



Orange County Health Care Agency

2013 Business Plan Update

"Working together for a healthier tomorrow"



Health Care Agency
April 2013



*Excellence
Integrity
Service*

COUNTY OF ORANGE
HEALTH CARE AGENCY

OFFICE OF THE DIRECTOR

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Dear Readers:

I am pleased to present the Health Care Agency's 2013 Business Plan Update. It is my hope that our Business Plan Update 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 (HCA) to actively measure outcomes as a way to overcome past challenges and build a foundation for the future. Current and prior Health Care Agency Business Plans are available for viewing and downloading at <http://ochealthinfo.com/about/admin/business>.

The HCA's Balanced Scorecard system provides ongoing reporting of what we are doing and how well we are doing. The Health Care Agency began its efforts to develop the Balanced Scorecard in 2010 and started collecting data on the performance measures in 2011. In 2012, the Health Care Agency reviewed and revised the Balanced Scorecard (BSC) measures to ensure that the measures remain useful and relevant in support of the goals of the Agency. This 2013 Business Plan Update is the final product of the BSC review process and contains the Agency Mission Statement, Agency's four core services, seven goals, 18 mission critical services, and 38 performance measures. Each performance measure contains baseline data, target goals, color-coded ranges and a description of how the measure is performing.

Thank you for taking the time to learn more about the Health Care Agency, 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
Director

Health Care Agency 2013 Business Plan

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HEALTH CARE AGENCY
Balanced Scorecard

	Trend*	Performance Results for FY 2011-2012		
		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				
Fiscal Administration	↑	●		
Contract Management	↔		▲	
Workforce Development & Satisfaction	↔	●		
Information Systems	↑	●		

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

2013 PERFORMANCE MEASURE UPDATES

In 2012, the Health Care Agency (HCA) reviewed and revised the Balanced Scorecard (BSC) measures to ensure that the measures remain useful and relevant in support of the goals of the Agency. As a result of the Balanced Scorecard review process, some measures were eliminated and some measures were revised or created to support the Agency mission statement, four core service areas, and 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. Inform health practice and policy in Orange County through analysis and dissemination of local health data, information, and evidence-based practices.	3. To achieve a steady reduction in preventable infections, episodic, and chronic disease morbidity, injury and mortality in Orange County. 4. To promote health and wellness and improve overall quality of life for individuals and families in Orange County. 5. To deliver exceptional health care services that will improve the overall health of the people in Orange County.		6. To secure and efficiently provide and manage resources to address the health needs of Orange County individuals and families. 7. To become the employer of choice in OC.

Under each core services 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 thirty-eight (38) 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 exert influence through its community partners, the medical community, etc., 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 2011-12), the current fiscal year results (FY 2012-13) as of the second quarter (Q2) or most recent available results, 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 receive, monitor, and analyze/investigate 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 infections.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 11-12 Results	FY 12-13 Q2 Results
Percent of contact investigations of high risk foodborne communicable diseases (e.g., hepatitis A and shiga-toxin producing E. coli) that are initiated within 24 hours of receipt of faxed reports	<p>● 96 - 100%</p> <p>▲ 86-95%</p> <p>◆ <86%</p>	100%	N/A (New Measure)	● 97%	● 100%

How are we doing? The Environmental Health Division responds to all reports of suspected foodborne illnesses implicating food sold or served in Orange County. The goal of the investigation is to identify the foods (if applicable) responsible for the illness, collect accurate and complete information from the persons involved, collect samples of the suspected food (when possible and appropriate), identify possible contributing factors and correct the improper food handling practices that may have contributed to the illness. The annual target for this measure is to have contact investigation of all high risk foodborne communicable diseases initiated within 24 hours of receipt of faxed reports. FY 2012-13 midyear results showed that all faxed reports for hepatitis A and shiga-toxin producing E. coli have had investigation initiated within 24 hours of receipt. This measure continues to meet BSC target.



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 a natural or man-made disaster.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 11-12 Results	FY 12-13 Q2 Results
Percentage of HCA personnel participating in drills and exercises following specific functional training	<ul style="list-style-type: none"> ● ≥ 90% ▲ 66%-89% ◆ ≥ 65% 	80%	N/A (New Measure)	N/A (New Measure)	● 91%

How are we doing? The Disaster Preparedness and Training Unit provides all-hazards disaster preparedness training to the Health Care Agency’s employees and to its medical community partners. Such trainings include, but are not necessarily limited to: the National Incident Management System (NIMS), the Standardized Emergency Management System (SEMS), Weapons of Mass Destruction Awareness, the Hospital Incident Command System, Decontamination, Hospital Surge-related Activities, Point-of-Distribution (POD) processes, Local Distribution Center (LDC) Operations, Health Emergency Operations Center (HEOC), and other health preparedness-related topics.



For FY 2012-13 Q2, this performance measure is performing very well due to the rebranding and new targeted focus of the HCA Response Academy. Of the 82 personnel trained, 75 participated in exercises (91%). The measure has exceeded annual target of 80% of HCA personnel participating in drill and exercises following specific functional training. This is a new measure; therefore there is no FY 2011-2012 result. This measure also does not have a baseline percentage linking training and exercises, as exercises prior to FY 2012 were not designed to have a direct link with past trainings. Therefore, no data was tracked to measure the training and exercise linkage.

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

Agency Goal: Inform health practice and policy in Orange County through analysis and dissemination of local health data and information and evidence-based practices

Mission Critical Service: Research & Planning

What: To be a respected resource in Orange County for health data and information, and evidence-based 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 11-12 Results	FY 12-13 Q2 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 	70	●60 (FY09-10)	●69	●39
Number of publications and web page hits	<ul style="list-style-type: none"> ● ≥2,160 ▲ 2,159-1,800 ◆ <1,800 	2,400	N/A (New Measure)	N/A (New Measure)	●1,643
Number of publication email campaign (Mail Chimp) – distribution, referrals, and click-through	<ul style="list-style-type: none"> ● ≥4 ▲ 1-3 ◆ 0 	4	N/A (New Measure)	N/A (New Measure)	●2
Number of publication-related media articles	<ul style="list-style-type: none"> ● ≥10 ▲ 5-9 ◆ <5 	10	N/A (New Measure)	N/A (New Measure)	●16

How are we doing? Agency staff is on track to meet the target by end of FY 2012-13. 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.

During midyear FY 2012-2013 there were 1,643 publication web page hits. The publication *Healthy Places, Healthy People* generated a large number of web views. The number of publication email campaign through Mail Chimp was two reports distributed to 260 recipients. 47 of those 260 recipients opened the email and 7 of them clicked on the link in the email. Also, during FY 2012-2013 Q2, this measure met the target with 16 publication related media articles. Again, *Healthy Places, Healthy People* generated a lot of interest.



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 users.

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 11-12 Results	FY 12-13 Q2 Results
Beach Mile Days: Closures – Calendar Year (5-yr moving avg.)	<ul style="list-style-type: none"> ● <10 ▲ 10-25 ◆ >25 	<7	▲ 25	● 0.93	● 4.78
Beach Mile Days: Posted Warnings April through October	<ul style="list-style-type: none"> ● ≥99 ▲ 100-135 ◆ >135 	<99	▲ 132	◆ 169.6	● 49.3

How are we doing? Beach Mile Day (BMD) represents the loss of beneficial beach usage to the public for a specified period by year. 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 takes 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 has gone above and beyond the legal public notification requirements and improving risk communication efforts by upgrading the oceachinfo.com website to include a detailed interactive site map that provides the public with information and the location of each ocean water sampling site and provides 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 11-12 Results	FY 12-13 Q2 Results
Stroke Neurology Receiving Center (SNRC) intervention rate	<ul style="list-style-type: none"> ● ≥45% ▲ 38-44% ◆ <38% 	50%	▲ 44%	● 50%	N/A
OC-MEDS Utilization – Percentage of electronic Prehospital Care Records (ePCR) utilized by 911 providers	<ul style="list-style-type: none"> ● ≥7% ▲ 4-6.9% ◆ <4% 	10%	◆ 0%	N/A	▲ 5%

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. Annual performance will be available Q3 or Q4 of the fiscal year. FY 2011-2012 results indicate that this measure met the annual goal of 50% of Stroke Neurology Receiving Center (SNC) intervention rate. The “target” is not being increased is to establish if the target/rate can be sustained over the year. It is the performance of 9 separate hospitals that establish the intervention rate and though the overall rate is within goal, it is very important for program to evaluate the lower/higher performers to assess best practices, volumes, variables, etc. in order to influence improvement.

Since 2006, OCEMS, in concert with EMS system stakeholders and participants, has been actively working to develop an interoperable electronic data management solution that will track prehospital patient care events from the moment that 9-1-1 is called through discharge from an emergency department. The new data management solution, called the Orange County Medical Emergency Data System (OC-MEDS), has been designed to be compliant with the National EMS Information System (NEMIS) and the California EMS Information System (CEMIS). These new capabilities will significantly improve such things as quality assurance / quality improvement efforts, countywide syndromic surveillance, and real-time EMS event and patient tracking with user specific web-based reporting tools. OC-MEDS is being rolled out in the field. Eleven (11) Fire Departments and 3 Ambulance companies have been issued LIVE accounts to enable individual system configuration. Multiple and aggressive training forums are being coordinated by contractor and project lead. In the second quarter of FY 2012-2013, 5% of the average countywide monthly 9-1-1 EMS call volume (n=14,000 per month) have been electronically documented. Orange County Fire Authority, the largest agency, is expected to post all ePCR's by 7/1/13.

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 11-12 Results	FY 12-13 Q2 Results
Percent of restaurants and markets found to have a disease causing violation during an inspection	<ul style="list-style-type: none"> ● 0-39% ▲ 40-69% ◆ ≥70% 	≤15%	▲ 52%	● 32%	● 36%
Percent of restaurants and markets receiving an Award of Excellence	<ul style="list-style-type: none"> ● >40% ▲ 30-40% ◆ <30% 	50%	▲ 34%	▲ 34%	▲ 33%

How are we doing? The Environmental Health Division investigates food safety and sanitation at all retail food facilities in Orange County. The annual target for this measure is for 15% or fewer total restaurants and markets found to have a violation that is associated with risk factors linked to foodborne illness. The Food Protection Program conducts a Food Worker Education Program and results have indicated that our classroom efforts are effective (pre vs. post test score results). However, 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. Education is the key to modifying food safety behaviors. The program 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. In FY 12-13, mid-year results showed that the outcomes were in the green or meets target range. The percent of restaurants and markets found to have a disease causing violation during an inspection in FY 2012-2013 Q2 (36%) was found to have a slight increase in violations when compared to FY 2011-2012 (32%).



The annual Award of Excellence was created to provide an incentive for food establishments by identifying and awarding annual certificates to food establishments that consistently meet or exceed health and safety standards for food facility operations. In 1999, the first year of the program, 584 food establishments received the Award. With increased outreach and improved compliance to food safety laws the number of recipients has grown significantly since its inception. Included in the Award of Excellence Program are food facilities such as restaurants, catering establishments, meat/seafood markets, retail bakeries, supermarkets, supermarket/bakery combinations, and public and private schools with food production service. The annual goal for this measure is to have at least 50% of restaurants and markets receive an award. In FY 2012-2013, mid-year results showed 33% of restaurants and markets (3,274 out of a qualifying group of 9,839 food facilities) received an Award of Excellence; relatively unchanged from baseline and FY 2011-2012 results. Although results showed a slight decrease from prior year, the total number of Awards increased by almost 30 additional food facilities; as the inventory of eligible food facilities also increased.



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 11-12 Results	FY 12-13 Q2 Results
Percent of all children entering kindergarten who are up-to-date for vaccinations (HP2020: DPT, MMR, Polio, HBV, VZV)	<ul style="list-style-type: none"> ● ≤95% ▲ 89-94% ◆ <89% 	95% (HP2020)	▲ 89.6% (CY 2009)	▲ 89.6% (CY 2011)	N/A

How are we doing? For calendar year (CY) 2012 the percentage of all children entering kindergarten who were up-to-date for DPT, MMR, Polio, HBV, and VZV remained relatively unchanged from the prior year. This data is provided annually by the State, once compiled from the various school districts. HCA continues to promote childhood vaccination through administration of free vaccines for uninsured children; training and technical assistance for school nurses and the medical community; and sponsorship of bimonthly meetings of the Orange County Immunization Coalition (OCIC), which involves community stakeholders in identifying opportunities to improve vaccine coverage. In the past year, OCIC conducted focus groups to better understand and address parental attitudes, beliefs, and concerns about vaccines. Vaccine delay and refusal by parents remains a considerable nationwide challenge and improvements due to HCA activities will take several years to manifest.



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 youth and to decrease rate of Drinking Driver repeat offenders.

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 11-12 Results	FY 12-13 Q2 Results
Percentage of youth who use tobacco	<ul style="list-style-type: none"> ● ≤14.6% ▲ 14.7-21% ◆ >21% 	<14.6%	● 14.6%	● 12.7%	● 12.7%

How are we doing? This measure is performing in the green range. Orange County has several programs that are provided by HCA as well as by community-based organizations that aim to reduce youth initiation of tobacco as well as cessation services to help those young people who may have already started smoking. HCA staff work closely with community partners in order to assure that youth and parents understand why smoking is harmful to one’s health. Additional staff and community partners work with merchants to support their efforts to follow existing laws and not sell cigarettes to minors. The California Department of Public Health has started a new initiative, the Healthy Retail Campaign, aimed at reducing youth access to tobacco. Locally, HCA staff and volunteers will be working with merchants to help assure compliance with existing laws that prevent minors from purchasing tobacco. This countywide initiative has the potential to further reduce our youth smoking rates.



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 11-12 Results	FY 12-13 Q2 Results
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	▲ 25.1 per 1,000 previous offenders re-offended	▲ 22.8 per 1,000 previous offenders re-offended

How are we doing? The recidivism rate for Driving Under the Influence (DUI) continues to be below the targeted rate, and represents a 5% reduction in recidivism over last year’s second quarter rate. Quarterly enrollments in the Repeat Offender Program have been hovering between 650 and 700 participants for the past seven years. From a more long term perspective, however, the repeat offense rate is essentially holding steady over the past several years, not increasing or decreasing.



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 11-12 Results	FY 12-13 Q2 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)	● 5,918 calls	● 3,081 calls
Prevalence rate of suicide deaths in Orange County (data based on calendar year with 2 year lag time)	<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)	● 9.3 per 100,000 population (CY2010)

How are we doing? The number of calls to the suicide prevention hotline for the second quarter of FY 2012-2013 totaled 1,452 bringing the mid-year call total to 3,081. This is an 11% increase from the second quarter last year (FY 2011-2012). The FY 2012-2013 hotline call total is on track to exceed the BSC target.

There is a 2 year lag time in data availability for prevalence rate of suicide deaths in Orange County. Orange County suicide rate increased from 7.8 suicides per 100,000 population in calendar year 2009 to 9.3 suicides per 100,000 population in calendar year 2010 (the latest data currently available), however, the suicide rate remains below target.



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 11-12 Results	FY 12-13 Q2 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%	●90%	N/A

How are we doing? 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 or at risk for obesity. To reach this important goal, the HCA WIC program is promoting fruit and vegetable consumption with individual counseling, group classes, food demonstrations and display of the Harvest of The Month bulletins in the WIC clinics. 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. Available data, since baseline, shows that this measure has been meeting target. The program reports annually at the end of the county fiscal year, therefore, FY 12-13 data is currently not available.



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 11-12 Results	FY 12-13 Q2 Results
Percentage of newborns meeting CDC recommendations for exclusive breastfeeding	<ul style="list-style-type: none"> ● ≥75% ▲ 50-74% ◆ <50% 	75% (HP2010)	◆ 38%	▲ 60%	▲ 60%

How are we doing? Studies have shown decreased risk for obesity – as well as many additional health benefits – for babies exclusively breastfed. The percentage of newborns meeting the CDC recommendation for exclusive breastfeeding remains at a rate of 60% during the second quarter of FY 2012-2013. Orange County has 5 “Baby Friendly” Hospitals, an increase of 2 from last year. 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.



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 obesity management of minors in Juvenile Hall.

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 11-12 Results	FY 12-13 Q2 Results
Percent of obese juveniles maintaining or losing weight after three months of institutionalization	<ul style="list-style-type: none"> ● $\geq 70\%$ ▲ 60-69% ◆ $\leq 59\%$ 	70%	● 70%	N/A	● 100%

How are we doing? Minors identified as obese at intake will be educated/counseled and place on a diet plan. Those targeted minors whose incarceration is over 3 months will be part of the scorecard. All minors will be tracked if considered obese and at the report dates, use those who have been here longer than 3 months. This is a new measure for the Health Care Agency this fiscal year and also a new tracking process; therefore, there is limited number of minors with 3 months stay in institution. Of those, we have been very successful.



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 provide health care to adult detainees, in order to prevent and treat illness and injury in Orange County adult detention facilities.

Why: To meet federal and state requirements concerning the provision of healthcare services to people incarcerated in the state of California.

Performance Measures	Range Criteria	BSC Target (Goal)	Baseline Results	FY 11-12 Results	FY 12-13 Q2 Results
Compliance with U.S. Immigration and Customs (ICE) Performance Based National Detention Standards (PBNDS) for adult correctional facilities by category:					
1. Mandatory (17 standards)	<ul style="list-style-type: none"> ● 100% ▲ N/A ◆ <100% 	100%	● 100%	● 100%	● 100%
2. Important (92 standards)	<ul style="list-style-type: none"> ● 95-100% ▲ N/A ◆ <95% 	100%	● 100%	● 100%	● 98%

How are we doing? Since 2010, Orange County has contracted with ICE custody and care for immigration detainees in accordance with Performance Based National Detention Standards (PBNDS). ICE developed these standards to provide consistent conditions of confinement for immigration detainees across the country. ICE continually monitors our compliance with PBNDS. In addition, ICE contracts with an independent compliance inspection company to conduct annual inspections and reviews of each facility. Both measures are meeting target with 100% met for mandatory standards and 98% for important standards. Two of the standards were unmet in terms of policy verbiage and clerical paperwork management. Both processes are being reviewed.



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 11-12 Results	FY 12-13 Q2 Results
Percent of MSI members with at least one medical home visit per year	<ul style="list-style-type: none"> ● ≥70% ▲ 60-69% ◆ ≤59% 	57%	◆ 57%	▲ 68%	▲ 68%

How are we doing? Percent of MSI members with at least one medical home visit per year remains in the yellow range at 68%. These measures are based on claims data that are incomplete due to a 90-day lag in claims processing; therefore, these percentages are an under-estimation of the actual percentage of members who visited their medical home for each reported quarter. Because the end of the quarterly reporting period (i.e., 12/31/2012) was only a few days before we received the claims data (1/4/2013), this data set does not capture all dates of medical home visits through quarter 2 of FY 2012-2013.



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 11-12 Results	FY 12-13 Q2 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%	●87%	●89%
2. Children	<ul style="list-style-type: none"> ● ≥70% ▲ 50-69% ◆ ≤49% 	75%	●70%	●77%	●73%
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%	▲52%
2. Children	<ul style="list-style-type: none"> ● ≥60% ▲ 40-59% ◆ ≤39% 	60%	●60%	▲58%	▲56%

How are we doing? Percent of crisis response from dispatch to arrival in less than 30 minutes for adults exceeded target for FY 2011-2012 Year End and FY 2012-2013 2nd Quarter. Response times have trended slightly lower this 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 was met despite a 76% increase in calls from the same quarter last year. Average response was 23 minutes. Most of the outliers were caused by traffic or because of distance with the team based in central County.

Adult and children diversion rates from hospitalization and/or incarceration remain unchanged from previous year and remains in the yellow range. For children, there was a 76% increase in evaluations from the same quarter last year. In absolute numbers, many more clients were diverted to crisis and outpatient programs.



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 11-12 Results	FY 12-13 Q2Results
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%	● 94.2%	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. This measure is currently meeting the BSC target and Healthy People 2020 goal. The Orange County TB Control Program utilizes Directly Observed Therapy (DOT), a treatment method in which patients are under direct observation when they take their medication or receive their treatment. This method is designed to reduce the risk of treatment interruption and to ensure patient adherence. Additionally, the TB Control Program works with health departments outside of Orange County to determine completion status of those patients starting TB treatment in Orange County who subsequently moved elsewhere.



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 11-12 Results	FY 12-13 Q2 Results
Percent of patients placed on HIV medications who achieve an undetectable HIV viral load	<ul style="list-style-type: none"> ● ≥90% ▲ 80-89% ◆ <80% 	90%	▲ 82%	▲ 82%	▲ 85%

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. The program is continuing to provide care for patients with HIV by managing with available treatments and monitoring effectiveness by achieving an undetectable viral load.



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 Partnerships (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 11-12 Results	FY 12-13 Q2 Results
Percent decrease in psychiatric hospital days for adult FSP members	<ul style="list-style-type: none"> ● ≥60% ▲ 40-59% ◆ <40% 	60%	▲ 52%	● 75%	● 78%

How are we doing? This measure for adults continues to exceed target. During this quarter the FSPs continue to make improvements in the reduction of hospital days. This is addressed through prevention and early intervention strategies.



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 11-12 Results	FY 12-13 Q2 Results
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%	● 87.7%	● 82.2%

How are we doing? Current fiscal year 2012-13 numbers were a little lower this quarter than expected. Reason could be due to some staff turnover but it could just be an anomaly. The measure is met and exceeded BSC target.



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 11-12 Results	FY 12-13 Q2 Results
Change in Revenue, in aggregate, to prior fiscal year. (For FY 2012-2013, variance from \$491,268,101)	<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	● 2% variance from \$481,204,781	● 12% variance from \$491,268,101

How are we doing? Year-to-date revenues booked as of the second quarter are 12 percent above this time last fiscal year. The variance fluctuates quarterly based on uncertain timing of receipt for many different revenue sources.



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 11-12 Results	FY 12-13 Q2 Results
Average length of time (in weeks) for all Human Services Contract Solicitations from request to recommendation	<ul style="list-style-type: none"> ● < 30 weeks ▲ 31-35 weeks ◆ ≥36 weeks 	30 weeks	▲ 33 weeks	▲ 32 weeks	● 27 weeks
Average length of time (in weeks) for all Price Agreement Solicitations from request to recommendation	<ul style="list-style-type: none"> ● < 16 weeks ▲ 17-22 weeks ◆ ≥23 weeks 	16 weeks	▲ 19 weeks	● 15 weeks	● 16 weeks

How are we doing? The average length of time for all Human Services Contract Solicitations (from request to recommendation) continues to progress and meet target deadlines. The use of standardized forms and some staff changes have helped to streamline the process and allow us to maintain our target numbers. Variances in quarters are expected due to the volumes of solicitations that occur as well the complexity of the solicitation.

Average length of time for all Price Agreement Solicitations from request to recommendation is within target region. 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 practice has already produced positive results and should continue to remain on target for RQL process time.



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 a 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 11-12 Results	FY 12-13 Q2 Results
Percent of workforce participating in Leadership Development Program (LDP)	<ul style="list-style-type: none"> ● $\geq 15\%$ ▲ 13-14.9% ◆ $< 13\%$ 	15%	▲ 14%	● 22.75%	● 20.96%
HCA turnover rate	<ul style="list-style-type: none"> ● $\leq 8\%$ ▲ 8.1-14.9% ◆ $\geq 15\%$ 	$< 8\%$	● 6.76%	● 6.04%	● 3%

How are we doing? Participation in the Leadership Development Program remains in the green range. Slight decrease is attributed to graduation from the program.

HCA turnover rate continues to remain in the green range. Attrition has increased slightly from first quarter, although it is still very low, which is likely due to the flat job market. 32% of separations are due to retirements.



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 11-12 Results	FY 12-13 Q2 Results
Percent of the time HCA network is online (Uptime/Downtime Ratio)	<ul style="list-style-type: none"> ● 98-100% ▲ 95-97% ◆ <95% 	99%	● 99%	● 99.85%	● 99.97%

How are we doing? In November 2012, three Health Care Agency buildings experienced extended network outages due to power and network equipment failures. HCA IT captures all network outages and their root cause in our network outage log to measure network uptime and downtime for all sites connected to our infrastructure. HCA IT continues to meet and exceed the target for the percent of time HCA is online by maintaining a network uptime of 99.97% for the quarter.





County of Orange
Health Care Agency

**Working Together
for a
Healthier Tomorrow**