

**SANTA BARBARA COUNTY  
BOARD AGENDA LETTER**



Clerk of the Board of Supervisors  
105 E. Anapamu Street, Suite 407  
Santa Barbara, CA 93101  
(805) 568-2240

**Agenda Number:**  
**Prepared on:** 11/25/03  
**Department Name:** Public Health  
**Department No.:** 041  
**Agenda Date:** 12/9/03  
**Placement:** Administrative  
**Estimate Time:**  
**Continued Item:** NO  
**If Yes, date from:**

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**TO:** Board of Supervisors  
**FROM:** Roger E. Heroux  
Public Health Director  
**STAFF CONTACT:** Jane Overbaugh  
681-5173  
**SUBJECT:** Personnel Action in the Public Health Department

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**Recommendation(s):**

That the Board of Supervisors:

Adopt a Personnel Resolution effective December 8, 2003, in budget unit 5210 to add the following positions that are necessary to staff the new Santa Maria Women's Health Center. The costs for these positions will be fully offset by revenue for services delivered.

Add: One (1.0 FTE) Regional Clinic Manager (006637), Range 6324 (\$5,685-\$6,940 per month)  
One (1.0 FTE) Staff Nurse, Supervising (007104), Range 5876 (\$4,531-\$5,280 per month)  
Six (6.0 FTE) Medical Assistant (005123), Range 4566 (\$2,365-\$2,888 per month)  
One (1.0 FTE) Office Assistant, Principal (001650), Range 5076 (\$3,050-\$3,724 per month)  
Two (2.0 FTE) Patient Representative (005644), Range 4626 (\$2,437-\$2,975 per month)  
One (1.0 FTE) Computer Systems Specialist I/II (002171/002174), Range 5876/5956, (\$3,914-\$4,779 per month/\$4,546-\$5,550 per month)  
One (1.0 FTE) Patient Accounts Clerk (005642), Range 4456 (\$2,239-\$2,734 per month)

**Alignment with Board Strategic Plan:**

The recommendation(s) are primarily aligned with Goal No. 2. A Safe and Healthy Community in Which to Live, Work, and Visit, and Goal No. 5. A high Quality of Life for all Residents.

**Executive Summary and Discussion:**

On September 9, 2003, the Public Health Department (PHD) informed your Board of the unexpected loss of its Obstetric care provider in Santa Maria and the various impacts that loss could have on the provision of

women's health care in Santa Maria. PHD has studied this situation and recommends the establishment of a Santa Maria Women's Health Center as a satellite clinic to provide women's health services in Santa Maria and to adopt a Personnel Resolution providing for the additional positions to staff that clinic.

In the period from July 1, 2003, to the present time the Public Health Department (PHD) has seen our OB population double in the Santa Maria clinic as the result of the loss of the largest OB provider group in the community. Last year we enrolled an average of 35 new OB patients per month. Since July that number has increased to 60. OB patient visits are projected to increase from 4655 per year to 9000 or more. Gynecology visits are expected to grow from 1194 last year to over 2000 this year. In Family Planning, we anticipate that we will increase our visits from 3338 last year to approximately 4000 this year. Last year we delivered 284 babies in Santa Maria. Based on current and projected growth, that number is likely to increase to 720 per year. In response to this community crisis, and in anticipation of even further growth based on the limited number of remaining Obstetricians, we are opening a Women's Health Center in Santa Maria.

The community Obstetricians have agreed to assist us in covering our 24/7 hospital call schedule only until the expected opening of our clinic January 1, 2004. At a minimum, in order to insure sufficient physician depth to independently cover after hours call, GYN surgeries and deliveries, we are in the process of hiring two full time and one half time OB/GYN, in addition to moving over what is essentially a FTE mid-level provider. We plan to offer clinic hours five days/week from 8-5 initially. Flexible scheduling may be implemented at a later date based on the needs of the practice once it is operational and the manager has had an opportunity to analyze the best options for sustainability.

Because this will be a new clinic that targets a specific population vs. a range of primary and specialty care, we are interested in piloting a support staffing model that insures that medical providers are spending optimal time seeing patients, licensed nursing staff are performing duties consistent with their scope of practice and we have optimal flexibility. It is built on models more common in private clinic and office settings and relies on the use of Certified Medical Assistants for both front office and clinical activities.

To assist us in developing a proposed staffing matrix, we met with staff and providers who currently work in our various women's health clinics, and a representative from Human Resources. We also talked with other practices to look at their staffing models. The model we are proposing is based on the premise that all staff will not come on board initially but will be hired based on our needs as the practice grows. We would like to avoid having to return for approval as we experience each change or incremental growth so we are asking for approval for what we feel we will need to support four (4.0 FTE) providers in a five-day/week practice.

The staffing includes 14.5 new positions, including contract Obstetricians, and brings 9.0 positions currently providing women's health services from our Santa Maria Regional Health Clinic over to the new facility.

### **Mandates and Service Levels:**

The assurance of access to Primary Care services for indigent patients is mandated by California Administrative Code, Title 17, Chapter 3, Article 2, Sections 1276, 2500, 2501, 2502, 2503 and 2505; California Administrative Code, Title 17, Chapter 3, Subchapter 1 and Section 17000 of the Welfare and Institutions Code.

**Fiscal and Facilities Impacts:**

The FY 03-04 salaries and benefits costs for the addition of the 13 regular positions requested in this letter is projected to be approximately \$391,000 through the end of the Fiscal Year. The ongoing annual costs are projected at \$782,285. Based upon current caseload for the target population in the Santa Maria region, the patient financial mix for services is projected at 80% Medi-Cal eligible, 18% uninsured, and 2% other insurances. Because of the high rate of Medi-Cal eligible patients, Federally Qualified Health Center (FQHC) Medi-Cal reimbursement for the services provided at the center are projected to cover the on-going salaries, benefits, and other program costs, once the center is operational.

After execution of this action by your Board, PHD will return with a Budget Revision request to amend its Adopted FY 03-04 budget by \$391,000 to allow for the salaries and benefits costs of the proposed positions. This will have the effect of increasing the Santa Maria Regional Clinics cost center on page D-180 from \$4,092,491 to \$4,483,491.

Because adequate space does not exist at the current Santa Maria Clinic for the expansion of women's services, 3216 square feet of leased space has been found adjacent to Marian Medical Center. Your Board gave approval in an earlier action for the PHD to pursue this property, the total cost for of which is projected at approximately \$40,368 for FY 03-04. Additional one time costs for medical equipment and information technology infrastructure is projected at \$147,000 for FY 03-04. Annual ongoing costs for the operation of the clinic are estimated at \$1,490,000. Again, because of the high rate of Medi-Cal eligible patients, FQHC Medi-Cal reimbursement for the services provided at the center are projected to cover the ongoing program costs once the center is operational.

**Special Instructions:**

Please send a signed copy of the Personnel Resolution to Alan T. Kasehagen at PHD Personnel/Payroll and Sandra Viola in the Human Resources Department.

**Concurrence:**

Human Resources