

Public Health



Our Mission:
Improve the health of our communities by preventing disease, promoting wellness, and ensuring access to needed health care.

Public Health

Budget & Full-Time Equivalents (FTEs) Summary

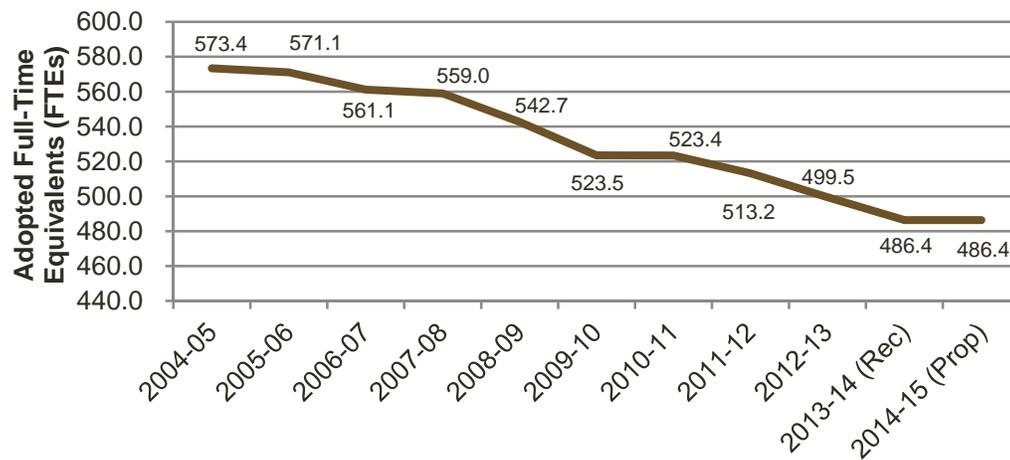
Operating \$ 79,950,259
 Capital \$ 23,000
 FTEs 486.4

Budget Programs Chart



Staffing Trend

The staffing trend values below will differ from prior year budget books in order to show amounts without the impact of any vacancy factors.



Public Health

Mission Statement

To improve the health of our communities by preventing disease, promoting wellness, and ensuring access to needed health care.

Department Description

The Public Health Department (PHD) has six Budget Programs: "Health Care Centers," "Indigent Health Programs," "Disease Prevention and Health Promotion," "Regulatory Programs and Emergency Preparedness," "Administration and Support," and "Tobacco Settlement Health Services."

The PHD provides early healthcare intervention and medical services at six Federally Qualified Health Care Centers and three satellites and ensures access to primary medical care, and assessment for infants, children, teens, and adults.

The PHD works to prevent disease and promote healthy behaviors by monitoring, investigating, and controlling environmental hazards and communicable diseases and informs people about nutrition, maternal child and family health, and chronic diseases.

2012-13 Anticipated Accomplishments

Administration and Support

- Established a patient portal for the Electronic Health Record to provide patients access to their medical records with a \$55,000 grant to help fund the project. A patient portal is required in order to receive Medi-Cal payment incentives.

Health Care Centers

- Participated in a federally-funded Patient-Centered Medical Home Project at two County Health Care Centers to improve patient outcomes. The PCMH model provides comprehensive care, is patient-centered, and improves access to services, quality and safety.
- Increased cash collections by 12% from patients at the time of service for both medical visits and pharmaceuticals. This helps patients understand the value of their medical care.

Indigent Health Programs

- Planned for the January 2014 implementation of the Affordable Care Act (ACA), when an estimated 25,000 residents will be newly eligible for Medi-Cal. Assessed implications and opportunities to ensure the Department can respond quickly and appropriately to new opportunities to better meet the needs of our patients.

Disease Prevention & Health Promotion

- Implemented on-line nutrition classes and vouchers-by-mail for Women, Infants, and Children (WIC) participants to improve customer service and promote nutrition. WIC offers vouchers for healthy foods, and education on nutrition and breastfeeding.
- Developed a Fitness Promotion and Obesity Prevention plan in collaboration with community partners. Implemented strategies to promote healthy eating and physical activity and reduce obesity-related illness.

Regulatory Programs & Emergency Preparedness

- Initiated a process to obtain stakeholder input on the drafting of a Local Area Management Plan. The plan is required to implement the new State Water Board policy for septic systems to protect the health of the community. This will require revising local ordinances with input from stakeholders and a

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technical advisory group as well as education to property owners planned for FY 2013-14.

- Participated in a statewide earthquake exercise to test disaster plans for Public Health, Emergency Medical Services and other health care partner agencies. Many aspects of disaster preparedness were tested to prepare for a true local emergency.
- Renovated the County Animal Shelter in Lompoc for the benefit of clients, animals, volunteers, and staff. The remodeled facility opened for service in February of 2013.

Tobacco Settlement Health Services

- Decreased sales of tobacco to minors in Santa Barbara County from 17% of retailers surveyed in 2010 to 10% in 2012 by enforcing tobacco laws and implementing other evidence-based strategies to reduce tobacco use by children and youth.
- Leveraged Tobacco Settlement funds to provide increased inpatient care for Medi-Cal patients. Collaborated with local hospitals and CenCal in streamlining the Intergovernmental Transfer (IGT) process which resulted in increased funding for the hospitals.

2013-15 Objectives

Administration and Support

- Evaluate the Department's practice management system and determine feasibility of merging General Electric's (GE) Centricity Practice Solution with the current GE Centricity Electronic Health Record.
- Implement International Classification of Diseases 10 (ICD-10) diagnosis coding by the mandated federal deadline of October 1, 2014. The project will include software installation, staff training, workflow changes, and testing.
- Participate in Health Information Exchange program to provide patient access to records and exchange health information among providers. Continue to meet federal

requirements in order to receive Medi-Cal financial incentives.

Health Care Centers

- Develop a needs analysis for the County Health Care Centers to assess patient levels and needs so that the Department is staffed appropriately. The plan will include assisting patients with Medi-Cal enrollment process, patient education, staff customer service training, and expanded access at network pharmacies.
- Respond to demographic changes in Santa Maria by assessing the potential for adding a geriatric specialty clinic and a pediatric program. This would improve the continuity of care for families and better meet the needs of the changing population.
- Fully implement the Patient Centered Medical Home (PCMH) standard by integrating behavioral health services into primary care in all County Health Care Centers and promoting the use of the patient portal.

Indigent Health Programs

- Continue to work with Alcohol, Drug and Mental Health Services (ADMHS), the Department of Social Services (DSS), and other partners in navigating the new health care environment after implementation of Affordable Care Act (ACA). Identify and respond to gaps in services and oversee outreach and enrollment of eligible residents to facilitate access to healthcare.

Disease Prevention & Health Promotion

- Expand the North Santa Maria Women, Infants, and Children (WIC) service site to better meet the needs of participants.
- Evaluate the employee fitness promotion program implemented at the Public Health Department and two other organizations.
- Implement technology that will allow public health nurses to observe patients taking their required TB treatment medications by video

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rather than traveling to directly observe them as is currently required.

Regulatory Programs & Emergency Preparedness

- Activate the Medical Shelter Plan to test our ability to respond in a disaster. This will involve providing shelter and medical care for patients in partnership with local healthcare providers and Medical Reserve Corps volunteers.
- Implement safety program to reduce the risk of injury to Animal Services staff at animal shelters and in the field.
- Draft regulations for the implementation of a Local Area Management Plan for onsite sewage system for consideration by the Board of Supervisors. New standards from the State Water Resources Board require the County to develop such a plan in order to permit local septic systems.

Tobacco Settlement Health Services

- Re-assess Tobacco Settlement allocations in response to potential funding changes to community partners resulting from the Affordable Care Act.

*Changes & Operational Impact:
2012-13 Adopted to 2013-14
Recommended*

Staffing

- Net decrease of 13.0 FTEs
 - Increase of 15.0 FTEs for the transfer of the Hazardous Materials program from the Fire Department to the Environmental Health Services unit.
 - Decrease of 13.0 FTEs due to retirements, business efficiencies, and better integration of program staffing.
 - Decrease of 7.0 FTEs due to the consolidation of the Santa Maria Women's Center services with the practice at the Santa Maria Health Care Center.

- Decrease of 6.0 FTEs due to efficiencies and closure of the Medically Indigent Adult (MIA) and Utilization Review programs with the State's implementation of the ACA.
- Decrease of 5.0 FTEs due to full implementation of the Department's Electronic Health Record and automation of manual processes.
- Increase of 3.5 FTEs with the expansion of Nutrition Network grant funding and scope of work.
- Increase of 1.5 FTEs with the expansion of the Women Infants and Children (WIC) grant and scope of work.
- Decrease of 1.3 FTEs Clinicians in the Health Care Centers to better align patient demand with provider staffing.
- Decrease of .75 FTE because of efficiencies made in clerical support for the HIV/AIDS programs.

Expenditures

- Net operating expenditure decrease of \$742,000:
 - -\$1,405,000 decrease in Services and Supplies.
 - -\$776,000 decrease due to County-wide Cost allocation plan charges.
 - -\$443,000 decrease because of a delay in implementing a special contract pharmacy program.
 - -\$382,000 decrease in rent and contract physician labor with the consolidation of the Santa Maria Women's Center practice and the Santa Maria Health Center.
 - -\$334,000 decrease in costs for services of medical residents, due to a renegotiated contract with Cottage Health System for their Graduate Medical Education program.
 - -\$332,000 decrease in Tobacco Settlement allocations to non-county organizations.
 - -\$169,000 decrease in Information Technology expenditures for delayed computer and license purchases.

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- -\$79,000 decrease in special Maddy Fund disbursements that allow for the reimbursement of uncompensated care provided by area hospitals and physicians due to enabling legislation.
 - +\$622,000 increase for an intergovernmental transfer (IGT) that provided federal match on Tobacco Settlement funds for area hospitals.
 - +\$317,000 increase in administrative fees, due to the transfer of the Hazardous Materials programs to the Department and the Environmental Health Services programs to the general fund.
 - +\$161,000 increase in new subcontracts with community based organizations for expanded outreach and education activities under the Nutrition Network program.
 - +\$484,000 increase in Salaries and Benefits due to the transfer of the Hazardous Materials programs, less significant FTE reductions made for business efficiency reasons, and in anticipation of the ACA and the closure of the Department's Medically Indigent Adult (MIA) and Utilization Review programs.
 - +\$183,000 increase in Other Charges
 - +\$232,000 increase in insurance premiums for liability and medical malpractice.
 - +\$200,000 increase for Information Technology Department (ITD) charges with the full implementation of the Department's Electronic Health Record project.
 - -\$250,000 decrease for a previous audit settlement for Senate Bill 90 Animal Adoption mandate claiming.
 - Net non-operating expenditure increase of \$9,000:
 - +\$395,000 increase in Other Financing Uses, due to an anticipated increase in Tobacco Settlement allocations transferred from the Tobacco Settlement Fund to the Public Health Fund.
 - +\$89,000 increase in Fund Balance, due to an anticipated increase in Tobacco Settlement allocations (\$265,000), less anticipated decrease in Maddy fund receipts (\$176,000).
 - -\$450,000 decrease in Capital Assets, due to the previous year replacement of the aging chiller system at the Santa Barbara Health Center.
- These changes result in recommended operating expenditures of \$79,950,000, non-operating expenditures of \$7,783,000 and total expenditures of \$87,733,000. Non-operating expenditures primarily include capital expenditures, transfers to other funds and use of fund balance.

Revenues

- Net operating revenue decrease of \$73,000:
 - +\$392,000 increase in Licenses, permits, and franchises due to the transfer of Hazardous Materials programs.
 - -\$179,000 decrease in Fines, forfeitures, and penalties in Maddy Fund receipts, due to the sunset of enabling legislation.
 - -\$39,000 decrease in Use of Money and Property – in interest income because of declining interest rates.
 - +\$1,282,000 increase in Intergovernmental Revenues as described below:
 - +\$753,000 increase in grant programs, particularly the Nutrition Network program.
 - +\$607,000 increase in revenues related to the transfer of the Hazardous Materials Leaking Underground Fuel Tank program.
 - -\$78,000 decrease for reduced services provided under the Environmental Health Services (EHS) Tire grant.
 - -\$1,829,000 decrease in Charges for Services.
 - -\$3,367,000 decrease in Medi-Cal revenues because of reduced overall Medi-Cal patient visits.
 - +\$1,200,000 increase in program service revenue, due to the transfer of Hazardous Materials programs.

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- -\$507,000 decrease in revenues in the 340B contract pharmacy program, due to delays in program start-up and full implementation.
- +\$408,000 increase in federal incentives payable for meaningful use of electronic health records.
- +\$120,000 increase in Animal Services municipal service contract revenues.
- +\$257,000 increase in Miscellaneous Revenue, due to rise in receipts from the Master Tobacco Settlement agreement.
- Net non-operating revenue decrease of \$660,000:
 - \$557,000 increase in Other Financing Sources, primarily due to an increase in Tobacco Settlement allocations transferred from the Tobacco Settlement Fund to the Public Health Fund.
 - -\$2,472,000 decrease in the use of Departmental Fund Balances, due to reductions in operating costs made through operating efficiencies.
 - +\$1,269,000 increase in General Fund Contribution (GFC), due to a one time GFC reduction made in FY 2012-2013.

In addition, the transfer of the Hazardous Materials Unit (HMU) from the Fire Department necessitated the transfer of the Environmental Health Services programs to the general fund programs managed by the PHD. These transfers were made and one vacant FTE position was eliminated resulting in no additional use of general fund resources:

	Fire Dept. HMU	PHD HMU	Change Fire to PHD
Revenue	\$2,336,337	\$2,181,176	(\$155,161)
Expenditure	\$2,336,337	\$2,181,176	(\$155,161)
FTE	16	15	-1

These changes result in recommended operating revenues of \$69,647,735, non-operating revenues of \$18,085,027 resulting in total revenues of \$87,732,762. Non-operating revenues primarily

include General Fund Contribution, transfers and decreases to fund balances.

Changes & Operational Impact: 2013-14 Recommended to 2014-15 Proposed

Many changes are anticipated and there are a high number of unknowns, most significantly those that come as the result of the State's implementation of the provisions of the ACA. The most critical of these will be the coverage expansion of Medi-Cal to those under 138% of the federal poverty level. This is projected to afford new coverage to a potential 5,800 currently uninsured PHD patients.

Since the State is still undecided as to how to accomplish this expansion, no projected revenue impacts are incorporated into either the FY 2013-14 Recommended or FY 2014-15 Proposed Budgets. While the coverage expansion will provide many benefits to uninsured patients and new sources of revenues for their care, there are risks that the Department will need to manage, including: 1) the possibility that the newly-covered patients may choose to seek care elsewhere, leaving the PHD with a greater ratio of indigent patients to covered patients; and, 2) the recoupment of 1991 Realignment revenues by the State, leaving the PHD with many residually uninsured patients without the funding to provide their care. At this time, the Department projects that it will need to use approximately \$2.8 million of restricted fund balance to maintain current service levels.

Projected impacts to expenditures which are included in the FY 2014-15 figures include an approximate \$2.1 million increase to Salaries and Benefits due to retirement rate increases, merit increases, and higher premiums for health insurance.

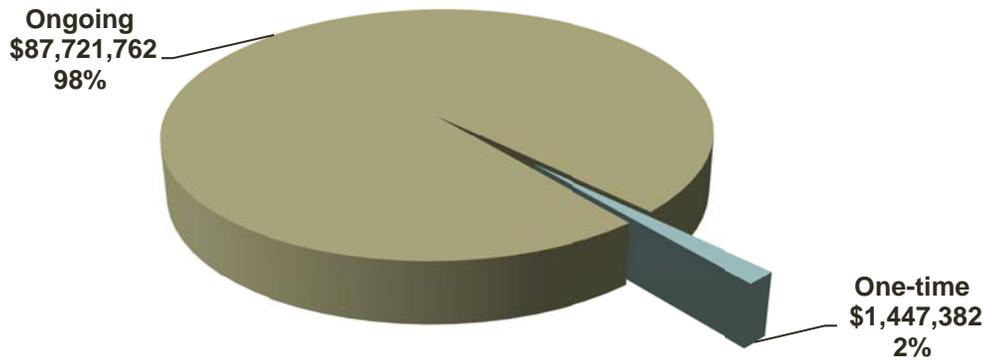
Related Links

For more information on the Public Health Department, refer to the Web site at <http://www.countyofsb.org/phd/>.

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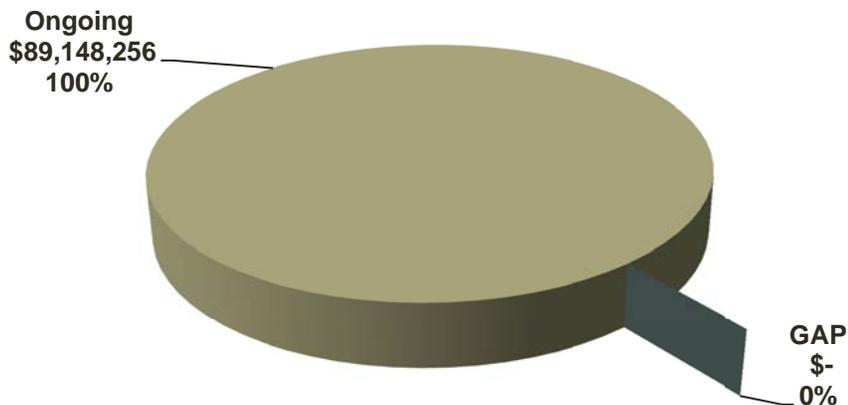
Gap Charts

FY 2013-14 Recommended Budget



The FY 2013-14 Recommended Budget relies on one-time sources of funding of approximately \$1.4 million or 2% for ongoing operations. The Department's Electronic Health Record has been fully implemented in all of its health centers. While there are great patient care benefits, staff are continuing to orient to the system. This has resulted in a sustained revenue loss to the Department that, when combined with an increase in the number of indigent patients seen due to job loss in the economy and competition for Medi-Cal patients, contributes to a projected FY 2013-14 budget gap. The Department has responded by implementing a budget deficit mitigation plan, yet the Department projects to use approximately \$1.4 million of restricted fund balance to maintain current program service levels.

FY 2014-15 Proposed Budget



The FY 2014-15 Proposed Budget relies on one-time sources of funding of approximately \$2.8 million or 3% of the Departments ongoing operations. Even with staffing and service level reductions made in previous fiscal years, the Department's operating special revenue fund is projected to be depleted by FY 2015-16, if additional structural changes, service reductions, and other actions related to the Medi-Cal coverage expansion are not successful to restore financial stability. In response, the Department has developed and implemented a budget gap mitigation plan, to undertake with attention to the maintenance of the County's health care safety net.

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Performance Outcome Measures

Description	FY 2011-12 Actual	FY 2012-13 Adopted	FY 2013-14 Recommended	FY 2014-15 Proposed
Percent of PHD patients who give birth to infants at full term weighing 5.5 pounds (2,500 grams) or more to reduce medical and developmental complications.	99%	99%	99%	99%
	1,216	1,248	1,188	1,188
	1,231	1,260	1,200	1,200
Percent of PHD adult diabetic patients who achieve hemoglobin A1C levels of 8% or lower to improve the health of our diabetic patients.	56%	61%	62%	64%
	1,939	1,952	1,905	1,966
	3,482	3,200	3,072	3,072
Number of dogs that are currently licensed to improve rabies vaccination rates and return rates for dogs that stray from their owners.	21,606	22,076	23,820	25,011
Percent of food borne illness complaints that are responded to within one working day to reduce the risk of others becoming ill.	95%	100%	100%	100%
	60	100	100	100
	63	100	100	100
Percent of TB suspect cases that get follow up services (chest x-ray or screening) within 14 days of testing positive for latent TB to reduce the spread of TB within the community.	94%	80%	90%	90%
	50	40	45	45
	51	50	50	50

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Budget Overview

Staffing By Budget Program	2011-12 Actual	2012-13 Adopted	Change from FY 12-13 Ado to FY 13-14 Rec	2013-14 Recommended	2014-15 Proposed
Administration & Support	61.63	61.99	(0.62)	61.36	61.36
Health Care Centers	250.02	230.58	(18.38)	212.19	212.17
Indigent Health Programs	51.65	53.56	(11.26)	42.30	42.32
Disease Prevention & Health Promotion	87.24	85.98	3.35	89.34	89.34
Regulatory Programs & Emergency Prep:	69.75	67.37	13.87	81.24	81.24
Unallocated	0.99	-	-	-	-
Total	521.28	499.47	(13.05)	486.43	486.43
Budget By Budget Program					
Administration & Support	\$ 8,239,965	\$ 9,188,390	\$ (22,072)	\$ 9,166,318	\$ 9,424,757
Health Care Centers	42,584,148	39,240,930	(2,767,978)	36,472,952	37,509,374
Indigent Health Programs	11,684,742	11,510,647	(1,094,238)	10,416,409	9,937,699
Disease Prevention & Health Promotion	11,858,491	11,261,302	587,815	11,849,117	12,182,883
Regulatory Programs & Emergency Prep:	9,423,889	9,946,396	1,571,524	11,517,920	11,783,497
Tobacco Settlement Health Services	9,280,679	7,318,389	991,657	8,310,046	8,310,046
Fund Balance Impact (+)	-	3	(3)	-	-
Unallocated	(53,627)	-	-	-	-
Total	\$ 93,018,288	\$ 88,466,057	\$ (733,295)	\$ 87,732,762	\$ 89,148,256
Budget By Categories of Expenditures					
Salaries and Employee Benefits	\$ 56,082,830	\$ 55,383,912	\$ 483,538	\$ 55,867,450	\$ 57,973,515
Services and Supplies	21,457,732	22,120,616	(1,408,244)	20,712,372	20,186,822
Other Charges	2,680,549	3,187,951	182,486	3,370,437	3,444,977
Total Operating Expenditures	80,221,112	80,692,479	(742,220)	79,950,259	81,605,314
Capital Assets	1,162,672	472,578	(449,578)	23,000	41,000
Other Financing Uses	4,212,742	2,843,745	394,588	3,238,333	3,319,616
Intrafund Expenditure Transfers (+)	41,472	38,264	(25,288)	12,976	12,976
Increases to Fund Balances	7,380,290	4,418,988	89,206	4,508,194	4,169,350
Fund Balance Impact (+)	-	3	(3)	-	-
Total	\$ 93,018,288	\$ 88,466,057	\$ (733,295)	\$ 87,732,762	\$ 89,148,256
Budget By Categories of Revenues					
Licenses, Permits and Franchises	\$ 775,065	\$ 865,570	\$ 391,646	\$ 1,257,216	\$ 1,277,216
Fines, Forfeitures, and Penalties	736,222	815,163	(179,286)	635,877	297,033
Use of Money and Property	113,977	114,376	(39,168)	75,208	75,208
Intergovernmental Revenue	26,571,288	25,177,613	1,281,576	26,459,189	26,476,146
Charges for Services	38,371,401	38,874,962	(1,828,952)	37,046,010	37,399,991
Miscellaneous Revenue	4,299,638	3,873,412	300,823	4,174,235	4,146,235
Total Operating Revenues	70,867,591	69,721,096	(73,361)	69,647,735	69,671,829
Other Financing Sources	2,795,636	2,353,889	557,213	2,911,102	2,992,385
Intrafund Expenditure Transfers (-)	41,472	38,264	(14,739)	23,525	23,525
Decreases to Fund Balances	11,473,996	9,406,918	(2,471,718)	6,935,200	8,097,917
General Fund Contribution	7,839,585	6,945,890	1,269,310	8,215,200	8,362,600
Fund Balance Impact (-)	8	-	-	-	-
Total	\$ 93,018,288	\$ 88,466,057	\$ (733,295)	\$ 87,732,762	\$ 89,148,256