Health

## Public Health Department

A Budgetary Overview

February 24, 2009

# PHD Principles of Decision Making

- Meet 10% GF Reduction Goal (\$1.2 M out of \$95M PHD Budget)
- Preserve Direct Patient Care and Communicable Disease Services
- Maintain Statutory Service Levels
- Administrative Consolidation & Streamlining
- Sound Business Practices

## Affected Programs: GF and/or FTE Reductions

#### © Community Health

- > Maternal Child Adolescent Health
- > Children's System of Care
- > Emergency Medical Services
- > Community Health Administration
- > Immunizations Grant
- > HIV/AIDS
- > Environmental Health Services
- > Human Services
- > Animal Services

#### Primary Care & Family Health

- > Radiology
- > Pharmacy
- > New Cuyama Clinic
- > California Children's Services
- Administration
  - > IT & Facilities

Programs listed are reduced in GF Contribution and/or FTE Reduction

## **HIV/AIDS Prevention**

- \$50,000 GF Reduction
  - > Funding for 3 CBOs
- State and Federal Grant Funding Unchanged

## **HIV/AIDS** Administration

- Reduced Program Administrator Position to 0.5 FTE
  - > Duties re-distributed to existing staff and management
- Reduced Technical Assistance
- \$70,000 GF Reduction

Who: Current funding recipients - Planned Parenthood, Pacific Pride & CADA

What: Funding for education and prevention

CADA – Injection Drug Users, People of Color, MSMs (200) (\$18,500)

PPF – Latino peer educators in No County (\$20,000) 9 peer educators and 450 Latinos served

Pacific Pride –HIV positive clients interventions (30) (\$10,051)

When: FY 09/10

Where:

Why: Education and intervention will be a component of the 12 remaining grant funded HIV/AIDS programs.

Service Impacts: State funding of \$109K will continue for education and prevention. With input from HPCC could reprioritize this funding to ensure highest risk clients continue to receive services.

If BoS doesn't approve: Rely on existing education and prevention funding available from the state (\$109,000). Affected agencies could seek funding from private sources.

# Maternal Child Adolescent Health (MCAH)

- Eliminated 1 Vacant Supervisor Position as a Result of Program Reductions
- Focus on High-Risk Mothers and Young Children
- Strengthened Protocol to Support Service to Children and Mothers at Highest Risk
- \$82,000 GF Reduction

Who: Vacant Supervising PHN position

What: Eliminate position

When: FY 08/09 and ongoing

Where: Santa Barbara

Why: To reduce general fund. Also with program changes, workload for

this position has been reduced (HCH and CSOC)

Service Impacts: No loss of direct patient services. Workload has been reduced for this position as there are fewer programs and nurses to supervise. Remaining duties will be share among existing supervisors.

## Children's System of Care

- Eliminated: 2 FTE Public Health Nurses
  - > Reassigned to core Public Health functions
- Current Case Load (25 Children) May Be Eligible for Services Through MCAH

Who: 2 Public Health Nurses in CSOC (formerly MISC)

What: Eliminate positions and reassign staff

When: FY 08/09 and ongoing

Where: SB and SM

Why: To better utilize staffing resources and reduce general fund. Due to changes in CSOC program funding availability, these positions no longer have a funding source.

Service Impacts: High risk clients can receive case management services through the MCAH program. One Incumbent has been reassigned to a vacant PHN position and the other incumbent will be reassigned when a vacancy comes available.

## Emergency Medical Services

- Eliminated 1 FTE Supervisory Position
  - > Anticipated loss in grant funding
- No Reduction in Services

Who: Senior Services Supervisor

What: Eliminate position

When: FY 09/10

Where:

Why: MSSP services were transferred to CenCal Health and clients are receiving continued services through CenCal. With no staff to supervise, this position was reassigned to short-term grant-funded work for 08/09 in alignment with the furlough agreement with SEIU 620.

Service Impacts: No direct patient impacts. Incumbent may continue working in grant-funded program within PHD if grant funding is available in 09/10.

### **Human Services**

#### HS Fund

- > \$1.2 Million: Exclusively General Fund
- > \$182,449 GF Reduction
  - · Eliminated: 3.5% COLA granted 08/09
  - · 10% decrease 09/10

#### HS Administration

- > Reduced Business Specialist to 0.5 FTE
- > \$49,452 GF Reduction

Who: Non-profit agencies that receive HS Funding.

What: Reduce funding to meet GF target

When: FY 09/10

Where:

Why: To meet GF funding target. In addition to reducing administrative support staff, grantee funding needs to be reduced.

Service Impacts: The allocations will need to be revisited by the HSC and recommendations brought to the BoS. Some grants are likely to be discontinued and others would be reduced.

If BoS doesn't approve: No other funding source for these services is available. The BoS could choose to restore some or all of the funding.

#### **ADMINISTRATION**

Who: Business Specialist I

What: Reduce position from full-time to half-time.

When: FY 09/10

Where:

Why: To reduce general fund.

Service Impacts:. Reduced availability of administrative support to HS Commissioners and HS manager. Support for child abuse programs will be provided through DSS.

If BoS doesn't approve: No other funding source is available for this program.

## Environmental Health Services

- Eliminate: 1.0 FTE AOP III
  - > \$71,140 GF Reduction
- Eliminate Fee Waiver for Temporary Food Facilities for Non-Profits
  - > Single food booth fee currently: \$155
  - > \$107,000 GF Reduction

Who: Administrative Office Professional III position

What: Eliminate position

When: FY 09/10

Where:

Why: To reduce general fund support costs for EHS.

Service Impacts: Administrative support will e shared among remaining

EHS AOP's. (4.0 FTE's remaining)

## Immunizations Grant

- Reduced AOP from 1.0 to 0.5 FTE
  - > Due to loss of federal funding
- No Reduction in Patient Services

Who: Administrative Office Professional III position What: Reduce position from full-time to half-time.

When: FY 09/10

Where:

Why: Grant funding from the state for the immunization program was reduced in 08/09. The position was maintained at full-time in alignment with the furlough agreement with SEIU 620. Without continued funding, the position cannot be maintained at full-time.

Service Impacts: Some support to providers and parents to promote timely immunization will be reduced or performed by other staff.

## **Animal Services**

- Eliminate 1.0 FTE Animal Control Officer
  - > Limited response to barking dog complaints
  - > No after hours response
  - > \$76,000 GF Reduction
- Repeal Dog Noise Ordinance

## Community Health Administration

- Eliminate 1 FTE Physician Manager Position
- Transfer Management Duties to Existing Staff
- Retain Incumbent as a Staff Physician to Provide Billable Clinical Services

Who: Program Business Leader - Physician

What: Eliminate position.

When: FY 09/10

Where:

Why: Restructuring of management duties allowed for utilizing physician for direct service provision.

Service Impacts: Physician support for TB/Communicable Disease will be available half-time. Urgent CD matters will be covered by Health Officer and Medical Director. Physician remaining half-time will provide Preventive Medicine direct patient services to improve health outcomes for PHD patients with chronic conditions.

## Pharmacy

- Eliminate 1.0 FTE Vacant Pharmacist
- Duties Distributed Among Remaining Pharmacists and Supervising Pharmacist
- \$105,172 GF Reduction

Changes FTES form 5.0 Pharmacists to 4.0

Requires the Pharmacy Supervisor to back-fill sick/vacation Each of the 3 Pharmacies have a robot that assists with filling prescriptions. This technology saves time, improves quality and

reducing the need for labor.

Consolidates supervision to 1.0 pharmacist in SB

Prevents the program from growing or adding new services/programs

Motivates the department to replace antiquated software so as to increase remote access>>increasing flexibility

The elimination of a vacant 1.0 FTE Pharmacist position should have little to no impact on patients and physicians.

Since 2002, there have been more than 6 Pharmacists in this position; therefore its elimination should create a staffing model that will improve retention.

Prescriptions will continue to be filled with a possible increase in wait times.

## Radiology

- Eliminate 2.0 FTE Radiology Technologists
- Under-Utilized Operations and Outdated Technology in Santa Maria and Lompoc Clinics
- Utilize Local Radiology Services
- \$164,190 GF Reduction

Reduce 2.0 FTE Radiology Technologists and refer Radiology services in the Santa Maria and Lompoc regions to local area providers.

The Radiology programs in Santa Maria and Lompoc do not use contemporary technologies.

Current x-ray capabilities are limited, processing is expensive, and labor is intensive.

Daily visits in Santa Maria are 5.1 and Lompoc is only 4.8 and they have averaged this for the past 4 years.

Fiscally irresponsible to add PACS system (which exists in SB) especially when the local hospitals/Physicians can accept the referrals.

Patients can also take the Smooth bus and travel to Santa Barbara.

## New Cuyama Clinic

- Revamp Medical Services Model
  - > Develop Nurse Program for Screening, Education, and Medication Needs
  - Increase Service Delivery by Mailing Medications and Supplies; Tele-Medicine
  - Continue Referral of Patients to SM Clinic for Comprehensive Medical Services

# California Children's Services (CCS)

- State Mandated Reductions
- 4.0 FTEs (2 Vacant) Eliminated
- **\$60,000 GF Reduction**
- No Reduction in Program Requirements
- Possible impacts
  - > Longer Waits / Reduced Service

## Administration

- Eliminated Manager 0.75 FTE
  - > Reduction in Training, IT and Project Support
  - > \$76,000 GF Reduction
- Provide Housekeeping Services by Contract
  - > Eliminate 4.0 FTE Housekeeping Staff
  - > \$135,399 GF Reduction