

# 2014-2016 BUDGET WORKSHOP

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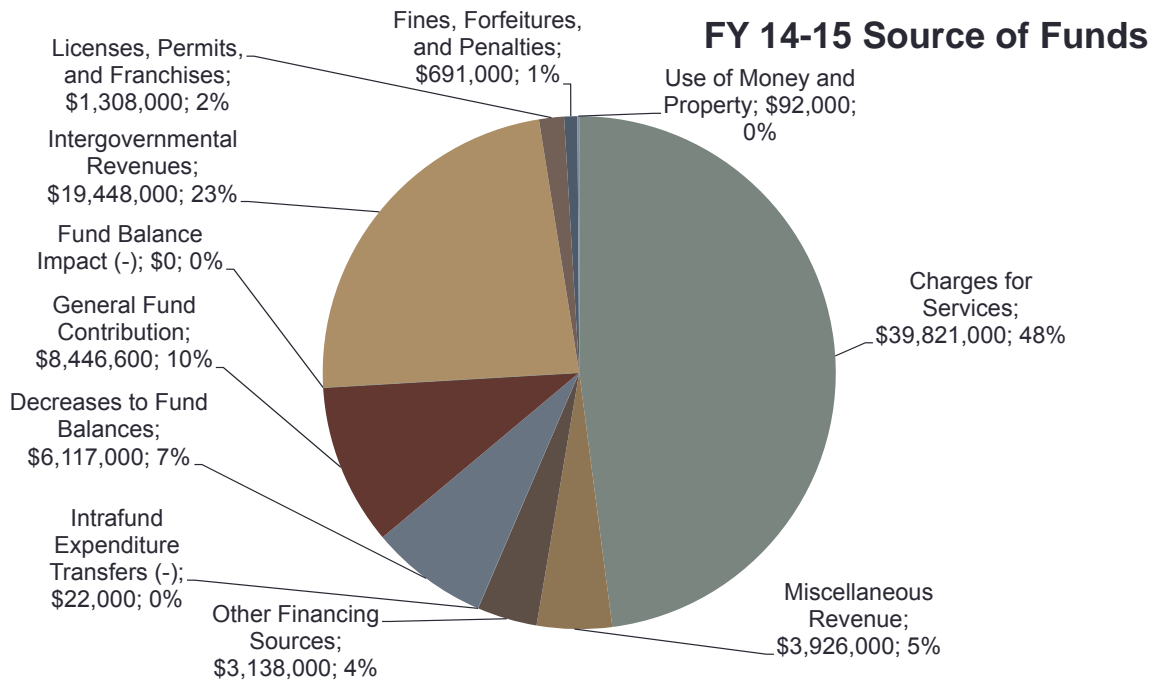
## Public Health Department



## Public Health Department Summary

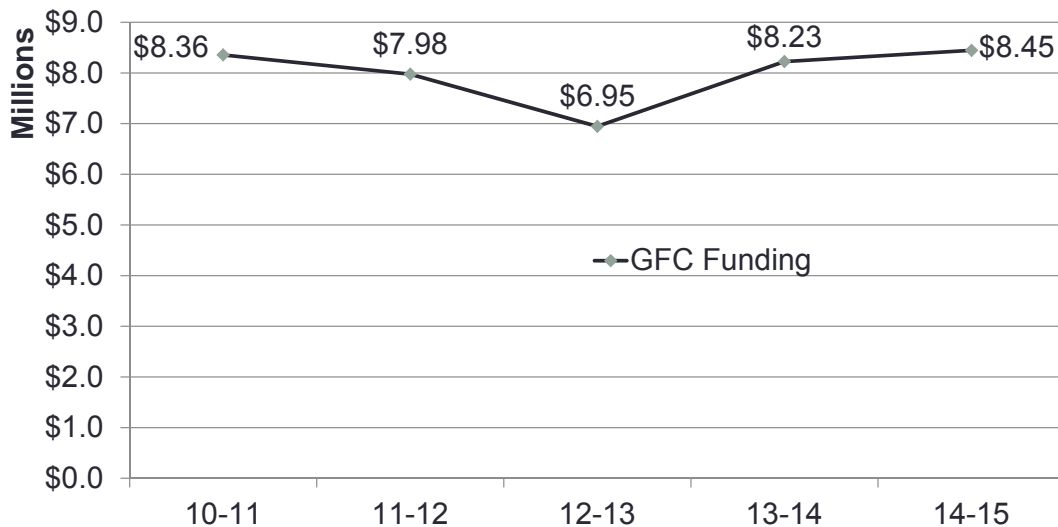
- ∂ Operating \$74,885,044
- ∂ Capital \$115,750
- ∂ General Fund \$8,446,600
- ∂ FTE's 474.66
- ∂ One Time Use of Fund Balance  
\$1,192,183
- ∂ Service Level Reductions \$0
- ∂ Expansion Requests \$304,536

# Public Health Department

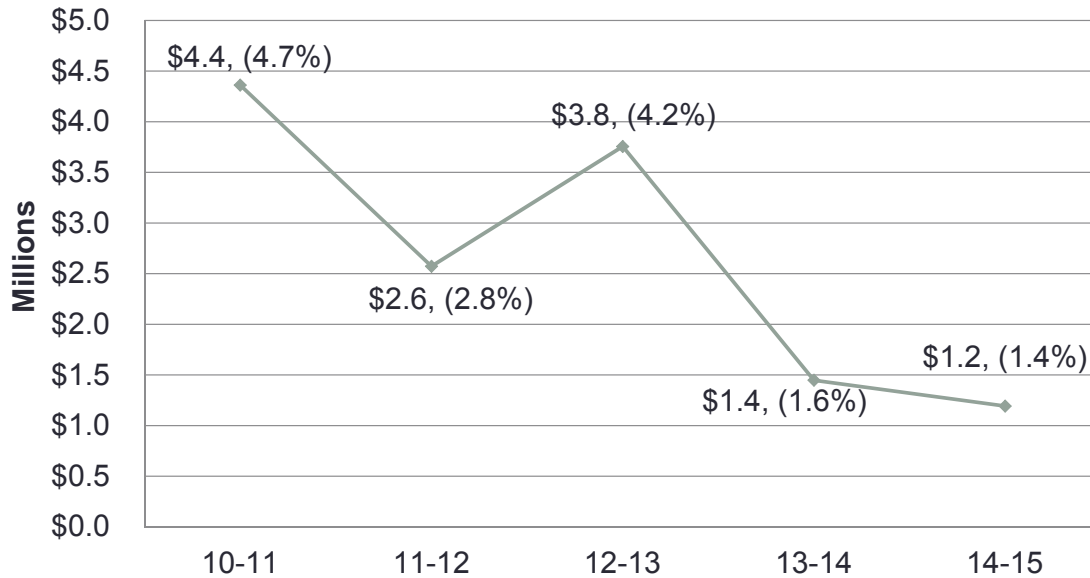


# Public Health Department

## GFC 5 Year Summary

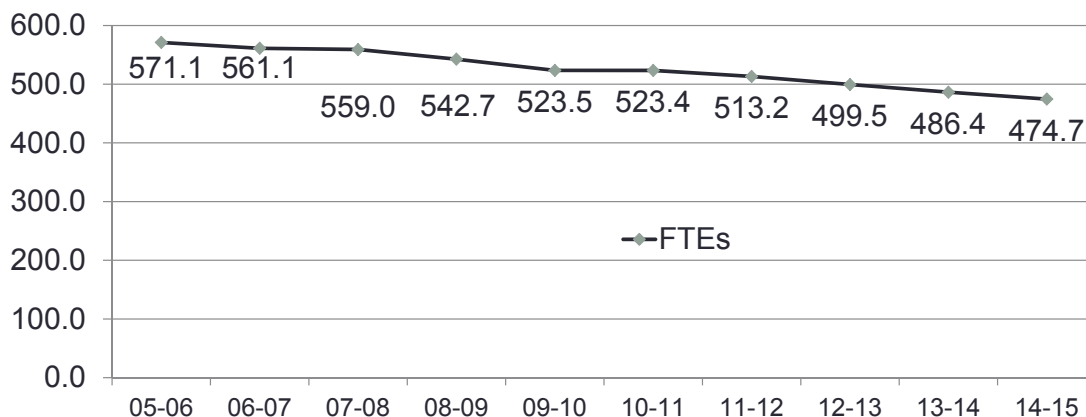


# Public Health Department 5 Year Summary Use of One-Time



# Public Health Department Staffing Summary

- ∅ 486.4 FTE FY 13-14 Adopted
- ∅ 474.7 FTE FY 14-15 Recommended



# **Public Health Department**

## **FY 2013-14 Anticipated**

### **Accomplishments**

- Implemented Affordable Care Act (ACA)
  - Assisted and enrolled patients in health care coverage
  - Collaborated with ADMHS, DSS, and community partners
  - Responded to loss of 1991 Health Realignment
- Developed Benefits and Referral Center
- Published Community Health Status Report
- Expanded Women, Infants, and Children (WIC) program site in Santa Maria

# **Public Health Department**

## **FY 2013-14 Anticipated**

### **Accomplishments**

- Integrated Hazardous Materials Program with Environmental Health Services (EHS)
- Activated Medical Shelter Plan
- Developed Compliance Program
- Provided Violence in the Workplace training
- Performed IT Security Risk Assessment

## **Public Health Department FY 2014-15 Objectives**

- Implement International Classification of Diseases (ICD-10) coding by October 2014
- Enhance behavioral health services within Primary Care
- Transition the Medically Indigent Adult program to a new program for County indigents
- Implement community initiative to prevent tuberculosis
- Implement Electronic Patient Care Medical Record for Emergency Medical Services (EMS)
- Develop EHS reporting system for operations and public information
- Engage community in alternative funding through ACA

## **Public Health Department FY 2015-16 Objectives**

- Fully implement Patient Centered Medical Home
- Implement Five Year Community Plan for Maternal Child and Adolescent Health (MCAH)
- Analyze pharmacy access for PHD patients
- Collaborate with CenCal to assess and evaluate access to care
- Participate in Health Information Exchange

## Public Health Department Performance Measures

Description	2012-13 Actual	FY 13-14 Estimated Actual	FY 14-15 Recommended
% of PHD infants born weighing $\geq$ 5.5 pounds	99%	98%	99%
% of food-borne illness complaints responded to within 1 working day	99%	100%	100%
% of WIC infants exclusively breastfed	34%	34%	34%

## Public Health Department Performance Measures Continued

Description	2012-13 Actual	FY 13-14 Estimated Actual	FY 14-15 Recommended
% of PHD diabetic patients achieving A1c levels $\leq$ 9%	72%	76%	77%
# of Medi-Cal eligible members who select a PHD Health Care Center as their medical home	13,537	15,000	15,500
# of dogs licensed	27,094	25,850	27,142

# Public Health Department Service Level Reductions

Clinical Laboratory Changes

# Public Health Department FY 14-15 Efficiency Changes

- Clinical Laboratory contracting proposal – further information and detail for discussion on subsequent slides at the end of this budget presentation.

# Public Health Department

## FY 14-15 Efficiency Changes

- Reduction of 0.5 FTE in Epidemiology due to automation of reporting systems by the State (and the State provides data analysis) will save \$77K annually; Other workload will be assumed by other epidemiologist, State epidemiologists and/or Public Health Nurses.

# Public Health Department

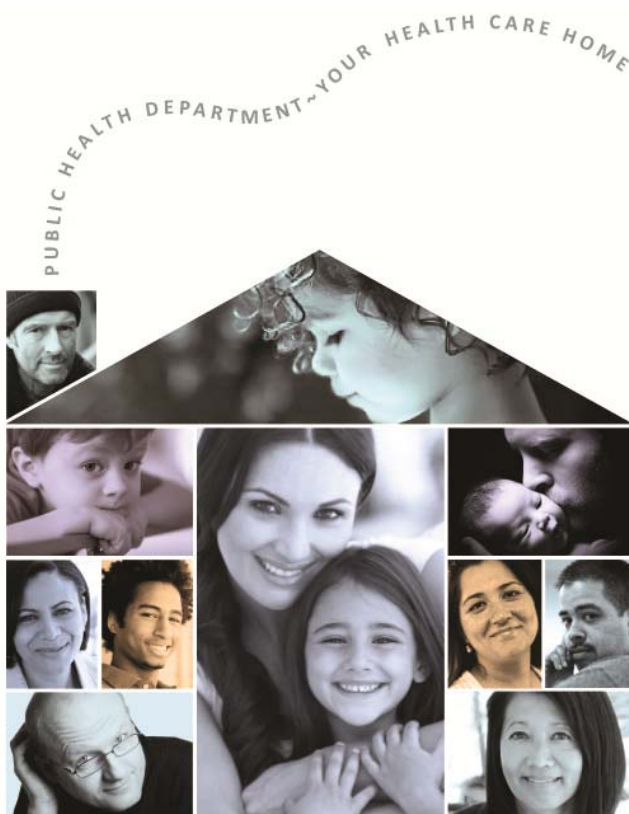
## Key Challenges and Emerging Issues

- *Challenges:* ACA Uncertainties, the enrollment/retention of Medi-Cal patients and management of the residually uninsured population; New and increased IT, regulatory compliance, and documentation requirements.
- *Emerging issues:* Payment Reform; Expenditure increases; Disease outbreaks
- Budget Enhancement Request for:
  - Animal Services: 3.0 FTEs: 1.0 Community Outreach Coordinator (\$94K); 1.0 FTE Animal Welfare Specialist (\$62K); 1.0 FTE Operations Manager (\$130K). These positions will improve customer service, animal care, supervision of staff and coordination of volunteers.
  - Hazardous Materials: (0 FTEs: \$19K) Stand-by for after hours emergency response – previously performed by Fire Department.
  - Positions are essential to meet workload demands and community health, safety, and expectations.



# Public Health Department Summary

- The PHD continues to react and respond to a changing health services landscape with both opportunities and challenges brought by the ACA and other changes.
- Through efficiencies and other actions, service levels have been sustained while funding has decreased and the use of general fund resources has not increased materially.



# Public Health Department

*Your Health Care  
Home*

# Public Health Department

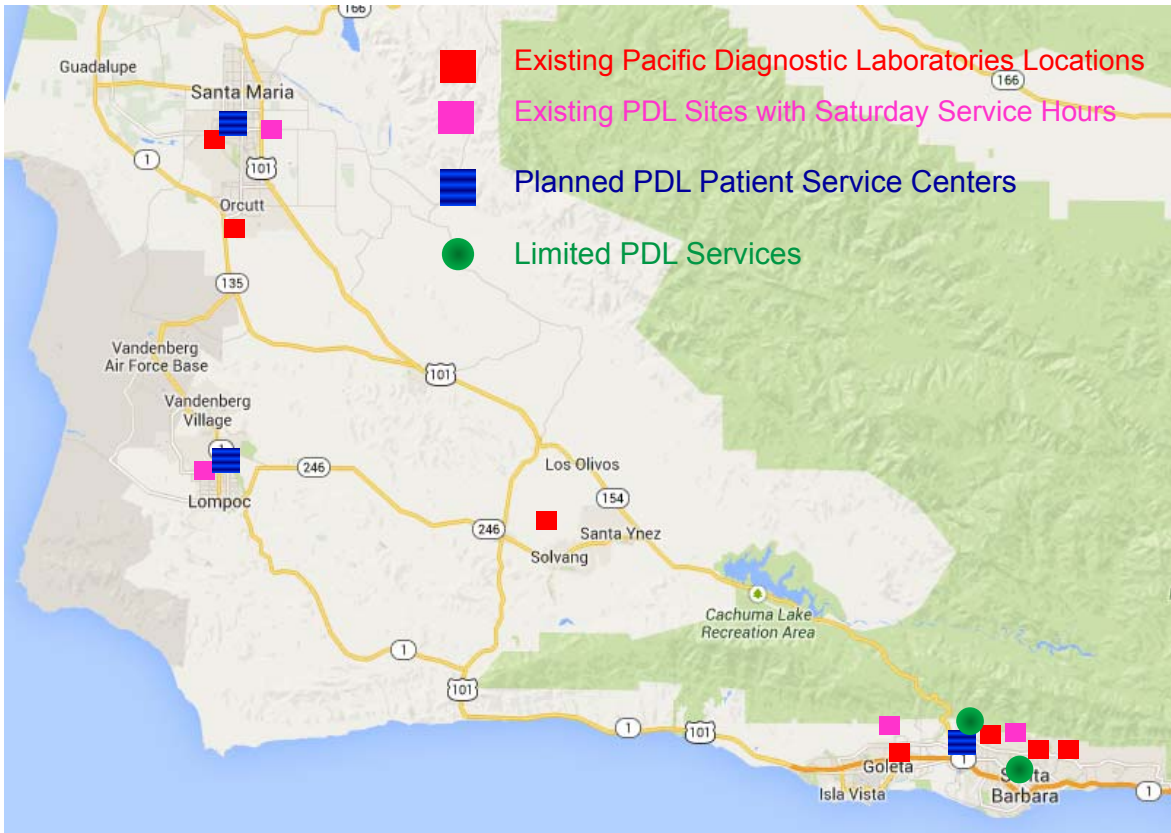
## Item Directed to Workshop Discussion

- Clinical Laboratory contracting is integral to PHD mitigation strategy to address \$7.3M reduction in State 1991 Health Realignment funding.
- Contracting out services to Pacific Diagnostics Laboratory (PDL) will save \$1.3M annually and will maintain or enhance current access to services by adding additional service locations in the county, as well as, maintaining existing sites in PHD Health Centers.
- 14 FTEs impacted, many have and are expected to retire, taken or will take other positions within the PHD, have found other positions in the community, or are expected to work with our contracted provider.

# Public Health Department

## Item Directed to Workshop Discussion

- Maintaining in-house Clinical Laboratory services would result in \$1+ million in general fund contribution or significant reductions in PHD programs such as Specialty Clinics, Disease Control, Maternal, Child, Adolescent Health Nursing, and Children's Medical Services.
- Public Health Laboratory services unaffected. TB, STI, other reportable testing still performed by PHD.
- New electronic interface to EHR will improve ordering and testing accuracy, will reduce risk and improve patient outcomes.
- Partnership with local, established community laboratory that has strong commitment to the patients that we serve and will offer indigent pricing/fees more favorable than PHD fees.





# Public Health

PUBLIC HEALTH DEPARTMENT ~ YOUR HEALTH CARE HOME

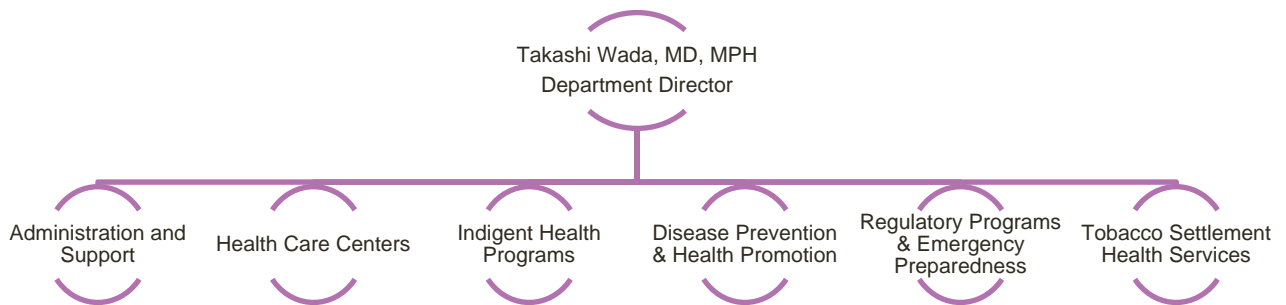


# Public Health

## Budget & Full-Time Equivalents (FTEs) Summary

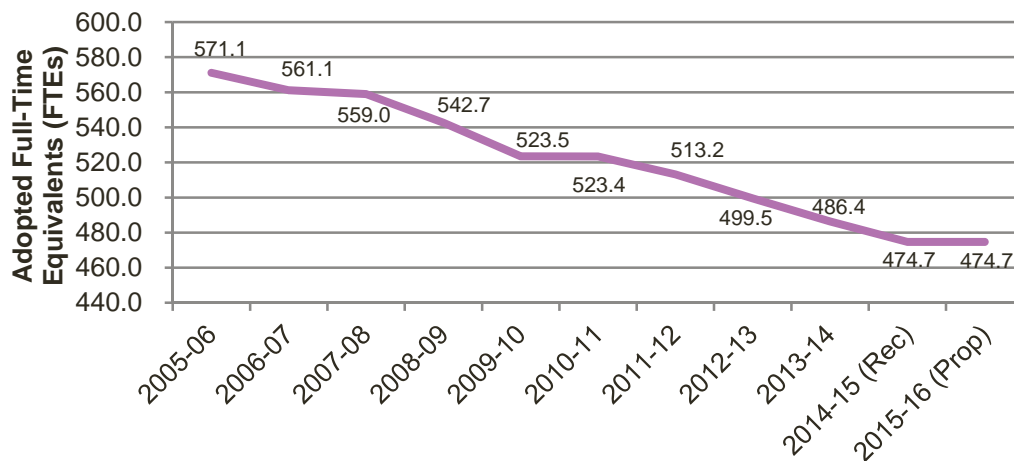
Operating	\$ 74,885,044
Capital	\$ 115,750
FTEs	474.7

## 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*

The mission of the Public Health Department is 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 five 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.

## *2013-14 Anticipated Accomplishments*

### **Administration and Support**

- Provided Violence in the Workplace training to all Public Health Department (PHD) employees to prepare and train staff on how to handle difficult or unsafe work situations.
- Performed an IT Security Risk Assessment and subsequent mitigation to comply with Meaningful Use and Health Insurance Portability and Accountability Act (HIPAA) mandated requirements.

### **Health Care Centers**

- Developed and implemented a community-wide plan to implement the Affordable Care Act by assisting and enrolling County Health Care Center patients and residents in health care coverage. The Public Health Department became the largest provider of health care enrollment and assistance in the County by certifying over 85 staff and contractors to become state certified health care coverage enrollment counselors.
- Developed a Compliance Program infrastructure, Compliance Plan and Compliance Training for over 400 PHD staff, volunteers, residents and contractors to meet federal regulations, prevent fraud, waste and abuse, and reinforce PHD values and ethics.
- Developed and began implementation of the PHD Benefits and Referral Center to facilitate outreach and retention of PHD patients. The Center acts as a clearinghouse for information on the Affordable Care Act and actively works with patients to acquire and maintain their coverage eligibility. The Center will improve patient outcomes by ensuring they are retained in care.

### **Indigent Health Programs**

- Worked collaboratively with Alcohol, Drug and Mental Health Services (ADMHS), the Department of Social Services (DSS), and community partners to expand healthcare coverage for eligible residents under the Affordable Care Act (ACA).

### **Disease Prevention & Health Promotion**

- Published a Community Health Status Report with a focus on 3 behaviors that contribute to 4 chronic health conditions that account for more than 50% of all deaths in Santa Barbara County.
- Expanded the North Santa Maria Women, Infants, and Children (WIC) service site to better meet the needs of participants.



# Public Health

## **Regulatory Programs & Emergency Preparedness**

- Integrated the Hazardous Materials program with Environmental Health Services including filling vacancies, migrating technology and reinvigorating a key technical advisory committee.
- Activated the Medical Emergency Operations Shelter Plan to test our ability to respond in a disaster. This involved providing shelter and medical care for patients in partnership with local healthcare providers and Medical Reserve Corps volunteers.

## **Tobacco Settlement Health Services**

- Responded to loss of 1991 Health Realignment through reprioritization of Tobacco Settlement Allocations.

## *2014-16 Objectives*

### **Administration and Support**

- 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 a Health Information Exchange program to securely exchange health information among providers for treatment purposes. Continue to meet federal requirements in order to receive Medi-Cal financial incentives.

### **Health Care Centers**

- Fully implement the Patient Centered Medical Home (PCMH) practice model, which is a profound shift in the management of patients, scope of services provided and methods for service delivery. This transition will be ongoing for several years. Initial success will be marked by Level 3 Accreditation of each practice site

(Health Care Center) by the National Committee for Quality Assurance (NCQA).

- Enhance behavioral health services provided within the primary care model in County Health Care Centers in order to improve continuity of care. This is an expectation of the Patient Centered Medical Home practice model and a requirement within the expanded scope of services for persons with Medi-Cal coverage.
- Collaborate with CenCal Health, the Medi-Cal Managed Care Plan, to assess and evaluate the provision of access to the increasing numbers of covered residents in areas of the County where capacity in the private medical community is limited.
- Analyze pharmacy access for all PHD patients as a result of expanded coverage of residents in order to determine if the PHD pharmacies continue to provide a critical service not available within the private community.

### **Indigent Health Programs**

- Fully implement the Indigent Care Program by identifying essential medical services and eligibility requirements for those residents unable to qualify for any healthcare coverage. Identify and secure long-term funding to replace shrinking State and local funding for these services.

### **Disease Prevention & Health Promotion**

- Implement a culturally competent, preventive initiative with community partners to prevent future cases of tuberculosis.
- Implement a five year community plan to improve the medical and psycho-social health and well-being of women of child-bearing age, infants, children and adolescents. Work with community partners on focus areas that will include access to health and dental care and other areas such as gestational diabetes, and perinatal mental health and substance abuse.



# Public Health

## Regulatory Programs & Emergency Preparedness

- Implement an electronic patient care medical record for Emergency Medical Services that will document, assess and analyze the care provided within the EMS system for 9-1-1 medical emergencies.
- Develop robust data collection and reporting system for the Environmental Health Services to track key performance measures and program effectiveness in order to promote community health and safety.

## Tobacco Settlement Health Services

- Engage community partners to evaluate alternatives and opportunities through the Affordable Care Act.

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

## Staffing

- Net decrease of 12.0 FTEs
  - Decrease of 14.0 FTEs due to the change of the Clinical Laboratory Program to an area reference laboratory in order to take advantage of economies of scale provided through the contract to increase customer service and lower costs.
  - Decrease of 3.50 FTEs due to efficiencies and reductions in the Medically Indigent Adult (MIA) and Utilization Review programs with the State's implementation of the ACA.
  - Increase of 3.0 FTEs including 2.0 FTE Licensed Clinical Social Workers and support staff for the expansion of behavioral health services in our Health Care Center network.
  - Decrease of 2.0 FTEs in Administration and Support due to business efficiencies and workload changes.

- Increase of 1.5 FTEs with a change to use extra help staff, instead of independent contractors, for education and outreach for the Peer Counseling grant.
- Increase of 1.5 FTEs due to an increase in the capacity of the California Children's Services (CCS) Medical Therapy Units (MTUs) to serve children with developmental disabilities.
- Increase of 1.0 FTE in the Hazardous Materials Program for increased clerical workload.
- Increase of 1.0 FTE in the Communicable Disease program due to the need for more Public Health nursing support for outbreaks and contact follow up.
- Decrease of .50 FTE in the Epidemiology program due to workload reductions and business efficiencies.

## Expenditures

- Net Operating decrease of \$5,572,000:
  - -\$5,941,000 decrease in Services and Supplies.
    - -\$2,700,000 decrease due to efficiencies and reductions in the MIA and Utilization Review programs with the State's implementation of the ACA.
    - -\$1,009,000 decrease in Tobacco Settlement allocations to non-county organizations due to new funding opportunities made available under the ACA benefit expansions.
    - -\$900,000 decrease in countywide Cost allocation plan charges.
    - -\$457,000 decrease in laboratory costs for supplies and outside testing, due to contracting of the Clinical Laboratory services.
    - -\$318,000 decrease in costs for services of medical residents, due to a renegotiated contract with Cottage Health System for their Graduate Medical Education program.
    - -\$217,000 decrease in costs for the services of hospitalists and other physicians, due to contract

# Public Health

renegotiation and new funding opportunities made available under the ACA benefit expansions.

- -\$190,000 decrease in costs for Environmental Health sewer projects.
- -\$149,000 decrease in professional services costs due to the use of extra help staff for certain grant outreach activities.
- +\$392,000 increase in Salaries and Benefits, due to increases in retirement costs, health insurance costs, workers compensation premiums, and employee salaries, offset by reductions made for program privatization and business efficiencies.
- -\$23,000 decrease in Other Charges.
  - -\$151,000 decrease in premiums for Liability insurance.
  - +\$128,000 increase in premiums for medical malpractice insurance.
- Net non-operating expenditure decrease of \$530,000:
  - -\$246,000 decrease in Other Financing Uses.
    - -\$250,000 decrease in transfers due to a one-time previous year transfer of designated funds with the consolidation of Environmental Health Services and the Hazardous Materials Unit into the general fund.
    - +\$234,000 increase in Tobacco Settlement allocations used to support the PHD Health Care Centers.
    - -\$230,000 decrease in transfers for Environmental Health Services sewer and other projects.
  - -\$194,000 decrease in Increase to Fund Balance due to anticipated reductions in receipts in fees and fines from the Maddy/EMS Fund, due to the sunset of legislation: AB 412 (Williams).
  - -\$90,000 decrease in Capital Assets.
    - -\$175,000 decrease due to the previous year project for Santa Barbara Health Center improvements.
    - \$85,000 increase for an upgrade to the department's Electronic Health

Record in anticipation of the implementation of ICD-10.

These changes result in recommended operating expenditures of \$74,885,000, non-operating expenditures of \$8,185,400 and total expenditures of \$83,070,500. Non-operating expenditures primarily include capital expenditures, transfers to other funds and use of fund balance.

## Revenues

- Net operating revenue decrease of \$4,425,000:
  - +\$51,000 increase in Licenses, permits, and franchises due to increased canvassing and animal license fees.
  - +\$55,000 increase in Fines, forfeitures, and penalties in Maddy Fund receipts due to the reauthorization of enabling legislation.
  - +\$17,000 increase in Use of Money and Property due to rented space.
  - -\$7,011,000 decrease in Intergovernmental Revenues.
    - -\$7,621,000 decrease in 1991 Health Realignment due to the State's implementation of the ACA and the redirection of these funds to other State needs.
    - +\$257,000 increase in Health Resources and Services Administration (HRSA) grants due to the ACA.
    - +\$238,000 increase in California Children's Services funding, due to increases in program expenditures.
    - +\$115,000 increase in Maternal Child and Adolescent Health funding, due to increases in program expenditures.
  - +\$2,712,000 increase in Charges for Services.
    - +\$3,344,000 increase in Federally Qualified Health Center (FQHC) Medical revenue due to the conversion of previously uninsured patients to Medical benefits.
    - -\$666,000 decrease in patient services revenue due to privatization of the Clinical Laboratory programs.

# Public Health

- +\$187,000 increase due to the reclassification of revenues for services provided to other county departments, less a decrease in those revenues due to Clinical Laboratory privatization.
- -\$153,000 decrease in federal incentives payable for meaningful use of electronic health records due to a reduction in year 2 payments and eligible practitioners that qualify.
- -\$248,000 decrease in Miscellaneous Revenue due to the reclassification of revenues for services provided to other county departments to Charges for Services.
- Net non-operating revenue decrease of \$1,677,000:
  - -\$273,000 decrease in other financing sources due to the reduction of previous year one-time Tobacco Settlement funding.
  - -1,624,000 decrease in the use of departmental fund balances.
    - -\$833,000 decrease due to the payment of a previous year Intergovernmental Transfer (IGT) for the area hospitals from Tobacco Settlement funds.
    - -\$569,000 decrease due to reductions in operating costs made through operating efficiencies.
    - -\$222,000 decrease in Maddy Fund allocations to area hospitals and physicians.
  - +\$222,000 increase in General Fund Contribution.

These changes result in recommended operating revenues of \$65,286,400, non-operating revenues of \$17,784,100 resulting in total revenues of \$83,070,500. Non-operating revenues primarily include General Fund Contribution, transfers and decreases to fund balances.

*Changes & Operational Impact:  
2013-14 Recommended to  
2015-16 Proposed*

As a result of the State's implementation of the ACA in January of 2014, the Department will continue to respond to the State's redirection of over \$7 Million of annual funding for indigent patients and public health services to other State needs. The focus on cost containment through operating efficiencies will continue, as will the critical effort to perform outreach and enrollment (O&E) in our health centers and the community in order to connect indigent and uninsured patients with one of the health benefit programs made available under the ACA. In FY 2015-16, O&E activities will also incorporate retention efforts in order to help patients maintain their coverage.

In this era of reform, other changes to payment methodologies, practice models, documentation standards, Information Technology requirements and compliance are anticipated. Only those changes that are known, such as the adoption of the ICD-10 code set and the Patient Centered Medical Home model, have been incorporated into the FY 2014-15 Recommended and FY 2015-16 Proposed Budgets.

Increases in Medi-Cal revenues have been included into the FY 2014-15 Recommended and FY 2015-16 Proposed Budgets, however, the impacts of the ACA implementation could take months to years to fully develop. At this time, the Department projects that it will need to use approximately \$1.2 million of restricted fund balance to maintain current service levels.

Projected impacts to expenditures which are included in the FY 2015-16 figures include an approximate \$1.3 million increase to Salaries and Benefits due to retirement rate increases, merit and cost of living increases, and higher premiums for health insurance and worker's compensation.

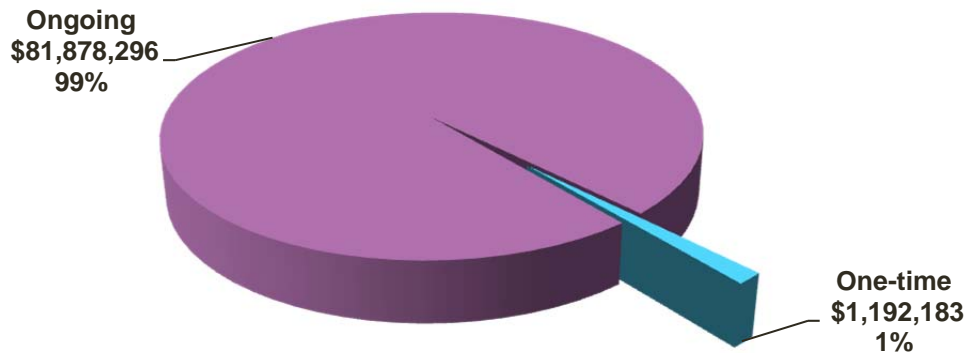
## *Related Links*

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

# Public Health

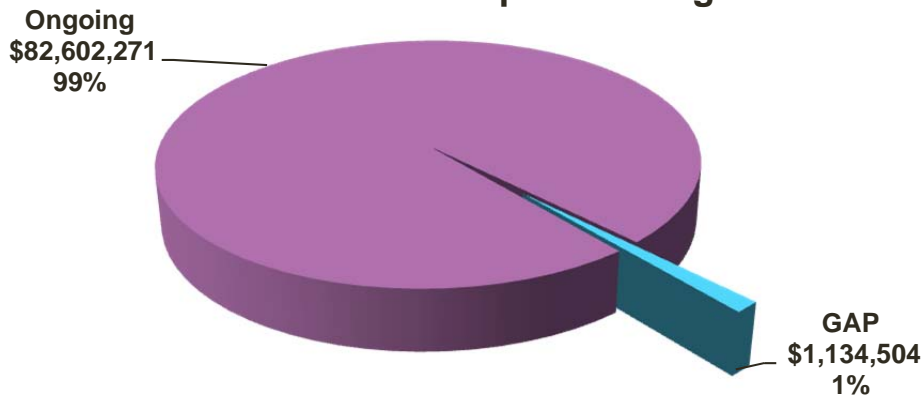
## Gap Charts

### FY 2014-15 Recommended Budget



The FY 2014-15 Recommended Budget relies on one-time sources of funding of approximately \$1.2 million or 1.0% for ongoing operations. Due to the Governor's implementation of the ACA, over \$7 million of the Department's 1991 Health Realignment funding has been redirected to other State needs. The Department has made changes starting in Fiscal Year 2013-14 to increase efficiencies, lower costs, and enhance revenues, to mitigate the loss. There continues to be unknowns as to the success of the aggressive efforts made regarding outreach and enrollment of indigent patients into the Medi-Cal coverage expansion, thus the Department projects to use approximately \$1.2 million of restricted fund balance to maintain current program service levels.

### FY 2015-16 Proposed Budget



The FY 2015-16 Proposed Budget relies on one-time sources of funding of approximately \$1.1 million or 1.0% of the Department's ongoing operations. The Department is working on a marketing plan to advertise its services to the newly- eligible Medi-Cal population and will need to continue to find additional efficiencies and other actions necessary to restore financial stability. The changing health care landscape will continue to bring new challenges and opportunities that will require evolving strategies to ensure fulfillment of the Department's Mission.

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## Performance Measures Continued

<u>Description</u>	<u>FY 2011-12</u> <u>Actual</u>	<u>FY 2012-13</u> <u>Actual</u>	<u>FY 2013-14</u> <u>Est. Actual</u>	<u>FY 2014-15</u> <u>Recommended</u>	<u>FY 2015-16</u> <u>Proposed</u>
<b>Preventing Disease and Injury:</b>					
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% 1,216/1231	99% 967/981	98% 980/1,000	99% 990/1,000	99% 990/1,000
Percent of infected TB contacts that will receive a chest x-ray to rule out active TB disease within 14 days of tuberculin skin or blood test result.	98% 50/51	89% 59/66	90% 45/50	90% 45/50	90% 45/50
Percent of age appropriate women (40-69) that will have a screening mammogram (exceeding the national standard of 50%) at the County Health Care Centers.	62% 205/331	36% 144/405	45% 2,075/4,600	50% 2,300/4,600	55% 2,550/4,600
<b>Promoting Wellness:</b>					
Number of dogs that are currently licensed to improve rabies vaccination rates and return rates for dogs that stray from their owners.	21,606	27,094	25,850	27,142	28,499
Percent of food borne illness complaints that are responded to within one working day to reduce the risk of others becoming ill.	95% 60/63	99% 144/145	100% 50/50	100% 55/50	100% 55/50

# Public Health

## Performance Measures Continued

<u>Description</u>	<u>FY 2011-12</u> <u>Actual</u>	<u>FY 2012-13</u> <u>Actual</u>	<u>FY 2013-14</u> <u>Est. Actual</u>	<u>FY 2014-15</u> <u>Recommended</u>	<u>FY 2015-16</u> <u>Proposed</u>
Percent of infants in the Women, Infants, and Children (WIC) program each month that will be exclusively breastfed.	31% 1,143/1,143	34% 1,217/3,558	34% 1,210/3,560	34% 1,210/3,560	34% 1,210/3,560
Percent of family cases referred to Maternal Child Adolescent Health with a high risk factor that receive a PHD in-home assessment within 10 working days of initial referral.	90% 902/1,002	88% 814/925	85% 786/925	85% 765/900	85% 765/900
<b>Ensuring Access to Health Care:</b>					
Percent of PHD adult diabetic patients who achieve hemoglobin A1C levels of 9% or lower to improve the health of our diabetic patients.	63% 2,188/3,482	72% 2,298/3,201	76% 2,475/3,250	77% 2,520/3,275	77% 2,520/3,275
Number of Medi-Cal eligible members who select a County Health Care Center as their medical home.	12,959	13,537	15,000	15,500	15,950
Number of California Children's Services patients receiving medical therapy to improve health care access of children with special needs.	410	413	411	415	415

# Public Health

## Budget Overview

Staffing By Budget Program	2012-13 Actual	2013-14 Adopted	Change from FY13-14 Ado to FY14-15 Rec	2014-15 Recommended	2015-16 Proposed
Administration & Support	61.35	61.36	(2.05)	59.31	59.31
Health Care Centers	227.18	212.19	(10.66)	201.53	201.53
Indigent Health Programs	48.87	42.30	(1.98)	40.31	40.31
Disease Prevention & Health Promotion	88.02	89.34	2.08	91.41	91.41
Regulatory Programs & Emergency Prep	71.16	81.24	0.85	82.09	82.09
Unallocated	1.65	-	-	-	-
<b>Total</b>	<b>498.22</b>	<b>486.43</b>	<b>(11.77)</b>	<b>474.66</b>	<b>474.66</b>
<b>Budget By Budget Program</b>					
Administration & Support	\$ 8,681,823	\$ 8,923,367	\$ 281,736	\$ 9,205,103	\$ 9,133,848
Health Care Centers	37,812,349	36,491,465	(1,738,505)	34,752,960	35,238,797
Indigent Health Programs	10,673,690	9,876,132	(3,316,645)	6,559,487	6,527,895
Disease Prevention & Health Promotion	11,317,648	11,877,799	183,478	12,061,277	12,318,158
Regulatory Programs & Emergency Prep	9,300,316	11,439,797	61,313	11,501,110	11,727,135
Tobacco Settlement Health Services	1,505,825	1,848,879	(1,043,772)	805,107	805,107
Unallocated	(15,930)	-	-	-	-
<b>Total</b>	<b>\$ 79,275,722</b>	<b>\$ 80,457,439</b>	<b>\$(5,572,395)</b>	<b>\$ 74,885,044</b>	<b>\$ 75,750,940</b>
<b>Budget By Categories of Expenditures</b>					
Salaries and Employee Benefits	\$ 54,173,006	\$ 55,972,082	\$ 391,544	\$ 56,363,626	\$ 57,650,477
Services and Supplies	21,572,714	21,114,920	(5,940,497)	15,174,423	14,650,331
Other Charges	3,530,002	3,370,437	(23,442)	3,346,995	3,450,132
<b>Total Operating Expenditures</b>	<b>79,275,722</b>	<b>80,457,439</b>	<b>(5,572,395)</b>	<b>74,885,044</b>	<b>75,750,940</b>
Capital Assets	690,615	205,500	(89,750)	115,750	17,000
Other Financing Uses	4,206,367	3,738,333	(245,917)	3,492,416	3,492,416
Intrafund Expenditure Transfers (+)	38,264	12,976	(172)	12,804	12,804
Increases to Fund Balances	7,021,014	4,758,195	(193,730)	4,564,465	4,463,615
Fund Balance Impact (+)	3	1	(1)	-	-
<b>Total</b>	<b>\$ 91,231,985</b>	<b>\$ 89,172,444</b>	<b>\$(6,101,965)</b>	<b>\$ 83,070,479</b>	<b>\$ 83,736,775</b>
<b>Budget By Categories of Revenues</b>					
Licenses, Permits and Franchises	\$ 889,516	\$ 1,257,216	\$ 50,530	\$ 1,307,746	\$ 1,323,176
Fines, Forfeitures, and Penalties	784,924	635,877	55,157	691,034	578,607
Use of Money and Property	(32,453)	75,208	16,586	91,794	91,794
Intergovernmental Revenue	24,613,435	26,459,189	(7,010,855)	19,448,334	19,316,638
Charges for Services	38,806,167	37,109,783	2,711,675	39,821,458	40,889,239
Miscellaneous Revenue	6,167,921	4,174,235	(248,181)	3,926,054	3,903,304
<b>Total Operating Revenues</b>	<b>71,229,510</b>	<b>69,711,508</b>	<b>(4,425,088)</b>	<b>65,286,420</b>	<b>66,102,758</b>
Other Financing Sources	3,404,772	3,411,102	(272,800)	3,138,302	3,138,302
Intrafund Expenditure Transfers (-)	38,264	23,525	(1,804)	21,721	21,721
Decreases to Fund Balances	9,613,549	7,801,309	(1,623,873)	6,177,436	4,802,290
General Fund Contribution	6,945,890	8,225,000	221,600	8,446,600	8,537,200
Fund Balance Impact (-)	-	-	-	-	1,134,504
<b>Total</b>	<b>\$ 91,231,985</b>	<b>\$ 89,172,444</b>	<b>\$(6,101,965)</b>	<b>\$ 83,070,479</b>	<b>\$ 83,736,775</b>



# Public Health

## Staffing Detail

Staffing Detail By Budget Program	2012-13 Actual	2013-14 Adopted	Change from FY13-14 Ado to FY14-15 Rec	2014-15 Recommended	2015-16 Proposed
<b>Administration &amp; Support</b>					
PUBLIC HLTH DIR/HLTH OFFCR	1.00	1.00	-	1.00	1.00
DEPUTY DIRECTOR	1.06	1.08	-	1.08	1.08
CHIEF FINANCIAL OFFICER	1.00	1.00	-	1.00	1.00
PROGRAM MANAGER	1.00	1.00	-	1.00	1.00
IT MANAGER	1.00	1.00	-	1.00	1.00
PROJECT MANAGER	1.03	1.05	(1.05)	-	-
EDP OFFICE AUTO SPEC	3.00	2.99	0.01	3.00	3.00
EDP SYS & PROG ANLST SR	1.00	1.00	1.00	2.00	2.00
HR MANAGER	1.00	-	-	-	-
EDP SYS & PROG ANLST	3.42	3.67	0.01	3.68	3.68
COST ANALYST	4.62	4.57	(0.04)	4.53	4.53
PUB HLTH PROGRAM ADMN	0.23	-	-	-	-
ADMIN OFFICE PRO	6.37	6.57	(0.07)	6.50	6.50
FINANCIAL OFFICE PRO	18.86	18.96	(1.16)	17.80	17.80
COMPUTER SYSTEMS SPEC SUPV	-	-	1.00	1.00	1.00
ACCOUNTANT	2.31	2.72	0.20	2.92	2.92
COMPUTER SYSTEMS SPEC	5.63	5.00	(1.00)	4.00	4.00
DEPT BUS SPEC	4.75	4.75	(0.75)	4.00	4.00
HEALTH CARE PROGRAM COORDINATOR	-	-	0.05	0.05	0.05
SAFETY OFFICER-DEPT	-	-	0.75	0.75	0.75
RADIOLOGICAL TECH SUPV	0.03	-	-	-	-
BUILDING MAINT WORKER	1.00	1.00	-	1.00	1.00
STOREKEEPER	1.00	1.00	-	1.00	1.00
UTILITY CLERK-DEPT	1.65	2.00	-	2.00	2.00
EXTRA HELP	0.39	1.00	(1.00)	-	-
<b>Administration &amp; Support Total</b>	<b>61.35</b>	<b>61.36</b>	<b>(2.05)</b>	<b>59.31</b>	<b>59.31</b>
<b>Health Care Centers</b>					
MEDICAL DIRECTOR	0.95	1.00	-	1.00	1.00
STAFF PHYSICIAN SUPV	3.12	3.06	0.94	4.00	4.00
STAFF PHYSICIAN	16.27	16.44	(2.04)	14.40	14.40
PHARMACIST SUPV	1.00	1.00	-	1.00	1.00
PHARMACIST-IN-CHARGE	2.96	3.00	-	3.00	3.00
DEPUTY DIRECTOR	1.00	1.00	-	1.00	1.00
PROGRAM MANAGER	0.01	-	-	-	-
PROJECT MANAGER	1.00	1.00	-	1.00	1.00
HEALTH CARE PRACTITIONER	8.92	8.95	0.05	9.00	9.00
REGIONAL CLINIC MANAGER	3.58	3.00	1.00	4.00	4.00
HEALTH SERVICES LAB SUPV	1.00	1.00	(1.00)	-	-
PROGRAM/BUS LDR-GEN	-	1.00	(1.00)	-	-
PH PERFORM IMPROVE COORD	1.00	1.00	-	1.00	1.00
PUBLIC HEALTH NURSE SUPV	0.05	0.08	(0.01)	0.07	0.07
STAFF NURSE SUPV	7.63	8.00	-	8.00	8.00
EDP SYS & PROG ANLST	-	-	-	-	-
PUB HLTH PROGRAM ADMN	1.00	1.00	-	1.00	1.00
STAFF NURSE SR	0.09	0.05	0.95	1.00	1.00
FINANCIAL OFFICE PRO	26.15	26.00	(1.00)	25.00	25.00
ADMIN OFFICE PRO	39.10	34.00	1.00	35.00	35.00
NUTRITION SERVICES SUPV	0.01	-	-	-	-
PUBLIC HEALTH NURSE	3.62	3.57	0.18	3.75	3.75



# Public Health

## Staffing Detail Continued

Staffing Detail By Budget Program	2012-13 Actual	2013-14 Adopted	Change from FY13-14 Ado to FY14-15 Rec	2014-15 Recommended	2015-16 Proposed
CLINICAL LAB SCIENTIST SR	4.00	4.00	(4.00)	-	-
ADMINISTRATIVE LDR-GEN	0.42	-	-	-	-
STAFF NURSE	17.27	17.19	0.06	17.25	17.25
NUTRITION SITE SUPV	0.17	-	0.10	0.10	0.10
PH PROGRAM COORDINATOR	-	1.00	(1.00)	-	-
HEALTH CARE PROGRAM COORDINATOR	-	-	1.00	1.00	1.00
CLINICAL LAB SCIENTIST	1.00	1.00	(1.00)	-	-
ADMHS PRACTITIONER	-	-	2.00	2.00	2.00
NUTRITIONIST	1.53	1.75	(0.29)	1.46	1.46
RADIOLOGICAL TECH	0.20	-	-	-	-
RADIOLOGICAL TECH SUPV	0.21	-	-	-	-
LICENSED VOCATIONAL NURSE	1.65	2.00	-	2.00	2.00
HEALTH EDUC ASSOC	1.50	1.50	-	1.50	1.50
PHARMACY TECHNICIAN	8.00	8.00	-	8.00	8.00
MEDICAL ASSISTANT	49.80	51.38	0.88	52.25	52.25
HEALTH SERVICES AIDE SR	1.30	1.43	(0.19)	1.24	1.24
LABORATORY ASSISTANT	7.00	7.00	(7.00)	-	-
HEALTH SERVICES AIDE	1.00	1.00	-	1.00	1.00
EXTRA HELP	13.64	0.80	(0.30)	0.50	0.50
<b>Health Care Centers Total</b>	<b>227.18</b>	<b>212.19</b>	<b>(10.66)</b>	<b>201.53</b>	<b>201.53</b>
<b>Indigent Health Programs</b>					
STAFF PHYSICIAN SUPV	0.38	0.44	(0.44)	-	-
STAFF PHYSICIAN	0.52	0.52	0.02	0.54	0.54
PROGRAM MANAGER	1.00	1.00	-	1.00	1.00
EDP OFFICE AUTO SPEC	-	0.01	(0.01)	-	-
CCS SUPERVISING THERAPIST	4.00	4.00	-	4.00	4.00
EDP SYS & PROG ANLST	0.02	0.04	(0.04)	-	-
COST ANALYST	0.06	0.09	(0.01)	0.08	0.08
PUB HLTH PROGRAM ADMN	0.78	-	-	-	-
STAFF NURSE SR	1.52	1.45	(1.45)	-	-
CCS OCC/PHYS THERAPIST	8.36	7.75	1.25	9.00	9.00
ADMIN OFFICE PRO	7.76	7.43	0.57	8.00	8.00
FINANCIAL OFFICE PRO	0.76	0.82	(0.72)	0.10	0.10
PUBLIC HEALTH NURSE	4.23	5.53	(2.03)	3.50	3.50
STAFF NURSE	-	-	2.00	2.00	2.00
COMPUTER SYSTEMS SPEC	-	-	-	-	-
HEALTH CARE PROGRAM COORDINATOR	-	-	0.95	0.95	0.95
SR SERVICES SUPERVISOR	0.54	0.50	(0.50)	-	-
MEDICAL SOCIAL SERV SUPV	1.00	0.50	(0.50)	-	-
NUTRITIONIST	-	0.01	(0.01)	-	-
MEDICAL SOC SVC PRACT	1.75	1.25	(0.25)	1.00	1.00
MEDICAL SOC SVC WKR SR	0.54	0.50	0.25	0.75	0.75
CCS CASEWORKER	5.00	5.46	0.54	6.00	6.00
MEDICAL SERVICES REP	5.00	2.50	(2.50)	-	-
THERAPY ATTENDANT	2.50	2.50	-	2.50	2.50
EXTRA HELP	3.16	-	0.90	0.90	0.90
<b>Indigent Health Programs Total</b>	<b>48.87</b>	<b>42.30</b>	<b>(1.98)</b>	<b>40.31</b>	<b>40.31</b>
<b>Disease Prevention &amp; Health Promotion</b>					
MEDICAL DIRECTOR	0.05	-	-	-	-

# Public Health

## Staffing Detail Continued

Staffing Detail By Budget Program	2012-13 Actual	2013-14 Adopted	Change from FY13-14 Ado to FY14-15 Rec	2014-15 Recommended	2015-16 Proposed
HEALTH OFFICER	-	-	0.88	0.88	0.88
STAFF PHYSICIAN	0.68	0.73	(0.57)	0.16	0.16
DEPUTY DIRECTOR	0.91	0.92	-	0.92	0.92
PROGRAM MANAGER	3.93	3.00	-	3.00	3.00
PROJECT MANAGER	0.92	0.95	0.05	1.00	1.00
PUBLIC HEALTH LAB SUPV	1.00	1.00	-	1.00	1.00
EDP SYS & PROG ANLST SR	-	-	-	-	-
PUBLIC HEALTH NURSE SUPV	3.91	3.92	0.01	3.93	3.93
EPIDEMIOLOGIST SR	0.56	0.50	(0.50)	-	-
EDP SYS & PROG ANLST	0.06	0.02	-	0.02	0.02
COST ANALYST	0.05	-	-	0.01	0.01
PUB HLTH PROGRAM ADMN	2.00	2.00	-	2.00	2.00
ADMIN OFFICE PRO	9.87	9.75	(0.25)	9.50	9.50
FINANCIAL OFFICE PRO	0.02	0.03	-	0.02	0.02
PUBLIC HEALTH NURSE	12.59	13.15	0.85	14.00	14.00
NUTRITION SERVICES SUPV	0.99	1.00	-	1.00	1.00
PUBLIC HEALTH MICROB SR	2.00	2.00	-	2.00	2.00
COMMUNITY HEALTH NURSE	-	0.60	-	0.60	0.60
STAFF NURSE	0.03	0.06	(0.06)	-	-
ACCOUNTANT	0.22	0.28	(0.20)	0.08	0.08
COMPUTER SYSTEMS SPEC	0.06	-	-	-	-
DEPT BUS SPEC	1.00	1.00	-	1.00	1.00
EPIDEMIOLOGIST/BIOSTAT	0.53	0.50	-	0.50	0.50
NUTRITION SITE SUPV	3.83	4.00	(0.10)	3.90	3.90
PH PROGRAM COORDINATOR	0.90	1.90	(1.90)	-	-
HEALTH CARE PROGRAM COORDINATO	-	-	1.90	1.90	1.90
HEALTH EDUCATOR	3.92	3.50	-	3.50	3.50
PUBLIC HEALTH MICROB	1.56	1.63	(0.03)	1.60	1.60
NUTRITIONIST	4.47	5.24	0.12	5.36	5.36
LACTATION CONSULTANT	1.60	1.60	-	1.60	1.60
MEDICAL SOC SVC PRACT	0.50	0.50	-	0.50	0.50
HEALTH EDUC ASSOC	1.00	1.00	-	1.00	1.00
MEDICAL ASSISTANT	1.03	1.00	-	1.00	1.00
HEALTH EDUCATION ASST SR	6.00	6.00	-	6.00	6.00
HEALTH SERVICES AIDE SR	5.20	5.07	0.19	5.26	5.26
HEALTH EDUCATION ASST	11.96	13.00	(1.00)	12.00	12.00
LABORATORY ASSISTANT	0.38	1.00	-	1.00	1.00
EXTRA HELP	4.26	2.48	2.70	5.18	5.18
<b>Disease Prevention &amp; Health</b>					
<b>Promotion Total</b>	<b>88.02</b>	<b>89.34</b>	<b>2.08</b>	<b>91.41</b>	<b>91.41</b>
<b>Regulatory Programs &amp; Emergency Preparedness</b>					
DEPUTY DIRECTOR	0.02	-	-	-	-
PROGRAM MANAGER	1.77	2.00	-	2.00	2.00
PROJECT MANAGER	0.05	-	-	-	-
EDP OFFICE AUTO SPEC	-	-	-	-	-
ANIMAL HEALTH & REG DIR	1.00	1.00	-	1.00	1.00
PH PERFORM IMPROVE COORD	2.00	2.00	-	2.00	2.00
GEOLOGIST REGISTERED	-	1.00	-	1.00	1.00
HAZARD MATERIALS SUPV	-	2.00	-	2.00	2.00
ENVIRON HEALTH SPEC SUPV	3.00	3.00	-	3.00	3.00
EDP SYS & PROG ANLST	0.27	0.27	0.03	0.30	0.30

# Public Health

## Staffing Detail Continued

Staffing Detail By Budget Program	2012-13 Actual	2013-14 Adopted	Change from FY13-14 Ado to FY14-15 Rec	2014-15 Recommended	2015-16 Proposed
COST ANALYST	0.26	0.18	-	0.18	0.18
PUB HLTH PROGRAM ADMN	1.00	1.00	-	1.00	1.00
FINANCIAL OFFICE PRO	2.82	2.00	-	2.00	2.00
ADMIN OFFICE PRO	9.76	12.00	1.00	13.00	13.00
ENVIRON HEALTH SPEC SR	6.00	6.00	-	6.00	6.00
ACCOUNTANT	0.47	-	-	-	-
COMPUTER SYSTEMS SPEC	-	-	-	-	-
DEPT BUS SPEC	-	1.00	(0.50)	0.50	0.50
HAZ MATERIALS SPEC SR	-	4.00	(1.19)	2.81	2.81
EPIDEMIOLOGIST/BIOSTAT	0.47	0.50	-	0.50	0.50
ENVIRON HEALTH SPEC	9.00	10.00	-	10.00	10.00
COMM OUTRCH CRD ANML HLTH	1.00	1.00	-	1.00	1.00
ANIMAL CONTROL OFF SUPV	4.00	4.00	-	4.00	4.00
PUBLIC HEALTH MICROB	0.44	0.37	0.03	0.40	0.40
HAZ MATERIALS SPEC	-	5.00	1.00	6.00	6.00
PUBLIC INFO ASSISTANT	0.65	1.00	-	1.00	1.00
RADIOLOGICAL TECH	0.18	-	-	-	-
EMERG SVCS PLANNER	-	-	2.00	2.00	2.00
ANIMAL CONTROL OFF	7.69	8.00	-	8.00	8.00
REGISTERED VET TECH	0.69	1.00	-	1.00	1.00
ENVIRON HEALTH SPEC TR	1.00	-	-	-	-
HEALTH EDUC ASSOC	0.65	1.00	-	1.00	1.00
ANIMAL SHELTER ATTENDANT	7.23	8.00	-	8.00	8.00
CONTRACTOR	2.19	2.60	(2.00)	0.60	0.60
EXTRA HELP	7.53	1.32	0.48	1.80	1.80
<b>Regulatory Programs &amp; Emergency Preparedness Total</b>	<b>71.16</b>	<b>81.24</b>	<b>0.85</b>	<b>82.09</b>	<b>82.09</b>
<b>Unallocated</b>					
ADMIN OFFICE PRO	1.58	-	-	-	-
PUBLIC HEALTH NURSE	0.04	-	-	-	-
REGISTERED VET TECH	0.04	-	-	-	-
<b>Unallocated Total</b>	<b>1.65</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Department Total</b>	<b>498.22</b>	<b>486.43</b>	<b>(11.77)</b>	<b>474.66</b>	<b>474.66</b>