

**Department Name: Health and Human Services**

**Option 1: Reduce General Fund      \$1,345,954**

**Program Title: Office of the Director**

**Program Description:**

Provides administrative support to the Department of Health and Human Services, including fiscal, human resources, facilities, budgets, information technology, contracts, research and quality assurance.

**Reduction:**

<b>Total Budget</b>	<b>Reduction</b>	<b>Revised Budget</b>	<b>% Reduced</b>	<b>Total Program FTEs</b>	<b>Reduction in FTEs</b>	<b>% Reduced</b>
\$3,094,444	\$108,519	\$2,985,925	3.5%	102.0	3.0	2.9%

**Program Impact:**

This reduction will delete 3.0 administrative staff (2.0 FTE Administrative Services Officer II, 1.0 FTE Account Technician). Any savings in this program will be spread to the various divisions in the department.

Responses to emergent facility issues will be delayed and routine facility issues may be shifted to division administrative staff.

Tracking, ordering, and oversight of cellular phones and vehicles will be delayed. The Account Technician position is the only trained backup for the equipment/vehicle coordinator for the department. There will be no other staff available to be trained. This will create a significant hardship on department staff.

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**Program Title: Pharmacy and Supportive Services**

**Program Description:**

The Pharmacy is responsible to provide medications to indigent patients for acute, chronic and mental illness. The Pharmacy also provides vaccinations against communicable diseases. The Pharmacy program plays a central role in receiving documentation and distribution of medications and medical supplies during natural disaster and bioterrorist events.

**Reduction:**

Total Budget	Reduction	Revised Budget	% Reduced	Total Program FTEs	Reduction in FTEs	% Reduced
\$3,250,966	\$352,602	\$2,898,364	10.8%	41.7	2.0	4.8%

**Program Impact:**

The County Pharmacy proposed a reduction in staffing and pharmacy computer systems software and hardware.

The Pharmacy processes approximately 33,739 prescriptions per month. This reduction will result in the reduced staffing flexibility including covering requested vaccinations.

This reduction will also result in delays in upgrades and enhancements to county pharmacy computer systems at the Mental Health Treatment Center and Juvenile medical Systems detention facilities.

**This reduction will require a Notice of Beilenson Hearing.**

**Program Title: Clinic Services**

**Program Description:**

Provides medical services to the medically indigent of Sacramento County who do not have medical insurance and are not eligible for Medi-Cal

**Reduction:**

Total Budget	Reduction	Revised Budget	% Reduced	Total Program FTEs	Reduction in FTEs	% Reduced
\$26,240,207	\$20,989	\$26,219,218	0.1%	95.8	-	0.0%

**Program Impact:**

This reduction will result in reduced operating expenses for office equipment maintenance supplies and general services equipment rental and fuel.

No positions will be eliminated.

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**Program Title: In-Home Supportive Services (IHSS)**

**Program Description:**

Provides supportive services to aged, blind and disabled persons who are unable to perform activities of daily living and cannot remain safely in their own homes without assistance

**Reduction:**

Total Budget	Reduction	Revised Budget	% Reduced	Total Program FTEs	Reduction in FTEs	% Reduced
\$22,506,576	\$1,005,435	\$21,501,141	4.5%	167.3	15.8	9.4%

**Program Impact:**

The additional reduction of \$1,005,439 will reduce federal revenues by \$515,185 and General Fund by \$490,254. The additional reduction of 15.8 FTE will leave the program with 52 case carrying social workers for over 21,000 cases. Currently, there are over 7,000 cases uncovered and this additional reduction will bring that number to more than 9,000. Once the uncovered cases are distributed, the average case load will increase to nearly 400 per worker.

IHSS has sustained multiple rounds of reductions in staff, services and supplies during the 2008-09 Mid-Year Budget and the 2009-10 Proposed Budget. Since March 2009, the program has lost 50.8 staff. Increasing the number of positions targeted for reduction at Final Budget will further increase the number of applicants on the wait list, increase the length of time an applicant is on the waitlist, and increase delays in processing timesheets. The additional decrease in positions comes at a time when State mandates have increased and the implementation of the Work Plan in response to the IHSS Grand Jury Report.

The additional reduction of 15.8 FTE (1.0 Program Manager, 1.0 Human Services Supervisor, 2.0 Human Services Social Workers-Russian Special Skills, 10.8 Human Services Social Workers and 1.0 Office Assistant) will cut the program's capacity to adequately function thus damaging service delivery to a catastrophic point. The Russian special skill workers were identified for reduction to retain a balance in number of special skill workers in the program. The Russian Special Skills classification had 11.0 FTE while other special skill categories have no more than 4.0 workers for each classification (4.0 FTE African American, 3.0 FTE Chinese, 1.0 FTE Hmong, 4.0 FTE Laotian, 1.0 FTE Spanish, 3.0 FTE Vietnamese). The reduction of 2.0 Russian special skills will leave 9.0 remaining in IHSS representing 17% of the IHSS case carrying workers.

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**Program Title: Public Health Laboratory**

**Program Description:**

Provides communicable disease testing for Public Health investigations and Bioterrorism threats to both County Primary Health Clinics and local hospitals. Provides consultation to the medical community in the lab aspects of communicable diseases, training of Public Health Microbiologists, and participates in the training of Medical Technologists from local hospitals

**Reduction:**

Total Budget	Reduction	Revised Budget	% Reduced	Total Program FTEs	Reduction in FTEs	% Reduced
\$2,714,303	\$135,196	\$2,579,107	5.0%	19.0	1.0	5.3%

**Program Impact:**

Elimination of 1.0 FTE (vacant) Public Health Laboratory technician in the Public Health Laboratory, \$60,000 for standby pay, and \$36,330 in supplies will:

- Eliminate 24/7 response to outbreaks of disease and bioterrorist threats. This ability was eliminated in a prior budget cut and partially restored. Grant funding was used to free up county general fund for standby pay.
- Increase turn around time for laboratory results, response to pandemic flu and threats of bioterrorism. This will translate into additional hospital days and medication taken while awaiting laboratory test results.
- Reduced/delayed ability to process and provide results for:
  - H1N1 or other pandemic flu outbreak in Sacramento County
  - Detection of multi-drug resistant tuberculosis isolates
  - Confirmation of rabid animals in bite cases
  - Detection of food borne out breaks in restaurants and testing of restaurant employees
- Testing for sexually transmitted diseases such as Chlamydia, gonorrhea and syphilis
- Any major communicable disease or other outbreak and incidents of bio-terrorism.
- Inability to carry out required testing for and surveillance of pathogenic organisms that endanger the health and safety of the public as mandated by the State of California Health and Safety codes. Adverse legal action likely.

**This reduction will require a Notice of Beilenson Hearing.**

**Program Title: Public Health Field Services - Maternal, Child & Adolescent Health (MCAH)**

**Program Description:**

Provides Public Health Nurse home-based health services to at-risk, low income, mothers & their children.

**Reduction:**

Total Budget	Reduction	Revised Budget	% Reduced	Total Program FTEs	Reduction in FTEs	% Reduced
\$4,727,329	\$106,258	\$4,621,071	2.2%	37.0	1.0	2.7%

**Program Impact:**

Elimination of a 1.0 FTE Supervising Public Health Nurse position (filled)

This will result in:

- Decreased capacity to provide direct daily supervision to staff Public Health Nurses (PHN) that provide comprehensive home visitation services to 245-280 high-risk/medically fragile infants, birth to age 2 and to pregnant and post-partum women and teens with a history of high-risk concerns such as substance abuse, premature births, pregnancy complications and other medial and psychosocial risks
- Decreased ability to address the needs of seriously medically compromised children
- Decreased ability to triage CPS client health assessments, home visit assessments, and provide consultations to determine the seriousness of a child's health condition
- Increase in number of clients/infants that experience worsening of their medical conditions with an increase in the number of high-risk infants that may die due to lack of or delay in intervention
- Decrease in the number of infants assessed with developmental delay problems
- Increase in poor birth outcomes for both infants and mothers
- Increase in families likely to be referred to CPS for abuse or neglect
- Inability to coordinate and consult with community providers regarding the program and Public Health Nursing services for the low-income high-risk population
- Reduced staffing leading to longer waiting periods for clients to receive PHN services
- Decreased surge capacity for response to disasters, outbreaks (H1N1 Influenza) and bioterrorism

**This reduction will require a Notice of Beilenson Hearing.**

**Program Title: Public Health Officer-Communicable Disease Control**

**Program Description:**

Infectious Disease Control & Monitoring Services: Health and Safety Code, Division 102, Part 2 establishes Population and Public Health Surveillance. The California Code of Regulations (CCR) states that all California local health departments will provide the, "collection, tabulation and analysis of all public health statistics, including but not limited to population data, fatality, mortality and morbidity records," (17 CCR s 1275-1276). Health and Safety Code Division 105 establishes Communicable Disease Prevention and Control, including the tabulation and transmission of local information about contagious diseases to the State Department of Public Health. Part 1 establishes the disease surveillance system that must be used, Part 3 relates to Sexually Transmitted Diseases (STD), Part 4 to HIV, Part 5 Tuberculosis, Part 6 Rabies and zoonoses, Part 7 Hepatitis C. The mandate for disease surveillance may not be completely met because only 10-15% of reportable diseases are reported, but there is no funding to perform active surveillance, except for HIV/AIDS.

**Reduction:**

<b>Total Budget Budget Unit</b>	<b>Reduction</b>	<b>Revised Budget</b>	<b>% Reduced</b>	<b>Total Program FTEs</b>	<b>Reduction in FTEs</b>	<b>% Reduced</b>
\$10,973,429	\$132,137	\$10,841,292	1.2%	48.8	1.0	2.0%

**Program Impact:**

The Health Officer Budget Unit includes the following programs: Vital Records, Ryan White, Emergency Preparedness, Public Health Education and Communicable Disease Control. All of these programs, except for Communicable Disease Control, are funded with State and Federal allocations or grants. The Communicable Disease Control unit has 10.8 FTEs. Communicable Disease Control is the only program in this budget unit that has County General Funds left in it. The reduction of the 1.0 FTE Sr Public Health Nurse is the equivalent of a 9.3% reduction in the work force and reduces the nurse capability in Disease Control by 33%. Consequently; it will be a reduction in disease investigations and response to outbreaks of disease. The unit will prioritize investigations according to number of person's impacted and potential mortality of the disease.

- 2,000 incidents of disease will be delayed in being considered or will not be acted upon, resulting in increased acuity and spread of disease to individuals friends and family. 2,000 patients with the diagnosis of non-STD communicable disease, their household and work contacts will not receive timely advice or medications to prevent the spread of communicable diseases.
- There may be increased costs to the CMISP program for hospital treatment of communicable diseases not contained initially.

**This reduction will require a Notice of Beilenson Hearing.**