

**Our Mission:** To promote and protect the health and safety of our community.

**Our Vision for the Region**<sup>1</sup>: The purpose of the Central Oregon Regional Health Authority (RHA) is to promote the health of our region’s residents, making Central Oregon the healthiest region in the nation. The RHA, in partnership with the Oregon Health Authority, seeks to achieve the *Triple Aim*: to improve health outcomes, increase satisfaction with our health system and reduce costs. The goal is to manage resources efficiently and effectively, in collaboration with local and state governments, our hospital system, local providers, private insurers, health collaborative(s) and, most importantly, our community and the people we serve.

**Our Vision for DCHS Behavioral Health**<sup>2</sup>: “Help is available for everyone in Deschutes County with a mental illness, developmental disability, addiction, or short-term crisis regardless of income, culture, age or where you live in the County. Help can be found here for children, adults and seniors in Central Oregon, close to family and friends. Local government and private agencies work together well and offer a system of affordable, accessible and integrated services. For our part, Deschutes County Mental Health is regarded as one of the most effective and helpful county mental health programs in Oregon. Dramatic strides continue to be made on a national and state level in helping to prevent, treat or limit the effects of mental illness, addiction, emotional distress or a disability. Locally, we are familiar with these new developments and the most effective programs and practices. We continue to improve our services and offer training to help local practitioners in their work. All our services are based on the concepts of resilience, recovery, and self-sufficiency. People are supported in living as independently as possible with the assistance of families, friends and, when needed, public and private service agencies. Supported housing and employment projects continue to expand and prosper.”<sup>3</sup>

**Our Vision for DCHS Public Health**<sup>4</sup>: “Deschutes County has the healthiest citizens and communities in Oregon. There is sustainable investment in public health initiatives and commitment to evidence-based policy by local leaders and citizens.” Deschutes County considers the Three Core Functions of Public Health and the Ten Essential Public Health Services as the framework for public health practice at the local level.<sup>5</sup>

<b><u>Our Values:</u></b>	Advocacy	Collaboration	Cultural Competency	Excellence
	Innovation	Professionalism	Stewardship	Workplace health

**Deschutes County Customer Service “Every Time” Standards:**

- We respond in a timely and courteous manner, identifying customer needs and striving for solutions.
- We set honest and realistic expectations to achieve optimum results.
- We provide knowledgeable, timely, professional and respectful service.
- We take ownership of customers’ needs and follow through.
- We value our customers and approach them with an open mind.

<sup>1</sup>Source: Central Oregon Health Authority Concept Paper, September 9, 2010.

<sup>2</sup>Source: DCHS Behavioral Health Strategic Plan 2008-2013, May, 2008.

<sup>3</sup>Note: Our vision statement includes language and concepts expressed in other documents including the President’s New Freedom Commission Report, "Achieving the Promise: Transforming Mental Health Care in America" (July, 2003).

<sup>4</sup>Source: Deschutes County Public Health Strategic Plan 2008-2011, Spring, 2008.

<sup>5</sup>Functions: Assessment, policy development, assurance. Ten essential services: 1) monitor health, 2) diagnose & investigate, 3)inform, education, empower, 4) mobilize community partnerships, 5) develop policies, 6) enforce laws, 7) link to/provide care, 8) assure competent workforce, 9) evaluate, 10) research.

## **SWOT (Strengths, Weaknesses, Opportunities, Threats) Assessment**

January, 2011

### **Within our organization . . .**

**Our Strengths:** Dedicated, passionate, highly professional employees who place high value on teamwork and support for each others' efforts. Provide a wide range of valuable services using evidence based practices and striving continually to expand our benefit to the community. Willing to explore new opportunities and undertake strategic efforts that take time to develop. Developing greater commitment to quality improvement throughout the organization. Work to shape our environment and prepare for change rather than react to it. Manage limited resources responsibly, taking a long-range financial approach and using reserves wisely to limit program crises. Client-focused and benefit from being part of client-centered community. Value community involvement and partnerships, actively participating in many community partnerships and benefitting from the help of several community advisory boards. Deschutes County and Commissioners very supportive of our work.

**Our Weaknesses:** Cannot help everyone who needs assistance; many client issues are more complex. Challenging to manage change effectively—learning to adapt and adjust; overcoming resistance to change and to integrating services and staff support—difficult to accomplish in a dynamic environment. Need effective communication during times of change; at times it is difficult for staff to understand the big picture. Technology needs an upgrade; improvements are underway but will take time and resources and be difficult to implement. Need reliable data to use in strengthening planning processes and in managing based on outcomes and Triple Aim (health improvement, enhancing quality and customer service, cost reductions). Administrative support has not kept pace with program development. With all the federal and state regulations and complexity, we are vulnerable to state or federal audit; need to improve billing and documentation practices. Have lacked agency-wide commitment to quality improvement. Need greater client involvement in behavioral health.

### **In our environment . . .**

**Our Opportunities:** Oregon well positioned for federal health reform, especially with the Oregon Health Authority; the idea of the Central Oregon Health Authority is well regarded so far. Innovation will be highly valued in the next several years with federal, state and regional health reform. Increased County involvement in improving the health of the community; County Commissioners likely to place high value on collaboration and community involvement. Potential to increase our focus on prevention and population health; prevention and public health will be important to “bend the cost curve” in health care. Strengthening our work through national public health accreditation. Governor Kitzhaber is placing an emphasis on a new Early Learning Council concept. Number of insured Oregonians will increase significantly in 2014, requiring a more robust work force. Federally qualified health clinics (e.g., Mosaic Medical, La Pine Community Health Clinic) likely to expand to meet greater need. State Health Improvement Plan calls for strengthening Oregon's public health infrastructure. New Behavioral Health Organization (BHO) helps integrate mental health and addictions treatment; funding BHO through PacificSource helps integrate with physical health, makes sharing health information easier to better the health of our clients. Peer services in behavioral health; new community health worker concept. Improving quality assurance. Push back on bureaucratic burden and requirements.

**Threats:** Oregon's economy likely to remain difficult for several years, increasing the need for our services but creating instability in the Oregon budget. Oregon's budget shortfall likely to result in loss of critical community services for vulnerable populations and impact our services and staffing levels; County contributions not likely to grow measurably. Increasing costs of our services exceed our revenue. At times, consensus must be reached before we can make necessary changes; this can slow us down. Medicaid regulations are complicated; the focus on fraud and abuse is difficult; threatens our resources and programs. The capitated system for behavioral health requires service to everyone eligible with a need. New administrative rules in behavioral health require work force education and change in our processes. With new Governor, legislature and health authority, future is difficult to predict.

## ORGANIZATIONAL PRIORITIES FOR 2011-12

This document establishes our key activities and measurable actions for the coming year. The Deschutes County Board of Commissioners will establish County goals and objectives (see last page). Based on these goals, Health Services is expected to develop a set of actions and measures for the next budget. Further refinement may occur at the close of the legislative session. Program priorities (actions) appear after these general organizational priorities for the next year.

### 1. **QUALITY IMPROVEMENT**

Using the *Triple Aim*, implement a quality improvement program to help our clients, strengthen the organization and comply with critical county, state and federal requirements.

- a. Focus on outcomes. Report quarterly on our performance measures.
- b. Apply for national accreditation with the Public Health Accreditation Board by December, 2011.
- c. With other behavioral health programs in Oregon, improve access, client engagement and the benefit of our clinical services.
- d. Use rapid cycle improvement (PDSA<sup>6</sup>) to make organizational improvements quickly.

### 2. **BALANCED BUDGET; COST REDUCTIONS**

Balance our budget to achieve priorities that support our mission, vision, values and the Triple Aim. Seek sustainable services and plans. Pursue budget actions and reforms that will save money and maximize public benefit. Revise the budget (summer, 2011) based on the adopted State budget.

### 3. **COMMUNITY PARTNERSHIPS; CONTRACTING**

Partner with other organizations in the region to increase our effectiveness and efficiency. Partnerships may focus on program development, program consolidation and/or contracting for services.

### 4. **STRATEGIC PLAN**

Create a Strategic Plan for our organization with clear priorities through 2014; complete by fall, 2011.

### 5. **CENTRAL OREGON HEALTH AUTHORITY**

Help develop the Central Oregon Health Authority (COHA) with community partners.

- a. **2010:** (1) Form the COHA Board and Administrative Council by September, 2011. (2) Develop a Regional Health Assessment by January, 2012. (3) Create medical homes, integrate safety net and school-based health centers (primary care, behavioral health care and public health), divert “high utilizers<sup>7</sup>” of emergency rooms to medical homes. Ongoing. (4) Develop “community health workers” (e.g., peer specialists) to help people access help and improve their health.
- b. **2011:** (1) Continue service improvements for clients; (2) use the Regional Health Assessment to develop a regional health improvement plan (i.e., policies, system and program priorities and planned investments).

### 6. **WORKPLACE HEALTH & SAFETY**

Support the work of the employee Health Improvement Committee and complete a set of safety priorities.

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<sup>6</sup>PDSA refers to cycle improvement process with four components: Plan, Do, Study, Act. Rapid cycle PDSA 3-7 days.

<sup>7</sup>Use of emergency rooms in Central Oregon at least 10 times in the past year.

## PROGRAM PRIORITIES

Program: **Community Health**

Budget FY 11: \$2,326,433

County investment FY 11: \$498,671

Manager: Tom Kuhn; Supervisor: Eric Mone

FTE FY 11: 17.7

Priorities for expansion or improvement (Triple Aim)

1. Expand access to Living Well (chronic disease) workshops. Participation of 400 saves approximately \$465,200 in health care costs.
2. Increase community presence through the creation of a social marketing web page, a minimum of two press releases per quarter and the creation of a marketing reminder and tracking system for Public Health staff.
3. Deschutes County will inspect 95% of licensed facilities in FY 12. Oregon requires that a minimum of 90% of restaurants, pools, spas and tourist facilities be inspected. During 2010, 1,790 restaurants, 400 pools and spas and 90 tourist facilities were inspected for a total of 2,280 licensed facilities.
4. Deschutes County Environmental Health will attempt to meet at least two of the nine standards of the FDA Voluntary National Retail Food Regulatory Program. The standards serve as a guide in the design and management of a retail food regulatory program and provide a means of recognition.
5. Increase communicable disease surveillance outreach in Deschutes County through monthly presentations made on surveillance data trends to local providers.
6. The Communicable Disease Program will meet performance standards equal to or greater than 90% and will produce quarterly reports to expand program visibility. Standards include disease prevalence, timeliness of reporting and case investigation completion.
7. The Immunization Program will train the four large pediatric clinics in Deschutes County on the new State Immunization Information System (ALERT), to ensure all patient immunization data is recorded. Targeted clinics include Mosaic Medical, BMC Pediatrics, COPA and Health Services.
8. Increase the number of staff trained in National Incident Management System (NIMS) courses in order to be better prepared for emergency situations. 85% of Health Services Public Health staff will be trained in basic Incident Command Systems.

Program: **Reproductive Health**

Budget FY 11: \$2,006,905

County investment FY 11: \$908,846

Manager: Tom Kuhn; Supervisor: Kathy Christensen

FTE FY 11: 8.68

Priorities for expansion or improvement (Triple Aim)

1. Assure access to birth control services for Women in Need, reducing unplanned pregnancies. During FY 2010, an estimated 658 unintended pregnancies were averted. Target of 5,000 client visits for family planning services in FY 2012.
2. Increase collaboration and client referral between the Family Planning and Maternal Child Health programs (MCH).
  - a. 100% of all low-income, first time moms who are seen in a Family Planning Clinic will be referred to Maternal Child Health.
  - b. 95% of MCH clients needing family planning services will be referred to the Family Planning Program.
  - c. 95% of the clients referred to the Family Planning Program will have follow-up contact.
3. The Reproductive Health Program will conduct a county-wide needs assessment for family planning and other related reproductive health services. New program goals and objectives will be set based on the findings from the needs assessment by December, 2011.

Program: **Maternal Child Health** Budget FY 11: \$2,347,169 County investment FY 11: \$710,090  
Manager: Kate Moore; Supervisors: Dana Bennett, Maggi Machala, Elaine Severson FTE FY 11: 13.61

Priorities for expansion or improvement (Triple Aim)

1. Improve long-term outcomes and cost of services for maternal child health in our community by implementing regional development of Nurse Family Partnership (NFP), a best practice nurse home visit program, with start up in 2012 (depending on funding availability). Will help 75 families, serving prenatal to age two. Expected outcomes: Improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment, improved school readiness.
2. Improve child health through access to care, early identification and treatment of developmental delay and behavioral problems. Target of 2,500 SBHC visits in FY 12. Establish a baseline standard in order to compare with statewide results in a student survey. Tracking of percentage of children who: 1) receive developmental screening with a standardized tool, 2) report their health improved, 3) report they missed less than two classes, and 4) report receiving preventative messages will be reported yearly.
3. Promote child health and reduce risk of child maltreatment through comprehensive, integrated health and behavioral health care and systems change.
  - a. Provide LAUNCH (Linking Access to Unmet Needs in Children’s Health) services to at least 200 children each quarter.
  - b. Report number of LAUNCH clients served with an evidence-based service each quarter.
  - c. Describe at least one systems change or new linkage in child healthcare initiated by LAUNCH each quarter.

Program: **Women, Infants & Children** Budget FY11: \$1,031,392 County investment FY 11: \$359,253  
Manager: Kate Moore; Supervisor: Laura Spaulding FTE FY 11: 12.06

Priorities for expansion or improvement (Triple Aim)

1. Reduce childhood obesity and diabetes by maintaining a breastfeeding initiation rate of at least 93% and by increasing the breastfeeding rate at six months by 10%.
2. Despite a decline in WIC caseloads nationally, maintain the current Deschutes County caseload of at least 4,500 clients.

Program: **Child & Family** Budget FY11: \$3,680,490 County investment FY 11: \$211,064  
Manager: Barrett Flesh; Supervisors: Shelly Falconer, MaryAnne McDonnell FTE FY 11: 28.0

Priorities for expansion or improvement (Triple Aim)

1. Develop an efficient system of school-linked services through regional county “hubs,” providing local access to approximately 350 school aged children. Prevent behavioral health problems and negative interactions with staff and peers, resulting in fewer school absences; greater academic achievement and family unity.
2. Decrease symptoms of psychosis, mental health crises and hospitalizations by expanding the EASA (early psychosis) program.
  - a. Screen and refer at least 18 clients quarterly
  - b. Maintain a caseload of at least 28 clients.
  - c. Continue a 76% reduction of overall hospitalizations. (Deschutes County EASA hospitalizations are currently at 23%; State standard is 50%.) This will result in an estimated savings of \$850 per day, per client hospitalization, with an approximate average length of stay of 3 to 5 days.
3. Improve intensive children’s services for high-need children through wraparound services and the creation of a new day treatment program model by October, 2011, resulting in greater academic success and reduced out-of-community stays (30-90 days at a cost of \$350 per child, per day).
  - a. Reduce the number of youth under 18 requiring state hospital admission from 1.9% to 1.5% (per 1,000 enrollees) annually.
  - b. Serve a minimum of 9 children in our day treatment program on an ongoing basis.
4. Meet Oregon Health Plan (OHP) access to care contract requirements for OHP members who are in need of behavioral health services.
  - a. 95% of OHP members under the age of 18 with an assessed acuity level of routine will be offered an intake appointment within two weeks of the first request for services.

Program: **Adult Treatment** Budget FY 11: \$5,083,340 County investment FY 11: \$1,132,038  
Manager: Lori Hill; Supervisors: Jim Denman, Travis Sammon, Karen Tamminga FTE FY 11: 35.15

Priorities for expansion or improvement (Triple Aim)

1. Maintain and improve services to individuals with a serious mental illness most at risk of hospitalization: Residential programs; Assertive Community Treatment.
  - a. On an annual basis, a minimum of 80% of individuals discharged from Deschutes County residential programs will move to a lower level of care or into the community.
  - b. On an annual basis, a minimum of 85% of individuals served by the Assertive Community Treatment program will live successfully in the community and not require a state hospital admission.
2. Maintain and improve services to individuals also involved in the corrections system: Bridge Program; Mental Health Court.
  - a. Mental Health Court: Maintain a successful graduation rate of 75% or higher. Maintain a one-year recidivism rate at or below 15%.
  - b. Bridge Program: Improve community stability by assisting clients to access needed resources: housing, medications, benefits and employment. At least 65% of all clients served each quarter will have a successful case management outcome in at least one needed area.
3. Meet OHP access to care contract requirements for OHP members who are in need of behavioral health services.
  - a. 95% of OHP members between the ages of 18-64 with an assessed acuity level of routine will be offered an intake appointment within two weeks of the first request for services.
4. Integration: Plan for primary care in our behavioral health adult specialty clinic in 2012.

Program: **Crisis Services**

Budget FY 11: \$940,050

County investment FY 11: \$82,354

Manager: Lori Hill; Supervisor: Terry Schroeder

FTE FY 11: 7.0

Priorities for expansion or improvement (Triple Aim)

1. Maintain and improve services to individuals also involved in the corrections system: Crisis Intervention Training.
  - a. Within the next year, assist in providing three sets of crisis intervention related training to law enforcement and 9-1-1 agencies within Deschutes County.
2. Meet OHP access and response time requirements for all individuals who experience a mental health crisis.
  - a. 95% of all individuals experiencing a mental health crisis will be responded to within mandated timeframes based on the acuity at the time of first contact (emergency 15 minute phone response, 6 hours for emergent contact, 48 hours for urgent contact).

Program: **Seniors Mental Health**

Budget FY 11: \$637,054

County investment FY 11: \$161,502

Manager: Kathy Drew; Supervisor: Tim Malone

FTE FY 11: 5.0

Priorities for expansion or improvement (Triple Aim)

1. Meet OHP access to care contract requirements for OHP members who are in need of behavioral health services.
  - a. 95% of OHP members over the age of 65 with an assessed acuity level of routine will be offered an intake appointment within two weeks of the first request for services.
2. Much of the work in the Seniors' program is done via consultation with agencies and families providing services to seniors with mental health issues. This is often the most effective way to provide the service and allows us to respond to many more requests for service than if we opened each case for ongoing service. We prioritize being able to continue this method as it reduces costs and gets service to more individuals. The agencies and families who receive this consultation are usually very pleased with the assistance. We will track the consultations provided to several agencies and families and ask them to complete a survey regarding the consultations they received to determine whether they feel the consultation was helpful.
3. Another priority for Seniors' Mental Health is to provide services and supports that help an individual with mental health issues remain in his/her residential placement. Enhanced Care Outreach Services (ECOS) provides intensive services to a limited number of clients who have been evicted from previous placements. These frequent moves are hard on the individuals and often result in the need for a more expensive service.
  - a. 90% of the ECOS clients will be able to remain in their residential placements, avoiding more costly interventions.

Program: **Developmental Disabilities** Budget FY 11: \$2,537,926 County investment FY 11: \$163,110  
Manager: Kathy Drew; Supervisors: Virginia Mayhill, Jean Mendenhall FTE FY 11: 15.2

Priorities for expansion or improvement (Triple Aim)

1. Implement electronic case note system by January, 2012, to improve efficiency and accuracy of reporting, allowing the program more time to work directly with clients. It is hoped that when this new system is fully operational we will have ten additional hours of direct service per week as measured by documented contacts. This new system will also reduce or eliminate billing errors that could cost the program money in paybacks. We will be aiming for a claims error rate of 10% or less that will be documented by our internal auditing system.
2. We will survey the individuals using our intake and eligibility services to measure customer satisfaction. We will also measure satisfaction with all services through the information provided by clients and agencies for the annual evaluation process on each employee. We will consider a score of 80% to indicate satisfaction with the service and set a goal of 90% of the responders indicating satisfaction.
3. By having County General Fund dollars in the Developmental Disabilities program, we are not only able to provide more service than we could using State dollars alone, but we are also able to access Federal match funds on those County dollars, which adds resources to the program. For 2010-2011 we will be receiving over \$80,000 in Federal match. This allows us to hire additional case management time, which allows us to provide more direct service to clients.
4. We are also prioritizing being able to continue an effective Crisis Prevention and Resolution program. We have used our case managers and our crisis staff to address issues early and provide interventions to avert crisis situations. Prompt attention to the issues often results in better outcomes and less costly interventions being required.
  - a. 90% of DD crisis referrals will be responded to within one business day
  - b. 90% of DD crisis referrals will have plans developed and implemented within one week

Program: **Business Services** Budget FY 11: \$6,201,053 County investment FY 11: \$47,478  
Manager: Sherri Pinner; Supervisor: Vicki Shaw FTE FY 11: 12.7

Priority for expansion or improvement (Triple Aim)

1. Implement Unicare behavioral health electronic record system by spring, 2012.
2. Select public health electronic record system(s) for implementation in 2012; include plan for financing cost of purchase in FY 12 budget.
3. Billing system improvements—reorganization of business team included the hiring of a billing supervisor. Goal is to move toward similar policies and procedures in both divisions' billing systems. Addition of electronic record system in behavioral health will help with efficiencies and achievement of this goal.

Program: **Program Support Services** (See Business Services for FY 11 Budget and County investment.)  
Manager: Jeff Emrick; Supervisors: Cherstin Callon, Martha Steigleder FTE FY 11: 18.8

Priority for expansion or improvement (Triple Aim)

1. Create and implement a new, comprehensive quality management program which spans both divisions. The focus will be to improve overall population health, control or reduce per capita cost and enhance the individual's satisfaction with the experience of care.
  - a. Quality Management Program and Quality Improvement Work Plan will be developed by both Advisory Boards in March, 2012.
  - b. Quality Improvement Work Plan will be measured and reported upon each quarter.
2. Enhance the individual's satisfaction with the experience of care by improving OHP members' access to behavioral health services as required by contract.
  - a. 95% of all OHP members requesting behavioral health services will have access to medically

necessary and appropriate services within required timeframes determined by assessed acuity levels.

3. Help control per capita cost by reducing OHP claims error rate to <10% and reinvest any savings in the service delivery infrastructure.
4. Quarterly a claims error rate will be formulated. The claims error rate will be translated into a dollar amount which represents the potential payback.
5. Obtain Public Health National Accreditation by 2011 which will improve the overall quality of public health services provided to the population within our region.

#### ADDITIONAL FUNDS MANAGED BY DCHS

##### **Healthy Start Prenatal Fund 260**

Budget FY 11: \$908,298

- Reduce community costs by providing a financially sustainable model for prenatal care which improves the client's experience of care and provides excellent outcomes for all women regardless of insurance status.
- Achieve first trimester engagement in prenatal care greater than state rate of 73% in order to reduce preventable adverse outcomes (i.e. preterm labor).
- Reduce community costs by supporting appropriate level of care and reducing emergency room visits  
Report number of ER prevents quarterly.

##### **Emergency Preparedness Fund 261**

Budget FY 11: \$525,805

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##### **OHP Mental Health Fund 270**

Budget FY 11: \$6,917,349

- Priority for expansion or improvement (Triple Aim)

##### **Acute Care Fund 276**

Budget FY 11: \$2,426,622

##### **OHP Alcohol & Drug Fund 280**

Budget FY 11: \$1,317,000

- Use fund to support direct care for clients and integration of behavioral health care with primary care at safety net clinics (e.g., Mosaic Medical) and investment in health care workers including peer support specialists.

## PROPOSED Deschutes County FY 2012 Goals and Objectives

### Mission Statement

#### *Enhancing the Lives of Citizens by Delivering Quality Services in a Cost-Effective Manner*

**Public Safety:** Protect the public through a combination of prevention, prosecution, correction and supervision

1. Ensure Deschutes County can meet its long term public safety needs
2. Promote conditions, behaviors and attitudes that result in a safer community
3. Maintain and strengthen current levels of diversion, prevention and accountability
4. Lead and coordinate regional efforts in emergency preparedness

**Direct Services:** Provide for direct services that enhance day-to-day quality of life and plan for future quality of life

1. Ensure accurate and timely assessment and taxation of property and recording of real property
2. Address and plan for growth in Deschutes County
3. Provide a safe and effective County road system that supports local economic opportunity and livable communities
4. Conduct elections in an open, transparent, secure and accurate manner

**Natural Resources:** Assess, protect and enhance the natural resources of Deschutes County

1. Support sound forest and public land management practices and oversight
2. Enhance and protect groundwater, surface water, wetlands and riparian areas in the Deschutes Basin
3. Support beneficial utilization of publicly owned natural resources for tourism and recreation
4. Support land use policies that promote beneficial utilization of the land for economic growth

**Health Services:** Facilitate, invest in and provide a system of services to protect and improve the health of Deschutes County residents

1. Partner and offer leadership on community initiatives
2. Undertake preventive measures to reduce future demands for County and community services
3. Provide health services in an effective and efficient manner
4. Support and enhance the health integration project

**Support Services:** Ensure that Deschutes County staff and decision makers have the knowledge, skills, resources and tools necessary to deliver quality public services

1. Support employee development, productivity and safety through training, technology and wellness programs
2. Support and promote customer service practices
3. Provide ongoing evaluation of employee performance, job satisfaction and wellness (#3 Alternative: Create and maintain an organization that supports and values employees)
4. Provide comprehensive administrative services in a cost-effective manner

**General Government:** Promote confidence in County government by ensuring fiscal responsibility, openness and accessibility in all aspects of County operations

1. Promote policies and actions that stimulate economic development in Deschutes County
2. Identify and evaluate regional cooperation opportunities to enhance service delivery and the cost effectiveness of public services
3. Promote policies and actions that improve access to County government, including enhanced on-line offerings
4. Monitor and report on the financial health of the Deschutes County organization