

Arizona Department of Health Services  
**Strategic Plan**



2013 - 2017



*Health and Wellness for all Arizonans*  
[azdhs.gov](http://azdhs.gov)

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JANICE K. BREWER, GOVERNOR  
WILL HUMBLE, DIRECTOR

December 16, 2011

Dear Arizonan,

Working in state government is an adventure. It's a profession we enjoy because we work for the people of Arizona. Like anything else, no matter how well you plan, there will be changes that you did not anticipate. The better the plan you have, the less likely you'll be thrown off course by those bumps in the road.

That's where the five year strategic plan comes into play. At ADHS we have shifted the focus for some of our public health programs to better use the resources we have. It does not mean changing the course of public health in Arizona.

We have designed the 2013-2017 Strategic Plan to set the stage for the next five years. It stresses priorities and goals to help the Department achieve accreditation. The plan emphasizes our path and lays out performance measures to calculate our success.

We've had good success bringing together areas of the Department to work together to resolve challenges. Creative thinking and action combined with our strategic plan will guide us as we work "to improve the health and wellness of all people and communities in Arizona."

Will Humble

A handwritten signature in black ink, appearing to read "Will Humble". The signature is fluid and cursive, with a long, sweeping tail that extends to the right.

Director

## **Executive Summary**

The Arizona Department of Health Services (ADHS) is among the largest and most complex of state agencies. With over 1,600 employees and an annual budget in excess of \$1.6 billion, ADHS provides a wide variety of services and a diversity of programs within its five divisions of behavioral health; licensing; planning and operations; public health prevention; and public health preparedness. The two-fold mission of public health includes prevention and preparedness for the state. ADHS oversees the public behavioral health system, with over 150,000 enrolled clients, and the state's only public psychiatric hospital, the Arizona State Hospital. The Department also oversees the licensing and certification of nursing homes, assisted living and child care centers, hospitals and other health care facilities.

The state's recent budget crisis dramatically impacted ADHS and the services it provides. ADHS saw this as an opportunity to reprioritize our programs and center attention on what is most important. The Department is more efficient at delivering services to those most in need. ADHS believes every change is an opportunity to align and leverage our resources (human and financial) to achieve target health outcomes.

As part of this effort, ADHS is committed to moving along with our partners in county health departments toward voluntary Public Health Accreditation. The work towards accreditation will require the agency to look at the public health system as a whole, collaborate with stakeholders and document our work as evidence towards the accreditation site visit. A first step in the accreditation process was to convene agency leadership for a two day planning session to update the Mission, Vision and Strategic Plan. Through the two day process leadership identified strengths, weakness, opportunities and threats culminating in the following revised:

### **Mission**

To improve the health and wellness of people and  
communities in Arizona

and

### **Vision**

Health and Wellness for all Arizonans

To support this work ADHS is introducing a new Strategic Map. The Strategic Map provides ADHS with a clear strategic direction, a path for implementing the strategy and an effective approach for community involvement. The Strategic Map allows the entire agency to come together under the single public health umbrella concentrating on activities and resources that will achieve better outcomes.

ADHS's Strategic Priorities for the next three to five years are:

- **Impact Arizona's Winnable Battles**
- **Integrate Physical and Behavioral Health**
- **Promote and Protect Public Health and Safety**
- **Strengthen Statewide Public Health Infrastructure**
- **Strengthen ADHS Integration, Effectiveness and Adaptability**

## Strategic Map Key

### **Central Challenge**

The oval at the top of the Strategic Map represents the central challenge that ADHS faces over the next three to five years. It is the key focus of our strategic plan.

### **Strategic Priorities**

The central challenge is supported by five strategic priorities. These strategic priorities define the few critical items we need to do to meet our central challenge. Each priority will become the focus of energy and attention over the next three years.

### **Strategic Objectives**

The boxes under each strategic priority are strategic objectives. Objectives are the next level of "what to do." They spell out more specifically what needs to be accomplished in order to achieve the strategic priority.

### **Cross-Cutting Strategic Priorities**

The wide rectangles across the bottom of the map are cross-cutting strategic priorities. In the logic of strategic mapping, there are two characteristics of a cross-cutting strategic priority:

1. A cross-cutting strategic priority is foundational to the strategy so it is placed at the bottom of the strategic map to show this.
2. A cross-cutting strategic priority also spans the map from left to right to show that the work of implementing it needs to be embedded in all other strategic priorities.

No plan to implement the other strategic priorities will be considered complete unless it includes emphasis on the cross-cutting strategic priority.

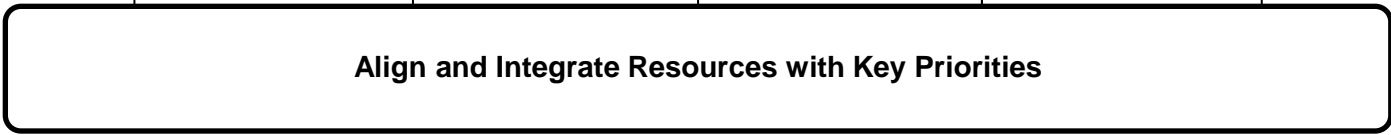
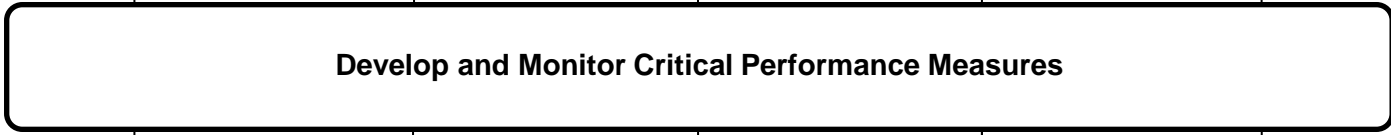
# Arizona Department of Health Services Strategic Map: 2011-2014



A                      B                      C                      D                      E



1	Promote Nutrition and Physical Activity to Reduce Obesity	Secure Engagement and Support of Stakeholders and Partners	Implement Strategies to Promote Non-Violent Behavior	Build Awareness of Public Health Value	Develop and Prioritize Resources to Maximize Results
2	Reduce Tobacco Use and Substance Abuse	Develop Innovative Strategies for Integration	Prioritize and Address Quality of Care Issues and Public Health Risks	Strengthen Existing Public Health Partnerships	Implement Agency-wide Workforce Development
3	Reduce Healthcare Associated Infections	Leverage Integration to Address Co-Occurring Disorders	Prepare for and Respond to Public Health Emergencies	Identify and Engage New Partners	Leverage Technology to Achieve Agency Priorities
4	Reduce Suicides	Establish Needed Infrastructure	Provide a Safety Net of Services and Community Support	Address the Future Public Health Workforce Needs	Implement a Policy Framework that Improves Agency Effectiveness
5	Reduce Teen Pregnancy	Implement and Sustain Integration	Achieve Accreditation Across the System	Identify, Prioritize and Address Gaps	Strengthen Internal Processes Using Continuous Quality Improvement



# Strategic Priorities and Objectives

As noted on the Strategic Map, ADHS identified five Strategic Priorities and twenty-five Strategic Objectives to focus on over the course of the next five years. Below is a brief summary for each of the boxes on the Strategic Map.

## **A. Impact Arizona's Winnable Battles**

The first Strategic Priority is based on the CDC's Winnable Battles. ADHS selected the following five Strategic Objectives:

*A.1 Promote Nutrition and Physical Activity to Reduce Obesity* – As the objective with the greatest opportunity to impact health outcomes, the entire agency as well as the community has a role to play in this objective. An agency-wide workgroup will use evidenced based strategies to develop messaging, programming and outreach techniques to increase staff awareness of obesity reduction strategies.

*A.2 Reduce Tobacco Use and Substance Abuse* – Connecting all areas of the agency around this objective places resources into the hands of the citizens and providers to help Arizonan's either quit smoking (via the ASHLine) or seek help for substance abuse through prevention programs.

*A.3 Reduce Healthcare Associated Infections (HAI)* – The HAI Advisory Committee will prioritize efforts and leverage resources across ADHS to reduce infections and improve health outcomes.

*A.4 Reduce Suicides* – Successful prevention strategies along with collaboration across the agency will chart a path for additional work in this area.

*A.5 Reduce Teen Pregnancy* – Recent declines in Arizona's teen pregnancy rate are dramatic. ADHS is committed to continuing to focus on this important objective through the work currently provided as well as on-going collaboration with stakeholders.

## **B. Integrate Physical and Behavioral Health**

ADHS promotes integrated care between physical and behavioral health services. The second Strategic Priority for the agency is to develop a model for integrated care by working through the following Strategic Objectives:

*B.1 Secure Engagement and Support of Stakeholders and Partners* – ADHS is collaborating with stakeholders to expand integration efforts to provide whole health care for all Arizonans.

*B.2 Develop Innovative Strategies for Integration* – One of the foundational concepts of all integrated care models is the "health home". This concept originated in the

primary care setting and is also referred to as a patient-centered medical home, a place where a person may receive treatment to address both physical and behavioral health care needs. ADHS along with key stakeholders is working on developing such a model.

*B.3 Leverage Integration to Address Co-Occurring Disorders* - Nationally, individuals with serious mental illness die more than 25 years earlier than the general population, and in Arizona that number is even higher. This increased mortality is largely due to treatable medical conditions that are caused by risk factors such as smoking, obesity, substance abuse, and reluctance to access medical care. This is a serious public health problem and one that ADHS through the Strategic Map and integration efforts is addressing.

*B.4 Establish Needed Infrastructure* - As models and strategies are defined, ADHS will develop the necessary infrastructure to support this effort.

*B.5 Implement and Sustain Integration* - ADHS is committed to full implementation and sustainability of integrated health models.

**C. Promote and Protect Public Health and Safety**

The public looks to the agency as the public health authority for information on a variety of issues including licensing, emergencies and improving the health and wellness of the state. The third Strategic Priority requires our programs to think creatively how they may impact the following Strategic Objectives:

*C.1 Implement Strategies to Promote Non-Violent Behavior* – Identifying and collaborating on efforts to reduce violence is an issue of great importance in Public Health. Encouraging all programs to think about the trauma caused by violence and the long-term effects on individuals and society will foster the design of creative, successful interventions.

*C.2 Prioritize and Address Quality of Care Issues and Public Health Risks* – This objective is accomplished by involving cross-cutting programs in various areas of ADHS and is an important factor in ensuring the safety of the citizens of Arizona.

*C.3 Prepare for and Respond to Public Health Emergencies* – The tragedy in Tucson, the wildfires of 2011 and the H1N1 pandemic all highlight the need for ADHS to be prepared for and respond to public health emergencies. The agency takes great pride in the work accomplished in this area. This objective supports all programs to focus on preparedness and continuity planning.

*C.4 Provide a Safety Net of Services and Community Support* –ADHS is for many, a source of support and/or services. This objective highlights the work already in place and encourages connections with the numerous community stakeholders to leverage resources in new and creative ways.



*C.5 Achieve Accreditation Across the System* – As the national initiative for voluntary public health accreditation was implemented in the summer of 2011, ADHS is in the position to work throughout the state to achieve accreditation, collaborate with stakeholders and improve health outcomes for the citizens of Arizona.

#### **D. Strengthen Statewide Public Health Infrastructure**

With a focus on external stakeholders, the fourth Strategic Issue is critical to the success of ADHS programs. Without community support, ADHS would not function as effectively. The following Strategic Objectives focus on the importance of the agency's relationships and collaborations:

*D.1 Build Awareness of Public Health Value* – It is critical that key stakeholders, policy makers, and the community at large understand the agency's value. This effort requires coordination and communication internally as well as externally.

*D.2 Strengthen Existing Public Health Partnerships* - It is only through the strength of our partnerships with the community that the agency will be able to make target improvements in health outcomes.

*D.3 Identify and Engage new Partners* – Identifying new partners will enhance the connection to the community and increase the agency's visibility to current and emerging health issues.

*D.4 Address the Future Public Health Workforce Needs* – The public health sector is not necessarily the first employer of choice for many Arizonians. But by using new and existing partners, ADHS will encourage and demonstrate to potential talent that the work of ADHS is exciting and helpful to the public.

*D.5 Identify, Prioritize and Address Gaps* – Among the many opportunities in this area, one opportunity is to look at all of the needs assessments currently underway or completed within the agency. By pulling together the information in a systematic way, this effort will lead to the prioritization of existing resources to address identified gaps in order to improve health outcomes.

#### **E. Strengthen ADHS Integration, Effectiveness and Adaptability**

The fifth and final Strategic Priority promotes a business model that strives to improve internal processes while at the same time continually seeks to improve efficiency. The consolidation of programs and staff over the past several years yields an opportunity to partner internally in new and exciting ways. The following Strategic Objectives focus on innovative methods of providing the services we do by integrating our lines of business to increase efficiency and effectiveness.

*E.1 Develop and Prioritize Resources to Maximize Results* – It is imperative that ADHS continue to look for new resources while leveraging existing resources to increase the effectiveness and efficiency of current programs and processes.

*E.2 Implement Agency-wide Workforce Development* – In order for ADHS to retain, promote and recruit talent, ADHS must focus on investing in workforce development. This effort will look at integrating, retaining and succession planning across the agency.

*E.3 Leverage Technology to Achieve Agency Priorities* – By prioritizing this objective, ADHS is committed to looking for new and existing technology to work more efficiently. Examples of this effort happen daily. For example one area of the agency will use a newly developed data/payment/tracking system that was developed for a different area requiring only minor modifications.

*E.4 Implement a Policy Framework that Improves Agency Effectiveness* – As a part of public health accreditation, ADHS is reworking policymaking, procedures and guidelines. This effort will streamline the process to provide guidance and coordination in an effort to produce timely, effective and user-friendly policies, procedures and guidelines.

*E.5 Strengthen Internal Processes Using Continuous Quality Improvement* - Continuous Quality Improvement is the foundation of an effective public health system and an important piece of accreditation. ADHS is implementing a performance management system throughout the agency to measure performance and improve the quality of a variety of processes.

**Develop and Monitor Critical Performance Measures & Align and Integrate Resources with Key Priorities** – The last two boxes are the Cross-Cutting Strategic Priorities; they span the map and are the foundation for the Strategic Map. Each program, bureau and/or division must remember to measure their impact on health outcomes all the while prioritizing their work to align with agency priorities.

## Performance Measures

The agency accomplished tremendous work over the past year. This work is not yet complete so this strategic plan includes the performance measures developed in the past. Agency leadership is in the processes of developing additional measures for some of the Strategic Objectives referenced in the Strategic Map boxes. The new measures will allow the agency to follow the progress and make adjustments as necessary to improve health outcomes and will be included in the next annual update.

### Goal 1: Implement a population-based public health system

**Strategy 1:** Work towards 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)
- 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)
- Percent of newborns who are screened through the state's newborn screening program, and percent of those confirmed with condition(s) who receive appropriate follow-up treatment.

- Number of women of child bearing age receiving folic acid education and multivitamins (Objective 1.1)
- Number of schools participating in disease prevention efforts (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 that they are satisfied with services received through Office for Children with Special Health Care Needs (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)

**Strategy 2:** Build and support public health infrastructure that detects and controls Arizonans from public health emergencies, disease and environmental threats.

**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 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 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)
- Percent of two year old children vaccinated with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, and 3 Hep B vaccines.
- Percent of children enrolled in child care centers with age-appropriate required immunizations.
- Percent of children enrolled in elementary and middle school with required immunizations.
- Percent of adults (65+) vaccinated for influenza
- Number of schools provided assistance with Sun Safety Education.

**Strategy 3:** Enhance collection, analysis and dissemination of public health data that supports Departmental goals 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 technology for data collection, processing, and analysis.

**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)
- Number of requests or “hits” for data on the agency’s Vital Statistics Web site. (Objective 3.4)

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

**Objective 4.1:** Enhance health promotion and disease prevention efforts aimed at improving the health of older adults.

**Objective 4.2:** Identify and implement changes needed to protect older adults in licensed long-term care and community-based facilities and assisted living centers.

**Objective 4.3:** Identify and address the behavioral health needs of older adults.

**Performance Measures:**

- Percent of adults (65+) receiving the influenza and pneumonia 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 4.3)

**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.

**Objectives 5.2:** Provide support to the Indian Tribes of Arizona, the urban Indian health programs, the Inter Tribal Council of Arizona, and the Indian Health Service in accomplishing their public health goals and objectives.

**Objective 5.3** Coordinate and integrate cross-border public health program efforts.

**Performance Measures:**

- Number of meetings with County Health Officers. (Objective 5.1)

- Number of meetings held among the directors of the Department of Health Services, the Indian Health Services Area Offices, the Inter Tribal Council of Arizona, and the Navajo Division of Health (Objective 5.2)
- 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 5.3)

**Goal 2: To maintain a comprehensive, easy to access recovery-oriented, behavioral health system of care that is outcomes-driven and accountable to its numerous stakeholders.**

**Strategy 1:** 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:** Increase employment rates for adult behavioral health recipients.

**Objective 1.2:** Increase availability of housing options for adult behavioral health recipients.

**Objective 1.3:** Decrease average lengths of stay at congregate residential settings.

**Objective 1.4:** Increase jail diversion efforts and outcomes for adolescent and adult behavioral health recipients.

**Objective 1.5:** Increase availability and utilization of peer support services.

**Objective 1.6:** Increase availability and utilization of family support services.

**Objective 1.7:** Decrease readmission rates to Level I facilities.

**Objective 1.8:** Increase/maintain high levels of satisfaction with services provided by the behavioral health system.

**Objective 1.9:** Increase/maintain timely access to services.

**Objective 1.10:** Continue to reduce seclusions and mechanical restraints at the Arizona State Hospital.

**Objective 1.11:** Continue to reduce assaults at the Arizona State Hospital.

**Performance Measures:**

- Employment rates in Arizona and compared to national rates (Objective 1.1).
- Network capacity for supported housing and independent living settings (Objective 1.2).
- Average length of stay at Level II, III, IV, and HCTC settings (Objective 1.3)
- Number of mental health courts and drug courts statewide (Objective 1.4)
- National Outcomes Measures findings related to incarceration (Objective 1.4)
- Network capacity and utilization data for peer support services (Objective 1.5)
- Network capacity and utilization data for family support services (Objective 1.6)
- Readmission rates at Level I facilities (Objective 1.7)
- Annual satisfaction survey results (Objective 1.8)
- Access to Care performance measure data for routine referrals and date of first service (Objective 1.9)
- Number of seclusions and mechanical restraints at the Arizona State Hospital (Objective 1.10)
- Number of assaults to peers and staff at the Arizona State Hospital (Objective 1.11)
- Number of workers' compensation claims filed at the Arizona State Hospital (Objective 1.11)

**Strategy 2:** Collaborate with community partners, public health, and other stakeholders in the design and delivery of behavioral health services.



**Objective 2.1:** Ensure a viable and effective behavioral health disaster response plan is in place.

**Objective 2.2:** Increase coordination of care between behavioral health providers and primary care physicians.

**Objective 2.3:** Increase statewide Let's Talk forums with consumers, family members and advocates.

**Objective 2.4:** Increase community supervision of the Arizona Community Protection and Treatment Center residents.

**Performance Measures:**

- Number of staff receiving National Incident Management System and Incident Command System trainings (Objectives 2.1)
- Coordination of Care performance measure outcomes (Objective 2.2)
- Number of Let's Talk forums held with consumers, family members, and advocates around the state (Objectives 2.3)
- Number of interactions among agencies dealing with Arizona Community Protection and Treatment Center sex offenders designed to increase community networking, enhance education, and promote sharing of information and prevention strategies (Objective 2.4)

**Strategy 3:** 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 and the Arizona Community Protection and Treatment Center

**Objective 3.2:** Actively collaborate in development and implementation of a statewide electronic medical record.

**Objective 3.3:** Decrease the paperwork burden through increased use of electronic documentation and increased efficiency.

**Performance Measures:**

- Number of staff trained in the use of newly developed components of the electronic medical records system at the Arizona State Hospital and Arizona Community Protection and Treatment Center (Objective 3.1)
- Migrate from a paper based medical record to an electronic based medical record (EMR) retaining minimal portions of the paper record (Objective 3.1 and 3.3)
- Demonstrated participation on the Health Information Exchange. (Objective 3.2)
- Addition of behavioral health information to the Health Information Exchange and Electronic Health Record (Objective 3.2)
- Documentation of increased efficiencies and decreased paperwork (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)

- 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 1.3)
- Number of provider orientations conducted (Objective 1.3)
- Automate re-licensing (Objective 1.4)
- Number of hits to azcarecheck.com Web site (Objective 1.4)

**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.

**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)

**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:** 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 1.3:** Develop and sustain staff competencies.

**Performance Measure:**

- Percentage of innovative work programs and arrangements utilized (Objective 1.1)
- Percent of internal promotions (Objective 1.1)
- Percent of Department staff turnover (by division) and identification of those employees within three to five years of retirement eligibility (Objective 1.1)
- Number of new hires providing feedback at completion of orientation and six-months post-hire (Objective 1.2)
- Percent of new employees retained beyond one year (target 80%) (Objective 1.3)
- Number of original probation dismissals (Objective 1.3)
- Number of recruitment surveys collected (Objective 1.3)
- Number of HR policies revised/updated (Objective 1.3)
- Percentage of supervisors successfully completing leadership training (Objective 1.3)
- Percentage of supervisors completing performance management training (Objective 1.3)
- Percentage of workforce completing and maintaining required training and cultural competencies (Objective 1.3)
- Number of mentoring and internship programs developed (Objective 1.3)

**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 practices.

**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 contract amendments processed (Objective 2.2)
- Percent of purchase requisitions processed in 10 days (0-\$1000) (Objective 2.2)
- Percent of purchase requisitions processed in 12 days (\$1,001-5,000) (Objective 2.2)
- Percent of purchase requisitions processed in 30 days (\$5,001-50,000) (Objective 2.2)

**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 connect to Department information systems from remote locations (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**

**Summary - Resource Assumptions**

*Five-Year Strategic Plan*

Current Year (FY 2012) and Future Years FY 2013 - FY 2017

**All Goals - Agency Resource Summary**

	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
<b>Full Time Equivalent (FTE)</b>	2,140.5	2,140.5	2,140.5	2,140.5	2,140.5	2,140.5
General Fund	494,294,800	511,236,300	536,893,816	563,869,768	592,232,446	622,053,688
Other Appropriated Fund	88,748,300	88,753,300	90,262,106	91,796,562	93,357,103	94,944,174
Non Appropriated Fund	1,262,336,800	1,280,381,100	1,345,007,857	1,412,962,003	1,484,415,999	1,559,551,262
Federal Funds	295,088,500	287,933,100	292,821,163	297,792,322	302,854,792	308,003,323
<b><u>TOTAL FUNDS - ALL GOALS</u></b>	<b><u>2,140,468,400</u></b>	<b><u>2,168,303,800</u></b>	<b><u>2,264,984,942</u></b>	<b><u>2,366,420,655</u></b>	<b><u>2,472,860,340</u></b>	<b><u>2,584,552,447</u></b>

**Assumptions:**

The Resource Assumption estimate assumes full funding for the Department's Decision Packages in the FY 2013 Budget.

The FY 2013 Budget was used as the base to project estimates for FY 2014 through FY 2017. An annual inflation factor of 1.7%\* was added.

In addition, a 3.5%\*\*increase for medical inflation was estimated for Behavioral Health Services programs, General Fund area and non-appropriated area for FY2014-FY2017.

Possible changes in FTE Positions are not projected in this Resource Assumption.

\* Source: Budget and Economic Outlook: An Update produced by Congressional Budget Office (CBO) as of August 24,2011 <http://www.cbo.gov/ftpdocs/123xx/doc12316/08-24-BudgetEconUpdate.pdf>, on page 15 of the pdf document.

\*\* Source: FY 2010 HHS Agency Financial Report produced by Department of Health and Human Services (HHS) as of November 15,2010. <http://www.hhs.gov/afr/2010afr-fullreport.pdf>, on page 120 of the pdf document.

**Department of Health Services**

**Goal 1 - Resource Assumptions**

*Five-Year Strategic Plan*

Current Year (FY 2012) and Future Years FY 2013 - FY 2017

**Goal 1: Implement a population-based public health system.**

	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
<b>Full Time Equivalent (FTE)</b>	668.8	668.8	668.8	668.8	668.8	668.8
General Fund	14,337,096	14,337,096	14,580,827	14,828,701	15,080,789	15,337,162
Other Appropriated Fund	17,955,300	17,960,300	18,265,625	18,576,141	18,891,935	19,213,098
Non Appropriated Fund	53,928,800	53,928,800	54,845,590	55,777,965	56,726,190	57,690,535
Federal Funds	<u>244,178,300</u>	<u>238,169,400</u>	<u>242,218,280</u>	<u>246,335,991</u>	<u>250,523,702</u>	<u>254,782,605</u>
<b><u>TOTAL FUNDS - GOAL 1</u></b>	<b><u>330,399,496</u></b>	<b><u>324,395,596</u></b>	<b><u>329,910,321</u></b>	<b><u>335,518,797</u></b>	<b><u>341,222,616</u></b>	<b><u>347,023,401</u></b>

**Assumptions:**

The projections for FY 2014 through FY 2017 include an annual inflation factor at 1.7 %, using the FY 2013 budget as the initial base amount.

The FY 2014 through FY 2017 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 2012) and Future Years FY 2013 - FY 2017

**Goal 2: To maintain a comprehensive, easy to access recovery-oriented, behavioral health system of care that is outcome-driven and accountable to its numerous stakeholders.**

	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
<b>Full Time Equivalent (FTE)</b>	1,019.0	1,019.0	1,019.0	1,019.0	1,019.0	1,019.0
General Fund	467,815,612	484,757,112	509,964,482	536,482,635	564,379,732	593,727,478
Other Appropriated Fund	51,974,300	51,974,300	52,857,863	53,756,447	54,670,306	55,599,702
Non Appropriated Fund	1,206,535,080	1,224,579,380	1,288,257,508	1,355,246,898	1,425,719,737	1,499,857,163
Federal Funds	<u>46,017,500</u>	<u>45,517,500</u>	<u>46,291,298</u>	<u>47,078,250</u>	<u>47,878,580</u>	<u>48,692,516</u>
<b><u>TOTAL FUNDS - GOAL 2</u></b>	<b><u>1,772,342,492</u></b>	<b><u>1,806,828,292</u></b>	<b><u>1,897,371,150</u></b>	<b><u>1,992,564,229</u></b>	<b><u>2,092,648,355</u></b>	<b><u>2,197,876,858</u></b>

**Assumptions:**

The projections for FY 2014 through FY 2017 include an annual inflation factor at 1.7 %, using the FY 2013 budget as the initial base amount.

A 3.5% medical inflation is used for FY 2014 - FY 2017. This increase is reflected under the General Fund area and Non-Appropriated Fund area.

The FY 2014 through FY 2017 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 2012) and Future Years FY 2013 - FY 2017

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

	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
<b>Full Time Equivalent (FTE)</b>	239.1	239.1	239.1	239.1	239.1	239.1
General Fund	0	0	0	0	0	0
Other Appropriated Fund	9,006,400	9,006,400	9,159,509	9,315,220	9,473,579	9,634,630
Non Appropriated Fund	1,872,920	1,872,920	1,904,760	1,937,141	1,970,072	2,003,563
Federal Funds	<u>4,492,700</u>	<u>3,846,200</u>	<u>3,911,585</u>	<u>3,978,082</u>	<u>4,045,710</u>	<u>4,114,487</u>
<b><u>TOTAL FUNDS - GOAL 3</u></b>	<b><u>15,372,020</u></b>	<b><u>14,725,520</u></b>	<b><u>14,975,854</u></b>	<b><u>15,230,443</u></b>	<b><u>15,489,361</u></b>	<b><u>15,752,680</u></b>

#### **Assumptions:**

The projections for FY 2014 through FY 2017 include an annual inflation factor at 1.7 %, using the FY 2013 Budget as the initial base amount.

The FY 2014 through FY 2017 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 2012) and Future Years FY 2013 - FY 2017

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

	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
<b>Full Time Equivalent (FTE)</b>	213.6	213.6	213.6	213.6	213.6	213.6
General Fund	12,142,092	12,142,092	12,348,508	12,558,432	12,771,926	12,989,048
Other Appropriated Fund	9,812,300	9,812,300	9,979,109	10,148,754	10,321,283	10,496,745
Non Appropriated Fund	0	0	0	0	0	0
Federal Funds	<u>400,000</u>	<u>400,000</u>	<u>400,000</u>	<u>400,000</u>	<u>406,800</u>	<u>413,716</u>
<b><u>TOTAL FUNDS - GOAL 4</u></b>	<b><u>22,354,392</u></b>	<b><u>22,354,392</u></b>	<b><u>22,727,617</u></b>	<b><u>23,107,186</u></b>	<b><u>23,500,008</u></b>	<b><u>23,899,508</u></b>

#### **Assumptions:**

The projections for FY 2014 through FY 2017 include an annual inflation factor at 1.7%, using the FY 2013 Budget as the initial base amount.