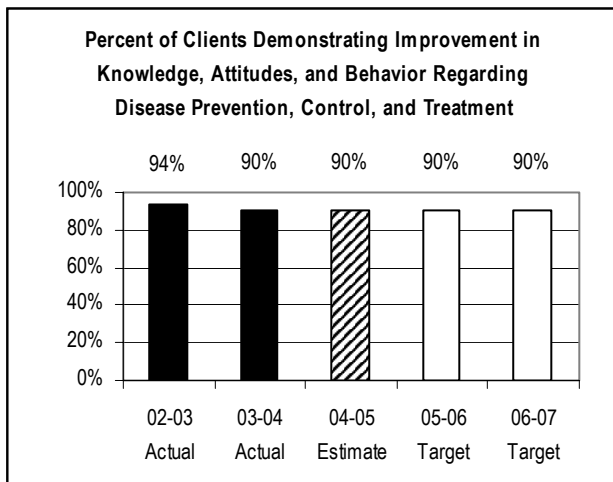
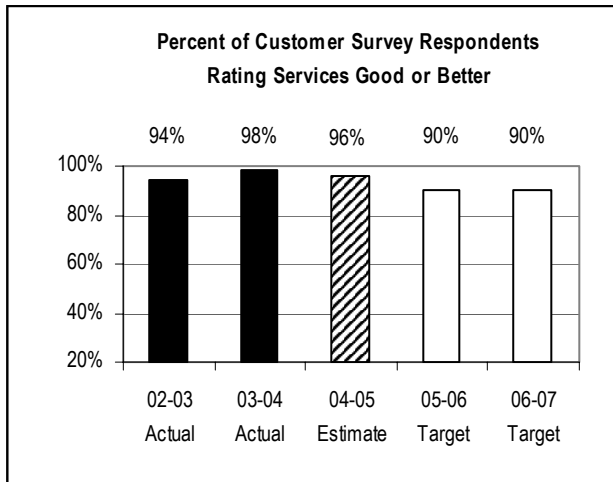


Disease Control and Prevention (6220P)

Program Locator

County
 Health
 Health Department
 Public Health Services
 ▷ **Disease Control and Prevention**
 Family Health Services

Headline Measures



Program Outcome Statement

Disease Control and Prevention (DCP) monitors, treats, and prevents communicable diseases to protect the health and well being of San Mateo County residents.

Services and Accomplishments

DCP contributes to the goals of the Shared Vision 2010 commitment to Ensure Basic Health and Safety for All by monitoring, treating, and preventing communicable diseases and other health threats within the community. DCP is composed of a group of Public Health programs that provide multi-disciplinary services to individuals and communities in San Mateo County.

DCP primarily focuses on those affected by, or vulnerable to, communicable or chronic diseases. Programs included are the AIDS Program, Tuberculosis Program, Communicable Disease Program, Sexually Transmitted Disease (STD) Program, a Mobile Clinic, the Public Health Laboratory, Vital Statistics, and the recently expanded Edison Clinic. A substantial reorganization initiative, approved by the Board of Supervisors in the September FY 2004-05 budget revisions, was implemented to enhance DCP's capacity to monitor and respond to emerging Public Health challenges such as bioterrorism preparedness and disease outbreaks, especially in residential care and institutional settings. Changes in supervisory structure were made to centralize administrative support and strengthen medical oversight and support for the Public Health Laboratory, community disease control, and surveillance programs. In addition, Health Education has been transferred to the new Health Policy, Planning, and Promotion budget unit.

The following are major accomplishments in the current year:

- Implemented a major reorganization resulting in provision of direct medical management and oversight for the Laboratory and Mobile Clinic, increasing STD services eight-fold over the prior year, integrating Edison Clinic services with those provided by the Mobile Clinic and HIV testing vans, and creating a structure for Continuous Quality Improvement (CQI) throughout DCP
- Improved Bioterrorism preparedness by training over 60 Public Health Nurses from the Health Department and the Human Services Agency to staff Neighborhood Emergency Triage, Vaccination and Antibiotic Centers (NETVAC), which has been identified as the primary mechanism for response to a terrorist attack requiring mass immunizations or medical treatment; developing "Go Kits" (packs that first responders can immediately take into the field in the event of an emergency) as a model to be used statewide; enhancing communication capabilities on the Mobile Clinic by adding radio and wireless laptops; and improving communications and coordination with other sentinel and reference laboratories
- Initiated a small-scale Incident Command Structure (ICS) response, later to become a medium-size response, to address

the issue of nationwide flu vaccine shortage, responding to 3,851 calls and 9,086 flu hotline calls from the public from October 8, 2004 through January 9, 2005, holding 10 vaccination clinics, and vaccinating approximately 2,570 persons while distributing an additional 5,000 doses of vaccine to private medical providers and residential facilities in the County

Story Behind Baseline Performance

DCP programs provide direct service, including medical treatment, case management and social services, health and prevention outreach, home visits to assist tuberculosis patients and their families, and counseling and screening for a variety of communicable diseases. Prevention activities include one-on-one prevention and school-based interventions. Each program has a number of specific and unique goals, many of which are mandated by State or Federal law. Performance measures for the programs focus on prevention or treatment of disease and promotion of healthy practices. An important indicator of service efficiency and quality shown in Headline Measure 1 is customer satisfaction, which is currently running at 96%. In addition, 95% of survey respondents rate response times as good or better and also indicate they are better off because of services received. Targets for other performance measures have been revised to reflect reductions in staffing and new methodologies for obtaining service data.

Headline Measure 2 reflects the percentage of clients who reported that their knowledge, attitudes, and behavior (KAB) have or will change as a result of services received. This data is captured through KAB surveys, which have been developed to measure how customers view the effects of services upon their lives. As shown in the graph, a rating of 90% or better has been sustained over the past three years.

Major challenges over the next two years will be:

- To ensure the reorganization results in programs that perform as designed, reach goals, and continue to meet client needs
- To provide ongoing staff training for bioterrorism preparedness efforts and effective responses to newly identified pathogens

Program Priorities

Disease Control and Prevention will meet performance targets by doing the following:

Achieve a 90% Rate of Clients Demonstrating Improvement in Knowledge, Attitudes, and Behavior (KAB) Regarding DCP Programs

- Continue refining the KAB survey instrument
- Distribute the survey to appropriate client/contact populations for completion in April and October
- Analyze results by unit to determine need for program changes or improvements

Achieve an Overall Customer Satisfaction Rating of at least 90%

- Distribute the Cares Survey to all clients contacted by DCP staff and analyze results by unit to determine need for program changes or improvements
- Conduct staff development activities to ensure effectiveness of the reorganization including establishment of policies and procedures that are consistent across program lines, identification of staff development needs and implementation of appropriate training programs, definition of performance expectations—especially the role of Epidemiologists, and conduct teambuilding programs around the reorganization goals

Improve the Efficiency and Utilization of Services

- Implement Continuous Quality Improvement (CQI) throughout DCP, building on the CQI currently being used within the AIDS Program
- Explore opportunities to expand STD testing to the mobile vans
- Explore opportunities to expand or upgrade infectious disease and hepatitis services
- Continue to improve the ability of staff to use current technology and expand technological resources by completing a survey of individual staff training needs and following up with enrollments in specific computer trainings indicated

Performance Measures Summary Table

Performance Measures	FY 2002-03 Actual	FY 2003-04 Actual	FY 2004-05 Estimate	FY 2005-06 Target	FY 2006-07 Target
What/How Much We Do					
Number of clients served by selected programs:					
- AIDS Program Clinical Services	546	565	550	550	550
- Mobile Clinic Clinical Services	1,463	3,024	3,500	3,500	3,500
- STD Control	1,325	1,674	1,700	1,800	1,800
- TB Control	811	508	430	430	430
- Vital Statistics (births and deaths)	10,004	10,327	11,000	11,000	11,000
Number of service contacts	236,248	224,309	193,440 ⁽¹⁾	198,000	198,000
How Well We Do It (Quality)					
Percent of customer survey respondents rating services good or better ⁽²⁾	94%	98%	96%	90%	90%
Percent of customer survey respondents rating response time as good or better	93%	95%	95%	95%	95%
Is Anyone Better Off? (Outcome)					
Percent of clients who indicate they are better off because of the services they receive from DCP	90%	95%	95%	95%	95%
Percent of clients demonstrating improvement in knowledge, attitudes, and behavior regarding disease prevention, control and treatment	94%	90%	90%	90%	90%

⁽¹⁾ Decrease reflects transfer of Health Education to Health Policy, Planning, and Promotion unit.

⁽²⁾ Beginning in FY 2005-06 a Countywide standard of 90% has been established for customer satisfaction.

Disease Control and Prevention (6220P) Resource Allocation Summary

	Actual 2002-03	Actual 2003-04	Revised 2004-05	Recommended 2005-06	Change 2005-06	Recommended 2006-07
Salary Resolution	119.0	115.0	119.0	109.0	(10.0)	109.0
Funded FTE	115.8	112.3	114.5	107.4	(7.1)	107.4
Total Requirements	13,507,370	14,562,524	17,299,260	17,777,713	478,453	16,558,467
Total Sources	13,129,851	13,098,229	15,199,688	14,987,550	(212,138)	13,568,048
Net County Cost	377,519	1,464,295	2,099,572	2,790,163	690,591	2,990,419
NCC Breakdown						
Realignment MOE			1,492,929	1,492,929		1,492,929
AIDS Program MOE			373,703	411,073	37,370	411,073
Mandated Services			232,940	886,161	653,221	1,086,417

Program Net County Cost

The portion of this program's FY 2005-06 Recommended which is funded by the General Fund or Net County Cost (NCC) is \$2,790,163 or 15.7%. Of this amount, \$888,161 is mandated with no maintenance-of-effort requirement.

FY 2005-06 Program Funding Adjustments

The following are significant changes from the FY 2004-05 Revised to the FY 2005-06 Recommended Budget:

1. Adjustments to Provide Current Level of Services

Budget adjustments have been made to meet performance targets: inclusion of merit increases; annualization of mid-year position changes and negotiated labor increases; position adjustments resulting in a net decrease of one position with no overall change in Public Health Division staffing total; reductions in contract expenses; increase in drugs and pharmaceutical costs; reductions to AIDS housing and community services; increases in automation services from ISD; reversal of one-time equipment purchases; and reductions in intergovernmental revenue due to the timing of the Bioterrorism grant year. In addition, an appropriation of \$179,751 is included to reflect the transfer of the Needle Exchange Program from the Human Services Agency to Public Health.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
(521,895)	1,242,847	(51,041)	0	1,713,701	(1)

2. Transfer of Health Education to New Health Policy, Planning, and Promotion Unit

Health Education is transferred to the new Health Policy, Planning, and Promotion budget unit.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
(571,096)	(1,536,869)	17,322	0	(948,451)	(10)

3. Community Program Specialist for Training Activities

Addition of one Community Program Specialist II supports the program priority of achieving an overall customer satisfaction rating of at least 90% by assisting with training activities related to bioterrorism preparedness and succession planning in Environmental Health. This position will be funded by the bioterrorism grant and Intrafund Transfers from Environmental Health.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
43,222	86,443	(43,221)	0	0	1

4. Extra Help Conversion for Billing Support

Conversion of one Fiscal Office Assistant II from Extra Help to permanent status supports meeting performance targets by addressing operational requirements and facilitates achieving the program priority of improving the efficiency and utilization of services by providing additional billing support. The cost of this position is fully offset by service fee revenues.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
59,479	59,479	0	0	0	1

5. Position Reconciliation

One Communicable Disease Investigator is transferred from Epidemiology to Communicable Disease within DCP, and one Medical Office Specialist has been transferred to Family Health Services, to more accurately reflect the assigned responsibilities of these respective positions.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
0	(74,659)	0	0	(74,659)	(1)

6. Adjustments to Fund Balance

An increase in Fund Balance supports the program priorities of achieving high customer satisfaction ratings and improving the service efficiency and utilization by providing funding for projects that will improve the infrastructure needed for disaster response as well as increase the timeliness and efficiency of response to communicable disease outbreaks including: lab system replacement; the Information Technology Strategic Plan (ITSP); WebCMR, which will assist with the processing of State-mandated reporting forms; and office remodeling, lab equipment, and reorganization of this unit.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
778,152	778,152	0	0	0	0

TOTAL FY 2005-06 PROGRAM FUNDING ADJUSTMENTS

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
(212,138)	555,393	(76,940)	0	690,591	(10)

FY 2006–07 Program Funding Adjustments

The following are significant changes from the FY 2005-06 to the FY 2006-07 Recommended Budget:

7. Adjustments to Provide Current Level of Services

Budget adjustments have been made to meet performance targets: inclusion of merit increases, annualization of negotiated increases, and higher benefit costs; and addition of \$80,000 in maintenance charges for the new lab system purchased in FY 2005-06. Decreases include reduction of information technology expenses, removal of one-time prior year equipment purchases, and reduction of fund balance.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
(1,419,502)	(1,219,246)	0	0	200,256	0