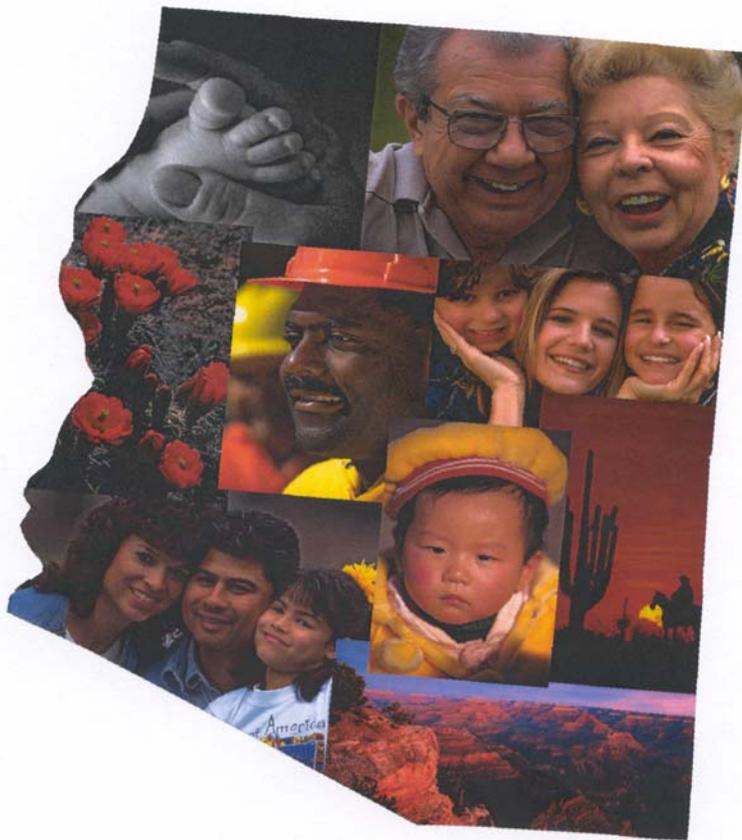


# ARIZONA DEPARTMENT OF HEALTH SERVICES

**Strategic Plan  
Fiscal Year 2008-2012**



**Leadership for a Healthy Arizona**

# Table of Contents

<b>Letter from the Director</b>	<b>3</b>
<b>Mission Statement, Vision Statement, Guiding Principles, Values</b>	<b>4</b>
<b>Strategic Issues</b>	<b>6</b>
<b>Agency Goal 1</b>	<b>10</b>
<b>Agency Goal 2</b>	<b>13</b>
<b>Agency Goal 3</b>	<b>16</b>
<b>Agency Goal 4</b>	<b>17</b>
<b>Resource Assumptions</b>	<b>20</b>

# Letter from the Director

It is my pleasure to share with you the Arizona Department of Health Services' Fiscal Year 2008-2012 Strategic Plan. This plan will guide the agency's work in effectively carrying out our roles and responsibilities for protecting and improving the health of all Arizonans.

This plan covers a variety of Department efforts. While every individual program or initiative is not mentioned, I believe the scope of this document is broad enough to capture critical issues affecting every employee and every program in the Department. I also believe that by focusing on these issues, we can make great strides in improving the health of Arizona.

I am confident that by working together cooperatively, we can accomplish the lofty goals and objectives set forth in this document.

I would like to personally thank all of you who contributed your valuable time to this plan. Recognizing that our staff is our greatest resource, this plan was developed with the input of staff and senior managers over the past several months. Without their ideas and input, this plan would not have been possible.

I look forward to working with all of you in implementing our strategic plan and creating a healthier future for all Arizonans.

Susan Gerard  
Director

# **Mission Statement**

Setting the standard for personal and community health through direct care, science, public policy, and leadership.

# **Vision Statement**

Leadership for a Healthy Arizona

# **Guiding Principles**

- Invest in prevention and health promotion: Preventing physical and mental illness is ethically and financially preferable to treating avoidable morbidity and mortality.
- Reduce disparities in health: Compelling evidence illustrates that health is determined primarily by the social conditions in which we live and work. Data shows that illness and early death cluster and are higher among marginalized subpopulation groups. This unfair distribution in the opportunity to be healthy demands priority attention and a long-term commitment to working with other government agencies, communities and the private sector.
- Be prepared: The Department of Health Services must be able to respond to health threats and emergencies as expeditiously as possible.
- Build partnerships: A robust health system requires strong collaboration with a diverse group of stakeholders because of the broad array of factors that determine health, including education, environment, transportation, air quality, and housing. The Department of Health Services must seek out “win-win” partnerships with agencies not traditionally thought of as having health-related missions, in order to work toward achieving mutual goals.

- Work towards assuring access to quality health care: It is a government's role to provide access to high-quality, culturally sensitive health services. This requires developing partnerships with, contracting with, and providing technical assistance to providers of primary medical care, specialty care, behavioral health services, dental and emergency health services, and others to develop and sustain a quality health system.
- Measure results: Learning from the Department of Health Services' past experiences and from other state departments of health is essential in maintaining a standard of excellence and innovation in Arizona.

## **Values**

Towards a more productive and efficient Department, we:

- Take responsibility and are accountable for our actions;
- Embrace innovative ideas and respect the ideas of others;
- Demonstrate our commitment to public service;
- Have respect for the clients of the Arizona health system;
- Seek out opportunities for collaboration and the sharing of information and knowledge within the Department and with our partners;
- Recognize that diversity, equal opportunity and cultural competency are a fundamental part of what we do and who we are; and
- Use good science and analysis to drive decision-making.

## Strategic Issues

### **Strategic Issue 1: Promoting recovery, resiliency, psychosocial rehabilitation, safety, and hope for persons receiving services from the Arizona State Hospital and the community based behavioral health system.**

The recognition that individuals who suffer from mental illness can actually recover from the devastating effects of that illness has been around since the 1980's. Research has confirmed that the belief that recovery is possible is a major factor affecting the quality of life of persons diagnosed with mental illness.

Traditionally, the belief in recovery was not embraced as a critical component in the treatment provided in the Arizona State Hospital or the community based behavioral health system. Psychosocial rehabilitation has been the driving philosophy for many years in the treatment of mental illness and substance abuse. While this approach has had some success, its effectiveness can be greatly enhanced by incorporating the recovery and resiliency principles into the treatment provided.

The Department is committed to identifying and establishing mechanisms to promote and institutionalize a unified vision of recovery and resiliency for the entire behavioral health system, across all populations served. This vision will be embedded within the Department's organizational culture and will guide decision making, provide focus for staff, guide the prioritization of initiatives, and promote alignment of strategies. Key strategies include self and family directed services, choice, empowering individuals and families, respecting diversity, expanding opportunities for integration and community involvement, instilling hope and encouragement, building on strengths, and celebrating successes

By establishing a unified vision, the Department can better facilitate collaboration and partnerships within the behavioral health system and the community and, most importantly, with both the individuals and families served.

### **Strategic Issue 2: Responding to threats and emergencies that place the health of Arizona's populations at risk.**

Over its history, the Department of Health Services has played a critical role in responding to emergencies, including infectious disease epidemics, chemical spills, and fires. Diverse threats, such as chemical, biological, and radiological terrorism, now provide new challenges to the Department. As the lead agency responsible for the health of Arizona residents, the Department is responsible for developing an operable statewide public health system able to prepare for, detect, and respond to large-scale natural or intentional disease events and other public health emergencies. The Department also has a critical role to play in injury prevention and the development of a trauma system, which can respond to both the every day emergency needs of the public as well as large-scale events. Critical to success is the working partnerships developed with federal, county, and tribal health agencies, community-based organizations, public safety agencies, the media, the military, behavioral health providers, emergency medical service providers, hospitals, and Arizona/Sonora border agencies. Maintaining systems in

communication and information technology is critical to ensuring that emergency preparedness efforts can respond through early warning systems, rapid communication, mobilization, and coordination.

### **Strategic Issue 3: Eliminating health disparities by closing the gaps in health status and access to care among Arizona’s diverse populations.**

Arizona’s dramatic demographic changes are a harbinger for the rest of the nation. Over 35 percent of Arizona residents belong to an ethnic or racial minority group. Those who speak a language other than English at home account for 25.9 percent of the population of Arizona, of those, 56.1 percent speak English very well (U.S. Census, 2000.) These demographic shifts coupled with the growing evidence of disparities in health services and outcomes among minority and vulnerable populations, underscore the urgent need to develop a strong minority health infrastructure.

### **Strategic Issue 4: Promoting optimal health and wellness.**

The Department of Health Services is committed to prevention and health promotion as the path to optimal health and wellness for all Arizonans. The profile of diseases contributing most heavily to death, illness, and disability among Americans has changed dramatically during the last century. Today, chronic diseases—such as cardiovascular disease (primarily heart disease and stroke), cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems (CDC, 2004).

The Department is working with health care providers, employees, and organizations to place a greater emphasis on the importance of prevention and health promotion activities. By providing leadership and state-of-the-art health information to professionals and consumers alike, the Department can promote healthier lifestyles and reduce the incidence of chronic and degenerative diseases.

### **Strategic Issue 5: Enhancing data collection, public health surveillance, and health information technology.**

The health of Arizonans depends in large part on the capability of the Public Health System of Arizona to monitor and identify the diseases, health risks, and populations at risk and to share organized electronic data between public health and health care. This information needs to be accessible, accurate, and timely enough to allow for the appropriate public health response whether it is primary, secondary or tertiary prevention.

The effective application of disease prevention strategies is heavily dependent on the quality of surveillance and intelligence information. Standards in the collection, processing, analysis and summarization of health-related data are essential to meeting the needs of the Department.

In addition, with migration to electronic medical records and soon-to-be developed regional health information organizations (RHIO--specifically designed for the purpose of sharing electronic medical records and other electronic health information between health care entities), public health data systems need to be coordinated from the outset to ensure not only participation

in RHIOs, but also to help set the stage for organized electronic data sharing. This is especially true with public health preparedness activities and the need for near real-time data.

### **Strategic Issue 6: Pursuing proactive regulation, with an emphasis on timely licensing, investigation, enforcement, and technical assistance by a well-trained and adequately staffed workforce.**

The Department of Health Services is committed to working effectively with licensed providers. While statutorily mandated to license, inspect, monitor and take appropriate enforcement action for non-compliance, the Department is also committed to a proactive regulation model. Such a model includes training assistance to providers and educating providers about required standards. By providing training and improved technical assistance, the Department can better protect the health and safety of Arizonans.

### **Strategic Issue 7: Prioritizing Tribal Issues.**

The mission of the Arizona Department of Health Services is to ensure the delivery of comprehensive public health services to the general population of Arizona including behavioral health services for the Medicaid eligible and seriously mentally ill populations. The Department and Indian Tribes and Nations in the State of Arizona share the common goal of decreasing health disparities and maximizing access to critical health services. The Department will embark on a six point initiative to enhance the working relationship between the Department and Indian Tribes and Nations. The six point initiative consist of: 1) the development of a tribal consultation policy per the directive of Governor Napolitano, 2) the review and response to public health issues raised at the Governor's Tribal Leaders summits and other Indian Tribal conferences such as the DHHS Region IX Tribal Consultation Sessions, 3) the initiation of a process for feedback to ADHS regarding interaction with tribal, Indian Health Service, Inter Tribal Council of Arizona, and Urban Indian Health Program leadership, 4) the initiation of strategic planning for data collection, prevention services, emergency preparedness, and behavioral health, 5) the initiation of Native American cultural knowledge training for ADHS staff, and 6) the initiation of site visits to reservation, urban Indian, and Indian Health Service sites by the Director. The Department is committed to working with Indian Tribes to improve the quality, availability, and accessibility to public health services and behavioral health care for American Indians in Arizona.

### **Strategic Issue 8: Recognizing, involving, collaborating, and communicating with public health constituencies.**

The Department's public health efforts depend on strong relationships with its public health partners. Such partners include other state agencies, the state universities, county health departments, federal and bi-national health entities, public health associations, non-profit organizations, and advocacy organizations. The Department is committed to improving these relationships by involving such constituencies in planning and resource allocation efforts. The Department is working to foster collaborative efforts with cross-border agencies to identify, monitor, prevent, control, and evaluate public health issues and efforts. The Department is also working with academic institutions to identify and collaborate on current and future public health

issues, such as public health workforce recruitment, training, and retention. Similarly, the Department needs to support and foster public health research by partnering with the state universities, since academic institutions are often leaders in identifying promising public health practices.

### **Strategic Issue 9: Improving customer service through E-Business solutions.**

The Department is committed to increasing customer service to internal and external customers. As part of this effort, the Department is pursuing an E-Business strategy that allows both internal and external customers to access, manipulate, and use Department information.

The Department is assessing current business processes, defining present and future needs, and developing browser-based technological solutions to meet these needs. Such browser-based solutions will allow integration and manipulation of data from numerous data sources. Once solutions have been identified and implemented, the Department will move forward in providing both internal and external customers access to data so that health trends can be assessed and health outcomes monitored. The Department is also developing its Intranet, to allow internal information to be shared and managed more easily among Health Services employees. Finally, the Department is making strides to provide critical business partners access to specific internal information resources. The Department is developing an Extranet that will allow outside partners to access and provide information to the Department in a secure manner. For example, current efforts to provide hospitals and funeral homes with an Extranet solution will allow them to send birth and death information to the Department in a more efficient, secure, and timely manner.

## **Goal 1: To promote and protect the health of Arizona's children and adults.**

**Strategy 1:** Improve Arizonans' health outcomes by preventing disease, reducing disability, and increasing access to care.

**Objective 1.1:** Reduce the incidence and impact of chronic disease, disability, and injury.

**Objective 1.2:** Increase access to primary health care.

**Objective 1.3:** Improve health outcomes for women and children.

**Objective 1.4:** Improve outcomes of health marketing efforts.

**Objective 1.5:** Partner with community members, agencies and businesses in implementing health initiatives.

### **Performance Measures:**

- Number of cessation clients who receive service from the ASHline (Objective 1.1)
- Percent of adults by ethnicity who smoked in the last 30 days (Objective 1.1)
- Percent of youth by ethnicity who used any type of tobacco in the last 30 days (Objective 1.1)
- Percent of the population served by community water systems with optimally fluoridated water (Objective 1.1)
- Older adult death rates (ages 65+) per 100,000 as a result of a serious fall (Objective 1.1)
- Unintentional injury-related death of children ages 1-14 (per 100,000) (Objective 1.1)
- Number of children receiving follow-up services through Community Health Nursing (Objective 1.1)
- Percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs who receive appropriate follow-up as defined by their state (Objective 1.1)
- Percent of newborns screened and identified by the Birth Defects Registry who are informed of and/or enrolled in CRS services (Objective 1.1)
- Percent of youth with special health care needs who received the services necessary to transition to all aspects of adult life (Objective 1.1)
- Number of learning modules available on the e-learning system, and the number of individuals participating including CME credits offered (Objective 1.1)
- Number of women of child bearing age receiving folic acid education and multivitamins (Objective 1.1)
- Number of local health care workers trained on diabetes, nutrition, physical activity, asthma, and environmental triggers in STEPS communities (Objective 1.1)
- Number of schools participating in school-based, evidence-based disease prevention efforts (Objective 1.1)
- Percent of schools with after-school physical activity programs (Objective 1.1)

- Number of J-1 visa waivers supported (Objective 1.2)
- Number of National Health Service Corp placements (Objective 1.2)
- Number of Health Professional Shortage act designations obtained (Objective 1.2)
- Percent of families reporting they receive care for their child with special health care needs in a medical home (Objective 1.2)
- Percent of children with special health care needs age 0 to 18 years who receive coordinated, ongoing, comprehensive care within a medical home (Objective 1.2)
- Percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive (Objective 1.3)
- Percent of high-risk children who receive dental care annually (Objective 1.3)
- Number of children who receive preventative dental sealants through the Arizona Dental Sealant Program (Objective 1.3)
- Percent of adult population meeting nutrition standards (Objective 1.3)
- Number of minority health and health disparity areas of focus identified by the Minority Health Advisory Committee (Objective 1.5)

**Strategy 2:** Build and support public health infrastructures that detect, control, and protect Arizonans from infectious diseases and environmental threats and enhance the State’s ability to respond to public health emergencies.

**Objective 2.1:** Partner with community providers and other public health entities to further refine coordinated responses to public health threats, risks, and emergencies.

**Objective 2.2:** Improve the timeliness of processing, analyzing, and reporting disease surveillance and laboratory data.

**Objective 2.3:** Decrease the incidence of injury and disease.

**Performance Measures:**

- Number of persons who have received training on bioterrorism and public health emergency response activities (Objective 2.1)
- Number and percentage of Department staff who have received basic emergency response and family preparedness training (Objective 2.1)
- Number and percentage of key Department staff who have completed National Incident Management System awareness training course (Objective 2.1)
- Percent of trauma center designation applicants designated within 90 days of meeting all eligibility requirements (Objective 2.1)
- Number of agencies, organizations, and other entities reporting to MEDSIS. (Objective 2.2)
- Percentage of diseases tracked using MEDSIS (Objective 2.2)
- Percent of resident children under 6 years of age in the immunization registry with an immunization event (Objective 2.3)
- Percent of adults (65+) vaccinated for influenza (Objective 2.3)
- Number of persons with Hepatitis C per 100,000 (Objective 2.3)
- Cases of lead poisoning (Pb> 20 ug/dL) (Objective 2.3)
- Number of new HIV cases per 100,000 (Objective 2.3)

- Number of schools implementing required new Sun Safety Education program (Objective 2.3)

**Strategy 3:** Enhance collection, analysis, and dissemination of data and public health surveillance efforts to support Departmental goals and programmatic and public policy decisions.

**Objective 3.1:** Standardize key data elements to allow for better integration, linkages, and warehousing.

**Objective 3.2:** Ensure availability of public health data to public health partners while protecting confidentiality.

**Objective 3.3:** Ensure that public health data meets programmatic needs for high quality data.

**Objective 3.4:** Produce timely and accurate data using state of the art technology for data collection, processing, and analysis.

**Objective 3.5:** Ensure statutes and rules provide proper authorization and flexibility to collect and use public health data.

**Performance Measures:**

- Number of hospital emergency department and in-patient data records processed (in millions) (Objective 3.3)
- Percentage of contributors to birth and death records who are using the on-line registration process (Objective 3.4)

**Strategy 4:** Identify, connect, and provide support for programs and practices that encourage and enable older adults to remain healthy, engaged community members.

**Objective 4.1:** Identify data and trends related to the health of older adults.

**Objective 4.2:** Enhance health promotion and disease prevention efforts aimed at improving the health of older adults.

**Objective 4.3:** Identify and implement changes needed to protect older adults in licensed long-term care and community-based facilities.

**Objective 4.4:** Identify and address the behavioral health needs of older adults.

**Performance Measures:**

- Percent of adults (65+) receiving the influenza vaccine (Objective 4.2)
- Older adult death rates (age 65+) per 100,000 as a result of a serious fall (Objective 4.2)
- Percent of physically active older adults (age 65+) (Objective 4.2)
- Number of older adults (age 65+) served by the behavioral health system. Objective 4.4)

**Strategy 5:** Recognize, involve, and communicate with public health constituencies.

**Objective 5.1:** Partner with county health departments in communication, planning, resource allocation, and program development efforts.

**Objective 5.2:** Improve and standardize the contracting process with counties, tribes, and other public health entities.

**Objectives 5.3:** Provide support to the twenty-one Indian Tribes of Arizona, the three urban Indian health programs, the Inter Tribal Council of Arizona, and the Indian Health Service in accomplishing their public health goals and objectives.

**Objective 5.4:** Coordinate and integrate cross-border public health program efforts.

**Performance Measures:**

- Number of Department staff trained in county health department relations (Objective 5.1)
- Number of community partners receiving technical assistance or training on preparation of Contractor Expenditure Reports/Invoices (Objective 5.2)
- Number of meetings held among the directors of the Department of Health Services, the three Indian Health Services Area Offices, the Inter Tribal Council of Arizona, and the Navajo Division of Health (Objective 5.3)
- Number of tribes who have entered into bioterrorism intergovernmental agreements with the Department of Health Services (Objective 5.3)
- Number of meetings held with U.S. and Mexico Border partners on border health issues (Objective 5.4)

**Goal 2: To ensure a comprehensive, unified, high quality behavioral health system for Arizonans.**

**Strategy 1:** To promote recovery, resiliency, psychosocial rehabilitation, safety and hope for persons receiving services from the Arizona State Hospital, the Arizona Community Protection and Treatment Center, and the community based behavioral health system.

**Objective 1.1:** Chart the recovery vision and champion it in the community, at the Arizona State Hospital and the Arizona Community Protection and Treatment Center, and with the T/RBHAs and providers.

**Objective 1.2:** Strengthen the collaboration between the Arizona State Hospital and community based behavioral health providers to maximize the treatment benefits for persons admitted to the State Hospital.

**Objective 1.3:** Serve all children/youth and their families according to the Arizona Vision and 12 Principles through the CFT Practice Model

**Objective 1.4:** Increase peer involvement for persons receiving services from the Arizona State Hospital, the Arizona Community Protection and Treatment Center, and the community based behavioral health system.

**Objective 1.5:** Increase family and community involvement for persons receiving services from the Arizona State Hospital, the Arizona Community Protection and Treatment Center, and the community based behavioral health system.

**Objective 1.6:** Achieve a cultural shift to recovery model in the behavioral health system through training and supervision.

**Objective 1.7:** Support the recovery model in the behavioral health system through client education on rights and self-advocacy

**Objective 1.8:** Achieve clinical excellence in the behavioral health system through best practice, quality supervision, and superior coaching and training practices.

**Objective 1.9:** Reduce or eliminate seclusions, restraints, and assaults at the Arizona State Hospital.

**Objective 1.10:** Build a new forensic Arizona State Hospital and facilities for Hospital support functions.

**Objective 1.11:** Ensure a safe and secure physical hospital environment.

**Objective 1.12:** Increase care management activities for residents of the Arizona Community Protection and Treatment Center.

**Objective 1.13:** Implement current Best Practices for sex offender treatment.

**Objective 1.14:** Increase community supervision and reintegration for residents of the Arizona Community Protection and Treatment Center.

**Objective 1.15:** Achieve coordination among criminal justice agencies that deal with sex offenders.

**Performance Measures:**

- Number of discharged residents with rehabilitation/community re-integration plan in place identifying vocational, leisure and social networks (Objective 1.1)
- Number of annual activities involving peer support specialists (Objective 1.14)
- Number of family members participating on committees (Objective 1.5)
- Number of fairs conducted (Objective 1.5)
- Percent of clinical staff trained in the recovery model (Objective 1.6)
- Percent of non-clinical staff trained in the recovery model (Objective 1.6)
- Number of clients receiving educational materials on rights and self-advocacy (Objective 1.7)
- Percent of staff trained in the coaching approach (Objective 1.8)
- Number of seclusions, restraints, and assaults at the Arizona State Hospital (Objective 1.9)
- Number of workers' compensation claims filed (Objective 1.11)
- Percent of staff receiving emergency preparedness training (Objective 1.11)
- Number of Arizona Community Protection and Treatment Center resident assessments and discharge plans completed (Objective 1.12)
- Number of interactions among agencies dealing with sex offenders designed to increase community networking, enhance education, and promote sharing of information and prevention strategies (Objective 1.15)

**Strategy 2:** To collaborate with community partners and public health in the design and delivery of behavioral health services.

**Objective 2.1:** DBHS and Public Health work collaboratively to achieve a viable and effective behavioral health disaster response.

**Objective 2.2:** Establish a common vision for individuals in multiple state systems.

**Objective 2.3:** Ensure accessibility to behavioral health services to tribes and residents of rural Arizona.

**Performance Measures:**

- Number of staff receiving National Incident Management System and Incident Command System (Objectives 2.1)
- Number of meetings held with other state agencies that refer adults or youth to the behavioral health system (Objectives 2.2)
- Number of collaborations with tribes to establish direct contracts with RBHAs (Objectives 2.3)

**Strategy 3:** To Enhance Technology to Support the Arizona State Hospital, the Arizona Community Protection and Treatment Center, and the Division of Behavioral Health Services.

**Objective 3.1:** Implement electronic medical records at the Hospital, the Arizona Community Protection and Treatment Center and in the community based behavioral health system.

**Objective 3.2:** Install e-mail in the Arizona Community Protection and Treatment Center.

**Objective 3.3:** Configure the information system to support the recovery focus of the Division of Behavioral Health.

**Performance Measures:**

- Number of staff trained on use of electronic medical records (Objective 3.1)
- Number of databases migrated to a standardized collection and reporting system (Objective 3.3)

**Goal 3: To ensure the health and safety of all Arizonans through a comprehensive system for licensing, monitoring, and technical assistance.**

**Strategy 1:** Increase the timeliness and effectiveness of the Department's processes for licensing and investigating regulated facilities.

**Objective 1.1:** Increase provider compliance with health and childcare regulations.

**Objective 1.2:** Improve the efficiency of the licensing process.

**Objective 1.3:** Improve recruitment and retention of employees.

**Objective 1.4:** Improve organizational effectiveness through the implementation of a comprehensive automation system.

**Performance Measures:**

- Percent of priority two child care complaint investigations initiated within ten days (Objective 1.1)
- Percent of priority two health care complaint investigations initiated within ten days (Objective 1.1)
- Ratio of substantiated allegations to total number of allegations investigated (Objective 1.1)
- Average number of citations identified on renewal surveys (Objective 1.1)
- Percent of health care re-licensure surveys completed on time (Objective 1.2)

- Percent of child care re-licensure surveys completed on time (Objective 1.2)
- Percent of initial surveys completed within timeframes (Objective 1.2)
- Ratio of surveyors to facilities (Objective 1.2)
- Licensing staff turnover rate (Objective 1.3)

**Strategy 2:** Improve communications to consumers, providers, and employees.

**Objective 2.1:** Improve consumer’s awareness of the Department as a resource for health care and child care information.

**Objective 2.2:** Improve communication with licensed providers.

**Objective 2.3:** Improve communication with licensing employees.

**Objective 2.4:** Improve interagency communications.

**Performance Measures:**

- Number of visits to the licensing services website (per month) (Objective 2.1)
- Percent of licensed providers satisfied with services (Objective 2.2)
- Employee satisfaction survey results (Objective 2.3)
- Percent increase in the number of interagencies satisfied with licensing services (Objective 2.3)

**Goal 4: To deliver courteous, efficient, responsive, and cost-effective service to the Department’s external and internal customers, stakeholders, and key policymakers.**

**Strategy 1:** Address the needs of the Department’s current and future workforce.

**Objective 1.1:** Develop and implement methods of addressing opportunities and challenges posed by an aging workforce.

**Objective 1.2:** Implement competitive salaries and benefits for the Department's workforce.

**Objective 1.3:** Develop and implement aggressive recruitment and retention strategies to ensure adequate staffing levels and assist in meeting targeted workforce needs in areas such as nursing.

**Objective 1.4:** Develop effective Department internship and mentoring programs.

**Performance Measure:**

- Percent of Department staff turnover (Objective 1.1, 1.2, 1.3)
- Percent of Department staff with approved flex schedules or telecommuting agreements (Objective 1.1 and 1.2)
- Percent of Department staff involved in mentoring programs (Objective 1.4)
- Number of internships sponsored by the Department (Objective 1.4)

**Strategy 2:** Support the implementation of Department goals through improved business services.

**Objective 2.1:** Secure timely and cost-effective travel services for Department staff.

**Objective 2.2:** Implement improvements to the Department's current procurement policies, practices, and procedures.

**Objective 2.3:** Develop user-friendly policies and procedures that contribute to increased operational efficiencies.

**Performance Measures:**

- Average days to pay travel claims (Objective 2.1)
- Number of amendments processed (Objective 2.2)
- Percent of purchase and contract requisitions processed in 10 days (0-\$1000) (Objective 2.2)
- Percent of purchase and contract requisitions processed in 12 days (\$1,001-5,000) (Objective 2.2)
- Percent of purchase and contract requisitions processed in 20 days (\$5,001-50,000) (Objective 2.2)
- Percent of written policies and procedures revised and implemented (Objective 2.3)

**Strategy 3:** Work with Department stakeholders and external partners to identify and apply emerging technologies that will support and improve the delivery of health programs and services.

**Objective 3.1:** Refine information technology policies and procedures to address new security concerns, emerging technology, and business needs.

**Objective 3.2:** Provide a highly available and flexible information technology environment that supports the implementation and maintenance of enterprise applications, business communications, and internet-based public services.

**Objective 3.3:** Enhance the Department's ability to further the State's e-Government initiative through implementation of Internet technology.

**Objective 3.4:** Identify and communicate information technology priorities and planning efforts.

**Objective 3.5:** Provide and maintain high quality, current, and standardized systems for the Department and those it serves.

**Performance Measure:**

- Number of Department staff who can remotely connect to Department information systems (Objective 3.1)
- Percent of Department information technology resources supported for continuous operations (Objective 3.2, 3.5)
- Number of publicly available services provided through the Internet (Objective 3.3)



**Department of Health Services**

**Resource Assumptions - Summary**

*Five-Year Strategic Plan*

Current Year (FY 2007) and Future Years FY 2008 - FY 2012

**All Goals - Agency Resource Summary**

	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<b>Full Time Equivalent (FTE)</b>	2,382.3	2,525.2	2,525.2	2,525.2	2,525.2	2,525.2
General Fund	549,247,600.0	764,409,000.0	799,555,978.5	836,422,294.6	875,094,543.3	915,663,737.7
Other Appropriated Fund	73,173,100.0	43,843,900.0	44,732,499.0	45,694,247.7	46,676,674.0	47,680,222.5
Non Appropriated Fund	1,005,721,300.0	1,077,243,100.0	1,132,638,076.7	1,190,884,109.2	1,252,127,988.6	1,316,524,064.7
Federal Funds	<u>227,682,300.0</u>	<u>227,055,400.0</u>	<u>231,937,091.1</u>	<u>236,923,738.6</u>	<u>242,017,598.9</u>	<u>247,220,977.3</u>
<b><u>TOTAL FUNDS - ALL GOALS</u></b>	<b><u>1,855,824,300.0</u></b>	<b><u>2,112,551,400.0</u></b>	<b><u>2,208,863,645.2</u></b>	<b><u>2,309,924,390.0</u></b>	<b><u>2,415,916,804.8</u></b>	<b><u>2,527,089,002.2</u></b>

**Assumptions:**

The Resource Assumption estimate assumes full funding for the Department's entire Decision Packages in the FY 2008 Budget Request.

The FY 2008 Budget Request was used as the base to project estimates for FY 2009 through FY 2012. An annual inflation factor of 2.15% was added to Fiscal Years 2009 - 2012.

In addition, a 3% increase for medical inflation was estimated for Behavioral Health Services and Children's Rehabilitative Services Title XIX entitlement programs.

A change in FTE Positions is not projected in this Resource Assumption.

**Department of Health Services**

**Goal 1 - Resource Assumptions**

*Five-Year Strategic Plan*

Current Year (FY 2007) and Future Years FY 2008 - FY 2012

**Goal 1: To promote and protect the health of Arizona's children and adults.**

	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<b>Full Time Equivalent (FTE)</b>	756.5	778.4	778.4	778.4	778.4	778.4
General Fund	85,077,200.0	105,898,000.0	111,351,747.0	117,086,362.0	123,116,309.6	129,456,799.6
Other Appropriated Fund	20,625,700.0	20,625,700.0	21,069,152.6	21,522,139.3	21,984,865.3	22,457,539.9
Non Appropriated Fund	105,523,700.0	111,346,900.0	117,081,265.4	123,110,950.5	129,451,164.5	136,117,899.4
Federal Funds	<u>180,031,700.0</u>	<u>179,497,500.0</u>	<u>183,356,696.3</u>	<u>187,298,865.2</u>	<u>191,325,790.8</u>	<u>195,439,295.3</u>
<b><u>TOTAL FUNDS - GOAL 1</u></b>	<b><u>391,258,300.0</u></b>	<b><u>417,368,100.0</u></b>	<b><u>432,858,861.2</u></b>	<b><u>449,018,317.0</u></b>	<b><u>465,878,130.2</u></b>	<b><u>483,471,534.2</u></b>

**Assumptions:**

The Resource Assumptions assume full funding for the Department's entire Decision Packages in the FY 2008 Budget Request. This includes the State Match from the General Fund and Matching Federal Funds for the Children's Rehabilitative Services.

The projections for FY 2009 through FY 2012 include an annual inflation factor at 2.15 percent. An additional 3% was used for the Children's Rehabilitative Services Title XIX entitlement program to allow for an increase in medical inflation. This is reflected under the General Fund and Non Appropriated Fund area.

The FY 2008 through FY 2012 projections assume continued committed funding by the state for Maintenance of Effort and State Match requirements to draw down federal funding.

**Department of Health Services**

**Goal 2 - Resource Assumptions**

*Five-Year Strategic Plan*

Current Year (FY 2007) and Future Years FY 2008 - FY 2012

**Goal 2: To ensure a comprehensive, unified behavioral health system for Arizonans.**

	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<b>Full Time Equivalent (FTE)</b>	1,110.1	1,219.5	1,219.5	1,219.5	1,219.5	1,219.5
General Fund	439,243,300.0	632,671,000.0	661,808,671.5	692,372,868.1	724,435,463.3	758,071,998.2
Other Appropriated Fund	41,239,400.0	10,814,600.0	10,993,069.0	11,229,420.0	11,470,852.5	11,717,475.8
Non Appropriated Fund	898,248,600.0	963,947,200.0	1,013,565,907.8	1,065,739,450.7	1,120,599,391.4	1,178,284,067.8
Federal Funds	<u>42,763,800.0</u>	<u>42,701,900.0</u>	<u>43,619,990.9</u>	<u>44,557,820.7</u>	<u>45,515,813.8</u>	<u>46,494,403.8</u>
<b><u>TOTAL FUNDS - GOAL 2</u></b>	<b><u>1,421,495,100.0</u></b>	<b><u>1,650,134,700.0</u></b>	<b><u>1,729,987,639.2</u></b>	<b><u>1,813,899,559.4</u></b>	<b><u>1,902,021,521.1</u></b>	<b><u>1,994,567,945.6</u></b>

**Assumptions:**

The Resource Assumptions assume full funding for the Department's entire Decision Packages in the FY 2008 Budget Request.

The projections for FY 2009 through FY 2012 include an annual inflation factor at 2.15, using the FY 2008 budget request as the initial base amount.

A very conservative 3% was added to the annual overall inflation factor to allow for the increases for medical inflation for Behavioral Health.

This increase is reflected under the General Fund area and Non Appropriated Fund area.

The FY 2008 through FY 2012 projections assume continued committed funding by the state for Maintenance of Effort and State Match requirements to draw down federal funding.

**Department of Health Services**

**Goal 3 - Resource Assumptions**

*Five-Year Strategic Plan*

Current Year (FY 2007) and Future Years FY 2008 - FY 2012

**Goal 3: To ensure the health and safety of all Arizonans through comprehensive systems for licensing, monitoring, and technical assistance.**

	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<b>Full Time Equivalent (FTE)</b>	267.2	278.8	278.8	278.8	278.8	278.8
General Fund	9,532,400.0	10,306,100.0	10,527,681.2	10,754,026.3	10,985,237.9	11,221,420.5
Other Appropriated Fund	1,298,500.0	1,357,500.0	1,386,686.3	1,416,500.0	1,446,954.8	1,478,064.3
Non Appropriated Fund	1,938,300.0	1,938,300.0	1,979,973.5	2,022,542.9	2,066,027.6	2,110,447.1
Federal Funds	<u>4,209,800.0</u>	<u>4,209,800.0</u>	<u>4,300,310.7</u>	<u>4,392,767.4</u>	<u>4,487,211.9</u>	<u>4,583,686.9</u>
<b><u>TOTAL FUNDS - GOAL 3</u></b>	<b><u>16,979,000.0</u></b>	<b><u>17,811,700.0</u></b>	<b><u>18,194,651.6</u></b>	<b><u>18,585,836.6</u></b>	<b><u>18,985,432.0</u></b>	<b><u>19,393,618.8</u></b>

**Assumptions:**

The Resource Assumptions assume full funding for the Department's entire Decision Packages in the FY 2008 Budget Request.

The projections for FY 2009 through FY 2012 include an annual inflation factor at 2.15 percent, using the FY 2008 Budget Request as the initial base amount.

The FY 2008 through FY 2012 projections assume continued committed funding by the state for Maintenance of Effort and State Match requirements to draw down federal funding.

**Department of Health Services**

**Goal 4 - Resource Assumptions**

*Five-Year Strategic Plan*

Current Year (FY 2007) and Future Years FY 2008 - FY 2012

**Goal 4: To deliver courteous, efficient, responsive, and cost-effective service to the agency's external and internal customers, stakeholders, and key policymakers.**

	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<b>Full Time Equivalent (FTE)</b>	248.5	248.5	248.5	248.5	248.5	248.5
General Fund	15,394,700.0	15,533,900.0	15,867,878.9	16,209,038.2	16,557,532.6	16,913,519.5
Other Appropriated Fund	10,009,500.0	11,046,100.0	11,283,591.2	11,526,188.4	11,774,001.4	12,027,142.4
Non Appropriated Fund	10,700.0	10,700.0	10,930.1	11,165.0	11,405.1	11,650.3
Federal Funds	<u>677,000.0</u>	<u>646,200.0</u>	<u>660,093.3</u>	<u>674,285.3</u>	<u>688,782.4</u>	<u>703,591.3</u>
<b><u>TOTAL FUNDS - GOAL 4</u></b>	<b><u>26,091,900.0</u></b>	<b><u>27,236,900.0</u></b>	<b><u>27,822,493.4</u></b>	<b><u>28,420,677.0</u></b>	<b><u>29,031,721.5</u></b>	<b><u>29,655,903.5</u></b>

**Assumptions:**

The Resource Assumptions assume full funding for the Department's entire Decision Packages in the FY 2008 Budget Request.

The projections for FY 2009 through FY 2012 include an annual inflation factor at 2.15 percent, using the FY 2008 Budget Request as the initial base amount.