Improving Performance to Better Serve Our County Residents

Countywide Operational Performance Review – Public Health Department

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Contents

Executive Summary

The County of Santa Barbara (the County) contracted with KPMG LLP (KPMG) in May 2019 to conduct an operational and performance review of all County departments. KPMG conducted an initial review of the Department of Public Health (the Department) in 2019. The purpose of this review was to provide a high-level assessment of the Department to identify strengths and opportunities and to benchmark financial and operational areas with similar jurisdictions with the focus on improving the overall operational efficiency, effectiveness, and service delivery provided by the Department.

However, as a result of the COVID-19 pandemic, the Department was required to shift focus toward providing critical service and emergency response to county residents. As such, the review actions and recommendations identified as a result of KPMG's initial report were deferred. However, as the demands related to the pandemic began to ease in early 2022, KPMG were engaged to conduct a supplemental review of the Department specifically focused on Health Care Centers, Environmental Health, Disease Prevention and Health Promotion, and Animal Services. KPMG conducted this review in May 2022. The purpose of the review is to provide a high-level assessment of each division's progress toward implementing the recommendations outlined in the initial KPMG report and identify opportunities across key focus areas with the goal of enhancing efficiency, effectiveness, and service delivery provided by each division.

The following report seeks to combine the recommendations developed as part of the 2019 review with those developed as part of the supplemental review that was undertaken in 2022 to provide an overarching review of Department operations. The report also separately identifies whether each recommendation was developed as a result of the 2019 or 2022 Department review by color coding recommendations; recommendations in dark blue green relate to 2019 recommendations, while those in purple relate to 2022 recommendations.

Department Description

The Department has six budget programs, including Health Care Centers, Community Health Programs, Disease Prevention and Health Promotion, Regulatory Programs and Emergency Preparedness, Administration and Support, and Animal Services. Through these various programs, the Department provides health care to County residents, including low-income families and individuals experiencing homelessness. The Department also investigates communicable disease outbreaks and protects the health of the community by controlling environmental hazards. Finally, the Department maintains a safe environment for the animal population within the County.

Department Orientation

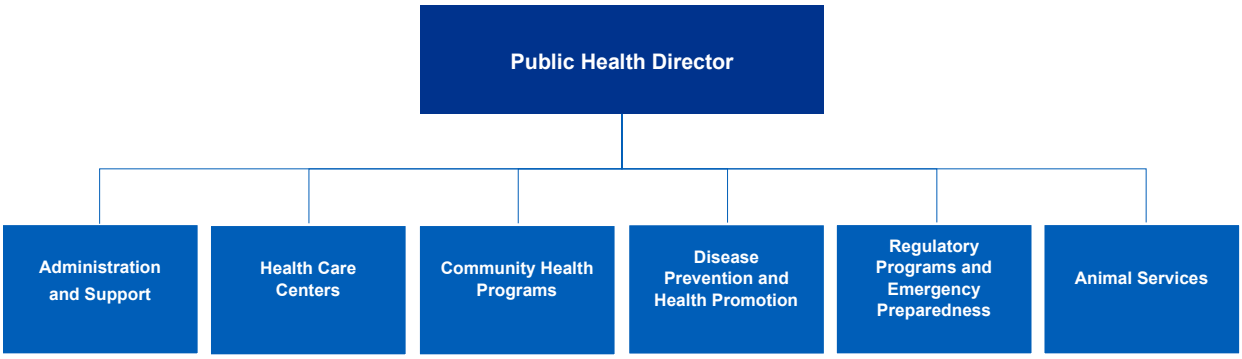


Figure 1: Source: KPMG

Mission Statement

To improve the health of our communities by preventing disease, promoting wellness, ensuring access to needed health care, and maintaining a safe and healthy environment.

2019 Scope and Methodology

The County contracted with KPMG in May 2019 to conduct an operational and performance review of all County departments. The Public Health Department's (the Department) departmental review commenced in October 2019. The purpose of the Public Health departmental review is to provide a high-level assessment of the Department, identify strengths and opportunities, and benchmark financial and operational areas with similar jurisdictions with the focus to improve the overall operational efficiency, effectiveness, and service delivery provided by the Department.

Over a 16-week period, the KPMG team conducted the following activities:

- More than 55 interviews with Public Health leadership and staff to understand the organizational structure, roles and responsibilities, operations, and processes of the Department
- Analysis of data available, reports, and policy documents to understand demands upon, and the operations of, the Department
- A benchmarking and leading practice review was conducted of the County with recommended eight benchmark counties: Marin, Monterey, Placer, San Luis Obispo, Santa Cruz, Solano, Sonoma, and Tulare. In addition, we analyzed additional counties based on specific feedback from leadership and available online information.

Figure 2: Source: KPMG LLP

This report outlines the findings of the operations and performance review and details recommendations for department-wide management and for each of the six divisions: Administration and Support, Health Care Centers, Community Health Programs, Disease Prevention and Health Promotion, Regulatory Programs and Emergency Preparedness, and Animal Services.

2022 Scope and Methodology

Over an eight-week period, the KPMG team conducted the following activities:

- More than 20 interviews with Department leadership and staff to understand the organizational structure, roles and responsibilities, operations, and processes of the Department
- Analysis of available data, reports, and policy documents to understand the demands upon and the operations of the programs and services offered by the Department
- An organization structure review was conducted on the eight comparison counties specified in our contract at the request of the CEO's Office: Monterey, Solano, Sonoma, Tulare, Placer, San Luis Obispo, Marin, and Santa Cruz. Please refer to the Appendix for the Organization Structure Benchmarking section of this report for further detail.
- A benchmarking and leading practice review was also conducted across benchmark counties with similar divisions to those operated by the Department. These include Solano, Monterey, San Luis Obispo, Kern, Placer, Sacramento, Ventura, Stanislaus, and El Dorado. Please refer to the Appendix for detailed full-time equivalents (FTE) and budget benchmarking per division.

2022 Focus Areas

The following focus areas per division were developed in conjunction with the CEO's Office and guide the focus of the 2022 departmental review.

Department-wide	Organizational structure benchmarking
Animal Services	New vision review and alignment to KPMG recommendations; review of fiscal and operational target alignment
Disease Prevention and Health Promotion	Re-review of overall division management and operations and deeper dive into utilization and funding management
EPIC Implementation and Data Quality	Review of implementation progress and operationalization of utilization tracking, appointment cycle times, provider and staff productivity, and schedule management
Environmental Health Service	Program-level review of customer service improvements

2019 Commendations

The below commendations were identified during the course of the review and recognize the dedication of the Department to its mission.

Dedication to the Department Mission

The Public Health Department employees share a strong sense of purpose and drive toward executing on the Department mission to enable a healthier population and environment. This shared passion to serve the public was noted across all Public Health divisions and levels of staff.

Enterprise Software Solutions

The Public Health Department has procured multiple best-in-class software systems to enable both division and Department-level transformation. Most notable among the Department software are Chameleon, EPIC, and FirstWatch. The Department should be commended for procuring these systems as their full implementation will be critical in creating a more effective and informed public health department.

Strategic Partnerships

The Public Health Department should be commended for engaging with OCHIN to procure and develop an instance of EPIC. Although the execution of rolling out EPIC has had challenges, entering into OCHIN should have lasting positive effects. This relationship will enable the Department to access a broad array of comparison data and leverage peer groups more effectively to help guide Department strategy and operations.

Patient Satisfaction

The Public Health Department should be commended for achieving high rates of aggregate customer satisfaction with aggregate overall customer satisfaction scores increasing to 89 percent across all patient responders in 2019. The satisfaction of Public Health patients is a testament to the dedication of staff and the quality of care.

2022 Commendations

The below commendations were identified during the course of the review and recognize the dedication of the Department to its mission.

Deep and demonstrated commitment to client service delivery.

At all levels of the Department, there was a demonstrated commitment to serving high-needs clients. The Department has had to maintain operations during unprecedented circumstances within the last year due to the COVID-19 pandemic and worked to safely continue client service delivery by expanding telemedicine capabilities. During this time, staff remain deeply committed, passionate, and dedicated to serving the Department's clients and demonstrate a high degree of resiliency.

Use of federal stimulus package to fund robust COVID-19 vaccination clinics and outreach.

As a result of the COVID-19 pandemic, the Department received significant funding from the federal government to combat and prevent the spread of COVID-19. These funds were successfully administered by the Department to implement critical response initiatives, including vaccination clinics and public outreach. The administration of these funds was fundamental to helping to ensure that County residents received the service needed to combat illness.

Commenced implementation of Accela to increase digital access to service within the Environmental Health Division.

The Environmental Health Division has begun the implementation of a new customer service portal known as Accela. This new portal will expand the Division's service capabilities by allowing customers to complete certain tasks virtually and allowing the Division to enhance reporting capabilities, promoting enhanced data-driven decision-making.

Broad implementation of EPIC software throughout Health Care Centers.

The Department has fully implemented a new Electronic Health Record (EHR) system known as EPIC across its five health care centers. EPIC has enhanced the Department's reporting capabilities via interactive dashboards and helps to ensure that management has the information needed to support improved data-driven decision-making across clinics. This report includes a number of recommendations to enhance the utilization and reporting within EPIC to further enhance operational efficiency.

Creation of Animal Services Advisory Committee to improve community engagement and operational efficiency within Animal Services.

The Animal Services Division has established an Advisory Committee to increase collaboration with community partners with the goal of enhancing community engagement and buy-in. The committee will be composed of eight key community stakeholders and will assist with the division in evaluating policy changes and operating models.

Commenced implementation of a Power BI dashboard within Disease Prevention and Health Promotion.

The Disease Prevention and Health Promotion Division has begun the development of a Power BI dashboard to allow for greater ease in reviewing and reporting on staff caseload data. The dashboard includes a number of key reports that focus on case acuity by nurse, case acuity by location, total case acuity, as well as number of cases by status. The Power BI dashboard will increase access to real-time data and support division leadership in making data-driven decisions surrounding case allocation and staffing. This report includes a number of recommendations to enhance the utilization of the Power BI dashboard to further enhance reporting capabilities.

2019 Renew ’22 Mapping

The recommendations made within the operational and performance review of the Public Health Department have been aligned to the Renew ’22 Transformation Behaviors to help ensure that the recommendations are driving toward the Renew ’22 strategic vision, as seen in the Figure below.

			Transformation Behaviors				
			Alignment with Vision	Data-driven Decision-making	Strategic Thinking	Risk Taking	Collaborative Problem Solving
Department Recommendations	1	Develop a better understanding of current workload of staff for improved tracking and distribution					
	2	Identify the varying levels of technology and capability and develop a plan for adoption					
	3	Develop performance metrics and a performance management system					
	4	Department HR should collaborate with Central HR and Public Health divisions to develop workforce and succession planning strategies					

Figure 3: Source: KPMG LLP

2022 Renew ’22 Mapping

The recommendations made within the operational and performance review have been aligned to the Renew ’22 transformation behaviors to help ensure that the recommendations are driving toward the Renew ’22 strategic vision, as seen in the figure below. The colored tiles identify the Renew ’22 transformation behaviors that align to each recommendation.

			Transformation Behaviors				
			Alignment with vision	Data-driven decision-making	Strategic thinking	Risk taking	Collaborative problem-solving
Health Care Centers	1.1	Enhance access and utilization of EPIC data to operationalize reporting and proactively schedule staff training to improve data quality and data management.	■	■	■		■
	1.2	Optimize clinic scheduling and staff utilization by enhancing analysis of available data related to clinic wait times, patient cancellation, and no-show rates.	■	■	■		
	1.3	Improve monitoring and reporting of referral coordinator utilization to increase effectiveness of the position and increase capacity of nurses currently making warm handoffs.	■	■	■		■
	1.4	Increase communication and technology enablement across health and human services agencies to provide accurate and timely services for high-needs clients with differing needs.	■	■	■		■
	1.5	Develop a five-year implementation plan to help ensure revenues are adequate to cover the costs of Health Clinic operations.	■	■	■		■
Environmental Health	2.1	Develop an implementation plan and evaluate reporting capabilities for the adoption of Accela to help ensure implementation is executed in a timely manner.	■	■	■		■
	2.2	Enable mobile access to internal systems via tablets/applications to allow inspectors to reduce duplication of efforts and enhance inspection quality.	■	■	■		■

			Transformation Behaviors				
			Alignment with vision	Data-driven decision-making	Strategic thinking	Risk taking	Collaborative problem-solving
	2.3	Implement workshops and virtual trainings and provide key documentation in multiple languages to proactively enhance education and increase access to service for bilingual residents.					
	2.4	Establish customer service-related performance metrics to allow for better data-driven decision-making related to service access and customer satisfaction.					
Disease Prevention and Health Promotion	3.1	Enhance reporting and analysis of available data to better understand staff workload and productivity, caseload allocation, and overall divisional performance.					
	3.2	Develop dashboards to better analyze grant spend, timelines, and outcomes to enhance reporting efficiency and effectiveness.					
Animal Services	4.1	Develop a comprehensive strategic plan with input from internal and external stakeholders to better align division operations, governance, and service delivery.					
	4.2	Identify a core set of outcomes and performance measures, enhance processes in place to track revenue and costs by shelter and increase the frequency of fee analysis to better understand operations and measure performance across the division.					

2019 Current and Recommended Operating Model

Figure 2 below summarizes the Department's current-state operating model across six design layers as well as the target state that can be achieved by implementing the recommendations in the following sections. Each operating model layer describes a continuum of maturity that articulates how the Department can be designed to deliver services optimally. These layers were also used to structure the observations, analysis, and recommendations of the review of the Department. Detailed descriptions of the six design layers can be found in Appendix D.

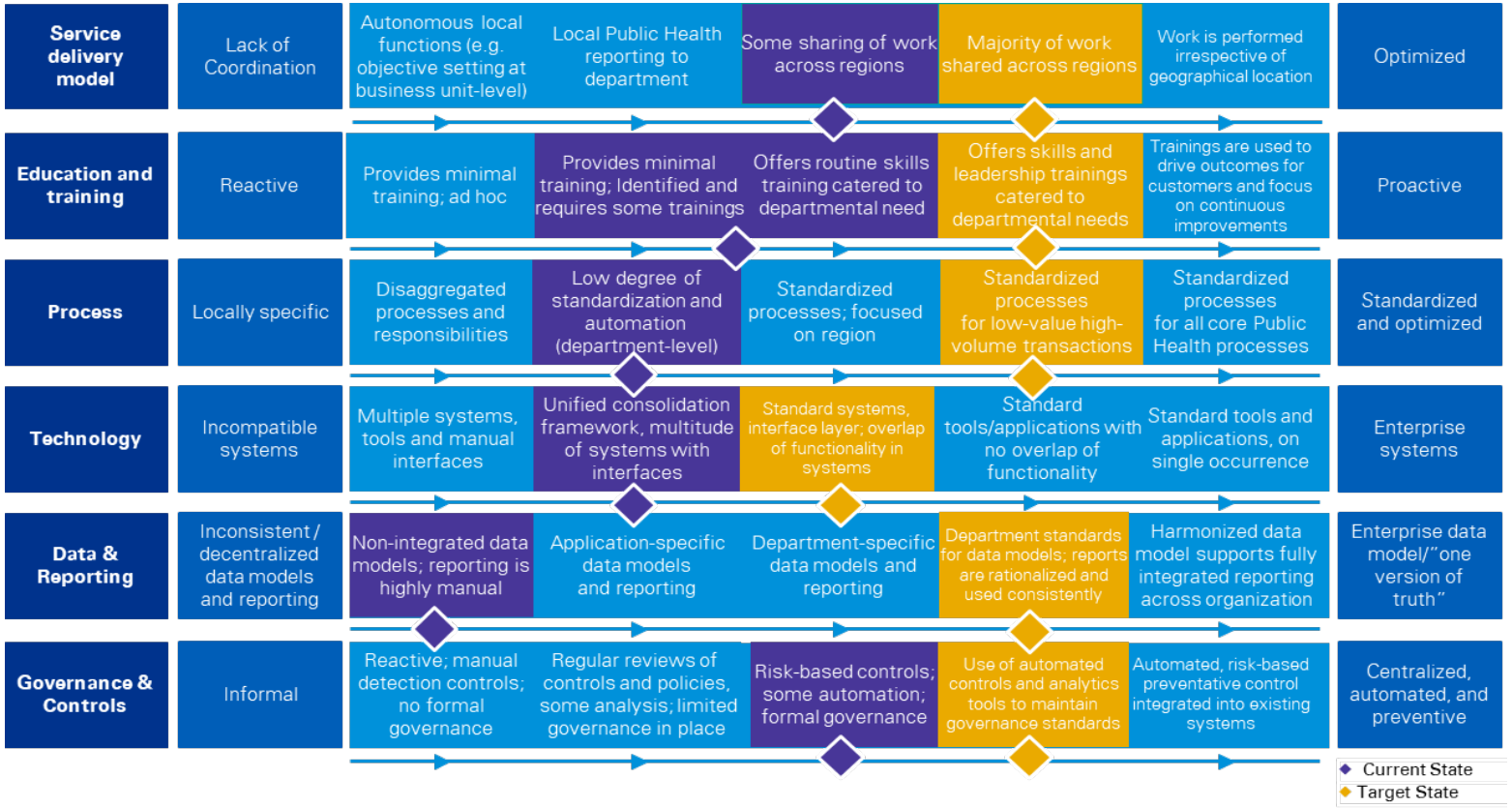
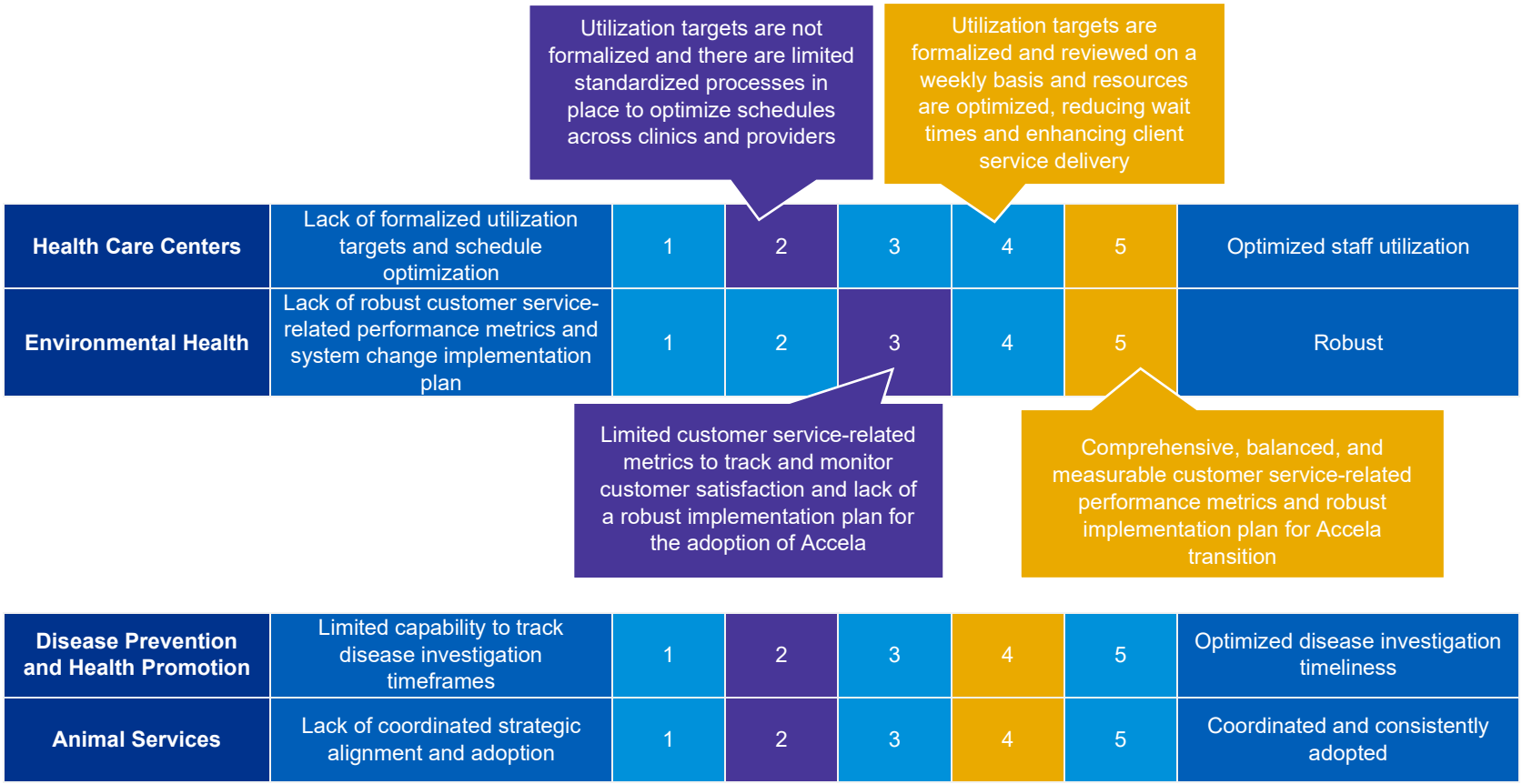


Figure 4: Source: KPMG LLP

2022 Operating Mode Maturity Scale

The figure below summarizes the Department's current-state operating model across four key divisions as well as the target state that can be achieved by implementing the recommendations in the following sections. The purple boxes indicate the Department's capabilities at the time of the review, and the gold boxes illustrate the level of maturity that KPMG believes is attainable through the recommendations in this report. Each operating model layer describes a continuum of maturity related to optimal service delivery. While the highest-priority opportunity areas are detailed in callout boxes in the diagram below, full descriptions of the six design layers can be found in Appendix D.



2022 Prioritized Timeline

The following report consists of 13 recommendations, which were developed during the 2022 review, across four divisions within the Department. Proposed high-level timing and prioritization for each recommendation is depicted below. Please refer to the Appendix for a more detailed timeline by month.

			High-level Timeline			
			Months 1–3	Months 4–6	Months 7–9	Months 10–12
Health Care Centers	1.1	Enhance access and utilization of EPIC data to operationalize reporting and proactively schedule staff training to improve data quality and data management.				
	1.2	Optimize clinic scheduling and staff utilization by enhancing analysis of available data related to clinic wait times, patient cancellation, and no-show rates.				
	1.3	Improve monitoring and reporting of referral coordinator utilization to increase effectiveness of the position and increase capacity of nurses currently making warm handoffs.				
	1.4	Increase communication and technology enablement across health and human services agencies to provide accurate and timely services for high-needs clients with differing needs.				
	1.5	Develop a five-year implementation plan to ensure revenues are adequate to cover the costs of Health Clinic operations.				
Environmental Health	2.1	Develop an implementation plan and evaluate reporting capabilities for the adoption of Accela to help ensure implementation is executed in a timely manner.				
	2.2	Enable mobile access to internal systems via tablets/applications to allow inspectors to reduce duplication of efforts and enhance inspection quality.				
	2.3	Implement workshops and virtual trainings and provide key documentation in multiple languages to proactively enhance education and increase access to service for bilingual residents.				
	2.4	Establish customer-service-related performance metrics to allow for better data-driven decision-making related to service access and customer satisfaction.				

			High-level Timeline			
			Months 1–3	Months 4–6	Months 7–9	Months 10–12
Disease Prevention and Health Promotion	3.1	Enhance reporting and analysis of available data to better understand staff workload and productivity, caseload allocation, and overall divisional performance.				
	3.2	Develop dashboards to better analyze grant spend, timelines, and outcomes to enhance reporting efficiency and effectiveness.				
Animal Services	4.1	Develop a comprehensive strategic plan with input from internal and external stakeholders to better align division operations, governance, and service delivery.				
	4.2	Identify a core set of outcomes and performance measures, enhance processes in place to track revenue and costs by shelter, and increase the frequency of fee analysis to better understand operations and measure performance across the division.				

Department Recommendations

Department recommendations relate to the systems and processes needed for the Public Health Department as a whole to manage their operations and activities to achieve the County's goals. The recommendations outlined below focus on providing strategic alignment and direction across all Public Health divisions. The recommendations focus on developing capabilities and processes required to enable the Department to manage their operations more effectively in a digital environment and to provide improved service to the public.

#	Department recommendations	Report Version
1.0	Enhance understanding of current workload of staff for improved tracking and distribution.	2019
2.0	Develop a plan for adoption of technology and complete utilization of its capabilities.	2019
3.0	Develop performance metrics and a performance management system.	2019
4.0	Department HR should collaborate with County HR and Public Health divisions to develop workforce and succession planning strategies.	2019

Division Recommendations

Division recommendations identify opportunities for the Public Health Department and divisions to more effectively prioritize activities, generate more efficient and effective operations, and improve service to Public Health's customers. Please note, recommendations from both the 2019 and 2022 departmental review are included in the table below. Recommendations made in the 2022 departmental review are shaded in purple.

#	Division recommendations	Report Version
Health Care Centers		
5.1	Integrate operational and financial goals at the clinic, department, and provider level to inform financial management.	2019
5.1a	Develop a five-year implementation plan to ensure revenues are adequate to cover the costs of Health Clinic operations.	2022
5.2	Develop workload definition based on industry standards to support utilization and optimization of staff reporting and facilitate standardized performance.	2019
5.2a	Enhance access and utilization of EPIC data to operationalize reporting and proactively schedule staff training to improve data quality and data management.	2022
5.2b	Optimize clinic scheduling and staff utilization by enhancing analysis of available data related to clinic wait times, patient cancellation, and no-show rates.	2022
5.3	Standardize the roles and responsibilities of medical assistants (MAs) and registered nurses (RNs) across clinics to ensure staff are working at full scope, facilitating the development of a targeted staffing model.	2019
5.3a	Improve monitoring and reporting of referral coordinator utilization to increase effectiveness of the position and increase capacity of nurses currently making warm handoffs.	2022
5.4	Analyze and act upon provider supply and patient demand pressures to right-size service offerings and staffing levels.	2019
5.5	Increase communication and technology enablement across health and human services agencies to provide accurate and timely services for high-needs clients with differing needs.	2022
Administration		
6.1	Drive financial and operational strategy to better manage budget NFIs at the division level.	2019
6.2	Develop a dedicated Financial Planning and Analysis (FP&A) function as part of the organizational future state.	2019
6.3	Utilize IT staff in a more strategic business capacity to drive improved operational reporting capabilities within divisions.	2019

Maternal Child and Adolescent Health (MCAH)		
7.1	Standardize the MCAH caseload intake and allocation process between North and South County.	2019
7.2	Upgrade software systems, minimize duplication in charting, and further develop reporting capabilities.	2019
7.3	Review current, and develop additional, KPIs to improve operational insight and add nuance to employee performance management.	2019
Disease Prevention and Health Promotion		
8.1	Identify a solution to better manage and drive operational functionality and reporting requirements to understand workloads and manage performance.	2019
8.1a	Enhance reporting and analysis of available data to better understand staff workload and productivity, caseload allocation, and overall divisional performance.	2022
8.2	Develop a routine, data-informed health promotion advertising strategy based on disease seasonality, root-cause analysis, and correlating factors.	2019
8.3	Develop a strategy for improved professional development of Public Health nurses with cross-training and succession planning in mind.	2019
8.4	Develop dashboards to better analyze grant spend, timelines, and outcomes to enhance reporting efficiency and effectiveness.	2022
Emergency Medical Services		
9.1	Develop an implementation plan for FirstWatch with an end-state reporting and analytics operating model.	2019
9.2	Develop KPIs to determine process and performance improvement opportunities, and develop multisystem strategies and solutions.	2019
9.3	Formalize the current learning management system for accreditation in collaboration with County HR.	2019
Animal Services		
10.1	Fully utilize staff to drive toward an enhanced customer experience and increasing adoptions.	2019
10.1a	Identify a core set of outcomes and performance measures, enhance processes in place to track revenue and costs by shelter, and increase the frequency of fee analysis to better understand operations and measure performance across the division.	2022
10.2	Fully adopt and utilize the Chameleon system for all aspects of shelter operations.	2019
10.3	Establish key performance indicators that are used to track performance and develop a comprehensive understanding of the nexus of finance and operations.	2019

10.4	Develop a comprehensive strategic plan with input from internal and external stakeholders to better align division operations, governance, and service delivery.	2022
Environmental Health Services		
11.1	Develop a customer-facing portal to improve communication to the customer and the public.	2019
11.2	Develop enhanced financial-driven performance goals that drive toward full cost recovery.	2019
11.3	Develop a plan for transitioning from the Envision system and identifying a viable replacement software system.	2019
11.3a	Develop an implementation plan and evaluate reporting capabilities for the adoption of Accela to help ensure implementation is executed in a timely manner.	2022
11.4	Leverage the County Geographic Information System (GIS) instance to develop more informed work plans.	2019
11.5	Enable mobile access to internal systems via tablets/applications to allow inspectors to reduce duplication of efforts and enhance inspection quality.	2022
11.6	Implement workshops and virtual trainings and provide key documentation in multiple languages to proactively enhance education and increase access to service for bilingual residents.	2022
11.7	Establish customer-service-related performance metrics to allow for better data-driven decision-making related to service access and customer satisfaction.	2022

Department Recommendations

Department recommendations relate to the systems and processes needed for the Public Health Department as a whole to manage their operations and activities to achieve the County's goals. The recommendations outlined below focus on providing strategic alignment and direction across all Public Health divisions. The recommendations focus on developing capabilities and processes required to enable the Department to manage the business more effectively in a digital environment and to provide improved service to the public. Please note, Department-wide recommendations were not a focus area of the 2022 departmental review process.

#	Department Recommendations	Report version
1.0	Enhance understanding of current workload of staff for improved tracking and distribution	2019
2.0	Develop a plan for adoption of technology and complete utilization of its capabilities	2019
3.0	Develop performance metrics and a performance management system	2019
4.0	Department HR should collaborate with County HR and Public Health divisions to develop workforce and succession planning strategies	2019

Department Recommendation 1.0

Report Version: 2019	
1.0	Enhance understanding of current workload of staff for improved tracking and distribution.

Observation and analysis

The Public Health Department's broad purview necessitates a wide range of varying skill sets and tenures to ensure a high-quality service is delivered to the customer. With that, it is critical to understand what responsibilities each division has, what the workload levels are for the staff, how workload is distributed among staff, and what the mechanism is for that distribution. Addressing these challenges in a structured way will help ensure an equitably balanced set of workloads among staff and a way for leadership to track those workloads and, ultimately, performance.

Moreover, given the Department's current fiscal position, the Department should consider conducting a review of all services offered against what their required mandate is. For those services that are deemed to be not critical, it would be beneficial to conduct a cost-benefit analysis as to whether it is efficient to deliver these services in-house or if outsourcing could provide the same service at a lower cost profile. The Department should aim to move toward an operating model that provides the most efficient service while reducing the cost of operations.

Administration and Finance:

The Finance group has a team of 13 Financial Office Professionals (Patient Account Clerks) who are currently dedicating approximately 25 percent of their day auditing self-pay accounts to determine retroactive eligibility for Medi-Cal, provide credit and collection activities (such as calling patients and setting up payment plans), or refunding patients with credit balances. While this function is required by the federal HRSA grant, there should be analysis conducted to understand the efficiency of the current process and an analysis of the return on investment based on the collection outcomes. The division is currently in the process of automating billing functions via EPIC and has started to develop benchmarking of duties, workload, and skill sets of the billing personnel; however, there should be a comprehensive understanding of what the future workload of the overall accounts process will look like once the automated process has been implemented. Automation of this process will allow for right-sizing of the billing function and reduction of staff through attrition or redirection to other FOP functions. This review process is in line with the divisions Renew '22 initiative to reengineer, right-size, and eliminate redundant and manual processes. As shown below, automation of the current collections process will reduce approximately 25 percent of the accountants work per day.

Average Time Spent on Activity	Percent of time
Self Pay	24.9%
Charge Review	2.6%
Follow Up WQ	42.0%
Charge Entry	0.0%
Payment Posting	11.4%
Credit History	14.7%
Claims Edit	2.8%
Remittance WQ	0.0%
Visit Filling CO	1.6%

Figure 5: Source: KPMG LLP analysis of EPIC finance data

In the HR group, excluding the manager, there are three HR-based employees in the Public Health Department expected to provide most HR-related services to all approximately 530 FTEs, not including contractors. One is responsible for all aspects of recruitment, which includes job description creation, posting of job listings via NeoGov, interfacing with the union when needed, and helping facilitate the exit interview process. The other two staff members equally split all staff in the Department for the purposes of offer letters, new employee paperwork, entering information into the Public Health Employee Network (PHEN), processing payroll, and helping facilitate the exit interview process. All three staff members help answer HR-related ad hoc questions from staff. As described in Recommendation 4, there is an opportunity for the Department to create a framework for collaboration between the Public Health HR team and County HR, which includes a clear delineation of services and functions performed.

There is also an opportunity for better understanding, and balancing, workload among the Public Health IT staff. Over the years, through necessity, Public Health has built the capacity for internal management of IT software and technical support. However, as opportunities arise in the future, Public Health IT should collaborate with County ICT and transition the management of the non-Public-Health-specific IT issues, allowing the team to manage those applications and technical issues that require Public Health specialization.

Health Care Centers:

Each of the clinics across the County has set varying expectations for the roles and responsibilities of staff. In some instances, MAs have different expectations of work product between providers in the same clinic, not to mention the variation of responsibilities between clinics. In other instances, there are RNs who perform clerical tasks such as scanning documents or rescheduling missed appointments. This variation in work, coupled with nurses not working to the allowances of their licenses, creates an inability to cascade workflows down from the provider to the nurse.

As further explained in Health Care Center Recommendation 5.3, it is important to balance the workload, and specifically, fully utilize the capabilities of RNs and MAs to ensure that physicians and mid-level providers are performing work that is to “the top of their license” and billable. Visits performed by mid-level providers and physicians are reimbursed at the same rate as an FQHC so it is financially beneficial to maximize billable visits for both roles but especially mid-levels as their cost basis and breakeven is lower than a physician. By having a comprehensive understanding of an MA, RN, mid-level, and physician responsibilities and workloads, the division will be able to provide a better service to the client that utilizes the most cost-effective employee when performing the work.

Maternal Child Adolescent Health (MCAH):

MCAH uses three primary performance metrics to manage the workload of MCAH Public Health nurses—for them to have 50 ”face-to-face” interactions per month and for them to see high-risk referrals within 10 days and postpartum patients within 5 days. However, these performance metrics do not effectively track case complexity and are not used to manage workload. While there is an acuity tool and acuity report within the PHN database that is utilized by the Supervising PHNs when allocating cases, there is opportunity to enhance and refine the acuity tool, as many of the cases are deemed “high risk” when using the current tool, which the division is currently testing. There is also an opportunity to track and allocate cases based on enhanced case acuity and contextual information that is unique to the County, such as geographical location and predominant language spoken in the area. A comprehensive understanding of these data points will help to better predict time needed to be spent on cases and would lead to a natural balancing of workload, as enumerated in Recommendations 6.1 and 6.3.

Disease Prevention and Health Promotion:

The Public Health nurses in the Disease Prevention and Health Promotion Division adequately track nurse workload volume due to the requirements stipulated by the State for reporting. However, the distribution of cases is performed using institutional knowledge and ad hoc communication. The division and department leadership should develop a case complexity framework that allows for a more comprehensive understanding of caseload distribution between the nurses and a more equitable distribution of that workload. Below is an example of an Enhanced Caseload Management framework that is specific to tuberculosis. This framework can be modified and applied to other communicable diseases under the purview of this group to help establish a comprehensive understanding of caseload complexity. Once this data set has been established and tracked for six months, division leadership should leverage the data set in order to more accurately distribute caseload among staff.

	Clinical Factors	TB Specific	Social Factors
ECM Level 0	Physically able to self-medicate; no central nervous system impairment; positive IsoScreen at reviews; correct tablet count at reviews	Contact tracing requirements limited to adults in the same household; no stigma related issues	No language barriers; no housing or finance issues impacting on treatment
ECM Level 1	Elderly to monitor for side effects; children to ensure compliance of child and parent/carer; requires GP or community pharmacy input for blister packs to check correct doses; taking complex medications, Disease Site.	Contact tracing requirements in various areas and/or settings e.g. patient out of area, workplace, community group settings; stigma that can be dealt with through one-to-one education	Requires interpreter for first visit but has some understanding of English; requires signposting for benefits and/or financial issues; patient difficult to reach e.g. no front door bell, more than 1 address, problems getting time off work/college, refusal of home visits
ECM Level 2	Having complex side effects requiring LFT monitoring; needs more regular prompting with medications e.g. blister packs, regular IsoScreen, tablet counts; HIV and TB co-infection and starting both anti-retroviral and TB medications at the same time; single drug resistance	Transmission within contacts or children who are contacts; stigma that requires more formal education e.g. through community centers or workplaces	Financial difficulties that may affect treatment compliance e.g. attending clinic, poor nutrition, poor heating; language barriers throughout treatment requiring easily accessible interpreter at each visit either face to face or by phone; alcohol and/or drug dependency without LFT derangement; patient difficult to reach e.g. DNA at clinics, not home for reviews
ECM Level 3	More than one drug resistance; needs reintroduction of medications e.g. due to deranged LFT's	Complex contact tracing e.g. transmission to children, vulnerable groups, extensive transmission; involvement of PHE for workplace or community screening	Difficult language barriers throughout treatment; homelessness or housing issues due to finance; illegal immigrants, difficulty accessing benefits; potentially dangerous patients where more than one person is required to visit; children who DNA and where social service involvement is required; patient difficult to reach e.g. consistent DNA at clinics, consistently not home for reviews

Figure 6: Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5688729/table/Tab5/?report=objectonly

Regulatory Programs and Emergency Preparedness:

As further enumerated in Emergency Medical Services (EMS) Recommendation 9.1, the division is in the process of procuring and implementing a system that will aggregate the disparate data sets required to fulfill all reporting requirements around clinical quality and EMS contractor compliance. The practical outcome of this procurement will be a significant reduction in manual data wrangling and blending, leading to an opportunity for a repurposing of staff to different value-add opportunities. However, there is currently no tracking of workload beyond reporting requirements. The division should begin tracking workload for internal staff, in addition to EMS contractor utilization, to understand pre-software-implementation workloads, so there can be a comparative analysis of postimplementation workloads and an appropriate adjustment made to expectations of workloads in the future.

Separately, while there is a wide breadth of the work performed by the Environmental Health Services (EHS) division, all functions in each group must strike a balance between being proactive and reactive when determining workload priority. While establishing a balance between proactive and reactive work, there should also be a risk-based analysis performed that is specific to the responsibility of the employee. Understanding risk will allow for a prioritization of current workloads, but also allows for a prioritization of managing the current backlog. Examples of factors to consider when determining risk could be violation history, mud-slide zones, fire zones, and urgency based on professional experience. Moreover, there is an opportunity for cross-training of staff to create a larger pool of staff to balance workloads from. During interviews, it was raised by staff that due to staff not having functional knowledge across all business units, they were unable to flex staffing to help smooth the fluctuations in business cycles.

Animal Services:

As further enumerated in Animal Services Recommendations 10.2 and 10.3, there is an opportunity to better understand, define, and more appropriately balance workload between staff through better utilization of the reporting functions in Chameleon. There are standard reports, as well as custom reports, that can accurately track employee workload and activities, and these should be used by shelter supervisors to ensure an appropriate balance of workload within each distinct function: kennel staff, reception staff, field staff, and medical staff. Equally important is to ensure these reports are used to balance the workload within each function, especially within the kennel staff. Establishing an understanding of work that is completed between temporary, full-time, and volunteer staff is critical to fulfilling the core functions of the shelters and maximizing the adoption rate.

Anticipated impact
Establishing a baseline understanding of workloads and further understanding the complexity of the employee caseload will allow for a more equitable balancing of workloads among staff, improved cycle times, and improved service to customers.

Department Recommendation 1.0 Tearsheet

Implementation Tearsheet: Develop a better understanding of current workload of staff for improved tracking and distribution.

Critical to the success of the Department as a whole is for each division to understand the workload balance and allocation and deliver consistent, high-quality service to the customer.

Key Activities:

- Division and group leadership must **understand what is, and is not, being tracked by division leadership.** If items are not being tracked, there must be an effort to track that data with a focus on automation. The group must then **define the core functions within each group that are part of delivering a service to the public**, understand the ways in which those core services are measured, and establish a baseline comparative analysis among each cohort for understanding of workload distribution.
- Leadership must then **develop a comprehensive understanding of the complexity of the workload** distributed among staff, with the intent of developing a level of balance that does not rely on raw volume but context of the cases assigned. In the instances in which there is no understanding of complexity of cases, there must be a measure of complexity defined by group leadership that is approved by division and department leadership.
- Pursuant to Department Recommendation 3, **there must a routine discussion around performance measurement and management held between leadership and staff to continuously assess workload** and identify areas of overburdening based on the changing nature of public-health-related work.

Resources	Deliverables
— Public Health Executive Leadership, Division Leadership, and Supervisors	— Analysis of employee workloads and tracking methods for use in performance measurement exercise

Level of Impact	Level of Effort	Duration
High impact	Medium effort – Most divisions have required state and federal reporting in which to begin this analysis	9–12 months

Department Recommendation 2.0

Report Version: 2019	
2.0	Develop a plan for adoption of technology and complete utilization of its capabilities.

Observation and analysis

The Public Health IT group has done a commendable job creating an inventory of all used software systems across the Public Health Department as well as the point of contact for each software system. However, during the interview process it was noted that there is an opportunity to increase the adoption of currently procured technology, develop methods to better integrate current software systems with each other, and provide enhanced trainings for staff on the software systems they utilize for their core functions. Moreover, there is an opportunity for the Department as a whole to use technology as a force multiplier in their day-to-day operations. Whether it is more closely tracking the patient cycle via EPIC, incorporating technology in the field to reduce in-office administrative time, or integrating current technology in daily operations, each division has the opportunity to enhance their customers' experience through the technology available to them.

Administration:

The Administration division must strike a balance when adopting newer technology and modernizing functions. Under the County's green initiatives, there should be efforts to transition toward a paperless organization; however, within Public Health there must be a comprehensive understanding of what reporting agencies and grant funding agencies will allow report and grant submittals in PDF format. An exhaustive list should be created of all reports required to be submitted and all grants the Department actively seeks, and that list must include whether or not PDF submission is allowed for the purposes of moving to being a paperless organization. With that, the division should prioritize the adoption of paperless processes based on the volume of pages in a report or grant submittal to help ensure the highest, quickest impact.

Separately, as discussed in Administration Recommendation 6.2, there is an opportunity for the division to establish themselves as operational and financial analysis partners to the rest of the Department through an FP&A model. However, for this to be successful, there must be a comprehensive understanding of the nexus of finance and operations that can only be achieved through the enhanced understanding of all systems' functionality and reporting. There are many systems across the Department that have had moderate levels of adoption or utilization of reporting. This team can be both the systems experts and the operational experts that provide value-add information through reporting and dashboarding to their partners.

Health Care Centers:

Health Care Centers Recommendation 5.2 discusses the current inability to track productivity via EPIC due to system implementation and a lack of functional and consistent reporting that has yet to be established; however, it is important to also discuss the adoption of technology at the employee level. Although there has been a general adoption of EPIC in the Health Care Centers, there are opportunities to better integrate EPIC into day-to-day clinic operations. There must be a focus on understanding the complete functionality of EPIC, as related to the unique job responsibilities of employees, and how it is not currently being utilized in the day-to-day efforts of employees. By not fully utilizing EPIC, there are missed opportunities to provide enhanced management of performance, to improve reporting, and to understand ways to create a better patient experience.

It is also important to recognize that most of the staff members have not been given the opportunity to receive refresher training that could improve their ability to adopt EPIC functionality to improve their unique roles in the clinics. When EPIC was adopted 18 months ago, there was a "one size fits all" style training for all staff members and little opportunity since then to have a focused training to the staff's particular function. The division should hire a subject matter expert to develop specific trainings for each

of the staff to attend to deepen their knowledge of the capabilities of EPIC. An alternative to hiring an outside contractor is to identify a leader in each section of the clinics (provider, nurse, MA, front office) and provide train-the-trainer training with the expectation that they become the County EPIC subject matter experts and teach their cohorts how to best utilize EPIC for their functions.

Maternal Child Adolescent Health:

The Maternal Child Adolescent Health (MCAH) group is required to use disparate technologies to track their work and submit reports to the State for tracking time and reimbursement. Some work must be tracked in EPIC, while other work is tracked through PHN. Separately, PHN has not been upgraded in many years and creates an extensively manual process to track workloads and manage performance. While it is recognized that a PHN upgrade has been discussed since 2016, the delay appears to be due to competing priorities and application security, which has taken more time than expected; despite this it should now be a priority for the division. As further enumerated in MCAH Recommendations 7.2 and 7.3, there is a need to upgrade PHN and improve tracking of data but also to develop a series of improved performance metrics that come from the strategic use of this upgraded technology. Until that upgrading effort has been fulfilled, however, there needs to be a focus on utilizing the current technologies to their fullest extent in regard to reporting and tracking work by tying the data sets together and tracking each case temporally to understand case referral to case closure cycle times.

Regulatory Programs and Emergency Preparedness

The EMS group procured a software system named FirstWatch within FY 2019–20, which will automate the data wrangling and consolidation that support the emergency medical services contract monitoring and clinical quality analysis performed by this division. As further enumerated in Recommendation 9.1, the group should strategically coordinate and plan with County IT project management, in addition to their current ongoing consultation with Public Health IT through the Data Sharing Committee, to ensure appropriate project management and scoping for the implementation of this software.

EHS is currently in the process of procuring a new software system that will allow for the creation, tracking, updating, and resolution of cases assigned to, or identified by, them. The current system is outdated and does not allow for standard features such as a customer portal, automated routing of cases, and integrated GIS functionality. There are many things to consider when procuring this new piece of software; however, during staff interviews, there was a particularly notable pain point that was rooted in the requirement of staff to reenter information in forms when there had already been a case created or resolved. There should be a focus on ensuring the procured software has the ability for a field prepopulation function to reduce both administrative time spent by the staff and to reduce cycle time to improve the customer experience.

Disease Prevention and Health Promotion

The Disease Prevention and Health Promotion group has largely based their technology adoption along the requirements set forth by the State in regard to reporting. Although the group uses the CalREDIE system to input their data, it is not a robust performance management or workload tracking system. The group will not be able to change how the reporting comes in; however, they have an opportunity to streamline the reporting data sets and improve the data collection to improve their understanding of workloads and performance. As further enumerated in Disease Prevention and Health Promotion Recommendation 8.1, there should be an effort to either move into the EPIC system to track casework or to merge the disparate data sets into one, robust spreadsheet that is maintained in a single location.

Animal Services

The Animal Services division should focus on ensuring that all staff members adopt the daily use of Chameleon, inputting all data points required to perform their job function, and develop a full understanding and use of the reporting function inherent to Chameleon. By not fully utilizing Chameleon, supervisors and leadership do not have the ability to properly manage workload and performance. Moreover, they are unable to take that comprehensive operational data and further

develop an understanding of the relationship between finance and operations. As discussed in Recommendation 10.2, there are functions inside Animal Services that have completely adopted and integrated Chameleon into their work streams, such as animal control and reception, and some functions that do not use it at all, such as the kennel staff.

Anticipated impact

Developing a comprehensive understanding of the technology used, the levels at which it is adopted and used in day-to-day activities, and the value-add it has on outcomes are imperative to the success of the work of the divisions. By fully adopting the technology available, there will be more accurate tracking of workloads, cycle times, and outcomes, which can create opportunities for an improved customer experience.

Department Recommendation 2.0 Tearsheet

Implementation Tearsheet: Develop a plan for adoption of technology and complete utilization of its capabilities.

The Public Health Department must ensure that all staff use the software systems; however, it is also imperative that the Department prioritize upgrading those systems for enhanced functionality as well as providing adequate, specialized trainings for staff on how to best use that software.

Key Activities:

- **Develop a comprehensive and detailed understanding of all variations of adoption of technology and software in the Department.** During the interview process, it became clear that not all technology and software has been equally adopted among staff. Each division and group must document that variation in adoption to set internal priority for bringing staff into compliance. During this process, it is important to understand where technology and software are upgraded to the most current version and where they are creating a reporting or functionality burden for staff.
- **Understand all technology functionality and develop a priority of upgrades and adoption.** There must be a comprehensive understanding of not just the level of adoption of technology, but what impact its adoption would have on performance and operational efficiencies. With that understanding, there needs to be a prioritization set for areas of focus that should include the largest impact to operations.
- **Develop digital policies and procedures, standardized documentation of usage, and frequent opportunities for training for those areas which require enhanced utilization and standardization.** Whether it was within the EPIC environment, NeoGOV, PHN, or Chameleon, there was consistent lack of utilization of technology and software across the Department. There must be a staff-level expectation set by leadership for use of the technology; however, it is important to balance practicality of use when setting those policies. Separately, there should be standardized documentation created around how to use the software accompanied with internal subject matter experts that can provide ad hoc trainings to staff on functionality. Finally, a routine set of trainings must be made available to staff members to serve as refresher courses and learning opportunities for new features. This exercise is important to ensure utilization of already procured software, and for the upcoming purchase of software, and must be accompanied with a detailed implementation plan to ensure all functionality is used from the onset.

Resources	Deliverables
— Public Health IT, division and group leadership	— Report that demonstrates how functionality can be adopted into the current operating model with expected workload and service efficiencies expected — Policies and procedures for adoption and use of technology — Training plan

Level of Impact	Level of Effort	Duration
High impact	Medium effort – The list of software has already been created	12–15 months

Department Recommendation 3.0

Report Version: 2019	
3.0	Develop performance metrics and a performance management system.

Observation and analysis

The Public Health Department has developed a series of performance metrics that are largely based on their ability to receive reimbursement from the state or federal government or requirements for reporting set by local, state, or federal government. Although those metrics do an adequate job of tracking high-level processes that are directly related to reporting, the metrics do not provide insight into the operations of the divisions or allow for data-driven decision-making. Moreover, establishing a set of routine meetings to analyze performance metrics as compared to performance goals is a critical aspect of understanding the operational functionality as a department and helps in understanding the balance between finance and operations.

The first step should be for **each division to develop a set of performance metrics for which each position and division will be held accountable.**

Administration and Finance:

As further enumerated in Recommendation 6.3, the division has a unique opportunity to become a strategic partner of other divisions when working to integrate operational and finance data for improved internal and external outcomes. To achieve this, it is important for the division to develop a comprehensive understanding of the performance metrics of the divisions they are assisting and how those metrics improve and tie to the operations under the purview of those divisions. Moreover, these staff will be key to providing performance dashboards that enumerate the productivity and throughput of the divisions, allowing for a granular look at performance, outcomes, and finances and how they are interrelated. Below are some examples of metrics that could be used to track performance and should be used to report performance to division and department leadership as part of performance improvement efforts.

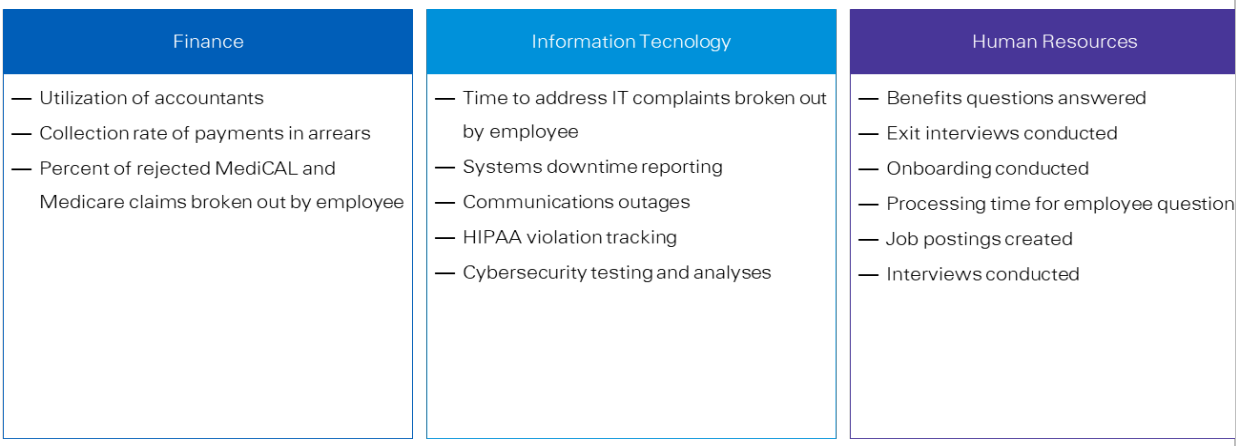


Figure 7: Source: KPMG LLP

Health Care Centers:

It is critical for the Health Care Centers not just to understand the profitability of clinics, the utilization of providers, and the workload of staff in the clinics, but there must be a structured, routine discussion on performance management that helps bridge financial and operational goals through more refined performance targets and improved communication and collaboration. As enumerated in Health Care Centers Recommendation 5.2, it became evident during the interview and data analysis phase of this

engagement that the clinics were attempting to track utilization and performance and even set daily appointment goals for the clinics through collaboration with their executive team; however, those goal-setting exercises were done without collaborating with the Finance group in Public Health and did not incorporate the necessary financial analyses that would support that exercise. Below are some examples of performance metrics that can and should be tracked.

Health Care Centers
— Percent of staff hitting utilization targets by staff class
— Percent of staff hitting utilization metrics by department
— Percent of fully burdened cost recovery by department
— Percent of fully burdened cost recovery by clinic
— Change in patient volume against prior year by clinic and department

Figure 8: Source: KPMG LLP

Disease Prevention and Health Promotion:

The division should develop a structured performance management system that helps to improve the outcomes of patients seen in the field as well as the cycle time of the nurses. Moreover, there need to be more robust performance metrics developed that help to granularly analyze the productivity of the nurses in the field. Below is shown the wide variation in the amount of time, on average, it takes nurses to close their cases. Using analyses like these, coupled with the ability to drill down and understand the case complexity, as defined in Department Recommendation 1, is critical to successfully monitoring performance.

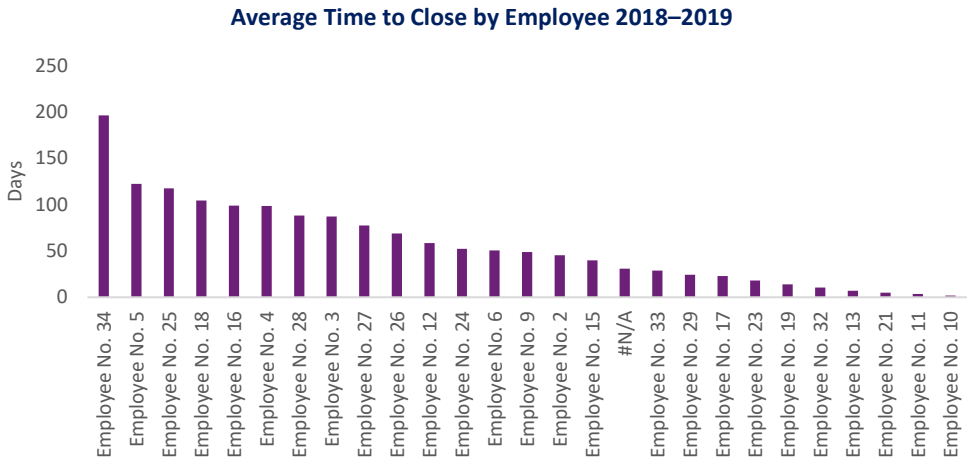


Figure 9: Source: KPMG LLP analysis of Disease Prevention data

* It is important to note that the employee listed as "N/A" represents cases that did not have a nurse assigned to them in the data sets.

Separately, although the Disease Prevention and Health Promotion groups collaborate with providers when receiving referrals for potentially contagious diseases, they are also responsible for the

compliance and enforcement of providers that do not provide proper, state-mandated protocols. There is an opportunity for the development of a performance metric to monitor the set fine structure. Although the groups' primary focus is compliance from the providers, there should be a metric that tracks compliance with the purpose of leveraging the fine structure for provider noncompliance in order to develop an additional revenue stream, track frequent offenders, and increase provider accountability. Below are some examples of performance metrics that can and should be tracked.

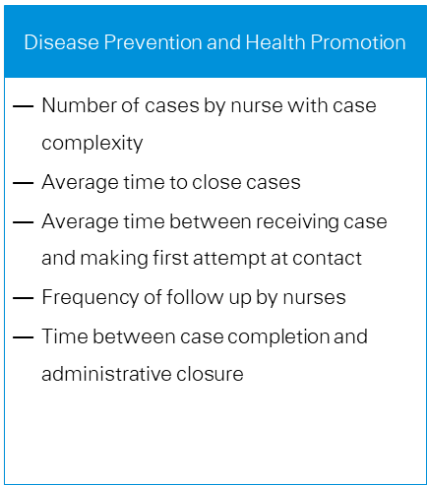


Figure 10: Source: KPMG LLP

Regulatory Programs and Emergency Preparedness

In addition to tracking the performance of employees, EHS should ensure that the public is aware of what EHS is tracking to drive performance. A typical misconception about the EHS division is that they are an entity that looks to levy fines and take punitive action against their customers. The main goal of EHS is to increase public awareness around regulations they are tasked with enforcing and when a violation is present to gain compliance. As such, the division should establish an advisory council with private and public network members, including other county departments, to gain feedback on ways to improve discourse with the public, make residents and business owners more aware of regulations, and, ultimately, gain compliance. Below are some examples of performance metrics that can and should be tracked.

Figure 11: Source: KPMG LLP

Animal Services

The first step Animal Services must take is to ensure all employees are utilizing the Chameleon system in their day-to-day work; however, once that occurs there are robust performance metrics that can be tracked inside Chameleon. Below are some examples of performance metrics that can and should be tracked.

Shelter Operations	Veterinary Care	Animal Control
— Intake volume by shelter and animal type	— Number of vaccines given	— Number of calls responded to within expected time
— Outcomes by shelter	— Number of contagious disease outbreaks in shelter	— Number of aggressive calls
— Average length of stay	— Number of exams performed	— Number of successful captures
— Intake reason by shelter	— Number of surgeries performed	— Number of return to owners
— Kennels cleaned		
— Percent of animals fed on time		
— Percent of animals receiving play time		
— Number of contagious disease outbreaks in shelter		

Figure 12: Source: KPMG LLP

The next step must be for the divisions and departments to develop a routine set of meetings that are used to openly discuss performance metrics and how each position and division is operating in comparison to the set goals. The purpose of these meetings is not to be punitive but to discuss barriers to achieving the defined goals and test the veracity of the established goals. In some instances, such as EPIC, the software systems will have built-in dashboarding that can be easily produced; however, there will be some systems, such as PHN, that will require more manual labor to develop meaningful reporting. This report development and tracking role should not be assigned internally, but needs to be the responsibility of the FP&A function described in Recommendation 6.2.

Anticipated Impact

Developing a structured plan for understanding, measuring, and discussing performance metrics is critical to the success of each division. This will support proactive monitoring of operations and financial management, which should be used to make data-driven decisions and improve the service provided by the divisions.

Department Recommendation 3.0 Tearsheet

Implementation Tearsheet: Develop performance metrics and a performance management system.

Defining and tracking performance measures is core to managing operational outcomes and understanding the finances of divisions; however, a structured, routine set of meetings is critical to the success of the management program.

Key Activities:

- **Division managers should collaborate with the supervisors underneath them to develop a list of performance metrics** that are applied to the employees in the groups. There should be a focus on separating out performance indicators and key performance indicators for the purposes of reporting. Separately, there should be a set point in time (semiannual, annual) in which the performance metrics are reevaluated for relevance. There needs to be a closer collaboration between each division's leadership and the Fiscal division to work toward consistent collection of data and analysis. Ideally, the envisioned FP&A team would assist in analyzing data. There should be a distinction made when developing performance indicators versus key performance indicators. Performance indicators are measurable data points that help a supervisor understand employee utilization and outputs, while key performance indicators are data points that help to demonstrate the success of the group, or organization, as a whole.
- **The Department leadership should establish a routine monthly meeting** to analyze the performance of each division in Public Health. The goal of this meeting will be to understand overall performance, identify outliers, and develop action plans for addressing the outliers in performance, whether through training, coaching, or discipline. As discussed in the CEO Report Enterprise Enablement Recommendation 1.2, this meeting should be inclusive of the ACEO and budget analysts where appropriate.

Resources	Deliverables
— ACEO, Department directors, Department representatives	— Key performance indicators — Monthly performance reports (with actions planned/taken)

Level of Impact	Level of Effort	Duration
High impact	High effort	Development: 9–12 months Management: Ongoing

Department Recommendation 4.0

Report Version: 2019	
4.0	**Department HR should collaborate with County HR and Public Health divisions to develop workforce and succession planning strategies.**

Observation and analysis

The Administration division currently has an HR team consisting of an HR manager and three employees. These employees execute both transactional and recruitment-oriented HR roles. The transactional responsibilities include managing exit interviews, workers' compensation claims, timesheet review, benefits coordination, and Employee Performance Review (EPR) intake. The recruitment responsibilities include developing new hire incentive structures, defining job classifications, and coordinating with County HR to develop requisitions.

KPMG also recognizes that the division currently collaborates with County HR to do non-Public-Health-specific recruiting, disability management, equal employment opportunity investigations, and certain disciplinary items. It was noted during interviews, however, that there has been an inability to properly develop and execute succession and workforce planning strategies. The division should address these concerns by further formalizing their collaboration with County HR based on the hybrid model outlined in the Review of the Human Resources Department to develop a shared service strategy and create a more structured workforce development and succession plan across Public Health divisions. Having Department HR drive these efforts, with increased support from County HR, should improve succession resiliency across the Public Health organization and allow for a more informed and strategic approach to workforce planning and development.

- **Understand current staffing profiles and prioritize target areas:**
  - **The Administration division**, in collaboration with County HR, should develop a Department-wide skills gap and succession risk profile. This risk profile should consider and assign risk to divisions and program areas based on retirement timelines, available and future skill set requirements, and reliance on institutional knowledge.
  - **The Health Care Clinic division** does not develop staffing models using a structured methodology as outlined in Recommendation 5.4 and should collaborate with Department and County HR to implement the recommendation and create more nuanced staffing decisions. For example, the ratios of support staff like MAs and RNs to physicians vary significantly across clinic locations, and the Department should work to understand the optimal staffing ratios across and within clinics as outlined in Recommendation 5.3. Additionally, an executive team member is planned to retire in 13 months. The division, in collaboration with the HR teams, should develop a succession planning strategy. Part of this strategy should consider whether the current model of having two leadership positions is appropriate and effective in meeting operational objectives.
  - **The Animal Services division** has had significant turnover in recent years with the departure of the division director and managers. According to staff interviews, these departures revealed a significant reliance on institutional knowledge to manage operations. The division should work to formalize institutional knowledge and processes to improve organizational resiliency. The division should also develop a more structured approach to roles and responsibilities for different staff types, as outlined in Recommendation 10.1, in order to ensure responsibilities are appropriately assigned to full, part, and volunteer staff.

- **The MCAH division** has significant variation in roles and responsibilities for their Health Service Aids (HSAs) across County locations as outlined in Recommendation 7.1. Additionally, these employees are often relied upon for translation services and serve as a critical point of failure for division operations. The division should formalize the HSA activities in order to improve succession resiliency and help ensure that staff are operating in a consistent manner across the division. The division should also prioritize recruiting nursing staff with bilingual capabilities as a core workforce development initiative to help ensure that the division can administer care without HSA translation assistance.
- **The Environmental Health division** deputy director plans to retire in the next year and a half. While the division is currently in the process of identifying a replacement, the succession planning effort should include an effort to evaluate and document relevant division policies and procedures. As outlined in Recommendation 11.2, the division currently relies on free-form inspection reporting and employee-driven scheduling. These processes make it difficult for staff to easily share caseload due to less standardized reporting, and new staff have to take additional time to ramp up as inspection schedule development relies upon institutional knowledge to manage geography and risk considerations. The division should also work to cross train staff across multiple Environmental Health functions. Based on staff interviews, the division used to do this, and it allowed teams to share workload and address changes in customer demand based on factors like business cycles.
- **The Disease Control and Prevention division** recently hired a dedicated division manager to address a long vacancy, which was the main succession planning and organizational risk identified during staff interviews. The division should leverage this new leadership role to drive formalization of institutional knowledge and staff development. As outlined in Recommendation 8.3, staff often lack case diversity, leading to knowledge silos. The division should more effectively allocate case types across staff to help ensure knowledge is spread across the organization, to help ensure succession resiliency, and to create more well-rounded staff.
- **The Emergency Medical Services Agency** is unique in that its primary function is as a coordinator of third-party contractors, other County departments, and other Public Health divisions. The biggest succession and workforce planning risk in this division is within the disaster preparedness program. This program has a single staff responsible for coordinating Public-Health-focused disaster recovery and planning efforts with the Office of Emergency Management (OEM). The processes involved in this role rely heavily on the staff's institutional knowledge. The HR teams should collaborate with the division to formalize this knowledge to improve organizational resiliency and help ensure public safety in regard to natural disasters. As outlined in Recommendation 9.1, the Emergency Medical Services Agency is currently implementing a software solution, FirstWatch, which will significantly automate current staff function. As the data reporting function becomes automated, the division should consider refocusing these employees to more strategic roles to more proactively identify trends and manage contracts.

- **Develop and implement strategies to recruit necessary talent and mitigate succession risk:**
  - Leveraging the risk profiles developed above, the Administration division should collaborate with County HR to create a prioritization framework for addressing workforce and succession planning based on possible organizational and operational risk. This will allow the division to develop a strategy for addressing succession and workforce needs across the organization in a way that actively anticipates risks.
  - The strategy should prioritize areas to be addressed within each division and across the Department based on an assessment of available skill sets, retirement profiles, single points of failure, and reliance on institutional knowledge. This will allow the Department to develop a

strategy for addressing succession and workforce needs across the organization in a way that actively anticipates risks.

Anticipated impact
Collaborating more effectively with County HR will allow the Department to realign more resources toward workforce and succession planning needs in order to drive greater organizational stability and anticipate future-state skills needs.

Department Recommendation 4.0 Tearsheet

Implementation Tearsheet: Department HR should collaborate with County HR and Public Health divisions to develop workforce and succession planning strategies.

The Public Health Department has multiple leaders in divisions that are at, or close to, retirement, creating an opportunity to focus on succession planning and strategic workforce development. As is the case with many departments, there are unique, specialized skill sets needed to perform many of the functions required to appropriately serve the residents of the County. There must be a cohesive, forward-looking strategy that documents both current processes and institutional knowledge as well as a strategic approach to recruiting into the positions that require specialized skills.

Key Activities:

- **Develop a nuanced understanding of all skills, certifications, degrees, and experience** required to be held to perform the functions of the Department. This list should not be created and left alone, but should act as a live document that can be built on and used for cross-training and filling needs across the Department.
- **The Public Health HR division should develop a list of retirement-eligible positions** across the Department that will then define the priority of the previous exercise and recruiting efforts to be worked on collaboratively with County HR. This list should both act as a timeline for recruiting and an analysis of the upcoming skills gaps.
- **Collaborate with the Human Resources department to develop a strategy** for prioritizing, recruiting for, and training to identify skills gaps and future needs. There have been discreet instances in which a known retirement is backfilled by current employees; however, this will not always be the case, and it is incumbent on the Department to identify strategic external partners that can act as a pipeline for potential employees.

Resources	Deliverables
— Department director, division leaders, HR supervisor, County HR — CEO presence is optional	— Skills and retirement profile — Strategic plan for recruitment with potential MOUs with external partners

Level of Impact	Level of Effort	Duration
High impact	High	1–2 years

Division Recommendations

#	Division recommendations	Report Version
Health Care Centers		
5.1	Integrate operational and financial goals at the clinic, department, and provider level to inform financial management.	2019
5.1a	Develop an implementation plan to ensure revenues are adequate to cover the costs of Health Clinic operations.	2022
5.2	Develop workload definition based on industry standards to support utilization and optimization of staff reporting and facilitate standardized performance.	2019
5.2a	Enhance access and utilization of EPIC data to operationalize reporting and proactively schedule staff training to improve data quality and data management.	2022
5.2b	Optimize clinic scheduling and staff utilization by enhancing analysis of available data related to clinic wait times, patient cancellation, and no-show rates.	2022
5.3	Standardize the roles and responsibilities of MAs and RNs across clinics to ensure staff are working at full scope, facilitating the development of a targeted staffing model.	2019
5.3a	Improve monitoring and reporting of referral coordinator utilization to increase effectiveness of the position and increase capacity of nurses currently making warm handoffs.	2022
5.4	Analyze and act upon provider supply and patient demand pressures to right-size service offerings and staffing levels.	2019
5.5	Increase communication and technology enablement across health and human services agencies to provide accurate and timely services for high-needs clients with differing needs.	2022
Administration		
6.1	Drive financial and operational strategy to better manage budget NFIs at the division level.	2019
6.2	Develop a dedicated FP&A function as part of the organizational future state.	2019
6.3	Utilize IT staff in a more strategic business capacity to drive improved operational reporting capabilities within divisions.	2019
Maternal Child and Adolescent Health		
7.1	Standardize the MCAH caseload intake and allocation process between North and South County.	2019
7.2	Upgrade software systems, minimize duplication in charting, and further develop reporting capabilities.	2019

7.3	Review current, and develop additional, KPIs to improve operational insight and add nuance to employee performance management.	2019
Disease Prevention and Health Promotion		
8.1	Identify a solution to better manage and drive operational functionality and reporting requirements to understand workloads and manage performance.	2019
8.1a	Enhance reporting and analysis of available data to better understand staff workload and productivity, caseload allocation, and overall divisional performance.	2022
8.2	Develop a routine, data-informed health promotion advertising strategy based on disease seasonality, root-cause analysis, and correlating factors.	2019
8.3	Develop a strategy for improved professional development of Public Health nurses with cross-training and succession planning in mind.	2019
8.4	Develop dashboards to better analyze grant spend, timelines, and outcomes to enhance reporting efficiency and effectiveness.	2022
Emergency Medical Services		
9.1	Develop an implementation plan for FirstWatch with an end-state reporting and analytics operating model.	2019
9.2	Develop key performance indicators to determine process and performance improvement opportunities, and develop multisystem strategies and solutions.	2019
9.3	Formalize the current learning management system for accreditation in collaboration with County HR.	2019
Animal Services		
10.1	Fully utilize staff to drive toward an enhanced customer experience and increasing adoptions.	2019
10.1a	Identify a core set of outcomes and performance measures, enhance processes in place to track revenue and costs by shelter, and increase the frequency of fee analysis to better understand operations and measure performance across the division.	2022
10.2	Fully adopt and utilize the Chameleon system for all aspects of shelter operations.	2019
10.3	Establish key performance indicators that are used to track performance and develop a comprehensive understanding of the nexus of finance and operations.	2019
10.4	Develop a comprehensive strategic plan with input from internal and external stakeholders to better align division operations, governance, and service delivery.	2022
Environmental Health Services		
11.1	Develop a customer-facing portal to improve communication to the customer and the public.	2019

11.2	Develop enhanced financial-driven performance goals that drive toward full cost recovery.	2019
11.3	Develop a plan for transitioning from the Envision system and identifying a viable replacement software system.	2019
11.3a	Develop an implementation plan and evaluate reporting capabilities for the adoption of Accela to help ensure implementation is executed in a timely manner.	2022
11.4	Leverage the County Geographic Information System (GIS) instance to develop more informed work plans.	2019
11.5	Enable mobile access to internal systems via tablets/applications to allow inspectors to reduce duplication of efforts and enhance inspection quality.	2022
11.6	Implement workshops and virtual trainings and provide key documentation in multiple languages to proactively enhance education and increase access to service for bilingual residents.	2022
11.7	Establish customer service-related performance metrics to allow for better data-driven decision-making related to service access and customer satisfaction.	2022

Health Care Centers

Report Version: 2019	
5.1	**Integrate operational and financial goals at the clinic, department, and provider level to inform financial management.**

Observation and analysis

The Health Care Center (HCC) division has not developed operational goals that effectively consider and address the clinic operation financial requirements. Developing operational goals informed by financial objectives is critical as the division is currently operating at a Net Financial Impact (NFI) of -$5.3 million in fiscal year 2019 before allocation of nonoperating funding sources. The clinic operations receive funds from a combination of 340B excess savings share, tobacco settlement funds, general fund contributions, and Public Health Department special revenue fund dollars. It should be noted that the NFI and financial position discussed in these recommendations is in regard to clinic operations and does not pertain to clinic laboratory operations as that function was not in the scope of this review. During interviews, KPMG noted that this disconnect largely stems from lack of collaboration between the Administration team and HCC leadership in setting operational goals. For example, while discussed at the division executive team level, the Finance team was unaware and had not provided input into the 509 appointment goal developed as a break-even target across the HCC division. The future-state organization of the Finance group that is meant to address this disconnect is enumerated in Administration Recommendation 6.2. Additionally, the reduction in available financial data at the staff and department level in a post-EPIC environment has significantly hindered the division's ability to understand and manage nuanced financial impacts and trends within and across clinics.

The division should leverage the new FP&A structure outlined in Recommendation 6.2 and performance metrics developed in HCC Recommendation 5.2 in order to develop operational goals that appropriately address fiscal concerns and drive toward cost recovery if not profitability. The following recommendation outlines the considerations that the division needs to make in developing finance-based operational goals. It should be noted that when referencing different clinic areas, like Family Health or Pediatrics, the division refers to these as clinic departments, and that language has been reflected throughout these recommendations.

Collaborate with the FP&A team to create fiscally informed operational goals:

— All of the HCC clinics are operating at a loss in the current and historical periods analyzed. However, there is significant variation in the loss across the clinics as shown in Figures 11 and 12 below. The division should develop a break-even appointment goal for each clinic that includes all direct and indirect costs. The division should utilize dashboards developed in Recommendation 6.3 to monitor performance on an ongoing basis with routine reviews performed in coordination with the FP&A team during monthly meetings. The below graphs demonstrate the significant difference in net margin both across clinic locations and year over year within each clinic in absolute and percent terms. The division does not currently optimize the opportunity to analyze these differences through structured operational oversight and the use of multidisciplinary team meetings to drive improvements across the organization.

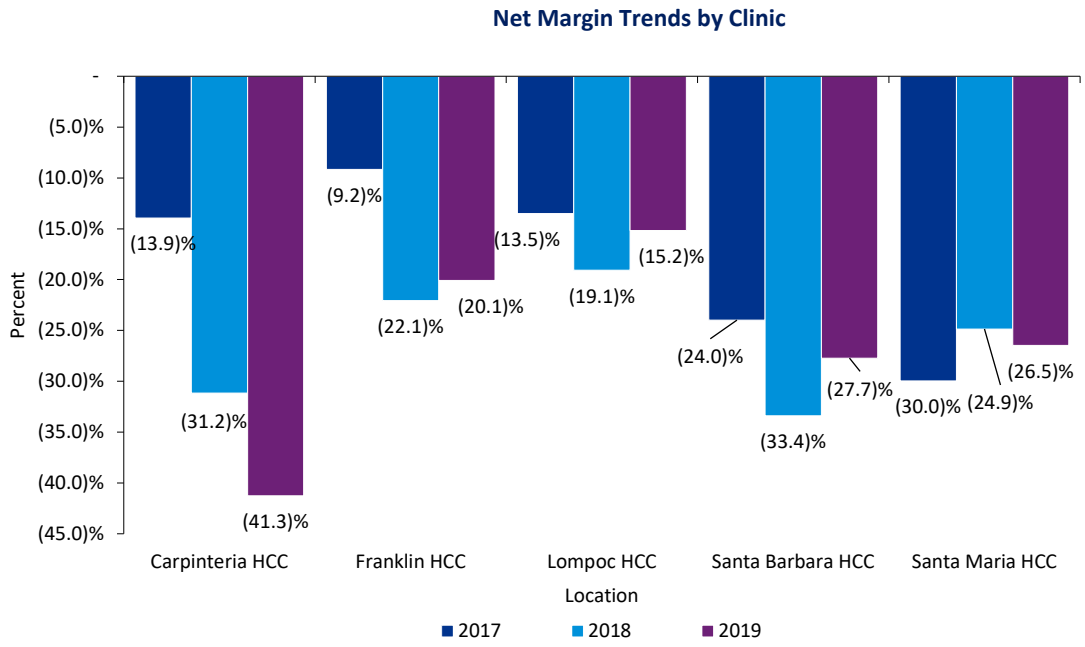


Figure 13: Source: KPMG analysis of HCC cost per patient data

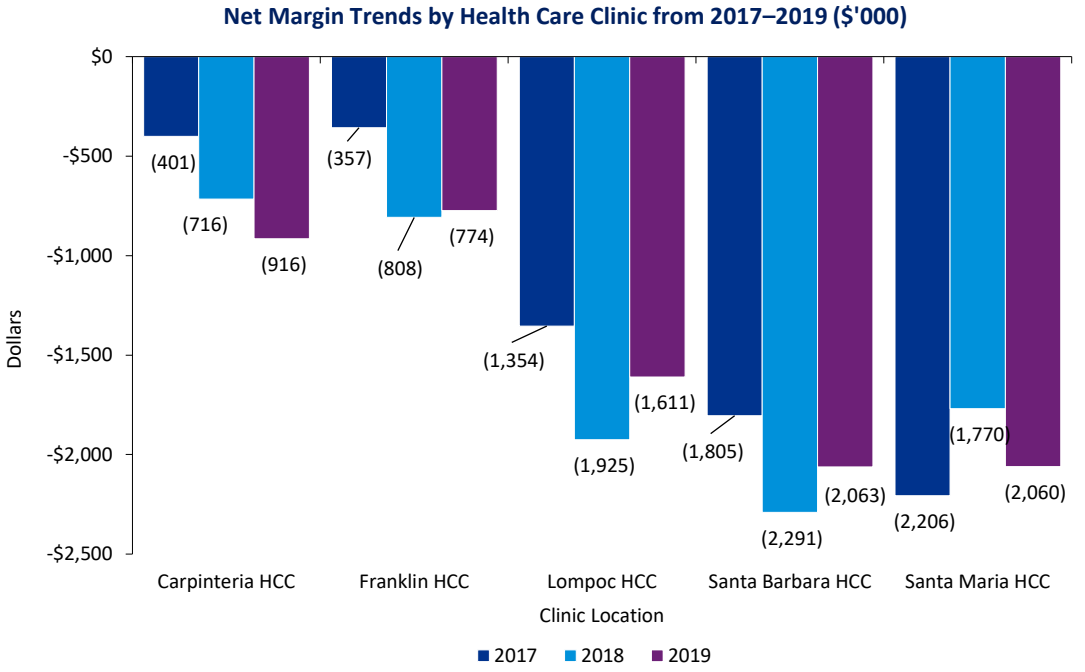


Figure 14: Source: KPMG analysis of cost per patient data

— The division should build up these appointment goals by developing break-even analysis at the provider and clinic department level and aggregating these values up to the clinic and division level. This process will require the division to collaborate with the Finance team to begin tracking

provider-level revenue and cost data. Development of these goals based on break-even volume will allow the division to actively manage the NFI and drive toward full cost recovery.

— Figure 13 below was developed using a blended marginal revenue and expense rate to determine the number of appointments each clinic needs to perform on a daily basis to reach breakeven and cover all direct and indirect overhead costs. It should be noted that this analysis is indicative of division operational goals but should only be used as a guide for further analysis with improved data. The Department should begin tracking cost and revenue data more accurately at the provider level in order to develop a more nuanced break-even analysis that considers different factors like appointment type and specialty area to better inform clinic operations and builds the analysis from the bottom up. Additionally, the break-even amounts below are a static view of operations. The division can address the NFI and drive toward breaking even by increasing volume but also through reduction of cost structures and ensuring staff are operating to full scope.

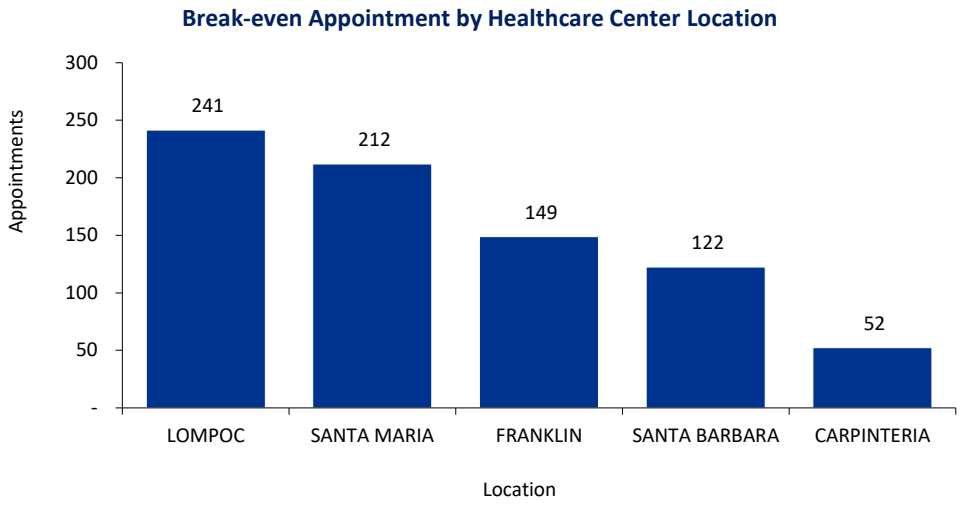


Figure 15: Source: KPMG analysis of EPIC workflow data, cost per patient clinic-level data, CenCal Health Capitation model, and revenue by provider EPIC report

— The following assumptions were made to develop the break-even analysis above:

- An average of 21 business days per month
- Capitation revenues were split evenly across total appointments for each clinic
- Average daily revenue for each clinic was split across average daily appointments and not delineated by appointment type or specialty area as the data was not able to be attributed at that level
- Revenue from providers that work in multiple clinics were allocated on a pro rata basis to each of the clinics.

— The division should also consider developing operational goals for nonbillable staff that help drive financial outcomes. For example, in the pre-EPIC environment there was a metric that tracked how many appointments were booked as compared to total slots available on the schedule. A higher ratio indicated how effective nonproviders were in scheduling and staggering appointments to ensure higher appointment utilization. The division should develop this measure in EPIC and manage it at the staff, clinic, and division level to drive increased overall utilization and profitability while appropriately balancing patient wait times and no-show rates.

— Figure 14 below shows the ratio when the data was tracked from September 2017 to February 2018 across clinic locations. However, the division should actively assess driving this metric against quality of care factors to ensure that increased utilization does not impact patient outcomes. In the figure below, the highest performing clinic, Lompoc, has a ratio of slots filled to appointments on schedule that is 15 percent higher than the Carpinteria and Franklin clinics.

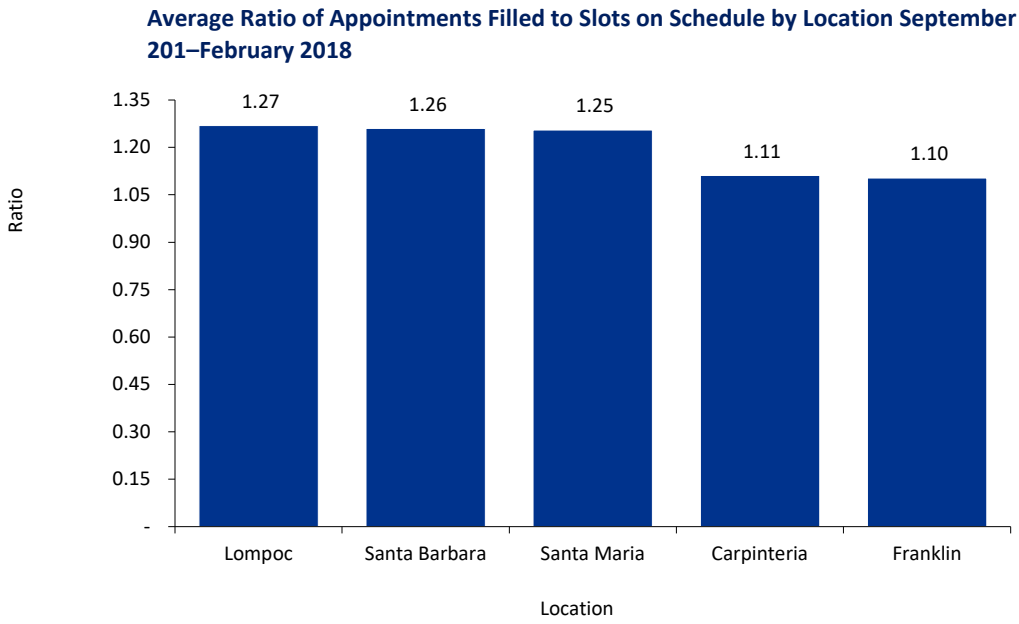


Figure 16: Source: KPMG analysis of pre-EPIC provider utilization data

— The division should also implement expectations on staff cycle times in order to drive profitability. Figure 15 below demonstrates the top quartile cycle times for each department. These peer performances should be used as a baseline to drive performance expectations for other clinics and providers as improvements in appointment cycle times have a direct positive impact on division financial management. If providers in the bottom three quartiles hit the cycle time averages of the top quartile, the clinics would be able to drive higher patient volume and additional clinic revenue. The difference between top quartile performance and average performance by clinic department ranges between 57 minutes and 83 minutes in total appointment length. However, the quality issues of cycle time data outlined in Recommendation 5.2 limit the ability to quantify the revenue or volume benefits associated with staff improvements in appointment cycle time as current true appointment lengths are not properly documented.

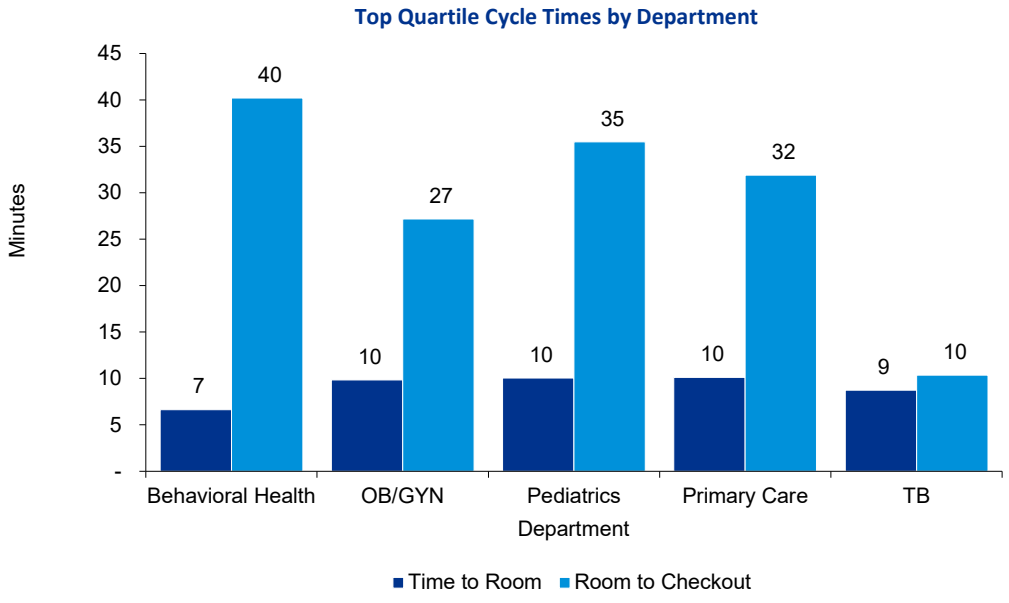


Figure 17: Source: KPMG LLP

— **Actively monitor and drive accountability across staff, clinic, and division performance goals:**

  — The fiscally informed operational goals should be incorporated into existing staff and clinic review structures and regularly reviewed at an aggregate and individual level. While there is effective consideration of quality of care currently incorporated into provider performance-based pay, there have not been utilization- or appointment-based measures as part of the performance framework in an EPIC environment over the last 18 months. The division should incorporate the operational goals developed above and the utilization metrics developed in Recommendation 5.2 into these performance pay measures. This should help drive fiscal performance by creating incentive structures at the staff level and assist the clinics in understanding the staffing needs to operate the clinics.

  — The division should utilize monthly meetings with the FP&A function, as outlined in Recommendation 6.2, to identify and manage financial-based performance trends at the clinic, staff, and department level.

Anticipated impact

Linking fiscal and operational strategies through the development of more robust performance metrics as outlined above will enable the division to manage the NFI and incentivize staff through more financial outcome-driven parameters and plan according to client needs while maintaining quality outcomes and measures.

Report Version: 2022	
5.1a	Develop a five-year implementation plan to ensure revenues are adequate to cover the costs of Health Clinic operations.

Benefit

Developing an implementation plan to align with health clinic revenue projections will assist the division in developing and formally tracking strategies, initiatives, and actions implemented to help achieve optimal cost recovery. It will support the division in undertaking actions by identifying timelines and resources for each initiative. It will further allow for continuous tracking of progress and success in achieving goals and implementing initiatives, allowing the division to proactively course correct, where necessary.

Current State

As recommended within Recommendation 5.1 as part of the 2019 report, the division has enhanced collaboration with the Fiscal division to help ensure operation and fiscal goals are aligned; however, in the future state, there is an opportunity to further enhance this collaboration by developing an implementation plan to support key strategies to help ensure revenues continue to be adequate to cover the cost of health clinic operations in the future.

For example, in line with County policy, the Department develops annual five-year revenue and expense forecasts for each Department program, including its health care centers. However, across interviews, staff reported that the County forecasting process is largely prescribed by the CEO's Office, and given the dynamic nature of health care, the Department develops additional forecasts for its health care centers that are typically between 18 months and three years in length as per Health Resources and Services Administration (HRSA) requirements. In developing these projections, division and Department leadership collaborate with the Fiscal division to help ensure that projections are aligned both fiscally and operationally.

Additionally, the division undertook a working session with health clinic staff to focus on enhancing cost recovery, and it continues to be a large focus of the division's operational action plans. The division has recently formalized overall visit targets and budget projections and have commenced education, allowing staff and providers to understand clinic revenue streams, incentive program opportunities, and challenges.

Finally, Department leadership reported that as part of this process, they collaborate with a consultant to develop strategies and initiatives to enhance clinic operations. For example, in April 2022, the Department developed an action plan with seven key goals focused on increasing overall operational efficiency and alignment with the County's Renew '22 initiative. While the development of this action plan is commendable, it is more focused toward achieving operational improvements rather than enhancing cost recovery and reducing net margin loss across health care centers. As illustrated in the chart below, based on a review of financial data provided by the division, all Health Care Centers are operating at a net margin loss with the exception of Franklin Primary Care, which operated at a net margin gain of 3 percent in FY 2020–2021. While it is important to note that County-operated health care centers may never break even or operate at a net margin profit, there are key strategies that can be implemented to reduce net margin loss as illustrated in the actions below.

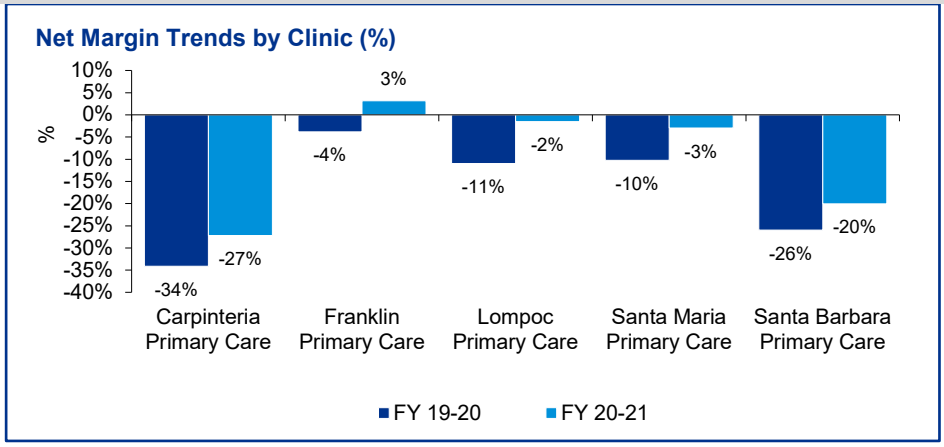


Figure 18: Source: KPMG analysis of Department data

Therefore, to enhance current processes, the Department should develop an implementation plan specifically focused on implementing initiatives to achieve revenue and expense projections to help ensure optimal cost recovery and reduce net margin loss across clinics.

Suggested Action Steps to Implement Recommendation

Action one: Develop formal fiscally informed operational goals and implement strategic initiatives to support optimal cost recovery. As illustrated above, all health care centers are operating at a loss in the current and historical periods analyzed with the exception of Franklin Primary Care. In the future, Department leadership should collaborate with Fiscal and other division leadership to develop more formalized fiscally informed operational goals and other initiatives, specifically focused on achieving revenue and expense projections and optimal cost recovery. These may focus on the development of targets toward improvement in incentive programs, filled appointment slots, and other measurements of progress toward financial goals. Examples of such goals include:

- Develop a break-even appointment goal for each clinic that includes all direct and indirect costs.
- Develop role-specific utilization targets for providers and clinical staff as recommended in Recommendation 1.1.
- Consider developing operational goals for nonbillable staff that drive financial outcomes, for example, tracking the number of appointments booked compared to total slots available on the schedule or tracking the number of referrals initiated over a period as compared to total referrals as discussed in Recommendation 1.1.
- Develop expectations on staff cycle times and patient wait times to drive profitability.
- Implement scheduling optimization as discussed in Recommendation 1.1.
- Conduct regular break-even analysis at the clinic and provider level to understand key drivers of profitability.

Action two: Develop a formalized implementation plan to support revenue projections and optimal cost recovery. In addition to developing operational goals and strategies under action one above, the division should develop an implementation plan to support revenue and expense forecasts and formalize the efforts already being undertaken by the division in seeking to enhance cost recovery. The implementation plan should identify strategies and actions that should be implemented to support optimal cost recovery and should act as a roadmap to guide progress toward undertaking each initiative by identifying key resources, timeframes, and critical actions for completion. It should also

identify performance measures to allow the division to measure success in implementing key strategies and initiatives and achieving the key objective related to optimal cost recovery.

Report Version: 2019	
5.2	Develop workload definition based on industry standards to support utilization and optimization of staff reporting, facilitating standardized performance.

Observation and analysis

The Department underwent a system change for clinical operations in February 2018 to EPIC as outlined in Recommendation 2. Since this time, the clinics have been trying to develop standard measures of workload and necessary workflows required to enable consistent management of staff utilization and performance. KPMG recognizes that there were measures of productivity being leveraged to manage providers in a pre-EPIC environment like the daily and monthly provider utilization; however, the daily reporting structures have yet to be established, and there are limitations within the data reporting on monthly provider utilization. The division has indicated that they are now close to implementing similar reports in the EPIC environment.

However, the utilization measures in these reports utilized prior to EPIC lacked consistency in measuring and managing provider utilization, and the division should develop different reporting functions as outlined in this recommendation. Specifically, the division relied on reported templated hours to create the basis for a provider's full-time equivalent (FTE) base. The inconsistency in developing this variable affected the core utilization metric used of "Visits/FTE" as the denominator was a moving target despite the employee being a salaried employee. Additionally, while the division has developed workflows in the EPIC environment, they are not being fully utilized to effectively manage the workload and standardize the role of nonprovider staff like MAs across the clinics. The division should consider implementing the following workflow requirements, utilization, and performance metrics to allow for more effective management of staff productivity.

Develop MA workflows, requiring all staff to utilize EPIC more consistently:

- The division should ensure utilization of the developed workflows for MAs in EPIC and develop performance metrics that will require MAs to begin tracking their activities. This will assist in developing a data set necessary to understand the workload of the nonprovider staff. These workflows will also allow the division to inform the rationalization and standardization of roles and responsibilities across clinics as outlined in HCC Recommendation 5.3 by giving the division a better view of how MAs spend their time across clinic locations:
  - **Example workflows:**
    - Volume of appointments booked
    - Number of visits administered
    - Follow-up calls made
    - Hours by task type.
- The clinics should require workflow entries made to be accurate and timely. Based on staff interviews, there are currently cycle time workflows set up in the EPIC environment; however, many staff are not consistently entering in the information and closing out appointments in an accurate way.
- Figure 16 below shows provider outliers for cycle time averages.* Outliers like these, which are not true reflections of patient visit stages, undermine the quality of cycle time data that the division can use in managing performance. The outliers below are highly unlikely in terms of appointment length in a nonsurgical clinic even for the lowest of outliers. Among the top 10 outliers, the highest shows an average appointment length of 16 hours and the lowest at 4.3 hours. Both of these values are likely not reflective of actual appointment lengths. Driving consistency in workflow entries will help ensure quality data sets and enable enhanced management of clinic operations and customer service. Consistent data entry will also enable better assessment of staff capacity and schedule optimization by more appropriately matching staffing models to patient demand trends.

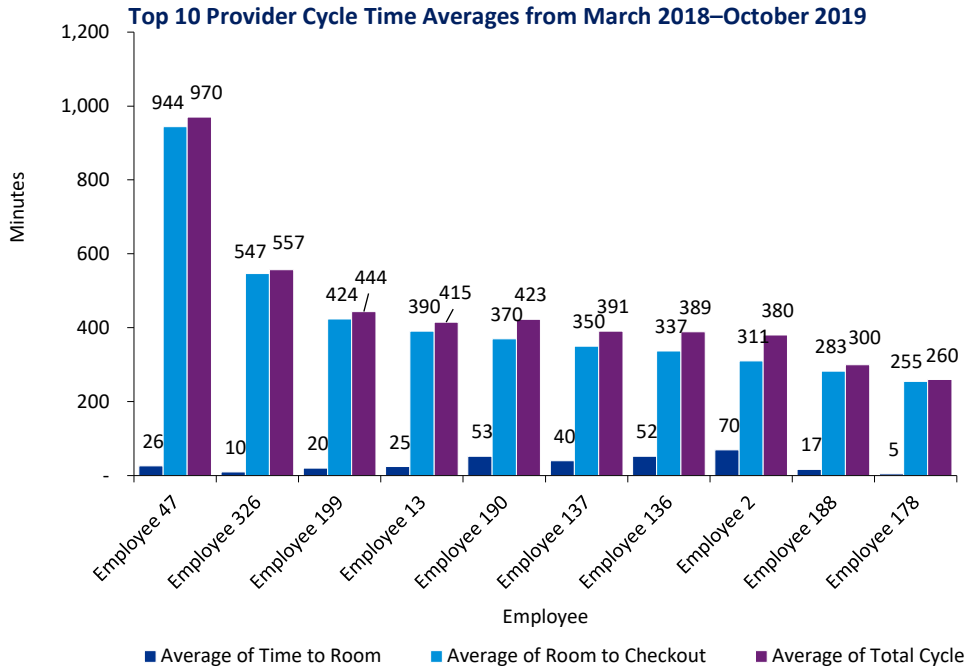


Figure 19: Source: KPMG analysis of EPIC cycle time data

*The data above is based on an extract from EPIC; the data set shows provider cycle times but does not distinguish the positions incorporated. It is therefore assumed that this data set refers to physicians.

- **Develop workload metrics that are effective in measuring productivity:**
  - The division should develop a standard definition for full-time equivalent (FTE) for staff that is based on their yearly salary allocation rather than expected hours reported and built up on a daily or monthly basis as was done previously in the pre-EPIC environment. Development of a standard base will help ensure that the "Visit/FTE" metric is a useful data point when assessing workload and performance across the division, clinics, and providers. Although this metric has not been defined yet in an EPIC environment, figure 17 below is an approximate estimate of the metric by taking an average visits per eight-hour period by provider by department area and across clinic locations. The division communicated standard scheduling times for these clinic department areas which should be considered when evaluating and comparing performance across clinic departments. Average scheduling time for Behavioral Health, Obstetrics and Gynecology (OB/GYN), Pediatrics, and Primary Care appointments are 30, 20, and 15 minutes, respectively. In the figure below, there is significant variation in visits per day across the clinic locations within similar clinic departments. For example, Santa Barbara clinic OB/GYN providers see more than twice as many patients on average per day as the Lompoc clinic.

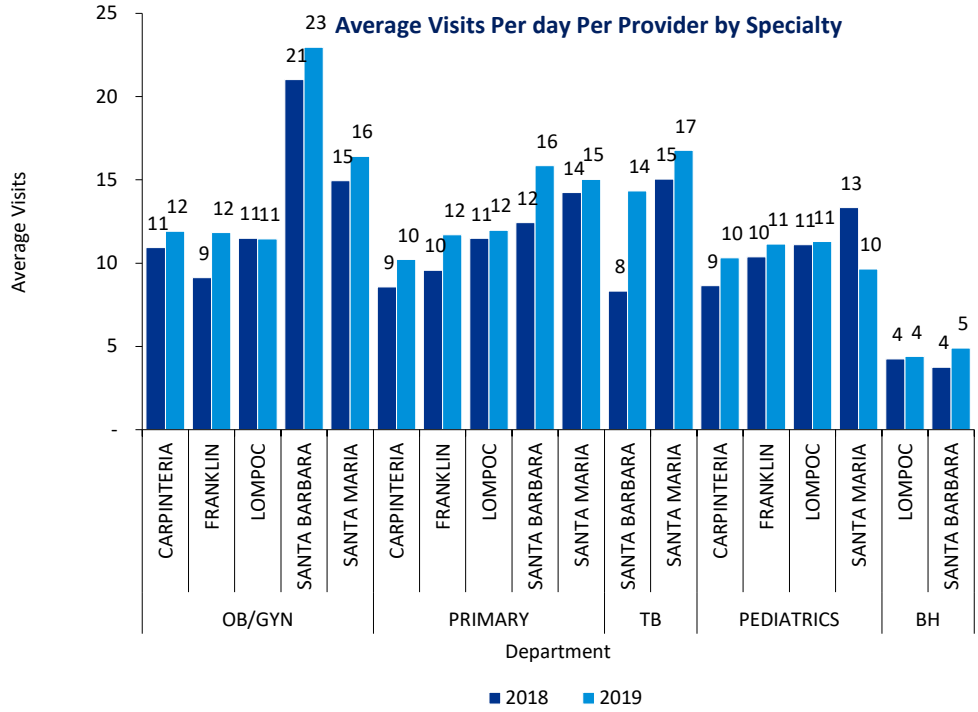


Figure 20: Source: KPMG analysis of EPIC data

— In addition to refining the "Visit/FTE" metric above, the division should consider implementing an additional metric for staff utilization that measures the percent of time spent on customer-related activities including appointments, lab reads, and documentation. This will allow the division to identify opportunities to streamline administrative functions and drive improved customer service by maximizing the amount of time staff spend on billable and client-facing activities. Figure 18 below outlines the calculation the division is recommended to use to measure staff utilization.

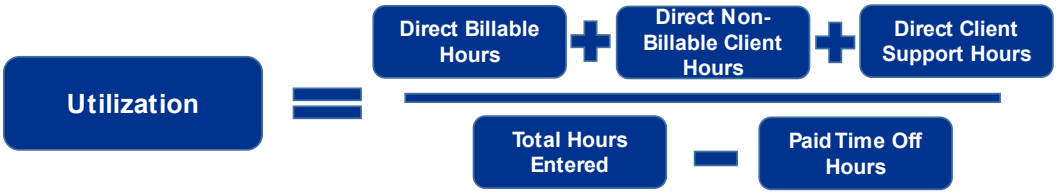


Figure 21: Source: KPMG LLP 2020

— Once an initial analysis of utilization is performed, the division should set a percent target for staff utilization that is informed by financial goals outlined in HCC Recommendation 5.1 and a determination of what a reasonable amount of non-client-facing work is based on division-level analysis of time spent on administrative tasks. Establishment and management to the utilization goal will help drive quality of care for patients and financial performance of the clinics. The figure below is based on communicated average appointment lengths by the division and appointment data in EPIC. However, this figure does not account for billable client time related to appointments including follow-up patient calls as this time is not currently accounted for in EPIC workflow data. As shown below, there is significant variation in provider utilization with the highest performer nearly 40 percent more utilized than the lowest performer.

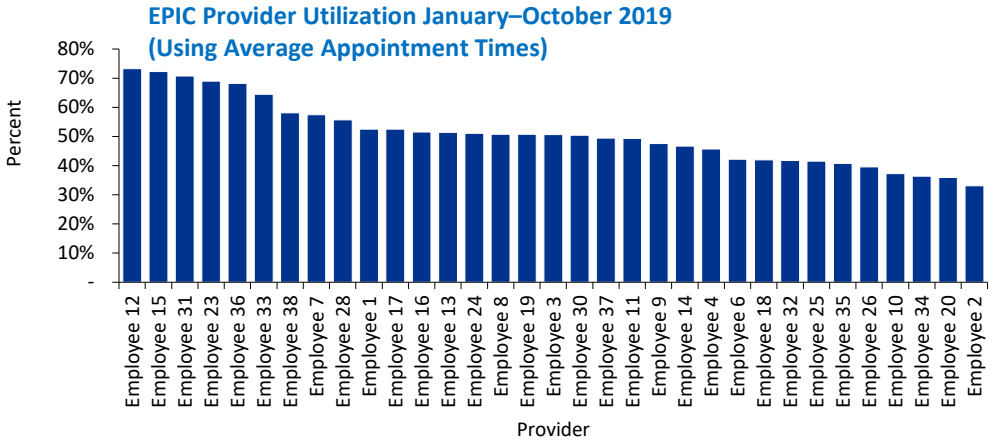


Figure 22: Source: KPMG analysis of EPIC data

— Figure 20 shows how performance should be measured in terms of percent of target attainment. This metric should be analyzed and managed at the clinic, provider, and division level to drive performance. This metric is necessary as the varying mix of provider and nonprovider staff cause the average target utilization to naturally vary across clinics and clinic departments. Establishing a target goal based on cost recovery analysis developed above will provide staff more clear expectations for their own performance, allow the division to drive toward full cost recovery, and provide a relevant metric to be included in performance-based compensation.

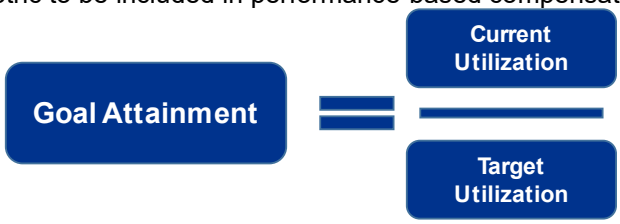


Figure 23: Source: KPMG LLP 2020

Anticipated impact

Development of standardized utilization metrics will allow the division to manage staff productivity and develop more informed goals in collaboration with the Finance division to drive overall operational and fiscal performance. Additionally, establishing better data quality policies will enable more robust analysis and improve the ability to manage more nuanced aspects of operations.

Report Version: 2022	
5.2a	Enhance access and utilization of EPIC data to operationalize reporting and proactively schedule staff training to improve data quality and data management.

Benefit

Enhancing access and utilization of EPIC data and reporting will reduce workload for the division's EHR team and allow clinic supervisors to more proactively evaluate clinic performance, including increasing understanding of staff activities and utilization. This will promote more effective performance management across clinics. Increasing the frequency of EPIC training, particularly for clinic supervisors, will allow for greater clarity on EPIC reporting capabilities and enhance data quality and data management processes.

Current State

Since 2019, the division has commendably implemented EPIC as its EHR system. EPIC provides significant capabilities surrounding reporting and dashboarding, which are being utilized by the division. However, across interviews, staff reported a number of challenges with EPIC, which if resolved would further enhance EPIC utilization and related reporting.

Across interviews, staff reported a need for increased refresher training on EPIC. While OCHIN provided initial training on EPIC functionalities and the division's EHR team deliver eight hours of training to new staff, there is an opportunity to enhance refresher and ongoing training for existing staff, particularly supervisors, as it relates to reporting capabilities surrounding staff utilization. Accessing and understanding data related to staff utilization is a key mechanism for supervisors and managers to understand performance, identify instances of suboptimal performance, and collaboratively course correct in a real-time setting. Further, during interviews, staff reported a lack of clarity on the universe of available reports, with many having conflicting views on available and unavailable information. Additionally, under the current process, supervisors cannot directly access and export reports from EPIC. Instead, they must contact the division's EHR team who review the request and provide the required report via email. This creates an additional workload burden for the EHR team and prevents supervisors from proactively accessing reports in real time to inform operational decision-making and staff performance on a daily basis.

Further, while EPIC tracks provider utilization as discussed in Recommendation 1.2, registered nurse supervisors noted limited availability for efficiently tracking and reporting on activities undertaken by nurses as well as related utilization. For example, to develop an understanding of nurse activities on any given day, supervisors must manually review each nurse's "basket" in EPIC, which provides data on the work being completed by each nurse. Given this manual review can take significant time to review, supervisors reported walking through the facility to understand nurse workload, performance, and utilization.

Finally, while the division commendably has a comprehensive quality control process in place for EPIC updates, there is an opportunity to increase communication between Health Clinic leadership, clinic staff, and the EHR team on medication changes or other updates that require a change to EPIC functionality to increase communication and explain reasons behind update timelines. For example, in instances of medication change, EPIC must be updated to note the existence of the specific medication and allow for the medication type to be selected and assigned to a client. Across interviews, staff reported that there are often protracted timelines between a medication change and the related update to EPIC. This results in nurses being required to enter a newly prescribed medication in client notes, which creates reporting and data management challenges as well as challenges with billing, given that billing cannot be completed until a medication is uploaded to EPIC. Staff noted that update timelines can be increased as the EHR team often do not become aware of the required medication change timely, and there is no designated staff member who reviews upcoming medication changes and proactively advises the EHR team. Increasing communication across clinic

staff and the EHR team will help ensure staff are continuously aware of in-progress updates and may in certain instances reduce update timelines as communication is increased.

Suggested Action Steps to Implement Recommendation

Action one: Evaluate EPIC training needs and develop a regular training for nurses, physicians, and supervisors. The division should assess EPIC training needs across clinics and positions. On the basis that nurses and supervisors utilize EPIC in varying ways, the division should also develop EPIC training cohorts based on position and role within the division and develop tailored training based on those cohorts. This can be undertaken by completing the following key steps:

- Hold focus groups with a selection of nurses and supervisors across clinics to obtain a greater understanding of critical EPIC training needs.
- Based on the results of the focus groups, develop specific training cohorts for supervisors and nurses to account for nuances across roles.
- Develop trainings for each training cohort. The division may also consider developing virtual/web-based trainings that can be recorded, allowing for related trainings to be available on demand. These trainings could be delivered by the EHR team or by physicians, nurses, and/or supervisors who are particularly adept at using EPIC, depending on training needs identified.

Action two: Provide EPIC reporting access to registered nurse supervisors. In the future state, division leadership should coordinate with the EHR team and OCHIN to provide nurse and clinic supervisors with access to EPIC reporting capabilities to allow for more real-time access to staff utilization data, reduce workload for EHR team, and increase overall division efficiency. It is important to note that supervisors may require further EPIC training once reporting capabilities have been provided to help ensure supervisors are aware of all available reports and how reports can be created and analyzed.

Action three: Utilize available data in EPIC to operationalize reporting on utilization to understand capacity of clinic staff. Division leadership and supervisors should collaborate with the EHR team to develop staff utilization reporting for nurses. This should include the following key data sources at a minimum:

- Number of patients seen
- Number of phone calls received/initiated
- Time spent with each patient
- Time spent on case management
- Time spent of referral follow-up
- Time spent on administrative tasks such as charting.

This will allow supervisors to better understand how staff are spending their time and allow for more effective performance management supported by data. It will also allow supervisors to determine whether staff are reaching the role-specific utilization target recommended for development in Recommendation 1.2 and more proactively identify if individuals are meeting the specified utilization targets, helping to ensure more real-time management of performance.

Action four: Identify a key staff member responsible for updating the EHR team in advance of future medication changes. The division should designate a key staff member responsible for reviewing upcoming medication changes on a regular basis and coordinating with the EHR time to more proactively advise of required updates/additions to EPIC.

Report Version: 2022	
5.2b	Optimize clinic scheduling and staff utilization by enhancing analysis of available data related to clinic wait times, patient cancellation, and no-show rates.

Benefit

Implementing processes to optimize clinic scheduling is a critical tool to enhancing client service delivery, allowing the Department to consistently provide efficient and effective care and helping to ensure that patients in need continue to receive quality service in a timely manner. It may also provide greater cost recovery by increasing staff utilization through implementing strategies to address no-show, high cancellation rates, and protracted wait times. Finally, utilization tracking and optimized scheduling will become more important with the transition to California Advancing and Innovating Medi-Cal (CalAIM) given its focus on coordinated case management, which may require increased flexibility in scheduling across clinics and deep cross-divisional and cross-departmental coordination, collaboration, and integration. Tracking utilization related to the time spent by providers on billable services will also be a critical strategy for the transition to CalAIM, allowing the Department to enhance tracking of provider cost recovery and better understand both operational and financial effectiveness by provider.

Current State

Following the delivery of the 2019 report, the Department has begun utilizing EPIC to track and evaluate provider utilization and has developed a number of performance metrics related to provider performance. However, in the future state, there is an opportunity to enhance analysis undertaken related to wait times, patient cancellation, and no-show rates as well as staff productivity to further optimize clinic scheduling and staff utilization.

In considering provider performance, health care administrators review the number of visits completed per hour in clinic as well as slot utilization rates, cancellation rates, no-show rates, and appointment wait times per provider on a monthly basis. Slot utilization is a metric utilized to track the number of visits completed by a provider per hour. For example, if a provider is scheduled for one appointment during a specific slot time, and the provider completes the one appointment in the designated slot time, the provider's utilization would show as 100 percent for the slot.

In circumstances where a significant drop in utilization based on these key metrics is observed, administrators connect with providers to discuss the underlying reason behind suboptimal utilization and workshop opportunities for course correction. Additionally, division and Department leadership review slot utilization by health clinic on a monthly basis to inform management decision-making. While this review process is commendable, there is an opportunity to enhance current processes to help ensure staff are consistently performing at the top of license.

Provider Productivity, Slot Utilization, Cancellation, and No-Show Rate Analysis

Across interviews, staff reported that the key metric utilized to determine provider productivity relates to the number of visits a provider completes per the number of template hours in clinic. Template hours in clinic excludes cancellations, no-shows, and staff leave and relates solely to the number of direct client service hours a provider completes across clinics. Each provider has a target number of visits per hour that they are expected to achieve and provider performance toward achieving these goals is commendably monitored via a provider-level smartsheet dashboard on a monthly basis. While the number of visits completed per hour is an important efficiency metric and should continue to be tracked, it does not take into account patient complexity levels per specialty. For example, providers with more complex clients may be able to complete less visits per hour than those who provide service to less complex clients. Further it does not allow division and Department leadership to understand how staff are spending their time and most importantly what percentage of time is spent on billable client services as a percentage of total available/scheduled hours per provider. This metric is critical to

understanding cost recovery per provider and implementing strategies to enhance time spent on direct client service, where necessary.

Based on data analysis, the division commendably experienced a high slot utilization rate of approximately 93 percent across providers between FY 2020 and FY 2021. Slot utilization is an important metric to track and evaluate demand for service and should continue to be tracked. However, similar to the number of visits per hour, it does not allow the division to understand the activities being undertaken by providers as well as the time spent on direct client billable services, which is critical to understanding provider productivity. It is important to note that utilizing available EHR data to monitor time spent on direct client service utilization will help ensure that staff at all levels continue to work at the top of their license and can result in providers spending more time providing billable direct client service, enhancing overall cost recovery. It is also a key strategy to understand staff activities, incentivize performance among providers, and allow administrators and leadership to better evaluate and compare provider performance across specialties and clinics.

Based on an analysis of cancellation and no-show rates, the division experienced an average cancellation rate of approximately 22 percent, and an average no-show rate of approximately 12 percent across its five health care centers in FY 2020–2021. However, cancellation rates and no-show rates varied significantly across providers with 34 percent of providers experiencing cancellation rates above the Department average and 38 percent experiencing no-show rates above the Department average.

Provider by Specialty	Regular Slot Utilization Rate	Slot Utilization Rate (including overbookings)	Cancellation Rate	No-Show Rate
Family Practice				
Employee 1	64.2%	65.8%	19.9%	16.8%
Employee 2	80.0%	82.2%	26.7%	11.2%
Employee 3	92.6%	93.6%	38.1%	17.3%
Employee 4	85.8%	91.0%	19.5%	8.4%
Employee 5	91.2%	102.4%	32.7%	14.1%
Employee 6	96.3%	206%	13.5%	6.4%
Employee 7	81.4%	84.6%	24.5%	4.7%
Employee 8	74.1%	75.7%	41.2%	10.5%
Internal Medicine				
Employee 9	94.9%	102.7%	21.4%	10.3%
Employee 10	95.3%	99.2%	23.2%	10.0%
Employee 11	93.1%	95%	18.6%	7.3%
Employee 12	89.8%	90.4%	21.6%	9.5%
Employee 13	72.2%	76.3%	26.6%	9.8%
Employee 14	84.6%	91.1%	19.4%	7.1%
Contractor 11	74.2%	78.0%	18.8%	12.3%
Obstetrics & Gynecology				
Employee 15	74.1%	98.2%	21.0%	8.9%
Employee 16	N/A	N/A	30.9%	8.8%
Employee 17	N/A	N/A	23.5%	15.6%
Employee 18	N/A	N/A	22.0%	14.9%
Employee 19	N/A	N/A	21.9%	8.6%
Contractor 16	87%	97.2%	21.4%	7.4%
Contractor 17	66.8%	76.1%	17.7%	7.8%
Contractor 18	87.5%	102.1%	35.5%	11.8%
Pediatrics				
Employee 20	80.1%	83.2%	9.5%	8.0%
Employee 21	67.6%	68.5%	13.5%	8.3%

Employee 22	71.2%	72.5%	18.8%	7.9%
Employee 23	85.9%	89.4%	23.7%	12.4%
Employee 24	73.7%	76.4%	18.2%	12.6%
Employee 25	68%	70.5%	29.6%	8.2%
Employee 26	79.4%	85.8%	23.6%	11.7%
Employee 27	65.1%	68.1%	27.3%	10.6%
Employee 28	74.3%	77.5%	25.4%	12.1%
Employee 29	85.1%	98.6%	26.8%	11.4%
Psychologist				
Employee 30	84.6%	91.8%	18.5%	15.5%
Employee 31	90.3%	100.8%	11.2%	15.2%
Social Worker				
Employee 32	89.4%	99.3%	13.7%	16.7%
Employee 33	86.1%	88%	16.5%	18.6%
Endocrinology				
Contractor 1	58.9%	76.7%	47.3%	11.6%
Contractor 2	85.1%	98.6%	10.8%	11.7%
Contractor 3	73.8%	79.1%	32.2%	16.4%
Gastroenterology				
Contractor 4	90.5%	126.2%	8.7%	19.2%
Contractor 5	90.5%	123.8%	6.4%	15.4%
Contractor 6	84.7%	109.9%	22.4%	19.8%
General Surgery				
Contractor 7	60.0%	64.7%	13.6%	21.3%
Contractor 8	53.5%	55.6%	15.6%	23.5%
Infectious Diseases				
Contractor 9	91.6%	105.2%	22.2%	20.9%
Contractor 10	74.3%	101.9%.	31.8%	12.0%
Nephrology				
Contractor 12	N/A	N/A	22.7%	15.8%
Contractor 13	N/A	N/A	18.5%	10.4%
Contractor 14	N/A	N/A	18.5%	10.4%
Contractor 15	N/A	N/A	14.6%	3.8%
Urology				
Contractor 20	52.9%	143.9%	27.2%	18.9%
Contractor 21	50%	133.5%	27.2%	9.1%
Family Practice Nurse Practitioner				
Contractor 22	N/A	N/A	13.0%	6.6%
Contractor 23	86.6%	87.8%	19.5%	17.5%
Contractor 24	80.4%	89.7%	31.2%	20.4%
Average	**79.1%**	**92.6%**	**22.3%**	**12.4%**

Across interviews, staff noted that the COVID-19 pandemic had an impact on cancellation rates as the Department was required to cancel in-person appointments in favor of virtual appointments in a significant number of cases. While the pandemic undoubtedly inflated cancellation rates, it does not account for the significant variances between cancellation and no-show rates per provider. For example, as outlined in the table below, Family Practice physicians had cancellation rates that varied from 13.5 percent to 41.2 percent and no-show rates that varied from 4.7 percent to 17.3 percent. Similarly, Pediatrics providers had cancellation rates that varied from 9.1 percent to 29.6 percent, while Nephrology providers and no-show rates that varied from 3.8 percent to 15.8 percent. As such, there is an opportunity to enhance performance management processes by requiring supervisors and health clinic administrators to connect with providers on a weekly basis to discuss high cancellation and no-show rates and more proactively and collaboratively develop strategies for improvement.

Position/Specialty	FY 2020–2021 Cancellation Rate			FY 2020–2021 No-show Rate		
	Average Rate	Highest Rate	Lowest Rate	Average Rate	Highest Rate	Lowest Rate
Family Practice Physician	27.0%	41.2%	13.5%	11.2%	17.3%	4.7%
Internal Medicine	21.8%	26.6%	18.6%	9.0%	10.3%	7.1%
Obstetrics/Gynecology	24.2%	35.5%	17.7%	10.5%	15.6%	7.4%
Pediatrics	21.6%	29.6%	9.5%	10.3%	12.6%	7.9%
Psychologist Clinical	14.9%	18.5%	11.2%	15.4%	15.5%	15.2%
Social Worker Clinical	15.1%	16.5%	13.7%	17.7%	18.6%	16.7%
Endocrinology	30.1%	47.3%	10.8%	13.2%	16.4%	11.6%
Gastroenterology	12.5%	22.4%	6.4%	18.1%	15.4%	19.8%
General Surgery	14.6%	15.6%	13.6%	22.4%	23.5%	21.3%
Infectious Diseases	27.0%	31.8%	22.2%	16.5%	20.9%	12.0%
Nephrology	18.6%	22.7%	14.6%	10.1%	15.8%	3.8%
Urology	27.2%	27.2%	27.2%	14.0%	18.9%	9.1%
Family Practice Physician Assistant	21.2%	31.2%	13.0%	14.8%	20.4%	6.6%

Furthermore, health care centers do not utilize any form of predictive analytics on cancellation and no-show rates to inform management decision-making surrounding staff optimization and scheduling. During interviews, certain providers noted that they review historic cancellation and no-show rates per patient on a weekly basis to inform decision-making surrounding double-booking appointments; however, this is not a standard practice utilized by all providers across clinics and specialties.

As noted above, the Department utilizes “slot utilization” as the key metric utilized to determine provider productivity. While slot utilization is an important efficiency metric to identify the number of visits completed per hour and should continue to be tracked, it does not allow division and department leadership to understand how staff are spending their time and most importantly what percentage of time is spent on billable client services as a percentage of total available (scheduled) hours per provider. Provider utilization is a critical metric as it typically allows for the evaluation of total time spent by providers in meaningful client interaction relative to total time worked over a specified period. This would enable the Department to determine the time spent by providers on direct client billable services as a percentage of a total available time in clinic including canceled and no-show appointments and excluding vacation time, holidays, and other forms of leave (i.e., total time a provider is available to provide service). This would allow the Department to identify the percentage of time a provider spends on direct patient care (billable services). This is a key industry metric utilized to analyze provider utilization as it creates a link between operational and financial efficiency and allows clinic and department leadership to understand how effective providers are in utilizing their time. However, data received by the Departments in regard to this request included paid time off (holidays, vacation, sick leave, etc.) and could not be utilized as a denominator to calculate time spent on billable services as it would artificially reduce utilization percentages across providers (given providers cannot provide service during periods of leave).

Appointment Wait Times Analysis

Additionally, based on an analysis of data provided, appointment wait times varied significantly, particularly across Primary Care services. For example, in FY 2020–2021, clients waited an average of eight days to receive service from Santa Barbara Primary Care, compared to six days at Lompoc Primary Care, two days at Carpinteria Primary Care, and one day at both Franklin and Santa Maria Primary Care.

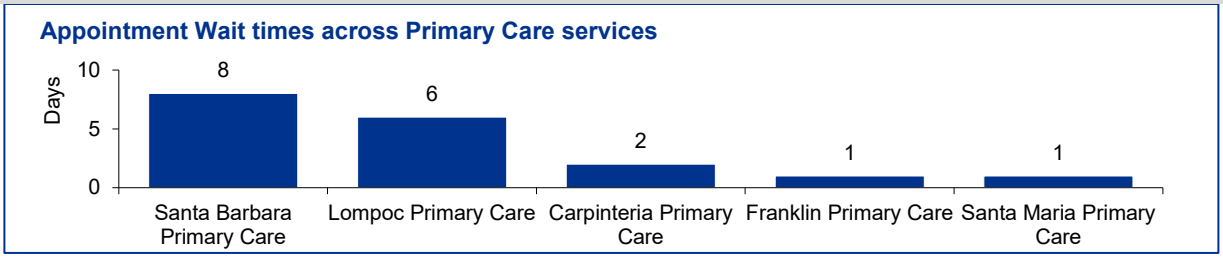


Figure 24: Source: KPMG analysis of Department data

However, based on a review of patient encounter and FTE data provided by the Department, Santa Barbara Primary Care completed the highest number of patient visits per FTE at an average of 604 visits per provider in FY 2020–2021. This encounter-to-FTE ratio is 19 percent higher than Franklin, 18 percent higher than Carpinteria, 5 percent higher than Santa Maria, and 1 percent higher than Lompoc. This suggests that the higher wait times experienced at Santa Barbara and Lompoc Primary Care are a result of staffing, given they have a reduced number of FTEs per encounter as compared to other clinics. As such, there is an opportunity for the division to conduct an in-depth staffing analysis across clinics with the aim of right-sizing staffing and reducing appointment wait times across clinics. As part of this analysis, the division may also consider expanding telehealth and virtual care, which may allow for greater optimization of staff regardless of location.

Leading Practice

In 2018, Riverside County, California, developed role-specific utilization targets and implemented schedule optimization processes across its 25 clinics with the support of KPMG. The process involved undertaking a number of key steps:

- Reviewing daily appointment data for a defined period
- Calculating the probability of a certain type of appointment length and no-show rate based on daily appointment data
- Running simulations based on changing variables of appointment types
- Identifying differing schedule configurations that can be optimized, including patient wait times, staff utilization, and number of assessments performed in a day.

As a result of schedule optimization, Riverside County was able to reduce patient wait times by 50 percent and increase staff productivity by 35 percent, with 95.5 percent of staff attaining productivity targets on average. It also resulted in 225,000 hours (132 FTEs) in projected additional annual direct service hours.

Suggested Action Steps to Implement Recommendation

Action one: Develop role-specific utilization targets. To implement effective performance management of staff utilization, the Department should develop role-specific utilization targets. Role-specific targets will help ensure that staff are being given goals based on their specialty and role allowing for a more tailored approach to utilization management. This will involve undertaking the following key steps:

- **Step one:** Conduct a study of staff activities and outputs over a three- to six-month period in order to obtain a greater understanding of the activities being undertaken by staff and the time taken to conduct each activity across various roles and specialties. The study can be completed utilizing a formulated spreadsheet with drop-down fields to enhance efficiency in data entry on a daily basis. If activity tracking over this length of time is not the desire of Department leadership or creates a significant administrative burden, then the Department could consider utilizing periodic sampling

(for example, a six-week activity study on an annual basis) to compile initial targets. Alternatively, Department leadership could work with supervisory staff to develop role-specific utilization targets qualitatively and use weekly utilization meetings, as described in the action steps below, to refine these targets as needed.

— **Step two:** Having completed the activity study, the Department should analyze the results and calculate a utilization target per specialty and subsequently per role based on the percentage of direct client billable services completed by a provider per total time spend in clinic. To undertake this process, the following should be undertaken:

- A formalized method for calculating provider utilization which measures direct client services and billable services as a percentage of total available time in clinic should be developed and communicated to staff. An example of a calculation based on leading practice is outlined below.

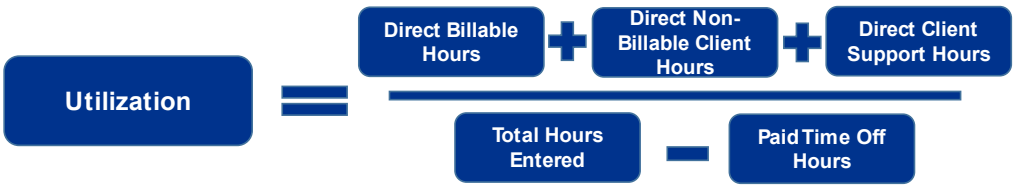


Figure 25: Source: KPMG

- A utilization range per specialty and role based on the study should be calculated using the formula identified above. In adopting this formula, Department leadership should consider those activities that may not be billable but pertain to client service delivery such as outreach and enhanced case management, which may be required as a result of CalAIM.
- Having calculated average utilization percentages, the Department should develop a utilization percent target for each role and specialty. These targets should be aligned to client needs to help ensure that the Department's population is being effectively served. This target should also consider financial goals related to service delivery to help ensure optimal cost recovery. In developing these targets, the Department may consider implementing a baseline utilization target and gradually increasing this over time as staff become more accustomed to these targets. These utilization targets should be adopted in addition to the current targets surrounding cancellation rates and number of visits per hour.
- Once the Department has implemented clear, role-based utilization targets, it would benefit from providing additional guidance to managers to deploy this utilization data as a performance management and accountability tool.

— **Step three:** Having established formal role-specific utilization targets, providers should be required to develop a weekly scheduler identifying their booked appointments and tasks for the upcoming week. These schedulers should be reviewed with supervisors during weekly utilization meetings. Should staff report utilization below the established target, supervisors can encourage them to undertake the following:

- Conduct proactive client outreach to reduce no-shows.
- Redirect administrative tasks to nonclinical staff where possible, freeing up time for providers to spend on direct client service delivery.
- Develop a no-show plan by identifying clients or cohorts of clients who regularly fail to attend appointments and implement preventative measures such as phoning the client the day before

their appointment or adopting telemedicine. Furthermore, during days providers are scheduled to consecutively see clients who are regular no-shows, they should plan to conduct field-based services or implement scattered appointments.

Action two: Implement optimized scheduling across health care centers. The Department should undertake the following key steps to allow for successful adoption of optimized schedules:

- **Step one:** Utilize EPIC to create daily appointment reports for each provider for a three- to six-month period. The reports should outline the number of appointments by appointment type, appointment length, cancellation rate, and no-show rate at a minimum.
- **Step two:** Utilize probabilistic modeling to analyze the data identified under step one above to calculate the probability of a certain type of appointment, appointment length, and no-show rate for the three- to six-month period.
- **Step three:** Develop a schedule optimization algorithm to run varying simulations based on certain changing variables, including start times, end time, day of week, doctor, percentage time allocated to administration, appointment length, and appointment block.
- **Step four:** Optimize and evaluate simulation results to identify different schedule configurations that can be optimized for including patient wait times, utilization rates, number of assessments performed in a day, and actual finish time.

Action three: Conduct a staffing analysis across health care centers to help ensure staffing continues to be aligned to patient demand and reduce patient wait times. Finally, the Department should conduct a staffing analysis across health care centers to help ensure that each clinic has the correct staffing mix and level of FTEs to provide efficient and effective client service delivery and identify potential opportunities to flex staff across clinics, where possible. The following steps should be undertaken to complete this analysis:

- **Step one:** Utilize the results of the probabilistic modeling discussed under step two of action two to develop an understanding of the current and future potential demand per specialty and per clinic.
- **Step two:** Conduct an in-depth analysis of historical client wait times per provider, specialty, and clinic as well as patient encounters/visit per clinics over a two- to three-year period.
- **Step three:** Based on an analysis of wait times and client visits under step two, develop a target wait time per specialty and subsequently per clinic.
- **Step four:** Identify the optimal number of FTEs required per specialty and per clinic to meet the target wait time developed under step three above.

Report Version: 2019	
5.3	**Standardize the roles and responsibilities of MAs and RNs across clinics to ensure staff are working at full scope, facilitating the development of a targeted staffing model.**

Observation and analysis

Based on interviews with clinic staff, the roles and responsibilities for RNs and MAs vary significantly within and across the clinics. The standard roles and responsibilities for these staff are enumerated in their employment agreement but are not operationalized consistently as outlined below. Staff should be enabled to operate to the full scope of their responsibilities as defined by their role. Additionally, with standard reimbursement rates established for both mid-level and physician providers, with some variation from specialization, making sure staff are fully utilized and the division is properly leveraging mid-level capabilities by ensuring support staff are performing correct responsibilities is a critical driver of overall fiscal performance. During staff interviews, RNs were often performing administrative work that MAs should be performing, which hinders their ability to operate to full scope.

- **Standardize roles and responsibilities:**
  - For MAs, there are formal expectations for what they should be doing based on the skill set and responsibilities outlined in the requisition. However, these formal job responsibilities are not adhered to consistently across clinics and individuals, resulting in staff not operating to their full scope. If the MAs are not being leveraged to their full capabilities, then the clinics are not getting the full value out of MAs to execute on administrative duties that mid-levels, RNs, or providers are currently performing to free up staff time. Figure 21 below outlines the different tasks MAs should be expected to perform across all clinic locations. The Department should develop standard operating procedures around these tasks and ensure that providers and Health Care Administrators (HCAs) are properly leveraging these resources.
  - RNs, based on staff interviews, are often not operating to the top of their job responsibility as there are not standard protocols for clinics and providers on what kind of activities RNs should execute. The determination of what activities RNs independently perform for is generally left to the physician. There should be a structured operational framework to standardize care pathways and RN responsibilities at the division level. Additionally, as mentioned above, the RNs are often performing administrative tasks that MAs could be handling, which in turn dissuades RNs to perform higher-level medical tasks and free up mid-levels and physicians to provide more billable client-facing time. Figure 21 below outlines the different tasks RNs should be expected to perform.

MA Responsibilities	RN Responsibilities
Initial patient assessment including vital signs, physical exam, and medical history	Administering patient care including medication or wound care
Basic medical functions including stitch removal, medication instructions, and administering oral or injected medication	Conducting research to inform patient outcomes and healthcare processes
Medical documentation efforts including managing medical records and referrals	Order and interpret patient diagnostic tests
Data entry and management functions	Education of patients on medical treatment and overall health
Patient scheduling	Directing and supervising the care of other healthcare professionals
Medical equipment preparation	Assess and evaluate patient care needs with consultation from physicians and midlevel providers
Medical sample collection	Administrating and prescribing medications as ordered

Figure 26: Source: KPMG Subject Matter Adviser research

- The standardization of roles and responsibilities across the organization should also enable improved sharing of staff resources by reducing the time it takes for staff to get up to speed when working for a new provider or clinic.

- **Optimize clinic staffing models:**
  - As noted above, proper leveraging of MAs and RNs is critical to overall clinic fiscal performance. The division should evaluate and optimize the current staffing models within their clinics once clear roles and responsibilities for their nonphysician staff have been defined and implemented. Figure 22 below demonstrates the current ratios of MAs and RNs to physicians within each HCC in FY18–19. This figure demonstrates the significant variation in staffing leverage across the division. Additionally, against industry average, all clinics other than Santa Maria and Franklin operate with less MA or nurse staff per physician than FQHC industry average.

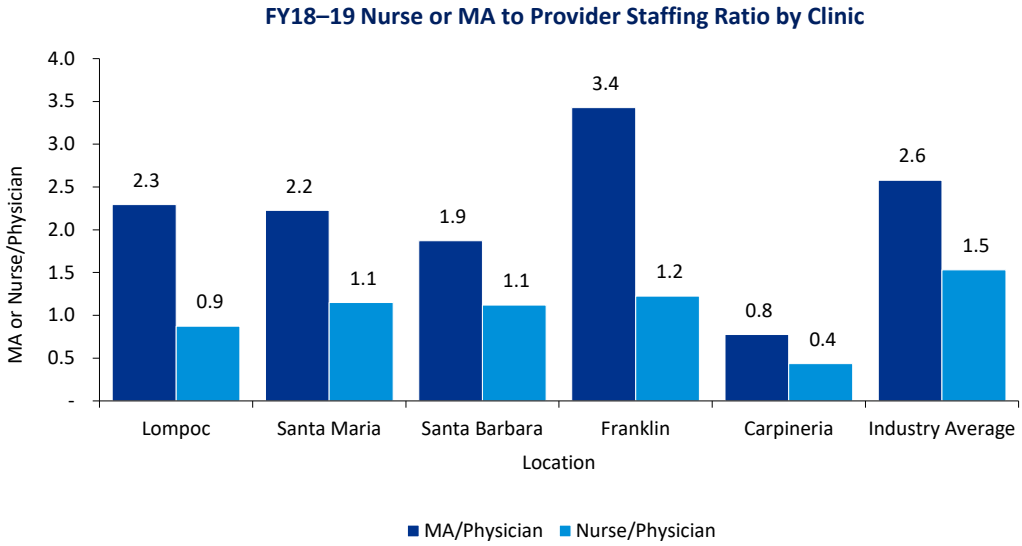


Figure 27: Source: KPMG analysis of Public Health FTE data

— The division should analyze whether the ratios above are appropriate for each clinic based on nuances of the clinic itself and available best practice data. Figure 23 below shows average staffing ratios for FQHCs below and above 10,000 patients per year.[1] Comparing these averages to the staffing ratio information in Figure 22 above demonstrates that all clinic locations other than Franklin have fewer MAs to physicians than industry average and all clinics have fewer nurses to physicians than industry average. These top-heavy staffing models may be contributing to the NFI, and proper assessments of staffing models are critical to drive profitability.

Size	Nurse / Physician	MA / Physician	Behavioral Health / Physician	Case Manager / Physician
Large >10,000 Patients	1.49	2.62	.66	.60
Small < 10,000 Patients	1.77	2.32	.75	.75
All	1.53	2.58	.63	.63

Figure 28: Source: KPMG LLP

— The division should utilize the analysis above to right-size clinic staffing models in order to drive improved patient and fiscal outcomes. Right-sizing the clinic staff will also enable MAs and RNs to work to full scope in order to execute patient work effectively with an optimal staffing model.

Anticipated impact

Having staff operate to full scope and optimizing staffing models across clinic locations will help ensure that patients receive optimal and consistent quality of care while streamlining overall margins by maximizing the use of less expensive billable staff and reducing scope risk.

[1] https://chcworkforce.org/sites/default/files/STAR2%20Center%20-%20Report%20-%20Staffing%20Mix%20and%20Ratios%20-%202017.pdf

Report Version: 2022	
5.3a	**Improve monitoring and reporting of referral coordinator utilization to increase effectiveness of the position and increase capacity of nurses currently making warm handoffs.**

Benefit

Enhancing tracking and reporting on newly assigned referrals will assist the division in effectively identifying the number of in-progress referrals by status as well as the length of time from referral creation to referral finalization. This will help division leadership and health clinic administrators to better understand the workload, activities, utilization, and overall performance of referral coordinators in completing the administrative tasks required to finalize a referral. It will also increase client service delivery by helping to ensure that leadership has the information needed to identify opportunities to reduce timeframes between referral creation and referral initiation.

Evaluating opportunities to redirect referral follow-up from nurses to administrative staff and assessing the need for additional case management staff in light of CalAIM implementation will enhance client service delivery. It will increase the capacity of health care centers to provide a more coordinated, whole-person approach to care focused on providing more effective cross-department service navigation and helping to ensure that each client receives the required service when it is needed.

Current State

Physicians create internal and external referrals via EPIC. Once a referral is created, it is sent to an EPIC referral queue where it can be assigned to a referral coordinator. Referral coordinators are required to complete various tasks to initiate a referral based on the referral type. These tasks may include following up with the insurance company to determine coverage, identifying the documentation required by the referral provider, following up with clients to obtain the required information, and faxing the required information to the referral provider. Despite the numerous activities undertaken by referral coordinators, supervisors cannot easily identify the progress of a referral coordinator in completing referral initiation. For example, supervisors are unable to determine the number of referrals awaiting insurance validation, proper documentation, query clarification, or documentation issuance without clicking into each individual referral nor are they able to identify the length of time between referral assignment and initiation. Understanding the status of referrals between assignment and initiation as well as the time taken by referral coordinators to complete referral initiation is critical to effective performance management and enhancing overall client service delivery. It will provide supervisors and leadership with the information needed to identify opportunities to enhance the referral process across clinics.

Across interviews, staff reported that nurses across health care centers spend significant time completing tasks that are more aligned to case management, largely related to referral follow-up. For example, in the Santa Maria Clinic, staff reported spending between 10 and 20 hours a week contacting clients to answer queries on referrals, advising on the specific tests that may be required for the referral provider, and helping to ensure they have the documentation needed for referral. The time spent on referral follow-up reduces the time available for direct client service delivery and preventative care management. For example, physicians would like nurses to perform medication reconciliation with certain patients to help ensure that such patients are taking the proper medication at the correct time; however, nurses currently don't have the capacity to undertake this task. Furthermore, with the implementation of CalAIM, health care centers will be expected to enhance provision of coordinated client service delivery. CalAIM seeks to provide a broader suite of supportive services to high-needs clients through improved care coordination. In order to successfully achieve this objective, health clinic staff will be required to enhance collaboration and warm handoffs with other human service agencies, including Behavioral Wellness, Social Services, and Community Services Division (CSD). A warm handoff allows health clinic staff to refer clients to other agencies based on their individual need by directly connecting and introducing the client to agency representatives. This increase in care

coordination and collaboration will undoubtedly require staff to spend more time on case management activities. To help ensure effective implementation of coordinated care under CalAIM, the Department should consider conducting a staffing analysis to assess the need for the adoption of case management positions across clinics.

Suggested Action Steps to Implement Recommendation

Action one: Collaborate with the EHR team to develop reporting on referral initiation status. To allow clinic supervisors to better understand referral initiation status and referral coordinator performance and utilization, division leadership should work with the EHR team to develop reporting on referral status. The report should allow supervisors to review the following key areas:

- Number of assigned referrals per coordinator
- Number of unassigned referrals per clinic
- Number of referrals per referral status category, including:
  - Number of referrals awaiting insurance company follow-up
  - Number of referrals awaiting documentation
  - Number of referrals with outstanding queries
  - Number of referrals awaiting faxing to referral provider
- Length of time between referral assignment and each status category as outlined above
- Length of time between referral assignment and referral initiation.

Once this report is created, the EHR team should train supervisors on how to evaluate, analyze, and utilize the report.

Action two: Evaluate case management activities currently performed by nursing staff, and develop a plan to reassign those activities that can be transitioned to nonclinical staff. As noted above, the division does not have a robust understanding of all of the activities currently undertaken by nursing staff within each of its health care centers. In order to understand current activities and consider the addition of future activities as a result of CalAIM, the division should undertake the following key steps. Undertaking these steps will allow the division to identify those activities that can be transitioned to nonclinical staff in the future. It will also allow the division to understand whether additional case management staff will be required to provide the enhanced care coordination as a result of CalAIM:

- **Step one:** Conduct a study of nurse activities and outputs over a three- to six-month period in order to obtain a greater understanding of the activities being undertaken by nursing staff and the time taken to conduct each activity. The study can be completed utilizing a formulated spreadsheet with drop-down fields to enhance efficiency in data entry on a daily basis. If activity tracking over this length of time is not the desire of Department leadership or creates a significant administrative burden, then the Department could consider utilizing periodic sampling, for example, a six-week activity study to identify staff activities.
- **Step two:** Based on the time study completed under step one above, identify whether opportunities exist to redirect administrative tasks undertaken by nurses to nonclinical staff, such as AOPs.
- **Step three:** Evaluate additional case management activities that will be required as a result of CalAIM and utilize the results of the time study completed under step one above to predict the potential time taken to complete these additional activities in the future.

- **Step four:** Conduct an analysis of payroll data to calculate the average number of productive hours worked by a nurse annually. Productive hours relate to contracted hours less vacation, sick leave, holiday leave, and other forms of leave.
- **Step five:** Analyze the number of future case management/nursing staff required utilizing the results of steps one, two, and three.

Report Version: 2019	
5.4	Analyze and act upon provider supply and patient demand pressures to right-size service offerings and staffing levels.

Observation and analysis

The division does not currently utilize a structured methodology to evaluate their service model in a way that formally considers provider supply and patient service demand pressures. There is a significant new entrant threat in Lompoc with a new privately operated FQHC clinic opening in May 2020 near the existing County FQHC location. Figure 24 below shows unique patient visit trends by clinic location over the last three years. With the exception of the Santa Barbara clinic, unique patient visits are down over the last three years across all locations.

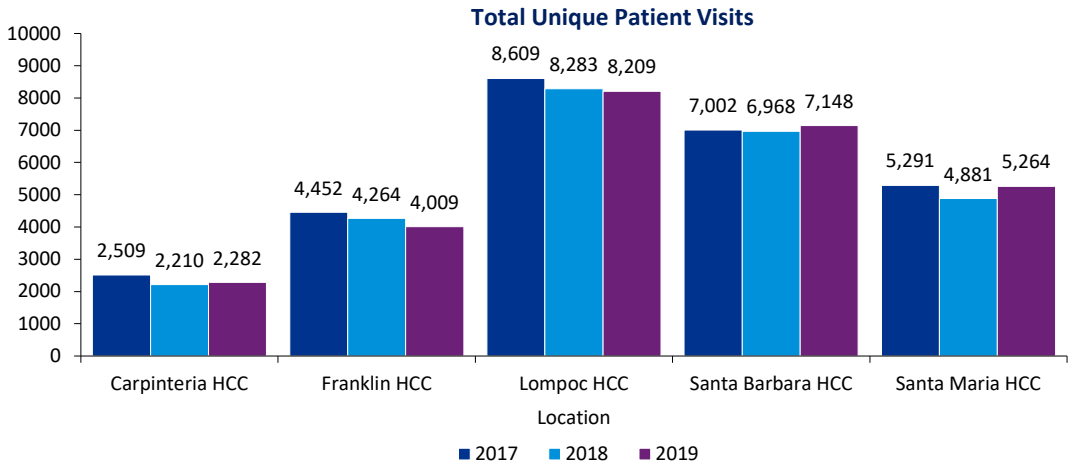


Figure 29: Source: KPMG analysis of cost per patient data

The division should analyze the factors above and develop a formal system for evaluating clinic staffing models in order to develop a more appropriate workforce planning strategy based on expected demand. Additionally, the division should work to understand the pressures of patient demand in order to understand what is driving unique and overall patient visit trends. These analyses should be developed in collaboration with the FP&A team as outlined in Administration Recommendation 6.2.

- **Utilize staffing supply and patient demand data to develop more informed staffing models:**
  - The division should leverage historical patient visit trends, appointment times, and total available productive hours to develop staffing models across each clinic, department, and role department. These variables can be parsed out to develop a more structured staffing expectation by identifying different service supply and patient demand variables. The figure below details the recommended calculation the division should use to understand the expected staffing requirements on a quarterly and yearly basis. This will also enable the division to share specialty providers across clinics by identifying staffing requirements for specialty services across the organization to address overall spend on personnel and address fiscal constraints.

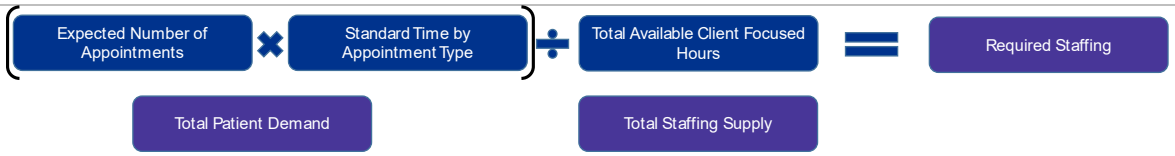


Figure 30: Source: KPMG LLP 2019

— **Evaluate the impact of new and existing service providers on clinic services:**

— As noted above, the clinics face a significant new entrant in Lompoc that could pose a demand threat to the County FQHC and negatively affect patient count and financial performance. In assessing this threat, the division needs to consider whether current service offerings are appropriate. The matrix below outlines the service offerings of County FQHCs as compared to the new Lompoc entrant. Most notably, the new entrant offers Dental and Chiropractic services while the Santa Barbara network does not. KPMG is not recommending that Santa Barbara County should offer these services, rather that these services will be available to the public through the new FQHC and that the division should assess what services are required to service the population most effectively. The same services offered by alternative service providers, based on this matrix, are related to Primary Care, Pediatric, Women's Health, Behavioral Health, and Specialty Services. The division needs to closely monitor trends in patient demand during the first two quarters after the new FQHC opens to determine the appropriate services to be offered and if there is enough patient demand for both facilities to operate or if clinic operations and service mix should be right-sized. However, this should also be based on the enhanced financial data tracking recommended and identification of opportunities to improve efficiency in the provision of services.

Lompoc FQHC Entrant Services

	Urgent Care	Primary Care	Pediatrics	Women's Health	Dental	Behavioral Health	Chiropractic	Specialty Services*
Lompoc New Entrant	■	■	■	■	■	■	■	■
Lompoc*	■	■	■	■		■		
Santa Maria	■	■	■	■		■		■
Santa Barbara	■	■	■	■		■		■
Carpinteria	■	■	■	■		■		
Franklin	■	■	■	■		■		

Legend	Offered	Not offered
*Specialty Services	Specialty services for the new Lompoc entrant have not been detailed as of 2/12/2020	

Figure 31: Source: KPMG LLP

— While there is a new entrant threat as outlined above, there are existing private service providers in the marketplace that should also be evaluated against to determine if the County service mix is appropriate. Figure 27 below outlines the service offerings of the two primary existing competitors. The division should also evaluate these potential alternative services against the profitability of County services in order to further evaluate these service mix decisions.

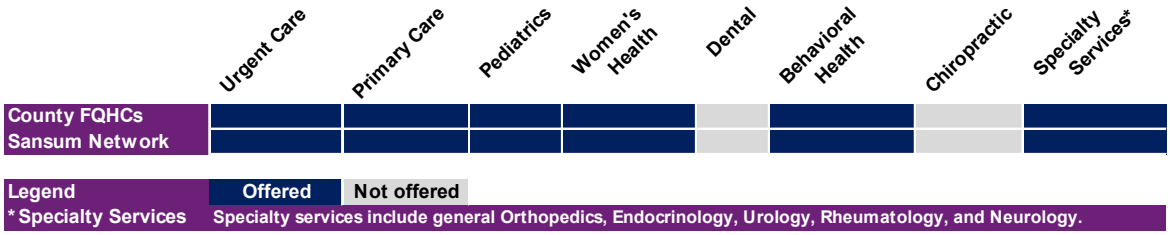


Figure 32: Source: KPMG LLP

- The division should lean into competitive advantages against other service offerings in the County. Specifically, the division should highlight the high patient service satisfaction levels based on patient feedback. This will demonstrate to customers that their public service offerings should be considered as effective as private alternatives to drive increased patient volume. The division should also consider implementing improved referral pathways by collaborating with other divisions and County departments. A few examples of possible considerations to drive increased volume and engage low-income patient bases are outlined below:
  - Develop improved collaboration with County Social Services to identify and route potential patients to FQHC for medical, family planning, or educational services.
  - Collaborate with employment centers to provide information on County Public Health services.
  - Coordinate with the various adjacent service providers in the County in which the clientele might overlap, such as Community Mental Health Centers, Community-Based Organizations, and Probation, and when there is not previously established contact, this can be viewed as an opportunity to educate the organization on the services that can be provided.

Anticipated impact

Creation of more structured staffing models and reconsidering the clinic service offerings will enable the division to better understand and address customer demand and right-size staffing levels and service offerings. This process should also ensure that expensive human resources are leveraged fully to help address the division's operational NFI.

Report version: 2022	
5.5	Increase communication and technology enablement across health and human services agencies to provide accurate and timely services for high-needs clients with differing needs.

Benefit

Increasing communication and technology enablement across health and human service agencies will support the departments in formally identifying vulnerable clients with high and multifaceted needs, allowing them to more proactively assess any potential gaps in service offerings, and provide additional support in navigating services, where necessary. This will promote enhanced client service delivery by focusing on a more coordinated, whole-person approach to client care, which is a key pillar of the CalAIM initiative developed by the California Department of Health Care Services (DHCS). Finally, it will assist the County in achieving its strategy and related goal of developing a coordinated, integrated, and accessible data set to be used in recovery decision-making across health and human services agencies.

Current State

High utilizers are clients who impose a disproportionately high burden on the physical health system and/or other County services (such as health, criminal justice, and social services) due to their complex and multifaceted needs. As a result of these complex needs, such individuals can cycle between various health care settings, including emergency rooms, Institutions for Mental Disease (IMD), other inpatient admissions, and/or readmissions, and can also make disproportionate contact with law enforcement. These clients often have difficulty navigating the various pathways to receiving care across multiple services or systems and typically require significant support and guidance to help ensure that the right services are provided at the right time to address underlying needs and prevent the cycle of crisis.

The Department undertakes the following efforts to provide a more coordinated approach to case management for clients with co-occurring conditions. While these efforts are commendable, they do not provide a comprehensive, consistent, or proactive approach to formally identifying high utilizers of services within the Department, as well as across health and human service agencies, who may require more extensive support in navigating service offerings. While steps to identify high utilizers of service should be undertaken by the Department, steps should be linked to a larger, Countywide effort:

- The Department offers both internal and external referrals. Internal referrals relate to those referrals that are interdepartmental while external referrals relate to referrals to other county departments or external service providers. With the goal of assisting clients to access services, health clinic staff follow-up with clients prior to referral appointment to help ensure that all required tests are completed, and each client has the necessary documentation to help ensure successful access to service.
- The Department's health care centers offer many specialty services internally and each clinic also offers behavioral health services through a behavioral health specialist. Across interviews, staff reported that warm handoffs in the form of physical introductions are provided to clients for internal referrals. As illustrated in the chart below, 74 percent of clients received a warm handoff to Department behavioral health specialists in both FY 2020–2021 and FY 2021–2022. While there has been a 35 percent increase in the percentage of warm handoffs provided by the Department between FY 2018–2019 and FY 2021–2022, there is an opportunity to increase this further in the future. It is also important to note that warm handoff data was not provided for other internal service offerings outside of behavioral health. Additionally, while the Department tracks the number of cross-departmental referrals, the number of cross-departmental warm handoffs and referral outcomes are not currently tracked or shared across health and human service agencies such as Behavioral Wellness, Social Services, and CSD. Such information sharing will likely require

enhanced coordination and collaboration across agencies as well as technological advancement as discussed in action four below. However, this information tracking is fundamental to identifying systemwide high utilizers, developing strategies to enhance access to service for these individuals and promoting a more coordinated, no-wrong-door approach to client service delivery and tracking outcomes.

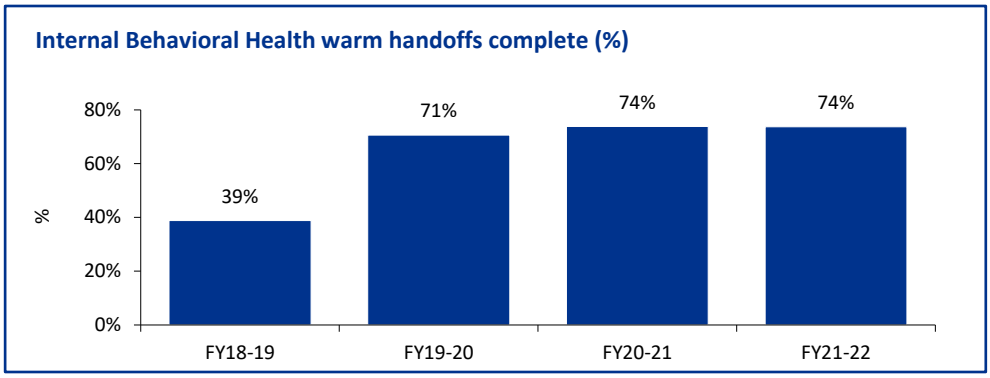


Figure 33: Source: KPMG analysis of Department data

— Finally, it is important to note that the County's health and human service agencies have commendably established an IAPC cross-departmental working group that is focused on developing strategies to enhance coordinated case management across County departments. This is particularly important in the face of CalAIM given a key goal of this initiative is to provide more coordinated access to service for high-needs clients.

While the efforts outlined above are commendable, they do not result in a proactive, data-driven approach to identifying high-needs clients that encompass the full population served by the Department or health and human service departments at large. As such, to complement ongoing efforts, KPMG has been supporting the Department and the County at large in establishing a dedicated cross-departmental working group to deliver a high-utilizer study across Behavioral Wellness, Public Health, CSD, and the criminal justice agencies. The aim of the working group being to identify the County's most vulnerable clients as well as their critical needs and develop strategies to enhance coordinated care, alleviate barriers to entry for clients, reduce the impact of service gaps for the target population, and help ensure vulnerable clients consistently receive the services they need when they need them. This recommendation outlines how the Department and County at large can continue to build on this effort. While it will require significant and continued collaboration across County departments, ultimately, it will promote a quicker pathway to recovery for clients with co-occurring conditions and multifaceted needs, reducing contact with emergency services, crisis services, and law enforcement.

Leading Practice

With the goal of enhancing client service delivery and providing more coordinated care to high-needs clients, Sonoma County, California, conducted a systemwide analysis of high-utilizer clients across Physical Health, Human Services, Behavioral Health, and Criminal Justice departments. The analysis focused on understanding the highest users of services across each separate department and combining analysis to develop a systemwide view of high-utilizer clients. The analysis allowed Sonoma County's health and human service departments to develop a definition of a high utilizer, which was defined as any person whose combined utilization across systems is in the top 1 percent each year. Based on analysis, Sonoma County identified 6,600 individuals as high utilizers. The process allowed Sonoma County's health and human service departments to enhance coordination of client care, provide more targeted services to those in high need, and improve cross-departmental communication and information sharing for shared clients in an overall effort to improve the outcomes for those individuals. Furthermore, because of this analysis, Sonoma County developed technology in

collaboration with IBM to act as a cross-departmental integrated data hub, allowing for real-time sharing of client information to facilitate coordinated care management.

Indianapolis-Marion County, Indiana, developed a data analytics tool to better identify and track outcomes for people using multiple systems and designing strategies to improve services and outcomes for high-utilizer people and their communities. The tool is being used to identify strategic cohorts and better understand the intersection of critical services for clients with multifaceted needs, informing a more coordinated approach to client service delivery. The strategies are intended to help ensure that people with combined health and human services challenges get the care they need when they need it, thereby preventing the costly cycle of crisis and ensuring the criminal justice system is not misused to address physical health, behavioral health, and other issues.

Suggested Action Steps to Implement Recommendation

Action one: Establish and task a high-utilizer working group with inventorying the data sets necessary to identify Department-wide high utilizers. The Department in collaboration with each of its health care centers should develop a high-utilizer working group to oversee the development of a high-utilizer analysis:

- The working group should include representation from supervisors, physicians, clinicians, nurses, and behavioral health specialists across both health care centers and specialties as well as staff from other divisions, such as Disease Prevention, as necessary.
- Initially, the working group should be tasked with inventorying all available data sets across systems that provide information on client service offerings, client and program demographics, client conditions/circumstances, referrals, and cross-departmental shared clients.

Action two: Conduct data analysis of Department systems to determine high utilizers. It is suggested that the working group, having inventoried all available data sets, conduct the following analysis, at a minimum, to identify clients with high needs and their related characteristics:

- Client demographics (age, race, sex, ethnicity, health conditions)
- Number of clients with co-occurring physical conditions
- Number of clients with both physical and behavioral health conditions
- Most common diagnosis
- Most common co-occurring conditions
- Clients with the highest number of 5150 holds (A 5150 hold allows an individual with a mental illness in crisis to be involuntarily held for a 72-hour psychiatric hospitalization)
- Clients with high number of ER visits and inpatient admissions
- Number of clients with unstable housing
- Number of internal and external referrals per client.

Based on this data analysis, the working group can then determine (or refine) the definition of a high utilizer for the purposes of the study—for example, by developing a threshold for the number and/or types of services received over a fixed period.

Action three: Utilize the data to develop strategic client cohorts who can be served by multiple programs. Developing cohort strategies will require cooperation across all the relevant clinics. To achieve this, the working group established under action one should:

— Utilize the data analysis undertaken under action two above to develop three to four strategic cohorts based on the key characteristics and needs of the high-utilizer clients identified. The graphic below provides examples of strategic cohorts which could be developed as part of the high-utilizer analysis to allow for a more targeted and person-centered response to care.

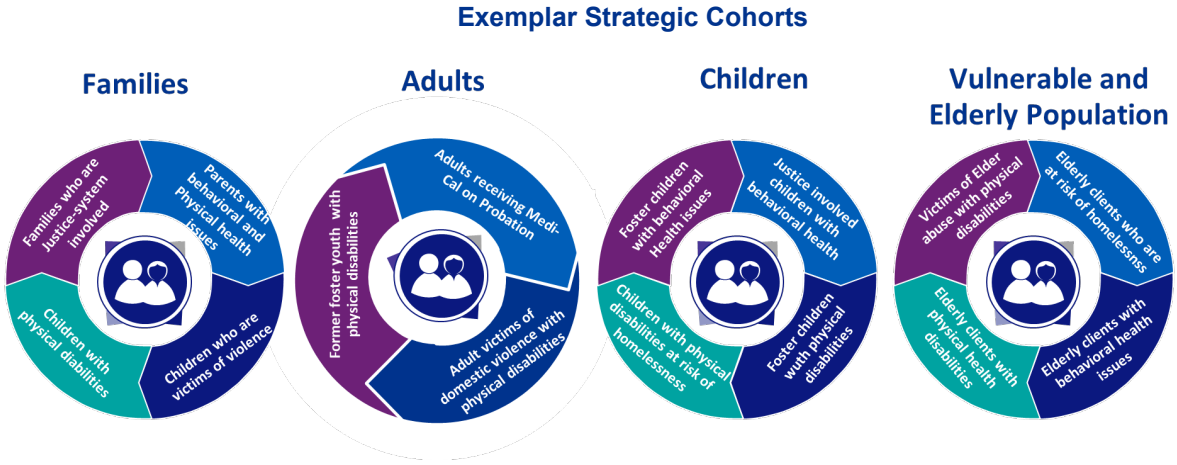


Figure 34: Source: KPMG

— Convene cohort coordination teams based on the number of cohorts identified above:

- The cohort coordination team should include representation from supervisors, physicians, clinicians, nurses, and behavioral health specialists across health care centers and specialties to provide input into the development of cohort strategies.
- The cohort coordination teams should be tasked with identifying and developing strategies for strategic cohorts to reduce the impact of service gaps by enhancing client care coordination. Each cohort coordination team will be assigned one strategic cohort, based on the data review undertaken by action two above.

— Having identified department-level strategic cohorts, the working group should evaluate gaps in service offerings and/or barriers to access for high-utilizer clients and identify strategies to reduce the impact of these gaps, such as enhancing the processes in place to increase the number of warm handoffs for internal and external referrals.

Action four: Collaborate with other County departments to develop systemwide high utilizers. Having identified department-wide high utilizers under actions one through three above, the Department should consider collaborating with the CEO's Office and other county agencies, such as Public Health, Behavioral Wellness, CSD, and the criminal justice agencies, to establish a working group responsible for undertaking a study of County systemwide high utilizers. Alternatively, the IAPC working group discussed above could be tasked with undertaking this study. The working group would have the following primary responsibilities:

— Inventorying all available data sets across systems that provide information on client service offerings, client and program demographics, client conditions/circumstances, and shared clients

— Tasking department analysts to conduct data analysis across each department system

— Analyzing data of cross-agency systems to determine high utilizers

- Utilizing the data analysis to develop systemwide strategic client cohorts using a similar method to that used for department-level high utilizers under action three above
- Collaborating with County Counsel to identify strategies to allow departments to share the necessary data while remaining in compliance with Health Insurance Portability and Accountability Act (HIPAA) and other federal regulations, discussed further within Recommendation 4.3
- Evaluating results of data analysis and developing insights as outlined in action five below.

Action five: Conduct strategy design and problem-solving based on findings from departmental high-utilizer data analysis to refine cross-departmental service offerings. Following identification of systemwide strategic cohorts, the working group should evaluate gaps in service offerings and/or barriers to access for high-utilizer clients and identify strategies to reduce the impact of these gaps. Examples of such strategies include:

- Developing a multidisciplinary team of case workers with expertise across public health, behavioral health, social services, housing and homelessness, and criminal justice to identify and address any gaps in service and provide coordinated services to the cohort population continuously and proactively. Sonoma County, for example, developed an interdepartmental multidisciplinary team, known as the IMDT, to overcome issues of program silos across county departments. Sonoma IMDT consists of frontline staff: clinicians, social workers, APS workers, probation officers, housing specialists, and eligibility workers who work to collaboratively coordinate care and goals to address the holistic needs of the vulnerable residents they serve.
- Enhancing the incidence of warm handoffs between cross-departmental service offerings.
- Enhancing the provision of cross-divisional, coordinated care to a cohort population.

Action six: Integrate technology systems to create an integrated data hub to obtain a 360-degree view of the client to enable coordinated service delivery. The Department should collaborate with the CEO's Office and complementary County departments to develop an integrated data hub that combines client data across Health Services, Human Services, Probation, Child Support Services, Criminal Justice, and Community Development. The data hub will allow for a holistic view of client needs, breaking down silos and promoting a more coordinated care management system. It will also enhance cross-department coordination and collaboration by allowing staff across health care centers to track and follow up on referrals across various systems and evaluate their related outcomes. Finally, it will assist the County in meeting its goal of developing coordinated, integrated, and accessible data for use in recovery decision-making. The steps in developing this system are as follows:

- **Step one:** Liaise with the CEO's Office and other complementary departments to consider funding sources.
- **Step two:** Engage in a cross-department working group to identify available data sources and strategies for integration.
- **Step three:** Along with County Counsel, evaluate data sharing opportunities under HIPAA and establish return on investment from clients.
- **Step four:** Appoint a cross-departmental team to project manage implementation.

Administration

Report Version: 2019	
6.1	Drive financial and operational strategy to better manage budget NFIs at the division level.

Observation and analysis

During interviews, KPMG noted a significant disconnect between operations and finance wherein operational goals were often not informed by fiscal analysis and developed without input from the Finance division. For example, the HCCs developed an appointment target of 509 a day across the clinic network without input from the Financial team as to how the appointment goal ties to fiscal objectives or drives reduction of the NFI. This disconnect reduces the Department's ability to manage the NFI in a structured and targeted way. The Clinics currently operate with a total NFI of -$5.3 million exclusive of Clinical Laboratory operations as outlined in Recommendation 5.1. Figure 28 below outlines the fully burdened NFI by Health Care Clinic, inclusive of Laboratory operations.

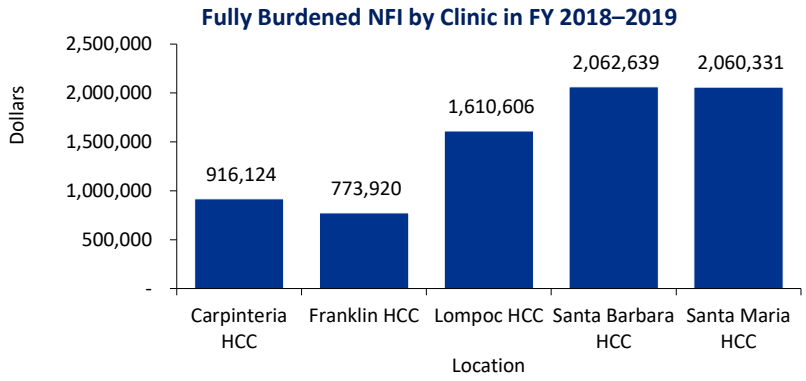


Figure 35: Source: KPMG analysis on clinic financial data

The Finance division should collaborate with each division, using the FP&A structure outlined in Recommendation 6.2 to develop more robust operational goals and drive positive financial outcomes. Collaboration between Public Health divisions and the Finance division is necessary in order to understand the effect of operational decisions on financial goals and to develop goals that drive positive financial outcomes. The following recommendations outline how the Department should develop a more connected finance and operational strategy.

- **Utilize existing financials to connect finance and operations, as the Department does not consistently drive operational goals using financial information:**
  - The Finance division should collaborate with divisions to leverage existing financial information to understand their current financial position and help inform operational decision-making. The following analysis should be considered and understood within Public Health divisions:
    - **The Finance team should develop analysis of cost recovery levels for any billable or revenue-generating division**. This would include MCAH, Animal Services, Health Care Clinics, and Environmental Health. The Finance division should help these divisions understand profitability within each of their programs, clinics, division, and other relevant organizational or position level. Using the findings generated from the financial analysis, the Finance division should collaborate with the divisions to create a strategy and operational targets that promote cost recovery based on revenue drivers. For example, Recommendation 5.1 details how the HCCs should develop appointment targets by

analyzing revenue against fully burdened cost structures. Another example of developing more nuanced cost recovery analysis is found in Animal Services Recommendation 10.3. The analysis outlines how the division should consider pet costs per day and the effect that has on operational decision-making and cost reduction initiatives or fee structure changes. These cost recovery initiatives should then be monitored on a monthly basis as part of FP&A team meetings outlined in Recommendation 6.2.

— **The Finance team should help divisions better evaluate staffing levels and customer demand to inform division budget and operating models**. The Finance team should collaborate with strategic IT staff to build out data management and reporting processes to enable these analyses as outlined in Recommendation 6.3. KPMG recognizes that the Finance division currently assists divisions in developing yearly budgets and conducting ongoing financial reporting. However, this collaboration should be more strategic by offering divisions increased analysis and insight into staffing and customer demand factors that drive the division service offerings especially in those divisions operating under a negative NFI. The Finance team should help the divisions quantify the effect of factors like seasonality, staffing mix, and service need to drive more nuanced staffing evaluations. For example, the Finance division should help the Animal Services division to identify peak customer hours in order to develop more informed hours of operations and increase division revenue by matching staffing and facility hours to peak customer demand times.

Anticipated impact

Increased integration of operations and finance through the development of fiscally informed operational targets will help the Department manage the NFI by driving more nuanced understanding and management of revenue factors, break-even and cost recovery values, and staffing models.

Report Version: 2019	
6.2	Develop a dedicated FP&A function as part of the organizational future state.

Observation and analysis

The Finance group currently utilizes financial and cost analysts to help divisions satisfy program-specific reporting requirements and help build analysis on the financial effects of discrete policy items such as the proposed changes to pharmaceutical reimbursements under 340B. While this structure is effective in helping programs to continue generating funding and addressing major policy changes, there is a lack of structured organizational relationships between Finance and other divisions to develop the operational goals necessary to drive financial performance as outlined in Recommendation 6.1. The Finance division should consider developing a dedicated FP&A team that will help enable the financial and operational integration necessary to better manage division-level fiscal performance. The considerations and organizational requirements to create an effective FP&A function are outlined below.

Develop an FP&A team strategy:

- The division should develop an organizational strategy for developing a future-state FP&A team that clearly outlines how analysts will be aligned to support divisions and engaged by those divisions in terms of drawing on the resource pool. The division should develop an FP&A resource pool that provides services and support to each division and appoint a dedicated integration manager within the Finance division to oversee the allocation of FP&A resources and perform a project management function, as outlined in Figure 29 below.
- The division should utilize the following organization structure as a model for a future-state FP&A function in the Finance division. This organizational structure aligns an FP&A resource pool to divisions and enables oversight within the Finance division by assigning a dedicated FP&A integration manager. Additionally, the organizational strategy below includes a dotted line communication channel with CEO analysts to generate County-level analysis on issues like Animal Services funding that may require CEO involvement. The CEO analyst should collaborate with the FP&A team and align budget and operational analysis under the direction of the Department director and ACEO. Additionally, the analysis developed through this organizational and teaming structure should be utilized in monthly strategic meetings with the ACEO. This structure will help ensure that communication channels are clear and that resources are effectively aligned to projects and divisions.

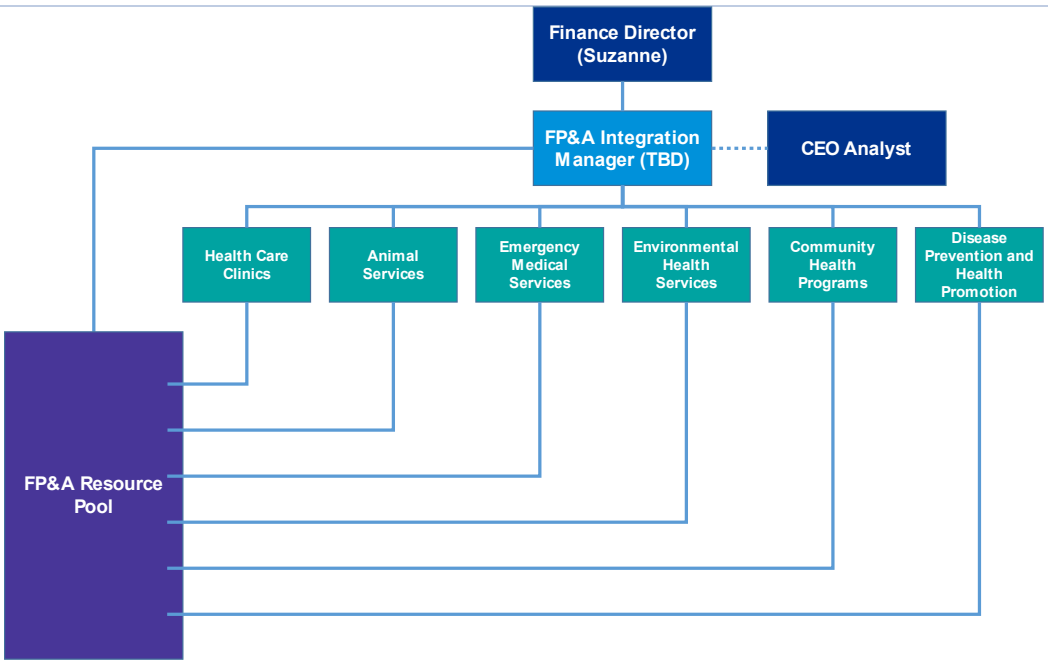


Figure 36: Source: KPMG LLP 2020

— The division should staff the FP&A team through right-sizing of the billing function and reduction of staff through attrition. As noted during interviews, the division is currently conducting an ongoing assessment of staffing needs in the AR function as the function becomes increasingly automated. The division should make a concurrent assessment of staffing needs in the FP&A function and shift resources in the form of vacant FTEs or salary dollars from the AR program to the FP&A function as appropriate. Figure 30 below shows the percent of AR staff time spent on automated workflows and follow-up workflows in the EPIC system. On average, the AR team is spending 45 percent of their time on the follow-up activities. The division should leverage this statistic as a proxy for overall automation levels and use it as a tool to inform where system improvements can be made to optimize the process. Assuming an eight-hour workday and using the percentages below, the AR team currently spends an equivalent of 4.65 FTEs worth of time on claim follow-up activities each year. Although KPMG recognizes that there will not be a full elimination of follow-up activities, there is significant room to reallocate resources through automation and the Renew ’22 initiative process currently underway.

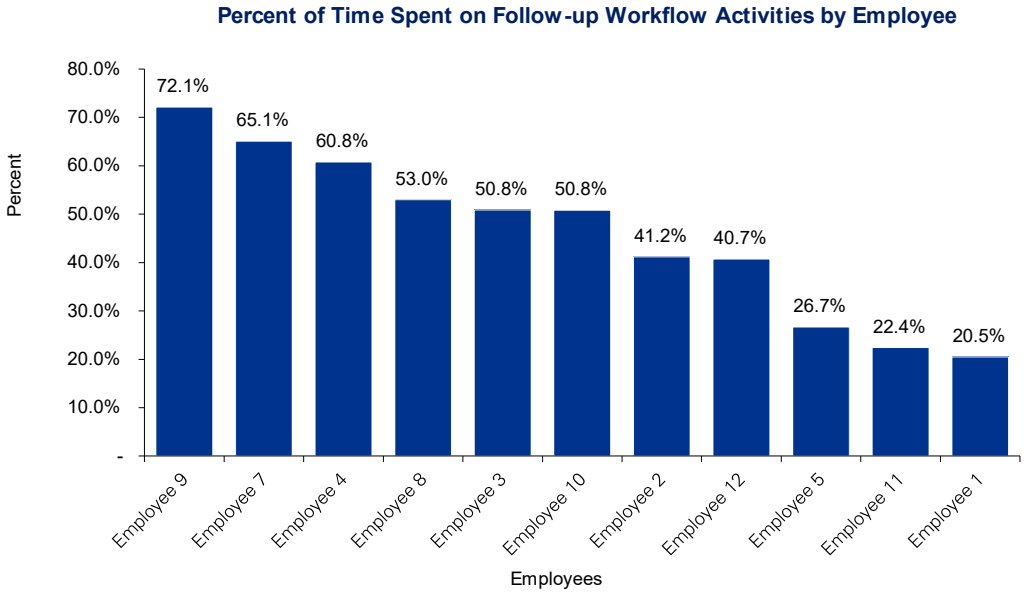


Figure 37: Source: KPMG LLP analysis of AR workflow data

Develop staffing models for the FP&A team:

— The division should develop a staffing model for the FP&A function that considers the kind of skill sets and staffing levels required to address ongoing operational and fiscal analysis. The function should be continuously evaluated and resources actively allocated by the integration manager to divisions based on division size, operational requirements, NFI, and dynamic policy changes.

— Once the team staffing model has been created, the Finance division should leverage the skills matrix developed in Department Recommendation 4.0 to help inform whether existing skill sets can satisfy the staffing needs of the teams developed above. This will allow the division to understand whether they can reallocate staff from automated functions like AR or if the division needs to fill the FP&A roles with the recruitment of additional staff. The FP&A staff will need to have skill sets that allow them to develop fiscal analyses but also translate these analyses into operational goals that allow divisions and the Department to drive financial improvements.

Establish expectations for the engagement of the FP&A function:

— Once the team structure has been identified and appropriately staffed, the division should develop standard policies and procedures for the FP&A team. These policies should clearly outline service-level agreements (SLAs) between the FP&A team and divisions and the channels of communication to engage the FP&A team with the FP&A integration manager acting as the main point of contact. Creating a robust engagement structure should ensure that teams are engaged in the most efficient way possible and that there are appropriate oversight and performance management efforts applied.

— The division should establish monthly meetings between the FP&A team and the divisions to identify operational and fiscal trends, manage against agreed-upon SLAs, and discuss needed analysis on operational issues or policy trends.

— The FP&A team should provide input on various operational and financial items outlined below and detailed in Recommendation 6.1:

- Operational and fiscal impact analysis of local, state, and federal legislation changes
- Development of cost recovery goals based for divisions with non-grant-funded components
- Defining and implementing productivity metrics and targets based on division specific business drivers like utilization or inspection counts.

Anticipated impact

Development of a dedicated FP&A function should enable the Finance division to identify and drive operational and fiscal improvements across the Public Health organization. This will enable the Department to effectively address the operational NFI in a more structured way.

Report Version: 2019	
6.3	Utilize IT staff in a more strategic business capacity to drive improved operational reporting capabilities within divisions.

Observation and analysis

The Administration division IT group manages much of their own IT functions currently with 16 staff overseeing IT security, server hosting, application development, telephone communications, software upgrades, and reporting development. While KPMG recognizes the reasons the division has not historically collaborated with ICT on functions like server hosting, IT security, and software upgrades, the division should reconsider collaborating more with ICT as the County transitions toward a hybrid IT service delivery model over the next three to five years, as outlined in the County Review of the General Services Department.

Internally, the division should focus on enabling IT staff to operate in a greater strategic business capacity to help develop data management and reporting strategies. This strategic focus should be at both the division and Department level to inform management and help them execute on operational and fiscal goals through sound data management and reporting oversight.

Enable IT staff to be a more strategic business partner to Public Health divisions:

— The division should focus primarily on helping other divisions develop reporting capabilities in applications like EPIC that are critical in enabling improved business operations as outlined in these Public Health recommendations. IT staff currently act in a support role for reporting build-out based on input from management, but they should be integrated into the FP&A function outlined in Administration Recommendation 6.2 as a strategic enabler to help divisions actually develop their data management and reporting strategy.

— The IT staff should help the Department and divisions develop the following:

- Workflow requirements
- Automated reporting capabilities to measure performance targets
- Department-level data management policies including standardization of data to enable department-level insights and cross-divisional operational goals.

The IT group should develop division- and Department-focused executive dashboards to enable more proactive fiscal and operational management:

— Once operational targets have been developed to effectively address fiscal concerns as outlined in Recommendation 6.1, the IT team should develop executive dashboards to be used in ongoing performance management. These dashboards should summarize the key financial and related operational metrics developed with the divisions so management is able to identify exceptions proactively and meet yearly goals within each division to address the Department NFI.

— The following dashboard is an illustrative example of how productivity should be summarized by position class for ongoing executive review against a baseline target developed through division-level operational and fiscal goals. The figures below are only meant to communicate how the executive team would see a summary of staff productivity by class against set targets.

Proximity to Productivity Goal by Position

	Baseline	January	February	March	Rest of April	Week of Apr'08
Behavioral Health Specialist	**74.5%**	80.5% ↑	86.4% ↑	92.2% ↑	96.7% ↑	94.3% ↓
Physician	**81.1%**	90.0% ↑	88.8% ↓	94.5% ↑	98.3% ↑	97.6% ↓
Medical Assistant	**68.2%**	74.8% ↑	80.9% ↑	88.3% ↑	89.1% ↑	90.0% ↑
Licensed Vocational Nurse	**63.6%**	81.6% ↑	87.2% ↑	96.9% ↑	100.0% ↑	100.5% ↑
Nurse Practitioner	**71.2%**	77.1% ↑	79.6% ↑	84.6% ↑	87.8% ↑	94.3% ↓
Physician Assistant	**70.3%**	62.3% ↑	69.0% ↑	93.1% ↑	78.2% ↑	84.1% ↑

Figure 38: Source: KPMG LLP 2019

Anticipated impact

Enabling IT staff to act in a more strategic role at the Department and division level will allow for more effective performance reporting to drive improved management of operational goals. This should ensure that the divisions are enabled to manage their staff against targets developed with the FP&A function and drive toward reduced operational NFI.

Maternal Child Adolescent Health

Report Version: 2019	
7.1	Standardize the MCAH caseload intake and allocation process between North and South County.

Observation and analysis

The Maternal Child Adolescent Health (MCAH) program is staffed by Public Health Nurses (PHNs) and health service aides that focus on the improving the health of pregnant women, postpartum women, children, and their families through home visits, case management, education, and coordination of services.

This program is geographically focused and referral based, with, according to leadership, approximately 77 percent.of their referrals in FY18–19 coming from the Santa Barbara Public Health Department Health Clinics. The home visits performed by the nurses are coordinated by the Health Service Aides, and the geographical split of responsibility is between North County, Mid County, and South County. The general responsibility of the health service aides is to provide assistance and support to the PHNs and Supervising PHNs. This includes scheduling visits, preparing materials, providing translation and cultural support to the PHNs, and conducting solo follow-up visits on low-risk clients with oversight from the PHNs and SPHNs. However, there is inconsistency in the roles and responsibilities of the HSAs, creating a difference in processes between regions. It was noted during the interviews that the largest difference between responsibilities of the aides was scheduling appointments for the nurses, the process and permissions for the gathering of patient medical records from the Cottage Health system, and the fact that North County HSAs typically perform fieldwork with the nurse. Some of these responsibilities will need to be different as the client demand changes based on the geography; however, there is no clear documentation around what the standard processes are between the HSAs across the County as a whole.

The first step the group needs to take is to **establish a baseline set of roles and responsibilities between North and South County for the HSAs**. This will establish a normalized set of processes between the HSAs and allow for equitable project and process management by group and division leadership. Moreover, this will allow for group leadership to see if there are opportunities to consolidate functions to one person instead of splitting across a geographical divide. However, it is critically important to note that the North and South County HSAs will have different roles due to the clients they serve. For example, there is a large Spanish-speaking and Mixteco-speaking population in North County that requires language and culture translation assistance from the North County HSAs. What is important for the division leadership to manage is what the baseline roles and responsibilities are of HSAs across the entire County, and what they are expected to perform based on their geographical assignments. These mirrored functions could include:

Figure 39: Source: KPMG LLP

Establish a set of workload and performance measures around assigned functions that are tracked and used to equitably balance workloads and monitor performance. Also, consider a set of rotational assignments to ensure cross-training in which the scheduling and data collection responsibilities are countywide and assigned to one person. The only utilization analysis currently performed on HSAs is through the time study required by the State of California. The time study is

conducted for the purposes of reimbursement by the State and is not a good representation of actual utilization by the HSAs because it is intended to act as a tool for reimbursement, not performance tracking. As such, it is important to develop other methods and data points to better track HSA workloads and performance. An example of an operational metric that is not currently tracked is the amount of time it takes the appointments to be scheduled from the referral. There were discussions during staff interviews that this data point could be unfairly problematic in the event there is an unresponsive patient, so an alternative measure could be the time between referral and first outreach to the patient. The below graphic is a representation of the time study that is required to be submitted for the purposes of reimbursement. It shows that there are no differences in utilization time between 2017 and 2018 among staff, indicating that this is not a useful performance metric. Separately, 2019 demonstrates lower utilization because the transfer of data occurred prior to the end of calendar year 2019.

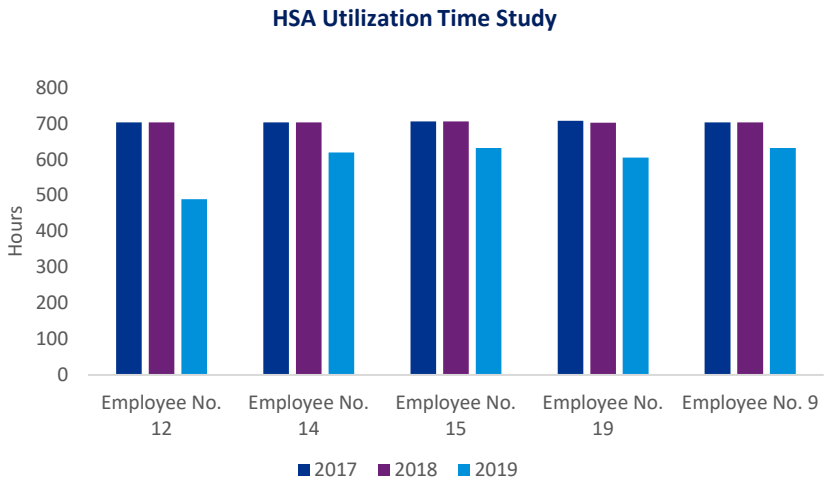


Figure 40: Source: KPMG LLP analysis of MCAH data

Anticipated Impact

Standardizing roles and responsibilities, streamlining workflows, and focusing on workloads and performance management will assist in ensuring a consistent process across the County, benefiting staff and patients. Moreover, it will allow for all staff to enhance the value-add work they already perform.

Report Version: 2019	
7.2	Upgrade software systems, minimize duplication in charting, and further develop reporting capabilities.

Observation and analysis

The Department has done a commendable job in identifying and procuring the enterprise-wide system EPIC. Almost all Public-Health-related internal and external processes occur in the EPIC environment, including a portion of the MCAH processes. However, the MCAH public health nurses are also required to enter patient information in a separate system, the Public Health Network (PHN). The current processes and procedures require the public health nurses to enter the information collected on the mother into EPIC and information collected on the baby into PHN. This requirement stems from the reimbursement regulations stipulated on the work this group performs. A significant amount of time is spent on administrative work according to the time study the group is required to submit for reimbursement purposes. The below graphic is a breakout, from the time study, that shows how staff time is being spent broken out into four buckets: administrative work, training, case management and outreach, and paid time off. Case management and outreach are efforts taken by nurses and HSAs that is time spent with a patient. Year over year, the nurses and aides are consistently showing that they are spending as much time with patients as doing administrative work. The structure of this data does not allow for an analysis of what type of administrative work is being performed (i.e., was it normal charting work? duplicative charting work? manual administrative work due to PHN not being upgraded?).

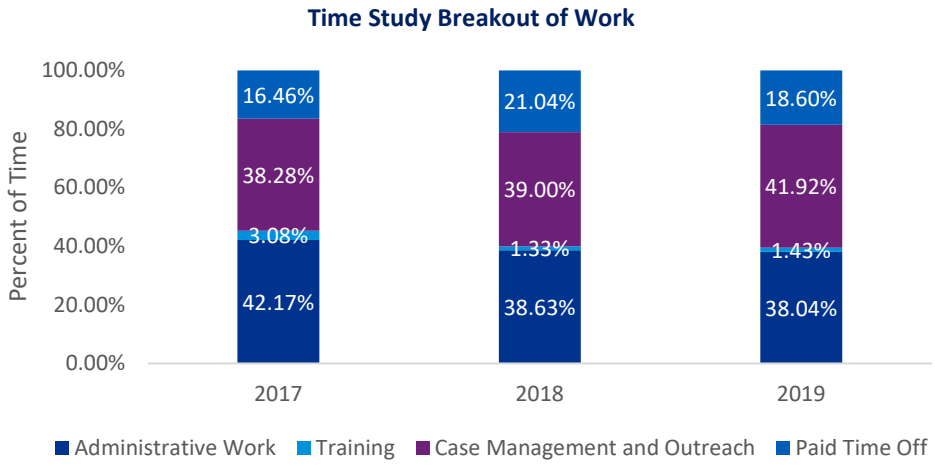


Figure 41: Source: KPMG LLP analysis of time study

The figure above shows that approximately 40 percent of time is spent on administrative work; however, it is difficult to fully understand. During management and line staff interviews, it became clear that there have been discussions around upgrading PHN; however, there are currently no formal plans in place due to competing IT priorities, such as vendor updates to application security. PHN is a legacy system that has highly manual data entry, very few modern features such as prepopulated fields, and minimal reporting functionality to drive performance and gain insights into workloads and workflows. Currently, EPIC and PHN do not have an application programming interface (API) functionality, requiring large amounts of duplicative charting work when a case requires that both systems are used.

As PHN is the required system of use by the State for the purposes of reimbursement for services rendered, **the division should upgrade PHN**. There has been an ongoing discussion since 2016 around upgrading to the newest version of PHN; however, no significant progress has been made toward that upgrade due to the issues previously mentioned. Once the upgrade is completed, there

should be a comprehensive understanding of the reporting functionality as well as a discussion around the possibility of an API relationship between PHN and EPIC with the intent to minimize duplicative administrative work. Over the past three years, the average amount of time spend on administrative work has been 39.6 percent of nurse and HSA time, pulling the employees away from the mission of increased face-to-face visits with patients. It is important to note that some administrative work is related to patient work, such as reading previous client history or discussing cases with supervisors. Once PHN is upgraded it will be important to identify where non-patient-based administrative time can be minimized.

The next step is to **identify the possibility of in-field data entry being used**. There has been an attempt in the past to utilize tablets and laptops in the field to minimize the amount of time spent in the office by the nurses. During the interview phase, it was stated multiple times that the internet connection was inconsistent or that there was not adequate space or furniture in the client's homes for the use of a laptop causing improper ergonomics. After PHN is upgraded, there should be a pilot to determine the feasibility of entering data in the field via tablet or laptop to reduce the amount of time nurses are spending on administrative work and release capacity to increase service to clients.

Anticipated impact

As shown in Figure 34, there is a large portion of nurse time spent on administrative work. By upgrading software, exploring streamlined reporting functionality, developing advanced connectivity between software systems, and adopting in-field use of technology, nurses will be able to increase the amount of time they spend with patients without having a reciprocal increase in administrative work.

Report Version: 2019	
7.3	Review current and develop additional KPIs to improve operational insight and add nuance to employee performance management.

Observation and analysis

With the MCAH program having two types of employees—Public Health nurses and HSAs—there are a set of distinct performance measures needed for proper performance measurement of the MCAH program. Based on conversations and data analysis, there are approximately 1300–1400 unique families in the program, of which 80 percent come as referrals from the clinics and the remaining come from social workers, emergency rooms, and other establishments that interact with the population medically. Between both types of employees, the three primary KPIs identified are outlined below:

10 days if they are "high risk," as determined by the referring entity. Currently, the group as a whole is meeting that metric 83 percent of the time against an 85 percent target, with minor variations between locations. Although Santa Barbara and Santa Maria have seen improvements in achieving the 10-day metric from 2018–2019, Lompoc has seen a significant drop in that success.

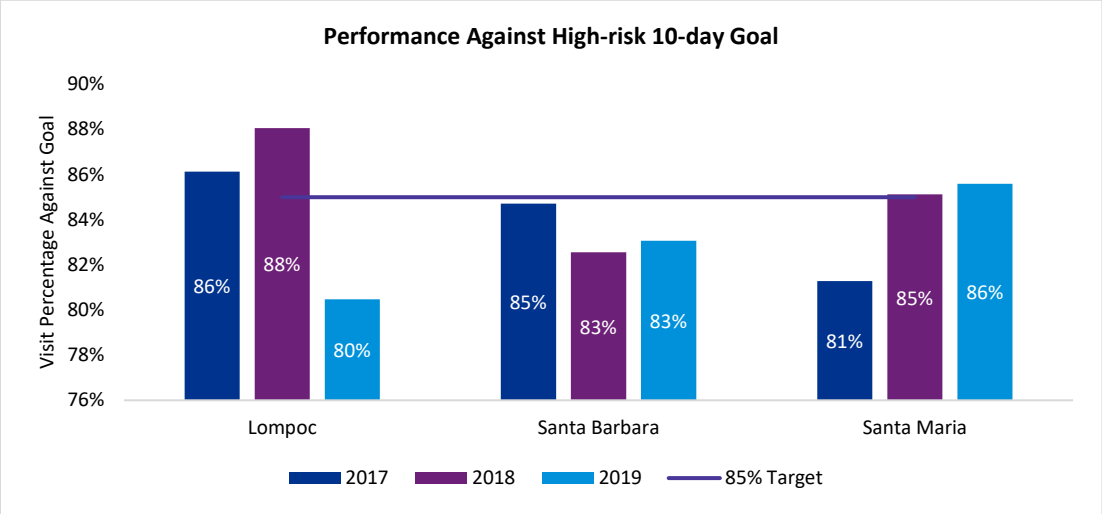


Figure 42: Source: KPMG LLP analysis of MCAH data

5 days if the patient is postpartum. Currently, the group as a whole is meeting the metric 82 percent of the time; however; there is wide variation from location to location.

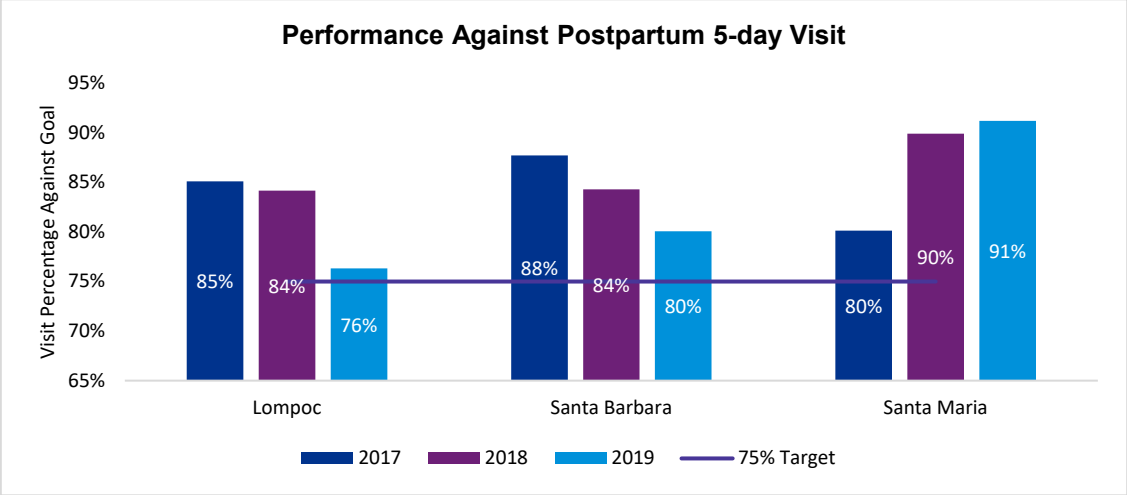


Figure 43: Source: KPMG LLP analysis of MCAH data

50 face-to-face meetings each month, in which the mother and baby are counted separately. This metric is being met 99 percent of the time by the group as a whole against a 75 percent target. In the instances where there is more than 100 percent utilization, this is due to the nurses performing more face-to-face visits than the performance goal. To gather and correctly interpret this performance metric, there was significant cleansing and wrangling of historical MCAH data, such as changing the utilization denominator, removing months in which the nurses were on leave but still being factored into the calculation, and supervisors being incorrectly listed as having a meeting quota.

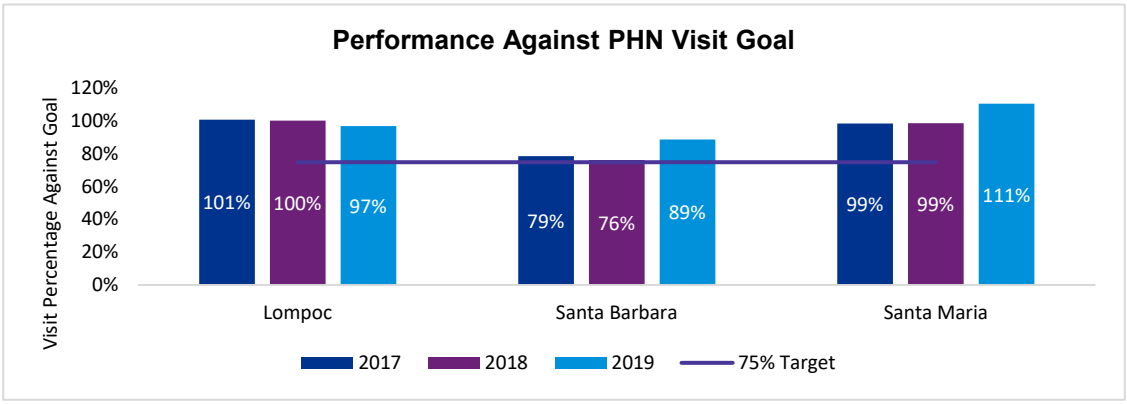


Figure 44: Source: KPMG LLP analysis of MCAH data

Although the group follows national performance metrics that are tied to outcomes and there are internally established metrics that help drive general and situation-specific interactions, there is a lack of metrics that are relevant to tracking the operations and cycle times of employees. There must be **development of performance metrics that help track operations such as**:

Public Health nurses:

- Number of patients seen per day, week, month, and year
- Accuracy of records between EPIC and PHN when there is duplication of entries
- Appointment duration with patients
- Average wait time for non-high-risk and non-postpartum patients

— Case complexity

Health Service Aides:

— Time to process referrals as they are sent

— Time to schedule appointments

— Timeliness of medical reports gathered.

Once these metrics have been developed and implemented, pursuant to Department Recommendation 3, there must be a **routine framework to track and review performance against established metrics and take proactive action as required**. These meetings are also an opportunity to look for trending in cases and tailor strategy. Equally important is for the division leadership to use these metrics, especially case complexity, and ensure a balance of workloads among the nurses and HSAs.

Anticipated Impact

By creating a more robust set of performance metrics that are rooted in understanding the operational efficiency of the group, there is an opportunity to improve outcomes through improved operations and delivering an enhanced service to the patient.

Disease Prevention and Health Promotion

Report Version: 2019	
8.1	**Identify a solution to better manage and drive operational functionality and reporting requirements to understand workloads and manage performance.**

Observation and analysis

The Disease Prevention and Health Promotion team comprises field nurses that coordinate and respond to reporting cases of communicable diseases. Those cases are transmitted to the division through two channels:

- Confidential morbidity reporting through the CalREDIE system
- Electronic lab reporting.

Cases reported through both channels are then received by the Disease Control office and dispatched to a Public Health nurse in the field via phone or email. Once the field nurse receives the case, they are expected to make initial contact, confirm the diagnosis, interview the patient to identify possible contact points for the disease, identify those contacts to focus on stopping the transmission of the disease, and then monitor for a period of time based on the disease in question. The data collected by this division is currently stored and managed in the CalREDIE system, with one-off spreadsheets extracted weekly to distribute casework.

Performing data analyses on the data sets in CalREDIE is a difficult task as the structure of the data doesn't allow for granular analysis on cycle times and comprehensive volume or case complexity analysis. Moreover, the format in which the data is currently stored and tracked creates an inability for functional reporting that allows for increasing operational efficiencies, managing employee workloads and performance, and understanding trending in communicable diseases. Below is a breakout of the number of cases assigned to employees that demonstrates a large caseload imbalance; however, a potential caveat to this data set is that case distribution can be affected by geographical assignments of the nurses. It is important to note that the employees listed as "N/A" were cases that did not have a nurse assigned to them in the data sets.

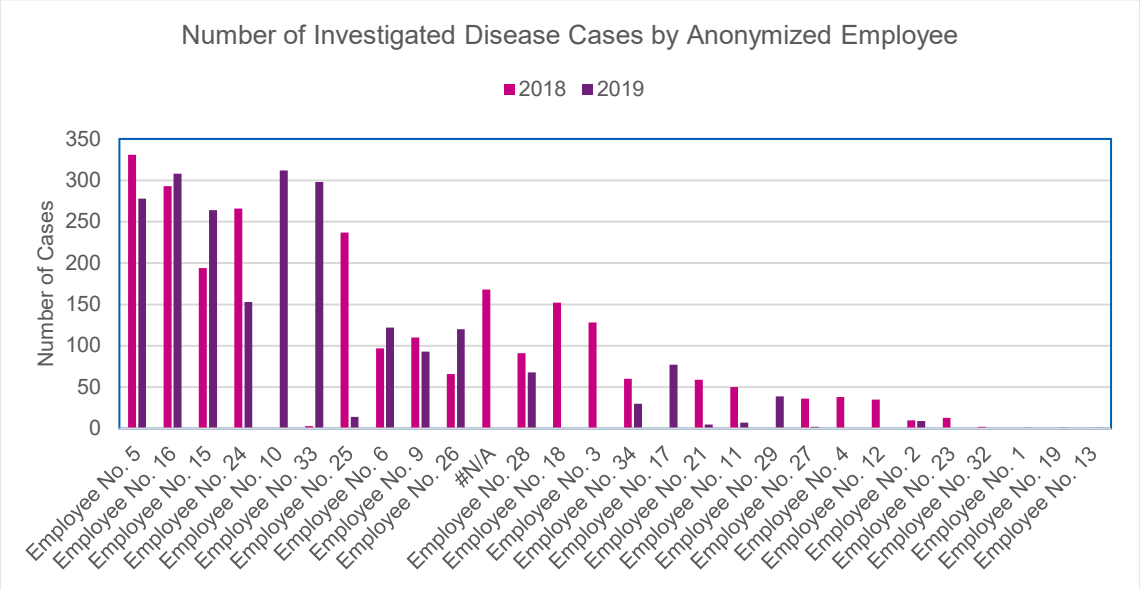


Figure 45: Source: KPMG LLP analysis of Disease Prevention data

Separately, the current "acuity model" the division operates on breaks out an average number of hours the nurses should be spending on investigating cases; however, the CalREDIE system can only track as granularly as the number of days. This creates a marked challenge in the ability of the supervisors to track the performance and workload of the nurses, especially on cases in which the estimated average amount of time to investigate is only a few hours. Below, Figure 39 breaks out gonorrhea cases in 2018 and 2019 by the average time to investigate and the case load of each employee assigned a case. According to the divisions "acuity model," the nurses should be spending an average of two hours investigating gonorrhea cases; however, the current average for the whole division is 54 days.

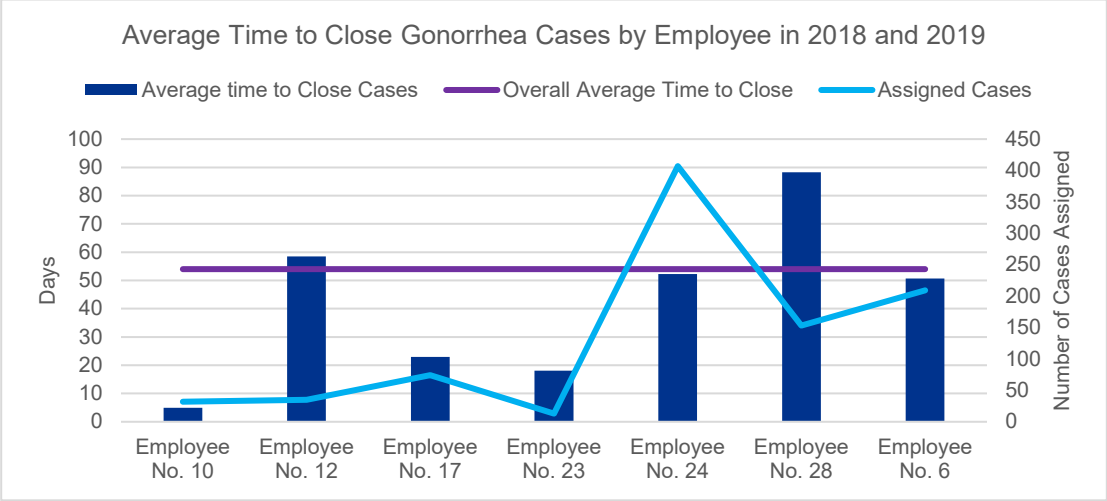


Figure 46: Source: KPMG LLP analysis of Disease Prevention data

To confirm that this was not an outlier in the data, there was also an analysis of active tuberculosis cases, which are both investigated and reported, and there was also wide variation in the average time it takes to close cases by nurse. Again, pursuant to the "acuity model" provided by the division the average time to close an active tuberculosis case (TB3) is 160 hours (20 workdays); however, the

current average closure time is 276 days. Between 2018 and 2019, there were 10 active tuberculosis cases reported to this group.

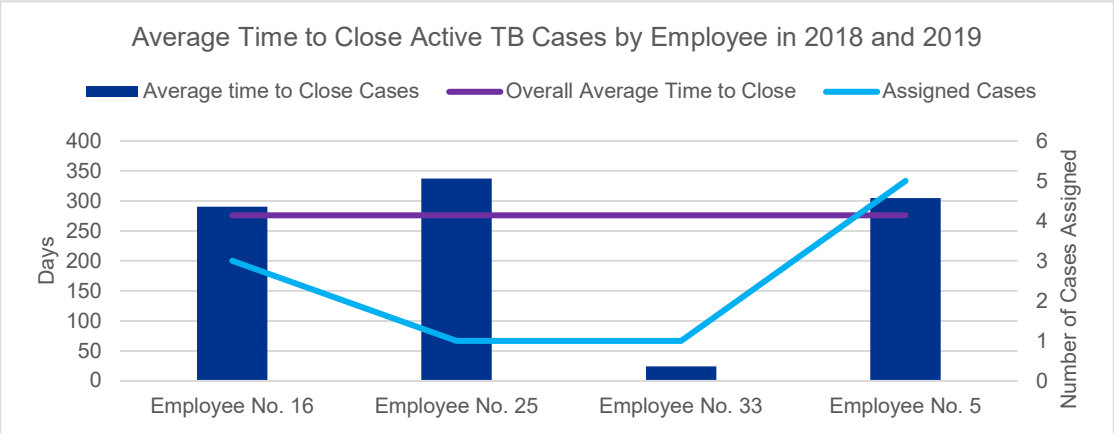


Figure 47: Source: KPMG LLP analysis of Disease Prevention data

The division leadership must develop a process in which to better manage workloads and performance to drive operational efficiency and gain insight into the trending of throughput. A single system, or spreadsheet, would allow for a comprehensive report to be developed that not only shows full workload and capacity of the staff, but also gives a high-level analysis of performance across the group that ties to budget and desired outcomes. It is possible for the EPIC system to satisfy both the reporting and operational needs of the group. Leadership should coordinate with Public Health IT and OCHIN to determine the feasibility of moving the entire division into the EPIC environment. There are other similar home visit-based functions in the department, such as MCAH, that utilize EPIC for a portion of the work they perform. In the instance of MCAH, although they are required to enter information in PHN, they use EPIC to track the information and care plans of the mother. This functionality could be replicated and used for disease prevention, as they also have to visit patients in the field.

However, if EPIC cannot be utilized by the group, then there must be an effort to move the disparate data sets into one spreadsheet that is used to track all aspects of the work being performed by the Public Health nurses. Moreover, there needs to be a reassessment of average expected investigation times that is reflective of actual investigation time.

Anticipated impact

The group currently utilizes data sets that do not allow for a comprehensive understanding of workflows, cycle time, case allocation, and case complexity. By unifying these data sets and utilizing one system to measure actual work and not projected work, there should be a large reduction in administrative time spent on cases and subsequently a reduction in cycle times.

Report Version: 2022	
8.1a	Enhance reporting and analysis of available data to better understand staff workload and productivity, caseload allocation, and overall divisional performance.

Benefit

Enhancing reporting and analysis of available data will allow division and Department leadership to better understand staff workload and productivity as well as program outcomes and overall divisional performance. It will increase data-driven decision-making and allow leadership to proactively identify and resolve potential process inefficiencies and continuously help to ensure that staff caseloads are equitable and balanced, leading to enhanced client service delivery and enabling effective performance management.

Current State

Since the writing of the 2019 report, the division has begun the development of dashboards to allow for greater ease in reviewing weighted caseloads by nurse and analyzing division data; however, in the future state, there is an opportunity for the division to enhance reporting and analysis of available data particularly as it relates to workload and productivity, investigation timeframes, and overall operational performance.

Staff within the Disease Prevention and Health Promotion division conduct a range of activities related to communicable disease investigation. While investigation steps vary by disease, they typically involve the following key phases:

- **Preinterview Phase:** The initial phase involves collecting clinical, laboratory, and treatment information; conducting testing for disease confirmation; monitoring; and clearance as well as determining the period and degree of infectiousness.
- **Patient Interview and Case Management Phase:** During this phase, tasks relate to providing disease education and transmission information, confirming information obtained during initial phase, identifying and following up with exposed contacts, addressing barriers to care, ensuring treatment completion, and providing direct observed medical therapy, where necessary.
- **Control measures:** This phase includes prophylaxis or vaccination of contacts and symptom monitoring of contacts, where necessary.

Investigations and Staff Utilization

The division utilizes the California Reportable Disease Information Exchange (CalREDIE) implemented by the California Department of Public Health (CDPH) for electronic disease monitoring and reporting. CalREDIE tracks data on disease type, patient data (name, address, age, ethnicity, race, sex), investigator name, date of case creation, date of last edit, case status, and date closed. In the current state, CalREDIE does not track the time spent (in hours) by staff on the various tasks required as part of an investigation; it tracks the time in days between case creation and case closure. Across interviews, staff reported that utilizing this data to determine investigation timelines will not provide accurate results, as it does not account for the various complexities of each case and is not indicative of the number of hours spent by staff on a particular case. As a result, overall disease investigation timeliness as well as time spent on investigations by nurses cannot be identified to inform staff utilization and caseload allocation to allow for effective workload management and identify opportunities for process efficiencies across investigations. For example, based on a review of CalREDIE data for 2021, investigations took an average of 267 days from case creation to case closure with the exception of tuberculosis, which is investigated by the State; syphilis cases, which typically require continuous client monitoring; and hepatitis C cases, which were reopened by the State due to the provision of new medication. As outlined above, the division notes that utilizing case creation and closure dates to determine average investigation timelines and understand the staff

activities associated with each investigation will not provide accurate results; however, the lengthy timeframe between case creation and case closure underscores the potential need for more detailed analysis on staff activities and related productivity as well as overall investigation timelines taking into account the varying case complexities. This will allow the division to increase its understanding of staff workload, helping to ensure that caseload allocation across locations and staff continues to remain balanced and equitable as new diseases such a monkey pox and COVID-19 continue to evolve.

Communicable Disease Acuity Model

With the goal of achieving greater parity in caseload assignments among public health nurses, the division commendably developed an acuity model that ultimately provides a complexity weighting for each disease type. This complexity weighting is utilized to develop and evaluate weighted caseloads per staff member to promote equitable and balanced caseloads among staff. Across interviews, staff reported that certain social determinants of health such as homelessness often increase the complexity of case investigation. As such, there may be an opportunity to update the acuity model to provide for increased complexity weightings for such factors. Further, based on a review of CalREDIE data, pregnancy is only tracked for 10 percent of overall cases. To allow for an enhanced understanding of the overall needs and complexities of the target population, there is an opportunity for the division to enhance the tracking of such social determinants as outlined in action one below.

Dashboarding and Performance Metrics

Finally, the division has commendably begun the development of a Power BI dashboard to allow for greater ease in reviewing weighted caseloads by nurse. The dashboard provides a number of key reports that focus on case acuity by nurse, case acuity by location, total case acuity, and number of cases by status. In the current state, reports are primarily visualized in tabular format, which can create challenges in easily identifying key takeaways given the level of data being tracked. As such, there is an opportunity for the division to visualize the data utilizing charts and other visuals to allow for greater ease in analysis. The dashboard will also allow the division to more easily analyze more data over a longer timeframe. The following is an illustrative example of a Disease Control dashboard.

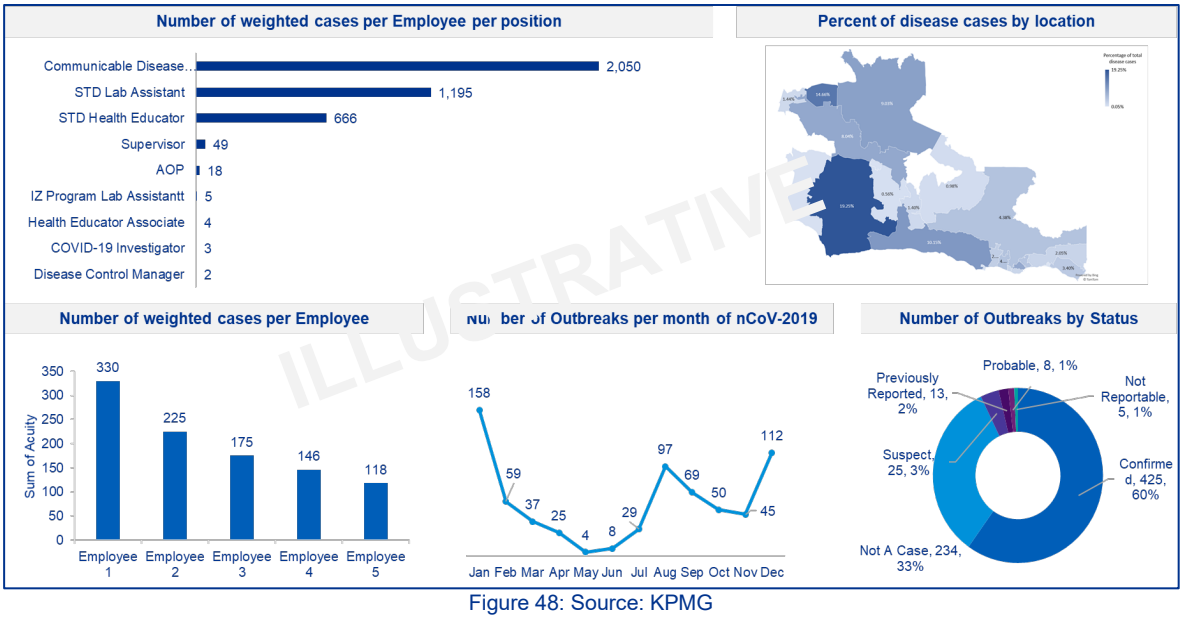


Figure 48: Source: KPMG

Further, there is an opportunity for the division to utilize the Power BI dashboard to track additional data and performance measures in addition to those caseload related reports already under development. Currently, the division tracks two key metrics:

— Clients between the ages of 13 and 15 receiving at least one Human Papilloma Virus immunization

— Newly diagnosed Human Immunodeficiency Virus (HIV) persons linked into HIV medical care within one month of diagnosis.

The division also tracks additional metrics required under state and federal funding, including:

— Tuberculosis: includes metrics surrounding cases and patient contact (cases for investigation, cases with no contacts, number of contacts, cases evaluated, among others)

— HIV, chlamydia, gonorrhea, and syphilis: number of diagnoses and incidence rate by year, region, race, gender, and age

Additionally, based on communicable disease data entered into the CalREDIE system, the Epidemiology Unit runs quarterly, semiannual, and annual reports to depict incidence, prevalence, hospitalizations, and deaths for specific diseases based on state and federal performance metrics. These metrics are of key importance and should continue to be tracked; however, they are often longer term in nature and do not provide a full story of division performance, particularly as it relates to program outcomes and related effectiveness. Outcomes are essentially hypotheses about the results program activities will achieve. In the future state, there is an opportunity for the division to develop both short-term, medium-term, and long-term performance outcomes that are focused on operational metrics related to finances, customer satisfaction, learning and growth, and internal processes to augment existing metrics. When establishing these measures, the division should consider measures that allow leadership to look at performance outcomes from a variety of angles or perspectives. It is important that the measures selected should not focus too heavily on any one category of measure, such as finance measures or output measures (e.g., number of clients served) without looking at other critical measures like client satisfaction, service quality, or efficiency. Measuring customer satisfaction is fundamental to accountability and should be incorporated into performance measurement in the future state. Such measures are also key to assessing the degree to which needs are met and customers are satisfied with programs and services. Common types of customer satisfaction measures include, but are not limited to:

— Quality: the degree to which customer needs and requirements are met

— Timeliness: the speed at which products or services are delivered

— Access: degree to which products or services are easily accessible to the customer

— Staff attitude: level of staff courtesy or politeness reported by the customer.

In addition to performance measures surrounding customer satisfaction, the division should also proactively identify and incorporate health equity performance measures into ongoing data collection and analysis, where possible. This may assist the division in leveraging resources to highlight any potential health inequities across the program by disaggregating community level data by race, ethnicity, income, gender, neighborhood, etc.

Example of performance outcome measures that could be adopted by the division in the future across a range of categories include but are not limited to:

Category	Answers to Question	Example Measure
Customer	— Are our customers satisfied with our services? — Are we meeting the needs of the community?	— Percentage of clients satisfied with service — Average wait time to investigation completion — Number of community members who are aware of service

Finance	— Does the division have enough resources (FTEs, $$,) to meet goals? — Does the division have the necessary infrastructure, technology, etc., to deliver high-quality services?	— Percentage of grant dollars expended on time — Dollar investment per case/client — Caseload per staff member
Internal Process	— Are the processes for delivering services effective in delivering outputs? — What process improvements can be made?	— Percentage of client records accurately entered — Cost of service delivery per client
Learning & Growth	— Do staff have the necessary training to deliver on goals?	— Number of quarterly/annual trainings undertaken by staff
Health/Health Equity	— Is the division moving the needle on social determinants of health? — Where are there health inequities in the community?	— Number of clients diagnosed with specific disease by race, ethnicity, location

Suggested Action Steps to Implement Recommendation

Action one: Update internal policies and procedures to require enhanced tracking of social determinants of health (homelessness, social factors, etc.) as well as pregnancy within CalREDIE. As a first step, the division should update its policies and procedures to require division staff to more consistently collect data on social determinants of health, particularly as it relates to pregnancy, given the increased complexity created as a result of these social determinants. This will allow the division to account for such social determinants in the tracking of disease investigation timeframes and update the acuity model discussed in action three below.

Action two: Develop a low-barrier program to track disease investigation times over a three-month period. Given the challenges with tracking ongoing disease investigation timeframes in CalREDIE discussed above, the division should consider developing a low-barrier pilot program for disease investigation staff to enter time spent on specific tasks undertaken under each phase of investigation. This pilot can be facilitated via a simple spreadsheet with prepopulated drop-down fields to reduce the time it takes to enter information. Staff should be encouraged to populate the spreadsheet daily to obtain the most accurate time spent on specific tasks. This time tracking exercise should be conducted monthly for three months and then analyzed to enhance the understanding of investigation timeframes per disease and per staff member. In the future state, the division should conduct this pilot program on an annual basis to help ensure that investigation timeliness is continually reviewed, process efficiencies are identified, and the acuity model is updated for any changes in complexity, where necessary. In the future state, the division should conduct this pilot program on an annual basis to help inform potential process improvements and staff performance. This process will also allow the division to better understand and align caseload allocation, workload distribution, and staff utilization.

Action three: Update acuity model to include increased complexity weightings per disease as a result of social detriments of health as well as pregnancy. Following the completion of the pilot program under action two above, the division should update the current acuity model to note any differences in complexity and related weighting created as a result of homelessness or pregnancy per disease.

Action four: Develop process efficiencies. Having undertaken the pilot program recommended above, the division should analyze the results of the study to consider current workload and identify any opportunities to enhance investigation processes across staff. The assessment could include the following analysis:

- Evaluate pilot program to identify the range and median investigation timeframe for each form of disease.
- Identify staff members who consistently complete investigation well above median investigation timeframe per disease and staff members who consistently perform well below the median investigation timeframe across investigations.
- Conduct focus groups with those staff members who consistently perform above median to understand individual investigation methods and identify efficiencies. Train remaining staff on identified efficiencies and best practices.
- Engage separately with those staff members who consistently perform below median to understand potential bottlenecks in processes undertaken and put procedures in place to alleviate any bottlenecks.

Action five: Identify a core set of key performance outcomes. The division should consider the development and adoption of a set of outcome-based performance measures in addition to State-mandated measures. These measures will allow the division to enhance reporting, provide a more comprehensive view of division and program performance, and provide for more effective performance management and data-driven decision-making. Examples of the potential performance measures that could be adopted across divisions, based on leading practices are outlined in the Current State section of this recommendation.

Action six: Collaborate with division IT and County IT to enhance Power BI dashboard visualizations. The division may collaborate with division IT and County IT to further enhance dashboard visualizations, provide access to all staff members, including division and Department leadership, and include further performance measures and metrics within the dashboard including the outcome data noted above. Once finalized, division and Department leadership should analyze the dashboard monthly to evaluate performance and measures that can be put in place to enhance performance, where necessary.

Report Version: 2019	
8.2	Develop a routine, data-informed health promotion advertising strategy based on disease seasonality, root-cause analysis, and correlating factors.

Observation and analysis

It has been recognized by line staff and leadership of the Disease Control and Prevention division that a large portion of their job, beyond the aspect of nursing, is education of the public. There have been two attempts in the past to establish a health education group inside this division that have failed. Anecdotally, the failures were attributed to expanding workloads of the staff and a lack of capacity to sustain education efforts.

Separately, there is another division inside community health that is tasked with health promotion around tobacco prevention and cannabis prevention. Although the funding for this group restricts work to tobacco and cannabis prevention, the staff has experience in health promotion and the strategies involved in outreach to the public.

This group manually produces a communicable disease quarterly report (EpiQuarterly) that is delivered to the state of California due to state required reporting, and there is an opportunity to expand the data collection efforts behind this report to include other data points, for internal purposes, which would assist in making data-informed decisions on health promotion strategy and outreach. Some of these data points should be:

- Seasonality of disease outbreak
- Root cause of outbreak
- Spatial and temporal analysis to gain insights on movement pattern of outbreaks
- Identifying correlating factors behind infectious disease outbreaks[2], such as:
  - Gender
  - Age
  - Socioeconomic status
  - Occupation
  - Weather patterns.

Once this data is collected, there should be a division and departmental leadership strategy session around identifying potential root causes and creating a marketing strategy and plan that uses the data analyses to work toward disease prevention. This strategy should:

- Utilize the data to identify target demographics.
- Identify the mode and location of the execution of the strategy.

There should be outreach in community centers, college campuses, high schools, clinics, and nursing homes and a determination as to who the community partners should be. Moreover, there should be a strategy developed that reflects the varying communities: spoken languages, rural versus urban, age, etc.

A completely new marketing strategy will not be required as there is a litany of resources that are specific to the types of health communication and marketing needs across the nation. For example,

[2] Jang, Jin-Hwa et al. "Correlations Between the Incidence of National Notifiable Infectious Diseases and Public Open Data, Including Meteorological Factors and Medical Facility Resources." *Journal of preventive medicine and public health = Yebang Uihakhoe chi* vol. 48,4 (2015): 203-15. doi:10.3961/jpmph.14.057

there is an organization called the Rural Health Information Hub that is charged by the federal government with health-based outreach into rural communities. They have developed guides and strategies[3] that are easily accessible and replicable.

Anticipated impact

Establishing a data-oriented understanding of the correlative aspects of disease outbreak in Santa Barbara County and developing a marketing plan based on that data, there will an opportunity to directly affect future outcomes in a measurable way and improve public awareness of current and future potential outbreaks.

[3] https://www.ruralhealthinfo.org/toolkits/health-promotion/2/strategies/health-education

Report Version: 2019	
8.3	**Develop a strategy for improved professional development of Public Health nurses with cross-training and succession planning in mind.**

Observation and analysis

Over the course of the interviews with the Disease Prevention and Health Promotion nurses and leadership, it became evident that there needs to be a strategic focus on employee development and succession planning. There are multiple employees who discussed that their retirement is imminent and that they were concerned about the loss of their institutional knowledge and what it would mean for the group. Moreover, there was concern discussed among staff about the lack of promotional and pay raise opportunities for employees in the group. Public Health nursing on its own is a specialized nursing field; however, disease prevention makes it highly specialized. It is worth noting that there was not a determination made as to whether or not promotional and pay raise opportunities were allocable to pay grade caps or union constraints.

There should be a collaboration between Public Health HR, County HR, and the group leadership to **develop a strategy around succession planning** to prepare and account for the loss of institutional knowledge. This strategy is further enumerated in Department Recommendation 4.

There should also be **a focus on intergroup cross-training to help professionally develop employees as well as prevent the isolation of knowledge among the group**. As demonstrated below in Figure 41, there are many employees who are being assigned cases; however, as demonstrated in Figure 40, there are only four employees in 2018 and 2019 who were assigned to the active tuberculosis cases. This demonstrates a lack of case diversity among the Public Health nurses as well as an opportunity for increased cross-training.

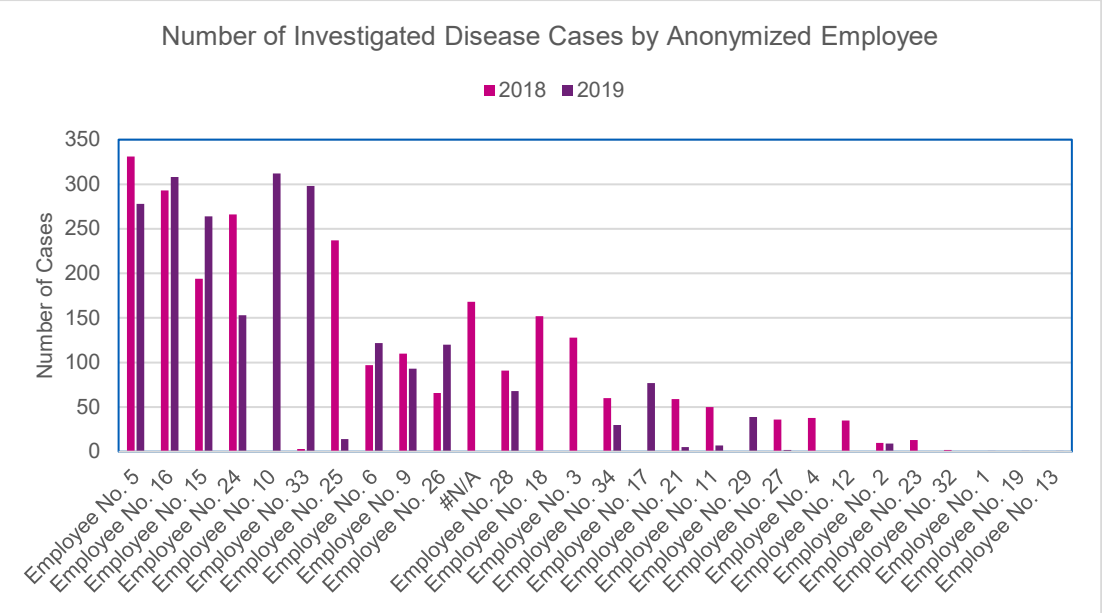


Figure 49: Source: KPMG LLP analysis of Disease Prevention data

Anticipated impact
Allowing for cross-training among staff and developing comprehensive succession plans will position the division and the employees for success in the future, enhance the skill sets possessed by those employees, and generate an overall improvement to morale and output.

Report Version: 2022	
8.4	**Develop dashboards to better analyze grant spend, timelines, and outcomes to enhance reporting efficiency and effectiveness.**

Benefit

Developing a grant spend and utilization dashboard will assist the Department's Fiscal division to streamline reporting processes and help ensure that program managers remain continuously informed on the spend of grant funding per program. Access to this data will empower program managers to proactively identify instances of under- or overspending against budget and make decisions on realigning staff time, where possible, to allow for real-time course correction. Furthermore, it will enhance visibility for division and Department leadership, allowing them to view grant spend-down rates in real time and assist with data-driven decision-making surrounding program funding.

Current State

The division receives various State and federal grants across programs including tuberculosis (TB), sexually transmitted disease (STD), HIV, epidemiology, and CARES Act funding, among others. The Fiscal division is responsible for monitoring grant spend-down rates and utilizes numerous Excel spreadsheets to track grant funding across grants with differing formats. The Fiscal division utilizes these spreadsheets when communicating with Disease Control program managers monthly to discuss grant funding and related spend-down rates. However, the current process does not allow program managers to view funding and spend data in real time, allowing them to proactively realign staff focus, where possible, particularly in circumstances where the Disease Control division is reaching its threshold on certain grant funding. In instances where realignment is not possible, it would allow them to proactively message and discuss overspend with leadership.

Additionally, in the current state, there is limited reporting to Department and division leadership on grant funding and related spend-down rates with leadership reporting typically only occurring in the face of potential challenges with grant funding. Enhancing reporting to division and Department leadership will allow for more proactive, data-driven decision-making on grant funding at the overall Department level.

Suggested Action Steps to Implement Recommendation

Action one: Collaborate with the CEO's Office to consider the functionalities required for enhanced grant management. The County is implementing a countywide ERP system in the near-term that will include a grant management component. At a minimum, this grant management software should provide detailed visibility into funding management activities, report on portfolio and grants programs across participants, and provide real-time analytics to provide insight into the allocation, revenue, cost, and usage of funding. As a first step, the division should engage with the CEO's Office to consider the key functionalities the division and the Department at large may require to enhance its current processes for data collection, analysis, and reporting processes as it relates to grants management including functionality surrounding grants management dashboarding.

Action two: Develop a monthly dashboard of grant utilization and performance. As part of the transition to the countywide ERP system, the division should develop a Power BI dashboard to monitor grant spend-down rates and performance per pay period. The dashboard should allow users to view overall grant spend to date as well as program-related spend against budget. The below is an example of a dashboard visual that could be adopted by the division.

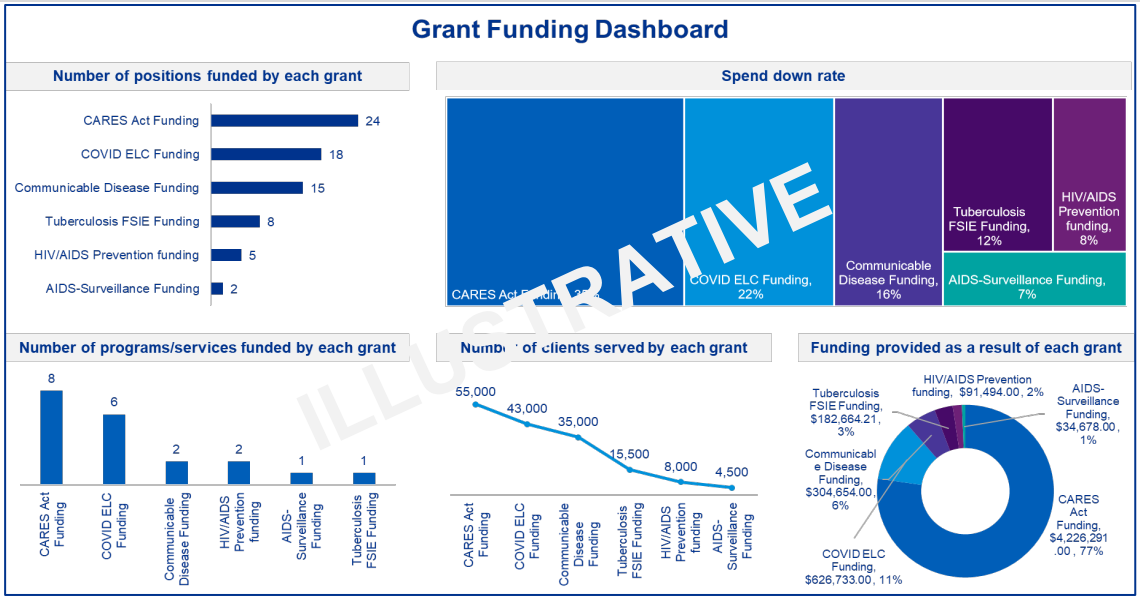


Figure 50: Source: KPMG

Action three: Provide dashboard access and training to program management staff. Once developed, the Department should provide dashboard access and training to program managers to allow them to obtain more real-time data on grant utilization rates particularly as it relates to staff time charged. This will help ensure that they remain continually informed and make proactive data-driven decisions surrounding grant funding. Executive leadership should also be provided with access to the dashboard to allow them to view grant spend-down rates for Disease Control programs, helping to ensure they remain continually informed and supporting the goal of data-driven decision-making.

Action four: Define dashboard data reporting requirements and standards. A number of consistent and balanced grant performance measures should be developed to determine the impact of each grant. Examples of such performance measures, while not exhaustive, include:

- Number of programs/services funded by each grant
- Number of positions funded by each grant
- Number of clients served by each grant
- Spend-down rate
- Services provided as a result of each grant
- Compliance with state and/or federal guidelines
- Grant outcomes such as overall community impact and value for money.

Emergency Medical Services

Report Version: 2019	
9.1	Develop an implementation plan for FirstWatch with an end-state reporting and analytics operating model.

Observation and analysis

The Emergency Medical Services division is a unique division in that it does not provide EMS services directly to residents of Santa Barbara County, but instead is the regulatory agency that is responsible for prehospital care providers as well as hospital designations and performance, as it relates to Emergency Medical Services. This necessitates the need to monitor operational and clinical metrics of EMS system participants. There are many stipulations and requirements of the service providers that include discreet and continuous data point monitoring.

Compounding the complicated nature of this monitoring is that there is not one cohesive data set from which to monitor all of the data points. For example, there are multiple 911 dispatch jurisdictions across the County that callers are routed to based on geography. It is incumbent on this group to streamline the manner in which prehospital provider response times are reviewed. Providers dispatched by the Public Safety Dispatch Center are able to be reviewed in a more streamlined fashion. Providers dispatched by other dispatch centers, require a separate process for each provider, using a different set of data. They therefore must collect those multiple, nonconforming data sets and merge them into the larger data set produced by the organization that holds the EMS transport contract and do a data blend that connects all calls for service with all EMS responses. This large amount of work is performed exclusively to understand whether or not the ambulance arrived within the contractually mandated time. The response time analysis is performed monthly and looks at the previous month, which delays the ability of the EMS staff to address chronically late units or take any proactive measures to address issues. Below is an analysis of the instances in which a unit arrived late on scene in 2018, and the vendor submitted a request for an exemption to the tardiness. It is important to note that this data set is not representative of the total number of late responses by an emergency medical vehicle, but of the number of times the vendor submitted an exemption request that qualified for approval. In the event that a unit arrived beyond the allowable time for response, there must be a reason recorded for the delay. The graphic below demonstrates the number of times a unit responded beyond the contractually stated time, and the vendor applied for an exemption that is approved under the contract terms. It is important to track this aggregation to understand which units are consistently late to calls for service and to work with the vendor to improve the individual unit response times.

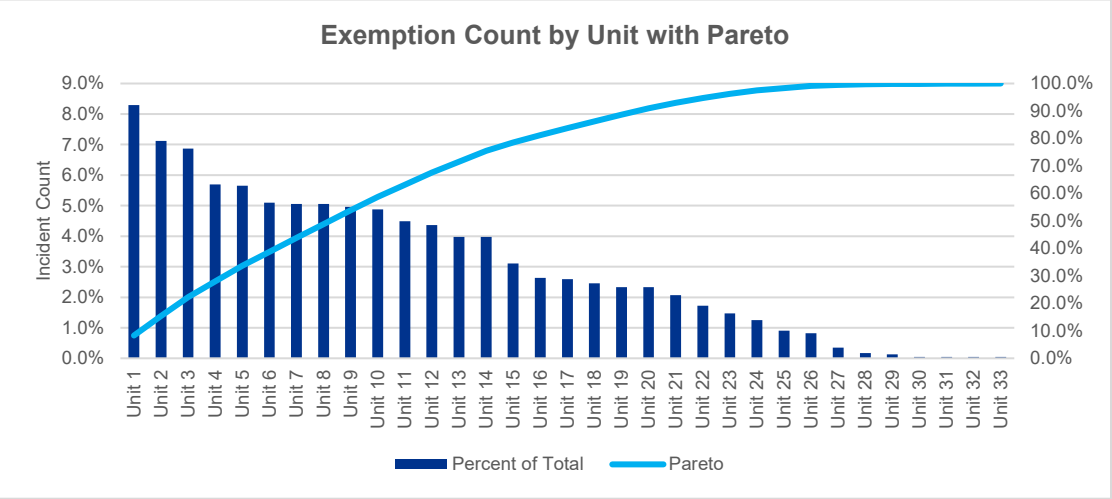


Figure 51: Source: KPMG LLP analysis of EMS data

Irrespective of the implementation of FirstWatch, there needs to be a deep-dive analysis of the reasons that were given and to test the veracity of their claims. Of the 2,315 calls that went beyond the allowable threshold for response times that received an exemption, 82 percent of the reasons given were listed as “Other,” as shown in the figure below. This is an opportunity to change the standard reasons for the exemptions, and minimize the use of the “Other” category. This will not only allow for a quicker understanding of the reasons for the exemption, but to also allow for a deeper dive into contract compliance.

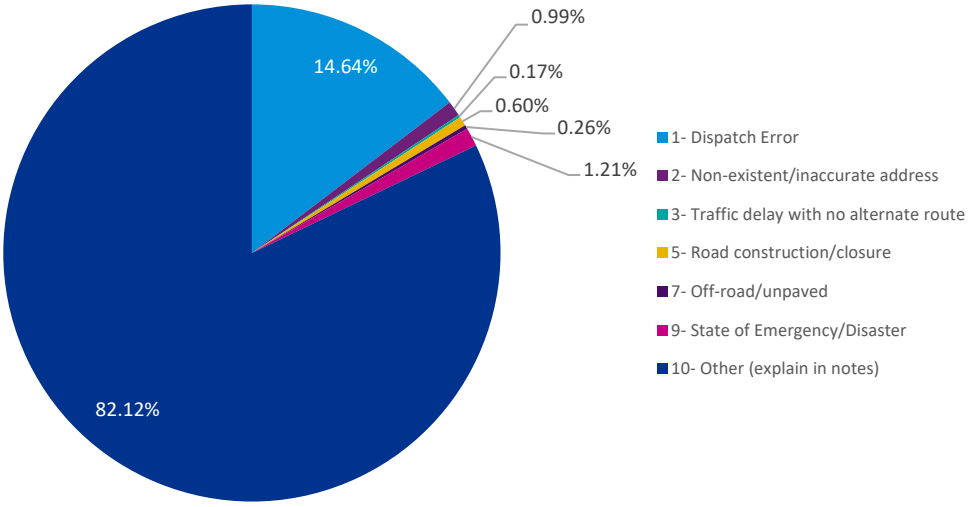


Figure 52: Source: KPMG LLP analysis of EMS data

Below is another representation of the calls for service that the EMS group is tasked with managing, showing that in 2018, 12.1 percent of all calls for service were late with 4.2 percent receiving approved exemptions for their late arrivals.

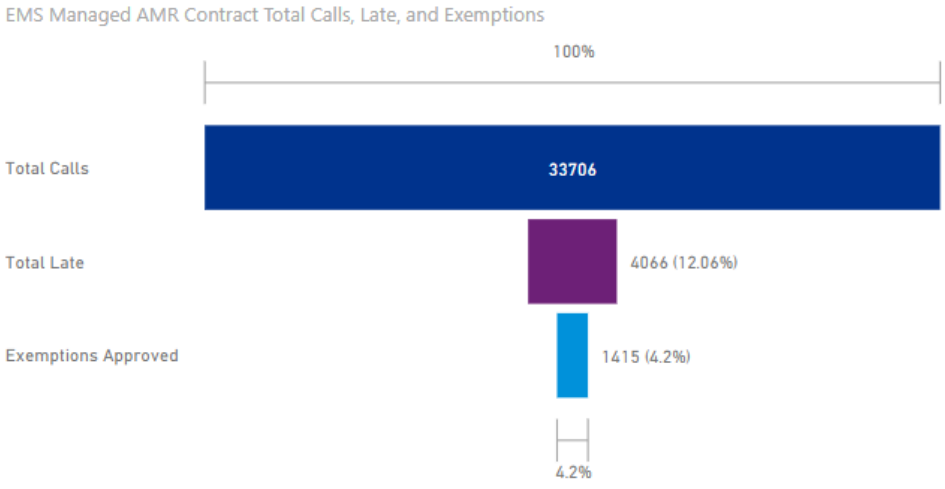


Figure 53: Source: KPMG LLP analysis of EMS data

In the 2019–20 budget for the EMS group, there was funding allocated to procure a piece of software called FirstWatch. FirstWatch is a hosted software as a service (SaaS) that is able to directly collect multiple emergency service data sets in real time, blend the data, and create a dashboard that allows for monitoring of specific data points as well as when irregular or policy violating events occur. This software will have a significant impact on employee workloads and will fundamentally change the nature of their roles and responsibilities. These changes and the steps the division can take to address them are further enumerated in Department Recommendations 1 and 4.

There are many other data sets and data points needed to manage the contract beyond the above, and FirstWatch will allow for real-time analysis of many those data points. Although this software and dashboarding tool will alleviate the cumbersome and timely manual processes currently associated with EMS monitoring, there is risk in successfully launching this program. The risk for the success of this project mainly lies in the fact that this is a large-scale data wrangling, aggregating, and blending effort that will automate processes and in real-time move Protected Health Information (PHI). The data itself carries high risk, and the project must be tightly managed to ensure fidelity across the data set and that the data remains protected.

The **EMS division is coordinating with Public Health IT and should also explore coordination efforts with County ICT to scope, plan, and project manage the adoption and implementation of this software**. There are varying levels of ICT PMO engagement that EMS can use, as enumerated in General Services Recommendation 8.4.

There are many things to consider when executing this project, and many potential failure points common with IT implementations. Among many others, there must also be consideration of:

- Location and ownership of the on-site server that will be transmitting the encrypted, potentially HIPAA-protected data for FirstWatch
- Coordination of county data sets and frequency of updates to the server (5 mins, 25 mins, daily, etc.)
- Permissions structure
- Data ownership
- MOU needs with other jurisdictions
- Soft launch requirements and concurrent QA/QC of data reporting.

Anticipated impact

Although adopting FirstWatch is going to positively change the way the EMS office functions, there is a high level of risk in the implementation of the software. With careful implementation planning, there will be an increased likelihood of an error-free rollout that does not going beyond a reasonable scope of time.

Report Version: 2019	
9.2	Develop key performance indicators to determine process and performance improvement opportunities, and develop multisystem strategies and solutions.

Observation and analysis

The EMS division covers a broad range of Public-Health-related services that coalesce into a body responsible for the regulation, monitoring, and maintenance of a health care system that is available to all residents and visitors of Santa Barbara County. Although they are responsible for the tracking, analysis, and reporting of a large number of data points to assist in oversight of what is under their purview, there are very few internal performance metrics that drive tracking and improvement of employee performance. Although this does not mean they are not completing the work assigned, the lack of data does not allow for tracking of that completion and understanding where areas of improvement could be made. Moreover, during staff interviews, it was noted by multiple staff that they have a significant amount of work to perform and always feel behind or overwhelmed.

Use all state and federal reporting requirements to develop a comprehensive list of key performance indicators, the employees assigned to those roles, the frequency in which the reporting must occur, and the data sets required to fulfill those requirements. With the creation of this list, it should serve as the first grouping of key performance indicators (KPIs) against which division performance should be measured. During the interview and analysis phase of the engagement, the following potential KPIs were identified. This list is does not include all recommended indicators and should be considered a starting point.

Disaster Preparedness and Response	Speciality Care Systems	EMS Systems
— Number of trainings conducted — Frequency of drills — Participation inside drills — Points of contact for disaster handling — Knowledge testing — Number of emergency planning meetings conducted	— Patient volume by systems of care — Patient demographics by systems of care — Report processing time — Percent of on-time report submission	— Number of EMS personnel certified — Number of authorized EMS training programs — Number of lapses in certification — Incidents in the county — Response times (average, median, 90th percentile) — Call processing times — Number of violations beyond the allowable time and outcome

Figure 54: Source: KPMG LLP

Separately, once FirstWatch has been fully deployed, there should be a substantial reduction in the amount of time needed to compile the required reports for the Specialty Care Systems and EMS Systems staff. There should be a focus on tracking workload under the current processes to be used to compare against the workload under the new processes with FirstWatch. This will fundamentally change the way in which this staff will fulfill their duties and a new understanding of workflows and performance metrics will need to be developed. Currently, the division operates in a reactive fashion, which a natural outcome based on the current manual processes surrounding the data analysis roles. However, once the implementation of FirstWatch is complete there will be opportunity for the division to pivot into a more proactive roles in the department as well as the County. As such, the implementation of a robust software system for reporting and automation of analysis will significantly impact the current operating model of the division, and it is critical for leadership to understand what those employee roles are moving forward and to establish KPIs that are appropriate to the new roles and responsibilities.

Due to this upcoming change in workload and responsibilities, the EMS division is in a unique position to **develop a strategic vision and plan that focuses on leading emergency medical services practices** that will increase collaboration among departments and create opportunities to positively affect workload and systemwide utilization. Examples of this strategic leadership could be developing crisis-utilizer demand reduction strategies, piloting a telehealth program[4] that focuses on increasing patient diversion from emergency rooms,[5] further developing the Health Information Exchange programs across the County, and collaborating with health insurers to develop a reimbursement model for each successful intervention that leads to a diversion.[6] These should be considered in addition to the recommendations made during the EMS System Review conducted by Fitch and Associates.

Anticipated impact

By developing KPIs around required reporting efforts, there will be a set of high-level KPIs that can be used to hold employees accountable, which will create a strong platform to begin drilling down and developing more granular KPIs that track employee cycle times and level of effort. Moreover, this is an opportunity for the division to strategically think about how it can improve service to residents and establish value-add opportunities for the County.

[4] https://na.panasonic.com/us/case-study/houston-fire-ethan-project
[5] https://www.dallasobserver.com/news/dallas-has-been-dispatching-social-workers-to-some-911-calls-its-working-11810019
[6] https://www.houstonchronicle.com/opinion/outlook/article/Medical-data-sharing-could-curb-cost-of-6633154.php#

Report Version: 2019	
9.3	**Formalize the current learning management system for accreditation in collaboration with County HR.**

Observation and analysis

An important role that the EMS division fills is being the facilitator and recordkeeper of emergency medical technician and paramedic accreditation and renewals as well as certifying and authorizing EMS training programs and continuing education providers. They are responsible for ensuring that all applicants have attended the appropriate trainings, submitted the complete and correct information, and have paid their fees. EMT certification is executed by the EMS Agency on behalf of the State of California, and Paramedic accreditation and reverification is also performed by the Agency. The EMS Agency absorbs the cost of creating and disseminating specific training modules for paramedics to complete to ensure they have the most up-to-date education to provide high-quality prehospital care. The certification data is currently maintained and tracked via a local database, and the learning modules are hosted on a one-off instance of a learning management system that is a public-safety-specific SaaS.

Separately, this group is also tasked with ensuring the disaster readiness of public health, health care, and long-term care partners across the County. Under their responsibility, they provide trainings, exercises, and response-related activities for Department staff. These trainings and exercises help to develop and maintain readiness in the event of a disaster and ensure there is a cohesive and coordinated response, but do not have a learning management system (LMS) to support the training.

During the course of the interviews, there were multiple discussions around the need for a Public Health Department learning management system. Whether it was for Public-Health-specific needs such as disaster preparedness and controlled substance education or more general needs such civility training or active shooter trainings, there is a department-wide consensus that an LMS is needed to better track which employees have completed training and to improve compliance tracking. The **division should understand the online learning need for the Department in coordination with the Public Health Administration division**. As the coordinator for the disaster preparedness of the Department, there are going to be trainings that must be done in person and trainings that can be done online. It is important to understand how those trainings are broken out, and then to prioritize those trainings based on frequency and criticality. Once there is an understanding of need and priority, the EMS division, based on its experience with the current paramedic LMS, should act as a convener and subject matter expert for the Department, and collaborate with Public Health Administration to develop a review of other functions within the Department that may benefit from an LMS.

The Department should **then coordinate with the Human Resources Department Organization and Talent Development division** to understand the HR plan for an LMS. A critical part of this recommendation is for Public Health to partner with HR to ensure that any action that Public Health takes attempts to integrate with HR. The first area that HR and Public Health should focus on is utilizing NeoGov's learning management system platform, as NeoGov is the software currently used by County HR. It is not recommended that an individual LMS is procured by Public Health but a system is adopted that can be utilized countywide.

Anticipated impact

By adopting an LMS for the division and department and developing a strategic plan for dissemination of knowledge, there will be a comprehensive understanding of which staff has performed required trainings and where priority of trainings needs to be focused.

Animal Services

Report Version: 2019	
10.1	**Fully utilize full-time staff to drive toward an enhanced customer experience and increasing adoptions.**

Observation and analysis

As with most animal shelters across the U.S., the staff that run the shelters are a mix of full-time, part-time, and volunteer staff. It is critical to the success of the shelter to understand the roles of staff, the work they are performing, and the optimal staffing mix for efficiency and effectiveness. Moreover, it is critical to maximize the utilization of volunteer and part-time staff as they are the lowest cost labor. Ultimately, the focus and work performed by each staff member should be against the backdrop of increasing adoptions and improving customer service. This includes understanding the full fiscal impact of all volunteer and nonprofit work on animal services to determine the fiscal risk profile of the division.

Each staff member in the organization is expected to fill a role; however, in some instances the job duties of staff will actively conflict with one another. For example, the receptionist of each shelter is expected to be the first person a potential pet adopter will see, but they are also the case creator and scheduler for animal control cases that require an animal control officer response. The conflicting responsibilities will create scenarios in which the staff will have to make a choice that may compromise customer satisfaction. This conflict in duties was discussed multiple times during staff interviews across multiple shelters, and it was observed during the interview process in which a client was asked to wait and was not interacted with for approximately 10 minutes by the receptionist as they were creating a case and dispatching an animal control officer. Moreover, there were observed instances in which volunteers were the only people in the greeting area of the shelter, creating a situation in which a volunteer is expected to fulfill the role of a full-time employee.

Take an inventory of all staff members and what roles they should be filling. Although the titles and job descriptions of staff describe what they should be doing, there is not a comprehensive understanding of what each staff member does in a granular way, how they perform those functions, and how those activities are tracked. Moreover, there is no distinction made, from a staffing perspective, between full-time and part-time staff. There should be an understanding of workload allocation between those two positions, and what capacity is lost or activities not performed, when the part-time staff has hit the cap on hours they can work per year. As further described in Animal Services Recommendation 10.2, not all staff uses the Animal Services software in their day-to-day jobs. As such, it creates the inability of leadership to measure workloads and performance of staff. However, there is an opportunity to use current intake data to help back into the staffing need. Below is a breakout of animal intake events during 2017–2019 distributed by location. This particular data should not only be used to understand raw volume for each shelter, but, because of the lack of adoption of the software system, cannot be broken out to help demonstrate workload broken out by staff. This data cannot be used to answer how many receptionist or kennel staff interactions were needed based on the number of intakes; however, it can help drive staffing allocation, as demonstrated in Figure 51.

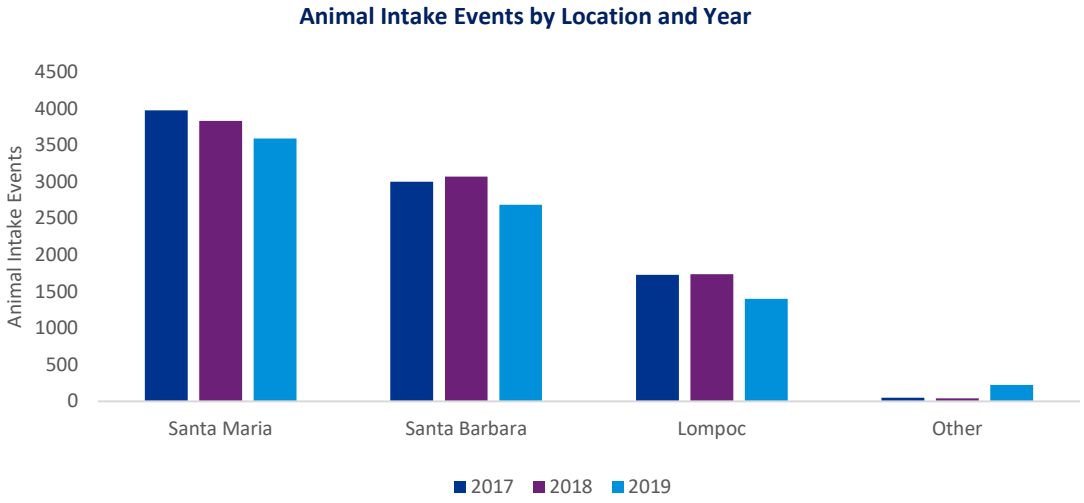


Figure 55: Source: KPMG LLP analysis of data from Chameleon

Ensure roles and responsibilities are strategically aligned so there is no conflict of mission. As stated above, the receptionist whose main role is to be the face of the organization, and the first person a potential pet adopter will see, should not be tasked with a time-sensitive job like scheduling animal control officers. This exercise also presents an opportunity to minimize duplicative efforts across the County. For a resident to call in a stray animal or a bite case, they are given three phone numbers related to the Santa Maria, Lompoc, and Santa Barbara shelters. Based on data analysis, Animal Control is receiving on average approximately 30–40 calls per day for service. The relatively low call volume presents an opportunity for the consolidation of the call answering and dispatching from one location and one central employee.

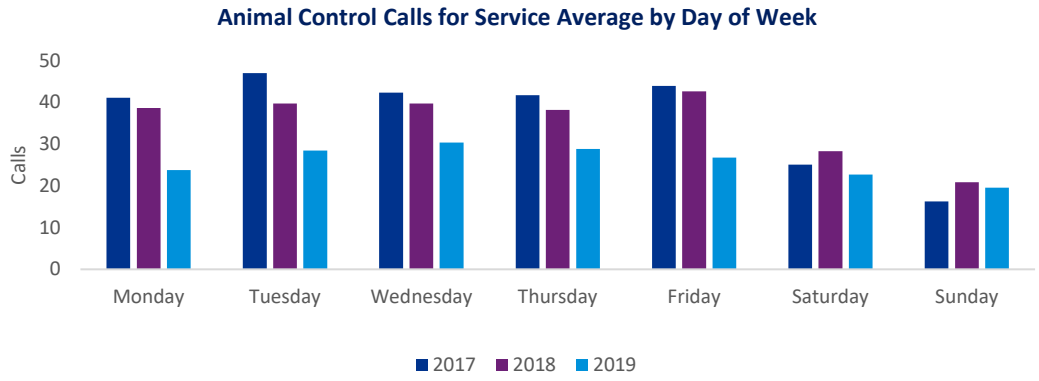


Figure 56: KPMG LLP analysis of Chameleon Data

Build out utilization and capacity to flex with the number of volunteers scheduled. There are critical functions in each shelter that must be performed multiple times per day, such as walking pets, feeding pets, and cleaning cages. Irrespective of the number of volunteers, these functions must be completed and in a timely manner. There should be an assessment of workload across each shelter to establish a minimum staffing level, which should inform an optimal staffing profile, by position type for each shelter. Moreover, there should be a categorization of tasks into priorities to ensure that the highest-priority tasks are being completed in a timely manner, for example, backlog of bite cases being entered, feedings being missed, and other information not being tracked appropriately in Chameleon. Figure 53 demonstrates the minimum staffing levels based on actual average intake for 2017–2019, as juxtaposed to the National Animal Care and Control Association kennel staffing formula. Based on this calculation, there are too many kennel staff in the Animal Services division. However, it is worth noting

that there are credible arguments against this assumption made in the formula, the most notable being that staff only needs to spend 15 minutes per pet. During interviews, the division leaders described a vision that involved more positive interaction with animals in the shelter to better prepare them for adoption.

The most important takeaway from the data below is that it is demonstrative of full-time employees only, and does not account for extra help and volunteer staff. This, coupled with the fact that Chameleon is infrequently used, demonstrates a need to better understand the workload and performance of kennel staff. The Santa Barbara Animal Services division very well could need more kennel staff; however, there is no data currently to support that argument. The below graphic demonstrates that, if compared to the National Animal Care & Control Association (NACA) standard, there are too many kennel staff currently in the department. Although the below NACA standard is a good start to understanding the staffing needs of the shelters, there are assumptions in the formula that might not best reflect the stated objectives of the division. For example, the formula assumes that each animal in the shelter will receive 15 minutes of interaction per day, and shelters across the nation that use the NACA standard have determined that 30 or 45 minutes per pet is better representative of the time needed to ensure the highest likelihood of adoption.

Figure 57: Source: KPMG LLP analysis of staffing levels using the National Animal Care and Control Association Staffing Formula

Focusing on staffing levels, roles and responsibilities, and expectations of work will in turn develop an improved customer-facing product that drives toward the ultimate outcome of increasing adoptions. The starting informational baseline for adoptions is demonstrated in the graphic below, showing that between 2017 and 2019, 26 percent of all “Outcome Types” were flagged as “Adoption.” The second highest outcome, at 19 percent, was “Return to Owner” (RTO). As further enumerated in Animal Service Recommendation 10.1, building a comprehensive understanding of performance metrics and tying it to outcomes is critical for improving customer service and better utilizing staff.

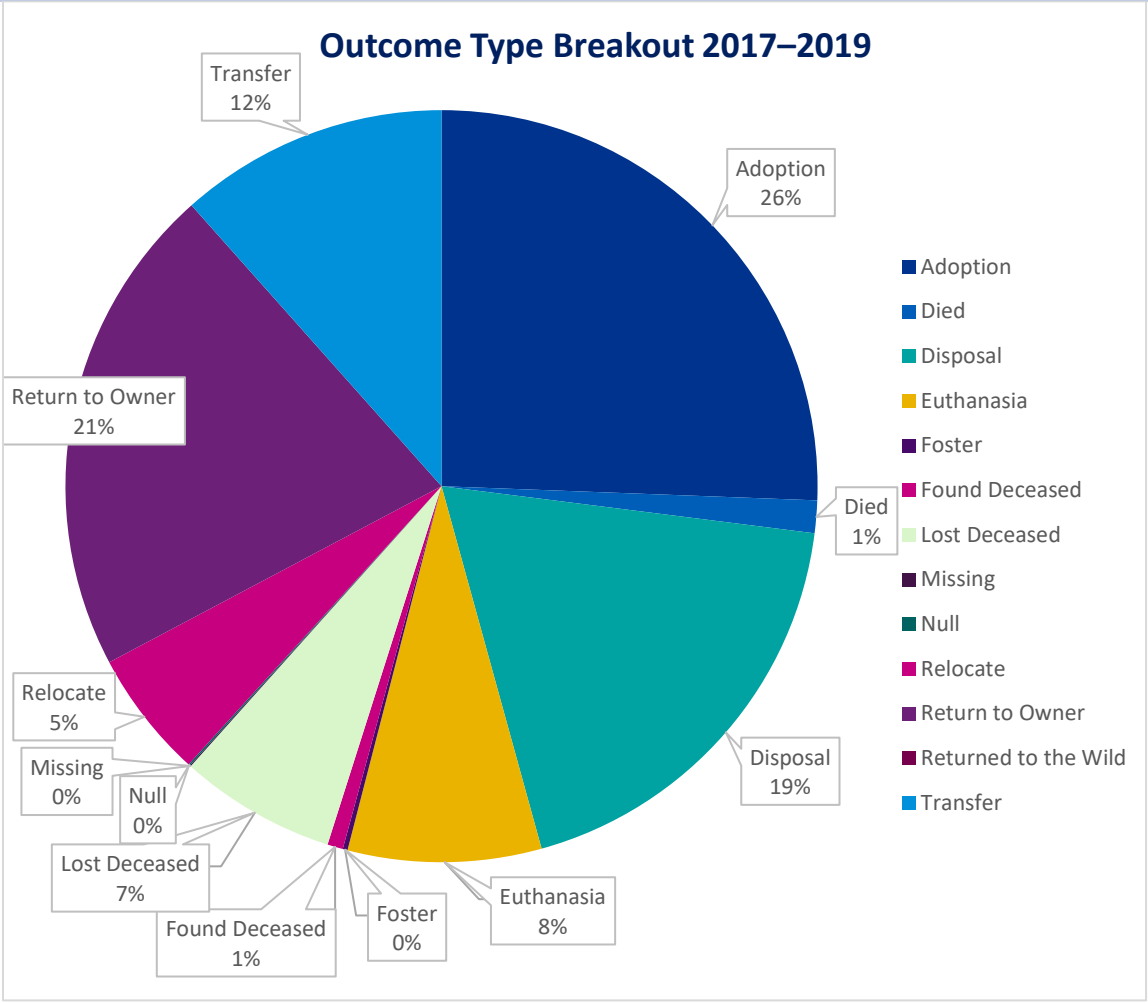


Figure 58: Source: KPMG LLP analysis of Chameleon data

Anticipated impact

Focusing on staffing mix and understanding how that plays into outcomes is a critical step in increasing the quality of care for pets in the shelter and is the first step in developing a comprehensive operational model that bring finance, operations, and outcomes together.

Report Version: 2022	
10.1a	**Identify a core set of outcomes and performance measures, enhance processes in place to track revenue and costs by shelter, and increase the frequency of fee analysis to better understand operations and measure performance across the division.**

Benefit

Adopting and regularly tracking a comprehensive set of operational and financial performance measures linked to the division's overarching strategy will enhance understanding of the division's overall operations and performance. It will provide leadership with the information needed to inform decisions surrounding shelter staffing, funding, facilities, activities, and other initiatives that drive toward operational efficiency and fiscal sustainability. It will also increase oversight and support the alignment of operational processes to organizational goals.

Current State

Since 2019, the division have transitioned to a new vision resulting in the division evaluating financial and operational performance at the broader organizational level rather than at the individual shelter level. In the future state, there is an opportunity for the division to both enhance the processes in place to track revenue and expenditures by shelter as well as identifying a set of key outcomes and performance measures to allow for an enhanced understanding of operational and financial performance.

Operational and financial performance measures are key to analyzing both division and individual shelter performance, providing insight into the impact of finance on operations, and evaluating progress toward achieving strategic goals. In the current state, Animal Services evaluates performance against the key metric of number of dog licenses sold annually (as a measure of rabies vaccination compliance) on an annual basis.

The division also publishes a monthly report on its website that provides high-level data to the public on the total number of incoming and outgoing animals by type and outcome, calls responded to by an ACO, and number of surgeries performed by the veterinary team as well as live release dates, license compliance rates, current license numbers, and total pet licenses processed across shelters, among other statistics. While these metrics are important, they do not alone provide a complete story of division and particularly individual shelter financial and operational performance.

Chameleon, the division's case management system, tracks data on intake, outcome, and length of stay by animal and by shelter. However, as a result of transition to a new vision, the division now evaluates financial and operational performance at the broader organizational level rather than at the individual shelter level. While tracking a systemwide view of performance is important and should continue to be tracked, it does not allow division leadership to effectively evaluate optimal or suboptimal performance by shelter, which ultimately drives organizational performance—subsequently making data-driven decisions on shelter staffing mix, strategic alignment, revenue, and cost efficiency challenging. Additionally, the current process does not allow the division to understand the level of food, medications, and other goods purchased, allocated, and used across shelters to allow for increased understanding of demand across shelters and enhanced decision-making on amount of food, medications, and other goods needed as well as when purchases should be made. Furthermore, a standard tool used by shelters across the country is to have a promotional day of adoptions in which the adoption fee is discounted or waived altogether. However, operational cost per pet per day and operational cost per shelter is not tracked by the division and, as such, the benefit of quickly getting pets adopted as a cost avoidance mechanism cannot be evaluated.

Tracking intake, outcome, and length of stay data by shelter and other aspects of shelter population dynamics, such as animal health and behavior characteristics at animal intake, as well as more specific data on operational cost per pet per day as outlined in the Leading Practice section of this

recommendation would help ensure the division has the necessary data to fully evaluate shelter performance and better align shelter resources.

Finally, the division typically reviews adoption fees and licensing fees every four years based on a review of overall costs; however, as a result of the COVID-19 pandemic, fees have not been updated since 2015 and, as such, are no longer in line with cost of living in the County. Further, the division holds contracts for service with eight cities and Animal Services costs are allocated on a cost per capita basis per city shelter. In line with best practices, the division has recently engaged a consultant to conduct a full cost analysis to inform consumer fees for FY 2022–2023 and identify the appropriate cost share arrangement between the County and its contract cities. However, on a go-forward basis, the division should consider performing a fee study on a more regular basis (biannually) to help ensure consumer fees are continuously in line with cost of living and the sharing of costs between the County and its eight contract cities are accurate and equitable. However, it is important to note that presently, the cost share arrangement between the County and its contract cities have been adopted and will remain unchanged for a five-year period.

Leading Practice

Based on research conducted by University California, Davis (UC Davis), the following are key metrics that should be tracked by Animal Services agencies to evaluate performance. The metrics are focused across five key categories, including population dynamics, capacity planning and evaluation, average length of stay, incidence of disease, and risk categories for euthanasia.[7]

Category	Type	Metrics
Population Dynamics	Intake by shelter	— Animal health and behavior condition — Owner requests euthanasia
	Live release by shelter	— Returns to owner — Adoptions — Transfers — Release
	Shelter death	— Euthanasia and died in care
	Per capita rates for population dynamic trends	— Intake — Live release — Shelter death
Capacity Planning and Evaluation	Capacity for housing and care by shelter	— Required holding capacity — Number of adequate housing units — Daily population count (inventory) — Staff hours for basic care relative to inventory
Average Length of Stay and Animal Care Days	Care days to important outcomes by shelter	— Adoption — Transfer — Foster placement and return *Monitored by species and age
Incidence of Disease	Incidence of common shelter disease	— Track incidence of disease by species and age for common shelter-acquired conditions such as

[7] Microsoft Word - AREPORT ACC (kingcounty.gov)

		respiratory disease, gastrointestinal disease, and skin disease
Tracking Health Status Changes	Risk categories for euthanasia by shelter	— Evaluate euthanasia absolute numbers and rates as a percentage of intake species, age (juvenile versus adult), and intake status

Los Angeles County tracks a range of metrics within its Animal Services Department. The metrics are tracked and reported by division and by shelter and include those outlined in the table below.[8]

Los Angeles County Performance Metrics	
Live intake by animal type	Number of volunteers worked
Save rate by animal type	Number of volunteer hours worked
Live outcomes by outcome type and animal type	Number of volunteer orientations undertaken
Intake type by animal type	Number of volunteers attending orientation
Animal licenses issued by license type	Number of permits processed
Number of renewed licenses	Number of administrative hearings held
Spay/neuter vouchers issued and redeemed	Number of Administrative Citation Enforcement (ACE) citations
Spay/neuter surgeries by partner vets	Number of wildlife calls

Suggested Action Steps to Implement Recommendation

Action one: Develop a comprehensive set of performance measures aligned with division strategy. Having developed a division-level strategic plan as recommended in Recommendation 4.1, a key set of financial and operational performance measures should be developed and adopted to measure alignment and performance toward achieving goals. Examples of performance measures recommended by UC Davis and further performance metrics adopted by Los Angeles County have been included in the Leading Practice section (above).

Action two: Transition toward tracking revenue, expenditure, and operational performance at the shelter level: However, In the future state, the division should transition to tracking costs, revenue, demand, and operational performance by shelter to allow for a more in-depth understanding of drivers of organizational performance and provider for enhanced data-driven decision-making at the individual shelter level. In addition to tracking costs and revenues, the division should conduct regular financial analysis. At a minimum, this should include a regular analysis of breakeven per shelter as well as operational cost per pet per day to allow division leadership to identify opportunities for enhanced cost recovery and more effective budgeting. Across interviews, staff reported a number of challenges related to tracking costs by shelter, largely related to limitations with the County's financial management system as well as challenges related to certain staff who work in the field and are not coded to any particular shelter. In the future state, the division should develop a cost allocation model to allocate costs/revenues which cannot be separately identified to understand cost per shelter. Finally, the County is working toward the implementation of a new ERP system and the division should continue to collaborate with the County Executive Office to help ensure that any new ERP system will have the functionality needed to track costs per shelter.

Action three: Develop a standardized reporting structure for performance measures. Once goals and performance measures have been established, a Power BI dashboard should be developed to report data on a regular basis. Once developed, decision makers, key stakeholders, and animal

[8] Statistics | Los Angeles Animal Services (laanimalservices.com)

services staff should have access to the dashboard to allow for real-time views of performance across Animal Services, allowing for enhanced oversight and data-driven decision-making.

Action four: Increase the frequency of fee analysis. On a go-forward basis, the division should consider performing a fee study on a more regular basis (biannually) to better understand how all revenue streams of the Animal Services program compare to their cohort and whether there is a justifiable reason to increase those fees, helping to ensure that consumer fees are continuously aligned with cost of living and enhancing the predictability of the general fund subsidy required.

Report Version: 2019

10.2	Fully adopt and utilize the Chameleon system for all aspects of shelter operations.

Observation and analysis

During the interview process, it was noted that the kennel staff does not use Chameleon at all. This creates operational challenges as the kennel staff interacts with all animals in the shelter on a daily basis and can act as a verification of animal location and confirmation that they have received all services that are expected and required.

The Animal Services leadership **must define the ways in which each group of staff should interact with Chameleon** and track their workloads.

Kennel Staff	Medical Staff	Volunteers	Animal Control
— As advised in interview, the kennel staff does not currently use the kennel screen in Chameleon. It is imperative for them to use and update Chameleon in real time when performing routine functions such as feeding, walking, play time, and, especially, ensuring accuracy in which kennels the animals are in versus what is reflected in Chameleon	— Medical staff keeping accurate information in Chameleon reflecting when an animal is being seen for medical services, as well as whether or not the animal is going to keep the kennel it is currently in or if it is going to be moved	— Volunteers and volunteer organizations using Chameleon to update the work they have performed, which animals are under their responsibility, and how work is being performed	— Animal control officers continuing to work inside the Chameleon environment

Figure 59: Source: KPMG LLP

Once a clear expectation has been set around interaction and usage of Chameleon, there needs to be an **establishment of routine reporting that is geared toward day-to-day management of staff and management of goals to strategic outcomes**. There has been a commendable effort by the Animal Services leadership team to develop customized crystal reports that track operations of the clinics. Crystal reports are custom-built reports inside the Chameleon environment that require a functional knowledge of SQL and coding. However, as demonstrated in the graphics in the Animal Services recommendations, there is enough raw data to currently track operations without crystal reports, and as demonstrated in Recommendation 10.1, it is possible to break out financial data and tie it to better understanding the nexus of finance and operations. The immediate goal of the division should be to have all staff use Chameleon in their day-to-day work and establish a baseline set of reports that drive those operations and financial understanding.

Anticipated impact

Fully developing a set of operational and financial reports will enhance the ability of leadership to apply sound operational decisions to staff and allow staff to hold themselves, and be held, accountable to the productivity expectations set. Moreover, by having all staff adopt the use of Chameleon, there will be a better understanding of the breakout of workload at a granular level between staff.

Report Version: 2019	
10.3	Establish key performance indicators that are used to track performance and develop a comprehensive understanding of the nexus of finance and operations.

Observation and analysis

A critical component of the operations of an animal shelter is for the leadership to have insight into the impact of finance into operations, and vice versa. Ultimately, the goal of the program is to reconnect pets with their owners and adopt pets to families. Budget constraints have been historically cited as an issue to achieving the desired performance, but there are creative ways to achieving the mission. However, a significant issue to justifying the use of creative approaches is the lack of understanding of the link between financial and operational data.

For example, a standard tool used by shelters across the nation is to have a promotional day of adoptions in which the adoption fee is discounted, or waived all together. The program cannot currently cite the operational cost per pet per day, and thus cannot show the benefit of quickly getting pets adopted as a cost avoidance tool.

Develop a comprehensive understanding of the operational costs as related to the strategic goals. The below break-even analysis is representative of a starting point financial analysis. There are data points inherent to this calculation that need to be further refined, such as the breakout for variable costs. It is clear from the analysis below that the County will not break even solely on adoption, largely in part due to the high shelter salaries and benefits cost. Given this, it becomes even more important for the division to be creative in the approach they take when addressing operations. The most important take away from the below graphic is that approximately 80 percent of the fixed costs are associated with shelter salaries and benefits, leaving very little room to affect the cost per pet per day without addressing the staffing mix and model. This fact makes the Animal Services Recommendation 10.2 important to implement when trying to address the cost of operations. The below recommendation is an iterative breakout of the steps the program should take to better understand how their performance and operations should be tracked to lead to a comprehensive understanding of break-even and cost recovery points. However, Figure 45 below demonstrates the length time an animal can stay in the shelter before the adoption fee no longer covers variable costs, showing that the shelters are significantly over that threshold.

	Cost/Pet/Day (Variable)	Breakeven Days on Revenue*	3 Year Avg. Days to Adoption
Cat	$13.25	6	46
Dog	$33.14	3	26
Other	$7.23	3	52

*Breakeven is calculated using variable costs only which represent 20% of expenditures

Figure 60: Source: KPMG LLP analysis of Chameleon and Finance data

Beyond understanding the cost per pet per day and the amount of time a pet can stay in the shelter before the adoption fees no longer cover costs, there must also be an acknowledgment that the program will, most likely, never be able to fully recover costs. As shown in Figure 46 below, the current three-year average number of adoptions is approximately 10 percent of required annual adoptions for Animal Service to be a cost recovery function.

Avg Cost/Pet/Day	Days to Hit Adoption Revenue	3 Year Avg. Pet Adoption
$17.87	6	46

Figure 61: Source: KPMG LLP analysis of Finance and Chameleon data

There are many caveats to the analysis above due to the way financial and operational data is currently allocated and tracked. Although there was a consensus among the Finance staff that the

assumptions in the calculations in this recommendation were reasonable, there needs to be a structured breakout and allocation of finances for the purposes of operational understanding, not just financial reporting. Below are a list of caveats and steps that should be taken to improve the granular understanding of the revenues and expenditures of the shelters and lead to a more accurate cost per pet per day calculation.

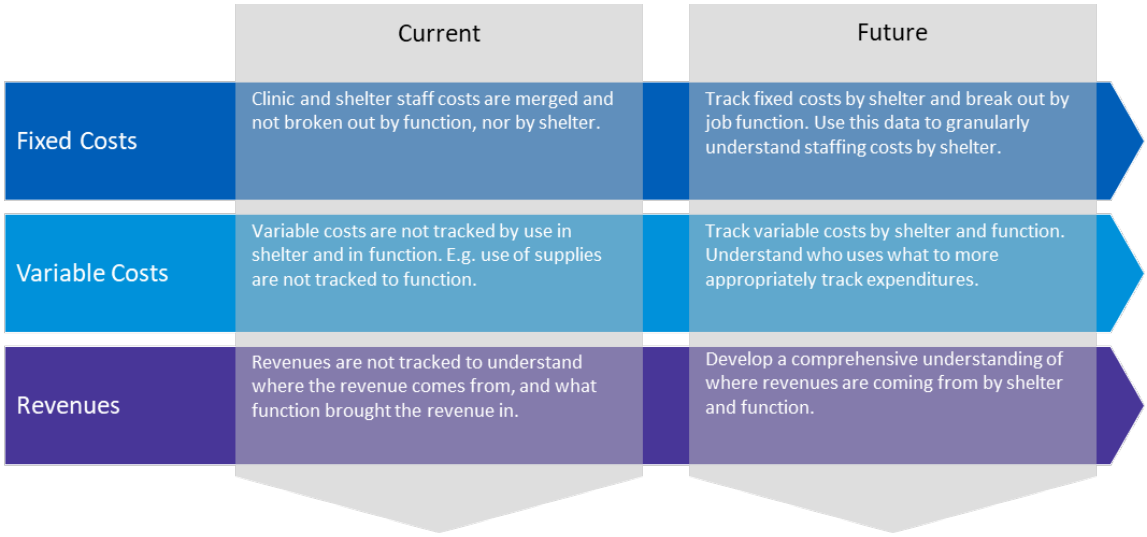


Figure 62: Source: KPMG LLP

Establish a set of KPIs across all functions that drive the business. One of the main performance indicators that the shelter industry uses to measure success is the number of animals that were adopted or returned to their owners. Below is a three-year average (2017–2019) of that rate broken out by shelter.

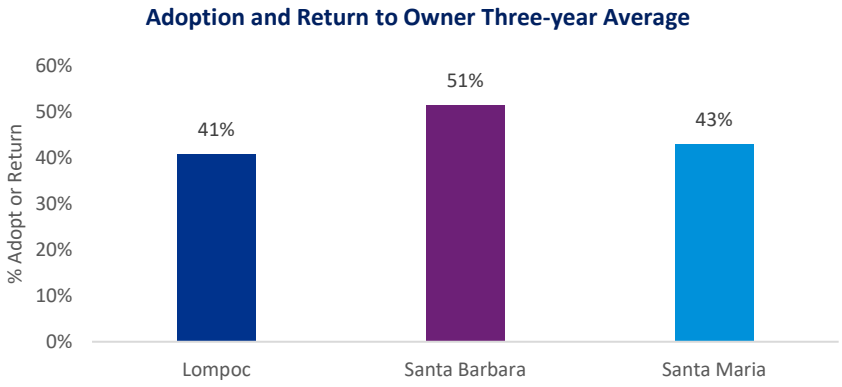


Figure 63: Source: KPMG LLP analysis of Chameleon data

A University of Central Florida[9] national analysis of animal shelter performance benchmarked shelters against one another to track this metric. Below is a representation of that benchmark, demonstrating that the Santa Barbara County shelters would rank in the lower quartile.

[9] https://stars.library.ucf.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=4637&context=etd

Shelter Name	% into adopt or return
Indy Southside	98%
Richmond SPCA	97%
San Fran SPCA	96%
Animal Friends	93%
Allen City SPCA	88%
Tompkins County	88%
Boulder Valley	77%
El Cajon AS	711%
North City San Diego	64%
Table Mountain	64%
Escondido HS	54%
Dubuque HS	51%
San Digo HS/SPCA	50%
SPCA Monterray	47%
Arizona HS	37%

Figure 64: Source: University of Central Florida analysis

However, understanding and analyzing adoptions and return to owner rates does not take into consideration the ability of the shelter to track the average cost per pet per day. The first step to this understanding is to calculate the average length of stay by shelter. The average length of stay below is only calculated on the ”adoptions” and ”return to owners” fields. The shelter should track the average length of stay for other outcomes to understand how this plays into the break-even calculation for the cost of adoption, this data point is critical to understand. The data clearly shows a reduction in length of stay across all shelters; however, Santa Barbara is an outlier that should be addressed.

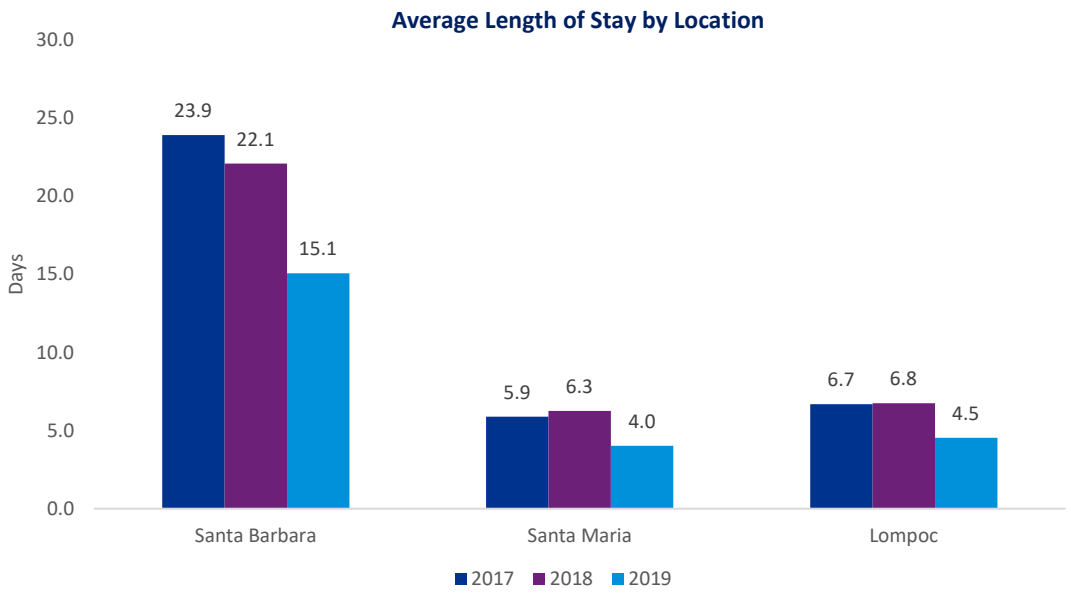


Figure 65: Source: KPMG LLP analysis of Chameleon data

Develop a strategy that is reflective of fiscal and operational realities. As demonstrated above, without a significant change in staffing mix and model or drastic increase in adoptions, which is an unpredictable metric, there must be a recognition that the Animal Services program will require a general fund subsidy year over year. However, that does not absolve the division from developing a comprehensive and justifiable understanding of the cost of the subsidy as well as being able to demonstrate how realized operational efficiencies are minimizing the subsidy as much as possible. This understanding is important for budget allocation and financial forecasting for the County.

There should also be a fee study performed to understand how all revenue streams of the Animal Services program compare to their cohort and whether there is a justifiable reason to increase those fees. Once complete, this study should allow the Animal Services program and Finance division to further enhance the predictability of the general fund subsidy.

Finally, the program must also take this opportunity to strategically manage intake, outcomes, and length of stays with creative adoption events and strategic use of foster families and nonprofits. There is no shortage of supportive nonprofits and individuals to the Santa Barbara shelters; however, there is not a comprehensive plan for the organization, leveraging, and management of those relationships to reduce the general fund burden. The Animal Services program has recently hired a new Community Outreach Coordinator whose sole focus will be to develop and promote adoption events and to build a robust volunteer program that will help support the department's and program's goal of saving animal lives and maintaining a live release of greater than 90 percent. The Animal Services program should also collaborate with the CEO and Board of Supervisors to develop a mechanism in which to manage and leverage the nonprofit partners of Santa Barbara Animal Services. There are examples around the nation, such as the City of Houston’s Friends of BAR nonprofit, which became the strategic nonprofit partner of the shelter system that fundraises for specific programming, leads the effort on reducing the overhead costs of the shelter through providing food and supplies and reducing other costs related to animal care, and focuses on organizing the current nonprofit partners and bringing in new corporate and philanthropic sponsors.

Anticipated impact

By focusing on developing a comprehensive understanding of how operations and finance impact each other, the organization will be able to make strategic decisions that drive toward operational efficiency and sound fiscal management. It is typical for shelters to not fully recover costs; however, it is incumbent to minimize the general fund impact the division has.

Report Version 2022	
10.4	Develop a comprehensive strategic plan with input from internal and external stakeholders to better align division operations, governance, and service delivery.

Benefit

The development of a comprehensive strategic plan for Animal Services, with input from internal divisional and external community stakeholders, will help ensure that all stakeholders share a common vision and direction with formal goals and objectives that are aligned with the division's service delivery model. This will enhance community engagement and buy-in and promote greater volunteer participation. It will also help ensure that animals, pet owners, and the community at large continue to receive a high-level of service in line with community needs and desires.

Current State

In 2021, the Department developed a new vision for Animal Services that centered around a transition to the Human Animal Support Services (HASS) model of service delivery, which is focused on keeping people and their animals together and has two primary goals:

- Reduce intake and move animals through the shelter system quickly
- Reallocate resources to serve more animals and people outside of the shelter wall.

The model requires deep community buy-in and typically requires the adoption of community-based approaches to help ensure pet owners have the support needed to keep their animals. Division leadership reported that the progressive nature of the HASS model has created challenges that have prevented successful full-scale implementation. Key challenges cited include difficulties in obtaining community buy-in and challenges in developing a robust, dependable volunteer program with clearly defined policies, roles, and responsibilities. A robust volunteer program is critical to helping ensure that the division has sufficient staffing and support to maintain shelter operations, preventing a single point of failure. Having recognized community engagement as a critical challenge, the Department is in the process of developing an Advisory Council with representation from 8 to 10 community stakeholders to advise on policy decisions with the goal of enhancing community partnerships.

While the Department's efforts in developing a new vision are commendable, the division may enhance these efforts by developing a clear, data-driven strategic plan that has defined goals and objectives and is aligned with both Countywide strategy and the division's service delivery model. This will assist the division in developing a clear, shared vision with community stakeholders, thus increasing community engagement and allowing the division to work toward key shared goals and objectives. As part of this strategic plan process, the division may also consider conducting a review of the HAAS model against other available models such as those outlined in the Leading Practice section of this recommendation to consider the optimal model for the division aligned with department and county strategy. This strategic plan can be supplemented with a more robust, volunteer program with defined policies, procedures, roles, and responsibilities.

Leading Practice

Strategic Planning: The City of Long Beach, California (the City), developed a comprehensive three-year strategic plan for its Animal Services program in 2021.[10] As part of this plan, the City identified five key strategic priorities including animal welfare, community engagement, financial sustainability, lifesaving programs, and staff development. Specific action steps were defined for each strategic priority and the plan also identified resources (i.e., staffing, cost) for each action. To measure implementation progress, several success measures were developed for each action. The strategic plan has allowed the City to develop a clear roadmap for the future of Animal Services, assisting the

[10] organizational-action-plan_2021-2024 (longbeach.gov)

City to utilize challenges, opportunities, and partnerships as a nexus toward innovation in animal services.

Service Delivery Models: Based on leading practice research, two further models of service delivery for animal services were identified in addition to the HASS model. These models include:

- **Compassion Saves:** The City developed the Compassion Saves model, which is focused on using compassion, data, and a network of supporters to get more animals into homes and helping to ensure that no healthy or treatable animal is euthanized. In 2019, the City's efforts resulted in a sharp decrease in euthanasia, a spike in adoptions, and an 88 percent save rate for cats and dogs combined. Due to this model, the save rate in Long Beach is the highest it has been in the last decade.[11]

- **Socially Conscious Sheltering:** This model has been adopted by many counties in Colorado and its primary goal is to create best outcomes for all animals. This is achieved through eight fundamentals, including ensuring every unwanted animal has shelter and food, placing every healthy and safe animal, assessing and addressing the behavioral needs of homeless pets, aligning shelter policy with community needs, making appropriate euthanasia decisions, making safe placement of animals, considering health and wellness of animals when transferring animals between shelters, and fostering a culture of transparency, learning, ethics, and collaboration. As a result of this model, animals in Colorado are having superior outcomes with the entire state achieving an average of 90 percent live release rate.[12]

Volunteer Programs: The following counties enhanced their volunteer programs by implementing the following initiatives:

- Placer County, California, developed a volunteer handbook to provide clarity to volunteers on the services and programs offered by Animal Services as well as the roles and responsibilities of each volunteer position.[13]

- As part of its strategic plan, the City developed a job description and organization charts for all staff and volunteers to help ensure that all personnel (staff and volunteers) understand their duties and responsibilities. The City is also developing a training platform with varying levels of complexity that volunteers progress through. Training includes classes on doing laundry, reporting veterinary issues, quarantines, how to report an injury while volunteering, and how to work with the public.[14]

Suggested Action Steps to Implement Recommendation

Action one: Develop a comprehensive strategic plan. As a first step, the division should develop a comprehensive five-year strategic plan for Animal Services. At a minimum, the strategic plan should include the future goals, objectives, and strategic priorities of the division as well annual action plans for achieving each priority. Further, as outlined in Recommendation 4.2, the division should develop key performance measures to track progress toward achieving strategic priorities and measure success. The Department may collaborate with the Advisory Council to develop the strategic plan once established and may also consider holding town halls to obtain a community perspective to enhance community engagement and buy-in into strategy. Further, in developing this plan, the division may refer to the American Humane Association (AHA) evaluation that was completed in 2015 to help ensure that any further strategic plan continues to be in line with the guidance provided by the AHA evaluation.

[11] Animal Care Services Closes Out Decade with Highest Save Rate for Cats and Dogs (longbeach.gov)
[12] Socially Conscious Sheltering (denvergov.org)
[13] Volunteer-Handbook-PDF (ca.gov)
[14] organizational-action-plan_2021-2024 (longbeach.gov)

Action two: Conduct an assessment model of service delivery to help ensure alignment with Department strategy. Following the development of the strategic plan, the division should conduct an evaluation of available service delivery models, including the HASS, Compassion Saves, and Social Conscious Sheltering models outlined above to consider the optimal model for the division based on strategy developed under action one. Similar to the strategic plan, the Department may consider collaborating with the Advisory Council and undertaking community outreach when conducting this assessment to help ensure continuous community engagement.

Action three: Implement processes to enhance volunteer participation and create a more robust, dependable volunteer program. Based on leading practice research completed by the Human Society of the United States, the following are key processes that can be adopted by the division to enhance the existing volunteer program:[15]

- Develop formal policies, procedures, and a volunteer handbook for the volunteer program.
- Create entry-level positions and develop formal job descriptions for each position.
- Create résumé-building positions that volunteers can use to find paid employment. Developing volunteer positions that include résumé builders such as computer data entry will help volunteers grow professionally and encourage greater participation in the program.
- Establish a formal training program for volunteers to provide ongoing training and promote continued development.
- Encourage current volunteers to invite a friend or family member to apply for the volunteer program.
- Hosting volunteer and/or adoption days at shelters, parks, and other community locations.
- Blanket the community with a general call for volunteers. This may include developing fliers and posting on social media and/or volunteer sites outlining the basic information on the volunteer positions available, position requirements, and minimum time commitments. It may involve collaborating with community groups such as clubs or churches to allow division representatives to speak to members about the volunteer program.

[15] volunteer.pdf (humanesociety.org)

Environmental Health Services

Report Version: 2019	
11.1	Develop a customer-facing portal to improve communication to the customer and the public.

Observation and analysis

The EHS division currently utilizes an online web page that breaks out the roles and responsibilities of each division, violation reporting processes and inspection history information, and includes relevant forms and fee structures. However, the web page lacks significant functionality and user experience is poor as the elements of the website are not clearly integrated in a way that communicates different program functions and customer requirements. Customers are not able to apply for permits, pay for services, receive communication on inspection timelines or results, and easily see alerts for environmental disasters or foodborne illnesses. This ineffective customer portal also adds unnecessary work for staff as customers have very little self-service capabilities and must rely on direct contact to receive status updates or apply for a permit, have general questions answered, or request a records request.

The division should develop an online portal that addresses the functionality detailed above. The considerations and requirements of an online portal detailed below should be incorporated into the RFP process as part of the future state software matrix developed in Recommendation 11.3.

The division should develop an online portal with the following capabilities:

- **Customer should be able to apply for permits online for both new and ongoing renewals.** The digital application process should be a digital counterpart to the current manual application process and allow customers to submit all relevant project information intake forms, plans, and any other documentation necessary in the manual process currently. Additionally, customers should be able to monitor the status of their permit as it moves through plan review workflows, pay for the permit at completion, and receive the permit through the portal. These functionalities are currently available for customers in San Diego County as a component of their Accela Citizens Access portal.[16] Enabling online permitting functionalities should help improve customer service by increasing self-service capabilities and reducing staff time spent on administrative tasks.
- **Customers and the public should be able to easily access inspection history.** While KPMG recognizes that customers can search food inspection results, other inspection histories must go through a manual public records review to be accessed. Customers should be enabled to make and receive the records requests through an online portal. This current process creates an undue barrier for the public and customers to access information. Digitizing this process will reduce these barriers and streamline the records request process in order to free up staff time to focus on billable work and inspection activities.
- **Inspection schedules should be communicated digitally through the portal, as appropriate, to increase customer transparency.** While KPMG recognizes that certain inspection types require an element of uncertainty to be effective, the division should integrate the GIS-enabled inspection schedules outlined in Recommendation 11.4 into the online portal. Clear digital communication and access of inspection timelines will help increase transparency with customers to drive improvement in overall customer satisfaction.

[16] https://publicservices.sdcounty.ca.gov/citizenaccess/

- **The public should be able to easily view a dashboard with clear updates on environmental health related issues.** The public notice section of the division web page does not clearly indicate relevant information on discrete environmental disasters like foodborne illnesses, site mitigation, or cleanup progress. This section of the web page mainly communicates federal and state regulation changes or recalls. While this is relevant information, there is not a user-friendly structure or updates on local issues related to the regulations. The division should develop a more robust public noticing functionality as part of the online portal. These public communications should be broken into program areas and outline relevant public safety and environmental information. Developing this feature will increase transparency with the public and help ensure that environmental health information gathered by the division is effectively communicated.

Anticipated impact

Development of a cohesive online portal as outlined above should ensure that appropriate Environmental Health information is effectively communicated to customers and the public. Development of this portal will also reduce staff time spent on communication and streamline processes to allow for improved adherence to performance metrics.

Report Version: 2019	
11.2	Develop enhanced financial-driven performance goals that drive toward full cost recovery.

Observation and analysis

The Environmental Health Services (EHS) division underwent a fee study with the assistance of MGT Consulting Group in fiscal year 2018-2019. This study identified the current subsidy levels for division operational areas, as outlined below in figure 56, and recommended a comprehensive fee structure change in order to drive toward full cost recovery.

Department	Costs	Revenue	Current Subsidy	Current Subsidy %
Certified Unified Program Agencies	$1,863,070	$1,493,433	$369,637	20%
Site Mitigation	$421,543	$304,423	$117,120	28%
Community Health	$3,387,973	$2,993,928	$394,045	12%
Total	$5,672,586	$4,791,784	$880,802	16%

Figure 66: Source: MGT Consulting Group fee study report

This fee study is a crucial component for driving full cost recovery in the division. These fee study changes are being implemented within the division through a comprehensive staff process training and fee structures have been incorporated into customer billings. However, the fee structure update is limited to a point in time view of business operations. The division should develop additional operational and process improvements that help drive toward the full cost recovery goals by increasing efficiency and ongoing evaluation of performance against cost recovery objectives and inspection timelines. Additionally, as customers are billed annually for reoccurring permit inspections the division needs to drive execution against agreed-upon and paid-for inspection cadences.

- **The division should develop more structured inspection goals:**
  - The division should develop quarterly and monthly goals for staff that leverage total yearly inspection volume. The division currently relies on staff to develop inspection schedules and supervisors to manage performance by monitoring backlog information on the *Envision 5150* report on an ad hoc basis.
  - Staff performance goals should be developed by supervisors using the GIS functionality outlined in Recommendation 11.4 to create more short-term inspection goals that roll up into yearly goals in a way that drives overall performance. The GIS function will help enable this process by allowing supervisors to make inspection schedules for staff that are most efficient in terms of geography or risk.
  - Supervisors should monitor performance against goals on a monthly basis to actively address exceptions and proactively manage against yearly objectives. This will enable the division to drive toward full cost recovery and reallocate resources among division areas in a proactive way. Below are KPIs the division should consider implementing to monitor performance to help ensure proper execution of yearly timelines and paid-for customer service. These metrics will also allow supervisors to more proactively manage issues with achieving yearly goals by focusing on more short- and medium-term objectives:

- Percent of inspections completed against the monthly scheduled amount
- Percent of inspections completed against the quarterly scheduled amount
- Total inspection backlog by staff by facility type.

— **The division should work to streamline administrative time:**

— Based on staff interviews, division employees currently spend a significant amount of their time on administrative tasks like data entry and manual inspection write-ups. Figure 57 below shows how much time staff are spending on administrative activities over the last three years.

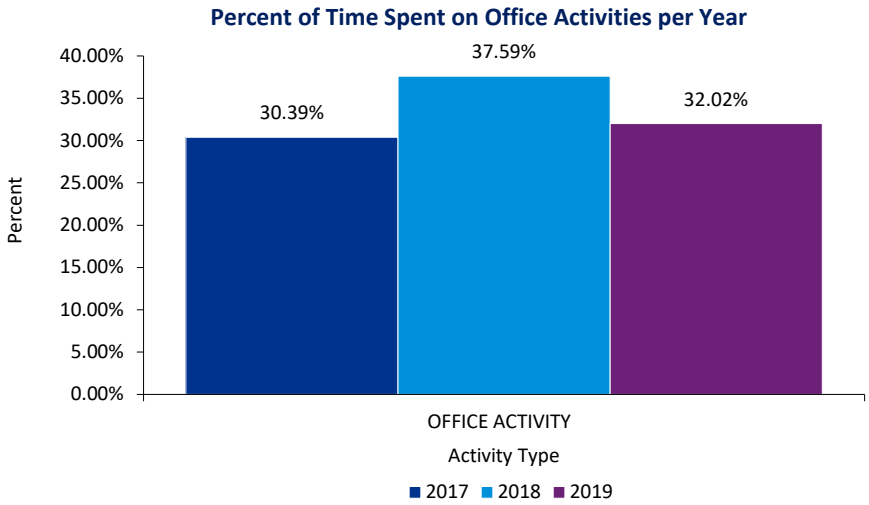


Figure 67: Source: KPMG LLP analysis of EHS workflow data

— The division should work to develop streamlined administrative processes to free staff time to focus on client-facing work and addressing the backlogs across district locations. Specifically, division staff noted that more effective mobile reporting capabilities would significantly improve their ability to perform more inspections and reduce data entry efforts. Staff noted that the mobile reports are outdated in terms of regulatory requirements. The mobile reporting should be reviewed to ensure that fields are relevant and address current regulatory issues appropriately. This review should focus on a charting by exception model for routine inspection types so that staff can leverage previous work when reviewing a site. Moving to exception-based reporting will reduce inspection times and improve customer experience by allowing for more efficient inspection processes.

Anticipated impact

The development of more structured reporting goals will help the division fully recover costs by creating performance goals that directly tie to executing work required to recover division costs. Additionally, streamlining existing work activities will help the division execute against these goals and address current backlog levels

Report Version:2019	
11.3	Develop a plan for transitioning from the Envision system and identifying a viable replacement software system.

Observation and analysis

The Environmental Health Services (EHS) division currently utilizes a software system called EnvisionConnect to manage staff workflows, data, case management, and site history information. There are certain programs, like Environmental Cleanup and Site Mitigation, which utilize a state-mandated and -operated GeoTracker software system to conduct program planning and case management. However, these programs still utilize EnvisionConnect for billing and workflow tracking purposes.

EnvisionConnect will be retired by the company over the next four years, following their purchase by Accela, and there will be no further updates other than to maintain current operations. The division should start to consider what impact this will have on their operations and if they may need a new software program following the retirement of their existing system. Additionally, the current software system is ineffective in allowing managers to develop workload, staffing, or performance analysis to drive operational insights without significant effort and collaboration with the IT department to develop reporting capabilities. During staff interviews, it was noted that because the EHS division shares a single IT development staff with other divisions, there has been a lack of capacity to develop desired reporting capabilities required to generate more nuanced understanding of trends like seasonality that drive more informed staffing decisions.

The detailed recommendation below outlines the considerations the division should take in identifying and implementing a viable replacement solution. Actively anticipating the areas outlined below will help ensure that the division procures a software program that addresses future-state functions further detailed in Recommendations 11.1 and 11.3 while maintaining current service levels through a structured and proactive implementation plan.

- **The division should clearly define software requirements in a future state:**
  - The division should consider what software requirements each program will need in a future-state environment. The division should clearly define, for each program area, what a software solution needs to do in an ideal state in the following functional areas:
    - Workflow functionality
    - Scheduling functions
    - Data management functionality
    - Billing functions
    - GIS integration
    - State and federal reporting
    - Online functionality and customer communication.
  - Once these requirements have been identified at the program level, the division should utilize the findings to develop a matrix that shows common software needs. Using this matrix, the division will be able to identify what the core requirements of a replacement software would be by identifying common themes across programs. Common themes of improvement identified during interviews include a need for more accessible data analysis, automated scheduling functions, and enhanced online customer communication.

- **Prepare an RFP for a software application using the program requirements matrix:**
  - The division should go through an RFP process to identify possible software solutions and utilize the matrix developed above as a basis for communicating the prioritization of software needs and solutions. This should help ensure that software platforms brought to the division most appropriately address software requirements in an ideal future state and enable the division to make necessary changes.
  - There should be consideration of the Accela Environmental Health solution as it has synergies with other departments and the company purchased the Envision system.

- **Develop a plan to procure and implement the new software and transition systems:**
  - The division should consider how soon the Envision software will be retired. Although the current retirement timeline is four years, the division should understand if there is a risk associated with maintaining an unsupported software system or implementing new processes in the interim for a system to be decommissioned.
  - Based on the retirement timeline, the division needs to actively build out the procured software system.

Anticipated impact

Anticipating the retirement of EnvisionConnect by developing a future-state strategy to inform an RFP process and creating an implementation plan will help ensure the division transitions systems with minimal disruption to business operations while enabling the division to modernize operations.

Report Version: 2022	
11.3a	Develop an implementation plan and evaluate reporting capabilities for the adoption of Accela to help ensure implementation is executed in a timely manner.

Benefit

Developing an implementation plan for the transition to a new customer portal known as Accela will help support timely and effective full-scale system adoption. It will also allow the division to proactively identify any future challenges in implementation and allow for efficient resolution, ultimately helping to ensure a smooth transition. Identifying Accela operational and reporting capabilities will help ensure that the division has the tools needed to provide exemplary customer service and the information required to make data-informed decisions on operational enhancements, where necessary.

Current State

Since 2019, the Division has engaged a vendor and identified a software solution to replace its prior Environ system. However, in the future state, there is an opportunity to develop an implementation plan for the adoption of the Accela platform to support transition and help ensure a timely implementation.

Commendably, the division is working toward the implementation of a new customer portal through the cloud-based technology Accela, which offers a platform of government software solutions. The division expects full-scale implementation to be complete by December 2022. While a detailed statement of work has been developed by the vendor, the division to date does not have an internal implementation plan to guide the transition to Accela. Such an implementation plan would benefit the division by outlining critical system functionalities, identifying specific actions and related timelines for completion by Department staff, preempting potential challenges, and monitoring progress toward successful implementation and adoption after December 2022. In lieu of an implementation plan, division staff currently complete tasks as they come up based on discussions with the vendor with limited proactive planning for future tasks. Further, following system implementation, both staff and customers will require significant training on system capabilities, reporting, and data input and upload. The design and roll out of update processes and procedures based on the new system will also be required. These actions will be critical to helping ensure the system is effectively operationalized with limited-service disruption. As such, as part of the development of an internal implementation plan, there is an opportunity for the division to identify a dedicated trainer, develop a training plan, program and/or communication protocols to guide the successful transition to Accela for both staff and customers.

Case Study Spotlight

The following case studies detail a number of Californian counties who have utilized the adoption of Accela to benefit overall vision and improve customer service through facilitating electronic payment, plan submissions, permit applications and implementing document libraries.

Online submission: San Diego County, California, allows customers to submit plan submissions electronically on the Citizen Access platform (ACA), which is run on the Accela platform.[17]

Document search capabilities: San Diego County has developed the Environmental Health Document Library, which includes information on all land and water quality records including scanned records for closed site assessment, water well program permits, land use program records including septic and greywater systems, boundary adjustments, maps and discretionary projects, mobile home parks program, and recycled water program plans and inspections.[18]

[17] onlinesubmission_pc.pdf (sandiegocounty.gov)
[18] DEHQ Public Records (sandiegocounty.gov)

Online payment for services: Both Alameda County[19] and Los Angeles County[20] both accept online payment for permits and licenses with each county providing detailed instructions on how payment should be made on their respective websites.

Electronic permits: Fresno County, California, has recently developed Fresno County Citizen Portal, which allows customers to apply, pay for services, and receive permits electronically.[21]

Suggested Action Steps to Implement Recommendation

Action one: Develop an internal implementation plan for support and guide transition to Accela. The Department should develop an internal implementation plan to guide the transition to Accela. At a minimum, the implementation plan should:

- Identify plan goals and objectives
- Define roles and responsibilities of division staff supporting implementation
- Identify key actions, functionalities, and tasks for adoption/completion
- Develop timeline/roadmap for completion of each action
- Allocate resources to implementation priorities as requirements and resources permit
- Include a risk assessment tool to allow the division to proactively identify and efficiently mitigate risks and challenges
- Develop new and/or amended processes and associated training based on the update functionality brought about by Accela
- Define standards and metrics by which success will be measured.

The implementation plan should also encompass a training plan outlining the action steps to be undertaken to help ensure that staff and customers are trained on all aspects of Accela functionalities in a timely manner to allow for a smooth transition. The training plan at a minimum should include the following key elements:

- Identify key staff member(s) who will facilitate both staff and customer training and act as a key point of contact for Accela queries
- Consider how training will be facilitated—virtually or in person. The division may consider developing recorded web trainings for customers, in particular to allow them to conduct necessary training on demand as they access the website.
- Illustrate the steps to be taken to develop a training program for both staff and customers:
  - Key training categories for staff may include workflow training, reporting, and other key functionalities to assist with day-to-day responsibilities
  - primary training categories for customers may include training on making electronic payment, submitting applications, and contacting the Department, among other critical customer service capabilities.
- Outline a training calendar noting scheduled training dates, times, and locations.

[19] Billing/Fees/Permits | Department of Environmental Health | Alameda County (acgov.org)
[20] Make a Payment | Los Angeles County Department of Public Health - Environmental Health (lacounty.gov)
[21] Environmental Health | County of Fresno

Action two: Identify key functionalities and reporting capabilities the division wishes to utilize within Accela.

- The ability for customers to pay for services online
- The functionality to complete and submit applications and receive permits online/electronically for both new and renewal permits
- For operators who require multiple permits (restaurant, land, etc.), the capability to submit one consolidated permit application or inspection report
- The capability to electronically file plan reviews
- The provision of a document library that allows customers to search environmental health records across each program, including Food, Waste, Water, and Hazardous Materials
- The ability to provide notifications to inspectors on the inspections due in a particular month to facilitate the shift away from manual tracking and prioritization.

In terms of reporting capabilities, the portal should allow the division to better understand demand, current and future potential staff workload, staff utilization, customer service need, and overall operational efficiency. Illustrative examples of key areas of reporting include:

- Number of permits processed by month
- Cycle time between permit application and receipt per program and per staff member
- Number of inspections completed by inspector per month
- Number of upcoming inspections per inspector and per district/location
- Number of inspections undertaken within the required timeframe
- Number of customer violations experienced and/or reported monthly.

These illustrative reports will allow the division to better understand demand and staff utilization, allowing for increased tracking of staff performance and customer service provision and promoting more data-driven decision-making surrounding division resourcing and overall operational efficiency.

Report Version: 2019	
11.4	Leverage the County GIS instance to develop more informed work plans.

Observation and analysis

The division currently assigns inspection facilities to staff in an ad hoc way using general geographic delineation by county location and further dividing regions into “districts” which staff are responsible for. These district facility assignments are not structured in a way that accounts for the complexity factors of facilities inspection volumes per year or facility type. Additionally, staff develop their own inspection schedules based upon institutional knowledge of their assigned facilities’ geographic location and risk profile.

The division should develop functionality within the County GIS instance that formalizes the knowledge of staff and allows for automated and more efficient work plan development. The division should consider the following when developing an EHS enabled GIS functionality.

- **The division should integrate into the County GIS instance:**
  - The division should coordinate with the Public Health GIS developer to incorporate EHS facility information into the existing County GIS instance. The division should incorporate the following relevant information on inspection sites into the GIS instance:
    - Geographic location
    - Inspection cadence
    - Risk factors like food type, violation history, or proximity to public locations
  - The division should consider how the GIS instance will be incorporated into the software system identified in Recommendation 11.3 in order to facilitate further automation and integration of processes outlined in this recommendation.
- **The division should utilize a GIS platform to develop improved inspection schedules and district assignments:**
  - The division currently develops inspection plans by monitoring backlogs and total facility counts in each district and assigns total district facilities based on an ad hoc understanding of count and complexity. This system of workload allocation does not effectively consider and incorporate geographic or risk factors into staff work plans and staff generally address the facilities with the oldest inspection first. This inefficient system of workload allocation and work plan development creates backlogs across the districts.
  - Once division information is incorporated into the County GIS instance, the GIS instance should be used to develop staff work plans that are efficient in terms of geography and prioritized based on relevant risk factors. The GIS program will be used to inform current manual scheduling development for staff by automating the consideration of risk and geography during schedule development. These schedules should be developed at a monthly, quarterly, and yearly level to help inform the performance management outlined in Recommendation 11.2. Additionally, the division should consider rebalancing the allocation of inspection sites among divisions using the more nuanced site understanding generated by the GIS function and backlogs across districts.
  - Implementing this initiative will help improve public safety by ensuring backlogs are minimized and high-risk locations are prioritized effectively by allowing supervisors to develop work plans for staff that efficiently cross-reference the risk areas outlined above and drive toward achieving monthly, quarterly, and yearly inspection goals.

Anticipated impact
Integrating EHS data into the County GIS instance will enable the division to create more nuanced workload allocation and work plan development processes by formalizing knowledge and automating balancing efforts.

Report Version: 2022	
11.5	Enable mobile access to internal systems via tablets/applications to allow inspectors to reduce duplication of efforts and enhance inspection quality.

Benefit

Enabling mobile access to internal systems will increase inspection quality by allowing inspectors to input data in real time, thereby reducing the potential for error due to manual data entry to the system as required under the current process. Finally, it will improve customer service by allowing inspectors to spend more time in the field, reduce the need to manually link and allocate reports to operators and thus increase the speed of inspection completion and related outcomes.

Current State

In the current state, Environmental Health inspectors conduct routine inspections utilizing a paper-and-pen approach. The process involves the inspector utilizing a notepad or copy of the prior report to manually denote any compliance issues observed during inspection. Once completed, the inspector returns to the office and inputs details of the inspection to the division's current database, EnvisionConnect. Following data entry, the report must be manually linked and allocated to the correct facility in EnvisionConnect before being issued to the facility operator.

The division trialed the implementation of tablets for food facility inspection completion during a two- to three-month period in 2017; however, the trial was ultimately unsuccessful as staff reported key challenges with Wi-Fi and wireless connectivity to EnvisionConnect. However, given the division's upcoming transition to Accela as well as technological advances brought about by the COVID-19 pandemic, which has accelerated shifts toward more electronic service within the state and local government space, the division should consider conducting a pilot and transitioning to an electronic process for inspection completion and issuance across inspection types. This process would involve inspectors utilizing a tablet to complete inspections and upload related reports to Accela while in the field without the need to return to the office, manually input inspections, and link inspection reports to facilities.

Leading Practice

Based on a leading practice review, many environmental health divisions across the United States utilize tablets to complete inspections in the field, including the following:

— San Bernardino County, California, implemented the use of live mobile inspections in 2018. Environmental Health inspectors can wirelessly connect to EnvisionConnect in the field and upload inspection data directly to the platform. This technology enhancement has increased productivity of inspectors and improved the ability of the Environmental Health Division to provide services to the public.

— Onondaga County, New York, implemented the use of tablets for Environmental Health inspections in 2017. The use of tablets has resulted in cost savings, reduced file storage space, and increased efficiency in both State-mandated reporting and public access to restaurant inspection reports. In addition, Environmental Health staff are able to devote more time to inspections at various facilities, participate in quality improvement projects, and assist with all Environmental Health programs.

Suggested Action Steps to Implement Recommendation

Action one: Liaise with Department IT and Central IT to help ensure wireless connectivity and access to Division database in the field following the implementation of Accela. Following the implementation of Accela, division leadership should work with Department IT and Central IT team to help ensure that staff can obtain mobile access to internal systems while in the field. At a minimum, inspectors must be able to directly input data into the division's database while performing inspections. As part of this process, division leadership and IT should develop guidelines for accessing internal systems while in the field and should also allocate an IT staff member who can assist staff members who have challenges with access and connectivity.

Action two: Train Environmental Health inspectors on completing inspections electronically. Prior to implementation, the division should train staff on accessing internal systems and completing electronic inspections while in the field. Division leadership in collaboration with Department IT and Central IT should also develop and train staff on standard operating procedures for mobile access to help ensure that they utilize their access for the intended purpose. Standard operating procedures (SOPs) should include the following key conditions at a minimum:

- Terms of use. The SOPs should provide clear rules on when mobile access should be utilized, and should include consequences if employees violate the policy. It is important that employees understand the security risks involved.
- Protocols for reporting lost or stolen devices.
- A requirement to develop strong passwords and automatic locking after periods of inactivity.
- A requirement that the device is consistently updated for the latest software.

Report Version: 2022	
11.6	**Implement workshops and virtual trainings and provide key documentation in multiple languages to proactively enhance education and increase access to service for bilingual residents.**

Benefit

Implementing dedicated workshops and virtual trainings for operators will allow the division to enhance education on environmental health requirements and reduce the requirement and workload associated with providing one-on-one trainings and answering queries. It will also allow the division to reach a larger number of operators in a shorter timeframe and may assist in proactively reducing violations caused as a result of training limitations.

Providing relevant environmental health applications, forms, and key information in multiple languages, particularly in Spanish, will increase equity and access to services for customers and operators with limited English.

Current State

In the current state, operator and customer training is provided by division staff on an informal, ad hoc basis with limited virtual trainings or group workshops in place for operators and customers. For example, inspectors provide one-on-one education to operators during inspections as they see fit. In circumstances where new federal or state regulations and/or codes are adopted, the division issues email updates to relevant operators. However, given the often complex nature of these regulations/codes, division staff typically spend time answering queries via phone. These processes result in retroactive training for operators, which can potentially lead to an increase in violations and can also result in significant workload for staff outside of day-to-day responsibilities.

Additionally, across interviews, staff reported a need to enhance the level of multilingual documentation (guidelines, applications, forms) provided on the division's website. Based on U.S. Census data for 2020, 37 percent of County residents are Spanish speaking.[22] Further, during interviews, division staff reported receiving approximately 10 to 12 calls a week from Spanish-speaking residents with queries largely related to restaurants and mobile food trucks. These calls are typically diverted to one Spanish-speaking staff member. The division currently provides two key documents in Spanish—gray water information and a State of California (the State) information form on mobile food. However, given the number of Spanish-speaking residents in the County, there is an opportunity to increase the level of multilingual documentation provided to enhance access to service for these residents.

Leading Practice

Training:

— San Bernadino County, California, has developed the Liaison Education and Risk Network,[23] an innovative class designed to help reduce violations and increase food safety through a more informal approach to intervention. Facility managers, employees, and industry leaders are invited to attend a monthly training designed to educate participants on food safety laws and best practices. Those who attend also have access to Environmental Health Services personnel, who answer any questions and provide additional resources where necessary.

[22] Santa Barbara, CA | Data USA
[23] EHS-Annual-Report-2016-2017-reduced.pdf (sbcounty.gov)

— Merced County, California, has established monthly environmental compliance webinar trainings with the aim of providing ongoing training to Merced County businesses on waste management and hazardous materials.[24] The webinars are free of charge and offer courses that range from two hours in length to eight hours in length.

Bilingual Resources:

— Santa Cruz County, California, offers detailed information mobile food service permits as well as related forms and applications in both Spanish and English.

— Los Angeles County, California, provides multiple applications and information in Spanish, including mobile food permit applications, garment and apparel facilities licensing requirements, and regulations related to obtaining a Public Health License for hotels and institutions.[25]

Suggested Action Steps to Implement Recommendation

Action one: Implement enhanced workshop trainings and webinars for operators. The division should develop a formal and structured training program including training workshops and webinars to promote environmental health education. This may involve undertaking the following key steps:

— **Step one:** Establish a working group with representation from division leadership and select program managers to manage the development of a training program.

— **Step two:** Conduct focus groups and/or surveys with division staff, operators, and customers to identify key training requirements.

— **Step three:** Develop training cohorts based on the training needs identified under step two above.

— **Step four:** Develop training content, tools, and materials.

— **Step five:** Identify a staff member(s) per training cohort to deliver training.

— **Step six:** Develop an annual training calendar outlining the time and location of each training workshop/webinar per month.

— **Step seven:** Advertise the training program through social media and email blasts to help ensure operators are aware of training.

Action two: Conduct an assessment of documentation (forms, applications, information) to be provided in multiple languages. To increase access to services for bilingual residents, the division should undertake an assessment of documentation that should be provided in multiple languages. At the outset, this may involve conducting a review of those programs that have a high level of bilingual operators and updating related forms to be available in the primary languages of those operators. In time, the division may consider providing all forms and information in Spanish, given the high percentage of Spanish-speaking residents in the County.

[24] Merced-County-CUPA-WEBINARS-Training-Flyer---2022---Qtrs-1--2 (countyofmerced.com)
[25] Get a Permit | Los Angeles County Department of Public Health - Environmental Health (lacounty.gov)

Report Version: 2022	
11.7	Establish customer-service-related performance metrics to allow for better data-driven decision-making related to service access and customer satisfaction.

Benefit

Developing tools and metrics to better track customer satisfaction, including tracking customer complaints and frequently asked questions, will allow the division to better understand customer challenges, develop guidance to address customer service issues, and allow for more data-driven decision-making surrounding customer service improvements.

Current State

In the current state, the division does not have a robust process in place to track customer queries and/or complaints and utilize resultant data to inform customer service improvement opportunities, for example:

- Across interviews, staff reported receiving up to 20 phone calls a day from operators and customers with varying queries across Environmental Health programs. However, there is no formal process in place to track these queries to inform process updates or a frequently asked questions (FAQ) list. Based on a review of the division's website, there is no repository of FAQs available to customers that could help them more proactively resolve queries and/or limit the need for customers to contact the division directly.
- The division provides customers with two methods for complaint submission—phone and email. While the division has processes in place to track complaints, such complaints are typically dealt with in isolation by relevant program supervisors with limited data sharing on compliant type and outcome to inform future customer service enhancements. Further, the division does not conduct outreach or utilize customer surveys to proactively evaluate customer satisfaction to inform future customer service enhancements.

Additionally, the division's program targets, and performance metrics are largely focused on regulatory oversight services required by State law and local ordinance with limited internally developed performance measures related to customer service. For example, the division tracks permit cycle times for its plan review program in line with State requirements; however, similar cycle times are not tracked for other programs. While current performance measures are of key importance and should continue to be tracked to evaluate performance and help ensure compliance with State and federal regulations, the division should consider adopting additional internally developed performance measures specifically focused on customer service to enhance the ability to measure and tailor program effectiveness for the benefit of customer experience and client service delivery.

Leading Practice

Customer Satisfaction Survey: Monterey County, California, has developed a survey to allow customers to report their satisfaction with the services provided by its Environmental Health Division.[26] The survey includes 12 questions surrounding service experience and allows customers to confirm whether they would like the division to follow up based on survey responses.

FAQs: Fresno County, California, has created a comprehensive list of FAQs for its Environmental Health programs.[27] The FAQ list includes a total of 24 questions with detailed responses and links to resources available throughout the websites (fee schedules, applications, forms, etc.).

[26] Environmental Health Customer Survey | Monterey County, CA
[27] Environmental Health FAQ | County of Fresno

Suggested Action Steps to Implement Recommendation

Action one: Develop an internal process for tracking customer/operator queries and complaints. As a first step, the division should develop a process for tracking and sharing data on customer and operator queries and complaints. This may be undertaken by establishing a low-barrier approach requiring staff to update a shared Excel sheet, Smartsheet, or Google sheet with details of the complaint or query. To allow for greater ease in analysis, a separate sheet should be utilized to track complaints versus queries, as well as include a drop-down menu for the policy/program to which the query or complaint relates. Key details that should be tracked across each area include date, complainant details (name, contact information), program/service, reason for complaint/query, details of complaint/query, and confirmation as to whether, when, and how complaint/query has been dealt with. This internal process should also identify a key staff member who will be responsible for investigating and leading on complaint resolution.

Action two: Develop a comprehensive set of FAQs for publication on the division's website. In developing an initial set of FAQs, the division should hold focus groups with staff to determine the most common queries received from operators, customers, and the public at large based on staff experience. Going forward, the division should conduct a quarterly analysis of customer queries based on the data tracked under action one above or within a similar spreadsheet utilized to document FAQs on an ongoing basis and update FAQs with additional information, where necessary.

Action three: Develop a customer satisfaction survey for publication on the division's website. In order to enhance the tracking of customer satisfaction, the division should develop a customer satisfaction survey. The survey should be made available on the division's website or the link could be sent to operators after their interactions with the Division and/or inspectors. It should allow customers to rate the service they received and allow them to provide more detailed information on any challenges faced similar to the Monterey customer satisfaction survey outlined in the Leading Practice section of this recommendation. Survey responses should be analyzed on a rolling basis to better inform the FAQs as noted in action two above, as well as inform additional customer service improvements the division could implement.

Action four: Develop key internal performance metrics to measure customer satisfaction. In addition to the customer satisfaction survey recommended within action three, the division should develop a key set of performance metrics to better measure customer service and customer satisfaction. Examples of such performance metrics include:

- Permit/inspection cycle times across programs
- Number of customer complaints received
- Percentage of customer complaints across programs/services
- Percentage of customer complaints successfully resolved
- Percentage of satisfied customers based on customer satisfaction survey
- Percentage of dissatisfied customers based on customer satisfaction surveys.
- Number of trainings completed quarterly/annually

As noted in action three, these metrics should be analyzed at regular intervals to inform the division of operational changes/processes that may need to be implemented or changed to further improve customer service and related initiatives.

2019 Report Appendix

Appendix A: Benchmark comparisons

Benchmark comparisons were conducted with the recommended eight benchmark counties and additional counties identified by KPMG and Department management as having similar Public Health operational requirements in terms of geography, population, or budget. It should be noted that not all County budgets present information on budget and staffing at the division level. This limitation drove what information is presented in the following division-level benchmarking tables. Counties with zero values for either FTEs or budget have not been included in the averaging and are grayed out to indicate as such.

	Budgets in $'000	Santa Barbara County	Average	Marin	Monterey	SLO	Kern	Stanislaus
Actual 2017	*Administration Budget*	$9,692	$7,561	$0	$7,711	$7,879	$0	$7,093
	Percent of Enterprise	0.9%	0.77%	0.00%	0.45%	1.31%	0.00%	0.56%
	Administration FTE	59.40	57.50	74.50	49.00	37.00	39.00	88.00
	Percent of Enterprise	1.56%	1.59%	3.24%	0.92%	1.33%	0.50%	1.97%
Actual 2018	*Administration Budget*	$9,560	$7,301	$0	$7,666	$7,534	$0	$6,703
	Percent of Enterprise	0.90%	0.76%	0.00%	0.53%	1.27%	0.00%	0.49%
	Administration FTE	60.49	57.45	74.50	49.00	35.75	38.00	90.00
	Percent of Enterprise	1.59%	1.59%	3.24%	0.94%	1.28%	0.48%	2.00%
Adopted 2019	*Administration Budget*	$9,750	$8,033	$7,929	$0	$7,910	$0	$8,259
	Percent of Enterprise	0.85%	0.92%	0.96%	0.00%	1.22%	0.00%	0.59%
	Administration FTE	61.33	57.24	75.45	48.50	34.25	46.00	82.00
	Percent of Enterprise	1.44%	1.56%	3.26%	0.91%	1.22%	0.57%	1.82%

Figure 68: Source: KPMG LLP

The Administration division operates with higher budget and staff than average as compared to available data for comparison counties. The division operates with a higher budget than all comparison counties and is third behind Marin and Stanislaus in terms of staffing. It should be noted that the majority of comparison counties operate under a centralized County IT model and thus the costs and labor associated with maintaining a decentralized IT function are much higher for individual departments in Santa Barbara. Additionally, certain Counties include different functions within their Administration division and while the chosen Counties have the most comparable scope of service, there are still minor differences in scope across selected Counties. For example, Stanislaus includes EMS budget as part of their Public Health Administrative budget as it is largely a contract management function.

	Budgets in $'000	Santa Barbara County	Average	Monterey	Kern	Ventura	Stanislaus
Actual 2017	Health Care Centers Budget	$45,462	$42,351	$42,705	$0	$0	$41,997
	Percent of Enterprise	4.3%	2.90%	2.48%	0.00%	0.00%	3.32%
	Health Care Centers FTE	240.71	257.10	306.20	0.00	0.00	208.00
	Percent of Enterprise	6.33%	5.21%	5.76%	0.00%	0.00%	4.65%
Actual 2018	Health Care Centers Budget	$47,334	$47,135	$56,383	$0	$0	$37,886
	Percent of Enterprise	4.46%	3.33%	3.87%	0.00%	0.00%	2.79%
	Health Care Centers FTE	253.28	209.07	311.20	0.00	108.00	208.00
	Percent of Enterprise	6.66%	3.92%	5.94%	0.00%	1.21%	4.63%
Adopted 2019	Health Care Centers Budget	$51,117	$45,143	$56,188	$0	$0	$34,098
	Percent of Enterprise	4.48%	3.07%	3.71%	0.00%	0.00%	2.44%
	Health Care Centers FTE	254.11	186.30	299.20	160.00	108.00	178.00
	Percent of Enterprise	5.98%	3.18%	5.58%	1.98%	1.20%	3.94%

Figure 69: Source: KPMG LLP

The HCCs division budget is slightly higher than average among comparison counties with only Monterey spending more on a comparable scope of service. Monterey County operates 10 Health Care clinics with a population of 437,000 while Stanislaus operates 4 to serve a population of 547,000. The HCC division employs less staff than Monterey as well. It should be noted that many counties provide full hospital services and thus could not be directly compared against here as they did not break out health care services into comparable scopes to Santa Barbara.

	Budgets in $'000	Santa Barbara County	Average	Monterey	El Dorado
Actual 2017	Community Health Programs Budget	$4,898	$4,968	$6,705	$3,231
	Percent of Enterprise	0.5%	0.43%	0.39%	0.48%
	Community Health Programs FTE	31.20	19.85	25.00	14.70
	Percent of Enterprise	0.82%	0.63%	0.47%	0.79%
Actual 2018	Community Health Programs Budget	$4,452	$4,603	$5,164	$4,043
	Percent of Enterprise	0.42%	0.45%	0.35%	0.55%
	Community Health Programs FTE	25.32	21.18	25.56	16.80
	Percent of Enterprise	0.67%	0.69%	0.49%	0.90%
Adopted 2019	Community Health Programs Budget	$4,296	$4,536	$0	$4,536
	Percent of Enterprise	0.38%	0.53%	0.00%	0.53%
	Community Health Programs FTE	25.51	21.98	26.80	17.15
	Percent of Enterprise	0.60%	0.70%	0.50%	0.91%

Figure 70: Source: KPMG LLP

The Community Health Programs division maintains similar budget and FTE levels as compared to the average of available county budgets. It should be noted that benchmark comparisons for Community Health were generally unavailable as many counties, like Ventura, Stanislaus, and San Joaquin, do not have a similar scope and include regulatory programs like Environmental Health in their Community Health Programs' budget and FTEs.

	Budgets in $'000	Santa Barbara County	Average	Monterey	Placer	SLO	Kern
Actual 2017	Disease Prevention & Health Promotion Budget	$13,240	$15,189	$19,594	$12,056	$13,917	$0
	Percent of Enterprise	1.2%	1.60%	1.14%	1.36%	2.31%	0.00%
	Disease Prevention & Health Promotion FTE	87.87	81.81	94.00	72.00	104.25	57.00
	Percent of Enterprise	2.31%	2.18%	1.77%	2.48%	3.75%	0.73%
Actual 2018	Disease Prevention & Health Promotion Budget	$15,100	$16,936	$19,684	$16,480	$14,643	$0
	Percent of Enterprise	1.42%	1.84%	1.35%	1.70%	2.46%	0.00%
	Disease Prevention & Health Promotion FTE	98.11	84.29	90.15	87.00	103.00	57.00
	Percent of Enterprise	2.58%	2.35%	1.72%	3.28%	3.69%	0.72%
Adopted 2019	Disease Prevention & Health Promotion Budget	$14,136	$16,657	$0	$18,486	$14,828	$0
	Percent of Enterprise	1.24%	2.04%	0.00%	1.79%	2.29%	0.00%
	Disease Prevention & Health Promotion FTE	95.32	99.38	115.15	80.00	103.00	0.00
	Percent of Enterprise	2.24%	2.94%	2.15%	3.00%	3.68%	0.00%

Figure 71: Source: KPMG LLP

The Disease Prevention and Health Promotion division operates with a similar amount of budget and staff as compared to other benchmark Counties in both absolute values and as a percent of enterprise. The division employed fewer employees than all but Placer County in fiscal year 2019 and operated with a lower budget than all available benchmark counties.

	Budgets in $'000	Santa Barbara County	Average	Monterey	Placer	SLO	Ventura	San Joaquin	El Dorado
Actual 2017	Regulatory Programs & Emergency Preparedness E	$8,583	$12,627	$8,662	$5,895	$5,130	$18,156	$12,142	$25,776
	Percent of Enterprise	0.8%	1.26%	0.50%	0.67%	0.85%	0.84%	0.92%	3.79%
	Regulatory Programs & Emergency Preparedness F	48.54	39.23	51.00	33.00	32.75	0.00	74.00	5.40
	Percent of Enterprise	1.28%	0.92%	0.96%	1.14%	1.18%	0.00%	1.04%	0.29%
Actual 2018	Regulatory Programs & Emergency Preparedness E	$8,875	$13,088	$10,347	$6,187	$5,461	$17,489	$12,545	$26,500
	Percent of Enterprise	0.84%	1.26%	0.71%	0.64%	0.92%	0.78%	0.93%	3.58%
	Regulatory Programs & Emergency Preparedness F	54.82	36.03	51.00	33.00	32.75	14.00	80.00	5.40
	Percent of Enterprise	1.44%	0.82%	0.97%	1.24%	1.17%	0.16%	1.11%	0.29%
Adopted 2019	Regulatory Programs & Emergency Preparedness E	$8,963	$14,475	$0	$6,782	$5,470	$20,416	$13,149	$26,555
	Percent of Enterprise	0.79%	1.27%	0.00%	0.66%	0.84%	0.88%	0.88%	3.09%
	Regulatory Programs & Emergency Preparedness F	53.99	36.85	50.00	33.00	32.75	15.00	82.00	8.35
	Percent of Enterprise	1.27%	0.84%	0.93%	1.24%	1.17%	0.17%	1.10%	0.44%

Figure 72: Source: KPMG LLP

The Regulatory Programs and Emergency Preparedness division operates with less budget and staff than the average of comparable counties. In fiscal year 2019, the division employs more employees than all but San Joaquin County. However, in fiscal 2019 the division operated with significantly less budget than Ventura, San Joaquin, and El Dorado counties. It should be noted that the comparison counties may have different development or population bases that drive demand for division services. For example, Ventura is much larger than Santa Barbara in terms of population, and thus their Emergency Medical Services budget is significantly greater.

	Budgets in $'000	Santa Barbara County	Average	Monterey	Placer	SLO	Solano	Kern	Sacramento	Ventura	Stanislaus
Actual 2017	Animal Services Budget	$5,488	$3,771	$2,017	$3,865	$2,698	$4,479	$7,444	$10,857	$8,003	$1,531
	Percent of Enterprise	0.5%	0.27%	0.12%	0.44%	0.45%	0.43%	0.35%	0.26%	0.37%	0.12%
	Animal Services FTE	34.52	24.64	8.00	19.00	20.00	28.00	58.00	55.00	0.00	32.00
	Percent of Enterprise	0.91%	0.62%	0.15%	0.65%	0.72%	0.93%	0.74%	0.45%	0.00%	0.72%
Actual 2018	Animal Services Budget	$5,523	$4,003	$2,400	$4,221	$2,832	$5,243	$7,379	$11,613	$8,383	$1,837
	Percent of Enterprise	0.52%	0.27%	0.16%	0.43%	0.48%	0.49%	0.26%	0.26%	0.37%	0.14%
	Animal Services FTE	37.02	29.17	8.00	20.00	20.50	28.00	56.00	55.00	77.00	34.00
	Percent of Enterprise	0.97%	0.65%	0.15%	0.75%	0.73%	0.92%	0.71%	0.44%	0.86%	0.76%
Adopted 2019	Animal Services Budget	$5,635	$4,304	$0	$5,330	$2,869	$4,979	$7,686	$11,485	$8,792	$1,701
	Percent of Enterprise	0.49%	0.27%	0.00%	0.52%	0.44%	0.45%	0.26%	0.25%	0.38%	0.12%
	Animal Services FTE	37.08	27.36	18.00	20.00	20.50	28.00	0.00	53.00	75.00	33.00
	Percent of Enterprise	0.87%	0.66%	0.34%	0.75%	0.73%	0.91%	0.00%	0.43%	0.83%	0.73%

Figure 73: Source: KPMG LLP

The Animal Services division operates with more budget and full-time employees than the average of comparable counties. In fiscal 2019, the division employed more staff than all but Sacramento and Ventura Counties and operated with a mean amount of budget. It should be noted that demand for Animal Services is driven by external factors like total pet populations within the County. These factors are not under control of the division and thus comparison should be contextualized against the recommendations in this report.

Appendix B: Meeting Tracker

This section provides detail on the meetings held with the Public Health Department during review.

Meeting Topic	County Attendees	KPMG Attendees	Date
KPMG Meeting with Deputy Director Dr Polly Baldwin	Dr Polly Baldwin	Ryan Duffy, Caoimhe Thornton, Steven David	Oct 22, 2019
KPMG Meeting with Deputy Director Dr Metz	Dr Metz	Ryan Duffy, Caoimhe Thornton, Steven David	Oct 22, 2019
KPMG meeting with Ed Tran - Public Health	Edward Tran	Ryan Duffy, Steven David	Oct 29, 2019
Public Health Data Discussion	Laura Lui	Ryan Duffy, Steven David	Oct 31, 2019
Public Health Data Discussion	Loyst, Kim, Lui, Laura	Ryan Duffy, Steven David	Oct 31, 2019
KPMG Meeting - PH EMS Program Manager	Clay, Nicholas	Ryan Duffy, Steven David	Nov 04, 2019
KPMG meeting - Disease Control and Prevention	Paige Batson	Ryan Duffy, Caoimhe Thornton, Steven David	Nov 04, 2019
KPMG Interview with Gus Mejia - Public Health Admin and Finance	Mejia, Gustavo	Ryan Duffy, Steven David	Nov 04, 2019
KPMG Meeting - MCAH Public Health (Kelley Barragan)	Barragan, Kelley	Ryan Duffy, Steven David	Nov 04, 2019
KPMG Meeting - PH EMS Line Staff Meeting	Nicholas Clay, Michelle Wehmer, Matthew Higgs	Ryan Duffy, Steven David	Nov 04, 2019
KPMG Meeting - MCAH Line Staff Interview	Jan Koegler, Michele Combs, Aydee Nunez, Stavey Rosenberger, Michelle Wehmer, Matthew Higgs	Ryan Duffy, Steven David	Nov 05, 2019
KPMG meeting with PH HR Manager Nicci Plata	Plata Nicci	Ryan Duffy, Steven David	Nov 06, 2019
KPMG Meeting - Environmental Health Services	Larry Fay	Ryan Duffy, Steven David	Nov 06, 2019
KPMG Meeting - EHS Line Staff	EHS Line Staff	Ryan Duffy, Steven David	Nov 06, 2019
Public Health Data Request	Terri Maus-Nisich, Dennis Bozanich	Ryan Duffy, Caoimhe Thornton, Steven David	Nov 07, 2019
Meeting with Michael Camacho-Craft, HCA	Michael Camacho-Craft	Caoimhe Thornton, Steven David	Nov 12, 2019
Meetings with Medical Assistants: Lorena, Alex, and Valeria;	Lorena, Alex, and Valeria	Caoimhe Thornton, Steven David	Nov 12, 2019
PH Meeting with Dr. Preciado	Dr Preciado	Caoimhe Thornton, Steven David	Nov 12, 2019
PH meeting with Dr. De La Torre; Santa Maria	Dr. De La Torre	Caoimhe Thornton, Steven David	Nov 12, 2019

Figure 74: Source: KPMG LLP

PH meeting with RNs; Santa Maria	Public Health RNs	Caoimhe Thornton, Steven David	Nov 12, 2019
PH meeting with BHS Rachel Hawkins; Santa Maria	Rachel Hawkins	Caoimhe Thornton, Steven David	Nov 12, 2019
KPMG Meeting with PH Patient Accounting Staff	Cheryl Antonio, Carmelita Murillo	Ryan Duffy, Caoimhe Thornton, Steven David	Nov 13, 2019
KPMG meeting with PH IT/Admin Assistant Deputy Darrin Eisenbarth	Darrin Eisenbarth	Ryan Duffy, Caoimhe Thornton, Steven David	Nov 13, 2019
KPMG meeting with PH General Accounting	Caressa Stevenson	Ryan Duffy, Steven David	Nov 13, 2019
KPMG meeting with PH Assistant Deputy Director Dana Gamble	Dana Gamble	Ryan Duffy, Steven David	Nov 13, 2019
KPMG Meeting - Animal Services Santa Barbara	Tara Diller	Caoimhe Thornton, Steven David	Nov 14, 2019
KPMG Meeting - SB Animal Services Line Staff	Animal Services Line Staff	Caoimhe Thornton, Steven David	Nov 14, 2019
KPMG Interview with PH Santa Maria Clinic Front Office Supervisor	Maria G Gonzales, Dulce Caro,	Caoimhe Thornton, Steven David	Nov 15, 2019
Joint Phone Interview with KPMG	Kathryn Ochoa, Julia Bixby, Theresa Stephens	Steven David	Nov 15, 2019
KPMG meeting with Jeanie Sleigh, HCA Lompoc	Jeanie Sleigh	Caoimhe Thornton, Steven David	Nov 18, 2019
KPMG Meeting with Dr. Viviana Martinez, Lompoc	Dr Martinez	Caoimhe Thornton, Steven David	Nov 18, 2019
KPMG focus group with Medical Assistants, Lompoc	Jay Forrest	Caoimhe Thornton, Steven David	Nov 18, 2019
KPMG focus group with Staff Nurses, Lompoc	Yolanda Rodriguez, Carol Petrini	Caoimhe Thornton, Steven David	Nov 18, 2019
KPMG Interview with Julie McGandy, NP, Lompoc	Jeanie Sleigh	Caoimhe Thornton, Steven David	Nov 18, 2019
KPMG interview with Dr. Gowthamy Balakumaran, Lompoc	Dr. Gowthamy Balakumaran	Caoimhe Thornton, Steven David	Nov 18, 2019
KPMG meeting with Sarah Adams, LCSW, Lompoc	Sarah Adams	Caoimhe Thornton, Steven David	Nov 18, 2019
KPMG meeting with Dr. Drew Frerking, Lompoc	Dr Ferking	Caoimhe Thornton, Steven David	Nov 18, 2019
KPMG Meeting with PH HCA Paola Hurtado (SB)	Hurtado, Paola	Caoimhe Thornton, Steven David	Nov 19, 2019
KPMG meeting with PH RN Jeanette Gumber	Jeanette Gumber	Caoimhe Thornton, Steven David	Nov 19, 2019

Figure 75: Source: KPMG LLP

KPMG meeting with PH RN Sergio Magdalenogarcia	Sergio Madgelanogarcia	Caoimhe Thornton, Steven David	Nov 19, 2019
KPMG Meetings - Santa Maria Animal Services Line Staff	Animal Services Line Staff	Caoimhe Thornton, Steven David	Nov 19, 2019
KPMG Meeting - Santa Maria Animal Services with Tara Diller	Tara Diller	Caoimhe Thornton, Steven David	Nov 19, 2019
KPMG meeting with PH MA Brenda Vega	Brenda Vega	Caoimhe Thornton, Steven David	Nov 20, 2019
KPMG meeting with PH MA Victoria Leyva	Victoria Leyva	Caoimhe Thornton, Steven David	Nov 20, 2019
KPMG meeting with PH MD Chelsea Dean	Chelsea Dean	Caoimhe Thornton, Steven David	Nov 20, 2019
KPMG meeting with PH RN Ashely Garcia	Ashely Garcia	Caoimhe Thornton, Steven David	Nov 20, 2019
KPMG Meeting with PH MA Alicia Mera	Alicia Mera	Caoimhe Thornton, Steven David	Nov 20, 2019
Chameleon Data Discussion	Aurelia Fajardo	Ryan Duffy, Steven David	Nov 21, 2019
KPMG Meeting with EHS Supervisor Team	James Ray, Nicholas Coria, Kendra Wise, Rose Davis	Ryan Duffy, Steven David	Nov 21, 2019
Animal Services Data Discussion	Aurelia Fajardo, Tara Diller	Ryan Duffy, Steven David	Nov 25, 2019
EHS Data Discussion	Aurelia Fajardo, Rose Davis	Ryan Duffy, Steven David	Nov 26, 2019
KPMG Meeting to clarify what Systems of Care Data is still needed	Dana Gamble	Ryan Duffy, Steven David	Dec 04, 2019
Administration and Finance Follow Up Discussion	Suzanne Jacobson	Ryan Duffy, Steven David	Dec 10, 2019
EMS Follow Up Meeting	Lawrence Fay	Ryan Duffy, Steven David	Dec 11, 2019
EMS Staff Conference Call	Aaron Gao, Dana Solum, Michael Scott Whyte, Belinda Huy, Karen Vu, Joanne Teniente	Ryan Duffy, Steven David	Dec 11, 2019
Phone call with KPMG	Jacquelynn Ybarra, Christopher Schmuckal, Eric Graham, Errin Briggs, Jacquelynn Ybarra, Christopher Schmuckal, Eric Graham	Ryan Duffy, Steven David	Dec 12, 2019
EMS Follow Up Call	Nicholas Clay	Ryan Duffy, Steven David	Dec 12, 2019
Systems of Care	Polly Baldwin	Ryan Duffy, Steven David	Dec 13, 2019
Admin/Finance Follow Up Meeting	Suzanne Jacobson	Ryan Duffy, Caoimhe Thornton, Steven David	Dec 18, 2019

Figure 76: Source: KPMG LLP

Appendix C: Data Tracker

This section provides detail on data received throughout the Public Health departmental review.

Division	Data Item	Data Files
Administration	AR Workflow Data	EPIC Workflow Data
Administration	Provider Revenue	KPMG_ProvRev_with_Location
Administration	Direct Expenditures	Direct expenditures by health care center
Administration	Capitation	CenCal Health Capitation Model
Administration	Cost per patient data	Cost per patient data by location
Administration	Full Time Employee breakout	FTE workbook by FQHC
MCAH	PHN Caseload	Monthly Caseload Information FY 16-19 and YTD 19
MCAH	MCH CQI High Risk Referrals	New and Ongoing Referral Risk Stratification
MCAH	Time Study (Scrubbed Example)	Quarterly time study summary scans from 2017-Current for each PHN/HS Assistant
MCAH	RPM Postpartum	RPM Postpartum report
Disease Control	Excel workload tracking data	CalREIE CM Report
Disease Control	Hours by Case Type	Communicable Disease Outbreak Report
Disease Control	Communicible Disease Reporting	Reportable Communicable Disease Report
Animal Services	Chamelion	Animal Data 2016-2019

Animal Services	Financial data	Financial data by animal service business unit
EMS	Image trend, CAD, Cottage Health data	Various
EHS	EnvisionConnect data	Dailies Report
EHS	EnvisionConnect backlog	District level backlog reports
PCFH	Caseload/Utilization	E&M code data for 16-17 and 17-18 by provider, location, and practice type - LOS Statistic Summaries for March 2018-Current
PCFH	System of Care Data	De-identified systems of care tracking notifications by network type, provider, and time
PCFH	Provider Utilization	FTE allocation by provider, job class, and clinic location
PCFH	No Show Rates/Cancellations	Scheduling with slot availability, slot fills, final scheduled, and no show by HCA location
PCFH	No Show Rates/Cancellations	Provider Productivity Monthly Mar 2018 - Current
PCFH	Patient cost information per clinic	Quantified Cost Per Patient
PCFH	Service Brochures per clinic	Brochures for each clinic
PCFH	Actual provider/clinic schedules	Provider Schedule Screenshots
PCFH	Cycle Time Reports	Cycle Time Reports Monthly Mar 2018-Current

Figure 77: Source: KPMG LLP

Appendix D: Operating Model Framework

This section describes the operating model framework that was developed to articulate how a function should be designed, structured, and operated to improve operational efficiency, effectiveness, and service delivery. It consists of six interacting layers that need to be considered in conjunction with each other to determine how to optimally deliver services to the public (as depicted in Figure 66 below).

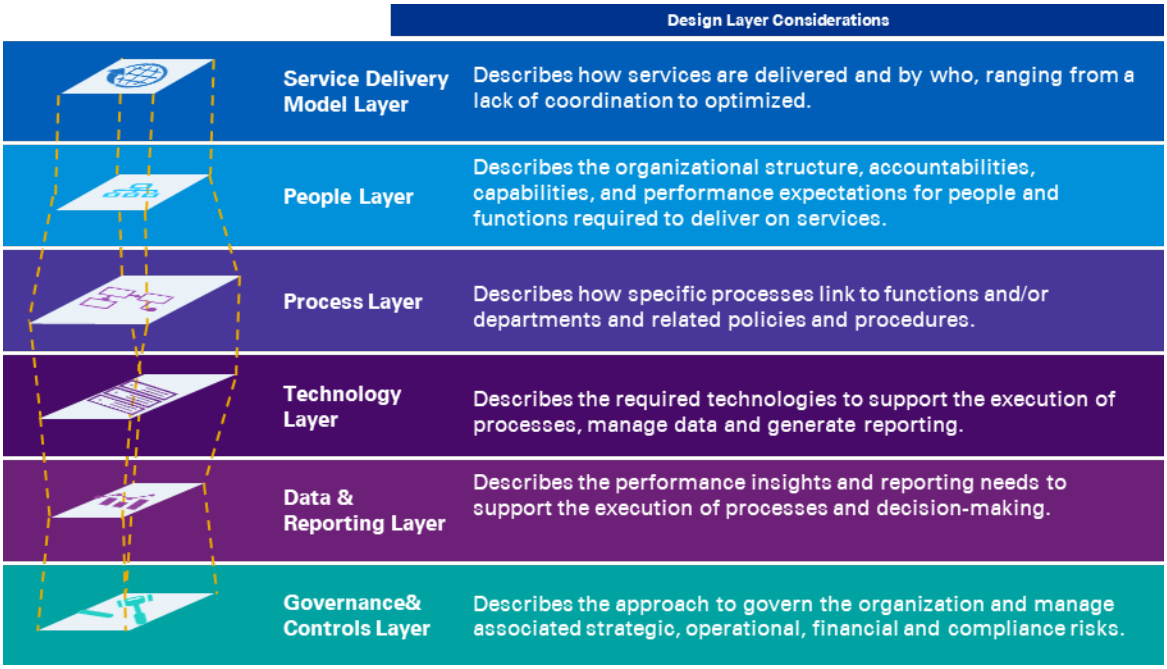


Figure 78: Source: KPMG LLP

2022 Report Appendix

Department Recommendation Table

Department recommendations relate to the systems and processes needed for the Department to more efficiently manage its operations and provide services to County residents as they relate to the key focus areas reviewed. The following table outlines the recommendations and related actions for each division selected for review including (1) Health Care Centers, (2) Environmental Health, (3) Disease Prevention and Health Promotion, and (4) Animal Services.

#	Department Recommendations
Health Care Centers	
1.1	Enhance access and utilization of EPIC data to operationalize reporting and proactively schedule staff training to improve data quality and data management. — **Action one:** Evaluate EPIC training needs and develop a regular training for nurses and supervisor — **Action two:** Provide EPIC reporting access to registered nurse supervisors — **Action three:** Utilize available data in EPIC to operationalize reporting on utilization to understand capacity of clinic staff — **Action four:** Identify a key staff member responsible for updating the EHR Team in advance of future medication changes
1.2	Optimize clinic scheduling and staff utilization by enhancing analysis of available data related to clinic wait times, patient cancellation, and no-show rates — **Action one:** Develop role-specific utilization targets — **Action two:** Implement optimized scheduling across health care centers — **Action three:** Conduct a staffing analysis across health care centers to help ensure staffing continues to be aligned to patient demand and reduce patient wait times
1.3	Improve monitoring and reporting of referral coordinator utilization to increase effectiveness of the position and increase capacity of nurses currently making warm handoffs. — **Action one:** Collaborate with the EHR team to develop reporting on referral initiation status — **Action two:** Evaluate case management activities currently performed by nursing staff, and develop a plan to reassign those activities which can be transitioned to nonclinical staff
1.4	Increase communication and technology enablement across health and human services agencies to provide accurate and timely services for high-needs clients with differing needs. — **Action one:** Establish and task a high-utilizer working group with inventorying the data sets necessary to identify department-wide high utilizers — **Action two:** Conduct data analysis of Department systems to determine high utilizers

	— **Action three:** Utilize the data to develop strategic client cohorts who can be served by multiple programs — **Action four:** Collaborate with other County Departments to develop systemwide high utilizers — **Action five:** Conduct strategy design and problem-solving based on findings from departmental high-utilizer data analysis to refine cross-departmental service offerings — **Action six:** Integrate technology systems to create an integrated data hub to obtain a 360-degree view of the client to enable coordinated service delivery
1.5	Develop an implementation plan to ensure revenues are adequate to cover the costs of Health Clinic operations. — **Action one:** Develop fiscally informed operational goals and implement strategic initiatives to support optimal cost recovery — **Action two:** Develop an implementation plan to support revenue projections and optimal cost recovery
Environmental Health	
2.1	Develop an implementation plan and evaluate reporting capabilities for the adoption of Accela to help ensure implementation is executed in a timely manner. — **Action one:** Develop an internal implementation plan for support and guide transition to Accela — **Action one:** Identify key functionalities and reporting capabilities the division wishes to utilize within Accela
2.2	Enable mobile access to internal systems via tablets/applications to allow inspectors to reduce duplication of efforts and enhance inspection quality. — **Action one:** Liaise with Department IT and Central IT to help ensure wireless connectivity and access to Division database in the field — **Action two:** Train Environmental Health inspectors on completing inspections electronically
2.3	Implement workshops and virtual trainings and provide key documentation in multiple languages to proactively enhance education and increase access to service for bilingual residents. — **Action one:** Implement enhanced workshops trainings and webinars for operators — **Action two:** Conduct an assessment of documentation (forms, applications, information) to be provided in multiple languages
2.4	Establish customer service-related performance metrics to allow for better data-driven decision-making related to service access and customer satisfaction. — **Action one:** Develop an internal process for tracking customer/operator queries and complaints

	— **Action two:** Develop a comprehensive set of FAQs for publication on the Division's website — **Action three:** Develop a customer satisfaction survey for publication on the Division's website. — **Action four:** Develop key internal performance metrics to measure customer satisfaction
Disease Prevention and Health Promotion	
3.1	Enhance reporting and analysis of available data to better understand staff workload and productivity, caseload allocation, and overall divisional performance — **Action one:** Update internal policies and procedures to require enhanced tracking of social determinants of health (homelessness, social factors etc.) as well as pregnancy within CalREDIE — **Action two:** Develop a low-barrier program to track disease investigation timeframes over a three-month period — **Action three:** Update acuity model to include increased complexity weightings per disease as a result of social detriments of health as well as pregnancy. — **Action four:** Develop process efficiencies — **Action five:** Identify a core set of key performance outcomes — **Action six:** Collaborate with Division IT and County IT to enhance Power BI dashboard visualizations
3.2	Develop dashboards to better analyze grant spend, timelines, and outcomes to enhance reporting efficiency and effectiveness. — **Action one:** Develop a monthly dashboard of grant utilization and performance. — **Action two:** Provide dashboard access and training to program management staff — **Action three:** Define dashboard data reporting requirements and standards
Animal Services	
4.1	Develop a comprehensive strategic plan with input from internal and external stakeholders to better align Division operations, governance, and service delivery. — **Action one:** Develop a comprehensive strategic plan — **Action two:** Conduct an assessment model of service delivery to help ensure alignment with Department strategy — **Action three:** Implement processes to enhance volunteer participation and create a more robust, dependable volunteer program
4.2	Identify a core set of outcomes and performance measures, enhance processes in place to track revenue and costs by shelter and increase the frequency of fee analysis to better understand operations and measure performance across the Division

	— **Action one:** Develop a comprehensive set of performance measures aligned with Division strategy — **Action two:** Transition toward tracking revenue, expenditure, and operational performance at the shelter level — **Action three:** Develop a standardized reporting structure for performance measures — **Action four:** Increase the frequency of fee analysis

County Benchmarks

a) Community Health Programs

The Community Health Programs division maintains slightly lower budget and FTE levels as compared to the average of available county budgets. It should be noted that benchmark comparisons for Community Health were generally unavailable as many counties, including Placer, Sonoma, Solano, San Luis Obispo, Marin, Santa Cruz, and Tulare do not have a similar scope and encompass different divisions.

		Budgets in $'000	Santa Barbara	Average	Monterey[1]
Community Health Programs	Recommended FY 2021-22	Division FTE	26	10	10
		% of Enterprise	0.61%	0.18%	0.18%
		Division Budget	4,093	2,365	2,365
		% of Enterprise	0.31%	0.16%	0.16%
	Adopted FY2020-21	Division FTE	25	10	10
		% of Enterprise	0.59%	0.18%	0.18%
		Division Budget	4,274	1,887	1,887
		% of Enterprise	0.36%	0.12%	0.12%
	Actual FY2019-20	Division FTE	22	8	8
		% of Enterprise	0.57%	0.15%	0.15%
		Division Budget	3,839	1,050	1,050
		% of Enterprise	0.36%	0.06%	0.06%

b) Health Care Centers

The HCCs division budget is slightly higher than that of Monterey and Stanislaus; however, lower than Ventura County; however, Ventura County operates 10 Health Care clinics while Stanislaus operates four. It should be noted that benchmark comparisons for Health Care Centers across other counties were generally unavailable as many counties, including Placer, Sonoma, Solano, San Luis Obispo, Marin, Santa Cruz, and Tulare do not have a similar scope of services.

		Budgets in $'000	Santa Barbara	Average	Monterey[28]	Ventura[29]	Stanislaus[30]
Health Care Centers	Recommended FY 2021-22	Division FTE	253	357	280	613	178
		% of Enterprise	5.82%	10.66%	5.09%	17.00%	3.88%
		Division Budget	51,481	66,455	48,391	103,279	47,695
		% of Enterprise	3.88%	15.88%	3.18%	41.26%	3.20%
	Adopted FY2020-21	Division FTE	257	661	282	1,523	178
		% of Enterprise	5.96%	8.67%	5.21%	16.90%	3.91%
		Division Budget	51,341	206,449	47,342	538,090	33,915
		% of Enterprise	4.31%	6.93%	2.98%	9.60%	2.22%
	Actual FY2019-20	Division FTE	241	611	287	1,369	178
		% of Enterprise	6.19%	8.16%	5.35%	15.19%	3.94%
		Division Budget	49,406	194,394	39,937	505,146	38,098
		% of Enterprise	4.60%	5.3%	2.33%	9.70%	2.86%

[28] Benchmarked the total of 10 Health Care clinics namely Alisal Health Center, Laurel Internal Medicine, Laurel Pediatric Clinic, Laurel Family Practice, Laurel Vista, Bienestar – Salinas, Seaside Family Health Center, Clinic Services NIDO clinic, Marina Integrative Clinic and Marina Health Center.
[29] Ventura County Medical Center (VCMC), a department of the Ventura County Health Care Agency (HCA), is a hospital system with two hospital campuses as well as a broad network of ambulatory care clinics. Actual budget FY2020-21 considered
[30] Benchmarked Health Services Agency - Clinics and Ancillary Services. Actual FY2020-21 budget considered

c) Disease Prevention and Health Promotion

The Disease Prevention and Health Promotion Division operates with a larger amount of budget and staff as compared to other benchmark Counties. It should be noted that benchmark comparisons for Disease Prevention and Health Promotion across other counties were generally unavailable as many counties, including Sonoma, Solano, Marin, Santa Cruz, and Tulare do not have a similar scope of services or do not provide program-level breakdowns.

		Budgets in $'000	Santa Barbara	Average	Monterey	San Luis Obispo
Disease Prevention and Health Promotion	Recommended FY 2021-22	Division FTE	100	71	116	26
		% of Enterprise	2.29%	1.5%	2.11%	0.90%
		Division Budget	20,069	16,805	29,001	4,620
		% of Enterprise	1.51%	1.26%	1.91%	0.61%
	Adopted FY2020-21	Division FTE	96	114	114	-
		% of Enterprise	2.22%	1.05%	2.11%	0.00%
		Division Budget	24,137	19,317	19,317	-
		% of Enterprise	1.26%	0.06%	1.22	0.00%
	Actual FY2019-20	Division FTE	93	71	115	26
		% of Enterprise	2.40%	0.05%	0.00%	0.92%
		Division Budget	17,382	10,182	16,105	4,258
		% of Enterprise	1.62%	0.08%	0.94%	0.65%

d) Animal Services

The Animal Services Division operates with less budget and full-time employees than the average of comparable counties. In fiscal 2021, the division less staff than Sacramento, Ventura, and Kern Counties. It should be noted that demand for Animal Services is driven by external factors like total pet populations within the county. These factors are not under control of the Animal Services Division and comparison should be contextualized against the recommendations in this report. It should also be noted that benchmark comparisons for Animal Services within Sonoma, Solano, Marin, Santa Cruz, and Tulare were not available as do they not have a similar scope of services.

		Budgets in $'000	Santa Barbara	Average	Solano[31]	Monterey	SLO	Kern[32]	Placer	Sacramento[33]	Ventura[34]	Stanislaus[35]
Animal Services	Recommended FY 2021-22	Division FTE	38	39	26	20	21	62	20	54	75	35
		% of Enterprise	0.88%	0.67%	0.83%	0.36%	0.72%	0.76%	0.74%	0.42%	0.76%	0.76%
		Division Budget	5,581	7,320	4,772	3,648	4,347	7,850	5,769	17,097	9,965	5,119
		% of Enterprise	0.42%	0.41%	0.37%	0.24%	0.58%	0.22%	0.56%	0.25%	0.69%	0.34%
	Adopted FY2020-21	Division FTE	37	38	26	19	21	57	20	53	75	35
		% of Enterprise	0.86%	0.67%	0.83%	0.35%	0.73%	0.71%	0.75%	0.42%	0.83%	0.77%
		Division Budget	5,765	6,960	4,272	3,243	4,007	7,289	5,728	16,769	9,273	5,101
		% of Enterprise	0.48%	0.40%	0.36%	0.20%	0.58%	0.24%	0.56%	0.26%	0.63%	0.33%
	Actual FY2019-20	Division FTE	32	38	26	19	21	57	20	53	75	35
		% of Enterprise	0.83%	0.67%	0.84%	0.35%	0.73%	0.71%	0.69%	0.42%	0.85%	0.78%
		Division Budget	5,223	6,862.43	4,368	2,502	2,628	7,036	5,336	17,362	8,805	-
		% of Enterprise	0.49%	0.33%	0.39%	0.15%	0.40%	0.21%	0.52%	0.28%	0.67%	0.00%

[31] Animal care services is part of Sheriff Coroner
[32] Animal services part of Public Protection. Actual FY2020-21 budget considered
[33] The Department of Animal Care and Regulation provides public safety and protects the health and welfare of animals in our community
[34] Animal services is separate department
[35] Animal services is a separate agency under its community partnerships. On October 27, 2009, a joint powers agreement between the cities of Ceres, Hughson, Modesto, Patterson, Waterford and Stanislaus County established the Stanislaus Animal Services Agency (SASA), a public entity separate and distinct

Interview Schedule

This section provides detail on the meetings held with the Public Health Department during the review. Throughout the review period the KPMG Team held over 35 interviews with Department staff and providers to understand the organizational structure, roles and responsibilities, operations, and processes of the Department.

Meeting Name	KPMG Attendees	Client Attendees	Date
Data Request Review, Administration	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Darrin Eisenbarth	April 4, 2022
Data Request Review, Fiscal	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Suzanne Jacobson, Gustavo Meija	April 4, 2022
Data Request Review, Community Health	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Paige Batson, Angela Yates, Lars Seifert, Stacy Covarrubias, Neysa Gleason, Stefanie Hernandez, Adriana Almaguer	April 12, 2022
Data Request Review, EPIC & Medical Director/Primary Care	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Kim Loyst, Suzanne Jacobson, Amber Bermond, Henning Ansorg, Stefanie Hernandez, Paola Hurtado, Laura Lui, Dana Gamble	April 14, 2022
KPMG Data Request Review – Disease Control	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Neysa Gleason, Paige Batson, Adriana Almaguer, Stacy Covarrubias, Stefanie Hernandez	April 20, 2022
KPMG Data Request Review – EHS	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Paige Batson, Lars Siefert, Rose Davis, Stefanie Hernandez, Stacy Covarrubias	April 20, 2022
KPMG Data Request Review – AS	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Paige Batson, Angela Yates, Jessica Ortega-Wiebe, Stacy Covarrubias, Stefanie Hernandez	April 25, 2022
Data Request Review, EPIC& Medical Director/Primary Care	Caleb Schafer, Olivia Rabbitte, Lauren Coble, Caoimhe Thornton	Kim Loyst, Suzanne Jacobson, Amber Bermond, Stefanie Hernandez, Paola Hurtado, Laura Lui, Dana Gamble	May 2, 2022
KPMG Re-Review of Public Health: Interview with Deputy Director – PCFJ	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Dana Gamble, Stefanie Hernandez	May 3, 2022
KPMG Re-Review of Public Health: Interview with Director of Public Health	Caleb Schafer, Olivia Rabbitte, Lauren Coble, Caoimhe Thornton, Cate Singer	Van Do-Reynoso, Stefanie Hernandez	May 4, 2022
KPMG Re-Review of Public Health: Interview with Deputy Director – CH	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Paige Batson, Neysa Gleason, Stefanie Hernandez	May 4, 2022

Appendix

Meeting Name	KPMG Attendees	Client Attendees	Date
KPMG Re-Review of Public Health: Interview with Deputy Director – Community Health	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Ryyn Schumacher	May 9, 2022
Public Health FIN Data Meeting	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Dana Grossi	May 9, 2022
KPMG Re-Review of Public Health: Interview with Interim Medical Director	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Henning Ansorg, Stefanie Hernandez	May 10, 2022
KPMG Re-Review of Public Health: Interview with Disease Control Program Supervisor	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Adriana Almaguer	May 11, 2022
KPMG Public Health Re-Review: Interview with Environmental Health Program Business Leader	Olivia Rabbitte, Lauren Coble	Lars Seifert, Paige Batson	May 13, 2022
KPMG Public Health Re-Review: Focus Group with Health Center Administrators	Olivia Rabbitte, Lauren Coble	Elvia Lopez, Jeanette Gumber	May 13, 2022
KPMG Public Health Re-Review: Focus Group with Health Center Administrators	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Paola Hurtado, Jeanie Sleigh, Michael Camacho-Craft	May 16, 2022
KPMG Public Health Review: Interview with EMR Manager	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Laura Lui	May 17, 2022
KPMG Public Health Re-Review: Focus Group with Environmental Health Supervisors	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Jason Johnston, Marissa Censullo, Dana Solum	May 17, 2022
KPMG Public Health Review: Interview with EH Department Business Specialist	Caleb Schafer, Olivia Rabbitte	Rose Davis	May 17, 2022
KPMG Public Health Re-Review: Interview with Animal Services Program Business Leader	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Paige Batson, Stefanie Hernandez	May 18, 2022
KPMG Public Health Review – Executive Dashboard Demonstration and Utilization Data Discussion	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Kim Loyst	May 18, 2022
KPMG Public Health Re-Review: Animal Services Data Follow-Up	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Paige Batson, Stacy Covarrubias, Jessica Ortega-Wiebe, Neysa Gleason	May 20, 2022
KPMG Public Health Re-Review: Interview with Environmental Health Staff	Caleb Schafer, Olivia Rabbitte	Norma Campos Bernal, Marilyn Merrifield	May 20, 2022

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Meeting Name	KPMG Attendees	Client Attendees	Date
KPMG Public Health Re-Review: Interview with Environmental Health Staff	Caleb Schafer, Olivia Rabbitte	Hiromi Dugan, Lloyd Simms, Michael Scott Whyte	May 20, 2022
KPMG Public Health Re-Review: Interview with Environmental Health Staff	Caleb Schafer, Olivia Rabbitte	Jin Kim, Michael Villaraza, Alex Solorio	May 20, 2022
EPIC Data Review	Caleb Schafer, Olivia Rabbitte	Dana Gamble, Kim Loyst, Laura Lui	May 24, 2022
KPMG Public Health Review: Disease Control Data Discussion	Caleb Schafer, Olivia Rabbitte	Paige Batson, Adriana Almaguer	May 24, 2022
KPMG Public Health Re-Review: Interview with Environmental Health Staff	Caleb Schafer, Olivia Rabbitte	Omar Ramos, Marissa Censullo, Steve Nailor	May 25, 2022
KPMG Public Health Re-Review: Interview with Disease Control Staff	Caleb Schafer, Olivia Rabbitte	Kathleen Clerkin	May 25, 2022
KPMG Public Health Re-Review: Interview with Santa Maria Primary Care Supervising RN	Caleb Schafer, Olivia Rabbitte	Patricia Sceales	May 26, 2022
KPMG Public Health Re-Review: Focus Group with Primary Care Staff	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Ana Villalobos, Michelle Coleman-Tornquist	May 26, 2022
KPMG Public Health Department Review: Finance Division Call	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Suzanne Jacobson, Stacy Covarrubias, Gustavo Mejia	May 26, 2022
KPMG Public Health Re-Review: Interview with Disease Control Staff	Caleb Schafer, Olivia Rabbitte	Maria Gonzalez-Ayala, Sandy Isaacs	May 26, 2022
KPMG Public Health Re-Review: Interview with Disease Control Staff	Caleb Schafer, Olivia Rabbitte	Connie Duarte, Eva Avila	May 27, 2022
KPMG Public Health Re-Review: Interview with Dr. Frerking	Caleb Schafer, Lauren Coble	Dr. Andrew Frerking	June 2, 2022
Follow-Up Meeting with KPMG	Caleb Schafer, Olivia Rabbitte	Patricia Sceales	June 22, 2022
Public Health Review – Follow-up with Dana Gamble	Caleb Schafer, Olivia Rabbitte	Dana Gamble	July 12, 2022

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Meeting Name	KPMG Attendees	Client Attendees	Date
KPMG Public Health Re-Review: Health Care Centers Follow-Up	Caleb Schafer, Olivia Rabbitte, Lauren Coble, Vivian Demian	Dana Gamble, Henning Ansorg, Suzanne Jacobson, Laura Lui	July 21, 2022
KPMG Public Health Re-Review: Disease Prevention and Health Promotion Follow-Up	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Paige Batson, Adriana Almaguer	July 22, 2022
Public Health Mid-Point Review with PH Exec Team Part II – Environmental Health and Animal Services	Caleb Schafer, Olivia Rabbitte, Lauren Coble	Dana Grossi, Lars Seifert, Suzanne Jacobson, Terri Maus-Nisich, Dana Gamble, Paige Batson	July 25, 2022
KPMG Public Health Re-Review: Environmental Health Follow-Up	Caleb Schafer, Olivia Rabbitte	Lars Seifert, Stefanie Hernandez, Paige Batson	July 28, 2022
KPMG Public Health Re-Review: Mid-Point Themes Follow-Up	Caleb Schafer, Olivia Rabbitte	Paige Batson, Stacy Covarrubias, Suzanne Jacobson, Stefanie Hernandez	August 3, 2022

Data Inventory

The below chart outlines the data received from the Department to complete the Departmental Review.

Data Item	File Name
Animal Services New Vision	05-18-21 CH AS New Vision for Animal Services and Jurisdictional Contract Fee Options Presentation BL FINAL.docx
Analysis of AS Customer Services Survey	5.12.22 Preliminary Analysis of Animal Services Customer Satisfaction Survey.xlsx
Board Action 2022	Board Action 4-19-22.pdf
Board Direction 2022	Board Direction 4-19-2022 Scenario C 5-Yrs 2.5 CPI.xlxs
Board Letter 2022	Board Letter 4-19-2022 Contracts.pdf
CH AS Presentation	CH AS Presentation – BOS 5-18-21.pptx
Chameleon Codes	Chameleon Codes.xlxs
Animal Services Chameleon Data	Copy of AS DATA 07-01-2019 THRU 04-01-2022 raw data.xlxs
Animal Services Staff Schedule	PP07 March 7 - March 20, 2022.docx
Animal Services Staff Schedule	PP08 March 21 – April 3, 2022.docx
Animal Services Staff Schedule	PP09 April 4 – April 17, 2022.docx
Animal Services Staff Schedule	PP10 April 18 – May 1, 2022.docx
Animal Services Staff Schedule	PP11 May 2, 2022 – May 15, 2022.docx
Program Codes	SBCAS Program Code Consolidation.docx
Health Centers Appointment Cycle Times	Cycle Time with Flexible Grouping-Provider, Locations, Departments 2019.xlxs
Health Centers Appointment Cycle Times	Cycle Time with Flexible Grouping-Provider, Locations, Departments 2020.xlxs
Health Centers Appointment Cycle Times	Cycle Time with Flexible Grouping-Provider, Locations, Departments 2021.xlxs
Health Centers Appointment Cycle Times	Cycle Time with Flexible Grouping-Locations 2019.xlxs
Health Centers Appointment Cycle Times	Cycle Time with Flexible Grouping-Locations 2020.xlxs
Health Centers Appointment Cycle Times	Cycle Time with Flexible Grouping-Locations 2021.xlxs
Health Centers Appointment Cycle Times	Cycle Time with Flexible Grouping-Departments 2019.xlxs

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Data Item	File Name
Health Centers Appointment Cycle Times	Cycle Time with Flexible Grouping-Departments 2020.xlsx
Health Centers Appointment Cycle Times	Cycle Time with Flexible Grouping-Departments 2021.xlsx
Health Centers Appointment Cycle Times	Cycle Time with Flexible Grouping-Providers 2019.xlsx
Health Centers Appointment Cycle Times	Cycle Time with Flexible Grouping-Providers 2020.xlsx
Health Centers Appointment Cycle Times	Cycle Time with Flexible Grouping-Providers 2021.xlsx
Explanation of High Variants	Explanation of High Variants within SBCPHD cycle times.docx
Provider Access	Provider Access By Dept By Provider_KPMG_FY2021 (1).xlsx
Provider Access	Provider Access By Dept By Provider_KPMG_FY2122 ytd.xlsx
Slot Utilization	17_Slot Utilization by Department and Provider_CY2022 ytd.xlsx
Slot Utilization Definitions	Slot Utilization by Department and Provider_Definitions.docx
FTE Allocations per Clinic	KPMG Report 14 FY 18-19.xlsx
FTE Allocations per Clinic	KPMG Report 14 FY 19-20.xlsx
FTE Allocations per Clinic	KPMG Report 14 FY 20-21.xlsx
Slot Utilization	20_Slot Utilization by Department and Provider_FY1920.xlsx
Slot Utilization	20_Slot Utilization by Department and Provider_FY2021.xlsx
Slot Utilization	20_Slot Utilization by Department and Provider_FY2122 ytd.xlsx
In Basket Outside Events	SA175 In Basket Outside Events-FY 18.19.xlsx
In Basket Outside Events	SA175 In Basket Outside Events-FY 19.20.xlsx
In Basket Outside Events	SA175 In Basket Outside Events-FY 20.21.xlsx
All Referrals	SA175_KPMG_All Referrals_DeIdentified.xlsx
BH Referrals	SA175_KPMG_BH_ Referrals_DeIdentified 2018-2022.xlsx

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Data Item	File Name
Provider Utilization	Provider Utilization-Provider Productivity+FTE-FY20.21.xlsx
Visit Types Completed	SBCPHD_All Clinics Completed Visit by type_KPMG_FY18.19.xlsx
Visit Types Completed	SBCPHD_All Clinics Completed Visit by type_KPMG_FY19.20.xlsx
Visit Types Completed	SBCPHD_All Clinics Completed Visit by type_KPMG_FY20.21.xlsx
Clinic Website Links	Clinic Related Data.docx
OCHIN Dashboard slides for Appointment Utilization and MyChart activation	OCHIN Dashboard slides for Appointment Utilization and MyChart activation.pdf
OCHIN executive dashboard context	OCHIN executive dashboard context.docx
In Basket Outside Events with Organization	SA175 In Basket Outside with Organization-FY 18.19.xlxs
In Basket Outside Events with Organization	SA175 In Basket Outside with Organization-FY 19.20.xlxs
In Basket Outside Events with Organization	SA175 In Basket Outside with Organization-FY 20.21.xlxs
Back to Basics	Back to Basics_sex online public places v3 final.pdf
CDPH STD Data to Program	CDPH STD Data to Program 3.8.22_Final.pdf
Contact Investigation for Tuberculosis	Contact Investigation for Tuberculosis.pdf
Curry International	Curry International TB Center – Trainings.url
DIS Professional Development and Training	DIS Professional Development and Training.pdf
HCV 101	HCV 101.pdf
HCV Care Coordination	HCV Care Coordiantion.pdf
HCV Navigation	HCV Navigation.pdf
Passport for Passport Modules	Passport for Passport Modules.pdf
Principles of Engagement Course Material	Principles of Engagement Course Material.pptx
STD HIV Cross-Training	STD HIV Cross Training final.pptx

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Data Item	File Name
STD Training Resource Binder	STD Training Resource Binder.pdf
TB 101 for Health care Workers	TB 101 for Health care Workers.pdf
Women and PrEP webinar	Women and PrEP webinar – full slide deck.pdf
CalREDIE at a Glance	CalREDIE-at-a-glance-Factsheet.pdf
CalREDIE User Guide	CalREDIE User Guide.pdf
Data-Distribution-Portal-FAQ	Data Distribution Portal FAQ.pdf
DISA Guide	DISA Guide.pdf
Disease Control & Prevention Org Chart	Disease Control & Prevention Org Chart Rev 2 – 2022.pdf
Disease Control & Prevention Unit Restructure Proposal	Disease Control & Prevention Unit Restructure Proposal.pptx
TB eDOT Log Instructions Smartsheet	TB eDOT Log Instructions Smartsheet.pdf
2020_RVCT_Training	2020_RVCT_Training.pdf
List of Reportable Diseases	List of Reportable Diseases.pdf
CalREDIE Referral Quality Assurance Policy	CALREDIE Referral Quality Assurance Policy.pdf
Coccidioidomycosis Protocol	Coccidioidomycosis Protocol.pdf
Giardiasis Protocol	Giardiasis Protocol.pdf
Gonococcal Infection Protocol	Gonococcal Infection Protocol.pdf
Post-Exposure for Contacts Exposed to Meningococcal Disease	Post-Exposure for Contacts Exposed to Meningococcal Disease.pdf
Standardized Procedure – Post Exposure for Contacts Exposed to Pertussis	Standardized Procedure – Post Exposure for Contacts Exposed to Pertussis.pdf
Standardized Procedure – TB Clearance of Health care for the Homeless	Standardized Procedure – TB Clearance of Health care for the Homeless.pdf
Standardized Procedure Chest X-ray for Positive TST or QFT	Standardized Procedure Chest X-ray for Positive TST or QFT.pdf
Standardized Procedure Nasopharyngeal Swab Dry Method	Standardized Procedure Nasopharyngeal Swab Dry Method.pdf

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Data Item	File Name
Standardized Procedure Post-Exposure for Contact Exposed to Hepatitis A	Standardized Procedure Post-Exposure for Contact Exposed to Hepatitis A.pdf
CalREDIE CM Report 4-11-2022	CalREDIE CM Report 4-11-2022.xlsx
CQI Indicator GC 30 – Day HIV	CQI Indicator GC 30 – Day HIV.pdf
Disease Control Office Daily QA Checks	Disease Control Office Daily QA Checks.pdf
HIV KPI Measure	HIV KPI Measure.pdf
Ryan White Performance Measures CY 2021	Ryan White Performance Measures CY 2021.pdf
Syphilis Completeness Q1-Q2 2021	Syphilis Completeness Q1-Q2 2021.pdf
TB Year-End Quality Control Lists	TB Year End Quality Control List.pdf
PHN Referral Chart 01-04-2021	PHN Referral Char 01-04-2021.xlsx
PHN Referral Chart 12-20-2021	PHN Referral Chart 12-20-2021.xlsx
PHN Referral Chart 7-14-2021	PHN Referral Chart 7-14-2021.xlsx
2021 HIV Case Management Service Report	2021 HIV Case Management Service Report.xlsx
2021 DDP Report added variables	2021 DDP Report added variables.xlsx
1st Qtr 2022 Productivity Report	1st Qtr 2022 Productivity Report.pdf
2021 DDP Outbreak Report	2021 DDP Outbreak Report.xlsx
2021 Productivity Report	2021 Productivity Report.pdf
CalREDIE CM Report 4-11-2022	CalREDIE CM Report 4-11-2022.xlsx
Communicable Disease Acuity Grid	Communicable Disease Acuity Grid.pdf
Disease Control Case Referral Chart	Disease Control Case Referral Chart.pdf
PHN District Analysis	PHN District Analysis.pptx
FY 19-20 Q1	FY 19-20 Q1.xlsx

Operating Model Maturity Scale

e) The figure below describes a continuum of maturity related to optimal service delivery across each of the four divisions selected for review. The purple boxes indicate each division's capabilities at the time of the review, and the gold boxes illustrate the level of maturity that KPMG believe is attainable through the recommendations in this report.

Health Care Centers	Lack of activity-driven deployment, automated work order system and limited coordination	1	Utilization targets are not formalized and there are limited standardized processes in place to optimize schedules across clinics and providers	3	Utilization targets are formalized and reviewed on a weekly basis and resources are optimized reducing wait times and enhance client service delivery	5	Optimized staff utilization
Environmental Health	Lack of robust customer service related performance metrics and system change implementation plan	1	2	Limited customer service related metrics to track and monitor customer satisfaction and lack of a robust implementation plan for the adoption of Accela to help plan and ensure for a smooth transition	4	Comprehensive, balanced, and measurable customer service related performance metrics and robust implementation plan for Accela transition	Strategic utilization of funding sources in line with community need
Disease Prevention and Health Promotion	Limited capability to track disease investigation timeframes	1	The Division has limited capability to track disease investigation timeframes and proactively identify opportunities for process efficiencies and enhance performance management	3	A clear understanding of disease investigation timeliness, staff activities resulting in enhanced staff performance, operational process, and client service delivery	5	Optimized disease investigation timeframes
Animal Services	Lack of coordinated strategic alignment and adoption	1	There is a lack of coordinated vision, mission, and strategy across the County and community related to Animal Services delivery models	3	Clear and coordinated strategy in line with countywide vision with critical community buy-in and engagement	5	Coordinated and consistently adopted

Figure 79: Source: KPMG LLP

Operating Model Framework

f) This section describes the operating model framework that was developed to articulate how a function should be designed, structured, and operated to improve operational efficiency, effectiveness, and service delivery. It consists of six interacting layers that need to be considered in conjunction with each other to determine how to optimally deliver services to the public.

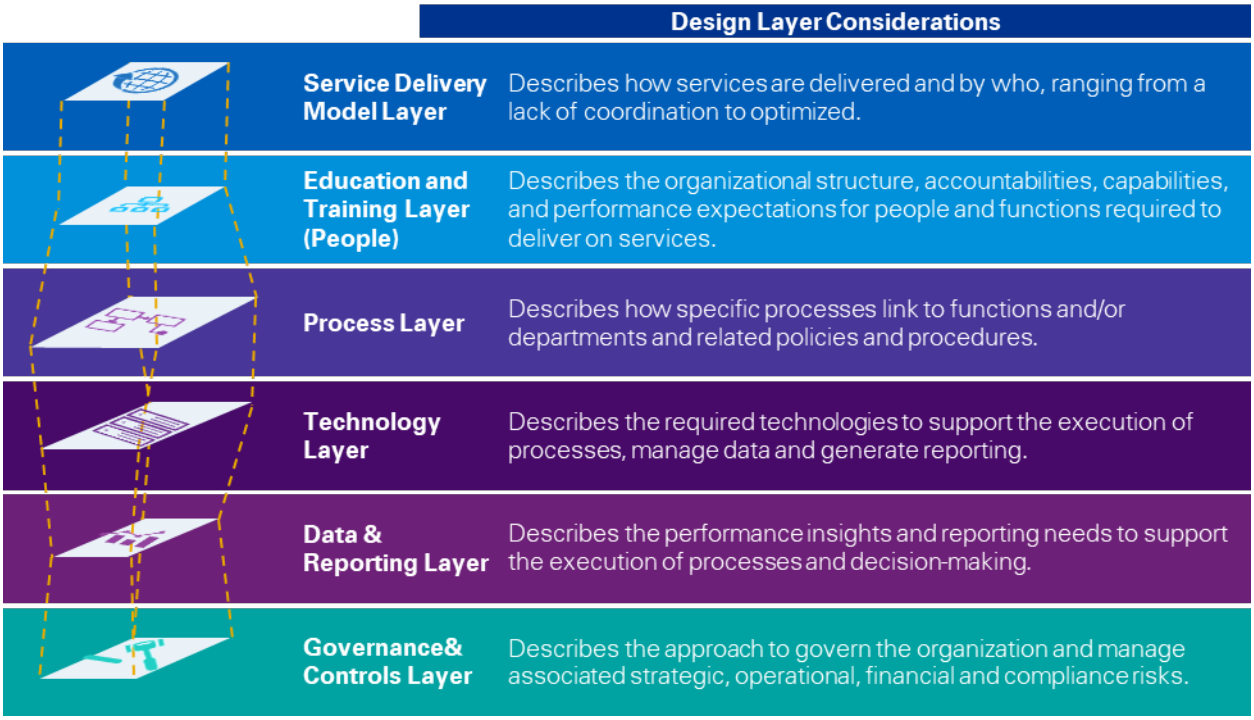


Figure 80: Source: KPMG LLP

Prioritized Timeline

The following report consists of 13 recommendations across the four divisions selected for review within the Public Health Department. Proposed timing and prioritization for each recommendation is depicted below.

			High-level Timeline											
			Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Health Care Centers	1.1	Enhance access and utilization of EPIC data to operationalize reporting and proactively schedule staff training to improve data quality and data management.												
	1.2	Optimize clinic scheduling and staff utilization by enhancing analysis of available data related to clinic wait times, patient cancellation, and no-show rates.												
	1.3	Improve monitoring and reporting of referral coordinator utilization to increase effectiveness of the position and increase capacity of nurses currently making warm handoffs.												
	1.4	Increase communication and technology enablement across health and human services agencies to provide accurate and timely services for high-needs clients with differing needs.												
	1.5	Develop a five-year implementation plan to ensure revenues are adequate to cover the costs of Health Clinic operations.												
Environmental Health	2.1	Develop an implementation plan and evaluate reporting capabilities for the adoption of Accela to help ensure implementation is executed in a timely manner.												
	2.2	Enable mobile access to internal systems via tablets/applications to allow inspectors to reduce duplication of efforts and enhance inspection quality.												

	2.3	Implement workshops and virtual trainings and provide key documentation in multiple languages to proactively enhance education and increase access to service for bilingual residents.					■	■	■	■							
	2.4	Establish customer service related performance metrics to allow for better data-driven decision-making related to service access and customer satisfaction.					■	■									
Disease Prevention and Health Promotion	3.1	Enhance reporting and analysis of available data to better understand staff workload and productivity, caseload allocation, and overall divisional performance.		■	■	■	■	■	■	■	■						
	3.2	Develop dashboards to better analyze grant spend, timelines, and outcomes to enhance reporting efficiency and effectiveness.					■	■	■								
Animal Services	4.1	Develop a comprehensive strategic plan with input from internal and external stakeholders to better align Division operations, governance, and service delivery.		■	■	■	■	■	■	■							
	4.2	Identify a core set of outcomes and performance measures, enhance processes in place to track revenue and costs by shelter and increase the frequency of fee analysis to better understand operations and measure performance across the Division.	■	■	■	■											

Animal Services Data Analysis

Intake per month between FY2020 and FY2021

g) The below chart illustrates the total number of intakes per month from July 2019 to April 2022. The month of July recorded the highest number of intakes with the exception of July 2020 where the highest intakes were in the month of October.

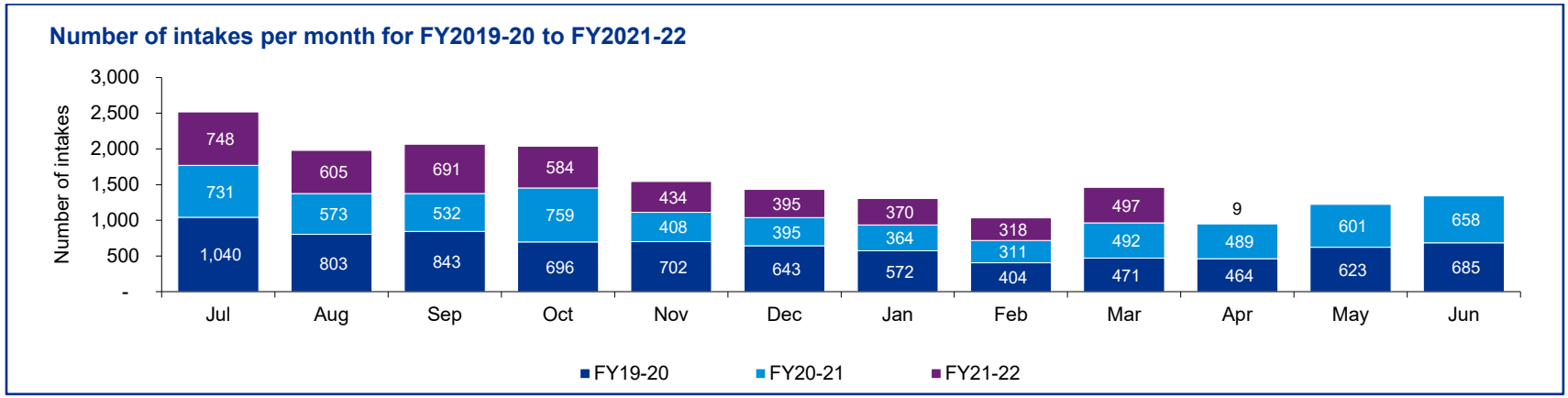


Figure 81: Source: KPMG Analysis of Department Data

Intake by species between FY2020 and FY2021

h) The below chart illustrates the total number of intakes by species for FY2019 to FY2022. From FY2019, the total number of have consistently decreased, decreasing by 21 percent between FY2019 and FY2020 and decreasing by a further 26 percent between FY2020 and FY2021.

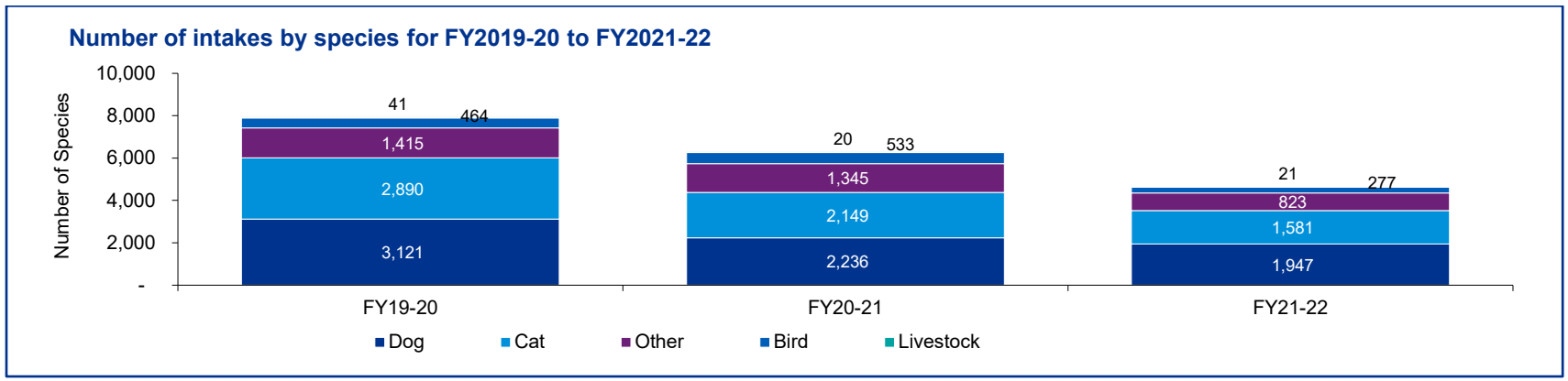


Figure 82: Source: KPMG Analysis of Department Data

Intakes by intake type between FY2020 and FY2021

i) The below chart illustrates the percentage of intakes by intake type between FY2019 and FY2021. Across years, over 50 percent of intakes are stray animals.

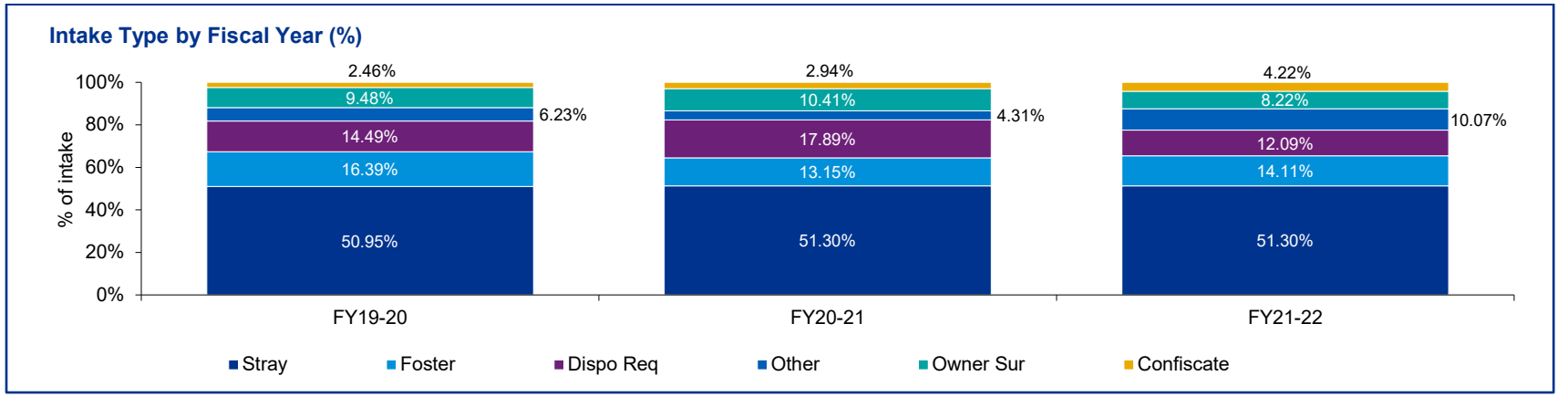


Figure 83: Source: KPMG Analysis of Department Data

Outcomes by outcome type between FY2020 and FY2021

j) The below chart illustrates the percentage of outcomes by outcome type between FY2019 and FY2021. Across all years, adoption accounted for the most common outcome type with an average of 29 percent of outcomes resulting in adoption, followed by return to owner (RTO) at 18 percent.

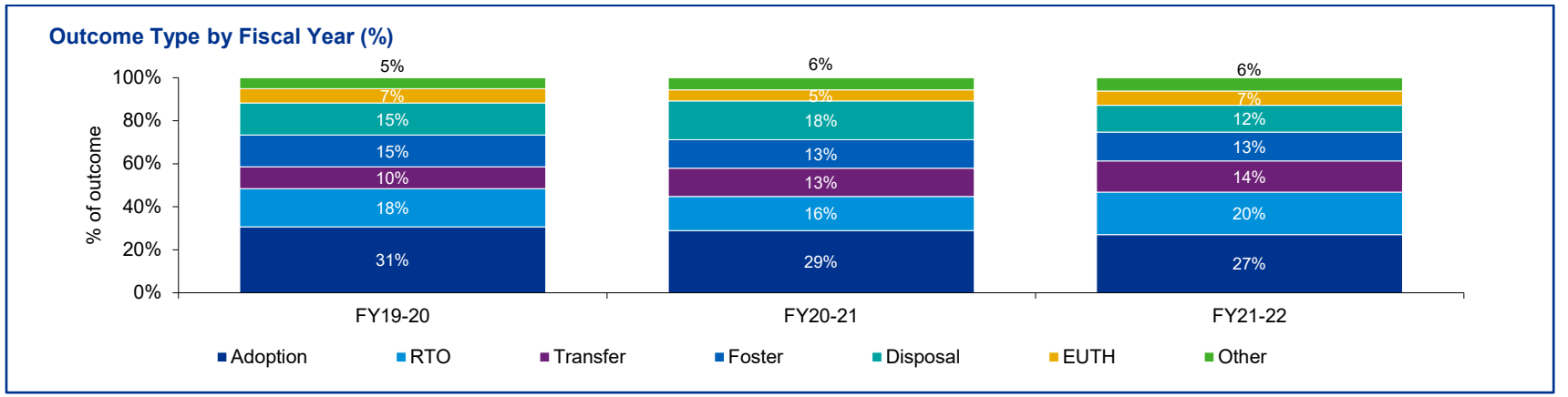


Figure 84: Source: KPMG Analysis of Department Data

Average days in care by species between FY2020 and FY2021

k) The below chart illustrates the average number of days an animal spends in care by species between FY2019 to FY2021. Across years, birds require the highest number of days in care at an average of 32days followed by cats at 28 days.

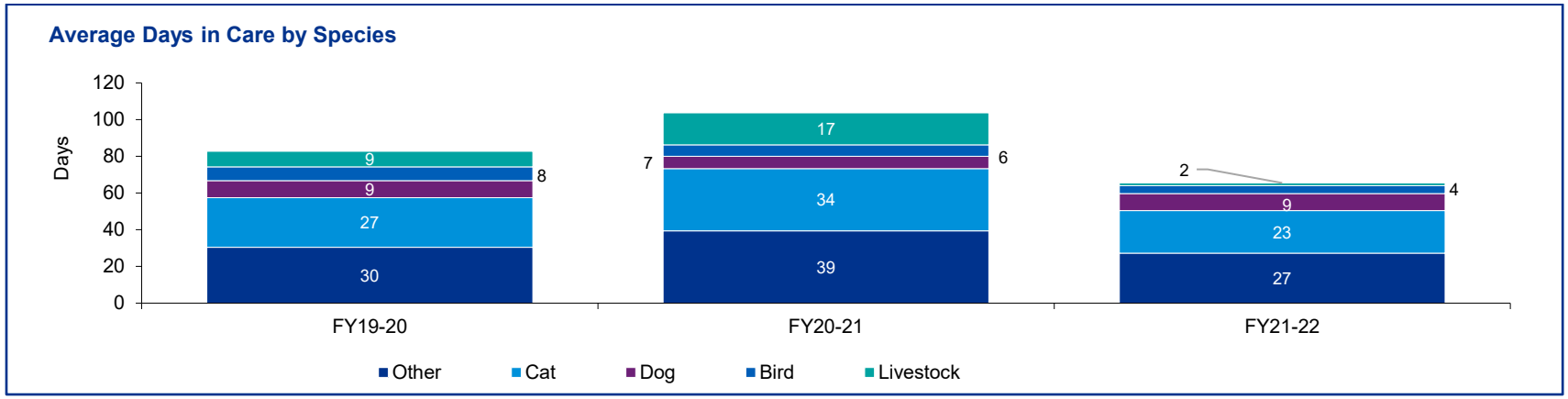


Figure 85: Source: KPMG Analysis of Department Data

Average days in care by intake type (excluding died, missing, and disposal outcomes) between FY2020 and FY2021

l) The below chart illustrates the average number of days in care by intake type excluding outcomes related to death, missing animals, and disposals. Between FY2019 and FY2021. Across years, Animal intake as a result of transfer and owner surrender had the highest average days in care at 72 days and 38 days respectively.

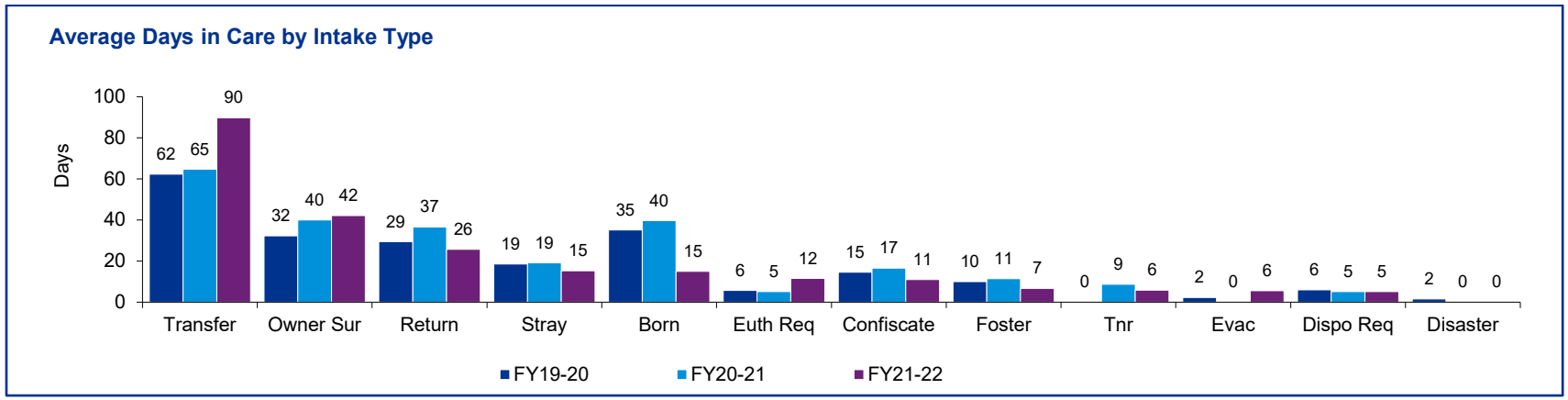


Figure 86: Source: KPMG Analysis of Department Data

Primary Care Analysis

Net Margin Trends by Clinic between FY2019-20 and FY2021-22

m) The below charts illustrate the net margin trends by health care center between FY2019 and FY2021 to date. Most of clinics had negative net margins except Franklin Primary Care which had a positive net margin of $137,000 in FY2020-21 and Santa Maria Primary Care which had a positive net margin of $357,000 in FY2021-22.

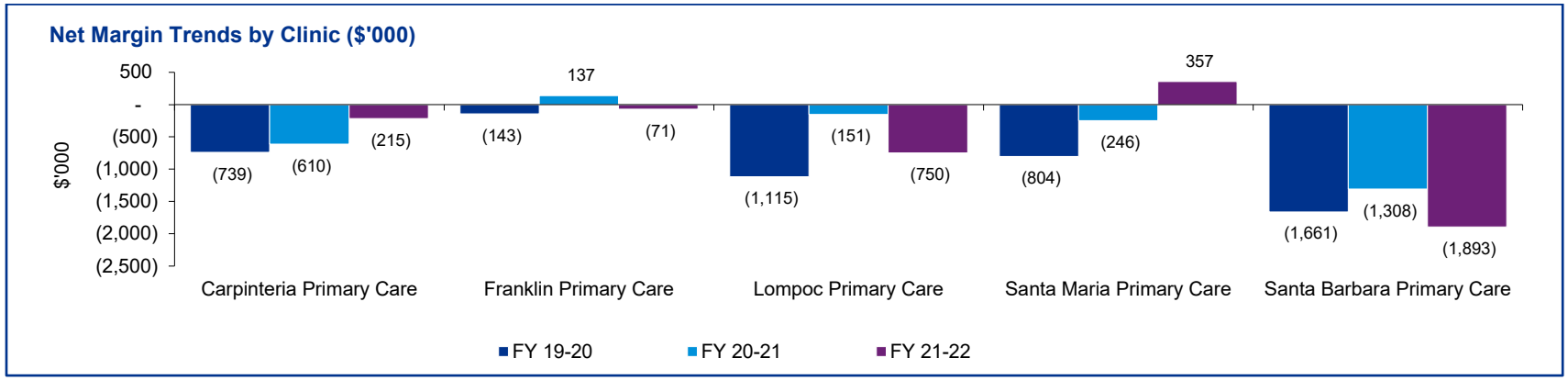


Figure 87: Source: KPMG Analysis of Department Data

FTE Allocation per Clinic (excluding Contractors) between FY2018-19 and FY2020-21

n) The below chart illustrates FTE Allocation per Health Care Center between FY2018-19 and FY2020-21. Approximately 30 percent of the total FTEs within Health Care Centers are medical assistants followed staff physicians and nurses at an average of 9 percent.

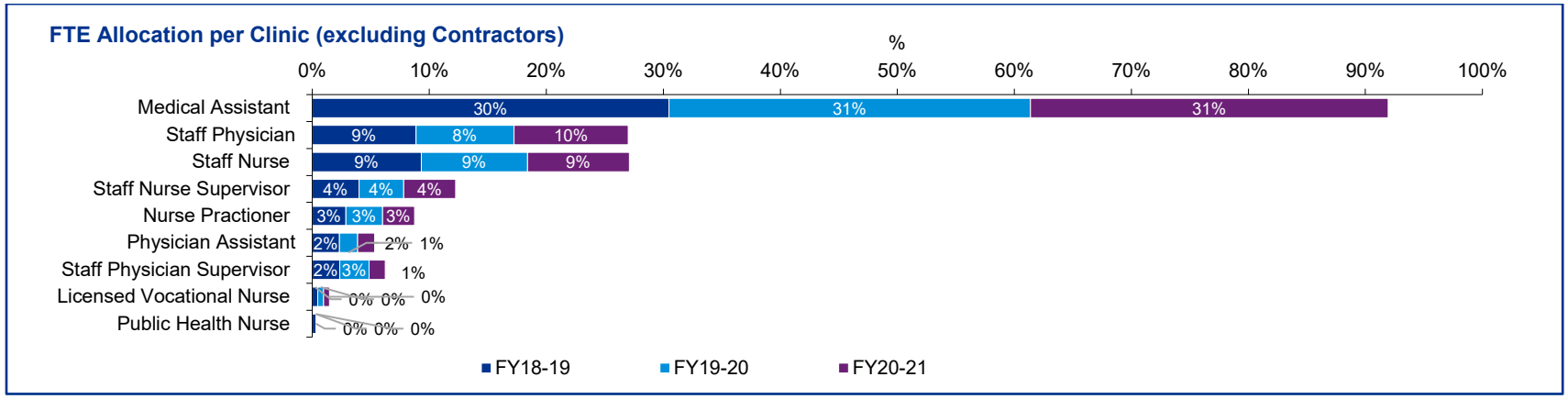


Figure 88: Source: KPMG Analysis of Department Data

Patient count per clinic between FY2019-20 and FY2021-22

o) The below chart illustrates patients count per Health Care Center between FY19 and FY21. Lompoc provided services to the highest number of patients during that period at an average of 10,310 patients while Carpinteria HCC served the lowest number of patients during the same time period at an average of 3,009 per year.

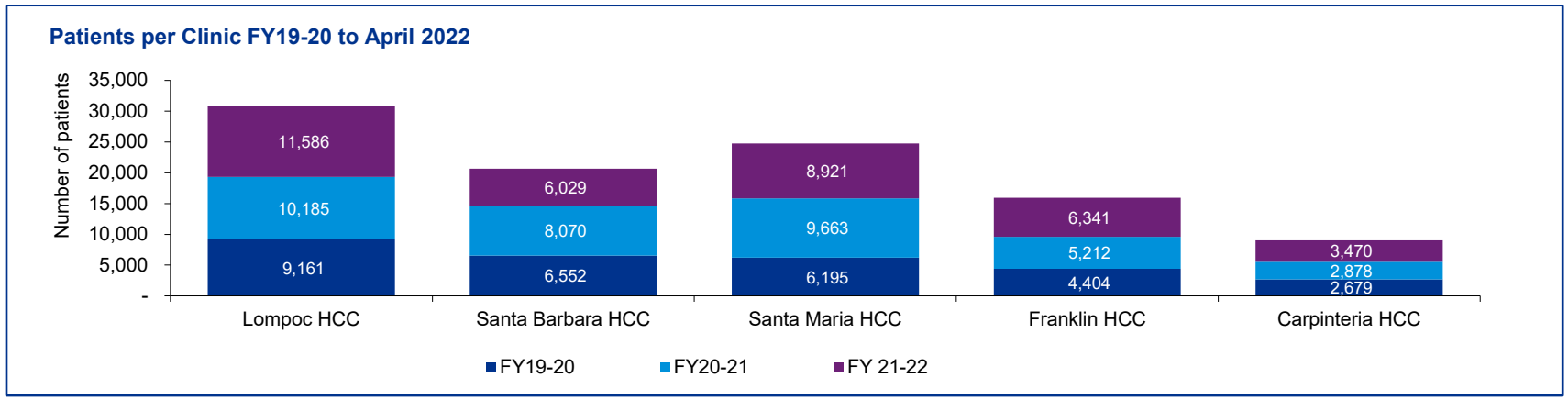


Figure 89: Source: KPMG Analysis of Department Data

Visits/encounters count per clinic between FY2019-20 and FY2021-22

p) The below chart illustrates Visits/encounters count per clinic per Clinic between FY2019-20 to FY2021-22. Lompoc experienced the highest number of visit/encounters for across years at an average of 41,171 while Carpinteria experienced the lowest number of visit/encounters at an average of 8,188.

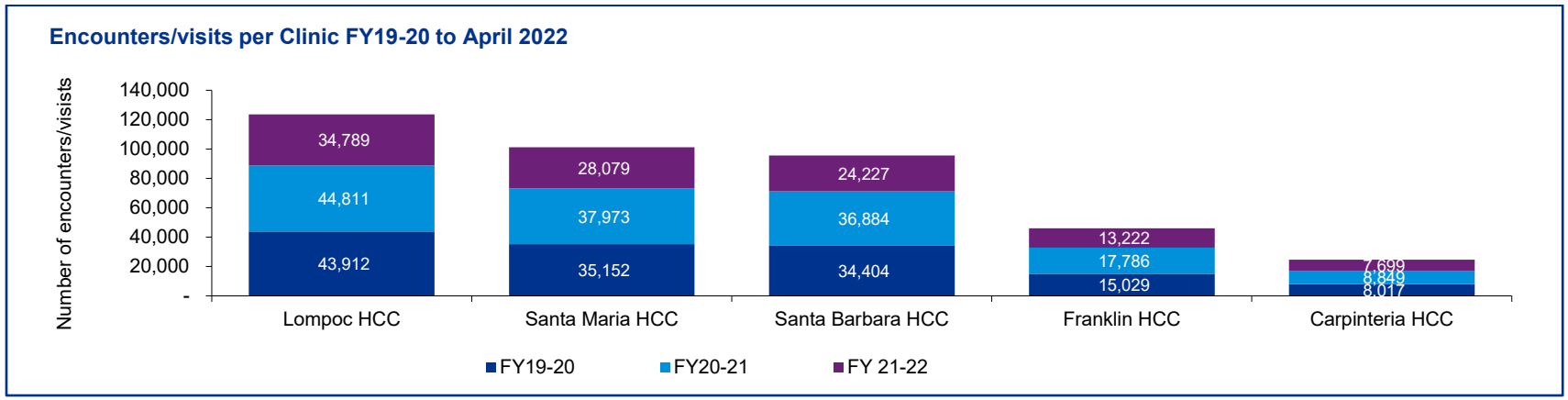


Figure 90: Source: KPMG Analysis of Department Data

Average wait time (in days) per department in FY2020-21

q) The below chart illustrates average wait time (in days) per department in FY 2021-21. Santa Barbara Tuberculosis (TB) Clinics has the highest average wait time at 10 days, followed by Santa Maria TB at nine days, and Santa Barbara Primary Care at eight days.

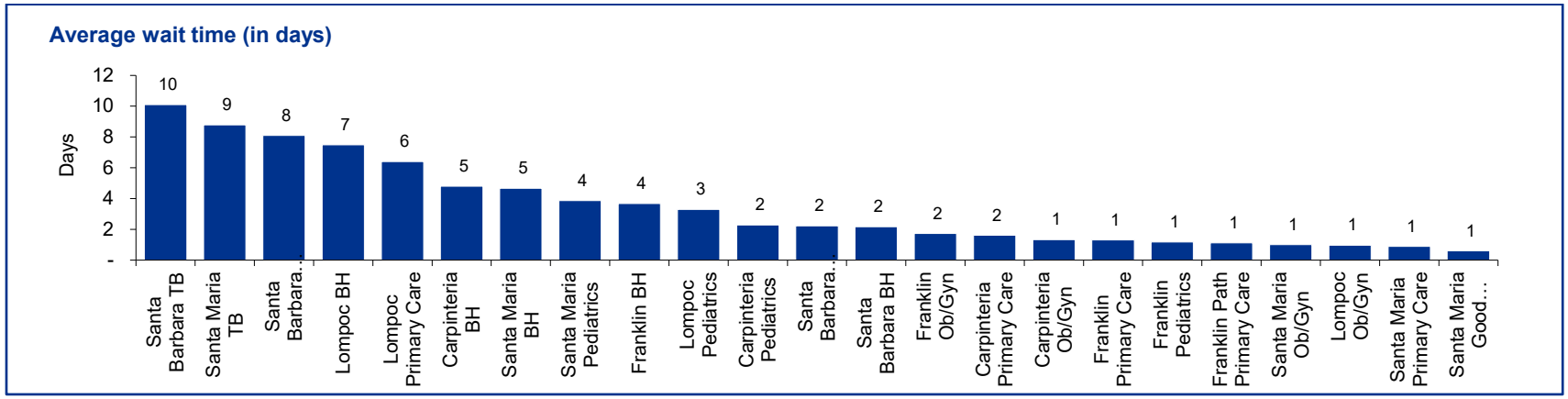


Figure 91: Source: KPMG Analysis of Department Data

Total Internal versus Outgoing Referrals between FY2018-19 and FY2021-22

r) The below chart illustrates the number of internal versus outgoing referrals per fiscal year between FY18 and FY21. FY20-21 had the highest number of outgoing referrals with 28,664 referrals being made while FY21-22 accounted for the highest number of internal referrals at 12,426.

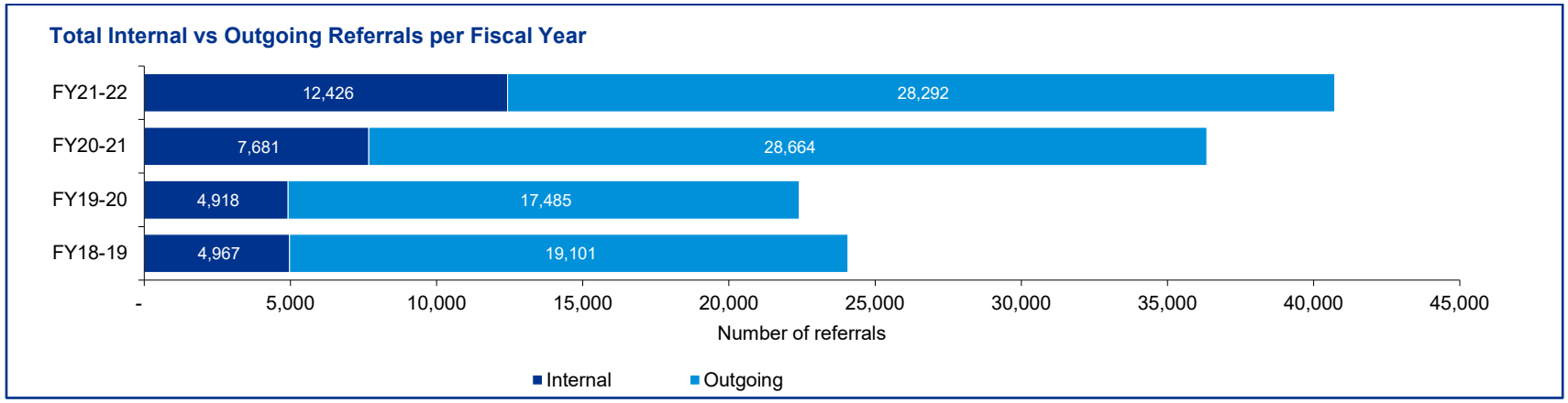


Figure 92: Source: KPMG Analysis of Department Data

Internal Referrals Analysis

Behavioral Health internal versus outgoing referrals between FY2018-19 and FY2021-22

s) The below chart illustrates the number of internal versus outgoing referrals per fiscal year between FY18 and FY21 specific to Behavioral Health referrals. FY20-21 had the largest number of referrals with 1,210 outgoing referrals and 1,001 internal referrals.

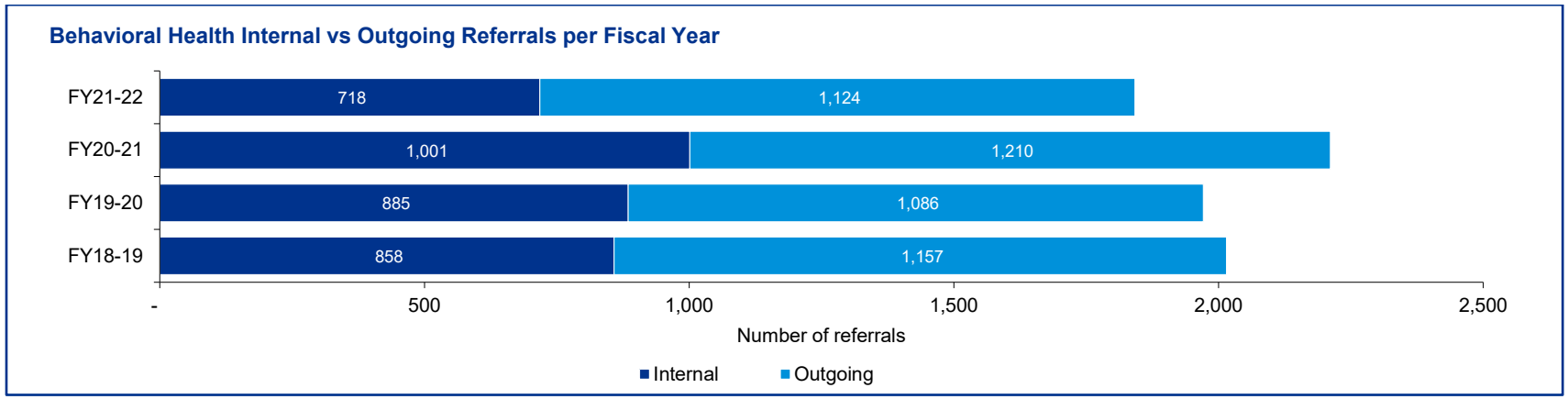


Figure 93: Source: KPMG Analysis of Department Data

Percentage of referrals by status for FY2018-19 and FY2019-20 in the five Health Care Centers

t) The below chart illustrates the percentage of completed, auto closed, and engaged in service for the five Health Care Centers between FY18 and FY19. Lompoc Primary Care had the highest percentage of auto closed referrals across years at an average of 96 percent. Across interviews, staff reported that the high percentage of auto closed referrals at Lompoc was a result of the method used for referrals processing.

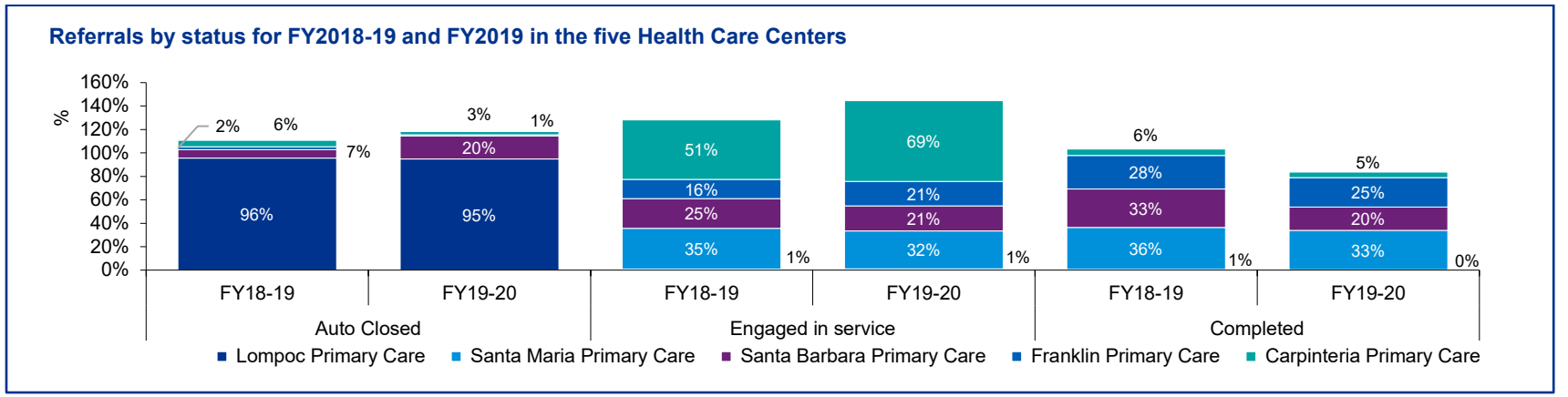


Figure 94: Source: KPMG Analysis of Department Data

Internal Behavioral Health referrals by Health Care Clinic between FY2018-19 and FY2021-22

u) The below chart illustrates referrals made to behavioral health across health care clinics including specialty clinics denoted in the other column. Across years, Franklin Primary Care and Santa Maria Primary Care have the highest percentage of behavioral health referrals equivalent to 86 percent and 83 percent respectively across all years combined.

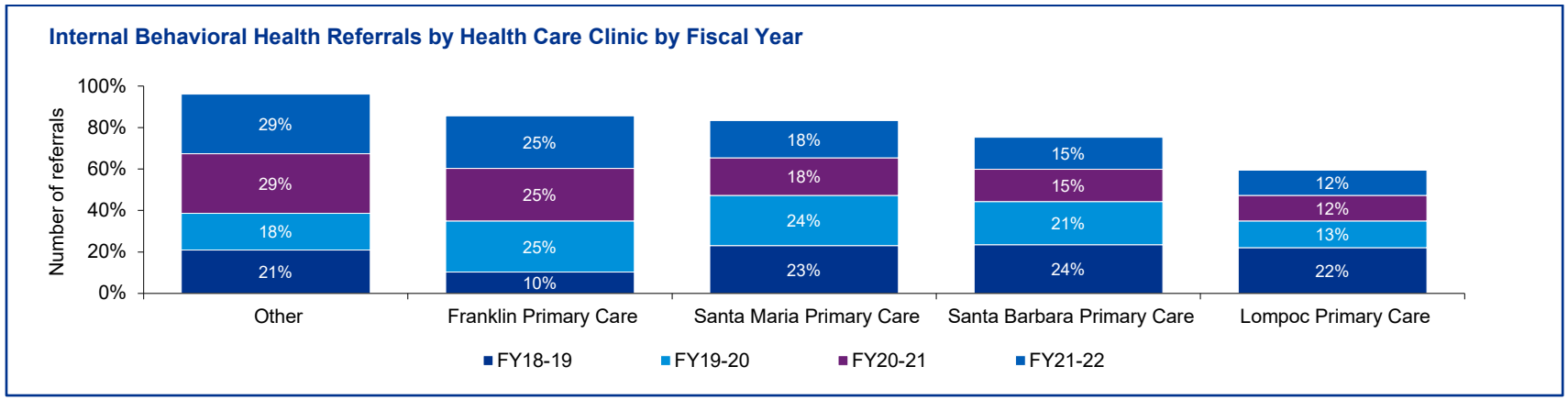


Figure 95: KPMG Analysis of Department Data

Behavioral Health intakes per month between FY2018-19 and FY2021-22

v) The below chart illustrates the number of referrals per month from FY2018-19 to FY2021-22. October and February account for the months with the highest number of behavioral health intakes at an average of 85 and 84 respectively.

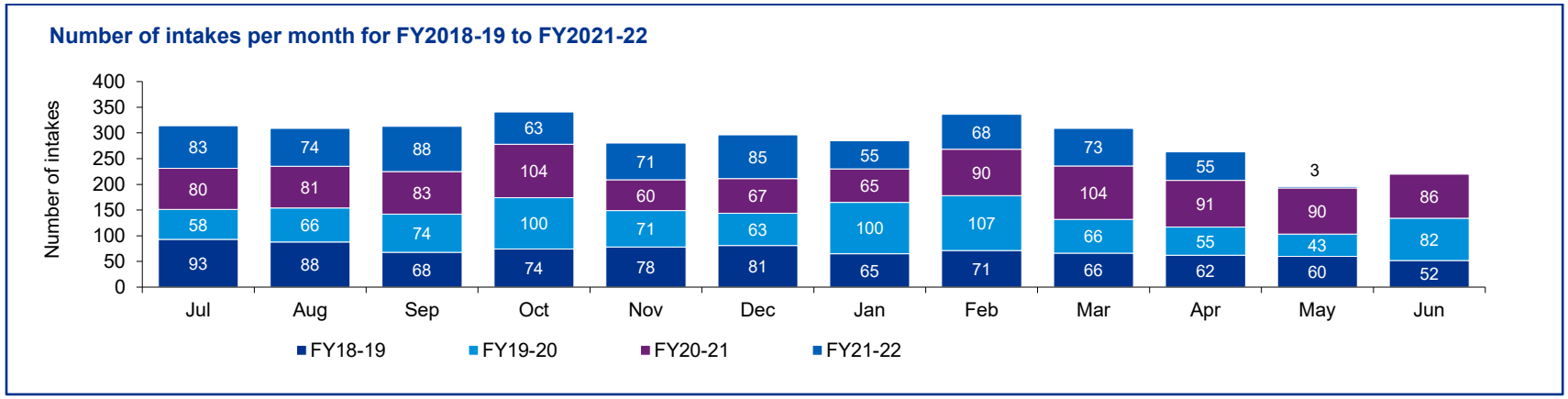


Figure 96: Source: KPMG Analysis of Department Data

Percentage of internal Behavioral Health referrals per status reason between FY2018-19 and FY2021-22

w) The below chart illustrates the percentage of internal behavioral health referrals per status reason between FY18 and FY21. Between FY18 and FY20, Engaged in Service represented the most common status with an average of 28 percent of referrals engaged in service. In FY21, Complete represented the most common status with 26 percent of referrals cited as complete.

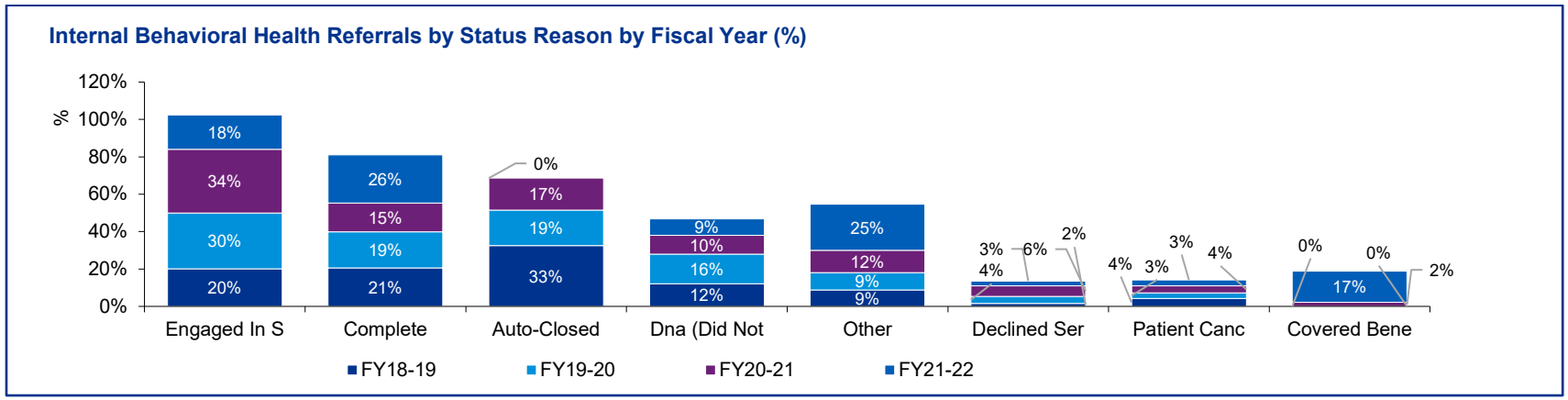


Figure 97: Source: KPMG Analysis of Department Data

Internal Behavioral Health Referrals by Specialty between FY2018-19 and FY2021-22

x) The below chart illustrates the number of behavioral health internal referrals per specialty between FY18 and FY2. Across years, behavioral health and social services provider analyst accounted for the most common form of referral specialty.

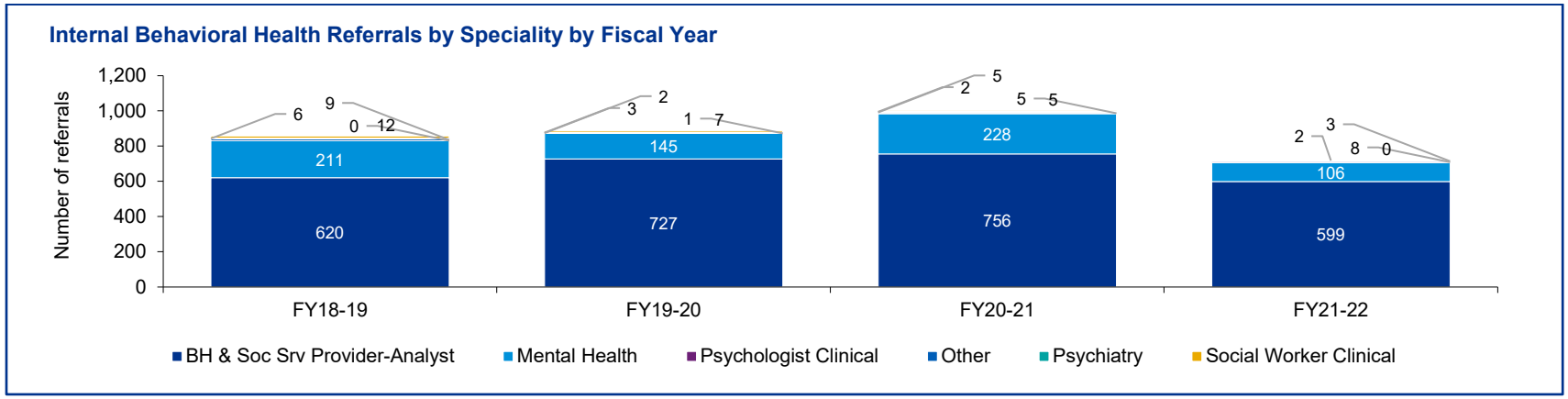


Figure 98: KPMG Analysis of Department Data

Percentage of Behavioral Health Referrals by Status by Health Care Center between FY2018-19 and FY2019-20

y) The below chart illustrates the percentage of completed, auto closed, and engaged in service behavioral health referrals between FY18 and FY19. Lompoc Primary Care had the highest percentage of auto closed referrals across years at an average of 97 percent. Across interviews, staff reported that the high percentage of auto closed referrals at Lompoc was a result of the method used for referrals processing

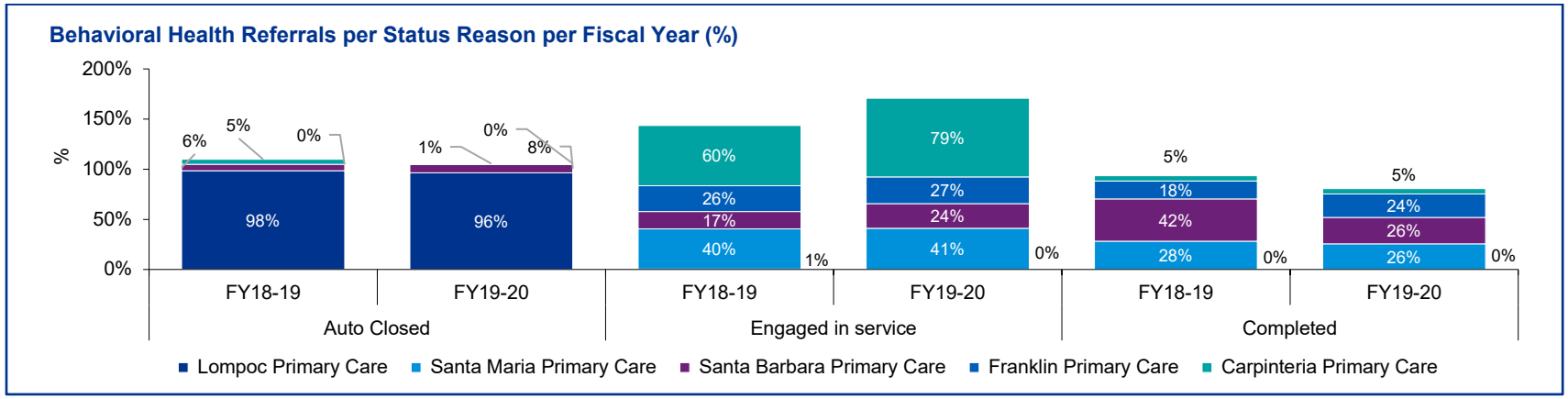


Figure 99: KPMG Analysis of Department Data

Percentage of Internal Behavioral Health warm handoffs complete between FY2018-19 and FY2021-22

z) The below chart illustrates the percentage of internal behavioral health warm handoffs between FY18 and FY21. The percentage of warm handoffs increased by 35 percent between FY18 and FY20. Between FY20 and FY21, the percentage of warm handoffs has remained static at 74 percent.

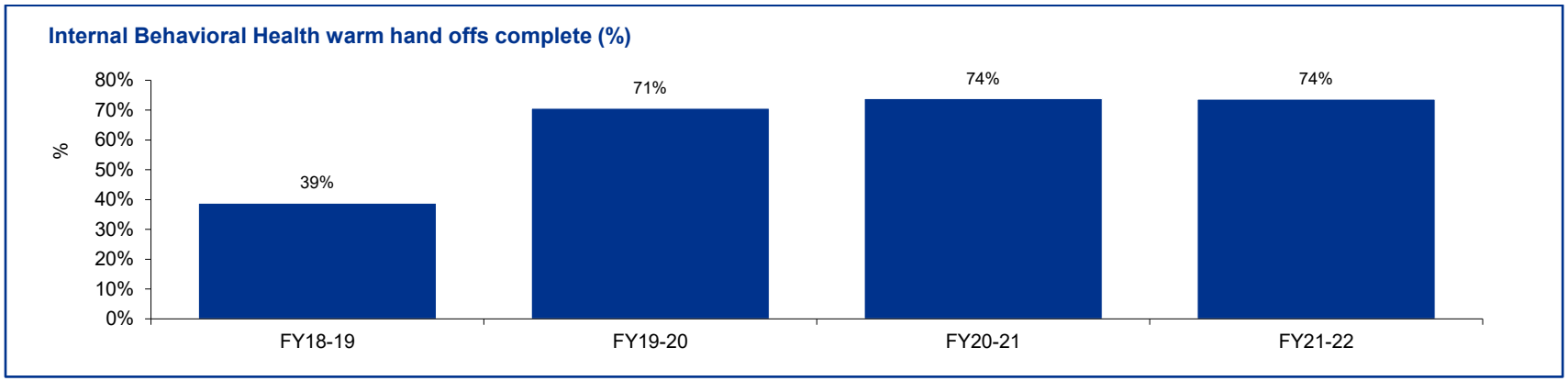


Figure 100: KPMG Analysis of Department Data

External Referrals

Outgoing referrals by department between FY2018-19 and FY2021-22

aa) The below chart illustrates the number of outgoing referrals per fiscal year by department between FY18 and FY19. Across years, Lompoc Primary Care processed the highest number of outgoing referrals at an average of 440 per year.

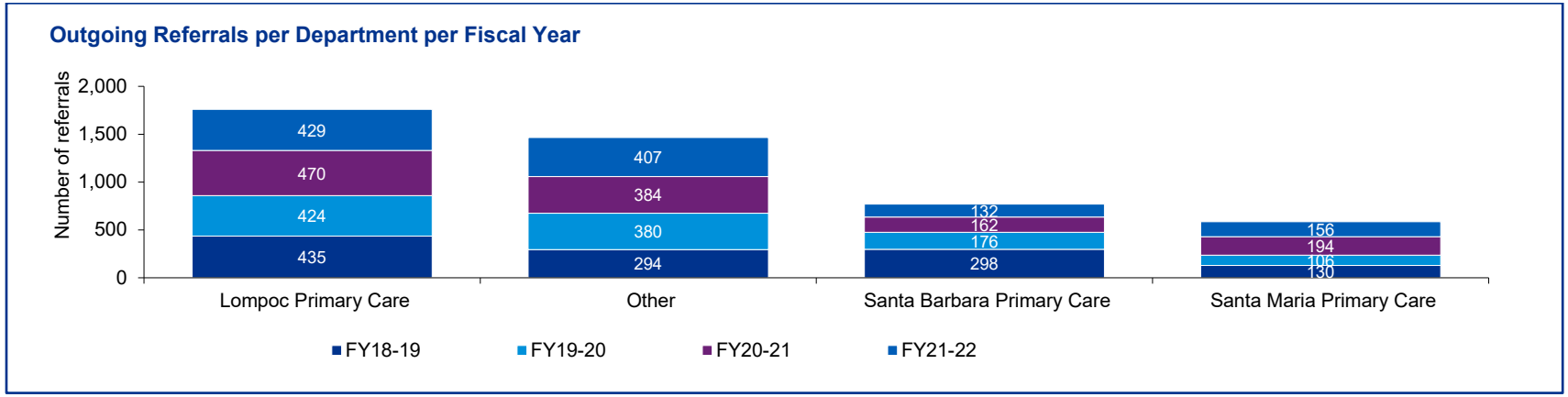


Figure 101: Source: KPMG Analysis of Department Data

Percentage of Behavioral Health Outgoing Referrals by status reason by Clinic for FY2018-19 and FY2019-20

bb) The below chart illustrates the percentage of Complete, Auto Closed, and Engaged in S categories for years FY18 and FY19. Lompoc Primary Care had the highest percentage of auto closed referrals across years at an average of 94 percent. Across interviews, staff reported that the high percentage of auto closed referrals at Lompoc was a result of the method used for referrals processing

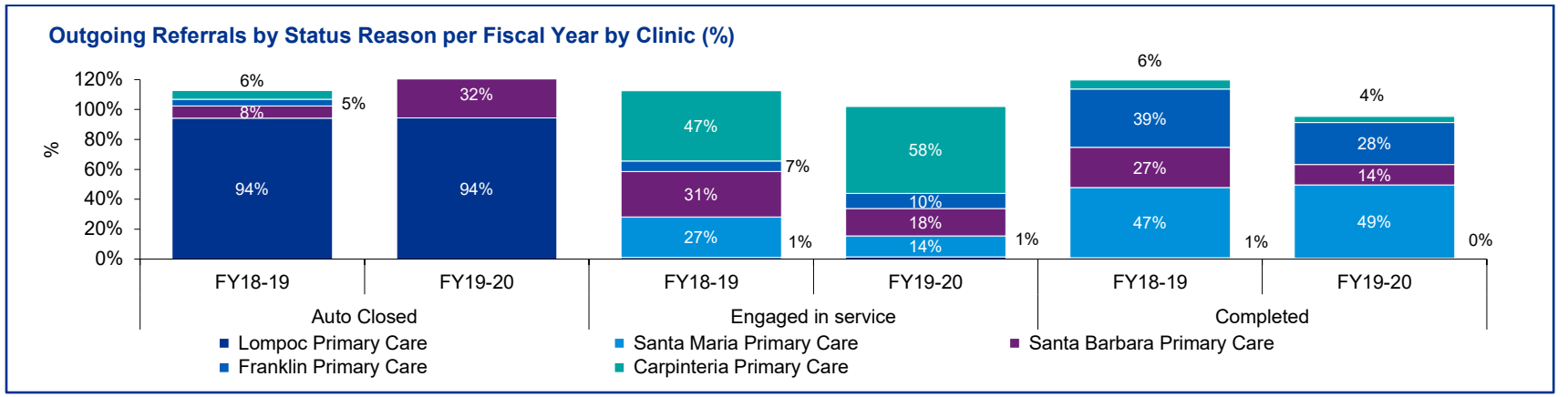
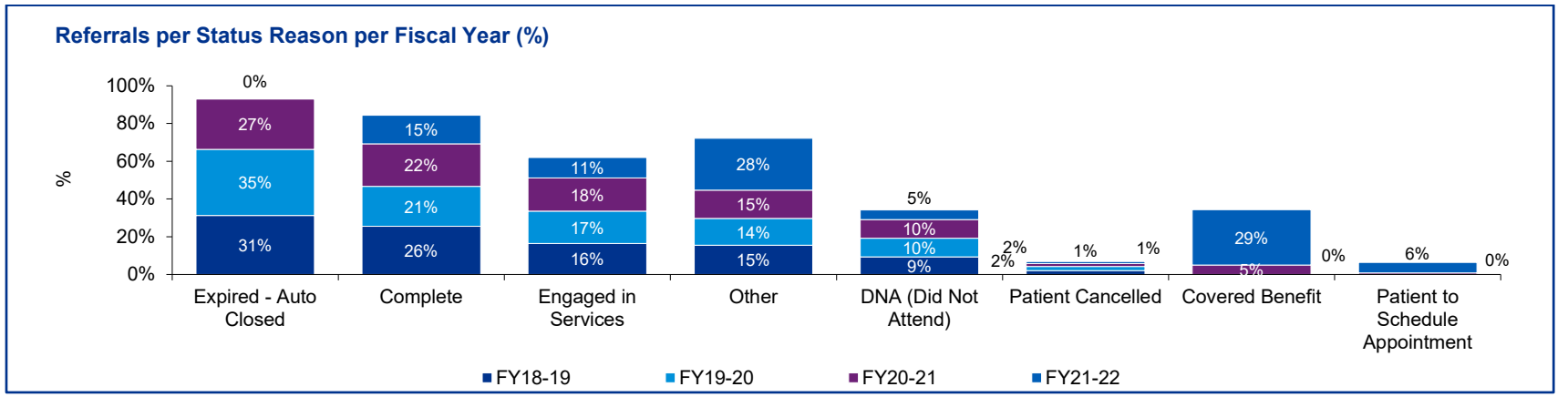


Figure 102: Source: KPMG Analysis of Department Data

Percentage of referrals per Status Reason for FY2018-19 to FY2021-22

cc) The below chart illustrates the percentage of outgoing behavioral health referrals per status reason between FY18 and FY21. Between FY18 and FY20, Auto Closed represented the most common status with an average of 31percent of referrals auto closing. In FY21, Covered Benefit represented the most common status referral reason at 29 percent.



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