

HEALTH CARE AGENCY  
*Business Plan*  
*2001*



*Juliette A. Poulson, RN, MN*  
*Interim Director*  
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# HEALTH CARE AGENCY

## 2001 BUSINESS PLAN

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## I. EXECUTIVE SUMMARY

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**T**he Health Care Agency (HCA) adopted a Vision, Mission and Goals for the year 2000 and beyond.

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*Vision*  
*“Orange County –  
The Healthiest Place on  
Earth”*



Our Vision: “Orange County -- the Healthiest Place on Earth.” Health is the realization of complete physical, emotional, intellectual and spiritual well being.

Our Mission: “The Health Care Agency is dedicated to creating and supporting an environment that promotes the achievement of optimal individual, family and community health.”

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*Mission*  
*Create and support an  
environment that promotes  
the achievement of optimal  
individual, family and  
community health.*



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The Agency’s Vision and Mission provided the framework for the development of six overarching Agency goals. For 2001, a seventh Agency goal was added in recognition of the importance of technology to the success of HCA’s goal attainment and compliance efforts. HCA’s goals are:

1. Improve family and individual health
2. Assure the availability of integrated services
  - Prevention
  - Treatment
  - Rehabilitation
3. Reduce environmental threats to health
4. Provide service with a focus on quality
5. Create a working environment that encourages excellence
6. Acknowledged in the community as the leader in health care planning
7. Implement advanced technology solutions for optimal use of information and resources.

To accomplish our mission and goals, we perform a variety of public health, medical, behavioral, and regulatory health functions that protect the general public, serve special need populations, assist business and industry and facilitate the work of other government entities and community-based service providers.

Ninety-three percent of HCA's Business Plan 2000 performance objectives were accomplished in whole or in part. Major accomplishments of the 2000 Business Plan year include:

*93% of Business Plan 2000 performance objectives were accomplished in whole or in part.*



**Improved family and individual health:** A countywide Steering Committee was established to conduct joint planning and coordinate efforts aimed at increasing the number of children with health insurance coverage. The Agency increased the number of individuals served in outpatient behavioral health services by 8%, and initiated a program to promote breastfeeding at three local hospitals for at least 1500 women. The Agency also increased the rate of persons identified with latent tuberculosis infection who initiate preventive treatment.

**Availability of integrated services – prevention, treatment, and rehabilitation:** Through collaborative efforts with County and community stakeholder groups, the number of adolescents receiving substance abuse treatment services increased to 1750, while the number of children and youth receiving mental health services rose for the fifth straight year, from 10,157 to 11,089. A new Health Promotion and Prevention Division was developed to ensure integration of services and an Agency-wide approach to health promotion, and the Agency received State funding to greatly expand Children's System of Care programs for emotionally disturbed children and youth.

**Reduced environmental threats to health:** During 2000, the Agency implemented a 24-hour response capability for ocean water closures/postings, and developed a new foodborne illness surveillance system to more effectively identify foodborne illness outbreaks.

**Providing service with a focus on quality:** Public access to information on restaurant and beach closures, food facility inspection and medical waste management were all significantly improved. The Animal Care Center expanded its hours of service operation, and implemented two very popular new features on the Agency's website – the Adopt-A-Pet and Lost and Found service modules. The Phase I Agency Restructuring recommendations approved by the Board of Supervisors were implemented, and the Phase II consultant study completed.

**Creating a working environment that encourages excellence:** The Performance Incentive Program (PIP) and Management Performance Plan (MPP) were successfully implemented, and an agency-wide Employee Recognition Program was begun. Animal

Care Services staff were provided customer service training, resulting in much improved consumer satisfaction ratings, and the application phase for accreditation of juvenile detention medical facilities was completed.

**Acknowledged in the community as the leader in health care planning:** Agency staff and managers devoted significant time and effort to important health care planning efforts, such as: the work of the Children and Families (Proposition 10) Commission; development of a plan with the community for use of County Tobacco Settlement funds; and, planning for the second Orange County Health Needs Assessment (OCHNA), to be conducted in 2001.

**Implementing advanced technology solutions:** During 2000, the Agency increased its number of network users from 1450 to 1950, and completed nearly twice the number of projects and new system feasibility studies as originally planned.

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*Over the next decade, teens  
and older adults will become  
Orange County's fastest  
growing population sub-  
groups*



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## **CLIENT PROFILE**

The Health Care Agency's ultimate "client" is the entire County population. While direct services are provided to individual clients or patients, the Agency's primary focus is to protect and promote the health and safety of the community as a whole.

To accomplish this, the Agency provides a broad range of programs and services, directly and through contracts, often in response to legal mandates. HCA's clients can be broadly divided into three categories: the community, at-risk individuals (for prevention services), and mandated service groups (for intervention and treatment services).

Orange County continues to grow and become more ethnically diverse. Over the next decade, teens and older adults will become Orange County's fastest growing population sub-groups. In response to demographic and cultural diversity, the Agency has developed a Cultural Competency program to assist in the effective delivery of services to all clients.

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*The Health Care Agency operates with 164 funding sources and over 200 mandates.*



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## **SERVICE ENVIRONMENT**

The Health Care Agency protects and promotes optimal individual, family and community health through coordination of public and private sector resources. Private sector service contracts make up over half (51%) of the Agency's Fiscal Year (FY) 00-01 budget.

HCA's service environment is complex, with 164 different funding sources and over 200 State and Federal mandates. The mandates under which HCA operates require the County to provide for or regulate certain health services. Most also carry specific requirements for staffing, operations, claiming and record-keeping.

The year 2001 promises to provide continuing opportunities and challenges for HCA. These include: implementing the final phase of the Agency's restructuring plan; a heightened focus on established strategic priorities through collaborative ventures, and, continued participation in countywide and regional planning efforts. The Agency will also continue to develop a working environment that encourages excellence through refinement of the PIP and MPP processes, and the development of a formal Agency professional development and training plan.

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*Development of the 2001 Business Plan involved all sections of the Agency.*



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## **OPERATIONAL PLAN**

The Health Care Agency's 2001 Business Plan contains over 40 major projects that will be addressed over the next year to advance the Agency's mission and goals. Development of the 2001 Business Plan involved all sections of the Agency in identifying major projects, setting performance objectives and developing service plans.

This section details:

- The Agency's Key Outcome Measures- a comprehensive set of benchmarks by which Agency progress will be gauged over the next three to five years
- Major Projects and Performance Objectives for 2001
- HCA efforts toward "Closing the Gap"
- Anticipated 2001 Operational Plan challenges.

The Health Care Agency looks forward to working with all of its County and community partners, including consumers, toward successful attainment of its 2001 Performance Objectives.

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## II. CLIENT PROFILE

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The ultimate client of the Health Care Agency (HCA) is the entire County population. Agency clients also include other county departments and the millions who visit Orange County for business or pleasure each year. While providing direct services to individual clients or patients, the Agency's primary focus is to protect and promote the health and safety of the community as a whole.

To accomplish this, the Agency provides a broad range of programs and services, directly and through contracts, often in response to legal mandates. HCA's clients can be broadly divided into three major groups: the community, at-risk individuals (for prevention services) and mandated service groups (for intervention and treatment services).

Orange County is likely to continue to grow and become more ethnically diverse over the next decade, with the fastest growing population groups expected to be teens (up 46%) and older adults (up 37%). The Hispanic teen population is expected to almost double by the end of the decade, followed by Asian/Pacific Islander teens at 53%. For adults age 60 and older, the greatest increases are projected to be among American Indians, African Americans, and Asian/Pacific Islanders (all up nearly 90%), followed by Hispanics (up 65%) and Whites (up 25%). The anticipated increases in these two age groups could result in increased numbers of at-risk individuals requiring prevention services, and individuals requiring medical and behavioral health intervention and treatment services.

In recognizing the demographic and cultural diversity of the population of Orange County, the Agency has developed a Cultural Competency program to assist in the effective delivery of services to all clients. Cultural competency is a key component in the development of new services and programs as the Agency continues its collaborative efforts with many community partners.

### **SERVICES FOR THE COMMUNITY**

Regulatory Health's 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. Public Health's communicable disease programs focus on intervention in the transmission of tuberculosis and sexually transmitted diseases, including human immunodeficiency virus (HIV). The Agency also monitors acute communicable disease trends and investigates and intervenes in outbreaks and other unusual occurrences.

The Agency's emphasis on advocating safe and healthy lifestyles and practices has increased with the formation of the Health Promotion and Prevention Division. While located in Public Health Services, the Health Promotion and Prevention Division 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), focusing on substance use and abuse as major risk factors for many health problems.

Health Promotion and Prevention Division programs also collaborate with a variety of public and private organizations and community agencies to prevent injury, chronic disease, and communicable disease and promote personal and family health.

## **PREVENTIVE SERVICES FOR AT-RISK INDIVIDUALS**

Behavioral Health's 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.

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. Multiple Agency programs currently provide services designed to identify and protect individuals who are at risk of developing health problems. These services include in-home assessments by public health nurses and behavioral health professionals, neighborhood well-child and maternal health clinics, immunizations, nutrition counseling, and food vouchers. In addition, one goal of the county's Older Adults initiative will be to prevent and reduce the debilitating complications of chronic diseases.

## **INTERVENTION/TREATMENT SERVICES FOR INDIVIDUALS**

**Community.** 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 and/or substance abuse problems. Behavioral Health operates under its 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.

Medical Services for Indigents provides for the care of eligible medically indigent adults who have no other source of medical care. There also are clinical and support services provided by Public Health for persons with HIV or acquired immune deficiency syndrome (AIDS), and other communicable diseases; medical and other therapeutic services for disabled children coordinated through California Children Services; and emergency dental services for low income persons.

**Institutional Setting.** The Health Care Agency is responsible for medical, dental, pharmaceutical and behavioral health services to adults and minors in the County's adult correctional facilities, juvenile institutions, and Orangewood Children's Home. In fulfilling these responsibilities, the Health Care Agency supports the Sheriff-Coroner, the Probation Department, and the Social Services Agency.

## 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 and reflect a 12 month period, either calendar or fiscal year:

PROGRAM	SERVICE RECIPIENT	TYPE OF SERVICE	ANNUAL COUNT
1. Animal Care Services	Residents of 19 cities & unincorporated areas	Animal licenses	151,280
2. Animal Care Center	Residents of 21 cities & unincorporated areas	Live animals impounded	29,101
3. Behavioral Health – Adult	Adults with mental illness and/or substance abuse problems	Persons served in the community	25,250
4. Behavioral Health – Older Adult	Older adults with mental illness and substance abuse problems; frail elderly at risk of out-of-home placement	Persons served in the community	2,850
5. Behavioral Health - Children	Seriously emotionally or behaviorally disturbed children, substance abusing adolescents	Persons served in the community Persons served in County institutions (Orangewood, juvenile justice facilities)	10,605 5,892
6. California Children Services	Children with disabling or potentially disabling conditions	Active cases & referrals for case management	18,000
7. Child Health	Low income children	Child health clinic visits Child linkages to Child Health and Disability Prevention program community providers Immunizations	23,902 192,200 52,468
8. Communicable Disease Control / Epidemiology	All County residents	Communicable disease reports	5,980
9. Emergency Medical Services	All County residents and visitors	Paramedic supported patient transports to designated ERs/trauma centers	44,835
10. Employee Health	County employees	Initial/routine/return-to-work examinations and/or follow-up	16,600
11. Environmental Health	All County residents	Retail food facility inspections	30,035
12. Environmental Health	All County residents	Hazardous waste inspections	5,900
13. Health Promotion	All County residents	Businesses & community agencies receiving technical assistance	405
14. HIV Test Sites	Persons at risk of HIV infection	HIV testing and counseling	14,800
15. HIV Clinic	Persons with HIV infection or AIDS w/o resources for medical care	Medical care and case management	1,400
16. Institutional Health	Incarcerated adults	Medical screening assessments Sick-call visits (medical/dental)	69,196 130,000
17. Institutional Health	Detained juveniles	Comprehensive intake assessments	9,061
18. Maternal Health	Low income pregnant women	Prenatal care referrals	2,402
19. Maternal Health	Low income pregnant or parenting teenagers and siblings	Case management	1,283
20. Maternal Health	Low income women and their partners	Contraception education and methods for women and partners	14,411
21. Medical Services for Indigents	Low income adults	Hospital inpatient days Hospital emergency department visits Unduplicated number of patients Patient encounters	21,983 8,846 17,051 146,844
22. Nutrition Services	Low income pregnant, postpartum, and breastfeeding women and children to age 5	Nutritional counseling and food vouchers for women Food vouchers for infants/children	137,000 434,000
23. Preventive Health Care for the Aging	Senior citizens 55 years and older	Total client encounters	3,500
24. Public Health Field Nursing	Infants, families or individuals, primarily low income, at high risk of health problems	Home visits for assessment, counseling/teaching, case management	29,009
25. STD Clinic	All County residents	Sexually Transmitted Diseases diagnosed and treated	1,682
26. Tuberculosis (TB) Control	Persons with TB infection but not active disease	Visits for treatment of latent TB infection	41,705
27. Home Visits for TB Direct Observed Therapy	Persons with active TB disease	Directly observed therapy visits for active disease or latent infection	51,324
28. Tuberculosis (TB) Control	Persons with active TB disease	Visits for treatment of active TB disease	8,880

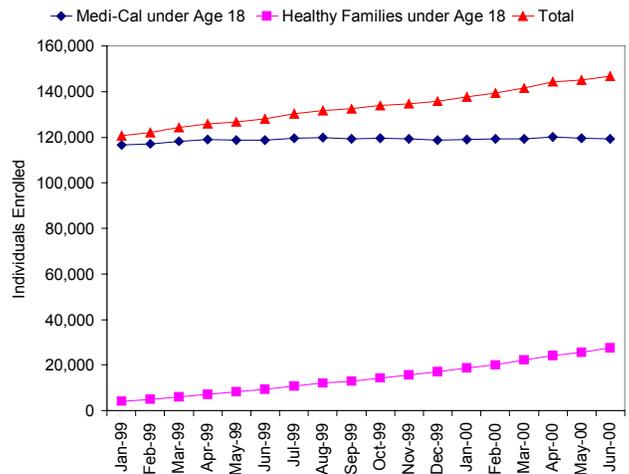
## CASELOAD TRENDS

The following caseload information graphs have been selected to reflect the diversity of Agency programs and service issues: uninsured children, Children and Youth Services clients, sick calls for adults in correctional facilities, deaths due to coronary heart and cerebrovascular disease, a measurement of the impact of ocean and bay water closings, and tuberculosis cases county-wide.

**Uninsured Children.** A major Agency focus is increasing health care access for children. A 1998 Countywide survey (OCHNA) found that 13% of Orange County children did not have health insurance coverage. Since that time, individual County agency and community-based efforts to increase the number of children enrolled in Medi-Cal and Healthy Families programs has resulted in slow but steady growth (Graph 1). With County and community-based programs' recent commitment to better coordinate enrollment efforts, the numbers of enrolled Orange County children and youth are expected to increase more rapidly.

*Source: Department of Health Services, MediCal Eligibility Branch and Healthy Families.*

**Graph 1: Children's Health Plan Enrollment**

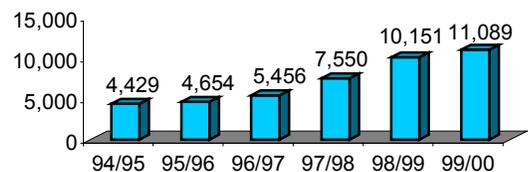


### Children and Youth Services (CYS) Clients.

Since 1994, program expansion focusing on seriously emotionally disturbed children and the development of multidisciplinary service centers for high risk children and youth have resulted in a 150% increase in the number of children and adolescents receiving behavioral health services (Graph 2). With Orange County's adolescent and teen population expected to increase at a rate more than three times greater than the total county population during the next decade, the need to expand services is expected to continue.

*Source: Children and Youth Services.*

**Graph 2: Number of Children Served by CYS**

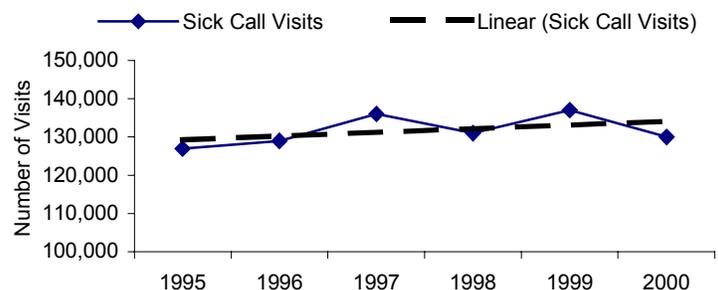


### Correctional Medical Services (CMS)

**Sick Call Visits.** Expansion of facilities at the Theo Lacy and James Musick jails will result in the need for expansion of Correctional Medical Services. CMS is responsible for medical, dental, and pharmaceutical care for all adults in the custody of the Sheriff-Coroner Department. Sick call visits increased by approximately 5 percent from 1998 to 1999 and are expected to continue to increase with facility expansion (Graph 3).

*Source: CMS Annual Statistical Comparison Report.*

**Graph 3: Correctional Medical Services Adult Sick Call Visits**

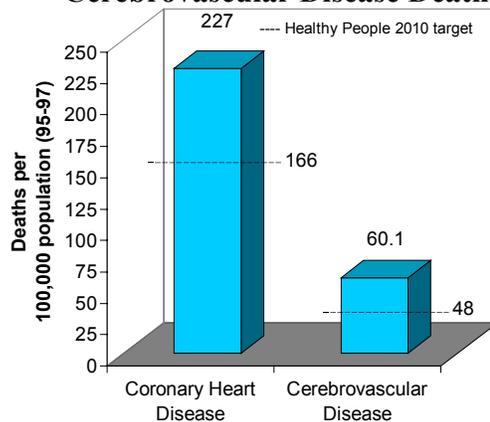


**Older Adults Chronic Disease and Injury Prevention.**

The Agency is joining a collaborative effort with other county agencies, health care providers, advisory boards and older adult advocacy groups to coordinate efforts to reduce the impact of chronic disease and prevent injuries. Available indicators show recent increases in deaths from two major chronic diseases affecting older adults, coronary heart disease and cerebrovascular disease. Orange County's current death rates due to coronary and cerebrovascular disease are both above the Healthy People 2010 targets (Graph 4).

Source: HCA/Public Health Services.

**Graph 4: Coronary Heart and Cerebrovascular Disease Death Rates**

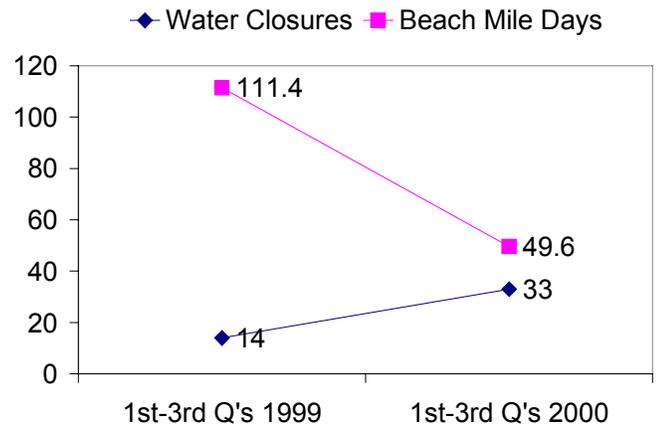


**Ocean Recreational Water Protection Program.**

Ocean water quality is a strategic initiative for the County of Orange. HCA's Ocean Recreational Water Quality Program posts warnings 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 is using a new measurement of closures by beach mile days. This companion measure takes into account the length and severity of each closure to provide a more meaningful comparison of ocean water availability to the public from year to year (Graph 5). Ongoing efforts include projects to identify the sources of bacteria and refine laboratory testing procedures to provide earlier notice of potential health hazards.

Source: Ocean Recreational Water Protection Program.

**Graph 5: Ocean & Bay Water Closures**

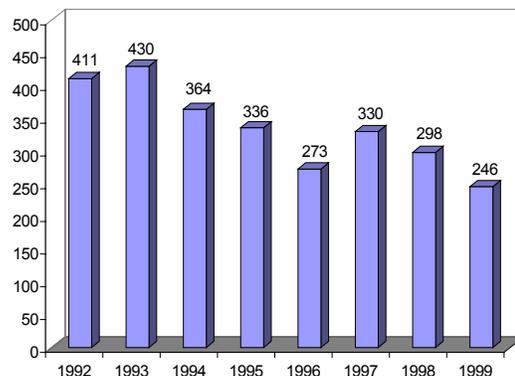


**Tuberculosis (TB) Cases and Estimated Persons with TB Infection.**

Following a local and nationwide resurgence of TB in the late 1980s and early 1990s, renewed TB control efforts have resulted in a gradual decline in reported cases locally (Graph 6) and nationally. To control TB and further reduce the number of new cases, increased efforts are needed to identify and provide preventive therapy to the estimated 275,000 individuals with latent TB infection in Orange County.

Source: HCA/Disease Control Assessment Services.

**Graph 6: New Tuberculosis Cases by Year**



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## III. SERVICE ENVIRONMENT

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### INTRODUCTION

The Health Care Agency (HCA) is dedicated to creating and supporting an environment that promotes the achievement of optimal individual, family, and community health. To accomplish this mission, it performs a variety of public health, behavioral, and regulatory health functions.

### SERVICES

HCA is composed of the following major service areas:

*Public Health* - Monitors the incidence of disease and injury in the community and develops and applies preventive strategies to maintain and improve the health of the public.

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

*Medical and Institutional Health* - Coordinates emergency medical care, provides medical and behavioral health care to adults and children in institutional settings, and contracts for essential medical services for patients for whom the County is responsible.

*Regulatory Health* - Ensures food safety and 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 the enforcement of health and safety standards.

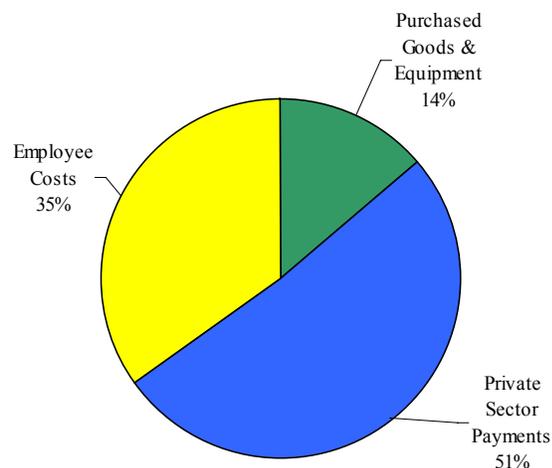
*Financial and Administrative Services* - Promotes and provides for the fiscal and operational integrity of the Agency through sound management principles and practices, and provides support services to Agency programs.

An Agency organization chart is presented in Appendix A.

### FUNDING

The HCA adopted budget for Fiscal Year 2000/2001 includes \$361 million in net appropriations with 2,415 positions and 164 different funding sources. State and Federal revenue and fees comprise 89% of Agency revenue; County funding comprises the remaining 11%. Two-thirds of the County funding in the Agency budget is match that is required by the State to receive \$138.4 million in State revenue. Private sector service contracts make up over one-half of the Agency budget.

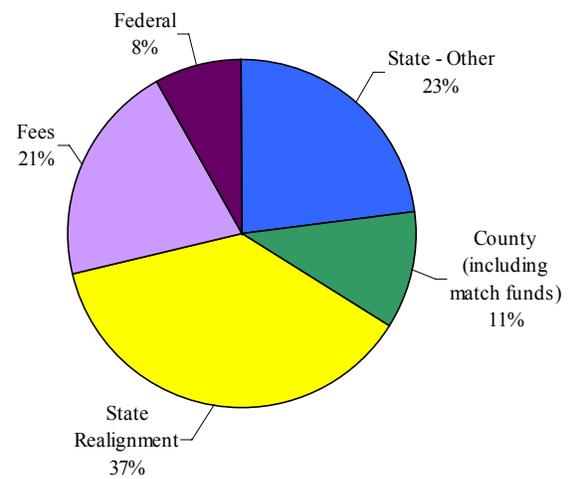
**2000/2001 Budgeted Appropriations**



The largest single revenue source is State Realignment Funds, which accounts for 37% of Agency 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.

Other major sources of Agency revenue include: Medi-Cal, Substance Abuse Block Grant, California Children Services, Proposition 99, SB 90, and fees for services. New revenue sources for community-based programs include Tobacco Settlement, Proposition 10 and AB1913 funding, discussed further in Section IV.

**2000/2001 Budgeted Revenues**



## MANDATES

HCA operations are guided by over 200 State and Federal mandates, many of which carry specific requirements regarding staffing, claiming, operations, and record-keeping.

These mandates require the County to provide for or regulate certain health services. Examples of mandates (see Appendix C) include criteria for ocean water monitoring, restaurant inspections, the provision of health services to the indigent, the type and level of medical and mental health services provided to County jail inmates, the timing of mental health evaluation and treatment provided to children who need special education and adults requiring involuntary treatment.

## SERVICE ISSUES

In response to changing program needs and County and Agency initiatives, the coming year promises to be one of opportunities and challenges for HCA. These include: implementing the final phase of the Agency's restructuring plan; developing a corporate compliance office; a heightened focus on established strategic priorities through collaborative ventures; and continued participation in countywide and regional health planning efforts.

**Agency Restructuring:** In calendar year 2000, the Health Care Agency continued its efforts to refine and change its organization structure to be more efficient and accountable and to provide improved customer service. These efforts have included implementing portions of the Phase I Agency restructuring plan (based on a comprehensive internal organizational assessment), and completion of the Phase II study, conducted by an outside consultant, involving a more in-depth study of selected management issues.

The Phase II restructuring report completed in November 2000 by DMG Maximus is very complimentary of the Agency's "self-study" efforts, and independently validates most of the Phase I study findings. The consultant effort found that HCA has fewer supervisors and managers as a percentage of total staff than other large and medium sized County departments, is equal to or better than the comparison counties in productivity, and that spans of control are generally appropriate. Future

challenges for the Agency were highlighted and strategies recommended to assist in successfully meeting them. Examples include greater emphasis on strategic planning at the Agency level versus within individual service areas, the development of an Agency-wide performance measurement system, and an Agency professional development and training plan. Upon CEO/Board approval, implementation of approved Phase II strategies and action plans will begin.

**Enhanced Collaboration:** The Health Care Agency operates in an increasingly collaborative environment – nearly every major project included in the 2001 Operational Plan involves entities outside the Agency, including consumers. Collaboration is necessitated both by program requirements and the desire to provide a coordinated continuum of services for clients. Coordinated services can reduce duplication, improve efficiency, and produce better outcomes for consumers. Examples of the types of collaborative efforts in which the Health Care Agency will be engaged in 2001 include:

- 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.
- Collaborating with the County Executive Office (CEO), Probation, District Attorney, Public Defender, Social Services (SSA), and the Courts to implement Proposition 36 and provide a broader continuum of drug treatment and supervision services as an alternative to incarceration.
- Partnering with SSA, Probation, Regional Center, Orange County Department of Education, and others to develop a comprehensive continuum of services for children with mental illness and children who have been or are at risk of being placed outside the home.
- Working with SSA, the CEO, the Community Services Agency (CSA), 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.
- Joining with CSA, SSA, and other public and private organizations to develop a Conditions of Older Adults Report and to identify strategic priorities for improving/expanding services.
- Participating with the Public Facilities and Resources Department, the Regional Water Quality Control Board, and other public and private organizations to address watershed and urban runoff concerns and improve ocean water quality.
- Serving as a collaborative partner with the Sheriff, Probation, SSA, and community-based organizations on the Community Revitalization program to provide direct services to four targeted County Islands – El Modena, La Colonia Independencia, Midway City, and Southwest Anaheim.

**Countywide and Regional Planning:** The Health Care Agency plays a key role in countywide and regional health planning efforts. Examples include:

- Working with a countywide Steering Committee to increase access to healthcare for children and families.
- Coordinating the development of plans for the allocation of Tobacco Settlement funds.
- Participating in the development and implementation of the tri-annual Orange County Health Needs Assessment, to be conducted in 2001.

- 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.
- Continuing participation in the joint powers authority consisting of Orange, Riverside, Los Angeles, San Bernardino, and San Diego counties to plan and build an 18-bed secure detention facility for seriously emotionally disturbed juvenile offenders, and seek operating funds for it.

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## **IV. OPERATIONAL PLAN – 2001**

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### **OVERVIEW**

The Health Care Agency's 2001 Business Plan contains over 40 major projects that will be worked on over the next year to further achieve the Agency's vision, mission and goals. During an all-day off-site meeting, HCA's executive and middle management developed key outcome measures, prioritized major projects, assigned project responsibilities, and established specific project performance objectives for 2001. The criteria for identifying major projects included consistency with County and Agency strategic goals, anticipated new funding or service mandates, and a realistic assessment of the resources available for individual projects.

Following the offsite meeting, the list of major projects and anticipated accomplishments for 2001 were shared with program managers and staff to obtain their input regarding needed additions to the major project list, and to develop detailed service plans. For each major project identified in HCA's Operational Plan for 2001, program staff have prepared and submitted service plans outlining the specific activities, key players and timelines necessary to achieve Agency performance objectives by year's end. Service plans also identify the Agency goal(s) and major project(s) to which they are related, the responsible HCA manager, and specific challenges to be addressed and overcome during the implementation effort.

HCA managers will report implementation progress on at least a quarterly basis within their chain of command. This will assure that timely corrective action can be taken if a project has fallen behind the milestones set in the service plans. Key performance objective data also will be entered into a database that will facilitate formal project reporting to HCA's Executive Team at mid-year and year's end.

### **KEY OUTCOME MEASURES**

The Health Care Agency utilizes a variety of different measures of performance outcome to meet the mandates of its funding sources and regulatory agencies, and to ensure compliance with established administrative and clinical best practices. HCA currently has 164 distinct revenue sources and over 200 state and federal mandates, all of which require different levels and types of performance measurement and reporting. These mandates and quality assurance requirements have previously consumed most of HCA's planning and performance measurement resources.

As part of the Phase I restructuring process, HCA strengthened its Agency level planning and research capabilities and developed a more strategic focus. During 2000, an Agency level strategic planning process was initiated, and a framework was developed to monitor progress toward the accomplishment of annual Business Plan performance objectives.

The following list of proposed Key Outcome Measures provides a comprehensive set of benchmarks by which to gauge progress towards achieving Agency goals over the next three to five years. (The specific goals to which each Key Outcome Measure is related are listed parenthetically.)

1. Work toward removing a major barrier to health care access for children, evidenced by an annual increase in the proportion of eligible Orange County children/youth enrolled in Medi-Cal and Healthy Families health insurance programs. (Goals 1, 6 and 7)
2. Work toward achieving Healthy People 2010 target objectives for chronic disease and injury indexes, evidenced by declining annual rates of death and hospital admissions for Orange County. (Goals 1, 2, 4, 6, and 7)
3. Work toward realizing the Healthy People 2010 target objective of reducing the incidence of tuberculosis, evidenced by declining annual rates of new tuberculosis cases for Orange County. (Goals 1, 2, and 4)
4. Work toward improving the behavioral health of Orange County youth, by expanding the capacity to provide needed services to seriously emotionally or behaviorally disturbed children/youth who are Juvenile Court wards or dependents, special education students, or Medi-Cal/EPSDT beneficiaries, commensurate with the projected growth in Orange County's juvenile population. (Goals 1, 2, and 6)
5. Reduce environmental threats to health associated with foodborne illnesses, evidenced by an increase in the proportion of the total number of restaurants inspected on an annual basis receiving Awards of Excellence. (Goals 1, 3, 4, and 7)

(Note: Awards of Excellence are given to facilities that have had no critical violations in a calendar year and have at least one current employee who has passed an approved food safety certification program.)

During 2001, the Agency will also be evaluating the development of several new Key Outcome Measures for future use to better reflect the breadth of Agency operations. New measures under consideration (and their related goal areas) include creation of an indicator/index for monitoring: the level of Agency compliance with Federal, State, and local mandates (Goals 4 and 5); local opportunities for HCA employee training and professional development (Goals 1, 4, 5 and 7); staff retention rates (Goal 5); and, the effectiveness of Animal Care Services' care and control operations (Goals 3, 4, and 5).

## GOALS, MAJOR PROJECTS, AND PERFORMANCE OBJECTIVES

The Health Care Agency defines a “major project” as a project that may be accomplished over one or more years and will help the Agency achieve its goals and key outcomes. “Performance objectives” are quantifiable projections of how much or what percentage of each major project will be accomplished during calendar year 2001. These represent critical Project milestones.

The Health Care Agency’s major projects and performance objectives for 2001 stated below are organized by Agency goal. Agency strategic priorities are also included in this section and are denoted with an asterisk(\*). Projects funded at least in part by Tobacco Settlement funds are noted as “(TSF).”

<b>Goal #1: Improve family and individual health</b>
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<b>Major Projects</b>	<b>Performance Objectives</b>
*1.1 Increase access to health care for children and families.	<ul style="list-style-type: none"> <li>a. Develop a broader set of indicators to annually review progress toward improved access to health care for children – by June 2001.</li> <li>b. Develop a community action plan by September 2001.</li> <li>c. Develop Agency procedures to ensure that HCA direct service clients are assessed for health insurance status and provided enrollment assistance as indicated by September 2001.</li> </ul>
*1.2 Establish an 80-bed local Mental Health Rehabilitation Center / Psychiatric Health facility (TSF).	<ul style="list-style-type: none"> <li>a. Eliminate the use of 40 out-of-county Institute for Mental Disease (IMD) beds by July 2001.</li> <li>b. Decrease the number of acute hospital administrative days by 5%, from 3576 days to 3398 days, by December 2001.</li> </ul>
*1.3 In collaboration with County and community stakeholders, develop an additional perinatal residential treatment program (TSF).	Survey potential sites by December 2001.
1.4 Expand community-based substance abuse treatment services (TSF).	a. Develop a scope of work and request for proposals for a 60-bed adolescent detoxification recovery and 40-bed inpatient adolescent facility by December 2001 (TSF)

**Major Projects****Performance Objectives**

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	<ul style="list-style-type: none"><li>b. Provide outpatient services to an additional 120 clients by December 2001, increasing the number served from 7,056 to 7,176 (TSF).</li><li>c. Partner with CEO, Probation, other criminal justice agencies and local treatment providers to develop and implement programming to comply with the provisions of Proposition 36, by July 2001, with no net county cost increase.</li></ul>
<hr/> <p>*1.5 Enhance/expand preventive services (TSF).</p>	<ul style="list-style-type: none"><li>a. Develop new contracts with community clinics for medical and dental services to the uninsured by November 2001.</li><li>b. Develop a contract for medical transportation to improve access to medical care by the uninsured, including senior citizens, by November 2001.</li><li>c. Establish formal monitoring procedures for the management of hepatitis C virus case information by December 2001.</li><li>d. Through improved screening procedures, identify and provide treatment to 458 additional individuals at high risk of active TB infection, increasing the number served from 5,942 to 6,400, by December 2001.</li></ul>
<hr/> <p>1.6 Increase compensation for uncompensated emergency services provided by physicians and hospitals (TSF).</p>	<p>Develop or amend master contracts with hospitals and the Orange County Medical Association to increase compensation by \$4 million by April 2001.</p>
<hr/> <p>1.7 Provide Preventive Health Care for the Aging (PHCA) Services (TSF).</p>	<ul style="list-style-type: none"><li>a. Complete comprehensive health assessments for 1000 older adults by December 2001.</li><li>b. Conduct 100 education programs for older adults by December 2001.</li><li>c. Conduct 6 diabetes screening clinics for at risk older adults by December 2001.</li><li>d. Train an additional 20 individuals to be Chronic Disease Self Management training leaders/facilitators by December 2001.</li></ul>

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**Major Projects****Performance Objectives**

1.8 Expand or enhance nutritional services.

- a. Conduct a survey of women to determine local barriers to successful breastfeeding by December 2001.
- b. Develop and distribute an information packet to promote breastfeeding among County staff by December 2001.
- c. Present information at four schools on the benefits of physical activity and the consumption of fruits and vegetables, by December 2001.

**Goal #2: Assure the availability of integrated services – Prevention, Treatment, Rehabilitation**

**Major Projects****Performance Objectives**

\*2.1 Targeted health education and promotion – chronic disease.

Award contract for an older adults chronic disease education campaign by December 2001.

\*2.2 Develop services commensurate with the expansion of Theo Lacy and Musick Jails.

- a. Hire staff and procure equipment to implement medical and mental health services upon completion of construction at Theo Lacy, by October 2001.
- b. Develop service programs and resources for medical and mental health care to expanded population at Musick by December 2001.

2.3 Expand Adult System of Care services through outreach and intensive integrated services to homeless mentally ill adults.

Enroll 100 homeless mentally ill adults into services by December 2001.

2.4 Expand the Children’s System of Care to coordinate services from multiple agencies to seriously emotionally and/or behaviorally disturbed (SED) children.

- a. Develop a full-time co-located interagency Case Management Council by June 2001.
- b. Conduct interagency assessments for 50 SED children and their families by December 2001.

2.5 Implement an in-custody alcohol and drug treatment pilot project at Theo Lacy Jail.

- a. Provide services to 90 participants by December 2001.
- b. Link 60% of participants completing the in-custody program to aftercare services and/or community resources by December 2001.

**Major Projects****Performance Objectives**

2.6 Implement services funded by the Children and Families Commission (Proposition 10).

- a. Initiate Field Nursing pilot project at the Santa Ana Youth and Family Resource Center by June 2001.
- b. Expand Field Nursing services to four additional Family Resource Centers by October 2001.

2.7 Expand services to County Islands residents.

Contact 300 women at El Modena and La Colonia Independencia Family Resource Centers regarding their eligibility for the Women, Infants, and Children (WIC) program, by December 2001.

2.8 Develop Foster Care Public Health Nurse role in the implementation of the Health and Education Passport, which contains essential information that goes with a foster care child whenever he/she moves to a new home.

- a. Define the role of the Foster Care Public Health Nurse by March 2001.
- b. Review and advise on the medical information to be entered into the Health and Education Passport, beginning in June 2001.

<b>Goal #3: Reduce environmental threats to health</b>
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**Major Projects****Performance Objectives**

\*3.1 Participate and collaborate with, and support efforts by the Public Facilities and Resources Department (PFRD) to address watershed and urban runoff issues.

Develop laboratory capabilities for bacterial pollution source tracking and initiate two pilot watershed studies by December 2001.

\*3.2 Enhance the ocean recreational water protection program

- a. Conduct a survey to determine whether current methods of disseminating water quality information to the public are adequate, by December 2001.
- b. Partner with the Regional Water Quality Control Board to increase education, outreach, and enforcement activities regarding unauthorized discharge of waste from private property owners and businesses by December 2001.
- c. Distribute pamphlets regarding sewage spills, grease reduction, and environmental effects of pollution to restaurants, homeowner associations, and apartments by December 2001.

**Major Projects****Performance Objectives**

- d. Partner with the City of Newport Beach and the California Department of Fish and Game to develop a plan for a centralized water quality laboratory by December 2001 (TSF).

3.3 Assist and advise the El Toro Master Lease program to comply with environmental regulations.

Provide assistance and advice to work towards compliance with 1) environmental health permit and plan check requirements; 2) requirements for a plan to respond to spills of hazardous waste, fuel, or other chemicals; and 3) obtaining permission for sublessees to store or use hazardous or toxic materials on site, by June 2001.

3.4 Increase awareness of how to prevent foodborne illnesses.

- a. Develop and pilot a K-2 food safety curriculum with a school district, by December 2001.
- b. Partner with two cities to develop a presentation for food facility operators to increase food safety awareness among specific industry groups, by December 2001.
- c. Develop, print, and distribute a disaster manual to food facilities that outlines the actions necessary to ensure the safety of food distributed to the public, by December 2001.
- d. Implement a new retail food facility inspection report by June 2001.

3.5 Make information regarding Underground Storage Tank Cleanup cases available through the State Water Resources Control Board (SWRCB) web site.

Provide complete and accurate data, in accordance with contractual requirements, to the SWRCB for inclusion on their Geographical Environmental Information Management System (GEIMS) database by December 2001.

**Goal #4: Provide service with a focus on quality**

**Major Projects****Performance Objectives**

\*4.1 Relocate or remodel the Animal Care Center.

Complete an Animal Care Center study on constructing a facility at a new site compared to remodeling the existing facility by April 2001.

### Major Projects

### Performance Objectives

4.2 Establish an Agency corporate compliance program consistent with funding source, CEO and Board directives to ensure compliance with governmental regulations and standards.	<ul style="list-style-type: none"><li>a. Develop a Compliance Procedures Manual by June 2001.</li><li>b. Train all agency staff in compliance matters by November 2001.</li><li>c. Develop a set of Agency risk factors and create an index for possible use as a future Agency Key Outcome Measure by December 2001.</li></ul>
4.3 Achieve accreditation of Juvenile Health facilities.	<ul style="list-style-type: none"><li>a. Develop a Policy and Procedure Manual for all program participants by March 2001.</li><li>b. Schedule site survey accreditation team visit by June 2001.</li></ul>
4.4 Implement consultant recommendations for agency restructuring.	Specific targets will be added after the restructuring recommendations are approved by the Board of Supervisors.
4.5 Conduct Classification studies	Work with CEO/Human Resources to address classification issues associated with the Agency's restructuring efforts and participate in the countywide reviews for Information Technology and Office Services classes. Coordinate with CEO/Budget to identify strategies, within budget parameters, to fund the costs of implementation of recommendations associated with these studies, by December 2001.

### Goal #5: Create a working environment that encourages excellence

### Major Projects

### Performance Objectives

5.1 Develop an Agency training/professional development plan, budget, and tracking system design.	Complete a Training and Professional Development Plan in concert with MPP and PIP that includes identification of resources, budget, and a data management/ tracking system by December 2001.
5.2 Implement an on-going strategic planning process.	Develop an Agency-level Strategic Plan for 2001-2005 by December 2001, following approval of the Phase II restructuring recommendations by the CEO and the Board of Supervisors.

**Major Projects****Performance Objectives**

5.3 Establish a new Agency Headquarters.

Finalize space design, complete construction and initiate relocation of personnel by June 2001.

5.4 Establish a mechanism for meaningful and timely communications between Behavioral Health employees and management.

Identify collaborative strategies to improve the rate of employee retention and satisfaction by December 2001.

<b>Goal #6: Acknowledged in the community as the leader in health care planning</b>
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**Major Projects****Performance Objectives**

\*6.1 Participate in the development of the County's Older Adults Strategic Initiative (CSA lead). (First Phase of HCA's Older Adults Chronic Disease and Injury Prevention Strategic Initiative)

- a. Provide health care input to the Conditions of Older Adults Report being developed by the Community Services Agency (CSA).
- b. Implement an Older Adults Service Coordination Project as part of the new Behavioral Health funding to enhance the Older Adults System of Care, by December 2001.

6.2 Lead development of an interagency Bioterrorism Plan

Develop an operational plan focusing on the essential areas of bioterrorism surveillance, communication, and critical response protocols by October 2001.

6.3 Continue participation on the Orange County Health Needs Assessment Executive and Steering Committees.

Provide support for the design of the content and administration of the community health survey by December 2001.

6.4 Provide planning and technical support to the Children and Families Commission.

Continue participation on the Children and Families Commission and its Technical Advisory and Evaluation Committees throughout 2001.

6.5 Provide leadership in the development and enhancement of the annual Conditions of Children Report.

Issue the Seventh Annual Conditions of Children Report by August 2001.

<b>Goal #7: Implement advanced technology solutions for optimal use of information and resources</b>
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<b>Major Projects</b>	<b>Performance Objectives</b>
7.1 Assess feasibility, develop, acquire, and implement new and replacement agency-wide administrative or individual program systems.	<p>Complete at least three of the feasibility/requirements studies and at least six of the annual projects included in the Information Technology work plan by December 2001. These projects may include:</p> <ul style="list-style-type: none"> <li>• HCA Intranet</li> <li>• Environmental Health Management Information System</li> <li>• Emergency Medical Services (EMS) system</li> <li>• Upgrade of methadone system</li> </ul>
7.2 Acquire and implement an integrated HCA Enterprise Information System.	<p>a. Develop a long-range strategy and plan for Agency-wide implementation by December 2001.</p> <p>b. Begin implementation of the Behavioral Health Management Information System component by December 2001.</p> <p>c. Begin implementation of the Public Health Laboratory Information System by December 2001.</p>
7.3 Expand the Agency’s enterprise network and its resources, including e-mail, County Intranet and Internet, to additional Agency staff.	<p>Increase the number of Agency network users from 1,950 to 2,250 by December 2001.</p>
7.4 Participate in Countywide advanced technology pilot projects.	<p>Participate in the development of three Countywide advanced technology projects by December 2001:</p> <ul style="list-style-type: none"> <li>• Automated timekeeping</li> <li>• Electronic agenda item transmittal (AIT) pilot project</li> <li>• Automated staff recruitment</li> </ul>
7.5 Maintain and enhance the availability of public information on the Agency web page.	<p>a. Develop and implement public access to HCA’s “Guide to Services” brochure by December 2001.</p> <p>b. Create a Residential Care and Housing Web Site, detailing the program’s operations in the areas of residential care, shelter/bed programs and residential rehabilitation facilities by October 2001.</p>

## Major Projects

## Performance Objectives

- c. Expand available public information regarding the Tobacco Use Prevention Program (TUPP) to include program description, brochures, scheduled events, and resources by November 2001.
- d. Enhance HCA's web site with information regarding Orange County beaches to include locations, fees, and available activities by December 2001.

## CLOSING THE GAP

The Health Care Agency continually strives to improve the efficiency and effectiveness of its operations. Examples of current activities include:

- Anticipation of additional efficiencies and streamlining of Agency operations through implementation of the Phase II Agency restructuring recommendations.
- Continued focus on appropriate use of extra help and contract positions, as well as by contracting out for professional services. (Contracts currently account for 51% of the HCA budget, or \$175 million in services with the private or non-profit sector.)
- Implementing new technologies, such as a management information system that will collect client information across HCA service areas, to support service delivery and program development and provide for more timely revenue/reimbursement claiming. Other applications under development in association with corporate efforts include document imaging, virtual timesheets, and automated purchasing systems.
- Review of fees on a regularly scheduled basis to ensure full cost recovery for Agency programs.
- Advocating for legislation and pursuing grant opportunities to increase non-County funding for existing and new programs, in coordination with the County Executive Office.

## OPERATIONAL PLAN CHALLENGES

Although it is anticipated that all the performance targets can be achieved in 2001, there are some potential challenges that may inhibit progress. These include:

- Many of the projects are collaborative and can only be accomplished with the cooperation of all of the partners in the project. Although the Health Care Agency is experienced with working collaboratively, the very nature of these projects introduces an element of

uncertainty. HCA facilitates the success of collaborative efforts by providing leadership, active participation, and skilled staff support.

- The rapid and effective implementation of new programs such as Tobacco Settlement and State and Federal grants will continue to be a challenge due to funding and position approval requirements. In close coordination with the CEO, HCA will develop methods to increase the speed and latitude for the Agency to quickly expand or reallocate resources, as they become available.
- To implement Proposition 36, Orange County will receive \$3,991,505 this fiscal year and over \$7.9 million annually through 2005-06 for treatment, probation, court monitoring, vocational training, and other miscellaneous costs. Collaboratives have been initiated among the stakeholder agencies and with the provider community. The preliminary estimate of the number of eligible participants is 4500 adults. Based on estimates by the Rand Corporation of possible average treatment costs, the price tag for the needed treatment services alone could exceed \$9 million annually. A needs assessment is in process to better estimate the types of treatment, needed treatment capacities and intensity of probation supervision required. Additionally the provider community is being surveyed to determine the current treatment modalities available in Orange County, and the capacity of each for potential expansion. The goal is to develop an implementation plan that meets the intent and requirements of Proposition 36 for service initiation by July 1, 2001, while sustaining no increase in net county costs. Toward this end, other revenue sources are also being explored.
- In the current job market with its low rate of unemployment, it can be difficult to hire qualified staff, especially for jobs that require specific certification or expertise. The Health Care Agency's Human Resources Office actively recruits to fill new and vacant positions and will participate in a pilot project for automated staff recruitment this year, which should enhance the Agency's ability to efficiently attract and hire qualified applicants. HCA also promotes participation in MPP and PIP as a benefit of employment with the Agency. Additionally, the Agency will work with CEO/Human Resources to address classification issues associated with the Agency's restructuring efforts and participate in the Countywide reviews for Information Technology and Office Services classes.
- The Agency faces a major fiscal challenge due to the potential of a State claim reduction of SB 90 reimbursement for State mandated children's mental health services for children with special education. SB 90 is the major funding source for these services, which are mandated by State law. This issue also affects other California counties providing special education mental health services.
- Another potential fiscal challenge relates to Realignment funding, which is the largest single agency funding source. The two funding sources for Realignment—Sales Taxes and Vehicle License Fees—are directly impacted by the State economy. An economic downturn affecting these funding sources would reduce Realignment funding at a time when the need for county health and mental health services would probably be increased.



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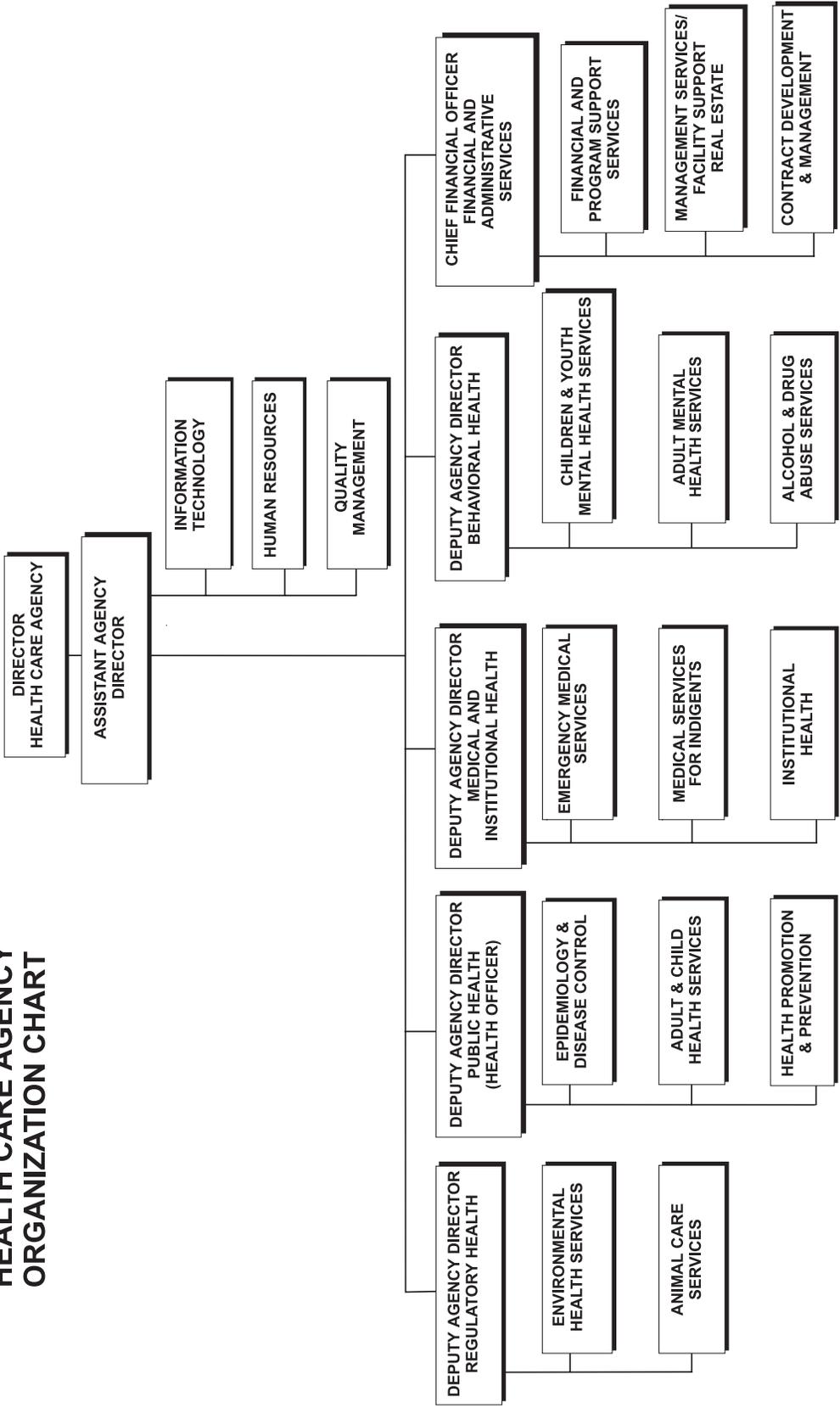
# **HEALTH CARE AGENCY**

## **2001 BUSINESS PLAN**

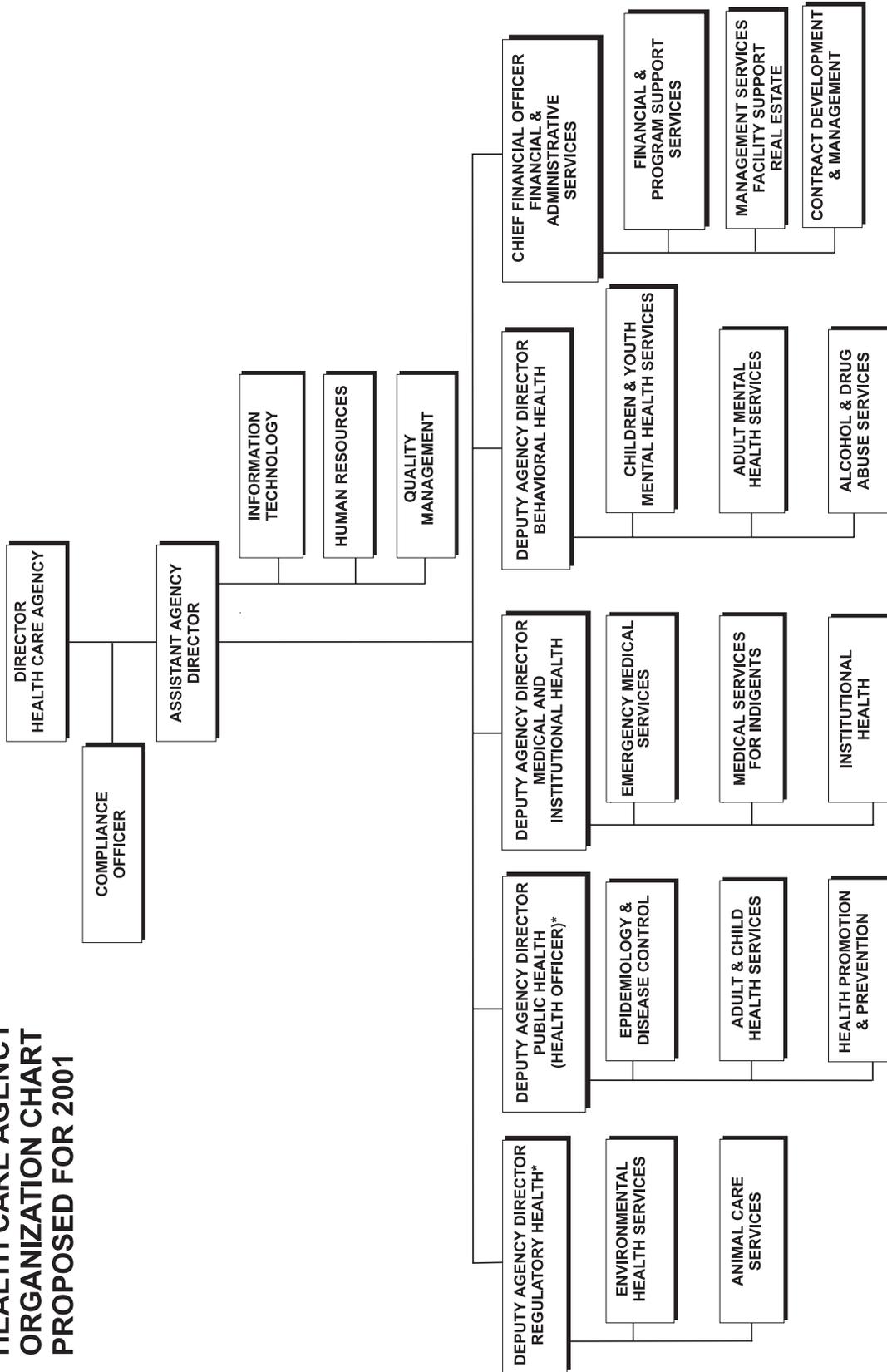
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# **APPENDICES**

# HEALTH CARE AGENCY ORGANIZATION CHART



# HEALTH CARE AGENCY ORGANIZATION CHART PROPOSED FOR 2001



## APPENDIX B

\* Additional changes may result from study of specific Phase II Agency restructuring recommendations during 2001.

## LEGAL MANDATES

SERVICE CATEGORY	SERVICE DELIVERY COMPONENT	LEGAL AUTHORITY
<b>Community Prevention</b>	Animal Care Services  Communicable Disease Control  Environmental Health  Epidemiology Health Assessment (Birth & Death Registration) Prehospital Care System	<ul style="list-style-type: none"> <li>• H&amp;SC §§ 1650 et seq., 121575-121710</li> <li>• F&amp;AC §§ 17001 et seq., 30501 et seq., 31101 et seq., 31601 et seq.</li> <li>• Civ. Code § 1834 et seq.</li> <li>• PC § 597 et seq.</li> <li>• PC § 7500 – 7555, 1524.1, 1202.1</li> <li>• H&amp;SC §§; 121050 – 121070, 120145, 120175, 120195, 120540, 120555, 120560,</li> <li>• CCR Title 17, Section 2500</li> <li>• PL 101-381 (42 USC § 201 et seq.)</li> <li>• H&amp;SC §§ 17000-17995.5, 25100-25386.5, 25404-25404.6, 105275-105310, 106600-106735, 109875-114475, 117600-118360</li> <li>• H&amp;SC §§ 120130, 120175, 120210 et seq., 120275,</li> <li>• H&amp;SC § 102275 et seq.; EC § 2205</li> <li>• H&amp;SC §§ 1797 et seq., 1798 et seq.</li> <li>• OCCO 4-9-1 et seq.</li> </ul>
<b>Prevention Services for Individuals</b>	Alcohol & Drug Abuse Services  Child Health  Dental Health Health Promotion and Prevention  Maternal Health  Nutrition  Tobacco Use Prevention	<ul style="list-style-type: none"> <li>• PL 102-321 (42 USC § 201 et seq.)</li> <li>• H&amp;SC Div's. 10.5 &amp; 10.7</li> <li>• H&amp;SC §§ 102865, 120325-120380, 104395, 125080-125105</li> <li>• W&amp;IC §§ 16934 et seq.</li> <li>• O.C. Bd. Res. 80-1343.</li> <li>• VC §§ 27360 et seq., 27362(b) et seq.</li> <li>• PHS 96.125</li> <li>• H&amp;SC 11755(o), (p), 11758.29 (e)</li> <li>• R&amp;TC §§ 30461.6(b)-30461(l)</li> <li>• H&amp;SC §§ 101050, 101055, 123475-123575, 123380, 124175-124200</li> <li>• PL 94-105; PL 101-381</li> <li>• H&amp;SC § 123275 et seq.</li> <li>• H&amp;SC § 104375 et seq.</li> <li>• LC § 6404.5</li> </ul>
<b>Treatment Services For Individuals (Community)</b>	Adult Mental Health  Children's Mental Health  Indigent Medical Care	<ul style="list-style-type: none"> <li>• W&amp;IC §§ 11325.7 &amp; 11325.8, 5000 et seq., 5150, 5600 et seq.</li> <li>• PC § 4011.6</li> <li>• W&amp;IC § 5600 et seq., 14132(v)</li> <li>• GC § 7570</li> <li>• PL 94-105; PL 101-381</li> <li>• 42 USC § 1396 et seq.</li> <li>• 20 USC § 1400 et seq.</li> <li>• H&amp;SC §§ 1797.98a et seq.</li> <li>• W&amp;I Code § 16940 et seq., 17000 et seq.</li> </ul>
<b>Treatment Services for Individuals (Institutional)</b>	Adult Medical Services  Adult Mental Health  Child Mental Health  Juvenile Health	<ul style="list-style-type: none"> <li>• GC § 29602</li> <li>• PC §§ 4000 et seq., 6030</li> <li>• W&amp;IC §§ 4360(A)(B), 11325.7 &amp; 11325.8, 5000 et seq., 5150, 5600 et seq.</li> <li>• GC § 7570</li> <li>• W&amp;IC §§ 5000 et seq., 5600 et seq., 14132(v)</li> <li>• W&amp;I 369.5 and 16010</li> <li>• 42 USC § 1396 et seq.</li> <li>• 20 USC § 1400 et seq.</li> <li>• W&amp;IC §§ 207.1(h), 209, 210, 319(d), 361.2(b), 850, 852, 1712, 1752.7, 10553-10554, 16501 et seq.</li> </ul>

## **Business Plan 2000 Accomplishments Summary and Highlights**

The Health Care Agency's Business Plan 2000 contained seven goals with five Executive Indicators and 55 consolidated projects. Details are provided on the attached matrix. A tally and highlights are provided below.

**Accomplishments:** Significant progress was made on the five Executive Indicators, but because they are multi-year projects, none of them were fully accomplished in 2000. Of the 55 projects, 36 (66%) were accomplished by the end of the year and 15 (27%) were partially accomplished. Additionally, four projects had significant unanticipated accomplishments over and above those planned.

Highlights of accomplishments associated with each of the seven major goals are as follows:

### **1. The goal to improve family and individual health was furthered by:**

- Certification of a new 40-bed residential substance abuse treatment facility for abusing pregnant and parenting women with children, and moving negotiations ahead on an additional 80-bed behavioral health residential facility
- An 8% increase in the number of individuals receiving behavioral health services who are seriously emotionally disturbed children, adolescents transitioning to adult services, monolingual Spanish speaking adults, or adults in need of vocational training
- Completion of oral health assessments in targeted school districts to develop a baseline for current dental health status
- Development and implementation of a program at Garden Grove Community Hospital, UCI Medical Center, and Western Medical Center to promote the health benefits of breastfeeding to an estimated 1,500 women
- Establishment of the Children and Weight Task Force, which focuses on improved nutrition and fitness
- Collaboration with the TUPP Coalition to develop a Proposition 10 proposal for a comprehensive program of tobacco use prevention and cessation for pregnant women and parents of young children

### **2. The goal to assure the availability of integrated services - Prevention, Treatment, and Rehabilitation was furthered by:**

- Refinement of the Domestic Violence (DV) Court pilot program. Caseloads increased by a total of 420 cases in DV Court and Drug Courts combined - 100 more than originally targeted.

- Providing substance abuse services to an additional 1,750 high risk adolescents including youth in Juvenile and Dual Diagnosis programs. This is over 1,500 additional cases more than planned.
- Receiving State Department of Mental Health approval for Children's System of Care funding
- Establishing the new Health Promotion and Prevention Division in Public Health Services
- A 5% increase in the rate of persons identified with latent TB infection who initiate preventive treatment
- Completing staffing and facility compliance phases of the Correctional Treatment Center for mentally ill individuals in County jail
- Identifying and scheduling needed facility American Disabilities Act improvements

**3. The goal to reduce environmental threats to health was furthered by:**

- Implementation of 24-hour a day response capability for beach closures/postings and removal of closures/postings
- Implementation of a new foodborne illness surveillance system
- Development of an administrative enforcement order program for hazardous waste generators as an alternative to the criminal/civil complaint process
- Establishment of protocols to rank leaking underground storage tank cleanup cases based on MTBE concentrations and potential threat to groundwater

**4. The goal to provide service with a focus on quality was furthered by:**

- Completing the application phase to obtain accreditation of the Juvenile detention health facility
- Increasing the number of hours the Animal Care Center is open to the public and providing animal adoption counseling services
- Enhancing public access to information regarding:
  - Food facility inspection information and food safety tips through implementation of the Award of Excellence program and introduction of the use of the Inspection Notification sticker
  - Beach closures via posting on the Agency web site
  - Medical waste management, through publication of a newsletter and training
- Evaluating the public's satisfaction with responses to food-related complaints through conducting and analyzing surveys and initiating procedures to address identified issues
- Completion of the Phase II Health Care Agency restructuring report consultant/study

- Establishing a baseline measure and achieving a 10% improvement in internal Agency customer service satisfaction
- Creating a new Revenue and Forecasting unit to maximize Agency revenue collection and develop new funding sources

**5. The goal of creating a working environment that encourages excellence was furthered by:**

- Implementing the Enlightened Leadership Program to maximize employee performance
- Successfully implementing the PIP and MPP programs
- Developing and implementing an employee recognition system
- Identifying a new Agency headquarters building, developing space plans, and entering into negotiations anticipated to allow for move-in by June 2001

**6. The goal of the Health Care Agency being acknowledged in the community as a leader in health care planning was furthered by:**

- Participating in development of a Proposition 10 strategic plan for use in determining the needs for early childhood programs for children, ages 0-5 years
- In participation with the community, identifying programs to meet health care needs in the community, some of which could be funded by Tobacco Settlement Funds
- Establishing a program of ongoing communication regarding Health Care Agency programs

**7. The goal of implementing advance information technology systems for optimal use of information and resources was furthered by:**

- Defining new initiatives in an updated Information Technology Strategy report
- Upgrading the Agency's computer network
- Increasing the number of the Agency's network computer users to 1950 of the roughly 2,500 Agency employees
- Completing eleven single year and five multi-year projects in the Agency Information Technology work plan and seven feasibility and requirements studies, all far in excess of the number planned

**Projects not accomplished as planned:** Only 4 (7%), of the planned major Agency projects were not accomplished. Two were dependent on the allocation of Tobacco Settlement funding, which did not become available in 2000 as anticipated. One was deferred until 2001 pending final CEO approval of the HCA organizational restructuring plan. The scheduled completion of the remaining one, to staff the medical component of the jail expansion, was delayed to coincide with a revised jail construction schedule. All four projects are expected to be completed in 2001.

**Unanticipated accomplishments:** Frequently, projects develop during a calendar year that were not anticipated when the Business Plan was prepared. Three major projects that provided unanticipated accomplishments for the Health Care Agency in 2000 are described below:

- **Adopt-a-Pet / Lost and Found web site** – in June, HCA inaugurated its Adopt-a-Pet web site – [www.ocpetinfo.com](http://www.ocpetinfo.com). The Lost and Found feature was added in August. Orange County residents looking for a lost pet or a pet to adopt can view pictures of lost/adoptable animals on the internet. These sites receive over 3000 visitors each week.
- **Therapeutic Behavioral Services** – in late 1999, Behavioral Health Services / Children and Youth Services launched this new service for seriously emotionally disturbed youth who have been or are at risk of placement outside the home. The service consists of a one-to-one intensive behavioral intervention that can be provided up to 24 hours per day, seven days a week, if necessary. During 2000, 111 youth received Therapeutic Behavioral Services. It is estimated that this service avoided over 500 days of hospitalization for these youth.
- **Community Revitalization Program** – throughout 2000, HCA has participated in a collaborative with Probation, the Sheriff, SSA, and community-based organizations to provide direct services to the four targeted County Islands – El Modena, La Colonia Independencia, Midway City, and Southwest Anaheim. Services provided by HCA include mental health and substance abuse services, comprehensive health screenings for seniors, flu shots, public health nurse home visitations, and nutritional assistance through the Women, Infants, and Children (WIC) program.

# Business Plan 2000 Accomplishments

## Executive Indicators

Executive Indicator	Anticipated Accomplishments	Status
1. In accordance with the needs identified by the Orange County Health Needs Assessment, initiate projects to support HCA's three-year goal to reduce the 90,000 uninsured children in Orange County by 75%.	<ul style="list-style-type: none"> <li>Establish a plan to increase the number of children in the County who have health insurance by April 2000; document progress in meeting the objective in quarterly progress reports beginning September 2000. A follow-up needs assessment will be conducted at the end of the 3-year period.</li> </ul>	<ul style="list-style-type: none"> <li>An Agency plan was developed by April and a countywide Steering Committee was established. Implementation has begun on some components of the plan, however, progress toward reducing the number of uninsured children is not measurable on an annual basis. (Moving to positive reporting in 2001.)</li> </ul>
2. Continue the development of an integrated, comprehensive, and collaborative system of care for children and adolescents through projects to provide increased and better coordinated mental health and substance abuse services to seriously emotionally or behaviorally disturbed children and adolescents.	<ul style="list-style-type: none"> <li>Reported and projected number of seriously emotionally or behaviorally disturbed children and adolescents who are wards and dependents of the Juvenile Court, special education students, or MediCal/EPSTD beneficiaries who receive mental health and substance abuse treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Over 11,000 children received mental health services from HCA in fiscal year 1999/2000. HCA received \$250,000 to start a Children's System of Care in February, and applied for an additional \$1.05 million in October. The newly developed Therapeutic Behavioral Services program served 100 youth.</li> </ul>
3. In collaboration with the Sheriff-Coroner, work on a multi-year plan resulting in designation of the Main Jail as a Correctional Treatment Center (CTC) by December 2000.	<ul style="list-style-type: none"> <li>Approved CTC staffing will be hired and will have completed background checks by December 2000. Facility modifications or waivers as required in the CTC regulations will have been completed or obtained by December 2000. Designation will be maintained in future years.</li> </ul>	<ul style="list-style-type: none"> <li>About 60% of the staff are in place or in background check with the remainder anticipated to be in place by December 2000. Housing areas and other logistics have been resolved. State inspection should be complete in early 2001.</li> </ul>
4. In collaboration with the Probation Department, initiate the plan by December 2000 to obtain accreditation for the juvenile detention health facility.	<ul style="list-style-type: none"> <li>Accreditation will be awarded by the Institute for Medical Quality of the California Medical Association, and will be maintained in future years.</li> </ul>	<ul style="list-style-type: none"> <li>The application for accreditation should be submitted in December, with accreditation certification anticipated in April/May 2001.</li> </ul>
5. Improve community access to services provided by Regulatory Health through changes in operational procedures and community outreach activities.	<ul style="list-style-type: none"> <li>Improved community access will be achieved through expanded hours of service, after hours complaint reporting and improved public access to inspection information. Improved community outreach is reflected by effective use of HCA's website.</li> </ul>	<ul style="list-style-type: none"> <li>The Animal Care Center added Sunday hours in February. The Adopt-a-Pet website went online in June, followed in August by the Lost/Found pet website. In February, the restaurant sticker system and award of excellence were implemented. Restaurant closing information is now available on the HCA web page.</li> </ul>

## Business Plan 2000 Accomplishments

### Goal #1: Improve family and individual health

Plans and Projects to Accomplish Goals	Results	Status
<p>1.1 Increase the capacity of the behavioral health system to provide additional residential services to wards of the Juvenile Court, adults with serious behavioral disturbances, adults with co-occurring substance abuse and chronic mental illness, and dually diagnosed adults in need of long term care who are presently residing in out-of-county facilities.</p>	<ul style="list-style-type: none"> <li>• Increase the number of behavioral health residential beds by 14%, from 485 to 553 by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Partially accomplished</b> – Negotiations are in progress for 80 beds including 30 of the planned 60 bed increase and 50 others not planned. The balance of planned beds requires Tobacco Settlement funding not available in 2000.</li> </ul>
<p>1.2 Develop a contracted 40-bed residential treatment program for substance abusing pregnant and parenting women with children.</p>	<ul style="list-style-type: none"> <li>• Increase from 24 to 84 the number of women receiving perinatal residential treatment services by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Partially accomplished</b> -- A new facility was certified in December. The initial client increase of 9 will increase to the planned 60 in 2001.</li> </ul>
<p>1.3 Increase the capacity of the behavioral health system to provide outpatient services to seriously emotionally disturbed children who are in foster care, referred to the AB 3632 program, or eligible for Medi-Cal EPSDT services; to adolescents 18 to 21 years of age transitioning to adult services; to monolingual Spanish speaking adults; and to adults in need of vocational training.</p>	<ul style="list-style-type: none"> <li>• Increase the number of individuals served in outpatient programs by 8%, from 24,600 to 26,568 by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Accomplished</b></li> </ul>
<p>1.4 Initiate a process to ensure that the 38 large water systems serving Orange County provide optimally fluoridated drinking water by the year 2005.</p>	<ul style="list-style-type: none"> <li>• Advocate for funding to three of the largest public water systems in Orange County identified as the systems serving the largest number of at-risk individuals; funding to be secured by December 2000.</li> <li>• Complete oral health assessments in targeted school districts to provide baseline for current dental health status by June 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Partially accomplished</b> - Initial survey and advocacy planning steps completed. Funding is not expected in 2000.</li> <li>• <b>Accomplished</b></li> </ul>

<b>Plans and Projects to Accomplish Goals</b>	<b>Results</b>	<b>Status</b>
1.5 Develop a program to increase the number of new mothers who successfully breastfeed their infants.	<ul style="list-style-type: none"> <li>• A pilot program promoting the health benefits of breastfeeding to an estimated 1,500 women will be established in a major birthing hospital by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Accomplished</b></li> </ul>
1.6 Increase efforts in community education, prevention and awareness activities related to chronic diseases.	<ul style="list-style-type: none"> <li>• In collaboration with community partners, establish a Coalition on Childhood Obesity focused on improved nutrition and fitness by June 2000.</li> <li>• By December 2000, initiate a comprehensive program of tobacco use prevention and cessation for pregnant women and parents of young children.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Accomplished</b></li> <li>• <b>Partially accomplished</b> - The Tobacco Use Prevention Program Coalition agencies submitted a Prop 10 funding proposal in October.</li> </ul>
1.7 Initiate projects to support HCA's goal of reducing the number of uninsured children by 75% over three years.	<ul style="list-style-type: none"> <li>• Establish programs in the public/private health care sectors to ensure the identification of a medical home and enrollment in appropriate programs of insurance for 6,000 children by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Partially accomplished</b> – a Steering Committee was established and a plan was developed by April.</li> </ul>

**Goal #2: Assure the availability of integrated services – Prevention, Treatment, Rehabilitation**

**Plans and Projects to Accomplish Goals**

**Results**

**Status**

<p>2.1 Collaborate on an inter-agency project to develop and operate a 64-bed secure facility to provide substance abuse treatment to sentenced Orange County jail inmates.</p>	<ul style="list-style-type: none"> <li>• Provide intensive in-custody substance abuse recovery services to at least 90 inmates, and link at least 60% of inmates completing the program with needed aftercare and/or community resources by June 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Partially accomplished</b> - Increased program capacity was delayed until November. Meeting the goal of 90 inmates served is anticipated by June 2001. Aftercare planning is in progress.</li> </ul>
<p>2.2 In collaboration with other County agencies and departments and community stakeholder groups, develop behavioral health and public health programs for adults, including a pilot Domestic Violence Court and expanded treatment services for Drug Court participants; enhanced linkage and perinatal services for drug abusers, particularly those being released from jail; and integrated case management services for locally incarcerated mentally ill offenders.</p>	<ul style="list-style-type: none"> <li>• Develop or enhance programs to review and/or provide services to 120 domestic violence cases; provide services to an additional 200 Drug Court participants, increasing the number served from 300 to 500; link an additional 200 substance abusers being released from jail with recovery services, increasing the number from 450 to 650; increase referrals to Perinatal Services, increasing the number of women served in residential treatment from 48 to 80 and the number of case managed deliveries by 25%, from 112 to 140; and decrease the in-custody recidivism rate for mentally ill offender program participants by 25%, by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Partially accomplished</b> - Domestic Violence Court and Drug Court Cases exceeded targets by 100 cases combined. Efforts to meet targets for linking substance abusers with recovery services were hampered by an unanticipated temporary loss of contract service capacity. Perinatal referrals netted an increase of 18 clients (only 4 short of the target). Delayed receipt of State funding slowed progress on reducing mentally ill offender recidivism.</li> </ul>
<p>2.3 In collaboration with other County agencies and departments and community stakeholder groups, develop or expand behavioral health programs for children, including: treatment services for high risk adolescents at Youth &amp; Family Resource Centers and Probation camps; treatment services for wards of the Juvenile Court in Probation institutions and post-confinement programs; and expanded system of care services for seriously emotionally disturbed children.</p>	<ul style="list-style-type: none"> <li>• Provide substance abuse treatment services to an additional 100 high risk adolescents, increasing the number from 1,292 to 1,392; serve 100 additional wards in institutional and post-confinement programs, increasing the number from 2,750 to 2,850; and receive approval for funding of the Children’s System of Care proposal by the State Department of Mental Health by February 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Accomplished</b> - Increased service targets were exceeded by 1,532 cases, primarily in Juvenile Hall and through the Juvenile Hall Dual Diagnosis program.</li> </ul>

Plans and Projects to Accomplish Goals	Results	Status
2.4 Establish a new Health Promotion and Prevention Division in Public Health.	<ul style="list-style-type: none"> <li>• Hire a Division Manager by June 2000, and develop a work plan which ensures integration of services and an Agency-wide approach to health promotion by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Accomplished</b></li> </ul>
2.5 Develop and implement a comprehensive communicable disease awareness and prevention plan with concentration on antimicrobial resistant microorganisms, HIV, Chlamydia, Hepatitis B, Hepatitis C, and Tuberculosis using social marketing principles.	<ul style="list-style-type: none"> <li>• Establish a practical and feasible surveillance plan for antimicrobial resistant microorganisms by December 2000.</li> <li>• Establish a practical plan for the active surveillance of acute communicable diseases by December 2000.</li> <li>• Increase the rate of persons identified with latent TB infection who initiate preventive treatment from 75% to 80%, while maintaining the rate of persons completing treatment for latent TB at 75% or greater, by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Partially accomplished</b> - A contractor developed plan is undergoing major unanticipated revisions. Completion expected in 2001.</li> <li>• <b>Partially accomplished</b> - Priority demands on staff delayed completion.</li> <li>• <b>Accomplished</b></li> </ul>
2.6 In collaboration with the Sheriff-Coroner, apply for designation as a Correctional Treatment Center (CTC) to ensure a higher quality of care for adults in the jail system.	<ul style="list-style-type: none"> <li>• Complete the staffing and facility compliance phase of the CTC application process by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Accomplished</b></li> </ul>
2.7 In collaboration with the CEO and Sheriff-Coroner, develop plans to provide health care staff and medical equipment for inmate health care within the expanded Theo Lacy facility.	<ul style="list-style-type: none"> <li>• Hire inmate medical care staff and purchase medical equipment as part of Phase II Theo Lacy facility expansion by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Not accomplished</b> – to be synchronized with jail construction completion.</li> </ul>
2.8 Initiate a plan to improve access to medical and dental services through community providers serving indigent patients.	<ul style="list-style-type: none"> <li>• Release a Request for Proposals to improve access and expand hours of operation at community health facilities by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Not accomplished</b> – The anticipated Tobacco Settlement funds are not yet available. Pre-planning is complete for implementation 6 to 8 months after funding notice.</li> </ul>

**Plans and Projects to Accomplish Goals**

**Results**

**Status**

2.9 Implement a prevention program for patients receiving services through the Medical Services for Indigents Program.

- Amend the Medical Services for Indigents Agreement to include prevention services by December 2000.

- **Not accomplished** – The anticipated Tobacco Settlement funds are not yet available. Pre-planning is complete for implementation within 4 months of funding notice.

2.10 Establish the new Business Development Unit in HCA Contract Development and Management to work collaboratively with program staff to seek out contract community resources that complement or fill in service gaps in the County health care delivery system.

- Contract with a community provider for a non-secured substance abuse treatment facility by December 2000, to provide services to clients.

- **Partially accomplished** - The agency hold on hiring during restructuring analysis has limited progress to achieving consensus on the position specifications and duties.

2.11 Utilize the results of the Americans with Disabilities Act (ADA) facility surveys, currently in progress, to develop an implementation plan and initiate improvements.

- Identify and schedule needed facility improvements by December 2000 contingent upon Board approval of a Countywide ADA Plan by August 2000.

- **Accomplished**

**Goal #3: Reduce environmental threats to health**

**Plans and Projects to Accomplish Goals**

**Results**

**Status**

3.1 Improve Environmental Health's ocean recreational water protection program through the enhancement of response capabilities.

- Implement a program by April 2000, that will provide 24-hour a day response capability for closures/postings and removal of closures/postings, and provide cellular phones and a dedicated laptop for receiving and transmitting monitoring data.

- **Accomplished**

3.2 Increase Environmental Health's ability to identify sources of foodborne illness outbreaks.

- Implement a new foodborne illness surveillance system by September 2000, to more effectively identify foodborne illness outbreaks.

- **Accomplished**

**Plans and Projects to Accomplish Goals** **Results** **Status**

- 3.3 Provide additional deterrents to the release of hazardous waste into the environment through economic sanctions.
  - Develop an administrative enforcement order program by December 2000, for the hazardous waste generator program to provide an alternative to the criminal/civil complaint process for assessing penalties to non-compliant hazardous waste generators. **Accomplished**
- 3.4 Increase protection for groundwater resources from contamination from leaking underground storage tanks.
  - Establish protocols to rank Leaking Underground Storage Tank cleanup cases based on the concentration of MTBE and potential threat to groundwater by December 2000. **Accomplished**

**Goal #4: Provide service with a focus on quality**

**Plans and Projects to Accomplish Goals** **Results** **Status**

- 4.1 Ensure compliance with the State-mandated performance outcome measurement system in Children & Youth Services to measure the effectiveness of mental health treatment provided to seriously emotionally and behaviorally disturbed children and their families.
  - Collect and submit Performance Outcome Data on at least 80% of the target group by December 2000. **Accomplished**
- 4.2 In collaboration with the Probation Department, initiate the plan to obtain accreditation for the juvenile detention health facility.
  - Obtain accreditation by December 2000. **Partially accomplished**
  - The application process is complete; accreditation certification anticipated by May 2001.

Plans and Projects to Accomplish Goals	Results	Status
4.3 Improve community outreach and availability of Animal Care Center services to the public.	<ul style="list-style-type: none"> <li>• Increase the number of hours the Animal Care Center is open to the public; open the center on Sundays by March 2000.</li> <li>• Provide animal adoption counseling services beginning February 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Accomplished</b></li> <li>• <b>Partially Accomplished</b> – through staff training and a volunteer behavioralist. Permanent staff for this activity will be sought in 2001.</li> </ul>
4.4 Develop and implement a public information system, which will improve or increase public access to food facility inspection information and food safety tips.	<p>Establish a public information system consistent with the Board of Supervisors directives over a two year period:</p> <p>February 2000 Implement Award of Excellence program.</p> <p>April 2000 Implement use of an Inspection Notification sticker.</p>	<ul style="list-style-type: none"> <li>• <b>Accomplished</b></li> <li>• <b>Accomplished</b></li> </ul>
4.5 Increase public access to beach closure information.	<ul style="list-style-type: none"> <li>• Post beach closure information on the Agency web page by April 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Accomplished</b></li> </ul>
4.6 Improve communication regarding medical waste handling requirements between the Environmental Health Division and the medical community.	<ul style="list-style-type: none"> <li>• Publish and distribute a medical waste newsletter by December 2000.</li> <li>• Conduct training for small quantity generators of medical waste by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Accomplished</b></li> <li>• <b>Accomplished</b></li> </ul>

<b>Plans and Projects to Accomplish Goals</b>	<b>Results</b>	<b>Status</b>
4.7 Evaluate the public's satisfaction with Environmental Health's response to food-related complaints.	<ul style="list-style-type: none"> <li>• Identify and improve customer satisfaction according to the following timeline: April 2000 Develop a customer satisfaction survey and implementation procedures.</li> <li>• August 2000 Conduct the customer satisfaction survey, analyze results and develop an action plan.</li> <li>• December 2000 Initiate procedures to address issues identified in the survey.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Accomplished</b></li> <li>• <b>Accomplished</b></li> <li>• <b>Accomplished</b></li> </ul>
4.8 Utilizing a management consulting firm, continue to review Agency organizational structure and operations to identify opportunities for improvement and increased efficiencies.	<ul style="list-style-type: none"> <li>• Obtain a Phase II restructuring plan from the management consulting firm by June 2000.</li> <li>• Based on the consultant proposal, implement further changes to the Agency organizational structure to establish a more effective and efficient organization by September 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Accomplished</b></li> <li>• <b>Partially accomplished</b> - Submitted proposal to CEO in December and started a multi-year implementation process.</li> </ul>
4.9 Coordinate the implementation of an Agency-wide five-year strategic planning process.	<ul style="list-style-type: none"> <li>• Initiate a strategic planning process, including a five-year plan, by September 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Partially accomplished</b> – A strategic planning process was initiated, but development of a five-year strategic plan was deferred with CEO concurrence pending completion of the Phase II Agency organization restructuring consultant study.</li> </ul>
4.10 Consistently deliver outstanding customer service to our internal Agency programs to whom we provide administrative and financial support services.	<ul style="list-style-type: none"> <li>• Demonstrate improvement in customer service as measured by customer satisfaction surveys of HCA programs. Establish baseline and show a 10% improvement by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Accomplished</b></li> </ul>

<b>Plans and Projects to Accomplish Goals</b>	<b>Results</b>	<b>Status</b>
4.11 Create a new Revenue and Forecasting unit to maximize Agency revenue collections and develop new funding sources.	<ul style="list-style-type: none"> <li>Increase collection of one major revenue source by 5% based on a comparison of current fiscal year actuals (1999/00) to prior fiscal year actuals (1998/99) to provide increased health services to the public.</li> </ul>	<ul style="list-style-type: none"> <li><b>Accomplished</b></li> </ul>

**Goal #5: Create a working environment that encourages excellence**

<b>Plans and Projects to Accomplish Goals</b>	<b>Results</b>	<b>Status</b>
5.1 Enhance supervisory and management skills incorporating the principles of our Enlightened Leadership program to maximize employee performance and to minimize Agency exposure to liability.	<ul style="list-style-type: none"> <li>Design and develop a training program to provide ongoing professional development of supervisory and leadership skills and targeted knowledge in the various employment laws and regulations by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li><b>Accomplished</b></li> </ul>
5.2 Provide opportunity for acknowledging outstanding employee performance or contributions to include a recognition system that complements the Performance Incentive Program (PIP) and the Management Performance Program (MPP).	<ul style="list-style-type: none"> <li>Successfully implement PIP and MPP.</li> <li>Develop a plan for an employee recognition system that will be implemented by August 2000.</li> </ul>	<ul style="list-style-type: none"> <li><b>Accomplished</b></li> <li><b>Accomplished</b></li> </ul>
5.3 Establish a new Agency Headquarters to consolidate Agency management and administrative staff into a central headquarters.	<ul style="list-style-type: none"> <li>Identify a facility and develop a space plan by March 2000.</li> <li>Move Agency management and administrative staff to new headquarters by December 2000.</li> </ul>	<ul style="list-style-type: none"> <li><b>Accomplished</b></li> <li><b>Partially accomplished</b> - June 2001 is the revised move in date.</li> </ul>



<b>Plans and Projects to Accomplish Goals</b>	<b>Results</b>	<b>Status</b>
7.2 Enhance the Agency's connection to the County network with Asynchronous Transfer Mode (ATM) technology.	<ul style="list-style-type: none"> <li>Complete the upgrade of the Agency's network with ATM technology by October 2000, to allow for imaging and video capability.</li> </ul>	<ul style="list-style-type: none"> <li><b>Accomplished</b></li> </ul>
7.3 Provide access to the Agency's enterprise network and its resources, including e-mail, County Intranet and Internet, to additional Agency staff.	<ul style="list-style-type: none"> <li>Increase the number of Agency network users from 1,450 to 1,750 in calendar year 2000.</li> </ul>	<ul style="list-style-type: none"> <li><b>Accomplished</b> - Target exceeded by over 200 users.</li> </ul>
7.4 Implement new and replacement systems with advanced information technology to improve efficiency and services to clients.	<ul style="list-style-type: none"> <li>Complete six annual projects and the planned phases of five multi-year projects during calendar year 2000, based on the Information Technology work plan.</li> </ul>	<ul style="list-style-type: none"> <li><b>Accomplished</b> - Target exceeded by 5 single year projects.</li> </ul>
7.5 For proposed information technology projects, define and select alternatives that best fulfill project goals and requirements, as the first step in the planning process for improving the level of information technology in the Agency.	<ul style="list-style-type: none"> <li>Complete three feasibility and requirements studies during calendar year 2000, based on the Information Technology work plan.</li> </ul>	<ul style="list-style-type: none"> <li><b>Accomplished</b> - Target exceeded by 4 studies.</li> </ul>