



Public Health Services

Description of Programs and Services January 2005

County of San Diego
Health and Human Services Agency
Public Health Services

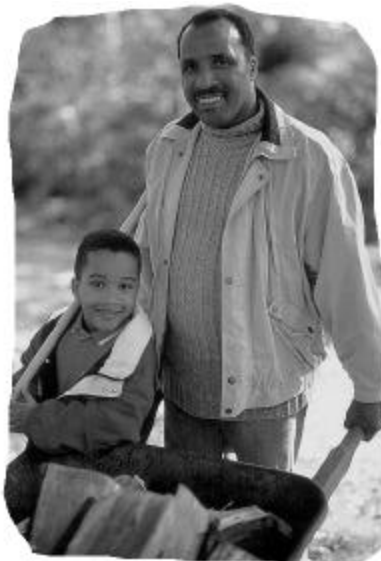


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Foreword

Public Health Services—Description of Programs and Services—January 2005 has been compiled for use as a reference document and for educational purposes. Public Health Services (PHS) is a Division of the Health and Human Services Agency (HHS) of the County of San Diego. This document was a collaborative project involving senior management staff throughout Public Health Services.

Purposes behind the work of PHS are represented in the Public Health Services—Vision, Mission, Goals, Values & Essential Services statement (page 5). They are also represented by the national Healthy People 2010 Goals and Objectives listed at the beginning of the section for each Branch (The exact Goal or Objective wording may have been modified to fit the local, rather than national scope of PHS).

Addressing the challenges of achieving these Goals and Objectives is a shared responsibility beyond PHS that includes many others in HHS, community organizations, other government institutions and the public. National targets for Healthy People 2010 Objectives are available at: <http://www.health.gov/healthypeople> and local data for some Objectives is available at <http://www2.sdcounty.ca.gov/hhsa/documents/corepublichealthindicatorsdocument2004.pdf>

This document has three sections: Branch and Program Briefs, Financial Descriptions and Organizational Charts. Financial descriptions are organized differently than are budgets for the official County Operational Plan in order to simplify them. Branches are groupings of programs. In some Branches, management is a separate program and in others, management services are “woven” throughout the programs.

For additional information, comments or feedback regarding *Public Health Services—Description of Programs and Services—January 2005*, please call (619) 515-4314.

Public Health Services—Branches/Programs

- Administration for Public Health Services Branch
- Administration for Public Health Nursing Program
- Community Epidemiology Branch
- Emergency Medical Services, Emergency Preparedness and Disaster Medical Services Branch
- Immunization Branch
- Maternal, Child, Family Health Services Branch
- HIV, STD and Hepatitis Branch
- Tuberculosis Control and Refugee Health Branch



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Public Health Services Summary Table

Vision	
Healthy People in Healthy Communities.	
Mission	
To promote health and improve quality of life by preventing disease, injury and disability and by protecting against, and responding to, health threats and disasters.	
“Issue-Focused” Branches and Related Healthy People 2010 Goals	
1. Community Epidemiology	4. Maternal, Child and Family Health Services
a. Reduce disease, disability and death from infectious diseases, including vaccine-preventable diseases.	a. Improve the health and well-being of women, infants, children and families.
2. Emergency Medical Services, Emergency Preparedness and Disaster Medical Services	5. HIV, STD and Hepatitis
a. Reduce injuries, disabilities, and deaths due to unintentional injuries and violence. b. People in all communities will be protected from infectious, environmental and terrorist threats.	a. Promote responsible sexual behavior, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases and their complications. b. Prevent the Human Immunodeficiency Virus (HIV) infection and its related illness and death.
3. Immunization	6. Tuberculosis Control and Refugee Health
a. Reduce indigenous (locally-acquired) cases of vaccine-preventable diseases.	a. Reduce the incidence of tuberculosis.
“Enabling” Branches/Programs	
7. Administration for Public Health Services	8. Administration for Public Health Nursing
Overarching Healthy People 2010 Goals	
a. Help individuals of all ages increase life expectancy and improve their quality of life. b. Eliminate health disparities among segments of the population.	

Public Health Services—Vision, Mission, Goals, Values & Essential Services

Our Vision:

Healthy people in healthy communities.



Our 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

Our Goals:

- Improve health and quality of life through promotion of wellness and elimination of health disparities.
- Prevent disease, injury and disability through education, treatment and assessment of health status.
- Protect against infectious, environmental and intentional health threats and disasters through rapid identification, investigation and response, and enforcement of Public Health laws.
- Assure the quality of PHS services through a competent workforce and evaluation of programs.
- Assure the accessibility of health care by providing or, where appropriate, linking to community health services.

Our Values:

To achieve the stated vision, mission and goals, Public Health Services is committed to the following values:

- Communication
- Community Partnerships
- Continuous Improvement
- Cost Effective Services
- Diversity
- Education and Advocacy
- Evidence-based Decisions
- Population-based Approaches
- Prevention
- Regional Collaboration

Ten Essential Public Health Services

Ten Essential Public Health Services, as published by the Federal Department of Health Services, are provided by Public Health Services and its partners in San Diego County as follows:

- **Monitor** health status to identify community health problems.
- **Diagnose and investigate** health problems and health hazards in the community.
- **Inform, educate and empower** people about health issues.
- **Mobilize** community partnerships and action to identify and solve health problems.
- **Develop policies and plans** that support individual and community health efforts.
- **Enforce** laws and regulations that protect health and ensure safety.
- **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
- **Assure** competent public and personal health care workforce.
- **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
- **Research** for new insights and innovative solutions to health problems.

Section 1



Branch and Program Briefs



Administration for Public Health Services Branch—Administration

Administration Programs:

- Budget and Fiscal Services
- Community Epidemiology Budget Support
- Contract Services
- Executive Office
- Performance Management
- Public Health Information System

Overarching Healthy People 2010 Goals (related to all Public Health Services):

- Help individuals of all ages increase life expectancy and improve their quality of life.
- Eliminate health disparities among segments of the population.

• Budget and Fiscal Services

Program Goal

Establish and utilize procedures that ensure fiscal responsibility and accountability for public health programs.

Strategy 1.

Manage timely and accurate completion of the PHS financial components of HHSA and County plans, reports, contracts and statements.

Strategy 2.

Manage documentation required in revenue agreements to fully support claims made on funding sources, and compliance with the financial terms and conditions of agreements.

Strategy 3.

Manage the accurate deposit of revenues.

Strategy 4.

Evaluate budgeted versus actual revenue and costs monthly.

- **Community Epidemiology Budget Support**

Program Goal

Provide financial services needed for the Community Epidemiology Branch.

Strategy 1.

Support all budget and other fiscal services for Community Epidemiology.

Strategy 2.

Support financial aspects of all expense and revenue contracts.

- **Contract Services**

Program Goal

Ensure all PHS contracts are developed, executed and monitored in accordance with guidelines for Agency Contracting Support (ACS) and the County.

Strategy 1.

Utilize the established system of risk assessment and monitoring.

Strategy 3.

Support the conversion and/or development of all contracts as fixed price contracts.

Strategy 2.

Conduct trainings and meetings for PHS contract managers.

- **Executive Office**

Program Goal

Assure availability of personnel, financial and other resources to achieve the County's yearly operational plan for the Public Health Services Division.

Strategy 1.

Oversee PHS operations to assure effective utilization of resources of the County and other funding agencies and to comply with requirements.

Program Goal

Ensure statutory responsibilities, government directives and Board of Supervisors policies are carried out by Public Health Services staff.

Strategy 1.

Establish adequate direction and supervision of all staff.

Strategy 2.

Establish effective administrative structures, policies and procedures.

Program Goal

Provide leadership that ensures the effective implementation of Public Health Services' vision, mission, goals and values (see page 5).

Strategy 1.

Lead PHS efforts to monitor, identify and investigate health problems and needs, and to design and implement effective solutions.

Strategy 2.

Partner with other Branches in HHSA, other government institutions, community-based organizations and institutions, professional associations and the public.

Strategy 3.

Ensure effective media communication occurs through preparation, training and coordination.

Program Goal

Proactively protect the community from immediate medical and public health threats.

Strategy 1.

Enhance the state of readiness through effective utilization of Emergency Preparedness and Disaster Medical Response resources, and planning and drills.

Program Goal

Ensure financial, legal, operational and other risks to the County are promptly identified and addressed.

Strategy 1.

Ensure staff are appropriately trained, adequate supervision occurs and procedures for identifying and reporting are utilized.

• **Performance Management Services**

Program Goal

Evaluate individual and organizational performance so that accountability and effectiveness are assured.

Strategy 1.

Complete employee performance evaluations in a timely and effective manner.

Strategy 2.

Monitor performance measures and objectives of Agency Plans.

Program Goal

Support provision of correctional health services.

Strategy 1.

Provide physical health services for Probation Department's wards.

Strategy 2.

Provide health inspections of the County jail as required in Title 15.

• **Public Health Information System**

Program Goal

Assure the system supports program operations and decision-making.

Strategy 1.

Assure system compliance with County standards, the Health Insurance Portability and Accountability Act (HIPPA), and electronic information exchange standards.

Strategy 2.

Assure operational effectiveness through planning, adequate funding, careful testing and useful report generation.

Administration for Public Health Services Branch— Medi-Cal Administrative Activities and Targeted Case Management

Medi-Cal Administrative Activities and Targeted Case Management Programs:

- Administration
- Audit Readiness
- Claiming
- Recruiting
- Training

- **Administration**

Program Goal

Create a sustainable source of revenue for the County.

Strategy 1.

Review and document the MAA plans and activities of the programs claiming MAA.

Strategy 2.

Share updates with program managers at “Target Talks” and senior staff meetings.

Strategy 3.

Provide liaison for providers to the State.

- **Audit Readiness**

Program Goal

Ensure participants are “audit ready.”

Strategy 1.

Audit all providers based on county-wide Medi-Cal Administrative Activities and Targeted Case Management (MAA/TCM) policies and procedures manuals.

Strategy 2.

Provide follow-up and recommendations for quality improvement.

- **Claiming**

Program Goal

Provide technical assistance to develop MAA Claim plan or TCM cost report.

Strategy 1.

Review program participants' reimbursable activities and develop MAA claim plan or TCM cost report specific to each program.

- **Recruiting**

Program Goal

Increase the number of County and community participants in the MAA/TCM Program.

Strategy 1.

Outreach to appropriate provider agencies and programs.

Strategy 2.

Assess potential providers for appropriate participation.

- **Training**

Program Goal

Develop and conduct annual time-study training for participating County programs and community partners.

Strategy 1.

Develop time-study training based on program requirements and input from prior year.

Strategy 2.

Train County staff and community providers each year.

Administration for Public Health Services Branch— Patient Administrative Services

Patient Administrative Services Program:

- Patient Administrative Services
-

- **Patient Administrative Services**

Program Goal

Maximize Public Health Clinic revenue payable by insurance and over-the-counter collections.

Strategy 1.

Remain up-to-date with billing requirements and keep County procedures up-to-date.

Strategy 2.

Verify accuracy of claims submission.

Strategy 3.

Provide guidance to train staff engaged in service entry to ensure the clinics capture information for billing and reports.

Administration for Public Health Services Branch—Border Health

Border Health Program:

- Border Health
-

- **Border Health**

Program Goal

Facilitate communication and collaboration between San Diego County and Mexico so public and environmental health concerns are addressed along the U.S.-Mexico border.

Strategy 1.

Promote ongoing collection, analysis and dissemination of local border health data and information through participation in and facilitation of domestic and international scientific, technical and professional projects, meetings, conferences and reports.

Strategy 2.

Coordinate border health efforts among PHS programs and facilitate their communications with local, state and federal partners in both Mexico and the U.S.

Strategy 3.

Provide education and facilitate projects to improve capacity of health care professionals to address border health issues in a culturally-appropriate manner.

Administration for Public Health Nursing

Program:

- Administration—Public Health Nursing
-

• Administration—Public Health Nursing

Program Goal

Promote increased self-sufficiency of Public Health Nursing Programs.

Strategy 1.

Enhance revenue development through MAA/TCM claiming.

Strategy 2.

Evaluate revenue opportunities to support PHN involvement in HHS Strategic Initiatives.

- Explore grant funding.
- Expand categorical programs with blended funding.

Program Goal

Ensure staff competencies in PHN programs and PHC operations.

Strategy 1.

Ensure PHN and PHC staff are prepared to perform job duties.

- Develop standardized orientation.
- Update all manuals (clinic/staff).
- Monitor attendance at mandated trainings and arrange other trainings as needed.
- Monitor staff licensure and credentials.
- Develop needed policies, procedures and definitions of roles and competencies.

Strategy 3.

Maximize revenue recovery for Public Health Center clinic services.

- Increase use of selected clinics.
- Participate in clinic efficiency study and implement recommendations.
- Support billing staff and consult on IT system.

Strategy 2.

Create a diverse and culturally sensitive PHN workforce.

- Meet with nursing schools to recruit diverse students.
- Develop strategies to foster interest in Public Health Nursing.

Program Goal

Improve Clinic and PHN program outcomes.

Strategy 1.

Refine program and clinic outcome measures and data systems.

Strategy 2.

Co-lead Quality Management Committee.

Strategy 3.

Analyze outcomes, communicate and make recommendations.

Strategy 4.

Work with PHN managers to address quality issues.

Strategy 5.

Continue to review and improve models of operation.

Program Goal

Provide professional consultation and liaison activities to outside PHN organizations and academic programs.

Strategy 1.

Review incident reports and ensure legal, operational and other risks to the County are promptly identified and addressed.

Strategy 2.

Provide expertise regarding the scope and standards of nursing practice to internal and external customers (PHS Administration, Regional staff, community partners).

Strategy 3.

Strengthen links with nursing and health-related groups, and other professional organizations (Statewide Organization of County Directors of Nursing, Academia, APHA, CHIP).

Community Epidemiology Branch—Epidemiology

Epidemiology Programs:

- Data Analysis and Surveillance
- Disease Reporting and Investigation
- HIV/AIDS Surveillance
- Lead Poisoning Prevention

Related Healthy People 2010 Goals and Objectives:

- Reduce disease, disability and death from infectious diseases, including vaccine-preventable diseases.
- Assure comprehensive epidemiology services support for essential public health services.
- Reduce elevated blood lead levels in children.

• Data Analysis and Surveillance

Program Goal

Effectively collect and interpret health data.

Strategy 1.

Improve capabilities to detect large-scale infectious disease outbreaks, bioterrorism events and new diseases.

- a. Automate existing surveillance processes.
- b. Centralize data collection.
- c. Enhance analytic methods to increase usefulness of data.

- d. Perform drills to test the systems.
- e. Carry out specialized surveillance for high-profile events.

Strategy 2.

Provide health related statistical services utilizing accurate, relevant and timely data.

- a. Perform routine analysis for data reports, data requests and health assessment projects.
- b. Evaluate trends in morbidity and mortality.

Program Goal

Effectively meet the needs of HHS and its community partners for community health statistics.

Strategy 1.

Function as a clearinghouse for statistical information and data requests.

Strategy 2.

Make routine data available in useable formats such as the County website.

• **Disease Reporting and Investigation**

Program Goal

Reduce disease transmission by ensuring required disease reporting and effective disease investigation.

Strategy 1.

Maximize timeliness and completeness of communicable disease reporting.

- a. Assist and train local providers.
- b. Cross-check reporting sources and follow -up for evidence of non-reporting.

Strategy 2.

Provide summary data to providers to improve patient care and to program decision makers for analysis and design of disease interventions.

Strategy 3.

Provide statistics and analysis as requested, directly or through referral and follow -up.

Strategy 3.

Investigate and control potential disease outbreaks rapidly.

- a. Confirm diagnosis, conduct interviews and collaborate with affected persons, appropriate agencies, and private medical providers to determine disease sources and spread of infection, and institute appropriate control measures.
- b. Provide technical advice or direct services to reduce transmission and assure prophylaxis.
- c. Develop web-based reporting system.

• **HIV/AIDS Surveillance**

Program Goal

Ensure timely and complete reporting of HIV infection and AIDS cases and useful analysis.

Strategy 1.

Work with laboratories and providers to train them and identify underreporting.

- a. Provide technical assistance and compliance training to local care providers on requirements.
- b. Cross-check reporting sources and follow -up for evidence of non-reporting.

Strategy 2.

Collect standardized information from medical records and client interviews to determine routes of transmission.

- **Lead Poisoning Prevention**

Program Goal

Carry out control measures that reduce lead poisoning.

Strategy 1.

Provide case management services to children with elevated blood lead levels.

- a. Provide documentation to families about the sources of lead exposure and how to eliminate further exposure.
- b. Ensure any needed medical care is obtained.
- c. Facilitate follow -up lead testing until the blood lead level is within normal limits.
- d. Facilitate lead screening of all children aged 1-6 years living with the identified lead-poisoned child.

Strategy 2.

Inform health care providers of the legal mandates for conducting lead screening on young children.

Strategy 3.

Provide outreach and education to families and caregivers of high-risk children.

Community Epidemiology Branch—Public Health Laboratory

Public Health Laboratory Programs:

- Administration/Quality Assurance
- Laboratory Support
- Microbiology
- Molecular Biology
- Virology and Serology

Related Healthy People 2010 Goals and Objectives:

- Assure comprehensive laboratory services to support essential public health services.

• Administration/Quality Assurance

Program Goal

Provide needed resources for the laboratory to manage data, generate reports, purchase necessary supplies, perform testing, respond to inquiries, and have qualified staff assuring high quality services.

Strategy 1.

Ensure that necessary resources, equipment, training and staffing are provided.

Strategy 2.

Monitor customer satisfaction to identify successful approaches and areas for improvement.

Strategy 3.

Work with clients to assure that specimens are submitted appropriately with required information.

Strategy 4.

Continually measure accuracy of test results to verify high quality.

Strategy 5.

Document and investigate all unsatisfactory specimens received, determine cause, and work with clients to eliminate problems.

Strategy 6.

Use established performance standards to develop consensus plans with laboratory employees for improved staff performance.

- **Laboratory Support**

Program Goal

Assist microbiologists performing essential testing by adequately receiving and processing specimens and providing necessary media and reagents for testing.

Strategy 1.

Receive specimens into the lab and process them.

Strategy 2.

Provide necessary media and reagents.

- **Microbiology**

Program Goal

Provide timely and accurate microbiology testing to detect and control disease.

Strategy 1.

Perform testing for foodborne illness investigations.

Strategy 2.

Analyze patient specimens to identify tuberculosis cases and determine appropriate drugs for patient treatment.

Strategy 3.

Test persons infected with diarrheal illnesses to determine when they are free of infection and can return to work in sensitive occupations such as food preparation and childcare.

Strategy 4.

Conduct testing to identify or rule out potential bioterrorism agents in specimens from humans and the environment using the latest technologies available to maximize efficiency and accuracy.

Strategy 5.

Monitor beaches in San Diego County to verify water is free from sewage contamination.

Strategy 6.

Perform regularly scheduled personnel competency assessment to help assure high quality staff performance.

Strategy 7.

Provide molecular typing of pathogenic bacteria to help identify and investigate disease outbreaks.

- **Molecular Biology**

Program Goal

Provide timely and accurate molecular biology testing to detect, control and link cases of disease.

Strategy 1.

Use efficient, state-of-the-art molecular biology methods for performing chlamydia and gonorrhea exams to assure that test results are reliable and are promptly reported to clinics and physicians.

Strategy 2.

Thoroughly train staff to operate analytical instruments so testing is performed efficiently and accurately.

Strategy 3.

Perform regularly scheduled personnel competency assessments to help assure high quality staff performance.

- **Virology and Serology**

Program Goal

Provide timely and accurate virology and serology testing to detect and control disease.

Strategy 1.

Conduct annual surveillance for viral agents of public health significance, including those causing influenza, other respiratory illnesses, and diseases of the central nervous system, including West Nile Virus.

Strategy 2.

Provide diagnostic testing for county medical programs, clinical laboratories, and community clinics to detect infections with herpes virus, HIV, syphilis, and hepatitis.

Strategy 3.

Test biting animals for rabies infection to determine whether exposed persons need to receive rabies prophylactic treatment.

Strategy 4.

Perform regularly scheduled competency assessment to assure a high quality of staff performance.

Community Epidemiology Branch—Vital Statistics

Vital Statistics Programs:

- Administrative Services
- Birth Certificate Registration
- Death Certificate Registration

- **Administrative Services**

Program Goal

Establish and utilize procedures that ensure fiscal responsibility and accountability.

Strategy 1.

Manage the accurate deposit of revenues received.

Strategy 2.

Evaluate budgeted versus actual revenue and costs monthly.

Program Goal

Ensure statutory responsibilities, government directives and policies are carried out.

Strategy 1.

Establish adequate direction and supervision of all staff.

Strategy 3.

Evaluate, interpret and implement statutory requirements and government directives.

Strategy 2.

Establish effective administrative structures, policies and procedures.

Program Goal

Effectively partner and liaison with the community.

Strategy 1.

Ensure local providers, mortuary and hospital staff comply with State and local requirements and statutes.

- a. Provide technical assistance and training.
- b. Cross-check reporting sources and follow -up on evidence of non-reporting.

• **Birth Certificate Registration**

Program Goal

Direct an effective birth certificate registration program.

Strategy 1.

Provide administrative and customer services in order to complete birth certificate registrations for all births including adoptions, surrogate births, and out-of-hospital births within 10 days of the event.

Strategy 2.

Maintain birth registration databases and files.

• **Death Certificate Registration**

Program Goal

Direct an effective death certificate registration program.

Strategy 1.

Provide administrative and customer services in order to complete death certificate registrations and burial permits for all deaths within 8 days of the event, including remains being shipped internationally and domestically outside of the County and/or California.

Strategy 2.

Maintain death registration databases and files.

- a. Enter all death certificates utilizing the Optical Character Reader into a database, accessible to Community Epidemiology and other health programs.

Strategy 3.

Collect data and compile reports of death data for all approved Federal, State, County and private agencies utilizing current death statistics.

- a. Provide daily pneumonia and influenza surveillance death reports to Community Epidemiology.

Strategy 2.

Consult, advise or train stakeholders such as the Medical Examiner, Public Administrator and HHSA staff about related legal, technical or statistical Vital Statistics issues.

Strategy 3.

Collect data and compile reports of birth data for all approved Federal, State, County and private agencies utilizing current birth statistics.

Strategy 4.

Administer the paternity opportunity program to clarify paternity on the birth certificate.

Emergency Medical Services, Emergency Preparedness and Disaster Medical Services Branch—Emergency Medical Services

Emergency Medical Services Programs:

- Administration
- Advanced Life Support (ALS) and Basic Life Support (BLS)
- Ambulance Ordinance
- Base Hospital
- Crash Injury Research and Engineering Network (CIREN)
- Epidemiology and Surveillance
- Information Technology Management
- Sexual Assault Response Team (SART)
- Trauma System

Related Healthy People 2010 Goals:

- Reduce injuries, disabilities and deaths due to unintentional injuries and violence.
- Increase the proportion of persons who have access to rapidly responding, pre-hospital emergency medical services.
- Assure the trauma care system maximizes survival and functional outcomes of trauma patients and helps prevent injuries from occurring.

- **Administration**

Program Goal

Effectively administer all Emergency Medical Services' contracts and funds, and provide administrative support to EMS programs.

Strategy 1.

Administer all aspects of 42 different Cost Contracts and 22 different Revenue Contracts.

Strategy 2.

Distribute EMS/Maddy funds (A portion of motor vehicle moving violation fines designed for emergency medical services by law) to physicians and hospitals for uncompensated emergency care, and for Emergency Medical Services projects.

Strategy 3.

Oversee collection of revenues from ambulance fees, Emergency Medical Technician certification fees and continuing education fees.

Strategy 4.

Provide full administrative support for County Service Area 17 (12 contracts) and County Service Area 69 (5 contracts). A County Service Area is a special district where the County directly administers ambulance services.

- **Advanced Life Support (ALS) and Basic Life Support (BLS)**

Program Goal

Ensure optimal Advanced Life Support and Basic Life Support pre-hospital care is provided.

Strategy 1.

Evaluate the delivery of services through established data collection and monitoring systems,

- a. Develop and maintain a pre-hospital patient record database using the QANet Collector System (QCS), a wide area IT network connecting paramedic providers, base hospitals, emergency departments and EMS, and the optically scanned form used by paramedic agencies that are not on the QCS for data collection.
- b. Conduct biannual ALS agency MOU/contract compliance reviews.

Strategy 2.

Provide subsidies to allow underserved areas of the County to receive ALS service coverage.

Strategy 3.

Assist the Base Hospitals to maintain excellence in the practice of pre-hospital care. (Base hospitals direct designated ALS providers in their area by radio.)

- a. Collect data concerning call volume distribution to examine areas of imbalance and reassign as needed.
- b. Distribute the quality improvement/management workload equitably among the Base Hospitals.

Strategy 4.

Assure that all ALS and BLS personnel are appropriately credentialed.

- a. Issue and renew credentials for ALS and BLS personnel, including verifying identity, education and continuing education units.
- b. Thoroughly investigate all reported allegations against pre-hospital personnel and bring issues to the EMS Medical Director for action.
- c. Bring certification issues directly to the EMS Director, and send all Paramedic licensure issues to the State EMSA after review by EMS Medical Director.

Strategy 5.

Facilitate ALS and BLS personnel access to quality continuing education so they can maintain their knowledge base and expertise.

- a. Monitor Continuing Education providers by attending providers' classes.

Strategy 6.

Provide staff support as ALS/BLS Program liaison for Base Station Physicians Committee (BSPC), Emergency Medical Care Committee (EMCC), Pre-hospital Audit Committee (PAC) and Emergency Medical Oversight Committee (EMOC).

- **Ambulance Ordinance**

Program Goal

Ensure standardized, safe and appropriate emergency medical transportation services in San Diego County.

Strategy 1.

Ensure medical transportation agencies meet the requirements of the ambulance ordinance of the County of San Diego.

- a. Review submitted applications and make determination of approval or denial.
- b. Conduct systematic, annual inspections and ongoing monitoring, and maintain current records.

- **Base Hospital**

Program Goal

Provide appropriate medical oversight to ensure that patients receive optimal pre-hospital medical care, including appropriate care for children.

Strategy 1.

Collaborate with Base Hospitals to implement quality improvement (QI) activities.

Strategy 2.

Perform oversight of Base Hospital contracts.

Strategy 3.

Evaluate medical care given to patients in the pre-hospital system through surveillance.

Strategy 4.

Annually coordinate a multi-disciplinary team for revision of paramedic protocols based on current research.

Strategy 5.

Ensure consideration of the special needs of ill and injured children occurs, and protocols and medical care reflect this.

Strategy 6.

Provide staff support to Medical Audit Committee (MAC) and Base Station Physicians Committee (BSPC).

- **Crash Injury Research and Engineering Network (CIREN)**

Program Goal

Improve motor vehicle safety through multidisciplinary research with Crash Injury Research and Engineering Network (CIREN) participants.

Strategy 1.

Help identify study candidates and identify sources of injury by investigating vehicle damage, occupant injuries and kinematics, and trends in injury patterns.

Strategy 2.

Identify areas for improving vehicle safety and topics for medical personnel education and for public education.

- **Epidemiology and Surveillance**

Program Goal

Provide customers with accurate and timely data and information on injuries and emergency medical services and support community partnerships.

Strategy 1.

Maintain injury and emergency medical databases.

Strategy 2.

Establish and maintain public/private partnerships for injury prevention and emergency medical issues.

Strategy 3.

Serve as technical resource and assist community partners with data and evaluation.

- **Information Technology (IT) Management Services**

Program Goal

Provide oversight and management of Branch's IT related projects, services, and needs.

- **Sexual Assault Response Team (SART)**

Program Goal

Assure unified, client-centered services are provided to victims of sexual assault in San Diego County.

Strategy 1.

Facilitate multidisciplinary collaboration to ensure victims of sexual assault receive efficient and supportive services from agencies countywide.

- a. Facilitate monthly meetings of the SART Systems Review Committee.

Strategy 2.

Participate in the development of protocols and standards of practice for treatment of victims and processing of sexual assault cases.

Strategy 3.

Collect evidentiary examination, demographic and relationship data to identify areas for risk reduction and public education, and produce an annual report.

- **Trauma System**

Program Goal

Collaborate with Trauma Centers with so that the trauma system provides continuous reduction in the morbidity and mortality of victims of trauma.

Strategy 1.

Perform periodic trauma system assessment.

- a. Evaluate utilization of trauma triage criteria and treatment protocols.
- b. Perform oversight of trauma center contracts.

Strategy 2.

Collaborate with Trauma Centers to implement quality improvement (QI) activities.

Strategy 3.

Improve public awareness and information about the trauma system and available services, and about injury prevention programs through outreach and education.

Strategy 4.

Maintain registry of trauma patients and services for surveillance, system assessment, quality improvement and evaluation.

- a. Conduct trauma system surveillance, produce statistics and reports, and identify injury risk groups and prevention opportunities.
- b. Support the trauma registry database that includes demographic, cause-of-injury, diagnostic, treatment and patient outcome data.

Strategy 5.

Provide staff support to the Medical Audit Committee (MAC) for the trauma system.

Emergency Medical Services, Emergency Preparedness and Disaster Medical Services Branch—Emergency Preparedness and Disaster Medical Services

Emergency Preparedness and Disaster Medical Services Programs:

- Centers for Disease Control and Prevention (CDC) Bioterrorism Preparedness
- Disaster Medical Services
- Health Resources Services Administration (HRSA) Hospital/Clinic Emergency Preparedness
- Metropolitan Medical Response System (MMRS)

Related CDC Health Protection Goal (2004):

- People in all communities will be protected from infectious, environmental and terrorist threats.

• CDC Bioterrorism Preparedness

Program Goal

Effectively implement the CDC local bioterrorism preparedness program.

Strategy 1.

Address CDC critical benchmarks, capacities and enhancements.

- a. Continue to ensure high-quality staff to enhance laboratory capacity to expand surveillance activities and to strengthen community partnerships.
- b. Design, implement and/or participate in training opportunities for HHSA staff, community health care workers, the media and the general public.
- c. Develop and participate in exercises to test and improve systems and response capabilities.

• Disaster Medical Services

Program Goal

Improve the medical and health disaster response capabilities within the County of San Diego Emergency Operational Area.

Strategy 1.

Develop and implement plans, trainings and drills that address all medical hazards, disaster and response topics.

Strategy 2.

Enhance clinical workforce capacity to deploy and to utilize volunteers during a disaster.

- a. Contract with the San Diego County Medical Society to maintain and expand a volunteer registry and to develop plans to utilize clinical volunteers during a disaster.

• **HRSA Hospital/Clinic Emergency Preparedness**

Program Goal

Effectively implement the HRSA Hospital/Clinic Emergency Preparedness Program.

Strategy 1.

Develop methods to address HRSA critical benchmarks and enhance existing capacities.

- a. Establish and utilize hospital/clinic committees to assist the County in design and implementation.
- b. Develop comprehensive training programs that address the educational needs necessary to utilize the equipment and protocols,
- c. Test and evaluate the plans, protocols, agreements and equipment.

• **Metropolitan Medical Response System (MMRS)**

Program Goal

Enhance and maintain the regional chemical/radiological weapons response team (Metropolitan Medical Strike Team) that was built through the MMRS program.

Strategy 1.

Maintain planning and funding efforts to support the MMST.

- a. Contract with local first response agencies (e.g. fire and EMS) for the MMST Pool of Funds.
- b. Seek and expend federal funds to offset maintenance and equipment costs for the MMST.
- c. Maintain a MMST Program Management Team to guide decisions related to equipment and training needs.

Strategy 2.

Support training and exercise opportunities for the MMST.

Immunization Branch

Branch Programs:

- Clinical Services
- Community Outreach/Education
- Evaluation and Community Assessment
- Program/Contract Management
- Provider Services
- San Diego Regional Immunization Registry (SDRIR)
- Special Populations/Inter- and Intra-Agency Collaborations

Related Healthy People 2010 Goals:

- Reduce indigenous (locally-acquired) cases of vaccine-preventable diseases.
- Increase the proportion of young children and adolescents who receive all vaccines that have been recommended for universal administration for at least 5 years.
- Increase the proportion of children who participate in a fully operational population-based immunization registry.
- Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

- **Clinical Services**

Program Goal

Assure barrier-free, high-quality, easily accessible immunization services to all residents of San Diego County.

Strategy 1.

Manage distribution and accountability for all publicly funded vaccines received by the immunization program for distribution in the County.

- a. Collect reports of vaccine usage from all agencies receiving public vaccines.
- b. Maintain the County Immunization Manual.
- c. Conduct annual audits of all clinics receiving public vaccines and Quality Assurance Reviews.

Strategy 2.

Provide superior, barrier-free immunization services at the VIP Trailer Immunization Clinic on Ocean View Blvd.

Strategy 3.

Provide instruction in immunization practices to medical residents and new Public Health Nurses.

- **Community Outreach/Education**

Program Goal

Raise community awareness concerning the importance of immunizations and increase immunization-seeking behavior in the community.

Strategy 1.

Develop targeted educational campaigns and interventions that will increase immunization-seeking behaviors among San Diego residents.

- a. Coordinate the Baby Track Program designed to educate new parents about immunization requirements, staffed by trained volunteers in local hospital birthing units.
- b. Manage and support the 140 agency-strong, public-private San Diego Immunization Initiative (I-3) Coalition.
- c. Offer Immunization Record Assessment Training to enable staff and volunteers to raise parents' awareness of their child's immunization status.
- d. Provide technical expertise to the First 5 Commission and KPBS Infant Immunization Project on the development of a media and community outreach campaign.

Strategy 2.

Ensure that parents have information and available referrals for their child's immunization requirements.

- a. Maintain and administer a Baby Shots Line staffed by nurses.
- b. Maintain the San Diego Immunization Information Website.

- **Evaluation and Community Assessment**

Program Goal

Collect and assess data from a variety of sources in order to determine program effectiveness and determine the best use of resources to improve immunization coverage.

Strategy 1.

Conduct annual community-based Random Digit Dial (RDD) Survey to assess immunization coverage.

Strategy 2.

Determine annual immunization coverage rates for 13 Public Health Center clinics and 34 Community Health Center clinics.

Strategy 3.

Determine coverage rates annually for providers participating in the Program's Management Consultancy Project.

Strategy 4.

Perform evaluation of immunization activities annually for at least 140 San Diego Immunization Initiative (I-3) Coalition partners.

- **Program/Contract Management**

Program Goal

Ensure an effective immunization program.

Strategy 1.

Provide oversight of division activities and interventions.

Strategy 2.

Assure compliance with County, State and Federal mandates and program requirements.

Strategy 3.

Monitor contractors' activities to ensure completion of statement of work.

Strategy 4.

Represent the County in regional and national public/private immunization coalitions.

- **Provider Services**

Program Goal

Support the efforts of public and private immunization providers to provide effective vaccine delivery management services.

Strategy 1.

Provide immunization service delivery management consultation to at least 100 private pediatricians and family practice physicians annually.

Strategy 2.

Conduct patient immunization coverage assessments for 120 practices.

Strategy 3.

Organize three Centers for Disease Control and Prevention/National Immunization Program satellite training programs annually.

- **San Diego Regional Immunization Registry (SDIR)**

Program Goal

Enable medical providers to electronically access the records of all immunizations given to a patient in both the public and private sectors in order to ensure that the patient receives appropriate immunizations.

Program Goal

Assist parents by providing one central database that effectively stores all of a child's immunizations and provides reminders of shots due when needed.

Strategy 1.

Provide a computerized, web-enabled, secure system available to both public and private providers to provide a record of all vaccines that a patient has received from participating providers.

Strategy 2.

Offer additional services including forecasting the doses needed, printing immunization records, producing reminder mailings, producing reports for audits, and managing vaccine inventories.

Strategy 3.

Utilize the SDRIR to improve the immunization coverage rates of participating public and private providers.

- a. Create a monthly “Missing Immunization Report” to identify patients between one and two years of age who are behind on immunizations and have failed to return for an appointment.
- b. Train Registry outreach workers to contact and encourage the family to return to the referring provider to receive needed immunizations.

• **Special Populations/Inter- and Intra-Agency Collaborations**

Program Goal

Comply with County, State and Federal mandates and requirements to raise immunization coverage in special populations.

Strategy 1.

Collaborate with mandated agencies to assess and refer persons enrolled in special programs in order to improve immunization coverage.

- a. Collaborate with WIC provider agencies to provide immunization record assessment, education and referral for WIC clients under two years of age.
- b. Train CalWORKs staff to assess immunization records for children receiving assistance through CalWORKs, Medi-Cal and Food Stamps.
- c. Provide case management services for mothers with chronic hepatitis B infection and vaccination for their infants.
- d. Ensure compliance with the California School Immunization Law by providing training, education materials, resources and support to all public and private schools and child care centers.

Maternal, Child and Family Health Services Branch

Branch Programs:

- Black Infant Health (BIH)
- Child Health and Disability Prevention (CHDP)
- CHDP Healthy Infant Program (HIP) Regional Health Nursing Support
- Child Health and Disability Prevention—Treatment Reimbursement (CHDP-TR)
- Chronic Disease and Health Disparities
- Dental Health Initiative/Share the Care
- Fetal and Infant Mortality Review (FIMR)
- Healthcare Program for Children in Foster Care (HCPCFC)
- Maternal and Child Health/Perinatal Care Network (MCH/PCN)
- MCH/PCN Regional Public Health Nursing Support
- MCFHS Assessment and Case Management
- MCFHS Nutrition
- San Diego Kids Health Assurance Network (SD-KHAN) Access to Care

Related Healthy People 2010 Goals:

- Improve the health and well-being of women, infants, children and families.
- Reduce fetal and infant deaths.
- Increase the proportion of pregnant women who receive early and adequate prenatal care.
- Increase the proportion of persons (pregnant, mothers, infants and children) with health insurance.
- Reduce the proportion of children, adolescents and adults with untreated dental decay.
- Promote health and reduce chronic diseases associated with diet and weight.
- Reduce the proportion of children and adolescents who are overweight and obese.
- Reduce illness, disability and death related to tobacco use and exposure to secondhand smoke.

• **Black Infant Health**

Program Goal

Reduce the disproportionate African-American infant mortality rate through outreach, assessment, education, referrals and follow -up.

Strategy 1.

Provide a comprehensive, community-based program that assures pregnant and parenting African-American women, and their infants access to quality maternal and child health services.

Public Health Services—Description of Programs and Services—January 2005

- a. Serve 455 African-American pregnant clients and follow through baby's first year of life.
- b. Provide monthly contact, support and education classes.
- c. Refer at-risk clients to community, PHN case management, and/or addiction treatment resources.
- d. Conduct culturally-appropriate community outreach and education in the African-American community.

• **Child Health and Disability Prevention (CHDP)**

Program Goal

Promote early detection and prevention of diseases and disabilities by assuring CHDP-eligible children and all first grade enterers receive well-child exams and high-risk infants receive needed services.

Strategy 1.

Ensure eligible children receive periodic, comprehensive, preventive health examinations.

- a. Outreach to eligible families, their care providers and the community.
- b. Recruit, certify, train, provide quality assurance and maintain qualified providers to provide CHDP services.
- c. Review and update CHDP program standards and procedures.
- d. Collaborate and coordinate with other programs, agencies and community-based organizations to improve access and quality of CHDP services.

Strategy 2.

Ensure follow-up and treatment of health conditions detected during CHDP health assessments.

- a. Triage and provide care coordination on health problems identified; integrate follow-up with other health care resources.
- b. Assist families with linkage to Medi-Cal, Healthy Families or other insurance.
- c. Manage and maintain follow-up services on referrals received from the State of California Newborn Hearing Screening Program.

Program Goal

Ensure important child health issues in the County are identified and facilitate solutions.

Strategy 1.

Monitor and assess needs and resources of children in the community.

Strategy 3.

Assure compliance with the First Grade Health checkup mandate.

- a. Conduct group and individual school workshops to educate community and public and private schools about CHDP program mandate.
- b. Assist schools in developing school check-up policies.
- c. Compile and submit to the State San Diego schools' compliance reports.

Strategy 2.

Analyze the “systems” of care for San Diego County children as part of the assessment process. Promote changes at the “systems” level to prevent and address health problems.

Strategy 3.

Provide and/or facilitate forums and seminars about child health issues to health and social services providers.

Strategy 4.

Mobilize community partners such as the Dental Health Coalition and Coalition on Children and Weight to address issues and solutions.

• **CHDP Healthy Infant Program (HIP) Regional Public Health Nursing Support**

Program Goal

Reduce mortality and morbidity in high-risk infants by providing Regional PHN assessment, support, referral and care coordination to ensure high-risk infants receive well-child exams, immunizations, health insurance, a medical home and other needed services.

• **CHDP—Treatment Reimbursement (CHDP-TR)**

Program Goal

Assure treatment for certain conditions found during a CHDP health assessment for children who have no health care resources.

Strategy 1.

Assure eligible children receive treatment for health problems.

- a. Educate the community, providers and families about availability and use of CHDP-TR services.
- b. Coordinate with and refer to other treatment resources such as CCS, Head Start, Mental Health, Migrant Health and schools.

Strategy 2.

Recruit and maintain pool of CHDP-TR treatment providers.

- a. Recruit medical, dental and pharmacy providers.
- b. Maintain an effective automated system and reimbursement claims to CHDP-TR providers.

• **Chronic Disease and Health Disparities**

Program Goal

Provide services that prevent and/or reduce chronic diseases and health disparities in San Diego County through education, technical advice, planning support and community partnerships.

Strategy 1.

Provide services that prevent and reduce tobacco use.

Public Health Services—Description of Programs and Services—January 2005

- a. Educate decision makers about steps that can be taken to decrease tobacco sponsorship and to restrict tobacco use in various settings.
- b. Educate decision makers about steps that can be taken to reduce the public's or clientele's exposure to secondhand smoke and promote compliance with laws protecting the public's exposure to secondhand smoke.
- c. Educate the community and retailers about steps to ensure they are adhering with state law prohibiting the sale of tobacco to minors.

Strategy 2.

Collaborate with community and providers to reduce or eliminate health disparities and chronic diseases.

- a. Work with REHDI (Reduce or Eliminate Health Disparities with Information) Coalition to raise awareness and mobilize the community towards solutions.
- b. Educate the community about and acknowledge efforts toward chronic disease prevention and other public health work, through the promotion of National Public Health Week and the San Diego Public Health Champions Awards.
- c. Provide support for the San Diego County Childhood Obesity Action Plan.
- d. Develop strategic plans to address women's and children's health disparities issues.

● **Dental Health Initiative/Share the Care**

Program Goal

Reduce and prevent the incidence of dental disease by provision of services to increase access to dental care and education, mobilizing and supporting community partnerships.

Strategy 1.

Assess and monitor the dental health status, problem(s) and resources in San Diego County, and provide access to dental care for families with limited or no resources.

- a. Monitor community dental health needs and available data, trends and resources.
- b. Facilitate the development of dental resources in underserved areas.
- c. Maintain a pool of dental providers to assist with emergency and preventive dental care.
- d. Coordinate with MCHFS SD-KHAN program and community organizations to assure appropriate referral of children with dental health needs.

Strategy 2.

Educate children, families, community organizations and health care professionals on preventive dental health practices.

- a. Provide oral health education at community events, Grand Rounds and trainings for CHDP providers and other health professionals.
- b. Develop educational materials and multimedia campaigns for families and professionals.
- c. Maintain websites addressing oral health.

Strategy 3.

Provide leadership and technical support on oral health issues in the community.

- a. Staff and support the North and East County Dental Task Forces.
- b. Provide technical assistance and training to health professionals, schools, childcare providers and policy makers.
- c. Staff and support the Dental Health Coalition.
- d. Assist community partners with their work to address locally identified priority needs: early childhood dental disease (ECC), service capacity building, access to care, prenatal oral health care and oral disease.

- **Fetal and Infant Mortality Review (FIMR)**

Program Goal

Reduce infant mortality, by examining local contributing factors to deaths, and developing and implementing interventions in response to identified needs.

Strategy 1.

Complete investigation of up to 25 fetal or infant death cases annually by the community case review work group.

- a. Conduct scripted interviews with parents.
- b. Review and abstract data from maternal and infant medical records.

Strategy 2.

Implement interventions involving policy, systems and community norm changes that will prevent infant mortality.

- a. Coordinate implementation of interventions recommended by case review work group through HHSA programs, community partners or the FIMR Community Action Team.

- **Healthcare Program for Children in Foster Care (HCPCFC)**

Program Goal

Administer the HCPCFC program to ensure the health care needs of each foster child are identified and addressed by a qualified professional in a timely manner.

Strategy 1.

Provide leadership, coordinate and monitor the scope of the HCPCFC Program to assure that all mandated activities are implemented.

Strategy 2.

Develop, implement and evaluate countywide trainings for social workers and foster parents regarding the Program.

Strategy 3.

Ensure a pool of qualified providers is available to provide needed health care services to each child in foster care.

Strategy 4.

Maintain a healthcare program for dependent children in Probation.

Strategy 5.

Develop and maintain an electronic database system to collect and report the care coordination activities of regional Foster Care PHN's, and to evaluate the program.

- **Maternal and Child Health/Perinatal Care Network (MCH/PCN)**

Program Goal

Ensure all children are born healthy to healthy mothers, in a safe environment with equal access to appropriate and integrated care for all women, children and their families, through assessment, planning, education, community partnerships, outreach and case management.

Strategy 1.

Provide skilled professional expertise to identify, monitor, coordinate and expand health and human services for pregnant women and children.

- a. Monitor local health status and resources for the MCH population.
- b. Convene and support ongoing planning and policy development for the MCH population in collaboration with community partners to identify, coordinate and expand health and human services and programs for pregnant women and children.
- c. Provide technical assistance, educate and perform quality assurance reviews for Comprehensive Perinatal Services Program providers.
- d. Develop and disseminate written materials to educate providers and the public about health issues related to and health services for pregnant women and children.
- e. Provide education and networking opportunities for program staff and community partners serving pregnant women.
- f. Provide administrative support for a revenue contract with the California Department of Health Services and provide oversight and monitoring of local program subcontracts.

Strategy 2.

Provide coordinated outreach, case finding, and case management for early and continuous prenatal, infant and child health care for low -income, high-risk pregnant women and children.

- a. Provide case management for high-risk pregnant women, including education on pregnancy, smoking or substance abuse, and risk reduction assistance and resources.
- b. Maintain a toll-free phone line to assure pregnant women obtain prenatal care.

- **MCH/PCN Regional Public Health Nursing Support**

Program Goal

Support regional Public Health Nurse services to do coordinated outreach, case finding, and case management for early and continuous prenatal, infant and child health care for low -income, high-risk pregnant women and children.

- **MCFHS Assessment and Case Management**

Program Goal

Reduce maternal, infant and pediatric mortality and morbidity, and promote health by assessing and referring pregnant women and children to needed services, including preventive health care, and health care coverage.

Strategy 1.

Provide Federal- and State- mandated information, follow -up, and assistance with scheduling medical and dental appointments, transportation, PHN, WIC and other referrals and health problem follow -up to Medi-Cal clients referred by Family Resource Centers (FRC).

Strategy 2.

Provide coordinated outreach, case finding and case coordination for pregnant women, infants and children in need of preventive healthcare, health insurance coverage, and other health resources.

• **MCFHS Nutrition**

Program Goal

Identify and effectively address nutrition issues of children, youth, families and women of child-bearing age in order to improve health.

Strategy 1.

Through partnerships, monitor the nutrition status and identify nutrition problems and resources.

Strategy 3.

Mobilize/lead the community to address nutrition issues, including childhood obesity.

- a. Staff and support the Coalition on Children and Weight.

Strategy 2.

Directly or by assisting community partners, develop, implement and evaluate policies and programs to address nutrition-related problems.

Strategy 4.

Assure quality nutrition services and a knowledgeable, up-to-date workforce are available via training and technical assistance.

• **San Diego Kids Health Assurance Network (SD-KHAN) Access to Care**

Program Goal

Reduce mortality and morbidity and promote optimal health by ensuring all children in San Diego have access to, utilize and retain health care coverage in a medical and dental home by providing access, education, assessment and follow -up services, technical expertise and support of community partnerships.

Strategy 1.

Coordinate MCFHS Access to Care activities and provide technical expertise on access to care issues to local and State strategic planning committees.

Strategy 4.

Through a contractor, provide health care coverage application assistance to parents referred through CHDP Gateway and other venues.

Strategy 2.

Facilitate a program with Children's Primary Care Medical Group pediatricians to provide pro-bono outpatient treatment to children not eligible for public-sponsored health insurance.

Strategy 5.

Through a contractor, implement a program to ensure that families retain health care coverage for a period of not less than 6 months.

Strategy 3.

Through a service integration systems approach, increase health coverage for children and families.

Strategy 6.

Facilitate updates, networking, technical assistance and strategic planning with community partners through the San Diego KHAN Community Collaborative.

- a. Identify and assist potential partner organizations (schools, employers, child care) to incorporate health coverage assessment into their routine practices.

HIV, STD and Hepatitis Branch—Sexually Transmitted Diseases and Hepatitis

Sexually Transmitted Diseases and Hepatitis Programs:

- Clinical Services
- Field and Community Services
- Hepatitis Prevention, Surveillance and Special Projects
- Office of Program Management

- **Clinical Services**

Program Goal

Provide STD clinical services, HIV counseling and testing, and risk-based hepatitis screening and vaccination.

Strategy 1.

Provide high quality, clinical services at convenient locations and times throughout the County.

- a. Provide daily services at the main Rosecrans STD clinic, and part-time services at Regional Public Health Centers as justified by regional STD rates.

Program Goal

Provide support for massage technician certification activities as mandated by County and City ordinances.

Related Healthy People 2010 Goals:

- Promote responsible sexual behavior, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases and their complications.
- Eliminate sustained domestic transmission of primary and secondary syphilis.
- Reduce the incidence of gonorrhea.
- Reduce the proportion of adolescents and young adults with chlamydia infections.
- Increase the proportion of persons with chronic hepatitis C infection identified by the local public health jurisdiction.
- Reduce the incidence of hepatitis B.

Strategy 2.

Maintain the highest level of patient trust and community perception regarding the confidentiality of their protected health information.

- **Field and Community Services**

Program Goal

Provide case investigation and partner services for persons with STD, provide educational services, and fulfill state-mandated disease reporting surveillance.

Strategy 1.

Investigate and document all early syphilis cases within 7 days of report.

Strategy 2.

Provide investigation and partner services for selected cases of gonorrhea and chlamydia.

Strategy 3.

Enter data within 7 days of receipt of all gonorrhea, chlamydia, and syphilis reports submitted by physicians, hospitals, and laboratories.

Strategy 4.

Provide trainings and information to community partners who regularly report STD's and to community programs that provide street outreach.

- **Hepatitis Prevention, Surveillance and Special Projects**

Program Goal

Provide risk-based hepatitis prevention services, disseminate hepatitis prevention information to community partners, and carry out a grant-funded hepatitis adolescent prevention project.

Strategy 1.

Offer risk-based hepatitis B vaccination and hepatitis B and C serologic screening in the STD clinics and selected HIV counseling and testing sites.

Strategy 2.

Provide trainings and information to community partners.

Strategy 3.

Achieve the objectives of the Adolescent Hepatitis Prevention Grant.

- a. Demonstrate integration of hepatitis prevention services into existing programs serving high-risk youth, such as County Juvenile Hall, Job Corps, Mobile Teen Clinic, and San Diego Youth and Community Services' program for pregnant teens.

Program Goal

Oversee the surveillance activities of the Branch, analyze surveillance data, and provide surveillance reports.

Program Goal

Conduct special State- and Federally-funded projects and studies.

Strategy 1.

Conduct the Chlamydia Screening Project with County Juvenile Hall.

Strategy 2.

Provide health information to the community about chlamydia prevention.

- **Office of Program Management**

Program Goal

Develop and direct an effective prevention program.

Strategy 1.

Oversee and document the plans and activities of Branch programs.

Strategy 2.

Communicate epidemiologic, surveillance and disease prevention information to the San Diego County medical community.

HIV, STD and Hepatitis Branch—HIV

HIV Programs:

- AIDS Case Management
- HIV/AIDS Care and Treatment
- HIV Counseling and Testing
- HIV Prevention

Related Healthy People 2010 Goals:

- Prevent the Human Immunodeficiency Virus (HIV) infection and its related illness and death.
- Increase the proportion of HIV-infected adolescents and adults who receive testing, treatment and prophylaxis consistent with current Public Health Services treatment guidelines.

- **AIDS Case Management**

Program Goal

Provide comprehensive case management to those most in need of services.

Strategy 1.

Provide case management services to inmates of County jails who are ready to be paroled.

- **HIV/AIDS Care and Treatment**

Program Goal

Oversee local allocation and distribution of federal funds for HIV/AIDS care and treatment in order to maximize services to those most in need.

Strategy 1.

Support the HIV Health Services Planning Council in setting service category priorities and funding levels for services in the Eligible Metropolitan Area.

- a. Staff Council meetings and maintain minutes.
- b. Provide current statistics as required by the Council for planning.
- c. Conduct additional meetings as needed for setting priorities and budgets.

Strategy 2.

Conduct a biannual needs assessment for HIV/AIDS services.

Strategy 3.

Support the HIV Consumer Council in efforts to educate individuals representing all aspects of HIV disease.

Strategy 4.

Carry out the grant application process for Ryan White CARE Act funds.

Strategy 5.

Create Scopes of Work for contracts and monitor for compliance.

● **HIV Counseling and Testing**

Program Goal

Provide HIV counseling and testing to high-risk populations.

Strategy 1.

Provide high-quality, accessible HIV testing services (anonymous or confidential) for populations at highest risk of contracting or transmitting HIV infection.

Strategy 2.

Integrate testing with Partner Counseling and Referral Services to clients and providers requesting HIV partner notification.

● **HIV Prevention**

Program Goal

Oversee the local allocation and distribution of funds for HIV prevention to target efforts in those communities of highest risk for infection.

Strategy 1.

Support the HIV Prevention Board in setting service category priorities according to State Office of AIDS mandates, and carry out education.

Tuberculosis Control and Refugee Health Branch

Branch Programs:

- TB Case Management
- TB Clinical Services
- TB Education and Outreach
- TB Surveillance
- Refugee Health Assessment

Related Healthy People 2010 Goals:

- Reduce the incidence of tuberculosis.
- Increase the proportion of all tuberculosis patients who complete curative therapy within 12 months.
- Increase the proportion of contacts and other high-risk persons with latent tuberculosis infection who complete a course of treatment.

- **TB Case Management**

Program Goal

Provide services to ensure all TB cases complete a curative course of therapy and contacts are evaluated and treated per national standards.

Strategy 1.

Provide discharge planning assistance to inpatient facilities to ensure appropriate post-release care and monitoring.

Strategy 2.

Provide case management services to ensure monitoring until cure; includes home-based case management, Communicable Disease Investigator field-based case management and investigative services, and home and field-based observed therapy.

Strategy 3.

Use the CDC recommended “patient-centered” approach to ensure treatment success by providing housing, transportation assistance, patient incentives and enablers, and innovative services, such as video-observed therapy.

Strategy 4.

Provide cross-border linkages to enhance continuity of care for mobile patients.

Strategy 5.

Ensure contacts to active TB cases are evaluated and treated through CDI's and PHN's, as per national standards.

- **TB Clinical Services**

Program Goal

Provide services to ensure availability of TB screening and medical services for adult and pediatric care, regardless of geographic location.

Strategy 1.

Directly provide “center of excellence” medical services.

Strategy 2.

Provide consultation for area providers through a “Nurse of the Day” call line and through direct MD-level assistance.

Strategy 3.

Provide TB medications, sputum induction, chest X-ray services and laboratory monitoring.

Strategy 4.

Ensure screening is provided in partnership with community providers and through direct services.

- **TB Education and Outreach**

Program Goal

Improve the level of knowledge and awareness about TB through leadership, education and community partnerships.

Strategy 1.

Provide leadership in TB training and education for providers, key community agencies and high-risk groups.

Strategy 2.

Collaborate with community partners in initiatives to improve TB screening and treatment in the region.

Strategy 3.

Ensure the public health workforce is well trained with TB-specific knowledge and effective management approaches.

Strategy 4.

Provide a variety of educational materials and training programs for high-risk groups in the San Diego County region.

- **TB Surveillance**

Program Goal

Provide comprehensive, timely case surveillance services.

Strategy 1.

Provide 24-hour reporting access, provider outreach and nurse-level reporting consultation.

Strategy 2.

Perform field investigations to locate suspect cases and bring them for evaluation.

Strategy 3.

Enact early case finding strategies in high-risk populations such as immigrants and homeless persons.

- **Refugee Health Assessment**

Program Goal

Ensure quality health care screening and referral services for newly arriving refugees.

Strategy 1.

Provide collaborative leadership in refugee screening practices and follow -up through assessment and improvements of the systems of care.

Strategy 2.

Administer the contract for Refugee Health Assistance to ensure timely and high quality health assessments and needed referrals occur.

Section 2

Financial Description



Administration for Public Health Services Branch—Administration

Staffing Detail By Program

<u>Name</u>	<u>Class Title</u>	<u>SY</u>
EXECUTIVE OFFICE		
Bowen, Nancy L	Public Health Officer	1.00
Angelo, Carmel J	Asst Dep Dir, HHSA	1.00
Wooten, Wilma J	Sr Physician, STD Control	1.00
Lloyd, Dawn	Admin Secretary III	1.00
Murguia, Barbara	Admin Secretary II	1.00
Samala, Evelyn	Interm. Clk Typist	1.00
BUDGET & FISCAL		
Allee, Steve	Asst. Med. Svcs. Admin	1.00
Dulin, Philip H	Admin Analyst III	1.00
CONTRACTS		
Pascual, Elena L	Managed Care Program Mgr.	1.00
Nally, Barry	Admin Analyst III	1.00
Daplas, Nicanor R	Analyst II	1.00
Roth, Brenda B	Admin Analyst II	1.00
PUBLIC HEALTH INFORMATION SYSTEM		
Oliveria, John E	Analyst III	1.00
EPI/BUDGET		
Sison, Pete C	Admin Analyst III	1.00
PERFORMANCE MANAGEMENT SERVICES		
Wells, Gary	Hlth and Planning Prgm Spec.	1.00
Naputi, Mayling	Quality Assurance Specialist	1.00
Brooks, Margarita	Human Services Specialist	1.00
	Total	17.00

Public Health Services—Description of Programs and Services—January 2005

Program Budget

PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	CONTRACTS	FIXED ASSETS	TOTAL COST	FEDERAL	MAA/TCM	REALIGN	TOBACCO	TOTAL REVENUE	NET COUNTY COST
Executive Office	6	\$731,583	\$92,234			\$823,817			\$823,817		\$823,817	\$0
Budget & Fiscal Services	2	\$226,608	\$36,894		\$10,000	\$273,502	\$25,000	\$62,393	\$186,109		\$273,502	\$0
Contract Services	4	\$389,656	\$73,788	\$648,443		\$1,111,887			\$936,887	\$175,000	\$1,111,887	\$0
Public Health Information System	1	\$101,640	\$18,447			\$120,087			\$120,087		\$120,087	\$0
Community Epidemiology Budget Support	1	\$96,138	\$18,447			\$114,585			\$114,585		\$114,585	\$0
Performance Management Services	3	\$395,712	\$146,781	\$485,000		\$1,027,493		\$26,079	\$329,988		\$356,067	\$671,426
Totals	17	\$1,941,337	\$386,591	\$1,133,443	\$10,000	\$3,471,371	\$25,000	\$88,472	\$2,453,511	\$175,000	\$2,799,945	\$671,426

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Administration for Public Health Services Branch— Medi-Cal Administrative Activities and Targeted Case Management

Staffing Detail By Program

Name	Class Title
DiCroce, J.*	Managed Care Pgm Mgr
Hillberg, L	Group Secretary (T)
Cahill, M	Admin Analyst III
Hillery, P	Admin Analyst III
Acosta, M	Admin Analyst II

Program Budget

POSITIONS	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	TOTAL COST	REVENUE BY SOURCE		TOTAL REVENUE	NET COUNTY COST
					MAA/TCM	Realign		
5	5	\$451,860	\$276,252	\$728,112	\$507,495	\$220,617	\$728,112	0

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Administration for Public Health Services Branch— Patient Administrative Services

Staffing Detail By Program

Name	Class Title
Abigania, F	Intermediate Acct Clerk
Alcazar, S	Intermediate Acct Clerk
Rivera-Serrano, R	Intermediate Acct Clerk
Robles, S	Cashier
Vega, M**	Cashier
Riis, T	Supv Clerk
Michlovitz, S	HHS Admin III

Program Budget

POSITIONS	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	TOTAL COST	REVENUE BY SOURCE				TOTAL REVENUE	NET COUNTY COST
					IZ Fees	Misc Rev	Other Misc	Realign		
7	7	\$404,902	\$260,345	\$665,247	\$154,537	\$51,973	\$250,000	\$208,737	\$665,247	\$0

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Administration for Public Health Services Branch—Border Health

Staffing Detail By Program

FISCAL YEAR 2004-2005 ADJUSTED BUDGET		
NAME	CLASSIFICATION	FTE
Lori Senini	Public Health Nurse III	1.00
Juan Olmeda	Communicable Disease Investigator	1.00
	TOTAL	2.00

Program Budget

FISCAL YEAR 2004-2005 ADJUSTED BUDGET							
PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	TOTAL COST	REALIGNMENT	TOTAL REVENUE	NET COUNTY COST
Border Health	2.00	\$167,935	\$70,314	\$238,249	\$238,249	\$238,249	\$0
Totals	2.00	\$167,935	\$70,314	\$238,249	\$238,249	\$238,249	\$0

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Administration for Public Health Nursing

Staffing Detail By Program

FISCAL YEAR 2004-2005 ADJUSTED BUDGET		
PROGRAM	CLASSIFICATION	FTE
Vacant	Clinic Services Coordinator	1.00
Gumapac, M.	Intermediate Clerk	1.00
Jett, S.	PH Nurse Manager	1.00
Judkins, C.	Chief Nurse, Public Health	1.00
Uchima,U.	Administrative Secretary II	1.00
Kuehling, M.	Office Support Specialist	0.50
Wright, C.	PH Nurse Manager	1.00
TOTAL		6.50

Program Budget

FISCAL YEAR 2004-2005 ADJUSTED BUDGET										
PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	TOTAL COST	STATE	MAA/TCM	REALIGNMENT	OTHER	TOTAL REVENUE	NET COUNTY COST
Administration	5.5	\$588,086	\$338,496	\$926,582	\$22,986	\$108,900	\$836,231	\$3,190	\$971,307	-\$44,725
Totals	5.5	\$588,086	\$338,496	\$926,582	\$22,986	\$108,900	\$836,231	\$3,190	\$971,307	-\$44,725

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Community Epidemiology Branch—Epidemiology

Staffing Detail

FISCAL YEAR 2004-2005 ADJUSTED BUDGET		
PROGRAM	CLASSIFICATION	FTE
Epi Morbidity		
Astilla, Anisa	Supv Clerk	0.60
Delarosa, Ruth	Communicable Dis. Invest.	1.00
VACANT	CHPS II	1.00
Franc, Lee	Sr. Clerk	0.10
Garber, Lourdes	Admin Secretary II	1.00
Ginsberg, Michele	Chief	0.98
Grant, Ramona	Sr. Communicable Dis. Invest.	1.00
Gresham, Louise	Sr. Epidemiologist	1.00
Hart, Steven	Clinic Services Coordinator	0.69
VACANT	Epidemiologist II	1.00
Isla, Ligaya	Intermediate Clerk	1.00
Kao, Annie	Epidemiologist II	1.00
Lopez, Yolanda	CHPS II	0.45
Maroufi, Azarmoush	Epidemiologist II	1.00
Mizrahi, Moise	Epidemiologist II	1.00
Munoz, Tina	Health Info. Spec. II	0.20
Petties, Lari	Communicable Dis. Invest.	0.30
Rexin, Diane	Public Health Nurse IV	0.40
Salgado, Susan	Sr. Communicable Dis. Invest.	0.60
Santalo, Maria	Public Health Nurse II	0.20
Sunega, Darlene	Public Health Nurse II	1.00
Thabit, Mona	Com Hlth Program Spec.	1.00
Van Meter, Joy	Public Health Nurse II	0.80
Vorner - Harrison, Jav.	Intermediate Clerk	1.00
Wangeman, Robert	Intermediate Clerk	1.00
Rivera-Mayor, Amy	Intermediate Clerk	0.70
Williams, Christina	Public Health Nurse IV	1.00
Yee, Lisa	Epidemiologist I/II	0.70
TOTAL		21.72

PROGRAM	CLASSIFICATION	FTE
Data Analysis		
Colanter, Brit	Epidemiologist II	1.00
Astilla, Anisa	Supv Clerk	0.30
Browner, Deirdre	Biostatistia	1.00
Hicks, Lacy	Biostatistia	1.00
Even Bruce	Sup. Health Information Spec.	1.00
McClellan, Chris	Biostatistia	1.00
Slosek, Jean	Biostatistia	0.50
TOTAL		5.80
HIV/AIDS Surveillance		
Aboumrad, Tabatha	Epidemiologist II	1.00
Bursaw, Michael	Sr. Epidemiologist	1.00
Cardoza, Lyn	Office Support Specialist	1.00
Frietas, Lorri	Epidemiologist II	1.00
Hart, Steven	Clinic Services Coordinator	0.31
(FILLED FINALIZING)	Supv. Com. Disease Invest.	1.00
Johnson, Minda	Communicable Dis. Invest.	1.00
Lopez, Yolanda	CHPS II	0.55
McGann, Francisco	Communicable Dis. Invest.	1.00
Petties, Lari	Communicable Dis. Invest.	0.70
Salgado, Susan	Sr. Communicable Dis. Invest.	0.40
Van Meter, Joy	Public Health Nurse II	0.20
Yee, Lisa	Epidemiologist I/II	0.30
Rivera-Mayor, Amy	Intermediate Clerk	0.30
TOTAL		9.76

PROGRAM	CLASSIFICATION	FTE
Lead Surveillance		
Astilla, Anisa	Supv Clerk	0.10
Franc, Lee	Sr. Clerk	0.90
Ginsberg, Michele	Chief	0.02
Gonzalez, Theresa	CHPS II	1.00
Munoz, Tina	Health Info. Spec. II	0.80
Rexin, Diane	Public Health Nurse IV	0.60
Santalo, Maria	Public Health Nurse II	0.80
Slosek, Jean	Biostatistia	0.50
TOTAL		4.72
BRANCH TOTAL		42.00

Program Budget

FISCAL YEAR 2004-2005 ADJUSTED BUDGET										
PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	COST APPLIED	TOTAL COST	STATE	FEDERAL	REALIGN'T	TOTAL REVENUE	NET COUNTY COST
1) Disease Reporting	21.72	\$1,906,239	\$748,453	-\$55,850	\$2,598,842	\$147,711	\$164,643	\$1,429,158	\$1,741,512	\$857,330
2) Data Analysis	5.80	\$509,033	\$199,863		\$708,896	\$39,444	\$592,262	\$34,416	\$666,122	\$42,774
3) HIV/AIDS Case Surveillance	9.76	\$856,578	\$336,321		\$1,192,899	\$519,939	\$29,047	\$86,014	\$635,000	\$557,899
4) Lead Poisoning Prevention	4.72	\$414,248	\$162,648		\$576,896	\$731,985	\$14,048	\$0	\$746,033	-\$169,137
Totals	42.00	\$3,686,098	\$1,447,285	\$(55,850)	\$5,077,533	\$1,439,079	\$800,000	\$1,549,588	\$3,788,667	\$1,288,866

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Community Epidemiology Branch—Public Health Laboratory

Staffing Detail

FISCAL YEAR 2004-2005 ADJUSTED BUDGET		
PROGRAM	CLASSIFICATION	FTE
Administration/Quality Assurance		
Peter, C	Chief, Public Health Lab	1.00
Kiefler, D	Admin Analyst II	1.00
Allen, J	Sr. PH Microbiologist	1.00
Guevara, S	Senior Clerk	1.00
Celestino, D	Junior Clerk	1.00
McLean, N	Intermediate Clerk	1.00
Velasco, J	Intermediate Clerk	1.00
	TOTAL	7.00
Laboratory Support		
Gazarova, N	Sr. Laboratory Assistant	1.00
Manuel, F	Sr. Laboratory Assistant	1.00
Orozco, A	Sr. Laboratory Assistant	1.00
Evans, S	Laboratory Assistant	1.00
Ocadiz, G	Laboratory Aide	1.00
Velasquez, M	Laboratory Assistant	1.00
Vera-Rodriguez, C	Laboratory Assistant	1.00
Vacant	Laboratory Assistant	1.00
Vacant	Laboratory Assistant	1.00
	TOTAL	9.00
Microbiology		
Washabaugh, G	Supv. PH Microbiologist	1.00
Urmeneta, C	Sr. PH Microbiologist	1.00
Chaovapong, W	PH Microbiologist	1.00
Claridad, A	PH Microbiologist	1.00
Mahdavi, N	PH Microbiologist	1.00
Pagsolingan, J	Sr. PH Microbiologist	1.00
McCaskill, B	PH Microbiologist	1.00
Rincon, M	Sr. PH Microbiologist	1.00
Patel, R	PH Microbiologist	1.00
Temprendola, P	PH Microbiologist	1.00
Samons, L	Sr. PH Microbiologist	1.00
Manlutac, A	Sr. PH Microbiologist	1.00
	TOTAL	12.00

PROGRAM	CLASSIFICATION	FTE
Molecular Biology		
Steuermann, K	Supv. PH Microbiologist	1.00
Negado, L	Sr. PH Microbiologist	1.00
Zackary, J	PH Microbiologist	1.00
	TOTAL	3.00
Virology and Serology		
Giesick, J	Supv. PH Microbiologist	1.00
Deguzman, T	Sr. PH Microbiologist	1.00
Pinano, T	PH Microbiologist	1.00
Seidel, G	PH Microbiologist	1.00
Jansen, R	PH Microbiologist	1.00
French, C	PH Microbiologist	1.00
Johnson, A	PH Microbiologist	1.00
Zuniga, G	Sr. PH Microbiologist	1.00
Catubay, M	PH Microbiologist	1.00
	TOTAL	9.00
	BRANCH TOTAL	40.0

Public Health Services—Description of Programs and Services—January 2005

Program Budget

FISCAL YEAR 2004-2005 ADJUSTED BUDGET	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	FIXED ASSETS	TOTAL COST	STATE	FEDERAL	MAA/TCM	FEES	REALIGNMENT	OTHER	TOTAL REVENUE	NET COUNTY COST
PROGRAM													
Administration/Quality Assurance	7	\$524,118	\$50,000	\$10,000	\$584,118	\$0	\$0	\$57,018	\$0	\$92,446	\$0	\$149,464	\$434,654
Laboratory Support	9	\$469,774	\$150,000	\$0	\$619,774	\$0	\$0	\$61,369	\$0	\$99,500	\$0	\$160,869	\$458,905
Microbiology	10	\$1,001,151	\$340,610	\$15,000	\$1,356,761	\$0	\$73,299	\$123,624	\$0	\$200,436	\$30,000	\$427,359	\$929,402
Molecular Biology	3	\$330,060	\$500,000	\$14,000	\$844,060	\$25,000	\$0	\$75,845	\$6,639	\$297,970	\$51,300	\$456,754	\$387,306
Virology and Serology	9	864337.127 2	\$500,000.00	\$15,000	\$1,379,337	\$540,000	\$0	\$67,144	\$107,408	\$108,864	\$30,000	\$853,416	\$525,921
Totals	38	\$3,189,440	\$1,540,610	\$54,000	\$4,784,050	\$565,000	\$73,299	\$385,000	\$114,047	\$799,216	\$111,300	\$2,047,862	\$2,736,188

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Community Epidemiology Branch—Vital Statistics

Staffing Detail

FISCAL YEAR 2004-2005 ADJUSTED BUDGET		
PROGRAM	CLASSIFICATION	FTE
ADMINISTRATION		
Shirley Jett	PHN Nurse Manager	0.50
Terilyn Baracz	Analyst II	1.00
Amie Meegan	Analyst Trainee	1.00
Vielka Daniel	Senior Transcriber	1.00
	TOTAL	3.50
BIRTH REGISTRATION		
Teresa Haliburton	Sr. Medical Records Tech	1.00
Gail Clay	Medical Records Tech	1.00
Elida Gil	Medical Records Tech	1.00
Marta Henson	Office Support Specialist	1.00
Deborah Zadrozny	Medical Records Tech	1.00
	TOTAL	5.00
DEATH REGISTRATION		
Elizabeth Reyes	Sr. Medical Records Tech	1.00
Michael Alaysa	Medical Records Tech	1.00
Yolanda Hernandez	Medical Records Tech	1.00
Hilda Lopez	Medical Records Tech	1.00
Donna Lively-Cruz	Medical Records Tech	1.00
Jerry Montano	Intermediate Acct. Clerk	1.00
Luis Napalan	Medical Records Tech	1.00
Ricardo Virgen-Santos	Medical Records Tech	1.00
VACANT	Intermediate Clerk Typist	0.50
	TOTAL	8.50
	BRANCH TOTAL FTE	17.00

Public Health Services—Description of Programs and Services—January 2005

Program Budget

FISCAL YEAR 2004-2005 ADJUSTED BUDGET				EXPENSE CONTRACTS	FIXED ASSETS	TOTAL COST	FEES	REALIGNMENT	TOTAL REVENUE	NET COUNTY COST
PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES							
Administration	3.5	\$201,674	\$215,533	\$0	\$15,000	\$432,207	\$481,034	\$38,842	\$519,877	(\$87,670)
Birth Registration	5	\$243,727	\$260,476	\$57,758	\$0	\$561,961	\$581,340	\$46,942	\$628,282	(\$66,321)
Death Registration	8.5	\$460,913	\$492,588	\$95,763	\$0	\$1,049,263	\$1,099,374	\$88,772	\$1,188,146	(\$138,883)
Totals	17	\$906,313	\$968,597	\$153,521	\$15,000	\$2,043,431	\$2,161,749	\$174,556	\$2,336,305	(\$292,874)

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Emergency Medical Services, Emergency Preparedness and Disaster Medical Services Branch—Emergency Medical Services

Staffing Detail By Program

FISCAL YEAR 2004-2005 ADJUSTED BUDGET		
PROGRAM	CLASSIFICATION	FTE
Base Hospital		
Marcy Metz	QA Specialist	1.00
Alan Smith	Epidemiologist II	0.15
Gwen Jones	Chief, EMS	0.05
Patti Murrin	EMS Coordinator	0.25
Merle Rupp	Board Secretary	0.20
Barbara Byous	Admin Secretary II	0.25
Leslie Ray	Senior Epidemiologist	0.10
Subtotal		2.00
Trauma System		
Lester Gardina	QA Specialist	1.00
Alan Smith	Epidemiologist II	0.60
Gwen Jones	Chief, EMS	0.05
Patti Murrin	EMS Coordinator	0.25
Merle Rupp	Board Secretary	0.80
Leslie Ray	Senior Epidemiologist	0.30
Barbara Byous	Admin Secretary II	0.25
Jan Covell	Admin Analyst III	0.05
Subtotal		3.30
Sexual Assault Response Team		
Sharon Pacyna	QA Specialist	0.20
Patti Murrin	EMS Coordinator	0.02
Subtotal		0.22
Crash Injury Research and Engineering Network		
Sharon Pacyna	QA Specialist	0.80
Reghis Romero	Admin Analyst III	0.25
Patti Murrin	EMS Coordinator	0.05
Brenda Dunn	EMS Coordinator	0.05
Subtotal		1.15

PROGRAM	CLASSIFICATION	FTE
EMS for Children		
Patti Murrin	EMS Coordinator	0.05
Carlos Flores	EMS Specialist	0.05
Subtotal		0.10
Advance Life Support (ALS)/Basic LS (BLS)		
Anne Marcotte	QA Specialist	0.95
Patti Murrin	EMS Coordinator	0.18
Gwen Jones	Chief, EMS	0.35
Carlos Flores	EMS Specialist	0.95
Mike Marx	EMS Specialist	0.33
Reghis Romero	Admin Analyst III	0.10
Lorna Amarila	Admin Analyst II	0.15
Catherine Nichols	Senior Clerk	0.50
Jan Covell	Admin Analyst III	0.05
Subtotal		3.56
Ambulance Ordinance		
Michael Marx	EMS Specialist	0.67
Anne Marcotte	QA Specialist	0.05
Patricia Murrin	EMS Coordinator	0.10
Subtotal		0.82
Community Relations - Epi/Surveillance		
Leslie Ray	Senior Epidemiologist	0.60
Alan Smith	Epidemiologist II	0.25
Biostatistician	Biostatistician	1.00
Subtotal		1.85

PROGRAM	CLASSIFICATION	FTE
Administration		
Gwen Jones	Chief, EMS	0.45
Patti Murrin	EMS Coordinator	0.10
Reghis Romero	Admin Analyst III	0.65
Jan Covell	Admin Analyst III	0.90
Mark Lindstrom	Admin Analyst III	0.35
Lorna Amarila	Admin Analyst II	0.28
Barbara Byous	Admin Secretary II	0.50
Catherine Nichols	Senior Clerk	0.50
Subtotal		3.73
County Service Areas		
Mark Lindstrom	Admin Analyst III	0.65
Gwen Jones	Chief, EMS	0.10
Lorna Amarila	Admin Analyst II	0.57
Subtotal		1.32
IT Management		
Brenda Dunn	EMS Coordinator	0.95
Data Entry Personnel		
Subtotal		0.95
TOTAL		19.00

Public Health Services—Description of Programs and Services—January 2005

Program Budget

FISCAL YEAR 2004 - 2005 ADJUSTED BUDGET	FTE	SALARIES & BENEFITS	CONTRACTS	SERVICES & SUPPLIES	FIXED ASSETS	COST APPLIED	TOTAL COST	STATE	FEDERAL	MAA	FEES	TOBACCO	REALIGNMENT	OTHER	TOTAL REVENUE	NET COUNTY COST
PROGRAM																
Base Hospital	2.00	203,988.60	130,000.00	29,762.81			363,751.41				360,500.00				360,500.00	3,251.41
Trauma System	3.30	315,539.10	1,191,593.00	58,252.82			1,565,384.92				499,797.40			1,037,171.00	1,536,968.40	28,416.52
Sexual Assault Response Team	0.22	24,959.04		910.41			25,869.45						25,869.45		25,869.45	-
Crash Injury and Research Engineering Network	1.15	129,990.60	498,440.00	9,483.09			637,913.69		636,912.00						636,912.00	1,001.69
Emergency Medical Services for Children	0.10	11,124.00		405.76			11,529.76						11,529.76		11,529.76	-
Advanced Life Support (ALS)/Basic Life Support (BLS)	3.56	346,613.07	1,941,901.00	66,000.03		(141,050.00)	2,213,464.10	330,925.00			27,000.00	350,000.00	515,000.00	859,757.52	2,082,682.52	130,781.58
Ambulance Ordinance	0.82	83,003.64		12,110.59			95,114.23				65,000.00				65,000.00	30,114.23
Epidemiology and Surveillance	1.85	188,005.50		27,430.81			215,436.31						82,220.81	113,036.68	195,257.49	20,178.82
Information Technology Management	0.95	153,534.90	272,316.00	1,338,658.40			1,764,509.30				116,474.60	225,000.00	1,182,111.55	105,150.40	1,628,736.55	135,772.75
Administration/County Service Areas	5.05	468,887.55		54,202.28			523,089.83			150,000.00			46,079.43	270,869.40	466,948.83	56,141.00
TOTAL	19.0	1,925,646.00	4,034,250.00	1,597,217.00	0	(141,050.00)	7,416,063.00	330,925.00	636,912.00	150,000.00	1,068,772.00	575,000.00	1,862,811.00	2,385,985.00	7,010,405.00	405,658.00

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Emergency Medical Services, Emergency Preparedness and Disaster Medical Services Branch—Emergency Preparedness and Disaster Medical Services

Staffing Detail By Program

CDC Bioterrorism Preparedness		
Name	Class Title	SY
VACANT	Coord, Emergency Medical Services	1.00
Anderson, G.	Quality Assurance Specialist	1.00
Bannan, T.	Hlth Planning and Program Specialist	1.00
Buholtz, V.	Public Health Nurse IV	1.00
Carreon, M.	Dept Information Tech Coord.	1.00
Dredge, M.	Health Information Specialist	1.00
Hopkins, J.	Epidemiologist II	1.00
Johnson, J.	Sr. Epidemiologist	1.00
Llamado, M.	Public Health Nurse II	1.00
Moriarity, K.	Public Health Nurse II	1.00
Peters, K.	Public Health Nurse II	1.00
Rose, S.	Public Health Nurse II	1.00
Scavulli, K.	Public Health Nurse II	1.00
Topzand, G.	Administrative Analyst II	1.00
Walsh, J.	Public Health Nurse II	1.00
Wander, D.	Office Support Specialist	1.00
Williamson, C.	Administrative Analyst III	1.00
		<u>17.00</u>

Disaster Medical Services		
Name	Class Title	SY
Bonesteel, J.	Quality Assurance Specialist	1.00
Buttron, P.	Emergency Medical Services Specialist	1.00
Johnson (Batteau), D.	Emergency Medical Services Specialist	1.00
		<u>3.00</u>
Total:		20.00

Program Budget

PROGRAM	Positions	FTE	Salary and Benefits	Services and Supplies	Fixed Assets	Cost Applied	TOTAL COST	45783 Fed Aid BT	45835 Fed Oth- HRSA	45848 Fed Oth Fed Grant	48127 Health Realignment	48132 Tobacco Settlement	TOTAL REVENUE	NET COUNTY COST
1) CDC Bioterrorism Preparedness	17	17.00	\$2,220,192	\$ 2,687,015	\$ 213,092		\$ 5,120,299	\$4,613,728				\$12,776	\$ 4,626,504	\$493,795
2) Disaster Medical Services	3	3.00	\$ 307,644	\$ 15,000	\$ 7,000		\$ 329,644				\$288,313		\$ 288,313	\$ 41,331
3) HRSA Hospital/Clinic Emergency Preparedness				\$3,028,807			\$3,028,807		\$3,028,807				\$ 3,028,807	
4) Metropolitan Medical Response System (MMRS)				\$ 331,500	\$ 48,500		\$ 380,000			\$280,000	\$100,000		\$ 380,000	
Total Adjusted Budget - Jan 2005	20	20.00	\$2,527,836	\$6,062,322	\$268,592	\$ -	\$8,858,750	\$4,613,728	\$3,028,807	\$280,000	\$388,313	\$12,776	\$ 8,323,624	\$ 535,126

Please note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the County Board of Supervisors.

Immunization Branch

Staffing Detail By Program

PROGRAM	CLASSIFICATION	FTE
1. Clinical Services		
Beckhelm, M	Public Health Nurse III	1.00
Campana, J	Public Health Nurse II	1.00
Contardi, K	Comm Hlth Promo Spc	0.75
Herlich, Y	Public Health Nurse III	0.25
Hunt, S	Public Health Nurse III	0.50
Pascual, H	Public Health Nurse II	0.25
Siller, M	Public Health Nurse II	1.00
Siordia, M	Licensed Vocational Nrs	1.00
		<u>5.75</u>
2. Community Education & Outreach		
Bolter, H	Health Info Spec II	0.75
Vacant	Supv Comm Hlth Prom Sp	0.50
Gustafson, K	Health Pln & Pgm Spec	0.15
Herlich, Y	Public Health Nurse III	0.25
Workman, J	Comm Hlth Promo Spc	0.25
		<u>1.90</u>
3. Evaluation & Community Assessment		
Gustafson, K	Health Pln & Pgm Spec	0.10
		<u>0.10</u>
4. Program/Contract Management		
Bolter, H	Health Info Spec II	0.25
Gustafson, K	Health Pln & Pgm Spec	0.50
Vacant	Supv Comm Hlth Prom Sp	0.50
Hunt, S	Public Health Nurse III	0.50
Patch, P	Admin Analyst II	0.50
		<u>2.25</u>
5. Provider Services		
	No County Staff	
6. San Diego Immunization Registry		
Cordon, A	Comm Hlth Pgm Spec.	1.00
		<u>1.00</u>
7. Special Populations & Inter/Intra Agency Collaboration		
Gustafson, K	Health Pln & Pgm Spec	0.25
Herlich, Y	Public Health Nurse III	0.50
Pascual, H	Public Health Nurse II	0.75
		<u>1.50</u>
	BRANCH TOTAL	12.50

Public Health Services—Description of Programs and Services—January 2005

Program Budget

PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	EXPENSE CONTRACTS	TOTAL COST	STATE	FEDERAL	MAA/TCM	FEES	REALIGNMENT	TOTAL REVENUE	NET COUNTY COST
1) Clinical Services	5.75	\$492,038	\$216,750	\$30,435	\$739,223	\$192,194	\$327,250	\$116,869	\$768	\$169,002	\$806,083	-\$66,860
2) Community Outreach & Education	1.9	\$189,582	\$66,931	\$320,970	\$577,483	\$137,281	\$233,751			\$149,287	\$520,319	\$57,164
3) Evaluation & Community Assessment	0.1	\$9,228	\$55,053	\$387,622	\$451,903	\$128,129	\$218,167			\$139,334	\$485,630	-\$33,727
4) Program/ Contract Management	2.25	\$225,912	\$88,156	\$402,030	\$716,098	\$164,738	\$280,500			\$219,144	\$664,382	\$51,716
5) Provider Services	0	\$0	\$40,747	\$369,497	\$410,244	\$109,825	\$187,000			\$119,430	\$416,255	-\$6,011
6) San Diego Immunization Registry (SDIR)	1.0	\$102,072	\$315,791	\$922,178	\$1,340,041	\$486,000		\$57,853		\$800,000	\$1,343,853	-\$3,812
7) Special Populations & Inter/Intra Agency Collaboration	1.5	\$128,646	\$41,077	\$519,408	\$689,131	\$183,042	\$311,667			\$199,049	\$693,758	-\$4,627
Totals	12.5	\$1,147,478	\$824,505	\$2,952,140	\$4,924,123	\$1,401,209	\$1,558,335	\$174,722	\$768	\$1,795,246	\$4,930,280	-\$6,157
Budgeted difference	12.67	\$1,147,478	\$436,262	\$3,354,094	\$4,937,834						revenue minus expenses	\$6,157
	*0.17	\$0	-\$388,243	\$401,954	\$13,711							

*.50 Patch should be attributed to STD
PHN III position budgeted at .67 should be a 1.0 FTE

Please note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the County Board of Supervisors.

Maternal, Child and Family Health Services Branch

Staffing Detail By Program

FISCAL YEAR 2004-2005 ADJUSTED BUDGET		
PROGRAM	Classification	FTE
<u>Black Infant Health (BIH)</u>		
Elkind, Phyllis	Coord. CHDP	0.05
Freeman, Rhonda	CHlth Prog Spec.	0.50
Shahri, Sheri	Admin Analyst II	0.15
White, Gayle	Hlth Plan&Prog Spec	0.15
		<u>0.85</u>
<u>Child Health and Disability Prevention (CHDP)</u>		
Alleman, Erin	CHlthPromSpec II	0.50
Casaubon, Blanca	PubHlthNurse II	1.00
Cureg, Amethyst MD	Pediatrician	0.45
Dearborn, Michelle	Inter Clerk Typist	1.00
Elkind, Phyllis	Coord. CHDP	0.75
Gracia, Luz (4565/II)	PubHlthNurse III	1.00
Grayson, Carol	Admin.Sec.II	1.00
Gualta, Sophia (Stf Nrs II)	PubHlthNurse II	1.00
Honeycutt, Chris	Admin Analyst II	0.50
Jones, Nancy	Inter Clerk Typist	1.00
Lou-Martinez, Maureen	PubHlthNurse III	1.00
McGowan, Toosdhi	CHlthPromSpec II	0.50
Miclat, Ida	Assoc. Acct.	0.55
Nuevo, Mila	Admin.Sec.II	1.00
Perez, Wilfredo	Analyst III	1.00
Quintanar, Elena	CHlthPromSpec II	0.50
Rico, Maria	Inter Clerk Typist	0.95
Riddle, Pat	PAA	1.00
Subido, Josephine	Inter Clerk Typist	0.25
Tirado, Gloria	Inter Clerk Typist	1.00
Vacant	Inter Acct Clerk	1.00
Velasco, Maria	Inter Clerk Typist	1.00
Waters, Jocelyn	PubHlthNurse III	1.00
		<u>18.95</u>

PROGRAM	Classification	FTE
<u>Child Health and Disability Prevention - Treatment Reimbursement (CHDP-TR)</u>		
Cureg, Amethyst MD	Pediatrician	0.05
Miclat, Ida	Assoc. Acct.	0.45
Rico, Maria	Inter Clerk Typist	0.05
Yabut, Ruben	Inter Acct Clerk	1.00
		<u>1.55</u>
<u>Chronic Disease and Health Disparities</u>		
Honeycutt, Chris	Admin Analyst II	0.50
Pettiford, Kimberly	CHlthPromSpec II	1.00
Pugh,Willie L	Code Enforcement Officer II	1.00
Vaninetti, Tony	Community Hlth Program Spec	1.00
Yancey,Adrienne	Health Planning & Prog Spec	1.00
		<u>4.50</u>
<u>Dental Health Initiative/Share the Care and Nutrition</u>		
Alleman, Erin	CHlthPromSpec II	0.50
Yamagata, Peggy	Hlth Plan&Prog Spec	1.00
O'Brien, Olga	ComHlthPromAsst	1.00
		<u>2.50</u>
<u>Fetal and Infant Mortality Review (FIMR)</u>		
Tso, Cindy	CHlthPromSpec II	0.15
		<u>0.15</u>
<u>Healthcare Program for Children in Foster Care (HCPCFC) Administration</u>		
Liang, Krystal	PubHlthNurse III	1.00
Quinn, Judy	PubHlthNurse IV	1.00
Rgnl FC - Cason, Rebecca	PubHlthNurse II	1.00
Nillas, Lennie	PubHlthNurse II	1.00
Subido, Josephine	Inter Clerk Typist	0.25
		<u>4.25</u>

Staffing Detail By Program (continued)

PROGRAM	Classification	FTE
<u>Maternal and Child Health/ Perinatal Care Network (MCH/PCN)</u>		
Conrad, Susan	PubHlthNurse III	1.00
Cureg, Amethyst MD	Pediatrician	0.50
Elkind, Phyllis	Coord. CHDP	0.20
Jariangprasert, Sutida (Nid)	Biostatistian	1.00
Magdael,Soccoro	Office Support Sec	1.00
Shahri, Sheri	Admin Analyst II	0.85
Tso, Cindy	CHlthPromSpec II	0.85
White, Gayle	Hlth Plan&Prog Spec	0.85
		<u>6.25</u>
<u>MCFHS Assessment and Case Management</u>		
Arechiga, Gaby	HumanSvcSpec	1.00
Bularan, Josie	HumanSvcSpec	1.00
Diaz, Laura	HumanSvcSpec	1.00
Garcia, Carlota	HumanSvcSpec	1.00
Garcia, Cecilia	HumanSvcSpec	1.00
Gomez, Maria (Terri)	HumanSvcSpec	1.00
Guerrero, Veronica	HumanSvcSpec	1.00
Harrell,Virginia	Pat. Srvs Spec. III	1.00
Hernandez, Zonnia	Inter Clerk Typist	1.00
Jones, Adriana	HumanSvcSpec	1.00
Quiroz, Maria	HumanSvcSpec	1.00
Rochin, Janey	Inter Clerk Typist	0.75
Silva, Dora (50%)	HumanSvcSpec	0.50
Subido, Josephine	Inter Acct Clerk	0.50
Villareal, Sary	HumanSvcSpec	1.00
Williams, Dianne	Hlth Plan&Prog Spec	0.50
		<u>14.25</u>

PROGRAM	Classification	FTE
<u>MCFHS Nutrition</u>		
McClanahan, Leah	PubHlth Nutr Mgr	1.00
		<u>1.00</u>
<u>San Diego Kids Health Assurance Network (SD-KHAN) Access to Care</u>		
Freeman, Rhonda	CHlth Prog Spec.	0.50
McGowan, Toosdhi	CHlthPromSpec II	0.50
Quintanar, Elena	CHlthPromSpec II	0.50
Rochin, Janey	Inter Clerk Typist	0.25
Williams, Dianne	Hlth Plan&Prog Spec	0.50
		<u>2.25</u>
<u>Other</u>		
Montano, Jerry	Inter Acct Clerk	1.00
MCFHS TOTAL		57.50

Public Health Services—Description of Programs and Services—January 2005

Program Budget

FISCAL YEAR 2004-2005 ADJUSTED BUDGET												
PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	EXPENSE CONTRACTS	TOTAL COST	STATE	FEDERAL	MAA/TCM	REALIGNMENT	OTHER	TOTAL REVENUE	NET COUNTY COST
Black Infant Health (BIH)	0.85	\$92,875	\$57,058	\$770,450	\$920,383	\$831,791			\$88,592		\$920,383	\$0
Child Health and Disability Prevention (CHDP)	18.95	\$1,550,755	\$604,038	\$15,500	\$2,170,293	\$795,670	\$692,406		\$682,217		\$2,170,293	\$0
CHDP - Healthy Infant Program (HIP Regional PHNs - costs budgeted in regions; revenue budgeted in MCFHS)	Costs and FTE budgeted in regional budgets.						\$728,578		\$301,214		\$1,029,792	(\$1,029,792)
Child Health and Disability Prevention - Treatment Reimbursement (CHDP-TR)	1.55	\$99,141	\$766,703		\$865,844				\$865,844		\$865,844	\$0
Chronic Disease and Health Disparities	4.5	\$422,469	\$266,064	\$415,000	\$1,103,533	\$670,083		\$30,000	\$351,376	\$52,074	\$1,103,533	\$0
Dental Health Initiative/Share the Care and Nutrition	2.5	\$219,184	\$108,581	\$350,000	\$677,765	\$465,835			\$186,304	\$25,626	\$677,765	\$0
Fetal and Infant Mortality Review (FIMR)	0.15	\$12,227	\$8,190	\$29,300	\$49,717	\$33,695			\$16,022		\$49,717	\$0
Healthcare Program for Children in Foster Care (HCPCFC) Administration	4.25	\$388,816	\$223,328		\$612,144	\$112,325	\$313,399		\$186,420		\$612,144	\$0
HCPCFC Regional PHN's (costs and revenue budgeted in regions)	Costs and FTE budgeted in regional budgets.					Revenue budgeted in regional budgets.						
Maternal and Child Health/ Perinatal Care Network (MCH/PCN)	6.25	\$546,563	\$665,625	\$97,500	\$1,309,688	\$497,949			\$811,739		\$1,309,688	(\$0)
PCN Regional PHN's (costs budgeted in regions; revenue budgeted in MCFHS)	Costs and FTE budgeted in regional budgets.					\$1,906,919			\$1,044,050		\$2,950,969	(\$2,950,969)
MCFHS Assessment & Case Management	14.25	\$905,372	\$340,714		\$1,246,086	\$240,752	\$470,455		\$534,879		\$1,246,086	\$0
MCFHS Nutrition	1.00	\$76,419	\$22,261		\$98,680	\$49,340	\$32,049		\$17,291		\$98,680	\$0
San Diego Kids Health Assurance Network (SD-KHAN) Access to Care	2.25	\$197,664	\$42,544	\$357,500	\$597,708	\$254,640	\$339,544		\$3,523		\$597,708	\$0
Position paid for by another Branch	1	\$47,766			\$47,766					\$47,766	\$47,766	\$0
Totals	57.50	\$4,559,251	\$3,105,106	\$2,035,250	\$9,699,607	\$5,858,999	\$2,576,431	\$30,000	\$5,089,471	\$125,466	\$13,680,368	\$(3,980,761)

REGIONAL PHN'S PAID FOR BY MCFHS												
PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	EXPENSE CONTRACTS	TOTAL COST	STATE	FEDERAL	MAA/TCM	REALIGNMENT	OTHER	TOTAL REVENUE	NET COUNTY COST
	All Regional PHN S&B & Overhead Costs budgeted in Regions.					Revenue for HIP and PCN budgeted in MCFHS; revenue for HCPCFC budgeted in regions.						
CHDP - Healthy Infant Program (HIP Regional PHNs - costs budgeted in regions; revenue budgeted in MCFHS)	9.0	\$882,781	\$147,011		\$1,029,792		\$728,578		\$301,214		\$1,029,792	(\$1,029,792)
HCPCFC Regional PHN's (costs and revenue budgeted in regions)	12.5	\$1,111,463	\$133,668		\$1,245,131	Revenue Budgeted in regional budgets.						
PCN Regional PHN's (costs budgeted in regions; revenue budgeted in MCFHS)	23.5		\$511,544		\$2,950,969	\$1,906,919			\$1,044,050		\$2,950,969	(\$2,950,969)
Total Regional PHN's paid for by MCFHS	45.0		\$792,223		\$5,225,892	\$1,906,919	\$728,578		\$1,345,264			\$(3,980,761)

Please note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the County Board of Supervisors.

HIV, STD and Hepatitis Branch— Sexually Transmitted Diseases and Hepatitis

Staffing Detail By Program

FISCAL YEAR 2004-2005 ADJUSTED BUDGET		
PROGRAM	CLASSIFICATION	FTE
1) Clinical Services		
Gilchick, R	Physician	1.00
*Plander, J	Intermittent Temp Physician	0.20
*Savittieri	Int Temp Physician Assistant	0.20
Vacant	Health Nurse IV	1.00
De Los Reyes	Staff Nurse II	1.00
Keim, K	Staff Nurse II	1.00
Dunaev, L	Staff Nurse II	1.00
Harris, A	Cert. Nurse Practitioner	1.00
Osborne, E	Cert. Nurse Practitioner	1.00
Runner, J	Cert. Nurse Practitioner	1.00
Rubidoux, D	Senior Clerk	1.00
Martinez, M	Intermediate Clerk	1.00
Roshnaye, M	Intermediate Clerk	1.00
Verduzco, G	Intermediate Trans Typist	1.00
		12.40
2) Field & Community Services		
Arroyo, A	Supv CDI	1.00
**Vacant	Supv CDI - still in peoplesoft	0.00
Bowen, L	Communicable Dis. Invst.	1.00
Cameon, C	Communicable Dis. Invst.	1.00
Valasquez, A	Communicable Dis. Invst.	1.00
Escalante, R	Sr Communiabale Dis Invst.	1.00
		5.00

PROGRAM	CLASSIFICATION	FTE
4) Hepatitis Prevention, Surveillance and Special Projects		
Murray, P	Hlth Svc Proj Coord	0.50
Lee, M	Epidemiologist II	1.00
Perry, R	Word Processor Op	1.00
Sturak, C	Health Info Specialist II	1.00
Golston	Intermediate Clerk	1.00
		4.50
4.) Office of the Director		
*Gunn, R	Intermittent Temp Physician	0.25
Murray, P	Hlth Svc Proj Coord	0.50
*Patch, P	Admin Analyst II	0.50
Thomas, J	Admin Secretary II	1.00
	TOTAL	2.25
	BRANCH TOTAL	24.15
* Not factored in peoplesoft.		
** Sup CDI position should have been transferred to MCFHS.		

Program Budget

FISCAL YEAR 2004-2005 ADJUSTED BUDGET												
PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	EXPENSE CONTRACTS	TOTAL COST	STATE	FEDERAL	MAA/TCM	FEES	REALIGNMENT	TOTAL REVENUE	NET COUNTY COST
1) Clinical Services	12.4	\$1,064,517	\$244,475	\$15,000	\$1,323,992			\$61,425	\$60,000	\$1,224,000	\$1,345,425	-\$21,433
2) Field & Community Services	5	\$383,778	\$46,715		\$430,493			\$22,163		\$411,000	\$433,163	-\$2,670
3) Hepatitis Prevention, Surveillance and Special Projects	4.5	\$314,070	\$13,179	\$80,000	\$407,249	\$114,145	\$144,426	\$18,112		\$133,000	\$409,683	-\$2,434
4) Office of Program Management	2.25	\$187,397	\$22,765		\$210,162			\$10,800		\$200,425	\$211,225	-\$1,063
Totals	24.15	\$1,949,762	\$327,134	\$95,000	\$2,371,896	\$114,145	\$144,426	\$112,500	\$60,000	\$1,968,425	\$2,399,496	-\$27,600

Please note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the County Board of Supervisors.

HIV, STD and Hepatitis Branch—HIV

Staffing Detail By Program

PROGRAM	CLASSIFICATION	FTE
HIV/AIDS CARE AND TREATMENT		
Cunningham, T	Chief, OAC	1.00
Holleron, C	Admin Analyst II	0.95
Honeycutt, P	Principle Admin Analyst	0.90
Leach, Linda	Admin Analyst II	1.00
O'Shea, D	Admin Analyst III	1.00
Patterson, J	HHS Admin II	1.00
Vacant	Intermediate Clerk	1.00
Rasmussen, J	Admin Analyst II	0.86
Schlissel, M	Admin Analyst II	1.00
Torres, L	Admin Sec II	1.00
Waters-Montijo, K	Asst Medial Svcs Admin	0.95
		TOTAL
		10.66
HIV PREVENTION		
Farber, L	Comm Hlth Program Spc	1.00
Holleron, C	Admin Analyst II	0.05
Honeycutt, P	Principle Admin Analyst	0.10
Rasmussen, J	Admin Analyst II	0.14
Taylor, T	Admin Analyst II	1.00
Waters-Montijo, K	Asst Medial Svcs Admin	0.05
		TOTAL
		2.34
AIDS CASE MANAGEMENT		
Applebaum, A	Correctional Counselor	1.00
Feaster, V	Social Worker V	1.00
Jennings, R	Community Hlth Prom Asst	1.00
Johnson, J	Social Worker V	1.00
Smith, T	Comm Hlth Program Spec	1.00
Zurek, T	Public Health Nurse II	1.00
		TOTAL
		6.00

PROGRAM	CLASSIFICATION	FTE
HIV COUNSELING AND TESTING		
Awa, E	Communicable Disease Inv.	1.00
Borntrager, D	Clinic Svc. Coordinator	1.00
Catangay, C	Communicable Disease Inv.	1.00
Claros, O	Certif. Nurse Practitioner	1.00
Engen, J	Communicable Disease Inv.	1.00
Flores, M	Supr. Comm. Disease Inv.	1.00
Garcia, S	Communicable Disease Inv.	1.00
Gonzales, A	Senior Clerk	1.00
Gonzalez-Fabiny, L	Communicable Disease Inv.	1.00
Hewitt, J	Communicable Disease Inv.	1.00
Jackson, L	Communicable Disease Inv.	1.00
Jazo, E	Communicable Disease Inv.	1.00
La Jambe, B	Intermediate Clerk	1.00
Lopez-Devereaux, D	Communicable Disease Inv.	1.00
Nwajauaku, T	Communicable Disease Inv.	1.00
Perez, I	Social Svc Aide II	1.00
Powell, T	Communicable Disease Inv.	1.00
Vacant	Staff Nurse II	1.00
Rullan-Tangonan, R	Public Health Nurse III	1.00
Souza, C	Communicable Disease Inv.	1.00
		TOTAL
		20.00
		TOTALS
		39.00

Public Health Services—Description of Programs and Services—January 2005

Program Budget

HIV DIRECT CLIENT SERVICES—FISCAL YEAR 2004-2005 ADJUSTED BUDGET											
PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	SERVICES & SUPPLIES CONTRACTS	TOTAL COST	STATE	FEDERAL	MAA/TCM	REALIGNMENT	TOTAL REVENUE	NET COUNTY COST
AIDS Case Management*	6	494,970	14,418	361,195	870,583	-	361,195	-	200,000	561,195	(309,388)
HIV Counseling & Testing**	20	1,530,790	110,813	50,000	1,691,603	1,151,176	-	95,000	126,375	1,372,551	(319,052)
HIV Prevention***	0	-	-	366,788	366,788	405,000	-	-	-	405,000	38,212
Totals	26	2,025,760	125,231	777,983	2,928,974	1,556,176	361,195	95,000	326,375	2,338,746	(590,228)
04-05 Revised Proposed Budget		2,025,760	125,231	777,983	2,928,974	1,556,176	361,195	95,000	326,375	2,338,746	(590,228)

NOTES: *Revenue for Case Management S&B is budgeted in low org 45090.
 **Counseling & Testing and Case Management allocated expenditures for rent, utilities, guard and maintenance are budgeted in low org 45090.
 ***Salaries & Benefits for HIV Prevention are budgeted in low org 45090.

FISCAL YEAR 2004-2005 ADJUSTED BUDGET											
PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	EXPENSE CONTRACTS	TOTAL COST	STATE	FEDERAL	MAA/TCM	OTHER	TOTAL REVENUE	NET COUNTY COST
HIV/AIDS Care and Treatment*	10.66	968,404	743,769	9,291,471	11,003,644	911,022	10,022,733	17,000	133,623	11,084,378	80,734
HIV Prevention **	2.34	210,281	63,239	1,820,919	2,094,439	2,072,008	-	-	-	2,072,008	(22,431)
Totals	13	1,178,685	807,008	11,112,390	13,098,083	2,983,030	10,022,733	17,000	133,623	13,156,386	58,303
04-05 Revised Proposed Budget		1,178,685	807,008	11,112,390	13,098,083	2,983,030	10,022,733	17,000	133,623	13,156,386	58,303

NOTES: *S&S for HIV/AIDS Care & Treatment includes lease costs, guard costs, maintenance, utilities for both orgs which is partially offset by sublease costs.
 Revenue for AIDS case management costs in org 45065 in the amount of \$295,000 is realized in this org.
 **Net County Costs for HIV Prevention includes S&B for which revenue is realized in Org 45065, and fringe benefits in excess of 30% rate that the State will allow.

Please note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the County Board of Supervisors.

Tuberculosis Control and Refugee Health Branch

Staffing Detail By Program

FISCAL YEAR 2004 - 2005 ADJUSTED BUDGET		
<u>TB SURVEILLANCE:</u>		
NAME	CLASSIFICATION	FTE
Abenojar,Gabriela	Communicable Disease Investgr	0.6
Arenas,JoseA	Communicable Disease Investgr	0.6
Ariola,Valerie	Communicable Disease Investgr	0.6
Banks,Donna D	Admin Secretary II	0.3
Bethel,Linda	Public Health Nurse IV	0.3
Colorado,Alberto	Clinic Services Coordinator	0.3
Covell,Lucinda C	Admin Analyst I	0.3
Dahl,Patricia	Public Health Nurse III	0.9
Flippo,Janis E	Sr Clerk	0.3
Furtzaig,Araceli	Intermediate Account Clerk	0.3
Garcia,Rafael A	Human Services Specialist	0.4
Goez,Sandra	Intermediate Clerk	0.3
Griffith,Peggy L	Word Processor Operator	0.3
Hunt,Gale E	Intermediate Clerk	0.3
Keenan,KathleenM	Supv Communicable Disease Inv	0.6
Vacant	Health Information Spec II	0.1
Kozik,Christine	Health Information Spec I	0.8
Lewis,Janette L	Public Health Nurse Manager	0.3
Liao,Jonabelle	Communicable Disease Investgr	0.6
Lobo,Diana	Health Information Spec I	0.3
Mandagie,Devery E	Public Health Nurse III	0.9
McGee,Shelley L	Office Support Specialist	0.3
Vacant	Sr Admissions Clerk	1.0
Miner,Angie	Quality Assurance Specialist	0.5
Moser, Kathy	Chief, TB Control & Border Hlth	0.2
Ocana,Jorge (Miguel)	Human Services Specialist	0.4
Owens, Sandy	Administrative Analyst III	0.2
Reed,Marilyn S	Health Information Spec I	0.5
Reed,Marilyn S	Intermediate Clerk	0.3
Roome,Tanya L	Intermediate Clerk	0.3
Ryan,Cecily	Public Health Nurse III	0.9
Sanchez,Benjamin	Health Information Spec I	1.0
Thomas,Beverley	Intermediate Clerk	0.3
Velasco,Francisco J	Human Services Specialist	0.4
TOTAL		15.21

<u>TB CASE MANAGEMENT:</u>		
NAME	CLASSIFICATION	FTE
Vacant	Social Worker II	0.5
Abenojar,Gabriela	Communicable Disease Investgr	0.2
Angeles,JoseA	Social Services Aide	1.0
Arenas,JoseA	Communicable Disease Investgr	0.2
Ariola,Valerie	Communicable Disease Investgr	0.2
Banks,Donna D	Admin Secretary II	0.3
Bethel,Linda	Public Health Nurse IV	0.3
Colorado,Alberto	Clinic Services Coordinator	0.3
Covell,Lucinda C	Admin Analyst I	0.3
Dahl,Patricia	Public Health Nurse III	0.1
Dee,Richard	Social Services Aide II	1.0
Diaz,Jaime C	Social Services Aide II	1.0
Dicken,Barbara	Licensed Vocational Nurse	0.7
Flippo,Janis E	Sr Clerk	0.3
Fregoso,Maricela	Social Services Aide	1.0
Furtzaig,Araceli	Intermediate Account Clerk	0.3
Garcia,Rafael A	Human Services Specialist	0.4
Goez,Sandra	Intermediate Clerk	0.3
Griffith,Peggy L	Word Processor Operator	0.3
Herrera,Julia	Social Services Aide II	1.0
Hunt,Gale E	Intermediate Clerk	0.3
Keenan,KathleenM	Supv Communicable Disease Inv	0.2
Lewis,Janette L	Public Health Nurse Manager	0.3
Liao,Jonabelle	Communicable Disease Investgr	0.2
Lobo,Diana	Health Information Spec I	0.3
Luong,Ky	Social Services Aide II	1.0
Mandagie,Devery E	Public Health Nurse III	0.1
McGee,Shelley L	Office Support Specialist	0.3
Moser, Kathy	Chief, TB Control & Border Hlth	0.2
Ocana,Jorge (Miguel)	Human Services Specialist	0.4
Owens, Sandy	Administrative Analyst III	0.2
Reed,Marilyn S	Intermediate Clerk	0.3
Roome,Tanya L	Intermediate Clerk	0.3
Thomas,Beverley	Intermediate Clerk	0.3
Tran,Minhdung	Social Services Aide II	1.0
Velasco,Francisco J	Human Services Specialist	0.4
Zurek,Rebeca	Mntl Hlth Case Mgmt Asst	1.0
TOTAL		16.06

<u>TB CLINIC:</u>		
NAME	CLASSIFICATION	FTE
Vacant	Social Worker II	0.5
Abenojar,Gabriela	Communicable Disease Investgr	0.2
Vacant	Public Health Nurse IV	0.2
Andre Westwood,Marie	Licensed Vocational Nurse	1.0
Arenas,JoseA	Communicable Disease Investgr	0.2
Ariola,Valerie	Communicable Disease Investgr	0.2
Banks,Donna D	Admin Secretary II	0.3
Bethel,Linda	Public Health Nurse IV	0.3
Contreras,Juan	Community Living Aide	1.0
Covell,Lucinda C	Admin Analyst I	0.3
DaRosa,Mary	Intermediate Clerk	1.0
Dicken,Barbara	Licensed Vocational Nurse	0.3
Dwyer,James	Radiologic Technologist	1.0
Flippo,Janis E	Sr Clerk	0.3
Furtzaig,Araceli	Intermediate Account Clerk	0.3
Gittleman,Lisa	Certified Nurse Practitioner	0.8
Goez,Sandra	Intermediate Clerk	0.3
Griffith,Peggy L	Word Processor Operator	0.3
Gutierrez,Sandra	Staff Nurse II	1.0
Hamlett, Frank B	Radiologist	1.0
Hunt,Gale E	Intermediate Clerk	0.3
Keenan,KathleenM	Supv Communicable Disease Inv	0.2
Lewis,Janette L	Public Health Nurse Manager	0.3
Liao,Jonabelle	Communicable Disease Investgr	0.2
Lobo,Diana	Health Information Spec I	0.3
Lopez,Silvia	Admissions Clerk	1.0
Lozano,Ana C	Licensed Vocational Nurse	1.0
McGee,Shelley L	Office Support Specialist	0.3
Meyer,Phyllis J	Radiologic Technologist	1.0
Miner,Angie	Quality Assurance Specialist	0.5
Moser, Kathy	Chief, TB Control & Border Hlth	0.2
Nguyen,Khanh H	Social Services Aide	1.0
Owens, Sandy	Administrative Analyst III	0.2
Reed,Marilyn S	Intermediate Clerk	0.3
Rojas,Mireya E	Admissions Clerk	1.0
Roome,Tanya L	Intermediate Clerk	0.3
Ruiz-Rueda,Sonia A	Staff Nurse II	1.0
Ryan,Cecily	Public Health Nurse III	0.1
Sisneros,Vanessa M.	Admissions Clerk	1.0
Thomas,Beverley	Intermediate Clerk	0.3
Tracy,Mark J	Physician	1.0
Wynn,Leslie	Public Health Nurse IV	1.0
TOTAL		22.48

Staffing Detail By Program (continued)

TB EDUCATION & OUTREACH		
PROGRAM	CLASSIFICATION	FTE
Vacant	Public Health Nurse IV	0.8
Banks, Donna D	Admin Secretary II	0.3
Bethel, Linda	Public Health Nurse IV	0.3
Colorado, Alberto	Clinic Services Coordinator	0.3
Covell, Lucinda C	Admin Analyst I	0.3
Flippo, Janis E	Sr Clerk	0.3
Furtzaig, Araceli	Intermediate Account Clerk	0.3
Garcia, Rafael A	Human Services Specialist	0.2
Griffith, Peggy L	Word Processor Operator	0.3
Vacant	Health Information Spec II	0.9
Kozik, Christine	Health Information Spec I	0.2
Lewis, Janette L	Public Health Nurse Manager	0.3
Lobo, Diana	Health Information Spec I	0.3
McGee, Shelley L	Office Support Specialist	0.3
Moser, Kathy	Chief, TB Control & Border Hlth	0.2
Ocana, Jorge (Miguel)	Human Services Specialist	0.2
Owens, Sandy	Administrative Analyst III	0.2
Reed, Marilyn S	Intermediate Clerk	0.3
Roome, Tanya L	Intermediate Clerk	0.3
Thomas, Beverley	Intermediate Clerk	0.3
Velasco, Francisco J	Human Services Specialist	<u>0.2</u>
		TOTAL 6.30
REFUGEE HEALTH ASSESSMENT PROGRAM		
Gittleman, Lisa	Certified Nurse Practitioner	0.2
Miner, Angie	Quality Assurance Specialist	0.1
Moser, Kathy	Chief, TB Control & Border Hlth	0.1
Owens, Sandy	Administrative Analyst III	0.1
Paida, Paulino	Health Information Spec I	<u>0.5</u>
		TOTAL 0.95
		BRANCH TOTAL 61.0

Public Health Services—Description of Programs and Services—January 2005

Program Budget

FISCAL YEAR 2004-2005 ADJUSTED BUDGET																
REVENUE BY SOURCE																
PROGRAM	FTE	SALARY & BENEFITS	SERVICES & SUPPLIES	EXPENSE CONTRACTS	FIXED ASSETS	COST APPLIED	TOTAL COST	STATE AID St.TB Initiative	ST. AID OTHER St Grants - RHAP	Fed.Other HRSA	Fed.Aid TB CDC	Recovered Expenditures	Realign	MAA X-RAYS DOT SKIN T.	TOTAL REVENUE	NET COUNTY COST
TB Surveillance	15.21	\$1,109,442	\$211,588	\$121,530	\$0	0.00%	\$1,468,623	\$149,628	\$0	\$88,055	\$560,614	\$0	\$635,691	\$163,088	\$1,597,075	(128,453)
TB Clinical Services	22.48	\$1,691,402	\$322,577	\$143,354	\$0	0.00%	\$2,183,396	\$222,451	\$0	\$130,896	\$833,369	\$0	\$944,975	\$242,435	\$2,374,126	(190,730)
TB Case Management	16.06	\$1,068,254	\$203,733	\$144,314	\$0	0.00%	\$1,442,364	\$146,952	\$0	\$86,481	\$550,593	\$0	\$624,329	\$160,173	\$1,568,528	(126,165)
TB Education and Outreach	6.30	\$485,391	\$92,572	\$139,071	\$0	0.00%	\$743,097	\$75,709	\$0	\$44,569	\$283,755	\$0	\$321,755	\$82,547	\$808,335	(65,238)
Refugee Health Assessment Program	0.95	\$54,710	\$31,541	\$232,500	\$0	0.00%	\$318,750	\$0	\$318,750	\$0	\$0	\$0	\$0	\$0	\$318,750	0
Totals	61.00	4,409,199	862,011	780,769	0	0	6,156,228	594,740	318,750	350,000	2,228,331	0	2,526,750	648,242	6,666,814	(510,586)

Please note: The expense and revenue appropriations contained in this budget were valid at the time it was produced. The current approved budget will vary based upon mid-year adjustments as authorized by the County Board of Supervisors.

Note: \$425,000 State RHAP grant is for only 75% of FY0405 = \$318,750

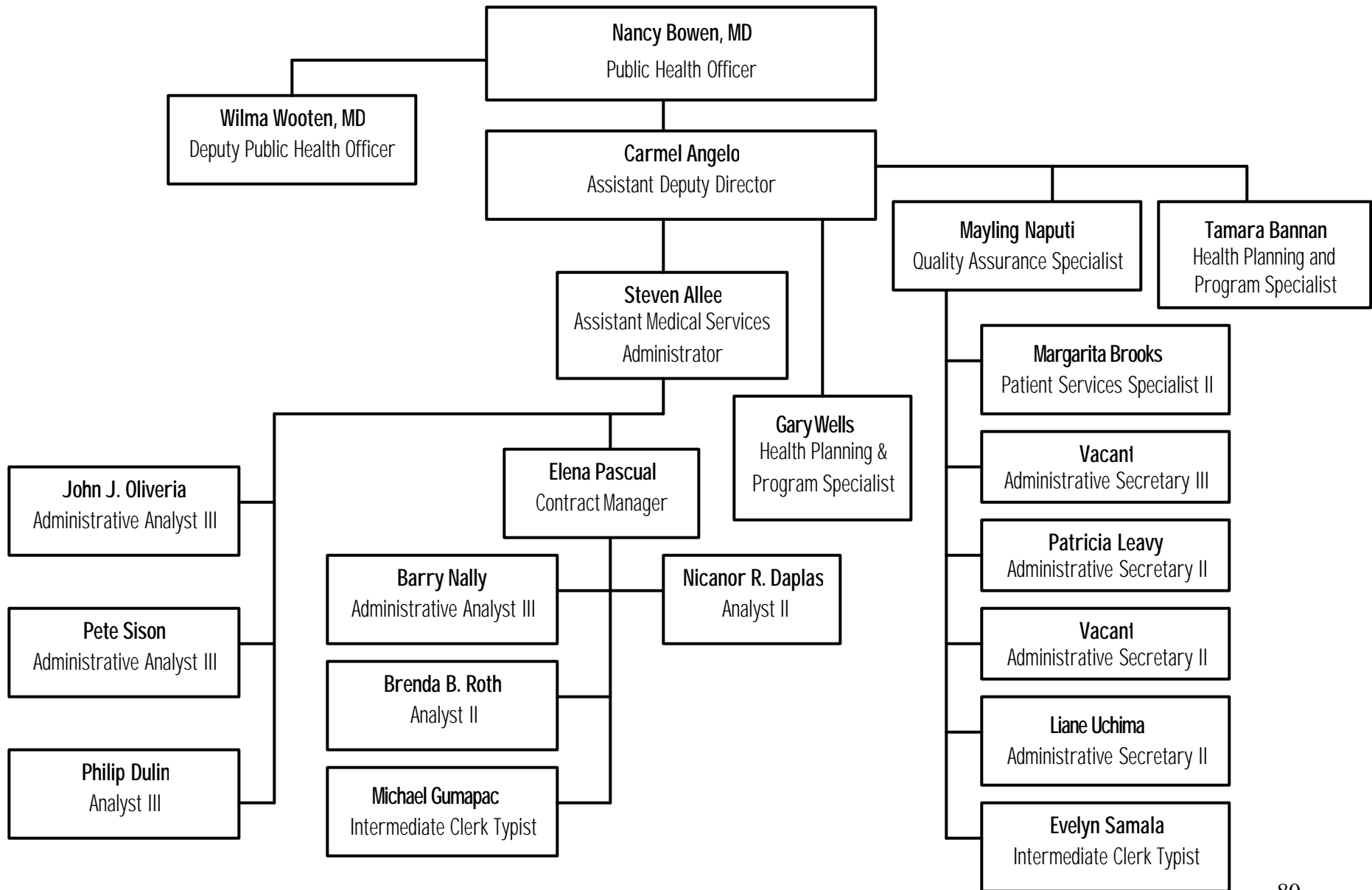
Section 3



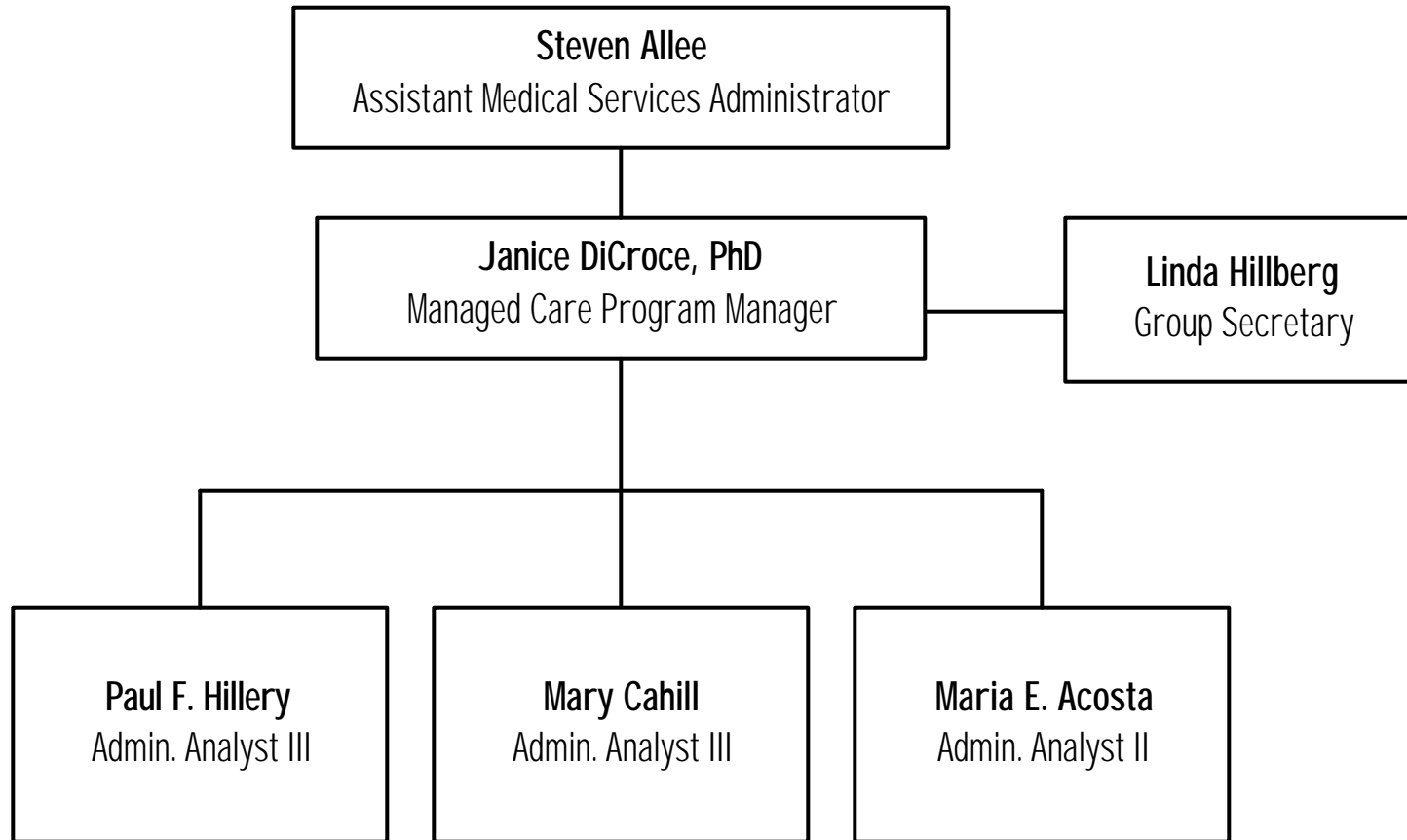
Organizational Charts



Administration for Public Health Services Branch—Administration

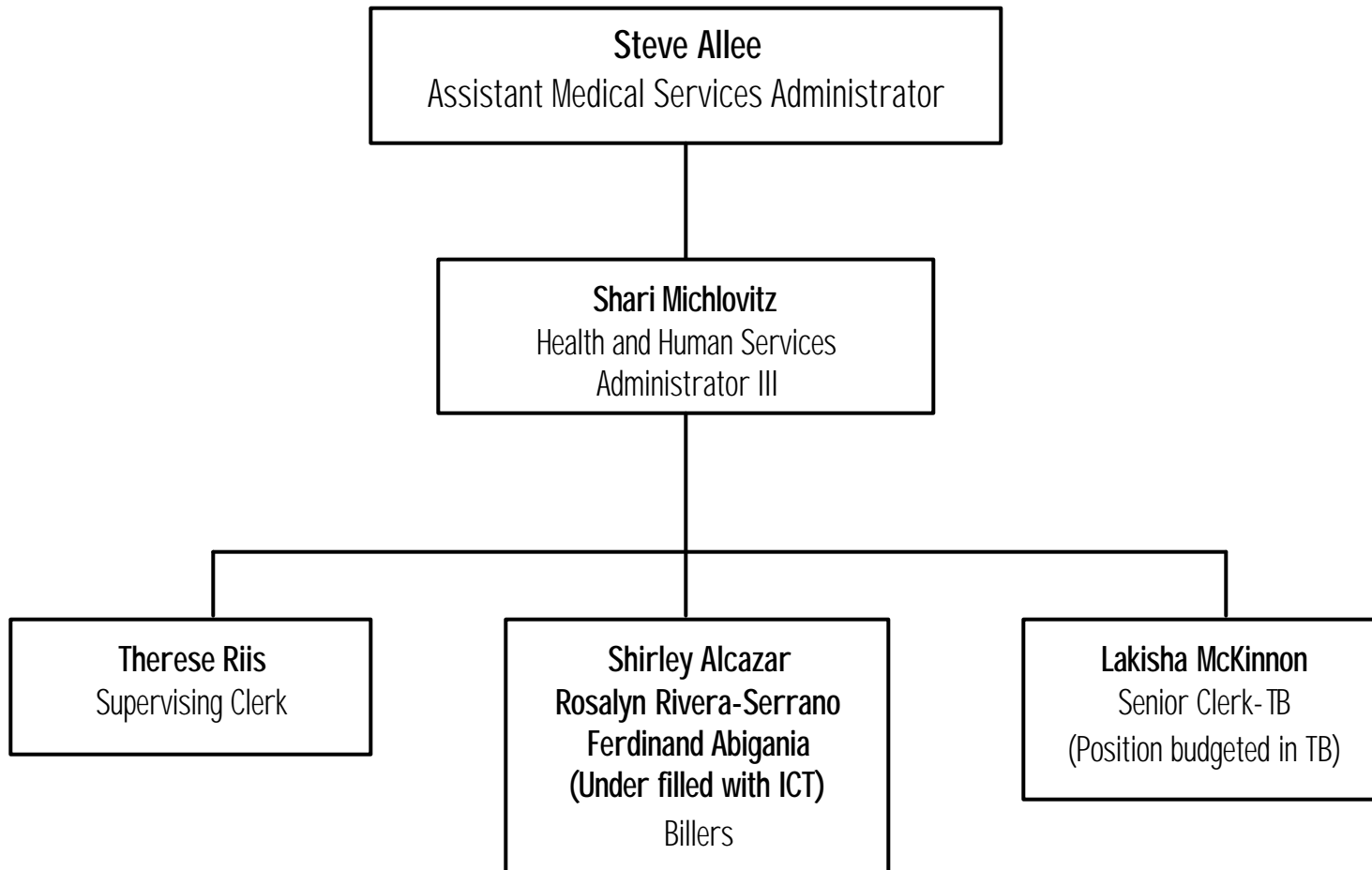


Administration for Public Health Services Branch— Medi-Cal Administrative Activities and Targeted Case Management

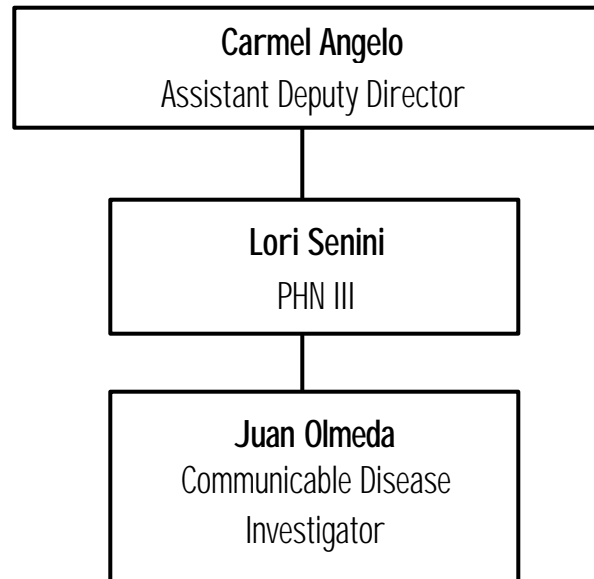


Administration for Public Health Services Branch— Patient Administrative Services

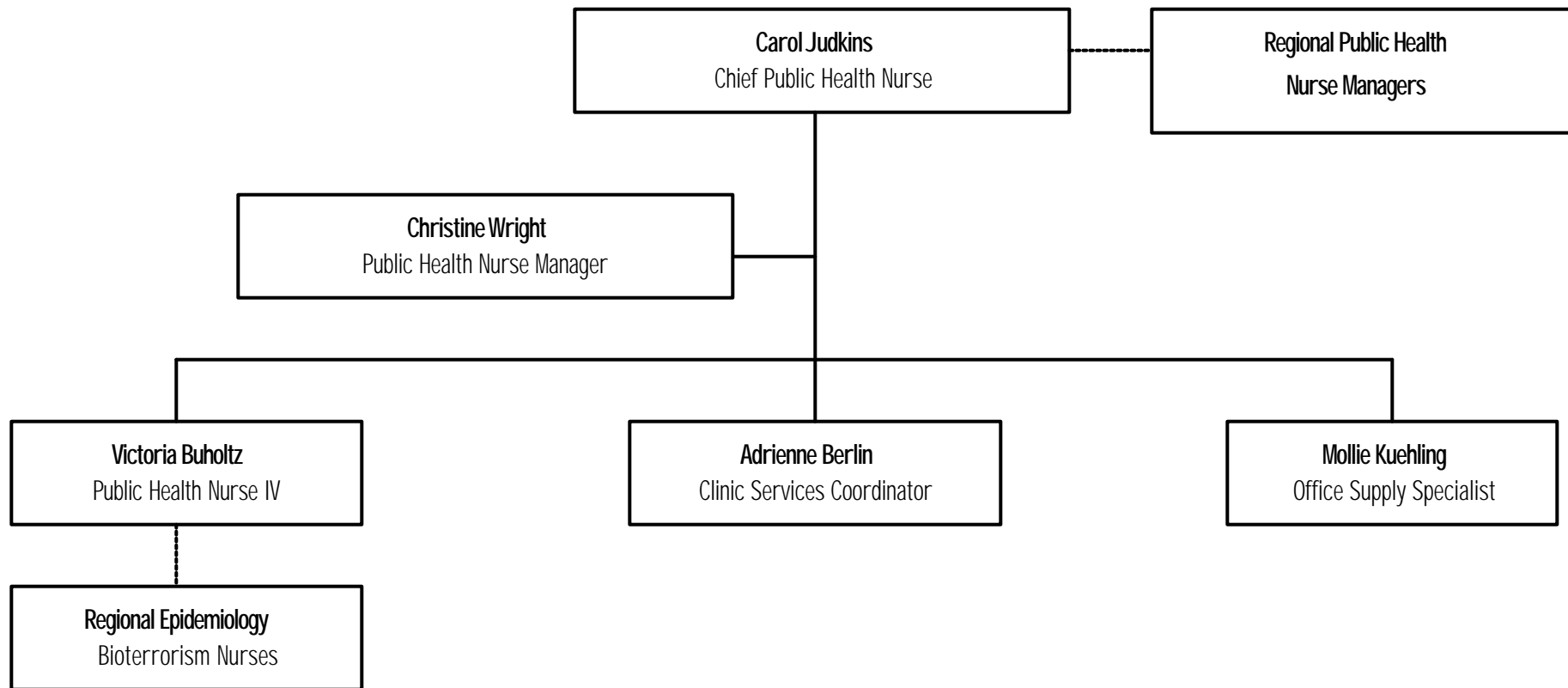
Public Health Billing/Cashier Unit



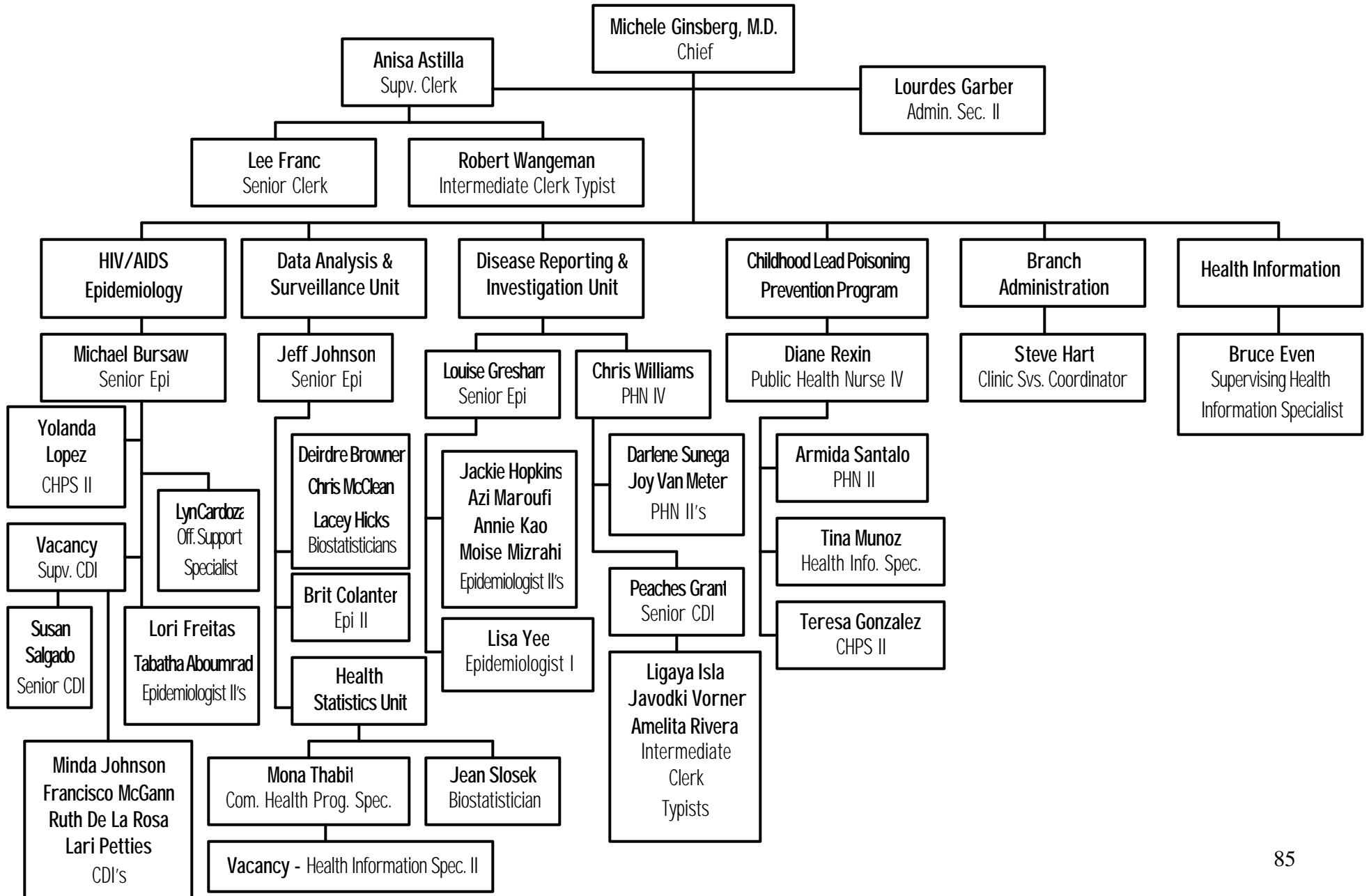
Administration for Public Health Services Branch— Border Health



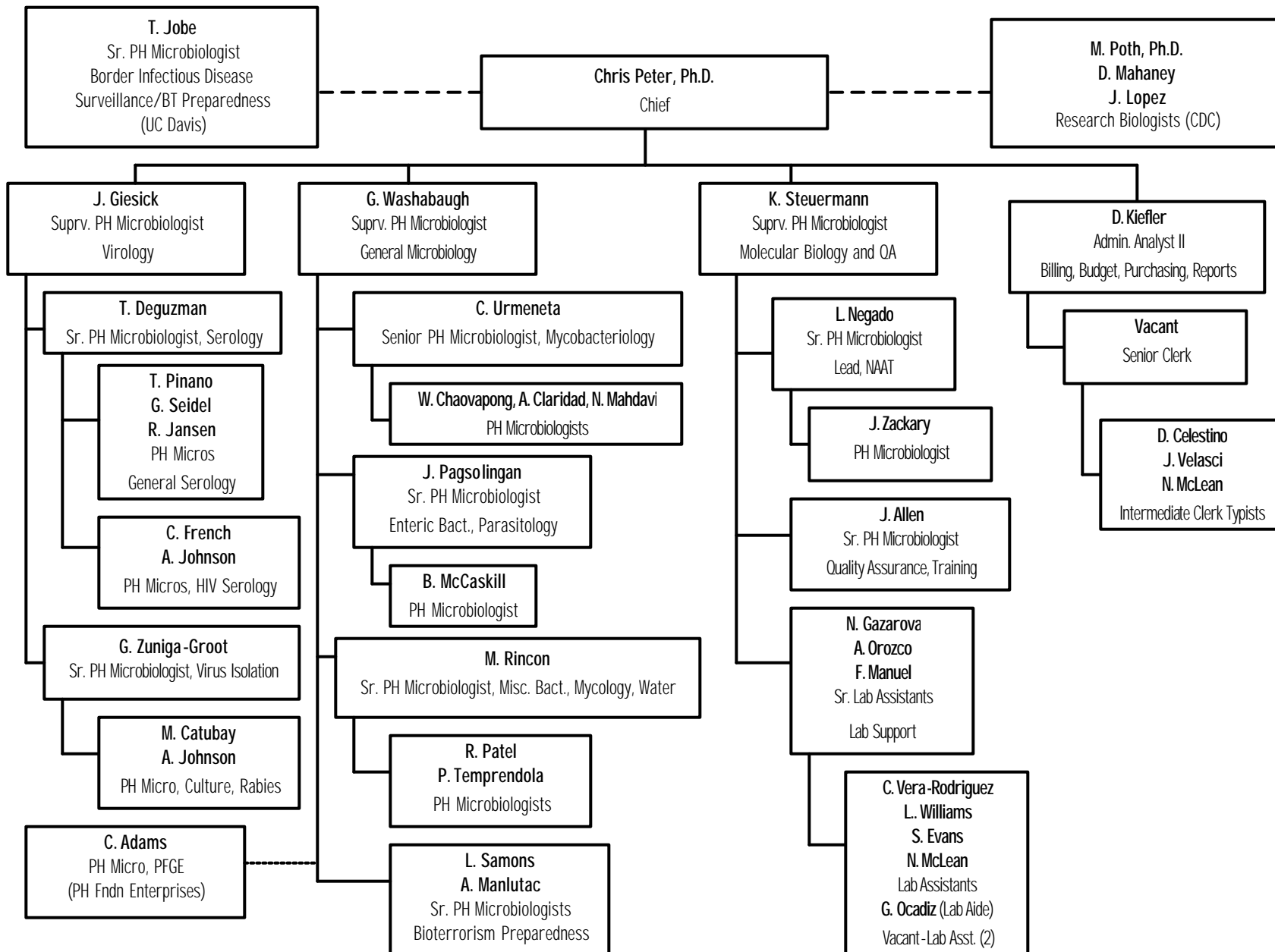
Administration for Public Health Nursing



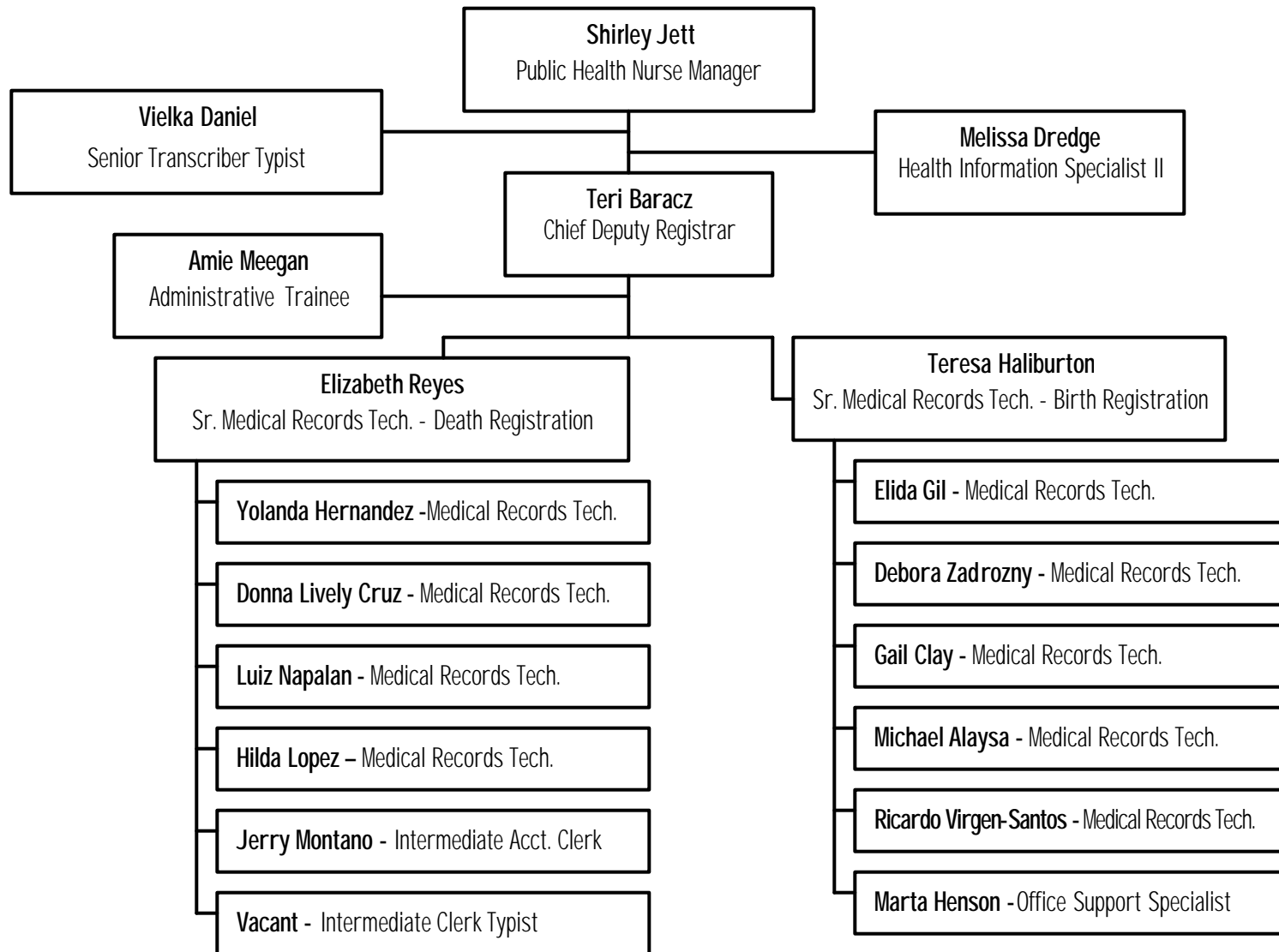
Community Epidemiology Branch—Epidemiology



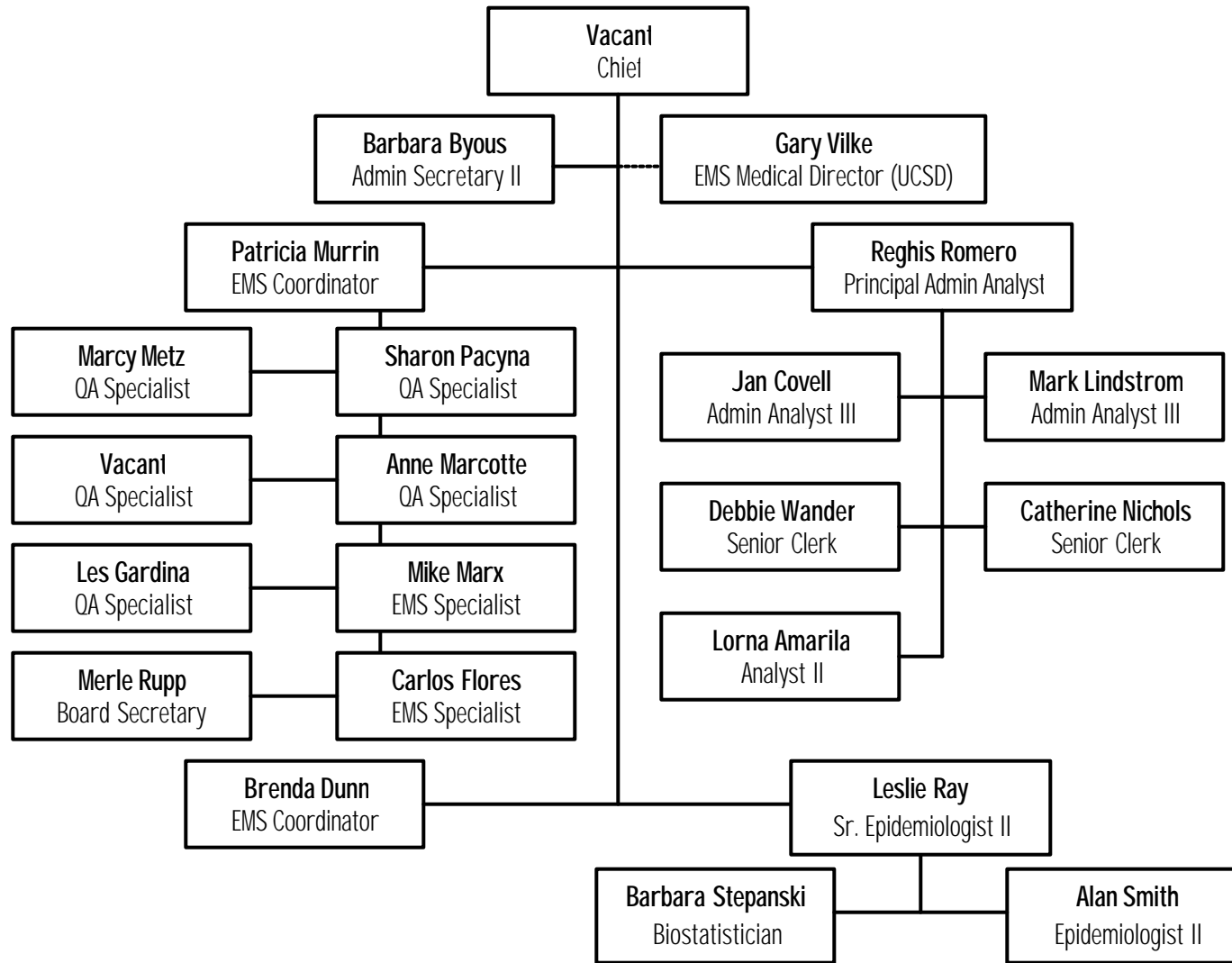
Community Epidemiology Branch—Public Health Laboratory



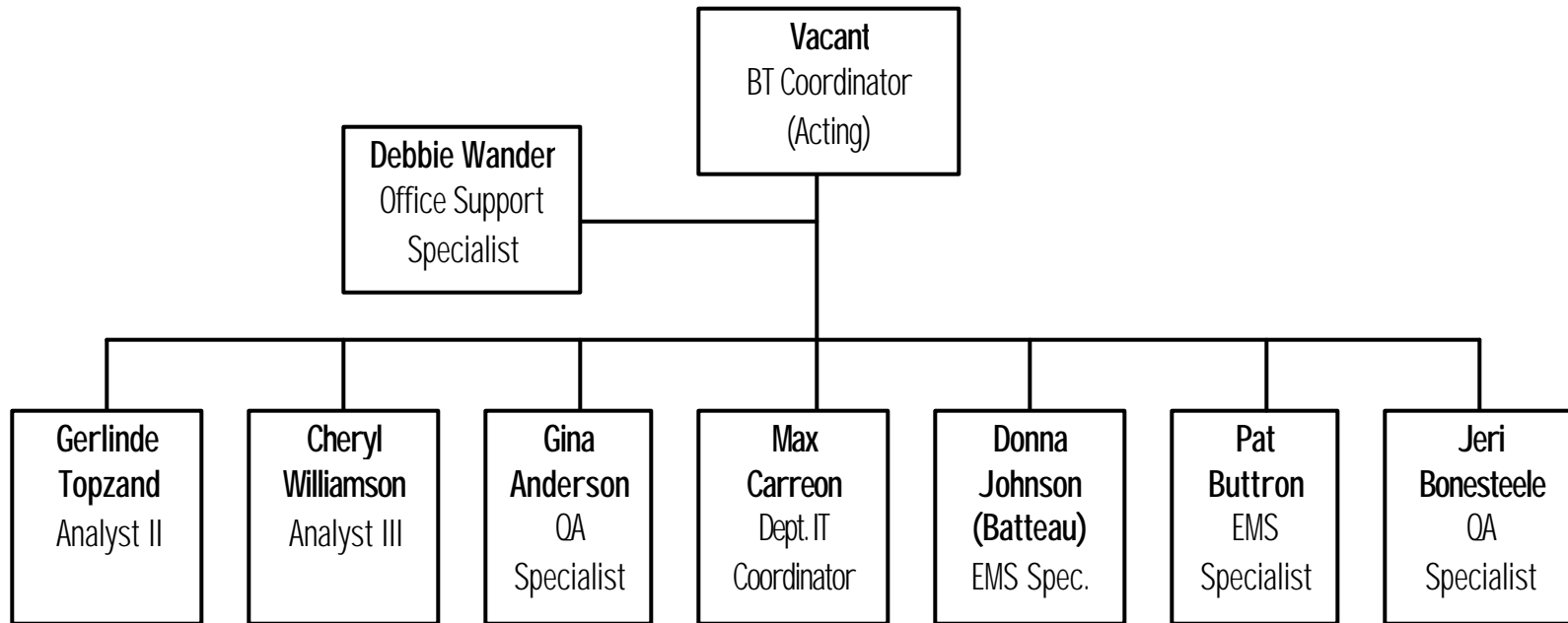
Community Epidemiology Branch—Vital Statistics



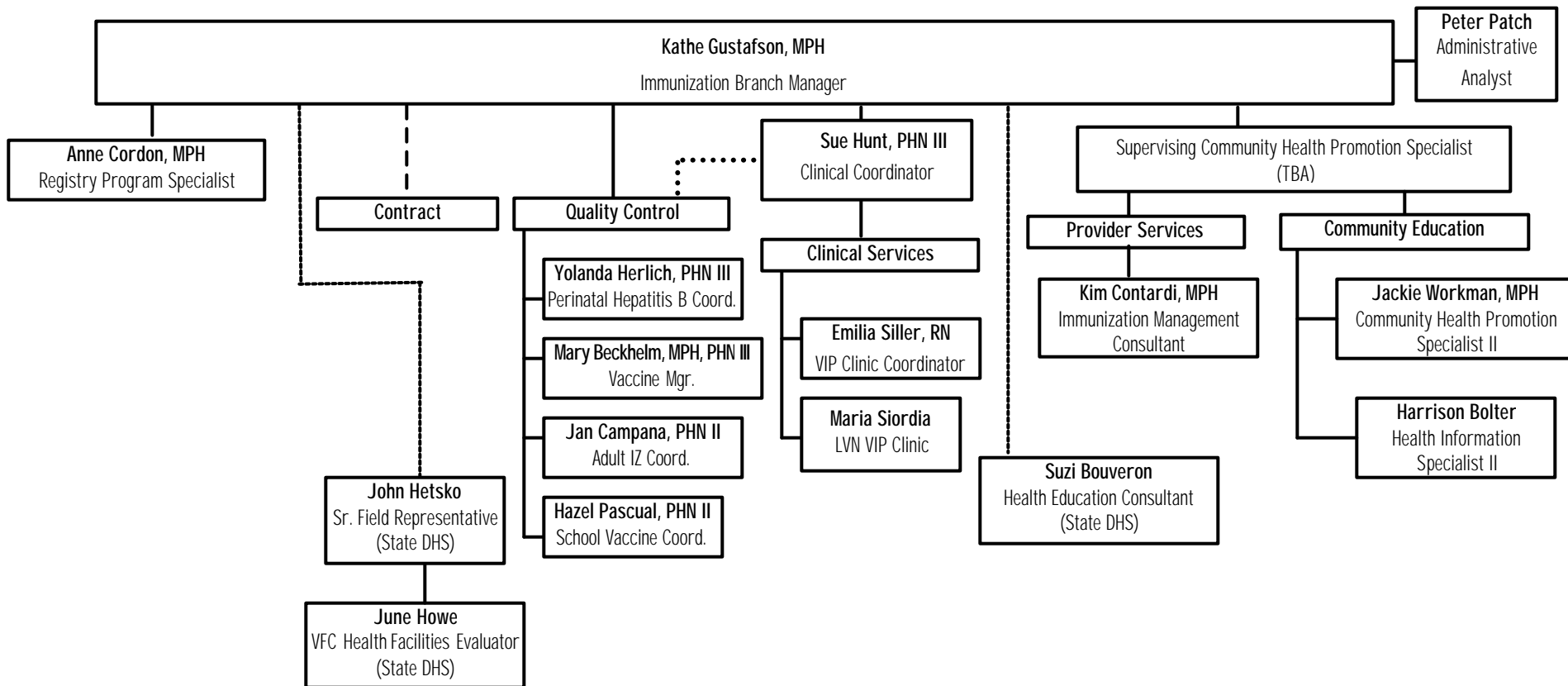
Emergency Medical Services, Emergency Preparedness and Disaster Medical Services Branch—Emergency Medical Services



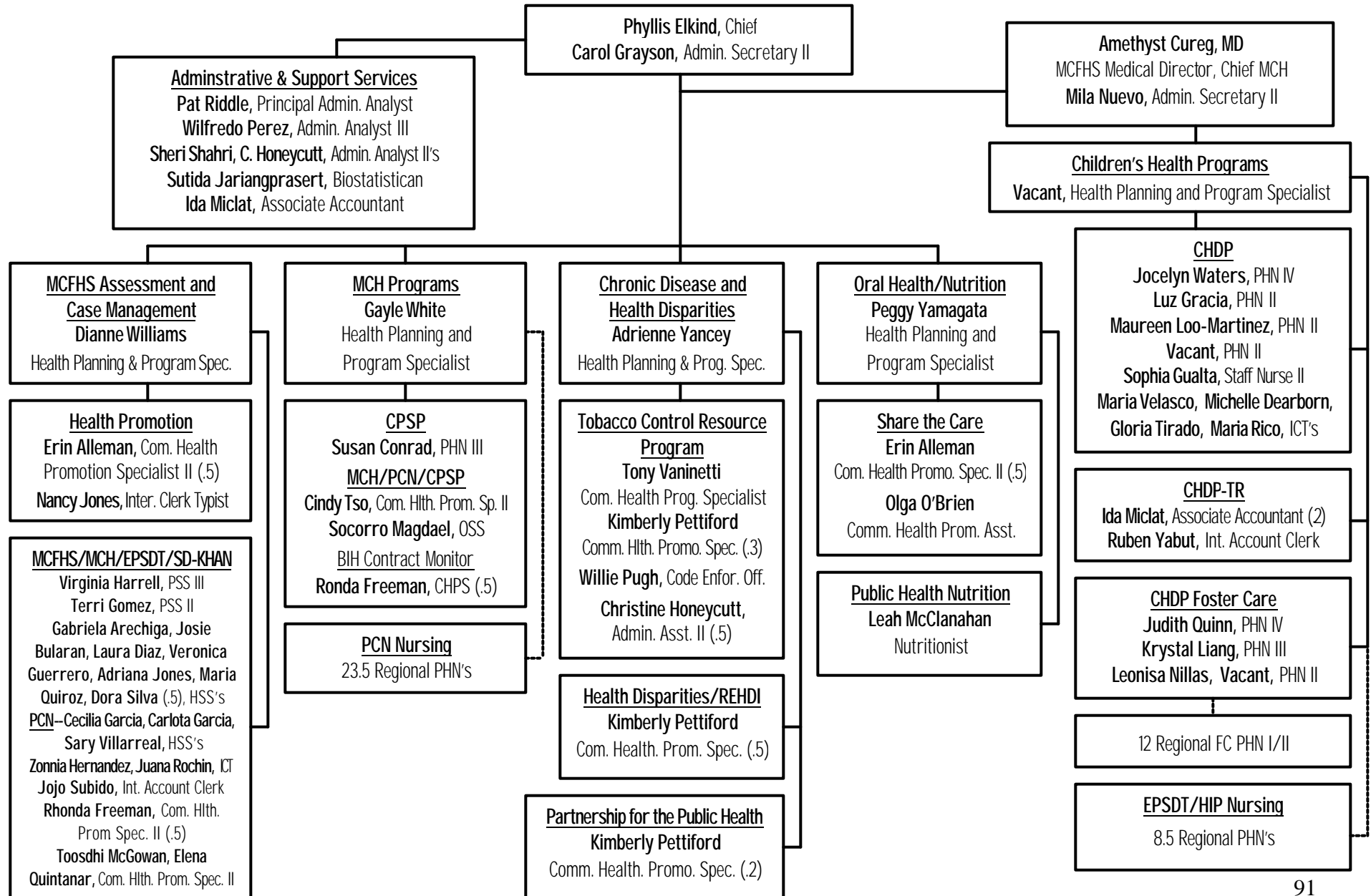
Emergency Medical Services, Emergency Preparedness and Disaster Medical Services Branch—Emergency Preparedness and Disaster Medical Services



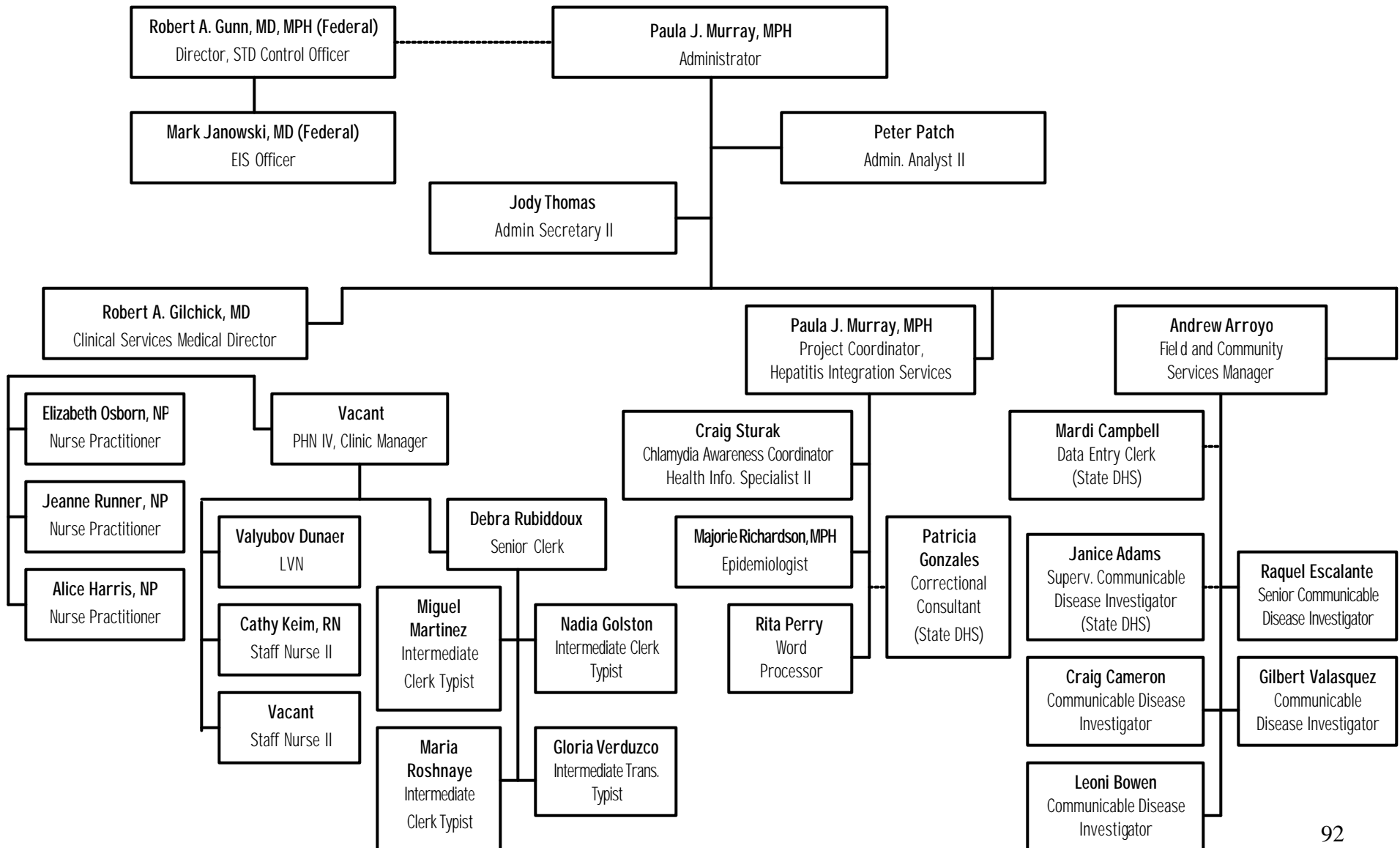
Immunization Branch



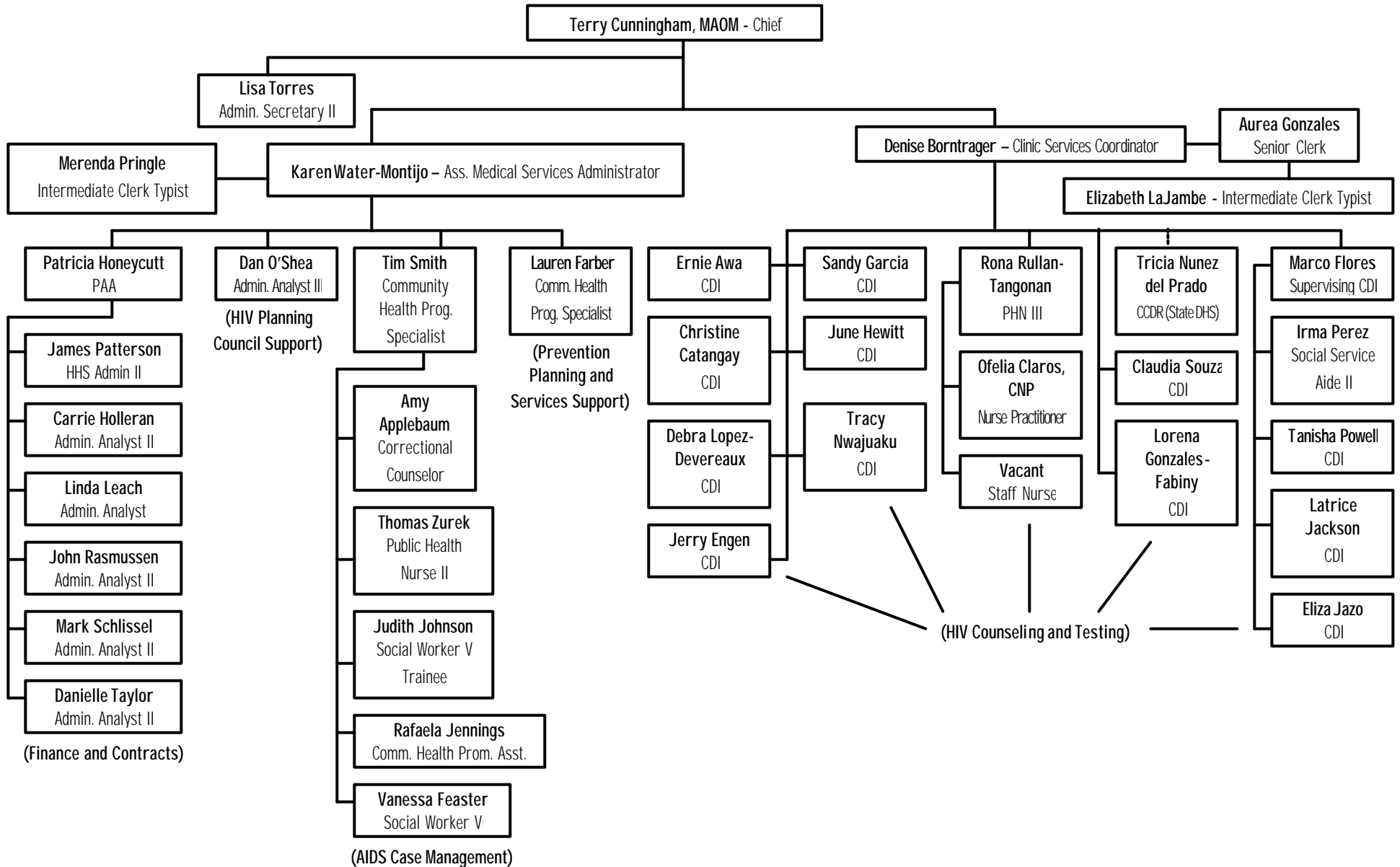
Maternal, Child and Family Health Services Branch



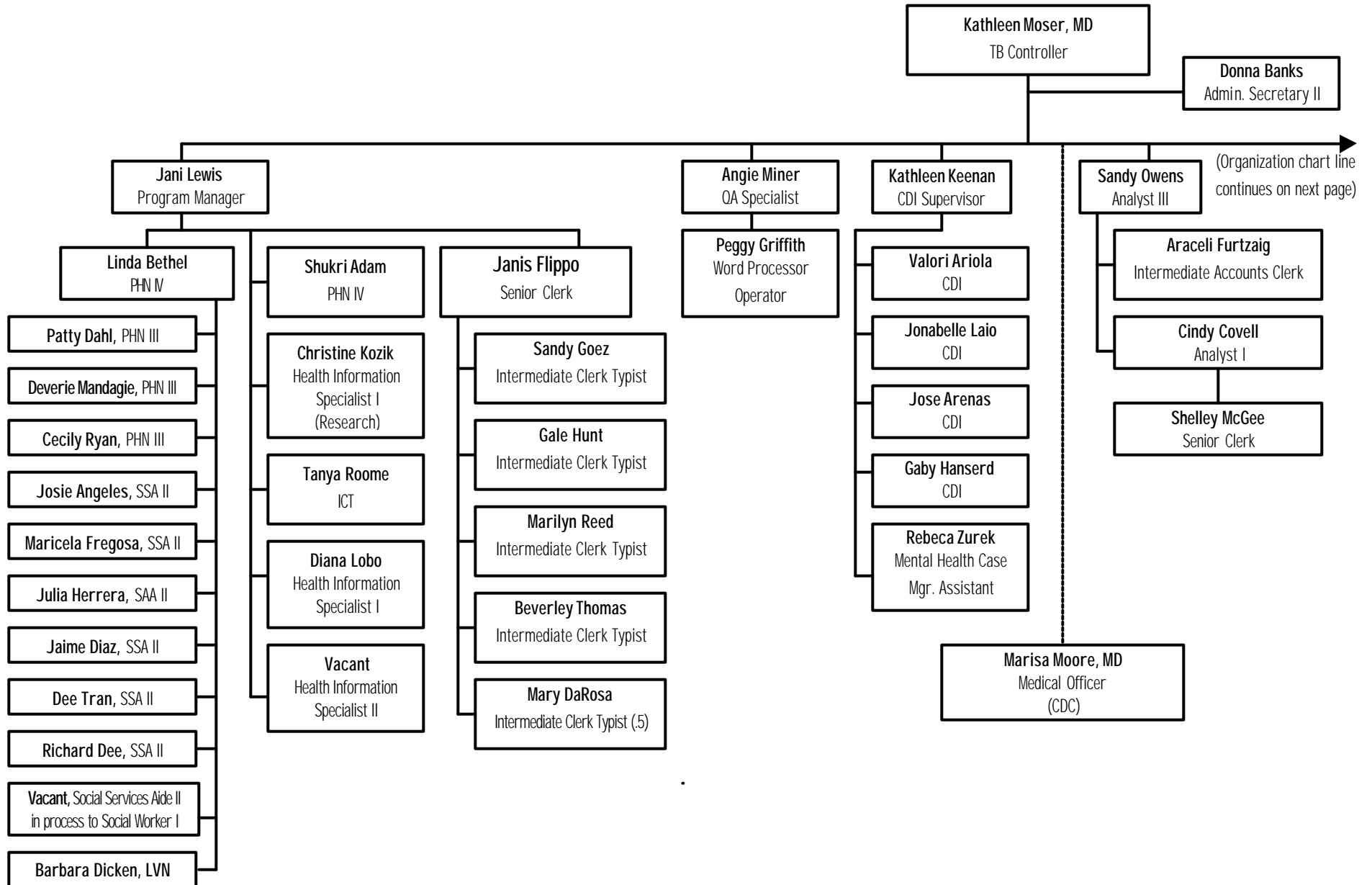
HIV, STD and Hepatitis Branch— Sexually Transmitted Diseases and Hepatitis



HIV, STD and Hepatitis Branch—HIV



Tuberculosis Control and Refugee Health Branch (Part 1)



Tuberculosis Control and Refugee Health Branch (Part 2)

