

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

Alex Briscoe, Agency Director

BOS Budget Work Session ■

April 2, 2012 ■

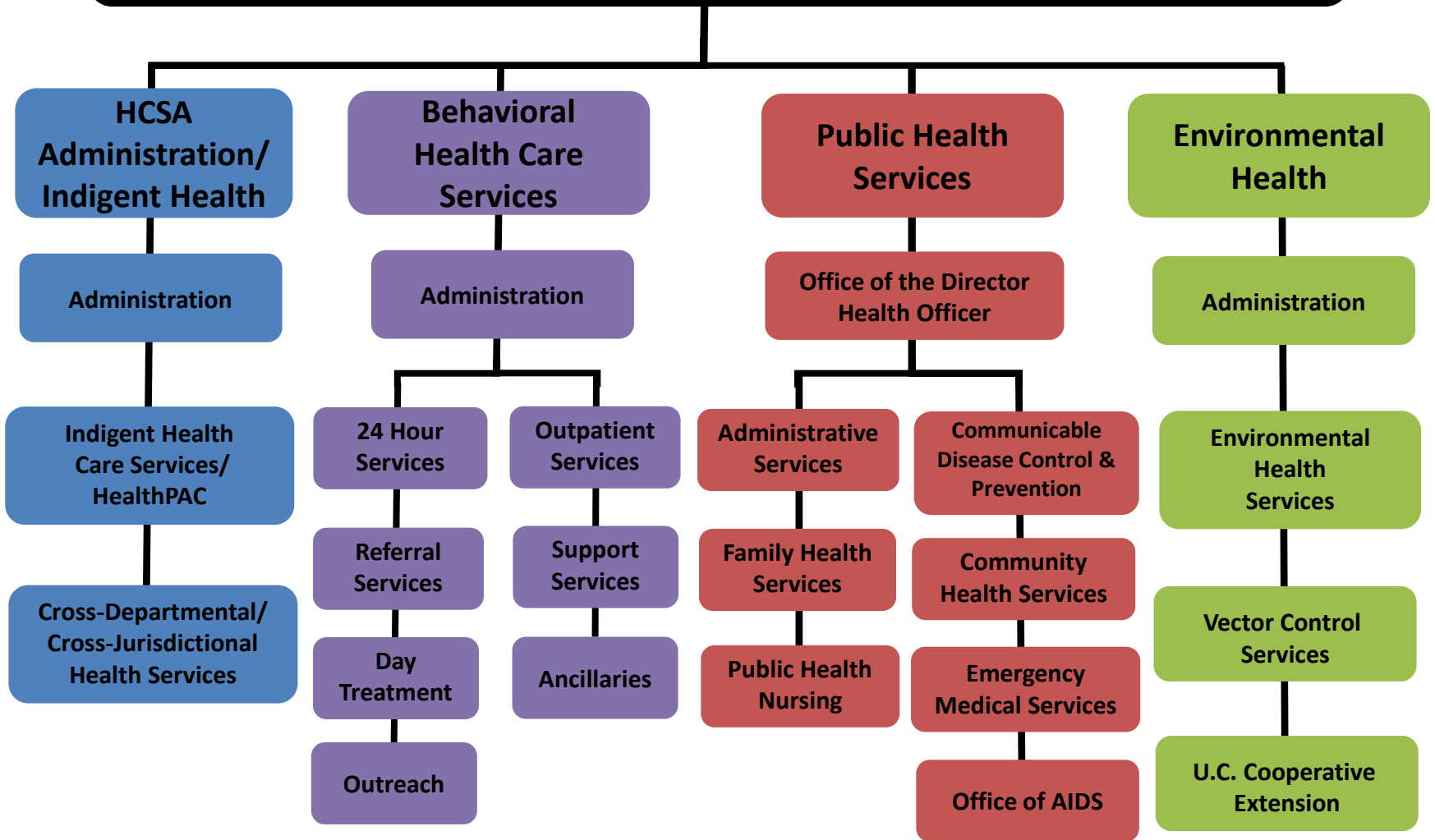


HCSA

Mission Statement

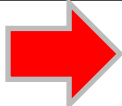

The Mission of the HCSA is to provide fully integrated health care services through a comprehensive network of public and private partnerships that ensures optimal health and well-being and respects the diversity of all residents.

Alameda County Health Care Services Agency



HCSA FY 12/13

MOE Budget Summary* (In Millions)

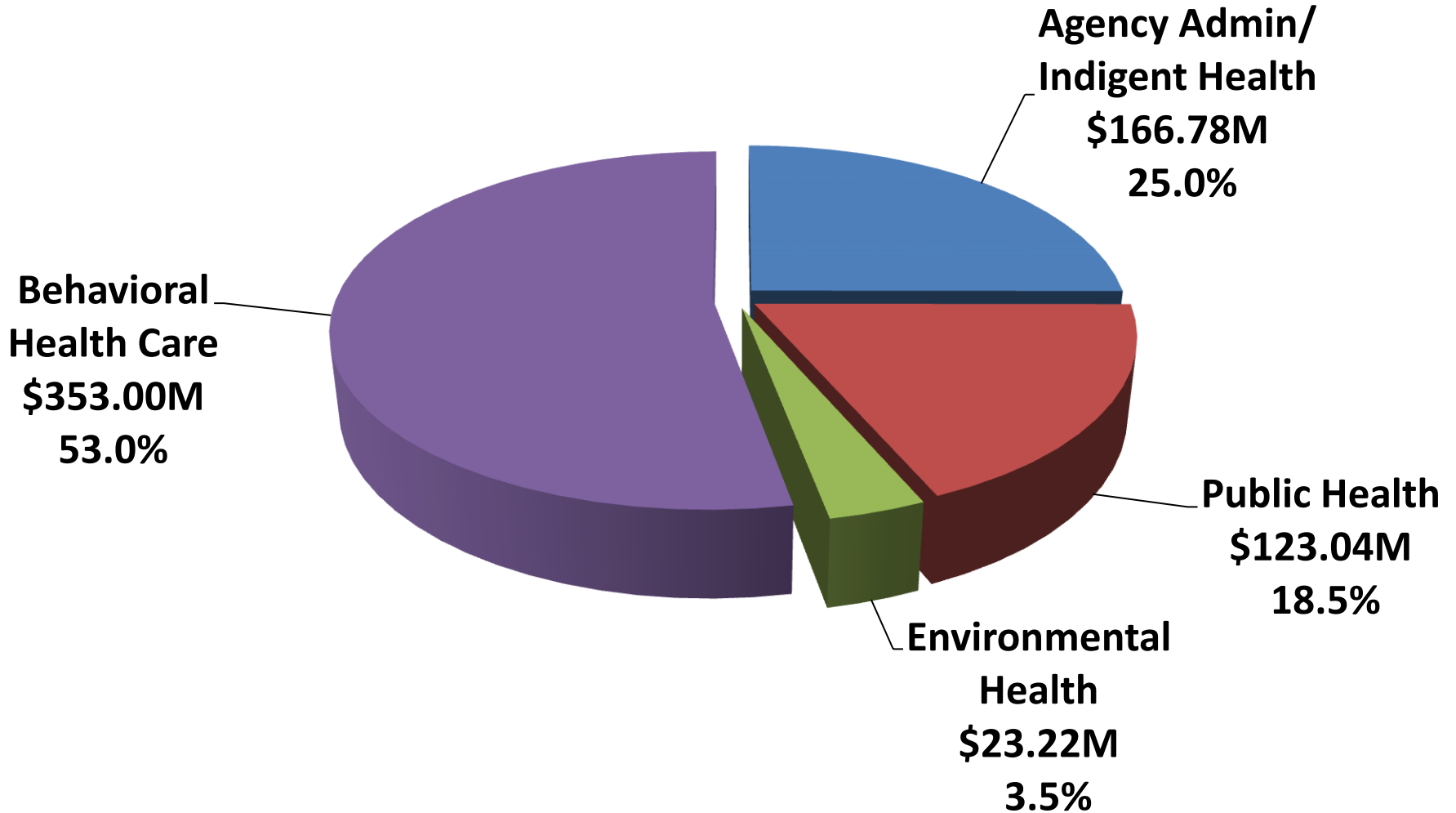
	FY 11/12 Budget	FY 12/13 MOE	Change from FY 11/12 Budget %	Amount
Appropriation	\$613.21	\$666.04	\$52.83	8.62%
Revenue	\$509.97	\$559.43	 \$49.46	9.70%
County General Fund	\$103.24	\$106.60	 \$3.37	3.26%
FTE-Mgmt	438.67	446.08	7.42	1.69%
FTE-Non Mgmt	920.63	930.61	9.99	1.08%
Total FTE	1,359.29	1,376.70	17.40	1.28%

*Includes Vector Control (\$5.54M) & EMS Special District (\$23.17M) = \$28.71M and Measure A (non ACMC) = \$26.51M

Change in FTE: Environmental Health 2.5; Public Health 9.82; BHCS (7.25); Admin/Indigent Health 12.33

HCSA FY 12/13 MOE Budget Summary

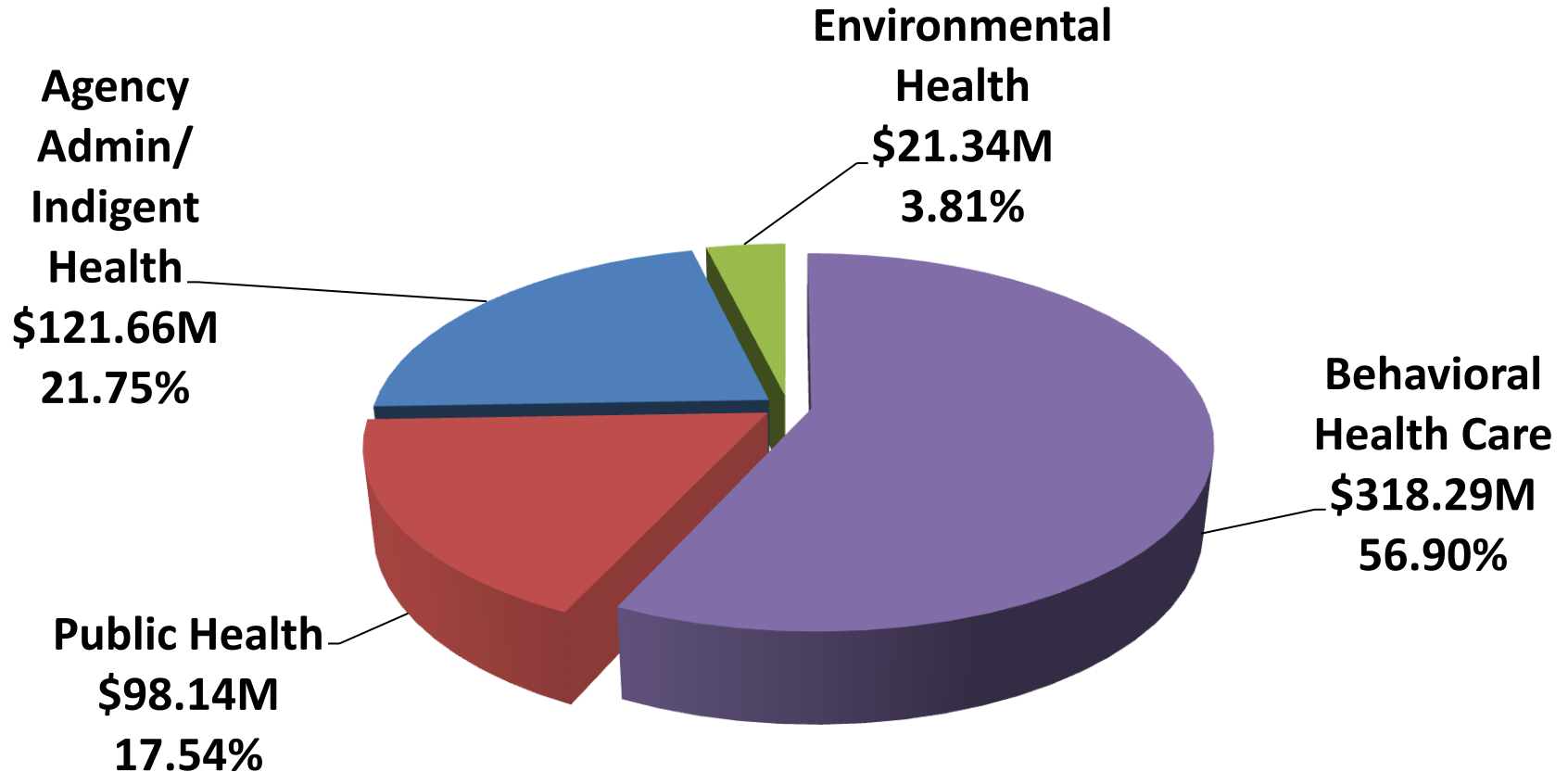
By Department \$666.04M



HCSA FY 12/13 MOE Budget Summary

Revenue by Department \$559.43M

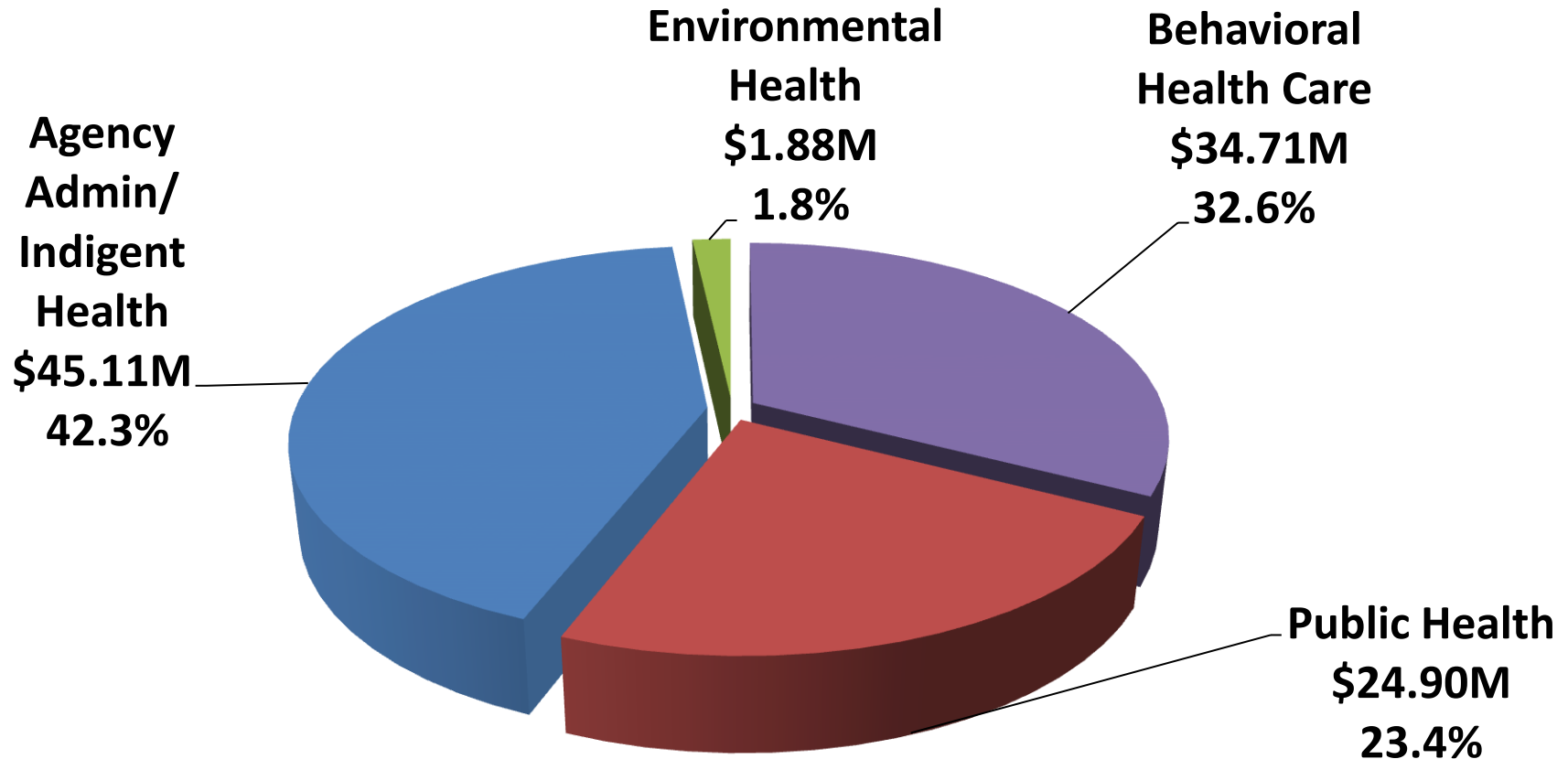
Revenue = 84.0% of Budget



Revenue covers

- 90.2% of BHCS Budget
- 73.0% of Admin/Indigent Budget
- 79.8% of PH Budget
- 91.9% of EH Budget

HCSA FY 12/13 MOE Budget Summary of County General Fund by Dept. \$106.6M CGF = 16.01% of Budget

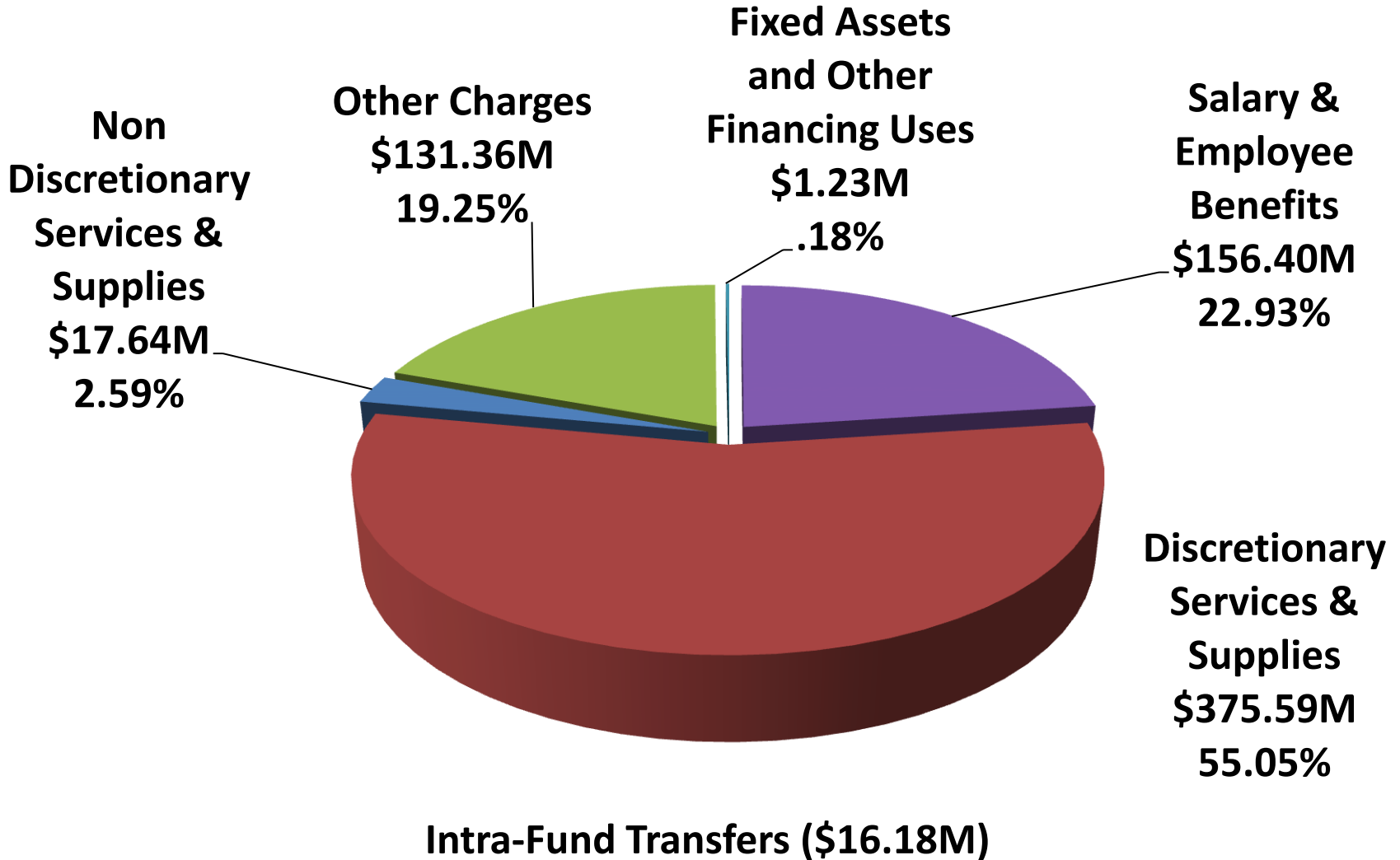


Net County Cost (NCC) as percentage of department budget

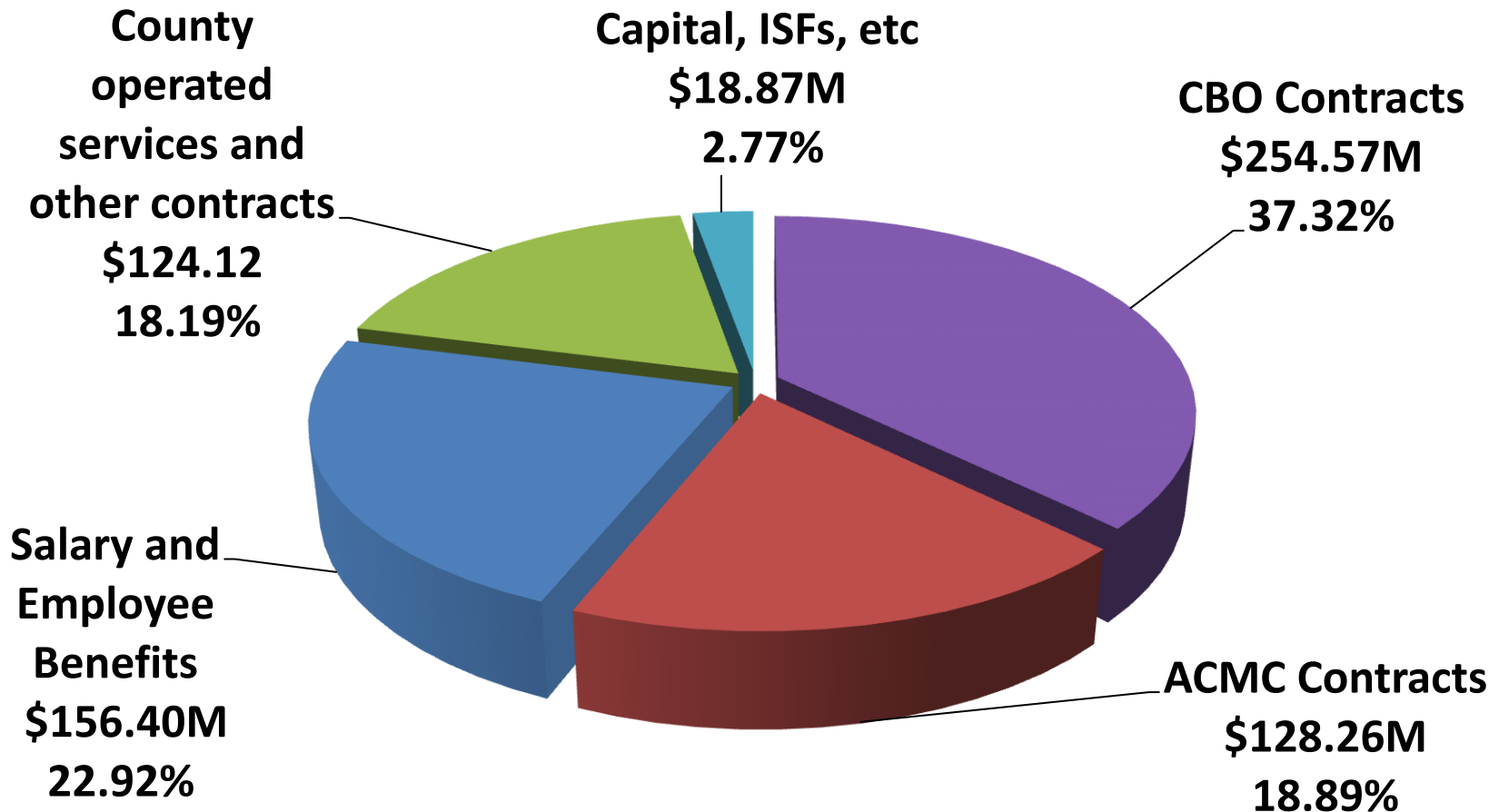
- 10.04% of BHCS Budget
- 29.97% of Admin/Indigent Budget
- 20.76% of PH Budget
- 8.09% of EH Budget

HCSA FY 12/13 MOE Budget Summary

Total Appropriation by Major Object \$666.04M



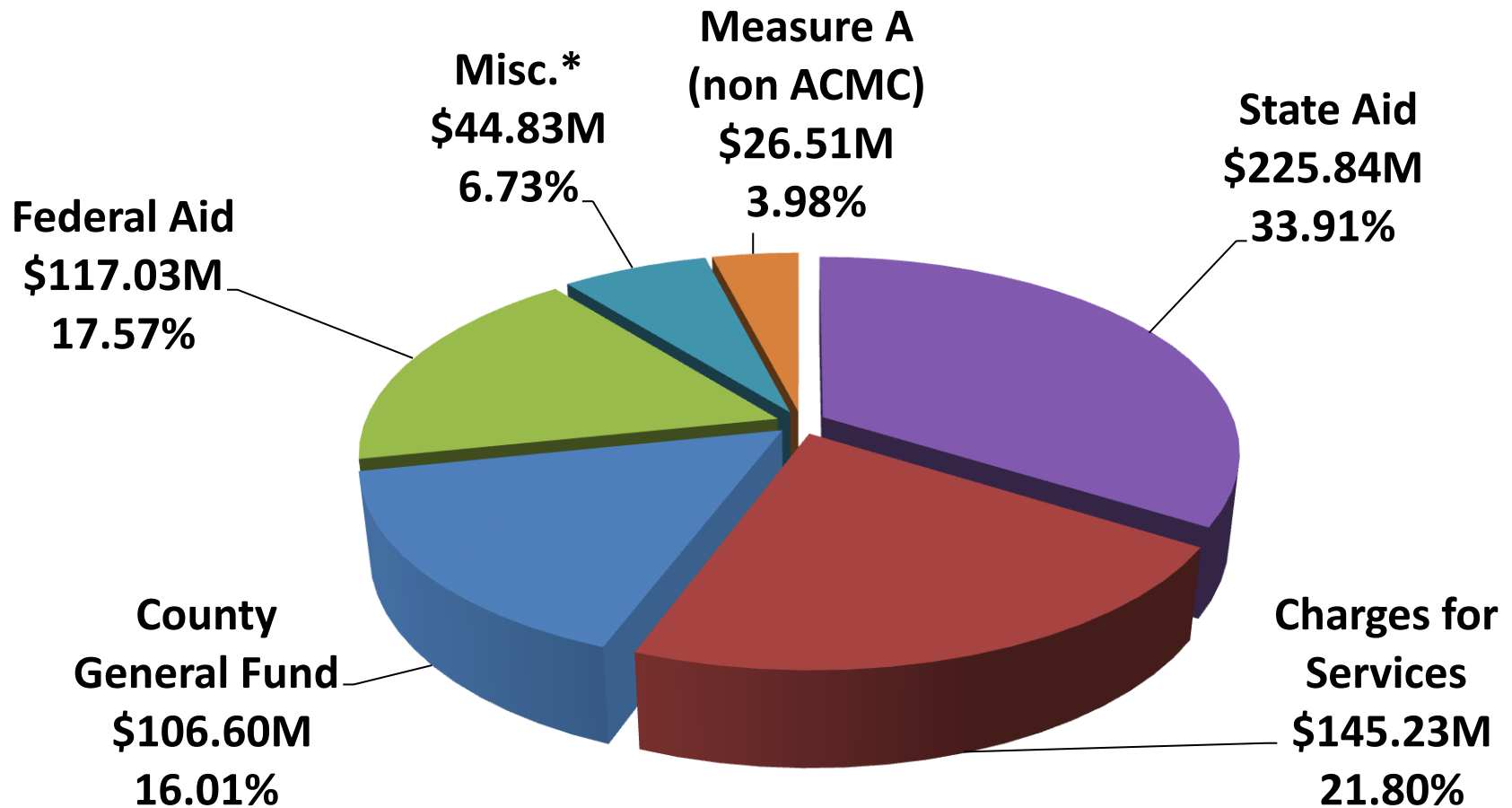
HCSA FY 12/13 MOE Budget Summary by Major Spending Category \$682.22M



*Intra Fund Transfers (\$16.18M)

HCSA FY 12/13 MOE Budget Summary

Sources of Revenue = \$666.04M



*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)

Net County Cost Change	
Salary and Employee Benefits	\$2.66
Increased Internal Service Fund Charges	\$0.38
Loss of one-time TMSF revenue	\$1.02
Misc. revenue increases offset by spending decreases	(\$0.69)
Total	\$3.37

HCSA FY 12/13 MOE Budget Summary

Measure A Revenues & Appropriations

Included in MOE Budget \$26.51M*

<u>BOS Allocation</u>		\$.75M
<u>Admin/Indigent Health Services</u>		\$15.48M
Primary Care CBOs	\$5.01M	
Non County Hospitals	\$4.00M	
Youth and Family Service Hubs	\$2.45M	
School Based Health Centers	\$2.00M	
Community College and Fire Station Health Portals	\$.75M	
Juvenile Justice Medical Services	\$.199M	
Admin/Infrastructure Support	\$.19M	
Health Enrollment for Children	\$.16M	
Health Services – Day Labor	\$.15M	
Direct Medical Support (Oakland)	\$.10M	
Center for Elders Independence	\$.05M	
Fremont Aging & Family Services	\$.05M	
City of San Leandro Senior Services	\$.05M	
Center for Early Intervention on Deafness	\$.05M	
Alameda Boys & Girls Club	\$.025M	
Reserve	\$.25M	

HCSA FY 12/13 MOE Budget Summary

Measure A Revenues & Appropriations

Included in MOE Budget \$26.51M* (continued)

<u>Behavioral Health</u>		\$7.14M
BH AOD Providers	\$0.224M	
Detox/Sober Station	\$2.00M	
Adult CJ Screening/In-Custody Services	\$4.056M	
Juvenile Justice Mental Health Costs	\$0.36M	
MOE Providers	\$0.50M	
<u>Public Health</u>		\$3.134M
PH Prevention Initiative	\$2.784M	
Alameda County Dental Health	\$0.15M	
Alameda County Asthma Start	\$0.10M	
Adult and Aging – SIPP	\$0.10M	

HCSA 12/13

Non-Mandatory does not translate to Discretionary

- **Non-mandatory or overmatch dollars apply to funding level, not the need or demand for services; level of care is based on need or demand, not on choice**
- **After 4 years of no COLA, the structural deficit facing our provider network is exacerbated. Even when provided, COLAs rarely, if ever, are sufficient to meet the real gap in MOE growth**

**Projected Impact of reduction in Nutrition Services Funding -
The State is reducing the program by 70%, effective
October 1, 2012**

- **Impact to clients/Alameda County - *reduction in nutrition education and training to approximately 25,000 low-income, food stamp eligible residents of Alameda County***
- **Impacts to providers – *significant reduction in successful social marketing initiative designed help providers promote healthy, active living, reduce chronic disease, and improve long term health***
- **Impacts to program services – *significant, however, the scope of work for the remaining funds has not been defined***

Projected Impact of reduction in State budget through Realignment of Early Periodic Screening Diagnosis and Treatment (EPSDT)

- **Impact to clients/Alameda County – *Impact to clients unknown at this time, could be significant, allocation set on 08-09 utilization levels, additional county funding required to maintain 10-11 utilization levels***
- **Impacts to providers – *Provider contracts will need to be reduced based on actual utilization***
- **Impacts to program services – *Limited growth opportunities despite demonstrated need and federal entitlement to medically necessary services***

Human Impacts of Funding Reductions

- Projected Impact of reduction in State budget through migration of Healthy Families clients into Medi-Cal coverage**
- **Impact to clients/Alameda County – *Approximately 22,000 children, about 9,000 in the Alliance, would lose Healthy Families coverage and be moved on to Medi-Cal coverage***
 - **Impacts to providers – *Additional demand with capped funding will limit opportunities for provider expansion***
 - **Impacts to program services – *Adding these children to Medi-Cal could strain the HCSA budget given the County's new responsibility for EPSDT mental health growth***

Human Impacts of Funding Reductions

- Projected Impact of reduction in State budget through change in the income threshold for CCS Eligibility Medical Therapy program; there is currently no income requirement**
- **Impact to clients/Alameda County – *Approximately 32% - 40% of current children would no longer be eligible, potentially eliminating or disrupting care to hundreds of medically fragile children***
 - **Impacts to providers – *Potentially forces closure of one of the seven county Medical Therapy units***
 - **Impacts to program services – *Potential county layoffs may be avoided based on current vacancies but outcome is not clear.***

HCSA Major Initiatives/Accomplishments

- 1. In FY 11/12, HCSA closed a budget gap of \$34.1M through**
 - **Elimination of 12.08 FTEs**
 - **Reduction of selected programs**
 - **Redesign of MHSA programs**
 - **Shift of Measure A revenues to cover primary care health services**
- 2. Maintaining a balanced budget in FY11/12 has required:**
 - **Holding vacant funded positions unfilled**
 - **Across-the-board hiring restrictions for positions funded with County General Fund revenue**
 - **Reduction of non-essential expenditures**
 - **Setting early and aggressive departmental reduction targets in preparation for FY 12/13**

HCSA Major Initiatives/Accomplishments

(cont'd)

- 3. Despite the challenge of ending FY 11/12 in balance, we were still able to:**
 - Implement the Low Income Health Program (LIHP) called HealthPAC, the State program serving as a bridge to health care reform. HealthPAC will bring in \$40 million in new revenue in FY11-12**
 - The Health Program of Alameda County (HealthPAC) now has**
 - customer service, which helps improve the service provided to clients**
 - a single HealthPAC formulary, and**
 - an established set of HealthPAC Policies and Procedures**

HCSA Major Initiatives/Accomplishments

(cont'd)

- **Alameda County is the only county in the State to meet our LIHP/HealthPAC enrollment target for Year 1 because of One-e-App, our web-based eligibility and enrollment system, and by establishing a process to transfer data from General Assistance applications and BHCS applications into the One-e-App application**
- **Increase access to behavioral care by providing incentives to primary care to provide behavioral health services.**
- **Continue the expansion of school-based health centers from 14 to 18, with an additional six centers in development.**

HCSA Major Initiatives/Accomplishments

(cont'd)

- **Continue implementation of *HCSA Convergence*, an effort to increase effectiveness through better cross agency collaboration and integration of programs and business processes, including**
 - **Consolidated lines of reporting in HCSA Finance**
 - **Consolidated Human Resources functions within Agency Administration**
 - **Received approval for start-up of the Trust Clinic, a BHCS/PHS collaboration to provide health services and SSI advocacy to homeless and disabled clients**

HCSA Major Initiatives/Accomplishments

(cont'd)

HCSA Convergence (continued)

- **Began implementation of a cross-agency finance software interface that will be used by all four HCSA departments.**
- **Began billing for PHD FQHC services through a BHCS billing unit, with the support of a cross-agency work group engaged in FQHC revenue maximization activities.**
- **Began design of an automated contract management software tool that will streamline the procurement, contract development and contract management processes within the agency**

HCSA Major Initiatives/Accomplishments

(cont'd)

- **Engaged in the first two rounds of the Innovations Grant processes, including Phase I providing funding to non-traditional providers to examine new and innovative ways to provide services, and Phase II providing funding for learning objectives to provide more effective and culturally responsive services for African-Americans**
- **Opened the Gail Steele Wellness and Recovery Center in Hayward to include the South County Crisis response Team, the Family Education and Resource Center, and the Geriatric Assessment Center, among other services**

HCSA Major Initiatives/Accomplishments

(cont'd)

- **Implemented a behavioral health integrated medical home project with Lifelong Medical Clinic at the BHCS Oakland Adult clinic**
- **Implemented Mental Health consultation services, county-wide, in school districts through MHSA Prevention and Early Intervention funding**
- **Managed the transition from AB3632 to ERMHS, ensuring that no child's service was disrupted, improving relationships with school districts, and developing a sustainable funding model for the services**

HCSA Major Initiatives/Accomplishments

(cont'd)

- **Converted the County Emergency Medical Services 911 response services to a new provider and dispatch methodology (MPDS) - Paramedics Plus**
- **Started a new Emergency Medical Technician training program through Emergency Medical Services: *the EMS Corps***
- **Trained 10,697 seventh graders in 38 middle schools countywide in the life-saving skill of CPR through the EMS CPR 7 program**

HCSA Major Initiatives/Accomplishments

(cont'd)

- **Master Gardener Volunteers, through the EHD Cooperative Extension program, reached 14,351 people and donated 7,066 hours. Residents learned about drought resistant plants, edible gardens, reduction of pesticides, and production of healthy food**
- **8,300 children in K-12 schools learned about food/agriculture and school meals connection**
- **Vector Control inspected 8,668 sanitary sewer manholes in Alameda, Emeryville, Oakland, Piedmont and San Leandro, and placed in sewer systems 1,893 treatments to control rodents**

HCSA Major Initiatives/Accomplishments

(cont'd)

- **For the third year in a row, Alameda County's Public Health Emergency Preparedness program scored one of the highest in the state and nation on the Strategic National Stockpile (SNS) Technical Assistance Review Tool, and the program also received recognition from the State of California for Innovative Approaches to Reaching Target populations for H1N1 vaccinations**
- **Assist in stabilizing the public/private acute hospital system through pursuit of additional Federal funds through IGT, for ACMC, St. Rose Hospital, CHRCO, Eden Medical Center and**
- **Assist in developing new hospital service delivery collaborations in order to maintain services for low-income and Medi-Cal residents.**

HCSA Major Initiatives/Accomplishments

(cont'd)

- 4. As in years past, the vast majority of this was accomplished through:**
 - Aggressive leveraging strategies and pursuit of non-traditional revenues**
 - Working collaboratively with other city and county departments/ agencies**
 - Working collaboratively with our community-based partners**
 - Promoting systems that are sustainable and reflect commitments to best practice**

HCSA Challenges

- **Agency structural deficit requires consolidation of programs, services, and infrastructure**
- **State's implementation of new Short/Doyle 2 claiming system resulting in reimbursement delays**
- **Acute hospital seismic compliance**
- **Structural challenges facing service delivery systems**

Health Care Services Agency FY 12/13 Budget Presentation

Questions