ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY

Board of Supervisors Early Budget Work Session FY 2016-2017

April 12, 2016

Rebecca Gebhart, HCSA Acting Director

VISION

Health Equity through the goals of
Healthy **People**, Healthy **Places**, Healthy **Policies** and Healthy **Systems**

MISSION

Provide fully integrated health care services through a comprehensive network of public and private partnerships that ensures optimal health and well-being and respects the diversity of all residents

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

Office of the Director ◆ Finance & Administration ◆ Medical Director
Human Resources ◆ Fund Development ◆ Policy ◆ Evaluation

- **HCSA Administration/ Indigent Health**
  - Indigent Health Services/HealthPAC
  - Center for Healthy Schools and Communities
  - Emergency Medical Services
  - Cross-Departmental/ Cross-Jurisdictional Health Services
- **Behavioral Health Care Services**
  - Administration
    - 24 Hour Services
      - Referral Services
      - Day Treatment
        - Outreach
    - Outpatient Services
      - Support Services
      - Ancillaries
- **Public Health Services**
  - Office of the Director Health Officer
    - Administrative Services
      - Family Health Services
      - Public Health Nursing
    - Communicable Disease Control & Prevention
      - Community Health Services
      - Office of AIDS
- **Environmental Health**
  - Administration
  - Environmental Health Services
  - Vector Control Services

Alignment with County Strategic Initiatives

Countywide Strategic Initiative	HCSA Departments Providing Initiative-Related Services
Environment & Sustainability	▪ Environmental Health (Green initiatives in all departments)
Safe & Livable Communities	▪ Indigent, Cross-Jurisdictional and Emergency Health ▪ Environmental Health ▪ Behavioral Health ▪ Public Health
Healthy & Thriving Populations	▪ Indigent, Cross-Jurisdictional, and Emergency Health ▪ Environmental Health ▪ Behavioral Health ▪ Public Health
Housing	▪ Indigent, Cross-Jurisdictional, and Emergency Health ▪ Behavioral Health ▪ Public Health
Transportation	▪ Public Health

Mandated and Discretionary Services

HCSA Department	Mandated Services	Discretionary Services
Indigent, Cross-Jurisdictional, and Emergency Health	Indigent Health, Medical Services to Youth in Custody, Emergency Medical Services	School Health Services, Children's Policy, Court Appointed Special Advocates, Youth Centers, Children's Dental, Health Insurance Enrollment, MAA/TCM, Health Care for Low Income Uninsured, Health Care for the Homeless
Behavioral Health	Alcohol and Other Drug Services, Mental Health Services, Medi-Cal Consolidation	Housing Support for Homeless, Vocational Training, Self-Help and Empowerment, Crisis Support for the Uninsured
Environmental Health	Food/Water/Recreational Safety, Hazardous Materials/Waste Mgmt, Vector Control, Land Use/Septic, Solid/Medical Waste, Body Arts, Epidemiological Investigations, Complaints	Green Business/Community Environmental Health Services, Healthy Nail Salons, Pharmaceutical Safe Take Back, Food Facilities Grading System

Mandated and Discretionary Services

HCSA Department	Mandated Services	Discretionary Services
Public Health	Health Officer, Public Health Nursing, Public Health Laboratory, Public Health Statistics, Health Education, Communicable Disease Control & Surveillance, Disability Prevention, Child Health, Nutrition Services, Diabetes Prevention, Foster Care Health, Maternal & Infant Health, Dental Health, Tobacco Control	Asthma Program, Developmental Disabilities Planning & Advisory, Pregnancy Prevention, Teen Dating Violence Prevention, Home Visiting & Family Support System, Social & Health Equity Programs

HCSA FY 16-17 Operating Goals

Data Driven	Use data for decision making, dashboards
Effective Contracting	Efficient contracting business processes
Measuring Impact	Results-Based Accountability implementation is an agency priority
Aggressive Resource Leveraging	Seek opportunities to blend, match and draw down funding to expand services
Quality	Quality assurance, quality improvement and focus on best practices

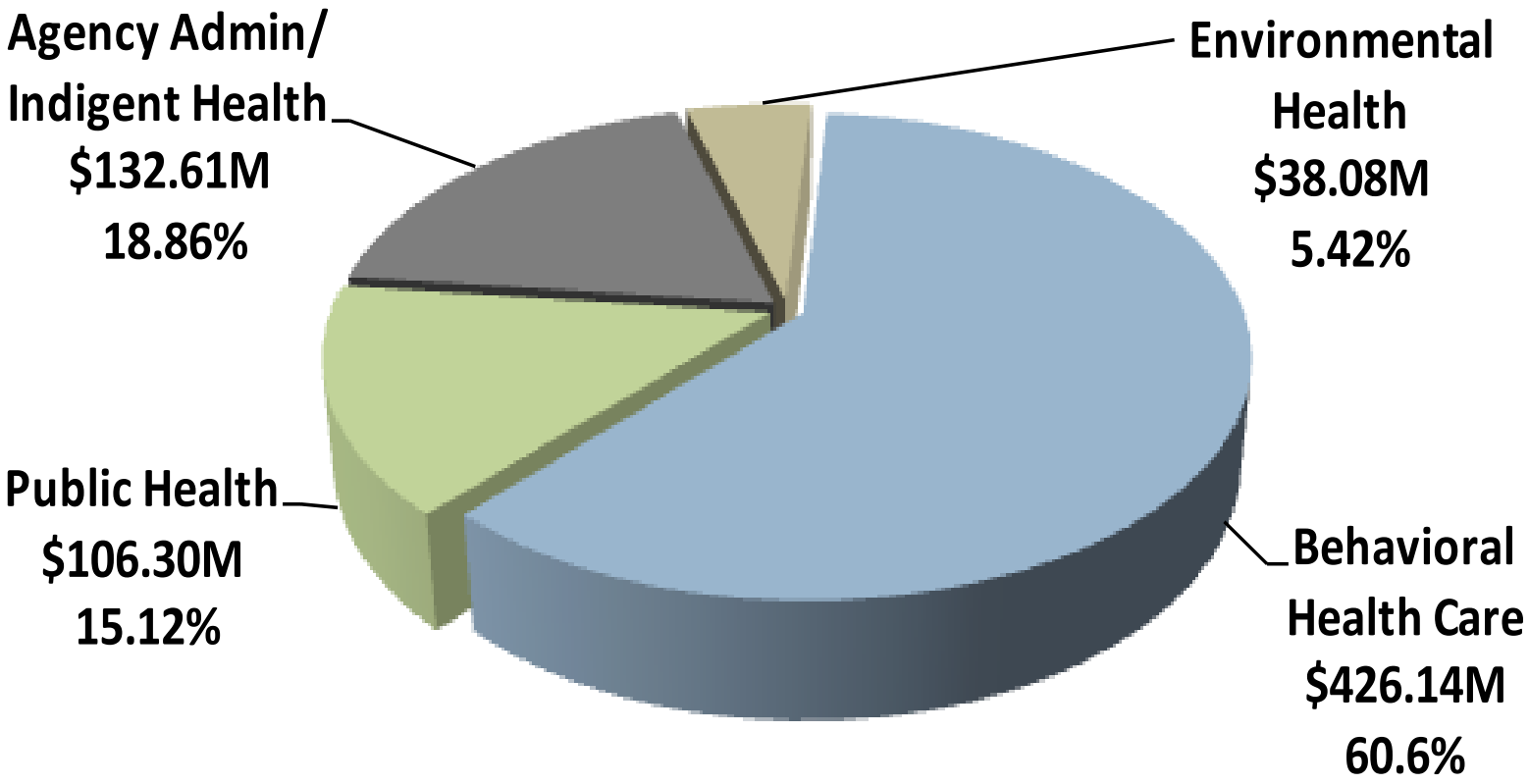
HCSA FY 16-17
MOE Budget Summary* ($ in millions)

	FY 15-16 Budget	FY 16-17 MOE	Change from FY 15-16 Amount	%
Appropriation	$676.66	$703.14	$26.48	3.91%
Revenue	$554.21	$563.42	$9.21	1.66%
County General Fund	$122.45	$139.72	$17.27	14.10%
FTE-Mgmt	506.40	512.31	5.91	1.17%
FTE-Non Mgmt	1,015.43	1,002.24	-13.19	-1.30%
Total FTE	1,521.83	1,514.55	-7.28	-.48%

*Includes Vector Control ($6.24M) & EMS Special District ($25.22M) = $31.46M and Measure A (non AHS) = $31.50M

FTE = Full Time Equivalents, change in HCSA FTE by department:
Admin/Indigent Health (.99); BHCS (.67); Environmental Health (0); Public Health (-8.94)

HCSA FY 16-17 MOE Budget Summary Appropriation By Dept. $703.14M

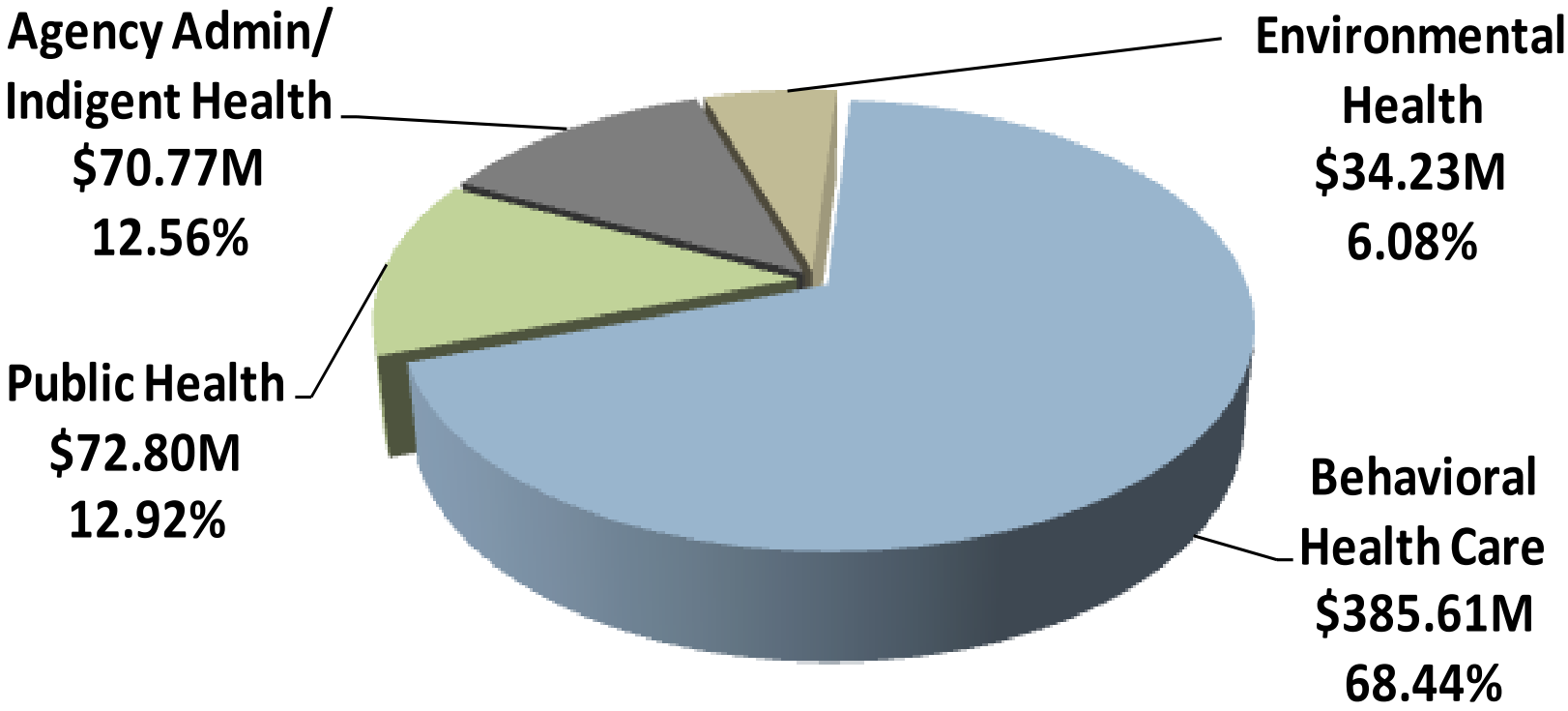


Includes Measure A and Medical Care Financing

HCSA FY 16-17 MOE Budget Summary

Revenue by Department $563.42M

Revenue = 80.13% of Budget



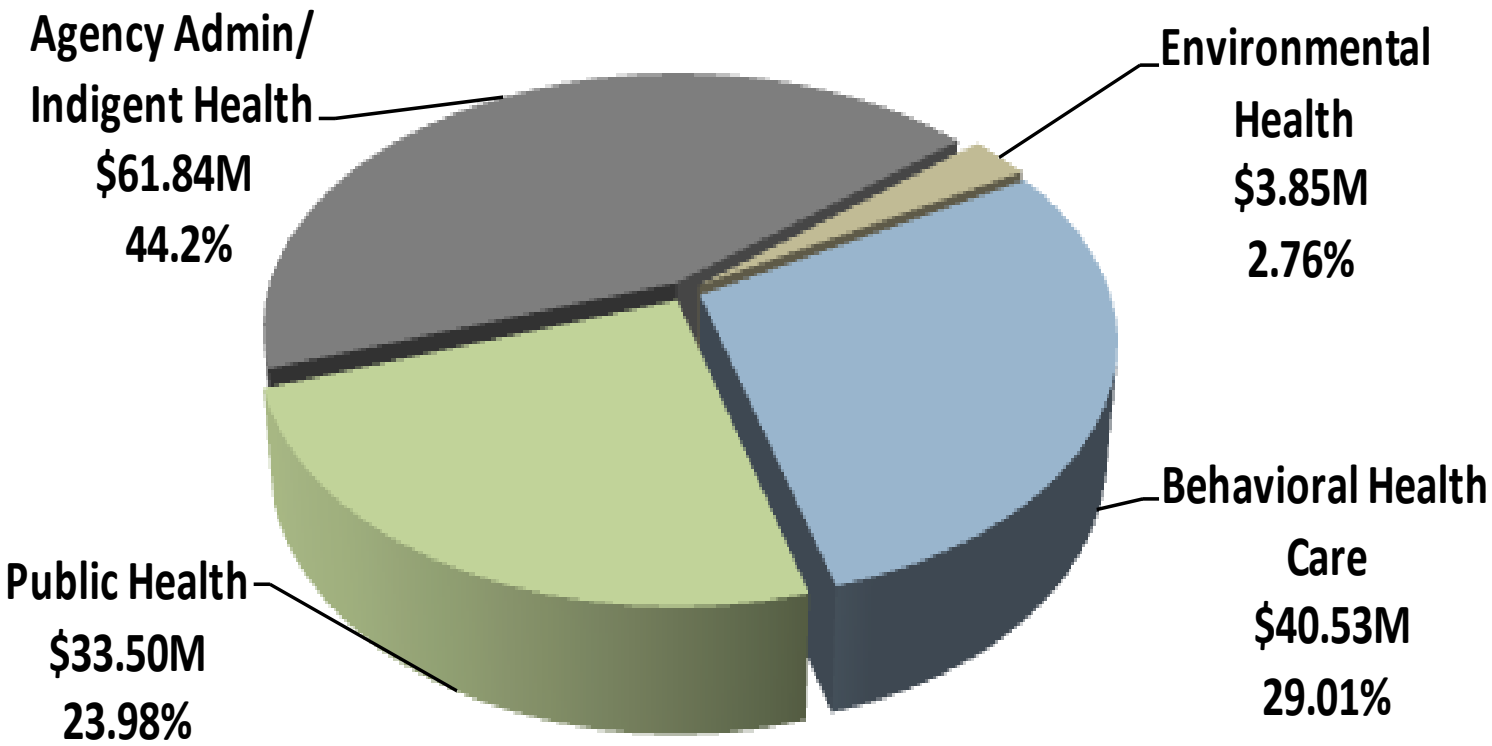
Revenue, including Measure A and Medical Care Financing, covers

- 90.49% of BHCS Budget
- 68.49% of PH Budget
- 53.37% of Admin/Indigent Budget
- 89.89% of EH Budget

HCSA FY 16-17 MOE Budget Summary

County General Fund by Department $139.72M

County General Fund = 19.87% of Budget

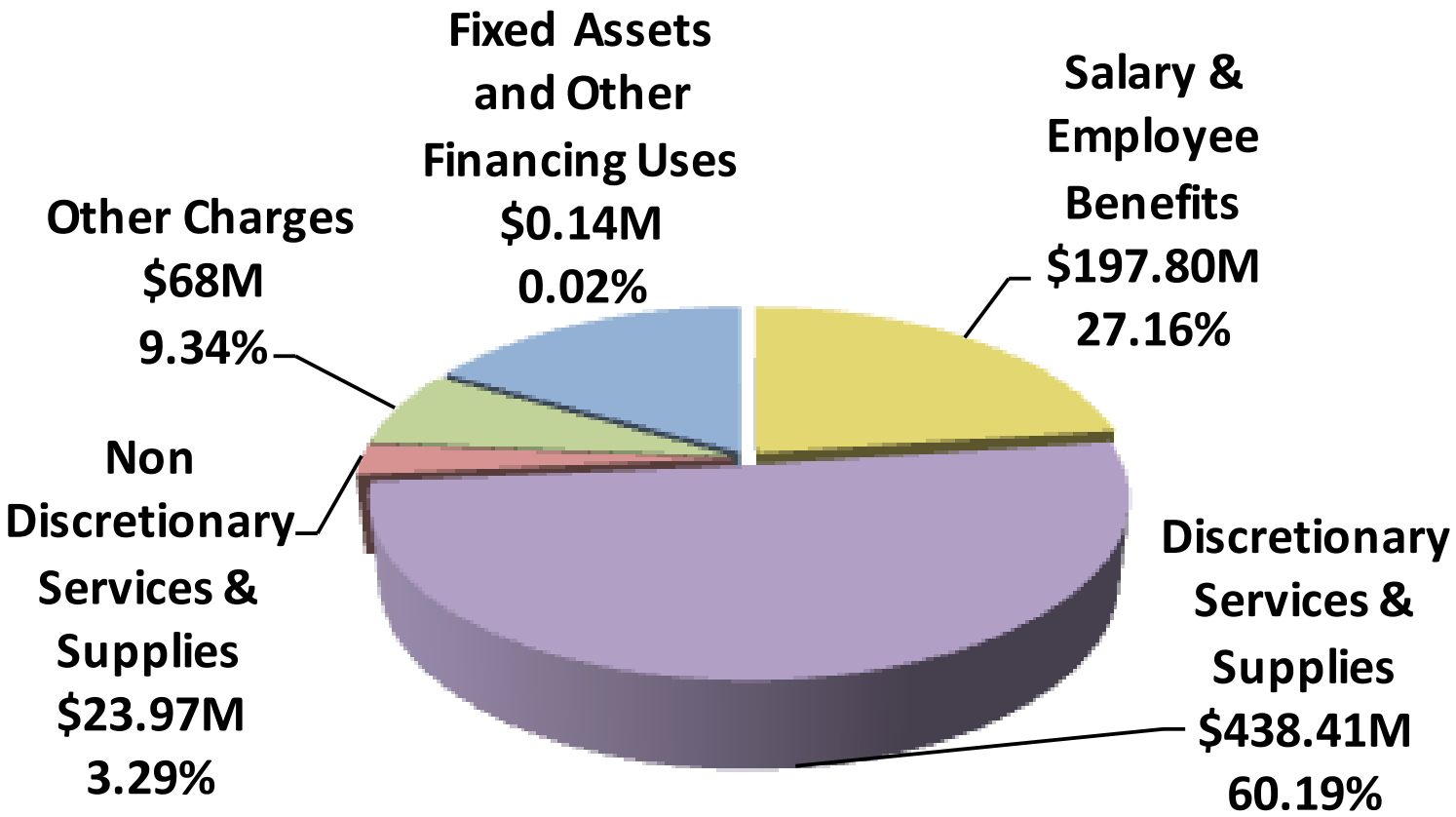


Net County Cost (NCC) as percentage of department budget:

- 9.51% of BHCS Budget
- 31.51% of PH Budget
- 46.63% of Admin/Indigent Budget
- 10.11% of EH Budget

HCSA FY 16-17 MOE Budget Summary

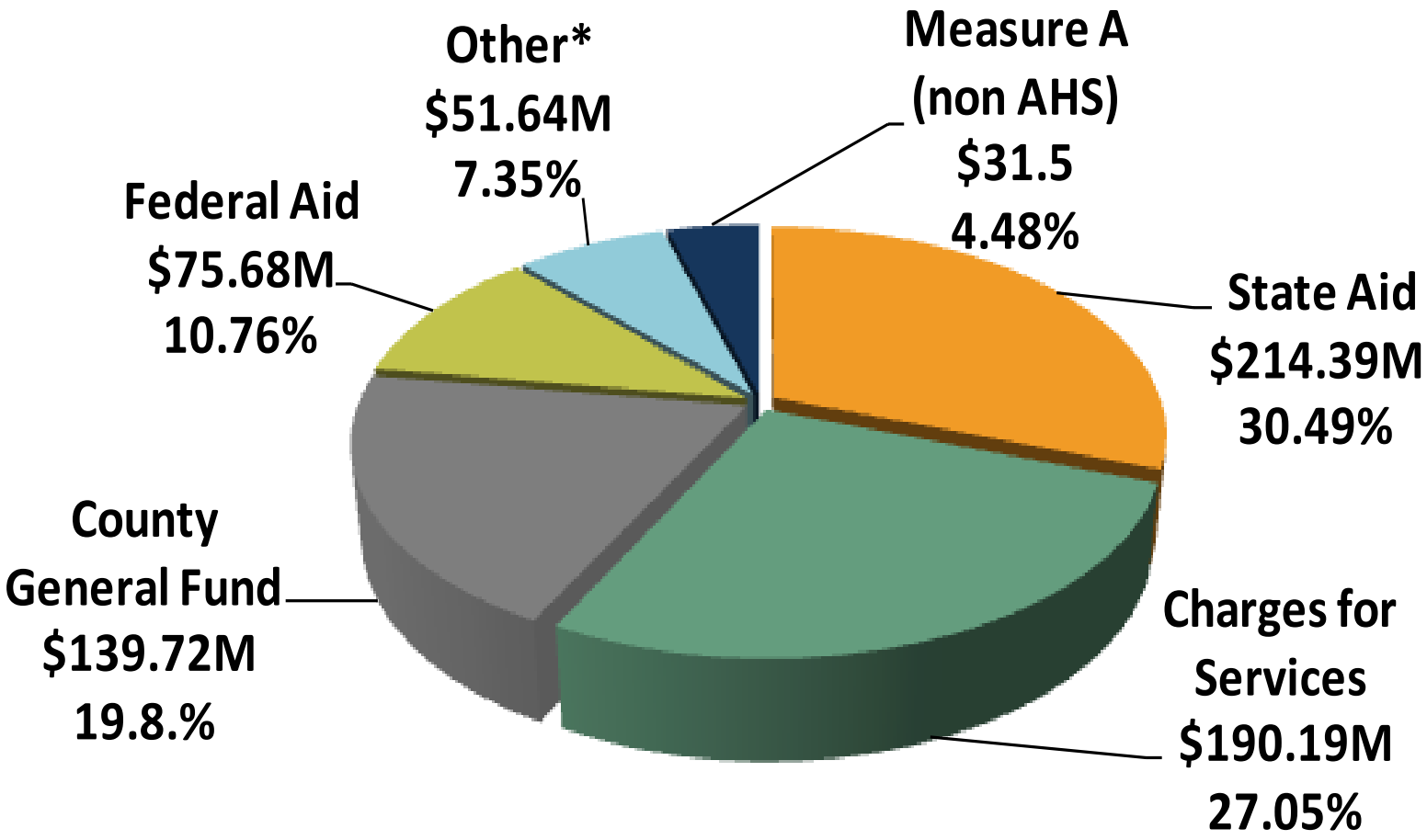
Total Appropriation by Major Object $703.14M



Intra-Fund Transfers ($25.22M)

HCSA FY 16-17 MOE Budget Summary

Sources of Revenue = $703.13M



*Includes TMSF Revenues, Use of Available Fund Balance, Aid from Local Government, Fines, Permits & Franchises, etc.

HCSA Major Components of Net County Cost Change (in millions)

	NCC Change
S&EB COLAs	$10.5M
Community-Based Organization COLAs	$4.2M
Internal Service Funds	$1.4M
Alameda Health System COLA	$1.3M
Loss of Nutrition Services Funding	$1.2M
Transfer of UC COOP to CDA	($.3M)
Various revenue increases	($1.0M)
TOTAL	$17.3M

HCSA FY 16-17 MOE Budget Summary

Measure A Revenues & Appropriations Included in MOE Budget $31.5M

Board of Supervisors Discretionary Health Services Allocation		**$750,000**
Behavioral Health		**$7,926,443**
Criminal Justice Screening & In-Custody Services	$4,306,000	
Cherry Hill Detoxification & Sobering Services	$2,143,224	
Behavioral Health & AOD Providers	$775,848	
Mental Health Services at Juvenile Justice Center	$360,000	
Juvenile Justice Health Services	$261,000	
Mental Health Services for Newcomers and Immigrants	$80,371	
Public Health		**$5,231,476**
Public Health Prevention Initiative	$2,973,896	
Home Visiting Services	$1,250,000	
Countywide Plan for Seniors (Home-Based Nursing Case Management)	$500,000	
Alameda County Dental Health	$257,580	
Health Services for Persons Who Inject Drugs	$150,000	
Alameda County Asthma Start	$100,000	

HCSA FY 16-17 MOE Budget Summary

Measure A Revenues & Appropriations Included in MOE Budget $31.5M (continued)

Admin/Indigent Health Services		**$17,592,081**
Primary Care CBOs	$5,370,494	
Non-County Hospitals (UCSF Benioff Children's & St. Rose Hospitals)	$3,500,000	
Youth and Family Opportunity Initiatives	$2,597,818	
School Health Centers & School-Based Behavioral Health	$2,580,140	
Countywide Plan for Seniors (Hospice, Injury Prevention, Meals/Nutrition)	$1,000,000	
EMS Corps	$604,942	
EMS Injury Prevention & Senior Injury Prevention Programs	$325,112	
Health Enrollment for Children	$300,000	
Health Services for Day Laborers	$267,903	
Juvenile Justice Health Services	$244,963	
Direct Medical & Support Services	$214,322	
Health Services for Unaccompanied Immigrant Youth	$164,902	
Alameda Boys & Girls Club	$107,161	
Public Health Services for Homeless Residents	$100,000	
Center for Early Intervention on Deafness	$53,581	
Center for Elders' Independence	$53,581	
City of San Leandro Senior Services	$53,581	
Fremont Aging & Family Services	$53,581	

HCSA FY 15-16 Human Impacts: Improving Safety Net System

- **Impact to clients/Alameda County**
  - **Currently 33,000 members enrolled in HealthPAC**
  - **HealthPAC contract incentives expanded services to thousands of patients across the system, reducing wait time and improving convenience in accessing care**
  - **Incentives also supported integration of primary and behavioral health care, as well as medical treatment of patients addicted to opioid pharmaceuticals**
- **Application Assistance**
  - **HITs provided application assistance to over 2,000 residents from July 2015-January 2016**
- **Leveraging New Opportunities**
  - **Proposal of Whole Person Care Pilot under California's new 1115 Medicaid Waiver called Medi-Cal 2020**
    - **If funded, will enable infrastructure development, data sharing, and improved care coordination across multiple safety net systems**

HCSA FY 15-16 Human Impacts: Children's Behavioral Health

- Impact to clients/Alameda County
  - EPSDT remains the major source of funding for Children's Mental Health Services, specifically for low-income children
  - SAPT federal block grant funding supports the vast majority (73%) of adolescent AOD programs for youth regardless of Medi-Cal status
- Impacts to providers and program services
  - School districts providing Behavioral Health Educational Services leverage Medi-Cal for eligible students, and reimburse the County for mental health services provided to non-eligible youth
  - MHSA-PEI continues to support capacity in schools and youth centers by funding coordination, prevention, outreach, and mental health consultation
- Systems Coordination and Collaboration
  - Integration of behavioral health, substance use programs, and primary care
  - Services to Child Welfare Involved Youth under Katie A. Settlement
  - Continuum of Care Reform
  - Quality Improvement: Psychotropic Medication Consultation

HCSA FY 15-16
KEY ACCOMPLISHMENTS

- Assumption of responsibility for the Oakland CUPA hazardous materials program
- Increase in kindergarten immunizations from 88.59% to 95.9% - the highest increase in California
- Continued expansion of services for Older Adults, including Public Health Nurses in Adult Protective Services and Foster Care
- Behavioral Health and Primary Care integration
- Jay Mahler Recovery Center opening (16-Bed Crisis Residential Treatment Center)
- AOT, CCP & IHOT program planning and Interagency Agreements
- Improved coordination among safety net partners

HCSA FY 16-17 CHALLENGES

- Implementation of 2020 Medicaid Waiver provisions
- Impact of housing crisis on the health of vulnerable populations
- AHS and HCSA/BHCS coordination on an improved mental health crisis system
- 911 Emergency response financial viability
- Lack of integration of information systems among County health providers makes care coordination difficult
- HCSA leadership transitions, succession planning, mentoring new leadership and continuing to build the HCSA team

Questions