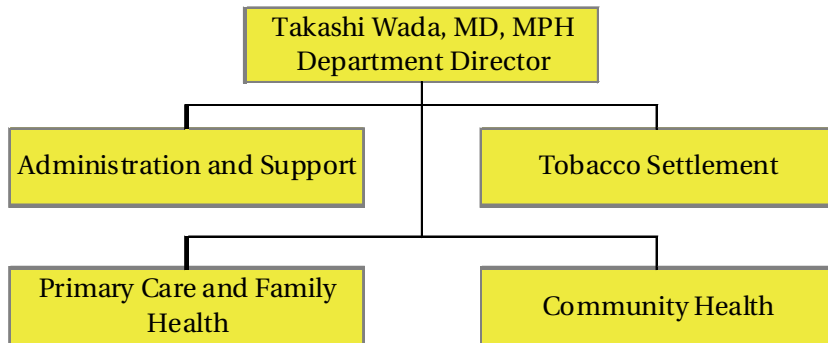
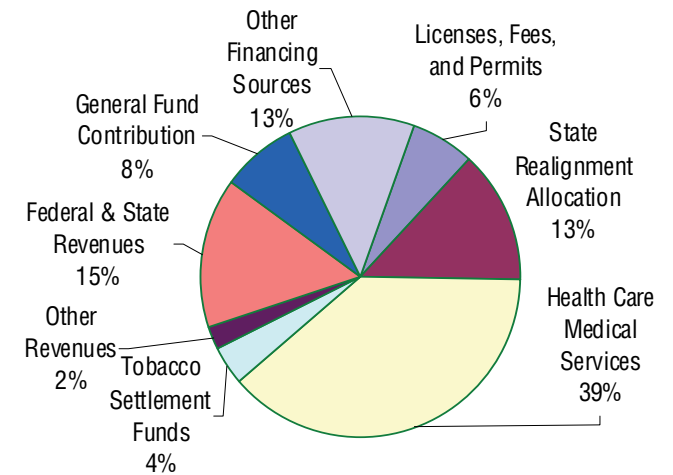


PUBLIC HEALTH

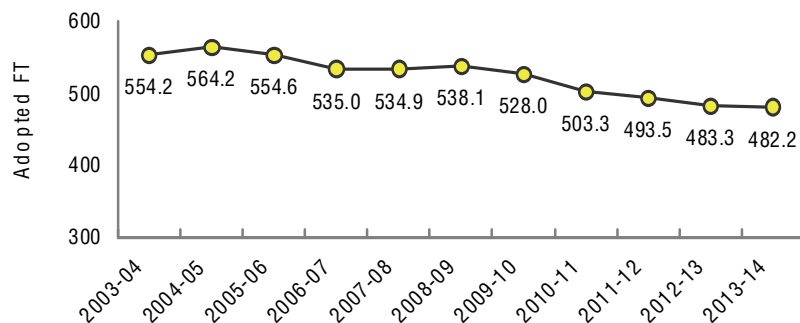
Budget & Staffing	
Operating \$	79,671,934
Capital	347,578
FTEs	483.3



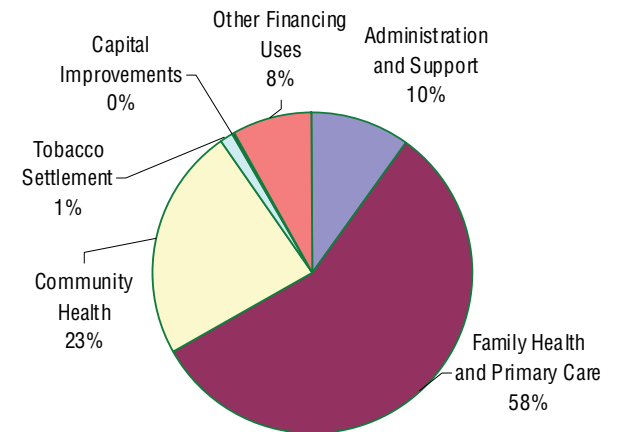
SOURCE OF FUNDS



STAFFING TREND



USE OF FUNDS



PUBLIC HEALTH
Department Summary

	Actual FY 10-11	Adopted FY 11-12	Recommended FY 12-13	Proposed FY 13-14
Use of Funds Summary				
<i>Operating Expenditures</i>				
Administration and Support	\$ 7,383,987	\$ 8,150,938	\$ 8,840,812	\$ 9,250,114
Family Health and Primary Care	50,801,613	54,446,171	49,817,368	51,669,453
Community Health	22,189,263	20,851,700	20,606,361	21,454,503
Tobacco Settlement	1,310,527	1,422,408	1,215,597	1,215,597
Operating Sub-Total	81,685,390	84,871,217	80,480,138	83,589,667
Less: Intra-County Revenues	(636,356)	(761,807)	(808,204)	(808,204)
Operating Total	81,049,034	84,109,410	79,671,934	82,781,463
<i>Non-Operating Expenditures</i>				
Capital Assets	1,156,562	796,243	347,578	11,460
Expenditure Total	82,205,596	84,905,653	80,019,512	82,792,923
<i>Other Financing Uses</i>				
Operating Transfers	4,648,621	4,623,344	2,593,139	2,396,139
20% Endowment Designation	18,309	--	--	--
TSAC Allocation Designation	3,751,689	4,190,784	3,523,972	3,523,972
Designated for Future Uses	3,736,457	928,217	895,016	895,016
Department Total	<u>\$ 94,360,672</u>	<u>\$ 94,647,998</u>	<u>\$ 87,031,639</u>	<u>\$ 89,608,050</u>

Character of Expenditures

<i>Operating Expenditures</i>				
Regular Salaries	\$ 36,102,414	\$ 38,646,903	\$ 35,404,689	\$ 35,963,100
Overtime	303,212	412,168	391,205	391,205
Extra Help	1,208,592	130,248	376,259	371,847
Benefits	16,952,057	19,966,322	19,211,759	21,527,964
Salaries & Benefits Sub-Total	54,566,275	59,155,641	55,383,912	58,254,116
Services & Supplies	25,330,248	25,665,576	25,051,226	25,290,551
Public Assistance Payments	476,798	--	--	--
Contributions	1,312,069	50,000	45,000	45,000
Operating Sub-Total	81,685,390	84,871,217	80,480,138	83,589,667
Less: Intra-County Revenues	(636,356)	(761,807)	(808,204)	(808,204)
Operating Total	81,049,034	84,109,410	79,671,934	82,781,463
<i>Non-Operating Expenditures</i>				
Capital Assets	1,156,562	796,243	347,578	11,460
Expenditure Total	<u>\$ 82,205,596</u>	<u>\$ 84,905,653</u>	<u>\$ 80,019,512</u>	<u>\$ 82,792,923</u>

	Actual FY 10-11	Adopted FY 11-12	Recommended FY 12-13	Proposed FY 13-14
Source of Funds Summary				
<i>Departmental Revenues</i>				
Licenses, Fees, and Permits	\$ 5,127,315	\$ 5,103,516	\$ 5,569,416	\$ 5,720,884
State Realignment Allocation	11,707,427	11,605,302	11,798,540	11,798,540
Health Care Medical Services	35,357,254	34,873,945	33,638,540	34,261,736
Federal & State Revenues	15,689,791	14,668,590	13,379,073	13,359,091
Other Charges for Services	353,679	355,026	570,840	583,341
Tobacco Settlement Funds	3,694,313	4,148,556	3,509,596	3,509,596
Tobacco Settlement Interest	28,316	42,228	14,376	14,376
Miscellaneous Revenue	1,630,324	1,279,643	1,278,979	1,268,979
Revenue Sub-Total	73,588,419	72,076,806	69,759,360	70,516,543
Less: Intra-County Revenues	(636,356)	(761,807)	(808,204)	(808,204)
Revenue Total	72,952,063	71,314,999	68,951,156	69,708,339
<i>General Fund Contribution</i>	7,852,054	7,975,624	6,945,890	8,894,881
<i>Other Financing Sources</i>				
Operating Transfers	3,400,145	3,076,498	2,103,283	2,053,283
Sale of Property	700	--	--	--
Use of Prior Fund Balances	10,155,710	12,280,877	9,031,310	8,951,547
Department Total	<u>\$ 94,360,672</u>	<u>\$ 94,647,998</u>	<u>\$ 87,031,639</u>	<u>\$ 89,608,050</u>

Note: Presentation of the individual program amounts for fiscal years 2010-11 and 2011-12 have been adjusted to provide a consistent level of detail with the fiscal year 2012-13 budget, however, the totals for 2010-11 and 2011-12 have not been changed.

Note: The Proposed 2013-14 "Use of Prior Fund Balances" amount of \$8,951,547 displayed in the summary table above includes a projected use of \$4,680,049 and a projected budget gap of \$4,271,498.

MISSION STATEMENT

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

	Actual FY 10-11	Adopted FY 11-12	Recommended FY 12-13	Proposed FY 13-14
FTE Summary				
<i>Permanent</i>				
Administration and Support	57.7	59.6	61.0	61.0
Family Health and Primary Care	290.8	286.9	266.6	266.6
Community Health	<u>145.2</u>	<u>139.7</u>	<u>143.7</u>	<u>142.7</u>
Total Permanent	493.7	486.1	471.2	470.3
<i>Non-Permanent</i>				
Contract	2.5	4.9	4.6	4.6
Extra Help	<u>24.6</u>	<u>2.5</u>	<u>7.4</u>	<u>7.3</u>
Total FTEs	<u>520.8</u>	<u>493.5</u>	<u>483.3</u>	<u>482.2</u>

Note: FTE totals may not sum correctly due to rounding.

Department Description

The Public Health Department has two service divisions, "Community Health" and "Primary Care and Family Health," and two administrative divisions, "Administration and Support" and "Tobacco Settlement." 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.

FY 2011-12 Anticipated Accomplishments

Administration:

- Cash collections improved by 5% at the point of service in the Health Care Centers. This effort to increase revenue is the result of on-going customer service training provided to office professionals as well as the development of policies and procedures. This demonstrated responsible fiscal stewardship.

Primary Care and Family Health:

- The Electronic Health Record (EHR) system was implemented at all Health Care Centers. The move to paperless medical records promotes quality of care, patient safety and

PUBLIC HEALTH

Department Summary (cont'd)

operational efficiencies. This project has been a major initiative for the Department and its success was the result of years of careful planning. The Department also maximized the funding available through the Health Information Technology for Economic and Clinical Health (HITECH) Act and meaningful use of a certified Electronic Health Record (EHR) to offset costs of the system.

- Significant improvements were made to computer applications supporting the Health Care Centers. The pharmacy system was replaced at all three pharmacy locations and e-prescribing was implemented to improve patient safety and increase efficiencies. The Health Care Centers' practice management system was significantly upgraded and an internal training team was developed to enhance on-going use of the system. The improvements in technology support the Department's commitment to improving infrastructure and providing quality medical care.
- Two Health Care Centers were chosen to participate in the Patient-Centered Medical Home (PCMH) demonstration projects by the Centers for Medicare and Medicaid Services. The goal is to receive PCMH accreditation which will indicate an improvement in healthcare by coordinating the delivery of primary care and transforming the organization. The medical home model encompasses comprehensive care, is patient-centered, improves access to services, and improves quality and safety.
- The Diabetes Initiative practice improvement project was implemented to improve the health of the County's diabetic patients. Multi-disciplinary teams consisting of a nutritionist, pharmacist, and physician work with diabetic patients to improve their health outcomes through a coordinated effort. The project is an example of the Department's commitment to enhancing quality of services.

Community Health:

- Received and placed state disaster medical supply caches in strategic locations across the County to enhance the County's ability to respond to emergencies in a timely manner. These supply caches were formerly maintained in Sacramento. Relocating them within the county will allow for more timely access in the event of a disaster. The caches contain ventilators, masks and medical supplies that will allow for establishing alternate care sites during a disaster.
- Animal license sales were increased by 26% through canvassing and educational efforts to improve rabies vaccination rates and return rates for dogs that stray from their owners. Dogs are required by law to be licensed and owners must provide proof of their dog having a current rabies vaccination. Raising awareness of this coupled with offering low-cost rabies vaccine clinics has allowed more dog owners to come into compliance. In addition, the license is a dog's ticket home when they have strayed from their owner.

PUBLIC HEALTH

Department Summary (cont'd)

- Completed initial implementation of an Electronic Patient Care Report (ePCR) for pre-hospital care providers. The 911 medical responders complete an ePCR so the receiving hospital has patient information and documentation of care that is provided prior to arrival in the emergency department. The ePCR enhances patient care and in addition provides for consistent data collection that meets national standards.
- Obtained equipment for the Public Health Laboratory to enhance the ability to test influenza and tuberculosis specimens. This equipment was purchased through emergency preparedness grant funding and allows for accurate test results in hours rather than days. Having test results more quickly informs treatment decisions for TB patients and will be essential in the event of a pandemic influenza.
- Expanded services to provide emergency death certificates on weekends to better serve our community. Staff are on call to provide emergency death certificate processing which is occasionally required for county residents who practice a faith that requires burial within a specified amount of time after death.
- Secured grant funding and developed architectural plans for the Lompoc Animal Shelter renovation to improve operations and disability access. The current shelter facility is outdated and unable to meet operational needs. Community Development Block Grant Funding was secured from the County and the City of Lompoc to fund disability access improvements.
- Initiated a Breastfeeding Peer Counselor Program for pregnant and breastfeeding moms in Women, Infants, and Child (WIC) to promote and support the health of mothers and their children. Trained peer counselors with breastfeeding experience contact WIC participants to encourage and support successful breastfeeding. The peers utilize phone calls, text messages and face-to-face contacts throughout pregnancy and the first year of life.
- Applied for and was granted National Children's Alliance Accreditation for the Sexual Assault Response Team (SART) program to support the provision of quality services to children and adolescents locally. This accreditation provides ongoing funding to support services for victims of sexual assault locally and will provide additional opportunities for funding in the future. The accreditation validates the hard work and commitment to providing quality services by the many departments agencies in the SART Coalition.

2012-14 Objectives

The Public Health Department vision is "Healthier communities through leadership, partnership, and science." The Department's strategic actions are primarily aligned with the following adopted County Strategic Goals:

- Goal 1: Efficient and Responsive Government: An Efficient, Professionally Managed Government Able to Anticipate and to Effectively Respond to the Needs of the Community;
- Goal 2: Health and Safety: A Safe and Healthy Community in Which to Live, Work and Visit;
- Goal 4: Quality of Life: A High Quality of Life for All Residents; and
- Goal 6: Families and Children: A Community that Fosters the Safety and Well-Being of Families and Children.

Among the eight Strategic Plan Critical Issue Areas, Issue 7: Health Care and Social Service Delivery continues to be the Public Health Department priority for Fiscal Year 2012-14.

Key Projects:

- Explore the expansion of services to evenings and/or weekends in the Health Care Centers to increase the ability to reach the patients who are employed, to increase participation in CenCal Health's incentive program, for consistency with Patient Centered Medical Home (PCMH) standards, and for improvement in access to care.
- Assess the potential for adding a geriatric specialty clinic in the Santa Maria area where a growing number of low income seniors are currently residing and who will benefit greatly from coordinated care and who typically have dual coverage through Medicare and Medi-Cal. The possibility of a pediatric program will also be evaluated also for Santa Maria. The addition of programs for children and adolescents would improve the continuity of care for families and better meet the needs of the changing population.
- Implement a Fitness Promotion and Obesity Prevention plan for Santa Barbara County to improve the health status of the community. Working with community partners, the Public Health Department has developed a Fitness Promotion and Obesity Prevention plan. A project team will implement identified strategies both within the Public Health department and the community as a whole to promote healthy eating and physical activity and reduce the health impacts of obesity-related illness.
- Explore viability of making new Public Health Lab test services available by contract to community health care partners to expand and improve services in the community. The Public Health Laboratory performs testing for conditions that impact the health and safety of the community through the use of state of the art testing methods and equip-

ment. Expanding such services to community partners would promote access to timely and accurate test results that inform decisions about how to best intervene and treat patients. Assessing the viability of expansion will consider fiscal and legal considerations in addition to clinical and operational factors.

- Implement State Water Quality Control Board policy requirements for a countywide on-site waste water and septage management plan to protect the health of the community. The State is making changes that will affect permitting of on-site waste water treatment systems (septic systems) and will require development of a countywide on-site waste water management plan including a septage management program. This will require revising local ordinances with input from stakeholders and a technical advisory group as well as education and outreach to property owners.
- Collaborate with community partners to develop a "toolkit" for working with mothers who have or are at risk for gestational diabetes to improve the health of mothers. Women who have diabetes during pregnancy are at greater risk of health complications for themselves and their children. A toolkit for working with mothers at risk will enable service providers through a number of community providers to effectively support the health of women by minimizing the occurrence and impact of gestational diabetes.
- Conduct a countywide earthquake exercise to test disaster plans for public health and partner agencies. Open and activate department operations center and communicate status and operational activity to Emergency Operations Center. Activate Emergency Medical Services providers and Medical Reserve Corps to implement field treatment site operations during exercise, provide victims to hospital emergency rooms, and deploy medical surge assets from warehouses to the field.
- Complete the renovation of the Lompoc Animal Shelter to improve access for clients, volunteers, and staff. The renovation will better utilize limited space, meet requirements under the American's With Disabilities Act (ADA) for individuals with special needs, and provide bathroom facilities for shelter customers. The current shelter facility is outdated and unable to meet the needs of staff and animals. Funding has been secured, architectural drawings are complete, construction will be complete and the remodeled, expanded, accessible facility is expected to be open for service by December 2012.
- Continue development of the Electronic Health Record by implementing a patient portal, digital imaging, remote access and participation in a Health Information Exchange program to provide patient access to records and exchange health information among providers. Stage Two of Meaningful Use mandates these technology improvements in order to receive Medi-Cal financial incentives and avoid Medicare payment adjustments. Ensure financial sustainability of the Electronic Health Record in order to support the system long-term and achieve a break-even scenario for the new costs in-

PUBLIC HEALTH

Department Summary (cont'd)

curred as a result of this large automation project.

- Continue to participate in the Centers for Medicaid Services (CMS) Patient Centered Medical Home Demonstration (PCMH) Project at the two selected sites and evaluate the possibility of implementing it in the other four Health Care Centers to improve and coordinate the delivery of healthcare. The goal of PCMH is to improve healthcare by coordinating the delivery of primary care and transforming the organization. The medical home model encompasses comprehensive care, is patient-centered, coordinates care, improves access to services, and improves quality and safety.
- Implement on-line nutrition classes and mailing vouchers for many 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. Implementing on-line nutrition classes and providing vouchers by mail makes it possible for more clients to obtain services without additional travel. This will expand access to healthy food and nutrition information to our participants.
- Complete fee methodology study for Animal Services contracts with cities to ensure fair distribution of costs and proper reimbursement for services provided. Ensuring that costs are equitable and reasonable is vital to the continued success of the County's municipal contracting model.
- Complete fee methodology study for risk-based food inspections to better distribute the costs of providing services based on an activity-based costing mechanism. This will ensure that more attention is available to those businesses that may need it to better protect the health of the community.
- Increase patient cash collections at the time of service for both medical visits and pharmaceuticals because the patient will understand the importance/value of their medical visit and have an investment in their medical care. Increasing cash collections at registration will reduce the cost associated with mailing statements and follow-up letters and using outside recovery services. Cash flow will increase, and bad-debt and staff expense will decline.
- Evaluate the financial considerations and opportunities of federal health care reform to ensure the Department can respond quickly and appropriately to new opportunities to better meet the needs of our patients.

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Department Summary (cont'd)

Changes and Operational Impact: 2011-12 Adopted to 2012-13 Recommended

Staffing

Net decrease of 10.2 FTEs

- 7.2 filled FTEs will be subject to displacement due to the implementation of the department's Electronic Health Record and the automation of previously manual processes.
- 3.0 filled FTEs will be subject to displacement due to a planned business efficiency which will model our south county radiological services after our successful north county private-public partnership.

Expenditures

Net decrease of \$4.4 million

- Salaries and Benefits – decrease of \$3.8 million due to negotiated labor concessions as well as the implementation of automation projects and business model efficiencies that reduced staffing while preserving service levels.
- Services and Supplies – decrease of \$.6 million.
 - Decrease of \$0.5 million in Tobacco Settlement allocations to area hospitals and health care providers due to reductions in the amount of funding received from the Master Tobacco Settlement agreement.
 - Decrease of \$0.4 million for savings achieved in the Medically Indigent Adult (MIA) program by focused case-management efforts to get Medi-Cal eligibility for qualifying patients.
 - Increase of \$0.2 million for hardware and software maintenance agreements associated with the Electronic Health Record implementation.
 - Increase of \$0.2 million in contracted physician fees due to increased rates for securing primary care and specialty physicians to work in our Health Care Centers.
 - Decrease of \$0.1 million in costs for medical residency services, due to a renegotiated contract with Cottage Health Systems for our participation in their Graduate Medical Education program.
 - Decrease of \$0.1 million in reductions in State/Federal HIV/AIDS grants expenditures, largely due to the shifting of the Housing for People with AIDS (HOPWA) grant to an outside community agency.

- Increase of \$0.1 million in pharmaceuticals costs, for a planned new outside pharmacy arrangement with CenCal Health, which has the potential to increase access for patients and increase revenues for the department.
- Capital – decrease of \$0.4 million primarily due to prior year purchases of hardware, software, and exam room upgrades for the GE Centricity Electronic Health Record (EHR) implementation. The second phase of the EHR project which includes a patient portal and other system enhancements (slated for FY 2012-13) will require less investment in capital equipment.

Revenues

Net decrease of \$2.3 million

- License, permits, and franchises – increase of \$0.5 million due to Animal Services fee increases and focused efforts to increase animal licensing.
- State Realignment Allocation – increase of \$0.2 million due to projected increases in vehicle license fees.
- Health Care Medical Services – decrease of \$1.2 million.
 - Decrease of \$1.8 million in Medi-Cal and other patient service revenues, due mostly to temporary provider productivity losses as staff become proficient in the use of the Electronic Health Record (EHR).
 - Increase of \$1.2 million in pharmaceutical revenues due to a planned outside pharmacy arrangement with CenCal Health and increased Medicare Part D prescription volume.
 - Decrease of \$0.6 million due to a projected one year gap in receipt of Medicaid incentives from the adoption of the Electronic Health Record (EHR). Incentives are projected to be received again in FY 2013-14.
- Federal and State Revenues – decrease of \$1.3 million.
 - Decrease of \$0.8 million in funding for the Women, Infants, and Children's (WIC) program, which the department has been able to handle through careful management of program staffing vacancies.
 - Decrease of \$0.6 million due to a mid-year state requested change in billing process to start billing for qualifying services for our Child Health Disability Prevention (CHDP) program through our Medi-Cal program.
 - Increase of \$0.3 million due to the department's participation in the Cancer Detection Program (CDP) which was re-funded by the State after budget adoption.
 - Decrease of \$0.1 million in funding for the California Children's Services program due

PUBLIC HEALTH

Department Summary (cont'd)

to changes in the State allocation formula.

- Decrease of \$0.1 million in funding from the Medi-Cal Administrative Activities (MAA) program due to new State claiming processes that have lowered revenue from the program.
- Other Charges for Services – increase of \$0.2 million due to new service agreements with area hospitals in the Emergency Medical Services (EMS) program for Trauma designation and the ST-Segment Elevation Myocardial Infarction (STEMI) program, a comprehensive cardiac care program.
- Tobacco Settlement – decrease of \$0.7 million due to funding reductions from the Master Tobacco Settlement agreement and less generated interest earnings.

The Fiscal Year 2012-13 recommended departmental contribution of general revenues decreased by \$1,029,734 to \$6,945,890 from the Fiscal Year 2011-12 Adopted Budget of \$7,975,624. While the Animal Services program received a much needed increase of \$179,744 (21%) to assist with cost increases and help offset the use of one-time funds in the past, the other programs which make up the Health Care special revenue fund of the department received a \$1,209,474 decrease. This 17% decrease was offset by a commensurate one-time increase of Realignment funding, leaving the department whole and at its Maintenance of Effort (MOE) level, but for only one year. In addition, while the department’s Electronic Health Record project will provide great patient care and other benefits when fully implemented, the loss of patient service revenue as staff adapt to the system, along with other revenue decreases because of State budget actions and an increase in the number of indigent patients, will contribute to a projected FY 2012-13 budget gap. As a result, the department projects to use approximately \$3.8 million of restricted fund balance to maintain program service levels.

Other Financing Sources and Uses

The Fiscal Year 2012-13 recommended departmental financing sources require the use of \$3,755,906 of departmental restricted funds to balance the recommended budget.

Changes and Operational Impact: 2012-13 Recommended to 2013-14 Proposed

Many changes are anticipated, some possibly significant with far-reaching effects to our patients, our financing, and our operations. Unfortunately, the impacts cannot be estimated or projected at this time due to the high number of unknowns, such as Federal Health Reform and the possible State reaction to its provisions. At this time, the department projects that it will need to use approximately \$4.3 million of restricted fund balance to maintain projected service levels.

The possible impacts to our revenues include: 1) Continued reductions in productivity due to the department’s implementation of an electronic health record, as providers learn the system; 2)

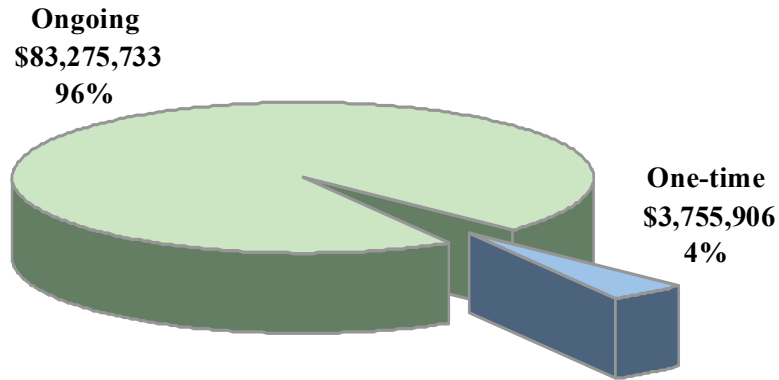
Proposed and new State revenue reductions in Medi-Cal and other State funded programs and grants, due to the State’s budget deficit; and, 3) Continued competition for Medi-Cal patients and increasing numbers of uninsured and indigent patients presenting at our Health Centers; and, 4) Anticipated implementation of many provisions of the Patient Protection and Affordable Care Act (PPACA), which are set to take effect on January 1, 2014.

Projected impacts to expenditures which are included in our Fiscal Year 2013-14 figures include an approximate \$3 million increase to Salaries and Benefits due to the expiration of union wage concessions and increases to retirement, health insurance, and workers compensation costs.

	Actual FY 10-11	Adopted FY 11-12	Recommended FY 12-13	Proposed FY 13-14
Outcome Measures				
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%
	1,305	1,343	1,248	1,188
	1,321	1,356	1,260	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.	48%	56%	61%	66%
	1,451	1,815	1,952	2,112
	3,210	3,260	3,200	3,200
Number of dogs that are currently licensed to improve rabies vaccination rates and return rates for dogs that stray from their owners.	20,024	21,025	22,076	23,180
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%
	99	100	100	100
	104	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.	77%	94%	80%	80%
	54	47	40	40
	70	50	50	50

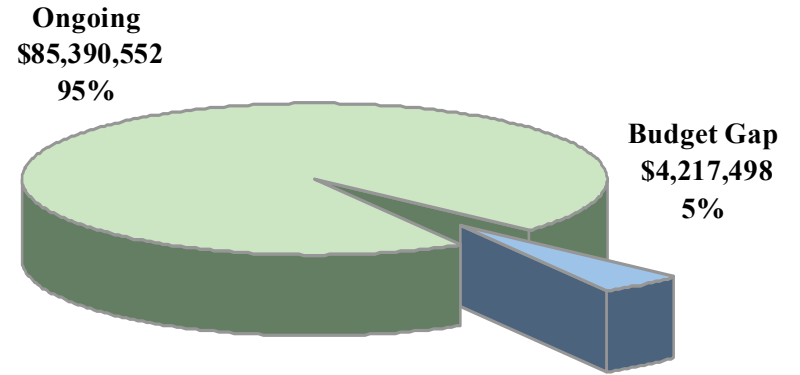
PUBLIC HEALTH
 Department Summary (cont'd)

FY 2012-13 Recommended Budget



Four percent of the Fiscal Year 2012-13 Recommended Budget is comprised of one-time sources of funding. The use of PHD restricted special revenue fund balance will fund Health Center operations to sustain primary and specialty care service levels. Shortfalls in Health Center revenues are projected to continue due to: 1) Increasing numbers of uninsured and indigent patients seen; 2) Decreasing numbers of Medi-Cal eligible patients seen; and 3) Decreasing physician and other health care provider productivity, due to the Electronic Health Record Implementation. As a result of the use of one-time sources, the department will face a deficit of \$3,755,906 in FY 2012-13 and in response is developing a budget gap mitigation plan.

FY 2013-14 Proposed Budget



To maintain 2013-14 service levels, it is estimated that the department will have a \$4,217,498 budget gap. Even with staffing and service level reductions made in previous years, the special revenue fund is projected to be depleted by FY 2014-15, if additional structural changes, service reductions, and other actions are not developed and taken to restore financial stability and mitigate the budget gap. The depletion of the PHD special revenue fund has significant implications to the County and its indigent healthcare mandates and to the maintenance of the area's health care safety net.