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COUNTY OF SAN DIEGO
HEALTH AND HUMAN
SERVICES AGENCY

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ACCREDITED HEALTH DEPARTMENT
Public Health Accreditation Board

Public Health Services

Manager's Manual Toolkit

A Resource Guide for
Public Health Services Managers

June 30, 2023

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The *Manager's Manual Toolkit* was developed under the *Public Health Services Strategic Plan*, in the County of San Diego Health and Human Services Agency, to advance the vision of *Live Well San Diego*. The Plan supports national public health accreditation. Public Health Services department was accredited on May 17, 2016.

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MANAGER'S MANUAL TOOLKIT
PUBLIC HEALTH SERVICES

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PUBLIC HEALTH SERVICES

PART I: INTRODUCTION

A. Purpose

The purpose of the Manager's Manual Toolkit, organized by the Baldrige Excellence framework, is to support Managers of the Public Health Services (PHS) department, in the County of San Diego (County) Health and Human Services Agency (HHSA). This action is achieved by providing essential information related to management that cuts across all PHS branches, units, and programs. Achievement of this effort addresses Objective 6.1.1 in the PHS Strategic Plan for PHS Administration (FY 2022-23), which is to *"strengthen the administrative infrastructure through standardized processes and procedures."*

The Manager's Manual Toolkit provides a brief description of each of the essential management functions, and a few of the most essential resources for each area of management responsibility. This effort supports operational excellence, workforce development including Core Competencies for Public Health Professionals, internal customer service, and knowledge management efforts. The Manager's Manual Toolkit is intended to be used by all Public Health Leaders, Senior Staff, Managers, and Supervisors within PHS.

B. Toolkit Sunset and Ownership

PHS Administration has the responsibility of creating and maintaining the *Manager's Manual Toolkit* and ensuring that the document is kept up to date on a bi-annual basis. This document is part of a *Manager Resource Packet* that can be found on the PHS SharePoint Site. The *Manager's Resource Packet* includes:

1. *How to Use the Documents in the Manager's Resource Packet*
2. *Needs Identification Template*
3. *Manager's Manual Toolkit*
4. *Program Operations Manual Template*
5. *Program Index*
6. *Program Index Template Guidance*

C. Department, Branch, Program, and Services Overview

PHS is a department of the County of San Diego (CoSD) Health and Human Services Agency (HHSA). Within PHS, there are 7 branches, and numerous divisions, units, programs, and initiatives, which are subject to change as grant cycles begin and end, or programmatic changes

occur. For the most up to date information about all of the programs within the department, please refer to: 1) the PHS Programs and Services brochure; and 2) the PHS webpage.

D. Structure – PHS Organizational Chart

It is recommended that PHS staff review the PHS organizational chart (See Figure 1 below), reporting relationships, and chain of command for decision making, accountability, communication, internal customer service, and organizational acumen. The organizational chart for PHS leadership is maintained by PHS Administration, and available on the PHS website and the PHS SharePoint site.

PHS Administration Leadership, Units and Offices are featured in the organizational chart below. PHS Leadership has oversight over PHS operations and programmatic activities. Branch Chiefs should ensure *branch* organizational charts are up-to-date and uploaded to the Share Point site.

Figure 1. Public Health Services Organizational Chart, April 6, 2023.
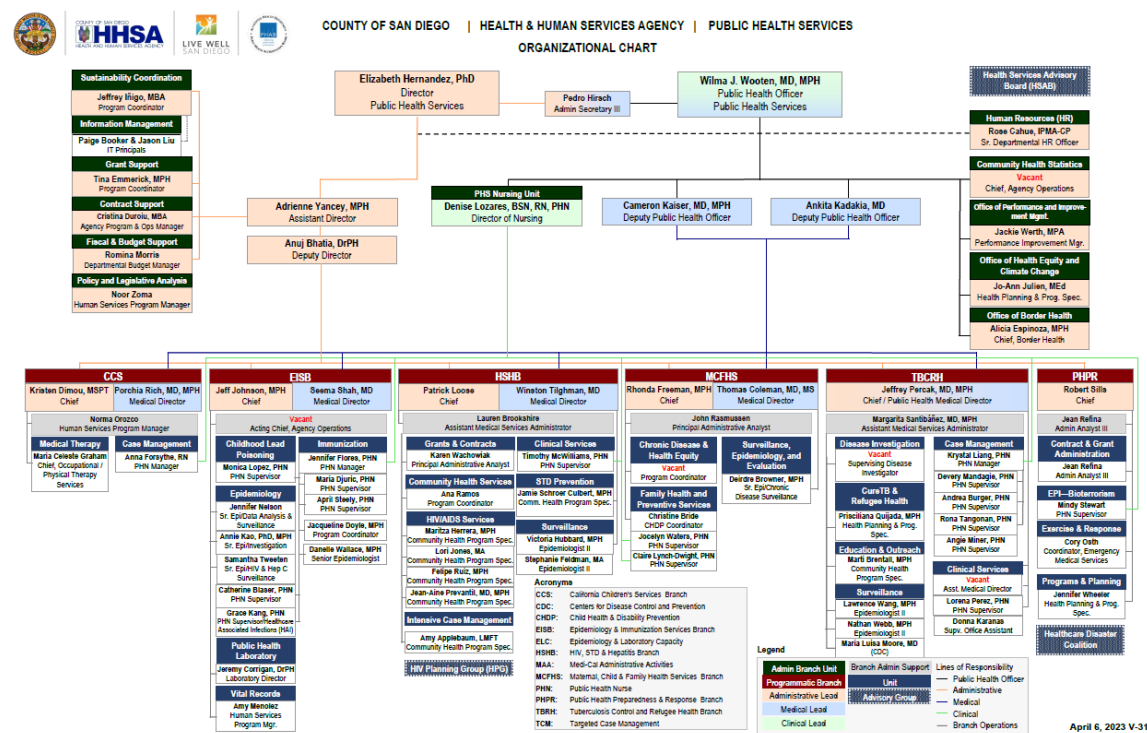
Source: Public Health Services Administration, 2023.

E. How the Document is Organized

This toolkit is organized to align with the Baldrige Excellence Framework (Figure 2), which is a leadership and performance management approach to guide an organization to reach identified goals and improve results. This toolkit is organized to include all the elements of the Baldrige Excellence Framework. These elements include leadership, strategy, and customers (related to planning); measurement, analysis, and knowledge management (related to learning); and workforce, operations, and results (related to execution).

Figure 2. Baldrige Excellence Framework.

Source: National Institute of Standards and Technology.

The Manager's Manual Toolkit will cover key aspects of each of the Baldrige components, though more detailed information about how the department carries out each of these aspects is more complex. For example, *leadership* within the organization is executed primarily through a series of high-level meetings and annual advances (retreats) where Public Health Leaders and Senior Staff coordinate and communicate about strategic and *operational* plans and their implementation. A set of leadership competencies is expected of all County of San Diego leaders and a survey is issued every 5 years to survey Public Health Leaders on those competencies. Public Health Leaders are responsible for aligning to the broader *strategy* of the Board of Supervisors and the Agency and developing the departmental Strategic Plan as well as a series of other strategic documents (e.g., Health Equity Plan, Workforce Development Plan). The County of San Diego has a *customer* service effort which the department coordinates through a working group. All efforts of the department are implemented through an overarching operational plan and a series of workplans (e.g., Health Equity, Workforce Development, Customer Service). Performance targets are set, data is collected, and *results* are *measured* and *analyzed,* and

lessons learned are translated into continuous process improvements. All of this is documented and guided by policies and procedures, program operation manuals, and other documents that ensure *knowledge management* across the organization.

PART II: PLANNING

A. Leadership

1. County and Health and Human Services Oversight

The highest level of authority within the County of San Diego is the Board of Supervisors (Figure 3), which are elected officials representing five districts within the County of San Diego. The Board of Supervisors are the 'governing body' for the local public health jurisdiction. The Chief Administrative Officer (CAO) is the highest level of authority within the County Administration and reports to the Board of Supervisors. The CAO oversees all business groups within the County of San Diego, including Health and Human Services Agency (HHSA). The highest authority within HHSA is the Agency Director, who is supported by the Agency Chief Operations Officer. Public Health Services (PHS) is one department within HHSA. Within PHS, the Public Health Officer and the Director, are the highest authorities. The HHSA organizational chart can be found on the HHSA InSite page.

Figure 3. Board of Supervisors.
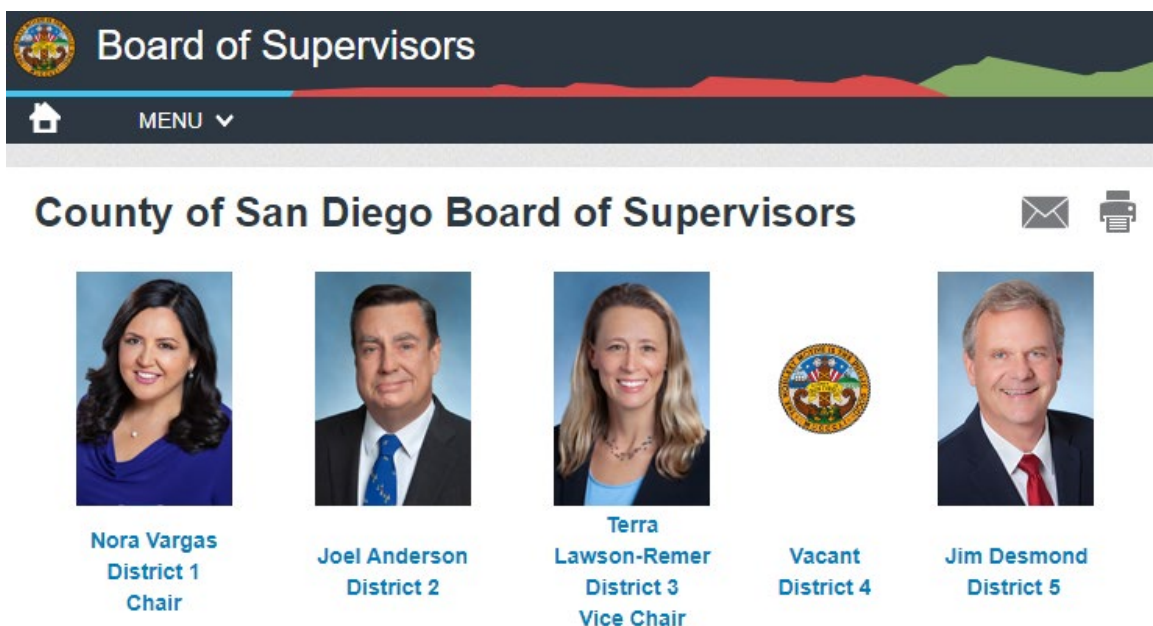
Source: Board of Supervisors (sandiegocounty.gov)

2. The General Management System

The County's General Management System, or GMS (Figure 4), guides planning, implementation, and monitoring of all County functions that affect how we deliver services to County residents, businesses and visitors. It is a closed loop of five overlapping elements that form an ongoing cycle of sound fiscal management and operational excellence. In 2021, the GMS was "reimagined," to be reflective of today's communities and to reflect the strategic framework of the Board of Supervisors, while preserving its core management principles as shown in the inner ring. At the core of the reimagined GMS is Community Engagement, based on the principle that all that we do should be for, and created in partnership with, the people we serve. The outer ring is included to reflect the core values of everything we do. The County of San Diego has built a reputation on its sound management principles, fiscal stability and award-winning programs, and the GMS is credited by the Board of Supervisors as making this success possible. The model is an annual five-part cycle of managing government for maximum efficiency and effectiveness.

Figure 4. General Management System.

Source: County of San Diego, 2021.

3. Public Health Services Leadership

PHS Admin Leadership, Administrative Offices, Branches, and Units are featured in the organizational chart above (See Figure 1. PHS Organizational Chart). PHS Admin Leadership provides guidance and direction to department and to the Branch Chiefs and Medical Directors on PHS strategy, operations, and programmatic activities. Branch Chiefs and Medical Directors oversee each of the six (6) programmatic branches. Together PHS Admin Leadership, Branch Chiefs and Medical Directors, and Unit Program Coordinators comprise the Public Health Leaders.

B. Strategy

1. *Live Well San Diego*

The efforts of the County of San Diego are guided by a collective vision of a region that is healthy, safe, and thriving. This vision is referred to as *Live Well San Diego* (See Figure 5) and it is a County wide initiative supported by all County Departments. Although the County has adopted a new Strategic Plan with a new set of initiatives; *Live Well San Diego* remains the vision for the County that is shared with all partners and residents across the region and represents a collective impact effort to bring about positive change. The County cannot achieve this vision alone and recognizes that we need to work with partners including public and private entities, faith and community-based organizations, cities, this vision. As such, the County has developed a process for agencies to become formally recognized *Live Well San Diego* partners and Public Health Services is one of the key sponsors for the business sector since this is the sector health providers are part of. For more information on *Live Well San Diego*, the indicators, and *Live Well* partners please see the *Live Well San Diego* webpage.

Figure 5. Live Well San Diego Logo.

Source: County of San Diego,

All County, HHSA and PHS documents, brochures, presentations are branded with the *Live Well San Diego* logo. Managers will need to ensure they follow the policy on the use of the *Live Well San Diego* logo and branding. For more information see *Live Well San Diego* SharePoint. The logo for *Live Well San Diego* is depicted in Figure 5 and can be found on the Share Point site.

2. County Strategic Plan

All strategic planning efforts performed across the County, Agency and Department need to align to one another and to the County's *Live Well San Diego* vision of a region that is healthy, safe, and thriving. There are key documents that reflect the strategic direction of the County. These include the website LiveWellSD.org which captures an abundance of information about the *Live Well San Diego* vision, and the County Strategic Plan (Figure 6). The County Strategic Plan changed in 2021 and is aligned to 5 Strategic Initiatives (Sustainability, Equity, Community, Justice, and Empower).

Figure 6. County of San Diego Strategic Plan.

STRATEGIC INITIATIVES provide the framework for the County to set measurable goals. These initiatives are designed to span the entire organization, break down silos, and extend across groups for all departments to see their work contributing to the overall success of the region.

SUSTAINABILITY:

Economy
- Align the County's available resources with services to maintain fiscal stability and ensure long-term solvency.
- Create policies to reduce and eliminate poverty, promoting economic sustainability for all.

Climate
- Actively combat climate change through innovative or proven policies, green jobs, sustainable facility construction or maintenance and hazard mitigation.

Environment
- Protect and promote our natural and agricultural resources, diverse habitats and sensitive species.
- Cultivate a natural environment for residents, visitors and future generations to enjoy.

Resiliency
- Ensure the capability to respond and recover to immediate needs for individuals, families, and the region.

EQUITY:

Health
- Reduce disparities and disproportionality and ensure access for all through a fully optimized health and social service delivery system and upstream strategies.
- Focus on policy, systems and environmental approaches that ensure equal opportunity for health and well-being through partnerships and innovation.

Housing
- Utilize policies, facilities, infrastructure, and finance to provide housing opportunities that meet the needs of the community.

Economic Opportunity
- Dismantle barriers to expanding opportunities in traditionally underserved communities and businesses, especially communities of color and low income.
- Advance opportunities for economic growth and development to all individuals and the community.

EMPOWER:

Workforce
- Invest in our workforce and operations by providing support services and excellent customer service to ensure continuity of operations remains at its best.

Transparency and Accountability
- Maintain program and fiscal integrity through reports, disclosures, and audits.

Innovation
- Foster new ideas and the implementation of proven best practices to achieve organizational excellence.

COMMUNITY:

Engagement
- Inspire civic engagement by providing information, programs, public forums or other avenues that increase access for individuals or communities to use their voice, their vote, and their experience to impact change.

Safety
- Support safety for all communities, including protection from crime, availability of emergency medical services and fire response, community preparedness and regional readiness to respond to a disaster.

Quality of Life
- Provide programs and services that enhance the community through increasing the well-being of our residents and our environments.

Communications
- Create proactive communication that is accessible and transparent.
- Offer interpreters for community meetings or translations of information to ensure residents have every opportunity to make informed decisions while listening to, participating in or using County services or programs.

Partnership
- Facilitate meaningful conversations, shared programming, grant opportunities, or other opportunities to maximize resources through community partnerships to benefit the region.

JUSTICE:

Safety
- Ensure a fair and equitable justice system in the defense and prosecution of crimes, investigations of abuse and neglect, and support and services for victims.
- Focus efforts to reduce disparities and disproportionality across the justice system.

Restorative
- Contribute to a system of restorative justice that strives to repair harm to victims and to the community at large, as well provide inclusive opportunities for justice involved individuals to contribute to the region.

Environmental
- Advance equal protection and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies with an urgent focus on communities of color and low-income communities recognizing they historically lacked the same degree of protection from environmental and health hazards.
- Ensuring equal access to decision-making processes that create healthy environments in which to live, learn and work.

WWW.SANDIEGOCOUNTY.GOV
@countyofsandiego   @sandiegocounty

3. HHSA Strategic Plan

The 2022-24 HHSA Strategic Plan (Figure 7) was first published in 2022 and aligns to the County's Strategic Plan. It was developed using the Agency Playbook, a five-step process in alignment with the County of San Diego Strategic Initiatives, the GMS, and HHSA Vision, Mission, and Values.

Figure 7. HHSA Strategic Plan.
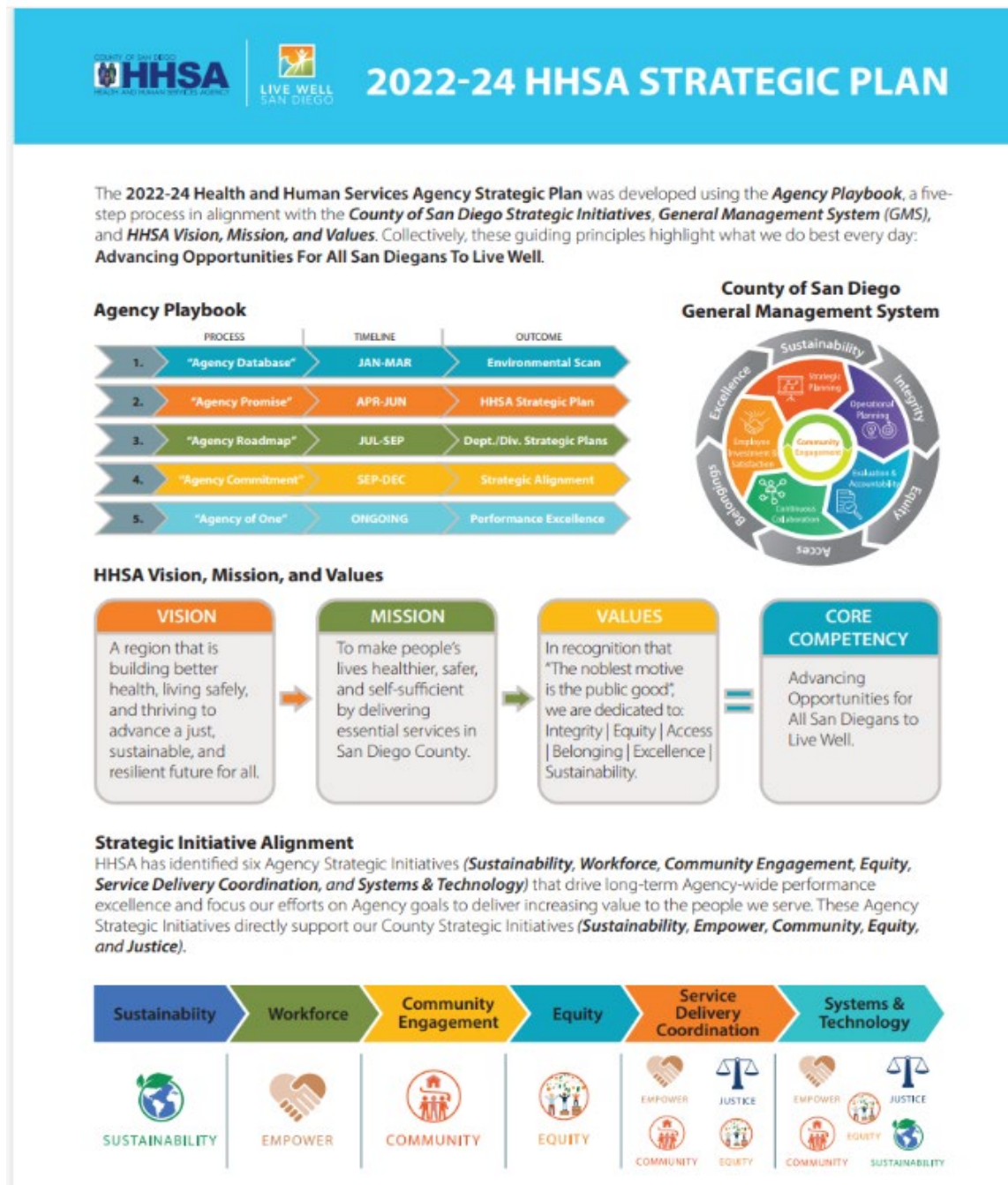
Source: Health and Human Services Agency, 2022

4. PHS Strategic Plan including Strategic Review and S.W.O.T.

The PHS Strategic Plan (Figure 8) is integral to advancing the County and Agency Strategic Plans, and the *Live Well San Diego* vision given the role the division plays in identifying and addressing the root causes of health issues to achieve health equity among all San Diego County residents. Consequently, PHS Administration and other Branches are expected to reach out to gather customer feedback and community needs and participate where appropriate and possible in activities that engage their customers and the wider community when conducting strategic planning efforts. For some Branches, this includes utilizing information gathered from the HHSA Community Leadership Teams, which meet regularly within each HHSA Region, and work to improve communities through each of the five *Live Well San Diego Regional Community Enrichment Plan* (CEP), which collectively comprise the PHS *Live Well San Diego Community Health Improvement Plan* (CHIP) that these teams develop. The CHIP is described more fully in section B.7 below.

Figure 8. PHS Strategic Plan.

Source: Public Health Services Administration, 2021.

HHSA requires that all its departments, including PHS, undertake an annual strategic review to ensure that operations are aligned to the forces of change in the external environment and maximize the strengths of the organization while also addressing areas opportunities for improvement. The strategic review includes an environmental scan that the Community Health Statistics Unit presents to leadership and staff. This annual effort rolls up into the County Operational Plan and Branch Strategic Plans. Performance data across all PHS programs is also considered in the strategic review. A copy of the current County Operational Plan can be found on the Chief Administrative Office webpage and captures an up-to-date narrative of PHS, accomplishments, objectives, and performance measures.

Annually, PHS Branch Chiefs and Senior Staff (e.g., Managers, Supervisors), participate in the strategic review to help them set the strategic direction for the department. PHS Admin branch aligns the strategic planning of the department with the refresh of Branch Strategic Plans. PHS Administration has the responsibility of coordinating input from all its branches in this critical undertaking and rolling up input for submission to the Executive Office within HHSA (for the Operational Plan), and the Public Health Officer, Chiefs, and other Public Health Leaders for the PHS Strategic Plan (which captures the Strategic Plan by each Branch). This PHS Strategic Plan can be found on the PHS webpage.

In FY 2022-23, PHS launched a new strategic planning cycle. This is a rolling planning cycle in which the PHS Strategic Plan, comprised of individual Branch Strategic Plans, are refreshed each year with a major update every *second* year. The major update of the Branch Strategic Plans is scheduled to be published prior to the beginning of the next cycle. These Branch Strategic Plans are developed by considering input from the Agency-wide strategic review and reflect issues and challenges relevant to the individual Branch, and the formulation of new goals, strategies, objectives, and measures. To the extent possible, each Branch gathers its entire team to collect input for the Branch Strategic Plan to ensure the Plan sets direction that staff understand, embrace and are ready to implement. A "Speed Review" was first conducted in 2021 in which the Public Health Officer and Deputies provide feedback on all Branch measures.

All Branch Strategic Plans (including goals, objectives, and measures) are captured as Scorecards in the PHS performance management application (Clear Impact). The data in these Scorecards are updated by designated Branch staff on a quarterly basis. For more information, see the Section on Performance Management (A.3). Reports of the Scorecards are generated quarterly and distributed within the Branches and Public Health Leaders to encourage monitoring, sharing, and discussion of performance data.

5. Strategic Initiatives

Figure 9. Strategic Initiatives Framework FY 2021-2022.

County of San Diego Health and Human Services Agency, Public Health Services
Strategic Initiatives Framework FY 2022-2024

Source: Public Health Services Administration, 2023.

There are at least 20 strategic initiatives of the County, HHSA and PHS. Many of these initiatives are key priorities for all staff within the organization to be aware of and/or contribute to advancing (e.g., Getting to Zero, Public Health infrastructure, and Customer Service). A document listing all Board of Supervisors Initiatives, PHS Initiatives, and Combined Initiatives (the latter referring to a combination of the CAO, HHSA, and PHS Initiatives), is compiled and maintained by PHS Administration. This document is referred to as the **PHS Strategic Initiatives Framework** (Figure 9)**.** The Board of Supervisor Initiatives include those that appear on the Board's 2021 "**Framework for our Future**," such as Racism as a Public Health Crisis, Comprehensive Harm Reduction Approach, and Climate Change. The Strategic Framework is updated and shared with Public Health Leaders and Senior Staff annually. Managers will want to be familiar with all the strategic initiatives, communicate with staff about them, and make sure to build these into branch operation plans or what are referred to as branch impact plans in the case of a few priority

initiatives (e.g., Customer Service, Trauma-Informed Services, Diversity and Inclusion, and Employee Engagement).

6.   Health Equity and the Social Determinants of Health

Figure 10. Visualizing Health Equity: One Size Does Not Fit All Infographic.
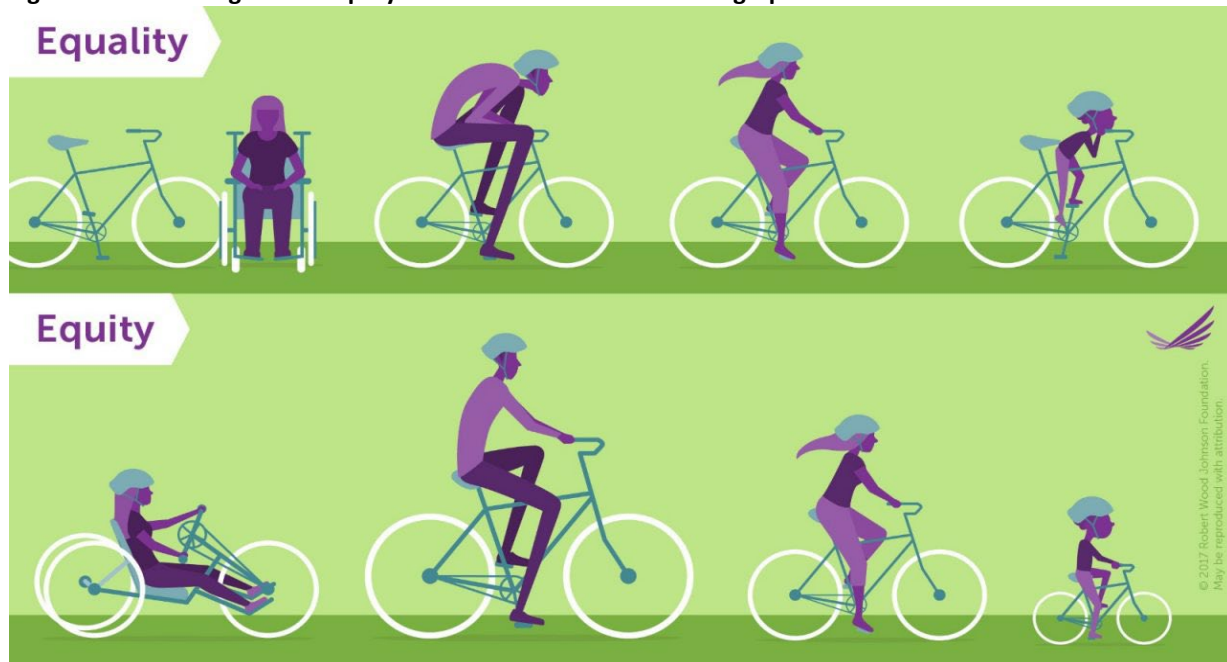
Source: Robert Wood Johnson Foundation, 2017.

The County of San Diego, like other local health departments, State and Federal governments, recognize that equity is at the center of the 10 Essential Public Health Services meaning that each essential service is to be looked at through an equity lens. In doing so, health departments operationalize health equity (Figure 10) and embed health equity in public health practice.

Public health is primarily concerned with the identification of trends and patterns of disease burden in the population and then taking active steps to address those factors (e.g., through programs, policies and/or services). When the burden of disease is disproportionate in one service area, PHS and its partners work together to address the key issues of disparity, inequity and/or disproportionality.

Linked to this effort is the PHS focus on advancing Health Equity within our County which means working toward removing barriers that prevent County residents from experiencing optimal health. To that end, PHS has established the Office of Health Equity and Climate Change and the PHS Health Equity Working Group, created a Health Equity Plan, and a Health Equity Policy and Procedure. The Health Equity Working Group and Office of Health Equity and Climate Change are

responsible for Climate Change as it pertains to the impacts on Public Health, and Diversity and Inclusion efforts within PHS, which is also an HHSA and County-wide initiative.

Key Health Equity related documents every PHS Manager needs to review can be found on the PHS Share Point site, under the Health Equity and Climate Change Site:

The key documents to review include, but are not limited to, the following:

- The Health Equity Plan (required reading of all senior staff);
- The Health Equity Policy and Procedure (required reading of all staff);
- The annual Health Equity Work Plan (developed by the HEWG);
- The Health Equity Working Group Charter;
- Public Health 101 (including Parts 1 – 5: History of Public Health, Essential Public Health Concepts, Data, Health Equity, Climate Change); and
- Health Equity Surveys (e.g., BARHII survey, Organizational Self-Reflection survey).

All PHS Managers and Staff should also be familiar with the three (3) websites related to the work of the Office of Health Equity and Climate Change:

- Climate and Health web page,
- Health Equity web page, and
- Reducing and Eliminating Health Disparities with the Information (REHDI) web page.

All PHS senior staff should be familiar with these basic resources and websites as Health Equity is a key component of the foundational capabilities of public health, national public health accreditation, the Core Competencies for Public Health Professionals (e.g., Health Equity Skills Domain), and as equity is at the center of the 10 Essential Public Health Services. As new staff is hired, Managers will want to make sure their staff complete the training (e.g., Health Equity 101) and review the health equity policy and procedure in PolicyTech.

All branches need to maintain active participation through representation on the Health Equity Working Group. All Managers should know who their branch Health Equity Working Group representative is, and plan for bi-monthly updates at branch all-staff meetings from the Health Equity representative, particularly the Diversity and Inclusion (D & I) activities and updates. These activities are found in the branch D & I impact plans which are updated annually by each branch. It is important that all staff are seeing inclusion efforts at the unit program and branch level as that is where inclusion and belonging are more likely to be experienced.

7.   Community Health Assessments and Community Health Improvement Plan

Public health agencies, particularly those agencies that are accredited, are expected to conduct a planning process with the community. Public Health Services has adopted the **Mobilizing for Action through Planning and Partnership (MAPP)** model, described below in Figure 11. This model is a strategic approach to community health improvement created by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). MAPP is designed to assist communities in selecting and prioritizing public health issues while identifying resources to address them. It is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems and health outcomes of the community.

Figure 11. Mobilizing for Action through Planning and Partnerships

Source: National Association of County & City Health Officials (NACCHO). Mobilizing for Action through Planning and Partnerships (MAPP). https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp. Accessed May 30, 2018.

The MAPP planning process is composed of four assessments that contribute to the production of a comprehensive Community Health Assessment (CHA) and subsequently the development of the Community Health Improvement Plan (CHIP). The five Regional Community Enrichment Plans (CEPs) collectively comprise the PHS CHIP. The most recent version of each document is 2018-19, 19-20, 20-21 with updates done in 21-22. In San Diego County, five CEPs are created, one for each of the regional Community Leadership Teams, and are referred to as Community Enrichment Plans (CEPs) to encompass the social determinants of health. One of the MAPP assessments is the Local Public Health System Assessment (LPHSA). A LPHSA was most recently conducted in November 2020; with previous assessments conducted in 2002, 2012, and 2016. The LPHSA is a broad assessment, involving all the organizations and entities that contribute to the public health system in the community and involves gathering feedback from all of these partners on the competency and capacity of the local public health system across all ten essential public health services. Like the other assessments, the results from the LPHSA are used to inform the development of the CHIPs as well as the PHS Strategic Plan.

Regional Data profiles (incorporated into the CHA) are shared through a presentation by the Community Health Statistics Unit given to each of the Community Leadership Teams (CLTs) every year. Six data profiles are produced—one for each of the Regions—because differences between regions is important to consider when planning for community improvement. For the County of San Diego, the CHA includes a section for each Region. The CHA feeds into the creation of the five CEPs; one for each region that reflects the priorities of the respective CLTs.

A new three-year cycle has been adopted with the intent to ensure the CHA and CHIP are kept current. This also coincides with the planning cycle for the Hospital Association of San Diego & Imperial County (HASD&IC), with whom the County cooperates in community planning, particularly since the Affordable Care Act has required hospitals to conduct assessments. The current planning cycle is for 2022-23, 23-24, and 24-25. After COVID-19, there has been reorganization at HHSA, in which the Office of Equitable Communities (OEqC) (which is part of the Department of Homeless Solutions and Equitable Communities) coordinates the community work across all regions, with direction provided by the five CLTs. Work is underway to update both the CHA and CEPs under this new structure, with PHS Administration providing data (Office of Community Health Statistics) and technical assistance for community planning and performance monitoring (Office of Performance and Improvement Management). PHS Administration is working closely through the OEqC and their staff (regional community coordinators and community engagement staff), to conduct these planning activities and meet the unique needs and priorities by respective region and CLTs.

Each of the five regional CEPs (including goals, objectives, and measures) are to be monitored as is required of all accredited public health departments. A combination of tools is used, including work plans and Scorecards (within the Clear Impact performance management application). PHS Administration Staff assist OEqC staff in the monitoring of the CEP since this is an expectation of accredited public health departments. For more information, see the Section Part III, Performance Management (A.3)

It is important to note that the MAPP process is currently under review by NACCO and in Summer of 2023 this new process is expected to be launched as MAPP 2.0 (below in Figure 12). The Assessments will take a slightly different form and be part of "Tell the Community Story." These Assessments include a Community Partner Assessment, Community Status Assessment, and Community Context Assessment. This change to the MAPP process will likely impact the next PHS planning cycle.

Figure 12. MAPP Phases in Public Health Services.

MAPP 2.0 Phases

I
Build the CHI Foundation

NEXT STEPS: Summer 2023 - Launch of complete revised MAPP 2.0 handbook and assessments & training opportunities

3
Continuously Improve the Community

2
Tell the Community Story
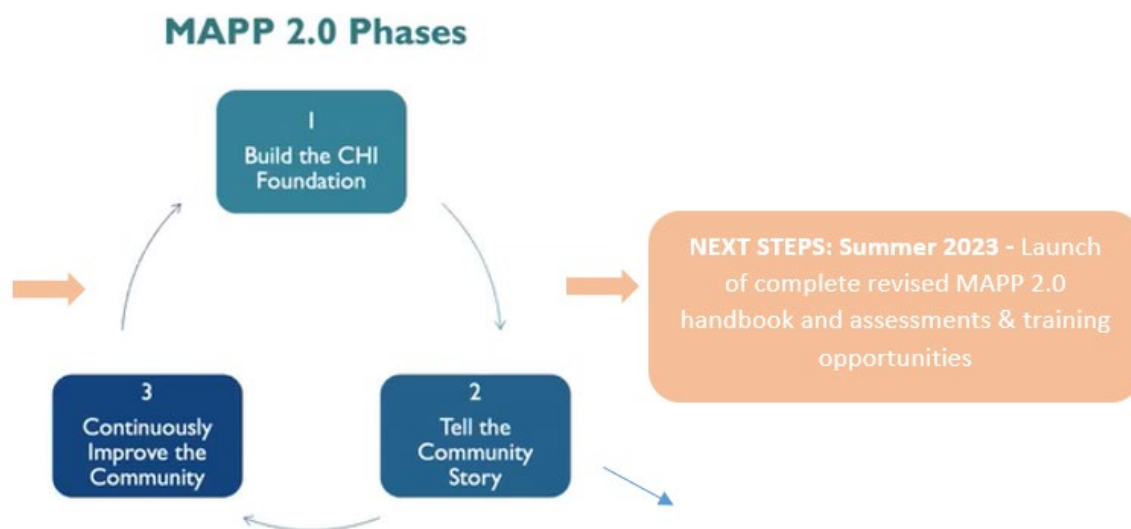
Source: Public Health Services, 2023.

C. Customers

1. Customer Service in the County of San Diego

One of the key efforts of the County of San Diego has been the Customer Service H.E.A.R.T. initiative. H.E.A.R.T. stands for Helpfulness, Expertise, Attentiveness, Respect, and Timeliness. Since the launch of the effort in fiscal year 2013-14, PHS has maintained a Customer Service Ambassador, who leads the PHS Customer Service H.E.A.R.T. Team made up of 1-4 branch representatives across PHS. Managers will need to identify their branch Customer Service H.E.A.R.T. Team representative and work closely with them on branch-wide efforts to foster a culture of customer service and encourage customer service efforts including but not limited to regular customer service surveys and promotion of education and training efforts (e.g., mandatory customer service training for all new staff through The Knowledge Center).

Resources for Managers on Customer Service can be found on the County InSite page at the Customer Service Share Point site and each branch representative has access to that site. There Managers will find the essential 8 Steps to Customer Service. All branches are expected to complete and/or periodically revisit these steps from time to time. All staff should be familiar with the 8 Steps. Managers can send Customer Service kudos directly to any staff person from the InSite page and give recognition for excellent Customer Service by nominating staff through the HHSA recognition program. For more information including how to nominate an employee for recognition, see the InSite HHSA Recognition Program Page.

The Customer Service effort is also closely linked to other efforts including trauma-informed services, health equity, and Cultural Competency/Responsiveness. By advancing these efforts, PHS is also advancing its Customer Service effort. The Customer Service H.E.A.R.T. Team efforts are guided by a vision and annual goals and objectives. At the time of this publication (2023), the Customer Service H.E.A.R.T. team had developed its Work Plan for 2022-23 and was in the process of rolling out that vision and those goals for all PHS. For more information on Customer Service, Managers should reach out to their branch representatives, the PHS Customer Service Ambassador and see Insite Customer Service Initiative Page.

2. Internal and External Customers, Partners and/or Stakeholders

All Branches are encouraged to periodically review who their internal and external customers, partners and stakeholders are, and identify their needs and any barriers they may encounter to experiencing optimal customer service from your branch and/or unit. Tools to help guide this

periodic review can be found on the Customer Service Ambassador site (e.g., Who are Our Customers?).

3. Customer Service Input and/or Surveys

One of the main tools used across the County enterprise to identify customer satisfaction and feedback are the standardized customer service surveys. A one-page survey was created by the County and the expectation is that all business groups of the County, all departments of the agency, and branches of the department will make that survey available to customers throughout the year, or that a minimum of one month's worth of data is collected every year during the month of February. The survey is available in all threshold languages.

Your H.E.A.R.T. Team representative will advise you of any upcoming mandatory roll outs of that survey, but all branches are encouraged to have mechanisms in place for regular customer feedback using the H.E.A.R.T. principles whether through the survey, or by other means. Award-winning organizations prioritize customer service and actively look for ways to engage customers and include the voice and views of customers into their services and programs. Managers are encouraged to be innovative, explore evidence-based best practices from other local health departments and elsewhere, and consider new ways to achieve this goal (Baldrige Excellence Framework | NIST). As a minimum, all PHS Branches, Programs and Units are encouraged to seek customer feedback throughout the year and to review results with management and staff with a view to making process improvements to address any concerns raised by customers, internal or external. In 2019 PHS launched a Customer Service page from the PHS site to provide a platform to share our Customer Service efforts with clients and allow then an ongoing opportunity to provide customer input and feedback throughout the year, including through the survey linked to that page.

4. Customer Service Training

Because Customer Service is a fundamental component of the delivery of health and human services, as well as public health services, PHS has made customer service a top priority. In 2016-2017, PHS first set the goal of having 90% of all staff trained on the 3–4-hour basic customer service training offered by The Knowledge Center (TKC). Now that most staff have received this basic training, PHS staff are being encouraged by their managers and supervisors to consider taking advanced or specialized customer service training either through TKC, or elsewhere, to continually improve, seek innovations in customer service, and maintain customer service excellence. Managers and supervisors need to ensure that any new staff who join PHS complete the basic 3–4-hour customer service training through TKC (Figure 13). Managers are encouraged

to seek out customer service training unique to your branch or discipline (e.g. Curry International Tuberculosis Center) so as to ensure staff have access to the latest best practices in their respective fields or disciplines (e.g., delivering disease diagnosis to patients, working with particular populations). For PHS staff and management looking to refine their Customer Service skills, please note the more advanced courses available to all:

- Understanding Trauma and its Impact on the Families We Serve (supports trauma-informed, D & I and Health Equity)
- Serving Diverse Customers (supports health equity, trauma-informed, and D & I);
- Customer Service Excellence for Supervisors (addresses the *internal* customer); and
- Communicating Effectively with Customers (communication was identified as a key skill for PHS staff in customer service excellence with both in internal and external customers).

Figure 13. County of San Diego Customer Service Trainings.

Source: InSite Customer Experience, 2023.

5. Accommodation to Meet Customer Needs

All PHS facilities are accessible to those who have physical disabilities, are sight impaired, or have language barriers. The County's Department of General Services Facilities Operations and the Health and Human Services Agency's Facilities Management are charged with ensuring that all federal, state, and local regulations are followed at all HHSA County facilities, including PHS. This includes compliance with the County's *Americans with Disabilities Act (ADA): Accessible Programs and Facilities* policy, updated in December 2020. In 2021, PHS closed its primary location for administrative and public-facing operations due to structural issues with the Health Services Complex. All PHS operations have since been moved to alternative County locations, so it has been particularly important that adherence to these accessibility requirements is assured uniformly across every County facility.

PHS ensures its website is accessible through special types of images, alternative text describing website images, and the Google Translation component that provides facility locations and other information in multiple languages. PHS uses Language Access Services (LAS) to make PHS offices and facilities more accessible to persons with language barriers by providing interpreters and translators. A list of qualified interpreters and translators providing LAS to the County is available for all PHS staff to utilize when needed. Accommodations and Training is also provided to staff with emphasis on disability awareness and etiquette, disability awareness training, and working with interpreters.

Providing communications aids is important to meeting the needs of customers who have physical disabilities, are sight or hearing impaired, or have limited English proficiency. PHS provides communication aids to make offices and facilities more accessible. Communication aids include text telephones (TTY) provided to any office requesting them for incoming calls, and oral interpretation or written translation for languages other than English. Finally, PHS also follows the complaint process required by Title II (discrimination) and Title VI (denial of benefits) so that customers are informed as to how to make complaints when their needs are not being met.

PHS has also developed its own policies and procedures to expand on accommodation to meet the various needs of our valuable customers (e.g., in clinical settings). Four main policies have been written: Translation, Interpretation, Hearing and Visually Impaired Accommodation and Trauma-Informed Services. These draft policies are all in Policy Tech, available to all staff. Additionally, each branch should have its own policy and procedure for staff with respect to these topics including a section on how staff are to be *trained* and how the branch will conduct *quality assurance* that these procedures are being followed by branch staff as appropriate.

6. Including People with Disabilities

This set of competencies are designed to increase the ability of a public health department to include people with disabilities in public health programs and services. Public Health Leaders and Senior Staff should be aware of these, and the other sets of competencies, and embed in branch level workforce development and training as appropriate, particularly to ensure compliance with ADA requirements. For more information see the disability in public health web site.

7. Trauma-Informed Services

As a result of growing research showing trauma's adverse impact on health and community well-being (i.e., Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study), as well as its association with negative individual outcomes, many organizations have begun investigating trauma informed services and developing practices to approach issues with a trauma-informed lens. In 2011, Child Welfare Services began a trauma-informed initiative to improve services for the children and families they serve, and in 2015, PHS, and all HHSA departments, conducted trauma-informed scans of their departments. Since then, trauma-informed efforts are part of the Customer Service H.E.A.R.T. Team and branches are required to update their trauma-informed impact plans annually. In July 2014, the Health and Human Services Agency (HHSA) committed to becoming a trauma-informed agency, which included developing a Trauma-Informed Systems Policy Statement (TISPS) and creating the Trauma Informed Systems Integration (TISI) team. In 2018-2019, all staff were assigned an e-learning module as mandatory training and encouraged to complete it by December 15, 2018. HHSA and PHS becoming a trauma-informed system is part of its effort to build a better service delivery system in alignment with *Live Well San Diego*, Customer Service H.E.A.R.T. (Helpfulness, Expertise, Attentiveness, Respect, and Timeliness) Initiative, and PHS's Strategic Plan health equity and workforce priorities. There is a HHSA Trauma-Informed Integration Site and a PHS Trauma-Informed SharePoint site. Managers are expected to manage programs that: provide trauma-informed services, maintain a trauma-informed workforce (which includes recognizing the need for wellness strategies for all staff), are recovery/resiliency oriented, integrated, and ecologically sound.

PART III: LEARNING

A. Measurement, Analysis, and Knowledge Management

1. Foundation for Developing Metrics/Indicators

PHS Branches have a long history of maintaining performance measures, including measures that appear in the County Operational Plan because these measures communicate the value of PHS programs and services to the public to ensure we are making progress in terms of population health outcomes and operational excellence. All branches are expected to establish and monitor a set of metrics/indicators of these three types **(Operations, Programs, and Outcomes)** as captured in Table 1 below.

Table 1. Data Metrics Dashboards – The Three Buckets.

Operations (Day-to-Day)	Programs (Services)	Population Health (Outcomes)
How do we know if our operations are running smoothly?	How do we know if our programs or services are being implemented in a high-quality manner that is efficient and effective?	How do we know if what we are doing is contributing to the best outcomes for, and meeting the expectations of, our customers, clients, and the community?

Source: PHS Administration.

In 2016-2017, Public Health Services Administration hosted a series of workshops by branch to facilitate the establishment of these metrics/indicators with a **special focus on health equity.** This workshop laid the foundation for continuing work to develop and maintain a set of measures (displayed through performance scorecards and dashboards) that represent what we do and have achieved through program activity that contributes to improvements in population health. As part of this effort, all branches were invited to conduct an analysis of disparity and/or disproportionality in their branch data and present the findings at Public Health Leaders meetings throughout 2016-2017.

New directions that these foundational efforts are taking include scorecards in the performance management application Clear Impact that are being created for Branch health equity objectives and Tableau dashboards that are being assembled to capture Operations, Programs, and Outcomes measures by Branch.

2. Evidence-Based Decision Making

Evidence-Based Decision making is foundational to Public Health. It is encouraged at all levels of the organization and in development and provision of public health programs and services. Increasingly, public health departments are expected to make informed decisions with limited resources regarding which programs will work and should be supported by existing evidence. Managers should be well familiar with the term evidence-based decision making and any discipline specific resources to support evidence-based decision making in your respective field (e.g., Curry International Tuberculosis Center). A new policy on Evidence-Based Research has been created and directs staff to use national public health evidence-based standards; national guidance for Federal and state grants and allocations; national, state, and local initiatives; public health associations; and literature reviews and newsletters as the key resources for information on evidence-based practices, as well as research on emerging public health issues.

Figure 14. Evidence-Based Practices in Public Health Policy and PHS Health Promotion Framework.
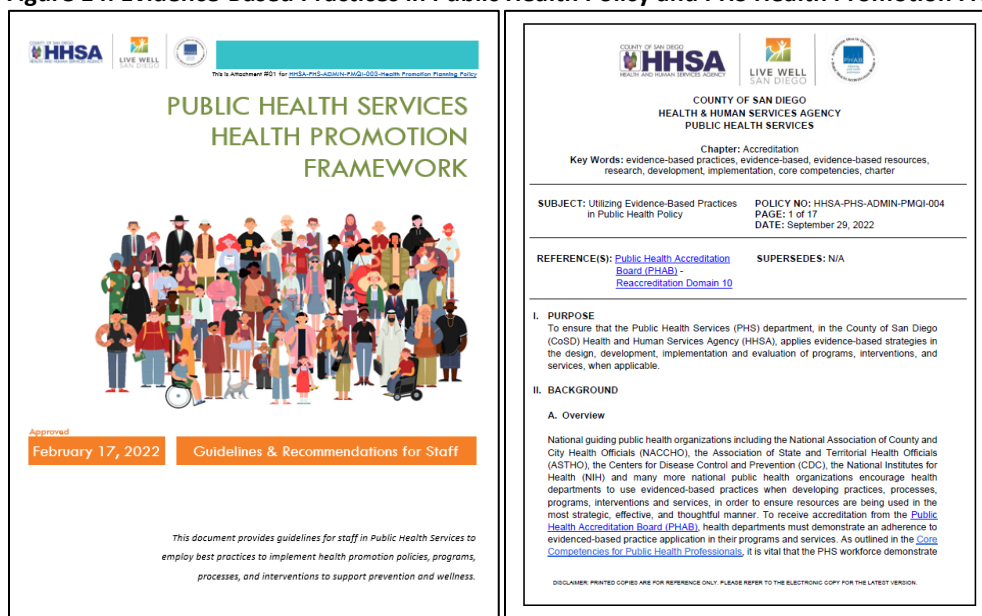
Source: Policy Tech. PHS Admin.

For examples, please see the following resources:
- [Guide to Community Preventive Services](#)
- [County Health Rankings & Roadmaps](#)
- [HI-5/Health Impact in 5 Years](#)
- [The 6/18 Initiative: Accelerating Evidence into Action](#)
- [Collective Impact](#)

The best resource to identify what is expected of Management and staff with respect to evidence-based decision making can be found in the [Core Competencies for Public Health Professionals](#). See Domain 6, Public Health Sciences Skills, pages 17-18. Here you will see the expected requirements to synthesize evidence, explain the limitations of evidence, ensure use of evidence, contribute to the evidence-base, and maintain partnerships that increase use of evidence in public health practice and more. For general information about evidence-based decision making, please see the Centers for Disease Control and Prevention's [Tools for Implementing an Evidence-Based Approach in Public Health Practice](#). Figure 14 above describes PHS Evidence-based Research Framework, as outlined in the health promotion framework and the related PHS Evidenced-base Policy.

3. Performance Management: Alignment, Results, Metrics, Dashboards

Once a year, each branch, unit and related programs are expected to set performance targets in alignment with the broader vision and goals for *Live Well San Diego*, the County's Strategic Plan, the Agency (HHSA), and the department (PHS). Throughout the year, branches, units, and programs are expected to monitor and report on progress toward those goals (Figure 15).

Each Branch is responsible for regularly tracking its performance measures to inform its operations. This includes providing quarterly updates of its Operational Plan measures as well as updating measures in its Strategic Plan Scorecards within the performance management application, Clear Impact. Quarterly refresh notices are issued by the Performance Improvement Manager, and results are shared with Executive Leadership, Chiefs, and the PHS Branch Units/Programs and teams, through various vehicles, including a "**Performance Flash Report**" (Figure 15 below) that summarizes results for Op Plan priority measures. A new **All Branch "Scorecard" Results Packet** is being prepared beginning in FY 2022-23 to help ensure performance data for all Branch Strategic Plan measures are shared more widely within Branches and across Branches with PHS leadership. Performance data are also used to elicit ideas for quality improvement projects.
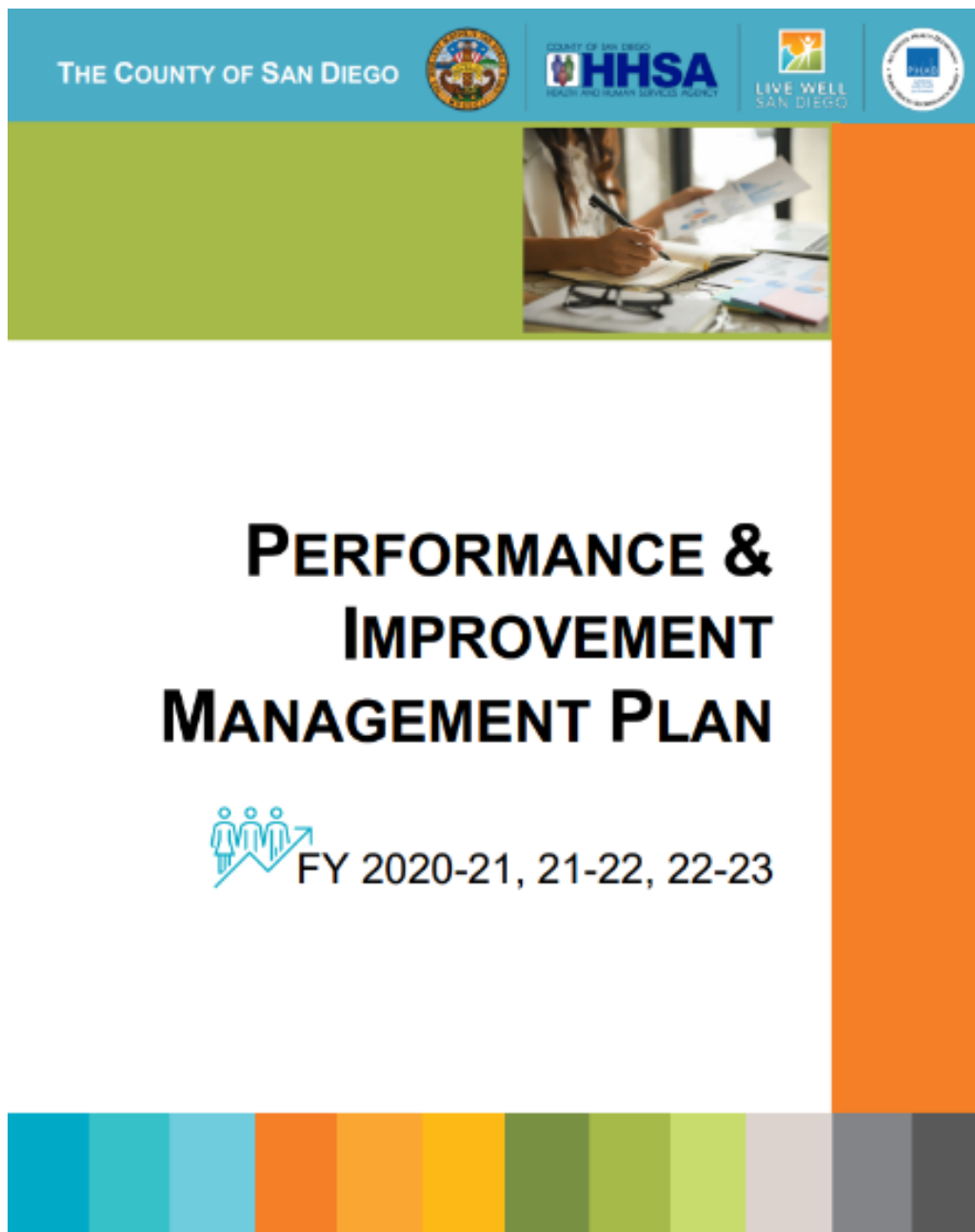
Figure 15. Flash Report – Operational Plan Measures (FY 22-24).

Source. Public Health Services Administration, Office of Performance Improvement and Management. Public Health Services.

Figure 16. Performance and Improvement Management Plan (FY 2020-21, 21-22, 22-23)

Source. Public Health Services, Office of Performance & Improvement Management, 2022.

All Branch Chiefs and Managers should be aware of the **Performance Improvement Committee** (PIM), chaired by the Performance Improvement Manager and Application Administrator within PHS Administration. Each branch is required to have at least two representatives on the PIM Committee, which includes a representative for the Branch, and a person responsible for data entry. The PIM Committee has a charter and annual work plan.

A [Performance & Improvement Management Plan](#) (Figure 16), recently updated for 2020-21, 21-22, and 22-23, outlines the methods, structure, roles and responsibilities, proven methods and practices, training and capacity building, alignment and how performance data are shared. This plan provides a full description of the robust performance management program at PHS and is available on the PHS Shared Drive (link above) or by contacting the Performance Improvement Manager. An important element of this plan is the **Performance Accountability System (PAS)** (Figure 17 below), in which the key activities of both Performance Management and Quality Improvement are depicted. The PAS reflects an integrated, systems approach to performance and quality improvement in order that performance data is monitored on a continuous, ongoing basis and performance problems are actively addressed through quality improvement initiatives. Charters for both the **PIM Committee** and the **Quality Improvement Champions Committee** (QIC Committee, see QI section below) are among the appendices of this Plan.

Figure 17. PHS Performance Accountability System, May 30, 2022.

PHS Performance Accountability System: HHSA-PHS-ADMIN-PMQI-001, May 30, 2022.
HHSA-PHS-ADMIN-PMQI-001-PHS Performance Accountability System Policy v.2 (policytech.com)
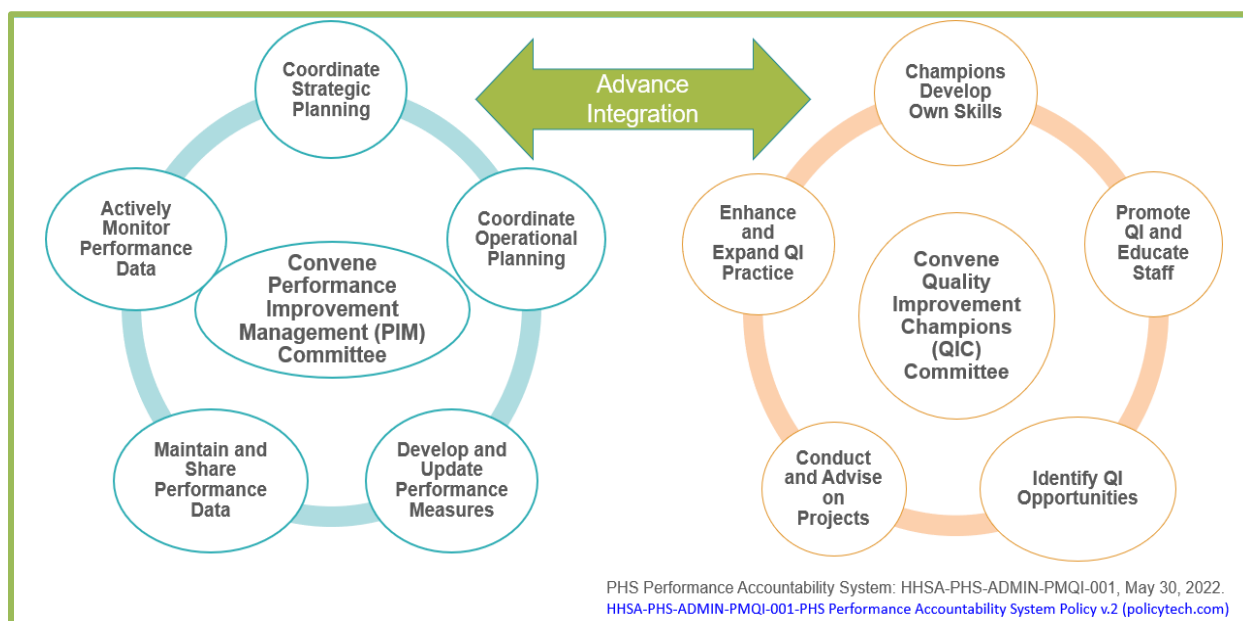
 Source: Public Health Services, Office of Performance & Improvement Management, 2022.

4. Quality Assurance/Quality Improvement

Public Health Services seeks to foster a culture of quality assurance (QA) and continuous quality improvement (QI). Recent public health workforce grant funding has allowed the Office of Performance and Improvement Management to expand its support for the QI program, including coordinating the **Quality Improvement Champion (QIC) Committee**. This Committee is comprised of staff who are designated by PHS Branch Chiefs because of their interest and ability in QI or continuous process improvement. The role of the Champions includes identifying QI opportunities within the Branch based on their familiarity with operations and the performance challenges currently faced.

Champions also conduct and advise on projects to meet the PHS goal of **at least eight (8) projects per year**; one or two projects from each Branch (larger Branches such as EISB and MCFHS, are expected to have two projects). Just like the PIM representative, QI Champions should advance integration of performance management and quality improvement activities, by helping ensure QI projects are addressing important performance challenges and QI project metrics are included, as appropriate, into the performance management system.

Branches identify QI Projects based on performance challenges, customer complaints, or concerns raised by executive management or community members. Project Charters must be submitted early in the fiscal year and Project Storyboards and Presentations are shared late in the fiscal year (when the Plan-Do-Study-Act cycle is completed); sometimes this is not until early in the next fiscal year. Use of the Plan-Do-Study-Act model (Figure 18 below) is required to develop the charter for each QI project. There is a current emphasis on more **population health QI projects** (along with administrative or programmatic projects) since this is required for accredited public health departments but are sometimes more challenging to scope. The Performance Improvement Manager, and the PIM Committee, provides feedback and support to staff engaged on these QI projects. In 2015-16, the Performance Improvement Manager launched a **"QI on QI project"** in which Project Charters and Storyboards are assessed and scored to gauge progress in project design and impact.

In 2021-22, because of the availability of additional staff support and funding for QI, a variety of ways to support QI Champions and teams is offered. This includes **outside expert training, monthly sessions on methods and tools, "office hours" for consultations with teams, and peer reviews of projects.** The **QI Resource Fair** conducted annually (apart from 2019-20 and 20-21 due to COVID) is also a featured event at which more than 200 PHS staff attend to learn about QI by participating in games, listening, and rating QI Project presentations. Resources are made available to the QI teams through a Shared Drive. This maturity of PHS in terms of its QI culture

is assessed every few years with a survey designed by the National Association of City and County Health Officials (NACCHO).

Figure 18. Plan-Do-Study-Act Cycle.

On the Performance Management 2.0 SharePoint Site, see the New Quality Improvement Sharepoint (recently refreshed), which includes a wide variety of QI resources, including tools, project information, and access to Visio to support process mapping.

Quality assurance activities take place within the Branches where nurses assess and evaluate the quality of services and systems through a variety of methods. They collaborate with all members in their branches to develop and maintain quality processes and procedures.

The Clinical Quality Management Committees (CQM) meet alternate months. The CQM Steering Committee develops the work plan that monitors quality assurance activities. Members are the

Public Health Officer, Deputy Health Officer and other key PHS and Regional staff involved in quality assurance. The CQM General Committee ensures the implementation of related Agency, State and Federal policy. They review incident data, discuss clinic site assessments, and review policies and procedures. Other activities include oversight of the implementation of new systems such as Policy Tech and the Persimmony case management system. Members are clinical managers, including nurse managers and supervisors of regional clinics, and quality assurance nurses. This committee was previously staffed by Public Health Nursing Administration which recently was absorbed by the new HHSA Medical Care Services Division. However, the Committee will continue to exist and will be convened by the Public Health Officer and Deputy Public Health Officer.

5. **Surveys**

All PHS internal and external surveys are reviewed and approved by the Public Health Officer. External surveys are designed to obtain the input of the public or our stakeholders, these require the approval of the CAO, routed through the HHSA Executive Office (see diagram on the next page). All internal surveys (e.g., surveys to HHSA and/or PHS staff) are required to be approved by the HHSA Director of Human Resources. Figure 19 provides an algorithm for survey approval.

Figure 19. Chief Administrative Officer (CAO) Approval of County Surveys.
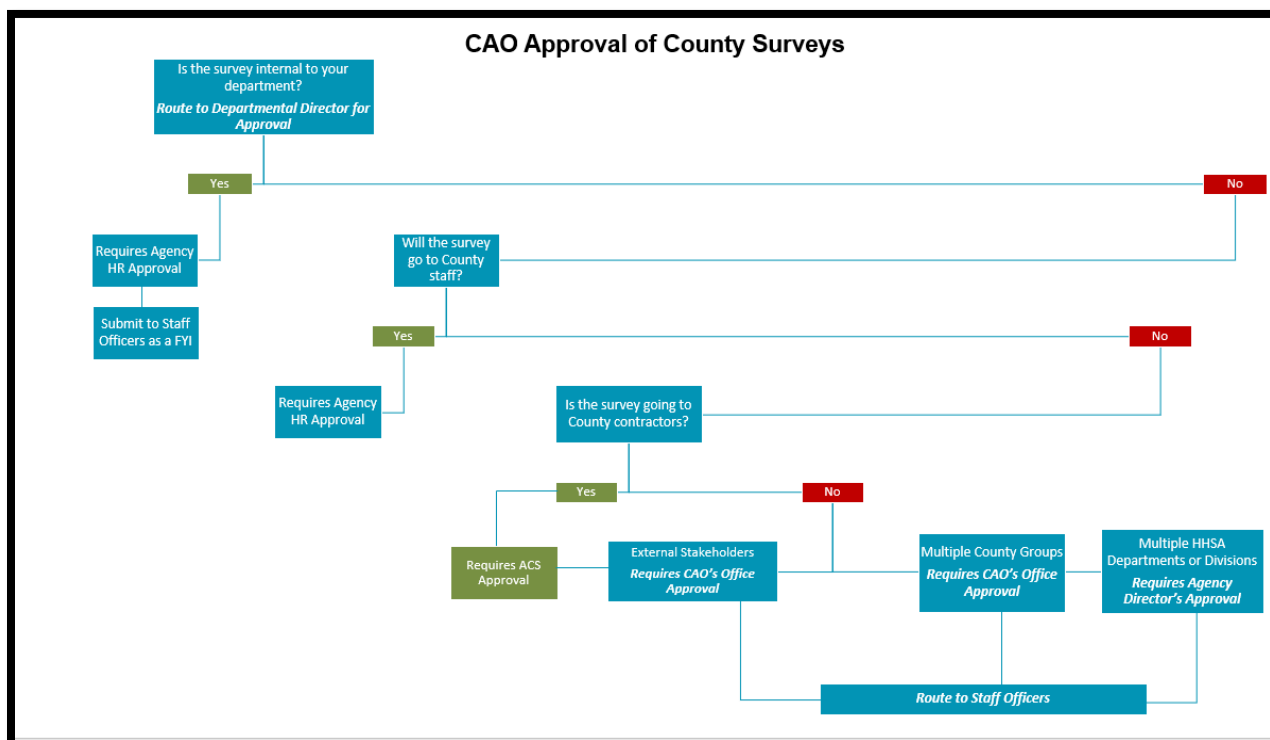
Source. County of San Diego, Health and Human Services Agency, Agency Executive Office, Processes and Procedures Reference Guide Version 2, January 2023.

A. Workforce

1. Roles and Responsibilities (including job descriptions)

Ensuring management and staff are clear on the various roles and responsibilities within and between branches are vital to ensure that expectations are met, and programs are delivered in an optimal way with minimal confusion. Job descriptions are a key component of ensuring that everyone is clear on expected roles, responsibilities, and specific functions. Sometimes there are programmatic nuances that will go into greater level of detail than the basic job description. For example, the County position and job description for the Community Health Program Specialist may be generic but the role filled by the staff person may be part of a grant that carries a more detailed description (e.g., Refugee Health Program Coordinator).

It is important to ensure that these more detailed aspects of the expected roles and responsibilities are documented in Program Operations Manuals, Policies and Procedures, and work plans (e.g., work plans of staff and working groups). With emerging workforce trends in retirements and other anticipated staff turnover, it is vital to ensure that all the roles and responsibilities are well documented and kept up to date to ensure proper communication, clarity, and knowledge transfer between individuals transitioning in and out of positions within the public health department.

PHS Administration developed a mechanism for all Managers to capture the essentials of management program. This is referred to as the Program Operations Manual. The expectation is that each Branch should identify where Program Operations Manuals are required and encourage all Program Managers to develop a Manual using the fillable template which includes question prompts. Key questions include for example, what regular meetings are you required to attend? Is your program grant funded and if yes, when is your grant due? The purpose of the Program Operations Manual is to create clear guidance for the incoming Program Manager.

The distinction between the *Manager's Manual Toolkit* and the *Program Operations Manual* is as follows: The *Manager's Manual Toolkit* is to support new and established Managers and Supervisors in their role within the Public Health Services (PHS). This document provides a brief description of each of the essential, overarching, big-picture management functions. There is only one *Manager's Manual Toolkit* for all who have a management function in the organization. The target audience for this document includes *all* Public Health Leaders, Senior Staff, Managers, and Supervisors.

The target audience for the *Program Operations Manual* includes the staff in any given, specific program. This will include existing and new staff members for a specific program to provide essentials of their program operations. There will be as many Program Operation Manuals as there are programs (i.e., currently 66 as of 02/2023). The purpose of the Program Operations Manual is to give the incoming Program Manager all the essential *program related* information they need to run the program. It includes information about funding, meetings, key stakeholders or contractors and any other more detailed, programmatic information that would only be of interest to the incoming Program Manager for specific program.

2. Workforce Development (Plan and Work Plan)

Accredited Public Health Departments are required to have, and maintain, a current Workforce Development Plan and accompanying work plan every two years. All Managers, Supervisors and Chiefs are expected to review and/or contribute to the development, of these documents, and encourage staff to help achieve the established goals of the Workforce Development Plan and its work plan. These documents describe the rationale, or methodology to arrive at the goals, workforce trends, and expectations with respect to organizational competencies, core competencies for public health professionals, and professional competencies. The lead for the development of these documents is with Public Health Services Administration.

A Training Champions Working Group with representatives from all seven branches assists with the development and promotion of these documents. The Training Champions Working Group has a Charter, Duty Statement for Training Champions, and meets monthly to ensure implementation of training workforce development goals.

3. **Core Competencies for Public Health Professionals**

All employees within accredited public health departments, including Public Health Services, are expected to be familiar with, and trained on, the [Core Competencies for Public Health Professionals](#) which were updated in 2021. This resource makes clear what is expected of staff within public health departments in terms of what competencies they are expected to possess at the different levels, or tiers, within the department. In 2016 and 2021 PHS issued a self-assessment survey to determine how PHS staff scored on the various domains that make up the core competencies. The department currently maintains the goal of achieving 3 out of 4 on the core competencies. For more information on the goals to improve scores on the core competencies, see the current Workforce Development Plan.

To promote the core competencies, and improve them, PHS Administration has an ongoing goal of providing all staff with basic training to advance staff members core competencies (i.e., Public Health 101 series). Additional workforce development and training efforts take place annually as reflected in the 2-year PHS Workforce Development Plan. PHS will conduct the core competencies self-assessment periodically to ensure we are maintaining and/or making continuous improvement toward developing our core competencies as public health professionals.

All Management is expected to have reviewed the core competencies domains, be familiar with the competencies for each of the tiers so they can promote these among their branch staff and respond to any staff questions with respect to how the core competencies align to their role within PHS. Managers may want to use these competencies to help guide staff who seek to promote within the organization. Managers may also want to use these competencies to identify key competencies for development and/or training and performance goal setting. Self-assessments can be downloaded from the Council on Linkages link below.

[Core Competencies for Public Health Professionals](#).

4. **Workforce Development and Training**

A key component of employee engagement is staff development. Staff expects managers to regularly talk with them about their progress and development. Each year, managers should be setting performance expectations, and included in those discussions should be setting of training and education goals for the year (e.g., professional training). This is true whether staff is new to the department, or within a few years of retirement. The Knowledge Center (TKC) and the Learning Management System (LMS) are the Agency's platform for broad-based training across HHSA.

Managers should be familiar with LMS and TKC and the courses they have available to staff. Managers should also promote those classes where possible to foster a culture of continuous learning. Managers will also need to discuss professional certification training requirements with any staff that need to maintain certification (e.g., CEUs) for their role in the organization. Each Manager should establish a mechanism for overseeing the training needs of their staff (e.g., through the performance goal setting and performance review discussions).

Additionally, there are County-wide trainings (e.g., Department of Human Resources). There is a link to these trainings on In Site. The Department of Human Resources (DHR) offers a wide variety of training taught by experts in their field. In addition, they host multiple classes and academies for individual academies. For questions on DHR's training offerings, please call Employee Development at 858-505-6633. Please InSite Page on Countywide Training. Managers should also make use of and promote regional and national public health training centers (e.g. CHEAC Training Center, CDCTRAIN).

5. **Diversity and Inclusion**

The first ever Diversity and Inclusion (D&I) Strategic Plan from 2015 – 2020 (Figure 20 and Figure 21) demonstrated San Diego County's commitment to D&I. The plan aimed to attract, retain, and maintain a workforce that reflected the diversity of the County. The D&I Strategic Plan has four desired outcomes:

1. Exceptional Services to Our Diverse Customers,
2. Inclusion for all Employees & Customers,
3. A Motivated & Engaged Workforce, and
4. Organizational Effectiveness & Innovation.

Figure 20. County of San Diego Diversity and Inclusion Logo.

Source: County of San Diego, 2015.

A 2-page summary of the Plan (Figure 21) was mandatory reading for all PHS staff, and the full Plan was mandatory reading for all PHS Senior Staff. An Executive D&I Council was established to oversee implementation of the strategic plan and guide the County's D&I strategy. Since the Plan's creation, many historical achievements have been made on the D&I front at the County and departmental level. For example, in 2015, the HHSA lead for D&I cohosted a Health Equity and D&I launch event inviting executive leadership from the D&I Council, the Employee Resource Groups (ERGs), and staff and leadership from PHS. There were speeches, dancers, booths, and international food sampling. The D&I work and the plan were guided by the Global Benchmarks document, a consensus set of guidelines for government organizations seeking to embed equity, diversity and inclusion in their organizations. In 2018 and 2019, PHS hosted sessions during the senior staff meeting where branches conducted self-assessments of their leadership and accountability for the equity, diversity and inclusion efforts. Based on these scores, each branch created a D&I impact plan for the year ahead.

 Since 2015, PHS has maintained a cultural and social observance calendar and from 2015 to 2021 the PHS Health Equity Working Group members collaborated to produce one observance flier per month selecting different themes. In 2021, PHS significantly expanded the D&I themed cultural observance calendar and dedicated grant funded staff to develop cultural and social fliers for all major observances. The fliers expanded to 2 pages and a section was added on recent academic papers, publications, and research emergent on the various communities featured in the fliers. This was meant to keep staff current on emergent academic publications and advance workforce development, health equity, customer service, trauma-informed services as well as D&I.

The D & I effort in PHS is part of the PHS Health Equity Working Group, its Charter, the PHS Health Equity Plan, and annual Work Plans for the Health Equity Working Group. PHS's current D&I efforts are in line with the strategic framework and priorities of the Board, the County, and HHSA. These initiatives include D&I participation on the HHSA D&I Transformation Team. PHS promotes, ethical and trauma-informed leadership of diverse and inclusive teams, ensures the development of annual D&I branch impact plans, and that best practices and communications are shared across the department through the working group. PHS has also been tracking and reporting on the diversity of its staff relative to the local census tract data since 2015 in the PHS Workforce development Plan, to ensure that the workforce reflects the various communities and populations being served. In 2022 PHS produced a presentation on the D&I journey for all branches to use to level set for new staff on where we have been in the D&I work. New Managers

should be aware of this presentation and the past, current and future D&I efforts of the branch, department, Agency and the County.

Figure 21. Strategic Plan for Diversity and Inclusion 2015-2020.

Source: <u>InSite - Home (sharepoint.com/diversity-and-inclusion)</u>

D&I initiatives are important in a public health department because they help to ensure that the department is representative of the community it serves, and that those services are provided in a trauma-informed, culturally responsive manner, as free from bias in all forms as possible. This ensures equitable delivery of public health services. One of the components of the <u>10 Essential Public Health Services</u> is to "Build a diverse and skilled workforce." A diverse (and inclusive) workforce can bring a variety of perspectives and experiences to public health work, which can lead to more effective and innovative approaches to improving community health and advancing health equity. D&I initiatives also relate to the <u>Baldrige Excellence framework</u> by helping organizations understand and meet the needs of their customers, stakeholders, and workforce. A diverse and inclusive workforce can also help organizations meet the needs to a diverse customer base (residents of San Diego County).

HHSA and PHS have many valuable resources regarding D&I. The Knowledge Center (TKC) offers several trainings on D&I through Learning Management System (LMS). Examples of D&I related training offered by TKC on LMS include topics on introductions on equity, diversity, and inclusion,

promoting an inclusive workforce, and serving diverse customers. Managers should also be aware of the Strategic Plan for Diversity & Inclusion 2015-2020. There is an Diversity and Inclusion webpage available on Insite that includes upcoming D&I events, D&I Annual Reports, and the D&I Digest (Stories of Us). The webpage includes tools to promote D&I such as D&I custom virtual backgrounds, the Hiring Manager Interview Quick Glance Guide, and the Compassionate Leadership Toolkit by TKC. TKC also created a D&I SharePoint site where you can request departmental EDI training, utilize inclusion activities, and view the PHS Inclusion and Belonging Checklist, which was developed with input from all PHS staff prior to the pandemic.

Public health Managers are expected to promote D&I initiatives through creating a culture of inclusivity, providing training and support to employees on D&I topics, actively recruiting and retaining a diverse workforce, and ensuring programs and services are accessible and responsive to the needs of San Diego County. ERGs are also a valuable tool for public health managers in promoting D&I. Managers can utilize ERGs by incorporating feedback from ERGs into their decision-making processes or when producing culturally sensitive material. PHS partners with the ERGs in the updating of the cultural and social observance fliers.

As a Manager, promoting D&I is an ongoing process that requires a commitment to continuous learning and improvement. PHS Managers can incorporate the various D&I initiatives by staying up to date on best practices, resources, and trends in diversity and inclusion, attend and promote ongoing training, and regularly assessing and evaluating policies and practices to ensure they are inclusive and looked at through an equity lens from multiple angles with various end-users/customers in mind (e.g., age, gender, socio-economic status, disabilities, immigration status, literacy levels, linguistic differences, social isolation, transportation constraints, family responsibilities, sexual orientation, justice involvement). Managers should also be aware of their own biases, as well as create an environment where all employees leverage their valuable perspectives and experiences to enhance the programs and services for our diverse residents and the communities they come from.
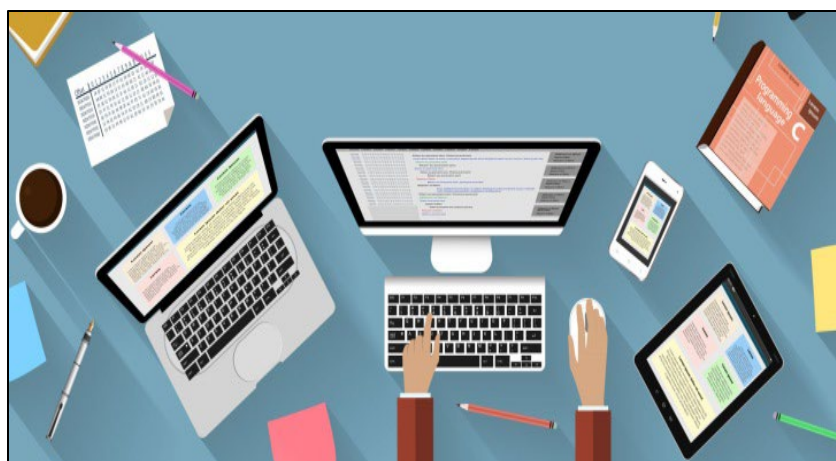
B. Operations

1. Administration

a. Information Technology – Databases

PHS utilizes a variety of custom built, and off-the-shelf, Information Technology (IT) applications, databases, and web services to efficiently manage, track, and/or report on clinical data, case management, document storage, disease and immunization registries, inventory management and laboratory management systems. Because the requirements of each branch are different, PHS utilizes a wide range of vendor-provided, state-required, federally required, and internally developed databases and systems. Support and maintenance of these systems also varies depending on their specific scope and any contractual agreements. Examples of support entities include the vendor, DXC help desk (formerly HPE), internal County Subject Matter Experts (SMEs). PHS Administration maintains an inventory of all these applications, the branches that utilize them as well as a list of suggested system enhancements and fixes. This inventory (IT Gaps Summary) is located on the PHS SharePoint Site in the PHS SharePoint Key Document Library. All PHS Managers should become familiar with the systems their branch uses as well as those used by other branches within PHS by reviewing this inventory and/or contacting the PHS Admin IT lead. Any effort towards trying to get a new database or system should be coordinated with the office that has a lead role in the governance of applications used, PHS Administration.

b. Inventory

County policies require the completion of an annual inventory of Minor Equipment and Materials and Supplies as of May 31st each year. Materials and Supplies are items that cost less than $500 and Minor Equipment are items that have a unit cost between $500 and $4,999. The inventory consists of a physical count of those items and the completion of related forms that are sent by the Agency Asset Coordinator (AAC) at HHSA Fiscal. Each branch at PHS has a Site Asset Coordinator (SAC) that is responsible for tracking minor equipment and completing their inventory. The SACs send completed inventory forms to the designated Region/Division Asset Coordinator (RDAC) at Public Health Administration. The RDAC reviews the submissions to ensure they are completed correctly (all forms are signed, amounts add up correctly, etc.) before forwarding them to the AAC in one submittal for PHS.

The SAC is also responsible for tracking fixed assets and assuring new assets are reported to the HHSA Fixed Asset Coordinator at HHSA Fiscal by completing required forms. New assets, as well as any other asset changes, are included in the Oracle Fixed Asset "Report of Change." All assets are listed in the Fixed Asset Register Report.

c. **Safety**

PHS is committed to providing a healthy and safe work environment for all employees and visitors at PHS owned and operated facilities. The PHS Safety Committee meets quarterly and includes representatives from each of the branches, Senior Departmental Human Resources Officer, and Departmental Safety Coordinator. Safety updates are provided at the monthly Senior Staff meeting as needed. Listed below are safety goals:

- Promote **occupational safety**.   For more information, please visit the HHSA Employee Safety InSite Page.
- Protect and enhance **security** for employees, County property, and the public at County facilities. For more information, please see the InSite Page regarding security at work.
- Ensure continuous performance of PHS essential functions/operations during an emergency. PHS is required to maintain a **Continuity of Operations Plan (COOP)** which is designed to help the division effectively resume day-top-day core services and functions following a disaster. The COOP is maintained by PHS Administration and requires regular review and updating from Branch Chiefs. All PHS Managers are required to be familiar with the COOP and be prepared to implement the plan in the event of an emergency.
- Ensure the protection of employees from **job hazards**. For more information, please refer to the Work Safe, Stay Healthy InSite Page.

d. **Site Operations**

PHS Administration is responsible for a variety of facility related activities. Included are: conducting site evacuation drills twice per year, response to emergency situations, some oversight to remodels and facility work requests, coordination with Agency Facilities for projects and responsiveness, meeting room equipment operability, vehicle parking, building cleanliness, pest control, and the building cafeteria. Responsibility also includes coordination of quarterly meetings between PHS staff and HHSA Facilities staff. The quarterly meetings include reporting status of ongoing projects, providing information about upcoming projects, and reporting from branches on needs and unresolved work requests.

PHS Administration also coordinates with the County General Services Contracting Officer Representative (COR) for the custodial contract activities, complaints, and special cleaning requests. For example, the cleaning of office chairs. Another PHS Administration responsibility includes building warehouse operations. A variety of vaccines are stored (refrigerated) in the warehouse and require daily temperature monitoring as well as some inventory control to assure distribution is accurate. PHS Administration has two certified staff members to oversee the receiving, storing, and distributing of vaccines, HIV test kits, and other miscellaneous items. Warehouse responsibilities also include daily building mailroom operations which include pickup of incoming United States Post Office mail, sorting and distribution to building occupants, and receipt of common carrier shipments.

e. Contracts Management

PHS contracts with community partners to provide a wide array of public health services. In fact, PHS has over 140 contracts for services and approximately 200 Memoranda of Agreement (MOA) to formalize partnerships to meet PHS goals. Contracted services account for approximately 29% of the PHS budget. Each PHS branch is responsible to develop, procure, implement, and administer contracts specific to its programs. To ensure contracts are managed according to County and HHSA policy and funding source guidelines, PHS has a centralized contracts and fiscal team within PHS Admin. The team includes a contracts manager who is primarily responsible for ensuring consistency in PHS contracts activities across the branches, implementing policy and procedure for PHS and coordinating division-wide contract related efforts. This is accomplished through a variety of methods. The contracts manager leads a monthly meeting with contract leads for each PHS branch to discuss policy changes, contracting issues, and training needs. Training and guidance is then provided to Contracting Officer's Representative (COR) and other staff who administer contracts at a monthly PHS Contracts Group meeting. The PHS Contracts Group meeting is also attended by representatives from Agency Contract Support and Department of Purchasing and Contracting. As a result, PHS is often able to address training needs and questions on the spot.

In addition, PHS uses a variety of tools to track and communicate information related to contracts. PHS maintains a SharePoint site with resources for contract administrators including detailed "how to" guides for processes such as MOA development and key forms and templates. Also maintained on this site, are tracking tools used to communicate information to PHS and HHSA leadership such as the Centralized Monitoring Database. The Centralized Monitoring Database tracks each branches activities in monitoring contracts according to HHSA policy. For

more information on PHS Contract Management, please see the HHSA-PHS-ContractsFiscal - Contracts - All Documents (sharepoint.com)

f. Budget

The Public Health Services budget approaches, and sometimes exceeds, $100 million annually. PHS Administration Contracts and Fiscal team (Café) serve as the central point of contact to coordinate and assure projected expenditures are realistic and justified. Every two months, the Café team meets with the PHS Fiscal Analyst Group to discuss best practices, changes in fiscal requirements, and coordination of information with the Agency Budget Office, also in attendance. Listed on the next two pages are major components:

- **Budget Build:** this process begins with planning for the next fiscal year and beyond where appropriate. During November of each year, PHS Branches (low orgs) compile Unavoidable and Critical Avoidable requests. Unavoidable requests include items not currently in the budget, and originate from three sources: Legislatively required, Board of Supervisor approved, or HHSA Director approved. Critical Avoidable requests are for funding that, if not approved, would have major impact on service delivery. Critical Avoidable requests are submitted to the Café team for review, follow-up and compilation for consideration by the Public Health Officer. The Public Health Officer must priority rank each request in order of importance to Public Health Services. Unavoidable requests do not require priority ranking. Once ranked, a meeting with Agency Budget Office occurs which results in approval, or not, to move forward with including in the budget.

  Budget Build is a process of projecting expenditures and revenues for the next two fiscal years. Each low org develops a budget and submits to the Café team for review and follow-up. Once complete for all PHS, the budget is reviewed by the PHS Executive and submitted to the Agency Budget Office for additional review and follow-up. Budgets must, as close as possible, result in zero net county cost. The target is for expenditures and revenue to be in balance.

- **Monthly Tracking:** Each low org is responsible for reviewing expenditure reports to assure accuracy and expenditures are within the approved budget and, where appropriate, not out of balance with the elapsed fiscal year timeframe. Additionally,

each low org must report grant expenditures each month for one-to-one meetings with the PHO.

- **Fund Balance:** For the first three quarters of each fiscal year, PHS is required to submit a quarterly fund balance document to the Agency Budget Office. Quarterly fund balance is a process which requires low orgs to analyze current year-to-date budget line-item expenditures and revenues, and project full year amounts.   The Café team gathers this information from each low org, conducts analysis and follow-up, compiles on one spreadsheet, and submits to the Agency Budget Office for review and follow-up.

- **The Café Team:** The Café team also serves as a resource for PHS low orgs by providing guidance and assistance with processing required documents for approval and signature of revenue agreements. Additionally, the team has an important role with resolution of immediate issues, coordination of fiscal (and contract) year-end activities, and identifying funding for unanticipated expenditures.

- **Board Letter Coordination:** One Café team member is designated as the PHS Board Letter Coordinator. This responsibility includes review and edit of all PHS Board Letters and coordinating review by all other required reviewers. Also included are developing a Board Letter Calendar with review due dates to assure the Board Letter is docketed on the Board of Supervisor Agenda by the desired, sometimes required, date.

g. **Budget and Fiscal Management – Audits**

The County goes through the budget build process every year, beginning in the fall and completing at the end of the fiscal year in June. The budget build process involves publishing the two-year operational plan, which is the second component of the County's General Management System. It is also the Board of Supervisors' two-year fiscal plan that allocates resources to specific programs and services that support the County's long-term goal. It includes the adopted budget for the first year and a tentative budget that is approved in principle for the second year.

PHS programs are subject to a variety of audits each fiscal year. These include:

- **Agency Contract Support (ACS) Quality Assurance Review:** This review occurs twice each fiscal year usually November and April. ACS preselects contracts to review for compliance with County, Department of Purchasing and Contracting and ACS policies and procedures. Each PHS Contracting Officer Representative (COR) will have at least one contract selected each year. The PHS Administration Contracts and Fiscal Team coordinates with PHS programs to ensure responses are entered on an ACS developed spreadsheet, and each program is prepared. ACS staff will assess documents in the Contracts Administration Management System (CAMS), which is the centralized Agency contract monitoring database, Oracle as well as electronic S drive files for the selected contracts. This usually involves ACS staff meeting with PHS CORs and those who support CORs with contract monitoring activities. When complete, ACS will compile a report- with no findings or a list of findings. If there are findings, PHS must respond with a Corrective Action Plan.

- **SEFA (Schedule of Expenditures of Federal Awards) Audits:** SEFA audits are conducted by an outside auditor for direct federally funded grants. Each year the outside vendor selects which grants will be audited and coordinates audit activities via the Agency Financial Support Services Division (FSSD). FSSD compiles information from fiscal files and coordinates with the selected PHS program to provide additional information not available to FSSD. The PHS Administration Contracts and Fiscal team assures all requests are met and can assist with response to outside auditor questions. When complete, a report is issued with no findings or

  findings. If there are findings, a Corrective Action Plan is required, and this same grant will be audited again the next fiscal year. If no findings, then the same grant will most likely be audited for the next two or three years.

- **Change Fund Audits:** Each PHS program, which handles daily cash payments or maintains a petty cash fund, will periodically be audited by FSSD. Included in this audit are fixed asset and minor equipment inventories. The audit will measure compliance with County and FSSD change fund policies and procedures and will include a random fixed asset and minor equipment check to assure items listed on the inventory actually exist and are properly labeled as Property of the County of San Diego. When complete, a report is issued with no findings or findings. If there are findings, a Corrective Action Plan is required.

- **Records Management:** A sporadic audit conducted by the Auditor and Controller Office to assure County Record Management procedures are followed. Auditor and Controller staff will select the PHS program(s) for audit. When complete, a report is issued with no findings or findings. If there are findings, a Corrective Action Plan is required.

- **Funding Source:** Periodically, PHS programs are subject to funding source site visits and audits. Site visits are not typically an audit, but program practices and results are reviewed and a report may be generated. Funding source audits can involve review of both program and fiscal activities. When complete, a report is issued with no findings or findings. If there are findings, a Corrective Action Plan is required.

h. **Human Resources – Personnel**

HHSA Human Resources (HR) provides a wide range of operational and administrative support to the different Agency groups. Each department has assigned HR professionals to assist with workforce management. PHS contacts are:

- **Senior Departmental HR Officer (DHRO)**—Located in the PHS Administrative Office, the Senior DHRO is primarily responsible for Position Management, Employee Relations, Workers Compensation liaison, Interactive Processes, Recruitments, assists with performance issues, employee grievances, Classification Activity Requests, and the Employee Assistance Program. This position is supported by a Departmental HR Officer (DHRO) with similar functions.
- **HR Specialist**—Is your contact person for NeoGov (human resources software program) and processing from beginning to end approved requisitions for new/promotional/transfers employees. The HR Specialist monitors Temporary Expert Professionals (TEPs), Retire-Rehires, and Certified Temp hours, and runs various reports from PeopleSoft to include overdue Performance Reviews.
- **HR Specialist/Leave Coordinator** is responsible for Family Medical Leave and Leave of Absence requests.
- **HR Assistant** is your contact person for payroll. This person audits and monitors Kronos to ensure all employees in PHS are paid in accordance with the compensation ordinance and Memorandum of Agreements. Other responsibilities include tracking required medical licenses, off-boarding of employee (retires/resignations), workers compensation release time, reviews mileage claims, employment verifications.

The above duties are not all inclusive. Please see the [HHSA HR Insite Page](). You will find several links and pages to assist your HR service needs. It has information and resources regarding career opportunities, performance management, hiring and employee development. A good resource for employee benefits is located on the [Employee Benefits Division Insight Page]().

2. Communication

a. Communication

The PHS communication process, both internally and externally, involves the collaboration of key staff members, both within PHS, as well as with other Agency and County departments.

- **Group Communications Officer and Communications Specialists**

  The County Group Communications Officer (GCO) serves as the Public Information Officer (PIO) for the County Group. For PHS, the County Group is HHSA. The GCO works under the direction of the County Communication Office (CCO) and is supported by Communication Specialist (CS) staff within the office. Within HHSA, the GCO and Program Manager, work out of the Office of Strategy and Innovation (OSI), and are the principal contacts who review and approve all PHS-related materials distributed to the public and HHSA staff. These include public health-related news advisories sent to the local media, articles posted to the County News Center website, and social media (YouTube, Twitter, Facebook, and Instagram) posts. The CS, working out of the CCO, is the secondary contact who reviews and recommends edits for all PHS-related news advisories, articles posted to the County News Center, as well as social media posts.

- **Health and Human Services Agency Executive Office Staff**

  The HHSA Executive Office Staff reviews and approves external publications, including flyers, brochures, newsletters, reports, and PowerPoints, to ensure consistency and standardization. This approach provides consistency on issues such as *Live Well San Diego* brand strategy; introductory letters from and photos of Board members and County executives; and placement of the County seal and HHSA/*Live Well San Diego* logo.

- **Spokespersons to the Media**

  As the PIO, the GCO serves and the point-of-contact for all media inquiries and leads the media response, consulting with appropriate officials and ensuring messages are

consistent and coordinated. The GCO is also the principal spokespersons to the media for HHSA.

The PHO is the designated media spokesperson for PHS. Other PHS staff members can be designated to serve as spokespersons to the media on behalf of the PHO and the County. These spokespersons include specific program experts and PHS staff who have been approved by the PHO and have completed the CCO media training. Designees include Medical Directors of the various PHS branches.

▪ **Websites**

New web content that fits within the PHS website hierarchy and utilizes the existing Adobe Experience Manager (AEM, the platform the County uses for public facing website) design is no longer subject to review by the County's Web Standards Committee. However, edits to existing PHS webpages, as well as the development of new webpages for PHS programs, need to be approved by the Branch Chief and Public Health Officer.

b. California Health Alert Network

Priority health communications are sent to health and public safety professionals in San Diego County through the California Health Alert Network (CAHAN) San Diego (Figure 22). The mission of CAHAN San Diego is to communicate between the San Diego County medical community, public health, and safety agencies to ensure rapid identification of and response to unusual disease events, including known or suspected disease clusters, outbreaks, and

Figure 22. California Health Alert Network.

Source: California Health Alert Network (CAHAN) | CDPH - Emergency Preparedness Office (cdphready.org)

possible acts of bioterrorism. CAHAN San Diego alerts may contain information on investigations in progress and/or diagnoses that may not yet be confirmed. Subscription to CAHAN alerts is restricted to specific medical, public health, and public safety personnel in San Diego County. For transparency, after an alert is disseminated, a link to the publication is posted to the CAHAN San Diego website.

Additionally, when California Department of Public Health disseminates information in their CD-BRIEF to local health departments, related to information about specific communicable disease conditions, this information is communicated to the local medical community via a CAHAN.

CAHAN is administered by the Epidemiology and Immunization Services Branch (EISB), as alerts are often authored by this branch. To register to receive CAHAN San Diego alerts, please visit www.cahansandiego.com.

c. PHS Newsletter

PHS Administration coordinates and publishes a quarterly PHS Newsletter (Figure 23) that includes program activity highlights from the various branches, key messages about HHSA and PHS-wide initiatives, including Workforce Development, Health Equity, Customer Service, Diversity and Inclusion, the Countywide Sustainability Initiative, messages from the Public Health Officer and Director of Public Health Services, staff updates, and more. Each branch is required to submit at least one article per quarter.

As you host events, obtain major grants, achieve major milestones, consider taking photos and submitting brief write ups for inclusion in the newsletter. Articles, as well as nominations for a Sustainability Champion, can be submitted to the Supervising Health Information Specialist in PHS Administration. For the full set of PHS Newsletters, see Share Point site.

Figure 23. PHS Newsletter.

Source: PHS Admin., 2023.

d. PHS Program Fact Sheets

Each PHS program is required to create and maintain a fact sheet (Figure 24). Fact sheets are one-page summaries of the key program elements including scope and budget. The Fiscal and Budget Office is responsible for overseeing the creation and storing of the fact sheets generated by the individual program managers. If you have a program without a fact sheet, you will want to get in touch with Romina Morris to obtain a template. If you are a new Manager and want to obtain a copy of your program fact sheet and do not know where it is stored, please reach out to Romina. Fact sheets should be updated as major program elements change but should be updated annually by July of the new fiscal year. PHS fact sheets are stored on the PHS "Shared" drive.

Figure 24. PHS Fact Sheet.
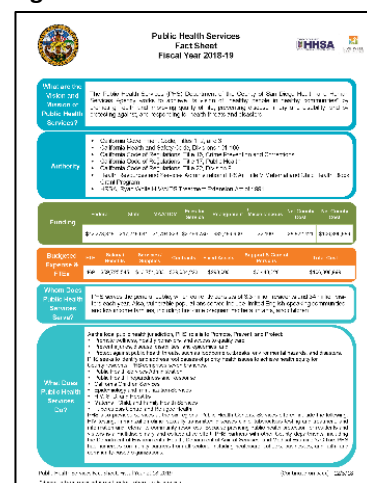
Source. PHS Admin., 2023-24.

3. Health Promotion

a. Health Promotion

Since 2015, PHS has convened the Health Promotion Planning Committee (HPPC), a health promotion working group, to galvanize the work of health promotion staff across PHS branches. The HPPC meets bi-monthly, is facilitated by the Supervising Health Information Specialist in PHS Administration and provides a space for staff to share information that is disseminated to the public and provides resources and guidelines to help ensure consistency. Health Planning and Program Specialists, Community Health Program Specialists, Community Health Promotion Specialists, Health Information Specialists, and other staff involved in health promotion, including the GCO, CS, and *Live Well San Diego* staff are all encouraged to attend.

As part of the accreditation process, the *PHS Health Promotions Framework* was developed in 2015 and updated in 2022. This document provides guidelines for Health Promotion staff in PHS to employ best practices to implement health promotion policies, programs, processes, and interventions that support prevention and wellness.

Health observances (days, weeks, or months dedicated to raising awareness about important health topics or, in the case of professional observances, celebrating health and allied health professionals), are commemorated with internal and or external communications, created by program staff whose area of expertise is applicable to the observance. A health observance calendar is kept by the HPPC facilitator and includes a record of all health observance activities. Branch staff are engaged monthly, so they are aware of both prior and upcoming observances and their corresponding activities, even those occurring outside of their branch or program. Health observance activities may be included with or independent of health promotion interventions.

4. Legal

a. Legal Mandates

Public Health law in the United States provides authority, limitation on State (and County) powers, incentives, and disincentives for behavior related to the spread or transmission of communicable diseases. Health officials and boards of health have a mandate to protect the public's health. It is important to note that public health law often allows for much professional discretion to fulfil this duty. Public health officials apply law and ethics when mediating conflicts and addressing difficult decisions such as balancing the relationship between the individual's and the community's interests in the realm of public health. When public health officials are making decisions, key ethical questions to consider include: 1) deciding what constitutes a "public health problem"; and 2) deciding what kind of intervention to use, (e.g., whether to collect additional

information about a problem, how to analyze and present data, and other public health actions that may be undertaken under the public health's broad legal authority to protect and promote the public's health) (Source: https://www.cdc.gov/phlp/publications/phl_101.html)

California Legislation includes reference to public health law. Managers can view the document on SharePoint. The document includes references to governing body and public health authority. Under the California Code of Regulations, Title 17 is Public Health. Title 17 has 4 Divisions: **Division 1**-State Department of Health Services, **Division 2**-Health and Welfare Agency-Department of Developmental Services Regulations, **Division 3**-Air Resources, **Division 3.5**-Office of Environmental Health Hazard Assessment, and **Division 4**-California Institute for Regenerative Medicine. Of these divisions, Division 1 (State Department of Health Services) and Division 3.5 (Office of Environmental Health Hazard Assessment) are most relevant to public health. In the SharePoint document, other useful documents are included such as documents from the California Conference of Local Health Officers, and local documents such as Official County Charter, Ordinances, and Policies. To Access on SharePoint: OVERVIEW OF LEGISLATION AND REGULATORY CODES.June.9.2015.FINAL.3.docx

b. Legislative Agenda and Analysis

Annually the County sets its legislative agenda and Managers are asked to provide input via email request from PHS Admin branch. When the request is issued (i.e., annually in May), Managers consider what legislative issues and priorities will support their programs and services and develop a write up that is rolled up for the HHSA Executive Office. For more information, see County Legislative Services webpage, discuss with your Branch Chief or inquire with the PHS Admin team. PHS is officially asked to weigh-in on the annual Legislative Program by the CAO's Office Economic Development & Government Affairs (EDGA). Managers receive the current year's Legislative Priorities, Guidelines, and the Sponsorship form for their consideration. PHS Admin branch collects all input from specific programs. Admin branch provides a form for Managers [Current Year Legislation Program Draft-D- Sponsorship] for Managers to complete with all necessary input referencing their specific program. Managers are required to provide PHS Admin branch with input annually in July.

c. Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996 to modernize the flow of healthcare information. HIPAA covers how personally identifiable information is to be maintained and protected from fraud and theft. HIPAA prevents healthcare providers from disclosing information to people other than the patient and/or their representatives without the patient's consent.

In PHS, several branches handle patient records and are therefore required to do so in accordance with HIPAA regulations. Each branch should have a policy and procedure for the application of HIPAA regulations in the context of their clinical practice. These policies and procedures will include sections on how staff are trained on the policies and procedures and how quality assurance will be conducted to ensure the safe handling of patient information in accordance with HIPAA regulations. For branch policies and procedures, refer to Policy Tech and for more information on HIPAA, see the following link: Your Rights Under HIPAA | HHS.gov.

5. Meetings

a. Meetings

There are various levels of meetings for PHS Executives (Tier 3), Managers (Tier 2), and Frontline staff members (Tier 1). There meetings should be added to your Outlook calendar depending on your Tier status.

1) PHS Executives
Meetings for these staffs include:
- *PHS Steering Committee* – This meeting is held the Monday morning of the third week of the Month and include the seven PHS Executive members. This meeting will be facilitated on alternating months by the Director and Public Health Officer.
- *Public Health Leaders Meetings* – This meeting is held on Monday of the fourth week of each month. This includes PHS Admin Steering Committee members, all PHS Office and Unit leads, all Chiefs and Medical Directors, all Unit leads from each Branch, as identified on the PHS organizational chart in Figure 1.
- *PHS Executive Team Meeting* – Attendees of the meeting include PHS Steering Committee members and Programs leads for all the Units in PHS Administration. This meeting is held on Monday of the first week of each month.
- *Chiefs/Medical Directors Meeting* – Attendees at this meeting include all PHS Steering members, all branch Chiefs and Medical Directors, and any PHS Unit leads as, indicated by the topics indicated on the meeting agenda. These meetings are held either twice a month or monthly depending on the frequency determined by the Chiefs and Medical Directors. Currently the meeting is currently held in the afternoon of Monday during the third week of the month.

PHS Executive staffs, branch Chiefs, and branch Medical Directors should attend all the Senior Staff and Managers meetings described below.

2) **Senior Staff and Managers**

As a PHS Senior Staff and Manager, the following meetings should be attended as described. These are as follows:

- *Senior Staff/Managers Meeting* –This meeting is mandatory and attended by all Public Health Services Administration staffs, Chiefs, Medical Directors, and Senior Staff (e.g., classified, and unclassified management, all those with supervisory or management responsibility). This includes all staff as identified on the PHS organizational chart in Figure 1. These meetings are held monthly, on the second Thursday of each Month. During many meetings time will be allocated for prioritized PHS trainings, as identified in the Workforce Development Plan.

- *PHS Administration Meeting with Branch leads* – These meetings are held at least month (or more frequently as needed). PHS Administration meets with Brach Chief, Medical Director, Unit leads and other Managers (e.g., Program Coordinators, PH Nurse Managers or Nurse Supervisors). These meetings review Branch administrative (e.g., personnel, budget, grants, IT) and programmatic issues. Communications, health promotion, and community outreach events are shared. Any associated risks are identified.

- *Branch All-Staff meetings* – Each branch should convene all-staff meetings at least monthly. Other branch meetings are also held and identified by the Chief/Medical Director.

3) **Frontline Staff Members**

PHS has two meeting designed for Frontline Staffs. These include the Clerical staff from all branches and the PHS Advisory Committee.

- *PHS Branch Clerical Staff* – The PHS Administration Secretary III will convene a meeting of all PHS branch clerical staff members (e.g., Administration Sec I and II, Office Assistants). This meeting should be held monthly. This meeting is facilitated by the PHS Admin Sec III.

- *PHS Advisory Committee* – This meeting is held monthly and consists of a representative from each branch unit and/or at least two branch staff. Representatives for the meeting should be "frontline" only. This is a requirement by the Agency Director. This meeting is facilitated by the Director and Public Health Officer on alternating months.

As a Manager, you will also need to attend your team meetings, and set up one-on-ones with your supervisor, as well as schedule regular meetings for your team members. Your supervisor should be able to provide guidance on existing meetings. If you have any questions about who should attend any meeting, or to be added to the invitation list, please contact your supervisor who can direct you.

6. Operational Planning

a. Operational Planning

PHS contributes about a dozen measures to the County Operational Plan which reflect progress on key programs and initiatives that are considered to be significant to warrant elevating to the budget document. These measures are maintained quarterly for the Executive Office, and this is coordinated by PHS Administration. Objectives and the corresponding performance measures are published in the PHS Section of County Operational Plan.

Strategic planning is the responsibility of each Branch, and it is the translation of strategic priorities and goals into operational objectives and measures that guide staff at all levels. Each Branch has its own Strategic Plan which is compiled together into the PHS Strategic Plan. The PHS Strategic Plan is refreshed on a new two-year cycle—a rolling cycle to ensure it is responsive to changing conditions and in synch with the two-year County Operational Plan. Branch Strategic Scorecard and Work Plans help Branch track the implementation of objectives in terms of progress as well as performance challenges. These performance challenges may be addressed through quality improvement projects.

b. Public Health Accreditation Maintenance Requirements

In October 2022, PHS submitted its application with narratives and documents for **reaccreditation**. Every five years (although extended due to COVID-19), accredited public health departments must reapply to maintain their accreditation status. PHS Administration, Office of Performance and Improvement Management, organized Domain Teams and coordinated with the Public Health Officer to submit 242 pages of narratives, an estimated 50 reports and examples, which included 20 new or updated policies. A new PHS dashboard was also among the materials submitted that identifies the key outcomes that, as a department, we are trying to influence. A virtual site visit from the Public Health Accreditation Board (PHAB) took place in the FY 2022-23.

In the future, PHS will need to adhere to the new Standards & Measures for Reaccreditation, Version 2022 (Figure 25). These new standards and measures reflect an update the **Version 1.5** and reflect the updated **10 Essential Public Health Services,** in 2020. **Foundational Public Health Services framework** (Figure 26) are also integrated into these reaccreditation standards, defining a minimum set of capabilities and areas that must be available in every community and outlines the unique responsibilities of governmental public health. It will be important that all Branches

start looking to these new standards and ensure practices, policies, and procedures reflect these new expectations.
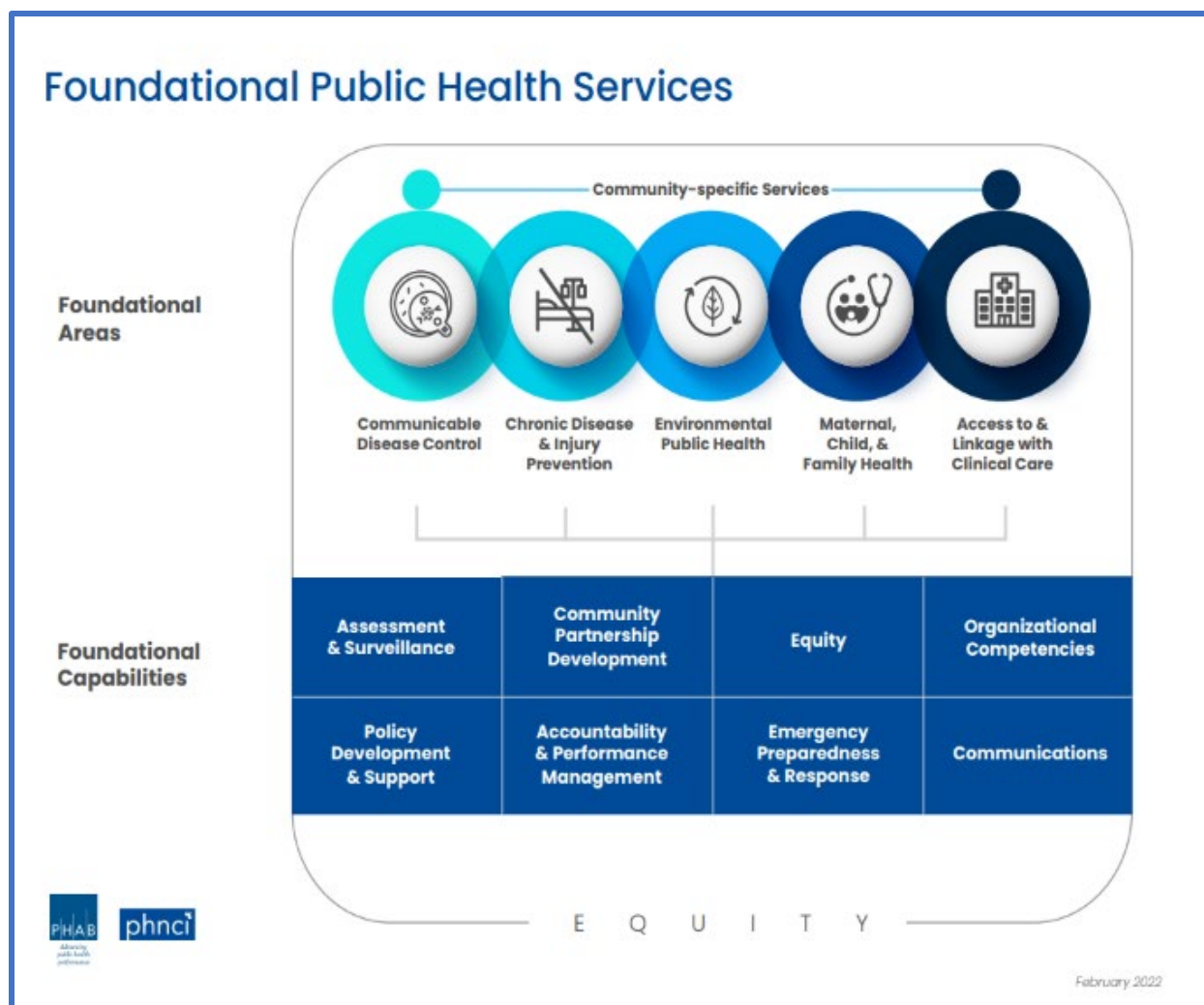
Figure 25. Standards & Measures for Reaccreditation, Version 2022.

Source. Public Health Accreditation Board. *Home - Public Health Accreditation Board (phaboard.org)*

Figure 26. Foundational Public Health Services, 2022.

Source. Public Health National Center for Innovations. *[Public Health National Center for Innovations - Public Health Accreditation Board (phaboard.org)](#)*

PHS was **originally accredited** by PHAB on May 17, 2016. For 94 of the 100 PHAB measures, San Diego County received the highest possible ranking of "Fully Demonstrated." The top strengths included the strong culture of improvement, its mission driven work alignment to *Live Well San Diego,* strong ties to community residents and partners, and commitment to evaluating its work and to using data to inform interventions. PHS submits an annual report each year as evidence that the health department continues to make progress in performance management and quality improvement. This annual report is compiled by the Accreditation Coordinator and submitted by the Public Health Officer.

For both accreditation and reaccreditation, a committee was formed with **12 Domain Teams**, including Leads and Co-Leads for each Domain. The Domain Leads are subject matter experts for each Domain and come from every Branch. Leads are responsible for helping communicate PHAB

standards and requirements and ensuring narratives and proper documentation is prepared and maintained that demonstrates conformance. The Accreditation Coordinator and a team within the Office of Performance and Improvement Management directs the preparation efforts, with technical assistance services of a consultant, and ensure a streamlined process and quality review of narratives and documents for conformance with PHAB standards with final review and approval by the Public Health Officer. For more information about accreditation, please go to the PHAB website.

c. Baldridge

The County of San Diego Health and Human Services Agency was recognized in 2017 with the California Award for Performance Excellence (CAP) Eureka Award. This annual award is given out by the California Council of Excellence and is based on the Baldrige Framework for Performance Excellence (Baldrige Excellence Framework | NIST) (see Figure 27 below). The Baldrige Program is a Presidential award for performance excellence that is administered by the U.S. Department of Commerce and named after Malcolm Baldrige Jr., the Secretary of Commerce under President Ronald Reagan. The Baldrige Excellence Framework contains seven categories (see below), intended to help organizations address a dynamic environment, focus on strategy-driven performance, achieve customer and workforce engagement, and advance long-term organizational sustainability. Many organizations—including public organizations—strive for recognition through the Baldrige program and the attention as best-in-class in terms of levels of performance. A comprehensive application was submitted, and extensive preparations undertaken for the CAPE site visit, which was conducted November 6-9, 2017, culminating in the Agency's recognition.

HHSA Executive Office is promoting the Baldrige criteria for excellence across HHSA. Many of the activities that align with Baldrige are consistent with standards of public health accreditation. These activities include an emphasis on workforce and customer satisfaction, use of data in decision-making through performance dashboards, and a strong focus on results, and are being encouraged throughout all Agency departments as part of this drive toward excellence.

Figure 27. Baldrige Excellence Framework.
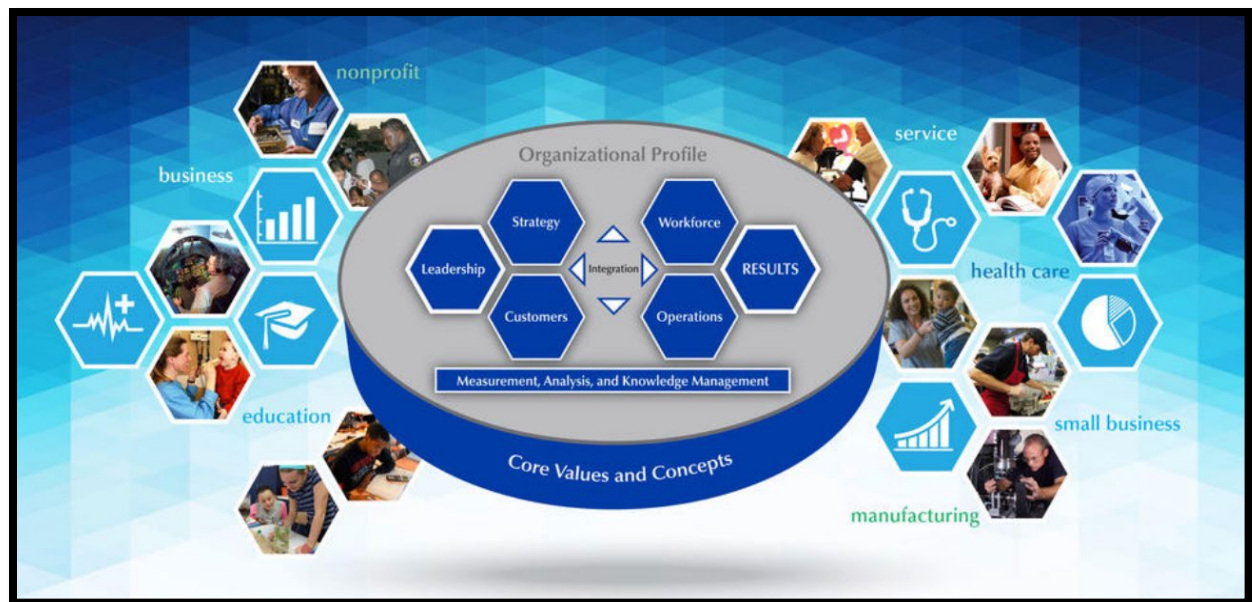
Source. National Institute of Standards and Technology. *Baldrige Excellence Framework | NIST*

Over the last few years, several regions have adopted the Communities of Excellence 2026 program (South Region piloted this program beginning in 2018-19). The framework was developed for communities to achieve sustainable results to those that live, work, and play across within them across the key focus areas of community performance (educational attainment, economic vitality, health status, and safety). This framework is essentially a Baldrige framework for communities and has also informed the development of the Community Health Enrichment Plans for participating regions. (See section on CHIP and CHA.)

d. Accomplishments Documents

At the end of the fiscal year major accomplishment of the major initiatives, staff and branches is compiled and written up into a comprehensive document. Information is collected by PHS Administration each quarter on a SharePoint, similar to how data is collected for the Monthly Operations Report. A notice is sent to the primary contacts for each Branch by Kelly Strona, the Supervising Health Information Specialist, who compiles this information in the report. This report is shared with the Board of Supervisors (and the public) and helps fulfill an accreditation requirement that the public health department keep its governing body informed of its activities and achievements.

7. Policies

a. Policies and Procedures – Policy Tech

All PHS policies and procedures are to be drafted, finalized, and shared through the Policy Tech software program. Each branch has a Document Control Administrator (DCA) for Policy Tech who has been trained to upload and manage the policy development process for each branch and remove people's names as they transition out of the branch. If you have questions about Policy Tech and how to use it, please contact the DCA for your branch. All branch policies and procedures should be approved by the Branch Chief. All policies and procedures that apply to all PHS staff are required to be approved by the Public Health Officer. As part of the Managers Packet, there is a template for the identification of new policies and procedures that may need to be developed.

8. Reporting

a. Reporting Relationships – Approvals

PHS has several organizational charts that provide a visual structure of who is responsible in each branch and the units under each branch. Each branch has its own organizational chart, depicting its units and reporting relationships. Additionally, a department-wide organizational chart provides the structure overall, which includes all six PHS branches and one administrative branch. Organizational charts can be found on the PHS SharePoint Site Organizational Chart Library.

Overall, the Public Health Officer and Director of PHS are responsible for the department with the support of his/her executive team, which includes the Assistant Director, Deputy Public Health Officer, and Deputy Director.

When policies are overlooked or disregarded, there is a procedural system in place to address the issues with minimal disruption to the daily operations of the department. Procedures follow a chain of command. It is encouraged for PHS staff to follow the division's reporting structure in good faith with the expectation that everyone will meet the required expectations for their position. It is encouraged for staff to discuss any issues as they arise and work on problem resolution with their supervisor first before seeking support from someone above their supervisor, manager, or branch chief.

There are, however, circumstances in which bypassing the chain of command is unavoidable. Ineffective supervisorial/managerial support that put staff in harm's way or create a hostile work environment due to abuse of power are such instances. In cases like these, staff is encouraged to contact the department's Assistant Director and/or Department HR Officer.

b. Monthly Operations Report

The PHS Monthly Operations Report (MOR) is coordinated by the Community Health Program Specialist of PHS Admin. The MOR Word document includes key risks, board letters, reviews and audits, and media and community events. In addition, PHS gathers additional information in the MOR Excel document that includes presentations, non-permanent workforce, research projects, publications, QI projects, subpoenas, recognitions, advisory committees. This information is also incorporated into the PHS Annual Major Accomplishments Report. The PHS MOR is part of the HHSA MOR that is provided to the Agency Director to brief the CAO of any relevant risks or operational issues.

All branches are required to be familiar with and contribute to the MOR. There are two MOR reports (one Word and one Excel) that are updated on a monthly basis, usually during the first week of the month. A monthly reminder with the SharePoint link to update the MOR is sent by the PHS Admin Community Health Program Specialist to the respective Branch leads. Please see an example of a MOR.

9. Programs

a. Program Index

Each program is unique in its own way and may include significant differences in the way their operations are executed and described. The main purposes of a Program Index is to describe each aspect of a PHS program at a high/executive level, ensure information consistency amongst all programs, and to provide PHS and Agency level executives a summarized and concise description of the program to be used in various instances. The "*Program Index*" template is provided as part of the *Managers Packet Toolkit*.

b. Program Operational Manuals

Ensuring management and staff are clear on the various roles and responsibilities within and between branches are vital to ensure that expectations are met, and programs are delivered in an optimal way with minimal confusion. It is important to ensure that the more detailed aspects of the expected roles and responsibilities are documented in Program Operations Manual, Policies and Procedures, and work plans (e.g., work plans of working groups and staffs). With emerging workforce trends in retirements and other anticipated staff turnover, it is vital to ensure that all the roles and responsibilities are well documented and kept up to date to ensure proper communication, clarity, and knowledge transfer between individuals transitioning in and out of positions within the public health department.

PHS Administration developed a mechanism for all Managers to capture the essentials of management program. This is referred to as the Program Operations Manual. The expectation is

that each Branch should identify where a Program Operations Manual is required and encourage all Program Managers to develop a Manual using the fillable template which includes question prompts. The expectation is that each Branch Unit and Programs will require a 'Program Manual." The "Manager's Manual" and the Program Index template will ask "key questions," which may include, for example, what regular meetings are you required to attend? Is your program grant funded and if yes, when is your grant due? The purpose of the Program Operations Manual is to create clear guidance for the incoming Program Manager.

The target audience for the _Program Operations Manual_ includes staff members in any given program. This will include existing and new staff members for a specific program to provide essentials of their program operations. There will be as many Program Operation Manuals as there are programs (i.e., currently 66 as of 02/2023). The purpose of the Program Operations Manual is to give the incoming Program Manager all the essential _program related_ information they need to run the program. It includes information about funding, meetings, and key stakeholders or contractors, as well as any other detailed, programmatic information that would only be of interest to the incoming Program Manager for a specific program.

10. Staff Performance

a. Performance Reviews

Managers and supervisors are required to complete employees Performance Reviews (PR) on an annual basis. The PR notification process is now automated through PeopleSoft. As of March 5, 2018, supervisors automatically receive a 45-day reminder email to complete upcoming PRs for their direct reports. The email will contain a pre-filled PR form for the employee and will be sent to the supervisor listed in Peoplesoft with a copy to the Human Resources Specialist assigned to the department/division. Some manual notifications may still be sent from HHSA HR personnel during this transitional period, specifically for staff whose rating period ends prior to 4/19/18.

The PR notification email is sent based on who is listed as the supervisor in PeopleSoft. If for some reason you believe a PR was received in error, please notify your assigned HR Specialist or DHRO so we can ensure the system is updated and/or the PR is routed to the appropriate contact. PRs should include the objectives outlined in the staff's work plan.

b. Professional Development Objectives

Workforce development and continuous improvement are an important part of the department's core values. As part of the Performance Review Process, Managers and Supervisors need to ensure that each staff person identifies professional development objectives, including trainings or certifications for the year ahead. At least two professional development objectives should be included in any given 'performance evaluation' rating period.

c. Work Plans

Every Branch, Manager, Supervisor, and staff person should have a **work plan** (Figure 28) that reflects the goals, objectives, and activities for the fiscal year. Work plans should be reviewed between Managers, Supervisors, and their staffs at regular one-on-one meetings, to facilitate ongoing communication about priorities and status updates. **Working Groups and/or Committees** should also maintain annual work plans and a committee charter to ensure that the group has a shared understanding of roles and responsibilities, strategic linkages, vision, mission, goals, and objectives. Work plans are a key tool to manage expectations, plan tasks, and identify issues. Work Plan templates can be found on the PHS Share Point site.

Figure 28. Public Health Services Work Plan Template 2023-2024

Source. Public Health Services Administration. Public Health Services.

11. Workforce

a. Employee Engagement

The Gallup Organization identified *employee engagement* as a primary outcome of strengths-based management practices. *Employee engagement* refers to a high degree of psychological ownership of doing quality work, such that employees are enthusiastic about the work they are doing, committed to results, and positive about the organization. According to research, engaged employees are more productive than other employees. They are more likely to remain in their workplace and less likely to leave organizations. They produce higher levels of customer satisfaction. And they have a better record of workplace safety.

Gallup's research has shown that employees are most likely to be engaged when they can answer yes to these 12 questions:

1. Do I know what is expected of me at work?
2. Do I have the tools and equipment I need to do my job right?
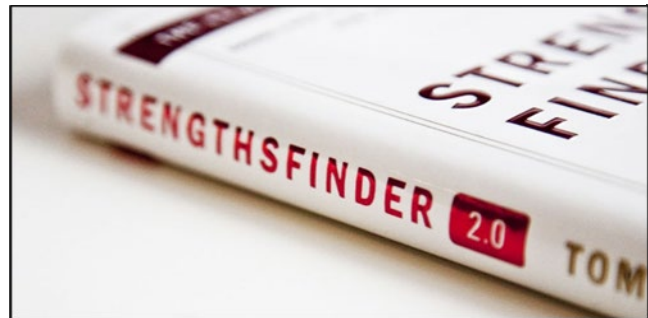3. At work, do I have the opportunity to do what I do best every day?

4. Have I received praise or recognition for a job well done in the past seven days?
5. Does my supervisor, or someone else at work, seem to care about me as a person?
6. Is there someone at work who encourages my development?
7. At work, do my opinions seem to count?
8. Does the mission of the organization make me feel my job is important?
9. Are my associates or fellow employees committed to doing quality work?
10. Do I have a best friend at work?
11. In the last six months, has someone talked to me about my progress?
12. Have I had opportunities to learn and grow during the past year?

b. PHS Implementation of Employee Engagement

All staff members in PHS receive a copy of *StrenghtsFinder 2.0* (Figure 29), a book that provides a basic overview of strengths-based management and also an opportunity to take the Clifton StrengthsFinder, an online assessment that helps individuals to identify their top five talent themes. These themes can help provide insight about how to staff can function optimally. This book can be

Figure 29. *Strengthsfinder 2.0*

Source. Gallup. *Gallup - Workplace Consulting & Global*

ordered from Public Health Services Administration and should be provide to all new staff members to Public Health Services during their orientation.

All supervisors and Managers in PHS receive two additional books—*First Break All the Rules*, which provides an overview of Gallup's research, and *Strengths-Based Leadership*, which discusses how strengths-based management can be used in a leadership context. These books can be ordered from PHS Administration and should be provided to all staff who are new to supervising or managing during their orientation.

Managers and supervisors are provided additional opportunities for training and development, including:

- Trainings on strengths-based management and related topics provided at the PHS Senior Managers meeting;
- The Great Leader Academy, which is a two-day, 12-hour course taught by managers throughout HHSA on how to implement strengths-based management; and
- Engagement Matters, a half-day course provided by Gallup.

Participation in the Great Leader Academy and Engagement Matters trainings are coordinated through PHS Administration.

Finally, PHS conducts an annual employee satisfaction survey that assesses the engagement of all PHS staff. Results are distributed to each branch within PHS, and based upon those results, each Branch creates a Team Impact Plan that will further drive employee engagement. The survey is coordinated by PHS Admin.
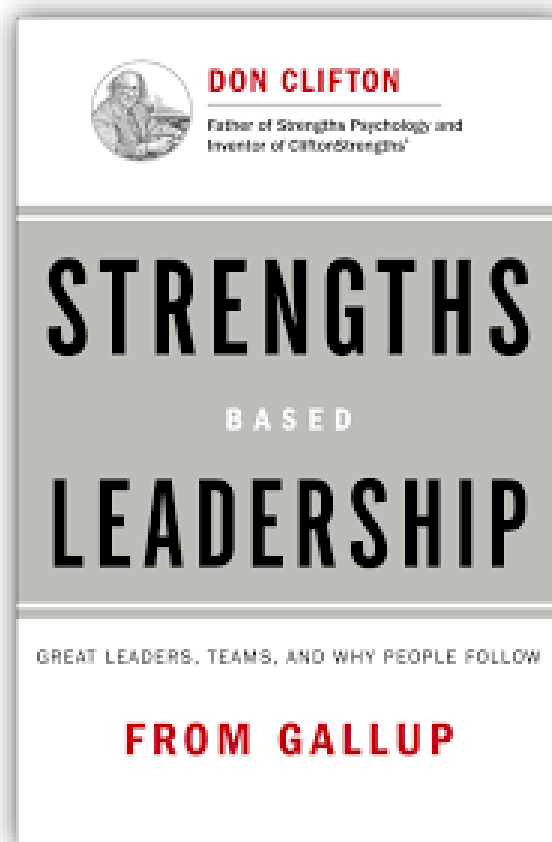
c. **Strengths-Based Management**

Strengths-based management (Figure 30) is a set of practices that are based upon research into organizational and positive psychology, management, and leadership. At its core, strengths-based management focuses on identifying the inherent talents that are unique to each individual and helping that individual apply those talents to the work that they are assigned. It is called strengths-based management because its focus is primarily on identifying and developing strengths—places where employees naturally excel and produce nearly perfect performance over and over again. Strengths-based management is widely deployed across the HHSA, and PHS continues to be a strong proponent of the practices.

Figure 30. *Clifton Strength-based Management.*

Source. *Strengths-Based Development: The Manager's Role (gallup.com)*

The Strengths-base Management book is provided to new staff, when onboard in PHS. Once you know your strengths, this book helps you to understand the strengths of and engage your supervisors, team members, and other PHS staffs. Strengths-based management is based upon over 30 years of research, much of it conducted by the Gallup Organization. Many of the materials that are used by PHS come from Gallup, and many of the Managers and Executives within Public Health Services have received training by Gallup.

C. Results

1.   Metrics and Action Plans

Accredited public health departments are required to maintain a system for capturing population data and program performance data, and routinely monitoring changes in the community as well as program and operational results. A strong performance management system is also tied to quality improvement projects that help to address the root causes of the performance challenge.

Performance metrics should also be responsive to emerging issues and needs. This includes assessing disparity and/or disproportionality in the population and identifying strategies to address that disparity. New PHAB reaccreditation requirements reflect an emphasis on health equity, and thereby programs and how they measure success should also.

The ultimate goal is to have each branch establish dashboards and scorecards that capture operational, program and outcomes measures to track progress and/or success overall and for key initiatives. The audience for these dashboards includes but is not limited to the Public Health Officer and Chiefs but can also be shared externally where appropriate, particularly with community partners with whom we are working to address major challenges (for example, the Perinatal Equity Initiative in which the State is also supporting the use of a scorecard to communicate strategy and progress).

**Figure 31. Flash Report – Operational Plan Measures (FY 22-24).**

Source. Public Health Services Administration, Office of Performance Improvement and Management. Public Health Services.

There are several products or deliverables that are regularly generated to demonstrate performance results. Currently, the performance application Clear Impact is how PHS is capturing its performance data. The system is administered by the Office of Performance and Improvement Management. Each Branch is responsible for regularly tracking of its performance measures to inform its operations. This includes providing quarterly updates of its Operational Plan measures as well as updating measures in its Strategic Plan Scorecards within the performance management application, Clear Impact. Quarterly refresh notices are issued by the Performance Improvement Manager, and results are shared with Chiefs, Executive Leadership, and the PHS team, through various vehicles, including a "Performance Flash Report" that summarizes results for priority measures. A new All Branch Scorecard Results Packet is being prepared beginning in FY 2022-23 to help ensure performance data for all Branch Strategic Plan measures are shared

more widely within Branches and across Branches with PHS leadership. All Flash Reports, since 2016 – 2017, are available for staff to view on SharePoint.

Figure 32. 2021 San Diego County Total Morbidity Dashboard.
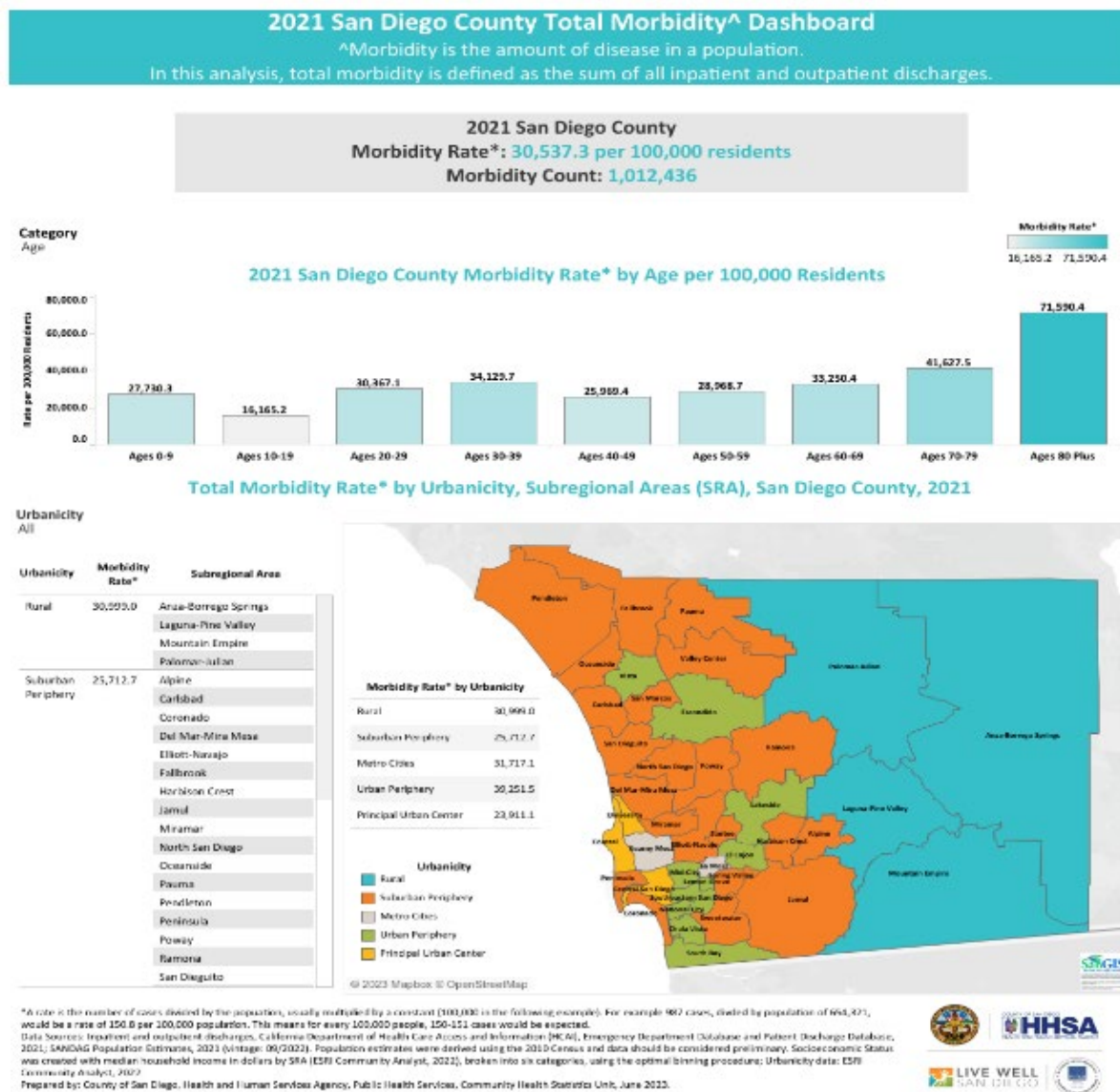
Source. Public Health Services Administration, Community Health Statistics Unit. Public Health Services.

New Scorecards are also being developed to capture other PHS Strategic Plan objectives, including health equity goals/objectives and other collective impact initiatives (Getting to Zero, TB Elimination, Perinatal Equity Initiative). The intent is to show the connection between program accountability and population accountability, illustrating how PHS, and partners, contribute to population change.

To make performance and population data more accessible through visual representation, dashboards are being designed and posted internally and externally. This includes many dashboards, such as the Morbidity Dashboard (Figure 32 above) already available to the public via Community Health Statistics Unit website.

2.   Reporting Results

Results for PHS Operational Measures are reported to the HHSA Executive Office to enable executive management to be alerted to performance challenges with these priority measures early on. Operational Plan measures for PHS are updated quarterly at the request of the Executive Office (Office of Strategy and Innovation) and anticipated results appear in the recommended Operational Plan for that subsequently year and final results appear in the adopted Operational Plan. There are only about a dozen measures for PHS that appears in the Operational Plan, and these are revisited each year to ensure they remain high priority. Results for measures in each Branch Scorecard are captured in each Branch's Strategic Plan Scorecard. These results are shared internally with the Public Health Officer and other PHS Leaders.

New emphasis is being placed on sharing performance data, discussing performance data, and acting upon performance results. Chiefs and Managers are encouraged to convene Performance Dialogues to discuss key performance data; this can be a separate meeting or part of an regularly scheduled Branch or unit meeting. Guidance for how to conduct a performance dialogue is part of the Performance Accountability Policy. Action plans are recommended to address performance shortfalls. Ultimately, the Chiefs are responsible to the Public Health Officer for performance. Quality Improvement projects may be launched because of a performance challenge that requires analysis to determine and redress the root cause of the problem.

3. Quality Assurance & Quality Improvement

A Quality Public Health Services seeks to foster a culture of quality assurance and continuous quality improvement. To support this effort, Public Health Services Administration leads the department-wide effort to educate management and staff on best practices in Quality Improvement (QI) as well as coordinate annual projects from each of the branches to improve operations through QI projects.

The key product for QI projects is the Storyboards which capture the results of all phases of the Plan-Do-Study-Act cycle and the improvements achieved relative to the Aim Statement or project goal. Implementation of the tested interventions continues to be tracked, and these measures added to the performance management application for the relevant Branch to monitor. Storyboards are developed for every PHS QI Project and presented not only within the Branch and at the PIM and QIC Meetings, but also at PH Leaders meetings, and Senior Managers Meetings. QI Storyboards and presentations are also a feature of the annual QI Resource Fair.

Quality assurance activities take place within the Branches where staff is assigned to perform quality assurance activities. Quality assurance staff meets regularly, along with other clinic staff, at the Clinical Quality Management Committee to discuss clinic incidents and other matters related to quality assurance. See the earlier discussion of QI and QA activities.

PART V: PARTNETSHIPS

A. Advisory Boards

The Health Services Advisory Board (HSAB) provides the Board of Supervisors. Chief Administrative Officer, and Agency Director with advice and options to advance an integrated wellness and health care system where all residents in San Diego County have access to affordable, comprehensive, and quality care. HSAB does not have a legislative mandate and serves in an advisory role only. HSAB is governed by the County's Charter and HSAB By-Laws.

The Public Health Officer is responsible for the oversight of HSAB. with current support from the PHS Deputy Director and PHS Admin Secretary III or II, who assists with administrative responsibilities for this Advisory Board. The Deputy Director and the Admin Secretary are required to schedule an appointment for the PHO and Chair of the HSAB with each newly appointed advisory board member and to provide each new member with an orientation manual prior to the first meeting. The manual includes a copy of the County Board Policies A-74, A-72, HSAB ByLaws, HSAB Ordinance, and member roster. All pertinent documents and monthly agenda and amendments are found at Health Services Advisory Board (HSAB) (sandiegocounty.gov).

During each HSAB Meeting, presentations will be made: 1) by programs related to upcoming Board Letters, for approval by HSAB; 2) to update HSAB members regarding informational items, presentations requested, or pertinent updates related to health issues; and 3) by the Health Officer's in the PHO Report.

The Deputy Director drafts the agenda for the PHO and the HSAB Chair to review prior to each monthly meeting. The Admin Secretary will distribute the final agenda to all board members and stakeholders in accordance with the Brown Act. The Admin Secretary will also maintain and update the HSAB website; s/he will post the agenda, approved meeting minutes, and all supporting documents of past meetings on the HSAB website.

In addition, the Deputy Director and the Admin Secretary are required to make certain that board members complete the State mandated biennial ethics training and Incompatible and Non-Profit Incompatible Activities Forms every two years.

B. Regional Offices

Figure 33. Map of HHSA Six Regions.
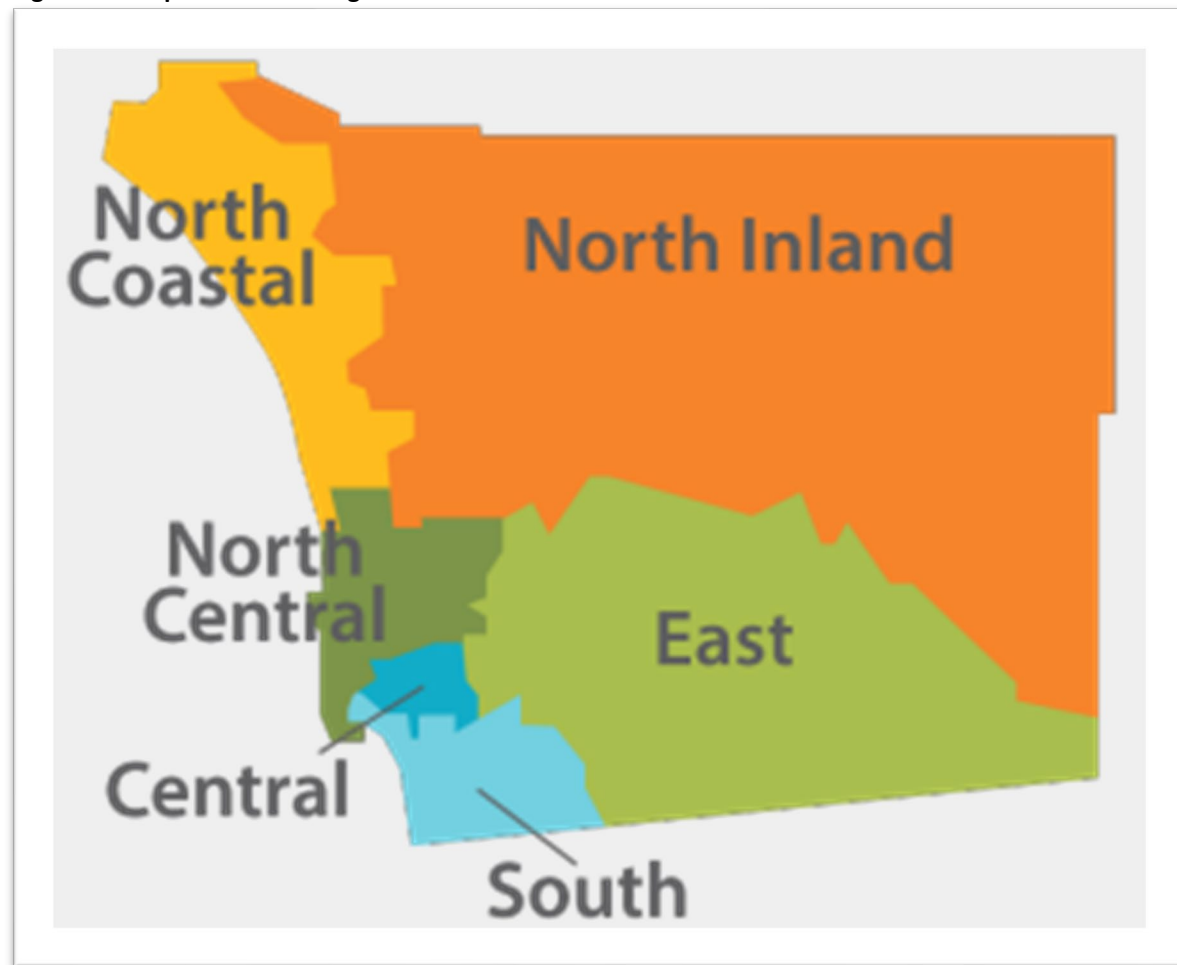
Source. *Live Well San Diego.*

As seen in Figure 33, HHSA is organized into six service delivery regions (i.e., operational areas). By organizing into six regions, the Agency is better able to tailor its services to the needs and priorities of the individual region given the vast size and diversity of San Diego County. As a result of the COVID-19 pandemic, there was some restructuring of HHSA. Instead of Regional Directors, a new HHSA department of Homeless Solutions and Equity Communities (HSEC) was created. Oversight of the six Regions is now under the direction of the Office of Equitable Communities (OEqC), which is part of this new department.

The OEqC oversees the work of the Community Leadership Teams (CLTs) within each Region. Staff members of the OEqC include regional community coordinators and community

engagement staff. PHS Administration supports the OEqC by developing the Community Health Assessment (a PHAB requirement) to inform CLTs about data and trends for their communities and by providing technical assistance in the development and monitoring of each Community Enrichment Plans, which collectively comprise the Community Health Improvement Plans (a PHAB requirement). The Office of Community Health Statistics plays a big part in providing data to the CLTs, and the Office of Performance and Improvement Management supports development of objectives and measures for CEPs. (see earlier section on CHA and CHIP/CEP).

PHS coordinates with the Regions to ensure that public health services are tailored and responsive to the needs of the Region and the priorities of the Community Leadership Teams. PHS programs are important to the five CLTs (remember that both North Regions form one Regional Community Leadership Team) in their community enrichment activities and PHS actively seeks to keep CLTs informed of these resources, particularly those in line with regional priorities. Chiefs are expected to reach out to the OEqC so that CLTs are informed of resources that PHS has which support objectives in the CEPs. Examples of this are a variety of Chronic Disease & Health Equity programs that involve policy, systems and environmental change efforts in which success depends upon engaging community residents and partners. PHAB also requires some overlap in PHS Strategic Plan goals/objectives with the CHIP/CEPs goals/objectives.

C. *Live Well San Diego* Partners

There are approximately 550 recognized *Live Well San Diego* partners, across four sector (i.e., government, business, schools and education, faith-based and community organizations) that are working together toward the shared vision of a healthy, safe, and thriving San Diego County. Partners contribute in their own, individual, and creative ways (referring to as mutually reinforcing) consistent with collective impact methodology. A Page on the *Live Well San Diego* site lists all the partners, how to become a partner, and how partners are advancing the vision through programs and initiatives.

D. Public Health Champions

Every year PHS hosts the *Live Well San Diego* Public Health Champion Award Ceremony (Figure 34). Each year the Public Health Officer selects a Chair, and a committee is formed, including representation from the Regions and Aging and Independence Services. The two-hour event is held in the County Board of Supervisors Chambers, followed by a reception across the hallway. At the award ceremony, key organizations and individuals are honored for their significant contributions to public health in San Diego County. The Public Health Officer serves as the moderato and provides the introduction for the purpose of the event. Welcome remarks are given by the Agency Director and the Chair of the Board of Supervisors is the keynote speaker,

and the Director closing out the event with Closing Remarks. PHS Executives introduce the PHS Champions, the HSEC Director and Regional Coordinators introduce the Regional Champions, and the AIS Director introduces the AIS Champion. The Agency Director also selects awardees for the event.

Figure 34. Public Health Champions Awards.

Source: Public Health Champion Awards Ceremony

All Managers should be aware of the prestigious *Live Well San Diego* Public Health Champions awards, ensure at least one or two branch representatives participate in the committee, and encourage staff to consider submitting nominations each year for new public health champions.

Below, in Figure 35, is a group photo of awardees from the April 2023 Awards Ceremony. This was the first time in 3 years, due to the COVID-19 pandemic, that the event was held in-person.

Figure 35. Public Health Champions Ceremony.

Source: [Public Health Champion Awards Ceremony Awards Ceremony](#), 2023.

For more information, see link below:

http://www.sandiegocounty.gov/hhsa/programs/phs/chronic_disease_health_disparities/public_health_champion_awards.html