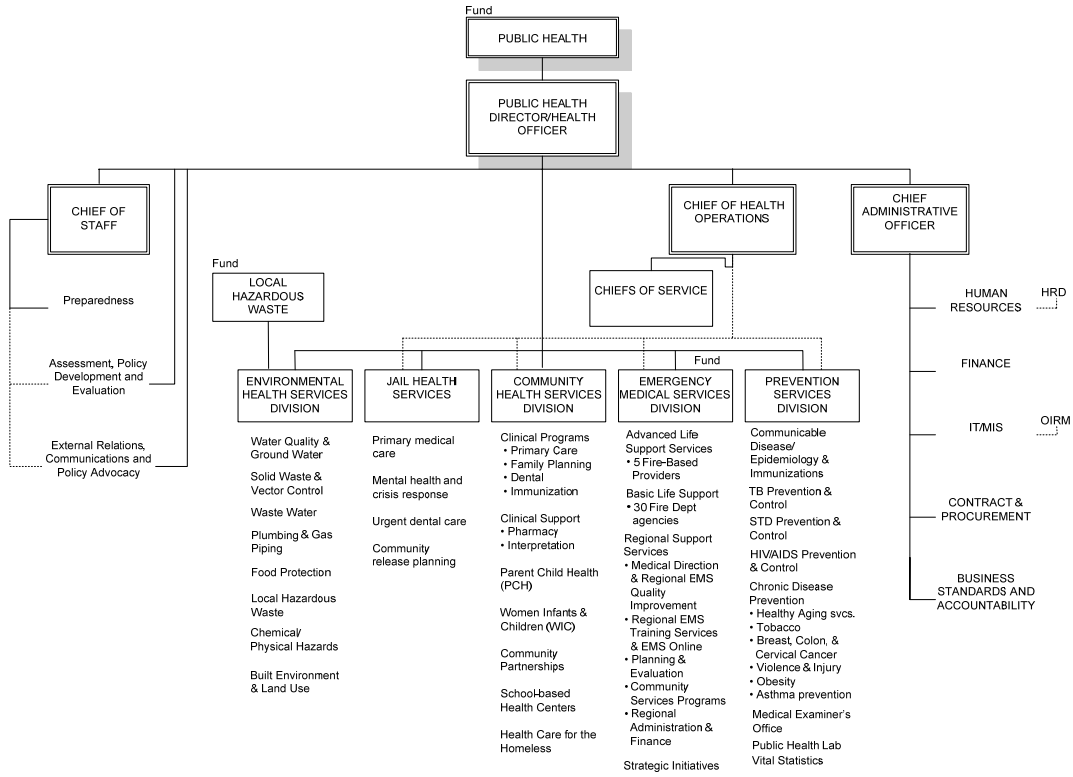

Public Health



PUBLIC HEALTH

Mission
Public Health
Seattle & King County
To identify and promote the conditions under which all people can live within healthy communities and can achieve optimum health.

ISSUES AND PRIORITIES

Public Health-Seattle and King County (Public Health) continues to struggle with the structural gap caused by inflationary increases in expenses outpacing revenue growth. Medical costs continue to rise at a faster rate than general inflation. In addition, Public Health experienced reductions in state funding in 2009 that will continue in 2010 and beyond.

The structural gap is exacerbated by the increasing demands placed on the Public Health system. As the unemployment rate has risen with the weak economy, more individuals are without health insurance, which results in greater numbers seeking treatment at Public Health centers. The global threat of H1N1 has created an additional potential strain on the system. In addition, Public Health will be impacted in the event of flooding in south King County.

The 2010 Executive Proposed Budget demonstrates the county's ongoing commitment to Public Health. While reductions to General Fund support of the department were necessary, the 2010 Executive Proposed Budget strives to ensure that the reductions are kept to a minimum.

Funding Changes

For 2009, total funding for Public Health (including the Medical Examiner's Office) was \$191.7 million, of which \$28 million came from the General Fund and \$3.7 million came from the Children and Family Services (CFS) fund. For 2010, Public Health (including the Medical Examiner's Office) will receive \$194.8 million in total funding, of which \$27.2 million will come from the General Fund. The funding Public Health previously received from GF is replaced in 2010 with an increase of \$3.3 million in General Fund support.

Factors influencing the non-General Fund portions of the Public Health budget include reductions in state funding and a decrease in requests for fee-based services. State funding has decreased primarily for prevention programs, particularly HIV/AIDS prevention, tobacco prevention, and colon health screening. The department's fee-based programs have been faced with reductions as requests for service has declined. This has been particularly true for the Environmental Health section. For example, in the Environmental Health On-Site Sewage and Plumbing/Gas Piping programs, plummeting service demands have caused a severe drop in revenues, with has forced the department to layoff eleven employees in these programs to date in 2009. Further reductions are proposed for 2010, based on estimated revenue losses of \$2.4 million.

General Fund and CFS support for Public Health, both of which are declining, is directly related to the on-going structural deficits that result in a \$56.4 million deficit for the General Fund in 2010. Given the cumulative impact of the 2009 and 2010 deficits, as well as the General Fund deficits earlier this decade, and the fact that sizeable deficits loom in future years, it is no longer possible to make incremental reductions to multiple programs to close the deficit. Instead, the 2010 Executive Proposed Budget eliminates General Fund support for whole programs in order to preserve funding for mandated services. As a result, the 2010 Executive Proposed Budget, for example, closes and/or consolidates public health clinics and eliminates certain contracts.

Process for Determining Reductions

In the face of these General Fund and non-General Fund financial challenges, Public Health built its 2010 budget using the Public Health Operational Master Plan (PHOMP) as its guide. 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.

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, decreasing state and federal revenues, and declining demand for fee-base services, program and service reductions were developed.

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

- Reduction of a 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; HIV/AIDS will also eliminate a 1.0 FTE community health educator working with high-risk populations; These reductions are in response to decreased state funding for HIV/AIDS and STD prevention funding.
- Shifting the care of non-pulmonary (less infectious) TB cases to the Harborview Infectious Disease Clinic; This reduction will not impact service to clients.
- Eliminating a contract to Senior Services for exercise and nutrition services to older adults (which was proposed for reduction last year and restored during council phase);
- Closing the Kent Teen Clinic, including ending primary care services at that site and consolidating its Family Planning clinic with services at the Renton Public Health Center. In addition, Public Health will be vacating the Alder Square Public Health Center in Kent as the lease expires at the end of this year and moving Women's, Infants and Children (WIC) and Maternity Support Services (MSS) programs from that site to a new location in Kent outside the potential flood plain; This change will result in General Fund savings as well as system efficiencies.
- 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 facilitating immunization services to the medical community and assisting providers with the elimination of the state's universal vaccine purchase program; This proposal is in response to the reality that children in

Washington state are able to access free immunizations from other community, as well as private, providers.

- Reducing STD services at Columbia Health Center and the Department of Youth Services, but preserving capacity within the STD and family planning programs to serve the patients that currently seek services at those sites; This proposal is in response to cuts in state funding to these programs.
- Sustaining a reduced Child Care Health program, which was significantly cut mid-2009 as a result of its lifeboat status; the program has been reduced to its City of Seattle contract and other dedicated revenues;
- Enhancing the department's partnership with the Health Point community health centers organization with a new collaborative service model at the Northshore P.H. Center. Health Point will bring in its primary care practice and Public Health will continue complementary office-based Maternity Support Services (MSS) and Women's, Infants and Children (WIC) nutrition services at the site; MSS field-staff will transfer to Eastgate. Stand alone Family Planning services will close at this site. This proposal will result in savings to the General Fund, system efficiencies, the ability of clients to receive primary care services, and a model for future collaborations with other safety-net providers.
- Closing the Veterinary Services Program (which was newly established this year to oversee the veterinarians at the Animal Care and Control shelter clinic) to align with the Executive's proposed changes in the county's animal control functions, and developing a new countywide regulatory program for animal related businesses as part of the Board of Health code consolidation project.

New Public Health Center Financing Model

The 2010 Executive Proposed Budget includes a new financing model for the public health centers. The General Fund will cover the costs of public health center infrastructure/building costs. State Public Health funds will support the department and county indirect costs at the centers. In this model, the programs located in Public Health department centers are expected, collectively, to cover their direct costs with patient-generated and contract/grant funds, subject to policy decisions about subsidies to service 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 Funds, 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.

Public Health Clinic Consolidation, Closures and Partnerships

Given the costs associated with funding the public health centers, and in order to assure the most effective allocation of limited resources to the clinics' clients, the department is working on ways to consolidate services. The 2010 Executive Proposed Budget includes the closure of two clinics and a new partnership for a third.

In Kent, the Alder Square clinic will close. The Maternity Support Services (MSS) and Women, Infants and Children (WIC) programs, which are currently located at Alder Square, will move to Birch Creek and some family planning will move to Renton. The Kent Teen Clinic will close, and with it the primary-care clinic will close. A new, as yet undetermined, site in Kent will serve to consolidate services in the south end.

In Shoreline, the Northshore clinic will be leased to Health Point, a community-based health care provider. Health Point will rent back space to Public Health, in order to provide office-based MSS and WIC services. Some Public Health MSS field-staff will move to Eastgate and the Family Planning program at Northshore will close. Health Point will provide primary-care to clients, a service not currently provided at the clinic. This partnership will reduce costs, including to the General Fund. It will also serve as a model for the future.

H1N1

The current H1N1 influenza pandemic began in late April, 2009, spread to multiple continents and continues to infect residents across King County. Public Health is currently planning for an expected resurgence of H1N1 outbreaks, particularly in schools, this fall. Although the severity of the disease appears generally similar to seasonal flu, with H1N1 hospitalization rates higher among children and young adults and the majority of deaths occurred in younger adults compared with seasonal flu.

Public Health is developing new capabilities and planning with regional partners to respond to a possible fall epidemic of H1N1 in our communities. It is improving its abilities to store and distribute vaccines, antiviral medicines and medical supplies, expanding its education and outreach efforts, adding surge capacity to Public Health response, and protecting vulnerable populations.

While much of the department's work will take place in the fall and winter of 2009, the virus will continue to impact King County residents into 2010. There is significant uncertainty about the precise level of resources that will be needed to respond to and H1N1 outbreak. Although the types of activities are clear and are being planned, the level and length of effort is dependent on a variety of factors that are unknown at this time. The department will use existing resources to respond to the outbreak: human resources, communicable disease staff, child care health staff, and school health programs. In addition, federal grants are anticipated to support the effort.

Flood

The potential flooding that could occur as a result of damage to the Howard Hanson Dam on the Green River will impact many departments, including Public Health. The Public Health budget does not include a request for funding related to the flood. However, the department is actively engaged in planning for flood-related planning and response. The Alder Square Public Health Clinic in Kent is located directly in the flood plain. Public Health had anticipated moving services from this site, as well as closing the Kent Teen Center, at the end of 2009. The department will need to implement these actions earlier than anticipated, however, because flooding may occur as early as November of 2009. Emergency Medical Services (EMS) also has a facility that is located in the flood plain and will need to move. In addition, Public Health will provide or arrange shelter support for medically needy groups after any flood event. Any 2010 funding needs associated with the potential flooding will be addressed in a separate 2010 supplemental appropriation request.

Increased Fee Proposal

In response to state budget reductions, the Washington State Department of Health eliminated the Small Systems Drinking Water program statewide. This reduction is problematic for King County because Public Health's Drinking Water Program was put in the 2009 lifeboat with the assumption that the responsibility could revert to the state if county funding to maintain the program could not be identified. In order to comply with local land development codes that require review of drinking water wells and other small systems, the Board of Health recommends that the department develop a fee-supported program to meet legally required levels of service. The 2010 proposed budget includes a new fee-based program as a result.

Emergency Medical Services (EMS)

In 2007, emergency medical services providers completed the 2008-2013 EMS Strategic Plan, which detailed service provision and financing plans for the levy period. This plan formed the basis for the 2008 through 2013 EMS levy proposal. The 2010 Executive Proposed Budget is consistent with the EMS Strategic Plan and includes the second reallocation of resources under the levy. It provides for inflationary adjustments to Advanced Life Support (ALS) and Basic Life Support (BLS) providers. Due to a decrease in property tax assessments, the levy will be set at its maximum limit of 30 cents per \$1,000 of assessed value. Even at its highest rate, the levy will generate \$4.3 million less revenue in 2010 than will be collected in 2009. The EMS fund can sustain this revenue loss without making budget reductions by adjusting reserve levels. The proposed EMS financial plan assumes that the Millage Reduction reserve is not funded in 2010, 2011, or 2012 in order to maintain the out year target fund balance. All reserve levels will be reviewed in depth in 2010 in response to the changing economic environment and the results of the first EMS audit under the new levy. EMS will make recommendations to adjust reserves to appropriate levels after an in depth analysis of actual costs and anticipated need.

Local Hazardous Waste

The Local Hazardous Waste Management Program (LHW) is a regional program, comprised of local governments working together to protect public health and improve environmental quality. In accord with state mandate, the program is managed by the Interagency Management Coordination Committee (MCC), with representatives from the partner agencies: King County Environmental Health, Solid Waste, Water and Land Resources, Seattle Public Utilities and suburban cities. Use fees supporting the program are set by the Board of Health, held in trust for the program by King County and allocated by the MCC. The mission of the Local Hazardous Waste Management Program is to protect and enhance public health and environmental quality by reducing threat posed by the production, use, storage, and disposal of hazardous materials. The 2010 budget maintains status quo expenditures.

2010 Proposed Budget for Public Health 1800/0800

Code	Item Description	Expenditures	FTEs *	TLTs	
Program Area					
HHS					
		2009 Adopted	187,241,092	1,255.06	14.63
		Status Quo**	7,653,066	(19.35)	(1.58)
		Status Quo Budget	194,894,158	1,235.71	13.05
		Contra Add Back	2,190,942		
Increased Needs and Mandates					
RB02	Children's Health Outreach and Medical Respite	1,741,928	11.25	1.00	
RB03	Animal Related Business Regulation	95,974	1.00	0.00	
RB04	Drinking Water Program	109,731	1.00	0.00	
RB05	Zoonotic Diseases	227,994	1.00	0.00	
		2,175,627	14.25	1.00	
Operational Shutdown Savings					
CR45	Operational Shutdown Savings Contra	(3,823,322)	0.00	0.00	
		(3,823,322)	0.00	0.00	
Revenue Backed Services					
RB07	On-Line Food Card Training	50,000	0.00	0.00	
RB08	HIV/AIDS Grants	787,592	0.00	0.00	
RB10	PITCAR Grant From LSDF	396,031	1.11	0.00	
RB11	Consolidation of Community Based Public Health and Health Action Plan	(377,612)	(0.90)	(0.50)	
RB12	Preparedness Grant Increase	634,642	0.25	2.25	
RB15	H1N1 Prevention	114,579	0.00	0.00	
		1,605,232	0.46	1.75	
Revenue Backed Services/Incr.Efficiencies					
RB18	Grant Contingency Increase	2,000,000	0.00	0.00	
		2,000,000	0.00	0.00	
Revenue Reduction					
AS01	Eliminating GF for Informatics, Reduce GF for Translators and Consultants	(357,699)	(0.35)	0.00	
DS02	Children and Family Commission - Safe Communities	(359,683)	0.00	0.00	
DS04	Environmental Health Program Reductions	(1,188,901)	(11.95)	0.00	
DS07	Senior Services Exercise and Nutrition Education Reduction	(30,000)	0.00	0.00	
DS08	Colon Health Screening	(275,969)	0.05	0.00	
DS09	CD/Imms, HIV/AIDS, STD Program, TB Program and Lab GF Target Reductions	(270,385)	(1.10)	0.00	
DS10	HIV/AIDS Grand Funding Reductions	(596,011)	(3.67)	(1.67)	
DS12	Reductions to Community Health Centers and Center for Multicultural Health	(39,274)	0.00	0.00	
		(3,117,922)	(17.02)	(1.67)	
Revenue Reduction/Service Changes					
DS13	Family Planning Health Education and Outreach	(197,197)	(2.50)	0.00	
DS14	Northshore and Alder Clinic Changes	(1,351,280)	(12.25)	0.00	
		(1,548,477)	(14.75)	0.00	
Revenue Reductions/Service Changes					
DS06	Violence and Injury Prevention and Tobacco Prevention	(343,826)	(1.02)	1.00	
DS11	CD/Imms, HIV/AIDS, STD, TB and Lab Structural Gap Reductions	(481,466)	(3.66)	(0.80)	
DS15	Immunizations Clinics Closures	(485,180)	(4.75)	0.00	

Public Health

2010 Proposed Budget for Public Health 1800/0800

Code	Item Description	Expenditures	FTEs *	TLTs
DS16	Child Care Health Reduction	(472,596)	(1.10)	0.00
		(1,783,068)	(10.53)	0.20
Technical Adjustments				
TA01	Technical Adjustment	2,633,163	24.88	1.80
CR01	Flexible Benefits	(1,526,842)	0.00	0.00
CR05	General Fund Overhead Cost Allocation	(289,738)	0.00	0.00
CR07	Technology Services Operations & Maintenance Charge	(35,109)	0.00	0.00
CR08	Technology Services Infrastructure Charge	984	0.00	0.00
CR09	Geographic Information Systems Charge	9,716	0.00	0.00
CR10	Office of Information Resource Mgmt Ops Charge/Rebate	(118,635)	0.00	0.00
CR11	Telecommunications Services	(68,319)	0.00	0.00
CR12	Telecommunications Overhead	(30,356)	0.00	0.00
CR13	Motor Pool Usage Charge	9,266	0.00	0.00
CR14	Facilities Management Space Charge	39,850	0.00	0.00
CR15	Insurance Charges	105,007	0.00	0.00
CR16	Radio Access	947	0.00	0.00
CR17	Radio Maintenance	544	0.00	0.00
CR19	Radio Reserve Program	694	0.00	0.00
CR20	Prosecuting Attorney Civil Division Charge	(4,820)	0.00	0.00
CR21	Debt Service Adjustment	(149,216)	0.00	0.00
CR22	Long-Term Leases	(72,689)	0.00	0.00
CR25	Financial Services Charge	(268,987)	0.00	0.00
CR26	Retirement Rate Adjustment	(2,128,741)	0.00	0.00
CR27	Industrial Insurance Rate Adjustment	(16,192)	0.00	0.00
CR30	Printing Loan Recovery	(77,407)	0.00	0.00
CR31	Cell Phone/Pager Services	(1,352)	0.00	0.00
CR36	Property Services Lease Administration Fee	4,482	0.00	0.00
CR37	Facilities Management Strategic Initiative	6,082	0.00	0.00
CR38	Major Maintenance Repair Fund	(68,368)	0.00	0.00
CR39	COLA Adjustment	54,448	0.00	0.00
CR46	Countywide Strategic Technology Projects	(221,136)	0.00	0.00
		(2,212,724)	24.88	1.80
Total Change Items in 2010		(6,704,654)	(2.71)	3.08
2010 Proposed Budget		190,380,446	1,233.00	16.13

* FTEs do not include temporaries or overtime.

** This includes 2009 adopted, initial status quo, and proposed status quo increments. Under FTEs, annualization is included.

*** Please see Budget Transparency Section table at the end of the program plan pages for section information as identified in the Budget Transparency Ordinance No. 16445.

PROGRAM HIGHLIGHTS

Public Health

The total 2010 Executive Proposed Budget for Public Health is \$190,380,446 with 1,233 FTEs and 16.13 TLTs.

Increased Needs and Mandates

Children's Health Outreach and Medical Respite – \$1,741,928 / 11.25 FTE / 1.0 TLT. These Children's Health Initiative funds are the carryover from funding from outside sources. It does not include county General Fund. This proposal includes funding for a new medical respite program which focuses on indigent individuals who are released from Harborview Medical Center with continuing medical needs who are unable to take care of themselves during the healing process.

Regulation of Animal Related Businesses – \$97,974 / 1.00. Regulation of animal related businesses (e.g. pet shops, groomers) will move from Records and Licensing Services to Public Health under a new countywide Board of Health regulation. Revenue will go to the Public Health fund rather than to the General Fund.

Drinking Water – \$109,731 / 1.00 FTE. The Board of Health requested Public Health to bring forward a fee proposal in 2009 for consideration for 2010 to fund the small drinking water program in King County. This program provides service provision for Group B water systems (serving 2 to 9 connections) and individual wells. Public Health had proposed eliminating this program in the 2009 Proposed Budget, and shifting the responsibility to the state. As a result of state budget cuts, this is no longer an option. These increased fees will cover the cost of providing this service.

Zoonotic Diseases – \$227,994 / 1.00 FTE. This proposal provides increased funding for the zoonotics disease program, in light of the H1N1 influenza outbreak.

Revenue Backed Services

On-Line Food Card Training – \$50,000. This plan would implement an on-line option to supplement the existing business model and enable the food worker card program to meet the demands of customers in all market areas. This program would also allow Public Health to discontinue the program through the Washington Restaurant Association Education Foundation, recapturing that shared revenue.

HIV-AIDS Grants – \$787,592. Ryan White and City of Seattle funding have increased for 2010. These increases will result in enhanced services provided to the community by community-based agencies. The Ryan White funding will support increases in services to people living with AIDS and the City of Seattle funding increase will support an increase in HIV/AIDS counseling and testing subcontracted services.

Program to Integrate Technology and Cardiac Arrest Resuscitation (PITCAR) Grant – \$396,031 / 1.11 FTE. The focus of this grant to EMS is to develop, evaluate and implement advanced technologies in the field of resuscitation science to improve outcomes from cardiac arrest.

Consolidation of Community Based Public Health and Health Action Plan – (\$377,612) / (0.90) FTE / (0.50) TLT. The proposal consolidates two projects into one program under the same section. The two projects include Community Based Public Health and Health Action Plan, which have been folded into Policy, Community Partnerships and Communications.

Preparedness Grant – \$634,642 / 0.25 FTE / 2.25 TLT. With these grant funds Public Health coordinates emergency planning, training, and exercise efforts for employees and regional partners. Services include: all-hazard planning; emergency preparedness training; development of drills and exercises; and development and maintenance of 24-hour emergency response capability.

H1N1 Prevention – \$114,579. These funds will provide support for the divisions involved in H1N1 prevention activities.

Revenue Backer Services/ Increased Efficiencies

Grant Contingency Increase – \$2,000,000. This proposal would increase Public Health's grant contingency appropriation authority. Based on the department's experience in the spring and summer of 2009, the department anticipates receiving a greater amount of grant funding in 2010 as a result of H1N1 funds, as well as the potential of other federal funding. Increasing the grant contingency fund will allow the department to receive these funds in a timely manner.

Revenue Reduction

Eliminate General Fund for Informatics Analysis, Reduce GF for Translators and Consultants – \$357,699 / (0.35) FTE. This proposal eliminates funding for a vacant System Engineer Sr. position. This proposal also reduces capacity for translation services, contracting for subject matter expertise for the Board of Health and Office of the Director to support policy priorities, and reduced capacity to handle surges in compliance issues and public disclosure requests. This is a General Fund target reduction.

Children and Family Commission – Safe Communities – (\$359,683). This proposal would reduce funding in the Children and Family Commission for the Safe Communities program that provides funding to community organizations aiding vulnerable populations. This is a General Fund reduction.

Environmental Health Program Reductions – (\$1,188,901) / (11.95) FTE. These non-General Fund proposals would eliminate 2.0 FTE administration positions in the food protection program, 2.0 FTE in solid waste, 1.0 FTE in plumbing and gas piping, 2.0 FTE in physical and chemical hazards program, reassignment of a 0.5 FTE local hazardous waste supervisor, and transfer of wastewater disposal and on-site maintenance positions. These changes are due to a reduction in state funding as well as economy-driven reduced requests for services resulting in declining fee revenues.

Senior Services – (\$30,000). This proposal eliminates a Senior Services contract for exercise and nutrition education, which serves approximately 125 older low-income adults. This is a General Fund target reduction proposal.

Colon Health Screening – (\$275,969) / 0.05 FTE. The Washington Breast and Cervical Health program is proposing a reduction to an adjunct program, colon cancer screening. The colon cancer screening project is a largely subcontracted service. The state reduced funding for this program because there is a strong probability that it will be successful in obtaining grant funding from the Centers for Disease Control.

HIV/AIDS, STD Program, and Lab GF Target Reductions – (\$270,385) / (1.10) FTE.

- HIV/AIDS is proposing abrogation of 1.0 FTE in the program's education services that provides general educational services about high-risk behaviors and taking reductions in program supplies and services.
- The Sexually Transmitted Disease (STD) program is proposing to reduce STD screening at the family planning program at the Columbia Public Health Center and at the Department of Youth Services via a contract. This will result in the loss of an estimated 500 clinical visits and 100 partner interviews per year.
- The lab will reduce its lab supplies budget to manage this reduction.

HIV/AIDS Grant Funding Reductions – (\$596,011) / (3.67) FTE / (1.67) TLT. This change is a composite of changes within four resources that contribute to funding the HIV/AIDS section within Public Health, all of which have decreased levels of support. As a result there will be significant reductions in HIV/AIDS prevention activities.

Reductions to Four Community Health Centers and Center for Multicultural Health – (\$39,274). This proposal reduces funding to Health Point, Neighbor Care Health, International Community Health Centers, Country Doc, and the Center for Multicultural Health by 8.6 percent, commensurate with the General Fund target reduction.

Revenue Reduction/Service Changes

Family Planning Health Education and Outreach – (\$197,197) / (2.50) FTE. This proposal involves eliminating a family planning health educator and transferring .25 Program Project Manager IV to the Public Health Center family planning budget. The family planning health educators work at Youth Health Center, juvenile corrections and all 19 King County school districts.

Northshore, Alder Clinic Changes – (\$1,351,280) / (12.25) FTE. Public Health is proposing a new model for funding public health centers. General Fund will be used to cover center infrastructure/building costs. State Public Health funds will also be used to support department and county indirect costs at the centers. The available funding will dictate the number of centers in this model. The programs within centers are intended to be self-supporting. This proposal will result in a reduction to the General Fund of \$892,409. The following proposals are part of the overall strategy to provide services at the public health centers:

Northshore: Public Health plans to partner with Health Point at Northshore. Health Point will bring in its primary care practice and Public Health will continue complementary office-based Maternity Support Services (MSS) and Women's, Infants and Children (WIC) nutrition services at the site; MSS field-staff will transfer to Eastgate. Stand alone Family Planning services will close at this site.

Alder Square and Kent Teen Clinic: Alder Square in Kent will close at the end of 2009. An alternative site, outside the Kent flood zone, is being sought to house the Women's, Infants and Children (WIC) and Maternity Support Services (MSS) programs; some capacity will also move to Birch Creek, and some family planning will move to Renton. The Kent Teen Clinic will close, along with the small primary care practice located there.

Tobacco Prevention – (\$343,826) / (1.02) FTEs / 1.00 TLTs. The tobacco prevention program will manage this reduction in state funding by reducing a vacant position and eliminating a grant program offered to community agencies engaged in public awareness, smoke-free housing and cessation activities for tobacco use prevention.

HIV/AIDS, STD, TB and Lab Structural Gap Reductions – (\$481,466) / (3.66) FTE / (0.80) TLT. HIV/AIDS proposes a service reduction and model change that eliminates internal allocation of HIV prevention funds to Public Health's Jail Health Services programs for counseling and testing. The STD program will consolidate information systems support. The TB program will discontinue the use of directly hired interpreters in the TB program to staff available through other Public Health resources. The Public Health Laboratory will eliminate 1.5 FTE in the lab related to sending syphilis, low-risk HIV and other lab tests to the state lab, which will provide them for free.

Immunizations Clinics Closures – (\$485,180) / (4.75 FTE). This proposal would close the department's three remaining general immunization clinics in the Downtown, Renton, and Federal Way Public Health centers. Public Health would continue to provide immunizations to clients who receive their primary health care from Public Health's primary care providers as well as through services provided through the Health Care for the Homeless program. However, general 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.

Child Care Health – (\$472,596) / (1.10) FTE. This proposal reduces costs by moving the post-lifeboat Child Care Health program from the Downtown PH Center to the Chinook Building, as well as implementing service reductions. Changes will: reduce department overhead expenses that are budgeted to the program; reduce the program's current lease cost; eliminate 0.50 psychologist; reduce 626 hours of nutrition consultant; reduce the program's supplies budget and other program support as a way to right-size the program subsequent to a significant program reduction in mid-2009. Significant reductions to the program occurred in mid-2009; however, the 2010 proposed change will result in relatively little change to the public.

Technical Adjustments

Technical Adjustments – (\$2,633,163) / 24.88 FTE / 1.80 TLT. Proposed technical adjustments include moving positions and expenses from one budgetary location to another; adjusting budgeted amounts to reflect past experience of actual expenditures and changes in usage and/or cost. These changes do not impact the overall service delivery of the programs within the sections.

Central Rates – (\$4,845,887). Proposed technical adjustments include moving positions and expenses from one budgetary location to another; adjusting budgeted amounts to reflect past experience of actual expenditures and changes in usage and/or cost. These changes do not impact the overall service delivery of the programs within the sections.

Operational Shutdown Savings

Operational Shutdown Savings Contra – (\$3,823,322). In the face of the severe fiscal challenges across all county funds, the 2010 Executive Proposed Budget includes savings assumptions in an effort to preserve direct services. For 2009, savings were achieved through the implementation of a ten-day building and/or operational closure program, resulting in labor furloughs. The 2010 budget is balanced across all funds assuming that a similar level of savings will be achieved in each agency based on the furlough eligible employees as was adopted for 2009, including 2009 County Council amendments. The specific details of the 2010 plan are still under development, and discussions with labor unions and individual agencies are on-going. Specific plans describing how the 2010 savings will be achieved will be transmitted to the County Council in the coming weeks. To the extent that savings, from labor or other expenses, cannot be fully achieved through temporary and short term building and/or operational closures, the plan will describe additional programmatic reductions and the elimination of additional positions.

Information Technology (IT) Capital Projects

These IT projects are budgeted separately in Capital Fund 3771 and are included here to provide a full representation of budget changes related to Public Health.

DPH EH Online Food Worker Proposal – \$54,549. This project will develop on-line training tool to provide King County food workers with food worker cards. The Food and Living Environment Section's Food Worker Card Program issues 62,000 food worker cards annually through Public Health Seattle and King County instructor led classes. Another 18,000 food worker cards are issued with Public Health - Seattle & King County (PHSKC) permission through the Washington Restaurant Association Education Foundation (WRAEF) instructor led classes, with WRAEF retaining the majority of the associated card fees to provide those services. There is currently no on-line option to complete the training and obtain a card. This appropriation would fund the implementation of an on-line option to supplement the existing business model and thereby allow the Food Worker program to meet the demands of their customers and to discontinue the classes through the WRAEF, recapturing that shared revenue.

DPH EMS SEND – \$625,193. Complete, accurate, and timely information is integral to the management of all aspects of the Emergency Medical Service (EMS) system in King County. Improving on the current system to support the collection of quality EMS data and allow rapid access to the data using an efficient system design is of great importance in delivering high quality emergency medical care to the residents of King County. The System Wide Enhanced Network Design (SEND) Strategic Initiative was developed by the EMS Division in partnership with regional EMS representatives to improve on both the quality and timeliness of EMS data as part of the regional Medic One/EMS 2008-2013 Strategic Plan, approved by the King County Council in July 2007. The SEND Strategic Initiative involves enhancements to the existing system to improve data accuracy and enable timely data integration into a central repository, allowing for secure data sharing between EMS agencies, dispatch centers, hospitals, and the EMS Division.

DPH HIT Improvement Project – \$300,000. This project involves the development within the Department of Public Health (DPH) of an Electronic Health Records system consisting of (1) a practice management system (to register and process patient visits) and a pharmacy management tool (to provide, track, and process prescriptions) and (2) an Electronic Medical Records system to document patient health records. DPH's current contract with Siemens for the Signature Application (practice management) and Foundation Systems Inc. (FSI) Pharmacy System

(prescription management) expires January 2010. DPH is in negotiations to extend the Siemens contract to December 31, 2012. However, the Signature system is a legacy product, which will reportedly no longer be supported as of December 31, 2013. Both of these systems are vital in managing daily operations. Signature provides the following functions: patient scheduling, patient registration, insurance claims processing, accounts receivable management, and gathering of statistical data for mandated reporting and operational management. The Pharmacy Software system provides and tracks the following for the 90,000+ prescriptions issued to patients in the DPH services network: third party insurance processing, drug/food interaction, patient allergy sensitivity, dose checking, and duplicate therapy. This appropriation funds preliminary planning for the replacement of these two systems as well as the implementation of an Electronic Medical Records system.

ABT Side System Integration – (no new appropriation). This effort involves the identification and integration of county side systems into the new financial, human resources, payroll, and benefits and budget applications being implemented as part of King County's Accountable Business Transformation Program (ABT Program). King County agencies have side systems that interact with either finance or human resource systems. Many of these systems can either be retired or kept as stand-alone systems post-Accountable Business Transformation (ABT) implementation. However, there are currently interfaces that have been identified as needing to be either modified or created prior to ABT implementation in order to achieve full functionality. Agencies will utilize existing resources and/or new operational resources (as proposed in individual agency operational budgets) to address ABT side system integration needs.

Public Health & Medical Examiner's Office / Fund 1800

	2008 Actual ¹	2009 Adopted	2009 Estimated ²	2010 Proposed	2011 Projected ³	2012 Projected ³
Beginning Fund Balance	\$ 6,309,641	\$ 7,427,091	\$ 5,451,971	\$ 6,188,964	\$ 6,188,964	\$ 6,188,964
Revenues						
BEG UNENCUMBERED FUND BAL	0	-	566,517	0	-	-
LICENSES & PERMITS	12,266,421	14,235,222	12,304,233	12,770,559	13,153,676	13,548,286
FEDERAL GRANTS-DIRECT	14,002,641	11,700,972	11,817,960	12,140,457	12,504,671	12,879,811
FEDERAL GRANTS-INDIRECT	33,156,807	29,848,891	30,518,790	32,870,049	33,856,150	34,871,835
STATE GRANTS	17,104,590	19,502,836	19,871,566	16,721,782	17,223,435	17,740,139
STATE ENTITLEMENTS	9,531,747	9,451,689	9,451,689	9,531,747	9,817,699	10,112,230
INTERGOVERNMENTAL PAYMENT	53,469,427	56,620,442	56,635,655	58,347,789	60,098,223	61,901,169
FED STIMULUS FUNDING	0	-	-	250,000	257,500	265,225
CHARGES FOR SERVICES	10,751,464	11,002,207	11,644,991	10,468,701	10,782,762	11,106,245
FINES & FORFEITS	25	-	-	-	-	-
MISCELLANEOUS REVENUE	4,797,215	5,460,592	5,652,721	6,360,282	6,551,090	6,747,623
NON REVENUE RECEIPTS	-	2,718,967	4,172,138	8,844,324	9,109,654	9,382,943
OTHER FINANCING SOURCES-OTHER	1,923	-	-	-	-	-
OTHER FINANCING SOURCES-CX-CFSA	4,335,963	3,596,029	3,596,029	-	-	-
OTHER FINANCING SOURCES-GF	27,419,299	27,459,619	27,459,619	26,536,418	27,332,511	28,152,486
Total Revenues	186,837,522	191,597,466	193,691,908	194,842,108	200,687,371	206,707,992
Expenditures						
SALARIES & WAGES	(84,994,613)	(85,358,173)	(87,342,224)	(86,744,061)	(89,346,383)	(92,026,774)
PERSONAL BENEFITS	(31,670,486)	(33,732,170)	(34,456,653)	(31,904,185)	(32,861,311)	(33,847,150)
SUPPLIES	(7,010,472)	(6,128,431)	(6,158,267)	(6,602,279)	(6,800,347)	(7,004,358)
SERVICES & OTHER CHARGES	(50,800,212)	(47,675,035)	(49,449,240)	(49,637,813)	(51,126,947)	(52,660,756)
INTRAGOVERNMENTAL SERVICE	(13,635,343)	(14,545,864)	(14,478,199)	(12,337,712)	(12,707,843)	(13,089,079)
CAPITAL OUTLAY	(563,346)	(943,071)	(863,091)	(667,197)	(687,213)	(707,829)
DEBT SERVICE	(63,368)	(40,239)	(40,239)	(40,239)	(41,446)	(42,690)
INTRA COUNTY CONTRIBUTNS.	(135,948)	(490,856)	(483,890)	(94,291)	(97,120)	(100,033)
CONTINGENCIES	-	(8,390,292)	(4,172,138)	(8,775,437)	(9,038,700)	(9,309,861)
CONTRA EXPENDITURES	-	5,554,904	5,055,543	1,961,106	2,019,939	2,080,537
Adj for discrepancy between Access ARMS & GL	1,733	-	-	-	-	-
Total Expenditures	(188,872,055)	(191,749,227)	(192,388,398)	(194,842,108)	(200,687,371)	(206,707,992)
Estimated Underexpenditures		-	-	-	-	-
Other Fund Transactions						
GAAP Adj - MISC TRUST - EMS	79,285					
GAAP Adj - MISC TRUST - Martha Tapp Car Seat	38,118					
GAAP Adj - MISC TRUST - Children's Health Initiative	1,059,460					
Use of FB in revenue sections above			(566,517)			
Total Other Fund Transactions	1,176,863	-	(566,517)	-	-	-
Ending Fund Balance	5,451,971	7,275,330	6,188,964	6,188,964	6,188,964	6,188,964
Reserves & Designations						
INVENTORY RESERVE	(534,263)	(534,263)	(534,263)	(534,263)	(534,263)	(534,263)
RESERVE FOR ENCUMBRANCES	(457,456)	(446,959)	(457,456)	(457,456)	(457,456)	(457,456)
TRAINING & MEDICAL EQUIP FOR MEDIC ONE RES	(79,285)	(84,099)	(79,285)	(79,285)	(79,285)	(79,285)
PRIVATE FOUNDATIONS & NON-PROFIT RESERVE	(38,118)	(38,118)	(38,118)	(38,118)	(38,118)	(38,118)
RESERVE FOR CHILDREN'S HEALTH INITIATIVE	(1,059,460)	(1,059,460)	(1,059,460)	-	-	-
ENVIRONMENTAL HEALTH FEE RESERVE	(2,694,612)	(1,718,324)	(2,694,612)	(2,452,097)	(2,231,408)	(2,030,581)
Total Reserves & Designations	(4,863,194)	(3,881,223)	(4,863,194)	(3,561,219)	(3,340,530)	(3,139,703)
Ending Undesignated Fund Balance	\$ 588,777	\$ 3,394,107	\$ 1,325,770	\$ 2,627,745	\$ 2,848,434	\$ 3,049,261
Target Fund Balance ⁴	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Financial Plan Notes:

¹ 2008 Actuals are from the 2008 CAFR or 14th Month ARMS/IBIS.

² 2009 Estimated is based on latest divisional analysis of ARMS

³ 2011 is based on 3% growth in expenses and 3% growth in revenues. 2012 Projected are based on 3% growth in revenue and expenses

⁴ Target fund balance is based on the fund's historical goal of maintaining \$1 million undesignated fund balance

2010 Proposed Budget for Medical Examiner 1800/0810

Code	Item Description	Expenditures	FTEs *	TLTs
Program Area				
HHS				
	2009 Adopted	4,508,135	29.50	0.00
	Status Quo**	144,942	(2.87)	0.00
	Status Quo Budget	4,653,077	26.63	0.00
	Contra Add Back	0		
Operational Shutdown Savings				
CR45	Operational Shutdown Savings Contra	(12,162)	0.00	0.00
		(12,162)	0.00	0.00
Rev Enhancement/Increased Efficiencies/Reduced Cos				
DS01	Forensich Pathology Services	27,480	(0.04)	0.00
DS02	Lab Supplies Reduction	(66,918)	0.00	0.00
		(39,438)	(0.04)	0.00
Technical Adjustments				
TA01	Protection: MEO Position Index Rate Charges & Benefit, OH & COLA Shifts	(49,455)	0.00	0.00
CR01	Flexible Benefits	(50,763)	0.00	0.00
CR07	Technology Services Operations & Maintenance Charge	69	0.00	0.00
CR08	Technology Services Infrastructure Charge	(1,387)	0.00	0.00
CR10	Office of Information Resource Mgmt Ops Charge/Rebate	(3,214)	0.00	0.00
CR13	Motor Pool Usage Charge	(854)	0.00	0.00
CR16	Radio Access	1	0.00	0.00
CR25	Financial Services Charge	39,866	0.00	0.00
CR26	Retirement Rate Adjustment	(72,646)	0.00	0.00
CR27	Industrial Insurance Rate Adjustment	(549)	0.00	0.00
CR31	Cell Phone/Pager Services	(80)	0.00	0.00
CR37	Facilities Management Strategic Initiative	111	0.00	0.00
CR39	COLA Adjustment	(914)	0.00	0.00
		(139,815)	0.00	0.00
	Total Change Items in 2010	(191,415)	(0.04)	0.00
	2010 Proposed Budget	4,461,662	26.59	0.00

* FTEs do not include temporaries or overtime.

** This includes 2009 adopted, initial status quo, and proposed status quo increments. Under FTEs, annualization is included.

*** Please see Budget Transparency Section table at the end of the program plan pages for section information as identified in the Budget Transparency Ordinance No. 16445.

PROGRAM HIGHLIGHTS

Medical Examiner

The total 2010 Executive Proposed budget for the Medical Examiner's Office is \$4,461,662, with 26.59 FTE.

Revenue Enhancement

Forensic Pathology Services – \$27,480 / 0.04 FTE. The state is providing additional funding for forensic pathology services.

Increased Efficiencies

Lab Supplies Reduction – (\$66,918). This General Fund target reduction proposal reduces funding for safety supplies, lab coats and other protective equipment, and continuing medical education expenses.

Technical Adjustment

Technical Adjustment – (\$49,455). Proposed technical adjustments include moving positions and expenses from one budgetary location to another; adjusting budgeted amounts to reflect past experience of actual expenditures and changes in usage and/or cost. These changes do not impact the overall service delivery of the programs within the sections.

Central Rate Adjustments – (\$90,360). Proposed technical adjustments include moving positions and expenses from one budgetary location to another; adjusting budgeted amounts to reflect past experience of actual expenditures and changes in usage and/or cost. These changes do not impact the overall service delivery of the programs within the sections.

Operational Shutdown Savings

Operational Shutdown Savings Contra – (\$12,162) In the face of the severe fiscal challenges across all county funds, the 2010 Executive Proposed Budget includes savings assumptions in an effort to preserve direct services. For 2009, savings were achieved through the implementation of a ten-day building and/or operational closure program, resulting in labor furloughs. The 2010 budget is balanced across all funds assuming that a similar level of savings will be achieved in each agency based on the furlough eligible employees as was adopted for 2009, including 2009 County Council amendments. The specific details of the 2010 plan are still under development, and discussions with labor unions and individual agencies are on-going. Specific plans describing how the 2010 savings will be achieved will be transmitted to the County Council in the coming weeks. To the extent that savings, from labor or other expenses, cannot be fully achieved through temporary and short term building and/or operational closures, the plan will describe additional programmatic reductions and the elimination of additional positions.

**2010 Proposed Budget for Emergency Medical Services
1190/0830**

Code	Item Description	Expenditures	FTEs *	TLTs	
Program Area		2009 Adopted	68,379,512	121.37	0.00
HHS		Status Quo**	(720,994)	2.83	0.00
		Status Quo Budget	67,658,518	124.20	0.00
		Contra Add Back	0		
Improved Service Delivery					
CS10	Department Wide IT Reorganization	159,366	(6.50)	0.00	
		159,366	(6.50)	0.00	
Increased Efficiencies/Reduced Costs					
CS01	CBD/CAD IT Cost Savings	(5,140)	0.00	0.00	
		(5,140)	0.00	0.00	
Operational Shutdown Savings					
CR45	Operational Shutdown Savings Contra	(136,510)	0.00	0.00	
		(136,510)	0.00	0.00	
Revenue Backed					
RB04	Intern Training in Preparation of Increasing a Medic Unit	62,023	0.62	0.00	
RB05	Relocation of Medic 7 to Address Service Delivery Issues	250,000	0.00	0.00	
		312,023	0.62	0.00	
Technical Adjustments					
TA01	ALS Allocation Adjustment for Inflation	397,580	0.67	0.00	
TA02	Regional Support Services Allocation Adjustment for Inflation	(139,887)	1.00	0.00	
TA03	Strategic Initiatives Allocation Adjustment for Inflation	(323,259)	0.00	0.50	
TA04	Contingency Reserve Adjustment	(614,552)	0.00	0.00	
TA05	BLS Allocation Adjustment for Inflation	150,139	0.00	0.00	
TA49	Internal Rate Adjustment Offset for EMS Administration and KCM1	238,892	0.00	0.00	
TA50	Revenue Adjustment	0	0.00	0.00	
CR05	General Fund Overhead Cost Allocation	(69,198)	0.00	0.00	
CR07	Technology Services Operations & Maintenance Charge	503	0.00	0.00	
CR08	Technology Services Infrastructure Charge	4,395	0.00	0.00	
CR09	Geographic Information Systems Charge	(26,025)	0.00	0.00	
CR10	Office of Information Resource Mgmt Ops Charge/Rebate	(9,760)	0.00	0.00	
CR11	Telecommunications Services	9,386	0.00	0.00	
CR12	Telecommunications Overhead	3,209	0.00	0.00	
CR13	Motor Pool Usage Charge	(2,753)	0.00	0.00	
CR14	Facilities Management Space Charge	18,282	0.00	0.00	
CR15	Insurance Charges	(3,949)	0.00	0.00	
CR16	Radio Access	327	0.00	0.00	
CR18	Radio Direct Charges	5,804	0.00	0.00	
CR19	Radio Reserve Program	(7)	0.00	0.00	
CR20	Prosecuting Attorney Civil Division Charge	(2,480)	0.00	0.00	
CR21	Debt Service Adjustment	9,303	0.00	0.00	
CR22	Long Term Leases	(37,695)	0.00	0.00	
CR25	Financial Services Charge	(12,274)	0.00	0.00	
CR30	Printing Loan Recovery	(9,969)	0.00	0.00	
CR32	Public Health Systems Charge	29,056	0.00	0.00	
CR36	Property Services Lease Administration Fee	360	0.00	0.00	
CR37	Facilities Management Strategic Initiative	596	0.00	0.00	
CR38	Major Maintenance Repair Fund	11,327	0.00	0.00	

Emergency Medical Services

**2010 Proposed Budget for Emergency Medical Services
1190/0830**

Code	Item	Description	Expenditures	FTEs *	TLTs
CR46		Countywide Strategic Technology Projects	<i>(20,820)</i>	0.00	0.00
			<i>(393,469)</i>	1.67	0.50
		Total Change Items in 2010	<i>(63,730)</i>	<i>(4.21)</i>	0.50
		2010 Proposed Budget	67,594,788	119.99	0.50

* FTEs do not include temporaries or overtime.

** This includes 2009 adopted, initial status quo, and proposed status quo increments. Under FTEs, annualization is included.

*** Please see Budget Transparency Section table at the end of the program plan pages for section information as identified in the Budget Transparency Ordinance No. 16445.

Emergency Medical Services

The total 2010 Executive Proposed Budget for Emergency Medical Services (EMS) is \$67,594,788, with 119.99 FTEs and .50 TLTs.

Improved Service Delivery

Department Wide IT Reorganization – \$159,366 / (6.50) FTEs. This proposal transfers employees from the EMS fund to the Public Health fund as part of a reorganization of Public Health's IT resources to help streamline IT delivery in Public Health. EMS will continue to pay for these services through agreements with Public Health. This is a technical adjustment which moves positions and expenses from one budgetary location to another and will help streamline IT delivery in Public Health.

Increased Efficiencies/Reduced Costs

Criteria-Based Dispatch (CBD)/Computer-Aided Dispatch (CAD) Integration Cost Reductions – (\$5,140). This reduction represents ongoing savings from Phase 1 and Phase 2 of the CBD/CAD integration project. These savings were identified in the cost-benefit analysis and include reduced dispatch tape collection and review activities as an increased amount of call data is available via the CBD software. The total annual administrative savings from this project is now \$10,413.

Operational Shutdown Savings

Operational Shutdown Savings Contra – (\$136,510). In the face of the severe fiscal challenges across all county funds, the 2010 Executive Proposed Budget includes savings assumptions in an effort to preserve direct services. For 2009, savings were achieved through the implementation of a ten-day building and/or operational closure program, resulting in labor furloughs. The 2010 budget is balanced across all funds assuming that a similar level of savings will be achieved in each agency based on the furlough eligible employees as was adopted for 2009, including 2009 County Council amendments. The specific details of the 2010 plan are still under development, and discussions with labor unions and individual agencies are on-going. Specific plans describing how the 2010 savings will be achieved will be transmitted to the County Council in the coming weeks. To the extent that savings, from labor or other expenses, cannot be fully achieved through temporary and short term building and/or operational closures, the plan will describe additional programmatic reductions and the elimination of additional positions.

Revenue Backed

Paramedic Trainee Training in Preparation of Increasing a Medic Unit – \$62,023 / 0.62 FTEs. This proposal provides funding for start up costs associated with a planned increase of a King County Medic One unit from 12 hours to 24 hours in January 2011. These funds contribute toward start up costs of a paramedic trainee. This trainee will graduate from Harborview in 2010 to coincide with the increase in hours scheduled to occur in January of 2011.

Relocation of Medic 7 to Address Service Delivery Issues – \$250,000. This investment of \$250,000 supports the capital and operating costs associated with relocating Medic 7 closer to Highway 167. This change will reduce response times and aims to avoid the need for a new unit in the future. This one-time cost is funded by designations from the previous levy, which can be used at the discretion of the EMS Director.

Technical Adjustments

Advanced Life Support (ALS) Allocation Adjustment for Inflation – \$397,580 / 0.67 FTE.

This adjustment to the ALS allocations reflects updated inflation assumptions based on current economic trends for inflation. This program provides funding for high-quality paramedic services operated by King County's ALS partner provider for serious or life-threatening injuries and illness. The main economic driver for this allocation is the regional Consumer Price Index (CPI), which is forecast at 0.90% for 2009, per the EMS financial policies. Three of the five primary agencies have 2% COLA floors and are developing strategies to address the difference between the ALS allocation and their expected labor costs. King County Medic One will also be using program balances to supplement their 2010 operating allocation.

In 2010, there are six ALS providers with 18.6 Medic Units (a 12-hour unit is considered a .5 unit), excluding Seattle, as outlined below:

- Bellevue: 4.0
- King County Medic One: 7.5
- Redmond: 3.0
- Shoreline: 3.0
- Skykomish Fire District: 0.1
- Vashon Island: 1.0.

Regional Support Services Allocation Adjustment for Inflation – (\$139,887) / 1.00 FTE.

This adjustment to the Regional Support Services allocation reflects current economic trends for inflation. The Regional Support Services allocation is determined by regional CPI assumptions and the use of program balances (reserves) from prior years.

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. Specific program areas include Medical Direction, EMS Training, Community Programs, Strategic Planning and Data Management, and Administration including Regional Leadership and Financial Management. Program adjustments in 2010 include a new Health Program Assistant FTE to extract data at local hospitals and a trial Public Access Defibrillation program to place Automatic External Defibrillators at high risk locations for cardiac arrest. Community Programs will also focus on the Telephone Referral Program, which aims to direct appropriate 9-1-1 calls to the EMS Nurseline.

Strategic Initiatives Allocation Adjustment for Inflation – (\$323,259). This adjustment to the Strategic Initiatives allocation reflects updated project cash flow needs. 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.

Contingency Reserve Adjustment – (\$614,552). This proposal continues the provision of contingent budget authority for the EMS Fund. This authority includes restricted contingencies for Disaster Response and ALS Salary and Wage contingencies, contingent authority for audits, ALS allocation to outlying areas, potential use of program balances for regional support services and ALS providers to meet labor costs, and the potential for a change in Strategic Initiatives cash flow.

The contingency reserve allows the fund to be flexible, within the parameters of the EMS Financial Plan policies, to accommodate changing needs and assess the potential for ALS increases in an orderly manner.

Basic Life Support (BLS) Allocation Adjustment for Inflation – \$150,139. This is adjustment to the BLS allocation reflects current economic trends. This program provides high quality, rapid-response treatment by Fire Fighters/Emergency Medical Technicians to sick and injured patients in out-of-hospital medical emergencies. 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.

Central Rates – (\$102,382). This series of adjustments captures the net effect of countywide charges and results in a \$102,382 reduction in charges to EMS. These reductions reflect efficiencies created by Executive agencies to reduce the cost of services they provide to other county agencies. These changes reflect the County Executive's commitment to creating an efficient government and making administrative reductions before direct service reductions. The efforts of central rate agencies to reduce costs are integral to the County Executive's strategy to address the General Fund deficit, and benefit all county agencies.

Changes in Central Rates (\$102,382) and the Operational Shutdown Savings Contra (\$136,510) are offset by an internal rate adjustment of \$238,892 so the EMS Levy can balance to the EMS Financial Policies.

Emergency Medical Services / 1190

	2008 Actual ¹	2009 Adopted	2009 Estimated ²	2010 Proposed	2011 Projected ³	2012 Projected ³
Beginning Fund Balance	6,242,796	16,407,610	19,686,011	23,620,268	19,624,481	18,601,447
Revenues						
Property Taxes	64,735,969	66,201,928	67,313,787	62,985,901	63,935,810	66,602,138
Grants	29,526					
Charges for Services	196,351	195,040	202,208	196,690	196,690	196,690
Investment Income	426,098	361,000	473,088	293,000	306,000	409,000
Miscellaneous Revenue	132,544	120,200	120,200	120,200	120,200	120,200
Other Financing Sources	54,162	3,567	3,567	3,210	2,889	2,600
Transfer from General Fund	375,000	-	-			
Total Revenues	65,949,650	66,881,735	68,112,850	63,599,001	64,561,589	67,330,628
Expenditures						
Advanced Life Support (ALS) Services	(32,585,628)	(36,102,871)	(35,859,067)	(35,429,293)	(37,272,775)	(39,105,176)
Unallocated ALS Services		(436,753)	(362,860)	(245,963)	(1,291,925)	(2,020,607)
Basic (BLS) Life Support Services	(14,256,340)	(15,147,747)	(15,281,661)	(15,033,805)	(15,573,249)	(16,056,020)
Regional Support Services	(5,294,071)	(6,951,483)	(6,087,931)	(6,854,788)	(7,094,938)	(7,385,831)
Strategic Initiatives	(591,206)	(1,684,818)	(1,128,505)	(1,582,274)	(1,585,833)	(1,523,736)
KC Council Audit	-	(125,759)	(125,759)	(68,360)	(71,947)	(75,763)
Contingencies		(548,119)	(150,000)	(996,509)		
Restricted Contingencies		(7,008,308)	(4,809,156)	(7,383,796)	(7,779,638)	(8,196,948)
Use of Diesel Reserves		(171,903)	(171,903)			
Use of Chassis Obsolescence Reserve		(201,751)	(201,751)			
Use of Call Volume Reserve						
Total Expenditures	(52,727,245)	(68,379,512)	(64,178,593)	(67,594,788)	(70,670,305)	(74,364,081)
Estimated Underexpenditures		-	-		-	-
Other Fund Transactions						
Taxes not included in Revenues		1,183,071				
GAAP Adjustments	224,200					
Journal Entry Error	(3,391)					
Prior Disaster Response Underexpenditure					5,085,682	5,378,109
Total Other Fund Transactions	220,809	1,183,071	-	-	5,085,682	5,378,109
Ending Fund Balance	19,686,011	16,092,904	23,620,268	19,624,481	18,601,447	16,946,103
Reserves & Designations						
Reserve for Encumbrances	(2,138,516)		(2,138,516)	(2,138,516)	(2,138,516)	(2,138,516)
Program/Provider Balances	(1,335,594)	(540,983)	(1,905,281)	(608,184)	(965,809)	(583,999)
Reserve for KCM1 Equipment Replacement	(769,910)		(769,910)	(769,910)	(769,910)	(769,910)
Designations from 2002-2007 levy	(839,773)	(689,773)	(539,773)	(289,773)	(289,773)	(289,773)
Diesel Cost Stabilization Reserve	(756,000)	(1,512,000)	(1,512,000)	(2,457,000)	(1,897,541)	(2,933,280)
Pharmaceuticals/Medical Equipment	(230,000)	(506,000)	(506,000)	(828,000)	(1,097,000)	(877,600)
Call Volume/Utilization Reserve	(244,000)	(488,000)	(488,000)	(732,000)	(1,159,800)	(1,220,000)
Chassis Obsolescence	(375,000)	(173,249)	(173,249)	(360,749)	(360,749)	(360,749)
Risk Abatement		(565,000)	(565,000)	(565,000)	(565,000)	(565,000)
Millage Reduction ⁴	(4,562,096)		(10,083,308)			
Total Reserves & Designations	(11,250,889)	(4,475,005)	(18,681,037)	(8,749,132)	(9,244,098)	(9,738,827)
Ending Undesignated Fund Balance	\$ 8,435,122	\$ 11,617,899	\$ 4,939,231	\$ 10,875,349	\$ 9,357,349	\$ 7,207,276
Target Fund Balance ⁵	\$ 3,956,979	\$ 4,012,904	\$ 4,086,771	\$ 3,815,940	\$ 3,873,695	\$ 4,039,838

Financial Plan Notes:

¹ 2008 Actuals are from the 2008 CAFR or 14th Month ARMS/IBIS.

² 2009 Estimated is based on revised EMS Forecast

³ 2011 and 2012 Projected are based on EMS Financial Policies

⁴ Millage reduction reserve is used to offset the reduction in property tax collections. This is necessary to maintain the target fund balance in 2013.

⁵ Target fund balance is based 6% Revenues (Ordinance 15861)

**2010 Proposed Budget for Local Hazardous Waste
1280/0860**

Code	Item Description	Expenditures	FTEs *	TLTs
Program Area				
HHS				
	2009 Adopted	13,917,630	0.00	0.00
	Status Quo**	263	0.00	0.00
	Status Quo Budget	13,917,893	0.00	0.00
	Contra Add Back	0		
Increase in Cost of Services				
TA01	Local Hazardous Waste Fund Expenditure Adjustment	382,686	0.00	0.00
		382,686	0.00	0.00
Technical Adjustment				
TA50	Remove Fund Balance from Revenues	0	0.00	0.00
		0	0.00	0.00
Technical Adjustments				
CR25	Financial Services Charge	(7,449)	0.00	0.00
		(7,449)	0.00	0.00
	Total Change Items in 2010	375,237	0.00	0.00
	2010 Proposed Budget	14,293,130	0.00	0.00

* FTEs do not include temporaries or overtime.

** This includes 2009 adopted, initial status quo, and proposed status quo increments. Under FTEs, annualization is included.

*** Please see Budget Transparency Section table at the end of the program plan pages for section information as identified in the Budget Transparency Ordinance No. 16445.

Local Hazardous Waste

Local Hazardous Waste

The total 2010 Executive Proposed Budget for Local Hazardous Waste is \$14,293,130. The change listed below affect only the fund transfers to partner agencies. Programmatic changes to the Local Hazardous Waste Management Program (LHWMP) occur in the budgets of partner agencies within King County government: Public Health – Environmental Health Division, Solid Waste and Water and Land Resources, as well as in the budgets of non-King County agency partners, Seattle Public Utilities and suburban cities.

Increase in Cost of Services

Local Hazardous Waste Fund Expenditures – \$382,686. The Local Hazardous Waste Fund will maintain the same programs in 2010. This increase in expenditures reflects the increased cost of current programs and has been approved by the Management Coordination Committee (MCC). The MCC, enabled by the Seattle City Council and the King County Board of Health, sets the strategic direction of the local hazardous waste program.

Technical Adjustment

Central Rates – (\$7,449). Central rate adjustments include a decrease in the Financial Service Charge.

Local Hazardous Waste Fund / 1280

	2008 Actual ¹	2009 Adopted	2009 Estimated ²	2011 Proposed ³	2011 Projected ⁴	2012 Projected ⁴
Beginning Fund Balance	\$ 4,431,610	\$ 4,352,885	\$ 6,385,838	\$ 5,721,708	\$ 3,845,338	\$ 1,598,066
Revenues						
State Grants	646,168	606,900	691,900	641,900	606,900	606,900
Intergovernmental Payment	7,487,380	7,280,640	7,052,815	6,638,917	7,176,272	7,234,207
Charges For Services	4,862,972	4,974,311	4,789,037	5,053,776	4,809,279	4,809,279
Miscellaneous Revenue	133,304	87,000	67,624	82,167	62,417	30,712
Revenue increase needed to balance ⁵						3,260,481
Total Revenues	13,129,824	12,948,851	12,601,376	12,416,760	12,654,868	15,941,579
Expenditures						
Services & Other Charges	(2,511,788)	(2,915,115)	(2,917,615)	(2,885,238)	(2,989,618)	(3,074,851)
Intragovernmental Service	(8,607,751)	(11,002,515)	(10,347,891)	(11,407,892)	(11,912,522)	(12,464,794)
Total Expenditures	(11,119,539)	(13,917,630)	(13,265,506)	(14,293,130)	(14,902,140)	(15,539,645)
Estimated Underexpenditures						
Other Fund Transactions						
Unrealized Loss-Impaired Investmnts GAAP Ad	(56,057)					
Total Other Fund Transactions	(56,057)	-	-	-	-	-
Ending Fund Balance	6,385,838	3,384,106	5,721,708	3,845,338	1,598,066	2,000,000
Reserves & Designations						
Total Reserves & Designations	-	-	-	-	-	-
Ending Undesignated Fund Balance	\$ 6,385,838	\$ 3,384,106	\$ 5,721,708	\$ 3,845,338	\$ 1,598,066	\$ 2,000,000
Target Fund Balance ⁶	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000

Financial Plan Notes:

¹ The 2008 Actuals are from 14th Month ARMS.

² The 2009 Estimated is based on updated revenue and expense projections.

³ 2010 Proposed budget is based on flat revenues from 2009 and an increase in expenses due to expanded service delivery.

⁴ 2011 and 2012 expense projections are based on a 6% increase in salary & benefits and 3% CPI increase for other costs.

⁵ Local Hazardous Waste plans to seek a fee increase to balance revenues and expenses to go into effect in 2012.

⁶ Target fund balance is based on LHWMP fiscal policy.

**2010 Proposed Budget for Public Health and Emergency
Medical Services GF Transfers 0010/0696**

Code	Item Description	Expenditures	FTEs *	TLTs
Program Area				
HHS				
	2009 Adopted	28,020,019	0.00	0.00
	Status Quo**	(4,048,115)	0.00	0.00
	Status Quo Budget	23,971,904	0.00	0.00
	Contra Add Back	2,190,942		
Increased Efficiencies/Reduced Costs				
AS01	Eliminating GF for Informatics Analysis, Reduce GF for translators and consultants	(376,894)	0.00	0.00
DS05	Environmental Health Contracts and Consultants	(21,760)	0.00	0.00
DS07	Senior Services Exercise and Nutrition Education reduction	(32,702)	0.00	0.00
DS09	CD/Imms, HIV-AIDS, STD Program, TB Program and Lab reductions	(485,807)	0.00	0.00
DS12	Reductions to Four Community Health Centers and Center for MultiCultural Health	(19,541)	0.00	0.00
DS14	Clinic Reductions and Model Change	(892,409)	0.00	0.00
DS16	Medical Examiner Reduction	(189,241)	0.00	0.00
DS17	Safe Communities	(172,588)	0.00	0.00
		(2,190,942)	0.00	0.00
Operational Shutdown Savings				
CR45	Operational Shutdown Savings Contra	(354,907)	0.00	0.00
		(354,907)	0.00	0.00
Technical Adjustments				
DS20	General Fund in lieu of CFSA transfer	3,309,215	0.00	0.00
TA01	Technical Adjustment	(307)	0.00	0.00
TA20	Retirement Savings	(237,440)	0.00	0.00
TA21	Benefits Reduction	(106,005)	0.00	0.00
CR35	Underexpenditure Contra	(46,042)	0.00	0.00
		2,919,421	0.00	0.00
	Total Change Items in 2010	373,572	0.00	0.00
	2010 Proposed Budget	26,536,418	0.00	0.00

* FTEs do not include temporaries or overtime.

** This includes 2009 adopted, initial status quo, and proposed status quo increments. Under FTEs, annualization is included.

*** Please see Budget Transparency Section table at the end of the program plan pages for section information as identified in the Budget Transparency Ordinance No. 16445.

Public Health General Fund Transfer

The 2010 Executive Proposed Budget includes a General Fund Transfer to Public Health. The General Fund transfer proposed in 2010 is \$27 million, a reduction of \$1 million from the 2009 Adopted Budget. The department met its \$2.19 target reduction through reductions to the following programs:

Target Reduction Proposals

Eliminate General Fund for Informatics Analysis, Reduce GF for Translators and Consultants – (\$376,894). This proposal eliminates funding for a vacant System Engineer Sr. position. This proposal also reduces capacity for translation services, contracting for subject matter expertise for the Board of Health and Office of the Director to support policy priorities, and reduced capacity to handle surges in compliance issues and public disclosure requests.

Environmental Health Contracts and Consultants Reductions – (\$21,760). This proposal will eliminate support to external consultants and other contracted resources.

Senior Services – (\$32,702). This proposal eliminates a Senior Services contract for exercise and nutrition education, which serves approximately 125 older low-income adults.

HIV/AIDS, STD Program, and Lab GF Target Reductions – (\$485,807). This proposal includes several components:

- HIV/AIDS is proposing abrogation of 1.0 FTE in the program's education services that provides general educational services about high-risk behaviors and taking reductions in program supplies and services.
- The Sexually Transmitted Disease (STD) program is proposing to reduce STD screening at the family planning program at the Columbia Public Health center and at the Department of Youth Services via a contract. This will result in the loss of an estimated 500 clinical visits and 100 partner interviews per year.
- The lab will reduce its lab supplies budget to manage this reduction.

Reductions to Four Community Health Centers and Center for Multicultural Health – (\$19,541). This proposal reduces funding to Health Point, Neighbor Care Health, International Community Health Centers, Country Doc, and the Center for Multicultural Health by 8.6%, commensurate with the General Fund target reduction.

Northshore, Alder Clinic Changes – (\$892,409) Public Health is proposing a new model for funding public health centers. General Fund will be used to cover center infrastructure/building costs. State Public Health funds will also be used to support department and county indirect costs at the centers. The available funding will dictate the number of centers in this model. The programs within centers are intended to be self-supporting. This proposal will result in a reduction to the General Fund of \$892,409. The following proposals are part of the overall strategy to provide services at the public health centers:

Northshore: Public Health plans to partner with Health Point at Northshore. Health Point will bring in its primary care practice and Public Health will continue complementary office-based Maternity Support Services (MSS) and Women's, Infants and Children (WIC) nutrition services at the site; MSS field-staff will transfer to Eastgate. Stand alone Family Planning services will close at this site.

Alder Square and Kent Teen Clinic: Alder Square in Kent will close at the end of 2009. An alternative site, outside the Kent flood zone, is being sought to house the Women's, Infants and Children (WIC) and Maternity Support Services (MSS) programs; some capacity will also move to Birch Creek, and some family planning will move to Renton. The Kent Teen Clinic will close, along with the small primary care practice located there.

Medical Examiner Reduction – (\$189,241). This General Fund target reduction proposal reduces funding for safety supplies, lab coats and other protective equipment, and continuing medical education expenses.

Children and Family Commission – Safe Communities, (\$172,588). This proposal would reduce funding in the Children and Family Commission for the Safe Communities program that provides funding to community organizations aiding vulnerable populations. This is a General Fund reduction.

In addition, the following adjustments are proposed for the General Fund transfer to Public Health:

Operational Shutdown Savings

Operational Shutdown Savings Contra – (\$354,907). In the face of the severe fiscal challenges across all county funds, the 2010 Executive Proposed Budget includes savings assumptions in an effort to preserve direct services. For 2009, savings were achieved through the implementation of a ten-day building and/or operational closure program, resulting in labor furloughs. The 2010 budget is balanced across all funds assuming that a similar level of savings will be achieved in each agency based on the furlough eligible employees as was adopted for 2009, including 2009 County Council amendments. The specific details of the 2010 plan are still under development, and discussions with labor unions and individual agencies are on-going. Specific plans describing how the 2010 savings will be achieved will be transmitted to the County Council in the coming weeks. To the extent that savings, from labor or other expenses, cannot be fully achieved through temporary and short term building and/or operational closures, the plan will describe additional programmatic reductions and the elimination of additional positions.

Technical Adjustments

General Fund in Lieu of CFSA Transfer – \$3,309,215. Public Health will no longer receive funds through the Children and Family Services (CFS) fund. All General Fund has been eliminated from DCHS, and all non-General Fund CFS money will be dedicated to DCHS. Public Health will receive additional General Fund in order to compensate for the loss of the CFS funds.

Technical Adjustments – (\$389,794). Technical adjustments include changes that move positions and expenses from one budgetary location to another. In addition, it includes changes for retirement, benefits and the underexpenditure.