



Progress Report:

CDPH Strategic Plan First Year Status

Fiscal Year 2008-2009



CALIFORNIA
Department of Public Health

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Section 1: Introduction

The California Department of Public Health (CDPH) was established on July 1, 2007 through enactment of SB 162 (Ortiz, Chapter 241, Statutes of 2006), which vested responsibility for public health programs in the newly created Department. CDPH employs approximately 3,500 people in over 60 locations around the State and administers a budget of over \$3 billion. Establishing a new Department provides an opportunity to come together under the mission of optimizing the health and well-being of the people in California, primarily through population-based programs, strategies, and initiatives.

CDPH is comprised of five Public Health Centers and two Offices, as follows:

- 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
- Public Health Emergency Preparedness Office.

A. *Background on Strategic Plan development*

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, and serves to prioritize and focus CDPH's efforts during fiscal years 2008-09 and 2009-10. The Strategic Plan focuses CDPH's efforts to incorporate performance based management methods to achieve measurable improvement in critical public health and internal support areas.

Strategic planning is an essential component of CDPH's commitment to performance based management methods and determines the direction and priorities for CDPH. The Strategic Planning process also identifies how CDPH will achieve its goals and provides direction for the "mission critical" work of the Department.

The Strategic Plan focuses CDPH's efforts on the prioritized programs and addresses deficiencies highlighted at the start of the strategic planning process through the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis completed in July 2007. For example, the SWOT analysis documented administrative activities as an area identified by both internal and external stakeholders as needing improvement and restructuring. Subsequently, Goal Five in the Strategic Plan contains specific objectives to increase administrative program efficiency and accountability throughout CDPH.

This year one progress report highlights the accomplishments achieved through the Strategic Plan's five goals and associated objectives. This report will also outline the

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various challenges faced by CDPH, and place in perspective the progress made by the different programs and units towards meeting the objective targets established by the Strategic Plan.

B. Department Accomplishments

CDPH had many accomplishments during Fiscal Year (FY) 2008-09, of which several are highlighted below.

For example, in the Center for Chronic Disease Prevention and Health Promotion, the Tobacco Control Program celebrated its 20th anniversary, marking a 41 percent decrease in the overall adult smoking rates since inception. The Tobacco Control Program also saw a 25 percent increase during the first quarter of 2009 in the number of phone calls to its telephone tobacco quit line, as compared to the first quarter in the previous year.

In the Center for Environmental Health, the Division of Drinking Water and Environmental Management awarded federal American Recovery and Reinvestment Act (ARRA) stimulus funds to 73 “shovel ready” water system improvement projects to communities throughout the state, with more than half of the projects located in disadvantaged communities.

In the Center for Family Health, the Maternal, Child and Adolescent Health Program (MCAH) successfully completed the Title V report, used by the federal Health and Human Services Agency as a model for use by other states. MCAH utilized the report development as an opportunity to discuss with stakeholders the needs at the local level.

In the Center for Health Care Quality, the Licensing and Certification Branch surpassed its target for reducing the number of pressure ulcers diagnosed in long term stay nursing home residents through its concerted efforts to educate nursing home staff and patient advocates in prevention methods. The Licensing and Certification Branch also developed quality improvement strategies and additional trainings for both new and existing staff to further reduce pressure ulcer incidence.

In the Center for Infectious Diseases, the Tuberculosis Control Branch contributed to the decline in the total number of Tuberculosis cases in the state, with the case count at its lowest level on record for calendar year 2008¹. The Tuberculosis Control Branch has



¹ “Report on Tuberculosis in California, 2008” released August 2009.

On web at http://www.cdph.ca.gov/data/statistics/Documents/TB_Report_2008.pdf

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been involved in several strategies to reduce the number of Tuberculosis cases, including providing consultation on complex drug resistant TB cases and working with U.S. Embassy staff to screen legal immigrants for Tuberculosis before arrival in California.

Through the joint efforts of the Center for Infectious Diseases and the Emergency Preparedness Office, CDPH experienced its largest activation of both the Joint Emergency Operations Center (JEOC) in Sacramento and the Richmond Campus Coordinating Center (RCCC) in response to the growing number of cases of the novel H1N1 Influenza virus in spring 2009. The RCCC is a 500,000 square foot laboratory complex located in Richmond, while the JEOC acts as the State's health operational center that coordinates and provides multi-jurisdictional response support for CDPH's federal, state, and local partners. The JEOC/RCCC activation for H1N1 resulted in CDPH acting as the lead organization to provide a number of essential services, including additional laboratory capacity, distribution of stockpiled equipment and supplies, and developing and disseminating public information campaigns. Staff from the Division of Communicable Disease Control and other programs throughout CDPH played key roles in the JEOC/RCCC activation and achieved the following accomplishments:



- Received the first state certification from the Centers for Disease Control and Prevention (CDC), enabling CDPH's Richmond laboratories to conduct the confirmatory H1N1 virus tests.
- Activated on April 30, 2009 a multi-lingual H1N1 flu toll free hotline, available 7 days a week,
- Distributed H1N1 flu infection control recommendations for hospitalized patients to all California hospitals, and
- Developed and issued numerous policy papers and public information materials, including interim mask and respirator guidance for the public and public service announcements.

In Health Information and Strategic Planning, the Vital Records Image Redaction and Statewide Access (VRIRSA) project was successfully implemented, providing County Recorders and Clerks and Local Registration Jurisdictions the ability to access the statewide database for birth and death certificates to produce redacted informational copies for the public. The VRIRSA project increases efficiency and enhances customer service at the same time it augments the confidentiality of information contained within the state databases.

C. Department Challenges

During 2008-09, CDPH experienced many challenges which impacted the progress made towards objective targets in the Strategic Plan. While the H1N1 Influenza outbreak and corresponding JEOC activation resulted in a number of successes, this public health emergency also deferred other essential public health activities until the

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public health emergency subsided and the JEOP/RCCC activation was downgraded to a standby status. This redirection of key staff to the JEOP and RCCC delayed CDPH's progress towards meeting many of the Strategic Plan objective targets during the first year.

The issuance of specific Executive Orders during fiscal year 2008-09 additionally impacted CDPH's ability to meet many Strategic Plan objective targets. State staffing reductions were experienced with Executive Order S-16-08, which initiated two furlough days per month beginning in February 2009. The furlough program limited the work week to 32 hours and prohibited overtime during the two furlough weeks each month. In addition, the Executive Order indicated that the work not done due to furloughs was not to be compensated for with additional staff or contracts. External deadlines not modified to account for the shortened workweek also resulted in the reprioritization of workload and delays in achieving some of the Strategic Plan first year objective targets.

Many programmatic goals in CDPH are achieved through contracts with the University of California, Foundations and other entities. The Executive Order S-09-08 suspended personal service contracts from August through November 2008. Executive Order S-13-09 in June, 2009 ordered California departments to disencumber personal service contracts executed from March 1, 2009 and afterward, and mandated a 15 percent reduction in existing contracts. These Executive Orders had wide ranging effects on various CDPH programs, including delays in conducting survey work and data collection required for the Tobacco Control Program's federal funds.

Executive Order S-09-08 also mandated a hiring freeze and lay offs of student assistants, temporary employees and retired annuitants from August through November 2008. The hiring freeze and lay offs resulted in staff shortages affecting activities in programs as varied as Accounting, Licensing and Certification and Chronic Disease. For example, the hiring freeze delayed the Coordinating Office for Obesity Prevention from hiring staff associated with a new federal grant.

D. Preliminary Framework

The first year of the Strategic Plan enabled CDPH to focus its priorities on the five Goals and clarified the direction needed to accomplish these goals. Significantly, this first year has highlighted the need for many programs to focus on completing the preliminary work that will ultimately enable programs to progress towards and meet the objective targets outlined in the Strategic Plan. This preliminary work includes establishing concrete policies and procedures, enhanced staff training, and developing and implementing documents and systems, including databases, to enhance administrative functions and improve efficiency.

For example, the Accounting division developed an invoice tracking system that enabled the division to determine and track processing times and heighten customer service. While Accounting did not meet the objective target for the Strategic Plan's first

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year, the focus on implementing and troubleshooting the new tracking system will facilitate the Accounting division's ability to meet objective targets in subsequent years.

E. Next Steps

CDPH will re-evaluate Year Two targets for each objective based on impact in Year One and current resource constraints in Year Two.

CDPH will also extend the Strategic Plan for an additional year, to June 30, 2011. This extension will enable CDPH to continue its focus on the five goals outlined in the Strategic Plan and the performance of each objective. Furthermore, the extension will also enable CDPH to incorporate valuable insights gained during the first year of the Strategic Plan and correlate the development of the next Strategic Plan with the Federal Health and Human Services Agency's expected release of the national Healthy People 2020 goals and objectives. Before the end of Year Two, CDPH will identify targets for the Strategic Plan objectives for Year Three.

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 of prevention through the establishment of 467 health objectives in 28 focus areas designed to identify the most significant preventable threats to health. Many objectives focus on interventions designed to reduce or eliminate illness, disability, and premature death among individuals and communities. Other objectives focus on broader issues, such as improving access to quality health care, strengthening public health services, and improving the availability and dissemination of health-related information. Each objective was developed with a specific target to be achieved by the year 2010.

Together, these objectives are designed to help the Nation achieve Healthy People 2010's two overarching goals and ultimately realize the vision of healthy people living in healthy communities. The first goal of Healthy People 2010 is to help individuals of all ages increase life expectancy *and* improve their quality of life. Quality of life reflects a general sense of happiness and satisfaction with our lives and environment, and health-related quality of life reflects a personal sense of physical and mental health and the ability to react to factors in the physical and social environments. The second goal of Healthy People 2010 is to eliminate health disparities among segments of the population, including differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation.

Objectives and targets for Healthy People 2020 are currently under development and will outline on a national basis the public health focus for the next decade.

The Strategic Plan Goal 1 objectives 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.



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Overall, half of the objectives associated with Goal 1 of the Strategic Plan achieved the first year objective targets while a variety of challenges affected the progress made by other objectives. The furloughs enacted through Executive Orders S-16-08 and S-13-09 had the largest impact on a program's ability to meet the objective targets, while budget cuts, both at the state and the local level, and the temporary termination of retired annuitants, student workers and temporary help through Executive Order S-09-08 resulted in an insufficient number of staff to fully meet the objective targets for some programs.

For example, the Maternal, Child and Adolescent Health (MCAH) Program faced state budget cuts while additional cuts to county and city budgets and staff further affected MCAH's ability to decrease the proportion of infant deaths. MCAH provides local assistant funds to local health departments, enabling local health departments to provide the funding matches required to receive federal Title 19 funds. However, local budget cuts have resulted in staff layoffs and increased workloads, and in some cases, layoffs of personnel working directly on reducing infant mortality rates and health disparities at the local level. These cuts have ultimately reduced the time spent by many local health departments on activities directly related to infant mortality prevention.

B. Objective 1-2: Increase to 50 percent the percentage of recent planning documents on file to support the prioritized 13 Healthy People 2010 objectives

First Year Target	Actual
50 percent of objectives with planning documents on file	38 percent of objectives with planning documents on file
Programmatic Lead:	Health Information and Strategic Planning

Overall, five programs were able to submit recent planning documents that support the 13 Healthy People 2010 objectives, for an overall percentage of 38 percent. This percentage falls short of the first year target of 50 percent.

The planning documents include evidence based interventions, stakeholder communication plans, funding plans and recent assessments of disparities/inequities. The following Healthy People 2010 objectives currently have planning documents on file:

1. Reducing deaths of infants under one year of age,
2. Reducing the proportion of adults who are obese,
3. Increasing the proportion of adults who engage in moderate to vigorous physical activity,
4. Reducing cigarette smoking by adults, and
5. Reducing tuberculosis.

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

First Year Target	Actual
Average of 5 percent progress made on each of the ten prioritized objectives	Average progress of 5.7 percent for the ten prioritized objectives
Programmatic Lead:	Health Information and Strategic Planning

The ten Healthy People 2010 objectives, outlined in detail below, exceeded the first year target with an average progress of 5.7 percent. This average percentage reflects the overall progress made towards the specified Healthy People objectives during the Strategic Plan's first year.

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

First Year Target	Actual
13.3 percent of nursing home residents diagnosed with a pressure ulcer	13 percent of nursing home residents diagnosed with a pressure ulcer
Programmatic Lead:	Licensing and Certification

The Licensing and Certification Program (L&C) successfully reduced the incidence of pressure ulcers to 13.0 percent of residents in nursing homes, surpassing the first year target of 13.3 percent. L&C focused on both enhancing its internal training efforts and educating providers and advocates. Specifically, L&C instituted additional trainings for both existing staff and new survey staff and developed and conducted presentations to providers and advocates to educate all stakeholders on the use of new standards and methods for preventing pressure ulcers in nursing home residents. These efforts ultimately resulted in L&C surpassing its first year objective target.

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

First Year Target	Actual
99.4 percent of persons served by community water systems meeting Safe Drinking Water Act regulations	99.4 percent of persons are served by drinking water meeting Safe Drinking Water Act regulations
Programmatic Lead:	Drinking Water and Environmental Management

The Center for Environmental Health (CEH) maintained at 99.4 percent the proportion of persons served by water systems that comply with the USEPA Arsenic Maximum Contaminant Level (MCL). However, the Center has faced numerous challenges in

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providing oversight over water quality due to the re-prioritization of work due to furloughs, staff shortages and competing priorities during the past fiscal year, including responding to health emergencies such as H1N1 and the Southern California wildfires and distributing American Recovery and Reinvestment Act (ARRA) funds out to local communities within a short timeframe.

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

First Year Target	Actual
0.57 percent of children with elevated blood lead levels	0.44 percent of children have elevated blood lead levels
Programmatic Lead:	Childhood Lead Poisoning Prevention Branch

The Childhood Lead Poisoning Prevention Branch (CLPPB) successfully reduced the childhood blood lead levels from the baseline of 0.60 to 0.44 percent. This blood lead level exceeded both the first year and second year objective targets of 0.57 percent and 0.54 percent respectively. Overall, CLPPB focused its efforts on getting children tested for blood lead poisoning in California, mirroring the national initiative, and focusing its outreach on targeted areas and providers.

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

First Year Target	Actual
Increase to 87 percent the proportion of adults in long term care vaccinated annually against influenza	85 percent of adults in long term care facilities were vaccinated against influenza
Programmatic Lead:	Licensing and Certification

While L&C did not reach the first year target of 87 percent, the percentage of adults in long term facilities receiving annual influenza vaccinations increased from 83 to 85 percent. L&C increased the overall percentage of residents receiving influenza vaccinations during the short time period in the fall and winter to administer influenza vaccinations. L&C's efforts in developing on-line tools for use by long term care facilities and identifying long term care facilities for focused quality improvement also helped increase the overall influenza vaccination rate.

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

First Year Target	Actual
Increase to 84 percent the proportion of adults in long term care vaccinated	82 percent of adults in long term care were vaccinated against pneumococcal disease

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at any time against pneumococcal disease	
Programmatic Lead:	Licensing and Certification

The percentage of adults in long term facilities receiving Pneumococcal vaccinations increased from 80 to 82 percent, short of the year one target of 84 percent. As with the influenza vaccination objective above, L&C identified and targeted specific long term care facilities for quality improvement, and developed and posted tools to facilitate vaccination efforts by long term care facilities on the CDPH website.

6. Reduce deaths of infants under one year of age

First Year Target	Actual
Reduce to 5.0 the percentage of infant deaths under one year of age per live births	Infant deaths per live births at 5.5 percent
Programmatic Lead:	Maternal, Child and Adolescent Health (MCAH)

While MCAH did not see a change in the percentage of infant deaths per live births during the Strategic Plan's first year due to a delay in the release of data, MCAH completed activities within the objective action plan and focused on reducing infant mortality, including the completion of the Title V annual and 5 year reports. The Title V reports act as an opportunity for MCAH to discuss with local stakeholders the specific needs at the local level. The federal government also used the Title V report as a model for other states.

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

First Year Target	Actual
51.45 percent of adults engage in moderate/vigorous exercise	51.90 percent of adults exercised
Programmatic Lead:	Chronic Disease and Injury Control/Chronic Disease Control Branch

The Coordinating Office for Obesity Prevention (CO-OP) successfully coordinated efforts with various CDPH programs and offices to increase the percentage of adults engaging in moderate/vigorous exercise to 51.9 percent, exceeding its first year target of 51.45 percent. This percentage also increased from 50.2 percent in the previous calendar year. The Behavioral Risk Factor Surveillance System, an annual phone survey conducted by the CDC, calculated the rate of exercising adults.

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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

First Year Target	Actual
CA data available for 55 percent of identified population groups	Data available for 46.8 percent of identified population groups
Programmatic Lead:	Health Information and Strategic Planning

Due to a change in the assessment method, the proportion of California data available for the identified population groups increased from the baseline of 10 percent to 46.8 percent, but did not reach the first year target of 55 percent. The initial baseline for this objective was based on the number of datasets for which California data was available from both CDPH and outside data sets, including other state departments and national sources.

During the first year of the Strategic Plan, CDPH reassessed the methodology described above. In order to better represent the completeness of data developed by CDPH for monitoring Healthy People objectives, only data sets collected and maintained by CDPH were used to determine the proportion of data with all population groups identified. This assessment has a strong dependence on the timely preparation of the death statistical file by CDPH. Although CDPH released this file in a more timely manner this year, it was not sufficient to meet the Strategic Plan objective target.

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

First Year Target	Actual
Release 57.5 percent of data within one year of data collection	64.5 percent of data released within one year of collection
Programmatic Lead:	Health Information and Strategic Planning

Overall, the proportion of California data released within one year of data collection significantly increased from the baseline of 15 percent to 64.5 percent, exceeding the first year target of 57.5 percent. The initial baseline for this objective was based on the number of datasets for which California data was available from both CDPH and outside data sets, including other state departments and national sources. During the first year of the Strategic Plan, CDPH reassessed this methodology. In order to better represent the completeness of data developed by CDPH for monitoring Healthy People objectives, only data sets collected and maintained by CDPH were used to determine the proportion of data released within one year of collection. This assessment has a strong dependence on the preparation of the death statistical file. The timely release of this file enabled CDPH to meet this objective target for the first year of the Strategic Plan.

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10. Reduce cigarette smoking by adults

First Year Target	Actual
Reduce cigarette smoking to 13 percent of adults	13.3 percent of adults smoked cigarettes
Programmatic Lead:	Chronic Disease and Injury Control

While the California Tobacco Control Program (CTCP) reduced the proportion of adults who smoke cigarettes from 13.8 percent to 13.3 percent, this percentage did not meet the first year target of 13 percent. CTCP used various strategies to reduce cigarette smoking, including holding regional forums and conferences to discuss best practices and challenges, conducting various surveys to evaluate usage and performing targeted outreach for smoking cessation efforts.

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

First Year Target	Actual
Average of 2.5 percent progress made on each of the three prioritized objectives	Average progress of 2.2 percent for the three prioritized objectives
Programmatic Lead:	Health Information and Strategic Planning

The three prioritized Healthy People 2010 objectives outlined below did not, on average, exceed the first year target of 2.5 percent of progress made. In spite of not meeting the overall average progress made, two of the three objectives did meet their first year targets.

1. Reduce deaths due to HIV infection

First Year Target	Actual
Distribute 125,000 rapid test kits	Distributed 143,275 rapid test kits
Programmatic Lead:	Communicable Disease Control

The Office of AIDS (OA) distributed 143,275 rapid test kits, exceeding the first year target of distributing 125,000 rapid test kits to local health departments and clinics. Distribution of rapid test kits is measured as one intervention likely to result in reductions in deaths due to HIV infection by increasing the number of people tested, reducing mortality due to access to care and subsequently reducing new infections due to decreases in transmission associated behavior and suppression of HIV RNA in the blood and genital secretions.. The rapid test kits increase access and ease of testing by enabling people to receive test results in 20 minutes after a mouth swab. This effort is particularly important as approximately 250,000 people currently infected do not know their HIV positive status.

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OA has been significantly affected by the budget cuts during the past fiscal year, with 18 General Fund PYs cut from the budget. It also has management positions that have not been filled. The budget cuts will likely have a negative impact on the number of test kits distributed, the amount of counseling and support offered to patients with a positive test result (including linkages to care), and the amount of counseling offered to those who test negative but are at high risk for HIV acquisition.

2. Reduce tuberculosis

First Year Target	Actual
Provide 100 percent of Multidrug Resistant Tuberculosis cases with access to expert consultation	100 percent of Multidrug Resistant Tuberculosis cases received expert consultation
Programmatic Lead:	Communicable Disease Control

The Tuberculosis Control Branch (Branch) met the first year target of providing expert consultation to 100 percent of Multidrug Resistant Tuberculosis cases. A drop below 100 percent in the objective target indicates a failure within the Tuberculosis screening and surveillance activities. Further supporting the Branch efforts is the 0.20 percent decline in Tuberculosis cases in the state, from 7.2 cases per 100,000 persons in 2007 to 7.0 cases per 100,000 in 2008, the lowest rate on record for California.

The Branch has been working with U.S. Embassy panel physicians responsible for screening legal immigrants for diseases before arrival in the United States. These screening tools have been greatly enhanced in past couple years, helping to reduce the overall Tuberculosis rates. The Branch also works with experts in San Francisco and Los Angeles who provide secondary consultation, thereby ensuring surveillance throughout the state.

3. Reduce the proportion of adults who are obese

First Year Target	Actual
Complete two identified program initiatives to reduce adult obesity	One identified program initiative completed
Programmatic Lead:	Chronic Disease and Injury Control

The Coordinating Office for Obesity Prevention (CO-OP) works with numerous other programs and Offices within CDPH to reduce adult obesity, with over 200 CDPH employees involved in efforts to reduce obesity levels. CO-OP completed one identified program initiative during the past fiscal year, with the draft plan completed for the second initiative as well.

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

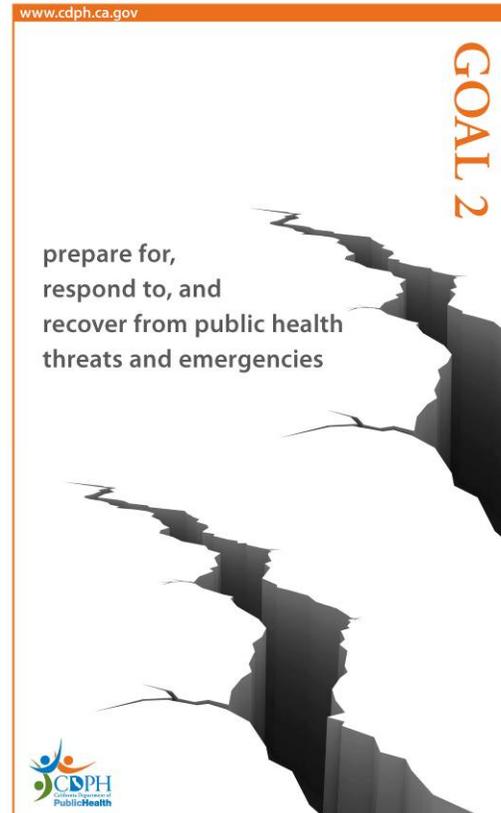
During year one of the Strategic Plan, three issues significantly impacted Goal 2 targets:

1. Staff furloughs forced a reprioritization of activities,
2. Grant preparation and implementation was prioritized to preserve funding, and
3. The spring 2009 outbreak of Novel H1N1 Influenza resulted in the full activation of the Joint Emergency Operations Center (JEOC), the Richmond Campus Coordinating Center (RCCC), and the State Receiving, Staging and Storing warehouse (RSS). While this activation advanced and improved CDPH's response capabilities, it also delayed progress on specific Strategic Plan objectives.

The H1N1 outbreak in spring 2009 resulted in CDPH activating the JEOC and RSS in Sacramento, along with the RCCC in Richmond. This activation resulted in CDPH performing its largest scale emergency preparedness activation to date. The JEOC/RCCC activation was double the normal capacity, with 140 people in Sacramento and 60 people in Richmond, exceeding the usual capacity of 70 and 14 staff respectively. However, the JEOC/RCCC activation also redirected CDPH staff from the Emergency Preparedness Office (EPO), the Center for Infectious Diseases and other programs for a prolonged period of time, significantly affecting the Department's ability to achieve the Strategic Plan first year targets for other programs.

The JEOC/RCCC activation ultimately increased CDPH's knowledge and emergency preparedness and provided momentum to develop policies and procedures. EPO is working on enhancing the coordination efforts between the JEOC and the Richmond campus, and formalizing the procedures for managing federal resource requests and distributing supplies. The H1N1 flu and JEOC activation also redirected EPO's priorities towards the 11 goals contained within the completed H1N1 strategic plan.

EPO, similar to other CDPH programs and centers, has also been affected by the furloughs and the reduced work hours, particularly as entities outside of CDPH have not modified deadlines or provided allowances to account for the reduced work hours. For



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example, EPO receives a significant amount of federal funding, including federal grants from the Centers for Disease Control and Prevention (CDC), the Department of Homeland Security and the Department of Health and Human Services. EPO must reapply on an annual basis for grants from these entities, resulting in workload spikes during certain months to meet the federal deadlines. As 70 percent of the funding is passed through to local governments, EPO must also coordinate and compile the input received from the 58 counties as part of the grant application process. Consequently, EPO's progress towards some of the Strategic Plan objectives has been detrimentally affected.

Overall, EPO is redirecting 70 percent of its resources towards the 11 goals contained in the H1N1 strategic plan, which outlines the EPO's current priorities. Subsequently, EPO plans to examine the possibility to incorporate these 11 goals into any revision of the CDPH 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

First Year Target	Actual
80 percent of CDPH staff and managers complete trainings required for JEOC deployment	Seven percent of staff completed required trainings.
Programmatic Lead:	Emergency Preparedness Office

While the JEOC activation due to H1N1 and employee furloughs delayed the initial implementation of emergency response trainings, EPO successfully developed and launched on-line and classroom trainings during the first year of the Strategic Plan. The training website contains video training modules for both the Disaster Service Worker and the Introduction to Standardized Emergency Management System / National Incident Management Systems (SEMS/NIMS). While only a small number of staff completed the on-line trainings by the end of the fiscal year, EPO expects to distribute the website to all CDPH staff in early 2010.

EPO also developed and held a series of three-day position-specific trainings to prepare staff for work in the JEOC. Additional trainings currently in development include specialized positions within the RSS warehouse and the position-specific training for the Finance/Administration Section in the JEOC. EPO has convened a workgroup of staff from Budgets, Finance, Personnel, and other administrative programs to develop the curriculum for the Finance/Administration Section position trainings. Although the objective 1 target was not reached during the first year of the Strategic Plan, EPO successfully provided many CDPH staff with significant training opportunities and improved CDPH's ability to respond to emergencies.

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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

First Year Target	Actual
Decrease average response time to 0.50 hours	Average response time decreased to 0.13 hours
Programmatic Lead:	Emergency Preparedness Office

EPO successfully reduced the average response time, measured as the amount of time from when the CDPH Duty Officer receives the initial emergency call to when the subject matter expert in the applicable division is reached, to .13 hours, surpassing both the first year target of .50 hours and the second year target of .25 hours. This achievement is particularly commendable as the number of emergency calls significantly increased from 300 calls in 2005 to 1,070 calls in 2008. These efforts also resulted in the first time the Food and Drug Branch (FDB) and the Division of Environmental and Occupational Disease Control (DEODC) maintained average response times below 15 minutes.

EPO revised the Duty Officer training manuals and focused on conducting trainings with the various programs and divisions involved with Public Health threats and emergencies. EPO performed outreach and regularly met with programs to ensure all involved parties understand the different roles and responsibilities involved with emergency response. These trainings and meetings facilitated the ability of staff to work together and improve coordination efforts. EPO also instituted daily reports to executive management and programs involved in a particular emergency response. These daily reports provide accountability for all involved, with executive management reviewing the response times.

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

First Year Target	Actual
Increase to 80 percent the percentage of Laboratory tests supported by LIMS	70 percent of Laboratory tests supported by LIMS
Programmatic Lead:	Office of the State Laboratory Director

The LIMS system provides and supports a unified information system for the six independently administered labs within CDPH. Cumulatively, the LIMS system supports approximately 70 percent of the laboratory tests performed by the six CDPH labs, with LIMS supporting 100 percent of laboratory tests conducted by some labs, while other labs fall below this amount due to the lack of available funding to assist labs with implementing the LIMS system. Additionally, internal processes to convert information onto the latest version of LIMS have also delayed the full LIMS implementation for two labs.

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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

First Year Target	Actual
Increase to 43 the number of local health departments rating at least 70 percent on the Strategic National Stockpile	29 local health departments currently rate at least 70 percent on their Strategic National Stockpile
Programmatic Lead:	Emergency Preparedness Office

EPO met 100 percent of the planning goals outlined by the CDC for the State Strategic National Stockpile, one of only a few states in the nation to meet this goal. This success extends to efforts to increase the number of Local Health Departments (LHDs) rating at least 70 percent on their Strategic National Stockpile (SNS).

To assist LHDs in this effort, EPO developed guidance documents for LHDs, collected and distributed best practices associated with the SNS and encouraged regional collaborative efforts through conference calls established on a monthly basis. Although somewhat limited by furloughs and staff vacancies, EPO also conducted one-on-one meetings to provide feedback and consultation to LHDs developing the SNS plans, and to measure the progress made by individual LHDs.

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

First Year Target	Actual
Complete 2 state level exercises	2 state level exercises completed
Programmatic Lead:	Emergency Preparedness Office

CDPH completed two state level exercises this year: the Golden Guardian in October 2008 and the actual H1N1 response in April through June 2009. The actual H1N1 response met both the CDC and the Homeland Security criteria for the use of actual events to meet exercise requirements, eliminating the need to complete a medical health emergency statewide exercise planned for June 2009.

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

During the first year of the strategic plan, Health Information and Strategic Planning (HISP) has successfully established much of the framework necessary to achieve the Goal 3 objectives of improving the availability and quality of public health data. CDPH's Data Resource Inventory is the most significant element of this framework.

Data Resource Inventory

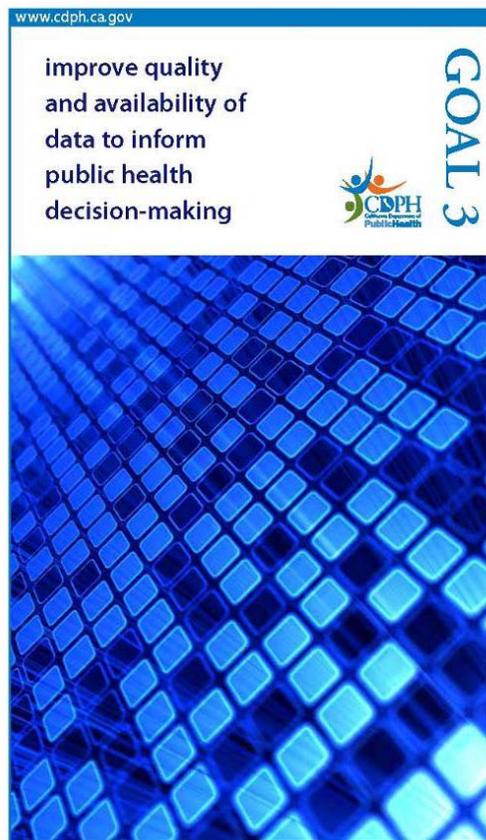
The Data Resource Inventory (DRI) is an essential component of all Goal 3 objectives. Currently, HISP is charged with stewardship of the DRI and has developed a plan to further evolve this resource.

The DRI is a metadata catalog, i.e. a database containing approximately 200 metadata records. Each of these records describes in detail a specific data resource developed and used within the historically combined Departments of Health Care Services and Public Health. This database also contains legacy data previously in hardcopy.

Since the department split in 2007, HISP has maintained the catalog and initiated work on improving its utility. This work includes updating contact information and identifying obsolete or derivative data resources. HISP staff further updated the catalog by crosswalking legacy field names with standards-compliant identifiers and creating a unique ID for each data resource. HISP staff also identified legacy metadata fields which collected all or part of the data specified in the Goal 3 objectives (race/ethnicity, common core data elements, locational information, and availability of de-identified data on the web).

However, specific challenges delayed these efforts, including the H1N1 emergency and wildfires in Southern California that redirected staff to the Joint Emergency Operations Center (JEOC). Departures by key staff at critical junctures and unexpected absences of other staff due to illness also delayed the DRI.

Executive Orders further postponed updates to the DRI, as the re-prioritization of work resulting from furloughs further reduced staff time available to work on the project, and personal services contracts were suspended. These administrative and budgetary challenges slowed both new Information Technology projects and planned modifications to existing databases, thereby eliminating the ability to add the desired data fields, such



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as race/ethnicity and the common core data elements, during system development or modification. These challenges affected CDPH's ability to meet Goal 3 objective targets during the Strategic Plan's first year.

A. Objective 1-2: Increase to 16 percent the datasets in the CDPH Data Resource Inventory that collect the Common Core Data Elements²

First Year Target	Actual
16 percent of datasets in the Data Resource Inventory collect the Common Core Data Elements	13 percent of datasets in the Data Resource Inventory collect the Common Core Data Elements
Programmatic Lead:	Public Health Informatics Program

In concert with the Information Technology Support Division (ITSD), HISP has made significant progress in identifying the procedures for including the Common Core Data Elements in new or updated data resources. The first year focused on educating CDPH program data set owners regarding the importance of including Common Core Data Elements.

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

First Year Target	Actual
16 percent of datasets in the Data Resource Inventory collect race /ethnicity information	13 percent of datasets in the Data Resource Inventory collect race /ethnicity information
Programmatic Lead:	Public Health Informatics Program

Similar to the Common Core Data Elements above, adding the fields to collect ethnicity and race is dependent on creating new data resources or modifying existing data resources. In the face of budgetary constraints and the restrictions previously described above, HISP focused on educational efforts to CDPH staff to highlight the importance of collecting race and ethnicity information as well as the Common Core Data Elements.

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

First Year Target	Actual
20 percent of datasets in the Data Resource Inventory contain geocoded information	7 percent of datasets in the Data Resource Inventory contain geocoded information

² Common Core Data Elements are defined as: birth name, birth date, location of birth, gender, and mother's first name.

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Programmatic Lead:	Public Health Informatics Program
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HISP has been developing centralized resources for Geographic Information Systems (GIS) since 2007. A core aspect of these resources includes a department-wide standard for geocoding data records that will supply a set of geographic coordinates to each record in order to map its location. Goal 3, objective 5 addresses this particular aspect of GIS.

Additional GIS components supported by HISP and germane to Goal 3, objective 5 include supporting a department-wide geospatial library consistent with state and national geospatial standards and providing the following geospatial services to CDPH GIS users: a consolidated licensing structure, training, consultation, emergency response and multi-layered base maps. These efforts have been accomplished with a very small core team of GIS professionals.

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

First Year Target	Actual
50 percent of datasets in the Data Resource Inventory with de-identified/confidential data publicly available on the internet	33 percent of datasets in the Data Resource Inventory have de-identified/confidential data publicly available on the internet
Programmatic Lead:	Public Health Informatics Program

HISP has been working through the Web Services Group Content Team to identify and highlight statistical tables and reports generated from data stewarded by CDPH. These statistical tables may be found at www.cdph.ca.gov/data/statistics and the reports may be found at www.cdph.ca.gov/pubsforms/Pages/PubsReports.aspx. A planned survey to update the DRI will facilitate the identification of additional data sets, including associated statistical tables and reports that may be added to the DRI.

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.

OLWD worked with a consulting firm during FY 08-09 to address the business needs of the office, including the development of a vision, mission, goals, and objectives; selecting and validating the core competencies for use throughout CDPH through employee forums conducted in Sacramento and Richmond; and establishing performance measures for OLWD.

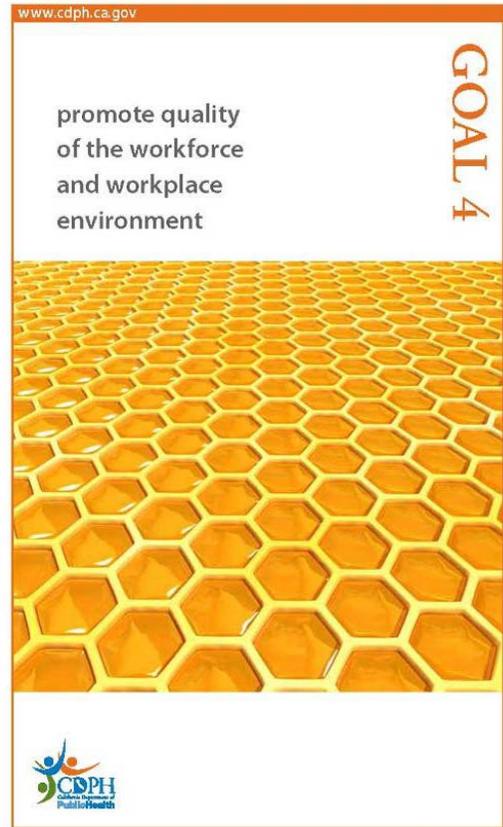
OLWD has successfully completed numerous preliminary tasks during FY 08-09 that will enable OWLD to actively work towards achieving the targets and performance measures for both objective 1 and objective 3 of the Strategic Plan in the upcoming fiscal year.

Delays bringing on key staff, particularly the OLWD Chief, and reductions in work time from furloughs affected OLWD's ability to meet the first year 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

First Year Target	Actual
50 percent of employees receive written annual performance review	30 percent of employees have received a written annual performance review
Programmatic Lead:	Office of Leadership and Workforce Development

OLWD has completed selecting the leadership competencies for managers and supervisors, now available for use in performance evaluations and selection criteria.



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The OLWD is also working with the Department of Personnel Administration (DPA) and the Human Resources Modernization (HR Mod) Project to develop the core competencies for Career Executive Appointments (CEAs), with CDPH's competency model possibly being used as a pilot for the State.

OLWD developed trainings held in fall 2009 regarding the annual performance review process and the Individual Development Plans (IDPs). These trainings will provide an overview of the IDPs to all staff, with supervisors and managers receiving additional training on IDP development and conducting the evaluation process. OLWD has also developed policy and procedure manuals to complement the scheduled trainings. The OLWD is finalizing the development of a regularly scheduled open forum for managers and supervisors to discuss management issues. Overall, CDPH is on schedule to use the new rank and file evaluation forms by the end of calendar year 2009.

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

First Year Target	Actual
40 percent of surveyed employees rate CDPH as very good or good	Survey not released
Programmatic Lead:	Office of Leadership and Workforce Development

OLWD held its first steering committee meeting for August 2009, with plans to create a sub-committee to provide input and help finalize a draft employee survey to address objective 3. OLWD released the survey in fall 2009, with follow up on the survey results to be conducted through "stay interviews," in which OLWD staff will interview approximately 10 percent of current employees regarding workforce conditions.

Section 6: Goal 5: Improve effectiveness of business functions

The first year of the Strategic Plan resulted in the CDPH business functions successfully developing and implementing new procedures to streamline processes, enhance transparency and increase communications and customer service with both CDPH staff and outside stakeholders. Many programs also developed and instituted staff trainings in conjunction with the implementation of new policies and procedures. Overall, the establishment of frameworks to enhance CDPH's business functions will improve customer service and responsiveness as programs move towards achieving the Goal 5 objective targets. While not all programs under Goal 5 achieved the first year targets, the successful establishment and implementation of policies, procedures, and trainings provide the necessary framework to achieve the Goal 5 Strategic Plan objective targets in the near future.

The CDPH business functions achieved these accomplishments in light of a number of challenges, including the reprioritization of work as a result of furloughs and the termination of retired annuitants and student workers. For example, these two administrative changes directly affected the Accounting Office's ability to process invoices within 30 days of receipt and delayed the implementation of an invoice tracking system, as the Accounting Office employs a number of student assistants and retired annuitants to assist with data input and invoice tracking. The Executive Order S-09-08 terminated student assistants and retired annuitants and prohibited overtime, creating a backlog of invoices and delaying the implementation of the invoice tracking system. The staff furloughs additionally delayed invoice processing due to staff shortages and the condensed time frame in which to finish required fiscal year-end work.

The furloughs also impacted the Human Resource Branch's ability to quickly review and approve Requests for Personnel Action, particularly during seasonal spikes in workload. As with the Accounting Office, the HRB must complete the regular workload in a condensed workweek and without overtime, as the control agencies not subject to furloughs have not adjusted the established deadlines for furloughed Departments. The mandatory furloughs also required the Office of Regulations and Hearings to adjust the Regulations Priority List, future activities, and action plans.



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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

First Year Target	Actual
Increase by 10 percent the number of regulation packages completed in 36 months	One regulation package completed in 36 months
Programmatic Lead:	Office of Legal Services

The Office of Regulations and Hearings (ORH) made regulations a top priority and encouraged staff to work together to meet the challenge to improve efficiency and decrease processing time for regulatory packages. As a part of the CDPH Strategic Plan, ORH identified four key strategies needed to improve the effectiveness of business functions. ORH met all four strategies through staff development, project team creation and training, new regulation process training, implementing new internal policies and procedures, reporting mechanisms and creating the Regulation Priority List.

The introduction of Project Teams into the regulatory process created an environment where potential budgetary, legal, and regulatory issues can be identified up front and allow for the continuous exchange of information amongst team members throughout the entire process. Working with center and program staff ORH was able to prioritize pending and newly identified regulations that a program anticipates completing or starting over the course of the upcoming year. This information is compiled into a Regulations Priority List and is updated on an annual basis.

ORH was able to promulgate one regulatory package within the requisite three year period, thereby meeting the first year objective by increasing the number of pending regulation packages filed with the Secretary of State by 10 percent. ORH has already completed four regulatory packages for this fiscal year and is already well ahead of achieving its target for 2009-2010.

ORH faced challenges in its efforts to upgrade IT services, particularly the tracking information database, and continues to meet with ITSD to identify ways to improve the existing database to provide additional reporting mechanisms. Mandatory furloughs required ORH to adjust the Regulations Priority List, future activities, and action plans.

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

First Year Target	Actual
Process 85 percent of invoices within 30 days of receipt	70 percent of invoices processed within 30 days of receipt
Programmatic Lead:	Financial Management Branch

Despite various challenges in reaching the first year target of processing 85 percent of invoices within 30 days of receipt, the Accounting Office processed an average of 70

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percent of invoices within 30 days during the first year of the Strategic Plan and successfully implemented an invoice tracking system. Although the invoice tracking system implementation experienced delays, this system enables CDPH staff to quickly determine the status of pending and recently paid invoices, as well as view a detailed status history of all invoices. Additionally, the invoice tracking system enhances customer service and provides internal quality control and accurate measures of workload and personnel needs.

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

First Year Target	Actual
Approve 85 percent of RPAs within 30 days of receipt	86 percent received approval
Programmatic Lead:	Human Resources Branch

The Human Resources Branch (HRB) surpassed its first year target of 85 percent, with an average of 86 percent of RPAs approved within 30 days during FY 08-09. In addition, the HRB, in partnership with ITSD, successfully completed an update on the RPA system, thereby streamlining the overall process, and also focused on staff trainings. These changes enabled the HRB to meet its first year target in spite of a number of challenges.

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

First Year Target	Actual
Process 85 percent of contracts within 30 days of receipt	84 percent of contracts processed
Programmatic Lead:	Program Support Branch

The Contracts Management Unit (CMU) completed an average of 84 percent of contracts within 30 days of receipt during fiscal year 2008-09, slightly below the target of 85 percent. CMU has initiated additional changes to facilitate contract processing, including training for both unit and program staff. CMU is also working on replacing the current dBase tracking system, over ten years old, with a new system. This new tracking system will enable CMU staff and management to track a contract's current location, status, the length of time to process a particular contract, reasons why a contract was returned to program, and other potential issues.

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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

First Year Target	Actual
Distribute EFRs to 100 percent of programs during budget cycle	EFRs distributed to 100 percent of programs
Programmatic Lead:	Accounting Section

The Expenditure Forecast Report (EFR) is a forecasting report that projects expenditures by line item and funding source during the fiscal year. The EFR can be generated on-line monthly as a tool for programs to monitor their fiscal activities within their budgets and also a method for upper management to determine the total expenditures for the fiscal year. The Accounting Office has successfully reinstated the development of Expenditure Forecast Reports, initially left out of CalStars after the department split from DHS.

During the first year of the Strategic Plan, the Accounting Office successfully distributed 100 percent of the EFRS to programs between November and May, the months the EFRs are regularly distributed.

F. Objective 10: Increase distribution of fiscal year 2008-2009 budgets (BUDS) to programs to 100 percent within 45 days of budget enactment

First Year Target	Actual
Distribute BUDS to 100 percent of programs within 45 days of budget enactment	100 percent of BUDS distributed to programs within 45 days of budget enactment
Programmatic Lead:	Budget Section

BUDS is an internal process to allocate funds approved in the Budget Act through the CDPH Index Code. After the yearly budget enactment and subsequent distribution of the BUDS documents, the Budget Section and program staff utilize the BUDS to review budget appropriations, requirements and ultimately to avoid overspending appropriations during the fiscal year.

During the first year of the Strategic Plan, the Budget Office successfully distributed 100 percent of the BUDS to programs within 45 days of budget enactment.