



PUBLIC HEALTH SERVICES ANNUAL REPORT 2017-2018



LIVE WELL
SAN DIEGO

Includes Research Efforts,
Publications, and Quality
Improvement Projects



INQUIRIES

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PUBLIC HEALTH SERVICES

PREFACE

The Public Health Services 2017-2018 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 seven sections:

PUBLIC HEALTH SERVICES ORGANIZATION, FY 2017-2018

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 presentations.

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 2017-2018 Annual Report of Major Accomplishments* document. Public Health Services (PHS) is dedicated to community health, wellness, and protection of residents in San Diego County. The Department works to: 1) prevent epidemics and the spread of disease; 2) prevent injuries, promote, and encourage healthy behaviors; 3) protect against environmental hazards; 4) respond to disasters and assist communities in recovery; and 5) assure the quality and accessibility of health services throughout the county.

As a public health department accredited by the Public Health Accreditation Board, since May 2016, and while managing approximately 450 employees with a budget of \$97.6 million, and 131 contracts, significant achievements were accomplished during fiscal year 2017-2018. 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.

Sincerely,

A handwritten signature in blue ink that reads "Wilma J. Wooten, M.D.".

Wilma J. Wooten, M.D., M.P.H.
Public Health Officer & Director,
Public Health Services

PUBLIC HEALTH SERVICES SIGNIFICANT ACHIEVEMENTS

- More than **125,000** vaccination doses were administered by County public health nurses along with nurses from partners in the community and over **11,000** hygiene kits were distributed during the hepatitis A outbreak.
- **39,110** reported disease cases registered by the Epidemiology Unit of Epidemiology and Immunization Services.
- **43,592** birth certificates and **22,628** death certificates processed by the Office of Vital Records.
- **57,500** doses of influenza vaccine distributed through the Immunization Program.
- **9,505** disease investigations conducted by the Epidemiology Program.
- **59,765** specimens tested and diagnosed for disease by the Public Health Laboratory.
- **10,634** services to **8,446** clients at Sexually Transmitted Disease clinics provided by the HIV, STD, and Hepatitis Branch.
- **5,046** persons were provided HIV-related services and **87%** of Ryan White clients newly diagnosed with HIV were linked to care within 30 days.
- **13,534** chronically ill, physically disabled, and/or severely ill children provided assistance by California Children's Services.
- **41,779** child health screenings facilitated through the Child Health and Disability Prevention Program.
- **279** healthcare facilities participated in the County Medical Services Statewide Medical and Health Exercise, coordinated by Public Health Preparedness and Response.
- **339** of **439** 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 Maternal, Child, and Adolescent Health Unit of Maternal, Child, and Family Health Services.
- **200** of **206** tuberculosis (TB) cases completed the recommended treatment course provided by the TB Control Program.
- **1,543** of **1,786** refugees completed the health assessment process in the Refugee Health Program.

A person with long hair, wearing a grey hoodie, is seen from behind, lifting two black dumbbells above their head. They are standing on a brick-paved plaza in a park. In the background, there is a pond with a fountain, trees, and a clear sky. The overall scene is bright and sunny.

PUBLIC HEALTH SERVICES ORGANIZATION, FY 2017-18

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

PUBLIC HEALTH SERVICES, FY 2017-2018

VISION, MISSION, AND VALUES

COUNTY OF SAN DIEGO

VISION—A region that is Building Better Health, Living Safely and Thriving

MISSION—To efficiently provide public services that build strong and sustainable communities

VALUES—Integrity, Stewardship, and Commitment

HEALTH AND HUMAN SERVICES AGENCY

VISION—A region that is Building Better Health, Living Safely and Thriving

MISSION—To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County

VALUES—Integrity, Stewardship, and Commitment

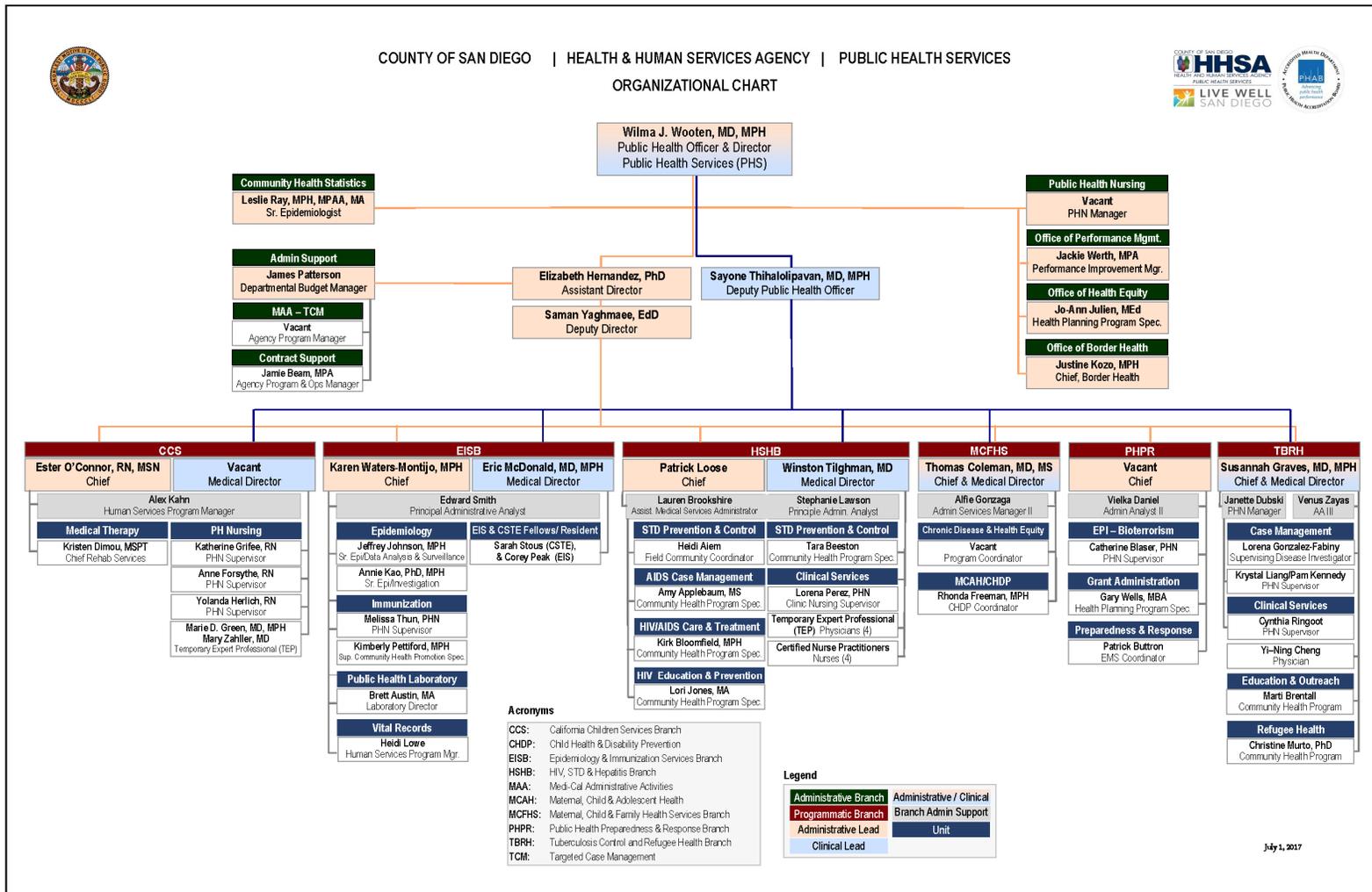
PUBLIC HEALTH SERVICES

VISION—Healthy people in healthy communities.

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

VALUES—Collaboration, Diversity, Respect, Responsiveness, and Transparency

PUBLIC HEALTH SERVICES ORGANIZATIONAL CHART



PUBLIC HEALTH SERVICES ADMINISTRATION



Number of employees

450

Total budget managed

\$97.6 Million

Number of contracts

131

PUBLIC HEALTH SERVICES ADMINISTRATION

- ADMINISTRATIVE OFFICE
- BORDER HEALTH
- BUDGET AND FISCAL SERVICES
- CONTRACT SERVICES
- HEALTH EQUITY, CLIMATE CHANGE, TRAUMA INFORMED CARE, AND WORK DEVELOPMENT
- MEDICAL ADMINISTRATION ACTIVITIES AND TARGETED CASE MANAGEMENT
- PERFORMANCE MANAGEMENT AND IMPROVEMENT
- PERSONNEL

PUBLIC HEALTH SERVICES ADMINISTRATION

Public Health Services Administration (PHS Admin), led by Public Health Officer and PHS Director Wilma J. Wooten, directs all PHS programs and services. PHS Admin safeguards the public's health, promotes health and wellness, and responds to public health emergencies.

Administrative Office

- Managed the hepatitis A outbreak from March 2017 to January 23, 2018.
- Convened the 17th annual *Live Well San Diego* Public Health Champions award ceremony on April 6, 2018.
- Facilitated the onboarding of four *Live Well San Diego* partners: Epilepsy Foundation in July 2017, San Diego Bicycle Coalition in August 2017, American Council on Exercise in January 2018, and Every Woman Counts in June 2018.
- Issued four Public Health Services (PHS) newsletters, keeping staff informed of the department's activities.
- Hosted 90 students and volunteers to support the PHS workforce pipeline.
- Posted 17 California Health Alert Network (CAHAN) communications, including two statewide exercise test alerts.
- Facilitated the publication of 128 PHS-related news stories on the County NewsCenter webpage.
- Maintained external relationship with eight County and community organizations and governments.



2018 *Live Well San Diego* Public Health Champion Awards Ceremony Planning Committee.

Border Health

- Conducted four emergency preparedness workshops, with over 120 attendees in total, in an effort to share County emergency and public health resources and increase membership in the Partner Relay—the system for communicating information in multiple languages during emergencies. Through this effort, more than 450 individuals, representing non-profit, community, clinical, academic, governmental and faith-based organizations, receive critical public health and emergency information – before, during and after disasters (organized in collaboration with the Office of Emergency Services [OES]).
- Coordinated the 34th annual blood drive, which took place during April 2018. The County exceeded the 2018 goal of 400 pints, collecting 441 pints.
- Planned and convened six bimonthly San Diego Border Health Collaborative meetings and one professional development training (all efforts were in collaboration with the California Department of Public Health, Office of Binational Border Health [CDPH-OBBH]).
- Convened two Border Health Consortium of the Californias meetings in October 2017, in Tijuana, Baja California, Mexico (theme: Binational Mental Health and Migration) and in May 2018, in San Diego (theme: Successful Models of Binational Collaboration). Meetings were organized in collaboration with the CDPH-OBBH and the US-Mexico Border Health Commission.

CAHAN SAN DIEGO

Posted 17
California Health
Alert Network
(CAHAN) San
Diego
communications,
including two
statewide
exercise test
alerts.



PHS ADMINISTRATION

(continued)

Border Health (continued)

- Organized and facilitated a cross-border medical seminar which took place in March 2018, in Tijuana, Baja California, Mexico. Over 70 first responder and medical professionals from California and Baja California attended. This seminar was a product of the Emergency Medical Services/Public Health Services Binational Education and Training Task Force, which has been meeting regularly since August 2017, with the goal of improving cross-border trauma care and coordination. Supporting the *Live Well San Diego* vision, the purpose of the event was to share best practices, build relationships, explore ways to continue and improve collaboration, and coordinate binational patient care in the area of emergency medical services. This seminar was one of the emergency preparedness goals outlined in the PHS “Audacious Goal,” to create a 5-year plan that supports cross-border efforts to improve health outcomes in our region.
- Coordinated one international visit in March 2018: A Hepatitis A response program for the San Diego Diplomacy Council’s International Visitor Leadership Program from Africa. The meeting consisted of presentations from PHS Administration, Epidemiology and Immunization Services Branch, Public Health Laboratory, the Department of Environmental Health, and the Department of Public Works. These groups shared their role in the hepatitis A outbreak response efforts.
- Celebrated 25 years of the Office of Border Health (OBH) efforts in February 2018. The Office of Border Health fulfills its purpose to promote a healthy California-Baja California border region by working together with partners to address the needs of the binational community. This is achieved through streamlined communication, education, sharing resources, and partnering with one another to prevent disease, empower our communities, and assist in responding to health threats and disasters.
- Convened individuals in San Diego and Tijuana in February 2018 to begin the development of a binational communication protocol for natural disasters. This effort is outlined in the PHS Audacious Goal and is conducted in collaboration with OES, the lead on this effort. Partners include OES, OBH, the California Department of Public Health Office of Binational Border Health, the City of San Diego, San Diego Fire, the San Diego Police Department, Baja California State and Tijuana City Civil Protection, and others. OES coordinated and carried out a cross-border emergency communications drill in June 2018. Collaboration and development is ongoing.

BORDER HEALTH MEDICAL SEMINAR

With the goal of improving cross-border trauma care and coordination, the Office of Border Health organized and facilitated a cross-border medical seminar in Tijuana, Baja California, Mexico. Over 70 first responder and medical professionals from both sides of the border attended.



PHS ADMINISTRATION (continued)

Budget and Fiscal Services

- Provided financial information for PHS and Public Health Centers for the Intergovernmental Transfer report, which generates several million dollars in revenue for the Health and Human Services Agency, in November 2017.
- Provided five financial literacy trainings at PHS Contracts Group meetings to increase fiscal knowledge for analysts.
- Prepared for Auditor and Controller federal funding schedule of expenditures of federal awards audits for two PHS programs, which resulted in no findings.
- Provided inventory, fiscal management, contract management, and facility information to use in the PHS Manager's Manual.
- Implemented analyst supervision structure.

Contract Services

- Administered 131 contracts across six branches and Administration.
- Provided support to develop 78 memorandums of agreement and memorandums of understanding.
- Completed two contract audits.
- Completed 38 procurements and 141 amendments.

Health Equity, Climate Change, Trauma Informed Care, and Workforce Development

Health Equity

- Participated on the State Advisory Committee on Health Equity and its Sub-Committee on Sustainability, including participating in quarterly meetings in Sacramento and teleconferences.

Played a key role in the Strengths, Weaknesses, Opportunities, and Threats (SWOT) exercise and other activities. Information relayed through PHS Health Equity Committee.

- Facilitated development, review and dissemination of monthly diversity posters (e.g., Hispanic Heritage, Transgender Awareness, People with Disabilities, Irish American and Women's History, Arab American and Middle Eastern, Lesbian, Gay, Bisexual, and Transgender Health Awareness, Earth Day, Asian Pacific Islander).
- Developed a set of Knowledge, Skills, Abilities, and Behaviors (KSABs) for Health Equity.
- Finalized and promoted a set of training modules and other resources to develop staff core competencies in strategic areas with a focus on Domain Six—Public Health Sciences. These were Public Health History 101, including part of Public Health Sciences from Core Competencies: 6A2, 6B2, 6C2; Public Health Concepts and Context (Health Services Administration); Public Health Data (Epidemiology and Biostatistics); Health Equity 101 (Behavioral and Social Sciences); and Climate Change 101 (Environmental Health).

Climate Change

- Worked with the University of California San Diego (UCSD) and others on the development of the Regional Report for the State's Fourth Assessment on Climate Change. This included participating in a multi-stakeholder workshop on climate change hosted by UCSD and San Diego Gas and Electric.
- Collaborated with the County's Land Use and Environment Group on the County's Climate Action Plan (CAP), including attending monthly meetings, Planning Commission meetings, and County Board of Supervisors hearings until the CAP was approved on February 14, 2018.
- Facilitated weekly meetings with the State on climate adaptation planning leading to the development of an Adaptation Plan Template with the California Department of Public Health and 427.



CLIMATE CHANGE
Worked with the University of California San Diego and others on the development for the State's Assessment on Climate Change.

PHS ADMINISTRATION (continued)

Health Equity, Climate Change, Trauma Informed Care, and Workforce Development (continued)

Trauma-Informed Services and Systems Integration

- Hosted four interactive workshops for Tier One Administrative Professionals to develop KSABs in strategic areas, including trauma-informed services, cultural competency, customer service, diversity and inclusion, communication, and core competencies for public health professionals. Coaching on active listening and positive, trauma-informed, culturally competent scenarios were provided with support from The Knowledge Center. Interactive exercises were hosted for maximum engagement. Between 34-50 front-line staff participated in each of the four workshops.
- Promoted and facilitated Mental Health First Aid (MHFA) training for PHS. Goals were established and met to increase number of staff trained on MHFA, which supports understanding of behavioral and social sciences (a component of the Core Competencies for Public Health Professionals). Approximately 21% (93 of 450) of PHS staff are now trained in MHFA. This eight-hour certification course covers the basics of psychology for non-psychology majors and supports a trauma-informed approach.
- Facilitated branch participation in a standard inclusion icebreaker that would unpack the meaning of inclusion. The input formed the Inclusion Report and a draft poster to promote inclusion in the department.

Workforce Development

- Developed Workforce Development Plan 2017-2019. Goals include emergency preparedness, resiliency, and climate

adaptation; strategic initiatives; core competencies for public health professionals; knowledge management; leadership and professional development; and future skills.

- Developed a Managers Manual to support Domain Seven, Financial and Management Skills. Additionally, a Program Operations Manual template was promoted for use by Managers to help with program and knowledge management.
- Participated in the National Association of County and City Health Officials Big Cities Health Coalition Working Group on Workforce Development, leading to a workforce survey for Public Health Managers. Approximately 60% of PHS staff also participated in the 2017 Public Health Workforce Interests and Needs Survey, led by the Association of State and Territorial Health Officials and the de Beaumont Foundation (PH WINS). This resulted in a customized report for the department with findings that will shape workforce development efforts and training in 2018-19 and beyond.

Customer Service

- Hosted 3 interactive sessions with staff to identify a set of comprehensive Knowledge, Skills, Abilities and Behaviors (KSABs) for customer service excellence in the PHS context.
- Facilitated installation of tablets in the Sexually Transmitted Disease and Tuberculosis clinics as well as Vital Records to enable customers to provide direct input to customer service surveys on the spot.

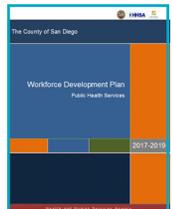
Diversity and Inclusion

- Invited Karen Harris, Staff Development Coordinator, to March Senior Staff Meeting to present on Leadership and Accountability for Diversity and Inclusion. Branches were led through an exercise to develop their branch Action Plans for Leadership and Accountability for 2018-2019.
- Developed set of KSABs for Diversity and Inclusion.

WORKFORCE DEVELOPMENT PLAN

Developed Workforce Development Plan 2017-2019. Its goals include:

- Emergency preparedness; resiliency, and climate adaptation;
- Strategic initiatives;
- Core competencies for public health professionals;
- Knowledge management;
- Leadership and Professional Development; and
- Future skills.



PHS ADMINISTRATION (continued)

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

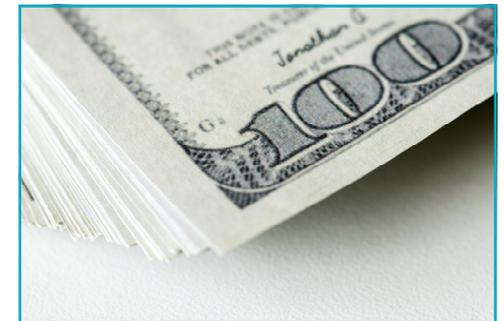
- Recovered \$11.9 million in federal Medi-Cal Administrative Activities and Targeted Case Management (MAA/TCM) revenues to offset local costs.
- Provided a total of 21 webinars, classroom, and individualized trainings to 363 trainees for the required annual MAA/TCM training.
- Identified risks in the accounting of the MAA/TCM trust fund. Mitigation plans were developed with Agency fiscal staff. Identified, in May 2018, mitigation was developed and the resolution is continuing.
- Identified and resolved a non-binding business relationship between two community organizations and the County through collaborative discussions with the organizations. Research began in May 2018, risk identified and resolved in June 2018.
- Identified in April 2018 the execution of new overarching Healthy San Diego Memorandum of Agreements (MOAs) with two newer Managed Care Health Plans. The new MOAs include many services that PHS provides.
- Identified, and is being addressed, weaknesses in the mandatory coordination of client services between managed care plans and providers of targeted case management. The weaknesses were Identified in April 2018, mitigation developed, with final resolution continuing.
- Supported quickly and effectively MAA claiming during the hepatitis A outbreak through the first and second quarters of the fiscal year by developed desk aids for staff which demonstrated proper coding for staff working with hepatitis A. Program staff monitored hepatitis A staff hours being claimed to MAA.
- Initiated project in July 2017 to meet with potential providers to garner interest in participating in the MAA program. Ongoing discussions are taking place with three new providers.

Performance Management and Improvement

- Administered the Quality Improvement (QI) Self Assessment Survey in February 2018. Survey results showed PHS to be at 4.1 on a scale of 6—Level Four indicates there are “formal QI in specific parts of PHS.” This compares favorably to 2014, when this assessment was first administered and the result was 3.9—Level Three indicates “Informal or Ad Hoc QI.” Although there has been progress, work is still needed to achieve an “Organization-wide Culture of QI,” which is Level Six.
- Identified QI Champions within each Branch in Spring 2018. A two-day workshop was convened on May 17 and 18, 2018, to train Champions in core methods and tools, how to build good teams and coach projects to identify improvement priorities within Branches, and to get other staff excited and active in QI. A total of 26 Champions were trained—several within each of the seven Branches. Since then, Champions have been engaged in providing training on the fundamentals of QI to staff in their Branch and soliciting ideas for “small” QI Projects that staff can take on.

REVENUES
RECOVERED

Recovered
\$11.9 million
in federal
MAA/TCM
revenues to
offset local
costs.



PHS ADMINISTRATION (continued)

Performance Management and Improvement (continued)

- Facilitated implementation of seven QI projects, in line with an established goal within the County Operational Plan, utilizing a variety of methods, to advance operational excellence through continuous improvement. These projects covered a range of topics from timeliness of closing communicable disease investigations, to streamlining the approvals for the purchase of wheelchairs for CCS clients, to reducing the time it takes to link newly diagnosed HIV patients to care (see the section “Public Health Services Quality Improvement Projects,” beginning on Page 35).
- Offered ongoing technical support to project leads and teams on QI projects. Charters and storyboards were reviewed and scored. A QI consultation panel was

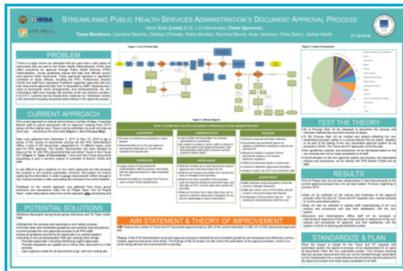
convened on April 30, 2018 in which several experts provided an oral review and feedback on project design and implementation in order to promote success.

- Refined Performance Dashboards that capture key operational, programs, and outcome measures for each Branch. These provided a visual way of capturing Branch performance achievements and challenges.
- Provided four quarterly Performance Flash Reports on an ongoing basis that offered the latest performance data, drawing from scorecards maintained by each Branch utilizing the InsightVision software application.

Personnel

- Human Resources worked with the PHS Department to expedite and streamline process for the Public Health Nurse hiring.

QUALITY IMPROVEMENT PROJECTS



PHS conducted seven quality improvement projects, utilizing a variety of methods, to advance operational excellence through continuous improvement. These projects covered a range of topics from timeliness of closing communicable disease investigations, to streamlining the approvals for the purchase of wheelchairs for CCS clients, to reducing the time it takes to link newly diagnosed HIV patients to care.



PUBLIC HEALTH SERVICES CALIFORNIA CHILDREN'S SERVICES

- CCS MEDICAL THERAPY PROGRAM
- CCS ADMINISTRATION/CASE MANAGEMENT

PUBLIC HEALTH SERVICES CALIFORNIA CHILDREN'S SERVICES

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.

CCS Medical Therapy Program

- Provided 24,736 hours of physical and occupational therapy evaluation, treatment, case conference, and consultation services for 1,591 CCS children in local public schools through innovative therapeutic methods and creatively integrating activities that embrace *Live Well San Diego*.
- Opened 360 eligible clients (via CCS therapy consultants) to the Medical Therapy Program (MTP), utilizing a paperless system which provides increased security of protected health information and expedites the ability of Medical Therapy Units (MTUs) to initiate getting clients in for services.
- Attended (CCS liaisons) 240 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 and Escondido. This continues the collaboration between the CCS-MTP and RCH for shared clients to ensure timely referrals for new clients and communication regarding recommended therapy services and medical equipment for existing clients.
- Promoted Public Health as a career choice by participating in the education development of volunteers who served 1,063.9 hours across the six MTUs. The volunteers sought to gain experience and on-site knowledge of the professions of

occupational and physical therapy, with the goal of applying to related graduate programs.

- Facilitated the use of interpretive services (including telephone, video and in-person translations) 563 times by the MTP. This supports both the Health Equity and Diversity and Inclusion



Participants having fun at the 5th Annual Hawaiian-themed Chula Hula event on July 12, 2017 at the Chula Vista Medical Therapy Unit.

initiatives through assisting MTP 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.

MTP SERVICES PROVIDED

The California Children's Services (CCS) Medical Therapy Program provided 24,736 hours of physical and occupational therapy evaluation, treatment, case conference, and consultation services for 1,591 CCS children in local public schools through innovative therapeutic methods and creatively integrating activities.

CALIFORNIA CHILDREN'S SERVICES

(continued)

California Children Services (CCS) Administration/Case Management Program

- Provided medical evaluations, treatment, and case management services for approximately 13,534 chronically ill, severely and physically disabled persons.
- Oriented and trained 17 employees to new positions through a comprehensive, on-the-job training program focused on programmatic knowledge and skill building.
- Obtained 222 responses on the HEART Customer Service Survey over a two-week period, 174 from external customers, and received an overall score of 3.86 out of 4.00. Approximately 69 staff (16 from the CCS Administrative Office and 53 from the CCS Medical Therapy Units) were individually recognized for providing exceptional customer service.
- Participated in 20 home visits with the goal to improve CCS transition planning outcome by completing one exit encounter per client. Participants were the Transition Planning Quality Improvement team members—physician, Public Health Nurse case manager and social worker. The cumulative effort of CCS staff towards transition planning improved knowledge in readiness from 70% to 90%; behavior in readiness from 70% to 90%; and skills in readiness from 70% to 90%, over a period of two years.



TREATMENT,
MEDICAL EVALUATIONS,
AND CASE MANAGEMENT

CCS Administration/Case Management Program provided medical evaluations, treatment, and case management services for approximately 13,534 chronically ill, severely and physically disabled persons.



PUBLIC HEALTH SERVICES

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

- CHILDHOOD LEAD POISONING PREVENTION PROGRAM
- EPIDEMIOLOGY
- IMMUNIZATIONS
- PUBLIC HEALTH LABORATORY
- VITAL RECORDS

PUBLIC HEALTH SERVICES

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

The Epidemiology and Immunization Services Branch (EISB), led by Branch Chief Karen Waters-Montijo, identifies, prevents and controls communicable diseases, and conducts surveillance for various conditions. EISB works to reduce vaccine-preventable diseases by improving immunization coverage rates via case investigation, education, community collaboration, immunization record assessment, and an immunization registry.

Childhood Lead Poisoning Prevention Program

- Provided information and education to 2,642 individuals or families through the provision of presentations and print materials at childcare facilities, Head Start sites, community centers, libraries, and health fairs.
- Advised 699 healthcare providers on lead updates and management and care guidelines through the provision of grand rounds, provider in-services, presentations, and newsletters.
- Provided 152 children with public health nursing case management services.



Epidemiology

- Responded to hepatitis A outbreak.
- Registered 39,110 reported disease cases (Epidemiology and Immunizations).
- Investigated 6,232 disease cases.
- Completed investigations for 355 outbreaks.
- Processed 888 cases of newly reported HIV cases, and 380 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.
- Organized and coordinated the annual Vector-Borne and Zoonotic Disease meeting on April 25, 2018. The purpose of the meeting was to share information and best practices among County and community partners related to the surveillance, investigation, control, and prevention of vector-borne and zoonotic diseases in San Diego County.
- Organized and coordinated the Fourth Annual Communicable Diseases meeting on June 8, 2018. The purpose of the meeting is to share information and best practices among public health professionals and community partners related to the investigation, control, and prevention of communicable diseases in San Diego County.

DISEASE CASES

The Epidemiology and Immunization Programs of EISB registered 39,110 reported disease cases.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH (continued)

Immunizations

- Responded to hepatitis A outbreak.
- Investigated 3,273 disease cases.
- Managed 57,500 doses of publicly provided influenza vaccine provided throughout San Diego County.
- Hosted 1,293 point of dispensing events related to the hepatitis A outbreak.
- Obtained 100% compliance rate among 862 preschools and childcare centers, 680 kindergarten classes, and 430 seventh grade classrooms that completed their mandatory CDPH immunization assessments.
- Delivered (via public health centers) all age-appropriate vaccines to 100% of children ages 0-18 at each visit who presented for immunizations.
- Onboarded seven providers (representing 55 sites) using electronic interfaces to the San Diego Immunization Registry.

Public Health Laboratory

- Tested and diagnosed 59,765 clinical specimens for disease.
- Performed 2,756 water tests.
- Performed 341 rabies tests.
- Developed and validated a Hepatitis A Nucleic Acid Amplification Test (NAAT) in response to the Hepatitis A outbreak.
- Implemented a molecular sequencing process to characterize hepatitis A subgroups.
- Joined the national CaliciNet surveillance

system, after rigorous testing and validation.

Vital Records

- Registered 43,592 birth certificates for all San Diego County births in Calendar Year 2017. Vital Records ranked 10th in the state for timely birth registration within 10 days of birth and 2nd in the state among large counties.
- Registered 22,628 death certificates for San Diego County deaths in Calendar Year 2017.
- Issued 519 State Medical Marijuana Identification Cards (376 new cards and 143 renewals) to qualified patients.
- Trained the two remaining large hospitals on the use of the Electronic Death Registration System (EDRS). With all local hospitals using EDRS, the community's efficiency and timeliness of death registration is improved.



CDPH IMMUNIZATION ASSESSMENTS

Obtained 100% compliance rate among 862 preschools and childcare centers, 680 kindergarten classes, and 430 7th grade classrooms that completed their mandatory CDPH immunization assessments.





Free
HIV Testing

- ADMINISTRATION
- CLINICAL SERVICES
- HIV SERVICES
- INTENSIVE CASE MANAGEMENT
- STD AND HIV FIELD SERVICES
- STD EPIDEMIOLOGY
- STD PREVENTION AND CONTROL

PUBLIC HEALTH SERVICES
HIV, STD, AND HEPATITIS BRANCH

PUBLIC HEALTH SERVICES HIV, STD, AND HEPATITIS BRANCH

The HIV, STD, and Hepatitis Branch, (HSHB) led by Branch Chief Patrick Loose, helps to assure the development and delivery of quality HIV prevention and treatment services. HSHB controls the spread of sexually transmitted diseases by treatment and partner services, screening and prevention, disease surveillance, and reporting. Viral hepatitis preventive services include screening of at-risk persons and protective vaccination.

Administration

- Completed transition of HIV Planning Group support from a contract to County staff, as of June 2018.
- Completed procurement of HIV services and put into place new contracts for all Health and Human Services Agency regions except Central and East, as of April 1, 2018.
- Worked with providers of HIV primary care to develop unit costs for medical services and put those new unit costs into place, as of April 1, 2018.

Clinical Services

- Provided 10,634 services to 8,446 people in the Health Services Complex at Rosecrans and regional clinics.
- Provided non-occupational post-exposure prophylaxis (nPEP) to 25 uninsured individuals following a confirmed or probable high-risk exposure to HIV.
- Diagnosed and managed 4% of the 20,801 chlamydia cases reported in San Diego County in calendar year 2017.
- Diagnosed and managed 14% of the 5,947 gonorrhea cases reported in San Diego County in calendar year 2017.
- Diagnosed and managed 27% of the 581 primary and secondary syphilis cases reported in San Diego County in calendar year 2017.
- Diagnosed and managed 19% of the 1,130 infectious (i.e., primary, secondary, and early latent) syphilis cases reported in San Diego County in calendar year 2017.
- Educated 92 local health professional trainees, including nursing and nurse practitioner students and medical residents and fellows of various specialties, from local teaching institutions, as well as nurse new to the County and/or involved in the hepatitis A outbreak response.



CLINICAL SERVICES PROVIDED

The HIV, STD, and Hepatitis Branch provided 10,634 services to 8,446 people in the Health Services Complex at Rosecrans and regional clinics.

HIV, STD, AND HEPATITIS BRANCH (continued)

HIV Services

- Achieved a viral load suppression rate of 91%.
- Provided HIV care, treatment, and support services to 5,046 clients.
- Received a score of 90 out of 100 on the annual Ryan White Part A application, in June 2018.
- Worked with the HIV Planning Group to update service standards for more than 20 service categories.
- Linked 87% of persons newly diagnosed with HIV to care within 30 days.
- Conducted 5,926 outreach contacts to persons living with HIV or vulnerable to HIV infection.
- Conducted 95 events that reached 1,659 people.
- Provided information regarding HIV testing, treatment and prevention through 52,322 web hits/page views, 437,106 social media reach, 8,260 followers (Facebook, Twitter and Instagram); 5,827,193 impressions (billboards, bus, Google Ad Words, commercial).
- Linked 367 individuals to pre-exposure prophylaxis.

Intensive Case Management

- Placed 88 unduplicated clients into the Intensive Case Management (ICM) program, which consists of 10-month substance abuse disorder treatment. All clients in ICM received at least one HIV primary care visit.
- Screened over 200 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.

- Implemented a system to provide HIV medications for inmates receiving HIV treatment released from jail, ensuring approximately 75% inmates left custody with medications awaiting them.
- Ensured that 100 % of clients who completed ICM program continued with medical care, relapse prevention, affordable housing, and other supportive services.
- Facilitated enrollment into community college for nine clients who graduated from inpatient substance use disorder treatment.
- Assisted over 40 clients with applications for subsidized rental housing programs, ensuring they would not become homeless following completion of ICM program.
- Facilitated the participation of 88 clients in ICM program in wellness workshops and weekly structured physical activities in alignment with the *Live Well San Diego* initiative.
- Attended weekly jail telemedicine clinic interfacing with over 200 incarcerated HIV positive inmates.
- Implemented new system within County jails for release of inmates specifically to inpatient substance use disorder treatment programs.
- Coordinated three trainings with the San Diego Volunteer Lawyer Program on important and necessary documentation for end of life planning.
- Provided STD training to all 88 ICM clients on a quarterly basis.
- Collaborated with local community partner to provide specific services for transgender clients enrolled in ICM program.

HIV CARE TREATMENT AND SUPPORT SERVICES

The HIV, STD, and Hepatitis Branch provided HIV care, treatment, and support services to 5,046 clients.



HIV, STD, AND HEPATITIS BRANCH (continued)

STD and HIV Field Services

- Conducted surveillance-based interventions in alignment with the Getting to Zero Initiative including:
 - ◇ 213 high-risk gonorrhea investigations (positive rectal gonorrhea in HIV-negative men for purposes of referring to biomedical HIV prevention or PrEP).
 - ◇ 244 Data to Care investigations (HIV-positive individuals who either never linked to HIV care or may have fallen out of care).
 - ◇ 143 Surveillance-Based Partner Services investigations (newly diagnosed HIV-positive individuals contacted for the purposes of linkage to medical care and assistance with partner notification).
- Conducted 6,095 HIV tests in County STD Clinics, identifying 38 individuals newly diagnosed with HIV, linking 92% to HIV medical care within 30 days of results disclosure.
- Funded 2,398 HIV tests conducted in County detention facilities with 8 newly identified positives, during the calendar year 2017.
- Processed over 14,200 positive syphilis results.
- Investigated 1,130 cases of infectious syphilis cases (15.2% increase from 2016), during the calendar year 2017.

- Received and processed 20,801 chlamydia cases into the surveillance system in (10% increase from 2016), during the calendar year 2017.
- Received and processed 5,947 gonorrhea cases into the surveillance system (19% increase from 2016), during the calendar year 2017.
- Addressed significant increases in STD morbidity (18% in early syphilis, 19% in gonorrhea and 10% in chlamydia), during calendar year 2017.
- Provided 168 test kits for chlamydia and gonorrhea home-testing through the Don't Think, Know program.

STD Epidemiology

- Conducted electronic laboratory reporting (ELR) testing, troubleshoot errors, and brought large volume laboratories, such as Planned Parenthood and Quest West Hills, to the live system.
- Completed and disseminated annual data slides providing key information regarding trends in syphilis, gonorrhea, and chlamydia, as of March 2018.
- Provided monthly updates regarding syphilis, gonorrhea, and chlamydia incidence.

CHLAMYDIA
CASES

The STD and HIV Field Services Program received and processed 20,801 chlamydia cases into the surveillance system during calendar year 2017.



HIV, STD, AND HEPATITIS BRANCH (continued)

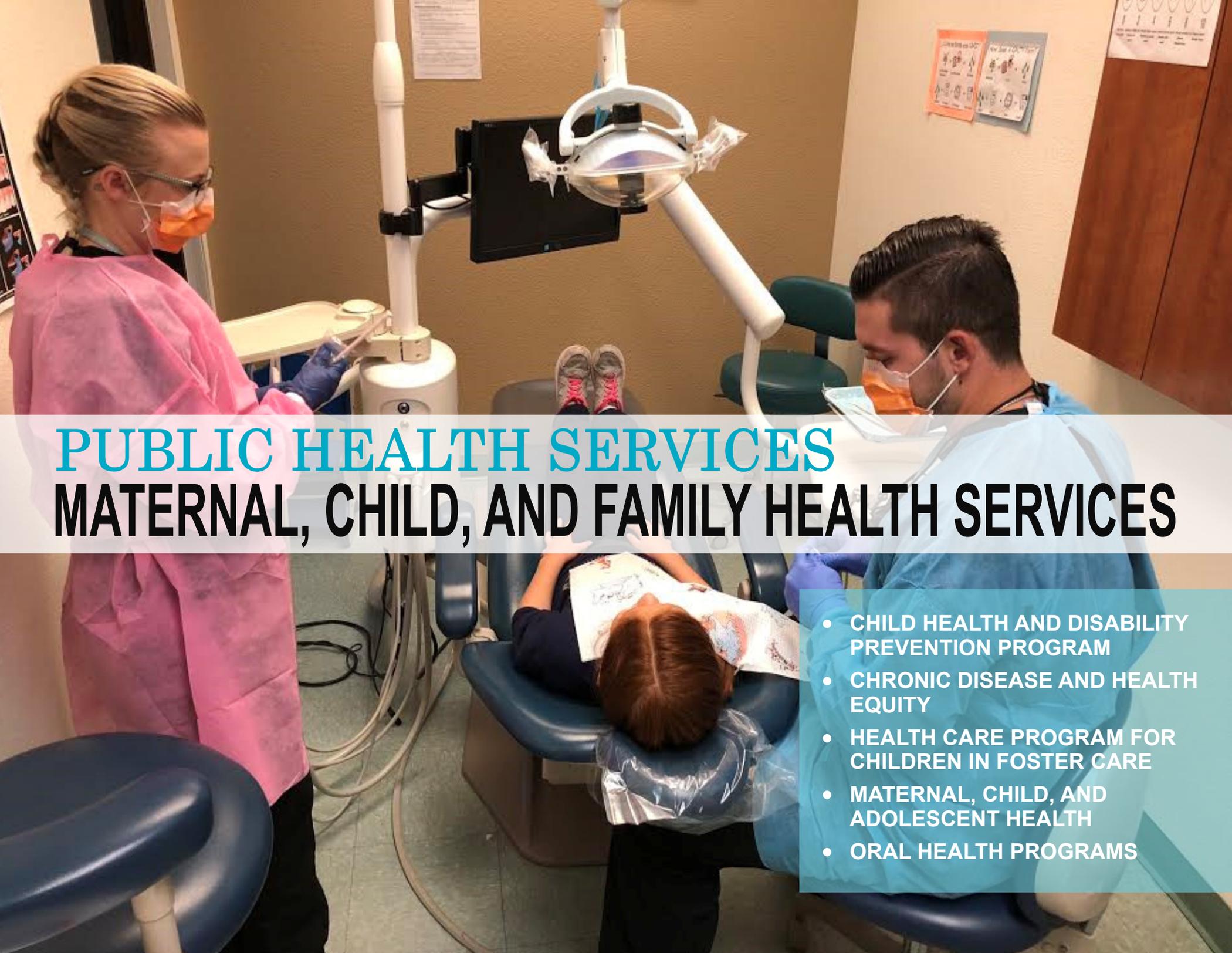
STD Prevention and Control

- Conducted 44 STD presentations for 923 representatives of health care organizations, community-based organizations, community colleges, universities, schools, school nurses, students and social service organizations.
- Conducted two full-day Sexual Health Educators courses, in conjunction with the California Department of Public Health (CDPH), STD Control Branch and the San Diego County Office of Education (SDCOE), that were attended by 47 people including health educators, clinicians, teachers, and school staff.
- Assisted CDPH in training new adjunct trainers for the Sexual Health Educators training course.
- Assisted the San Diego Unified School District (SDUSD) with four rounds of trainings for 89 new middle school and high school sexual health education teachers.
- Assisted SDUSD with two trainings of all middle and high school nurses as part of the district's new condom distribution policy.
- Provided technical assistance to schools and school districts to support the implementation of comprehensive sexual health education, in accordance with the California Healthy Youth Act.
- Provided technical assistance and/or training to four new school districts and four charter schools.
- Facilitated a student led, Centers for Disease Control and Prevention-developed Get Yourself Test ("GYT") STD testing and education campaign, in conjunction with Rady Children's Hospital's FACES program at Hoover High School, culminating in a lunchtime promotional event reaching over 200 students and a testing and educational event at Planned Parenthood with over 75 students in attendance.
- Participated on nine community coalitions, including San Diego Youth Services' Teen Pregnancy Prevention Program's Community Advisory Board, Oceanside Unified School District's Wellness Committee, Planned Parenthood of the Pacific Southwest's Personal Responsibility Education Program Grant Community Advisory Board, Mid-City Community Advocacy Network's Adolescent Health Momentum Team, the HIV Youth Leadership Council, San Diego Unified School District's Sexual Health Education Advisory Committee, North County Youth Partnership, South Bay Partnership for Youth Equity, and the San Diego Immunization Coalition.
- Screened over 99% of all females entering San Diego juvenile detention facilities for chlamydia and gonorrhea within 48 hours of booking, surpassing the State goal of 80% and the statewide average of 77%.
- Treated 87% of all females who tested positive for chlamydia and/or gonorrhea within San Diego's juvenile detention facilities.
- Maintained and promoted Don't Think, Know (DTK), a chlamydia and gonorrhea home test kit for young women of color, providing 186 test kits, 119 (64%) were returned.
- Began the development of a re-launch of the DTK marketing campaign.

SEXUAL HEALTH EDUCATION TRAININGS

The STD Prevention and Control Program assisted the San Diego Unified School District with four rounds of trainings for 89 new middle school and high school sexual health education teachers.





PUBLIC HEALTH SERVICES

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

- CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
- CHRONIC DISEASE AND HEALTH EQUITY
- HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE
- MATERNAL, CHILD, AND ADOLESCENT HEALTH
- ORAL HEALTH PROGRAMS

PUBLIC HEALTH SERVICES

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

The Maternal, Child, and Family Health Services Branch, led by Branch Chief Dr. Thomas Coleman, 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.

Child Health and Disability Prevention

- Facilitated the provision of at least 41,779 child health screenings to low-income children through the Child Health and Disability Prevention (CHDP) Program.
- Facilitated three trainings at the Health Services Complex to 332 providers and their staff on the importance and process of applying fluoride varnish to improve oral health in children and encourage fluoride applications at medical provider offices.
- Provided care coordination and follow-up on 3,204 CHDP health screenings conducted throughout the county of children identified with health problems.
- Maintained, supported, and provided quality assurance to 170 CHDP providers in San Diego County and certified seven new provider sites to offer no-cost, preventive health screenings to CHDP eligible children.

Child Health and Disability Prevention (CHDP) Program

Is Your Child Healthy?
Regular health care and health check-ups are important.

Your child can get a health check-up at no cost from the Child Health and Disability Prevention (CHDP) program if he/she:

- Is under 21 years of age and on Medi-Cal
- Is under 19 years of age and from a low-income family
- Attends a Head Start or state preschool
- Is in foster care

How do you get a CHDP health check-up?

- Call 619-692-8808 to find a CHDP doctor or clinic near you. If you already have a doctor, ask if he/she provides CHDP health check-ups
- Call the doctor's office or clinic and request to make an appointment for a CHDP health check-up

Before your appointment:

- Make a list of any questions you may have about your child's health
- Bring Medi-Cal card (if you have one), any school or sports forms that need to be filled out, and child's immunization record

Why should your child have health check-ups?

- Identify medical, dental, and behavioral health problems
- Get needed shots
- Ask your doctor questions

A health check-up includes:

- Physical exam
- Health and developmental history
- Needed shots
- Nutritional, behavioral, vision, hearing, and oral health screenings
- Lab tests for anemia, lead, tuberculosis, and other problems, as needed
- Health information
- Any needed referrals

CHDP
Child Health and Disability Prevention Program
County of San Diego
a program of County of San Diego HHS
LIVE WELL
SAN DIEGO

For more information, call 619-692-8808
County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services
3851 Rosecrans Street, Suite 522, San Diego, CA 92110-3115

CHILD HEALTH SCREENINGS

Facilitated the provision of at least 41,779 child health screenings to low-income children through the Child Health and Disability Prevention Program.

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES (continued)

Chronic Disease and Health Equity

Diabetes and Prevention

- Facilitated Diabetes Prevention Program (DPP) pilot project at Rady Children's Hospital in partnership with Solera Health (third party administrator for Anthem), slated to roll out in August 2018. Began planning for a DPP pilot at University of California San Diego (UCSD) in partnership with Omada Health; UC Board of Regents has committed approximately \$25,000 to UCSD, Center for Community Health.
 - ◇ San Diego Diabetes Prevention Program (DPP) accomplishments:
 - * Enrolled 704 in-person; 1,696 online (Omada), September 30, 2014 to June 30, 2018 through San Diego DPP cohort.
 - * Completed for Aging and Independence Services (AIS) cohorts: 33 enrolled; 13 completed, between July 1, 2017 and June 30, 2018.
 - * Received full recognition from the Centers for Disease Control and Prevention Recognition Program in June 2018 after AIS submitted final two-year data on AIS cohorts. AIS met the requirement of five percent average weight loss among participants.
 - * Provided Lifestyle Coach Training to 16 participants from six new organizations, eight previously trained organizations, and AIS through the AIS Master Trainer in July 2017.
 - * Provided technical assistance to nine new organizations who had not received it previously; continue to provide technical assistance to organizations AIS connected with previously (Skinny Gene, Sharp, Scripps, La Maestra, etc.).
 - * Listed 15 organizations on the CDC's Diabetes Prevention Recognition Program (DPRP) registry as of June 2018.
- Increased the median weekly unique visitors to the preventdiabetessd.org website. Since the prediabetes media campaign started in March 2018, the median weekly unique visitors to the website was 20, and the median weekly page views was 35. In the six months prior to the media campaign (October 2017 to March 2018), the median number of weekly unique visitors was seven and the median number of weekly page views was eight.
- Endorsed and disseminated clinical recommendations and created organizational policies to assist with the identification of patients with undiagnosed hypertension and prediabetes, including collaborating with pharmacists and community health workers.
- Transitioned Regional Clinical Quality Indicators Reporting System collection and analysis from the RAND Corporation to Be There San Diego internal analytic staff with data collection through San Diego Health Connect, enabling measurement of organizational changes in the control of hypertension and diabetes.

DIABETES PREVENTION PROGRAM

Approximately 704 in-person and 1,696 persons online were enrolled in the San Diego Diabetes Prevention Program.



MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

(continued)

Chronic Disease and Health Equity (continued)

Eat Well Practices

- Supported efforts to get the County of San Diego Eat Well Practices included in three Requests for Proposal (RFPs) related to food procurement and two executed contracts.

Healthy Retail

- Enrolled nine food retail stores through the Live Well Community Market Program to improve access to healthy food in low-income communities and supported a total of 20 markets in underserved neighborhoods to implement policy, systems, and environmental change strategies that increase access to healthy foods.

Lactation

- Recruited and trained eight childcare centers and 28 family childcare homes to become breastfeeding friendly through lactation supportive environment efforts.

Live Well @ Work

- Launched over 30 walking routes for different businesses across San Diego County in FY 17-18. Examples include:
 - ◇ Designed the first bilingual (English/Spanish) walking route to meet the needs of Altman Plants Spanish-speaking employees through Live Well @ Work efforts.
 - ◇ Supported the Del Mar Fairgrounds in designing and launching a 10K Step Challenge to get fair employees to achieve the daily recommendation of 10,000 steps.
- Updated and expanded diabetes prevention promotional and outreach materials. This included the completion of ongoing efforts to develop Diabetes Prevention Program (DPP) employer coverage, including DPP employer coverage toolkit with accompanying one-page fact sheet. DPP Employer Toolkit was approved by Agency Director's office on June 15, 2018.
- Launched major website updates of www.PreventDiabetesSD.org to provide tailored messaging for three audiences (individuals, health care providers, and employers) and for Spanish-speaking individuals on March 26, 2018.
- Recruited nine new worksites with a total of 28,724 employees and continued to support 30 existing LW@W worksites with a total of 38,453 employees to implement worksite wellness policies, systems, and environmental supports to strengthen employee physical activity, and implemented evidence-based employee engagement strategies.

LIVE WELL @ WORK



Recruited nine new worksites with a total of 28,724 employees and continued to support 30 existing Live Well @ Work worksites with a total of 38,453 employees to implement worksite wellness policies, systems, and environmental supports to strengthen employee physical activity; and implement evidence-based employee engagement strategies.

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES (continued)

Chronic Disease and Health Equity

(continued)

Nutrition Education and Obesity Prevention

- Established 14 Supplemental Nutrition Assistance Program Education (SNAP-Ed) eligible Wellness Champion child care providers throughout San Diego County who adopted and implemented wellness policies that improve access to healthy food and physical activity at their child care sites.
- Supported the adoption of policies, systems, and environmental changes (PSEs) at ten elementary schools from five school districts. This impacted a total of 5,460 students in transitional kindergarten through sixth grade. A total of 21 PSE changes were adopted in these ten schools that included six for improving healthy eating, 14 for increasing physical activity, and one for enhancing overall wellness. These efforts also yielded increased structured lunchtime recess activities at seven of the elementary schools.
- Sustained three faith sites and recruited and assessed three new sites to engage in policy, systems, and environmental changes (PSE) implementation.
 - ◇ Established a walking club at St. Jude's Shrine of the West.
 - ◇ Created a site-specific action plan to address nutrition and physical activity challenges and opportunities at the First Christian Church of National City.
 - ◇ Supported the City of Hope International Health and Wellness Ministry in planting an on-site garden through a partnership with other ministry leaders, including the City of Hope Youth Pastor's Hope Road Ministry and the Lincoln High Rooftop Bible Club.
- Assisted Our Lady of Guadalupe ministry's through connections with local Master Gardeners and provided SNAP-Ed nutrition education gardening curriculum.
- Partnered via Nutrition Education and Obesity Prevention (NEOP) Specialists with the North San Diego County Family Resource Centers to provide bilingual healthy nutrition and physical activity-promoting videos on the lobby television monitors, U.S. Department of Agriculture tip sheets and recipe cards in the interview rooms, and ongoing staff education.
- Supported Lemon Grove residents in the resurrection of their neighborhood farmers' market in July 2017 with over 200 attendees. In an effort to make fresh, local, healthy foods available to residents with CalFresh benefits, the newly appointed farmers' market manager and NEOP staff are spearheading the electronic benefits transfer application process to ensure vendors will accept this payment option in the near future.

POLICIES,
SYSTEMS,
AND ENVIRONMENTAL
CHANGES



A total of 21 policies, systems, and environmental changes were adopted at ten elementary schools from five school districts that included six for improving healthy eating, 14 for increasing physical activity, and one for enhancing overall wellness. These efforts also yielded increased structured lunchtime recess activities at seven of the elementary schools.

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES (continued)

Chronic Disease and Health Equity (continued)

Resident Leadership Academy

- Contracted with four community-based organizations to facilitate four Resident Leadership Academy (RLA) Cohorts, reaching over 40 residents from low-income communities, and trained 27 RLA facilitators.
 - ◇ The Rady Children’s Hospital-led RLA worked to address lighting, homelessness, lack of family-friendly spaces and shaded areas, and lack of signage at Kembell Park. This RLA also created a tutorial for the ‘Click See Fix’ mobile application so residents can use to report community infrastructure concerns to the City.
 - ◇ The Harmonium-led RLA worked to increase lighting in Mira Mesa to increase safe access to physical activity spaces.
 - ◇ The Bayside Community Center-led RLA worked to increase health care access for the large immigrant population in Linda Vista.
 - ◇ The Vista Community Clinic-led RLA worked to establish a bike path, traffic signage at South Horne Street, a roundabout at the Brooks and Division intersection, and shade cover at a local playground to protect children from sun exposure.

Sodium Reduction

- Worked with the two largest senior meals contractors through AIS to achieve a 15% reduction in sodium in one year. The Chronic Disease and Health Equity Unit Sodium Reduction Initiative staff partnered with the Los Angeles County Department of Public Health to achieve this reduction.

Tobacco Prevention

- Provided technical assistance to the California Department of Justice and cities of Escondido, Oceanside, Coronado, La Mesa, San Diego, and Santee on policies related to tobacco retail licensing and smoke-free outdoor dining.

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 2,364 children in out-of-home care.
- Ensured 93% (1,713 of 1,839) of children in out-of-home care received health exams, according to Bright Futures periodicity in FY 17-18; the goal was 95%.
- Ensured 88% (1,410 of 1,608) of children in out-of-home care received dental exams, according to Bright Futures periodicity; the goal was 90%.
- Provided trainings to 323 persons, including social workers, foster parents, nursing students, and high school senior students, about the health care needs of children in out-of-home care.

INTENSIVE CARE COORDINATION ACTIVITIES

Health Care Program for Children in Foster Care Program worked with Child Welfare Services, Regional Public Health Nursing, and Juvenile Probation to provide intensive care coordination activities on behalf of 2,364 children in out-of-home care.



MATERNAL, CHILD, AND FAMILY HEALTH SERVICES (continued)

Maternal, Child and Adolescent Health

Black Infant Health

- Ensured 100% (113 of 113) of participants in the San Diego County Black Infant Health Program (BIH) received information about the importance of eliminating non-medically indicated deliveries before 39 weeks.
- Ensured 96% (42 of 51) of infants born in the BIH Program were of normal birth weight (2,500 grams or more).
- Ensured 96% (49 of 51) of mothers in the BIH Program initiated breastfeeding.
- Contributed to the result of no infant deaths in the BIH program.

Comprehensive Perinatal Services Program

- Hosted a seminar and roundtable for 31 Comprehensive Perinatal Services Program (CPSP) providers on prematurity prevention (17-P progesterone shots) on May 16, 2018. Of those completing an evaluation, 96% (22/23) strongly agreed or agreed they would be able to apply the information and skills to their work.

Home Visiting

- Ensured 84% (53/63) of women in the Maternal Child Health home visiting program received the recommended number of prenatal care visits.
- Managed a caseload of 147 clients in the California Home Visiting Program (NFP) in North Inland and North Coastal, as of June 2018.

Office of Violence Prevention

- Provided intimate partner violence (IPV) identification and response trainings to 71 administrators, nurses, community health workers, health educators, interns, outreach specialists, managers, dieticians, and therapists. Of those

completing a survey, 80% (48/50) strongly agreed or agreed that the training improved comfort in discussing IPV with patients.

- Maintained implementation of the Learning Management System Domestic Violence Essentials Training Modules four-part series that included 107 modules completed by staff.
- Provided input to Big Cities Health Coalition Violence Prevention Workgroup on inventory of prevention activities and annual promises practices review in February 2018.
- Reviewed and provided recommendation on Probation treatment standards for domestic violence treatment groups on October 12, 2017.
- Provided administrative support for the San Diego Domestic Violence Council's (SDDVC) various operational functions, including: ten Steering Committee meetings, two Executive Team, six planning meetings for October—Domestic Violence Awareness Month, eight monthly general meetings, and the Steering Committee annual retreat.
- Facilitated feedback from 37 SDDVC members to identify top five themes and messages for the “Now is the time...” public awareness campaign input for graphic designer in March 2018.
- Participated in collaborative discussion with the San Diego City Attorney's Office, Center for Community Solutions, San Diego State University School of Education on how the SDDVC can help in countywide efforts to bring teen relationship violence education to high schools on June 7, 2018.
- Collected information from SDDVC Memorandum of Understanding agencies on current services, training, coordination, and policies pertaining to any forms of family violence within their operations, from September 2017 to March 2018.
- Provided a presentation to 203 frontline professionals on “The Impact of Domestic Violence in Children” at the San Diego Domestic Violence Council's (SDDVC), Domestic Violence Essentials, on November 2, 2017.

MOTHERS INITIATING BREASTFEEDING

The Black Infant Health Program ensured 96% (49 of 51) of mothers in the BIH Program initiated breastfeeding.



MATERNAL, CHILD, AND FAMILY HEALTH SERVICES (continued)

Maternal, Child and Adolescent Health (continued)

Perinatal Care Network

- Increased knowledge and skills by educating 219 providers and community partners at three Perinatal Care Network (PCN) quarterly meetings held on November 7, 2017, February 6, 2018, and May 1, 2018. Topics included: newborn genetic diagnoses and screening, family support and home visiting programs, and maternal mortality.
- Referred 944 pregnant women to a County Family Resource Center for assistance with pregnancy Medi-Cal application through the PCN toll-free phone line (800-675-2229).
- Ensured 75% (339/439) of pregnant women without prenatal care were linked to a provider within 30 days of calling the PCN toll-free phone line (800-675-2229).
- Educated 407 staff from clinics, County Family Resource Centers, and community-based organizations about the benefits of referring pregnant women to the PCN for access to care and pregnancy resources. Of those completing a survey, 92% (196/212) reported that they will apply the knowledge gained to educate their clients, eight percent (16/212) reported that they currently refer pregnant women

to PCN, while 75% (159/212) reported that although they do not currently refer to PCN, they will now after hearing the presentation.

- Linked 75% of pregnant women without prenatal care to a provider within 30 days of calling the Perinatal Care Network.

Preconception Health

- Educated 103 adolescents about the importance of preconception health to optimize physical, emotional, and social well-being throughout the life course. Topics included: nutrition, physical activity, mental health, healthy relationships, personnel hygiene, and medical and dental care.

Sudden Infant Death Syndrome

- Educated 139 childcare providers, students, nurses, and community partners about infant safe sleep practices and Sudden Infant Death Syndrome (SIDS) risk-reduction strategies. Of those completing a survey, 95% (129/136) reported learning new information from the training and 82% (118/136) reported applying the knowledge gained to their work.
- Educated 139 childcare providers, students, nurses, and community partners about infant safe sleep practices and SIDS risk-reduction strategies.

LINKING PREGNANT
WOMEN
WITHOUT PRENATAL CARE
TO A PROVIDER

The Perinatal Care Network (PCN) ensured 75% (339/439) of pregnant women without prenatal care were linked to a provider within 30 days of calling the PCN toll-free phone line.



MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

(continued)

Oral Health Programs (Dental Health Initiative-Share the Care and Local Oral Health Program)

- Coordinated with community clinics and other organizations to conduct an six site, county-wide “Give Kids a Smile” sealant/varnish event—244 children were screened, 144 children received fluoride varnish, and 112 children had sealants placed, for a total value of \$23,680 in volunteer services, on February 23, 2018.
- Provided oral health screening to 1,696 children throughout the county.
- Provided trainings to 654 primary care providers, dental providers, clinical staff, and child care/community based organizations.
- Received Proposition 56 funding through the California Department of Public Health for the Local Oral Health Program (LOHP) in the amount of \$4,206,950 for 4.5 years LOHP (January 1, 2018 to June 30, 2022). In San Diego County, LOHP will address oral health across the life span, increase infrastructure to address gaps, and identify interventions to educate, prevent, and provide linkages to treatment programs, including dental disease caused by the use of cigarettes and other tobacco products.

CHILD DENTAL HEALTH SEALANT/VARNISH EVENT

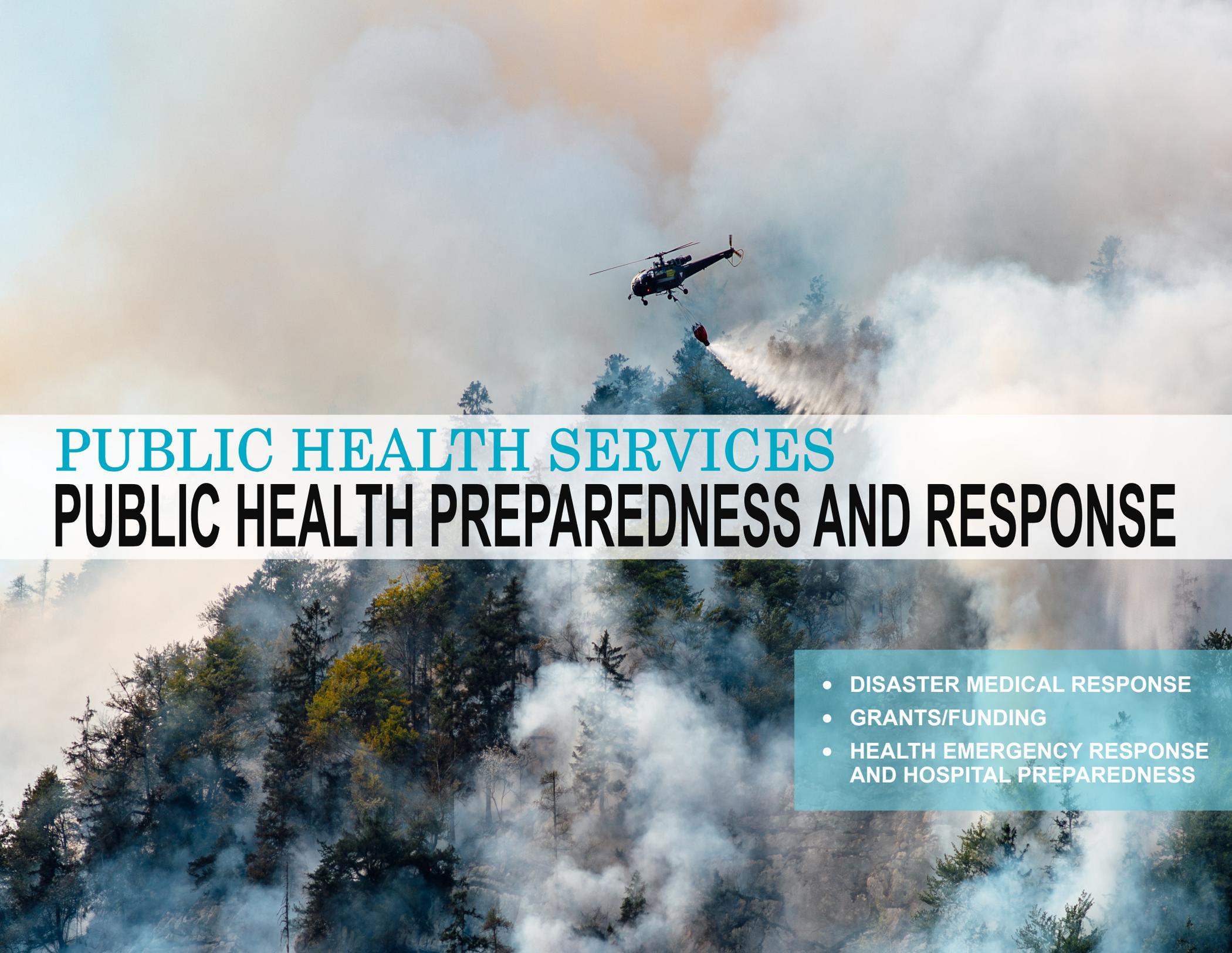
The Dental Health Initiative-Share the Care

coordinated with community clinics

and other organizations to

conduct an six site county-wide “Give Kids a Smile” sealant/varnish event—244 children were screened, 144 children received fluoride varnish, 112 children had sealants placed for a total value of \$23,680 in volunteer services.



A helicopter is shown in flight, dropping a bucket of water onto a forest fire. The scene is filled with thick, billowing white and grey smoke that rises from the trees. The helicopter is positioned in the upper center of the frame, with its rotors blurred from motion. The background is a mix of blue and orange tones, suggesting a bright but hazy day. The overall atmosphere is one of a major emergency response in a natural setting.

PUBLIC HEALTH SERVICES

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

- **DISASTER MEDICAL RESPONSE**
- **GRANTS/FUNDING**
- **HEALTH EMERGENCY RESPONSE AND HOSPITAL PREPAREDNESS**

PUBLIC HEALTH SERVICES

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The Public Health Preparedness and Response (PHPR) Branch, lead by the Public Health Services Assistant Director Liz Hernandez, provides , plans, and supports response activities for public health, natural, and manmade disasters.

Disaster Medical Response

- Trained over 120 environmental health participants from all over California in a two-day course Department of Environmental Health shelter exercise in October 2017. Additionally, PHPR coordinated the participation and training of 31 County and Red Cross nurses and Medical Reserve Corps (MRC) volunteers.
- Conducted a County Medical Services (CMS) Statewide Medical and Health Exercise with 70 participants in the Departmental Operations Center/Medical Operations Center (DOC/MOC), on November 16, 2017. Specifics of the exercise included:
 - ◇ Activated and coordinated the DOC/MOC.
 - ◇ Participation of 22 health civilian and military hospitals.
 - ◇ Participation of 279 healthcare facilities.
 - ◇ Deployment of MRC volunteers at three hospital facilities.
 - ◇ Radio operations sent by San Diego Amateur Radio Emergency Service radio volunteers to clinics, skilled nursing facilities, CMS facilities, the MOC and other healthcare entities.
 - ◇ Participation of Epidemiology and Immunization Services Branch and Medical Care Services Division-Emergency Medical Services staff, along with some outside stakeholders, in the DOC/MOC.
- Coordinated two Stop the Bleed training sessions, aimed at identifying and stopping uncontrolled bleeding, to 33 MRC volunteers on February 6 and March 20, 2018. The sessions, sponsored by PHPR, were offered by the San Diego Trauma Research and Education Foundation.

Grants/Funding

Secured a California Department of Public Health grant for Public Health Emergency Preparedness, Hospital Preparedness Program, Cities Readiness Initiative Program, and State General Fund for Pandemic Influenza, for approximately \$3,860,060. Also, received grant funding from State Homeland Security Grant Program and Urban Area Security Initiative in the total amount of approximately \$80,000 and \$50,000.

STATEWIDE MEDICAL AND HEALTH EXERCISE

PHPR conducted a County Medical Services (CMS) Statewide Medical and Health Exercise with the participation of 279 healthcare facilities on November 16, 2017. There were 70 participants in the Departmental Operations Center.



PUBLIC HEALTH PREPAREDNESS AND RESPONSE

(continued)

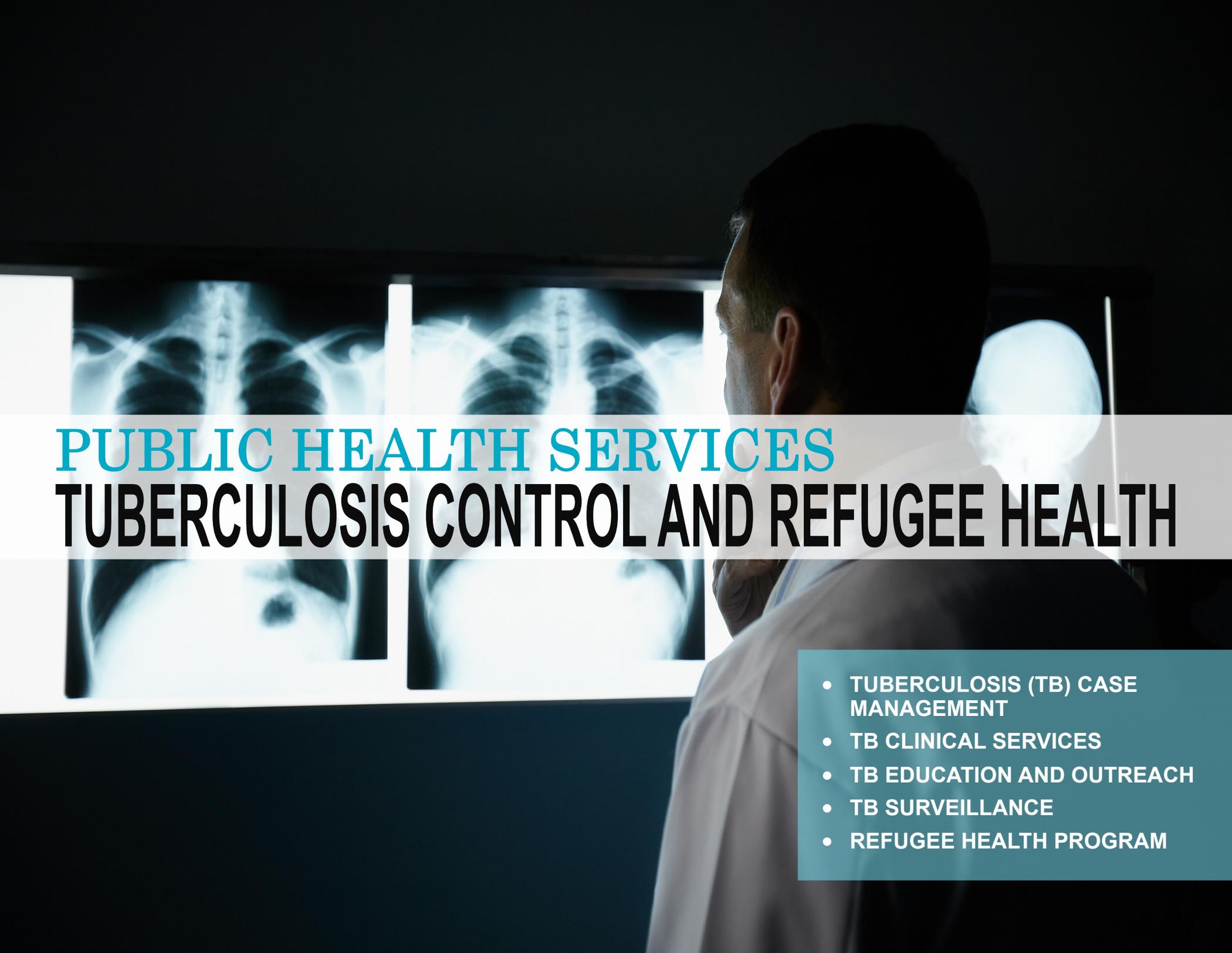
Health Emergency Response and Hospital Preparedness

- Held a mass care and shelter training for 26 total staff from various regions on August 16, 2017.
- Activated Medical Reserve Corps for the hepatitis A outbreak, on September 17, 2017.
- Activated the Departmental Operations Center/Medical Operations Center for the response to the hepatitis A outbreak on September 18, 2017. The activation ended on January 20, 2018.
- Provided a field response to the hepatitis A outbreak by the PHPR Public Health Nurses, beginning on April 7, 2017.
- Participated in San Diego Preventive Radiological/Nuclear Detection Concept of Operations (also known as “CONOPS”) Plan Development, from January to June 2018.
- Participated in the San Diego Regional Tabletop Exercise Planning Meetings from January to May 2018, and the Tabletop Exercise Event in June 2018.
- Participated in a functional exercise with the U.S. Postal Service Bio-Detection System (BDS) on June 5, 2018. The BDS used an automated technology that was designed for the Postal Service, using sophisticated DNA matching to detect the presence of anthrax (*Bacillus anthracis*) in via air samples as the mail moves through a canceling machine.

PARTICIPATION IN BIO-DETECTION SYSTEM EXERCISE

PHPR participated in a functional exercise with the U.S. Postal Service Bio-Detection System (BDS) on June 5, 2018. The BDS used an automated technology using sophisticated DNA matching to detect the presence of anthrax (*Bacillus anthracis*) in via air samples as the mail moved through a canceling machine.



A doctor in a white coat is seen from the side, looking at several chest X-rays displayed on a light box. The X-rays show various views of the lungs and ribcage. The scene is dimly lit, with the primary light source being the X-ray light box.

PUBLIC HEALTH SERVICES

TUBERCULOSIS CONTROL AND REFUGEE HEALTH

- TUBERCULOSIS (TB) CASE MANAGEMENT
- TB CLINICAL SERVICES
- TB EDUCATION AND OUTREACH
- TB SURVEILLANCE
- REFUGEE HEALTH PROGRAM

PUBLIC HEALTH SERVICES TUBERCULOSIS CONTROL AND REFUGEE HEALTH

The Tuberculosis Control and Refugee Health (TBC-RH) Branch, led by Branch Chief Dr. Susannah Graves, 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 (TB) Case Management

- Ensured that 97% (200 of 206) of tuberculosis (TB) cases completed the recommended treatment course for the January to December 2015 case cohort.
- Maintained 90% (465 of 514) of contacts evaluated, as per Centers for Disease Control and Prevention (CDC) recommendations, for the January to December 2016 case cohort, exceeding the California and national averages of 80%.
- Exceeded 70% as the proportion of contacts identified with new latent TB infection (LTBI) that start latent TB infection treatment for the fourth consecutive year (74% [73 of 99 contacts] for the January to December 2016 case cohort), a sustained improvement from the prior five-year average (2008-2012) of 56%.
- Maintained at least 67% of contacts completing LTBI treatment, among those who were identified with new LTBI and started treatment, for the second consecutive year (69% [50 of 73 contacts] for the January to December 2016 case cohort), a sustained improvement from the 2012-2013 average of 58%.

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:
 - ◇ Performed 2,821 chest x-ray procedures at the Health Services Complex (HSC) TB Clinic and regional public health centers (Rosecrans clinic: 2,179; regional public health centers: 642);
 - ◇ Performed the following number of induced sputums: HSC clinic: 957, North Coastal: 53; North Inland: 73, South Bay: 1;
 - ◇ Performed 2,420 TB skin tests at the HSC TB Clinic;
 - ◇ Completed 605 QuantiFERON tests at HSC TB Clinic;
 - ◇ Made 1,779 nurse visits at HSC TB Clinic; and
 - ◇ Made 904 provider visits at HSC TB Clinic (new patients: 448; return patients: 456).
- Provided or ensured interferon gamma release assay testing conducted for 78% (595 of 763) of contacts to active cases in the January to December 2017 case cohort.

ENSURING TB TREATMENT COURSE COMPLETION

The TB Case Management Program ensured that 97% (200 of 206) of tuberculosis (TB) cases completed the recommended treatment course for the January to December 2015 case cohort.



TUBERCULOSIS CONTROL AND REFUGEE HEALTH (continued)

TB Education and Outreach

- Conducted 67 TB presentations to community groups in the County of San Diego, reaching over 2,700 individuals.
- Continued expansion of the TB Prevention outreach campaign.
 - ◇ The two videos from Phase 1 (promotion among internal county customers), “What is TB?” and “Positive TB Test: What’s Next?” were translated into Tagalog and Vietnamese. The video, “What is TB?” was also translated into Mandarin as a collaborative effort with the County Communication Office, California Department of Public Health TB Free California initiative North East Medical Services, and Bay Area of Northern California, as a World TB Day 2018 project. Both educational videos, along with the two LTBI testimonial videos produced in the initial project year, were featured in a national webinar sponsored by the CDC Education and Training Network, in August 2017, reaching more than 250 individuals.
 - ◇ For Phase 2, promotion among community healthcare providers, the County “Partners in TB Elimination” group met twice during FY 2017-18, including participants from six large health systems, to share strategies and tools for testing high-risk populations for TB and implementing new recommendations for short course latent TB infection treatment.
 - ◇ For Phase 3, promotion among populations at high-risk of TB was initiated with an inaugural TB Survivors Network reception, celebrating World TB Day, in March 2018, and was attended by more than 18 TB survivors and their family members.
- Updated and posted a TB fact sheet and epidemiologic trend tables on the County website, in March 2018.

TB Surveillance

- Ensured 90% of TB patients were tested for HIV infection (93% [218 of 234]) for the January to December 2017 case cohort, exceeding the California and national averages of 89%.
- Ensured 98% (226 of 230) of TB cases were reported to PHS within one working day from the start of treatment for the January to December 2017 case cohort.

Refugee Health Program

- Ensured 90% (1,085 of 1,142) of incoming refugees started the health assessment process in the County of San Diego from October 1, 2015 to September 30, 2016.
- Ensured 86% (1,543 of 1,786) of refugees who started the health assessment process completed it within 90 days in the County of San Diego from October 1, 2016 to September 30, 2017. A surge in refugees during the first quarter resulted in some delays, explaining why performance was slightly below target of 90%.

ENSURING REFUGEES COMPLETE THE HEALTH ASSESSMENT PROCESS

The Refugee Health Program ensured 86% (1,543 of 1,786) of refugees who started the health assessment process completed it within 90 days in the County of San Diego from October 1, 2016 to September 30, 2017.



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 seven 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.

PUBLIC HEALTH SERVICES ADMINISTRATION



STREAMLINING PUBLIC HEALTH SERVICES ADMINISTRATION'S DOCUMENT APPROVAL PROCESS

Nora Bota (Lead) & Dr. Liz Hernandez (Team Sponsor)

Team Members: Caroline Mosher, Debbie O'Keefe, Petra Montiel, Romina Morris, Anar Verdiyev, Pete Sison, Jackie Werth

FY 2018/19



PROBLEM

There is a large volume (an estimated 500 per year) and a wide variety of documents that are sent to the Public Health Officer/Director (PHO) and other executives for approval through Public Health Services (PHS) Administration. County guidelines require that high level officials review and approve these documents. These approvals represent a significant workload on these officials, including the PHO. Furthermore, Branch Chiefs and staff have expressed frustration regarding approvals that are late (documents approved later than is requested by staff), impacting issuance of documents, travel arrangements, and reimbursements, etc. Administrative staff must manage this process which has become complex. H.E.A.R.T. customer service results show relatively low "timeliness" scores with comments including complaints about delays in the approval process.

CURRENT APPROACH

The current approach is manual and involves a number of steps. It requires Branch staff to submit documents with an Approval Tracking Form (ATF) along with the original copy. These must be submitted via email and also as hard copy delivered to the front desk (Figure 1: As Is Process Map).

Data were gathered from December 2, 2017 to May 15, 2018 to get a sense of the volume of documents coming into the PHS Administration Office, a total of 232 documents, categorized by 15 different types, were sent for PHO approval. The Quality Improvement (QI) team decided to focus on the 141 (60.78%) documents that were either Travel or Non-Travel (NT) (Figure 2: Types of Documents). Travel and Non-Travel documents processing is also a common subject of complaint of Branch Chiefs and staff.

It was difficult to get a baseline on how many approvals are late because the process is not currently automated. However, this project will involve capturing this information in order to gauge improvement—either through a new manual process or after automating this process to the extent feasible.

Feedback on the current approach was gathered from focus group interviews and discussions within the QI Project Team. The QI Project Team made observations about the current approach after developing and

POTENTIAL SOLUTIONS

Solutions discussed during focus group interviews and QI Team meetings:

- Streamline the process and automate a new better process.
- Provide clear and consistent guidelines and policies and procedures.
- Communicate the new approval process to all PHS staff.
- Keep all guidance and forms for approvals in a central location.
- Develop a new process/system that can, among other things:
 - Prioritize approvals, including identifying urgent approvals.
 - Provide requestors an update as to where their document is in the process.
 - Use a generic email for all documents to go, and one routing slip.

Figure 1: As Is Process Map

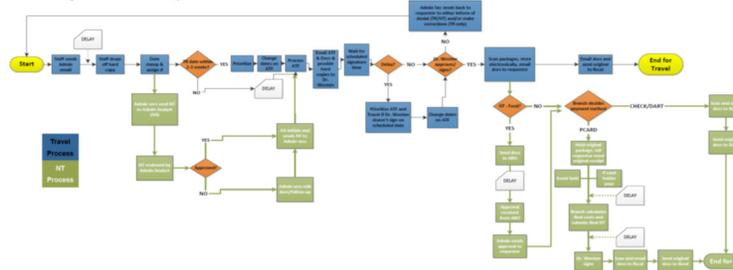


Figure 2: Types of Documents

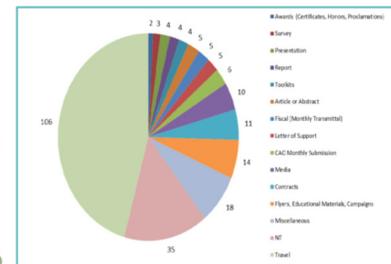
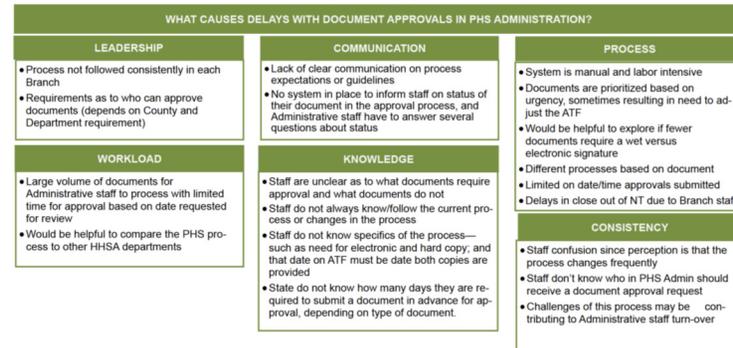


Figure 3: Affinity Diagram



AIM STATEMENT & THEORY OF IMPROVEMENT

AIM: Reduce the number of Travel and NT documents approved late by 20% of the current estimated 13.36% (31 of 232) documents approved late.

Theory: If this PHS Administration document approval process is streamlined and consistent guidelines are developed and effectively communicated, approval should be more timely. The findings of this QI project will also inform the automation of the approval process, which is currently being planned and a procurement is pending.

TEST THE THEORY

- As Is Process Map will be assessed to streamline the process and eliminate inefficiencies and other sources of delays.
- To Be Process Map will be created and tested—reflecting the new streamlined process—either in a manual fashion first (to extent feasible) or as part of the testing of the new automated approval system (to be procured in 2019). The Travel and NT approvals will be the pilot.
- New guidelines, policies, and procedures will be developed based on the new process and will be made accessible to all staff.
- Communication on the new approval system and process, and associated policies and procedures, will be shared with PHS Branch Chiefs and all staff.

RESULTS

This QI Project has not yet been implemented in that improvements to the current approval process have not yet been tested. However, beginning in January 2019:

- Data will be collected on the volume and timeliness of the approval process within the pilot for Travel and NT requests (new manual process or via the automated system).
- Data will also be collected to assess staff understanding of the new policies and procedures and also their satisfaction with the new system.
- Executive and Administrative Office staff will be surveyed or interviewed to determine if they see improvement in adherence to the new policies and procedures for approval, and their satisfaction with the system in terms of reducing administrative burden.

STANDARDIZE & PLAN

Once the project is piloted for the Travel and NT requests and automated system, the approval process will be standardized for all types of documents within the new automated system. This includes ensuring that any process improvement that can not be handled through automation is fully incorporated into a comprehensive set of policies and procedures for the approval process and made easily accessible to all staff.

PUBLIC HEALTH SERVICES CALIFORNIA CHILDREN'S SERVICES



Reducing the Time Required to Obtain Wheelchairs for Children at CCS Judith P. Garces PT and Patrick Wilkens DPT



PROBLEM

- The CCS Medical Therapy Program provides physical and occupational therapy services to children with complex medical needs from birth to 21 years of age.
- Therapists are responsible for coordinating the acquisition of Durable Medical Equipment (DME) for their clients with the client's selected providers (DME Vendor, Physician, and Insurance).
- Due to the diversity of medical needs in the children we serve, and the variety of providers involved, the number of days required to obtain a manual wheelchair (MWC) ranged from 68 to 247 days in Q2 FY16-17, with an average of 139.5 days.
- Excessive delays in acquisition of MWCs can adversely affect the posture, skin integrity, functional independence, and community accessibility of the children we serve.
- Consequently, such delays have occasionally reflected negatively on customer service feedback in HEART surveys.

See Figure A

CURRENT APPROACH

The team began by developing a team charter. A process flow diagram was then completed to identify major steps in the process of manual wheelchair acquisition.

These steps include determining the child has a need for a new or replacement wheelchair, completing an evaluation appointment, receiving a quote from the DME vendor, submitting the request for the unit supervisor's approval, and finally the delivery of the wheelchair. All steps were considered important to the process, however, upon closer scrutiny source of delay during these steps were discovered.

See Figure B

POTENTIAL SOLUTIONS

Analyzing the Workflow Diagram and the associated data for the given intervals, the "Days Between Quote and Authorization" appears to be most attributable to CCS and thereby the most likely for the project team to have an impact on. Further examination of the Workflow Diagram, and based on input from therapists at all of the MTU, up to 14 of the 19.94 days spent in this interval can be attributed to a delay in reviewing a quote by the therapist.

After discussion of this analysis with and receiving input from their respective MTU, the team decided to test the following solution:

- Each therapist responsible for the acquisition of manual wheelchairs at their MTU would implement a recurring, weekly, 2 hour DME Paperwork time block in their schedules to process quotes that are received.
- This would be implemented in a 6 month trial, with outcomes being measured by comparing pre- and post-implementation data.

Figure A:

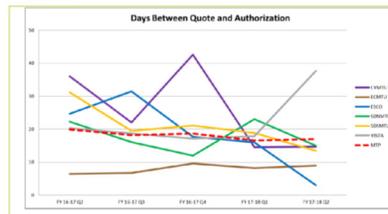
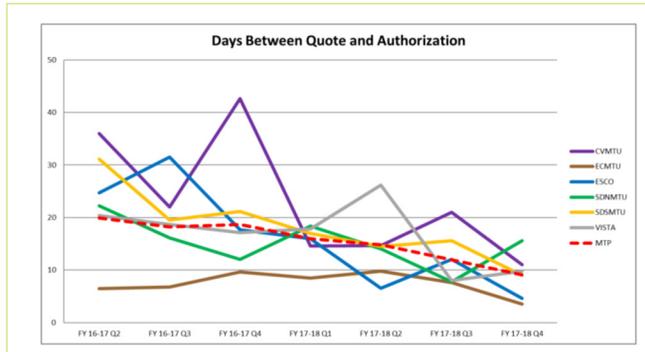


Figure C:

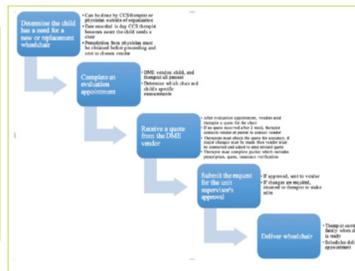


AIM STATEMENT & IMPROVEMENT THEORY

AIM: Reduce the time required to obtain manual wheelchairs (MWC) processed through the CCS Medical Therapy Program by 10% by December 2018 from the current baseline of 141 days.

Theory: If therapist had more time dedicated specifically to reviewing and processing quotes, then the bottleneck could be eliminated and the time required to obtain wheelchairs for children at CCS will reduce.

Figure B:



TEST THE THEORY

The QI Team implemented recurring, weekly, 2 hour DME Paperwork time blocks (per FTE) in the schedules of all therapists who are responsible for manual wheelchair acquisition at all 6 MTU effective 4/1/2018.

The idea is that this focused, dedicated time would prevent delays attributed to review and process quotes.

RESULTS

At the end of Q4 2017-18, the first quarter after implementing the intervention, the "Days Between Quote and Authorization" period was reduced by 23.5%.

- The average time elapsed during this step dropped from 11.90 days to 9.10 days.

Data will continue to be tracked and analyzed quarterly through Q2 2018-19 to determine efficacy of intervention, whether an even greater reduction could be achieved, and whether other changes could lead to reductions in other steps to this process.

Figure C

STANDARDIZE & PLAN

The 2 hour DME Paperwork time blocks (per FTE) in the schedules of all therapists, have been approved as standard practice.

The plan is to continue to track data and identify additional time intervals to analyze delays that impact the average total days to acquire a manual wheelchair. Also, additional information will be gathered from therapists for best practice related process recommendations.

PUBLIC HEALTH SERVICES CALIFORNIA CHILDREN'S SERVICES

TRANSITION WELL

CCS Staff: Medical Director, Public Health Nurses (PHNs), Social Worker, Therapy consultant (TP member)

PROBLEM

Transition Planning (TP) is the process of preparing youth and families to move from a pediatric to an adult model of health care. The goal of transition is to ensure continuity of care and to optimize the long-term health of these youth so that they may reach their full potential. CCS clients must transition to adult services after age 21.

Clients with chronic diseases and their family members are encouraged to discuss Transition Planning with their service providers as early as age 14. Our nurses, therapists and social worker facilitate the transition by educating and referring the clients and families to the appropriate adult services.

However, there have been concerns that clients were not being adequately prepared for transition. Baseline data, obtained in November-December 2015, using a Transition Planning readiness tool, produced scores between 3 and 4 on a scale of 5, indicating room for improvement.

TEST THE THEORY

The theory that face to face exit interviews will improve Transition Planning readiness will be tested using a Transition Planning readiness assessment tool. This tool was first administered in November to December 2015 to gather baseline data. Referrals were made if needed. From January 2016 to April 2016, follow-up was performed on these clients and the assessment tool was administered again to see if there was improvement in the scores. **(Figure C)**

RESULTS

Positive results were found across all dimensions of transition planning readiness—**timely access to health care, effective care coordination, and smooth transition planning**—between 2016 and 2018:

KNOWLEDGE increased from 3.7 to 4.5 on a scale of 5
BEHAVIOR increased from 3.8 to 4.6 on a scale of 5
SKILLS increased from 3.7 to 4.5 on a scale of 5

This is equivalent to an increase from **70 to 90 percent** in knowledge, behavior, and skills. **(Figure D)**

CURRENT APPROACH

There is no exit interview of youth and families when CCS clients age out of the program. Heavy caseloads and other obstacles have prevented the needed emphasis on transition planning. **(See Figure A and B).**

TRANSITION PLANNING FISHBONE DIAGRAM

AIM STATEMENT & IMPROVEMENT THEORY

Aim: By conducting face-to-face interviews with young adults transitioning out of the CCS program, client readiness for transition (Transition Planning) will improve from 70% to 85%, based on an instrument assessing readiness across several dimensions. This project will test only those clients with cerebral palsy who receive case management and medical therapy services.

Theory: Direct communication with the clients and families either via telephone or face-to-face is necessary to streamline and improve Transition Planning services and Care Coordination.

POTENTIAL SOLUTIONS

The focus will be young adults with cerebral palsy turning 21 from March 1 to December 31, 2018. The solution includes:

- 1) Conduct face-to-face interviews to identify barriers to transition planning readiness and review disaster preparedness plan.
- 2) Distribute referrals and education (flyers) if needed.
- 3) Provide follow-up telephone call within 3 months after the client has transitioned out of CCS.
- 4) Compare scores from a Transition Planning readiness assessment tool before and after the intervention. This tool, administered to families and clients by CCS nurses and social workers, captures knowledge, behavior, and skills across all dimensions of transition readiness.

TRANSITION PLANNING

Dimension	2016	2018
Knowledge	3.6	4.5
Behavior	3.8	4.6
Status	3.7	4.5

STANDARDIZE & PLAN

Limited staff resources demand a thoughtful approach to rolling out this QI project and making it standard practice. The plan that is pending is:

- Conduct one exit interview upon aging out CCS
- Provide one call after exit within 3 months of aging out CCS

PUBLIC HEALTH SERVICES

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH



IMPROVING TIMELINESS OF CASE CLOSURES

Nick Beatman, Jeff Johnson, Samantha Tweeten, Annie Kao, Melissa Thun, Whitney Pinto, Karee Hopkins, Kaleigh Behrendt



PROBLEM

Communicable disease case investigation is a complex process that involves many process steps and often cooperation with many external organizations. Each year, cases get delayed at various points in the investigation process and a backlog of unclosed cases develops in Epidemiology.

At the beginning of each calendar year, Epidemiology must close out all cases from the previous year so they can be reported to CDPH by their annual deadline in the third week of February. This problem occurs on a yearly basis as unclosed cases accrue over the course of the year and lead to a considerable backlog by the year's end. The size of each year's backlog has been increasing over the past several years.

CURRENT APPROACH

The team examined the current operational approach to case investigation and identified points where delays occurred (Figure 1). Common delay points included waiting on information from external organizations or individuals, QA review, and assembling paperwork/uploading documents.

The team then analyzed those identified delay points to determine the root causes that contributed to delays (Figure 2), such as too few high-speed scanners and a slow, tedious upload process.

The team also looked at a stratified sample of cases that had been open for more than 90 days to look for common themes in the causes of delays. This review found that delays in closing out paperwork and poor documentation of contact attempts were common among the sampled cases.

POTENTIAL SOLUTIONS

The team generated numerous potential solutions to target the delay points identified in the examination of the current approach based on the process map, root cause analysis, and a review of the sample of delayed cases. These solutions were then categorized by anticipated impact on delayed cases and the expected effort required to implement them (Figure 3). After creating the impact and effort matrix, the team chose three solutions to implement:

1. Adding new fields in WebCMR to ensure contact attempts were made and documented.
2. Examining subject matter expert review processes to determine if any could be replaced by checklists.
3. Implementing more process statuses in WebCMR so that data systems more accurately capture where delays occur in the investigation process.

Figure 1: Case Investigation Process

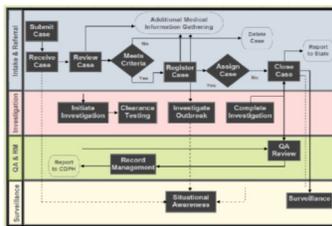


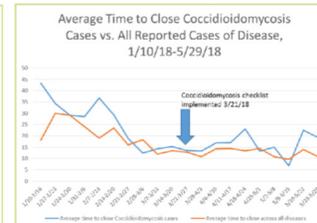
Figure 2: Fishbone Diagram of Causes of Delays



Figure 3: Impact vs. Effort Matrix of Proposed Solutions

Impact of solution on delays vs. effort required to implement	Impact of solution on delays vs. effort required to implement	
	Low Effort	High Effort
Low Impact	<ul style="list-style-type: none"> Purchase an additional scanner Train investigators to use My Caseload feature to manage their caseload Add feature notifying investigator when a new lab is added to EFC Develop procedure for timing/documentation of follow-up attempts adding WebCMR fields for those attempts Develop procedure for escalating medical records requests 	<ul style="list-style-type: none"> Implement phone duty overflow rotating list Develop methodology for determining number/length of time for surge staff Develop templates for notes
High Impact	<ul style="list-style-type: none"> Replace SME review requirements with checklists for diseases with simple determination processes Maintain current levels of surge staff 	<ul style="list-style-type: none"> Implement additional process statuses in WebCMR and reassign non-investigatory tasks

Figure 4: Days to Close Cases of Coccidioidomycosis vs. All Diseases



TEST THE THEORY

The team planned the implementation of the chosen solutions to ensure that frontline staff who would be affected by the change had an opportunity to provide feedback on the details of the solution and how it is put into place. This feedback was incorporated into the project action plan.

Project Action Plan

1. Work with SMEs to determine which SME review processes could be replaced with checklists
 - A. Develop checklists
 - B. Train staff in their use
2. Implement contact attempt field in WebCMR
 - A. Modify the WebCMR system to include new fields
 - B. Train staff in use of contact attempt field
3. Work with frontline staff to brainstorm potential new process statuses for case investigations in WebCMR

RESULTS

The solutions tested thus far involve the checklists only, with other solutions to be tested in the near future. These are the results of testing the use of checklists:

- In the 10 weeks prior to the implementation of the coccidioidomycosis checklist on 3/21/18, the average length of a coccidioidomycosis case was 26.74 days. In the 10 weeks following the implementation of the coccidioidomycosis checklist on 3/21/18, the average time to close a coccidioidomycosis case was 16.3 days.

- However, the average time to close cases of coccidioidomycosis was already decreasing prior to the intervention (Figure 4). Given that this trend matches the decrease in average case closing times across all diseases, it's likely that outside factors (such as seasonality or a decrease in competing priorities) are responsible for the drop in average closing times, rather than the implementation of the checklist.

- As of 7/6/18, there have only been 6 reported cases of listeria since the checklist was implemented for this disease on 3/21/18. Evaluation of the checklist's impact on the length of case investigations is on hold until a larger post-intervention sample can be obtained.

Of the 691 cases opened after 3/21 and more than 90 days prior to 7/6/18, 674 cases have been closed within 90 days of creation (97.5%), achieving the team's Aim Statement. However, as mentioned above, this may be due to external factors, rather than an effect of the 3/21 interventions.

STANDARDIZE & PLAN

Case investigation checklists for coccidioidomycosis and listeria were implemented on 3/21/17 and are now a standard practice. Contact attempt fields were implemented in WebCMR on 5/7/2018 and are now a standard practice.

Potential new process statuses for WebCMR have been determined with the input of frontline staff, but they have not yet been implemented in WebCMR. EISB supervisors have formed a workgroup to accomplish this task. When complete, supervisors will have much more comprehensive data about the areas of the investigation process in which delays occur, which could potentially spur targeted, small-scale QI projects.

These additional process statuses will also make it possible for labor to be more easily divided up between investigators and support staff, opening up the possibility of reassigning electronic filing cabinet upload and other low-priority administrative tasks from investigators to support staff.

AIM STATEMENT & IMPROVEMENT THEORY

AIM: Increase the percentage of cases investigated by CDIs, PHNs, and epidemiologists that are closed within 90 days from 86% to 90% by September 2018.

Theory: If the SME review process for several common diseases is replaced with a checklist, and IT systems are enhanced to allow supervisors to more easily monitor the progress of case investigations, delays will be less likely to occur.

PUBLIC HEALTH SERVICES

MATERNAL, CHILD, FAMILY HEALTH SERVICES



MATERNAL, CHILD, AND FAMILY HEALTH SERVICES (MCFHS)

Rhonda Freeman, Jocelyn Waters, and Claire Lynch-Dwight



PROBLEM

Foster children (FC) in San Diego County (SD) must receive timely physical and dental exams, as mandated by CA Dept. of Social Services (CDSS)

- CDSS recommends 90% exam compliance. SD's target is 95%.
- SD implemented a Quality Improvement Project (QIP) in 2015 to examine medical and dental compliance rates.
- Rates improved for 2 years but declined in FY 17/18 due to revision of the exam schedule and a change in data extraction methodology. (Figure 1)

CURRENT APPROACH

Compliance rate data was reviewed by placement type (Figures 2 & 3) Each Region completed a process map detailing the procedure for obtaining exam information. A standardized process map was developed.

Key barriers identified include:

- Multiple agencies involved in the process.
- Foster families face competing demands, and relative placements have the lowest compliance rates.
- Acquiring health documents is a repetitive cycle; staff may duplicate efforts.

POTENTIAL SOLUTIONS

Solutions to address key barriers include:

- Child Welfare Services (CWS) Data Unit to distribute standardized data reports.
- Dedicated SW staff to follow-up for past due exams.
- Reminder letters will be sent to foster parents regarding upcoming exams.
- Electronic submission of foster care forms will be researched.

Figure 1. Medical and Dental Exam Compliance Rates

Metric	FY 15/16	FY 16/17	FY 17/18	Target
Medical	95%	97%	93%	95%
Dental	84%	91%	85%	95%

Data source: SafeMeasures, extract date: 8/2018

Figure 2. Medical compliance trend

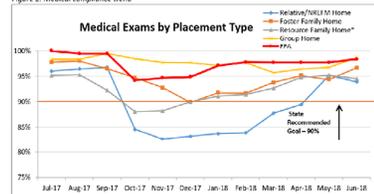


Figure 3. Dental compliance trend

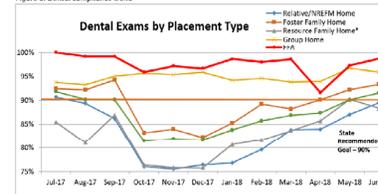


Figure 4. Pilot Region Medical Compliance Rate Compared to County Average

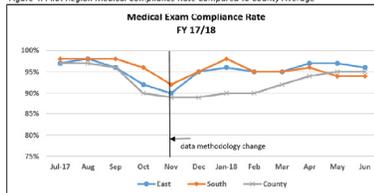
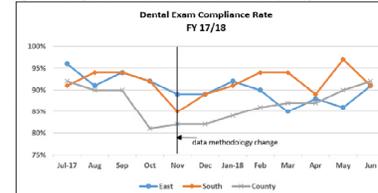


Figure 5. Pilot Region Dental Compliance Rate Compared to County Average



AIM STATEMENT & IMPROVEMENT THEORY

Aim: All foster care children (100%) will receive timely physical and dental exams.

Theory: If we streamline and standardize the process, collect uniform data across Regions/Units, coordinate with foster parents, and educate and promote Medi-Cal and Denti-Cal participating providers, we will improve compliance rates for mandated medical and dental exams.

TEST THE THEORY

Potential solutions were piloted in East and South Regions:

- Standardization of roles within CWS and HHSA.
- CWS data unit distributed reports with exam due dates to all regions; shared drives used to reduce duplication of effort.
- Reminder letters sent to foster parents for medical and dental due dates.

RESULTS

Medical and dental compliance rates for pilot regions were compared to Countywide rates. (Figures 4 & 5)

- East Region achieved a higher compliance rate than the County average for 12 months (medical) and 9 months (dental).
- South Region achieved a higher compliance rate than the County average for 11 out of 12 months (medical and dental exams).
- The SD goal of 95% was met or exceeded by East Region for 10 out of 12 months (medical) and 1 out of 12 months.

STANDARDIZE & PLAN

Standardized process:

- Project extended to include periodic exams.
- CWS data unit to continue sending compliance reports and exam due dates to all regions.

Plan:

- Develop policies and procedures from standardized process.
- Consider project to examine barriers to dental compliance.
- Improve outreach for medical and dental providers in the community.

PUBLIC HEALTH SERVICES

TUBERCULOSIS CONTROL AND REFUGEE HEALTH



INCREASING TREATMENT FOR LATENT TB INFECTION AMONG CONTACTS TO HIGHLY INFECTIOUS CASES
 Susannah Graves, Rona Rullan-Tangonan, Krystal Liang, Lorena Gonzalez-Fabiny, Pam Kennedy, Marisa Moore
 TB Control and Refugee Health Branch, Public Health Services



PROBLEM

- Contacts to persons with infectious tuberculosis (TB) are at high risk of TB infection (nearly 1 in 4) and 5-10% will develop active TB in their lifetime.
- Treatment for latent TB infection (LTBI) substantially reduces the risk and is a key prevention strategy.
- LTBI treatment initiation rate among contacts is a long-standing national TB program performance objective.
- San Diego County achieved 74% LTBI treatment initiation in 2016, an improvement since 2012, but below the national target of 91% for 2020.
- Staff express concern that quality assurance case review meetings are not an efficient use of time to improve program performance.

CURRENT APPROACH

Cohort review meetings were initiated in 2015 as a quality assurance tool in addition to supervisor case reviews, in response to a Centers for Disease Control and Prevention (CDC) grant requirement to conduct cohort reviews as a best practice to improve performance.

Meeting format:

- Led by TB Control Chief
- Monthly 2 hour meeting
- All cases in cohort reviewed (sputum smear-positive cases)
- All case management staff required to attend entire meeting

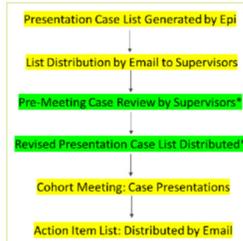
POTENTIAL SOLUTIONS

Revise cohort review meeting format to make these meetings more focused and to reduce staff time in meetings:

Changes include:

- Review selected cases (in which the contact investigations are incomplete) rather than all cases in cohort
- Only require those staff who are involved in those cases on the focused review agenda to attend meeting
- Provide options for remote meeting attendance to reduce time spent traveling to and from the Health Services Complex, Rosecrans

Figure 1: Cohort Process Flow: Focused



*Additional steps implemented December 2017

Figure 2: Case Summary-Focused Cohort Review

Cohort Meeting Date	Case Cohort	Cases Reviewed (pre-meeting)	Cases Presented
Dec 6, 2017	Mar-Jun 2017	24	7
Feb 7, 2018	Jul-Sept 2017	19	10
April 4, 2018	Oct-Dec 2017	20	10
June 6, 2018	Jan-Mar 2018	16	6

Note: Gap in cohort from June 2017 until December 2017 due to OI project development and overall assessment of program by new Chief.

TEST THE THEORY

- Implemented focused cohort review: December 2017– April 2018 (see Figures 1 and 2)
- Reviewed 2017 case cohort, excluding January-February cases
 - Only cases that had incomplete evaluations presented
 - Staff only attended for case investigations they worked on
 - Case presentation for background shortened
 - Case management supervisors attended entire meeting
- Measured LTBI treatment initiation rate for 2017 case cohort in June 2018 and compared to 2016 case cohort performance
- Calculated annual estimate of total staff hours in attendance for 2016 cohort reviews compared with 2017 case cohort reviews.

RESULTS

Process measures:

Number of cases presented decreased (see Figure 3)

Staff time in meetings (estimated) reduced:

- 2016 Case cohort reviews (original format): 72 hours
- 2017 Case cohort reviews (focused format): 5 hours

Staff satisfaction:

Based on general comments to supervisors, much improved

Outcome measure:

LTBI treatment initiation rate among contacts remained level at 74% for 2017 case cohort (see Figure 4)

Figure 3: Number of Cases Presented in Cohort Review by Year, 2015-2018



Figure 4: LTBI Treatment Initiation Among Contacts to Sputum Smear-Positive



AIM STATEMENT & IMPROVEMENT THEORY

AIM: Increase the percentage of contacts to sputum smear-positive cases and diagnosed with new LTBI who initiate treatment from a baseline of 75% in 2016 to 80% in 2018.

Theory: Revised format of cohort review (focused on cases in which the contact investigations are incomplete) will reduce time staff required to spend in quality assurance meetings without a reduction in LTBI treatment initiation rate among contacts. These rates will either improve or be maintained.

STANDARDIZE & PLAN

- Based on maintenance of performance, with reduction in staff hours and improved staff satisfaction, continue focused format for second year
 - Re-check for sustained or improved performance in July 2019
- Consider new theory for potential improved outcome/efficiency:
 - LTBI dedicated nurse to assist case management teams
 - Interdisciplinary team development
 - Analysis of demographics (such as age and country of birth) of contacts with LTBI and reasons recorded for not starting treatment to inform areas of intensified case management

PUBLIC HEALTH SERVICES PUBLICATIONS AND PRESENTATIONS (By Branch)



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 40 such presentations and publications.

PUBLIC HEALTH SERVICES PUBLICATIONS AND PRESENTATIONS



ADMINISTRATION OF PUBLIC HEALTH SERVICES

Lapoint, J., Meyer, S., Yu, C., Koenig, K., Lev, R., Thihalolipavan, S., Staats, K., Kahn, C. *Cannabinoid Hyperemesis Syndrome: Public Health Implications and a Novel Model Treatment Guideline.* Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, Volume 19, Issue 2. March 2018. PUBLICATION

Kozo, J., Curvey, L. *Emergency Risk and Public Health Communication: Utilizing a Partner Relay to Share Information With Limited English Proficient Populations.*

Summer Institute on Migration and Global Health, Oakland, CA. June 2018.

PRESENTATION

Kozo J., Zapata-Garibay R., Rangel-Gomez M.G., Fernandez, A., Hirata-Okamoto, R., Wooten, W., Vargas-Ojeda, A., Jiménez, B., Zepeda-Cisneros, H., and Matthews, C.E.

The Border Health Consortium of the Californias—Forming a Binational (California–Baja California) Entity to Address the Health of a Border Region: A Case Study.

Frontiers in Public Health, January 2018. PUBLICATION

Matthews, R. *Linking Data Systems for Faster Flu Responses in the County of San Diego.* National Association of County and City Health Officials webpage. July 24, 2017.

PUBLICATION

Steele, J., Koenig, K., Kozo, J., Smith, A., Rodriguez, M. *Cross-border panel discussion—emergency medical services collaboration to improve trauma health outcomes in the San Diego-Tijuana border region.* State of California 2018 Trauma Summit, San Diego, CA. May 2018. PRESENTATION

Varan, A., Lederman, E., Stous, S., Elson, D., Freiman, J., Marin, M., Lopez, A., Stauffer, W., Joseph, R., and Waterman, S. *Serological Susceptibility to Varicella Among U.S. Immigration and Customs Enforcement Detainees.* Journal of Correctional Health Care, p. 1-12. September 2017. PUBLICATION.

Wooten, W., Julien, J., Werth, J. *How Public Health Accreditation Helped One Local Health Department Integrate and Promote Health Equity.* Journal of Public Health Management and Practice: May/June 2018, Volume 24, p. 60-65. PUBLICATION

CALIFORNIA CHILDREN'S SERVICES

None.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

Angel, Kristen. *Zika Virus Epidemiology in San Diego County, 2016-2017.* 2018 Annual Vector-Borne and Zoonotic Disease Meeting, San Diego, CA. April 25, 2018.

PRESENTATION

Arizmendi, O., *Enhanced Surveillance of Coccidioidomycosis in San Diego County, 2014-2016.* San Diego Epidemiology Research Exchange, San Diego, CA. April 27, 2018.

PRESENTATION

Arizmendi, O., Fabian, E., Balagot, C., Iniguez-Stevens, E., Kao, A. *Enhanced Surveillance of Coccidioidomycosis in San Diego County, 2014-2016.* Proceedings of The 62nd Annual Coccidioidomycosis Study Group Meeting, Flagstaff, AZ. April 13-14, 2018. PRESENTATION

Johnson, J., Matthews, R., Kearney, L., Richardson, M., Nelson, J., Colanter, B., McDonald, E., Waters-Montijo, K. *The Longitudinal Record: Linking Hepatitis A Outbreak Cases and Syndromic HL7 Data.* International Society for Disease Surveillance (ISDS) Annual Conference, Orlando, FL. January 31, 2018. PRESENTATION

Johnson, J., Wallace, D. *The Benefit of Public Health Reporting Through a Local Health Information Exchange.* California Health Information Association Annual Conference, San Diego, CA. June 6, 2018. PRESENTATION

Murphy, B., Maroufi, A. *Epidemiology Program Update and Specific Vector-borne Diseases of Significance for 2017.* 2018 Annual Vector-Borne and Zoonotic Disease Meeting, San Diego, CA. April 25, 2018. PRESENTATION

Murphy, B., *County of San Diego Concept of Operations (CONOPS) Response to Local Transmission of Zika, 2016-2017.* 2018 California Emergency Preparedness Training Workshop, Sacramento, CA. June 19, 2018. PRESENTATION

Peak, C., Stous, S. *Hepatitis A and Homelessness.* 4th Annual Communicable Disease Meeting, San Diego, CA. June 8, 2018. PRESENTATION

Peak, C. *Reduced Population Mobility Associated with Travel Restrictions during the Ebola Epidemic in Sierra Leone: Use of Mobile Phone Data.* San Diego Epidemiology Research Exchange, San Diego, CA. April 27, 2018. PRESENTATION

Pettiford, K., *Addressing Health Beliefs as Part of Hepatitis A Health Education Efforts.* National Immunization Conference, Atlanta, GA. May 14-16, 2018. PRESENTATION

PUBLICATIONS AND PRESENTATIONS (continued)

EPIDEMIOLOGY AND IMMUNIZATION SERVICES (continued)

Steele, S., Basler, T., Austin, B., *Next Generation Sequencing of the Hepatitis A Virus Outbreak in San Diego County.* Association of Public Health Laboratories Annual Conference, Pasadena, CA. June, 2018. PRESENTATION

Steele, S., Victorio, M., Austin, B. *Comparison of Water Quality Indicator Methods for Recreational Water in San Diego County.* Association of Public Health Laboratories Annual Conference, Pasadena, CA. June, 2018. PRESENTATION

Stous, S. *Hepatitis A Update.* Southern California Epidemiology Exchange. February 14, 2018. Long Beach, CA. PRESENTATION

Wallace, D., Blaser, C., Thihalolipavan, S., Thun, M., Waters-Montijo, K., Johnson J. *Use of the San Diego Immunization Registry (SDIR) to Facilitate Mass Vaccination Among Inmates During A Hepatitis A Outbreak in San Diego County: March – November 2017.* 2018 California Immunization Coalition Summit, Sacramento, CA. April 16-17. PRESENTATION

Wallace, D., Blaser, C., Thihalolipavan, S., Thun, M., Waters-Montijo, K., Johnson J. *Use of the San Diego Immunization Registry (SDIR) to Facilitate Mass Vaccination Among Inmates During A Hepatitis A Outbreak in San Diego County: March – November 2017.* National Immunization Conference, Atlanta, GA. May 14-17, 2018. PRESENTATION

HIV, STD, AND HEPATITIS BRANCH

Aiem, H. *HIV and STD Integration—High-Risk Gonorrhea Project Overview.* CDPH HIV Prevention Conference: Bending the Arc, Los Angeles, CA. November 29, 2017. PRESENTATION

Beeston, T. *Sexual Health Education Training of Trainers.* California Department of Public Health (CDPH) Sexual Health Education Adjunct Trainers Meeting, Los Angeles, CA. September 13, 2017. PRESENTATION

Beeston, T. *Sexual Health Educator Training Update.* Sexual Health Educator Adjunct Trainers Meeting, San Diego, CA. March 29, 2018. PRESENTATION

Beeston, T. *Sexual Health Education Partnership Model Practices: County of San Diego Health and Human Services Agency and San Diego Unified School District.* National Association of County and City Health Officials Health Education Workshops Strengthening Partnerships Between Local Health Departments and Local Education Agencies to Support Adolescent Health Education Progress, San Diego, CA. October 19, 2017. PRESENTATION

Brookshire, L. *HIV Testing in Detention Facilities.* CDPH Detention Facilities Workshop, Anaheim, CA. November 7, 2017. PRESENTATION

Brookshire, L. *Linkage to HIV Care for HIV Positive Inmates.* CDPH Detention Facilities Workshop, Anaheim, CA. November 8, 2017. PRESENTATION

Brookshire, L. *San Diego Strategic HIV Prevention Projects.* CDPH and Strategic Prevention Project Grantees meeting, Anaheim, CA. November 17, 2017. PRESENTATION

Brookshire, L. *HIV PrEP Campaigns.* CDPH HIV Prevention Conference: Bending the Arc, Los Angeles, CA. November 28, 2017. PRESENTATION

Brookshire, L. *HIV Workforce Repurposing.* CDPH HIV Prevention Conference: Bending the Arc, Los Angeles, CA. November 29, 2017. PRESENTATION

Brookshire, L. *Social Marketing and Media.* CDPH and Local Health Jurisdiction Meeting, Palm Springs, CA. April 24, 2018. PRESENTATION

Butera, M., Tilghman W. *Getting to Zero HIV Infections.* San Diego Physician, p. 18-19. October 2017. PUBLICATION

Salgado, H., Gilleran, A., Zenzola, T., Browner, D., Saitowitz, S., Coleman, T., Wooten, W. *Capacity Building of Community-Based Organizations to Advance Resident-Driven City Policies.* American Public Health Association Annual Meeting, Atlanta, GA. November 4-8, 2017. PRESENTATION

Tilghman W. *Sexually Transmitted Diseases in San Diego County.* San Diego Physician, p. 22-24. October 2017. PUBLICATION

Tilghman, W. *Sexually Transmitted Disease Update.* Desert AIDS Project Meeting, Palm Springs, CA. February 6, 2018. PRESENTATION

Tilghman, W. *Sexually Transmitted Disease Update.* Riverside University Systems, Moreno Valley, CA. February 7, 2018. PRESENTATION

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

Billups, N., Arnett, J., Sideling, D., Hamburger, A., Murphy, M., Riedel, L., Coleman, T., Wooten, W. *Eat Well Practices: County Government Food Procurement Guidance to Improve Health, the Environment, and the Economy.* American Public Health Association Annual Meeting, Atlanta, GA. November 4-8, 2017. PRESENTATION

Browner, D. *What EHR Data Tells us about the Health of the Community: a Cardiovascular Disease Surveillance Project in San Diego County.* Council of State and Territorial Epidemiologists Annual Meeting, West Palm Beach, FL. June 10-14, 2018. PRESENTATION

PUBLICATIONS AND PRESENTATIONS (continued)

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES (continued)

Browner, D., Najera, L., Stegall, A., Lopez, C., Hernandez, E., Thihalolipavan, S., Wooten, W. *Bridging a Functionality Gap: Tracking Hepatitis A Field Vaccination Efforts with the Outbreak Response Management System.* Council of State and Territorial Epidemiologists Annual Meeting, West Palm Beach, FL. June 10-14, 2018. PRESENTATION

Lopez, C., Kleske, D., Hughes, B., Billups, N., Browner, D., Coleman, T., Wooten, W. *Evaluation Results of the Sodium Reduction Initiative in San Diego.* American Public Health Association Annual Meeting, Atlanta, GA. November 4-8, 2017. PRESENTATION

Stegall, A., Browner, D., Linayao-Putman, I., Coleman, T., Wooten, W. *Availability of Tobacco Products and Healthy Foods in the Retail Environment: Comparative Results from the 2013 and 2016 Healthy Stores for a Healthy Community Campaign Survey, San Diego County.* American Public Health Association Annual Meeting, Atlanta, GA. November 4-8, 2017. PRESENTATION

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Blaser, C., Murto, C. *Sheltering Haitian Humanitarian Parolees in San Diego: A Local Health Department's Response to an International Crisis.* Health Security, p. 559-562. October 12, 2017. PUBLICATION

Blaser, C., Zurek, T. *Beyond PODS: Innovation in Deployment of Medical Countermeasures for a Hepatitis A Outbreak in Special Populations.* National Association of County and City Health Officials Public Health Preparedness Summit, April 2018. ABSTRACT and PRESENTATION

TUBERCULOSIS CONTROL AND REFUGEE HEALTH

Brentnall, M. *San Diego's TB Prevention Outreach Campaign.* TB Education and Training Updates from the Field, CDC Webinar. August 10, 2017. PRESENTATION.

Cheng, Y. *Electronic Health Record: Lessons Learned.* 2017 Fall California TB Controllers Meeting, Oakland, CA. November 14, 2017. PRESENTATION.

Figueroa, A., Vonnahme, L., Burrell, K., Vera-Garcia, C., Murto, C., Moser, K. *CureTB and the Continuity of Care for Globally Mobile TB Patients 2012-2015.* 2018 National TB Conference, Palm Springs, CA. May 21-24, 2018. POSTER.

Graves, S. *Latent Tuberculosis in San Diego: Test and Treat for TB Elimination.* San Diego Physician Magazine. October 2017. PUBLICATION.

Graves, S. *ECHO Case Presentation,* Binational TB Case Conference, University of New Mexico, webinar (called in from San Diego). April 17, 2018. PRESENTATION.

Graves, S., Sanchez, B. *Latent TB Infection Update.* World TB Day Conference, Tijuana, Baja California, Mexico. March 21, 2018. PRESENTATION

Moore, M. *San Diego County: TB Prevention Update.* California Tuberculosis Elimination Advisory Committee Meeting, Oakland, CA. November 15, 2017. PRESENTATION

Moore, M. *TB Prevention: Using Local and Public-use Data for Community Provider Outreach.* 2018 National TB Conference, Palm Springs, CA, May 21-24, 2018. PRESENTATION

Murto, C., Albert, R., Mohammad-Bakir, N., Caperna, J. *Efficacy of LTBI Treatment Model Among Newly Arriving Refugees.* 2018 National TB Conference, Palm Springs, CA. May 21-24, 2018. POSTER.

Sanchez, B. *Latent TB Infection Update.* World TB Day Conference, Ensenada, Baja California, Mexico. March 23, 2018. PRESENTATION

A photograph of three diverse professionals in a meeting. A woman with long brown hair, wearing a grey blazer over a yellow top and a necklace with a green pendant, is smiling and looking towards the other two people. A woman with dark curly hair, wearing a colorful striped shirt, is looking down at a notebook and writing with a blue pen. A man with short dark hair, wearing a patterned shirt, is looking towards the woman in the striped shirt. They are sitting around a wooden table with a coffee cup, a notebook, and some papers. The background is a bright, modern office space with a glass railing.

PUBLIC HEALTH SERVICES RESEARCH PROJECTS

(By Branch)

Public Health Services branches are involved in research projects in collaboration with community partners. A brief description of each of the eight projects is listed on the following pages.

PUBLIC HEALTH SERVICES RESEARCH PROJECTS



CALIFORNIA CHILDREN'S SERVICES

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	EISB/Jeff Johnson	December 15, 2009-Present

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
San Diego Syphilis Database (SDSD): Evaluating serologic response to syphilis treatment in HIV-infected compared to HIV-negative individuals.	Charles Hicks, University of California San Diego (UCSD)/ Dr. Winston Tilghman, HSHB	June 16, 2016 to December 31, 2017

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	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.		

RESEARCH PROJECTS (continued)

TUBERCULOSIS CONTROL AND REFUGEE HEALTH (TBC-RH)		
Title and Purpose of Study	Sponsor/Principal Investigator/County Staff Liaison	Study Period
Recent Transmission of Tuberculosis among California Health Care Workers	Lisa Pascopella, CDPH/Dr. Susannah Graves, TBC-RH	January 2018 – December 2018
Video Directly Observed Therapy to Monitor Short-Course Latent TB Infection Treatment	Richard Garfein, Toni Antonio, UCSD	March 16, 2015-February 28, 2020
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
Evaluating the clinical and microbiologic impact of discordant results for rifampin resistance in patients with tuberculosis	CDC/Eghosa Oyegun/Dr. Yi-Ning Cheng, TBC-RH	May 2017-May 2019

PUBLIC HEALTH SERVICES STAFF AWARDS AND RECOGNITIONS



Maternal, Child, and Family Health Services Chronic Disease and Health Equity Unit staff, posing with the certificate they received from the State of California Department of Public Health, in recognition of exceptional administrative work for the Nutrition Education and Obesity Prevention program. From left to right: Carlos Benitez, Adrienne Gilleran, Grace Anggrainy, John Rasmussen, and Jude Stephen.

Public Health Services branch staff received awards and recognitions for outstanding work during this fiscal year.

PUBLIC HEALTH SERVICES STAFF AWARDS AND RECOGNITIONS



Note: Awards and recognitions are listed by date of occurrence.

Spiegel Received Certification in Pediatrics

April Spiegel of **California Children Services (CCS)** received a specialist certification in pediatrics from the American Board of Physical Therapy Specialists in **July 2017**.

Brown Received CCM Certification

Karla Brown of **California Children Services (CCS)** received her Case Management Certification from the Commission for Case Manager (CCM) Certification on **September 1, 2017**. The CCM is the oldest and only research-based case manager certification, recognized broadly for its rigorous examination. Health care organizations need well-trained, knowledgeable case managers, and the CCM is the standard for the industry.

Shaw Appointed to CCS Statewide Functional Outcomes Workgroup

Rachel Shaw of **CCS** was appointed in **November 2017** as a member to the CCS Statewide Functional Outcomes Workgroup, a sub-committee of the Statewide Medical Therapy Program Advisory Committee. This workgroup's mission is to establish recommendations

for mandatory assessments/clinical measures of functional abilities that are evidence-based and meet psychometric standards for reliability, validity, and lack of bias to evaluate change and therapeutic benefits over time.

HHSA Named Recipient of Excellence Award

The Health and Human Services Agency (HHSA) was selected as a California Awards for Performance Excellence (CAPE) Silver-Level Eureka Award recipient. The award was given by the California Council for Excellence (CCE). The news was announced by HHSA Director **Nick Macchione** on **December 20, 2017**.

The County was among four organizations recognized for commitment to sustainable excellence through innovation, continuous improvement, and visionary leadership. Using the Malcolm Baldrige Framework as a guide, HHSA has demonstrated exceptional performance and is progressing in its efforts toward achieving excellence for all the residents we serve. Staff spoke with and engaged the CAPE examiners during their three full-day site visits in November. Examiners were able to witness first-hand the great work HHSA employees are doing to improve the lives of customers.

HHSA, along with other 2017 CAPE award recipients, were formally honored at CCE's annual awards conference in **spring 2018**.

County Recognizes Staff for Hepatitis A Outbreak Efforts

The great work of County employees during the hepatitis A outbreak during 2017 and 2018 was recognized at a forum on **February 27, 2018** at the Scottish Rite Event Center in San Diego.

The forum, attended by 400 employees who directly worked on the outbreak, was also an opportunity to hear about accomplishments, as well as lessons learned from this outbreak and how they can be applied to future situations.

Several of the County's top executives were on hand to speak at the event and recognize the tremendous efforts made by County staff to protect the public's health—Chief Administrative Officer **Helen Robbins-Meyer**, Health and Human Services Agency (HHSA) Director **Nick Macchione**, Land Use and Environment Group Director **Sarah Aghassi**, Department of Public Works Director **Richard Crompton**, and Public Health Services (PHS) Director and Public Health Officer **Dr. Wilma Wooten**.

Achievements recognized included:

- County public health nurses along with nurses from partners in the community administered more than 123,000 vaccination doses since the outbreak began;

STAFF AWARDS AND RECOGNITIONS (continued)

County Recognizes Staff for Hepatitis A Outbreak Suppression Efforts (continued)

- Many vaccinations were given by “foot teams,” an innovative approach we developed to get vaccines to our at-risk homeless population;
- Public health nurses, partnered with Human Services Specialists, outreach workers, and sometimes law enforcement, hit the streets, riverbeds, or canyons to find homeless people one-by-one;
- Over 26,000 vaccination doses were given at field events, which include: foot teams, points of delivery (POD), and the mobile van;
- Over 17,000 vaccination doses were given out at County clinics, public health centers, at the HHSA Psychiatric Hospital, and County jail and detention facilities;
- Approximately 178 educational presentations were provided to key stakeholders, agencies, healthcare organizations, and the community at-large;
- GIS mapping of cases helped develop a picture of what we were experiencing and devise a plan for next steps needed;
- Many staff met with local jurisdictions to explain the medical aspects of hepatitis A as well as the need for extra sanitization where homeless people were located;
- Staff worked with the Centers for Disease Control (CDC) and Prevention, the California Department of Public Health, and community partners, to initiate a three-pronged strategic approach—vaccinate, sanitize, and educate—to stop the outbreak;

- Over 11,000 hygiene kits were distributed;
- Handwashing stations were installed; and
- Approximately 588 outbreak cases were thoroughly investigated by Epidemiology staff with post-exposure prophylaxis provided when indicated.

During the initial stages of the outbreak, PHS relied on the CDC to confirm infections and to perform the genetic analysis that allowed the grouping of patients into clusters. Clustering facilitated PHS in looking at commonalities among patients. In order to reduce the time to results and to relieve the testing burden on the CDC, the Public Health Laboratory (PHL) worked with CDC, the California State Virus Laboratory, and academic partners to develop our own hepatitis A detection test, using molecular technology. This greatly reduced the time to results from four weeks to one week. Subsequently, PHL has developed the tools to perform genetic sequencing and to perform case clustering. PHL research has been accepted for presentation at four national meetings.



Harrison Bolter of the Epidemiology and Immunization Services Branch show off some of the 11,000 hygiene kits distributed during the hepatitis A outbreak.

Blaser Recognized for Hepatitis A Outbreak Efforts

Catherine Blaser of the Public Health Preparedness and Response Branch was recognized by the County for her efforts in the hepatitis A outbreak on **February 27, 2018** at the Hepatitis A Outbreak Employee Recognition event. She received leave hours and a financial incentive. Because of Catherine’s efforts, the County was able to administer over 150,000 vaccinations, educate over 10,000 individuals on hepatitis A, and place 160 handwashing stations and distribute over 11,000 hygiene kits. Specifically, Ms. Blaser played a key role in:

- Leading data, education, and vaccination activities for hepatitis A,
- Leading liaison activities with external and internal partners,
- Assembling hepatitis A information and made recommendations to inform policy development,
- Coordinating information to inform executive team and Board of Supervisors, and
- Playing key role in Department Operations Center.

Przybyla Received Swallowing Certification

Rachelle Przybyla of **CCS** received her Advanced Practice Certification in Swallowing Assessment, Evaluation or Intervention from the California Board of Occupational Therapy in **March 2018**.

STAFF AWARDS AND RECOGNITIONS (continued)

PHS is Recipient of Three NACo Achievement Awards

The County Health and Human Services Agency (HHS) Public Health Services (PHS) received three 2018 achievement awards from the National Association of Counties (NACo) related to recent work dealing with the hepatitis A outbreak in San Diego County. The recipients were announced by NACo on **May 11, 2018**. The County programs that won awards were:

- Hepatitis A Housing Program: Preventing the Spread;
- Utilizing Foot Teams: Reaching the Unreachable During a Hepatitis A Outbreak; and
- Vaccination Strategies: Engaging Hospital Emergency Departments as Vaccinators During a Hepatitis A Outbreak.

NACo achievement awards recognize innovative programs that modernize county government and increase services to county residents. To be eligible to receive an award, a county program must accomplish one or more of the following:

- Offer new services to county residents, fill gaps in the availability of services, fill gaps in or tap new revenue sources;
- Improve the administration of an existing county government program;
- Upgrade the working conditions or level of training for county employees;
- Enhance the level of citizen participation in, or the understanding of, government programs;

- Provide information that facilitates effective public policy making; and
- Promote intergovernmental cooperation and coordination in addressing shared problems.

Hepatitis A Housing Program: Preventing the Spread

Patients with hepatitis A who were still infectious when they were released from a hospital needed housing to recover until they were no longer infectious. A novel approach was taken to provide temporary shelter to prevent the spread of hepatitis A by infectious patients, who otherwise had no other housing options.

Utilizing Foot Teams: Reaching the Unreachable During a Hepatitis A Outbreak

The hepatitis A outbreak disproportionately impacted the local homeless and illicit drug using population. Vaccination is a critical tool for combating this outbreak, yet accessing the populations at highest risk was a great challenge. As a result, public health nurses adopted the strategy of static vaccination sites to include new field “foot teams.” “The Hepatitis A Foot Team Program” allowed nurses to travel on foot, often accompanied by law enforcement and/or homeless outreach workers, to vaccinate individuals who were otherwise reluctant or unable to seek medical care or vaccination at service delivery sites.

Vaccination Strategies: Engaging Hospital Emergency Departments as Vaccinators During a Hepatitis A Outbreak

Several mass vaccination events were conducted leading staff to discern that reach to the homeless and illicit drug using populations was limited as they may not readily seek medical services and lacked transportation services to access care. It became evident that vaccinating these difficult-to-reach

populations required unique strategies. A public-private partnership with hospitals was established to help reach those who may have been otherwise unreachable, while they were in the emergency department.

There were 615 NACo achievement award entries from 116 counties and state associations in 29 states. County representatives were present to receive the awards at the NACo 2018 Annual Conference and Exposition in Nashville, Tennessee on July 15. NACo unites 3,069 county governments with a goal of achieving healthy, vibrant, and safe counties across the U.S.

Hughes Honored with Friend of Love Award

Barbara Hughes from the Maternal, Child, and Family Health Services Chronic Disease and Health Equity (CDHE) Unit received the “Friends of Love” award from the King-Chavez Neighborhood of Schools for promoting a culture of nutrition and healthy behaviors through policy, systems, and environmental changes on **May 16, 2018**.

Working on behalf of the CDHE Nutrition Education and Obesity Prevention (NEOP) Program and University of California San Diego Center for Community Health, Ms. Hughes was recognized specifically for her leadership in the NEOP nutrition workshops, Harvest of the Month (HOTM) events, and school wide implementation of the healthy “birthday cart” for birthday celebrations.

The “Friends of Love” award is given at an annual recognition event for community members who show love and support for the King-Chavez Arts and Athletics Academy.

STAFF AWARDS AND RECOGNITIONS (continued)

Spiegel Received Most Influential Clinical Instructor Award

April Spiegel of California Children Services (CCS) received a Most Influential Clinical Instructor (CI) Award San Diego State University (SDSU) on **May 20, 2018**. This award was received for being the most influential CI for students in the SDSU Doctor of Physical Therapy class of 2018.

EISB Received DEH County Partner Award

The great work of the Epidemiology and Immunization Services Epidemiology Unit during the hepatitis A outbreak was recognized by the Department of Environmental Health (DEH), receiving the Department's County Partner Award on **May 30, 2018**.



PUBLIC HEALTH SERVICES STAFF DEVELOPMENT

Public Health Services encourages branch staff to enhance their work by taking staff development trainings.

PUBLIC HEALTH SERVICES STAFF DEVELOPMENT



Note: Staff development is listed in alphabetical order.

Advanced Competencies for the Administrative Professional of the 21st Century Program

Yoshara Moncada and **Pauline Pesayco** of **Maternal, Child, and Family Health Services (MCFHS)** graduated from the Administrative Support Academy and Advanced Competencies for the Administrative Professional of the 21st Century program in **March 2018**. **Dina Frandis** of **California Children Services (CCS)** graduated in **April 2018**. **Sydney Herrera** of the **Epidemiology and Immunization Services Branch-Vital Records (EISB-VR)** graduated on **May 30, 2018**. The seven-week ACAP21 program provides skills in customer service, professionalism, communication, teamwork, management, organization, flexibility, and technology.

Centers for Disease Control and Prevention Tuberculosis Program Manager's Course

Dr. Susannah Graves of **Tuberculosis Control and Refugee Health (TBC-RH)** completed the Centers for Disease Control and Prevention's (CDC) four-day course on **November 6-9, 2017**, in Atlanta, GA. It is a "nuts and bolts" training for new tuberculosis (TB) program managers from all over the U.S., and includes orientation to CDC resources for program management, laboratory support, and other resources.

CITC TB Control Mini-Fellowship

Dr. Susannah Graves of **TBC-RH** completed the Curry International Tuberculosis Center (CITC), TB Control Mini-Fellowship Training, **May 15-17, 2018**, in Orange County. This is a one-on-one fellowship training on-site at another TB control branch.

CityMatCH's CityLeaders Program

Kym Hodge of **MCFHS** completed the CityMatCH's CityLeaders Program on **September 20, 2017**. The Program provides leadership training for emerging and mid-level urban maternal child health leaders. CityMatCH is a national membership organization of city and county health departments maternal and child health programs and leaders representing urban communities in the U.S. The organization's mission is to strengthen public health leaders and organizations to promote equity and improve the health of urban communities.

Clerical Finance Academy

Daisy Maog of **CCS** graduated from the Clerical Finance Academy in **April 2018**.

ConnectWellSD Training

ConnectWellSD trainings were provided throughout FY 17-18 and completed by many staff from PHS branches. ConnectWellSD is a secure platform that pulls together data from nine source systems from across County groups, plus two information directories, including 2-1-1. The system combines the data, puts it into categories, and makes it available in one complete view for each customer. It makes comprehensive customer service quick and easy, through information access and safe data sharing.

Curry International TB Center (CITC) TB Clinical Intensive Training

Dr. Susannah Graves, Dr. Louis Gillaran, and Cynthia Ringoot of **TBC-RH** completed the Curry International TB Center TB Clinical Intensive Training on **October 16-19, 2017**, in Oakland, CA. This is a four-day training in the clinical management of TB disease and latent TB infection (LTBI) presented by CITC, the federally funded TB Center of Excellence for the western U.S.

STAFF DEVELOPMENT (continued)

Essentials of Supervision Program

Valerie Ariola of HIV, STD, and Hepatitis Branch (HSHB) graduated from the Essentials of Supervision Program (ESP) in **March 2018**. **Sarah Falkenhagen** of CCS and **Marti Brentnall** of TBC-RH graduated from the program on **May 31, 2018**. The seven-week ESP program provides skills needed for growth and development as a supervisor in such areas as customer service, professionalism, communication, problem solving, leadership, organizational acumen, and technology.

Gallup Engagement Matters

Alison Sipler of MCFHS, **Catherine Blaser**, **Trista Collins**, **Sheila Rinker**, and **Melissa Dredge** of Public Health Preparedness and Response (PHPR), **Chris O'Malley** and **Ryan Smith** of Public Health Services Administration (PHS Admin)—Community Health Statistics, **Dr. Sayone Thihalolipavan** and **Debbie O'Keefe** of PHS Admin, **Dr. Yi-Ning Cheng** of TBC-RH, and **Tristine Reyes-Yoder** and **Rachelle Przybyla** of CCS completed the course Gallup Engagement Matters in **March 2018**. Gallup Engagement Matters is a course that provides an understanding of the workplace dynamics that influence employees engagement, provide insight into 12 actionable workplace elements with proven links to performance outcomes, and provides techniques for increasing productivity and success by working with a focus on engagement.

Great Leadership Academy

Kristen Dimou and **Maria Celeste Graham** of CCS, **Valerie Ariola** and **Lorena Perez** of HSHB, **Dr. Susannah Graves** and **Dr. Yi-Ning Cheng** of TBC-RH, and **Adrienne Gilleran** and **Mary Anne Lacaman** of MCFHS graduated from the Great Leadership Academy in **October 2017**. **Patrick Buttron**, **Mariana Venegas**, and **Lorraine Calzone** of PHPR, **Keith Van Wagner** and **April Fox** of PHS Admin, **Dr. Denise Green** of CCS, **Maria Victorio** of EISB-Public Health Laboratory and **Dr. Samantha Tweeten** of EISB graduated in **March 2018**. **Rachelle Przybyla** of CCS, **Ana Ramos** and **Irena Anguelov** of HSHB graduated in **June 2018**.

LEAD Now

Brittney Smith of CCS completed University of California Davis LEAD Now certification program on **March 6, 2018**. The four module certificate program session topics covered introduction to leadership: focus on self-awareness; critical thinking and innovation; and high performance teams.

Lean Six Sigma

Ches Blevins of MCFHS completed Lean Six Sigma Yellow Belt Training in **April 2018**. Lean Six Sigma Yellow Belt Training is an opportunity for managers to sharpen their ability to identify and address operational challenges by tapping into some new tools and enlisting their team to improve the customer experience and streamline how we do our business. At the completion of this training, participants may be asked to serve on a Green Belt Project team in support of process improvement at HHSA.

Rona Rullan-Tangonan, **Lorena Gonzalez-Fabiny**, **Krystal Liang**, **Claudia Alvarez**, and **Rosalinda Betancourt** of TBC-RH completed the Lean Six Sigma White Belt Training, from **January to March 2018**. This course is the initial training in the "Lean Six Sigma" series of process-improvement training. It outlines the concept of process improvement, variability, process performance, and the specific roles that different team members play.

Mental Health First Aid

The Mental Health First Aid training took place on **July 18, 2017**, and **April 12, May 21, May 22, May 29, May 30, May 31, and June 28, 2018**, and were attended by staff from CCS, EISB, HSHB, TBC-RH, and MCFHS. The training taught staff how to recognize the signs of mental health or substance abuse problems and provide basic assistance to those in need. Participants learned how to use a five-step action plan to assess a situation and offer someone mental health and substance abuse resources.

Mentor Program

Alex Kahn of CCS and **Catherine Blaser** of PHPR completed the County's Mentor Program on **November 20, 2017**. The Mentor Partnership Program (Mentor Program) is designed to help coach and inspire employees participating in the Program to pursue their chosen career-oriented goals within County government. The mentor's objective is to assist the mentee in identifying areas of opportunities to further develop. Such areas may include job skills, training, education, and/or personal development.

STAFF DEVELOPMENT (continued)

Motivational Interviewing Training

LeeAnn Adams, Diana Vaughan-Jones, JoAnn Kozakowski-Koch, Mariana Badial, Angel Vazquez-Murillo, Sonia Cardenas, Francisco Velasco, Rosalinda Betancourt, Lari Petties, and Noe Perez of TBC-RH completed a motivational interviewing training on **May 1, 2018**. This course is a one-day training on the evidence-based technique of motivational interviewing which addresses ambivalence to change. It is a conversational approach designed to help people identify their readiness, willingness, and ability to change and to make use of their own change-talk.

Person-Centered Service Coaching

Maureen Loo-Martinez completed the Person-Centered Service Coaching certificate program in **December 2017**. **Amy Menolez** of EISB-VR, **Anna Liza Manlutac** of EISB-Public Health Laboratory, **Izzybeth Rodriguez** of MCFHS, and **Lorena Perez** of HSHB-STD Clinic completed the program on **May 21, 2018**. The program helps employees to be more person-centered in their service.

Preceptor Workshop for Public Health Nurses

Devery Mandagie of TBC-RH completed the Preceptor Workshop for Public Health Nurses conducted by Point Loma Nazarene University, on **May 30, 2018**. This is a workshop for training experts currently working in the field of public health nursing to act as preceptors for

nursing student trainees interested in public health nursing.

Quality Improvement Training

Amy Chou, Judith Garces, Patrick Wilkens, and Jennie Zhang of CCS; **Linda Lake, Dr. Syreeta Steele, Tahaiti Tinsley, and Karen Waters-Montijo** of EISB; **Kirk Bloomfield, Malek Guerbaoui, and Donna Redondo** of HSHB; **Rhonda Freeman, Claire Lynch-Dwight, Alison Sipler, and Jocelyn Waters** of MCFHS; **Catherine Blaser** of PHPR; **Nick Beatman, Nora Bota, Samantha Hasler, Caroline Mosher, and Jackie Werth** of PHS Administration; and **Rosalinda Betancourt, Rona Rullan-Tangonan, Lorena Gonzalez-Fabiny, and Claudia Guzman** of TBC-RH, completed a quality improvement (QI) training conducted by the Public Health Foundation, on **May 17-18, 2018**.

This two-day intensive, practical training was held for PHS QI champions. The training involved developing knowledge of key Branch processes and helping identify priority process improvement needs, coaching QI teams within the Branch to support QI project success, and serving as a resource on methods and tools, as well as helping to coordinate participation of Branch staff in activities to strengthen the QI culture of PHS.





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