Patrick Petre
Hospital Director

Mission Statement

Arrowhead Regional Medical Center provides quality health care to the community.

GOALS

INCREASE SELECTED MEDICAL CENTER VOLUMES

ENHANCE REIMBURSEMENT AND OTHER REVENUE STREAMS

DEVELOP INTEGRATED COUNTYWIDE COMMUNITY CLINICAL SERVICES

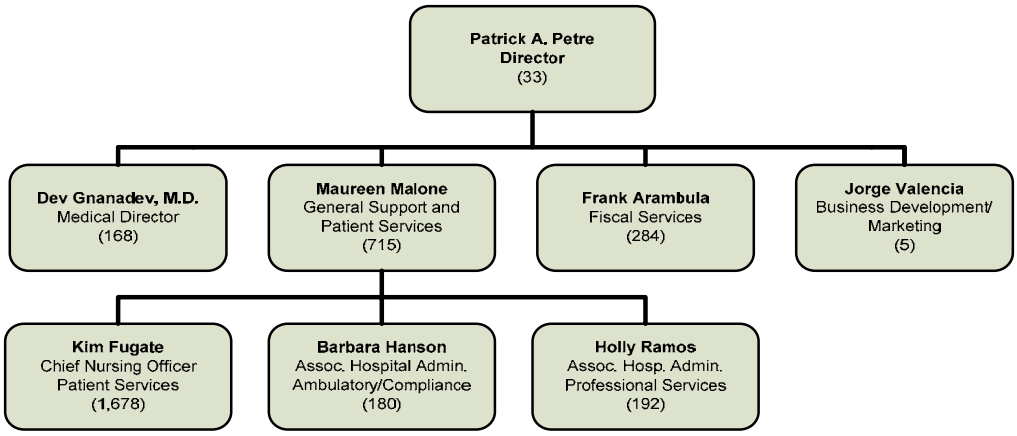
DEVELOP/IMPLEMENT SOUND COST CONTAINMENT STRATEGIES

ENSURE A QUALITY FOCUS IN THE PROVISION OF PATIENT CARE SERVICES

DEVELOP/IMPLEMENT INFRASTRUCTURE FOR ELECTRONIC INITIATIVES AND CAPITAL NEEDS

ARROWHEAD REGIONAL MEDICAL CENTER

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

Arrowhead Regional Medical Center (ARMC) is a state-of-the-art, acute care facility providing advanced technology in patient care and support service areas. The Medical Center provides a full range of acute and psychiatric inpatient and outpatient services. Primary care services are provided at three off-campus community health centers. Freeway access, shuttle service and locale as an Omnitrans bus hub make ARMC convenient to county residents.

The campus houses multiple buildings, which also serve to outline the definitive services/Medical Center functions: Behavioral Health, Acute Care Hospital, Outpatient Care Center, Diagnostic & Treatment and Central Plant. The ARMC Village comprises nine temporary modular buildings located on the northwest corner of the campus. The 6th floor renovation was completed in November 2009, providing an additional 83 licensed medical/surgical beds, thereby increasing the Medical Center's licensed bed capacity to 456. The 6th floor is separated into three distinct units that will be placed into operation on a phase-in schedule. Construction of the Medical Office Building (MOB), a design build/project, began in August 2009. The MOB will house medical staff offices, administration, fiscal services, a primary care clinic, outpatient dialysis, and cardiac rehabilitation.

The hospital and behavioral health facilities are comprised of 456 (90 behavioral health and 366 hospital) inpatient beds, most of which are private. The Emergency Department (ED) is a Level II Trauma Center and consists of sixteen observation rooms, seventeen treatment rooms, three law enforcement holding rooms, and eight trauma rooms. The ED also includes an eight bay Rapid Medical Emergent Treatment (RMET) area designed to expedite treatment and improve patient throughput. The helicopter landing area can accommodate both standard medi-vac helicopters and military helicopters. The Outpatient Care Center consists of one hundred and nine examination rooms and eight procedure rooms.

ARMC remains one of the most technologically advanced health care institutions in the country. ARMC is also seismically sound, capable of withstanding an 8.3 magnitude earthquake, and is designed to remain self-sufficient and functional for a minimum of seventy-two hours.

Inpatient Care: Inpatient services provide curative, preventive, restorative and supportive care for general and specialty units within the acute care hospital and Behavioral Health unit. Patient care is coordinated among multiple care providers responsible for patient care twenty-four hours a day. The clinical staff serves as the primary interface with patients, families, and others throughout the hospital experience. At ARMC, education is a primary focus. ARMC offers Residency Programs, both Traditional and Transitional, for the training of physicians in Family Medicine, Emergency Medicine, Surgery, Neurosurgery, Women's Health, Internal Medicine, Geriatric and Psychiatry.

Inpatient Service lines include: The Edward G. Hirschman Burn Center at ARMC, Medical Intensive Care (MICU), Neonatal Intensive Care (NICU), Maternal Child Services, Newborn Nursery, Operative Services, Pediatrics, Medical/Surgical, Dialysis, Cancer Care, Hyperbaric Medicine, Wound Care, and Behavioral Health.

Outpatient Care: Outpatient care is an integral part of ARMC's multifaceted health care delivery system, offering a wide range of emergency, primary, preventive, chronic, follow-up and specialty care services in an ambulatory care setting. Visits have exceeded 240,000 annually, as of June 30, 2009, excluding the Emergency Department volume. Outpatient service lines include Emergency Medicine, Psychiatric Emergency Services, and primary care in one of the three outlying Family Health Centers (FHCs) located in Fontana and San Bernardino. The Specialty Clinics include Infusion Therapy, Internal Medicine, Surgery, ENT/Audiology/Dental/Oral Surgery, Ophthalmology, Orthopedic, Pediatric, Family Elder and Geriatric Care, Rehabilitation, and a Women's Health Center.

Ancillary, Support and Specialized Services: Complex health care systems are comprised of numerous ancillary and support departments that offer specialized diagnostic, treatment, rehabilitation, and continuum of care services to both the inpatient and outpatient programs of the Medical Center. Those services include Medical Imaging (Radiology), Neurodiagnostics, Clinical Laboratory, Pathology, Pharmacy, Rehabilitation, Respiratory Care, Cardiac Catheterization Lab, Home Health, Health Information Library, Wound Care and Hyperbaric Medicine, Laser Tattoo Clinic, Breathmobile (a second unit was added in June 2009), Cardiac Diagnostic Rehabilitation and Interventions, Behavioral Health, GI Lab, Pain Clinic, Coumadin Clinic, Social Services, Case Management, Nutrition, Palliative Care and Volunteer/Chaplaincy Services, and a mobile medical clinic. New services slated to be added to the Medical Center include an open MRI (spring of 2010) and outpatient radiation therapy services (January 2010).

2009-10 SUMMARY OF BUDGET UNITS

	2009-10				
	Operating Exp/ Appropriation	Revenue	Fund Balance	Revenue Over/ (Under) Exp	Staffing
Special Revenue Fund					
Tobacco Tax	1,733,080	879,697	853,383		-
Total Special Revenue Fund	1,733,080	879,697	853,383		-
Enterprise Fund					
Arrowhead Regional Medical Center	372,909,039	373,079,834		170,795	3,255
Total Enterprise Fund	372,909,039	373,079,834		170,795	3,255
Total - All Funds	374,642,119	373,959,531	853,383	170,795	3,255

2008-09 ACCOMPLISHMENTS

- *Groundbreaking – New Medical Office Building Expansion – Completion of New 83-bed Inpatient Floor*
- *National Association of Counties (NACo) Achievement Award – Automated Dispensing of Accurate Prescription Therapy*
- *U.S. Department of Health and Human Services Bronze Medal – Excellence in Support of Organ Donation*
- *Dr. Guillermo Valenzuela – California Medical Association Foundation Ethnic Physician Leadership Award*
- *Khim Fugate, MHA, BSN – California HealthCare Foundation Health Care Leadership Program*
- *Dr. Kristina Roloff – American Osteopathic Foundation Outstanding Resident of the Year*
- ***Grant Awards***
  - *California HealthCare Foundation – Palliative Care Implementation*
  - *California HealthCare Foundation Hospital Assessment and Reporting Taskforce (CHART)*
  - *Asthma & Allergy Foundation of America (AAFA) – 2nd Breathmobile*
  - *California Health Care Safety Net Institute -- Lean Core Measures*
  - *American Heart Association (AHA) – Fit Friendly Designation*
- ***Successful Programs***
  - *Mobile Medical Clinic Health Screenings & Fit Fridays*
  - *7th Annual Health & Safety Fair*
  - *3rd Annual Walk-Run Community Fitness Event*
  - *National Youth Leadership Future Healthcare Leaders Forum*
  - *Employee Wellness Committee Initiatives – Take the Stairs and Walk of Fame*
- ***Appointment***
  - *Dr. Dev Gnanadev – State Commission on Emergency Medical Services*

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: INCREASE SELECTED MEDICAL CENTER VOLUMES.

Objective A: Increase inpatient capacity.

Objective B: Initiate Radiation Therapy through the Linear Accelerator services.

Objective C: Implement Mobile Medical Clinic services.

Objective D: To create a primary care clinic in the new MOB with the goal of reducing unnecessary emergency room visits to ARMC, and to create an opportunity for county employees and dependents to receive care.

Objective E: ARMC will develop an implementation strategy for the expansion of cardiology services to include cardiac surgery services.

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
1A. Percentage change of inpatient bed days	(9.2%) 106,278	0.3% 106,574	3.2% 109,982	1.6% 108,250	5.7% 114,473
1B. Number of radiation oncology treatments	N/A	N/A	2,500	2,500	3,125
1C. Implement Mobile Medical Clinic	N/A	N/A	8,640	3,600	N/A
1D. MOB primary care clinic visits	N/A	N/A	N/A	N/A	10,884

Status

1A. The inpatient unit, 6 South, is currently staffed to provide care for 15 medical/surgical patients. ARMC plans to staff the remaining 15 of 30 beds on 6 South to increase bed capacity. The Maternal Child division has developed several strategies to recruit and retain maternity patients. Using a multi-prong approach, it is ARMC's goal to increase the number of deliveries by an average of 8 per month. In addition, the interdisciplinary stroke task force has been active in developing the stroke program, putting together evidence-based practice protocols, and treatment modalities to achieve Stroke Center designation by the Healthcare Facilities Accreditation Program (HFAP) and Inland Counties Emergency Medical Agency (ICEMA). As the designated Stroke Center, ARMC is expected to receive an average of 1.5 patients per day via the emergency medical service response system.

1B. More than 200 patients a year suffer from cancer and require radiation treatment and/or radio surgery. Due to the absence of radiation therapy equipment, cancer patients are presently referred to private facilities in San Bernardino and Apple Valley. Implementation of on-site radiation therapy, in the form of Intensity Modulated Radiotherapy Treatment (IMRT), will improve the continuity of care and outcomes for ARMC's oncology patients.

1C. The Mobile Medical Clinic (MMC) was implemented to provide new access points to basic health screenings/primary care and health education services throughout San Bernardino County. The MMC enables hospital personnel to reach deeper into remote areas of the county with limited access to medical services. ARMC has been using the MMC to conduct basic health screenings and for flu shot clinics while preparing it for licensure. In January 2010, the MMC officially became licensed to provide primary care services. These services are scheduled to begin once a provider has been selected and trained. The staff has been hired. The MMC continues to be a popular and valuable resource at various events throughout the county. Numerous sites have been established to continue and expand from screenings to offering primary care services. The mobile medical clinic is in operations and the objective has been achieved, thus eliminating the objective for 2010-11.

1D. There is a long-standing need for primary care services on the ARMC campus. The addition of a new clinic provides ARMC an opportunity to market these services and match patients with a primary care physician, thereby reducing emergency room visits. Expanded and weekend hours will be a plus in the clinic's design. The three existing FHCs are all near or at capacity and the addition of this clinic will assist in reducing waiting time for appointments by spreading the patients more evenly between the FHCs. Additionally, ARMC intends to create a county employee clinic which will be located in the MOB.

1E. ARMC plans to develop a comprehensive cardiac surgery program building on its existing cardiac services. ARMC will develop an implementation strategy that will include an analysis and evaluation of the infrastructure required to support a cardiac surgery program and a time schedule. The evaluation will include a review of the requirements for operations, capital equipment (including cardiac angiography and surgical equipment) and staff training and development. The addition of a cardiac surgery program will qualify ARMC's trauma service for Level I Trauma certification by the American College of Surgeons and ICEMA. The STEMI (ST–Elevation Myocardial Infarction) Receiving Center designation requires hospitals to have open-heart surgery capabilities.

GOAL 2: ENHANCE REIMBURSEMENT AND OTHER REVENUE STREAMS.

Objective A: Cash collections to be 100% of net patient revenue recognized in the prior 60 days.

Objective B: Pursue grants revenue as an additional funding source for ARMC, with budgeted revenues of at least $1,000,000 during each budget cycle.

Objective C: Charge master revision for the Emergency Department and specialty clinics for a potential increase in collections of $2.2 million.

Status

2A. The goal for cash collection will continue to be targeted at 100% of estimated patient collections recognized in the prior 60 days. Estimating cash collections is vital to providing funds for operations and capital that ARMC will need. A systematic method for establishing a cash goal will use patient care revenue generated in the previous 60 days. This measurement will give the patient accounting department a goal each month to target.

2B. The ARMC Palliative Care Team successfully garnered two grants from the California Health Care Foundation (CHCF) in 2009-10. In October of 2008, ARMC was awarded $30,000 to investigate and explore the feasibility of palliative care service at ARMC. In October 2009, CHCF awarded ARMC a two-year implementation grant from October 1, 2009 through September 30, 2011, for a total of $245,334. ARMC also received an annual grant of $270,000 in 2009-10 from the Perinatal Services Network (PSN). ARMC was surveyed in 2008 and was recognized as a baby friendly hospital in January 2009. This prestigious designation, supported and promoted by the World Health Organization (WHO), demonstrates ARMC's efforts in promoting breast feeding, which improves infant health and maternal-child bonding. ARMC plans to apply for the PSN grant in 2010-11 to continue its efforts towards the promotion and support of maternal/child health in San Bernardino County.

On a parallel track, the ARMC Foundation, a non-profit, public benefit corporation, is seeking state and federal grants that may be used to augment medical center funding. In September 2009, the ARMC Foundation hired an executive director who has identified and developed a list of funding priorities as they relate to the Medical Center. These priorities include funding for the implementation of an electronic medical record, funding for programs that will improve treatment of chronic diseases, community outreach and education initiatives, and hospital infrastructure expansion. The executive director is strengthening existing ties and creating new connections with federal agencies that provide grant opportunities in the areas of healthcare and health education, as well as strengthening and creating new partnerships with prominent medical centers, health agencies and public and private grantors.

2C. ARMC has completed a review of the Charge Description Master (CDM) for the ED and specialty clinics. ARMC has identified more than 400 procedures that will be added to the CDM in the ED, and more than 200 procedures in the specialty clinics. With these additional procedures the estimated potential cash collections increases by $2.2 million.

GOAL 3: DEVELOP INTEGRATED COUNTYWIDE COMMUNITY CLINICAL SERVICES.

Objective A: Develop unique strategic plans for integrating countywide, community clinical services offered by Public Health, Arrowhead Regional Medical Center, and the Department of Behavioral Health into single, full scope area diagnostic and treatment centers.

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
3A. Produce individual plans detailing patient demographics, site locations, systems integration, fiscal requirements and program design for two of the proposed integrated service models in the eleven identified catchment areas throughout the county.	N/A	N/A	Complete January 2010	75% complete July 2009	Complete June 2011

Status

3A. The Department of Public Health, Arrowhead Regional Medical Center, and the Department of Behavioral Health are in collaboration to integrate health services by aligning clinical access to customer oriented comprehensive coordinated healthcare services. This integrated model would eliminate duplication of service provision and optimize resource effectiveness in the overall delivery of outpatient care. Recognition of patient needs for varying services would be immediate and result in a "warm hand off" to a qualified healthcare provider.

The initial pilot for integrating services on a defined scale occurred at Holt Clinic in Ontario where Behavioral Health staff was embedded into Public Health services and eligibility workers were strategically placed in Maternal/Child Health. The success of the pilot at the Holt Clinic contributed to the relocation of mental health and alcohol & drug services from a Chino facility to the Ontario site. This merger further advances integrated care and forms the new Ontario Community Counseling center. Specialty pediatrics, laboratory, pharmaceutical and radiology services will be incorporated to offer a complete outpatient diagnostic and treatment center.

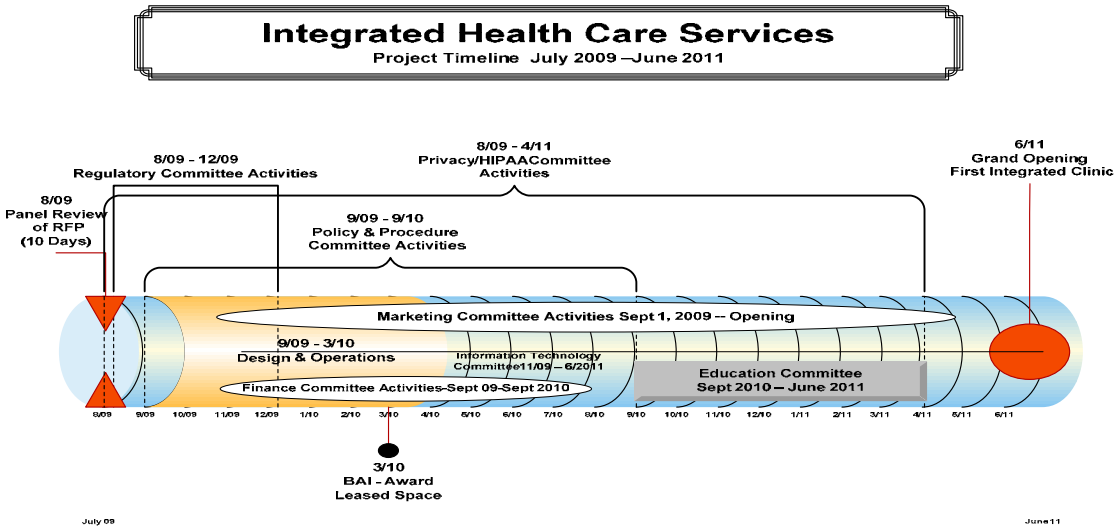
The next prototype of full scope service is designed to integrate primary care from Westside Family Health Center, Maternal Health, Reproductive Health and the Women & Infant Care (WIC) Programs from Public Health and Individual/Group Counseling from Behavioral Health.

On June 9, 2009, the Board of Supervisors accepted the report on the Integrated Healthcare Project and approved the release of a RFP for approximately 41,000 square feet of office and medical space for the first Integrated Clinic. The project report highlighted the services that would be offered, a financial proforma which identified challenges to the project, and a justification for the selection of the first catchment area. The RFP has been released and proposals are under evaluation. The site location and vendor selection is anticipated to be completed by March 2010, with the project design phase and production set to begin immediately upon Board of Supervisors approval. The anticipated completion date is June 2011.

Throughout 2009-10, the Integration Team has established six committees to address the operation and functions of the proposed clinic, with specific focus on completion of several goals including a marketing plan, evaluation of regulatory bodies, legal requirements and code compliance needs, development of a policy and procedure manual, education and training needs for involved staff as well as the design and operational flow for this flagship Integrated Healthcare Clinic.

For 2010-11, the Integration Team will continue these efforts, complete and open the doors to the first clinic, and return to the Board of Supervisors with a request to release a RFP for the second Integrated Healthcare Clinic.

Following is a timeline for the current project:



GOAL 4: DEVELOP/IMPLEMENT SOUND COST CONTAINMENT STRATEGIES.

Objective A: *Obtain 95% contract compliance with University Health System (UHC)/Novation GPO for potential savings of up to $1 million.*

Objective B: *Product Standardization Opportunities for potential savings up to $600,000.*

Objective C: *Reduce supply expense category 3% or $1.2 million not including pharmaceutical expense.*

Objective D: *Better utilization of current resources and improvement in processes development through adoption of the Lean Principles to achieve the budgeted hospital operational cost reduction.*

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
4A. Contract Compliance. Percentage of contracts utilized under the UHC Novation contracts.	80%	89%	95%	95%	N/A
4B. Product standardization. Dollar savings realized from consolidating product vendors.	N/A	$2.5 Million	$600,000	$600,000	N/A
4C. Comparison of actual supply expense to current year budget or prior year actual.	N/A	N/A	N/A	N/A	3%
4D. Overall 5% reduction in selected Lean operations cost.	N/A	N/A	N/A	N/A	5%

Status

4A. ARMC expects to achieve the goal of 95% contract compliance with the UHC/Novation contracts. The contract compliance will have a two-fold effect for ARMC: 1) ensures pricing integrity to the GPO negotiated price and 2) protects ARMC from arbitrary price increases from vendors due to current economic conditions. With its achievement of the 95% goal, ARMC will maintain the compliance level for future years and remove the objective for 2010-11.

4B. The goal of saving up to $600,000 in supply costs through product standardization is anticipated to be achieved in 2009-10. The Executive Value Analysis Leaders (formerly Products Committee) focused on value management for product standardization to achieve the savings. Standardization included exam gloves, respiratory and anesthesia supplies. The Value Analysis Team will continue to focus on product standardization. The objective will be removed for 2010-11.

4C. Based on the current supply expense trend of $39.8 million for 2009-10, ARMC will, in a collaborative effort, reduce supply expense 3% or $1.2 million. This will be accomplished through a variety of cost reduction models already utilized in the facility: product standardization, contract compliance, process review for supply utilization, and exploration of virtual Integrated Delivery Network (IDN).

4D. In 2008, ARMC was awarded a grant through the Safety Net Institute to be trained in the Lean methodology. The intent of the grant is to improve ARMC's performance with the Centers for Medicare and Medicaid Services (CMS) core measures. In 2010, ARMC's compliance with these core measures will be connected to its Medicare reimbursements. ARMC's goals for 2010, through its initial Lean project, include increasing core measure performance in heart failure, decreasing the readmission rate and mortality, realizing financial savings, improving patient satisfaction, decreasing length of stay, and improving the discharge process.

GOAL 5: ENSURE A QUALITY FOCUS IN THE PROVISION OF PATIENT CARE SERVICES.

Objective A: Achieve and maintain a Press Ganey mean average score of 90%, focusing on the overall rating section, "Likelihood of Recommending the Facility to Others." by June 2011.

Objective B: Obtain and maintain core measures at 100% on all quality indicators by June 2011.

Objective C: Reduce workers compensation claims by 10% (reduce 2009-10 actual by 10%) by June 2011.

Objective D: Achieve and maintain a score that meets the mean national average on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) question global rating "Would you recommend this hospital?"

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
5A. Press Ganey score	82.1%	84.5%	85%	85%	90%
5B. Core Measure compliance	78.4%	87.9%	100%	100%	N/A
5C. Number of workers compensation claims	323	301	280	280	252
5D. HCAHPS rating	N/A	N/A	N/A	N/A	72%

Status

5A. ARMC is very focused and dedicated to increasing its Press Ganey mean average score from 83.8% to 90%. Through its Executive Patient Satisfaction Committee and hospital-wide Care Team, several action plans are being implemented to increase ARMC's scores. Some of these plans include customer service training for managers and staff, unit recognition for score improvements, nursing hourly rounding and rounds throughout the medical center. ARMC's leadership team is dedicated to increasing staff awareness and education in excellent customer service.

5B. ARMC is currently above the national average for its core measures Acute Myocardial Infarction (Compliance=97.2%, National Average=82.7%), and Chronic Heart Failure (Compliance=97.5%, National Average=85.8%). These core measures are submitted to the Centers for Medicare and Medicaid (CMS) on a quarterly basis. In 2010, hospitals that do not meet the mean average of performance may lose 2% of Medicare reimbursement. Through ongoing efforts of Performance Improvement, Nursing, Pharmacy, Respiratory Therapy, and the medical staff, ARMC will continue to strive and achieve its goal of 100% for all core measures. The Performance Improvement Department will continue the goal of reaching 100% for each core measure indicator for future years. As a result the objective has been removed for 2010-11.

5C. ARMC's goal for 2009-10 is to reduce total work related incidents by 50%. The goal for 2010-11 is to take the year end actual for 2009-10 and reduce the number of workers' compensation claims filed by 10%. The measurement was changed from total number of work related incidents (the measurement in 2009-10) to total number of workers' compensation claims filed. Workers' compensation claims filed will be manageable through preventive programs/initiatives that measurable and trackable. The Injury and Illness Prevention Program (IIPP) Taskforce has customized/developed training materials and trained managers, supervisors and department safety representatives on Injury Prevention and Loss Control courses. The IIPP courses include: IIPP Core Training, Hazard Assessment, Incident Investigation/Root Cause Analysis, Infection Control & Blood Borne Pathogens, Introduction to the *Start Taking Accident Reduction Seriously (S.T.A.R.S),* Situational Awareness Safety Training (SAST), Slips, Trips and Falls, Handle with Care (patient handling course), Worksite Ergonomics, and Care of the Back and Worksite Wellness. The Digital Safety Messages program was implemented in 2009 to communicate and promote safety messages through digital signage, keeping the safety message fresh and timely. Overall, these safety initiatives have been established to provide a healthy work environment for the ARMC staff.

5D. CMS has partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency in the department of Health and Human Services, to develop the HCAHPS survey. ARMC's performance on this survey will be related to its Medicare reimbursement by the end of 2010. The rating of HCAHPS is based on a national average of all hospitals performance for each of the questions added to all patient satisfaction surveys as deemed a requirement from the Centers of Medicare and Medicaid Services (CMS). The current national average is 72%.

GOAL 6: DEVELOP/IMPLEMENT INFRASTRUCTURE FOR ELECTRONIC INITIATIVES AND CAPITAL NEEDS.

Objective A: Develop and implement a five-year Capital Needs Plan for capital items greater that $100,000.

Objective B: Develop and implement a strategy to demonstrate readiness for the Meaningful Use of Health Information Technology (HIT) regulations, implementing three key electronic initiatives.

Status

6A. ARMC's physical plant and infrastructure are 10 years old and the majority of the equipment is much older as it was transferred from the old hospital. ARMC recognizes that the hospital will need to replace equipment that has reached its useful life in the near future. As a part of the planning process, the hospital will develop a five-year capital plan to identify the capital costs for new technology, replacement equipment, information technology, and compliance with regulatory standards all of which is required for the provision of the medical center's services. At a minimum, the plan will include equipment for ancillary services, imaging, surgery, information technology, and patient care units.

6B. The Office of the National Coordinator (ONC) for Healthcare was created and tasked with establishing the ability for easy access to medical information. This has lead to the creation of regulations addressing Meaningful Use of Healthcare Information Technology. These regulations establish health outcomes policy priorities, care goals, objectives, and measures for all acute hospitals and care providers.

ARMC has started the process to move towards compliance with the Meaningful Use of Healthcare Information Technology regulations by developing and implementing a strategy to meet the regulations. ARMC is currently bringing the Health Information system up to the latest version as well as upgrading the current wireless infrastructure and moving to the county-wide Active Directory. In the coming year, ARMC will continue to make progress working on the implementation of the Virtualization of the Desktops (Citrix), Medical Practice Management for the Family Health Centers and Electronic Prescribing.

2010-11 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING

The department is not requesting any additional general fund financing for 2010-11.

2010-11 PROPOSED FEE/RATE ADJUSTMENTS

The department is not requesting any proposed fee/rate adjustments for 2010-11.

If there are questions about this business plan, please contact Patrick Petre, Director, at (909) 580-6150.