COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Public Health Services Annual Report

Accredited Health Department · PHAB · Advancing Public Health Performance · Public Health Accreditation Board

2023-2024

Inquiries

Inquiries regarding the *Public Health Services Annual Report of Major Accomplishments* may be directed to

County of San Diego
Health and Human Services Agency
Public Health Services
P.O. Box, 85222, MS P578
San Diego, CA 92186-5222

This document was developed under the General Management System of the County of San Diego, and is in support of *Live Well San Diego,* www.livewellsd.org

Major Accomplishments were achieved from July 1, 2023, to June 30, 2024.

Thanks to Kelly Strona for her work in the development and graphic design of this report.

Contents

Preface

The Public Health Services 2023-2024 Annual Report of Major Accomplishments document presents accomplishments that the County of San Diego Health and Human Services Agency Department of Public Health Services (PHS) has achieved during the fiscal year.

Accomplishments described in this document are reflective of the commitment, dedication, and operational excellence of the staff of PHS and its branches, which included PHS Administration; California Children's Services; Epidemiology and Immunization Services Branch; HIV, STD, and Hepatitis Branch; Maternal, Child, and Family Health Services; Public Health Preparedness and Response; and Tuberculosis Control and Refugee Health. This document is divided into nine sections.

1. **Public Health Services Organization**: PHS organizational information includes vision, mission, and values, organizational chart, total budget managed, number of employees, and number of contracts.
2. **Major Accomplishments**: Accomplishments are listed by branch and their programs. When possible, these accomplishments reflect the S.M.A.R.T. objectives criteria – specific, measurable, attainable, relevant, and time-bound.
3. **Communications**: External communications include those PHS has developed or been featured in, including California Health Network (CAHAN) Alerts, County News Center articles, San Diego Physician Magazine articles, and more.
4. **Branch Quality Improvement Projects**: Steps for each project included identifying an opportunity to plan for improvement, testing for improvement, testing for improvement, using data to study test results, and standardizing the improvement and establishing plans.
5. **Publications and Presentations**: Publications and presentations include posters or abstracts submitted to national meetings; peer-reviewed journals and articles submitted to other publications, newsletter, or online communications.
6. **Research Projects by Branch**: A brief description of branch research projects is listed.
7. **Staff Awards and Recognition**: This section highlights PHS staff who received awards and/or recognitions for outstanding work.
8. **Staff Development**: This section lists staff who completed staff development trainings during this time.
9. **Training and Development:** PHS provides training for all internal, permanent staff in the department. This section shares trainings and percentage of staff trained.

Message from the Public Health Officer and Director

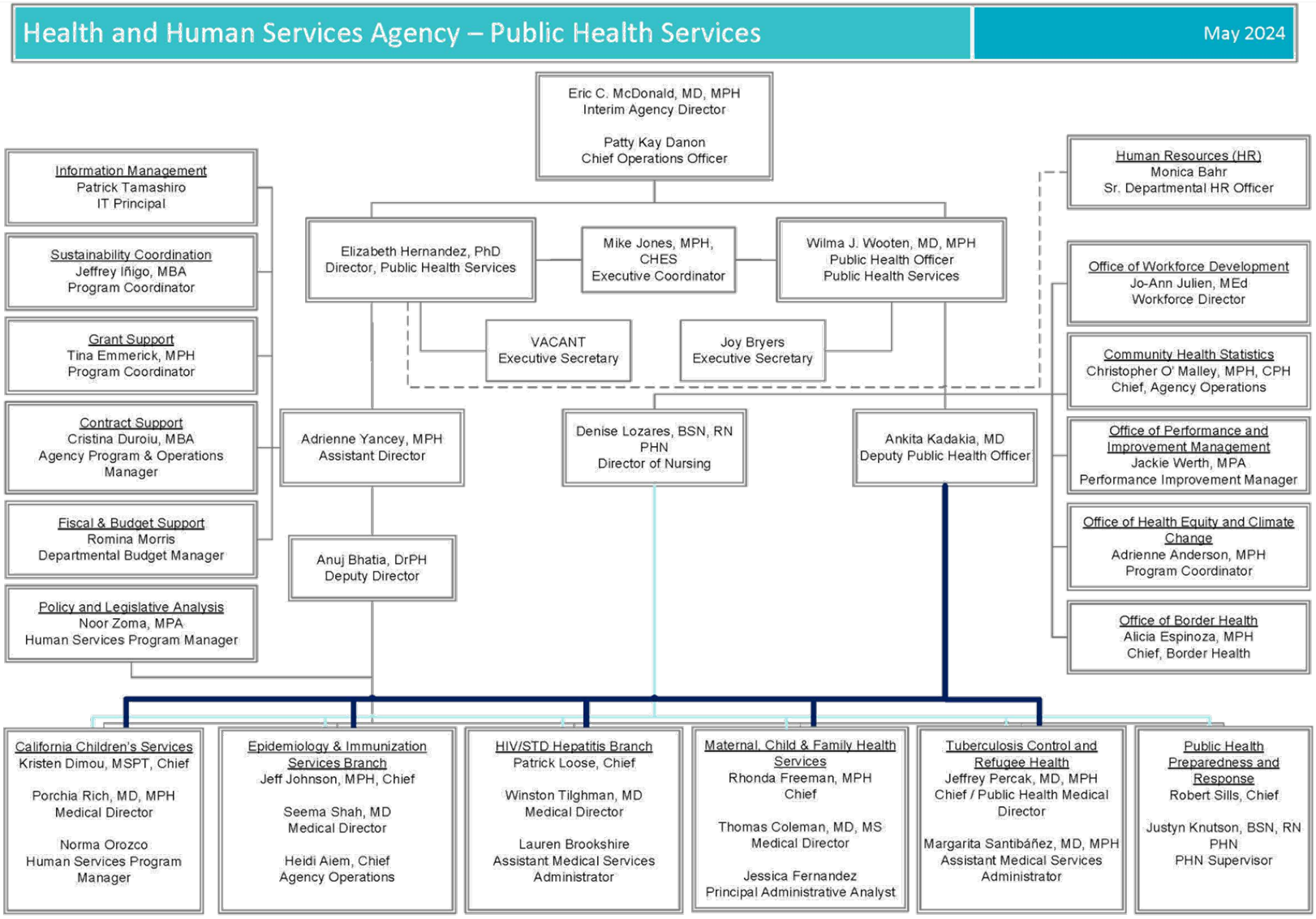
We are pleased to present the *Public Health Services 2023-2024 Annual Report of Major Accomplishments*. The Department of Public Health Services (PHS) is dedicated to community health, wellness, and protection of residents in San Diego County (County). As a public health department accredited by the Public Health Accreditation Board since May 2016, and while managing 764 employees with a budget of over $228 million and 135 contracts, significant achievements were accomplished during fiscal year 2023-2024. I want to give a sincere thanks to PHS staff members for their hard work for achieving these accomplishments on behalf of San Diego County residents.

These achievements reflect the ten essential PHS; echo federal and state priorities; align with the County's vision and mission; and embody *Live Well San Diego,* the regional plan to achieve the County's vision of healthy, safe, and thriving communities. We invite you to read further to learn more about PHS efforts to achieve our vision of healthy people in healthy communities.

Wilma J. Wooten, M.D., M.P.H.
Public Health Officer
Department of Public Health Services

Elizabeth A. Hernandez, Ph.D.
Director
Department of Public Health Services

Public Health Services Organization FY 2023-2024



Vision, Mission, Values

County of San Diego

- Vision: A just, sustainable, and resilient future for all
- Mission: Strengthen our communities with innovative, inclusive, and data-driven services through a skilled and supported workforce.
- Values: Integrity, Equity, Access, Belonging, Excellence, and Sustainability

Health and Human Services Agency

- Vision: A region that is building better health, living safely, and thriving to advance a just and sustainable future for all.
- Mission: To make people's lives healthier, safer, and self-sufficient by delivering essential services in San Diego County.
- Values: Integrity, Equity, Access, Belonging, Excellence, and Sustainability.

Public Health Services

- Vision: Healthy people in healthy and equitable communities.
- Mission: To promote health and improve the quality of life by preventing disease, injury and disability, and by protecting against, and responding to, health threats and disasters.
- Values: Diversity, Respect, Collaboration, Responsiveness, and Transparency.

The General Management System is the County's operational approach to planning and decision making.

Public Health Services Administration

Total Managed Budget: $228,243,782

Number of Employees: 764

Number of Contracts: 135

Board Letters Sent by PHS: 20

Public Health Officer, Wilma Wooten, M.D., M.P.H., and Director, Elizabeth Hernandez, Ph.D., directed all Public Health Services (PHS) programs and services; ensured the safeguard of the public's health; and coordinated response to public health emergencies. They also directed administrative functions related to contracts, cost recovery, communications, and other responsibilities across PHS branches. The Administrative Branch also included the Offices of Border Health, Community Health Statistics, Fiscal, Budget, and Contract Support, Grants Administration, Health Equity and Climate Change, Medi-Cal Administration and Targeted Case Management, Nursing, Performance and Improvement Management, Policy and Legislative Analysis, and Sustainability Coordination.

Public Health Services Major Accomplishments

Public Health Services Administration

Office of Border Health

- Provided six presentations on the County of San Diego Office of Border Health projects.
- Serve as a member or advisor for the following four organizations: Cancer Research and Education to Advance Health Equity; Vista Community Clinic Board of Directors; Hispania's Organized Political Equity committee; and Office of Binational Border Health Advisory Board.
- Hosted one teleconference meeting with 23 representatives from binational organizations to discuss Respiratory Syncytial Virus, Influenza, and COVID-19 Epidemiological Rates and Public Health Response in the San Diego and Tijuana border region, in partnership with the Department of Homeless Solutions and Equitable Communities.
- Facilitated three meetings with the Public Health Officer (PHO) and Tijuana Health Jurisdiction (ISESALUD) counterparts and Mexican Consulate to discuss key public health priorities and areas of collaboration.
- Convened three quarterly general membership meetings and facilitated 13 Steering Committee meetings for the San Diego and Imperial Counties Border Health Collaborative (Collaborative). The Collaborative—jointly supported by the California Department of Public Health Office of Binational Border Health, Imperial County Health Department, and County of San Diego Public Health Services—aims to enhance communication, coordination, and collaboration among public, private, and academic institutions to protect and improve the health of communities along the California–Baja California border. The Steering Committee plans bi-monthly Collaborative meetings, reviews emerging issues and priority health topics, identifies opportunities for collaboration, and ensures the Collaborative is effectively engaging partners and operating efficiently.

- Hosted one general meeting, one Executive Committee meeting, and one Tuberculosis Work Group meeting for the Border Health Consortium of the Californias (BHCC). The BHCC is a multidisciplinary group of health professionals that brings together leaders from the California and Baja California border region to share information, strengthen public health efforts, foster partnerships, and develop unified strategies to address shared health concerns. The Executive Committee sets border health priorities, plans the two annual symposiums, and guides the working groups. The TB Work Group discussed prevention and collaboration efforts and developed and reviewed the Binational Directory, implemented this year to catalog Consortium members, organizations, and available resources and to promote increased cross-border collaboration.
- Collaborated with ISESALUD counterparts to coordinate a two-day Binational Epidemiological Symposium, taking place at Autonomous University of Baja California with 170 attendees.
- Conducted 18 presentations on the Partner Relay to local nonprofit organizations.
- Hosted two virtual Emergency Preparedness and Public Health trainings, one Office of Emergency Services tour, and one key stakeholder meeting for partners serving Limited English Proficiency communities.

Budget and Fiscal Services

- Met all Operational Plan and Quarterly Fund Balance deadlines.
- Provided two financial literacy trainings at Public Health Services Contract and Fiscal Group meetings to increase fiscal knowledge for analysts.
- Successfully closed out prior fiscal year; including Quarter 4 fund balance, reducing and canceling encumbrances, and completing appropriate budget tool to carryover encumbrances to next fiscal year.
- Implemented operational adjustments to accommodate significant change in timelines for regularly scheduled Fiscal and Budget activities as a result of changes in enterprise-wide priorities.

Contract Services

- Coordinated the monitoring of 109 contracts and 33 purchase orders.
- Completed two contract quality assurance reviews.
- Completed 17 memoranda of agreement and understanding and data use agreements.
- Coordinated completion of 121 amendments and 412 new contracts and purchase orders.

Community Health Statistics Unit

- Supported various domains, particularly Domain one and four, for Public Health Services (PHS) reaccreditation process.
- Developed new innovative products to support and advance health equity initiatives: Asian Brief and Dashboard; NHPI Brief and Dashboard; Preventable Hospitalizations Dashboard; Population Health & Environment Brief and Dashboard; Adverse Childhood Experiences and Positive Childhood Experiences Dashboard; Lesbian, Gay, Bisexual, Transgender, and Queer Brief and Dashboard – Adults.
- Created a comprehensive water quality informational packet consisting of a fact sheet, descriptive summary, slide set, and a critical pathway highlight factors affecting water quality, protection of our waterways, and statistics and disparities at the national, state, and local levels.
- Secured the acceptance and presentation of nine abstracts for the 2023 annual American Public Health Association conference, four posters and five oral presentations showcasing the team's research excellence.

Office of Health Equity and Climate Change

- Updated and rolled out to the Public Health 101 series to new staff: History (Feb 2023); Concepts (March 2023); Data (April 2023); Health Equity (May 2023); and Climate Change (June 2023).
- Organized, coordinated, promoted, and tracked permanent staff participation on Racial Equity training (February-April 2024).
- Developed 25 flyers and 50 virtual backgrounds that feature observances in the cultural observance day flyers.
- Finalized and revised the Public Health Equity Plan with input from the Health Equity Working Group.
- Rolled out PHS Health Equity Assessment Survey (June 2024).

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

- Submitted the FY 23-24 Targeted Case Management (TCM) Cost Report and completed the FY 19-20 TCM audit, which resulted in a payment to the state in the amount of $4k, significantly improved compared to previous years.
- Participated in the Department of Health Care Services' (DHCS) audit of FY 20-21 TCM Cost Report audit.
- Reconciled encounters using TCM System report versus times coded to appropriate TCM alias in Ultimate Kronos Group (UKG), using Microsoft Access, resulting in a margin of error that decreased from 7% to 3.1%. This reduced the number of labor corrections and staff costs.

- Participated in the transition of TCM Maternal Child Health Clients to the Healthy Families America TCM Program and updated the TCM Program Guide to reflect the change.
- Trained over 500 program participants in State-Mandated Annual Time Survey Training that included various job classifications across several County departments for FY 23-24.
- Conducted quality assurance and analysis on timecards of over 1,000 participants to ensure staff code time in UKG properly and Medi-Cal Administrative Activities (MAA) claiming is accurate for all four quarters of 23-24.
- Submitted quarterly MAA Claiming Plans to the State to ensure no lapse in MAA claiming for all four County claiming units: PHS, Medical Care Services, Emergency Medical Services, and Homeless Solutions and Equitable Communities.
- Engineered a submittal of $6.8 million in MAA claims to DHCS. This was a significant increase of $180 compared to FY 22-23.
- Orchestrated cost savings of $370k to the bottom line of the MAA-TCM general ledger.
- San Diego MAA/TCM Program participated in various panels/presentations at the Annual Local Governmental Agency (LGA) MAA-TCM Conference (Santa Rosa, CA) in May 2024.
- Created a MAA-TCM Roadshow that was used in conducting outreach to organizations that have the potential to participate in the program.
- Initiated the expansion of the MAA and TCM program by targeting multiple departments that will potentially add value and revenue to the program. These include both County and community-based organizations: Palomar Health, Probation, Rady, USCD Health, Public Health Preparedness and Response, Office of Military and Veteran Services, Justice-Involved Initiative, Border Health. TB, California Children's Services, Maternal, Child, and Family Health Services, Center for Community Solutions, and Social Advocates for Youth.

Office of Performance and Improvement Management

- Presented to the County Health Executives Association of California on July 7, 2023, on San Diego's Community Health Assessment and Improvement Planning process.
- Achieved public health reaccreditation on August 21, 2023, after submitting 242 pages of Narratives, and 32 plans, policies, and other documents.
- Published the PHS Strategic Plan (FY 2023-24 and 2024-25) in August 2023. Featured Health Equity stories and Population Health goals.
- Trained the Office of Equitable Communities' Community Health Engagement Teams on August 28, 2023, on how to maintain their Community Enrichment Plans in the Clear Impact performance management system.
- Published quarterly scorecards for each of the seven Branches, beginning September 2023, in addition to ongoing "Flash Reports" of priority measures. The scorecards presented performance data for all measures in the Strategic Plan and highlighted PHS measures aligned with the HHSA Strategic Plan ("Promise").
- Hosted a QI Project Peer Review in September 2023 to provide Quality Improvement project teams with feedback on project design and results.
- Hosted the "Advancing Your QI Culture," panel at CHEAC Annual Meeting. Amber Hilliker, Nora Bota, and Jackie Werth described the PHS QI practices, October 4, 2023.
- Presented to the California Accreditation Coordinators on February 7, 2024, on San Diego's Community Health Assessment and Improvement Planning process.
- Hosted the 5th QI Resource Fair, "Finding Your Superpower," on February 23, 2024, in the COC Chambers, engaging 170 attendees with 11 QI project presentations, four QI games, a resource center, a recognition wall, and project awards and prizes. The event earned a 4.76 out of 5 satisfaction rating.
- Created a two-year QI Annual Plan (FY 2024-25, 2025-26) through a series of facilitated in-person trainings with Continual Impact, an expert QI trainer, from February to April 2024. The sessions reviewed key performance challenges, identified QI projects, and initiated planning for priority projects, which were subsequently presented to PHS executive staff for confirmation on April 26, 2024.
- Completed eight projects in 2023-24, below the new Op Plan target of ten.

- Convened monthly Performance Improvement Management Committee meetings and quarterly Quality Improvement Champion meetings.
- Issued new FY 23-24 Community Health Assessment and new FY 2023-25 Community Health Improvement Plan by June 30, 2024.

Office of Workforce Development

- Created and shared the PHS training performance dashboard (i.e., Data Literacy, Racial Equity, PHS 101 series, Cultural Humility and Responsiveness, Customer Service Excellence, Health Literacy, Outbreak Management, NIMS/ICS).
- Provided CHEAC presentation on *Soft Skills and Resilience* with Adrienne Yancey and Dr. Wooten. Presentation was provided October 4-5, 2023, at the CHEAC annual meeting and very positive feedback was received from participants and organizers.
- Explored national partner's program re. Organizational Competencies for fiscal and contracts efforts.
- Presented to Senior Staff (July 13, 2023) on results of FY 2022-23 Training Strategy goals/accomplishments.
- Coordinated PHS efforts on County (and departmental) Employee Engagement (EE) (e.g., meeting July 25, 2023) including unbundling the data from the County EE survey and collaborating with Karen Harris and Chris O'Malley to prepare a presentation for Public Health Leaders.
- Represented for PHS on the HHSA/County-wide effort regarding Employee Engagement (e.g., meetings with Karen Harris and other departments, meetings on how to give focus groups with HHSA-hired consultant, August 28 and August 31, 2023).
- Submitted Performance Measures and Progress Reports in Public Health Infrastructure Virtual Engagement (PHIVE) for The Public Health Infrastructure Grant (PHIG) (July 28, 2023).
- Collaborated with Office of Grants Admin on Career Ladder grant scope of work and next steps re. encumbering and disseminating state funds, which allows for educational and training opportunities, including tuition reimbursement and stipends, for existing public health employees to advance their careers.
- Developed the PHS Training Strategy for FY 2023-24 (e.g., meeting August 28, 2023).
- Updated all A1 activities for PHIG for Budget Period two (August – September 2023). A1 brough in $89.4k for the entirety of the FY (December 22-November 23).
- Submitted the PHIG Annual Performance Report (APR) and Non-Competing Continuation (NCC) Application (September 2023).
- Collaborated with consultant, developed Focus Group questions, and ensured OWD co-facilitation of focus groups sessions on Employee Engagement for all seven to address the question of 'my workload is reasonable'.
- Provided quarterly PHS Newsletter articles on workforce development and training, on topics including Career Ladder and the SDSU Career Fair.

- Continued to monitor and/or promote offerings of the CHEAC Training Center courses from the new public health workforce training center.
- Finalized editing of the draft of the PHS Workforce Development Plan and submitted for approval. Implemented the PHS Workforce Development Plan (FY 2023-24 and 2024-25); developed an annual workplan (July 2023) and updated the work plan quarterly throughout the rating period.
- Supported management and tracking of the Public Health Workforce Grant including attending all meetings and updating various presentations (e.g., Workforce Director updates), action plans and workplans per grant and departmental requirements.
- Hosted quarterly PHS Training Champions meetings (e.g., agendas, presentations), the purpose of which is to ensure regular coordination and communication on training and workforce grants related to trainings. Training Champions are part of the quality assurance process to ensure that staff receive key information and credit for PHS led or coordinated trainings they attend, and that PHS leadership has the data to ensure workforce development goals are on track.
- Developed and updated the Training Strategy (January 2024) and presentation for PHS All-Staff meeting. Presented the Training Strategy at the PHS All-Staff meeting (Jan 2024), including promotion of Career Ladder and PHIG Certifications Project.
- Collaborated extensively with HR, Fiscal and Contracts staff of PHS, Grants Admin Unit, AEO, Auditor and Controller on program guidance document for the two Career Ladder projects.
- Updated training presentation materials, and conducted Public Health 101 Trainings for History, Essential Concepts, Data, Health Equity, and Climate Change (January to May 2024). Facilitating scheduling, tracking and reporting on participation. Updated presentations and coordinated the roll out the Public Health 101 series to new staff, including pre and posttest, knowledge checks, follow up surveys for feedback, tracking and reporting on participation through dashboards; reported to leadership:
    - History of Public Health (January 2024 – two offerings, (311 staff)); facilitated input from Public Health Leaders
    - Concepts (February 2024 – two offerings, 305 staff)
    - Health Equity (March 2024 – two offerings, 215 staff); collaborated with Office of Health Equity and Climate Change Unit
    - Data (April 2024– six offerings, 8 staff); collaborated with Community Health Statistics Unit
    - Climate Change (May 2024 – two offerings, 212 staff); collaborated with Office of Health Equity and Climate Change Unit
    - Collaborated on the updating and scheduling of Health Literacy training; coordinated training with trainer to host additional make up sessions for FY 2023-24 (June 2024).

- Collaborated on the development of the training presentation for the second offering of Outbreak Management Under Incident Command System; tracked participation, coordinated and scheduled training sessions (April 12, 2024; May 10, 2024; June 10, 2024); conducted pre and posttest and surveyed participants re. feedback on the training.

- Promoted the new, revised Core Competencies for Public Health Professionals among staff and management.
- Analyzed all workforce related survey results (e.g., Core Competencies for Public Health Professionals Survey; Employee Engagement Survey; Leadership Survey and PH WINS Survey) in an addendum to the Workforce Development Plan that will form the basis for the next 2-year Workforce Development Plan.
- Coordinated through the Live Well Center for Innovation and Leadership (LWCIL) People Sub-Committee in the first-ever SDSU Career Fair (March 2024). Developed poster with demographic data and data from PH WINS Survey. Welcomed 50 students potentially interested in careers with PHS.
- Updated the New Employee Welcome to Public Health Services (NEWP) PowerPoints and SharePoint site (April 2024).
- Supported retention efforts by providing exit interviews to departing staff and stay interviews to staff to assess employee retention best practices (January to June 2024).
- Coordinated with CDC Project Officer and National Network of Public Health Institutes (NNPHI) staff on setting up the opening keynote address and plenary presentation for the national PHIG Reverse Site Visit in San Diego (May 7-9, 2024). Presented to approx. 800 participants. Presentation was titled *County of San Diego approach to Workforce Development and Training*.
- Assisted the Deputy Public Health Officer to finalize, promote, coordinate, track, and upload the Gender Affirming Care training on LMS (March – June 2024) and ensure training in alignment with PHS Framework for Training Standards and Evaluation (e.g., use of Poll and Survey). Collaborated with TKC to ensure staff who did not participate are assigned the trainings in LMS.
- Developed, administered, and analyzed the training evaluation surveys for all PHS trainings (e.g., Public Health 101 Series, PHS Outbreak Management, Racial Equity, Health Literacy, and Gender Affirming Care) (January – June 2024).
- Collaborated with Office of Nursing on launching training on Blood Borne Pathogens and Emergency Life Saving for PHS Staff starting in Fall 2024 - Winter 2025 (e.g., meetings June 5 and 10, 2024, action plan, text for Workforce Development Plan).
- Coordinated PHS participation in pilot for local High School students to rotate through HHSA departments over the summer.

California Children's Services (CCS)

CCS Administration/Case Management Program

- Authorized medical evaluations, treatment, supplies, and equipment, and provided case management services for approximately 18,000 chronically ill, severely, and physically disabled children and youth.
- Provided outreach to important community partners and CCS client groups, training more than 2,218 individuals through 12 in-services throughout San Diego to educate about CCS services and improve care coordination. The community partners included SDSU/UCSD Preventative Medicine Residency Program participants, Steele Canyon High School, Rady Children's Hospital, County of San Diego In-Home Supportive Services Program, Kaiser Permanente San Diego Region Medical Staff and Non-clinical staff, San Diego Regional Center, and Quantum Academy.
- Demonstrated operational excellence by orienting and training 27 employees to new positions through comprehensive on-the-job training program focused on programmatic knowledge and skill-building.
- Provided 160 virtual and phone comprehensive CCS Parent Orientations to CCS clients who have a high level of case complexity including notable health risk factors associated with economic and social conditions and require a greater level of case management support.
- Employed Interpretive services 637 times (including written, telephone, video and in-person translations), supporting both the Health Equity and Diversity and Inclusion initiatives by assisting CCS staff to serve our diverse clients and by providing the families of our clients with a variety of interpretive services to best communicate and understand their child's health care needs.
- Obtained 88 responses on the HEART Customer Service Survey during January through March 2024, all from external customers, and received an overall score of 4.91 out of 5.00. Approximately 27 staff (6 from the CCS Administrative Office and 21 from the CCS Medical Therapy Units) were individually recognized for providing exceptional customer service.

Medical Therapy Program

- Provided 20,497 hours of physical and occupational therapy evaluation, treatment, case conference, and consultation services for an average of 1,625 children at six Medical Therapy Units and one satellite location at local public schools through innovative therapeutic methods and creatively integrating activities that embrace *Live Well San Diego*.
- CCS liaisons attended and/or provided remote collaboration for 35 Special Care Clinics (Rehabilitation, Muscle Disease, Spinal Differences, and Limb Differences) at Rady Children's Hospital (RCH) in San Diego, Escondido, and Oceanside. This continues the collaboration between the CCS-Medical Therapy Program and RCH for shared clients to ensure timely referrals for new clients and communication regarding recommended therapy services and medical equipment for existing clients.
- Recommended and procured 1,015 medically necessary pieces of specialized rehabilitation equipment for CCS clients, including mobility aids, like wheelchairs and walkers, and other durable medical equipment (DME).
- Promoted public health as a career choice by participating in the educational development of eight occupational or physical therapy interns from five different educational institutes and continued the process of having 11 Memorandums of Agreements with colleges/universities to take future students.

Epidemiology and Immunization Services Branch

Epidemiology and Immunization Services Branch

- Registered 44,051 communicable disease cases.
- Investigated 16,649 communicable disease cases.
- Responded to 1,124 respiratory outbreaks (COVID-19, Influenza, RSV, other), of which 1,008 were COVID-19.
- 70 non-respiratory outbreaks (C. Auris, CP-Crab, gastroenteritis, legionellosis, Mpox, norovirus, salmonellosis, STEC, shigellosis, toxin-producing bacteria, vibrio infections, and other). Investigations of outbreaks supports mitigation of pathogen transmission – this can reduce the number of people who are impacted by the condition. Non-respiratory outbreaks can include transmission via these routes: foodborne, gastrointestinal, person-to-person, sexual/physical contact, zoonosis (transmission between animals and humans), waterborne, and healthcare acquired.

- 17 clusters created (based on PFGE/WGS) to include 11 salmonellosis (non-typhoid/non-parathyphoid), three shigellosis, three shiga-toxin-producing *E. coli* (STEC).
- 9,716,565 doses of vaccine administrations throughout the county entered into the California Immunization Registry and monitored by EISB.
- 92,740 doses of publicly provided COVID vaccine managed by the Vaccine Management Program.
- 99.9% (26,911 of 27,014) of age-appropriate vaccines were given to children aged 0-18 who presented for immunizations.
- 49,710 publicly provided influenza doses managed for distribution.
- 1,811 healthcare-associated infection (HAI) investigations related to novel, multi-drug-resistant organisms were conducted by the HAI team, including Candida auris, carbapenemase producing Enterobacterales, carbapenemase producing Pseudomonas aeruginosa, and carbapenemase producing Acinetobacter.
- 569 HAI infection control assessments and responses conducted by the HAI team of those, 13 were COVID-19 related.
- 18,498 specimens tested to support public health services and community medical providers in the diagnosis and treatment of disease by the Public Health Laboratory.
- 2,119 COVID diagnostic tests conducted.
- 525 rabies sample specimens processed.
- 5,395 water sample specimens processed.
- 37,975 birth certificates processed and registered (Calendar Year).
- 700 new and renewed medical marijuana cards were issued.
- 319 individuals attended the hybrid Kick the Flu Summit, where clinicians, health professionals, educators, and public health advocates to explore the latest Flu, COVID-19, and RSV vaccine recommendations, review current data trends, and share effective strategies to strengthen immunization efforts across San Diego communities which was held August 30, 2023.
- 963 healthcare providers were advised on childhood lead poisoning updates.
- 494 children received public health nursing case management services from the Childhood Lead Poisoning Prevention Program (CLPPP).
- Childhood Lead Poisoning Prevention Program White Paper published in May 2024 with the Health Equity team.

- 667 reported HIV cases processed by the HIV Surveillance Team; 437 new cases reported in San Diego County residents.
- 14 individuals placed in infectious disease temporary lodging program.
- 1,094 individuals received vaccinations through the Homebound Vaccine Program.
- Multiple high profile foodborne outbreaks worked:
    - Identified high profile outbreak of salmonellosis with eight local cases linked to raw milk which grew to include 171 cases across five states in October 2023.
    - Identified Shiga-toxin producing *E. coli* outbreak linked to local restaurant with 13 cases in October 2023.
    - Identified norovirus outbreak related to important oysters impacting 69 cases in January 2024.
- Responded to three measles cases with a total of approximately 880 cumulative, which refers to someone who came in contact with someone diagnosed with measles.
- Conducted successful tabletop exercises for dengue, binational HAI and measles.
- Hosted successful Vector-Borne Zoonotic Disease Meeting and Communicable Disease Meeting.
- Numerous presentations at state and national conferences.
- Received NACCHO Certificate of Promising Practice award for the Isolation and Support Nurse Helpline in August 2023.
- Broke ground on new Public Health Laboratory in October 2023.
- Presented School Infectious Disease Prevention and Response Program at the Live Well School Summit.
- Participated in the Inaugural Public Health Advocate Camp, a one-week camp for rising high school juniors and seniors with 29 attendees.
- Published South Region Health Concerns webpage to provide information to the public about the Tijuana River Valley and Beach Water Sewage Crisis and the public health response. In February 2024, publication of the weekly syndromic surveillance data via the *Surveillance Bulletin: South Region Health Concerns* showed trends in gastrointestinal (GI) illness, asthma, or chronic obstructive pulmonary disease (COPD) symptoms impacting residents of the South Region.
- Awarded CDC funding as a partner to the USCD Resilient Shield Grant to utilize disease modeling to respond to emerging disease outbreaks.

Public Health Laboratory

- The Public Health Laboratory added the following testing capabilities:
  - New test formerly under Enteric Culture:
    - E. coli Identification _O157_Shiga Toxin EIA (August 1, 2023)
    - Salmonella ID and Serogrouping (August 1, 2023)
    - Salmonella/Shigella Culture (August 1, 2023)
    - Shigella ID and Serogrouping (August 1, 2023)
    - STEC Isolation from Enrichment Broth (August 1, 2023)
    - Vibrio cholerae Identification (August 1, 2023)
    - Vibrio, Aeromonas, and Related Organisms (August 1, 2023)
    - Yersina (non- Y. pestis) Identification (August 1, 2023)
    - CT/NG GeneXpert Testing (August 1, 2023)
    - TV GeneXpert Testing (September 6, 2023)
    - Morphological Identification of Plasmodium species (Malaria) and Other Blood Parasites (September 12, 2023)
    - Candida auris Colonization Screening (February 8, 2024)

HIV, STD, and Hepatitis Branch

Clinical Services

- Provided 4,332 services to 2,597 unique people in the County of San Diego's Sexual Health Clinics.
- Implemented a program to initiate doxycycline post-exposure prophylaxis, and evidence-based biomedical strategy for prevention of bacterial infections, for eligible clients and initiated doxy-PEP for 256 clients.
- Transitioned the Central Sexual Health clinic to a new location at the Southeastern Live Well Center with minimal interruption of services, in collaboration with Medical Care Services.
- Provided non-occupational HIV post-exposure prophylaxis (nPEP) to 14 uninsured or underinsured clients with recent high-risk exposure to HIV.
- Implemented HIV viral load testing, for clients living with HIV with a clinical indication for testing or who request testing, to support Getting to Zero by increasing engagement in HIV medical care and helping clients to achieve viral suppression.

- Collected clinical specimens for *Neisseria gonorrhoeae* cultures as part of a national surveillance project that monitors drug-resistant gonorrhea.
- Provided HIV pre-exposure prophylaxis (PrEP) navigation services to 64 HIV-negative clients who are vulnerable to HIV and linked 26 individuals to PrEP through community partners.

Epidemiology

- Maintained reporting of sexually transmitted infections (STIs) using the state surveillance system, California Reportable Disease Information Exchange (CalREDIE).
- Monitored and validated laboratory results received via electronic laboratory reporting (ELR) for multiple large-volume laboratories.
- In May 2024, prepared and disseminated the 2022 annual data report providing key information regarding trends in syphilis, gonorrhea, and chlamydia.
- Prepared and submitted data for the Ending the HIV Epidemic (EHE) Component C grant which supported the initiation of the HIV Pre-Exposure Prophylaxis (PrEP) services at the County of San Diego Sexual Health Clinics.
- Identified cases of disseminated gonococcal infections (DGI) for further investigation.
- Provided epidemiological support in the efforts to address congenital syphilis and syphilis in persons of childbearing age.
- Provided 2022 STI health equity data for projects on community engagement on STIs among vulnerable population groups.
- Maintained mpox surveillance and case reporting to California Department of Public Health (CDPH).
- Provided case summaries and updates for personnel involved in the County of San Diego's mpox response.

STI Prevention

- Conducted 31 presentations on STIs, three presentations on current STI Data in San Diego County, and two additional trainings on Contraceptive Methods and Facilitating Difficult Questions as part of the California Department of Public Health Sexual Health Educator (SHE) Program reaching a total of 598 people. Participants included representatives from community-based organizations, K-12 school staff, nursing school students, youth, and older adults.
- Included in the above presentations were four trainings on STIs in collaboration with San Diego Unified School District Sexual Health Education Program (SHEP) as part of an annual capacity building training series for educators who teach sexual health at their school in compliance with the California Healthy Youth Act (CHYA).

- Full-day training on multiple sexual health topics was provided in collaboration with the San Diego County Office of Education to provide capacity building opportunities for educators as schools/districts throughout the county to support the requirements set by CHYA.
- Participated in the planning and roll out of an inaugural PHS Public Health Advocate Camp, a week-long summer camp for high school juniors and seniors. Presented on STIs, Data, and Health Equity, led daily capacity building sessions and organized and facilitated a CDI panel discussion. Students developed outreach and education materials and presented their products and ideas to their peers and community stakeholders (August 7-11, 2023).
- Developed a presentation on STIs and Sexual Health for Older Adults based on a community request; a series of five presentations were provided (August 2023).
- Participated in a pilot Public Health Peer Educator program at Kearny and Sweetwater High Schools (September 2023 and January 2024).
- Co-facilitated a Health Equity Working Group meeting and presented on health equity work in HSHB (January 2024).
- From July 1, 2023 to June 30, 2024, the Chlamydia Screening Project (CLaSP) screened 181 of the 186 females (97%) who entered San Diego juvenile detention facilities within 48 hours of entry: 32 chlamydia positive (18%), 11 gonorrhea positive (6%), seven dual infections.

HIV Prevention

- PrEP Navigation: 744 individuals received PrEP navigation services, 665 completed a medical visit with a PrEP provider, 654 initiated PrEP, 104 completed a HIV medical care appointment.
- Linkage to anti-retroviral therapy (ART): 100% of 42 persons newly diagnosed with HIV were linked to medical care; 98% (41/42) received an ART prescription within 30 days, and 86% (36/42) receive an ART prescription within ten days; 54 individuals who were previously diagnosed and not in care were re-engaged into HIV medical care; and eight individuals were supported in remaining in care.
- 14,021 outreach contacts were made; 3,849 were contacts with people at risk of HIV.

- Social Media Outreach and Education: 23,094,571 impressions were obtained from Mpox social media activities; 16,367,638 impressions were obtained from High Impact Prevention social media activities; 10,555 followers were cultivated on social media platforms; 748,292 website hits were obtained (421,630) for HIP and 326,662 for Mpox.
- Mpox Educational Materials and Staff Education: 11,935 Mpox education materials were distributed. 30 hours of Mpox training were provided to contractor staff.
- Syringe Services Program (SSP) Support (non-County SSP): 15,120 encounters; 3,381 individuals were served; distributed 13,558 harm reduction kits, 7,211 hygiene kits, and 5,955 safe sex kits; 15,005 referrals made to substance use treatment; 7,794 for medication-assisted substance use treatment, and 1,155 for primary medical care.
- Condom Distribution: over 47,000 external condoms (often referred to as 'condoms'), 400 internal condoms (condoms inserted into the vagina or anus, formerly referred to as 'female condoms'), and 25,000 units of lubricant were ordered; 102 sites throughout the County participated in the Condom Distribution Partner Program.

Harm Reduction Services

- Launched Harm Reduction Services Program (HRSP) on April 29, 2024. Services were available on Mondays from 10 AM to 1 PM out of a mobile unit at the previous Health Services Complex at 3851 Rosecrans.
- Established partnerships with other County teams, departments, and organizations to provide program staff support, including HSHB Communicable Disease Investigators, County Pharmacy, and Strengthening Communities (SBCS) through the County's CDC Community Health Worker (CHW) program.
- Contacted 116 individuals during street outreach efforts to inform about program services.
- 51 participants enrolled in HRSP and 65 total participant encounter visits with 87 naloxone kits; 256 fentanyl test strips, 246 xylazine test strips; and 2,450 sterile syringes distributed.
- Administered ten HIV rapid tests and six HCV rapid tests to 11 unique program participants.
- Launched a general harm reduction overview page on County website to promote public awareness of relevant concepts in connection with the launch of the County Harm Reduction Services Program. The page received 54 visits between launch on May 12 and June 30, 2024.
- To address questions or concerns related to the HRSP as they arise, as well as tailor program communications, an online community engagement page through the County's Engage platform was developed for community members and consumers to submit questions, answer polls, and complete surveys.

- Developed branded communications for HSRP to promote offerings to consumers, as well as explain program goals to community stakeholders, including an informational flyer, a palm card, a one-page overview, and a business card.

Maternal, Child, and Family Health Services

Chronic Disease and Health Equity Unit

Chronic Disease and Health Equity

- Brought to the Board of Supervisors the Sustainable, Equitable, and Local Food Sourcing Policy (B-75) where it was unanimously adopted (December 5, 2023). The purpose of this policy is to direct public funds to food and beverage purchases that align with Board of Supervisor identified value categories, including local sourcing, equity-informed sourcing, elevated labor standards, organic or regenerative certification, low-carbon intensity, and nutritional co-benefit.

Live Well @ Work

- Provided technical assistance to over 45 local organizations to advance workplace wellness programs, policies, and environmental supports, which led to 16 wellness-related improvements to the workplace reaching over 4,000 employees.
- Established the Business Leadership Academy, which delivered a structured 3-session series that oriented 12 ethnic-focused chambers to employee health and wellness concepts, resources, and connections to County programs. The Public Health/Business Sector partnership resulted in over 100 policy changes adopted by local businesses to improve employee health, safety, and wellness between September-November 2024.

Racial and Ethnic Approaches to Community Health (REACH)

- Convened a Community of Practice open to the public between August 2023-June 2024 by the Skinny Gene Project with community organizations interested in lifestyle change programs. Four community-based organizations received technical assistance and training via a formal Training Academy, resulting in all four organizations successfully implementing the National Diabetes Prevention Program.
- Convened the 2023 Annual Summit Lifestyle Change for Cardiovascular Health by Be There San Diego on October 16, 2023.
- Developed webpage for the Community-Clinical Linkages Bi-Directional Referral Project – 211. This webpage provides opportunities for enhancing and strengthening bi-directional referrals between healthcare providers and lifestyle change programs under the National Diabetes Prevention Program https://211sandiego.org/community-clinical-linkage-bi-directional-referral-project.

Cal-Fresh Healthy Living (CFHL)

- Conducted eight Basics of Gardening classes with 127 participants and six food preservation classes with 80 participants across six HHSA regions, with all participants meeting CFHL eligibility criteria by September 15, 2023.
- Delivered CFHL nutrition curricula to 1,472 CalFresh (unduplicated) participants.
- Submitted *CalFresh Healthy Living to the Rescue in San Diego County!* to the United States Department of Agriculture newsletter, which has a national audience, and to the PHS Newsletter for publication. Based on the pre and post behavioral outcome data collected from the CalFresh Healthy Living Adult Survey and many anecdotal comments shared in this article, participants reported they intend to carry out skills they have learned and sustain these actions over time.
- Partnered with the San Diego Rescue Mission (SDRM) to build a 6-week class series into their resident-required class programs. CDHE staff trained SDRM staff on conducting trauma-informed nutrition education, including a grocery store tour lesson to use with each cohort at the completion of the 6-class series. SDRM has committed to continuing the series, reporting their participation numbers, and partnering with the County of San Diego for continued grocery store tour demonstration classes as a part of the curriculum.
- Expanded collaborative nutrition education activities between California Tribal Organizations and CFHL, including: the development of four Native American/Indigenous recipe cards for several Northern Tribes; the review and scoring of applications for Native funding opportunities; partnering with the Rincon Band of Luiseño Indians to implement a garden on their Native land; conducting seven regular, trauma-informed, Native-related nutrition workshops with youth at the San Diego American Indian Health Youth Center; and collaborating with Tribal partners on the annual San Diego American Indian Health Center Powwow event that took place May 11-12, 2024. This strengthened partnerships with California Tribes, USDA food programs, and CFHL.
- Secured $56,144 for County staff lactation education.
- Distributed 16,314 units of fresh produce to five neighborhood convenience/liquor stores in areas with limited access to healthy food from July 2023-June 2024.

- Organized, in coordination with other County departments and the San Diego County Office of Education, the 2023 Summit on School Engagement and Attendance at the *Live Well* Advance Conference with nine summit breakout sessions, 2000 Advance attendees, nearly 500 registered for School Summit sessions on November 1, 2023.
- Facilitated a Health and Human Services Agency (HHSA) effort to better connect HHSA programs to schools and districts that are grantees of the California Community Schools Partnership Program (80+ schools and districts to-date, all CFHL eligible), including a countywide in-person convening attracting 200 staff from Community Schools and HHSA programs including the creation of a video explaining this alignment between HHSA and these schools was launched at this convening in May 2024.
- Provided technical assistance to CFHL-eligible school districts regarding wellness policy updates, assessments, and implementation Borrego Springs Unified School District, Grossmont Union High School, National School District, Oceanside Unified School District, San Diego Unified School District, San Marcos Unified School District, and Vista Unified School District.

Office of Violence Prevention

- Conducted 18 virtual or in-person presentations to 1,063 individuals representing law enforcement, health care, behavioral health, educators, students, faith-based, and community organizations on the topics of domestic violence, family violence, and trauma.
- Guided the adoption and implementation of the Health CARES Standards for Intimate Partner Violence among nine healthcare organizations (healthcare systems, hospitals, community clinics, and private healthcare providers) in alignment with state laws.

Family Health and Preventive Services Unit

Child Health and Disability Prevention

- Coordinated follow-up on 12 newborn hearing screening referrals from the Southern Regional Hearing Coordination Center to ensure newborns who failed initial screenings received timely treatment and intervention services.

Surveillance, Epidemiology, and Evaluation Unit

- Established a contract with San Diego Healthcare Connect, the Regional Health Information Exchange, to implement the Multi-State Electronic Health Record (EHR)-based Network for Disease Surveillance, enabling timely chronic disease monitoring in June 2024.

Oral Health Program

- Established three San Diego County Oral Health Coalition Workgroups, empowering community partners to lead initiatives focused on high-need populations (adults with special healthcare needs, seniors, children, and medical-dental integration).
- Partnered with Healthy San Diego to create a fluoride varnish toolkit for pediatric providers, which will be implemented by the managed care plans.
- Educated 2,792 school aged children, over 800 parents, 84 teachers, and 34 district nurses on the importance of oral health.
- Supported 1,058 dental screenings for kindergarten students in the rural areas of Julian, Bonsall, and Fallbrook.
- Educated 51 Home Visiting Public Health Nurses on the importance of oral health and fluoride varnish, and a total of 25 children receiving County of San Diego Home Visiting services received fluoride varnish.

Public Health Preparedness and Response

Epidemiology/Bioterrorism Unit

- Conducted four POD Planning Team Trainings at six Public Health Centers, engaging 26 public health nurses from September 2023 to October 2023.
- Coordinated six Influenza Vaccine PODs in collaboration with all Public Health Centers, administering vaccines to 351 community members in October and November 2023.
- Led four Fit Testing Events at Seville Plaza, equipping 60 public health nurses from July 2023 to June 2024.
- Facilitated a CHEMPACK Tabletop Exercise, a discussion-based training hosted by local public health agencies, to test and improve emergency response plans for an intentional or accidental nerve agent release, with 12 host sites from across the County.

Tuberculosis Control and Refugee Health

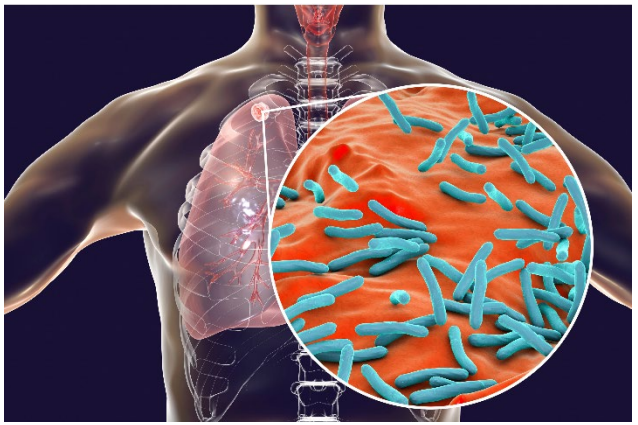
Tuberculosis Case Management

- Achieved 98% treatment completion (163 of 165) for Tuberculosis (TB) cases in the Jan-December case cohort.
- Ensured 77% (218 of 284) of contacts were evaluated, as per Centers for Disease Control and Prevention recommendations, for the January to December 2022 sputum smear-positive case cohort.
- Ensured 87% (53 of 61) of contacts with new latent TB infection started treatment for the January to December 2022 sputum smear-positive case-cohort.
- Ensured 91% (48 of 53) of contacts who started treatment for new latent TB infection, completed treatment, for the January to December 2022 sputum smear-positive case cohort.
- Investigated TB exposures at 23 group sites, including workplaces and schools, and identified 1794 contacts for evaluation, in 2023.

Tuberculosis Clinical Services

- Delivered expert clinical services and consultation for adults and children at the TB Clinic, across all geographic areas, to ensure best practices and safety net TB care for FY 2023-24.
    - Performed 1,856 chest x-rays.
    - Administered 1,137 TB skin tests.
    - Completed 699 QuantiFERON tests.
    - Conducted 844 nurse visits.
    - Managed 987 provider visits (new patients: 421; return patients: 566).
    - Provided and coordinated interferon gamma release assay testing conducted for 89% (300 of 338) of contacts to active cases in the January to December 2023 case-cohort.

Tuberculosis Surveillance



- Achieved 97% (232 of 238) HIV testing among TB patients in the January 2022 to December 2023 case cohort, exceeding California and national averages of approximately 90%.
- Reported 97% (226 of 232) of TB cases to PHS within one working day of treatment initiation for the January to December 2023 case-cohort.
- Processed 578 latent TB infection reports in 2023, submitted by civil surgeons conducting status adjustment examinations.

Refugee Health Program

- Achieved a 60% completion rate (719 of 1,199) for health assessments within 90 days for the October 1, 2022 to September 30, 2023 cohort. While performance fell below the 90% target due to pandemic-related challenges, the federal government waived the timeliness requirement through the end of the fiscal year. The Refugee Health Assessment Program provides comprehensive health assessments for eligible refugees, asylum seekers, Cuban and Haitian entrants (parolees), Special Immigrant Visa holders, and victims of trafficking.

Tuberculosis Elimination Initiative, Education and Outreach

The San Diego County Tuberculosis Elimination Initiative (TBEI)

- Guided the TB Advisory Task Force in December 2023 to advance care capacity, provider education, school prevention programs, and 2024 strategy.
- Highlighted TBEI in the October 2023 San Diego Physician Magazine cover story, reaching 4,600 physicians.
- Facilitated quarterly Community of Practice meetings with 72 members to share TB data, best practices, and LTBI care improvements.
- Hosted the first in-person TB Prevention and Community Engagement Summit (March 2024), engaging 155 participants from 37+ organizations and providing CME/CE credits to 67 providers.
- Trained 207 providers and delivered 23 community presentations, reaching 740 residents.

Tuberculosis Elimination Initiative Schools Project

- Spearheaded the creation of the first-ever Public Health Advocate Camp for rising high school juniors and seniors in San Diego County in August 2023, recruiting three additional County Public Health Services branches and adapting the curriculum from the TB Peer Educator Project (TB PEP) to provide project-based learning on mental health, STIs, HPV, and TB. Twenty-eight students from over 15 high schools participated through a co-partnership with the San Diego County Office of Education. Building on the camp's success, expanded TB PEP into the Public Health Peer Educator Project, launching it in three County high schools during the 2023–24 school year.

Communications

- Issued 29 California Health Alert Network (CAHAN) Advisories and Updates
- Published 61 County News Center Articles/Videos
- Authored two San Diego Physician Magazine articles
  - The Tuberculosis Elimination Initiative: Why it Matters Now (October 2023)
    - By Ankita S. Kadakia, M.D., Catherine Bender, M.P.H., Marti Brentnall, M.P.H., Margarita Santibanez, M.B.B.S., M.P.H., M.D., Jeffrey Percak, M.C., Lawrence Wang, M.P.H., and Wilma Wooten, M.D., M.P.H.
  - Recognizing Black Maternal Health Week and the Ongoing Need to Achieve Justice in the Perinatal Space (April 2024)
    - By Thomas R. Coleman, M.D., M.S., and Wilma Wooten, M.D., M.P.H.

Branch Quality Improvement Projects

Branch Name: Admin.
Office of Border Health
Year: 2023-2024

Enhancing the Process for Reaching Community Partners

Project Lead Victor Ruiz and Team Members Alicia Espinoza, Izzybeth Rodriguez, Jonathen Vazquez Ramirez, Yuliana Briceno

PROBLEM

In the event of a local public health emergency, people who do not speak English may not understand urgent information disseminated by government agencies and media. The County of San Diego Public Health Services (PHS), Office of Border Health, in partnership with the Office of Emergency Services (OES) implemented the **Partner Relay Network** as a way to partner with a **broad network of trusted community organizations, who serve as trusted messengers during times of emergency** to limited-English proficient populations across the county. Currently, there are more than 750 partners that have been recruited and engaged by the Partner Relay Program.

Despite having a robust and inclusive list of partners, the Partner Relay Program is **unable to verify if partners are actively receiving and relaying information** distributed through the Partner Relay Network, and subsequently **unable to ensure all populations are supported** through the network and/or identify gaps. ***Figure 1: Starting Data*** provides an overview of the data currently available as well as data the program would like to be able to collect.

Additionally, there may be opportunities to identify gaps and expand those range or diversity of populations represented when registering partners to further support the goal of ensuring partners within the network are serving all regions of the county and all populations.

CURRENT APPROACH

Analysis of the current state included:

- Mapping the "**Future State**" Process— from networking for new partners to keeping communities connected and informed (*Figure 2: Future State Map*).
  - With "Checkpoints" indicating where data can be collected to evaluate partner engagement and populations reached.
- **Identifying gaps** from current state to Future State.
  - What information and data are we collecting?
  - What information/data do we want to collect?
- **Identifying resources available** to track partners engagement with emergency notifications.

POTENTIAL SOLUTIONS

- **Researching GovDelivery** for data opportunities and test sending emergency messages / Regional Newsletter to partners.
  - Including: Pages accessed, pages requested, time of access, date of access, email opens, and email links clicked.
- **Expand and define partner demographics** gathered to better understand current state of the network and populations served as well as areas of possible improvement.
  - Languages and populations served by the program, prioritizing the eight threshold languages.
  - Regions, Cities, and Neighborhoods supported by partners.

Figure 1: Starting Data

Network Components	Starting Data	
Regional Newsletters July 2023 to January 2024	Average # of newsletter sent each month (all sectors)	37
	Average open rate	41%
	Average Click rate	8%
Partner Relay Network July 2023 to January 2024	**Average # of newsletter sent each month**	**0**
	# of emergency notifications sent	**N/A**
	Average open rate	**N/A**
	Average Click rate	**N/A**
Partner Relay Network Master List as of December 2023	**# partners with languages identified**	**144/778**
	# of partners by language served	N/A
	# of partners identifiable by region	**171/778**
	# of languages served	24

Figure 2: Future State Process Map

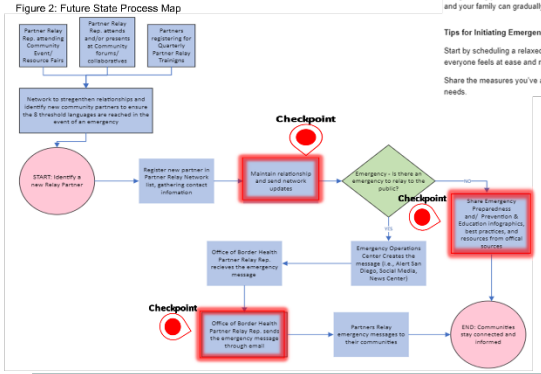


Figure 3: Partner Relay Program Emergency Preparedness

AIM STATEMENT AND THEORY OF

Aim: Develop a communication strategy by June 2024 to facilitate data generation on partners and engagement (**active receipt and relaying of information**), enabling the establishment of goals for improved engagement.

Theory of Improvement: If the Office of Border Health develops methods to analyze Partner Relay program data, it can more effectively identify language gaps in emergency information access and enhance partner engagement.

TEST THE THEORY

Implementation of **GovDelivery**:

Developed the Partner Relay Emergency Preparedness Newsletter.
This allowed for tracking key metrics like email **delivery, opens, and clicks** rates to improve analysis of partner engagement.

- Newsletters launched in **June 2024**
- Newsletter in **August 2024**
- Newsletter in **September 2024**
  - **National Preparedness Month**

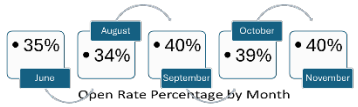
Added Benefit

The GovDelivery also allows provided data on partner behavior, such as **accessed pages** and **clicked links** to help to **identify gaps** and **expand the reach of emergency notification**

ALERT SAN DIEGO

RESULTS

- Able to confirmed messages were received by **88%** of registered partners each month. The percent delivered consistently increased, with an overall increase of **9%** since June 2024.
- The newsletter open rate had a **5%** increase between June & September and maintained through November 2024.
- The click (engagement) rate increased from **1%** to **8%** between June & August, and is maintaining an average of **5%** monthly.



STANDARDIZE & PLAN

1. GovDelivery Communication
- Challenge: Sending messages to over 750 partners effectively.
- Goal: Streamline communication and ensure consistent message delivery to all community-based representatives.

2. Partner Relay Network Master List
- Goal: Maintain an up-to-date Master List with detailed regional, city, neighborhood, and language information.
- Action: Continue networking, registering, and confirming partners while identifying regional and language-specific networking opportunities.

3. Next Steps
- Quality Improvement Project — PDSA Cycle II
- Objective: Improve partner engagement to boost open rates, click rates, and the dissemination of emergency information.

4. Master List Maintenance:
- Keep the Partner Relay Network Master List current with comprehensive data, including regional, city, neighborhood, and language information.

5. Emergency Preparedness Training:
- Internal and External Training: Provide community health workers with foundational knowledge on emergency preparedness and response.
- Partner Engagement: Empower trusted messengers to relay critical information to at-risk populations.

6. Collaboration with Live Well San Diego:
- Challenge: Currently, only 56 organizations in the Partner Relay network are recognized Live Well San Diego partners.
- Opportunity: Leverage Live Well San Diego's existing networks and partnerships to expand the reach and diversity of the Partner Relay program.
- Action: Collaborate with Live Well San Diego to secure organizational support for the Partner Relay Program and actively recruit new partners from their recognized partner list.

7. Partner Relay Network Website Development:
- Centralize partner resources, announcements, and updates to enhance accessibility and information-sharing.

Branch: Admin
Sustainability Coordination
Information Management
FY: 2023-24

Enhance the Implementation of Document Approval Routing System (DARS)

Jeffrey Inigo, Patrick Tamashiro, Rick DeHaven, and Talq Tera

PROBLEM

Public Health Services (PHS) Administration receives a large volume of documents (e.g. reports, travel requests, flyers, grant documents, etc.) routed to be reviewed by busy executives with busy calendars, including: the Public Health Officer, the Deputy Public Health Officer and/or the Assistant Director. Documents that are not reviewed and approved in a timely manner essentially affect service delivery and operations as reports are not finalized, travel requests are not approved, and reimbursements are not provided, in the time that is expected. The lack of timely review of documents has also contributed to lower scores on the H.E.A.R.T customer service survey.

A previous improvement cycle was completed in FY 2018-19. The efforts led to a revised document tracking sheet that was updated to improve the management and tracking of documents routed to PHS executives. The project team also recommended the implementation of an electronic routing system to reduce reviewing limitations and human error.

In 2020, the majority of PHS staff were reassigned to remote work due to COVID-19. This exacerbated the need for an electronic document management system for staff to submit, review, and approve documents submitted. Working with Peraton, PHS designed a new document management system called Document Approval Routing System (DARS) to be implemented. The goal of this improvement cycle is to track the implementation of DARS to further improve the efficiency of the document management process.

CURRENT APPROACH

In 2018, an updated process, user guides, and a revised document tracker were implemented as a result of the first PDSA cycle. The updated process map **(Figure 1)** and user guides continued to be used for training new submitters and Admin. Secretary Staff.

Although the 2018 QI effort resulted in several process improvements, staff continued to report dis-satisfaction with the process, including:

- **Travel and Non-Travel (NT) documents still took longer to review and approve**
- **Expectative review/approval continued to experience bottlenecking**
- **Submitters are unable to check the status of submitted documents**
- **2023 H.E.A.R.T. feedback showed "timeliness" as a problem**

Additionally, the number of documents being submitted nearly tripled, from an average of 34 per month in 2018 to 100 per month in 2023.

POTENTIAL SOLUTIONS

Create and implement an electronic document routing system that allows for:

- An **automated system** where the submitter can submit documents to Branch and Executives for approval.
- **Clear guidelines** for submitters and reviewing users.
- The review and approval/denial of **submitted documents to multiple Branch and Executives,** as appropriate.
- **Tracking submitted documents** through requested leadership.
- An automatic **notification to submitter when approved/denial is received** and the advancement of the document, as appropriate.
- **Feedback and notes** to and from submitter and reviewer.

Figure 1: Pre DARS Document Routing Process Map

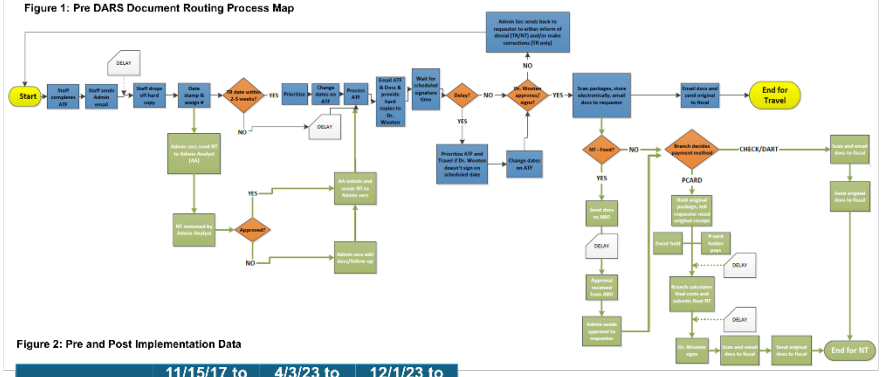
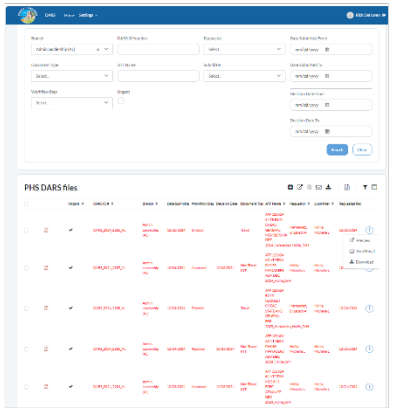


Figure 2: Pre and Post Implementation Data

Measure	11/15/17 to 5/15/18	4/3/23 to 10/3/23	12/1/23 to 5/31/24
Total Documents Submitted	205	601	955
Percent of Documents Reviewed by the Request Date	89.27%	87.02%	90.89%
Percent of NT and Travel Reviewed by the Request Date			
NT	94%	94%	93%
Travel	92%	93%	95%
Submitters by Branch			
EISB	22%	30%	29%
MCFHS	24%	15%	11%
H.E.A.R.T. Satisfaction Rates (scale of 1 to 5)			
Ease of Use	Not Avail.	2.88	4.20

Image 1: Submitter View



AIM STATEMENT AND THEORY OF IMPROVEMENT

Aim Statement:
Increase the number of submitted documents reviewed by the requested review by date by 5%, from 87% to 92% by January 2024.

Theory of Improvement:
If we implement an electronic document management system, then executive leadership will be able to consistently review and approve documents in a timely manner.

TEST THE THEORY

Design of system began with developing a statement of work, contracting a vendor for development, identifying and develop system requirements, several rounds of testing and revisions, and quality analysis before implementation.

Implementation began in September 2023 with staff being oriented to the system and the development of user groups. In November 2023, DARS was piloted for one month within MCFHS, followed by a department wide roll-out occurring in December of 2023.

To determine if an improvement in document management was seen following the implementation of DARS, the following data was collected across a six-month period under the tracking sheet solution and compared to a six-month period under the DARS solution **(Figure 2):**

- Total Number of Documents
- Number & Type of Document by Branch
- Number of and Reviewed by Requested Date for
- Average Time to Review Documents
- Number of Documents Reviewed by Request
- Satisfaction rate of users

RESULTS

Measures were tracked for 6 months following the implementation of DARS:

- Reviewers were able to maintain percent of documents reviewed despite **the number of submitted documents increasing by over 300%** from 2018 (58% increase since implementation)
- **The percent of Documents reviewed by the requested date saw an improvement of 3.89%, when compared to pre-DARS; falling just short of the AIM of 5%**
- The percent of NT and Travel Documents reviewed by the requested date remained relatively the same since 2018 through implementation.
- 2023-2024 H.E.A.R.T. data reflected an increase in staff's satisfaction with the easy of use.

See **Image 1** for a visual of Submitter's view of tracking documents through re-

STANDARDIZE & PLAN

Future plans for DARS includes:

1. Executive leadership has adjusted the types of documents that require executive review; **reducing the number of documents submitted.**
2. Planning for a **3rd Improvement cycle to be completed in FY 2025-26,** focused on the utilization and standardization of DARS that will include:
   - Recoding of DARS to further specialize the system to meet PHS needs.
   - Developing project committee to aid in the identification of needs.
   - Implementing/updating PHS Policies and Procedures on the use of DARS.

PHS Admin
Office of Performance and Improvement Management (OPIM) & Office of Workforce Development (WFD)
FY 2023-24

FROM TEDIOUS TO TIMELY

ENHANCING WORKFORCE DEVELOPMENT TRACKING OF TRAINING DATA

Jo-Ann Julian, Anthony Salvagno, Hiwet Weldeselase, Sandra Yun, and Anissa Busch

PROBLEM

BACKGROUND

As an accredited public health department, Public Health Services (PHS) must maintain a 2-year workforce development (WFD) plan outlining staff core competencies and growth support. Each year, PHS implements the plan with a training strategy that includes mandatory trainings for permanent staff. Leadership has asked the office of WFD to track training completion rates for all staff.

PROBLEM

Temporary staff track training completion data, a **time-consuming task that takes 1-3 hours per attendance sheet.** With multiple lists for different training dates and staff required to complete several courses, this process requires an full-time employee (FTE) or multiple part-time employees (PTEs). The office of WFD lacks permanent staff for this task, highlighting the need for a more sustainable solution.

KEY DATA

- **Average Time To Transfer 1 Attendance Sheet** → *110 mins*
  - ⇒ Racial Equity Attendance Sheet → *115 mins*
  - ⇒ Public Health 101 → *106 mins*
- **Total Sheets to Transfer** → *31*
- **Estimated Total Time to Complete Task** → *3,410 mins (57 hours)*

CURRENT APPROACH

After each training, staff review the attendance sheet and manually update the "Master Excel Spreadsheet" (MES) with the completion date and an "x" next to each attendee's name, as shown in the process map in Figure 1. The current approach is:

- **Time-Consuming**: Attendance sheets can include up to 400 attendees, and the MES tracks over 800 full-time employees.
- **Prone to User Error**: Each attendee must be manually located in the MES.
- **Delayed by Mismatches in Staff Information:** Discrepancies between HR-provided PHS rosters and attendance lists generated from MS Teams, the Learning Management System (LMS), or external providers cause errors and slow the tracking process.

POTENTIAL SOLUTIONS

A potential solution involves implementing an automated Excel process to streamline data entry and reduce errors. This process includes:

- **Search and Compare:** Use Excel to match names in the MES with the training attendance sheet.
- **Automatic Generation:** Generate the MES completion list automatically based on the comparison results.
- **Quick Verification:** Efficiently verify unmatched names using alternative search methods.

FIGURE 1 - Process Map of the Current Approach *"Before State"*

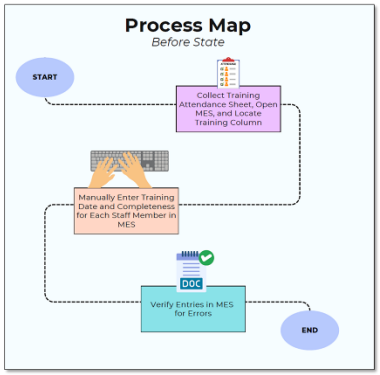


FIGURE 2 - Process Map of the New Approach *"To Be State"*

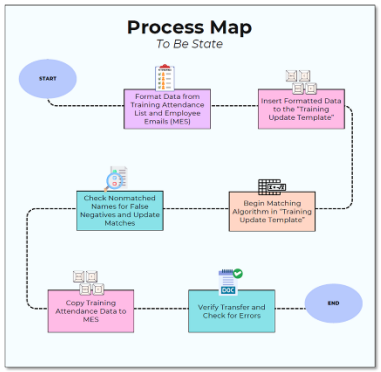
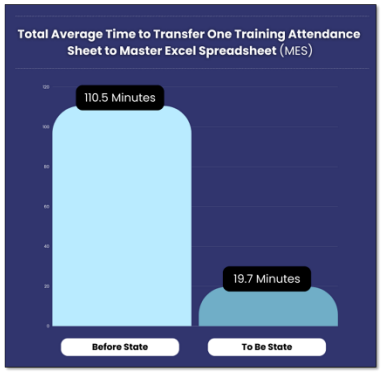


FIGURE 3 - Reduction in Average Time to Complete Task



AIM STATEMENT AND THEORY OF IMPROVEMENT

Aim Statement: Reduce the time it takes for staff to record training data by 50%, from an average of 2.5 hours to 1.25 hours per training attendance sheet, through implementation of a streamlined data entry process by July 31, 2024.

Theory of Improvement: If the processing time to enter training data is reduced, PHS will save staff time which could be allocated to higher priority tasks.

TEST THE THEORY

Figure 2 depicts a process map for the new approach, outlining key steps to improve efficiency and accuracy:

1. **Data Preparation:** Standardize and clean emails from both the MES and training attendance lists to remove formatting inconsistencies.
2. **Algorithm Implementation:** Perform a search algorithm to cross-reference attendees with the PHS roster, marking matches and assigning "NA" for non-matches.
3. **Quality Assurance:** Review and address false negatives to ensure accurate matching results.
4. **Data Transfer:** Transfer updated attendance information into the MES.
5. **Final Review:** Conduct a comprehensive check to confirm the accuracy of the updated MES.

This process underwent several improvement iterations to streamline the steps and improve excel codes/formulas that were used.

RESULTS

The average time required to record a single training attendance list has been significantly reduced, dropping by 81% (from 110 minutes to under 20 minutes), as shown in Figure 3.

KEY POINTS

- **Data Entry Efficiency:** Processing multiple attendance sheets at once with this new process reduces overall data entry time.
- **Processing Speed:** Attendance lists with fewer entries take less time to complete due to reduced QA requirements.

STANDARDIZE & PLAN

To standardize the process, a user-friendly template spreadsheet was created for users to copy and paste data and drag down the necessary cells for formatting and running the search. To ensure the process is accessible to all users, a detailed manual was also developed to walk users through each step, explaining the functionality of each code in simple terms, making it easy to replicate the process and implement improvements as needed.

NEXT STEPS

- Review and **update staff emails in the MES** to improve accuracy of the document.
- Standardize the MES by cleaning and formatting it to **eliminate the need for manual adjustments** in the future.
- Develop a more automated workflow that reduces **manual steps as a whole** to further streamline the process.

Branch: CCS
Medical Therapy Program and Administration
FY: 2023-24

Improving California Children's Services (CCS) Handbook and Website for the CCS Program

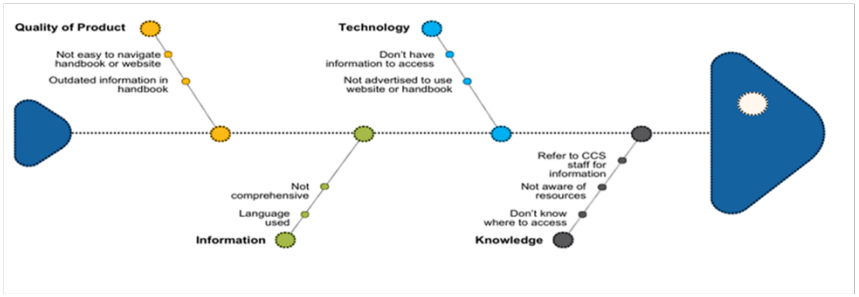
Project Leads: Lilia Aguilar and Rebecca Conrad Project; Team Members: Blanca Ramirez, Judith Garces, and Sarah Delgadillo

PROBLEM

California Children's Services (CCS) is a statewide case management program for chronic, disabling, or life- threatening diseases, providing authorizations for diagnostic and treatment services, equipment, medical case management, and physical and occupational therapy services to children under 21 with medical conditions.

The CCS Client handbook is designed to support clients and caregivers as they navigate service delivery, but it is currently being underutilized, in addition to the website. While it's detailed, clients often do not understand the difference between CCS and Medi-Cal and/or do not refer to the CCS handbook to answer questions and instead opt for asking CCS staff for clarification. This has led to an increased number of calls and inquiries to CCS staff as well as time-consuming questions during therapy sessions. Revision of the CCS Client handbook and update of the website would help parents/caregivers navigate services better and promote utilization to help answer questions (Figure 1).

Figure 1: Fishbone Diagram of the Underutilization of the CCS Client Handbook and Website



TEST THE THEORY

Pre- and post-test surveys were developed and routed for approval. The pre-test survey was then distributed to approximately 300 clients, families, and caregivers, resulting in 15 responses. Feedback indicated that most participants felt the topics were neutral or slightly improved, while CCS prioritized revisions to sections that were identified as confusing or somewhat unclear (Figure 2).

Based on this feedback, the handbook was significantly revised, its length reduced by approximately 50%, from about 40 pages to 20, while maintaining the same translation approach in Spanish and Arabic. To enhance accessibility, a one-page brochure with a QR code was created to direct new clients to the full handbook content. The website was also streamlined to improve user experience by removing irrelevant information and enhancing navigation.

As part of the new standard practice, Human Services Specialists and Therapists began actively directing clients to both the updated website and handbook.

CURRENT STATE

The client handbook was distributed to all new clients by mail and was also available on the CCS's website. The current version of the handbook was approximately 40 pages long, making it quite detailed and extensive, with multiple sections. It was translated into both Spanish and Arabic to accommodate diverse language needs. Similarly, the website contained a large amount of text and was not particularly user-friendly, with limited visuals to support navigation. While clients were sometimes able to find the website on their own through online searches, CCS staff were not actively directing them to it. However, clients could use a built-in Google translation feature on the website to view content in various languages.

Figure 2: CCS Handbook Pre-Survey Questions

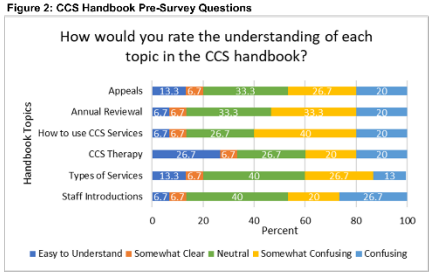
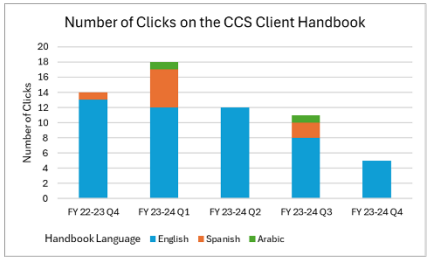


Figure 3: Number of Clicks on the CCS Client Handbook



RESULTS

The number of clicks on the client handbook increased in Q1 of FY 2023–24 but declined over the remainder of the year (Figure 3). However, staff reported fewer client calls and shorter visit times, with more time focused on therapy-related topics, suggesting that updates to the CCS handbook and website improved client understanding and reduced general inquiries.

The post-test survey, which included the updated materials, was sent to the same group of 300 individuals; however, no responses were received. CCS will gain a more complete understanding of the impact of their efforts once responses to the post-test survey are received and overtime as more clients use their services.

POTENTIAL SOLUTIONS

To improve the accessibility and effectiveness of CCS client materials, the following steps will be taken:

- **Develop a pre-test survey** for CCS clients to gather feedback on the readability and overall quality of the current handbook and website.
- **Update the CCS website and handbook** based on insights and recommendations gathered from the pre-test survey.
- **Design a flyer** featuring a QR code linking to the updated handbook, in order to reduce printing costs. This flyer will be distributed to new CCS families.
- **Distribute a post-test survey** to evaluate the readability and quality of the revised handbook and website.

AIM STATEMENT AND THEORY OF IMPROVEMENT

Aim: Reduce incoming calls and questions from CCS clients, families, and caregivers by improving utilization of the client handbook and website by 10% (FY 22-23 baseline and FY 23-24 target for handbook and website) by June 2024.

Theory of Improvement: If the client handbook was easier for client to navigate and understand, then CCS staff would have less clients contacting CCS with questions regarding denials, appeals, and notice of actions.

STANDARDIZE AND PLAN

- **Collect and Analyze Feedback:** Ongoing review of client survey responses and input from parent orientations and FACT committee members informs improvements to the handbook and website.
- **Regular Updates:** The handbook and website are updated regularly to ensure content is current, relevant, and user-friendly.

CCS remains committed to a continuous cycle of feedback, updates, and accessibility efforts to ensure all materials are clear, accurate, and culturally responsive.

Maternal, Child, and Family Health Services

Unit: Family Health and Preventative Services

2023 –2024

Follow-Up Processes for Children with Urgent Dental Care Needs

Rhonda Freeman, Corrine McCarthy, Jocelyn Waters, Nancy Starr, Mireya Bañuelos, Christy Lopez, Margarita Brooks, Nidia Croce

PROBLEM

Tooth decay is the most common chronic childhood disease.

According to 2022 data, an estimated 351,000 school-age children (5-17) in California missed at least one school day due to a dental problem in the past year. To address this issue, the State of California requires that all children entering school have a kindergarten oral health assessment (KOHA) by the end of their first year in public school.

Although the number of children assessed to have urgent needs is included as part of the KOHA, information on follow-up is not collected. In an attempt to assure children with urgent dental care needs are linked to care, the California Department of Public Health (CDPH) added a section to the KOHA form to improve follow-up and referral processes for children with urgent needs.

According to San Diego County 2022-2023 KOHA data, of over 41,400 students entering school, over 13,800 (33%) were reported to have submitted a completed oral health assessment. Of children that submitted a completed assessment, 428 (3%) were assessed to have urgent oral health needs.

Interviews and a survey of school and district nurses were conducted in 2021 to assess whether schools had follow-up processes for children submitting KOHA forms indicating they had urgent dental care needs. Responses indicated there was infrequent and inconsistent follow-up across schools, mainly due to lack of time, capacity, or resources.

CURRENT APPROACH

Schools had different approaches when receiving completed Oral Health Assessments marked "urgent care needed," including (Figure 1):

- Written notification sent to parents/guardians of child's urgent needs.
- Phone calls from school staff to child's family.
- Sending information to parents/guardians on nearby clinics or how to access dental care.
- Follow-up conducted by clinic that has partnership with the school.

POTENTIAL SOLUTIONS

The 2023-2024 KOHA QI Project focused on processes with three districts to:

1. **Identify and assess three pilot school districts:**
   - Examine existing Healthy Places Index (HPI), Free or Reduced-Price Meals (FRPM), and urgency data to help identify schools
   - Work with partners to establish contacts in schools/districts
   - Understand current follow-up process
   - Meet with district staff
2. **Assist districts implementing a follow-up process in schools.**
3. **Evaluate implementation of follow-up processes at participating schools.**
4. **Identify barriers and best practices.**

Figure 1: Swimlane Process Map (Multi-Year KOHA Efforts)

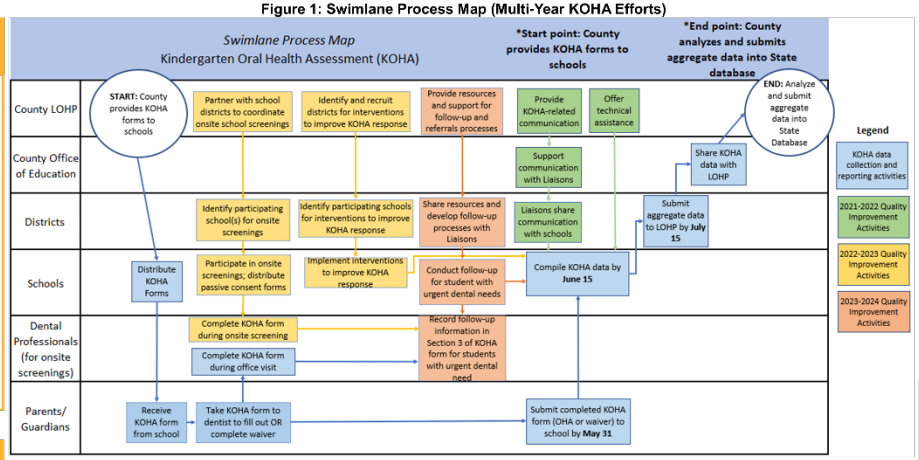


Figure 2: KOHA Results for Recruited School Districts

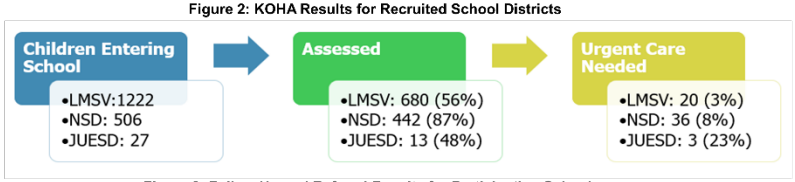


Figure 3: Follow-Up and Referral Results for Participating Schools

Participating Schools	Children with Urgent Dental Needs	Parent Notified	Follow-Up Appointment Scheduled	Treatment Received
Kempton Elementary - LMSV	2	2	1	1
El Toyon Elementary - NSD	3	3	3	2
Julian Elementary - JUESD	3	3	Not available	Not available

AIM STATEMENT AND THEORY OF IMPROVEMENT

AIM STATEMENT:

Short-Term (23-24FY): By the end of the 2023-2024 school year, work with three districts to use the new form and identify and establish follow-up processes to link children with urgent needs to care.

Long-Term (population-level goal): Decrease the number of children with untreated decay.

THEORY OF IMPROVEMENT:

If we provide expanded support including resources, referrals, and linkage to care, to three districts then schools can effectively provide follow-up to children with urgent care needs.

TEST THE THEORY

The three recruited school districts were La Mesa Spring-Valley School District (LMSV), National School District (NSD), and Julian Union Elementary School District (JUESD)

The activities by district are listed in the table below:

Districts	Onsite screenings with new KOHA form	Resources	Follow-up and Referral Process
LMSV	Screenings in **March** with active consent by Federally Qualified Health Center (FQHC)	•Updated resource list •Created a new list of dental providers close to school •Referral to nearby FQHC	•School nurse contacts parent or guardian. •FQHC staff calls to schedule appointments.
NSD	Screenings in late **April** with passive consent by volunteer dental provider	•Updated resource list •Updated letter to parents •Referral to existing emergency dental line	•School nurse contacts parent or guardian. •Family would call the emergency dental line if no dental home.
JUESD	Screenings in **October** with passive consent by volunteer dental provider	•Updated resource list •Updated letter to parents •Developed process map •Created tracking sheet •Referred to a nearby FQHC	•Resource coordinator from community-based organization (CBO) contacts parent or guardian. •FQHC staff calls to schedule appointments.

RESULTS

KOHA results for the three recruited districts are summarized in Figure 2.

Follow-up and referral results from schools with a process in place are summarized in Figure 3. Challenges and barriers by school are summarized below:

Schools	Barriers
Kempton Elementary - LMSV	•**School capacity**: School staff could only devote 1 week for follow-up. One-time written notification and phone call was made due to time constraints. •**Communication**: No communication between the school and the FQHC for which students had follow-up appointments scheduled or received treatment. •**Documentation**: Follow-up outcomes were not reported on the KOHA
El Toyon Elementary - NSD	•**Timing**: screenings were conducted in May, leaving school nurses with only a month for follow-up processes before the end of the school year. •**Utilization**: No calls were received by the emergency line. •**Documentation**: Follow-up outcomes were not reported on the KOHA
Julian Elementary - JUESD	•**School capacity and timing**: Follow-up by CBO resource coordinator was time consuming and completed over a 4-month period. •**Communication:** No communication between the school and the FQHC for which students had follow-up appointments scheduled or received treatment. •**Documentation**: Follow-up outcomes were not reported on the KOHA

STANDARDIZE & PLAN

To Standardize, the program will continue to:

- Create partnerships that will help schools with the referral process.
- Work with district staff and leadership to create clear processes, policy, and establish resources.
- Share best practices with all districts and look for ways to replicate efforts.
- Expand process and follow-up to children who need non-urgent treatment.

Recommendations:

- Engage dental providers to schedule follow-up appointments for students that visit their office to complete the oral health assessment.
- Identify and share best practices from successful closed-loop dental referral systems.

MCFHS Branch
Family Preventive and Health Services Unit
FY 2023-24

INCREASE THE NUMBER OF INCOMING CALLS TO PERINATAL CALL NETWORK PHONELINE

Kirthana Tangirala, Michelle Alcantar, Joanna Tol, Rhonda Freeman, and Sutida Jariangprasert

PROBLEM

The Perinatal Care Network (PCN) links eligible individuals and families to pregnancy-related services and resources that include Medi-Cal and prenatal care. PCN was created in the 1980s to decrease barriers and provide access to prenatal-related services. PCN continues to work towards assuring that pregnant people obtain early and continuous prenatal care and other services needed during pregnancy.

In Fiscal Year 2016-2017, PCN was contracted to 2-1-1 San Diego, who provides direct client services countywide. PCN functions as a public/private partnership, collaborating with prenatal care providers, community organizations, interagency programs, and other health and social service organizations working to provide pregnant people with needed prenatal care and services.

Since 2018, there has been a substantial decline in incoming calls and assessments:

- Decline in incoming calls, down from 2,407 in 2018 to 1,948 in 2022 (Figure 1)
- Decline in intake assessments, down from 992 in 2018 to 541 in 2022 (Figure 1)

CURRENT APPROACH

Identify potential reasons for declining calls in recent fiscal years through research and analysis:

- Review and analyze data to identify trends in declining calls and assessments in the last 6 years (Figure 1).
- Assess environmental circumstances that could have impacted calls to PCN.
- Ask 2-1-1 PCN-dedicated staff for qualitative feedback on factors that may explain the downward trend in declining calls and assessments (Figure 2).
- Review and assess potential changes in how community members learned about PCN over the past 5 years (Figure 3).
- Collaborate with internal and external teams to learn about effective outreach strategies that can improve utilization of programs.

POTENTIAL SOLUTIONS

Data indicated gaps in promotional efforts and community awareness post-COVID-19. To address this, the team identified the following interventions to increase community awareness of PCN:

1. **Outreach and Collaboration** - Continue partnerships with the Office of Equitable Communities, Immigrant Refugee Affairs, and 2-1-1 San Diego External Affairs.
   - Examine successful outreach strategies and events/locations
   - Work with partners to identify new outreach opportunities to promote PCN
2. **Social Media Presence** - Continue to publish a minimum of one PCN promotional post on 2-1-1 San Diego and HHSA social media channels monthly.
   - Work with 2-1-1 San Diego External Affairs to develop six new PCN promotional designs for 2-1-1 SD and HHSA social media channels
3. **Training and Resource Updates** - Continue to conduct PCN presentations for Family Resource Center staff and maintain and update PCN collateral materials.
   - Work with partners to collect feedback on distributed collateral materials
   - Work with community clinics to conduct PCN presentations during All-Staff meetings

Figure 1: Decline in incoming PCN Calls and Assessments

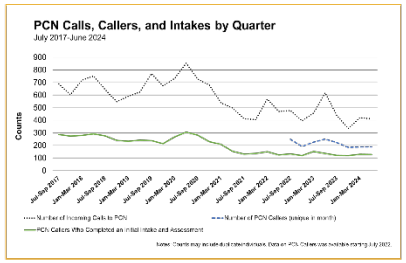


Figure 2: PCN Process flowchart of incoming calls and assessments to connect individuals to prenatal care

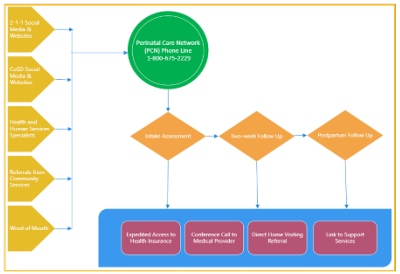


Figure 3: Fiscal Year 2022-2023 Graph of How Callers Heard About PCN

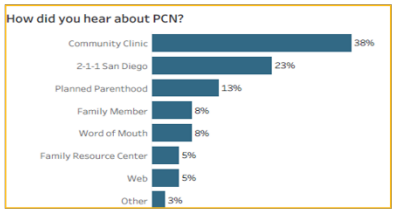


Figure 4: Fiscal year 2023-2024 Graph of How Callers Heard About PCN

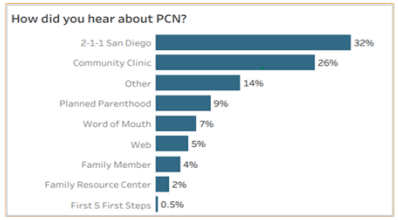


Image 1: 2-1-1 Facebook posting

AIM STATEMENT AND THEORY OF IMPROVEMENT

AIM STATEMENT:

Increase the number of incoming calls to the Perinatal Care Network phoneline by 10% (when comparing July to November of 2023 to the same period in 2024).

THEORY OF IMPROVEMENT:

If we identify, develop, and implement sustainable best practices of outreach methods to raise awareness of the Perinatal Care Network, then the number of individuals who call and receive an intake assessment will increase.

TEST THE THEORY

The three interventions were designed and implemented throughout FY 2023-24 and FY 2024-25:

1. Outreach and Collaboration

- **February 2024** – Began partnering with Office of Equitable Communities, Immigrant Refugee Affairs, and 2-1-1 San Diego External Affairs.
- Conducted 162 outreach events from **March to November 2024**

2. Social Media Presence (Image 1)

- The 2-1-1 San Diego External Affairs team helped co-develop new posts by creating designs and messaging aimed to reach intended audience more effectively.
- **August to November 2024—four** new posts were published beginning **August 2024** with 1 post published per month through **November 2024**.

3. Training and Resource Updates

- **March to November 2024**—San Diego Family Resource Center Human Services Specialists received a PCN presentation as part of their **onboarding training**.
- **Starting May 2024** – San Diego Family Resource Center Human Services Specialists received PCN presentation/refresher training during monthly **All-Staff meetings.**

RESULTS

Aim Results: To measure results of the total number of incoming PCN calls from July to November, the team compared data from 2023 to 2024. PCN saw an **12% increase in number of calls** when compared to the previous year, achieving the Aim of a 10% increase.

- Total incoming calls data saw an **12% increase**, with an **18% increase** in callers (unique in month)
  - July to November 2023 Calls to PCN = 673 (345*)
  - July to November 2024 Calls to PCN = 754 (406*)
    - *Callers (unique in month)
- Total number of assessments saw a **10% increase**
  - July to November 2023 assessments = 200
  - July to November 2024 assessments = 219
- Percent of callers linked to care within 30 days was maintained
- **"How did you hear about PCN" Results** Changes in how callers indicated hearing about PCN (Figures 2, 4):
  - **14%** of callers indicated hearing about PCN through the Other Category (Birth Choice of San Marcos, Case Worker, CAPS, CalOS Access, Insurance Provider, Returning clients, Sharp Grossmont Hospital, Medical Team, WIC), up from 3% in FY 2022-2023
  - 32% of callers indicated hearing about PCN through 2-1-1, up from 23% in FY 2022-2023

Intervention Results (February through November 2024):

- **Outreach and Collaboration**—engaged over 2,319 individuals with PCN flyers through community outreach events.
- **Social Media Presence**—Instagram: 863 impressions (HHSA); 1,066 impressions (2-1-1 San Diego). The post with the most engagement showed an image of a pregnant person's belly on the 2-1-1 San Diego Facebook account. The post with the highest number of impressions across HHSA and 2-1-1 San Diego platforms included the same image (Baby Bump, HHSA Instagram, and 2-1-1 San Diego Facebook).
- **Training and Resource Updates**—delivered 13 PCN presentations to over 700 Family Resource Center Staff from March 2024 through November 2024. Over 200 newly hired FRC HHS received a PCN presentation as part of their onboarding training. In addition, since late May 2024, over 500 County FRC HSS received a PCN presentation/refresher training during their monthly All-Staff meetings. Updated English and Spanish brochures for digital and printed distribution.

STANDARDIZE & PLAN

- **Continue to monitor PCN data:**
  - Number of callers, number of intake assessments, percent linked to care within 30 days
  - How callers heard about PCN and identification of additional family service needs
- **Continue promotional efforts to increase awareness of PCN:**
  - **Outreach and Collaboration** with the Office of Equitable Communities, Immigrant Refugee Affairs, and 2-1-1 San Diego External Affairs.
  - **Social Media Presence** on Instagram and Facebook, publishing PCN promotional posts on 2-1-1 San Diego and HHSA social media channels monthly.
  - **Training and Resource Updates** by conducting PCN presentations for Family Resource Center staff and maintaining and updating PCN collateral materials.
    - Work with partners to collect feedback on the distributed collateral materials
    - Work with community clinics to conduct PCN presentations during All-Staff meetings

Branch: PHPR

Epidemiology / Bioterrorism Unit

FY: 2023-24

Enhancing Respiratory Protection Programs

Morgan Smith, Michael Mazzola, Nicholas Williams,
Valeria Ochoa, Julie Gates, and Justyn Knutson

PROBLEM

A fit test ensures that the respirator provides staff with expected protection minimizing risk of contamination.

Problem: While other branches already conduct fit testing for their staff, there are gaps in data management and a need to increase capacity in the branches to conduct fit testing and manage their Respiratory Protection Programs (RPP).

This problem:

1. Leads to decreased **compliance** with annual fit testing requirements (Epi/BT Unit does not have capacity to conduct enough fit testing events to meet demand)
2. Decreases HHSA Public Health Nursing **readiness** to safely perform work and respond to disasters
3. Limits the Epi/BT Unit's **capacity** to engage in other branch / HHSA

CURRENT APPROACH

To examine this problem, we analyzed existing policies, procedures, roles, and responsibilities that guide respiratory protection programming across AIS, PHS, and MCS.

PHS Policy: The Epi/BT PHN Supervisor is the RPP Administrator responsible for compliance in AIS, PHS, and MCS Public Health Centers

PHPR Epi/BT Unit:

- Plans and conducts regular fit testing events for AIS, PHS, and MCS staff needing to complete their annual fit test
- Collects and manages data from PHPR fit test events, and from other AIS, PHS, and MCS fit test events
- Reports out fit testing metrics for RN/PHNs in HHSA

POTENTIAL SOLUTIONS

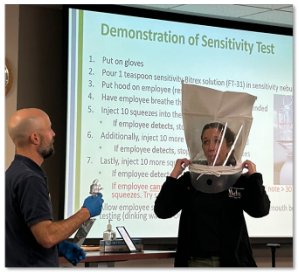
Key priority: *Building Capacity*

- Increase capacity for the Epi/BT Unit broadly
- Increase capacities for other branches/units to manage their RPPs
- Support effective and efficient respiratory protection programming

Solutions Identified:

- Develop and implement RPP trainings (*Train-the-Trainer*)
  - Fit Tester trainings (twice yearly)
  - RPPA trainings (annually)
- Revise data tracking and management tools
  - Results / Records sheets; master tracking sheet
- Develop RPP program tools
  - Quarterly RPP Newsletters

Figure 1: Fit Test Training Demonstration

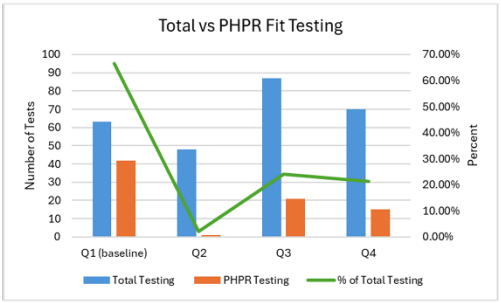


Members from the PHPR Epi/BT Unit demonstrate fit testing at a training for staff.

Figure 2: Example of the Quarterly RPP Newsletter

Examplo of an RPP Nowslottor dovolopod to support staff knowledge and capacity.

Figure 3: Total vs PHPR Fit Testing



The above chart illustrates a reduction in the number and percent of tests performed by PHPR over time, indicating the positive impact of the quality improvements being tested. Data are also shared in the tables below. The goal to reduce PHPR excess testing to <15% was achieved.

Figure 4: All Fit Tests

All Fit Testing FY24	Q1 (baseline)	Q2	Q3	Q4	Total
Total Testing	63	48	87	70	268
PHPR Testing	42	1	21	15	79
% of Total Testing	66.67%	2.08%	24.14%	21.43%	29.48%

Figure 5: "Excess" PHPR Fit Tests

"Excess" PHPR Tests*	Q1 (baseline)	Q2	Q3	Q4	Total (Q1	Total (Q2
Total Testing	55	47	77	65	244	189
PHPR Testing*	30	0	11	10	51	21
% of Total Testing	54.55%	0.00%	14.29%	15.38%	21%	11.11%

* "Excess" refers to tests completed for PHNs from units other than Epi/BT, PHN Residents, and Nursing Essentials.

Avg. PHPR Testing FY24 Q2 – Q4:

11.11%

(Goal: < 15%)

Q1 = baseline

AIM STATEMENT AND THEORY OF IMPROVEMENT

Aim Statement:

- Maintain performance measure: a minimum of 80% of PHS, MCS, and AIS Public Health Nursing (PHN) staff are fit tested annually
- Increase percentage of PHN/nursing staff who receive fit testing from a clinic/branch fit tester (not PHPR) to at least 85% by June 2024

Theory of Improvement:

If the Epi/BT Unit trains staff in PHS, MCS, and AIS to implement and manage their RPPs and fit testing activities, then the Epi/BT Unit can more effectively serve as subject matter experts, data managers, and resource supports for branches and nursing staff to maintain timely and effective implementation of respiratory protection programs.

TEST THE THEORY

Key Activities:

1. **Planned and developed new trainings**
2. **Scheduled *quarterly* PHPR Fit Test events**
3. **Implemented new RPPA and Fit Tester Trainings (Figure 1)**
   - 8/31/24: Fit Tester (27 staff) and RPPA Training (14 staff)
   - 2/7/24: Fit Tester (11 staff) and RPPA Training (7 staff)
   - Trainings: FT bi-annually (8/14/24), RPPA annually
4. **Refined Reporting and Tracking documentation**
   - Updated record template and Excel files
5. **Developed and produced new quarterly RPP Newsletters (Figure 2)**

RESULTS

Key Findings:

- Significant decrease in PHPR-led fit testing (Figures 3, 4)
- Sustained increase in branch-led fit testing
- Achieved goal of maintaining PHPR fit testing to < 15% (Figure 5)
- Positive feedback from branches on new tools and processes
- Improved data management
- Increased Epi/BT staff capacity

Qualitative Feedback: Post-Training Surveys

- *"Did the training meet expectations?"* Yes – 100% (38/38)
- *"Was the training engaging and interactive?"* Yes – 100% (38/38)
- *"Did the training provide the information you need to conduct Fit Testing?"* Yes – 100% (28/28)
- *"Do you feel confident in your abilities to perform activities after participating in the training?"* Very confident – 86.8% (33/38)
- *"How satisfied are you with the training?"* Very satisfied – 100% (38/38)

STANDARDIZE & PLAN

- Scheduling quarterly PHPR Fit Test Events
- Fit Tester Trainings: twice yearly (February and August)
  - PHPR promotes OHP Fit Tester Trainings (twice yearly)
- RPPA Trainings: once yearly (February)
- Tools: new Results Record file, RPP quarterly newsletters
- Updated data management processes
  - Enhances and streamlines data tracking and reporting
- Incorporating feedback for continuous improvements

S8

TBCRH
Contact Investigation
Epidemiology
FY23-24

TB CONTACT INVESTIGATION OUTCOMES IMPROVEMENT

Angela Miner, Lawrence Wang, Krystal Liang, Jeffrey Percak

PROBLEM

- TB contact investigation (CI) is a key performance area for the Branch.
- The national contact evaluation metric is included in the Branch strategic plan.
  - The objective is defined as the proportion of contacts to sputum AFB smear-positive TB cases who are examined for infection and disease. (AFB: acid fast bacillus)
  - Pre-pandemic performance was level at about 90% (the Branch target), 2012-2018.
  - Performance started decreasing in 2019 and continued to drop in 2020, 2021.
- To address insufficient case manager resources to conduct both TB case management and contact investigation, a new CI team was created in 2022.
- The preliminary evaluation metric for 2022, reported in March 2023 to CDC, was slightly higher than final data for 2021 (71% vs 65%). **See Figure 1.**

CURRENT APPROACH

- Public health nurse (PHN) case manager:
  - Interviews person with potentially infectious active TB and elicits close contacts
  - Makes referral to the CI team
- CI team PHN supervisor reviews referral, enters into log, and assigns to CI team member
- CI team member (nurse or communicable disease investigator):
  - Provides education and coordinates evaluation of each contact
  - Completes standardized form to document evaluation of each contact
  - Submits initial contact evaluation forms for supervisor review
- CI team PHN supervisor approves evaluation forms for data entry
- CI team Office Assistant enters data from form into database
  - Referral log updated to reflect initial data entry completed
- Cycle of testing and/or treatment conducted with second round of data entry
  - Referral log updated to reflect data entry completed and forms sent to public health chart
- Since data entry was held through the third quarter of 2022 to allow for on-boarding and training of the full CI team, data reviews were limited prior to reporting preliminary data in March 2023.

POTENTIAL SOLUTIONS

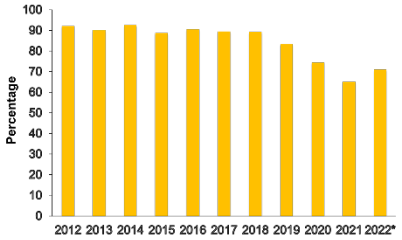
At the initiation of this quality improvement project in mid-2023, barriers to timely review of data were identified.

Operational issues included:

- Lags in data entry due to:
  - Competing priorities of the CI team member designated for data entry
  - Delayed approval of forms for entry due to supervisor workload
  - High volume of both initial reports and final reports for data entry
- Contact database slowness and other issues that decreased efficiency of data entry
- **No procedures for regular data reviews with a feedback loop from the epidemiology team to the new CI team**
- Only one person on CI team designated to conduct data entry (no backup)
- Only one designated approver of forms for data entry (CI team PHN supervisor)

Implementation of regular data reviews with feedback to the CI team was identified as the most feasible solution with a high impact to facilitate timely data reviews.

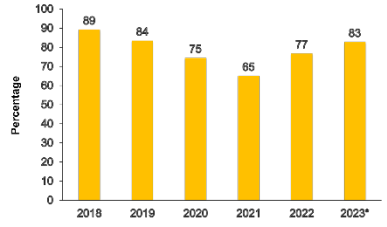
Figure 1: Evaluation of Contacts to Sputum Smear-Positive TB Cases San Diego County, 2012-2022*



*2022 preliminary data reported in March 2023

- Figures 1 and 2 display final data, except as noted by an asterisk (*).
- Annual data are finalized in March, 15 months after the end of the calendar year, to meet the CDC reporting due date of March 31.

Figure 2: Evaluation of Contacts to Sputum Smear-Positive TB Cases San Diego County, 2018-2023*



*2023 near final data, as of mid-November 2024; 2022 final data, reported in March 2024

Year	2018	2019	2020	2021	2022	2023*
Total Number of Contacts Identified	354	394	365	261	284	290

Figure 3: Contacts to Sputum Smear-Positive TB Cases by Age Group, San Diego County, 2023

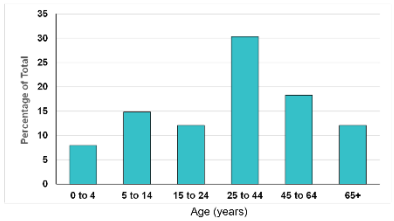


Figure 4: Contacts to Sputum Smear-Positive TB Cases by Birth Country, San Diego County, 2023

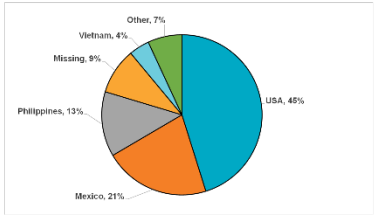
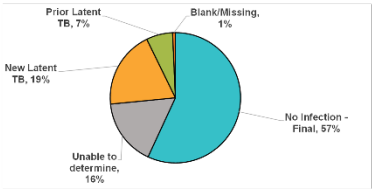


Figure 5: Contacts to Sputum Smear-Positive TB Cases by Final Diagnosis, San Diego County, 2023



AIM STATEMENT AND THEORY OF IMPROVEMENT

AIM Statement:
For the sputum smear-positive case cohort of 2023, increase the percentage of contacts evaluated, from a baseline of 65% in 2021, to 85% in 2023.

Theory of Improvement:
If we apply regular monitoring of data entry status and outcomes, the reported contact evaluation rate will increase, due to improved data quality.

TEST THE THEORY

- The TB epidemiology team lead conducted regular meetings with CI team PHN Supervisor and project epidemiologist, starting in Spring 2023. The project team:
  - Piloted methods of data review based on reports entered by referral date to CI team.
  - Prepared preliminary outcomes for presentation at cohort reviews.
- The Branch Chief and Medical Director re-instituted cohort reviews focused on contact investigation in 2023. Reviews were on hold in 2022 due to staff vacancies and the transition to the CI team.
  - Leadership convenes cohort meetings with staff conducting the work and epidemiologists as a tool to improve program performance.
  - Meetings systematically review the care and management of TB patients and their contacts, adding a review of program performance data to case presentations.
  - Benefits of the process include providing an opportunity to educate staff and learn from others' experience and expertise during the cohort meeting as well as identification of key areas for future training and policy/procedure revision.

RESULTS

November 2023 Cohort Review: Jan-Apr 2023 referrals

- 87% of contacts evaluated (N=106 contacts to 24 sputum smear-positive cases)
  - 97% of contacts <18 years old
  - 78% of contacts with high-risk medical conditions

May 2024 Cohort Review: May-Oct 2023 referrals

- 83% of contacts evaluated (N=124 contacts to 26 sputum smear-positive cases)
  - 88% of contacts <18 years old
  - 82% of contacts with high-risk medical conditions

Summary

- Preliminary data presented in cohort reviews were based on CI referrals in 2023.
  - Overall evaluation rates exceeded 80% for each partial year cohort and the combined result for Jan-Oct 2023 referrals was 85%, meeting the project target.
  - Evaluation rates for pediatric patients exceeded 85% and were approximately 80% for contacts with high-risk medical conditions.
- **Near final data for the 2023 TB case cohort** (as of mid-November 2024) was higher than final 2022 data (83% vs 77%), nearly meeting the 85% target. **See Figure 2.**
  - The composition of the cohort of identified contacts by age group and birth country is shown for reference (**Figures 3, 4**).
  - The disposition of the evaluation status is shown by final diagnosis in **Figure 5.**

STANDARDIZE & PLAN

The CI and epidemiology teams will collaborate to:

- Maintain the data entry schedule for initial evaluation report and final report, based on referral date to the CI team.
- Develop a quarterly data review and analysis schedule that includes confirmation of planned data entry prior to review.
  - Includes feedback from the epidemiology team to the CI team, providing both evaluation outcomes and line lists for review.
- Continue to provide preliminary and final analysis outcomes in regular cohort reviews with CI Team.

Publications and Presentations

Maternal, Child and Family Health Services

Gallegos-Jeffrey, A., Lopez, C., Starr, N., Banuelos, M., Olinger, T., & Wooten, W. (2023). *Using social determinants of health data to prioritize schools for oral health interventions* [Conference presentation]. American Public Health Association Annual Meeting, Atlanta, GA, United States, November 12–15.

Starr, N., Whyte, F. Kindergarten Oral Health Assessment Successes and Challenges. Binational Symposium on Oral Health, Tijuana, Baja California, Mexico.

Gallegos-Jeffrey, A., Lopez, C. Oral Health Data and Program Evaluation. Southwestern College Dental Hygiene Student Class, Chula Vista, CA.

Tuberculosis Control and Refugee Health

Wortham J, Haddad M, Stewart R, et al. *Second Nationwide Tuberculosis Outbreak Caused by Bone Allografts Containing Live Cells — United States, 2023*. MMWR Morb Mortal Wkly Rep 2024; 73: 1385-1386. MMWR (cdc.gov) PUBLICATION

Han E, Nabity S, Dasgupta-Tsinikas S, et al. *Tuberculosis Diagnostic Delays and Treatment Outcomes among Patients with COVID-19, California, USA, 2020*. Emerg Infect Dis. 2024 Jan; 30(1):136-140. https://wwwnc.cdc.gov/eid PUBLICATION

Percak, J., *New Strategies for TB, Post-COVID, from San Diego County*. California TB Controllers Association 2023 Fall Conference. Santa Cruz, CA. October 3, 2023. PRESENTATION

Sablan, M. *Best Practices in Billing for TB Services*. California TB Controllers Association 2023 Fall Conference. Santa Cruz, CA. October 3, 2023. PRESENTATION

Brentnall, M., Velasquez, A., *Taking It to the Teens: Creating TB Prevention Messaging for High-Risk Young Adults; TB Peer Educator Project*. 2023 National Association of City and County Health Officers (NACCHO360) Annual Conference. Denver, CO. July 11-13, 2023. PRESENTATION

Staff Awards and Recognition

Tuberculosis Control and Refugee Health

The San Diego County TB Elimination Initiative Community of Practice received the CDC U.S. TB Elimination Champion Award, March 1, 2024. The CDC U.S. TB Elimination Champions Project provides an opportunity to recognize accomplishments and learn best practices from TB champions who are making significant contributions to eliminating TB in the United States.

Gerry Galano (Public Health Nurse and Quality Assurance Specialist) received the County Ten Years Service Award and a County of San Diego Special Certificate on behalf of County of San Diego District 1, in recognition towards empowering the Latinx community, fostering inclusivity, and promoting cultural awareness through membership in the San Diego County Latino Association, September 2023.

Staff Development

Maternal, Child, and Family Health Services

Christy Lopez, Nancy Starr, and Mierya Bañuelos attended the University of California San Francisco California Oral Health Technical Assistance Center to build connections among LOHP.

Tuberculosis Control and Refugee Health

Eight staff (One Medical Consultant, one Public Health Nurse Supervisor, two Nurse Practitioners, four Senior Public Health Nurses) attended the 60th Annual Denver TB Course in Denver, Colorado from April 3, 2024 to April 5, 2024.

Catherine Bender (TB Elimination Program Director), Kayla Bisbal (Senior Public Health Nurse), and Dr Jeffrey Percak (Medical Director) attended the California TB Controllers Fall 2023 Conference in Santa Cruz, California, on October 3, 2023.

Dr. Tuan Nguyen (Medical Consultant) attended the TB Clinical Intensive training course in Seattle, Washington, July 2023. This advanced training provided an overview of laboratory diagnostics, medical management, care of pediatric patients, radiology, and management of drug resistance and other advanced topics for the care of patients with tuberculosis.

TB program staff completed four trainings related to TB case management and contact investigation conducted by TBCRH public health nurse (PHN) leaders. The trainings included Video Directly Observed Therapy (two different trainings, 18 and 21 attendees), Targeted Case Management Process Note Review (8 attendees), and Safety and De-escalation Training (24 attendees). Three sessions were conducted by Krystal Liang, PHN Manager. A technical training on video directly observed therapy was conducted by Andrea Burger, PHN Supervisor, Lizette Mathiasen, Senior PHN, and Corey Rodriguez, Senior PHN.

Training and Development

PHS offers trainings to permanent staff on a variety of topics that pertain to working in public health. In 2023-2024, the following trainings were provided to staff.

RESULTS FROM FY 23 – 24

All Staff N = 822

Public Health 101 (62%)

- Part 1: History: 64%
- Part 2: Concepts: 66%
- Part 3: Data: 56%
- Part 4: Health Equity: 60%
- Part 5: Climate Change: 62%

NIMS/ICS (FEMA) (49%)

- NIMS/ICS: 49%

Brave Leadership, All of Us, and Gender Affirming Care

- BRAVE Leadership: 100%
- All of Us (159/171): 93%
  - 30 state funded trainings
- Gender Affirming Care: 45%

All Staff N = 822

Health and Data Literacy (83%)

- Health Literacy: 84%
- Data Literacy (LMS): 81%

Outbreak Management Under Incident Command System (65%)

*Completed all three trainings

- Part 1: 78%
- Part 2: 77%
- Part 3: 79%

Racial Equity (70%)

- Part 1: 72%
- Part 2: 73%
- Part 3: 71%
- Part 4: 68%
- Part 5: 68%

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Accredited Health Department · PHAB · Advancing Public Health Performance · Public Health Accreditation Board