



Legislation Text

File #: 22-1222, **Version:** 1

Health and Human Services Agency (HHS) recommending the Board adopt and authorize the Chair to sign Resolution **135-2022** amending the Authorized Personnel Allocation Resolution (099-2022) to:

- 1) Delete one (1.0) Full Time Equivalent (FTE) vacant Public Health Nurse I/II allocation; and
- 2) Add two (2.0) FTE Disease Investigation & Control Specialist I/II allocations in the Health and Human Services Agency.

FUNDING: 100% State Future of Public Health funding allocation.

DISCUSSION / BACKGROUND

On June 21, 2022, the Board of Supervisors approved the Fiscal Year (FY) 2022-23 Personnel Allocation Resolution 099-2022 (File ID:22-0987, Agenda No. 3).

The State of California is currently working to address the funding and minimum staffing requirements of local health jurisdictions, after years of an inconsistent funding infrastructure. The California legislature has set aside significant long-term funding in concert with supplemental funding to address needed resources by local health jurisdictions to support enhanced activities in the areas of communicable disease identification, mitigation, control, community-level education, and equity distribution of public health preventive services. As a result, the California Department of Public Health (CDPH) has implemented the new Future of Public Health (FoPH) program and annual funding allocation to local health jurisdictions, which is to primarily be used to sustain staffing levels through the hiring of permanent county staff.

The Health and Human Services Agency, Public Health Department (HHS PHD) proposed staffing profile in the FoPH funding work scope calls for 2.0 Disease Investigation & Control Specialists (DICS) or Public Health Nurses (PHN), high risk setting personnel. The original decision to seek PHN I/II personnel has been re-evaluated based on observed challenges to successful recruitment of the PHN classification. This coupled with a general professional nursing shortage in California warrants consideration of using PHN extenders, similar in design to extending physician care using advanced practice nurses or physician assistants. The DICS positions will conduct field investigations to identify potential human exposure to infectious disease, institute isolation and quarantine procedures when appropriate, conduct disease exposure interviews, provide follow up monitoring of treatment or deliver direct observed therapy based on the diagnostic assessment and treatment plan formulated by existing PHN case managers.

In addition, the DICS will be deployed to provide individual and community-level education on disease avoidance, recognition, and prevention. This deployment model enhances response capabilities to preserve public safety during a public health event, improves response time for disease investigation, increases opportunities and frequency of disease screening and community provider support undertaken by the Communicable Disease (CD) Clinic Unit in a more sustainable and economic manner.

For these reasons, deletion of 1.0 FTE PHN vacant allocation and the addition of 2.0 FTE DICS

positions is being proposed.

Using CD PHN extenders in the form of DICS positions effectively distributes activities based on level of care complexity. This design allows the PHN to focus on those tasks which require licensing or complex intervention, e.g. condition assessment, determination of treatment, consultation to providers, and the DICS to engage in field investigation, follow up, and education activities effectively increasing the volume of tasks and activities carried out collectively by the CD Unit in a more economical and sustainable manner. Considering both position cost and improved recruitment viability for the paraprofessional classification a hybrid model offers several advantages. Potentially improved recruitment success, a 43% reduction in yearly salary burden (based on Step 3 PHN II/DICS II comparison) and improved overall Public Health surge capacity for both health and environmental events.

Working directly with the Human Resources Department, HHSA has developed the attached Personnel Allocation Resolution which was approved by County Counsel on July 18, 2022.

ALTERNATIVES

The Board could decline to adopt and authorize the Chair to sign the attached Personnel Allocation, thereby retaining the current allocations

PRIOR BOARD ACTION

06/21/2022, 22-0987, FY 2022-23 Personnel Allocation Resolution

OTHER DEPARTMENT / AGENCY INVOLVEMENT

Human Resources and County Counsel
Local 1 Union

CAO RECOMMENDATION

Approve as recommended.

FINANCIAL IMPACT

There is no Net County Cost associated with the addition of these two positions. The net increase from the change in allocations is approximately \$70,000 for the remainder of the fiscal year. There are Salaries and Benefits savings in the department, due to vacancies, to cover the increased costs for the remainder of the fiscal year and the positions will be covered by State Future of Public Health funding allocation.

CLERK OF THE BOARD FOLLOW UP ACTIONS

- 1) Obtain signature of Chair on Resolution.
- 2) Provide one (1) certified Resolution to HHSA-Contracts at 3057 Briw Rd and one (1) certified Resolution to Heather Anderson in Human Resources at 330 Fair Lane.

STRATEGIC PLAN COMPONENT

Good Governance

CONTACT

Daniel Del Monte, Interim Director, Health and Human Services Agency