

NOTICE OF PUBLIC HEARING

ON PROPOSED REDUCTIONS IN HEALTH SERVICES

The Sacramento County Board of Supervisors will conduct a Beilenson hearing pursuant to Section 1442.5 of the California Health and Safety Code (Beilenson Act) on the elimination or reduction of medical care services to indigents provided by the County of Sacramento. The Beilenson Hearing will be held on:

June 15, 2010 at 2:00 PM
Board of Supervisors Chambers
700 H Street
Sacramento, California 95814

At this hearing, the Board of Supervisors of the County of Sacramento will consider the impact of the proposed elimination or reduction of medical services on the health care needs of the County's indigents. Public testimony, both oral and written, will be accepted at this hearing.

The Sacramento County Department of Health and Human Services has prepared the attached list of proposed budget reductions and/or eliminations. The level of reductions and/or eliminations that the County will be required to make depends upon the amount of the county's funding shortfall for fiscal year 2009/2010. The hearing will consider all the items contained on the attached list.

The Board of Supervisors may approve the proposed reductions and/or eliminations, in whole or in part, in order to eliminate and/or reduce the estimated shortfall of available resources.

The BEILENSEN HEARING will consider all the items contained on the attached list. The list includes the elimination or reduction of health care services to the County's indigents. It also includes reductions in services for the other non-indigent health care programs and public health services, which are not subject to the notice and hearing requirements of the Health and Safety code Section 1442.5, but have been included for the public's information and comment.

Further information is available by telephoning the Department of Health and Human Services at 916-874-4404.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PRIMARY HEALTH**

PROGRAM/SERVICE: Primary Care Center – Dental Clinic

LOCATION OF FACILITY OR PROGRAM SERVICES

Dental Clinic
4600 Broadway, Ste. 2100
Sacramento, CA 95820
(916) 874-8300

PROPOSED CHANGE:

This program provides emergency dental services, including focused dental assessments, treatment of dental abscesses, and tooth extractions to Sacramento County residents who are medically indigent or homeless, are not eligible for Medi-Cal or other healthcare programs, and meet the County's eligibility standards.

- Reduction of an On-Call Dentist from 320 hours a month to 160 hours a month.
- Reduction of Registry Dental Assistant to coincide with the reduction of the on-call Dentist hours.

CLIENTS AFFECTED:

This reduction will result in the elimination of all non-mandated reparative dentistry including simple cavity fillings and oral service consultations and increase the wait time for urgent dental treatments from 3 to 5 weeks. The Dental Clinic serves an average of 397 patients each month.

EXPECTED SAVINGS:

These changes will result in County General Fund savings of \$160,848.

PROGRAM/SERVICE: Primary Care Center – Chest Clinic

LOCATION OF FACILITY OR PROGRAM SERVICES

Chest Clinic
4600 Broadway, Ste. 1300
Sacramento, CA 95820
(916) 874-9823

PROPOSED CHANGE:

The Chest Clinic provides Tuberculosis screening, diagnosis and treatment of Tuberculosis infection and disease. Services include case management, contact investigation and directly observed medication therapy for patients diagnosed with active TB and their contacts. The Chest Clinic participates in the Homeless Shelter TB Screening Program.

- Elimination of 8.0 filled FTE (2.0 Public Health Nurses, 3.0 Medical Assistants, 1.0 Data Entry Operator, 1.0 Communicable Disease Investigator, 1.0 Office Assistant) and associated operating costs.

CLIENTS AFFECTED:

Elimination of staff positions will decrease DOT services from 5 to 2 days a week for low-risk TB patients based on clinical protocol. Clinical protocol will define which patients are moved from 5 to 2 days a week. The impact of the reduced DOT would be a small (but real) increased risk of treatment failure and relapse rates. The Chest Clinics sees an average of 650 patients each month, 160 of those seen are medically indigent.

EXPECTED SAVINGS:

This change will result in County General Fund savings of \$669,764.

PROGRAM/SERVICE: Primary Care Center – Radiology Clinic

LOCATION OF FACILITY OR PROGRAM SERVICES

Radiology Clinic
4600 Broadway, Ste. 1400
Sacramento, CA 95820
(916) 874-9522

PROPOSED CHANGE:

This program provides medical imaging services to adult medically indigent, Refugees, Juvenile Medical Services, Public Health, Case Management and the homeless population as well as children with no other source of payment.

- Elimination of 2.5 filled FTE [1.0 Radiology Technician, 0.5 Physician 3 (Radiologist), 1.0 Office Assistant] in addition to a 1.0 Registry Limited Radiology Technician.

CLIENTS AFFECTED:

Radiology currently performs 1,200-1,400 examinations per month (50-70 per day). Of those served, 60% are medically indigent patients, approximately 35% are public health patients which include Refugee, Chest Clinics and Homeless, and 5% are Juvenile Medical Service patients.

Although the reduction of providers in the county clinics will result in fewer x-ray studies being requested, it is expected that routine radiographic studies will not be available the same day the patient is present at the clinic. Due to a reduction in Radiologist work hours, there will be a delay in the availability of x-ray report reading by the Radiologist to the ordering physician by up to 7 days.

Based on clinical protocol 50% of the current 200 monthly chest x-rays provided to stable asymptomatic homeless patients will be eliminated. Protocol for homeless screening will delineate patients requiring x-ray versus skin testing for TB.

EXPECTED SAVINGS:

This change will result in County General Fund savings of \$346,644.

PROGRAM/SERVICE: Primary Care Center – Primary Care Clinic

LOCATION OF FACILITY OR PROGRAM SERVICES

Primary Care Clinic
4600 Broadway, Ste. 1100
Sacramento, CA 95820
(916) 874-9670

PROPOSED CHANGE:

Clinic Services provides primary health care services to Sacramento County residents who are medically indigent, are not eligible for Medi-Cal or other healthcare programs, and meet the County's eligibility standards.

- A reduction of \$2,823,900 will eliminate 22.5 filled FTE (1.0 Physician 2, 5.5 Physician 3, 7.5 Medical Assistant II, 8.5 Office Assistant II) as well as On-Call Primary Care Physicians.
- A reduction of \$2,333,776 in Pharmacy Support will occur based on an overall decrease in demand for pharmacy services in Clinics due to reductions in clinic staffing, savings through bulk purchasing using Sacramento's 340b Pricing, increased use of Patient Assistance Programs that provide free medications to CMISP eligible patients, and continued focus on managing adherence to the medication formulary. Also, a significant savings will be realized through the Pharmacy's participation in the new Astra-Zeneca (AZ&Me) free drug program.
- Additional reductions of \$253,742 will decrease registry use, reduce contracted service levels in two contracts providing housing for TB patients, and reduce operating expenses to reflect the reduction of Clinic Services staff.

CLIENTS AFFECTED:

Following elimination of these positions, approximately 5 primary care teams comprised of a physician, medical assistant and shared clerical support staff will remain. One team is staffed by a combination of volunteer/resident physicians. This reduction will decrease the annual number of indigent patient visits from approximately 48,000 to 21,000. No reductions will occur to the Refugee Clinic or Homeless Services.

This reduction also eliminates evening appointments after 5 PM. In fiscal year 09-10, the evening clinic was partially supported by grant funding which will be exhausted. Limited specialty services were provided on-site in the evening clinic including Orthopedic, Rheumatology and Gastroenterology. These specialty services will also be reduced due to on-call physicians' limited schedules. The number of specialty care referrals referred to CMISP- Case Management is currently unknown.

The Hepatitis C Clinic, another subspecialty for disease management, will be eliminated due to PCC staffing reductions. This specialized clinic treats approximately 25 indigent patients at any given time. The number of duplicated patients in a year is unknown.

EXPECTED SAVINGS:

These changes will result in County General Fund savings of \$5,650,078.

PROGRAM/SERVICE: Del Paso Health Center and South City Health Center

LOCATION OF FACILITY OR PROGRAM SERVICES

Del Paso Health Clinic
3950 Research Drive
Sacramento, CA 95820
(916) 648-0970

South City Health Center
7171 Bowling Drive, Ste. 300
Sacramento, CA
(916) 875-0802

PROPOSED CHANGE:

These programs provide primary health care services to Sacramento County residents who are medically indigent, are not eligible for Medi-Cal or other healthcare programs, and meet the County's eligibility standards.

This reduction eliminates the Del Paso and South City Health Clinics, thereby eliminating the fixed costs associated with the two sites. The clinics are currently open one day a week from 8-5, using a small team deployed from the Primary Care Center. This reduction eliminates all clinics except for one main clinic, the Primary Care Center Clinic. No staff reductions are associated with this change as the staff is deployed from the Primary Care Center Clinic.

CLIENTS AFFECTED:

Del Paso Health Clinic

This clinic closure will eliminate an average of 60 unduplicated CMISP patient visits annually for primary care services. Services for those patients will be via the Primary Care Clinic.

South City Health Center

This clinic closure will eliminate an average of 43 unduplicated CMISP patient visits annually for primary care services. Services for those patients will be via the Primary Care Clinic.

EXPECTED SAVINGS:

These changes will result in County General Fund savings of \$422,533.

PROGRAM/SERVICE: County Pharmacy and Support Services

LOCATION OF FACILITY OR PROGRAM SERVICES

County Pharmacy
4600 Broadway, Ste. 1500
Sacramento, CA
(916) 874-4342

PROPOSED CHANGE:

This program provides vital pharmaceuticals and medical supplies to several County programs. The largest of these are primary care and public health clinics, the county mental health programs, forensic and probation services. Ensuring medication support for CMISP patients with serious acute and/or chronic conditions is critical both to their personal health outcomes and to public safety and public health.

A reduction of \$585,700 in drug purchase costs is based on an overall decrease in demand for pharmacy services, savings through bulk purchasing using Sacramento's 340b Pricing, increased use of Patient Assistance Programs that provide free medications to CMISP eligible patients, and continued focus on managing adherence to the medication formulary.

A significant savings will be realized through the Pharmacy's participation in the new Astra-Zeneca (AZ&Me) free drug program. This program started in December 2009 and projected annual savings based on actuals through February 2009 are estimated to be \$700,000.

A reduction of \$83,494 in extra help will reduce the use of On-Call Pharmacy Technicians and Pharmacy Assistants.

CLIENTS AFFECTED:

This reduction in pharmaceutical drug purchase costs will not affect Pharmacy clients. However, this projected reduction is based on corresponding reductions to the reductions at the clinics which will impact the number of clients served.

EXPECTED SAVINGS:

These changes will result in County General Fund savings of \$669,194.

PROGRAM/SERVICE: CMISP – Case Management

LOCATION OF FACILITY OR PROGRAM SERVICES

CMISP Case Management
9616 Micron, Ste. 850B
Sacramento, CA 95728
(916) 875-9843

PROPOSED CHANGE:

This program is responsible for specialty and hospitalization authorization and care management for adults meeting financial and medical necessity criteria for service provision. Patients are referred by the County's Primary Care Clinics and local hospitals. Clients are all enrolled in Sacramento County's Medically Indigent Services Program (CMISP) which provides "last resort" primary, specialty and inpatient care for medically indigent persons.

- Elimination of 3.0 filled FTE (1.0 Senior Office Assistant, 2.0 Medical Case Management Nurses) and program operating costs.

CLIENTS AFFECTED:

- The inability to use temporary services impacts unit functioning and contributes to wait time in processing authorizations. It is unknown at this point what level of delay or how many patients will be affected.
- Reductions will cause a 50% increase in processing delays for specialty care and inpatient hospital referrals. Processing delays would increase from the current processing time of 30-60 days to as much as 60-90 days. It is estimated these delays will impact 1,350 medically indigent patients annually.
- The County will incur additional delays in providing client notification of denial decisions for emergency services.
- Reductions will decrease staff ability to provide thorough evaluation of medical necessity and authorization of care. These oversight activities are critical to cost containment.
- Reductions will impact the Fiscal Services unit's ability to process provider claims in a timely manner and compound difficulty in maintaining specialist providers.
- Medi-Cal revenues may be lost due to delays in processing Medi-Cal applications for CMISP clients with disabling conditions.

EXPECTED SAVINGS:

This change will result in County General Fund savings of \$363,093.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH**

PROGRAM/SERVICE: Immunization Assistance Program

LOCATION OF FACILITY OR PROGRAM SERVICES

**Immunization Assistance Program
9333 Tech Center Drive, Suite 800 B
Sacramento, CA 95826
875-7468**

Proposed Change:

Immunization Assistance Program works with low-income individuals to obtain necessary immunizations through service delivery and referrals, implements strategies to increase immunization rates for all residents, and works to contain vaccine-preventable, communicable diseases and prevent the spread of infectious diseases.

- On-call and extra help nurses will be reduced which will eliminate low-income senior and high-risk & community flu clinic programs.

CLIENTS AFFECTED:

- 5,000 low-income seniors and high-risk individuals will have decreased access to seasonal flu, tetanus, and pneumonia vaccines. Of these at least 700 will be medically indigent.
- 40,000 State immunization materials to area medical providers and schools will be delayed in delivery. Health fair participation providing immunization education and services will decrease.

EXPECTED SAVINGS:

This change will result in County General Fund savings of \$88,666.

PROGRAM/SERVICE: Public Health Laboratory

LOCATION OF FACILITY OR PROGRAM SERVICES

**Public Health Laboratory
4600 Broadway, Suite
Sacramento, CA 95817
Tel: (916) 874-9231**

PROPOSED CHANGE:

Public Health Laboratory provides communicable disease testing for Public Health investigations and Bioterrorism threats for the communicable disease control unit, law enforcement, local hospitals, county clinics and private providers. Provides consultation to the medical community in the lab aspects of communicable diseases, training of Public Health Microbiologists, and participates in the training of Medical Technologists, pathology and infectious disease residents from local hospitals.

- Elimination of 5.0 filled FTE (1.0 Supervising Public Health Microbiologist, 1.0 Senior Public Health Microbiologist, 2.0 Public Health Microbiologist, 1.0 Public Health Laboratory Technician).

CLIENTS AFFECTED:

- Reduction leaves the laboratory at the minimum staffing level to safely perform tests necessary to diagnose illnesses that cause outbreaks in the community such as tuberculosis, rabies and pandemic illnesses. There will be no funding for overtime or standby pay.
- Emergency services such as testing threat letters brought in by the FBI will be done the next working day.
- There will be no back-up for vacations or illnesses of staff. During these absences, some testing will be delayed or discontinued.
- In an outbreak situation all individuals, including those who are medically indigent, will wait longer for lab results indicating whether or not they require treatment. Some may contract disease while awaiting lab results. This includes all CMISP eligible patients who are seen in County Clinics and who have tests sent to the Public Health Laboratory. It is unknown how many CMISP clients have tests sent to the Public Health Laboratory. However, given that there are approximately 22,000 CMISP clients, if 1/3 of them were sent to the Public Health Laboratory, then as many as 7300 clients may be affected.

EXPECTED SAVINGS:

This change will result in County General Fund savings of \$451,723.

PROGRAM/SERVICE: California Children's Services (CCS)

LOCATION OF FACILITY OR PROGRAM SERVICES

Bowling Green Medical Therapy Unit
4211 Turnbridge Dr
Sacramento, CA 95823
(916) 392-1480

Starr King Medical Therapy Unit
4848 Cottage Way
Carmichael, CA 95608
(916) 485-8877

Orchard Medical Therapy Unit
1040 Q Street
Rio Linda, CA 95673
(916) 992-8882

9616 Micron Ave
Sacramento, CA 95827

PROPOSED CHANGE:

California Children Services (CCS) provides specialized medical treatment and therapy services for children with special health care needs.

- Deletion of 8.0 FTE [2.0 FTE Claims Assistance Clerks (filled), 1.0 Clerical Supervisor 1 (filled), 1.0 Supervising Medical Case Management Nurse (filled), 1.0 Medical Case Management Nurse (filled), and 3.0 Office Assistants (two filled, one vacant)] and a reduction of \$46,100 for medical therapy staff hired through registries.

CLIENTS AFFECTED:

- Reductions may lead to delays in reviewing referrals and authorizing medically necessary treatment services to children with serious medical conditions. This may result in delays of more than 5 days in accessing medical care and prescription medication. There are currently 5,832 children enrolled in the CCS program. The program eligibility criteria are based on State guidelines, which do not include identifying clients as medically indigent. However, based on the proportion of the population of Sacramento that is medically indigent, 817 children in the CCS program likely meet the criteria.
- Reductions will result in licensed therapists performing functions such as scheduling appointments thereby reducing available treatment hours by approximately half an hour per day for each therapist, resulting in at least 15 children per week not being seen..
- Reduction in the CCS case management unit may result in medical services not being coordinated for disabled children whose families are receiving CPS services. Access to specialty care and supplies may be delayed more than 5 days, and failure of caregivers to follow medical treatment plans will take at least 5 additional days. The program eligibility criteria are based on State guidelines, which do not include identifying clients as medically indigent.
- Reduction in the CCS Medical Therapy Unit may result in delays for 749 children with cerebral palsy, muscular dystrophy, and related disorders receiving prescribed therapy evaluations and treatment, and may result in children being placed on waiting lists up to a year for necessary therapy services. The program eligibility criteria are based on State guidelines, which do not include identifying clients as medically indigent. However, based

on the proportion of the population that is uninsured, 105 children are likely to be medically indigent.

EXPECTED SAVINGS:

This change will result in no County General Fund savings. Reduced costs will lead to reduced revenues.

PROGRAM/SERVICE: Child Health & Disability Prevention (CHDP)

LOCATION OF FACILITY OR PROGRAM SERVICES

**Division of Public Health
Child Health & Disability Prevention (CHDP)
9333 Tech Center Drive, Suite 800
Sacramento, CA 95826
875-7151**

PROPOSED REDUCTIONS:

Child Health & Disability Prevention (CHDP) Program provides administrative oversight for well-child screenings to MediCal beneficiaries from birth to 21 years of age and to non-MediCal eligible children with qualifying family incomes from birth through 18 years of age. The local CHDP Program certifies medical providers to perform Early Periodic Screening, Diagnosis and Treatment (EPSDT) exams for low-income children; conducts care coordination and follow-up with medical/dental providers for clients identified with serious health conditions; and, provides audiometric, dental, Body Mass Index (BMI), and billing trainings. The Health Care Program for Children in Foster Care (HCPCFC) provides public health nursing expertise in meeting the medical, dental, mental health and developmental needs of children in foster care and works closely with social workers, probation officers, and caregivers to ensure that children in foster care with serious health needs receive appropriate treatment.

- Elimination of 4.9 filled FTE (1.0 Public Health Aide, 0.4 Dental Hygienist, 1.0 Health Educator Range B, 0.5 Public Health Nurse, 2.0 Senior Public Health Nurse).

CLIENTS AFFECTED:

- Delays of 3-4 weeks in meeting timelines for information gathering, identifying medical concerns, disposition of health information and consultation to Social Workers, attorneys, and substitute care providers.
- Delays of 3-4 weeks in providing care coordination for 1,992 children annually.
- Delays of 3-4 weeks for children identified with serious health conditions to receive specialty care.
- Reduced capacity to conduct provider certifications.
- Reduced capacity to complete referral process to link children to a medical provider and MediCal which may delay linkages for 3-4 weeks.

All children served by the CHDP program will be impacted. Below are the caseloads that each Public Health Nurse will carry:

- The caseload for Foster Care PHNs will increase from 320 to 464-500 cases per PHN.
- The caseload in the CHDP core program will increase from 664 children who are case-managed annually by each nurse to 949.

- 9,187 contacts seeking assistance from a bilingual individual will have more difficulty in receiving services in their own language due to the elimination of the bilingual Public Health Aide position.

EXPECTED SAVINGS:

This change will result in no County General Fund savings. Reduced costs will lead to reduced revenues.

PROGRAM/SERVICE: Public Health Nursing Services

LOCATION OF FACILITY OR PROGRAM SERVICES

**Public Health Nursing Services
Bowling Green Office
7171 Bowling Drive, Suite 800
Sacramento, CA 95823
875-0900**

**Public Health Nursing Services
Del Paso Office
3950 Research Drive
Sacramento, CA 95838
648-0982**

PROPOSED CHANGE:

Public Health General Field Services includes health promotion, surveillance, and disease and injury prevention services to protect the health of the public, groups, and individuals. Public health nursing staff addresses: the control and prevention of communicable and chronic disease; the promotion of maternal, child, and adolescent health; the prevention of abuse and neglect of children, spouses, and elderly adults within the home environment; the assessment and prevention of accidents within the home environment; and, provision of services for populations at risk for poor health outcomes.

- Nurse Family Partnership (NFP): Elimination of 19.8 filled FTE (14.3 FTE Public Health Nurses, 2.0 FTE Sr. Public Health Nurses, 2.0 FTE Supervising Public Health Nurses, 1.0 FTE Sr. Office Assistant and .50 FTE Office Assistant).
- Integrated Children & Family Services (ICFS) – CPS Program: Elimination of 5.5 filled FTE (4.5 FTE Public Health Nurses funded by a reimbursement from CPS and 1.0 FTE Supervising Public Health Nurse)
- High Risk Infant: Elimination of 9.5 FTE (2.0 FTE filled Supervising Public Health Nurses, 1.0 FTE vacant Sr. Health Program Coordinator, 3.5 FTE filled Public Health Nurse, 1.0 FTE filled Clerical Supervisor, and 2.0 FTE filled Sr. Office Assistants).
- Birth & Beyond: Elimination of 4.0 filled FTE Public Health Nurses.

CLIENTS AFFECTED:

Nurse Family Partnership (NFP)

Annually, more than 495 pregnant or parenting women/teens and their children will no longer receive services.

Integrated Children & Family Services (ICFS) - CPS Program

- Elimination of program will result in 1,284 CPS families and approximately 1,540 children not receiving services annually.
- Eliminates 164 annual joint PHN/CPS emergency and immediate response visits to assess medically at-risk children, resulting in medical issues not being detected. Of these, approximately 70 are medically indigent.
- Elimination of 1,900 annual medical assessments of children in families with CPS involvement and decreased linkage of these families to community resources. Of these, approximately 95 are medically indigent.

- Eliminates 125 developmental and health assessments for infants in the Early Intervention Family Drug Court program. Of these, approximately 7 are medically indigent.
- Eliminates the presence of a Public Health Nurse at each CPS site, to provide social workers with immediate consultations on medical issues affecting 1434 at-risk children
- Loss of PHN services to 105 CPS families annually and approximately 420 children.

High Risk Infant

420 children/180 families will not receive PHN visits to address serious medical conditions of children. Of these, five percent or 21 children or 9 families are medically indigent.

Birth & Beyond

1,200 families will no longer receive public health nursing services.

Approximately 5% of the clients in these Public Health Nursing programs would qualify as medically indigent; this translates to approximately 170 medically indigent families not receiving Public Health Nursing services.

EXPECTED SAVINGS:

Nurse Family Partnership (NFP)

This change will result in no County General Fund savings. Reduced costs will lead to reduced revenues.

Integrated Children & Family Services (ICFS):

This change will result in no County General Fund savings. Reduced costs will lead to reduced revenues.

High Risk Infant

This change will result in County General Fund savings of \$975,018.

Birth & Beyond

This change will result in no County General Fund savings. Reduced costs will lead to reduced revenues.

PROGRAM/SERVICE: Community Health Promotion & Infectious Disease Prevention

LOCATION OF FACILITY OR PROGRAM SERVICES

**Community Health Promotion & Infectious Disease Prevention
9719 Lincoln Village Drive, Suite 300A
Sacramento, CA 95827
875-6022**

PROPOSED CHANGE:

The Health Education Unit carries out a variety of education and prevention programs in Tobacco Control and Chronic Disease Prevention, Childhood Illness and Injury Prevention, Adolescent Health, HIV/STD/Hepatitis Prevention.

- Elimination of 3.0 FTE Health Education Assistants (2.0 FTE are filled, 1.0 FTE is vacant).

CLIENTS AFFECTED:

- Reduced ability to provide childhood injury, STD, HIV, and chronic disease prevention education to youth, high risk and other vulnerable populations.
 - Reduces staff to provide HIV counseling and testing at the County Alternative Testing (ATS) and Court Ordered Testing Sites. Mandated court ordered testing services would be eliminated.
 - Eliminates staff that oversees Hepatitis C screening activities targeting high risk injection drug using populations.
 - Reduces staff time for data entry of HIV Testing data forms into State required HIV test database
 - Eliminates staff that educates high-risk individuals (including Probationers) about HIV/STD prevention and risk reduction skills.
 - Eliminates staff to conduct chronic disease prevention and/or self management education for Refugees.
 - Eliminates staff to conduct the annual Youth Purchase Survey which is used to determine the tobacco sales rate to minors.
 - Eliminates staff to educate parents and caregivers of children ages (0-12) about child passenger safety, to conduct the car seat diversion program to adults who are cited for incorrectly transporting children, and to educate Sacramento County Family Service Workers, Public Health Nurses and Social workers about car seat safety.
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- 882 high-risk youth will not receive education on pregnancy and STD prevention. 123 of these are likely to be medically indigent.
 - 350 high-risk individuals will not receive HIV and/or Hepatitis C testing. The majority of these individuals are likely to be medically indigent.

- 500 high-risk individuals (injection drug users, probationers, men who have sex with men,) will not receive HIV prevention education. The majority of these individuals are likely to be medically indigent.
- 300,000 County residents will not receive education on HIV testing and prevention.
- 600 refugees with chronic diseases will not receive prevention or disease self-management education. Of these, 200 individuals receive medical services through the CMISP program and are indigent.
- 1844 parents or caregivers will not receive child passenger safety education. Of these, 258 are likely to be medically indigent.

EXPECTED SAVINGS:

This change will result in County General Fund savings of \$178,323.

PROGRAM/SERVICE: Communicable Disease and STD Control & Epidemiology

LOCATION OF FACILITY OR PROGRAM SERVICES

Communicable Disease Control & Epidemiology
7001 A East Parkway, Suite 600,
Sacramento, CA 95823
Tel: (916) 875-5881

STD Control
4600 Broadway, Suite 2400
Sacramento, CA 95817
Tel: (916) 875-5881

PROPOSED CHANGE:

The Communicable Disease and Epidemiology unit receives, tabulates and reports to the State all confidential reports of over 80 diseases that occur in Sacramento County that are reportable by law to the local Health Department. In addition, the unit investigates outbreaks of communicable diseases and acts to prevent further spread. Communicable Disease Investigators (CDIs) in Sexually Transmitted Disease (STD) control find untreated patients with gonorrhea, chlamydia and syphilis to ensure they receive treatment and in addition reach their sexual contacts to ensure they are tested and treated for these diseases, if indicated. The epidemiologists monitor trends in data to identify emerging problems in health. They also participate in a variety of reporting systems, developing county data on a variety of diseases and conditions and responding to data requests from the department and the community.

- Elimination of 4.4 filled FTE (1.0 Medical Director, 1.0 Sr. Health Program Coordinator, 1.0 Communicable Disease Investigator, 0.4 Epidemiologist, and 1.0 Sr. Office Assistant).
- Results in elimination of the TB/CD Controller position, dissolution of the Public Health Emergency Preparedness unit, decrease in staff that does communicable disease outbreak control and STD investigations; decrease in epidemiology staff.

CLIENTS AFFECTED:

Adults, some of whom are indigent, who need immunizations or antibiotics to prevent diseases such as rabies or meningitis may not be identified and connected to services in a timely fashion. It is estimated that there are approximately 2000 indigent cases annually, and they have a varying number of contacts that should be investigated (ranges from 1 to over 200 depending on the case).

CCS and developmental programs will see an increase in children with congenital syphilis requiring life-long services.

Commercial establishments where a food-borne outbreak is identified may have to remain closed for longer periods of time, awaiting investigation as time allows.

EXPECTED SAVINGS:

This change will result in County General Fund savings of \$836,755.

PROGRAM/SERVICE: Ryan White CARE Program

LOCATION OF FACILITY OR PROGRAM SERVICES

**7001 A East Parkway, Suite 600
Sacramento, CA 95823
Tel: (916) 875-5881**

PROPOSED CHANGE:

The Ryan White CARE program applies for funding from the Federal and State government for treatment and outreach to low income people with HIV/AIDS on behalf of Sacramento, Placer and El Dorado Counties. It works through multiple contractors to provide services and is the payer of last resort for this population. Fiscal decisions are made through the HIV Health Services Planning Council, whose members are appointed by the Board of Supervisors.

- Elimination of 0.5 filled FTE Health Educator
- Will reduce the ability of the Ryan White CARE Program to effectively provide program support to the HIV Health Services Planning Council and carry out responsibilities of the Ryan White Treatment and Modernization Act of 2009. Decrease in the ability to plan, implement and evaluate HIV/AIDS care and treatment programs in accordance with Ryan White CARE Act. (Conducting biannual Needs Assessment and Comprehensive Plans).

CLIENTS AFFECTED:

Since remaining staff will be taking on some support functions for the HIV Health Services Planning Council, there will be delays in processing contractor invoices which may result in cash flow problems for Community Based Organizations funded for providing care for persons with HIV/AIDS. This includes medically indigent individuals with HIV/AIDS for which Ryan White is the funder of last resort.

EXPECTED SAVINGS:

This change will result in County General Fund savings of \$49,316.

PROGRAM/SERVICE: Vital Records

LOCATION OF FACILITY OR PROGRAM SERVICES

**Division of Public Health
7001-A East Parkway, Suite 650
Sacramento, CA 95823
875-5881**

PROPOSED CHANGE:

The Vital Records Unit collects, registers, maintains, amends, and certifies Sacramento County vital records (birth, fetal death, and death events). Vital records are the State of California's legal record of the event and are prima facie evidence in all courts.

- Elimination of 1.0 filled FTE clerical supervisor will reduce the Public Counter hours from 8-5 to 9a.m. to 4 pm Monday through Friday. Births and deaths may take longer to register, decreasing the timely availability of certified copies of births and deaths.

CLIENTS AFFECTED:

Relatives of children being born in Sacramento County and relatives of people dying in Sacramento County. It may take longer for indigent individuals to receive certified copies of birth and death certificates that would help qualify them for county services. Approximately 2,800 medically indigent families will have longer waits for certified copies of birth and the death certificates of 1,400 medically indigent individuals will be delayed.

EXPECTED SAVINGS:

This change will result in County General Fund savings of \$1,160.