Orange County Health Care Agency

2011 Business Plan Update

"Working together for a healthier tomorrow"

Maternal, Child & Adolescent Health

Behavioral Health Services

Public Health Nursing

California Children's Services

Water Quality

Correctional Health

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Health Care Agency Director
March 2011

COUNTY OF ORANGE
HEALTH CARE AGENCY

OFFICE OF THE DIRECTOR

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Excellence
Integrity
Service

Dear Readers:

I am pleased to present the Health Care Agency's 2011 Business Plan Update. A full Agency Business Plan is prepared bi-annually, with only performance measures updated annually. The Agency 2011 Business Plan Update is not a full report, but is instead a supplement to the 2010 Agency Business Plan. Current and past Agency Business Plans can be found at ochealthinfo.com/admin/businessplan.

HCA began its efforts to develop use of the Balanced Scorecard planning and management system in 2010. This 2011 Business Plan Update contains the product of the planning process, which includes the revised Agency Mission Statement and introduces the new four core services, 18 mission critical services, 45 Agency performance measures, as well as baseline data, target goals and color-coded ranges for each measure. The Health Care Agency will initiate the data collection process and reporting in 2011. Though the Health Care Agency's Balanced Scorecard is still in its early stages, when fully deployed, the system will be capable of providing ongoing reporting of what we are doing and how well we are doing it.

Also included in this 2011 Business Plan Update is the latest approved Health Care Agency Organizational Chart, a description of the Agency's significant accomplishments, and an updated list of client groups with caseload information. The update also provides the opportunity to acknowledge the Agency's exceptional group of committed and dedicated staff. The knowledge and skills demonstrated by HCA's employees enable our Agency to provide quality service to the community.

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.

David L. Riley
Director

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2011 PERFORMANCE MEASUREMENT UPDATE

Health Care Agency Balanced Scorecard

The 2011 Business Plan Update is a transition year for the Health Care Agency to the Balanced Scorecard. As a result of the Balanced Scorecard planning process, the Agency has a new mission statement, four core services, 18 mission critical services and 45 performance measures.

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Vision: Working Together for a Healthier Tomorrow

Mission: 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.

Values: Partnering with our clients and the community, we value:

Excellence
Integrity
Service

- Excellence in all we do
- Integrity in how we do it
- Service with respect and dignity

The Health Care Agency's core services are (1) Assessment and Planning, (2) Prevention & 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. Under each core services are mission critical services and performance measures.

Each performance measure will report FY 2011-12 plan/goal, FY 2010-11 baseline results, and color coded ranges to interpret results. The color codes are interpreted as follows: green=met or exceed goal, yellow=below goal, needs attention and red=below goal, needs corrective action. The Health Care Agency will initiate in 2011 the data collection process. Though the Health Care Agency's Balanced Scorecard is still in its early stages, when fully deployed, the system will be capable of providing ongoing reporting of what we are doing and how well we are doing it.

CORE SERVICE AREA: ASSESSMENT AND PLANNING

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 disease is an essential component of disease surveillance, prevention and control; delay or failure to report can contribute to secondary transmission.

Performance Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Receipt and processing of communicable disease reports through electronic laboratory reporting (ELR) from OC Public Health Lab	100% of pilot completed	0	100%	26-99%	<26%

Interpretation of progress:
100% = Able to receive, read and process labs
90% = Data transferred; use not fully implemented
75% = Some data being transferred
50% = Interface completed
25% = Assessment completed

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 Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Total number of Point of Distribution (POD) sites planned and equipped to ensure 100% of the County population is able to receive medical counter measures during an emergency	78	36	60-78	35-59	<35
Number of HCA staff trained for disaster response activities[1]	350	100	250-350	100-249	<100

[1]Required by the Agency to staff the Departmental Operations Centers, Health Emergency Operations Center, Loma Ridge HCA positions; respond to Bio Detection System (BDS), PODs, Disaster Medical Shelters or Alternate Care Sites.

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 Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Total annual number of publications, white papers, reports, and presentations aimed at industry peer audiences and policy-makers	65	60	≥60	55-59	<55

Mission Critical Service: 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 and notification 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 Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Beach Mile Days (Closures-Calendar Year; 5-yr moving avg)	<7	25	<10	10-25	>25
Beach Mile Days (Postings April through October)	<99	132	<99	99-135	>135

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 Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Stroke Neurology Receiving Center (SNRC) Intervention Rate	32%	28%	28-32%	23-27%	<23%
Emergency Care Providers/SNRC's having 24/7 Interventional Neuro-Radiology capability	100%	44%	76-100%	61-75%	<61%
Percentage of hemorrhagic stroke patients whose functional outcome is assessed at discharge[2]	100%	88%	85-100%	70-84%	<70%

[2] Per evidence-based guidance: OCEMS#650.00 III.c.2

CORE SERVICE AREA: PREVENTION AND EDUCATION

Mission Critical Service: Food Quality Inspections

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

Why: The goal of the Food Protection Program is to ensure that the food sold and served in Orange County is safe, wholesome, properly labeled and advertised, and produced under sanitary conditions. Specialists enforce the requirements contained in the California Retail Food Code which is part of the California Health and Safety Code. It is modeled after the FDA "food code" which is based on the most current scientific knowledge of safe retail food handling practices.

Performance Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Percent of food facilities receiving a Major CDC Risk Factor Violation during an inspection	0	52%	0-39%	40-69%	≥70%
Percent of Total Disease-Causing Violation Closures per Total Inspections[3]	<1.5%	2.4%	<1.5%	1.5-2.5%	>2.5%

[3]Rolling 3-year average (2007 - 2009)

Mission Critical Service: Infectious Disease Prevention

What: To prevent and reduce the occurrence and spread of Infectious Diseases.

Why: Infectious diseases are a serious public health concern. Persons with infectious diseases can spread the infection to others if not detected and treated. A good method to prevent infectious diseases is to promote vaccination against preventable diseases, especially in children.

Performance Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Percent of all children entering kindergarten who are up-to-date for vaccinations (HP2010: DTP, MMR, Polio)	95%	89.6%	≥95%	89-94%	<89%
Percent of school districts meeting 95% target for students up-to-date for vaccination at kindergarten entry[4]	100%	36.0%	≥85%	41-84%	≤40%

[4]As of 2009-2010 school year, 9 of 26 districts had 95%+ students up to date at kindergarten entry.

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

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

Why: Alcohol, tobacco, and other drug (ATOD) abuse is a problem that if not prevented has and will impose significant physical, emotional, and economic toll on individuals, families, and communities. Substance abuse is also a factor in domestic and interpersonal violence, injuries, mental health disorders, unsafe sex, loss of productivity and the burden of diseases.

Performance Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Percent of Orange County School Districts with Smoking Rates At or Below California Smoking Rate[5]	70%	57% (2007-2008)	70-100%	55-69%	0-54%
Percent of Youth (11th grade) using Tobacco in Past 30 Days	≤21% (HP2010)	14.6%	≤21%	22-29%	≥30%
Rate of Alcohol-Involved Collisions (Injury and Fatality) Compared With State Rate[6]	Rate 10% or more below state rate	13% below CA rate	10% or more below CA rate	5-9% below CA rate	0-4% below, or higher, than CA rate
Decrease Rate of Enrollment in Drinking Driver Repeat Offender Program	3% annual reduction (25 per 1,000)	25.8 per 1,000 previous offenders re-offended (FY09-10)	25.0 or fewer per 1,000	25.1 - 26.9 per 1,000	27.0 or more per 1,000

[5] Current youth smoking rate for California: 15%
[6] Current OC rate of alcohol-involved injury/fatality collisions: 76.7 per 100,000 OC licensed drivers

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 Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Number of calls to suicide prevention hotlines serving O.C.	4,000	3,892[7]	≥4,000	3,800-3,999	<3,800
Prevalence rate of self-inflicted injuries resulting in emergency department visit or hospital admission	85 per 100,000 population	89 per 100,000 population	≤85	86-90	>90
Prevalence rate of suicide deaths in Orange County	10.2 per 100,000 population[8]	9 per 100,000 population	< 10.2	10.3-12.0	>12

[7] Projected for 2010
[8] Healthy People 2020 Objective; Baseline is age-adjusted rate from 2010 County Health Status Profile

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. Appropriate nutrition and physical activity practices learned in childhood are likely to continue into adulthood and can reduce the risk of obesity as an adult thereby reducing the risk for a number of chronic diseases.

Performance Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
The percent of WIC fruit and vegetable vouchers issued to low-income children (1-5 yrs) that are redeemed	95%	91%	≥90%	80-89%	<80%
Percentage of newborns meeting CDC recommendations for exclusive breastfeeding	75%	38%	≥75%	50-74%	<50%

CORE SERVICE AREA: TREATMENT AND CARE

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 responsibility to provide timely and appropriate health care for minors in custodial care.

Performance Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Compliance with IMQ Accreditation Standards for Juvenile correctional facilities by category: Essential	36	100% (36)	100% (36)	n/a	<100% (<36)
Compliance with IMQ Accreditation Standards for Juvenile correctional facilities by category: Important	20	100% (20)	100% (20)	n/a	<100% (<20)

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 Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Preventable Emergency Room visits by MSI clients	45%	51%	≤45%	46-53%	≥54%
Percent of MSI Members with at least one Medical Home Visit per year	70%	57%	≥70%	60-69%	≤59%

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 Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Percent of Crisis Responses from Dispatch to Arrival in 30 minutes or less	75%	70%	≥70%	50-69%	≤49%
Percent of Total Crisis Responses Diverted from Hospitalization and/or Incarceration (Child/Adult)	75%	60%	≥70%	50-69%	≤49%

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 provision of low-cost and high quality services enables access to health care for underserved persons, leading to improved health outcomes.

Performance Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Percent of patients with active tuberculosis (TB) disease who complete their prescribed treatment	90%	85.7% (FY08-09 cohort)	≥90%	80-89%	<80%
Percent of adult FSP members in treatment more than 90 days	72%	62%	≥72%	60-71%	<60%
Percent of children/youth FSP members in treatment more than 90 days	85%	84%	≥80%	75-79%	<75%
Percent of ADAS clients who complete or remain in treatment	80%	79%	≥80%	75-79%	<75%
Percent of patients placed on HIV medications who achieve an undetectable HIV viral load	100%	90%	≥90%	80-89%	<80%
Percent decrease in psychiatric hospital days for adult FSP members	60%	52%	≥60%	40-59%	<40%
Percent of children/youth FSP members who are enrolled in school and/or employed	75%	70%	≥75%	65-74%	<65%
Reduce percent of ADAS clients at discharge who have visited ER in past 30 days	1.5%	1.7%	<2%	2-5%	>5%
Reduce percent of ADAS clients at discharge who report health problems in past 30 days	≤5%	3.7%	≤5%	5.1-10%	>10%
Increase percent of ADAS clients at discharge who did not use their primary drug of choice in past 30 days	80%	77.9%	>75%	65-75%	<65%

CORE SERVICE AREA: ADMINISTRATION AND WORKFORCE

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 Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Change in Revenue, in aggregate, to prior fiscal year	+2%	0% variance from $457,753,312	+2% or greater	+1.9% to -1.9%	-2% or less

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 Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Average Length of Time for all Human Services Contract Solicitations from Request to Executed Contract	30 weeks	33 weeks	<30 weeks	31-35 weeks	≥36 weeks
Average Length of Time for all Price Agreement Solicitations from Request to Executed Agreement	16 weeks	19 weeks	<16 weeks	17-22 weeks	≥23 weeks

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. Employee turnover has a significant impact on cost and service delivery.

Performance Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Percent of Workforce who report being satisfied with their job[9]	90%	71%	>75%	68-75%	<68%
Percent of Workforce Participating in Leadership Development Program (LDP)	15%	14%	≥15%	13-14.9%	<13%
HCA Turnover Rate	<8%	6.76%	<8%	8.1-14.9%	>15%

[9] Based on index score from "Best Places to Work" employee satisfaction survey conducted in Nov. 2010

Mission Critical Service: Information Systems

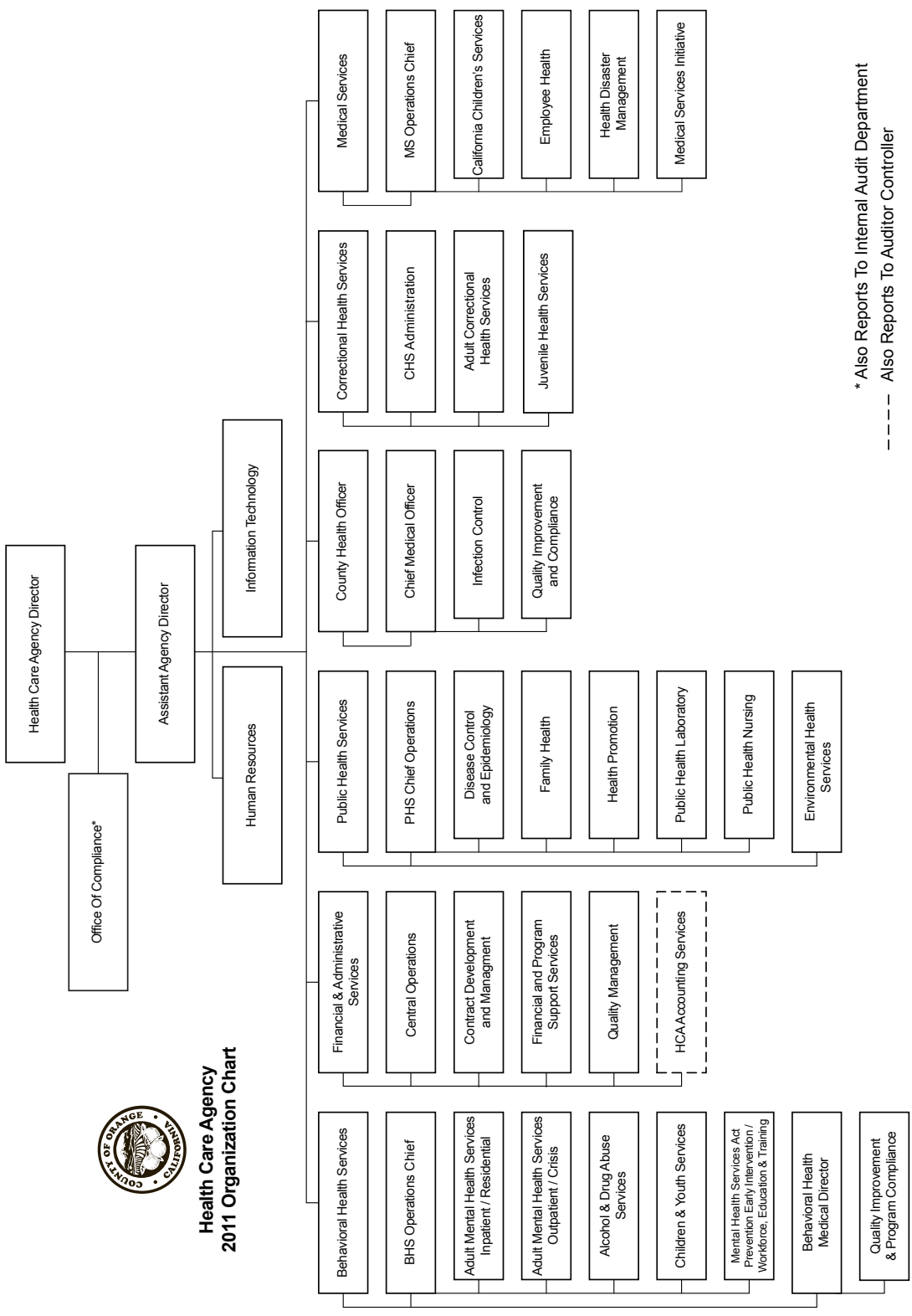
What: To design, implement, manage and support Information Technologies that maximize service efficiencies and ensure service continuity.

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

Performance Measure	FY 11-12 Plan	FY 10-11 Results (Baseline)	Green Range	Yellow Range	Red Range
Percent of the time HCA network is online (Uptime/ Downtime Ratio)	99%	99%	98-100%	95-97%	<95%
Total Percent of Service Requests Resolved: 1) Immediately	70%	60%	70-100%	50-69%	<50%
2) Same Day	78%	68%	78-100%	58-77%	<58%
3) Same Week	97%	94%	97-100%	91-96%	<91%

APPENDIX A

HEALTH CARE AGENCY ORGANIZATION CHART



APPENDIX B

SIGNIFICANT ACCOMPLISHMENTS

The following are FY 2010 significant accomplishments for the Health Care Agency.

1. **Health Care Agency staff continues Pandemic Influenza (H1N1) surveillance and response activities** – Upon notification of the first identified cases of H1N1 influenza in San Diego and Imperial Counties in April 2009, HCA heightened surveillance activities and increased laboratory testing to identify new cases and learn more about transmission of the virus. Over 100 public health nurses, data analysts and clerical staff were cross trained to assist in the surveillance surge effort. From May 2009 to May 2010 the Public Health laboratory tested 4,204 influenza specimens; in a normal year the laboratory tests approximately 400 specimens for influenza.

   Vaccine distribution began in October 2009 and became the central response strategy. HCA worked closely with California Department of Public Health (CDPH) to prioritize initial requests from Orange County providers for over 1.5 million doses of vaccine, which occurred through multiple allocations from October 2009 to January 2010. HCA held five one-day mass vaccination clinics providing almost 10,000 vaccinations to high risk individuals, and in October 2009 HCA established an appointment-based vaccination clinic at the 17th Street Clinic in Santa Ana. This site was able to accommodate approximately one thousand patients per day, five days a week. In all, more than 30,000 patients were vaccinated during the response period at this site.

   The Health Care Agency is much better prepared to respond to a Public Health threat than it was a year ago. In many respects the nature of H1N1 influenza provided health care professionals with a proving ground to test disease outbreak response efforts. Lessons learned will shape future pandemic planning and provided the Health Care Agency with an unprecedented opportunity to implement and evaluate disease outbreak planning and response strategies.

2. **Emergency Medical Services successfully implemented the nation's first countywide comprehensive Stroke-Neurology System with better than anticipated results** – The Orange County Health Care Agency launched a ground-breaking Stroke-Neurology Receiving Center program in 2009 to offer patients suffering from acute stroke highly trained medical experts and leading edge technologies. Reports from the system coincide with recent medical research showing that certain stroke treatments result in better outcomes for stroke victims.

   Patients with stroke symptoms comprise the 7th most frequent call Orange County paramedics respond to assess and treat. Data covering the first year of the Stroke-Neurology system showed that 1,373 acute stroke victims were transported by EMS to one of nine designated Stroke-Neurology Receiving Centers. These patients received specialized neurological techniques that have been shown to provide the best outcomes for stroke patients. The rate of advanced treatment for ischemic strokes in Orange County is now 29.0% versus 18.8% for the U.S. as reported in the medical literature. For those treated in the program, disability was shown to decrease by half.

3. **Health Care Agency is first in the nation to use rapid testing procedure of Ocean Waters** – In a cooperative effort between the Orange County Public Health Laboratory, Orange County Environmental Health, Southern California Coastal Water Research Project, MiOcean, South Orange County Wastewater Authority, Orange County Sanitation District and the US Environmental Protection Agency (EPA), a pilot program was conducted at Orange County beaches this summer using a newly developed rapid water test. Current water quality testing method involves gathering water samples and incubating them overnight – indicator bacteria grow and become visible in about 24 hours. The new rapid testing method, called quantitative polymerase chain reaction (qPCR), tests beach water for the DNA of target bacteria that may

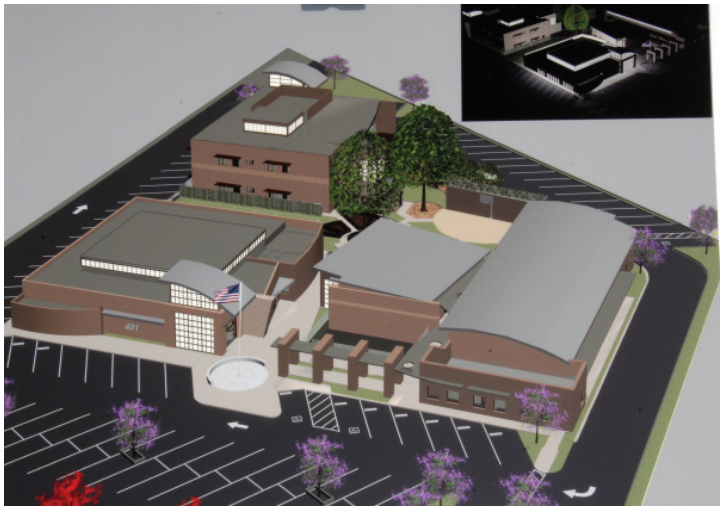
indicate the presence of disease causing organisms in the water. The new method yields results in two to four hours, which would enhance our ability to protect public health by providing water quality advisories on the same day that the samples are taken.

During the 8-week project, samples were collected at about 7:00 AM, Monday through Friday, from July 6 through August 31 at nine sites along five beaches: Doheny State Beach, Huntington Beach State Beach, Newport Beach Pier, Big Corona State Beach, and Newport Dunes. The new method was tested side-by-side with the standard 24-hour method, and results showed that the rapid method was found to be successful for use along the open coastline. EPA will use the data from the project to develop new water quality standards by 2012. Further research will refine the testing methods.

In Orange County, there are several ways that the public is notified about beach water quality status. Warning signs are posted at the beaches if test results exceed standards; the public can visit HCA's Beach website www.ocbeachinfo.com for up-to-date information, or call the telephone hotline (714/433-6400) to hear the current status. In keeping up with technology and social media, updates are sent to email inboxes and cell phones through a Twitter feed. During the pilot project, an additional new notification approach was used to quickly inform people about current beach water quality. The water quality information that is available on the internet was also remotely sent to five electronic displays at the beach locations. These electronic monitors were provided by the Miocean Foundation and each monitor indicated if the beach was open, if warning signs had been posted, or if the beach was closed. Environmental Health staff were able to update the signs remotely in real-time.

4. **Ground breaking occurred for the Mental Health facility at Tustin Street in Orange** – The Health Care Agency has started to develop the site for the new Mental Health Services Act (MHSA- Prop 63) Campus, located at 401 S. Tustin Avenue in the City of Orange. This site was previously occupied by the Orange County Social Services Agency, and is adjacent to the Santiago Creek flood channel. This two-acre facility will be the first of its kind in the state of California. The campus will include three buildings totaling approximately 25,000 square feet to provide patients with a voluntary, consumer-run Wellness/ Peer Support Center, Education Training Center, and a Crisis Residential Program. OC Public Works staff anticipates completion of the project in August 2011.

5. **Suicide prevention heats up with a new warm line and hot line** – The Crisis Prevention Hotline provides toll-free, 24-hour, immediate, confidential, culturally and linguistically appropriate over-the-phone suicide prevention services to any Orange County resident who is in crisis or experiencing suicidal thoughts. This is the first Orange County 24-hour hotline. Hotline data show positive responses to callers seeking help. Over 780 calls have been answered in the three-month period since the operation of the hotline. Warm Line Network Services offers telephone-based, non-crisis services to anyone who is struggling with mental health issues and is looking for a respectful, caring, and understanding person who has been through a



similar journey either as a mental health or substance abuse services consumer or a family member. The warm line data and responses from the callers have been very positive, praising the program for providing assistance in obtaining resources and just being there to provide a person to talk over issues. A total of 228 calls have been answered in the three-month period.

6. **The Health Care Agency's Juvenile Health Services (JHS) received a two-year Accreditation for its three juvenile facilities** – The three juvenile facilities in Orange County are among 15 accredited facilities in the state of California. Accreditation status indicates that JHS has met standards set by the California Medical Services Association Institute for Medical Quality (IMQ), in addition to those set by State law, that are focused on improving medical care and health services in the juvenile setting.

   The formal two-day survey by IMQ was conducted last July and covered the full spectrum of medical, psychiatric and dental care. Standards must be met in six areas: Administration, Personnel, Care and Treatment, Pharmaceuticals, Health Records and Medical/Legal Issues. Implementing and maintaining health care practices commensurate with the IMQ Standards assures that JHS is meeting or exceeding a level of care widely accepted by the medical community as constituting quality health care.

   Juvenile Health Services provides medical, dental, nursing, and pharmaceutical services at a community standard of care for children housed at Juvenile Hall, Youth Leadership Academy, Joplin Center and the Youth Guidance Center facilities operated by the Probation Department and contracts with hospitals for inpatient specialty care.

7. **Medical Services Initiative receives two technology awards** – Every year, the California State Association of Counties (CSAC) honors innovation in county government across the state. This year, CSAC received nearly 250 entries, and an independent panel of judges with expertise in county programs and the challenges they face selected the award recipients. The MSI Program was recognized as a Merit Award Recipient for their MSI Connect technology application with the entry entitled: "Creating a Virtually Integrated Delivery System." MSI was also recognized at the 2010 InformationWeek 500 Conference and Awards Gala at the St. Regis in Monarch Beach. InformationWeek is a national publication read by Information Technology professionals and government officials. Each year InformationWeek analyzes and ranks the most innovative corporate users of information technology in both the public and private sectors, listing up to 500 companies nationwide and recognizing the top ranking companies in both the public and private sectors. This year, the County of Orange's MSI Program was recognized as one of the top 15 local government entities.

   The Medical Services Initiative (MSI) is a mandated, State and County funded safety-net program, responsible for the provision of medical care to Orange County's medically indigent adults. The technology application known as MSI Connect is a web-based electronic health record system designed to provide critical patient information at the point of care. It captures admission and discharge information from most regional hospitals within 24 hours of a patient visiting an emergency department. It also captures pharmacy data from over 500 pharmacies within the County, in addition to lab and diagnostic imaging data from over 40 centers on a weekly basis. It captures daily specialty referral information, as well as diagnosis and procedure codes from more than 3,000 providers throughout the county. The added value is the ability of an emergency department physician to refer an individual from the hospital back to their assigned primary care physician (known as a Patient-Centered Medical Home in MSI).

   This has led to improved continuity of care while freeing up capacity at over-crowded emergency departments that should be reserved for truly urgent and emergent patients. Since early 2009, nearly 100% of 247 primary care Patient-Centered Medical Home providers have adopted the MSI Connect system in their offices to help them better manage their assigned patients. Some of these providers participate in community clinics, and others are anywhere from solo practitioners to large medical groups. This has improved the way care is delivered to Orange County's most vulnerable adult population. In fact, it has made patient records available to primary and emergency care providers anywhere within the county with the click of a button, and all that's needed is a web browser and an internet connection.

8. **Health Disaster Management received national award for PODs and launched Surge OC** – The Health Disaster Management (HDM) Division of the Orange County Health Care Agency recently received a National Association of County and City Health Officials' (NACCHO's) Model Practice Program award for 2010 in recognition of its innovative, collaborative approach to establishing Points of Dispensing (PODs) for emergency medical response. PODs are a distribution model which can provide medical countermeasures in the event of a large scale health emergency, such as an aerosolized anthrax attack or infectious disease outbreak (e.g. meningitis, influenza, etc.). HDM has established a program that builds community resiliency and capacity, allowing community partners to take ownership of the response rather than relying solely on the local health department. Working with all of Orange County's cities, HDM is assisting in the development of the 78 PODs required to provide adequate response across the County.

   Health Disaster Management has launched a comprehensive, countywide initiative to improve health care delivery immediately following a catastrophic disaster. Surge OC seeks to build on traditional surge planning by bringing together all health care delivery system partners (hospitals, long term care/skilled nursing facilities, community clinics and dialysis/specialty centers) to plan locally with City Emergency Managers. This community based, systems approach includes strategies such as surge capacity management, triage, transferring and/or discharging patients, pre-positioned supplies, identifying immediate needs, locating resources in the immediate area, and planning for Alternate Care Sites. Surge OC is intended to help communities provide immediate medical care until outside help arrives, so it depends heavily on communication between the facilities and responders, and connecting partners to the countywide response framework.

9. **HCA provides health care to federal detainees of the Immigration Control and Enforcement program** – Beginning August 9, 2010, the County began receiving detainees from the Federal Immigration Customs Enforcement (ICE) program. Both the Orange County Sheriff's Department (OCSD) and HCA Institutional Health Services made operational changes to meet federal standards due to differences between Title 15 (for inmates) and Performance Based National Detention Standards [PBNDS] (for ICE Detainees). ICE detainees are kept separate from the general inmate population and tend to move rapidly through the jail as their cases are adjudicated. The staff in Institutional Health did an outstanding job implementing this new program and in providing care for up to 838 male and female detainees. During the last week of October and into the first week of November, ICE conducted an in-depth inspection of the three jail facilities where ICE detainees are processed and housed. Institutional Health staff received rave reviews about the quality of care provided and no deficiencies were noted in the medical care of the detainees.

10. **The Health Care Agency's Medical Reserve Corp (MRC) volunteer program continued to grow during 2010** – Some of the major accomplishments during the past year include the following:

    - Pharmacist and nursing volunteers continued to administer H1N1 vaccinations through the Public Health clinics that ended January 29, 2010.
    - The number of registered volunteers has reached 1,300 which is an increase of 300 volunteers of various medical disciplines since December 2009.
    - The MRC volunteers are once again prepared to assist Public Health with the Fall Flu Clinics scheduled throughout October, November and December 2010. Presently, there are 11 clinics scheduled during this time. A clinic that took place on October 26, 2010 resulted in 810 individuals being vaccinated with the majority of those vaccinations being administered by MRC volunteer medical professionals. Pharmacists, Intern Pharmacists, Registered Nurses, Licensed Vocational Nurses, security patrol and other non-licensed medical volunteers are all participating in the Public Health Flu Clinics.
    - MRC volunteers participated in three major exercise responses during 2010. These include the California Citizen Corps Council 2010 Citizen Preparedness Tabletop Exercise which took place on October 13. Starting October 26th, OC MRC volunteers helped staff the Public Health clinics with providing seasonal flu and pneumonia vaccines. On October 29, MRC volunteers participated in the Health Disaster Management's annual Points of Dispensing exercise for

mass vaccinations at three different locations. Pharmacists, Nurses and nursing students from Stanbridge College in Irvine administered flu vaccinations to the general public. Other non-medical volunteers assisted with crowd control, sign-in duties and general assistance to the public.

11. **HCA met its NCC target with no layoff and no use of reserves** – During FY 2009-10, the Agency implemented $30.3 million in reductions, deleted 74 positions, and shifted 34 positions to funded programs. Despite the magnitude of these reductions, HCA was able to place all of its current employees into funded positions. Through administrative and programmatic efficiencies, proactive planning, and maximizing available revenue, HCA was able to implement cost reductions in a reasoned and timely manner. With these changes, access to services was maintained though clients may experience some delays.

12 **Health Care Agency completes major hardware and software upgrade.** HCA's Integrated Records Information Systems (IRIS) is a complex, Cerner-based enterprise system which operates 24/7 and offers the ability to register and schedule clients, manage and report results of laboratory tests, perform billing activities in compliance with all state and federal regulations, and interface with external entities for the exchange of health care information in a secure manner. Thus far, over 300,000 HCA patients and clients have been registered and served through Behavioral Health and Public Health programs. The system supports approximately 1,200 users, including HCA and contract provider staff, at over 100 different locations. The Public Health Laboratory runs over 14,000 tests per month through the system. Behavioral Health Services processes between 40,000 and 45,000 billing claims per month, representing over $60 million in annual revenue to the County.

The enterprise system has not had a major upgrade for over six years and the hardware and network components had reached a normal end of lifecycle. Last year HCA embarked on this upgrade to the hardware, network infrastructure and the Cerner Millennium system. At a cost of over three million dollars the Cerner application system upgrade performed by the IRIS team required an enormous level of planning, analysis, and collaboration amongst key internal agency program staff as well as with the vendor technical staff, included very detailed and iterative testing and validation, and overall exceptional risk management. The project was completed within budget, achieved all of the necessary goals and objectives, and was implemented early November 2010.

The upgraded system has provided new functionality that will allow improvements in registration, scheduling, lab, claiming, billing, reporting and other back-end system processes. It will also assure compliance with emerging privacy and security laws, and any other Federal information technology standards that are required by the American Recovery and Reinvestment Act. With the new hardware and updated software, HCA will be in a position to move toward a complete and interoperable electronic health record system.

APPENDIX C

CRITICAL DEMOGRAPHICS/SERVICE EXPECTATIONS

The following table provides a brief description of client groups and caseload information for programs selected to represent the range of services provided by the Agency. The data provided are the most recent available from each program for fiscal year 2009-10.

	PROGRAM	SERVICE RECIPIENT	TYPE OF SERVICE	FISCAL YEAR 2009-10
1	Behavioral Health - Adult	Adults with mental illness and/ or substance abuse problems	Persons served in the community	27,454
2	Behavioral Health - Older Adult	Older adults with mental illness and substance abuse problems; frail elderly at risk of out-of-home placement	Persons served in the community	3,516
3	Behavioral Health - Children	Seriously emotionally or behaviorally disturbed children, substance abusing adolescents	Persons served in the community	11,085
			Persons served in County institutions (Orangewood, juvenile justice facilities)	3,471
4	Behavioral Health – Prevention & Intervention	Families, adults and children at risk of mental illness	Education, Prevention, Intervention and Case Management contacts in the community	604
		HIV & adults with substance abuse issues, adults at risk for STD's and mental health problems	Medical Case Management, Transportation Services, HIV/STD Education & Testing, PEI Outreach and Intervention	5,149
5	California Children Services	Children with disabling or potentially disabling conditions	Case Management Services	13,245
			Medical Therapy Program Occupational and Physical Therapy visits provided	68,347
6	Family Health	Low income children	Child health clinic visits	11,363
			Child linkages to Child Health and Disability Prevention program community providers	85,000
		Children and Adults	Immunizations clinic visits	18,169
			Vaccines given	43,448
		Low income pregnant women	Prenatal care referrals	1,344
		Low income pregnant or parenting teenagers and siblings	Case Management	1,270
		Low income women and their parents	Visits for contraception education/ methods for women & partners	3,693
7	Family Health - Dental	Low Income Residents	Emergency dental care visits	2,668
		Low Income Children	General dentistry visits	1,520
		Persons with HIV or AIDS without resources	General dentistry visits	1,839
8	Family Health - Nutrition Services	Low income pregnant, postpartum, and breastfeeding women and children to age 5	Nutritional counseling and food vouchers given to women	84,823
		Low income pregnancy, postpartum, and breastfeeding women and children to age 6	Vouchers provided for infants and children	310,837
9	Epidemiology and Assessment	All County residents	Communicable disease reports	6,178
10	Employee Health	County employees	Initial/routine/return-to-work examinations and/or follow-up	15,981

	PROGRAM	SERVICE RECIPIENT	TYPE OF SERVICE	FISCAL YEAR 2009-10
11	Environmental Health	All County residents	Retail food facility inspections (initial and follow-up)	36,445
			Hazardous waste inspections (initial and follow-up)	6,600
12	Health Promotion	All County residents	Public education	181,718
			Target group education / technical assistance (includes former separately reported staff education and training technical assistance)	34,004
			Patient education / screening / referrals	31,098
13	HIV Test Sites	Persons at risk of HIV infection	HIV testing and counseling	5,441
14	HIV Clinic	Persons with HIV infection or AIDS without resources for medical care	Medical care and case management visits	13,336
15	Public Health Community Nursing	Infants, families or individuals, primarily low income, at high risk of health problems	Home visits for assessment, counseling / teaching, case management	15,798
		Medically high risk newborns		946
		Pregnant and parenting teens		7024
		Persons in need of preventive health teaching and referral	Nursing consultation and case management and referral services	13,359
16	Specialized Public Health Nursing	Pregnant substance abusing and/or HIV infected women	Home visiting case management, assessment, counseling, teaching and referral services	4,350
		Children and youth who have allegedly been sexually or physically abused	Forensic or physical examination and consultation to medical professionals and law enforcement officials	534
		Children and youth in foster care/out-of-home placement	Nursing consultation and case management services, social worker and foster parent training	39,537
		Adult CalWorks clients with barriers to self sufficiency	Home visitation and case coordination activities	11,022
		Older adults with unmet health care needs	Home visits for assessment, counseling / teaching, and case management. Home visits and phone visit contacts	3,852
		Older adults, 50 years of age and older with health monitoring needs	Community clinic visits for physical assessment, counseling / teaching, case management, special screening, health education	8,016
17	STD Clinic	Persons, primarily low income, with sexually transmitted diseases	Clinic visits for diagnosis and treatment of sexually transmitted diseases other than AIDS	9,553
18	Tuberculosis (TB) Control	Persons with TB infection but not active disease	Clinic visits for treatment of latent TB infection	6,936
			Number of unduplicated clients served	1,901
		Persons with active TB disease	Clinic visits for treatment of active TB disease	10,474
			Number of unduplicated clients served	3,452
		Persons with active TB disease or latent TB infection	Directly Observed Therapy (DOT) visits for active disease or latent infection	35,714
			Number of unduplicated clients served	500

	PROGRAM	SERVICE RECIPIENT	TYPE OF SERVICE	FISCAL YEAR 2009-10
19	Emergency Medical Services (EMS)	All County residents and visitors	Total 9-1-1 EMS responses	158,863
			Paramedic transports to designated ER	55,225
			Trauma patients served by trauma center	4,997
		Emergency Medical Technicians-1 (EMT-1)	Certification/ re-certification of EMT-1s	2,331
		Ambulance Providers	County licensure of EMT-1s	2,668
		Fire Departments	Local accreditation of paramedics	29
		Ambulance companies and Fire Departments	Inspection and licensure of public and private ambulance vehicles	446
		EMT-1 and paramedic training programs	Review and approval of EMT-1 and paramedic training programs	10
		EMS Continuing Education (CE) Programs	Review and approval of EMS CE programs	18
		Designation of Specialty Centers	Designation of Trauma Centers serving Orange Co.	0
			Authorization of specialty hospitals to receive field identified stroke patients	0
			Authorization of specialty hospitals to receive field identified heart attack patients	1
		Orange County Hospitals	Authorization/Re-Authorization of Mobile Intensive Care Nurses (MICN)	35
			Designation of Emergency Departments authorized to receive Advanced Life Support (ALS) or paramedic level patients	12
20	Institutional Health	Incarcerated adults	Medical screening assessments	67,068
			Sick-call visits (medical/dental)	187,026
			Behavioral Health assessments	90,758
		Detained juveniles	Comprehensive intake assessments	10,852
			Sick-call visits (medical/dental)	37,101
21	Medical Services Initiative	Low income adults	Total MSI enrolled users	47,870
			Hospital unduplicated counts (unduplicated count of inpatient and ER released)	16,269
			Paid hospital inpatient days	31,998
			Total emergency room (ER) Treat and Release visits	22,062
			Hospital Outpatient services	33,385
			Total physician services	374,831

County of Orange
Health Care Agency

Working Together for a Healthier Tomorrow