



*Building a*  
HEALTHIER COMMUNITY  
*together*

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2019-2021 STRATEGIC PLAN



COUNTY  
OF  
**Placer**  
HEALTH & HUMAN SERVICES

## **Building a Healthier Community Together**

**Placer County Health and Human Services | 2019-2021 Strategic Plan**

Prepared by: Placer County Health and Human Services, in consultation with Pacific Health Consulting Group

***Revised, February 2020***

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## Overview

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In 1996, a group of forward-looking Placer County leaders made the most of the growing movement to provide more comprehensive and less fragmented services. Their efforts helped give rise to the passage of Senate Bill 1846, which directed Placer County to be one of the first California communities to create an integrated health and human services pilot program. This cutting-edge legislation sought to overcome challenges that had long stymied the delivery of client-centered, holistic services – namely, that health and social services were offered through separate and uncoordinated programs established in response to narrow funding, reporting and reimbursement requirements.

More than 20 years later, Placer County Health and Human Services (HHS) has emerged from this effort as a nationally recognized, award-winning organization committed to building a healthier community. Propelled by its accomplishments, HHS no longer represents a structure to test. It is now an enduring model, established into law with the passage of Assembly Bill 2547.<sup>1</sup>

With its knowledgeable and committed staff of over 750 people, HHS offers integrated programs through five operating divisions: Adult System of Care, Children’s System of Care, Environmental Health and Animal Services, Human Services and Public Health, with fiscal guidance and oversight from Administrative Services. Together, the Department serves the community through a combination of direct services and a robust network of public, private and community-based partners.

While HHS is lauded for its leadership, innovative spirit and committed workforce, the Department is facing a dynamic and ever-changing environment. Placer County’s population is evolving. The county has grown faster than California overall, and residents are aging and becoming more diverse. There are also uncertainties around federal reform, as well as policy changes at the state level with the potential to affect HHS and the communities it serves. And while the Department is regarded for its integrated structure, no formal process has been put in place in some time to understand what makes the model work or where it is not living up to expectations.

With this as context, HHS embarked on an inclusive strategic planning process over several months to align its priorities, strategies and structure to stay relevant to the changing needs of Placer County. Recognizing that a shifting landscape often creates new pathways for change, the Department challenged itself to think boldly not only about how to meet today’s challenges, but also about how to capitalize on opportunities to build a healthier community for tomorrow.

What has emerged is a department-wide strategic plan – the first in many years – that will bring greater focus and intention to address immediate- and mid-term needs. It includes a framework for the next three years, but also calls for HHS to refresh its plan over time, especially as new opportunities or changes in the environment arise. We recognize that this plan will require us to act in new ways, and we are prepared to do the work necessary to achieve our priorities. We

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<sup>1</sup> For additional information, please refer to the California Welfare and Institutions Code, Section 18986.60 | Placer County Integrated Health and Human Services Program

will also continue to be adaptive and responsive, working collaboratively with our partners to build a healthier Placer, together.

Listed below is a visual representation of the HHS strategic plan priorities, from 2019-2021. We know that a good strategic plan is a living document. Thus, starting in 2021 we plan on engaging in a strategic refresh. We will take stock of our success and challenges, gauge our momentum and re-set our future course.

### **Placer County Health and Human Services Strategic Plan: Four Priorities**



The pages that follow include our vision, mission and values, and priorities and strategies – along with specific projects and markers of success. The plan also includes information about our planning process; an environmental scan to shed light on a host of issues; and acknowledgments.

# Vision, Mission and Values

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## Vision

A safe, healthy and connected community in which all members flourish.

*Our vision statement defines what we want to achieve.*

## Mission

Building health and well-being in Placer County as leaders, innovators, and partners with our community to strengthen, support and protect all who live here.

*Our mission articulates the purpose of our department.*

## What We Value

*We embrace these values for ourselves and for the community that we serve:*

- Collaboration                      Leadership
- Excellence                          Innovation
- Compassion

## Priorities, Strategies, Projects and Measures

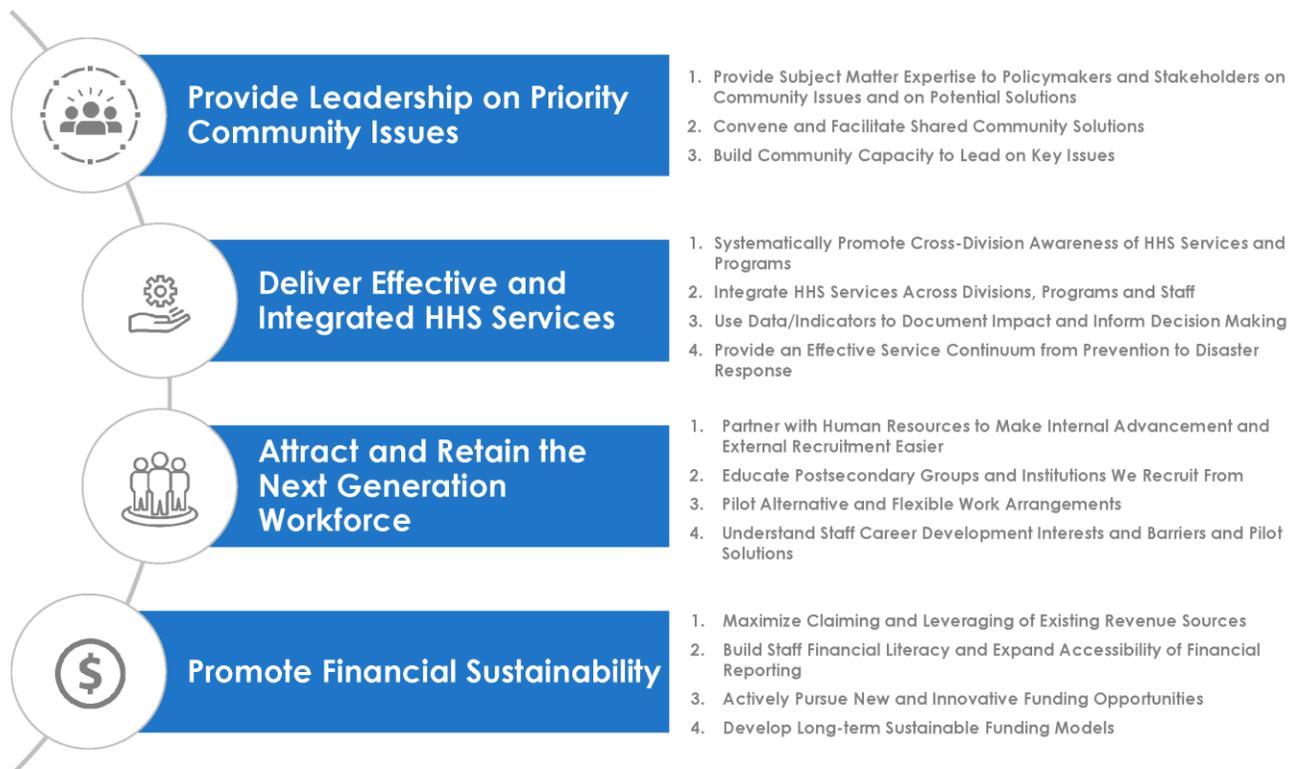
Our intent with this plan is to provide a clear picture of the Department's strategic direction for the next three years. This section presents the four priorities that HHS intends to achieve. For each priority, there are a set of strategies and projects—a set of actions or steps that will lead to the accomplishment of the broader priority. The markers of success are initial metrics to be used to determine the extent to which priorities have been achieved. These metrics will be further refined as HHS implements the plan.

The four overarching priority areas of this plan are:

1. Provide leadership on priority community issues
2. Deliver effective and integrated HHS services
3. Attract and retain the next generation workforce
4. Promote financial sustainability

Following is a visual representation of the framework listing priorities and strategies, along with a narrative accompaniment.

### Placer County Health and Human Services Strategic Plan Framework: 2019-2021



## Priority 1 | Provide Leadership on Priority Community Issues

In addition to the delivery of effective and integrated direct services, HHS will provide leadership on key issues affecting the community. This includes current issues, such as homelessness, mental health, substance use, service access and navigation, and emergency preparedness and disaster response, as well as new issues that may emerge over time. To support the community in addressing these issues, HHS will:

- Provide subject matter expertise to stakeholders and policymakers about the scope and impact of current and emerging issues and challenges affecting the community, and on potential solutions, including researching evidence-based solutions and best practices;
- Support policymaker discussions and decisions, as appropriate, by providing data, research and analysis;
- Convene community service providers and stakeholders with the goal of developing coordinated community solutions; and,
- Prioritize efforts to build the capacity of community agencies to provide services or leadership to address priority community issues.

Specific projects – broken out by year – and markers of success are listed in the table below. Each project will be accompanied by a work plan that includes more detail about the activities involved, team leads and support staff, timelines and measurable targets.

Year	Projects	Markers of Success
2019	<ul style="list-style-type: none"> <li>• Inform decision-makers on priority community issues: homelessness; mental health, substance use and trauma; service access and navigation; and, other key and emerging issues</li> <li>• Coordinate a community and countywide response to trauma and resilience</li> <li>• Create an inventory of events and organizations aligned around priority community issues</li> <li>• Serve as speaker or panelist at key community events</li> <li>• Leverage existing funding streams to develop additional homeless housing options</li> </ul>	<ul style="list-style-type: none"> <li>• Policymakers and community partners better understand key community issues</li> <li>• Grow additional homeless housing options by 3 buildings or 18 units</li> </ul>
2020	<ul style="list-style-type: none"> <li>• Develop and implement the annual HHS policy platform</li> <li>• Promote strategies to address opioid-related impacts</li> <li>• Expand homeless housing and placement options for multiple populations and ages</li> <li>• Develop recommendations about having staff volunteer with Placer nonprofits</li> </ul>	<ul style="list-style-type: none"> <li>• HHS is viewed as a subject matter expert and key convener</li> <li>• HHS staff better understand the role of area nonprofits and leverage their capabilities</li> </ul>

Year	Projects	Markers of Success
2021	<ul style="list-style-type: none"> <li>• Formalize HHS's process for leading on priority community issues</li> <li>• Engage other organizations with the potential to advance priority issues but who need capacity building to do so effectively</li> </ul>	<ul style="list-style-type: none"> <li>• Placer County's system of services and supports is more responsive and in tune with key community issues</li> </ul>

## Priority 2 | Deliver Effective and Integrated HHS Services

HHS will take steps to maximize the quality, efficiency and impact of services delivered directly by the Department. This includes promoting more awareness, coordination and integration between HHS divisions, programs and services. Specific strategies will:

- Systematically promote awareness across divisions of the full range of HHS services and programs, as well as the overlap of client populations;
- Invest strategically in “integration” projects that promote logical integration of services and programs across HHS that touch similar populations or address similar needs;
- Ensure the use of data indicators to both document the impact of programs/services and inform decision-making by HHS leadership; and,
- Prepare an effective service continuum from prevention to disaster response.

Specific projects – broken out by year – and markers of success are listed in the table below. Each project will be accompanied by a workplan that includes more detail about the activities involved, team leads and support staff, timelines and measurable targets.

Year	Projects	Markers of Success
2019	<ul style="list-style-type: none"> <li>• Create and hold an HHS-wide all staff meeting or resource fair</li> <li>• Design and convene an integrated work teams for veterans, homelessness, and people receiving child welfare and CalWORKs services</li> <li>• Implement transformation of the foster care system through Continuum of Care Reform</li> <li>• Evaluate methods in both small and large counties to share client information across divisions</li> <li>• Grow public information efforts, including launching the new HHS website and deepening the Department's presence on social media</li> <li>• Design 2-1-1 information and referral system</li> </ul>	<ul style="list-style-type: none"> <li>• Employees report greater awareness and coordination of HHS services</li> <li>• HHS clients report high satisfaction with the services they receive</li> </ul>
2020	<ul style="list-style-type: none"> <li>• Refine HHS Building programming, assess common lobby and electronic document management systems, and evaluate existing lobbies for accessibility</li> <li>• Convene veterans services integrated work team</li> <li>• Create operational and impact dashboards for each division</li> <li>• Launch 2-1-1 Placer</li> </ul>	<ul style="list-style-type: none"> <li>• Divisions use high-quality data to reflect upon and improve services</li> <li>• Funded partners and HHS impact program performance in real-time</li> </ul>

Year	Projects	Markers of Success
2021	<ul style="list-style-type: none"> <li>• Evaluate universal lobby management software systems that allow for self-service check-in, regardless of HHS division software system used</li> <li>• Create a proposal process to select a technology partner with experience implementing lobby management software and virtual appointment scheduling and tracking</li> <li>• Conduct a results-driven contracting and active contract monitoring pilot</li> </ul>	<ul style="list-style-type: none"> <li>• HHS institutionalizes use of data to improve services and supports</li> </ul>

### Priority 3 | Attract and Retain the Next Generation Workforce

HHS seeks to attract a diverse, qualified and motivated workforce, as well as support the retention and professional advancement of our employees. With this goal in mind, HHS has articulated several specific strategies, including:

- Partner with Human Resources to streamline internal systems and practices that make it easier and more navigable for existing employees to advance internally and for outside candidates to understand and apply for positions with HHS;
- Work with Human Resources to collaboratively educate outside organizations and institutions from which HHS typically recruits about the opportunities and benefits of working at HHS;
- Investigate best practices in other counties and selectively pilot alternative and flexible work arrangements for employees; and,
- Evaluate and better understand the career development interests and barriers facing HHS employees, and pilot new interventions to support career development interests and reduce advancement barriers.

Specific projects – broken out by year – and markers of success are listed in the table below. Each project will be accompanied by a work plan that includes more detail about the activities involved, team leads and support staff, timelines and measurable targets.

Year	Projects	Markers of Success
2019	<ul style="list-style-type: none"> <li>• Develop a telecommute/telework pilot in Human Services and/or In-Home Supportive Services</li> <li>• Complete a study analyzing which positions and types of work are amenable and feasible to alternative work schedules</li> <li>• Develop opportunities, resources and guidelines for an HHS mentorship program</li> <li>• Work with Human Resources to explore classification retitling – starting first with Environmental Health and Animal Services and Adult System of Care</li> <li>• Develop a summary of existing recruitment at universities and develop a plan to expand internships</li> </ul>	<ul style="list-style-type: none"> <li>• More HHS staff work remotely while delivering high-quality services</li> <li>• Increase in qualified and diverse HHS applicants that meet division-specific employment needs</li> </ul>
2020	<ul style="list-style-type: none"> <li>• Start telecommute pilot in Human Services and In-Home Supportive Services</li> <li>• Develop structured exit and stay interview process and calculate retention and promotion rates</li> <li>• Recommend activities to strengthen the cultural and linguistic responsiveness of the HHS workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Staff report greater satisfaction</li> <li>• Increased interest in working for HHS</li> </ul>
2021	<ul style="list-style-type: none"> <li>• Institutionalize telecommute/telework pilot</li> <li>• Explore other alternative work schedules</li> </ul>	<ul style="list-style-type: none"> <li>• HHS is a sought-after employer</li> <li>• Staff are retained for</li> </ul>

Year	Projects	Markers of Success
		longer periods of time

## Priority 4 | Promote Financial Sustainability

HHS will remain diligent in its efforts to continually strengthen efficiency and sound financial management, as well as anticipate shifts in the funding environment and proactively develop innovative funding models. Key strategies will include the following:

- Maximize the claiming and leveraging of existing and new revenue;
- Strengthen financial literacy among all programs, services and staff, and continue to expand the availability and real-time use of financial reporting within the organization;
- Actively pursue new and innovative funding opportunities;
- Develop long-term sustainable funding models; and,
- Monitor federal and state fiscal environments.

Specific projects – broken out by year – and markers of success are listed in the table below. Each project will be accompanied by a work plan that includes more detail about the activities involved, team leads and support staff, timelines and measurable targets.

Year	Projects	Markers of Success
2019	<ul style="list-style-type: none"> <li>• Support County Executive Office and Facilities to identify funding, procurement and construction models for a new HHS building in Auburn</li> <li>• Develop and produce management-level fiscal reports in the new finance system</li> <li>• Develop and begin structured trainings for managers and supervisors that enable them to generate and interpret fiscal reports, and to understand the budget process</li> <li>• Expand Medi-Cal Administrative Activities<sup>2</sup> program to include nonprofit partners</li> <li>• Maximize utilization of mental health Medi-Cal Federal Financial Participation<sup>3</sup></li> <li>• Develop a three-year Mental Health Services Act<sup>4</sup> fiscal plan with community input</li> <li>• Develop cross-functional teams to support pursuit of new funding, including developing vetting criteria and guidance on convening grant writing teams</li> </ul>	<ul style="list-style-type: none"> <li>• Administrative staff exhibit greater proficiency navigating the management information system, Workday</li> <li>• HHS and its partners increasingly leverage Medi-Cal for appropriate Medi-Cal planning, outreach, and enrollment activities</li> </ul>

<sup>2</sup> County-based Medi-Cal Administrative Activities are eligible to receive federal reimbursement for the cost of performing administrative activities that directly support efforts to identify and enroll potential eligible individuals into Medi-Cal. Source: *California Department of Health Care Services*

<sup>3</sup> Federal Financial Participation is a program that enables local health jurisdictions to claim reimbursement for activities that assist eligible clients to apply for Medi-Cal or access Medi-Cal providers, care, services. Source: *California Department of Public Health*

<sup>4</sup> The Mental Health Services Act provides funding, personnel and other resources to support county mental health programs and monitor progress toward goals for children, transition-age youth, adults, older adults and families. Source: *California Department of Health Care Services*

Year	Projects	Markers of Success
2020	<ul style="list-style-type: none"> <li>• Develop Whole Person Care transition scenario plans</li> <li>• Implement Workday and Board reporting training</li> <li>• Implement Realignment forecasting tool</li> <li>• Operating divisions shall pursue at least two new grant or other funding opportunities</li> <li>• Convene Medi-Cal Federal Financial Participation workgroup</li> <li>• Conduct ongoing risk assessment on externalities</li> </ul>	<ul style="list-style-type: none"> <li>• HHS operating staff exhibit greater proficiency using financial reports</li> <li>• HHS more accurately estimates future revenue amounts</li> <li>• HHS exhibits greater capacity to pursue new funding opportunities</li> </ul>
2021	<ul style="list-style-type: none"> <li>• Each operating division pursues at least two new grant or other funding opportunities</li> <li>• Review and strengthen sub-recipient monitoring of contracts across all divisions</li> </ul>	<ul style="list-style-type: none"> <li>• HHS achieves greater funding diversification</li> </ul>

# HHS AT A GLANCE

**750+**  
dedicated  
employees



Adult System of Care



Public Health



Children's System of Care



Animal Services &  
Environmental Health



Human Services



Administrative Services

**6**  
divisions

**Dozens**  
of community  
partners



HHS has shown a willingness to innovate and collaborate across county lines."

Grants  
Federal & State  
1991 and 2011 Realignment  
Mental Health Services Act  
County general fund

**\$210+**  
million  
annual  
budget

# The Strategic Planning Process

The Placer County Department of Health and Human Services sought to:

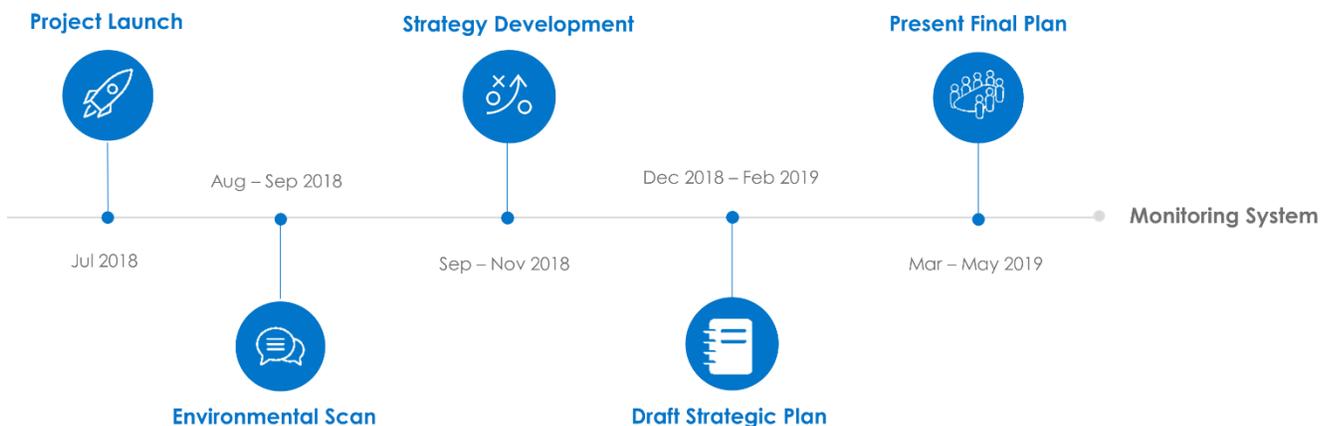
- Develop a strategic plan that articulates the Department's priorities and strategies for the next three years;
- Implement a process that involves key stakeholders and staff in thinking about the opportunities and challenges facing the Department; and,
- Create a monitoring structure and tools to review progress and pivot when needed.

The Department had dedicated assistance for the strategic planning effort, appointing an internal planning team to direct and lead the work. The planning team benefited from the ongoing advice and counsel of [Pacific Health Consulting Group](#).

Plan development proceeded with the participation, support and oversight of an executive committee—comprised of the department director, health officer, division directors and assistant division directors—and a planning group, consisting of representatives from each of the Department's six divisions. The planning group was carefully crafted by the executive committee to include a mix of managers and supervisors from a range of HHS programs. The planning group was responsible for identifying HHS strengths and weaknesses and developing strategy recommendations for the executive committee's consideration.

The four phases associated with this effort were: launch, environmental scan, strategy development and writing the plan. The visual depiction is accompanied by a narrative description of the process.

## Placer County Health and Human Services Planning Process



**Launch.** The planning team kicked off this effort by engaging HHS leaders – directors, assistant directors, and managers – in July 2018 to review the planning structure and timeline and to hone domains and questions to be addressed through the strategic plan:

Domains	Questions
Integration	<ul style="list-style-type: none"> <li>• Where are we successful? Where could we improve?</li> <li>• What is our working definition?</li> <li>• What points of integration should HHS focus on?</li> </ul>
Relationships	<ul style="list-style-type: none"> <li>• Which cross-sector partnerships are successful?</li> <li>• What opportunities exist to work with those most affected by health disparities?</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>• What are the best ways to support career pathways?</li> <li>• How can we recruit talent to replace an aging workforce?</li> <li>• How do we better reward and recognize achievement?</li> </ul>
Finance	<ul style="list-style-type: none"> <li>• How can we develop a sustainable financial model that accounts for uncertainty?</li> <li>• How can we secure more resources to support our mission?</li> </ul>
Data	<ul style="list-style-type: none"> <li>• How do we better build a culture of inquiry and evaluation?</li> <li>• What roles can we play in promoting data-informed decision making?</li> </ul>

**Environmental Scan.** In August and September 2018, we conducted an environmental scan to have a clear picture of the present. Specifically, we sought information on key community issues – as well as on strengths, weaknesses, opportunities and threats – by engaging with external leaders and HHS staff, and reviewing existing data. Our efforts resulted in:

- Interviews and a focus group with **44 external stakeholders** representing many sectors – animal services, behavioral health, children and families, county administration, education, health, housing and homelessness, philanthropy, public safety and social services;
- Discussion groups and a managers' meeting with **205 HHS staff** in each division: Administration, Adult System of Care, Children's System of Care, Environmental Health & Animal Services, Human Services and Public Health; and,
- A rigorous **review of existing data**, including from the Placer County Community Health Status Assessment and other local, state and national data sources, in three areas: demographics, health and social determinants, and access and barriers.

#### Sample Stakeholder Questions

What are the most pressing issues affecting the well-being of Placer County residents?

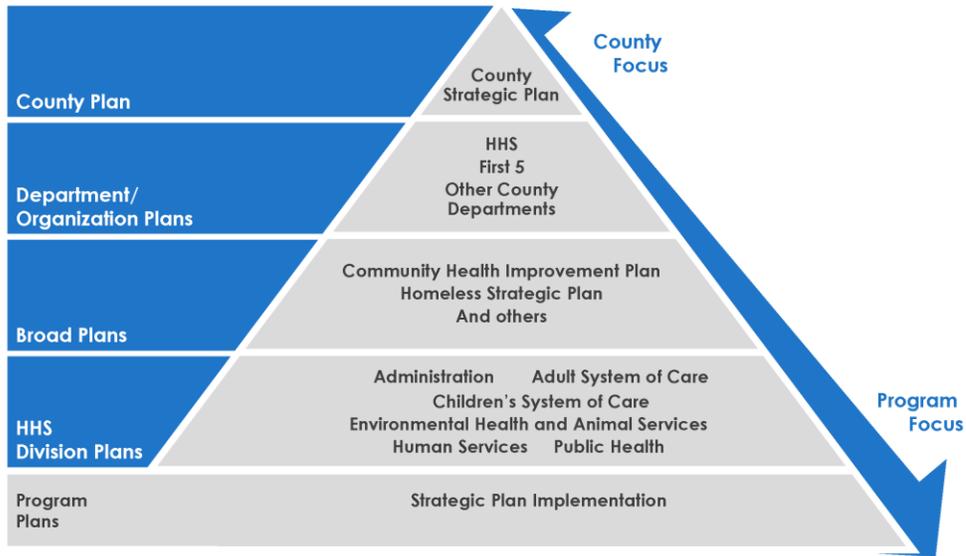
How strong is the service system in Placer County?

What do you see as the strengths and weaknesses of HHS?

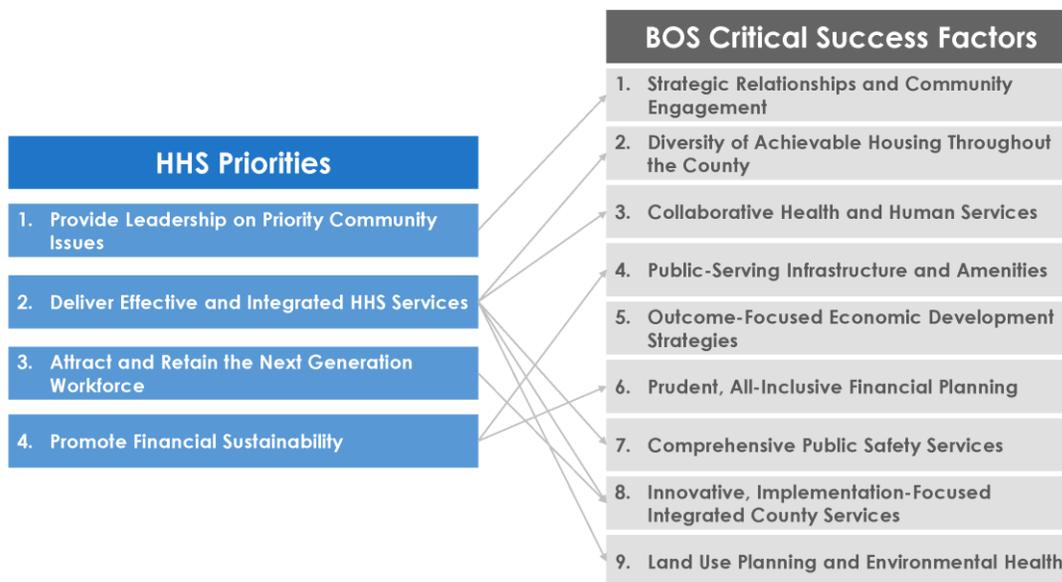
What should be the main priorities for HHS over the next few years?

These data were synthesized into a cross-cutting themes document and a series of appendices. Results from that effort are presented in the environmental scan section of this plan.

**Related Priorities.** The Health and Human Services' Strategic Plan was developed against the backdrop of other planning efforts. This includes the Placer County Strategic Plan; plans from sister departments/organizations; broad plans, like the Homeless Strategic Plan and the Community Health Improvement Plan; and, HHS division plans, such as the Public Health Division Strategic Plan and the Children's System of Care Strategic Plan. The diagram below depicts the relationships between these plans and how they support one another.



**Alignment Between HHS and County Strategic Plan.** In 2018, the Placer County Board of Supervisors engaged in strategic planning, identifying nine Critical Success Factors to focus on over the next few years. There is a natural synergy between HHS department-wide priorities and Placer County Critical Success Factors.



**Strategy Development.** Armed with results from the environmental scan, along with their collective expertise, the planning group and executive committee gathered four times from September through November 2018. Below are dates when meetings were held. One meeting was as short as two hours; another lasted four.

- Sept. 20                      Planning Group
- Oct. 16                      Executive Committee
- Nov. 6                        Executive Committee
- Nov. 13                      Planning Group

The planning group fleshed out HHS's role in impacting priority community issues that surfaced through the environmental scan and made concrete suggestions on two strategic issues: integration and workforce. They provided feedback to the strategic plan framework and preliminary projects suggested by the executive committee and recommended steps HHS should take to keep staff engaged, especially managers and supervisors, as the Department shifts to implementation.

The executive committee also reviewed the environmental scan and took stock of the suggestions made by the planning group. They then developed a framework listing priorities and strategies, developed specific projects to tackle in 2019 and agreed on a staff engagement process to help put the plan into action.

**Writing the Plan.** Upon finalizing the framework, the executive committee directed the planning team to draft the strategic plan document. The document and its contents will be previewed with a range of audiences who are key to its success. This includes but is not limited to the Board of Supervisors, the County Executive Office, key stakeholders and partners, especially those who shared their time and views with us, and our staff – the people on the front lines serving the community.

## Environmental Scan

Below is an at-a-glance summary of the HHS strategic plan environmental scan. For more detail, read the pages that follow.

Topics	Findings
Most Pressing Issues	<ol style="list-style-type: none"> <li>1. Housing and homelessness</li> <li>2. Mental health, substance use and trauma</li> <li>3. Access and navigation</li> </ol>
Strength of the System	<ol style="list-style-type: none"> <li>1. Need to refresh, strengthen and align</li> <li>2. "Fail-first" in nature – people need to experience a crisis before getting help</li> <li>3. Not strong enough to address specific populations: older adults, diverse communities, stressed families and pockets of poverty</li> </ol>
HHS Strengths	<ol style="list-style-type: none"> <li>1. Department leadership</li> <li>2. Staff characteristics</li> <li>3. Good working relationships with partners</li> <li>4. Role championing housing</li> <li>5. Innovator</li> </ol>
HHS Weaknesses	<ol style="list-style-type: none"> <li>1. Lack of internal integration</li> <li>2. Not aligned enough with other systems</li> <li>3. Lack of mid-level staff with the capability to implement the vision</li> <li>4. Lack of staff diversity</li> <li>5. Not aggressive enough pursuing grant opportunities</li> <li>6. Not as data-informed as possible</li> </ol>
Opportunities	<ol style="list-style-type: none"> <li>1. Placer's size</li> <li>2. New talent</li> <li>3. Focus on health, prevention, active living, sustainability, environmental stewardship and workforce development</li> <li>4. Mutual dependencies</li> </ol>
Threats	<ol style="list-style-type: none"> <li>1. Competition for local funding</li> <li>2. Proposed federal changes to public assistance benefits and health coverage financing with the potential to impact local funding</li> <li>3. Changes to financing In-Home Supportive Services</li> <li>4. Shifting of statewide responsibilities to the local level</li> <li>5. Turnover in senior staff</li> <li>6. Broader global threats, like climate and disease</li> </ol>
Suggested Roles	<ol style="list-style-type: none"> <li>1. Catalyst and convener</li> <li>2. Communicator</li> <li>3. Innovator</li> <li>4. Issue analyst and advocate</li> </ol>
Internal Priorities	<ol style="list-style-type: none"> <li>1. Deepen internal integration</li> <li>2. Refresh staff recruitment and retention strategies</li> <li>3. Diversify funding portfolio</li> <li>4. Do the basics well</li> </ol>

## Methods

A strong set of empirical data and qualitative inputs informed strategic planning:

- Formal interviews with 38 key stakeholders representing 10 sectors: animal services, behavioral health, children and families, county administration, education, health, housing and homelessness, philanthropy, public safety and social services;
- A focus group with seven community partners;
- Division-level discussion groups with 175 HHS staff on integration and workforce issues;
- Solicitation of input from 30 HHS managers through structured meeting exercises;
- Scan of internal data sources including the most recent HHS staff survey and a host of plans, including the Placer County Strategic Plan, the Placer County Homeless Plan, the Community Health Improvement Plan and HHS division-level plans; and,
- In-depth review of existing county-level data – including demographics; health and social determinants; and access and barriers.

Below are results from the HHS environmental scan, which the Department used to inform strategy development. Findings are categorized into four areas: most pressing issues affecting the health and well-being of community members; the strength of the local service system; strengths and weaknesses of HHS; and suggested roles and priorities for the Department to consider.

## Most Pressing Issues

The most pressing issues were identified by examining responses that were cited most frequently and which were supported by existing data. They include:

1. Housing and homelessness
2. Mental health, substance use and trauma
3. Service access and navigation

Following is more detail about each issue.

**Housing and homelessness.** Respondent agreed that housing affordability is increasingly out of reach for many, including those who are working but struggling with poverty. Existing data support the view that achievable housing is hard to come by – the 0.9 percent vacancy rate is lower than California's rate of 1.2 percent.<sup>5</sup> Moreover, half of renters spend more than 30 percent of their income on housing.<sup>6</sup>

Beyond achievable housing for working families, respondents reported that there was not enough housing and supportive services for those living with complex needs, including those who are homeless or at risk of homelessness.

While Placer's homeless rate is low relative to surrounding areas – 1.73 per 1,000 residents compared to 3.24 for El Dorado and 3.75 for Nevada County<sup>7</sup> – the community has prioritized homelessness as a top-tier policy issue due to local impacts. This includes myriad challenges related to people who are persistently homeless or living with mental health problems. Data from the most recent homeless point in time count suggests that a sizeable share of homeless individuals report having a serious mental illness (41 percent) and are experiencing chronic homelessness (39 percent).<sup>8</sup>

**Mental health, substance use and trauma.** Respondents noted that mental health and trauma cuts across populations and communities. Yet, the system is not providing enough prevention and early intervention services – or addressing other barriers like stigma – to adequately address mental health issues early on. As a result, respondents report that residents are likelier to abuse substances, interact with the criminal justice system and have their needs met only when a crisis occurs.

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<sup>5</sup> 2017 Placer County Community Health Status Assessment and U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

<sup>6</sup> U.S. Census Bureau, 2012-2016 American Community Survey 1-Year Estimate

<sup>7</sup> Homeless rates are from 2017

<sup>8</sup> Overview of the 2018 Placer County Homeless Count, [placer.ca.gov/news/2018/april/homeless-count-results](http://placer.ca.gov/news/2018/april/homeless-count-results)

Indeed, existing data suggests that Placer County could invest more early on. The County has higher emergency department visits and hospitalization rates due to mental health issues than California overall.

	Placer <sup>9</sup>	California
Emergency department visits	238.01	149.93
Hospitalizations	201.97	186.92

While dedicated funding, like the Mental Health Services Act, has expanded access to mental health prevention services in California, county governments continue to primarily serve low-income people living with serious mental illness<sup>10</sup> or experiencing substance use disorders.<sup>11</sup>

**Service access and navigation.** Respondents remarked on various aspects of service access and touched on a host of barriers faced by Placer’s changing and growing population, including a:

- Struggle to find reliable transportation to and from services;
- Lack of services, particularly health care (primary and specialty) in the areas where people live;
- Lack of timely services resulting in delays and long response times; and,
- System that is not user-friendly for people working but struggling with poverty.

Others observed that Placer is largely a “fail-first system,” where people need to experience a crisis before providers step in to help. The preceding issues – housing and homelessness and mental health, substance use and trauma – are a good example of this characteristic at play.

The existing data support the view that more can be done to more widely open the access door. For instance, while 45,793 Placer residents are enrolled in the three available Medi-Cal managed care plans, access to Medi-Cal providers is difficult to establish since some enrolled providers are not currently accepting new patients.<sup>12</sup> And while Placer County appears to have a sufficient pool of primary care providers relative to other California counties, provider availability – particularly those serving Medi-Cal insured residents – remains problematic, particularly in the central and eastern portions of the county. Moreover, Placer has one of the lowest CalFresh Program Reach Index scores in California at 50.7 percent, while statewide the rate is 71.8 percent.<sup>13</sup>

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<sup>9</sup> Shown are emergency department visits and hospitalization rates per 10,000 population, by Placer County and California

<sup>10</sup> Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI. Source: National Institute of Mental Health

<sup>11</sup> Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. Source: Substance Abuse and Mental Health Services Administration

<sup>12</sup> 2017 Placer County Community Health Status Assessment

<sup>13</sup> 2016 County Program Reach Index, California Department of Social Services, Research Services Branch

## Strength of the Placer County Service System

Respondents acknowledged advancements in the service system – a willingness to solve tough problems and greater collaboration between the county government and nonprofits – yet they also agreed on the need to refresh and strengthen the system. When asked to describe why, respondents again remarked that Placer is a largely a “fail-first system,” where people need to experience a crisis before providers step in to help. Many others also felt there is not enough alignment between systems on the most pressing issues and gaps.

Others felt the system is not strong enough to serve specific populations:

- older adults
- stressed families
- non-English speakers
- well-established pockets of poverty

A review of the secondary data suggests that HHS should follow trends related to these emerging and established populations. For instance, the county's ‘silver tsunami’ is expected to continue to grow. Like Placer’s overall population, the share of its older adults grew sharply, with a 127 percent increase from 2000 to 2017.<sup>14</sup> Moreover, the share of residents 65 and older is greater in Placer than in California:<sup>15</sup>

Placer County	18 percent
California	13 percent

Likewise, the share of non-white residents has continued to grow, increasing from 16 percent in 2000 to 26 percent in 2017.<sup>16</sup> And while Placer is more affluent than California overall, not all groups experience the same level of prosperity, including the 13 percent of residents living in poverty, according to the most recent California Poverty Measure, which accounts for housing costs and other critical family expenses and resources.<sup>17</sup>

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<sup>14</sup> U.S. Census Bureau, American Community Survey, 2000, 2005, 2010. U.S. Census Bureau, Population Division. June 208. Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, Counties and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2017

<sup>15</sup> U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

<sup>16</sup> U.S. Census Bureau, 2012-16 American Community Survey 5-Year Estimates

<sup>17</sup> Public Policy Institute of California, Poverty in California, Estimates from 2016 California Poverty Measure

## HHS Strengths and Weaknesses | Opportunities and Threats

To inform the creation of priorities and focused strategies, the Department engaged stakeholders and HHS staff to determine perceptions of HHS's strengths and challenges, as well as external opportunities and threats. The following presents the major findings of these efforts, illustrating all that the strategic plan should address, build on and anticipate. As with all organizations, HHS has a mix of strengths and weakness, affected by external pressures and internal factors.

### Strengths

Respondents cited a number of organizational strengths.

- **Leadership.** External respondents expressed near-universal praise for the Department's leadership, including the department director, health officer and other higher-level leaders. Respondents praised the leadership for their vision, credibility, flexibility and a willingness to tackle tough issues; and an ability to bring public and private sector partners to the table.
- **Staff Characteristics.** Respondents praised the commitment and passion of staff, commenting on their tenaciousness to enroll eligible residents into services. Respondents also felt staff are knowledgeable of their subject matter and responsive to problem solving with partners.
- **Relationship with Community Partners.** Others applauded the Department's ability to establish productive working relationships with sister departments, providers, partners and nonprofits. Others noted that HHS's flexibility and accessibility were key to facilitating healthy partnerships.
- **Issue Champion.** Respondents also called out the Department's role championing housing for those at-risk of homelessness and currently homeless while also acknowledging that HHS could play an even stronger role in this space. Respondents felt that HHS staff truly care about and are highly engaged in the process to help solve a tough, yet important issue.
- **Innovator.** External respondents commended the Department's willingness to invest in and test new ideas. They observed that HHS is taking advantage of Placer County's manageable size and a tight network of partners to establish a test lab for innovation.

## Weaknesses

Participants identified the following internal weaknesses, including:

- **Internal Integration.** Despite HHS's integrated system, external and internal respondents pointed to a lack of internal integration, commenting that the Department should be more aligned internally than it currently is. HHS staff felt it was key to start by building awareness about what each division does.
- **Systems Alignment.** Respondents also felt that the Department was not aligned enough with other systems, yet could leverage its position and strength to promote alignment around populations, gaps in service, goals and strategies. Others noted that not all HHS divisions collaborate equally as well with outside partners, yet hoped that more collaboration was on the horizon.
- **Staff Capability.** Some were concerned that there are not enough HHS mid-level staff to implement the vision of senior leaders, and in some cases, communication among this group can be lacking.
- **Recruitment and Retention.** Some respondents felt HHS needed to do much more, in partnership with Human Resources, to diversify its workforce to sufficiently meet community needs. Internal respondents, too, had many workforce recruitment and retention recommendations based on past successes and failures, listed in the internal priorities section below.
- **Funding Diversity.** Respondents also felt that HHS could more aggressively pursue grant dollars and diversify its funding portfolio. Given the increasing competition for local funding, internal respondents recommended that HHS seek other sources of revenue. External respondents agreed and suggested that HHS pursue opportunities they are entitled to and only need apply for, as well as those that are more competitive in nature.
- **Data and Outcomes.** External respondents observed that HHS was not as data-informed as it could be – or if it is, that it is not apparent. They suggested that the Department better use data to understand, shape and communicate its impact. Respondents recommended that HHS become more outcome-oriented and less process-centered, and that it publicize its results – including those that are encouraging along with areas where there is room for improvement.

## Opportunities

Internal strategy development groups identified the following external opportunities – changes in the environment that might allow the Department to better achieve its vision and mission:

- Placer County's manageable size and tight network of partners creates conditions that are conducive to testing innovations;
- New talent coming into the workforce will energize and extend Department capabilities;
- The continued focus on health – both physical and mental health – and prevention, active living, sustainability, environmental stewardship and workforce development externally align well with many of the Department's priorities; and,

- Acknowledging mutual dependencies can foster an environment of working jointly to meet needs.

## Threats

Internal strategy development groups identified the following external threats or challenges – changes in the environment that might create barriers to achieving the Department's vision and mission:

- Greater competition for local funding;
- Proposed federal changes to public assistance benefits and health coverage financing with the potential to impact local funding;
- Changes to financing In-Home Supportive Services;
- Continued shifting of statewide responsibilities to the local level;
- Turnover in senior staff creates a loss of institutional knowledge; and,
- Broader global threats, like climate and disease, with the potential to impact local quality of life.

## Suggested Roles and Internal Priorities for HHS

Respondents suggested that HHS consider five roles and four internal priorities, though there is overlap between these.

### Roles

**Catalyst and Convener.** Respondents agree that HHS is well-positioned to deepen its involvement in other Placer County systems and to convene partners, leaders and others to tackle the most pressing issues described at the beginning of this section. Others suggested collaborating specifically on mental health to identify funding opportunities to facilitate access, take stock of existing services and develop cutting-edge models. Respondents also felt HHS should convene stakeholders to identify levers and resources to build the capability of area nonprofit partners.

**Communicator.** Respondents recommended that the Department engage in proactive communication and work with partners to tailor messages and communication strategies to specific communities. In this vein, HHS should leverage the connections of its partners to reach a wide swath of residents.

**Innovator.** Respondents pointed to the Department's innovative spirit as a key attribute to be nurtured and sustained, theorizing that innovation can help HHS do something that is better for clients than what the Department is currently doing and can be expanded or sustained.

**Issue Analyst and Advocate.** Given the Department's size, strength and capabilities, respondents suggested that HHS systematically investigate pressing issues or problems to better define them and identify possible solutions.

## Internal Priorities

**Deepen Internal Integration.** Respondents agreed that the Department needed to refresh its approach to coordination and integration between its six divisions. Recommendations include:

- Clarifying and communicating the logic behind the decades-long movement to provide less fragmented and more comprehensive services;
- Building awareness about what each division does;
- Creating consistent, clear and coherent messaging;
- Overcoming geographic distance and physical barriers; and,
- Identifying specific cross-division projects.

**Refresh Recruitment and Retention Strategies.** Respondents agree that HHS should develop an explicit staff recruitment and retention strategy to replace an aging workforce and promote organizational excellence.

Suggestions to attract talent include:

- Deepening HHS's presence at higher education institutions and at job fairs;
- Developing tactics to recruit culturally and linguistically diverse staff;
- Clarifying job titles and descriptions;
- Recharging HHS's brand identity; and,
- Publicizing flexible work arrangements;

Recommendations to retain talent include:

- Strengthening workplace flexibility;
- Expanding professional development opportunities, onboarding and cross-training activities;
- Developing a better career pathway process; and,
- Continuing staff engagement and recognition practices.

**Diversify HHS's Funding Portfolio.** Respondents suggested that HHS diversify its funding portfolio given increased competition for local funds, and proposed changes at the federal and state level to how programs and services are financed — including public assistance benefits, health coverage and In-Home Supportive Services.

**Do the Basics Well.** Respondents felt that as HHS considers expanding its role it should not lose sight of doing the basics well and operating at high levels of efficiency in core functional areas.

## Acknowledgments

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This Strategic Plan has been shaped by the vision of many contributors. Thank you for your commitment of time and ideas.

### **Executive Committee Members**

*The Executive Committee provided oversight of strategic planning and approved department-wide priorities and strategies.*

Jeff Brown, Department Director, Health & Human Services  
Darlene King, Division Director, Administrative Services  
Vicki Grenier, Assistant Director, Administrative Services  
Amy Ellis, Division Director, Adult System of Care  
Marie Osborne, Assistant Director, Adult System of Care  
Twylla Abrahamson, Division Director, Children's System of Care  
Eric Branson, Assistant Director, Children's System of Care  
Wesley Nicks, Division Director, Environmental Health and Animal Services  
Amanda Sharp, Division Director, Human Services  
Susan Kimbley, Assistant Director, Human Services  
Dr. Robert Oldham, Health Officer/Public Health Director, Public Health  
Joe Arsenith, Assistant Director, Public Health

### **Planning Group Members**

*The Planning Group was responsible for identifying HHS strengths and weaknesses and developing strategy recommendations.*

Nancy Baggett, Staff Services Manager, Administrative Services  
Michael Ensley, Senior Account Clerk, Administrative Services  
Joey Wojtowicz, Accounting Technician, Administrative Services  
Kathie Denton, Program Manager, Adult System of Care  
Colby Hytoff, Program Manager, Adult System of Care  
Jennifer Ludford, Analyst, Adult System of Care  
Daniela Hall, Supervisor, Animal Services  
Katie Ingram, Program Manager, Animal Services  
Roger DelPapa, Supervisor, Children's System of Care  
Gina Geisler, Supervisor, Children's System of Care  
Candyce Skinner, Program Manager, Children's System of Care  
Alissa Sykes, Program Manager, Children's System of Care  
West Bourgault, Specialist, Environmental Health  
Kurtis Zumwalt, Program Manager, Environmental Health  
Herman Barahona, Sr. Outreach Eligibility Specialist, Human Services  
James Close, Client Services Program Specialist - Tahoe, Human Services  
Katie Kenoyer, Sr. Client Services Counselor, Human Services  
Logan Pratt, Program Manager, Human Services  
Elizabeth Duffy, Program Manager, Public Health  
April Holland, Epidemiologist, Public Health

Michael Romero, Program Manager, Public Health  
Geoffrey Smith, Program Manager, Public Health

## **Community Partner Participants**

*Community partners provided valuable and candid insight through stakeholder interviews and focus groups to offer feedback and suggestions, and identify opportunities for collaboration.*

Brian Alexander, Chief Executive Officer, Sutter Roseville Medical Center  
Barbara Besana, Executive Director, Kids First  
Veronica Blake, Chief Executive Officer, Placer Community Foundation  
Kevin Cassidy, Program Manager, Community Recovery Resources  
Ariel King Lovett, Deputy Chief Executive Officer, Community Recovery Resources  
Anibal Cordoba Sosa, Executive Director, North Tahoe Family Resource Center  
Jenny Davidson, Chief Executive Officer/Executive Director, Stand Up Placer  
Lisa Davies, Chief Executive Officer, Chapa-De Indian Health  
Michael Mulligan, MD, Strategic Project Advisor, Chapa-De Indian Health  
Keith Diederich, Chief Executive Officer, The Gathering Inn  
Susan Farrington, Sierra Foothills AIDS Foundation  
Danielle Foster, Housing Manager, City of Roseville  
Catherine Goins, Assistant Superintendent, Early Education, Placer County Office of Education  
Michael Lombardo, Executive Director, Prevention Supports and Services, Placer County Office of Education  
Phillip Williams, Assistant County Superintendent, Placer County Office of Education  
Mitch Hanna, Chief Executive Officer, Sutter Auburn Faith Hospital  
Troy Held, Director, Child Support, Placer County  
Jordan Herget, Senior Vice President and Area Manager, Kaiser Permanente Roseville  
Elisa Herrera, Executive Director, Latino Leadership Council  
Marshall Hopper, Chief Probation Officer, Probation Department, Placer County  
David McManus, Assistant Chief, Probation Department, Placer County  
Kelly LeRossignol, Victim Witness Supervisor, District Attorney's Office, Placer County  
Scott Owens, District Attorney, District Attorney's Office, Placer County  
Jeff Wilson, Assistant District Attorney, District Attorney's Office, Placer County  
Janice LeRoux, Executive Director, First 5 Placer  
Richard Saletta, Commissioner, First 5 Placer  
Gary McDonald, Executive Director, Lighthouse Counseling and Family Resource Center  
Cathy Morrison, Director of Programs and Operations, Lighthouse Counseling and Family Resource Center  
Scott McFarland, Chief Executive Officer, Western Sierra Medical Clinic  
Deanna Meyer, Aegis Treatment Centers: Roseville  
Anno Nakai, Executive Director, Sierra Native Alliance  
Loren Nakai, Program Manager, Sierra Native Alliance  
Judy Newland, Chief Operating Officer/Administrator, Tahoe Forest District Hospital  
Ted Owens, Executive Director, Governance & Business Development, Tahoe Forest District Hospital  
Harry Weis, Chief Executive Officer, Tahoe Forest District Hospital

Colleen Nichols, Judge, Superior Court of California, County of Placer  
Jennifer Price, Executive Director, Advocates for Mentally Ill Housing  
Bill Richardson, District Administrator, Koinonia Family Services  
Sandra Rose, Director of Health Programs, California Health & Wellness  
Alison Schwedner, Director, Community Collaborative of Tahoe Truckee, Tahoe Truckee  
Community Foundation  
Kathleen Shenk, Director, The Strategies Center at Youth for Change  
Andrew Sisk, Auditor-Controller, Auditor-Controller, Placer County  
Sallysue Stein, Executive Director, Gold Country Wildlife Rescue  
Lynda Timbers, Executive Director, Project GO

### **Staff Participants**

*We are especially indebted to the 205 staff members who chose to take part in strategic planning. Staff from all six divisions of HHS participated in discussion groups or devoted existing meeting time to offer feedback on key areas of interest during the strategic planning process.*

Administrative Services  
Adult System of Care  
Children's System of Care  
Environmental Health and Animal Services  
Human Services  
Public Health

### **Planning Team**

*HHS had dedicated assistance for the strategic planning effort, appointing a team to direct and lead the work.*

Raúl Martínez, Staff Services Manager, Health & Human Services  
Rafael Gomez, Senior Advisor, Pacific Health Consulting Group  
Sarah Hagen, Public Health Program Manager, Health & Human Services  
Katie Combs Prichard, Public Information Assistant, Health & Human Services  
Bobbie Reagan, Executive Secretary, Health & Human Services

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