

# HEALTH AND HUMAN SERVICES

*To improve the quality of life of the residents of Long Beach by addressing public health and human services needs and by promoting a healthy environment in which to live, work and play.*

## Chapter Overview

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The budget chapter provides information on the Department's Service Delivery Environment, Core Mission and Key Accomplishments to give context and meaning to its FY 11 budget request. The chapter is organized by practical service areas, or Programs. Information on each Program includes a purpose statement, listing of specific services provided, multi-year revenue and expenses, relevant performance information and a description of changes to the Program for the next fiscal year.

In contrast to the traditional format that presents budget allocations by organization (departments and bureaus) and characters of expenses and revenue (or line-items), a Program Budget links the community resources to logical and meaningful services, as well as measurable results, creating a useful "performance contract" between the community and staff to encourage greater public accountability. Furthermore, it shifts the dialogue from simple inputs (how much is the City spending and by whom) and focuses discussions on desired outcomes and results (what will the community get for the money being invested).

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## Service Delivery Environment

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The Department of Health and Human Services has been providing public health services to Long Beach residents for over 100 years. The Health Department promotes and protects the public's health by supporting and empowering the local community to participate in actions to make Long Beach a healthy city. By having its own health department, the City of Long Beach is able to design and deliver programs to meet the specific needs of Long Beach residents, which assists in their involvement in making Long Beach a healthier place to live work and play.

Making Long Beach a healthier city is a complex challenge. The discipline of public health is impacted by informed, strategic and deliberate efforts to have a positive impact on conditions affecting the overall health of the community. Public health agencies contribute a critical function in affecting these positive changes. Achieving the vision of a healthy community is a difficult task that cannot be accomplished through a single plan of action or by a sole public health agency. Rather, broad action engaging many levels of society is required, involving individuals, families and community members. Responding to this vision requires a long-term public commitment to ensure that the policies, financial and organizational resources, are in place to assure the presence of the conditions necessary for Long Beach residents to live longer, healthier lives.

The federal Centers for Disease Control and Prevention recognizes the following essential public health services critical to the success of all local public health jurisdictions:

### Essential Public Health Services

- 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 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 a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Core public health services from the Health Department are supported primarily by the Health Fund. Additional services are supported from the General, Insurance and CUPA funds. The Health Fund is supported mostly by grants from a wide variety of sources, including State funds for the provision of core public health services and fees for services. Because much of this funding comes from sources external to the City, funding decisions made at the federal and State levels often impact the availability of funding for local health programs. Grant funds are provided to address existing community health problems.

Financial challenges at the federal and State level have directly and significantly impacted the Health Fund. The majority of the services provided in the Health Fund rely on non-city resources, such as categorical funding and grants. Many of these resources have either declined or have remained flat while expenses have risen. Since FY 08, the Health Department has made over \$8.3 million in expense reductions. These reductions have assisted in stabilizing the Health Fund, and redirected resources to core public health programming. Although delays in payments from funding resources continue to create challenges, the Health Department has expanded programming in key areas with new grant funds to make the community healthier.

# Service Delivery Environment

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## Healthy Food and Physical Activity Promotion

The Department of Health and Human Services (Health Department) has been working with several community organizations to promote healthy living and improve the health of Long Beach residents. In the United States, obesity has become an epidemic. With an estimated 16 percent of children and 31 percent of adults in Long Beach being identified as obese, it is critical that the City work with the community to make changes to increase the health of Long Beach residents. With the prevalence of obesity in children rising significantly, the health affects of obesity have resulted in increased cases of diabetes, increased cases of high cholesterol, heart disease, and other serious health conditions. These conditions will result in the decline in the quality of life and a decrease in life span if not prevented.

The Health Department has several health promotion programs working to promote healthier lifestyles for Long Beach residents. These programs operate in cooperation with several community-based agencies and collaborative groups to promote healthy eating and physical activity in Long Beach. Among the collaborative partners include:

- Long Beach Alliance for Food and Fitness/The Children's Clinic
- Healthy Kids Summit/Leadership Long Beach
- Building Healthy Communities Collaborative/The California Endowment
- Building a Healthy Family Series/Earl B. and Loraine H. Miller Foundation
- Junior Beach Runners Program/Long Beach Parks Recreation and Marine

The Diabetes Prevention and Management Program is funded by the Miller Foundation and Kaiser Permanente. The program is a diabetes self-management and social support program for Spanish speaking adults with diabetes and their family members. Based on a successful model program from Latino Health Access in Santa Ana, the Diabetes Program consists of a 12-week series of interactive group education classes. Participants learn current information about diabetes, its management and how to avoid complications, the role of diet, physical activity, and medication, and the importance of self-monitoring, stress management and working with one's health care team. The course focuses on skill building and empowering participants to take control of their condition.

The Healthy Active Long Beach Program is funded through the Network for a Healthy California and assists the Health Department in its efforts to decrease the rate of obesity and chronic disease in Long Beach. The Network works with public, non-profit and business partners throughout the state to empower low-income Californians to consume the recommended amount of fruits and vegetables and enjoy physical activity every day. The program also promotes a youth-oriented physical activity program called Junior Beach Runners. In cooperation with Long Beach Parks Recreation and Marine Department, this youth oriented running program also sponsors the youth fun run at the annual International City Marathon.

The Prevention and Wellness Program (American Recovery and Reinvestment Act – ARRA/Stimulus) Healthy food and beverage policies are being developed to promote healthy food choices for Long Beach youth. Cities can provide a leadership role in the fight against obesity by providing a strong example for healthy eating and active living, and setting policies that institutionalize healthy changes. Many cities/counties already have food and beverage policies, and agencies such as school districts and child care and education programs have strong food and beverage policies to send the best message to our youth about healthy eating.

Building Healthy Communities is funded by The California Endowment, and was established in central Long Beach to improve the health of local residents, and to improve conditions in the community so that children are healthy, safe and ready to learn. Several goals have been established in this 10-year initiative, including promoting community health, promotion of green places to work and play, promotion of prevention based programming, and making areas outside safe for children to play.

## Service Delivery Environment

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The Health Department has also been involved in several assessments to assist the City in plans to make the City a better place to walk, get exercise, and purchase fresh produce. Efforts include:

- Walkability Assessments – funded by the Long Beach Redevelopment Agency and the Los Angeles County Public Health Policies for Livable, Active Communities and Environments (PLACE), these assessments assist planners to promote safe access to areas where children may exercise and families may access healthy food choices.
- CX<sup>3</sup> - is a framework utilized by the Healthy Active Long Beach program for local communities to identify community assets to promote healthy living.

### **H1N1 Response**

The Novel influenza A (H1N1) flu virus which was first detected in April 2009 resulted in a significant H1N1 flu vaccine campaign in Long Beach in 2010. The Health Department's Department Operational Center (DOC) was activated and the Department commenced a series of community based vaccine clinics around the City. By May 2010, the Health Department assisted local providers of medical care in securing over 80,000 doses of vaccine to provide in local clinics. Additionally, the Health Department, in cooperation with Long Beach Unified School District, our Long Beach Medical Reserve Corps, and student nurses at California State University, Long Beach, vaccinated over 20,000 individuals in public clinics held throughout the city. In Fall of 2010, the H1N1 flu vaccine will be a part of the standard fall vaccine formulary, which will provide protection to Long Beach residents this next flu season.

### **Federal Stimulus Funding Helps Make Long Beach a Healthier City**

The Long Beach Health Department has received several grants (over \$7 million) through the federal Reinvestment and Recovery Act – ARRA/Stimulus. They are noted as follows:

Lead-Based Paint Hazard Control Program (\$2.9 million) eliminates lead-based paint hazards in privately-owned and low-income housing. This grant will help protect children and their families from the harmful effects of lead-based paint hazards in the home environment and will rehabilitate over 300 units of eligible housing from lead-based paint hazards.

Healthy Homes Demonstration Program (\$874,992) offers a comprehensive delivery of interventions intended to improve the health of children with asthma, reduce housing-related environmental hazards contributing to asthma and allergies and reduce safety hazards contributing to unintentional injuries. Home environment assessments in this program focus on reducing or eliminating asthma and allergy triggers, lead based paint risks, mold, carbon monoxide risks, dust, the use of toxic cleaning products, and environmental tobacco smoke.

Homeless Rapid Re-Housing Program (\$3.5 million) provides rapid re-housing and homeless prevention assistance to local residents. These funds, allocated by the Community Development Department, are designed to prevent homelessness for people who are already housed, and to rapidly re-house people who have recently become homeless due to economic challenges.

Childhood Immunization Program (\$113,000) provides programming to ensure children receive immunizations to prevent disease and disability. These funds were provided by the federal government when the State eliminated funding for this program.

## Core Missions

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- Address the threat of communicable and chronic diseases in the Long Beach community through surveillance, education, prevention programs and clinical services and expertise
- Increase community health and self-sufficiency
- Promote a healthful environment through inspections, education and regulatory activities

## Budget by Fund and FY 10 Key Accomplishments

### FY 11 Budget by Fund

Fund	Expenditures	Revenues	Net Fund Support
<b>General Fund</b>	5,299,024	2,279,841	3,019,182
<b>Health Fund</b>	38,036,572	39,821,193	(1,784,621)
<b>CUPA Fund</b>	568,029	596,038	(28,009)
<b>Insurance Fund</b>	1,718,278	37,700	1,680,578
<b>Housing Authority Fund</b>	1,117	-	1,117
<b>Expendable Trust</b>	-	2,000	(2,000)
<b>Total</b>	<b>45,623,019</b>	<b>42,736,773</b>	<b>2,886,247</b>

### FY 10 Key Accomplishments

- It is estimated that the H1N1 flu sickened nearly 50 million Americans (about 15 percent of the entire U.S. population), sent more than 200,000 people to the hospital and killed nearly 10,000 -- more than 8,500 of them children and young adults. The Health Department's efforts assisted in over 80,000 Long Beach residents receiving vaccinations (over 20,000 provided by the Health Department directly).
- The U.S. Department of Housing and Urban Development (HUD) funded two significant Environmental Health programs in Long Beach this year. The Lead Hazard Control program makes sure that low and very-low income families with young children have lead-free housing options in Long Beach. The Healthy Homes Program provides home environment assessments and housing-based hazard remediation for families of children with asthma to reduce or eliminate asthma and allergy triggers.
- The Long Beach Alliance for Children with Asthma celebrated World Asthma Day by honoring the Health Department's Community Asthma and Air Quality Resource Education and Healthy Homes Demonstration Programs which help make Long Beach a healthier and safer community.
- Pursuant to requests from the Long Beach Tobacco-Free Coalition, the City Council voted to prohibit smoking within 20 feet of all bus stops and to prohibit smoking in farmer's markets.
- The African American Infant Health Program hosted its annual "Celebrate Healthy Babies" Community Health Fair marking 20 years of the program helping to lower infant and maternal mortality rates among African-Americans in Long Beach.
- Excessive heat trends resulted in the Health Department working with other City departments to revise the City's Heat Emergency Plan. The new plan realigns different phases of emergency activation to correspond with those of Los Angeles County, and the California Emergency Management Agency (Cal-EMA). Elements of response have been expanded beyond the historical focus on the operation of cooling centers in the city.
- The Childhood Obesity Prevention and Advocacy Program established the Healthy Eating, Active Living (HEAL) parent group at Starr King Elementary School, to teach parents how to be role models and advocate to promote healthy eating and active living. HEAL also implemented a Neighborhood Store Partnership project with El Nuevo Guadalajara Market in order to provide families with greater access to healthier foods and snack items.
- Animal Care Services has begun issuing Administrative Citations for violations of the Long Beach Municipal Code Title 6 (animal laws). This means that enforcement will be handled in a more efficient way to resolve issues of public health and safety.

## Budget by Fund and FY 10 Key Accomplishments

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- The National Association of County and City Health Officials (NACCHO) selected the Long Beach Health Department's Diabetes Prevention and Management Programs to be featured in a compendium on diabetes prevention. The Long Beach Health Department is one of nine local health departments nationally to be featured in this publication on model practice programs.
- The Health Department was honored with an EPA Environmental Justice Achievement Award. This award was for their work to reduce the consumption of contaminated fish by the local Vietnamese and Chinese communities in Long Beach among anglers from the Palos Verdes Shelf site.
- The Women, Infants and Children (WIC) Program held an aggressive outreach campaign with a series of advertisements promoting the WIC Program and highlighting the new WIC food package.
- The Environmental Health Bureau prepared for the 2010 mosquito season with a new education campaign utilizing updated web information and other forms of social media. Controlling mosquito populations can mitigate mosquito borne illnesses such as West Nile Virus.
- The City Council approved Housing and Neighborhoods Committee's recommendation to receive and approve the 5 Key Strategies of the Community Partnership to Prevent and End Homelessness in Long Beach. Mike Murray from Verizon and Steve Peck from the United States Veterans Initiative co-chaired this process with support from community stakeholders.
- The Public Health Breastfeeding Initiative seeks to improve "exclusive" and "extensive" breastfeeding rates, by working with community agencies to promote breastfeeding, and with birthing hospitals to improve the percentage of new mothers who initiate exclusive breastfeeding (no formula, water, pacifier) in the hospital post-delivery. Breastfeeding is an effective strategy to prevent chronic disease and improve lifelong health.
- The Early Childhood Education (ECE) Committee hosted the 7th Annual Early Childhood Education Symposium entitled "Strategies to Address the Effects of Childhood Stress on Learning and Behavior" and provided parents, caregivers, early education teachers, and other stakeholders with information about how childhood stress affects child learning and behavior. They also held a series of Kindergarten Festivals throughout Long Beach to prepare incoming kindergarteners for school.
- The Nursing Division's Immunization Program conducted two teen and pre-teen immunization clinics in conjunction with the Long Beach Unified School District (LBUSD) and the California State University, Long Beach (CSULB) Nursing Department.
- Animal Care Services received approval from City Council to improve animal welfare in the community with the following action items:
  - Initiate a multi-year expansion of low-cost spay and neuter resources for both owned and free-roaming animals beginning with vouchers supported by local veterinarians, and working towards a City-run clinic under the direction of a full-time State Licensed Veterinarian, provided that costs can be fully off-set;
  - Require mandatory cat licensing in the City of Long Beach;
  - Develop a funding and implementation plan for regular adoption, microchip, and licensing clinics under the direction of a State Licensed Veterinarian; and
  - Develop a plan to implement a formal Animal Care Ambassador program to support adoptions, special events, license canvassing and humane education citywide.
- Staff from the Department of Health and Human Services participated in the Long Beach Bike Festival's "Tour of Long Beach" on Saturday, May 8th. The Tour of Long Beach is a 31-mile bike ride through various Long Beach neighborhoods, starting and ending in downtown near shoreline village.

## Administration Program

**Focus Area:** Leadership, Management and Support

**Line of Business:** Administration

**Program Purpose Statement:** To provide central administrative support, coordination and direction for the entire Department.

**Key Services Provided:** Human Resources, Training, Risk Management, Employee Safety, Workers' Compensation, Budget and Accounting, Procurement, Billing and Collections, Contract Management, Public Information and Communications, Records Management, Executive Leadership, and Board of Health and Human Services staff oversight.

**FY 11 Funding Source:** Health Fund 100%

Administration	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	3,448,453	23,894,243	2,604,382	11%	4,293,875
Revenues	7,799,800	26,387,905	5,470,919	21%	7,658,839
FTEs	26.03	23.53	23.53	100%	22.14

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
June Expenditure ETC as % of Year End Actual	107%	100%	91%	91%	100%
June Revenue ETC as % of Year End Actual	107%	100%	91%	91%	100%
Department Vacancy Rate	15%	14%	8%	59%	7%
Overtime as % of total salaries	2.44%	0.34%	2.59%	755%	0.33%
Number of Workers' Comp. claims involving lost time	0.0	0%	1.0	(a)	(a)
Number of lost work hours (expressed in full time equivalents) from Workers' Comp. during fiscal year	0.88	79%	1.3	(a)	(a)

(a) Tracking systems are being developed to capture this data going forward and/or data not available.

### Results Narrative:

The FY 11 budget includes funding in anticipated revenues from the State of California for core public health funding. Realignment is based on revenues from State Vehicle License Fees and Sales Tax dedicated to public health programming. These resources declined significantly in the Fall of 2008, with anticipated recovery being slow into 2011.

National Incident Management System (NIMS) trainings are required for staff of all agencies, which may be required to respond to local emergencies. Under the National Response Framework, all local emergencies are required to be led by local staff as first responders. This requires a substantial training investment for local agencies to ensure they are following nationally recognized Incident Command Structure (ICS). Ensuring the proper application of ICS by NIMS trained staff will allow for local jurisdictions to receive federal funding for a response to local emergencies, which receive federal and/or state designation as a recognized emergency. Without the NIMS training, staff may not be allowed to enter local department operations centers (DOC) or locally operated Emergency Operations Centers (EOC).

The Housing Authority Bureau was added to the Department's responsibility as a component of the Government Reform measures for FY 11.

# Maternal, Child and Adolescent Health Program

**Focus Area:** Health and Human Services

**Line of Business:** Public Health

**Program Purpose Statement:** To provide education, case management, public health nursing, and referral services to eligible individuals, families, and providers in the Long Beach area so they can achieve their targeted individual and program health goals.

**Key Services Provided:** Maternal and Child Health, Women, Infants, and Children (WIC), Public Health Field Nursing, African American Infant Health, Health Insurance Promotion and Enrollment Programs, Childhood Lead Poisoning Prevention.

**FY 11 Funding Source:** Health Fund 100%

Maternal, Child and Adolescent Health	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	7,432,689	2,288,516	8,681,236	379%	10,715,607
Revenues	7,487,473	4,384,164	8,627,501	197%	10,116,515
FTEs	98.28	71.47	71.47	100%	79.06

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of eligible caseload issued WIC food vouchers	90%	90%	90%	90%	90%
Number of WIC food vouchers issued	309,103	450,000	326,058	72%	337,155

**Results Narrative:**

The FY 11 budget includes a reduction of a vacant public health physician (PHP) position which supported the Health Department's chronic disease prevention programming. This position was previously supported by grant funds from the State, which are no longer available. The remaining physician staffing will continue to provide necessary clinical services in the Department's public health clinics.

The Women, Infants and Children (WIC) program has experienced significant changes this year. In addition to rolling out a new food package (pursuant to federal guidelines) it also had conducted a health fair and outreach campaign. Additionally, WIC moved its north site (Market Street) to a new location on Atlantic Avenue in November 2010, as well as expanding operations at the WIC site located on the campus of the St. Mary Medical Center.

# Health Promotion/Preventive Health Program

**Focus Area:** Health and Human Services

**Line of Business:** Public Health

**Program Purpose Statement:** To provide information, education, and referral services to individuals and to service providers in the greater Long Beach area so they can increase their knowledge of health risks and/or the importance of healthy behaviors.

**Key Services Provided:** Education and Skill Building Classes, Educational Materials, One-on-One Counseling and Education Sessions, Web site, Media and Marketing Campaigns, Referrals, Compliance and Regulatory Services, Community Advisory Groups, Policy Development and Technical Assistance Services, Wellness Screenings and Assessments, Senior Help Line Information and Referrals, Government and Funders' Reports, Reports (Research findings and needs assessment, and Community Health Events and Fairs.

**FY 11 Funding Source:** Health Fund 100%,

Health Promotion/Preventive Health	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	2,333,952	1,101,079	1,490,072	135%	1,370,035
Revenues	2,166,093	1,138,836	1,492,483	131%	1,290,757
FTEs	26.44	15.47	15.47	100%	10.14

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Number of participants in prevention programs (Prev Health's #)	3,917	2,000	1,821	91%	2,000
Number of seniors receiving health screenings and referral services	4,000	4,000	3,500	92%	3,700
Number of educational and technical assistance contacts provided to tobacco retailers	1,103	1,100	1,100	100%	1,100

**Results Narrative:**

The Health Department received \$712,000 in ARRA Public Health Stimulus Funding which will be used to meet goals in the following two areas: Increasing Access to Healthy Foods and Physical Activity Promotion and Tobacco Control and Prevention. There are two components to this program:

**A) Project RENEW (Renew Environments for Nutrition, Exercise, and Wellness):**

The City of Long Beach will provide a leadership role in the fight against obesity by providing a strong example for healthy eating and active living, and setting policies that institutionalize healthy changes.

**B) Project CLEAR (Creating Leadership Education, Action and Renewal: A Smoke Free Vision):**

The new two year anti-smoking federal grant will enable the Long Beach Health Department to be a healthier, safer City. The grant will help more people stop smoking, increase second hand smoke protection policies for people who work and play outside, and conduct a media campaign to expose the influences of the tobacco industry that targets low income youth and families and other vulnerable populations in the city that still have high rates of smoking.

Due to a significant reduction in grant funding from the State of California for HIV/AIDS prevention programming, there is a projected decline in both actual prevention-based programs and proposed individuals to be seen in these programs continuing into FY 11.

# Laboratory Services Program

**Focus Area:** Health and Human Services

**Line of Business:** Public Health

**Program Purpose Statement:** To provide infectious disease, clinical, and environmental testing services to Health Department clinics/programs, hospitals, and private and government agencies so they can receive test results that are accurate, timely, and cost-effective.

**Key Services Provided:** Infectious Disease Tests (e.g. TB, STD, Hepatitis), Clinical Tests (e.g. Clinical Chemistry) Toxicology Test (Blood Lead), Environmental Tests (e.g. Drinking and Recreational Water and Lead), Bird and Animal Tests (e.g. West Nile Virus and Rabies), Food Borne Illness Tests, Inter/Intra-Jurisdictional Public Health Lab Tests, and Non-Diagnostic Testing (for CLIA Waiver Certificate application).

**FY 11 Funding Source:** Health Fund 100%

Laboratory Services	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	2,130,095	1,674,186	1,757,948	105%	1,780,850
Revenues	1,381,020	520,789	899,687	173%	1,110,141
FTEs	20.42	18.42	18.42	100%	14.00

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of test results that are accurate based on standard laboratory procedures	100%	100%	100%	100%	100%
Number of tests performed	95,431	93,000	90,000	97%	90,000
Number of tests anticipated to be requested	95,431	93,000	90,253	97%	90,000

## Results Narrative:

Over the last three years, the Public Health Laboratory has reduced its complement of staffing, resulting in a modification in the scope of testing which may be conducted. Much of this reduction was due to declines in state funding (HIV and recreational water testing) and the closure of the Department's Prenatal Clinic.

The Public Health Laboratory restructured some of its laboratory testing programs to improve efficiencies and minimize costs. Many of these changes were conducted in cooperation with the public health clinics, as well as the Environmental Health Bureau, to ensure only necessary testing protocols are followed to minimize laboratory expenses.

In FY 11, the Public Health Laboratory continues to identify opportunities to decrease the costs of local testing by "batching" testing specimens with tests from outside agencies via elimination of one vacant microbiologist position, and this contracting-in provides opportunities to lower overall per-test costs by avoiding complex and expensive set up and break down costs of individual testing runs. The Public Health Laboratory also implemented cost-cutting measures by conducting some of its own preventive maintenance and quality control practices. These services were previously contracted with outside vendors.

The Public Health Laboratory was challenged this spring due to increased laboratory testing associated with Swine Flu A H1N1. Suspect cases were screened locally and only probable case specimens were transported to the State Public Health Laboratory for confirmatory testing. The costs of running these tests were borne by our Bioterrorism Preparedness grants.

# Clinical Services Program

**Focus Area:** Health and Human Services

**Line of Business:** Public Health

**Program Purpose Statement:** To provide specified assessment and treatment services to eligible patients so they can maintain or improve their health and prevent the transmission of infectious disease.

**Key Services Provided:** STD and HIV Clinical and Mobile Testing, HIV Testing, HIV/AIDS Early Intervention Program, HIV/AIDS Case Management, AIDS Drug Assistance and Tuberculosis Services Assessments/Visits, Examinations, Treatments (e.g. Medications, Immunizations, Birth Control Devices, etc.), Outreach and Referrals, Counseling and Education Sessions, Diagnostic Tests, Psycho-Social and Medical Case Management and Partner/Contacts Services (including contact investigations)

**FY 11 Funding Source:** Health Fund 100%

Clinical Services	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	5,402,327	3,080,072	4,201,758	136%	4,683,650
Revenues	2,916,633	2,264,447	3,390,796	150%	4,187,914
FTEs	56.25	42.22	42.22	100%	37.07

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of HIV tests and education sessions successfully completed	85%	85%	85%	100%	85%
Number of HIV tests and education sessions requested	4,395	4,000	4,125	103%	4,000
Number of immunizations provided	18,733	18,000	20,100	112%	18,000

**Results Narrative:**

Demand for public health clinical services remains consistent with recent experience, and it is projected to continue to be stable in FY 11.

The Department anticipates the distribution of over 20,000 doses of vaccine provided annually in our immunization clinics, over half of which are influenza vaccines. Many of these doses are provided in conjunction with our community partners, such as Long Beach Unified School District, The Children’s Clinic, and Westside Neighborhood Clinic.

Due to a significant reduction in grant funding from the State of California for HIV testing, there is a projected decline in both actual tests provided and proposed individuals to be seen in these programs continuing into FY 11.

# Epidemiology & Vital Records Program

**Focus Area:** Health and Human Services

**Line of Business:** Public Health

**Program Purpose Statement:** To provide disease surveillance, investigation and reporting, birth and death documentation, and provider compliance services to the public, providers, and State and County agencies so they can successfully manage disease outbreaks and have timely access to certificates and records that establish identity.

**Key Services Provided:** Communicable Disease Surveillance, Food-borne Illness Investigation, Disease Investigations, Disease Surveillance, Investigation and Reporting, Birth and Death Documentations, and Provide Compliance Services to the Public, Providers, and State and County Agencies

**FY 11 Funding Source:** Health Fund 100%

Epidemiology & Vital Records	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	1,194,432	406,903	842,383	207%	722,649
Revenues	894,279	352,980	746,831	212%	671,127
FTEs	8.10	8.10	8.10	100%	6.10

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of birth records reported from prior year	100%	100%	100%	100%	100%
Number of birth records reported	9,563	8,000	8,216	103%	8,000

**Results Narrative:**

The FY 11 budget provides for the processing of over 12,000 vital records, including over 8,000 birth certificates. Further, the epidemiology section provides over 1,200 epidemiological evaluations annually to prevent the spread of communicable disease in Long Beach.

This Program works with local birthing hospitals and mortuaries to provide prompt processing of birth and death records in accordance with State law. Additionally, this section processes thousands of Confidential Morbidity Reports (CMR) each year. The CMRs are required of local medical providers, doctors, hospitals, and clinics when they identify a reportable disease. These reports are analyzed by medical staff at the Department, and under the direction of the City Health Officer, the Department may provide direct intervention in cooperation with the provider to ensure that communicable disease is prevented any further spread in the City. This information is compiled and entered into various data management systems and transmitted to the State for further reporting to the Federal government.

# Food Facility & Housing Code Enforcement Program

**Focus Area:** Health and Human Services

**Line of Business:** Environmental Health

**Program Purpose Statement:** To provide inspection, regulatory, and education services to food facility operators, apartment owners and residents, and other health regulated facility operators so they can be in compliance with the local and state laws and regulations.

**Key Services Provided:** Food Facility Inspections (Restaurants, Markets, School Kitchens, Bars), Other Facility Inspections (Massage, Laundromats, Tanning Salons, Garment Manufacturers, etc), Housing Inspections (Apartments, Hotel/Motel, Boarding Housings, Jails), Business License Team Inspections (new businesses), Food Borne Illness Investigations, Complaint Inspections and Special Events Food Vending Inspections, Lead Hazard Control Program, Healthy Homes Education

**FY 11 Funding Sources:** Health Fund 100%

Food Facility & Housing Code Enforcement	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	3,224,957	2,709,310	4,112,978	152%	2,770,253
Revenues	4,868,351	3,809,330	5,060,749	133%	3,835,191
FTEs	27.63	21.48	21.48	100%	42.57

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of high risk food facilities inspected for regulatory compliance at least three times a year	100%	100%	93.28%	93%	100%
Number of food facility inspections completed	3,396	3,396	3,504	103%	3,432
Number of high risk food facilities inspections completed	1,344	1,350	1,393	103%	1,350
Dollar expenditure per food facility inspection completed	\$100	\$100	\$193	193%	\$205

**Results Narrative:**

The FY 11 budget reflects reductions in programming consistent with historical trend.

The Department continues to conduct approximately three inspections annually at food facilities, which are determined to be high risk for disease transmission. However, the Food Inspection Program provides thousands of follow up and complaint inspections, inspections in response to emergencies, and foodborne illness, farmer's market, and special event inspections. Each weekend, when there may be special events such as carnivals, farmer's markets, health fairs, or larger events such as Grand Prix or Gay Pride, the Health Department's Environmental Health Specialists are inspecting sites to ensure that they meet the State Retail Food Code. Meeting these requirements will prevent the transmission of disease in the community, avoid injury and illness for Long Beach residents and visitors, as well as avoid unnecessary liability for the food retailers locally.

This past year, the Food Inspection Program has been busy implementing new State food safety laws requiring the disclosure of nutritional information on menus and brochures at chain restaurant facilities, in addition to enforcing the ban on oils and shortenings with trans fats in restaurants.

# Hazardous Materials Program

**Focus Area:** Environment

**Line of Business:** Environmental Health

**Program Purpose Statement:** To provide inspection, complaint response, enforcement, clean-up oversight, resources, and educational services to the regulated community and the public so they can operate facilities at a low risk of chemical contamination/exposure to the public, property, and environment and have a timely resolution of emergency incidents.

**Key Services Provided:** Hazardous/Medical Waste Facility Inspections, Emergency Clean-ups of Chemical Spills, Enforcement Investigations and Actions, Non-emergency Complaint Investigations, Medical Waste Facility Inspections and California Accidental Release Program

**FY 11 Funding Sources:** CUPA Fund 48%, Health Fund 52%

Hazardous Materials	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	1,629,853	922,121	1,375,272	149%	1,250,031
Revenues	1,271,117	1,158,484	1,152,600	99%	1,013,142
FTEs	8.77	14.95	14.95	100%	8.65

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of hazardous waste generator facilities receiving a required annual inspection	100%	100%	100%	100%	100%
Number of inspections completed	809	809	809	100%	809
Number of anticipated required annual inspections to be completed of hazardous waste generator facilities	809	809	809	100%	809

**Results Narrative:**

The key regulatory component of the Health Department's Hazardous Materials Division is the CUPA or Certified Unified Program Agency. The Long Beach CUPA is responsible for administering six major regulatory elements: Hazardous Waste Generators (HWG), California Accidental Release Program (Cal-ARP), Underground Storage Tank (UST) Facilities, Business Emergency Plan (HMRRP), Hazardous Materials Inventory and Above Ground Storage Tanks (AST). The Long Beach Fire Department performs the UST (installation, monitoring, plan checking and removal), Hazardous Materials Inventory and Business Emergency Plan (BEP) elements of the CUPA.

The CUPA continues to provide a frequency of inspection for Hazardous Waste Generators, which exceeds the Cal-EPA requirement. Cal-EPA audited the CUPA in 2010. The CUPA received several outstanding comments from Cal-EPA in the audit report regarding program administration. The CUPA is currently implementing a permitting program for Above Ground Storage Tank Regulation for FY 10. Grant funding for cameras, radios and technological projects have been received for FY 10. Health HazMat/CUPA is currently working to implement an online reporting and application process for CUPA regulatory programs.

# Vector Control Program

**Focus Area:** Health and Human Services

**Line of Business:** Environmental Health

**Program Purpose Statement:** To provide treatment and abatement services to the public so they can live in an environment with a reduced prevalence of mosquitoes, rodents, and other disease-causing vectors (e.g. those carrying West Nile Virus, Plague, St. Louis Encephalitis).

**Key Services Provided:** Mosquito Surveillance and Control, Africanized Honey Bee Complaint Responses, Rodent Control Treatments, Disease Identification Services, City Facility Pest Control Treatments and Building Demolition Inspections

**FY 11 Funding Source:** Health Fund 100%

Vector Control	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	634,188	476,882	405,980	85%	488,941
Revenues	176,167	324,991	136,457	42%	325,404
FTEs	5.72	3.85	3.85	100%	2.67

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of disease causing vector complaints reported and responded to	100%	100%	100%	100%	100%
Number of vector control complaint responses reported	1,056	1,100	1,025	90%	1,000
Number of anticipated vector control responses reported and responded to	1,056	1,100	1,000	90%	1,000

## Results Narrative:

The Health Department's Vector Control Program provides comprehensive vector control throughout the City, including bee response, rodent control, trapping, flea control, facility pest control, disease surveillance, demolition inspection, emergency response and educational outreach. The Program also performs mosquito surveillance and control in two-thirds of the City (Greater Los Angeles Vector Control provides mosquito abatement only east of Lakewood Blvd). The Vector Control Program focuses on non-toxic treatment methods whenever possible, e.g. trimming vegetation or adding mosquito-eating fish to water to control mosquito breeding. This approach is known as Integrated Pest Management (IPM) and provides good control with minimal impact to the environment. The Vector Control Program uses various surveillance methods to monitor the status of mosquito populations, such as testing mosquitoes, chickens, birds and squirrels for the presence of mosquito borne diseases like West Nile Virus. Information from surveillance allows staff to develop focused treatment efforts to control disease-carrying mosquitoes. One key to a successful Vector Control Program is partnering with the public. The Program emphasizes public outreach with multiple press releases, presentations and events. The Program launched a new West Nile Virus "Fight the Bite" website in FY 10 with links to social media sites, such as Facebook, Twitter, and YouTube.

The Vector Control Program was downsized in FY 10 due to reductions in funding from the State. In order to address the downsizing of the program, GIS mapping is being used to focus treatment efforts more efficiently. In addition, temporary staff have been added to the Program during mosquito breeding season to assist in mosquito control efforts.

# Recreational Water Quality Program

**Focus Area:** Environment

**Line of Business:** Environmental Health

**Program Purpose Statement:** To provide inspections, education, water monitoring and enforcement services to the public and the regulated community so they can have timely notification of unsafe recreational water conditions, have timely response to emergency discharges, and comply with applicable laws and regulations.

**Key Services Provided:** Facility Backflow Prevention Inspections, Recycle water inspections, Water Tests, Beaches and Bays Water Sample Collections, Public Swimming Pool Inspections, Permits, Plan Checks–Backflow, Wells and Swimming Pools, National Pollution Discharge Elimination System (NPDES) Sewage and Wastewater Emergency Responses, Public Information System Updates on Beach Water Quality (Website and Info-Line), Event Presentations and Regulatory Compliance Services

**FY 11 Funding Source:** Health Fund 100%

Recreational Water Quality	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	802,738	568,263	515,398	91%	743,949
Revenues	577,519	632,434	531,267	84%	620,538
FTEs	5.18	5.15	5.15	100%	4.87

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of beach sites sampled on a weekly basis	100%	100%	100%	100%	100%
Number of routine beach, bay, harbor, and marina water samples collected	1,600	751	751	100%	751
Number of water samples anticipated to be collected	1,600	751	751	100%	751
Dollar expenditure per water sample collected	\$345	\$320	\$423	132%	\$320

**Results Narrative:**

The Recreational Water Quality Program is responsible for several water-related programs in the Health Department’s Bureau of Environmental Health. These programs include public swimming pool/spa inspections, swimming pool/spa plan check, cross-connection prevention program, beach water testing, emergency response and backflow prevention.

State Public Health Department (DPH) funding for the Beach Water Testing Program (AB 411) was cut by 10 percent in FY 09 and eliminated entirely in the beginning of FY 10. Later in FY 10, funding to continue the program was provided by the California State Water Board and supplemented by federal Stimulus (ARRA) funds provided to the State for this purpose. In the Fall of 2010, the Water Board has again agreed to maintain funding for this valuable program through FY 11.

## Animal Shelter Operations Program

**Focus Area:** Health and Human Service

**Line of Business:** Animal Care

**Program Purpose Statement:** To provide housing, care, treatment, reuniting and adoption transition services so rescued and stray animals will be safely housed and cared for pending a humane outcome, and so the public can be protected from the dangers of stray, wild and diseased animals and be reunited with their pets.

**Key Services Provided:** Animal Treatments and Evaluations, Ongoing/Daily Animal Health, Assessments, Vaccinations, Quarantine and Evidence Housings, Impounds, Cage Cleanings (for disease prevention) and Feedings

**FY 11 Funding Source:** General Fund 100%

Animal Shelter Operations	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	2,088,442	2,013,142	1,875,190	93%	1,867,004
Revenues	326,630	430,734	626,105	145%	304,619
FTEs	13.95	11.32	11.32	100%	15.49

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of animals adopted, rehabilitated or reunited with owners (live release rate for dogs, cats, wildlife and exotics)	41%	48%	44%	92%	45%
Number of animals adopted, rehabilitated, or reunited with owners (live release rate for dogs, cats, wildlife and exotics)	4,566	5,000	5,018	100%	5,085
Number of animals anticipated to be impounded (live release rate for dogs, cats, wildlife and exotics)	11,163	10,500	11,380	108%	11,300
Dollar expenditure per animal housed per day	\$15.90	\$14.60	\$15.20	104%	\$15.90

### Results Narrative:

In FY 11, Animal Care Services will continue to provide shelter services to over 11,300 live animals from the cities of Long Beach, Signal Hill, Los Alamitos and Cerritos. The ultimate goal of every staff member will remain focused on increasing the number of animals adopted, rehabilitated or reunited with owners. Economic hardship was a common reason cited by pet owners who released their dogs to the City in FY 10. Still, Animal Care Services achieved the highest live release rate in over 23 years through the introduction of new animal tracking technology (Chameleon), improved cleaning protocols, and renewed focus on preparing animals for adoption. Remarkably, in a year where the City introduced mandatory cat licensing and vaccination requirements, the number of cats adopted increased by 17 percent over the previous year. Animal Care Services projects that the Live Release Rate will increase to 45 percent due to needed investments in the veterinary and medical program in FY 11.

The addition of a full-time, State-certified Veterinarian will ensure compliance with State laws, assist in improving our animal adoption rate, and will support continuing improvement in sheltering operations through better herd health management.

# Animal Protection & Enforcement Program

**Focus Area:** Community Safety

**Line of Business:** Animal Care

**Program Purpose Statement:** To provide service request response, enforcement, quarantine, licensing, and educational services to the public so they may have a timely response to service calls related to imminent threats and may license their dogs; and so that animals that are abused, neglected, or in need of rescue may receive prompt service.

**Key Services Provided:** Request for Service Responses, Vicious Animals, Cruelty to Animals and Animal Nuisance Investigations, Criminal Prosecution Testimonies, Administrative Hearings (vicious animal and cruelty to animal - PC 597.1), Quarantine Enforcements (animal bites), West Nile Virus Dead Bird Collections, Humane Education, and Spay and Neuter Classes, Dog Licenses, Dog Licensing Inspections (canvassing), Vicious Animal Permits, Restricted Dog Breeding/Dog and Cat Transfer Permits, Exotic Animal Permits, Animal Related Event Permits (circus, dog shows, petting zoos, pony rides) and Onsite Permit Follow-Ups

**FY 11 Funding Source:** General Fund 100%

Animal Protection and Enforcement	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	1,641,980	1,706,858	1,929,202	113%	2,038,643
Revenues	1,343,794	1,555,200	1,395,717	90%	1,810,973
FTEs	25.35	24.35	24.35	100%	30.19

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of Priority 1 calls for service responded to within 20 minutes	78%	80%	23%	29%	24%
Number of Priority 1 calls for service responded to within 20 minutes	8,949	8,693	2,422	28%	2,400
Number of Priority 1 service requests	11,473	10,867	10,418	96%	10,000
Number of total service responses provided	23,484	24,150	42,838	177%	43,800
Dollar expenditure per service response completed	\$60.23	\$62.11	\$41.67	67%	\$44.19

**Results Narrative:**

In FY 11, Animal Care Services will continue to provide public safety and emergency field services to over 597,000 residents of Long Beach, Signal Hill, Los Alamitos, Seal Beach and Cerritos. This includes an estimated 43,800 service calls that will be completed ranging from Priority 1 emergencies (e.g., bites, cruelties and dangerous animals), to Priority 3 calls (e.g., barking, custody).

The new automated dispatch, licensing and kennel data management system is already assisting in improved efficiencies and allowing the Bureau to capture more detailed information about detailed activities associated with each call for service. This operational improvement has helped to offset the service impacts of reduced staffing, and increase productivity by reducing officer time spent on administrative tasks. However, for the first time detailed information about response time is available that indicates officers are only able to respond to Priority 1 calls within 20 minutes, 23 percent of the time.

The additional 4.0 FTE non-career license canvassing staff will also be an important component of improving services and helping to reduce the overall number of violations of animal licensing laws in Long Beach. Animal Care Services anticipates increased revenue of approximately \$150,000 through the automation of licensing data, the rebuilt license canvassing program and the introduction of Administrative Citations (which will redirect citation revenue from the courts to the City's General Fund).

# Family & Youth Services Program

**Focus Area:** Health and Human Services

**Line of Business:** Human and Social Services

**Program Purpose Statement:** To provide early care and education policy implementation, case management, and community capacity building services to families, youth and community based organizations so families can remain together and so community organizations have the infrastructure to provide services to the community.

**Key Services Provided:** Case Management to Youth and Families, Youth Mentoring, Youth and Parent Enrichment Activities, Youth Group Sessions, Early Care and Intervention Activities, Home Visits, Referrals and Linkages, Child Care Placement Assistance, Community Coalition Building Services, Capacity Development for Local Providers, Demand and Cost Analyses, Referrals and Linkages, and Networking Meetings (with community-based organizations and other governmental entities).

**FY 11 Funding Sources:** Health Fund 93%, General Fund 7%

Family & Youth Services	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	2,058,365	298,373	2,055,028	689%	2,408,542
Revenues	1,798,560	67,861	1,876,794	2766%	2,198,771
FTEs	15.20	15.30	15.30	100%	15.72

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Number of family preservation cases managed	329	310	358	115%	310
Percentage of families served that remain together or that are reunited	93%	80%	95%	119%	80%
Number of youth served	629	613	621	101%	613

**Results Narrative:**

FY 11 Program budget includes the receipt of lease revenue for tenants at the West Facilities Center. FY 10 saw an increase in the number of families managed while the program also projects a decline in families managed at the Family Preservation Program for FY 11 due to a reduction in referrals from LA County.

FY 11 includes the elimination of the Early Care and Education program (ECE). The City will no longer have a child-care liaison with the community.

# Homeless Services Program

**Focus Area:** Health and Human Services

**Line of Business:** Human and Social Services

**Program Purpose Statement:** To provide basic amenities, street outreach response, case management, and housing coordination services to homeless individuals and families to achieve improved housing, income, and access to fundamental services that improve the participants' and the community's health, safety and well-being.

**Key Services Provided:** Coordination of Multi-Service Center (MSC) Services, Street Outreach Contacts, Housing Coordination, Case Management, Individual Service Plans, Intake and Assessment, Basic Services (e.g. showers, phone, mail, laundry), Transportation (e.g. taxi, van/shuttle, bus tokens and vouchers), Motel/Food Vouchers, Rental Assistance (deposits, first/last month's rent), Community Coordination and Contract Administration (for direct contracted services such as child care, employment services, housing and medical etc.) and Homeless Services Advisory Committee staff oversight.

**FY 11 Funding Sources:** Health Fund 90%, General Fund 10%

Homeless Services	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	5,931,208	3,110,603	6,144,538	198%	6,497,289
Revenues	5,348,206	2,775,845	5,487,921	198%	5,855,413
FTEs	29.40	22.20	22.20	100%	25.80

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of participants who experience improved housing conditions upon program exit	78%	70%	70%	100%	70%
Number of homeless participant contacts completed at the MSC	25,978	26,000	21,887	84%	20,500
Number of homeless family units served at the MSC (unduplicated count)	1,261	1,000	1,183	118%	1,000

**Results Narrative:**

Economic issues have increased the demand for services at the City's Multi-Service Center (MSC) for the Homeless. The Health Department continues its efforts in working with the Gateway Council of Governments (COG) to develop and implement regional solutions to homelessness.

The Health Department operates the Homeless Prevention Rapid Re-housing Program (HPRP) stimulus grant allocated to the Department of Community Development. This program has promoted greater efficiency of resources while improving outcomes for housing stability for Long Beach residents. This programs implementation has been recognized by the Washington, D.C. HUD office as a best practice model, primarily because of the centralized intake process made possible by the operation of the Multi-Service Center collaboration of 12 nonprofit agency partnerships. The MSC partnership is working together to reduce the incidence and length of homelessness for Long Beach residents.

This program anticipates a decline in number of participant contacts at the MSC due to a noted decline in the local homeless population.

## Physician/Regulatory Services Program

**Focus Area:** Health and Human Services

**Line of Business:** Physician Services

**Program Purpose Statement:** To provide compliance, enforcement, and specified medical oversight services to the public, health providers, and governmental entities so they receive timely notifications of public health threats, and be in compliance with selected regulations affecting public health.

**Key Services Provided:** Enforcement and Compliance Activities (Investigations, Reviews and Reports; Legal Orders; Government Compliance Policies, Cites and Fines; City Privacy and Security Assurances, Beach and Food Facility Closures), Medical Clinical Oversight (Clinical Guidelines and Protocols, Quality Assurance Reviews of Certain Medical Providers), Health Alerts, (Public Health Advisories, Physician Alerts and Media Alerts).

**FY 11 Funding Source:** Health Fund 100%

Physician/Regulatory Services	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	595,135	375,252	584,148	156%	661,380
Revenues	595,135	450,698	584,148	130%	589,790
FTEs	4.90	3.40	3.40	100%	4.70

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of public and provider notifications issued to the public within 24 hours of knowledge of public health threat and to providers within one business day	100%	100%	100%	100%	100%
Number of public and provider notifications issued to the public within 24 hours of knowledge of public health threat and to providers within one business day	383	350	330	94%	350
Number of public health threats anticipated to be resolved	383	350	330	94%	350

**Results Narrative:**

Under the leadership of the City Health Officer, this Program will continue to issue alerts and advisories in order to prevent the spread of disease in accordance with State law.

# Occupational Health & Safety Employee Assistance Program

**Focus Area:** Health and Human Services

**Line of Business:** Physician Services

**Program Purpose Statement:** To provide assessment, examination, treatment, determination, preventive health, consultation, counseling, and training services to City of Long Beach employees so they can have timely medical examinations, disability determinations, and treatments that allow them to begin or return to work and receive quality medical, training, and counseling assistance that allows them to be productive and healthy workers.

**Key Services Provided:** Clinical Services, Workforce and Workplace Safety, Disability Determinations, Employee Assistance Program (EAP) Services (all City employees)

**FY 11 Funding Source:** Insurance Fund 100%

Occupational Health & Safety Employee Assistance	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	1,640,101	1,654,411	1,613,455	98%	1,718,278
Revenues	440	37,700	963	3%	37,700
FTEs	10.75	10.75	10.75	100%	10.73

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of employees treated in Occupational Health returning to work within 60 days of injury or illness	100%	100%	100%	100%	100%
Number of employees treated in Occupational Health returning to work within 60 days of injury or illness	820	800	3639	455%	3700
Number of injury exams and treatments anticipated to be provided	2,633	2,700	3,639	135%	3,700
Total program dollar expenditure per Occupational Health Clinic visit	\$1,411	\$1,408	(a)	(a)	(a)
Number of City employees assisted through EAP	1,537	1,500	1,200	80%	1,200
Number of employee counseling session provided	717	700	650	93%	650
Number of training sessions	47	45	35	78%	35
Number of management consultations	386	300	300	100%	300

(a) Tracking systems are being developed to capture this data going forward and/or data not available.

**Results Narrative:**

Supported by the City's self-insurance program (Insurance Fund), the Occupational Health Clinic and the Employee Assistance Program continues to provide services for Long Beach employees.

In FY 11, this program area will be transferred to the Human Resources Department as part of the Government Reform initiatives.

# Jail Medical Services Program

**Focus Area:** Community Safety

**Line of Business:** Physician Services

**Program Purpose Statement:** To provide medical assessment and treatment services to inmates incarcerated in the Long Beach jail so they can have their medical problems assessed at booking and be examined/treated prior to arraignment/release.

**Key Services Provided:** Jail Inmate Clinical Services, Emergency Services

**FY 11 Funding Source:** General Fund 100%

Jail Medical Services	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	450,462	458,463	408,119	89%	477,291
Revenues	-	-	-	-	-
FTEs	4.50	4.50	4.50	100%	4.48

\*Unaudited.

\*\*Amounts exclude all-years carryover.

Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of inmates who are examined/treated prior to arraignment/release	100%	100%	100%	(a)	100%
Number of medical assessments of jail inmates	18,000	18,000	175.83	(a)	18,000
Number of inmates anticipated to need medical examination and treatment	9,987	9,000	(a)	(a)	9,000
Dollar cost per inmate examined/treated	\$50	\$50	(a)	(a)	\$50

(a) Tracking systems are being developed to capture this data going forward and/or data not available.

## Results Narrative:

The Jail Medical Program provides 24-hour nursing coverage, physician rounds, and medication oversight of jail inmates to ensure limited liability exposure to the City and to comply with the stringent requirements of correctional medicine. This further prevents injury and illness in the inmate populations while they are being held temporarily in City jail facilities. These services are provided for under a memorandum of understanding with the Police Department.

Due to reductions in the Health Fund, a position which provided support to the Jail Medical Program was eliminated and those duties transferred to another staff member. The detailed performance measurement system is not available at this time due to a program downsizing in the clerical support function. A new system of reporting data is under development/implementation and new data will be available in the next term. This scannable data system is being implemented to more quickly capture information about inmate medical care, with the goal to have the data available to treating providers at the jail. Second, requests for proposals are being issued for new jail nursing and physician contract services to minimize expense in using costly nursing registries.

# Bioterrorism & Public Health Emergency Preparedness Program

**Focus Area:** Health and Human Services

**Line of Business:** Physician Services

**Program Purpose Statement:** To provide planning, education, and training services to the public and key stakeholders so they can be prepared to respond to and recover from public health emergencies.

**Key Services Provided:** Educational Sessions, Inter/intra-jurisdictional Agency Communications, Medical Resource Development, Response Plans and Protocols, Public Health Emergency Declarations and Quarantines, Epidemiologic Disease Surveillance, Threat and Risk Assessments, and Risk Communication and Public Information

**FY 11 Funding Source:** Health Fund 100%

Bioterrorism & Public Health Emergency Preparedness	Actual FY 09	Adjusted FY 10	Year End* FY 10	Percent of Budget	Adopted** FY 11
Expenditures	1,684,498	5,054,941	2,806,017	56%	1,129,329
Revenues	1,686,143	5,205,702	2,806,017	54%	1,109,939
FTEs	14.80	12.80	12.80	100%	10.65

\*Unaudited.

\*\*Amounts exclude all-years carryover.

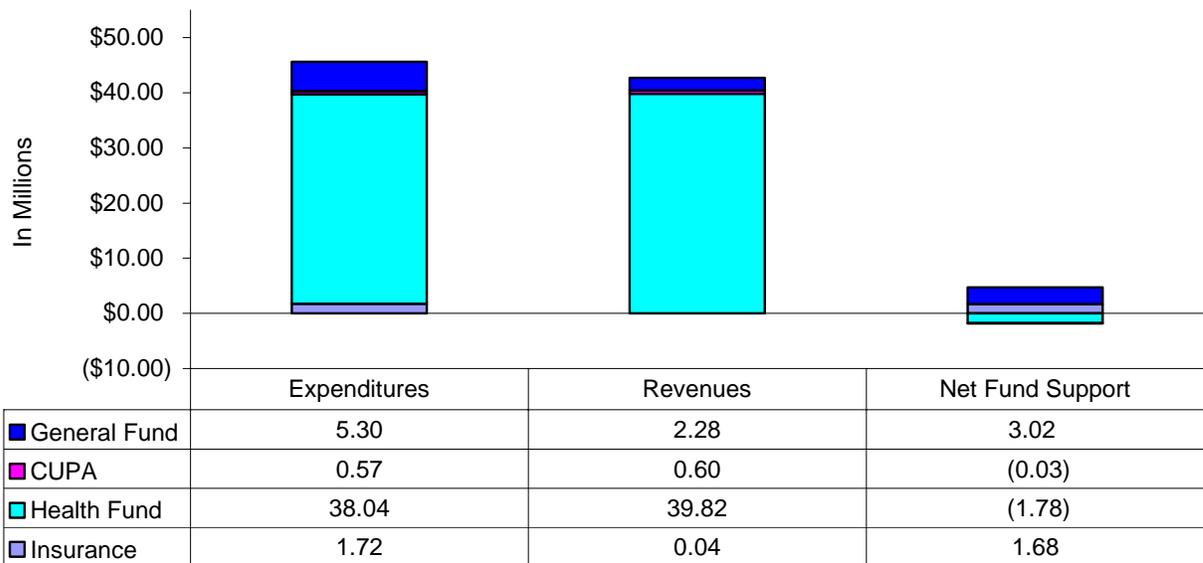
Key Performance Measures	Actual FY 09	Target FY 10	Year End FY 10	Percent of Budget	Adopted FY 11
Percentage of community residents participating in or receiving information on emergency preparedness through forums, exercises, or public information messages	50%	50%	50%	100%	50%
Number of members of public and stakeholders receiving preparedness materials and education	8,350	8,000	13,800	173%	8,500
Number of Long Beach population and key stakeholders targeted to receive education and training and/or participate in exercises	8,350	8,000	13,800	173%	8,500

**Results Narrative:**

The FY 11 budget reflects a decline in funding, mostly due to the end of funds for H1N1 Pandemic Influenza Preparedness from the federal government, and declines in new public health programming awards from Homeland security sources in the region. FY 10 saw a sharp increase in the number of stakeholders receiving preparedness materials due to the several H1N1 clinics offered throughout the City.

## Summary by Character of Expense

### Adopted\* FY 11 Budget by Fund



	Actual FY 09	Adopted* FY 10	Adjusted FY 10	Year End** FY 10	Adopted* FY 11
<b>Expenditures:</b>					
Salaries, Wages and Benefits	30,487,437	28,376,616	28,803,005	28,594,065	29,931,070
Materials, Supplies and Services	11,982,451	16,372,757	19,621,372	12,485,311	13,824,231
Internal Support	3,150,259	2,342,220	2,407,357	3,040,644	2,747,838
Capital Purchases	25,525	-	-	9,990	-
Debt Service	51,145	60,000	79,000	29,648	60,000
Transfers to Other Funds	(576,418)	(602,734)	(602,734)	(712,808)	(940,120)
Prior Year Encumbrance	-	-	-	-	-
<b>Total Expenditures</b>	45,120,399	46,548,859	50,307,999	43,446,850	45,623,019
<b>Revenues:</b>					
Property Taxes	-	-	-	-	-
Other Taxes	2,195,758	2,472,800	2,472,800	2,071,970	2,151,222
Licenses and Permits	7,071,320	7,002,903	7,002,903	5,912,624	7,192,986
Fines and Forfeitures	-	-	-	33,987	114,500
Use of Money & Property	43,120	39,300	39,300	51,634	50,279
Revenue from Other Agencies	29,021,555	34,857,252	37,765,637	29,460,378	30,400,528
Charges for Services	2,250,257	1,474,475	1,474,475	1,379,924	2,060,951
Other Revenues	225,594	559,706	910,706	852,485	658,069
Interfund Services - Charges	185,848	(282,539)	(282,539)	134,124	(309,585)
Intrafund Services - GP Charges	4,073	195,000	195,000	62,709	195,000
Harbor P/R Revenue Transfers	1,368	-	-	-	-
Other Financing Sources	-	-	-	-	-
Operating Transfers	326,323	391,627	391,627	326,323	222,822
<b>Total Revenues</b>	41,325,215	46,710,524	49,969,909	40,286,157	42,736,773
<b>Personnel (Full-time Equivalents)</b>	415.07	329.26	329.26	329.26	345.03

\* Amounts exclude all-years carryover. See budget ordinance in the front section of this document.

\*\* Unaudited

## Personal Services

Classification	FY 09 Adopt FTE	FY 10 Adopt FTE	FY 11 Adopt FTE	FY 10	FY 11 Adopted Budget
Director of Health and Human Services	1.00	1.00	1.00	185,364	185,364
Accountant II	1.00	1.00	1.00	54,910	64,561
Accountant III	1.00	1.00	1.00	62,258	63,942
Accounting Clerk II - NC	-	-	1.00	-	32,915
Accounting Clerk III	2.00	2.00	2.00	89,157	94,263
Accounting Technician	1.00	-	-	-	-
Administrative Analyst II	3.00	1.00	1.00	65,746	69,186
Administrative Analyst III	3.00	4.00	4.00	315,622	315,622
Administrative Officer	1.00	1.00	1.00	92,590	92,590
Animal Control Officer I	4.00	4.00	4.00	161,369	170,814
Animal Control Officer II	14.00	11.00	11.00	535,411	531,329
Animal Control Officer I - NC	2.25	3.25	3.98	113,123	138,184
Animal Control Services Officer	1.00	-	-	-	-
Animal Health Technician	2.00	2.00	2.00	87,985	87,985
Animal License Inspector-NC	3.20	3.20	7.20	81,183	182,662
Assistant Administrative Analyst I	1.00	-	-	-	-
Building Services Supervisor	1.00	1.00	1.00	48,239	49,762
Business System Specialist II	1.00	-	-	-	-
Case Manager I	0.03	-	-	-	-
Case Manager II	0.08	-	-	-	-
Case Manager III	19.39	12.00	15.02	510,708	632,428
City Health Officer	1.00	1.00	1.00	154,145	154,145
Clerk I - NC	1.00	1.00	-	34,917	-
Clerk II	2.00	-	1.00	-	39,045
Clerk II - NC	0.90	-	-	-	-
Clerk III	-	-	4.00	-	100,827
Clerk Typist II	8.00	5.50	4.50	218,379	182,774
Clerk Typist II – NC	11.00	10.00	8.00	438,640	355,932
Clerk Typist III	1.00	-	-	-	-
Clerk Typist IV	2.00	1.00	1.00	48,815	48,815
Community Worker-NC	10.00	4.00	5.00	154,303	193,348
Community Worker	-	-	14.00	-	406,851
Counselor II	9.00	8.00	5.00	380,430	252,807
Customer Service Representative II	3.00	2.00	2.00	80,773	83,666
Environmental Health Specialist II	9.00	9.00	7.00	569,929	434,174
Environmental Health Specialist III	12.00	12.00	14.00	834,809	974,292
Environmental Health Specialist IV	4.00	4.00	3.00	298,763	224,386
Epidemiologist	1.00	1.00	1.00	50,976	50,976
Epidemiologist-Supervisor	1.00	1.00	1.00	75,422	74,378
Executive Assistant	1.00	1.00	1.00	55,725	55,725
Financial Services Officer	1.00	1.00	1.00	89,160	89,160
Hazardous Materials Specialist I	4.00	4.00	5.00	275,898	346,515
Hazardous Materials Specialist II	1.00	1.00	1.00	75,422	75,422
Hazardous Waste Operations Officer	1.00	1.00	1.00	90,799	32,101
<b>Subtotal Page 1</b>	145.85	114.95	136.70	6,330,966	6,886,943

## Personal Services

Classification	FY 09 Adopt FTE	FY 10 Adopt FTE	FY 11 Adopt FTE	FY 10	FY 11 Adopted Budget
<b>Subtotal Page 1</b>	145.85	114.95	136.70	6,330,966	6,886,943
Health Educator I	15.00	14.00	13.00	497,324	468,337
Health Educator II	23.54	21.54	23.20	1,072,686	1,152,234
Homeless Services Officer	1.00	1.00	1.00	85,875	85,875
Laboratory Assistant II	5.00	5.00	5.00	211,117	214,631
Laboratory Services Officer	1.00	1.00	1.00	97,167	97,167
Maintenance Assistant I	2.85	2.22	1.50	71,277	49,283
Maintenance Assistant III	1.00	1.00	1.00	41,833	41,833
Maintenance Assistant III-NC	0.87	-	-	-	-
Manager- Animal Control	-	1.00	1.00	110,294	110,294
Manager-Environmental Health	1.00	1.00	1.01	32,101	99,919
Manager-Preventive Health	1.00	1.00	1.00	117,828	117,828
Manager-Public Health	1.00	1.00	1.00	111,666	111,666
Manager-Support Services-Health	1.00	1.00	1.00	111,482	111,482
Medical Assistant I	4.68	1.77	0.75	58,240	24,818
Medical Assistant II	3.00	2.00	2.00	88,825	88,825
Medical Social Worker II	0.77	0.76	0.76	48,596	48,596
Microbiologist I	2.00	2.00	2.00	131,151	131,151
Microbiologist II	6.00	5.00	3.00	341,861	213,283
Microbiologist III	2.00	2.00	1.00	156,614	78,307
Nurse I	2.00	-	-	-	-
Nurse II	6.60	3.00	5.60	223,133	418,629
Nurse Practitioner	4.00	3.00	3.00	275,044	276,088
Nursing Services Officer	1.00	1.00	1.00	96,862	96,862
Nutrition Aide I	6.00	6.00	5.00	227,278	187,693
Nutrition Services Officer	1.00	1.00	1.00	99,554	99,554
Occupational Health Services Officer	1.00	1.00	1.00	154,284	168,400
Outreach Worker I	8.00	5.00	3.00	152,020	89,425
Outreach Worker II	23.13	13.23	12.75	581,009	568,198
Payroll/Personnel Assistant III	1.00	1.00	1.00	44,233	46,420
Physicians Assistant	1.00	1.00	1.00	95,912	95,912
Prevention Services Officer	1.00	1.00	1.00	88,602	88,602
Public Health Associate I	5.00	2.00	2.00	63,258	57,745
Public Health Associate II	21.75	15.00	16.70	611,177	688,627
Public Health Associate III	37.15	29.75	27.75	1,859,603	1,761,419
Public Health Nurse Supervisor	2.10	1.00	1.00	84,530	84,530
Public Health Nutritionist I	7.00	7.00	9.00	399,122	506,861
Public Health Nutritionist II	4.00	4.00	5.00	256,951	324,264
Public Health Nutritionist III	1.00	1.00	1.00	76,318	76,318
Public Health Physician	4.50	4.00	3.00	553,593	420,191
Public Health Professional I	5.00	4.00	1.00	269,253	67,313
Public Health Professional II	14.00	11.00	13.00	797,264	950,621
Public Health Professional III	3.00	4.00	4.00	312,805	327,534
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<b>Subtotal Page 2</b>	378.79	298.22	315.72	17,038,708	17,533,678



## Key Contacts

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Nettie DeAugustine, Manager, Preventive Health

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