

Department's Detailed Explanations of Position Request

DESS justification for hiring Division Manager and Chief Fiscal Officer

One area of concern for DESS is in middle management. In 2009 DESS' workforce was reduced by 1/3 due to fiscal attrition, retirements and layoffs. This included the elimination of 4 Division Managers. The department's management has been successful at managing the delivery of benefits to those in need in Yolo County, meeting eligibility timelines and providing protective services to the most vulnerable members of our society. However, the 5 remaining Division Managers have absorbed the workload of 9. A reduction of this magnitude at the management level has left DESS struggling to manage developing and updating departmental policies and procedures, conducting the appropriate staff development/training for employees and managing ongoing projects to keep up with advances in technology.

Additional projects and changes to DESS programs are on the horizon, including healthcare reform, automated computer systems like CMIPS II and Document Imaging. These new projects present a host of new roles and responsibilities to manage, at a time when DESS managers are stretched thin. These program and technological changes are massive and without the proper stewardship the success of these projects will be jeopardized.

DESS is the largest department in Yolo County and has been operating without a Chief Fiscal Officer for the last several years. While current management has done an excellent job at maintaining fiscal solvency the change with Realignment II presents a fiscal puzzle which DESS has not seen in decades. To maximize revenues and truly navigate through the details of Realignment II DESS requires a very specific skill set from this new Fiscal Officer. It should be additionally noted that in the recent Grand Jury Report it was recommended DESS staff its fiscal division with a Fiscal Officer to manage the complex nature of the Department's funding and budget.

DESS has conducted a thorough financial analysis and concludes it has the appropriate funding streams to support these two new positions in its budget, without any additional county cost.

Health justification for hiring an Outreach Specialist II – Medical Services Branch

One of the unfortunate results of the layoffs last year was the loss of two Field Nurses who left due to the uncertainty surrounding their continued employment, as well as all of the support staff in Nursing. This included the TB Public Health Nurse Case Manager as well as the support staff who worked in the Communicable Disease (CD)/Tuberculosis (TB) control program. In addition, the Senior PHN who was the Immunization Coordinator at the time was transferred to the California Childrens Services program to fill a vacancy due to a retirement. At the time, Dr. Iser had decided we would forego our participation in the Immunization Assistance Project (IAP) grant, which covered approximately 60% of her position; the balance of her time was spent in the Communicable Disease program, doing case investigations on certain reportable diseases. Sometime later, Dr. Iser reconsidered, deciding instead that we would keep the IAP program, in spite of the fact that we no longer had the staff to do the work.

Since then, we have had intermittent extra help in the CD/TB area, but the majority of the time it has been the TB PHN and the Director of Public Health Nursing trying to keep up with the hundreds of disease reports received over the course of the year, many of which do not require investigation; however, there is a resulting data entry burden. Reporting to the state health department is now automated, but it requires

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that someone monitor the reports coming in by fax, and directly through the secure database, and that they subsequently process them to complete the reporting cycle. Although they are continually monitored to ensure that no critical incident is missed, the processing piece is time-consuming, and there have been times when there was simply no way to keep up. The state monitors activity daily at their end, and twice recently they have complained that we have fallen behind in the processing. This process, and the investigation of certain types of diseases, does not require public health nursing intervention, but rather can be performed by clerical staff (the actual processing piece) or an Outreach Specialist trained as a Communicable Disease Investigator.

In addition, the minimum mandated deliverables for the IAP grant have been met for the past 2 years, but nothing more. Material amounts of funding available through this program have gone unrealized for the past two years. In program year 10/11, we were unable to utilize \$37,000, or more than 55% of the \$67,000 grant. To date, the funder has expressed displeasure with this habitual underutilization, but has not pulled the grant funding. This proposed position, which will be funded solely by the IAP grant, and will provide the ability to perform more quality improvement functions with providers and their staff to improve the delivery of childhood and adult immunizations. Additionally, this new position will allow the TB PHN and Director of Public Health Nursing to bolster their support of the recently revamped YCHIP program. Equally important, if not more so, is the fact that this will allow a refocusing of the efforts of the Senior PHN to fully develop the YCHIP Care Coordination program, which will benefit the indigent health program through cost reductions related to excessive emergency use and repeat hospitalizations. One of the mandated deliverables under the IAP grant is surveillance and control of vaccine-preventable disease, which also fits within the CD/TB program, so it is a natural fit for this position to perform in both arenas.