

PUBLIC HEALTH SERVICES ANNUAL REPORT 2019-2020





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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, 2019 to June 30, 2020.

Thanks to Bruce Even for his work in the development and graphic design of this report.





*“Public health
promotes and
protects the health
of people and the
communities where
they live, learn,
work and play.”*

*—American Public Health
Association*

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PREFACE



The Public Health Services *2019-2020 Annual Report of Major Accomplishments* document presents a summary of the major accomplishments that the County of San Diego Health and Human Services Agency Department of Public Health Services (PHS) has achieved during this 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 includes Public Health Services 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 eight sections:

BY THE NUMBERS

Public Health Services accomplishments, depicted numerically.

PUBLIC HEALTH SERVICES ORGANIZATION, FY 2019-2020

Public Health Services Organizational information includes vision, mission, and values, organizational chart, total budget managed, number of employees, and number of contracts.

MAJOR ACCOMPLISHMENTS

Accomplishments are listed by branches and their programs. When possible, these accomplishments reflect the S.M.A.R.T. objectives criteria—specific, measurable, attainable, relevant, and time-bound.

QUALITY IMPROVEMENT PROJECTS

Each branch was required to work on at least one quality improvement (QI) project. This section includes a total of seven projects. Steps for each project included identifying an opportunity and plan for improvement, testing for improvement, using data to study test results, and standardizing the improvement and establishing future plans.

PUBLICATIONS AND PRESENTATIONS

Each branch was required to publish at least one publication or presentation, which could include posters or abstracts submitted to national meetings; peer-reviewed journals; and articles submitted to other publications, newsletters, or online communications. This section chronicles 40 such publications and

RESEARCH

A brief description of eight branch research projects are listed.



STAFF AWARDS AND RECOGNITION

This section highlights Department of Public Health Services staff who received awards and/or recognitions for outstanding work.

STAFF DEVELOPMENT

This section lists staff who completed staff development trainings during this time period.



PUBLIC HEALTH OFFICER MESSAGE



I am pleased to present the *Public Health Services 2019-2020 Annual Report of Major Accomplishments* document. The Department of Public Health Services (PHS) is dedicated to community health, wellness, and protection of residents in San Diego County. As a public health department accredited by the Public Health Accreditation Board, since May 2016, and while managing approximately 490 employees with a budget of \$109.6 million, and 120 contracts, significant achievements were accomplished during fiscal year 2019-2020. I want to give a sincere thanks to PHS staff members for all their hard work and for achieving these accomplishments on behalf of San Diego County residents.

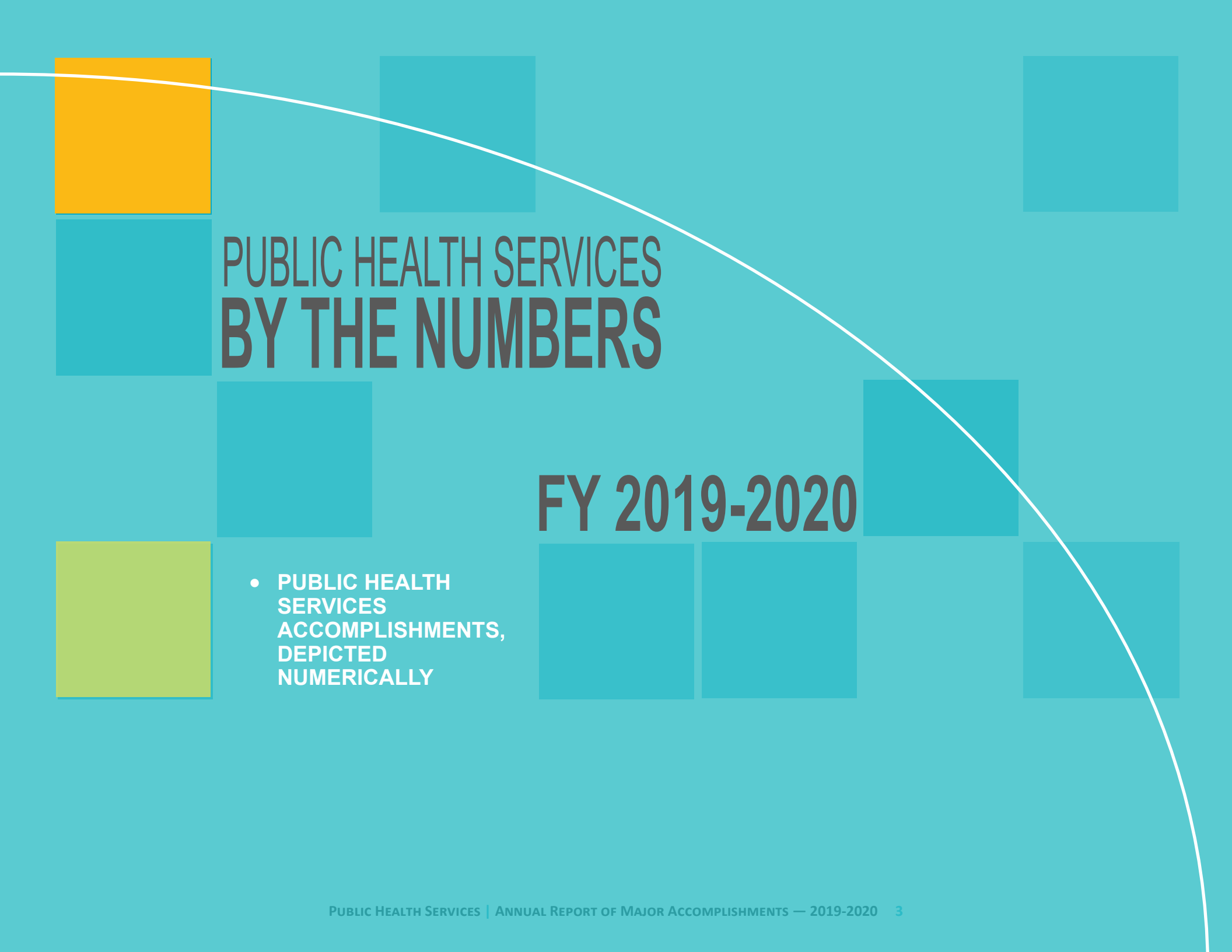
These achievements reflect the ten essential public health services; echo federal and state priorities; align with the County's vision and mission; and embody *Live Well San Diego*, the regional plan to achieve the County's vision of healthy, safe and thriving communities. I invite you to read further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

Wilma J. Wooten, M.D.

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

THE DEPARTMENT OF PUBLIC HEALTH SERVICES WORKS TO:

- Prevent epidemics and the spread of disease;
- Prevent injuries, promote, and encourage healthy behaviors;
- Protect against environmental hazards;
- Respond to disasters and assist communities in recovery; and
- Assure the quality and accessibility of health services throughout the county.

The background is a solid teal color. It features several squares of different colors: one orange square in the top left, one teal square in the top middle, one teal square in the top right, one teal square in the middle left, one teal square in the middle middle, one teal square in the middle right, one lime green square in the bottom left, one teal square in the bottom middle-left, one teal square in the bottom middle-right, and one teal square in the bottom right. A white curved line starts from the top left and arcs across the page towards the bottom right.

PUBLIC HEALTH SERVICES BY THE NUMBERS

FY 2019-2020

- PUBLIC HEALTH SERVICES ACCOMPLISHMENTS, DEPICTED NUMERICALLY

PUBLIC HEALTH SERVICES BY THE NUMBERS FOR 2019-2020



Over 200

Attended a Quality Improvement (QI) Fair hosted by PHS Admin on (date), to promote a culture of QI in PHS.

ADMINISTRATION, PUBLIC HEALTH SERVICES

34

California Health Alert Network (CAHAN) San Diego communications issued and posted and added 691 new participants to the CAHAN

95%

Of data requests to the Community Health Statistics Unit were met in a timely fashion.

100%

Percentage of PHS Staff trained on Mental Health First Aid by September 30, 2019.

PUBLIC HEALTH SERVICES BY THE NUMBERS FOR 2019-2020



14,392

Chronically ill, physically disabled, and severely ill infants, children and young adults were provided medical assistance, therapy services, and case management services.

CALIFORNIA CHILDREN'S SERVICES

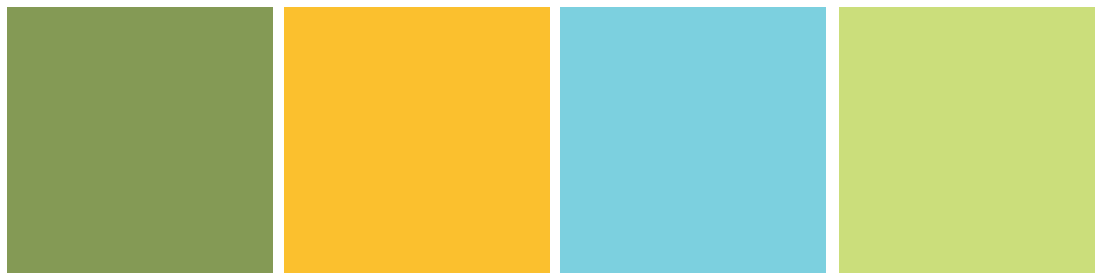
29,684

Service Authorization Requests were processed and authorized for medical and equipment supply requests for case management services.

467

Clients receiving telehealth services for the first time, within six weeks after the COVID-19 State of Emergency, after training 55 occupational and physical therapists on how to guide clients and families in therapeutic activities, incorporating interpreter services when needed, using video, phone or electronic platforms.

PUBLIC HEALTH SERVICES BY THE NUMBERS FOR 2019-2020



3,912,197

Vaccine administrations throughout the county were registered into the San Diego Immunization Registry.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

106,410

Specimens were tested to support public health services and community medical providers in the diagnosis and treatment of disease, including **100,395** human diagnostic specimens and **5,509** water samples were tested to ensure beach water safety.

55,500

Doses were managed of publicly provided influenza vaccine provided throughout San Diego County.

40,686

Birth certificates and **22,965** death certificates were processed and registered for the calendar year 2019.

38,204

Disease investigations were conducted.

PUBLIC HEALTH SERVICES BY THE NUMBERS FOR 2019-2020



17,104

Case investigations
conducted (2/14/2020–
6/30/2020).

11,167

Contacts investigated or
traced (5/4/2020 –
6/30/2020).

74

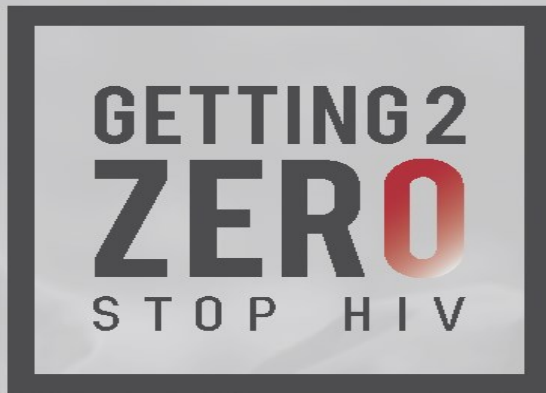
Press conferences held to share data and provide
updates to the public (5/4/2020 – 6/30/2020).

COVID-19

7

Activations of the Medical Operations
Center, including for sustained
stretches of time over different phases
of the COVID-19 response (5/4/2020 –
6/30/2020).

PUBLIC HEALTH SERVICES BY THE NUMBERS FOR 2019-2020



255

Persons living with HIV were served through the Intensive Case Management program.

HIV, STD AND HEPATITIS BRANCH

539

Persons received assistance in obtaining HIV pre-exposure prophylaxis (PrEP).

23,256

HIV tests were conducted, with **89** individuals being newly diagnosed with HIV.

3,783

Persons living with HIV disease received HIV care and treatment services through the Ryan White program.

8,481

Services provided to **4,762** clients from the STD clinics.

2,809

Syphilis investigations were conducted.

PUBLIC HEALTH SERVICES BY THE NUMBERS FOR 2019-2020



20,078

Child health screenings facilitated through the Child Health and Disability Prevention Program.

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

196 of 279 (70%)

Pregnant women assisted with getting prenatal care within 30 days of calling the Perinatal Care Network.

44 of 46 (96%)

Of singleton infants born to mothers in the Black Infant Health program were normal birth weight, and **92% (43 of 47)** of mothers, initiated breastfeeding.

2,000

toothbrush kits were provided to San Diego Unified School District for distribution with meals to families. Kits contained a toothbrush, small toothpaste, toothbrush cover, floss, and a pamphlet on good oral health.

PUBLIC HEALTH SERVICES BY THE NUMBERS FOR 2019-2020



7.1 million

Pieces of Personal Protective equipment distributed by

285

Persons from healthcare facilities participated in a Statewide Medical and Health Exercise conducted by Public Health Preparedness and Response on November 6, 2019.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

6,983

Meningococcal vaccines delivered to at-risk SDSU members.

\$4 Million

Received in grant funding for Public Health Emergency Preparedness, Hospital Preparedness Program, Cities Readiness Initiative Program, and State General Fund for pandemic influenza.

PUBLIC HEALTH SERVICES BY THE NUMBERS FOR 2019-2020



TUBERCULOSIS CONTROL AND REFUGEE HEALTH

787

Individuals eligible for the Refugee Health Assessment Program, including refugees, those granted asylum, Cuban and Haitian entrants (parolees), those with Special Immigrant Visas, and victims of trafficking, received health assessments and referrals.

207 of 212

Tuberculosis (TB) cases completed the recommended treatment course provided by the TB Control Program.

50

TB presentations were conducted to community groups, reaching 1,756 individuals.

265

Cases were reported and investigated by the TB Control Program.

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PUBLIC HEALTH SERVICES ORGANIZATION

FY 2019-2020

- VISION, MISSION,
AND VALUES
- ORGANIZATIONAL
CHART
- PUBLIC HEALTH
SERVICES
ADMINISTRATION

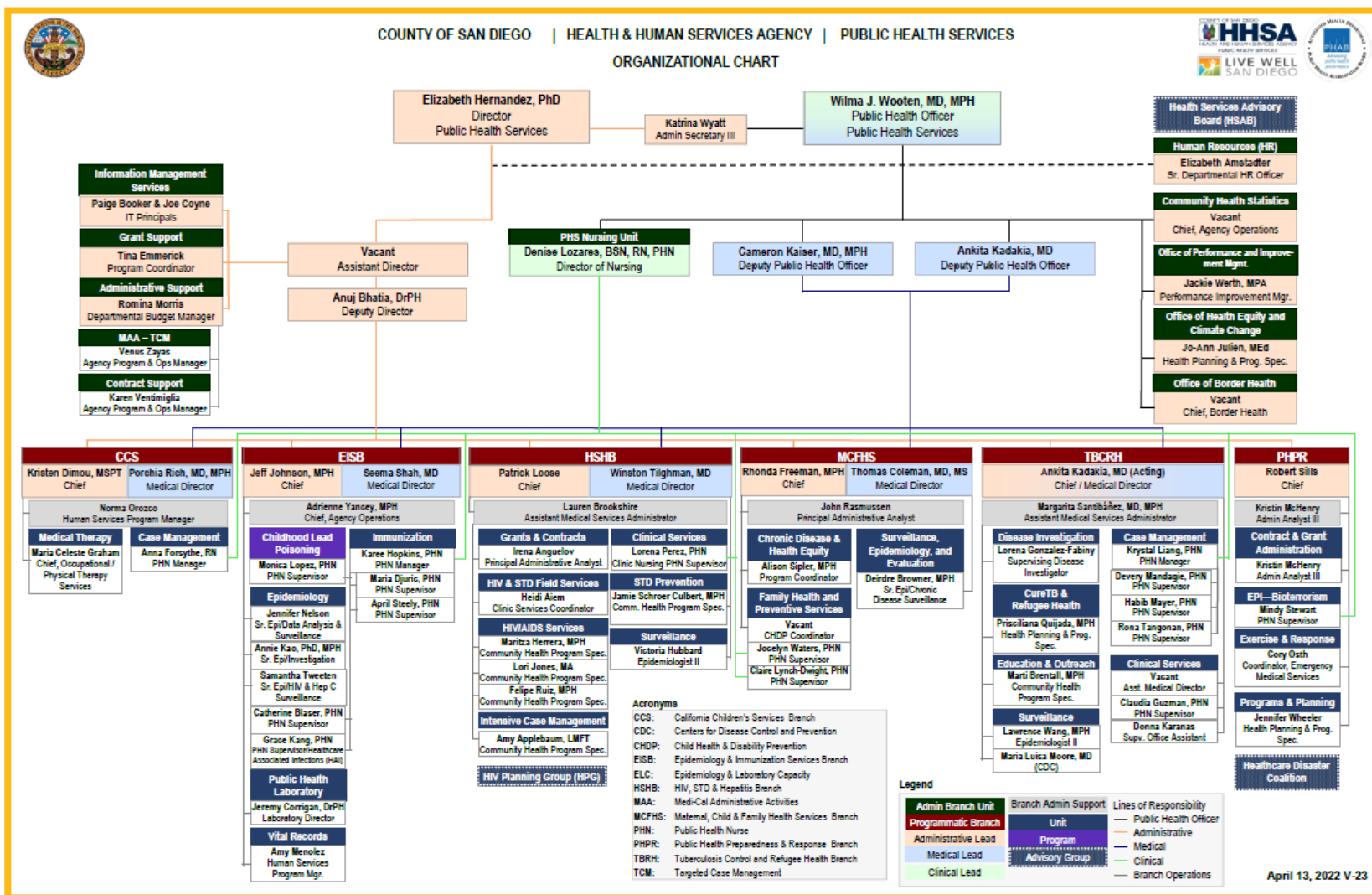
PUBLIC HEALTH SERVICES VISION, MISSION, AND VALUES FY 2019-2020



COUNTY OF SAN DIEGO	<p>VISION—A region that is Building Better Health, Living Safely and Thriving</p> <p>MISSION—To efficiently provide public services that build strong and sustainable communities</p> <p>VALUES—Integrity, Stewardship, and Commitment</p>
HEALTH AND HUMAN SERVICES AGENCY	<p>VISION—A region that is Building Better Health, Living Safely and Thriving</p> <p>MISSION—To make people’s lives healthier, safer and self-sufficient by delivering essential services in San Diego County</p> <p>VALUES—Integrity, Stewardship, and Commitment</p>
PUBLIC HEALTH SERVICES	<p>VISION—Healthy people in healthy communities.</p> <p>MISSION—To promote health and improve quality of life by preventing disease, injury and disability, and by protecting against, and responding to, health threats and disasters.</p> <p>VALUES—Collaboration, Diversity, Respect, Responsiveness, and Transparency</p>



PUBLIC HEALTH SERVICES ORGANIZATIONAL CHART



PUBLIC HEALTH SERVICES ADMINISTRATION

TOTAL BUDGET MANAGED

**\$109.6
Million**


NUMBER OF EMPLOYEES

490

NUMBER OF CONTRACTS

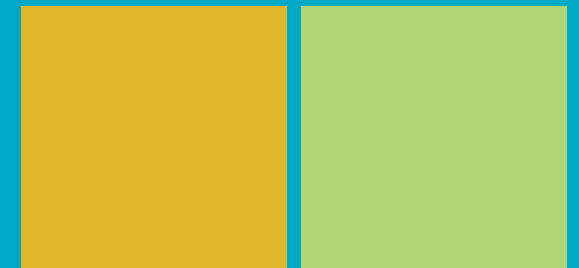
120

ADMINISTRATION OF PUBLIC HEALTH SERVICES Public Health Officer and PHS Director, Wilma Wooten, M.D., M.P.H., directs all PHS programs and services; ensures the safeguard of the public's health; and coordinates response to public health emergencies. She also directs administrative functions related to contracts, cost recovery, communications and other responsibilities across PHS branches. This Administrative Branch also includes the Offices of Border Health, Health Equity, and Performance Management and Improvement, as well as the Community Health Statistics Unit.



“Public health works to track disease outbreaks, prevent injuries and shed light on why some of us are more likely to suffer from poor health than others.”

—American Public Health Association



PUBLIC HEALTH SERVICES MAJOR ACCOMPLISHMENTS

(By Branch)

FY 2019-2020

ALL MAJOR ACCOMPLISHMENTS
OCCURRED DURING THE FISCAL
YEAR 2019-2020 (JULY 1, 2019-
JUNE 30, 2020), UNLESS
OTHERWISE INDICATED.

DEPARTMENT OF PUBLIC HEALTH SERVICES BRANCHES

- ADMINISTRATION, PUBLIC HEALTH SERVICES
- 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
- TUBERCULOSIS CONTROL AND REFUGEE HEALTH

ADMINISTRATION, PUBLIC HEALTH SERVICES

ADMINISTRATIVE
OFFICE

OFFICE OF
BORDER
HEALTH

BUDGET AND
FISCAL
SERVICES

CONTRACT
SERVICES

Directs all of the public health programs that follow in this report, safeguards the public's health and responds to public health emergencies. health and responds to public health emergencies.



HEALTH EQUITY
AND CLIMATE
CHANGE

MEDI-CAL
ADMINISTRATION
ACTIVITIES AND
TARGETED CASE
MANAGEMENT

OFFICE OF
PERFORMANCE
AND
IMPROVEMENT
MANAGEMENT

PERSONNEL

ADMINISTRATION, PUBLIC HEALTH SERVICES

WHAT WE ACHIEVED IN FY 2019-2020

ADMINISTRATIVE OFFICE

- Selected to participate in the Kresge Foundation Emerging Leaders fellowship to enhance coordination among local governments.
- Issued and posted 34 California Health Alert Network San Diego communications.
- Partnered with the California Department of Public Health to serve as a pilot for local adaptation planning for public health impacts of climate change.
- Recovered \$10.1 million in federal Medi-Cal Administrative Activities/ Targeted Case Management revenues to offset local costs.
- Convened a virtual 19th annual *Live Well San Diego* Public Health Champions award ceremony, April 6 -12, 2020.

BORDER HEALTH

- Planned and facilitated the third annual Binational Mental Health Symposium at San Diego State University, Imperial Valley Campus as part of the Border Health Consortium of the Californias, mental health work group, that included over 50 attendants and 8 speakers, on October 10, 2019.
- Planned and carried out a Border Health Research Symposium in partnership with SDSU at San Diego State University that included over ten speakers and 100 attendants on October 25, 2019.
- Planned and carried out three Partner Relay Emergency Preparedness and Public Health trainings for agencies serving refugee, immigrant and newly arrived communities on September 10, 2019, February 11, 2020, and June 30, 2020, for a combined total of 132 participants.
- Planned and convened three bimonthly San Diego Border Health Collaborative meetings (all efforts were in collaboration with the California Department of Public Health, Office of Binational Border Health [CDPH-OBBH]).

Planned and carried out a Border Health Research Symposium in partnership with SDSU at San Diego State University that included over ten speakers and 100 attendants on October 25, 2019.

PUBLIC HEALTH SERVICES ADMINISTRATION

BUDGET AND FISCAL SERVICES

- Provided inventory, fiscal management, contract management, and facility information to use in the PHS Manager's Manual.
- Met all Budget Build and Fund Balance deadlines.

CONTRACT SERVICES

- Administered 120 contracts across six programmatic branches and PHS Administration branch.
- Managed 182 memorandums of agreement, memorandums of understanding, and data use agreements.
- Developed 25 new procurements.
- Administered 120 service contracts and 22 purchase agreements.
- Executed 71 agreement amendments.
- Completed one contract quality assurance review.

“Administered 120 contracts across six programmatic branches and PHS Administration branch.”

PUBLIC HEALTH SERVICES ADMINISTRATION

COMMUNITY HEALTH STATISTICS UNIT

- Developed a training presentation on Heat Illness and Prevention, including the causes, symptoms, at-risk groups symptoms, treatment tips for Partner Relay Virtual Training organized by the County of San Diego Partner Relay Team and the Office of Emergency Services on June 30, 2020.
- Developed GIS mapping templates to mass-produce 1,450 maps of 2017 death and medical encounter rates to support internal and external programs, including the Public Health Accreditation Board and Health Equity. Total rates, rates by race/ethnicity, and age group were created for more than 90 diseases and types of injuries.
- Modeled COVID-19 projections for San Diego County based on disease course in each of five countries within 72 hours in April 2020 for the Board of Supervisors and Emergency Operations Center COVID Response. These models were updated each week based on policy actions and disease response in these countries to inform local policy actions and provide best practice information.
- Provided online access to expanded population health data, including any mention of key diagnoses by age, gender, geography, race/ethnicity, and socioeconomic status, to determine the full extent of diseases such as hypertension, among San Diego county residents.
- Developed an online dashboard and query system for over 250 population health measures to ensure that the public has quick access to downloadable data visualizations, maps and interpretations as well as detailed spreadsheets for chronic disease, communicable disease, injury, maternal and child health, behavioral health, and dementia-related diagnoses groups.
- Secured one of five Healthy Brain Initiative three-year grants for \$750,000, awarded by the California Department of Public Health to support awareness and integration of Alzheimer's disease and other dementias messaging into public health prevention programs. This funding continues the work of the Alzheimer's Project in collaboration with Aging and Independence Services and community partners.
- Identified and developed sources of local level Adverse Childhood Events (ACES) data for ongoing population based analysis of ACES in adults and in children. This aggregate information will be prepared for posting online in FY 20-21 (delayed due to COVID-19 response).
- Identified ICD-10 codes for social determinants of health (SDoH). Use of these codes links diagnoses to social determinants such as homelessness, economic, and social environmental challenges. Analyzed SDOH among behavioral health diagnoses. Working with healthcare systems to expand use of these codes in all relevant healthcare records including hospital discharge and emergency department discharge (progress delayed due to COVID-19 response).



PUBLIC HEALTH SERVICES ADMINISTRATION

OFFICE OF HEALTH EQUITY

- Participated in the monthly meetings of the Public Health Alliance of Southern California's Regional Health Equity Working Group with nine other local health departments (e.g., Oct 22, 2019); presented to RHEWG on County of San Diego/PHS surveys (e.g., BARHII survey and workforce development surveys); implemented the Regional Health Equity Strategic Plan including the development of a draft set of Health Equity definitions for potential use by local health departments. Public Health Alliance of Southern California declared advancing health equity the number 1 key strategy in the 2019-2024 Strategic Plan.
- Participated on the California Department of Public Health (CDPH) Advisory Committee on Health Equity and chaired Sub-Committee on Sustainability. Played a key role in committee meeting preparation, and various advisory committee activities. Meetings were held quarterly during the 2019-2020 fiscal year, in-person in 2019 and virtually in 2020 (e.g., September and December 2019, February 2020 and May 2020).
- Participated in the California Conference of Local Health Officers Health Equity Working Group meetings (e.g., Oct 23, 2019).
- Participated in the Partner Relay drills and workshops.
- Promoted the use of the Health Equity Tool for Programs and Tools for Individuals; encouraged Chiefs to make presentations to Senior Staff at monthly meetings on the use and integration of Health Equity Tools into the work of the Branches.
- Participated in the Fall 2019 CHEAC Annual Meeting and provided a Health Equity presentation as part of panel (Pasadena, October 9-10, 2019).
- Participated on the national NACCHO Big Cities Health Coalition Working Group on Health Equity and contributed to the tool for public health departments on COVID-19 and Health Equity (January 2020 – June 30, 2020).
- Ensured 90+% of PHS Staff had taken the Health Equity 101 and the other trainings in the Public Health Sciences Skills 101 series

including Public Health Concepts, Data, History of Public Health, and Climate Change. Hosted make up sessions for anyone who had not taken the series and tracked and reported on participation rates by Branch.

CLIMATE CHANGE

- Worked with Land Use and Environment Group, Food Systems Alliance, Scripps Institution of Oceanography (UCSD), and others on a panel presentation on Climate Change and Connection Hub booth with partners (e.g., Office of Emergency Services, County Vector Control Program).
- Collaborated with Scripps Institution of Oceanography, CalEPA, National Weather Service, Air Pollution Control District and others on the public health impacts of climate change.
- Collaborated with LUEG through the Sustainability Task Force (e.g., Meeting JJ and Maebeth Lopez, Chair of STF Aug 6, 2019; STF meeting Aug 7, 2019).
- Collaborated as part of the San Diego Regional Climate Collaborative and its Adaptation Policy Working Group (e.g., meeting at the Port of San Diego Aug 7, 2019).
- Presentation to Sustainability Task Force on Public Health Impacts of Climate Change (Sept 26, 2019).
- Participated in ARCCA meeting (Sept 27, 2019, and Dec 13, 2019).
- Utilized the Adaptation Template and worked with California Department of Public Health (CDPH) to advance the first draft of an Adaptation Plan for the Public Health Impacts of Climate Change for the region.

“Utilized the Adaptation Template and worked with California Department of Public Health (CDPH) to advance the first draft of an Adaptation Plan for the Public Health Impacts of Climate Change for the region.”



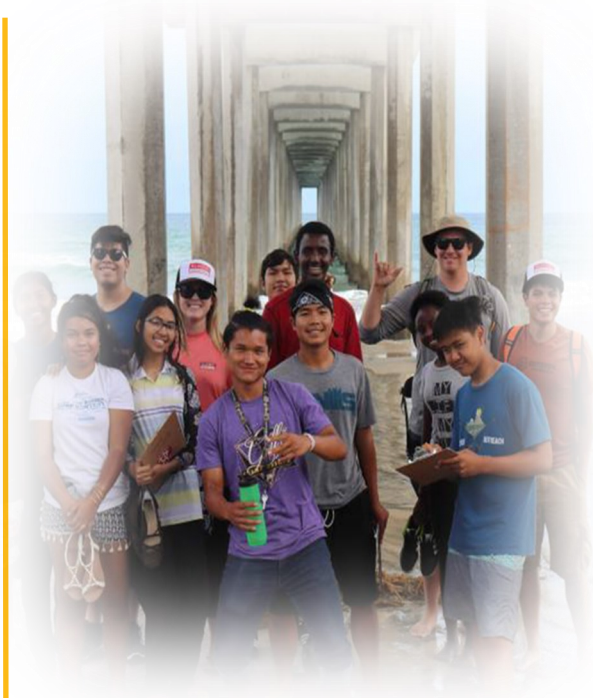
PUBLIC HEALTH SERVICES ADMINISTRATION

DIVERSITY AND INCLUSION

- Planned for a second annual departmental Diversity and Inclusion Potluck (e.g., July 2019).
- Promoted the use of Diversity and Inclusion icebreakers and the Inclusion Checklist developed with input from all staff.
- Participated in the annual HHSA Executive Team D & I event with tabletop activities.
- Participated in HHSA Diversity and Inclusion Transformation Team with monthly meetings to advance Diversity, Equity and Inclusion across the agency including a discussion re. priorities for the year ahead and the need to focus next on Equity.
- Administered the Leadership and Accountability Branch Assessments and implemented Leadership and Accountability Action Plans for Diversity and Inclusion by Branch for the 2nd year in a row.
- Developed staff in cultural competency skills including facilitating the design, review, and dissemination of monthly Diversity and Inclusion posters and promoted cultural competency training.

TRAUMA-INFORMED SERVICES AND SYSTEMS INTEGRATION

- Implementing goal on Mental Health First Aid to have 100% of PHS staff trained (September 2019).
- Participated in HHSA Trauma-Informed Integration Team meetings (e.g., Sept 27, Nov 22).
- Finalized draft Trauma-Informed policy and procedure, providing guidance to staff on taking a trauma-informed approach to service delivery.
- Promoted and facilitated Mental Health First Aid training for PHS. Goals were established and met to train 100% of PHS staff trained on Mental Health First Aid, which supports understanding of Behavioral and Social Sciences (a component of the Core Competencies for Public Health Professionals). This eight-hour certification course covers the basics of psychology for non-psych majors and supports a trauma-informed approach. The goal was 100% of PHS staff trained by September 30, 2019. Extensive efforts were undertaken throughout 2019-2020 fiscal year in this effort and the goal was achieved.



“Finalized draft Trauma-Informed policy and procedure, providing guidance to staff on taking a trauma-informed approach to service delivery.”

PUBLIC HEALTH SERVICES ADMINISTRATION

WORKFORCE DEVELOPMENT

- Ensured National Incident Management System/Incident Command System training goals were met for PHS staff (e.g., Federal Emergency Management Agency training).
- Provided guidance and facilitation on Leadership Development training for Public Health Leaders (e.g., July 22, 2019 - Mike Gray Training from the Regional Training Center including guest speaker, Walt Eckhart).
- Advanced Domain 8 Workforce Development reaccreditation efforts (e.g., participation in meetings - July 2019).
- Rolled out 101s (e.g., Data 101 Aug 6, 2019).
- Developed training for public health emergencies (Therese Rymer developed presentation for training fall 2019).
- Maintained the Work Plan for Workforce Development with quarterly updates from section leads.
- Rolled out implicit bias training for PHS staff (2020).
- New PHS staff continued to complete the Trauma e-learning module in the County's Learning Management System (LMS).

CUSTOMER SERVICE H.E.A.R.T.

- Hosted quarterly H.E.A.R.T. Team meetings, developed and implemented the PHS Customer Service Work Plan for the 2019-20 fiscal year (e.g., July 16, 2019, Nov 19, 2019).
- Hosted quarterly H.E.A.R.T. Team meetings, developed and implemented the PHS Customer Service Work Plan for the 2019-20 fiscal year (e.g., July 16, 2019, Nov 19, 2019).
- Hosted the HHSA Customer Service Working Group and presented on PHS's approach to Customer Service since the launch of the H.E.A.R.T. initiative.
- Promoted and facilitated Mental Health First Aid training for PHS. Goals were established and met to train 100% of PHS staff trained on Mental Health First Aid, which supports understanding of Behavioral and Social Sciences (a component of the Core Competencies for Public Health Professionals). This eight-hour certification course covers the basics of psychology for non-psych majors and supports a trauma-informed approach. The goal was 100% of PHS staff trained by September 30, 2019. Extensive efforts were undertaken throughout 2019-2020 fiscal year in this effort and the goal was achieved.

MEDI-CAL ADMINISTRATIVE ACTIVITIES/TARGETED CASE ANAGEMENT

- Medi-Cal Administrative Activities and Targeted Case Management (MAA/TCM) program recovered \$12.7 million in federal MAA/TCM revenues, supporting the goal of PHS to improve the accessibility of health care services by offsetting the administrative cost of providing care to Medi-Cal clients.
- Developed plans to improve outreach and strengthen the MAA/TCM program, which included preparing a multi-faceted work plan for the MAA/TCM program.
- Identified opportunities to expand the number of MAA/TCM participants within the county claiming units, as well as refined the approach to engaging participants from community-based organizations.
- Prepared marketing tools including a flyer entitled "Could you be Eligible for Funding?" to promote awareness of the MAA/TCM program and engage additional participants.
- Provided a total of 17 webinars, classroom, and individualized training to 358 trainees for the required annual MAA/TCM training.
- Collaborated with Agency Fiscal staff to monitor inflows and outflows from the MAA/TCM trust fund. Clarified the factors that affect the type and timing of transactions.
- Identified a quality improvement project to reduce the amount of time spent processing Medi-Cal administrative activities invoices.
- Conducted quality assurance reviews for 222 participants who claim to the Skilled Medi-Cal Personnel (SPMP) activity. The reviews improved awareness of the need for accurate timecard entry, and reduced risk of audit disallowances in the event of subsequent review by the Department of Health Care Services.

"Medi-Cal Administrative Activities and Targeted Case Management (MAA/TCM) program recovered \$12.7 million in federal MAA/TCM revenues"

PUBLIC HEALTH SERVICES ADMINISTRATION

OFFICE OF PERFORMANCE AND IMPROVEMENT MANAGEMENT

- Adopted and implemented of a new performance management system that fits the needs of the department and the region in monitoring Strategic Plan and Community Health Improvement Plan metrics (the CHIP is referred to as Regional “Community Enrichment Plans” (CEPs) in San Diego County). This system will help support PHS progress towards a high performing organization in which data drives decision making.
- Expanded capacity to support quality improvement (QI) projects within each Branch through the creation of a QI Champions Committee (QIC) which, along with the Performance Improvement Management Committee (PIM) are the backbone of the PHS performance and quality management programs. Capacity was expanded by forming the QIC Committee with 25 QI Champions, developing a charter, clarifying roles and responsibilities, and engaging Champions through quarterly meetings so that they are equipped to encourage staff in their Branches to identify and launch projects.
- Expanded the use of QI tools and methods to address urgent needs during the COVID-19 response. An example is in Vital Records which re-configured quickly to offer online services because over-the-counter services could not be provided except under limited circumstances. A QI project helped to guide and document these changes. Many other operations across all Branches have had to adapt operations quickly, such as serving clients through telephone, video meeting software, and telehealth. Operations in the lab had to be continuously re-evaluated to expand testing, enhance the testing process, accommodate new equipment in the same space, redirect non-COVID testing to other labs to manage

the workflow, and handle a high volume of testing results and notifications. QI methods and tools were used to implement these new processes and restructure operations to protect customers and staff alike.

- Coordinated the execution of five QI Projects that were completed in FY 19-20 despite the interruptions due to COVID-19. To help bring these projects to successful conclusion, technical consultation sessions were provided to each team virtually during July and August. Provided technical support to QI projects—in line with the “QI on QI Project” in which score projects to assess QI projects for their strength in terms of design and impact.
- Supported Branches in implementing new guidance encouraging “Strategic Plan Performance Dialogues,” referring to conversations about performance data as an agenda item during regularly scheduled meetings. This is part of efforts to expand reporting, monitoring and share of performance data, and engaging staff at all levels in discussions about performance.
- Convened a QI Resource Fair in November 14, 2019. This was the third in a series of annual fairs that provide an opportunity to engage PHS staff in active learning about QI. Storyboard presentations and games that feature QI methods, along with prizes for visiting all the stations, are among the components of the fair.
- Maintained accreditation status by meeting ongoing reporting requirements to the Public Health Accreditation Board and initiating efforts to become reaccredited. The County was conferred accredited status in 2016 and is required to submit for reaccreditation in 2021. Maintaining accreditation status is important to maintaining a strong public health infrastructure and also increases the department’s standing when seeking certain grants.



2019 Quality Improvement Fair.

PUBLIC HEALTH SERVICES ADMINISTRATION

PERSONNEL

- Processed 759 personnel transactions
 - 430 New Hires
 - 62 Regular Appointments
 - 16 Student Workers
 - 303 Temporary Expert Professionals
 - 8 Temporary Expert Professionals – MD
 - 10 Temporary Staff Nurses
 - 6 Temporary Public Health Nurses
 - 11 Temporary Office Assistants
 - 4 Temporary Licensed Vocational Nurses
 - 1 Temporary Lab Assistant
 - 1 Temporary Jr. Microbiologist
 - 7 Temporary Human Services Specialists
 - 1 Provisional Epidemiologist II
 - 97 Promotions
 - 8 Voluntary Demotions
 - 57 Rehires
 - 15 Retirements
 - 92 Separations
 - 60 Transfers
 - 17 External
 - 43 Internal
- Collaborated with Lab Management team, DHR, Labor Relations and Agency HR to transition Lab to a 24 hour operation. Ensured compliance with MOAs and County policies.
- Processed 11 Classification Activity Requests.



CALIFORNIA CHILDREN'S SERVICES

CCS
ADMINISTRATION
/CASE
MANAGEMENT
PROGRAM

CCS MEDICAL
THERAPY
PROGRAM

California Children's Services (CCS), led by Branch Chief Kristen Dimou, provides diagnostic treatment, physical and occupational therapy services, and medical case management to children with physically disabling, chronic, or life-threatening conditions.



CALIFORNIA CHILDREN'S SERVICES

WHAT WE ACHIEVED IN FY 2019-2020

CALIFORNIA CHILDREN'S SERVICES (CCS) ADMINISTRATION/CASE MANAGEMENT PROGRAM

- Provided medical evaluations, treatment, and case management services for approximately 14,392 chronically ill, severely, and physically disabled children and youth.
- Provided outreach to 24 diverse community partners, training 300 individuals through 39 in-services throughout San Diego to educate about CCS services and improve care coordination. Some community partners included nursing students from California State University-San Marcos, Azusa Pacific University and San Diego State University; Public Health Nurses from North Central Region; IHSS Training Academy; Community Health Group managed care program; San Diego Regional Center; Korean Angels Parents Association; HOPE
- Infant Family Support Program.
- Demonstrated operational excellence by orienting and training 30 employees to new positions through comprehensive on-the-job training program focused on programmatic knowledge and skill-building.
- Employed Interpretive services 532 times (including 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 a variety of interpretive services to best communicate and understand their child's health care needs.



“Employed interpretive services 532 times (including telephone, video and in-person translations), assisting CCS staff to serve our diverse clients and by providing the families of our clients a variety of interpretive services to best communicate and understand their child’s health care needs.”

CALIFORNIA CHILDREN'S SERVICES

MEDICAL THERAPY PROGRAM

- Provided 17,664 hours of physical and occupational therapy evaluation, treatment, case conference, and consultation services for an average of 1574 CCS children in 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 258 Special Care Clinics (rehabilitation, muscle disease, spinal defects, spinal cord injury/acquired brain injury, and limb deficiency) 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 796 medically necessary pieces of specialized rehabilitation equipment for CCS clients.
- Promoted public health as a career choice by participating in the educational development of 20 occupational or physical therapy interns from 6 different educational institutes.
- In less than 6 weeks and as a result of the COVID-19 State of Emergency, 55 occupational and physical therapists were trained in how to perform hands-on therapy services through virtual means (including incorporation of interpreter services and addressing technical challenges), which resulted in 467 clients receiving telehealth services for the first time over video, phone or electronic platforms.

“Provided 17,664 hours of physical and occupational therapy evaluation, treatment, case conference, and consultation services.”



EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

CHILDHOOD
LEAD
POISONING
PREVENTION
PROGRAM

EPIDEMIOLOGY
PROGRAM

IMMUNIZATION
PROGRAM

PUBLIC HEALTH
LABORATORY

VITAL RECORDS

The Epidemiology and Immunization Services Branch (EISB), led by Branch Chief Jeff Johnson, identifies, prevents, and controls communicable diseases; conducts surveillance for legally reportable diseases and various conditions; performs diagnostic testing; and records vital events. EISB works to prevent disease by improving immunization coverage rates via case investigation, providing education, advancing community collaboration, and providing timely laboratory services.



EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

WHAT WE ACHIEVED IN FY 2019-2020

CHILDHOOD LEAD POISONING PREVENTION

- Advised 701 healthcare providers on lead poisoning updates and case management and care guidelines through the provision of grand rounds, provider in-services, presentations, and newsletters.
- Provided 179 children with public health nursing case management services.

EPIDEMIOLOGY

- Responded to meningococcal outbreak, influenza outbreaks, and reports of acute diseases.
- Registered 26,657 communicable disease cases (Epidemiology and Immunization Services Branch).
- Investigated 8,324 communicable disease cases.
- Completed investigations for 172 outbreaks.
- Processed 678 cases of newly reported HIV cases, and 462 cases of new San Diego resident diagnoses.
- Published on the web the Biannual HIV Epidemiology Report. The report is used by internal and external customers for grant writing and program planning.



**“Investigated 8,324
communicable disease cases.”**

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

IMMUNIZATIONS

- Managed 55,400 doses of publicly provided influenza vaccines provided throughout San Diego County.
- Delivered (via public health centers) all age-appropriate vaccines to 100% of children ages 0-18 at each visit who presented for immunizations.
- Onboarded eight providers (representing 164 sites) using electronic interfaces to the San Diego Immunization Registry.
- Conducted a Kick the Flu Summit at the San Diego City Library September 19, 2018, bringing together medical providers, practitioners, and school nurses to empower them for the flu season.

PUBLIC HEALTH LABORATORY

- Tested and diagnosed 50,074 clinical specimens for disease.
- Performed 3,332 water tests.
- Performed 403 rabies tests.
- Implemented expanded capabilities for molecular sequencing process to characterize several pathogens.

VITAL RECORDS

- Registered 42,381 birth certificates for all San Diego County births.
- Registered 22,726 death certificates for San Diego County deaths.
- Issued 271 State Medical Marijuana Identification Cards (160 new cards and 111 renewals) to qualified patients.
- Implemented the electronic birth registration system (EBRS) to facilitate the electronic and timely registration of new births.
- Went live with the new Vital Record cashiering system.

**“Tested and
diagnosed
50,074
clinical
specimens
for
disease.”**



HIV, STD, AND HEPATITIS BRANCH

ADMINISTRATION

CLINICAL
SERVICES

HIV SERVICES

INTENSIVE CASE
MANAGEMENT

The HIV, STD, and Hepatitis Branch (HSHB), led by Branch Chief Patrick Loose, works with the HIV Planning Group and other community partners to develop and deliver quality HIV testing, treatment, and prevention services, and provides case management services for HIV-positive inmates who are incarcerated in one of the county's detention facilities. HSHB responds to sexually transmitted diseases by providing treatment, screening and prevention; interviewing persons with diagnosed HIV to elicit sex and needle-sharing partners; conducting disease surveillance; and reporting. Viral hepatitis services include the screening of and vaccination of vulnerable populations.



STD
EPIDEMIOLOGY

STD AND HIV
FIELD SERVICES

STD
PREVENTION

HIV, STD, AND HEPATITIS BRANCH



WHAT WE ACHIEVED IN FY 2019-2020

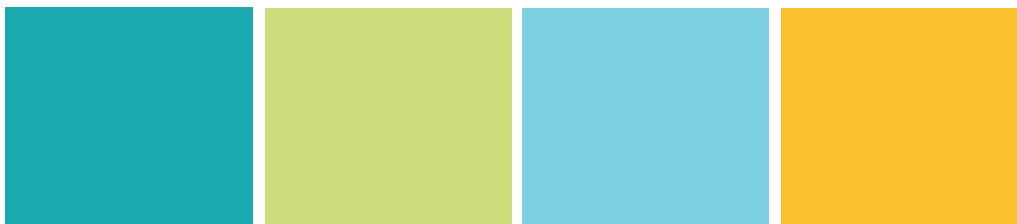
ADMINISTRATION

- Managed a \$22 million operational budget with \$14 million in contracted services.
- Applied for, was awarded Health Resources and Services Administration's Ending the HIV Epidemic: A Plan for America grant for program term March 1, 2020 through February 28, 2025 with annual amount of \$1 million.
- Awarded Ryan White HIV/AIDS Program Part A COVID-19 Response grant for program term April 1, 2020 through March 31, 2021 in the amount of \$543,390 in response to the current pandemic.
- Awarded STD Collaboration Project grant for program term July 1, 2019 through June 30, 2024 with annual amount of \$258,000.
- Managed 42 service delivery contracts supporting the Getting to Zero initiative, conducted 28 site visits, 33 in-depth invoice reviews and processed 74 amendments, 53 Contracting Officer's Representative changes and five termination letters. (PHS Administration runs annual dashboards. The information included here is from internal tracking documents—pending final numbers on the contracts

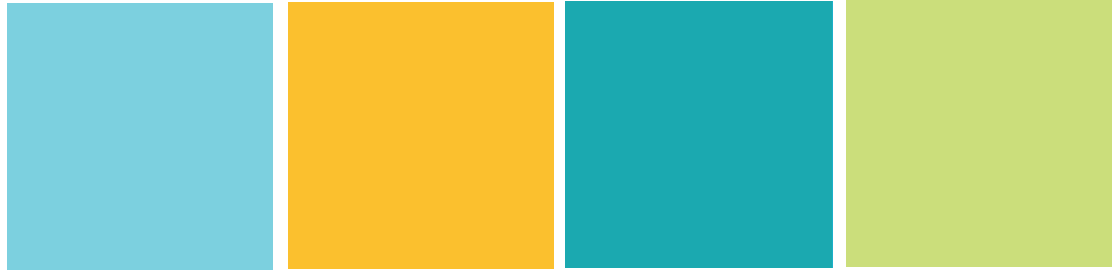
“Managed 42 service delivery contracts supporting the Getting to Zero Initiative.”

- and amendments count) Please note: Due to COVID 19, there has been a reduction in monitoring activities.
- Completed Request for Proposal (RFP) HIV High Impact Prevention Services, RFP for HIV/AIDS related services: Case management services for Women, Infants, Children and Youth program, Request for Quote (RFQ) Ryan White 2019 Needs Assessment, RFQ Getting to Zero Community Engagement.
 - Completed a procurement for services for women, infants, children and youth (WICY) with HIV and initiated several additional procurements—Ending the HIV Epidemic—Community Engagement, Legal Services and RFQs for HIV and STD Prevention Administration, HIV Prevention Evaluation Services,

- STD Collaboration project—Provider Detailing, Monitoring and Evaluation, Materials Development and Focused Awareness Marketing Campaign, maintenance of Don't Think Know Website.
- Finalized AIDS Drug Assistance Program Enrollment Site Agreement with the California Department of Public Health.
- Assisted with COVID-19 special projects in collaboration with the Epidemiology and Immunization Services Branch and PHS Administration.
- Developed new or updated existing 55 fiscal desk guides, several reports templates, checklists and updated operational Part A and Part B Policies and procedures.
- Transitioned staff to telework, deployed additional funds to providers, assessed and reallocated funding according to clients' needs, transitioned STD and HIV tests out of Public Health Services Laboratory to an outside provider, due to COVID-19.



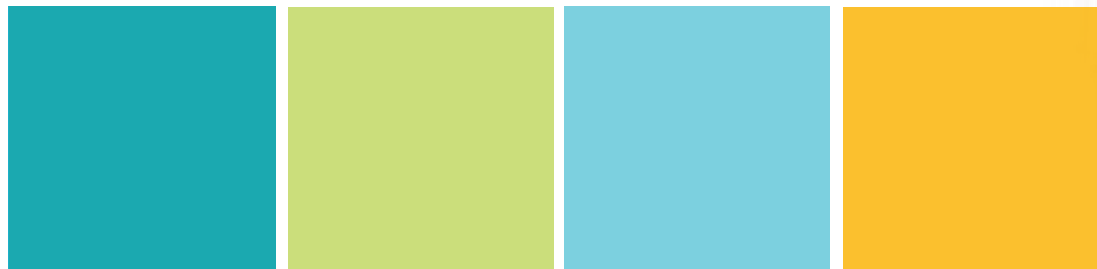
HIV, STD, AND HEPATITIS BRANCH



CLINICAL SERVICES

- Conducted 23,256 HIV tests, with 89 individuals being newly diagnosed with HIV.
- Continued to attend weekly jail telemedicine clinic interfacing, with more than 150 incarcerated HIV positive inmates.
- Provided 8,481 services to 4,762 people in the County of San Diego's four categorical STD clinics.
- Provided non-occupational post-exposure prophylaxis (nPEP) to 28 uninsured individuals following a confirmed or probable high-risk exposure to HIV.
- Diagnosed and managed 3% of the 23,003 chlamydia cases reported in San Diego County in calendar year 2019, based on preliminary surveillance data.
- Diagnosed and managed 8% of the 6,395 gonorrhea cases reported in San Diego County in calendar year 2019, based on preliminary surveillance data.
- Diagnosed and managed 25% of the 549 primary and secondary syphilis cases reported in San Diego County in calendar year 2019, based on preliminary surveillance data.
- Diagnosed and managed 18% of the 1,154 infectious (i.e., primary, secondary, and early latent) syphilis cases reported in San Diego County in calendar year 2019, based on preliminary surveillance data.
- Provided hands-on clinical training in STDs to 98 local health professional trainees, including nursing, public health, and nurse practitioner students, medical residents and fellows of various specialties, County Public Health Nurses, and County nurse residents who rotated through the County STD clinics.
- Provided leadership mentorship to four undergraduate nursing and public health students.
- Ensured continuity of STD clinical services at all four clinic locations during the Coronavirus Disease 2019 (COVID-19) pandemic and enacted safety measure to minimize the risk of transmission to clients and staff.
- Implemented a rapid point-of-care test for SARS-CoV-2/ COVID-19 in the Rosecrans STD clinic. In May and June 2020, tested 265 STD clinic clients for COVID-19 and identified one asymptomatic COVID-19 case.
- Implemented a new program to provide expedited testing visits to established clinic clients without symptoms or known STD contacts who seek routine testing, in order to increase the capacity of the Rosecrans clinic to serve the public and encourage frequent routine testing for persons who are vulnerable to STDs.
- Expanded routine one-time testing for the Hepatitis C Virus (HCV) from clients born between 1945 and 1965 to all clinic clients aged 18 to 79 years, in line with the most recent United States Preventive Services Task Force recommendation and the Board of Supervisors' End Hepatitis C San Diego County Initiative.
- Successfully transitioned STD Clinic labs from the Public Health Laboratory to Quest in June 2020.

**“Provided
8,481 services
to 4,762
people in the
County of San
Diego’s four
STD clinics.”**



HIV, STD, AND HEPATITIS BRANCH

GETTING TO ZERO

- New diagnoses have decreased by 27%, from 499 in calendar year (CY) 2016 to 368 in CY 2019.

HIV SERVICES

- Continued to focus on client retention and viral load suppression, achieving a viral load suppression rate of 91% among recipients of Ryan White services.
- Provided HIV care, treatment, and support services to a total of 3,783 clients.
- Assisted 539 persons to obtain HIV pre-exposure prophylaxis (PrEP).
- Successfully provided HIV care and treatment services through the Ryan White program to 3,783 persons living with HIV disease .
- Received a score of 95 out of 100 on the annual Ryan White Part A application in May 2020.
- Linked 88% of persons newly diagnosed with HIV to care within 30 days, during calendar year 2019.
- Began a clinical quality management project to study why Ryan White Emergency Financial Assistance is underutilized.
- Conducted 7,103 outreach contacts to persons living with HIV or vulnerable to HIV infection.
- Successfully linked 354 individuals to pre-exposure prophylaxis (PrEP) medical care and 332 initiated use of PrEP.
- Conducted or participated in 60 events, including health fairs and events for National HIV testing Day and World AIDS Day that reached 469 people.
- Provided information regarding HIV testing, treatment, and prevention through 13,944 web hits/page views, 170,662 social media reaches, and 8,251 followers (Facebook, Twitter and Instagram).
- Implemented changes to the HIV service delivery system due to COVID. This included accepting \$543,000 in CARES Act funding and deploying that funding to five HIV primary care providers.
- Implemented weekly check-in calls with providers to ensure timely communication of changes, challenges, and successes related to COVID-19.
- Community Health Program Specialist assisted with the COVID-19 Homeless Sector.

“Continued to focus on client retention and viral load suppression, achieving a HIV viral load suppression rate of 91% among recipients of Ryan White services.”



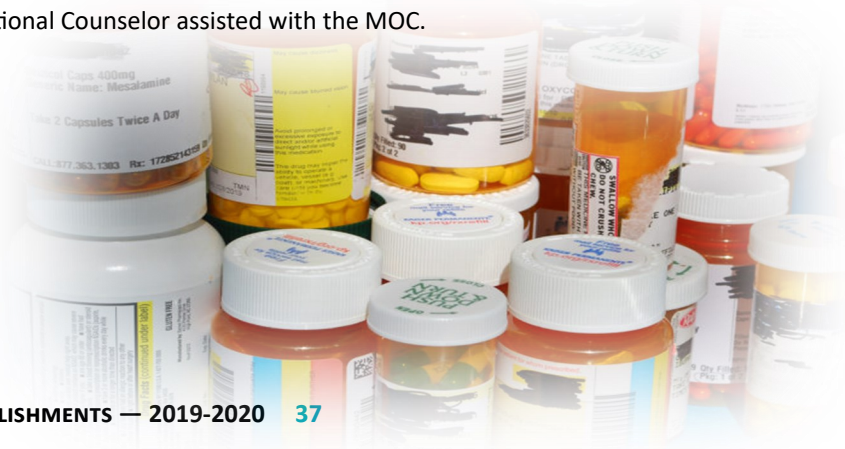
HIV, STD, AND HEPATITIS BRANCH

INTENSIVE CASE MANAGEMENT

- Served 255 persons living with HIV through the Intensive Case Management Program (ICM).
- Placed 106 unduplicated clients into the ICM program, which consists of a 10-month substance use disorder treatment program. All clients in ICM received at least one HIV primary care visit.
- Screened 149 HIV positive inmates in the county jails through the Jail Case Management program. Of those screened, the majority received re-entry counseling within 30 days of their release from custody, which included development of a post release plan. These plans include connection to medical care, access to medications post-release, appointments for Medi-Cal and/or Covered California enrollment assistance and medical case management.
- Staff continued to arrange for 30-day supply of HIV medications for inmates receiving HIV treatment at time of release from custody, ensuring approximately 95% of inmates left custody with medications ready for pick up at a designated pharmacy.
- Ensured that 100% of clients who completed ICM program continued with medical care, relapse prevention, affordable housing, and other supportive services.
- Assisted 35 clients with applications for subsidized rental housing programs, ensuring they would not become homeless following completion of ICM program.
- Approximately 106 clients in ICM program participated in wellness workshops and weekly structured physical activities in alignment with *Live Well San Diego* initiative.
- Continued to attend weekly jail telemedicine clinic interfacing with over 100 incarcerated HIV positive inmates.
- Coordinated one training with the San Diego Volunteer Lawyer Program for completion of necessary documentation for end of life planning.

- Conducted quarterly STD trainings for all ICM clients.
- Placed five monolingual Spanish-speaking clients in ICM program and assisted clients from the start of the program to completion.
- Facilitated enrollment into community college for four clients who graduated from in-patient substance use disorder treatment.
- Assisted in enrollment of one client into a culinary arts program through Kitchens for Good. This client obtained employment in the culinary field upon graduation from the program.
- Assisted four college-bound clients with financial aid applications.
- Linked 15 clients to mental health counseling and 26 clients to psychiatric services. Facilitated virtual counseling services for eight clients since the start of the COVID-19 pandemic.
- Assisted 12 clients with food resources due to COVID-10 pandemic.
- Assisted nine clients with unemployment applications due to COVID-19 pandemic.
- Monitored and followed six patients who were placed in medical quarantine while awaiting COVID-19 test results.
- Approximately 50% of ICM staff were redeployed to COVID-19 related activities.
 - Correctional Counselor led contact tracing teams.
 - Correctional Counselor assisted with the MOC.

“Screened 149 HIV positive inmates in the county jails through the Jail Case Management Program.”



HIV, STD, AND HEPATITIS BRANCH

STD EPIDEMIOLOGY

- Monitored and tested laboratory results received via Electronic Laboratory Reporting (ELR) from multiple large-volume laboratories and brought Scripps Health Laboratory to the live system.
- Provided monthly updates regarding syphilis, gonorrhea, and chlamydia incidence and timely STD/HIV-related topics.
- Maintained STD reporting using State surveillance system, CalREDIE.
- Provided epidemiologic support in COVID-19 response beginning in March 2020.

STD AND HIV FIELD SERVICES

- Conducted surveillance-based interventions in alignment with the Getting to Zero Initiative including:
 - 120 Data to Care investigations (HIV-positive individuals either never linked to HIV care of who may have fallen out of care).
 - 196 Surveillance-Based Partner Services investigations (newly diagnosed HIV-positive individuals for the purposes of linkage to medical care and assistance with partner notification).
- Conducted 6,125 HIV tests in County STD Clinics, identifying 49 individuals newly diagnosed with HIV and linking 88% to HIV medical care within 30 days of results disclosure, during calendar year 2019.
- Funded 2,415 HIV tests conducted in County detention facilities, leading to new HIV diagnoses for 11 inmates, during calendar year 2019.
- Processed over 18,457 positive syphilis results, during calendar year 2019.
- Conducted 2,809 syphilis investigations (9% increase from 2018), during calendar year 2019.
- Investigated 1,154 cases of infectious syphilis cases (7% increase from 2018), during calendar year 2019.
- Received and processed 23,002 chlamydia cases into the surveillance system (4.1% increase from 2018), during calendar year 2019.
- Received and processed 6,395 gonorrhea cases into the surveillance system (3.1% increase from 2018), during calendar year 2019.
- Successfully onboarded four additional Communicable Disease Investigators to support STD disease investigation unit, due to continuing increases in STD morbidity and increases in congenital syphilis.
- Conducted 1,024 COVID-19 disease investigations.
- Led 18 COVID-19 outbreak investigations.
- Conducted 131 COVID-19 contact tracing investigations.
- Approximately 35% of HIV/STD Field Services staff were reassigned to conduct COVID-19 investigations.
- Clinic Services Coordinator led COVID-19 case investigation teams.

“Received and processed 23,002 chlamydia cases into the surveillance system.”

HIV, STD, AND HEPATITIS BRANCH

STD PREVENTION AND CONTROL

- Conducted 42 STD presentations for 1,079 representatives of health care organizations, community-based organizations, community colleges, universities, schools, school nurses, students, and social service organizations.
- Conducted one California Department of Public Health (CDPH) Sexual Health Educator (SHE) training on February 26, 2020, with 33 participants, including health educators, clinicians, teachers, and school staff. The full-day training was hosted by the San Diego County Office of Education (SDCOE).
- Supervised intern project regarding outreach to all school districts and charter schools in San Diego County, reminding them of the California Healthy Youth Act and offering related technical assistance. Over 100 schools were contacted. As a result, technical assistance, in the form of trainings, resource sharing and guidance, was provided to 18 school districts.
- Conducted 12 sexual health education teacher trainings for 54 teachers, including assisting the San Diego Unified School District with five rounds of training for 90 new middle and high school sexual health education teachers.
- Assisted the California Department of Education in implementing the Youth Risk Behavior Survey in two high schools.
- Facilitated the transition of funding for the Chlamydia Screening Project (ClaSP) from CDPH to County funds.
- ClaSP screened 93% of all females entering San Diego juvenile detention facilities within 48 hours.
- Treated 92% of females who tested positive for chlamydia. Treated 87% of females who tested positive for gonorrhea.
- Maintained and promoted Don't Think, Know (DTK), a chlamydia and gonorrhea home test kit for young women of color. Oversaw an intern project conducting promotion of the program, reaching out to approximately 175 organizations and school nurses.
- Ordered 256 DTK kits and 150 (59%) were returned. These numbers are stable from the previous year (246 kits ordered, 147 returned). During that previous fiscal year, a marketing campaign occurred which resulted in a 32% increase in the prior year's orders. This high level of kits orders was sustained this year, despite no official marketing campaign occurring.
- Assisted with two rotations of Hoover High School FACES students (health internship partnership program), in conjunction with Planned Parenthood of the Pacific Southwest. Students created and implemented the Centers for Disease Control and Prevention-developed Get Yourself Tested STD testing and education campaign, educating their peers on STDs and STD testing.
- STD Prevention Program Manager was assigned to assist in the County's COVID-19 response and serve as co-lead of the Health Education and Training section and lead the new Youth Engagement sector in late March 2020. The Health Education and Training team oversees the COVID-19 community-based educational presentations, translations of health education materials, and regular updates of the daily COVID-19 numbers on the COVID-19 website and the Community Sector Support webpages. The Youth Engagement team is overseeing the Youth Emergency Readiness Ambassador program as well as informing the creation of a new Youth Sector under *Live Well San Diego*.



MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

CHRONIC
DISEASE AND
HEALTH EQUITY
(CDHE) UNIT

CDHE—
CALFRESH

CDHE—
LACTATION

CDHE—REACH

CDHE—TCRP

The Maternal, Child, and Family Health Services (MCFHS) Branch, led by Branch Chief Rhonda Freeman, works to promote health and to protect and support pregnant women, children, families, and communities. To prevent chronic diseases and obesity, the Chronic Disease and Health Equity Unit pursues policy, systems, and environmental change strategies that create healthy places, improve health equity and make the healthy choice the easy choice.



FAMILY
PREVENTIVE
AND HEALTH
SERVICES UNIT
(FPHSU)

FPHSU—CHILD
HEALTH AND
DISABILITY
PREVENTION
PROGRAM

FPHSU—
HEALTH CARE
PROGRAM FOR
CHILDREN IN
FOSTER CARE

FPHSU—
MATERNAL,
CHILD, AND
ADOLESCENT
HEALTH

FPHSU—ORAL
HEALTH
PROGRAMS

SURVEILLANCE,
EPIDEMIOLOGY
AND
EVALUATION
UNIT

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES



WHAT WE ACHIEVED IN FY 2019-2020

CHRONIC DISEASE AND HEALTH EQUITY UNIT

CalFresh

- Supported three cities in San Diego County to advance one municipal healthy food systems policy; one municipal active transportation/active living policy; and one community environmental change that supported access to healthy food and/or active transportation/active living, utilizing the Healthy Cities/Healthy Residents community engagement process, reaching 150,000 SNAP-Ed eligible residents.
- Supported 10 child care providers to participate in the healthy child care designation program by developing and implementing wellness policies and procedures that followed best practices related to healthy food and beverages and access to physical activity in settings where 0-5 year olds learn.
- Supported five schools to adopt policy, system, and environmental changes that improve the food and physical activity environments.
- Supported three school districts in San Diego County to allocate funding in their Local Control and Accountability Plans (LCAPs) to implement components of their wellness policies that address access to healthy food and beverages and/or opportunities for physical activity, reaching 26,000 SNAP-Ed eligible individuals.
- Supported five small-to medium-sized retailers to participate in the *Live Well* Community Market Recognition Program to increase access to healthy food and beverages in settings where people shop.

“Supported five schools to adopt policy, system, and environmental changes that improve the food and physical activity environments.”

Lactation

- Facilitated 20 childcare family care homes passing lactation supportive policies and practices through the Lactation Supportive Environments project.

Racial and Ethnic Approaches to Community Health (REACH)

- Accomplished the following through the Centers for Disease Control and Prevention (CDC)-funded Racial and Ethnic Approaches to Community Health (REACH) grant:
 - Helped with securing \$60,000 in grant funds and other opportunities through the Danone Institute North America and the Build Healthy Places Network to support the Good Food District in Southeastern San Diego.
 - BrightSide Produce sold 11,539 units of fresh produce to five small and medium-sized markets.
 - Developed a Public Outreach Plan through REACH and a contract with Circulate San Diego, to guide holistic public engagement in transportation planning efforts, a document of potential funding sources for active transportation projects, and a summary document of existing City and Community Planning documents.
 - Facilitated the adoption and implementation of the San Diego Unified School District’s supper program at four afterschool programs in the REACH zone. These programs began receiving the At-Risk Child and Adult Care Food Program (CACFP) Afterschool Supper, a full meal meeting federal nutrition standards. These sites, run by three community-based organizations, serve 133 children who were previously receiving just a snack after school. As a result of this change, SDUSD will receive nearly \$84,000 in federal reimbursements, and the afterschool providers will save more than \$11,500 in snack purchases.
 - Recruited and enrolled 89 participants in the University of California San Diego (UCSD) Certified Lactation Educator (CLE) which included staff from a) Black Infant Health (BIH), Nurse Family Partnership, Healthy First Steps, and Project Concern International home visiting staff, and b) Clinic staff from San Ysidro Health (three clinic sites), La Maestra and San Diego Family Health staff. East African and African American community advocates/residents are in process of completing.

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

CHRONIC DISEASE AND HEALTH EQUITY UNIT (continued)

Tobacco Control Resource Program

- Provided support to the City of San Diego to incorporate tobacco control considerations into its general plan housing element.
- Facilitated 182 out of 190 behavioral health treatment programs (95.8%) achieving smoke-free policies that include tobacco cessation support for clients.
- Facilitated the adoption of four tobacco control-related policies in San Diego County, including: La Mesa smoke-free public spaces in January 2020 and Unincorporated Area of San Diego County prohibition of smoking in outdoor dining areas; ban of the sale or distribution of flavored tobacco products; and a one-year moratorium on the sale of electronic smoking devices in January 2020.

FAMILY PREVENTIVE AND HEALTH SERVICES UNIT

Child Health and Disability Prevention

- Facilitated the provision of at least 22,078 child health screenings to low-income children through the Child Health and Disability Prevention Program by June 30, 2020.

Health Care Program for Children in Foster Care

- Worked with Child Welfare Services, Regional Public Health Nursing, and Juvenile Probation to provide intensive care coordination activities on behalf of 1,762 children in out-of-home care, achieved a medical compliance rate of 94%, and a dental compliance rate of 85% by June 30, 2020.

Maternal, Child, And Adolescent Health

- Served 1,175/1,200 (98%) pregnant women. Completed intake assessments for 912 pregnant women, linking them to a medical home, health care providers, and other valuable and necessary family support services. Provided pregnancy-related information to 263 pregnant women by June 30, 2020.
- Ensured 70% (196 of 279) of pregnant women without prenatal care were linked to a provider within 30 days of calling the Perinatal Care Network toll-free phone line by May 31, 2020.
- Ensured 96% (44 of 46) of singleton infants born to mothers in the Black Infant Health program were normal birth weight, and 92% (43 of 47) of mothers initiated breastfeeding by June 30, 2020.

“Facilitated the provision of at least 22,078 child health screenings to low-income children.”



MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

FAMILY PREVENTIVE AND HEALTH SERVICES UNIT (continued)

Office of Violence Prevention

- Implemented the San Diego County Health CARES training for healthcare providers in partnership with San Diego District Attorney's Office and key community partners, by hosting a six-week webinar series to improve prevention and response practices to domestic violence and strangulation in healthcare providers and staff. The webinar series, which took place on January 16, 23, 30, and February 6, 13, and 20, 2020, addressed key components of the Health CARES Program: C – Conduct Screening, A – Assess for signs and symptoms of strangulation, R – Report to law enforcement, E – Evaluate patient, S – Safety Plan, and Implementation of the Health CARES Initiative in your agency. Approximately 71 individuals registered for at least one webinar. There were 380 total registrations, with 146 total attendees across the six-week webinar series.
- Conducted in-person presentations to 355 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.

Oral Health Program

- Provided 227 children ages 1-18 years of age with preventive dental services on February 22, 2020, at the annual Give Kids A Smile Event: 211 children received fluoride varnish, 133 children received dental sealants, valuing \$52,480. Seven community dental clinics across the County participated.
- Provided 2,000 tooth brush kits to San Diego Unified School District for distribution with meals to families. Kits contained a tooth brush, small toothpaste, tooth brush cover, floss, and a pamphlet on good oral health by June 30, 2020.
- Conducted outreach to 102 pediatricians and trained 68 of which 74% (50 of 68) implemented enhanced oral health activities (e.g., applying fluoride varnish, oral health education, referring children by 1 year of age to dental provider) by June 30, 2020.
- Provided coordination for oral health screenings for 179 homeless youth by June 30, 2020.
- Provided oral health education to 484 parents/primary caregivers by June 30, 2020.
- Conducted outreach to 58 oral health providers and trained 25 who are implementing enhanced oral health activities including Brush, Book, Bed, and Rethink Your Drink campaigns, tobacco cessation, and early caries intervention (seeing children by age 1) by June 30, 2020.

SURVEILLANCE, EPIDEMIOLOGY, AND EVALUATION UNIT

- Coordinated a local health department Geographic Information System (GIS) training provided by Rice University and facilitated by the National Association of Chronic Disease Directors for the Chronic Disease and Health Equity Unit and the Community Health Statistics Unit and community partners 2-1-1, Family Health Centers, and La Maestra Community Health Centers, on July 9-10, 2019. Intended for REACH grantees, the training provided both a basic introduction to GIS and a review of the new rate stabilizing tool developed by the team at Rice University.
- Finalized a new contract for the California Student Tobacco Survey (CSTS) with the University of California San Diego and amended the contract to add a report for a prior survey cycle for FY 17-18. These reports will provide critical information for youth tobacco interventions and assist program staff in developing targeted interventions for the upcoming TCRP funding cycle.



PUBLIC HEALTH PREPAREDNESS AND RESPONSE

DISASTER
MEDICAL
RESPONSE

GRANTS/
FUNDING

HEALTH
EMERGENCY
RESPONSE AND
HOSPITAL
PREPAREDNESS

The Public Health Preparedness and Response (PHPR) branch, led by Branch Chief Rob Sills, fosters preparedness within communities by supporting health and medical system response through readiness activities; supports county efforts to respond to public health threats and events through collaborative activities in monitoring and planning of responses; and promotes preparedness through drills, training, and exercises to ensure that county public health and medical staff have the ability to effectively respond to disasters and emergencies.



PUBLIC HEALTH PREPAREDNESS AND RESPONSE

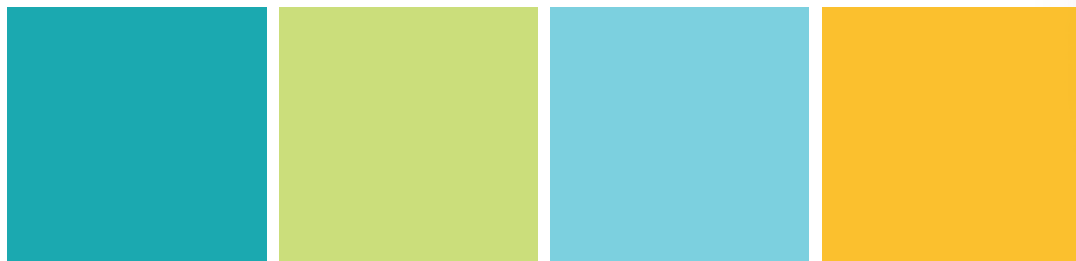


WHAT WE ACHIEVED IN FY 2019-2020

DISASTER AND MEDICAL RESPONSE

- Health and Medical Community Partners participated in two Tabletop Exercises in preparation for the Regional Full-Scale Exercise on November 6, 2019. This exercise highlighted the response to a simulated terrorism event at multiple location in the County. 150 CMS Facilities and 22 Hospitals. Activities Highlighted in response:
 - Communication methods tested including WebEOC, Google Forms platform, LEMSIS Patient Tracking system, and Blackboard Notification System. The Regional Communication System (RCS) was used to communicate from field locations to command centers.
 - Medical Surge
 - MOC Staffing was completed with many new employees to create bandwidth in response.
- Conducted 6 Regional flu PODS resulting in 611 vaccines delivered to the public.
- Continued to support the Meningococcal response as Operations Section chief and staff, resulting in delivery of 6,983 vaccines to at-risk SDSU members.
- Supported mass vaccination events at SDSU in response to a Mumps outbreak.

In coordination with emergency response partners, internal and external stakeholders, and community partnerships, PHPR is assigned to represent the Health and Human Services Agency and Public Health Services in the management of numerous grant projects funded by California Department of Public Health (CDPH), including: Public Health Emergency Preparedness (PHEP), Hospital Preparedness Program (HPP), Cities Readiness Initiative Program (CRI), and the State General Fund for Pandemic Influenza (PanFlu), in addition to the State Homeland Security Grant Program (SHSG) and Urban Area Security Initiative (UASI) grants.



PUBLIC HEALTH PREPAREDNESS AND RESPONSE

DISASTER AND MEDICAL RESPONSE—COVID-19

REPATRIATION COVID-19 RESPONSE: FEBRUARY 2020

- County activated the Medical Operations Center to Level 2 - Initiates Incident Command System on February 1, 2020.
- Established Repatriation flights of American citizens from Wuhan, China framework in collaboration with Federal, State, and Local partners. Federal quarantine facility: Miramar Marine Corps Air Station (Miramar MCAS) in San Diego, CA.
- Medical Health Operational Area Coordination (MHOAC) program provided coordinated response and support to evacuees. MHOAC program also ensured adequate medical and health resources were available (e.g., personal protection equipment).
- On February 5, 2020 @ 0900 hours, first chartered flight from Wuhan, China arrived at Marine Corps Air Station (MCAS) Miramar with 167 repatriated passengers. Several PUI's identified from repatriation flight. Flight #1 (167 passengers) was released from mandatory federal quarantine on Tuesday, February 18, 2020.
- On February 7, 2020 @ 0848 hours second chartered flight from Wuhan, China arrived at MCAS Miramar with 65 repatriated passengers. Flight #2 (65 passengers) was released from mandatory federal quarantine on Thursday, February 20, 2020.
- Marine Corps Air Station (MCAS) total repatriated flights (5). Dates: Flight 3.10.20 (42 passengers), - 1st flight on 3.11.20 (118 passengers), - 2nd flight on 3.11.20 (117 passengers), - 1st flight on 3.12.20 (114 passengers), - 2nd flight on 3.12.20 (98 passengers), - Total Repatriates US Citizens (489 passengers).
- MOC ACTIVATION LEVEL CHANGE FROM LEVEL 2 TO LEVEL 1: Relocated HHSA PHS MOC to County Emergency Operation Center facility. Effective Monday 3/16/2020 and elevated to Level 1.

DEVELOPMENT OF DOCUMENTS OF IMPORTANCE FOR COVID-19 RESPONSE:

- Creation of County of San Diego - Incident Action Plan (Currently on-going). As of 8/31/21 a total 367 IAP produced). From February 1, 2020 – June 30, 2020: Total 117 IAP's developed.
- Collaborated with County Public Health Officer on [COVID-19 Response Plan and Consumer Versions](#). Uploaded to COVID-19 county website. Link: [ConsumerVersion COVID.19 ResponsePlan Update docx.pdf \(sandiegocounty.gov\)](#)
- County Policy Group, Command Staff, and MOC scheduled meeting to start planning for a pandemic. Core ICS group team meet twice a week to support pandemic planning efforts. Development of County Pandemic Preparedness Plan (3/4/2020).
- Medical Operation Center Briefing Report (MBR) – Disseminated to San Diego Healthcare Disaster Coalition. Report provides hospitals systems a detailed report on the progress and status of County of San Diego COVID-19 response. The Medical Operations Center (MOC) at the County of San Diego, provides a weekly (Thursday) Briefing Report to Command, General Staff and County-wide Hospital Emergency Managers and staff via email distribution list managed by the Planning Section of the MOC. Between 4/8/2020 and 6/30/2020 the MOC disseminated a total of 34 MBR's.
- The MOC Briefing Report provides an overview of the general response and information that will help community emergency response officials better understand the issues facing hospitals and what future assistance may be requested. The purpose of this report is to provide Information Sharing consisting of establishing, maintaining, integrating, and interpreting multiple databases, and information into one report from MOC Section Leads.

“County activated the Medical Operations Center to Level 2 - Initiates Incident Command System on February 1, 2020.”



PUBLIC HEALTH PREPAREDNESS AND RESPONSE

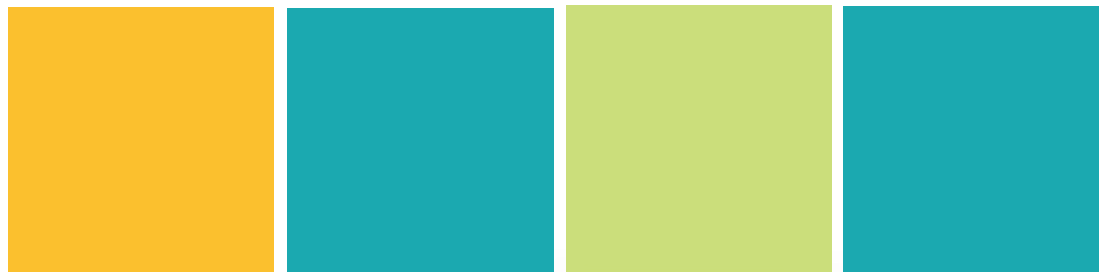
SECURED GRANTS/FUNDING

- Secured grants/funding including a California Department of Public Health grant for Public Health Emergency Preparedness (PHEP), Hospital Preparedness Program (HPP), Cities Readiness Initiative (CRI) Program, and State General Fund for Pandemic Influenza, for approximately \$3,567,556. PHPR also, received funding from State Homeland Security Grant Program and Urban Area Security Initiative in the total amount of approximately \$80,000 and \$150,000, respectively. As a result of COVID-19, CDPH allocated an additional \$3,057,541 in COVID-19 Crisis Response funding in order to support our greatest response needs to prevent, prepare for, and respond to COVID-19; this specific funding covers the period of March 5, 2020 to March 15, 2021.

“As a result of COVID-19, the California Department of Public Health allocated \$3,057,541 in COVID-19 Crisis Response funding in order to support our greatest response needs to prevent, prepare for, and respond to COVID-19.”

Public Health Preparedness and Response staff participated in the San Onofre Nuclear Generating Station (SONGS) exercise on March 15, 2020.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

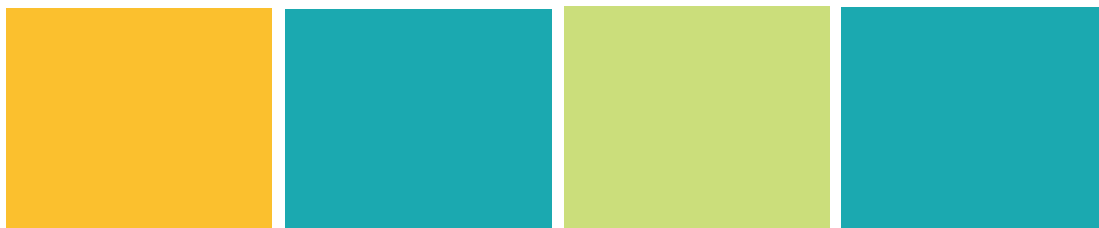


HEALTH EMERGENCY RESPONSE AND HOSPITAL PREPAREDNESS

- Held 10 San Diego Health Care Disaster Coalition (SDHDC) meetings and over 20 SDHDC Advisory Committee meetings.
- Revised SDHDC Response, Preparedness, and Governance Documents and created COOP and Pediatric Surge Plan.
- Provided San Diego Health Disaster Coalition member trainings on subjects such as Hazard Vulnerability Assessments, Continuity of Operations Plans (COOP), Power Safety Shut Off preparedness, Influenza, and COVID-19 response, communication, and information.
- COVID-19 response activation began in January 2020, including staffing the Medical Operations Center with such activities as PPE procurement and delivery to healthcare entities, coordinating staffing assistance with CDPH for long term care facilities, on-going communication with hospitals to coordinate medication, patient care, and transportation.
 - COVID-19 support and response system began development and implementation with assignment of Long Term Care Branch Director in the Operations section of the MOC. This system included COSD internal LTC Task Force with HAI, epidemiology, T3, and infectious disease medical consultants. It also included the incorporation and development of the LTC Sector, external LTC Task Force, meetings with CDPH and CDSS local licensing partners, and a LTC Patient Movement workgroup with facilities and hospital case managers.
- Established a communication platform and process to assess functionality and PPE needs with healthcare entities that are not part of the San Diego County WebEOC system. This platform, outreach, and on-going engagement is managed and done by the HealthCare Provider Status Team.
- As of June 30, 2020, 7924 surveys sent to healthcare providers
 - Of the 1573 responses, 1024 requests were for PPE and 74 were questions (clinical and non-clinical)
 - The Task Force has resolved 1144 responses and 535 required no action
 - Through this effort, 19 facilities were identified to provide and/or share PPE
 - Sent out specialized surveys to find out about bed availability by gender. 3,153 beds identified as available.
- Logistics distributed over 7.1 million pieces of PPE by June 30, 2020.



“Logistics distributed over 7.1 million pieces of Personal Protective Equipment.”



TUBERCULOSIS CONTROL AND REFUGEE HEALTH

TUBERCULOSIS
(TB) CASE
MANAGEMENT

TB CLINICAL
SERVICES

TB EDUCATION
AND OUTREACH

TB
SURVEILLANCE

REFUGEE
HEALTH
PROGRAM

The Tuberculosis Control and Refugee Health (TBC-RH) Branch, led by Ankita Kadakia, M.D., detects, controls, and prevents the spread of tuberculosis through treatment, case management, and contact investigation. TBC-RH provides basic health screening and referral services for refugees during their first few months in San Diego County.



TUBERCULOSIS CONTROL AND REFUGEE HEALTH

WHAT WE ACHIEVED IN FY 2019-2020

TUBERCULOSIS (TB) CASE MANAGEMENT

- Ensured that 98% (207 of 212) of tuberculosis (TB) cases completed the recommended treatment course for the January to December 2017 case-cohort.
- Ensured 89% (316 of 354) of contacts were evaluated, as per Centers for Disease Control and Prevention recommendations, for the January to December 2018 sputum smear-positive case-cohort, maintaining performance at the prior 5-year average of 90% and above the national and California averages of approximately 80%.
- Increased the proportion of contacts identified with new latent TB infection that start treatment to 86% (64 of 74 contacts) for the January to December 2018 sputum smear-positive case-cohort, compared with the prior five-year average of 76%.
- Investigated TB exposures at 66 group sites, such as workplaces and schools, and identified for 3,767 contacts for evaluation.

TB CLINICAL SERVICES

- Provided expert clinical services and consultation for adults and children, regardless of geographic area, to ensure best practices and safety net TB care, for FY 19-20:
 - Performed 2,172 chest x-ray procedures at the Health Services Complex (HSC) TB Clinic and regional public health centers (HSC TB Clinic: 1,672; regional public health centers: 500).
 - Performed the following number of induced sputum tests: HSC TB Clinic: 488, North Coastal: 7, North Inland: 16, South Bay: 2.
 - Performed 1,521 TB skin tests at the HSC TB Clinic.
 - Completed 373 QuantiFERON tests at HSC TB Clinic.
 - Conducted 996 nurse visits at HSC TB Clinic.
 - Conducted 748 provider visits at HSC TB Clinic (new patients: 302; return patients: 446).
- Provided or ensured interferon gamma release assay testing conducted for 80% (392 of 492) of contacts to active cases in the January to December 2019 case-cohort.



TB staff from U.S. and Mexico at the Binational Tuberculosis (TB) Prevention and Control Conference in Mexicali, Baja California, Mexico that took place from June 12-14, 2020.

Participated in the Binational Tuberculosis (TB) Prevention and Control Conference in Mexicali, Baja California, Mexico on June 12-14, 2020. Oral presentation included those from the Tuberculosis Control and Refugee Health (TBC-RH) staff. The international conference was hosted by the Health Services Institute of Baja California (ISESALUD), the Centers for Disease Control and Prevention, and the Border Infectious Disease Surveillance (BIDS) Program, with participation from the County of San Diego Public Health Services (PHS), Imperial County PHS, and the ISESALUD jurisdictions of Tijuana, Ensenada and Mexicali. This conference provided training to enhance public health technical capacity for contact investigation, clinical evaluation, and treatment of TB contacts, and Latent TB Infection (LTBI) and improve binational collaboration.

TUBERCULOSIS CONTROL AND REFUGEE HEALTH

TB EDUCATION AND OUTREACH

- Conducted 50 TB presentations to community groups in the County of San Diego, reaching 1,756 individuals.
- Hosted regular TB joint case conferences with pulmonary and infectious disease specialists from the University of California, San Diego and key community TB physician partners on August 1, 2019, November 7, 2019, and March 5, 2020.
- Partnered with Champions for Health and four regional public health centers to conduct a total of 215 individual TB risk assessments at nine flu shot and immunization clinics throughout the County of San Diego.
- Produced a new TB survivor testimonial video, supporting expansion of the County of San Diego TB Survivor Network, and re-established the production of "The Patient Voice," a newspaper originally published from 1953 to 1961. In its current version, the booklet contains letters from survivors to current TB patients as a form of support.
- Established the TB Elimination Initiative (TBEI,) a public-private collaboration authorized by the Board of Supervisors on July 23, 2019. Two planning meetings were conducted in Fall 2019 and the first Joint Advisory-Steering Committee meeting was held on January 16, 2020. Five action committees were convened to develop recommendations for the initial phase of the initiative: Access, Testing & Treatment; Communication & Marketing; Consumer & Advocacy; Schools; and, Surveillance & Monitoring. Participants include more than 35 non-County community members from 27 unique agencies.
- Posted a new TB fact sheet, "TB in San Diego County: By the Numbers," on the County website, March 2020.

TB SURVEILLANCE

- Ensured 93% (241 of 258) of TB patients were tested for HIV infection for the January to December 2019 case-cohort, exceeding the California and national averages of approximately 90%.
- Ensured 95% (243 of 255) of TB cases were reported to PHS within one working day from the start of treatment for the January to December 2019 case-cohort.
- Processed 356 reports of latent TB infection from civil surgeons conducting status adjustment examinations.

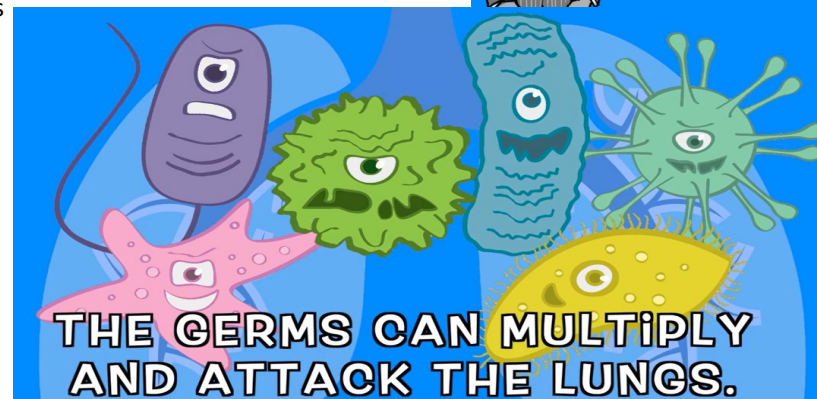
REFUGEE HEALTH PROGRAM

- Ensured 88% (260 of 294) of refugees started the health assessment process within 30 days of arrival, for the October 1, 2018 to September 30, 2019 cohort.
- Ensured 84% (659 of 787) of individuals who started the health assessment process completed the health assessment process within 90 days, for the October 1, 2018 to September 30, 2019 cohort. The Refugee Health Assessment Program conducts health assessments for eligible refugees and those granted asylum, Cuban and Haitian entrants (parolees), those with Special Immigrant Visas, and victims of trafficking.

**"Ensured
88% of
refugees
started the
health
assessment
process
within 30
days of
arrival."**



WAIT, WHAT IS TB INFECTION
AND TB DISEASE?



PUBLIC HEALTH SERVICES BRANCHES ARE WORKING TO IMPROVE THE QUALITY IMPROVEMENT CULTURE. EACH BRANCH HAS SEVERAL QI CHAMPIONS TO SOLICIT PROJECT IDEAS AND LEAD OR ASSIST PROJECTS. THE CHAMPIONS ARE THE LATEST STEP IN EXPANDING QI CAPACITY SO THAT EACH BRANCH CAN BE SUCCESSFUL IN COMPLETING THEIR PROJECT(S).

PUBLIC HEALTH SERVICES QUALITY IMPROVEMENT PROJECTS

(By Branch)

PUBLIC HEALTH SERVICES BRANCHES ARE REQUIRED TO WORK ON AT LEAST ONE QUALITY IMPROVEMENT (QI) PROJECT. STEPS FOR EACH OF THE FIVE PROJECTS LISTED ON THE FOLLOWING PAGES INCLUDE IDENTIFYING AN OPPORTUNITY AND PLAN FOR IMPROVEMENT, USING DATA TO STUDY TEST RESULTS, STANDARDIZING THE IMPROVEMENT, AND ESTABLISHING FUTURE PLANS.

FY 2019-2020

DEPARTMENT OF PUBLIC HEALTH SERVICES BRANCHES

- ADMINISTRATION, PUBLIC HEALTH SERVICES
- 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
- TUBERCULOSIS CONTROL AND REFUGEE HEALTH

PUBLIC HEALTH SERVICES ADMINISTRATION

Improving the Timeliness of Monthly Operations Report and Accomplishments Report

Shelton Lo, Danielle Dorrington, Bruce Even, and Jackie Werth of PHS Administration

PROBLEM

The Monthly Operations Report (MOR) and the Accomplishments Report (AR) are two critically important documents within PHS Administration. The MOR communicates risks, board letters, audits, and various media events and is reviewed on a monthly basis by PHS and HHSA executives, and quarterly by the CAO and other County executives. The AR tracks presentations, non-permanent personnel, accomplishments, subpoenas, and abstracts, among other documents and is monitored on a monthly basis. Due to their importance, these documents need to be updated timely, accurately, and without error to prohibit delays in delivering the reports to agency executives.

CURRENT APPROACH

Despite the importance of these documents, there are numerous problems that continue to persist each month. Some of the major issues involve inaccurate entries, missing information, inconsistent data entry, submissions past the deadline, no submissions at all, multiple users working on the document, IT issues, and lack of clear accountability for data entry. These issues cause numerous delays in delivering the reports to agency executives and often require several follow-ups. Despite the importance of these documents, there are numerous problems that continue to persist each month. See Figure 1.

Data has been collected for several months and highlights the need for improvement of the MOR/AR process. In June 2018, only 50% of the entries in the "Board Letters Forecast" and "Audits Forecast" sections were complete (i.e., no missing or inaccurate information). Of the seven entries for the month of June, only two (28.57%) were submitted by the deadline.

POTENTIAL SOLUTIONS

Because of the difficulty in evaluating whether or not entries or information provided for both the MOR and the AR is difficult to assess, the focus in this project became timeliness of providing input. A number of steps were taken, and QI tools used, to identify the program and develop solutions, including a detailed process map. These included:

- 1) A survey of MOR Analysts was conducted in April 2019 that identified a number of issues, including lack of clear accountability for the MOR and the AR.
- 2) A MOR Training was conducted to clarify accountability as well as provide clear direction on what and how information must be entered into the MOR.
- 3) A message was conveyed or reinforced that the Chiefs are ultimately responsible for timely MOR responses but that designated analysts would serve as the lead to respond. This list is maintained by the MOR Coordinator in PHS Administration who Branches must notify if there is a change.
- 4) The MOR Coordinator makes it consistent practice to alert staff when the MOR was due, ask that a confirmation email be sent back to the Coordinator by the MOR analyst, and timeliness is to be tracked for both the confirmation email as well as the actual submission.
- 5) Standard practices were laid out in very clear Instructions for both the MOR and AR and posted on the SharePoint where these reports are also posted for updates. See Figure 2.

Figure 1: Force Field Analysis

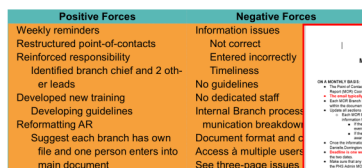


Figure 2: Instructions for MOR and AR

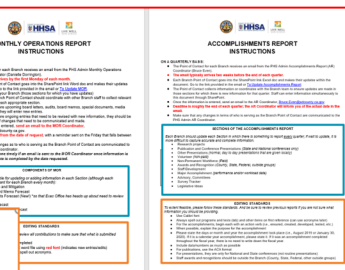


Figure 3: Analysis of Confirmation Emails

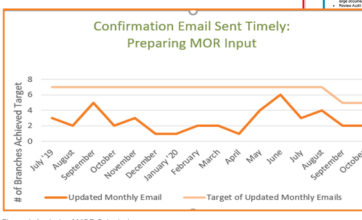


Figure 4: Analysis of MOR Submissions

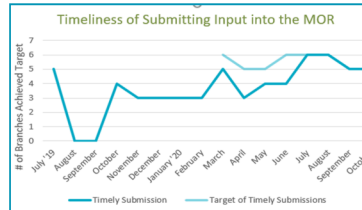
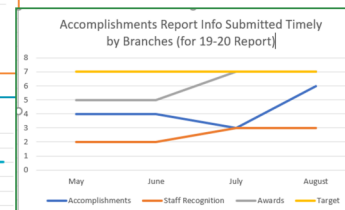


Figure 5: Analysis of AR Submission Timeliness



TEST THE THEORY

The MOR Coordinator in PHS Administration set up a tracking form used to capture when confirmation emails came in timely and when the MOR input was submitted timely by Branch for each month. Similarly, the Coordinator for the Accomplishments Report within PHS Admin worked with the QI Project Lead to track progress. The intention is the continue to track and share with MOR and AR analysts/staff as we continue to work to improve performance.

RESULTS

It appears that Branches are submitting input to the MOR on a timely basis. The target varies because not all Branches are required to provided input to each MOR depending upon whether there are key risks in front of the Branch at that reporting period (this is why target is not always 7 for 7 Branches). Also, during COVID-19, fewer Branches appear to be required to report to the MOR. The confirmation email is an intervention intended to improve compliance, and in so far as timely submission of input to the MOR is occurring, the confirmation email may be contributing. However, it appears that fewer Branches are currently provide input. See Figures 3 and 4.

It is difficult to know if there is improvement with the Accomplishments Report, for which the main intervention has been then Instructions. There is no comparative data. However, staff from some of the Branches were providing input as early as May, well before the end of that fiscal year which is positive. See Figure 5.

STANDARDIZE & PLAN

The intention is the continue to track and share with MOR and AR analysts/staff as we continue to work to improve performance. Because there is a new requirement to promote cultural competency activities in the MOR, this will be added to the tracking sheet.

Training and updating of instructions will be done by the start of the new calendar year to ensure that new analysts/staff are aware of the requirements, and to discuss any ongoing issues.

AIM STATEMENT AND THEORY OF IMPROVEMENT

Aim: Improve the timeliness of submissions of the MOR and AR by deadline to all seven Branches.

Theory: If we establish clear accountability and a clear process and timelines for MOR and AR updates, then timeliness of submission of information will improve.

PUBLIC HEALTH SERVICES ADMINISTRATION



Reducing the Amount of Time Spent Processing MAA Invoices

Edward Smith, Amir Khair, Leilani Fernandez, Yunice Danque, Elisa Mack



PROBLEM

The Medi-Cal Administrative Activities/Targeted Case Management (MAA/TCM) Program recognized an opportunity for improvement in its MAA invoicing process. MAA invoices are due to the State of California's Department of Health Care Services (DHCS) 15 months after the end of the quarter being invoiced, and the MAA/TCM Program has been submitting its MAA invoices to DHCS right at that deadline. The MAA Coordinator proposed the idea to initiate the MAA invoicing process immediately after the close of the quarter being invoiced to allow the program ample time to prepare MAA invoices well within the State's 15-month deadline. The intent is to prevent the stress of reaching this deadline among other responsibilities and the possibility of not receiving reimbursement from DHCS if this deadline is missed. Other issues, such as overlooked data entry errors due to limited amount of time reserved for reviewing invoices and delayed receipt of reimbursement from the State, also prompted the review of this process.

CURRENT APPROACH

The MAA/TCM Program has been successful in achieving the 15-month MAA invoice deadline provided by DHCS. However, the program and its fiscal staff have historically begun a quarter's invoicing process about one year after the close of that quarter, whereas preparation of the invoices could have been more frontloaded within those 15 months. See Figure 1.

POTENTIAL SOLUTIONS

Rather than waiting 12 months after the close of a quarter in order to begin preparing that quarter's MAA invoice, the MAA/TCM Program could initiate each quarter's MAA invoicing process immediately after the close of the quarter. This would give the program ample time to prepare MAA invoices well within the State's 15-month deadline.

Figure 1: Current Invoice Process Timeline

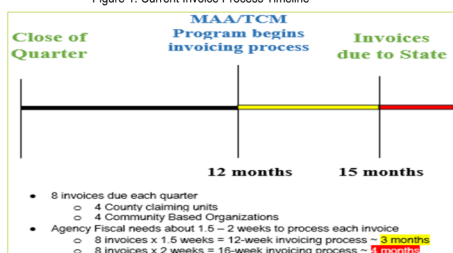


Figure 2: Proposed MAA Invoicing Process

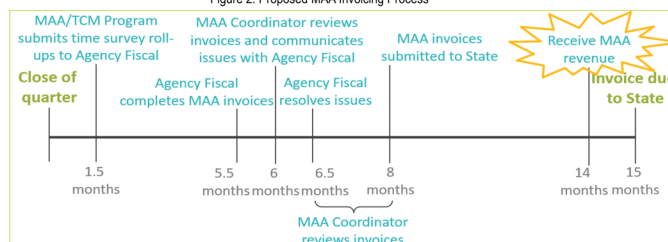


Figure 3: Reduced Invoice Processing Time from

Invoice	Target for Months Spent Processing Invoices	Actual Months Spent Processing Invoices
FY17/18 Q4	13 months	15 months
FY 18/19 Q1	12 months	15 months
FY 18/19 Q2	10 months	13 months
FY 18/19 Q3	9 months	12 months
FY 18/19 Q4	8 months	10 months
FY 19/20 Q1	8 months	8 months

AIM STATEMENT AND THEORY OF IMPROVEMENT

AIM Statement: Reduce the time from the close of a quarter to when that quarter's MAA invoice is submitted to DHCS, currently at 15 months, to 8 months by April of 2020.

Theory of Improvement: If the MAA/TCM Program begins its quarterly MAA invoicing process sooner, then the program will minimize stress on its staff to reach DHCS' MAA invoice deadline among other responsibilities, prevent the possibility of not receiving reimbursement from DHCS if this deadline is missed, have ample time to thoroughly address and resolve all invoice-related issues, and realize its MAA revenues in a more timely manner.

TEST THE THEORY

The MAA/TCM program tested a new schedule for its invoicing process that begins immediately after the close of the quarter being invoiced, rather than 12 months later with only 3 months to spare before the 15-month State deadline. MAA/TCM Program staff will begin preparing the MAA time survey rollups, the first step of the invoicing process, immediately after the close of the quarter being invoiced and submit the rollups to fiscal 1.5 months after the close of quarter. Then, MAA/TCM staff will put this data into the invoice template and complete the revenue and expense portions of the invoices. The invoices will be submitted to the MAA Coordinator for review within 4 months of fiscal receiving the time survey rollup data. If there are any data entry errors to be fixed, the MAA Coordinator will return the invoices to Agency Fiscal to update. Once resolved, Agency Fiscal will submit the invoices back to the MAA Coordinator, who will then review them with the Local Governmental Agency (LGA) Coordinator before submission to the State at the 8 month mark. Ultimately, it is expected that the MAA/TCM Program will receive revenue for MAA services rendered 14 months after the close of each quarter. See Figure 2.

The team brainstormed to identify several interventions to implement that would help streamline the new invoicing process and allow the program to meet various internal deadlines. These interventions included:

- Development of a calendar of internal deadlines to adhere to in order to consistently submit MAA invoices 8 months after the close of each quarter.
- Utilization of a shared folder within the S drive to pass along invoice documents between program and fiscal staff, which were originally being dropped off in person.
- Collaboration on primary and alternative staff for each step of the invoicing process to ensure tasks could always be completed on time.

RESULTS

In implementing this Quality Improvement Project, the MAA/TCM Program worked to condense the MAA invoicing process timeline down from 15 months over fiscal year 2019-20. Ultimately, the program was able to successfully reduce the MAA invoicing process down to 8 months by May of 2020, leaving 7 months to spare in terms of the State's deadline for these invoices. See figure 3.

Obstacles arose during implementation of this project, including:

- Waiting on information provided by the State, such as the County Wide Average rate applied to certain claims
- Availability of all data necessary, mainly the posting of revenues in the County's general ledger
- Other fiscal obligations, such as fiscal year-end tasks
- Other programmatic obligations, such as coordinating with community partners and conducting site visits

However, the project team collaborated their efforts to work through each of these obstacles and continued to move the project forward.

STANDARDIZE & PLAN

The goal of achieving an 8-month MAA invoicing process was accomplished, resulting in a reduction of 7 months from the original invoicing process. The program will continue updating the standardized calendar of internal deadlines, which takes into consideration the various obstacles encountered, and collaborating with all parties involved in determining appropriate deadlines. Additionally, for quality assurance purposes, the program will monitor adherence to this calendar, frequency and number of invoice-related issues, and timeliness of State reimbursements.

CALIFORNIA CHILDREN'S SERVICES

DOCUMENTATION TIMELINESS

Judith P. Garces, PT, Jamie McCarthy, PT



PROBLEM

California Children's Services (CCS) Medical Therapy Program provides occupational and physical therapy services to children ages 0-21 years. All treatment sessions must be documented on the Patient Therapy Record (PTR) portion of the electronic documentation system, Medical Therapy Unit (MTU) Online. Documentation is utilized for billing purposes. Documentation must be defensible and reproducible. Through the "Sparking Quality Improvement Project Ideas" form, therapists expressed difficulty completing daily running notes within two working days per the CCS policy. Delayed or incomplete documentation can result in missed billing and a lack of consistency in treatment.

A Therapist Documentation Questionnaire (Questionnaire) was completed to assess staff's perceived ability to complete daily running notes within two working days as well as perceived barriers to meeting documentation timelines. Based on the questionnaire, 45% of therapists felt that they were not able to complete daily running notes within the two working days. Data was collected from all six MTUs during a five-day working period in September 2019 to assess the percent of daily running notes completed within two working days. (Figure 2). Based on the data collected, on average, 85% of daily

CURRENT APPROACH

In 2017, documentation blocks were implemented to help staff meet documentation timeframes. Staff are to have 2, thirty-minute documentation blocks on their daily schedule for every eight hours worked. A flowchart was also completed of current steps therapists take in completion of daily running notes (Figure 1). Despite the implementation of documentation blocks, staff continued to report documentation timeframes being difficult to meet due to a variety of factors.

These factors included a perception that documentation of daily running notes was not being made a priority and that other tasks are perceived to have greater urgency and take away from time allotted to complete daily running notes.

Staff report documentation blocks being double booked with therapy appointments, documentation blocks are repeatedly moved, an inefficient documentation system and other tasks that are considered a greater priority are completed during time intended for documentation as barriers.

POTENTIAL SOLUTIONS

Through the Therapist Documentation Questionnaire, data was collected on barriers to completing daily running notes within the two-day time frame and potential solutions. Many staff suggested changing or eliminating certain documentation requirements, however this is not feasible due to CCS State guidelines. Regarding documentation blocks being moved or double booked, the QI team reviewed and reinforced current policy with staff detailing how documentation blocks are to be scheduled and used. Additionally, the QI team implemented a rule that the first documentation block on the day of staff's schedules are not to be moved.

FLOW CHART

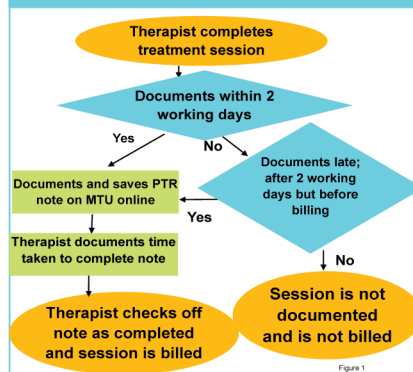


Figure 1

INITIAL DATA

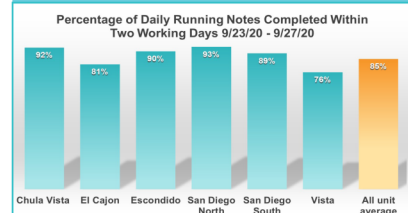


Figure 2

POST INTERVENTION

Percentage of Daily Running Notes Completed Within Two Working Days 2/24/20 - 2/28/20

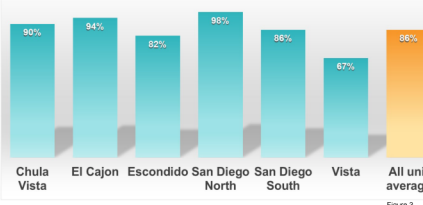


Figure 3

TELEHEALTH

Percentage of Daily Running Notes Completed Within Two Working Days 8/24/2020 - 8/28/2020

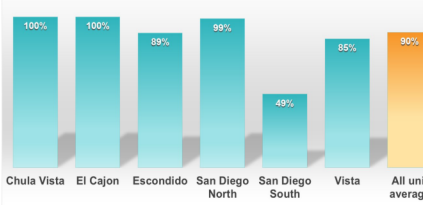


Figure 4

AIM STATEMENT & THEORY OF IMPROVEMENT

AIM Statement: Increase the average percent of daily running notes completed for clients within two working days per CCS policy by 10%, from baseline average of 85% to 95% by March 2020.

Theory of Improvement: If the documentation blocks implemented via the Outlook Calendar for MTP Policy is reinforced to protect the time dedicated for therapists to complete running notes, it will result in an increased percentage of daily running notes being completed within two working days.

TEST THE THEORY

In November 2019, the PTR Policy as it relates to documentation blocks was reviewed with all MTU staff. In addition, the QI team implemented the rule that the first documentation block of the day was not to be moved. During MTU staff meetings, QI team members reviewed the Outlook Calendar for MTP Policy, which includes the documentation block requirement, and asked staff if this requirement was being adhered to. QI team members continued to review the PTR Policy as it relates to documentation blocks at MTU staff meetings and continue to seek feedback from staff.

RESULTS

Post intervention data was collected from February 2020. Data was collected earlier than the anticipated date of March 2020 due to MTU closures related to COVID-19. The all unit average for percent of running notes completed within two working days in February 2020 was 86% compared to September 2019 at 85% (Figure 3).

STANDARDIZE & PLAN

When comparing the pre and post-intervention data, no significant increase in the percentage daily running notes completed within two working days was found. However, staff report that continuing to reinforce that the first scheduled documentation block of the day is not moved per established policy, has been essential to their completing daily running notes within two working days.

Initially, two additional interventions were to occur in FY 19-20. Laptops were to be distributed to all staff for ease of documentation during therapy sessions, since most possessed desktops, but was delayed. The MTU Online system was to be updated with a new billing system that would potentially allow for more efficient documentation, however the update of a new billing system, which was to be deployed by the State of California, was indefinitely postponed. Also, the MTUs were closed in March 2020 due to COVID-19, and staff transitioned to providing services remotely via Telehealth effective May 1, 2020. The decision was made to determine how working remotely and providing telehealth services affected completion of daily running notes.

Data was collected from August 2020. The all unit average for percent of running notes completed within two working days in August 2020 was 90% compared to February 2020 at 86% and compared to September 2019 at 85% (Figure 4), and accounting for outliers, at 96%. A post-Therapist Documentation Questionnaire was completed with the same questions that were initially asked, and decreased from 45% to 16% of therapists felt that they were not able to complete daily running notes within the two working days. Based on these factors, it is determined that no further interventions needed at this time, especially with the possibility of further changes in the treatment delivery model due to the COVID-19 State of Emergency.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

COVID-19 QI Project on Service Continuity

Vital Records Leadership Team, PHS Admin, HHSA Facilities, IT Services, EISB Web Masters, County Mail Services

PROBLEM

In accordance with the County Health Officer order regarding COVID-19, the Office of Vital Records implemented an adapted service delivery model effective March 23, 2020. The office suspended all over-the-counter services until further notice. This change caused an initial drop in issuance of vital records—birth and death certificates.

See Figure 1.

CURRENT APPROACH

Services were available by walk-ins (over-the-counter), mail, and appointments (See Figure 2):

- Birth and Death records and burial permits (walk-in and by mail)
- Home Birth registration (by appointment only)
- Paternity Opportunity Program services (walk-in)
- Medical Marijuana Identification Card (by appointment only)

POTENTIAL SOLUTIONS

Beginning March 13, 2020 Vital Records Leaders began meeting at minimum weekly to plan for service modifications, protection of staff and customers, teleworking opportunities and needs, business flow adjustments and internal and external communications.

QI Tools used:

- Brainstorming of ideas
- Map of workspace
- Research and analysis of similar operations

Figure 1

VITAL RECORDS WEEKLY TRENDS OF ISSUANCE

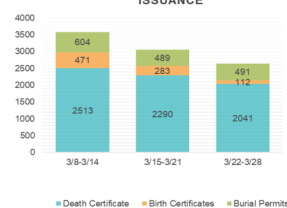


Figure 2:

Service	Pre-COVID	Post-COVID
Birth and Death Certificate requests	Over-the-Counter & Mail	On-Line System (VitalCheck), Mail & By Appointment
Home Birth Registration	By Appointment	By Appointment
Medical Marijuana Identification Card	By Appointment	By Appointment & Videoconference
Paternity Opportunity Program	Over-the-Counter	Suspended

Figure 3

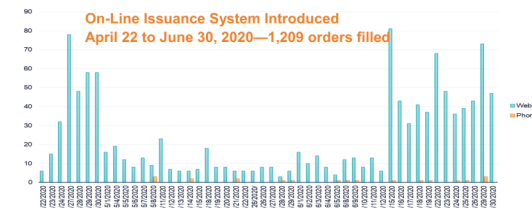
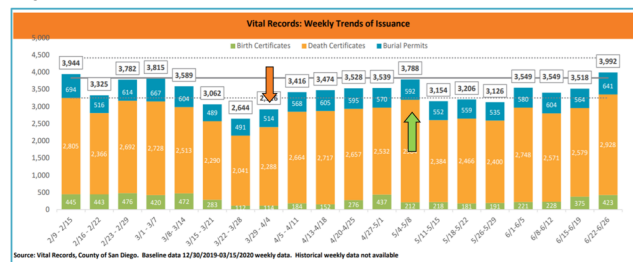


Figure 4:



AIM STATEMENT AND THEORY OF IMPROVEMENT

Aim: By June 2020, restore same level of service (total # of birth, death and burial permits issued) back to pre COVID levels, by introducing alternative (on-line) service delivery methods.

Theory: If we adopt a multi-pronged approach to modify our service delivery model, we will avoid service disruption. This includes new ways for people to order on-line; to obtain in-person services when needed; to maintain a safe space; and to deploy the workforce, including teleworking staff.

TEST THE THEORY

1. Introduce an on-line issuance system on April 22, 2020 (See Figure 3)
2. Establish clear criteria and procedures for over-the-counter appointments
3. Make appropriate changes to physical workspace for safety of staff and customers
4. Deploy teleworking of selected staff to maintain efficiencies and for their safety

RESULTS

—Service levels maintained (average before and after COVID) by introducing new on-line service delivery option. (See Figure 4)

	Pre-COVID	Post-COVID
Birth Certificate	363	423
Death Certificate	2,463	2,928
Burial Permit	562	641

- Appointment/walk-in services limited to need
- Ensured customer satisfaction (on-line and appointment)
- Created a better workplace (employee safety and flexibility)

STANDARDIZE & PLAN

- Prepare re-opening communications for the public and partners:
 - To share the new service model and how best to access services
- Additional automation:
 - Implement a self-scheduling appointment management system
 - Offer Medical Marijuana ID Card appointments via videoconference
- Physical workspace and safety:
 - Install additional plexiglass for the front counter and interview rooms
 - Maintain an adequate supply of hygiene supplies
- Service quality:
 - Continue to monitor customer satisfaction for all services
 - Continue to monitor timeliness of certificate issuance

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

OUT OF HOSPITAL BIRTH REGISTRATION

QI Project 2019-20

Project Lead Tahaiti Tinsley, Vital Records



PROBLEM

When a baby is born outside of home (outside of the hospital) with the assistance of a paramedic, there are often delays in the parents receiving the paramedic report that is needed for registering the birth. Currently parents must follow up with the paramedic companies to obtain documentation. This process is time consuming, and often confusing to new parents who are already overwhelmed with a newborn. The process can take up to three weeks, delaying the receipt of birth certificates for these families. See Figure 1.

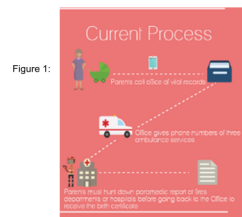


Figure 3:



#	Solution	Effort	Impact
1	Paramedic emails report to parent	5	8
2	Paramedic emails report to Vital Records	5	10
3	Paramedic provides instructions to parent at time of service	2	4
4	Paramedic makes report available within 2-3 days for pickup	0	4
5	New EMS protocol: Paramedic must enter report into County system	5	10
6	Paramedic companies become County partners	10	10
7	Vital Records offers online scheduling	10	2
8	Vital Records provides name of paramedic company at initial call with client	5	2
9	Vital Records sets up voicemail to allow clients to request appointments at any time	10	2
10	Vital Records offers walk-in appointments	2	2
11	Vital Records offers virtual appointments	4	3
12	Vital Records requests report from paramedic on behalf of client	10	10

TEST THE THEORY

The creation of the form (Figure 4) that paramedics would carry with them and provide to parents at an Out of Home birth was then tested. The paramedic submits documentation of the birth to the parents to be submitted during the time of registration. Figure 5 illustrates the new process that was tested.

CURRENT APPROACH

In order to establish the identity of the witness when a paramedic was present at the birth, parents need to obtain a copy of the official report stating the services provided. There may be a fee for the report. Vital Records staff provides a listing of paramedic companies for parents to call because oftentimes they don't what paramedic company provided service. The parent then must call the list of ambulance services to determine which one was used.

Barriers include (identified through a Process Map and a Cause and Effect Diagram, not pictured here):

- Parents do not know which ambulance company rendered service.
- Reports are sent via U.S. mail. Turnaround time from request date is approximately 2-3 weeks.
- Failure to register the child's birth prohibits parents from obtaining:
 - Social Security Card
 - Applying for Passport
 - Obtaining Medical Insurance

Figure 2:

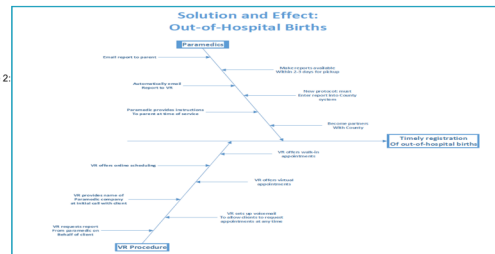
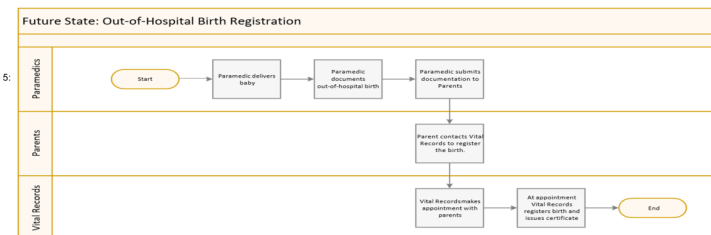


Figure 4:

Figure 5:



AIM STATEMENT AND THEORY OF IMPROVEMENT

IF the process allows for the sharing of responsibility for providing records among parents, County staff, County partners and paramedic companies the County regulates, THEN reports for Out-of-Hospital Births (with paramedic involvement) will be provided during the time of service or shortly thereafter. This improves timely issuance of birth certificates for these families.

RESULTS

Vital Records does not have a large degree of control over the actions of the parents of children that were born outside of the hospital that paramedics assisted. Because the parents have up until the child's first birthday to register the child, they may not contact Vital Records immediately to schedule an appointment.

However, analysis to-date shows that parents are registering their child's birth certificates 3-10 days after the birth; which is within the two-week target. Will continue to monitor to the end of the fiscal year.

STANDARDIZE & PLAN

After the form was created, training was provided to Fire and EMS agencies. The results verify that the new protocol has been uploaded to [County EMS Protocol website](#) and communicated to paramedic companies. It is now established practice for out of hospital births.



PUBLIC HEALTH SERVICES PUBLICATIONS AND PRESENTATIONS

(By Branch)

FY 2019-2020

PUBLIC HEALTH SERVICES BRANCHES SUBMIT ABSTRACTS, PRESENTATIONS, AND PUBLICATIONS AT NATIONAL MEETINGS AND SUBMIT ARTICLES FOR PEER-REVIEWED JOURNALS, OTHER PUBLICATIONS, OR ONLINE COMMUNICATIONS. LISTED ARE XX SUCH PRESENTATIONS AND PUBLICATIONS.

DEPARTMENT OF PUBLIC HEALTH SERVICES BRANCHES

- ADMINISTRATION, PUBLIC HEALTH SERVICES
- 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
- TUBERCULOSIS CONTROL AND REFUGEE HEALTH

PUBLIC HEALTH SERVICES PUBLICATIONS AND PRESENTATIONS



ADMINISTRATION —PUBLIC HEALTH SERVICES

Hernandez, E., Ray, L., Werth, J. Informed Data: How to Create a Community-Level Health and Well-Being Data System. County Health Executives Association of California, Pasadena, CA, October 10, 2019. PRESENTATION

Kozo, J. Emergency Risk and Public Health Communication: Utilizing a Partner Relay to Share Information With Limited English Proficient Populations. Presentation to the Pennsylvania Health Literacy Coalition: Webinar Series on Health Literacy Strategies for Communicating with Immigrant, Refugee, and Migrant Populations. June 2020. ORAL PRESENTATION

Kozo, J. Utilizing a Partner Relay to Share Information With Limited English Proficient Populations. National Academies of Sciences, Engineering and Medicine virtual seminar on the Role of Science Communication in Addressing the Disproportionate Effects of COVID-19 on Vulnerable Populations. June 2020. ORAL PRESENTATION

Kozo, J., Curvey, L. Emergency Risk and Public Health Communication: Utilizing a Partner Relay to Share Information With Limited English Proficient Populations. Presentation at the County Health Executives Association of California Annual Meeting. Pasadena, CA. October 2019. ORAL PRESENTATION

Kozo, J., Wooten, W., Porter, H., and Gaida, E. The Partner Relay Communication Network: Sharing Information During Emergencies with Limited English Proficient Populations. *Health Security*, Vol. 18(1), 49-56. February 17, 2020. <https://doi.org/10.1089/hs.2019.0144>. PUBLICATION

McElroy, S., Schwarz, L., Green, H., Corcos, I., Guirguis, K., Gershunov, A., Benmarhnia, T. Defining heat waves and extreme heat events using sub-regional meteorological data to maximize benefits of early warning systems to population health. *Science of The Total Environment*, vol. 721, p. 137678, June 2020. PUBLICATION

O'Malley, C., Smith, R. Health Disparities of San Diego County Young Adults: Suicide and Self-Inflicted Injury. American Public Health Association Annual Conference and Exposition. Philadelphia, PA. November 2-6, 2019. POSTER

Ray, L. Economic Burden of Chronic Disease, San Diego County, 2016. American Public Health Association Annual Conference and Exposition. Philadelphia, PA. November 2-6, 2019. ORAL PRESENTATION

Ray, L. Reducing Alzheimer's Disease and Related Dementias in San Diego County. American Public Health Association Annual Conference and Exposition. Philadelphia, PA. November 2-6, 2019. ORAL PRESENTATION

Ray, L. Table 6: Developing Population Health Profiles for a Diverse Metropolitan County. American Public Health Association Annual Conference and Exposition. Philadelphia, PA. November 2-6, 2019. ROUNDTABLE

Ray, L. Developing Population Health Profiles for a Diverse Metropolitan County. American Public Health Association Annual Conference and Exposition. Philadelphia, PA. November 2-6, 2019. ROUNDTABLE

Smith, R. Smoking Attributable Mortality in San Diego County. American Public Health Association Annual

Conference and Exposition. Philadelphia, PA. November 2-6, 2019. POSTER

Werth, J. QI on QI: Improvement the Quality of QI Projects. County Health Executives Association of California, Pasadena, CA, October 10, 2019. PRESENTATION

CALIFORNIA CHILDREN'S SERVICES

Garces, J., Goyal, N. Reducing the Time Required to Obtain Pediatric Custom Wheelchairs for Children Enrolled in the California Children's Services (CCS) Medical Therapy Program (MTP) in San Diego County. American Academy of Cerebral Palsy and Developmental Medicine (AAPDM) 73rd Annual Meeting, Anaheim, CA. September 18-21, 2019. ABSTRACT / DEMONSTRATION POSTER / PRESENTATION

Shaw, R., Graham, M. Effect of Volume of Physical Therapy (PT) Service on Gross Motor Function Classification System (GMFCS)—Expanded and Revised Level in Clients with Cerebral Palsy (CP). American Academy of Cerebral Palsy and Developmental Medicine (AAPDM) 73rd Annual Meeting, Anaheim, CA. September 18-21, 2019. ABSTRACT / SCIENTIFIC POSTER / PRESENTATION

PUBLIC HEALTH SERVICES PUBLICATIONS AND PRESENTATIONS

(continued)

EPIDEMIOLOGY AND IMMUNIZATION SERVICES

Peak, C., Stous, S., Healy, J., Hofmeister, M., Lin, Y., Ramachandran, S., Foster, M., Kao, A., McDonald, E. Homelessness and Hepatitis A—San Diego County, 2016–2018, *Clinical Infectious Diseases*, ciz788, August 15, 2019. <https://doi.org/10.1093/cid/ciz788>. PUBLICATION

Wallace, D. Benefits of Real-Time Immunization Information Systems Use in Vaccinating At-Risk Populations during Hepatitis A Outbreak. American Public Health Association Annual Conference and Exposition. Philadelphia, PA. November 2–6, 2019. ORAL PRESENTATION

Corey M Peak, Sarah S Stous, Jessica M Healy, Megan G Hofmeister, Yulin Lin, Sumathi Ramachandran, Monique Foster, Annie Kao, Eric C McDonald, Homelessness and Hepatitis A — San Diego County, 2016–2018, *Clinical Infectious Diseases*, Volume 71, Issue 1, 1 July 2020, Pages 14–21, <https://doi.org/10.1093/cid/ciz788>.

Erin R. Whitehouse, PhD^{1,2}; Agam K. Rao, MD¹; Yon C. Yu, PharmD³; Patricia A. Yu, MPH³; Margaret Griffin, MPH⁴; Susan Gorman, PharmD⁴; Kristen A. Angel, MPH⁵; Eric C. McDonald, MD⁵; Anna Liza Manluta⁶; Marie A. de Perio, MD⁷; Andrea M. McCollum, PhD¹; Whitney Davidson, MPH¹; Kimberly Wilkins¹; Eddy Ortega¹; Panayampalli S. Satheshkumar, PhD¹; Michael B. Townsend, PhD¹; Marcia Isakari, MD⁸; Brett W. Petersen, MD.¹ Novel Treatment of a Vaccinia Virus Infection from an Occupational Needlestick — San Diego, California, 2019. *CDC Morbidity and Mortality Weekly Report*. October 25, 2019. 68(42):943–946.

Laughlin M et al. Multistate outbreak of Salmonella Poona infections associated with imported cucumbers,

2015–2016. *Epidemiology and Infection*. 2019 Sep 12;147:e270, 1–6. doi: 10.1017/S0950268819001596. <https://doi.org/>.

HIV, STD, AND HEPATITIS BRANCH

None.

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

Barile-Simon, A., Blevins, C., Coleman, TR., Wooten, WJ. The Diabetes Prevention Program (DPP). San Diego Physician Magazine, pp. 4–7, November/December. PUBLICATION

Coleman, TR. Update on Cardiovascular Disease Prevention and Management: The Importance of Clinical-Community Linkages. San Diego Physician Magazine, pp. 14–16, July/August 2019. PUBLICATION

Freeman, R., Yancey, A., Bride, C. A Community Approach to Reduce Infant Mortality, Voice and Viewpoint Newspaper, April 2020. PUBLICATION

Hughes, B. and Lomer, B. Mobilizing Partners to Create a Sustainable Café to Compost Model in a Low-Income Middle School. Childhood Obesity Conference-Roundtable discussion. Anaheim, CA. July 18, 2019. ROUND TABLE

Nasr, L., Olinger, T., Starr, N. Surviving in a Sugar-Coated World. Vital Aging 2019 *Live Well* to Age Well Conference, San Diego, CA. June 19, 2019. PRESENTATION

Starr, N., Thornton, S., Walton-Hayes, L. Addressing Social Determinants of Oral Health: Local Strategies for a National Discussion. 2020 National Oral Health Conference, San Diego, CA. April 6–8, 2020.

PRESENTATION--CANCELLED due to COVID-19

Thomas, K., Felix, R., Sadile, MG. Building Better Health: A Collaboration of County and Community Partners Sharing Resources and Improved Referral Systems to Ensure the Health and Well-Being of Pregnant Women and Families. Association of Maternal and Child Health Programs Conference. Crystal City, VA. March 21–24, 2020. PRESENTATION.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

None.

TUBERCULOSIS CONTROL AND REFUGEE HEALTH

Barber, C., Oren E., Cheng Y., Slater M., Graves, S. Pre-treatment Chest X-ray Stability Duration and Tuberculosis Disease in San Diego County, 2012–2017. ID Week 2019, Washington, D.C. October 4, 2019. PRESENTATION.

Graves, S. Tuberculosis in San Diego, Diagnostic Workup and LTBI Treatment. San Diego Civil Surgeons: New Mandatory TB Requirements Webinar (Curry International Tuberculosis Center). September 17, 2019. PRESENTATION.

Moore, M. Methods for San Diego County Civil Surgeons to Report Latent TB Infection. San Diego Civil Surgeons: New Mandatory TB Requirements Webinar (Curry International Tuberculosis Center). September 17, 2019. PRESENTATION.

Moore, M. Tuberculosis in San Diego County. San Diego State University TB Day, February 7, 2020, San Diego, CA. PRESENTATION.

PUBLIC HEALTH SERVICES RESEARCH PROJECTS

(By Branch)

FY 2019-2020

PUBLIC HEALTH SERVICES BRANCHES ARE INVOLVED IN RESEARCH PROJECTS IN COLLABORATION WITH COMMUNITY PARTNERS. A BRIEF DESCRIPTION OF EACH OF THE xx PROJECTS IS LISTED ON THE FOLLOWING PAGES.

DEPARTMENT OF PUBLIC HEALTH SERVICES BRANCHES

- ADMINISTRATION, PUBLIC HEALTH SERVICES
- 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
- TUBERCULOSIS CONTROL AND REFUGEE HEALTH

PUBLIC HEALTH SERVICES RESEARCH PROJECTS



CALIFORNIA CHILDREN'S SERVICES		
Title and Purpose of Study	Sponsor/Principal Investigator/County Staff Liaison	Study Period
None.		
EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH (EISB)		
Title and Purpose of Study	Sponsor/Principal Investigator/County Staff Liaison	Study Period
Evaluation of the Respiratory Health Impacts of Wildfire Particulate Emissions under Climate Change Scenarios	Jeff Johnson, EISB	December 15, 2009-Present
Evaluation and comparison of quantitative methods for enumeration of Enterococci in Beach water.	Brett Austin, EISB-Lab/Lars Seifert/William Draper	March 2017-ongoing
COVID-19 Testing	Brett Austin, EISB-Lab/Tracey Blaser	May 2020-ongoing
COVID-19 Genomic Sequencing	Brett Austin, EISB-Lab	June 2020-ongoing
HIV, STD AND HEPATITIS BRANCH (HSHB)		
Title and Purpose of Study	Sponsor/Principal Investigator/County Staff Liaison	Study Period
Gonorrhea Isolate Surveillance Project (GISP) Laboratory and Epidemiologic Investigation of Gonorrhea Isolates with High Levels of Azithromycin Resistance	Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH) Sexually Transmitted Diseases Branch/Patrick Loose, HSHB	January 1, 1987-Present
MATERNAL, CHILD, AND FAMILY HEALTH SERVICES BRANCH (MCFHS)		
Title and Purpose of Study	Sponsor/Principal Investigator/County Staff Liaison	Study Period
Pilot Electronic Health Records-based Chronic Disease Surveillance (ON HOLD)	Deirdre Browner, MCFHS	September 30, 2017-September 29, 2020
PUBLIC HEALTH PREPAREDNESS AND RESPONSE BRANCH		
Title and Purpose of Study	Sponsor/Principal Investigator/County Staff Liaison	Study Period
None.		

PUBLIC HEALTH SERVICES RESEARCH PROJECTS

(continued)

TUBERCULOSIS CONTROL AND REFUGEE HEALTH (TBC-RH)

Title and Purpose of Study	Sponsor/Principal Investigator/County Staff Liaison	Study Period
TB Epidemiologic Studies Consortium (Improvement of San Diego County Public Health System)	CDC/Dr. Jenny Flood, CDPH TB Branch/Dr. Marisa Moore, TBC-RH	November 7, 2012-September 28, 2021
Recent Transmission of Tuberculosis Among California Health Care Workers	Lisa Pascopella, CDPH/Dr. Susannah Graves, TBC-RH	January 2018-present
Video Directly Observed Therapy to Monitor Short-Course Latent TB Infection Treatment	Richard Garfein, University of California San Diego (UCSD), Toni Antonio, TBC-RH	March 2015-March 2021
TB Epidemiologic Studies Consortium	Dr. Tracy Ayers, CDC/Dr. Jenny Flood, CDPH/Dr. Susannah Graves, TBC-RH/Dr. Marisa Moore CDC and TBC-RH	November 2012 - September 2021
Subclinical TB infection in San Diego County	Dr. Jeffrey Jenks, UCSD/Dr. Susannah Graves, TBC-RH	March 2019-February 2020
Classified Immigrants and Refugees Program Evaluation for HHSA	Casey Barber, San Diego State University/Dr. Susannah Graves, TBC-RH	June 2018-present

PUBLIC HEALTH SERVICES STAFF AWARDS AND RECOGNITIONS

(By Branch)

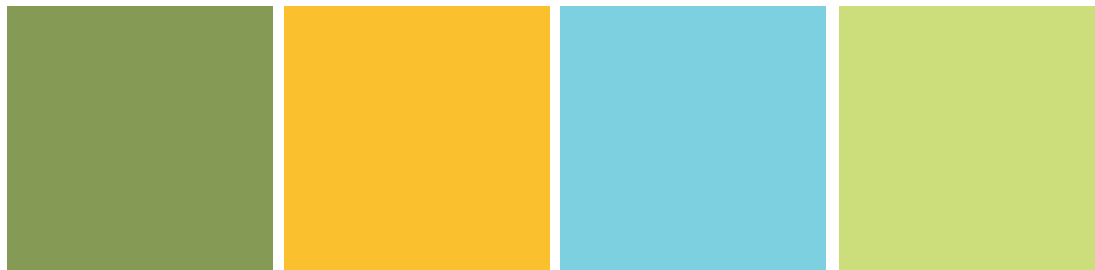
FY 2019-2020

PUBLIC HEALTH SERVICES
BRANCH STAFF RECEIVED XX
AWARDS AND RECOGNITIONS
FOR OUTSTANDING WORK
DURING THIS FISCAL YEAR.

DEPARTMENT OF PUBLIC HEALTH SERVICES BRANCHES

- ADMINISTRATION, PUBLIC HEALTH SERVICES
- 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
- TUBERCULOSIS CONTROL AND REFUGEE HEALTH

PUBLIC HEALTH SERVICES STAFF AWARDS AND RECOGNITIONS



ADMINISTRATION, PUBLIC HEALTH SERVICES

None.

CALIFORNIA CHILDREN'S SERVICES

The **Medical Therapy Program staff** led by **Maria Celeste Graham**, the Chief of Occupational and Physical Therapy Services for **California Children's Services (CCS)** received a California State Association of Counties (CSAC) Challenge Merit Award on September 9, 2019 for Implementing Best Practices for Emergency Preparedness Requirements. The award recognized the CCS Therapy Program as a leader in preparing its staff, the physically handicapped children and their families that they serve, and the San Diego community at large for potential emergencies.

Judith Garces and Jamie McCarthy of **California Children's Services (CCS)** received the **Gold Star Impact Award** by Dr. Wooten for their Quality Improvement (QI) Storyboard entitled "Reducing the Time Required to Obtain Wheelchairs for Children at CCS", on **November 14, 2019**. The Gold Star Impact Award is given to the QI Project that reflected a significant positive impact to clients and meaningful program and outcome improvements.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES

None.

HIV, STD, AND HEPATITIS BRANCH

None.

MATERNAL, CHILD, AND FAMILY HEALTH

SERVICES

Ariel Hamburger received the Promising Practice Award of behalf of the *Live Well* Community Market Program from the National Association of County and City Health Officials on July 9, 2019. The program received the award because it demonstrated exemplary and replicable qualities in response to a local public health need and reflects a strong local health department role, collaboration, and innovation.

Rhonda Freeman, Jocelyn Waters, Claire Lynch-Dwight received the Achievement Award in the Health Category from the National Association of Counties (NACo) on July 14, 2019. The award was given for the quality improvement project "One Team, One Goal- Collaborating for Better Health Outcomes for Foster Children."

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Catherine Blaser was named Sector Chief of the Year (2020) by InfraGard San Diego, an FBO-affiliated 501c3 organization dedicated to the protection of the United States via securing critical infrastructure and advancing national security. Information-sharing is a large part of this collaborative work, and her efforts lead to the Healthcare and Public Health Sector and keep critical infrastructure partners informed from the very beginning of the COVID-19 pandemic resulted in her award.

HEALTH

Marisa Moore, Centers for Disease Control and Prevention (CDC), Division of TB Elimination Field Assignee to Tuberculosis and Refugee Health (TBC-RH) was recognized as a 2020 CDC U.S. Tuberculosis Elimination Champion on March 17, 2020.

TUBERCULOSIS CONTROL AND REFUGEE

PUBLIC HEALTH SERVICES STAFF DEVELOPMENT

(By Branch)

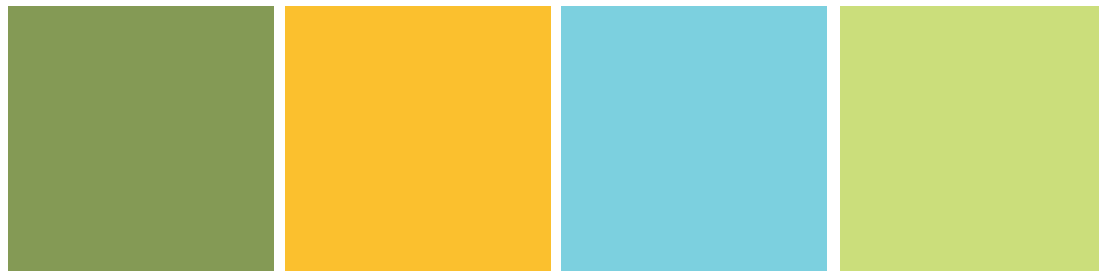
FY 2019-2020

PUBLIC HEALTH SERVICES
ENCOURAGES BRANCH STAFF
TO ENHANCE THEIR WORK BY
TAKING STAFF DEVELOPMENT
TRAINING.

DEPARTMENT OF PUBLIC HEALTH SERVICES BRANCHES

- ADMINISTRATION, PUBLIC HEALTH SERVICES
- 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
- TUBERCULOSIS CONTROL AND REFUGEE HEALTH

PUBLIC HEALTH SERVICES STAFF DEVELOPMENT



ADMINISTRATION, PUBLIC HEALTH SERVICES

Sanaa Abedin completed Multi-Sector GIS Training provided by Rice University on (date).

Maria Peña completed the County's CPR and First Aid training on October 7, 2019.

Ed Smith and **Irena Anguelov** completed the Finance Academy on January 31, 2020. The Academy provides learning opportunities that enhance the attendee's ability to perform in their current financial job responsibilities as well as encourage and promote the development of key County financial skills and concepts.

Leslie Ray completed Fighting COVID-19 with Epidemiology provided by John Hopkins University on (date).

Leslie Ray completed Crash Course in Data Science provided by John Hopkins University on (date).

Leslie Ray completed The Science of Well-Being provided by Yale University on (date).

CALIFORNIA CHILDREN'S SERVICES

Connie Wong of **California Children's Services (CCS)** earned her **Advanced Practice in Swallowing Assessment, Evaluation or Intervention** in January of 2020. Occupational Therapists who offer services in hand therapy, physical agent modalities, and/or swallowing assessment, evaluation or intervention, are required to demonstrate, through post-professional education and training, that they are competent to do so. In earning her Advanced Practice in Swallowing Assessment, Evaluation or Intervention, Connie is able to provide another level of occupational therapy

services for clients in the CCS Medical Therapy Program with more complex needs in this area.

Dena Schneemann of **California Children's Services (CCS)** completed a 12-week course through the University of Southern California from April-July 2019 and earned an **Executive Certificate in Home Modifications**. This program provided opportunity to develop skills to: analyze and construct a home modification plan for those with disabilities by identifying physical barriers, recognize the benefits and differences of assessment tools, connect with appropriate resourcing within the community and state, and establish methods to raise community awareness and coalition building with agencies to provide barrier-free housing for those in need. This directly relates to the home evaluation assessments conducted by CCS Medical Therapy Program therapists for clients requiring specific considerations for space and use of durable medical equipment and access within their home environment for safe activities of daily living, self-care and mobility.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES

Thi Thi Van completed the Results-Based Accountability (RBA) training, coaching and technical assistance provided by Clear Impact in July 2020. It allows one to be better equipped to lead data-driven initiatives, fully understand the RBA process, help learn how to train others in RBA, and increase the likelihood of improved performance and community impact.

HIV, STD, AND HEPATITIS BRANCH

Program and contract administrative staff completed

Contracting Officer's Representative (COR) I and COR II trainings. These are newly developed, intensive training designed to enhance professional knowledge and help CORs in their role.

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

Christine Bride was selected for the CityMatCH CityLeaders program for maternal, child, and adolescent health leaders in urban settings.

Claire Lynch-Dwight completed Next Level Supervisor Training on January 14, 2020. The training is an introduction class for new public health nurse supervisors.

Mary Grace Sadile completed Next Level Supervision Training in January 2020.

Maria Santos completed the Administrative Support Academy in October 2019.

Ashley Stegall completed the course "Geographic Information Science and Spatial Reasoning" at Palomar College in December 14, 2019.

Jocelyn Waters, Claire Lynch-Dwight, Maria Eisenmann, Jennifer Palivanich attended the San Diego International Conference on Child and Family Maltreatment on January 27-30, 2020 to learn about current information and methods in areas of prevention, assessment, investigation, diagnosis, and treatment of multiple forms of trauma to child and families.

PUBLIC HEALTH SERVICES STAFF DEVELOPMENT



PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Chris Ward completed the week-long Strategic National Stockpile training through FEMA's Center for Domestic Preparedness in August 2019.

TUBERCULOSIS CONTROL AND REFUGEE HEALTH

Claudia Guzman attended the Tuberculosis Clinical Intensive, September 4-6, 2019, in Oakland, CA. This course, conducted by the Curry International Tuberculosis Center, provides an advanced training for physicians and clinical care providers who diagnose and treat patients with active TB, including overviews for laboratory diagnostics, medical management, radiology, and management of drug-resistance.

Krystal Liang attended the TB Program Manager's Intensive, November 18-21, 2019, Oakland, CA. This course, conducted by the Curry International Tuberculosis Center, prepares program managers for their role and covers a broad range of topics including legal and ethical issues in TB control, program planning and grants, program evaluation, case management, infection control, outbreak investigations, and TB surveillance systems.

Sonia Cardenas and **Alison Casciano** attended TB Case Management and Contact Investigation, October 8-11, 2019, in Oakland, CA. This course, conducted by the Curry International Tuberculosis Center, provides training for nurses and other medical staff who provide TB case management of patients with active or latent TB within the public health setting.

Rodolfo Alejandrino, Cristian Beas, Jennifer Castillo, Stephanie Merritt, Kacie Morton, Noe Perez, Lari Pettie, Maria Pinedo, Claudia Souza, and Dayna Zarate completed Contact Investigation and Interviewing, conducted by the California Department of Public Health TB Control Branch, December 6 and 12, 2019, in San Diego, CA. This course assists public health workers develop effective communication techniques to interview infectious TB patients to elicit their close contacts.

Habib Mayer graduated from the Essentials of Supervision Program on November 21, 2019.

Venus Zayas and **Rorick Luepton** completed Contracting Officer Representative Training I and II.

Rorick Luepton completed Fiscal Academy in February 2020.

Lorena Gonzalez-Fabiny completed the Person-Centered Services Coaching Program on December 11, 2019.

Thirty-two TBC-RH staff completed the Branch's Annual Skills Validation on September 6, 2019. This skill competency assessment is attended by nurses, phlebotomists, communicable disease investigators, and social service aides and provides an opportunity for staff to demonstrate skill proficiency for a variety of technical tasks including phlebotomy, TB skin testing, intramuscular injection, aerosolized sputum induction, vision screening, medication calculation, and assessment of medication side effects.

Dr. Margarita Santibáñez attended the CDC TB Program Manager's Course, October 22-24, 2019, in Atlanta, GA. This course is designed for TB controllers, program

managers, public health advisors, and nurse consultants with programmatic responsibilities at the city/county, state/territorial, or regional level, and stresses the practical application of planning, management, and evaluation concepts to the specific issues and concerns of TB programs.

Dr. Margarita Santibáñez completed the Great Leaders Academy in December 2019.



County of San Diego Board of Supervisors

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