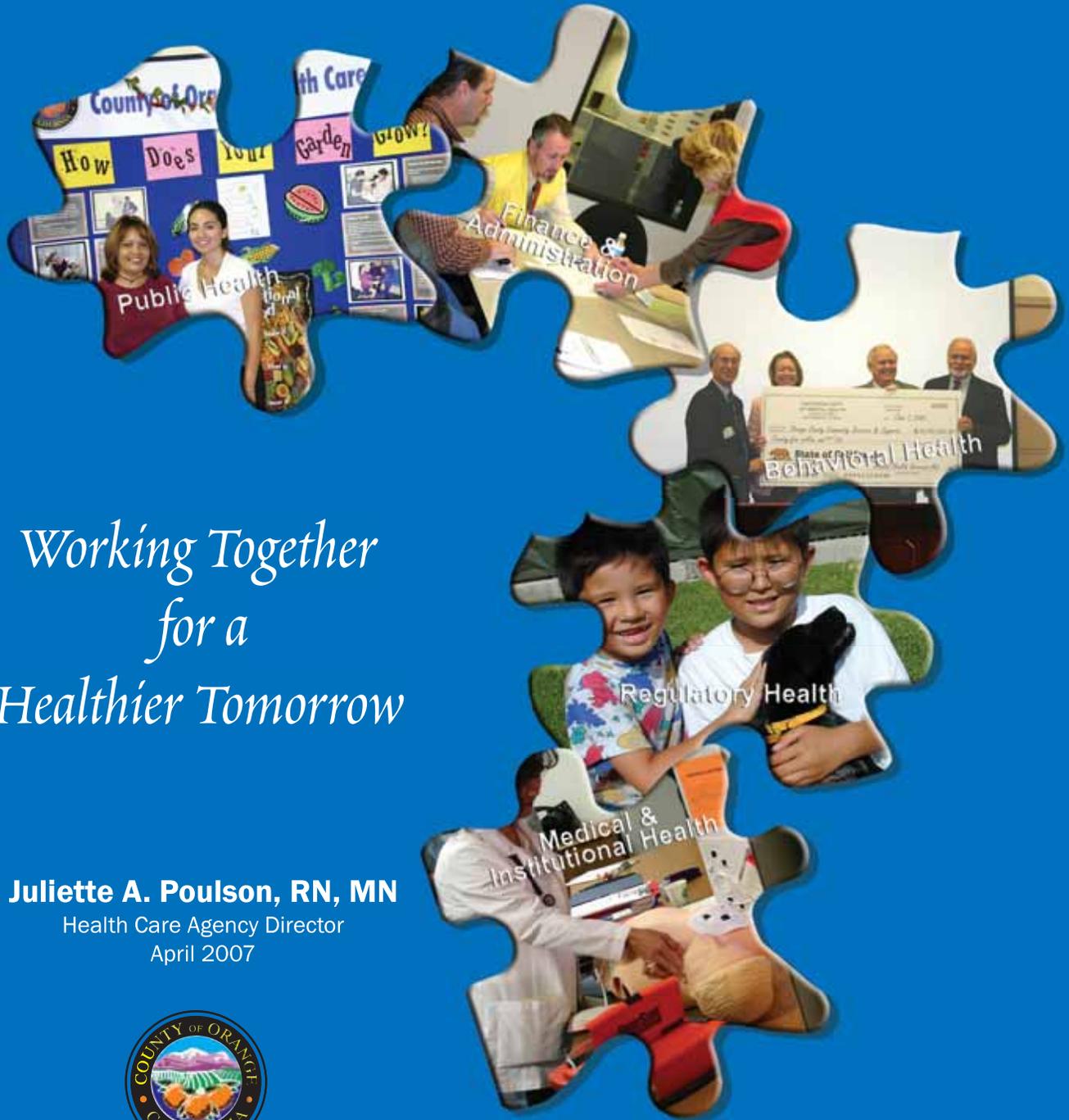


County of Orange Health Care Agency

2007 BUSINESS PLAN



*Working Together
for a
Healthier Tomorrow*

Juliette A. Poulson, RN, MN

Health Care Agency Director
April 2007





COUNTY OF ORANGE
HEALTH CARE AGENCY

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Excellence
Integrity
Service



Dear Readers:

I am pleased to present the Health Care Agency's Business Plan for Fiscal Year 2007-2008. It is my hope that our Business Plan will provide you with a comprehensive overview of the many programs and services that are provided by your Health Care Agency (HCA).

The 2007 Business Plan is intended to document HCA's progressive actions to ensure the health of our 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 also reflects the commitment of our Agency to ensure a solid financial foundation on which we can build these services and programs. Finally, the plan provides a brief description of the opportunities, challenges and current health service issues faced by HCA. In recent years, HCA has faced an unprecedented number of challenges. However, this time of great change has also provided extraordinary opportunities, such as the potential for enhanced community mental health services made possible by the implementation of Proposition 63, the Mental Health Services Act.

The Business Plan also 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 our 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 2007 BUSINESS PLAN

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I. Executive Summary

The Health Care Agency (HCA) is a large and dynamic public agency, comprised of approximately 2,600 employees responsible for providing a wide range of services to the Orange County community. HCA's core services range from reducing communicable disease, to treating those with mental illness or substance abuse problems, to promoting healthy behaviors. The Agency is very active in building and maintaining partnerships to ensure the highest quality of life standards are available to our residents.

Although this past year has brought financial challenges to the Agency at both the State and County levels, it has also provided new opportunities to enhance services. HCA has been very proactive in developing strategies to meet the challenges and

to take advantage of the opportunities to provide more and better services to the community. The staff of HCA remains focused on the Vision, Mission, and Values of the organization.

The Agency's Vision, Mission and Values provided the framework for the development of four Agency Strategic Goals, and two internal Business Strategies.

STRATEGIC GOALS

1. Prevent disease and disability, and promote healthy lifestyles.
2. Assure access to quality health care services.
3. Promote and ensure a healthful environment.
4. Recommend and implement health policy and services based upon assessment of community health needs.

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

BUSINESS STRATEGIES

1. Encourage excellence by ensuring a healthy work environment that values employees.
2. Support the workforce through the effective use of technological and other resources.

PRIMARY OUTCOME INDICATORS

Although the Agency uses a multitude of measures to assess performance, seven primary outcome indicators have been selected that cross over several strategic goals and directly reflect our mission. These primary outcome indicators include overweight/obese residents, disaster preparedness, healthcare access for children, communicable diseases (Tuberculosis and Chlamydia), ocean and recreational water quality, behavioral health level of functioning, and food safety.

OPERATIONAL PLAN

This section describes our clients and our resources, discusses challenges and methods for overcoming barriers, and identifies the specific strategies that will be undertaken during Fiscal Year 2007-08 to further the Agency's Vision, Mission, Values and Strategic Goals.

CLIENTS

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

RESOURCES

The State's fiscal crisis of recent years, as well as local cost pressures, have had major impacts on the Health Care Agency in the past few years. Significant funding challenges will continue into 2007-08 and beyond. Also, inequities in the statutory allocation of Health and Mental Health Realignment funding to counties is an ongoing concern. In contrast, Proposition 63, the Mental Health Services Act, was approved by the voters in November of 2004 and is providing a substantial increase in funding to expand community mental health services. The funding must be used to expand, rather than simply maintain, mental health services for subsets of our population,

including children and youth, adults, and older adults. Funding for planning efforts became available in 2005, with implementation beginning in 2006. An extensive public planning process was implemented to develop a three-year plan for the mental health Community Services and Supports.

CHALLENGES

We have crafted new strategies for FY 2007-08 that recognize current and projected fiscal constraints, as well as identify new funding sources. However, there are other ongoing and potential challenges that may inhibit progress. These challenges can be divided into three categories: financial, regulatory and workforce. This section describes these challenges, and identifies how the Agency is working to overcome these barriers.

STRATEGIES TO ACCOMPLISH GOALS

The Health Care Agency's 2007 Business Plan contains more than 30 performance indicators that will be addressed during fiscal year 2007-08. 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.

“What’s happening in O.C. is a model for what’s possible throughout California,” said Steve Mayberg, director of the state Department of Mental Health.

Orange County Register 6/10/06

2006 ACCOMPLISHMENTS

The Health Care Agency's 2006 Business Plan contained four Goals, two Business Strategies and 45 Performance Indicators, all of which were accomplished or partially accomplished. Highlights are provided below.

GOALS

1. Prevent Disease and Disability, and Promote Healthy Lifestyles

The provision of health education to the public has been an important approach in promoting healthy lifestyles and preventing disease and disability. Public Health staff participated in several efforts, including one focused on improving local breastfeeding rates and another that provided nutritional education classes for more than 1,000 low income older adults during the first few months of Fiscal Year 2006-07. Behavioral Health staff helped to develop a tool kit on children's mental health as part of the "Safe from the Start" Collaborative.

2. Assure Access to Quality Health Care Services

Increasing access to quality health services has been accomplished using a variety of mechanisms. Behavioral Health's Adult Mental Health Services developed a full-service partnership to serve up to 300 adults and older adults with serious and persistent mental illness.

3. Promote and Ensure a Healthful Environment

The Agency has worked to achieve this goal in a number of areas. The Public Health Laboratory has implemented all procedures necessary to meet State and Federal designation requirements as a bioterrorism response laboratory, passing a Centers for Disease Control inspection in November 2006.

4. Recommend and Implement Health Policy and Services Based Upon Assessment of Community Health Needs

HCA continues to house strong research and epidemiological units, which collect, analyze, and present data on the needs of many target populations in Orange County. Ongoing client satisfaction surveys have been implemented at all Public Health clinics and a new psychosocial assessment instrument was developed for tracking the treatment progress of all Alcohol and Drug Abuse Services clients.

BUSINESS STRATEGIES

1. Encourage Excellence by Ensuring a Healthy Work Environment that Values Employees

Recognizing that employees are truly our greatest resource, a number of strategies have been utilized to support HCA staff. One example is our focus on staff development through training custom-designed for individual division and program areas. HCA Human Resources offered five new courses to programs and supervisors in 2006 and has created a Career Development Plan to be implemented in January 2007.

2. Support the Workforce through the Effective Use of Technological And Other Resources

Technology has assisted HCA in creating an efficient workforce environment. Implementation of the Cerner-Pathnet Laboratory Information System is on schedule for completion in February 2007 and Public Health Community Nursing has implemented basic electronic nursing documentation for individual client care.

II. Vision, Mission, Values & Strategic Goals

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

The 2007 Business Plan for the Health Care Agency again deals with a challenging fiscal environment. Yet, in spite of the financial difficulties facing the Agency and the County, we find that the Agency's Vision, Mission, Values, and Strategic Goals continue to serve us well in shaping performance indicators designed for the efficient and effective delivery of core services to the community.

HCA's strategic goals and performance indicators describe how the Agency will achieve our Vision and Mission, under the Values established. It is also important to recognize that the individual performance of HCA employees is documented through their Performance Incentive Program (PIP) and Management Appraisal Program (MAP) and is based on the Agency's strategic goals.

HCA has also identified two internal Business Strategies focused on our greatest asset, our employees.

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

STRATEGIC GOALS

1. Prevent disease and disability, and promote healthy lifestyles.
2. Assure access to quality health care services.
3. Promote and ensure a healthful environment.
4. Recommend and implement health policy and services based upon assessment of community health needs.

BUSINESS STRATEGIES

1. Encourage excellence by ensuring a healthy work environment that values employees.
2. Support the workforce through the effective use of technological and other resources.

HCA SERVICES AND COMMUNITY BENEFITS

The Health Care Agency is a regional provider, charged with protecting and promoting individual, family and community health through coordination of public and private sector resources. HCA's service environment is complex, with 200 different funding sources and over 200 State and Federal mandates. The mandates under which HCA operates require the County to provide or to regulate certain health services, and may include specific requirements for staffing, operations, claiming and record-keeping.

Many of HCA's services are preventive in nature and therefore are not readily apparent to the public. Other services involve direct treatment, regulation and enforcement, or community activities that are more visible. The Health Care Agency is one of the largest County agencies, with approximately 2,600 staff working in over 100 separate locations.

A CAUSE FOR CELEBRATION



Mental health advocates, consumers and providers joined with the Health Care Agency in celebrating the State's approval of Orange County's Mental Health Services Act Community Services and Supports Plan. Accepting the symbolic check for \$25 million were (l-r): Mark Refowitz, Deputy Agency Director/Behavioral Health Services, Orange County Health Care Agency; Julie Poulson, RN, MN, Director, Orange County Health Care Agency; Bill Campbell, Chairman, Orange County Board of Supervisors; Stephen W. Mayberg, Ph.D., Director, California Department of Mental Health.

**"...a \$25.5 million boost
in funding from the state
will help meet more of the
growing mental health needs of a
diverse population, officials say."**

Orange County Register 6/10/06

The Health Care Agency is composed of the following service areas:

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.

Behavioral Health Services

Provides a culturally-competent and client-centered system of behavioral health services for eligible county residents in need of mental health care and/or treatment for alcohol and other drug abuse.

Institutional Health Services

Provides medical and behavioral health care to adults and children in institutional settings.

Health Disaster Management

Prepares the County, Operational Area, and local medical providers to effectively mitigate, respond to, and recover from natural or man-made disasters. In addition, provides oversight to all emergency medical services providers.

Medical Services for Indigents

Contracts for essential medical services for indigent patients for whom the County is responsible.

Regulatory Health Services

Ensures food safety, water quality and protects the public's health and safety from harmful conditions in the environment, from animal-related injury, and from disease and nuisance hazards through enforcement of health and safety standards. Animal Care Services provides services to 22 cities and all of the unincorporated areas in the county.

Financial and Administrative Services

Promotes and provides for the fiscal and operational integrity of the Agency through sound management principles and practices, and provides support services to Agency programs. Services include Accounting, Central Operations, Contract Development and Management, Financial and Program Support Services, Human Resources, Information Technology, and Strategic Projects Administration.

Internal Service Units

There are three other internal HCA service units. These include the Office of Compliance, Municipal/Community Relations, and the Office of Quality Management. These offices provide a variety of supportive services necessary to the provision of high quality, efficient community and individual services by the Agency. The Agency's current organizational chart can be found in Appendix A. A description of HCA's programs and services can be found in Appendix B. A listing of HCA's Executive Team can be found in Appendix C.



HCA's Vision And Mission In Action

Medical Services for Indigents (MSI) Program

The evolution of the Medical Services for Indigents (MSI) Program has brought about significant changes in recent years, resulting in improvements for clients, providers and the County of Orange.

Established in 1983, the MSI Program covers essential medical services for Orange County residents between 21 and 64 years of age who have limited or no other financial resources for care. The program covers those medical services that protect life or prevent significant and permanent impairment in health status or function. Financial eligibility is based on Medi-Cal criteria, with an income cap of 200% of the Federal Poverty Level.

In 2003, the Health Care Agency, in cooperation with the Hospital Association of Southern California, the Orange County Medical Association, the Coalition of Orange County Community Clinics and community representatives, began the process of developing a five year Vision for the MSI Program. Completed in December 2003, this five year Vision has become the guiding force for reshaping the MSI Program.

Funding for the MSI Program has been enhanced by \$13 million dollars over the last two fiscal years. An initial enhancement of \$3 million allowed the MSI program to expand the availability of outpatient services outside the hospital setting. This included outpatient laboratory and medical imaging services, urgent care services and the implementation of case management and disease management programs, and increased availability of physician services in certain medical specialties.

The Orange County Board of Supervisors authorized a \$10 million increase in MSI funding during the 2006-07 Fiscal Year. This enhancement has allowed the MSI program to increase reimbursement rates for physicians and hospitals participating in the program, and substantially expand the concept of a "medical home" program for MSI participants in cooperation with the county's network of community clinics.

Another improvement in the MSI Program is ERConnect, which links hospital emergency room providers to updated information about MSI clients. Providers can review information on a patient's treatment history including disease management notes and pharmaceutical usage. In early 2007, the Clinic Connect system will allow community based

providers the same access to data that emergency room physicians currently enjoy through ERConnect. The systems will also allow emergency room providers to refer MSI clients to community clinics for continuing services.

Enrollment in the MSI Program has been made easier with the implementation of an electronic eligibility system. Eligibility for MSI services has been expanded from a period of 6 months to 12 months for all MSI participants. MSI clients can also take advantage of a 24 hour Nurse Hotline for information about health concerns, assisting them in making health care decisions and encouraging the provision of care in an appropriate setting. A Patient Education Department has been established to contact every new MSI client in order to introduce them to the program and ensure they are connected with services.

**"One highlight
is an added \$10 million
in funding for medical care
for the indigent.
The money will be distributed
among hospitals and clinics
throughout the county."**

Los Angeles Times 6/28/06

The use of a pharmacy benefit manager has resulted in savings that have been reinvested in the program. In fact, the savings realized through the pharmacy benefit management exceeded initial projections. This was possible, in part, through increased usage of generic drugs and over the counter drugs, where appropriate, as well as accessing patient assistance programs offered by pharmaceutical manufacturers.

Since release of the five year Vision in December 2003, almost all of the stated objectives have been completed and work continues to improve and enhance this County funded health care safety net program. The collaborative process that produced the MSI five year vision has also increased communications among participants and expanded understanding of the program.

Orange County Child Abuse Services Team (CAST)

The Child Abuse Services Team (CAST) is an example of how a public-private partnership of agencies and organizations can address a significant community issue.

While child abuse reports have been trending lower in recent years, almost 35,000 child abuse reports were received in Orange County during Fiscal Year 2004-05. The CAST program was first established in 1989 to provide a coordinated, child-friendly approach to child abuse investigations. Organizations participating in CAST include the Orange County Social Services Agency, Orange County District Attorney's office, the Orange County Health Care Agency and the non-profit Orange County Child Abuse Prevention Center. A primary goal of the program is to reduce trauma for abused children and their families, and CAST has been recognized nationally for its approach to conducting child abuse investigations.

The Health Care Agency is responsible for the medical and mental health components of the CAST program, with medical services provided by staff that have received specialized training and have experience in the examination and medical evaluation of sexual and physical abuse of children. In 2006, the CAST program achieved the goal of recruiting a full time Medical Director, selecting Frederic W. Bruhn, M.D., for this important post. The Medical Director's position is supported through funding from Hoag Memorial Hospital Presbyterian and the Children and Families Commission of Orange County. In addition to the Medical Director, the CAST team includes a Family Nurse Practitioner, a part time physician and clerical support. CAST team members provide expert legal testimony and ensure that families are connected to mental health crisis intervention services and voluntary child advocacy services.

Another important component of the CAST program is providing training opportunities to medical providers in the community and to other organizations in order to promote awareness of child abuse, enhance prevention efforts and improve the diagnosis of child abuse cases. Medical residents from Children's

Hospital of Orange County, Kaiser Permanente, Long Beach Memorial Medical Center and the University of California, Irvine are among the medical professionals participating in these training opportunities.

By providing coordinated services in a safe, child-friendly environment, the CAST team is able to reduce the emotional trauma experienced by the victims of child abuse, provide timely and thorough investigative services and help families begin the often long and difficult healing process.



Health Disaster Management - Emergency Medical Services

Health Disaster Management Division

In recent years, a major focus of Health Care Agency (HCA) initiatives across all service areas has been improving the ability of staff and programs to respond to a public health emergency.

While initial efforts centered on response to possible acts of terrorism or bioterrorism, the Agency's initiatives have evolved to an all-hazards approach to preparedness, as concerns about pandemic influenza and the lessons learned from response to catastrophic hurricanes mandated a more inclusive approach. In Fiscal Year 2006-07, the Health Care Agency formed a Health Disaster Management Division to coordinate the Agency's disaster planning and response functions. The Division brings together staff working on response plans for natural disasters, bioterrorism and pandemic influenza, along with the Agency's Emergency Medical Services program, which has long been involved in response to a wide range of disasters, including earthquakes and other multiple trauma incidents.

To support preparedness activities, the Health Care Agency has received grant funds from a number of sources, such as the Centers for Disease Control (CDC) and the Health Resources and Services Administration (HRSA). Funding has allowed HCA to improve its response capabilities in a number of important areas, including:

- Expanding the capabilities of the Public Health Laboratory to handle and identify possible bioterrorism disease agents
- Enhancing public health disease surveillance and investigation capabilities and promoting disease reporting by health care providers
- Developing plans for increasing surge capacity at area hospitals and acquiring equipment and supplies needed to care for additional patients
- Providing training and educational opportunities for community responders and HCA staff
- Development of an HCA Crisis and Emergency Risk Communications Plan
- Establishment of a Behavioral Health Response Team trained to assist individuals with mental health issues associated with a disaster or health emergency

Among the major accomplishments has been the training of all HCA staff on emergency management response systems, starting first with the Standardized Emergency Management System (SEMS) and more recently including the National Incident Management System (NIMS). Increasing concern about pandemic influenza and its possible impact on Orange County has again expanded the focus of preparedness efforts. New response partners, including individuals, educational institutions and the business community, have been encouraged to participate in development of pandemic influenza response plans. The Cities Readiness Initiative (CRI) has resulted in coordination of HCA response activities with municipal governments and their on-going emergency preparedness efforts.

As plans are developed, additional emphasis is placed on conducting drills and exercises to test those plans, identifying areas for improvement and further refining the Agency's response blueprints. Recent drills have included exercises related to a possible tsunami and the staging of simultaneous mass vaccination clinics at multiple sites around the county.

PRIMARY OUTCOME INDICATORS

The Health Care Agency utilizes a variety of performance indicators to assess its compliance with funding mandates and regulatory agencies, and to ensure conformance to established administrative and clinical best practices. The annual Business Plan is one means by which we can summarize our progress in reaching our goals. A summary of how well the Agency did in accomplishing its Strategic Goals for 2006 is presented in Appendix D.

In the spring of 2006, Agency leadership and staff updated our strategic initiatives for the period covering 2006-2010. This planning process also successfully reaffirmed our Vision, Mission and Values established in 2001 and resulted in the development of some new primary outcome indicators.

The primary outcome indicators include:

- Overweight/Obese Residents
- Disaster Preparedness
- Healthcare Access for Children
- Communicable Disease
- Ocean and Recreational Water Quality
- Behavioral Health Level of Functioning
- Food Safety

It is important to note that the primary outcome indicators selected are reflective of the entire health system, and not just of HCA's performance. The following pages describe each indicator, its importance, and how we are doing. The particular goal(s) to which each primary outcome indicator is related is noted in the description.

Overweight/Obese Residents

What is the Primary Outcome Indicator?

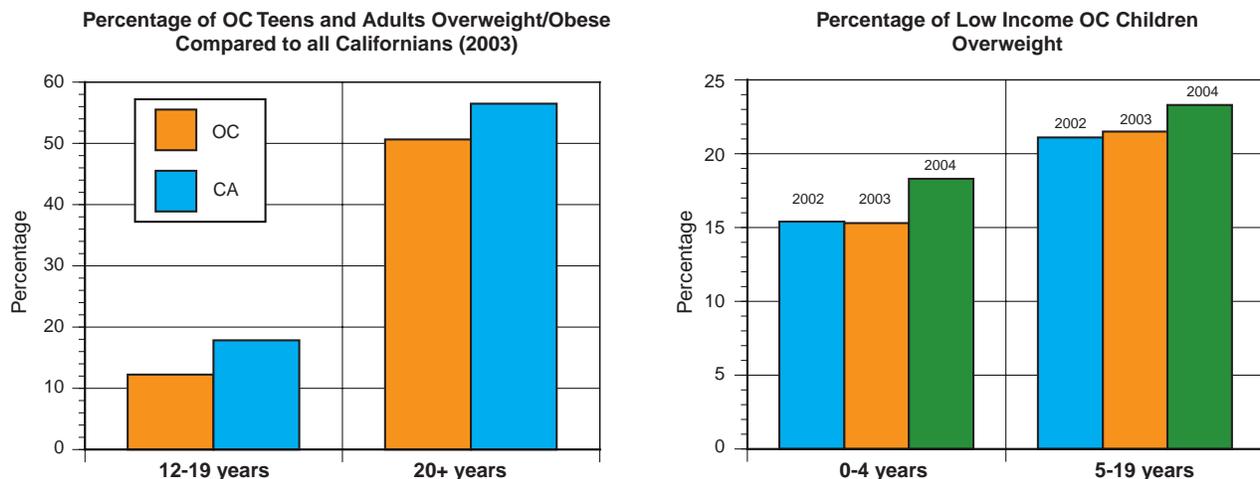
The percentage of Orange County residents who are overweight/obese, as measured by Body Mass Index. Data will be reported from the Child Health and Disability Program (CHDP) Pediatric Nutrition Surveillance System for low income children and through the biennial California Health Interview Survey (CHIS) for teens and adults. These measures relate to HCA Goals 1, 3, and 4.

Why is it important?

Overweight and obesity are major contributors to many preventable causes of death and substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease, stroke, gall bladder disease, arthritis, sleep disturbances, certain types of cancers, and problems breathing. According to Healthy People 2010, more than half of all adults in the US are estimated to be overweight or obese. In fact, the obesity prevalence for adults has doubled over the past two decades. For adults, ages 20 and older, overweight and obesity are determined by using weight and height to calculate a number called the "body mass index," or BMI. An adult with a BMI between 18.5 and 24.9 is considered within a healthy range, 25 and 29.9 is considered overweight, and an adult who has a BMI of 30 or higher is considered obese. For children, BMI is plotted on an age growth chart to obtain a percentile ranking. Children between the 5th and 85th percentile are considered a healthy weight, those at the 85th up to the 95th percentile are at risk of overweight and children at or above the 95th percentile are considered overweight. Importantly, the overweight prevalence in the US has tripled for children and adolescents during the past 20 years. California spends an estimated \$7.7 billion a year in Medi-Cal and Medicare costs associated with obesity. This cost estimate only includes direct medical expenses associated with prevention, diagnosis, and treatment. In 2002, 42% of Orange County deaths were related to heart disease, high blood pressure, and diabetes (County of Orange HCA mortality data, 2005)-all of which are linked to overweight and obesity. We may soon potentially be faced with the first generation of children that will have life expectancies less than their parents (Olshansky et al., 2005). Therefore, addressing overweight and obesity is critical in reducing illness and death.

How are we doing?

Like much of the nation, many OC residents are putting their health at risk by not controlling their body weight. Data from the CHDP PedNSS Survey for low income children indicate that increasing numbers of very young children (<5 years) as well as older children and teens (5-19 years) are becoming overweight or obese. In 2004, 18% of 0-4 year olds and 23% of 5-19 year olds were overweight or at risk of becoming obese. Similarly, the 2003 California Health Interview Survey (CHIS) found that 12% of teens and 51% of adults (20+ years) were overweight or obese, compared to statewide rates of 18% and 57%, respectively.



Olshansky, S. Jay, et al., (2005) A Potential Decline in Life Expancy in the United States in the 21st Century. *The New England Journal of Medicine*, Number 11, Volume 352:1138-1145.

Disaster Preparedness

What is the Primary Outcome Indicator?

Annual exercises with interagency and community partners to assure response capability and to improve/refine operational plans to ensure Orange County is well-prepared and equipped to respond to an emergency, disaster, or hazard. Continue to work toward meeting the Center for Disease Controls' (CDC) preparedness measures by improving current ratings. These measures relate to HCA Goals 1 and 3.

Why is it important?

Exercises and well-practiced plans ensure timely response required to reduce mortality and morbidity that could result from natural or man-made disasters. Exercises test ability to implement disaster response plans needed to mitigate the impacts of natural disasters, terrorist incidents, and infectious disease outbreaks. Although this is being established as a new Primary Outcome Indicator for HCA, disaster preparedness has been a focus of effort in recent years. All HCA staff has been trained on basic emergency response procedures. This has included numerous drills to test and strengthen emergency response plans. HCA has developed strong relations with local hospitals and clinics to coordinate medical response in the event of a disaster. This has been augmented by developing capacity to distribute prophylaxis, medications, medical supplies, and medical equipment throughout the community in the event of a public health or medical emergency. HCA is working with community stakeholders to develop response plans and procedures in the event of a pandemic or other health emergency.

How are we doing?

In partnership with multiple community stakeholders, HCA tested mass vaccination/prophylaxis plans in a multi-site community exercise in November 2006. This exercise was evaluated and a corrective action plan developed to continue to improve preparedness plans. Corrective actions and lessons learned from this exercise were incorporated into local plans and will be included for future assessment review.

The annual CDC assessment resulted in an overall rating of AMBER meaning some areas of preparedness needed improvement. [Rating scale: Red-unprepared, Amber-improvement needed and Green-prepared]. All rated areas must be Green for a Green rating. As shown in the table below, Orange County rated Green in 9 areas, Amber in 1 and Red in 3 areas. Two areas related to the need to identify and train key staff, and another area related to work needed to develop a security plan for Strategic National Stockpile (SNS) operations. The Amber rating related to need to further develop an SNS distribution plan.

The CDC review areas and ratings were:	
• Developing an SNS Plan	Green
• Training, Exercise, Evaluation	Green
• Command & Control	Green
• Requesting the SNS	Green
• Management of SNS Operations	Green
• Tactical Communication	Green
• Public Information & Communication	Green
• Controlling SNS Inventory	Green
• Treatment Center Coordination	Green
• Distribution	Amber
• Security	Red
• Regional/Local Distribution Site	Red
• Dispensing Oral Meds	Red

Healthcare Access for Children

What is the Primary Outcome Indicator?

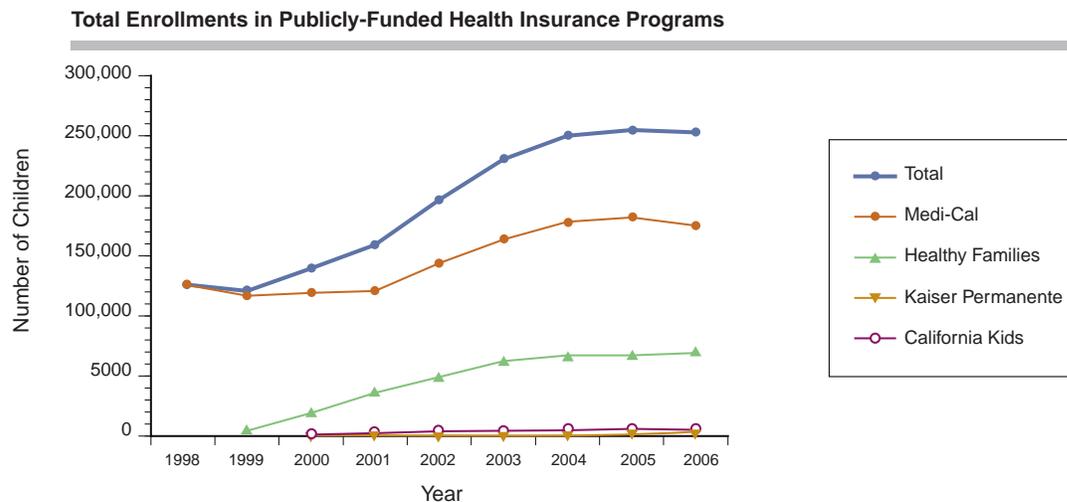
The number and percentage of Orange County children with health insurance as indicated by the 2004 Orange County Health Needs Assessment (OCHNA) and the number of eligible Orange County children enrolled in health insurance programs including Medi-Cal, Healthy Families and Access for Infants and Mothers (AIM). In addition, many children are eligible to enroll in one of two private health insurance programs: Kaiser Permanente Child Health Plan and California Kids. These measures relate to HCA Goals 1, 2 and 4.

Why is it important?

Individuals who are insured are more likely to receive preventive services and health care when needed, resulting in improved health outcomes. These programs provide health care insurance coverage for children and youth in low-income families. Monitoring the number of eligible children and those enrolled in these programs enables us to plan outreach and utilization strategies.

How are we doing?

Progress has been made. Despite an economic slowdown and a loss of jobs that provide health insurance, the percentage of children without coverage has decreased over the past few years. The percentage of children without health insurance has declined from 12.7% in 1998 to 4.6% in 2004 (see table below). This represents 65,000 more children with coverage, leaving an estimated 36,648 children without insurance. The reduction in the number of uninsured children is in large part due to the enrollment increase observed in the publicly funded health insurance programs, primarily between 2001-2004. However, rates of enrollment began to slow dramatically in 2004 and leveled off during past three years, as shown in the graph.* It should be noted that in 2006 the Orange County Board of Supervisors shifted resources to help increase Healthy Family enrollments for those children eligible through increased outreach and application assistance.



*Enrollment data presented are for the month of January for each year.

Health Insurance Coverage of Orange County Children			
OCHNA Survey Results	1998	2001	2004
Number and Percentage of OC Children Insured	704,566 (87.3%)	749,130 (91.4%)	796,703 (95.4%)
Number and Percentage of OC Children Uninsured	102,497 (12.7%)	70,487 (8.6%)	36,648 (4.6%)

Communicable Disease: Tuberculosis & Chlamydia

Tuberculosis

What is the Primary Outcome Indicator?

A reduction in the Orange County tuberculosis (TB) incidence rate to 7.0 per 100,000 residents; meet or exceed a minimum treatment completion rate of 85 percent for individuals with active TB disease; and meet or exceed a minimum treatment completion rate of 75 percent for individuals with latent TB infection. These measures relate to HCA Goals 1, 2, 3 and 4.

Why is it important?

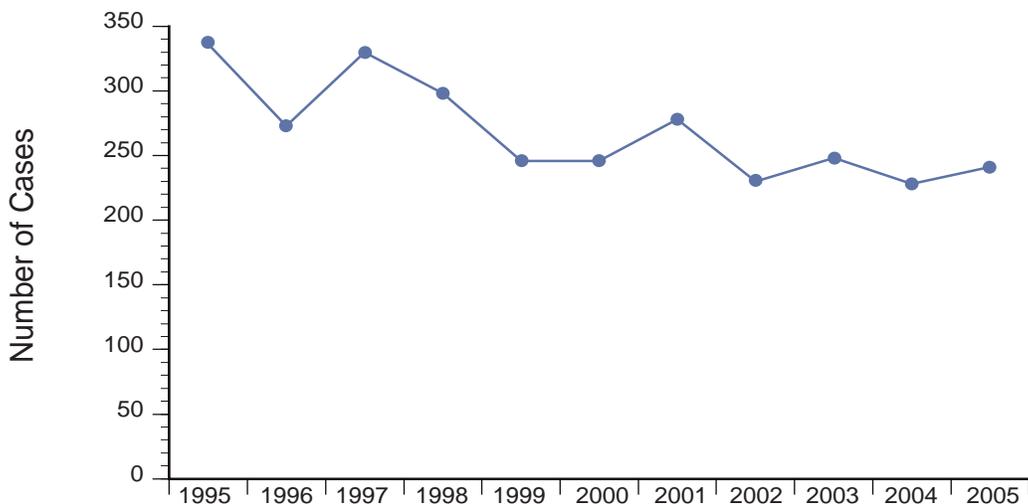
Tuberculosis or *Mycobacterium tuberculosis* is a chronic bacterial infection and a serious public health concern. Persons with infectious TB lung disease can spread the infection to others. Failure to complete drug therapy for TB infection or disease is one of the primary causes of drug-resistant TB, which makes TB much harder and more costly to treat. The number of confirmed TB cases has decreased by 28 percent since 1995, from 336 cases to 241 cases in 2005. However, an estimated 300,000 people in Orange County with latent TB infection remain at risk of developing active TB.

In August 2003, Pulmonary Disease Services made a change to the services provided within the TB Prevention Services Clinics. Public Health's TB clinics discontinued tuberculin skin testing for low risk individuals, and individuals needing work or school clearance. This allowed Pulmonary Disease Services to refocus resources on detection and treatment of high risk individuals (i.e., the HIV-infected, immigrants and refugees, and individuals identified through investigations performed as a result of a positive tuberculin skin test in a child under five years of age). In addition, Pulmonary Disease Services established a TB contact investigation team. The team focuses on identifying, testing, and treating contacts to suspected or confirmed TB disease cases.

How are we doing?

The rate of new cases continues a downward trend. Orange County reported 241 cases of TB in 2005. This was an increase of 6% from the 228 cases reported in 2004 but a 12% decline in the number since 1996. There has been an overall trend of declining cases over the past 10 years, as can be seen in the accompanying graph. Orange County TB cases peaked in 1993, with 431 cases reported. The Orange County 2005 TB case rate of 7.8 per 100,000 population is higher than the United States 2005 rate of 4.8 and lower than the California rate of 7.9. These TB case rates remain significantly higher than the Healthy People 2010 objective of 1 case (1.0) per 100,000 population.

Orange County TB Cases by Year of Report (1995-2005)



Communicable Disease: Tuberculosis & Chlamydia

Chlamydia

What is the Primary Outcome Indicator?

The number and rate of people who test positive for Chlamydia as reported by doctors in the community. California Code of Regulations, Title 17, Section 2500, mandates that certain communicable and non-communicable diseases/conditions, such as Chlamydia, be reported to the local health department using specified methods and time frames. These measures relate to HCA Goals 1, 2, 3 and 4.

Why is it important?

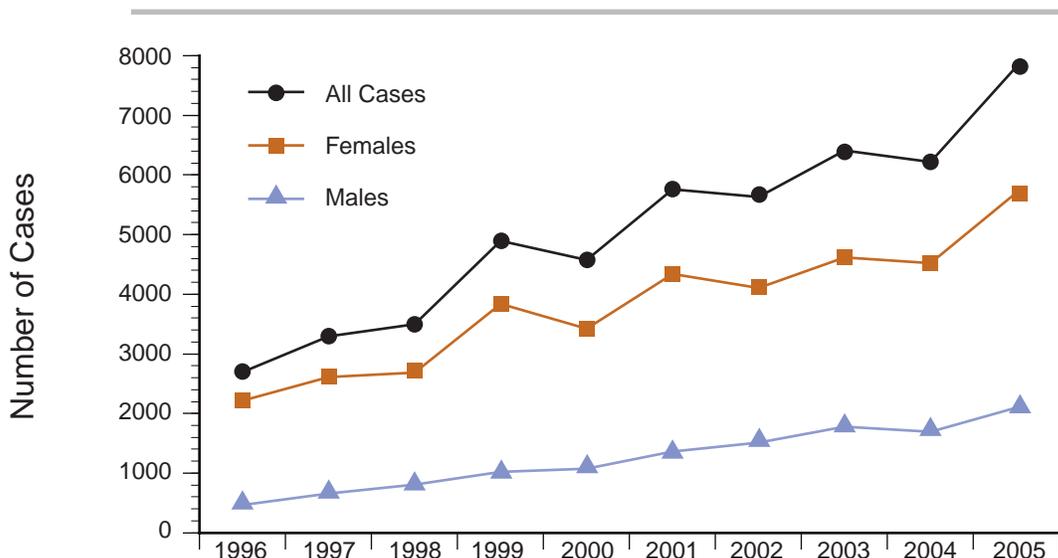
Sexually transmitted *Chlamydia trachomatis* is the most common communicable disease reported in California. The majority of Chlamydia infections are asymptomatic, going undiagnosed by a clinician, and therefore untreated.

Up to 40 percent of women with untreated Chlamydia will develop pelvic inflammatory disease (PID), which is the leading cause of preventable infertility in the US. Approximately 20 percent of PID patients will become infertile, 6 percent will have ectopic pregnancies, and 18 percent will suffer chronic pelvic pain. Chlamydia may also contribute substantially to the spread of heterosexually acquired HIV infection.

How are we doing?

The number of reported cases has nearly tripled, from 2,693 cases in 1996 to a high of 7,813 cases in 2005. The number of new cases continues to increase by an average of 10% per year. Similar increases are also evident at state and national levels. Most people who have Chlamydia do not have any symptoms, so this increase is due in a large part to increased awareness and improved screening methods. Specifically, through a newly developed, non-invasive, non-culture method (i.e., DNA amplification assay of urine) patients receive more accurate results more quickly. The challenge will be to reach the highest risk populations, particularly females 15-34 years of age. As can be seen in the figure below, females have about 3 times more cases compared to males.

Orange County Chlamydia Cases by Year of Report (1996-2005)



Ocean and Recreational Water Quality

What is the Primary Outcome Indicator?

Ocean and bay water (beach) closures due to sewage spill contamination. Beach-Mile-Days (BMD) of closure are calculated by multiplying the number of days of closure by the number of miles of beach closed. This measure relates to HCA Goals 1, 3 and 4.

Why is it important?

Improved ocean water quality is a strategic initiative for the County of Orange. The overall goal is to reduce and eliminate environmental threats to community health that are associated with unsafe ocean and recreational water. HCA's Ocean Water Protection Program posts warnings at shorelines and bayfronts when bacterial levels exceed health standards, and closes ocean or bay waters when an immediate health hazard is identified. In addition to tracking total numbers of closures, the program uses a measure that tracks closures in Beach Mile Days (BMDs), in order to provide a more meaningful comparison of ocean water availability to the public from year to year. This measure takes into account the length of oceanfront closed and the number of days of lost use, and therefore provides a more precise indicator of the severity of each closure. Ongoing water quality efforts include projects to identify the sources of bacteria and improve laboratory-testing procedures to provide earlier notice of potential health hazards.

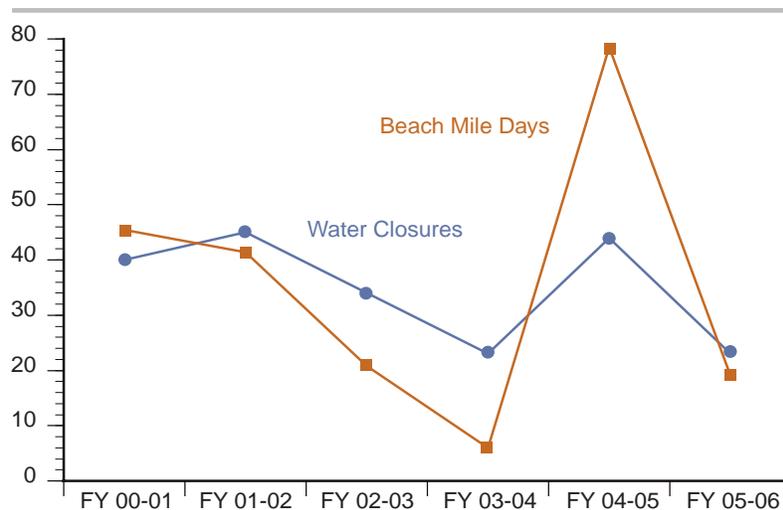
How are we doing?

The number of closures and corresponding BMDs have returned to levels that preceded last year's spike. The increase during 2004-05 was due to near-record breaking rainfall which resulted in catastrophic failure of several major sewer lines. The number of closures in FY 2005-06 matches the lowest since the inception of this measure as a primary outcome indicator, and the number of BMDs is the second lowest.

Additionally, a recent enhancement to the database has led to a refinement of prior years' BMD totals. The enhancement included using more precise value of the length of the beach closure within the formula that is used to calculate Beach Mile Days.

As a point of perspective, the total amount of time and recreational area that is available in Orange County throughout the year is 40,880 Beach Mile Days (365 days x 112 total miles of recreational area). Therefore, the 19.1 BMD figure for FY 2005-06 means that beaches and bay areas in Orange County were closed for use only 0.047% of the time.

Ocean Water Quality Days of Closure (2000-2005)



Behavioral Health Level of Functioning

What is the Primary Outcome Indicator?

Clinical status measures for both adults and children who receive HCA Behavioral Health Services. With the approval of Proposition 63 and the enabling Mental Health Services Act, Behavioral Health has begun a major initiative to address community mental health and substance abuse treatment needs. Baseline data from this initiative are being collected as these new programs are currently being implemented. In the meantime, alternate primary performance indicators are available for a sample of clients, including 818 adults and 607 children. These measures relate to HCA Goals 1, 2 and 4.

Why is it important?

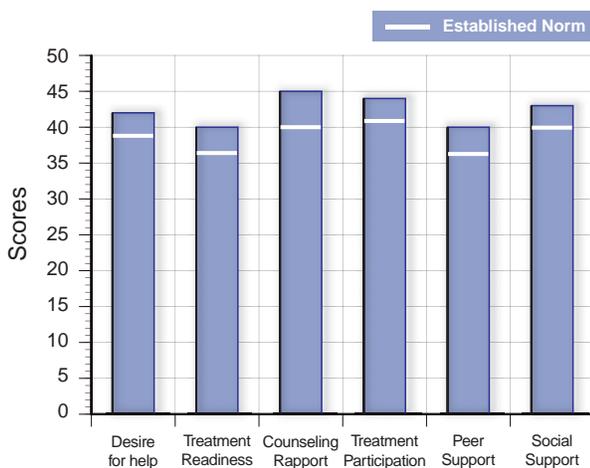
Mental disorders and substance abuse are the leading causes of disability, as measured by years of lost productivity. Mental illness can affect persons of any age, race, religion or socioeconomic status, and are treatable through pharmacological and psychosocial treatment supports. The economic cost of untreated mental illness is more than \$100 billion each year in the United States. Mental illness takes many forms and manifests individually; examples include major depression, schizophrenia, and bipolar disorder. Alcohol and drug abuse are often co-occurring disorders.

How are we doing?

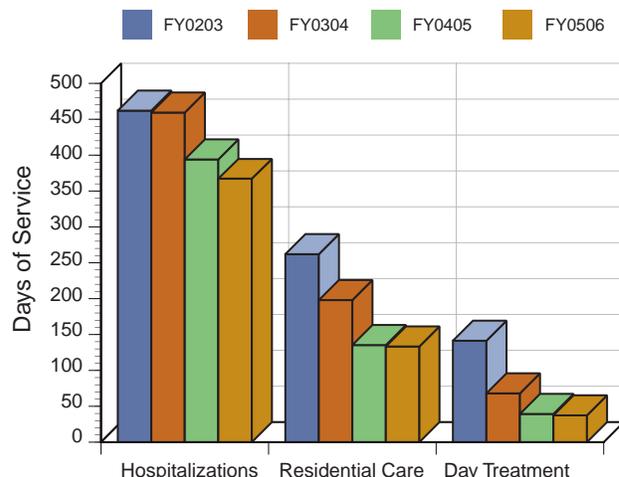
Adults – Psychosocial functioning has improved. Alcohol and Drug Abuse Services (ADAS) clients' treatment progress is now tracked through a newly adopted psychosocial assessment instrument. Preliminary results show that overall, client motivation, including desire for help and treatment readiness improved over the course of treatment. Additionally, ADAS clients' level of motivation, participation in treatment, peer and social supports and counseling rapport were found to be better than national norms (shown in figure below).

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 or out of home placement, or require intensive day treatment services. However, over the past four fiscal years the number of youth requiring these intensive services such as psychological hospitalization or residential care continues to be reduced through the use of innovative and less restrictive treatment alternatives such as Therapeutic Behavioral Services (TBS), which has increased 42% in the last year. Wraparound services, which enrolled 572 families in the first four years now has an enrollment of 815 youth.

ADAS Client Evaluation of Self and Treatment (CEST)



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



Food Safety

What is the Primary Outcome Indicator?

A measure of the incidence of confirmed foodborne illness cases and the number of foodborne illness complaints received, and a measure of the number of violations that are identified as those most likely to contribute to foodborne illness. An initiative to increase the level of food worker and consumer awareness of following key food safety practices is currently under development. These measures relate to HCA Goals 1, 3 and 4.

Why is it important?

Foodborne illness imposes a burden on public health and contributes significantly to the cost of health care. When unreported cases are taken into account, an estimated 76 million illnesses, 325,000 hospitalizations, and 5,000 deaths nationwide each year may be associated with microorganisms in food. The cost of lost productivity is estimated at between \$20 billion and \$40 billion each year. Hospitalizations due to foodborne illnesses are estimated to cost over \$3 billion each year. More than 30 million people in the United States are particularly susceptible to foodborne disease. Very young, elderly, and immunocompromised persons experience the most serious foodborne illnesses. They may become ill from smaller doses of organisms and may be more likely to die of foodborne disease than other persons.

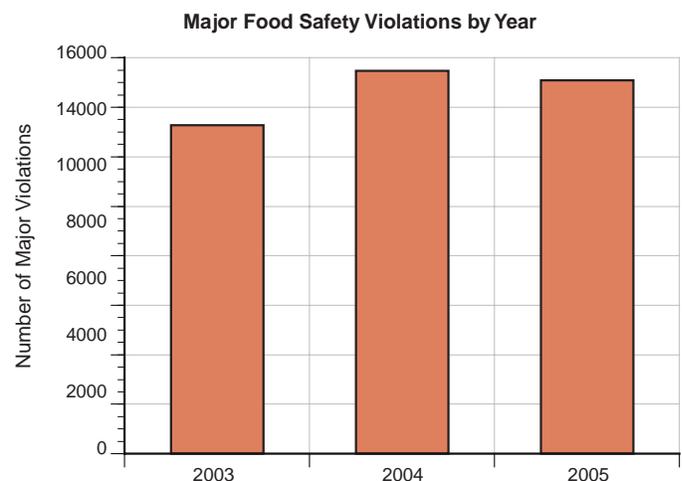
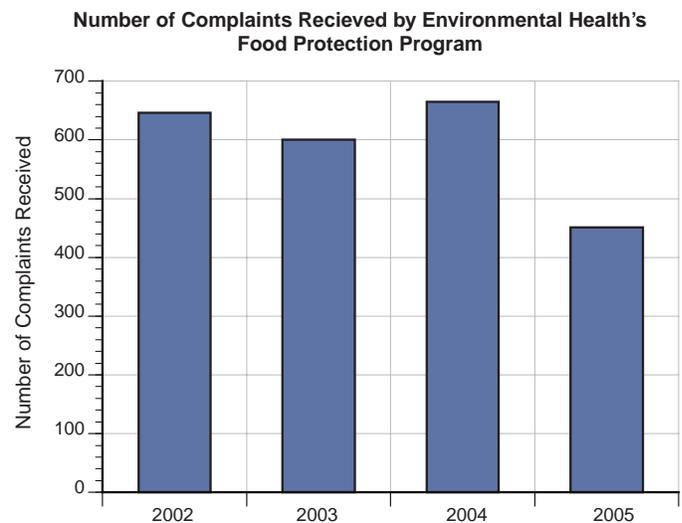
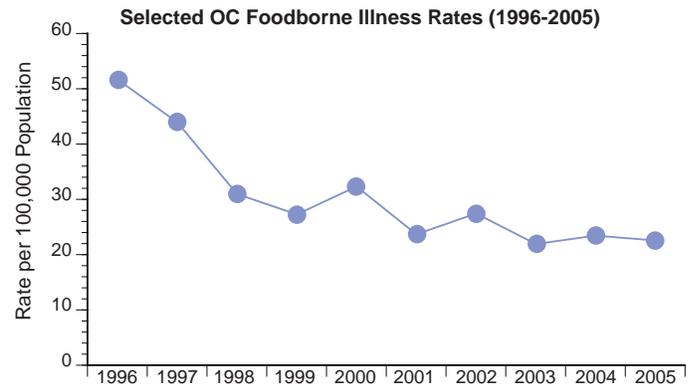
How are we doing?

The rate of foodborne illness cases reported to HCA/Epidemiology's Reportable Diseases (specifically for *Campylobacteriosis*, *E. coli O157: H7*, *Listeriosis*, *Salmonellosis*, *Shigellosis*, *Vibriosis*, and *Yersiniosis*) has systematically decreased by 56% over the past nine years.

The number of foodborne illness complaints received by Environmental Health's Food Protection Program has decreased by 30% over the past four calendar years.

The number of citations of major food safety violations (those violations that if left unabated may have caused illness or injury) remained relatively level at about 15,000 per year.

Environmental Health is currently developing a food worker education program to further increase awareness. In addition, we will be placing food safety information on our website which will allow the public and consumers to become familiar with key food safety practices.





CLIENT PROFILE

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

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 or treatment services to those in need of care. A subcategory of the latter consists of treatment services to persons residing in County correctional or other institutions.

Services for the community

Agency programs such as ocean recreational water protection, food sanitation, hazardous waste management and animal care services focus directly on the prevention of threats to health in the physical environment through monitoring and inspection, licensing and statutory regulation. Health Disaster Management prepares the County and local medical providers to respond to and recover from natural or man-made disasters. Communicable disease programs focus on intervention in the transmission of tuberculosis and sexually transmitted diseases, including Chlamydia. The Agency also monitors acute communicable disease trends and investigates and intervenes in outbreaks and other unusual occurrences.

The Agency maintains a continuing emphasis on advocating safe and healthy lifestyles, with many efforts centered in the Health Promotion Division. The

Health Promotion Division, although organizationally located within Public Health Services, serves the entire Agency, assisting with prevention, disease management and health education efforts. This Division includes the Alcohol and Drug Education and Prevention Team (ADEPT) and the Tobacco Use Prevention Program (TUPP), which focus on substance use and abuse as major risk factors for many health problems. The Health Promotion program also collaborates with a variety of public and private organizations and community agencies to prevent injury, obesity, chronic disease, and communicable diseases, and to promote personal and family health.

Preventive services for at-risk individuals

Behavioral Health Services programs focus on prevention in the areas of substance abuse and mental health services for adults and children. These efforts are often in partnership with community organizations and contract providers, and are provided in response to legislative mandates.

Prevention services for prenatal substance exposure and perinatal HIV infection are provided to at-risk pregnant women through the Perinatal Substance Abuse Services Initiative Assessment and Coordination Team (PSASI/ACT). ACT is a team of Public Health Nurses providing home visitation and case management services throughout pregnancy and the first six to twelve months of the child's life.

Initiatives to increase access to healthcare services for children and families will make health screenings and early identification of potential health risks

possible for many more Orange County residents. 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 by public health nurses and behavioral health professionals, neighborhood well-child and maternal health clinics, immunizations, nutrition counseling, and food vouchers. In addition, a major goal of the County's Older Adults Initiative will be to prevent and reduce the debilitating complications of chronic diseases, such as diabetes.

Intervention/treatment services for individuals

HCA programs also provide services designed to prevent individuals from progressing to more serious health problems. Behavioral Health serves children, adolescents, adults, and older adults with serious mental, emotional disturbances and/or substance abuse problems. Behavioral Health operates under statutory authority to detain and evaluate individuals and provide crisis stabilization to persons with mental disorders. Prevention services are provided to those who may pose a threat to themselves or to others in the community. The Preventive Health Care for the Aging Program provides Public Health Nursing assessment, education, chronic disease case management, referral, and follow-up to Orange County's older adults at accessible senior/community centers throughout the county. The goals of the program are to promote healthy lifestyles, to increase access to health care and to improve the quality of life of Orange County's over-55 population.

Medical Services for Indigents provides for the care of eligible medically indigent adults who have no other source of medical care. Public Health provides clinical and support services for persons with HIV or AIDS, and other communicable diseases. Medical and other therapeutic services for disabled children are coordinated through California Children Services. Emergency dental services are available for low-income persons.

Treatment services in institutional settings

HCA is responsible for medical, dental, pharmaceutical 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 life style-related causes of chronic disease (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. Additional information regarding caseload data and population trends is located in Appendix E.

RESOURCES

HCA's adopted budget for Fiscal Year 2006-07 is \$536 million in net expenditures, including \$243 million for Behavioral Health Services, \$120 million for Public Health Services, \$85 million for Medical Services for Indigents, \$45 million for Institutional Health Services and \$33 million for Regulatory Health Services. There are approximately 2,600 budgeted positions, 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 85% of Agency revenue; County general funding comprises the remaining 15%. Private sector service contracts make up about one-half of the Agency budget. HCA's largest single revenue source is known as State Realignment Funding, and accounts for 32% of Agency program revenue. 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, California Children Services State Aid, Proposition 99 (Tobacco Taxes), Tobacco Settlement Revenue, Proposition 36 (Drug Treatment), AB 3632 (Specialized Children's Mental Health), and fees for services.

CHALLENGES

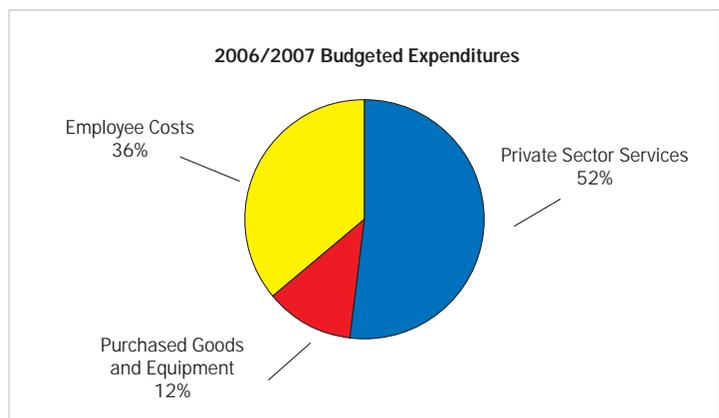
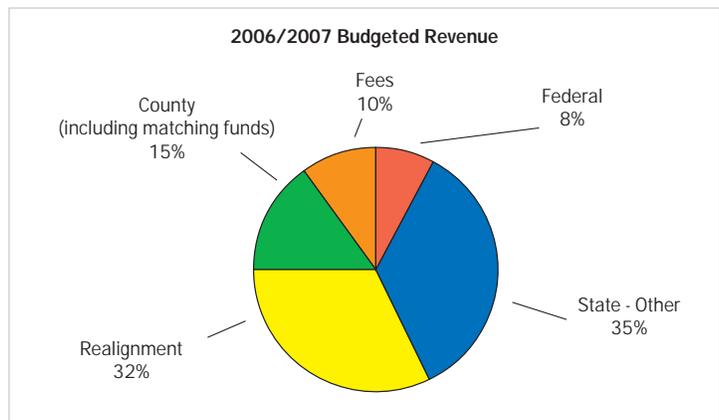
The environment in which the Health Care Agency operates continues to be quite demanding and unpredictable. Consistent with recent history, the major challenge anticipated in FY 2007-08 is financial – specifically, the challenge of continuing to provide essential services with limited resources. Other 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 requested budget. At the same time, program revenues and available County General Fund revenues have increased very little. Exceptions to this include increased funding for the Mental Health Services Act (Proposition 63), and increased County General Funds for the Medical Services for Indigents program.
- 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, as of 2000-01, Orange County was \$17 million 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. We are currently 55th lowest of 58 California counties in per capita expenditures on health and mental health services. Orange County health and mental health expenditures are approximately half that of the statewide median. HCA is receiving funding for Mental Health Services through the passage of Proposition 63, which will help mitigate the funding disparity. However, it cannot supplant existing programs and services.

- The State’s ongoing structural deficit continues to result in budgetary uncertainty for the Agency and the County.

To implement Proposition 36, which provides for treatment services for non-violent drug abusers, Orange County will receive approximately \$5.7 million for 2006-07. This allocation funds treatment, probation, court monitoring, vocational training, and certain other costs. 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. For several years reserve funds have been used to support the provision of services. In 2005-06, \$1.8 million dollars in reserve funds were used to maintain treatment services. No remaining reserves will be applied in 2006-07 or 2007-08. It is unclear if significant service reductions will be anticipated. Without legislative or budgetary action from the State, funding for these services will expire in FY 2006-07. The mandate to provide the services, however, will not. On the positive side, the passage of Proposition 63, the



Mental Health Services Act, is expected to result 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 education and training, and for capital and technology improvements.

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, veterinarians 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 a long-range plan for 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 2007. These activities will require modifications of policies and procedures, workforce training, upgrades to the physical environment, technological upgrades, data systems modifications, and organizational changes.

Overcoming Challenges

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

- Carefully scrutinizing each vacancy occurring in the Agency to ensure that the revenue source providing the funding is stable, and that only critical position functions are considered for continuation.
- Advocating for legislation, including equitable allocations of State and Federal funds, 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. (Examples of ongoing HCA collaborative activities can be found in Appendix G.)
- Continuing a focus on staff training and development, replacement planning, appropriate contracting for support services, and optimizing the organizational structure. Additionally, the implementation of new technologies such as Cerner Lab Module, the enterprise-wide clinical information system and other management information systems, which support revenue generation and meet compliance objectives, including HIPAA.

STRATEGIES TO ACCOMPLISH AGENCY GOALS

Goal 1—Prevent Disease and Disability & Promote Healthy Lifestyles

1.1 Partner with health advocates to promote policies that improve health, particularly those aimed at reducing obesity.

- By June 30, 2008, Public Health Family Health will increase participation in peer counselor program(s) by mothers in documented groups with low exclusive breastfeeding, which has been shown to reduce the likelihood of obesity later.
- By June 30, 2008, Public Health Family Health will track birthing hospitals' adherence to the 10 steps to a Baby Friendly Hospital, which will improve breastfeeding rates.
- By June 30, 2008, Health Promotion will increase Public Health and community capacity to promote physical activity through development and distribution of a comprehensive tool kit binder for planners of "Walk a Child to School Day" and promotion of Helmet Safety Mini Grant program.
- By June 30, 2008, Health Promotion will provide technical assistance to at least one school district for establishing a replicable "Joint Use Agreement," allowing school facilities to be used for physical activity after school hours.
- By June 30, 2008, Health Promotion will improve the capacity of at least five informal health care providers to make environmental changes to their facilities that support healthier eating and/or increased levels of physical activity among their clients and staff.
- By June 30, 2008, Health Promotion will provide technical assistance to at least one school district for implementing a replicable employee wellness program for staff.
- By June 30, 2008, Health Promotion will conduct a nutritional assessment of the "food environment" specific to the mobile vendor trucks in three Santa Ana neighborhoods, in collaboration with Latino Health Access.

1.2 Improve capacity for disease detection, surveillance, investigation, and control.

- By June 30, 2008, Public Health will implement an electronic disease reporting system.
- By June 30, 2008, Animal Care Services will monitor and respond to zoonotic disease events in collaboration with intra- and inter-agency partners.
- By June 30, 2008, Alcohol and Drug Education & Prevention Team (ADEPT) will assist health care groups (e.g. HMOs, PPOs, Specialty Groups) in developing and implementing an alcohol screening and brief intervention protocol.
- By June 30, 2008, Correctional Medical Services will implement a digital x-ray screening program and improve the screening rate for tuberculosis within the adult correctional facilities.

1.3 Increase community and in-custody health education and training.

- By June 30, 2008, Health Promotion will provide classes on healthy eating, physical activity and food stamps targeting low-income individuals.
- By June 30, 2008, ADAS Prevention Team, in an effort to enhance protective factors, increase alcohol and other drug (AOD) awareness and knowledge of community resources, will provide a 12-session AOD Prevention Curriculum to at least 100 at-risk foster youth at group homes or other foster youth gathering places, at least 200 probation youth at juvenile detention camps and to at least 50 at-risk youth at Orangewood Children's Home.

1.4 Reduce the number of violations at retail food facilities and animal related businesses.

- By June 30, 2008, Animal Care Services will implement an incentive program that identifies and awards a certificate to animal businesses that routinely exhibit excellent care of animals and ensure compliance with County, State and Federal mandates.
- By June 30, 2008, Environmental Health will implement a food worker education program to increase awareness of and compliance with food safety practices and regulations, and add food safety information to our web site.

1.5 Reduce the number of sewage spills and the number of storage tank leaks.

- By June 30, 2008, Environmental Health will conduct inspections at specified food facilities to assist with reducing the amount of fats, oils and grease (FOG) disposed of into the sewer system. FOG is one of the leading causes of sewage spills, which often result in beach closures.

Goal #2—Assure Access to Quality Healthcare Services

2.1 Facilitate access to available health services through Public Health Nursing, outreach, health access coordinators, and care managers and/or social workers.

- By June 30, 2008, Public Health Nursing will develop a tracking tool to be utilized by various Public Health programs that can report on the number of clients accessing a medical home or specialist care.
- By June 30, 2008, Juvenile Health Services will partner 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.

2.2 Increase insurance and healthcare coverage.

- The Medical Services for Indigents program will expand the number of persons eligible for health care services through the use of incentives for community clinics to enroll eligible persons.
- All clients seen in the Public Health Pediatric Immunization, Children's Medical, Children's Dental and WIC clinics at the 17th Street, Santa Ana clinic site will be screened for health insurance and those without will be referred for assistance with application and access to Medi-Cal, Healthy Families or other health insurance programs.

Goal #3—Promote & Ensure a Healthful Environment

- By June 30, 2008, Animal Care Services will increase pet adoptions by 2% over the previous year, proportionate with the number of impounds.

3.1 Increase coordination with primary care to reduce impact of chronic illnesses and infectious diseases (such as HIV, AIDS, Substance Abuse, High Risk Pregnancies, and SIDS).

- By June 30, 2008, Public Health Disease Control will increase coordination with primary care providers to reduce impact of chronic illnesses and infectious diseases (such as HIV, AIDS).

3.2 Increase capacity to respond to disasters.

- By June 30, 2008, Animal Care Services will incorporate pet evacuation and transportation standards in County Emergency Response Manuals.
- By June 30, 2008, Correctional Medical Services will coordinate with Orange County Sheriff Department (OCSD) to integrate HCA and OCSD disaster preparedness plans for adult correctional facilities.
- By June 30, 2008 conduct exercises with interagency and community partners to assure response capability and to improve/refine operational plans to ensure Orange County is well-prepared and equipped to respond to an emergency, disaster, or other hazard.
- By June 30, 2008 obtain a rating of “Green” (i.e., Prepared) in the CDC’s annual preparedness assessment.
- By June 30, 2008 Health Disaster Management will increase the number of registered Orange County Medical Corps volunteers by not less than 40.

3.3 Work with community partners to promote public policy alternatives for a smoke free environment.

- By June 30, 2008, Tobacco Use Prevention Program (TUPP) will work with at least 5 outdoor recreational facilities (e.g. amusement parks, parks, sport stadiums) to strengthen their smoking regulation policies.
- By June 30, 2008, TUPP will assist at least 30 businesses that cater to young adults (e.g. coffee houses, bookstore cafes, etc.), in establishing or expanding their designated outdoor non-smoking dining areas.

Goal #4—Recommend and Implement Health Policy & Services based upon Assessment of Community Health Needs

4.1 Build a comprehensive database or clearinghouse of County health indicators data.

- By June 30, 2008, Quality Management in collaboration with Health Promotion, Epidemiology & Assessment, and Family Health, will compile and report a comprehensive set of health indicators by demographic and geographic characteristics.

4.2 Increase designated mental health beds for inmates.

- By June 30, 2008, Correctional Medical Services/CMH will increase designated mental health beds for inmates by adding 10 female beds and 10 male beds as needed.

4.3 Collaborate with community partners on Behavioral Health issues, which include the Mental Health Services Act planning.

- By June 30, 2008 Adult Mental Health Services (AMHS) Residential Care & Housing Office, in conjunction with Housing and Community Development will increase housing opportunities for the homeless mentally ill through receipt of a grant agreement or notification of a grant award for new housing units designated for the homeless mentally ill.
- By June 30, 2008, Behavioral Health Services (BHS) will, in collaboration with the Court, the Probation Dept, the Public Defender and District Attorney, develop and implement new Family Violence Collaborative Court Program in two jurisdictions, specifically West and North Courts.
- By June 30, 2007, BHS/Children & Youth Services will expand behavioral health services to Probation youth being detained at, and discharged from, the Youth Leadership Academy.
- By June 30, 2008, a Wellness and Recovery Center will be designed to provide persons with chronic mental illness a client centered location to receive education, training, employment and supportive services.

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

5.1 Maintain a qualified workforce through staff development, training, education, recruitment, and retention efforts.

- By June 30, 2008, Human Resources will implement a Leadership Development Program that results in certification upon completion of core courses.
- By June 30, 2008, Correctional Medical Services/CMH will develop staff “Train the Trainers” programs to become trainers for their co-workers in cardiopulmonary resuscitation (CPR), Dialectical Behavior Therapy (DBT), and non-violent crisis intervention.
- By June 30, 2008 Behavioral Health Services will develop and implement in-service training, as identified in the MHSA plan, to advance the goals of developing cultural competence, by using values-driven, evidence-based practices and reducing stigma.

5.2 Plan for upgrading and replacing facilities based upon current and future service delivery and business processes.

- By December 31, 2007, Regulatory Health Services will update the existing Animal Care Services facility design plans to meet current and future needs and to include best practices, techniques, and methodologies relative to animal care and, in conjunction with the Resources Development and Management Department, initiate site planning for relocating the Animal Care Services to the County Operations Center, Santa Ana.
- By December 31, 2007, Public Health Services will research information on best practices, techniques and methodologies relative to laboratory construction and public health facilities in order to ascertain those improvements to be included in new public health facilities that may be developed on site at 1719 -1729 W. 17th St., Santa Ana.

5.3 Ensure staff has equipment and training to perform job duties in a safe manner.

- By December 31, 2007, Administrative and Financial Services will perform safety inspections at all active Health Care Agency facilities in order to ensure a healthy work environment where employees can perform their job duties.

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

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

- By June 30, 2008, HCA Information Technology will implement the integrated policy management of Blackberry devices to enhance management and security.
- By June 30, 2008, Institutional Services/Conditional Release Program (CONREP) will purchase and implement the use of Fire Safe Filing cabinets for storage of clinical records.
- By June 30, 2008, Human Resources will fully implement NEOGOV, the on-line hiring center, to include an automated Request to Fill (RTF) process.

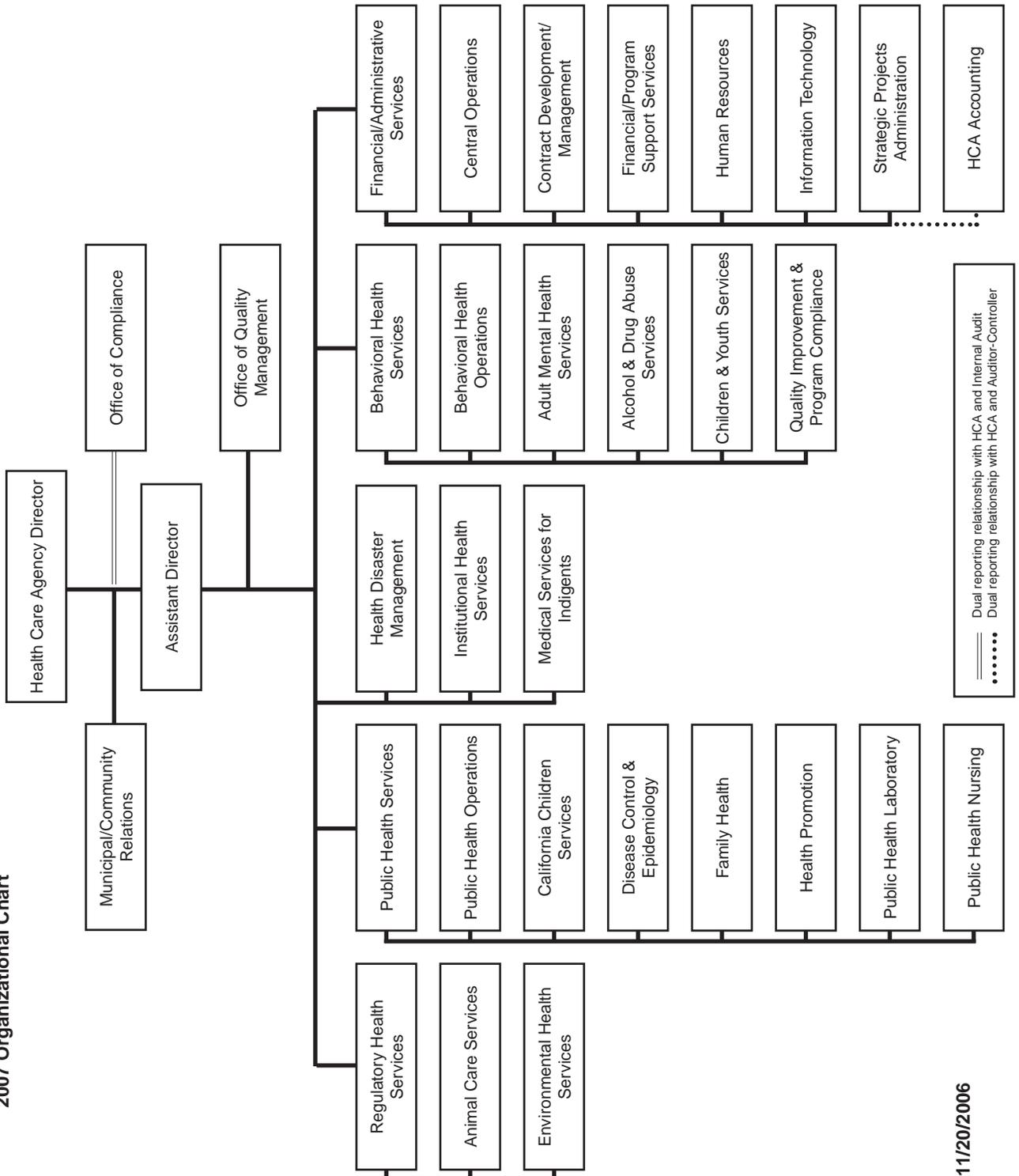


IV. Appendices

Appendix A

HEALTH CARE AGENCY 2007 ORGANIZATIONAL CHART

Health Care Agency
2007 Organizational Chart



11/20/2006

PUBLIC HEALTH SERVICES

Monitors the incidence of disease and injury in the community and develops preventive strategies to maintain and improve the health of the public. Public Health is comprised of six Divisions: Family Health, Public Health Nursing, California Children Services, Public Health Laboratory, Disease Control & Epidemiology, and Health Promotion. A brief overview of the major functions of each division is provided below.

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

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 Service Initiative/Assessment and Coordination Team, Preventive Health Care for the Aging, and the Senior Health Outreach and Prevention Program.

California Children Services (CCS) provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with qualifying medically fragile and physically disabling conditions such as chronic medical conditions, cystic fibrosis, cancer, heart disease, traumatic injuries and cerebral palsy. Services are provided through a network of CCS paneled specialty physicians and centers. Diagnostic services are provided to ensure that treatment begins early when the best prognosis is possible. Licensed CCS program staff at specially equipped Medical Therapy Units located at public schools provide occupational and physical therapy services.

Public Health Laboratory provides the majority of laboratory support services for all programs within



Public Health Services - Family Health

the Agency that require clinical diagnostic and environmental laboratory services. The laboratory is a partner with the Centers for Disease Control as a reference level bioterrorism testing laboratory and a PulseNet food outbreak detection laboratory. The laboratory also provides reference laboratory services to Orange County hospitals and health care providers, and performs advanced testing on pathogens submitted as part of reportable disease regulations. The water quality section of the laboratory supports testing and research of recreational water pollution problems to help improve water quality in Orange County. The main focus of the laboratory is to provide services to aid in the prevention, control and diagnosis of illnesses that are of public health concern, assist in epidemiological investigations, assist in the monitoring and control of safety and health conditions associated with the environment, assist in the surveillance of health problems in the community, provide laboratory services for specialized public health programs, provide information and consultation to private laboratories and the medical community, and to ensure the quality of the laboratory services provided in the community.

Disease Control & Epidemiology protects the health of Orange County residents by investigating individual cases of infectious diseases to determine the source of infection and prevent further transmission; recognizing and investigating outbreaks

of communicable diseases; reporting cases of communicable diseases to the State as required by law; providing crucial information to the public on the changing status of communicable diseases and strategies for preventing their spread; providing consultation on communicable disease to health care facilities; providing clinical services for Tuberculosis, HIV and sexually transmitted diseases; and coordinating county-wide HIV care and prevention services.

Health Promotion protects the health and safety of Orange County residents by building the capacity of individuals, organizations and communities to promote optimal health and prevent disease, disability and premature death. Services include community health education, professional training, coalition building, media outreach, development and translation of educational materials, technical assistance in health promotion policy development, information and referral. Programs focus on injury prevention, chronic disease, alcohol, tobacco and drugs awareness, maternal and child health, multi-ethnic health education, health access, and communicable disease.

BEHAVIORAL HEALTH SERVICES

Provides a culturally competent and client-centered system of behavioral health 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 Acute Services provides outpatient crisis stabilization and resolution, hospital diversion and inpatient access management through coordinated services of the Outpatient, Acute Inpatient and Managed Care sections of



Public Health Services - Health Promotion

“This ultimately affects all of our residents,’ said Supervisor Tom Wilson, who urged his colleagues to add \$10 million for indigent services.”

Orange County Register 6/14/06

Adult Mental Health. Such services include crisis intervention and evaluation in the community and through a 23-hour evaluation and treatment unit, assessment, medication management, individual and group therapy, as well as family services at County-operated clinics.

Adult Recovery Services provides mental health services to clients in intermediate and long-term care facilities and clients receiving outpatient services in contracted programs. Such services include short-term episodic outpatient treatment, longer term rehabilitative and recovery services, residential rehabilitation programs, and supportive housing services.

Children and Youth Mental Health Services (CYS) provide 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 a range of 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, HIV education, pre- and post-test counseling and involuntary testing, TB education counseling and testing, referrals to other programs when indicated and outreach to schools and the general community. Specialized programs provide services for pregnant and parenting persons who require methadone maintenance and detoxification, adolescents, persons who have been diagnosed with both substance abuse and mental health problems (dual diagnosis), and individuals referred by the Orange County Drug Court.

HEALTH DISASTER MANAGEMENT

Responsibilities for the Health Disaster Management Division include preparing the County, Operational Area, and local medical providers to effectively prepare for, mitigate, respond to, and recover from natural or man-made disasters. Following the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS) and as a partner of the Orange County Operational Area, this Division assists in the development of health related emergency plans, exercise design, and administers health related state and federal grant programs. The Division includes the Bioterrorism program and Emergency Medical Services (EMS). The Bioterrorism Program provides guidance and factual information on appropriate



Health Disaster Management - Bioterrorism Program

measures to increase preparedness for any disaster or bioterrorism incident. EMS coordinates medical disaster planning throughout the Operational Area and monitors the availability of a countywide system to ensure a pattern of readiness and response of pre-hospital, 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, emergency departments, trauma centers, and to the emergency medical technician and paramedic training programs in the County.

MEDICAL SERVICES FOR INDIGENTS

Medical Services for Indigents (MSI) is a county-funded safety net program, responsible for the provision of medical care to Orange County's medically indigent adults. It acts as a payer to hospitals, clinics, physicians, ambulance companies, home health providers and other providers that serve eligible indigent patients. Through contracts with hospitals throughout Orange County, MSI administers the programs for necessary medical care for patients for which the county is responsible.

INSTITUTIONAL HEALTH SERVICES

Institutional Health Services (IHS) provides medical, dental, nursing, infection control, health education, pharmaceutical and mental health services to all adult inmates in the County's five correctional facilities. It also provides medical, dental, nursing and pharmaceutical services to juveniles residing in the County's six residential facilities operated by the Social Services Agency and Probation Department and contracts with hospitals for inpatient and specialty care. In addition, IHS operates special programs targeted toward mentally ill offenders who reside in the community. Furthermore, IHS provides pharmaceutical services to Public Health's Pulmonary Disease Services for tuberculosis directly observed therapy programs.

REGULATORY HEALTH SERVICES

Environmental Health (EHS) Administers programs that protect public health and safety from harmful conditions in the environment. Environmental Health is dedicated to improving the quality of life for Orange County residents and visitors through the promotion of science-based environmental health practices and exceptional customer service. Environmental Health

enforces laws and regulations and uses education to inform the community about environmental health issues.

Animal Care Services (ACS): Provides services to 22 cities and all unincorporated areas of the County. 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.

FINANCIAL AND ADMINISTRATIVE SERVICES

Promotes and provides for the fiscal and operational integrity of the Agency through sound management principles and practices, and provides support services to Agency programs. Services include Accounting, Central Operations, Contract Development and Management, Financial & Program Support Services, Human Resources, Information Technology, and Strategic Projects Administration.

OTHER HCA PROGRAMS AND SERVICES

There are three additional internal HCA service units. These include the Office of Compliance, Municipal/Community Relations, and the Office of Quality Management. These programs provide a variety of supportive services necessary to the provision of high quality, efficient community and individual services by the Agency.

Appendix C

HEALTH CARE AGENCY EXECUTIVE TEAM

The content and preparation of the 2007 HCA Business Plan involved the Executive Team, Office of Quality Management, Division Managers, Program Managers, and the Labor Management Committee. Feedback and suggestions were also solicited from HCA employees and from members of the various Boards, Committees and Commissions that advise the Agency.

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The Health Care Agency's Business Plan 2006 contained four goals, two business strategies and 45 performance indicators, all of which are accomplished or partially accomplished. A tally & highlights are provided below.

AGENCY GOALS

GOAL 1: PREVENT DISEASE AND DISABILITY, AND PROMOTE HEALTHY LIFESTYLES

This strategic goal had fourteen performance indicators set for the FY 06-07. Twelve of these indicators were accomplished or are on schedule and two have made considerable progress, but are behind schedule. Highlights of the accomplishments that further this goal include:

1.1 Build capacity to support a continuum of prevention and intervention for chronic disease and injury.

- Indicator: By June 30, 2007, Preventive Health Care for the Aging will provide nutrition education to 100 low-income older (55 plus) adults.

- Status: Preventive Health Care for the Aging program provided 47 group educational classes to 1,077 low-income adults over age 50.

- Indicator: By June 30, 2007, CalWORKs Public Health Nursing Program will provide 4,000 case coordination activities for medically high-risk CalWORKs clients.

- Status: Public Health Nursing Program provided 1,940 case coordination activities for medically high-risk CalWORKs clients and by June 2007 will exceed the targeted 4,000 case goal.

1.2 Provide a broad range of communication channels that focus on prevention and early intervention.

- Indicator: By June 30, 2007, Public Health will support institutional change toward the establishment of a breast-feeding program at one Baby Friendly Hospital.

- Status: Public Health participates in two groups focused on improving local breastfeeding rates and supporting changes and continues to work with local hospitals in their effort in meeting all required criteria to be considered a Baby Friendly Hospital.

- Indicator: By June 30, 2007, HCA Public Health Community Nursing will provide comprehensive case management, parenting education and health referrals to 225 pregnant and parenting teenagers.

- Status: Public Health Community Nursing provided comprehensive case management, parenting education and health referrals to 245 parenting teenagers.

- **Indicator:** By June 30, 2007, HCA Public Health Nursing will provide comprehensive case management, developmental assessment and health referrals to 200 medically fragile infants.
 - **Status:** Public Health Nursing exceeded the goal by 144% and provided comprehensive case management, developmental assessment and health referrals to 488 medically fragile infants.

- **Indicator:** By June 30, 2007, Alcohol and Drug Abuse Services will develop Domestic Violence Courts in each of the County's court jurisdictions, in collaboration with the courts.
 - **Status:** Alcohol and Drug Abuse Services, in collaboration with the courts, developed Domestic Violence Courts in two court jurisdictions. The Superior Court is currently seeking County funding in order to expand the DV courts to other County jurisdictions.

- **Indicator:** By June 30, 2007, Behavioral Health/Children & Youth Services will participate in the implementation of a community-based public education program that addresses the impact of violence on the brain development and mental health of young children.
 - **Status:** Behavioral Health/Children and Youth Services participated as a member of the 'Safe from the Start Collaborative' which developed a tool kit designed to provide public education regarding the impact of violence on the brain development and mental health of children.

1.3 Advance prevention and treatment of communicable diseases within institutions and the community.

- **Indicator:** By June 30, 2007, the Public Health Laboratory will participate in the Influenza-Like-Illness surveillance program in collaboration with Epidemiology and Assessment, by testing an average annual amount of 150 samples with a 3-day turnaround time.
 - **Status:** The lab currently tests more than 150 surveillance samples for influenza/year within 3-days. Moreover, in Fall 2006 the Public Health Laboratory, working in collaboration with Epidemiology and Assessment in the Influenza-Like-Illness surveillance, isolated the first influenza virus of the season in California.

- **Indicator:** By June 30, 2007, ensure 100% of refugee health referral patients are screened for tuberculosis (TB) and if appropriate, initiate treatment for latent TB infections.
 - **Status:** Between October 2005 and September 2006, 99.6% of refugees contacted underwent a health assessment, and 83.3% of those recommended to commence treatment for LTBI began therapy.

1.4 Enhance disease and disability surveillance for physical and mental health.

- **Indicator:** By June 30, 2007, Animal Care Services will continue to monitor and respond to zoonotic disease events in collaboration with intra- and inter-agency partners.
 - **Status:** Animal Care Services continued with rabies surveillance and communication as well as data-sharing with Vector Control on West Nile Virus and other zoonotic diseases.

- Indicator:** By June 30, 2007, Public Health will increase enrollment by 10% for children less than six years of age in the Los Angeles-Orange Immunization Network (LINK) database, or Immunization Registry.
- Status:** Within the first two months, Public Health increased the number of children under 6 years of age who participate in the Los Angeles-Orange Immunization Network (LINK) database by 8%.

1.5 Reduce substance abuse.

- Indicator:** By June 30, 2007, the Alcohol and Drug Education and Prevention Team will implement an educational campaign to reduce access to alcohol by students under the age of 21 on the campuses of California State University, Fullerton and University of California, Irvine.
- Status:** The Alcohol and Drug Education and Prevention Team implemented Marketing/Educational campaigns designed to reduce alcohol access by minors on the campuses of the California State University Fullerton and the University of California, Irvine and conducted alcohol educational workshops with student groups.
- Indicator:** By June 30, 2007, Perinatal Substance Abuse/ACT will provide home visitation services to 650 pregnant women with substance abuse issues or those who are HIV positive.
- Status:** Perinatal Substance Abuse/ACT served 564 pregnant women with substance abuse issues or those who were HIV positive during FY 2005-06 and 134 clients have been enrolled in the program as of this writing for this fiscal year.
- Indicator:** By June 30, 2007, at least 50% of students trained in alcohol beverage service shall demonstrate a positive change in knowledge and attitude regarding providing alcohol to students under the age of 21.
- Status:** Approximately ten different campus student groups were trained on responsible alcohol service and pre/post surveys were administered to the training participants.

“The New Leash on Life program brings juvenile hall inmates and animal shelter pups together in hopes they’ll help socialize each other...the Orange County Animal Shelter fosters out 5-week-old puppies to its neighbor, the Juvenile Hall...to date, every dog – 36 total – has found a home.”

Orange County Register 10/9/06

GOAL 2: ASSURE ACCESS TO QUALITY HEALTH CARE SERVICES

This strategic goal had twelve performance indicators. Eleven of these indicators were accomplished or are on schedule, and one is delayed. Highlights of the accomplishments that further this goal include:

2.1 Establish an agency-wide quality improvement process that incorporates performance outcomes and best practices to ensure quality services.

- **Indicator:** By June 30, 2007, Behavioral Health Services shall have developed a core set of practice guidelines and published them on the intranet to provide support and guidance to clinical staff on designated clinical topics.
 - **Status:** Behavioral Health Services developed a core set of practice guidelines for medication and adolescent suicide assessment, to provide support and guidance to clinical staff.

- **Indicator:** By June 30, 2007, Animal Care Services will continue to enhance the Community Outreach Program to increase collaboration with community partners, foster a positive public perception and understanding of ACS services to improve animal welfare outcomes in Orange County by increasing adoptions 4%.
 - **Status:** Animal Care Services continues its effort to improve animal welfare outcomes by increasing adoptions by 4% between 2004 and 2005.

2.2 Ensure HCA provides quality services to our clients and diverse communities.

- **Indicator:** By June 30, 2007, Behavioral Health/Adult Mental Health Services will provide permanent, transitional and temporary housing resources for up to 300 adults and older adults.
 - **Status:** Adult Mental Health Services continues the collaborative efforts in the development of permanent, transitional and temporary housing resources for up to 300 adults and older adults. The housing funding is targeted for commitment by June 2008.

- **Indicator:** By December 30, 2006, the California Children's Services (CCS) provider relations team will respond to 800 calls from providers and will conduct 12 CCS provider in-services.
 - **Status:** California Children Services (CCS) provider relations team responded to 806 provider calls and conducted 21 provider in-services.

- **Indicator:** By June 30, 2007, Behavioral Health Services, partnering with primary care providers, shall increase the number of clients for whom there has been some collaboration between the BHS treating staff and the primary care physician.
 - **Status:** Behavioral Health Services (BHS), partnering with primary care providers, achieved a five-fold increase in the collaboration between the BHS treating staff and the primary care physicians, based on the December 2006 review of charts documenting collaboration with the primary care physician.

- **Indicator:** By June 30, 2007, Medical and Institutional Health Services will institute a Dialectical Behavior Therapy (DBT) pilot treatment plan in the County Jail for the treatment of borderline suicidal women.

- **Status:** MIHS/Institutional Health have researched extensive staff training programs required for instituting a Dialectical Behavior Therapy pilot treatment plan for the treatment of borderline suicidal women in the county jail. This objective is planned to be carried out in the future.

- **Indicator:** By June 30, 2007, Medical and Institutional Health Services will maintain a Designated Treatment Unit for ten inmates.
 - **Status:** MIHS/Institutional Health Services opened a ten-bed Crisis Stabilization Unit in the Designated Treatment Unit on October 10, 2006.

- **Indicator:** By June 30, 2007, Behavioral Health/Children & Youth Services will develop full service/ wraparound programs to serve up to 200 seriously emotionally disturbed (SED) children and adolescents.
 - **Status:** Behavioral Health/Children & Youth Services successfully established contracts for two integrated, full service programs for unserved or underserved severely emotionally disturbed (SED) children and adolescents. The programs are functioning as planned, and as of January 31, 2007, 228 referrals were received and 109 clients enrolled in services.

- **Indicator:** By June 30, 2007, Behavioral Health/Children & Youth Services will develop crisis residential programs to serve up to 100 seriously emotionally disturbed (SED) children and adolescents.
 - **Status:** Behavioral Health/Children & Youth Services issued Requests for Proposals for two crisis residential programs that are anticipated to be operational by June 2007, for unserved or underserved seriously emotionally disturbed (SED) children and adolescents who are at risk of hospitalization or out-of-home placement.

- **Indicator:** By June 30, 2007, Behavioral Health/Adult Mental Health Services will develop a crisis residential program that will serve up to 300 adults.
 - **Status:** Behavioral Health/Adult Mental Health Services, in collaboration with stakeholders and providers, are working with developers and local officials to locate a facility for a crisis residential program in a receptive area.

- **Indicator:** By June 30, 2007, Behavioral Health/Adult Mental Health Services will develop, in collaboration with community stakeholders, full service partnership programs to serve up to 300 serious and persistent mentally ill adults and older adults.
 - **Status:** Behavioral Health/Adult Mental Health Services developed full service partnership programs to serve serious and persistent mentally ill adults and older adults. As of January 2007, there were 4 Full Service Partnerships. Three serve adults and one serves older adults. About 188 adults and older adults are enrolled and receiving services. An additional 84 are currently being evaluated for enrollment.

- **Indicator:** By June 30, 2007, in collaboration with community partners and the State Department of Mental Health, Behavioral Health Services will identify outcome measures for mentally ill clients in Proposition 63 programs (MHSA), and develop a data collection plan for reporting outcomes.

- **Status:** Behavioral Health Services, in collaboration with community partners and the State Department of Mental Health, completed the objective of identifying outcome measures and development of a data collection plan for mentally ill clients in Proposition 63 programs (MHSA).

GOAL 3: PROMOTE AND ENSURE A HEALTHFUL ENVIRONMENT

This strategic goal had four performance indicators. Three of these indicators were accomplished and one is on schedule. Highlights of the accomplishments that further this goal include:

3.1 Enhance response capabilities to environmental threats and disasters.

- **Indicator:** By June 30, 2007, the Public Health Laboratory will enhance its ability to act as an LRN bioterrorism laboratory by adding and implementing new technologies and tests as specified by the Centers for Disease Control and the California Department of Health Services.

- **Status:** The Public Health Laboratory added and implemented all procedures specified by the Centers for Disease Control (CDC) and the California Department of Health for a Laboratory Response Network (LRN) bioterrorism laboratory designation and passed the CDC inspection on November 2, 2006.

- **Indicator:** By June 30, 2007, the Bioterrorism Preparedness Program will conduct a review of the Agency and Program Emergency Operations Plans and conduct a minimum of three exercises to evaluate the plans.

- **Status:** The Bioterrorism Preparedness Program is conducting a review of the Health Care Agency Emergency Operations Plan for adoption by June 30, 2007. Over ten tabletop and functional exercises will be planned and coordinated with OC Operational Area partners throughout the fiscal year.

- **Indicator:** By June 30, 2007, the Bioterrorism Preparedness Program will conduct a series of Pandemic Influenza seminars and exercises with community stakeholders.

- **Status:** The Bioterrorism Preparedness Program completed one tabletop exercise related to legal issues and pandemic influenza, and two tabletop exercises on strategies for mass vaccination/prophylaxis with community stakeholders. About 3,000 people were vaccinated at the multi-site functional exercise conducted in partnership with key stakeholders to test mass vaccination capability.

- **Indicator:** By June 30, 2007, the Bioterrorism Preparedness Program will provide mandatory updated Disaster Service Worker Training for all HCA employees, including familiarization via the Federal Emergency Management Agency's (FEMA) IS700 online course.

- **Status:** The Bioterrorism Preparedness Program successfully provided updated Disaster Service Worker Training for all HCA employees. All employees completed Federal Emergency Management Agency (FEMA) courses ICS 100 & IS 700, introductory courses on the Incident Command System and key identified supervisory and management staff will complete FEMA courses ICS 200 and IS 800.

GOAL 4: RECOMMEND AND IMPLEMENT HEALTH POLICY AND SERVICES BASED UPON ASSESSMENT OF COMMUNITY HEALTH NEEDS

This strategic goal had seven performance indicators. Six of these indicators were accomplished or are on schedule. Highlights of the accomplishments that further this goal include:

4.1 Continue collaborative efforts that enhance the use of data in policy development.

- Indicator: By February 28, 2007, HCA will provide appropriate health-related data for inclusion in the annual Community Indicators Report.

- Status: HCA provided data for the Community Indicators Report by the end of February 2007.

- Indicator: By June 30, 2007, in support of the Children and Families Commission, HCA will provide appropriate health related data for inclusion in the Twelfth Annual Report on the Conditions of Children.

- Status: In support of the Children and Families Commission, HCA/Quality Management, Epidemiology & Assessment, and the Family Health Division provided health related data for the Twelfth Annual Report on the Conditions of Children, released in November 2006.

- Indicator: By June 30, 2007, HCA will collaborate with Housing and Community Development in the annual Homelessness Prevention Needs Assessment.

- Status: HCA/Adult Mental Health Services staff will continue to work with Housing and Community Services (HCS) on data for the homeless needs assessment, as per the new time-line established by HCS for the needs assessment.

- Indicator: HCA will play a key role in the implementation, analysis and reporting for the Orange County Health Needs Assessment Report, to be released in 2007.

- Status: HCA/Quality Management, Health Promotion, and Epidemiology & Assessment staff are supporting survey development and objective data reporting for the Orange County Health Needs Assessment report, to be released in 2008.

“Orange County’s kids increasingly are smart, safe and fat, according to statistics released Tuesday on the status of children.”

Orange County Register 11/1/06

- Indicator:** By June 30, 2007, Quality Management will conduct a quarterly client satisfaction survey for Public Health Clinics.

 - Status:** HCA/Quality Management implemented quarterly client satisfaction surveys at all Public Health clinics.

- Indicator:** By December 30, 2006, Quality Management will automate, using scanning technology, the Public Health Dental Seals on Wheels data collection and reporting on behalf of the State.

 - Status:** HCA/Quality Management successfully automated Seals on Wheels patient consent/history and treatment data collection using scanning technology.

- Indicator:** By December 30, 2006, in collaboration with Alcohol and Drug Abuse Services, Quality Management will develop a clinical client assessment instrument and automated data collection system for Alcohol and Drug Services clients.

 - Status:** HCA/Quality Management has successfully automated Alcohol and Drug Abuse Services (ADAS) client intake and ongoing assessment instruments using optical character recognition technology.

AGENCY BUSINESS STRATEGIES

BUSINESS STRATEGY 1: ENCOURAGE EXCELLENCE BY ENSURING A HEALTHY WORK ENVIRONMENT THAT VALUES EMPLOYEES.

This strategic goal had four performance indicators, all of which were accomplished. Highlights of the accomplishments that further this goal include:

1.1 Increase opportunities for employee development.

- **Indicator:** HCA will continue to support staff and supervisory development through participation in Agency and County offered training classes such as HCA Supervisory Camp, HCA Supervisory Forum, and Orange County Leadership Academy (OCLA).
 - **Status:** HCA Human Resources offered five new courses to programs and supervisors over the last year including Expanded Supervisory Camp (attended by 439 staff), Mission Impossible: Navigating Change (41), Customer Service in a Regulatory World (179), Nurturing Workplace Ethics and Developing Trust (43), Understanding Yourself and Others (39).

- **Indicator:** By December 30, 2006, HCA will develop an Agency specific Career Development Plan pilot program targeting management and other key assignments.
 - **Status:** The Agency specific Career Development Plan is scheduled to roll out in January, 2007.

- **Indicator:** HCA will continue to fully support the County's performance management systems.
 - **Status:** HCA is committed to support the County's performance management systems with about 89% of all performance evaluations completed on time.

1.2 Promote employee ownership in HCA.

- **Indicator:** HCA will continue to support the Agency's Labor Management Committee and tap into the combined knowledge and strengths of the members for special projects.
 - **Status:** HCA continues to tap into the combined knowledge and strengths of the members of the Labor Management Committee on appropriate items.

BUSINESS STRATEGY 2: SUPPORT THE WORKFORCE THROUGH THE EFFECTIVE USE OF TECHNOLOGICAL AND OTHER RESOURCES.

This strategic goal had four performance indicators, three of which were accomplished or are on schedule. One indicator is behind schedule. Highlights of the accomplishments that further this goal include:

2.1 Meet compliance standards (for example, Americans with Disabilities Act [ADA], safety training, HIPAA and ergonomics).

- Indicator: By June 30, 2007, HCA Information Technology will pilot test the Thin Client Model for 200 workstations as a cost effective computing option while enhancing our patient information securities under the HIPAA regulations.

- Status: Information Technology successfully implemented approximately 200 Thin Client units in nine of the Behavioral Health and Public Health business areas.

2.2 Provide functional technology.

- Indicator: By June 30, 2007, the Public Health Laboratory will implement the Cerner-Pathnet Laboratory Information System module to automate the test ordering and resulting processes for maximized efficiency to the laboratory and clients.

- Status: The implementation of the Cerner-Pathnet Laboratory Information System module at the Public Health Laboratory is scheduled to be completed in April 2007.

- Indicator: By June 30, 2007, HCA Public Health Community Nursing will implement a web based records, documentation and reports system.

- Status: Public Health Community Nursing established basic nursing documentation for individual client care, but is currently evaluating the use of Cerner Enterprise System for documentation and records.

2.3 Build agency capacity to implement new technology.

- Indicator: By June 30, 2007, HCA Information Technology will pilot test Voice Over Internet Protocol system to enhance communication applications for Agency-wide deployment.

- Status: Information Technology's Voice Over IP technology is being utilized and tested in HCA's Bioterrorism unit.

Unanticipated Accomplishments

Frequently, projects develop during the calendar year that were not anticipated when the Business Plan was prepared. Major projects that provided unanticipated accomplishment for the Health Care Agency are described below.

1. HCA's Tobacco Use Prevention Program (TUPP) staff was selected to receive the Outstanding Contributions to Education Award from the Orange County Department of Education.

“The good news is that Orange County students are part of a statewide trend showing they smoke cigarettes in far smaller numbers than youths across the country.”

Orange County Register 11/4/06

2. HCA's Alcohol and Drug Education and Prevention Team (ADEPT) trained 63 bar managers and servers on responsible alcohol beverage service.
3. HCA's Alcohol and Drug Education and Prevention Team (ADEPT) assisted in planning and facilitating 10 Town hall meetings which addressed the problem of underage drinking in Orange County.
4. A breastfeeding peer counselor program was established in the Women, Infants and Children (WIC) Program.
5. HCA co-developed with the American Academy of Pediatrics California Chapter 4 a 'Partnership for Quality' proposal focusing on quality improvement for obesity care in Orange County. It was one of 14 funded proposals in the USA.
6. Through a form of educational outreach called "academic detailing" about 15 (or 25%) of Santa Ana CHDP providers have received training on childhood obesity management.
7. The Public Health Laboratory published one paper and made two presentations at national meetings on water quality research findings.
8. The Shellmaker Water Quality Laboratory construction was begun with a completion date of July 2007.

9. Pulmonary Disease Services Refugee Health Services staff screened a significantly greater number of refugees, asylees, parolees, and victims of trafficking during FY 05-06 as compared to FY 04-05, 749 versus 238. Additional funding from the State Refugee Health Services branch was requested and received allowing for the hiring of additional staff to perform the health assessments.
10. Isolation and quarantine preparedness was significantly improved due to: 1) the development, with the assistance of County Counsel, of draft Health Officer orders for pandemic influenza; and 2) the Isolation and Quarantine Seminar held on October 4, 2006. The training was a collaboration of Public Health Community Nursing, Epidemiology and Assessment, Pulmonary Disease Services, and Health Disaster Management to familiarize Public Health Nurses with the policies and procedures for preparing and serving isolation and quarantine orders and performing a needs assessment.
11. Epidemiology and Assessment (EA) staff worked with John Wayne Airport and the Orange County Fire Authority to draft a plan for responding to an ill passenger, including pandemic influenza.
12. Epidemiology and Assessment (EA) staff participated on the Association for Professionals in Infection Control and Epidemiology (APIC) Pandemic Influenza Task Force that produced a hospital preparedness planning template to assist OC acute care facilities with their own planning and preparedness for pandemic influenza.
13. Epidemiology and Assessment (EA) staff, in conjunction with Environmental Health, performed a comprehensive investigation of the outbreak of lung fluke infections, including finding additional cases that would not otherwise have known of their infection.

“There's more room, equipment, additional personnel,” said Douglas Moore, director of the Orange County Public Health Laboratory. “We'll be involved in studies to help elucidate sources of pollution.”

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14. HIV Ambulatory Clinic expanded use of specialized genotype testing to all new HIV patients, increasing optimization of pharmaceutical management of HIV disease.
15. A handbook of information and resources for HIV-positive individuals was published and 3,000 copies were distributed.
16. Community standards for HIV care were drafted or established for medical care, case management, mental health and dental care.
17. Twenty nine public health nurses have completed the education and practice requirements and are now certified lactation educators and/or certified lactation consultants dedicated to increasing the breastfeeding rates in Orange County.
18. Public Health Nursing provided clinical experience in community health nursing to 146 nursing students who are now serving the community as graduate registered nurses.
19. Virtually 100% of HCA workforce members successfully completed mandated National Incident Management System (NIMS) training prior to the 2006 submission deadline. In the 2006 HCA Business Plan, only the IS-700 NIMS course was identified as required. Clarification of mandates expanded the number of courses required for specific groups of employees. Added NIMS courses IS-100, IS-200 and IS-800 were completed by HCA staff in accordance with the revised Federal requirements.
20. The Health Care Agency submitted its application and the extensive, required supporting documentation for Project Public Health Ready (PPHR) recognition. This is a national designation reserved exclusively for those jurisdictions that meet PPHR's demanding emergency readiness criteria.
21. The Environmental Health Orange County Certified Unified Program Agency (CUPA) team was presented with an award for "Outstanding Certified Unified Program Agency" by the California CUPA forum. This award was given to only 3 out of the 80 CUPAs throughout the State and recognized the technological innovations the CUPA team has been using.
22. The Environmental Health Orange County Certified Unified Program Agency hosted a workshop for Orange County small business owners in an effort to keep the business community informed and involved with managing their hazardous waste.
23. An Environmental Health Food Protection Program Supervisor, John Ralls, was recognized by the California Environmental Health Association as the "2006 Environmental Health Specialist of the Year" for the development of the Fresh is Best food safety campaign.
24. HCA recruited and trained an additional 220 volunteers for a total of 347 to participate in the Medical Reserve Corps, consisting of medical and non-medical personnel, who are able to respond during an actual disaster related event.
25. Correctional Medical Services increased coverage at the branch jail to three new modules (approx. 600 inmate beds) due to the growth of jail population this year.
26. Correctional Medical Services implemented RN and LVN competencies and the first annual Skills Fair.
27. Correctional Medical Services/CMH opened a 10-bed male Crisis Stabilization unit (CSU) - designated unit - in October 2006, eight months earlier than the scheduled time.
28. Behavioral Health Services Alcohol and Drug Abuse Services developed and implemented a new prevention program to serve at-risk youth, including foster youth and probation youth.
29. Behavioral Health Services collaborated with Superior Court, County Counsel, Public Defender to implement Capacity Hearings at designated facilities rather than Superior Court, to be more accommodating to needs of the patient.
30. Behavioral Health Services, in collaboration with the Superior Court, County Counsel, and the Public Guardian and Public Defender established a procedure to ensure adjudication of temporary conservatorships within 30 days of filing, resulting in better efficiency in the system and ultimately the least restrictive care for the patient.

"The agency (HCA) started an outreach program in 2003 to encourage Vietnamese bakers to time-stamp the packaging on their foods, and after four hours, to put unsold cakes either into a refrigerator or under a heat lamp."

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Appendix E

CASELOAD/CLIENT DATA - PROFILE OF SERVICE RECIPIENTS

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 2005-06.

	PROGRAM	SERVICE RECIPIENT	TYPE OF SERVICE	FISCAL YEAR 2005-06
1.	Animal Care Services	Residents of 19 cities & unincorporated areas	Animal licenses	167,340
2.	Animal Care Center	Residents of 22 cities & unincorporated areas	Live animals impounded	38,145
3.	Behavioral Health - Adult	Adults with mental illness and/or substance abuse problems	Persons served in the community	36,192
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	1,686
5.	Behavioral Health - Children	Seriously emotionally or behaviorally disturbed children, substance abusing adolescents	Persons served in the community	8,999
			Persons served in County institutions (Orangewood, juvenile justice facilities)	4,939
6.	California Children Services	Children with disabling or potentially disabling conditions	Case Management Services	12,204
			Physical Therapy Units of Service	176,328
			Occupational Therapy Units of Service	155,947
7.	Maternal, Child and Adolescent Health	Low income children	Child health clinic visits	10,953
			Child linkages to Child Health and Disability Prevention program community providers	75,000
		Children and Adults	Immunizations clinic visits	46,720
			Vaccines given	83,578
		Low income pregnant women	Prenatal care referrals	2,117
		Low income pregnant or parenting teenagers and siblings	Case Management	915
Low income women and their parents	Contraception education and methods for women and partners	13,585		
8.	Epidemiology and Assessment	All County residents	Communicable disease reports	7,323

PROGRAM		SERVICE RECIPIENT	TYPE OF SERVICE	FISCAL YEAR 2005-06
9.	Emergency Medical Services	All County residents and visitors	Total 9-1-1 EMS responses	141,850
			Paramedic transports to designated ER	53,590
			Trauma patients served by trauma center	4,567
		Emergency Medical Technician - 1S	Certification/re-certification of EMT-1s	406
		Paramedics	County licensure of EMT-1s	1,675
		Ambulance companies and fire depts	Local accreditation of paramedics	66
			Inspection and licensure of public and private ambulance vehicles	336
		EMT-1 and Paramedic Training Programs	Review and approval of EMT-1 and Paramedic training programs	9
		Trauma Centers	Designation of Trauma Centers serving Orange Co.	1
10.	Dental Health	Low Income Residents	Emergency Dental Care	4,600
		Low Income Children	Dental Treatment and Prevention Services	993
		Persons with HIV or AIDS without resources	Dental Treatment and Prevention Services	1,343
11	Employee Health	County employees	Initial/routine/return-to-work examinations and/or follow-up	12,208
12.	Environmental Health	All County residents	Retail food facility inspections	31,216
			Hazardous waste inspections	6,122
13	Health Promotion	All County residents	Public Education	277,932
			Target Group Education / Technical Assistance (includes former separately reported Staff Educ. & Training Tech Asst.)	52,703
			Patient Education / Screening / Referrals	27,741
			Policies Instituted	101
14	HIV Test Sites	Persons at risk of HIV infection	HIV testing and counseling	9,666
15	HIV Clinic	Persons with HIV infection or AIDS w/o resources for medical care	Medical care and case management visits	17,632
16	Institutional Health	Incarcerated adults	Medical screening assessments	66,750
			Sick-call visits (medical/dental)	190,839
			Behavioral Health assessments	13,178
17	Institutional Health	Detained juveniles	Comprehensive intake assessments	9,632
			Sick-call visits (medical/dental)	34,834

PROGRAM		SERVICE RECIPIENT	TYPE OF SERVICE	FISCAL YEAR 2005-06
18	Medical Services for Indigents	Low income adults	Total MSI enrolled users	20,873
			Hospital unduplicated counts	9,975
			Paid hospital inpatient days	24,341
			Total emergency room (ER) visits	20,689
			Outpatient Encounters	19,328
			Total Physician Visits	172,976
19	Nutrition Services	Low income pregnant, postpartum, and breastfeeding women and children to age 5	Nutritional counseling and food vouchers given to women	106,821
			Vouchers given to infants and children	340,612
20	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	32,646
		Medically high risk newborns		2928
		Pregnant and parenting teens		7,072
		Persons in need of preventive health teaching and referral	Nursing consultation and case management and referral services	2,384
21	Specialized Public Health Nursing	Pregnant substance abusing and/or HIV infected women	Home visiting Case Management, Assessment, Counseling, Teaching and Referral Services	4,055
		Children and youth who have allegedly been sexually or physically abused	Forensic or physical examination and consultation to medical professionals and law enforcement officials	135
		Children and Youth in Foster Care/out-of-home placement	Nursing Consultation and Case Management Services, Social Worker and Foster Parent Training	29,350
		Older adults with unmet health care needs	Home Visits for Assessment, Counseling / Teaching, and Case Management. Home visits and phone visit contacts	3,501
		Older adults, 55 years of age and older with health monitoring needs	Community clinic visits for physical assessment, counseling / teaching, case management, special screening, health education.	14,963
22	STD Clinic	Persons, primarily low income, with sexually transmitted diseases	Clinic visits for diagnosis and treatment of sexually transmitted diseases other than AIDS.	18,577
23	Tuberculosis (TB) Control	Persons with TB infection but not active disease	Clinic visits for treatment of latent TB infection	9,760
		Persons with active TB disease	Directly observed therapy visits for active disease or latent infection	41,051
			Clinic visits for treatment of active TB disease	9,104

Leadership Team: Co-Leaders: Gregory Manning; Elizabeth Bausman
Scribe: Linda Price; Timekeeper: Pearl Boelter

Sponsors: David Thiessen (HCA), Jennifer Canzoneri & Denise Findlay, OCEA

LMC Members

Elizabeth Bausman	Debbi Bennett	Pam Berg	Pearl Boelter
Mike Carson	Rhena Carusillo	Wade Coleman	Sylvie Cote
Anita Duplessis	Elisabeth (Liz) Gonzalez	Jim Harte	Karen Hodel
Greg Manning	Linda Moore	Mahdere Negash	Herm Perlmutter
Linda Price	Carmen Reynolds	David Thiessen	

Mission Statement:

HCA Labor Management Committee (LMC) was established in February 1999 as a cooperative partnership with the Orange County Employees Association (OCEA) to provide a tool for collaboratively and creatively resolving workplace issues. In addition the LMC assists with communicating priorities and provides knowledge and expertise to help implement a more efficient, accountable, results-oriented and responsive organization.

ACCOMPLISHMENTS FOR 2006:

- Workplace Enhancement Subcommittee – Employees have submitted a total of 74 issues to this committee since inception. The committee addressed 11 issues during 2006, six have been resolved or referred to the appropriate authority for handling, and 5 are in the resolution process. Some of the concerns have included smoke-free entryway areas, availability of printers, security issues, reimbursement, support for healthful work areas, and storage. The committee has also edited articles for What's Up.
- Project Development Subcommittee will continue the annual Team Excellence Award, with the next round of applications due in Spring 2007. The subcommittee also coordinates the annual Holiday Luncheon. This award has been renamed the Steve Ambriz Team Excellence Award in honor of Steve Ambriz, a former LMC member who made numerous contributions during his tenure. The 2006 winner was the Tobacco Use Prevention Program.
- Communications Subcommittee continued to publish articles in the monthly HCA newsletter What's Up, covering topics such as the qualities that characterize successful teams.
- Recruitment Subcommittee has promoted LMC membership and maintained a balance of management and labor members, successfully identifying new members to replace those lost to retirement and resignation.
- LMC web site - Updated so that information and member rosters are easily accessible to employees, along with membership applications, Workplace Enhancements/Solutions forms, and information about the Team Excellence Award.

Examples of the types of collaborative efforts in which the HCA will be engaged in 2007 include:

1. Serving as a collaborative partner with housing developers/providers to develop housing opportunities for the homeless mentally ill.
2. Collaborating with the Courts, law enforcement, Social Services Agency and others to develop and implement innovative collaborative and community courts, including: Homeless Court, Family Violence Courts and DUI Drug Courts.
3. Continued efforts with the Sheriff-Coroner, Orange County Fire Authority, County Executive Office (CEO), and District Attorney to plan for and respond to any natural or other disaster or terrorist event.
4. Collaborating with the County Executive Office, Probation, District Attorney, Public Defender, the Social Services Agency, and the Courts to maintain Proposition 36 and to develop and implement a specialized drug court program within Proposition 36 program.
5. Continued efforts with the Sheriff, Courts, Probation, and others to develop alternatives to incarceration for drug abusers and the mentally ill, and to expand treatment alternatives for juveniles on probation.
6. Partnering with Social Services Agency, Probation, The Regional Center, Orange County Department of Education, and others in the Children's Services Coordination Committee, an interagency advisory body to the Board of Supervisors, to identify gaps in the service system for high risk wards, dependents and seriously and/or emotionally disturbed children and their families, and to recommend collaborative programs to better serve this population.
7. Working with the Social Services Agency, County Executive Office, Housing and Community Services Department, and other public and private organizations to develop and coordinate services to older adults with mental health and substance abuse issues, and to frail elderly at risk of out-of-home placement.
8. Joining with Housing and Community Services Department, Social Services Agency, the Probation Department and other public and private organizations to identify strategic priorities for improving/expanding services for older adults and for assessing domestic violence related services in Orange County.
9. Serving as a partner on the Child Abuse Services Team with the District Attorney's Office, Social Services Agency, local law enforcement agencies and community groups, HCA provides community leadership in child abuse prevention, educational programs and networking with other agencies, as well as providing forensic examinations and crisis therapy to victims of abuse.
10. Participating with the Resources Development & Management Department (RDMD), the Regional Water Quality Control Board, and other public/private organizations to address watershed and urban runoff concerns and improve ocean water quality.
11. Serving as the lead partner in collaborating with the Board of Supervisors, Social Services Agency, CalOptima, Orange County Department of Education and local hospitals, clinics and community based organizations to implement strategies for increasing access to health care for children, through the participation of the Health Funders' Partnership.
12. Serving as a collaborative partner with Housing and Community Services Department, Homeless Prevention and Related Programs Division to identify gaps and to develop programs to meet needs in the County's Continuum of Care System for the homeless.
13. Collaborating with CalOptima and the Orange County Coalition of Community Clinics to coordinate physical and behavioral health care.
14. Partnering with community agencies, such as Latino Health Access, to develop coordinated medical/behavioral services programs.

15. Collaborating with the Orange County Sanitation District to conduct observation inspections at food facilities to reduce the amount of fats, oils, and grease disposed of into the sewer system.
 16. Collaborating with the Courts, Probation Dept., Orange County Dept. of Education and the Social Services Agency to support the Truancy Reduction Program, the collaborative Truancy court and local projects such as the innovative Santa Ana High School Truancy Center.
 17. Partnering with schools in an advisory role for Safe Schools-Healthy Students grants (Newport-Mesa Unified School District, Anaheim City School District and Orange County Dept. of Education/Access) in a multi-agency effort to increase school safety, decrease substance abuse and increase student access to needed supports.
 18. Collaborating with California Department of Health Services (DHS) to increase and strengthen Partner Counseling Referral Services (PCRS) in Orange County. Participating in DHS training to offer third party disclosure with existing county staff. Future goal will be to collaborate with community based organizations to offer PCRS training and third party notification when needed in the community.
 19. Serving as a collaborative partner in the Orange County Refugee Forum to better coordinate countywide refugee services.
 20. HCA's HIV Ambulatory Care Clinic expanding a newly developed community-based network of more than 25 specialty care providers to assure access to comprehensive and high quality specialty care for Orange County residents with HIV/AIDS.
 21. HCA's Public and Behavioral Health programs collaborating with eight community-based providers to provide HIV prevention and HIV care services to more than 2,600 residents with HIV/AIDS.
 22. Collaborating with the Association for Professionals in Infection Control and Epidemiology (APIC) to conduct an annual Methicillin-resistant *Staphylococcus aureus* (MRSA) survey and develop clostridium difficile tool kit project for acute care hospitals.
 23. Providing Public Health rotations for residents from University of California, Irvine (UCI) and Children's Hospital Orange County (CHOC).
 24. Collaboration between Public Health, Orange County Fire Authority and John Wayne Airport to develop and exercise protocols for responding to an ill and potentially infectious passenger.
 25. Collaborating with Orange County Fire Authority (OCFA) to continue assessing usefulness of OCFA call data for syndromic surveillance.
 26. Partnering with the University of California Irvine Medical Center to provide training in community mental health to psychiatric resident physicians, in County behavioral health clinics.
- HCA also plays a key role in countywide and regional health planning efforts.**
- Examples include:**
27. Forming a collaborative partnership with the community, providers, law enforcement, the courts, Social Services Agency and others to develop a plan for enhanced and expanded mental health services for adults, older adults and children in accordance with Proposition 63 (the Mental Health Services Act).
 28. A collaborative of many agencies, public and private, the Emergency Medical Services Week Committee is committed to providing public information regarding the various types of emergency medical services that are available to the residents of our communities.
 29. In collaboration with community partners, developing and implementing a plan for County Tobacco Settlement Revenue (TSR).
 30. Serving on the Children and Families Commission (Proposition 10), and its Technical Advisory and Evaluation Committees. The Commission sets priorities and funds programs to address the needs of Orange County children from birth to age five.
 31. Serving on the Orange County Health Needs Assessment Steering Committee and Board of Directors, which sponsors the triennial countywide health needs survey and identifies health issues and problems.

32. Serving as a board member on the County's organized health system (CalOptima), which provides health services to more than 281,000 Medi-Cal and 29,000 Healthy Families beneficiaries. In addition, HCA is also involved in the Provider and Member committees.
33. Serving as a collaborative partner with municipalities, law enforcement, the courts, families and consumers, and the treatment community in the Orange County Coalition for Comprehensive Mental Health Services.
34. Continue to partner with the City of Newport Beach and California Department of Fish and Game to construct a permanent water quality testing laboratory and marine education center at Shellmaker Island in Newport Beach.
35. Maintaining a partnership with the Centers for Disease Control as a part of the Laboratory Response Network for Bioterrorism and the PulseNet foodborne outbreak detection system.
36. Working with UCI, Orange County Sanitation District, the Regional Water Quality Control Board and other collaborators to perform research to improve recreational water quality in Orange County.
37. Working as a collaborative with Orange County's Social Services Agency, District Attorney's Office, Orange County Child Abuse Prevention Center and local Law Enforcement, the Child Abuse Services Team (CAST) provides a supportive environment to decrease the trauma for children undergoing forensic interviews and examinations for child sexual and physical abuse. Public Health provides expert medical examinations and consultations to victims of child physical and sexual abuse and educates medical and community professionals on physical findings of child abuse and child abuse prevention.
38. California Children Services (CCS) is collaborating with the Local Education Agencies to coordinate occupational and physical therapy services and establish three new Medical Therapy Units for disabled children served by the CCS Medical Therapy Program.
39. CCS is collaborating with the Regional Center of Orange County and CalOptima to coordinate medical care and physical/occupational therapy services for disabled children served by the California Children's Services program.
40. HCA is collaborating with state Child Health and Disability Prevention Program (CHDP) and CalOptima to provide cost-effective quality treatment and referral services for at-risk overweight and overweight children based upon the most current scientific data and available local resources.
41. HCA Nutrition Services staff attend and play a key role in countywide and regional health planning efforts. Examples include:
 - Chairing the Orange County Nutrition and Physical Activity Collaborative (NuPAC), which brings together 80+ community-based organizations addressing nutrition and physical activity of county residents and working on collaborative efforts to address the problems of obesity.
 - Participating in the Conference of Local Health Department Nutritionists (CCLHDN), which coordinates the nutrition activities of the different counties in California.
 - Participating in the Southern California Conference of WIC Providers (SCCWP) that addresses WIC services for low-income women, infants and children up to age five in Southern California.
 - Participating in various breastfeeding organizations (i.e. Prop 10 funded Breastfeeding Planning Team, Orange County Breastfeeding Coalition, Orange County Perinatal Council, Southern California Breastfeeding Consortium) that promotes and supports breastfeeding through education for parents, healthcare professionals and policy makers. Develop strategies that improve breastfeeding efforts in WIC agencies, hospitals and worksites.
 - Participating in the Southern California Nutrition Education Consortium that develops and shares nutrition education curriculum and educational tools for the WIC community.
 - Participating in several advisory boards such as the Head Start Advisory Board and the Dental Health Advisory Board

- Participating in the California Endowment “Healthy Eating, Active Living” Collaborative in Santa Ana that plans activities to improve the nutrition and physical activity status of residents in Santa Ana.
42. The Alcohol, Tobacco and Drug Prevention Program participates in the following collaboratives:
- Alternative, Community, and Correctional Educational Services (ACCESS) Alcohol Tobacco and Other Drugs (ATOD) Advisory Committee
 - Anaheim/Fullerton Families and Communities Together (FACT) Family Resource Center
 - Anaheim Unified School District Safe and Drug Free Schools and Communities (AUHSD SDFSC) Advisory Committee
 - Bar Foundation Advisory Group
 - Buena Clinton Family Resource Center (FRC) Coalition
 - Costa Mesa Driving Under the Influence (DUI) Task Force
 - California State University (CSU) Fullerton Alcohol and Other Drugs Advisory Committee
 - Faith and Institutions Together for Health (FAITH) Meeting
 - Garden Grove Family Opportunities Creating Community Support (FOCUS) Collaborative - Magnolia Park FACT Family Resource Center
 - Golden West Student Health Advisory Committee
 - The Healthy Orange County Committee
 - Irvine Prevention Coalition
 - Laguna Beach Youth Drug Task Force
 - Newport Beach Substance Abuse Prevention Task Force
 - North Orange County Senior Services Collaborative
 - Oak View Community Collaborative (FACT)
 - Orange County Coalition for Youth (OCCY)
 - Orange County Department of Education District Coordinators
 - Orange County Meth Task Force
 - Orange County Substance Abuse Prevention Network (OCSAPN)
 - Orange County Youth Council (Orange County Work Investment Board (OCWIB)/Youth Council Strategic Planning Session)
 - Prevention Coalition for Orange County
 - S.A.V.E. Task Force (Substance Abuse and Violence Education)
 - Stanton Collaborative
 - Weed and Seed Southeast Partners In Revitalization Improvement Team (SPIRIT) Coalition
 - Substance Abuse Prevention Advisory Board (Huntington Beach High School)
 - University of California Irvine (UCI) Alcohol and Other Drugs Advisory Committee
 - Saddleback School District Healthy Kids Committee
 - Fullerton Collaborative
43. Expanding strategies to collaborate with both public and private community partners to establish preparedness and response plans for public health emergencies, whether from terrorism, infectious disease or natural disaster.

Working Together for a Healthier Tomorrow



Public Health

Finance & Administration

Behavioral Health

Regulatory Health

Medical & Institutional Health