



**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*

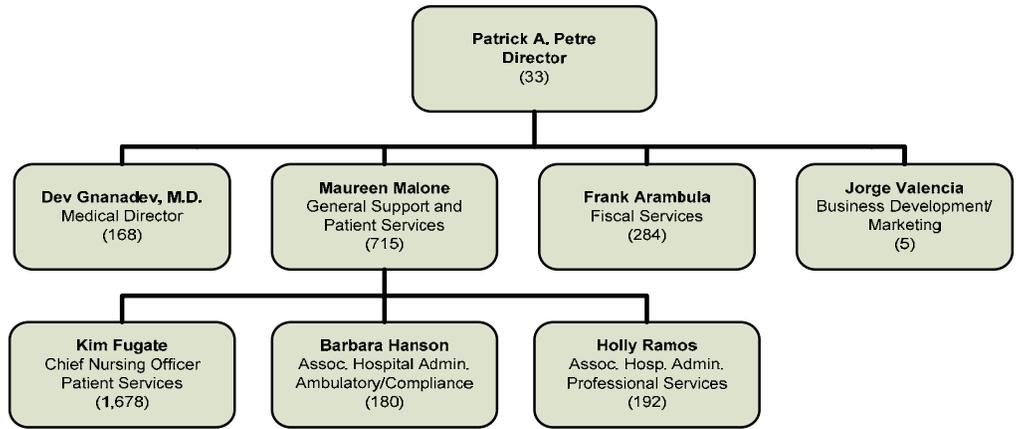
*ENSURE A QUALITY FOCUS IN THE PROVISION OF PATIENT CARE SERVICES*

*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
<b>Special Revenue Fund</b>					
Tobacco Tax	1,733,080	879,697	853,383		-
Total Special Revenue Fund	1,733,080	879,697	853,383		-
<b>Enterprise Fund</b>					
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
<b>Total - All Funds</b>	<b>374,642,119</b>	<b>373,959,531</b>	<b>853,383</b>	<b>170,795</b>	<b>3,255</b>

## 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) – 2<sup>nd</sup> 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*
  - *7<sup>th</sup> Annual Health & Safety Fair*
  - *3<sup>rd</sup> 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.

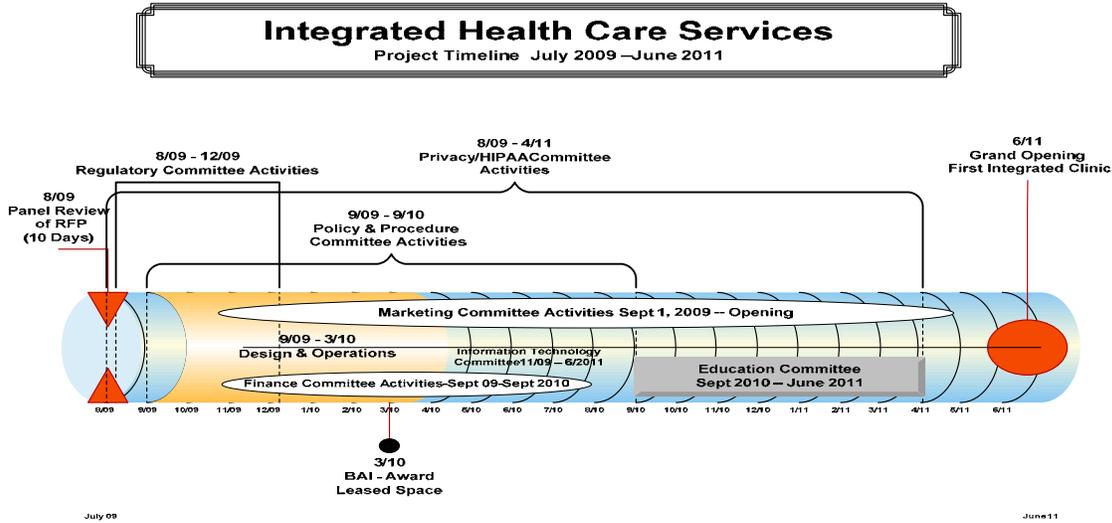
The next prototype of full scope service is designed to integrate primary care from Westside Family Health Center, Maternal Health, Reproductive Health and the Women & Infant Care (WIC) Programs from Public Health and Individual/Group Counseling from Behavioral Health.

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 than \$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 led 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.





**Allan Rawland**  
Director

**Mission Statement**  
The County of San Bernardino Behavioral Health Programs strive to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families and communities.



**GOALS**

INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES FOR UNDERSERVED INDIVIDUALS

DEVELOP INTEGRATED COMMUNITY CLINICAL SERVICES

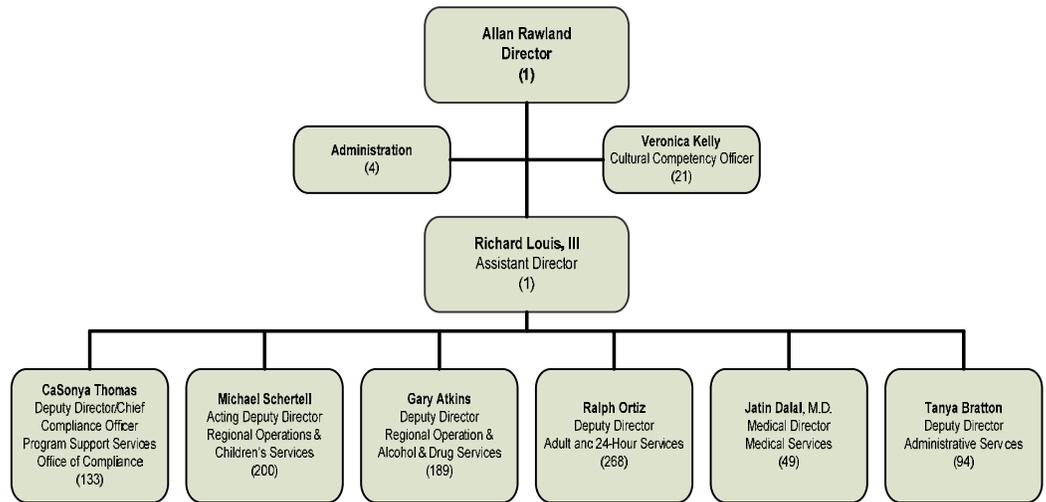
REDUCE BEHAVIORAL HEALTH DISPARITIES

SYSTEM TRANSFORMATION

QUALITY IMPROVEMENT IN BEHAVIORAL HEALTH

**BEHAVIORAL HEALTH**

**ORGANIZATIONAL CHART**



**DESCRIPTION OF MAJOR SERVICES**

The Department of Behavioral Health (DBH) provides mental health and substance abuse treatment to priority target populations in systems of care that are client-centered and culturally competent. Mental health treatment is provided to all age groups, with primary emphasis placed on treating severely emotionally disturbed children and seriously mentally ill adults. Substance abuse treatment is provided to adults through comprehensive substance abuse prevention and treatment programs. Approximately 50,000 unduplicated clients are served annually through 31 county operated facilities and approximately 60 contract providers, public schools, and other community-based settings.

DBH provides a broad array of services, including; prevention and early intervention, intensive case management, crisis intervention, medically necessary psychiatric services and supportive care. Through these services, DBH seeks to promote and support wellness, recovery and resilience for individuals most severely affected by or at risk of serious mental illness or substance abuse.

**2009-10 SUMMARY OF BUDGET UNITS**

	Appropriation	Revenue	Local Cost	Fund Balance	Staffing
<b>General Fund</b>					
Behavioral Health	209,555,393	207,712,640	1,842,753		899
Alcohol and Drug Services	22,888,424	22,738,966	149,458		61
Total General Fund	232,443,817	230,451,606	1,992,211		960
<b>Special Revenue Funds</b>					
Mental Health Services Act	104,896,234	65,891,200		39,005,034	-
Driving Under the Influence Programs	458,444	263,673		194,771	-
Block Grant Carryover Program	14,317,646	11,022,760		3,294,886	-
Court Alcohol and Drug Program	1,248,299	441,243		807,056	-
Proposition 36	4,454,143	4,228,142		226,001	-
Total Special Revenue Funds	125,374,766	81,847,018		43,527,748	-
<b>Total - All Funds</b>	<b>357,818,583</b>	<b>312,298,624</b>	<b>1,992,211</b>	<b>43,527,748</b>	<b>960</b>

**GOALS, OBJECTIVES, AND PERFORMANCE MEASURES**

**GOAL 1: INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES FOR INDIVIDUALS THAT ARE UNDERSERVED OR WHO ARE RECEIVING A LIMITED LEVEL OF SERVICES.**

*Objective A: Continue to provide community based behavioral health care and treatment programs that serve as alternatives to more restrictive levels of care.*

*Objective B: Increase percentage of clients system-wide who are currently receiving Medi-Cal benefits.*

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
1A. Percentage increase in clients served by crisis and early response programs (Juvenile Diversion Program, Crisis Walk-In Centers, Forensic Assertive Community Treatment, Assertive Community Treatment for Frequent Users of Hospital Care and Diversion Team at ARMC). (4,870 clients served in 2007-08)	N/A	119%	25%	25%	N/A
1A. Maintain an overall 70% diversion rate among clients served by crisis and early response programs.	N/A	N/A	N/A	N/A	70%

**Status**

1A. DBH has successfully diverted over 10,000 clients from potential hospitalization, incarceration or more restrictive levels of care through a series of programs designed to improve community services and supports.

In consideration of the budgetary challenges facing DBH in 2010-11, the measurement for Objective A has been adjusted from an evaluation of program growth to a measurement of program effectiveness. The overall diversion rate among clients served by the following crisis and early response programs will be regularly evaluated to ensure that the programs are maintaining a minimum level of effectiveness.

- Community Crisis Response Team – 24/7 county-wide
- Children’s Wraparound Services/Success First
- Crisis Walk-in Centers
- Diversion Team at ARMC
- Forensic Assertive Community Treatment
- Homeless Intensive Case Management and Outreach Services
- Older Adult Circle of Care Mobile Outreach
- Assertive Community Treatment for Frequent Users of Hospital Care

1B. In 2009-10, DBH adopted a Benefits Team Policy with the purpose of increasing the percentage of clients system-wide who are currently receiving Medi-Cal. This policy creates Benefits Teams throughout the county within clinics, centers and programs to work individually or collaboratively with clients to educate and support them in identifying community resources and health insurance assistance that may be available.

**2008-09 ACCOMPLISHMENTS**

- ❖ Received national award for the Office of Consumer and Family Affairs Program
- ❖ Received national award for Juvenile Court Behavioral Health Services
- ❖ Opened Mental Health Court in Victorville
- ❖ Established 22 additional local psychiatric beds, thereby reducing the need to send clients out of county for treatment
- ❖ Integrated behavioral health and public health services at the Holt Clinic in Ontario
- ❖ Implemented Military Service and Family Support Projects through Prevention and Early Intervention
- ❖ Opened new Transitional Aged Youth Center in Rancho Cucamonga
- ❖ Expanded services to children ages 0-5 through a contract provider
- ❖ Opened new Crisis Walk-In Center in Rialto



## GOAL 2: 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.*

*Objective B: Create an assessment and treatment capability to be embedded within the Arrowhead Regional Medical Center (ARMC), Behavioral Health and Public Health integrated project.*

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
2A. 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

2A. 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 staffs were 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 and drug services from a Chino facility to the Ontario site. This merger further advances integrated care and forms the new Ontario Community Counseling center.

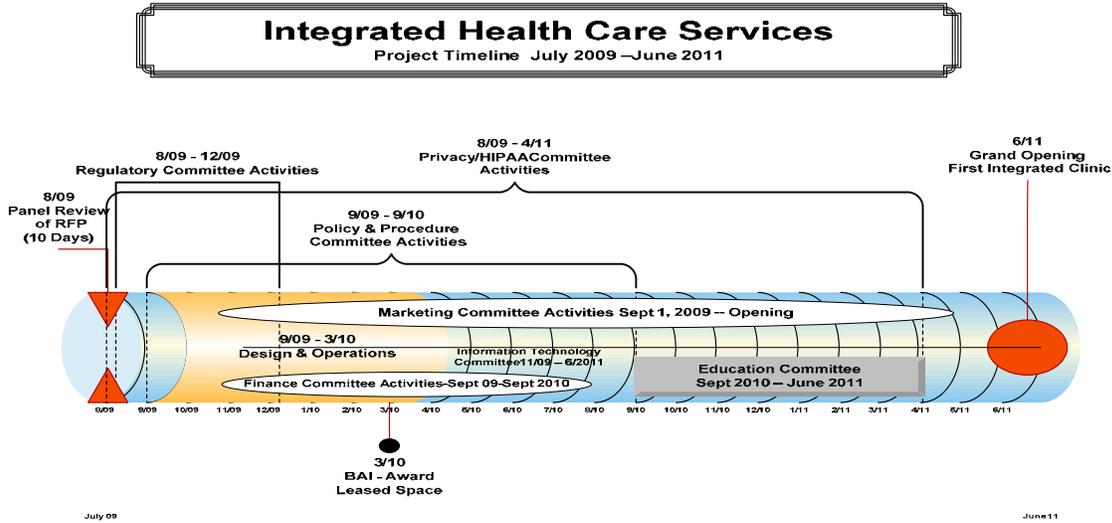
The next prototype of full scope service is designed to integrate primary care from Westside Family Health Center, Maternal Health, Reproductive Health and the Women, Infant and Children (WIC) Programs from Public Health and Individual/Group Counseling from Behavioral Health.

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 in the Westside of San Bernardino County. 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 3: INCREASE ACCESS AND REDUCE BEHAVIORAL HEALTH DISPARITIES AMONG THE DIVERSE RACIAL, ETHNIC AND CULTURAL COMMUNITIES IN SAN BERNARDINO COUNTY.**

*Objective A: Complete a study of the population to identify the cultural and linguistic needs and barriers to improving access to services.*

*Objective B: Increase number of clients among specified ethnic/cultural groups that are currently underserved.*

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
3B. Medi-Cal penetration rates for underserved ethnic groups. (2005-06 Baseline: African American 7.86%; Asian/Pacific Islander (API) 4.03%; Latino 3.26%)	African American				
	8.09%	8.2%	8.3%	9.2%	8.3%
	API	API	API	API	API
	4.3%	4.4%	4.5%	4.4%	4.6%
	Latino	Latino	Latino	Latino	Latino
	3.3%	4.4%	4%	4.4%	4.6%

**Status**

3A. DBH completed the access study through a collaborative effort among the department, an academic institution and a community organization. The study targeted the African-American, Latino and Asian Pacific Islander (specifically Vietnamese due to their high Medi-Cal beneficiary status) communities to determine the barriers that currently exist for each of these populations in the access and use of county mental health services. The study found that access and use of mental health services differed by ethnicity as did knowledge of the topic.

Several key findings and recommendations from the study related to stigma reduction, integrated healthcare, and training on multiculturalism and service delivery will be addressed through program development and guidance from the DBH Office of Cultural Competency and Ethnic Services.

3B. Penetration rates are determined by the proportion of Medi-Cal beneficiaries receiving at least one mental health contact within each fiscal year. Specific ethnic groups in San Bernardino County are served at rates that are disproportionate compared to their representation in the Medi-Cal beneficiary population. The department's objective is to increase the appropriate penetration rates incrementally each year to match or exceed that of the averages for California's "large counties." The current penetration rate for Latinos in San Bernardino County is higher than that of the state. Strides are also being met in the API penetration rate. With regards to the African American penetration rate the focus is on appropriate services. When looking at types of mental health services received, African Americans receive more crisis services than Caucasians and Latinos, more inpatient/residential

services (crisis residential care) than the other groups, yet less case management and less general mental health services. This is also a national and state phenomenon that DBH will be working to address with our community partners such as the African American Health Institute and the African American Mental Health Coalition who are working on a statewide disparity reduction project.

**GOAL 4: DEVELOP AN INTEGRATED PLAN FOR SYSTEM TRANSFORMATION IN ACCORDANCE WITH THE MENTAL HEALTH SERVICES ACT (MHSA) FRAMEWORK.**

*Objective A: Transform the existing community based system through the use of MHSA funds in both county and contract operations.*

*Objective B: Implement all six components of the MHSA and MHSA Housing Program.*

*Objective C: Develop a three-year MHSA program and expenditure plan (Integrated Plan) by 2012-13.*

*Objective D: Complete Integrated Information Systems Master Plan by 2012-13.*

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
4B. Percentage completion of the six MHSA components and MHSA Housing Program.	25%	63%	100%	100%	N/A
4C. Produce a plan detailing levels of care and services which integrated MHSA funding and recovery model treatment principles into the larger mental health system.	N/A	N/A	N/A	N/A	75% complete June 2011

**Status**

4B. DBH has obtained state approval for five (Community Program Planning, Community Services and Support, Workforce Education and Training, Prevention and Early Intervention, and Capital Facilities and Technology) of its six MHSA work plans and MHSA Permanent Supportive Housing Initiative. The department's Innovation Plan is currently posted for public comment and it is anticipated that approval will be received prior to the end of fiscal year 2009-10. Since 2005, DBH has successfully submitted program and expenditure plans to secure over \$250 million of MHSA funds intended to meet the service needs of children, adults and seniors.

4C. In October 2008, the California Department of Mental Health released a framework for county mental health programs to develop a three-year program and expenditure plan (Integrated Plan). The Integrated Plan covers the period of 2010-11 through 2012-13, and was to be submitted to the state by March 1, 2010. DBH has received no further guidance on the Integrated Plan and is uncertain whether this plan will remain a requirement.

4D. During 2009-10, DBH received approval and funding for the MHSA Capital and Technological Needs component. This component will assist the department to finance the replacement of its practice management and billing system by 2011-12, implement an integrated data warehouse in 2011-12, and an electronic health record in 2012-13.

**GOAL 5: IMPLEMENT STRATEGIES FOR SUCCESSFUL QUALITY IMPROVEMENT IN BEHAVIORAL HEALTH.**

*Objective A: Develop a plan that utilizes an educational approach to instill knowledge and apply system and process improvements.*

*Objective B: Continue progress towards achieving a significant, measurable reduction of service disallowances department-wide.*

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
5B. Percentage of overall decrease in average Medi-Cal reviews conducted by the Quality Management Division. (Baseline: 24% average disallowance rate)		8%	10%	10%	Meet 5% threshold

### Status

5A. There are eight areas of performance represented in the DBH Quality Improvement Plan. 100% of the goals as specified in the plan will be implemented during 2009-10. The achievement of these goals will ensure continuous quality improvement efforts are ongoing department-wide. As a result, areas of improvement will be identified for administrative review, solutions formulated and measurable interventions implemented for baseline review. These efforts will translate into more customer focused services, increased quality of care and will provide baseline data for program related decision making to key leadership.

5B. DBH has reduced its average Medi-Cal disallowance rate for the past three consecutive years. Several activities including increased technical assistance, training and chart reviews aimed at reducing Medi-Cal disallowances are ongoing. Targeted efforts for 2010-11 are aimed at reducing the disallowance rate to the threshold of 5%. It should be noted as performance improves, decreases in disallowance percentage points will be more difficult, as the department reaches maximum performance baselines of 0-5%.

### **2010-11 REQUESTS FOR GENERAL FUND FINANCING**

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

### **2010-11 PROPOSED FEE/RATE ADJUSTMENTS**

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

If there are questions about this business plan, please contact Allan Rawland, Director at (909) 388-3133.



Pathways to Recovery Clubhouse



Agewise Resource Table



**Jim Lindley**  
Director

**Mission Statement**  
The Public Health Department promotes and improves the health, safety and quality of life of San Bernardino County residents and visitors.



**GOALS**

PREVENT DISEASE AND DISABILITY AND PROMOTE HEALTHY LIFESTYLES

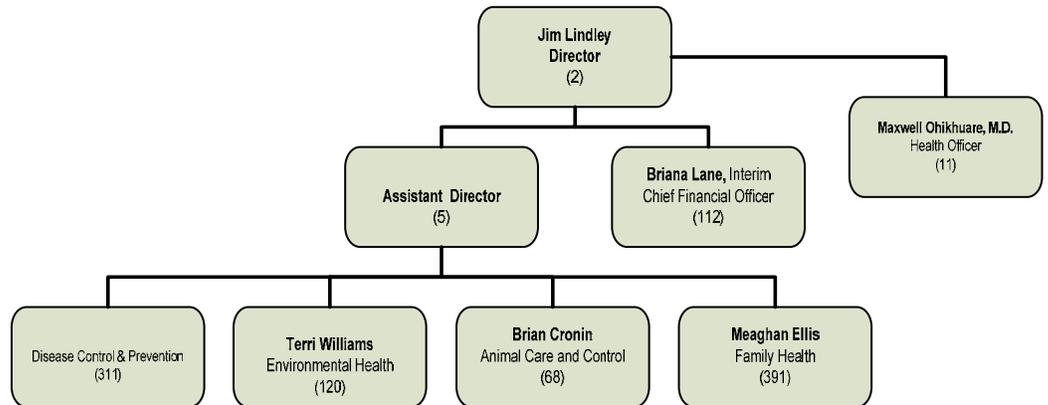
PROMOTE AND ENSURE A HEALTHFUL ENVIRONMENT

DEVELOP INTEGRATED COUNTYWIDE COMMUNITY CLINICAL SERVICES



**PUBLIC HEALTH**

**ORGANIZATIONAL CHART**



**DESCRIPTION OF MAJOR SERVICES**

The Department of Public Health (Public Health) provides a wide range of services to prevent diseases and improve the health, safety, and quality of life for residents and visitors of San Bernardino County. Many services are mandated by the State Health and Safety Code. Key delivery areas for 2010-11 include Healthy Communities, Preparedness and Response, Communicable Disease Control and Prevention, Environmental Health, Animal Care and Control and California Children’s Services.

Healthy Communities is a countywide initiative to support collaborative efforts to improve the quality of life for all residents. Preparedness and Response ensures the county capacity to respond to public health or bioterrorism emergencies. Communicable Disease Control and Prevention provides for surveillance and prevention of tuberculosis and HIV/AIDS, and immunizations to prevent disease.

Environmental Health prevents, eliminates, or reduces hazards adversely affecting the health, safety, and quality of life through integrated programs such as Food Protection, Vector Control (including West Nile Virus surveillance) and Regulatory Water activities. Animal Care and Control protects the public from rabies through dog vaccinations, stray animal abatement, wildlife rabies surveillance, and public education. California Children’s Services provides case management, diagnosis, and treatment services to individuals up to 21 years of age with severe qualifying medical conditions.

**2009-10 SUMMARY OF BUDGET UNITS**

	Appropriation	Revenue	Local Cost	Fund Balance	Staffing
<b>General Fund</b>					
Public Health	83,092,275	79,820,646	3,271,629		863
California Children's Services	18,031,236	13,421,503	4,609,733		157
Indigent Ambulance	472,501	-	472,501		-
<b>Total General Fund</b>	<b>101,596,012</b>	<b>93,242,149</b>	<b>8,353,863</b>		<b>1,020</b>
<b>Special Revenue Funds</b>					
Bio-Terrorism Preparedness	3,095,535	2,576,813		518,722	-
Tobacco Use Reduction Now	422,480	403,760		18,720	-
Vital Statistics State Fees	726,967	150,752		576,215	-
Vector Control Assessments	3,582,526	1,634,436		1,948,090	-
<b>Total Special Revenue Funds</b>	<b>7,827,508</b>	<b>4,765,761</b>		<b>3,061,747</b>	<b>-</b>
<b>Total - All Funds</b>	<b>109,423,520</b>	<b>98,007,910</b>	<b>8,353,863</b>	<b>3,061,747</b>	<b>1,020</b>

## GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

### GOAL 1: PREVENT DISEASE AND DISABILITY AND PROMOTE HEALTHY LIFESTYLES.

*Objective A: Decrease the number of babies born with exposure to drugs and/or alcohol due to their mother's substance abuse during pregnancy.*

*Objective B: Increase compliance among providers of children's immunizations.*

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
1A. Percentage increase of pregnant women screened for drug use (7,850 women in 2005-06).	6% (10,273)	7% (10,970)	5% (11,519)	2% (11,189)	2% (11,413)
1B. Number of visits to immunization providers with less than 90% of children up-to-date for age per the Advisory Committee on Immunization Practices' recommended immunization schedule.	N/A	172	200	204	200

#### Status

1A. The Perinatal Screening, Assessment, Referral, and Treatment Program continues to successfully screen pregnant women for tobacco, drug, and alcohol use. The department anticipates screening 11,189 women for 2009-10. The 2010-11 target of 11,413 reflects an ongoing leveling of the screenings. Women testing positive for substance usage are case managed by Public Health. First 5 continues to fund Public Health and Behavioral Health for case management services and to allow staff to make home visits to high risk clients.

1B. The department conducted 172 visits in 2008-09 to immunization providers. For 2009-10 the department estimates completing 204 visits to providers. The 2010-11 target reflects anticipated level staffing and a maintenance of the visit rate. The visits may include the following to facilitate up-to-date immunization rates: 1) quality assurance review, e.g. vaccine storage and handling, immunization documentation, 2) Comprehensive Clinic Assessment Software statistical analysis of provider immunization rates, 3) comprehensive chart reviews, 4) physician and office staff training, 5) compliance plan development and implementation, and 6) VaxTrack immunization registry recruitment and training. Following the initial assessment visit, providers receive a written report with their findings—this report is also submitted to the California Department of Public Health Immunization Branch. Providers with low up-to-date rates receive additional visits in which strategies and interventions are presented and documented in a compliance plan to improve immunization practices and up-to-date rates.

#### 2008-09 ACCOMPLISHMENTS

- ❖ *Implemented the Healthy Communities Institute Network*
- ❖ *Healthy Communities was awarded a Safe Routes to School grant for non-infrastructure projects specific to the High Desert communities*
- ❖ *The emergence of the H1N1 flu virus resulted in the activation of the Public Health Department Operations Center in April 2009 and utilizing the web Emergency Operations Center to enhance coordination, communication and response activities*
- ❖ *The Public Health Lab continues to provide testing for the H1N1 outbreak*
- ❖ *Animal Care and Control*
  - *Responded to 35,884 field service calls*
  - *Cared for 16,231 animals at County operated shelters*
  - *Adopted 3,762 animals for a 30% increase from the prior year*
- ❖ *Maternal and Child Health developed a model of collaboration between hospitals, private health care providers and local stakeholders to reduce the number of elective labor inductions*

## GOAL 2: PROMOTE AND ENSURE A HEALTHFUL ENVIRONMENT.

*Objective A: Enhance the level of sanitation in food facilities by increasing the number of trained and certified restaurant food handlers.*

*Objective B: Establish additional Joint Powers of Authority (JPA) to regionalize animal care and control services.*

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
2A. Percentage increase of restaurant food handlers receiving training and certification.	9% (39,065)	10% (43,140)	5% (45,120)	0% (43,140)	0% (43,140)
2B. Increase the number of municipalities that participate in the Animal Care and Control Joint Powers of Authority.	N/A	1	2	1	2

### Status

2A. In 2006-07 the department implemented a new training program for food handlers to enhance the level of sanitation in food facilities and thus reduce food borne illnesses. For 2007-08 the department certified 39,065 food handlers. In 2008-09 the department certified 43,140 food handlers, which was above the estimate of 42,972. The department had anticipated increasing this number by 5% in 2009-10 for a total of 45,120. Due to the impact of the ongoing economic downturn, the department anticipates certifying only 43,140 in 2009-10 and again in 2010-11.

2B. The department established the first JPA to provide Animal Care and Control and Shelter Services with the Town of Yucca Valley in 2008-09. The previous target was to have two municipalities in the newly formed JPA, but the uncertainty of the economy along with other factors did not provide an appropriate opportunity to realize this objective. The department proposes to establish another JPA in partnership with a second municipality in 2010-11.

## 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 (ARMC), and 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 staffs were 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 and drug services from a Chino facility to the Ontario site. This merger further advances integrated care and forms the new Ontario Community Counseling center.

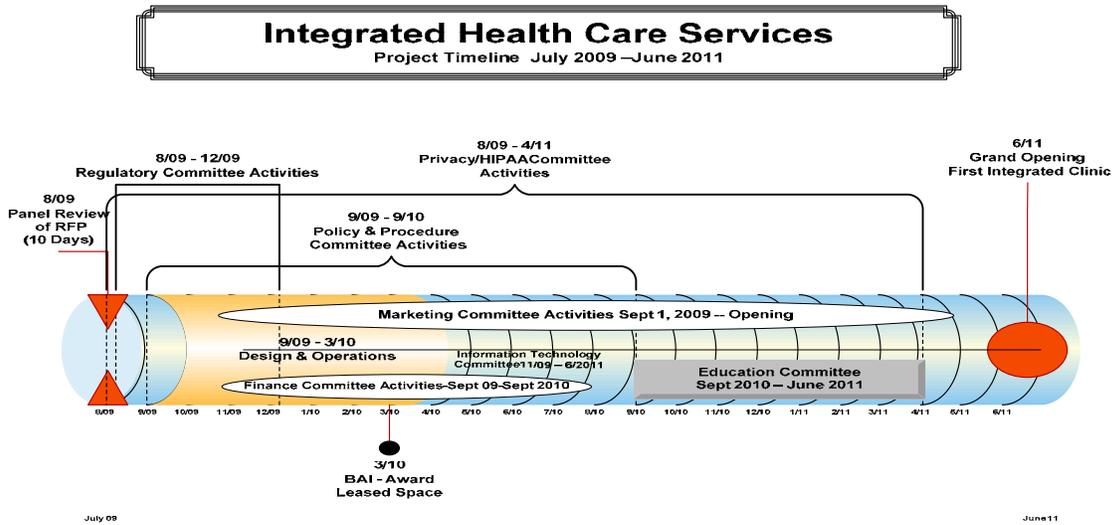
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For 2010-11, the Integration Team will continue these efforts, complete and open the doors to the first clinic, and return to the Board of Supervisors with a request to release a RFP for the second Integrated Healthcare Clinic.

Following is a timeline for the current project:



**2010-11 REQUESTS FOR GENERAL FUND FINANCING**

Brief Description of Policy Item or CIP request	Budgeted Staffing	Appropriation	Dept. Revenue	Local Cost
1. Additional one-time funding for construction of new facility to serve the San Bernardino County/Town of Yucca Valley Animal Care Joint Powers Authority (CIP).		1,312,500	-	1,312,500

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
P1. Award contract for construction of a new animal shelter to serve the San Bernardino County/Town of Yucca Valley Animal Care Joint Powers Authority					Construction contract awarded by December 2010

## 2010-11 PROPOSED FEE/RATE ADJUSTMENTS

### DESCRIPTION OF FEE REQUEST

1. The department proposes amending various fees contained within Title 1, Division 5, Chapter 2, Section 16.0213A of the San Bernardino County Code for a total Animal Care and Control fee revenue increase of \$1,626.
2. The department proposes amending various fees within Title 1, Division 6, Chapter 2, Section 16.0213B of the San Bernardino Code for the Environmental Health Division to cover costs associated with recent law changes and to cover the cost of school inspections. The Department also proposes a 5% fee increase to EHS fees to cover rising expenses associated with increasing costs.

### SERVICE IMPACTS

The department is changing several fees in animal control to cover the actual cost of services, encourage adoptions and simplify the adoption and relinquishment process.

The changes in fees will allow Environmental Health to cover actual cost to perform its state mandated services, perform school inspection, and to enforce the provisions of AB 1020.

If there are questions about this business plan, please contact Jim Lindley, Director, at (909) 387-9146.



Animal Care and Control in action



Promoting Health Babies at the Child and Family Health Services Health Fair



Spraying to prevent West Nile Virus





**Virginia Hastings**  
Executive Director

*ICEMA ensures an effective system of quality patient care and coordinated emergency medical response by planning, implementing and evaluating an effective emergency medical services system including fire department and public ambulances, pre-hospital providers and hospitals, including specialty care hospitals, such as trauma and cardiac care hospitals.*



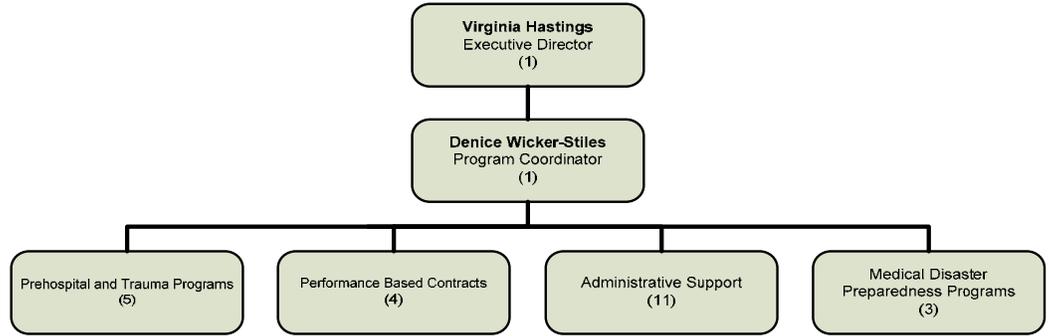
**GOALS**

**ENSURE THAT THE MOST EFFECTIVE EMERGENCY MEDICAL SERVICES ARE DELIVERED TO THE RESIDENTS OF SAN BERNARDINO COUNTY**

**IMPLEMENT AN EMERGENCY MEDICAL SERVICES AUTHORITY QUALITY IMPROVEMENT PLAN**

**INLAND COUNTIES EMERGENCY MEDICAL AGENCY**

**ORGANIZATIONAL CHART**



**DESCRIPTION OF MAJOR SERVICES**

The Inland Counties Emergency Medical Agency (ICEMA) is the local Emergency Medical Services (EMS) Agency for the Counties of San Bernardino, Inyo, and Mono.

Generally, ICEMA's activities are grouped into three programs; Pre-Hospital and Trauma Care, Performance Based Contracts, and Medical Disaster Preparedness, including the Hospital Preparedness Program. The ICEMA Medical Director provides medical control and oversight to all EMS personnel.

ICEMA provides outstanding service to all customers by providing quality customer service, certification and accreditation of Emergency Medical Technicians (EMT's), Emergency Medical Technicians- Paramedics (EMT-P's), and Mobile Intensive Care Nurses (MICN's). ICEMA is responsible for all pre-hospital patient care protocols, education, and materials for paramedics, hospitals, and educators, ambulance response time monitoring, inspections and permitting, and disaster planning for hospitals and the citizens of the County of San Bernardino. Additionally, ICEMA establishes criteria for policy and procedures for adult and pediatric trauma centers, and cardiac care hospitals. By meeting these objectives, ICEMA fulfills its medical oversight responsibility and legal requirements to the Counties of San Bernardino, Inyo, and Mono.

**2009-10 SUMMARY OF BUDGET UNITS**

	<u>Appropriation</u>	<u>Revenue</u>	<u>Fund Balance</u>	<u>Staffing</u>
<b><u>Special Revenue Fund</u></b>				
ICEMA	3,706,887	3,206,887	500,000	25

**GOALS, OBJECTIVES, AND PERFORMANCE MEASURES**

**GOAL 1: ENSURE THAT THE MOST EFFECTIVE EMERGENCY SERVICES ARE DELIVERED TO THE RESIDENTS OF SAN BERNARDINO COUNTY.**

*Objective A: Designate Cardiac Care Hospitals to allow paramedics to transport cardiac patients directly to the CCH's in order to access the services of cardiologists in a timelier manner.*

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
1A. Increase in number of Cardiac Care Hospitals designated in the Inland Counties Emergency Medical Agency jurisdiction.	N/A	4	2	1	1
1B. Percentage of 911 transports reviewed to ensure that patients are being transported to designated CCH's in a timely manner.	N/A	100%	100%	100%	100%

Status

1A. In 2008-09, ICEMA established implementation of Cardiac Care Hospitals (CCHs) as one of its objectives. During that year, ICEMA designated Loma Linda University Medical Center, San Antonio Community Hospital, St. Mary's Medical Center and Pomona Valley Hospital Medical Center as Cardiac Care Hospitals. In 2009-10 ICEMA is working to designate two additional hospitals as Cardiac Care Hospitals, increasing the number of hospitals to six. For 2010-11 ICEMA plans to add one more hospital to this designation specialty, which would increase the number of Cardiac Care Hospitals to seven.

2B. In addition, ICEMA measured the percentage of 911 transports reviewed, to ensure that patients are being transported to designated CCH's in a timely manner. In 2008-09 ICEMA has exceeded the set goal by reaching one-hundred percent (100%) review of 911 of Cardiac Care Hospital patient transports reviewed. In 2009-10 ICEMA continues to reach its 100% review of transport reviews. ICEMA intends to maintain this same level for 2010-11.

**GOAL 2: IMPLEMENT AN EMERGENCY MEDICAL SERVICES AUTHORITY QUALITY IMPROVEMENT PLAN.**

*Objective A: Adapt and implement a medically sound and current Quality Improvement Plan within the ICEMA Region*

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
2A. Number of Quality Improvement audit filters for system review and improvement.	N/A	N/A	5	5	5
2B. Number of educational programs implemented to address system Quality Improvement issues identified through a strong, standardized Quality Improvement program.	N/A	N/A	2	2	2

Status

2A. For 2009-10, ICEMA adapted and implemented the Emergency Medical Services Authority's (EMSA) new Quality Improvement Plan and reached the target of five audit filters of system review and improvement. In 2010-11 ICEMA continues to target five more audit filters of system review.

**2008-09 ACCOMPLISHMENTS**

- ❖ Established 4 Cardiac Care Centers in San Bernardino County
- ❖ Reviewed 100% of 911 cardiac related phone calls
- ❖ All 18 acute care hospitals are now participating in the Hospital Preparedness Program



2B. In 2009-10 ICEMA has met the target of two educational programs implemented to address system quality improvement issues identified through a strong standardized quality improvement program. In 2010-11 ICEMA is targeting two more educational programs implemented to address system quality improvement issues identified through a strong standardized quality improvement program to improve our educational programs.

### 2010-11 REQUESTS FOR GENERAL FUND FINANCING

The department is not requesting any additional general fund financing for 2009-10.

### 2010-11 PROPOSED FEE/RATE ADJUSTMENTS

DESCRIPTION OF FEE REQUEST	SERVICE IMPACTS
1. ICEMA is proposing new fees for certain permitting and certification activities.	Increasing the recommended fees will allow ICEMA to fully cover all costs associated with the specific activities.

If there are questions about this business plan, please contact Virginia Hastings, Executive Director, at (909) 388-5830.

