

PUBLIC HEALTH SERVICES

Branch Needs Identification Template



April 2022

Inquiries regarding the *Public Health Services Branch Needs Identification Template* may be directed to:

Public Health Services Administration
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San Diego, CA 92123

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The *Branch Needs Identification* 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 is also a requirement of national public health accreditation. Public Health Services department was accredited on May 17, 2016.

Last Revised: April 13, 2021

DRAFT

Public Health Services

[Branch Name]

Branch Needs Assessment Document

This document is intended for each Branch to identify needs for policies and procedures (P&P) documents and program operation manuals. Public Health Services (PHS) Admin is asking each Branch Chief to work with their Branch, Unit and Program teams to identify related P&P documents and program operation manuals. Please have Branch Leadership, and Unit and Program teams populate the table below.

		PROGRAM OPERATION MANUALS: Please identify all the <u>Program Operation Manuals</u> needed by your branch in order to have a complete set which reflects all the major <u>programs</u> of your branch <i>in order of priority</i> .						
#	Name of the Program (e.g., Refugee Health Assessment Program, Office of Health Equity)	Point of Contact (name, email, phone #)	Subject Matter Expert(s)	Reviewers and Approvers	Currently Exists (Y/N)	Draft Currently in Development (Y/N)	Needs to be Created (Y/N)	Status
1.								
2.								
3.								
4.								
5.								
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7.								
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10.								
11.								
12.								
			Add more rows if necessary.					

			POLICIES AND PROCEDURES: Please identify all the <u>policies and procedures</u> needed by your branch in order to have a complete set which reflects all the major program activities of your branch for which staff would ideally have guidance <i>in order of priority</i> .					
#	Subject of Policy and Procedure (e.g., quality assurance)	Point of Contact (name, email, phone #)	Subject Matter Expert	Reviewers and Approvers	Currently Exists (date of sunset)	Draft Currently in Development	Needs to be Created/Modified	Status
1.								
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20.	Other (TBD)	All						
			Add more rows if necessary.					

Name of Branch: _____