



Orange County Health Care Agency

2012 Business Plan Update

"Working together for a healthier tomorrow"



Health Care Agency
March 2012



*Excellence
Integrity
Service*

COUNTY OF ORANGE
HEALTH CARE AGENCY

OFFICE OF THE DIRECTOR

MARK A. REFOWITZ
INTERIM DIRECTOR

BOB WILSON
ASSISTANT DIRECTOR

MAILING ADDRESS:
405 W. 5th STREET, 7th FLOOR
SANTA ANA, CA 92701

TELEPHONE: (714) 834-6021
FAX: (714) 834-3660
E-MAIL: mrefowitz@ochca.com



March 2012

Dear Readers:

I am pleased to present the Health Care Agency's 2012 Business Plan Update. It is my hope that our biennial Business Plan will provide you with an overview of the many services that are provided for children, adults and seniors to improve the health of the community. The plan reflects the commitment of the Health Care Agency to actively measure outcomes as a way to overcome past challenges and build a solid foundation for the future. Current and prior Health Care Agency Business Plans are available for download at: www.ochealthinfo.com/admin/businessplan.

The Health Care Agency (HCA) began its efforts to develop use of the Balanced Scorecard planning and management system in 2010. This 2012 Business Plan Update contains the final product of the planning process, which includes the revised Agency Mission Statement, and introduces the Agency's four core services, seven goals, 18 mission critical services, 52 performance measures, as well as baseline data, target goals and color-coded ranges for each measure. HCA initiated the data collection process and reporting in 2011. The HCA's Balanced Scorecard system will be capable of providing ongoing reporting of what we are doing and how well we are doing it.

Thank you for taking the time to learn more about HCA, its programs, and services by reviewing our Business Plan. We welcome your comments on how HCA can better serve Orange County.

Sincerely,

Mark A. Refowitz
Interim Director

Health Care Agency 2012 Business Plan

Health Care Agency Balanced Scorecard

Balanced Scorecard Summary 6

2012 Performance Measure Updates 7

Core Services

Assessment and Planning 8

Prevention and Education 14

Treatment and Care 23

Administration and Workforce 32

HEALTH CARE AGENCY
Balanced Scorecard

	Trend*	Performance Results for FY 2010-2011		
		Meet or Exceed Target	Near Target	Below Target
Core Service Area: Assessment & Planning				
Disease Monitoring	↑		▲	
Disaster Planning	↑	●		
Research & Planning	↔	●		
Water Quality	↔		▲	
Emergency Medical Care	↔		▲	
Core Service Area: Prevention & Education				
Food Quality Inspections	↑		▲	
Infectious Disease Prevention	↔		▲	
Alcohol, Tobacco & Other Prevention	↔		▲	
Mental Health Planning & Early Intervention	↑	●		
Obesity Prevention	↔		▲	
Core Service Area: Treatment & Care				
Correctional Health Care	↔	●		
Indigent Health Care	↔		▲	
Crisis Response & Intervention	↔		▲	
Clinic-Based Care	↔	●		
Core Service Area: Administration & Workforce				
Fiacal Administation	↑	●		
Contract Management	↔		▲	
Workforce Development & Satisfaction	↔	●		
Information Systems	↑	●		

*Trend is a comparison of FY2010-11 results to the measure's baseline

2012 PERFORMANCE MEASURE UPDATES

In 2011, the Health Care Agency finalized its Balanced Scorecard (BSC) and started collecting data for the performance measures. As a result of the Balanced Scorecard planning process, the Agency developed a new mission statement, identified four core service areas, and a set of seven new Agency-wide *Goals*. The Health Care Agency's core services are (1) Assessment and Planning, (2) Prevention and Education, (3) Treatment and Care and (4) Administration and Workforce, which are designed to achieve HCA's mission. The following Balanced Scorecard is arranged by these four core services.

VISION STATEMENT	<i>Working Together for a Healthier Tomorrow</i>			
MISSION STATEMENT	<i>In partnership with the community, protect and promote the health & safety of individuals and families in Orange County through assessment and planning, prevention and education, and treatment and care.</i>			
CORE SERVICE AREA	ASSESSMENT AND PLANNING	PREVENTION AND EDUCATION	TREATMENT AND CARE	ADMINISTRATION AND WORKFORCE
GOALS	1. To be well prepared for any and all disease outbreaks or emergencies. 2. To publish major health care studies and implement best practices that will influence health policy across the country.	3. To achieve a steady reduction in preventable infections, episodic, and chronic disease morbidity, injury and mortality in OC 4. To promote health and wellness and improve overall quality of life for individuals and families in OC. 5. To deliver exceptional health care services that will improve the overall health of the people in OC.		6. To secure and efficiently provide and manage resources to address the health needs of OC individuals and families 7. To become the employer of choice in OC

Under each core service area are agency-wide goals which convey how the Agency will achieve its Vision and Mission and deliver efficient and effective core services to the community. The criteria for selecting these goals focused on aligning Agency goals with the County's Strategic Initiatives and Great Goals and realistically assessing available resources. To support these seven agency goals are eighteen (18) mission critical services or strategies and fifty-two (52) performance measures. It is important to note that HCA often does not have complete control over many of these performance measures. In those instances, HCA must partner with community stakeholders, the medical community, and others to bring about change over a period of years.

Each performance measure will have information on what the measure is, why it is important, multi-year BSC target, color coded ranges to interpret results, prior fiscal year results (baseline and FY 2010-11), the current fiscal year results (FY 2011-12) or anticipated results for current fiscal year and a description of the performance measure's progress towards the BSC target.

HEALTH CARE AGENCY

Balanced Scorecard

Balanced Scorecard Categories:

●=meets or exceeds target ▲=near target ◆=below target

CORE SERVICE AREA: ASSESSMENT AND PLANNING

Countywide Strategic Initiative: Promoting a Healthy Community – Promote and maintain a healthful environment

Agency Goal: To be well prepared for any and all disease outbreaks or emergencies

Mission Critical Service: Disease Monitoring

What: To monitor and analyze the occurrence of disease in Orange County in a timely and efficient manner.

Why: The timely reporting of communicable diseases is an essential component of disease surveillance, prevention and control; delay or failure to report can contribute to secondary transmission.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Implementation of state electronic disease reporting system (CalREDIE) to capture case information for monitoring disease incidence, analyzing and summarizing demographic information and risk factors, and reporting to State.	<ul style="list-style-type: none"> ● 76 - 100% ▲ 26-75% ◆ <26% 	Ability to Capture Case Information, Monitor Disease Trends, and Generate Reports from State Electronic System	◆ Orange County specific electronic disease reporting system	● System Fully Implemented for Disease Reporting (90%)	● System Fully Implemented for Disease Reporting (90%)
Implementation of Electronic Lab Reporting (ELR) system to expedite receipt of communicable disease reports from private and public laboratories.	<ul style="list-style-type: none"> ● 76 - 100% ▲ 26-75% ◆ <26% 	Ability to Receive and Process Electronic Lab Reports	◆ No system or plan	▲ Plan & Pilot Established (30%)	▲ Plan & Pilot Established (30%)

How are we doing? Specified diseases and conditions are mandated by State laws and regulations to be reported by healthcare providers and laboratories to public health authorities. The California Reportable Disease Information Exchange (CalREDIE) is a web-based electronic reporting and surveillance system that the California Department of Public Health (CDPH) is implementing for local health jurisdictions and the State. Orange County Public Health implemented CalREDIE for mandated disease reporting in July 2011.

CalREDIE is designed to integrate electronic laboratory reporting (ELR) enabling public and private medical labs to electronically submit mandated disease reports to public health authorities. ELR

systems have been shown to increase disease reporting by approximately 30%, improve timeliness of reporting by 400%, and improve completeness of reports through improved standardization. Orange County Public Health has requested and been selected as a pilot site to test the implementation of CDPH's ELR system in CalREDIE. The pilot is a collaborative effort between CDPH, Public Health's Epidemiology and Assessment program, and St Joseph's Health System. The CDPH has targeted June 2012 for completion of the pilot.

Interpretation of progress:

- CalREDIE: 100% = Capability to download all case information for disease monitoring, trend and risk factor analysis
- 76% - 99% = Training of field nurses; revision of weekly report process for disease monitoring; implementation of system upgrades
- 51% - 75% = Implementation of CalREDIE, testing; reporting to State
- 26% - 50% = Training of staff; Archive of data from previous system;
- <26% Revision of workflows, testing and training plan
- ELR: 100% = Capability to receive, read and process electronic labs;
- 76% - 99% = pilot underway and receipt and processing is being tested
- 51% - 75% = pilot is established with identified partners;
- 26% - 50% = assessment complete and plan established;
- <26% assessment and plan yet to be completed,



Countywide Strategic Initiative: Protecting Our Community – Assure disaster preparedness and prompt emergency response

Agency Goal: To be well prepared for any and all disease outbreaks or emergencies

Mission Critical Service: Disaster Planning

What: To prepare Orange County to respond to health related disasters, reducing health impacts and working in partnership with community stakeholders.

Why: To reduce mortality and morbidity that could result from natural or man-made disaster.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Total number of Point of Dispensing (POD) sites planned and equipped to ensure 100% of the County population is able to receive medical counter measures during an emergency.	<ul style="list-style-type: none"> ● 30-36 ▲ 20-29 ◆ <20 	36	◆ 0	● 34	▲ 5
Number of HCA staff trained for disaster response activities (e.g., Health EOC, Warehouse, PODs, ICS 300/400, etc.)	<ul style="list-style-type: none"> ● ≥250 ▲ 100-249 ◆ <100 	350	▲ 100	● 468	● 387

How are we doing? Working with cities and community stakeholders, the POD planning cycle is a 10 to 12 month calendar-year effort which results in approved plans, stakeholder agreements and equipped sites. Health Disaster Management (HDM) finalized 64 POD site plans as of June 30, 2011. Of those 64, 34 have received equipment based on signed agreements with cities, with additional planned and equipped PODS being added as the planning cycle continues into FY2011-12.

During FY2010-11, 468 HCA personnel received a variety of disaster trainings, exceeding the target goal. First quarter results for FY2011-12 include HCA’s next major training cycle and these results show the measure has already exceeded the target.



Countywide Strategic Initiative: Promoting a Healthy Community – Promote and maintain a healthful environment

Agency Goal: To publish major health care studies and implement best practices that will influence health policy across the country

Mission Critical Service: Research & Planning

What: To be a respected resource in Orange County for health data and information, and health care best practices.

Why: The Health Care Agency is a leading source for a variety of health data for the County and being a leader in proactively conducting research and promoting best practices can help improve the health of Orange County residents.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Total annual number of publications, white papers, reports, and presentations aimed at industry peer audiences and policy-makers.	<ul style="list-style-type: none"> ● ≥60 ▲ 55-59 ◆ <55 	65	●60 (FY09-10)	●67	●19

How are we doing? Agency staff is on track to meet this target by the end of FY2011-12. Results of HCA studies are published in professional journals and presented at professional scientific conferences. Less technical summary reports are also posted on the Agency’s web site and released to the media to better inform the residents of Orange County on important health issues and topics.



Countywide Strategic Initiative: Promoting a Healthy Community – Promote and maintain a healthful environment

Agency Goal: To promote health and wellness and improve overall quality of life for individuals and families in OC

Mission Critical Service: Ocean Water Quality

What: To provide public notification measures that prevent exposure to contaminated ocean water and promote the health of recreational water user.

Why: Beach water monitoring, notification and closures protects the public health by limiting exposure to contaminants in the water that may cause a wide range of illnesses – some producing mild symptoms (such as chills, fevers and upset stomachs) and some that are potentially lethal (including hepatitis and meningitis).

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Beach Mile Days: Closures – Calendar Year (5-yr moving avg.)	● <10 ▲ 10-25 ◆ >25	<7	▲ 25	◆ 61	● 0
Beach Mile Days: Posted Warnings April through October	● <99 ▲ 99-135 ◆ >135	<99	▲ 132	▲ 97.3	● 47.9

How are we doing? Beach Mile Day (BMD) represents the loss of beneficial use or year to year loss of beach usage to the public. Using BMD as a measurement of ocean and bay water availability is more meaningful than using the number of incidences or the number of days since BMD take into account both the length of beach and time of a closure or posting. The State of California Water Resources Control Board and all California coastal counties use BMD for reporting closures and postings which provides a standardized measurement that allows comparison of different areas (beach to beach or county to county) and the assessment of closure and posting trends over time. Closure and posting information is tracked on a calendar year basis. A provision of Senate Bill 482 (Kehoe), chaptered into law in 2011, is based on the program’s recent efforts in creating a collaborative regional monitoring program where ocean water sample collection efforts and results are shared between stakeholders such as sanitation agencies. In addition, the program is going above and beyond the legal public notification requirements and improving risk communication efforts by upgrading the ocbeachinfo.com website to include a detailed interactive site map that will provide the public with information and the location of each ocean water sampling site and provide a visual display of the most recent water quality results in either green, yellow or red indicating whether the ocean water sample met state standards, exceeded bacteria level standards, or the location is closed due to sewage contamination.



Countywide Strategic Initiative: Promoting a Healthy Community – Assure access to health-care and social services

Agency Goal: To be well prepared for any and all disease outbreaks or emergencies

Mission Critical Service: Emergency Medical Care

What: To provide evidence-based guidance and regulatory oversight to first responders and emergency care providers to ensure consistent delivery of quality emergency medical care.

Why: Emergency medical care provides timely treatment during life-threatening emergencies to stabilize patients and to prevent needless death or disability because of time-critical health problems. The outcome of acute illness or injury is strongly influenced by early recognition of its severity and timely medical intervention.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Stroke Neurology Receiving Center (SNRC) intervention rate	<ul style="list-style-type: none"> ● ≥45% ▲ 38-44% ◆ <38% 	50%	▲ 44%	● 53%	● 50%
Emergency Care Providers/SNRC's having 24/7 interventional neuro-radiology capability	<ul style="list-style-type: none"> ● 76-100% ▲ 61-75% ◆ <61% 	100%	◆ 44%	◆ 44%	◆ 44%
Percentage of hemorrhagic stroke patient whose functional outcome is assessed at discharge.	<ul style="list-style-type: none"> ● 85-100% ▲ 70-84% ◆ <70% 	100%	● 88%	▲ 78%	● 93%

How are we doing? The Stroke Neurology Receiving Center program has been implemented by OC Emergency Medical Services (OCEMS) and the nine partner Stroke Neurology Receiving Center (SNRC) hospitals, providing improved medical care as a result of timely medical intervention. Intervention rates are increasing and the system is maturing in spite of the severe economic downturn, which has impacted the ability of some hospitals to construct interventional radiology (IR) suites and establish 24/7 coverage. By the end of Q2 of FY2011-12, two additional SNRCs will have achieved 24/7 IR capability, increasing compliance to 66%.

Until OCMEDS (OCEMS' electronic medical records system) is fully implemented, it will be difficult to accurately measure the "total percentage of hemorrhagic stroke patients assessed at discharge" in real time. As a result of the potential for extended hospitalizations, the cumbersome nature of the current paper system and the need to analyze data, final results will experience a lag time in reporting. OCEMS participates in quarterly Stroke Coordinator Meetings which provides an opportunity to promote reporting compliance.



CORE SERVICE AREA: PREVENTION AND EDUCATION

Countywide Strategic Initiative: Promoting a Healthy Community – Promote and maintain a healthful environment

Agency Goal: To achieve a steady reduction in preventable infections, episodic, and chronic disease morbidity, injury and mortality in Orange County

Mission Critical Service: Food Quality Inspections

What: To provide inspection, investigation and educational services to Orange County food service facilities in order to reduce the incidence of disease-causing violations.

Why: Improve food safety for all Orange County residents and visitors. The CDC Risk Factors, captured as Major violations on inspection reports, have been identified as contributing to the cause of Foodborne Illness outbreaks.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Percent of food facilities receiving a Major CDC Risk Factor Violation during an inspection	<ul style="list-style-type: none"> ● 0-39% ▲ 40-69% ◆ ≥70% 	≤15%	▲ 52%	● 33%	● 33%
Percent of Total Disease-Causing Violation Closures per Total Inspections	<ul style="list-style-type: none"> ● <1.5% ▲ 1.5-2.5% ◆ >2.5% 	<1.5%	▲ 2.4%	▲ 2.0%	▲ 1.9%

How are we doing? Percent of food facilities receiving a Major CDC Risk Factor Violation during inspection is progressing ahead of the estimated 3-5 year plan for significant reduction of major violations. Concerted efforts are being made to concentrate on major violations through Food Protection Program (FPP) Town Hall meetings and trainings of field staff. Data is available annually for this measure.

Percent of Total Disease-Causing Violation Closures per Total Inspections saw a slight decline as inspectors continue to focus on CDC Risk Factors using the United States Food and Drug Administration’s (FDA) oral culture learner model for guidance during inspections to prevent permit suspensions due to imminent health hazards.



The Food Protection Program has implemented a Food Worker Education Program and results have indicated that our classroom efforts are effective (pre vs. post test score results). However, research indicates that over time the positive effects of the class appear to wear off, and workers return to some of their improper food handling practices. US FDA research reveals that many food workers learn through oral culture, not the traditional written culture that make up our food safety classes and exams. FPP is modifying trainings and education during inspections towards using more of a story-driven learning program where what is taught will be retained and impact behaviors. Also, FPP is in the process of developing several instructional videos that can be easily accessed by food workers and inspectors during an inspection, and which follow the oral culture learning model.

Countywide Strategic Initiative: Promoting a Healthy Community – Promote and maintain a healthful environment

Agency Goal: To achieve a steady reduction in preventable infections, episodic, and chronic disease morbidity, injury and mortality in Orange County

Mission Critical Service: Infectious Disease Prevention

What: To prevent and reduce the occurrence and spread of Infectious Diseases by meeting or exceeding 95% coverage for recommended vaccines at kindergarten entry.

Why: Children in California continue to get diseases that are vaccine preventable. Reduce the incidence of vaccine preventable diseases in Orange County through improved childhood vaccination rate.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Percent of all children entering kindergarten who are up-to-date for vaccinations (HP2020: DPT, MMR, Polio, HPV, VZV)	<ul style="list-style-type: none"> ● >95% ▲ 89-94% ◆ <89% 	95% (HP2020)	▲ 89.6% (CY 2009)	▲ 89% (CY 2010)	N/A
Percent of school districts meeting 95% target for students up-to-date for vaccination at kindergarten entry	<ul style="list-style-type: none"> ● ≥85% ▲ 41-84% ◆ ≤40% 	100%	◆ 21% (CY 2009)	◆ 21% (CY 2010)	N/A

How are we doing? For calendar year 2010 the percentage of all children entering kindergarten who were up-to-date for MMR, Polio, HPV, VZV and the percent of school districts with students up to date for vaccination in kindergarten entry remained relatively unchanged from the prior year. This data is provided annually by the State once compiled from the various school districts. Because the data is retroactively gathered and due to the complexity of factors influencing a parent’s decision to vaccinate their child, improvements due to HCA activities will take several years to manifest.

Public Health is partnering with Orange County Department of Education/ School Districts, American Academy of Pediatrics, Orange County Coalition of Pharmacists, local pediatricians and other community based providers to identify barriers that are impacting rates in Orange County, such as the increased use of Personal Belief Exemptions and incomplete vaccinations, as well as ways to enhance data reporting systems. The important efforts of this partnership will be focused on moving Orange County toward the HP2020 target of a 95% kindergarten entry vaccination rate and ensuring the health of Orange County children through immunization.



Countywide Strategic Initiative: Promoting a Healthy Community – Promote self-sufficiency and healthy lifestyles

Agency Goal: To promote health and wellness and improve overall quality of life for individuals and families in OC

Mission Critical Service: Alcohol, Tobacco, & Other Drug Prevention

What: To prevent or reduce the use of tobacco by increasing the percent of Orange County School Districts that are at or below the California smoking rate.

Why: Smoking is the leading cause of preventable death in the U.S. Most adult smokers became addicted as teens.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Percent of Orange County School Districts with smoking rates at or below California smoking rate	<ul style="list-style-type: none"> ● 70-100% ▲ 55-69% ◆ 0-54% 	70% Below CA rate	▲ 57% Below CA rate	▲ 66% Below CA rate	▲ 66% Below CA rate
Percentage of youth who use tobacco	<ul style="list-style-type: none"> ● ≤14.6% ▲ 14.7-21% ◆ >21% 	<14.6%	● 14.6%	▲ 15%	▲ 15%

How are we doing? These two measures are performing in the yellow range. HCA funds community projects that operate on three year cycles. The most recent three year cycle concluded in June 2011. These projects achieved successes such as decreasing the tobacco use rates among students attending the schools being served by the program. Also, parents were educated about their role in keeping their children tobacco free. Recently, HCA improved the project selection process to increase the focus on school districts and schools within districts that have the highest rates of smoking prevalence. These projects are also now geographically coupled with a supporting HCA-sponsored project focusing on reducing illegal sales of tobacco to minors. This project allows for a more comprehensive approach to be taken in the highest incidence areas.



In addition, State funding to schools for tobacco prevention efforts have become competitive this past year, a change from the past practice of non-competitive funding allocations. HCA has worked with school districts on their applications and will be directly providing services

to bolster these efforts. HCA strives to create services that support one another in an overall effort to keep teens from initiating tobacco use. Strategies include working directly with youth and their parents; working with merchants as well as other adults who might be social sources of tobacco for teens; supporting school personnel and officials in their efforts to prevent teen smoking and also by working with the media to promote messages that encourage tobacco free lifestyles for teens.

Countywide Strategic Initiative: Promoting a Healthy Community – Promote self-sufficiency and healthy lifestyles

Agency Goal: To promote health and wellness and improve overall quality of life for individuals and families in OC

Mission Critical Service: Alcohol, Tobacco, & Other Drug Prevention

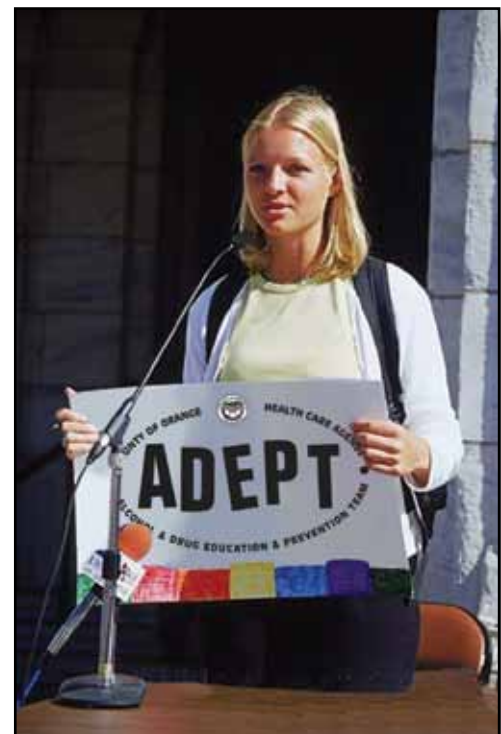
What: To prevent or reduce the negative outcomes associated with the use of alcohol in Orange County.

Why: Driving Under the Influence (DUI) is a public safety issue. Each year, in Orange County, more than 2,200 people die or are injured in alcohol-related collisions.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Rate of alcohol-involved collisions (injury and fatality) compared with state rate	<ul style="list-style-type: none"> ● >10% below CA rate ▲ 5-9% below CA rate ◆ 0-4% below, or higher than CA rate 	Rate 10% or more below CA rate	● 13.3% Below CA rate (FY 08-09)	● 11.8% Below CA rate (FY 09-10)	N/A
Decrease rate of enrollment in Drinking Driver Repeat Offender Program (rate per 1,000 previous offenders re-offended)	<ul style="list-style-type: none"> ● ≤23.6 ▲ 23.7-25.3 ◆ >25.3 	3% annual reduction (25.0 per 1,000)	◆ 25.8 per 1,000 previous offenders re-offended	▲ 23.8 per 1,000 previous offenders re-offended	▲ 24.2 per 1,000 previous offenders re-offended

How are we doing? Rate of alcohol-involved collisions are taken from SWITRS and DMV data which are only available annually. No quarterly update available. FY2011-12 Q1 rate is the same as the total rate for FY2010-11, therefore putting this measure in the yellow target range. The apparent lack of change in the 1st quarter is based solely on comparison to the FY10-11 annual rate. Typically, 1st quarter rates are higher than subsequent quarters. Comparing 1st quarter FY10-11 to FY11-12, there was a 7.5% decrease (i.e., 26.2 in FY10-11 to 24.2 per 1000 in FY11-12), so the measure is headed in the right direction.

Alcohol and Drug Education and Prevention Team (ADEPT) programs contract with community and school-based agencies whose goal is create safe and healthy communities by reducing problems associated with alcohol, tobacco, and other drug use through education, training, and technical assistance.



Countywide Strategic Initiative: Promoting a Healthy Community – Promote self-sufficiency and healthy lifestyles

Agency Goal: To promote health and wellness and improve overall quality of life for individuals and families in OC

Mission Critical Service: Mental Health Prevention & Early Intervention

What: To provide services to residents of Orange County that will prevent or reduce the onset of mental health disorders.

Why: Mental disorders are the leading causes of disability. Mental illness can affect persons of any age, race, religion or socioeconomic status, and is preventable and treatable through early intervention, pharmacological and psychosocial treatment supports. Prevention and intervention may reduce the long-term adverse impact resulting from untreated serious mental illness.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Number of calls to suicide prevention hotlines serving Orange County (Contracted calls started August 2010)	<ul style="list-style-type: none"> ● $\geq 4,000$ ▲ 3,800 – 3,999 ◆ $< 3,800$ 	4,000 calls	▲ 3,892 Calls (projected for 2010 based on midyear number of calls)	● 5,114 calls	● 1,347 calls
Prevalence rate of self-inflicted injuries resulting in emergency department visit or hospital admission (data based on calendar year)	<ul style="list-style-type: none"> ● ≤ 85 ▲ 86-90 ◆ > 90 	85 per 100,000 population	▲ 86.3 per 100,000 population (CY2008)	▲ 86.5 per 100,000 population (CY2009)	N/A
Prevalence rate of suicide deaths in Orange County (data based on calendar year)	<ul style="list-style-type: none"> ● ≤ 10.1 ▲ 10.2-12.0 ◆ > 12 	10.2 per 100,000 population (HP2020)	● 8.8 per 100,000 population (CY2008)	● 7.8 per 100,000 population (CY2009)	N/A

How are we doing? The number of calls to the suicide prevention hotline exceeded the target by 27% for FY2010-11. For the first quarter of FY 11/12, the hotline calls are up by 14% from the first quarter of FY 10/11. On average 72% of these calls are suicide/crisis calls. The OC Suicide Prevention Hotline continues to coordinate care with first responders such as Community Assessment Team (CAT) and police departments to prevent suicide.

Self-inflicted injuries resulting in emergency visit or hospital visit of 86.5 per 100,000 of population is 2009 data and falls in the yellow range. There is a 1-2 year time lag for OSHPD Emergency Department & Hospitalization data for Orange County. Suicide death in Orange County of 7.9 per 100,000 of population is 2009 data and falls in the green range. There is a 2-year time lag for Orange County Death data.

Prevention and Early Intervention has implemented the hotline with 24 hour crisis support service, and a warmline with week-end and evening support; both providing service in a variety of key

languages. In addition, we have implemented several types of outreach and engagement programs to remove barriers for early access to mental health services prior to a diagnosis being given. These programs serve all age groups and several underserved groups in the community. There are ongoing community mental health campaigns, educational events and forums to promote mental health resources and reduce stigma and discrimination in hopes that community members seek help prior to self-harm.



Countywide Strategic Initiative: Promoting a Healthy Community – Promote self-sufficiency and healthy lifestyles

Agency Goal: To promote health and wellness and improve overall quality of life for individuals and families in OC

Mission Critical Service: Obesity Prevention

What: To improve the nutritional status of Orange County children.

Why: A diet high in fruits and vegetables can reduce the risk for many leading causes of death and plays an important role in weight management. 60% of children born in the US are WIC participants.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
The percent of WIC fruit and vegetable vouchers issued to low-income children (2-5 years) that are redeemed	<ul style="list-style-type: none"> ● ≥90% ▲ 80-89% ◆ <80% 	95%	●91%	▲ 87.6%	N/A

How are we doing? The FY 2010-11 percentage of parents of WIC children 2 – 5 years of age served is at the high end of the yellow range for HCA’s WIC population of over 30,000 participants. This measure was established to promote Healthy People 2020 objectives to increase fruit and vegetable consumption of persons age 2 and older and reduce the proportion of children 2 – 5 years old who are considered obese. To reach this important goal, the WIC program is partnering with the State/Federal WIC programs, local Universities and other relevant community organizations to continue developing and implementing innovative and interactive nutrition education. Promoting the use of WIC vouchers will enable participants to incorporate daily consumption of fruits and vegetables – which plays an important role in weight management and the overall reduction of obesity rates in children.



Countywide Strategic Initiative: Promoting a Healthy Community – Promote self-sufficiency and healthy lifestyles

Agency Goal: To promote health and wellness and improve overall quality of life for individuals and families in OC

Mission Critical Service: Obesity Prevention

What: To improve the nutritional status of Orange County children.

Why: Obesity is the second leading preventable cause of death. Breastfeeding helps protect against childhood obesity. Extent and duration of breastfeeding is inversely related to the risk of obesity in later childhood.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Percentage of newborns meeting CDC recommendations for exclusive breastfeeding	<ul style="list-style-type: none"> ● ≥75% ▲ 50-74% ◆ <50% 	75% (HP2010)	◆ 38%	▲ 55.6%	N/A

How are we doing? The measure is in the yellow range; however, it is progressing towards target. The HCA has a five-year plan established to reach the BSC target of 75%. Data are provided annually by the State once compiled from hospital survey.

Public Health’s WIC (Women, Infants and Children) program is leading a partnership with other WIC providers in the county to establish liaisons with each birthing hospital in Orange County. Statewide it is estimated that 60% of newborns are eligible for WIC, providing an important opportunity to address nutritional status of a significant portion of the population at a foundational stage of development. By partnering with hospitals, WIC hopes to increase the number of eligible families that access WIC for nutritional supplements and more importantly promote exclusive breastfeeding of newborns. Studies have shown decreased risk for obesity – as well as many additional health benefits – for babies exclusively breastfed. Public Health’s Community Nursing program is also assisting with this effort by providing training to hospital staff and support to new moms as needed.



Countywide Strategic Initiative: Promoting a Healthy Community – Promote self-sufficiency and healthy lifestyles

Agency Goal: To promote health and wellness and improve overall quality of life for individuals and families in OC

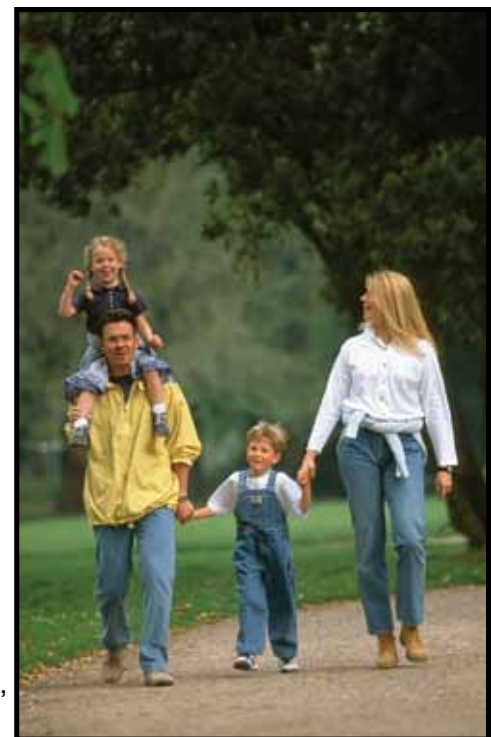
Mission Critical Service: Obesity Prevention

What: Increase the number of cities that adopt model planning, land use and transportation policies, practices or resolutions that promote obesity prevention. This measure will track the efforts of local jurisdictions as partners come together to help support individual behaviors with creating health community options.

Why: Increase built environment opportunities (not only programs) for physical activity and healthy food access created by local jurisdiction. The ultimate goal of these efforts is to decrease morbidity and mortality.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
FIT Cities: Increase the percentage of cities that adopt model planning, land use and transportation policies, practices or resolutions that promote obesity prevention	<ul style="list-style-type: none"> ● ≥75% ▲ 50-74% ◆ <50% 	75%	◆15%	◆15%	◆15%

How are we doing? Target is not currently met. This is a new measure, developed during third quarter of FY 2010. The goal of this measure is to add an additional five cities per year. A FIT Cities initiative is focused on the provision of data, capacity building and support to enhance health optimizing environments. FIT stands for Fifteen in Ten. By working with community partners, our goal is to decrease the county obesity rate to 15% by 2020. (In 2008 the adult obesity rate was 19% and for children aged 5-19 it was 21.2%) Health Promotion Division staff has been working with local governments to identify opportunities to improve environments that support physical activity and healthy eating. Through this effort, multiple presentations have been made to the American Planning Association and at community conferences. In conjunction with FIT Cities, a unique partnership was formed with the University of California, Irvine Urban Planning program. In September, twenty second-year graduate students began a year-long program focusing on assessment and implementation of health-focused planning projects in five cities: Stanton, Orange, San Clemente, Anaheim and Garden Grove. Working in teams of 4-5, students will partner with city and health officials and members of the community to assess the needs and opportunities specific to each city. Program staff presented at the Orange County Planning Officials forum which started new conversations with Buena Park and Huntington Beach. Also, the CDC Public Health Prevention Service fellow has started his work on these projects. He will be with the program for two years. The goal of adding an additional five cities per year should be easily met with these additional strategies.



CORE SERVICE AREA: TREATMENT AND CARE

Countywide Strategic Initiative: Promoting a Healthy Community – Assure access to healthcare and social services

Agency Goal: To promote health and wellness and improve overall quality of life for individuals and families in OC

Mission Critical Service: Correctional Health Care

What: To provide health care to juvenile detainees, in order to prevent and treat illness and injury in Orange County juvenile facilities.

Why: Under title 15, Orange County has a legal responsibility to provide timely and appropriate health care for minors in custodial care. IMQ standards sets the bar for quality detention facility health services; contributes to efficiency of detention facility functions; protects detainees, institutional personnel, and the community; and provides a means for measuring health care.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Compliance with IMQ Accreditation Standards for juvenile correctional facilities by category					
1. Essential	<ul style="list-style-type: none"> ● 100% ▲ n/a ◆ <100% 	100%	● 100%	● 100%	● 100%
2. Important	<ul style="list-style-type: none"> ● 100% ▲ n/a ◆ <100% 	100%	● 100%	● 100%	● 100%

How are we doing? The Institute for Medical Quality (IMQ) has 32 years of accreditation experience. The US Courts of Appeals, Ninth Circuit recognizes the CMA/IMQ accreditation as meeting a constitutional level of health services for the inmates, and the survey process as a valid tool in measuring compliance with the standards. The court found that standards developed and evaluated by IMQ surveyors were appropriate to assure a defensible standard of health care. There are 62 Essential and Important Standards which addresses Medical, Psychiatric and Dental Care. Juvenile Health Services (JHS) continues to be in compliance with 100% of applicable standards and continues to meet the BSC target, receiving a 2 year accreditation from November 9, 2009 to November 9, 2011 from IMQ. JHS just went through another survey and is awaiting the results to see if they will receive accreditation for the next two years.



Countywide Strategic Initiative: Promoting a Healthy Community – Assure access to healthcare and social services

Agency Goal: To deliver exceptional health care services that will improve the overall health of the people in OC

Mission Critical Service: Correctional Health Care

What: To automate the healthcare processes within the correctional setting in order to provide immediate access to patient medical information and standardize the delivery of care throughout the system.

Why: Having an electronic medical record will help to improve the quality of care for correctional patients, ensure that medical information is manageable and easily accessible across many locations throughout the county, for a patient population that moves location frequently without notice, and decrease legal liability of the jail/juvenile hall and its providers.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Electronic Medical Record: Automating health information process in Correctional Health Services	<ul style="list-style-type: none"> ● On schedule ▲ 1-3 months behind schedule ◆ >3 months behind schedule 	On schedule	● On schedule	● On schedule	● On schedule



How are we doing? This measure has been performing on schedule and remains in the green range. The RFP for the Electronic Health Record for Correctional Health Services (CHS) has been posted and CHS has received favorable responses with 14 submissions from a wide range of vendors. The next steps include reviewing and evaluating the RFP submittals, narrowing potential vendors based on evaluation criteria, system demonstration and site visits (as indicated), and selection of a vendor.

Countywide Strategic Initiative: Promoting a Healthy Community – Assure access to healthcare and social services

Agency Goal: To deliver exceptional health care services that will improve the overall health of the people in OC

Mission Critical Service: Indigent Health Care

What: To provide cost-effective, quality health care coverage to low income, uninsured adults.

Why: Individuals who have access to care are more likely to receive preventive services and health care when needed, resulting in improved outcomes.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Preventable inappropriate Emergency Room visits by MSI clients	<ul style="list-style-type: none"> ● ≤45% ▲ 46-53% ◆ ≥54% 	45%	▲ 51%	▲ 50%	49%
Percent of MSI members with at least one medical home visit per year	<ul style="list-style-type: none"> ● ≥70% ▲ 50-69% ◆ ≤59% 	57%	◆ 57%	▲ 60%	60.6%

How are we doing? Preventable, inappropriate emergency room (ER) visits by MSI clients is defined as an ER visit that did not result in inpatient admission, and could have been handled by a primary care physician. On-going care prevents episodic ER visits by this population. Integrated efforts by MSI, medical home providers, patient educators and nurse case managers have resulted in MSI clients selecting Medical Homes and in visiting these physicians. We are seeing a steady increase in members with at least one medical home visit per year. Clients are assisted by Patient Education to select a medical home and user-friendly tools are available to them to help navigate our MSI provider system. In Fall 2011, MSI revamped its patient information materials to emphasize the importance of using urgent care centers and MinuteClinics for non-emergency needs. Additionally, the 24 hour Nurse Advice Line is being promoted as the number to call if a member is ill and isn't sure of what to do.



Historical data shows this is working: We have experienced an increase in medical home visits every year since 2007 and projections indicate that by 2011 this measure will reach 70%. These measures are based on claims data which has a 90-day lag time and then must be analyzed. Results will not be available until January, 2012, but anecdotal information and patient education surveys tell us we are on track to meet our target.

Countywide Strategic Initiative: Promoting a Healthy Community – Assure access to healthcare and social services

Agency Goal: To deliver exceptional health care services that will improve the overall health of the people in OC

Mission Critical Service: Crisis Response & Intervention

What: To provide mental health emergency response services to people in crisis, in order to prevent self harm or injury to others.

Why: A response to a mental health crisis event must be timely. By offering prompt care, people in crisis receive immediate, confidential, and culturally and linguistically appropriate assistance either for themselves or someone they know, leading to improved outcomes.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Percent of crisis response from dispatch to arrival in 30 minutes or less:					
1. Adults	<ul style="list-style-type: none"> ● ≥70% ▲ 50-69% ◆ ≤49% 	75%	●70%	●89%	●90%
2. Children	<ul style="list-style-type: none"> ● ≥70% ▲ 50-69% ◆ ≤49% 	75%	●70%	◆43%	◆36%
Percent of total crisis response diverted from hospitalization and/or incarceration:					
1. Adults	<ul style="list-style-type: none"> ● ≥60% ▲ 40-59% ◆ ≤39% 	60%	●60%	▲56%	▲57%
2. Children	<ul style="list-style-type: none"> ● ≥60% ▲ 40-59% ◆ ≤39% 	60%	●60%	●64%	●61%

How are we doing? Percent of crisis response from dispatch to arrival in less than 30 minutes for adults exceeded target for FY2010 Year End and FY2011-2012 1st Quarter. Well organized triage service, staff buy-in on priority, and use by some staff of GPS navigation units contributes to positive performance. Percent of crisis response from dispatch to arrival in less than 30 minutes for children remains in the red range for both FY2010 year-end and FY2011-12 1st quarter. The CYS CAT team is dispatched from one of two points in Central Orange County. This creates a situation where many trips from dispatch to arrival will be longer than 30 minutes. Average response time was 42 minutes.

Adult CAT performance is just below the target goal. Data reflects the percent of clients that clinicians assessed as appropriate diversions from inpatient hospitalization. The level of acuity assessed determines the appropriate disposition for each client. The percent of total crisis response diverted from hospitalization and/or incarceration for children continues to meet or exceed the target. During the summer months the number of assessments declined slightly and there were adequate community resources to which CAT team members could refer clients.



Countywide Strategic Initiative: Promoting a Healthy Community – Promote and maintain a healthful environment

Agency Goal: To deliver exceptional health care services that will improve the overall health of the people in OC

Mission Critical Service: Clinic-Based Care

What: To provide health care clinics for Orange County residents in order to protect, promote and improve the overall health of eligible patients.

Why: To reduce the incidence of tuberculosis (TB) in Orange County through treatment of active TB disease to cure. Decrease patient infectiousness, thereby preventing TB spread to the community. Reduce the incidence of acquired multi-drug-resistant (MDR) and extensively drug-resistant (XDR) TB in Orange County.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Percent of patients with active tuberculosis (TB) disease who complete their prescribed treatment.	<ul style="list-style-type: none"> ● ≥93% ▲ 80-92% ◆ <80% 	93% (HP2020)	▲ 91.8%	▲ 92.6%	N/A

How are we doing? Cure for active TB disease requires a minimum of 6 months treatment, and is usually completed within 12 months. Therefore, this performance measure is calculated annually. The results above contain data for those persons starting TB treatment July 1, 2009 through June 30, 2010. Since the last report for this performance measure, the BSC target was changed to the Healthy People 2020 goal (93%), and the BSC Baseline and FY2010 were recalculated using the new definition; results for both remain in the yellow range but are approaching green. Of the 14 FY2010 patients not completing treatment, 7 moved internationally prior to treatment completion, 4 stopped treatment at the discretion of their provider (due to medication side effects) and 3 stopped treatment on their own against provider advice but were deemed not to be a threat to the public’s health. The Orange County TB Control Program remains committed to ensuring Orange County residents with active TB disease receive treatment until cure.



Countywide Strategic Initiative: Promoting a Healthy Community – Promote and maintain a healthful environment

Agency Goal: To deliver exceptional health care services that will improve the overall health of the people in OC

Mission Critical Service: Clinic-Based Care

What: To provide health care clinics for Orange County residents in order to protect, promote and improve the overall health of eligible patients.

Why: The primary goal of HIV treatment is viral suppression. Monitoring viral suppression is a measurable outcome of effective HIV treatment: viral suppression protects and improves an individual’s immune system from further deterioration, treatment can prevent the progression from HIV infection to AIDS, and clinical care of an individual patient contributes directly to the Public Health mission of disease control and prevention by rendering the patient very unlikely to transmit the virus.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Percent of patients placed on HIV medications (ART) who achieve an undetectable HIV viral load; also known as viral suppression.	<ul style="list-style-type: none"> ● ≥90% ▲ 80-89% ◆ <80% 	90%	▲ 82%	▲ 82%	N/A

How are we doing? Viral load is a laboratory test used to measure the quantity of the HIV virus in the blood. Viral load is measured in RNA copies per milliliter of blood plasma. **Viral load suppression** is the goal of HIV treatment, it means no virus can be found or detected in the patient’s blood with current lab technologies. A client can obtain viral suppression after several months of taking affective HIV treatment as prescribed by the medical care provider.

The performance measure reports the success of reducing viral load to undetectable status after treatment is provided. Of 975 patients on treatment, 82% obtained viral suppression. A comprehensive review of all patients not obtaining undetectable levels found 33% did not take their medication as prescribed, and 4% were not on treatment deemed strong enough. The remaining approximately 67% were either not on treatment long enough, were resistant to treatment, had experienced a short term increase in viral load (a common occurrence) or were not on treatment during the time period reviewed. HCA has focused efforts on improving patient compliance with treatment, Quality Improvement reviews, and data collection processes.



Countywide Strategic Initiative: Promoting a Healthy Community – Promote self-sufficiency and healthy lifestyles

Agency Goal: To deliver exceptional health care services that will improve the overall health of the people in OC

Mission Critical Service: Clinic-Based Care

What: To provide health care clinics for Orange County residents in order to protect, promote and improve the overall health of eligible patients.

Why: Full Service Partnership (FSPs) are capable of providing an array of services to the individual and his or her family that are well beyond the scope of traditional clinic-based outpatient mental health services. Percent of FSP members in treatment more than 90 days is an indication of access to and engagement in program, improved function, movement towards recovery and creating positive flow. A meaningful outcome for adults is to see a decrease in psychiatric hospital days.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Percent of FSP members in treatment more than 90 days (Adults)	<ul style="list-style-type: none"> ● ≥72% ▲ 60-71% ◆ <60% 	72%	▲ 62%	● 98%	● 97%
Percent decrease in psychiatric hospital days for adult FSP members.	<ul style="list-style-type: none"> ● ≥60% ▲ 40-59% ◆ <40% 	60%	▲ 52%	● 67%	● 71%

How are we doing? This measure for adults continues to exceed target. FSPs are engaging clients and retaining them. There was some end of year turnover as recovery objectives were met and clients graduated to less restrictive levels of care. Reductions in psychiatric hospital days for adult FSP members continue to remain above 60% and exceeding target. Although we would like this number to rise we are faced with the fact that new members tend to have higher hospitalization days and those that graduate have very low hospitalization days. This keeps the percentage reduced fairly consistent.



Countywide Strategic Initiative: Promoting a Healthy Community – Promote self-sufficiency and healthy lifestyles

Agency Goal: To deliver exceptional health care services that will improve the overall health of the people in OC

Mission Critical Service: Clinic-Based Care

What: To provide health care clinics for Orange County residents in order to protect, promote and improve the overall health of eligible patients.

Why: Full Service Partnership (FSPs) are capable of providing an array of services to the individual and his or her family that are well beyond the scope of traditional clinic-based outpatient mental health services. Percent of FSP members in treatment more than 90 days is an indication of access to and engagement in program, improved function, movement towards recovery and creating positive flow. A meaningful outcome for Children and TAY is to be engaged in the regular activities of youth: school and work.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Percent of FSP members in treatment more than 90 days (Children)	<ul style="list-style-type: none"> ● >80% ▲ 75-79% ◆ <75% 	85%	● 84%	● 92%	● 91%
Percent of children/youth FSP members who are enrolled in school and/or employed.	<ul style="list-style-type: none"> ● ≥75% ▲ 65-74% ◆ <65% 	75%	▲ 70%	▲ 73%	▲ 73%

How are we doing? The percent of children/youth FSP members in treatment more than 90 days continues to exceed target. Despite some expected turnover at the end of the school year, the FSPs remain stable and consistent. This measure remains in the yellow range. This percentage includes the newest FSP (Collaborative Courts) for the first time. One of the focus areas for Collaborative Courts is Truancy Court which makes maintaining this level a challenge. Employment numbers are impacted by the economy.



Countywide Strategic Initiative: Promoting a Healthy Community – Promote self-sufficiency and healthy lifestyles

Agency Goal: To deliver exceptional health care services that will improve the overall health of the people in OC

Mission Critical Service: Clinic-Based Care

What: To provide health care clinics for Orange County residents in order to protect, promote and improve the overall health of eligible patients.

Why: Alcohol and Drug Abuse Services (ADAS) provides a range of outpatient and residential treatment programs designed to reduce or eliminate the abuse of alcohol and other drugs within the community thereby promoting better outcomes and protecting public from harm to self or others.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Reduce percent of ADAS clients at discharge who have visited ER in past 30 days.	<ul style="list-style-type: none"> ● <2.0% ▲ 2.0-5.0% ◆ >5% 	1.5%	● 1.7%	● 1.4%	▲ 2.8%
Increase percent of ADAS clients at discharge who did not use their primary drug of choice in past 30 days.	<ul style="list-style-type: none"> ● >75% ▲ 65-75% ◆ <65% 	80%	● 77.9%	● 82%	● 82.8%

How are we doing? Fiscal year 2010-11 data showed that both ADAS measures performed in the green range and have met or exceeded the BSC target. Two of the expected measurable outcomes of substance use disorder treatment are: 1) the reduction/elimination of the use of an individual’s primary drug of choice and 2) improved personal health. The above stated outcomes demonstrate these achievements. Steps taken have been to increase the length of time persons remain in treatment by implementing business process model changes in our clinics at little to no cost. The longer an individual stays in treatment, the greater the likelihood for success. Through division-wide training, increased emphasis has been placed on improving client-centered/recovery-based individual treatment planning. We have also continued to implement evidence-based treatment modalities.



CORE SERVICE AREA: ADMINISTRATION AND WORKFORCE

Countywide Strategic Initiative: Building for the Future of Our Community – Maintain fiscal integrity

Agency Goal: To secure and efficiently provide and manage resources to address the health needs of OC individuals and families

Mission Critical Service: Fiscal Administration

What: Maximize available financial resources to provide Health Care services to the citizens of Orange County.

Why: To ensure that Health Care Agency has the necessary resources to provide core services to the community.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Change in Revenue, in aggregate, to prior fiscal year	<ul style="list-style-type: none"> ● +2% or greater ▲ +1.9% to -1.9% ◆ -2% or less 	+2% or greater variance from prior fiscal year	▲ 0% variance from \$457,753,312	● 5% variance from \$457,753,312	● 15% variance from \$481,204,781

How are we doing? Year-to-date revenues booked as of the first quarter are 15 percent above this time last fiscal year. This is due in large part to normal year-to-year fluctuations in the timing of claiming and receipt of revenue. Program and budget staff continues to work proactively to maximize claiming of eligible expenditures against state and federal revenue sources as allowable under applicable laws and regulations. Current projections are that the year-end revenue goal will be met or exceeded.



Countywide Strategic Initiative: Building for the Future of Our Community – Maintain fiscal integrity

Agency Goal: To secure and efficiently provide and manage resources to address the health needs of OC individuals and families

Mission Critical Service: Contract Management

What: To develop, manage and monitor contracts for HCA to ensure standards for quality and timeliness.

Why: Contracted services are an important adjunct in supporting programs so that they can effectively provide core services to the community in a timely manner.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Average length of time (in weeks) for all Human Services Contract Solicitations from request to executed contract	<ul style="list-style-type: none"> ● < 30 weeks ▲ 31-35 weeks ◆ ≥36 weeks 	30 weeks	▲ 33 weeks	▲ 32 weeks	● 28 weeks
Average length of time (in weeks) for all Price Agreement Solicitations from request to executed agreement	<ul style="list-style-type: none"> ● < 16 weeks ▲ 17-22 weeks ◆ ≥23 weeks 	16 weeks	▲ 19 weeks	▲ 18 weeks	● 13

How are we doing? The average length of time for all Human Services Contract Solicitations (from request to executed contract) continues to be monitored and timelines adjusted to meet and/or exceed BSC target. Barriers continue to be delays in Scope development and review time. Both areas identified on process map as key milestones. Annual procurement plan has been developed, and Intent to Renew meetings are being held to finalize renewals of next fiscal year.

Average length of time for all Price Agreement Solicitations from request to executed agreement data is available annually. To reach our goal, we are continually striving to better educate and communicate with Programs, strongly encouraging them to conduct pre-submittal meetings with their assigned Buyers prior to the submittal of an official Requisition Long Form (RQL). This new practice has already produced positive results and should continue to reduce the RQL process time to reach our goal.



Countywide Strategic Initiative: Building for the Future of Our Community – Attract and retain the best and brightest workforce

Agency Goal: To become the employer of choice in OC

Mission Critical Service: Workforce Development & Satisfaction

What: To recruit, hire and retain a high-performing workforce for HCA.

Why: HCA employees are essential to completing the HCA mission. Training provides staff with the tools to be leader and prepare them for the roles HCA will need them to assume now and tomorrow. Employee turnover has a significant impact on cost and service delivery.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Percent of workforce who report being satisfied with their job.	<ul style="list-style-type: none"> ● >75% ▲ 68-75% ◆ <68% 	90%	▲ 70%	▲ 70%	◆ 66%
Percent of workforce participating in Leadership Development Program (LDP)	<ul style="list-style-type: none"> ● ≥15% ▲ 13-14.9% ◆ <13% 	15%	▲ 14.0%	● 18.7%	● 19.8%
HCA turnover rate	<ul style="list-style-type: none"> ● ≤8% ▲ 8.1-14.9% ◆ ≥15% 	<8%	● 6.8%	● 1.6%	● 1.5%

How are we doing? The percent of HCA workforce who report being satisfied with their job dipped 4% in 2011 to 66%. The most common employee comments were that staff has positive feelings about the meaningful services provided to clients, and a sense of teamwork in the Agency. The most common suggestions to enhance job satisfaction included additional compensation and/or employee recognition in light of increased workload, improved supervision/management, increased staff/decreased workload, and better communication. Comprehensive results from the survey will be shared with all HCA employees, supervisors, and managers in order to initiate a dialogue and find ways to improve employee satisfaction.

Participation in the Leadership Development Program remains in the green range and has increased, partially due to the rollout of level three in September 2011. Participation in other levels is also up slightly.

HCA turnover rate continues to remain in the green range. Attrition continues to be low due to sluggish economy. Many employees who separate from the organization are retiring.



Leadership Development Program Graduating Class of 2012

Countywide Strategic Initiative: Building for the Future of Our Community – Maintain fiscal integrity

Agency Goal: To secure and efficiently provide and manage resources to address the health needs of OC individuals and families

Mission Critical Service: Information Systems

What: To design, implement, manage and support Information Technologies that maximize service efficiencies and ensure service continuity.

Why: Timely Information Technology support for programs is essential to effectively providing core services to the community.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 10-11 Results	FY 11-12 Q1 Results
Percent of the time HCA network is online (Uptime/Downtime Ratio)	<ul style="list-style-type: none"> ● 98-100% ▲ 95-97% ◆ <95% 	99.000%	● 99%	● 100%	● 99.954%
Total percents of Service Requests resolved:					
1. On the first call (i.e., First Call Resolution)	<ul style="list-style-type: none"> ● 70-100% ▲ 50-69% ◆ <50% 	70%	▲ 63%	▲ 60%	▲ 54%
2. One business day	<ul style="list-style-type: none"> ● 70-100% ▲ 50-69% ◆ <50% 	70%	▲ 60%	● 80%	● 80%
3. Two business days	<ul style="list-style-type: none"> ● 78-100% ▲ 58-77% ◆ <58% 	78%	▲ 68%	● 87%	● 88%
4. One business week	<ul style="list-style-type: none"> ● 97-100% ▲ 91-96% ◆ <91% 	97%	▲ 94%	▲ 95%	▲ 96%

How are we doing? Percent of time HCA network is online is affected by outages. 1) In September, SDGE suffered a major disruption in their power grid. It took down 1.4 million customers. This affected our south county sites, Dana Point and Mission Viejo for 15.5 hours. 2) AT&T is our carrier for many of the T1 lines linking the remote sites to our data center. When they have a circuit issue our site will be affected. Last December some AT&T sites were under water and mud. AT&T flew in engineers from out of state to help. It took them a few days to dig out the mud and dry out their circuits. 3) When our equipment goes out it can cause outages. We are measuring network uptime and downtime for all sites connected to our data center. We are capturing all outages in our network outage log. The log lists all our buildings and street addresses locations. We record outages by month. HCA continues to meet and exceed the target for percent of time HCA is online.



The total percent of service requests resolved was impacted by one Service Desk staff on leave during that time. Service request resolved on the first call remains in the yellow range. Service requests resolved within one business day or two business days have met or exceed target. Lastly, service request resolved within one business week continues in the yellow range.



County of Orange
Health Care Agency

**Working Together
for a
Healthier Tomorrow**