



Jim Lindley
Director

Mission Statement

The Public Health Department promotes and improves the health, safety and quality of life of San Bernardino County residents and visitors.



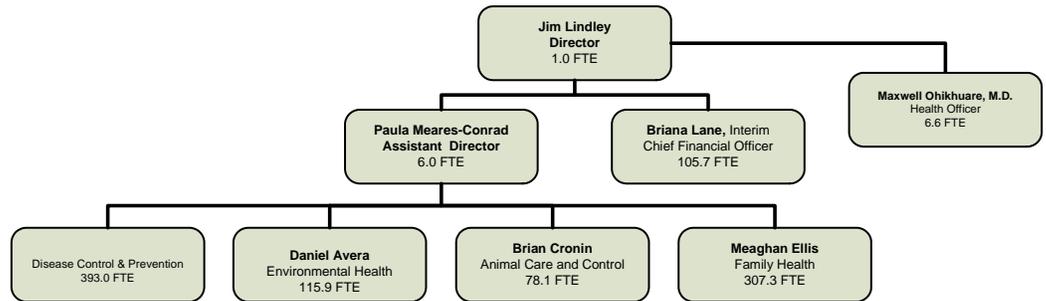
GOALS

- PREVENT DISEASE AND DISABILITY AND PROMOTE HEALTHY LIFESTYLES
- PROMOTE AND ENSURE A HEALTHFUL ENVIRONMENT
- DEVELOP COUNTYWIDE COMMUNITY CLINICAL SERVICES



PUBLIC HEALTH

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

The Department of Public Health (Public Health) provides a wide range of services to prevent diseases and improve the health, safety, and quality of life for residents and visitors of San Bernardino County. The department operates over thirty programs ranging from clinical services to animal care and control. Many services are mandated by the State Health and Safety Code. Key delivery areas for 2009-10 include Healthy Communities, Preparedness and Response, Communicable Disease Control and Prevention, Environmental Health, Animal Care and Control and California Children’s Services.

Healthy Communities is a countywide initiative to support collaborative efforts to improve the quality of life for all residents. Preparedness and Response ensures the county capacity to respond to public health or bioterrorism emergencies. Communicable Disease Control and Prevention provides for surveillance and prevention of tuberculosis and HIV/AIDS, and immunizations to prevent disease. Education regarding tobacco prevention and reproductive services is also provided.

Environmental Health prevents, eliminates, or reduces hazards adversely affecting the health, safety, and quality of life through integrated programs such as Food Protection, Vector Control (including West Nile Virus surveillance) and Regulatory Water activities. Animal Care and Control protects the public from rabies through dog vaccinations, stray animal abatement, wildlife rabies surveillance, and public education. California Children’s Services provides case management, diagnosis, and treatment services to individuals up to 21 years of age with severe qualifying medical conditions.

2008-09 SUMMARY OF BUDGET UNITS

	Appropriation	Revenue	Local Cost	Fund Balance	Staffing
General Fund					
Public Health	81,595,216	78,022,947	3,572,269		832.7
California Children’s Services	19,960,669	15,600,936	4,359,733		180.9
Indigent Ambulance	472,501		472,501		-
Total General Fund	102,028,386	93,623,883	8,404,503		1,013.6
Special Revenue Funds					
Bio-Terrorism Preparedness	3,263,581	2,781,164		482,417	-
Tobacco Use Reduction Now	453,996	392,696		61,300	-
Vital Statistics State Fees	670,078	159,820		510,258	-
Vector Control Assessments	3,675,901	1,601,666		2,074,235	-
Total Special Revenue Funds	8,063,556	4,935,346		3,128,210	-
Total - All Funds	110,091,942	98,559,229	8,404,503	3,128,210	1,013.6

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: PREVENT DISEASE AND DISABILITY AND PROMOTE HEALTHY LIFESTYLES.

Objective A: Decrease the number of babies born with exposure to drugs and/or alcohol due to their mother's substance abuse during pregnancy.

Objective B: Increase compliance among providers of children's immunizations.

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
1A. Percentage increase of pregnant women screened for drug use (7,850 women in 2005-06).	23% (9,660)	6% (10,273)	10% (11,300)	5%	5%
1B. Number of visits to immunization providers with less than 90% of children up-to-date for age per the Advisory Committee on Immunization Practice's recommended immunization schedule.	N/A	N/A	New	160	200

Status

- 1A. The Perinatal Screening, Assessment, Referral, and Treatment Program continues to successfully screen pregnant women for tobacco, drug, and alcohol use. The department anticipates screening 11,300 women for 2008-09. Women testing positive for substance usage will be referred to the Department of Behavioral Health (Behavioral Health) and community based organizations for treatment services, or will receive Public Health follow-up at the clinic. First 5 continues to fund Public Health and Behavioral Health for case management services and to allow staff to make home visits to high risk clients.
- 1B. The department estimates conducting 160 visits to immunization providers in 2008-09. For 2009-10, the department anticipates increasing the visits to 200 to improve the community's up-to-date immunization rate. The visits may include the following to facilitate up-to-date immunization rates: 1) quality assurance review, e.g. vaccine storage and handling, immunization documentation, 2) Comprehensive Clinic Assessment Software statistical analysis of provider immunization rates, 3) comprehensive chart reviews, 4) physician and office staff training, 5) compliance plan development and implementation, and 6) VaxTrack immunization registry recruitment and training. Following the initial assessment visit, providers receive a written report with their findings—this report is also submitted to the California Department of Public Health Immunization Branch. Providers with low up-to-date rates receive additional visits in which strategies and interventions are presented and documented in a compliance plan to improve immunization practices and up-to-date rates.

2007-08 ACCOMPLISHMENTS

- ❖ *During the Grass Valley-Slide Fires:*
 1. *Provided 850 Public Health Nursing Hours at the Shelter*
 2. *1,071 animals sheltered and 620 responses to calls for service*
 3. *Inspected 109 Food Establishments, 45 Housing units; 21 camps; 19 hotels and motels; 7 bed and breakfast and 6 water systems*
 4. *Provided 2,370 Environmental Health Service hours*
- ❖ *Received National Association of Counties Award for Food Handler Program*
- ❖ *Issued 39,172 food handler cards to food workers in restaurants and markets countywide*
- ❖ *Returned 1,426 pets to their owners, a 39% increase from the prior year*
- ❖ *7,500 or more children and their families attended the Healthy Communities 2008 Kids Fitness Challenge*
- ❖ *Conducted 25 presentations to the Public and county departments on West Nile Virus*



GOAL 2: PROMOTE AND ENSURE A HEALTHFUL ENVIRONMENT.

Objective A: Enhance the level of sanitation in food facilities by increasing the number of trained and certified restaurant food handlers.

Objective B: Establish additional Joint Powers of Authority (JPA) to regionalize animal care and control services.

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
2A. Percentage increase of restaurant food handlers receiving training and certification (28,000 handlers in 2005-06).	28%	9% (39,065)	10%	10% (42,972)	5% (45,120)
2B. Increase the number of municipalities that participate in the Animal Care and Control Joint Powers of Authority.	N/A	N/A	4	1	2

Status

- 2A. In 2006-07 the department implemented a new training program for food handlers to enhance the level of sanitation in food facilities and thus reduce food borne illnesses. For 2007-08 the department certified 39,172 food handlers, is estimating to certify 43,089 in 2008-09, and anticipates increasing this number by 5% in 2009-10 for a total of 45,244. This number is trending downwards because of the economic downturn in the food industry and due to reaching saturation levels in the number of food handlers to be certified.
- 2B. The department established the first JPA to provide Animal Care and Shelter Services with the Town of Yucca Valley in 2008-09. The previous target was to have four municipalities in the newly formed JPA, but the uncertainty of the economy along with other factors did not provide an appropriate opportunity to realize this objective. The department proposes to continue to expand the number of partner municipalities in the JPA to two in 2009-10.

GOAL 3: DEVELOP INTEGRATED COUNTYWIDE COMMUNITY CLINICAL SERVICES.

Objective A: Develop unique strategic plans for integrating countywide, community clinical services offered by Public Health, Arrowhead Regional Medical Center (ARMC), and Behavioral Health into single, full scope, area diagnostic and treatment centers.

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
3A. Produce individual plans detailing patient demographics, site locations, systems integration, fiscal requirements and program design for two of the proposed integrated service models in the eleven identified catchment areas throughout the county.	N/A	N/A	New	75% complete July 2009	Complete January 2010

Status

- 3A. Public Health, ARMC, and Behavioral Health are in collaboration to integrate health services throughout the county by aligning clinical access to customer oriented, comprehensive, coordinated healthcare services. This clinical model would eliminate duplication of service provision and optimize resource effectiveness in the overall delivery of outpatient care. Recognition of patient needs for varying services would be immediate and result in a "warm hand off" to a qualified healthcare provider. Additionally, it allows common areas and support staff to be shared by all departments.

Eleven catchment areas have been defined and prioritized. The initial pilot for integrating services on a defined scale has occurred at Holt Clinic in Ontario where Behavioral Health staff were embedded into Public Health services and eligibility workers were strategically placed in Maternal/Child Health. The first complete prototype of full scope service is designed to integrate primary care from Westside Family Health Center, Maternal Health, Reproductive Health and the Women & Infant Care (WIC) Programs from Public Health and Individual/Group Counseling and "Club House" services from Behavioral Health. Incorporation of specialty pediatrics, laboratory, pharmaceutical and radiology services would be incorporated to offer a complete outpatient diagnostic and treatment center.

Patient demographics have been identified, the physical sites (locations) are being reviewed, proposed program design is being drafted and clinic service adjacencies within the integrated model have been outlined. A key to the success of the integration process is integrated systems. Over the next year the integration team will continue to use the current clinic structure to test ideas relating to new systems. The team will test new technologies to determine which ones are more appropriate to accommodate the proposed methodology. This will allow the departments to outfit the inaugural integrated Clinic with vetted, mature technologies.

The team will continue to investigate the marketplace for the appropriate software and systems integration services that might be candidates for our integrated model. Due to the maturity of the marketplace for systems targeted to integrated clinics, it is anticipated that the development of in-house systems will play a crucial role in the success of the integrated clinic services model.

San Bernardino County is a pioneer in this concept of operations. The three health services within the county conduct integration committee meetings monthly to identify, develop, assign responsibility, and report on critical components of this work in progress. Much of the research has been completed. Specific implementation plans with target dates and fiscal projections of operational costs and one-time and on-going funding requirements for the full scale service model are anticipated to be complete by midyear of 2009-10. Strategic planning and implementation of integrated services will be ongoing and will incorporate process change from lessons learned, fluctuating demographics and area dynamics throughout the eleven catchment areas within the county.

2009-10 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING

The department is not requesting any additional general fund financing for 2009-10.

2009-10 PROPOSED FEE ADJUSTMENTS

The department is not requesting any proposed fee adjustments for 2009-10.

If there are questions about this business plan, please contact Jim Lindley, Director, at (909) 387-9146.

