



COUNTY OF ORANGE HEALTH CARE AGENCY

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September 8, 2014

TO: Chairman Shawn Nelson, Supervisor, 4th District
Vice Chair Patricia C. Bates, Supervisor, 5th District
Supervisor Janet Nguyen, 1st District
Supervisor John M. W. Moorlach, 2nd District
Supervisor Todd Spitzer, 3rd District

SUBJECT: Board Information Letter: Refugee Health Services

The purpose of this letter is to provide information to your Honorable Board on the recent solicitation by the Health Care Agency for Refugee Health Services, and our proposed contract with Access California Services that will be brought to your Board for approval on September 30, 2014. Contracting these services will improve refugees' access to community-based healthcare services and result in savings to the County. The Orange County Employees Association (OCEA) has expressed concern about the impact on employees of contracting out these services. All six impacted employees will be placed in other HCA assignments without change to their classification or pay and no positions have been lost.

Since 1980 the Federal Office of Refugee Resettlement has provided funding through the California Department of Public Health Refugee Health Assessment Program (RHAP) for counties to provide comprehensive health assessments to incoming refugees and other eligible individuals. The purpose of the RHAP is to provide a thorough health assessment for all refugees entering the country and then provide or refer refugees for treatment of health concerns identified.

After assessing the current need for services and resource allocations, the HCA closed a Westminster facility that housed both the RHAP and a TB clinic. Services were consolidated at the HCA's 17th Street facility in Santa Ana. An evaluation of the RHAP model was done and the following was determined:

1. Previously, the RHAP program costs exceeded available federal funding by \$162,000. Contracting the service will allow HCA to maintain the program within available funding levels with zero use of NCC.
2. With improvements in international TB screening of refugees, there is a decreased need for the program to identify communicable TB in incoming refugees. The program purpose has shifted its focus to assuring linkages to health care and social services.
3. The health care system expansion has created more opportunity for screening assessments to be done in community-based settings that can also provide follow-up health care. The HCA does not offer adult primary care clinics and therefore must refer clients to community providers for needs identified in the screening.

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Providing services in a single setting allows for more efficient services to refugees by housing the program in the community where refugees may receive both the screening assessment, follow-up health care, and linkages to social services.

On May 12, 2014, HCA released a Request for Proposals (RFP) for Refugee Health Services in Orange County. After completing an evaluation per County Procurement Policies the HCA has selected Access California Services (ACS) to provide Refugee Health Services. ACS was founded in 1998 to provide health and human services to underserved communities, primarily the Arab-American and Muslim-American populations residing in Southern California. More than 90% of refugees are from the Middle East or Africa. Clinical services will be provided in partnership with OC Urgent Care, a MediCal provider with linkages to specialty care co-located with ACS. The proposed contract with ACS has a maximum annual obligation of \$250,000 for each of three annual periods beginning October 1, 2014.

The RHAP grant currently funds 2.8 FTE by partially funding six positions. No positions will be eliminated and no employee's classification will be affected. All current RHAP employees will remain in Public Health Services. HCA has worked closely with the OCEA in this process. In February 2014, the OCEA was notified that the HCA was closing the Westminster site and the impact to staff was discussed. In addition, the OCEA was notified an assessment of RHAP was being conducted and that the HCA may be issuing a request for proposals for the service. Management staff has met with the OCEA several times recently, including having a collaborative meeting with current RHAP employees last week.

In summary, the HCA believes the community is best served by contracting the RHAP to a community provider, and has successfully completed a solicitation to select a qualified provider. Contracting this service benefits refugees, reduces cost to the County, and has minimal impact on employees. Please feel free to contact David M. Souleles, Deputy Agency Director, Public Health Services, at (714) 834-3882, if you have any questions.



Mark A. Refowitz, Director

DS/RS/MAR:mh 14-0468

cc: Michael B. Giancola, County Executive Officer
Mark Denny, Chief Operating Officer