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September 23, 2009

Beth Goldberg, Deputy Director
King County Office of Management & Budget
401 5th Avenue, Suite 0800
Seattle, WA 98104

Dear Ms. Goldberg:

Public Health – Seattle & King County respectfully submits the enclosed updated 2010 Requested Budget and accompanying Business Plan.

The department's 2010 Requested Budget was prepared in an extremely difficult fiscal environment. Following significant cuts in the department's 2009 budget, as described below, we entered our 2010 budget development process facing a \$12 million deficit – a “structural gap” – representing the difference between projected expenditures and available revenues. As is well known to your office, Public Health has a persistent structural gap between the rising cost of providing services, including retaining a skilled and qualified workforce, and a flat or shrinking revenue base. In addition to this structural gap, the department was allocated an 8.6% General Fund target reduction, \$4.8 million, including the Public Health Fund and Jail Health Services.

This presented a \$16.8 million challenge for our 2010 budget, although we were fortunate that through the County Executive's leadership and the helpful assistance of your office, noteworthy one-time funding opportunities and expenditure savings became available to help address the structural gap; for example through changes in benefits and retirement costs and central overhead rates. The resulting budget gap was significant, \$9.4M, which forced the department to identify major service reductions in order to propose a balanced budget for 2010. These cuts include abrogating 61.6 FTE.

Developing these reductions has been very difficult and we have appreciated the opportunity to work closely with your office following the June 1 submittal of our preliminary budget and business plan. The enclosed updated materials that reflect current budget directions are consistent with the adopted Public Health Operational Master Plan (PHOMP), which establishes department principles, goals, and key functions, and describes four-year, prioritized strategic plans for each of its domains. The PHOMP identifies an overarching department goal to increase the number of healthy years lived in King County and to eliminate health disparities. The PHOMP was also developed based on four guiding principles that public health programs should be:

1. Based on Science and Evidence;
2. Focused on Prevention;
3. Centered on the Community; and
4. Driven by Social Justice.

Based on the PHOMP framework, the Requested Budget and Business Plan is organized into twenty sections established within Public Health's five divisions and the department's Cross-Cutting and Business functions. These divisions consist of Emergency Medical Services, Community Health Services, Environmental Health Services, Jail Health Services, and Prevention Services. In addition, critical Cross-Cutting and Administrative Services include priority public health functions and the department's core business infrastructure. Each section specifically correlates to one of the four domains of the PHOMP: Protection, Promotion, Provision, and Organizational Attributes and Financing, which are linkages of key interest to the Council. The sections, which were established pursuant to Ordinance 2009-0130 (commonly referred to as the Ferguson Ordinance) also align with our organizational accountabilities and business structure, and each relates to only one Fund as well.

As noted above, our 2010 budget development process started with significant cuts in the department's 2009 budget, including lifeboat reductions. In our 2009 budget, as a consequence of the county's and state's financial crisis, the department faced over \$11M in permanent ongoing reductions and \$6M in lifeboat reductions. While funding solutions have been identified for some of the mid-year lifeboat cuts, significant service reductions to vulnerable populations, program closures, and cuts to infrastructure are being experienced this year. Lifeboat reductions implemented in the second half of 2009 are further eroding public health programs at the same time that the economy is causing more people to be unemployed or uninsured, adding demands to our system as well as for all the safety net providers in the community.

2009 program reductions included reducing TB investigations, reducing Maternity Support Services home visits, eliminating the HIV/AIDS Hotline, reducing Vector/Nuisance Control services, closing a Public Health Center pharmacy, eliminating street outreach with pregnant women and families involved in substance use, and cutting the number of Immunization Clinics from nine full-time, to four part-time clinics (which are now proposed to be eliminated entirely in 2010.)

In addition, 2009 lifeboat programs that were eliminated from the 2010 budget are as follows:

- Reduced visits to child care facilities by 2,750 visits.
- Eliminated the county-funded dental sealant program.
- Reduced Children with Special Health Care Needs program by 1,118 visits.
- Reduced financial support for Community Health Center services.
- Reduced services in the TB Program.
- Reduced Medical Examiner Office death investigation capacity.
- Reduced Communicable Disease Control services.
- Reduced Public Health laboratory testing.
- Reduced epidemiology capacity within the Zoonotics Disease Program, for diseases transmitted from animals to humans.

These 2009 lifeboat reductions reflect cuts of over \$2.8 M (annualized) and 39.8 FTE.

The 2010 public health budget problem became greater as a result of state action. Due to the state's financial crisis, the Washington State Legislature reduced state public health funding for Public Health – Seattle & King County by \$2.7 million, including reductions to HIV/AIDS, Colon Health, Tobacco Prevention, Maternity Support Services and Family Planning Programs and a 20% cut in dedicated funding to prevent communicable diseases and chronic diseases.

The economic recession is not only impacting the provision of health care services by Public Health, but also by King County safety net partners. While the economy is causing growing numbers of uninsured people to seek public health and community safety net services, state support for health care coverage and reimbursement has decreased. Further ramifications of the economic downturn are changes in fee-based service demands. For example, in our Environmental Health On-Site Sewage and Plumbing/Gas Piping programs, plummeting service demands have caused a severe drop in revenues, which has forced the department to lay off 11 employees in these programs to date in 2009, with further reductions proposed in 2010 based on estimated revenue losses of \$2.4M.

Under these very difficult financial circumstances, the PHOMP-driven priorities to support core organizational attributes and maintain critical foundational capacity guided the department in making tough budget decisions. Within this framework, Public Health first identified reductions in overhead administrative and business functions commensurate with the target reduction. Then, further administrative reductions and program efficiencies were taken. Next, revenue enhancement and leveraging opportunities of current and potential revenues were established. And finally, faced with the county General Fund shortfall and decreasing state and federal revenues, program and service reductions were developed.

Significant reductions and changes that are proposed in the department's 2010 Budget include the following:

- Closing the three remaining immunization clinics in the Public Health Centers, which follows the reduction from nine clinic sites this year. At the same time, the Requested Budget includes one-time funding to continue supporting the transition of immunization services to the medical community and assisting providers to respond to the elimination of the state's universal vaccine purchase program;
- Closing the Kent Teen Clinic and the Kent Alder Square Public Health Center. Primary care services at the Teen Clinic site will be discontinued. Some of the services offered at the Alder Square site, including Women, Infants and Children nutrition services (WIC), Family Planning, and Maternity Support Services (MSS) programs will be relocated;
- Reducing services at the Northshore Public Health Center, including closing the stand-alone Family Planning Clinic at that site. These reductions include a cut of 11 positions. This will be done in the context of a new partnership with Healthpoint (a community health center organization) to build a new collaborative service model at the Northshore Public Health Center. HealthPoint will bring in its primary care practice and Public Health

will continue complementary office-based Maternity Support Services (MSS) and Women, Infants and Children (WIC) nutrition services at the site.

- Cutting 2.0 FTE community health educators who serve at-risk groups, consisting of a cut of 1.0 FTE Family Planning community health educator, which will reduce teacher training and pregnancy/STD risk reduction in the county's juvenile detention center, and 1.0 FTE HIV/AIDS community health educator working with high-risk populations;
- Eliminating dedicated STD services at the Columbia Public Health Center and the Department of Youth Services, but preserving some capacity within the family planning program at Columbia and maintaining core STD services at Harborview Medical Center;
- Eliminating clinic treatment for non-pulmonary (less infectious) TB cases, under an arrangement where Harborview's Infectious Disease Clinic will provide care;
- Eliminating a contract to Senior Services for exercise and nutrition services to older adults;

In Jail Health Services, the Requested Budget includes the following reductions and strategies, which, along with further strategies developed with OMB for the use of Mental Illness and Drug Dependency (MIDD) funds, enabled the department to reduce the division's budget by \$5.8M, which exceeded the division's 8.6% General Fund target:

- Implementing automated medication packaging equipment in 2010.
- Increasing efficiencies from the implementation of the electronic health record system, as JHS finds further opportunities for automation and savings in areas such as patient registration.
- Creating additional efficiencies and savings through pharmaceutical protocol changes.
- Reducing staffing levels based on lower population forecasts.

New Financing Model for Public Health Centers

The department's Requested Budget incorporates a new financing model for the Public Health Centers. Changes to the financial model involve using the General Fund to cover the costs of public health center infrastructure/building costs and also employ outside flexible funds to support the department and county indirect costs at the centers. In this model, the programs located in public health centers are expected, collectively, to cover their direct costs with patient-generated and contract/grant funds, subject to policy decisions about subsidies to serve uninsured populations. The goals of the new financial model for the centers are to address problems with the existing budgeting structure through a changed model that provides better predictability of need for General Fund funds, efficiency, scalability in the model to respond to available resources, and

flexibility to address the changing future of health care system financing at the national and state levels, while also supporting effective service delivery.

Preserving Flexibility by Maintaining Position Authority

The Requested Budget anticipates the future need to rebuild capacity and maintains key position FTE authority without funding. Environmental Health and other divisions are strategically maintaining a small number of positions without concurrent permit revenues in 2010 in order to quickly respond when the economy improves or if federal stimulus dollars become available.

Preserving Drinking Water Program

In response to state budget reductions, the Washington State Department of Health eliminated the Small Drinking Water Systems program statewide, preventing the program from reverting to the state as proposed in the 2009 lifeboat plan. Local land development codes require review of drinking water wells and other small systems, so the Board of Health recommended that we resolve this issue by developing a fee-supported program to address King County Code and Board of Health requirements. The Board of Health has taken action and approved the new fee revenues as proposed in the Requested Budget.

Emergency Medical Services

The Requested Budget for Emergency Medical Services focuses on implementation of priorities and strategic initiatives in its strategic plan, including advanced life support services (ALS), basic life support services (BLS), dispatch enhancements, medical quality improvement, online training for EMS providers, and injury prevention programs. The Requested Budget also recognizes that a critical recent change in Medic One/Emergency Medical Services (EMS) levy fund revenue forecasts will create a significant gap in the EMS financial plan, since assessed values are going down and property owners are paying lower levy amounts. As in other service areas, the severe economic recession is having a significant effect on the regional EMS levy. Due to the planning foresight of regional EMS partners, the Executive and the County Council, however, there is an effective method for mitigating this gap using existing EMS levy fund reserves and contingencies rather than taking reductions in direct services and programs. In addition, programs are finding ways of accommodating allocation gaps based on a CPI forecast much lower than many agencies minimum COLA of 2% (including King County). This mitigation approach is included in our 2010 Budget proposal.

IT Capital Improvement Projects

The department's Requested Budget also includes the following IT capital improvement project requests:

- PH-HIT (Public Health-Health Information Technology). This is a proposal for a new integrated electronic health record and practice management system to replace the current legacy "Signature" system that the vendor will cease supporting in 2013.

- Online Food Worker Permits. The department currently conducts or oversees in-person classroom training for food worker cards for over 80,000 individuals annually. This proposal will offer an online training and e-commerce option to enable workers to obtain the food worker card that is required to work in the food service business.
- ABT Side System Integration. All departments were requested to submit proposals to document side systems that may need integration or interface modifications as PeopleSoft and Oracle come on line. The department's proposal identifies such public health systems.

In Conclusion

Over the last decade, the provision of public health services in King County has been continually challenged due to emerging health risks, the increasing burden of preventable disease in our community, and public expectations and mandates. Public Health needs continue to evolve and diversify in response to the changing conditions among King County's populations, which are influenced by global, national, state, and local forces including: the epidemic of obesity which gives rise to chronic conditions like diabetes, and heart disease; emerging infectious diseases like H1N1 influenza; bioterrorism; potential flood disasters; and an increasing number of people who lack adequate health insurance.

As indicated by the information in this letter and through our Requested Budget, federal, state and local revenues that support core public health programs are significantly reduced in the 2010 budget and are likely to continue to decrease without a long term, dedicated funding source that is adequate to effectively protect and improve the health, safety, and quality of life for all King County residents.

We look forward to continuing on working with you as the Executive's Budget is transmitted to the King County Council for their review and consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "David Fleming", with a long, sweeping underline.

David Fleming, M.D.
Director and Health Officer

Public Health

Seattle & King County



Public Health – Seattle & King County

2010 BUSINESS PLAN

**Submitted
September 23, 2009**

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Introduction

King County Government's mission, through its Executive, County Council, Board of Health and Public Health – Seattle & King County (Public Health), is to identify and promote the conditions under which all people can live within healthy communities and can achieve optimum health.

In 2007, the King County Council passed ordinance 2007-0467, approving the Public Health Operational Master Plan (PHOMP). The plan was developed collaboratively with, and the final product endorsed by, a broad group of stakeholders including the King County Council, the King County Executive Office, the King County Board of Health, the City of Seattle, suburban city representatives, and public health professionals and partners. The scope of the planning process did not include the operations of Jail Health or Emergency Medical Services since they have existing strategic plans directed and approved by other policy oversight.

The 2010 Business Plan for Public Health is directly derived from the Public Health Operational Master Plan, which sets department goals, principles and key functions and presents a four-year, prioritized strategic plan. The PHOMP identifies an overarching department goal to increase the number of healthy years lived in King County and eliminate health disparities. In the context of achieving this goal, whenever possible, King County will employ strategies, policies and interventions to reduce health disparities across all segments of the population.

In addition to the PHOMP framework and to increase budget clarity and transparency, the 2010 Business Plan reflects a framework that is in alignment with the Ferguson Ordinance. The section structure is designed to align with three references: fund structure, organizational structure, and accountable PHOMP domain. The business plan is organized into 20 sections under the direction of the department's five divisions and Cross-Cutting & Business Functions to ensure responsibility and accountability. Each section is specifically linked to a public health function of protection, promotion, and provision or organizational attribute/financing. The plan is organized with an overview of the division, a description of each program, a summary and rationale of program changes. (A chart that depicts this structure is located in Appendix 1.)

Policy Direction

The Public Health business plan is written to respond to the budget reduction directions from the Office of Management and Budget. Public Health's primary driving force for developing these options is the PHOMP, which sets the policy framework and structure for the department.

In addition to policy direction provided by the PHOMP, Public Health operates in a complex policy environment that mandates services from the federal government, state statutes (RCW) and regulations (WAC), and local ordinances via King County, the City of Seattle, suburban cities, and the King County Board of Health. The department also maintains compliance with the state public health standards established by the Washington State Public Health Improvement Plan, and multiple accrediting bodies.

The PHOMP includes the following components:

Guiding Principles

King County's Public Health strategies, policies and programs shall be:

1. **Based on Science and Evidence:** King County's public health strategies are based whenever possible on science and evidence.
2. **Focused on Prevention:** King County recognizes that the best investments are those that prevent disease and promote good health. Prevention and promotion strategies achieve optimal health impact in the most cost-effective manner.
3. **Centered on the Community:** King County's public health solutions require collaboration of the entire community. In order to arrive at solutions which best meet the needs of all, King County's public health system must include partnerships with a wide variety of communities, government agencies and private organizations, improve cultural competency, and remain flexible to changing cultural dynamics.

Public Health Functions

Functions: King County's governmental public health functions include:

- **Health Protection:** King County has fundamental, statutorily defined responsibilities and powers to protect the public's health. Examples of these responsibilities include tracking disease and other health threats; preventing and treating communicable diseases; regulating dangerous environmental and workplace exposures; ensuring the safety of water, air, and food; and preparing for and responding to natural and human-made threats and disasters. Health protection action, including regulatory activities, must be balanced against limiting personal freedoms, but should be undertaken when the results will yield significant improvements to the health and safety of individuals and the community.
- **Health Promotion:** King County is responsible for leading efforts to promote health and prevent disability arising, for example, from injuries from traffic accidents or unsafe handling of firearms, or from chronic conditions such as heart disease, diabetes, and obesity. These complex health challenges often are best addressed through voluntary actions by individuals and communities. Through a collaborative and educational approach, the Department of Public Health encourages adoption of science-based, effective interventions that help make the right health choice, the easy choice to make.
- **Providing Preventive and Curative Quality Health Services:** King County's role in personal health care provision is to help assure access to high quality health care for all populations. Helping to assure this access includes convening and leading system-wide efforts to improve access and quality, advocating for access to quality health care for all, forming partnerships with services providers, and directly providing individual health services when there are important public health reasons to do so.

Organizational Excellence: To fulfill its mission, King County intends that its Department of Public Health shall maintain attributes of organizational excellence to successfully support and execute these functions to improve the health of the public.

Activities within the three governmental public health functions

Public Health will achieve its four-year and long-term goals in the functional areas of protection, promotion, provision, organizational attributes, and financing by undertaking assessment, policy development, and assurance activities. The department continues to follow the PHOMP strategies outlined in the following table.

Activities to Achieve Four Year Goals

	PROTECTION	PROMOTION	PROVISION
Assessment	Public Health should develop/use/maintain up-to-date systems and tools which allow for timely surveillance and assessment of the factors/systems which can threaten the public’s health.	Public Health should develop and use a portfolio of assessment tools, data sets and analytic methods which encompass the ability to analyze the economic, physical, behavioral, cultural, health care, and environmental factors which influences healthy choices. Routinely and accurately assess and monitor over time the health of King County.	Public Health should identify, collect, and analyze over time the information needed to assess health care access and quality of care provided for the people of King County.
Policy Development	Public Health should create and maintain the capacity for science based policy development, dissemination and implementation in the area of health care protection.	Public Health should create and maintain the capacity for science based health promotion policy development, dissemination and implementation.	Public Health should create and monitor the capacity to develop, disseminate, evaluate and/or implement evidence based policies that support accessible, high quality health care delivery.
Assurance	Public Health should create and maintain the capability to reliably assure the protection of the public from health threats using appropriate analytic, educational, regulatory, and community engagement methods.	Public Health should develop and maintain the ability to assure the successful implementation of high priority health promotions policies and/or strategies.	Public Health should develop and maintain capability to assure that all King County residents have access to appropriate, timely quality services.

Goals and Performance Measures

The PHOMP establishes long-term and four-year goals for each of King County’s three governmental public health functions of health protection, health promotion and health provision.

PROTECTION:

Long-term Goal: Increase the number of healthy years lived by people in King County and eliminate health disparities through rapid identification and effective response to current and emerging diseases, environmental threats, and terrorism and other acts of intentional harm with public health consequences.

4-year Goal: Improve the health and safety of the people of King County from the most likely and/or important threats by targeted improvements to lessen current system threat identification and response vulnerabilities.

PERFORMANCE MEASURE: Percent of children (19-35 mo) with up-to-date information in the vaccine registry. (Performance Measure from Aims High.)

Actual Performance					Target			
2005	2006	2007	2008	Q1 2009	2007	2008	2009	2010
32%	37%	44%	58%	N/A		58%	65%	75%

This goal has changed in the past year. The proportion of children in King County with complete and up-to-date records in the CHILD Profile Immunization Registry has been steadily increasing over the past 7 years. When the percentage of children in the registry with up-to-date immunizations is the same or greater than the percentage determined by phone surveys, which is currently 75 percent, the registry data will be considered complete. Meanwhile, the percentage of children with at least some records in the Immunization Registry has increased substantially. In the last five years, the percentage of King County children under six years of age with two or more immunizations recorded in the Immunization Registry has steadily increased from 57 percent in 2002 to 100 percent in 2008.

PERFORMANCE MEASURE: Percent of TB cases completing treatment within one year.

Actual Performance					Target*			
2005	2006	2007	2008	Q1 2009	2008	2009	2010	2015
86%	86%	92%	N/A	N/A	85%	85%	85%	93%

Tuberculosis (TB) is an infectious disease which spreads by airborne transmission. Without treatment, it is fatal in approximately 50 percent of cases. However, with the development of effective antibiotic treatment, it is preventable and curable. Treatment not only helps those who are suffering from TB, it also stops transmission of the disease. Complete and appropriate treatment reduces the chance of disease relapse and prevents the development of drug resistant TB strains. Due to the long duration of TB treatment (ranging from six months to over two years), data is not yet available for 2008.

*For 2008, 2009 and 2010, the PHSKC TB Control Program has adopted the Washington State TB objective of 85% completion of treatment within one year. The program will aim for the newly developed U.S. goal of 93% by 2015.

PROMOTION:

Long-term Goal: Increase the number of healthy years lived by people in King County and eliminate health disparities through developing and providing information, tools, and strategies to enable individuals and communities to identify and make healthy choices.

4-year Goal: Develop the key elements of an effective, modern health promotion program to combat the most important underlying actual causes of preventable illness and death in King County.

PERFORMANCE MEASURE: Percent of all establishments with a food permit from Public Health in compliance with a ban in use of artificial trans fat. (Performance Measure from Aims High.)

Actual Performance					Target			
2005	2006	2007	2008	Q1 2009	2007	2008	2009	2010
			99.5%	N/A		100%	100%	100%

This goal has changed in the past year. Last year, the measure was percent of retailers who sell tobacco products who are in compliance with prohibition on the sale of tobacco products to minors. This program continues with very high rates of success, and this year Public Health is featuring results of the new phased-in regulation banning trans fats in food preparation. Phase I results are presented. Phase I of the trans fat regulation, in effect since May 1, 2008, required industry to eliminate fry oils and spreads with 0.5 grams or more of trans fat per serving. Phase II, begun on Feb. 1, 2009, increases the scope of the ban to any product prepared in food establishments in King County.

Through examination of the performance measure, Public Health–Seattle & King County has a very high target of 100% compliance which has virtually been met. Public Health will monitor data for compliance which is expected to decrease because of the more inclusive nature of the ban.

PROVISION:

Long-term Goal: Increase the number of healthy years lived by people in King County and eliminate health disparities through access to affordable, appropriate, and quality health care services.

4-year Goal: Increase access to affordable, quality health care through convening and leading the development and implementation of improved community strategies to provide services.

PERFORMANCE MEASURE: Percent of Medic One patients surviving cardiac arrest (witnessed, VF). (Performance Measure from Aims High.)

Actual Performance					Target			
2005	2006	2007	2008	Q1 2009	2007	2008	2009	2010
48%	42%	46%	49%	N/A	N/A	N/A	40%	50%
			99.5%	N/A		100%	100%	100%

This goal has changed in the past year. Last year, the measure was provision of free or reduced-cost primary care to public health clinic clients on a sliding scale. This year, Public Health is measuring provision of life-saving care in emergency situations. Cardiac arrest is a life and death issue in the community and is treatable with the right combination of factors.

Through examination of the performance measure, from 2004 through 2008 there were 3,298 cases in which EMS performed CPR for cardiac arrest due to all causes, excluding trauma. After maintaining a survival rate of around 35 percent for a number of years, the rate increased dramatically to 48 percent in 2005 and has remained high ever since. In 2008, an unprecedented rate of 49% was achieved. This sustained increase was due primarily to a protocol change in 2005 which emphasized the quantity and quality of CPR by replacing three successive (stacked) shocks for treatment of ventricular fibrillation with one shock, followed by two minutes of CPR.

PERFORMANCE MEASURE: Children’s Health Initiative

Access to health care is necessary for children to achieve optimal health and grow into healthy adults. There are approximately 19,000 uninsured King County children aged 18 and younger, yet many parents or guardians are not aware of publicly sponsored health insurance programs their children may qualify for. The Children’s Health Initiative (CHI) focuses on outreach to the community to enroll eligible children in public insurance and ensure provision follow-up care. A target for CHI is to enroll 6,500 children in insurance through outreach efforts in the community by the end of 2009. CHI's outreach efforts surpassed the program's 2007 and 2008 enrollment goals and is on track to meet 2009 goals. 2010 goals and a sustainability plan are being developed as direct county funding has ended.

Actual Performance					Target			
2005	2006	2007	2008	Q1 2009	2007	2008	2009	2010
N/A	N/A	1,420	4,463	4,845	1,000	4,000	6,500	TBD

Challenges and Change Dynamics

Over the past decade, Public Health has faced reductions or limitations from significant funding sources, including King County general fund, state and federal funding, grants, fees, and patient-generated revenues.

In addition to county general fund reductions in 2010, the department is facing fiscal challenges from reductions in state funding that impact core Public Health capacities and medical services. In the upcoming biennium, the adopted state budget eliminates the universal vaccine purchase program for non-low income children. Medical care providers will have to purchase vaccines which could result in fewer immunizations being provided in the private sector and a corresponding potential increase in vaccine preventable diseases. Providers will also face decreased Medicaid reimbursement rates, meaning some providers will decide not to care for Medicaid patients. Additionally, more low-income families will be without medical insurance through reductions in the Basic Health Plan and General Assistance Unemployable (GAU) medical coverage. Community Health Clinics will also confront possible decreased funding statewide and will undoubtedly have less capacity to provide medical services for unemployed/uninsured patients.

The absence of universal access to basic medical care in the United States stresses King County, its residents, and the safety net providers serving the uninsured. Public Health is often a provider of last resort for uninsured county residents, and the current recession has resulted in an increased demand for Public Health services at a time when resources are shrinking.

Combined with funding reductions and increased demand, Public Health continues to face increasing costs of providing services – particularly for medical services which have higher rates of inflation. This structural imbalance between diminishing revenues and the rising cost of providing services exacerbated by the worsening economic environment has created financial challenges in every division. For example:

- **Environmental Health Division** is forecasting up to a 50% reduction in certain permits due to the decrease in land development and construction activities— primarily for the on-site septic systems and plumbing and gas piping programs. Revenues in construction related programs are projected to fall by 50% in 2009 and 2010 from 2008 levels, resulting in staffing reductions. It is unclear how the economic situation will impact restaurant permits and Public Health is monitoring this closely. While it is critical to balance staffing needs with available revenue, it is also important to not damage core capacity to respond when the economic environment improves.
- **Emergency Medical Services Division** will have to assess the EMS levy funding and service delivery plan. The economic assumptions related to multi-year levies have significantly changed, affecting both revenues and expenditures. Formulas for keeping expenditure targets aligned with actual expenditures may no longer work when COLA floors exceed CPI. If assessed values decrease, levy caps may be reached and forecasted revenues will be reduced. The Requested Budget also recognizes that a critical recent change in Medic One/Emergency Medical Services (EMS) levy fund revenue forecasts will create a

significant gap in the EMS financial plan. As in other service areas, the severe economic recession is having an unprecedented effect on the regional EMS levy. Due to the planning foresight of regional EMS partners, the Executive and the County Council, however, there is an effective method for mitigating this gap using existing EMS levy fund reserves and contingencies rather than taking reductions in direct services and programs. This mitigation approach is included in the 2010 Budget proposal.

- **Prevention Division** is heavily funded by federal and state grants and categorical funding, and is facing reductions in both the federal and state levels. To address its \$9 billion dollar deficit, the legislature reduced state program revenues in HIV/AIDS (\$935,000), in Colon Health (\$300,000) and in the Tobacco Program (\$400,000).
- **Community Health Services Division (CHS)** is also negatively impacted by reduced state funding. State revenues in the Provision programs Maternity Support Services and Family Planning are cut. Federally Qualified Health Care (FQHC) funding which heavily supports CHS and Community Health Clinics will decrease this fall. In addition to a decrease in funding, the division is facing an increase in health services demand at Public Health Centers from clients who are unable to pay for their health care. Previously employed and insured residents are now unemployed, have no insurance, are unable to pay for their health care and are relying on the safety net for health care services. Health care delivery costs – including labor, pharmaceuticals, medical and dental supplies – continue to increase as revenues from Medicaid or private insurance decrease.
- **Jail Health Services** also faces increasing health care delivery costs while the primary funding source (King County General Fund) is decreasing. The Department of Justice settlement and increased litigation will increase cost pressures. Finally, the National Commission on Correctional Health Care (NCCCHC – accreditation body) revised and added new standards in 2009.

Changing community risk statutes and dynamics in the health policy environment also influence the strategies, operations and service capacity of the department. These internal and external forces require Public Health to continuously monitor and adapt to a changing environment:

- **The current outbreak of H1N1 Influenza A (Swine Flu)** across the world clearly demonstrates King County's vulnerability to emerging public health hazards. When a new threat such as H1N1 spreads from person to person in a highly urbanized, internationally connected community such as King County, Public Health must be able to surge resources and enhance response capabilities in these areas: Disease surveillance and investigation; Communications and education programs; Outreach programs to schools and daycare centers, and; Capabilities to receive, store, distribute and dispense medications to patients rapidly during a crisis. Reductions in funding for key programs such as Communicable Disease and Immunizations, School and Childcare Health, Health Education and Communications will significantly impact Public Health's ability to effectively respond to H1N1 and other hazards that face King County.

The current health environment is tremendously precarious. Four aspects of the local health environment continue to stress the health of the community and increase the responsibility of Public Health: persistent health inequities, growth of chronic diseases, re-emergence of old and new infectious disease threats and an extremely fragile safety net of care for vulnerable populations.

- **Needs and mandates have increased.** An increasing number of federal, state, and local mandates for public health services and programs pose additional challenges.

Environmental Health faces significant challenges in preparation of its 2010 budget due to unfunded mandates from the County and the State in several programs. In the adopted 2009 King County Budget, the council transferred the shelter clinic veterinarians and relief veterinary support to Public Health with General Fund barely sufficient to support the direct salary and benefits. This level of resource is also inadequate to staff the clinic veterinary hours needed at the King Shelter. In addition, no resources were included for Environmental Health to provide oversight of these veterinary services or to fulfill the other duties Council added to the department's official duties in Title 2 of the King County Code.

Public Health's Drinking Water Program was put in a 2009 Lifeboat with the assumption that the responsibility could revert to the state if local funding to maintain the program could not be identified. In response to state budget reductions, the State Department of Health eliminated the Drinking Water program statewide. Now there is no state program to assume this role and local land development codes require review of drinking water wells. At the May 21st meeting, the King County Board of Health directed staff to develop fees to support the current King County Code requirements. This work is included in the proposed budget as fee supported.

Nutrition labeling and trans fat regulations have added ongoing workload responsibilities for the Food Protection Program with no additional funding. Critical community work addressing environmental issues, i.e. substandard housing, environmental toxics, poorly designed communities, land use planning and climate change impacts are underfunded. This results in highly and disproportional effects on the health and well being of poor, refugees, immigrant and people of color communities.

Jail Health Services operates under a number of legal and regulatory mandates that direct the scope and nature of services that must be provided, including the "Hammer" settlement that requires accreditation, which involves 68 standards that must be met. Jail Health Services must also provide care that meets constitutional and related case law requirements, and a recent settlement between the county and the Department of Justice has added a number of new requirements and mandates that Jail Health must meet, adding additional pressures to its financial environment.

- **Global, national, state and local forces are playing out within King County's health environment,** including globalization, accelerating technological advances, huge demographic changes, widening gaps between haves and have-nots, re-emergence of the importance of infectious diseases, epidemics and pandemics, increasing prevalence of

chronic diseases, complex and persistent health disparities, and the profound impact of social, built, and physical environment.

- **Mentally ill persons and persons with addictions are overwhelmingly over-represented in King County’s incarcerated population** due to the limited number of mental health and substance abuse treatment resources in the community. Jail Health Services is challenged to serve these complex populations while they are incarcerated and to successfully refer them to housing, treatment, and other support services at discharge.
- **Public Health’s ongoing improvement and investment in its supporting infrastructure**, including data management, financial management and human resources need to increase dramatically to provide cost-effective and customer-focused services. The Public Health Operational Master Plan specifically calls for improvements to the department’s “Organizational Attributes.”
- **Basic Communication & Information.** The world-wide culture shift in how people have access to information and are able to communicate is a significant change dynamic, which affects Public Health in two ways. Information technology tools and expertise are necessary to make sure business practices are efficient, accurate and cost effective, as in any business administration. In addition, the unique responsibilities of Public Health obligate us to collect, analyze and act on community-wide health status data. A high degree of accuracy and credibility is required so that information can be communicated in equally efficient ways. This need to improve the basic capacities of Public Health is explicitly called for in the PHOMP “Organizational Attribute” domain.

2010 Public Health Budget Strategies

The business plan rationale is driven by the goals, principles and strategies laid out in the PHOMP. The priority of the department is to support the core organizational attributes necessary for effective public health practice across all programs and maintain the core foundation capacity for our programs in health provision, health protection and health promotion. Within this framework, Public Health has identified opportunities for revenue enhancement, increased efficiencies, developed model changes, employed cost shifting and lastly reduced services. Where program reductions are taken, they are prioritized for isolated effects that have the least amount of impact on the department’s core capacity to improve community health. Because general funds dollars are used to support programs across the department and are not concentrated in a few programs, a small number of large reductions is not possible. Reaching the initial target reductions levels requires a larger number of smaller to medium increment reductions across several programs. Program reductions are primarily focused in the provision and protection and organizational attributes domains.

The following is a summary of the proposed budget reduction options from the 2A form that are detailed in the business plan and budget submittal:

Emergency Medical Services

Title	Expenditures	FTEs	TLTs	Revenue
Provision: EMS ALS Provider Services - Medic Unit Service Add Preparation	62,023	0.62	-	62,023
Provision: EMS Contingency Reserves - Medic Unit Service Delivery Issues	250,000	-	-	250,000
Provision: EMS Provision Reg Supp Svcs - CBD/CAD Cost Savings	(5,140)	-	-	(5,140)
Provision: EMS Dept IT Reorg - EMS Tech Adjustment	159,366	(6.50)	-	159,366
Provision: EMS Grants - PITCAR Grant From LSDF	396,031	1.11	-	396,031

Community Health Services

Title	Expenditures	FTEs	TLTs	Revenue
Provision: CHS PH Centers - Struct Gap	(485,180)	(4.75)	-	(485,180)
Provision: CHS PH Centers Financing Model	(1,351,280)	(12.25)	-	(1,351,280)
Provision: CHS Regional and Community Based Serv- GF Reduction	(39,274)	-	-	(39,274)
Provision: CHS Regional and Community Based Serv - Struct Gap	(197,197)	(2.50)	-	(197,197)
Provision: CHS Regional and Community Based Serv - CFSA/GF Exchange	34,092	-	-	34,092
Protection: CHS Regional & Community Based Programs - Structural Gap	(472,596)	(1.10)	-	(472,596)
Protection: CHS Regional & Community Based Programs - Other	45,897	0.50	-	45,897

Environmental Health

Title	Expenditures	FTEs	TLTs	Revenue
Protection: EH Field Based - Animal Related Business Regulation	95,974	1.00	-	95,974
Protection: EH Field Based - On-line Food Card Training	50,000	-	-	50,000
Protection: EH Field Based Program Reduction	(1,188,901)	(11.95)	-	(1,188,901)
Protection: EH Field Based Services – Drinking Water	109,731	1.00	-	109,731
Promotion: EH Regional & Community Based Programs GF Target ¹	(21,760)	-	-	(21,760)
Promotion: EH Regional & Community Based Programs - Veterinary Services	275,448	2.00	-	275,448
Promotion: EH Regional & Community Based Programs – Zoonotic Diseases	227,994	1.00	-	227,994

¹ The charge nets to zero on the budget forms, but represents part of the departments general fund target reduction.

Jail Health

Title	Expenditures	FTEs	TLTs	Revenue
Medication Packaging (Site Based)	(209,874)	-	-	-
Medication Packaging (Shared)	1,279	-	-	-
Electronic Health Record Efficiencies	(370,525)	(5.50)	-	-
Population Adjustment (Site Based)	(1,141,129)	(9.60)	-	-
Population Adjustment (Shared)	(818,485)	(0.50)	-	-
Pharmaceutical Protocols	(49,324)	-	-	-
Department of Corrections (DOC) Revenue	-	-	-	215,178
Grant Program Adjustments	(60,586)	(1.00)	-	(83,056)
Laboratory Services	90,938	-	-	-
Remove GF Target Reduction Contra	2,567,161	-	-	-
Public Health Department Overhead	122,667	-	-	-

Prevention

Title	Expenditures	FTEs	TLTs	Revenue
Protection: Medical Examiner - General Fund Target Reduction	(66,918)	-	-	(66,918)
Protection: Medical Examiner - Structural Gap	27,480	(0.04)	-	27,480
Promotion: Health Promotion & Disease/Injury Prevention - GF Target Reduction	(30,000)	-	-	(30,000)
Promotion: Health Promotion & Disease/Injury Prevention - Grant Funded	(275,969)	0.05	-	(275,969)
Promotion: Health Promotion & Disease/Injury Prevention - Struct Gap	(343,826)	(1.02)	1.00	(343,826)
Protection: Infectious Disease Prevention & Control - GF Target Reduction	(270,385)	(1.10)	-	(270,385)
Protection: Infectious Disease Prevention & Control - Grant Funding Changes	(596,011)	(3.67)	(1.67)	(596,011)
Protection: Infectious Disease Prevention & Control - Grant Funding Changes	787,592			787,592
Protection: Infectious Disease Prevention & Control - Structural Gap	(481,466)	(3.66)	(0.80)	(481,466)
Protection: Infectious Disease Prevention & Control - IMMS Program change H1N1	623,249	-	-	623,249

Cross-Cutting/Admin Functions

Title	Expenditures	FTEs	TLTs	Revenue
Protection: Preparedness - Grant Changes	634,642	0.25	2.25	634,642
Protection: Preparedness - H1N1 Preparedness	280,000			280,000
Org Attr: Regional & Cross Cutting Services Changes	1,433,533	8.25	1.00	1,433,533
Org Attr: Regional & Cross Cutting Services GF Target Reduction	(359,683)	-	-	(359,683)
Org Attr: Regional & Cross Cutting Structural Gap Changes	(377,612)	(0.90)	(0.50)	(377,612)
Org Attr: Regional & Cross Cutting Grant Contingency Increase	2,000,000			2,000,000
Org Attr: Regional & Cross Cutting - H1N1 Prevention	(607,991)			(607,991)
Org Attr: Regional & Cross Cutting - H1N1 Preparedness	(226,576)			(226,576)
Org Attr: Cross Cutting Business Services - GF Reduction	(357,699)	(0.35)	-	(357,699)
Org Attr: Cross Cutting Business Services - IT Reorganization ²	42,041	19.50	-	42,041

² The Department IT Reorganization was done in response to the County-wide initiative to have all IT resources managed by and reporting to the IT Service Delivery Manager. This change has corresponding changes in each division that have not been listed on the departmental charts where 20.50 positions were moved out of the divisions to the department's centralized IT support projects.

Conclusion

The Public Health Operation Master Plan provides the strategic policy foundation to achieve King County's vision to identify and promote the conditions under which all people can live within healthy communities and can achieve optimum health. The budget and business plan is directly derived from the PHOMP, and in the context of proposed budget reduction options, has identified opportunities for revenue enhancement, increased efficiencies, employed alternate funding sources as well as reduced services.

The budget and business plan strive to assure the elements necessary for effective public health practice across all programs, and sustains the basic underlying foundation for programs in health protection, health promotion and health provision. Program reduction options minimize impacts on core capacity to achieve the goals specified in the PHOMP to improve community health.

Introduction

Appendix 1

SECTION 1

Emergency Medical Services

Provision: ALS Provider Services

Paramedic/Advanced Life Support (ALS) Services

Provision: BLS Provider Services

Basic Life Support (BLS) Services

Provision: Regional Support Services

Regional Support Service
CBD/CAD Integration

Provision: EMS Initiatives

EMS Strategic Initiatives

Provision: Contingency Reserves

Contingencies, Reserves & Audit

Provision: EMS Grants (P.H. Fund)

Center for Evaluation of EMS (CEEMS)

EMS Entrepreneurial Projects Program to Integrate

Technology and Cardiac Arrest Resuscitation (PITCAR)

King County Medic One Donations

SECTION 2

Community Health Services

Provision: Public Health Center-Based Services

Community Health Services Administration

Parent Child Health – PHC based
Women, Infants, & Children (WIC) – PHC based

Family Planning Services
Primary Care/Family Health

Maternity/OB services
School-Based Health Centers

Immunizations
Oral Health (clinical dental services)

Refugee Health
Pharmacy

Nurse Family Partnership
White Center Early Learning Initiative (WCELI)

Interpretation Services
PHC Support Services

Provision: Regional & Community-Based Programs

City Practice / System Support
City Community Partnership

Community Health Support Services
Parent Child Health – community based

Women, Infants, & Children (WIC)--community based

School-Based Partnerships, School Nursing/Education--Seattle Levy

Health Care Access & Outreach
Health Care for the Homeless Network

Foster Care Passport
Child Profile

Pharmacy Warehouse
Community Health Clinics
King County School-Linked Health Centers

Family Planning Health Education

Provision: Regional & Community-Based Programs

Child Care Health Program

SECTION 3

Environmental Health

Protection: Field-Based Services

Environmental Health Administration,
Northshore, Alder Square,
Black River & Downtown

Food protection & Living Environment Program

Solid Waste
Vector/Nuisance Control

Plumbing & Gas Piping
Drinking Water

Physical and Chemical Hazards Program

Local Hazardous Waste Program

Wastewater Disposal and On Site Maintenance

Animal related business

Protection: Regional & Community-Based Programs

Built Environment and Land Use

Climate Change
Veterinary Services

Zoonotics

Protection: Local Hazardous Waste Fund

SECTION 4

Jail Health

Provision: Jail Health Site-Based Clinical Services

Population adjustments
Medication Packaging

Provision: Jail Health Shared Clinical Services

Pharmacy Protocol
Electronic Health Record

Department of Corrections Revenue

PH Department Overhead

SECTION 5

Prevention

Protection: Medical Examiner

PH Protection MEO

Promotion: Health Promotion & Disease/Injury Prevention

Chronic Disease & Injury Prevention Section

Protection: Infectious Disease Prevention & Control

Communicable Disease, Epidemiology & Immunizations

HIV/AIDS Program
Sexually Transmitted Disease Clinic and Program

Tuberculosis Clinic and Program

Public Health Laboratory Prevention Division

Administrative Services

SECTION 6

Cross-Cutting/Admin Functions

Protection: Preparedness

Community Partnerships
Children & Families Commission

King County Health Action Plan
Assessment, Policy Development, & Evaluation Section

Policy, Community Partnerships, Communications Section

Grant Management Section
Board of Health

King County Vital Statistics
Equity and Social Justice Initiative

Administrative Projects

Organizational Attributes: Cross-cutting Business Services

Inventory Control
Business Standards & Accountability

Contracting, Procurement & Real Estate

Human Resources including the Diversity Initiative program

Department Administration
Finance/Accounting/Budget Section

Management Information Services (IT)
IT Initiatives

Chiefs of Medical, Nursing, Dental & Pharmacy Services

SECTION 7

Public Health 2010 Business Plan

Emergency Medical Services

EMS is supported by levy funds that make the services it provides less vulnerable, though not immune, to fluctuations in the economy. EMS will be continuing to evaluate its funding and service delivery plan over the coming year. This review will include addressing projected revenue reductions due to the economic downturn, and the appropriate levels of contingencies and reserves.

Emergency Medical Services (EMS) is responsible for providing pre-hospital emergency services in King County and regional leadership through the formation of partnerships with cities and fire departments providing EMS services in King County. Four primary programs are provided as described in the *Medic One/EMS 2008-2013 Strategic Plan*: 1) Paramedic or Advanced Life Support Services (ALS); 2) Basic Life Support Services (BLS) are provided in partnership with local fire departments with partial assistance from the EMS levy; 3) Regional Support Services; and 4) Strategic Initiatives designed to improve the system. A regional EMS Advisory Committee provides guidance and review of decisions made within the system. As part of King County's goal to protect and improve the health and well being of people in King County, EMS services are within the PHOMP Provision Domain to increase the number of healthy years lived by people in King County and contribute towards eliminating health disparities through access to quality emergency pre-hospital services.

EMS Division sections reflect the major program areas as described in the 2008-13 Medic One EMS Strategic Plan and reflect line items on the Financial Plan included in KC Ordinance 15861. In the 2010 budget EMS is requesting increased funding from fund balance or reserves to accommodate an unanticipated funding gap which was created by forecast deflation associated with the current economic downturn and by the omission of an inflationary assumption for these programs. King County is currently advising a 2% COLA floor for King County employees; other fire agencies also have inflationary floor for wages. The current deflationary projections do not cover the increase in COLA.

The EMS Grants section includes all EMS Grants, Donations, and Entrepreneurial Projects. They were placed in this section as the projects rely on outside funding sources and services, research, and products with projected 2010 revenues.

Sections/Programs Each section aligns with a Public Health Operational Master Plan Domain (PHOMP)

Provision: ALS Provider Services

Paramedic/Advanced Life Support (ALS) Services

Provision: BLS Provider Services

Basic Life Support (BLS) Services

Provision: Regional Support Services

Regional Support Service

Provision: EMS Initiatives

EMS Strategic Initiatives

Provision: Contingency Reserves

Contingencies, Reserves & Audit

Provision: EMS Grants (P.H. Fund)

Center for Evaluation of EMS (CEEMS)

Program to Integrate Technology and Cardiac Arrest Resuscitation (PITCAR)

EMS Entrepreneurial Projects

King County Medic One Donations

Program Descriptions

Provision: ALS Provider Services

Paramedic/Advanced Life Support (ALS) Services: Paramedics provide pre-hospital care for serious or life-threatening injuries and illnesses, and administer advanced life support services that include airway control, intubation, heart pacing, defibrillation, and dispensing of medicine under the medical supervision of the Regional Medical Director. Services in King County outside the City of Seattle are provided by six agencies: Shoreline Fire Department, Redmond Fire Department, Bellevue Fire Department, Vashon Fire & Rescue, King County Medic One and Snohomish County FD 26 provide services to the Skykomish area of King County from Baring to Stevens Pass.

EMS Division highlights the PERS to LEOFF retirement plan transfers for King County Medic One paramedics which currently remains an unresolved policy issue, without an identified funding source. In 2005, state legislation (Substitute House Bill 1936) enabled King County Medic One paramedics to transfer from Public Employees Retirement System (PERS) to the Law Enforcement Officers' and Fire Fighters' Retirement System Plan 2 (LEOFF 2). King County Paramedics have five years (until 2010) to declare a PERS to LEOFF transfer and pay the difference plus interest. King County agreed to pay both the employer's share and the state's share of contributions, a total of about \$3.5 million known financial liability, with approximately \$940,000 in additional potential liability if all currently uncommitted PERS 2 and PERS 3 paramedics should transfer. Under the legislation, King County has five years from the time paramedics begin transferring to pay the state retirement system. The first such Bill was received in Dec 2007, and will be due to the state in Dec 2012. Since the EMS Levy Fund is a regional fund managed by King County, it does not appear to be a readily available revenue source for resolution of this policy issue.

Provision: BLS Provider Services

Basic Life Support (BLS) Services: Emergency Medical Technician (EMT)/Fire Fighters provide first-on-scene medical care and respond to all requests for pre-hospital medical care in King County. They administer basic life support services (including cardiac defibrillation) under the medical supervision of the Regional Medical Director. BLS services are provided by 28 fire agencies in King County.

Provision: Regional Support Services

Regional Support Services: Regional Support Services are the core services managed by the EMS Division that support and supplement the direct service activities of the Medic One/EMS system. These services are essential to providing the highest quality pre-hospital care and emphasize the uniformity of medical care and dispatch across jurisdictions, consistency and excellence in training, and medical quality assurance. Specific program areas include Medical Direction, EMS Training, Community Programs, Strategic Planning and Data Management, and Administration including Regional Leadership and Financial Management. Strategic Initiative CBD Software development and CAD Integration projects at all communications centers in King County resulted in some cost savings for Regional Support Services. These projects were designed to accomplish greater speed and efficiency in dispatch call processing and provide enhanced data collection for supervisors and administrators for quality improvement activities.

Provision: EMS Initiatives

EMS Strategic Initiatives: Strategic Initiatives are specific projects that complement the activities of Regional Support Services. These initiatives are designed to improve the quality of Medic One/EMS services and manage the growth and costs of the system. Specific project areas include dispatch, data collection, online EMS training, and injury prevention.

Provision: Contingency Reserves

Contingencies, Reserves & Audit: The EMS financial policies adopted by council ordinance for the 2008-2009 EMS Levy include funds for audits by the King County Council auditor and restricted contingencies for Disaster Response and ALS Salary and Wage increases above forecast amounts. Use of Disaster Response

funds may only be expended with a proclamation of emergency by the county executive. The ALS Salary and Wage contingency may be accessed if inflation exceeds the relevant cost index and requires a "declaration of unexpected inflation by the county executive". Use of either of these contingencies requires a proclamation/declaration by the County Executive and notification to the King County Council and the Medic One/EMS Advisory Committee. The fund also includes contingent budget authority to accommodate minor changes that occur during the year and allows programs to use their program/provider balances. Designated reserves were established in the 2008-2013 Medic One/EMS levy financial plan to maintain Medic One operations if inflation exceeds forecasted levels. Any designated reserve requirement may be temporarily suspended by declaration of unexpected inflation by the county executive as described in Ordinance 15861. Current reserves for unanticipated inflation include diesel cost stabilization, pharmaceuticals/medical equipment and call volume/utilization. There are also reserves for chassis obsolescence/medic vehicles, risk abatement, and millage reduction. In addition, there are designations for provider/program balances.

Provision: EMS Grants (PH Fund)

Center for Evaluation of Emergency Medical Services (CEEMS) undertakes research in the field of pre-hospital emergency care. CEEMS is supported by grants and staffed by investigators from the University of Washington and employees of the EMS Division. A major new grant for CEEMS is the Program to Integrate Technology and Cardiac Arrest Resuscitation (PITCAR). It is a new 4-year grant beginning in mid-2009 with funding from the Life Sciences Discovery Fund (LSDF) Authority. The focus of the grant is to develop, evaluate and implement advanced technologies in the field of resuscitation science to improve outcomes from cardiac arrest.

Program to Integrate Technology and Cardiac Arrest Resuscitation (PITCAR)

A major new grant for CEEMS is the Program to Integrate Technology and Cardiac Arrest Resuscitation (PITCAR). This is a new 4-year grant beginning in mid-2009 with funding from the Life Sciences Discovery Fund (LSDF) Authority. The focus of the grant is to develop, evaluate and implement advanced technologies in the field of resuscitation science to improve outcomes from cardiac arrest.

King County Medic One Donations: King County Medic One (KCM1) receives donations from private residents. These funds are used for training and equipment for the KCM1 program.

EMS Entrepreneurial Projects allow distribution of state-of-the art Web-based EMS training and dispatch products to EMS providers outside of King County.

2010 Budget Change Strategies

Provision: ALS Provider Services _____

Title	Expenditures	FTEs	TLTs	Revenue
Provision: EMS ALS Provider Services - Medic Unit Service Add Preparation	62,023	0.62	-	62,023
Provision: EMS Dept IT Reorg - EMS Tech Adjustment	159,366			159,366

Provision: EMS Initiatives _____

Title	Expenditures	FTEs	TLTs	Revenue
Provision: EMS Provision Reg Supp Svcs - CBD/CAD Cost Savings	(5,140)	-	-	(5,140)

Provision: Contingency Reserves _____

Title	Expenditures	FTEs	TLTs	Revenue
Provision: EMS Contingency Reserves - Medic Unit Service Delivery Issues	250,000	-	-	250,000

Provision: EMS Grant (PH Fund) _____

Title	Expenditures	FTEs	TLTs	Revenue
Provision: EMS Grants - PITCAR Grant From LSDF	396,031	1.11	-	396,031

Revenue Enhancement (alignment)

Integrate Technology and Cardiac Arrest Resuscitation (PITCAR); \$425,183; 1.1 FTE; (RB)
 A new 4-year, \$2.6 million grant will fund the Program to Integrate Technology and Cardiac Arrest Resuscitation (PITCAR) program and add 1.5 new FTEs in 2010. With funding from the Life Sciences Discovery Fund (LSDF) Authority, the focus is to develop, evaluate and implement advanced technologies in the field of resuscitation science to improve outcomes from cardiac arrest. The Resuscitation Academy project also includes a \$21,000/year grant from the Medic One Foundation. The PITCAR grant will continue research and collaboration between EMS and the University of Washington that has benefitted King County residents with the highest rate of survival from witnessed sudden cardiac arrest caused by ventricular fibrillation. The proposal includes reassigning approximately 1.8 FTEs from other projects including a Program Manager III (class # 8242; not vacant), a Program Manager I (class # 8244; not vacant), and an Epidemiologist II (class # 8556; not vacant). In addition, two new positions are created – a full time Research Assistant (class # 8281) and a .5 Senior Web Developer (class #8781) to be shared with other EMS projects. The LSDF grant will leverage EMS staff and providers, dispatchers, citizens and police, as well as provide access to established datasets, registries, and developed websites for online training and dissemination of information to other Washington agencies. EMS providers and the medical community will benefit from the evaluation of services and establishment of standards of care and treatment including training and ongoing continuing education for ALS and BLS providers. The research will be done in collaboration with the University of Washington and local defibrillator manufacturers Physio-Control and Phillips.

Community Health Services

The Community Health Services (CHS) Division provides a wide range of public health services delivered directly from ten public health centers and other community-based facilities to targeted, high risk populations of concern. As such, it is working to build an efficient, comprehensive clinical care system for a defined population, delivered through a framework of evidence-based medicine. In addition, the division contracts with various other community agencies to provide specialized services for high risk populations, to effectively meet public health goals. A significant role served by this division is system development and resource leveraging in order to assure access to direct care and preventive services throughout the community. This division faces financial challenges from three directions moving forward: first, the structural gap between the local tax revenues in comparison with the rising costs, in this case exacerbated by the fact their costs are similar to those of the health care industry; second, the reduction in flexible and categorical funds at both the local and state levels; and third, the increasing need for services by people who have no resources to pay due to the economic downturn. These challenges are significant; drastic program changes are being proposed throughout the CHS Division to address them.

Three sections have been identified in the Community Health Services Division. Two sections align with the Provision Domain and one with the Protection Domain. The sections are Provision: Public Health Center Based Services, Provision: Regional and Community-Based Programs and Protection: Regional & Community Based Program.

Provision: Public Health Center Based Services section is the largest CHS section and currently includes six core services that include Maternity Support Services, WIC, Family Planning, Immunizations, Primary Care and Dental Services This budget proposes eliminating immunizations as a stand-alone program. In addition to these core programs, the department provides other public health services that are offered at one or more public health centers. These countywide services currently include Refugee Health, Travel Immunizations, Dental Sealants, Child Care Health, Access and Outreach, and the Nurse Family Partnership. Public Health provides provision services at its public health centers primarily to two target populations: low income women and young children and vulnerable adults. Public Health Centers have historically served as the provider of last resort to the very low-income, uninsured or with Medicaid, often homeless or with mental health issues, and disproportionately people of color and/or non-supported by federal funding streams.

Services in the Public Health Centers are budgeted through individual programs budgets for ease of tracking costs and revenues, but functionally and financially are interdependent and cannot operate in isolation. Primary care assures the FQHC status that enables these programs to generate cost-based revenue. WIC uses the assessments done in MSS to meet its certification process, reducing duplication for the client and costs to the program. In addition, the programs in the Public Health Center Services section share support and supervisory staff in the sites and enable the Public Health Centers to optimize both the services to the target population and the ability to leverage available funding, and realize operational efficiencies of scale.

This section includes the 10 Public Health Centers and the programs in them, which represents the nexus of the structural gap dilemma in that the costs are mostly driven by medical cost match, and increasing need. The revenues are all either static or declining.

Provision: Regional and Community Based programs assure access to quality health care by (1) convening and leading system-wide efforts to improve access and quality, (2) advocating for access to quality health care for all, and (3) forming partnerships with service providers. This assurance function is of particular importance where barriers to access to care contribute significantly to disparities in health outcomes for a particular population, or where there is a particular risk or disease profile that necessitates a unique service delivery model. Examples of programs clustered in this section include: School-based partnerships, Health Care Access and Outreach, Health Care for the Homeless Network, Foster Care Passport, Child Profile, Community Health Clinics, King County School-Linked Health Centers, and Family Planning Health Education.

Protection: Regional and Community Based Program section includes Child Care Health. This program protects the public from the spread of communicable diseases by improving the health and safety of children in child care programs. This field-based team uses public health nurses, nutritionists, and health educators. Location of the program within CHS aligns the team with other field-based public health functions done by the same professionals. Child Care staff routinely collaborates with other protection domain programs in the department such as communicable disease, immunizations, food protection and living environment and physical and chemical hazards which are organizationally increased in the Prevention and Environmental Health Divisions.

Sections/Programs Each section aligns with a Public Health Operational Master Plan Domain (PHOMP)
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Provision: Public Health Center-Based Services

Community Health Services Administration
Parent Child Health -- PHC based
Women, Infants, & Children (WIC) – PHC based
Family Planning Services
Primary Care/Family Health
Maternity/OB services
School-Based Health Centers (Seattle Levy)
Immunizations
Oral Health (clinical dental services)
Refugee Health
Pharmacy
Nurse Family Partnership
White Center Early Learning Initiative (WCELI)
Interpretation Services
PHC Support Services

Provision: Regional & Community-Based Programs

City Practice / System Support
City Community Partnership
Community Health Support Services
Parent Child Health – community based

Women, Infants, & Children (WIC) -- community based
Community Health Clinics
King County School-Linked Health Centers
School-Based Partnerships, School Nursing/Education – Seattle Levy
Family Planning Health Education
Health Care Access and Outreach
Health Care for the Homeless Network
Foster Care Passport
Child Profile
Pharmacy Warehouse

Protection: Regional & Community-Based Programs

Child Care Health Program

Program Descriptions

Provision: Public Health Center-Based Services

Direct client services are provided to low-income women, children as well as other vulnerable adults through specific programs located and operated from geographically dispersed Public Health Centers. These programs include:

Community Health Services Administration: Provides administrative oversight and support for the Community Health Services Division. The Division administration supports services at all Public Health Clinic locations and all programs within the CHS Division.

Parent Child Health (PCH): Assures that babies are born with the best opportunities to grow and thrive by providing assessment, education, skills-building and case management services to at-risk pregnant women and families with children. Additional services provided include case management to children with special health care needs and targeted services to young, first time low-income mothers.

Women, Infants, & Children WIC: Improves pregnancy outcomes and children's health, growth and development through food vouchers and healthy food and nutrition education.

Community Health Clinics: Provides contract management and quality assurance services to community health clinics.

Family Planning: Reduces unintended pregnancies and reduces/prevents STDs by providing family planning and STD screening and treatment to low income women, men and teens.

Primary Care/Family Health: Improves health and reduces disease in low income vulnerable populations by providing access to a medical home, preventive screening, OB, acute and chronic healthcare services, case management.

Maternity/OB Services: Maternity services provide early entry and access to prenatal care for low-income women.

School-Based Health Centers: Improves access to health care for adolescents and support for academic success by providing health care in school based health centers in the Seattle school district. Primary care and mental health counseling are available in eleven Seattle high schools and four middle schools. Funds also support school nursing services in the Seattle school district.

Immunizations: Protects against the spread of communicable diseases by providing immunizations to children, adults and travelers. (This proposal includes eliminating Immunizations and as a stand-alone program.)

Oral Health (Clinical Dental): Prevents dental disease and resulting poor health in low income people by providing restorative dental care.

Refugee Health: Assures that newly arriving refugees receive access to critical public health services, are linked to ongoing health care, receive limited civil surgeon (immigration related) health care services which include basic health screening, assessment for communicable diseases, and referral to care as necessary, and needed immunizations.

Pharmacy: Provides prescription medication and medication counseling for clinic patients.

Nurse Family Partnership (NFP): Nurse Family Partnership is a long term, intensive nurse home visiting program for low-income, young first time mothers. This program is delivered countywide by Public Health Nurses. Three teams, with a combined caseload of 450 families are located at the Downtown, White Center and Kent Alder Square Public Health Centers. Funding for NFP services comes from the City of Seattle, the King County Children and Family Commission, the Veterans and Human Services Levy, Thrive by Five and the Bill and Melinda Gates Foundation.

White Center Early Learning Initiative (WCELI): As one of four partners in the White Center Early Learning Initiative, Public Health develops and oversees an enhanced continuum of home visiting services for the White Center and Boulevard Park Neighborhoods of SW King County. The continuum includes expansion of Nurse Family Partnership Services, an Enhanced First Steps Program, Outreach Doula Services and universal birth doula and postpartum nurse home visit services. Doula Services are delivered under contract with Open Arms Perinatal Services. Partners include Puget Sound Educational Services District and Child Care Resources.

Interpretation Services: The Interpretation program assures that limited/non-English speaking clients have access to linguistically and culturally appropriate health care services by providing medial interpretation services to all clients in need of the services.

PHC Support Services: A range of support services are provided at all Public Health Centers to reduce geographic access barriers, management and supervision, patient billing, and staff back-fill.

Provision: Regional & Community-Based Programs

Community Health Services also supports the provision of services to these target populations through formal contractual partnerships in the community. Community-based programs are organized in the following units:

- City Practice / System Support
- City Community Partnership
- Community Health Support Services

Parent Child Health – community based: Parent Child Health contracts with many services providers for a variety of services including: Central services to support Children with Special Health Care Needs and application workers; Early Post-Birth contract with UW coordination and staffing for weekends; SNAC - Seattle Nutrition Action Coalition; Veteran's & Human Services Levy support for maternal mood disorder and GAU pilots; Domestic Violence coalition support; technical assistance for Children's Administration; and Child Death Review.

Women, Infants, & Children (WIC) -- community based: The WIC program manages contracts with community partners providing WIC services as well as funds for special projects such as for breastfeeding promotion, capital funding when available.

King County School-Linked Health Centers: Improves access to health care for adolescents and support for academic success by providing health care in the Highline and Kent school districts. Primary care, mental health counseling and outreach are available.

School-Based Partnerships, School Nursing/Education – Seattle Levy: This service supports school nursing services and provides training and education, technical assistance, program development and evaluation services and foster interagency collaboration via the activities of the School Nurse/Seattle Families & Education Levy program. This program receives no county general fund support.

Children with Special Health Care Needs: Provides short-term care coordination, education and referral for families of children newly diagnosed with chronic or disabling conditions who have above-normal needs for health care services, often from multiple providers and systems.

Family Planning Health Education: Family Planning Health Educators provide community-based services to increase the awareness of the benefits of family planning, the consequences of unintended pregnancy and sexually transmitted diseases and to promote access to comprehensive age-appropriate medically accurate sexuality education and family planning clinical services.

Health Care Access and Outreach: Provides outreach, medical application assistance, linkage to community services and resources, and targeted interventions to the uninsured, under-served and/or high risk individuals, including children, pregnant women and families so that health disparities are minimized.

Health Care for the Homeless Network: Improves access to and quality of care for homeless people through community-based contracts for shelter and clinic-based services, case management, technical assistance for shelters, and strategic planning activities.

Foster Care Passport: Promotes continuity of health care for children who are residing in out-of-home placement in Washington State by gathering and interpreting medical information and providing it in a "passport" to child welfare workers and foster and biological parents.

Child Profile: The Child Profile program provides health promotion mailings at regular intervals to all families of children birth to six so that children receive preventive care, immunizations, parents have age-appropriate expectations of their children, and families have access to current health and safety information; and, it assures access to a centralized electronic immunization registry to health care providers so that all children are appropriately immunized.

Pharmacy Warehouse: Provides bulk purchasing, storage, management and distribution of pharmaceuticals to King County's safety net providers.

2010 Budget Change Strategies

The efforts to address the severe structural gap and respond to the target reduction followed the same sequence in this section as others throughout the department. First, revenue increases were sought. The single place this was available was in the WIC program, where an increased per-slot state funded allocation was incorporated into the program budget. Next efficiencies were rigorously pursued and were incorporated throughout each program, continuing to follow the plans which were developed in response to the Qualis consultant recommendations in 2008. These include, but are not limited to, the establishment of provider teams for a defined panel of patients at Eastgate Public Health Center's Primary Care practice; implementation of strategies to better match clinic capacity to patient demand in the Family Planning program, and implementation of the Maternity Support Services (MSS) staffing model change by creating community health worker roles to increase capacity to provide office-based Maternity Support and Infant Case Management services. These improvements resulted in remarkable reductions in costs. An example is in the interpretation program, which continues to increase the percent of centralized telephonic interpretation used across all programs. However, although these efficiencies continued to make services more cost effective and mitigated the growth of the gap, they were not able to close it. Therefore, model changes and service reductions were the strategies which are detailed follow.

Provision: Public Health Center-Based Services

Title	Expenditures	FTEs	TLTs	Revenue
Provision: CHS PH Centers - Struct Gap	(485,180)	(4.75)	-	(485,180)
Provision: CHS PH Centers Financing Model	(1,351,280)	(12.25)	-	(1,351,280)

Model Change

Historically, Public Health Centers were largely supported by a legacy financial structural model that allocated site and infrastructure costs to clinical and community-based programs whose dedicated revenues could not keep pace with rising costs. This resulted in increasing structural program gaps that diminishing county general fund could not cover.

To address this, Public Health proposes a new financial architecture. County general funds will be used to cover the costs of the Public Health Center infrastructure including building costs. State Public Health funds will be used to support department and county indirect costs at the centers. Programs located in public health centers will collectively cover their direct costs with patient generated and contract/grant funds, subject to policy decisions about subsidies to serve uninsured populations. Programs and services will be responsible for managing those service costs.

Under this new model, available County General Fund and State PH funding determines the number of Public Health Centers funded by this scalable model. Every center will be filled to capacity with program services, leading to a more cost-effective model. Therefore, the number and location of public health centers is a clear policy decision.

The benefits of the proposed financial model are increased predictability of need for county general funds, scalability to respond to available resources, and flexibility to address the changing future of health care system financing at the national and state levels. It also supports effective service delivery.

The following set of principles guided the recommended changes to the PHCs and the services they provide:

Public Health – Seattle & King County operates community based public health centers where:

- Services are accessible and match the community's needs
- Sites are near centers of target populations (low income women and their young children, vulnerable adults), transportation hubs, and will be open convenient hours
- Services are matched to the needs of the community served by each center, and include public health protection, promotion, and provision programs
- Public health services and other health and human services are co-located in centers for client convenience and for cross-referrals and integrated care
- Services are provided efficiently using best clinical and business practices
- Regional public health services are provided in large, efficient sites with mobile programming that reaches out into the community
- The development and piloting of innovative models of care delivery and other public health programs/services is conducted
- Partnerships with clinical residency programs are maximized to more fully embrace the Public Health role of training primary care providers of tomorrow

The following changes to the Public Health Centers (PHC) are put forward in the 2010 budget proposed in an effort to address the infrastructure and structural gaps while at the same time adhering to the guiding principles.

Establish a Partnership at Northshore Public Health Center

Reduce the space occupied by Public Health in the Northshore Public Health Center building by eliminating family planning and facilitate a partner agency to move into the clinical space at Northshore PHC to provide primary care. WIC caseload will be increased from 2000 to 2500 and MSS/ICM office visit capacity will be maintained. Home-based MSS/ICM services will be moved to Eastgate PHC but the capacity to serve the Northshore area will be maintained. The labor impacts of this proposal include:

Move

- 2.67 FTE PHNs to Eastgate (WSNA)

Eliminate

- .5 FTE Ad Spec II and 1.0 Application Worker (Local 17)
- 1.6 FTE Medical Assistant from family planning (Local 17)
- 1.5 FTE Ad Spec II from family planning (Local 17)
- 1.3 Nurse Practitioner from family planning (WSNA)
- 3.75 Ad Spec II, 1.0 Ad Spec III, 1.0 PHASS, and 2.0 Medical Interpreters from PHC support services (Local 17)

Public Health Center Services in Kent

Public Health will close the Kent Teen Clinic and the Kent Alder Square Public Health Center. Primary care services at the Teen Clinic site will be discontinued. Some of the services offered at the Alder Square site, including Women, Infants and Children nutrition services (WIC), family planning, and Maternity Support Services (MSS) programs will be relocated

The labor impacts of this proposal include:

Eliminate

- 4.0 FTE Administrative Specialist II
- .6 FTE Nurse Practitioner represented by WSNA (Local 17)
- 1.0 Nutritionist in WIC/MSS (Local 17)

Increase

- 1 FTE Nutritionist II in WIC/MSS
- 1 FTE Nutrition Assistant in WIC/MSS
- 1.90 FTE Ad Spec I in WIC/MSS staff by

Service Reduction

Close Immunization Clinics

The closure of immunizations clinics was identified because state-sponsored insurance coverage for children is increasing which includes immunizations, thereby creating a decreased need for this stand alone service. This proposal includes closure of the three general immunization clinics located in Downtown, Renton and Federal Way Public Health Centers. Public Health will continue to provide immunizations to clients who receive their primary health care through Public Health, Health Care for the Homeless and School Based health Centers. However, stand alone immunization services would no longer be available to the general public or to employers who contract with Public Health for employment related immunization or tuberculin skin testing services. The proposed change would result in the reduction of an estimated 12,000 visits. This proposed change will result in the reduction of 3.0 FTE registered nurse staff (WSNA) and 2.25 FTE AS II support staff (Local 17).

Provision: Regional & Community-Based Programs

Title	Expenditures	FTEs	TLTs	Revenue
Provision: CHS Regional and Community Based - GF Reduction	(39,274)	-	-	(39,274)
Provision: CHS Regional and Community Based - Struct Gap	(197,197)	(2.50)	-	(197,197)
Provision: CHS Regional and Community Based - CFSA/GF Exchange	34,092			34,092
Provision: CHS Regional and Community Based - Other	45,897	0.50		45,897

Service Reduction

Foster Care Passport

Public Health proposes to reduce two administrative support staff. Public Health nursing staff in the Foster Care Passport program will have to perform more of the administrative/clerical tasks of the program, thus reducing program performance and direct services to the public. A total of 1.25 FTE will be cut; one full-time AS II position (L17) will be abrogated. A Health Program Assistant 2 position (L17) will be reduced by 522 hours to .75 FTE. Both positions are currently occupied. Washington State DSHS has not been adequately funding this program for years. Services will have to be reduced due to continual reductions in staffing in order to balance this budget.

Community Health Centers

These funds support four community health centers and the Center for MultiCultural Health outreach effort on behalf of community health centers. The reduction was commensurate with the County General Fund reduction to the department. The General fund supports safety net primary care services, dental care services, and can also be used to generate Medicaid matching funds. A small portion of the funds currently support 0.50 FTE of a program manager 2 position in Public Health Community Health Services Division.

School Linked Health Center

Public Health proposes to reduce Public Health's investment in the Youth Health Center in Burien, which is a 10 year partnership between Highline Medical Group and Public Health, by reducing oversight hours and eliminating supplies (e.g. condoms). Highline may or may not absorb the cost of supplies. Staff cuts include the reduction of a non-represented Program Manager IV by 240 hours; these PPM IV hours will be shifted to support the development of another project. Public Health will continue to participate in the partnership to provide health services to adolescents in South King County, but will rely more heavily on Highline Medical Group's financial support for the program. Public Health's contribution to the partnership with Highline Medical Group for the Youth Health Center has eroded over the years. This proposal further reduces that support. The proposal will have no impact on other Public Health programs. The 10% reduction is primarily taken as a decrease in PPM IV FTE. A small reduction in supplies for the program will also require Highline to increase their in-kind support of the health center to absorb the cost of the supplies.

Family Planning Health Education and Outreach Program

Public Health proposes to reduce the Family Planning health education and outreach program team. The primary role of the team is to build capacity at the community level to promote sexual health, and reduce unintended pregnancy and STDs among targeted populations. A variety of activities will be eliminated or reduced including community partnerships with community agencies, juvenile corrections, grant-writing, professional training, technical assistance, implementation of the Healthy Youth Act, curricula and materials development, and outreach. The public will experience far fewer resources to learn about reproductive health and sexually transmitted disease care available at the Public Health family planning clinics. Specific audiences, e.g. teachers, will receive far less support, direct training, and communities will receive less risk reduction counseling and direct teaching. 1.0 FTE represented (Local 17) Educator Consultant I will be eliminated resulting in the lay off of one individual. Community service organizations across the county, 19 school districts, and juvenile corrections all currently benefit from the activities of the Family Planning Health Educators. While some capacity will remain with the reduced model, not all agencies will be prioritized for continued services. 1 FTE of Family Planning Education Consultant I costs on average \$100,000 in salary and benefits and generate roughly \$42,000 in Medicaid Administrative Match. Every \$1 spent on family

planning services, including capacity building activities such as those provided by the Family Planning Education and Outreach team, results in \$4 of savings in averted unplanned pregnancy costs.

Protection: Regional & Community-Based Programs _____

Title	Expenditures	FTEs	TLTs	Revenue
Protection: CHS Regional & Community Based Programs - Structural Gap	(472,596)	(1.10)	-	(427,596)

Efficiencies

Child Care Health program

In the 2009 adopted budget the Childcare Health Team was significantly reduced and placed in the LifeBoat. The impact of this reduction has reduced ability to investigate communicable disease issues, respond to outbreaks and provide early identification referrals and follow-up for children with health care needs. During the outbreak of H1N1 in King County, the Childcare Team was invaluable in their capacity to assist childcare centers in identifying, managing and removing infected children from facilities. The Public Health Department is planning to use savings from 2009 operations to fund a reduced team to address H1N1 issues this fall and early next year. This is a new staffing model that will increase the program’s capacity to enhance protection activities.

This program change will retain the following positions:

- 2 FTE PHNs
- 1 FTE Personal Health Services Supervisor (PHSS)
- 1 FTE Educator Consultant, and 1 FTE Administrative Specialist II
- Due to the change in focus to population based services, the following position will be reduced:
0.3 FTE Nutrition Consultant

Impact on the current staffing model reduces by 30% (626 hours) of a nutrition consultant represented by Local 17. As a result in the 2009 reduction and a smaller FTE count, the Team will be moved to the Chinook Building and all operating and maintenance costs will decrease.

Environmental Health

Environmental Health provides fee-based services, grant-based services and regional services that depend on flexible funding which protect the public's health by ensuring the safety of water, air and food. In addition, Environmental Health administers the Local Hazardous Waste Management Program, and the Local Hazardous Waste Fund which has its own relatively stable revenue source. There are three sections in the Environmental Health Division which includes two protection sections and one Health Promotion Section. They are Protection: Environmental Health Field-Based Services; Protection: Local Hazardous Waste Fund; and Health Promotion: Environmental Health Regional & Community-based programs.

Protection: Environmental Health Field-Based Services provide programs which are primarily supported by permit fee revenues. These programs focus on educating and regulating businesses and individuals to prevent dangerous environmental and workplace exposures, resulting in significant improvements to the public's health and safety. The proposed reductions were chosen to minimize the impact on program delivery while aligning expenditures to the available revenues from fees, contract and grants. Recent policy direction on the Drinking Water program will result in it becoming a fee-based program also. This section is facing significant changes due to the current economic climate. Revenues in construction related programs are projected to fall by 50% in 2009 and 2010 from 2008 levels, resulting in staffing reductions. It is unclear how the economic situation will impact restaurant permits and Public Health is monitoring this closely. While it is critical to balance staffing needs with available revenue, it is also important to not damage our capacity to respond when the economic environment improves.

Protection: Local Hazardous Waste Fund is a special revenue fund for a regional program of local governments working collaboratively to protect public health and environmental quality by reducing threats posed by production, use, storage, and disposal of hazardous materials. This fund is managed by the Environmental Health Division.

Promotion: Environmental Health Regional & Community-Based Program focuses on the connection between the built environment and health, and on developing community policy changes that promote good health. Unlike other Environmental Health programs, programs in this section are not supported by fees. Services in this section are population based and benefit King County residents as a whole community.

Environmental Health requires policy direction concerning the Veterinary Services program which provides Veterinarians to the King County Animal Care and Control program. In the adopted 2009 King County Budget, the council required transfer of the shelter clinic veterinarians to Public Health with General Funding sufficient only to support their direct salary and benefits. No resources were included for Environmental Health to provide oversight of the shelter veterinary services or to fulfill the other duties council also added to the department's official duties in Title 2 of the Code. To address this unfunded mandate, additional county general fund for 2009 has been requested through a supplemental ordinance, which is currently under review in OMB. As described

in this Business Plan if unfunded, Public Health will not have capacity to fulfill council directions. The expenses necessary to fulfill these responsibilities are included in the proposed budget and discussed below, however, they are backed by an expense “contra” to be removed if policy so determines.

Sections/Programs Each section aligns with a Public Health Operational Master Plan Domain (PHOMP)
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Protection: Field-Based Services

Environmental Health Administration: Northshore; Alder Square; Black River; and Downtown
Food protection & Living Environment Program
Solid Waste
Vector/Nuisance Control
Plumbing & Gas Piping
Drinking Water
Physical and Chemical Hazards Program
Local Hazardous Waste Program
Wastewater Disposal and On-Site Maintenance
Animal Related Business

Promotion: Regional & Community-Based Programs

Equity and Social Justice Initiative
Built Environment and Land Use
Climate Change
Veterinary Services
Zoonotics

Protection: Local Hazardous Waste Fund (This is a separate Fund and appropriation unit.)

Program Descriptions

Protection: Field-Based Services

Environmental Health Administration, Northshore, Alder Square, Black River, and Downtown: Provides administrative oversight and support for the Environmental Health Division. The Division administration supports services at the Northshore, Alder Square, Black River, and Downtown locations.

Food Protection: The program provides education, monitoring and compliance enforcement to the more than 10,000 food service operations in King County, including all restaurants, K-12 schools, and non-profit agencies with food service, to prevent the incidence of food borne illness. Program staff inspect food service establishments, conduct food borne illness investigations, provide food safety classes to more than 50,000 food workers each year, and act as a food safety resource to establishments, the public, and other government agencies.

Living Environment Program: Provides education, construction review, and/or inspection/compliance services to operators of schools, pools, and beaches so that the risk of disease and injury is minimized from using these facilities. Services include: inspections, plan reviews, complaint investigations, consultations/education, enforcement, and emergency response.

Solid Waste Program: The program ensures that all currently operating transfer facilities and landfills and closed landfills in King County are correctly operated and managed. Outside of the City of Seattle, the program investigates illegal dumping and garbage problems.

Vector/Nuisance Control: This program provides education, compliance monitoring and enforcement to protect against disease and destruction caused by rodents and other disease vectors. The work is fully funded for non-Seattle residents in King County by a fee charged for all waste disposed at the Cedar Hills landfill. Seattle disposes of its garbage in Oregon. No fees are collected, but the City of Seattle funds its rodent control services through two contracts with EH. In 2008, 2,650 inspections, complaint investigations and consultations were made regarding rodents and garbage within King County.

Plumbing and Gas Piping Program: The plumbing, gas piping and cross-connection program provides technical information, evaluation, permitting and compliance enforcement to industry and homeowners so that illness and injuries are prevented. Services are: inspections, plan reviews, complaint investigation, consultations/education, enforcement, and emergency response.

Drinking Water: This program prevents communicable disease and illness associated with drinking water from small public and individual private water systems. Public Health has regulatory oversight for small public water systems (Group Bs) serving 2-9 connections and individual private wells. Per new policy direction, this program will become a fee-based service in 2010.

Physical and Chemical Hazards Program (previously called Special Projects): Protects people's health from environmental hazards by establishing leadership in the identification of current and emerging hazards, and responds by identifying health initiatives, designing and implementing programs, collaborating with the public and private sector, and obtaining funding and support. Projects include Site Hazard Assessment, illegal drug lab assessment and abatement, the Tacoma Smelter Plume project, local source control, and noise abatement.

Local Hazardous Waste Program: The purpose of the LHWMP activities in Public Health is to provide information and interventions to residents and businesses so that hazardous products are properly used, stored, recycled or disposed in order to protect public health and the environment. Services include complaint investigations, consultations/education, enforcement, advocacy, and policy development.

Wastewater Disposal and On-Site Maintenance: Program staff provide technical information, evaluation and compliance enforcement for on-site sewage systems to prevent sewage-borne disease. Staff educate installers and sludge haulers, investigate complaints about sewage leaks, and assess and advise on areas with high rates of failing systems. In unincorporated King County, staff evaluate land development projects to assure adequate water supply and sewage disposal systems.

Animal Related Business: The Animal Related Business program provides inspection and permitting for animal related businesses in King County including commercial kennels, pet shops, pet day cares, groomers, shelters, and animal aquatic facilities. This program protects the public's health and safety from zoonotic and animal borne disease through effective public health programs. The program fulfills zoonotic disease control responsibilities in accordance with WAC 246-100-191 and 246-101-405.

Promotion: Regional & Community-Based Programs

Built Environment and Land Use: Land use, urban design, and zoning are among the key drivers underlying the form and function of the built environment. Land use and transportation choices involve decisions that determine the livability and environmental quality of a neighborhood. Since 2005, Environmental Health has been involved in a number of projects focused on enhancing the built and natural environment. One of the tools the Division has used to assess the impacts on the built environment is a Health Impact Assessment that focuses on the community health effects of a project, policy, or plan.

Climate Change: Environmental Health has begun work on understanding the health implications of climate change and is working to promote urban form that not only enhances public health through chronic disease prevention, but also helps to mitigate climate change. EH is the Public Health department lead on the Climate Change Initiative.

Veterinary Services: This program provides oversight of veterinary medical care for animals in the custody of King County's animal care. This program protects the public's health and safety from zoonotic and animal borne disease through effective public health programs. The program fulfills zoonotic disease control responsibilities in accordance with WAC 246-100-191 and 246-101-405.

Zoonotics: This program was not included in the 2010 PSQ because it was a LifeBoat program which did not receive relief in the 2009 State Legislative session and therefore is scheduled to end on June 30, 2009. Zoonotics provides surveillance, prevention, and control of zoonotic diseases spread by vectors, including West Nile virus, Hanta virus, avian influenza, rabies, salmonella, E. coli, leptospirosis, and psittacosis. This program provides interagency coordination of West Nile virus surveillance and response and technical assistance to other jurisdictions and agencies.

Protection: Local Hazardous Waste Fund

The Local Hazardous Waste Management Program in King County (LHWMP) is a multi-jurisdictional program whose mission is to protect and enhance public health and environmental quality throughout King County by reducing the threat posed by the production, use, storage and disposal of hazardous materials.

Program partners include:

- City of Seattle - Seattle Public Utilities
- King County - Department of Natural Resources and Parks - Solid Waste Division
- King County - Department of Natural Resources and Parks - Water & Land Resources Division
- King County - Public Health - Seattle & King County
- The 34 Suburban Cities in King County - Suburban Cities Association

The authority for the establishment of the LHWMP comes from Washington State law (RCW 70.105.220) that required local governments, either individually or jointly, to develop and implement a plan to address hazardous wastes. Our Program is implemented through a "Management Coordination Committee" (MCC.) The MCC was enabled by the Seattle City Council (SMC 10.76) and the King County Board of Health (BOH Code 2.08.) It was also recognized as the Program governing entity by the Washington State Department of Ecology. The MCC sets the strategic direction and the implementation policies for our Program.

The LHWMP is funded through fees from all municipal wastewater treatment facilities and all public and commercial solid waste disposal activities in King County. The King County Board of Health sets the fee rates. LHWMP also receives some revenue from state grants and from interest on the Program's fund balance. Public Health – Seattle & King County is the administrator for this fund, which is reported as a non-major special revenue fund in the King County's Comprehensive Annual Financial Report.

Public Health engages in LHWMP activities as agreed to by the Program partners. These include providing information and interventions to residents and businesses so that hazardous products are properly used, stored, recycled or disposed in order to protect public health and the environment. Services include inspections, complaint investigations, consultations/education, enforcement, advocacy, audits, policy development and emergency response.

2010 Budget Change Strategies

Protection: Field-Based Services

Title	Expenditures	FTEs	TLTs	Revenue
Protection: EH Field Based - Animal Related Regulation	95,974	1.00	-	95,974
Protection: EH Field Based - On-line Food Card Training	50,000	-	-	50,000
Protection: EH Field Based Program Reduction	(1,188,901)	(11.95)	-	(1,188,901)
Protection: EH Field Based Services – Drinking Water	109,731	1.00	-	109,731

The programs in this section all work to protect the public's health by ensuring the safety of water, air, and food. The programs are focused on educating and regulating businesses and individuals to prevent dangerous environmental and workplace exposures, resulting in significant improvements to the public's health and safety. The proposed reductions were chosen to minimize the impact on program delivery while aligning expenditures to the available revenues from fees, contracts and grants. In order to retain core capacity in anticipation of an economic rebound, while these programs were balanced on the projected fees, FTE authority was retained without revenue.

Reduction

Division/Administration and Program Administrative Support

Public Health proposes to reduce the Environmental Health Division Administration staffing by the equivalent of 1.0 FTE. This reduction includes a .5 FTE grant writer position; the division preparedness coordinator position will be reduced by .25 FTE; and a the equivalent of a .25 FTE reduction will be taken within division administration and is reflected in the budget as a salary contra. The loss of half an FTE grant writer may reduce the ability to compete for outside funding for Environmental Health's non-regulatory work which focuses on regional and community-based services. The reduction in the preparedness coordinator position could limit Public Health's ability to plan for and respond effectively to an emergency. In additional general program administrative support reductions of 5.51 Ad Spec 2 positions have been taken.

Solid Waste and Vector/Nuisance Control Program

Public Health proposes eliminating one position in the Solid Waste and Vector/Nuisance Control program for which sufficient funding is not available. The time available for intake and investigation of illegal dumping and rodent complaints will be reduced, making response times longer. This cut will impact one vacant Health & Environmental Investigator 2 positions represented by Local 17. With this reduction, Environmental Health is more closely aligning the services provided with the available fee, contract and State revenues. The 10% fee increase for solid waste tonnage adopted for 2010 to fill the structural gap will not make up for the tonnage decline seen over the last two years - 2008 tonnage was 8% lower than 2007 and 2009 is running 8% behind 2008. Delay or reduction of response to complaints by the public about illegal dumping and rodents, and reduction in prevention efforts, may lead to increased negative feedback to and from other jurisdictions and stakeholders.

Plumbing/Gas Piping Program

The program proposed to reduce staffing by 7.0 FTE plumbing inspectors as a result of the severe downturn in the local land development and construction sector that has reduced revenue projections for plumbing and gas piping permits for 2010. There will be little impact on the public while the demand for permits stays low. These staff (within the program) have already been laid off in 2009. The authorization for these positions in the plumbing program has been retained in the 2010 Request without budget. DPH is retaining the position authority but not the budget for these positions in order to be able to ramp up quickly when demand and revenue return. When the economy improves staff will be reinstated as revenue-backed adds.

Physical and Chemical Hazards

4.5 positions will be eliminated from the Physical and Chemical Hazards (PACH) section: 0.5 FTE HE4, 2.0 FTE HE 2, and 2.0 FTE HE 3. The reductions will impact capacity to respond to emergent environmental hazard issues that do not have a dedicated revenue source, including indoor air control, noise, asthma, pest control, lead and arsenic in soils, and other chemical and physical hazards. These positions are represented by Local 17. This budget change aligns staffing and expenditures to the available revenue. Other jurisdictions and stakeholders, even those that are willing to pay for the service, will not have access to program expertise in physical and chemical hazards.

Wastewater Program

The program proposes to cut 2.5 FTEs HE 2 and 1.0 FTE HE 3 in response to the downturn in the local land development and construction sector resulting in reduced revenue projections for septic permits for 2010. There will be little impact on the public while the demand for permits stays low. All FTEs are represented. A number of staff in the program who are supported by permit revenue have been laid off in 2009. When the economy improves staff will be reinstated as revenue-backed adds. DPH is retaining the position authority but not the budget for most positions in 2010 in order to be able to ramp up quickly when demand and revenue return.

Efficiencies

Food & Facilities Program

Environmental Health will eliminate two administrative/program support positions as part of the planned consolidation of offices. Applicants for food and pool permits may have to travel further to do business with Environmental Health. This change will be mitigated by the availability of a public portal that will allow individuals and businesses to submit permit applications, payments and documents on line. In addition, the use of tablet computers by inspectors in the field will also mitigate the cut by reducing data entry by administrative staff.

Revenue Enhancement/Model Change

Animal Related Business

The Animal Related Business program is a new project in Environmental Health and if adopted will be supported by fees. The regulation of animal related businesses is currently addressed in the Seattle Municipal Code, the Board of Health Code and the King County Code. A proposed code merger will consolidate the Seattle Pet Kennel-related codes into the Board of Health zoonotic disease prevention codes, and amend the King County animal Care and Control codes to authorize the health officer to permit and inspect certain types of pet-related facilities. Once the code merger is complete and new fees adopted, the Environmental Health Services Division will issue permits and inspect the almost 500 animal businesses in King County, including commercial kennels, pet shops, pet day cares, groomers, shelters, and animal aquatic facilities.

Promotion: Regional & Community-Based Programs _____

Title	Expenditures	FTEs	TLTs	Revenue
Promotion: EH Regional & Community Based Programs GF Target Reduction	-	-	-	-
Promotion: EH Regional & Community Based Programs - Veterinary Services	275,448	2.00	-	275,448
Promotion: EH Regional & Community Based Programs – Zoonotic Diseases	227,994	1.00	-	227,994

The programs in this section focus on the connection between the built environment and health and on developing community policy changes that will promote good health. Unlike most Environmental Health programs these are not supported by fees since they benefit the population at large rather than providing a service that is supported by specific users. Although the proposed General Fund reduction of \$21,760 was taken, the program capacity is maintained at 2009 levels. The outstanding policy issues in this section relate to the lack of funding for the veterinary oversight of the animal shelter veterinary services, and the elimination of the zoonotics program.

Reduction

Built Environment/Land Use/Climate Change

The program, which consists of one FTE, proposes to reduce the General Fund contribution by \$21,760, which is the equivalent of 8.65% of the General Fund funding received by Environmental Health. This will reduce the amount available for external consultants or other contracted resources thereby reducing our ability to assist in this fast moving emerging issue, resulting in delayed collaboration with planners, architects and community leaders in understanding the connection between the built environment and health and in developing healthy community policy changes. This cut may impact our ability to provide staff expertise to Executive Office program initiatives, i.e. Climate Change Initiative, HealthScape, etc, City of Seattle programs (i.e. community plan updates). It may also impact community or non-profit groups (i.e. FeetFirst, Transportation Choices, Climate Actions Group, Sightlines, etc.) The return on investment in this program is potentially significant since it may impact the health of large numbers of people or the King County population in general.

Zoonotic Disease Program

The Zoonotics program was cut from the 2009 requested budget and placed in the LifeBoat. The elimination of the Zoonotics program would mean fewer resources to work in zoonotic disease prevention and control. Given recent events including the H1N1 virus (Swine flu), Public Health prioritized the retention of the program to support the activities in order for program staff to consult with veterinarians and other medical professionals on potential cases of zoonotic disease in animals; investigate animal cases or outbreaks; provide on-site infection control recommendations for animal exhibits (e.g., fairs, farm tours); conduct active surveillance for zoonotic diseases (e.g., West Nile virus); and provide community-based health education. The Public Health Veterinarian position, which is not represented has been retained One H&EI 2 FTE, represented by Local 17, will be eliminated.

Veterinary Services

Public Health is developing a new countywide regulatory program for animal related businesses as part of the Board of Health code consolidation project. Also, the Veterinary Services Program (which was established this year to oversee veterinarians at the animal shelter clinic) is available as a non-General Fund supported placeholder to the Requested Budget pending policy decisions for animal control services as part of flood planning and for 2010.

Protection: Local Hazardous Waste Fund _____

Title	Expenditures	FTEs	TLTs	Revenue
Protection: LHW Fund	\$ 382,686			\$382,686

The Local Hazardous Waste Fund is a special revenue fund for a regional program of local governments working together to protect public health and environmental quality by reducing the threat posed by the production, use, storage, and disposal of hazardous materials.

Revenue Enhancement

The Local Hazardous Waste Management Program's 2010 budget proposal is for \$14,300,579. This is \$380,347 from the 2009 MCC adopted budget. This is primarily due to proposed increases to collection services in south King County.

The proposed 2010 budget was developed with the intent of keeping a minimum fund balance of \$1.5 million through the end of 2011, per the Program's Financial Policies requiring the maintenance of a 2-month average operating reserve. This was also done to enable the Program to defer a fee increase until 2012. That deferral is based on this budget package, a commitment by Program Partners to slight under-expending of their 2009 budgeted amounts, and on the commitment to develop a 2011 budget package that is very similar to 2010.

For the most part, only minor changes have been made in Program fund allocations to projects. With a few exceptions, this proposed budget package supports projects and activities at funding levels that are similar to those in 2009.

King County Solid Waste Division projects significant savings at the Factoria Collection facility and at the Wastemobile in 2009, due to the cessation of latex paint collection. These projected savings will be offset, in part, by the proposed twice-per-month Auburn SuperMall pilot collection project, as well as by Program-wide increases in labor costs.

Jail Health Services

Public Health through its Jail Health Services (JHS) is required to provide health care services to all incarcerated individuals in a manner that protects inmates' constitutional rights. Those rights are laid forth in the Hammer and Department of Justice (DOJ) settlements as well as by the National Commission for Correctional Health Care (NCCHC) accrediting agency. In addition to reductions in the county general fund, federal and state funding reductions in programs such as HIV/AIDS will also impact services to inmates. These reductions are partially challenging because the jail must provide services to mentally ill and addicted inmates and those with chronic health conditions, who are overwhelmingly represented in the incarcerated population.

Jail Health Services operates under several legal and regulatory mandates that direct the scope and frequency of services that must be provided. Many of these entities are calling for increased services and documentation, including:

- NCCHC Accreditation – 68 standards and over 300 compliance indicators
- US Department of Justice – 3 year settlement agreement
- Washington State Board of Pharmacy
- King County Council Auditor – 15 point plan

While the specific services to be provided are driven by the mandates described above, the quantity of the JHS workload is driven directly by the number of inmates in the jails and the acuity of their health needs, neither of which are controlled by JHS.

In order to meet the General Fund target reduction, JHS pursued efficiencies including use of technology; reviewed the types of personnel used, their bodies of work, their schedules, and how they efficiently function in the facilities. Next JHS identified service reductions that do not directly put the County at risk by not meeting legal and regulatory mandates. Since 85% of the JHS budget is made up of salaries, benefits, and the associated overhead, the vast majority of reductions will impact staff and will result in reduced services, both in amount and timeliness.

<p>Sections/Programs Each section aligns with a Public Health Operational Master Plan Domain (PHOMP)</p>

Provision: Jail Health Site-Based Clinical Services

The Jail Health Services program provides high quality medically necessary health services (medical, psychiatric, and dental) to the detained population of the King County Department of Adult and Juvenile Detention (DAJD) so that inmates receive constitutionally guaranteed health services that meet community and professional standards of care. Jail Health Services serves all booked inmates, anticipated to be over 47,000 in 2010 at both the Norm Maleng Regional Justice Center (MRJC) in Kent and the King County Correctional Facility (KCCF) in Seattle.

This section of the budget includes staff providing direct clinical care to inmates.

Provision: Jail Health Shared Clinical Services

This section of the budget includes: Electronic Health Record (EHR) system costs, health information management staff, a variety of clinical operations and quality assurance functions, the Release Planning unit which is primarily grant-funded, clinical oversight (Medical Director, Psych Medical Director, Nurse Manager), JHS administration, King County central rates and Public Health Department overhead allocated to JHS.

Program Descriptions

Provision: Jail Health Site-Based Clinical Services

Jail Health Services (JHS) addresses the acute and chronic medical, dental and mental health needs of all booked inmates. Upon booking, every inmate receives a health screening. Any existing acute or chronic conditions are addressed at that time, including verification and ordering of active prescriptions the inmate has been receiving from an outside pharmacy.

During an inmate’s stay JHS develops and implements a treatment plan for acute and chronic conditions identified in the initial screening, and responds to requests for health care services as they arise.

Examples of acute care services provided include: alcohol/drug withdrawal management/detoxification, identification and treatment of infectious diseases, wound care and emergency care.

Examples of chronic care services provided include: prenatal/pregnancy care, referrals for specialty medical care (such as kidney dialysis), psychiatric treatment/maintenance, and treatment and monitoring of chronic conditions such as high blood pressure, asthma, and diabetes.

Provision: Jail Health Shared Clinical Services

Health Information Management/Electronic Health Record (EHR) – this section manages patients’ medical records, including: support and training for the EHR system, scanning of documents into the EHR, responding to legal inquiries and releases of information.

Release Planning is primarily grant funded and provides: testing and counseling services for HIV and other sexually transmitted diseases; case management and mental health therapy for HIV-positive inmates. Also available through the Criminal Justice Initiatives program: release planning for the most vulnerable inmates to facilitate linkage to services upon release such as housing; mental health and substance abuse treatment, and other areas of support. These services are provided with the goal of reducing recidivism.

Supplies and services to support clinical care including: pharmaceuticals, medical and dental supplies, laundry services, hazardous waste disposal, etc.

A variety of other clinical support functions which are not part of direct clinical care, including: clinical operations oversight, clinical staff training and scheduling, infection control and environmental sanitation oversight, employee health (for both JHS and DAJD staff).

2010 Budget Change Strategies

Title	Expenditures	FTEs	TLTs	Revenue	Net Impact
Medication Packaging	(207,478)	-	-	-	207,478
Electronic Health Record Efficiencies	(359,527)	(5.50)	-	-	359,527
Population Adjustment	(1,292,800)	-	-	-	1,292,800
Pharmaceutical Protocols	(49,324)	-	-	-	49,324
North Highline Annexation	(12,944)	-	-	-	12,944
Transfer Mental Health to MIDD	(3,072,185)	(18.85)	-	-	3,072,185

Provision: Jail Health Site-Based Clinical Services _____

Efficiencies

Population Adjustments

JHS has analyzed an anticipated population level against the staffing threshold model and identified operational cost reductions in both 2009 and 2010. DAJD is forecasting the average daily population in 2010 will be approximately 2,430. This is less than the 2009 budgeted level by 341 inmates. This change will not impact the public. This proposal eliminates the equivalent of 9.1 FTEs of various health care staff positions and related supply and service costs. In the Site-Based Clinical Services Section the following are eliminated: 1.0 FTE non-represented Jail Health Physician and the remaining represented positions: 1.0 FTE Advanced Registered Nurse Practitioner, 0.7 FTE Dentist, 1.0 FTE Dental Assistant, 4.4 FTE Registered Nurse, and 0.50 FTE Pharmacy Technician, along with funds for off-site medical services. In the Shared Clinical Services Section 0.50 FTE represented Advanced Practice Nurse Specialist is eliminated along with funds for pharmaceuticals and medical/dental supplies. The impact of this population decrease on JHS operations will be decreased workload in health services functions carried out with inmates. These reductions were selected because they retain appropriate staffing levels to provide an accredited healthcare program to the remaining population. DAJD and JHS are both impacted when the jail population changes, and the two Departments are working closely together to coordinate both operational and budgetary changes.

Medication Packaging

JHS is implementing an automated medication packaging technology solution, which will achieve efficiencies and result in an ability to cut expenditures. This project received capital funding in 2009 and is scheduled to go-live mid-year 2010. This change is anticipated to reduce risk to patients by reducing opportunities for error in the process of dispensing and administering inmate medications. This program cut is scheduled to take effect in July 2009 and will result in a reduction of 4.6 FTEs including 0.5 FTE represented Pharmacist, 1.5 FTE represented Pharmacy Technicians, and 2.6 FTE represented nurses. Labor reductions are all in the Site-Based Clinical Services Section. Non-labor changes in the Shared Clinical Services Section include new vendor and supply costs offset by savings in pharmaceuticals. Automating medication packaging will streamline both the dispensing process inside the pharmacies and the process of preparing medications for administration to inmates, a task performed by nurses. Implementation of this solution retains and improves JHS healthcare provision while reducing overall costs. The risk-reduction benefits of this solution will address concerns which have been raised by both the Washington State Board of Pharmacy and the King County Council Auditor's office.

Provision: Jail Health Shared Clinical Services _____

Model Change

Pharmaceutical Protocols

JHS has implemented policy changes in prescribing practices resulting in decreased spending on pharmaceuticals. Changes to prescribing protocols and increased compliance with existing formulary guidelines impact the type and number of different drugs prescribed. This program cut will result in a reduction of pharmaceutical expenditures, which reside in the Shared Clinical Services Section. Providers will change their prescribing practices which will have a minimal impact on pharmacy and nursing staff who dispense and administer medications. Implementation of this solution maintains JHS healthcare provision while reducing overall costs. Decisions about protocol changes are based on scientific evidence of medication efficacy (from clinical trials), potential side effects, inmate length of stay, and cost. Inmate/patients are impacted by this change. JHS will continue to provide healthcare services in compliance with NCCCHC accreditation standards.

Efficiencies

Electronic Health Record

The implementation of JHS's electronic health record has resulted in additional efficiencies and a corresponding ability to reduce expenditures. JHS began implementation of an electronic health record (EHR) in 2007. Over time staff has become more proficient in use of the system, system latency issues have been resolved, and additional efficiencies have now been identified. This change is anticipated to reduce risk to patients by reducing opportunities for errors in the process of registering new patients. This program cut will result in a reduction of 5.5 FTEs including 5.0 FTE represented Administrative Specialist II and 0.5 FTE represented Information Technology Project Manager I. These reductions were selected because they retain and even improve JHS healthcare provision while reducing overall costs. This change impacts the Public Health office of Business Standards and Accountability which oversees releases of information (health records), and users of the Signature patient management system throughout Public Health. The changes to patient registration have been designed with the input of these two groups to assure that risk is mitigated and workflows elsewhere in the department are not negatively impacted.

Cost Shift

In 2009, the State Legislature enabled King County to supplant up to 50% of the revenues generated by the Mental Illness and Drug Dependency (MIDD) sales tax. The legislation ramps down the amount that can be supplanted by 10% per year over five years. The 2010 Executive Proposed Budget assumes that 30% of MIDD revenues in 2010 will be redirected to support existing mental health and chemical dependency programs. For Jail Health Services, costs for staff providing psychiatric services will be shifted onto MIDD for at least the next three years.

Prevention

The Prevention Division provides the County's disease surveillance and investigation, health promotion, and regulatory services to King County residents in order to prevent disease and injury, improve the residents quality of life and reduce disparities in health status. The Division is funded largely by dedicated funding sources: 69% of the Division's services is funded by dedicated resources such as grants and fees for service. The remaining 31% is "flexible funding" that consists of King County General Fund and funding from the state of Washington. The Division's activities are presented in three sections which are the Medical Examiner's Office, Health Promotion and Disease/Injury Prevention, and Infectious Disease Prevention and Control.

Protection: Medical Examiner as required in the RCW provides trained forensic medical evaluation to the investigation of sudden, unexpected or unexplained deaths of concern to the public health, safety, and welfare of the community. The King County Medical Examiner's Office (MEO) works in close collaboration with the King County Criminal Justice system. The MEO is also designated as an individual section in the division because it has a separate appropriation unit.

Protection: Infectious Disease, Prevention & Control utilizes a variety of strategies and activities to address the prevention of chronic disease and injury and to improve the health status of King County residents.

Promotion: Disease, Injury Prevention works to prevent, responds to and controls infectious diseases such as HIV/AIDS, Sexually Transmitted Diseases (STD), Tuberculosis (TB), and 50 reportable Communicable Diseases (CDIMMS).

Each program is designed to provide the maximum benefit to the community. The commonalties between HIV/AIDS, Tuberculosis, Sexually Transmitted Diseases and Communicable Diseases/Immunizations are that they are all infectious diseases. They, along with the Public Health Lab, the program's testing and diagnostic partner, have been grouped together as the Infectious Disease Section. Commonalties also are found in the Health Promotion Chronic Disease and Injury Prevention (HPCDIP) section: whether it is in focused areas of asthma prevention, obesity prevention, or teaching healthy eating and active living for healthy aging, the Health Promotion Chronic Disease Injury Prevention section convenes stake holders in coalitions and other partnerships to: develop policy and advocacy; collaborate on service delivery and coordination of services; provide planning, technical assistance and evaluation support; and deliver targeted service. Since the MEO is a mandated service and is in a designated location within Public Health, it stands alone as its own section.

In the Infectious Disease section where possible, the section's changes have focused on staffing efficiencies. In cases where service reductions were unavoidable, reduction choices were made to minimize the impact on the public's health. For instance, the STD service reductions are made in services at moderate risk sites, avoiding service reduction at STD clinic serving the highest-risk populations. TB proposed shifting non-infectious extra-pulmonary (outside of the lung) TB cases to Harborview Medical Center: this will not jeopardize public exposure to infectious cases if treatment is not followed. Within HPCDIP reductions have been made that are consistent with the section strategic direction of

applying County support toward systems-level work and pursuing population-based as opposed to individually focused strategies for preventing chronic diseases.

Sections/Programs Each section aligns with a Public Health Operational Master Plan Domain (PHOMP)

Protection: Medical Examiner
PH Protection MEO

Promotion: Health Promotion & Disease/Injury Prevention
Chronic Disease & Injury Prevention Section

Protection: Infectious Disease Prevention & Control
Communicable Disease, Epidemiology & Immunizations
HIV/AIDS Program
Sexually Transmitted Disease Clinic and Program
Tuberculosis Clinic and Program
Public Health Laboratory
Prevention Division Administrative Services

Program Descriptions

Medical Examiner

The purpose of the King County Medical Examiner's office (KCMEO) is to provide limited death investigation and complete forensic pathology services for persons who die in King County and agencies for all sudden, unexpected and unnatural deaths so that they have accurate cause and manner of each death. This service falls under the Protection Domain and pertains to King County's fundamental and statutorily defined responsibilities and powers to protect the public's health as well as specific statutory responsibilities relating to coroners and medical examiners. The Medical Examiner supports and informs activities that track disease, injury, and environmental threats to the public's health, in addition to its role in assisting law enforcement with death determinations.

The Medical Examiner provides death investigations when fatalities in King County appear sudden, unexpected or unnatural. When a fatality is unexplained, the KCMEO assumes legal jurisdiction of the body. In 2008, the Medical Examiner assumed jurisdiction over 2,137 of the 13,337 deaths that occurred in King County. As part of the death investigation, death investigators conduct an initial assessment at the death scene and transport bodies to the Medical Examiner's office for examination. In 2008, 1,639 bodies were transported by investigators. The Medical Examiner is a mandated service with an overall budget of over \$4,000,000 that is almost entirely supported by county general fund.

Health Promotion & Disease/Injury Prevention

The purpose of Prevention Division's Health Promotion and Injury Prevention section is to develop and provide information, tools, and strategies that enable individuals and communities to identify and make healthy choices in order to increase the number of healthy years lived by people in King County and eliminate health disparities. Programs focus on preventing behaviors leading to disease, averting injuries, and preventing and managing chronic health conditions.

Chronic Disease Injury Prevention (CDIP): The Chronic Disease and Injury Prevention services provide planning, coordination, training and consultation, coalition building, demonstration programs, research, information, direct service and other support to agency and individuals in King County in order to help facilitate collaboration for chronic disease prevention, health promotion activities within communities, and efforts aimed to reduce health disparities among King County's population. The programs include Violence and Injury Prevention, Public Health's REACH program, Asthma outreach and education activities, Chronic Disease and Healthy Aging core program, Obesity Prevention program, Public Health's Breast, Cervical and

Colon Health screening services, and Tobacco Prevention program. The target populations are both county-wide and specific high-risk populations such as low-income seniors. The Section is funded almost entirely by grants and fees for service.

Infectious Disease Prevention & Control

Prevention Division's Protection - Infectious Disease Prevention and Control section protects the public from a variety of diseases. Public Health has fundamental and statutorily defined responsibilities and powers to protect the public's health. The long-term purpose of the Protection section's programs is to increase the number of healthy years lived by people and eliminate health disparities through rapid identification and effective response to current and emerging diseases, environmental and other threats.

Communicable Disease Epidemiology and Immunization (CD): The CD program per legal mandate works to prevent and control 50 communicable diseases and conditions such as measles, E-coli, pertussis, salmonella, and hepatitis A, B, and C. The program serves all of King County. Services provided include investigating and reporting 6,000 disease reports annually; monitoring and reporting disease incidence and trends; providing infection control interventions and recommendations; providing medical consultation and technical support to health care providers; providing community education; disease prevention and control policy development; consulting on special projects; emergency preparedness planning and response to disease outbreaks, disasters and bioterrorism; distributing childhood vaccines to health care providers throughout King County; and providing immunization assessment and site visits for health care providers.

HIV/AIDS Program: The HIV/AIDS program works with community partners to assess, prevent and manage HIV infection for HIV-infected residents and those at risk of infection in King County in order to stop the spread of HIV and improve the health of people living with HIV. HIV /AIDS programs include outreach and education to high risk populations, community planning, program quality reviews, syringe exchange, and treatment vouchers for opiate-dependent Seattle residents.

Sexually Transmitted Disease (STD) Program: The STD Control Program undertakes an array of interventions and activities to prevent STDs and their complications. Most activities are mandated by Washington state law. Activities include STD and HIV diagnostic and treatment services, clinical services, surveillance, partner management, education and training, and epidemiologic and clinical research.

Tuberculosis (TB) Program: The TB Program prevents, controls, and treats tuberculosis in the community. The TB program, through legal mandate, manages and treats an average of 140 active TB cases annually, often among homeless, foreign-born and low-income populations in King County. Services provided include disease surveillance, case reporting, individual and outbreak management, clinical services, medical consultation, special investigations, educational materials development, and coalition participation and development.

Laboratory: Provides laboratory testing that focuses on tests needed for public health purposes, quality assurance, and overview of contracted lab tests.

Prevention Division Administration: Provides administrative oversight and support for the three sections in Prevention Division. The Division administration is reviewing scenarios for consolidating space in an effort to save expenses, particularly programs occupying space in third floor Yesler and Chinook floor 9.

2010 Budget Change Strategies

Protection: Medical Examiner _____

Title	Expenditures	FTEs	TLTs	Revenue
Protection: Medical Examiner GF Target Reduction	(66,918)	-	-	(66,918)
Protection: Medical Examiner GF Target Reduction	27,480	(0.04)	-	27,480

Revenue Enhancement/Service Reduction

Medical Examiner

The MEO proposes to meet its structural gap and the General Fund target reduction by increasing all its non-General Fund revenue options, taking reductions in supplies and services and will restructure its Indigent Remains program. Non general fund revenue will be increased overall by increasing fee revenues to match 2009 revenue projections. The services and supplies that are reduced include: reducing safety supplies, lab coats and other protective equipment, eliminating budget for certain continuing medical education expenses; adjusting the budget to 2008 levels for certain diagnostic tests necessary for complete autopsy findings; and reductions in temporary help in the form of Interns in the program. The service model changes in the Indigent Remains program will reduce 32 indigent body cremations and the service will be limited to those with no families. This will place additional pressure on administration staff to attempt to find private donations to assist in cremating the unclaimed bodies. The service model change will require substantial increases in time from the Project/Program Manager III who handles risk management issues at KCME and the King County Prosecuting Attorney's Office in pursuing financial obligations of family members to provide final disposition.

Promotion: Health Promotion & Disease/Injury Prevention

Title	Expenditures	FTEs	TLTs	Revenue
Promotion: Health Promotion & Disease/Injury Prevention - GF Target Reduction	(30,000)	-	-	(30,000)
Promotion: Health Promotion & Disease/Injury Prevention - Grant Funded	(275,969)	0.05	-	(275,969)
Promotion: Health Promotion & Disease/Injury Prevention - Struct Gap	(343,826)	(1.02)	1.00	(343,826)

Revenue Enhancement/Service Reduction

Promotion Disease Prevention Section

The Health Promotion Disease Prevention Section of Prevention Division proposes to eliminate support for a seniors exercise class, increase revenue from other sources for Violence and Injury Prevention Program, reduce nutritionist consultant, and eliminate portion of a contract for colon cancer screening. This proposal will impact approximately 125 low income seniors, who may be able to access fitness classes at other community centers; and it will impact contracted medical providers in the County and up to 130 clients who might otherwise have tried to access affordable colon cancer prevention services. These changes are made to support community-based prevention activities as a priority over individual-based activities. The Seniors Services contract supports a program that provides individual assistance rather than a population-based strategy for preventing chronic diseases. Maintaining support for the program is inconsistent with the strategic direction of focusing on systems-level work that the Health Promotion Disease Prevention Section is pursuing. Federal stimulus funding is scheduled to be available for community-based wellness activities, though details are unclear. The department contracts with Senior Services for the senior services exercise and nutrition program. The nutritionist position works with a variety of agencies on nutrition education activities. The department contracts with a variety of health care providers for colon cancer screening.

Health Promotion and Disease/Injury Prevention services provided by this section represent core public health prevention activities prioritized by the PHOMP. However, the section's activities are highly dependent on flexible funding from the state and county. As an emerging practice arena with no categorical funding, this section is very vulnerable to flexible funding cuts on all levels.

Protection: Infectious Disease Prevention & Control

Title	Expenditures	FTEs	TLTs	Revenue
Protection: Infectious Disease Prevention & Control - GF Target Reduction	(270,385)	(1.10)	-	(270,385)
Protection: Infectious Disease Prevention & Control - Grant Funding Changes	(596,011)	(3.67)	(1.67)	(596,011)
Protection: Infectious Disease Prevention & Control - Grant Funding Changes	787,592			787,592
Protection: Infectious Disease Prevention & Control - Structural Gap	(481,466)	(3.66)	(0.80)	(481,466)
Protection: Infectious Disease Prevention & Control - H1N1 Prevention	623,249			623,249

Revenue Enhancement

Infectious Disease Control, Communicable Disease and Immunization (CD-Imms) Program

The budget proposal for the Communicable Disease program within the Prevention Division balances a structural gap and achieves the target reduction. The structural gap balancing was achieved by taking technical reductions in one FTE and two TLT positions that total (1.00) FTE. Also the program increased Medicaid Administrative Match revenue to reflect most recent six month actual revenue collected in 2009, and assumed the program will receive \$100,000 of Federal stimulus revenue for immunizations through WA-DOH. The requested budget includes one-time funding to continue supporting the transition of immunization services to the medical community and assisting providers to respond to the state's cutting of the universal vaccine purchase program.

Grant Funding Change

HIV/AIDS Grant

The Prevention Division received an increase in two grants supporting HIV/AIDS services. These two sources, Ryan White and the City of Seattle have increased support for 2010 and the funding will result in increased services provided to the community by community based organizations. The Ryan White funding increase will support increases in services to people living with AIDS; and the City of Seattle funding increase will support an increase in HIV/AIDS testing services targeting people at highest risk.

Model Change/Service Reductions

HIV/AIDS

Prevention division proposes to balance the structural gap by eliminating HIV prevention funds to Jail Health for counseling and testing; shifting AIDS Omnibus revenue from lower priority programming toward core HIV prevention programming; reducing expenses in HIV Prevention Planning Council and the Needle Exchange facilities; and increasing Ryan White grant revenue to support additional administrative positions in the HIV/AIDS Program. In addition, Prevention will cut 1.0 FTE in the program's education services, and expense adjustments in the needle exchange services. To avoid adverse impacts the program will implement a plan that aligns more closely with current Communicable Disease Control (CDC) recommendations for routine HIV testing within Clinical settings for low and moderate risk populations. 1.0 FTE represented, vacant Educator Consultant I will be eliminated. The reduction of educational services for high-risk populations is one of several reductions anticipated due to significant reduction of state AIDS Omnibus funding passed in the recent legislative session. Where possible, the program changes have focused on staffing efficiencies. Some reductions in service are unavoidable, but reduction choices were made to minimize the impact on the public's health.

Sexually Transmitted Disease Program

Prevention division proposes to balance the structural gap by consolidating information systems support and making other changes, and to reduce General Fund by cutting STD screening services at the family planning

program at Public Health-Columbia Health Center and at the Department of Youth Services (DYS), which are provided via contract. Staff affected includes a .42 FTE portion of a 1.0 FTE clinician funded by STD, and stationed at Public Health's Columbia Health Center (CHC); a .75 FTE Harborview-employed clinician stationed at Juvenile Detention will be reduced to a funded .40 FTE. Further, Public Health will no longer fund a .5 FTE Disease Intervention Specialist to provide STD and HIV screening and partner notification services at Juvenile Detention. Finally, 0.5 FTE information specialist employed through a Harborview contract will no longer be funded by Public Health. Potential impact include a decrease of 950 visits and related decrease in case detection at CHC out of a total of 2366 seen by this contracted provider, along with an estimated 500 fewer clinical visits, 80 HIV tests and 100 partner interviews per year. The reduction of services at Family Planning Columbia Health Center and DYS will require handling referrals in collaboration with those agencies. These proposed service reductions are at moderate risk sites, avoiding service reduction at STD clinics serving the highest-risk populations. The King County Department of Adult and Juvenile Detention will be affected by this loss in service to juveniles in their facility.

Tuberculosis Program

The Tuberculosis Program (TB) is balancing its structural gap by implementing model changes that include the following: 1) shifting 60% of Direct Observed Therapy (DOT) to other sources outside of the TB program staff; 2) Shifting use of interpreters from direct-hires to staff available through other Public Health resources; 3) and Public Health will shift all extra-pulmonary (non-infectious) cases of TB to Harborview Medical Center (HMC) for treatment rather than receiving treatment at Public Health TB Clinics as in the past. The TB Program will provide technical assistance to UW and HMC hospital providers. These changes total a reduction of 2.58 FTE.

The change in DOT will involve working on a variety of alternatives that can be used that include using staff in Public Health Centers, working with local pharmacists, and providing videophones.

Efficiency Reduction

Public Health Labs

The budget proposal for the Public Health Lab program within the Prevention Division balances a structural gap and achieves a target reduction. The structural gap balancing was achieved with an efficiency reduction of 1.50 FTE, by cost-shifting lab tests to the state lab and budget. The types of tests which the state will conduct include: syphilis, low-risk HIV and other lab tests. The King County lab will continue to handle packaging and reporting of lab results to Public Health centers. This action will not result in reduction in service levels although some test results may be delayed through slower processing by the state. The County General fund target reduction was achieved by reducing the Lab supplies budget.

Cross-Cutting / Administrative Functions

The purpose of the Cross-cutting/Administration Division is to make sure that the capacity for accomplishing the core activities of Assessment, Policy Development, and Assurance are available and consistent across the domains of protection, promotion, and provision. In addition, the core business functions, including data management, financial management and human resources necessary for organizational accountability are included.

Sections within this division include Preparedness, Regional and Cross-cutting Public Health Services, and Cross-cutting Business Services and are aligned with PHOMP domains Protection and Organizational attributes.

Protection: Preparedness is 100% federal grant supported with no local or state funds supporting its activities. The goals of the Preparedness section are to prepare public health staff and our partners in business and the community for all-hazards public health emergencies including weather-related events, earthquake and other natural disasters, and disease epidemics and pandemics that put pressure on the health care system. Preparedness will not know at what level the federal government is funding preparedness activities until late this fall. Funds that become available are time limited and are event and function specific (i.e. vaccine).

Organizational Attributes: Cross-Cutting and Regional Services include assessment, communications, partnership development, evaluation, policy research, development, advocacy and implementation, strategic planning, and system change. The integration of these capabilities is critical in achieving departmental goals that cross cut public health protection, promotion, and provision. This functional section represents the org "home" for developing the leadership and core capacities necessary to improve response to existing public health concerns and develop and implement effective strategies to address emerging issues.

Organization Attributes: Cross-Cutting Business Services include the administrative, human resource, financial and IT services necessary to operate the department. The goal of this section is to meet the 8.65% county general fund target reduction as per instructions from the Budget Office, while maintaining accountability to business practices and standards.

Sections/Programs Each section aligns with a Public Health Operational Master Plan Domain (PHOMP)
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Protection: Preparedness

Organizational Attributes: Cross-Cutting & Regional Services

Equity and Social Justice Initiative
Community Partnerships
Children & Families Commission
King County Health Action Plan
Assessment, Policy Development, & Evaluation Program (APDE)
Policy, Community Partnerships, Communications (APDE)
Grant Management

Board of Health
King County Vital Statistics

Organizational Attributes: Cross-cutting Business Services

Administrative Projects
Inventory Control
Business Standards & Accountability
Contracting, Procurement & Real Estate
Human Resources including the Diversity Initiative program
Department Administration
Finance/Accounting/Budget Section
Management Information Services (IT)
Chiefs of Medical, Nursing, Dental & Pharmacy Services

Program Descriptions

Preparedness

Public Health Preparedness: The Public Health Preparedness program ensures employees and community partners are prepared to respond to emergencies and disasters. With grant funds, Public Health coordinates emergency planning, and training and exercise efforts for employees and regional partners. Services are: all-hazard planning; emergency preparedness training; development of drills and exercises; development and maintenance of 24-hour emergency response capability; management of program grants, contracts and deliverables; maintenance of emergency equipment and supplies; coordination of health systems preparedness planning; coordination of workforce preparedness and business continuity planning; surveillance planning and vulnerable populations planning. The program's goal is to maximize the efficiency with which Public Health and our community prepares for, responds to, and recovers from emergencies and disasters.

Cross-Cutting & Regional Services

Equity and Social Justice Initiative: Public Health is the facilitative lead of the King County Equity and Social Justice Initiative. Although there are not dedicated resources to this work per se, this effort is lead by Policy, Community Partnerships, and Communication (PC2) and Assessment, Policy Development, and Evaluation (APDE) staff and utilizes resources across the department to participate in three levels of action:

- 1) Policy development and decision-making: King County will ensure that promoting equity is intentionally considered in the development and implementation of key policies and programs and in making funding decisions.
- 2) Delivery of county services: By working with partners and the community, King County and its departments will identify and mitigate social inequities. All departments began new activities in 2008 to promote equity.
- 3) Community partnerships: King County can be a catalyst for mobilizing the community and supporting effective partnerships and actions. Community engagement and education constitute the initial set of opportunities.

Children and Families Commission: This volunteer, Executive-appointed Commission works with families, communities, and schools to provide oversight and review of county funded systems that serve children and families, promote cooperation among King County departments, evaluate the effectiveness of King County programs that serve children, youth and families, oversee implementation of policies adopted by the King County Council concerning children, youth and families, and concentrate on building links between the county's service system, communities, and schools.

Assessment, Policy, Development, and Evaluation (APDE): The primary role of this unit is to provide health assessment data and analysis to inform planning, policies, and actions, within the Department, within County government, and with other public and private partners (to develop innovative interventions that improve the health of King County residents). Analysis and elimination of health inequities is central to the work of this unit. In partnership with community organizations APDE develops and implement state-of-the-art techniques to collect and analyze data, and develop and assess effective policies and interventions.

Primary activities in which APDE engages to fulfill the goals of the OMP includes community health assessment, primary data collection and analysis, technical assistance, GIS analysis, data requests, policy development, and evaluation.

- **Grants Management Section:** Develops and facilitates grant seeking opportunities to support innovation in public health practice, demonstration programs, develops program capacity and conducts research. This section coordinates the development of capacity within divisions to write grants and complete grant applications, and provides technical support to grant writers and divisions.

Policy, Community Partnerships, Communications (PC2): Develops and coordinates internal and external communications including PIO functions, government relations, administration and staffing of the Board of Health, community and stakeholder engagement, promotes public policy changes consistent with PHOMP and King County goals, and provides research support to department staff.

This section includes:

- **King County Health Action Plan:** Brings together key leaders in King County to implement collaborative policy development and to cultivate specific programs leading to health system improvement as well as mitigation of worsening health trends affecting vulnerable populations within King County. An example of an innovative project is the Children Health Initiative.
- **Community Partnerships:** Improves access to needed health services for over 140,000 diverse low income residents of King County. Manages local investments and provides technical assistance and training to core safety net providers of medical, dental and integrated mental health services throughout King County. Funds support over 30 community health centers, public health centers, hospital affiliated clinics, and three other community-based organizations that provide needed care and services.
- **Board of Health:** (Organizationally this unit is part of the Policy, Community Partnerships, Communications unit) Provides support to the Board of Health.

King County Vital Statistics: Provides certified birth certificates and certified death certificates for all areas of Seattle and King County.

NOTE:

Administrative Projects:

In the budget, services initiated and delivered out of the Office of the Director in Public Health are structured under the category of Administrative Projects. These services include Academic Health, Community Partnerships, Diversity Initiatives, Children & Family Commission, Grant Management, QI and Performance Standards, and PH IT Projects. Except for the PH IT Projects, which function under Cross-Cutting Business Services section, all the other services function under the Cross-Cutting Regional Services section.

Organizational Attributes: Cross-Cutting Business Services

Inventory Control: Public Health's record of its inventory balance and related inventory transactions for the Distribution Center.

Business Standards and Accountability: Directs oversight, training and support of regulatory compliance (e.g., HIPAA), Risk Management, Public Disclosure, release of medical information, policy management, Public Health standards and accreditation.

Contracting, Procurement and Real Estate: Provides services for processing and support of contracting, procurement, facilities, fleet and leasing.

Human Resources (including the Diversity Initiative Program): Provides the full range of human resources services for the department, including administration/oversight of HR policies and procedures, recruitments/processing new hires, leaves, investigations, terminations, labor relations, contract administration, disciplinary practice, diversity awareness and education.

Department Administration: Provides strategic leadership and oversight of all department programs and business operations within the framework of OMP policy directions. (Includes the offices of the Director/Health Officer; Chief Administrative Officer; Chief of Staff; Chief of Health Operations; their administrative support personnel; and related staff to support department management and office support)

Finance/Accounting/Budget Section: Provides services for management and processing of all financial and accounting services for Public Health, including Accounts Receivable, Accounts Payable, Payroll, Signature Operations (patient registration and billing), and budget/financial management.

Management Information Services (IT): Provides oversight and support to centrally-managed IT systems, projects, applications and infrastructure in coordination with OIRM.

Chiefs of Medical, Nursing, Dental and Pharmacy Services: Provides policy/procedure and standards development, central oversight, quality assurance, professional recruitment, credentialing, process improvement and oversight to the four lines of professional services that comprise direct care: Medical, Nursing, Dental and Pharmacy.

2010 Budget Change Strategies

Protection: Preparedness _____

Title	Expenditures	FTEs	TLTs	Revenue
Protection: Preparedness - Grant Changes	634,642	0.25	2.25	634,642
Protection: Preparedness - H1N1 Preparedness	280,000			280,000

Service Reduction

The Public Health Preparedness section proposes to reduce the Preparedness program by 5.25 FTE; these reductions are required due to structural gaps and a decrease in Preparedness grant funds. This will include reductions in exercise and planning efforts, point of dispensing (POD) signage project, vulnerable populations program planning and administrative support for the section.

The impact of Public Health’s Preparedness 2010 budget proposal is that systems which coordinate the needs of persons affected by potential disasters will be less prepared to meet the needs of their clients, many of which are vulnerable populations. This proposal will also impact the ability to train Public Health staff to be prepared for emergencies and will slow down response efforts during a disaster. This proposal also eliminates program management of the Public Health Reserve Corp. The impact to this program will be less coordination with the community who volunteers to support Public Health during emergencies. The Department will have to rely on staff more during emergencies which will slow down response time or eliminate the ability to respond to certain disasters. The department provided some County General Fund to the Preparedness Section from another section in order to address preparedness and response activities related to the H1N1 influenza pandemic.

Organizational Attributes: Cross-Cutting & Regional Services

Title	Expenditures	FTEs	TLTs	Revenue
Org Attr: Regional & Cross Cutting Services Changes	1,433,533	8.25	1.00	1,433,533
Org Attr: Regional & Cross Cutting Services GF Target Reduction	(359,683)	-	-	(359,683)
Org Attr: Regional & Cross Cutting Structural Gap Changes	(377,612)	(0.90)	(0.50)	(377,612)
Org Attr: Regional & Cross Cutting Grant Contingency Increase	2,000,000			2,000,000
Org Attr: Regional & Cross Cutting - H1N1 Prevention	(607,991)			(607,991)
Org Attr: Regional & Cross Cutting - H1N1 Preparedness	(226,576)			(226,576)

Service Reductions/Enhancements

Assessment, Policy Development, Evaluation (APDE)

Reductions taken in Assessment, Policy Development, and Evaluation (APDE) to address the section's budget gap include delaying hiring a Public Health Informatics Program manager position, reducing the amount of specialist consultation and adjusting the salary range for the Chief. In addition, some basic operating resources were reduced. APDE's overall capacity for technical support to the community and within Public Health will be reduced due to staffing redirected to assist Provision Assurance.

Holding the .5 FTE Informatics position vacant and eliminating \$10,000 for subject matter expertise delays improving health informatics, and improving system-wide analysis techniques. This hinders the department's building public health core capacity to meet the PHOMP goals.

Policy, Community Partnerships, Communication (PC2)

This proposal outlines reductions taken in Policy, Community Partnerships, Communication to address the section's budget gap. Specifically, Public Health proposes reductions for goods and services, project consolidation, adjusting the salary range of the Chief, and new revenue of \$130,000 from S-Children's Health Insurance Program.

This program's reductions complete the transition of the Menu Labeling Trans Fat Initiative from policy development and implementation to regular operating services to the public. As in APDE, PC2 is employing repurposing staff as a mechanism to maintain Public Health priorities in Provision Assurance and across the section to support Public Health's policy priorities. The expanding emphasis areas are to develop capacity in modern modes of communication technology to enable the public to have better web-based and other multi-media tools with which to receive public health information.

The proposed consolidation and expanded emphasis for capacity development in modern modes of communication continues PC2's mission by honing this section's capabilities into regional and cross-cutting services and less siloed activities within Public Health, and implementing essential changes to improve communication to the community.

Provision Assurance

This proposal outlines reductions taken in Provision Assurance (Provision) to address the section's budget gap. Public Health proposes Provision abrogate .5 FTE and \$30,000 in contracts. This program's funding absorbed the elimination of a revenue stream as well as addressed structural gaps caused by inflationary targets and general fund reductions. The Provision/Assurance efforts are focused on increasing the impact of available limited resources on access to health care by uninsured and Medicaid-insured people in King County. The return on investment will occur on an individual medical care access level as well as improving the county-wide efficient use of scarce resources. To support its mission, Public Health will repurpose existing staff in APDE and PC2 to assist in quantitative / qualitative research, planning and assessment work to support Provision. There will be reduced technical support to community agencies as a result of this proposal.

Board of Health

Board of Health services are performed through the Policy, Community Partnerships, & Communication, although it is a project budgeted in overhead. Reducing contracts by \$10,000 represents reduced capacity to support new and on going policy priorities of the Board of Health. Public Health will mitigate this reduction by expecting increased technical support from its divisions as necessary.

Vital Statistics

Public Health proposes a .5 FTE Customer Service Specialist 3 reduction in Vital Statistics and a modest increase in fee collection totaling \$15,000 annually to close its structural gap. Services levels will remain unchanged.

Organizational Attributes: Cross-Cutting Business Services _____

Title	Expenditures	FTEs	TLTs	Revenue
Org Attr: Cross Cutting Business Services - GF Reduction	(357,699)	(0.35)	-	(357,699)
Org Attr: Cross Cutting Business Services - IT Reorganization	42,041	19.50	-	42,041

Reductions

Public Health proposes reductions in its overhead cross-cutting business functions that are commensurate with the general fund target reduction that was allocated to the department and maintain sufficient capacity and infrastructure to support the PHOMP domains of provision, protection and promotion. Public Health identified several areas of efficiencies through the IT Reorganization, project consolidation in the Policy, Community Partnerships & Communications; and savings in various accounts for goods and services. This proposal includes reduced capacity for translation services, contracting for subject matter expertise to support Board of Health policy priorities, and reduced capacity to handle surges in compliance issues and public disclosure requests. Should additional reductions be required, those reductions will diminish capacity to perform basic services and may create risk.

IT Capital Improvement Project Requests _____

PH-HIT (Public Health-Health Information Technology). This is a proposal for a new integrated electronic health record and practice management system to replace the current legacy "Signature" system that the vendor will cease supporting in 2013.

Online Food Worker Permits The department currently conducts or oversees in-person classroom training for food worker cards for over 80,000 individuals annually. This proposal will offer an online training and e-commerce option to enable workers to obtain a food worker card, which is required to work in the food service business.

ABT Side System Integration All departments were requested to submit proposals to document side systems that may need integration or interface modifications as PeopleSoft and Oracle come on line. The department's proposal identifies such public health systems.