

## PUBLIC HEALTH DEPARTMENTAL OVERVIEW

The mission of the Public Health Department is to improve the health of our communities by preventing disease, promoting wellness, and ensuring access to needed health care.

The Public Health Department has two service divisions, "Community Health" and "Primary Care and Family Health," and two administrative divisions, "Administration and Support" and "Tobacco Settlement." The Department has a total of 544 staff positions in 9 permanent locations and a variety of community service locations throughout the county.

**Administration and Support:**

Provide an executive focus on community partnerships, leadership, and medical science that is responsive to both internal and external demands for financial planning and accounting, information technology development, human resource guidance, quality improvement, and facility management.

**Primary Care and Family Health:**

Provide prevention and early intervention health care at seven Federally Qualified Health Centers. Ensure access to necessary medical care, and assessment for children, low-income families, and adults with medical emergencies, and other people with special needs.

**Community Health:**

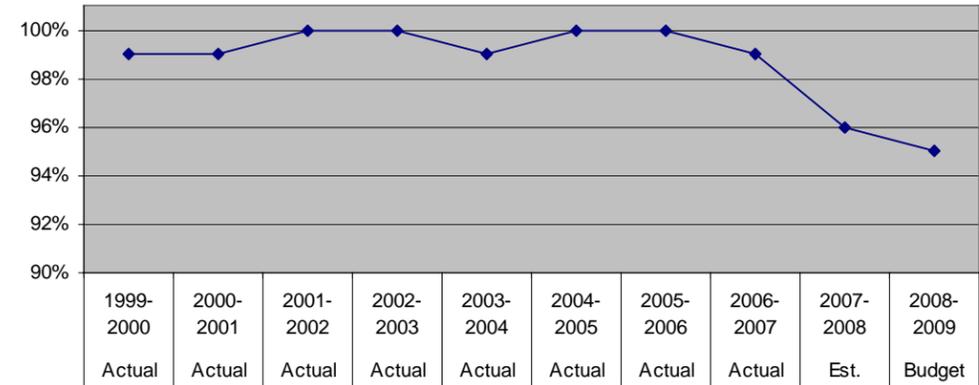
Prevent disease and promote healthy behaviors for the entire community by monitoring, investigating, and controlling environmental hazards and communicable diseases. Inform and empower people about nutrition, maternal child and family health, chronic diseases, and human services issues.

**Tobacco Settlement:**

The Tobacco Settlement Division administers the tobacco settlement revenues and provides staff support to the Tobacco Settlement Advisory Committee (TSAC) and the programs funded through TSAC.

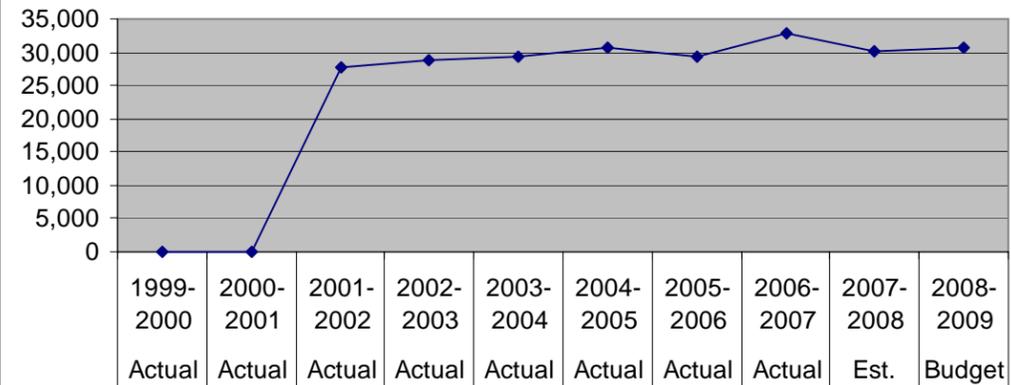
## PUBLIC HEALTH KEY TREND ANALYSIS

**Ensure that 95% of preschool children are fully immunized.**



The percentage of children fully immunized helps track children's health and identify areas where additional resources may be needed to insure compliance.

**Number of indigent patients provided medical care**



The trend of the number of indigent patients receiving health care services is an indicator of the state of the local economy and the needs for additional health care services and resources.

**Performance Measure Legend**

Department-wide Effectiveness Performance Measure

Change to Performance Measure

Performance Measure to Delete

New Performance Measure

Budgets shown in Millions (\$M) or Thousands (\$K)  
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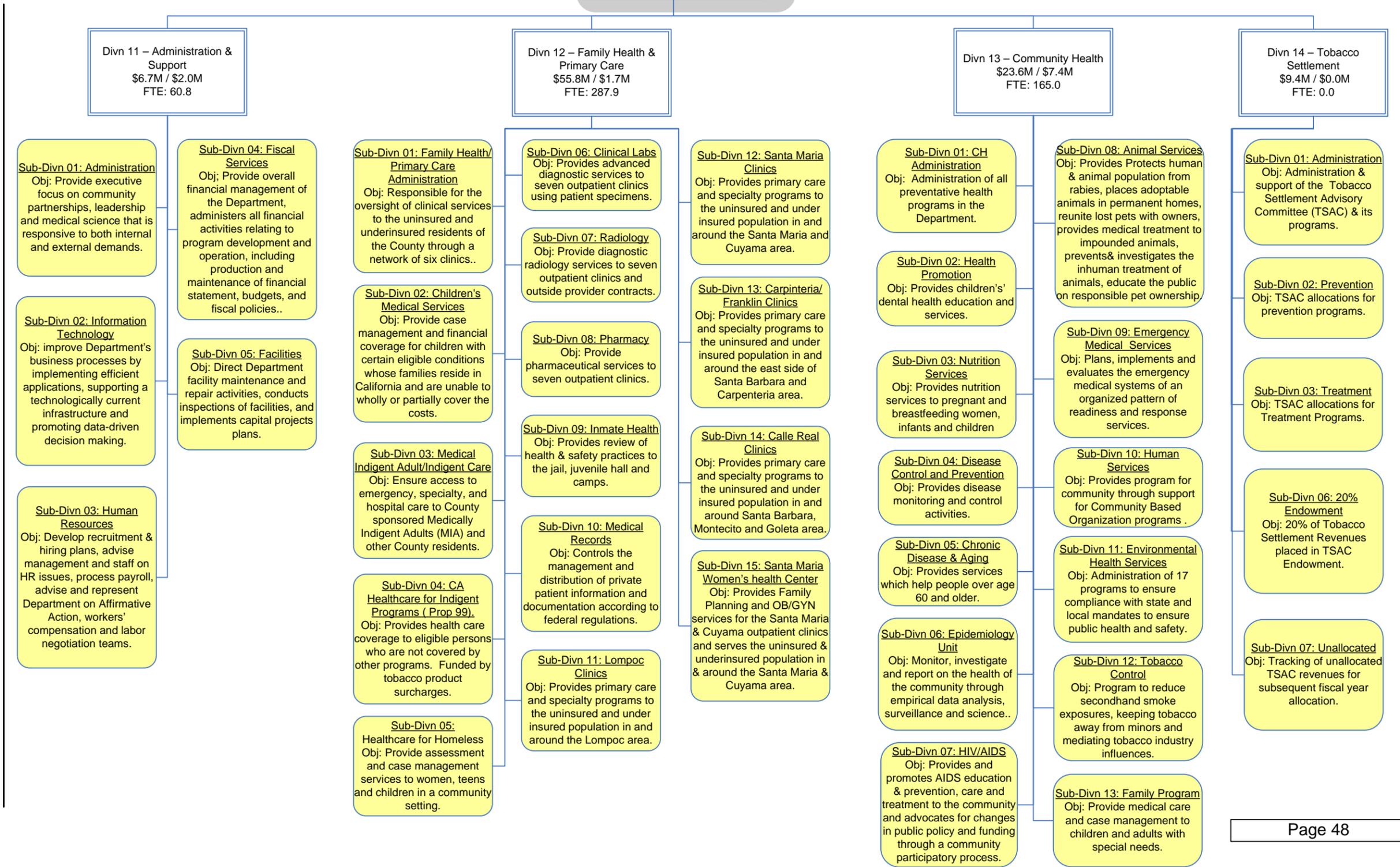
**PUBLIC HEALTH DEPARTMENT**

**Dr. Elliott Schulman, MD, MPH**  
 Director  
 \$95.4M / \$11.0M  
 FTE: 513.6

Division: # & Title from CCID  
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Divn 11 – Administration  
 \$6.7M / \$2.0M  
 FTE 60.8

Sub-Divn 01: Administration  
 Obj: Provide executive focus on  
 community partnerships,  
 leadership and medical since.

PHD Administration  
 Program 3007  
 \$1.3M / \$2.0M  
 FTE: 4.5

To ensure an efficient and responsive government, the County will maintain the rate of General Liability claims filed at no more than 90 - 100% of the previous year's actual claims filed.

As an efficient and responsive government, the County will maintain the cost of worker's compensation incident claims to \$1.17 per \$100 payroll.

To improve workers safety, the County will conduct its operations in order to maintain the rate of Workers' Compensation incident claims to 12 or less per 100 FTE employees Countywide.

As an efficient and responsive government, the County will maintain the rate of Workers' Compensation claims filed between 90 - 100% of the previous year's actual claims filed.

As an efficient and responsive government, the County will maintain a productive workforce through a countywide Lost Time Rate of 5.9% or less.

To ensure an efficient and responsive government, the County will maintain a count of 3 or less Medical Malpractice claims filed per quarter.

As an efficient and responsive government, the County will maintain a quality workforce through completing 95 -100% of departmental Employee Performance Reviews (EPRs) by the Anniversary Due Date.

Unassigned  
 Program 3101  
 \$32.9K / \$0.0K  
 FTE: 0.0

NOTE: This cost center is for fiscal tracking purposes only.

TSAC Administration  
 Program 3108  
 \$158.0K / \$0.0K  
 FTE: 1.6



Contract Administration  
 Program 3109  
 \$172.6K / \$0.0K  
 FTE: 1.8

At least 95% of annual purchase order renewals will be signed and returned by the vendor by 8/7/08

100% administrative requests responded to within 24 hours

Animal Services  
 Program 4360  
 \$138.5K / \$0.0K  
 FTE: 1.3



ADMHS  
 Program 5260  
 \$0.0K / \$0.0K  
 FTE: 0.0

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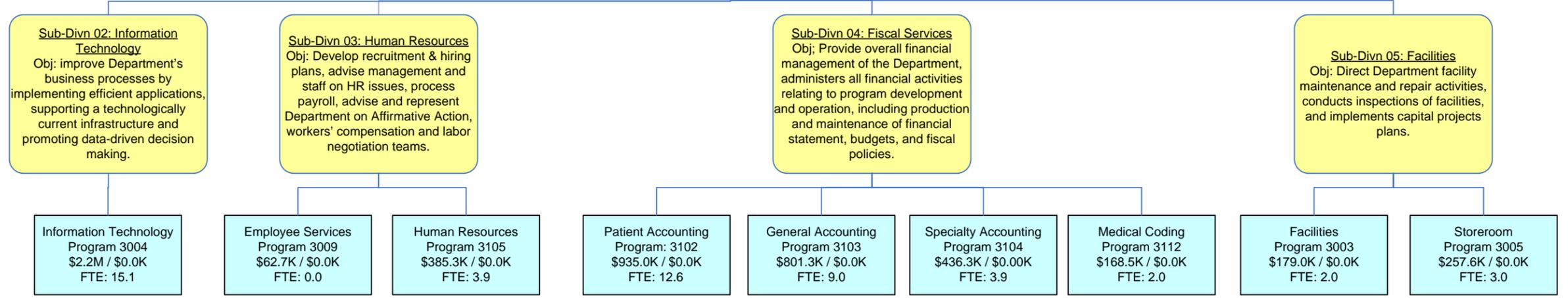
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**PUBLIC HEALTH DEPARTMENT**

Divn 11 – Administration  
 \$6.7M / \$2.0M  
 FTE 60.8



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Provide at least 12 in-depth training sessions annually to build technical skills for high-end computer users.

Provide data reports by the requested deadline at least 90% of the time.

Resolve at least 85% of computer technical support calls immediately.

90% of calls that are referred will be followed up within 4 hours.

All new employees will receive an ergonomic assessment within 60 days of beginning work.

Reduce the average number of days from the date the list of applicants for hire is received from Human Resources to the date a job offer is made from 20 days to 18 days.

Increase by 2% collections from self-pay patients in clinics and ancillary services to \$1.66 million.

Reduce the average number of days from date of clinic service delivery to receipt of payment to 30 days.

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Increase by 2% collections from self-pay patients in clinics and ancillary services to \$1.66 million.

Reduce the average number of days from date of clinic service delivery to receipt of payment to 30 days.

At least 95% 100% of medical chart reviews will document accurate medical records coding and service documentation.

Ensure that 80% 90% of requests assigned to Public Health Department Facilities will be completed within the timeline goals.

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**PUBLIC HEALTH DEPARTMENT**

Divn 12 – Family Health & Primary Care  
 \$55.8M / \$1.7M  
 FTE: 287.9

Sub-Divn 01: Family Health/Primary Care Administration  
 Obj: Responsible for the oversight of clinical services to the uninsured and underinsured residents of the County through a network of six clinics.

Sub-Divn 02: Children's Medical Services  
 Obj: Provide case management and financial coverage for children with certain eligible conditions whose families reside in California and are unable to wholly or partially cover the costs.

Family Health/Primary Care Administration  
 Program 3001  
 \$4.5M / \$1.7M  
 FTE: 6.0

CHDP  
 Program 1015  
 \$543.4K / \$0.0K  
 FTE: 3.7

CHDP Foster Care  
 Program 1090  
 \$0.0K / \$0.0K  
 FTE: 0.0

California Children's Services (CCS) Diagnosis & Treatment  
 Program 1100  
 \$150.0K / \$0.0K  
 FTE: 0.0

California Children's Services (CCS) Therapy  
 Program 1101  
 \$2.4M / \$0.0K  
 FTE: 21.1

California Children's Services (CCS) Administration  
 Program 1199  
 \$2.6M / \$0.0K  
 FTE: 21.3

Ensure that 99.1% of Public Health clinic infants born at >37 weeks gestation weigh at least 2,500 grams (5.5 pounds).

Increase the percentage of females 11-18 years of age at the Public Health clinics that have received the HPV vaccine from 10% in FY 07/08 to 50% in FY 09/10.

Annually screen for Chlamydia and treat as appropriate in at least ~~80%~~ 90% of family planning patients aged 16-25.

Provide medical care to 30,760 indigent patients each year.

Decrease the number of the Public Health Department's Santa Barbara Regional Health Authority (SBRHA) Medi-Cal patients who meet the definition of persistent asthma from 28% in FY 06/07 to 20% in FY 07/08.

Ensure that 70% of Santa Barbara Clinic Family Practice patients with the primary or secondary diagnosis of depression will have completed a depression assessment within the past 12 months.

At least 80% of diabetic patients in Public Health Department clinics will have a dilated eye exam annually.

At least ~~74%~~ 80% of women aged 40 and older seen in Public Health clinics will have a mammogram every 2 years.

Ensure that 100% of patients will be financially screened at the time of their visit.

Increase the number of Medi-Cal visits by 10% within primary care clinics.

Achieve a 90% retention rate for licensed medical professionals.

Site visits for triennial recertification of CHDP Program providers will be completed for 33% of approximately 37 provider sites in Santa Barbara County, per State requirements.

Program has been terminated.

At least 95% of people completing the California Children's Services (CCS) Family Survey will rate the overall experience of getting their child CCS services as good or very good.

Provide occupational or physical therapy evaluations to at least 80% of California Children's Services (CCS) eligible children within 30 days, per State requirements.

At least 95% of people completing the California Children's Services (CCS) Family Survey will rate the overall experience of getting their child CCS services as good or very good.

Screen 100% of the applications for eligibility prior to authorizing treatment.

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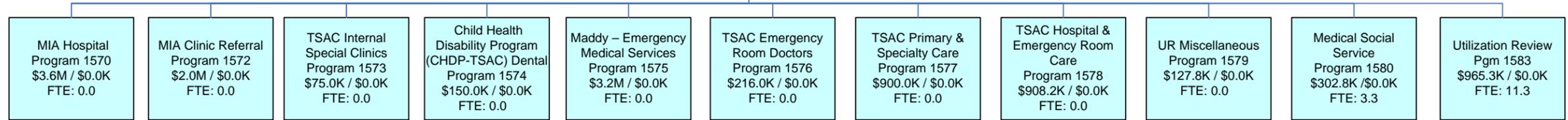
Divn 12 – Family Health & Primary Care  
 \$55.8M / \$1.7M  
 FTE: 287.9

Sub-Divn 03: Medically Indigent Adult (MIA)/Indigent Care  
 Obj: Plan organize and provides direction for the Adult Services Division.

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Increase funding recovered by obtaining at least \$550,000 Medi-Cal reimbursement for Medically Indigent Adult (MIA) patients subsequently granted retroactive Medi-Cal coverage.

Increase funding recovered by obtaining at least \$550,000 Medi-Cal reimbursement for Medically Indigent Adult (MIA) patients subsequently granted retroactive Medi-Cal coverage.

100% of patients referred for MIA, TSAC or Maddy will be financially screened for other eligible programs prior to funding from these programs.

Provide dental care to 100% of referrals from CHDP providers.

Allocate and Distribute 100% of Maddy EMS funds as prescribed under SB 635.

100% of patients referred for MIA, TSAC or Maddy will be financially screened for other eligible programs prior to funding from these programs.

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20% of clients who apply for MIA will receive consultation from the Medical Social Worker.

Increase funding recovered by obtaining at least \$550,000 Medi-Cal reimbursement for Medically Indigent Adult (MIA) patients subsequently granted retroactive Medi-Cal coverage.

100% of patients referred for MIA, TSAC or Maddy will be financially screened for other eligible programs prior to funding from these programs.

100% of patients referred for MIA, TSAC or Maddy will be financially screened for other eligible programs prior to funding from these programs.

100% of MIA/TSAC patients referred from specialty clinics for cholecystectomy will be authorized if they meet the clinical criteria.

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**PUBLIC HEALTH DEPARTMENT**

Divn 12 – Family Health & Primary Care  
\$55.8M / \$1.7M  
FTE: 287.9

**Sub-Divn 04: CA Healthcare for Indigent Programs ( Prop 99).**  
Obj: Provides health care coverage to eligible persons who are not covered by other programs. Funded by tobacco product surcharges.

**Sub-Divn 05: Healthcare for Homeless**  
Obj: Provide assessment and case management services to women, teens and children in a community setting.

**Sub-Divn 06: Clinical Labs**  
Obj: Provides advanced diagnostic services to seven outpatient clinics using patient specimens.

Hospital Services-Formula  
Program 2100  
\$26.5K / \$0.0K  
FTE: 0.0

Hospital Services-Discretionary  
Program 2150  
\$26.5K / \$0.0K  
FTE: 0.0

Physician Services-Discretionary  
Program 2200  
\$0.5K / \$0.0K  
FTE: 0.0

Physician Services - ER Physicians  
Program 2250  
\$167.6K / \$0.0K  
FTE: 0.0

Other Health Care Program  
Program 2300  
\$9.9K / \$0.0K  
FTE: 0.0

Homeless Program  
Program 1361  
\$1.5M / \$0.0K  
FTE: 7.2

Clinical Lab – Santa Maria  
Program 1701  
\$433.3K / \$0.0K  
FTE: 3.4

Clinical lab – Santa Barbara  
Program 1702  
\$1.3M / \$0.0K  
FTE: 8.5

Clinical lab – Lompoc  
Program 1703  
\$183.9K / \$0.0K  
FTE: 2.1

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Increase the percent-age of homeless women who receive **care in the first trimester care** by from 10% to 45%, **thus complying with federal standards.**

Increase the percent-age of homeless children up-to-date on their immunizations by 5% to 90%.

Ensure that 100% of Critical Values as defined in the Laboratory Policy Manual are reported to the requesting provider or designee as soon as the result is available.

Ensure that **95% 100%** of the STAT test requests are completed and reported within one hour of receipt in the Clinical Laboratory.

At least **99% 100%** of proficiency tests in the clinical laboratory will be accurate.

Ensure that 100% of Critical Values as defined in the Laboratory Policy Manual are reported to the requesting provider or designee as soon as the result is available.

Ensure that **95% 100%** of the STAT test requests are completed and reported within one hour of receipt in the Clinical Laboratory.

At least **99% 100%** of proficiency tests in the clinical laboratory will be accurate.

**At least 99% 100% of proficiency tests in the clinical laboratory will be accurate.**

**Certified phlebotomy technicians will correctly collect and process 100% of patient specimens for clinical lab testing.**

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**PUBLIC HEALTH DEPARTMENT**

Divn 12 – Family Health & Primary Care  
 \$55.8M / \$1.7M  
 FTE: 287.9

**Sub-Divn 07: Radiology**  
 Obj: Provide diagnostic radiology services to seven outpatient clinics and outside provider contracts.

**Sub-Divn 08: Pharmacy**  
 Obj: Provide pharmaceutical services to seven outpatient clinics.

**Sub-Divn 09: Inmate Health**  
 Obj: Provides review of health & safety practices to the jail, juvenile hall and camps.

**Sub-Divn 10: Medical Records**  
 Obj: Controls the management and distribution of private patient information and documentation according to federal regulations.

Clinical X-Ray Santa Maria Program 1711  
 \$143.8K / \$0.0K  
 FTE: 1.2

Clinical X-Ray Santa Barbara Program 1712  
 \$200.0K / \$0.0K  
 FTE: 1.6

Clinical X-Ray Lompoc Program 1713  
 \$154.8K / \$0.0K  
 FTE: 1.3

Pharmacy Santa Maria Program 1720  
 \$1.7M / \$0.0K  
 FTE: 3.2

Pharmacy Santa Barbara Program 1721  
 \$2.2M / \$0.0K  
 FTE: 7.0

Pharmacy Lompoc Program 1723  
 \$1.7M / \$0.0K  
 FTE: 4.7

Jail Medical Services Program 1650  
 \$1.1K / \$0.0K  
 FTE: 0.0

Probation Medical Services Program 1651  
 \$66.1K / \$0.0K  
 FTE: 0.5

Lompoc Medical Records Program 1694  
 \$429.6K / \$0.0K  
 FTE: 4.9

Santa Maria Medical Records Program 1696  
 \$492.4K / \$0.0K  
 FTE: 6.8

Santa Barbara Medical Records Program 1697  
 \$502.5K / \$0.0K  
 FTE: 5.8

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Achieve quality x-rays on the first take **98%** **100%** of the time.

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Achieve quality x-rays on the first take **98%** **100%** of the time.

Maintain pharmacy wait time at 20 minutes or less for at least 85% of 1,200 new prescriptions randomly selected each quarter for audit.

Maintain pharmacy wait time at 20 minutes or less for at least 85% of 1,200 new prescriptions randomly selected each quarter for audit.

Maintain pharmacy wait time at 20 minutes or less for at least 85% of 1,200 new prescriptions randomly selected each quarter for audit.

Cost center to be eliminated

The Contract Monitor will ensure that PHS staffing plan is in compliance with section 7.1 – exhibit A.

Ensure that 95% of dictated medical reports will be transcribed and electronically delivered within 24 hours.

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Ensure that 95% of dictated medical reports will be transcribed and electronically delivered within 24 hours.

Medical records will be available on-demand for at least **90%** **95%** of open access appointments at the Lompoc clinic.

Medical records will be available on-demand for at least **90%** **95%** of open access appointments at the Santa Maria clinic.

Medical records will be available on-demand for at least **90%** **95%** of open access appointments at the Santa Barbara clinic.

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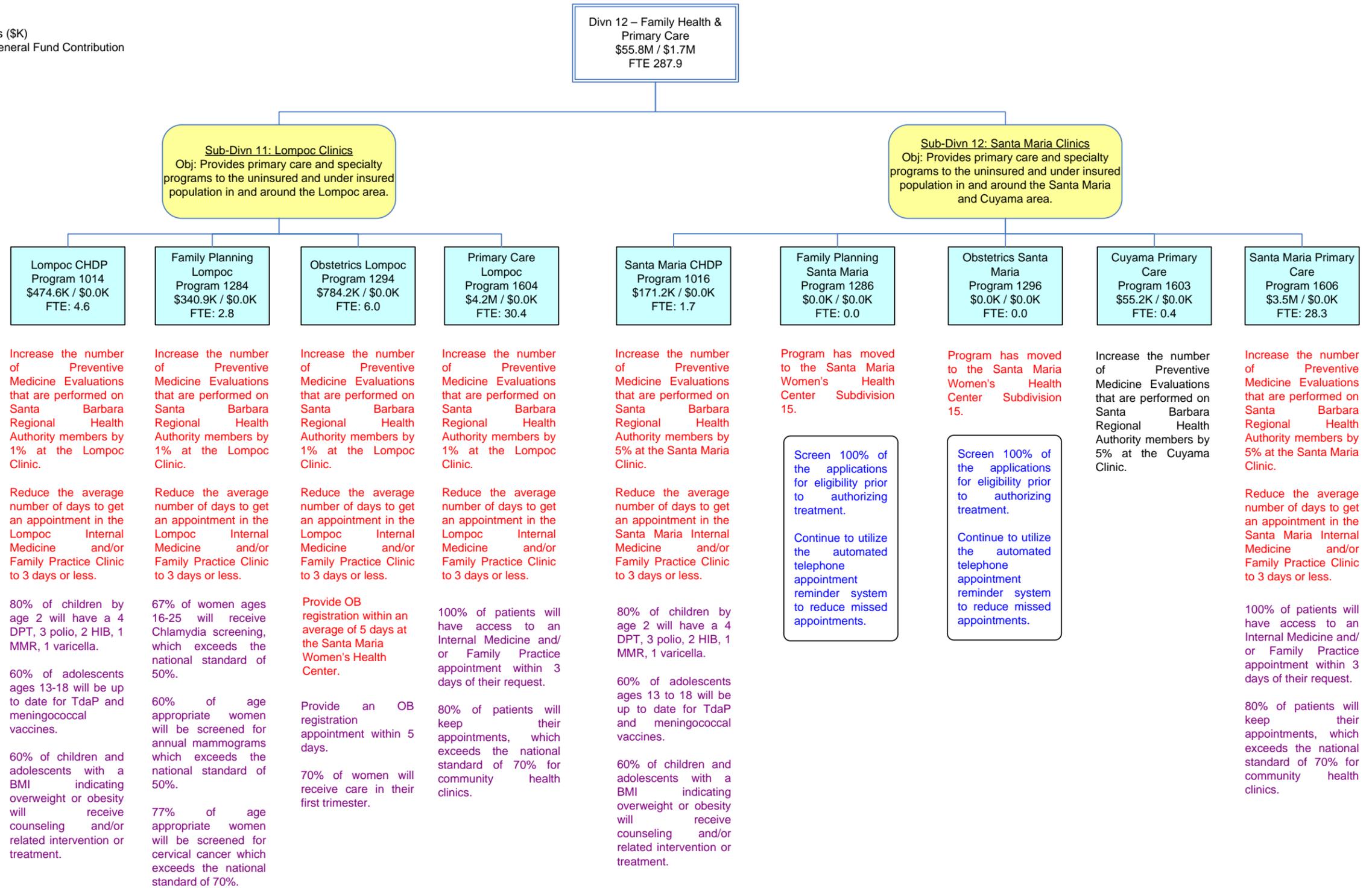
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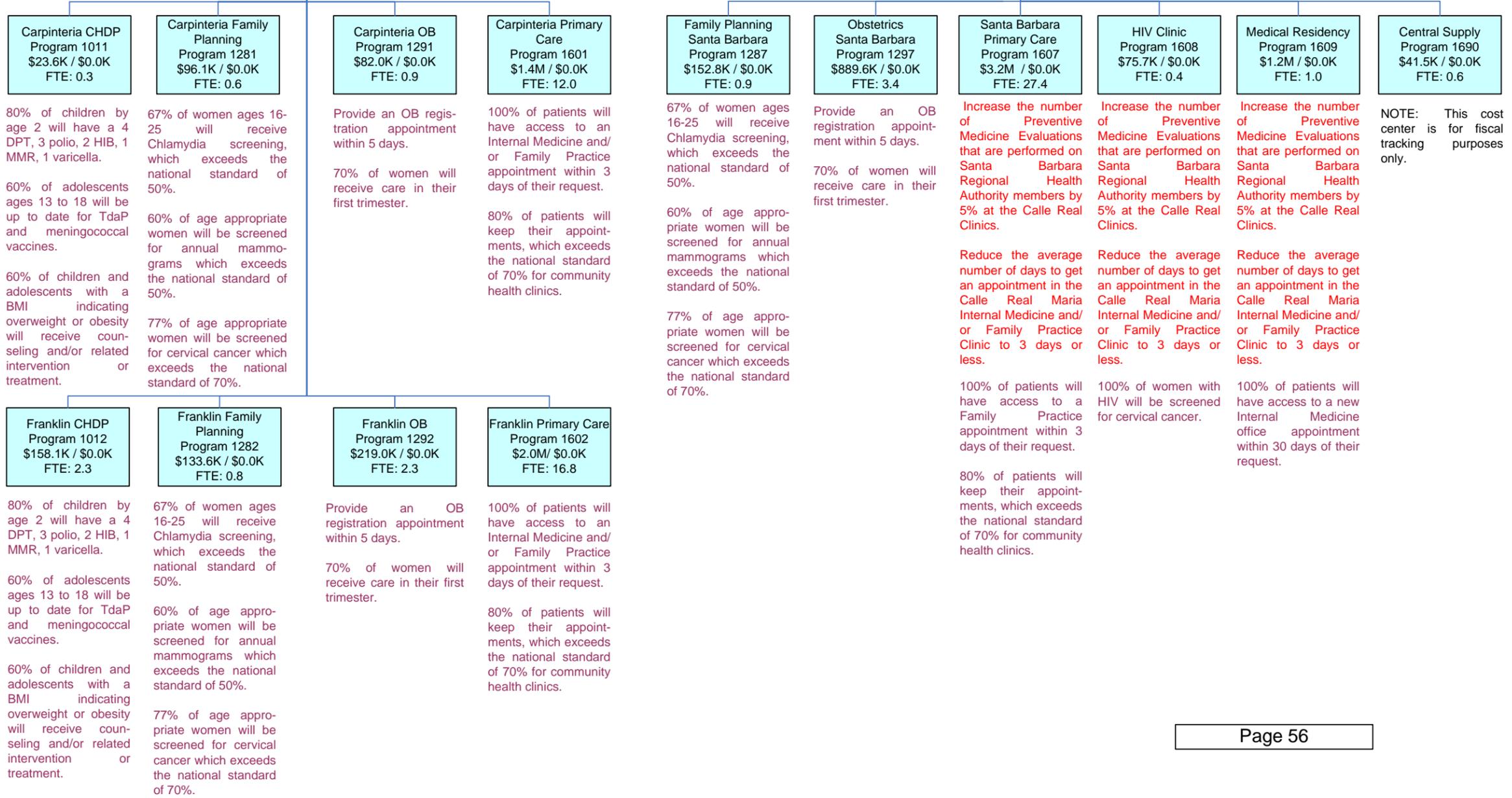
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Divn 12 – Family Health &  
 Primary Care  
 \$55.8M / \$1.7M  
 FTE: 287.9

**Sub-Divn 13: Carpinteria/Franklin Clinics**  
 Obj: Provides primary care and specialty programs to the uninsured and under insured population in and around the east side of Santa Barbara and Carpinteria area.

**Sub-Divn 14: Calle Real Clinics**  
 Obj: Provides primary care and specialty programs to the uninsured and under insured population in and around Santa Barbara, Montecito and Goleta area.



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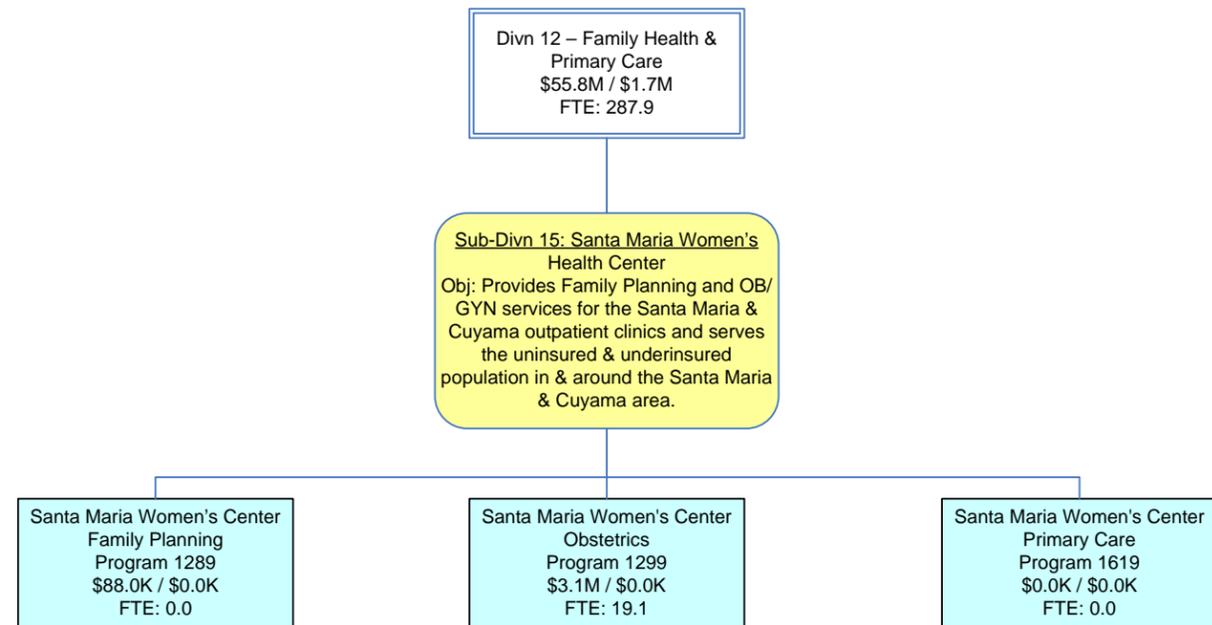
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**PUBLIC HEALTH DEPARTMENT**



Provide OB intake appointments within an average of 3 days at the Santa Maria Women's Health Center.

Provide OB registration within an average of 5 days at the Santa Maria Women's Health Center.

67% of women ages 16-25 will receive Chlamydia screening, which exceeds the national standard of 50%.

60% of age appropriate women will be screened for annual mammograms which exceeds the national standard of 50%.

77% of age appropriate women will be screened for cervical cancer which exceeds the national standard of 70%.

Provide OB intake appointments within an average of 3 days at the Santa Maria Women's Health Center.

Provide OB registration within an average of 5 days at the Santa Maria Women's Health Center.

Provide an OB registration appointment within 5 days.

70% of women will receive care in their first trimester.

80% of patients will keep their appointments, which exceeds the national standard of 70% for community health clinics.

Program has been moved into other Women's center programs

Screen 100% of the applications for eligibility prior to authorizing treatment.

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Divn 13 – Community Health  
 \$23.6M / \$7.4M  
 FTE: 287.9

**Sub-Divn 01: CH Administration**  
 Obj: Administration of all preventative health programs in the Department.

**Sub-Divn 02: Health Promotion**  
 Obj: Provides children's' dental health education and services.

**Sub-Divn 03: Nutrition Services**  
 Obj: Provides nutrition services to pregnant and breastfeeding women, infants and children

Community Health Administration Program 3002  
 \$1.6M / \$3.6M  
 FTE: 3.3

Public Health Nursing Administration Program 3012  
 \$176.9K / \$0.0K  
 FTE: 1.0

Dental Health Program 1254  
 \$117.8K / \$0.0K  
 FTE: 1.3

Cancer Detection (CDIC) Program 1275  
 \$301.7K / \$0.0K  
 FTE: 2.0

Health Education Program 3008  
 \$146.3K / \$0.0K  
 FTE: 1.0

Women, Infants & Children (WIC) Program 1252  
 \$2.4M / \$0.0K  
 FTE: 27.3

Nutritional Networking Program 1256  
 \$218.2K / \$0.0K  
 FTE: 2.3

Leaders Encouraging Activity & Nutrition (L.E.A.N.) Grant Program 1257  
 \$19.4K / \$0.0K  
 FTE: 0.2

Lactation Education/Counseling Program 1258  
 \$146.7K / \$175.0K  
 FTE: 1.5

Conduct a quarterly quality assurance review of key community health programs.

Program and budget incorporated in CH Administration)

Transferred the Dental Program to the County Education Office in FY 08-09.

Provide dental education to 13,900 children in schools with at least 50% of children in the Free and Reduced School Lunch Program.

Six hundred (600) Tri-Counties women, from medically underserved, state-defined priority populations, age 50, will receive tailored health education on breast and cervical cancer and referral along with a referral to the state CDP program or other state health program for cancer screening services as appropriate.

Screen 6,500 low-income women over 40 years old in the Tri-Counties for breast cancer.

Six hundred (600) Tri-Counties women, from medically underserved, state defined priority populations, age 50, will receive tailored health education on breast and cervical cancer along with a referral to the state CDP program or other state health program for cancer screening services as appropriate.

Track public health data and trends and disseminate information to the public and professional community through a variety of reports and media.

At least 25% of the 3,550 infants in the Women, Infants, Children (WIC) program each month will be exclusively breastfed.

Ensure at least 90% of Women, Infants, Children (WIC) program participants are satisfied or better with the services they received.

Women, Infants, Children (WIC) program caseload will be maintained at greater than or equal to 97% of assigned participants averaged monthly.

At least 25% of the 3,550 infants in the Women, Infants, Children (WIC) program each month will be exclusively breastfed.

Ensure at least 90% of Women, Infants, Children (WIC) program participants are satisfied or better with the services they received.

Increase nutrition education among 200 students in the Santa Maria Bonita school district.

Support the development and implementation of student wellness policies in at least two school districts.

At least 25% of the 3,550 infants in the Women, Infants, Children (WIC) program each month will be exclusively breastfed.

Ensure at least 90% of Women, Infants, Children (WIC) program participants are satisfied or better with the services they received.

Division: # & Title from CCID Cost Center Report  
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Sub-Divn: # & Name from Cost Center Report  
 Obj: from CCID Inventory

Program: Title from CCID Number from CCID  
 Budget/GFC from CCID (Financial Data by Prog)  
 FTE: CCID

**Performance Measure Legend**

Department-wide Effectiveness Performance Measure

Change to Performance Measure

Performance Measure to Delete

New Performance Measure

Budgets shown in Millions (\$M) or Thousands (\$K)  
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**PUBLIC HEALTH DEPARTMENT**

Divn 13 – Community Health  
 \$23.6M / \$7.4M  
 FTE: 287.9

**Sub-Divn 04: Disease Control and Prevention**  
 Obj: Provides disease monitoring and control activities.

**Sub-Divn 05: Chronic Disease & Aging**  
 Obj: Provides services which help people over age 60 and older.

**Sub-Divn 06: Epidemiology Unit**  
 Obj: Monitor, investigate and report on the health of the community through empirical data analysis, surveillance and science.

Communicable Disease  
 Program 1400  
 \$778.7K / \$0.0K  
 FTE: 6.9

Ensure that 100% of workers excluded from work due to shigellosis, salmonellosis, and campylobacteriosis infections are released for work within 24-hours of laboratory clearance date.

Influenza (IZ) Community Clinic  
 Program 1406  
 \$0.0K / \$0.0K  
 FTE: 0.0

Increase by 10% the number of high-risk patients receiving flu vaccinations via distribution of state-provided flu vaccine to community health centers throughout the county of Santa Barbara.

Statewide Immunization Information System (SIIS) Grant  
 Program 1407  
 \$230.0K / \$0.0K  
 FTE: 2.2

Increase providers enrolled in the Regional Registry during FY 08-09 by 10%.

Tuberculosis Grant  
 Program 1409  
 \$84.5K / \$0.0K  
 FTE: 0.7

Ensure that ~~90%~~ 100% of infected contacts, identified as having medium/high risk exposure to an active case of tuberculosis, will complete preventative treatment within 12 months.

Program transferred to Department of Social Services for administration in FY 2008-09

Program transferred to CenCal in FY 2008-09  
 MSSP will provide services to an average of 196 clients per month during the year.

Conduct case conferences for Multi-Purpose Senior Services Program (MSSP) clients within 14 days of assessment.

Geriatric Assessment  
 Program 1503  
 \$ 0.9K / \$0.0K  
 FTE: 0.0

Multi Purpose Senior Services (MSSP)  
 Program 1505  
 \$0.6K / \$0.0K  
 FTE: 0.0

Epidemiology Administration  
 Program 1300  
 \$223.2K / \$0.0K  
 FTE: 1.8

Provide an initial response to a suspected food-borne illness within 2 hours of notification.

Registration/Vital Statistics  
 Program 1303  
 \$189.0K / \$0.0K  
 FTE: 2.4

Register births within 10 working days of date received.  
 Register deaths and issue disposition of human remains within 2 working days of submission.

Medical Marijuana Registry  
 Program 1305  
 \$17.9K / \$0.0K  
 FTE: 0.3

Verify medical and physician data of qualified users and initiate issuing Medical Marijuana identification cards within 30 working days of receipt.

Tuberculosis  
 Program 1402  
 \$665.5K / \$0.0K  
 FTE: 6.1

Ensure that ~~90%~~ 100% of infected contacts, identified as having medium/high risk exposure to an active case of tuberculosis, will complete preventative treatment within 12 months.

Complete DNA lab tests for tuberculosis within 72 hours at least 90% of the time.

Immunization Grant  
 Program 1408  
 \$164.1K / \$0.0K  
 FTE: 1.5

Ensure that at least 95% of preschool children are fully immunized.

Maintain a turnaround time of 72 hours or less for 80% of an estimated 12,000 DNA Probe specimens for Chlamydia and gonorrhea.

Public Health Lab  
 Program 1480  
 \$788.8K / \$ 0.0K  
 FTE: 7.0

Complete DNA lab tests for tuberculosis within 72 hours at least 90% of the time.

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Department-wide Effectiveness Performance Measure

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**PUBLIC HEALTH DEPARTMENT**

Divn 13 – Community Health  
 \$23.6M / \$7.4M  
 FTE: 165.0

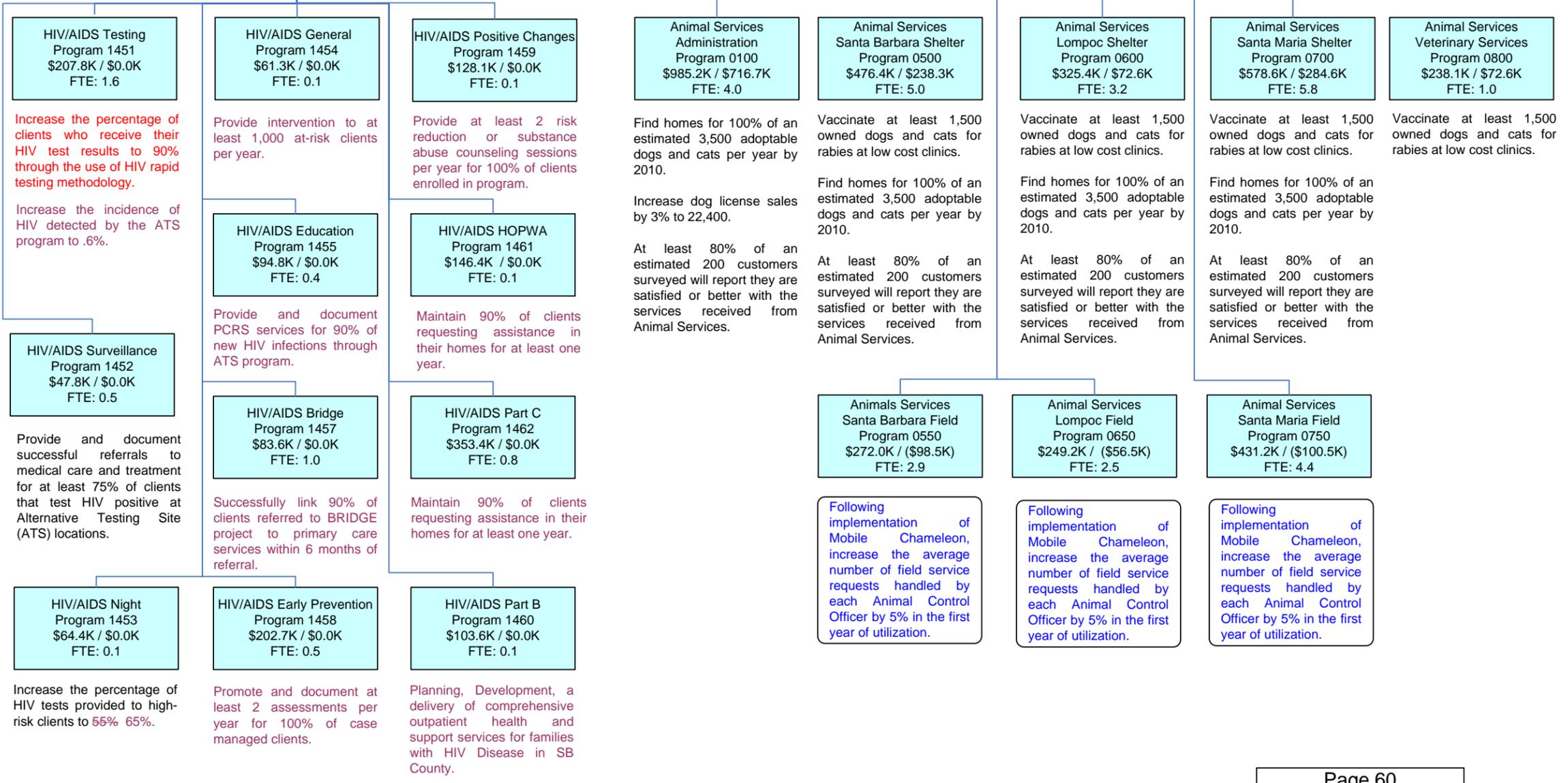
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Sub-Divn: # & Name from Cost  
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 Obj: from CCID Inventory

Program: Title from CCID  
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 FTE: CCID

**Sub-Divn 07: HIV/AIDS**  
 Obj: Provides and promotes AIDS education & prevention, care and treatment to the community and advocates for changes in public policy and funding through a community participatory process

**Sub-Divn 08: Animal Services**  
 Obj: Provides Protects human & animal population from rabies, places adoptable animals in permanent homes, reunite lost pets with owners, provides medical treatment to impounded animals, prevents & investigates the inhuman treatment of animals, educate the public on responsible pet ownership. Protect human and animal populations from rabies, provide stray animal shelter, reunite lost pets with owners, provide medical treatment to impounded animals, find permanent homes for adoptable animals, enforce animal laws, investigate animal neglect and cruelty, and educate the public on responsible animal stewardship.



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**PUBLIC HEALTH DEPARTMENT**

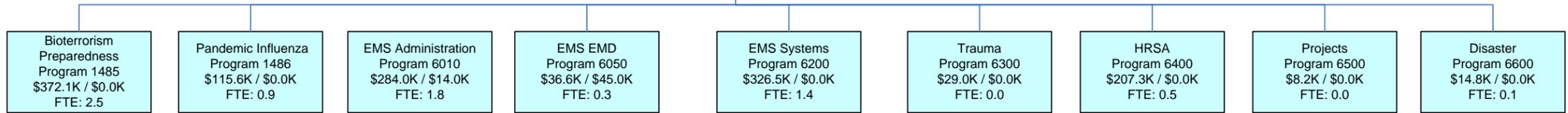
Divn 13 – Community Health  
 \$23.6M / \$7.38M  
 FTE: 165.0

**Sub-Divn 09: Emergency Medical Services**  
 Obj: Plans, implements and evaluates the emergency medical systems of an organized pattern of readiness and response services.

Division: # & Title from CCID  
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 FTE: CCID



Ensure that 100% of 8 PHD healthcare sites will be able to communicate emergency exercise status messages within 60 minutes via radio or satellite phone.

Ensure that within 3 months of hire date, 98% of all new PHD employees will complete National Incident Management System (NIMS) training, for Public Health disaster preparedness and response.

Increase from 0 to 10 the number of outpatient clinics with disaster plans consistent with the Public Health Department's model.

Ensure that 80% of 120 public health and community partners respond to the California Health Alert Network (CAHAN) notification system alerts issued within 60 minutes.

The Public Health Operations Center will be functional (10 positions staffed) within 120 minutes of notification to exercise a comprehensive public health response to a disaster.

Ensure the Public Health Department, linked with our community healthcare partners is ready to respond to emergency or disasters by the following ensuring 100% of action reports and corrective action plans for 3 disaster preparedness exercises will be completed in 60 days..

Ensure that average thru-put times in mass vaccination exercise are equal to or less than 12 minutes per person.

Ensure that 90% of the response times of the County's Advanced Life Support (ALS) providers are compliant in each of the seven EMS zones. This includes the ambulance contractor, AMR, and the ALS fire departments.

Ensure that the EMS system meets or exceeds 92% (112) of the 121 California EMS Authority Standards and Guidelines.

Sheriff's EMS Dispatchers will score at least 94 points, on at least 94% (approx. 100 calls) of all 9-1-1 calls for EMS service using an established scoring system for Emergency Medical Dispatch (EMD).

Ensure that 100% of 8 PHD healthcare sites will be able to communicate emergency exercise status messages within 60 minutes via radio or satellite phone.

Ensure that within 3 months of hire date, 98% of all new PHD employees will complete National Incident Management System (NIMS) training, for Public Health disaster preparedness and response.

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The Public Health Operations Center will be functional (10 positions staffed) within 120 minutes of notification to exercise a comprehensive public health response to a disaster.

Ensure that the response times of the County Advanced Life Support (ALS) providers are compliant in each of the seven EMS zones of the County. This includes the ambulance contractor, AMR, and the ALS fire departments. (90% on-time for emergency calls, i.e., 7:59 minutes for urban areas.

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a) A trauma registry, b) a mechanism to identify patients whose care fell outside of established criteria, and c) A process of identifying potential improvements to the system design and operations.

Increase GIS mapping and disaster database information collection for vulnerable population facilities in the county from 130 to 247 (50% to 95%).

With the goal of reducing head injuries, and especially in children, provide a minimum of 175 free or low-cost protective bicycle helmets to community partners (hospitals, health fairs, etc.) to be distributed to people who need them.

Ensure 100% of PHD and executive staff receive training for activation of the DOC/EOC for wild-land fires and other disasters.

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**PUBLIC HEALTH DEPARTMENT**

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Sub-Divn: # & Name from Cost  
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Program: Title from CCID  
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 FTE: CCID

Divn 13 – Community Health  
 \$23.6M / \$7.38M  
 FTE: 165.0

Sub-Divn 10: Human  
 Services  
 Obj: Provides program for  
 community through support  
 for Community Based  
 Organization programs .

Human Services  
 Administration  
 Program 7000  
 \$250.2K / \$50.1K  
 FTE: 0.4

The Human Services  
 Unit will process  
 quarterly invoices from  
 nonprofit agencies  
 within 2 business days  
 of receipt of invoice.

Ensure that 80% of  
 Human Services  
 Commissioners and  
 nonprofit grantees will  
 indicate that Human  
 Services staff support is  
 "very good" or  
 "excellent."

Humans Services  
 Commission  
 Program 7005  
 \$59.9K / \$59.9K  
 FTE: 0.4

The Human Services  
 Unit will process  
 quarterly invoices from  
 nonprofit agencies  
 within 2 business days  
 of receipt of invoice.

Ensure that 80% of  
 Human Services  
 Commissioners and  
 nonprofit grantees will  
 indicate that Human  
 Services staff support is  
 "very good" or  
 "excellent."

Human Services  
 Homeless Shelters  
 Program 7120  
 \$364.7K / \$364.7K  
 FTE: 0.1

The Human Services  
 Unit will process  
 quarterly invoices from  
 nonprofit agencies  
 within 2 business days  
 of receipt of invoice.

Human Services CAPIT  
 Program 7140  
 \$120.6K / \$14.4K  
 FTE: 0.1

The Human Services  
 Unit will process  
 quarterly invoices from  
 nonprofit agencies  
 within 2 business days  
 of receipt of invoice.

Human Service Fund  
 Program 7150  
 \$1.3M / \$1.3M  
 FTE: 0.8

The Human Services  
 Unit will process  
 quarterly invoices from  
 nonprofit agencies  
 within 2 business days  
 of receipt of invoice.

Ensure that 80% of  
 Human Services  
 Commissioners and  
 nonprofit grantees will  
 indicate that Human  
 Services staff support is  
 "very good" or  
 "excellent."

Domestic Violence  
 Program 7160  
 \$100.9K / \$0.9K  
 FTE: 0.0

The Human Services  
 Unit will process  
 quarterly invoices from  
 nonprofit agencies  
 within 2 business days  
 of receipt of invoice.

Area Agency on Aging  
 Program 7170  
 \$36.4K / \$36.4K  
 FTE: 0.0

The Human Services  
 Unit will process  
 quarterly invoices from  
 nonprofit agencies  
 within 2 business days  
 of receipt of invoice.

Children's Trust  
 Program 7180  
 \$156.4K / (\$2.0K)  
 FTE: 0.1

The Human Services  
 Unit will process  
 quarterly invoices from  
 nonprofit agencies  
 within 2 business days  
 of receipt of invoice.

Ensure that 80% of  
 Human Services  
 Commissioners and  
 nonprofit grantees will  
 indicate that Human  
 Services staff support is  
 "very good" or  
 "excellent."

Child Abuse Prevention  
 Program 7185  
 \$46.2K / \$24.2K  
 FTE: 0.2

The Human Services  
 Unit will process  
 quarterly invoices from  
 nonprofit agencies  
 within 2 business days  
 of receipt of invoice.

Ensure that 80% of  
 Human Services  
 Commissioners and  
 nonprofit grantees will  
 indicate that Human  
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Department-wide Effectiveness Performance Measure

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**PUBLIC HEALTH DEPARTMENT**

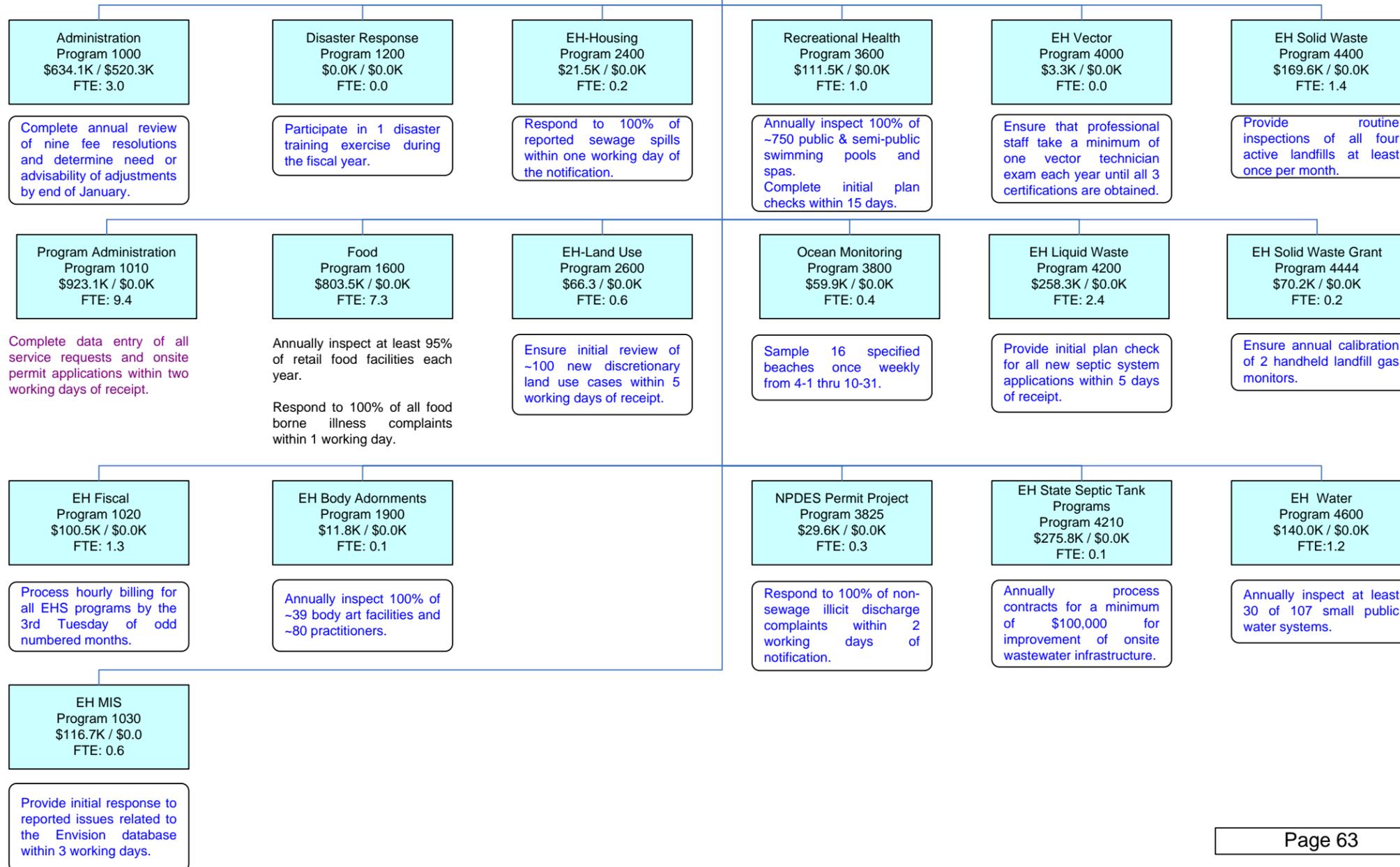
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 FTE: CCID

Divn 13 – Community Health  
 \$23.6M / \$7.4M  
 FTE 165.0

Sub-Divn 11: Environmental  
 Health Services  
 Obj: Administration of 17  
 programs to ensure compliance  
 with state and local mandates  
 to ensure public health and  
 safety.



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**PUBLIC HEALTH DEPARTMENT**

Div 13 – Community Health  
 \$23.6M / \$7.4M  
 FTE: 165.0

**Sub-Divn 12: Tobacco Control**  
 Obj: Program to reduce secondhand smoke exposures, keeping tobacco away from minors and mediating tobacco industry influences.

**Sub-Divn 13: Family Program**  
 Obj: Provide medical care and case management to children and adults with special needs.

Tobacco Health Education  
 Program 7300  
 \$139.1K / \$0.0K  
 FTE: 1.3

Tobacco Prevention & Treatment  
 Program 7600  
 \$528.1K / \$0.0K  
 FTE: 2.5

Medi-Cal Administrative Activities/Targeted Case Management  
 Program 1235  
 \$3.8K / \$0.0K  
 FTE: 0.0

Maternal Child Health  
 Program 1251  
 \$1.7M / \$0.0K  
 FTE: 16.1

Fetal Infant Mortality Review Grant  
 Program 1253  
 \$24.2K / \$0.0K  
 FTE: 0.2

Sexual Assault Response Team  
 Program 1501  
 \$288.5K / \$192.5K  
 FTE: 0.2

Multi-Disciplinary Interagency System of Care Grant  
 Program 1652  
 \$224.8K / \$0.0K  
 FTE: 1.9

Comprehensive Peri-Natal Outreach  
 Program 7500  
 \$83.9K / \$0.0K  
 FTE: 0.9

Reduce cigarette butt litter by 25% at 8 targeted parks and beaches by June 30, 2010.

At least 40% 75% of smokers who quit based on referral to the CA Smokers Helpline will receive follow-up services and medications. cessation program participants will be tobacco-free at 3 6-month assessment.

Maintain a 9% or lower percentage of vendors who sell tobacco products to minors in undercover surveys.

Ensure that 85% of Maternal Child Adolescent Health (MCAH) infants and children under age 18 obtain health insurance within 2 months of Public Health Nurse referral.

75% of family cases referred with high risk factor receive PHN services within 10 working days of initial referral.

Note: Program deleted in FY 2008-09

Provide medical exams to sexual assault patients 13 years old and older within 4 hours of the request from law enforcement

Children will remain medically stable in the family home.

Division: # & Title from CCID  
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EH Water  
 Pgm 4600  
 NOT USED

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**PUBLIC HEALTH DEPARTMENT**

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Divn 14 – Tobacco Settlement  
\$9.4M / \$0.0M  
0.0 FTE

**Sub-Divn 01: Administration**  
Obj: Administration & support of the Tobacco Settlement Advisory Committee (TSAC) & its programs.

Administration  
Program 8100  
\$180.0K / \$0.0K  
FTE: 0.0

Ensure 100% of Community Based Organizations receiving TSAC funding are in compliance with contracts.

**Sub-Divn 02: Prevention**  
Obj: TSAC allocations for prevention programs.

Treatment  
Program 8200  
\$3.6M / \$0.0K  
FTE: 0.0

Provide funding for health benefits for 150 children through tobacco settlement funding.  
  
Provide funding for dental care for 160 uninsured children through tobacco settlement funding.

**Sub-Divn 03: Treatment**  
Obj: TSAC allocations for Treatment Programs.

Prevention  
Program 8300  
\$718.5K / \$0.0K  
FTE: 0.0

Ensure 100% of Community Based Organizations receiving TSAC funding are in compliance with contracts.

**Sub-Divn 06: 20% Endowment**  
Obj: 20% of Tobacco Settlement Revenues placed in TSAC Endowment.

20% Endowment  
Program 8600  
\$2.7M / \$0.0K  
FTE: 0.0

NOTE: This cost center is for fiscal tracking purposes only.

**Sub-Divn 07: Unallocated**  
Obj: Tracking of unallocated TSAC revenues for subsequent fiscal year allocation.

Unallocated  
Program 8700  
\$4.6M / \$0.0K  
FTE: 0.0

NOTE: This cost center is for fiscal tracking purposes only.