

"Working Together for a Healthier Tomorrow"



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Health Care Agency Director
April 2008

County of Orange Health Care Agency

2008 Business Plan





COUNTY OF ORANGE
HEALTH CARE AGENCY

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Dear Readers:

I am pleased to present the Health Care Agency's 2008 Business Plan. It is my hope that our 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 include our efforts to control the spread of disease, ensure that recreational waters are safe, and help people deal with addictions.

The 2008 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 2008-09, as in recent years, HCA will face a significant number of challenges. One of our potential challenges is the proposed Health Care Reform. 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.

The Business Plan acknowledges the role of our public and private partners in serving the community. Working collaboratively, we will continue to make progress towards 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.

Juliette A. Poulson, RN, MN
Director

Health Care Agency 2008 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 2,775 employees and numerous community-based contractors who are responsible for providing a wide range of services to protect and promote the health of the Orange County community. The Agency is very active in building and maintaining partnerships to ensure the highest quality of life standards are available to our residents. The staff of HCA remains focused on the Vision, Mission, and Values of the organization.

OPERATIONAL PLAN

This section is composed of two parts, the environment and 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

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. The Health Care Agency's

programs and services can be broadly divided into three types:

- Services for the Community at Large, includes ocean recreational water protection, food sanitation, hazardous waste management, animal care services, control of communicable diseases, response and recovery from disasters, and health promotion services.
- Preventive Services for At-risk Individuals, includes substance abuse services, mental health services, identification and protection of individuals from specific health problems (i.e., diabetes, obesity, and other acute or chronic diseases), and initiatives to increase access to health care services.
- Intervention/Treatment Services for Individuals, includes behavioral health services, increased access to health care, support services for persons with HIV/AIDS, and therapeutic services for disabled children.

Challenges

HCA has crafted new performance plans for FY 2008-09 that recognize current and projected fiscal constraints, in addition to identifying new funding sources. However, there are other ongoing and potential challenges that may inhibit progress. These challenges can be divided into three categories: financial, workforce, and regulatory.

Financial – HCA continues to face financial challenges to the Agency at both the State and Federal levels. The major anticipated challenge for FY 2007-08 is continuing to provide essential

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

services with limited resources. There is an increased “cost of doing business” due to increases in salary, retirement, medical insurance, and other expenses, while most program and County General Fund revenues have increased very little. At the same time, Realignment funding, HCA’s largest single revenue source, has not kept pace with program costs.

Workforce – HCA has a need to recruit, hire and maintain qualified staff for jobs that require specific certification or expertise such as nurses, physician specialists, and microbiologists. Another workforce challenge is responding to the changing demographics of the Orange County community, including growth in adolescents, older adults, Hispanic and Asian/Pacific Islander populations.

Regulatory – The Federal Health Insurance Portability and Accountability Act (HIPAA) continues to be a challenge for HCA because it imposes sweeping system-wide changes to health care industry standards for the storage, transmission and processing of health care information. Federally imposed deadlines for HIPAA standards will continue through at least 2010 with continual auditing and monitoring for compliance.

Resources

HCA’s adopted budget for FY 2007-08 is \$568 million in net expenditures. There are 2,775 budgeted positions and approximately 200 different funding sources. State and federal funding allocations and locally generated fees account for 84% of Agency funding; County General funding comprises the remaining 16%. Private sector service contracts make up almost one-half of the Agency budget expenditure.

ACTION PLAN

Strategic Goals and Strategies to Accomplish Goals

The Health Care Agency’s 2008 Business Plan contains goals and performance strategies developed with the input of all HCA service areas. They support the vision, mission and goals of the Agency and the priorities of the Board of Supervisors as outlined in the Strategic Financial Plan and approved budget. The Agency’s six goals include:

1. Prevent Disease and Disability and Promote Healthy Lifestyles

- 2. Promote and Ensure a Healthful Environment**
- 3. Assure Access to Quality Healthcare Services**
- 4. Recommend/Implement Health Policy and Services based on Assessment of Community Health Needs**
- 5. (Business Strategy #1): Encourage Excellence by Ensuring a Healthy Work Environment that Values Employees**
- 6. (Business Strategy #2): Support the Workforce through the Effective Use of Technological and Other Resources.**

For a complete listing of the specific strategies to accomplish our strategic goals please see the Agency’s 2006-2010 Strategic Plan at <http://www.ochealthinfo.com/docs/admin/strategicplan/2007-StrategicPlan.pdf> (pages 6-9).

Accomplishments

HCA was successful in accomplishing most of the objectives set forth in the 2007 Business Plan. The following provides a brief summary of key accomplishments:

- Agency-wide, 250 staff responded to the 2007 Santiago Canyon wildfire incident.
- Increased access to health care by providing insurance application assistance and incentives for community clinics to enroll eligible persons.
- Implemented Proposition 63, the Mental Health Services Act, to improve and expand mental health services for adults, older adults and children.
- Completed construction of the Shellmaker Water Quality Laboratory, which will allow the Orange County Public Health Laboratory to offer rapid and high quality water testing to help detect and eliminate pollution sources in Orange County.
- HCA collaborated with the Court, Probation Department, Public Defender and District Attorney to implement two new Family Violence Collaborative Courts, one in West Court and one in North Court.
- Increased education and outreach efforts to promote a safe environment. Education programs were provided to food workers to

increase awareness and compliance with food safety practices. Fats, oils, and grease (FOG) inspections were conducted to reduce the amounts of fats, oils and grease disposed of in the sewage system.

- Improved HCA's ability to coordinate health care resources, volunteers, and municipal/community partners in the event of an emergency or disaster.
- Improved care for patients in an institutional setting through a digital x-ray screening program to improve screening rate for tuberculosis within the adult correctional facilities and provide education and support for new mothers in Juvenile Hall in the areas of prenatal care, nutrition, childbirth, breastfeeding, child development, child safety, and setting personal goals.
- Implemented a Leadership Development Program for staff.
- PublicHealth Services tested and implemented the IRIS (Cerner) Enterprise Data System, which streamlines patient registration and tracks laboratory results ordered at the various Public Health Clinics.



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.

The Health Care Agency updated its Strategic Plan in 2006, which reaffirmed its Vision, Mission, Values and Strategic Goals, and established new Strategies and Performance Measures. These statements serve as the Agency's foundation for setting priorities and making decisions.

Core Services

The services provided by the Health Care Agency to County residents are delivered through three core services: (1) Community Health, (2) Healthful Environment, and (3) Healthcare Access. The following is a description of each of the three core services and the service areas within the Health Care Agency that support each of the core services. The Agency's current organizational chart can be found in Appendix A.

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, and controlling and preventing diseases. The Health Care Agency's Public Health Services provide Community Health core 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. Divisions in Public Health that support Community Health core services are Family Health, Public Health Nursing, Public Health Laboratory, Disease Control & Epidemiology, and Health Promotion. A brief overview of the major functions of each division as it pertains to this core service is provided below.

Family Health programs include Clinical Services, Community Programs, and Nutrition/WIC Services. Family Health Clinics offer a variety of services to specific target populations, such as childhood physical examinations and immunizations

(including influenza and travel shots), and family planning. The clinics also provide dental health services for people living with HIV and children, as well as emergency dental services. Community Programs administer and manage the Child Health & Disability Prevention Program and Treatment Unit, the Childhood Lead Poisoning Prevention Program, the Adolescent Family Life Program and Cal-Learn (both of which provide guidance and resources to pregnant and parenting teens), the Immunization Assistance Program and Immunization Registry, the Perinatal Hepatitis B Project, the Comprehensive Perinatal Services Program including Prenatal Care Guidance, and the Children's Dental Disease Prevention Program. Nutrition Services is responsible for a variety of services and programs focused on healthy eating and physical activity, including the administration of WIC clinics, to improve the nutritional status of the general community and several priority subgroups.

Public Health Nursing provides community and in-home public health nursing assessments, health education, case management, referral and follow-up services to people at high risk for health problems associated with the aging process, communicable disease, active tuberculosis, and adverse outcomes of pregnancy and childbirth (including teenage pregnancy and nursing care to high risk infants and children). Specialized Public Health Nursing Services are also provided. Examples include Foster Care Public Health Nursing, CalWORKs (welfare to work), Child Abuse Services Team (CAST), Perinatal Substance Abuse Service Initiative/Assessment and Coordination Team, Preventive Health Care for the Aging, and the Senior Health Outreach and Prevention Program.

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 and Prevention for bioterrorism 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 research of recreational water pollution problems to help improve water quality in Orange County.

Disease Control and Epidemiology protects the health of Orange County residents by investigating individual cases of infectious diseases to determine the source of infection and prevent further spread

of disease. Communicable disease outbreaks from influenza, Tuberculosis, HIV, etc. are investigated and reported to the State Department of Public Health. This provides information for the State and the general public on important diseases that affect the health of the community. This division also coordinates county-wide HIV care and prevention services.

Health Promotion protects the health and safety of Orange County residents by educating individuals, organizations and communities in the prevention of 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.

HEALTHFUL ENVIRONMENT

The Health Care Agency provides services that promote and ensure a healthful environment for the community. The Health Care Agency's Medical and Institutional Health Service's Health Disaster Management and Public Health Service's Environmental Health Services and Animal Care Services provide Healthful Environment core services.

HEALTH DISASTER MANAGEMENT: The goal of Health Disaster Management is help the local medical community to prepare for, respond to, and recover from disasters and medical emergencies. This Division assists in the development of health related emergency plans, conducts disaster exercises, and administers emergency related state and federal grant programs. The Division includes the Bioterrorism Program and Emergency Medical Services (EMS). The Bioterrorism Program provides guidance on appropriate measures to prepare for any disaster or bioterrorism incident. EMS coordinates medical disaster planning and monitors the availability of pre-hospital and hospital emergency services and disaster response services. EMS provides oversight to all providers of emergency medical services, including fire departments, medical transportation providers, base hospitals, hospital emergency departments, trauma centers, and to the emergency medical technician and paramedic training programs in the County.

ENVIRONMENTAL HEALTH SERVICES:

Administers programs that protect public health and safety from harmful conditions in the environment. Services include restaurant inspections to ensure the safety of the food served to the public, ocean water quality monitoring, and inspections regarding the safe handling and disposal of hazardous materials and medical waste. Environmental Health enforces laws and regulations and uses education to inform the community about environmental health issues and thereby ensure food safety and protect water quality.

ANIMAL CARE SERVICES: Provides services to 22 cities and all unincorporated areas of the County to prevent animal-related injury, nuisance and disease through enforcement of health and safety standards. These services may include pet licensing, patrol services, and animal shelter services, depending on the city or location. The Orange County Animal Care Center houses and provides medical care for impounded dogs, cats and exotic animals. Adoption services are also available.

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. HCA's Behavioral Health Services, Medical and Institutional Health Services and Public Health's California Children Services provide Healthcare Access core services.

BEHAVIORAL HEALTH SERVICES: Provides culturally competent services for eligible county residents in need of mental health care and/or treatment for alcohol and other drug abuse. Services are provided countywide via county-operated and contracted programs. Behavioral Health Services is comprised of four distinct service areas: Adult Acute Services, Adult Recovery Services, Children and Youth Mental Health Services, and Alcohol and Drug Abuse Services. A brief overview of the major functions of each of these services is provided below.

Adult Mental Health Outpatient and Crisis Services (AMHS-Outpatient/Crisis) provides outpatient recovery services, crisis stabilization, and hospital diversion for adults, 18 years and older. 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.

Adult Mental Health Inpatient Services (AMHS – Inpatient/Residential) provides inpatient management, residential treatment, and supportive housing services to adult 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.

Children and Youth Services (CYS) provides a broad range of services for behaviorally, emotionally or mentally disordered 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.

Alcohol and Drug Abuse Services (ADAS) provides outpatient and residential treatment programs designed to reduce or eliminate the abuse of alcohol and other drugs in 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 persons who require methadone maintenance and detoxification, persons who have been diagnosed with both substance abuse and mental health problems (dual diagnosis), and individuals referred by the Orange County Drug Court.

MEDICAL AND INSTITUTIONAL HEALTH SERVICES: Medical and Institutional Health Services provides essential medical services to persons whom the county has responsibility, by law. Medical and Institutional Health Services is comprised of four distinct service areas, with Institutional Health Services and Medical Services Initiative providing Healthcare Access core services. A brief overview of these two service areas is provided below.

Institutional Health Services includes Correctional Medical Services, Correctional Mental Health, Juvenile Health Services, and Conditional Release Program. Correctional Medical Services (CMS) provides medical and dental care to individuals held in custody at five adult County correctional institutions: The Men's and Women's Jails, the Intake and Release Center, and the Theo Lacy and James A. Musick branch facilities. Correctional Mental Health (CMH) provides mental health services including 24-hour emergency triage and crisis intervention, suicide prevention, treatment beds, individual and group therapy, substance abuse counseling and a 12-step program, medication assessment and discharge planning to all adult inmates in the County's five correctional institutions. Juvenile Health Services (JHS) provides medical, dental, nursing, and pharmaceutical services at a community standard of care for children who reside in the county's six residential facilities operated by Social Services and Probation Departments and contracts with hospitals for inpatient and specialty care. Conditional Release Program (CONREP) is an Institutional Health Services grant funded special program targeted toward mentally ill offenders who reside in the community. The Conditional Release Program is part of the Department of Mental Health's statewide system of community-based services for judicially committed mentally disordered offenders.

Medical Services Initiative (MSI) is a safety net program responsible for the provision of medical care to Orange County's medically indigent adults. 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.

CALIFORNIA CHILDREN SERVICES: 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 as chronic medical conditions, 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.



Section II: Operational Plan

A. Environment

CLIENTS

HCA's broad range of programs impacts the entire County population, as well as the many tourists and business travelers who visit Orange County each year. While also 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 community as a whole.

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 facilities or other institutions. Additional information regarding caseload data is located in Appendix C.

Services for the Community

Many of the Agency's programs provide services for the community at large. These services include ocean recreational water protection, food sanitation, hazardous waste management, animal care services, response and recovery from natural or man-made disasters and control of communicable disease. Also, the Agency maintains a continuing emphasis on advocating safe and healthy lifestyles, with many efforts centered on prevention, disease management and health education efforts.

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.



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, and prevention services for those who may pose a threat to themselves or to others in the community. The 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, or Orangewood Children's Home. In fulfilling these responsibilities, HCA supports the Sheriff-Coroner, the Probation Department and the Social Services Agency.

Changing Demographics

HCA continues to plan for the future in light of our changing population. For example, as the number of senior citizens increases, the number of County residents with chronic diseases that contribute to death and disability will likely increase as well. As the size of the teenage population grows, the number of County residents prone to health risk behaviors (e.g., alcohol, tobacco, poor diet and insufficient exercise) will also grow. The number of at-risk individuals requiring prevention services, such as low-income families, the elderly and children, are likely to increase. Individuals requiring medical and/or behavioral health intervention and treatment services will inevitably increase.

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 2007-08 is financial – specifically, the challenge of continuing to provide essential services with limited resources. Other challenges, however, also remain. A summary of major challenges for FY 2007-08 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. An exception to this is increased funding for the Coverage Initiative which provides new and enhanced indigent health care services.

- 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's ongoing structural deficit continues to result in budgetary uncertainty for the Agency and the County.
- Both the Governor and Legislative Leaders have proposed extensive health reform packages. If either of these two plans is enacted it will have major ramifications in terms of costs. If the Governor's plan goes through as proposed, all counties in California will have to contribute funding to equal \$1 billion.
- The entire Statewide allocation of \$55 million (\$1.1 million for Orange County) for Services for Integrated Homeless Mentally Ill (AB 2034) has been eliminated in the State's adopted FY 2007-08 budget. The program targets a broad range of the population including adults, transitional age youth, veterans, older adults and women with children who are homeless or at risk of homelessness and who are chronically and persistently mentally ill. Mental Health Services Act funding has been provided as a one-time fix for counties; a long-term solution has not been identified.

- For FY 2007-08, Orange County will receive approximately \$8.3 million for both Proposition 36 (Substance Abuse Crime Prevention Act, SACPA) and the Offender Treatment Program (OTP). This allocation funds treatment, probation, court monitoring, vocational training, and certain other costs for non-violent drug abusers. The number of eligible Orange County participants, the severity of addiction, and the extent of their criminal history have all consistently exceeded initial expectations; consequently annual funding has fallen short of requirements.
- The voter approval of Proposition 1A in 2004 on local government financing will provide an increased degree of fiscal stability for HCA. This ballot measure affirms the utilization of a dedicated share of Vehicle License Fee Revenue to fund health, mental health and social services programs that were realigned from the State to counties in 1991. In addition, the measure requires the State to fund mandated programs or to repeal the mandate.

Workforce

- The Agency continues to experience difficulties in hiring qualified staff, especially for jobs that require specific certification or expertise. Examples include nurses, of which there is a nationwide shortage, physician specialists, and public health microbiologists. Recent salary adjustments should enhance our ability to recruit for these positions.
- Another continuing workforce challenge is the ability to respond to the changing social and demographic factors that affect Agency services. The expected growth in both adolescents and older adults and the increase in Hispanic and Asian Pacific Islander populations require working with the local educational system, recruiting for professionals, and increasing the number of culturally-competent workers attending and graduating from college.
- The Agency continues to focus on workforce training in collaboration with Central Human Resources, local colleges and universities. In addition, the Agency has a well-developed Cultural Competency program to provide assistance to staff in the effective delivery of services to all clients.

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. These regulations impose sweeping, system-wide changes to health care industry standards for the storage, transmission and processing of health care information. Federally imposed deadlines for compliance with HIPAA standards began in 2003 and will continue through at least 2010. These activities require continual review and modification of policies and procedures, on-going workforce training, technological upgrades, and data systems modifications as well as auditing and monitoring for compliance.

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, as follows:

- 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 will expand and enhance adult, older adult, and children's mental health services in the community. The estimated FY 2007-08 revenue for Community Services and Support is \$36 million. In future years, HCA will also receive new MHSA funds for workforce education and training, community services and support, prevention and early intervention, and for capital and technology improvements.
- 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 regularly scheduled 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. Additionally, the implementation of new technologies such as the Cerner Lab Module, the enterprise-wide clinical information system and other management information systems, will support revenue generation and meet compliance objectives, including HIPAA.

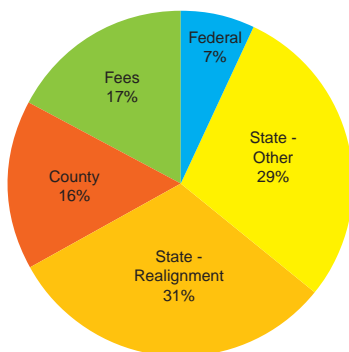
RESOURCES

HCA’s adopted budget for Fiscal Year 2007-08 is \$568 million in net expenditures, including \$246 million for Behavioral Health Services, \$160 million for Public Health Services, \$156 million for Medical and Institutional Health Service. There are 2,775 budgeted positions, numerous community-based contractors and approximately 200 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 almost one-half of the Agency budget. HCA’s largest single revenue source is known as State Realignment Funding, and accounts for 31 percent of Agency 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.

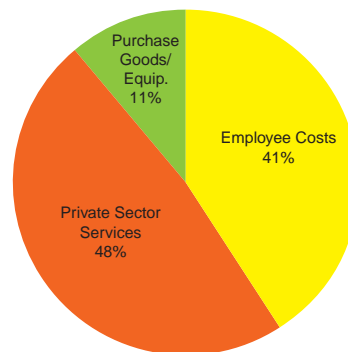
Other major sources of Agency revenue include: Medi-Cal, Mental Health Services Act (Proposition 63), Substance Abuse Block Grant, Tobacco Settlement Revenue, AB 3632 (Specialized Children’s Mental Health), and fees for services.



FY 2007-08 Funding



FY 2007-08 Budgeted Expenditures



B. Action Plan

Strategic Goals, Strategies to Accomplish Goals, Performance Measures

HCA's strategic goals and performance indicators describe how the Agency will achieve our Vision and Mission and deliver efficient and effective core services to the community. The criteria for identifying these selected performance indicators focused on being consistent with the Agency Strategic Goals, anticipated new funding or service mandates, and made a realistic assessment of available resources.

GOAL #1: Prevent Disease and Disability and Promote Healthy Lifestyles

Strategies to meet Goal #1:

- Reduce the prevalence of overweight/obese residents.
- Reduce the incidence/prevalence of communicable diseases such as Tuberculosis and Chlamydia.
- Improve capacity for disease detection, surveillance, investigation, and control.
- Increase community and in-custody health education and training.
- Increase coordination with primary care to reduce impact of chronic illnesses and infectious diseases.

PERFORMANCE MEASURE: Overweight/Obese Residents

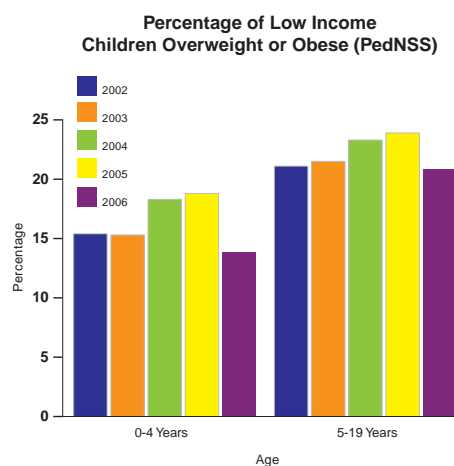
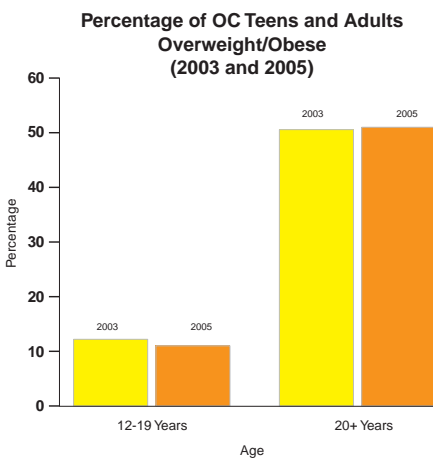
What: Reduce the prevalence of overweight/obese residents.

Why: Overweight and obesity are major contributors to many preventable causes of death and chronic diseases.

FY 06-07 Results	FY 07-08 Plan	FY 07-08 Anticipated Results	FY 08-09 Plan
<p>In 2005, 11% of teens and 51% of adults (20+ years) were overweight or obese.</p> <p>In 2006, 14% of low income 0-4 years old and 21% of 5-19 years old were overweight or obese.</p>	<p>Increase Public Health and community capacity to promote physical activity through development of a comprehensive tool kit binder and distribution of this binder to at least 50 planners of "Walk to School Day."</p> <p>Additionally, staff in Public Health's Family Health Division and Public Health Nursing Division routinely provide obesity messages related to breastfeeding, healthy eating, and physical activity at well over 150,000 encounters with the public each year.</p>	<p>"Walk to School Day" toolkits have been created and 98 toolkits have been distributed. As a result of the toolkits, 72 schools report conducting "Walk to School Day" and using components of the tool kit.</p> <p>Have provided assistance on joint use agreements between Santa Ana Unified School District in collaboration with Latino Health Access, which allow schools to be open for play space.</p>	<p>Increase community capacity to promote physical activity through distribution of at least 50 comprehensive tool kits to planners of "Walk to School Day" in Orange County.</p> <p>Continue providing obesity messages related to breastfeeding, healthy eating, and physical activity to residents served by the Family Health Division and Public Health Nursing Division.</p>

How are we doing?

The prevalence of teens who were overweight or obese decreased by 1% and the prevalence of adults (20+ years) who were overweight or obese remained unchanged (left graph). In 2006, the prevalence of overweight or obese low-income children 0-4 and 5-19 years showed a decline for the first time since 2002 (right graph).



PERFORMANCE MEASURE: Communicable Disease: Tuberculosis and Chlamydia

What: Reduce the incidence/prevalence of communicable diseases such as Tuberculosis and Chlamydia.

Why: Tuberculosis (TB) is a chronic bacterial infection and a serious public health concern because persons with infectious TB lung disease can spread the infection to others. Chlamydia infections are asymptomatic, going undiagnosed by clinicians, and therefore untreated. Untreated Chlamydia infection can result in pelvic inflammatory disease which is a leading cause of preventable infertility in the U.S. Chlamydia may also contribute substantially to the spread of heterosexually acquired HIV infection by making persons more prone to infection.

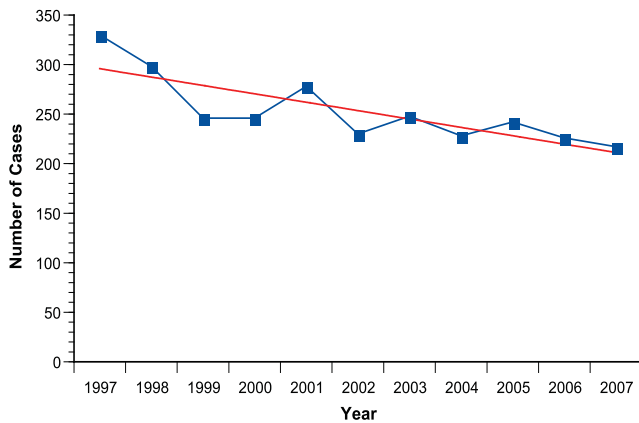
FY 06-07 Results	FY 07-08 Plan	FY 07-08 Anticipated Results	FY 08-09 Plan
Orange County reported 226 cases of TB and 7,948 Chlamydia cases in calendar year 2006.	<p>Develop and implement an electronic disease reporting system to improve capacity for disease detection, surveillance, investigation and control.</p> <p>Develop digital x-ray screening program and improve screening rate for tuberculosis within adult correctional facilities.</p> <p>Coordinate with primary care providers to reduce impact of chronic and infectious diseases.</p>	Orange County reported 217 TB cases in calendar year 2007, a 4% decrease from 2006. Chlamydia cases increased to 8,330 in calendar year 2007.	Continue implementation of an electronic disease reporting system to improve capacity for disease detection, surveillance, investigation and control by integrating the use of a laboratory reporting module.

How are we doing?

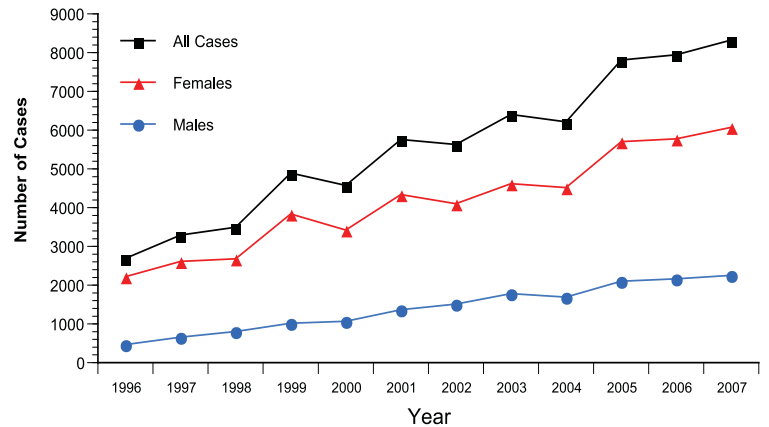
The rate of new TB cases continues a downward trend – specifically a decrease of 4% from the 226 cases reported in 2006 to 217 cases reported in 2007. There has been an overall trend of declining cases over the past 10 years.

The number of reported Chlamydia cases has nearly tripled, from 2,693 cases in 1996 to a high of 8,330 cases in 2007. On average, there has been a 17% annual increase over the past 10 years. The increase in Chlamydia cases have been, in-part, due to increased reporting efforts and not due to increased incidence of disease. Similar increases are also evident at state and national levels due to increased awareness and wider availability of improved, non-invasive testing.

Orange County TB Cases by Year of Report (1997-2007)



Orange County Chlamydia Cases by Year of Report (1996-2007)



GOAL #2: Promote and Ensure a Healthful Environment

Strategies to meet Goal #2:

- Ensure that Orange County is well-prepared and equipped to respond to an emergency, disaster, or other hazard.
- Reduce the number of beach mile day closures due to sewage spills.
- Reduce the incidence of confirmed foodborne illness cases and the number of violations that are likely to contribute to foodborne illness.

PERFORMANCE MEASURE: Disaster Preparedness

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

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

FY 06-07 Results	FY 07-08 Plan	FY 07-08 Anticipated Results	FY 08-09 Plan
<p>The annual Centers for Disease Control and Prevention (CDC) assessment resulted in overall rating of AMBER meaning some areas of preparedness needed improvement. [Rating scale: Red-unprepared, Amber-improvement needed, Green – prepared].</p> <p>Orange County Medical Reserve Corps (OC MRC) started recruiting volunteers in May 2005. By July 2006 186 volunteers were recruited. The OC MRC enhances the emergency preparedness and response capabilities of Orange County by establishing teams of local volunteer medical and public health professionals to contribute their skills and expertise throughout the year as well as during times of community need.</p>	<p>Conduct 15 exercises with interagency and community partners. Emergency preparedness exercises move the agency towards better emergency preparedness. The exercises provide insight into what does and does not work for each response agency by testing the implementation of emergency management procedures and protocols, fine-tuning the internal coordination of the emergency plan, and practicing coordinating with external response sectors.</p> <p>Increase the number of registered Orange County Medical Reserve Corps volunteers to 500. The focus in FY 07-08 is on pharmacists and veterinarians.</p>	<p>A total of 6 exercises have been completed to date.</p> <p>As of January 2008, OC MRC has a total of 500 medical and non medical volunteers enlisted into the Medical Reserve Corps.</p>	<p>Participate in 15 exercises, to meet grant deliverables and support the OC Operational Area (OA), including GOLDEN GUARDIAN, California’s annual statewide Homeland Security exercise.</p> <p>Sustain the current number of OC MRC volunteers and add an additional 300 volunteers to increase the number of registered Orange County Medical Reserve Corps volunteers from 500 to 800.</p> <p>Public Health Lab will participate in continued Influenza-Like-Illness surveillance program, in collaboration with Epidemiology and Assessment, by testing an average annual amount of 150 samples with a 4-day turnaround time.</p>

How are we doing?

Due to the change in the CDC’s rating system, it will not be possible to compare measures. Although the FY 07-08 results are not yet available, CDC’s verbal overview indicates that HCA met most of the objectives.

Health Disaster Management (HDM) and other HCA units have completed 6 exercises and participated in coordinating over a dozen training exercises with local, state, and federal stakeholders. HCA staff were also activated in response to the 2007 Santiago wildfire.



PERFORMANCE MEASURE: Ocean and Recreational Water Quality

What: Reduce the number of Beach Mile Days (BMDs) closures due to sewage spill contamination. BMDs of closure are calculated by multiplying the number of days of closure by the number of miles of beach closed.

Why: To reduce and eliminate environmental threats to community health that are associated with unsafe ocean and recreational water.

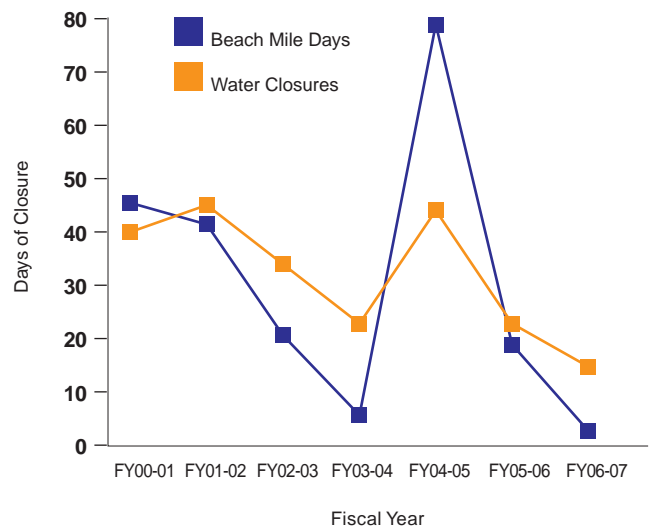
FY 06-07 Results	FY 07-08 Plan	FY 07-08 Anticipated Results	FY 08-09 Plan
3.07 Beach Mile Days (BMDs) and 15 closures for FY06-07.	Conduct fats, oils and grease (FOG) inspections at food facilities within 15 cities that have an agreement with the OC Sanitation District and Environmental Health. Inspections assist with reducing amounts of FOG disposed of in sewage system. FOG can contribute to sewage blockages and subsequent sewage spills.	From 7/01/07 to 10/01/07, 741 FOG inspections were conducted. From 7/01/07 to 10/19/07, 2 out of 6 sewage closures were known to be caused by grease blockages.	Continue to conduct FOG inspections at specified food facilities to assist with reducing the amount of fats, oils and grease disposed of in the sewage system.

How are we doing?

The number of BMDs in 2006-07 was the lowest since the inception of this measure as a primary outcome indicator. Beaches and bay areas were closed for use only 0.008% of the available time.



**Ocean Water Quality
Days of Closure
(2000 - 2007)**



PERFORMANCE MEASURE: Food Safety

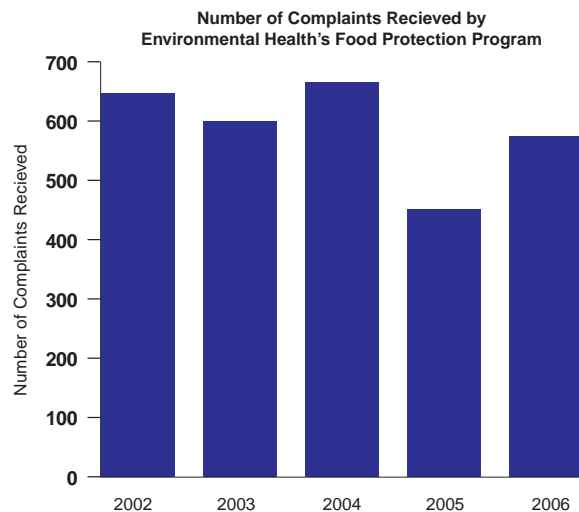
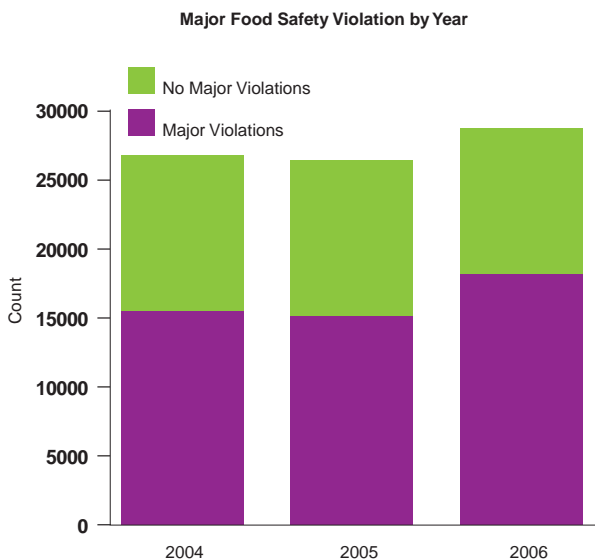
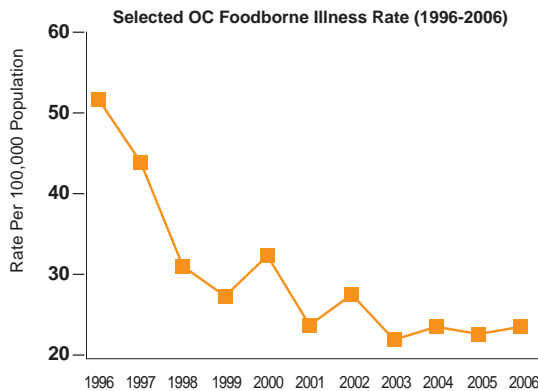
What: Reduce the incidence of confirmed foodborne illness cases and the number of foodborne illness complaints received, and reduce the number of major violations that are identified as those most likely to contribute to foodborne illness.

Why: Foodborne illness imposes a burden on public health and contributes significantly to the cost of health care.

FY 06-07 Results	FY 07-08 Plan	FY 07-08 Anticipated Results	FY 08-09 Plan
<p>Foodborne illness rates are approximately 24 out of 100,000 population in 2006.</p> <p>575 complaints received in 2006.</p> <p>The violation rate increased slightly to 63% compared to the previous year.</p>	<p>Implement food worker education to increase awareness and compliance with food safety practices.</p> <p>Distribute a quiz to food workers to determine the awareness level of food safety practices.</p> <p>Also, assess compliance with regulations by using the Environmental Health database to evaluate the number of violations at retail food facilities.</p>	<p>More than 70 quizzes were distributed at food safety trainings.</p> <p>From 7/01/07 to 10/01/07, 5,471 major violations at retail food facilities were issued.</p>	<p>Continue food worker education program. Food safety quizzes will continue to be distributed at food worker trainings. Number of violations will continue to be tracked.</p> <p>In addition, there will be a self audit program, available on-site to food facilities, to offer guidance and instruction on food safety practices and regulations.</p>

How are we doing?

The rate of foodborne illness cases reported to HCA's Reportable Diseases has systematically decreased by 56% over the past nine years. The number of foodborne illness complaints has averaged about 590 a year over the past five years. The increase in violations and violation rate can be due to a number of factors, including a heightened focus on risk factors, an increase in the number of retail facilities throughout the County, and an increase in staffing levels.



GOAL #3: Assure Access to Quality Healthcare Services

Strategies to meet Goal #3:

- Reduce the number of children without health insurance.
- Increase the number of children with publicly-funded health insurance such as Medi-Cal and Healthy Families.
- Improve the behavioral health level of adults and children receiving mental health and substance abuse treatment services.
- Increase designated mental health beds for inmates.
- Facilitate access to available health care services through Public Health Nursing, outreach, health access coordinators, and care managers and/or social workers.

PERFORMANCE MEASURE: Healthcare Access for Children

What: Reduce the number of children without health insurance.

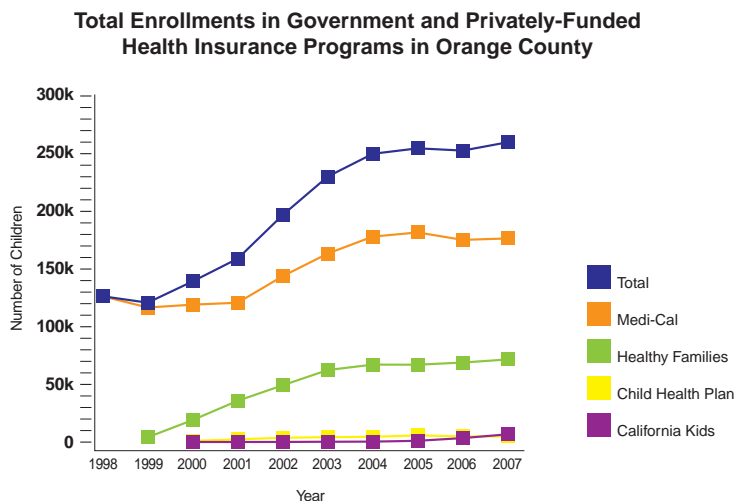
Why: Individuals who are insured are more likely to receive preventive services and health care when needed, resulting in improved health outcomes.

FY 06-07 Results	FY 07-08 Plan	FY 07-08 Anticipated Results	FY 08-09 Plan
In 2005, 8.2% (or 66,000) OC Children were uninsured.	To screen 100% of clients seen in the Public Health pediatric immunization, children's medical, and WIC clinics at the 17th Street, Santa Ana clinic, for health insurance status and assist those without health insurance to apply for health insurance and ultimately access health care.	Maintain or increase the number of children covered by health insurance. Between March 1, 2006 and November 30, 2007, 7,598 children, screened to have no insurance, were assisted with applications; 4,131 have been approved (54% approval rate), with the others pending. Of those that were approved, 1,585 have actually accessed health care through their new medical homes.	Continue to screen 100% of clients seen in the Public Health pediatric immunization, children's medical, and WIC clinics at the 17th Street, Santa Ana clinic, for health insurance status and assist those without health insurance to apply and ultimately access health care. In addition, efforts will be integrated and expanded to the new Buena Park clinic site. Anticipate increasing the current overall number of people screened and referred for health insurance application by 3,500 children.

How are we doing?

The number of uninsured children has systematically declined since 2001. However, the number of children enrolled in public- and privately-funded health insurance has leveled off which may result in an increase of uninsured.

Screening children for health insurance at the Santa Ana Clinic and helping those without health insurance to apply for health insurance has increased the number of children with health insurance. 7,598 children received application assistance at Public Health Clinics and over 50% were approved for health insurance programs including Medi-Cal, Healthy Families, Kaiser, Child Health Plan and Cal Kids.



Health Insurance Coverage In Orange County Children

CHIS Survey Results	2001	2003	2005
Number and Percentage of OC Children Insured	700,000 (90.3%)	713,000 (90.4%)	741,000 (91.8%)
Number and Percentage of OC Children Uninsured	76,000 (9.7%)	75,000 (9.6%)	66,000 (8.2%)

PERFORMANCE MEASURE: Behavioral Health Level of Functioning

What: Improve the behavioral health level of functioning of adults and children receiving mental health and substance abuse treatment services.

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

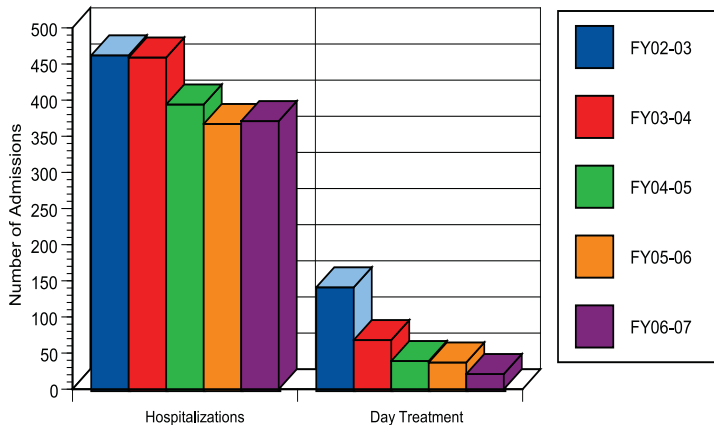
FY 06-07 Results	FY 07-08 Plan	FY 07-08 Anticipated Results	FY 08-09 Plan
<p>Children – As shown in the graph below, the number of children requiring intensive services such as psych-hospitalization continues to be reduced through the use of innovative and less restrictive treatment alternatives such as Therapeutic Behavioral Services (TBS) and Wraparound Services.</p> <p>Adults – Psychosocial assessments were administered to 5,684 (62%) of HCA clients at intake (CESI). Clients scored above national norms. Most notably, during treatment/at discharge, 75% or more of HCA clients scored at or above the national average for social support and counseling rapport.</p>	<p>Children - TBS has increased enrollment 42% in the last year and will seek to serve 619 children this FY. Wraparound services, which enrolled 572 families in the first four years, will provide services to an estimated 520 youth in FY07-08.</p> <p>352 psychological hospitalizations are projected, a decline of about 5%. Day treatment admissions are projected to remain level at about 25.</p> <p>Adults – Increase the number/percentage of adults who receive CESI intake assessments. Maintain psychosocial scores at or above national norms.</p>	<p>Children - As of December 2007 enrollment was 338 in TBS and 373 in Wraparound.</p> <p>Midway through FY07-08, the number of psychiatric hospitalization and day treatment admissions are 162 and 19, respectively.</p> <p>Adults – As of Dec. 07, 3,712 (79%) HCA clients had received CESI intake assessments. Psychosocial scores during treatment/at discharge were above national norms. Most notably, during treatment/at discharge, 75% or more of HCA clients scored at or above the national average for peer support, social support, and counseling rapport.</p>	<p>Children - Expand behavioral health services to the North and West Justice Centers by providing assessment and referral services to children and families experiencing domestic violence.</p> <p>Continue to reduce the number of psych hospital admissions required.</p> <p>Adults – Increase/maintain the number/percentage of adults who receive CESI intake assessments. Maintain psychosocial scores at or above national norms.</p> <p>A Wellness and Recovery Center will be implemented. The Center will provide persons with chronic mental illness a client centered location to receive education, training, employment and supportive services.</p>

How are we doing?

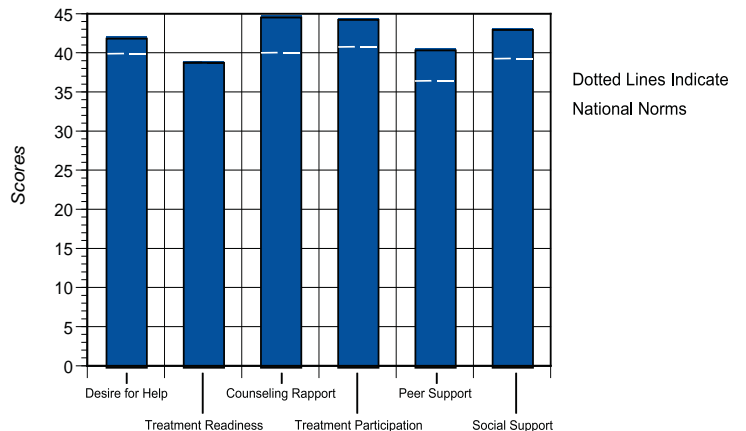
Children – Psychosocial functioning has improved as indicated by the reductions in the number of seriously emotionally disturbed children and adolescents requiring intensive and costly mental health services. Severely emotionally and behaviorally disturbed children served by the Children and Youth Services (CYS) division are frequently at risk for hospitalization, out of home placement, or require intensive day treatment services.

Adults – The proportion of clients receiving psychosocial assessments at intake is increasing. Additionally, clients' level of motivation, rapport with counselors, participation in treatment, peer support, and social support during treatment/at discharge were found to be better than national norms.

Reductions in Needed Interventions for Children and Youth Services Clients by Fiscal Year



ADAS Client Psychosocial Scores At Follow-Up Compared with National Norms (FY06-07)



GOAL #4: Recommend/Implement Health Policy and Services based on Assessment of Community Health Needs

Strategies to meet Goal #4:

- Build a comprehensive database or clearinghouse of County health indicators data.
- Collaborate with community partners on behavioral health issues, including Mental Health Services Act planning.
- Work with community partners to promote public policy alternatives for a smoke-free environment.

PERFORMANCE MEASURE: Assessment of Community Health Needs

What: Assessment of health indicators and best practices to ensure community health needs and policies are met.

Why: To reduce mortality and morbidity that could result from gaps in the safety net.

FY 06-07 Results	FY 07-08 Plan	FY 07-08 Anticipated Results	FY 08-09 Plan
Partnered in the tri-annual Orange County Health Needs Assessment – 2007. Contributed to the 12th Annual Conditions of Children Report.	Continue to collaborate with community partners on assessing community needs.	Conduct MHSA Prevention and Early Intervention Community and Organizational Needs Assessment Surveys. Complete Substance Exposed Baby Study and 13th Conditions of Children reports.	Assess the results of the 2007 Orange County Health Needs Assessment (OCHNA) and 2007 California Health Interview Survey (CHIS) data once it becomes available in 2008. Conduct the Prevention and Early Intervention Assessments for MHSA Initiative.

How are we doing?

HCA epidemiology, research and planning staff are actively analyzing and assessing health indicator data to support various health needs assessment initiatives and studies.

HCA also has two internal Business Strategy Goals

Goal #5 – (Business Strategy #1) Encourage Excellence by Ensuring a Healthy Work Environment that Values Employees

Strategies to meet Goal #5 (Business Strategy #1):

- Maintain a qualified workforce through staff development, training, education, recruitment and retention.
- Plan for upgrading and replacing facilities based upon current and future service delivery and business processes.
- Ensure staff has equipment and training to perform job duties in a safe manner.

PERFORMANCE MEASURE: Maintain a qualified workforce.

What: Provide leadership development, training and education to workforce.

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



FY 06-07 Results	FY 07-08 Plan	FY 07-08 Anticipated Results	FY 08-09 Plan
The Leadership Development Program* was launched in calendar year 2007 and courses began in February 2007.	By the end of December 2007, enroll at least 5% of the Health care Agency's 2,569 employees (includes regular and limited term employees who have passed new employee probation) in the Leadership Development Program.	As of December 2007, the program exceeded expectations with 297 or 11.6% of HCA staff participating. There were 202 employees enrolled in Level I and 95 employees enrolled in Level II. First graduating class in January 2008, will have 42 Level I graduates and 1 Level II graduate.	Maintain participation level of 10% of entire HCA workforce in the Leadership Development Program.

How Are We Doing?

The Leadership Development Program enrollment exceeded expectations. 71% of Level I graduates (not yet supervisors or managers) have identified a project to lead or a lead role in current assignment to be eligible to attend the Advanced Level II courses. 10.7% (32 participants at both Level I & II combined) were promoted, either temporarily or permanently, during 2007.

*This program contains 3 developmental levels. Level I is open to all employees and contains 8 core courses geared toward foundational skills and competencies. Level II is open to supervisors and managers and Level I graduates who have identified a project or leadership role they will assume during the program. Level II consists of 18 advanced courses in leadership skills and competencies. Finally, Level III, considered the mastery level, consists of 8 core courses and will be offered to managers and supervisors who have completed Level II core courses.

Goal #6 – (Business Strategy #2) Support the Workforce through the Effective Use of Technological and Other Resources

Strategies to meet Goal #6 (Business Strategy #2):

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

PERFORMANCE MEASURE: Improve abilities of support service departments to respond to program needs.

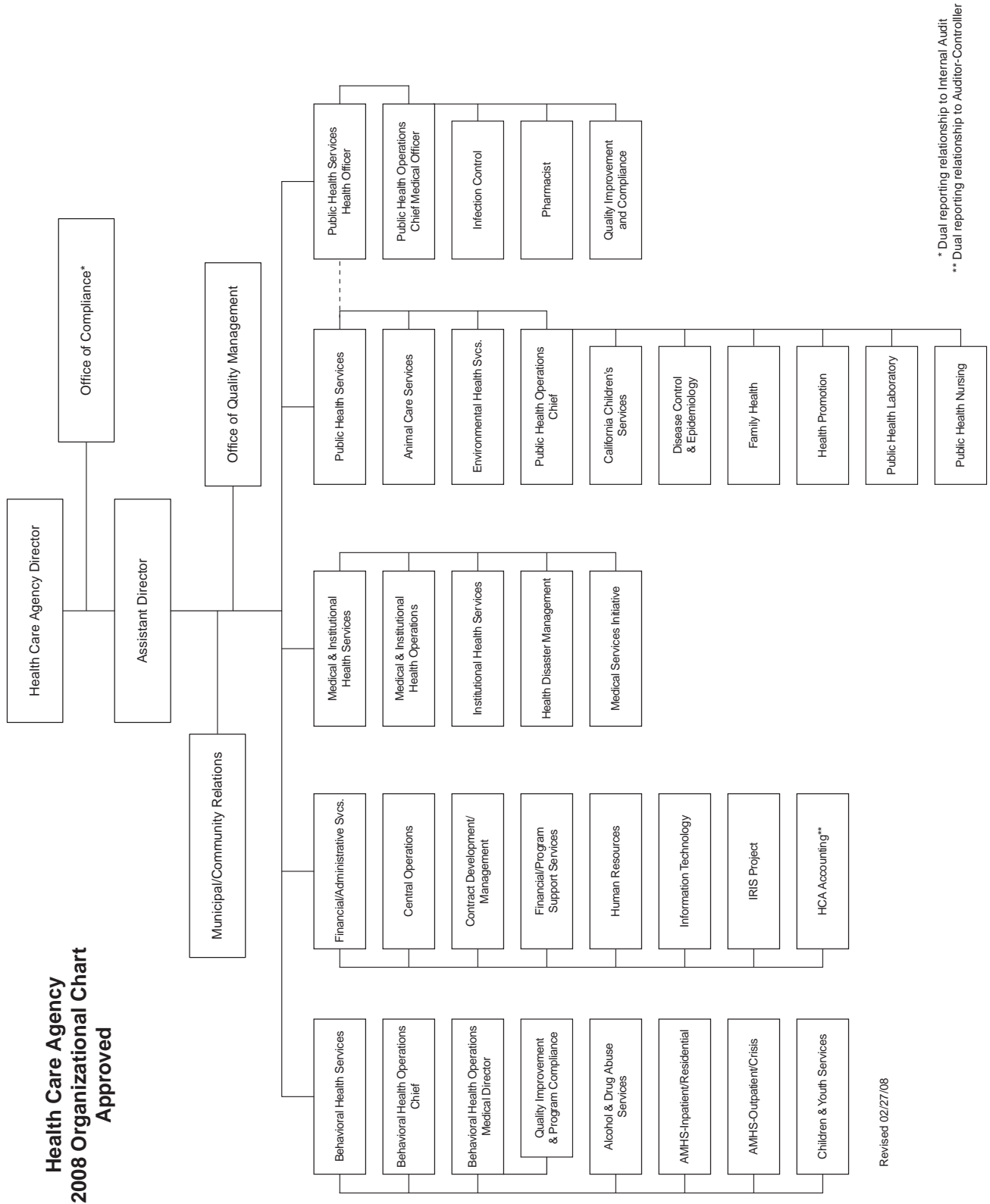
What: Provide necessary technological support to internal programs.

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

FY 06-07 Results	FY 07-08 Plan	FY 07-08 Anticipated Results	FY 08-09 Plan
Information Technology's Voice Over IP technology is being utilized and tested in HCA's Bioterrorism unit.	Human Resources will develop NEOGOV, the on-line hiring center, to include an automated Request to Fill (RTF) process. Implement the IRIS (Cerner) Enterprise Data System. The system will greatly streamline patient registration and the tracking of laboratory results ordered at the various Public Health Clinics.	NEOGOVS is being completed ahead of schedule. Project pilot rolled out Feb-07 to one service area, followed by three additional areas by November-07. Completion date of Jan-08. IRIS (Cerner) Enterprise Data System was successfully tested and the rollout to Public Health was initiated. The role of IRIS (Cerner) in Public Health was completed in December of 2007.	All Divisions/programs will be utilizing the automated Request to Fill (RTF) process. The priority for the IRIS team is to implement Scheduling for BHS as well as continuing to expand on the work done in PHS in FY 07/08. By the end of 2008, 50 locations will be live with the Scheduling application. Also, using Cerner's Power Forms solution, Pulmonary Disease plans to build a Client Visit Record and Public Health Nursing plans to build a Targeted Case Management documentation.

How Are We Doing?

HCA continues to meet technological needs of the agency through automation and adoption of proven technologies through the use of NEOGOV and IRIS (Cerner) Enterprise Data System.



The Health Care Agency's 2007 Business Plan contained four Goals, two Business Strategies and 44 Performance Indicators. Most of the Performance Indicators were accomplished or partially accomplished except for three, which were placed on hold or cancelled due to changes in circumstances. The following is a summary of the significant accomplishments completed in support of the 2007 goals and core services.

1. **In response to the 2007 Santiago Canyon wildfire incident**, approximately 250 Health Care Agency staff responded to the disaster in collaboration with other local, state and federal agencies. Staff actively monitored and reacted to county-wide health and emergency resource requests and worked through the County Operational Area Emergency Operations Center (EOC) to provide mutual aid to San Diego County. Below is a summary of the support efforts and resources that were provided:
 - **Health Disaster Management** – provided assessment and coordination of resources and provided timely health care and critical information to the community.
 - **Emergency Medical Services**—continuously staffed the County Operational Area Emergency Operations Center at Loma Ridge and the Emergency Medical Services Department Operations Center.
 - **Public Health Services** – Public Health Nurses were deployed to both El Toro and El Modena shelters to provide assessment and triage in coordination with the American Red Cross. Epidemiology staff explored possibilities for monitoring illness at shelters and evaluated reports of illness.
 - **Behavioral Health Services** – Mental health staff responded to the needs of victims in the immediate aftermath at evacuation shelters, in the field and at Local Assistance Centers and continued providing assistance to the community during the recovery period.
 - **Animal Care Services** – provided shelter and food for evacuees' pets at the Red Cross shelters and the Animal Care Center. Field Officers helped evacuees and their animals. They also responded to loose pets and pets left behind in evacuated areas.
 - **Environmental Health Services** – Food protection staff visited shelters and provided education to ensure food safety. Hazardous Materials staff coordinated with state representatives to ensure that fire debris and hazardous waste were properly handled during the recovery. Water Quality staff monitored area water systems to ensure delivery systems were not damaged by the fire.
 - **Public Information and Communications** – served on the Public Information team at the Emergency Operations Center and issued Agency press releases on public health concerns including air quality, food handling and clean-up of fire debris.
 - **Planning and Research** – staff provided Geographic Information Systems (GIS) maps and data regarding existing resources as part of the mutual aid response to San Diego County.
2. **Public Health Services and Medical Services Initiative** continues to increase access to health care for Orange County residents.
 - **Family Health** increased the number of people receiving health insurance. As of November 30, 2007, 7,598 children have received application assistance and over 50% have been approved for health insurance programs, including Medi-Cal, Healthy Families, Kaiser and Cal Kids. Referrals to application assistants are received from Public Health Pediatric Immunization, Children's Medical, Children's Dental and WIC clinics at the 17th Street, Santa Ana clinic site.
 - **The Medical Services Initiative Program** expanded the number of persons eligible for health care services through the use of incentives for community clinics to enroll eligible persons. Since implementing the community clinic incentives, the number of new applications taken is 1,835 and the number of renewal applications taken is 2,135. New applications now average 200 per month and renewal applications average 380.
3. **Behavioral Health Services, Mental Health Services Act (MHSA)** - The implementation of Proposition 63, the Mental Health Services Act, is improving and expanding mental health services for adults, older adults and children in accordance with the initiative.
 - Developed and implemented in-service training to advance the goals of developing cultural competence. A total of 3,289 persons were trained in FY 2006-2007 and 2,950 persons during the first five months of FY 2007-2008. Trainings were on 28 different topics, covering eight different general categories, as specified in the county MHSA plan.
 - All but one of the 16 programs included in the original three-year Community Services and Supports (CSS) Plan has or will be implemented by December 2007.
 - The CSS Growth Funding Plan for \$9.3 million was approved by the Department of Mental Health in July. It includes expansion of four existing programs (Children's and Transitional Age Youth Full Service/

Wraparound Programs and two programs for Older Adults – OASIS and Mental Health Recovery Services.)

- The CSS Growth Funding Plan also included four new programs: Mentoring for Children, Mentoring for Transitional Age Youth, Program of Assertive Community Treatment (PACT) and the Consumer-run Wellness/Recovery Center.
 - Between the time that the original CSS Plan was approved in April 2006 and the end of September 2007, MHSA funds have provided many services to our target populations. These include:
 - 384 Children and Transitional Age Youth (TAY) enrolled in Full Service Partnerships (FSP's)
 - 410 Adults and Older Adults enrolled in FSP's
 - 1,013 contacts through our Outreach and Engagement Programs and 137 people linked to treatment
 - 2,821 attendees at trainings, and a variety of other services for 1,521 individuals
 - **The Mental Health Services Act** has brought (and will continue to bring) a significant amount of funding to Orange County to provide a wide array of services:
 - Prevention and Early Intervention (\$9,755,200 for FY 07/08 and \$16,400,00 in FY 08/09)
 - Workforce, Education and Training (\$8,267,000 for FY 07/08 and FY 08/09 combined.)
 - CSS (\$36,307,136 for FY 07/08 - total of original CSS and CSS Growth Funding)
4. **Public Health Services' Shellmaker Water Quality Laboratory** construction was completed in September 2007. The new laboratory facility will allow the Orange County Public Health Laboratory to continue to offer rapid and high quality water testing to help detect and eliminate pollution sources in Orange County and protect public health.
 5. **Behavioral Health Services**, in collaboration with the Court, the Probation Department, the Public Defender and District Attorney, developed and implemented two new Family Violence Collaborative Courts, one in West Court and one in North Court. The two new courts are currently in operation. Dedicated HCA staff has been assigned and substance abuse treatment services are now being provided to individuals referred from these courts. This will be an ongoing project.
 6. **Environmental Health Services** increased education and outreach efforts.
 - **A food worker education program** was implemented to increase awareness of and compliance with food safety practices and regulations.
 7. **Health Disaster Management Division** improved HCA's ability to coordinate health care resources, volunteers, and municipal/community partners in the event of an emergency or disaster:
 - **The 'Cities Readiness Initiative'** planning and exercising has improved the collaboration between HCA and public and private community partners to prepare for a health emergency.
 - **The Emergency Medical System** provides a high standard of pre-hospital care and maintains efficient EMS response for the Orange County community.
 - **The 2007 FEMA Graded San Onofre Nuclear Generating Station (SONGS)** exercise was a success.
 8. **Institutional Health Services** improved care for patients.
 - **Correctional Medical Services** implemented a digital x-ray screening program to improve the screening rate for tuberculosis within the adult correctional facilities.
 - **Juvenile Health Services** partnered with Community Nursing to assist new mothers (minors in Juvenile Hall) by providing education and support in the areas of prenatal care, nutrition, childbirth, breastfeeding, child development, child safety, and setting and reaching personal goals. JHS is regularly referring to the Nurse Family Partnership Program. The nurses from that program come to Juvenile Hall to visit the girls and begin prenatal education.
 9. **Human Resources** implemented a Leadership Development Program that will result in certification upon completion of core courses. The Leadership Development Program was rolled out to Health Care Agency employees in January 2007. As of December 2007, the program exceeded expectations with 297 or 11.6% of HCA staff participating. There were 202 employees enrolled in Level I and 95 employees enrolled in Level II. First graduating class, scheduled January 2008, will have 42 Level I graduates and 1 Level II graduate.
 10. **IRIS (Cerner) Enterprise Data System** was successfully tested and the roll-out to Public Health Services was initiated. The system will streamline patient registration and tracking of laboratory results ordered at the various Public Health Clinics.

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 2006-07.

	Program	Service Recipient	Type of Service	Fiscal Year 2006-07
1.	Animal Care Services	Residents of 19 cities & unincorporated areas	Animal licenses	166,137
2.	Animal Care Center	Residents of 22 cities & unincorporated areas	Live animals impounded	30,671
3.	Behavioral Health - Adult	Adults with mental illness and/or substance abuse problems	Persons served in the community	37,522
4.	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	2,788
5.	Behavioral Health - Children	Seriously emotionally or behaviorally disturbed children, substance abusing adolescents	Persons served in the community	9,976
			Persons served in County institutions (Orangewood, juvenile justice facilities)	5,942
6.	California Children's Services	Children with disabling or potentially disabling conditions	Case Management Services	13,377
			Medical Therapy Program Occupational and Physical Therapy visits provided	61,741
7.	Family Health	Low income children	Child health clinic visits	9,890
			Child linkages to Child Health and Disability Prevention program community providers	70,000
		Children and adults	Immunizations clinic visits	45,095
			Vaccines given	79,753
		Low income pregnant women	Prenatal care referrals	2,191
		Low income pregnant or parenting teenagers and siblings	Case Management	1,034
Low income women and their parents	Visits for contraception education/ methods for women & partners	12,905		
8.	Epidemiology and Assessment	All County residents	Communicable disease reports	8,883
9.	Emergency Medical Services	All County residents and visitors	Total 9-1-1 EMS responses	147,067
			Paramedic transports to designated ER	53,607
			Trauma patients served by trauma center	4,692
		Emergency Medical Technicians-1 (EMT-1)	Certification/ re-certification of EMT-1s	372
		Paramedics	County licensure of EMT-1s	1,303
		Ambulance companies and fire departments	Local accreditation of paramedics	61
			Inspection and licensure of public and private ambulance vehicles	393
		EMT-1 and paramedic training programs	Review and approval of EMT-1 and paramedic training programs	3
Trauma Centers	Designation of Trauma Centers serving Orange County	1		

	Program	Service Recipient	Type of Service	Fiscal Year 2006-07
10.	Dental Health	Low income residents	Emergency dental care visits	4,410
		Low income children	General dentistry visits	1,055
		Persons with HIV or AIDS without resources	General dentistry visits	1,420
11.	Employee Health	County employees	Initial/routine/return-to-work examinations and/or follow-up	10,769
12.	Environmental Health	All County residents	Retail food facility inspections	30,701
			Hazardous waste inspections	6,371
13.	Health Promotion	All County residents	Public education	226,109
			Target group education / technical assistance (includes former separately reported staff education & training technical assistance)	31,870
			Patient education / screening / referrals	31,833
14.	HIV Test Sites	Persons at risk of HIV infection	HIV testing and counseling	9,126
15.	HIV Clinic	Persons with HIV infection or AIDS w/o resources for medical care	Medical care and case management visits	16,175
16.	Institutional Health	Incarcerated adults	Medical screening assessments	78,840
			Sick-call visits (medical/dental)	194,768
		Detained juveniles	Behavioral Health face-to-face assessments	44,948
			Comprehensive intake assessments	9,876
			Sick-call visits (medical/dental)	35,586
17.	Medical Services Initiative	Low income adults	Total MSI enrolled users	21,236
			Hospital unduplicated counts	10,155
			Paid hospital inpatient days	23,140
			Total emergency room (ER) visits	13,127
			Outpatient encounters	17,196
			Total physician visits	173,015
18.	Nutrition Services	Low income pregnant, postpartum, and breastfeeding women and children to age 5	Nutritional counseling and food vouchers given to women	99,773
			Vouchers given to infants and children	307,371
19.	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	25,001
		Medically high risk newborns		2,444
		Persons in need of preventive health teaching and referral	Nursing consultation and case management and referral services	10,800
				1,887

	Program	Service Recipient	Type of Service	Fiscal Year 2006-07
20.	Specialized Public Health Nursing	Pregnant substance abusing and/or HIV infected women	Home visiting case management, assessment, counseling, teaching and referral services	4,373
		Children and youth who have allegedly been sexually or physically abused	Forensic or physical examination and consultation to medical professionals and law enforcement officials	431
		Children and youth in foster care/out-of-home placement	Nursing consultation and case management services, social worker and foster parent training	27,570
		Adult CalWorks clients with barriers to self sufficiency	Home visitation and case coordination activities	12,573
		Older adults with unmet health care needs	Home visits for assessment, counseling / teaching, and case management. Home visits and phone visit contacts	2,929
		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	17,355
21.	STD Clinic	Persons, primarily low income, with sexually transmitted diseases	Clinic visits for diagnosis and treatment of sexually transmitted diseases other than AIDS	11,146
22.	Tuberculosis (TB) Control	Persons with TB infection but not active disease	Clinic visits for treatment of latent TB infection	7,892
		Persons with active TB disease	Directly observed therapy visits for active disease or latent infection	38,837
			Clinic visits for treatment of active TB disease	10,302



**County of Orange
Health Care Agency**

*Working Together
for a
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