UPDATE

A bi-monthly newsletter of the Solano County Health & Social Services Department.

Promoting Healthy Tomorrows

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Letter from the Director

Dear reader,

This edition of **Update** will be the first of two issues providing a summary of the data collected for and reported in the HSS Strategic Plan Progress Report. This first issue will focus on the areas related to community health: Public Health, the Tobacco Master Settlement Agreement (MSA), Substance Abuse, and Mental Health. The second issue will target the areas related to social services: Employment and Eligibility, Child Welfare Services, and Older and Disabled Adult Services. The issue will also include some key indicators from the Administrative areas.

The H&SS strategic plan was developed in 2004 by a multi-disciplinary task force comprised of members from community based health and human services organizations, academia, H&SS program and administrative personnel, and staff from other County departments. The strategic plan was designed to serve primarily as an internal management tool. A wide range of data and measures are included in the document designed to show workload, efficiency, performance, and outcomes. Each of these provides important information that can help us make decisions about how to manage our staff, allocate resources, identify areas in need of attention, and guide decision-making about creation, management and redesign of programs. The plan can also help to identify changing trends, emerging issues, and community problems. Many of the measures are required by the state or federal governments.

The Progress Report brings together data collected for the key indicators included in the strategic plan. The report is a living document and a work in progress. The next steps in the process are to make use of the data included in the Progress Report and make improvements to the plan. Among my objectives for the next round are to 1) better integrate the plan into the budget process as a way ensure accountability and establish the link between resources and results, 2) highlight our successes to the community, 3) streamline the measures, 4) improve the outcomes so that they better reflect program achievement, and 5) now that we have the benefit of benchmark data, set outcome targets that will enable us to better understand our performance and make improvements and adjustments when appropriate.

Sincerely,

Patrick O. Duterte
Director

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Why measure outcomes?

Traditionally, most health and human service agencies, like most government agencies, keep track of activities and other workload measures such as how much money they receive and spend, how many clients they see, how many hours are spent providing service, how many brochures are produced and so on and so forth. These measures answer the questions of how many or how much was done or produced or how time was occupied. In other words, the quantity of effort being undertaken. But a better measure of whether a program or service is worthwhile is whether the ultimate result was beneficial to the person or community.

Outcomes measure benefits — the quality of the service or program. Outcomes go beyond simply tracking an organization's activities. Outcome measurement is a systematic way to assess the extent to which a program has achieved its intended results. Outcomes are about performance or results. The main questions addressed are: What has changed in the lives of individuals, families, organizations or the community as a result of the program or service? Has the program made a difference? How are the lives of participants or recipients better as a result of the program or service?

Outcomes, in other words, are the benefits or changes for individuals or communities during or after participating in program activities or receiving program services.

Outcome measures are qualitative. Examples include:

Did the person receiving substance abuse treatment stay out of the criminal justice system?

Did the person with mental illness receive treatment that allowed them to remain at work?

Is the patient's diabetes under control? Or, is the incidence of diabetes in the community going down?

Increasingly, governments are challenged to "do more with less". With the vast majority of the Department's funding coming from the state or federal government, H&SS's role has always been to manage the funds that it receives and provide efficient and effective services. Regardless of whether the department is experiencing strong or difficult times economically. Reductions in the amount of funds received by the Department do not change this basic fact. H&SS has to closely manage the funding that it receives. Several years of data adds context to the numbers and trends can be identified. Outcome measurement can help guide the department to allocate available resources to the programs that matter most to the community and develop strategies to ensure that services are effectively delivered and provide benefits to recipients and the community.

Outcome Measurement Limitations:

Although outcomes do indicate when a change has occurred, they do not always clearly established causality for the change.

Outcome measurement alone does not constitute quality management. The data must be interpreted and acted upon in ways to improve performance.

Data Analyzed…Actions Taken

The infant mortality rate in Solano County has generally been going down over the past 10 to 15 years and now meets the Healthy People 2010 standard. However, the infant mortality rate for African Americans in Solano County has consistently remained higher than for other groups Since 1991, the **Black Infant Health Program (BIH)** has served over 1,000 pregnant women, giving birth to 719 live births with only 2 fetal and 1 infant death. Ninety percent were normal birth weigh, 8.6 percent were low birth weight, and 0.7 percent were very low birth weight. Outcomes for BIH participants have been much better than for non-participating mothers.

The **Mental Health Division** has been evaluating the services it provides and has identified service needs by age groups. Funds from the Mental Health Services Act will assist in addressing the underserved populations and unmet needs. Target populations include, but are not limited to, children in foster homes; transitional age youth at risk of homelessness and not completing a high school education; severe and persistently mentally ill adults who may have co-morbid conditions, homelessness or housing instability, are unemployed or who have some connection with the criminal justice system;

and older adults with mental illness and may have a co-occurring disorder and are at risk of deteriorating health and functioning abilities. The next steps include providing the services for these populations; identifying desired outcomes, collecting data and establishing benchmarks; determining any change in conditions and if target outcomes were achieved.

The **Solano County Drug Court** began in March 1997. Drug Courts offer the participant a clear choice: participation in treatment instead of going to jail. Rather than focusing on punishment, the Drug Court take the role of trying to keep the participant engaged in treatment. The goals for the program include reducing drug usage and recidivism, provide court supervised treatment, and provide an cost-effective alternatives to incarceration. Although the Substance Abuse Division tracts the number of participants who complete treatment, the program's effectiveness is measured through the courts by the number of participants who re-offend.

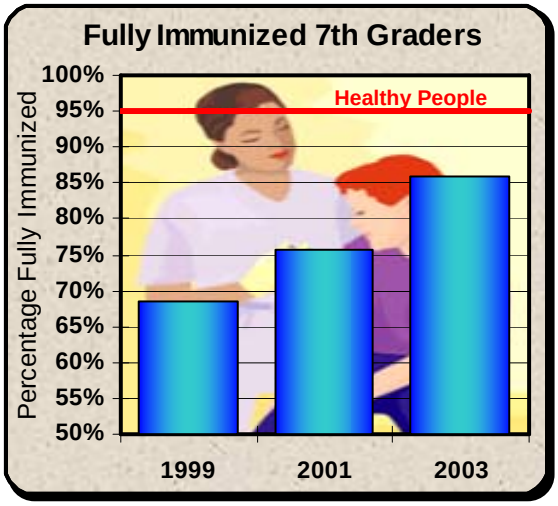
One goal of the **Master Settlement Agreement** is to prevent the initial use of alcohol, tobacco and other drugs among children and youth in Solano County. One strategy used by police is to use under age decoys to attempt to purchase alcohol. On June 16, decoys working with the Vacaville Police Department and along with an agent from Alcohol Beverage Control attempted to purchase alcohol at 54 businesses. None of the businesses sold them alcohol.

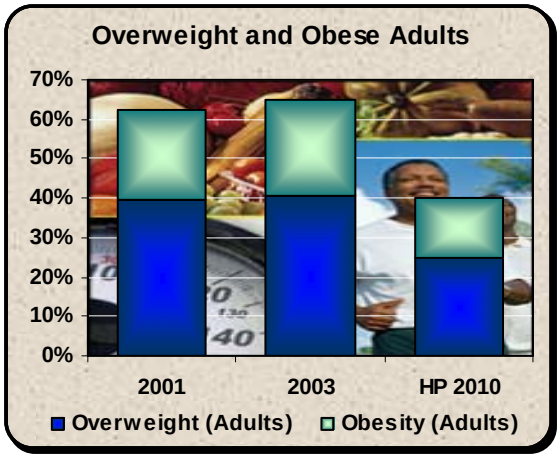
Public Health

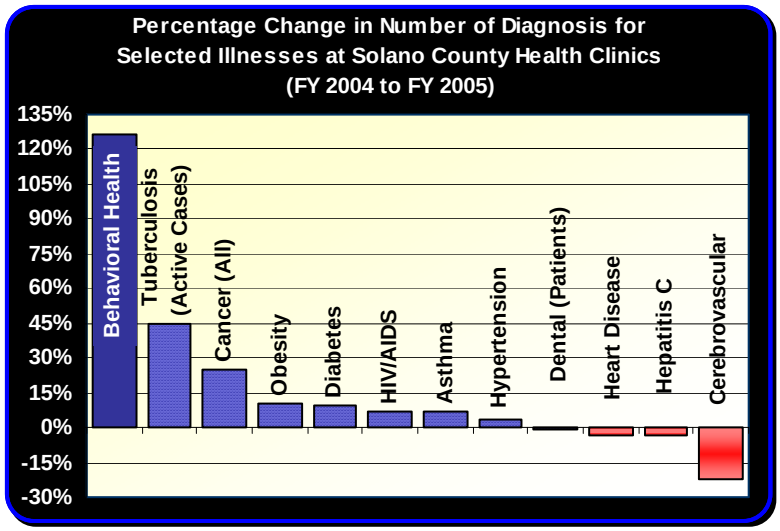
The mission of the H&SS Public Health Division is to improve the health and quality of life of the residents of Solano County. Comprehensive primary medical and dental care is provided to primarily indigent and low-income uninsured residents at two health clinics and one dental clinic. Other services include prevention, education, and treatment through a wide range of specific programs and services including health screening; communicable and infectious disease control; immunizations; sexually transmitted disease (STD) control; home nursing visits; maternal, child and adolescent care; tuberculosis control; nutritional services; and vital statistics registration. The public health laboratory tests for communicable and infectious diseases. The Division is also responsible for the development of plans to deal with bioterrorism and other potential public health emergencies. Finally, the Public Health Division regularly tracks the community's health status.

Among the Division's outcomes is to increase the proportion of fully immunized children and youths. The percent of children entering kindergarten fully immunized (93.9% in 2003) is just under the Healthy People 2010 goal of 95%. The percent of 7th graders who are fully immunized was 86% in 2003 – a substantial increase over the 1999 proportion of 68.5% but under the Healthy People 2010 goal of 95%.

Among selected health conditions monitored by the division that are of concern is the growing number of overweight and/or obese adults. According to





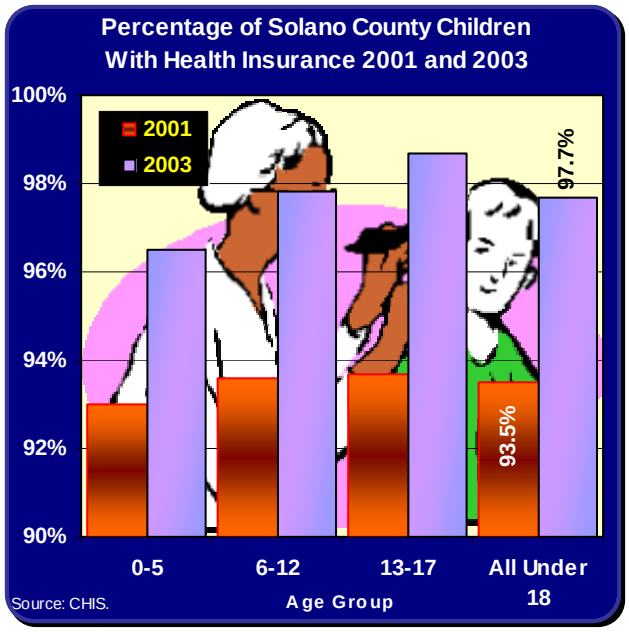


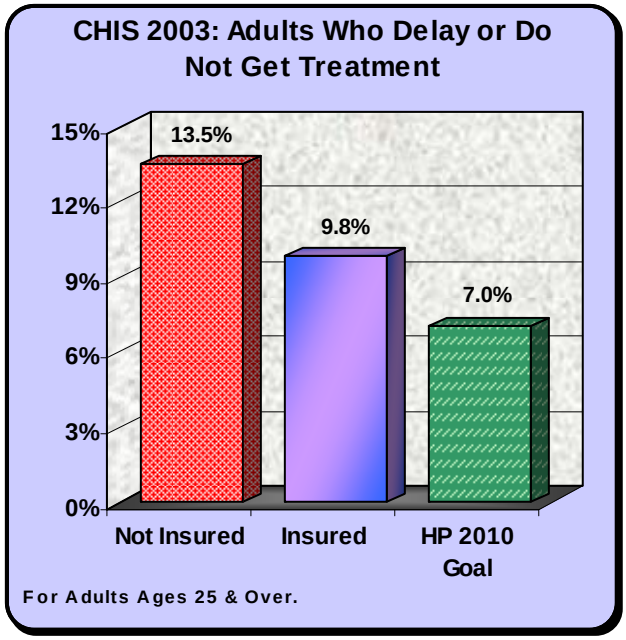
2003 California Health Interview Survey (CHIS) data, two-thirds of Solano County adults are overweight or obese and nearly one-third have high blood pressure.

There was a substantial decrease in the rate of several major infectious diseases between 2000 and 2004. The number of reported Hepatitis C cases per 100,000 population fell by two-thirds. However, TB increased by 20% and chlamydial diseases by 30%.

The HIV/AIDS rate was cut in half between 2000 and 2003 but rose in 2004 from 5.6 to 9.8 cases per 100,000 persons.

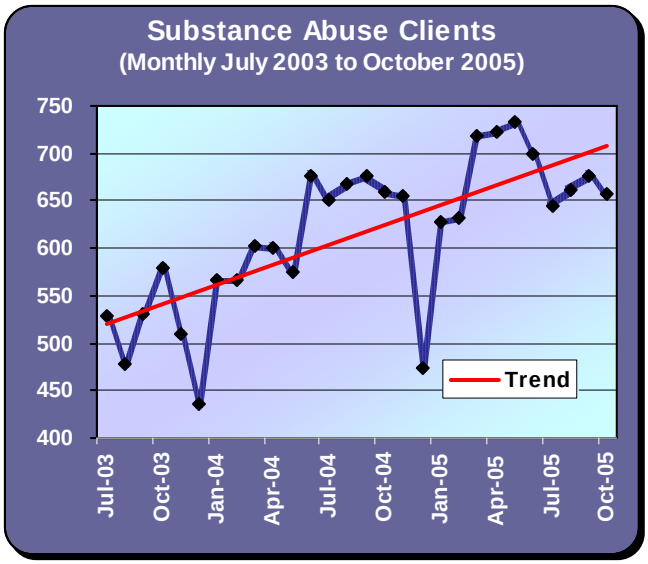
Master Settlement Agreement

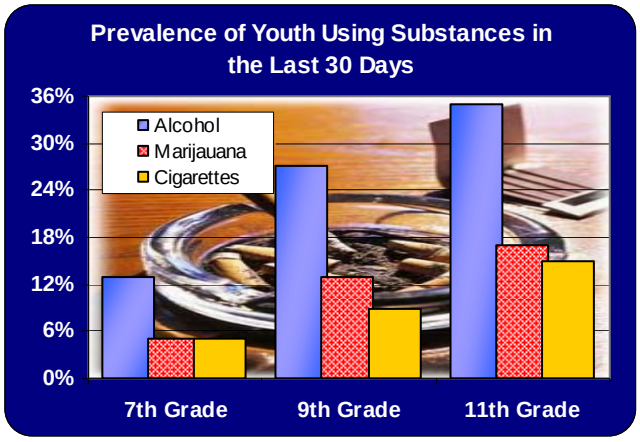


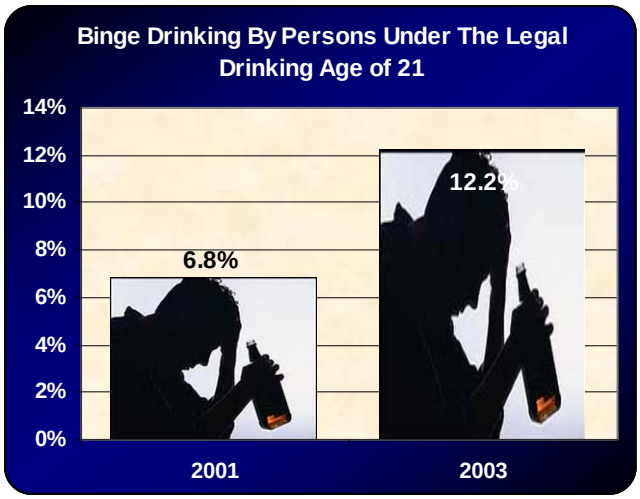


- Proceeds from the Master Tobacco Settlement Agreement (MSA) are used in Solano County to fund programs and services designed to increase the proportion of County residents with health insurance and to reduce alcohol, tobacco and drug use. Among the Solano County Board of Supervisor's top priorities is to ensure that all children in Solano County have health insurance.
- The uninsured are less likely to seek medical treatment than the insured. Failing to seek or delaying care can result in higher costs later on. California Health Interview Survey (CHIS) data shows that 13.5 percent of uninsured Solano County adults delayed or failed to seek treatment in 2003 — nearly two times the Healthy People 2010 target. Even those with insurance delayed or did not seek treatment at rates above the Healthy People 2010 goal.
- Solano County has one of the highest proportions of residents with health insurance of any County in California. According to data from the 2003 California Health Interview Survey (CHIS), 96 percent of residents have health coverage. However, low-income residents continue to lag behind the goal of achieving 95 percent coverage. In 2003, 87.5 percent of residents with incomes below poverty had health insurance. This was a substantial increase over the 2001 figure of 71.2%.
- The County is close to achieving the goal of all children having some form of health coverage. According to 2003 CHIS data, 97.7 percent of all children (18 and under) had health insurance compared to 92.3 percent statewide. Only 3 of California's 58 counties had a higher rate than Solano County — Marin, Ventura and San Francisco.
- According to the 2003 CHIS, 16.9 percent of all children were insured through Medi-Cal, up from 9.1 percent in 2001.

Substance Abuse







- The H&SS Substance Abuse Division provides or contracts for a wide range of prevention, intervention, treatment, and recovery services for substance abuse problems, including alcoholism and other drug addictions.

- The number of Substance Abuse clients has trended consistently upwards (with seasonal variations). Between July 2003 and July 2005, the number of clients increased 21.9 percent.

- In FY 2005, 37.9% of substance abuse clients completed treatment exceeding the target of 35 percent completing treatment. The target for substance abuse clients with a dual diagnosis is to have 20-25% completed treatment. In FY 2005 39.0% completed treatment.

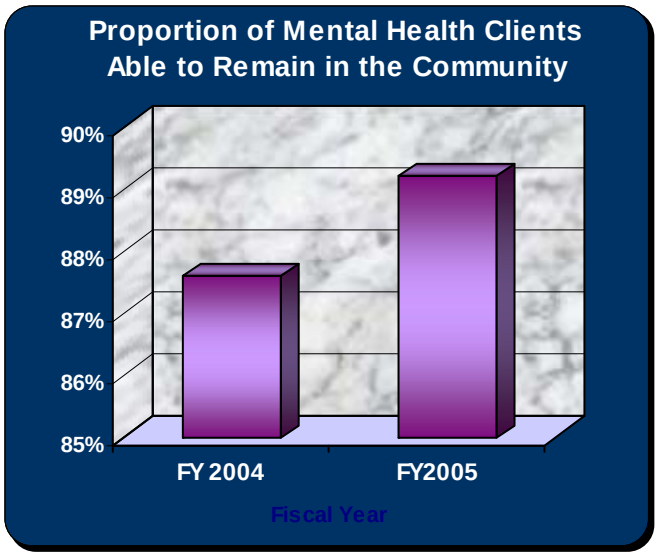
- In FY 2005, clients primary alcohol/drug problem was methamphetamines (44.6%).

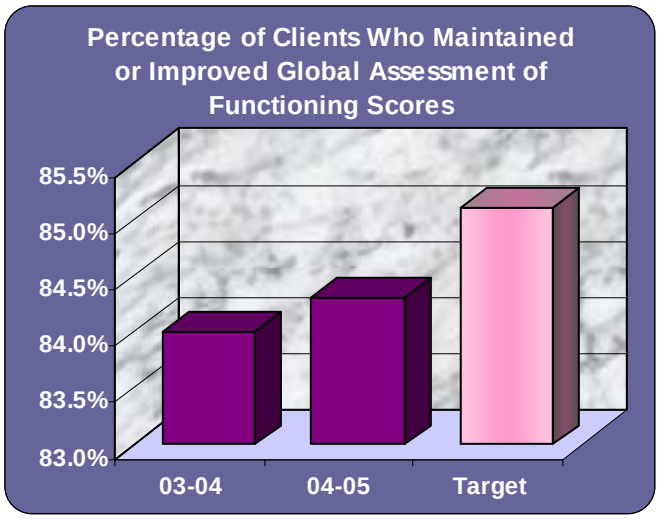
- The prevalence of youth in 11th grade using alcohol in the last 30 days was 35% and the prevalence of youth in 11th grade using marijuana in the last 30 days was 17%. For comparison, among 7th graders, using alcohol within the last 30 days was 13% and the prevalence of 7th graders using marijuana within the last 30 days was 5%.

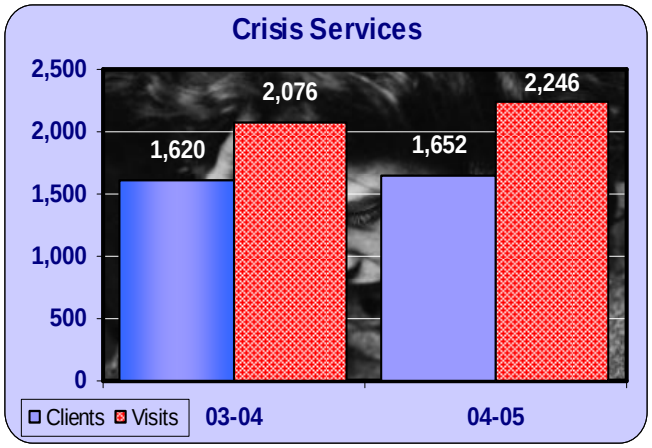
- The prevalence of binge drinking (5 or more drinks at one time) by persons under the legal drinking age (21) was 12.2%.

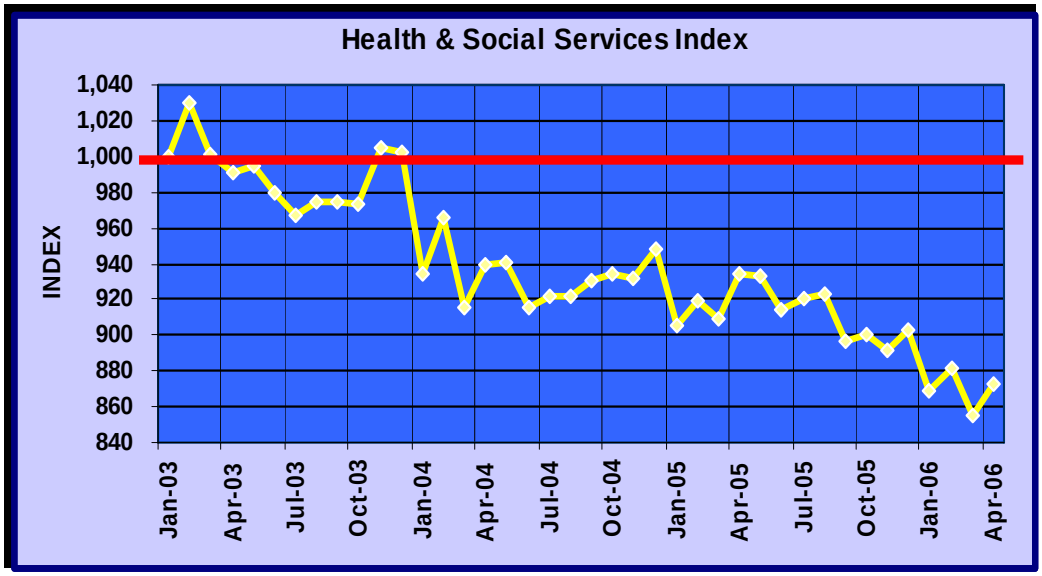
Mental Health

- The Mental Health Division provides treatment, rehabilitation, and community support services to seriously emotionally disturbed children and seriously mentally ill/ psychiatrically disabled adults. Services are designed to help clients achieve the highest possible level of successful functioning in their community. Outcome measures include optimizing the proportion of clients who are able to live and function successfully in the community. In support of this goal, the mental health services works to reduce crisis and improve client functioning.
- In FY 2005, 89% of the mental health clients (85% adults and 96% children) were able to live within the community, which is the least costly and most effective means of providing treatment.
- 84% of the clients improved or maintained their level of functioning as measured by the Global Assessment of Functioning Scale.
- There was a 2% increase in the number of clients seeking crisis services while the number of visits to the crisis unit increased by 8%.









The **Health & Social Services (H&SS) Index** combines workload data from 15 key services provided by H&SS, along with data on unemployment in Solano County, to provide a monthly indicator of community demand for health and social services.

All of the monthly numbers — clients served, program caseloads, number of unemployed, referrals, etc. — are added together and then converted into an index score. The January 2003 total serves as the index bench line figure of 1,000. The index scores for subsequent months reflect change from the January level. Like the Dow Jones or NASDAQ, higher scores suggest positive developments — fewer people looking for work or requiring the services that H&SS provides, for example. Falling numbers suggest increasing need for H&SS's safety net services.

Please note: The index is not a direct measure of need. Many socioeconomic factors influence need. At the same time, various factors, such as eligibility guidelines and available revenues, influence the amount of service that H&SS can provide regardless of need or demand for service. (Some Medi-Cal enrollment figures for more recent months are estimates or projections based on historical trends. Some other October data is preliminary and may change.)

INDICATOR	Jan-03	Jun-03	Jan-04	May-04	Sep-04	Jan-05	May-05	Sep-05	Jan-06	Feb-06	Mar-06	Apr-06
Number Unemployed	13,800	13,300	13,800	11,800	11,000	12,700	10,900	10,800	11,100	11,000	10,700	10,500
Number of I&R Calls	2,772	2,641	2,655	2,059	2,416	2,440	1,420	2,206	2,270	2,019	2,481	2,239
CalWORKs Cash Assistance Recipients	9,405	9,930	10,402	11,021	11,135	11,068	11,270	11,561	12,247	12,193	12,290	12,430
New CalWORKs Applications & Restoration Requests	521	483	469	429	474	452	457	514	486	338	452	389
Food Stamp Recipients	11,515	12,746	13,761	15,420	15,773	16,174	16,461	17,588	18,794	18,865	19,132	19,399
General Relief Recipients	256	312	385	374	428	442	505	588	717	696	699	703
Medi-Cal Enrollment	49,059	50,214	53,268	53,654	54,382	54,856	55,146	57,582	57,206	56,761	57,609	56,908
Elder or Dependent Adult Abuse Referrals	98	117	106	95	95	108	93	88	91	82	100	109
Elder or Dependent Adult Abuse Confirmed	40	27	36	26	39	31	29	29	22	25	27	17
In-Home Supportive Services (IHSS) Authorized	2,254	2,227	2,324	2,329	2,347	2,422	2,453	2,487	2,518	2,524	2,561	2,468
Child Abuse Referrals	390	326	387	410	372	333	364	358	311	329	400	280
Medical Clinic Visits	2,595	2,440	2,615	2,571	2,811	2,618	2,460	2,194	2,264	2,117	2,831	2,169
Dental Clinic Visits	447	405	283	315	335	364	378	312	341	308	385	317
Mental Health Clients	2,701	2,874	2,756	2,592	2,620	2,468	2,527	2,620	2,573	2,384	2,635	2,444
Substance Abuse Clients	699	581	566	575	676	628	733	676	691	638	746	694