAL 2**

**Meet funded State and Federal mandated service or program requirements**

**MEASURE**

Audit results of Federal and State laws and regulations.

<b>ONE YEAR RESULTS</b>	
<b>Expected Outcomes for Fiscal Year 2006-2007</b>	<b>Actual Outcomes through September, 2006</b>
Compliance with mandates; or	Completed and updated a listing of all audits required and conducted for these programs. The compiled list of audits was reported to the Board of Supervisors at the first retreat on April 13, 2006. The audit listing has been updated through September 2006 and results will be forwarded to the Chief Executive Office.
Compliance at or above benchmark performance.	<b>Audit Outcomes are positive. Protected approximately \$400 Million in Health and Human Services related funding.</b>

## Lessons Learned:

This is a valuable measure as it balances fiscal accountability with sustained funding for mandated programs. Department Heads will review all program audit results for each program and be accountable for ensuring audit compliance for continued funding for state and federally mandated programs and requirements.