



CDPH Strategic Plan Extension Report 2008 - 2011



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CALIFORNIA
Department of Public Health

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Section 1: Introduction

The mission of the California Department of Public Health (CDPH) is to optimize the health and well-being of the people in California, primarily through population-based programs, strategies, and initiatives that seek to prevent illness in, and promote the health of, the public. To this end, CDPH employs approximately 3,500 people in over 60 locations around the state and administers a budget of over \$3.4 billion. These efforts work towards CDPH's overall vision of healthy individuals and families in healthful communities.

CDPH's five Centers and two Offices work towards accomplishing this mission and vision through their programmatic activities and in collaboration with local health departments, agencies and organizations throughout the State. CDPH's five Centers and two Offices are:

- Center for Chronic Disease Prevention and Health Promotion,
- Center for Infectious Diseases,
- Center for Family Health,
- Center for Environmental Health,
- Center for Health Care Quality,
- Health Information and Strategic Planning,
- Emergency Preparedness Office.

A. *Strategic Plan Background*

In July 2008, CDPH released its first Strategic Plan and established a unified vision for the Department's future. The Strategic Plan contains five broadly defined goals, developed in response to issues identified by internal and external stakeholders, which serve to prioritize and focus CDPH's efforts. The Strategic Plan also incorporates performance-based management methods into critical public health and internal support areas to achieve measurable improvement.



B. *Strategic Plan Year Three Extension*

The initial CDPH Strategic Plan outlined the Department's direction and priorities for two fiscal years (FYs), from July 2008 through June 2010. However, based on resource assessments, the Department extended the current Strategic Plan one additional year, to June 2011. This extension will enable CDPH to continue its focus on the five goals outlined in the Strategic Plan and incorporate valuable insights gained during the Strategic Plan's first 18 months.

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The Strategic Plan extension resulted from a number of challenges CDPH experienced during FY 2008-09 and into FY 2009-10 that affected progress towards many objectives in the Strategic Plan. The continual evaluation of the Strategic Plan enabled the Department to consider the progress on specific objectives and make adjustments for Year Three. For example, the H1N1 Influenza outbreak and corresponding activation of the Joint Emergency Operations Center (JEOC) resulted in a number of successes but also deferred other essential public health activities until the public health emergency subsided. This challenge and others delayed CDPH's progress towards meeting many of the Strategic Plan objective targets. The Strategic Plan extension also enables CDPH to increase Year Three targets for objectives that significantly surpassed their initial targets and therefore maintain the successes achieved during Year One.

To incorporate the lessons learned from the first 18 months of the Strategic Plan, CDPH held a series of meetings, with Action Plan Leads responsible for carrying out activities to meet the objectives and targets and with the Public Health Executive Management Team to discuss objectives and targets. Discussions included the challenges faced, the lessons learned and the progress made towards meeting each objective target. These meetings culminated with the development of a revised CDPH Strategic Plan for Year Three.

The Public Health Executive Management Team approved the following modifications to five Strategic Plan objectives for Year Three:

- Delete two Goal One objectives that were redundant to Goal Three (Goal One, Objective 3-4, HP 23-04 and HP 23-07),
- Modify activities associated with one Goal One objective (Goal One, Objective 5-6, HP 19-02),
- Split one Goal Two objective into two separate objectives (Goal Two, Objective 1-2), and
- Modify objective language to clarify targets for two Goal Four objectives (Goal Four, Objective 1-2 and Objective 3).

The Public Health Executive Management Team also approved the following target modifications:

- Significantly increase the target for two objectives that surpassed Year One and Year Two targets, in order to maintain current success (Goal One, Objective 3-4, HP 08-11 and Goal Two, Objective 3-4),
- Continued the level of progress for targets associated with eight objectives, and
- Maintained the Year Two target into Year Three for 16 objectives.

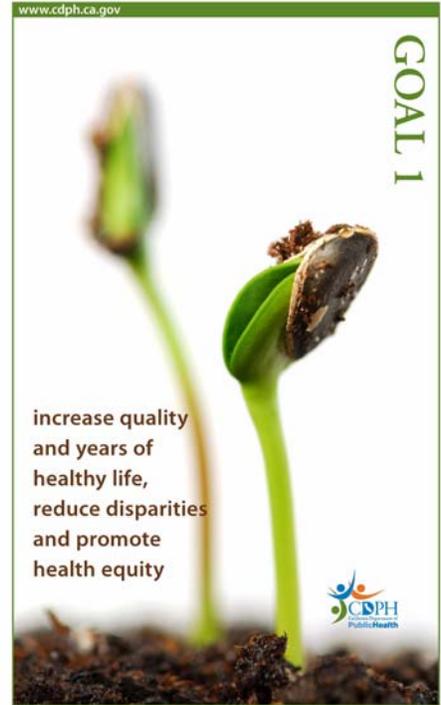
Additional information regarding the specific objective and target modifications is included under each Strategic Plan Goal.

Section 2: Goal 1: Increase quality and years of healthy life, reduce disparities, promote health equity

A. Healthy People 2010

Healthy People 2010 provides a national framework for prevention by identifying the most significant preventable threats to health and establishing national goals and associated objectives to reduce these threats. The Strategic Plan Goal 1 objectives summarized below correspond with the specific health indicators outlined in Healthy People 2010. CDPH chose these objectives to highlight specific efforts being made by various Centers and Offices throughout CDPH to fulfill the overarching goals of Healthy People 2010.

B. Objective 1-2: Increase to 50 percent the percentage of recent planning documents on file to support the prioritized 11 Healthy People 2010 objectives



Year One Target	Year One Actual	Year Two Target	Year Three Target
50 percent	38 percent	90 percent	100 percent
Measurement:	Percentage of eleven prioritized objectives with planning documents on file		
Programmatic Lead:	Health Information and Strategic Planning		

The target for Year Three continues the progress expected during the first two years of the Strategic Plan, with all prioritized objectives expected to have planning documents on file. The planning documents include evidence-based interventions, stakeholder communication plans, funding plans, and recent assessments of disparities/inequities. The prioritized objectives were reduced from 13 objectives to 11, with two objectives deleted due to duplication with Goal Three (see the following for additional information).

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C. Objective 3-4: Increase by an average of 5 percent the progress California makes towards eight prioritized Healthy People 2010 objectives:

Year One Target	Year One Actual	Year Two Target	Year Three Target
5 percent	5.7 percent	10 percent	15 percent
Measurement:	Percentage of progress made on each of the eight prioritized objectives		
Programmatic Lead:	Health Information and Strategic Planning		

The expected rate of progress was extended, resulting in the Year Three target of 15 percent progress from the original baseline in the Strategic Plan. Furthermore, the prioritized objectives were reduced from ten objectives to eight, with two objectives deleted due to duplication with Goal Three (additional information included below).

1. Reduce the proportion of nursing home residents with a current diagnosis of pressure ulcers.

Year One Target	Year One Actual	Year Two Target	Year Three Target
13.3 percent	13 percent	12.6 percent	11.9 percent
Measurement:	Percentage of nursing home residents diagnosed with a pressure ulcer		
Programmatic Lead:	Licensing and Certification		

The Year Three target is based on assessing the trajectory of the previous two years and projecting the existing rate of improvement based on the ongoing activities. Accordingly, the established Year Three target is 11.9 percent, reflecting the successful progress made by Licensing and Certification to reduce pressure ulcers in long-term stay nursing home residents.

Licensing and Certification developed and completed trainings and focused enforcement to reduce the incidence of pressure ulcers. Additional activities that positively influenced the reduction in pressure ulcers included working with industry and other leaders on joint efforts, and establishing a baseline and met targets.

However, Licensing and Certification still faces challenges in further reducing pressure ulcer incidence, including systemic issues existing in many facilities, such as high staff turnover, low levels of involvement in quality improvement efforts by the most at-risk facilities, and insufficient funding to support health information technology (HIT) in skilled nursing facilities.

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2. Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets Safe Drinking Water Act regulations

Year One Target	Year One Actual	Year Two Target	Year Three Target
99 percent	99 percent	99 percent	99 percent
Measurement:	Percentage of persons served by community water systems with drinking water meeting Safe Drinking Water Act regulations		
Programmatic Lead:	Division of Drinking Water and Environmental Management (DDWEM)		

For Year Three of the Strategic Plan, DDWEM, located within the Center for Environmental Health, is maintaining the target that a minimum of 99 percent of persons served by community water systems receive drinking water meeting Safe Drinking Water Act regulations. This percentage exceeds both the current national baseline of 86 percent compliance and the Healthy People 2010 objective target of 95 percent compliance.

DDWEM continues to work with community water systems to provide technical assistance and supply funding for critical infrastructure projects. For example, DDWEM successfully distributed \$149 million in federal American Recovery and Reinvestment Act (ARRA) funds for water system improvements. Recent legislative changes also increased the amount of funding available and enabled DDWEM to provide planning grants to community water systems serving disadvantaged communities. These efforts are critical to both maintain the high compliance rate with the federal Safe Drinking Water Act regulations and to increase compliance among the small number of non-compliant water systems.

3. Decrease the proportion of children found to have elevated blood lead levels

Year One Target	Year One Actual	Year Two Target	Year Three Target
0.57 percent	0.44 percent	0.54 percent	0.44 percent
Measurement:	Percentage of children with elevated blood lead levels		
Programmatic Lead:	Environmental and Occupational Disease Control/Childhood Lead Poisoning Prevention Branch (CLPPB)		

The initial 2010 target sought to lower the proportion of children with elevated blood lead levels to 0.54 percent. CLPPB met and exceeded this target in Year One, when 0.44 percent of children had elevated blood lead levels. To sustain these impressive improvements, CLPPB reset the target level to 0.44 percent for Year Three to maintain the success achieved in Year One.

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Reducing the childhood blood lead proportion to a minimum continues to be one of the fundamental goals of the Branch's prevention efforts, and tracking it helps CLPPB assess progress toward the Centers for Disease Control and Prevention's (CDC) call for lead poisoning elimination on a national level. In addition to a 27 percent decrease from the baseline, far exceeding the Year One target, CLPPB also steadily increased the number of children tested, a key element of its prevention strategy. CLPPB now receives electronically blood lead results on the over 700,000 children tested each year in California, with results available in its statewide surveillance system. The directed provider outreach program is also identifying geographic areas with high risk coupled with low screening rates. Maintaining this lower level during FY 10-11 is a measurable, achievable target that would indicate that substantial and sustainable progress is being made.

To combat the challenge of ensuring providers are aware of anticipatory guidance and lead testing requirements, CLPPB conducts outreach to high volume medical providers in priority areas, based on risk and screening participation, and facilitates their compliance. These efforts facilitated CLPPB's ability to meet its Year Three target.

4. Increase the proportion of adults who are vaccinated annually against influenza

Year One Target	Year One Actual	Year Two Target	Year Three Target
87 percent	85 percent	91.5 percent	89 percent
Measurement:	Percentage of adults in long term care vaccinated annually against influenza		
Programmatic Lead:	Licensing and Certification		

The Year One and Year Two targets were not set based on previous data. Subsequently, Licensing and Certification established the Year Three target by assessing the trajectory of the previous two years and projecting the existing rate of improvement based on the ongoing activities, projected to increase at approximately 2.0 to 2.5 percent annually.

Licensing and Certification developed and conducted trainings and focused enforcement as a strategy to increase the percentage of adults in long-term care (LTC) facilities annually vaccinated against influenza. Successful strategies include the development of tools for LTC facilities to use in addressing vaccinations, the development of integrated materials into an All Facilities Letter (AFL) disseminated to LTC facilities, and focused enforcement during existing survey procedures. However, extremely limited opportunities exist to impact influenza immunization rates because they are only given at the beginning of flu season.

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5. Increase the proportion of adults who are vaccinated against pneumococcal disease

Year One Target	Year One Actual	Year Two Target	Year Three Target
84 percent	82 percent	88 percent	86 percent
Measurement:	Percentage of adults in long term care vaccinated at any time against pneumococcal disease		
Programmatic Lead:	Licensing and Certification		

Similar to the objective above, the Year One and Year Two targets to immunize adults residing in LTC facilities were not set based on previous data. Subsequently, Licensing and Certification established the Year Three target by assessing the trajectory of the previous two years and projecting the existing rate of improvement based on the ongoing activities, projected to increase at approximately 2.0 to 2.5 percent annually.

Licensing and Certification developed and conducted trainings and focused enforcement as a strategy to increase the percentage of adults in LTC facilities annually vaccinated against pneumococcal disease. Successful strategies include the development of tools for LTC facilities to use in addressing vaccinations, the development of integrated materials into an AFL disseminated to LTC facilities, and focused enforcement during existing survey procedures. One challenge to increasing the vaccination rates for pneumococcal disease is its status as a new requirement for LTC facilities.

6. Reduce deaths of infants under one year of age

Year One Target	Year One Actual	Year Two Target	Year Three Target
5.0 percent	5.5 percent	4.5 percent	5.2 percent
Measurement:	Rate of infant deaths under one year of age per 1,000 live births		
Programmatic Lead:	Maternal, Child and Adolescent Health (MCAH)		

The Year One and Year Two targets for infant mortality rates did not account for data lag nor capture the full impact of current MCAH activities. The data source for Year One and Year Two was the Birth Cohort file. Though the data from this file tends to be more accurate, it has up to a three-year reporting lag. MCAH has begun using the California Birth and Death Statistical Master Files (Master Files) for Strategic Plan data reporting and tracking progress towards the Year Three target. The Master Files allow for more up-to-date reporting to capture the impact of recent MCAH activities that focus on reducing infant deaths. The adjustment of the Year Three target to 5.2 infant deaths per 1,000 live births reflects this change in data source.

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MCAH completed activities within its action plan using multiple strategies to focus on reducing infant mortality, including addressing health disparities and completing local health jurisdiction needs assessments that provide valuable information for the federal Title V annual reports. MCAH uses the needs assessment as an opportunity to discuss, identify and prioritize with stakeholders the needs at the local level. Infant mortality reduction activities are highlighted in the recently completed Federal Fiscal Year 2011 Title V Annual Report/Application and the 2011-2015 Title V Block Grant Five-Year Needs Assessment. The federal government has used California’s Title V report as a model for other states.

7. Increase the proportion of adults who engage in moderate/vigorous physical activity

Year One Target	Year One Actual	Year Two Target	Year Three Target
51.45 percent	51.90 percent	52.70 percent	53.95 percent
Measurement:	Percentage of adults engaged in moderate/vigorous exercise		
Programmatic Lead:	Chronic Disease and Injury Control/Chronic Disease Control Branch		

This objective, to increase the proportion of adults who exercise, extended their targeted progress into Year Three of the Strategic Plan, resulting in the Year Three target of 53.95 percent of adults engaging in moderate to vigorous exercise. The Chronic Disease Control Branch used a number of strategies to increase the percentage of adults engaged in moderate to vigorous exercise, such as organizing webinars and teleconferences on physical activity related topics and holding regional trainings on moderate and vigorous physical activity in various locations. The Chronic Disease Control Branch also held physical activity forums attended by key stakeholders from state, local, nonprofit, and private sectors to promote physical activity.

8. Increase the proportion of the population based prioritized subset of HHS Healthy People 2010 objectives for which California data are available for all population groups identified in the objective

Year One Target	Year One Actual	Year Two Target	Year Three Target
55 percent	46.8 percent	100 percent	NA
Measurement:	Percentage of data available for identified population groups		
Programmatic Lead:	Health Information and Strategic Planning		

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This objective has been deleted for Year Three of the Strategic Plan, as it duplicates the intent contained in objectives under Goal Three, particularly Objective 1-2 and Objective 3-4, which measure the percentage of data sets containing Common Core Data Elements and State-mandated Race/Ethnicity information respectively. Furthermore, this objective is primarily dependent on the timely preparation of two CDPH data files, the Death Statistical File and Immunization data, and does not measure the public availability of data from various sources within CDPH.

9. Increase the proportion of HHS Healthy People 2010 objectives for which CDPH data are released within one year of data collection

Year One Target	Year One Actual	Year Two Target	Year Three Target
57.5 percent	64.5 percent	100 percent	NA
Measurement:	Percentage of data released within one year of collection		
Programmatic Lead:	Health Information and Strategic Planning		

Similar to the objective immediately above, this objective has been deleted for Year Three of the Strategic Plan as it duplicates the intent of Objective 7-8, under Goal Three, which measures the timeliness of publicly released data. Furthermore, this objective is also primarily dependent on the timely preparation of two CDPH data files, the Death Statistical File and Immunization data, and does not accurately measure the length of time between collection and the public release of other data sets within CDPH.

10. Reduce cigarette smoking by adults

Year One Target	Year One Actual	Year Two Target	Year Three Target
13 percent	13.3 percent	12 percent	12 percent
Measurement:	Percentage of adults who smoke cigarettes		
Programmatic Lead:	Chronic Disease and Injury Control/California Tobacco Control Program (CTCP)		

CTCP extended the Year Two target of 12 percent into Year Three. CTCP used a number of strategies to reduce the percentage of adults who smoke, including conducting research and evaluation, developing and distributing educational materials and resources, and funding the infrastructure and delivery of comprehensive tobacco control programs throughout the State. CTCP also coordinates monthly teleconferences of Proposition 99-funded agencies, and provides spokesperson trainings for internal and external regional stakeholders to ensure that groups speak with “one voice” on the best practices in tobacco control.

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D. Objective 5-6: Increase by an average of 2.5 percent the progress California makes towards three prioritized Healthy People 2010 objectives:

Year One Target	Year One Actual	Year Two Target	Year Three Target
2.5 percent	2.2 percent	5 percent	7.5 percent
Measurement:	Average percentage of progress made on each of the three prioritized objectives		
Programmatic Lead:	Health Information and Strategic Planning		

This objective measures the average progress made by the prioritized objectives summarized below. The expected rate of progress was extended to Year Three, resulting in the Year Three target of 7.5 percent progress from the original baseline in the Strategic Plan.

1. Reduce deaths due to HIV infection

Year One Target	Year One Actual	Year Two Target	Year Three Target
125,000	143,275	150,000	60,000
Measurement:	Number of rapid test kits distributed		
Programmatic Lead:	Office of AIDS		

In July 2009, all state General Fund was eliminated for HIV prevention services, including HIV testing. This budget reduction constituted 80 percent of total funding for these activities. The Office of AIDS consequently reduced the amount of funds available for rapid test kit purchases and reduced the number of local health jurisdictions funded from 61 to 17. In response, the Office of AIDS lowered the Year Three target to 60,000 rapid test kits distributed to reflect this decrease in funding.

The Office of AIDS has applied for additional federal funding to support expanded HIV (rapid and conventional) testing in primarily clinical settings targeted toward African American, Latino, men who have sex with men, and injection drug using populations. The Office of AIDS may be able to distribute a limited additional amount of Rapid HIV tests if awarded addition funding through this funding opportunity.

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2. Reduce tuberculosis

Year One Target	Year One Actual	Year Two Target	Year Three Target
100 percent	100 percent	100 percent	100 percent
Measurement:	Percentage of Multidrug Resistant Tuberculosis cases with access to expert consultation		
Programmatic Lead:	Communicable Disease Control/Tuberculosis Control Branch		

For Year Three of the Strategic Plan, the Tuberculosis Control Branch is maintaining its target that all cases (100 percent) of multidrug resistant tuberculosis (MDR-TB) in California have access to expert consultation during treatment. Maintaining the 100 percent target for access to expert consultation is essential to CDPH’s efforts to reduce and control tuberculosis (TB), and acts as an important measurement of CDPH’s efforts.

Furthermore, the existence of these cases threatens statewide success in controlling TB, with approximately 30 to 40 MDR-TB cases occurring in California each year, and MDR-TB on the rise globally. MDR-TB cases are costly, difficult to treat and patients are often infectious for a long time and are more likely to fail treatment and die than patients with drug susceptible TB. Subsequently, special expertise is needed to ensure that MDR-TB cases become non-infectious and do not develop additional resistance. Many local health departments rarely see MDR-TB cases and are unable to sustain local expertise. The CDPH MDR-TB service provides laboratory, medical and public health consultation to support local TB control activities, with the CDPH Microbial Diseases Laboratory providing rapid testing for drug resistance and conventional drug susceptibility testing. This support is particularly important as resources and expertise are diminishing at the local level.

3. Reduce the proportion of adults who are obese

Year One Target	Year One Actual	Year Two Target	Year Three Target
2	1	3	5
Year One and Two Measurement:	Number of identified program initiatives successfully completed		
Year Three Measurement	Number of local health departments that implement CDC evidence-based strategies to reduce obesity		
Programmatic Lead:	Chronic Disease and Injury Control/California Obesity Prevention Program		

For Year Three, the measurement associated with the objective to reduce the proportion of obese adults has been modified from the number of identified program initiatives completed by Chronic Disease and Injury Control to a focus on the number of local health departments and community organizations that implement evidence-based

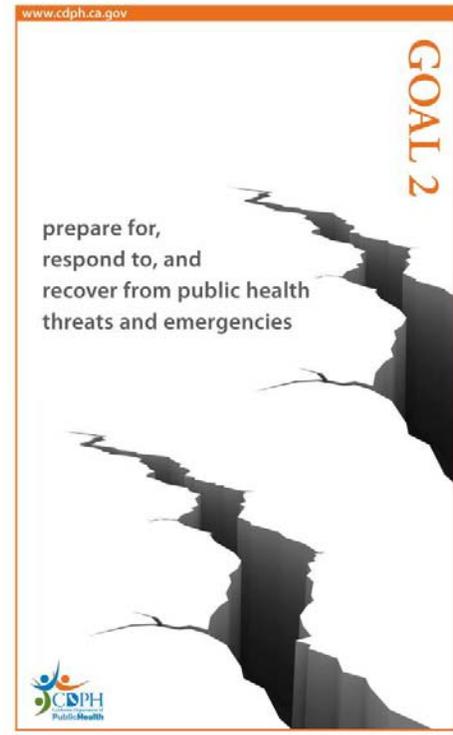
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policy and environmental change strategies to reduce obesity. This modification was made due to programmatic and staff changes in the Coordinating Office for Obesity Prevention, the CDPH program initially responsible for tracking the obesity objective. Subsequently, the California Obesity Prevention Program has taken over responsibility for the objective.

Section 3: Goal 2: Prepare for, respond to, recover from public health threats and emergencies

The Emergency Preparedness Office (EPO) and the Office of the State Laboratory Director faced challenges similar to many other CDPH programs during the current Strategic Plan, such as staff furloughs that required a reprioritization of activities. In addition, the H1N1 outbreak in spring 2009 resulted in CDPH performing its largest scale emergency preparedness activation to date. This activation advanced and improved CDPH's response capabilities, but also delayed progress on specific Strategic Plan objectives and targets during Year One and into Year Two of the Strategic Plan.

- A. Objective 1-2: Increase to 80 percent the percentage of CDPH staff and managers who have successfully completed training in National Incident Management System/Standardized Emergency Management System and Joint Emergency Operations Center positions, and are available for deployment**



The original objective, “*Increase the percentage of CDPH staff and managers who have successfully completed training in National Incident Management System/Standardized Emergency Management System and Joint Emergency Operations Center operations, and are available for deployment*” articulated the importance of preparing CDPH personnel to respond during an emergency incident, but lacked clear intent as to who should take what training. The former objective was recast into two discreet objectives (“a” and “b”), both with June 2011 targets of 90 percent, that clarify the appropriate level of training for individual personnel.

Objective 1-2 (a): Increase the percentage of CDPH personnel who have successfully completed the “Disaster Service Worker” (DSW) training and “EPO 100: Introduction to the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS)

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Year One Target	Year One Actual	Year Two Target	Year Three Target
80 percent	7 percent	90 percent	90 percent
Measurement:	Percentage of CDPH personnel completing the DSW and SEMS/NIMS training		
Programmatic Lead:	Emergency Preparedness Office		

Objective 1-2 (a) focuses on the foundational training required of all CDPH personnel to understand their role as a DSW and the use of the SEMS and the NIMS in the department's emergency response efforts. The quality and accessibility of emergency response trainings offered to CDPH personnel has been significantly improved in order to meet the Year Three target of 90 percent. Additionally, the two basic courses included in objective 1-2 (a) (DSW and EPO-100) are now available online, via a newly developed training website.

Objective 1-2 (b): Increase to 90% the percentage of CDPH personnel assigned to a management position on the Executive Sponsored Response Teams (ESRT) who have completed Joint Emergency Operation Center (JEOC), Richmond Campus Coordination Center (RCCC), Receipt, Storing and Staging Warehouse (RSS) training in at least one of five Incident Command System management positions and are thereby deployable by 06-30-11.

Year One Target	Year One Actual	Year Two Target	Year Three Target
80 percent	7 percent	90 percent	90 percent
Measurement:	Percentage of selected CDPH personnel completing at least one training for Incident Command System management positions		
Programmatic Lead:	Emergency Preparedness Office		

Objective 1-2 (b) focuses on the need for CDPH personnel assigned to the ESRT management positions and to complete training that will enable them to step into the Department's emergency response operations when necessary. The quality and accessibility of emergency response trainings offered to CDPH personnel has been significantly improved in order to meet the Year Three targets:

In particular, the Basic Emergency Operations Center Training has been streamlined to include a two-day Basic Emergency Center Operations course that all ESRT managers complete plus a one-day course for management of each section. Eight Basic Emergency Operation Center Trainings and two of each section-specific course will be offered to the assigned ESRT managers.

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B. Objective 3-4: Decrease the average response time between an urgent incident reported to the CDPH duty officer and program response initiated to .50 hours

Year One Target	Year One Actual	Year Two Target	Year Three Target
0.50 hours	0.13 hours	0.25 hours	0.13 hours
Measurement:	Average response time from when an urgent incident is reported to when program response is initiated		
Programmatic Lead:	Emergency Preparedness Office		

The Emergency Preparedness Office maintained an average duty officer response time of 0.13 hours in FY 08-09, surpassing both its Year One and Year Two targets respectively. The response time, as measured by this objective, is the period from when an urgent incident is initially reported to the CDPH duty officer to when the individual program response is initiated (i.e. notification of the Program Duty Officer/Subject Matter Expert). To sustain these significant improvements, the Year Three target has been maintained at 0.13 hours. Maintaining this lower level during FY 10-11 is a measurable, achievable target that indicates the substantial and sustainable progress made.

In order to meet and maintain this objective, the CDPH duty officer program will review this objective monthly to determine any delays in response. The duty officer program will continue to provide outreach and training to the duty officers of any CDPH programs that fail to meet the objective.

Performance standards and authorities that guide the duty officer program in addition to the CDPH Strategic Plan include the following:

- the Emergency Services Act;
- CDC 2006 Performance Measures, which state “a knowledgeable public health professional respond 24/7 to a call about an event that may be of *urgent* public health consequence” in an average time of 15 minutes;
- CDPH Duty Officer procedures;
- the Health Administrative Manual; and
- the California Disaster Health Operations Manual.

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C. Objective 5-6: Increase to 80 percent the percentage of laboratory tests supported by the CDPH enterprise wide Laboratory Information Management System (LIMS)

Year One Target	Year One Actual	Year Two Target	Year Three Target
80 percent	70 percent	90 percent	80 percent
Measurement:	Percentage of state laboratory tests supported by LIMS		
Programmatic Lead:	Office of the State Laboratory Director		

The target for the percentage of state laboratory tests supported by the LIMS system has been reduced to 80 percent for Year Three, primarily as a result of software system upgrades from version 9 to version 10 in three of the six State laboratories. This target of 80 percent will enable the Office of the State Laboratory Director to maintain focus on achieving a high percentage of state laboratory tests supported by LIMS while acknowledging the limitations posed during software upgrades.

Various challenges have hindered efforts to ensure all state laboratory tests are supported by LIMS, including inconsistent funding and the lengthy procedures necessary to implement information technology projects such as software upgrades. However, this effort has resulted in increased trainings, and an enhancement of the Department’s ability to send data electronically, which meets the nationally established mandates for health information exchange. This strategic planning effort has also facilitated the development of best practices and collaborative efforts within the Department, including the Change Advisory Board (CAB) and the CDPH StarLims Executive Advisory Committee.

D. Objective 7-8: Increase to 43 the number of local health departments with a rating of at least 70 percent on their Strategic National Stockpile

Year One Target	Year One Actual	Year Two Target	Year Three Target
43	29	54	54
Measurement:	Number of local health departments with ratings of at least 70 percent on their Strategic National Stockpile		
Programmatic Lead:	Emergency Preparedness Office		

CDC and CDPH measure public health preparedness planning readiness with the CDC’s Technical Assistance Review (TAR) Tool. The TAR Tool scores the planning efforts of local health departments (LHDs) in 12 functional areas and provides a composite score as well.

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The Year Three target of 54 remains the same as Year Two due to the efforts expended on the H1N1 influenza pandemic and the State’s fiscal crisis. The H1N1 response narrowly focused state and local efforts and prevented planners from addressing broader public health preparedness issues. However, the lessons learned from the response will ultimately translate into improved preparedness. Reduced staffing and budgets will continue to plague LHD planning efforts as there will be fewer staff and dollars to perform the same work. Focused efforts at the state and local level have ensured that over 92 percent of Californians live in jurisdictions that have scored 70 percent or better. Moreover, areas most at risk to be targets of a bioterror attack have an averaged score of 84 percent. The Year Three target is achievable given current staffing and budgets.

E. Objective 9-10: Increase the number of state level exercises with a public health component or health care surge component with completed After Action Reports and successful completion of Corrective Action Plans to two

Year One Target	Year One Actual	Year Two Target	Year Three Target
2	2	2	3
Measurement:	Number of state level exercises completed		
Programmatic Lead:	Emergency Preparedness Office		

Due to the work-intensive nature of state level exercises, in addition to the continuous preparedness, response, and recovery efforts to real-world events, one additional exercise of such significance has been added to the Year Three target. Although state level exercises improve overall medical and health components of emergency response in the State, these exercises demand thousands of staff hours in planning, development, execution, and improvement activities. Further, these exercises require the coordination of hundreds of internal and external stakeholders to test emergency response plans, policies, and procedures.

CDPH will continue to support and participate in two state level exercises: the California Emergency Management Agency (Cal EMA) Golden Guardian Exercise series and the CDPH Statewide Medical-Health Exercise series. Both series encompass a comprehensive “all-hazards” emergency response approach, engaging local, state, and federal emergency responders.

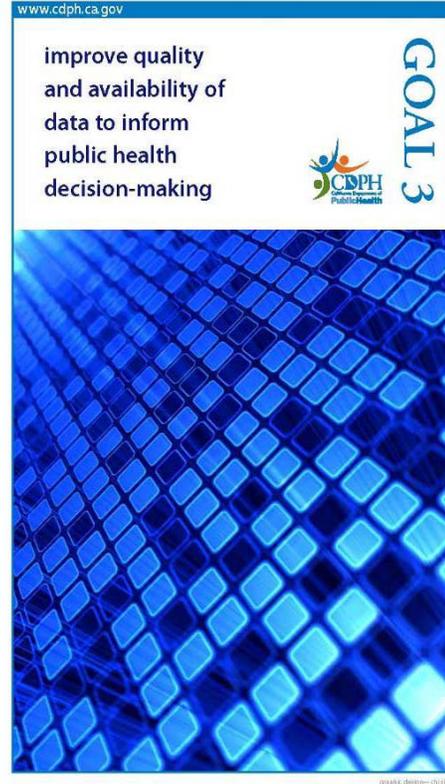
In addition, CDPH will actively participate in the annual state level nuclear power plant exercise series related to both San Onofre and Diablo Canyon nuclear power plants. This exercise series promotes the concept of multi-agency coordination system, integrating local, state, and federal response, and involves the Federal Emergency Management Agency, Department of Energy, Cal EMA, CDPH, and Los Angeles, Orange, San Diego, San Luis Obispo, and Ventura Counties. In previous years, CDPH has played a limited role in such hazard-specific exercises by sending only a few

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subject matter experts in public information and radiological health to the local level or REOC. Currently, planning is underway to incorporate a full response from the CDPH JEOC and to include other CDPH and Emergency Medical Services Authority programs that would be impacted by the failure (terrorism or natural event) of a nuclear power plant.

Section 4: Goal 3: Improve quality and availability of data to inform public health decision-making

Health Information and Strategic Planning (HISP) is responsible for department-wide initiatives, including the improvement of health information systems and the key role of improving the quality and availability of data, embodied by Goal Three of the Strategic Plan.



Data Resource Inventory

The Data Resource Inventory (DRI) is an essential component of all Goal 3 objectives, as HISP uses the DRI to measure the progress made towards each of the four objectives contained within Goal Three.

Updates to the DRI to measure the progress made on Goal Three objectives were delayed until April 2010 due to staff furloughs and staff redirections to the JEOC during public emergencies occurring in 2008 and 2009. Consequently, the Year Two targets for each objective have been extended to Year Three. HISP is currently tabulating and evaluating the updates to the DRI.

A. Objective 1-2: Increase to 16 percent the datasets in the CDPH Data Resource Inventory that collect the Common Core Data Elements¹

Year One Target	Year One Actual	Year Two Target	Year Three Target
16 percent	13 percent	18 percent	18 percent
Measurement:	Percentage of datasets in the DRI that collect the Common Core Data Elements		
Programmatic Lead:	HISP/Public Health Informatics Program		

The target for Year Three has been maintained at 18 percent due to delays in updating the DRI. Furthermore, increasing the Common Core Data Elements requires information technology (IT) changes to add fields to databases to collect the Common Core Data Elements. In the face of budgetary constraints and the restrictions previously

¹ Common Core Data Elements are defined as: birth name, birth date, location of birth, gender, and mother's first name.

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described, HISP focused on educational efforts to CDPH staff to highlight the importance of collecting the Common Core Data Element information.

B. Objective 3-4: Increase to 16 percent the datasets in the CDPH Data Resource Inventory that collect the State-mandated race/ethnicity information

Year One Target	Year One Actual	Year Two Target	Year Three Target
16 percent	13 percent	18 percent	18 percent
Measurement:	Percentage of datasets in the DRI that collect race/ethnicity information		
Programmatic Lead:	HISP/Public Health Informatics Program		

The target for Year Three has been maintained at 18 percent due to delays in updating the DRI. As with the Common Core Data Elements above, adding the database fields to collect ethnicity and race requires modifications to existing IT systems or the development of new systems. In the face of budgetary constraints and these restrictions, HISP focused on educational efforts to CDPH staff to highlight the importance of collecting race and ethnicity information.

C. Objective 5-6: Increase the percentage of datasets in the CDPH Data Resource Inventory that have geocoded data to 20 percent

Year One Target	Year One Actual	Year Two Target	Year Three Target
20 percent	7 percent	30 percent	30 percent
Measurement:	Percentage of datasets in the Data Resource Inventory that contain geocoded information		
Programmatic Lead:	HISP/Public Health Informatics Program		

The target for Year Three has been maintained at 30 percent due to delays in updating the DRI. These updates are essential to assess the proportion of datasets in the DRI with locational information. HISP is assessing the updates to determine the number of datasets with locational information, and out of those datasets, how many have geocoded coordinates for those locations.

CDPH has dedicated a full-time staff person to serve as the GIS coordinator for the department. This person provides consultation and services to programs anticipating or continuing GIS use, including helping programs with mapping services, geocoding, and data visualization. These successes facilitate the incorporation of GIS services despite the challenges posed by delayed procurements and turnover of staff trained in GIS.

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D. Objective 7-8: Increase to 50 percent the percentage of datasets in the CDPH Data Resource Inventory from which de-identified and/or non-confidential data are publicly available via the internet

Year One Target	Year One Actual	Year Two Target	Year Three Target
50 percent	33 percent	70 percent	70 percent
Measurement:	Percentage of datasets in the Data Resource Inventory with de-identified/confidential data publicly available on the internet		
Programmatic Lead:	HISP/Public Health Informatics Program		

The target for Year Three has been maintained at 30 percent due to delays in updating the DRI. HISP is evaluating the recent DRI updates to determine the number of datasets with publicly available de-identified or non-confidential information.

The CDPH Web Services Group developed standards and procedures to place public reports and data on the CDPH Internet and provided training and technical assistance on an ongoing basis. As a result, the number of links to published statistical data and reports included on the CDPH Internet Data Section has increased by 85 percent in the past two years.

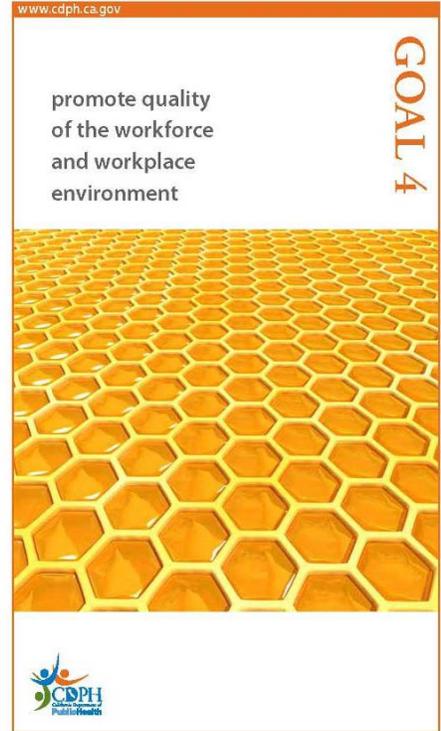
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Section 5: Goal 4: Promote quality of workforce and workplace environment

To support Goal 4 of the Strategic Plan and promote workforce quality and workplace environment, CDPH created the Office of Leadership and Workforce Development (OLWD). OLWD spearheads the Department’s efforts in employee training and leadership development, conducts succession planning to address the aging workforce, and promotes and develops a competent and effective public health workforce.

Various challenges, including delays bringing on key personnel to fully staff OLWD and reductions in work time from furloughs, affected OLWD’s ability to meet the performance measures and targets laid out in Goal 4 of the Strategic Plan.

- A. Objective 1-2: Increase to 50 percent the percentage of CDPH employees who receive a written annual performance review and Individual Development Plan by their direct supervisor**



Year One Target	Year One Actual	Year Two Target	Year Three Target
50 percent	30 percent	100 percent	100 percent
Year One and Two Measurement:	Percentage of rank and file employees who have received a written annual performance review		
Year Three Measurement	Percentage of rank and file, supervisor/manager, and exempt/CEA employees who have received a written annual performance review		
Programmatic Lead:	OLWD		

OLWD modified the Strategic Plan measurement for Year Three to reflect the development of new performance appraisal and development forms for supervisors/managers and career executive assignments (CEAs). These new performance appraisal and development forms are in addition to the forms OLWD successfully developed for rank and file employees during the first two years of the Strategic Plan. OLWD also carried forward the 100 percent target for the percentage of employees that receive performance reviews.

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B. Objective 3: Increase to 40 percent the percentage of employees surveyed who rate the CDPH as “excellent” “very good” or “good” on an anonymous survey of ten aspects of the workplace environment

Year One Target	Year One Actual	Year Two Target	Year Three Target
40 percent	0 percent	40 percent	40 percent
Year One and Two Measurement:	Percentage of surveyed employees that rate CDPH as very good or good		
Year Three Measurement	Percentage of surveyed employees that rate CDPH as excellent, very good or good		
Programmatic Lead:	OLWD		

With input from the OLWD Steering Committee, OWLD released the CDPH employee survey in fall 2009 to address Objective 3 for Year Two of the Strategic Plan. OLWD maintained the target of 40 percent for Year Three but modified the Year Three measurement to reflect changes in the survey design to incorporate the expanded ranking categories of “good,” “very good,” and “excellent.”

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Section 6: Goal 5: Improve effectiveness of business functions

Many of the challenges faced by the CDPH business functions during the Strategic Plan’s first year, including furloughs, staff reductions, and the reprioritization of work, continued into Year Two of the Strategic Plan. These challenges directly affected the Year Three targets proposed for the Strategic Plan extension, with each of the objectives extending the Year Two targets to Year Three. Overall, the business functions progressed toward their targets despite these challenges.



- A. Objective 1-2: Increase by 10 percent the number of pending regulation packages filed with the Secretary of State within 36 months of development**

Year One Target	Year One Actual	Year Two Target	Year Three Target
1	1	2	2
Measurement:	Number of regulation package completed in 36 months		
Programmatic Lead:	Office of Legal Services/Office of Regulations and Hearings (ORH)		

The ORH Strategic Plan’s third year target remains at two packages filed with the Secretary of State (SOS). The promulgation of regulations is set on a 36-month (calendar year) cycle. ORH presumes it will file the same number of packages in Year Three, based on this timeframe and number of packages filed with the SOS in Year Two of the Strategic Plan.

The challenges ORH encountered in achieving the Strategic Plan’s target included furloughs and staff training on the regulatory process. ORH has been successful in its efforts at staff development and implementing the Department’s new rulemaking process. ORH has also developed and implemented monitoring and statistical reporting mechanisms to assist department staff in tracking the status of the active proposed regulation packages. ORH annually updates the pending regulation assignment list, enabling ORH to identify proposed regulatory actions and provide this information to all involved in the rulemaking process.

ORH staff continues to work diligently to meet the objectives, goals, and targets of the Strategic Plan. Through the open exchange of ideas among executive leadership,

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program, and ORH staff, OHR anticipates that this teamwork will result in an increased number of packages filed with SOS in the near future.

B. Objective 3-4: Increase to 85 percent the percentage of invoices processed by Accounting within 30 days of receipt in the Accounting Section

Year One Target	Year One Actual	Year Two Target	Year Three Target
85 percent	70 percent	90 percent	90 percent
Measurement:	Percentage of invoices processed within 30 days of receipt		
Programmatic Lead:	Financial Management Branch/Accounting Section		

The Accounting Section maintained the Year Two target of 90 percent for Year Three due to numerous challenges faced during the current and prior fiscal years. Challenges include furloughs and staff reductions concurrent with an increase in invoices received due to H1N1 activities and new ARRA grants from the Federal Government. General Fund budget reductions and the subsequent decrease in payments made through the General Fund Clearing Account reduced the number of invoices processed per claim schedule, also resulting in an increase in workload.

In spite of these challenges, the Accounting Section successfully implemented an invoice tracking system, which allows CDPH programs to view the status of pending invoices and their location within the Accounting process. Accounting also developed training to assist programs on how to submit an invoice payment package with the required information and correct attachments and created procedures on the invoice payment process.

While the invoice tracking system requires staff time to maintain, this system has also streamlined processes by reducing the number of inquires made by programs concerning invoice status and the time spent by the Accounting Section looking for a particular invoice. The development and implementation of trainings for both program staff and Accounting staff has both reduced the number of invoices returned to programs due to insufficient information, and the number of invoice processing errors by Accounting staff. Additionally, a procedure change to attach invoice copies to the invoice payment successfully reduced vendor calls by 75 percent.

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C. Objective 5-6: Increase to 85 percent the percentage of Requests for Personnel Action (RPA) receiving approval within 30 days of receipt.

Year One Target	Year One Actual	Year Two Target	Year Three Target
85 percent	86 percent	95 percent	95 percent
Measurement:	Percentage of RPAs approved within 30 days of receipt		
Programmatic Lead:	Human Resources Branch (HRB)		

HRB exceeded its Year One target of 85 percent, with 86 percent of RPAs approved within 30 days. HRB achieved this target with staff support, changes in the methods for processing RPAs, and the development of a special unit in HRB acting as the intake desk for all incoming RPAs. Additionally, effective July 1, 2009, HRB successfully moved from processing all RPAs manually to an automated, on-line RPA system.

Challenges faced during the Strategic Plan's first year continued into Year Two, with staff vacancies and furloughs impacting HRB's ability to meet the Year Two target of 95 percent. This target has been extended into Year Three, partially due to the challenges previously described, and also to account for the percentage of RPAs that must obtain additional approvals from outside control agencies, such as classification requests to the Department of Personnel Administration and health questionnaires that require State Personnel Board approval. HRB has no control over the processing time for these RPAs.

D. Objective 7-8: Increase to 85 percent the percentage of contracts processed within 30 days of receipt by the Contracts Management Unit

Year One Target	Year One Actual	Year Two Target	Year Three Target
85 percent	84 percent	95 percent	95 percent
Measurement:	Percentage of contracts processed within 30 days of receipt		
Programmatic Lead:	Program Support Branch/Contracts Management Unit (CMU)		

CMU extended its Year Two target of 95 percent to Year Three, as a result of various challenges experienced during FY 09-10. Specifically, CMU experienced an increase in the number of contracts and purchase orders resulting from the H1N1 emergency and the distribution of ARRA funds at the same time staff levels decreased as a result of furloughs. Despite these challenges, CMU initiated efforts to implement additional tracking tools and processes to help identify and streamline contract procedures.

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E. Objective 9: Increase distribution of Expenditure Forecast Reports (EFRs) to programs to 100 percent by December 1, 2008, and ensure 100 percent are distributed monthly thereafter

Year One Target	Year One Actual	Year Two Target	Year Three Target
100 percent	100 percent	100 percent	100 percent
Measurement:	Percentage of EFRs distributed to programs during regular distribution months (November through May)		
Programmatic Lead:	Financial Management Branch/Accounting Section		

The Accounting Section is continuing the target of 100 percent into Year Three of the Strategic Plan. To continue meeting this goal, the Accounting Section conducts training sessions to programs every October and November to review the EFR process with new staff and refresh the process with other staff. An EFR handbook is posted on the CDPH Intranet, with additional reports added to the EFR system to assist programs with making accurate projections. While furloughs have resulted in the EFR drill occurring later in the month, the Accounting Section has still been able to ensure distribution to programs on a monthly basis.

F. Objective 10: Increase distribution of current fiscal year budgets (BUDS) to programs to 100 percent within 45 days of budget enactment

Year One Target	Year One Actual	Year Two Target	Year Three Target
100 percent	100 percent	100 percent	100 percent
Measurement:	Percentage of programs receiving BUDS within 45 days of budget enactment		
Programmatic Lead:	Financial Management Branch/Budget Section		

Through continuous monitoring, planning and maintenance, the Budget Section has maintained the BUDS distribution at 100 percent for Year Three to ensure that all programs receive BUDS within 45 days of budget enactment.

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Section 7: Summary

The CDPH Strategic Plan is a performance-based, living document containing regularly reported objectives and targets for measurement. The Strategic Plan represents a unified vision for the Department's future and the continued prioritization and focus on the five goals and associated objectives. While many programs faced various challenges in moving towards and meeting their objectives, the Strategic Plan has provided valuable insights into whether specific strategies or activities were successful and the adjustments needed to enable the Department to continue to progress towards meeting these objectives. Overall, the Strategic Plan Extension to June 2011 will enable CDPH to incorporate these lessons and reinforce activities central to CDPH's status as a performance-based organization.