



# PUBLIC HEALTH SERVICES STRATEGIC PLAN

## Journey to Accreditation

County of San Diego

2013-2018



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**This plan was developed under the General Management  
System of the County of San Diego, and in support of *Live Well  
San Diego*.**

# MESSAGE FROM THE PUBLIC HEALTH OFFICER

Dear Reader:

On behalf of the Division of Public Health Services (PHS) in the County of San Diego Health and Human Services Agency (HHSA), it gives me great pleasure to present the *Public Health Services Strategic Plan 2013-2018*. This document compiles the goals, strategies, and objectives of the PHS Division in HHSA. Activities embodied in this document are reflective of the commitment and dedication by the staff of PHS Administration and its six branches that include Emergency Medical Services; Epidemiology and Immunization Services; HIV, STD, and Hepatitis; Maternal, Child, and Family Health Services; Public Health Nursing Administration; and Tuberculosis Control and Refugee Health.

As with all strategic plans, this is a living document that will be implemented, monitored, and updated annually to ensure that the Division is making progress, while supporting the vision and mission of the County of San Diego and the *Live Well San Diego* Initiative. Our plan also aligns with the Centers for Disease Control and Prevention *Ten Essential Public Health Services* and with the *Live Well San Diego Community Health Improvement Plan*.

Additionally, it is anticipated that this document will be useful to local community partners and stakeholders in determining areas of mutual interest and in understanding our obligation to ensure the essential services of public health are conducted throughout the diverse local communities of this region. It is with this sense of duty and responsibility that we are indeed committed to the vision of healthy people in healthy communities for all San Diegans.

Please take the time to review this plan and feel free to provide comments to my office.

Sincerely,

*Wilma J. Wooten, M.D.*  
WILMA J. WOOTEN, M.D., M.P.H.  
Public Health Officer  
Director, Public Health Services



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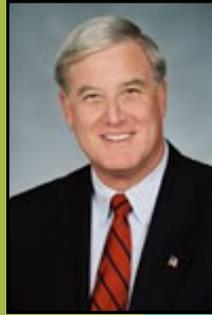
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# County of San Diego Board of Supervisors



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District 1



**Dianne Jacob**  
District 2  
Chair



**Dave Roberts**  
District 3



**Ron Roberts**  
District 4



**Bill Horn**  
District 5

**Helen N. Robbins-Meyer**  
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**Nick Macchione, M.S., M.P.H., F.A.C.H.E.**  
Director, Health and Human Services Agency

**Wilma J. Wooten, M.D., M.P.H.**  
Public Health Officer



## ***Public Health Services***

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Director, Public Health Services

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**Tamara Bannan, M.P.H.**  
Performance Improvement Manager  
Accreditation Coordinator

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Epidemiology and Immunization  
Services Branch

**Patrick Loose**  
HIV, STD, and Hepatitis Branch

**Thomas Coleman, M.D., M.S.**  
Maternal, Child, and Family Health  
Services

**Sandi Thomas, B.S.N. (Interim)**  
Interim Public Health Nursing  
Administration

**Kathleen Moser, M.D.**  
Tuberculosis Control & Refugee Health



# ACKNOWLEDGEMENTS

*Thank you to the people below who have participated in the strategic planning process and the creation of this strategic plan.*

## Public Health Leaders and Performance Management Committee (January to July 2013)

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Saman Yaghmaee	Assistant Deputy Director
Justine Kozo	Chief, Border Health
Tamara Bannan	Performance Improvement Manager and Accreditation Coordinator
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Jim Patterson	Managed Care Program Manager
Janice DiCroce	Managed Care Program Manager
Bruce Even	Supervising Health Information Specialist
Giang Nguyen	Management Fellow, PHS Admin
Pete Sison	Admin Analyst III
Nick Yanischeff	Admin Analyst III
Anne Boisvert	Admin Secretary III
Nora Bota	Intern

### Emergency Medical Services Branch

Marcy Metz	Chief
Bruce Haynes	Medical Director

### Epidemiology and Immunization Services Branch

Karen Waters-Montijo	Chief
Heidi Lowe	Chief, Vital Records
Jeffrey Johnson	Senior Epidemiologist

### HIV, STD and Hepatitis Branch

Patrick Loose	Chief
Winston Tilghman	Senior Physician, STD Controller

### Maternal, Child, and Family Health Services Branch

Dean Sidelinger	Interim Chief
Ester O'Connor	Chief, California Children's Services (CCS)
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Lindsey McDermid	Health Planning Program Specialist, CDHE
Denise Green	CCS Medical Consultant

### Public Health Nursing Administration

Linda Lake	Chief
Sandi Thomas	PH Nurse Manager

### Tuberculosis Control and Refugee Health Branch

Jani Dubski	Administrator
Kathleen Moser	Chief



# PUBLIC HEALTH SERVICES BRANCHES



ADMINISTRATION, PUBLIC HEALTH SERVICES (PHS)  
EMERGENCY MEDICAL SERVICES (EMS)  
EPIDEMIOLOGY AND IMMUNIZATION SERVICES (EISB)  
HIV, STD, AND HEPATITIS (HSHB)  
MATERNAL, CHILD, AND FAMILY HEALTH SERVICES (MCFHS)  
PUBLIC HEALTH NURSING ADMINISTRATION (PHN ADMIN)  
TUBERCULOSIS CONTROL AND REFUGEE HEALTH (TBC-RH)





# STRATEGIC VISION

## COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH SERVICES

The following pages summarize the strategic efforts for the County of San Diego, Health and Human Services Agency (HHS), and Public Health Services (PHS.) HHS is one of five business groups in the County of San Diego, and PHS is one of five divisions within HHS.



# County of San Diego Strategic Snapshot

## { 2014- 2019 STRATEGIC SNAPSHOT }

### VISION }

A county that is safe, healthy and thriving

### MISSION }

To efficiently provide public services that build strong and sustainable communities

### VALUES/GUIDING PRINCIPLES }

Integrity, Stewardship and Commitment

**STRATEGIC INITIATIVES }** Our commitment to the residents of San Diego County is to provide a safe, healthy and thriving county. By focusing our priorities through Strategic Initiatives and the objectives within each initiative we will continue to advance the County's Vision.

### SAFE COMMUNITIES }

*Promote safe communities*

- Protect resident from crime and abuse
- Provide for a strong, collaborative criminal justice system that holds offenders accountable and protects victims' rights
- Reduce recidivism and help offenders successfully reenter society
- Make neighborhoods safe to live, work and play
- Help communities prepare, respond, and recover from natural disasters, public health threats, environmental hazards and other emergencies

### SUSTAINABLE ENVIRONMENTS }

*Support environments that foster viable, livable communities while bolstering economic growth*

- Provide for planning, development, infrastructure and services that support the local economy and are fundamental to a strong, vibrant region
- Implement strategies that protect our natural and agricultural resources, diverse habitats and sensitive species, and promote energy efficiency and conservation
- Promote an environment where communities can prosper and residents can enjoy parks, open spaces, clean air and water, and outdoor experiences
- Encourage residents to engage in community life, civic activities, volunteering, and recreational interests

### HEALTHY FAMILIES }

*Make it easier for residents to lead healthy lives while improving opportunities for children and adults*

- Help residents adopt a healthy lifestyle
- Make neighborhoods healthy places to live, work and play
- Improve access to high-quality and efficient care that leads to improved physical and behavioral health
- Assist families in achieving and maintaining self-sufficiency and promote the future well-being and prospects of residents

# Health and Human Services Agency Strategic Agenda

As one of the five business groups under the County of San Diego, the Health and Human Services Agency (HHSA) continually works to achieve the strategic initiatives set by the County (see previous page). The strategic agenda below outlines the vision, mission, and values HHSA utilizes on its way to operational excellence.

<b>VISION</b> Where we are headed	HEALTHY, SAFE, THRIVING SAN DIEGO COMMUNITIES
<b>MISSION</b> Why we are here	TO MAKE PEOPLE'S LIVES HEALTHIER, SAFER, AND SELF-SUFFICIENT BY DELIVERING ESSENTIAL SERVICES IN SAN DIEGO COUNTY
<b>VALUES</b> What guides our actions	INTEGRITY ACCOUNTABILITY INNOVATION QUALITY RESULTS
<b>CUSTOMERS</b> Who we serve	INDIVIDUALS FAMILIES COMMUNITIES
<b>STRATEGY AGENDAS</b> What we will do	BUILDING BETTER HEALTH LIVING SAFELY THRIVING (UNDER DEVELOPMENT)
<b>STRATEGIC FRAMEWORK</b> How we will do it	BUILD A BETTER SERVICE DELIVERY SYSTEM SUPPORT POSITIVE CHOICES PURSUE POLICY & ENVIRONMENTAL CHANGES IMPROVE THE CULTURE FROM WITHIN ADVANCE OPERATIONAL EXCELLENCE

*The Right Services, to the Right People, at the Right Time,  
for the Best Possible Outcome*

# Public Health Services Vision, Mission, Goals, and Guiding Principles

## Vision

Healthy People in Healthy Communities

## Mission

To promote health and improve quality of life by preventing disease, injury and disability and by protecting against, and responding to, health threats and disasters.

## PHS Values:

- ◆ Collaboration
- ◆ Diversity
- ◆ Respect
- ◆ Responsiveness
- ◆ Transparency

## Guiding Principles

- ◆ Provide optimal, community-focused services by
  - ◇ using continuous quality improvement processes and tools;
  - ◇ utilizing best or promising practices in population-based strategies, models, and policies;
  - ◇ engaging the community in identifying needs and respond in a flexible and appropriate manner;
  - ◇ tackling the root causes of health inequities; and
  - ◇ aligning efforts and resources to achieve efficiency and effectiveness and to promote sustainability.
- ◆ Ensure policies, programs, and services are sensitive to the cultural diversity of staff, stakeholders, and communities.
- ◆ Support and encourage a knowledgeable and engaged workforce through open and respectful communication.
- ◆ Be mindful of the public's trust by managing our programs and services in a fiscally responsible manner.

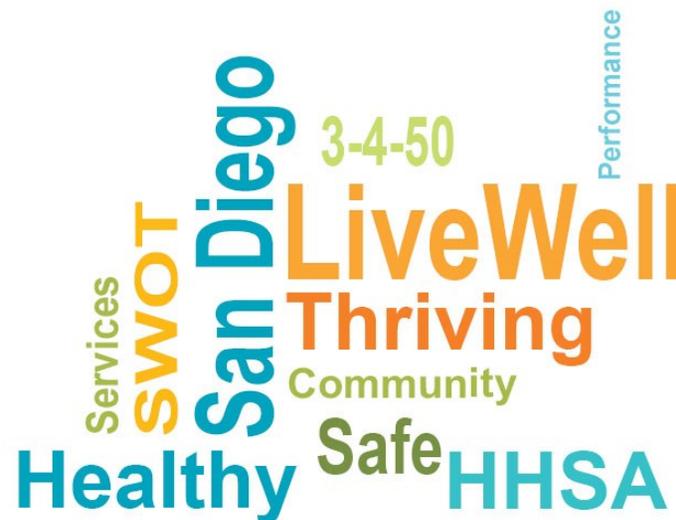






## INTRODUCTION *LIVE WELL SAN DIEGO* OPERATIONAL EXCELLENCE STRATEGIC PLANNING PROCESS

This section explains in further detail how the County of San Diego Health and Human Services is organized and the *Live Well San Diego* initiative that guides much of Agency planning. It also includes a description of the process that created the publication of the Public Health Services strategic plan.



# Introduction

San Diego County has a history of over 150 years of public health services in the region. The County of San Diego Public Health Services (PHS) is one division of the Health and Human Services Agency (HHSA), which is one of five business groups in the County of San Diego government. HHSA provides a broad range of health and social services, promoting wellness, self-sufficiency, and a better quality of life for all individuals and families in San Diego County. It integrates health and social services through a unified service-delivery system. This system is family-focused and community-based, reflective of business principles in which services are delivered in a cost-effective and outcome-driven fashion. Organized into six geographic service regions, HHSA's service delivery system reflects a community-based approach using public-private partnerships to meet the needs of families in San Diego County.

HHSA's five Operational Divisions, Aging and Independence Services, Behavioral Health Services, Eligibility and Operations, Public Health Services, and Child Welfare Services all carry out the important work of this agency at the operational level. At the same time, the Support Divisions (Contract Support, Financial Support Services, Human Resources, Information Technology, Operational Support, and Strategic Planning) play an important role, providing essential financial, administrative, planning, program, and policy support to HHSA's operational divisions.

Prior to the formation of the HHSA, health and human services in the County of San Diego were provided by six individual departments:

- ◆ Area Agency on Aging;
- ◆ Commission on Children, Youth & Families;
- ◆ Health Services;
- ◆ Public Administrator/Public Guardian;
- ◆ Social Services; and
- ◆ Veteran's Service Office.

This segmented approach functioned as a barrier to communication and collaboration among the services and programs that these entities provided, often times to the same clients. Each department had its own bureaucracy, and there was duplication of effort and activities. Navigating the service delivery system was difficult for clients, community organizations, and County employees alike.

In 1996, the Board of Supervisors approved the merger of individual County departments into a single health and human services agency to improve service delivery. HHSA's business model was tasked to achieve the potential benefits of merging these departments and programs so that they would work together synergistically. This marked a transition from a programmatic organizational structure to an integrated, regional model. The Board's redesign of HHSA included several goals:

- ◆ Reduce bureaucracy, freeing up funds to re-invest in direct services;
- ◆ Emphasize community-based prevention and early intervention;
- ◆ Strengthen accountability to taxpayers;
- ◆ Improve customer service; and
- ◆ Promote service integration through a seamless network of Agency, community, and contract providers.

The catalyst for redesigning health and human services resulted from three events that occurred during the 1990s:

- ◆ The passage of national welfare reform, which emphasized self-sufficiency and service integration;
- ◆ A focus on business practices and performance outcomes, led by the County of San Diego Board of Supervisors who instituted a General Management System (GMS) to reinforce management discipline in the County; and
- ◆ An emerging reliance on local governments to deliver health and human services.

In 1998, the new Health and Human Services Agency was born. Due to the size and diversity of the county, a new regional delivery system was created, enabling regional general managers to better acquaint themselves with their individual communities, and develop partnerships to meet the unique needs of each one. In six HHSA regions, staff provides services in an integrated fashion, close to families and communities, in collaboration with other public and private sector providers.

As one division of HHSA, PHS employs about 485 staff who provides services for the 3.2 million residents of San Diego County. It is divided into six branches:

- ◆ PHS Administration directs public health programs, safeguards the public's health, and responds to public health emergencies.
- ◆ Epidemiology and Immunization Services Branch (EISB) works to identify, prevent, and control communicable diseases.
- ◆ Emergency Medical Services (EMS) ensures quality emergency medical services and is involved in community education, prevention activities, and research. EMS also provides planning and medical response activities for bioterrorism, natural, and man-made disasters.
- ◆ HIV, STD, and Hepatitis Branch (HSHB) helps to assure the development and delivery of quality HIV, STD, and Hepatitis prevention and treatment services.
- ◆ Maternal, Child, and Family Health Services (MCFHS) works to promote health and to protect and support pregnant women, children, families and communities.
- ◆ Public Health Nursing (PHN) Administration provides administrative support to approximately 100 HHSA Public Health Nurses who promote and preserve the community's health via education, outreach, and collaborative activities throughout the Regions.
- ◆ Tuberculosis Control and Refugee Health Branch (TBC-RH)) detects, controls, and prevents the spread of tuberculosis through treatment, case management and contact investigation, as well as concentrating on refugee health issues.

In order to define and determine roles, priorities, and direction over the next three to five years, PHS has put forth their strategic plan for Fiscal Years 2013 -2018. This plan sets forth what PHS plans to achieve as an organization, how it will achieve it, and how it will know if it has achieved it. It also provides a guide for making decisions and allocating resources to pursue its strategies and priorities. Additionally, it was determined that the strategic plan should align with the *Live Well San Diego* initiative, the 10 Essential Services of Public Health, Healthy People 2020, and the National Prevention Strategy. More information on each linkage can be found in the appendices.

The document is organized into three distinct parts, which are further divided by branch. It is prefaced by a background on the *Live Well San Diego* initiative (which guides many of the strategies and priorities) and the strategic planning process. The first part, Strategic Plans, goes into the goals, strategies, and objectives by each branch. The second part, Financial Information, describes the staffing by full time equivalents (FTEs) and the approved budget for Fiscal Year 2013-2014. The last part, Organizational Charts, shows how PHS is organized and the key personnel involved in each branch. Staff will revisit the plan annually to report on their progress towards the goals herein, as well as to make revisions as necessary.



# Operational Excellence

The County of San Diego is committed to operational excellence in all that the County does. In Public Health Services (PHS), it is believed that an important piece of achieving this excellence is by starting with our staff. Strengths-based management is the tool being used to create a happy, productive environment for employees. This, in turn, will aid the Health and Human Services Agency in attaining national public health accreditation, which will be one of the first steps along the journey to the Baldrige Award.

## **Strengths-based Management**

In 2007, Public Health Services introduced the concept of Strengths-Based Management (SBM) to transform the organization from siloed branches to an integrated organization. SBM is based on research by the Gallup organization that demonstrated an individual's innate strengths talents can be categorized into 34 types (strengths talents), that employee engagement can be determined by twelve basic questions, and that employees who have the opportunity to work to their strengths are more engaged, happier and thus more productive employees.

PHS distributed Gallup's Now Discover Your Strengths book to all of its employees, and 98% of employees have taken an assessment to identify their strengths talents. Gallup's First, Break All the Rules was distributed to all supervisors. Managers and supervisors were encouraged to distribute and assign tasks based on employees' strengths. A PHS SBM Team was created to develop monthly trainings and group work at PHS Senior Staff meetings (70-100 employees), with the expectation they take this out to the rest of the PHS staff. The SBM Team also developed a 42 item questionnaire based on Gallup SBM questions and levels of engagement. Using this tool, PHS conducted annual employee satisfaction surveys beginning in 2008, and received an average 90% response rate annually. Survey results were used both to gauge success in SBM implementation, and as the basis for annual Strengths Impact Plans created by each PHS branch to focus on improvement in one or more of the question focus areas. Best practices of each branch were shared at all staff and managers' meetings.

The adoption of SBM over the past six and a half years has led to a more engaged and satisfied workforce, even in the face of the unprecedented economic pressures of the last few years; greater team building, with increased trust, engagement and interconnectedness across the PHS; a common management style and structure across PHS, empowering and strengthening the relationships between supervisors and staff; and more awareness among employees of their roles and responsibilities and how they fit into the overall vision and mission of the organization.

Going forward, with a focus on Management and Staff Team and Talent Development, PHS is now integrating SBM and the Gallup 12 questions with two other models: (1) Organizational Health, using The Advantage by Patrick Lencioni as a guide; and the Leadership Development Model, created by the County Department of Human Resources (DHR), and comprised of competencies and behaviors considered essential for County leadership. The SBM Team has rolled out a 2014 training plan for exercises at monthly PHS Senior Staff Meetings, cross-threading and integrating work with these three models. The focus is on ownership, leadership, responsibility, engagement and revitalization.

## **Accreditation Process**

Public health department accreditation is the development of standards, a process to measure health department performance against those standards, and recognition for health departments that meet those standards. Accreditation documents the capacity of the public health department to deliver the three core functions of public health (assessment, policy development, and assurance) and the 10 Essential Public Health Services. It gives reasonable assurance of the range of public health services a department should provide. Accreditation declares that the health department has an appropriate mission and purpose, which the department implements through its programs and services.

Accreditation is determined through a process overseen by the Public Health Accreditation Board (PHAB), a nonprofit organization, with a focus to

advance continuous quality improvement of public health departments. In conjunction with national partners, and with support from the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation, PHAB created national standards and launched national voluntary public health accreditation in September 2011. HHSa participated as one of thirty national beta test sites when the standards were tested and now plans to attain official accreditation status. This Public Health Services 2013-2018 Strategic Plan is one of three requirements (along with a community health assessment and community health improvement plan) needed to apply for accreditation.

Applying for accreditation directly supports the *Live Well San Diego* vision of creating healthy, safe and thriving communities and supports the County's required disciplines for Operational Excellence, as well as continuous quality improvement. The process allows HHSa to improve and synchronize programs and services to support all residents to live well. Other benefits to public health accreditation include:

1. Identification of strengths and opportunities for improvement; this process will lead to areas for quality improvement of HHSa's performance. It will result in improved access to care and improved efficiency and effectiveness of care.
2. Enhanced validity and accountability of HHSa's public health programs and services.
3. Improved communication and collaboration across the branches of the HHSa Division of Public Health Services and other divisions of HHSa, as well as across County groups and departments.

HHSa's application for accreditation is the first step along the journey for the Baldrige Award.

## Baldrige Award

The Baldrige Award recognizes organizations based on performance excellence. Organizations are scored on a 1000 point scale using the Criteria for Performance Excellence, which consists of seven categories: leadership, strategic planning, customer focus, measurement, analysis and knowledge management, workforce focus, operations focus, and results (*Figure 1*). By pursuing the Baldrige Award, the HHSa shows its commitment in striving for County operational excellence.

HHSa continues to strive for excellence in all categories. The Baldrige principles will help guide HHSa staff and regional staff in ongoing monitoring of progress to reach the goals and objectives outlined in this strategic plan.

**Figure 1: Baldrige Criteria for Performance Excellence**



## The Initiative

Chronic disease, worldwide and locally, is a major cause of premature death and disability. Chronic disease is also responsible for rising healthcare costs and increased demands on the healthcare delivery systems. A surge in chronic disease and its impact on the healthcare system prompted the County of San Diego to take action. A simple concept, 3-4-50, created a clear message to guide individuals, organizations, and communities in taking action to address this issue. Three behaviors (poor nutrition, lack of physical activity, and tobacco and substance use) contribute to four diseases (cancer, heart disease and stroke, type II diabetes; respiratory conditions) which result in more than 50 percent of all deaths in San Diego (Figure 2).

The 3-4-50 concept provided the foundation for the development of the first of three components of *Live Well San Diego* titled Building Better Health, which was approved by the County of San Diego Board of Supervisors in July 2010. The LWSD initiative includes two additional components: Living Safely and Thriving. This ambitious 10-year initiative aims to improve the wellbeing of the entire San Diego Region. The Building Better Health component calls for building a better service delivery system through partnerships, promoting positive choices so that residents take action and responsibility for their own health, and creating environments that support health through policy changes.

## The Process

The Building Better Health component was developed through a two-year collaborative process engaging Health & Human Services staff at all levels, community advisory committees, other County departments, and many community partners. As a first step, Futuring Sessions were convened in which expert speakers were invited to describe future trends in health and best practice innovations. HHS Executive Workshops proposed the overarching priorities. Design Teams, comprised mostly of program and HHS region representatives, developed broad strategies for action. Input was gathered from all HHS staff, other County departments, and also from Advisory Boards and key stakeholders, including health care providers and community partners. Presentations were delivered at meetings to gather ideas and input, and surveys were also conducted. Subsequently, Implementations Teams were formed and met to refine objectives based on action plans proposed by the Design Teams. An HHS Executive Workshop finalized the outlines of what became the Building Better Health component, which was ultimately approved by the Board of Supervisors on July 13, 2010.

The Board of Supervisors realized that the Building Better Health strategy was just the beginning. For residents to achieve optimum health, it is important that they live in communities that are safe, economically vital, and provide for a high quality of life. *Living Safely*, the second component adopted on

Figure 2: 3-4-50 Concept



Figure 3: Live Well San Diego Pyramid



October 9, 2012, is focused on achieving three outcomes—ensuring residents are protected from crime and abuse, creating neighborhoods that are safe, and ensuring communities are resilient to disasters and emergencies. *Thriving* is the third component which is about promoting a region in which residents can enjoy the highest quality of life. It is currently under development with an anticipated roll out in 2014. These three components encompass *Live Well San Diego* and serve as a roadmap to achieve the unified vision of a county that is safe, healthy and thriving.

Altogether, *Live Well San Diego* represents a framework for this ambitious, collaborative change effort. *Live Well San Diego* involves the County of San Diego and community sectors—businesses, schools, military and veterans organizations, community-based and faith-based organizations and all levels of government. *Live Well San Diego* is also about engaging individuals, families and communities in taking action to improve their health and quality of life. *Figure 3* illustrates how it all comes together. The *Live Well San Diego* vision is at the top of the pyramid, below which falls the three components and four strategies. Results are captured in five areas of influence and measured by changes within the top 10 Indicators. These changes will take time to be realized, but with a plan in place, San Diego County has a roadmap that will guide all those involved toward making positive changes to the health and wellbeing of all residents.

### Community Health Improvement Efforts

HHSA has embraced the collective effort for collective impact approach to community health improvement, which provides the foundation to achieve the ambitious goals of LWSD. Community engagement with other County departments and community partners occurred at the regional level via the six

HHSAs regions to best address the unique needs of its diverse communities across the county. Through the formation of regional leadership teams, HHSAs regions worked diligently with community partners to identify regional priorities and develop a plan to address those priorities. Two of the regions joined together to form one leadership team, resulting in a total of five regional community leadership planning teams.

Health officials and community members worked together using the community-wide strategic planning process called *Mobilizing for Action through Planning and Partnerships* (MAPP). MAPP is a process that includes community health assessment and community health improvement planning tools to guide the entire process. Through the community health assessment process, information was shared to educate and mobilize communities, prioritize health issues, secure resources, and plan actions.

Once each region's community health needs were identified through, they set health priorities, directed the use of resources, developed projects, and

implemented programs to improve community health and wellness over the long term, resulting in the *Live Well San Diego* Community Health Improvement Plan (CHIP). The CHIP contains five plan sections, one for each HHSAs regional leadership planning team. Each regional section of the CHIP was developed to reflect individual community needs and meet the Public Health Accreditation Board's pre-requisite requirements. The regions include Central, East, North Central, North Regions, and South.

#### **Link to Public Health Services Strategic Plan 2013-2018**

In the creation of PHS Strategic Plan 2013-2018, LWSD's strategy and principles were taken into account. *Live Well San Diego* vision of **Healthy, Safe, and Thriving** has been the guiding principles for the plan. Each goal and strategy in this strategic plan links to at least one part of a phase of *Live Well San Diego*. Once the third component, Thriving, is completed, PHS will be integrating goals and strategies for Thriving as well.



# Strategic Planning Process

## General Overview

The County of San Diego Health and Human Services Agency (HHSA) Public Health Services (PHS) Division conducted an 18-month strategic planning process beginning in December 2011 to revise the Public Health Services Fiscal Years 2008-13 Strategic Plan (Volume I). Four formal planning sessions were conducted with follow-up activities occurring between sessions. The Public Health Services Fiscal Years 2013-18 Strategic Plan (Volume II) reflects the work accomplished during these sessions and follow-up activities.

The County launch of *Live Well San Diego* (LWSD) in 2010 was an impetus for changes to the PHS Strategic Plan. Using LWSD and the HHSA Strategic Agenda as its framework, each of the six PHS branches along with the PHS Administrative Office developed goals, strategies, and objectives that formed the PHS Fiscal Years 2013-18 Strategic Plan. Where appropriate, PHS branches aligned their goals and objectives with the LWSD initiative, the National Prevention Strategy, and the Healthy People 2020 national objectives.

The process in developing Volume II was led by the same PHS Public Health Officer and Performance Improvement Manager (PIM) that led the process for Volume I in 2007 with support from two temporary staff and an administrative secretary. The strategic planning team consisted of members from the Public Health Leaders (PHL) and the Performance Management (PM) Committee. The PHL included the PHS Administrative Office Managers, Chiefs of the six Branches, and Senior Managers. The PM Committee included the managers and professional staff from the PHS Administrative Office and PHS branches.

## Specific Activities

### *Session One*

The strategic planning process launched on December 21, 2011 with a four-hour meeting with the strategic planning team. In facilitating the discussions for this session, the PIM summarized the following documents:

- ◆ PHS Fiscal Years 2013-18 Strategic Plan;
- ◆ HHSA FY 2011-12 Strategic Agenda;
- ◆ PHS section of the County Operational Plan Fiscal Year (FY) 2011-13;
- ◆ LWSD Building Better Health goals; and
- ◆ Ten Essential Public Health Services.

Following this review, the group re-examined the PHS mission, vision, and values statements. The group quickly agreed to uphold the mission and the vision statement with no changes. Next the group engaged in a discussion about the organization's values. Nine value statements were captured from the conversation. In an attempt to narrow them down to five, the group prioritized the value statements using the Survey Monkey electronic survey tool, which was disseminated via email to the strategic planning team. Team members were asked to rank the nine values solicited during the meeting and to evaluate the strategic planning process.

### *Session Two*

On February 3, 2012, the PM Committee met to discuss the results from the first strategic planning session, including survey responses. Following the discussion, the PM Committee reached a consensus on five values and four guiding principles. After the meeting, the vision, mission, values, and guiding principles were sent to the strategic planning team for revisions and feedback (see page vi for final versions).

### *Session Three*

On February 6, 2012, a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was conducted during the PM Committee meeting. The committee members separated into four groups to discuss one of the following: strengths, opportunities, weaknesses, and threats. The mission, vision, values, guiding principles, and SWOT analysis were shared at the next meeting on March 5, 2012. At this meeting, the PM Committee recommended aligning the strategic goals with the Ten Essential Public Health Services.

### *Planning Among Branches*

Between strategic planning sessions three and four, the PIM, with assistance from a student intern, met with each of the Branch Chiefs and managers to discuss their FY 2013-2018 Strategic Plan. Branches revised their goals, strategies, and objectives to align with the LWSD initiative, the National Prevention Strategy, and the Healthy People 2020 goals. Draft plans for each Branch were submitted by April 2013. The PIM reviewed the draft plans and provided feedback to the Branches.

### *Session Four*

Following the development of the Branch strategic plans, the PM Committee reviewed and modified the 2012 Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis on May 6, 2013 to account for changes that occurred over the yearlong plan development phase. The final version of the SWOT analysis was vetted by the entire strategic planning team. Strengths identified include a diverse, experienced, committed staff who continue to use their strengths to increase efficiency. There also exists wellness activities for employees. Weaknesses include staffing issues (retirement, reduction, recruiting difficulties, lack of time for training new staff), a demanding workload, and perceived limited opportunities to conduct quality improvement. Opportunities

include the growing participation in *Live Well San Diego* (by external partners), increased interest in health and health equity, public health accreditation, and new technologies. Threats include lack of funding for services as demand increases, communicable diseases surges, recruiting qualified staff, dealing with changing technologies, and issues with the public's perception of government. See *Table 1* for highlights from this analysis.

### *Finalizing the Plan*

In July 2013, PHS Administration began finalizing the FY 2013-18 PHS Strategic Plan. The PHS Finance Manager gathered the financial information from the PHS branches, while the Assistant Deputy Director provided the organizational charts. The Management Fellow compiled, formatted, and edited the pieces to create the document presented in the following pages.

### **Implementation and Monitoring**

Public Health Services will be implementing this strategic plan over the next five fiscal years. Annual reports of progress towards goals and objectives in this plan will be tracked at the end of each fiscal year (June 30) using a reporting template on the Public Health Services Performance Management 2.0 SharePoint site.



# PHS SWOT Analysis

Table 1: Strengths, Weaknesses, Opportunities, and Threats to Public Health Services

	Strengths	Weaknesses
Internal	<ul style="list-style-type: none"> <li>• Commitment to Quality Improvement</li> <li>• Diversity of staff</li> <li>• Employee healthy activities (i.e., employee wellness program)</li> <li>• Experienced staff</li> <li>• New staff in leadership positions</li> <li>• Strong vision and mission</li> <li>• Strong/committed workforce</li> <li>• Subject matter experts in public health</li> <li>• Team building strategies - using strengths to increase staff efficiency</li> </ul>	<ul style="list-style-type: none"> <li>• Complexity of procurement process</li> <li>• Continuous influx of new employees in key leadership positions with little time for extensive training</li> <li>• Demanding workload, increasing potential for staff burn out</li> <li>• Difficulty in recruiting and retaining employees for long term</li> <li>• Limited capacity to optimize emerging technologies</li> <li>• Perception of limited opportunities to conduct quality improvement activities (i.e., waiting for permission)</li> <li>• Reduction of staff due to unstable revenue streams and other policy decisions</li> <li>• Retirement of experienced workforce, resulting in loss of intellectual capital</li> </ul>
External	Opportunities	Threats
	<ul style="list-style-type: none"> <li>• Available funding opportunities</li> <li>• County Board of Supervisors support for <i>Live Well San Diego</i></li> <li>• Emerging technologies</li> <li>• Growing interest in health equity</li> <li>• Implementation of the Patient Protection and Affordable Care Act</li> <li>• Increased interest in population health and current collaboration with external partners (e.g., hospitals, specialty medical societies)</li> <li>• Public health accreditation</li> <li>• Robust participation by diverse sectors in the <i>Live Well San Diego</i> regional community health planning groups</li> </ul>	<ul style="list-style-type: none"> <li>• Challenges recruiting qualified public health applicants</li> <li>• Emerging communicable diseases</li> <li>• Increased demand for services</li> <li>• Increasing prevalence of non-communicable diseases</li> <li>• Inability to harness new and changing technologies</li> <li>• Potential inability to achieve community buy-in</li> <li>• Reemergence of previously conquered communicable diseases</li> <li>• Unfavorable public perception of government employees</li> <li>• Uncertainty of federal and state funding</li> </ul>



# PUBLIC HEALTH SERVICES STRATEGIC PLANS

## BRANCH STRATEGIC PLANS

This section contains individual branch plans, with programs listed under each branch. Goals are identified, followed by strategies and objectives to achieve the goals. Each strategy is linked to various national strategies (The 10 Essential Services of Public Health, Healthy People 2020, the National Prevention Strategy, Appendices 1, 2, and 3, respectively) and to the County of San Diego's Live Well San Diego plan. Additionally, objectives that do not explicitly state a date are intended to be accomplished annually by the end of every fiscal year (June 30).



# Administration Public Health Services

## Programs

- ◆ Executive Office
- ◆ Border Health
- ◆ Budget and Fiscal Services
- ◆ Contract Services
- ◆ MAA/TCM
- ◆ Performance Management & Performance Improvement
- ◆ Public Health Accreditation
- ◆ Personnel



Note: Any objectives that do not explicitly state a date is intended to be accomplished annually by the end of every fiscal year (June 30).

## Executive Office

**GOAL 1:** Ensure that statutory responsibilities, government directives, and Board of Supervisors policies are carried out by PHS staff.

**Strategy 1.1** Establish and maintain effective administrative plans, structures, policies and procedures that adhere to legislative regulations.

- ▶ **Objective 1.1.1** Ensure relevant public health legislation is reviewed and submitted in a timely manner to HHSA legislative review team.
- ▶ **Objective 1.1.2** Update and drill the Public Health Information Systems (PHS) Continuity of Operations (COOP) plan to ensure statutory responsibilities, government directives, and Board of Supervisors policies are continued during emergency or disaster events, annually.
- ▶ **Objective 1.1.3** Conduct two evacuation drills annually.
- ▶ **Objective 1.1.4** Adhere to the County Injury and Illness Prevention Program by administering the checklist annually.

The 10 Essential Services of PH	Healthy People 2020
ES 8	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 1.2** Coordinate the development of plans and activities that support safety efforts to protect diverse communities, including vulnerable populations and individuals residing in the border region.

- ▶ **Objective 1.2.1** Collaborate with the Office of Emergency Services (OES) and EMS to create a plan that addresses cultural and linguistic needs during emergency risk, client centered, and general public health communication to meet the needs of the diverse language communities in San Diego.
- ▶ **Objective 1.2.2** Disseminate pertinent public health information, serve as main point of contact, and coordinate biannual meetings with local universities and colleges for the purposes of sharing information and coordinating emergency response efforts – Border Health Office is lead.
- ▶ **Objective 1.2.3** Coordinate the annual County Blood Drive – Border Health Office is lead.

The 10 Essential Services of PH	Healthy People 2020
ES 5	PREP-4
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Healthy & Safe Community Environments	Living Safely: Neighborhoods are safe to work, live, and play

**GOAL 2: Lead the effective implementation of PHS vision, mission, goals, and values in alignment with *Live Well San Diego* initiative and County Strategic Plan.**

**Strategy 2.1** Conduct strategic planning process with annual review and updates to maintain alignment with *Live Well San Diego* initiative and County Strategic Plan.

- ▶ **Objective 2.1.1** Meet with PHS Administration and branches to review strategic plan for current relevance to PHS programs and activities and revise if necessary on an annual basis.
- ▶ **Objective 2.1.2** Coordinate annual reporting on PHS FY 2013-2018 Strategic Plan.
- ▶ **Objective 2.1.3** Publish annual PHS Accomplishments report.
- ▶ **Objective 2.1.4** Coordinate and provide input to all *Live Well San Diego* reports.
- ▶ **Objective 2.1.5** Conduct three to five strategic planning sessions to create the PHS FY 2018-2023 Strategic Plan.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 5, 8	N/A
<b>National Prevention Strategy</b>	<b><i>Live Well San Diego</i></b>
N/A	Building a Better System

**Strategy 2.2** Monitor PHS performance related to County, Agency and PHS plans.

- ▶ **Objective 2.2.1** Conduct monthly Performance Management Committee meetings.
- ▶ **Objective 2.2.2** Implement course corrections within 30 days of identifying performance objectives unsatisfactorily met.
- ▶ **Objective 2.2.3** Coordinate PHS research activities.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 9	PHI-1
<b>National Prevention Strategy</b>	<b><i>Live Well San Diego</i></b>
N/A	Building a Better System

**Strategy 2.3** Collaborate with others for operational threading of programs and services under the *Live Well San Diego* initiative framework.

- ▶ **Objective 2.3.1** Coordinate and facilitate monthly *Live Well San Diego* integration leadership team meetings with participation from all County groups.
- ▶ **Objective 2.3.2** Coordinate with Chronic Disease staff monthly *Live Well San Diego* program threading meetings with the HHS regions, Aging and Independence Services, and Office of Strategy and Innovation.
- ▶ **Objective 2.3.3** Convene regular meetings with the Department of Environmental Health (quarterly) and Department of Animal Services.
- ▶ **Objective 2.3.4** Convene meetings at least every four months with the County Office of Education.
- ▶ **Objective 2.3.5** Oversee activities of the bimonthly Border Health Consortium of the Californias.
- ▶ **Objective 2.3.6** Support *Live Well San Diego* branding policies and procedures.
- ▶ **Objective 2.3.7** Disseminate PHS staff newsletter bimonthly.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 4, 7	N/A
<b>National Prevention Strategy</b>	<b><i>Live Well San Diego</i></b>
Empowered People	Building a Better System



**GOAL 3: Assure resources are effectively utilized so that risks are identified early and mitigated in a timely manner.**

**Strategy 3.1** Monitor budget, contracts, personnel, and PHS performance.

- ▶ **Objective 3.1.1** Conduct routine (weekly, biweekly, or monthly) meetings with Fiscal, Contract, Personnel, Performance Management leads, and branch chiefs.
- ▶ **Objective 3.1.2** Create a central tracking mechanism for all subpoenas, County Administrative Office referrals, and Public Records Act requests.
- ▶ **Objective 3.1.3** Review Monthly Operations Report (MOR) for PHS risk and mitigation plans on a monthly basis.
- ▶ **Objective 3.1.4** Communicate risks in a timely manner to HHSA Directors Office.
- ▶ **Objective 3.1.5** Monitor daily situational analysis reports as part of disease surveillance.

The 10 Essential Services of PH	Healthy People 2020
ES 8	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**GOAL 4: Assure organizational accountability, transparency and effectiveness.**

**Strategy 4.1** Position HHSA to apply for and maintain national public health accreditation from the Public Health Accreditation Board (PHAB).

- ▶ **Objective 4.1.1** Finalize and submit to PHAB the three prerequisite documents (Community Health Assessment, *Live Well San Diego* Community Health Improvement Plan, Public Health Services FY 2013-18 Strategic Plan).
- ▶ **Objective 4.1.2** Assess HHSA's ability to meet PHAB Standards and Measures version 1.0 and 1.5.

The 10 Essential Services of PH	Healthy People 2020
ES 8	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 4.2** Use Quality Improvement (QI) techniques and tools to standardize services and create efficiencies within PHS.

- ▶ **Objective 4.2.1** Develop a QI plan to guide PHS QI activities.
- ▶ **Objective 4.2.2** Ensure each branch conducts an annual QI project. (six PHS QI projects per year).
- ▶ **Objective 4.2.3** Utilize the Public Health Quality Improvement Exchange (PHQIX) system to assist branch staff in conducting QI projects.

The 10 Essential Services of PH	Healthy People 2020
ES 9	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System



**Strategy 4.3** Communicate public health messages and the value of public health to stakeholders.

- ▶ **Objective 4.3.1** Establish an HHS publications committee.
- ▶ **Objective 4.3.2** Publish at least one best or promising practice, abstract, article, or case study per branch annually.
- ▶ **Objective 4.3.3** Review and approve reports produced by all branches in Public Health Services.
- ▶ **Objective 4.3.4** Review and approve press releases issued by PHS.
- ▶ **Objective 4.3.5** Ensure at least twenty annual presentations are made by PHS Administration staff to community or industry groups.
- ▶ **Objective 4.3.6** Ensure 100% of identified branch staff is trained as media spokespersons to effectively communicate.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 3	HC/HIT-9, 13
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System



**Strategy 4.4** Institute a PHS Health Equity Committee to develop and implement a plan that will increase PHS capacity to address Health Equity.

- ▶ **Objective 4.4.1** Develop and implement a Health Equity Plan.
- ▶ **Objective 4.4.2** Implement a minimum of two strategies from the Health Equity Plan.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 9	AHS-6
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**GOAL 5: Develop and maintain a competent workforce.**

**Strategy 5.1** Implement a Public Health Workforce Development Plan.

- ▶ **Objective 5.1.1** Create the Public Health Workforce Development Plan to ensure a competent public health workforce.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 8	PHI-1, 2
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 5.2** Complete employee performance evaluations in a timely and effective manner.

- ▶ **Objective 5.2.1** Ensure 100% of performance evaluations are completed within 30 days of the end of the rating period.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 8	PHI-1
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 5.3** Develop a culture of employee recognition.

- ▶ **Objective 5.3.1** Recognize staff efforts during monthly Senior Staff meetings.
- ▶ **Objective 5.3.2** Recognize staff efforts in the bimonthly PHS Newsletter.
- ▶ **Objective 5.3.3** Recognize staff efforts during the annual PHS All Staff meeting.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 8	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 5.4** Use strengths-based approach to ensure organizational accountability, transparency and effectiveness.

- ▶ **Objective 5.4.1** Convene monthly meeting with representatives from each branch to develop and implement strength-based management plan.
- ▶ **Objective 5.4.2** Conduct a strengths based management activity at each monthly Senior Staff meetings.

The 10 Essential Services of PH	Healthy People 2020
ES 8	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**GOAL 6: Assure Information Technology supports program operations and decision making.**

**Strategy 6.1** Assure system compliance with County standards, the Health Insurance Portability and Accountability Act (HIPAA), and electronic information exchange standards.

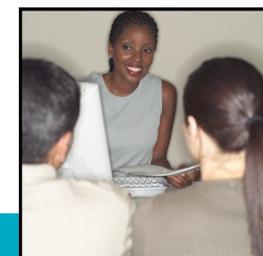
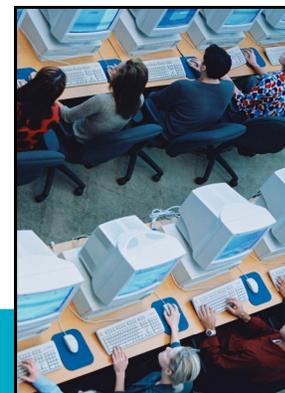
- ▶ **Objective 6.1.1** Maintain Policies and Procedures that will standardize the use of PHIS in all Public Health Centers.
- ▶ **Objective 6.1.2** Maintain Policies and Procedures for emergency risk communication system: California Health Alert Network (CAHAN).
- ▶ **Objective 6.1.3** Maintain policies, procedures and systems that allow eligible providers and hospitals to attest for meaningful use for laboratory reporting, syndromic surveillance, and immunizations reporting.

The 10 Essential Services of PH	Healthy People 2020
ES 6	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 6.2** Assure operational effectiveness through planning, adequate funding, careful testing, training, and useful report generation.

- ▶ **Objective 6.2.1** Update User Guide materials for major Public Health Information Systems (PHIS) functions.
- ▶ **Objective 6.2.2** Update training plan for PHIS users.
- ▶ **Objective 6.2.3** Implement updates of the training plan within 30 days.
- ▶ **Objective 6.2.4** Develop online training curriculum.
- ▶ **Objective 6.2.5** Ensure 85% of PHIS users will have attended at least one annual in person training session.
- ▶ **Objective 6.2.6** Participate in planning and implementation of HHS Knowledge Integration Program (KIP) initiative.
- ▶ **Objective 6.2.7** Participate in the implementation of Beacon activities.
- ▶ **Objective 6.2.8** Implement recommendations based on the FY 2012-2013 PHS Information Technology (IT) gaps assessment.

The 10 Essential Services of PH	Healthy People 2020
ES 9	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System



## Border Health

**GOAL 7:** Increase communication and collaboration at the local, state and federal levels in California and Baja California, Mexico to ensure public health concerns are addressed along the U.S.-Mexico border.

**Strategy 7.1** Facilitate collaborative activities among HHS branches and external partners, and serve as a central point of contact for border health information, while strengthening relationships between government and non-government agencies within San Diego County, Baja California and the US-Mexico Border region.

- ▶ **Objective 7.1.1** In partnership with the California Department of Health, Office of Binational Border Health, and under the Public Health Officer's guidance, oversee activities of the Border Health Consortium of the Californias.
- ▶ **Objective 7.1.2** Coordinate HHS Border Quarterly Health Update meetings with the objective of disseminating information on Border Health activities among branches and with the Deputy Director of South Region.
- ▶ **Objective 7.1.3** Coordinate annual Public Health Services, Centers for Disease Control and U.S. Customs and Border Protection meetings.
- ▶ **Objective 7.1.4** Coordinate quarterly Queso Fresco task force meetings for the purposes of educating the public and enhancing efforts to reduce the adverse public health impact of consuming unpasteurized soft cheese commonly imported from Mexico.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 3, 4	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Healthy and Safe Community Environments	Building a Better System



## Budget and Fiscal Services

**GOAL 8:** Establish and utilize procedures that ensure fiscal responsibility and accountability for public health programs.

**Strategy 8.1** Manage timely and accurate completion of the PHIS financial components of HHS and County plans, reports, contracts and statements.

- ▶ **Objective 8.1.1** Ensure PHS meets 100% of Financial Services and Support Division's (FSSD) quarterly fund balance deadlines.
- ▶ **Objective 8.1.2** Ensure PHS meets 100% of FSSD deadlines for annual budget build process each March.
- ▶ **Objective 8.1.3** Develop and implement a Quality Assurance (QA) Plan.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 6, 9	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System



## ▶ Contract Services

**GOAL 9:** Ensure all PHS contracts are developed, executed and monitored in accordance with guidelines from Agency Contracting Support (ACS) and the County.

**Strategy 9.1** Utilize the established system of risk assessment and monitoring.

- ▶ **Objective 9.1.1** Ensure all PHS contract required documents are posted to CobbleStone.
- ▶ **Objective 9.1.2** Ensure 100% of contracts have no findings as a result of ACS QA review.
- ▶ **Objective 9.1.3** Develop, implement, and maintain annually thereafter a QA Plan for CobbleStone documents, including upload timeframe, and consistent naming convention.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 9	HC/HIT-11
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 9.2** Conduct trainings and meetings for PHS contract managers.

- ▶ **Objective 9.2.1** Ensure 100% of Contracting Officer Representatives (CORs) complete Learning Management System (LMS) COR training prior to appointment as a COR.
- ▶ **Objective 9.2.2** Develop, provide, and maintain annually thereafter a PHS Contract Administrator training plan and checklist.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 8	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 9.3** Utilize an electronic system to track all Memorandum of Agreement (MOA)/Memorandum of Understanding (MOU)/Data Use Agreement (DUA) documents.

- ▶ **Objective 9.3.1** Ensure 100% of PHS MOA/MOU/DUA documents are uploaded and tracked in CobbleStone.
- ▶ **Objective 9.3.2** Review annually MOA/MOU registry to ensure it is current.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES	HC/HIT-11
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

## ▶ MAA/TCM

**GOAL 10:** Maximize the Medi-Cal Administrative Activities and Targeted Case Management (MAA/TCM) revenues in compliance with State and federal regulations.

**Strategy 10.1** Audit all providers based on county-wide MAA/TCM policies and procedures manuals.

- ▶ **Objective 10.1.1** Ensure that 100% of providers are audit ready and in compliance with state and federal regulations within 60 days of a scheduled audit.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 9	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

# Emergency Medical Services

## Programs

- ◆ EMS Oversight
- ◆ Administration
- ◆ Base Hospital and Specialty Care Centers
- ◆ Prehospital and Surveillance
- ◆ Community Health Statistics
- ◆ Information Communications, Systems, and Technologies
- ◆ Disaster Medical Services
- ◆ Community Health and Medical System Preparedness

Note: Any objectives that do not explicitly state a date is intended to be accomplished annually by the end of every fiscal year (June 30).



## ▶ EMS Oversight

**GOAL 1:** Assess national, state, regional and local EMS practices, trends, research, legislation, and regulations to ensure that residents of, and visitors to, San Diego County receive timely service of the highest quality in emergency medical services, specialty care, disaster response and prevention.

**Strategy 1.1** Participate in national, state and regional meetings, trainings, committees, and task forces.

- ▶ **Objective 1.1.1** Attend 75% of Emergency Medical Services Administrators Association of California (EMSAAC) meetings annually.
- ▶ **Objective 1.1.2** Participate in 75% of Emergency Medical Services Authority (EMSA) or EMSAAC initiated teleconferences related to future directions and/or system planning to keep current with emerging trends in EMS systems annually.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 5, 6	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Living Safely: Communities are <i>resilient</i> to disasters and emergencies

**Strategy 1.2** Conduct appropriate analyses of current and proposed legislation and regulations to assess impacts and ensure compliance.

- ▶ **Objective 1.2.1** Conduct 100% of assigned legislative analyses in a timely manner.
- ▶ **Objective 1.2.2** Conduct assessments on 100% of relevant state regulation proposed changes to identify impacts on EMS systems by June 30, 2015.
- ▶ **Objective 1.2.3** Conduct a systematic review of all relevant EMS practices to ensure compliance with legislation and regulations by June 30, 2017.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 5, 6	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Building a Better System

**GOAL 2: Provide oversight of EMS operations including staff, budget, programs, and activities.**

**Strategy 2.1** Employ best practices in organizational management.

- ▶ **Objective 2.1.1** Ensure 80% of EMS Managers participate in PHS Senior Staff trainings.
- ▶ **Objective 2.1.2** Hold 10 All Staff and 10 Managers meetings to communicate updates.
- ▶ **Objective 2.1.3** Ensure 100% of performance reviews are completed on time or that obstacles are identified and escalated.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 9	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Building a Better System

**Strategy 2.2** Provide evidence based medical oversight and direction to Base Hospital, Specialty, and Prehospital Care.

- ▶ **Objective 2.2.1** Ensure biennial base hospital and specialty care protocols are evidenced based by June 20, 2015.
- ▶ **Objective 2.2.2** Ensure biennial prehospital protocols are evidenced based by June 20, 2015.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 10	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Building a Better System

**GOAL 3: Build and strengthen coordination with other Groups, Agencies and Counties.**

**Strategy 3.1** Coordinate with County and city entities to ensure the health and safety of the public served.

- ▶ **Objective 3.1.1** Identify opportunities and collaborate with Office of Emergency Services (OES), other HHS and PHS branches/departments, County Fire Authority, and Behavioral Health Services (BHS) on an ongoing basis.
- ▶ **Objective 3.1.2** Attend 80% of Fire Chiefs meetings to ensure coordinated EMS operations annually.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 4	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Building a Better System

**Strategy 3.2** Coordinate with state and regional groups for planning seamless operational activities.

- ▶ **Objective 3.2.1** Identify opportunities and collaborate with other local EMS agencies, public health departments and/or Region VI committees on an ongoing basis.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 4	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Building a Better System

# Administration

## GOAL 4: Ensure the fiscal health of the branch.

**Strategy 4.1** Forecast revenue and expenditures beyond current operational plan.

- ▶ **Objective 4.1.1** Conduct an analysis of key drivers of revenues and expenditures for long term forecasting and program planning by June 30, 2015.
- ▶ **Objective 4.1.2** Monitor budgets and expenditures for four orgs monthly on an ongoing basis.

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## GOAL 5: Effectively administer all EMS contracts and agreements and ensure compliance with Federal, State, and County policies and procedures.

**Strategy 5.1** Ensure contracts and agreements are in compliance with Federal, State, and County requirements.

- ▶ **Objective 5.1.1** Ensure 95% of expenditure contracts are in compliance with PHS and ACS monitoring standards annually.
- ▶ **Objective 5.1.2** Ensure 95% of revenue contracts are in compliance with PHS and ACS monitoring standards annually.
- ▶ **Objective 5.1.3** Ensure 90% of existing MOAs for compliance with County standards by May 30, 2017.

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**Strategy 5.2** Ensure all Request for Proposal (RFPs) for emergency medical service provision within the county are fair and competitive.

- ▶ **Objective 5.2.1** Review 100% of RFPs for local Advanced Life Support Services to ensure compliance with state guidelines.

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**Strategy 5.3** Ensure the efficient administration of EMS contracts, funds and agreements.

- ▶ **Objective 5.3.1** Conduct an assessment of current contracts to identify opportunities for increased efficiencies by May 30, 2015.
- ▶ **Objective 5.3.2** Develop and maintain subject matter expertise by participating in trainings, conferences and seminars annually.

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**GOAL 6: Effectively administer ambulance services to County Service Area (CSA) 17 and 69 in a high quality, efficient, and professional manner.**

**Strategy 6.1** Ensure the self-sufficiency of the CSAs.

- ▶ **Objective 6.1.1** Conduct an analysis of key drivers of revenues and expenditures for long term forecasting and program planning by June 30, 2015.
- ▶ **Objective 6.1.2** Continue to provide timely, quality financial information, including current and projected revenues and expenditures compared to budget on an ongoing basis.

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Injury and Violence Free Living	Building a Better System

**Strategy 6.2** Encourage community participation in CSA governance.

- ▶ **Objective 6.2.1** Develop orientation materials for newly appointed CSA Advisory Board members and other interested stakeholders by June 30, 2015.

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**GOAL 7: Provide administrative support to EMS programs and staff.**

**Strategy 7.1** Maintain a safe physical working environment for employees.

- ▶ **Objective 7.1.1** Submit work orders or take appropriate action for 100% of safety issues reported by staff.

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**Strategy 7.2** Ensure that travel requests are completed in accordance with HHSA and County processes.

- ▶ **Objective 7.2.1** Conduct assessment of current EMS travel processes to ensure compliance with funding source requirements by June 30, 2015.

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**Strategy 7.3** Maintain capital asset, equipment and supply inventory.

- ▶ **Objective 7.3.1** Conduct assessment of current inventory process to identify opportunities to increase efficiencies by June 30, 2016.

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**Strategy 7.4** Identify opportunities for personal growth and programmatic efficiencies and support EMS staff in the implementation and measurement of new systems.

- ▶ **Objective 7.4.1** Identify at least one candidate to participate in Learning Management System (LMS) quality improvement process training annually.
- ▶ **Objective 7.4.2** Identify at least one candidate for Leadership Academy each year.
- ▶ **Objective 7.4.3** Participate in trainings, conferences, and seminars to maintain subject matter expertise annually.

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<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Building a Better System



## ▶ Base Hospital and Specialty Care Centers

**GOAL 8:** Provide appropriate medical oversight to ensure that patients receive optimal prehospital medical care.

**Strategy 8.1** Monitor quality assurance activities by Base Hospitals.

- ▶ **Objective 8.1.1** Conduct audit of 100% of Base Hospitals to ensure compliance with statement of work annually.
- ▶ **Objective 8.1.2** Participate in trainings, conferences, and seminars to maintain subject matter expertise annually.
- ▶ **Objective 8.1.3** Develop and implement schedule of Base Hospital Nurse Coordinator audits to be presented at Prehospital Audit Committee meetings by June 30, 2014.

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<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
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**GOAL 9:** Provide administrative and clinical oversight for specialty care patients including trauma, cardiac, stroke and children in compliance with EMSA regulations.

**Strategy 9.1** Facilitate quality assurance through Medical Audit Committee and Prehospital Audit Committee processes.

- ▶ **Objective 9.1.1** Conduct audit of 100% of Trauma Centers to ensure compliance with statement of work annually.
- ▶ **Objective 9.1.2** Participate in trainings, conferences, and seminars to maintain subject matter expertise annually.
- ▶ **Objective 9.1.3** Facilitate Medical Audit Committee case review through implementation of electronic review process by June 30, 2014.

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**Strategy 9.2** Facilitate quality assurance for cardiac ST-Segment Elevation Myocardial Infarction (STEMI) patients through prehospital and Cardiac Advisory Committee processes.

- ▶ **Objective 9.2.1** Compile and review system and individual center statistics for quality assurance annually.
- ▶ **Objective 9.2.2** Coordinate and participate in Cardiopulmonary Resuscitation (CPR) awareness and training event for general public by June 30, 2014.
- ▶ **Objective 9.2.3** Redesign the case review process to incorporate a topic based schedule and surveillance by June 30, 2015.
- ▶ **Objective 9.2.4** Participate in trainings, conferences and seminars to maintain subject matter expertise annually.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
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<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Building a Better System

**Strategy 9.3** Facilitate quality assurance for stroke patients through prehospital and Stroke Advisory Committee processes.

- ▶ **Objective 9.3.1** Compile and review system and individual center statistics for quality assurance annually.
- ▶ **Objective 9.3.2** Coordinate and participate in stroke awareness event for general public by June 30, 2014.
- ▶ **Objective 9.3.3** Redesign the case review process to incorporate a topic based schedule and surveillance by June 30, 2015.
- ▶ **Objective 9.3.4** Participate in trainings, conferences and seminars to maintain subject matter expertise annually.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
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Injury and Violence Free Living	Building a Better System

**Strategy 9.4** Facilitate quality assurance for children through prehospital and Emergency Medical Services for Children (EMSC) Advisory Committee processes.

- ▶ **Objective 9.4.1** Develop and implement EMSC guidelines in accordance with State Regulations by June 30, 2016.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 5, 6	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
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**GOAL 10: Identify and evaluate promising and evidence-based programs and practices for potential implementation.**

**Strategy 10.1** Review literature for evidence based practices that would benefit the population served.

- ▶ **Objective 10.1.1** Develop and implement promising practices on an ongoing basis.
- ▶ **Objective 10.1.2** Participate in trainings, conferences and seminars to maintain subject matter expertise annually.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
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<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Building a Better System

# ▶ Prehospital Operations

## GOAL 11: Ensure optimal, standardized, safe and appropriate care and services are provided.

**Strategy 11.1** Review treatment protocols to ensure best evidence based practice.

- ▶ **Objective 11.1.1** Convene and facilitate the Protocol Task Force to review and revise 100% of treatment protocols every two years.
- ▶ **Objective 11.1.2** Participate in trainings, conferences and seminars to maintain subject matter expertise annually.

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**Strategy 11.2** Monitor systemwide quality Advanced Life Support (ALS) prehospital care provided.

- ▶ **Objective 11.2.1** Report quality issues to appropriate Committees for education and improvement on an ongoing basis.
- ▶ **Objective 11.2.2** Address quality issues in EMS Policies and Protocols as appropriate on an ongoing basis.
- ▶ **Objective 11.2.3** Investigate 100% of reported complaints against ALS agencies on an ongoing basis.

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**Strategy 11.3** Optimize Basic Life Support (BLS) prehospital care.

- ▶ **Objective 11.3.1** Investigate 100% of reported complaints against BLS agencies on an ongoing basis.
- ▶ **Objective 11.3.2** Improve inter-agency and EMS to agency communication through facilitation of biannual BLS meeting to exchange information and discuss issues by June 30, 2014.
- ▶ **Objective 11.3.3** Report quality issues to appropriate Committees for education and improvement on an ongoing basis.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 5, 6	AHS-8
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## GOAL 12: Ensure standardized, safe, and appropriate emergency medical transportation services throughout San Diego County.

**Strategy 12.1** Implement Ambulance Ordinance.

- ▶ **Objective 12.1.1** Permit ambulances in accordance with the Ambulance Ordinance on an ongoing basis.
- ▶ **Objective 12.1.2** Permit non-emergency vehicles in accordance with the Ambulance Ordinance on an ongoing basis.

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<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
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**GOAL 13: Provide for the certification and credentialing of emergency medical service personnel as required by law and/or regulation.**

**Strategy 13.1** Ensure the public safety through the thorough and accurate certification/recertification process and accreditation/reaccreditation process.

- ▶ **Objective 13.1.1** Process certification and recertification of EMTs, Advanced EMTs, Paramedics and Mobile Intensive care Nurses (MICNs) biennially.
- ▶ **Objective 13.1.2** Participate in trainings, conferences, and seminars to maintain subject matter expertise annually.

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<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Building a Better System

**Strategy 13.2** Ensure the public safety and welfare through the investigation and discipline of certified personnel and applicants.

- ▶ **Objective 13.2.1** Investigate 100% of complaints against certified personnel and take appropriate action on an ongoing basis.
- ▶ **Objective 13.2.2** Investigate 100% of notified arrests, received via Livescan, of certified personnel and take appropriate action on an ongoing basis.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
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<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Building a Better System

**Strategy 13.3** Review policies for certification and recertification to ensure concordance with community standards.

- ▶ **Objective 13.3.1** Review 100% of certification and recertification policies with Base Station Physicians' Committee (BSPC) and Emergency Medical Care Committee (EMCC) biennially.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 5, 6, 8	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Building a Better System

**GOAL 14: Ensure public access to functional automated external defibrillator (AED) throughout County facilities.**

**Strategy 14.1** Develop and maintain AED policy for County facilities.

- ▶ **Objective 14.1.1** Review and update AED policy every two years.
- ▶ **Objective 14.1.2** Monitor registration website for compliance with AED policy.

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ES 5, 7	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**GOAL 15: Ensure unified, client-centered services are provided to victims of sexual assault in San Diego County.**

**Strategy 15.1** Ensure timely and accurate communication among different agencies and disciplines involved in the Sexual Assault Response Team (SART).

- ▶ **Objective 15.1.1** Facilitate ten SART committee and subcommittee meetings by June 30, 2014.

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N/A	Building a Better System

**Strategy 15.2** Standardize practice among different agencies and disciplines involved in SART.

- ▶ **Objective 15.2.1** Review and revise the SART Standards of Practice guidelines by June 30, 2014.
- ▶ **Objective 15.2.2** Participate in trainings, conferences, and seminars to maintain subject matter expertise annually.

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ES 5, 6	AHS-8
National Prevention Strategy	Live Well San Diego
N/A	Building a Better System

## ▶ Epidemiology and Surveillance

**GOAL 16:** Provide internal and external customers with accurate and timely data, information and/or analyses on emergency medical and injury data, emergency medical services and to support community partnerships.

**Strategy 16.1** Maintain Specialty Care databases, conduct analysis and develop periodic reports adhering to standard epidemiologic methods and protecting patient confidentiality.

- ▶ **Objective 16.1.1** Maintain Trauma Registry, STEMI, Stroke, EMSC and Medical Examiner databases on an ongoing basis.
- ▶ **Objective 16.1.2** Conduct surveillance, quality assurance, analyses and write reports on Specialty Care topics using standard epidemiologic methods annually.

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ES 1-3, 9, 10	AHS-8
National Prevention Strategy	Live Well San Diego
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Communities are <i>resilient</i> to disasters and emergencies

**Strategy 16.2** Maintain Base Hospital/MICN databases, conduct analysis and develop periodic reports adhering to standard epidemiologic methods and protecting patient confidentiality.

- ▶ **Objective 16.2.1** Maintain Base Hospital/MICN databases on an ongoing basis.
- ▶ **Objective 16.2.2** Conduct surveillance, quality assurance, analyses and write reports on Base Hospital/MICN topics using standard epidemiologic methods annually.

The 10 Essential Services of PH	Healthy People 2020
ES 1-3, 9, 10	AHS-8
National Prevention Strategy	Live Well San Diego
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Communities are <i>resilient</i> to disasters and emergencies

**Strategy 16.3** Maintain Prehospital databases, conduct analysis and develop periodic reports adhering to standard epidemiologic methods and protecting patient confidentiality.

- ▶ **Objective 16.3.1** Maintain Prehospital, ALS and BLS databases on an ongoing basis.
- ▶ **Objective 16.3.2** Conduct surveillance, quality assurance, analyses and write reports on Prehospital, ALS and BLS topics using standard epidemiologic methods annually.

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ES 1-3, 9, 10	AHS-8
National Prevention Strategy	Live Well San Diego
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Communities are <i>resilient</i> to disasters and emergencies

**Strategy 16.4** Maintain SART database, conduct analyses and develop periodic reports adhering to standard epidemiologic methods and protecting patient confidentiality.

- ▶ **Objective 16.4.1** Maintain the SART database on an ongoing basis.
- ▶ **Objective 16.4.2** Analyze SART data and write a status report biennially.

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ES 1-3, 9, 10	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Communities are <i>resilient</i> to disasters and emergencies

**Strategy 16.5** Ensure that best practices are utilized in the development and maintenance of EMS data systems.

- ▶ **Objective 16.5.1** Ensure data systems are compliant with appropriate national, state and local laws and regulations on an ongoing basis.
- ▶ **Objective 16.5.2** Develop new data sources as needed.
- ▶ **Objective 16.5.3** Participate in trainings, conferences, and seminars to maintain subject matter expertise annually.

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ES 1-3, 9, 10	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Communities are <i>resilient</i> to disasters and emergencies

**GOAL 17: Provide internal and external customers with accurate and timely data, information and/or analyses on systems, threats and vulnerable populations in support of disaster medical response activities.**

**Strategy 17.1** Conduct Daily Surveillance to provide accurate and timely emergency medical and disaster medical data for leadership.

- ▶ **Objective 17.1.1** Ensure that the Daily Situational Analysis Tool (DSAT) is produced on every business day or that obstacles are identified and escalated.
- ▶ **Objective 17.1.2** Ensure communication and information flow with National Weather Service, Air Pollution Control and other related partners for inclusion in DSAT on an ongoing basis.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-3, 9, 10	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Communities are <i>resilient</i> to disasters and emergencies

**Strategy 17.2** Maintain and update Geographic Information System (GIS) databases on systems, threats and vulnerable populations.

- ▶ **Objective 17.2.1** Develop new data sources as needed.
- ▶ **Objective 17.2.2** Participate in trainings, conferences, and seminars to maintain subject matter expertise annually.
- ▶ **Objective 17.2.3** Update the Disaster Spatial Data System at least annually by August.
- ▶ **Objective 17.2.4** Respond to requests for related map products from internal and external partners on an ongoing basis.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-3, 9, 10	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Communities are <i>resilient</i> to disasters and emergencies

**GOAL 18: Provide accurate and timely data, information and/or analyses on emergency medical and injury data in support of internal and external prevention activities.**

**Strategy 18.1** Respond to requests for emergency medical and injury information and analyses in a timely and thorough manner.

- ▶ **Objective 18.1.1** Reply to 95% of requests for information and analyses within one business day by June 30, 2014.
- ▶ **Objective 18.1.2** Participate in trainings, conferences, and seminars to maintain subject matter expertise annually.
- ▶ **Objective 18.1.3** Support County Communications and HHSA Leadership by providing data, analysis and/or interpretation as requested on an ongoing basis.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-3, 9, 10	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Communities are <i>resilient</i> to disasters and emergencies

**Strategy 18.2** Support the *Live Well San Diego* Safety Agenda.

- ▶ **Objective 18.2.1** Provide assistance with indicator development as requested.
- ▶ **Objective 18.2.2** Provide data, analysis and interpretation as requested.
- ▶ **Objective 18.2.3** Provide subject matter expertise on intentional and unintentional injury, injury prevention and specific measures as requested.

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<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Communities are <i>resilient</i> to disasters and emergencies

**GOAL 19: Provide demographic analyses and forecasts in support of EMS programs.**

**Strategy 19.1** Provide at-risk population and service needs identification and projections.

- ▶ **Objective 19.1.1** Participate in trainings, conferences, and seminars to maintain subject matter expertise annually.
- ▶ **Objective 19.1.2** Develop new data sources as needed on an ongoing basis.
- ▶ **Objective 19.1.3** Respond to requests for demographic analyses or forecasts from program staff, community partners on an ongoing basis.

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ES 1-3, 9, 10	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Communities are <i>resilient</i> to disasters and emergencies



# Community Health Statistics

## GOAL 20: Provide data, information and analyses in support of public health and well-being.

**Strategy 20.1** Identify, collect and maintain health, demographic, economic and behavioral data in support of internal and external customers.

- ▶ **Objective 20.1.1** Develop new data sources as needed.
- ▶ **Objective 20.1.2** Participate in trainings, conferences, and seminars to maintain subject matter expertise annually.
- ▶ **Objective 20.1.3** Develop and maintain Community Profiles databases annually.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-3, 9, 10	IVP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Building a Better System

**Strategy 20.2** Develop timely analyses, reports and informational products.

- ▶ **Objective 20.2.1** Develop 90% of informational products, data reports and analyses based on the publication timeline or identify obstacles and escalate issues by June 30, 2014.
- ▶ **Objective 20.2.2** Develop new data resources as needed on an ongoing basis.
- ▶ **Objective 20.2.3** Develop and maintain subject matter expertise by participating in trainings, conferences and seminars annually.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-3, 9, 10	IVP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Building a Better System

**Strategy 20.3** Support *Live Well San Diego*.

- ▶ **Objective 20.3.1** Provide assistance with indicator development as requested.
- ▶ **Objective 20.3.2** Provide data, analysis and interpretation as requested.
- ▶ **Objective 20.3.3** Provide subject matter expertise on an ongoing basis.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-3, 9, 10	IVP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Building a Better System



**GOAL 21: Provide technical assistance support to COSD entities, community partners, organizations, and the public.**

**Strategy 21.1** Provide information and analyses quickly and accurately.

- ▶ **Objective 21.1.1** Reply to 95% of requests for information and analyses within one business day by June 30, 2014.
- ▶ **Objective 21.1.2** Develop new data resources and products as needed or requested.
- ▶ **Objective 21.1.3** Participate in trainings, conferences, and seminars to maintain subject matter expertise annually.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-3, 9, 10	IVP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Building a Better System

**Strategy 21.2** Provide demographic analyses and forecasts in support of HHSa Eligibility programs.

- ▶ **Objective 21.2.1** Identify at-risk populations as requested on an ongoing basis.
- ▶ **Objective 21.2.2** Conduct service needs identification and projections for CalFresh and other programs as requested on an ongoing basis.
- ▶ **Objective 21.2.3** Participate in meetings, develop and present information for leadership, program staff, and community partners as requested on an ongoing basis.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-3, 9, 10	IVP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Building a Better System

**Strategy 21.3** Provide health, behavioral and demographic analyses and forecasts in support of HHSa Health Care Policy Analysis programs.

- ▶ **Objective 21.3.1** Develop analyses, provide data and participate in policy and planning activities as requested on an ongoing basis.
- ▶ **Objective 21.3.2** Review and/or verify analyses performed by external groups on an ongoing basis.
- ▶ **Objective 21.3.3** Conduct service needs identification and projections for CMS, Medi-Cal and other programs as requested on an ongoing basis.
- ▶ **Objective 21.3.4** Participate in meetings, develop and present information for leadership, program staff, and community partners as requested on an ongoing basis.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-3, 9, 10	IVP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Building a Better System



**GOAL 22: Provide technical assistance support to HHS Regions and their community partners.**

**Strategy 22.1** Work with Regional Leadership Teams to ensure access to relevant regional health, demographic, economic and behavioral data.

- ▶ **Objective 22.1.1** Support Regional *Live Well San Diego* activities by providing data and information for planning, programmatic and evaluation purposes on an ongoing basis.
- ▶ **Objective 22.1.2** Participate in meetings, develop and present information for community partners on an ongoing basis.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-3, 9, 10	IVP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Building a Better System

**Strategy 22.2** Develop and maintain regional and community level data on non-communicable disease, communicable disease, maternal and child health, injury and behavioral health.

- ▶ **Objective 22.2.1** Reply to 95% of requests for information and analyses within one business day by June 30, 2014.
- ▶ **Objective 22.2.2** Develop new data resources and products as needed or requested.
- ▶ **Objective 22.2.3** Develop and maintain subject matter expertise by participating in trainings, conferences and seminars annually.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-3, 9, 10	IVP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Building a Better System

**GOAL 23: Provide technical assistance support to community partners, organizations, and the public.**

**Strategy 23.1** Provide timely and thorough responses to requests for information from community partners and the public.

- ▶ **Objective 23.1.1** Reply to 95% of requests for information and analyses within one business day by June 30, 2014.
- ▶ **Objective 23.1.2** Develop new data resources and products as needed or requested.
- ▶ **Objective 23.1.3** Participate in meetings, develop and present information for community partners.
- ▶ **Objective 23.1.4** Develop and maintain subject matter expertise by participating in trainings, conferences and seminars annually.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-3, 9, 10	IVP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy eating, active living</li> <li>• Injury and Violence Free Living</li> <li>• Mental health and well being</li> </ul>	Building a Better System



# Information Communications, Systems and Technologies

## GOAL 24: Provide oversight, management, and support of information communication and collection projects, services, technologies, and needs.

**Strategy 24.1** Develop long-range Information Technology (IT) plan, benchmarking to other counties.

- ▶ **Objective 24.1.1** Conduct Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of current IT systems by June 30, 2014.
- ▶ **Objective 24.1.2** Convene multidisciplinary working group to identify needs, requirements, and available technologies.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 2	IVP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Living Safely: Communities are resilient to disasters and emergencies

**Strategy 24.2** Implement critical PHS and HHS IT projects.

- ▶ **Objective 24.2.1** Implement and assess the Inventory Registry Management System (IRMS) for Public Health Services by June 30, 2014.
- ▶ **Objective 24.2.2** Implement and assess EMS Hub interface with the Information Quality Control System (iQCS) by March 31, 2014.
- ▶ **Objective 24.2.3** Assess and participate in health information exchange activities on an ongoing basis.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 2	IVP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Building a Better System; Living Safely: Communities are resilient to disasters and emergencies

**Strategy 24.3** Participate in County and HHS IT system development, security and maintenance activities.

- ▶ **Objective 24.3.1** Work with County IT Contractor to ensure secure and functional systems through testing, quality control and performance assessments on an ongoing basis.
- ▶ **Objective 24.3.2** Coordinate with County IT Contractor to ensure that EMS systems interface with County systems appropriately and are in compliance with County standards and policies on an ongoing basis.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 2	IVP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Building a Better System; Living Safely: Communities are resilient to disasters and emergencies

**Strategy 24.4** Prepare for effective communication between agencies, hospitals, and other jurisdictions in the event of an emergency.

- ▶ **Objective 24.4.1** Identify threats to 800MHz radio system of communication between agencies, hospitals and EMS through SWOT analysis by June 30, 2014.
- ▶ **Objective 24.4.2** Develop a plan for alternative communication between agencies, hospitals and EMS in the event of radio failure by June 30, 2015.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 2	IVP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Building a Better System; Living Safely: Communities are resilient to disasters and emergencies

**GOAL 25: Provide planning, operational oversight, and quality assurance of prehospital information system, including hospital status, patient care records, and provider certification.**

**Strategy 25.1** Project management of IT support for iQCS to external vendors, including design, testing, implementation and compliance.

- ▶ **Objective 25.1.1** Test iQCS for quality assurance and compliance with EMS and California Emergency Medical Services Information System (CEMSIS)/National Emergency Medical Services Information System (NEMSIS) requirements annually.
- ▶ **Objective 25.1.2** Assess iQCS pre-hospital data collection and communication system performance for direct entry agencies by June 30, 2014.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 2	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Living Safely: Communities are resilient to disasters and emergencies

**GOAL 26: Migrate existing systems to paperless/electronic formats.**

**Strategy 26.1** Develop plan to move prehospital agencies to automated data collection.

- ▶ **Objective 26.1.1** Manage the design, distribution, and data collection of scanned forms (bubble forms).
- ▶ **Objective 26.1.2** Produce updated scanned form to reflect new data requirements.
- ▶ **Objective 26.1.3** Survey current options available for automated data collection by June 30, 2015.
- ▶ **Objective 26.1.4** Survey current scanned form users to determine automation capabilities by June 30, 2015.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 2	AHS-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Living Safely: Communities are resilient to disasters and emergencies



## ▶ Disaster Medical Services

### GOAL 27: Enhance disaster medical and health emergency operational and response capacity.

**Strategy 27.1** Coordinate multi-agency and multi-jurisdictional medical emergency and disaster preparedness response activities.

- ▶ **Objective 27.1.1** Participate in regional Medical and Health Operational Area Coordinator (MHOAC) planning and coordination activities on an ongoing basis.
- ▶ **Objective 27.1.2** Participate in OES infrastructure, response and recovery planning activities annually.
- ▶ **Objective 27.1.3** Participate in national, state, regional and local disaster planning, training, response and recovery activities on an ongoing basis.

The 10 Essential Services of PH	Healthy People 2020
ES 5	PREP-ALL
National Prevention Strategy	Live Well San Diego
Injury and Violence Free Living	Living Safely: Communities are resilient to disasters and emergencies

**Strategy 27.2** Review existing disaster operational plans for opportunities to enhance access and functional needs considerations.

- ▶ **Objective 27.2.1** Identify and map vulnerable populations with access and/or functional needs by June 30, 2015.
- ▶ **Objective 27.2.2** Participate in Access and Functional Needs (AFN) Workgroup for Operational Area on an ongoing basis.

The 10 Essential Services of PH	Healthy People 2020
ES 5	PREP-ALL
National Prevention Strategy	Live Well San Diego
Injury and Violence Free Living	Living Safely: Communities are resilient to disasters and emergencies

**Strategy 27.3** Enhance clinical workforce capacity through the training, exercise, deployment, and utilization of Medical Reserve Corps (MRC) volunteers prior to or during a public health activity or large scale public health or multi-casualty event or disaster.

- ▶ **Objective 27.3.1** Incorporate activation of MRC volunteers into at least one exercise per year.
- ▶ **Objective 27.3.2** Recruit 100 Certified Nursing Assistants and Home Health Aides for AFN shelter assistance by December 30, 2015.
- ▶ **Objective 27.3.3** Provide quarterly MRC member training opportunities.

The 10 Essential Services of PH	Healthy People 2020
ES 5, 8	PREP-ALL
National Prevention Strategy	Live Well San Diego
Injury and Violence Free Living	Living Safely: Communities are resilient to disasters and emergencies

### GOAL 28: Be prepared to support regional and state chemical/radiological weapons response teams.

**Strategy 28.1** Represent public health in multidisciplinary meetings and planning sessions.

- ▶ **Objective 28.1.1** Participate in one drill or exercise involving chemical or radiological weapons by June 30, 2018.

The 10 Essential Services of PH	Healthy People 2020
ES 5, 8	PREP-ALL
National Prevention Strategy	Live Well San Diego
Injury and Violence Free Living	Living Safely: Communities are resilient to disasters and emergencies

# Community Health and Medical System Preparedness

**GOAL 29:** Maintain and enhance health and medical system readiness to manage and respond effectively to a disaster or a public health large scale event or emergency.

**Strategy 29.1** Enhance, support, and maintain health and medical system partnerships to achieve community readiness capabilities.

- ▶ **Objective 29.1.1** Complete Centers for Disease Control and Prevention (CDC) Capability Planning Guidance gap analysis annually per CDC requirements.
- ▶ **Objective 29.1.2** Facilitate Healthcare Disaster Council meetings and expand membership as appropriate on an ongoing basis.
- ▶ **Objective 29.1.3** Identify and expand disaster planning to include medical and health treatment centers by June 30, 2015.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 5, 8	PREP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Living Safely: Communities are resilient to disasters and emergencies

**Strategy 29.2** Develop and maintain procedures for mass dispensing of medical countermeasures.

- ▶ **Objective 29.2.1** Incorporate Postal Plan or Points of Dispensing (POD) Plan into at least one drill or exercise by June 30, 2015.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 5	PREP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Living Safely: Communities are resilient to disasters and emergencies

**Strategy 29.3:** Plan and prepare for Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) threats that occur in the general public impacting public health services.

- ▶ **Objective 29.3.1** Research and develop knowledge base for planning purposes and educate County public health managers and staff.
- ▶ **Objective 29.3.2** Participate in targeted educational opportunities to build subject matter expertise annually.
- ▶ **Objective 29.3.3** Develop a plan for responding to, working with, or mitigating radiological or nuclear threats in the uncontained environment by June 30, 2015.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 5	PREP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Living Safely: Communities are resilient to disasters and emergencies



**Strategy 29.4** Plan and develop operational procedures and training for Mass Medical Care operations in field and outside of traditional medical facilities.

- ▶ **Objective 29.4.1** Develop prehospital Field Treatment Site operational procedures by June 30, 2016.
- ▶ **Objective 29.4.2** Further develop operational and logistics procedures and resource requirements needed to operate a Government Approved (GA) Alternate Care Site for 30 days by June 30, 2017.
- ▶ **Objective 29.4.3** Develop exercise planning documents for prehospital Field Treatment Site operational procedures to include integration of hospital treatment teams and volunteer medical professionals by June 30, 2017.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 5	PREP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Living Safely: Communities are <i>resilient</i> to disasters and emergencies

**Strategy 29.5** Improve EMS emergency operation center efficiencies in logistical response and coordination.

- ▶ **Objective 29.5.1** Improve logistics efficiencies and coordination with County Operational Area Emergency Operations Center Logistics section to include Purchasing and Contracting by June 30, 2015.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 5	PREP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Living Safely: Communities are <i>resilient</i> to disasters and emergencies

**Strategy 29.6** Develop and implement Specialty Medical surge events plans and procedures.

- ▶ **Objective 29.6.1** Implement Burn Surge response plan involving distribution of specialty burn patients to multiple hospitals in the County of San Diego Operational Area with using the Regional Burn Center as coordinating entity for clinical advisement and recommended patient transfers by September 1, 2016.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 5	PREP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Living Safely: Communities are <i>resilient</i> to disasters and emergencies

**GOAL 30: To ensure the ability to continue essential medical and disaster operations in the event of a disaster or health emergency.**

**Strategy 30.1** Evaluate and test Continuity of Operations Plans (COOP) with the purpose of increasing the involvement in the community organization participation in preparedness, response and recovery.

- ▶ **Objective 30.1.1** Enhance medical community COOP Plan development to identify gaps and implement contracted COOP projects on an ongoing basis.
- ▶ **Objective 30.1.2** Evaluate EMS COOP plans for operational readiness annually.
- ▶ **Objective 30.1.3** Test relocation capabilities through exercise, drill or assessment by June 30, 2015.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 5	PREP-ALL
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Living Safely: Communities are <i>resilient</i> to disasters and emergencies

# Epidemiology and Immunizations Services

Programs			
<b>Epidemiology</b> <ul style="list-style-type: none"> <li>◆ Data Analysis and Surveillance</li> <li>◆ Disease Reporting and Investigation</li> <li>◆ HIV Case Reporting and Investigation</li> <li>◆ Childhood Lead Poisoning Prevention</li> </ul>	<b>Immunization Program</b> <ul style="list-style-type: none"> <li>◆ Clinical Services</li> <li>◆ Community Assessment and Public Information</li> <li>◆ San Diego Immunization Registry (SDIR)</li> </ul>	<b>Office of Vital Records and Statistics</b> <ul style="list-style-type: none"> <li>◆ Birth Certificate Registration</li> <li>◆ Death Certificate Registration</li> <li>◆ Medical Marijuana Identification Card Program</li> </ul>	<b>Public Health Laboratory</b> <ul style="list-style-type: none"> <li>◆ Administration/Quality Assurance</li> <li>◆ Public Health Laboratory Support</li> </ul>



Note: Any objectives that do not explicitly state a date is intended to be accomplished annually by the end of every fiscal year (June 30).

## Epidemiology

### GOAL 1: DATA ANALYSIS AND SURVEILLANCE. Effectively Collect and Interpret Health Data.

**Strategy 1.1** Ensure timely and efficient processing of reported information.

- ▶ **Objective 1.1.1** Ensure that 90% of all electronically received cases are processed within 24 hours.
- ▶ **Objective 1.1.2** Ensure that 98% of all entered disease incident data information is correct.
- ▶ **Objective 1.1.3** Maintain a capacity to reduce duplicate cases within the disease registry and ensure that each month the data are de-duplicated.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1	HC/HIT-11
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 1.2** Increase electronic health information collection.

- ▶ **Objective 1.2.1** Ensure that 100% of new meaningful use registrations are contacted within two business days of registration submission.
- ▶ **Objective 1.2.2** Establish and maintain a capacity to contribute at least 50% of local de-identified syndromic surveillance data to the Centers for Disease Control and Prevention (CDC) BioSense locker.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1	HC/HIT-11
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**GOAL 2: DISEASE REPORTING AND INVESTIGATION.** Reduce disease transmission by ensuring timely disease reporting and effective disease investigation.

**Strategy 2.1** Maximize timeliness and completeness of communicable diseases and conditions reporting.

- ▶ **Objective 2.1.1** Initiate investigation in 98% of Hepatitis A, Meningococcal Meningitis, and Shiga Toxin-Producing Escherichia Coli (STEC) including E. coli 0157 within 24 hours of receipt of report.

The 10 Essential Services of PH	Healthy People 2020
ES 2	FS-1; FS-2; FS-5; IID-3; IID-23
National Prevention Strategy	Live Well San Diego
Healthy Eating	Building a Better System

**Strategy 2.2** Provide timely information to healthcare providers related to public health issues of concern.

- ▶ **Objective 2.2.1** Acknowledge 90% of all after-hours notifications within 15 minutes of receipt.

The 10 Essential Services of PH	Healthy People 2020
ES 2	FS-1; FS-2; FS-5; IID-3; IID-23
National Prevention Strategy	Live Well San Diego
Healthy Eating	Building a Better System

**GOAL 3: HIV CASE REPORTING AND INVESTIGATION.** Ensure timely and complete reporting of HIV cases and AIDS cases.

**Strategy 3.1** Investigate suspect cases identified through laboratories and providers to decrease underreporting.

- ▶ **Objective 3.1.1** Report 85% of unduplicated newly identified HIV and AIDS cases within six months of diagnosis to the State Office of AIDS.
- ▶ **Objective 3.1.2** Collect and report Western Blot/Immunofluorescence Assay (IFA)/confirmatory antibody test laboratory accession number for at least 75% of newly identified HIV cases.

The 10 Essential Services of PH	Healthy People 2020
ES 1	N/A
National Prevention Strategy	Live Well San Diego
Reproductive and Sexual Health	Building a Better System

**Strategy 3.2** Collect risk history information from the healthcare provider, medical record review, and/or client interview to determine routes of transmission.

- ▶ **Objective 3.2.1** Identify risk in at least 85% of unduplicated newly identified HIV cases within six months of report.

The 10 Essential Services of PH	Healthy People 2020
ES 1	N/A
National Prevention Strategy	Live Well San Diego
Reproductive and Sexual Health	Building a Better System

**GOAL 4: CHILDHOOD LEAD POISONING PREVENTION**

**Strategy 4.1** Provide case management services to children with elevated blood lead levels.

- ▶ **Objective 4.1.1** Public Health nurse will initiate case management of children with blood lead levels 15-44 ug/dL within one week of referral.

The 10 Essential Services of PH	Healthy People 2020
ES 1, 2	EH-8
National Prevention Strategy	Live Well San Diego
Mental and Emotional Well Being	Building a Better System

**Strategy 4.2** Inform healthcare providers of the legal mandates for conducting lead screening on young children.

- ▶ **Objective 4.2.1** Provide presentations to 50 health care providers, staff, or nursing students to educate them about their legal responsibilities for lead screening and parental counseling.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 2	EH-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Mental and Emotional Well Being	Building a Better System

**Strategy 4.3** Provide outreach and education to families and caregivers of high-risk children.

- ▶ **Objective 4.3.1** Provide lead poisoning prevention information to 4,000 families with young children who are enrolled in or eligible for publicly funded health services.
- ▶ **Objective 4.3.2** Provide education to 30-50 teen participants in pre/post natal groups.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 2	EH-8
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Mental and Emotional Well Being	Building a Better System

## ▶ Immunizations

**GOAL 5: CLINICAL SERVICES.** Promote high-quality immunization practices among public and private providers serving residents of San Diego County.

**Strategy 5.1** Develop and implement policies and procedures that support quality immunization practices and accountability of publicly funded vaccines.

- ▶ **Objective 5.1.1** Maintain the County Immunization Protocols and provide updated information on new immunization requirements to Public Health Centers within two weeks of notification of update.
- ▶ **Objective 5.1.2** Monitor the use of publicly provided influenza vaccine to account for 100% of doses allocated to San Diego County.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 8	IID-1, 7, 8, 10-13
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 5.2** Provide instruction on immunization practices to healthcare professionals.

- ▶ **Objective 5.2.1** Provide a minimum of 2 Immunization Skills Institute (ISI) trainings per year for Medical Assistants.
- ▶ **Objective 5.2.2** Provide one Immunizations Basics Training per year for County Public Health Nurses.
- ▶ **Objective 5.2.3** Provide a resident immunization training program for at least three programs in obstetrics and gynecology, internal medicine, pediatrics, and family practice.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 8	IID-1, 7, 8, 10-13
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 5.3** Minimize the spread of vaccine-preventable disease through timely investigation of suspect or confirmed cases, and emergency preparedness activities.

- ▶ **Objective 5.3.1** Follow up on 100% of reported cases within one business day of receiving a referral in accordance with California Department of Public Health investigation guideline and provide disease specific infection control information.
- ▶ **Objective 5.3.2** Collaborate with HHS partner to conduct a minimum of one mass vaccination exercise per year.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 8	IID-1, 7, 8, 10-13
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

## GOAL 6: COMMUNITY ASSESSMENT AND PUBLIC INFORMATION

**Strategy 6.1** Promote and monitor compliance with California School Immunization Law.

- ▶ **Objective 6.1.1** Report 100% of school and childcare centers Immunization Assessments to the California State Immunization Branch.

The 10 Essential Services of PH	Healthy People 2020
ES 1, 2, 6	IID-1, 7, 8, 10-13
National Prevention Strategy	Live Well San Diego
N/A	Building a Better System

**Strategy 6.2** Promote and provide accurate immunization information and resources.

- ▶ **Objective 6.2.1** Respond to 100% of requests for immunization information or referrals within one business day.

The 10 Essential Services of PH	Healthy People 2020
ES 1, 2, 3	IID-1, 7, 8, 10-13
National Prevention Strategy	Live Well San Diego
N/A	Building a Better System

## GOAL 7: IMMUNIZATION INFORMATION SYSTEM. Manage the San Diego Immunization Registry (SDIR).

**Strategy 7.1** Maintain a secure web-based system available to authorized users to access patient vaccine records.

- ▶ **Objective 7.1.1** Process 100% of all requests for Healthcare Effectiveness Data and Information Set Immunization data in California Immunization Registry (CAIR).
- ▶ **Objective 7.1.2** Process upload of San Diego county birth records into SDIR within one week of becoming available from the Automated Vital Statistics System (AVSS) server from Vital Records.
- ▶ **Objective 7.1.3** Document and develop responses as appropriate to 100% of provider requests related to participation in Meaningful Use and/or health information exchange.

The 10 Essential Services of PH	Healthy People 2020
ES 1, 9	IID-18
National Prevention Strategy	Live Well San Diego
N/A	Building a Better System

# ▶ Office of Vital Records and Statistics

## GOAL 8: Maintain a uniform system for registration of all births, deaths, and fetal deaths that occur in the county.

**Strategy 8.1** Assure compliance with all statutory requirements for registration of vital events.

- ▶ **Objective 8.1.1** Develop a plan for communication to appropriate stakeholders and implementation of all statutory requirement changes and government directives within three days of notification.
- ▶ **Objective 8.1.2** Conduct a minimum of six trainings for new providers and mortuary staff.

The 10 Essential Services of PH	Healthy People 2020
ES 1, 6	PHI-10
National Prevention Strategy	Live Well San Diego
N/A	Building a Better System



**Strategy 8.2** Provide administrative and customer services to complete birth certificate registrations for all births including adoptions, surrogate births, and out-of-hospital births in the county.

- ▶ **Objective 8.2.1** Process 85% of birth certificates within 3 days of receipt of the document.
- ▶ **Objective 8.2.2** Track revenue, certified birth certificates, and banknote paper to verify 100% accuracy on a daily basis.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 6	PHI-10
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 8.3** Provide administrative and customer services to complete death certificate registrations and issuance of burial permits for all deaths in the county.

- ▶ **Objective 8.3.1** Process 85% of death certificates within 8 days of the event.
- ▶ **Objective 8.3.2** Issue 85% of burial permits within 8 days of death, including remains being shipped outside of San Diego County or California.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 6	PHI-10
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**GOAL 9: Manage the medical marijuana identification card program.**

**Strategy 9.1** Provide administrative and customer services to issue medical marijuana identification cards.

- ▶ **Objective 9.1.1** Process 100% of all required forms in accordance with California laws and regulations.
- ▶ **Objective 9.1.2** Respond to customer requests for information about the application process within one business day.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 6	PHI-10
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Public Health Laboratory**

**GOAL 10: Administration/Quality assurance**

**Strategy 10.1** Utilize appropriate technologies that support the rapid delivery of high quality laboratory results.

- ▶ **Objective 10.1.1** Identify and implement appropriate technologies to improve process for distribution of patient results to external submitters.
- ▶ **Objective 10.1.2** Upgrade the Laboratory Information Management System StarLIMS from version 10.04 to version 10.09.
- ▶ **Objective 10.1.3** Integrate DSX Test Equipment with StarLIMS.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 7	PHI-12
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System

**Strategy 10.2** Maintain state-of-the-art testing methods to assure that test results are accurate and reliable.

- ▶ **Objective 10.2.1** Monitor proficiency testing scores and ensure that at least 75% of proficiencies in each testing area are passed with a score of at least 80%.
- ▶ **Objective 10.2.2** Maintain reporting at a level of greater than or equal to 95% of acid fast smears for tuberculosis screening reported within one working day of receipt of specimen.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 7	PHI-12
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System

**Strategy 10.3** Maintain public health laboratory licensing requirements for Clinical Laboratory Improvement Amendments (CLIA), Environmental Laboratory Accreditation Program (ELAP), and Select Agent Laboratory capacity.

- ▶ **Objective 10.3.1** Achieve 100% of quality control requirements for serology and bacteriology for CLIA.
- ▶ **Objective 10.3.2** Demonstrate 90% competency on annual assessment for reading and reporting of test results for ELAP.
- ▶ **Objective 10.3.3** Comply with 100% of regulations for the possession, use, and transfer of biological select agents and toxins for Select Agent Laboratory.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 6	PHI-11
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System , Living Safely

**GOAL 11: SUPPORT.** Provide timely and accurate laboratory testing to detect and control disease, including those which pose significant public health threats.

**Strategy 11.1** Maintain 24 hours/7 days a week testing capability for influenza and agents of bioterrorism.

- ▶ **Objective 11.1.1** Ensure at least six public health microbiologists shall have demonstrated individual proficiency in performance of rapid influenza tests using molecular methods.
- ▶ **Objective 11.1.2** Ensure at least six public health microbiologists shall have demonstrated proficiency in performance of multi-agent screen tests for agents of bioterrorism using currently recommended methods.

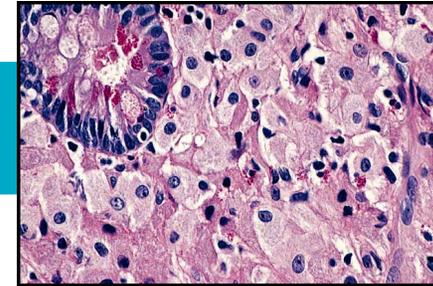
<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 2	PHI-12
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Living Safely: Communities are <i>resilient</i> to disasters and emergencies



# HIV, STD and Hepatitis Branch

## Programs

- ◆ Administration
- ◆ AIDS Case Management
- ◆ Clinical Services
- ◆ HIV/AIDS Care and Treatment
- ◆ HIV Education and Prevention
- ◆ STD Prevention and Control



Note: Any objectives that do not explicitly state a date is intended to be accomplished annually by the end of every fiscal year (June 30).

## Administration

**GOAL 1: Provide policy direction and a quality management/improvement system for HIV, STD and Hepatitis Branch (HSHB) processes, programs, and interventions.**

**Strategy 1.1** Ensure policies and procedures are in place that describe standards of operation for all HSHB programs and services.

- ▶ **Objective 1.1.1** By December 31, 2013, all programs and services in the HIV, STD and Hepatitis Branch (HSHB) will have developed policies and procedures that describe standards of operation.

**Strategy 1.2** Evaluate and continuously improve processes, programs, and interventions of HSHB and its contractors.

- ▶ **Objective 1.2.1** Annually, create a branch-wide quality management/improvement plan encompassing components of all program areas with annual quality improvement goals based on HSHB, PHS and HHSA and funder policies and direction.
- ▶ **Objective 1.2.2** Document and report best practices developed for HSHB processes, programs, and interventions on a quarterly basis.

The 10 Essential Services of PH	Healthy People 2020
ES 5	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

The 10 Essential Services of PH	Healthy People 2020
ES 9	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**GOAL 2: FISCAL AND PROGRAM MONITORING. Provide appropriate fiscal and program monitoring of all HSHB units.**

**Strategy 2.1:** Maintain systems for monitoring fiscal performance as of HSHB and its contractors.

- ▶ **Objective 2.1.1:** Continue meeting monthly to review fiscal performance.

The 10 Essential Services of PH	Healthy People 2020
ES 1, 5, 9	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 2.2:** Continue to develop systems for monitoring HSHB performance in all units.

- ▶ **Objective 2.2.1:** Continue development and review of monthly reports from Field Services/Alternate Test Sites (ATS), AIDS Case Management (ACM) and the STD Clinic.
- ▶ **Objective 2.2.2:** Develop and deploy tool for reviewing Ryan White contractor performance.
- ▶ **Objective 2.2.3:** Expand tool to cover Education and Prevention (E&P), HIV Counseling and Testing (HCT) and Care and Treatment (C&T) programs.
- ▶ **Objective 2.2.4:** Expand tool to cover all remaining contracted services.
- ▶ **Objective 2.2.5:** Review contractor programmatic performance.

The 10 Essential Services of PH	Healthy People 2020
ES 9	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**GOAL 3: STAFF TRAINING AND DEVELOPMENT.** Ensure HSHB staff members are provided with training and development opportunities to improve knowledge of public health theory and practice, strengths-based management, and team cohesiveness.

**Strategy 3.1.** Utilize Branch All Units and All Staff meetings to deliver key trainings.

- ▶ **Objective 3.1.1.** Provide at least 12 hours of training during All Unit and All Staff meetings.

The 10 Essential Services of PH	Healthy People 2020
ES 8	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Improving the Culture from Within

**GOAL 4: To provide appropriate, allowable, timely and accurate administrative support to all HSHB programs.**

**Strategy 4.1.** Ensure smooth Branch operations by completing required and requested administrative projects on or before deadlines.

- ▶ **Objective 4.1.1:** Collaborate with HIV program staff to provide timely completion of contract amendments.
- ▶ **Objective 4.1.2:** Meet all fiscal project deadlines.

The 10 Essential Services of PH	Healthy People 2020
ES 5	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Clinical Services**

**GOAL 5: Ensure HIV testing and STD screening and clinical services are available for populations at highest risk for infection and transmission.**

**Strategy 5.1.** Use STD/HIV disease surveillance statistics related to morbidity to determine regions of San Diego County with the highest need for direct clinical services and target those resources to the affected areas.

- ▶ **Objective 5.1.1.** Restructure STD/HIV services offered to increase access to risk-based STD/HIV screening and vaccinations in the regional STD/HIV clinics.
- ▶ **Objective 5.1.2.** Develop evaluation tool to analyze impact of changes made to delivery of STD/HIV clinical services.

The 10 Essential Services of PH	Healthy People 2020
ES 1, 2, 3, 6	STD 1, 2, 6
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System

## HIV Care/AIDS Treatment

**GOAL 6:** Coordinate efforts to sustain a continuum of care that achieves the early identification of individuals with HIV/AIDS (EIIHA) and linkage to and maintenance in care (LMC), increasing the number of individuals who are adhering to anti-retroviral therapy (ART) and reducing viral load.

**Strategy 6.1:** Develop estimates of engagement in care for HIV-positive individuals that describe 1) the percentage who are HIV-positive and aware of their status; 2) the percentage of individuals who are linked to care; 3) the percentage of individuals who are retained in primary care; 4) the percentage of individuals who are prescribed ART; and 5) the percentage of individuals who have undetectable viral loads.

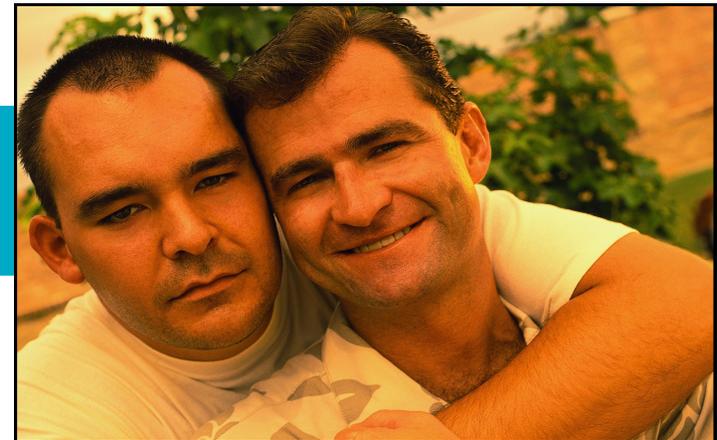
- ▶ **Objective 6.1.1:** Estimate the number of individuals who are HIV-infected but unaware of their status.
- ▶ **Objective 6.1.2:** Update Cascade of HIV Care estimates.
- ▶ **Objective 6.1.3:** Review Spectrum of Engagement in Care in EIIHA/TLC (Test and Link to Care), Standards of Care Committee, Evaluation Committee, and Continuum of Care Committee.

The 10 Essential Services of PH	Healthy People 2020
ES 1-5, 7	HIV-AII
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System

**Strategy 6.2:** Ensure that individuals who are at high risk for HIV/STD infection test regularly and those at high risk for transmission receive appropriate behavioral interventions.

- ▶ **Objective 6.2.1:** Ensure 80% of individuals unaware of their status receiving HSHB-funded Education and Prevention (E&P) individual level interventions are referred to HIV testing and receive their test results.
- ▶ **Objective 6.2.2:** Ensure 90% of outreach contacts with individuals who report risk behaviors and identify as HIV negative or not aware of their current HIV status are referred to HCT programs.
- ▶ **Objective 6.2.3:** Ensure that 80% of E&P single-session group participants who are unaware of their HIV status receive referral for HIV counseling and testing.
- ▶ **Objective 6.2.4:** Ensure 70% of E&P multi-session group participants who are unaware of their HIV status complete an HIV test and receive their result before their last group session.
- ▶ **Objective 6.2.5:** Ensure 92% of persons testing positive in HSHB-funded HCT programs are made aware of their status.
- ▶ **Objective 6.2.6:** Assess 90% of all Ryan White-funded primary care patients for transmission risk. Refer those at-risk to Health Education and Risk Reduction (HERR) services.
- ▶ **Objective 6.2.7:** Ensure that Partner Services is offered throughout the continuum of care.
- ▶ **Objective 6.2.8:** Engage in activities that increase the acceptance of dual and third-party notification.

The 10 Essential Services of PH	Healthy People 2020
ES 1-4, 7	HIV 1-7, 9, 10, 13, 14, 17, 18
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System



**Strategy 6.3:** Ensure that individuals who are HIV-positive are linked to HIV primary care.

- ▶ **Objective 6.3.1:** Ensure that the estimate of unmet need (individuals who know they are HIV-positive but not accessing primary care) decreases by 2% per year.
- ▶ **Objective 6.3.2:** Ensure 98% of individuals who enroll in HSHB-funded medical case management programs are linked to HIV primary medical care with a verified visit within 90 days.
- ▶ **Objective 6.3.3:** Ensure 90% of individuals testing positive in an HSHB-funded HCT program are linked to HIV primary medical care with a verified medical visit within 90 days.
- ▶ **Objective 6.3.4:** Ensure 90% of HIV-positive individuals in any Ryan White-funded program who report not being in HIV primary care are enrolled in HIV primary care with a verified medical visit within 90 days.
- ▶ **Objective 6.3.5:** Assess all STD/HIV clinic clients known to be HIV-positive to determine if they are accessing HIV primary care services. Link clients who indicate a lack of a medical home to HIV primary care services with a facilitated referral.
- ▶ **Objective 6.3.6:** Ensure 90% of outreach contacts who are HIV-positive and out of care receive referrals for HIV primary care.
- ▶ **Objective 6.3.7:** Ensure 80% of E&P single-session group participants who are HIV positive and out of care receive referral to HIV primary medical care.
- ▶ **Objective 6.3.8:** Ensure 70% of E&P multi-session group participants who are HIV-positive and report being out of care at their first session complete referral to HIV primary medical care within 90 days.
- ▶ **Objective 6.3.9:** Ensure 80% of E&P Individual Level Intervention (ILI ) participants who are HIV positive and report being out of care will have a verified medical visit within 90 days of enrollment.
- ▶ **Objective 6.3.10:** Ensure that 50% of all individuals identified as HIV-positive in County jails, screened into AIDS Case Management (ACM) and transitioning to the community are linked to HIV primary care services with a verified medical visit (client, provider or data verified).

The 10 Essential Services of PH	Healthy People 2020
ES 1-5, 7	HIV-10, 11, 12
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System



**Strategy 6.4:** Ensure that individuals who are enrolled in HIV primary care are retained in care.

- ▶ **Objective 6.4.1:** Ensure that 90% of HIV-positive participants in any Ryan White-funded program who report being in care are retained in care throughout program enrollment.
- ▶ **Objective 6.4.2:** Ensure 66% of individuals who begin the year enrolled in HSHB-funded primary care have at least two medical visits, at least three months apart, during the year.
- ▶ **Objective 6.4.3:** Ensure that all patients enrolled in Ryan White-funded primary care are screened twice annually for eligibility for other payer sources, including programs created as a result of the Affordable Care Act (ACA).
- ▶ **Objective 6.4.4** Open service to 50 clients from the County jails each year.

The 10 Essential Services of PH	Healthy People 2020
ES 1-5, 7	HIV 1-7, 9-12
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System

**Strategy 6.5:** Ensure that individuals who are retained in care are prescribed ART.

- ▶ **Objective 6.5.1:** Ensure that the ADAP coordinator conducts at least six visits per year to ADAP enrollment sites, with a written report documenting each visit, to ensure program compliance.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-5, 7	HIV 1-7, 9-12
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System

**Strategy 6.6:** Ensure that individuals who are on ART achieve viral load suppression.

- ▶ **Objective 6.6.1:** Ensure that the annual estimate of individuals who are virally suppressed increases by 2% per year.
- ▶ **Objective 6.6.2:** Ensure 90% of outreach contacts who are HIV-positive and report having missed taking any HIV medication in the past seven days receive referral for medication adherence education or counseling.
- ▶ **Objective 6.6.3:** Ensure 80% of E&P single-session group participants who are HIV positive and report having missed taking any HIV medication in the past 7 days receive medication adherence education or referral for medication adherence counseling.
- ▶ **Objective 6.6.4:** Ensure 70% of HIV-positive E&P multi-session group participants who report during the first session having missed taking any HIV medications in the prior seven days receive medication adherence education or complete referral for medication adherence counseling before their last session
- ▶ **Objective 6.6.5:** Ensure 80% of HIV positive ILI participants who receive medication adherence education or counseling report a reduction in the number of days missed taking HIV medication at their last session.
- ▶ **Objective 6.6.6:** Ensure 90% of outreach contacts who are HIV-positive and unaware of their viral load receive referral for viral load education.
- ▶ **Objective 6.6.7:** Ensure 80% of HIV-positive E&P single-session group participants who are unaware of their viral load receive viral load education or referral.
- ▶ **Objective 6.6.8:** Ensure 70% of HIV-positive E&P multi-session group participants who report being unaware of their viral load at the first session report knowing their viral load within 90 days.
- ▶ **Objective 6.6.9:** Ensure 80% of HIV-positive ILI participants who are unaware of their viral load know their viral load within 90 days from their first ILI session.
- ▶ **Objective 6.6.10:** Assess 90% of all Ryan White-funded primary care patients who are receiving Anti-Retroviral Therapy (ART) for adherence to their medication regimen. Refer those who are not adherent (report missing any doses during the prior seven days) to medication adherence education and/or counseling.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 3-5, 7-9	HIV 1-7, 9-12
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System



**Strategy 6.7:** Maintain a planning process for the continuum of care that obtains the input of HIV consumers, HIV providers, and other interested community members and prioritizes populations, services and funding levels.

- ▶ **Objective 6.7.1:** Conduct a consumer needs assessment every other year.
- ▶ **Objective 6.7.2:** Conduct a provider needs assessment every other year.
- ▶ **Objective 6.7.3:** Provide data analysis and logistical support for the HIV Health Services Planning Council and HIV Prevention Community Planning Group to prioritize populations, services and/or funding levels.
- ▶ **Objective 6.7.4:** Continue to integrate, streamline and evaluate the planning process, to incorporate HIV surveillance, E&P, HCT and C&T.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 3-5, 9	HIV-All
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System

## Sexually Transmitted Disease Prevention and Control

### GOAL 7: Reduce the burden of Sexually Transmitted Diseases (STDs) in San Diego County.

**Strategy 7.1.** Provide case investigation and partner services for persons with infectious syphilis.

- ▶ **Objective 7.1.1** Conduct interviews of primary and secondary syphilis such that 40% of cases are interviewed within seven days, 50% within 14 days and 65% within 30 days of specimen collection.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-3, 5-7	STD-7
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System

**Strategy 7.2** Ensure all females entering San Diego County juvenile hall facilities are tested, and if necessary treated, for chlamydia and gonorrhea.

- ▶ **Objective 7.2.1** Achieve screening and treatment rates of greater than 70% for females booked into juvenile detention facilities.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 2, 7	STD 1, 2
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System

**Strategy 7.3** Increase the capacity of youth-serving providers to incorporate STD prevention messages into their work.

- ▶ **Objective 7.3.1** Conduct and evaluate two STD Overview for Non-Clinicians and one STD/HIV Update for Educators trainings and organize one adolescent sexual health conference per year.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 3, 4, 8	STD 1, 2, 6
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System

**Strategy 7.4** Continue to provide timely reminders regarding testing to individuals identified as high risk for STD's.

- ▶ **Objective 7.4.1** Oversee the facilitation of We All Test with Family Health Centers of San Diego.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 3-5, 7	STD 1, 2, 6, 7; HIV 14
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System

**Strategy 7.5** Ensure timely reporting to inform the public and partners of current STD trends.

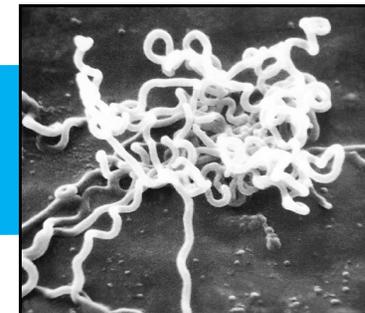
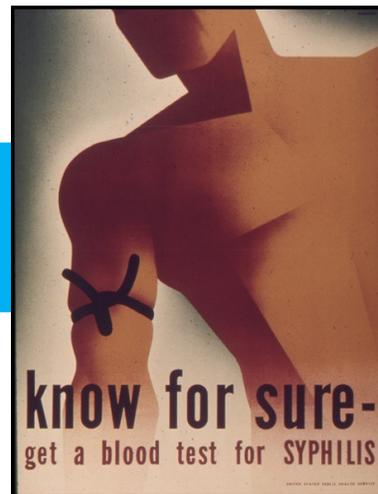
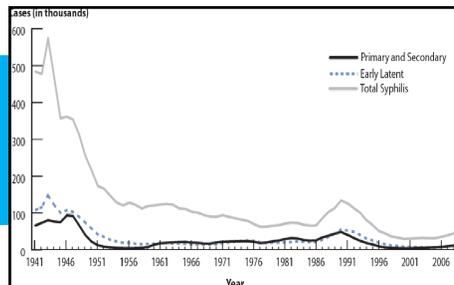
- ▶ **Objective 7.5.1** Compile Monthly STD Report with current data on the top three reportable STDs and an Editorial Note on a timely and relevant topic.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 3, 4, 8	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System

**Strategy 7.6:** Maintain team who coordinates data entry for all reportable diseases.

- ▶ **Objective 7.6.1** Ensure timely and adequate progress on data entry for all reportable diseases.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 3, 6	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System



# Maternal, Child, and Family Health Services

## Programs

### Administrative and Operational Support

### California Children Services (CCS)

- ◆ Medical Therapy Program (MTP)

### Child Health and Disability Prevention (CHDP)

- ◆ Healthy Infant Program Regional Health Nursing Support
- ◆ Treatment and Reimbursement

- ◆ Healthcare Program for Children in Foster Care

### Chronic Disease and Health Equity (CDHE)

- ◆ Childhood Obesity Initiative (COI)
- ◆ Community Transformation Grant (CTG)
- ◆ Supplemental Nutrition Assistance Program – Education (SNAP-Ed)

- ◆ Tobacco Control Resource Program (TCRP)

### Dental Health Initiative/ Share the Care

### Maternal, Child and Adolescent Health (MCAH)

- ◆ Black Infant Health
- ◆ California Home Visiting Program
- ◆ Comprehensive Perinatal Services Program
- ◆ Fetal and Infant Mortality Review

- ◆ Perinatal Care Network
- ◆ Sudden Infant Death Syndrome

### MCFHS Assessment and Case Management (ACMS)

### Men's Health

### Office of Violence Prevention



Note: Any objectives that do not explicitly state a date is intended to be accomplished annually by the end of every fiscal year (June 30).

## Administrative and Operational Support

### GOAL 1: Improve health equity for clients served by Maternal, Child, and Family Health Services (MCFHS) Programs.

**Strategy 1.1** Implement programs that decrease health disparities in clients served by MCFHS programs.

- ▶ **Objective 1.1.1** CCS will implement one activity to increase health equity of clients served by the program.
- ▶ **Objective 1.1.2** CHDP will implement one activity to increase health equity of clients served by the program.
- ▶ **Objective 1.1.3** CDHE will implement one activity to improve health equity for the populations served by the program.
- ▶ **Objective 1.1.4** MCAH will implement one activity to increase health equity of clients served by the program.

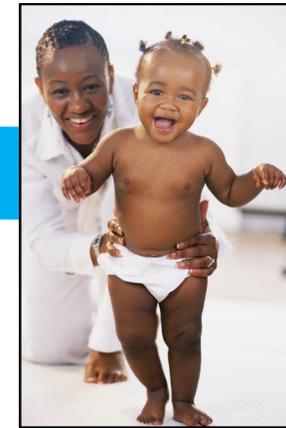
The 10 Essential Services of PH	Healthy People 2020
ES 1, 3-5	N/A
National Prevention Strategy	Live Well San Diego
Elimination of Health Disparities	Building a Better System

**GOAL 2: Enhance the quality of administrative and operational support in MCFHS to advance Live Well San Diego.**

**Strategy 2.1** Increase skills of administrative analysts and program managers in fiscal management and planning.

- ▶ **Objective 2.1.1** Optimize the match of available resources to accomplish program goals as part of a Five Year Financial Forecast.
- ▶ **Objective 2.1.2** Maximize available resources through matching and other means and ensure compliance with all funding requirements as part of the Two Year Operational Plan.
- ▶ **Objective 2.1.3** Ensure positive fund balance through close monitoring of expenditures; timely claims submissions to all funding sources; and periodic review of revenue accruals.
- ▶ **Objective 2.1.4** Provide monthly updates to ensure program managers are up-to-date with all funding source requirements and expenditures to date.
- ▶ **Objective 2.1.5** Require all Contracting Officer Representatives (CORs) and contract analysts to attend at least 75% of contracting staff meetings.
- ▶ **Objective 2.1.6** Include at least ten contract trainings as part of the contracting meetings.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 8	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System



▶ **California Children’s Services**

**GOAL 3: Families, children and providers will be assisted in how to use new and ongoing CCS program services, and access and navigate changing health care systems to assure effective, continuous care delivery.**

**Strategy 3.1** Identify a medical home for all CCS enrollees.

- ▶ **Objective 3.1.1** 100% of children enrolled in the CCS Program will have documented medical homes/primary care providers.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
F7	MICH-30
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 3.2** Program eligibility will be determined in a timely manner according to prescribed guidelines per Title 22, California Code of Regulations, Section 42000, and according to CMS policy.

- ▶ **Objective 3.2.1** Medical eligibility determined within 5 working days of receipt of all medical documentation necessary to determine whether a CCS-eligible condition exists on 95% of audited cases.
- ▶ **Objective 3.2.2** Residential eligibility determined within 30 days of receipt of documentation needed to make the determination on 95% of audited cases.
- ▶ **Objective 3.2.3** Financial eligibility determined within 30 days of receipt of documentation necessary to make the determination on 95% of audited cases.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
F7	MICH-30
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**Strategy 3.3** Expand utilization of the CCS eQuest web-based referral application in the medical provider community.

- ▶ **Objective 3.3.1** Identify the cause of minimal referral growth and implement changes to increase overall referral numbers to 80% by conducting a Quality Improvement (QI) Project.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
F7	MICH-30
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
N/A	Building a Better System

**GOAL 4: Health and support services for children with special physical, emotional and social health needs will be addressed efficiently and effectively by qualified CCS providers, private and public offices and clinics, special care centers, regional centers, medical therapy programs and through other community resources.**

**Strategy 4.1** Ensure utilization of Special Care Center (SCC) Service.

- ▶ **Objective 4.1.1** 85% of audited cases on CCS patients that received SCC authorization (SCG 02) was seen at least annually at the appropriate SCC and with documented family participation and an interdisciplinary team report.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
F7	MICH-31
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Healthy Eating, Active Living	Building a Better System

**Strategy 4.2** Ensure timely Transition Planning services.

- ▶ **Objective 4.2.1** Children, 14 years and older who are expected to have chronic health conditions that will extend past the 21<sup>st</sup> birthday will have documentation of a biannual review for long term transition planning to adulthood on 80% of audited cases.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
F7	MICH-31
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Healthy Eating, Active Living	Building a Better System

**Strategy 4.3** Ensure family participation in the CCS program.

- ▶ **Objective 4.3.1** Family members are offered an opportunity to provide feedback regarding their satisfaction with the services received through the CCS program by participation in such areas as surveys, group discussions, or individual consultation.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
F7	MICH-31
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Healthy Eating, Active Living	Building a Better System

**Strategy 4.4** Ensure early detection and treatment of hearing loss with CCS patients.

- ▶ **Objective 4.4.1** 90% of infants referred to CCS through the Newborn Hearing Screening Program (NHSP) will receive prompt diagnostic testing by three months of age and treatment for infants with identified hearing loss by six months of age.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
F7	MICH-31
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Healthy Eating, Active Living	Building a Better System

**Strategy 4.5** Engage Medical Therapy Program patients in various activities to increase their functional skills level.

- ▶ **Objective 4.5.1** With 10% of the Medical Therapy Program cases being audited, 50% or more will demonstrate positive FISC score (or other functional standardized test score) change.
- ▶ **Objective 4.5.2** Annually the CCS Medical Therapy Program will provide resource sessions to address: 1) nutrition/healthy cooking, 2) home fitness activities, and 3) recreational activities which can be modified for clients with physical disabilities.
- ▶ **Objective 4.5.3** 75% of clients surveyed will demonstrate improved subjective response in their amount of exercise, healthy nutrition intake, and/or knowledge of resources after attending the special program.

The 10 Essential Services of PH	Healthy People 2020
F7	MICH-31
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Healthy Eating, Active Living	Building a Better System



## ▶ Child Health and Disability Prevention (CHDP)

**GOAL 5: PROVIDER - Promote early detection and prevention of disease and disabilities of CHDP-eligible children, all first grade enterers and high-risk infants in San Diego County.**

**Strategy 5.1** Ensure eligible children receive periodic, comprehensive, preventive health examinations through qualified CHDP providers.

- ▶ **Objective 5.1.1** Ensure at least 75% of CHDP providers due for recertification will score 85% or higher on the facility and/or medical record review.
- ▶ **Objective 5.1.2** Ensure at least 75% of CHDP providers due for recertification will score 60% or higher on the desk top review.
- ▶ **Objective 5.1.3** At least 30% of medical records reviewed of children one and two years of age will have documentation of blood lead risk assessment or referral for blood lead level test.

The 10 Essential Services of PH	Healthy People 2020
ES 2-5,7, 8	MICH-1; OH-2, 3; NWS; TU
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Preventing Drug Abuse and Excessive Alcohol Use</li> <li>• Healthy Eating</li> <li>• Active Living</li> <li>• Injury and Violence Free Living</li> <li>• Reproductive and Sexual Health</li> <li>• Mental and Emotional Well-Being</li> </ul>	Building a Better System

**Strategy 5.2** Ensure follow up and treatment of health conditions detected during CHDP health assessments.

- ▶ **Objective 5.2.1** Conduct initial follow-up on 100% of referrals received from the State of California Newborn Hearing Screening Program within seven days of receipt of referral.
- ▶ **Objective 5.2.2** At least 25% of medical records reviewed of children two years of age and older who have diagnosis of obesity (above 95% BMI) will have documentation of all recommended laboratory tests (blood sugar and cholesterol screening).
- ▶ **Objective 5.2.3** At least 30% of medical records reviewed of children one year of age will be referred to a dentist for preventive care.

The 10 Essential Services of PH	Healthy People 2020
ES 2-5,7, 8	MICH-1; OH-2, 3; NWS; TU
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Preventing Drug Abuse and Excessive Alcohol Use</li> <li>• Healthy Eating</li> <li>• Active Living</li> <li>• Injury and Violence Free Living</li> <li>• Reproductive and Sexual Health</li> <li>• Mental and Emotional Well-Being</li> </ul>	Building a Better System

**GOAL 6: CHDP-Treatment Reimbursement (CHDP-TR):** Assure treatment of certain conditions found during a CHDP health assessment for children who have no health care resources.

**Strategy 6.1** Assure children receive treatment for CHDP-TR eligible health problems.

- ▶ **Objective 6.1.1** Ensure 100% of prior authorization requests (PARS) will be processed within three working days of receipt.
- ▶ **Objective 6.1.2** Ensure 100% of new CHDP providers will receive a CHDP-TR Program Overview and application form, and a follow-up phone call to promote participation in the CHDP-TR program for children who have no other health care resources.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 2-5,7, 8	MICH-1; OH-2, 3; NWS; TU
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Preventing Drug Abuse and Excessive Alcohol Use</li> <li>• Healthy Eating</li> <li>• Active Living</li> <li>• Injury and Violence Free Living</li> <li>• Reproductive and Sexual Health</li> <li>• Mental and Emotional Well-Being</li> </ul>	Building a Better System 

**GOAL 7: HEALTHY INFANT PROGRAM.** Reduce mortality and morbidity in high-risk infants in San Diego County.

**Strategy 7.1** Provide Regional Public Health Nursing (PHN) assessment, support, referral and care coordination to ensure high-risk infants receive well-child exams, immunizations, health insurance, a medical home and other needed services annually.

- ▶ **Objective 7.1.1** Ensure that 40% of infants in MCAH Public Health Nursing program continue to be breastfed to 6 months of age.
- ▶ **Objective 7.1.2** Ensure at least 60% of clients identified through PHN case management who smoke will quit or reduce smoking.
- ▶ **Objective 7.1.3** Ensure at least 70% of clients who were identified as abusing drug/alcohol by PHN case management will quit or reduce or enter into a program or abusing alcohol/drugs.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 3, 4, 7	MICH-1; AHS-1; SDOH; TU
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Preventing Drug Abuse and Excessive Alcohol Use</li> <li>• Healthy Eating</li> <li>• Injury and Violence Free Living</li> <li>• Reproductive and Sexual Health</li> <li>• Mental and Emotional Well-Being</li> </ul>	Building a Better System 

**GOAL 8: HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC).** Utilize Public Health Nursing expertise in meeting the medical, dental, mental and developmental health needs of children and youth in court-ordered out-of-home placement or foster care.

**Strategy 8.1** Provide education and guidance to staff, caregivers and community partners to facilitate access to needed medical and behavioral services for children and youth in out of home placement.

- ▶ **Objective 8.1.1** Ensure 85% of children in out-of-home placement receive health exams according to CHDP periodicity.
- ▶ **Objective 8.1.2** Ensure 65% of children in out-of-home placement receive dental exams according to CHDP periodicity.
- ▶ **Objective 8.1.3** Provide care coordination services on 100% of health problems (coded 4 or 5 on PM160) identified by HCPCFC Administration to resolution.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1,3-7, 9	MICH; OH-1,2;NSW; SDOH
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Reproductive and Sexual Health</li> <li>• Mental and Emotional Well-Being</li> </ul>	Building a Better System

# Chronic Disease and Health Equity

## GOAL 9: Create environments and policies that encourage healthy behaviors and healthy communities within San Diego County.

**Strategy 9.1** Chronic Disease Prevention to Improve Health Equity: Create policies, systems and environments to prevent chronic disease by improving health equity.

- ▶ **Objective 9.1.1** Participate in the development and implementation of PHS' Health Equity Plan.
- ▶ **Objective 9.1.2** Develop a proposal for a San Diego County Healthy Development Measurement Tool.
- ▶ **Objective 9.1.3** Develop a strategic implementation plan for chronic disease prevention in San Diego County.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1,3-5, 10	MICH; NSW; TU; SDOH
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Tobacco Free Living</li> <li>• Preventing Drug Abuse and Excessive Alcohol Use</li> <li>• Healthy Eating</li> <li>• Active Living</li> <li>• Mental and Emotional Well-Being</li> </ul>	Pursuing Policy and Environmental Changes

**Strategy 9.2** Childhood Obesity Initiative: reduce and prevent childhood obesity in San Diego County with an emphasis on environmental and policy changes.

- ▶ **Objective 9.2.1** Serve on the Leadership Council of the Childhood Obesity Initiative by attending monthly meetings.
- ▶ **Objective 9.2.2** Serve as co-chair of the Government Domain and develop and implement domain work plan.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1,3-5, 10	MICH; NSW; TU; SDOH
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Tobacco Free Living</li> <li>• Preventing Drug Abuse and Excessive Alcohol Use</li> <li>• Healthy Eating</li> <li>• Active Living</li> <li>• Mental and Emotional Well-Being</li> </ul>	Pursuing Policy and Environmental Changes



**Strategy 9.3** Community Transformation Grant: improve population health, reduce health disparities, and lower health care costs through the following strategic directions: tobacco-free living; active living and healthy eating; increase use of clinical and community preventive services; social and emotional wellness; and healthy and safe physical environments.

- ▶ **Objective 9.3.1** Increase the number of people with access to tobacco-free or smoke-free environments by at least 148,500.
- ▶ **Objective 9.3.2** Increase active transportation (commute and non-commute) mode share in San Diego County by 20%.
- ▶ **Objective 9.3.3** Increase the number of people with access to environments with healthy food and beverage options by 1,406,000.
- ▶ **Objective 9.3.4** Increase the number of schools that provide physical activity opportunities for students to achieve 30 minutes of physical activity during the school day by 19 within a particular school district.
- ▶ **Objective 9.3.5** Increase the number of people with increased access to systems or opportunities that support control of high blood pressure and of high cholesterol in health care and worksite settings to 1.6 million.
- ▶ **Objective 9.3.6** Increase the number of people with access to appropriate resources to ensure social and emotional wellness by 1,300.
- ▶ **Objective 9.3.7** Implement Health Impact Assessment protocols within the Metropolitan Planning Organization (MPO) to institutionalize a process for assessing social and health equity impacts and benefits of proposed transportation plans and projects.
- ▶ **Objective 9.3.8** First 5: Enhance and implement policies to support breastfeeding among new mothers at five hospitals.
- ▶ **Objective 9.3.9** First 5: Improve lactation policies in 10 school districts and a minimum of 30 businesses employing primarily low income women.

The 10 Essential Services of PH	Healthy People 2020
ES 1,3-5, 10	MICH; NSW; TU; SDOH
National Prevention Strategy	Live Well San Diego
<ul style="list-style-type: none"> <li>• Tobacco Free Living</li> <li>• Preventing Drug Abuse and Excessive Alcohol Use</li> <li>• Healthy Eating</li> <li>• Active Living</li> <li>• Mental and Emotional Well-Being</li> </ul>	Supporting Positive Choices



**Strategy 9.4 SNAP Ed:** Empower and enable Supplemental Nutrition Assistance Program-Education (SNAP-Ed/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level to select healthy foods and beverages and increase physical activity through nutrition educations, social marketing and environmental supports.

- ▶ **Objective 9.4.1** Complete all infrastructure related to program compliance, response to state assessment reports and onsite and desk reviews, required subcontract procurements, and participate in Network-sponsored trainings, by September 2016.
- ▶ **Objective 9.4.2** Build partnerships at the local level with social service agencies, CalFresh and other Food Nutrition Service Program (FNS) partners to align consistent nutrition education messages, initiatives, and access across FNS programs, by September 2016.
- ▶ **Objective 9.4.3** Implement neighborhood assessment of the availability of healthy foods, beverages, and physical activity in eligible low-income communities in six Communities of Excellence Projects (CX3) qualifying neighborhoods, by September 2016.
- ▶ **Objective 9.4.4** Implement 5 CX3-focused interventions by September 2016 and conduct community presentation in qualifying neighborhoods using the CX3 assessment findings.
- ▶ **Objective 9.4.5** Collaborate with community groups to identify food and beverage strategies in qualifying communities; participate in independent food council; and provide technical assistance to community members on educational and social marketing strategies and neighborhood assessment tools, by September 2016.
- ▶ **Objective 9.4.6** Provide nutrition education classes with physical activity integration to SNAP-Eligible participants, by September 2016.
- ▶ **Objective 9.4.7** Coordinate and promote local Network-signature nutrition education and obesity prevention promotional events aligned to state and local initiatives supported by local media and public relations, by September 2016.
- ▶ **Objective 9.4.8** Coordinate Rethink Your Drink activities in support of local and regional healthy beverage education efforts in support of statewide healthy beverage initiatives to decrease the consumption of sugar-sweetened beverages. Implement environmental strategies in support of the campaign, by September 2016.
- ▶ **Objective 9.4.9** Track one healthy beverage initiative and one healthy food initiative across four years using formative research, process and outcome evaluations, by September 2016.
- ▶ **Objective 9.4.10** Recruit and train adult peer educators to provide nutrition education, promote food security, and promote Network initiatives in local communities, by September 2016.
- ▶ **Objective 9.4.11** Assess the impact of the intervention to increase the consumption of healthy foods and beverages evaluating the pre and post results, by September 2016.
- ▶ **Objective 9.4.12** Build relationships with qualifying school/afterschool sites' administration, staff, parents and students to increase consumption and access of healthy foods and beverages through site based education and initiatives implementing nutrition education, wellness policy enhancement, and environmental strategies, by September 2016.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1,3-5, 10	MICH; NSW; TU; SDOH
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Tobacco Free Living</li> <li>• Preventing Drug Abuse and Excessive Alcohol Use</li> <li>• Healthy Eating</li> <li>• Active Living</li> <li>• Mental and Emotional Well-Being</li> </ul>	Supporting Positive Choices

- ▶ **Objective 9.4.13** Recruit youth from youth-serving agencies to establish youth teams identifying issues and providing solutions on consumption and access to healthy foods and beverages and physical activity opportunities. Provide leadership development and training for youth to conduct research projects using surveys, interviews, photo voice, and/or video projects to be shared at conduct community presentations, by September 2016.
- ▶ **Objective 9.4.14** Recruit qualifying worksites to increase consumption and access of healthy foods and beverages through nutrition education, wellness policy enhancement, and environmental strategies using the California Fit Business Kit, by September 2016.
- ▶ **Objective 9.4.15** Recruit qualifying retail sites to increase consumption and access of healthy foods and beverages through nutrition education, wellness policy enhancement, and environmental strategies, by September 2016.
- ▶ **Objective 9.4.16** Recruit qualifying early childhood care and education sites and medical/dental providers/clinics to increase access and consumption of healthy foods and beverages through site-based education to site administration, staff, and parents for families of children zero to five, by September 2016.
- ▶ **Objective 9.4.17** Recruit predominantly African-American and/or Latino faith-based qualifying organizations to increase access and consumption of healthy foods and beverages through nutrition education, wellness policy enhancement, and environmental strategies utilizing the Body and Soul assessment tools and physical activity lessons from the Network Toolkit for Community Educators, by September 2016.



**Strategy 9.5** Tobacco Control Resource Program: Reduce promotions of tobacco products, exposure to secondhand smoke, access to tobacco products, and promote tobacco cessation.

- ▶ **Objective 9.5.1** Reduce the occurrence of tobacco product promotions.
- ▶ **Objective 9.5.2** Increase the number of communities with policies protecting the public from secondhand smoke in outdoor environments.
- ▶ **Objective 9.5.3** Increase the number of communities with policies protecting the public from secondhand smoke in indoor environments.
- ▶ **Objective 9.5.4** Increase the number of communities with a policy to reduce youth access to tobacco products.
- ▶ **Objective 9.5.5** Increase the number and quality of collaborative partnerships with health, education, social, environmental, business, political, and other organizations and agencies to address tobacco control and social determinants of health by at least eight.

The 10 Essential Services of PH	Healthy People 2020
ES 1,3-5, 10	MICH; NSW; TU; SDOH
National Prevention Strategy	Live Well San Diego
<ul style="list-style-type: none"> <li>• Tobacco Free Living</li> <li>• Preventing Drug Abuse and Excessive Alcohol Use</li> <li>• Healthy Eating</li> <li>• Active Living</li> <li>• Mental and Emotional Well-Being</li> </ul>	Supporting Positive Choices



## ▶ Dental Health Initiative/Share the Care

**GOAL 10:** Reduce and prevent the incidence of oral health among children and families in San Diego County.

**Strategy 10.1** Educate children, families, community organizations and health care professionals on preventive dental health practices.

- ▶ **Objective 10.1.1** A minimum of 65% community based organizations staff receiving education and training will demonstrate an increase in knowledge on oral health and access to care.
- ▶ **Objective 10.1.2** 60% of pregnant women who receive education and training will demonstrate an increase in knowledge on oral health and access to care.

The 10 Essential Services of PH	Healthy People 2020
ES 2-5, 7, 8	MICH; OH-1, 2; NSW; TU
National Prevention Strategy	Live Well San Diego
Health Eating	Supporting Positive Choices



# ▶ Maternal, Child and Adolescent Health (MCAH)

## GOAL 11: BLACK INFANT HEALTH (BIH). Reduce the disproportionate African American infant mortality rate in San Diego County.

**Strategy 11.1** Provide a comprehensive, community-based program that assures pregnant and parenting African American women and their infant through eighteen months of age, access to quality maternal and child health services, receive referrals to community resources and are provided with health education and social support.

- ▶ **Objective 11.1.1** Ensure at least 80% of BIH clients not in prenatal care begin care with 30 days of enrolling in the program.
- ▶ **Objective 11.1.2** A minimum of 88% of infants born to clients are of normal birth weight (2500 grams).
- ▶ **Objective 11.1.3** A minimum of 110% of clients initiate breastfeeding (excluding those with medical contraindications).
- ▶ **Objective 11.1.4** At least 70% of clients identified as abusing alcohol or illegal drugs enter treatment or substance abuse case management or stop use for the duration of the pregnancy.
- ▶ **Objective 11.1.5** At least 80% of clients identified as smoking after learning they are pregnant quit or reduce level of smoking for duration of the pregnancy.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1,3-5, 7-10	MICH; AHS-1; SDOH
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy Eating</li> <li>• Reproductive and Sexual Health</li> <li>• Mental and Emotional Well-Being</li> </ul>	Building a Better System

## GOAL 12: CALIFORNIA HOME VISITING PROGRAM (CHVP). To identify and provide comprehensive home visiting services to improve outcomes for families who reside in at risk communities.

**Strategy 12.1** Empower first-time low income pregnant women to successfully change their lives and the lives of their children through evidence-based nurse home visiting.

- ▶ **Objective 12.1.1** Ensure that 40% of infants in CHVP Nurse Family Partnership program continue to be breastfed to 6 months of age.
- ▶ **Objective 12.1.2** 24% reduction in maternal smoking during pregnancy between intake and at 36 weeks.
- ▶ **Objective 12.1.3** Ensure that 93% of babies born at a healthy weight – at or above 2500g (5.5lbs).
- ▶ **Objective 12.1.4** 30% increase in workforce participation among clients 18 years and older between intake and at closure (child 24 months of age).

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 3, 4, 7	MICH; AHS-1; SDOH; TU
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy Eating</li> <li>• Reproductive and Sexual Health</li> <li>• Mental and Emotional Well-Being</li> </ul>	Building a Better System



**GOAL 13: COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP).** Ensure all children are born healthy to healthy mothers, in a safe environment with equal access to appropriate and integrated care for all women, children and their families.

**Strategy 13.1** Provide skilled professional expertise to identify, monitor, coordinate and expand health and social services for pregnant women and their children.

- ▶ **Objective 13.1.1** Conduct annual quality assurance site visits, including chart reviews, for 70% of CPSP active provider sites in San Diego County.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 3, 5-8	MICH; AHS-1; NWS; TU
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy Eating</li> <li>• Reproductive and Sexual Health</li> <li>• Mental and Emotional Well-Being</li> </ul>	Building a Better System

**GOAL 14: FETAL INFANT MORTALITY REVIEW (FIMR).** Reduce fetal and infant mortality in San Diego County.

**Strategy 14.1** Develop and implement interventions designed to address health care system issues and practices and community changes to contribute to preventable fetal and infant deaths.

- ▶ **Objective 14.1.1** A minimum of 20% of mothers who have experienced a recent fetal/infant loss will complete a maternal survey to assist with the identification of barriers, underlying causes, and other contributing community factors.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 3, 7-10	MICH; AHS-1
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy Eating</li> <li>• Reproductive and Sexual Health</li> <li>• Mental and Emotional Well-Being</li> </ul>	Building a Better System

**GOAL 15: PERINATAL CARE NETWORK (PCN).** Home Visiting - Strengthen and improve maternal, infant and child health through the coordination of home visiting services and resources to promote healthy outcomes for families.

**Strategy 15.1** Conduct home visiting to assist pregnant women with gaining access to necessary care (ex. medical, behavioral, social and other services), assessment and education, care planning, referral/linkages and monitoring/follow up.

- ▶ **Objective 15.1.1** Ensure that 40% of infants in MCAH Public Health Nursing program continue to be breastfed to 6 months of age.
- ▶ **Objective 15.1.2** Ensure at least 60% of clients identified through PHN case management who smoke will quit or reduce smoking.
- ▶ **Objective 15.1.3** Ensure at least 70% of clients who were identified as abusing drugs/alcohol by PHN case management will quit or reduce or enter into a program or abusing alcohol/drugs.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 3, 4, 7	MICH; AHS-1; SDOH; TU
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy Eating</li> <li>• Reproductive and Sexual Health</li> <li>• Mental and Emotional Well-Being</li> </ul>	Building a Better System

**GOAL 16: SUDDEN INFANT DEATH SYNDROME (SIDS).** Reduce the number of deaths due to SIDS.

**Strategy 16.1** Provide outreach to educate parents, families and child care providers to reduce the risk of SIDS and promote safe sleep practices.

- ▶ **Objective 16.1.1** A minimum 85% of participants receiving SIDS education will demonstrate an increase in knowledge regarding SIDS risk reduction strategies and infant safe sleep.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1-5, 7	MICH; AHS-1; SDOH; TU
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Reproductive and Sexual Health</li> <li>• Mental and Emotional Well-Being</li> </ul>	Supporting Positive Choices

## ▶ Assessment and Case Management (ACMS)

**GOAL 17: Ensure preventive health care for Medi-Cal and other low- to moderate-income level children, pregnant women and families.**

**Strategy 17.1** Maintain a toll-free phone line to assess and refer pregnant women and children to needed services, including preventive health care and health care coverage.

- ▶ **Objective 17.1.1** 100% of children (0-20 years of age) referred from the Family Resource Center needing assistance with scheduling an appointment and/or transportation for a CHDP well child exam will be contacted for follow-up.
- ▶ **Objective 17.1.2** A minimum of 30% of children (0-20 years of age) will receive assistance with scheduling an appointment and/or transportation for a CHDP well child exam.
- ▶ **Objective 17.1.3** Ensure at least 70% of callers who are not in prenatal care begin care within 30 days of calling the Perinatal Care Network.

The 10 Essential Services of PH	Healthy People 2020
ES 3, 4, 7	MICH; AHS-1
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Reproductive and Sexual Health</li> <li>• Mental and Emotional Well-Being</li> </ul>	Building a Better System

## ▶ Men's Health

**GOAL 18: Promote healthy lifestyle behaviors among the male population to help reduce the premature mortality of men and boys in San Diego County.**

**Strategy 18.1** Increase awareness of health issues among male children, adolescents, and adult men in San Diego County.

- ▶ **Objective 18.1.1** Establish interventions focused on men's health in collaboration with community partners and other county programs.
- ▶ **Objective 18.1.2** Expand MCFHS programs focused to include a concentration on men's health.
- ▶ **Objective 18.1.2** Integrate men's health as component of MCFHS programming.

The 10 Essential Services of PH	Healthy People 2020
ES 3-5, 7	NWS; SDOH; TU
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Preventing Drug Abuse and Excessive Alcohol Use</li> <li>• Reproductive and Sexual Health</li> <li>• Mental and Emotional Well-Being</li> </ul>	Supporting Positive Choices

## ▶ Office of Violence Prevention (OVP)

**GOAL 19: Increase capacity of the office for "developing and implementing violence prevention programs throughout San Diego County" (Per Board of Supervisors dictate in 1994 establishment of OVP).**

**Strategy 19.1** Reduce incidence and prevalence of violence and injuries across the lifespan.

- ▶ **Objective 19.1.1** Increase community awareness of how to prevent violence and injury
- ▶ **Objective 19.1.2** Expand evidence-based programming.
- ▶ **Objective 19.1.3** Raise awareness through, public information efforts, etc.
- ▶ **Objective 19.1.4** Support the *Live Well San Diego* Safety Agenda.
- ▶ **Objective 19.1.5** Leverage and enhance internal programs and policies for violence and injury prevention.

The 10 Essential Services of PH	Healthy People 2020
ES 1, 3-6, 10	MCH; SDOH
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Preventing Drug Abuse and Excessive Alcohol Use</li> <li>• Reproductive and Sexual Health</li> <li>• Mental and Emotional Well-Being</li> </ul>	Supporting Positive Choices

# Public Health Nursing Administration

## Programs

- ◆ Public Health Nursing
- ◆ Clinical Quality Management
- ◆ Nurse-Family Partnership (NFP)
- ◆ Maternal Child Health
- ◆ Hansen's Outpatient Clinic
- ◆ Regional Public Health Center (RPHC) Clinics



Note: Any objectives that do not explicitly state a date is intended to be accomplished annually by the end of every fiscal year (June 30).

## GOAL 1: Evaluate strategies to decrease the dependence Public Health Nursing Programs have on the County Realignment.

**Strategy 1.1** Maximize revenue developments through Medi-Cal Administrative Activities (MAA)/Targeted Case Management (TCM) claiming and categorical funding streams.

- ▶ **Objective 1.1.1** PHN Admin will run monthly TCM reports to share with regional managers and supervisors.
- ▶ **Objective 1.1.2** All six regions will be entering TCM encounters data for reimbursement.
- ▶ **Objective 1.1.3** PHN Admin will conduct monthly reviews of TCM encounter data entered by the six regions.
- ▶ **Objective 1.1.4** MAA/TCM policy and procedures will be developed.
- ▶ **Objective 1.1.5** MAA/TCM training will be conducted for all six regions.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 7	AHS
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Mental and Emotional Well-Being	Building a Better System

**Strategy 1.2** Evaluate revenue opportunities to support PHN involvement in HHSA Strategic Initiatives.

- ▶ **Objective 1.2.1** Receive funding for Nurse-Family Partnership activities through San Diego Rotary Club.
- ▶ **Objective 1.2.2** Apply for grant funding to help supplement Support Materials for MCH and NFP home visitation programs.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 7	AHS
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Mental and Emotional Well-Being	Building a Better System

**GOAL 2: Ensure staff competencies in PHN programs and Public Health Center operations.**

**Strategy 2.1** Ensure nursing staff is trained to respond to disaster situation.

- ▶ **Objective 2.1.1** A core of at least eight disaster response training topics will be developed for PHN and other nursing staff. Four topics will be offered each year, with one topic each quarter.
- ▶ **Objective 2.1.2** At least 50 nursing staff will attend Points of Dispensing (POD) training or attend just in time training and participate in influenza POD.
- ▶ **Objective 2.1.3** At least 50 nursing staff will attend HazMat training for nurses. This training will include basics of chemical, biological, radiological, and explosive events.
- ▶ **Objective 2.1.4** A core set of skills trainings will be established for PHNs and other nursing staff.
- ▶ **Objective 2.1.5** At least 50 PHNs will complete and be certified in Emergency Oxygen Administration
- ▶ **Objective 2.1.6** Twelve PHNs will be identified (two per each of the six regions) for Phlebotomy training.
- ▶ **Objective 2.1.7** Training for Nasopharyngeal Swabbing will be developed for nursing staff.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 8	PREP
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Communities are <i>resilient</i> to disasters and emergencies

**Strategy 2.2** Ensure nursing staff has appropriate training and equipment to respond to a Biological Disaster situation/outbreak in collaboration with EISB, Department of Environmental Health (DEH) and EMS.

- ▶ **Objective 2.2.1** Ensure 80% of Regional PHNs up to date on fit testing to N95 masks.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 8	PREP
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Injury and Violence Free Living	Communities are <i>resilient</i> to disasters and emergencies

**GOAL 3: Improve Clinic and PHN program outcomes.**

**Strategy 3.1** Refine program and clinic outcome measures and data system.

- ▶ **Objective 3.1.1** Compare client outcomes from Retrospective Study with outcomes collected in new PHN database for Maternal Child Health (MCH) clients.
- ▶ **Objective 3.1.2** Have a resources directory available on PHN Admin SharePoint for all MCH home visitation guidelines.
- ▶ **Objective 3.1.3** Develop a quality framework for the MCH Program.
- ▶ **Objective 3.1.4** 40% of MCH and Nurse-Family Partnership (NFP) clients will still be breastfeeding when their infants are six months of age.
- ▶ **Objective 3.1.5** 24% of MCH and NFP clients identified through PHN case management will reduce smoking.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 9	MICH, HC/HIT
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Mental and Emotional Well-being	Supporting Positive Choices

**Strategy 3.2** Continue to review and improve models of operation.

- ▶ **Objective 3.2.1** Choose an electronic health record for Public Health Nursing.
- ▶ **Objective 3.2.2** Purchase Persimmony software for Public Health Nursing.
- ▶ **Objective 3.2.3** Develop policy and procedures for Persimmony software.
- ▶ **Objective 3.2.4** Develop training materials for Persimmony software.
- ▶ **Objective 3.2.5** Provide training for 100% of PHN staff.
- ▶ **Objective 3.2.6** Complete pilot for Policy Tech software for Public Health Services-Clinical Quality Management (CQM) Committee.
- ▶ **Objective 3.2.7** Develop policy and procedures for Policy Tech software.
- ▶ **Objective 3.2.8** Develop training materials for Policy Tech software.
- ▶ **Objective 3.2.9** Expand participation of Policy Tech software to other PHS Departments.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 9	MICH, HC/HIT
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Mental and Emotional Well-being	Building a Better System

**GOAL 4: Ensure the County provides quality medical services that meet quality standards.**

**Strategy 4.1** Evaluate medical services provided in PHS, Regional Public Health Centers (RPHC), and Polinsky Children’s Center Clinics.

- ▶ **Objective 4.1.1** Conduct annual site assessment PHS, RPHC, and Polinsky Children’s Center clinics, per Title 22 Regulations.
- ▶ **Objective 4.1.2** Create a Clinic Site Assessment Tool-Response Key to ensure clinics compliance with recommendations and requirements.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 9	PHI
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Mental and Emotional Well-being	Building a Better System

**Strategy 4.2** Evaluate medical services provided in detention facilities.

- ▶ **Objective 4.2.1** Amend the Institute for Medical Quality (IMQ) Contract to include conducting Title 15 Nutrition Inspections for applicable facilities.
- ▶ **Objective 4.2.2** 2 in-depth invoice reviews will be performed per Monitoring Plan of the IMQ Contract.
- ▶ **Objective 4.2.3** Two inspection reports (one adult and one juvenile) will be reviewed annually per Monitoring Plan of the IMQ contract.
- ▶ **Objective 4.2.4** 4 reviews of contract deliverables will be conducted annually per Monitoring Plan of the IMQ contract.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 9	PHI
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Mental and Emotional Well-being	Building a Better System

**Strategy 4.3** Ensure nursing staff are trained on all applicable new and renewal Policies and Procedures (P&P).

- ▶ **Objective 4.3.1** Ensure 100% of nursing staff complete new Medication Handling P&P training.
- ▶ **Objective 4.3.2** Develop process that ensures nursing staff has completed Medication Handling P&P training.
- ▶ **Objective 4.3.3** Develop Learning Management System (LMS) trainings for required policies and procedures for annual review to ensure licensed personnel’s knowledge (PHS and RPHC clinics only). LMS will be the tracking system to ensure compliance.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 9	PHI
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Mental and Emotional Well-being	Building a Better System

**GOAL 5: Complete Community Transformation Implementation Plan Activities.**

**Strategy 5.1** Develop milestone activities for MCH and NFP PHN Staff.

- ▶ **Objective 5.1.1** Develop a programmatic policy to train field PHN staff in the use of evidence-based tools that support healthy behaviors and lifestyle change.
- ▶ **Objective 5.1.2** Develop a Quality Assurance (QA) Plan to ensure activities cited in the policy are completed.
- ▶ **Objective 5.1.3** Develop training curriculum on Motivational Interviewing (MI) and NCAST that incorporates the 3-4-50 Concept.
- ▶ **Objective 5.1.4** Provide initial Motivational Interviewing (MI) training for all regional PHN staff.
- ▶ **Objective 5.1.5** Provide initial Nursing Child Assessment Satellite Training (NCAST) training for all new regional PHN staff.
- ▶ **Objective 5.1.6** Implement program policy and QA plan and conduct annual policy review.

The 10 Essential Services of PH	Healthy People 2020
ES 8	MICH
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Mental and Emotional Well-being	Building a Better System

**GOAL 6: Ensure PHN participation in Childhood Obesity Initiative Domains.**

**Strategy 6.1** Participate in Childhood Obesity Initiative (COI) Domains.

- ▶ **Objective 6.1.1** Identify COI Domains that would benefit from PHN involvement.
- ▶ **Objective 6.1.2** Identify PHN staff to participate in COI Domains.
- ▶ **Objective 6.1.3** Incorporate 5-2-1-0 into Early Childhood Domain.
- ▶ **Objective 6.1.4** Track PHN participation and involvement in COI Domains.

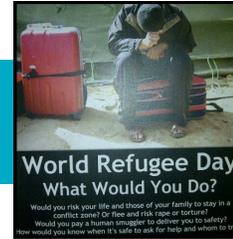
The 10 Essential Services of PH	Healthy People 2020
ES 1	NWS
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Healthy Eating & Active Living	Supporting Positive Choices



# Tuberculosis Control & Refugee Health

## Programs

- ◆ Tuberculosis (TB) Case Management
- ◆ TB Clinical Services
- ◆ TB Education and Outreach Services
- ◆ TB Surveillance
- ◆ Refugee Health Program



Note: Any objectives that do not explicitly state a date is intended to be accomplished annually by the end of every fiscal year (June 30).

## Tuberculosis (TB) Case Management

**GOAL 1:** Provide services to ensure all TB cases complete a curative course of therapy and contacts are evaluated and treated per national standards.

**Strategy 1.1** Provide case management services to ensure completion of recommended treatment.

- ▶ **Objective 1.1.1** Ensure that 80% of TB cases complete the recommended treatment course annually.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 2, 5-8, 10	IID 30
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Clinical and community-preventive services	Building a Better System

**Strategy 1.2** Ensure contacts to active TB case are evaluated and managed as per national standards.

- ▶ **Objective 1.2.1** Evaluate 80% of contacts as per CDC recommendations, annually.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 2, 5, 7-10	IID 31
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Clinical and community-preventive services	Building a Better System

## TB Clinical Services

**GOAL 2:** Provide services to ensure availability of TB screening and medical services for adult and pediatric care, regardless of geographic location and resources.

**Strategy 2.1** Provide expert clinical services and consultation to ensure best practices and safety net TB care.

- ▶ **Objective 2.1.1** Expand the current system to track key clinical and safety net services.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 4, 7, and 8	IID-29
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Healthy and Safe Community Environments	Building a Better System

**Strategy 2.2** Ensure clinic and case management services meet customer expectations.

- ▶ **Objective 2.2.1** Review 100% of case management and clinic customer satisfaction surveys every six months.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 4, 9	N/A
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
<ul style="list-style-type: none"> <li>• Healthy and Safe Community Environments</li> <li>• Clinical and community-preventive services</li> </ul>	Building a Better System

## ▶ TB Education and Outreach

**GOAL 3: Improve the level of knowledge and awareness about TB through leadership, education and community partnerships.**

**Strategy 3.1** Provide leadership in TB training and education for providers, key community agencies and high-risk groups.

- ▶ **Objective 3.1.1** Track the number of trainings and educational presentations, and number of individuals in attendance, annually.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 3, 4, 8,10	IID-29
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Healthy and Safe Community Environments	Building a Better System

**Strategy 3.2** Ensure the public health workforce is well trained with TB-specific knowledge and effective management approaches.

- ▶ **Objective 3.2.1** Track the number of trainings and number of staff trained.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 3, 4, 8,10	IID-29
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Healthy and Safe Community Environments	Building a Better System

**Strategy 3.3** Provide data to the community about TB trends.

- ▶ **Objective 3.3.1** Update and post a TB epidemiology report and fact sheet on the County website, annually.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 3, 9	IID-29
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Empowered People	Building a Better System

## ▶ TB Surveillance

**GOAL 4: Provide comprehensive, timely, case surveillance services.**

**Strategy 4.1** Conduct case-finding activities to reduce community transmission and individual morbidity.

- ▶ **Objective 4.1.1** By 2014, increase the percentage of all cases with TB who have been tested for HIV infection to at least 75%.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 2, 3	HIV 15
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Reproductive and Sexual Health	Building a Better System

**Strategy 4.2** Receive timely case reporting to ensure best practices in TB care and public health measures.

- ▶ **Objective 4.2.1** Ensure 95% of TB cases are reported annually to PHS within one working day from the start of treatment.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1, 2, 4, 6, 8, 9	IID-29
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Clinical and Community-Preventive Services	Building a Better System

## ▶ Refugee Health Program

**GOAL 5: Ensure quality health care screening and referral services for newly arriving refugees.**

**Strategy 5.1** Provide leadership in screening newly arriving refugees for conditions of public health significance.

- ▶ **Objective 5.1.1** Ensure 90% of incoming refugees start the health assessment process.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1- 4, 7	GH 2
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Clinical and Community-Preventive Services	Building a Better System

**Strategy 5.2.** Develop systems to address vaccine preventable diseases among refugee groups.

- ▶ **Objective 5.2.1** Assess immunization status on 90% of those starting health assessments.

<b>The 10 Essential Services of PH</b>	<b>Healthy People 2020</b>
ES 1- 3, 7	IID 1
<b>National Prevention Strategy</b>	<b>Live Well San Diego</b>
Clinical and Community-Preventive Services	Building a Better System





## BRANCH BUDGETS

The Public Health Services (PHS) budget for Fiscal Year 2013-2014 was adopted by the County of San Diego Board of Supervisors (BOS) and provides \$105.7 million to support programs and services. The adopted budget has a net increase of \$4.3 million in revenue from the previous fiscal year 2012-2013. The PHS budget is comprised of various funding sources, including federal, state, fee-based, County general fund, and reimbursements. The funding is allocated among the six PHS branches and administrative office. The budget is reviewed on an annual basis by the BOS, Chief Administrative Officer (CAO), Health and Human Services Agency (HHS) executive & budget offices, and the PHS administrative office. Financial monitoring is performed by the branches during the fiscal year, and expenditure and revenue projections are prepared quarterly. Projections are made to compare current fiscal year to date spending with their budgets. PHS also prepares a budget annually to determine the funding allocations for each branch. This section includes the staffing and budget information for each PHS branch for Fiscal Year 2013-2014. *Note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the BOS.*

# Administration Public Health Services

## Administration

FISCAL YEAR 2013-2014 BUDGET		
PROGRAM	CLASSIFICATION	FTE
<b>EXECUTIVE OFFICE</b>		
Wooten, Wilma J.	Public Health Officer	1.00
O' Shea, Dan	Admin, Public Health Svcs.	1.00
McDonald, Eric	Deputy Public Health Officer	1.00
Yaghmaee, Saman	Asst. Dep Dir, HHS	1.00
Vacant	Health & Human Svcs Admin.	1.00
Bannan, Tamara L.	Health Planning & Prog. Spec.	1.00
Boisvert, Anne	Admin Secretary III	1.00
Marcial, Liza	Admin Secretary II	1.00
<b>ADMIN SUPPORT SERVICES</b>		
Vacant	Department Budget Manager	1.00
Sison, Pete C.	Admin Analyst III	1.00
Yanischeff, Nick	Admin Analyst III	1.00
Lara, Daniel	Account Clerk	1.00
Paine, Lesia	Pharmacy Storekeeper	1.00
Lugo, Raymond	Pharmacy Stock Clerk	1.00
<b>CONTRACTS</b>		
Patterson, James	Managed Care Program Mgr.	1.00
King, Wendy	Admin Analyst III	1.00
<b>BORDER HEALTH</b>		
Kozo, Justine	Health Planning & Prog. Spec	1.00
Olmeda, Juan	Comm. Disease Investigator	1.00
<b>BRANCH TOTAL</b>		<b>18.0</b>

Staffing Detail

Administration  
Budget

FISCAL YEAR 2013-2014 BUDGET													
PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	CONTRACTS	TOTAL COST	FEDERAL	FEDERAL (BT)	STATE	MAA/TCM	REALIGN	OTHER	TOTAL REVENUE	NET COUNTY COST
Executive Office	8	\$1,460,102	\$243,401	\$74,411	\$1,777,914	\$150,000			\$78,202	\$1,505,636	\$44,076	\$1,777,914	\$0
Admin Support Services	6	\$670,351	\$182,551		\$852,902					\$852,902		\$852,902	\$0
Contracts	2	\$256,407	\$60,850	\$25,000	\$342,257					\$342,257		\$342,257	\$0
Border Health	2	\$226,503	\$133,071		\$359,574	\$30,965			\$20,740	\$307,869		\$359,574	\$0
<b>Totals</b>	<b>18</b>	<b>\$2,613,363</b>	<b>\$619,873</b>	<b>\$99,411</b>	<b>\$3,332,647</b>	<b>\$180,965</b>	<b>\$0</b>	<b>\$0</b>	<b>\$98,942</b>	<b>\$3,008,664</b>	<b>\$44,076</b>	<b>\$3,332,647</b>	<b>\$0</b>

Please note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the County Board of Supervisors.

### Medi-Cal Administration Activities/Targeted Case Management (MAA/TCM)

## MAA/TCM Budget

NAME	CLASSIFICATION	FTE
DiCroce, J	Managed Care Pgm Mgr	1.0
Bonner, K	Admin Secretary II	1.0
Cahill, M	Admin Analyst III	1.0
Hillery, P	Admin Analyst III	1.0
Acosta, M	Admin Analyst II	1.0
<b>TOTAL</b>		<b>5.0</b>

Staffing  
Detail

FISCAL YEAR 2013-2014 BUDGET									
POSITIONS	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	CONTRACTS	TOTAL COST	REVENUE BY SOURCE		TOTAL REVENUE	NET COUNTY COST
						MAA/TCM	Realign		
5	5	\$566,763	\$308,102	\$405,000	\$1,279,865	\$1,279,865	\$0	\$1,279,865	\$0

Please note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the County Board of Supervisors.

# Emergency Medical Services

## Emergency Medical Services (EMS)

### FISCAL YEAR 2013-2014 BUDGET

PROGRAM	CLASSIFICATION	FTE	PROGRAM	CLASSIFICATION	FTE	PROGRAM	CLASSIFICATION	FTE
<b>Administration</b>			Diane Royer	QA Specialist	0.05	<b>Epidemiology &amp; Surveillance</b>		
	Chief, Agency		Sue Dickinson	QA Specialist	1.00	Leslie Ray	Sr. Epidemiologist	0.60
Marcy Metz	Operations	0.95	Meredith Conte	QA Specialist	0.85	Barbara Ste-		
Bruce Haynes	Medical Director, EMS	0.80	Vacant	QA Specialist	0.14	panski	Epidemiologist II	0.22
Jamie Beam	Admin Srv Manager I	1.00	Candy Schoenheit	QA Specialist	0.75	Alicia Sampson	Epidemiologist II	0.20
Adria Cavanaugh	AAIII	1.00	Sian Mulder	AAII	0.15	Isabel Corcos	Epidemiologist II	0.90
						Vacant	Biostatistician	0.25
Marlene Goldstein	AAII	0.87	Carla Smith	Medical Record Tech	0.90	<b>TOTAL 2.17</b>		
Sian Mulder	AAII	0.85	Joan Yngson	Office Assistant	0.05	<b>Community Health Statistics</b>		
Leslie Ray	Sr. Epidemiologist	0.06	Janet Wolchko	Admin Secretary III	0.15	Marcy Metz	Chief, Agency Operations	0.05
Susan Smith	EMS Coordinator	0.32	Amy Trujillo	Admin Secretary II	0.13	Bruce Haynes	Medical Director, EMS	0.09
Brenda Dunn	EMS Coordinator	0.05	<b>TOTAL 6.36</b>			Susan Smith	EMS Coordinator	0.17
Carlos Flores	EMS Specialist	0.30	<b>Base Hospital, Trauma &amp; Specialty Care Centers</b>			Brenda Dunn	EMS Coordinator	0.17
Meredith Conte	QA Specialist	0.15	Leslie Ray	Sr. Epidemiologist	0.13	Leslie Ray	Sr. Epidemiologist	0.23
Vacant	QA Specialist	0.15	Barbara Stepanski	Epidemiologist II	0.63	Alicia Sampson	Epidemiologist II	0.80
	Health Plan and		Vacant	Biostatistician	0.00	Barbara Ste-		
Gary Wells	Program Specialist	0.10	Marlene Goldstein	Admin Analyst II	0.13	panski	Epidemiologist II	0.03
Jessica Imperial	Sr. Office Assistant	1.00	Candy Schoenheit	QA Specialist	0.25	Vacant	Biostatistician	0.75
Michele Silva	Office Assistant	1.00	Vacant	QA Specialist	0.50	<b>TOTAL 2.29</b>		
Joan Yngson	Office Assistant	0.40	Diane Royer	QA Specialist	0.95	<b>Disaster Medical Response</b>		
Rowena Juan	Office Assistant	1.00	Amy Trujillo	Admin Secretary II	0.54	Pauline Thomas	QA Specialist	1.00
Sheila Costa	Office Assistant	0.50	Joan Yngson	Office Assistant	0.05		Health Plan and Pro-	
Janet Wolchko	Admin Secretary III	0.85	<b>TOTAL 3.18</b>			Gary Wells	gram Specialist	0.90
Amy Trujillo	Admin Secretary II	0.20	<b>Information Communication</b>			Susan Smith	EMS Coordinator	0.08
Deborah Wander	Office Support Spec	1.00	Brenda Dunn	EMS Coordinator	0.73	Amy Trujillo	Admin Secretary II	0.12
Gerlinde Topzand	Admin Analyst III	0.50	Carla Smith	Medical Record Tech	0.20	Gerlinde Topzand	Admin Analyst III	0.50
<b>TOTAL 13.05</b>			Barbara Stepanski	Epidemiologist II	0.12	Isabel Corcos	Epidemiologist II	0.10
<b>Prehospital Operations</b>			Vacant	QA Specialist	0.20	<b>TOTAL 2.70</b>		
			<b>TOTAL 1.25</b>			<b>BRANCH TOTAL 31</b>		
Bruce Haynes	Medical Director, EMS	0.11						
Susan Smith	EMS Coordinator	0.33						
Brenda Dunn	EMS Coordinator	0.05						
Brett Eldridge	EMS Specialist	1.00						
Carlos Flores	EMS Specialist	0.70						

Staffing Detail

# EMS Budget

FISCAL YEAR 2013-2014 BUDGET					FIXED ASSETS	COST APPLIED	TOTAL COST	STATE	FEDERAL	MAA	FEES	TOBACCO	REALIGNMENT	OTHER	TOTAL REVENUE	NET COUNTY COST
PROGRAM	FTE	SALARIES & BENEFITS	CONTRACTS	SERVICES & SUPPLIES												
Administration	13.05	\$1,762,719	\$60,450	\$459,451			\$2,282,620			\$211,278	\$270,000		\$1,700,000	\$101,342	\$2,282,620	\$0
Base Hospital, Trauma & Specialty Care Centers	3.18	\$267,613	\$1,084,443	\$111,958			\$1,464,014				\$230,000		\$60,000	\$1,174,014	\$1,464,014	\$0
Prehospital Operations	6.36	\$482,044	\$1,476,567	\$223,916		\$(195,300)	\$1,987,227					\$350,000	\$772,023	\$865,204	\$1,987,227	\$0
Information Communication	1.25	\$276,144	\$523,512	\$44,008			\$843,664						\$582,097	\$261,567	\$843,664	\$0
Epidemiology & Surveillance	2.17	\$534,823		\$76,399			\$611,222						\$30,149	\$581,073	\$611,222	\$0
Community Health Statistics	2.29	\$350,637		\$80,624			\$431,261						\$431,261		\$431,261	\$0
Disaster Medical Response	2.70	\$189,092		\$95,059			\$284,151						\$284,151		\$284,151	\$0
<b>TOTAL</b>	<b>31</b>	<b>\$3,863,072</b>	<b>\$3,144,972</b>	<b>\$1,091,415</b>	<b>\$0</b>	<b>\$(195,300)</b>	<b>\$7,904,159</b>	<b>\$0</b>	<b>\$0</b>	<b>\$211,278</b>	<b>\$500,000</b>	<b>\$350,000</b>	<b>\$3,859,681</b>	<b>\$2,983,200</b>	<b>\$7,904,159</b>	<b>\$0</b>

Please note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the County Board of Supervisors.

## Disaster Medical Health Emergency Preparedness (DMHEP)

FISCAL YEAR 2013-14 BUDGET					
PROGRAM	CLASSIFICATION	FTE	PROGRAM	CLASSIFICATION	FTE
<b>Administration</b>			<b>Hospital Preparedness Program (Formerly (HRSA))</b>		
Jonathan Galloway	Admin Analyst III	1.00	Donna Johnson-Batteau	EMS Specialist	0.35
Vielka Daniel	Admin Analyst II	1.00	Patrick Buttron	BT Coordinator	0.26
Les Gardina	PHN Manager	<u>0.10</u>	Les Gardina	PHN Manager	<u>0.10</u>
		<b>2.10</b>			<b>0.71</b>
<b>Disaster Medical Services</b>			<b>Public Health Emergency Preparedness</b>		
Nancy Healy	QA Specialist	0.20	Nancy Healy	QA Specialist	0.80
Brian Barahura	EMS Specialist	0.50	Brian Barahura	EMS Specialist	0.50
Patrick Buttron	BT Coordinator.	0.74	Max Carreon	Dept Info Tech Coord	1.00
Donna Johnson-Batteau	EMS Specialist	0.85	Jacqueline Hopkins	Epidemiologist II	1.00
Jack Walsh	QA Specialist	1.00	Jeffrey Johnson	Sr. Epidemiologist	1.00
Melissa Dredge	Health Info Spec II	1.00	Shana Castellanos	Public Health Nurse IV	0.50
Les Gardina	PHN Manager	0.25	Judy Wright	Public Health Nurse II	0.70
Shana Castellanos	Public Health Nurse IV	0.50	Thomas Zurek	Public Health Nurse II	0.70
Judy Wright	Public Health Nurse II	0.30	Katherine Blaser	Public Health Nurse II	0.70
Thomas Zurek	Public Health Nurse II	0.30	Vacant	Public Health Nurse II	0.70
Katherine Blaser	Public Health Nurse II	0.30	Les Gardina	Public Health Nurse Mgr	0.55
Vacant	Public Health Nurse II	<u>0.30</u>	Bruce Even	Supv Hlth Infor Specialist	<u>1.00</u>
		<b>6.04</b>			<b>9.15</b>
					<b>TOTAL 18.00</b>

Staffing Detail

# DMHEP Budget

## FISCAL YEAR 2013-14 BUDGET

PROGRAM	FTE	SALARY AND BENEFITS	CONTRACTS	SERVICES AND SUPPLIES	TOTAL COST	STATE	FEDERAL - BT	FEDERAL - OTHER	MAA	FEES	REALIGN	OTHER	TOTAL REVENUE	NET COUNTY COST
1) Administration	2.10	\$226,023	\$0.00	\$3,864	\$229,887	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$249,764	\$0.00	\$249,764	\$19,877
2) Public Health Emergency Preparedness (PHEP)	9.15	1,140,509	\$258,842	\$643,264	\$2,042,615	\$0.00	\$2,290,836	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	2,290,836	\$248,221
3) Disaster Medical Services (DMS)	6.04	\$752,861	\$0.00	\$448,127	\$1,200,988	\$167,734	\$293,149	\$5,000	\$0.00	\$0.00	\$0.00	\$20,660	\$486,543	(\$714,445)
4) Hospital Preparedness (HPP) Program (formerly HRSA)	0.71	\$124,232	\$464,387	\$17,776	\$606,395	\$0.00	\$1,052,742	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,052,742	\$446,347
<b>TOTAL</b>	18.00	\$2,243,625	\$723,229	\$1,113,031	\$4,079,885	\$167,734	\$3,636,727	\$5,000	\$0.00	\$0.00	\$249,764	\$20,660	4,079,885	\$0.00

Please note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the County Board of Supervisors.

# Epidemiology and Immunization Services

## Epidemiology

### Staffing Detail

#### FISCAL YEAR 2013-2014 BUDGET

PROGRAM	CLASSIFICATION	FTE	Epidemiology & Morbidity (cont.)			PROGRAM	CLASSIFICATION	FTE
<b>Epidemiology &amp; Surveillance</b>			Mesina, Rowena	Supv Office Assistant	1.00	<b>HIV/AIDS Surveillance</b>		
Awa, Ernie	Supv Com Dis Inv	0.30	Murphy, Brian	Epidemiologist II	1.00	Awa, Ernie	Supv Com Dis Invest	0.70
Colanter, Brit	Epidemiologist II	1.00	Nelson, Jennifer	Epidemiologist II	1.00	Bursaw, Michael	Sr. Epidemiologist	1.00
Cosio, Sandra	Medical Rec Technician	1.00	Pahl, Ginger	Office Assistant	1.00	Freitas, Lorri	Epidemiologist II	1.00
Garber, Lourdes	Admin Secretary II	1.00	Pinto, Whitney	Supv Public Health Nurse	1.00	Hunter, Sonia	Communicable Dis Inv	0.30
Gaytan, Estrella	Medical Rec Technician	1.00	Rexin, Diane	Supv	0.20	Johnson, Minda	Communicable Dis Inv	1.00
Ginsberg, Michele	Chief	0.99	Rios, Cherylynn	Sr Office Asst	0.20	McGann, Francisco	Communicable Dis Inv	1.00
Grant, Ramona	Sr Comm Dis Invest	1.00	Tweeten, Sara S	Epidemiologist II	0.20	Tweeten, S Samantha	Epidemiologist II	0.80
Hicks, Lacy	Epidemiologist II	0.65	Vacant	Biostatistician	1.00	<b>TOTAL</b>	<b>5.80</b>	
Hunter, Sonia	Communicable Dis Invest	0.70	Virgen-Santos, R	Medical Rec Technician	1.00	<b>Lead Surveillance</b>		
Jalali, Lillian	Health Info Spec II	0.20	Womack, Danielle	Public Health Nurse	1.00	Ginsberg, Michele	Chief	0.01
Kao, Annie	Sr Epidemiologist	1.00	Yee, Lisa	Epidemiologist II	1.00	Jalali, Lillian	Hlth Info. Spec. II	0.80
Kang, Grace	Public Health Nurse	1.00	Yen, Jessica	Biostatistician	1.00	Lawrence, Pendeza	CHPS II	0.80
Lawrence, Pendeza	CHPS II	0.20	Zayas, Venus	Admin Analyst II	1.00	Lundeen, Patricia	Public Health Nurse	0.70
Lundeen, Patricia	Public Health Nurse	0.30	<b>TOTAL</b>	<b>23.94</b>	Rexin, Diane	PH Nurse Supv	0.80	
Maroufi, Azarnoush	Epidemiologist II	1.00			Rios, Cherylynn	Sr. Office Asst	0.80	
Mendivil, Vicente	Communicable Dis Inv	1.00			Hicks, Lacy	Epidemiologist II	0.35	
					<b>TOTAL</b>	<b>4.26</b>		
					<b>BRANCH TOTAL</b>	<b>34.00</b>		

# Epidemiology and Immunization Services Budget

FISCAL YEAR 2013-2014 BUDGET													
PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	CONTRACTS	TOTAL	STATE	FEDERAL	FEDERAL BT	FEDERAL MAA	REALIGN'T	OTHER	TOTAL REVENUE	NET COUNTY COST
1) Epidemiology and Surveillance	23.94	2,797,994	239,722	257,770	3,295,486	0	40,000	145,109	229,021	2,881,356		3,295,486	0
2) HIV/Aids Surveillance	5.80	719,361	62,823	0	782,184	711,566	0	0	0	70,618		782,184	0
3) Lead Poisoning Prevention	4.26	481,501	269,379	284,944	1,035,824	700,297	229,055			106,472		1,035,824	0
<b>Totals</b>	<b>34.00</b>	<b>\$3,998,856</b>	<b>\$ 571,924</b>	<b>\$ 542,714</b>	<b>\$5,113,494</b>	<b>\$1,411,863</b>	<b>\$269,055</b>	<b>\$145,109</b>	<b>\$229,021</b>	<b>\$3,058,446</b>		<b>\$5,113,494</b>	<b>\$0</b>

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# Immunizations

PROGRAM	CLASSIFICATION	FTE	PROGRAM	CLASSIFICATION	FTE	PROGRAM	CLASSIFICATION	FTE
<b>Clinical Services</b>			<b>Community Education &amp; Outreach</b>			<b>Administration/Contracts</b>		
Brook, Maria	Public Health Nurse	1.00	Bolter, Harrison	Health Info Spec II	1.00	Lowe, Heidi	Principal Admin Analyst	1.00
Unruh, Heidi	Sr Public Health Nurse	1.00	Pettiford,	Supv Comm Hlth Prom	1.00	Smith, Edward	Admin Analyst III	1.00
Sisterson, Florencia	Sr Public Health Nurse	1.00	Kimberly	Sp		Williams, Elsie	Admin Sec II	1.00
Thun, Melissa	Supv	1.00						4.00
		<b>4.00</b>				<b>San Diego Immunization Registry</b>		
						Wester, Robert	Comm Hlth Pgm Spec.	1.00
								1.00
						<b>TOTAL</b>		<b>11.00</b>

## Immunization Budget

FISCAL YEAR 2013-2014 BUDGET												
PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	EXPENSE CONTRACTS	TOTAL COST	STATE	FEDERAL	MAA/TCM	REALIGNMENT	OTHER	TOTAL REVENUE	NET COUNTY COST
1) Clinical Services	4.0	\$499,618	\$189,343	\$1,739,629	\$2,428,590		\$1,362,616	\$160,402	\$905,572		\$2,428,590	\$0
2) Community Education & Outreach	2.0	\$210,500	\$92,112		\$302,612		\$201,155	\$78,033	\$23,424		\$302,612	\$0
3) Administration / Contracts	4.0	\$465,901	\$184,225		\$650,126		\$228,571	\$156,067	\$265,488		\$650,126	\$0
4) San Diego Immunization Registry	1.0	\$113,862	\$46,056	\$315,549	\$475,467		\$144,073	\$39,017	\$292,377		\$475,467	\$0
<b>Totals</b>	<b>11.0</b>	<b>\$1,289,881</b>	<b>\$511,736</b>	<b>\$2,055,178</b>	<b>\$3,856,795</b>		<b>\$1,936,415</b>	<b>\$433,519</b>	<b>\$1,486,861</b>		<b>\$3,856,795</b>	<b>\$0</b>

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# Public Health Laboratory

## Staffing Detail

### FISCAL YEAR 2013-2014 BUDGET

PROGRAM	CLASSIFICATION	FTE	Microbiology		
<b>Administration/Quality Assurance</b>					
	Chief, Public Health		Washabaugh, G	Supv. PH Microbiologist	1.00
			Negado, L	Sr. PH Microbiologist	1.00
Samons, L	Lab	1.00	Patel, R	Sr. PH Microbiologist	1.00
Pinto, K	Admin Analyst III	1.00	Claridad, A	PH Microbiologist	1.00
Vacant	Sr. PH Microbiologist	1.00	McCaskill, B	PH Microbiologist	1.00
Chavez, K	Admin Analyst II	1.00	Catubay, M	PH Microbiologist	1.00
Celestino, D	Office Assistant	1.00	Seidel, G	PH Microbiologist	1.00
McLean, N	Office Assistant	1.00			
	<b>TOTAL</b>	<b>6.00</b>		<b>TOTAL</b>	<b>7.00</b>
<b>Laboratory Support</b>					
Steuermann, K	Supv. PH Microbiologist	1.00	<b>Virology, Serology &amp; Molecular</b>		
	Sr. Laboratory Assis-		Manlutac, A	Supv. PH Microbiologist	1.00
	tant		Deguzman, T	Sr. PH Microbiologist	1.00
Gazarova, N	Sr. Laboratory Assis-	1.00	Asudani, M	Sr, PH Microbiologist	1.00
	tant		Zuniga, G	Sr. PH Microbiologist	1.00
Manuel, F	Sr. Laboratory Assis-	1.00	Grigorian, A	PH Microbiologist	1.00
	tant		Palacios, M	PH Microbiologist	1.00
Orozco, A	Sr. Laboratory Assis-	1.00	French, C	Sr. PH Microbiologist	1.00
Castellanos, J	Laboratory Assistant	1.00	Temprendola, P	PH Microbiologist	1.00
Spencer, D	Laboratory Assistant	1.00	Pinano, T	PH Microbiologist	1.00
Vera-Rodriguez, C	Laboratory Assistant	1.00			
Ellison, R	Laboratory Assistant	1.00			
Yacoub, L	Laboratory Assistant	1.00			
	<b>TOTAL</b>	<b>9.00</b>		<b>TOTAL</b>	<b>9.00</b>
				<b>BRANCH TOTAL</b>	<b>31.00</b>

## Public Health Laboratory Budget

FISCAL YEAR 2013-14 BUDGET		SALARY & BENEFITS	SERVICES & SUPPLIES	FIXED ASSETS	TOTAL COST	REALIGNMENT	FEDERAL	STATE	MAA /TCM	FEES	TOTAL REVENUE	NET COUNTY COST
PROGRAM	FTE											
Administration/ Quality Assurance	6	\$635,475	\$390,888	\$0	\$1,026,363	\$744,368	\$0	\$7,975	\$0	\$0	\$752,343	\$274,020
Laboratory Support	9	\$635,474	\$390,887	\$0	\$1,026,361	\$744,368	\$0	\$7,975	\$0	\$0	\$752,343	\$274,018
Microbiology	7	\$848,884	\$522,157	\$0	\$1,371,041	\$1,022,145	\$320,843	\$41,261	\$0	\$0	\$1,384,249	(\$13,208)
Virology, Serology & Molecular	9	\$1,087,775	\$669,101	\$18,000	\$1,774,876	\$1,344,642	\$642,069	\$25,635	\$0	\$297,360	\$2,309,706	(\$534,830)
<b>Totals</b>	<b>31</b>	<b>\$3,207,608</b>	<b>\$1,973,033</b>	<b>\$18,000</b>	<b>\$5,198,641</b>	<b>\$3,855,523</b>	<b>\$962,912</b>	<b>\$82,846</b>	<b>\$0</b>	<b>\$297,360</b>	<b>\$5,198,641</b>	<b>\$0</b>

Please note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the County Board of Supervisors.





## HIV, STD and Hepatitis Budget

FISCAL YEAR 2013-2014 BUDGET												
PROGRAM	FTE	S & B	S & S	CON-TRACTS	FIXED ASSETS	TOTAL COST	STATE	FEDERAL	MAA/TCM	FEES	REALIGN-MENT	TOTAL REVENUE
Administration	13.5	1,491,638	232,623			1,724,261	31,481	1,513,164	138,398		41,217	1,724,261
AIDS Case Management	4.0	421,069	68,925			489,994		436,775	41,007		12,213	489,994
STD Clinic Services	18.0	2,212,743	568,652	209,976		2,991,371	219,981	322,830	103,010	75,000	2,270,550	2,991,371
Field and Community Services	12.0	1,090,238	206,776			1,297,014		1,137,356	123,021		36,638	1,297,014
HIV/AIDS Care and Treatment				13,505,443		13,505,443	283,332	13,222,111				13,505,443
HIV, STD and Hepatitis Prevention	0.5	59,519	8,616			68,134		61,482	5,126		1,527	68,134
<b>Totals</b>	<b>48.0</b>	<b>5,275,206</b>	<b>1,085,592</b>	<b>13,715,419</b>		<b>20,076,217</b>	<b>534,794</b>	<b>16,693,718</b>	<b>410,562</b>	<b>75,000</b>	<b>2,362,144</b>	<b>20,076,217</b>

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# Maternal, Child, and Family Health Services

## FISCAL YEAR 2013-14 BUDGET

PROGRAM	CLASSIFICATION	FTE	PROGRAM	CLASSIFICATION	FTE
<b>Black Infant Health</b>			<b>Child Health and Disability Prevention – Treatment Reimbursement (CHDP-TR)</b>		
Freeman, Rhonda	CHDP Coordinator	0.25	Clark, Jacquelyn	Associate Acct	0.90
Jariangprasert, Sutida	Biostatistician	0.10	Trapsi, Edna	Account Clerk	1.00
Loyo-Rodriguez, Raul	Admin Analyst III	0.30	Sidelinger, Dean	Chief, MCFHS	<u>0.05</u>
Martinez, Wendy	Health Information Spec I	0.25			<b>1.95</b>
	Community Hlth Prom				
Nagatsuka, Melissa	Spec II	0.15	<b>Chronic Disease and Health Equity/Childhood Obesity Initiative/CTG/SNAP-Ed/Tobacco Control Program/Office of Violence Prevention</b>		
Tso, Cindy	Hlth Plan & Prog Spec	0.10	Anggrainy, Grace	Admin Analyst III	1.00
Vacant	Office Support Spec	<u>0.15</u>	Berry, Ramona	Admin Analyst III	1.00
		<b>1.30</b>	Blevins, Chesley	Community Hlth Prog Spec	1.00
<b>Child Health and Disability Prevention (CHDP)</b>			Browner, Deirdre	Epidemiologist II	1.00
Cajusay, Cecilia	Admin Services Mgr II	1.00	Butler, Naomi	Public Hlth Nutrition Manager	1.00
Casaubon, Blanca	Sr Public Hlth Nurse	1.00	Crie, Karen	Admin Sec II	1.00
Clark, Jacquelyn	Associate Acct	0.10	Fernandez, April	Hlth Plan & Prog Spec	1.00
Freeman, Rhonda	CHDP Coordinator	0.50	Gilleran, Adrienne	Community Hlt Promo Spec II	1.00
Heilig, George	Pub Hlth Nurse Senior	1.00	Vacant	Community Hlth Prog Spec	1.00
	Community Hlth Prog		Lacaman, Mary Anne	Admin Analyst II	1.00
Hodge, Kym	Spec	0.15	Leon-Torres, Eve	Admin Analyst II	1.00
Inglis, James	Office Asst	1.00	Linayao-Putman, Irene	Community Hlth Prog Spec	1.00
Jariangprasert, Sutida	Biostatistician	0.40	Lopez, Christy	Epidemiologist II	1.00
Landeros, Martha	Office Asst	1.00	McDermid, Lindsey	Hlth Plan & Prog Spec	1.00
Loo-Martinez, Maureen	Pub Hlth Nurse Senior	1.00	Perez, Wilfredo	Admin Analyst III	1.00
Loyo-Rodriguez, Raul	Admin Analyst III	0.50	Polk, Ebony	Office Support Specialist	1.00
Medina, Clarissa	Office Asst	1.00	Rasmussen, John	Principal Admin Analyst	1.00
Monteclar, Jardiolin	Admin Sec II	0.75	Saitowitz, Shelley	Community Hlth Prog Spec	1.00
Peraza, Erlin	Office Asst	1.00	Valerio, Ramon	Associate Accountant	0.90
Rico, Maria	Office Asst	1.00	Zenzola, Tina	Community Hlth Prog Spec	1.00
	Community Hlth Prom		Vacant	Admin Analyst II	<u>1.00</u>
Sadile, Mary Grace	Spec I	0.70			<b>20.90</b>
Sidelinger, Dean	Chief, MCFHS	0.50			
Valerio, Ramon	Associate Accountant	0.10			
Velasco, Maria	Office Asst	1.00			
Waters, Jocelyn	Public Hlth Nurse Supv	1.00			
Wolfe, Connie	Admin Analyst II	1.00			
Vacant	Public Health Nurse	<u>1.00</u>			
		<b>16.60</b>			

Staffing Detail

PROGRAM	CLASSIFICATION	FTE	PROGRAM	CLASSIFICATION	FTE
<b>Dental Health Initiative/Share the Care</b>			<b>Maternal and Child Health/Perinatal Care Network (MCH/PCN) cont.</b>		
Hodge, Kym	Community Hlth Prom Spec II	0.35	Magdael, Socorro	Human Svc Spec	0.40
O'Brien, Olga	Comm Hlth Promo Asst.	1.00	Martin, Gloria	Human Svc Spec	0.40
Sadile, Mary Grace	Community Hlth Prom Spec I	0.30	Martinez, Wendy	Health Information Spec I	0.60
		<b>1.65</b>	Monteclar, Jardiolin	Admin Sec II	0.25
<b>Fetal and Infant Mortality Review (FIMR)</b>			Nagatsuka, Melissa	Community Hlt Prom Spec II	0.65
Martinez, Wendy	Health Information Spec I	0.15	Orlanschi, Nereyda	Human Svc Spec	0.40
Nagatsuka, Melissa	Comm Hlth Prom Spec II	0.20	Sidelinger, Dean	Chief, MCFHS	0.45
Vacant	Office Support Specialist	0.10	Tso, Cindy	Hlth Plan & Prog Spec	0.90
		<b>0.45</b>	Vacant	Office Support Specialist	0.75
<b>Health Care Program for Children in Foster Care (HCPFC)</b>					<b>11.10</b>
Delos Reyes, Mary Mitzi	Public Health Nurse	1.00	<b>MCFHS Assessment and Case Management</b>		
Greene-Grant, Irene	Public Health Nurse	1.00	Arechiga, Gaby	Human Svc Spec	0.60
Lewis, Moira	Public Health Nurse	1.00	Buck, Elsa	Human Svc Spec	0.60
Perry, Rita	Office Assistant	1.00	Carillo-Gomez, Claudia	Human Svc Spec	0.60
Secor, Anita	Public Hlth Nurse Supervisor	1.00	Diaz, Laura	Human Svc Spec	0.60
		<b>5.00</b>	Gomez, Ariana	Human Svc Spec	0.60
<b>Maternal and Child/Perinatal Care Network (MCH/PCN)</b>			Gomez, Teresa	Human Svc Spec	0.60
Arechiga, Gaby	Human Svc Spec	0.40	Guerrero, Veronica	Human Svc Spec	0.60
Brana, Susan	Sr Public Health Nurse	1.00	Hall, Renita	Supv Human Svc Spec	0.50
Buck, Elsa	Human Svc Spec	0.40	Hodge, Kym	Community Hlth Prom Spec II	0.05
Carillo-Gomez Claudia	Human Svc Spec	0.40	Magdael, Socorro	Human Svc Spec	0.60
Diaz, Laura	Human Svc Spec	0.40	Martin, Gloria	Human Svc Spec	0.60
Freeman, Rhonda	CHDP Coordinator	0.25	Mullen, Patricia	Human Svc Spec	1.00
Gomez, Ariana	Human Svc Spec	0.40	Orlanschi, Nereyda	Human Svc Spec	0.60
Gomez, Teresa	Human Svc Spec	0.40	Roshnaye, Maria	Office Asst	1.00
Guerrero, Veronica	Human Svc Spec	0.40	Vacant	Human Svc Spec	0.50
Hall, Joselyn	Community Hlth Prom Spec II	0.70			<b>9.05</b>
Hall, Renita	Supv Human Svc Spec	0.50	<b>San Diego Kids Health Assessment Network (SD-KHAN)</b>		
Hodge, Kym	Community Hlth Prog Spec	0.25	Hall, Joselyn	Community Hlth Prom Spec II	0.30
Jariangprasert, Sutida	Biostatistician	0.60	Hodge, Kym	Community Hlth Prog Spec	0.20
Loyo-Rodriguez	Admin Analyst III	0.20			<b>0.50</b>
			<b>MCFHS TOTAL</b>		<b>68.50</b>

Staffing Detail

# MCFHS Budget

FISCAL YEAR 2013-14 BUDGET											
Program	FTE	S&B	S&S	Contracts	Total Cost	State	Federal	Realignment	Other	Total Rev	Net County Cost
Black Infant Health	1.30	\$141,488	\$20,753	\$1,060,000	\$1,222,241	0	\$ 527,047	\$345,194	\$350,000	\$1,222,241	0
CHDP	16.60	\$1,605,985	\$ 235,557	\$6,500	\$1,848,042	\$515,036	\$1,104,280	\$228,726	0	\$1,848,042	0
CHDP-TR	1.95	\$156,576	\$22,966	\$300,000	\$479,542	0	0	\$479,542	0	\$479,542	0
Chronic Disease & Health Equity	20.90	\$2,305,804	\$ 338,203	\$4,077,461	\$6,721,468	\$308,699	\$5,897,604	\$64,910	\$450,255	\$6,721,468	0
Dental/Share the Care	1.65	\$140,863	\$20,661	\$285,000	\$446,524	\$80,762	\$142,500	\$173,262	\$50,000	\$446,524	0
FIMR	0.45	\$ 41,796	\$6,130	0	\$47,926	0	\$47,926	0	0	\$47,926	0
HCPCFC Foster Cr	5.00	\$ 509,061	\$74,666	0	\$583,727	\$142,182	\$441,545	0	0	\$583,727	0
MCH/PCN	11.10	\$ 977,993	\$143,447	0	\$1,121,440	0	\$568,410	\$553,029	0	\$1,121,439	0
MCFHS Assessment/ Case Mgt	9.05	\$ 634,295	\$93,035	0	\$727,330	0	\$363,665	\$363,665	0	\$727,330	0
SD-KHAN	0.50	\$ 47,579	\$6,979	0	\$54,558	0	\$27,279	\$27,279	0	\$54,558	0
<b>MCFHS Total</b>	<b>68.50</b>	<b>\$ 6,561,440</b>	<b>\$962,397</b>	<b>\$5,728,961</b>	<b>\$13,252,798</b>	<b>\$1,046,679</b>	<b>\$9,120,257</b>	<b>\$2,235,607</b>	<b>\$850,255</b>	<b>\$13,252,797</b>	<b>0</b>

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# MCFHS—California Children Services

## FISCAL YEAR 2013-14 BUDGET

PROGRAM	CLASSIFICATION	FTE	PROGRAM	CLASSIFICATION	FTE
<b>MCFHS—CCS Administration</b>			<b>MCFHS—CCS Administration (continued)</b>		
Abosamra, Loretta	Admin Secretary II	1.00	Griego, John	Office Assistant	1.00
Aguilar-Velazquez, Griselda	Office Assistant	1.00	Griffee, Katherine	Public Hlth Nurse Sup	1.00
Aguirre, Rosalinda	Office Assistant	1.00	Hawkins, Lanea	Office Assistant	1.00
Alden, Vanessa	Human Svc Spec	1.00	Herlich, Yolanda	Public Hlth Nurse Sup	1.00
Alfaro, Mariza	Office Assistant	1.00	Jones, Reginald Lee	Office Assistant	1.00
Anderson, LeeAnn	Human Svc Spec	1.00	Jones, Veronica	Office Assistant	1.00
Andre, Julie	Office Assistant	1.00	Lee, Cindy	Senior Public Hlth Nurse	1.00
Aragoza, Priscilla	Office Assistant	1.00	Lowrey, Leonard	Sr Office Assistant	1.00
Bentz-Horak, Iris R	Senior Public Hlth Nurse	1.00	Magale, Monica	Human Svc Spec	1.00
Blaauw, Dennise	Senior Public Hlth Nurse	1.00	Magana, Delia	Human Svc Spec	1.00
Boman, Regecca G	Senior Public Hlth Nurse	1.00	Magers, Michelle	Office Assistant	1.00
Bravo, Leticia	Hlth Svc Social Worker	1.00	Magtoto, Merle	Human Svc Spec	1.00
Brechtlein, Eva	Office Assistant	1.00	Malicdem, Willine	Office Assistant	1.00
Buenrostro, Ana	Human Svc Spec	1.00	Maog, Daisy	Office Assistant	1.00
Butler, Carrie	Office Assistant	1.00	Medina, Solita	Human Svc Spec	1.00
Castillo, Maria	Supv Human Svc Spec	1.00	Morachis, Magdalena	Human Svc Spec	1.00
Chambers, Pamela	Office Assistant	1.00	Nazareno, Concepcion	Human Svc Spec	1.00
Collins, Anastacia	Human Svc Spec	1.00	Nieman, Suzanne	Senior Public Hlth Nurse	1.00
Cook, Fe	Human Svc Spec	1.00	Noreen, Marybelle	Office Assistant	1.00
Davis, Cynthia	Senior Office Assistant	1.00	Nunez, Felicitas	Senior Public Hlth Nurse	1.00
Demaree, Vivian	Public Hlth Nurse Sup	1.00	O'Connor, Ester	Chief, CCS	1.00
Dimou, Kristen	Chief, OT/PT Services	0.20	Preciado, Julissa	Office Assistant	1.00
Dirolf, Helen	Senior Public Hlth Nurse	1.00	Prudencio, Maria	Account Clerk	1.00
Domingo-Raza, Clare	Senior Public Hlth Nurse	1.00	Ravelo, Mercy	Office Assistant	1.00
Duniver, Kayshan	Office Assistant	1.00	Reyes-Yoder, Tristine A	Senior Public Hlth Nurse	1.00
Escudero, Jorge	Office Assistant	1.00	Rice, Mary E	Human Svc Spec	1.00
Falk-Jones, Selena	Human Svc Spec	1.00	Rodriguez, Kathy Z	Office Assistant	1.00
Fera, Cynthia	Senior Public Hlth Nurse	1.00	Romano-Austin, Dionne	Senior Public Hlth Nurse	1.00
Fernandez, Rowena B	Senior Public Hlth Nurse	1.00	Russell, Edranet	Senior Office Assistant	1.00
Forsythe, Anna E	Senior Public Hlth Nurse	1.00	Saad, Blanche	Senior Public Hlth Nurse	1.00
Gonzales, Celia	Admin Analyst II	1.00	Shelton, Barbara	Supv Human Svc Spec	1.00
Gonzales, Lupe	Human Svc Spec	1.00			
Greenstone, Anne	Senior Public Hlth Nurse	1.00			

Staffing Detail



# MCFHS—CCS Budget

FISCAL YEAR 2013-14 BUDGET											
Program	FTE	S&B	S&S	Contracts	Total Cost	State	Federal	Realignment	Other	Total Rev	Net County Cost
CCS Administration	75.20	\$6,667,590	\$1,145,006	\$10,000	\$7,822,596	\$3,532,331	\$3,547,904	\$299,698	\$5,492	\$7,385,425	\$437,171
Medical Therapy Program	61.55	\$7,480,582	\$180,000	\$4,200,000	\$11,860,582	\$4,101,312	\$1,174,402	\$2,883,077	\$53,024	\$8,211,815	\$3,648,767
<b>CCS Total</b>	136.75	\$14,148,172	\$1,325,006	\$4,210,000	\$19,683,178	\$7,633,643	\$4,722,306	\$3,182,775	\$58,516	\$15,597,240	\$4,085,938

*Please note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the County Board of Supervisors.*

# Public Health Nursing Administration

## Staffing Detail

### FISCAL YEAR 2013-2014 BUDGET

NAME	CLASSIFICATION	FTE
Tirsbier, Annamarie	Senior Public Health Nurse	1.00
Thomas, Sandie	PH Nurse Manager	1.00
Vacant	Chief Nurse, Public Health	1.00
George, Bonnie	Administrative Secretary II	1.00
Kinsang, Isobel	Office Support Specialist	1.00
<b>BRANCH TOTAL</b>		<b>5.00</b>

## PHN Budget

### FISCAL YEAR 2013-2014 ADOPTED BUDGET

PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	CONTRACTS	TOTAL COST	FEDERAL	STATE	MAA/TCM	TOBACCO SECURITY	REALIGNMENT	OTHER	TOTAL REVENUE	NET COUNTY COST
Administration	5.0	\$576,702	\$505,764	\$109,976	\$1,192,442	\$314,494	\$0	\$0	\$150,000	\$727,948	\$0	\$1,192,442	\$0
<b>Totals</b>	<b>5.0</b>	<b>\$576,702</b>	<b>\$505,764</b>	<b>\$109,976</b>	<b>\$1,192,442</b>	<b>\$314,494</b>	<b>\$0</b>	<b>\$0</b>	<b>\$150,000</b>	<b>\$727,948</b>	<b>\$0</b>	<b>\$1,192,442</b>	<b>\$0</b>

Please note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the County Board of Supervisors.

# Tuberculosis Control & Refugee Health

PROGRAM	CLASSIFICATION	FTE	PROGRAM	CLASSIFICATION	FTE
<b>TB SURVEILLANCE</b>			<b>TB CASE MANAGEMENT</b>		
VACANT	Public Health Nurse	0.1	VACANT	Public Health Nurse	0.8
Akins, Terry	Public Health Nurse	0.1	Akins, Terry	Public Health Nurse	0.8
Arenas, Jose A	Communicable Disease Investigator	0.2	Alcaraz, Judith	Social Services Aide	1.0
Banks, Donna D	Admin Trainee	0.1	Angeles, Josie	Social Services Aide	1.0
Baltazar-Dennis, A	Public Health Nurse	0.1	Arenas, Jose	Communicable Disease Investigator	0.45
Brooks, Margaret	Health Information Spec I	0.2	Balthazar, Dennis	Public Health Nurse	0.8
Dubski, Janette	Public Health Nurse Manager	0.3	Banks, Donna	Admin Trainee	0.4
Flippo, Janis	Sr Office Assistant	0.2	Brooks, Margarita	Health Info Specialist I	0.7
Gaylord, Jessica	Sr. Public Health Nurse	0.1	Browning, Leticia	Sr Communicable Disease Inv	1.0
Gonzalez Fabiny, L	Supv Communicable Disease Inv	0.2	Dubski, Janette L	Public Health Nurse Manager	0.2
Hart, Steven	Clinic Svs Coordinator	0.2	Flippo, Janis	Sr Office Assistant	0.2
Kennedy, Pam	Public Health Nurse Supv	0.1	Fregoso, Maricela	Social Services Aide	1.0
Kozik, Christine	Health Information Spec I	0.8	Gaylord, Jessica	Sr. Public Health Nurse	0.8
Liang, Krystal	Public Health Nurse Supv	0.1	Gittleman, Lisa	Certified Nurse Practitioner	0.5
Lopez, Karla	Admin Secretary II	0.15	Gonzalez Fabiny, Lorena	Supv Communicable Disease Inv	0.4
Lopez, Yolanda	Com Hlth Prom Spec II	0.1	Hart, Steven	Clinic Svs Coordinator	0.35
Luna, Claudia	Communicable Disease Investigator	0.2	Kennedy, Pam	Public Health Nurse Supv	0.7
MacInnis, Kim	Public Health Nurse	0.1	Kozik, Christine	Health Info Specialist I	0.2
Mandagie, Devery	Sr. Public Health Nurse	0.1	Liang, Krystal	Public Health Nurse Supv	0.7
Mayer, Habibulla	Public Health Nurse	0.1	Lopez, Karla	Admin Secretary II	0.35
Moser, Kathy	Chief, TB Control & Border Hlth	0.2	Lopez, Yolanda	Com Hlth Prom Spec II	0.2
Perez, Lorena	Public Health Nurse	0.1	Luna, Claudia	Communicable Disease Investgr	0.45
Petties, Lari	Communicable Disease Investigator	0.2	Luong, Ky	Social Services Aide	1.0
Pinedo, Maria	Communicable Disease Investigator	0.2	MacInnis, Kim	Public Health Nurse	0.8
Ramos, Ana	Communicable Disease Investigator	0.2	Mandagie, Devery	Sr. Public Health Nurse	0.8
Reed, Marilyn	Office Assistant	0.2	Mayer, Habibulla	Public Health Nurse	0.8
Sanchez, Benjamin	Health Information Spec I	0.8	Moser, Kathy	Chief, TB Control & Border Hlth	0.2
Saturay, Maia	Office Assistant	0.3	Olguin, Julia Herrera	Social Services Aide	1.0
Sunega, Darlene	Sr. Public Health Nurse	0.1	Ortega, Cesar	Social Services Aide	1.0
Tangonan, Rona	Sr. Public Health Nurse	0.15	Perez, Lorena	Public Health Nurse	0.8
Vasquez-Murillo, A	Public Health Nurse	0.1	Petties, Lari	Communicable Disease Investigator	0.45
Velasco, Francisco	Public Health Nurse	0.1	Pinedo, Maria	Communicable Disease Investigator	0.45
			Ramos, Ana	Communicable Disease Investigator	0.45
			Reed, Marilyn	Office Assistant	0.3
			Renderos, Roxanna	Social Services Aide	1.0
			Sanchez, Benjamin	Health Information Spec I	0.2
			Saturay, Maia	Office Assistant	0.3
			Sunega, Darlene	Sr. Public Health Nurse	0.8
			Tangonan. Rona	Sr. Public Health Nurse	0.15
			Valdez, Consuelo	Social Services Aide	1.0
			Vasquez-Murillo, A	Public Health Nurse	0.8
			Velasco, Francisco	Public Health Nurse	0.8
			Wells, Keith	Office Support Specialist	0.5
			Whitney, Marissa	Office Assistant	0.4
			Zurek, Rebeca	Communicable Disease Investgr	0.6
		<b>TOTAL 6.2</b>			<b>TOTAL 27.6</b>

Staffing Detail

PROGRAM	CLASSIFICATION	FTE
<b>TB CLINIC</b>		
Tingzon, Rogel	Staff Nurse	1.0
Arenas, Jose	Communicable Disease Investgr	0.25
Ball, Randiola	Public Health Nurse Supv	1.0
Banana, Marie	Radiologic Technologist	1.0
Banks, Donna	Admin Trainee	0.4
Cheng, Yi-Ning	Physician	1.0
Davis, Jeannie	Admissions Clerk	1.0
Dubski, Janette L	Public Health Nurse Manager	0.4
Flippo, Janis	Sr Office Assistant	0.4
Gonzales Fabiny, Lorena	Sr Communicable Disease Inv	0.2
Gittleman, Lisa	Certified Nurse Practitioner	0.1
Hamilton, Laura	Admissions Clerk	1.0
Hamlett, Frank	Radiologist	0.5
Hart, Steven	Clinic Svs Coordinator	0.2
James, Toby	Sr Admissions Clerk	1.0
Lopez, Karla	Admin Secretary II	0.4
Lopez, Yolanda	Com Hlth Prom Spec II	0.1
Luna, Claudia	Communicable Disease Investgr	0.25
Mercado, Moises	Community Living Aide	1.0
Moser, Kathy	Chief, TB Control & Border Hlth	0.4
Ornelas, Natalia	Licensed Vocational Nurse	1.0
Pangilinan, Eduardo	Radiologic Technologist	1.0
Petties, Lari	Communicable Disease Investgr	0.25
Pinedo, Maria	Communicable Disease Investgr	0.25
Ramos, Ana	Communicable Disease Investgr	0.25
Reed, Marilyn	Office Assistant	0.4
Ruiz-Rueda, Sonia	Staff Nurse II	1.0
Saturay, Maia	Office Assistant	0.3
Tanganon, Rona	Sr Public Health Nurse	0.15
Villasenor, Ana	Admissions Clerk	1.0
Wells, Keith	Office Support Specialist	0.4
Whitney, Marissa	Office Assistant	0.6
Zurek, Rebeca	Communicable Disease Investgr	<u>0.3</u>
<b>TOTAL</b>		<b>19.5</b>

PROGRAM	CLASSIFICATION	FTE
<b>TB EDUCATION &amp; OUTREACH</b>		
VACANT	Public Health Nurse	0.1
Akins, Terry	Public Health Nurse	0.1
Arenas, Jose	Communicable Disease Investgr	0.1
Balthazar, Dennis,	Public Health Nurse	0.1
Banks, Donna	Admin Trainee	0.1
Brooks, Margarita	Health Info Specialist I	0.1
Dubski, Janette	Public Health Nurse Manager	0.1
Flippo, Janis	Senior Office Assistant	0.2
Gaylord, Jessica	Senior Public Health Nurse	0.1
Gonzalez Fabiny, Lorena	Senior Communicable Disease Inv	0.2
Hart, Steven	Clinic Svs Coordinator	0.1
Kennedy, Pam	Public Health Nurse Supv	0.2
Liang, Krystal	Public Health Nurse Supv	0.2
Lopez, Karla	Admin Secretary II	0.1
Lopez, Yolanda	Com Hlth Prom Spec II	0.6
Luna, Claudia	Communicable Disease Investgr	0.1
MacInnis, Kim	Public Health Nurse	0.1
Mandagie, Devery	Senior Public Health Nurse	0.1
Mayer, Habibulla	Public Health Nurse	0.1
Moser, Kathy	Chief, TB Control & Border Hlth	0.15
Perez, Lorena	Public Health Nurse	0.1
Petties, Lari	Communicable Disease Investgr	0.1
Pinedo, Maria	Communicable Disease Investgr	0.1
Ramos, Ana	Communicable Disease Investgr	0.1
Reed, Marilyn S	Office Assistant	0.1
Saturay, Maia	Office Assistant	0.1
Sunega, Darlene	Senior Public Health Nurse	0.1
Tanganon, Rona	Sr Public Health Nurse	0.25
Vasquez-Murillo, Angel	Public Health Nurse	0.05
Velasco, Francisco	Public Health Nurse	0.1
Wells, Keith	Office Support Specialist	0.1
Zurek, Rebecca	Communicable Disease Investgr	<u>0.1</u>
<b>TOTAL</b>		<b>4.25</b>

PROGRAM	CLASSIFICATION	FTE
<b>TB REFUGEE HEALTH PROGRAMS</b>		
	Certified Nurse	
Gittleman, Lisa	Practitioner	0.4
	Clinic Svs Coordin-ator	
Hart, Steven		0.1
Julien, Jo-Ann	Community Hlth Program Spec	1.0
Moser, Kathy	Chief, TB Control & Border Hlth Sr Public Health Nurse	0.05
Tanganon, Rona		<u>0.15</u>

**TOTAL 1.70**

**BRANCH TOTAL 59.25**

Staffing Detail

# TB Budget

PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	EXPENSE CONTRACTS	FIXED ASSETS	SUP-PORT & CARE OF PER-SONS	TOTAL COST	STATE	FEDERAL	MAA	FEES	REALIGN-MENT	OTHER	TOTAL REVENUE
<b>TB Surveil-lance</b>	6.2	\$619,668	\$124,030	\$26,821	\$11,727	\$0	\$782,246	\$72,398	\$709,848	\$0	\$0	\$0	\$0	<b>\$782,246</b>
<b>TB Clinical Services</b>	19.5	\$1,948,956	\$390,093	\$114,424	\$36,884	\$0	\$2,490,357	\$267,702	\$0	\$115,004	\$466,084	\$1,639,566	\$2,000	<b>\$2,490,357</b>
<b>TB Case Management</b>	27.6	\$2,758,522	\$552,132	\$119,399	\$52,204	\$99,000	\$3,851,257	\$418,651	\$1,650,112	\$0	\$0	\$1,512,494	\$0	<b>\$3,581,257</b>
<b>TB Educa-tion and Outreach</b>	4.25	\$424,772	\$85,020	\$60,502	\$8,039	\$0	\$578,334	\$56,533	\$149,919	\$0	\$0	\$371,882	\$0	<b>\$578,334</b>
<b>Refugee Health As-sessment Program</b>	1.7	\$169,909	\$34,008	\$884,910	\$3,216	\$0	\$1,092,043	\$0	\$1,092,043	\$0	\$0	\$0	\$0	<b>\$1,092,043</b>
<b>Totals</b>	<b>59.25</b>	<b>\$5,921,827</b>	<b>\$1,185,283</b>	<b>\$1,206,056</b>	<b>\$112,070</b>	<b>\$99,000</b>	<b>\$8,524,236</b>	<b>\$815,284</b>	<b>\$3,601,922</b>	<b>\$115,004</b>	<b>\$466,084</b>	<b>\$3,523,942</b>	<b>\$2,000</b>	<b>\$8,524,236</b>

Please note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the County Board of Supervisors.

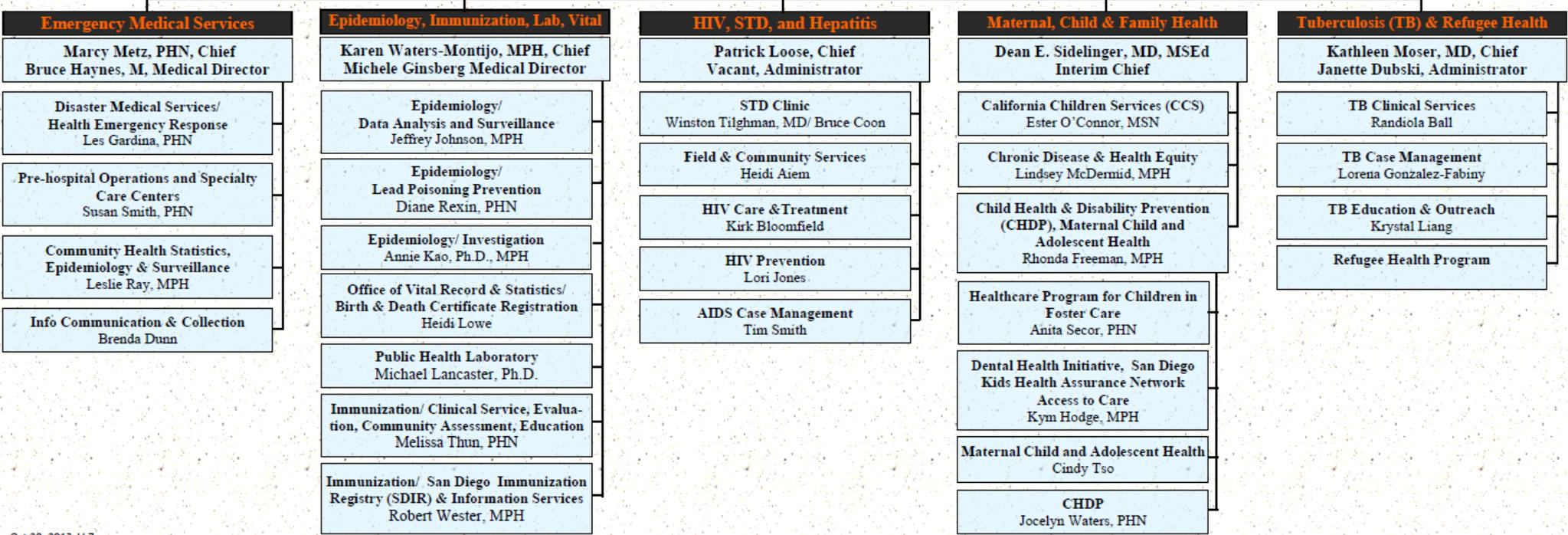
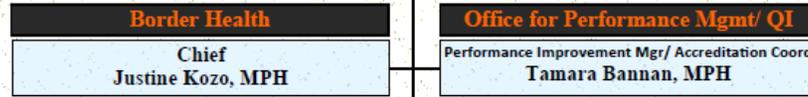
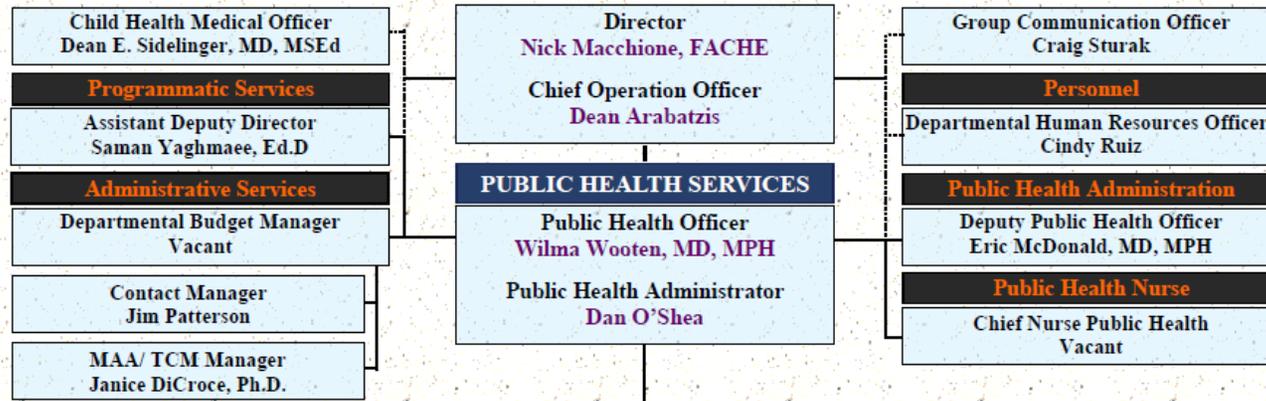


# ORGANIZATIONAL CHARTS

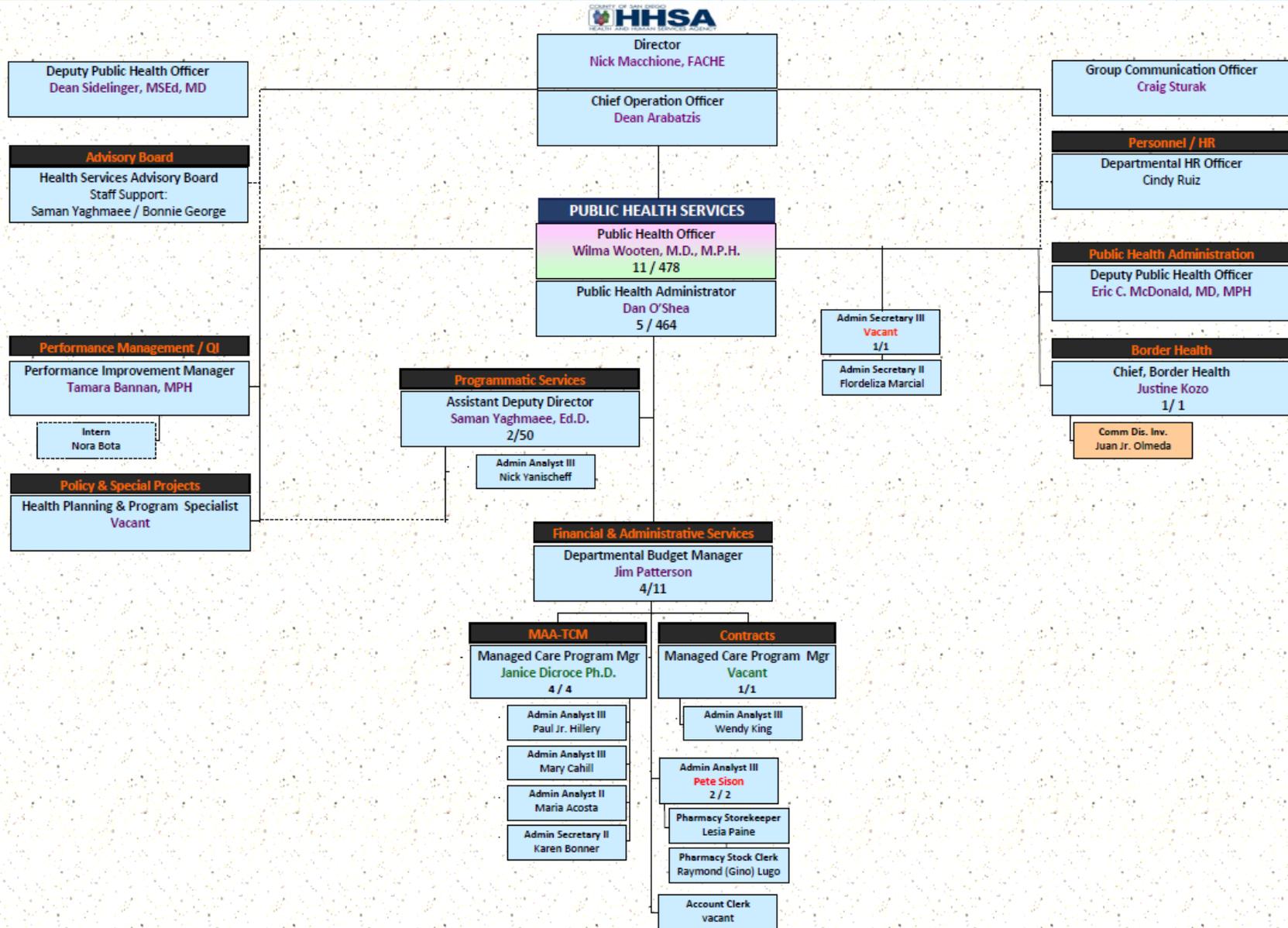
## BRANCH ORGANIZATIONAL CHARTS

Public Health Services (PHS) is organized to best address the diverse needs of San Diego County. An important part of Health and Human Services Agency (HHSA), PHS consists of six branches: Epidemiology and Immunizations Services Branch (EISB); Emergency Medical Services (EMS); HIV, STD, and Hepatitis Branch (HSHB); Maternal, Child, and Family Health Services (MCFHS); Public Health Nursing (PHN) Administration; and Tuberculosis Control and Refugee Health (TBC-RH). Due to the unique structure of PHS, there are several differences in its organization. Unlike health departments in other jurisdictions, the PHS does not include a department of environmental health or animal services. These services are provided in other County agencies. A close working relationship, supported by numerous Memorandums of Understanding (MOUs)/Memorandum of Agreements (MOAs), exists between those agencies and PHS. Another difference is that EMS is a part of PHS. Several other changes occurred in the last decade. In fiscal year 2003-2004, budgetary cuts led to the Chronic Disease and Health Equity becoming part of MCFHS. In 2005, California Children Services' staff of 150 became part of the PHS umbrella under MCFHS. Sexually Transmitted Diseases (STD) and HIV combined in 2006 to become HSHB. As a result of the H1N1 pandemic, Community Epidemiology and Immunizations combined into EISB in 2009. Lastly, while other public health departments have a health governing board, the County of San Diego's PHS has a Health Services Advisory Board (HSAB). HSAB is not a legally mandated governing board and acts solely in an advisory capacity. The following pages shows PHS's organizational structure and key personnel by branch.

# Division of Public Health Services



# Administration Public Health Services



**LEGENDS**

Support Services	Medical Services	Clinical Services	Programmatic Services	Consultant/ Contractor
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Red Font - Supervisor  
• Under filled position

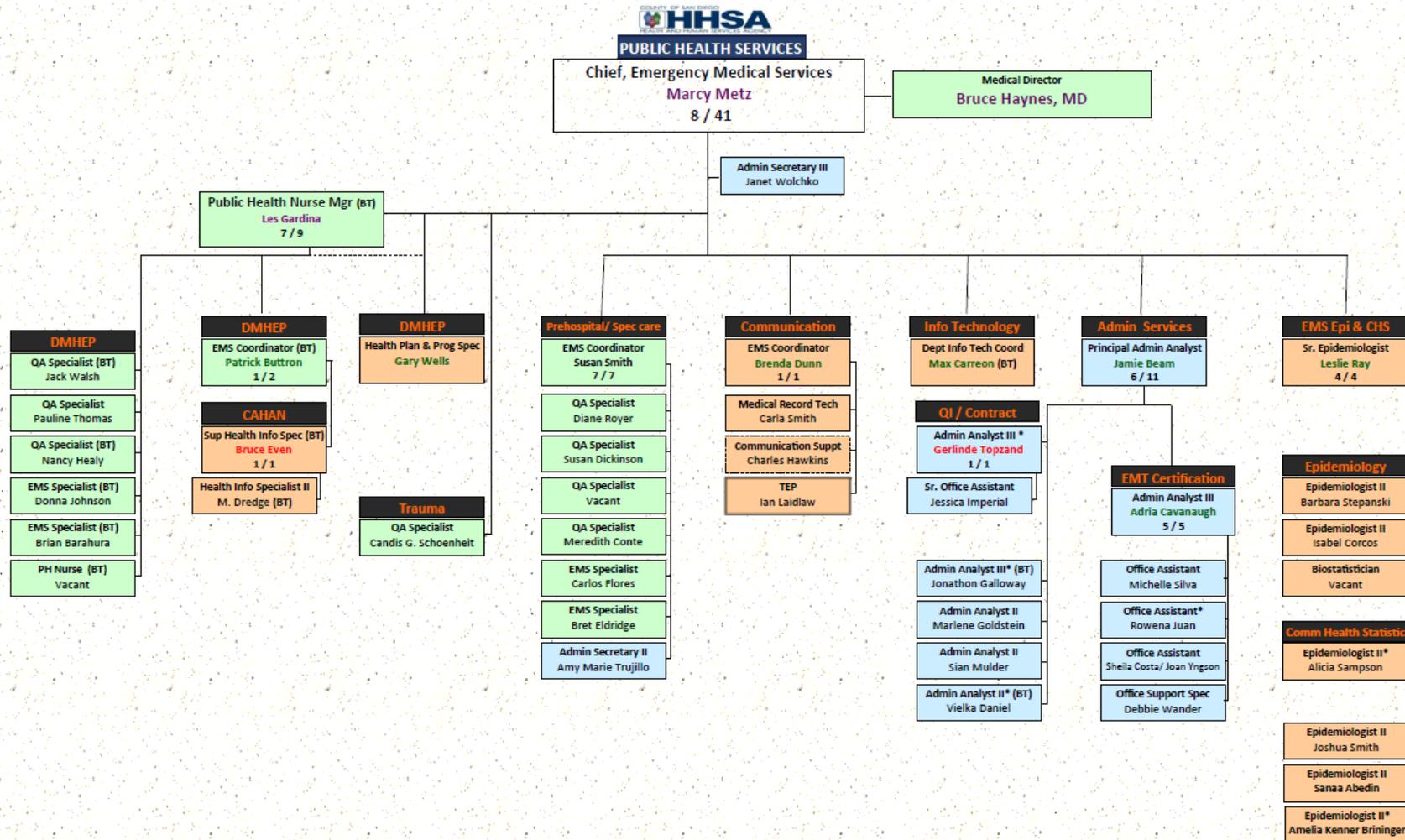
Purple font - Sr. Manager  
Green font - Manager

--- Reports out in the region

**NOTES:**

Org # 45055 PH Admin (17), 44966 MAA-TCM(5), 45100 Border Health (2),

# Emergency Medical Services

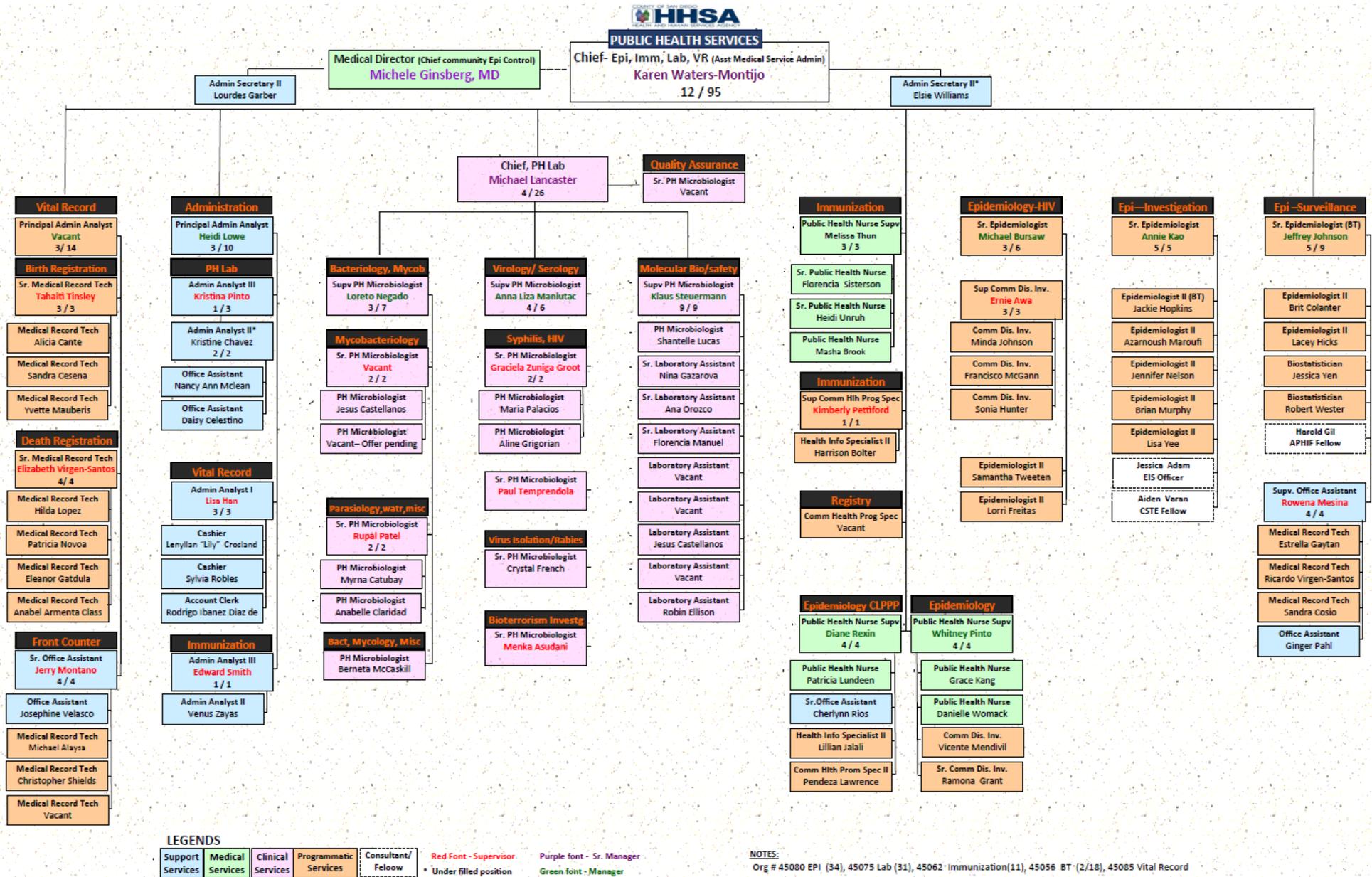


**NOTES:**  
Org #s EMS 45070 (31) & BT 45056 (4/18)

**LEGENDS**

Support Services	Medical Services	Clinical Services	Programmatic Services	TEP	Consultant/ Contractor	Red Font - Supervisor	Purple font - Sr. Manager	Vacant
						* Under filled position	Green font - Manager	

# Epidemiology and Immunization Services





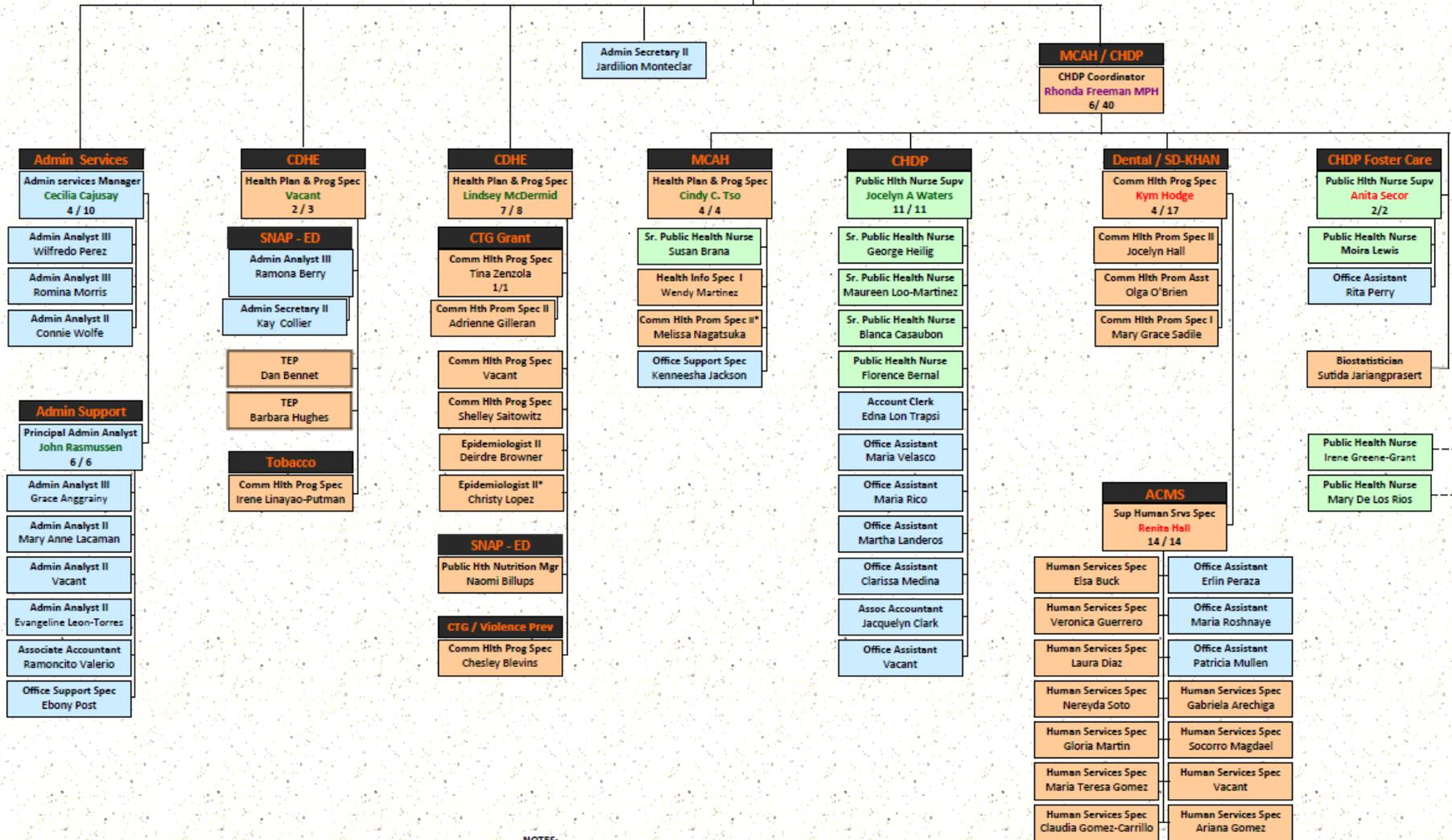
# Maternal, Child, & Family Health Services



## PUBLIC HEALTH SERVICES

Chief, MCFHS  
**Thomas Coleman, MD, MS**  
 5 / 68 (including 2 positions out in region)

Reports out in the region

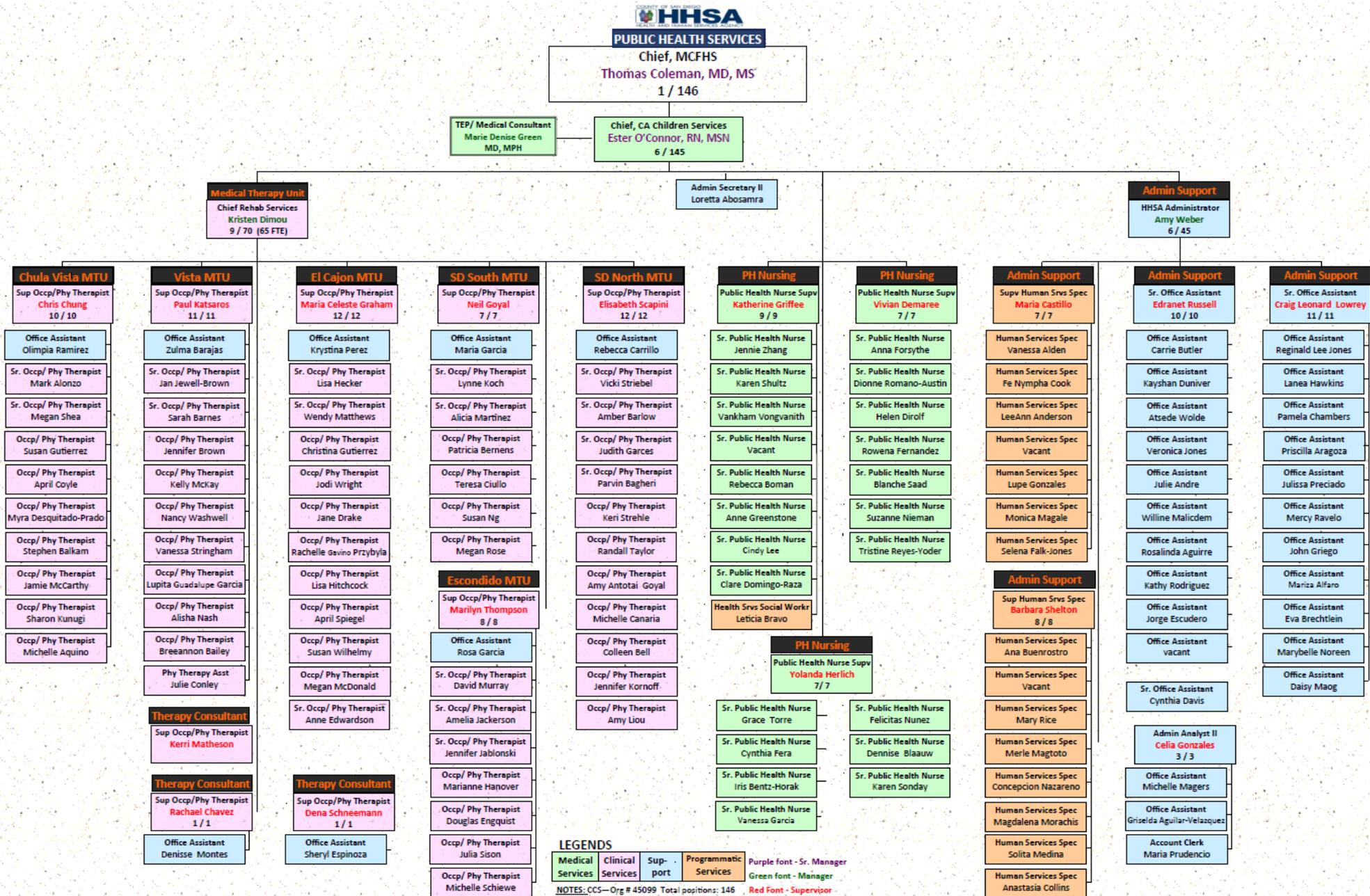


NOTES:  
 Org # 45098 MCFH - Total positions: 66

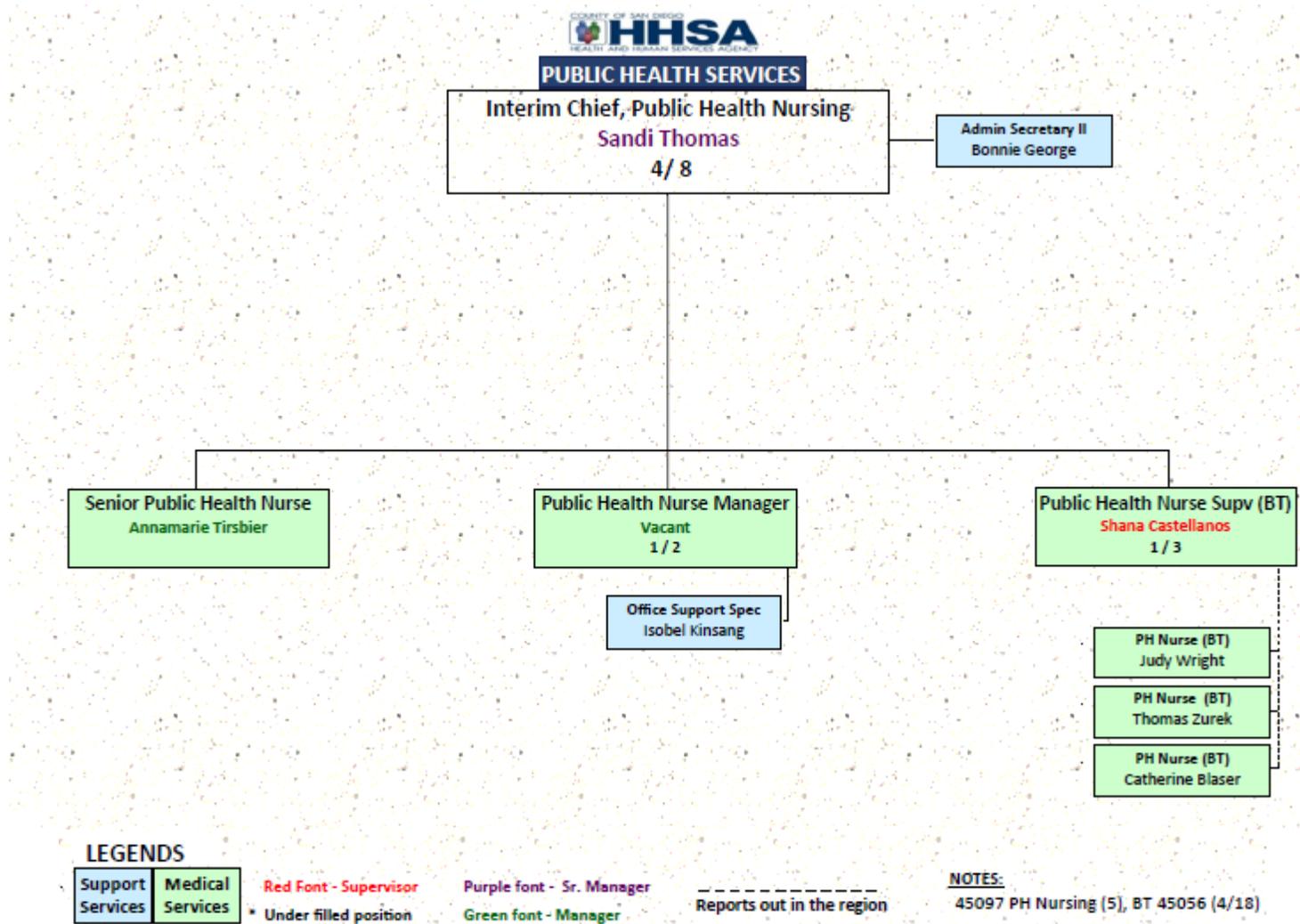
### LEGENDS

- Support Services
- Medical Services
- Clinical Services
- Programmatic Services
- Consultant/Contractor
- Red Font - Supervisor
- Purple font - Sr. Manager
- Under filled position
- Green font - Manager

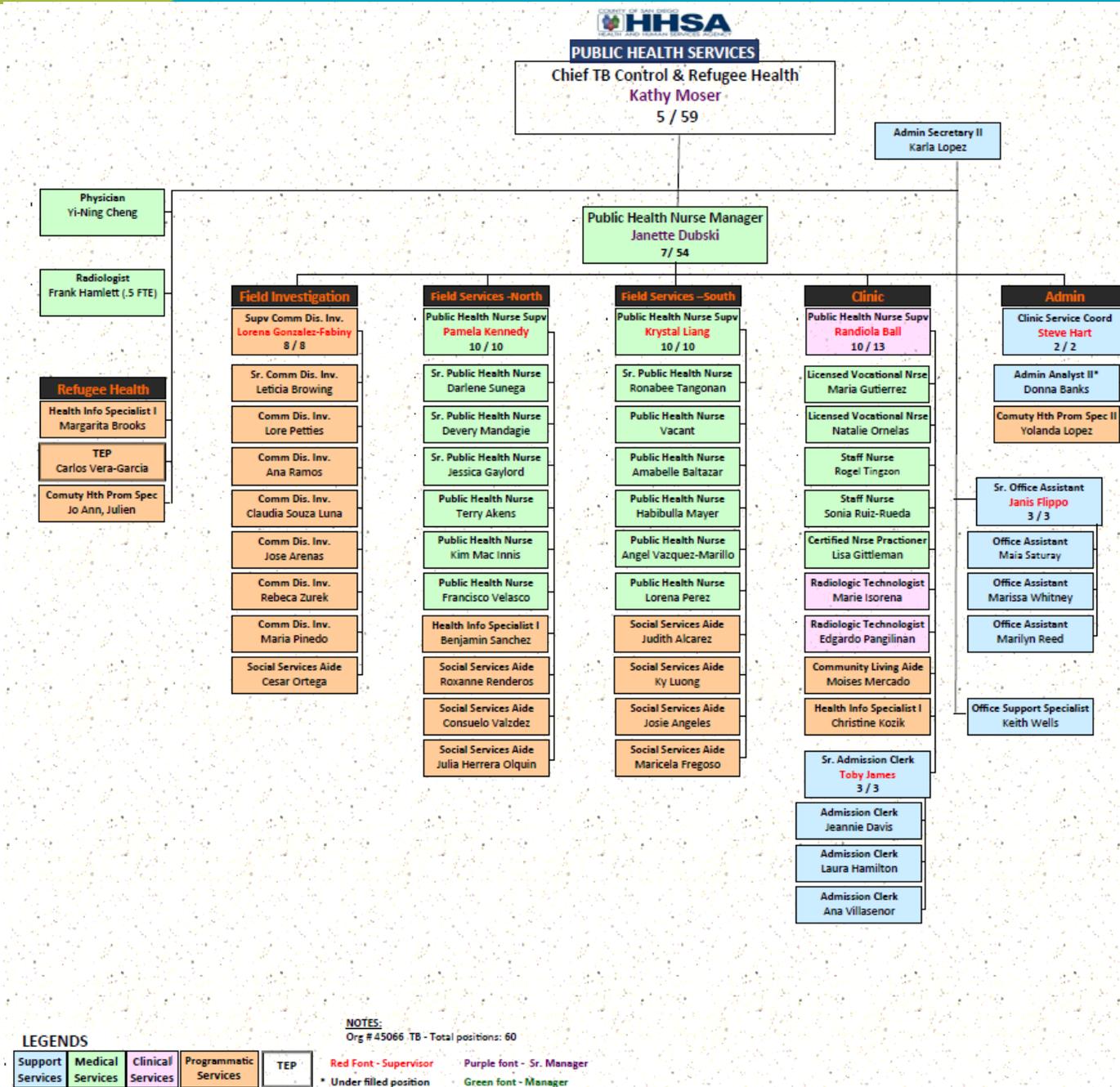
# MCFHS—California Children Services



# Public Health Nursing Administration



# Tuberculosis Control & Refugee Health







## IMPORTANT LINKAGES

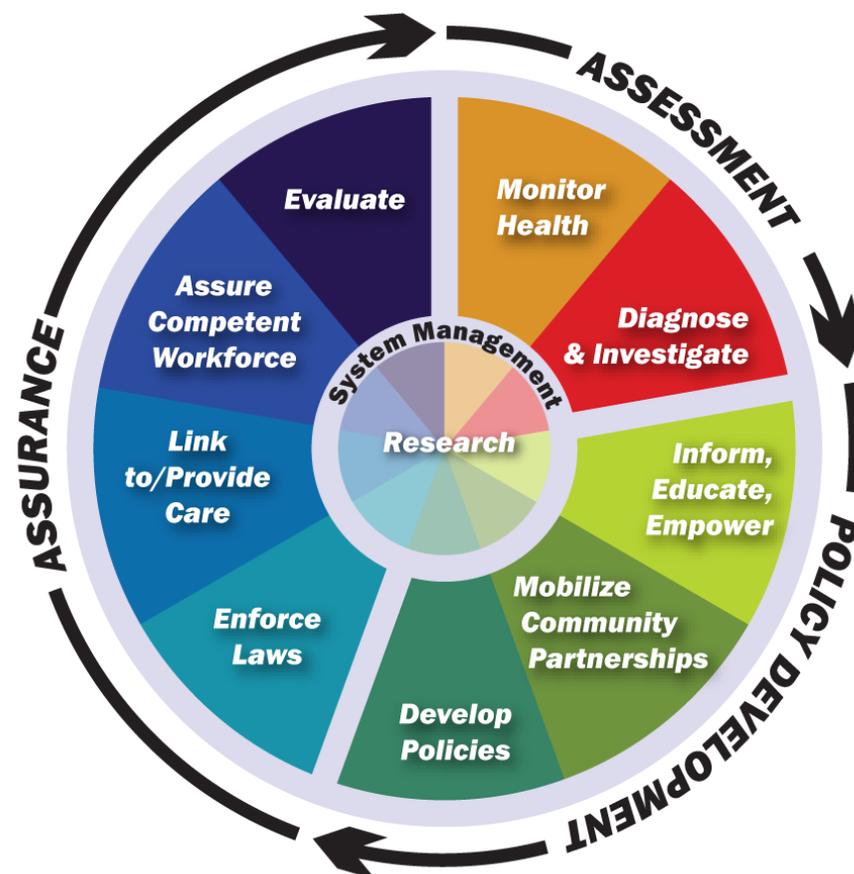
The following pages detail the important linkages that are found in this strategic plan. *The 10 Essential Services of Public Health, Healthy People 2020, and National Prevention Strategy* were all national guides and standards that all PHS branches used to guide the creation of their strategic plans. Further detail follow in this appendices. There is also a table that outlines the linkages to the Community Health Improvement Plans, as well as the linkages to the Quality Improvement Plan. As these appendices show, all of PHS's activities are closely related to the work done in the HHS Regions and on a national level.

# Appendix 1: 10 Essential Services of Public Health

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments. Public health systems should:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

For further information, please visit: <http://www.cdc.gov/nphpsp/essentialServices.html>



# Appendix 2: Healthy People 2020 Related Goals

For further information, please visit: <http://www.healthypeople.gov/2020/>

## **Access to Health Services**

AHS Improve access to comprehensive, quality health care services.

AHS-1 Increase the proportion of persons with health insurance.

AHS-6 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

AHS-8 Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services .

## **Environmental Health**

EH-8 Reduce blood lead levels in children.

## **Food Safety**

FS-1 Reduce infections caused by key pathogens transmitted commonly through food.

FS-2 Reduce the number of outbreak-associated infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter*, *Listeria*, or *Salmonella* species associated with food commodity groups.

FS-5 Increase the proportion of consumers who follow key food safety practices.

## **Global Health**

GH 2 Reduce the tuberculosis (TB) case rate for foreign-born persons living in the United States.

## **Health Communication and Health Information Technology**

HC/HIT Use health communication strategies and health information technology (IT) to improve population health outcomes and health care quality, and to achieve health equity.

HC/HIT-9 Increase the proportion of online health information seekers who report easily accessing health information.

HC/HIT-11 Increase the proportion of meaningful users of health information technology (HIT).

HC/HIT-13 Increase social marketing in health promotion and disease prevention.

## **HIV**

HIV Prevent human immunodeficiency virus (HIV) infection and its related illness and death.

HIV-1 Reduce the number of new HIV diagnoses among adolescents and adults.

HIV-2 Reduce new (incident) HIV infections among adolescents and adults.

HIV-3 Reduce the rate of HIV transmission among adolescents and adults.

HIV-4 Reduce the number of new AIDS cases among adolescents and adults.

HIV-5 Reduce the number of new AIDS cases among adolescent and adult heterosexuals.

HIV-6 Reduce the number of new AIDS cases among adolescent and adult men who have sex with men.

HIV-7 Reduce the number of new AIDS cases among adolescents and adults who inject drugs.

HIV-9 Increase the proportion of new HIV infections diagnosed before progression to AIDS.

HIV-10 Increase the proportion of HIV-infected adolescents and adults who receive HIV care and treatment consistent with current standards.

HIV-11 Increase the proportion of persons surviving more than 3 years after a diagnosis with AIDS.

HIV-12 Reduce deaths from HIV infection.

HIV-13 Increase the proportion of persons living with HIV who know their serostatus.

HIV-14 Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months.

HIV-15 Increase the proportion of adults with tuberculosis (TB) who have been tested for HIV.

HIV-16 Increase the proportion of substance abuse treatment facilities that offer HIV/AIDS education, counseling, and support.

HIV-17 Increase the proportion of sexually active persons who use condoms.

HIV-18 Decrease the proportion of men who have sex with men who report unprotected anal sex in the past 12 months.

## **Immunization and Infectious Diseases**

IID 1 Reduce, eliminate, or maintain elimination or cases of vaccine-preventable diseases.

IID-3 Reduce meningococcal disease.

IID-7 Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.

IID-8 Increase the percentage of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate vaccine (CV).

IID-10 Maintain vaccination coverage levels for children in kindergarten.

IID-11 Increase routine vaccination coverage levels for adolescents.

IID-12 Increase the percentage of children and adults who are vaccinated annually against seasonal influenza.

IID-13 Increase the percentage of adults who are vaccinated against pneumococcal disease.

IID-18 Increase the percentage of children under age 6 years of age whose immunization records are in a fully operational, population-based immunization information system (IIS).

IID-23 Reduce Hepatitis A.

IID 29 Reduce Tuberculosis (TB).

IID 30 Increase treatment completion rate of all tuberculosis patients who are eligible to complete therapy.

IID 31 Increase the percentage of contact to sputum smear-positive cases that complete treatment after being diagnosed with latent tuberculosis infection.

### **Maternal, Infant, and Child Health**

MICH Improve the health and well-being of women, infants, children, and families.

MICH-1 Reduce the rate of fetal and infant deaths.

MICH-30 Increase the proportion of children, including those with special health care needs, who have access to a medical home.

MICH-31 Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, and coordinated systems.

### **Nutrition and Weight Status**

NWS Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

### **Oral Health**

OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.

OH-2 Reduce the proportion of children and adolescents with untreated dental decay.

OH-3 Reduce the proportion of adults with untreated dental decay.

### **Public Health Infrastructure**

PHI To ensure that Federal, State, Tribal, and local health agencies have the necessary infrastructure to effectively provide essential public health services.

PHI-1 Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations.

PHI-2 Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals.

PHI-10 Increase the number of States that record vital events using the latest U.S. standard certificates and report.

PHI-12 Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services partnerships and communication.

### **Preparedness**

PREP Improve the Nation's ability to prevent, prepare for, respond to, and recover from a major health incident.

PREP-4 Reduce the time for State public health agencies to establish after action reports and improvement plans following responses to public health emergencies and exercises.

### **Social Determinants of Health**

SDOH Create social and physical environments that promote good health for all.

### **Sexually Transmitted Diseases**

STD-1 Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections.

STD-2 Reduce chlamydia rates among females aged 15 to 44 years.

STD-6 Reduce gonorrhea rates.

STD-7 Reduce sustained domestic transmission of primary and secondary syphilis.

### **Tobacco Use**

TU Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.

# Appendix 3: National Prevention Strategy

The National Prevention Strategy aims to guide our nation in the most effective and achievable means for improving health and well-being. The Strategy prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives. **The National Prevention Strategy's vision is** Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness. **The National Prevention Strategy's overarching goal is** increase the number of Americans who are healthy at every stage of life.

## The Strategic Directions are:

- **Healthy and Safe Community Environments:** Create, sustain, and recognize communities that promote health and wellness through prevention.
- **Clinical and Community Preventive Services:** Ensure that prevention-focused health care and community prevention efforts are available, integrated, and mutually reinforcing.
- **Empowered People:** Support people in making healthy choices.
- **Elimination of Health Disparities:** Eliminate disparities, improving the quality of life for all Americans.

Within this framework, the Priorities provide evidence-based recommendations that are most likely to reduce the burden of the leading causes of preventable death and major illness. The seven Priorities are:

- **Tobacco Free Living**
- **Preventing Drug Abuse and Excessive Alcohol Use**
- **Healthy Eating**
- **Active Living**
- **Injury and Violence Free Living**
- **Reproductive and Sexual Health**
- **Mental and Emotional Well-Being**

For further information, please visit: <http://www.surgeongeneral.gov/initiatives/prevention/strategy/index.html>

Please note that linkage of PHS strategic goals to the National Prevention Strategy is indicated on each page of the PHS Strategic Plan document.



# Appendix 4: Linkage to the Community Health Improvement Plans

Regional Community Health Improvement Plans (CHIPs) are intended to provide a strategic framework to address local health priorities. They have been developed to engage multiple perspectives so that all community stakeholders – individual citizens, private and nonprofit organizations, government agencies, academic institutions, and community- and faith-based organizations – can unite to ensure San Diegans are healthy, safe and thriving. Aspects of the plans will be modified and adjusted as conditions, resources, and external environmental factors change. Following are the linkages between this strategic plan and the regional CHIPs.

Region	Priority Area	Goal	PHS Strategic Plan Goal	LWSD
Central	Worksite Wellness	<ol style="list-style-type: none"> <li>1. Increase Physical Activity for People Working in Central Region</li> <li>2. Increase Healthy Eating in People Working in Central Region</li> <li>3. Decrease rates of smoking in People Working in Central Region</li> <li>4. Decrease stress rates in People working in Central Region</li> </ol>	MCFHS Goal 9: Create environments and policies that encourage healthy behaviors and healthy communities within San Diego County.	Supporting Positive Choices, Pursuing Policy and Environmental Changes
			MCFHS Goal 18: Promote healthy lifestyle behaviors among the male population to help reduce the premature mortality of men and boys in San Diego County.	
	Access to Health and Social Services	Build collaboration between organizations to bridge the gap between services and care	MCFHS Goal 1: Increase the health equity of clients served by MCFHS Programs.	Building a Better System
			MCFHS Goal 17: Ensure preventive health care for Medi-Cal and other low-to moderate-income level children, pregnant women and families.	
	Safety and Built Environment	Increase the number of safe routes to safe places and neighborhoods	MCFHS Goal 9: Create environments and policies that encourage healthy behaviors and healthy communities within San Diego County.	Pursuing Policy and Environmental Changes
Food Equity/Access to Healthy Food	Increase Healthy Eating in Central Region	MCFHS Goal 9: Create environments and policies that encourage healthy behaviors and healthy communities within San Diego County.	Supporting Positive Choices, Pursuing Policy and Environmental Changes	
		MCFHS Goal 18: Promote healthy lifestyle behaviors among the male population to help reduce the premature mortality of men and boys in San Diego County.		
Tobacco	Decrease access, exposure, and use of tobacco products in Mid-City, Southeast San Diego and Barrio Logan communities amongst residents who are most likely to be targeted by, and vulnerable to, tobacco industry marketing strategies.	MCFHS Goal 9: Create environments and policies that encourage healthy behaviors and healthy communities within San Diego County.	Supporting Positive Choices, Pursuing Policy and Environmental Changes	
		MCFHS Goal 18: Promote healthy lifestyle behaviors among the male population to help reduce the premature mortality of men and boys in San Diego County.		

Region	Priority Area	Goal	PHS Strategic Plan Goal	LWSD
East	Active Living	Increase Physical Activity for East Region Residents	MCFHS Goal 9: Create environments and policies that encourage healthy behaviors and healthy communities within San Diego County.	Supporting Positive Choices, Pursuing Policy and Environmental Changes
			MCFHS Goal 18: Promote healthy lifestyle behaviors among the male population to help reduce the premature mortality of men and boys in San Diego County.	
			PHN Goal 6: Ensure PHN participation in Childhood Obesity Initiative Domains.	
	Healthy Eating	Increase Healthy Eating in East County	MCFHS Goal 9: Create environments and policies that encourage healthy behaviors and healthy communities within San Diego County.	Supporting Positive Choices, Pursuing Policy and Environmental Changes
			MCFHS Goal 18: Promote healthy lifestyle behaviors among the male population to help reduce the premature mortality of men and boys in San Diego County.	
			PHN Goal 6: Ensure PHN participation in Childhood Obesity Initiative Domains.	
Substance Abuse Prevention	1. Reduce Exposure to Secondhand Smoke 2. Reduce Underage Consumption of Alcohol	MCFHS Goal 9: Create environments and policies that encourage healthy behaviors and healthy communities within San Diego County.	Pursuing Policy and Environmental Changes	
North Central	Preventive Healthcare	Increase access to preventive healthcare	MCFHS Goal 17: Ensure preventive health care for Medi-Cal and other low-to moderate-income level children, pregnant women and families.	Building a Better System
	Behavioral Health	1. Increase access to behavioral/mental health services 2. Decrease second hand smoke exposure 3. Decrease poisoning by prescription drugs of a non-prescribed person 4. Decrease Social and Health Problems related to alcohol, tobacco, and drug overuse/abuse	MCFHS Goal 4: Health and support services for children with special physical, emotional and social health needs will be addressed efficiently and effectively by qualified CCS providers, private and public offices and clinics, special care centers, regional centers, medical therapy programs and through other community resources.	Building a Better System, Pursuing Policy and Environmental Changes
	Physical Activity	Increase physical activity for North Central Region Residents	MCFHS Goal 9: Create environments and policies that encourage healthy behaviors and healthy communities within San Diego County.	Supporting Positive Choices, Pursuing Policy and Environmental Changes
MCFHS Goal 18: Promote healthy lifestyle behaviors among the male population to help reduce the premature mortality of men and boys in San Diego County.				
PHN Goal 6: Ensure PHN participation in Childhood Obesity Initiative Domains.				

Region	Priority Area	Goal	PHS Strategic Plan Goal	LWSD
North County	Physical Activity	Increase physical activity among North San Diego residents	MCFHS Goal 9: Create environments and policies that encourage healthy behaviors and healthy communities within San Diego County.	Supporting Positive Choices, Pursuing Policy and Environmental Changes
			MCFHS Goal 18: Promote healthy lifestyle behaviors among the male population to help reduce the premature mortality of men and boys in San Diego County.	
			PHN Goal 6: Ensure PHN participation in Childhood Obesity Initiative Domains.	
	Nutrition	Reduce the prevalence of poor nutrition, food insecurity and hunger among North County Residents	MCFHS Goal 9: Create environments and policies that encourage healthy behaviors and healthy communities within San Diego County.	Supporting Positive Choices, Pursuing Policy and Environmental Changes
			PHN Goal 6: Ensure PHN participation in Childhood Obesity Initiative Domains.	
Behavioral Health	Reduce the prevalence of mental health and substance abuse challenges among North County	MCFHS Goal 4: Health and support services for children with special physical, emotional and social health needs will be addressed efficiently and effectively by qualified CCS providers, private and public offices and clinics, special care centers, regional centers, medical therapy programs and through other community resources.	Building a Better System, Supporting Positive Choices	
South	Physical Activity and Healthy Eating	1. Increase physical activity for South Region Residents 2. Increase healthy eating for South Region Residents	MCFHS Goal 9: Create environments and policies that encourage healthy behaviors and healthy communities within San Diego County.	Supporting Positive Choices, Pursuing Policy and Environmental Changes
			PHN Goal 6: Ensure PHN participation in Childhood Obesity Initiative Domains.	
	Improve Security and Decrease Violence	1. Increase walkability 2. Reduce criminal activity 3. Reduce underage drinking	MCFHS Goal 9: Create environments and policies that encourage healthy behaviors and healthy communities within San Diego County.	Pursuing Policy and Environmental Changes
			MCFHS Goal 19: Increase capacity of the office for “developing and implementing violence prevention programs throughout San Diego County” (Per Board of Supervisors dictate in 1994 establishment of OVP).	Supporting Positive Choices
Healthcare Access	Improve access to medical health home for vulnerable populations	MCFHS Goal 1: Increase the health equity of clients served by MCFHS Programs. MCFHS	Building a Better System	

# Appendix 5: Linkage to the Quality Improvement Plan

PHS emphasizes providing optimal, community-focused services by using continuous Quality Improvement processes and tools. This commitment to quality improvement can be seen through various goals and strategies in this strategic plan, some of which are highlighted in the table below. Recent projects and further information on quality improvement efforts can be found in the Public Health Services Quality Improvement Plan.

Branch	Goal	Strategy
PHS Administration	<b>GOAL 4:</b> Assure organizational accountability, transparency and effectiveness	<b>Strategy 4.2</b> Use Quality Improvement (QI) techniques and tools to standardize services and create efficiencies within PHS.
Emergency Medical Services	<b>GOAL 7:</b> Provide administrative support to EMS programs and staff.	<b>Strategy 7.4</b> Identify opportunities for personal growth and programmatic efficiencies and support EMS staff in the implementation and measurement of new systems.
Epidemiology and Immunization Services	<b>GOAL 10:</b> Administration/Quality assurance	<b>Strategy 10.1</b> Utilize appropriate technologies that support the rapid delivery of high quality laboratory results.
HIV, STD, and Hepatitis Branch	<b>GOAL 1:</b> Provide policy direction and a quality management/improvement system for HSHB processes, programs, and interventions.	<b>Strategy 1.2</b> Evaluate and continuously improve processes, programs, and interventions of HSHB and its contractors
Public Health Nursing Administration	<b>GOAL 3:</b> Improve Clinic and PHN program outcomes.	<b>Strategy 3.1</b> Refine program and clinic outcome measures and data system.

# Appendix 6: Accreditation Requirements

Standard 5.3 is one important part of the Public Health Accreditation Board's requirements for accreditation. It asks that health departments develop and implement a health department organizational strategic plan. The following table shows how each section of the *Public Health Services Strategic Plan 2013-2018* meets this standard.

PHAB Requirement		Section/Page in Plan
<b>5.3.1 A</b> Conduct a department strategic planning process		
5.3.1.1 A Description of elements of the planning process used to develop the organization's strategic plan:	Membership of the strategic planning group (names and titles)	p. ix Acknowledgements
	Strategic planning process steps; need number of meetings, duration of process, methods of review by stakeholders	p. 15-17 Strategic Planning Process
<b>5.3.2 A</b> Adopt a department strategic plan		
5.3.2.1 Health department strategic plan dated within the last five years that includes:	Mission, Vision, guiding principles/values	p. 1-4 Strategic Vision
	Strategic priorities	p. 15-17 Strategic Planning Process
	Goals and objectives with measurable and time-framed targets	p. 19-77 PHS Strategic Plans
	Identification of external trends, events, or factors that may impact community health or the health department	p. 17 PHS SWOT Analysis
	Assessment of health department strengths and weaknesses	
	Link to the health improvement plan and quality improvement plan	p. 122-124 Linkage to the Community Health Improvement Plan
		p. 125 Linkage to the Quality Improvement plan
<b>5.3.3 A</b> Implement the department strategic plan		
	Annual reports of progress towards goals and objectives contained in the plan, including monitoring and conclusions on progress toward meeting targets	PHS Performance Management 2.0 SharePoint Site reports



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PUBLIC HEALTH SERVICES STRATEGIC PLAN**  
*Journey to Accreditation 2013-2018*



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