

# 404100000—Public Health Services

## Health Services

Greg Diederich, Health Care Services Director

| General Fund                     | 2017-2018<br>Actual | 2018-2019<br>Adjusted | 2019-2020<br>Requested | 2019-2020<br>Recommended | Increase/<br>(Decrease) |
|----------------------------------|---------------------|-----------------------|------------------------|--------------------------|-------------------------|
| <b>Expenditures</b>              |                     |                       |                        |                          |                         |
| Salaries & Benefits              | \$19,506,204        | \$22,758,879          | \$22,094,786           | \$22,094,786             | (\$664,093)             |
| Services & Supplies              | 4,828,533           | 5,086,798             | 5,238,472              | 5,238,472                | 151,674                 |
| Centrally-Budgeted Expenses      | 196,604             | 225,781               | 728,003                | 728,003                  | 502,222                 |
| Other Charges & Uses             | 216,395             | 125,000               | 125,000                | 125,000                  | 0                       |
| Fixed Assets                     | 108,430             | 181,000               | 249,600                | 249,600                  | 68,600                  |
| <b>Total Expenditures</b>        | <b>\$24,856,166</b> | <b>\$28,377,458</b>   | <b>\$28,435,861</b>    | <b>\$28,435,861</b>      | <b>\$58,403</b>         |
| Expenditure Reimbursements       | (2,969,093)         | (3,170,620)           | (1,932,534)            | (1,932,534)              | 1,238,086               |
| <b>Total Appropriations</b>      | <b>\$21,887,073</b> | <b>\$25,206,838</b>   | <b>\$26,503,327</b>    | <b>\$26,503,327</b>      | <b>\$1,296,489</b>      |
| <b>Earned Revenues By Source</b> |                     |                       |                        |                          |                         |
| Fines/Forfeitures/Penalties      | \$1,161             | \$1,000               | \$1,000                | \$1,000                  | \$0                     |
| Aid From Other Governments       | 12,851,049          | 13,516,023            | 13,544,061             | 13,544,061               | 28,038                  |
| Charges For Services             | 1,105,218           | 1,020,000             | 1,976,632              | 1,976,632                | 956,632                 |
| Miscellaneous Revenues           | 473,145             | 210,289               | 60,000                 | 60,000                   | (150,289)               |
| Operating Transfers In           | 583,795             | 494,581               | 396,881                | 396,881                  | (97,700)                |
| <b>Total Revenues</b>            | <b>\$15,014,368</b> | <b>\$15,241,893</b>   | <b>\$15,978,574</b>    | <b>\$15,978,574</b>      | <b>\$736,681</b>        |
| <b>Net County Cost</b>           | <b>\$6,872,705</b>  | <b>\$9,964,945</b>    | <b>\$10,524,753</b>    | <b>\$10,524,753</b>      | <b>\$559,808</b>        |
| <b>Staffing</b>                  |                     |                       |                        |                          |                         |
| Allocated Positions              | 173.0               | 171.0                 | 162.0                  | 162.0                    | (9.0)                   |
| Temporary (Full-Time Equivalent) | 10.9                | 13.5                  | 8.1                    | 8.1                      | (5.4)                   |
| <b>Total Staffing</b>            | <b>183.9</b>        | <b>184.5</b>          | <b>170.1</b>           | <b>170.1</b>             | <b>(14.4)</b>           |

- Operating Transfers In includes a General Fund Contribution of \$331,881 for 2019-2020.

### Purpose

Public Health Services (PHS) is responsible for providing a wide variety of health services to the community. Services include patient education and case management; monitoring and investigation of reportable communicable diseases; maintaining vital records; statistical analysis and mapping of disease data; regional public health laboratory; public health emergency preparedness planning; and several health promotion and chronic disease prevention activities.

- (\$725,118) Transfer six clinic positions to Hospital Enterprise Fund budget.
- (\$427,475) Delete three vacant positions.
- \$109,472 Additional retirement cost for previous health district employees.
- (\$447,699) Decrease in extra-help.

### Major Budget Changes

#### Services & Supplies

#### Salaries & Employee Benefits

- \$826,727 Salary and benefits adjustments.

- \$67,700 Increase in rent due to new Manteca clinic.
- \$53,191 Increase in laboratory supplies.
- \$50,000 Increase in software costs.

# 4041000000—Public Health Services

## Health Services

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- \$30,000 Increase in equipment maintenance costs.
- \$25,000 Increase in security services costs.
- \$25,000 Increase in utilities costs.
- \$24,566 Increase in travel and fleet services costs.
- \$23,000 Increase in fire alarm system costs.
- \$18,188 Increase in departmental overhead charges.
- \$15,000 Increase in grant-funded promotional costs.
- \$10,000 Increase in janitorial costs.
- (\$82,934) Decrease in grant-funded subcontracts.
- (\$76,787) Decrease in technology support costs from Health Care Services Administration.
- (\$25,000) Decrease in communications costs.
- (\$13,000) Decrease in equipment lease costs.

### Centrally-Budgeted Expenses

- \$18,469 Increase in data processing charges.
- (\$29,489) Decrease in Workers' Compensation and Casualty insurance costs.
- \$510,203 Addition of Countywide Cost Allocation Plan charges.

### Expenditure Reimbursements

- (\$1,238,086) Decrease in reimbursements including Hazelton clinic staff and operating costs.

### Revenues

- \$951,632 Increase in laboratory revenue.
- (\$139,955) Decrease in State realignment revenue.
- (\$92,700) Decrease in grant funding from First 5 San Joaquin.

## Fixed Assets/Capital Improvement

- \$46,000 Computer servers (2).
- \$40,000 Computer network switches (4).
- \$30,000 Network equipment.
- \$30,000 Digital infrastructure equipment.
- \$30,000 Laboratory testing equipment.
- \$23,000 Molecular diagnostic equipment.
- \$23,000 Server rack.
- \$15,000 Tape drive.
- \$12,600 Uninterruptable power source.

## Program Discussion

The 2019-2020 recommended PHS budget totals \$28,435,861, which is an increase of \$58,403 from the 2018-2019 adjusted budget. This change mainly represents salary and benefits adjustments, additional retirement contribution for previous health district employees, increases in various operating costs, and the addition of Countywide Cost Allocation Plan charges, offset by the transfer of six clinic positions to the Hospital Enterprise Fund budget, deletion of three vacant positions, and a reduction in extra-help.

### *Tuberculosis (TB) & Communicable Disease Control*

The TB and Communicable Disease Control Program works closely with community members, clinicians, and public and private organizations to protect the health of County residents and visitors. Staff coordinates with State and Federal officials, as well as correctional facilities and schools, to monitor communicable disease outbreaks, alert clinicians to public health threats, and investigate cases and contacts. The number of reported communicable diseases has sharply increased over the past five years.

The number of TB cases decreased from 53 in 2017 to 38 in 2018. Although the number of active cases decreased in 2018, 7 of the 38 active cases were a result of a multiyear outbreak that was the fourth largest in the nation. Over 600 contacts were evaluated for TB exposure as a result of this outbreak.

There were 259 confirmed cases of Valley Fever reported in 2018, a 13% increase from 2017, and a 51% increase in the

# 404100000—Public Health Services

## Health Services

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past two years. Fifteen outbreaks of gastrointestinal and respiratory illnesses were investigated in health care facilities.

Syphilis cases have increased over the past several years, reaching a high of 376 infectious syphilis cases (primary and secondary syphilis) reported in 2017. Unfortunately, many of these cases are females of childbearing age, resulting in more infants born with congenital syphilis. The number of infants born in San Joaquin County with syphilis increased from only 2 in 2014 to 31 in 2018. PHS staff prioritize efforts to find and treat females of childbearing age infected with syphilis (primary, secondary, or latent) and in 2018, these efforts reached 496 females with any stage of syphilis (compared to 430 in 2017), 150 of which were of childbearing age and had primary or secondary syphilis (compared to 144 in 2017). This included 68 pregnant females with syphilis who were treated during pregnancy in 2018 (compared to 45 in 2017), helping to prevent the transmission of congenital syphilis.

### *Public Health Accreditation*

A team of Public Health Accreditation Board (PHAB) experts conducted a site visit in November 2018 to evaluate the Department's conformity to national standards for public health practice. During this two-day visit, the site visit team met with staff, County Supervisors, and representatives of community partner agencies to collect further information regarding PHS' collaborative efforts to improve population health. In March 2019, PHAB notified PHS that the accreditation decision has been deferred pending receipt and review of additional documentation. PHS will submit the required action plan in June 2019 and anticipates achieving national accreditation status in April 2020.

### *Confronting the Opioid Epidemic*

PHS secured one-time grant funds from Sutter Health to initiate a concerted Countywide approach to reducing opioid dependency and overdose deaths. Central to this effort, PHS convened an Opioid Safety Coalition with committed stakeholders from health care organizations, emergency responders, public safety officers, educators, community advocates, health and social services providers, and others. According to the California Department of Public Health, San Joaquin County experienced 69 deaths due to opioid-related overdoses in 2017, the most recent calendar year of data available. Alarming, this was a 30% increase from 2016. The Opioid Safety Coalition has now developed an action plan to pursue action on key fronts, such as outreach to providers on safe prescribing practices, including the use of Naloxone; educating the community-at-large about how innocently and easily addiction can develop; and implementing an outreach plan for the communities hardest hit by the opioid epidemic.

### *Emergency Preparedness*

Emergency Preparedness programs provide a series of robust Federal Emergency Management Agency Incident Command System trainings to PHS staff and community partners. PHS requires all employees to complete training courses within six months of hire. PHS staff assigned to the Department Operations Center receive additional training, including utilization of WebEOC, the County's electronic emergency operations center that provides information sharing and timely notification of significant events posted. PHS staff have deployed as critical support personnel through the Operational Area Multi-Agency Coordination system and for ongoing disease outbreak incidents.

Developing and implementing drills and exercises with the Department's partners and stakeholders are hands-on activities that hone staff skills for all-hazard readiness. The fourth annual National Preparedness Month campaign "Disasters Happen" was a resounding success. Daily preparedness messages were distributed to the community via email and social media and included a magnitude of emergency topics. Annex "H" (Health) to the County Emergency Operations Plan is updated throughout the year based upon legislation, real-world incidents, after action review, and all-hazards preparedness.

### *Focus on Homelessness*

In addition to serving on the Homelessness Task Force, PHS staff interface regularly with the homeless population and work extensively with local shelters. Short-term housing, food, and transportation assistance is provided for persons with suspected or confirmed TB. Through a partnership with Stockton Shelter for the Homeless, housing and utility assistance is also available for persons with Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) who are homeless or at risk of becoming homeless. Case management services are provided with an emphasis on financial management, long-term housing, and accessing substance abuse treatment programs as necessary.

Individuals residing in homeless camps are often reluctant to seek medical treatment due to concerns about their belongings being stolen if they are left unsupervised. Through the use of funding provided by HealthNet, PHS developed a creative approach to meet the needs of the homeless population related to health promotion and disease prevention and control. The Triad Project consisted of nine outings where PHS staff provided outreach to homeless encampments and provided services to 253 homeless individuals. Services provided included syphilis testing and treatment, screening for TB, vaccinations for Hepatitis A and Influenza, and distribution of Naloxone. Of the 253 homeless individuals served, 17% were positive for syphilis and 11% were positive for TB. Hepatitis A vaccine was provided to 71%, and influenza vaccine was

# 4041000000—Public Health Services

## Health Services

---

administered to 63%. Drug use was reported by 75% of the individuals screened; 12% reported opioid use, which resulted in 19 kits of the life-saving drug Naloxone being distributed.

### *Oral Health*

As a result of funding available through Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, PHS has the opportunity to address a long-standing health problem in the County. Access to dental services and education remain of notable concern, compounded by social and economic factors including poverty, unemployment, and lack of educational achievement. In San Joaquin County, 41% of children are enrolled in Denti-Cal and 28% of children ages 2 to 11 have never seen a dentist, which is the highest rate among counties in the State.

In winter 2018, PHS convened a strong coalition and initiated efforts to assess the gaps in current dental services and to develop and implement an action plan. PHS continued to collaborate with First 5 San Joaquin's Dental Transformation Initiative Local Dental Pilot Project, which focuses specifically on providing direct dental services to underserved communities.

### **Ryan White Care Consortium Fund**

The Ryan White Care Consortium Fund (#13403) provides assistance to HIV patients. Funding is received through donations and serves as a last resort when clients do not qualify for other assistance. Fund balance as of March 31, 2019, was \$44,896.

### **Child Passenger Restraint Fund**

The Child Passenger Restraint Fund (#13404) receives a portion of fines charged to violators for not utilizing car seats appropriately. Monies are used to support the Child

Passenger Safety Program, which provides education and reduced priced car seats to clients who complete classes on the proper use of car seats. Fund balance as of March 31, 2019, was \$104,043.

### **Public Health Vital Stats Fund**

The Public Health Vital Stats Fund (#13407) is funded through a restricted portion of each birth and death certificate sold. The purpose of the Fund is to defray the administrative costs of collecting and reporting fees, technical support of vital record systems, and community health data collection and analysis. Fund balance as of March 31, 2019, was \$661,040.

### **Tobacco Control Program Trust Fund**

The Tobacco Control Program Trust Fund (#13410) consists of grant funds from the State for the Smoking and Tobacco Outreach/Prevention Program. Funds are transferred to the General Fund semi-annually based on Program expenditures. Fund balance as of March 31, 2019, was \$263,936.

### **Public Health Construction Capital Outlay Fund**

The Public Health Construction Capital Outlay Fund (#37400) was created when the Local Health District became part of the County. Funds are intended to be used for building a new Public Health facility. A portion of these funds were used in 2017-2018 to complete a feasibility study and alternatives analysis for long-term facility needs. Remaining funds are scheduled to be used to complete schematic design and preparation of building plans for a new facility. Fund balance as of March 31, 2019, was \$3,875, however, this balance has been fully committed to support funding of the next phase of architectural and engineering for the Public Health Facility Replacement project.

# 4041000000—Public Health Services

## Health Services

### Workload Data

|   | -----Actual----- |           |           | Est./Act.<br>2018-2019 | Projected<br>2019-2020 |
|---|------------------|-----------|-----------|------------------------|------------------------|
|   | 2015-2016        | 2016-2017 | 2017-2018 |                        |                        |
| <b>Health Promotion &amp; Administration</b>      |                  |           |           |                        |                        |
| <i>Births &amp; Deaths Registered</i>             | 12,911           | 13,259    | 12,319    | 12,500                 | 12,500                 |
| <i>Health Education Presentations</i>             | 1,385            | 772       | 700       | 1,500                  | 1,500                  |
| <b>Disease Control &amp; Prevention</b>           |                  |           |           |                        |                        |
| <i>Communicable Disease Control</i>               |                  |           |           |                        |                        |
| <i>Presentations/Consultations</i>                | N/A              | 1,116     | 1,396     | 1,868                  | 1,800                  |
| <i>Surveillance/Investigations</i>                | N/A              | 1,847     | 558       | 610                    | 600                    |
| <i>AIDS Program</i>                               |                  |           |           |                        |                        |
| <i>HIV Tests &amp; Counseling</i>                 | 485              | 640       | 983       | 1,100                  | 1,200                  |
| <i>Case Management for HIV Clients</i>            | 164              | 779       | 305       | 1,000                  | 1,000                  |
| <i>HIV Public Education Contacts</i>              | 475              | 523       | 833       | 1,200                  | 1,000                  |
| <i>Sexually-Transmitted Disease Investigation</i> |                  |           |           |                        |                        |
| <i>Client Contacts</i>                            |                  |           |           |                        |                        |
| <i>Syphilis</i>                                   | N/A              | 1,025     | 1,887     | 2,056                  | 2,300                  |
| <i>Chlamydia/Gonorrhea</i>                        | N/A              | 1,025     | 1,603     | 2,137                  | 2,200                  |
| <i>TB Control</i>                                 |                  |           |           |                        |                        |
| <i>Case/Contact Investigations</i>                | N/A              | 6,670     | 4,170     | 3,500                  | 4,000                  |
| <i>Presentations/Consultations</i>                | N/A              | 3,409     | 2,590     | 3,000                  | 3,000                  |
| <i>Observed TB Therapy Visits</i>                 | 6,262            | 6,083     | 6,319     | 5,500                  | 6,000                  |
| <b>Public Health Laboratory</b>                   |                  |           |           |                        |                        |
| <i>Billable Events</i>                            | N/A              | 25,000    | 23,377    | 25,000                 | 30,000                 |
| <b>Family Health Division</b>                     |                  |           |           |                        |                        |
| <i>Women, Infants, and Children Program</i>       |                  |           |           |                        |                        |
| <i>Caseload/Month</i>                             | 9,126            | 8,632     | 7,659     | 7,500                  | 7,500                  |
| <i>Maternal Child &amp; Adolescent Health</i>     |                  |           |           |                        |                        |
| <i>Home Visits</i>                                | 1,364            | 1,443     | 1,264     | 1,200                  | 1,200                  |