



# Public Health Annual Report

2007-08

# **Public Health Annual Report 2007-08**

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The mural on the front cover was created by participants in the RuralMurals Project, a program of Alcohol and Other Drug Programs, a Division of the Public Health Branch of the Health and Human Services Agency. It can be viewed on the south side of the building where Redwood Children's Services program, 'The Arbor on Main', is located, at the corner of Main and Smith Streets in Ukiah.

# **MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY**

## **PUBLIC HEALTH BRANCH**

### **Annual Report for 2007-2008**

The California State Legislature created Mendocino County, one of the original 27 counties in California, in 1850. The County consists of 3,510 square miles, making it the fifteenth largest county in California. Mendocino County has about 100 miles of coastline along the Pacific Ocean with its highest peak rising up to 6,954 feet above sea level. It ranks 37th in population out of 58 counties in the State with Census 2000 population of 86,265.

Mendocino County is a general law county governed by a five member Board of Supervisors (BOS) to which members are elected to four-year terms to represent a distinct geographic district within the county. The County Executive Officer (CEO) is appointed by the Board of Supervisors and functions as the liaison officer between the Board and the various elected and appointed officials of Mendocino County. The Department of Public Health was created by the Board of Supervisors in 1952 in compliance with Section 450 of the California Health and Safety Code. Public Health operated under this structure until 2006.

The Mendocino County Health and Human Services Agency (HHSA) was officially created by the Mendocino County CEO in March of 2006. The Public Health, Social Services and Mental Health Departments became Branches under the agency structure. Over the last year, work has been done integrating administrative and fiscal functions of the three branches. A new public health director, Stacey Cryer, was hired in October of 2007. The structure of the three departments has now changed forming three new systems: Adult and Older Adult System of Care, Children and Family System of Care and Community Health Services with the new Public Health Director becoming the Branch Director of Community Health Services. These changes took effect on 7/1/08.

This report documents the 2007-08 programs of Public Health which serve all residents of and visitors to Mendocino County, although certain programs are restricted to those who meet specific eligibility requirements. Nearly every resident benefits at least indirectly from a number of Public Health activities, such as periodic inspections of food service facilities, communicable disease control activities, and the certification of emergency medical services personnel. The purpose of this report is to summarize the accomplishments of the Public Health Branch for policy makers as well as the communities served.



Public Health Main Office, 1120 S Dora Street, Ukiah

The Budget for Fiscal Year 07-08 reflects the scope of Public Health programs:

| Budget Units                              | Expenditures      | Revenue               | Gen Fund Contribution |                                      |                |
|---|-------------------|-----------------------|-----------------------|--------------------------------------|----------------|
| Administration                            | 1,339,918         | 1,317,990             | 21,928                |                                      |                |
| Alcohol & Other Drug                      | 2,990,090         | 2,283,438             | 706,652               |                                      |                |
| California Children Services              | 1,119,218         | 1,020,852             | 98,366                |                                      |                |
| Emergency Medical Services                | 314,838           | 109,951               | 204,887               |                                      |                |
| Environmental Health                      | 1,917,241         | 1,804,557             | 112,684               |                                      |                |
| Laboratory                                | 353,277           | 270,651               | 82,626                |                                      |                |
| Nursing                                   | 1,534,884         | 1,489,246             | 45,638                |                                      |                |
| Employee Wellness Program                 | 141,777           | 141,777               | 0                     |                                      |                |
| Hospital Medical Services<br>CMSP & MADDY | 1,999,921         | 1,885,233             | 114,688               |                                      |                |
| <b>TOTAL</b>                              | <b>11,711,164</b> | <b>10,323,695</b>     | <b>1,387,469</b>      |                                      |                |
|   |                   |                       |                       |                                      |                |
| <b>Total Grants by Division</b>           | <b>4,788,898</b>  | (Actual Exp)          |                       |                                      |                |
| <b>Nursing Division</b>                   |                   | <b>AODP Division</b>  |                       | <b>Environmental Health Division</b> |                |
| WIC                                       | 608,395           | Kung Fu               | 132,791               | Food Handling Certification          | 8,770          |
| MCAH                                      | 177,578           | Drug Court            | 164,313               |                                      |                |
| CNN Nutrition Network                     | 4,744             | Comp Drug Court       | 79,414                | <b>TOTAL</b>                         | <b>8,770</b>   |
| AFLP                                      | 143,768           | WAVE                  | 84,005                |                                      |                |
| Ryan White Care Act Title II              | 74,473            | Safe Teens            | 91,035                | <b>Administration Division</b>       |                |
| Health Education                          | 168,051           | Adol Rural Health     | 159,958               | Healthy Kids                         | 172,602        |
| AIDS                                      | 59,544            | Sub Abuse/Crime       | 565,316               | Homeland Security                    | 22,619         |
| Childhood Immunization                    | 2,270             | Meth Treatment        | 422,790               | HRSA                                 | 152,363        |
| Family Planning Program                   | 573,172           | AIDS Education        | 126,280               | OERU                                 | 46,814         |
| CHDP                                      | 255,919           | Rural Murals          | 97,396                | Bioterrorism                         | 293,044        |
|   |                   | Off of Traffic Safety | 97,523                | PH Initiative                        | 3,951          |
| <b>TOTAL</b>                              | <b>2,067,914</b>  | <b>TOTAL</b>          | <b>2,020,821</b>      | <b>TOTAL</b>                         | <b>691,393</b> |

In order to carry out its tasks, the Public Health Branch is organized into five divisions: The **Administrative Support Division** under the direction of the Public Health Branch Director provides fiscal oversight, processes all personnel transactions, coordinates information services support, records vital statistics, coordinates the indigent health program and provides medical consultations through the County Health Officer.

The **Alcohol and Other Drug Programs Division (AODP)** provides substance abuse treatment and prevention programs. It includes the Employee Assistance Program that provides counseling services to employees and their dependents (until January 2008 when it became an Agency program).

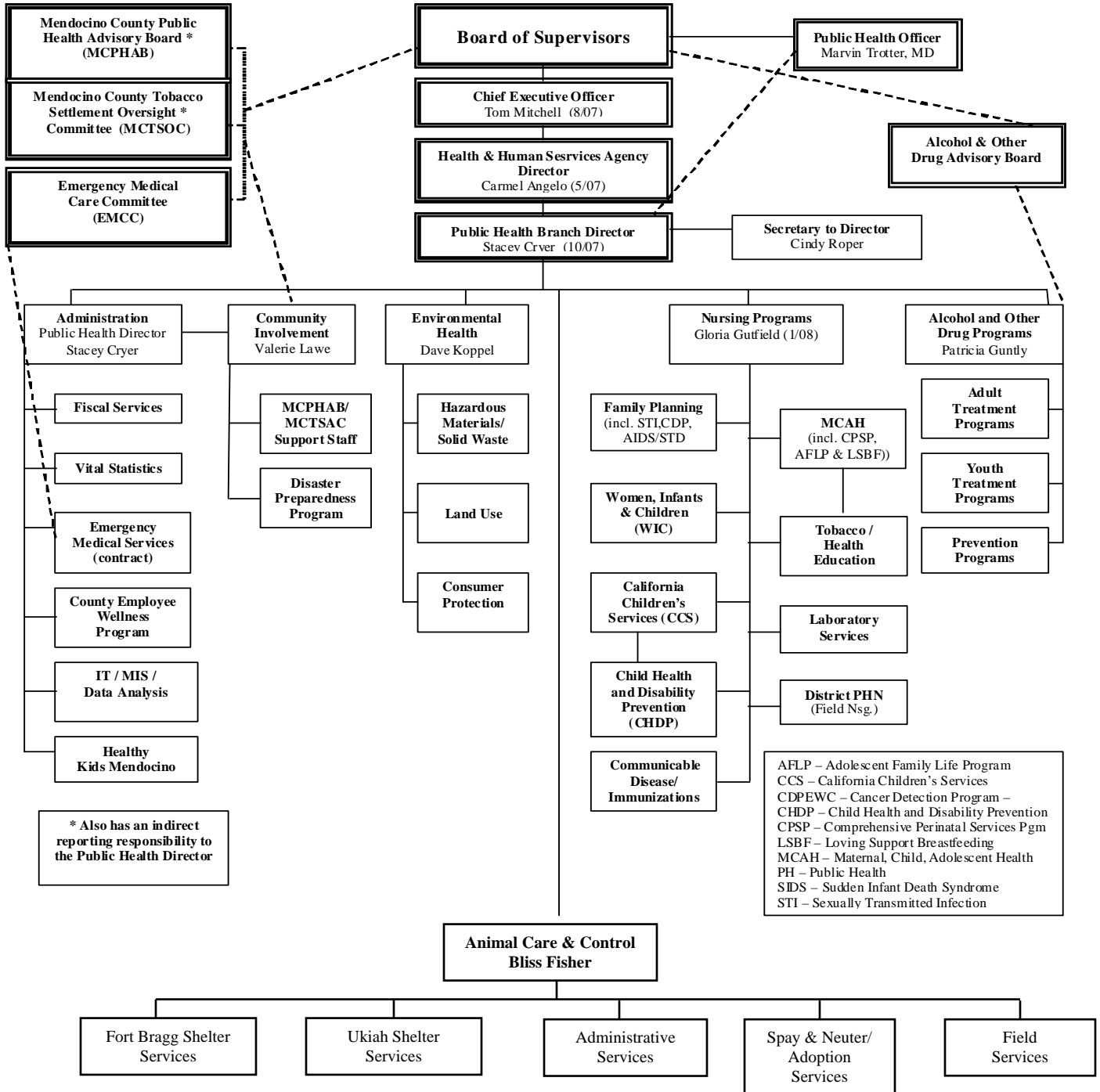
The **Environmental Health Division** safeguards the health of the public by inspecting and permitting restaurants, public pools, septic systems, wells, and landfills, and by monitoring the storage and disposition of hazardous materials.

The **Nursing Division** conducts numerous programs to improve and monitor the health of families and the community such as communicable disease control, immunizations, field nursing, Child Health and Disability Prevention Program, California Children's Services (CCS),

bicycle safety and tobacco control program, Maternal Child and Adolescent Health, Women Infants and Children (WIC), and many others.

The **Animal Care and Control (AC&C) Division** was incorporated into Public Health. AC&C is responsible, directly or by contract, for enforcement of State and County laws in all incorporated and unincorporated areas of Mendocino County. *Animal care* includes sheltering animals, dog licensing activities, spay and neuter and adoption services. *Animal control* includes enforcement activities, investigating public nuisances or animal cruelty, and rescuing stray, sick or injured animals (except in Ukiah).

### MENDOCINO COUNTY PUBLIC HEALTH BRANCH ORGANIZATIONAL CHART, 2007



Public Health Staff belong to the following associations, boards, committees and councils:

**Mendocino County Organizations**

- Action Network (Gualala)
- Alcohol and Other Drug Programs Advisory Board
- American Cancer Society Leadership Council
- Breastfeeding Coalition
- Ukiah Chamber of Commerce
- Boys and Girls Club
- Child Death Review Team
- Children's Health Committee (CHC)
- Council on Domestic Violence
- Mendocino County Committees: Health Benefits, Drug Court Management Teams, Criminal Justice Policy Council
- Early Start Teams
- Emergency Medical Care Committee (EMCC)
- Environmental Crimes Task Force
- Head Start Health Services Advisory Committee
- Health Planning Council
- Hepatitis C Task Force
- Homeless Services Planning Group
- Laytonville Healthy Start
- Mendocino County Board of Education (MCOE)
- Mendocino County AIDS Volunteer Network (MCAVN)
- Mendocino County Adult Protective Services Multi-Disciplinary Team
- Mendocino County Child Care Planning Council
- Mendocino County Critical Incident Stress Team
- Mendocino County Fire Chiefs Association (MCFCA)
- Mendocino County Public Health Advisory Board (MCPHAB)
- Mendocino County Tobacco Settlement Advisory Committee (TSOC)
- Partnership for Healthy Babies
- Policy Council on Children and Youth (PCCY)
- Public Health Steering Committee (PHSC)
- Public Resources Council
- Redwood Empire Hazardous Incident Team (REHIT)
- Redwood Health Information Collaborative (RHIC)
- Ukiah Main Street Program
- Ukiah Unified School District Health Advisory Council
- Alex Rorabaugh Gymnasium and Cultural - Recreational Center Board
- Water Safety Coalition
- Willits Action Group
- Women's Cancer Advocacy Network

**Statewide or Regional Organizations**

- American Cancer Society, Redwood Empire Regional Council and Division Board
- Adolescent Family Life Program Directors
- Bay Area Deputy Directors of Child Health and Disability Prevention
- Breast Cancer Early Detection Program Regional Partnership
- California Association of Alcohol and Drug Counselors
- California Association of Public Health Lab Directors
- California Center for Rural Policy at Humboldt State University, Executive Committee
- California Childhood Lead Prevention Program
- California Conference of Directors of Environmental Health
- California Conference of Local Health Department Nursing Directors Association
- California Conference of Local Health Officers (CCLHO)
- California County Local Health Data Managers (CCLHDM), Board of Directors
- California Environmental Health Association (CEHA)
- California Family Health Council Board of Directors
- California Integrated Waste Management Board
- California Medical Association (CMA)
- California Medical Volunteer Program
- California Onsite Wastewater Association
- California Public Health Association
- California School-Aged Family Education Partners (CALSAFE)
- California State Rural Health Association

California SIDS Program  
 California TB Controllers Association  
 California Wellness Information Network  
 California Women's Commission of Alcohol and Drug Dependencies  
 CCS Administrators Association – Bay Coastal Region  
 Community Planning Working Group: Advisory Group to the Office of Resource & Allocations  
 County Alcohol and Drug Program Administration Association of California (CADPAC)  
 County Health Executives Association of California (CHEAC)  
 Infectious Disease Task Force  
 Maternal, Child and Adolescent Health Directors Association, Executive Committee & Rural Caucus  
 North Coast Perinatal Access System  
 North Coast Pollution Control Committee  
 Northern California CUPA Committee  
 Northern California Food Technical Advisory Committee  
 Northern California Regional CUPA Forum  
 Northern California Solid Waste Technical Advisory Committee  
 Perinatal Services Coordinators  
 Region II Disaster Medical Health Committee (OES)  
 Regional Meetings of Bay Area Deputy Director of Child Health and Disability Prevention Programs  
 Society for Public Health Education  
 State Office of Family Planning: Family Pact Workgroup

### **National Organizations**

|   |  |
|---|--|
| American Red Cross (ARC)  | National Environmental Health Association      |
| American Occupational Therapy Association                         | National Flight Paramedics Association (NFEMP) |
| American Public Health Association (APHA)                         | National Rural Health Association              |
| Association of Air Medical Services (AAMS)                        | National Safety Council (NSC)                  |
| National Association of County and City Health Officials (NACCHO) |  |
| National Association of EMS Educators (NAEMAE)                    |  |

## **Mendocino County Public Health Advisory Board (MCPHAB)**

MCPHAB is composed of members who represent the geography and diversity of Mendocino County residents; maintains a broad view of public health concerns; promotes positive changes in the local public health arena through its policy development and advocacy efforts; and encourages integration and coordination of services among disciplines and programs.

MCPHAB assists the Public Health Branch to assess community health status, develop policies, and evaluate program effectiveness. MCPHAB advises and makes recommendations to the Board of Supervisors on matters that relate to MCPHAB's mission. The role of the Board of Supervisors and the Public Health Branch is to support MCPHAB by providing resources needed to undertake the work, and by facilitating the planning process.



MCPHAB members at a monthly meeting

Some specific objectives for achieving MCPHAB's mission include:

1. Develop a community health plan that includes community health problems and health promotion problem/strength identification and analysis.
2. Propose actions to remedy problems and strengthen existing health promotion efforts.
3. Establish priorities for all identified community health and health promotion problems.
4. Review findings with focus groups representative of the diverse communities in the county and make changes based on findings.
5. Develop the mechanisms for evaluating the community health plan.
6. Continue to update the Board of Supervisors on the community health plan.
7. Advocate for and promote the implementation of the plan to improve the health status of Mendocino County.
8. Develop and maintain good communications with the Board of Supervisors and/or the Board of Supervisors Health and Welfare Committee via periodic reports.
9. Advocate and promote access to preventive services and primary health care for all residents.
10. Coordinate MCPHAB's efforts, where appropriate, with other county advisory boards concerned with health issues.
11. Review and make recommendations concerning the community's needs, services, facilities and special programs related to public health.

### **Tobacco Settlement Funds**

A standing committee of MCPHAB is the Tobacco Settlement Oversight Committee (TSOC). Through TSOC Public Health administers a portion of Mendocino County's Tobacco Settlement Revenues and allocates these funds in the form of community health promotion grants. TSOC and Public Health staff provides the grant program and contract oversight. It is anticipated that these grants will improve the ability of local organizations to be effective at contributing to the overall health of their community.

### **Community Health Improvement Plan for 2005-2009**

In order to accomplish the above goals, MCPHAB and TSOC developed a Community Health Improvement Plan for 2005-2009 to define strategies for communities and agencies to work together to improve the health of Mendocino County residents. The four priority areas selected to focus on for these 5 years were Access to Care, Aging, Alcohol and Other Drugs, and Healthy Lifestyles.

Recommended strategies for achieving each of the results have been developed. These include policies, best practices, and specific actions that can be undertaken by communities, agencies, or individuals throughout the County. MCPHAB will advocate for these strategies and they will also guide TSOC's recommendations regarding the disbursement of Tobacco Settlement Revenue funds.

**For more information check the website: [www.co.mendocino.ca.us/ph/mcphab](http://www.co.mendocino.ca.us/ph/mcphab)**

## ADMINISTRATION

The Administrative Division consists of 18 staff who are responsible for the primary functions of medical oversight; administrative support services, Emergency Medical Services (EMS), Mendocino County Working on Wellness (MCWOW), County Medical Services Program (CMSP), Disaster Preparedness and Response, Healthy Kids Mendocino as well as support for the Public Health Advisory Board (MCPHAB) and the Tobacco Settlement Advisory Committee (TSAC). The Public Health Branch Director is appointed by the Board of Supervisors and is responsible for the day-to-day management of the branch and oversees the Admin Division.

### Medical Oversight

The County Health Officer provides medical oversight to the programs of the Public Health Branch; assesses the health status of the county; and provides consultation and support to the medical community and the Board of Supervisors on issues pertaining to public health. The Health Officer carries out state mandates and provides information relating to communicable diseases and other public health issues to all interested parties.

### Administrative Support Services

The Public Health Branch Director provides leadership for Public Health programs and administrative oversight and technical assistance to Branch staff in areas such as financial management, management information systems, personnel policies and procedures, purchasing and fixed asset control, space utilization, and facilities management.

**Financial Management** - Financial Management staff are responsible for accounts payable and accounts receivable for 9 general fund budget units, 12 grant funds, 7 designated reserve accounts and 9 trust accounts. These staff process personnel and payroll transactions for all budgets and grants and provide centralized billing for medical services. Staff closely monitors revenues and expenditures in the general fund budget units throughout the fiscal year. Grant



funds are monitored for compliance with contractual requirements and reported to the grantor through monthly, quarterly, and/or annual financial reports.

### Information Technology/Management

**Information Services/Data Analysis** - Information Technology (IT) staff is responsible for the specification and ordering of computer equipment and special IT projects at Public Health. Questions relating to hardware, software, the Internet or any other IT related issues are directed to the County IS Hotline. IT staff is available to provide advice

and recommendations, training sessions, and technical support to Public Health staff and serve as Branch liaison to the County Information Service Department. The Public Health Analyst provides data management and reporting services to staff at Public Health, other County departments, the media and the public through data analysis, report writing, survey development, information retrieval and data management.

**Public Health Steering Committee** – PHSC, made up of all division heads and 2 representatives from each division, began in 1994 with the primary purpose of planning, assessment and evaluation aimed at improving the Public Health Department. Its duties have evolved over the years to help plan the future direction of the Public Health Department, to improve departmental processes and to provide input to the Public Health Management Team on setting priorities and addressing problems. (Disbanded February 2008 to reorganize as the Community Health Cabinet.)



**Facilities** – The Public Health Branch promotes a variety of health services at 5 worksites (found in the communities of Fort Bragg (2), Willits (1) and Ukiah (2)). Space utilization and consolidation of leased office spaces improved efficiencies, saved limited funds, and will assist inter-divisional connectedness among Public Health programs.

Admin staff getting ready for Halloween

### **Disaster Preparedness and Response**

In partnership with the State of California and other counties within the Region 2 Operational Area, the Public Health Branch of the HHSA oversees several grant programs which fund staff positions and provide equipment, supplies and training to Public Health staff and community partners (hospitals, clinics). The goal of these programs is to prepare Public Health and our community partners for rapid response and mobilization in responding to all appropriate multi-hazard events, including natural disasters (floods, earthquakes, tsunamis), terrorist attacks and disease outbreaks. Response might include advisories/announcements to the general public, mass dispensing of vaccinations or other medicines to persons who have been exposed to harmful agents, and other health-related services. Public Health is linked to state and federal emergency response agencies through a 24-hour alert network.

The Hospital Preparedness Plan (HPP) National Bioterrorism Hospital Preparedness grant is administered under the Branch of Public Health. The goal of this grant is to aid our hospitals, clinics, tribal clinics and EMS system in strengthening and improving their disaster preparedness capacity to respond to incidents related to large-scale events. This grant initially focused on bioterrorism but has since been revised to look at all hazards which include Mendocino County's highest risks of fire, floods and earthquakes.

Mendocino County HPP Partners have been meeting quarterly since May 2005. This is the first time many of the hospitals and clinics have successfully met to begin planning for countywide medical and health disaster preparedness. HPP subgroups have formed to work on specific actions.

In addition to the HPP grant, Public Health receives a grant from the Center for Disease Control (CDC) to support public health emergency preparedness. The overarching priorities of this grant include continued development and refinement of written plans and operating procedures to support the Local Health Department (LHD) Public Health Emergency Response, continued drills and exercises with associated after-action reports and corrective

action plans, continued regional preparedness, inclusion of tribal entities in all appropriate emergency preparedness activities, determine the role of the LHD in the planning needs of special populations, testing communication devices, and increasing the number of healthcare providers on the California Health Alert Network (CAHAN).

DP Staff out in the redwood trees.

In addition to the grants described above, Public Health has received funding specifically directed toward planning, community outreach and education related to pandemic flu. This funding allows us to develop and test response plans, assist local businesses with continuity of business plans, and work with community partners (especially schools) to maximize successful management of a pandemic flu emergency.



To achieve these priorities Public Health staff have been actively pursuing collaboration opportunities with both local and regional partners and, in the past year, the Public Health employees have participated in a number of trainings and exercises to better prepare themselves to respond if called to duty as a Disaster Service Worker. Did you know that in the event of an emergency or disaster, county and city workers, police, fire, school personnel, etc. are required by law {California Government Code 3100-3102; Labor Code 3211.92(b)} to report for duty as Disaster Service Workers (DSWs)?

### **Emergency Medical Services (EMS) Agency**

Mendocino County Emergency Medical Services provide emergency medical care through a coordinated system of public and private agencies, facilities, EMS professionals and volunteers. Mendocino County, along with Napa and Sonoma Counties, comprise the Coastal Valleys EMS region. The EMS region is served by the Coastal Valleys EMS Agency. The Agency has designed an EMS system that incorporates local fire departments and other public safety agencies, private ambulance companies, and hospitals within each county into a dynamic emergency medical care delivery system.

### **Legislative/Regulatory Authority**

The EMS Agency operates under State authority established in Division 2.5 of the California Health and Safety Code, and Title 22, Division 9 of the California Code of Regulations. The California Health and Safety Code requires that each county that develops an emergency medical services program must designate a local EMS agency. Local regulation of the EMS system is effected through the County Emergency and Pre-Hospital Medical Services System Ordinance, and EMS Agency policies and procedures. Consistent with that requirement, the Sonoma County Department of Health Services has contracted with Mendocino and Napa Counties as the local EMS Agency for the three-county region.

### **Agency Responsibilities**

The Agency provides the administrative and regulatory oversight responsibilities for the local EMS system within each of these counties. The primary function of the EMS Agency is to plan, implement, and evaluate the local EMS system and the various components contained within it. This includes the permitting of ambulance provider companies, coordination and

monitoring of air and ground ambulances, certification/accreditation of prehospital care personnel, Emergency Medical Technicians (EMTs) and paramedics, policy development and implementation, medical control, quality improvement, and disaster medical response preparedness. The EMS Agency oversees the development of a regional trauma system, as well as regional data system oversight and coordination.

### **EMS Agency Staff**

The EMS Agency consists of eight professional and three clerical positions. Additionally, the EMS Agency contracts with one emergency physician who functions as the medical director for the counties in the region. With regional offices located in Santa Rosa in Sonoma County, the Regional EMS Administrator is responsible for the overall operation and function of the Agency. The Mendocino EMS Coordinator, under the auspices of the Public Health Branch of the Mendocino County Health and Human Services Agency, is responsible for the operational components of the Mendocino portion of the regional EMS system and acts as the county liaison to the EMS Agency. The Mendocino EMS Coordinator and a Staff Assistant have offices in the Public Health building located in Ukiah.



Robert McAdoo (second from right) is recognized by the Board of Supervisors for a lifetime of exceptional achievement in EMS for Mendocino County, May 20, 2008

### **Ambulance Transportation Providers & Fire First Responders**

Within Mendocino County there are:

- Five Advanced Life Support (ALS) paramedic ground ambulance providers
- City of Ukiah Fire Department Ambulance, Municipal Government
- Laytonville Ambulance, Fire District Ambulance, Paid and Volunteer
- Mendocino Coast District Hospital Ambulance, Hospital District Ambulance
- Ukiah Ambulance Service, Private Commercial in Ukiah and Willits
- One limited ALS ambulance provider
- Anderson Valley Ambulance, Anderson Valley Ambulance District
- Two Basic Life Support (BLS), EMT-Basic ambulance providers
- Covelo Ambulance, Fire District Volunteer Fire Department Ambulance
- Elk Fire Department Ambulance
- Two ALS air ambulances
- CALSTAR 4
- REACH
- One back-up rescue helicopter
- HENRY 1 (CALFIRE)
- Twenty-one first responder fire departments
- One limited first responder fire department

The Coastal Valleys region as a whole has 26 ambulance providers, 4 air and 22 ground, and 75 first responder agencies providing EMS services.

### **Hospitals and Trauma Centers**

Emergency services are available at the Emergency Departments (EDs) of the three hospitals in Mendocino County:

- Ukiah Valley Medical Center in Ukiah
- Howard Memorial Hospital in Willits
- Mendocino Coast District Hospital in Fort Bragg

All are considered Base Hospitals. Base Hospitals provide on-line medical control and assistance to Mendocino County EMS field personnel by direct communication via phone and radio. If there is any question concerning patient care or destination, paramedics at the scene or en route to the hospital can consult directly with ED physicians to determine the best field treatment and ambulance destination.

Sonoma County has eight hospitals with EDs and one Trauma Center. Napa County has two EDs and one Trauma Center. The EMS Agency gathers information from these hospitals to identify the specific services and level of care offered. This information is utilized to review destination policies and the EMS Point-Of-Entry plan that guide the distribution of patients within the EMS system.

### **EMS Training Programs**

The Agency is responsible for the approval of local EMS training programs provided by institutions and departments. Mendocino Regional Occupation Programs (ROP) conduct EMT-Basic level courses. Paramedic level training is available through Mendocino College.

### **EMS Communication**

The City of Ukiah and CALFIRE, formally California Department of Forestry and Fire Protection provide the EMS dispatch services for Mendocino County. People requesting an EMS response within Mendocino County benefit from the use of Emergency Medical Dispatch (EMD) protocols. These EMS Agency-mandated guidelines allow more efficient resource allocation and provide pre-arrival instructions to families or bystanders calling 911. EMD dispatchers are able to send the closest appropriate resources and give life-saving directions to callers before the arrival of first responders and ambulance personnel.

### **Disaster Medical Preparedness**

All EMS Agency staff and local EMS personnel have been trained in the Standardized Emergency Management System (SEMS) as required by state law. During times of disaster, EMS Agency staff members fill a variety of positions within the respective County Emergency Operations Centers (EOC) and field command posts. The EMS Multi-Casualty Incident (MCI) plan is used for multi-patient incidents and disasters to coordinate prehospital care provider agencies, hospitals, the Office of Emergency Services (OES), law enforcement agencies, CALFIRE, state and county parks and recreational departments, and other emergency response organizations. Periodic drills are conducted to revise and improve this system.

## Healthy Kids Mendocino

Healthy Kids Mendocino is a public-private partnership with the goal of providing comprehensive health care coverage for all children in Mendocino County. The founding members of this local children's health initiative include the Mendocino County Health and Human Services Agency, First 5 Mendocino, and the Alliance for Rural Community Health.

Healthy Kids Mendocino is working to address the needs of an estimated 2,500 uninsured children in Mendocino County. Without health insurance, these children are less likely to receive preventive and necessary health care, less likely to perform well in school, and their families are at greater risk of financial and emotional stress.



Healthy Kids Mendocino was formally launched in May of 2006, although founding and community partner organizations had been working collaboratively to develop the framework for the project for several years. In 2007, Healthy Kids Mendocino and their community partners supported the enrollment and retention of over 1,000 children in an appropriate health insurance program.

Healthy Kids Mendocino is an integrated program of the Health and Human Services Agency, and is supported by both the Employment and Family Assistance Services (EFAS) division of Social Services, as well as the Public Health Branch.

For more information about Healthy Kids Mendocino, visit [www.healthykidsmendocino.org](http://www.healthykidsmendocino.org)

## Hospital & Medical Services (CMSP, SB 12/612, EMSA)

In 2007, the following programs were available in Mendocino County to help pay for indigent adult medical care:

**County Medical Services Program (CMSP)** - since October 1991, a program that pays for indigent adult (21-64) medical services. The indigent adult must be a Mendocino County resident and apply through a formal process through the Branch of Social Services. The CMSP scope of services closely follows the Medi-Cal guidelines. Mendocino County, along with 33 other counties, pays a participation fee as well as Realignment funds to pay for those services. Historically, CMSP has paid for \$6-9 million in services for Mendocino County residents. We are part of a risk pool with the other 33 counties, using every county's realignment funds, and utilizing cost savings mechanisms such as medical case management, expedited eligibility and pilot projects to evaluate cost savings to contain spiraling medical service costs. A California Endowment grant has funded these pilot projects.

**Maddy Funds** - a program implemented in 1991 to pay for uncompensated emergency room charges to physicians and hospitals. The reimbursement to the physicians and hospitals is based on accrued vehicle violation fees (\$1/violation) that are collected from the courts and allocated in percentages per Health and Safety Code: 58% to physicians; 25% to hospitals; 17% to the EMS agency. The County is allowed 10% for administrative costs.

Physicians and hospitals are reimbursed for charges at the 50% rate or on a pro rata basis if claims exceed funds available.

**Emergency Medical Services Appropriation (EMSA)** - implemented in October 2000 and funded through Prop 99 funding. EMSA pays for uncompensated emergency physician services and is claimed using the same guidelines as SB12/612. The difference in the EMSA account is that funds must be expended in the year they are allocated and unclaimed funds are returned to the State.

### **Medical Marijuana Identification Cards (MMIC)**

In 1996, California voters passed Proposition 215, also known as the Compassionate Use Act. This Act made the medical use of marijuana legal in California. In 2003, Senate Bill (SB) 420 was passed with the intent to assist law enforcement in identifying Californians who were protected by the Act and to provide patients and their caregivers with a form of identification that would protect them against wrongful arrest and prosecution.

The California Department of Health Services invited Mendocino County Public Health Branch to be one of three counties to participate in a pilot SB 420 Medical Marijuana Identification Card (MMIC) project with Amador County and Del Norte County. The Mendocino County Board of Supervisors approved Public Health participation in the pilot MMIC project on May 25, 2005. In FY 2005/2006, the Mendocino County MMIC program accepted 469 applications, issued 446 MMIC cards, denied 14 MMIC applications and had 4 applicants withdraw applications.

Due to the project's success in Mendocino County and the two other pilot counties, DHS was able to implement the MMIC program statewide in August 2005. As of September 1, 2006, twenty-three of the fifty-eight California counties have established MMIC programs.



### **Mendocino County Working on Wellness (MCWOW)**

The County Employee Wellness program focuses on the health and wellness of employees and their families (insured dependents over 14) by providing a variety of activities to encourage and create opportunities for employees and their families to pursue healthier lifestyles. Ongoing services include year round Health Screening Assessments, a fall schedule of health and wellness classes, tobacco cessation, blood pressure monitoring, physical activity programs, the Wellness Resource Library and Wellness Wagon (mobile library services), the Wellness Times newsletter, and health club discount rates.

MCWOW's Wellness Incentive Network (WIN) is an ongoing point-based incentive program to support wellness by providing tangible rewards for points earned in practicing a broad array of healthy behaviors and wellness activities.

- In FY 07-08:
- Provided 48 days of Health Screening Assessments to 255 County and Court employees, insured dependents, and retirees in Ukiah, Willits, and Fort Bragg

- Provided a variety of facilitated classes with 62 participants
- Provided individualized tobacco cessation services to 17 employees/dependents with promotion and referral to local hospital-based group cessation classes
- Provided County-wide ergonomic evaluations for 44 employees
- Provided monthly mobile library services to Fort Bragg and Willits
- Continued to provide a year-round physical activity incentive program (WIN)
- Provided a Spring physical activity campaign, with 88 participants
- Continued quarterly Employee Wellness Advisory Committee (EWAC) meetings
- Provided a fall Open House and spring Health Fair
- Continued to provide blood pressure monitoring on a drop-in basis
- Continued publication of Wellness' seasonal newsletter, the Wellness Times
- Partnered with American Cancer Society on a 10-week nutrition and activity campaign, with 82 County employees participating
- Continued to expand the Wellness Resource Library to 1270 resource items
- Expanded web page to offer a greater selection of pertinent resources
- Provided Wellness services presentations to new employees at monthly orientations
- Collaboration with SS Ergonomics Team and Health Benefits Committee

The Wellness Program has now been moved to Human Resources.

## Vital Records

The function of Vital Records is to register all births and deaths that occur in Mendocino County, issue burial permits, provide certified copies of birth and death certificates and to register Confidential Morbidity Reports (CMRs) for all county communicable diseases.

In 2007

- ❖ 1,145 births occurred to Mendocino County residents. Of those 1,089 were delivered in Mendocino County.
- ❖ 715 deaths were registered
- ❖ 456 Confidential Morbidity Reports were registered and represent the number of communicable disease cases diagnosed and reported by health care providers in the county.

## Special Community Health Projects

### Precautionary Principle

On June 27, 2006, the Mendocino County Board of Supervisors adopted the County's first-ever environmental policy -- the Mendocino County Precautionary Principle Policy. Since then, the Mendocino Partnership for the Precautionary Principle has been meeting regularly with Public Health representatives. The goal is to implement a pilot project within Mendocino County government to demonstrate the application of these principles in compliance with all applicable laws and regulations.

The essential elements of the Precautionary Principle include:

- **Anticipatory Action:** There is a duty to take anticipatory action to prevent harm. Government, business, and community groups, as well as the general public, share this responsibility.
- **Right to Know:** The community has a right to know complete and accurate information on potential human health and environmental impacts associated with the selection of products, services, operations or plans. The burden to supply this information lies with the proponent, not with the general public.

- **Alternatives Assessment:** An obligation exists to examine a full range of alternatives and select the alternative with the least potential impact on human health and the environment, including the alternative of doing nothing.
- **Full Cost Accounting:** When evaluating potential alternatives, there is a duty to consider all the reasonably foreseeable short and long-term costs and benefits to public as well as private sectors of the community, even if such costs are not reflected in the price. Some of these costs and benefits may include raw materials, manufacturing, transportation, use, cleanup, eventual disposal, labor, energy, health, safety, and job creation.
- **Participatory Decision Making Process:** Decisions applying the Precautionary Principle must be transparent, participatory, and informed by the best available information. The County will make a reasonable effort to include the public in an appropriate manner when making decisions that may affect the environment, health, and quality of life.

In October 2006, Mendocino County officials, in coordination with the Mendocino Partnership for the Precautionary Principle, selected Environmental Health to begin incorporating the Precautionary Principle into decision making. The chosen pilot project will focused on the mosquito abatement program.

The “Precautionary Principle Procedure” form was used to guide Environmental Health project staff through the decision making process of the Precautionary Principle in order to cover all aspects. The pilot has been completed and included feedback and suggestions for change to the committee. A final report will be presented to the Board of Supervisors in November 2008. The Procedure form and its companion tool entitled “Public Participation Guidelines” will be combined in the future to make the paperwork easier. The new HHSA will be using the Precautionary Principle to make decision about product purchasing and other activities.

For more information see [www.mendoprecaution.org](http://www.mendoprecaution.org)

### **Local Public Health & the Built Environment Program**

Public Health received a \$10,000 mini-grant from the California Department of Public Health Center for Physical Activity entitled Local Public Health & the Built Environment, for the period from January through June, 2008. A similar grant of \$5,000 was received in 2006.

The goals of the Local Public Health & Built Environment Program (LPHBE) are to integrate public health concerns into land use planning decisions; to inform the public about the health consequences of community design; to foster collaboration between public health professionals and land use planners; and to develop policies to assure that health is taken into account in the land use planning process. The program strives to improve the health of community residents by altering neighborhood conditions that lead to obesity, heart disease, stroke, respiratory ailments, some cancers, and depression. A new element in 2008 involves planning to reduce climate change impacts to health outcomes through changes in land use and zoning, such as planning to reduce auto dependence, which reduces carbon dioxide emissions. Accomplishments during the grant period are described below.

The Mendocino County Health & Human Services Agency Strategic Plan was adopted by the Board of Supervisors and submitted to the State of California. Built environment objectives include:

- Develop a Healthy Communities program to coordinate efforts to create healthy environments and promote healthy lifestyle choices.

- Advocate and support criteria for land use and development that include opportunities for healthy lifestyle choices such as open spaces for recreational activity; compact, mixed-use development designs to encourage residents to walk or bike safely to work, school, and shopping; and street design standards that allow for slow narrow streets, bike lanes and sidewalks.
- Collaborate with community groups to support programs that encourage county residents to engage in appropriate amounts of physical activity every day.
- Work to prevent and mitigate negative health impacts of climate change.
- Promote sustainable policies in major land use and development projects.

A small program on Climate Change & Public Health will investigate and educate about mitigating and adapting to climate change. The existing “Building Healthy Communities” presentation was transformed into “How Does Climate Change Affect Public Health?” and presented to the Better Breathers’ Club, and at a forum for Public Health Week in Ukiah. Two articles on climate change were published in the Ukiah Daily Journal as part of a series in honor of National Public Health Week 2008.

The Willits Community Development Department named the Public Health as a partner in implementation of their Healthy Cities grant. Its major components include:

- Bike and Pedestrian Specific Plan completion, to lower VMT and improve health and prevent chronic conditions
- Extend the Willits Creekside Trail System.

The Willits City Council passed a resolution in support of the goals of the Healthy Cities Project to promote walking and biking infrastructure and design throughout the city.

An ordinance is under development in Willits to amend the general plan and zoning codes to include health-promoting measures. Both the Ukiah and Willits Community Development Departments will consider:

- Incorporating health language into general plans and other land use documents
- Implementation of Healthy Land Use Development Checklists
- Level of Service (LOS) standards to improve street conditions for pedestrians, bicycles and public transit riders
- Adding a paragraph to the developer’s packet letting them know that the jurisdiction cares about the health of its residents and wants developers to carefully consider possible health consequences of their plans
- Allowing farmers’ markets and community gardens by right in all zones.

The LPHBE Coordinator was appointed to the City of Ukiah Project Review Committee. In this capacity she reviews proposed building projects or code changes for potential positive or negative health impacts.

About 35 participants attended two Safe Routes to Schools workshops led by Wendi Kallins of Marin Safe Routes to Schools. Participants came from Ukiah, Willits, the Mendocino coast, Lake County, Sonoma County and Humboldt County, and included representatives from CalTrans, MCOG, city and county transportation departments, doctors, nurses, trail advocates, Public Health staff, teachers, public works, non-profit organizations, the County Office of Education, bus drivers, parents and planning consultants. Several Spanish speakers attended the evening workshop, for which simultaneous translation was provided.



National Safe Routes to Schools expert Wendi Kallins leads a walk audit around Nokomis School in Ukiah

Through participation on the Mendocino County Traffic Safety Coalition the LPHBE Coordinator will continue to work with law enforcement, emergency services, and city and county transportation departments to pursue Safe Routes to Schools projects and other measures to promote physical activity, bicycle and pedestrian safety.

Health Impact Assessments utilize epidemiological and other evidence to evaluate policies, programs, or projects for potential effects on the health of a population, and the distribution of those effects within the population. The LPHBE Coordinator attended a four-day Health Impact Assessment training hosted by the San Francisco Department of Public Health, to prepare to implement the Mendocino County Health & Human Service Agency Strategic Plan objective of carrying out pilot mini-Health Impact Assessments.

With partners at the City of Ukiah, Ukiah Main Street Program, Mendocino County Promotional Alliance, Ukiah Valley Trails Group and the Ukiah Valley Medical Center, the LPHBE program wrote and was awarded a mini-grant from Ukiah Chamber of Commerce Attraction Development funds. The Ukiah Walks project will delineate and map several 10,000-step routes around Ukiah and Lake Mendocino, create GIS maps, post them to websites, design, print and distribute Ukiah Walks Trail Guides. The intention is to eventually lead walks along the depicted routes, with themes such as “Art & Murals Walk”, “Ukiah History”, “Shop ‘N’ Walk”, and “Westside Flower Gardens”.

Finally, the LPHBE Coordinator participated in two Leadership Mendocino events related to health and the built environment: Sustainability Day and Community Development Day.

### **Planning for Environmental and Systems Change in Obesity Prevention and Reduction of Disparities**

In January 2007, the California Endowment awarded the Mendocino County HHS, Public Health Branch a one-year grant to create a plan to reduce disparities in obesity and diabetes through an environmental and systems change approach. The program is entitled “Public Health Departments: Planning for Environmental and Systems Change”.

The \$30,000 grant supports preparation of a detailed plan for:

- Internal organization capacity and public health system improvements, including leadership development, staff training, creative financing, and use of technology, to better engage in collaboration and advocacy.

### **Ukiah Valley Safe Routes To School**



Area of proposed SRTS path near Oak Manor School.

A proposal to create safe, fun pathways to school.

*Safe Routes to School for Inland Mendocino County brochure designed by the Ukiah Valley Trails Group and printed by the LPHBE Program.*

- Sustaining and deepening collaborative relationships across sectors to jointly promote improved nutrition and physical activity environments.
- Participation in local and state forums and training programs, with community leaders, planners, school officials, business, and policy makers to advocate for improved nutrition and physical activity environments.

The Mendocino County Public Health Branch has selected an overarching goal of improving internal Health & Human Services Agency (HHS) structure, capacity and tools to prevent obesity and improve health outcomes throughout the community, especially within our client base which is low-income and approximately 20% Latino. The 5 primary focus areas are:

1. Infuse prevention, healthy lifestyle promotion, and disparity reduction throughout the HHS.
2. Create a Health Education & Chronic Disease Prevention Unit that will leverage funds and resources to engage in broad community-based prevention and policy work, in addition to coordinating efforts of health education programs.
3. Improve public health outcomes through changes in the built environment
4. Advocate for a formalized role for Public Health on planning and advisory bodies, and to be a receiving entity to regularly comment on development plans and projects
5. Advocate for use of mini-Health Impact Assessments in land use development processes and plans

As a step toward implementing the plan, Public Health brought Donnell Ewert, Director of Shasta County Public Health, to Mendocino County to discuss Shasta County's restructuring, specifically their Chronic Disease and Injury Prevention Unit. They have developed and funded new classifications such as Community Organizer, Community Development Coordinator, and Built Environment Specialist. Also of interest is their emphasis on basing their funding, hiring and grant application decisions on the priorities of their evidence-based Strategic Plan.

In October 2007, PHB in collaboration with the Willits Community Development Department and others, held a one-day conference to discuss how planners, local elected leaders, health professionals and the general public can promote healthier communities through changes in land use and community design. The keynote speaker was Dr. Richard Jackson, Adjunct Professor of Environmental Health and of City and Regional Planning at the University of California, Berkeley, former California State Health Officer, former Director of the Centers for Disease Control and Prevention's National Center for Environmental Health, and author of *Urban Sprawl and Public Health*.

## ALCOHOL AND OTHER DRUG PROGRAMS (AODP)

Abuse of alcohol, tobacco and other drugs impacts the health of community members of all ages, ethnic and socioeconomic groups. Substance abuse related injuries, domestic violence, child abuse and neglect, suicide, criminal activity, and long-term health problems are direct consequences of substance abuse which is the number one health problem confronting our community. The Division of Alcohol and Other Drug Programs consists of 54 employees who carry out its mission to reduce alcohol and other drug abuse through the development and implementation of a continuum of alcohol and other drug abuse education, intervention, prevention and adult and youth treatment services throughout the county.

The Alcohol and Other Drug Programs Advisory Board, mandated in the State Health and Safety Code and appointed by the Mendocino County Board of Supervisors, advises the AODP Director. The Advisory Board meets monthly and is comprised of 7-11 community members from around the county. The board works closely with the AODP Director and staff in defining AOD policies, reviewing substance abuse treatment and prevention developments and advocating with the public and legislative bodies in support of emerging issues in the alcohol and other drug field.

### Youth Services - Prevention Programs

AODP Prevention Services are designed to promote health and prevent disease related to the use and abuse of alcohol and other drugs. Programs cover a wide range of domains (family, school, peers, community) and strategies. Prevention programs attempt to reduce risks and build on strengths (individual, family and community) as a way of reinforcing healthful behaviors and preventing or reducing harm and are primarily based on a resiliency (or strength-based) model: helping to build the external supports and internal assets that children, youth and families need in order to make healthy decisions.

“Primary” prevention strategies include education, information dissemination, alternative (clean and sober) activities, community organization, media and public policy, and information and referral. Experience and research demonstrate that conditions related to AOD abuse are also contributing factors to violence and other social problems. Furthermore, underlying determinants such as economic, social, cultural and environmental factors must also be taken into account. Prevention programs, therefore, address an array of issues and environments. And, in order for prevention efforts to be effective, they must be comprehensive, culturally sensitive, outcome oriented, involve constituents and be sustained over time. The following programs involve as many of the above elements as possible:



AODP Support Staff, who make sure the programs run with timeliness and integrity, take a break in the redwoods.

Note: Client service numbers below may include some duplication. For example, a group of 10 students receiving a 10-session curriculum would be listed as 100 client services.

**Alcohol Control for Teens (ACT)**, in collaboration with MCOE, provides prevention and counseling groups to Ukiah High School Students. ACT also offers prevention education in classrooms, parent training and after-school and summer activities.

- ❖ In FY 07-08, approximately 542 youth received services.

**Adolescent Drug Abuse Prevention and Treatment (ADAPT)** provides on-campus AOD prevention/intervention treatment groups, prevention education in classrooms, and after-school activities for Willits and Potter Valley High School students.

- ❖ In FY 07-08, approximately 467 youth received services.

**Club Latino** – through its sub-contractor, Nuestra Casa, substance abuse counseling provided to children and families, as well as leadership activities for youth and adults held at Ukiah High School and Pomolita Middle School

- ❖ In FY 07-08, 895 clients were served.

**Friday Night Live/Club Live/Friday Night Live Mentoring (FNL/CL/FNLM)** provides middle school and high school AOD prevention/alternative activities in after-school clubs. FNL Mentoring is a designated number of supervised group mentoring sessions between high school and middle school-age youth. FNLM serves students at Ukiah High School, Pomolita Middle School, and Mendocino County office of Education's Court and Community Schools.

- ❖ In FY 07-08, 439 youth were served

**HIV/AIDS/Hepatitis C (HCV) Prevention and Education** provides risk-reduction education and community health outreach and support to secondary needle exchangers, clients of AODP's drug treatment programs, men who have sex with men, students in area schools, and the community at large. It also provides HCV and HIV testing in collaboration with Mendocino County AIDS Volunteer Network (MCAVN).

- ❖ In FY 07-08, 847 individuals were served.

**Gang Resistance if Paramount (GRIP)** provided prevention curriculum about gangs to all 5<sup>th</sup> grade students in Ukiah Unified School district's elementary schools.

- ❖ In FY 07-08, 406 clients were served.

**KUNG FU (Kids United: No Gangs for Ukiah)** offers school-based violence and gang prevention services to targeted elementary schools and Pomolita Middle School in Ukiah. KUNG-FU also provides community-based services through support and collaboration with the Community Coalition for Gang Prevention (CCGP).

- ❖ In FY 07-08, approximately 450 individuals were served.

**RuralMurals© Project** produces annual public art murals as part of a countywide social marketing campaign to prevent teen substance abuse. The Asset-Building Coalition (ABC) serves as the advisory body.

- ❖ In FY 07-08, approximately 123 individuals participated.



**Steer Clear** is a program to reduce teen drunk driving through teen original theater performances, shoulder taps and minor decoys, and “Every 15 Minutes” programs.

- ❖ In FY 07-08, approximately 1,018 youth and adults received services directly or indirectly.

**Watch Anderson Valley Excel (WAVE)** provides the Anderson Valley School District during and after school prevention services. WAVE also supports the Community Coalition organized to reduce methamphetamine abuse.

- ❖ In FY 07-08, 926 youth received prevention services.



**Willits and Ft. Bragg Education for Resiliency (WAFER)** provided Project SUCCESS services to middle and high school students in the Willits and Ft. Bragg school districts. Project SUCCESS services included weekly substance abuse prevention/intervention groups, prevention education curriculum delivery to all 7<sup>th</sup> graders, school-wide prevention activities and referrals to AOD treatment.

- ❖ FY 07-08, 426 clients were served.

### Youth Services - Intervention/Treatment Programs

In order to change destructive behavior and to impact the use of alcohol and other drugs on adolescents at an early stage, it is often necessary for outside systems to intervene. AODP maintained a number of intervention programs, which work in collaboration with referring agencies that have identified these clients. The Youth Service Intervention and Treatment Programs provide group and individual treatment and assessments, prevention, education and intervention groups, parent and community outreach and presentations, outdoor adventure activities and service learning projects. Programs are school-based in Anderson Valley (WAVE) and in Ukiah (PACE, Clean and Sober Classroom, South Valley).

**Anderson Valley AOD Intervention Program** - services (one day per week) made possible through a partnership with Social Services, offering group and individual interventions to students attending Anderson Valley Junior and Senior High School and the Rancheria. Students may be self-referred, or referred by the school counselor, teachers, principal, or other agencies.

- ❖ In FY 07-08, 32 students received group or individual intervention services with a total of 360 client contacts.

**Clean and Sober Classroom** – a collaboration between AODP, Probation and MCOE that integrates alcohol and drug education and treatment into a school setting for students whose ability to succeed in other school settings has been impaired by AOD issues and/or violations. Students receive group and individual counseling services.

- ❖ In FY 07-08, 40 students were served with a total of 4,800 client contacts.

**Probation Alternatives with Counseling and Education (PACE)** – a collaboration between Mental Health, AODP, MCOE and Probation to provide dual diagnosis day treatment program for students with significant behavioral, psychological and/or drug-related problems that led to court interventions. PACE is an alternative to out-of-home placement. AOD offers group and individual counseling services.

- ❖ In FY 07-08, 40 students were served with a total of 6,624 client contacts

### **Adult Intervention Programs**

Intervening and supporting change in the destructive behavior patterns of alcohol and drug abuse in adults often involves working with other organizations such as criminal justice and social services.

**Drinking Driver Education and Counseling Services (DUI-1st offense Driving Under the Influence, DDP-multiple offense, and Wet & Reckless)** - provides education and intervention for individuals with charges of driving under the influence. Services provided by Ford Street Project in Ukiah and Lucky Deuce in Ukiah, Willits and Ft. Bragg.

- ❖ For FY 07-08, 359 clients enrolled in the Drinking Driver Programs

**Men's Alternative to Violence (MAV)** - provides intervention and education for men who are domestic violence offenders. The program is 52 weeks long with 2-hour group sessions weekly. Participants are required to remain alcohol- and drug-free throughout their participation and are typically court-referred. A Spanish-speaking program is also available.

- ❖ In FY 07-08, 95 clients received services.

### **Adult Alcohol and Drug Abuse Treatment Programs**

Certified treatment staff at AODP offer evidence-based treatment services to help individuals and their families learn skills for recovery from substance abuse or dependence disease. Individuals seeking treatment, whether self referred or referred by another agency, are assessed for need by AODP counseling staff and assigned to the most appropriate available treatment program. Services at our outpatient offices include group, individual and family sessions, and referrals as well as childcare and transportation assistance for qualified persons where such services are available. Treatment programs are funded in part by client fees, State Drug Medi-Cal and specialized grants for specific populations.

**Methamphetamine Treatment for Mendocino Project (MTM)** – a 3-year federal grant funded project designed to serve adult clients and their families needing outpatient treatment for methamphetamine abuse. Services are provided in Ukiah, Willits, and Ft. Bragg.

- ❖ In FY 07-08, 181 clients received services

**Outpatient Treatment Program (Coed)** - provides substance abuse treatment for adults through co-educational group counseling. Topics include drug and alcohol education, relapse prevention, communication skills, health education, anger management and stress reduction. These services are available in Ukiah, Willits, and Ft. Bragg.

- ❖ In FY 07-08, 453 new clients with a total of 605 clients served

**Drug Court Program / OPTIONS (Opportunities Provided to Interested Offenders Needing Services)** - treatment program for Adult Drug Court referrals of non-violent drug offenders who either have Medi-Cal or are felons with an indicated prison sentence. In collaboration with the Courts, Probation, and other treatment providers, AODP provides intensive outpatient services that consist of group and individual counseling, urinalyses, and court reviews with advocacy for case management and assistance with access to residential treatment and supportive housing.

- ❖ In FY 07-08, 17 new clients with a total of 55 clients received services.
- ❖ Of the total 414 clients served since 1996, 161 (39%) have graduated; 206 (50%) were terminated, 76% were methamphetamine users.

**Prop 36** - (also known as the Proposition 36, Substance Abuse and Crime Prevention Act or SACPA, and PC1210) drug treatment program resulting from legislation enacted as a result of a voter ballot initiative passed in November 2000. All counties began implementing Prop 36 on July 1, 2002. AODP is the lead agency for Prop 36 in Mendocino County working in collaboration with the Courts, Probation, Public Defender's office and other key community stakeholders. The program provides nonviolent drug abusers with an opportunity to participate in treatment as an alternative to incarceration through assessment and referral to the appropriate treatment level provided by AODP or to another approved, licensed or certified treatment agency within the County.



AODP counseling staff at a regular meeting

- ❖ In FY 07-08, 197 new clients and 292 clients received services

**Women's Perinatal Treatment Program (WINDO-Women in Need of Drug-Free Opportunities)** - provides substance abuse treatment services for women with children including pregnant women and those whose children are in foster/out-of-home care. The program provides groups in a women-specific format as well as Parenting and Relationship Skills groups and childcare and transportation for participants. These services are available in Ukiah, Ft. Bragg and Willits.

- ❖ In FY 07-08, 134 new clients with a total of 198 clients receiving services

Under contract to the Ford Street Project in Ukiah,  
**Residential Detox**, - the program consists of 3-5 day social model drug/alcohol residential detox for alcohol and drug clients.

- ❖ In FY 07-08, 138 clients received services

**Residential Treatment** - the program consists of short and long-term residential treatment for alcohol and drug clients.

- ❖ In FY 07-08, 154 new clients received services

### **Other Programs**

**Employee Assistance Program (EAP)** - referrals for individual and family counseling are provided to county employees and their insured dependents. Contract therapists provide support for a variety of life issues. The EAP also provides consultation and training regarding employee performance issues, communication skills, and worksite conflict resolution.

- ❖ In 2007, 335 employees and their dependents received 1671 visits

The EAP program has now shifted to County Human Resources.

## ENVIRONMENTAL HEALTH (EH)

The Environmental Health Division consists of 25 employees who carry out the mission to safeguard the public's health from environmental hazards. This is achieved through community education efforts and by enforcement of state and local laws to ensure safe supplies of food and water, to monitor the proper management of wastes and hazardous materials, to investigate environmental health-related causes of illness and to abate hazardous environmental health conditions. Environmental Health programs fall into 4 categories: Land Use, Consumer Protection, Hazardous Materials, and Solid Waste. Environmental Health also handles Rabies Surveillance in collaboration with the County Animal Care & Control and the Public Health Lab; collecting of mussels for testing as part of the Paralytic Shellfish Poisoning Program in collaboration with the State Department of Health Services; and ocean beach monitoring of water quality at popular coastal beaches.

Regular inspections of permitted facilities and investigations of complaints are handled by technically trained and licensed Environmental Health Specialists (EHS). New trends and issues in the environmental health field are closely followed by EH staff. Mendocino County EH Division conducts the following programs.

### Land Use Programs

#### Site Evaluation Reports and Septic Tank (ST) Permits

Site Evaluation Reports are submitted to EH and reviewed by EHS staff before a new or repair septic tank permit is issued. In 2007,

- ❖ 336 Site Evaluation Reports were reviewed. The number of Site Evaluation Reports has decreased by 12% from 2006.
- ❖ EH approved 89 non-standard on-site sewage reports, which represent a 93% increase from 2006.
- ❖ EH issued a total of 240 on-site sewage system permits in 2007, which is down 12% from the total number of permits issued in 2006.
- ❖ EH issued 171 on-site sewage system permits for new construction, which is a decrease of 9% from 2006.
- ❖ EH issued 49 on-site sewage system permits for the repair of existing systems which is down 8% from 2006.



- ❖ EH issued 20 permits for septic tank destruction and operational permits, which is a decrease of 35% from 2006.
- ❖ EH conducted 211 septic permit final inspections in 2007, which is a decrease of 14% from 2006.

### **Application Process Time**

Approximately 62% of all site evaluation reports submitted in 2007 were approved in less than 22 working days. 50% of all applications were approved in the first review. The median process time for all applications is 12 working days, which is down 2 days from the median process time in 2006.

### **Water Well Permits**

310 water well permits were issued in 2007, which is up 8% from the number of water well permits issued in 2006.

### **Building Permit Reviews**

EH reviewed 599 building permit applications in 2007. This represents a 5% decrease from the number of building permit applications reviewed in 2006.

### **Review of Land Division and Developments**

EH reviewed and commented on 41 development applications in 2007 which is a 71% increase over 2006. 76 Coastal Development Permits were reviewed and commented on in 2007, an increase of 22% over 2006.

## ***Consumer Protection Programs***

### **Food Facility Permits**

- ❖ 741 active food facilities were permitted in 2007. Food facilities include restaurants, markets, delicatessens, bars, bed & breakfasts, farmer's markets, seasonal food vendors, camps, and schools.
- ❖ The number of food inspections varies depending on the type of facility, with the larger more complex facilities receiving up to 3 inspections per year and the smaller seasonal facilities receiving 1 inspection per year.
- ❖ In 2007 EH conducted 1,271 inspections. All permanent food facilities received an inspection in 2007.

### **Water System Permits**

- ❖ 30 State Small Water Systems were permitted in 2007. 24 systems were inspected in 2006.



## Pool/Spa Permits

- ❖ 120 pool and spa permits were issued in 2007.
- ❖ Each pool and spa requires inspection during months of operation. Pools and spas open year round are inspected three times and seasonal operations are inspected once.
- ❖ Of the 224 required inspections, 203 were conducted in 2007 (91% of the total required).



## Solid Waste Programs

### Solid Waste Permits

- ❖ 22 active solid waste permits were issued in 2007 for 11 transfer stations, 3 wood waste sites, 2 composting sites, 2 septage sites, 2 landfills undergoing closure, and 2 C&D/inert debris sites.
- ❖ 29 closed wood waste and burn dumps were also permitted in 2007.
- ❖ 201 inspections were conducted on all of these sites with most landfills and transfer stations receiving an inspection each month.
- ❖ 3 closed municipal landfills were permitted in 2007. 12 inspections were conducted at these closed sites.
- ❖ 54 illegal trash dumping or stockpiling sites were investigated in 2007 with staff spending more than 217 hours handling these complaints.



## ***Hazardous Materials Programs***

### **Underground Storage Tank (UST) Permits**

- ❖ 69 active UST sites with a total of 181 underground storage tanks permitted in 2007.
- ❖ 69 inspections were conducted of the 69 facilities during 2007. Facilities are inspected at least once every twelve-month period.

### **Hazardous Material Business Plans**

- ❖ EH conducted 568 inspections of 575 permitted facilities in 2007.
- ❖ Information on the type, quantity and location of hazardous materials stored at a facility are provided to local fire agencies to assist them in responding to a release or fire.
- ❖ Staff checks for the proper storage and handling of all hazardous materials, including hazardous waste and they inspect records for required employee training and transportation manifests documenting the proper disposal of hazardous waste.
- ❖ The most common hazardous materials stored at our facilities are gasoline, diesel, oil, lubricants, solvents, antifreeze, compressed welding gases, used oil, and used antifreeze.



## ***Complaints, Investigations and Emergency Responses***

Environmental Health received 348 complaints and responded to 38 REHIT incidents in 2007. 96% of these complaints were completed in 2007. Of those completed, 42% were abated and 35% were deemed “no violation”, while the remainder were referred or presumed abated. The total number of complaints received by EH in 2007 decreased by 36% from the previous year. The following sections reflect the complaints handled by EH programs:

### **Land Use Complaints**

- ❖ The number of land use (solid waste or sewage) complaints (133) in 2007 decreased by 36% from 2006 (208). Land use complaints represented 46% of all EH complaints.
- ❖ Garbage (solid waste) complaints are those registered by the public about alleged illegal garbage accumulation and disposal. In 2007, there were 54 solid waste complaints and 79 sewage complaints.

### **Consumer Protection Complaints**

- ❖ A total number of 53 complaints were filed against food facilities in 2007, which is an 8% decrease from 2006 (58).
- ❖ The number of foodborne illness complaints reported to EH in 2007 was 34, a 26% decrease from 2006 (46).

## Redwood Empire Hazardous Incident Team (REHIT)

- ❖ REHIT responded to 38 hazardous materials responses in 2007. An *incident* is a call-out by a fire agency for our assistance in handling a spill or improper disposal of an unknown material that is suspected to be a hazardous waste and may represent an environmental or public health hazard. REHIT does not respond to incidents that can be handled by a local fire agency, usually small amounts of a known material that do not pose a serious environmental or public health threat.
- ❖ All HazMat (Hazardous Materials) incidents are investigated and some prove to be environmental crimes. An *environmental crime* is defined as an incident where criminal or civil charges are filed with the District Attorney or Circuit Prosecutor against the alleged responsible party for violating hazardous waste laws or regulations.



## Haz Mat Complaints

- ❖ In 2007, a total of 37 hazardous materials complaints were filed at Environmental Health, primarily for the disposing of hazardous waste. This was a 22% decrease over 2006 (42).

## Other Complaints

- ❖ In 2007, 9 complaints were filed about water systems and 35 complaints were filed for general housing issues.
- ❖ Also filed in 2007 were 19 vector, 8 animal, 11 mold, 3 pool, 4 air pollution, 1 smoking and 1 noise complaint.



## ***Other EH Programs***

### **Rabies Surveillance**

EH, in conjunction with Animal Care & Control, tracks cases of humans bitten by animals and sends suspected rabid animals to the Public Health Laboratory for testing.

- ❖ 322 animal bites were reported in 2007, which was a 2.5% increase from the 330 bites in 2006.
- ❖ The 11% of reported animals that were tested for rabies in 2007 compares to the 15% in 2006.

### **Paralytic Shellfish Poisoning (PSP) Program**

Concentrated levels of the PSP toxins can develop in California mussels when they feed on certain naturally occurring marine plankton. The State of California, Department of Health Services (DHS) imposes a statewide quarantine on mussels taken by harvesters from May 1 - October 31. EH collects mussel samples and sends them to DHS for testing each year.

### **Ocean Beach Monitoring**

In 2007, the Division of Environmental Health conducted ocean water monitoring of water quality at Mendocino County beaches. The beaches were sampled weekly from April 2 through October 29. The beaches were selected because of recreational usage.

The beaches monitored in 2007 were at Big River, Caspar Cove, Hare Creek, Mackerricher, Pudding Creek, Van Damme, and Virgin Creek. The water samples were collected in the surf zone and tested for total and fecal coliform bacteria and Enterococcus as an indicator of sewage contamination from humans and other warm blooded animals (for example, livestock from upstream sources, birds, and marine mammals). No beaches were closed due to samples exceeding State water quality standards.

## PUBLIC HEALTH NURSING

The Public Health Nursing Division consists of 76 employees and manages 20 separate programs, some state-mandated, some grant funded and some discretionary by the Public Health staff. Public Health Nurses are available to provide community and limited individual health assessment and planning, health education for behavior change, interagency collaboration, disaster preparedness, and information regarding medical and health concerns to the public. Staff, including Public Health Nurses and bilingual Community Health Workers, work in teams to ensure service access to all areas of the county. The following programs were provided by the Public Health Nursing Division:

**HIV/AIDS Program**—provides HIV testing and counseling, tracks HIV infection in Mendocino County, enrolls eligible people with HIV/AIDS into the AIDS Drug Assistance Program, oversees the Ryan White/CARE Act Part B program and serves as a sponsor of the county's needle exchange program.

For FY 07-08,

- ❖ 580 HIV testing and counseling sessions were conducted and no new positives were identified through the Public Health Branch and Mendocino County AIDS Volunteer Network's HIV testing services. The number of HIV tests conducted annually has been steadily declining each year due to a decrease in the number of outreach testing staff. Without the outreach testing staff, it is not possible to reach some of the most vulnerable and most high risk individuals.
- ❖ In terms of HIV and Hepatitis C prevention, an average of 4,262 needles and syringes are exchanged each month, with a total of 51,148 needles and syringes exchanged in 2007-08. This is a 19% reduction in the number of needles and syringes that were exchanged in the previous year. Again this is a major trend here locally due to a 75% reduction in staff who work at the exchange.

Mendocino County sees 15-22 new individuals with HIV/AIDS each year. Most of these individuals are migrating into Mendocino County from other counties or states. There are usually 2-4 new HIV infections diagnosed in Mendocino County residents each year. In 2007 there were 2 new infections diagnosed here. Both of these individuals received their HIV and AIDS diagnoses simultaneously, which is true for about 50% of the new cases. This means that people are waiting until they are extremely ill before seeking medical care and being tested for HIV. The majority of the HIV infections that occur in Mendocino (and in the United States for that matter) occur within the communities of men having sex with men and injection drug users. Nationally, there is also an increase in HIV infection among women who have no identified risk.

**Cancer Detection Programs - Every Woman Counts!** – screening services include pelvic and breast exams, pap smears, referrals for mammograms and breast biopsies for women. Eligibility requirements include age (25 years and over), income (at or below 200% of Federal Poverty level), and no other coverage for these services. Women with high deductibles on their health insurance may also be eligible.

In 2007,

- ❖ 196 clients were served with 200 visits.

**California Children's Services (CCS)** – helps in financing specialized medical care and/or rehabilitation for children under the age of 21 with a CCS eligible medical condition and includes case management by a Nurse Case Manager and services by a CCS approved provider. Eligible clients receive financial assistance with medical bills and services, nursing case management, and may receive reimbursement for travel to obtain CCS approved medical care. These services can include local cardiology clinics and medical therapy conferences. The CCS program is funded by a combination of Federal, State and County dollars.

In 2007-08,

- ❖ Average caseload was 552 children

**California Children's Services (CCS) - Medical Therapy Program** – began in October 1999, and provides physical and occupational therapy, as well as medical therapy clinics to children under the age of 21 with qualifying physical handicaps. Services are provided at school sites located in Fort Bragg, Willits and Ukiah. Physicians come from Children's Hospital in Oakland and the University of California in San Francisco to participate in the medical therapy clinics.

In 2007-08,

- ❖ Average caseload was 75 children.
- ❖ 7 medical therapy clinics were conducted.



CCS Staff meet in the redwood grove

**Child Death Review Team (CDRT)** – provides a multi-agency team review of all deaths to children less than 18 years of age. The group has representatives from HHSA (Public Health, Social Services, Mental Health), Probation, Coroner/Sheriff, and the District Attorney as well as Community Clinics, CASA, 1<sup>st</sup> Five Mendocino, Redwood Children's Services and other agencies who review and determine the cause of each death and make a report. All reports made by the team are summarized annually.

In 2007,

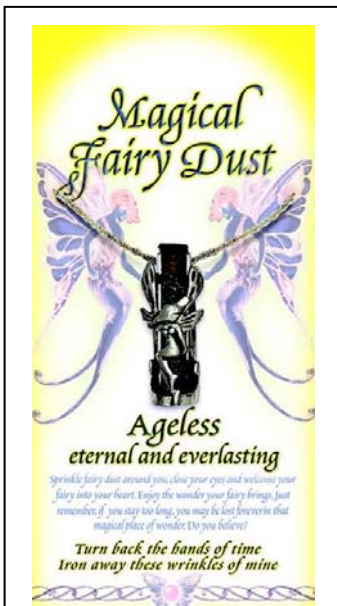
- ❖ 9 deaths of Mendocino County children (17 years or younger) were reviewed by the team.
- ❖ 6 of the deaths (67%) were to children under 1 year old all of whom died of natural causes.
- ❖ Of the remaining 3 deaths (33%) to children 1-17 years old, 1 died from natural causes (ruptured appendix), and 2 died from accidental causes (1 from a motor vehicle accident and 1 from ethanol poisoning).
- ❖ PHNs worked with 1<sup>st</sup> Five Mendocino to provide educational materials and items to promote a safe sleeping campaign. See the SIDS section for details

**Childhood Lead Poisoning Prevention Program** – provides technical assistance and support to medical professionals to identify and test for lead, and outreach to the community about preventing childhood lead poisoning. When children are found with elevated lead levels, families receive follow-up services including health education, home visits, nursing case management, follow-up lead tests, and environmental investigations to determine the source of the lead. This can cause the removal of the lead hazard, prevent lead poisoning of siblings, and prevent further neuro-developmental damage in the patient.

Lead poisoning causes damage to the brain and body, starting with behavior and learning problems, lowering the lifetime achievement of affected children. The New England Journal of Medicine reported an average drop of 7.4 IQ points in children as their blood lead levels increase from 1 to 10 micrograms per deciliter of blood. Lead poisoning (like high blood pressure) usually has few visible symptoms but nevertheless exacts a toll on the health of the patient until found with a blood test.

All children receiving services from federally sponsored programs such as WIC, Medi-Cal, Healthy Families, CalKids and CHDP must have their blood checked for lead at age 1 and age 2, as they are known to be at high risk. Foster children and their siblings are also at high risk for lead poisoning, and should be considered for blood lead testing.

Immigrant children are another group at high risk for lead poisoning and should always be tested upon arrival in the United States. While most lead poisoning nationwide is due to deteriorating lead paint, in Mendocino County most lead poisoning cases are associated with practices such as using lead pottery, home remedies or eating Mexican candies with lead. Other children have been lead poisoned due to bathtub lead and lead to re-load firearms.



From July 2007 through June 2008, the Health Educator delivered 14 educational presentations in English and Spanish, reaching more than 106 participants. She attended 13 collaborative meetings to coordinate outreach or share information with other agencies, and she or other staff attended 3 health fairs, providing resources and education in English and Spanish to hundreds of participants. The Program held face-to-face meetings with 37 medical provider staff members to discuss lead poisoning. 3 press releases and 2 radio interviews were conducted to update the public about products with lead and having lead-safe holidays. Lead appeared in many children's products, so the Program was busy sending out 9 mailings regarding lead-tainted products. To keep informed of products recalled due to lead content, see the Consumer Product Safety Commission website at <http://www.cpsc.gov/> where you can sign up for email alerts about hazardous children's products.

These pewter pendants contain lead and are an example of many products that have been recalled due to lead content. They were sold in a collection of 12 pendants. The pendants were sold separately and on candles of various colors and scents.

**Child Health and Disability Prevention (CHDP) Program** – a preventive health program providing outreach and education to the CHDP program eligible population to assist families with obtaining free preventive health exams and immunizations. Outreach for the program consists of informing families of the importance of regular and periodic health exams, where to obtain these exams and education about the importance of having a primary care provider for their children. The CHDP program serves children 0 – 18 years from low to moderate income families and children receiving Medi-Cal who are 0 – 20 years of age, which includes children placed in Foster Care. When referrals are indicated for medical, mental health, dental or vision problems, CHDP program nurses provide follow-up and care coordination to assist families with finding services. There are 24 private doctors and health clinics throughout the County

that provide CHDP exams and immunizations to eligible infants, children and youth. The CHDP program staff provides these physician offices and clinics with technical assistance and updates on the CHDP program. Communication with providers is accomplished through the mailing of Provider Information Notices, telephone calls, office visits and provider trainings.

For FY 07-08, (Mendocino County data from the State CMS Program)

- ❖ More than 5,000 CHDP exams were provided throughout the county by all CHDP providers

**Communicable Diseases (CD)** - a state mandated program for the surveillance, investigation and control of communicable diseases. These activities include providing accurate and timely follow up in order to protect the health of the community. Mendocino County Communicable Disease Control is available to the public and health care providers to answer questions, provide educational information, presentations and act as a liaison between the State CD control and local physicians in managing cases of reportable diseases.

In 2007,

- ❖ 141 persons were reviewed for tuberculosis; 3 cases were treated for active tuberculosis.
- ❖ 3 case of neisseria meningitis were reported.
- ❖ 5 Pertussis (Whooping Cough) cases were reported
- ❖ 2 cases of Malaria were reported. These patients traveled out of the U.S.A. and became infected.

Neisseria meningitis are bacteria that cause severe illness or even death. The bacteria are transmitted from person-to-person in the saliva. A meningococcal vaccine is available to help protect persons against four types of neisseria meningitis. The vaccine is recommended for adolescents and adults between 11 - 55 years.

Pertussis are bacteria that are treated with antibiotics when someone is diagnosed with the illness. A vaccine is available for persons age 11 - 64 years, this vaccine is called Tetanus, diphtheria, acellular pertussis (Tdap), which can help prevent pertussis infection.

**Family Planning Clinic** - provides State Office of Family Planning and Federal Title X funded services, including birth control management and pregnancy testing, in Ukiah and Willits. Birth control methods offered at the clinic include birth control pills, Ring, Patch, Depo-Provera injections, Intrauterine Devices (IUD), diaphragm, foam, film, condoms, suppositories, vasectomy and tubal ligation. Services are free to men and women who are below 200% of the federal poverty level, and partially subsidized to 250% of poverty level. Other residents pay fees. The clinic requests that people with PPO-type insurance see their primary care provider.

In 2007,

- ❖ 4,759 visits were made to the family planning clinic by 2,331 clients
- ❖ 617 (over 26%) clients were under 20 years old, 249 were males

Family Planning staff also provide outreach educational programs on the prevention of unplanned pregnancy and sexually transmitted infections.

PH Nurses meeting with  
PH Director.



**Field Nursing** - Public Health Nursing services provide community and individual health assessment and planning, health education for behavior change, interagency collaboration, disaster preparedness and information about medical and health concerns to the public. Public Health Nurses (PHNs) and Community Health Workers (CHWs) interact with many individuals and families to offer support and education regarding a variety of health-related issues including pregnancy, postpartum care, breastfeeding support, well child care, case management services for children with complicated or chronic medical conditions, developmental assessments, immunizations, nutritional education, parenting skills, communicable disease, substance abuse and referrals to other community resources. PHNs interact with health care providers to assist with case coordination and act as resource persons to many community agencies, medical providers and the public. Educational presentations are provided on an ongoing basis on a wide variety of health issues.

In 2007-08,

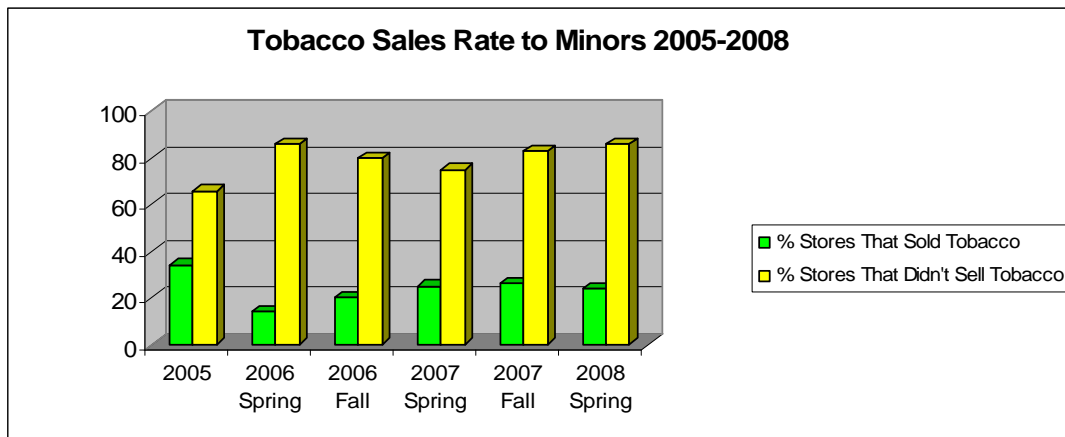
- ❖ 451 home visits were provided by the CHWs and 911 home visits by the PHNs

**Health Education** – provides education about injury and disease prevention, including tobacco control and child safety seat installation and use.

In FY 07-08,

- Parents, caregivers and Health and Human Services Agency staff participated in monthly classes covering the correct installation and use of child safety seats. More than 250 child safety seats were distributed to low-income county residents through the Mendocino County Low Cost Low Income Car Seat Program.
- Thirty high school students were trained to become Peer Health Educators and conducted more than 20 tobacco education sessions for middle school and high school students and distributed tobacco education material in 5 Health Fairs in Mendocino County.
- Twenty high school students were trained and participated in two Tobacco Youth Purchase Surveys, during which underage buyers attempt to buy cigarettes from licensed tobacco retailers in Mendocino County.

- Mendocino Countywide tobacco sales rates to minors decreased slightly from the Fall 2007 Survey (24%) to the Spring 2008 Survey (22%) (see chart below). This decrease resumed a downward trend in the sales rates in Mendocino County, with the exception of a slight increase in sales in Spring 2006 to Fall 2006 (increase from 14% to 20%) and Fall 2006 to Spring 2007 (increase from 20% to 25%).



**Immunization Assistance Program** - offers childhood and adult immunizations and skin testing for tuberculosis in Ukiah, Willits and Fort Bragg. Annual flu vaccinations are provided through drive-up, senior centers and on-site clinics at Public Health sites throughout Mendocino County. Flu vaccine is offered to persons six (6) months and older. It is recommended to receive an annual flu shot.

In 2007,

- ❖ 3,547 immunizations and TB skin tests were given at Public Health Clinics throughout Mendocino County.
- ❖ 4,725 persons were given flu vaccine during the 2006-2007 flu season.

The Immunization Network of Northern California (INNC), an electronic registry to maintain immunization records for children and adults is moving forward. The benefit of the registry is to help persons maintain up-to-date immunizations to prevent diseases. Ten medical providers have implemented INCC to their medical practice. 2,233 Mendocino County residents, from birth to five (5) years of age, are participants in the registry. The goal is to have all of Mendocino County medical providers join INNC.

The Immunization Network of Northern California (INNC), an electronic registry to maintain immunization records for children and adults is moving forward. The benefit of the registry is to help persons maintain up-to-date immunizations to prevent diseases. Seven medical providers have implemented INCC to their medical practice. Over 1,500 patients from birth to five (5) years of age are registered, for with a grand total of 3,500 Mendocino County residents participating in INNC. The goal is to have all of Mendocino County medical providers join INNC.

**Laboratory Services** - This past year, Mendocino County Public Health Lab continued to evolve in its structure and scope of testing. Most importantly, our alliance with Sonoma County Public Health Lab, and its Director, Dr. David Yong, allowed us to share test menus and facilities. Thus, a wider range of laboratory services are now offered to the people of Mendocino and Lake counties.

Sonoma County has also been active in the training of another Mendocino County Public Health Microbiologist.

The Mendocino County Public Health Lab, under the California Health and Safety Code and Title 17, is required to provide and perform testing for the local health department and the State Department of Public Health. These same mandates require the lab to provide “consultation and reference services” regarding procedures for the prevention and control of communicable diseases. Included in the testing services are: Serology and Immunology, Bacteriology, Parasitology, Mycology and Mycobacteriology, Rabies, Tick testing and Lymes serologies, Virology, Hepatitis C, PCR and Water Potability. The Lab also utilizes outside couriers for delivery to us, and our own in-house couriers for Monday through Friday deliveries to Sonoma PH Lab.

**Maternal, Child and Adolescent Health Programs (MCAH)** – include State, Federal, County and grant funded programs to promote countywide health and well-being of all women of childbearing age, infants, children and adolescents. MCAH services include ongoing assessment of needs and strengths of MCAH populations, implementation of the 5-Year MCAH Action Plan, maintenance of a toll-free phone line to provide referral information about services, coordination of outreach services, and assistance in accessing health care for MCAH populations.

For FY 2007-08, the MCAH priorities addressed were Child Abuse/Neglect, Overweight Children and Youth, and Perinatal Tobacco, Alcohol and Other Drug Use. Activities included:

- ❖ Mendocino County continued for a second year as the California site of a national Fetal Alcohol Spectrum Disorders (FASD) Training grant received by Dr. Ira Chasnoff of Children’s Research Triangle in Chicago from the Federal Maternal and Child Health Bureau. The MCAH program provided local coordination for the project, which has included training and technical assistance to prenatal and pediatric providers as well as a community training in July 2007.
- ❖ In coordination with Dr. Chasnoff’s FASD grant implementation, the MCAH Director collected screening data from the 6 prenatal provider practices or clinics using the *4 P’s Plus © Screen for Substance Abuse and Domestic Violence in Pregnancy* and Brief Intervention resource materials.
- ❖ The Partnership for Healthy Babies, a leadership team of agencies and organizations addressing perinatal substance abuse and its effect on children, implemented a Media Outreach Campaign with AODP and Mendocino Community Foundation grant funds in partnership with local wineries promoting the message “We Don’t Want You to Drink During Pregnancy.” The Partnership also collaborated with Mendocino College’s Foster and Kinship Care Education program to provide two series of a 5-session workshop on “Fetal Alcohol Spectrum Disorders for Caregivers.”
- ❖ The MCAH Director and staff participated on collaborative community efforts to address current issues such as Access to Health Care, Breastfeeding, Child Abuse Prevention, Child Care Planning, Children’s Health, Perinatal Substance Abuse, and Pregnant & Parenting Teens.

**\*\* Adolescent Family Life Program (Teen Futures)** – provides Public Health Nurse case management services for pregnant and parenting teens to enhance the health, educational potential, economic opportunity, and self-sufficiency of youth during pregnancy and parenthood, prevent subsequent teen pregnancies, and promote healthy family relationships. Pregnant or parenting female youth in Mendocino County are eligible to enroll in AFLP if they are 18 years of age or younger and are not Cal-Learn clients.

For AFLP during FY 2007-08:

- PHN case management services were provided to 70 pregnant or parenting teens.
- 67% of clients lived in the south-inland part of the county, 13% in north-inland and 20% in the coastal region.
- Of the 26 babies born to clients, 1 was premature and 3 were low birthweight.
- Of the 15 clients who were not pregnant and were sexually active, 47% reported always using birth control and another 13% reported sometimes using birth control when sexually active. Another 7 clients who were not pregnant were not sexually active.
- 8 AFLP clients graduated from high school and 5 are attending college classes.

**\*\* Comprehensive Perinatal Services Program (CPSP)** – provides a Public Health Nurse who serves as the Perinatal Services Coordinator to assist perinatal health care providers (private providers or clinics) in applying to become State-approved CPSP providers, and then continues to provide ongoing consultation and technical support relating to comprehensive perinatal services. CPSP services include health education, nutrition education and psychosocial counseling for Medi-Cal eligible pregnant and postpartum women. These services augment the traditional medical services provided to pregnant women in order to improve the birth outcomes for mother and baby.

For FY 07-08, the Perinatal Services Coordinator:

- Provided technical assistance to 4 CPSP providers in the county, and information on CPSP to 2 other prenatal providers.
- Updated a list of current Prenatal Care Providers in Mendocino County.

**Pap Smear/Dysplasia/Sexually Transmitted Infection (STI) Clinics** - provides pap smear and breast exam services for women not eligible for birth control or Cancer Detection Program-Every Woman Counts! Services, diagnostic treatment and follow-up services for women with abnormal pap smears, and diagnosis and treatment of men and women for sexually transmitted diseases. Services are provided free to income-eligible residents or on a sliding scale to others.

Public Health Family Planning & STI services staff serve a vital role in the prevention, testing and treatment of sexually transmitted infections. In 2007, our program diagnosed and treated 39% of the men and women diagnosed with chlamydia in our county, including 39% of the teens diagnosed, 39% of the females diagnosed, and 38% of the males diagnosed, thus demonstrating that our program is the most important provider of STI services in the county. Chlamydia is the most commonly reported STI in the US and is the most common cause of female infertility.

In 2007,

- ❖ 68 patients seen in 83 visits to STD clinic services.
- ❖ 55 patients seen in 61 visits to pap clinic services.

**Sudden Infant Death Syndrome (SIDS) Program** – provides Public Health Nurse assessment, information, counseling and case management following a SIDS death. The SIDS program worked in collaboration with 1<sup>st</sup> Five Mendocino for caregivers on a Safe Sleeping Campaign to promote community education to increase knowledge about the safety of their child's sleeping environment in order to reduce the risk of SIDS and positional asphyxiation.

In 2007, no SIDS deaths occurred in Mendocino County. Public Health Nurses provide home visits and support to families who have lost a child due to SIDs and other conditions.

**Women, Infants, Children (WIC) Program** - a federally funded nutrition program for low-to-moderate income pregnant, postpartum, and breast-feeding women, infants and children to the age of five years who are at nutritional risk. The purpose of the program is to prevent health problems and to improve the health of program participants as an adjunct to ongoing health care. WIC is unique in that it provides coupons for specific supplemental, nutritious food and nutrition education to a target population during times of critical growth and development.

Services are provided at 9 sites throughout the county. There are fixed-base offices in Ukiah, Ft. Bragg and Willits, and staff travel to outlying clinics in Gualala, Pt. Arena, Boonville, Covelo and Laytonville. There is a subcontracted office with Consolidated Tribal Health Project in Redwood Valley.

The WIC Program not only improves the health of the WIC participants, but also helps the local economy by spending the coupons for specific nutritious foods at local markets. In 2003, over 2 million federal dollars were infused into the local economy as participants redeemed their coupons at local stores.

In FY 07-08,

- ❖ Approximately 3,000 participants per month served throughout the county.
- ❖ 25 nutrition classes taught and 600+ individual nutrition counseling sessions conducted each month.
- ❖ An additional \$16,000 in WIC/Farmers' Market Coupons were provided to our participants.
- ❖ \$74,000 was used for Obesity Prevention. Monthly "Fit WIC" classes were implemented to promote healthy eating/active living. Funds were also used to promote increased breastfeeding, which research has shown to decrease obesity in children.



WIC Staff, all in green



Jaden enjoys the waiting room toys

## ANIMAL CARE & CONTROL

Animal Care and Control (AC&C), previously a Department of the County directly under the CEO, was incorporated into the structure of the Mendocino County Public Health Branch in spring, 2006. AC&C is responsible, directly or by contract, for enforcement of State and County laws in all incorporated and unincorporated areas of Mendocino County. Animal *care* includes sheltering animals, dog licensing activities, spay and neuter services, and adoption services. Animal *control* includes enforcement activities, investigating public nuisances or animal cruelty, and rescuing stray, sick or injured animals (except in Ukiah). These services include the following:

Field Services: public education; humane/abuse investigation; livestock loss investigation; stray and nuisance complaints; rabies quarantine and control

Shelter Services: work with the public to problem solve issues that might cause them to surrender their animal to the shelter; assist people who have lost or have found pets to reunite them with their family; intake any animal brought into the shelter as found (includes feral cats) or owner surrendered.

Adoption: evaluation of every animal placed for adoption; matching people and animals to create successful adoptions; extensive outreach and publicity to promote adoptable animals; maintain and develop relationships with other shelters and rescue groups.

Spay/Neuter Services:

- In-house clinic care for shelter animals; vaccination of all animals at intake; pre-adoption health checks; canine heart worm testing; feline viral testing
- Collaborative spay/neuter services for rescue organization (local non-profit animal organizations and humane societies)
- Low income mobile spay/neuter Care-A-Van services offered to reservations and outlying areas and also to humane societies and non-profits

AC&C receives funding from fees, contracts with the four incorporated cities of Mendocino County (Ukiah, Ft. Bragg, Pt. Arena and Willits), and from the County General Funds.

The goals for AC&C for 2006-2010 are

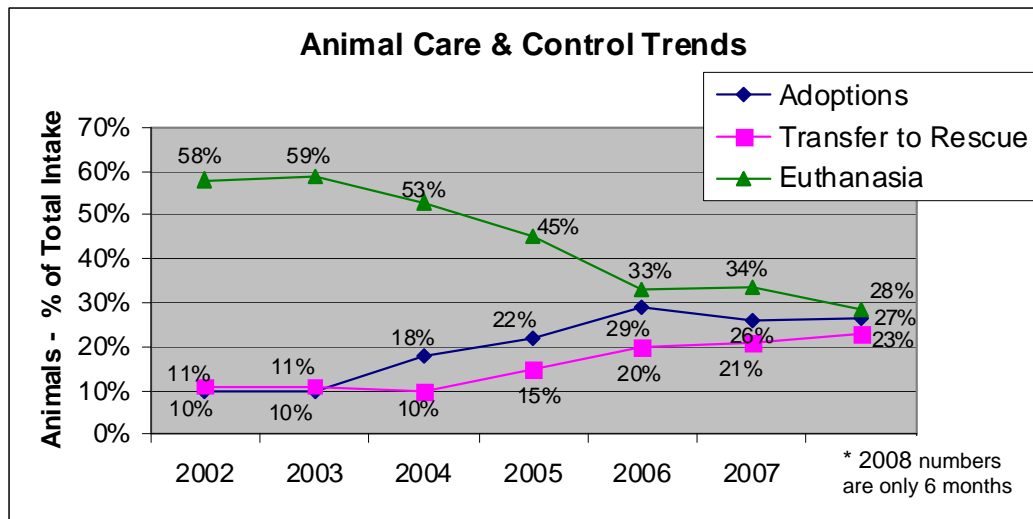
- ❖ Community awareness of mandated services
- ❖ Fees and income eligibility requirements for animals owned by the public
- ❖ Collaborative working relationships with all of the private vets in Mendocino County
- ❖ Population control of stray or unwanted animals in Mendocino County
- ❖ Increase adoptions to responsible pet owners
- ❖ Increase transfers to responsible rescue groups
- ❖ Every animal evaluated for health and temperament, vaccinated and scanned on intake
- ❖ Assessment on adoptability is completed by the end of the holding period
- ❖ Improvement of shelter facility in Fort Bragg
- ❖ Written emergency policies, definition of minimal care services and monetary limits

Strategic Plan Accomplishment Highlights for 2007:

- ❖ Expanded volunteer programs including foster, mobile adoption, lost/found pet flyers, summer youth programs and training programs for shelter dogs.
- ❖ Expanded Field Service hours to include seven days a week.
- ❖ Initiated a postcard system for community awareness of mandated rabies vaccination and licensing services.

- ❖ Instituted eligibility requirements for Spay/Neuter services to publicly owned animals.
- ❖ Instituted a feral cat trap/neuter/release program.
- ❖ We continue to increase transfers to responsible rescue groups.
- ❖ We continue to increase adoptions to responsible pet owners.
- ❖ Animals are evaluated for health and temperament, vaccinated and scanned on intake.

The emphasis of the AC&C programs since 2005 shows a shift from euthanasia as a primary animal control mechanism to the more humane strategies of adoptions to responsible pet owners, transfers to responsible rescue groups and available, affordable spay and neuter clinics. The following data was collected from 2002 through June 30, 2008.



- ❖ Euthanasia has dropped from 1,675 animals (58%) in 2002 to 1,045 animals (34%) in 2007. Only 466 animals (28%) were euthanized in the first half of 2008.
- ❖ Transfer of animals to rescue groups has increased from 303 (11%) in 2002 to 658 (21%) in 2007.
- ❖ Adoption of animals has more than doubled from 2002 with 296 animals (10%) to 818 animals (27%) in 2007.
- ❖ Spay & neuter surgeries have increased from 1,364 surgeries in 2004 to 2,074 surgeries in 2007. 2008 should be an even larger increase when the full year is complete.



Monkey says good-bye to his summer pals

Animal Care & Control Staff



