

## **PUBLIC HEALTH 2009 BUDGET REDUCTIONS**

**Assigned Target: \$12,608,957 for Public Health, \$43,483 for  
Emergency Medical Services (EMS)**

Overall, Public Health has proposed \$11.5 million dollars in permanent ongoing reductions in expenditures, of which the \$952,420 General Fund summary reduction shown on the next page is only a part. Because of chronic public health funding shortages, medical inflation rates, population growth, and flat or declining state and federal revenues, the department began the 2009 budget process with a projected \$10.5 million dollar deficit between expected 2009 revenues and expenses needed to continue current levels of service. Thus, the agency had to identify \$10.5 million dollars in ongoing reductions (also shown on the list on the next page) before expenditure reductions would begin to count against General Fund reductions.

In addition to the \$11.5 million in permanent ongoing reductions identified on the pages that follow, approximately \$8 million dollars in additional lifeboat reductions have been identified by Public Health for a department total of slightly more than \$19 million in overall proposed expenditure reductions.

<b>Permanent Ongoing Reductions/Revenues</b>		
<b>Proposal Name</b>	<b>General Fund Reduction</b>	<b>FTEs</b>
Assessment, Policy Development and Evaluation (ADPE), External Relations and Grant Reductions – Includes additional non-General Fund reduction of \$51,490.	\$40,322	
Operational Efficiency, Application Worker – Additional non-General Fund reduction of \$156,374.	44,904	(3.00)
Reduced Maternity Support Services/Infant Case Management (MSS/ICM) Home Visits	48,865	4.96
HIV/AIDS Program – Additional non-General Fund reduction of \$106,821	69,771	(0.91)
Perinatal HIV Consortium/Northwest Family Closure – Additional non-General Fund reduction of \$198,630.	56,715	(5.00)
Family Planning Renton and Kent – Additional non-General Fund reduction of \$75,469.	119,946	(2.00)
Oral Health Program. - Includes increased revenue due to new contracts.	253,987	(1.60)
Vector/Nuisance Control – Additional General Fund reduction of \$6,036.	51,681	(1.00)
Food Protection	164,401	
Department Administration Reductions – Non-General Fund reduction of \$868,710.	0	(2.00)
Close Columbia PHC Pharmacy – Non-General fund reduction of \$550,241.	0	(2.50)
TB Program Adjustments – Non-General Fund reduction of \$299,401.	0	(1.75)
Communicable Disease/Immunization Program Adjustments – Non-General fund reduction of \$47,998.	0	(1.20)
Eliminate MOMS Plus Street Outreach – Non-General Fund reduction of \$220,512.	0	(3.00)
Nurse Family Partnerships – Non-General Fund reduction of \$449,873.	0	(4.75)
Transfer WIC Services to Downtown – Non-General Fund reduction of \$135,659.	0	(1.75)
OB/Maternity Services – Non-General Fund reduction of \$124,769.	0	
Operational Efficiencies: Medical Technologists – Non-General Fund reduction of \$67,935.	0	
Local Hazardous Waste Program – Non-General Fund reduction of \$92,325.	0	(1.00)
Operational Efficiencies: Interpretation Program – Non-General Fund reduction of \$214,391.	0	(1.00)
Centralized Family Health Referral Coordinators – Non-General Fund reduction of \$184,583.	0	(2.50)
Pharmacy: Create Telepharmacy at North Public Health Center – Non-General Fund reduction of \$59,564.	0	
Operational Efficiencies: Centralized Structure – Non-General Fund reduction of \$32,777.	0	
Preparedness Program Adjustments – Non-General Fund reduction of \$1,807,726.	0	(1.00)
Access and Outreach – Additional Non-General Fund reduction of \$543,063..	24,474	
Immunization Reduction and Model Change – Additional Non-General Fund reduction of \$2,429,041		(14.6)
<b>Total General Fund Impact</b>	<b>\$952,420</b>	<b>(45.60)</b>

<b>Life Boat Reductions</b>		
	\$	FTEs
Medical Examiner	\$156,887	(2.40)
Close White Center Family Planning Clinic – Additional Non-General Fund reduction of \$174,259.	155,887	(3.25)
Tuberculosis Program – Additional Non-General fund reduction of \$31,630.	77,354	(0.75)
Zoonotics – Aadditional Non-General Fund reduction of \$147,203.	71,484	(2.00 )
Reduce Communicable Disease Investigations – Additional Non-General Fund reduction of \$2,082.	37,813	(0.60)
South King County Site Consolidation – Additional Non-General Fund reduction of \$16,921.	44,443	
Close Child Care Health Program – Additional Non-General Fund reduction of \$214,777	377,809	(6.30)
Dental Sealant	47,077	
Northshore Clinic Closure – Additional Non-General fund reduction of \$794,934.	474,342	(13.50)
Sexually Transmitted Disease Program – Additional Non-General Fund reduction of \$35,696.	56,499	(0.25)
Chronic Disease and Injury Prevention	12,428	1.00
Family Planning - North and Columbia – Additional General Fund reduction of \$289,148.	106,086	(2.40)
Public Health Lab	108,023	
Children With Special Health Care Needs	119,971	(0.80)
Community Partnership Program	31,626	
Drinking Water Program – Additional General Fund reduction of \$94,679.	29,264	(1.22)
Immunizations – Additional General Fund reduction of \$1,157,376.	57,144	(8.30)
Children and Family Commission	206,986	
Emergency Medical Services General Fund Transfer	133,083	
<b>Total General Fund Reductions</b>	<b>\$2,304,213</b>	<b>(40.77)</b>

Note: Because both expenditure reductions and revenue enhancements are counted toward target reductions, both are shown as positive numbers in this table to illustrate the net impact of all budget changes. Full Time Equivalent (FTE) reductions are shown as negative and additions are shown as positive numbers. Some revenue enhancements require FTE additions to implement. All lifeboat reductions are for six months. The full annual impact will be double the expenditure and FTE reductions shown here.

### **Permanent Ongoing Reductions/Revenues**

**Assessment, Policy Development and Evaluation (APDE), External Relations and Grant Reductions – (Total reduction of \$91,812).** Contract funds for data collection, subject matter experts and grants and writing experts will be reduced.

**Operational Efficiency, Application Workers – (Total reduction of \$201,278).** Operational efficiencies allow for the elimination of 3.0 FTE application workers. Fewer applications will be completed as a result of this change, but because it is happening at low-volume, non-primary care sites, the impact to patient-generated revenue will be small. Sites targeted for reduction will have a second application worker who will remain to provide the service. This includes General Fund and non-General Fund reductions.

**Reduced Maternity Support Services/Infant Case Management (MSS/ICM) Home Visits – (Total reduction of \$48,865)** This proposal increases office visits and reduces home visits and shifts services that do not require nursing expertise to educators and other paraprofessionals. These changes enable Public Health to provide over 16,500 additional visits for pregnant women, new mothers and their children while reducing the cost of each visit by 15.6%. The total number of patient visits will increase although visits from families with transportation limitations will decrease. The staffing changes allow more targeted use of nursing skills.

**HIV/AIDS Promotion Program – (Total reduction of \$176,592).** The HIV/AIDS hotline will be closed and some specific HIV/AIDS outreach services subcontracted to community based organizations will be ended. The Internet has largely replaced the HIV/AIDS hotline as a primary general education resource and the program's strategic plan prioritizes serving high-risk populations with targeted activities. Established in the early 80's, the Hotline was once vital in helping the community and individuals understand HIV and AIDS risks and to seek services. Today, people seeking general education use the Internet as their primary education resource and Hotline use has decreased significantly. Because the internet is not universally available, the hotline will remain a published number and when a person does call the Hotline, the caller will either be directed to a Centers for Disease Control Hotline service for general education or the person can opt to talk to a Public Health HIV/AIDS program staff person to get local information on testing and resources.

**Perinatal HIV Consortium/Northwest Family Center (Total reduction of \$255,345).** HIV case-management services will be discontinued at Northwest Family Center (NWFC). Currently NWFC provides HIV/AIDS case management to less than 50% of HIV-positive women and children residing in King County and the number of clients served each year has been decreasing as HIV-positive women more often choose to receive case management services from other agencies in the community, and community agencies have developed the expertise to provide family-centered case management.

**Close Renton Family Planning, Expand Kent Family Planning (Total reduction of \$195,415).** Family planning services will be consolidated at the Kent Teen Clinic, which will be expanded to provide services to all ages. Relocation of family planning staff to Kent will accommodate some portion of the 1,800 Renton clients and provide additional services to Kent adult residents; however some portion of the Renton clients will need to seek family planning services elsewhere.

**Dental Program Changes (Total reduction of \$27,843).** This reduces 1.0 FTE dental assistant and 0.6 FTE dentist. No impact to service is anticipated. Public Health will establish a contract with Pioneer Square primary care clinic to provide dental services for these clients at the Downtown Public Health clinic. This change includes a General Fund reduction and increased revenues from a new contract.

**Vector/Nuisance Control (Total reduction of \$57,717).** Rodent control services to the City of Seattle have been subsidized by the County general funds; in contrast, rodent control services to the County have been fully funded through a fee. The County can no longer contribute funds to the program for Seattle.

**Food Protection (Total reduction of \$164,401).** This proposal will eliminate the General Fund subsidy for food inspection fees at the 550 schools and 350 non-profit agencies that currently pay half of the regular permit cost. Schools and non-profits will have to pay the full permit fee. The increase will range from \$158 to \$368 in 2009.

**Department Administration Reductions (Total reduction of \$868,710).** This change reduces supply, service accounts and temporary staffing in multiple administrative offices, a support

position for the Board of Health, reduces temporary staff to help with public disclosure requests and contract processing, abrogates a fiscal specialist in accounting services, eliminates a position in management information services and reduces the department's PC replacement program by 50%.

**Pharmacy Program, Close Columbia PHC Pharmacy (Total reduction of \$550,241).** The pharmacy serving Columbia Public Health Center will be closed. Clients will be referred to participating community pharmacies to get their prescriptions filled.

**TB Program Adjustments (Total reduction of \$299,401).** The TB program will implement a staffing model redesign that is more efficient and narrows service scope. The new staffing model will focus resources on the most infectious and complex cases of TB, thereby addressing the greatest risks for development of drug resistant TB and HIV co-infection. The TB program will partially shift from emphasizing a case management and disease control model toward a clinic-based treatment program. The program will use fewer nurse case managers and will add a social worker to address the psycho/social barriers to completing TB treatment regimens.

**Communicable Disease/Immunizations Program (Total reduction of \$47,998).** Communicable disease and epidemiology investigations will be reduced. Program core services that have no capacity to decrease will be preserved.

**Eliminate MOMS Plus Street Outreach (Total reduction of \$220,512).** Street outreach provided by MOMS Plus for pregnant women and families involved in substance abuse will be eliminated. The annual number of visits to this population will be reduced from 2,096 to 1,663. While some services are eliminated from MOMS Plus are to very high risk populations, there are relatively few of them in the community. This program was selected for elimination because the reduction will impact fewer individuals than other possible reductions. In searching for ways to reduce General Fund, Public Health identified those aspects of the program that earn less patient-generated or contract revenue so as to minimize the impact on service delivery. The social service specialists generate less revenue than other aspects of the program, so they chose those positions for elimination. Additionally, use of this paraprofessional model has not been as effective in meeting the goals of reaching hard-to-serve populations as they had hoped. Most of the referrals into the project are from jail and community corrections and they intend to build more on those successful strategies.

**Nurse Family Partnerships (Total reduction of \$449,873).** One nurse position in the Best Beginnings program will be eliminated. This will reduce the number of clients served from 475 to 450. Best Beginnings serves women at highest risk for negative pregnancy and birth outcomes.

**Transfer Woman Infant Children (WIC) Services from Downtown Public Health to Swedish (Total reduction of \$135,659).** The WIC caseload of 325 clients from the Downtown Public Health Center will be transferred to a pre-existing Swedish First Hill WIC clinic. No service reduction is proposed.

**OB/Maternity Services (Total reduction of \$124,769).** Maternity services currently provided at Columbia Public Health Center will be provided via a contract with the University of Washington and Harborview. There will be no service reduction and no impact to FTEs.

**Operational Efficiencies – Medical Technologists (Total reduction of \$67,935).** This operational efficiency will change the model for drawing labs at North and Columbia Public Health Centers. Work that was previously performed by medical technologists will now be done by medical assistants.

**Local Hazardous Waste Program Reduction (Total reduction of \$92,325).** One vacant Health and Environmental Investigator position will be eliminated. This proposal will not result in

service reductions.

**Interpretation Program (Total reduction of \$214,391).** One FTE interpreter and temporary and out-of-agency interpreter positions will be eliminated. Interpretation services will be provided telephonically, allowing for increased privacy for patients and reduced interpreter staffing needs.

**Centralized Family Health Referral Coordinators (Total reduction of \$184,583).** The process for providing Public Health clinic clients with medical and social services referral assistance will be centralized. Approximately 800 clients would no longer receive in-person assistance in applying for charity care programs. Instead, assistance in overcoming barriers to accessing specialty care would be provided by a centralized manager working at the Chinook Building.

**Create Tele-Pharmacy at North Public Health Clinic (Total reduction of \$59,564).** The North Public Health Center pharmacy will be converted to a tele-pharmacy. Clients seeking pharmacy services will consult with the pharmacist at the Downtown Public Health Center via a tele-pharmacy web camera.

**Centralized Structure (Total reduction of \$32,777).** This proposal would centralize the business operations for quality improvement, new client registration and scheduling (including financial screening and application assistance), purchasing, human resources, billing functions and decision support within the Community Health Services Division.

**Preparedness Program Adjustments (Total reductions of \$1,807,726).** This proposal eliminates work and positions that were established to help prepare King County residents for natural and human-made disasters. The majority of cuts are in contracts to community agencies for grant-funded projects with planned terminations.

**Access and Outreach (Total reductions of \$567,537).** This proposal reduces the amount of funding available as pass-through dollars to external agencies available as matching funds commensurate with the match reduction projected for the community agencies pass through contracts.

**Immunizations Reduction and Model Change (Total reductions of \$2,429,041).** This proposal reduces the number of immunization clinics from nine full-time clinics to four part-time clinics located at four geographically distributed Public Health Centers. The reduction eliminates all travel immunization services. The program cut will result in 37,000 fewer visits for vaccinations at Public Health Centers

## Lifeboat

The following agency programs have been placed in the lifeboat. Funding for these programs expires on June 30, 2009 unless King County secures sufficient flexibility and revenue tools from the state legislature to sustain them.

**Medical Examiner Reduction (\$156,887).** Death investigative services will be reduced during both day and night shifts through staffing cuts. The reduction in day shifts will result in higher caseloads per investigator, causing an average delay of 1-1.5 hours in response to death scenes. The reduction in night shift capacity will mean that Public Health will not provide services such as property verification and release to families at night.

**Close White Center Family Planning (Total in lifeboat of \$330,146).** This reduction would close the White Center Family Planning Clinic. Closure will eliminate 5,000 visits that serve over 2,500 clients, 50% of which are uninsured. Family planning programs reduce unintended

pregnancies and prevent sexually transmitted diseases (STDs) by providing family planning and STD screening and treatment to women, men and teens.

**Tuberculosis (TB) Program (Total in lifeboat of \$108,984).** As described in the permanent reductions section above, to achieve higher efficiency with reduced resources, the TB program is restructuring the way it provides TB prevention services by bringing more active TB clients into the TB clinic rather than reaching out to them in the community. This additional staffing cut will reduce the likelihood that this new model will be successful and will reduce our ability to respond to TB outbreaks, serve the homeless, conduct investigations of potential TB infections among case contacts, and ensure that people least likely to adhere to their treatments complete their treatment.

**Zoonotics (Total in lifeboat of \$218,687).** The Zoonotic Disease Program will be eliminated. The program protects people from diseases that can be spread from animals, like rabies, West Nile virus, *Salmonella*, *E. coli*, leptospirosis, Hanta virus, and avian influenza (bird flu). Program staff protect the community through identification and investigation of zoonotic diseases, policy development and work with community veterinarians, and disease prevention activities in shelters, kennels, pet shops, petting zoos and other places people come into contact with animals.

**Communicable Disease and Epidemiology (Total in lifeboat of \$39,895).** This cut would reduce staff to levels that undermine disease investigation. Proposed reductions will reprioritize how communicable diseases are investigated and will reduce our ability to prevent and control communicable diseases such as measles, *E-coli*, *salmonella*, and Hepatitis A, B, and C.

**South King County Public Health Site Consolidation (Total in lifeboat of \$61,364).** This reduction will relocate all services from leased space in the Alder Square facility in Kent to space provided by community partner organizations and vacant space in the Renton Public Health Center. The relocated services include Maternity Support Services, the Women Infant Child (WIC) Program, services contracted by Child Protective Services, and the Oral Health Sealant program. Clients will be forced to seek services at other public health clinics or other providers and those who can't get transportation or are without an ability to pay may not be able to receive essential public health care.

**Childcare Health (Total in lifeboat of \$592,586).** This reduction reduces education and consultation with child care centers. It would eliminate 2,700 visits to center and family-based child care programs, consultation, and over 100 training sessions serving 2,500 participants served by the Child Care Health program. Program staff protect the health and safety of children by providing planning and response for disease outbreaks in child care centers; acting on concerns raised by state licensors; consulting on health issues; and conducting health and safety training on first aid, CPR, child abuse and other topics.

**Dental Sealant (\$7,260).** This reduction will eliminate all school-based oral health prevention services (screenings and sealants) in King County outside of Seattle. Twenty-six schools with children at high risk for dental disease will lose services, impacting approximately 900 second-graders who would need and otherwise receive sealants. Six hundred third graders would no longer get re-screenings.

**Northshore Clinic Closure (Total in lifeboat of \$1,269,276).** This reduction will close the Northshore Public Health Center. All services provided at Northshore would be eliminated, including 3,600 annual family planning visits, 10,500 annual maternity support visits, and 3,100 Women, Infant and Children (WIC) clinic visits. Without these services, there will be increased unintended pregnancies, more difficult pregnancies and more babies born underweight with associated health and developmental problems. Northshore was selected for closure over other facilities because it has the lowest level of relative need based on socio-economic and health

status indicators in King County, the smallest volume of services of all the PH Centers, and because 11.4% of visits are provided to non-KC residents.

**Sexually Transmitted Disease (STD) Protection Program General Fund Reduction and Program Adjustments (Total in lifeboat of \$92,195).** This reduction will eliminate sexually transmitted disease (STD) visits at Division of Youth Services and reduce STD visits at Columbia Health Center. A total of 3,330 annual clinical visits for STDs among family planning patients at Columbia Health Center, and 1,000 clinic visits at Division of Youth Services would be eliminated. Clients will no longer receive STD services, including disease treatment, tracking, partner communication, and education and training, along with family planning that is offered at the same time as the STD visit.

**Chronic Disease Program (\$12,428).** This reduction will end a program to 200 isolated, low-income South King County seniors with chronic conditions who currently receive services that allow them to be as healthy as possible, including health and functional assessments, individualized health action plans, referrals to programs and services, regular monitoring, education, and support groups.

**End Categorical Family Planning Services at North and Columbia (Total in lifeboat of \$395,234).** This reduction will close the Family Planning Clinics at North and Columbia Public Health Centers. Closure will eliminate 1,000 visits at North Public Health Center and 1,200 visits to Columbia Public Health Center for services aimed at reducing unintended pregnancies and reducing and preventing sexually transmitted diseases.

**Laboratory Reduction (\$108,023).** The King County Public Health Laboratory will start sending specimens to the Washington State Department of Health Lab, for which that laboratory has a mandate to provide testing. State Laboratory services available to other regions of the state may be reduced accordingly.

**Reduce Services to Children with Special Health Care Needs (\$119,971).** This reduction will eliminate services to children aged 1-18 with special health care needs. The program provides over 2,700 fewer home visits to families with children at high risk for developing serious chronic, physical, developmental, behavioral or emotional conditions. The program coordinates short-term care and provides help to families of children newly diagnosed with chronic or disabling conditions.

**Community Partnerships Program (\$31,626).** This reduction will reduce safety net funding to community health centers and other safety net clinics by 8.65%. Agencies affected by this cut (including Puget Sound Neighborhood Health Centers, Center for MultiCultural Health, International Community Health Services, and Country Doctor Community Health Centers) would serve fewer uninsured people and have less flexibility to bring in Medicaid matching funds.

**Eliminate Drinking Water Program (Total in lifeboat of \$123,943).** The King County Drinking Water program would be eliminated and regulatory authority would be returned to the State. The Drinking Water program prevents disease and illness associated with drinking water from systems with fewer than 10 connections. Program staff ensure that all new well locations, design, construction, testing and on-going monitoring and maintenance are done correctly. Staff conduct special investigations, assist with contaminated water issues, and advise on wellhead protection. Program staff coordinate with the Department of Health in investigations and response to emergency situations involving large water systems.

**Immunizations (Total in lifeboat of \$1,214,520).** In addition to the permanent reduction in the immunization programs described above, this reduction will eliminate the residual immunization team that would provide immunization services at some Health Department Centers with the



elimination of full-time immunization clinics in the permanent ongoing reduction described above. Eliminating this residual team would mean 1,000 fewer children would complete the vaccination schedule appropriate for their age.

**Children and Family Commission (\$206,986).** This reduction will eliminate six programs serving high risk youth. The Children and Family Commission oversees and evaluates these programs and other county funded systems that serve children and families. Six hundred young people at high risk of entering the criminal justice system will be turned out of programs that have reduced criminal justice system involvement and improved individual academic performance.

**EMS General Fund Transfer (\$133,083).** EMS currently receives \$375,000 of General Fund support. This funding goes towards King County CPR training and to King County Medic One.