



Agenda Date: 10/16/2007
Agenda Placement: 6B

NAPA COUNTY BOARD OF SUPERVISORS Board Agenda Letter

TO: Board of Supervisors
FROM: Alice Hughey for Randolph F. Snowden - Director
Health & Human Services
REPORT BY: Theresa Richmond, Chief Operations Officer, 259-8176
SUBJECT: Amend Departmental Allocation List and Table & Index for Health and Human Services Agency -
Public Health

RECOMMENDATION

Director of Health and Human Services and Human Resources Director request adoption of a resolution regarding the following in connection with the Public Health Division of the Health and Human Services Agency (HHS) resulting in a net increase of one position, effective October 16, 2007:

1. Amend the Table and Index to:
 - a. Delete Director of Public Health Laboratory, Assistant Regional Emergency Medical Services Administrator, and Emergency Medical Services Coordinator; and
 - b. Add Emergency Medical Services Coordinating Manager.
2. Amend the Departmental Allocation List to:
 - a. Delete one (1) Director of Public Health Laboratory, one (1) Assistant Regional Emergency Medical Services Administrator, one (1) Office Assistant II Limited Term (LT) expiring June 30, 2008, and the future vacancy resulting from a departmental promotion to fill the Emergency Medical Services Coordinating Manager; and
 - b. Add one (1) Emergency Medical Services Coordinating Manager, one (1) Supervising Staff Services Analyst, one (1) Communicable Disease Investigator, one (1) Staff Services Analyst I/II, and one (1) Staff Services Analyst I/II Limited Term (LT) through August 31, 2008.
3. Amend appropriate personnel polices to delete Director of Public Health Laboratory, Assistant Regional Emergency Medical Services Administrator, Emergency Medical Services Coordinator, and add Emergency Medical Services Coordinating Manager.

EXECUTIVE SUMMARY

Two managers in Public Health have recently retired. Substantial changes occurring in recent years in the areas of these two management positions have made it possible to now consider other, more fiscally conservative means for accomplishing the assigned scope of work. These recent changes, combined with the redistribution of other funding sources, provides an opportunity to substantially increase the capacity of the Division to efficiently

complete its mandated work within the existing budget and in a more fiscally conservative way. Approval of the requested actions will add four new permanent positions and one Limited Term position, and delete three existing permanent positions and one Limited Term position, for a net addition of one permanent position and net savings of approximately \$8,500.

FISCAL IMPACT

Is there a Fiscal Impact?	Yes
Is it currently budgeted?	No
What is the revenue source?	Health Realignment, Children's Medical Services, Emergency Medical Services, Emergency Preparedness Grants
Is it Mandatory or Discretionary?	Discretionary
Discretionary Justification:	While these positions are not mandated, approval of the requested actions will enable HHSA's Public Health Division to carry out its functions more effectively. It will also increase the capacity of the Division to complete its mandated work within the existing budget. Since the proposed positions will be funded by savings in the division's Realignment funding resulting from deleted positions and the redistribution of other existing funding, the costs below are listed in terms of increases or decreases to Realignment.

Public Health Laboratory: Deleting the Public Health Laboratory Director position (\$131,048) and replacing it with a contract with Solano County (\$112,000) will save approximately \$19,048 in Realignment funding.

Emergency Medical Services: Deleting the Assistant Regional EMS Administrator position will save approximately \$106,427 in Realignment funding. Funding the existing EMS Senior Office Assistant from EMS funds rather than Realignment will save approximately \$54,508 in Realignment funding. Adding a new EMS Coordinating Manager position and deleting the resulting vacancy from a Departmental promotion will cost an additional \$12,310 in Realignment funding. Overall, these changes to EMS will achieve an annual savings in Health Realignment funding of approximately \$148,625 and result in one fewer FTE. Deleting the EMS Coordinator position from the Table and Index of Classes has no fiscal effect.

Children's Medical Services: Adding a new Supervising Staff Services Analyst position that is 50% State-funded will cost approximately \$49,156 in Realignment funding.

Communicable Diseases: Adding a new Communicable Disease Investigator position will cost approximately \$77,221 in Realignment funding.

Public Health Administration: Adding a new Staff Services Analyst I/II position will cost approximately \$82,012 in Realignment funding.

Emergency Preparedness: Funding 80% of the existing Emergency Preparedness Senior Office Assistant position from emergency

preparedness funds rather than Realignment funds will save approximately \$49,232 in Realignment funding. A new 100% grant-funded Staff Services Analyst I/II Limited Term position will cost approximately \$32,012. A vacant grant-funded LT Office Assistant II position will be deleted.

Is the general fund affected? No

Future fiscal impact: The following proposed new positions are permanent positions and appropriations will be budgeted accordingly: Emergency Medical Services Coordinating Manager, Supervising Staff Services Analyst, Communicable Disease Investigator, and Staff Services Analyst I/II. The Staff Services Analyst I/II Limited Term position will terminate August 31, 2008.

Consequences if not approved: If the requested actions are not approved, HHSAs Public Health Division will not be able to take advantage of the current opportunity (brought about by the retirement of two managers) to substantially increase the capacity of the Division to complete its mandated work within the existing budget and in a more fiscally conservative manner. Also, the staffing structure will remain as it is now, and anticipated efficiencies will not be brought to bear.

Additional Information:

ENVIRONMENTAL IMPACT

ENVIRONMENTAL DETERMINATION: The proposed action is not a project as defined by 14 California Code of Regulations 15378 (State CEQA Guidelines) and therefore CEQA is not applicable.

BACKGROUND AND DISCUSSION

The vacancies created by two recently retiring managers (Public Health Laboratory Director, and Assistant Regional EMS Administrator), as well as substantial changes occurring in the last few years in the Napa-Solano Laboratory and Emergency Medical Services areas of Public Health, have made it possible to consider other, more fiscally conservative means for accomplishing the assigned scope of work throughout the Public Health Division. These high salary vacancies, combined with the redistribution of existing funding sources (emergency medical services regional funding, emergency medical services trust funds, and emergency preparedness funds) provide an opportunity to substantially increase the capacity of the Division to complete its mandated work within the existing budget. The proposed changes are outlined below.

Public Health Laboratory: Delete Director of Public Health Laboratory

Since July 1, 2000, Napa has jointly operated the Napa-Solano Public Health Laboratory under a Joint Powers Agreement with Solano County. Until July 2007, Napa's contribution to the laboratory was in the form of the Napa Laboratory Director's services as Napa-Solano Assistant Laboratory Director. The retirement of the Public Health Laboratory Director allowed for negotiation of a new contract in which Napa County will instead provide Solano County with \$112,000 per year to pay for an Assistant Laboratory Director employed by Solano County. Thus, the Public Health Division is proposing to delete the vacant *Public Health Laboratory Director* position from the Departmental Allocation listing as well as from the Table and Index of Classes. If approved, the deletion will achieve an annual savings of approximately \$19,048 in Health Realignment funding and result in one fewer FTE. The contract with Solano County was approved by the Board on June 5, 2007.

Emergency Medical Services (EMS): Delete Assistant Regional EMS Administrator; add EMS Coordinating

Manager and delete resulting vacancy; delete EMS Coordinator classification from the Table and Index of Classes
Nearly ten years ago, Napa County entered into the Coastal Valleys Regional EMS Agency JPA with Mendocino and Sonoma Counties. Over the past three years, the Regional Agency has assumed increasing responsibilities for many of the tasks previously carried out by local Napa EMS staff such as development of policies and procedures, quality assurance and control activities, and other regionally-focused responsibilities. With the retirement of the Napa County Assistant Regional EMS Administrator and the evolving relationship between the three counties, it is now possible to streamline the existing EMS staff in Napa from three positions to two. The proposed changes would delete the *Assistant Regional EMS Administrator* position from the Departmental Allocation Listing and the Table and Index of Classes and create a new management level *EMS Coordinating Manager* position that would be filled through a departmental promotion. The resulting vacancy will subsequently be deleted from the Department Allocation List. It is anticipated that approval of the requested actions would bring Napa into alignment with both Sonoma County and Mendocino County in terms of staffing levels. In addition, the existing EMS Senior Office Assistant salary will be paid out of EMS funds rather than Health Realignment funding beginning this fiscal year. Overall, these changes to EMS will achieve an annual savings in Health Realignment funding of approximately \$148,625 and result in one fewer FTE.

In addition to the above-requested actions for the EMS unit, a position (*EMS Coordinator*) no longer needed and for which there is no current allocation is proposed for deletion from the Table and Index of Classes.

The County has fulfilled its obligation to meet and confer with SEIU Local 1021 on all of the above, and the Union has agreed to all of the proposed changes to the EMS program area.

Children's Medical Services (CMS): Add Supervising Staff Services Analyst

The Division proposes to add a *Supervising Staff Services Analyst* position to assist the Health Services Nursing Supervisor with regulatory monitoring as well as tracking data required for state reports, Quality Management and day-to-day supervision of non-clinical CMS personnel. Under the current California Children's Services/Child Health and Disability Program (CCS/CHDP) structure, the Health Services Nursing Supervisor is responsible for all programmatic decisions, regulatory compliance, clinical consultation and direct supervision of five nurses, three clerical support staff, one Health Education Specialist and the Medical Therapy Unit Supervisor. The California Department of Health Care Services has consistently directed Napa County Public Health CMS to increase its program capacity. The Health Services Nursing Supervisor position was vacant for approximately four months before being filled recently. The overwhelming workload of the Health Services Nursing Supervisor contributed to the Agency's lengthy recruitment to fill the vacancy. The proposed new Supervising Staff Services Analyst position is eligible for 50% State CCS reimbursement. Thus, the additional position would cost approximately \$49,156 in Realignment funding annually and increase the staffing allocation by 1 FTE.

Communicable Diseases (CD): Add Communicable Disease Investigator

Currently, the CD unit consists of two Public Health Nurses (PHN) and one Communicable Disease Investigator (CDI). Due to an extended leave of one of the PHN's, the unit has been able to meet only the most urgent of CD needs and has been unable to respond to less urgent needs such as the increasing rates of sexually-transmitted diseases. Other clinic RN's in the Division have had to assist the CD unit when urgent needs arise. The clinic RN's then lose their ability to generate clinic revenue. Further, the CD unit supervisor, who also oversees the clinic, is frequently called upon to spend time to deal with urgent and routine CD work, including field work and substantial overtime hours when CD nurses are out on vacation or are otherwise occupied.

The Division proposes to create a *Communicable Disease Investigator* position to provide routine CD case work, thus freeing the CD/Clinic Supervisor and clinic staff to resume their usual work. The Communicable Disease Investigator also will provide surge capacity during outbreaks such as the recent norovirus (in skilled nursing facilities) and E. coli outbreaks. This change will cost approximately \$77,221 in Realignment funding annually and increase the staffing allocation by 1 FTE.

Public Health Administration: Add Staff Services Analyst I/II

The Public Health Division has more than 27 distinct funding streams and manages numerous independent contracts. Managers and supervisors spend substantial amounts of time preparing reports and budgets and monitoring contracts. These administrative tasks compete for time with program and management requirements, including monitoring regulatory compliance and providing good supervision. Currently, Fiscal and HHSA Human Resources staff must work independently with each Public Health program manager or supervisor, which makes for substantial inefficiencies. At this time, the Public Health Division has no analyst position. The Division proposes to create a *Staff Services Analyst I/II* position to support the supervisors and managers with the daily administration of the Division. If approved, the Staff Services Analyst I/II will report directly to the Public Health Officer. This position will cost approximately \$82,012 in Realignment funding annually and increase the staffing allocation by 1 FTE.

Emergency Preparedness (EP): Delete Limited Term Office Assistant II and add Limited Term Staff Services Analyst I/II

The two proposed changes for the Emergency Preparedness Unit of Public Health are described below:

- 1 Due to the complexity of the work and the level of responsibility and support required by the unit, the EP program has a need for a higher level support for administration than just having the Limited Term OA II position (currently vacant). At the same time, the Maternal Child Health Program (MCHP) and general Public Health Administration have more clerical staff than is necessary. The Division proposes to delete the vacant Limited Term *OA II position* and move a Senior OA position (also currently vacant) from MCH/Public Health Administration into the Emergency Preparedness program. The Emergency Preparedness program budget will provide 80% of the Senior OA costs, with the remaining 20% to be paid by Health Realignment funds. This change will achieve an annual savings of approximately \$49,232 in Health Realignment funding and reduce the staffing allocation by 1 FTE.
- 1 In addition to her other duties, the Emergency Preparedness Manager currently manages and provides the services required to meet the deliverables of the Hospital Preparedness Program (HPP) Grant, the CDC All Hazards Grant, two federal Pandemic Influenza Grants, and the California Pandemic Influenza Grant. The Hospital Preparedness Program is a federal grant managed by Public Health for the benefit of hospitals and health care facilities in the County. While the County currently is meeting all of the State-mandated programmatic, fiscal and audit requirements of this grant, the requirements are onerous both for Public Health and fiscal staff. Most deliverables for this grant are met through the purchase of specialty medical supplies and the provision of training to medical personnel, each of which requires complex preparation and follow-through. The management of this grant has been extremely time-consuming and as a result has significantly hampered the County's own preparedness efforts in other areas. Recognizing the need for time dedicated to the HPP Grant, the California Department of Public Health allows for Napa County Public Health to use \$50,000 of the HPP grant funds toward a position with responsibility for program support. Also, since completion of the Agency preparedness plans in September, additional CDC All Hazards Preparedness Program funds previously used for plan writers became available to support internal preparedness infrastructure. The Division is proposing to create a *Limited Term Staff Services Analyst I/II* position to support the Hospital Preparedness and CDC All Hazards Preparedness Programs. The proposed Limited Term position, which will be funded entirely by these grants, will cost approximately \$32,012 and would terminate on August 31, 2008. Since it is fully funded by grants, the Limited Term Staff Services Analyst I/II does not figure into the net calculations regarding Realignment funding.

The net results of all of these changes is a small (approximately \$8,500) reduction in Health Realignment expenditures and a net increase of one position.

SUPPORTING DOCUMENTS

A . Resolution

CEO Recommendation: Approve

Reviewed By: Lorenzo Zialcita