



*"Working Together for a Healthier Tomorrow"*

**David L. Riley**  
Health Care Agency Director  
December 2009

County of Orange Health Care Agency

# 2010 Business Plan







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 2010 Business Plan. It is my hope that our biennial Business Plan will provide you with a comprehensive overview of the many programs and services that are provided for children, adults, and seniors by your Health Care Agency (HCA) to improve the health of the community. Examples of these varied services include our efforts to control the spread of disease such as H1N1 influenza, ensure that recreational waters are safe, help people deal with drug and alcohol addictions, and provide physical therapy to disabled children.

The 2010 Business Plan is intended to document HCA's progressive actions to ensure the health of Orange County's residents, visitors, and employees. Our continuing aim is to provide high-quality services with a focus on improving the quality of life for our residents. The plan reflects the commitment of our Agency to ensure a solid financial foundation on which we can build these services and programs. It also provides a brief description of the opportunities, challenges and current health service issues faced by HCA. In 2009-10, as in recent years, HCA will face a significant number of challenges. However, times of great change also provide extraordinary opportunities, such as the new and enhanced indigent health care services made possible by the Coverage Initiative and potentially federal health insurance reform.

The Business Plan acknowledges the role of our public and private partners in serving the community. Working collaboratively, we will continue to make progress toward improving health outcomes in our communities. Finally, the Business Plan 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. The Business Plan is developed with input from HCA staff and their interest in contributing to our vision for the future once again shows that our employees are truly our most valuable resource.

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

# Health Care Agency 2010 Business Plan

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# Executive Summary

## AGENCY OVERVIEW

The Health Care Agency (HCA) is a large and dynamic public agency, comprised of approximately 2,591 budgeted positions and numerous community-based contractors who are responsible for providing a wide range of services to the Orange County community. HCA's core services range from promoting community health, and assuring access to health care services, to promoting and ensuring a healthful environment. The Agency is very active in building and maintaining partnerships to ensure the highest quality of life standards are available to our residents.

Although this past year has brought financial challenges to the Agency at both the State and County levels, it has also provided new opportunities to enhance services. HCA has been very proactive in developing strategies to meet the challenges and to take advantage of new opportunities to meet the human services needs of the community. The staff of HCA remains focused on the Vision, Mission, and Values of the organization.

The Health Care Agency's core services are (1) Community Health, (2) Healthful Environment, (3) Healthcare Access and (4) Workforce Development, which are designed to achieve HCA's mission.

The Health Care Agency is composed of several service areas and divisions which are responsible for providing core services to the community. These

three main service areas that provide community services include:

- Public Health Services
- Behavioral Health Services
- Medical and Institutional Health Services

The fourth service area, provides internal support to the agency:

- Financial and Administrative Services

## OPERATIONAL PLAN

This section is composed of two parts, the environment and the action plan. Environment describes the agency's clients, challenges and resources. The action plan describes the Agency's strategic goals, specific strategies to accomplish goals, and the key performance measures and results.

## ENVIRONMENT

### Clients

While providing direct services to individual clients or patients, the Health Care Agency's primary focus is to protect and promote the health and safety of the community as a whole. Therefore, our ultimate client is the entire County population, as well as the millions who visit Orange County for business or recreation each year.

	<b>Vision:</b>	<b>Working Together for a Healthier Tomorrow</b>
	<b>Mission:</b>	We are dedicated to protecting and promoting the optimal health of individuals, families, and our diverse communities through: <ul style="list-style-type: none"><li>• Partnerships</li><li>• Community Leadership</li><li>• Assessment of Community Needs</li><li>• Planning &amp; Policy Development</li><li>• Prevention &amp; Education</li><li>• Quality Services</li></ul>
	<b>Values:</b>	Partnering with our clients and the community, we value:  <ul style="list-style-type: none"><li>• Excellence in all we do</li><li>• Integrity in how we do it</li><li>• Service with respect and dignity</li></ul>

## Challenges

We have updated performance plans for FY 2009-10 that recognize current and projected fiscal constraints, and have identified new funding sources. However, there are other ongoing and potential challenges that may inhibit progress. These challenges can be divided into three categories: financial, regulatory and workforce. This section describes these challenges, and identifies how the Agency is working to overcome these barriers. One of the main challenges remains the unprecedented economic recession that has led to a reduction in our ability to serve the public at the same time the public's need for such services has increased. Additionally, health insurance reform currently being debated at the federal level could potentially affect the way the Agency does business and to the recipients of the direct service we provide.

## Resources

The State of California's ongoing fiscal crisis, as well as local economic challenges, has resulted in reduction in revenues for HCA. Significant funding challenges will continue into 2009-10 and beyond. Moreover, inequities in the statutory allocation of Health and Mental Health Realignment funding to counties, including Orange County, is an ongoing concern. Fortunately, the passage of Proposition 63, the Mental Health Services Act, resulted in a substantial increase in funding to expand community mental health services. The funding must be used to expand, rather than simply maintain, mental health services for Orange County residents, including children and youth, adults, and older adults.

## ACTION PLAN

### Strategic Goals and Strategies to Accomplish Goals

The Health Care Agency's 2010 Business Plan contains strategies and performance goals that support the mission and core services of the Agency. The nine goals and fifteen support strategies to carry out these goals will be addressed during fiscal year 2009-10. The performance indicators selected are aligned with the County Strategic Plan and are consistent with the Agency Strategic Goals. They also anticipate new funding sources, service mandates, and a realistic assessment of available resources.

### Accomplishments

While the Agency uses a multitude of measures to assess performance, twenty performance measure indicators have been selected that measure the strategic goals and directly reflect our mission.



# Section I: Agency Overview

The Health Care Agency (HCA) performs a variety of functions to protect and promote the health of the general public, serve special needs populations, assist local business and industry, and facilitate the work of community-based organizations and other County agencies.

**Vision Statement:** Working Together for a Healthier Tomorrow

**Mission Statement:** We are dedicated to protecting and promoting the optimal health of individuals, families, and our diverse communities through:

- Partnerships
- Community Leadership
- Assessment of Community Needs
- Planning & Policy Development
- Prevention & Education
- Quality Services

## **Core Services**

The Health Care Agency provides a wide range of services dedicated through four core services: (1) Community Health, (2) Healthful Environment, (3) Healthcare Access and (4) Workforce Development.

### COMMUNITY HEALTH

This core service is to prevent disease and disability, and promote healthy lifestyles. Services include monitoring the health of the community, developing and implementing health policy, controlling and preventing diseases and disabilities.

### HEALTHFUL ENVIRONMENT

The Health Care Agency provides services that promote and ensure a healthful environment for the community. This includes protecting and improving water and food quality by identifying, investigating and responding to community environmental health concerns, and reducing current and emerging environmental health risks.

### HEALTHCARE ACCESS

The Health Care Agency facilitates access to healthcare by providing low cost or free health, dental and behavioral health services, facilitating access to other available health services, and increasing insurance and healthcare coverage to eligible populations.

### WORKFORCE DEVELOPMENT

The Agency promotes excellence through the promotion of a healthy workplace and professional development and training.

The Health Care Agency is composed of several service areas and divisions which are responsible for providing these core services to the community. These service areas are:

- Behavioral Health Services
- Medical and Institutional Health Services
- Public Health Services

The fourth service area provides internal support to the agency:

- Financial and Administrative Services

The following is a description of each of the service areas and divisions that support the Agency's core services. The Agency's current organizational chart can be found in Appendix A.

### BEHAVIORAL HEALTH SERVICES

Behavioral Health Services provides culturally and linguistically appropriate services for eligible county residents in need of mental health care and/or treatment for alcohol or other drug abuse. Recovery based services are provided countywide via county-operated and contracted programs. Behavioral Health Services consists of five divisions: Alcohol and Drug Abuse Services, Adult Mental Health Services Inpatient Residential, Adult Mental Health Services Outpatient Crisis Services, Children and Youth Mental Health Services, and Prevention and Intervention. A brief overview of the major functions of each of these services is provided below.

**Alcohol and Drug Abuse Services (ADAS)** provides a range of outpatient and residential treatment programs designed to support recovery and reduce or eliminate the abuse of alcohol and other drugs within the community. Services include crisis

intervention, assessment and evaluation, individual, group and family counseling, and referrals to other programs when indicated. Specialized programs provide services for pregnant and parenting women, persons who require methadone maintenance and detoxification, adolescents, persons who have been dually diagnosed with substance abuse and mental health problems, and individuals referred by the Orange County Superior Court.

**Adult Mental Health Services (AMHS)** provides recovery mental health and episodic treatment services which emphasize individual needs, strengths, choices, and involvement in service planning and implementation. Adults who have a serious and persistent mental disorder who may have a co-occurring substance abuse disorder and impairment in their ability to function in the community or who have a history of recurring substantial functional impairment, hospitalization or symptoms can access services.

- **AMHS Inpatient/Residential** provides mental health services to clients in intermediate and long-term care facilities and clients receiving outpatient services in contracted programs. Such services include short-term episodic outpatient treatment, longer term rehabilitative and recovery services, residential rehabilitation programs, and supportive housing services.
- **AMHS Outpatient/Crisis** provides outpatient crisis stabilization and resolution, hospital diversion and inpatient management. Such services include crisis intervention and evaluation in the community and through a 24-hour evaluation and treatment unit, assessment, medication management, individual and group therapy, as well as family services at County-operated clinics.

**Children and Youth Services (CYS)** provides a broad range of services for behaviorally, emotionally or mentally disturbed children and adolescents, which include: evaluation, therapy, medication, crisis intervention and collateral services to parents and families. Also provided are referrals for hospitalization or residential treatment, consultation to schools and other agencies, coordination with private and public services, and case management for those placed in hospitals or other 24-hour settings. CYS operates clinics in five geographic areas within Orange County.

**Prevention and Intervention (P&I)** is a new division under Behavioral Health Services. The prevention element of P&I includes programs and services designed to help prevent the development of serious emotional or behavioral disorders and mental illness. The intervention component is directed toward individuals and families for whom a short duration (usually less than one year), relatively low intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment services or to prevent a mental health problem from getting worse.

## MEDICAL AND INSTITUTIONAL HEALTH SERVICES

Medical and Institutional Health Services provides for emergency care and essential medical services to persons for whom the County, by law, has responsibility. It is comprised of three distinct service areas: Health Disaster Management, Institutional Health Services, and Medical Services Initiative Program. A brief overview of the major functions of each of these services is provided below.

**Health Disaster Management (HDM)** division incorporates the Agency's emergency response functions related to all-hazards planning, including bioterrorism, pandemic influenza, natural disasters, the county-wide 9-1-1 system for medical emergencies, and other County health-related disasters. HDM includes:

- **Emergency Medical Services (EMS)** regulates, monitors, plans, and coordinates pre-hospital emergency medical services, hospital emergency programs, and trauma centers.
- **Disaster Preparedness and Training** participates in and supports ongoing all-hazards planning and preparation activities undertaken by the Orange County Operational Area (OA) and is responsible for coordinating organized planning efforts with County departments, local cities and special districts to mitigate, prepare for, respond to, and recover from disasters.
- **Medical Reserve Corps (MRC)** serves to enhance the emergency preparedness and response capabilities of Orange County through advanced registration, organization and training of volunteer health professionals



who can be readily mobilized to respond to a major emergency or disaster, whether man-made or natural, when the existing health infrastructure is overwhelmed and unable to provide needed medical care in a timely manner.

**Institutional Health Services (IHS)** division provides medical, dental, nursing, and mental health services to adult inmates in the County's five correctional facilities (Central Jail Complex comprised of the Central Men's Jail, Women's Jail and Intake Release Center, Theo Lacy Facility, and James A. Musick Facility). It also provides these services to juveniles residing in Social Services Agency's Orangewood Children's Home and the Probation Department's five Juvenile Institutions (Orange County Juvenile Hall, Youth Guidance Center, Joplin Youth Center, Lacy Juvenile Annex and Youth Leadership Academy).

**The Medical Services Initiative (MSI)** division is a county-funded safety net program responsible for the provision of medical care to Orange County's medically indigent adults under 65 years of age. The Medical Services Initiative (MSI) acts as a payer to hospitals, clinics, physicians, ambulance companies, home health providers and other providers that serve eligible low-income patients. Through contracts with hospitals throughout Orange County, MSI provides for necessary medical care for patients for which the county is responsible.

## PUBLIC HEALTH SERVICES

Public Health Services monitors the incidence of disease and injury in the community and develops preventive strategies to maintain and improve the health of the public. Public Health Services consists of seven divisions. A brief overview of the major functions of each of these services is provided below.

**California Children's Services (CCS)** provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with qualifying medically fragile and physically disabling conditions. Such chronic medical conditions include cystic fibrosis, cancer, heart disease, traumatic injuries and cerebral palsy. Services are provided through a network of specialty physicians and centers. Licensed program staff at specially equipped Medical Therapy Units located at public schools provide occupational and physical therapy services.

**Disease Control and Epidemiology (DC&E)** provides surveillance prevention and control of infectious diseases. The programs protect the health of Orange County residents by investigating outbreaks and individual cases of infectious diseases (such as influenza, tuberculosis, salmonella or HIV) to determine the source of infection and prevent further spread of disease. DC&E also provides diagnosis and medical care for infectious diseases posing a significant risk to the public including tuberculosis and sexually transmitted diseases. This division also coordinates county-wide HIV care and prevention services. Infectious disease reporting and investigation provides important information for the Agency, the State and the general public to make decisions affecting the overall health of the community.

**Family Health** programs include Clinical and Community Services for Maternal, Child and Adolescent Health (MCAH), Nutrition Services, Dental Health Services for children, people living with HIV, and emergency dental services. MCAH Services offers, to specific target populations, services such as: physicals and immunizations (including influenza), family planning, and management of the Child Health & Disability Prevention (CHDP) Program. In addition, Family Health manages the Childhood Lead Poisoning Prevention Program, the Adolescent and Family Life Program, Cal LEARN, the Immunization Assistance Program, and the Perinatal Hepatitis B Project. Nutrition Services is responsible for a variety of services and programs to improve the nutritional status of the general community and several priority subgroups.

**Health Promotion** protects the health and safety of Orange County residents by educating individuals, organizations and communities on preventing disease, disability and premature death. Services include community health education, professional training, coalition building, and media outreach. Programs focus on injury prevention, chronic diseases (such as diabetes and cancer), alcohol, tobacco and drug awareness, maternal and child health, multi-ethnic health education, health access, and communicable disease.

**Public Health Laboratory** provides laboratory support services for programs within the Agency to help identify and control diseases and identify unsafe conditions in the environment. The laboratory provides food outbreak detection testing and is a partner with the Centers for Disease Control for bioterrorism agent testing. The laboratory also

provides reference laboratory services to Orange County hospitals and health care providers. The water quality section of the laboratory supports testing and monitoring of recreational ocean water pollution problems to help improve water quality and prevent illness.

**Public Health Nursing** provides public health nursing assessments, health education, case management, advocacy, referral and follow-up services to individuals at high risk for health problems including medically high-risk newborns, individuals with chronic or communicable disease, and those with challenges accessing healthcare. High risk populations served include individuals with barriers to self-sufficiency, children in out-of-home placement, victims of child abuse and neglect, adults with unmet medical needs and pregnant teens or women with a history of substance abuse. Goals of all programs are to promote access to healthcare services, encourage healthy lifestyles, support child growth and development and link clients to appropriate resources in the community to meet health needs. Services are provided in the home, in community settings or through outreach in clinic settings for older adults or homeless individuals. Preparation and response to disasters or other events affecting the health of residents in the community is an additional major focus of the program.

**Environmental Health Services** administers various programs aimed toward protecting the health and safety of Orange County residents and visitors from harmful conditions in the environment. Services include restaurant inspections to ensure the safety of the food served to the public, public pool safety inspections, ocean water quality monitoring, inspections regarding the safe handling and disposal of hazardous materials and medical waste, and inspections of landfills and other solid waste facilities. Environmental Health enforces laws and regulations and uses education to inform businesses and communities about environmental health issues.

## FINANCIAL AND ADMINISTRATIVE SERVICES

The Financial and Administrative Services divisions provide internal support to the Agency's varied divisions and programs as well as interface in certain circumstances with the Agency's external community organizations, contractors, and other stakeholders.

**Central Operations** division is comprised of three primary departments (HCA Purchasing, Facilities Operations, and Agency Services) and several sub-departments and programs that provide an assorted array of services to the clients, programs, and employees of the Health Care Agency. These agency-wide services include; all agency Procurement Processes, Warehouse Management and Asset Inventory Control, the Agency's Facilities Management and Real Estate services, the Agency's Safety Program, the Custodian of Records office, the 17th St. Health Clinic Business Office, the Wireless Communication Device Monitoring Program, and the Tobacco Settlement Revenue Unit.

**Contract Development and Management (CDM)** division is responsible for developing, soliciting, negotiating, and administering human services contracts for the Health Care Agency.

**Human Resources** partners with Health Care Agency Administration and Programs by providing the expertise to recruit, develop, manage and retain dedicated professionals and volunteers to serve the community with excellence.

**Financial and Program Support Services** helps ensure that Federal, State, County, and Agency policies, procedures, and guidelines for expenditures, claims, fees, rates, budget, and financial reporting are followed and that revenues are maximized to the extent possible.

**Information Technology** supports the workforce through the effective use of information technology, increases quality of service provided to program staff, ensures compliance with HIPAA regulations and maintains the integrity of a secure network infrastructure.

**Integrated Records Information Systems (IRIS)** is a complex enterprise application system and currently offers functionality that includes client registration and scheduling, management and reporting of results of laboratory tests, the performance and management of billing activities in compliance with all state and federal regulations, the production and exchange of health care information with external entities in a secure manner, as well as support for the implementation and integration of an electronic health record system, serving HCA Public and Behavioral Health operations.

**Quality Management** provides technical, communication and decision-making support to Agency management by coordinating planning, legislation, grants, research, and communications. The three service units within QM are Planning, Research, and Public Information and Communication which encompasses the Public Information Officers, Desktop Publishing and Web Development.

**HCA Accounting** provides specialized accounting and medical billing services through the Auditor-Controller’s Office and supports the Agency by preparing claims for reimbursement, revenue recovery, and making disbursements on behalf of mandated HCA programs to ensure the Agency’s programs continue to provide quality health services to its clients and the public.

Reporting to the Director, the **Compliance Program** ensures organizational compliance with federal and state regulatory requirements. The development and implementation of the Agency’s program is a broad-based effort designed to provide guidance to all employees about their compliance responsibilities as well as where to go with questions or concerns.



# Section II: Operational Plan

## A. Environment

### CLIENTS

HCA's broad range of programs impact the entire county population, as well as the many tourists and business travelers who visit Orange County each year. While providing direct services to individual clients or patients in need, the Agency's primary focus is to protect and promote the health and safety of the entire community.

HCA's programs and services can be broadly divided into three major types: services for the community at large; prevention services for at-risk individuals; and intervention/treatment services to those in need of care. A subcategory of the latter consists of treatment services to persons residing in County correctional or other institutions. Additional information regarding caseload data can be found in Appendix C.

### Services for the Community

Many of the Agency's programs provide services for the community at large. These services include ocean and recreational water protection, food sanitation and safety, hazardous waste management, response and recovery from natural or man-made disasters and control of communicable diseases. Additionally, the Agency educates about and promotes safe and healthy lifestyles, with many efforts centered on prevention, disease management and health education.

### Preventive Services for At-Risk Individuals

Preventive services for at-risk individuals include substance abuse and mental health services for adults and children, prevention services for prenatal substance exposure and perinatal HIV infection for at-risk pregnant women, and initiatives to increase access to healthcare services for children and families. Several Agency programs currently provide services designed to identify and protect individuals who are at risk of developing health problems, both acute and chronic. These services include in-home and senior center assessments, neighborhood well-child and maternal health clinics, immunizations, nutrition counseling, and food vouchers. In addition, a major goal of the County's Older Adults Initiative is to prevent and reduce the debilitating complications of chronic diseases, such as diabetes.

### Intervention/Treatment Services for Individuals

HCA programs also provide services designed to prevent individuals from progressing to more serious health problems. These services include behavioral health services for individuals with serious mental, emotional disturbances and/or substance abuse problems, prevention services for those who may pose a threat to themselves or to others in the community. Preventive Health Care for the Aging Program and other senior services promote healthy lifestyles and increase access to health care to improve the quality of life of Orange County's over-55 population. The Medical Services Initiative provides for the care of eligible medically indigent adults who have no other source of medical care. Other programs provide support services for persons with HIV or AIDS, and provide medical and other therapeutic services for disabled children. Emergency dental services are also available for low-income persons.

### Treatment Services in Institutional Settings

HCA is responsible for medical, dental, and behavioral health services to adults in the County's correctional facilities, and minors in juvenile institutions/camps, as well as Orangewood Children's Home. In fulfilling these responsibilities, HCA supports the Sheriff-Coroner, the Probation Department and Social Services Agency.

### Changing Demographics

HCA continues to plan for the future in light of our changing population and economic challenges. For example, as the number of senior citizens increases, the number of County residents with chronic diseases that contribute to disability and death will likely increase. As the size of the teenage population grows, the number of County residents prone to injury as well as lifestyle-related causes of chronic disease (e.g., alcohol, tobacco, poor diet and insufficient exercise) will likely grow. The number of at-risk individuals requiring health services, such as unemployed, uninsured, the elderly and children, are likely to increase. Individuals requiring medical and/or behavioral health intervention and treatment services will inevitably increase at a time when many residents are losing health insurance coverage.

### CHALLENGES

The environment in which the Health Care Agency operates continues to be quite demanding and unpredictable. Consistent with recent history, the major challenge anticipated in FY 2009-10 is

fiscal – specifically, the challenge of continuing to provide essential services with limited resources while the community’s need concomitantly grows. Other challenges also remain. A summary of major challenges for FY 2009-10 include:

### Financial

- HCA, along with all County agencies and departments, has again had to absorb significant increases in the basic “cost of doing business” – unavoidable increases in salaries, retirement, medical insurance, and other expenses – in building the budget. At the same time, most program revenues and available County General Fund revenues have increased very little, or even declined.
- Realignment funding, which is HCA’s largest single revenue source, remains a major issue. Realignment funding is made up of two components – sales taxes and vehicle license fees (VLF), both of which tend to increase and decrease depending on the State’s economy. Realignment funds have not kept pace with program costs, and this discrepancy will likely remain for the foreseeable future.
- Additionally, Orange County is under equity, in comparison to other counties, in Realignment revenue. The outdated funding formulas that the State uses to distribute these funds do not reflect the true need for services in Orange County. HCA receives funding for Mental Health Services through the passage of Proposition 63, which helps mitigate the funding disparity; however, this funding cannot be used to supplant existing programs and services.
- The State budget included several reductions to revenues for HCA. The total impact for FY

2009-10 resulted in a reduction of \$9.4 million in revenue, and 38 positions being deleted or shifted to funded programs. The State’s ongoing structural deficit continues to result in budgetary uncertainty for the Agency and the County.

- Both State and Federal governments have proposed extensive health reform packages. Enactment of any of these plans is likely to have major ramifications in terms of costs and services.

### Workforce

- Recruitment promises to be demanding during the next year despite the countywide hiring freeze. There are some key leadership positions in the Agency that must be filled, including the Medical Director and Assistant Medical Director of Correctional Medical Services. Collectively, the requirements for a physician’s license, strong administrative experience and the ability to pass a Sheriff employment-background make these recruitments challenging. Additionally, there continue to be positions that the Agency has received approval to fill due to secure funding sources and/or a critical service need.
- During the past year, as a result of budget constraints, the Agency was successful in reducing positions without losing staff. It is anticipated that the Agency will face similar challenges during 2010 and will be required to continue to reorganize/restructure to meet the demands of more limiting budgets while maintaining adequate service levels.
- The Agency continues to focus on workforce training and has recently partnered with other agencies/departments in an effort to minimize costs and share resources for enhanced



efficiency. The ongoing challenge will be to sustain an effective balance between the training needs of staff with the limited resources available.

### Regulatory

Compliance with the Federal Health Insurance Portability and Accountability Act (HIPAA) continues to be a challenge for HCA and the County, financially and organizationally, and will be for several more years. New regulations impose sweeping, system wide changes to health care industry requirements for managing electronic health records, breach notification requirements for unsecured protected health information, and tightened rules governing access to health care information. These activities require continual review and modification of business associate agreements, updates to policies and procedures, on-going workforce training, technological upgrades, and data systems modifications as well as auditing and monitoring for compliance.

The Federal government’s stance on addressing health care fraud, waste and abuse as part of health care reform poses additional challenges for HCA. This renewed focus on rooting out fraud, waste and abuse in Medicare and Medicaid will result in increased scrutiny for all of HCA’s programs that bill Medicare and/or Medi-Cal. Preparing HCA for the increased scrutiny will require on-going self



auditing and monitoring, and training to correct any mistakes or system errors that could lead to mistakes in Medicare and/or Medi-Cal bills.

### Overcoming Challenges

The Agency continues its practice of carefully monitoring expenditures and revenues and the deployment of resources, advocating for additional outside funding, and optimizing efficiency and effectiveness, for example:

- The passage of Proposition 63, the Mental Health Services Act, resulted in significant new funds for mental health programs in Orange County. None of these funds can be used to support existing programs by supplanting current funding levels. However, it has expanded and enhanced adult, older adult, and children’s mental health services in the community.
- Advocating for legislation and pursuing grant opportunities to increase non-County funding for existing and new programs, in coordination with the County Executive Office.
- Reviewing fees and other revenues on a regular basis to ensure full cost recovery for Agency programs.
- Continuing to work with our many community partners, through formal and informal mechanisms, to best meet the needs of the citizens of Orange County.
- Continuing a focus on staff training and development, succession planning, appropriate contracting for support services, and optimizing the organizational structure.

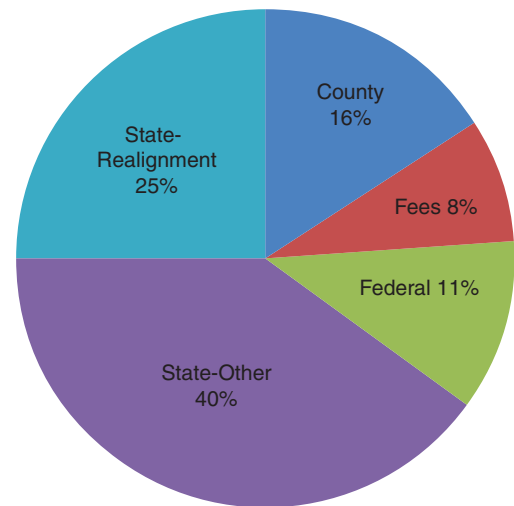


## RESOURCES

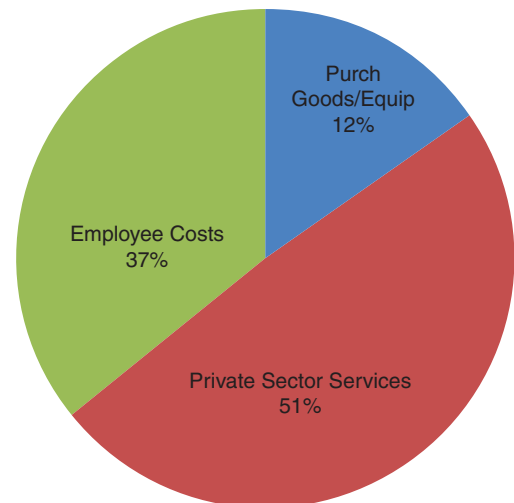
HCA's adopted budget for Fiscal Year 2009-10 is \$629 million in gross expenditures, including \$306 million for Behavioral Health Services, \$137 million for Public Health Services, and \$179 million for Medical and Institutional Health Services. There are 2,591 budgeted positions, numerous community-based contractors, and over 160 different funding sources. HCA currently operates under 200 State and Federal mandates. State and Federal funding allocations and locally generated fees account for 84 percent of Agency funding; County general funding comprises the remaining 16 percent. Private sector service contracts make up just over one-half of the Agency budget. HCA's largest single revenue source is State Realignment Funding, and accounts for 25 percent of the Agency's funding. Realignment was established in 1991 by the State Legislature as an independent funding source for County health, mental health and social services programs. Funds are derived from Statewide sales taxes and vehicle license fees, and are apportioned by formula to counties and certain cities.

Other major sources of Agency revenue include: Mental Health Services Act (Proposition 63); Medi-Cal; Tobacco Settlement Revenue; Coverage Initiative; and Mental Health Early Periodic Screening, Diagnosis, and Treatment (EPSDT).

### FY 2009-10 Funding



### FY 2009-10 Budgeted Expenditures



## B. Action Plan

### FY 2009-10 Strategic Goals, Strategies to Accomplish Goals, and Performance Measures

The Health Care Agency's 9 goals 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, being consistent with the Agency Strategic Goals, anticipating new funding or service mandates, and realistically assessing available resources. To support these 9 Agency goals are 15 strategies and 20 performance measures.

<b>Vision Statement</b>	Working Together for a Healthier Tomorrow			
<b>Mission Statement</b>	<p>We are dedicated to protecting and promoting the optimal health of individuals, families, and our diverse community through:</p> <ul style="list-style-type: none"> <li>• Partnership</li> <li>• Community Leadership</li> <li>• Assessment of Community Needs</li> <li>• Planning &amp; Policy Development</li> <li>• Prevention &amp; Education</li> <li>• Quality Services</li> </ul>			
<b>Core Services</b>	<b>Community Health</b>	<b>Healthful Environment</b>	<b>Healthcare Access</b>	<b>Workforce</b>
<b>Strategic Goals and Strategies to Accomplish Goals</b>	<b>1. Improve Health Outcomes for Children</b>	<b>4. Prevent &amp; Mitigate Environmental Hazards</b>	<b>6. Treatment &amp; Care</b>	<b>8. Staff Development</b>
	Promote healthy lifestyles in low-income, at-risk pregnant women and improve health outcomes for their children. <ul style="list-style-type: none"> <li>1.1 Children receiving timely immunizations.</li> <li>1.2 Promotion of breastfeeding.</li> <li>1.3 Promotion of healthy pregnancies and deliveries.</li> </ul>	Protect the public's health from environmental hazards. <ul style="list-style-type: none"> <li>4.1 Recreational water protection.</li> <li>4.2 Retail food protection.</li> </ul>	Provide quality treatment and care to improve physical health, mental health, and reduce dependency on public resources. <ul style="list-style-type: none"> <li>6.1 Improving treatment outcomes for behavioral health clients.</li> <li>6.2 Medical assessment of detained juveniles.</li> </ul>	Encourage excellence by ensuring a healthy work environment that promotes quality employees. <ul style="list-style-type: none"> <li>8.1 Provide leadership development, training, and education to Health Care Agency workforce.</li> </ul>
	<b>2. Promote Healthy Lifestyles</b>	<b>5. Disaster Preparedness and Response</b>	<b>7. Provide Access to Healthcare</b>	<b>9. Support Services</b>
	Provide education, information and other prevention services to improve community health. <ul style="list-style-type: none"> <li>2.1 Overweight/Obesity prevention.</li> </ul>	Ensure that Orange County is well-prepared and equipped to respond to an emergency, disaster, or other health hazard. <ul style="list-style-type: none"> <li>5.1 Readiness to respond and mobilize in a disaster.</li> </ul>	Provide outreach, enrollment and retention services to help residents have access to quality health care. <ul style="list-style-type: none"> <li>7.1 Assist clients without health insurance to apply for coverage.</li> <li>7.2 Provide assistance to vulnerable populations accessing services.</li> </ul>	Identify and support the workforce through effective use of technological and other resources. <ul style="list-style-type: none"> <li>9.1 Improve abilities of support service departments to respond to program needs.</li> </ul>
	<b>3. Prevent Disease &amp; Disability</b>			
	Provide education, information and other prevention services to improve community health. <ul style="list-style-type: none"> <li>3.1 Reduction in incidence of TB transmission.</li> <li>3.2 Reduction in outbreak investigation time.</li> </ul>			



**STRATEGIES AND PERFORMANCE MEASURES TO ACCOMPLISH GOALS**

The following are strategies and performance measures the Health Care Agency intends to implement to achieve FY 2009-10 Goals.

**GOAL #1: IMPROVE HEALTH OUTCOMES FOR CHILDREN**

**Strategies to meet Goal #1:**

- 1.1 Children receiving timely immunizations.
- 1.2 Promotion of breastfeeding.
- 1.3 Promotion of healthy pregnancies and deliveries.

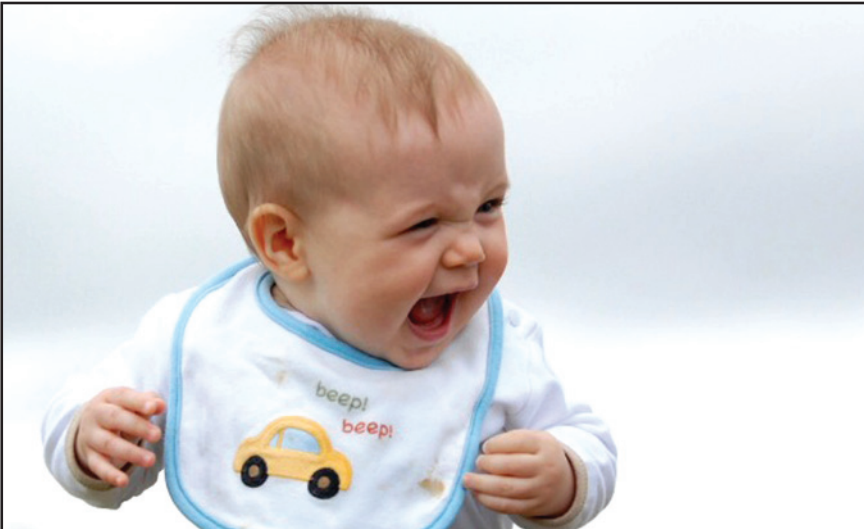
**Performance Measurement Goal #1**

**What:** Promote healthy lifestyles in low-income, at-risk pregnant women and improve health outcomes for their children.

**Why:** The health of infants and children is a reflection of the current health status of a large segment of the population and is a predictor of the health of the next generation. This goal focuses on improving maternal, infant and child health through promotion of immunizations, breastfeeding, and prenatal care.

Performance Measure	FY 08-09 Results	FY 09-10 Plan	FY 09-10 Anticipated Results (1 <sup>st</sup> Quarter Results)	FY 10-11 Plan
Children participating in the Nurse Family Partnership who at age 24 months are up-to-date on immunizations.	100% Exceeded FY 08-09 plan/target of 90%	90%	100%	90%
Mothers participating in the Nurse Family Partnership that initiate breastfeeding.	89% Exceeded FY 08-09 plan/target of 80%	80%	89%	80%
Newborns served by the Perinatal Substance Abuse Services Initiative Assessment and Coordination Team will have birth weight in excess of 2500 grams.	95% Exceeded FY 08-09 plan/target of 90%	90%	95%	90%

**How are we doing?** Performance measures were exceeded in fiscal year 08/09. Current performance is on target.



**GOAL #2: PROMOTE HEALTHY LIFESTYLES**

**Strategies to meet Goal #2:**

2.1 Overweight/Obesity prevention.

**Performance Measurement Goal #2**

**What:** Provide education, information and technical assistance to facilitate healthy eating and physical activity among children, including the support of environmental and institutional changes that make such behaviors possible.

**Why:** Obesity is the second leading preventable cause of death. Nutrition and physical activity practices learned in childhood are likely to continue into adulthood and can reduce the risk for a number of chronic diseases.

Performance Measure	FY 08-09 Results	FY 09-10 Plan	FY 09-10 Anticipated Results (1 <sup>st</sup> Quarter Results)	FY 10-11 Plan
Percent of elementary and unified school districts that have at least one school participating in walkable community activities such as Walk to School Day.	67% Exceeded FY 08-09 plan/target of 50%	50%	54.2%	50%
Percent of schools participating in walkable community activities that complete a “walkability” assessment which identifies barriers to safe walking routes to school.	41% Exceeded FY 08-09 plan/target of 25%	25%	29.7%	25%
Number of schools for which Health Promotion staff conduct a comprehensive walkability audit, which will be compiled in a report and presented to stakeholders.	N/A (New Measure)	2	1	2

**How are we doing?** In October 2009, every school in the Santa Ana Unified School District participated in Walk to School Day. Many other schools throughout Orange County received tool kits from OCHCA. Youth conducted walkability studies. A media event was held in Santa Ana. Supervisor Janet Nguyen and Councilwoman Michelle Martinez attended as well as members of the Santa Ana Unified School Board. City staff received the data collected by the youth and committed to making Santa Ana a safer place for students to walk. The youth put together a health fair and mariachis accompanied the walk.



### GOAL #3: PREVENT DISEASE AND DISABILITY

#### Strategies to meet Goal #3:

- 3.1 Reduction in the incidence of tuberculosis transmission.
- 3.2 Reduction in outbreak investigation time.

#### Performance Measurement Goal #3

**What:** Provide investigation and intervention services that decrease the spread of infectious diseases and minimize disease progression.

**Why:** Tuberculosis (TB), a chronic bacterial infection, and other high risk communicable diseases are a serious public health concern. Persons with infectious TB lung disease or other high risk communicable diseases can spread the infection to others if not detected and treated.

Performance Measure	FY 08-09 Results	FY 09-10 Plan	FY 09-10 Anticipated Results (1 <sup>st</sup> Quarter Results)	FY 10-11 Plan
Individuals with active TB disease completing prescribed treatment.	85.2% Exceeded FY 08-09 plan/target of 83%	83% [new CA 2010 objective]	88.1%	83%
Epidemiological investigations of high risk communicable diseases (e.g. hepatitis A, meningococcal disease and <i>E. coli O157:H7</i> ) that are initiated within 24 hours of receipt of faxed reports.	100% (4th quarter 08-09) Exceeded FY 08-09 plan/target of 95%	95%	100%	95%

**How are we doing?** The Agency exceeds the target set for these two indicators and continues to meet or exceed the targets. The Agency continues to successfully work with public and private partners to identify and treat individuals with active tuberculosis (TB) disease and conduct TB contact investigations at the jail, skilled nursing facilities, businesses and schools; thereby preventing further TB transmission and potential community outbreaks.



**GOAL #4: PREVENT AND MITIGATE ENVIRONMENTAL HAZARDS**

**Strategies to meet Goal #4:**

- 4.1 Recreational water protection.
- 4.2 Retail food protection.

**Performance Measurement Goal #4**

**What:** Protect the public’s health from environmental hazards.

**Why:** To quickly investigate and reduce environmental threats to community health that are associated with unsafe ocean and recreational water quality and foodborne illnesses, which impose a burden on public health.

Performance Measure	FY 08-09 Results	FY 09-10 Plan	FY 09-10 Anticipated Results (1st Quarter Results)	FY 10-11 Plan
Initiate water quality and epidemiological investigations of recreation and ocean water quality illness complaints within 24 hours of receipt of report.	100% Exceeded FY 08-09 plan/target of 95%	95%	At time of reporting, no complaints have been received.	95%
Initiate food borne illness outbreak investigations within 24 hours of receipt of notification.	98% Exceeded FY 08-09 plan/target of 95%	95%	100%	95%

**How are we doing?** Results indicate that the Agency consistently exceeds the target goal of 95% to investigate recreational ocean water quality illness complaints within 24 hours of receipt. However, possible future reductions in local level funding may impact the Agency’s ability to respond to recreational water quality complaints in a timely manner. The Agency is currently coordinating with OC Watershed in an effort to increase recreational water monitoring. The [www.ocbeachinfo.com](http://www.ocbeachinfo.com) website is in the process of being updated to provide linked data and maps detailing beach closures and postings.

Results indicate the Agency consistently exceeds the target goal of 95% to initiate foodborne illness outbreak investigations within 24 hours of receipt. In an effort to increase public awareness of food safety at food facilities, new restaurant inspection notification seals have been implemented. The enhanced inspection seals include bolder and more distinct wording indicating “Passed,” “Reinspection Due – Pass,” or “Closed.” They provide an “at-at-glance” status of the food facility and assist patrons in making an informed decision regarding food safety prior to entering the food facility.



## GOAL #5: DISASTER PREPAREDNESS & RESPONSE

### Strategies to meet Goal #5:

5.1 Readiness to respond and mobilize in a disaster.

### Performance Measurement Goal #5

**What:** Ensure that Orange County is well-prepared and equipped to respond to an emergency, disaster, or other health hazard.

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

Performance Measure	FY 08-09 Results	FY 09-10 Plan	FY 09-10 Anticipated Results (1 <sup>st</sup> Quarter Results)	FY 10-11 Plan
Points of Distribution Sites (PODS) ready to activate and dispense medications or administer vaccination.	5 sites. Did not meet FY 08-09 plan/target for 14 new sites.	14 new sites	11	18 new sites
<p><b>How are we doing?</b> The Health Disaster Management Division has partnered with nine cities since FY 08-09 to begin the identification and development of POD sites in Orange County. At this time, all nine cities have identified their recommended number of sites (30 total), which will be planned during FY 10-11 to ensure completed site plans are available in the event that they are to be activated to dispense medications or administer vaccinations to the public.</p>				



## GOAL #6: TREATMENT AND CARE

### Strategies to meet Goal #6:

- 6.1 Improving treatment outcomes for behavioral health clients.
- 6.2 Medical assessment of detained juveniles.

### Performance Measurement Goal #6

**What:** Provide quality treatment and care to improve physical health, mental health, and reduce dependency on public resources.

**Why:** Mental disorders and substance abuse are the leading causes of disability. Mental illness can affect persons of any age, race, religion or socioeconomic status, and is treatable through pharmacological and psychosocial treatment supports.

Performance Measure	FY 08-09 Results	FY 09-10 Plan	FY 09-10 Anticipated Results (1 <sup>st</sup> Quarter Results)	FY 10-11 Plan
Adolescents and adults in alcohol and drug treatment who are discharged with satisfactory progress combined with those who are still in treatment.	73.2% of clients completed or remained in treatment. Exceeded FY 08-09 plan/target of 70%	70%	86.4%	73%
Hospitalization avoided for children and youth served in the In-Home Crisis and Crisis Residential programs, during time admitted and 60 days post discharge.	89% Exceeded FY 08-09 plan/target of 80%	90%	94%	90%.
Provide medical assessment to detained juveniles within 96 hours after intake.	98.5% Met FY 08-09 plan/target of 98%	98%	98%	99%

**How are we doing?** For 2008-09, ADAS set a goal of improving alcohol and drug treatment completion and retention among the adolescent and adult populations. The target was set at 70%, which was exceeded. Of the 13,134 clients that were admitted, 73.2% completed or remained in treatment. Studies show that retention (length of stay) in treatment is critical to long-term success in substance abuse treatment.

The In-Home Crisis and Crisis Residential programs fill a gap in the continuum of care. They provide alternatives to inpatient hospitalization for families in crisis. They teach families how to resolve conflicts and avoid crises in the future. The programs are short-term so that families develop skills without becoming overly dependent on outside assistance. Before these programs became available, the lives of many families were disrupted with expensive and unnecessary hospitalizations while others were left to resolve issues with minimal assistance. Feedback from program participants is extremely positive. The 90% hospitalization avoidance target level is an optimistic one but one that the programs are currently achieving.

Title 15 and California Medical Association's Institute for Medical Quality (the accreditation body for Juvenile Health Services (JHS) requires a medical assessment to be performed. To insure that timely identification of conditions necessary to safeguard the health of minors and compliance with the standards are met, JHS conducts a medical assessment within 96 hours of admission to detention facilities. Routine chart reviews are conducted by senior staff to insure compliance. 100% compliance is hindered when a minor refuses to be assessed or by a delayed booking (hospitalized minor) case.



## GOAL #7: PROVIDE ACCESS TO HEALTHCARE

### Strategies to meet Goal #7:

- 7.1 Assist clients without health insurance to apply for coverage.
- 7.2 Provide assistance to vulnerable populations accessing services.

### Performance Measurement Goal #7

**What:** Provide outreach, enrollment and retention services to help residents access quality health care.

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

Performance Measure	FY 08-09 Results	FY 09-10 Plan	FY 09-10 Anticipated Results (1 <sup>st</sup> Quarter Results)	FY 10-11 Plan
Family Health clinic clients lacking health insurance that are referred to certified application assistors.	89% Exceeded FY 08-09 plan/target of 75%	90%	96%	90%
Persons eligible for Federal reimbursement under the Coverage Initiative	31,440 Exceeded FY 08-09 plan/target of 20,290	Maintain enrollment between 18,000 to 25,000 members.	34,101	Maintain enrollment between 18,000 to 25,000
Children case managed by California Children's Services (CCS) programs that have a documented medical home.	As of June 30, 2009, 88% of active CCS cases had a documented medical home. Did not meet FY 08-09 plan/target of 90%	90%	89%	90%

**How are we doing?** Children seen through the Family Health Children's Clinic at 17th Street, Santa Ana are screened to verify income eligibility for a State funded Child Health and Disability Prevention (CHDP) comprehensive physical exam. Upon electronic approval, clients become registered by the State to receive a mailed application for Medi-Cal or the Healthy Families Program. However, studies have shown that few families follow through with the application and, as such, remain uninsured. HCA participates in a local initiative to assist families in completing the application process following their clinic visit. SSA eligibility technicians and St. Joseph Hospital System certified application assistors complete and file applications on behalf of the families. Progress is then tracked from certification, through to doctor appointment and first visit.

Coverage Initiative enrollment is exceeding expected limits due to the current economy (higher unemployment). MSI is maintaining delivery of services to all who meet eligibility requirements and maintaining its network of providers who are experiencing lower reimbursement rates.

CCS continues to monitor children's cases that are managed by the CCS program for documented medical homes. FY 08-09 year-end results were 88% of the 90% targeted plan; 2% below target. The 90% target plan remains the same for FY 09-10. The result for the first quarter of FY 09-10 was 89%, which is an increase from last FY 08-09 year end results of 88% and only 1% away from target. CCS monitors documented medical homes on a quarterly basis. Some of the challenges in meeting the goal are: 1) the referral information is not always available or is omitted, or clients do not have a documented medical home; and 2) limitations of the State Children's Medical Network (CMS Net) system prevents us from accessing cases that do not have a documented medical home. CCS is required to provide outreach and referral to non documented medical home clients. CCS has in place a referral process for the Child Health and Disability Prevention (CHDP) program for clients to obtain a medical home. CCS is currently working with the State to provide a report that will identify cases in the CMS Net system that do not have a documented medical home so we can provide outreach and referrals for these clients.

## GOAL #8: STAFF DEVELOPMENT

### Strategies to meet Goal #8:

8.1 Provide leadership development, training and education to Health Care Agency workforce.

### Performance Measurement Goal #8

What: Encourage excellence by ensuring a healthy work environment that promotes quality employees.

Why: To prepare HCA's next generation of leaders.

Performance Measure	FY 08-09 Results	FY 09-10 Plan	FY 09-10 Anticipated Results (1 <sup>st</sup> Quarter Results)	FY 10-11 Plan
To provide a Leadership Development Program (LDP) available to all Health Care Agency employees to prepare Agency's next generation of leaders.	For CY 2008, 14.2% of HCA staff participated. Exceeded FY 08-09 plan/target of 10%	Maintain or exceed participation level of 10% of entire HCA workforce in the LDP.	As of 10/6/09, 14.3% of workforce participating in LDP.	Maintain or exceed participation level of 10% of entire HCA workforce in the LDP.
HCA safety will develop and fully implement a New Employee On-line General Safety Training.	N/A New Measure	50%	As of FY09-10 Q1, Employee On-Line General Safety Training was 50% completed (or planning was completed)	100%

**How are we doing?** HCA's Leadership Development Program continues to exceed its participation goal of 10% of the agency. HCA began partnering with OC Waste & Recycling (OCWR) at the start of the 2009 Fall semester in order to share resources, maximize cost effectiveness, and create networking opportunities in exchange for OCWR participation in HCA's Leadership program. A similar partnership with OC Public Works is scheduled to be implemented with the Winter/Spring semester of classes. Also scheduled for January 2010 will be the LDP's third graduating class of employees.





## GOAL #9: SUPPORT SERVICES

### Strategies to meet Goal #9:

9.1 Improve abilities of support service departments to respond to program needs.

### Performance Measurement Goal #9

**What:** Identify and support the workforce through effective use of technological and other resources.

**Why:** To provide internal support to programs so that they can effectively provide core services to the community.

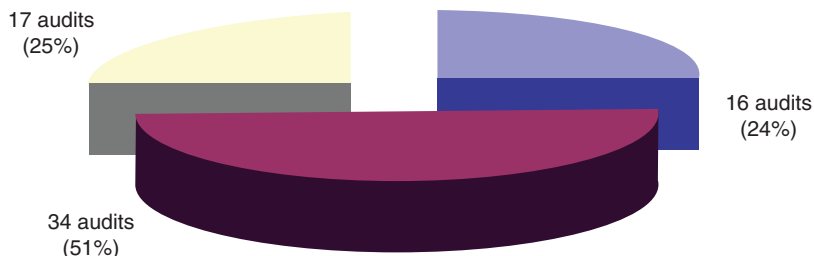
Performance Measure	FY 08-09 Results	FY 09-10 Plan	FY 09-10 Anticipated Results (1 <sup>st</sup> Quarter Results)	FY 10-11 Plan
Perform comprehensive review and testing, and aid in the development of the newest release of Cerner Millennium (release 2007.x Revenue Cycle Ambulatory) that includes all currently deployed modules; and implement.	20% Did not meet FY 08-09 plan/target of 50% completion	100%	25%	N/A
Agency Services/Custodian of Records implementing a new system of conversion and storage of Agency records in the form of digital images.	N/A - New Measure	50%	As of FY09-10 Q1, the records conversion project was 50% completed.	100%
Complete a (RFP) Request For Proposal for the Replacement of the CMS "Chart System"	N/A – New Measure	50%	50%	100%
Complete audits of contractors to ensure that compliance with contract terms are met.	67 audits Exceeded FY 08-09 plan/target of 50 audits.	50 audits	36 audits	50 audits

**How are we doing?** This project is a major hardware and software upgrade to HCA's Integrated Records Information System (IRIS) and is intended to position the Agency for future technology developments, such as implementation of Electronic Health Records, which will aid Program areas in the accomplishment of their missions. Detailed project plans and system configurations were completed by the close of FY 2008-09. Funding was allocated in the approved FY 2009-10 budget and necessary hardware and system development fixed price contracts were negotiated and subsequently approved by the Board in October, 2009. Hardware installation has begun and is anticipated to be completed in December 2009. A key project component, revision and upgrade to the ProFit software billing module, is underway and on schedule for a February 2010 implementation.

FY 09/10 audits are on target and it is anticipated that FY 09-10 year end results will exceed the goal of 50 audits as well. Audits were completed in a timely manner despite staffing shortages and budget constraints. Such reviews help in correcting areas that may not be identified during the course of normal business. Contract providers are selected after a strategic evaluation and selection process. All reports are reviewed and follow up is conducted to ensure compliance with relevant policies and procedures. These audits have helped management in addressing areas effectively and efficiently. Contract Development Management strives to meet its future audit goals and looks forward to playing a key role in aiding HCA meet its strategic objectives and goals.

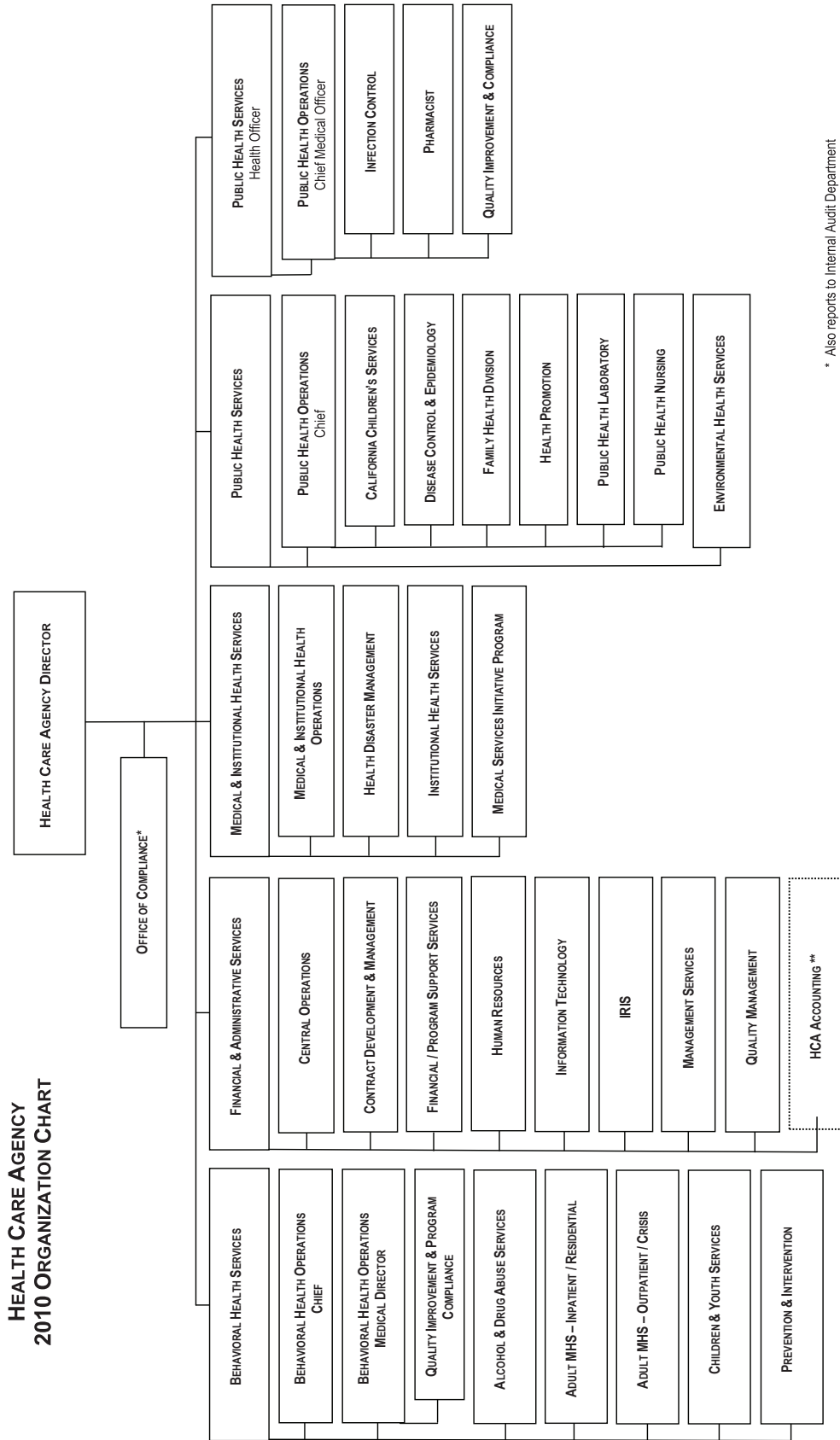
### FY 08-09 Audits Completed by Service/Program Areas

- BHS
- ADAS
- PHS



# Appendix A

## HEALTH CARE AGENCY 2010 ORGANIZATIONAL CHART



\* Also reports to Internal Audit Department

\*\* Dual reporting relationship with Auditor/Controller.

The Health Care Agency's 2009 Supplemental Business Plan contained nine Agency goals, 15 strategies, and 20 Performance Indicators. Most of the Performance Indicators were accomplished except for three that were partially accomplished. The following is a summary of the Agency's unanticipated significant accomplishments completed in support of the goals and core services reported in the 2008 Business Plan and updated in the 2009 Supplemental Business Plan.

- 1. The Health Care Agency responded to the 2009 Pandemic H1N1 Novel Influenza.** Since the beginning of the pandemic H1N1 influenza outbreak in the spring of 2009, HCA has participated in regular guidance and coordination with the California Department of Public Health and the U.S. Centers for Disease Control and Prevention. HCA's Public Health Services and Health Disaster Management Division have been working nonstop with state and local partners in responding to the H1N1 pandemic and also planning for regular seasonal influenza activity in the fall/winter – particularly the availability of both seasonal and H1N1 influenza vaccine in the fall. Pandemic H1N1 influenza is a particular concern for pregnant women, younger persons and adults with chronic medical conditions.
  - **The Health Disaster Management (HDM) Division operated the Agency's Health Strategic Operations Center (HSOC) during the H1N1 response.** The HSOC is comprised of two adjoining facilities; the Agency's Health Emergency Operations Center (HEOC) and the Strategic Warehouse. Both facilities proved their critical value during the complicated preparation and response activities related to the 2009 H1N1 Novel Influenza Pandemic. The HEOC was activated in April and coordinated HCA's influenza response activities in support of Public Health Services. The Strategic Warehouse enabled the County to receive, organize, track and distribute needed medications and equipment funded by grants or requested from the State and Federal caches. Since April of 2009, influenza vaccines, antiviral medications, 750,000 N-95 respirators (masks), and additional emergency supplies, have passed through or are stored for distribution at the warehouse. These activities are critical to ensuring a healthful environment for Orange County residents.
  - From July through October, in response to the H1N1 Novel Influenza Pandemic, the **Health Disaster Management (HDM) Division hosted four regional tabletop exercises, a Law Enforcement workshop, and a County-wide H1N1 Preparedness Summit.** The goals and objectives of these events were: to provide updated information about the H1N1 Novel Influenza Pandemic; to discuss agency and organizational responses to the Spring 2009 H1N1 outbreak; to clarify H1N1 roles and responsibilities within communities and organizations; to identify successes and challenges from lessons learned; to improve communication and collaboration among attendees and their parent entities; and to improve planning and response efforts in anticipation of an increase in H1N1 Influenza cases. This was in keeping with HCA's longstanding leadership role in safeguarding Orange County's communities and residents. Among the 550 attendees were representatives from emergency management, hospitals, community clinics, law enforcement, fire, cities, school districts, long-term care facilities, ambulance service companies, the business community and other stakeholder groups.
  - **Public Health Services implemented a mass vaccination effort focused on high risk target groups. The mass vaccinations conducted in 5 separate locations around the county were able to provide H1N1 vaccines to 9,059 high risk individuals.** Programs staffed appointment clinics to vaccinate pregnant women, vulnerable children enrolled in CCS, and any community members in the targeted groups for H1N1 vaccine. Appointments were accommodated within 24 hours of request and Saturday clinics were offered. Over 7,000 individuals in the target groups were vaccinated in the HCA clinics. Public Health Services led the H1N1 Project Team including vaccination, public health laboratory and surveillance, and

public information/communications workgroups to coordinate and support efforts with a wide range of government, business and public stakeholders. HCA worked closely with school districts, hospitals, community clinics and medical providers, and key stakeholders for each target group to support community vaccination efforts, coordinate distribution of vaccine, provide health education through community presentations, and serve as a resource for medical providers for prevention and treatment recommendations. Communication efforts included an enhanced HCA web presence around H1N1 and expansion of the Agency's health referral line capabilities to meet the huge demand from the public for H1N1 information. Since September, over 18,500 calls were received on the health referral line. The public health laboratory tested over 3,900 diagnostic specimens for influenza and implemented molecular testing and confirmation to speed information on H1N1 activity in the County.

2. **Emergency Medical Services designated nine hospitals as Orange County Stroke Neurology Receiving Centers.** Collaborating with stroke advocates and healthcare specialists HCA developed and implemented a comprehensive county-wide stroke response system, the first of its kind in the nation. Recent medical research shows that new treatments and aggressive rehabilitation are associated with better outcomes for stroke victims. On April 20, 2009, paramedics began using a locally developed triage assessment to screen for patients that would benefit from these advanced therapies. Nine hospitals were designated as Orange County Stroke Neurology Receiving Centers (SNRC), offering stroke experts, cutting edge technology, and rehabilitative services. An initial study, encompassing the first 6 months, shows that 494 patients were triaged to SNRC hospitals. Half were diagnosed with an ischemic or hemorrhagic stroke and 28.3% received acute intervention. Anecdotal reports from the SNRCs indicate that patients who benefit from the system have improved outcomes and fewer long term disabilities. Expectations are that future analysis of the data will document reduced morbidity and mortality.
3. **Environmental Health protects the health of the community.**
  - **In October 2009, HCA's Environmental Health began posting new and enhanced inspection**

**seals at over 15,000 retail food facilities in Orange County.** The enhanced inspection seals include bolder and more distinct wording indicating "Pass," "Reinspection Due – Pass," or "Closed." The new seals provide an "at-a-glance" status of the food facility and assist patrons in making an informed decision regarding food safety prior to entering the food facility. To implement the new seals, 10 free workshops were provided to restaurant owners and operators; and notification to all operators was made during their previous inspections leading up to the change on October 1, 2009. To date, over 2,400 seals have been posted throughout Orange County and public response has been positive. It is anticipated that by March 1, 2010 all food facilities throughout the county would receive the new Notification Seal.

- **Environmental Health has provided over 3,000 consultations to make pools safer and prevent drowning.** On October 11, 2009, Assembly Bill 1020 was signed into California State law. This bill adds Section 116064.2 to the California Health and Safety Code, and incorporates provisions of the federal Virginia Graeme Baker Act into California State law. The new law is intended to prevent suction drain entrapments and drownings by requiring that all public pools be retrofitted with approved drain covers; that every suction drain on a pool have a split (dual) drain; and that pools be equipped with a safety vacuum release system or an automatic pump shut-off system. The law applies to over 7,000 Orange County regulated pools. To assist Orange County's public pool operators/owners in complying with the new law, Environmental Health has conducted meetings, provided written information, and received over 650 plans to review and approve.
- **Environmental Health is launching a business friendly web portal called Business Portal OC to allow forms to be submitted electronically.** The initial driving force for this system was the need to provide Orange County's emergency responders with chemical data during a response incident. Hazmat teams in Orange County currently do not have this data available to them electronically. Assembly Bill 2286 which became effective on January 1, 2009 requires all Unified Program Agencies to implement electronic reporting. The portal is now operational for the City of Brea's hazardous material disclosure program, and Environmental Health is currently working with ten other local fire departments to facilitate their connections to the portal. Newport

Beach Fire Department is scheduled to go live in February 2010, and all others will be added before the legislative deadline in 2013.

4. **Public Health Nursing expanded services to homeless clients through the Comprehensive Health Assessment Team for the Homeless (CHAT-H).** To respond to the complex medical needs of homeless clients, a comprehensive approach to medical care was developed through the mobile unit teams (MUT). CHAT-H identified community partners interested in providing medical care through mobile medical vans in accessible locations such as shelters, soup kitchens, residential motels, and parks. The CHAT-H team coordinated the services of social workers, application assistance for MSI and Medi-Cal, and mental health specialists to complement medical and public health nursing care. Over 18 months, 1,218 individuals received services during 52 clinics at 12 different sites. It is estimated that 300 individuals applied for Medical Services Initiative coverage through the outreach of the MUT teams thus promoting ongoing access to healthcare services for this population. The Mobile Clinics received a 2009 California State Association of Counties (CSAC) Merit Award for innovation in county government in service to needy Orange County residents.
5. **The Medical Services Initiative (MSI) exceeded its goals for providing health care access for indigent adults.** Orange County was one of 10 counties selected to receive federal Coverage Initiative Grant funds to expand healthcare access and services for indigent adults to include primary and preventative health care. The first year of the grant period was September 1, 2007 through August 31, 2008. All counties were required to ensure that all services claimed to the Coverage Initiative grant were provided to persons who provided documentation of legal residency or citizenship. Orange County was one of the first counties to successfully meet this requirement and, as a result, exceeded its contract requirements regarding the number of persons to be served. Claims to the State also exceeded Orange County's allocation by \$8 million and the State reallocated first year funding from those counties who were not able to successfully document and claim the entire amounts of their allocations. Funding was received by Orange County in August and approved for distribution to hospitals on August 25, 2009.
6. **Institutional Health Services (IHS) improved efficiency by providing in-house specialty clinics.** Inmates and juveniles requiring specialty clinic services not provided in the correctional settings must be transported from the correctional facility to a contract hospital for services. This process is cumbersome and delays treatment due to: competing transportation logistics, increased costs for transportation involving vehicles, fuel, and security staff; and increased risk to the community and security each time an inmate is removed from the secure location. IHS has begun piloting in-house specialty clinics. The first two operational clinics are Optometry and Obstetrics. These clinics have reduced backlog for outside clinic appointments, reduced transportation costs, reduced risk, and allowed custody staff to utilize their time on other priority security needs.
7. **Behavioral Health Services (BHS) has continued implementing the Mental Health Services Act.**
  - **In June of 2009, BHS was awarded \$72.5 million for the Community Services and Supports (CSS) component of the Mental Health Services Act (MHSA).** Full Service Partnerships (FSPs) are an outstanding example of the type of program offered through the CSS component of MHSA. FSP clients are provided an array of intensive services and supports using a "whatever it takes" approach. Data collected on FSP programs has shown substantial positive outcomes. For example, data from Adult FSPs (comparing a twelve month period before entering the program to annualized data after entry) show a 74% decrease in homelessness, an 84.5% decrease in incarcerations, a 52% decrease in hospitalizations, a 12.5% increase in employment, and an 80% increase in enrollment in educational programs.
  - **The State Department of Mental Health approved the Prevention and Early Intervention (PEI) plan and awarded BHS \$32 million** to implement new programs that will prevent mental illnesses from becoming severe and disabling. Since onset of serious mental illness most often occurs by age 25, up to 75% of the PEI funds are targeted to serve the population 25 years and younger.

- **BHS conducted a community planning process for a Technological Needs Project to move toward the goal of implementing a fully integrated electronic health record.** The Agency was awarded approximately \$3.3 million to accomplish the activities described in the plan.

- **There has been significant progress in implementing the Workforce Education and Training (WET) component of MHSA.** Through the WET program, over 450 BHS and contract provider clinicians completed a series of trainings presented by UCLA on “Competency in Treating Co-Occurring Disorders.” Another WET training program provides education that enables consumers to enter the work force and obtain jobs related to mental health services. Through this program, thus far, 38 program participants have become employed.

- **BHS collaborated with HOMES, Inc. and Jamboree Housing on the construction of a 25-unit apartment complex in Anaheim named Diamond Apartments.** These apartments house low-income, seriously mentally ill clients and provide access to the supportive services needed to achieve and maintain wellness.

- **MHSA focused on increasing access to behavioral health and supportive services for military veterans and their families.** This past year, many veterans returned to the community with Post Traumatic Stress Disorder, Traumatic Brain Injury, and/or severe depression. A new position, Veterans’ Services Coordinator, was created to guide services for these veterans. Programs that either have been implemented or are under development include a Veterans’ Court and a drop-in center (the Drop Zone) at Santa Ana Community College to provide an on-campus resource for veterans.

**8. Public Health improved services to the community:**

- **Family Health clinics centralized staff and improved efficiency.** Driven by the economic downturn, Family Health Clinic operations were downsized significantly and resources refocused to the primary clinic location in Santa Ana. With two-thirds less staff than a decade ago and a paradigm shift to a clinician-driven care delivery model, clinic productivity actually increased

dramatically. Children’s clinic visits jumped from 550 a month to as high as 940 per month. Family Planning visits jumped from the goal of 100 per month to a high of 300 a month.

- **The Nutrition Services Program implemented the first nationwide change to the Women, Infants and Children (WIC) food package in 35 years.** On October 1, 2009 WIC participants in California received new vouchers that reflected the Institute of Medicine’s recommended changes to align WIC foods with the Dietary Guidelines for Americans and recommendations from the American Academy of Pediatrics. These nutrient-dense, lower-fat items replaced some of the juice, milk, cheese and eggs traditionally offered by WIC to low-income pregnant women and their children under age five. The WIC food changes allow WIC participants to eat more fruits and vegetables; eat foods lower in saturated fat; increase whole grains and fiber; drink less sweetened beverages and juice; and to breastfeed. With the new program, the average WIC food package is worth about \$62/month and impacts 35,000 HCA WIC participants and about 100,000 WIC participants county-wide. Between HCA WIC and the other three private sector WIC providers, Orange County’s WIC recipients will redeem about \$6.8 million in new WIC vouchers annually – a plus for the health of WIC clients and the economy.

- **The Medical Therapy Program opened the Irvine Medical Therapy Unit (MTU) on February 17, 2009, bringing the total number of county MTUs to twelve.** The California Children’s Services Medical Therapy Program provided 64,313 occupational and physical therapy appointments to frail children in need. Of these, 655 home visits and 872 school visits were conducted to ensure that the child had the necessary durable medical equipment and consultation for the care providers to be successful in the home and community environments.

**9. During FY 2008-09, the Agency implemented \$34.8 million in reductions, deleted 30 positions, and shifted 177 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.

**10. The HIV Program implemented a \$2 million reduction by reprioritizing activities and improving program efficiency.** The decrease in State funding had the potential to impact the lives and services of over 1,800 Orange County residents living with or at risk of contracting HIV. In anticipation of the reduction, HCA, the HIV Planning Council, the HIV Prevention Planning Committee, the City of Santa Ana (Grantee for the federal Housing Opportunities for Persons with AIDS), and numerous community stakeholders worked together to address the crisis. The planning process led to a reprioritization of resources and the securing of a one-time \$415,000 increase from another funding source to offset the funding reduction. Service eligibility criteria were modified and the scope of services was adjusted to ensure that those in most need continued to have access to services. As a result of the work of HCA staff and the community, and in spite of the profound funding reduction and resulting loss of staff, services have continued with no interruption. HIV care and prevention services are provided in a more efficient and cost effective manner now and in the future.

# 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 2008-09.

	Program	Service Recipient	Type of Service	Fiscal Year 2008-09
1	Behavioral Health - Adult	Adults with mental illness and/or substance abuse problems	Persons served in the community	34,962
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	3,702
3	Behavioral Health - Children	Seriously emotionally or behaviorally disturbed children, substance abusing adolescents	Persons served in the community	16,602
			Persons served in County institutions (Orangewood, juvenile justice facilities)	3,929
4	California Children Services	Children with disabling or potentially disabling conditions	Case Management Services	13,125
			Medical Therapy Program Occupational and Physical Therapy visits provided	64,313
5	Family Health	Low income children	Child health clinic visits	10,500
			Child linkages to Child Health and Disability Prevention program community providers	85,000
		Children and Adults	Immunizations clinic visits	29,452
			Vaccines given	51,969
		Low income pregnant women	Prenatal care referrals	2,338
		Low income pregnant or parenting teenagers and siblings	Case Management	1,262
Low income women and their parents	Visits for contraception education/ methods for women & partners	2,603		
6	Family Health - Dental	Low Income Residents	Emergency dental care visits	3,687
		Low Income Children	General dentistry visits	930
		Persons with HIV or AIDS without resources	General dentistry visits	1,354
7	Family Health - Nutrition Services	Low income pregnant, postpartum, and breastfeeding women and children to age 5	Nutritional counseling and food vouchers given to women	94,934
		Low income pregnancy, postpartum, and breastfeeding women and children to age 6	Vouchers provided for infants and children	320,216
8	Epidemiology and Assessment	All County residents	Communicable disease reports	9,611
9	Employee Health	County employees	Initial/routine/return-to-work examinations and/or follow-up	13,607
10	Environmental Health	All County residents	Retail food facility inspections (initial and follow-up)	38,454
			Hazardous waste inspections (initial and follow-up)	7,049



	Program	Service Recipient	Type of Service	Fiscal Year 2008-09
11	Health Promotion	All County residents	Public education	228,005
			Target group education / technical assistance (includes former separately reported staff education and training technical assistance)	29,941
			Patient education / screening / referrals	30,234
12	HIV Test Sites	Persons at risk of HIV infection	HIV testing and counseling	6,032
13	HIV Clinic	Persons with HIV infection or AIDS without resources for medical care	Medical care and case management visits	13,835
14	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	16,941
		Medically high risk newborns		902
		Pregnant and parenting teens		3,344
		Persons in need of preventive health teaching and referral	Nursing consultation and case management and referral services	5,887
15	Specialized Public Health Nursing	Pregnant substance abusing and/or HIV infected women	Home visiting case management, assessment, counseling, teaching and referral services	4,349
		Children and youth who have allegedly been sexually or physically abused	Forensic or physical examination and consultation to medical professionals and law enforcement officials	687
		Children and youth in foster care/ out-of-home placement	Nursing consultation and case management services, social worker and foster parent training	37,416
		Adult CalWorks clients with barriers to self sufficiency	Home visitation and case coordination activities	13,165
		Older adults with unmet health care needs	Home visits for assessment, counseling / teaching, and case management. Home visits and phone visit contacts	3,136
		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	15,472
16	STD Clinic	Persons, primarily low income, with sexually transmitted diseases	Clinic visits for diagnosis and treatment of sexually transmitted diseases other than AIDS	10,181
17	Tuberculosis (TB) Control	Persons with TB infection but not active disease	Clinic visits for treatment of latent TB infection	8,786
			Number of unduplicated clients served	2,323
		Persons with active TB disease	Clinic visits for treatment of active TB disease	9,427
			Number of unduplicated clients served	3,136
		Persons with active TB disease or latent TB infection	Directly observed therapy visits for active disease or latent infection	37,009
			Number of unduplicated clients served	503

	Program	Service Recipient	Type of Service	Fiscal Year 2008-09
18	Emergency Medical Services (EMS)	All County residents and visitors	Total 9-1-1 EMS responses	156,794
			Paramedic transports to designated ER	55,364
			Trauma patients served by trauma center	4,908
		Emergency Medical Technician-1 (EMT-1)	Certification/recertification of EMT-1s	1,521
		Ambulance Providers	County licensure of EMT-1s	2,023
		Fire Departments	Local accreditation of paramedics	71
		Ambulance Companies and Fire Departments	Inspection and licensure of public and private ambulance vehicles	425
		EMT-1 and paramedic training programs	Review and approval of EMT-1 and paramedic training programs	6
		EMS Continuing Education (CE) Programs	Review and approval of EMS CE programs	15
		Designation of Specialty Center	Designation of Trauma Centers serving Orange County	1
			Authorization of specialty hospitals to receive field identified stroke patients	9
			Authorization of specialty hospitals to receive field identified heart attack patients	0
		Orange County Hospitals	Authorization/reauthorization of Mobile Intensive Care Nurses (MICN)	104
			Designation of Emergency Departments authorized to receive Advance Life Support (ALS) or Paramedic level patients	3
19	Institutional Health	Incarcerated adults	Medical screening assessments	61,889
			Sick-call visits (medical/dental)	207,323
			Behavioral Health assessments	73,410
		Detained juveniles	Comprehensive intake assessments	11,214
			Sick-call visits (medical/dental)	37,985
20	Medical Services Initiative (MSI)	Low income adults	Total MSI enrolled users	30,395
			Hospital unduplicated counts	11,101
			Paid hospital inpatient days	26,906
			Total emergency room (ER) visits	19,200
			Outpatient services	33,629
			Total physician services	318,498





**County of Orange  
Health Care Agency**

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