

2009 County of Orange Health Care Agency

Business Plan Supplement

Shellmaker Island,
Public Health Water Quality Laboratory



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Dear Readers:

I am pleased to present the Health Care Agency's 2009 Business Plan Supplement. Beginning in Fiscal Year 2008/2009, there has been a change to the Agency Business Plan. A full update of the Agency Business Plan will occur bi-annually, instead of annually, with only performance measures updated annually. Therefore, the Agency 2009 Business Plan will not be a full report, but instead, a supplement to the 2008 Agency Business Plan. The 2009 Business Plan Supplement provides updates on the Agency's performance measures, organizational chart, significant accomplishments and client demographics information and can be found at ohealthinfo.com/admin/businessplan.

Nine new Balanced Scorecard (BSC) performance measure goals are introduced in the 2009 Supplement. The Balanced Scorecard is a new approach to performance management for the County. It helps the Agency to translate our mission and vision into measurable actions and results. The 2009 Supplement is intended to communicate 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.

Finally, the Supplement 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 Supplement 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 Supplement. We welcome your comments on how HCA can better serve Orange County.

Juliette A. Poulson, RN, MN
Director

Health Care Agency 2009 Business Plan

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2009 PERFORMANCE MEASUREMENT UPDATES

STRATEGIC GOALS

The Health Care Agency adopted nine new goals for the 2009 Business Plan. These 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.

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

STRATEGIES TO ACCOMPLISH GOALS

The following are the strategies the Health Care Agency intends to implement to achieve the FY 2008-09 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 07-08 Results	FY 08-09 Plan	FY 08-09 Anticipated Results	FY 09-10 Plan
Children participating in the Nurse Family Partnership who at age 24 months are up-to-date on immunizations.	100%	90%	As of Oct. 2008, immunization rates remain over 95%. Will continue patient education by staff to promote high rates.	90%
Mothers participating in the Nurse Family Partnership that initiate breastfeeding.	88%	80%	Mid-year results are currently not available; however breastfeeding rates remain high due to continued patient education.	80%
Newborns served by the Perinatal Substance Abuse Services Initiative Assessment and Coordination Team will have birth weights in excess of 2500 grams.	94%	90%	Mid-year results are currently not available, however Public Health Nursing continues to provide support to pregnant women served by program to ensure optimal pregnancy outcomes.	90%

How are we doing? The Agency continues to meet and exceed the target for children receiving up-to-date immunizations and for promoting the health of unborn and newborn babies through support of pregnant women and the promotion of breastfeeding with mothers. Continuing efforts by Public Health Nurses with clients, community partners, and focused populations have increased initiation of breastfeeding rates at hospitals and improved Orange County ranking from 48 to 42 out of all counties in the state. Targeted efforts to outreach to the homeless populations by Public Health staff has increased clients' access to care and linked clients to health resources to promote healthy outcomes.



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 07-08 Results	FY 08-09 Plan	FY 08-09 Anticipated Results	FY 09-10 Plan
Percent of elementary and unified school districts that have at least one school participating in Walk to School Day.	58%	50%	67%	50%
Percent of participating schools completing a "walkability" assessment which identifies barriers to safe walking routes to school.	37%	25%	41%	25%
How are we doing? The percentage of elementary and unified school districts that have schools participating in "Walk to School Day" exceeded the target goal of 50%. The percentage of participating schools completing a "walkability" assessment also exceeded the target goal of 25%.				

GOAL #3: PREVENT DISEASE AND DISABILITY

Strategies to meet Goal #3:

- 3.1 Reduction in the incidence of TB 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 07-08 Results	FY 08-09 Plan	FY 08-09 Anticipated Results	FY 09-10 Plan
Individuals with active TB disease completing prescribed treatment.	72% [last updated 1/08/09 with the 2006 cohort (data 100% complete)]	85%	66% [last updated 1/08/09 with the 2007 cohort (data 90% completed)]	83% [new CA 2010 objective]
Epidemiological investigations of high risk communicable diseases (e.g. hepatitis A, meningococcal disease and E. coli O157:H7) that are initiated within 24 hours of receipt of reports.	N/A	95%	Results not currently available. Practice is to initiate upon receipt. Measure is currently limited to faxed reports for receipt. Working on procedures to document initiation time.	95%
How are we doing? The Agency successfully worked with public and private partners to conduct tuberculosis (TB) contact investigations at the jail, skilled nursing facilities, and multiple schools and businesses; thereby preventing further TB transmission and potential community outbreaks. Public Health Services continued to implement an electronic communicable disease reporting system, which will greatly improve the Agency's ability to collect disease surveillance data and information from healthcare providers and laboratories in a timely manner and will provide enhanced accessibility to data for case management, planning, analysis, and decision-making.				

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 07-08 Results	FY 08-09 Plan	FY 08-09 Anticipated Results	FY 09-10 Plan
Initiate water quality and epidemiological investigations of recreational ocean water quality illness complaints within 24 hours of receipt of reports.	100% (Three out of three were responded to within 24 hours)	95%	100% from 7/01/2008 to 10/31/2008 (three out of three illness complaints were responded to within 24 hours)	95%
Initiate food borne illness outbreak investigations within 24 hours of receipt of notification.	100% (Sixty-three out of sixty-three were responded to within 24 hours)	95%	100% from 7/01/2008 to 10/31/2008 (Sixteen out of sixteen outbreak notifications were responded to within 24 hours)	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 and foodborne illness outbreak investigations within 24 hours of receipt of report or notification. In addition, a Rapid Assessment Notification System (RANS) to address critical food safety alert situations, such as threats to the food supply, foodborne illness outbreaks, or product recalls was developed and implemented. By adding facility email addresses and food categories to the database, messages can be rapidly sent to those facilities that may sell or distribute the food in question. Using RANS, urgent food safety notices have been sent out, including a beef recall in February 2008, which was the largest recall of beef in American history. Also, enhanced information about restaurant inspections is now available on the ocfoodinfo.com website, which offers access to an electronic version of the actual inspection report, available in portable document format. The report allows the public to view specific information about any Health and Safety Code violations noted during the restaurant's most recent inspection. Previously, on-line information was limited to general information about the category of violation; now the public will be able to view the actual inspection report that is generated during the inspection. The downloadable inspection reports will be kept on the website for approximately two years, providing restaurant patrons with a historical record of the facility's compliance with the Health and Safety Code's standards.



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 07-08 Results	FY 08-09 Plan	FY 08-09 Anticipated Results	FY 09-10 Plan
Points of Distribution Sites (PODS) ready to activate and dispense medications or administer vaccination.	9 locations ready to activate and dispense medications or administer vaccinations.	2 additional locations ready to activate and dispense medication or administer vaccine.	As of November 2008, 2 of the 2 sites are ready to activate and dispense medications or administer vaccinations.	14 additional locations are scheduled to develop plans and train staff to activate PODS.

How are we doing? The primary goal of the Cities Readiness Initiative (CRI) is to minimize the loss of lives during a catastrophic public health emergency by providing antibiotics to 100% of the OC population within 48 hours from the decision to do so for an Anthrax incident. The California Department of Public Health completed an extensive review of the Orange County's CRI, which included interviews with key stakeholders (OC Sheriff's Department, HCA Public Information Officer, and the Public Health Officer), comprehensive emergency plan reviews, National Incident Management System (NIMS) compliance, Strategic National Stockpile receiving center (OCHCA SOC), security plans, transportation plans, etc. This year's score dramatically improved 33 points to an 84 percent overall rating in 2008. The OC CRI POD program has been selected as a 'promising practice' by the National Association of County and City Health Officers. The OC POD model was featured at the CDC Strategic National Stockpile Regional Conference, the CA Emergency Services Association Annual Conference, and the California Department of Public Health State Conference. The program received an honorable mention in the CA State Association of Counties Challenge Awards Competition and a certificate of achievement from the CA Emergency Association Southern Chapter.



Drive through Points of Distribution sites (PODS) exercise

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 07-08 Results	FY 08-09 Plan	FY 08-09 Anticipated Results	FY 09-10 Plan
Adolescents and adults in alcohol and drug treatment who are discharged with satisfactory progress combined with those who are still in treatment.	67% of clients completed or remained in treatment.	65%	As of 10/31/08, 78% of clients completed or remained in treatment.	70%
Hospitalization avoided for children and youth served in the In-Home Crisis and Crisis Residential programs, during time admitted and 60 days post discharge.	N/A	80%	Target met and exceeded as of 10/31/08, with 93% of children and youth avoiding hospitalization during time admitted and 60 days post discharge.	Maintain goal and increase 09-10 target to 90%.
Provide medical assessment to detained juveniles within 96 hours after intake.	98%	98%	Random Chart Review indicates that 98% of eligible minors receive a medical assessment within 96 hours of intake.	98%

How are we doing? The goal of improving alcohol and drug treatment completion and retention has been achieved. The Agency has exceeded the target for the number of hospitalization avoided for children and youth served in the In-Home Crisis and Residential Programs. The goal to provide medical assessment to detained juveniles within 96 hours after intake continues to be met.



Reproduced from the 2009 Mental Health Services Act calendar

GOAL #7: PROVIDE ACCESS TO HEALTHCARE

Strategies to meet Goal #7:

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

Performance Measurement Goal #7

What: Provide outreach, enrollment and retention services to help residents have access to 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 07-08 Results	FY 08-09 Plan	FY 08-09 Anticipated Results	FY 09-10 Plan
Family Health clinic clients lacking health insurance that are referred to certified application assistors.	Not available - this measure has only been tracked since October 1, 2008	75%	As of December 2008, 99% of children without health insurance seen at the Family Health Children's Clinic in Santa Ana and 97% seen at the Buena Park clinic have been referred to on-site Certified Application Assistors (CAAs).	75%
Persons eligible for Federal reimbursement under the Coverage Initiative.	20,290	17,300	As of 11/24/08, there were 21,300 enrollees.	Maintain enrollment between 18,000 to 25,000 members.
Children case managed by California Children's Services (CCS) programs that have a documented medical home.	As of June, 2008, 89% of active CCS cases had a documented medical home.	90%	Second quarter 08/09 (Oct. 31, 2008) audit results reflect 90% compliance. Expect to attain goal of 90% through current processes for identifying medical homes for CCS active cases.	90%
<p>How are we doing? Referrals to application assistors are received from Public Health Pediatric Immunization, Children's Medical, Children's Dental and WIC clinics at the 17th Street, Santa Ana clinic site as well as the Buena Park clinic site. Screening children for health insurance at these locations and helping those without health insurance to apply for health insurance has increased the number of children with health insurance. Starting in March 2006 through June 30, 2008, 8,645 children have received application assistance and nearly 60% of those children have been approved for health insurance programs, including Medi-Cal, Healthy Families, Kaiser and Cal Kids. Over 40% of those children with approved applications have accessed a doctor. Coverage Initiative, which provides medical care for indigent adults, exceeded goal and number of enrollees continues to climb. CCS is on target with their goal to ensure that children clients have a documented medical home.</p>				

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 07-08 Results	FY 08-09 Plan	FY 08-09 Anticipated Results	FY 09-10 Plan
To provide a Leadership Development Program (LDP) available to all Health Care Agency employees to prepare Agency's next generation of leaders.	12% of HCA staff participated (n=297)	Maintain or exceed participation level of 10% of entire HCA workforce in the LDP.	As of 9/24/08, 14.2% of workforce participating in LDP; plan to maintain 10% goal level.	Maintain or exceed participation level of 10% of entire HCA workforce in the LDP.
<p>How are we doing? The Leadership Development Program enrollment exceeded expectations.</p>				

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.

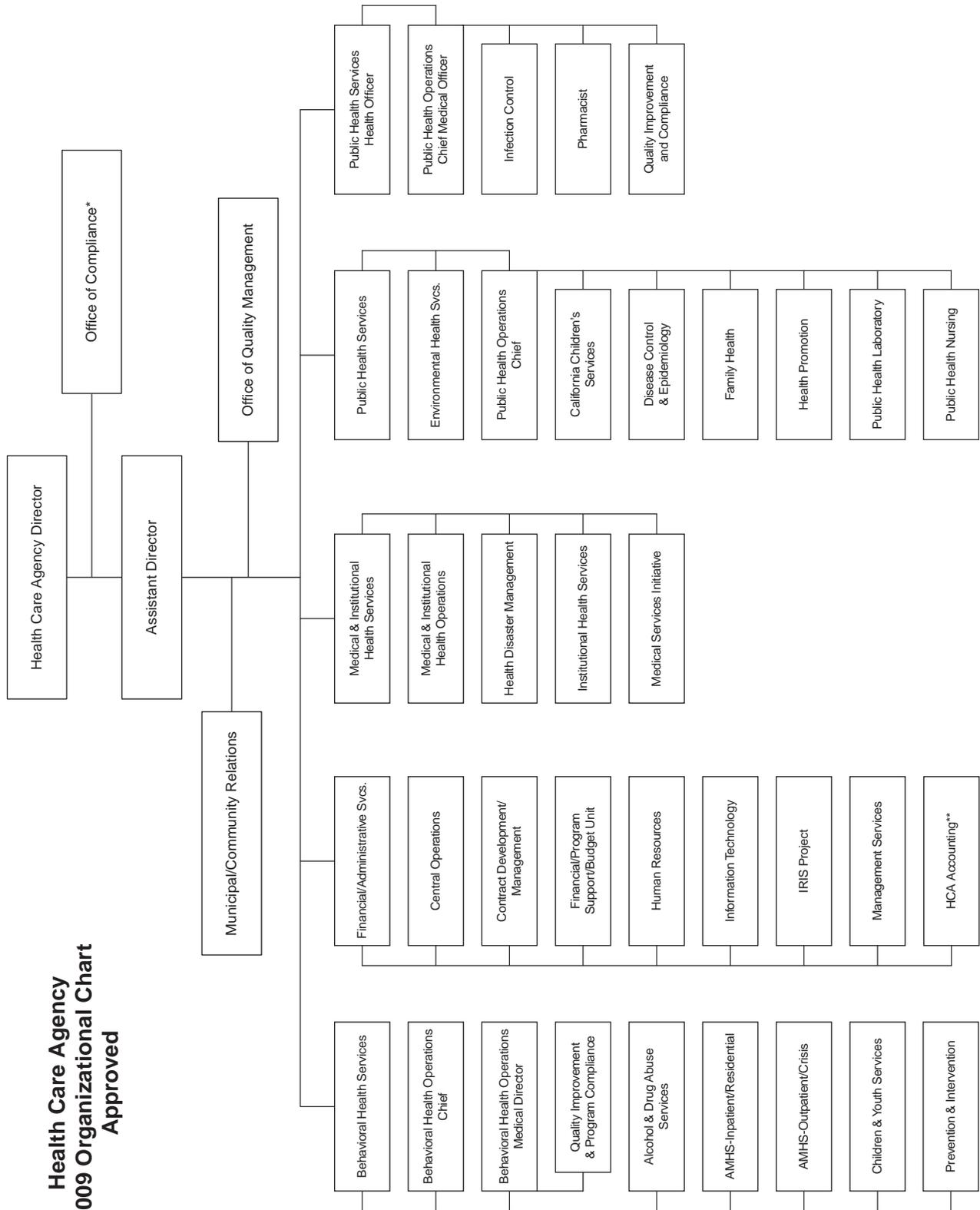
Performance Measure	FY 07-08 Results	FY 08-09 Plan	FY 08-09 Anticipated Results	FY 09-10 Plan
Perform comprehensive review and testing, and aid in the development of the newest release of Cerner Millennium (release 2007.x Revenue Cycle Ambulatory) that includes all currently deployed modules; and implement.	N/A	It is expected that the upgrade project, which is divided into smaller phases and other supporting tasks, will be complete at approximately 50% in the fiscal year 2008-2009.	Project is being executed as planned, and the testing and development process has begun. As of 11/17/08 it is approximately at 20% of the entire project scope.	The remainder of the project including the testing and validation of the entire code will be complete in the fiscal year 2009-2010.
Provide access to Orange County's chemical inventory data when responding to emergency incidents.	The ASR for the system was approved by the Board of Supervisors on April 8, 2008. The project plan and an issues log were developed. The project charter was approved. The Data Base and Web Servers were received. The contract was signed.	100%	Project is on schedule to be completed by the end of the current fiscal year ending June 30, 2009.	N/A
Complete audits of contractors to ensure that compliance with contract terms are met. Contractor audit selections shall take place using a standardized selection methodology.	Completed 62 audits and all have been closed.	50 audits	Target goal of 50 audits completed as of 11/5/08. Expect to exceed target goal by end of FY08-09.	50 audits
<p>How are we doing? Continue to meet technological needs of the Agency through testing, development and use of Cerner Millennium, and chemical inventory data access. Chemical inventory database: To date, communication between the web and database servers is available to the vendor and Health Care Agency employee for testing. The SSL certificate has been installed on the web server. There is communication between the database server (which resides at CEO-IT data center) and the test version of the Envision Connect (which resides at Environmental Health.) The vendor has been able to successfully move data between the database server and the test version of Envision Connect. Audits of agency contractors continue to exceed target goal.</p>				



Leadership Development Program participants

APPENDIX A - HEALTH CARE AGENCY ORGANIZATIONAL CHART

Health Care Agency 2009 Organizational Chart Approved



* Dual reporting relationship to Internal Audit
 ** Dual reporting relationship to Auditor-Controller

APPENDIX B - ACCOMPLISHMENTS

The following are the Health Care Agency's top accomplishments for 2008.

COMMUNITY HEALTH

1. Public Health Services takes the lead in meeting HIV name-based reporting goal in California. HIV Planning and Coordination, HIV/AIDS Surveillance - On April 17, 2006, California adopted a new law that required reporting of HIV cases by name. Prior to the law change, HIV cases were reported by code and Orange County had 2,155 code HIV cases. The goal for the State of California was to have as many HIV cases reported by name as were reported by code (prior to the Law change) by December 31, 2008. Orange County met the goal for name-based reporting in April 2008 with 2,263 HIV name-based cases reported. Orange County was the first county in California to meet its HIV name-based reporting goal. The significance of reporting cases by name is that California needs to be identified as a mature name-based reporting state to be competitive for federal funding.
2. Public Health and the Office of Quality Management's "Substance Exposed Baby Study" received wide interest. Results of the Substance Exposed Baby study were released showing that an estimated 15% of babies born in Orange County each year, or about 6,800 babies, are exposed prenatally to alcohol, tobacco, and/or other drugs. The four-month study examining the use of such substances among pregnant women in the county was conducted in collaboration with local hospitals and obstetricians. Because exposure to alcohol, tobacco, and/or other drugs during pregnancy endanger a baby's physical and mental health, the results were shared with all 18 birthing hospitals, over 150 obstetricians and other health care providers in the county. The study was also featured in the special section of the 2008 Conditions of Children report and presented at a national public health conference.

HEALTHFUL ENVIRONMENT

3. HCA joined with the City of Newport Beach, the California Department of Fish and Game and many other partners to celebrate the long-awaited completion of the Back Bay Science Center at Shellmaker Island, site of the County's Water Quality Laboratory. This facility provides a permanent home for scientific testing and research designed to protect and preserve water quality along the County's coastline.
4. Medical and Institutional Health's Health Disaster Management (HDM) Divisions's preparation to prevent and respond to potential County disaster includes staff training to meet NIMS compliance.
 - HCA National Incident Management System (NIMS) Compliance - During FY 2008-2009, five HDM staff completed NIMS/ICS Train-the-Trainer instruction and were certified by FEMA to teach NIMS/ICS-700, 100, 200, 300 and 400. In 2008, 175 HCA Managers have completed the required ICS-300 course. HCA instructors have also trained employees from several other County organizations, including management from the CEO's office. It is anticipated 185 HCA Managers will complete ICS-300 by early 2009. ICS-400, which is required for approximately 20-40 HCA managers, will be launched in 2009. The Health Care Agency is currently fully compliant with all NIMS/ICS training mandates.
 - 2008 Health Preparedness Summit - HCA's Health Disaster Management Division hosted a two-day Health Preparedness Summit in September 2008, with over 165 participants from Orange County schools and businesses in attendance. Day one of the summit focused on preparing schools for response to a health emergency while day two focused on the unique needs of businesses during a public health emergency. Additionally, a VIP breakfast meeting and networking session for 30 representatives from Orange County's largest and most influential businesses, including the Board of Supervisors Third District Office and the County Executive Officer were featured. Topics for the conference included an update on seasonal influenza, pandemic influenza, developing a safe school plan, developing business and health partnerships and business response to disasters.

HEALTHCARE ACCESS

5. Behavioral Health's implementation of Mental Health Services Act (MHSA) is improving and expanding mental health services for children, transitional aged youth, adults, and older adults. MHSA accomplishments include:
 - Training: The Behavioral Health Training Department provides training to the staff of the Orange County Health Care Agency's Behavioral Health Services, as well as to community agencies that partner with Behavioral Health Services. Between January 2008 and the end of October 2008, the MHSA program has provided 147 trainings for

4,439 persons on cultural competence, evidence-based practices, co-occurring disorders, wellness and recovery for Behavioral Health Services staff, community partners and consumers and family members. This includes 87 consumers and family members enrolled in classes aimed at employment in the mental health field.

- Funding: 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 mental health services:
 - o In FY 2007/08, Orange County was approved for \$36,204,282 in Community Services and Support (CSS) funds as well as \$1,339,300 in One Time Funds.
 - o Prevention and Early Intervention funds were received for a total of \$2,029,700 for Community Program Planning. Orange County also assigned \$13,336,800 back to the State to participate in three State-Administered Projects. These projects are Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health Initiative.
 - o Workforce, Education and Training funds totaled \$8,267,200 for FY 2007/08 through FY 2008/09. An additional \$8,948,110 has been allocated to Orange County and we are in the process of applying for these funds.
 - o The Capital Facilities and Technological Needs allocation was approved for \$28,308,300.
 - o MHSA Housing: Orange County assigned \$33,158,300 to the California Housing Finance Agency.
 - Recovery Arts Program: The Mental Health Services Act (MHSA) Office also developed a new Recovery Arts program. In March 2008 consumers and family members of all ages and cultural groups participated in a community art fair. The fair provided an opportunity to showcase art, crafts, poetry, music, and creative writing. In September 2008 an Art Exhibit and Open House was held to honor consumers who participated in the Art Fair and allow the public to view the original art and writing of finalists. The MHSA office also launched a web page featuring art and writings by persons in recovery and their family members, and began publishing "Recovery Connections" as a venue for sharing success stories, personal perspectives, and creative arts, and formed an Arts Committee to encourage community art events, classes, and workshops for those in mental health recovery and to promote the use of art in the therapeutic process.
6. Behavioral Health's Alcohol and Drug Abuse Services (ADAS) is implementing two new evidence-based programs focusing on barriers to treatment success for clients.
- The Network for the Improvement of Addiction Treatment (NIATx) is being implemented in both the county clinics and contract providers. Process improvement projects will be required from all providers utilizing the NIATx model and its key principles. Each clinic and contract provider will be responsible for setting a goal focusing on one or more of the four NIATx aims: increasing retention, increasing admissions, decreasing no-shows and decreasing wait-time.
 - Seeking Safety is a treatment model for Post-Traumatic Stress Disorder (PTSD) and Substance Abuse. It is in the process of being implemented in both county clinics and contract providers. All county operated clinics are required to utilize more in-depth screening tools for PTSD and to make available the Seeking Safety curriculum to all clients. All future provider contracts will include evidence based trauma-informed services such as Seeking Safety.
7. Behavioral Health's Children Youth Services transferred Therapeutic Behavioral Services (TBS) program from county operated to contract operated, thereby saving county positions, making operations more efficient and creating cost savings.

WORKFORCE

8. Financial and Administration Services
- BHS Scheduling System - Completed implementation of the Cerner centralized scheduling application at all Behavioral Health Services locations during 2008, and continued the effort started in 2007 with the Public Health clinics. This functionality enhances and automates the process of making appointments electronically and results in greater flexibility and efficiency in managing clinician time and improved quality of care for the clients.
 - Digital Signup - In 2008, HCA Human Resources implemented an electronic sign-up process for newly hired employees. The project allows employees to read and electronically sign digital copies of the required paperwork on a computer. The documents are then digitally transferred to their online personnel records. This is environmentally friendly, saving significant paper, toner, and other resources.
 - Successful Claiming Processes - The HCA Accounting/Claims and Financial Reporting Unit submitted over 200 claims, cost reports, and other financial reports for revenue reimbursement of approximately \$400 million, within established deadlines. Environmental Health Accounting sent out over 40,000 invoices and collected more than \$15 million in revenue.

APPENDIX C - CRITICAL DEMOGRAPHICS/SERVICE EXPECTATIONS

PROGRAM	SERVICE RECIPIENT	TYPE OF SERVICE	FISCAL YEAR 2006-07	FISCAL YEAR 2007-08
Behavioral Health - Adult	Adults with mental illness and/or substance abuse problems	Persons served in the community	37,522	35,823
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	2,801
Behavioral Health - Children	Seriously emotionally or behaviorally disturbed children, substance abusing adolescents	Persons served in the community	9,976	10,601
	Seriously emotionally or behaviorally disturbed children, substance abusing adolescents	Persons served in County institutions (Orangewood, juvenile justice facilities)	5,942	4,703
California Children's Services	Children with disabling or potentially disabling conditions	Case Management Services	13,377	13,199
	Children with disabling or potentially disabling conditions	Medical Therapy Program Occupational and Physical Therapy visits provided	61,741	61,641
Family Health	Low income children	Child health clinic visits	9,890	9,856
	Low income children	Child linkages to Child Health and Disability Prevention program community providers	70,000	101,316
	Children and Adults	Immunizations clinic visits	45,095	37,296
	Children and Adults	Vaccines given	79,753	59,110
	Low income pregnant women	Prenatal care referrals	2,191	2,177
	Low income pregnant or parenting teenagers and siblings	Case Management	1,034	1,163
	Low income women and their parents	Visits for contraception education/methods for women & partners	12,905	6,634
Family Health - Dental	Low income residents	Emergency dental care visits	4,410	3,588
	Low income children	General dentistry visits	1,055	669
	Persons with HIV or AIDS without resources	General dentistry visits	1,420	1,718
Family Health - Nutrition Services	Low income pregnant, postpartum, and breastfeeding women and children to age 5	Nutritional counseling and food vouchers given to women	99,773	100,961
	Low income pregnant, postpartum, and breastfeeding women and children to age 6	Vouchers provided for infants and children	307,371	318,088
Epidemiology and Assessment	All County residents	Communicable disease reports	8,883	6,187

PROGRAM	SERVICE RECIPIENT	TYPE OF SERVICE	FISCAL YEAR 2006-07	FISCAL YEAR 2007-08
Emergency Medical Services	All County residents and visitors	Total 9-1-1 EMS responses	147,067	150,545
	All County residents and visitors	Paramedic transports to designated ER	53,607	56,786
	All County residents and visitors	Trauma patients served by trauma center	4,692	5,102
	Emergency Medical Technicians-1 (EMT-1)	Certification/ re-certification of EMT-1s	372	992
	Ambulance Providers	County licensure of EMT-1s	1,303	1,488
	Fire Departments	Local accreditation of paramedics	61	59
	Ambulance companies and fire departments	Inspection and licensure of public and private ambulance vehicles	393	380
	EMT-1 and paramedic training programs	Review and approval of EMT-1 and paramedic training programs	3	3
	Trauma Centers	Designation of Trauma Centers serving Orange County	1	2
	Orange County Hospitals	Designation of Emergency Departments authorized to receive ALS or paramedic level patients	13	14
	Orange County Hospitals	Authorization of specialty hospitals to receive field identified heart attack patients	12	1
Employee Health	County employees	Initial/routine/return-to-work examinations and/or follow-up	10,769	14,501
Environmental Health	All County residents	Retail food facility inspections	30,701	29,066
	All County residents	Hazardous waste inspections	6,371	6,047
Health Promotion	All County residents	Public education	226,109	300,540
	All County residents	Target group education / technical assistance (includes former separately reported staff education & training technical assistance)	31,870	50,408
	All County residents	Patient education / screening / referrals	31,833	29,173
HIV Test Sites	Persons at risk of HIV infection	HIV testing and counseling	9,126	7,411
HIV Clinic	Persons with HIV infection or AIDS w/o resources for medical care	Medical care and case management visits	16,175	12,963
Institutional Health	Detained juveniles	Comprehensive intake assessments	9,876	10,460
	Detained juveniles	Sick-call visits (medical/dental)	35,586	37,674
	Incarcerated adults	Medical screening assessments	78,840	64,863
	Incarcerated adults	Sick-call visits (medical/dental)	194,768	190,134
	Incarcerated adults	Behavioral Health assessments	44,948	61,577

PROGRAM	SERVICE RECIPIENT	TYPE OF SERVICE	FISCAL YEAR 2006-07	FISCAL YEAR 2007-08
Medical Services Initiative	Low income adults	Total MSI enrolled users	21,236	20,290
	Low income adults	Hospitalizations unduplicated counts	10,155	11,574
	Low income adults	Paid hospital inpatient days	23,140	26,504
	Low income adults	Total emergency room (ER) visits	13,127	10,837
	Low income adults	Outpatient services	17,196	26,204
	Low income adults	Total physician services	173,015	158,947
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	19,204
	Medically high risk newborns	Home visits for assessment, counseling / teaching, case management	2,444	823
	Pregnant and parenting teens	Home visits for assessment, counseling / teaching, case management	10,800	3,523
	Persons in need of preventive health teaching and referral	Nursing consultation and case management and referral services	1,887	9,075
Specialized Public Health Nursing	Pregnant substance abusing and/or HIV infected women	Home visiting case management, assessment, counseling, teaching and referral services	4,373	4,289
	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	509
	Children and youth in foster care/out-of-home placement	Nursing consultation and case management services, social worker and foster parent training	27,570	29,403
	Adult CalWorks clients with barriers to self sufficiency	Home visitation and case coordination activities	12,573	14,118
	Older adults with unmet health care needs	Home visits for assessment, counseling / teaching, and Case Management. Home visits and phone visit contacts	2,929	3,643
	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	14,405
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	11,785
Tuberculosis (TB) Control	Persons with TB infection but not active disease	Clinic visits for treatment of latent TB infection	7,892	7,751
	Persons with active TB disease	Directly observed therapy visits for active disease or latent infection	38,837	45,704
	Persons with active TB disease	Clinic visits for treatment of active TB disease	10,302	9,771



**County of Orange
Health Care Agency**

*Working Together
for a
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