

Public Health Services Annual Report

2022-2023



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO



Inquiries

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

Major accomplishments were achieved from July 1, 2022 to June 30, 2023.

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

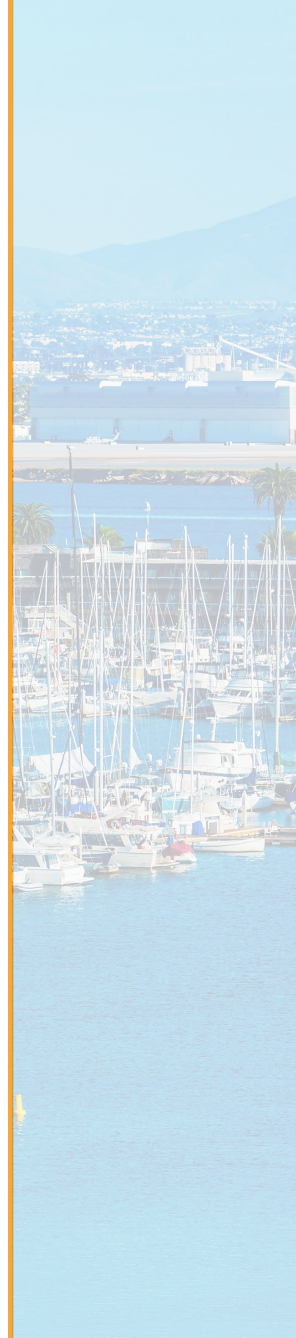
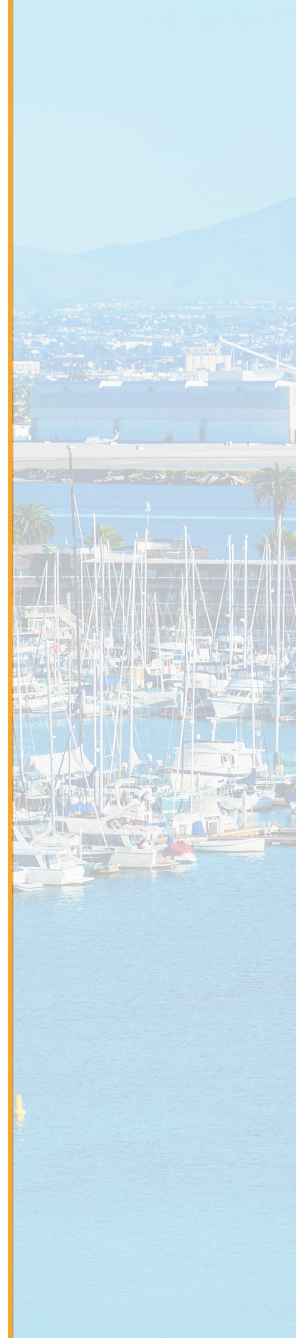




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Preface

The Public Health Services 2022-2023 Annual Report of Major Accomplishments document presents accomplishments that the County of San Diego Health and Human Services Agency Department of Public Health Services (PHS) has achieved during this fiscal year.

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

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

Message from the Public Health Officer



Wilma J. Wooten, M.D., M.P.H.

Public Health Officer

I am pleased to present the *Public Health Services 2022-2023 Annual Report of Major Accomplishments*. The Department of Public Health Services (PHS) is dedicated to community health, wellness, and protection of residents in San Diego County. As a public health department accredited by the Public Health Accreditation Board since May 2016, and while managing 730 employees with a budget of \$221.5 million and 142 contracts, significant achievements were accomplished during fiscal year 2022-2023. I want to give a sincere thanks to PHS staff members for all their hard work and for achieving these accomplishments on behalf of San Diego County residents.

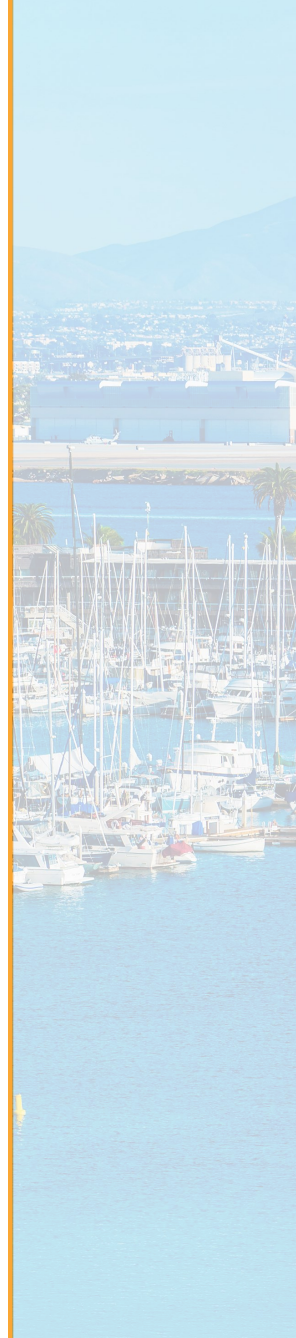
These achievements reflect the ten essential public health services; echo federal and state priorities; align with the County's vision and mission; and embody *Live Well San Diego*, the regional plan to achieve the County's vision of healthy, safe, and thriving communities. I invite you to read further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

A handwritten signature in blue ink that reads "Wilma J. Wooten, M.D." The signature is fluid and cursive.

Wilma J. Wooten, M.D., M.P.H.

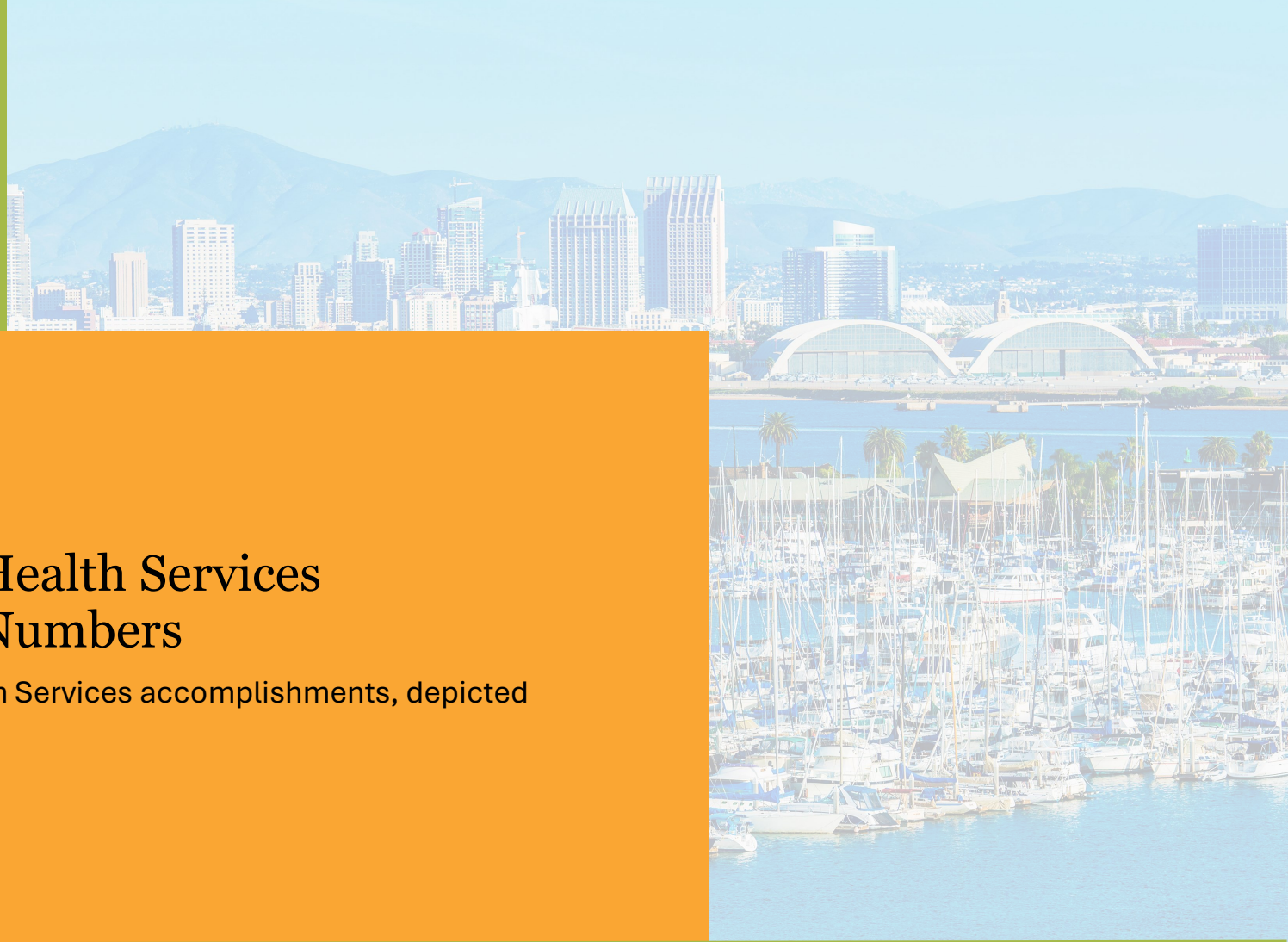
Public Health Officer

Department of Public Health Services



Public Health Services By the Numbers

Public Health Services accomplishments, depicted numerically.



Public Health Services By The Numbers

Epidemiology and Immunization Services Branch

- ◇ **204,898** total cases investigated. Of that,
 - ◇ **194,504** were COVID Investigations
 - ◇ **10,394** were Non-COVID investigations
- ◇ **52,791** publicly provided influenza vaccine doses managed for distribution
- ◇ **18,323** specimens tested to support public health services and community medical provider in the diagnosis and treatment of disease.
 - ◇ **13,122** human diagnostic specimens, **9,124** of which were COVID PCR tests
 - ◇ **4,721** water sample specimens processed
 - ◇ **480** rabies sample specimens processed
- ◇ **39,777** birth certificates processed and registered (calendar year)
- ◇ **26,309** death certificates processed (calendar year)
- ◇ **3,763,896** vaccines administered throughout the entire county registered into the San Diego Immunization Registry
 - ◇ **1,047,443** COVID-19 doses

California Children's Services

- ◇ **22,163** chronically ill, physically disabled and severely ill infants, children, and young adults were provided medical assistance, therapy services, and case management through the California Children's Services program.

HIV, STD, and Hepatitis Branch

- ◇ **4,942** services provided by STD clinic visits
 - ◇ **3,123** clients received services at STD clinics
- ◇ **17,939** HIV tests conducted
 - ◇ **68** individuals confirmed to be living with HIV
- ◇ **3,080** persons living with HIV disease received HIV care and treatment services through the Ryan White program
- ◇ 365 persons living with HIV were served through the Intensive Case Management program

Maternal, Child, and Family Health Services

- ◇ **87%** of pregnant women were assisted with getting perinatal care within 30 days of calling the Perinatal Care Network (PCN)
- ◇ **242** pregnant women were referred to a County Family Resource Center for Medi-Cal application assistance through PCN
- ◇ **90%** of singleton infants born to mothers in the Black Infant Health (BIH) Program were born at a normal weight
- ◇ **88%** of mothers in the BIH program initiated breastfeeding

(Continued on page 5)

Public Health Services By The Numbers

(Continued from page 4)

- ✦ **123** children were screened at the Give Kids a Smile event
- ✦ **119** children received fluoride varnish at the Give Kids a Smile event
- ✦ **67** children had sealants placed at the Give Kids a Smile event
- ✦ **\$24,680** worth of volunteer services at the Give Kids a Smile event
- ✦ **255** licenses issued to retailers who sell tobacco products to enforce requirements reducing their availability, particularly to minors

Tuberculosis Control and Refugee Health

- ✦ **1,759** individuals eligible for the Refugee Health Assessment Program, including refugees, those granted asylum, Cuban and Haitian entrants (parolees), those with Special Immigrant Visas, and victims of trafficking, received health assessments and referrals.

Public Health Preparedness and Response

- ✦ **7** tabletops/exercises provided for public health emergency preparedness and response
 - ✦ **6** training sessions conducted on key emergency response functions to ensure staff are prepared to respond to emergencies, which is also a federal and state priority due to the pandemic
- ✦ **1,258** days activated
 - ✦ **1,124** days activated by MOC COVID-19 response (February 1, 2020-February 28, 2023)
 - ✦ **133** days activated by MOC Mpox activation response (August 1, 2022-December 13, 2022)
 - ✦ **1** day activated by MOC Heat Event activation response (September 5, 2022)
- ✦ **90** meetings facilitated by the San Diego Healthcare Disaster Coalition (SDHDC)
 - ✦ **12** monthly full Coalition Meetings
 - ✦ **18** advisory meetings
 - ✦ **60** work group meetings focused on coalition disaster preparedness and response, advisory and guidance from coalition members, behavioral health, regionalization, cyber security, decontamination, website, burn surge, pediatric surge, budget, after-action reports
- ✦ **292** County nurses were fit tested by PHPR nurses for N95s
- ✦ **216** County nurses were trained on their role at Mass Care Shelters



Public Health Services Organization

- ❖ Vision, Mission, and Values
- ❖ Organizational Chart
- ❖ Public Health Services Administration

Vision, Mission, Values

County of San Diego

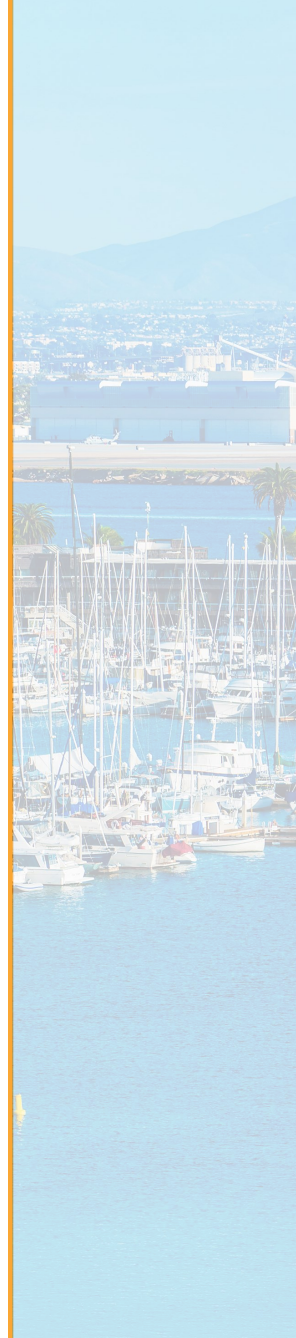
- ◇ Vision—A just, sustainable, and resilient future for all.
- ◇ Mission— Strengthen our communities with innovative, inclusive, and data-driven services through a skilled and supported workforce.
- ◇ Values—Integrity, Equity, Access, Belonging, Excellence, and Sustainability.

Health and Human Services Agency

- ◇ Vision—A region that is Building Better Health, Living Safely, and Thriving to advance a just, sustainable, and resilient future for all.
- ◇ Mission—To make people’s lives healthier, safer, and self-sufficient by delivering essential services in San Diego County.
- ◇ Values—Integrity, Equity, Access, Belonging, Excellence, and Sustainability.

Public Health Services

- ◇ Vision—Healthy People in Healthy and Equitable Communities
- ◇ Mission—To promote health and improve quality of life by
 - ◇ Preventing disease, injury, and disability, and
 - ◇ By protecting against, and responding to, health threats and disasters.
- ◇ Values—Diversity, Respect, Collaboration, Responsiveness, and Transparency.

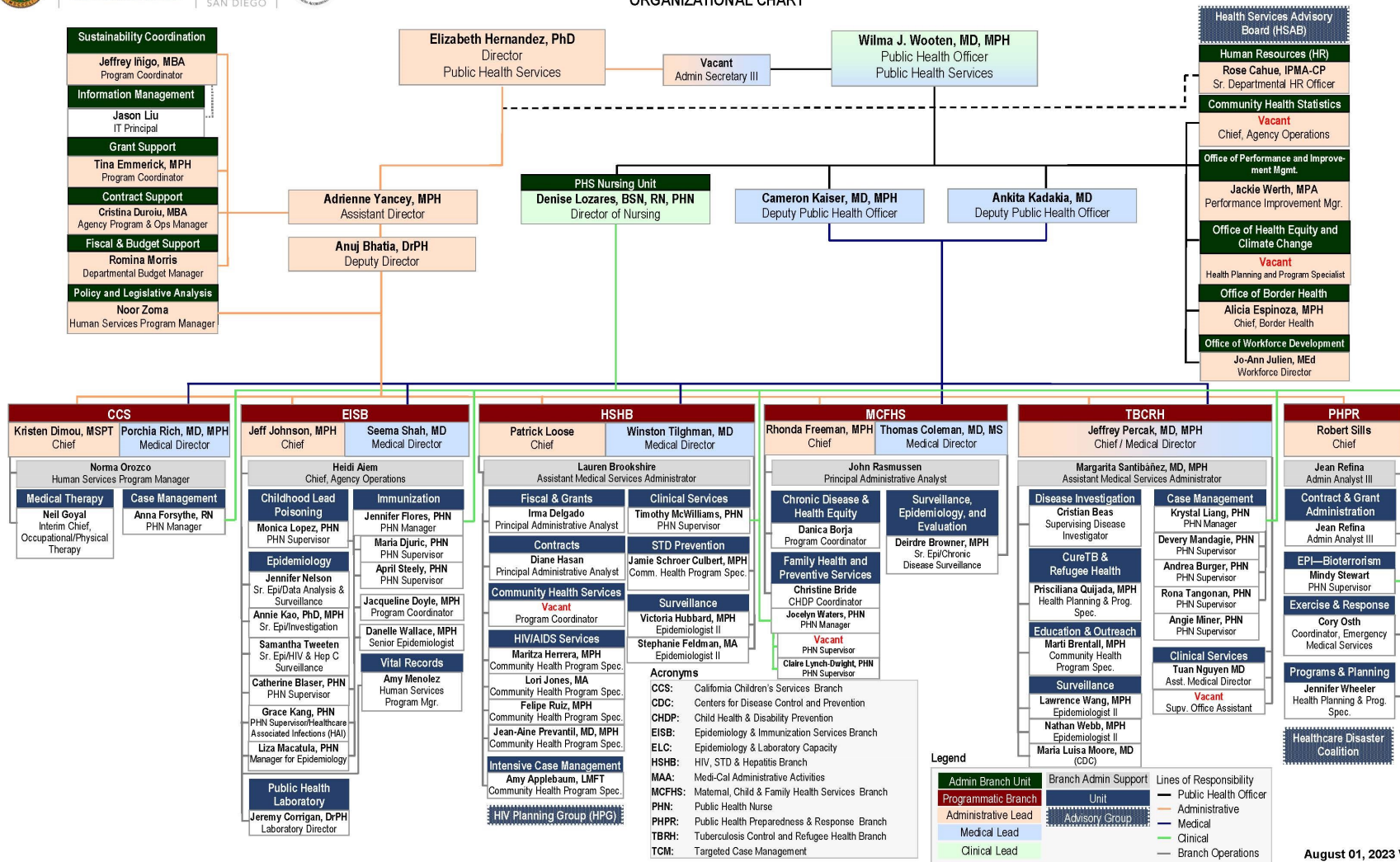


Public Health Services Organization



COUNTY OF SAN DIEGO | HEALTH & HUMAN SERVICES AGENCY | PUBLIC HEALTH SERVICES

ORGANIZATIONAL CHART



August 01, 2023 V-32

This organizational chart reflects the FY of this report. For a copy of the [current FY organizational chart](#), please visit our [website](#).

Public Health Services Administration

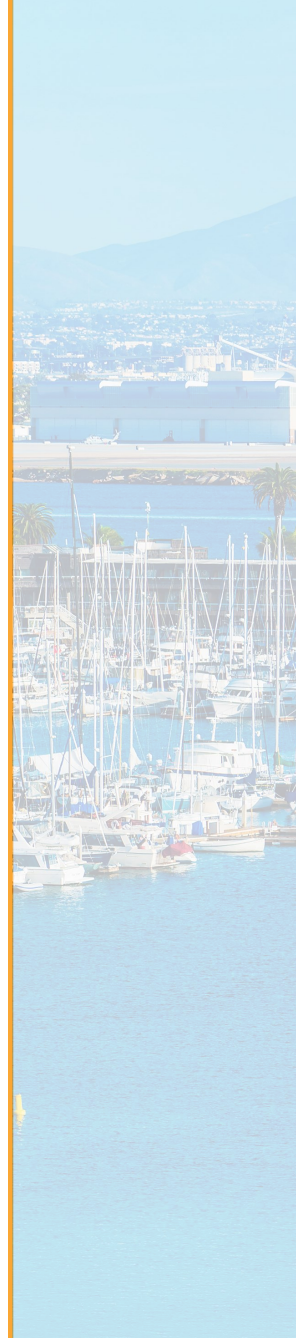
Total Managed Budget: \$221,548,394

Number of Employees: 730

Number of Contracts: 142

Board Letter Sent by PHS: 24


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





Public Health Services Major Accomplishments

Department of Public Health Services Branches:

- ❖ Administration of Public Health Services
 - ❖ California Children's Services
 - ❖ Epidemiology and Immunization Services Branch
 - ❖ HIV, STD, and Hepatitis Branch
 - ❖ Maternal, Child, and Family Health Services
 - ❖ Public Health Preparedness and Response Branch
 - ❖ Tuberculosis Control and Refugee Health
- 

Public Health Services Major Accomplishments

Public Health Services Administration

Office of Border Health

- ❖ Planned the 30th year celebration with BOS Proclamation in February 2023 to celebrate the Office of Border Health's inception.
- ❖ Conducted emergency preparedness trainings for agencies serving multicultural community-based organizations in San Diego County, serving 232 community-based organization representatives during FY22-23.

Budget and Fiscal Services

- ❖ Met all Budget Build and Fund Balance Deadlines.
- ❖ Developed framework for evaluating and prioritizing programmatic needs in the emerging/increasing fiscally constrained resource environment.
- ❖ Provided four financial literacy trainings at PHS Contract and Fiscal Group meetings to increase fiscal knowledge for analysts.
- ❖ Coordinated the monitoring of 109 contracts and 33 Purchase Orders across six programmatic branches and PHS Administrative branch.
- ❖ Completed two contract quality assurance reviews.
- ❖ Completed 17 memoranda of agreement and understanding and data use agreements across six programmatic branches and PHS Administration.
- ❖ Coordinated completion of 121 amendments and 41 new contracts and purchase orders across six programmatic branches and PHS Administration branch.

Community Health Statistics Unit

- ❖ The first Health Disparities Summit was held on June 23rd, 2023. This summit introduced the importance of looking at health disparities data, along with existing PHS policies and frameworks that support the use of social determinants of health in program planning and data collection. The summit also served as an opportunity to refresh attendees on essential and foundational public health services related to Public Health Accreditation Board (PHAB) standards. The summit's more than 100 attendees included public health services data users (epidemiology and health promotion staff),

Public Health Services Major Accomplishments

as well as staff from the department of Homeless Solutions and Equitable Communities' regional community health engagement teams.

Office of Health Equity and Climate Change

- ❖ Created and updated 6 training performance dashboards (e.g., Data Literacy, Racial Equity, PHS 101 series, Cultural Humility and Responsiveness, Customer Service Excellence, Health Literacy, Outbreak Management). (June 2023)
- ❖ Applied and received funding from the career ladder grant which will be used to support workforce development (Jan 31, 2023).
- ❖ Updated and rolled out the Public Health 101 series to new staff: History (Feb 2023); Concepts (March 2023); Data (April 2023); Health Equity (May 2023); and Climate Change (June 2023).
- ❖ Completed three training sessions on presentation on PHS Outbreak Management under Incident Command System (April 13, 2023; May 11, 2023; June 16, 2023).
- ❖ Organized, coordinated, promoted, and tracked permanent staff participation on Racial Equity (March-June 2023).
- ❖ Developed 25 flyers and 50 virtual backgrounds that feature observances in the cultural observance day flyers (July 2022-June 2023).
- ❖ Launched Health Equity Webpage (Quarter 2).
- ❖ Finalized and published the revised Public Health Equity Policy and Procedure with input from the Health Equity Working Group (Quarter 2).
- ❖ Rolled out the Organizational Equity Assessment Survey (January-February 2023).

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

- ❖ Submitted FY 21/22 TCM Cost Report before the deadline of November 1, 2022.
- ❖ Conducted FY 18/99 TCM Audit, the final report was received November 27, 2022.
- ❖ Closed all TCM pending audits and reconciled payments to community-based organizations from FY11/12 to FY18/19.
- ❖ Conducted a MAA Desk Review of Home Start's FY19/20 MAA claiming.
- ❖ Reconciled 5000+ encounters using TCM System report versus times coded to appropriate TCM alias in UKG, using

Public Health Services Major Accomplishments

Microsoft Access, resulting in a margin of error that decreased from 26.7% to 7%, reconciliation was done monthly. This reduced the number of labor corrections and staff costs.

- ❖ Conducted quality assurance on timecards of 1,000+ participants to ensure staff code time in UKG properly and MAA claiming is accurate for all 4 quarters of FY21/22.
- ❖ Trained 500+ program participants in State-mandated Annual Time Survey Training that included various job classifications across several County departments for FY22/23.
- ❖ Presented an overview of the TCM Program to 6 Managed Care Plan Providers through SDAIM in January 2023.
- ❖ Collected data from time survey participants of daily activities from 6 County and CBO MAA providers, resulting in the creation of various program guides for each unit that participate in MAA.
- ❖ Submitted quarterly MAA Claiming Plans to the State to ensure no lapse in MAA claiming for all 4 County claiming units: PHS, MCS, EMS, and HSEC.
- ❖ Increased TCM revenue for program providers to \$1.8m versus \$827k from the previous fiscal year.
- ❖ Submitted MAA claims to DHCS in the amount of \$3.8m versus \$3.2m from the previous fiscal year, which was an increase of 20% in reimbursement revenue for both County and community-based organizations.
- ❖ Decreased program's non-salary expense by \$67k versus prior fiscal year for FY22/23.
- ❖ Surpassed consistently the TCM objective of accurate alias in UKG to make encounter reimbursable— raised the target value from 75% to 90% by the end of FY.
- ❖ Consistently met Strategic Plan measure for MAA of conducting quality assurance of timecards quarterly with 100% completion.
- ❖ San Diego MAA/TCM Program participated in various panels/presentations at the Annual Local Governmental Agency (LGA) MAA-TCM Conference (Anaheim, CA) in May 2023.
- ❖ Submission of TCM Program Medi-cal Disclosure Statement and Medi-cal Provider Agreement to the Department of Health Care Services in April 2022.
- ❖ Added a 1.0 FTE to the Revenue Development Consulting Services contract to support the program.

Public Health Services Major Accomplishments

- ✧ Agency Contract Support's QA review of the Revenue Development Consulting Services contract resulted in only recommendations, no corrective actions/findings.

Office of Performance and Improvement Management

- ✧ Beginning in July 2022, a series of Quality Improvement (QI) trainings were delivered by Office of Performance and Improvement Management (OPIM) staff, covering a range of topics from soliciting QI projects ideas, QI project data, and tools and methods.
- ✧ Trainings on how to maintain Scorecards in the Performance Management System were held for branches on August 23, 2022 and for Administrators on March 22, 2023.
- ✧ The 4th QI Resource Fair was conducted virtually on November 16, 2022, at which project presentations were delivered and games introduced to expose PHS employees to QI.
- ✧ Road shows were initiated in March 2023 in which each of the seven branches met to discuss QI and performance management activities and develop an action plan to strengthen QI culture.
- ✧ Technical assistance to QI champions and project teams was provided over the course of the year to help them design strong projects (Charter) and produce results (Storyboards).
- ✧ Conducted eight QI projects in FY 2022-23, meeting the Operational Plan target of eight.
- ✧ Convened monthly Performance Improvement Management Committee meetings and quarterly Quality Improvement Champion meetings.
- ✧ Trainings offered to staff on use of the performance management, tool, Clear Impact, including developing and maintaining scorecards, in June 2022.
- ✧ Coordinated with the HHS Office of Equitable Communities (OEqC) to begin the planning process for developing new community enrichment plans for each HHS region. Together with the Community Health Statistics Unit, OPIM provided technical assistance in data, planning, and performance management.

California Children's Services

Case Management Unit

- ✧ Authorized medical evaluations, treatment, supplies, and equipment, and provided case management services for

Public Health Services Major Accomplishments

approximately 21,800 chronically ill, severely, and physically disabled children and youth.

- ✧ Provided outreach to important community partners and CCS client groups, training more than 839 individuals through 18 in-services throughout San Diego to educate about CCS services and improve care coordination. The community partners included Steele Canyon High School, Adaptive Physical Education personnel at Sweetwater High School District, County of San Diego Public Health Services Senior Staff, CCS Statewide Best Practices Conference attendees, In-Home Supportive Services Program, Rady Children's Hospital, San Diego Regional Center North Coastal and North Inland Units, County of San Diego Jay's Program Internship Career Fair, Korean Parent's Association, SDSU/UCSD Preventative Medicine Residency Program staff, and local Medi-Cal Managed Care Plan staff.
- ✧ Demonstrated operational excellence by orienting and training 24 employees to new positions through comprehensive on-the-job training program focused on programmatic knowledge and skill-building.
- ✧ Provided 221 virtual and phone comprehensive CCS Parent Orientations to CCS clients who have a high level of case complexity including notable health risk factors associated with economic and social conditions and require a greater level of case management support.
- ✧ Employed Interpretive services 402 times (including written, telephone, video and in-person translations), supporting both the Health Equity and Diversity and Inclusion initiatives by assisting CCS staff to serve our diverse clients and by providing the families of our clients a variety of interpretive services to best communicate and understand their child's health care needs.
- ✧ Obtained 124 responses on the HEART Customer Service Survey during January through March 2023, all from external customers, and received an overall score of 4.88 out of 5.00. Approximately 39 staff (16 from the CCS Administrative Office and 23 from the CCS Medical Therapy Units) were individually recognized for providing exceptional customer service.

Medical Therapy Unit

- ✧ Provided 18,380 hours of physical and occupational therapy evaluation, treatment, case conference, and consultation services for an average of 1681 children at 6 Medical Therapy Units and 1 satellite location at local public schools through innovative therapeutic methods and creatively integrating activities that embrace *Live Well San Diego*.

Public Health Services Major Accomplishments

- ❖ CCS liaisons attended and/or provided remote collaboration for 35 Special Care Clinics (Rehabilitation, Muscle Disease, Spinal Differences, and Limb Differences) at Rady Children's Hospital (RCH) in San Diego, Escondido, and Oceanside. This continues the collaboration between the CCS-Medical Therapy Program and RCH for shared clients to ensure timely referrals for new clients and communication regarding recommended therapy services and medical equipment for existing clients.
- ❖ Recommended and procured 1,062 medically necessary pieces of specialized rehabilitation equipment for CCS clients.
- ❖ Promoted public health as a career choice by participating in the educational development of 10 occupational or physical therapy interns from 7 different educational institutes and continued the process of having 11 Memorandums of Agreements with colleges/universities to take future students.

Epidemiology and Immunization Services Branch

- ❖ Registered 192,118 COVID-19 cases (most single case investigations discontinued March 2022).
- ❖ Confirmed and investigated 2,089 COVID-19 outbreaks.
- ❖ Managed 673,417 doses of publicly provided COVID-19 vaccine distributed throughout San Diego County.
- ❖ Developed, maintained, and updated COVID-19 websites with information related to health education, testing, vaccination, data, isolation and quarantine guidance, and Health Officer Orders.
- ❖ Mpox declared a public health emergency with 465 confirmed or probable cases registered and investigated in San Diego residents; County vaccination efforts include large and small scale pods; 15,043 residents received at least one dose of JYNNEOS Mpox vaccine with 13,544 of those doses administered by a County provider; All vaccine was received via Vaccine Distribution Warehouse with a total of 3,380 vials distributed.

Public Health Laboratory

- ❖ Maintained contract with external laboratory, Helix, for as-needed COVID-19 laboratory testing on January 1, 2022.
- ❖ Identified 24 disease clusters using genomic sequencing for enteric diseases.
- ❖ Select agent approvals for Modular Laboratory completed on March 3, 2023.
- ❖ Performed laboratory testing on 13,583 human specimens.
- ❖ Performed 4,709 water tests.

Public Health Services Major Accomplishments

- ✧ Performed 480 rabies tests.
- ✧ Designed state of the art new Public Health Laboratory at the County Operations Center.

Epidemiology

- ✧ Advised 270 healthcare providers on lead poisoning updates and case management and care guidelines through the provision of grand rounds, provider in-services, presentations, and newsletters from the Childhood Lead Poisoning Prevention Program (CLPP).
- ✧ Provided 235 children with public health nursing case management services through CLPP.
- ✧ Confirmed and investigated 86 outbreaks (no-COVID) to include Influenza, RSV, and other diseases.
- ✧ Responded to increase in Hepatitis A cases, primarily involving persons experiencing homelessness and/or those using substances with a total of 31 cases and one death; County vaccination efforts in SUD facilities, homeless shelters, detention facilities, food teams, and pods resulted in 8,017 vaccines with an additional 80,979 vaccines tracked in non-County entities.
- ✧ Processed 752 newly reported HIV cases, and 422 cases of new San Diego resident diagnosis.
- ✧ Investigated 1,285 HAI cases related to novel, multi-drug resistant organisms.
- ✧ Conducted 319 field-based infection control services including 147 related to COVID-19.
- ✧ Maintained program responsibility for Homebound Vaccine Program on May 16, 2022, which was previously stood up by Aging and Independence Services to coordinate administration of COVID vaccines to homebound individuals who cannot access traditional vaccination venues independently.
- ✧ Coordinated a rapid COVID-19 test kit distribution program established and funded by CDPH on January 1, 2023 to provide test kits to community-based organizations and venues to reach underserved communities in conjunction with PHPR.
- ✧ Processed orders for 533,199 test kits which were fulfilled by PHPR.
- ✧ Maintained a temporary lodging program to provide a safe place to shelter for cases requiring isolation due to COVID-19 and other infectious diseases to mitigate the spread of COVID-19.
- ✧ Placed 57 individuals in temporary lodging program.

Public Health Services Major Accomplishments

Epidemiology and Immunizations

- ◇ Registered 49,089 communicable disease cases (Non-COVID-19).
- ◇ Conducted 15,305 communicable disease investigations (Non-COVID-19).
- ◇ Coordinated in-home COVID vaccinations for 985 homebound individuals from through the Homebound Vaccine Program.

Immunizations

- ◇ 4,077,510 vaccine administrations throughout the county registered into the San Diego Immunization Registry.
- ◇ Managed 52,791 doses of publicly provided influenza distributed throughout San Diego County.
- ◇ Delivered (via Public Health Centers) all age-appropriate vaccines to 99% of children ages 0-18 at each visit who presented for immunizations.
- ◇ Conducted a hybrid Kick the Flu Summit on September 7, 2022, with a total of 155 attendees, bringing together medical providers, practitioners, and school team nurses to empower them for the flu and COVID season.

Vital Records

- ◇ Registered 39,777 birth certificates for all San Diego County births during calendar year 2022.
- ◇ Registered 26,309 death certificates for San Diego County deaths during calendar year 2022.
- ◇ Issued 466 State Medical Marijuana Identification Cards (271 new cards and 195 renewals) to qualified patients.

HIV, STD, and Hepatitis Branch

- ◇ Conducted 17,939 HIV tests, with 68 individuals newly diagnosed with HIV.
- ◇ Provided 3,123 clients with 4,924 services from the Sexual Health Clinics.
- ◇ Provided 3,080 persons living with HIV with HIV care and treatment services through the Ryan White Program.
- ◇ Conducted nearly 4,000 Syphilis investigations.
- ◇ Referred 498 persons to a prescriber to obtain HIV pre-exposure prophylaxis (PrEP)
- ◇ Served 365 persons living with HIV through the Intensive Care Management program.

Maternal, Child, and Family Health Services

Chronic Disease and Health Equity

Public Health Services Major Accomplishments

- ❖ Planned and implemented the School Summit at the 2022 *Live Well* Advance on December 6, 2022. The School Summit included a Superintendent's breakfast and ten breakout sessions. More than 500 of the 200 attendees registered for School Summit sessions.
- ❖ Provided technical assistance to right schools and districts regarding wellness policy updates, assessments, and implementation (Warner Unified, Harriet Tubman Village Charter, National School District, Vallecitos School District, Carlsbad Unified, San Pasqual Union, Chula Vista Elementary School District, Borrego Springs Unified) from October 2022-June 2023.
- ❖ Provided training and technical assistance on physical activity and education to staff at 65 schools within San Diego Unified School District, which as improved the quality of physical education for over 33,000 students during FFY 23.
- ❖ Implemented three new Policy, Systems, and Environmental (PSEs) at retail sites, and 4 PSEs in community settings, provided a workshop for San Diego county farmers to support healthy food access which resulted in 6 new vendors accepting SNAP EBT payments.
- ❖ Enrolled seventeen small-to-medium sized retailers into the *Live Well* Community Market Program, aided three farmers markets to accept CalFresh, Market March, WIC, and Senior Market Vouchers, and enrolled thirty-three food pantries into the Nutrition Pantry Program to increase access to healthy food and beverages in charitable food distribution settings.
- ❖ Increased capacity ogf five local small farms by providing business planning and market channel support, crop selection and planning, and irrigation and pest expertise in order to increase access to fresh foods in priority areas.
- ❖ Coordinated three farmer-to-farmer networking events to improve collaboration amongst small farms.
- ❖ Coordinated the second Carbon Sink Convergence to bring a diversity of stakeholders to plan for a climate-resilient food system in alignment with the SD Food Vision 2030.
- ❖ Provided grant writing support to the Climate Smart Commodities USDA grant that brought in \$5 million in funds to San Diego County to incentivize local produce distribution in historically underserved communities.
- ❖ Provided grant writing support to the USDA Land Access and Markets grant that will bring \$2 million to San Diego Food System Alliance to improve viability of local small farm businesses.
- ❖ Supported Southern CA pilot of the Local Food Purchasing Agreement to refine logistics between San Diego small farmers

Public Health Services Major Accomplishments

and San Diego County food banks in preparation for approximately \$4 million in ARPA funds projected to be allocated in the next reporting period.

- ❖ Co-coordinated Agricultural Livelihoods Initiative with the San Diego Food System Alliance and Foodshed Cooperative to create a shared understanding agricultural workforce challenge and plan coordinated solutions.
- ❖ Memorandum of Understanding (MOU) with Land Use and Environment Group (LUEG) —provided two trainings to farmers, organic materials processors, and unincorporated County residents.
- ❖ MOU with LUEG—conducted nine interviews with other jurisdictions and subject matter experts on carbon farming programs.
- ❖ Established Health + Place + Policy meetings to build capacity across HHSA community health staff to support active transportation and mobility and urban planning.
- ❖ Engaged industrial food service partners to implement local food production strategies in their institutions (SDSU, UCSD Medical Center, UCSD Campus, and CoSD Senior Meal Program).
- ❖ Trained 55 participants (community providers and CFHL eligible community members) on three basics of gardening. 30 participants attended three Food Preservations trainings to improve knowledge, increase food resiliency, and reduce food waste.
- ❖ Allocated \$70,000 to support 18 garden projects through funds for supplies, including at eight schools.
- ❖ Trained 20 Promotoras from two organizations (Chula Vista Community Collaboratives and SBCS, Inc.) to teach Sugar-Sweetened Beverage Reduction classes which resulted in outreach to up to 50 families in a Rethink Your Drink signature event on May 11th.
- ❖ Piloted Farm to School curriculum in one K-8 school, educating 47 students in May 2023, and sent evaluation results to the state for consideration for use by all CalFresh Healthy Living programs statewide.
- ❖ Updated City Profiles on policy opportunities for seventeen jurisdictions, updated 2016 baseline inventory to include 14 policies that cities should adopt to support healthy eating and active living, and raised profiles to cities on April 10, 2023. Completed a follow-up assessment.
- ❖ Conducted 53 direct nutrition education sessions across the County and in virtual settings for SNAP-Ed eligible

Public Health Services Major Accomplishments

populations, totaling 1,032 individuals educated and 8,388 individuals reached through indirect education/health promotion from July 2022-June 2023.

- ✧ Distributed fresh produce to five new corner/liquor stores in areas with limited access to healthy food.
- ✧ Completed contract with Vista Community Clinic to implement the Healthy Cities, Healthy Residents program in Oceanside, Vista, and Escondido which resulted in each city completing a citywide Active Living policy and one placemaking strategy over the course of the 4 year contract ending March 31, 2023.
- ✧ Installed several nutrition-related playground stencils at a 373-student local elementary school, to increase physical activity, educate on nutrition topics, and add inviting aesthetics to the playground.
- ✧ Initiated the *Text2Live Healthy* pilot program, a collaboration with CalFresh Healthy Living and County Self-Sufficiency Services, which sent health related bi-directional text messages to 140 CalFresh recipient enrollees.
- ✧ Health System Assessment completed by eight Federally Qualified Health Centers (FQHCs) and six Medical Groups in September 2022. Of participating clinics, 100% reported using Team-Based Care in hypertension management.
- ✧ Convened the Annual Heart Attack and Stroke Free Zone Summit in September 2022. Presented materials focused on team-based care in high blood pressure and high blood cholesterol management in clinical settings.
- ✧ Completed the Team-Based Care Pilot at Neighborhood Healthcare in September 2022, integrating medically tailored meals (MTM) and medical nutrition therapy (MNT) in a team-based care approach to hypertension and hyperlipidemia management. Of program graduates, 100% experienced blood pressure improvement.
- ✧ Starting in May 2023, convened monthly meetings of University Best Practices (UBP) to highlight best practices from pilots, projects, and recommendations.
- ✧ Achieved CDC-recognized diabetes prevention programs (DPP) status in May 2023 at Fallbrook Regional Health District. Subcontractor, Skinny Gene Project, has continued a year-long lifestyle change program training academy and community of practice with five community-based organizations (CBOs) to build capacity for delivery of DPPs.
- ✧ Initiated validation study “Approach for Integrating Community Health Workers on the Care Team and Population Health Approach to Manage Hyperlipidemia” in June 2023.
- ✧ Initiated implementation of Board of Supervisor (BOS) directed Sustainable, Equitable, and Local Food Sourcing Program

Public Health Services Major Accomplishments

with all County of San Diego food service operations. Developed 10 baseline assessments of food purchasing and provided technical assistance and action plans for all food service operations. Developed and passed (unanimous BOS vote for adoption) the Sustainable, Equitable, and Local Food Sourcing Policy on December 5, 2023).

Office of Violence Prevention

- ✧ Conducted introductory domestic/intimate partner violence training to 503 (unduplicated) professionals and County staff on various forms of violence (e.g. domestic violence, elder abuse, child abuse, and animal abuse), referrals to victim services, evidence-gathering, and prosecution of DV/IP cases to train community service providers to support clients who may be experiencing domestic violence, during this FY.
- ✧ Provided specialized response training to 380 (unduplicated) individuals representing law enforcement, health care, behavioral health, and community organizations to improve specialized services and practices for addressing and preventing domestic violence, family violence, and other forms of abuse during this FY.
- ✧ Provided technical assistance to eight health care organizations to improve their organization's domestic/intimate partner violence screening practices during this FY.
- ✧ Between September 2022 and May 2023, and in response to the April 5, 2022 Board letter "GUN VIOLENCE REDUCTION PROGRAM UPDATE AND REQUEST TOP ISSUE A COMPETITIVE SOLICITATION FOR COMMUNITY NEEDS ASSESSMENT," OVP staff were invited to participate in the Public Safety Group's Gun Violence Reduction Working Group to develop recommendations for Board consideration.
- ✧ Provided input to National Association of County and City Health Officials (NACCHO) Firearm Injury Prevention policy statement in November 2022.
- ✧ Provided input to County Health Executives Association of California (CHEAC) Executive Committee on California Youth Suicide Prevention Crisis Response Pilot Program established by the 2022 State Budget in December 2022.
- ✧ Provided input and related data for May 23, 2023 board letter "PREVENTING SUICIDE IN SAN DIEGO COUNTY" by District 5 Supervisor Joel Anderson.
- ✧ Provided input in the development of National IVP Policy statement to the National Association of County and City Health Officials in May 2023.
- ✧ Provided input, related data for Gun Violence Work Plan, Board Letter, and Community Assessment Report in May 2023.

Public Health Services Major Accomplishments

REACH Supplemental

- ✧ Ran two high performing advertisements, one on “looking for vaccines” and another on “low-cost vaccines.” Within this vein of advertising, our Spanish-language audience is leading engagement across all ad groups. This campaign reached a total of 736,197 persons between October and December 2022.
- ✧ Community Health Workers (CHWs) were trained to engage community on COVID/flu vaccine, and to conduct social needs assessment for social needs/chronic diseases.

Family Health and Preventive Services

- ✧ Partnered with the Child Health and Disability Prevention (CHDP) Program and Healthy San Diego to develop and provide a virtual oral health and fluoride varnish training to 83 individuals, representing 14 health offices and all six health plans, on June 2, 2023.
- ✧ Collaborated with San Diego County Dental Society to plan, promote, and provide free dental services (screenings, fluoride varnish, and/or dental sealants) to 123 children on February 25 and March 4, 2023, across seven dental clinic sites.
- ✧ Educated 303 children grades pre-k to 8 and 150 children in after school programs on oral health during the 22-23 school year.
- ✧ Reached 1,441 people across 35 community events and provided them with oral health education in the FY 22-23.
- ✧ Educated 26 home visiting Public Health Nurses on the importance of oral health and fluoride varnish in the FY 22-23.

Public Health Preparedness and Response

- ✧ Conducted over four Homeland Security Exercise and Evaluation (HSEEP) Tabletop and Full-Scale Exercises (FSE) for the Healthcare community to service individuals with access and functional needs or special needs for emergencies from July 2022 to June 2023.
- ✧ Requested and analyzed over two Essential Elements of Information (EEI) forms to collect information Healthcare facilities in our community and obtain data on available staff and bed county during emergencies from July 2022-June 2023.
- ✧ Conducted one quarterly training for Medical Operations Center (MOC) Responders focused on ICS and hazard-specific responses to ensure MOC staff readiness to respond to disasters and/or public health threats from July 2022-June 2023.
- ✧ Upheld a minimum of two-deep response personnel at the Medical Operations Center (MOC) Critical Positions (MOC

Public Health Services Major Accomplishments

Director, Medical Director, Medical SME, Safety Officer, Operations Chief, Logistics Chief, Planning Chief, WebEOC Controller, Finance Chief, Healthcare Provider Status Team, and Support Unit (from July 2022-June 2023).

- ✧ Conducted a total of six Medical Point of Dispensing (MPOD) mass vaccination influenza exercises planned and/or conducted annually; one in each of the six (6) HHS Operational Area Regions in October 2023.
- ✧ Maintained a target of 80% of HHS Public Health Nursing staff that have received annual competency training in mass care and shelter to increase preparedness efforts from July 2022 to June 2023.
- ✧ Hosted a Burn Surge Training and Workshop through the San Diego Healthcare Disaster Coalition (SDHDC) to increase provide training to over 140 participants representing a wide range of organizations, including Public Health Services (PHS), Emergency Medical Services (EMS), and more on October 18, 2023.
- ✧ Coordinated numerous Mpox vaccination events across San Diego County, with twelve volunteers at the Golden Hill site, collectively contributing 130 hours of service and administering over 2000 vaccines in July through August 2022.

Tuberculosis Control and Refugee Health

Tuberculosis (TB) Case Management

- ✧ Ensured that 98% (173 of 177) of tuberculosis (TB) cases completed the recommended treatment course for the January to December 2020 case-cohort.
- ✧ Ensured 71% (27 of 38) of contacts starting treatment for new latent TB infection, completed treatment, for the January to December 2021 sputum smear-positive case-cohort.
- ✧ Investigated TB exposures at 22 group sites, such as workplaces and schools, and identified 904 contacts for evaluation, during 2022.

TB Clinical Services

- ✧ Provided expert clinical services and consultation for adults and children at the TB Clinic, regardless of geographic area, to ensure best practices and safety net TB care, for FY 22-23:
 - ✧ Performed 1,532 chest x-rays.
 - ✧ Performed 1027 TB skin tests.
 - ✧ Completed 565 QuantiFERON tests.

Public Health Services Major Accomplishments

- ✧ Conducted 748 nurse visits.
- ✧ Conducted 774 provider visits (new patients: 238; return patients: 536).
- ✧ Provided or ensured interferon gamma release assay testing conducted for 89% (281 of 317) of contacts to active cases in the January to December 2022 case-cohort.

TB Surveillance

- ✧ Ensured 98% (202 of 206) of TB patients were tested for HIV infection for the January to December 2022 case-cohort, exceeding the California and national averages of approximately 90%.
- ✧ Ensured 93% (187 of 201) of TB cases were reported to PHS within one working day from the start of treatment for the January to December 2022 case-cohort.
- ✧ Processed 615 reports of latent TB infection in 2022, reported by civil surgeons conducting status adjustment examinations.

Refugee Health Program

- ✧ Ensured 81% (252 of 311) of refugees started the health assessment process within 30 days of arrival, for the October 1, 2021 to September 30, 2022 cohort. Performance fell below the goal of 90%, reflecting various impacts of the pandemic. However, this represents an increase from 39% in the October 1, 2020 to September 30, 2021 cohort.
- ✧ Ensured 82% (1,353 of 1,656) of individuals who started the health assessment process completed the health assessment process within 90 days, for the October 1, 2021 to September 30, 2022 cohort. Performance decreased below the 90% goal due to various impacts of the pandemic, and the federal government waived the timeliness requirement through the end of the fiscal year. However, this represents an increase from 70% in the October 1, 2020 to September 30, 2021 cohort. The Refugee Health Assessment Program conducts health assessments for eligible refugees and those granted asylum, Cuban and Haitian entrants (parolees), those with Special Immigrant Visas, and victims of trafficking.

TB Education and Outreach

- ✧ Conducted fifty-eight (58) TB presentations to community groups in San Diego County, reaching 1387 individuals.
- ✧ The Tuberculosis Elimination Initiative (TBEI) Community of Practice was launched in October 2021 with key provider stakeholders engaged from federally qualified health centers, health systems and health plan organizations that serve communities at risk for TB. During the County FY22-23:

Public Health Services Major Accomplishments

- ✧ TBEI Community of Practice: The TBEI Community of Practice (CoP) continued to progress latent TB infection measurement and clinical improvement among CoP members through sharing of best practices in its quarterly meetings.
- ✧ TBEI Outreach and Education:
 - ✧ **Collaboration for Action to achieve Results toward the Elimination of Tuberculosis in San Diego County Filipino and Vietnamese Communities (CARE TB)** received a third round of TB Elimination Alliance mini-grant funding in October 2022 to implement community-based screening and testing events, with support from the County TBCRHB. With the third round of mini grant funding, CARE TB expanded their focus on outreach to Filipino, Vietnamese, U.S.-born and non-U.S.- born Latinx, and African American communities in San Diego County. From November 2022 to February 2023, CARE TB completed three comprehensive TB risk outreach events that included TB risk assessment, TB prevention education, TB blood tests, and linkage to care. The first event took place at the Health Fair at the Linda Vista Farmer's Market on November 3, 2022.
 - ✧ TBEI developed and shared latent TB infection resources, including a TBEI web site and TB self-risk assessment.
- ✧ TBEI Schools Projects:
 - ✧ The TB Peer Educator Project (TB PEP) was piloted in the spring of 2022 at San Diego High School's MedTech Academy, and the model was implemented at two additional sites during the fall semester of the 2022-23 school year: Kearny High School in the San Diego Unified School District and San Ysidro High School in the Sweetwater School District.
 - ✧ In Fall 2022, Mesa Community College implemented the Puente Program, providing TB prevention and COVID-19 education to its English as a Second Language students.
- ✧ Marti Brentnall, Community Health Program Specialist, presented a webinar on the Tuberculosis Peer Educator Project, to the CDC Education and Training Network, November 17, 2022, highlighting this innovative program to raise awareness about TB among high school students, to train these students in core public health principles, and to apply their education to developing TB outreach strategies targeting their peers.



Public Health Services Communications

External communications include those PHS has developed, including California Health Alert Network (CAHAN) Alerts, County News Center articles, San Diego Physician Magazine articles, and more.

Public Health Services Communications

- 31 California Health Alert Network (CAHAN) Advisories and Updates
- 87 County News Center Articles/Videos
- 1 San Diego Physician Magazine Article

- Monkeypox 2022 in San Diego: What Do I Need to Know?**
(October 2022)

- By John D. Malone, MD, MPH, FIDSA, FACP, FACPE; Aileen M. Marty, MD, FCAP; Christian K. Bej, MPH, W-EMT; and Kristi L. Koenig, MD, FACEP, FIFEM, FAEMS



INFECTIOUS DISEASES

Figure 1 Monkeypox 2022 Key Concepts

Monkeypox is an Orthopoxvirus transmitted through close, skin-to-skin contact. Large droplets, and potentially aerosols from lesions and bedding of infected individuals, are the primary mode of transmission. However, the virus can reach humans likely via transmission during sex in a hospital. Monkeypox is not considered a food-borne illness. However, use of shellfish with STIs, e.g., gonorrhea and syphilis, are common.

As of 2022 primarily affects men who have sex with men (MSM), populations in Italy. Cases have been reported in women and children.

21% of larger individuals are larger infections and can have more disseminated disease. The virus is highly contagious, and presentation of monkeypox lesions are frequently in different parts of the body. Lesions are present prior to the rash in about 65% of patients. Most reported cases occur after skin-to-skin contact with an infected person with other STIs, co-infection with SARS-CoV-2, or viral infections have been reported.

Lesions, especially those with a limited history of disease, should be submitted to a laboratory for polymerase chain reaction. Healthcare providers should follow CDC, WHO, and local health department guidance for specimen collection. Handwashing staff should do so after handling lesions. Infection control measures must be considered that removed from patient treatment areas.

The monkeypox incubation period is 7 to 14 days of onset of infection. Vaccination within 7 weeks of exposure may be effective in reducing the risk of infection. The monkeypox vaccine was approved for use in 2019 for individuals with a recent history of exposure to the virus. The FDA has issued an Emergency Use Authorization (EUA) for individuals aged 18 years and older who are at high risk of exposure to the virus. The FDA EUA also authorizes providers to prescribe the vaccine to individuals who are at high risk of exposure to the virus on a behavior risk reduction.

Lesions become (pruritic) pruritic and can be significantly painful. Lesions should be considered along with other signs and symptoms for medical attention. Secondary (POD) is an extended period for high risk patients and severe cases. As of August 2022, 13 reported cases hospitalized from San Diego County (not confirmed) and additional cases.

Demographic: While monkeypox presentations may vary, the classic rash lesions progress through stages macular (1-2d), papular (3-4d), vesicular (5-6d), pustular (6-8d), and scabbing (7-14d). Lesions can present at different stages in the same individual. Patients in the 2022 exposure outbreak may have only a single lesion. Lesions can present in multiple locations, including the trunk and extremities (Figure 3). Full skin involvement is not required for diagnosis.

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Public Health Emergency Declaration followed on Aug. 12, and 4, respectively. Monkeypox was first described in African monkeys imported to Copenhagen in 1958.¹ Until recently, monkey was a zoonosis with limited human-to-human transmission, most likely harbored in nature by wild rodents.² In 2003, rodents imported from

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Public Health Services Branch Quality Improvement Projects

Steps for each project included identifying an opportunity and plan for improvement, testing for improvement, using data to study test results, and standardizing the improvement and establishing future plans.

PHS Administration

Branch: Admin
Office of Performance and Improvement Management
FY: 2022-23



STREAMLINING THE STUDENT INTERN ON-BOARDING PROCESS

Nora Bota, Tanya Ochoa-Cipes, Dr. Cameron Kaiser, Thomas Valle, David Lee, Cristina Duroiu, Susan Spotts, Martha Guzman, Jackie Werth, Amber Hilliker, Hiwet Weldeselase



PROBLEM

The on-boarding of unpaid student interns who seek internships with Public Health Service (PHS) to meet course requirements is unclear and time-consuming. The process involves multiple individuals from different units across PHS and the County Human Resources (HR) department (external to PHS), which makes navigating the process difficult. In addition, some on-boarding documents were found to be out of date.

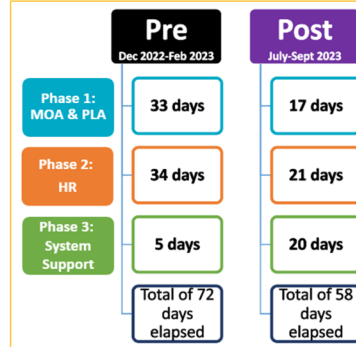
The process takes months to complete, rather than a few weeks to a month, causing delays for both the student and the PHS. The issue has been recognized as a department-wide problem. Hiring managers completed a satisfaction survey with the process in April 2023, and rated the process a 1.0 out of 5.0 (Figure 1).

The performance gap arises from the extended duration required to on-board a student intern. The delays can lead to student interns not being able to complete internship hours prior to the end of the semester and/or ability to support PHS activities as planned. In addition, staff handling the on-boarding waste time due to the lack of a clear process.

Figure 1: Survey Results

	Pre April 2023	Post September 2023
Length of Time for Onboarding	>8 weeks	<8 weeks
Satisfaction:		
Clarity in the Process and Points of Contact/s	1	4
Access to Current Required Forms	1	4
Communication of Process and Timeline with Student Intern	1	5
Averages	1.0	4.3

Figure 2: Comparison of Days Elapsed Pre and Post Implementation



TEST THE THEORY

March-April 2023: Convene meetings with the QI team to identify the phases of the process.

Phase 1: Verify Memorandum of Agreement (MOA) and Receive Prior Learning Assessment (PLA)

Phase 2: Conduct Background Check, Human Resources (HR)

Phase 3: Complete On-Boarding (system access and equipment)

June 2023: Coordinated with HR to create a **future-state process map** to thoroughly communicate the ideal workflow for onboarding unpaid student interns (Figures 3 and 4).

August 2023: *Piloted the new process in a real-world situation* by testing on a student intern currently being on-boarded—tracking the advancement from phase to phase, to measure the success for the new process.

RESULTS

The results for this projects showed an **overall decrease in time elapsed** for on-boarding of student interns, as intended (Figures 1 and 2).

Phase 1 - Verify MOA & PLA: Decrease of 16 days

Phase 2 - Conduct HR Background: Decrease of 13 days

Phase 3 - Complete Onboarding: Increase of 15 days

Total Days Elapsed: Decrease of 14 days

There was also a **reduction of POCs (referring to contact points) from 15 to 6 and an increase in the satisfaction reported by HM—from 1.0 to 4.3** for clarity in the process and points of contact, access to current required forms, and communication of process and timeline with student interns (Figure 1).

There was an increase in Phase 3, System access and Equipment, due to new administrative staff being on-boarded and learning the process.

STANDARDIZE & PLAN

In order to **standardize** this process for unpaid student interns and **plan for the future**, the following steps will be taken:

- Creating a central SharePoint site for all PHS staff to access resources.
- Roll-out the checklist and new process department-wide.
- Meet with Admin Support Teams department-wide to discuss their process and points of contact.
- Send out survey on hiring manager feedback and assess findings.

CURRENT APPROACH

Under the current approach, it took **over two months to on-board a student intern** (Figures 1 and 2). This involved roughly **15 different staff members and over 50 email exchanges** during this period. There were numerous redundancies and misdirection observed within this process.

Some additional issues identified that attributed to the **delay** in the process included:

- Incorrect or outdated HR and equipment requests.
- Outdated badge documentation.
- Incorrect referral to points of contact.
- Livescan requests were not indicated in the PLAs.

Figure 3: Swim Lane Map for Phase 1 - MOA & PLA

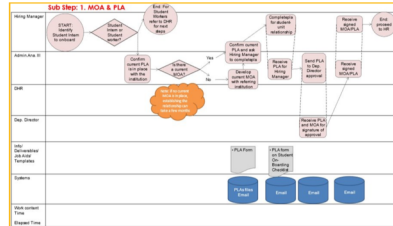
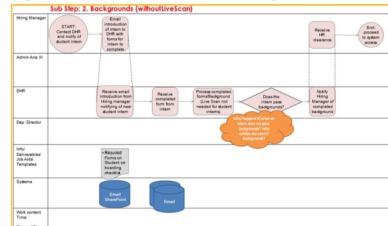


Figure 4: Swim Lane for Phase 2 - HR Background Check



POTENTIAL SOLUTIONS

Staff identified potential solutions to **streamline** the unpaid student intern on-boarding process:

- Create a point of contact list to identify stakeholders that need to be contacted in the process.
- Gather correct forms and save in a central location.
- Prepare sample email templates for the hiring manager.
- Map out the new process.
- Develop a checklist that includes all the items listed above.

AIM STATEMENT AND THEORY OF IMPROVEMENT

Aim Statement: Streamline the on-boarding process for unpaid student interns by **reducing the average on-boarding duration from 72 days to 40 days** by June 30th, 2023.

Theory of Improvement: If staff streamline the unpaid student intern on-boarding process, then there will be a **reduction in elapsed time** from when the student is offered the internship to their start date.

California Children's Services

Branch: CCS
Case Management

FY: 2022-23



REDUCTION OF INCOMPLETE SERVICE REQUESTS RECEIVED BY FAX

Lilia Aguilar, Elizabeth Alfaro-Gonzales, Gaby Arechiga, Dina Frandis, Vanessa Garcia, Jennifer Min Gonzales, Veronica Jones, Morris Lazard, Julissa Preciado, Blanca Ramirez, Mary Rice



PROBLEM

California Children's Services (CCS) is a referral-based program that provides comprehensive case management for certain diseases or health problems for children 0-21 years of age.

Depending on the need, Service Authorization Requests (SAR) are created from referrals received by providers, community partners, and potential clients. Referrals may be submitted via fax, email, mail, electronically, or in person.

Referrals received by fax are occasionally received with insufficient information or errors that may render it as incomplete. Incomplete requests:

- cannot be processed
- require CCS Staff to research, contact, and follow up with the referral sender to clarify or acquire the mandatory information.

This can create potential processing errors and possible delay of services for our client(s).

CURRENT APPROACH

To examine the current approach the team:

- Mapped the work process for incoming referrals (Figure 3).
- If the referral is incomplete, a thorough review of systems and notes is completed. If after review and needed information is still incomplete, a call is made to the fax sender to clarify the mandatory information. If a return call is not received within 2 business days, HSS places fax in a processed folder for record keeping.
- Collected data on total number of referrals received each month (Figure 1).
- Method of submission (fax, email, mail, electronic, and in-person).
- Rate of error in fax submissions and common issues.
- Identified possible causes of incomplete referrals based on common issues. Fishbone diagram shows how groups are impacted (Figure 2).

POTENTIAL SOLUTIONS

The QI team discussed different factors and reasons why incomplete referrals are submitted. Some of the reasons discussed were staff attrition with community partners during the pandemic, lack of training with new staff that submit referrals, and the referral submitters not having all needed information at the time of referral submission. From these reasons discussed, the team identified and prioritized the following potential solutions:

- Reduction or minimization of SAR referrals submitted by fax
- CCS staff advocating and encouraging the use of the electronic system to submit referrals
- Providing educational resources to community partners to register and utilize the electronic system
- Providing education resources to complete the SAR Referral form

AIM STATEMENT AND THEORY OF IMPROVEMENT

AIM: By July 2023, improve the accuracy and/or completeness of referrals received by CCS via fax by 20%, from a baseline of 5 incomplete referral faxes received in a week.

THEORY: IF we provide educational material and guidance on required components of the referral to our partners that send referrals via fax, THEN incomplete referrals received via fax will be reduced or eliminated.

Figure 1: Total Faxes Received

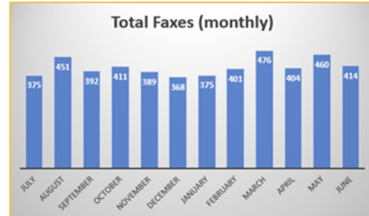


Figure 2: Impact

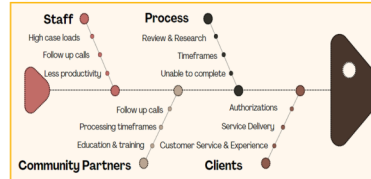
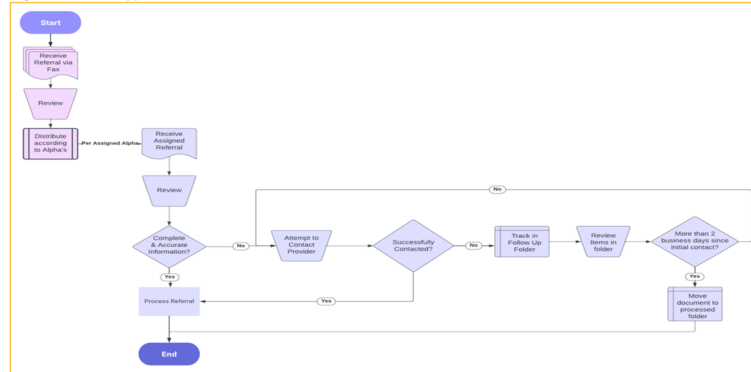


Figure 3: Current Approach



TEST THE THEORY

May 23, 2023 - Educational material was created and shared with the HSS team, this included:

- What to do when an incomplete referral is received/identified.
- Return fax "Incomplete Referral" template to be sent to the fax submitter.
- The return fax will contain the educational material as well as direct contact information for follow up.

May 23 through June 23 - Time was given to share and disseminate the resources to partners.

June 16 through July 6 - Post implementation data collection period.

RESULTS

Pre Intervention: March 3 - March 23
• 14 Incomplete Referrals

Post Intervention: June 16 - July 6
• 9 Incomplete Referrals

Reduction of 35%, or 5 referrals

STANDARDIZE & PLAN

For the benefits of clients, CCS will continue to accept and process faxed referrals so there will always be the potential for incomplete referrals. To minimize the quantity of incomplete referrals:

- The implementation of sharing the created educational resource will be standardized as part of the processing of all incoming referrals and will be included in processing manuals and CCS HSS training
- Continued promotion of the use of the CMS PEDI system to submit referrals reminded within intervention
- Annual training and education to Rady's by CCS team

California Children's Services

Branch: CCS
 Medical Therapy Program
 FY: 2022-23



IMPROVING CLIENT ATTENDANCE IN THE CCS MEDICAL THERAPY PROGRAM

Judith P. Garces, PT; Jamie McCarthy, PT; Megan Lytle, DPT; Myra Desquitado-Prado, OTR/L



PROBLEM

California Children's Services (CCS) Medical Therapy Program (MTP) provides occupational and physical therapy services to children 0-21 years of age. Attendance to therapy is a critical factor for client progress. Non-compliance to agreed-upon occupational therapy (OT) and physical therapy (PT) appointments creates gaps in service and decreases billable productivity.

Baseline Data:

- On average, **9% of total cases were on "Non-Compliance Hold"** due to no response between Oct 2021—May 2022 (Figure 1).
- On average, **49% of families did not respond to mailed monitor letters** within the specified timeframe between March 2022—June 2022 (Figure 3).

CURRENT APPROACH

Examination began with reviewing the Non-Compliance list for the Medical Therapy Program and at each of the six Medical Therapy Units (MTUs) across the County. Since the problem was occurring across all units, the team next mapped out the process of placing a client on a Non-Compliance Hold that was consistent across all units (Figure 2).

Each month, letters are mailed to clients identified as being due to be seen for a PT and/or OT monitor appointment. Clients that do not respond to the letters for two consecutive months are placed on Non-Compliance Hold due to no response.

POTENTIAL SOLUTIONS

To reduce the number of cases on Non-Compliance Hold, several solutions were proposed and assessed for cost, workload, and sustainability. The following solutions were prioritized for testing:

- Verify contact information is current to ensure families are receiving monitor letters.**
- Revise the monitor letter to improve clarity and encourage higher rate of response.**
- Stamp the monitor letter envelope to make families aware that the letter requires a response.**

AIM STATEMENT AND THEORY OF IMPROVEMENT

Aim: Reduce the percentage of CCS MTP cases that are on non-compliance hold due to no response to schedule appointments by 1%, **from baseline average of 9% (147 cases) to 8% (134 cases).**

Theory of Improvement: If we improve communication by revising the monitor letter, stamping the monitor letter envelope, and confirming contact information, then we will improve response to monitor letters and reduce the percent of cases on Non-Compliance Hold due to no response.

Figure 1: Baseline Non-Compliance Data, October 2021 through May 2022

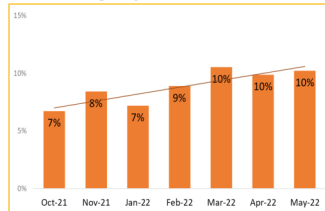


Figure 4: Post Intervention Non-Compliance Data, June 2022 through May 2023

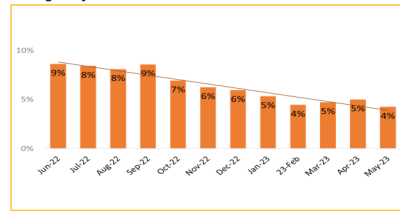
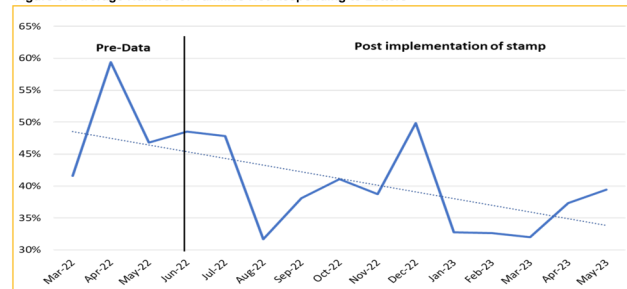


Figure 2: Process Map of Non-Compliance Hold Due to No Response



Figure 3: Average Number of Families Not Responding to Letters



TEST THE THEORY

June 2022: A revised monitor letter was drafted to replace the previous monitor letter. Additionally, a "Response Required" stamp was procured for each MTU location and monitor letter envelopes were stamped. The revised and stamped monitor letter was then implemented across all units and mailed to families due for monitor appointments.

February 2023: The MTU's sign in sheets were updated to include current address and phone number to improve collection of updated contact information to ensure families receive monitor letters.

RESULTS

Following the implementation of collecting of updated contact information, the percentage of clients who did not respond to letters mailed **decreased from an average of 49% to 39%** (Figure 3).

Following the implementation of the revised monitor letter and stamping the monitor letter envelope, **the total cases that were on Non-Compliance Hold due to no response decreased from 9% to 6% of total cases** (Figure 4).

STANDARDIZE & PLAN

With the implementation of the revised monitor letter and updating contact information, the response to monitor letters increased and the number of cases on Non-Compliance Hold due to no response decreased.

We plan to continue monitoring the percent of cases on Non-Compliance Hold. The revised monitor letter and continued collection of updated contact information will continue to be utilized.

This QI project exemplifies the importance of Health Literacy when developing any forms or letters that are sent to our clients. Review of other forms and letters used by the MTP with feedback from clients and caregivers is recommended to assess their level of understanding of the information presented.

Epidemiology and Immunization Services Branch

Branch: EISB
Epidemiology and
Immunization Units
FY: 2022-23



STANDARDIZED EPIDEMIOLOGY & IMMUNIZATION PUBLIC HEALTH NURSE ORIENTATION

Project Leads: Elaine Tomas and Stephanie Daniels and Team Members: Deborah Kash, Annamarie Tirsbier, Naomi Silva, Grace Kang, April Steely, Maria Djuric, Catherine Blaser, Jennifer Flores, Monica Lopez, and Mary Kacy-Svoboda



PROBLEM

Lack of a standardized orientation tool and the variability of the different methods utilized by the PHN Supervisors for the general orientation of new hire Public Health Nurses (PHNs) in the Epidemiology (EPI) and Immunizations (IZ) departments led to inconsistent experiences for staff and created a labor intensive process for the Supervisors.

CURRENT APPROACH

Current method involves EPI and IZ PHN Supervisors utilizing independent tools, resources, and personal experience. Supervisors expressed dissatisfaction with current process via a questionnaire (Figure 1).

POTENTIAL SOLUTIONS

Team discussed various solutions with the PHN Supervisors that addressed their areas of dissatisfaction. They provided feedback identifying which tool best met their needs.

They requested a tool that organized new employee information, resources, program links, required trainings, within one standardized tool.

Figure 1: Pre-satisfaction Survey

Rate your satisfaction with the current tools/resources for staff orientation.

Number of PHS Nurse Supervisors = 6

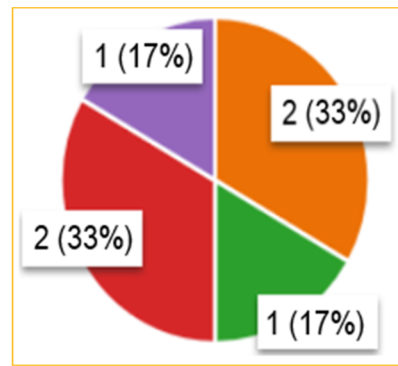
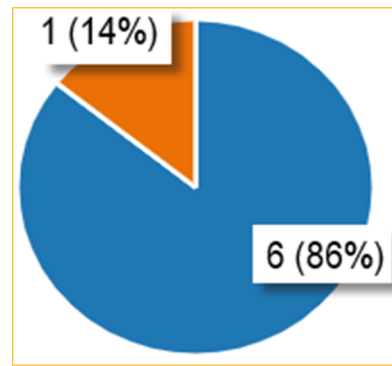


Figure 2: Post-satisfaction Survey

Rate your overall satisfaction with the new tool for staff orientation.

Number of PHS Nurse Supervisors = 7



● Very Satisfied ● Somewhat Satisfied ● Neutral ● Somewhat Dissatisfied ● Very Dissatisfied

The number of PHS supervisors (denominator) for this analysis is small.

AIM STATEMENT AND THEORY OF IMPROVEMENT

AIM: By June 30, 2023, improve PHN Supervisor's satisfaction level with the orientation process of new PHN staff to at least "somewhat satisfied."

THEORY OF IMPROVEMENT: If we implement a standardized tool(s) for EPI and IZ nursing supervisors, then we will improve the orientation process for new Public Health Nurses.

TEST THE THEORY

Developed a standardized orientation tool.

Test 1: 03/03/23 - Sent the draft orientation tool to PHN Supervisors for review and feedback.

Test 2: 04/07/23 - Quality Assurance Specialist staff conducted post-survey to obtain level of PHN Supervisor satisfaction with the orientation tool.

Test 3: 06/02/23 - PHN Supervisor utilized the orientation tool with one new hire PHN.

RESULTS

Based on feedback collected from the PHN Supervisors and utilization of the tool, results demonstrated the following (Figures 1 and 2).

- 100% (of 7) PHN Supervisors reported at least "somewhat satisfied" following the implementation of the intervention.
- 86% (of 7) PHN Supervisors reported an increase from "somewhat satisfied" to "very satisfied."

*Note: The N is very small since there are fewer than 10 public health nurse supervisors.

STANDARDIZE & PLAN

The EPI & IZ QAS team worked together with PHN Supervisors to streamline the orientation process of new PHNs. Future plans include additional tools to support the general orientation process as well as working individually with supervisors to create unit/program specific orientation checklists.

Epidemiology and Immunization Services Branch

Branch: EISB
Epidemiology Unit



LIVE WELL
SAN DIEGO

MAINTAINING THE QUALITY OF COVID-19 LABORATORY DATA WITH REDUCTIONS IN PROCESSING TIME

Project Lead: Marjorie Richardson; Team Members: Jacquelyn Ho, Kimberley Morgan, Fatema Sakha, Jennifer Nelson; Project Facilitator: Whitney Webber



FY: 2022-23

PROBLEM

Throughout the COVID-19 pandemic, the public and leaders have relied on electronic laboratory reporting to monitor the COVID-19 disease response. A small team of epidemiologists has closely tracked the number of COVID-19 tests performed and have provided breakdowns of determinate, indeterminate, and not detected by lab type (e.g. commercial, hospital, and public health lab) to track the volumes of testing and to ensure laboratory compliance with mandatory reporting for COVID-19. To process COVID-19 laboratory data for positive and negative tests, the team exports three items from the communicable disease registry: (1) what is coming in and getting processed for COVID-19 lab reports, (2) all incidents, and (3) associated laboratory data elements (i.e. specimen collection date, accession number).

At the start of the pandemic, the team was exporting all data from the system each time they processed the data. The team kept adjusting their strategies for dealing with the volume, such as creating historic files, having two team members run concurrent exports, and reading files in at the same time as exporting. However, as the pandemic wore on, **these coping strategies were still insufficient to manage the volume of tests and produce the data within the span of a work day**, necessitating new approaches to data processing.

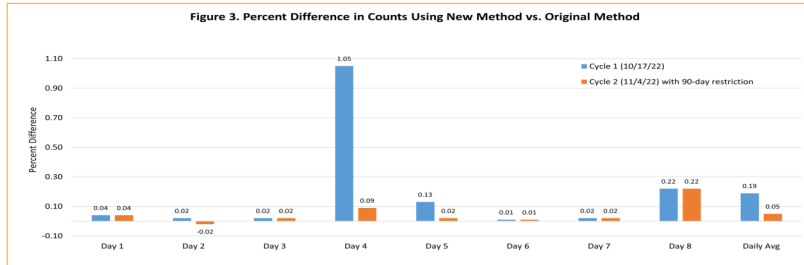
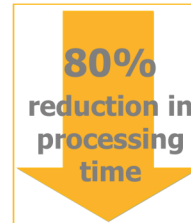
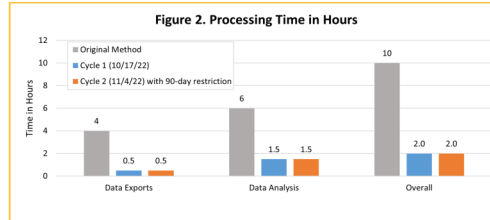
CURRENT APPROACH

The current method necessitates the use of the data from the entire pandemic period, beginning February 14, 2020. Previous attempts to decrease the number of exports performed each week included the use of historic exports for varying time frames by export type (data through 2/20/2022 for processed lab reports; data through 10/31/2021 for case and laboratory report information). However, **as the pandemic continued, the data exported on a weekly basis continued to grow in volume and take longer to export from the system (Figure 1)**. Additionally, in the data processing, laboratory results are deduplicated to produce the final counts. With such a large dataset, data processing, and especially this deduplication of results, takes several hours to complete. **On average, it took the team ten hours to produce the report – four hours for exports and six hours of data analysis time.** Currently, reports are processed on the Monday of each week and provide a breakdown by day for the prior CDC week as well as the Sunday before the report run (eight days).

POTENTIAL SOLUTIONS

Initially, a data warehouse to decrease export time was proposed. However, this project required development by the vendor of the surveillance system and could not be implemented quickly. An option to limit exports only to the timeframe needed for the weekly data produced by this team was also proposed.

Figure 1: Process Map of Original Method



AIM STATEMENT AND THEORY OF IMPROVEMENT

AIM: Maintain the quality of COVID-19 laboratory data (fewer than 5% change before and after tests of improvement) with a 60% decrease in the processing time (10 hours to 4 hours).

THEORY: If the process for analyzing COVID-19 laboratory data is streamlined, then the COVID-19 laboratory data team can provide more timely reports to leadership, the EOC, and CDPH for making operational decisions tied to the COVID-19 response.

TEST THE THEORY

Cycle #1 (10/17/2022): The group discussed data product needs and the COVID-19 case definition timeframes to determine the exports needed. **Exports were limited to two weeks of processed lab results**, the previous three months to date for positive incidents and lab data, and the previous three weeks to date for negative incidents and lab data. It was theorized that, not only would the export time decrease but, because there would be fewer records to process and deduplicate, the data analysis time would be reduced as well. Because laboratory results would no longer be deduplicated for the entire timeframe, it was important ensure that data quality was not impacted by the change. The exports and data analysis ran much quicker than at baseline. Test result counts were higher in the output from this cycle compared to baseline. It was noted that the counts included several older results that were resent by the laboratories and would have deduplicated out using the original method.

Cycle #2 (11/4/2022): A second cycle was conducted **limiting the analysis to tests with a result date within 90 days of analysis**. Data quality improved without any adverse impact to the gains in timeliness.

RESULTS

Limiting the timeframes used for data exports not only decreased the export time (from four hours to 0.5 hours), **but improved the timeliness of data analysis as well**, with the analysis running in 1.5 hours compared to 6 hours at baseline (Figure 2). Overall, this was an 80% reduction in processing time, which exceeded the goal of a 60% decrease.

Furthermore, **data quality was maintained** as limiting results to those with a result date within 90 days of the report run resulted in an average difference of 0.05% per day compared to baseline (Figure 3). This surpassed the goal of a difference of 5%.

STANDARDIZE & PLAN

The COVID-19 laboratory data team streamlined the process for analyzing and reporting on weekly COVID-19 lab test summary data. This new process has enabled the team to provide reports in a shorter timeframe while maintaining data quality.

Additional improvements to timeliness of data exports are being explored for use in other potential situations in which large exports may be needed in the future:

- The surveillance system's vendor is currently working on creating a data warehouse that will allow for more efficient exports of data. This process was initiated because of the challenges presented by the COVID-19 pandemic. However, it is taking some time for this product to be developed.
- Future solutions may include the export of data from the backend of the system rather than through the user interface.

Maternal, Child, and Family Health Services

Branch: MCFHS
Family Preventive and Health Services Unit
FY: 2022-2023



LIVE WELL
SAN DIEGO

INCREASE THE NUMBER OF CHILDREN RECEIVING AND REPORTING A KINDERGARTEN ORAL HEALTH ASSESSMENT

Rhonda Freeman, Corrine McCarthy, Jocelyn Waters, Nancy Starr,
Dr. Tom Olinger, Mireya Bañuelos, Christy Lopez, Myleen Abuan



PROBLEM

Tooth decay is the most common chronic childhood disease.

- Dental problems are the cause of 874,000 school days missed each year.
- This costs schools over \$29 million annually in attendance funding.

The Kindergarten Oral Health Assessment (KOHA) requirement was passed into law under the Education Code Section 49452.8 in 2005 by Assembly Bill 1433 (AB 1433). All children entering school are required to have an assessment by May 31. Schools and districts are required to collect the KOHA forms and report aggregate data. The requirement is one way schools can support children's school readiness and success by identifying children suffering from untreated dental disease and helping parents establish a dental home.

According to San Diego County 2021-2022 KOHA data:

- 34 districts (81%) submitted data for 377 schools (77%).
- 312 schools (83%) met the data quality criteria.
- Total enrolled Kindergarteners: 38,983.
- An estimated 30% of students entering school were reported to have submitted a completed oral health assessment.
- 24% of 11,630 assessed students had untreated decay.

CURRENT APPROACH

Previous PDSA Cycle in FY2021-22 focused in improving communication by identifying district KOHA liaisons increasing district reporting by 14%.

FY2022-23 issues and barriers were identified through Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. Current Issues and Barriers Included:

- Lack of dental providers who can provide on site screenings.
- Competing priorities for schools, districts, and parents.
- Limited resources to implement sustainable oral health programs.
- Time consuming process to secure formal agreements with schools.

To increase the percent of students entering school that submit a completed oral health assessment, activities to coordinate onsite school screenings and improve KOHA response were added to the current approach (Figure 1).

POTENTIAL SOLUTIONS

The FY2022-23 QI focused on engaging school districts and tailoring interventions based on identified barriers that prevent students from completing the oral health assessment. The team took the following steps towards potential solutions:

1. Identify the oral health needs for each of the three pilot school districts.
 - Examine Healthy Places Index (HPI) data to identify schools and districts with less healthy community conditions.
 - Review free and reduced priced meals (FRPM) data to identify lower income communities.
 - Work with partners to establish contacts in schools and districts.
 - Begin meeting with District Staff.
2. Develop interventions based on the needs in the three pilot school districts.
 - Meet with district staff to assess their school's needs and develop a plan.
3. Implement interventions.
 - Implement plans and interventions that will address individual schools' needs.

Figure 1: Swimlane Process Map

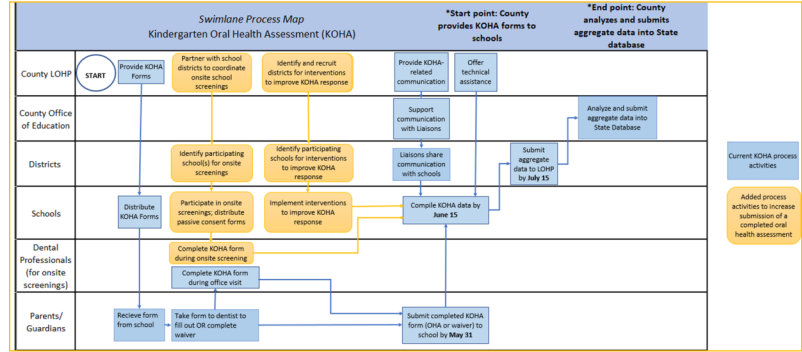


Figure 2: Basic Steps of Action Plan

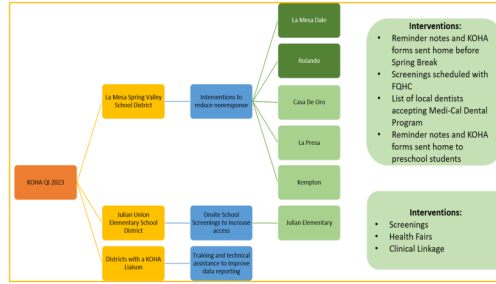
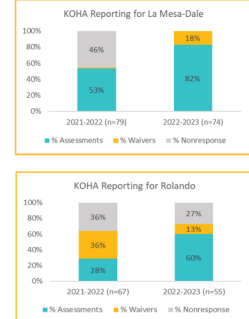


Figure 3: KOHA Reporting for La Mesa-Dale and Rolando



TEST THE THEORY

Two districts were identified: Julian School District and La Mesa Spring Valley. A third district was not identified.

Julian School District (1 elementary school):
August 3, September 21, and October 20, 2022: met with school staff to discuss the needs and challenges of the school community.

- Access to dentists was limited.
- Families struggled with routine care and treatment.

La Mesa Spring Valley District (5 elementary schools):

- January 10, 2023: met virtually with district nurse, school nurses, and health staff to identify schools that met criteria and discuss challenges and solutions specific to the schools.
- Five Why's to discuss challenges.
- Impact Effort Matrix to prioritize solutions.
- February - March 2023: met with each school to review the action plan. Because some of the schools experienced similar challenges, interventions were used across multiple schools.

Interventions for both school districts are listed in Figure 2.

RESULTS

La Mesa Spring Valley District:

- While the participating 5 schools submitted data both years, 3 schools did not meet data quality criteria in 2022-2023. Two schools had data available for comparison between the two school years (Figure 3):
 - La Mesa-Dale: nonresponse rate decreased from 46% in 2021-2022 to 0% in 2022-2023. Assessments increased from 53% to 82%.
 - Rolando: waivers decreased from 36% in 2021-2022 to 13% in 2022-2023, and assessments increased from 28% to 60%.

Julian School District:

- 75% of TK-5th grade students at Julian were screened.
- Of those students screened, 46% were assessed to have decay, and 16% were assessed to have urgent needs.
- Screening result counts shown in Table 1 include TK-5th grade students. Onsite school screenings for all grades were successfully conducted, however, KOHA data was not submitted.

Grade	TK - 5 th
Number of Students	153
Number of Students screened	114
Number of students with decay	53
Number of students with urgent needs	18

AIM STATEMENT AND THEORY OF IMPROVEMENT

AIM STATEMENT:

Short-Term (22-23FY): By the end of the 2022-2023 school year, increase the number of children receiving and reporting a kindergarten oral health assessment by 10% in the three selected school districts.

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

THEORY OF IMPROVEMENT:

If we identify, develop, and implement sustainable best practices in three school districts, then the number of children who receive an oral health assessment will increase.

STANDARDIZE & PLAN

To Standardize, the program will continue to:

- Work with Julian and La Mesa Spring Valley School Districts in 2023 - 2024.
- Recruit new school districts to expand and diversify interventions.
- Continue identifying liaisons within each district.
- Provide communications with updates, resources, trainings, and technical assistance for data reporting.

Future Plans:

- Create equitable options based on surveys, data, and the Healthy Places Index.

Maternal, Child, and Family Health Services

Branch: MCFHS
Chronic Disease and Health Equity Unit
FY: 2022-23



IMPROVE THE IDENTIFICATION OF PROGRAM ELIGIBLE TOBACCO RETAILERS

Kirk Bloomfield, Hazell Belvin, Vanessa Balingit, Debra Kelley, Linda Carrillo, and Kristine Magallanes



PROBLEM

New and existing **tobacco retailers** within the **unincorporated area of San Diego County** are required to **maintain state and local tobacco licenses in order to sell tobacco**.

With the program in its second year of operation, there was no process in place to efficiently identify changes within the retailer community throughout the year, making it impossible to complete subsequent steps needed to ultimately **identify and notify 100% of retailers of their TRL eligibility and/or need to apply (if applicable)**.

Throughout the year:

- Retail locations open and close
- Retail owners change
- State licenses expire

CURRENT APPROACH

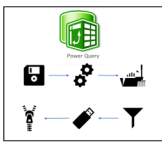
The originally proposed process involved many steps that needed to be completed manually. Reviewing the state CDTFA list manually, **line by line**, was **time consuming and inefficient** that it was never completed (**Figure 2**). This resulted in **delays and inconsistencies** in subsequent steps of the process and the program's ability to **notify retailers and enforce the ordinance**.

To Examine the Current Approach the team:

1. Mapped the process (**Figure 1**).
2. Identified barriers to completing the process, to ensure all retailers and retail locations are identified throughout the year.
3. Brainstormed ways to utilize the CDTFA list in a **time-efficient** way.

Note: CDTFA refers to the California Dept of Tax and Fee Administration

POTENTIAL SOLUTIONS



Utilize Power Query to Clean, Transform, and Compare the CDTFA List

AIM STATEMENT AND THEORY OF IMPROVEMENT

Aim Statement: By October 2022, implement a process to identify 100% of the unincorporated area's state licensed tobacco retailers to determine TRL eligibility on a quarterly basis.

Theory of Improvement: If we implement a power query process for the quarterly review of the CDTFA list, then we can efficiently identify 100% of unincorporated area's tobacco retailers to determine their TRL eligibility.

Figure 1: Flowchart Process Map

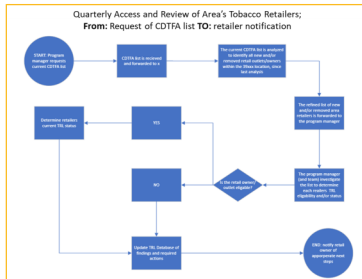


Figure 2: Examining the Current Approach



Figure 3: Testing the Intervention

	Number of new retailers identify on CDTFA List	Number retailers removed from CDTFA List
Cycle 1 (Jul - Sept 2022)	10	8
Cycle 2 (Oct - Dec 2022)	9	10
Cycle 3 (Jan - Mar 2023)	7	12
Cycle 4 (Apr - Jun 2023)	12	21

Figure 4: Better equipped to identify changes within the retailer community

	Number of new retailers identify on CDTFA List	Number retailers removed from CDTFA List	CDTFA licensed retailers	Estimated number of TRL eligible retailers	Number of TRL licensed retailers
Cycle 1 (Jul - Sept 2022)	10	8	307	285	115
Cycle 2 (Oct - Dec 2022)	9	10	306	273 - 279	226
Cycle 3 (Jan - Mar 2023)	7	12	301	255 - 263	248
Cycle 4 (Apr - Jun 2023)	12	21	292	255 - 256	255

TEST THE THEORY

The intervention was tested on a quarterly bases for the FY 2022-23: (**Figure 3**)

- Quarter 1**– test the use of Power Query with CDTFA list by end of Quarter 1 for FY 2022-23
- Quarter 2** – repeat the process by end of Quarter 2, while comparing to the Quarter 1 Power Query list of eligible retailers for changes and trends
- Quarter 3** – repeat the process by end of Quarter 3, while comparing to the Quarter 2 Power Query list of eligible retailers for changes and trends
- Quarter 4** – repeat the process by end of Quarter 4, while comparing to the Quarter 4 Power Query list of eligible retailers for changes and trends.

RESULTS

Utilization of the **Power Query** process has enabled the team to regularly identify all area eligible retailers in a standardized and routine process. It has also better equipped the team to identify changes within the retailer community, including (**Figure 4**):

- Removed retail locations/owners
- New retail locations/owners
- Number of retailers
- Number of TRL eligible retailers/locations
- Trends:
 - Increase in retailers removed from CDTFA list
 - Decrease in # of CDTFA licensed retailers
 - Decrease in TRL eligible retailers

STANDARDIZE & PLAN

The utilization of Power Query supports further understanding of the unincorporated retail community and supports ordinance enforcement and retailer compliance; resulting in healthier communities. Continued **quarterly access and review** of CDTFA list:

- Evaluate added and removed retail locations and/or owners
- Evaluate patterns and changes within the list over the quarters/years
- Investigate changes and notify retail owners of changes in eligibility, when appropriate

The utilization of Power Query supports further understanding of the unincorporated retail community and supports enforcement of the ordinance.

Public Health Preparedness and Response Branch

Branch: PHPR
 Programs and
 Planning
 FY: 2022-23



LIVE WELL
 SAN DIEGO

INCREASE MEDICAL RESERVE CORPS ENGAGEMENT AND SUSTAINMENT

Nicholas Williams, Valeria Ochoa, Melissa Dredge, Tony Wu, Beatrice Quisano,
 Justyn Knutson, and Trish Muth-Masayon



PROBLEM

The Medical Reserve Corps (MRC) is a national network of volunteers that is locally organized to respond to emergencies and support ongoing preparedness initiatives. The CoSD registry of volunteers grew during the COVID response, peaking at 5,629 total (4,915 medical) members as of June 2021. However, despite the increase in volunteer numbers, MRC's overall deployment readiness decreased and processing time increased.

Potential volunteers > Active volunteers

The large volume of volunteers creates two issues:

1. Difficult to assess which volunteers are appropriately credentialed and qualified for deployment opportunities.
2. Difficult to determine which volunteers are active when assessing need.

CURRENT APPROACH

To assess the current approach the team examined the current MRC onboarding process as well as what other Disaster Healthcare Volunteer (DHV) Systems across California were doing. Other counties had far smaller numbers of DHVs for their MRC Units.

During COVID-19, Public Health Services MRC onboarding focused on speed rather than completeness of each volunteers' DHV profile, which required:

- Certain specialized training
- Signing the Disaster Service Worker forms
- Completing the Disaster Healthcare Volunteer (DHV) profile (which was not always completed by volunteers who joined, leaving credential/qualification gaps).

POTENTIAL SOLUTIONS

Goal:
 Ensure that the potential pool of active volunteers was easily identifiable for deployment.

Solutions Identified:

1. Clean up our Disaster Healthcare Volunteer (DHV) System, determining which volunteers are most active and readily deployable.
 Placement options included:
 MRC Unit: Our most active unit.
 San Diego County Unit: A type of reserve unit.
 Account Deactivation: Deactivate and remove the account.
2. Onboard volunteers through the county to expedite the onboarding process and expand volunteer opportunities.

Figure 1: San Diego MRC Disaster Healthcare Volunteer

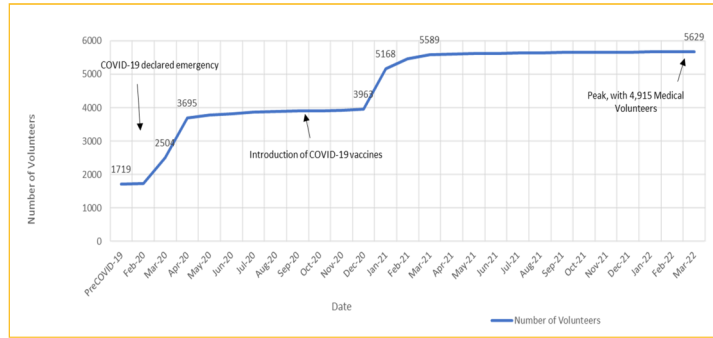


Figure 2: DHV Volunteer Unit Distribution

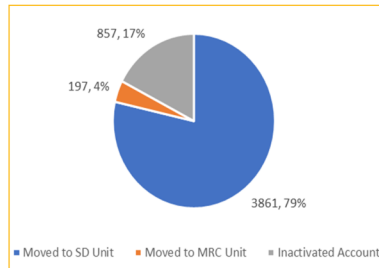


Figure 3: MRC Volunteers in the field.



TEST THE THEORY

Contacted 4,915 Medical Volunteers to determine their unit preference through the following methods:

1. **Contact via email.**
 Provided a 7-day response window before moving to the next step.
2. **Contact via phone**
 Provided 3 days to respond to phone contact before moving to next step.
3. **If no response was received**
 Default to the San Diego County Unit

Onboarding Volunteers through the County Volunteer process

1. **Promoted and provided education on onboarding opportunities**
 Successfully onboarded 10 new deployable volunteers during FY2022-23.

RESULTS

At the end of the process: 197 volunteers were moved to the MRC Unit, 3,861 were moved to the San Diego County Unit, and 857 volunteers requested that their accounts be deactivated.

- Assigning units makes it easier to identify appropriate volunteers to engage and/or deploy.

A total of 10 volunteers successfully completed the County onboarding process.

- Onboarding through the County allows for more deployment opportunities, for volunteers to be utilized more frequently, and improves volunteer engagement and skill set.

AIM STATEMENT AND THEORY OF IMPROVEMENT

Aim Statement:

By January 1, 2023, Public Health Preparedness & Response (PHPR) will contact all registered medical volunteers (4915) in the Disaster Healthcare Volunteer System (DHV) to ascertain continued interest and unit preference.

Theory of Improvement:

If PHPR ascertains interest levels for current medical volunteers in the Disaster Healthcare Volunteer System, then medical surge management will be strengthened, and initiatives aligned with *Live Well San Diego* will be enhanced.

STANDARDIZE & PLAN

A new, standardized process has been developed for the onboarding of new volunteers.

The new procedure that has been developed based on the project results:

- Helps determine which unit volunteers should be placed into during the initial onboarding process.
- Assists with credential and qualification determination.



Public Health Services Publications and Presentations

Publications and presentations include posters or abstracts submitted to national meetings; peer-reviewed journals and articles submitted to other publications, newsletter, or online communications.

Publications and Presentations

Public Health Services Administration

- ✧ **Espinoza, Alicia.** *Association of Community Health Nurse Educators (ACHNE) and the Association of Public Health Nurses (APHN) Joint Conference: Stronger Together. Bridging Academia and Practice.* San Diego, CA. June 5, 2023. PANEL PRESENTATION.
- ✧ **Victor Ruiz.** *The Partner Relay Communication Network: Strategies for Improving Communication with Diverse Language Communities during Emergencies, San Diego County 2022-2023.* OT21-2103 Spring Symposium: Capacity and Collaboration to Reduce COVID-19-Related Health Disparities and Advance Health Equity. San Diego, CA. March 23, 2023. PRESENTATION

Epidemiology and Immunization Services Branch

- ✧ **Chu VT, Schwartz NG, Donnelly M, Chuey M, Soto R, Yousaf A, Schmitt-Matzen E, Thornburg N, Harcourt JL, Tamin A, Kim G, Folster J, Hughes L, Tong S, Ruffin J, Sleweon S, Killerby M, Stringer G, Albanese B, Totten SE, Hudziec MM, Matzinger S, Dietrich EA, Sheldon SW, Stous S, McDonald E, Austin B, Beatty ME, Staples JE, Hsu CH, Tate JE, Kirking HL, Matanock A,** COVID-19 Household Transmission Team. Comparison of Home Antigen Testing With RT-PCR and Viral Culture During the Course of SARS-CoV-2 Infection. *JAMA Intern Med.* 2022 Jul 1;182(7):701-709. doi: 10.1001/jamainternmed.2022.1827.
- ✧ **Donnelly MAP, Chuey MR, Soto R, Schwartz NG, Chu V, Konkle S, Sleweon S, Ruffin J, Haberling D, Guagliardo S, Stoddard R, Anderson R, Morgan C, Rossetti R, Sheldon S, Dietrich E, COVID-19 Household Transmission Team, Uehara A, Retchless AC, Tong S, Folster J, Drobeniuc J, Petway M, Austin B, Stous S, McDonald E, Jain S, Hudziec MM, Stringer G, Albanese B, Totten S, Staples JE, Killerby M, Hughes L, Matanock A, Beatty ME, Tate JE, Kirking HL, Hsu C.** Household Transmission of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Alpha Variant-United States, 2021. *Clin Infect Dis.* 2022 Aug 24;75(1):e122-e132. doi: 10.1093/cid/ciac125.
- ✧ **Grisso, Darian, M.P.H.; O'Malley, Christopher, M.P.H., C.P.H.; Corcos, Isabel, Ph.D., M.P.H.; Pena, Maria, M.P.H.; Hutchinson, Joanna, M.P.H.; De Ocampo, Rachele, M.P.H.; Purushothaman, Vidya , M.A.S., M.P.H.; Marquez, Hanna, M.P.H.; Quach, Niki, M.P.H.; Patricio, Galilea, B.S.; Zhang, Margaret ; and Wooten, Wilma , M.D., M.P.H.** *Visualizing Health Data by Lenses of Health Equity, American Public Health Association Annual Meeting, oral presentation, Boston, MA, November 9, 2022.*

Publications and Presentations

- ❖ **Hicks, C., Wallace, D., Johnson, J., Shah, S.** *Predictors of Incomplete Vaccination Schedules Among Children and Adolescents in San Diego County During the 2019 COVID Pandemic.* American Public Health Association Annual Meeting, Boston, MA. November 6-9, 2022. PRESENTATION
- ❖ **Hunn, A., South, E., Wallace, D., Johnson, J., Shah, S.** *Healthy Places Index and COVID-19 Booster Uptake: An Analysis of Booster Dose Predictors.* American Public Health Association Annual Meeting, Boston, MA. November 6-9, 2022. PRESENTATION
- ❖ **McCormick DW, Konkle SL, Magleby R, Chakrabarti AK, Cherney B, Lindell K, Namageyo-Funa A, Vissera S, Soto RA, Donnelly MAP, Stringer G, Austin B, Beatty ME, Stous S, Albanese BA, Jain S, Chu VT, Chuey M, Dietrich EA, Drobeniuc J, Folster J, Killerby M, Lehman JA, McDonald E, Ruffin J, Schwartz N, Sheldon SW, Sleweon S, Thornburg NJ, Hughes-Baker LJ, Petway M, Tong S, Whaley M, Kirking HL, Tate JE, Hsu CH, Matanock A,** CDC Household Transmission Study Team. SARS-CoV-2 infection risk among vaccinated and unvaccinated household members during the Alpha variant surge - Denver, Colorado, and San Diego, California, January-April 2021. *Vaccine.* 2022 Aug 5;40(33):4845-4855. doi: 10.1016/j.vaccine.2022.06.066.
- ❖ **Mitchell, C. L., Kennar, A., Vasquez, Y., Noris, K., Williamson, T., Mannell, A., Taylor, A., Ruberto, I., Cullen, T. A., Singletary, M., Shah, S., Ocaranza, H., Lainz, A. R., & Mace, K. E.** (2023). Notes from the Field: Increases in Imported Malaria Cases — Three Southern U.S. Border Jurisdictions, 2023. *Morbidity and Mortality Weekly Report*, 73(18), 417–419. <https://doi.org/10.15585/mmwr.mm7318a2>
- ❖ **Namageyo-Funa A, Ruffin JD, Jalloh MF, Scott C, Lindell K, Silver M, Matanock A, Gunnels B, Soto R, Chu V, Killerby M, Beatty ME, Totten SE, Hudziec MM, Donnelley M, Schwartz N, Tate JE, Kirking HL, CH Hsu.** Behaviors Associated With Household Transmission of SARS-CoV-2 in California and Colorado, January 2021–April 2021. *AJPM Focus.* 2022 Sep; 1(1): 100004. doi: 10.1016/j.focus.2022.100004
- ❖ **Ohlsen EC, Angel K, Maroufi A, et al.** Shigellosis outbreak among persons experiencing homelessness—San Diego County, California, October–December 2021. *Epidemiology and Infection.* 2024;152:e61. doi:10.1017/S0950268823001681.
- ❖ Purushothaman, Vidya , M.A.S., M.P.H.; O’Malley, Christopher, M.P.H.,C.P.H.; Corcos, Isabel, Ph.D., M.P.H.; Pena, Maria, M.P.H.; Hutchinson, Joanna, M.P.H.; De Ocampo, Rachele, M.P.H.; Grisso, Darian, M.P.H.; Marquez, Hanna, M.P.H.;

Publications and Presentations

Quach, Niki, **M.P.H.**; **Wooten, Wilma, M.D., M.P.H.** Self-sufficiency standard at the community level in San Diego County
Calculating and visualizing the minimum income needed to make ends meet American Public Health Association Annual Meeting, Boston, MA, November 8, 2022.

- ✧ **Shragai T, Pratt C, Georgi JC, Ahmad A, Albanese B, Austin B, Beatty ME, Cherney B, Chu V, Chuey M, Donnelly M, Figueroa E, Folster J, Herzegh O, Hsu CH, Hudzic M, Hughes-Baker LJ, Killerby M, Kirking HL, Lindell K, Marcenac P, Matanock AM, Park GW, Relja B, Soto R, Schwartz N, Stringer G, Tate JE, Thornburg NJ, Tong S, Totten E, Vinjé J, Whaley M.** Household characteristics associated with surface contamination of SARS-CoV-2 and frequency of RT-PCR and viral culture positivity-California and Colorado, 2021. PLoS One. 2022 Oct 10;17(10):e0274946. doi: 10.1371/journal.pone.0274946
- ✧ **Wallace, D., Johnson, J., Feldman, S., Wooten, W., Kaiser, C.** *Trending of Health Equity Vaccine Administration Data During the COVID-19 Pandemic.* National Association of County and City Health Officials (NACCHO) Annual Meeting, Atlanta, GA. July 19-21, 2022. PRESENTATION
- ✧ **Whaley M, Waltenburg MA, Chancey R, Donnelly MAP, Chuey MR, Soto R, Schwartz NG, Chu V, Sleweon S, McCormick D, COVID-19 Laboratory Task Force, Uehara A, Retchless AC, Tong S, Folster J, Petway M, Thornburg N, Drobeniuc J, Austin B, Jain S, Hudzic MM, Stringer G, Albanese B, Totten S, Staples JE, Killerby M, Hughes L, Matanock A, Beatty ME, Tate JE, Kirking HL, Hsu C.** Household Transmission and Symptomology of Severe Acute Respiratory Syndrome Coronavirus 2 Alpha Variant among Children-California and Colorado, 2021 J Pediatr. 2022 Aug;247:29-37.e7. doi: 10.1016/j.jpeds.2022.04.032.

Tuberculosis Control and Refugee Health

- ✧ **Barber C, Oren E, Slater M, Cheng, Yi-Ning, Graves, S.** Pre-treatment chest x-ray stability duration and tuberculosis disease in San Diego, California 2012-2017. *Journal of Clinical Tuberculosis and Other Mycobacterial Diseases* 29 (2022) 100332. Available at: <https://doi.org/10.1016/j.jctube.2022.100332>. PUBLICATION
- ✧ **Bernabe M, Wang, L, Santibanez M, Kadakia A, Moser K, Moore M.** Demographic and Clinical Characteristics of Tuberculosis Cases, San Diego County, 2015-2019 vs 2020. 2022 American Public Health Association Meeting, Boston, MA. November 6-9. 2022. POSTER



Staff Awards and Recognition

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

Staff Awards and Recognition

Public Health Services Administration

California Children's Services

✧ 2022 Latina Success Leadership Program

Lilia Aguilar graduated from the Latina Success Leadership Program through Mana San Diego and the Center for Creative Leadership in September 2022, and received special commendations from County of San Diego Board of Supervisors Vice Chair Nora Vargas, United States House of Representatives Congressman Juan Vargas and City of Chula Vista mayor Mary Salas. This program addresses the issue of underrepresentation of Latinas in leadership roles and empowers Latinas through a series of sessions focusing on professional and personal growth. Lilia was recognized for her dedication to furthering her leadership development and exemplary work and devotion to civic engagement. Her commitment to building healthier and strong communities was also commended.

Epidemiology and Immunization Services Branch

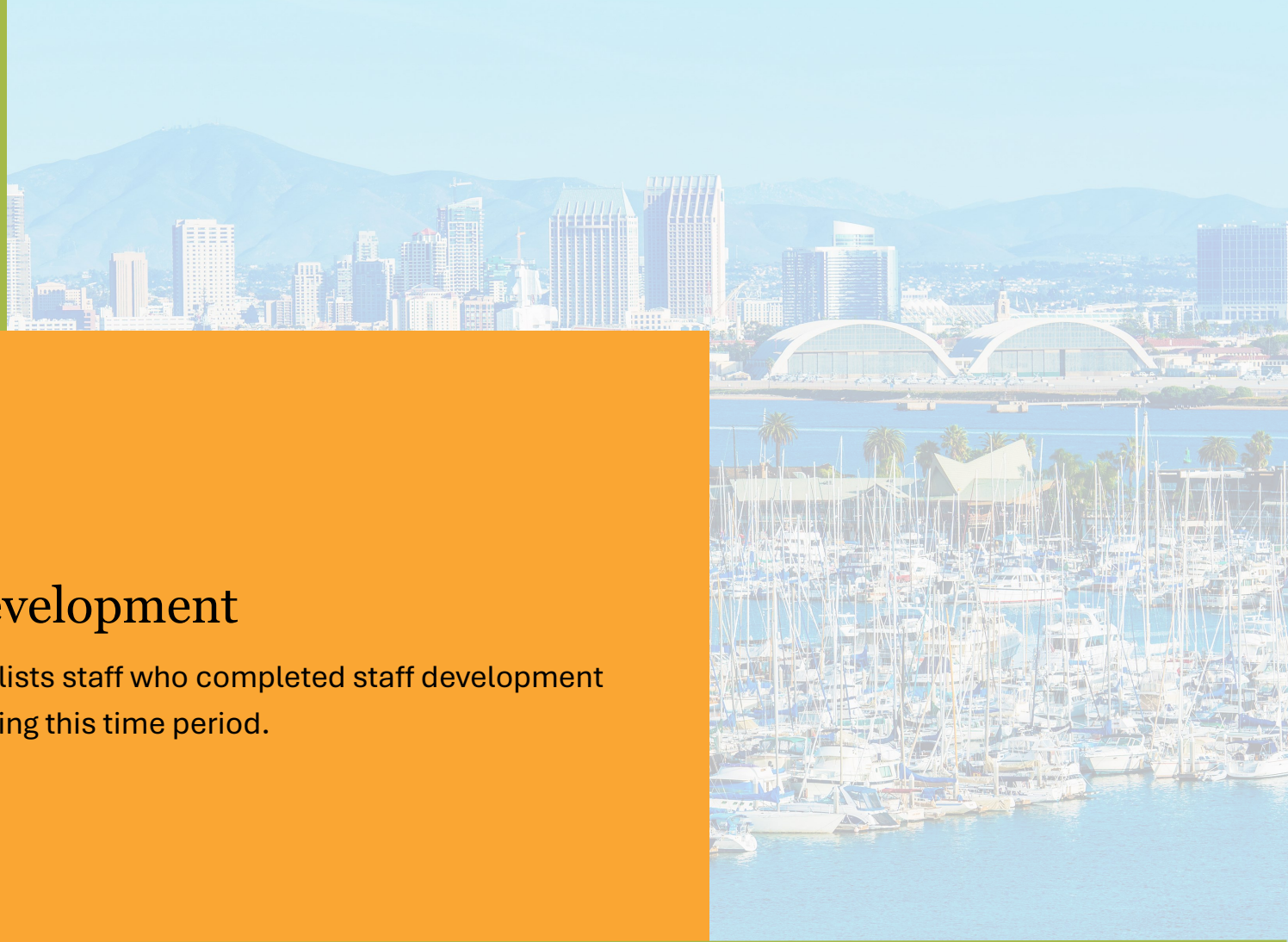
Tuberculosis Control and Refugee Health

✧ In March 2023, the **California TB Controllers Association** presented **TB Elimination Hero awards** to:

- ✧ San Diego County TB Elimination Initiative (TBEI) Community of Practice (co-chaired by Dr. Jeffrey Percak, Chief and Medical Director of County of San Diego TB Control Program and Dr. Richard Garfein, Professor, University of California, San Diego) and all of its member organizations.
- ✧ San Diego County TBEI Schools Committee Co-chairs: Sonia Lira, San Diego County Office of Education, and Suzanne Khambata, NP, Mesa College.
- ✧ San Diego County TBEI Members/TB Elimination Alliance (TEA) Coalition (TEA Mini-grant recipients in San Diego County: Champions for Health, Asian Pacific Health Foundation, La Maestra).

Staff Development

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



Staff Development

Public Health Services Administration

- ✧ Alicia Espinoza, Juan Olmeda, Stephanie Vera, Victor Ruiz, and Izzybeth Rodriguez-Prats received the DISC Assessment Training from Micheal Gray, Executive Director of the Government Training Agency. The DISC Assessment Training is a personal assessment tool intended to improve teamwork, communication, and productivity in the workplace (February 23, 2023).
- ✧ Alicia Espinoza, Juan Olmeda, Stephanie Vera, Victor Ruiz, and Izzybeth Rodriguez-Prats received the Insights Training from Karen Sutherland, from Strategic HR Associates. The Insights Discovery Training is an internationally recognized psychometric tool to help engage staff in opening up communication and working better, together (April 7, 2023).
- ✧ Alicia Espinoza, Juan Olmeda, Stephanie Vera, Victor Ruiz, Izzybeth Rodriguez-Prats participated in the Office of Border Health (OBH) Advance and Staff Development. Alicia Espinoza, Chief of OBH, provided an overview and dialogue of staff Team Strengths, overview of Agency Strategic Initiatives and Plan, PHS Strategic Plan and OBH Audacious goal, as well as team bonding.
- ✧ Kelly Strona received her Masters in Public Health, with an emphasis in Health Promotion and Behavioral Science, from San Diego State University's Global Campus (May 2023).

California Children's Services

- ✧ Advanced Practice in Swallowing Assessment, Evaluation, or Intervention
Nare Bagumyan of California Children's Services (CCS) earned her Advanced Practice in Swallowing Assessment, Evaluation, or Intervention in December of 2022. Occupational Therapists who offer services in hand therapy, physical agent modalities, and/or swallowing assessment, evaluation or intervention, are required to demonstrate, through post-professional education and training, that they are competent to do so. In earning her Advanced Practice in Swallowing Assessment, Evaluation or Intervention, Nare is able to provide another level of occupational therapy services for clients in the CCS Medical Therapy Program with more complex needs in this area.
- ✧ Career Discovery Program
Sarah Delgadillo of California Children's Services (CCS) received a Certificate of Recognition from the County Department of Human Resources in May 2023, for performing as a Career Guide in the Career Discovery Program. Sarah was chosen to be a mentor/guide for those interested in the Admin Secretary series in the County. Sarah uses her "harmony" strength to build connections with others and help support them in their career goals.

Staff Development

- ◇ Emerging Leaders Academy
Lilia Aguilar and Jennifer Gonzales of California Children Services (CCS) completed the County Department of Human Resources 6-week Emerging Leaders Academy on February 22, 2023, designed to assist in the development of skills that are the necessary building blocks for becoming a strong leader, team member, supervisor or manager.
- ◇ Pediatric Certified Specialist, American Board of Physical Therapy Specialists
Shelby Moss of California Children's Services (CCS) received board certification as a Pediatric Certified Specialist from the American Board of PT Specialists established by the American Physical Therapy Association in June 2023. Board certification shows sincere commitment to pursuing an advanced level of skill with which to best serve their patients. In order to obtain board certification, therapists must submit evidence of required clinical practice in their area of specialty and successfully complete a rigorous examination, demonstrating specialized knowledge and advanced clinical proficiency in a specialty area of physical therapist practice. Certification is valid for 10 years.
- ◇ Bachelor of Arts in Sociology Degree
Lilia Aguilar of California Children's Services (CCS) received her Bachelor's Degree in Sociology with minor in Communication Studies from the California State University- Chico in June 2023
- ◇ Master of Social Work Degree
Rachelle Rivera of California Children's Services (CCS) received her Master's Degree in Social Work from the University of Southern California, Suzanne Dworak-Peck School of Social Work in August 2022.

Tuberculosis Control and Refugee Health

- ◇ Dr. Jeffrey Percak (Medical Director/Chief) attended the Curry International Tuberculosis Center's "Tuberculosis Clinical Intensive" training course in Oakland, CA from October 26, 2022 to October 28, 2022.
- ◇ Dr. Percak also attended the CDC Tuberculosis Program Manager's Course in Atlanta, GA, in April 2023.
- ◇ Dayna Zarate, Communicable Disease Investigator, participated in the Curry International Tuberculosis Center's Intensive Contact Investigation in-person training in Oakland, CA from September 27, 2022 to September 29, 2022.
- ◇ Cristian Beas, Senior Communicable Disease Investigator, participated in the Curry International Tuberculosis Center's Intensive Contact Investigation in-person training in Oakland, CA from September 27, 2022 to September 29, 2022.

Training and Development

PHS provides training for all internal, permanent staff in the department. This section shares trainings and percentage of staff trained.



Training and Development

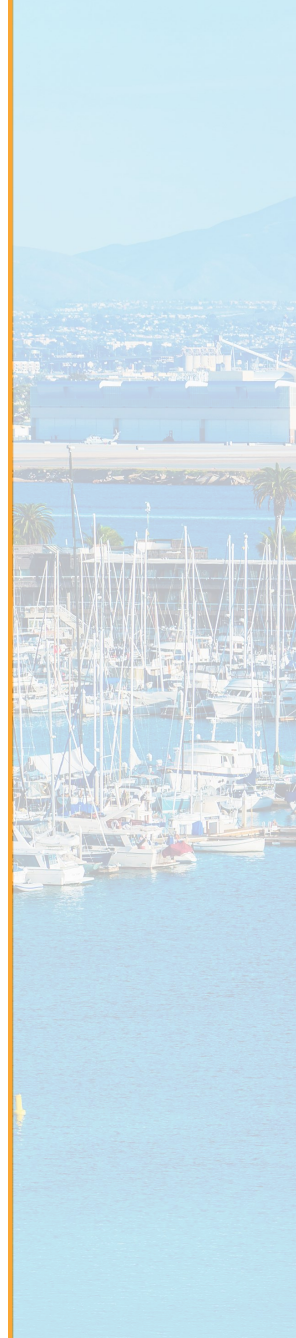
PHS offers trainings to permanent staff on a variety of topics that pertain to working in public health.


In 2022-2023, the following trainings were provided to new staff. Percent indicates percent completion (n=328):

- ✧ Public Health 101 Series:
 - ✧ Part 1, History: 68%
 - ✧ Part 2, Concepts: 76%
 - ✧ Part 3, Data: 75%
 - ✧ Part 4, Health Equity: 81%
 - ✧ Part 5, Climate Change: 88%
- ✧ NIMS/ICS (FEMA): 58%
- ✧ Customer Service: 67%
- ✧ Cultural Responsiveness: 76%

In 2022-2023, all staff were required to complete trainings on the following topics. Percent indicates percent completion (n=958):

- ✧ Health Literacy: 75%
- ✧ Data Literacy (provided through the County's Learning Management System (LMS)): 84%
- ✧ Outbreak Management under Incident Command System (79%)
 - ✧ Part 1: 79%
 - ✧ Part 2: 79%
 - ✧ Part 3: 80%
- ✧ Racial Equity: 61%
 - ✧ Part 1: 57%
 - ✧ Part 2: 68%
 - ✧ Part 3: 63%
 - ✧ Part 4: 60%
 - ✧ Part 5: 57%



The background of the slide is a composite image. The top half shows a panoramic view of the San Diego skyline, including the San Diego Convention Center and the San Diego Convention Center, with mountains in the distance. The bottom half shows a large marina filled with many sailboats and yachts, with a clear blue sky and water.

County of San Diego Board of Supervisors

District 1— Nora Vargas, Chair

District 2— Joel Anderson

District 3— Terra Lawson-Remer, Vice Chair

District 4— Vacant

District 5— Jim Desmond

County of San Diego

Health and Human Services Agency

Public Health Services

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Chief Administrative Officer

Helen Robbins-Meyer

Director, Health and Human Services Agency

Nick Macchione, MS, MPH, FACHE

Public Health Officer

Wilma Wooten, MD, MPH

Public Health Services Director

Elizabeth A. Hernandez, PhD