



COUNTY OF SAN DIEGO, HEALTH & HUMAN SERVICES AGENCY
EAST REGION BUSINESS PLAN
FISCAL YEAR 2003 - 2005





E A S T R E G I O N

COUNTY OF SAN DIEGO ■ HEALTH AND HUMAN SERVICES AGENCY

BUSINESS PLAN FOR FISCAL YEAR 2003-2005

OUR VISION: Safe, healthy and thriving communities.

OUR MISSION: Make people's lives safer, healthier and self-sufficient by managing essential services.

OUR VALUES:

-  Respect the individual
-  Commitment to Quality
-  Be a team-player
-  Risk, create and innovate
-  Listen-communicate and listen again
-  Value diversity

FOREWARD

We all share a role in building a healthier community. The health and well being of the individual cannot be separated from community health and the environment in which individuals work, live and play. Given these tough economic times across the United States, the State of California faces an unprecedented \$35 billion dollar deficit that exceeds the size of all the other states' deficits combined. The State's fiscal disaster, coupled with the fact that the economy's growth has not kept pace with increasing business costs, means that we in San Diego County will have to be creative in how we do business in the future. Our priority is to maintain the high quality of service delivery to our taxpayers. As we weather the financial challenges that will inevitably come our way, this change of events only calls us higher toward community collaboration and innovation. Together, we can make dramatic and encouraging progress in improving our communities' health in a relatively short time. This document is our commitment to improving the quality of life for the residents in East County. We hope this helps you to envision what you can do in your community, business or personal life to improve the health and well being of San Diego County residents.

OUR CUSTOMERS

Our customers are all residents of the East County including the cities and communities of Alpine (91901), Boulevard (91905), Campo (91906), Descanso (91916), Dulzura (91917), El Cajon (92020), Guatay (91931), Jacumba (91934), Jamul (91935), La Mesa (91941, 91942), Lakeside (92040), Lemon Grove (91945), Mt. Laguna (91948), Pine Valley (91962), Potrero (91963), Santee (92071), Spring Valley (91977), and Tecate (91980). We not only serve the indigent and low-income populations, we serve all residents through our efforts to educate and provide support to assist everyone in leading a safe, healthy and productive life. In addition to the general public, our customers include welfare recipients who access cash assistance and employment services, indigent and low-income people who receive health and behavioral health care services, and children and seniors who require protective services because they have been abused or neglected.

GEOGRAPHIC AND DEMOGRAPHIC ENVIRONMENT

San Diego County is the third most populated county in California and the sixth most populated county in the United States. San Diego is among the most ethnically and geographically diverse.

The East Region is home to approximately 472,000 people, and is the second largest of the Agency's six geographic regions. The ethnic makeup of the region is 75% White, 16% Hispanic, 5% Asian/Other and 4% African-American. The Native American population is also an important factor as there are several reservations in the rural areas. The East

Region includes a mixture of urban and rural communities. The largest urban city is El Cajon with a population of 163,206. The median age is between age 33 (El Cajon and Lemon Grove) and age 42 (Guatay and Pine Valley), 20% of the population is age 55 and over. The average annual income in the East Region is between \$24,692 (Mt. Laguna) and \$32,622 (Campo). The four incorporated cities of East County are El Cajon, La Mesa, Lemon Grove and Santee.

El Cajon is the largest city in East County located 15 miles east of the City of San Diego. El Cajon is a suburban community located in an inland valley surrounded by rolling hills and mountains; the city's name means "The Box" in Spanish. El Cajon's current population of 163,206 makes it the sixth most populated jurisdiction in the region and the largest city in East County. As one of the most eastern cities in the County, El Cajon has a warm and dry climate. It is a diverse residential, commercial, and industrial area, and serves as the main commerce center for several surrounding communities. The community is growing with diversity among its population. With the theme of "Valuing Ethnic Diversity", the annual International Friendship Festival is held each September in El Cajon. The festival provides an opportunity for area residents to appreciate the community's ethnic diversity through food, entertainment, and fine arts from around the world. El Cajon is also host to the second largest parade in the state, The Mother Goose Parade, which first began in the 1940's. Gillespie Field, a general aviation airport, is a major contributing factor to the city's vibrant industrial development. El Cajon includes a cross-section of housing types from lower cost mobile homes and apartments to moderately priced condominiums to higher cost single-family residences. The area has the highest percentage of multi-family housing in East county (50.9%), largely concentrated on the valley floor (SANDAG). With pockets of poverty and wealth, the cost of living in El Cajon is relatively lower than many areas in San Diego County and many residents find can affordable housing in the area. The local schools are operated under two school districts: the Cajon Valley Union Elementary School District and the Grossmont Union High School District. There are 23 elementary schools, seven middle schools and four high schools.

Lakeside is a rural Spanish-Western heritage city that lies just east of Santee in the western foothills of the Cuyamaca Mountains and on the San Diego River. It is a proud community with a rural atmosphere and a sense of hometown traditions. Located about 25 miles east of downtown San Diego and only minutes from the mountains and deserts, it consists of 75 square miles and has an elevation range of 450 to 1000 feet above sea level.

While Lakeside is an unincorporated area of San Diego County, and governed by the County Board of Supervisors, it has several advisory committees to the County. The Lakeside Planning Group advises on matters of planning and land use where a focus on family living are important to the area's growth plans. The Design Review Board, Upper San Diego River Improvement Committee, Chamber of Commerce, and Historical Society also advise and inform the County on their respective issues. Second District Supervisor Dianne Jacob's Revitalization Steering Committee addresses concerns of the citizenry at large.

Lakeside enjoys a diverse mix of businesses including commercial, industrial, and agricultural. With approximately 1,100 businesses, many of them small and home-based, the town manages to preserve a sense of spaciousness and hometown comfort. Horseback riding, hiking, fishing, and boating are just a few of the outdoor activities.

Neighborhoods include, Lakeview, Glenview, Eucalyptus Hills, Morena, and Blossom Valley. Lakeside features on the region's recreational lakes, Lake Jennings, and a county park of the same name. Lakeside's jewel is the Silverwood Wildlife Sanctuary, the San Diego Audubon Society's 700 -acre preserve that is paradise for bird watchers (San Diego Source). Lakeside is proud of its four lakes and eight parks. Lindo Lake, located in the center of town, is the only natural lake in all of San Diego County. Lakeside is known for its annual Western Days Parade, Lakeside Rodeo, Maine Avenue Street Dance and Spirit of Christmas events.

The local schools are operated under two school districts: the Lakeside Union School District and Grossmont Union High School District. Exceptional educational opportunities are available at its seven elementary schools, two middle schools, and two high schools, along with several private schools. While Lakeside has a public stigma of harboring tolerance issues, the school districts have been innovative in making improvements and advancement in tolerance through their collaborative partnerships in the community.

La Mesa's current population is 56,643. Incorporated in 1912, is a suburban residential community as well as a commercial and trade center. Located between Highway 94, Highway 125, and Interstate 8: and north of Lemon Grove, La Mesa is a community of hillsides, tract developments and older homes. There is a positive balance between single-family housing and multi-family housing within its city limits. The area has a village atmosphere and a city government that supports community assets. The annual Oktoberfest and Christmas Village celebration are frequently mentioned community events. Many of the community landmarks are area churches including Mount Helix cross, where Easter Sunrise services are held annually. The area also has a wealth of community resources for its residents including; 14

parks, a public swimming pool, a golf course, La Mesa Community Center, the YMCA, Mesa Valley Grove Senior Center, La Mesa Library, Lake Murray recreational park, a farmer's market, roller-skating rink, and is home to the new Ray and Joan Kroc Corps. Community Center that houses a variety of amenities such as an ice-skating rink, skateboard park and a performing arts center. One of the region's major retail facilities, Grossmont Center is located in the heart of the city adjacent to another major activity center, Sharp Grossmont Hospital. Also unique to La Mesa is its high density of older adults living in the area. The La Mesa Spring Valley Elementary School District provides 18 elementary schools and four junior high schools. There are two high schools in the area: Mount Miguel and Monte Vista; and one charter high school, Helix. Grossmont College, a two-year community college, is also located in La Mesa.

Lemon Grove named for lemon orchards planted in the late 1800's was incorporated in 1977. It is the third smallest jurisdiction in the San Diego region based on population (28,193) and geographic size. Initially the site of expansive lemon orchards, the city still remains a small town with a rural ambiance. Just under four square miles, this small city is bordered by Highway 94, Sweetwater Road, Canyon Drive and 69th Street. The commercial center of Lemon Grove can be found along a 3-mile stretch of Broadway, with a mix of usual retail stores and mom and pop storefronts. Located only eight miles from downtown San Diego, it's often described as a community with small town, traditional values and with dedicated community members, many of whom have long-time, family roots. It is an ethnically diverse community with a large senior population. Currently, manufacturing and trade account for over one-third of the total employment in this area. Substantial portions of the homes in Lemon Grove are single-family dwellings with the addition of several apartments and condominiums built over the last 20 years. There are five elementary schools and two junior high schools in the Lemon Grove School District. High school students attend school in nearby communities.

Santee, incorporated December 1980, is entering its 23rd year as a municipality. With a population of 53,658 and located in eastern San Diego County, Santee is the eleventh largest of San Diego County's 18 cities. It lies 18 miles northeast of downtown San Diego and is bordered on the east and west by slopes and rugged mountains. With approximately half of its land undeveloped, Santee is one of the few cities in the county with space to grow.

Since its incorporation, Santee has worked steadily to enhance the community's quality of life. Toward that end, the City Council approved the Town Center Specific Plan, a 700-acre mixed-use development straddling the San Diego River. This project includes a high-tech office park, multi-family residential, open space, and a planned 55-acre community park for recreational activities. The San Diego Trolley has its eastern terminus in the Town Center and includes a major

entertainment and shopping center, the Santee Trolley Square, that is currently under construction and two new freeways, State Route 52 and State Route 125, have been extended into the City. In the undeveloped northern portion of Santee, encompassing almost 25% of the City, is an area known as Fanita Ranch. This 2600-acre site is envisioned as a significant master-planned community providing high quality recreation and residential living.

The San Diego River runs through this community, which was once a dairy farming area. It is now a residential area that has experienced phenomenal growth since the 1970's. Since the expansion of the San Diego Trolley, Santee residents can ride the Trolley to Mission Valley, Downtown San Diego and as far as the U.S./Mexico Border. Elementary students attend one of 11 elementary schools, while high school students attend Santana or West Hills High School. Santee's elementary schools, on a statewide comparison, score in the 70th to 90th percentiles in academic performance.

The Santee School District and the Grossmont Union High School District rank among the best, having earned several local, state, and national awards for academic excellence. The schools also boast outstanding extracurricular activities from sports to fine arts. The area is home to the Grossmont Community College District, which boasts two award-winning community colleges, Grossmont and Cuyamaca. Nestled between gently rolling hills and located near several refreshing lakes, Santee offers the comfortable convenience of urban living with the serenity and safety of the country. A dedicated City Council and thoughtful City government have taken steps to preserve the community's natural identity. Sound government practices and a strong financial base ensure a bright future for Santee.

Spring Valley is the largest unincorporated community in the county of San Diego, covering thirteen and a half square miles. Located 11 miles east of the city of San Diego, Spring Valley is bordered by La Mesa and El Cajon to the North, Jamul and Dulzura to the East, Sweetwater and Bonita to the South, and Paradise Hills and Lemon Grove to the West. Within Spring Valley's boundaries can be found a variety of smaller communities - Casa de Oro, Rancho San Diego, La Presa, Dictionary Hill, Mt. Helix, and Bancroft. Today it is dotted with condos and affordable homes to house its dense population of more than 100,000 residents. Approximately 70% of homes in Spring Valley are single-family swelling, while 25% are multi-family homes (SANDAG). Like Lemon Grove, Spring Valley is one of the most ethnically diverse areas of East County. There are clusters of both extreme poverty and wealth. The northern part of Spring Valley has primarily middle-to-high income residents and new, upscale housing developments that contain custom-built homes. Divided by a hill, the southern part is an area that is considered to have more crime, violence, and drug problems. Neighborhood revitalization efforts have currently been in place under the lead of Board Supervisor, Dianne Jacob. Her involvement comes in the form of advocating for funds to improve the state of the local community parks and ball fields.

Spring Valley has two school districts that local residents attend. There are 10 elementary schools and four middle schools that are part of the La Mesa Spring Valley School District. These feeder middle schools channel students into four high schools that are part of the Grossmont Union High School District (Monte Vista, Mount Miguel, Grossmont and Steel Canyon High School).

Mountain Empire is extremely rural and unincorporated, with a density of 14.7 persons per square mile. There is one established Border crossing area, in Tecate, and several others, with wide spread use. This rural, geographically isolated area is located at the easternmost area of San Diego County, bordered on the south by the U.S./Mexico Border, on the east by Imperial County, on the north by Cleveland National Forest and to the west lies the rural-suburban area of San Diego County's East Region (El Cajon and Lakeside). The service area population is 71% White, 19% Hispanic and 4% Native American. Of the 11,708 residents of Mountain Empire, Census 2000 shows 63% are at or below 200% Federal Poverty Level. The California Department of Education shows that Mountain Empire Unified School District has 69% of their students eligible for free or reduced price meals, higher than the County and State average.

The larger rural area of the region lacks some critical services, such as adequate public transportation and emergency medical services. The remainder of the service area, including the towns of Alpine, Jamul, and Julian, is semi-rural, with pockets of poverty and medically underserved groups. Major health issues include higher rates of death from lung cancer and pneumonia or influenza than any other Agency region, and 16.9% of children in the Region lack adequate health coverage. Since the closing of Scripps Hospital East in 2000, the nearest emergency medical facility represents a 40-90 minute minimum drive one-way. Public transportation consists of one bus that covers only a portion of the area in one loop that starts early in the morning and returns in the early evening.

Demographic Forecast – 2020: By the year 2020, the population of the East Region is forecasted to be approximately 552,765. The ethnic makeup is forecasted to be 67% White, 22% Hispanic, 7% Asian/Other and 4% African-American. The median age is forecasted to be between age 37 (El Cajon) and age 47 (Pine Valley), 30% of the population is forecasted to be age 55 and over.

FAITH-BASED COMMUNITY

Since the establishment of regional faith coordinators, great strides have been made to establish working partnerships with faith community/centers for education and support services to families. The make up of the faith community in East Region is predominately comprised of Protestant mainline denominations such as Methodist, Presbyterian, Baptist, and

Lutheran. There are a few Jehovah Witness congregations and a Church of Jesus Christ- Latter Day Saints stake in each city. There is one Buddhist Center and a few New Age spiritual retreat centers in East County. Many of the faith leaders work part-time and the majority of the congregations are small. There are some exceptions with church size numbering in the thousands--large mega churches like Sunrise Community Church, Shadow Mountain Community Church, Skyline, and Journey. Current projects include foster care recruitment, information for seniors, elder abuse mandated reporting, domestic violence, health information and insurance resources.

CHILD CARE

We are committed to helping San Diego residents achieve and maintain self-sufficiency. Providing a safe and nurturing environment for children while parent's work or pursue needed skills to increase employability is a critical support need for our families. East Region-HHSA administers seven childcare payment assistance programs serving over 4,000 families countywide. The programs are designed to support current and former CalWORKs recipients and low-income families.

Amidst current State and local budget and economic realities, childcare subsidy programs face the challenge to deliver services to an increased number of needy families while reducing the cost of service delivery. We are committed to working with government leaders, education and community partners, the child care provider community and San Diego residents, to maximize quality and affordable child care resources so that our children can learn and grow safely while their parents continue their journey to self-sufficiency.

THE OLDS NURSE HOME VISITATION PROGRAM (a.k.a. Nurse-Family Partnership Program (NFP))

Consistent to our guiding principles of being outcomes driven, we are committed to continuing the administration of the Olds Nurse Home Visitation Program. The NFP Program provides first-time, low-income mothers with home visitation services from public health nurses. The preventive aims of the program primarily benefit women of limited economic means who have not yet developed established ways of caring for themselves during pregnancy and for their children once they are born. The NFP program was introduced to San Diego County in November of 1999 and piloted only in East Region. The staff of NFP consists of five public health nurses (PHN) and a public health nurse supervisor. The program services a wide variety of ethnically diverse women residing in East and Central Region. NFP works well with its different clients due to the diversity of its nursing staff. Of the five nurses, two speak Spanish, one speaks Tagalog, and one is African American. The location of the San Diego NFP plays an important part in the success of the program. The facilities are currently attached to the Social Services Program located within the Lemon Grove Family Resource Center.

Both programs are associated with CalWORKs, which enables PHNs to get immediate assistance with income requirements and help with their clients' application process.

Clients who enter the program are pregnant women at 16 weeks gestation, over the age of nineteen or independent minors and intensively case-managed for a two and one-half year time period. The level of acuity of these women is often very high and they are usually involved with several county services because of a combination of psychosocial problems such as substance use, domestic violence, depression, isolation and homelessness. In addition, several of the women have medical problems directly affecting their pregnancy including Gestational Diabetes, High Blood Pressure, and modified bed rest for premature labor.

While the San Diego NFP program is implemented under geographic and economic limitations, we have not failed to demonstrate the high level of effectiveness our public health team has accomplished in the lives of the families touched by the program.

SUBSTANCE ABUSE

Historically, East Region has been associated with methamphetamine production and abuse. While this has somewhat changed as methamphetamine production labs have moved to more anonymous areas, substance abuse continues to be a significant concern in East Region. One challenge is the limited treatment sites that exist within East Region.

In the July 2000-June 2002 time period, while 1041 admissions of residents of incorporated East Region areas to residential treatment programs occurred, only two residential programs exist in those areas. Similarly, 529 admissions occurred of residents of unincorporated East Region areas, where only three residential programs exist, and one being within a juvenile justice facility. Each admission represents four requests for admission that were unable to be granted. *(Data from SCAADS 7/1/00 -6/63/02 supplied by McAlister Institute.)*

Alcohol is also a significant problem for young people. Nearly 20% of all countywide adolescent treatment admissions for alcohol and drugs are from youth that reside in East County region. National trends indicate that the age of first use of drugs and alcohol is progressively lower. In fact, youths in the 15-20 age bracket are killed in traffic crashes at twice the rate of the general population. Alcohol use by young people is also associated with unwanted pregnancy and dropping out of school.

Alcohol and drugs use is implicated in virtually every social ill. Vehicular accidents, crime, physical and mental illness, homelessness, unemployment, domestic violence, perinatal and infant health, child abuse cases, poor school performance, and delinquency are some instances although do not provide an exhaustive list. Light and moderate drinkers cause 60% of alcohol-related incidents of absenteeism, tardiness and poor quality of work, according to the 1998 Corporate Alcohol Study by the Harvard School of Public Health. The National Institute on Alcohol Abuse and Alcoholism estimates that lost productivity due to drinking costs the U.S. economy nearly \$70 billion each year.

The Executive Summary Final Report of the Analysis of the Economic Costs of Alcohol and Other Drug Use and Abuse in San Diego County (2002) states that the total cost to the County in 1998 was \$3.9 billion, with a per capita cost of \$1,389 based on the population size of approximately 2.8 million. The findings suggest San Diego per capita rates were substantially higher (36 percent) than national rates as a whole in 1998.

Addressing the impact of alcohol and drugs is an essential factor in the mission of the Agency. Historically, alcohol problems have been looked at mainly in terms of the minority of drinkers who develop alcohol dependence or alcoholism. The Institute of Medicine reports that most alcohol problems in our society involve a much larger segment of the population—drinkers who are not dependent on alcohol but whose drinking patterns put their health and safety at-risk (about one in five U.S. adults).¹ To this aim, we are supporting innovative strategies, such as Screening, Brief Intervention and Referral (SBIR). Recognizing the benefits of strategic partnering, and long-standing methamphetamine production and abuse in the area, East Region is working closely with the recently formed East County Coalition for Meth Solutions. We will continue to encourage and support cross-system and community collaboration to address these issues.

DUAL DIAGNOSIS/CO-OCCURRING DISORDERS

San Diego County is adopting the CCISC (Continuous, Comprehensive, Integrated, System of Care) (Minkoff Model) for the treatment of individuals with co-occurring disorders, or the dually diagnosed. CCISC is a best-practices model that acknowledges the co-occurring/dual disorders are the expectation, not the exception, in substance abuse. As the CCISC is rolled out in San Diego County, HHS East Region will be taking the initiative in laying the groundwork for the best-practices model to take root.

¹ Screening and Brief Intervention: An Innovative Approach to Community Health Improvement; brochure produced for County of San Diego, HHS, Alcohol and Drug Services

In addition, homelessness in East Region has become an increasingly larger problem for many individuals in East Region. Acknowledging that the incidence of co-occurring disorders is extremely high in the chronic homeless population, East Region will promote best-practice strategies and interventions advocated within the CCISC. Recognizing that basic needs must be met before any therapeutic interventions can be effective, we will assist in developing appropriate and accessible resources for the most vulnerable segment of the homeless population.

YOUTH VIOLENCE

The problem of youth violence has become a growing and disturbing concern in East County. Less than three weeks apart in March of 2001, two neighboring East County high school campuses (Santana High School and Granite Hills High School) erupted in separate, tragic and highly publicized shooting incidents. In a single year, Grossmont High School faced the loss of five students to suicide and 17 suicide attempts within the student body. The youth suicides and shootings precipitated a significant cultural shift in the East County area. The area is characterized as having values of personal and family independence and some mistrust of public institutions. There is a stigma to seeking mental health services and public assistance. Some view student support services as potentially interfering in family matters. For the past two years, we have been working diligently with the school community to address and support the youth violence issue by establishing our health and social services at several of our high school campuses. By deploying our program staff to provide services to our at-risk clients, we have not only strengthened our relationships in the community, but have overcome the barriers that have hindered us from delivering services in this non-traditional fashion. Specifically, we've assigned protective social services workers and eligibility technicians to school-based family resource centers in the Grossmont Union High School District. The accessibility of services has always been an obstacle for many families. We've learned through this experience that the school is a natural community hub to effectively deliver our services and expand on existing family support systems. We are fully committed to building and maintaining the working community partnerships that will reduce the youth violence incidences that have plagued our East County schools. We will strive to continually create innovative opportunities to make schools a safer place to learn.

SAN DIEGO HEALTH PROFILE – East County

Measuring the health of a community is achieved at many levels. Primarily, through the direction of the United States Public Health Service, the establishment of health objectives and indicators reflected in the Healthy People 2010 document serves as the national guideline. *Healthy People 2000 (HP2000)* and *Healthy People 2010 (HP2010)* are about improving health and measuring progress over time. It outlines a comprehensive, nation-wide health promotion and disease agenda by which all other multiple levels of health and human services aim to follow and accomplish.

The 2002 San Diego County Child and Family Health and Well Being Report Card is an effort that monitors for example, the impact of various changes such as demographics, welfare reform, and the movement to Medi-Cal managed health care. In addition, the Regional Health Status Profile is a report that contains selected health status indicators recommended by the Centers for Disease Control and Prevention for monitoring state and local progress toward achieving some of the goals set forth in *Healthy People 2010*. Furthermore, it provides complementary data to help monitor the effectiveness of programs and services at the regional and county levels. The third edition of the Regional Health Status Profile reflects regional and San Diego County data on communicable diseases from reports by physicians and other health care providers, laboratories and a variety of other institutions such as hospitals and schools via confidential morbidity reports submitted to HHS Community Epidemiology. Regional and county population data used in the calculation of population-based rates are obtained from 1998-99 estimates from the San Diego Association of Governments (SANDAG). Estimates of the population by demographic and economic characteristics are also based on SANDAG estimates whenever possible. The results of the latest 2002 Report Card are organized around five outcomes: Economic Security, Good Health, Appropriate Access to Services, A Safe Environment, and Educational Achievement.

Having health insurance is one of the best predictors of having access to medical care. East Region had the second highest percentage (91.7%) behind North Central Region (94%) of households with children and youth with health insurance.² Babies born with low birth weight (less than 5 ½ pounds or 2500 grams) is a complicated problem closely related to being born prematurely. On a regional comparison, East County had the second highest percentage (6.1%) of babies born with low birth weight closely following Central Region with a prevalence rate of 6.9% and the overall county rate of 6.0%. Although many of the causes of low birth weight and prematurity are unknown, low birth weight is known to correlate with the use of tobacco, drugs and alcohol by pregnant women. Based on data from the Regional Health Profile 1998-99, East Region has the highest prevalence rate (30.1%) of chronic obstructive pulmonary disease (COPD) among all the other regions. The overall San Diego county rate was 22.0% and the Healthy People 2000 objective target rate was 18.0%. The leading cause of death in East County in 2001 was heart disease where we had 1,086 cases, ranking East Region the highest amongst the other county regions. (see appendix)

² San Diego County Child and Family Health and Well-Being Report Card, 1999-2001 three year average of United Way data.

CHILDHOOD OBESITY

Obesity is the fastest growing cause of illness and death in Americans today. Researchers believe the generation in school now will be the first in U.S. history that will live a shorter life than its parents. This epidemic is not as dramatic as historical childhood diseases such as polio or diphtheria, but we need to do more to protect ourselves and re-consider how we choose to live: how much we eat and how much we maintain an inactive lifestyle.³ Overweight children face a greater risk of developing many health problems, including Type 2 Diabetes, high blood pressure, asthma, and attention deficit disorders, as well as low self-esteem, poor body image, and symptoms of depression. 50% of obese adolescents become obese adults, putting them at a much higher risk for chronic disease and illness. In 1999, the nationwide median prevalence rate of obesity among adults is 19.7%. In San Diego County, our adult population falls incrementally short of the nationwide average measure of obesity, 18.7%.⁴ Our children are following their adult examples. According to the Center for Disease Control and Prevention (CDC), the highest percentage of overweight in boys occurs in Mexican-Americans. Among girls, it is non-Hispanic blacks, followed by Mexican-Americans. And when state fitness tests of students in fifth, seventh and ninth grades were analyzed, the findings showed nearly three-quarters of San Diego County participants as overweight and unfit.⁵ The same study showed nearly 24 percent of students in East County (77th Assembly District: La Mesa, El Cajon and Santee) are overweight and 35 percent are unfit.

There will be a concerted effort across the County to support and address the contributing factors that lead to childhood obesity and other chronic diseases such as diabetes in the coming years. Building working relationships and leveraging resources necessary to reduce the prevalence rate of chronic disease on a regional level has already been a focus of growth and opportunity for more health promotion and intervention services by our agency.

DENTAL HEALTH

Recent research supports the concept that oral health is an integral part of overall health and quality of life. Nationally, tooth decay (dental caries) is the most common chronic childhood disease. More than 51 million school hours are lost each year to dental-related illness. In San Diego County, there is an estimated 216,000 children without dental insurance. These children may be enrolled in private medical insurance that does not include dental coverage or are eligible for Medi-Cal (Denti-Cal) or Healthy Families but are not enrolled. Of the community clinics that exist in San Diego

³ National Public Radio, Morning Edition, March 12, 2003, Commentary: Fat Students, by Frank Deford

⁴ Behavior Risk Factor Surveillance System, Center for Disease Control and Prevention. 2002 San Diego County Community Epidemiology

⁵ California Center for Public Health Advocacy, Analysis of 2001 California Physical Fitness Test.

County, less than one third have a dental facility. Of those that do provide dental services, the wait for an appointment is up to three months. There are six Medical Service Study Area (MSSA) Dental Health Professional Shortage Areas that qualify for personnel placement through the National Health Services Corp. in San Diego County. In addition, there is one MSSA that qualifies as a Special Shortage Area (SSA). A SSA is defined, in part, by a special population experiencing significant barriers to obtaining dental care such as income, poverty or migrant status.⁶

In 2000, the San Diego Dental Health Coalition established a goal to increase access to dental health care in East County. In January 2002, the Coalition in partnership with the East Region Collaborative Network and other community partners created the East County Dental Health Task Force. The Task Force has become a strategic group that advocates increasing dental awareness of individuals in the community and for new treatment facilities in the under-served areas of East San Diego County including mobile services to rural communities. A five-year strategic business plan has been devised to ultimately achieve the Task Force vision.

FAMILY-TO-FAMILY INITIATIVE

East Region HHSA is committed to a 'whatever-it-takes approach' to keep East County children in their neighborhood school, whenever it is safe. We know that keeping children connected to their school, friends and community leads to better outcomes for the child's health and well being, including academic achievement. Using the same concept of "high school clusters," (*see school connectivity guide – appendix*) we are working with established community partners to target the PTA's, community service groups, businesses and faith communities within our initial target areas surrounding Santana High School, Grossmont High School and Helix High School with the goal of recruiting and retaining foster parents. Schools, PTA groups, faith-based groups and other community partners are helping us recruit new foster families so that children can stay in their neighborhood school. We've set up a process to conduct listening session dinners to ask current foster parents how to provide more effective support. The greatest initial identified need was for more respite care. In response to that request we are partnering with businesses and community service group such as Kiwanis, Rotary, and Elks to sponsor respite events for foster families. Some of the current and future events are an Annual Picnic at Indian Hills Camp in Jamul, Chuck E. Cheese Respite Nights, Movie Nights, Zoo Days, and Kids Camp.

In October 2002, we began establishing a series of Way Station homes as yet another way of trying to keep children close to their schools. The pilot project allows children to remain in a home-like environment while a more permanent

⁶ *Special Shortage Area* includes these East County cities/areas: Pine Valley, Lakeside, Santee, Dulzura, Jamul and Lemon Grove.

placement is found in the vicinity. During the previous year, more than half of East County children removed from their homes were placed in Polinsky Children's Center in Kearny Mesa, or in foster homes elsewhere in the county. Whenever possible, school-aged children will be transported to their own neighborhood school. The number one goal is the safety of an individual child. In addition to proving that protection, the objective is to build local capacity, and apply the 'whatever-it-takes' approach to identify the necessary supports for the long-term success of that child. The Way Station pilot project runs through April 2004. East Region is also beginning to broaden the family-to-family initiative to include intergenerational mentoring for children and families involved with Children's Services, as another strategy to help families reunify.

COMMUNITY COLLABORATION AND CAPACITY BUILDING

To be effective in addressing the broad range of conditions that affect people's health and well-being, we must form alliances with other public and private organizations and with community residents. This is not merely a matter of philosophical principle—it is a practical necessity.⁷ Since regionalization, we have focused our efforts to work collaboratively and build capacity within our community structures. Isolation and duplication of efforts that touch the same families across the region is becoming a thing of the past. It has been our aim to capitalize on the unique strengths of the community collaboratives and maximize the value of their resources.

From January to June 2000, seven focus groups were conducted with business owners (represented by leaders in local chambers of commerce), educators (college presidents and high school principals and board members), land use planners (elected members of planning groups from unincorporated communities), health and human services representatives, members of the hospitality/entertainment and retail industries, elected officials, and the general public. In all 72 people participated in these focus groups. Most of the focus groups saw regionalism as "lumping the communities together" with no regard for individual community characteristics. Many acknowledged that regionalism is important for coordinating and controlling growth their experience indicated that East County decision makers have had little influence over "regional" decisions. All of the focus groups conceded that the region has an image that is generally negative, and the only major newspaper in the county has reinforced stereotypes about "rednecks" and "extremists". The groups were unanimous in their belief that this perception is not reality and that East County is an undisclosed jewel mine that suffers from a lack of coordinated planning and marketing. Many recognized South County has more issues in common with East County, including a negative image, but also has institutions/partnerships that some groups desire for East County.

⁷ The Future of Public Health, Institute of Medicine.

As a result of the input from the above focus groups, the East Region of the Health and Human Services Agency initiated the East County Human Services Council (ECHSC) modeled after the South Bay Human Services Council. Established in January 2001, The ECHSC is comprised of approximately 30 members of the community including local governments, faith-based and community based organizations. The mission of this young partnership, representing various sectors, is to become a region-wide influential advocate for healthy communities in the East County. Using broad representation, the ECHSC proactively prioritizes grassroots needs to increase resources in communities and works to improve regional health, safety and well-being through a collaborative process.

The ECHSC has five active subcommittees that work on regional issues. They are: The Multi-System Workgroup, Time Exchange Network, Pathways to Student Safety and Success, Intergenerational Programs Action Group, and East County Action Network for Older Adults and Adults with Disabilities (ECAN). A communication component was also formed that involves a quarterly Human Service Council newsletter and community calendar, educational forums, and intergenerational and youth violence symposiums.

In relatively a short time period since the group has been in existence, there have been many accomplishments by the subcommittees. For example, the Multi-System work group has been instrumental in establishing the Way Station as mentioned in the family-to-family initiative section of this narrative. Also, they have been worked diligently to attach a senior mentoring component to support and stabilize the family reunification efforts. This component is key to the comprehensive approach and overarching continuum of care necessary to help families. Our administration is looking forward to deepening the partnerships between community and government through the East County Human Services Council's action agenda as defined by the subcommittee priorities.

AGENCY RESPONSE TO COMMUNITY NEEDS

After a series of violent outbursts at East County schools, HHSA East Region was contacted to help develop an enhanced system of support for school-aged children. Taking a close look at our current systems and service delivery, we developed the idea of creating smaller service areas within communities. Recognizing schools as an integral part of a child's community and well-being, we carved out service areas around the high schools. The new service areas called 'high school clusters' (*see map – appendix*) include a high school and the surrounding elementary and middle schools that "feed" into that high school.

Creating the service area as such allows for comprehensive and coordinated communication and service delivery to families that may have children attending elementary, middle and/or high school. Once the high school clusters were identified and defined, five (5) clusters were chosen to participate in the first phase of County staff re-deployment. A Child Protective Services Social Worker has been assigned to each of the five (5) high school clusters. Each worker handles any calls or questions that arise from their school. Where before we saw strained relationships between schools and social workers, we now see developed working relationships. We have seen response time decrease and the ability to work together to support a family have greatly improved.

Future plans include following the Childrens Services model and creating a better relationship between School Nurses and County Public Health Nurses. A role for Medi-Cal Eligibility workers has also been identified, recognizing the link between having health insurance and accessing care with academic achievement. The model will continue to evolve as we roll the effort out to a broader scale across East County and the 13 high school/feeder school clusters (includes Grossmont Union High School District and Mountain Empire). Ongoing expansion or partnerships with high schools and middle/elementary feeder schools to strengthen family support structures in 13 geographic clusters and improve access to care is a priority for our administration. In response to a community need such as this, County services are being delivered more effectively and efficiently. The feedback from schools, community members and County Staff has been favorable. In spite of anticipated budget reductions, we are committed to expanding capacity to respond to priorities of residents and community partnerships. As families reel through these touch economic times, we are committed to improving our service delivery by working through existing family support systems and modifying our scope of services to best meet the needs along the way.

In closing, it is our hope that this document demonstrates our commitment to work in collaboration toward improving the quality of life for East County residents, young and old. We believe a healthy community is a form of living democracy: people working together to address what matters to them. As citizens, we have a duty to shape the basic conditions that affect our lives with others in transforming communities. We are guided by shared values and principles that bind us in common purpose. Building a healthier community in East County calls us to blend the local and the universal, the particular and broader contexts. Such efforts are already grounded locally: the family, the neighborhood, and other familiar communities.

To be effective, we are committed as equal partners in the community to bringing resources, diverse groups of people and organizations together to transform the broader conditions that affect local work. This requires courage, doubt, and faith: the courage to trust those outside our immediate experience, the doubt to question what is, and the faith to believe that together, we will make a difference.

Nevertheless, the challenge of building a healthier community will take time: our time, that of our children, and that of our children's children. As stated in a Jewish proverb: "You are not bound to finish the work, but neither are you free to give it up." In our emerging ties across place and time, we join others in an attempt to create environments worthy of all our children.

"Kids"

Improve outcomes and opportunities for children and youth

Strategic Goal: **Make Sure They Are Healthy**

Operational Objective	Activities	Measure & Target	Target Date	Lead
<p>Achieve a high level (85%) of immunization for children (ages 19 up to 36 months) served by Public Health Centers</p>	<ul style="list-style-type: none"> • Ensure Public Health Center staff is trained on completion of immunizations and monitor to achieve target • Continue outreach efforts to provide daily immunizations at East Region Public Health Center: <ul style="list-style-type: none"> ✓ Monitor immunization records ✓ Send reminder cards to parents ✓ Teach information on resources • Promote health coverage on home visits and in lobby of El Cajon FRC <ul style="list-style-type: none"> ✓ PHN's will also refer to sources of care 	<ul style="list-style-type: none"> • Track 100% of Immunization data via All Kids Count Immunization (AKC) computer system • Generate quarterly reminders for families to return to clinic for immunizations • Generate monthly reports by AKC computer to evaluate utilization of services by clients 	<ul style="list-style-type: none"> • Ongoing-6/05 	<p>Public Health Nurse IV 's</p>

Operational Objective	Activities	Measure & Target	Target Date	Lead
<p>Ensure at least 60% of pregnant women, who did not have prenatal care when they first contacted the Perinatal Care Network, report receiving prenatal care within 30 days of their first contact</p>	<ul style="list-style-type: none"> • Contact Perinatal Care Network (PCN) clients within 30 days of receiving referral • Continue to collaborate with Grossmont Hospital and PCN to obtain appropriate information for prenatal referral 	<ul style="list-style-type: none"> • 100% of all PCN clients will receive evaluation by a Public Health Nurse • Quality Assurance through Public Health Nursing Administration will develop policy and procedures to ensure continuity of care to prenatal clients throughout the regions 	<ul style="list-style-type: none"> • Ongoing-6/05 	<p>Public Health Nurse Manager</p>
<p>Increase public awareness of childhood obesity issues</p>	<ul style="list-style-type: none"> • Increase staff and public's knowledge of the major factors of childhood obesity: <ul style="list-style-type: none"> ✓ Distribute Newsletter ✓ Attend Community events ✓ Expand partnerships with existing collaboratives ✓ Develop partnerships with additional stakeholders • Ensure Public Health Nursing staff collaborates with Public Health Services to enhance services regarding obesity prevention 	<ul style="list-style-type: none"> • Establish an administrative support system and external communication system to administer and support childhood obesity awareness efforts 	<ul style="list-style-type: none"> • Quarterly-6/05 • Quarterly-6/05 	<p>Health Promotion Specialist</p> <p>PHN Manger</p>

Operational Objective	Activities	Measure & Target	Target Date	Lead
<p>Increase by 2% the number of eligible children enrolled in Medi-Cal and Healthy Families</p>	<ul style="list-style-type: none"> • Maintain current efforts to increase enrollment <ul style="list-style-type: none"> ✓ Streamline and facilitate the process of applying for Health Insurance by continued deployment of Human Service Specialist (HSS) within high school feeder school/boundary clusters ✓ Process HF/MC applications ✓ Implement CHDP Gateway ✓ Implement pilot Express Lane Eligibility pending availability of resources. <ul style="list-style-type: none"> • Assess feasibility of partnering with local collaboratives and other key stakeholders 	<ul style="list-style-type: none"> • Number of Human Service Specialists (HSS) deployed by High School feeder school/boundary clusters <ul style="list-style-type: none"> ✓ # Of applications processed ✓ Implemented Gateway/Express Lane Eligibility <ul style="list-style-type: none"> • Formalized collaboration with strategic partners 	<ul style="list-style-type: none"> • Ongoing-6/05 	<p>FRC Managers</p>

Operational Objective	Activities	Measure & Target	Target Date	Lead
<p>Ensure at least 85% of pregnant women enrolled in the Nurse Family Partnership (OLDS) Program will demonstrate a change in behavior during pregnancy, improving parenting skills and achieving self-sufficiency</p>	<ul style="list-style-type: none"> • Public Health Nurse will provide education to parent on: <ul style="list-style-type: none"> ✓ Pregnancy ✓ Infant Health ✓ Child Development ✓ Life skills/Resources ✓ Employment 	<ul style="list-style-type: none"> • The Public Health Nurse will visit their clients per protocol of the following schedule: <ul style="list-style-type: none"> ✓ Weekly ✓ Biweekly ✓ Monthly • The PHN will submit the mandatory charting for data input and analysis monthly 	<ul style="list-style-type: none"> • Ongoing-6/05 	<p>PHN Manager</p>

Operational Objective	Activities	Measure & Target	Target Date	Lead
<p>Reduce health disparities in order to improve the health status of the community</p> <ul style="list-style-type: none"> ➤ Dental Health Initiative ➤ Rural Health Initiative 	<ul style="list-style-type: none"> • Continue to support the East County Dental Health Task Force to develop and promote dental health resources <ul style="list-style-type: none"> ✓ Coordinate and support Task Force sub-committee activities ✓ Publish at least 1 article in the Human Services Council newsletter re: Dental Health Education and/or Task Force activities • Investigate access to care issues for rural and urban residents <ul style="list-style-type: none"> ✓ Availability ✓ Affordability ✓ Geography • Participate in rural health forums: <ul style="list-style-type: none"> ✓ Southern CA Rural Roundtable ✓ Mt. Empire Collaborative ✓ Back County Revitalization Steering Committee ✓ Youth and Community Services Revitalization Sub-committee 	<ul style="list-style-type: none"> • Participate in Task Force activities and present progress/results and accomplishments at collaborative meetings, as appropriate • Formalize internal administrative support system and external communication system to administer and support dental health resources • Identify core services of concern to residents <ul style="list-style-type: none"> ✓ Identify what might be done within scope of resources ✓ Modify plan to address within scope of resources • Attend meetings and provide support as needed 	<ul style="list-style-type: none"> • Ongoing-6/05 • Ongoing annually-6/05 	<p>Health Promotion Specialist</p> <p>Health Promotion Specialist</p>

Operational Objective	Activities	Measure & Target	Target Date	Lead
<p>Improve access to comprehensive and coordinated health programs by utilizing East Region staff and other HHSA services on school campuses</p>	<ul style="list-style-type: none"> • Expand partnership with High Schools and middle/elementary feeder schools to strengthen family support structures in 13 geographic clusters and improve access to care ✓ Promote and maintain healthy behaviors ✓ Refer families to community and other appropriate resources. ✓ Increase knowledge of community health programs 	<ul style="list-style-type: none"> • Number of partnerships and number of staff deployed by High School feeder school/boundary clusters 	<ul style="list-style-type: none"> • Ongoing-6/05 	<p>CPS</p> <p>Eligibility</p> <p>PHN</p> <p>Health Promotion Specialist</p> <p>AOD Specialist</p> <p>GIS Analyst</p>

Strategic Goal: **Make Sure They Are Cared for and Protected**

Operational Objective	Activities	Measure & Target	Target Date	Lead
Respond within 24 hours to 95% of the urgent referrals assigned to Child Protective Services	<ul style="list-style-type: none"> • Communicate this expectation via written staff expectations, individual conferences, unit meetings, and via Program Guide material • Communicate to social workers that if they are unable to meet this deadline, they must speak to the Supervisor in advance for possible approval, re-prioritization of workload, reassignment and/or possible downgrade of referral 	<ul style="list-style-type: none"> • Check the CWS/CMS and SAFE MEASURES applications to track compliance with this expectation • Read contact logs at time of transfer and/or closing to ensure compliance with this measure • Managers will check the PbViews application for regional compliance with this measure 	<ul style="list-style-type: none"> • Monthly-6/05 • Monthly-6/05 • Monthly-6/05 	<p>Children's Supervisors</p> <p>Children's Supervisors</p> <p>Children's Manager</p>
Ensure that 90% of foster children in permanent placement receive a visit from a caseworker every two months	<ul style="list-style-type: none"> • Visits by Social Workers (both announced and unannounced) will be planned in advance and tracked on their calendars to ensure visits take place • Maintain monthly visitation compliance logs and submit to their supervisor each month 	<ul style="list-style-type: none"> • Review monthly compliance logs at individual conferences • Review CWS/CMS and SAFE MEASURES applications to track compliance with this expectation 	<ul style="list-style-type: none"> • Monthly-6/05 	<p>Children's Manager</p>

<p>Ensure that 90% of foster children unify or reunify with a permanent family</p>	<ul style="list-style-type: none"> • Concurrent planning referrals will be made on all out of home children that need a permanent placement should reunification with the parent not occur • Complete the Reunification Prognosis Tool on all out of home children and make necessary referrals to Permanency Planning Assessment Unit (PPAU) • Address the Concurrent Plan in each court report for each out of home child knowing that the burden for a permanent plan is reunification with the parents first, adoption second, guardianship third, or Long Term Foster Care (LTFC) last • Make PPAU referrals in accordance with Program Guide expectations 	<ul style="list-style-type: none"> • Review each out of home child with the social worker during individual conferences • Ensure this has been done during review of the case prior to transfer • Check compliance reports generated from the PPAU Unit to ensure that any social worker on the list complies with the referral mandates 	<ul style="list-style-type: none"> • Monthly and at time of each case transfer- 6/05 	<p>Children's Manager Court</p> <p>Court Intervention Supervisors</p> <p>Supervisors</p>

Identify youth who witness domestic violence in their homes and prevent the long-term harmful effects of this exposure	<ul style="list-style-type: none"> • Make referrals to appropriate domestic violence treatment programs focused on mitigating the effects of youths exposure to domestic violence in their homes 	<ul style="list-style-type: none"> • Identify and track referrals of children exposed to domestic violence in their homes 	<ul style="list-style-type: none"> • Ongoing-6/05 	Children's Manager
Sustain a high percentage (90%) of Welfare-to- Work (WtoW) participants who exit CalWORKs cash assistance due to earnings or employment and remain off aid for 6 months	<ul style="list-style-type: none"> • Collaborate with employments services provider to help sustain self-sufficiency 	<ul style="list-style-type: none"> • Communicate with Affiliated Computer Services (ACS) on re-entry cases 	<ul style="list-style-type: none"> • Ongoing-6/05 	FRC Managers
Sustain a level of 50% of Welfare-to-Work (WtoW) participants who are employed	<ul style="list-style-type: none"> • Collaborate with employment services provider and Career Centers to ensure regionally targeted job services are delivered • Ensure Eligibility staff timely communicate work-related changes to employment case manager 	<ul style="list-style-type: none"> • Monitor to ensure eligibility staff appropriately refer non-exempt clients to WtoW • Monitor to ensure electronic WtoW referral received and accepted by employment services 	<ul style="list-style-type: none"> • Ongoing-6/05 	FRC Managers
Maintain a conversion rate of 70% in Medi-Cal coverage for CalWORKs recipients who no longer receive cash aid	<ul style="list-style-type: none"> • Link working families to necessary services 	<ul style="list-style-type: none"> • Maintain a 70% conversion rate of CalWORKs cases to Medi-Cal 	<ul style="list-style-type: none"> • Ongoing-6/05 	FRC Managers

<p>Ensure CalWORKs families obtain payments for child care in a timely fashion</p> <p>--100% of families served by Stage 1 --95 % of families served by Stage 2</p>	<ul style="list-style-type: none"> • Sustain access to childcare services through timely eligibility determinations for payment assistance ✓ Payment supervisors to complete a random sampling of all monthly payments • Process child care applications assistance within 30 days • Process monthly payment requests (attendance sheets) within 10 days of receipt ✓ All attendance sheets will be date-stamped upon receipt for timeliness tracking 	<ul style="list-style-type: none"> • 100% of Stage 1 payments will be made within 10 days • 95% of Alternative Payment Program payments will be made within 10 days • Eligibility Supervisors will monitor compliance through regular monthly case reviews 	<ul style="list-style-type: none"> • Ongoing-6/05 	<p>Child Care Manager</p>

<p>Ensure that childcare providers enrolled with the HHSA Child Care Section have successfully completed required background and fingerprint clearances</p>	<ul style="list-style-type: none"> Refer childcare providers to "Live Scan" and "Trustline" process within 28 days of program enrollment Discontinue payment assistance to providers not cleared by "Trustline" or not completing "Trustline" process Disenroll providers with suspended or revoked licenses, as identified by, CDSS Community Care Licensing, and assist parents to select an alternate provider 	<ul style="list-style-type: none"> Require 100% of all enrolled providers to "Trustline" process Track "Trustline" applications and compliance centrally Monitor compliance within mandated timelines through monthly case reviews Participate in Resource and Referral agency electronic alert system for license suspension/ revocation 	<ul style="list-style-type: none"> Ongoing-6/05 	<p>Child Care Manager</p> <p>Supervisors</p>
<p>In partnership with McAlister Institute Pregnant Inmate Program (PIP) increase participant's awareness of health issues, parenting resources and addiction</p>	<ul style="list-style-type: none"> Prepare and teach health education classes to women in PIP at Las Colinas 	<ul style="list-style-type: none"> Conduct monthly education classes 	<ul style="list-style-type: none"> Ongoing-6/05 	<p>Health Promotion Specialist</p> <p>AOD Specialist</p>

<p>Create a collaborative multi-disciplinary community response team (Drug Endangered Child (DEC) Program) to identify and meet the needs of East Region children endangered by exposure to the hazards of methamphetamine production, and the environment associated with addiction, pending availability of resources</p>	<ul style="list-style-type: none"> • Implement East Region collaborative meetings between Children's Services, Sheriff, La Mesa Police Department (PD) and El Cajon PD for the coordinated response to these types of referrals/cases • Coordinate cross region DEC task force meetings (min 2x/year) for program consistency and information sharing • Provide DEC training to East Region Law Enforcement substations (min 2x/year) • Designate a Protective Services Worker (PSW) for the DEC program in collaboration with East Region Law Enforcement • Develop and maintain a DEC database • Ensure off hours DEC response • Respond to 90% of all Level I & II DEC referrals in coordination with Law Enforcement • DEC children taken into protective custody will receive a comprehensive medical assessment and follow-up services 	<ul style="list-style-type: none"> • El Cajon Police Department, La Mesa Police Department, Sheriff's and East Region Childrens will have two meetings in FY 2003 and FY 2004 • Facilitate two meetings in FY 03 and FY 04 with North Inland DEC, North Central DEC and East Region DEC • Conduct two DEC trainings for law enforcement staff FY 03 and FY 04 • Designate PSW before the project is started • Create and maintain database • Establish personnel schedule • Establish and maintain Access database • 90% of all DEC children will receive a comprehensive medical assessment and follow-up services 	<ul style="list-style-type: none"> • Ongoing –06/05 	<p>Children's Manager</p>
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<p>Improve service delivery to families with children in the dependency system</p>	<ul style="list-style-type: none"> • Broaden partnership with Multi-Systems Work Group <ul style="list-style-type: none"> ✓ Use marketing plan as guide ✓ Form a committee to facilitate bridging the "Family to Family" concept and the School Project concept • Plan and develop a model for service delivery based on school clusters versus address only • Engage community partners, including participation in committee planning process in new service delivery model • Pilot service delivery through the school cluster model 	<ul style="list-style-type: none"> • Establish and staff "bridging committee" • Update /broaden Multi-Systems Work group goals and quarterly reports; thread when appropriate with Pathways to Students Safety & Success Subcommittee goals/quarterly reports • Obtain feedback from staff and community partners • Document change in system delivery; system to track recidivism, other identified measures of success 	<ul style="list-style-type: none"> • Ongoing-6/05 	<p>Children's Manager</p>

<p>Provide child welfare services to East Region families in collaboration with schools, community-based organizations, and the community to maximize resources, improve communication, and increase the success of families participation in needed services</p>	<ul style="list-style-type: none"> • Establish a multi-program, multi-discipline steering committee to oversee project planning, including external stakeholders • Establish subcommittees/workgroups as identified by the steering committee to anticipate implementation issues, problem solve and develop the different components of the program • Create a project implementation timeline of the various activities identified by each workgroup for successful implementation and completion of the program 	<ul style="list-style-type: none"> • Document structure in place (maintain sign-in sheets and prepare meeting summaries) • Document structure in place (maintain sign-in sheets of various workgroups; report workgroup progress-develop written recommendations based on analysis of options, finalize reports) • Commit project implementation timeline to paper via charts/graphs; provide completed timeline to steering committee members, internal and external customers 	<ul style="list-style-type: none"> • Monthly, beginning March 2003 • Monthly, beginning April 2003 • Monthly, beginning June 2003 	<p>Children's Manager</p>
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<p>For children necessitating out-of-home care, ensure a smoother transition from in-house care to out-of-home care</p>	<ul style="list-style-type: none"> • Assign staff to research implementation of Family Team Meetings based on the "Family to Family" model • Identify locations to hold Family Team Meetings • Develop a training program and train staff in the use of Family Team Meetings 	<ul style="list-style-type: none"> • Train 100% of staff in the concept, use and value of Family Team Meetings • Increase positive relationships between birth parents and out-of-home care providers to support security and safety of children detained out of home • Track the number of Family Team Meetings held 	<ul style="list-style-type: none"> • Ongoing-6/05 • Monthly 	<p>Children's Manager</p>

Strategic Goal: **Make Sure They Reach Their Full Potential**

Operational Objective	Activities	Measure & Target	Target Date	Lead
Ensure that 50% of children placed in licensed foster homes are placed within their own communities	<ul style="list-style-type: none"> • Complete implementation of East Region Way Station pilot; make recommendations to Board of Supervisors based on lessons learned/pilot outcomes 	<ul style="list-style-type: none"> • Docket Board Letter by 6/21/04 • Pending Board approval, continue implementation of East Region Way Station 	<ul style="list-style-type: none"> • Ongoing- 6/05 	Children's Manager
	<ul style="list-style-type: none"> • Direct referrals to East Region Placement Unit for East Region children <ul style="list-style-type: none"> ✓ Duty worker on call five days per week ✓ Hotline number for easy accessibility to social workers ✓ Placement at PCC will be last resort after looking at relatives, East Region ESCU homes, and way station beds 	<ul style="list-style-type: none"> • Ensure referrals made to the East Region Placement Unit before approaching the Chief for authorization of a PCC entry • Ensure no placement available in East Region before authorizing children into PCC 	<ul style="list-style-type: none"> • At each child removal or change of placement incident 	Supervisor
	<ul style="list-style-type: none"> • Respond to all home evaluation referrals within 72 hours 	<ul style="list-style-type: none"> • Track how many children were placed in the East Region vs. outside the region 	<ul style="list-style-type: none"> • Monthly 	East Region Placement Unit

<p>Assist providers in placing adolescents in residential drug treatment in a timely manner</p>	<ul style="list-style-type: none"> • Promote need for dual diagnosis awareness and screening tools • Monitor treatment availability and admissions requests <ul style="list-style-type: none"> ✓ Children and youth will be placed in appropriate treatment within 14 days • Help identify alternative funding sources for providers in collaboration with ADS 	<ul style="list-style-type: none"> • Establish strategic partnerships between Alcohol & Drug Services (ADS), Children’s Mental Health, and local provider (s) <ul style="list-style-type: none"> ✓ Identify more children/youth with co-existing mental health/substance abuse issues and refer to appropriate services, pending availability • Establish administrative support system and internal communication system to administer and support timely referrals/treatment for adolescents • Establish database to monitor existing/new sources of funding in East County/related activities 	<ul style="list-style-type: none"> • Ongoing-6/05 	<p>AOD Specialist</p>

Increase the percentage of foster children in 12 th grade who graduate with high school diploma or equivalent to 72% by June 2004	<ul style="list-style-type: none"> • Referrals to Independent Living Skills (ILS) will be made on each child at age 15 ½ • Referrals will be made to the San Pasqual Academy on each child who meets the entry criteria • Address each child's educational progress in court reports • Discuss child's education progress with caretakers during visits • Discuss educational progress with child and document in court report 	<ul style="list-style-type: none"> • Discuss the educational progress of children age 16 years and older with social workers during monthly conferences • Review the ILS referral log and track that staff have made ILS referrals on all children age 15 ½ and older • Check each court report to ensure that educational progress on school age children is documented in the court report before signing • Make random checks of CWS/CMS contacts to ensure social workers are going over educational information during compliance visits with caregivers and children 	<ul style="list-style-type: none"> • Monthly-6/04 	<p>Children's Managers</p> <p>Supervisors</p> <p>Supervisors</p> <p>Supervisors</p>

Communities

Promote Safe and Livable Communities

Strategic Goal: **Strengthen Regional Security**

Operational Objective	Activities	Measure & Target	Target Date	Lead
Ensure that for selected diseases, 95% of cases will be contacted and investigation initiated by Epidemiology staff within 24 hours of report	<ul style="list-style-type: none"> Epidemiology/ bioterrorism (EPI/BT) Public Health Nurse will conduct selected disease investigations as assigned by staff in Epidemiology Unit 	<ul style="list-style-type: none"> 100% of all cases referred by Epidemiology will receive appropriate follow-up by Epidemiology/ Bioterrorism 	<ul style="list-style-type: none"> Ongoing-6/05 	PHN Manager
Achieve 14 federal and state "critical benchmarks" for bioterrorism preparedness by December 2005	<ul style="list-style-type: none"> Finalize site-specific Business Continuation Plans and update key person emergency contact rosters 	<ul style="list-style-type: none"> 100% of key person contact phone numbers will be updated quarterly 	<ul style="list-style-type: none"> Ongoing-6/05 	PAA
Provide training to 75% Agency staff in bioterrorism preparedness	<ul style="list-style-type: none"> EPI/BT Public Health Nurse and East Region Health Promotion Specialist will provide material and training on bioterrorism to staff, agencies, and residents of the East County Host community forums to educate local collaboratives on infectious diseases 	<ul style="list-style-type: none"> EPI/BT Public Nurse and East Region Health Promotion Specialist will maintain database of trainings that have been provided in the East Region Maintain data base with list of training participants and number of sessions conducted 	<ul style="list-style-type: none"> Ongoing-6/05 	PHN Manager

<p>Provide smallpox vaccination clinics to HHSA and Hospital staff volunteers based on direction from Center for Disease Control through HHSA Public Health Services</p>	<ul style="list-style-type: none"> • Hold vaccination clinics on a weekly basis to vaccinate hospital volunteers as directed by Public Health Services 	<ul style="list-style-type: none"> • Screen 100% of identified hospital volunteers for smallpox vaccine eligibility • Ensure 100% of appropriate hospital personnel receive smallpox vaccine • Ensure 100% of vaccinated hospital personnel receive appropriate education, and literature on smallpox, vaccine, and site care 	<ul style="list-style-type: none"> • Ongoing -12/03 	<p>PHN Manager</p>

Strategic Goal: **Prevent Crime**

Operational Objective	Activities	Measure & Target	Target Date	Lead
<p>Provide 90,000 screening, brief intervention and referral (SBIR) services for substance abuse disorders</p>	<ul style="list-style-type: none"> Continue to collaborate with Alcohol and Drug Services (ADS) staff to implement and sustain SBIR services to achieve targets 	<ul style="list-style-type: none"> Establish an internal administrative support system and external communication system to administer and support SBIR for teens, adults, and over 65 in urban health care, rural health care and community settings Collaborate with Altam, ADS, AIS and additional strategic partners on additional services, future sites Collect/share regional data in order to identify priority needs/issues, consistent with HIPPA guidelines 	<ul style="list-style-type: none"> Ongoing-6/05 	<p>AOD Specialist</p>

<p>Provide timely access to adult residential drug treatment (within 21 days)</p>	<ul style="list-style-type: none"> • Promote the need for dual diagnosis awareness and screening tools • Partner with Alcohol & Drug Services (ADS) to monitor treatment availability and admissions requests ✓ Adults will be placed in appropriate treatment within 14 days • Help identify alternative funding services for providers in collaboration with ADS 	<ul style="list-style-type: none"> • Establish strategic partnerships between ADS, Adult Mental Health and local provider (s) ✓ Identify more adults with co-existing mental health and substance abuse issues; refer to appropriate services, pending bed availability • Establish administrative support system and internal communication system to administer and support timely referrals/treatment for adults/over 65 • Establish database to monitor existing/new sources of funding in East County 	<ul style="list-style-type: none"> • Ongoing-6/05 	<p>AOD Specialist</p>

Support East County Methamphetamine Solutions Project	<ul style="list-style-type: none"> • Provide technical assistance and partnership development for the East County Methamphetamine Solutions Project 	<ul style="list-style-type: none"> • Broaden strategic partnerships; collaborate on action agenda to reduce methamphetamine-related problems in East County of San Diego • Establish an internal administrative support system and external communication system to administer and support Methamphetamine Solutions Project 	<ul style="list-style-type: none"> • Ongoing-6/05 	AOD Specialist

Strategic Goal: **Promote Health, Wellness, and Self-Sufficiency**

Operational Objective	Activities	Measure & Target	Target Date	Lead
Ensure that 70% of TB infected contacts each year begin and complete treatment	<ul style="list-style-type: none"> • Conduct home visits with infected contacts to begin and complete treatment • Continue to work with East Region Public Health Nurse staff to identify and address barriers to treatment adherence 	<ul style="list-style-type: none"> • The dedicated TB Public Health Nurse, following the protocol established by TB Control Program will follow 100 % of the TB clients • TB Public Health Nurse will submit appropriate TB forms in a timely manner to the TB program in order to provide accurate analysis of TB infection in San Diego County 	<ul style="list-style-type: none"> • Ongoing-6/05 	PHN Nurse
Ensure that 65% of HIV tests administered annually are given to high- risk individuals	<ul style="list-style-type: none"> • Create partnership with testing site • Conduct outreach efforts using incentives for testing and results confirmation 	<ul style="list-style-type: none"> • 10% of increased HIV testing reported occurred through outreach efforts 	<ul style="list-style-type: none"> • Ongoing-6/05 	Public Health Nurse Manager

Increase public awareness of diabetes	<ul style="list-style-type: none"> • Increase awareness of staff and public about diabetes: <ul style="list-style-type: none"> ✓ Distribute Newsletter ✓ Attend Community events ✓ Develop partnerships with key stakeholders ✓ Ensure appropriate staff participate in Public Health Forum related to the topic of diabetes prevention 	<ul style="list-style-type: none"> • Establish an internal administrative support system and external communication system to administer and support diabetes awareness efforts 	<ul style="list-style-type: none"> • Quarterly-6/05 	Health Promotion Specialist
Achieve and maintain a 92% accuracy rate in Food Stamp benefits issued	<ul style="list-style-type: none"> • Continue to implement aggressive East Region strategies, including best practices known to fully engage individual employees • Continue Corrective Action Plan • Continue implementation of Agency-wide accountability plan 	<ul style="list-style-type: none"> • Monitor Corrective Action Plan • Complete Project Action Plan • Maintain database to follow up on case errors and training identification 	<ul style="list-style-type: none"> • Ongoing-6/05 	FRC Managers

Ensure that no more than 25% of Adult Protective Services cases referred annually are re-referred	<ul style="list-style-type: none"> • Ensure appropriate staff collaborate with APS to improve capacity to identify seniors at risk and to make appropriate referrals 	<ul style="list-style-type: none"> • Increase capacity to identify seniors at risk by collaborating with AIS to train East Region staff; transfer information/apply training by increasing the number of appropriate referrals 	<ul style="list-style-type: none"> • Ongoing-6/04 	<p>FRC Managers</p> <p>Children's Managers</p> <p>PHN Manager</p> <p>Child Care Manager</p>
Promote awareness of child care needs and gaps in affordable, quality child care availability	<ul style="list-style-type: none"> • Serve on San Diego Child Care Development and Planning Council (CCDPC) • Serve on CCDPC Resource and Development (RAD) Committee to develop strategies to maintain and increase funding and resources for child care • Raise awareness that affordable, accessible, and quality child care is essential to safe and livable communities 	<ul style="list-style-type: none"> • Continue CCDPC membership and active participation at monthly meetings • Continue participation on RAD Committee and attend monthly meetings • Coordinate presentations at regional collaboratives to educate and promote awareness of child care issues 	<ul style="list-style-type: none"> • Ongoing-6/05 	<p>Child Care Manager</p>

"Required Disciplines"
Ensuring Operational Excellence

Strategic Goal: Ensure a high level of Operational Excellence by Adhering to County Required Disciplines

Operational Objective	Activities	Measure & Target	Target Date	Lead
Reduce to zero the cost/revenue gap in the Five-Year Financial Forecast	<ul style="list-style-type: none"> • Provide input to Five-Year Financial Forecast by 2/04 • Manage to targets 	<ul style="list-style-type: none"> • Reduced Financial Forecast gap 	<ul style="list-style-type: none"> • Ongoing-6/04 	PAA
Achieve additional revenues and/or decreased expenditures to achieve \$0 or positive year-end fund balance	<ul style="list-style-type: none"> • Monitor and manage expenditures to remain within budget 	<ul style="list-style-type: none"> • Obtain zero positive year-end fund balance as measured by Pbvies 	<ul style="list-style-type: none"> • Ongoing-6/04 	PAA
Maintain or improve the customer satisfaction rating of 4.5 on a scale of 5	<ul style="list-style-type: none"> • Develop continuous improvement plans and monitor to achieve targets • Continue to refine and implement action plans based on FY 02/03 customer satisfaction survey results to improve overall satisfaction, helpfulness and courtesy 	<ul style="list-style-type: none"> • Analyzed CAO counter surveys results; maintain/improve results over time • Achieve new standard on overall satisfaction, sincere desire to understand needs, courteousness on next Peter B. Stark & Associates, Inc surveys 	<ul style="list-style-type: none"> • Quarterly-6/04 	Contract Analyst Program Managers

<p>Demonstrate regional leadership by fostering a leadership role for San Diego County</p>	<ul style="list-style-type: none"> • Expand partnership with high schools and middle/elementary schools to strengthen family support structures in 13 geographic clusters and improve access to care • Deepen partnership between community and government through East County Human Services Council through an action agenda defined by subcommittee priorities • Demonstrate the close relationship between high levels of employee engagement and performance outcomes, customer satisfaction, safety and retention by building a stronger workplace and strengths-based organization 	<ul style="list-style-type: none"> • Expansion of model beyond East Region • Expansion of membership; action agenda implementation; broadened subcommittee membership/participation • Broaden 2nd level pilot • Increases in baseline scores in next survey administration <ul style="list-style-type: none"> ✓ Q12 Impact Plan implementation ✓ Customer Satisfaction Plans 	<ul style="list-style-type: none"> • Ongoing-6/04 • Ongoing-6/04 	<p>ADD/Regional Manager</p>
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<p>Foster and maintain a skilled and diverse workforce by fostering diversity, promoting employee development and training, succession planning, and maintaining employee satisfaction</p>	<ul style="list-style-type: none"> • Collaborate with Agency HR to identify employees to participate in training on employee performance strategies and training design • Participate in implementation of Agency's succession plan as it is rolled out by Agency HR • Continue to implement and refine workgroup action plans, based on FY 01-02 Q12 scorecard results • Work with managers and supervisors, integrating strengths-based strategies into the daily work place 	<ul style="list-style-type: none"> • Regular attendance and participation in Agency HR facilitated meetings; ideas contributed to adopted plan • Workgroup understanding of survey results; improvement on baseline scores • Conduct a minimum of 6 team meetings in FY 03-04 & 04-05 and continue to find ways to build into hiring and performance management tools 	<ul style="list-style-type: none"> • Ongoing- 06/04 	<p>ADD</p>
<p>Provide and maintain the essential infrastructure needed to provide County services</p>	<ul style="list-style-type: none"> • Reassess and update capital improvement and maintenance plans for all facilities 	<ul style="list-style-type: none"> • Revise/update plans 	<ul style="list-style-type: none"> • Annually –6/04 	<p>PAA</p>
<p>Maximize the use of technology to improve efficient, effective information management needed to support County programs</p>	<ul style="list-style-type: none"> • Ensure appropriate regions/staff participates in agency ERP deployment plan as necessary 	<ul style="list-style-type: none"> • Maximize the use of technology as needed 	<ul style="list-style-type: none"> • Ongoing –6/04 	<p>DPO & Principal Clerk</p>

Ensure that no more than 3 % of desktop computers have non-standard operation systems	<ul style="list-style-type: none"> Review and justify prior to submission deviations from County Standard desktop operating systems 	<ul style="list-style-type: none"> Number of justifications submitted and % deviations approved 	<ul style="list-style-type: none"> Ongoing-06/04 	Analyst II
Promote and maintain the highest levels of accountability in all public services and operations by upholding ethical and legal standards and conducting County business as openly as possible	<ul style="list-style-type: none"> Continue to adhere to County legal and ethical conduct policy, and review Human Resources policy briefs with staff annually 	<ul style="list-style-type: none"> Document review of policy briefs Maintain current signed standards of employees conduct 	<ul style="list-style-type: none"> Ongoing-6/04 	DPO
Ensure that 95 % of contracts are monitored according to a monitoring plan	<ul style="list-style-type: none"> Develop or update monitoring plans for all East Region contracts 	<ul style="list-style-type: none"> 95 % of all East Region contracts will be in compliance with ACS audit requirements. 	<ul style="list-style-type: none"> Ongoing-6/04 	Contract Analyst
Promote continuous improvement in the workplace as a fundamental part of the organization's culture and each employee's responsibility	<ul style="list-style-type: none"> See references above on Q12 impact plans, customer satisfaction surveys, efforts to enhance existing systems and promote system change 	<ul style="list-style-type: none"> See related measures/targets 	<ul style="list-style-type: none"> Ongoing-6/04 	Respective Management Team members
Reduce IT application costs by 10 % by acquiring knowledge of application costs	<ul style="list-style-type: none"> Collaborate with Agency IT to gain knowledge about applications costs 	<ul style="list-style-type: none"> Attend monthly IT application meeting 	<ul style="list-style-type: none"> Ongoing-6/04 	PAA
Participate in safety education and training to help in the reduction of work-related injuries by 2 %	<ul style="list-style-type: none"> Collaborate with Agency HR to coordinate workplace ergonomic assessments/training Develop and implement a workplace safety plan 	<ul style="list-style-type: none"> Conduct necessary assessments as needed and provide effective training Complete plan 	<ul style="list-style-type: none"> Ongoing-6/04 	Department Personnel Officer
Monitor and reduce energy consumption to 10% below FY 00/01 baseline	<ul style="list-style-type: none"> Develop and monitor energy conservation plans for all East Region facilities 	<ul style="list-style-type: none"> Review energy consumption reports with managers 	<ul style="list-style-type: none"> Ongoing-6/04 	PAA

Sustain a 95 % level of employee performance reports completed on time	<ul style="list-style-type: none"> • Monitor performance to assure timely completion of performance reports 	<ul style="list-style-type: none"> • Maintain tracking database; achieve minimum of 95% target 	<ul style="list-style-type: none"> • Ongoing-6/04 	DPO & Principal Clerk