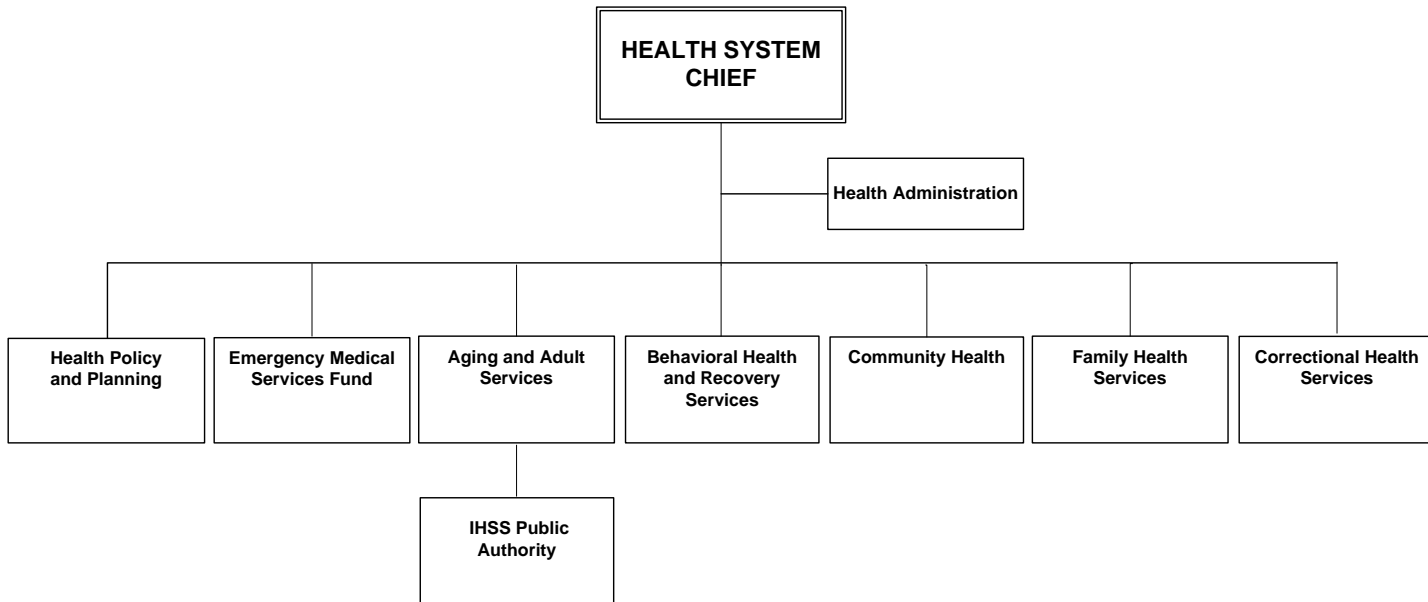


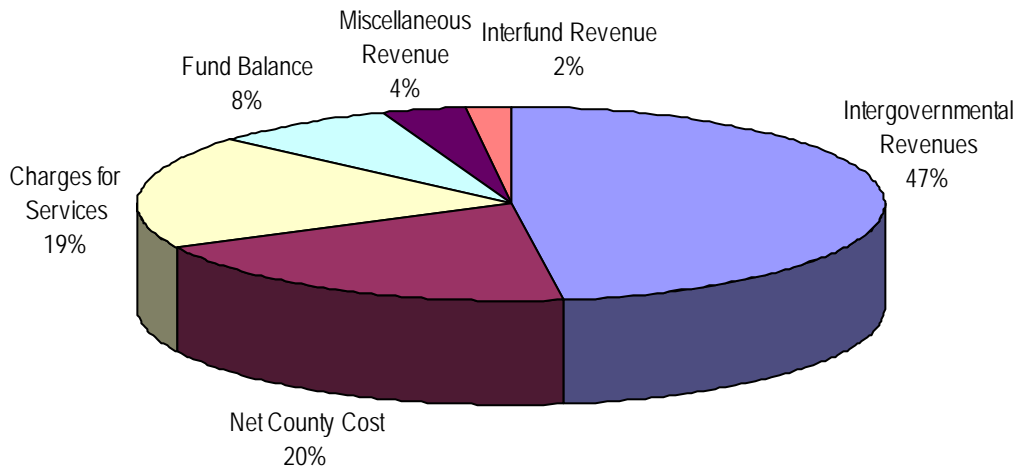
## HEALTH DEPARTMENT\*



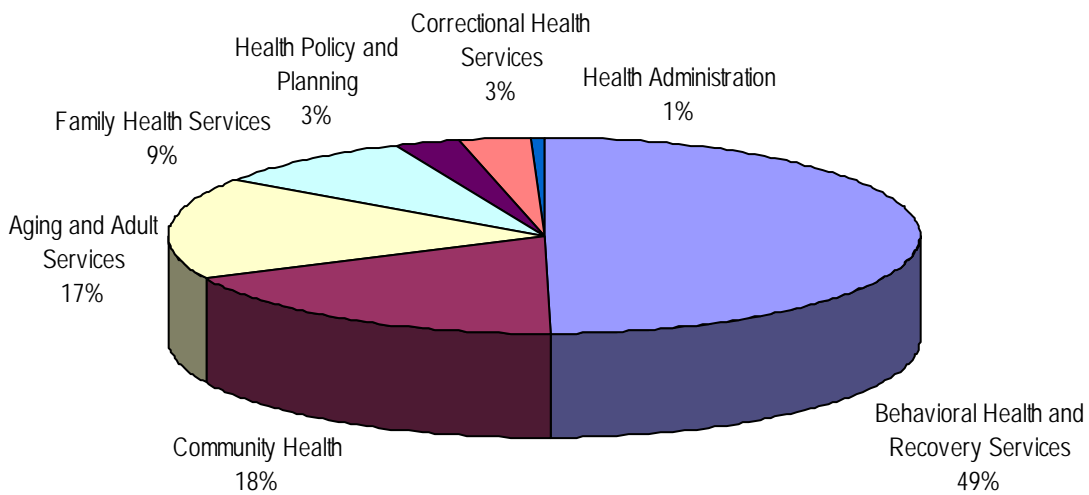
\*The Health Department and San Mateo Medical Center consolidated in July 2008. The consolidation will be reflected in the FY 2010-11 / 2011-12 Budget.

# Health Department

## FY 2009-10 Recommended Sources



## FY 2009-10 Recommended Requirements



Department Locator

County

Healthy Community

- ▷ **Health System-Health Department**
- Health System-San Mateo Medical Center
- First 5 San Mateo County
- Sheriff's Office
- Message Switch
- Probation Department
- District Attorney / Public Administrator
- Private Defender Program
- County Support of the Courts
- Grand Jury
- Coroner's Office
- Public Safety Communications
- Fire Services

Department Mission Statement

The mission of the Health Department is to build a healthy community and increase the longevity and quality of people's lives by: protecting the public health of all residents and the environment; providing physical and mental healthcare and protective social services; ensuring emergency response; and engaging the community in key health issues.

Health System Consolidation

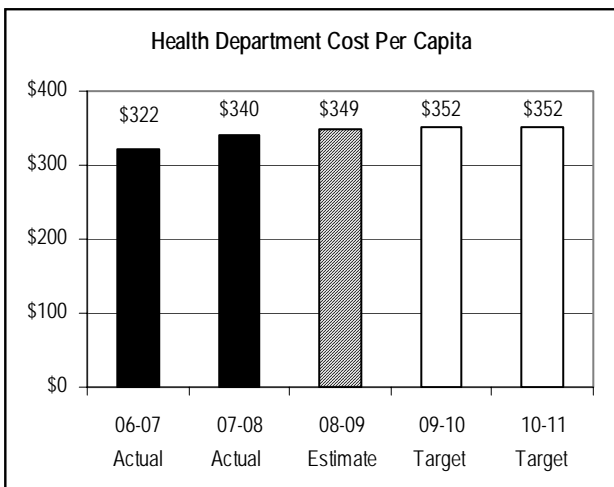
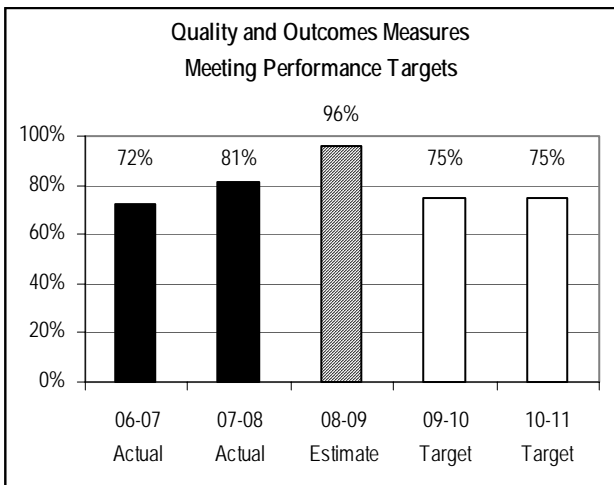
A consistent and widely shared goal among internal and community health leaders is for the County to play a leadership role on local health issues, and leverage its considerable, existing assets in a unified and coordinated manner. This approach must consider the full range of health issues facing the community and embrace roles that range from assessment and community engagement to implementation and delivery of services to a population with complex needs. The County's health responsibilities include both public health functions aimed at protecting the health of the entire San Mateo County population and healthcare delivery system functions oriented toward serving targeted vulnerable populations. In July 2008, in order to align organizational structure with the described functions, the Board of Supervisors created the position of Health System Chief and consolidated health functions under this leadership position. The Health System Chief is responsible for the San Mateo Medical Center (SMMC) and former Health Department, including the newly created Community Health Division. Singular accountability for this range of functions will assist the County and community in finding opportunities for connecting and integrating approaches across health disciplines and working collaboratively. The Health System's work will be guided by a strong emphasis on prevention.

The new Health System Chief assumed responsibilities in mid-January 2009. During that same timeframe, joint processes were initiated across the Health System. Accordingly, the following department overview represents the work of the Health Department (July 2008-January 2009), as well as the initial development of the Health System. For FY 2009-10, the SMMC will have a separate overview. In FY 2010-11, the Department Overview from the prior Health Department and SMMC will be consolidated to represent the full breadth of the entire Health System. The vision is that full alignment of County health functions will enable the County to strategically invest in the prevention and community capacity building work that will ultimately influence disease prevalence and community healthcare needs.

Contributions to Shared Vision 2025  
(Fiscal Years 2000 – 2008)

**HEALTHY COMMUNITY:** Our neighborhoods are safe and provide residents with access to quality health care and seamless services.

Department Measures



- **Engaging and Partnering with Communities—Mental Health Services Act (MHSA)**

Received state approval for MHSA ("Proposition 63") plan focused on promoting wellness, resilience, and equity in expanding mental health services to unserved and underserved seriously mentally ill adults, older adults, and seriously emotionally disturbed children and youth. Implemented: Pathways mental health court and related services program; an initiative to improve services to individuals / families with co-occurring mental health and substance use disorders; intensive wrap around services for children, youth, adults, and older/medically fragile adults; expansion of primary care-based services; and hiring of linguistically and culturally diverse community workers, both consumers and family members. Received San Mateo County 2007 STARS Award for an East Palo Alto-focused initiative that created "same day access" for services to clients. Integrated planning for expanded permanent housing resources for the people served through these initiatives with the County's Housing Our People Effectively (HOPE) process. Completed a broad prevention plan for all client groups. Secured \$7,358,200 million in state funding and leveraged an additional \$2.9 million in other revenues to fund these efforts.

- **Engaging and Partnering with Communities—Healthy Communities San Mateo**

Continued community engagement progress on *Healthy Communities San Mateo: A Community Health Improvement Initiative to Eliminate Health Disparities*, which was launched with Board of Supervisors leadership by the Health Disparities Summit in May 2004. The three areas of initial focus included prevention of childhood obesity, substance abuse prevention, and linguistic access to healthcare. Three initial planning documents were completed with broad-based community support and BOS adoption: *Blueprint for Prevention of Childhood Obesity*, *Roadmap for Alcohol, Tobacco and other Drug Prevention*, and; *Linguistic Access Study*. Specific milestones include: worked with community partners to develop *Get Healthy San Mateo County* as a new name for the prevention of childhood obesity that communicates the key goals of this effort; worked with the County Office of Education and Kaiser Permanente to initiate a new resource for schools to improve access to healthy food and physical activity; leveraged Health System's role as a food provider to revamp food choices for key target populations, including young people served at the Youth Services Campus; launched two clearinghouse websites highlighting local innovations at [www.getthehealthysmc.org](http://www.getthehealthysmc.org) and [www.yspacesmc.org](http://www.yspacesmc.org); initiated healthy built environment activities in six planning processes across the county; and launched the County Built Environment Workgroup in partnership with the Department of Housing, Parks, Planning and Building, and Public Works; developed a Request for Proposals for Alcohol and Other Drug (AOD) Prevention services that redirected AOD resources to community based prevention efforts.

- **Engaging and Partnering with Communities—Aligning Resources and Partnerships Around the Food System**

Engaged leaders from agriculture, business, and the coasts community to effectively and holistically integrate public health functions related to pesticide control, food safety, and weights and measures. Leveraged new partnerships to strengthen and further disseminate the San Mateo County "As Fresh As it Gets" campaign aimed at promoting locally harvested fruits and vegetables, floral products, and seafood as a strategy to encourage healthy eating and a sustainable, local food system. Specific events include annual awards for community chefs and local restaurants and the development of a label to identify locally produced food. The County invests \$82,500 to support this campaign.

- **Building Internal Capacity—Development of Community Health Division**

The Community Health Division was created in July 2008 to better align core population health functions. It includes a mix of regulatory functions and clinical services aimed at protecting and promoting public health, and integrates core population-focused health services of Agricultural Commissioner / Sealer, Public Health, Emergency Medical Services, and Environmental Health. The integration of these functions provides for deeper capacity in disaster preparedness, stewardship of environmental resources, and service delivery to the most vulnerable clients.

- **Building Internal Capacity—Strengthening Operating Policies and Procedures**

Developed and implemented key department-wide efforts to strengthen capacity for improving health and wellness, moving planning activities towards a prevention framework, and serving a diversity of clients. Key milestones include: The adoption of a Departmental Wellness Policy that guides decisions regarding food served at Health System-sponsored meetings; Adopted Health System-wide standards and policies including training of all staff to improve access to services for Limited English Proficient (LEP) clients, related processes also included development of a staff resource portal; launching of the Diversity Film Series and further growth of the Behavioral Health and Recovery Services (BHRS) Cultural Competence Committee, African American Roundtable, PRIDE Initiative and Latino Initiative and; completion of staff training on the root causes of health disparities.

- **Building Internal Capacity—Health Client Data Store**

Completed the first iteration in development of a new, integrated data warehouse that will enable uniform reporting and program monitoring across multiple Health System programs. An investment of \$2,070,000 to develop this system is funded through Health System reserves. This is a key element of the Department's Information Technology Strategic Plan (ITSP), which was approved by the BOS in 2005.

- **Improving Access and Services—Healthier Outcomes through Multidisciplinary Engagement (HOME) Team Initiative**  
 Began the HOME Team Initiative in Fall 2006 as a partnership involving San Mateo Medical Center, the Human Services Agency, Health Plan of San Mateo, the Health System, and Silicon Valley Community Foundation. Secured a \$100,000 grant to support this effort aimed at improved health outcomes and reduced costs for clients who frequently rely on the emergency room for care. Invested a total of \$350,000 from the Health System and Human Services Agency resources to launch a multidisciplinary team focused on this population. Received an additional \$25,000 in support from the San Mateo Health Foundation in 2008 to secure a dedicated shelter bed for clients who lack housing. The Healthier Outcomes through Multidisciplinary Engagement Team was recognized as a 2008 STARS Awards recipient for excellence in program performance.
- **Improving Access and Services—Emergency Medical Services (EMS) Redesign**  
 Worked with more than 100 stakeholders including cities, fire service, hospitals, EMS personnel, and consumers to redesign expectations for the County's first response and emergency ambulance services. This work resulted in an Request For Proposals aimed at ensuring the availability of timely and high quality first response and emergency services to the County's diverse geographies and socio-economic groups, in addition to adding new tracking and quality management measures that will enable optimal effectiveness.
- **Influencing Systems and Policy—Community-wide Disaster Preparedness**  
 Continued focus, in partnership with many countywide internal and external organizations, on disaster response and preparedness, integrating experiences from Severe Acute Respiratory Syndrome (SARS), West Nile Virus, and bioterrorism planning to develop a comprehensive Pandemic Flu Preparedness and Response Plan. Worked with a multi-sector group including County departments, schools, businesses, cities, faith- and community-based organizations, vulnerable populations, courts, law enforcement, transportation, and healthcare providers to prepare sector-specific Pandemic Influenza response plans. Conducted a countywide Pandemic Influenza exercise with the community to identify gaps in the plans. Participated in follow-up tabletop exercises focused on pneumonic plague, Bio Watch, and Botulism with special emphasis on communication, coordination and messaging. Disseminated 75,000 pieces of educational material titled *The Influenza Home Care Brochure and Guide to Flu Prevention: A Guide for Group Homes and Other Residential Settings* to staff, board and care facilities, and the public. Trained 202 Health System staff in "Incident Command System" training and involved over 1,100 community members in testing this system.
- **Influencing Systems and Policy—Health Insurance/Coverage Expansion / System Redesign**  
 Continued statewide leadership on the issue of expanding access to health insurance through the Children's Health Initiative (CHI), which aims to provide universal access to health insurance for children in San Mateo County. Results to date include enrollment of more than 6,300 children in the Healthy Kids program that was created in 2003, as well as increased participation in other public health insurance programs for which children are eligible. Overall uninsurance rates for children have been reduced from 9.1% to 1.4% between 2003 and 2007. Even with more restrictive enrollment processes implemented by the state, San Mateo County maintains one of the highest retention rates for children in public programs.

Continued focus on addressing barriers to healthcare access by completing an 18-month BOS-led Blue Ribbon Task Force (BRTF) on Adult Health Care Coverage Expansion planning process. The BOS accepted preliminary (July 2007) and final planning phase (May 2008) recommendations from the BRTF that establish a shared vision for universal health coverage for adults in the county. The County invested \$300,000 over two years to support planning and research, with an additional \$815,500 secured from private foundation grants. An additional \$21 million over three years was awarded through the State Coverage Initiative competitive application process. This funding has allowed new coverage to nearly 5,000 county adults. Under the County Manager's leadership, and in partnership with San Mateo Medical Center and the Health Plan of San Mateo, a two-year Health System Redesign Initiative was initiated and implemented that aimed at developing and implementing a sustainable and creative approach to healthcare delivery that incorporates key recommendations of the BRTF and a BOS-accepted assessment of strategic priorities.
- **Influencing Systems and Policy—Community Data Dissemination**  
 Worked with diverse, cross-sector partners to release key data reports aimed at informing policy and program development. The BOS accepted *Children in our Community: A Report on Their Health and Well-Being* in November 2007. The Health System supported the Healthy Community Collaborative of San Mateo County's release of the *Health and Quality of Life of San Mateo County Assessment* in March 2008. Completed a study of the aging of the county population in partnership with the Department of Housing, SamTrans, SMMC, and HPSM that created a dynamic planning and projections model. The BOS adopted this model as a primary tool for program planning and policy development in October 2007. Developed four policy briefs based on data from the aging study including: model overview; socio-demographics of the aging Baby Boomers; housing issues, and; health care issues. Invested \$300,000 to create this model and planning tool.

## Major Accomplishments in FY 2008-09

### HEALTHY COMMUNITY

#### Engaging and Partnering with Communities

- Collaborated with the San Mateo County Youth Commission to develop policy level recommendations that accompanied the Peninsula Partnership Leadership Council Bill of Rights for the Children and Youth of San Mateo County, which was adopted by the BOS in October 2008
- Implemented key Mental Health Services Act Initiatives related to community engagement and outreach to diverse and underserved populations, including contracting with community based organizations to provide outreach and linkage of underserved communities through the North County Outreach Collaborative created in late summer 2008, and contracting for wellness and recovery and behavioral health consumers and family members in East Palo Alto
- Met key milestones in preventing childhood obesity by launching two healthy eating and active living clearinghouse websites in collaboration with over 75 community partners. Web addresses [www.gethealthysmc.org](http://www.gethealthysmc.org) and [www.yspacesmc.org](http://www.yspacesmc.org) are the first clearinghouse sites dedicated to local information and materials for parents, educators, health professionals, youth and policy makers
- Facilitated Working Group to Improve Health and Social Services to Pescadero with participation from County and Pescadero organizations, which has resulted in a collaborative workplan, early improvements and submission of a funding proposal to a private foundation

#### Building Internal Capacity

- Adopted two policies to improve linguistic access to services for Limited English Proficient (LEP) clients: 1) no use of minors and careful use of family members for interpretation; and 2) mandatory notification of a right to interpretation services for clients. This included completion of a competitive RFP process for interpretation and translation services, training of over 1,000 Health System employees, and development of new resources and materials for staff to succeed in implementing the policies
- Aging and Adult Services successfully implemented the Uniform Assessment Tool pilot project in accordance with AB 786 and to strategically contribute to the county's progress on an integrated, comprehensive, and truly client-centered Long-Term care system

#### Influencing Systems and Policy

- Completed four policy briefs using data from the Aging 2020-2030 Model adopted by the Board of Supervisors (BOS) in October 2007. The briefs were presented at over 50 community forums and included partnership with the Department of Housing and SamTrans
- Strengthened the Health System's capacity for disaster preparedness by training 202 employees in Incident Command and enlisting participation of 1,100 people in various exercises in

communications, mass vaccination, and incident management. The Silver Dragon exercise completed in March 2009 included 10 fire districts and 500 participants. San Mateo County's use of the California Health Alert Network (CAHAN) was ranked #2 in the state based on number of registrants and test activity

- Implemented year one of the BOS-approved vision to expand health coverage as well as the Health System Redesign Initiative aimed at creating a more efficient and effective healthcare system for the uninsured and publicly insured. This work furthers the vision and recommendations of the BOS-led Blue Ribbon Task Force

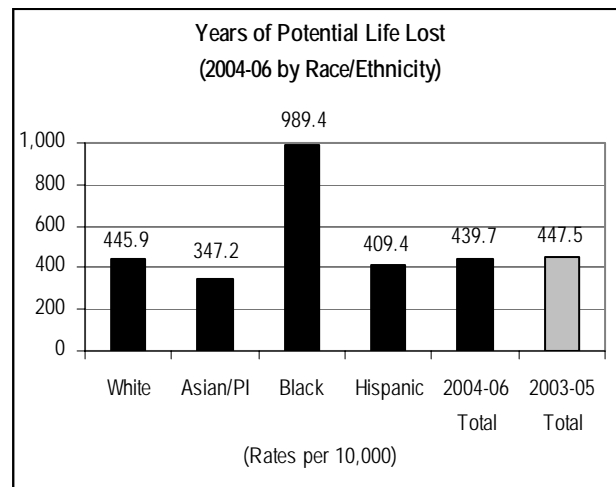
#### Improving Access and Services

- Aging and Adult Services in partnership with SMMC successfully negotiated, collaborated, and implemented the Meals on Wheels program in the north and central county regions to ensure continuity of services and align with the vision of the County to help vulnerable people achieve a better quality of life
- Implemented year two of the Healthier Outcomes through Multidisciplinary Engagement (HOME) Team program to provide comprehensive case management to frequent users of the San Mateo Medical Center Emergency Department (ED) in order to improve health outcomes and reduce ED visits. The HOME Team was awarded a San Mateo County STARS Award for excellence in program performance as a result of successfully reducing ED use among more than half of the HOME Team clients by 50%
- In partnership with the Women's Recovery Association, Behavioral Health and Recovery Services implemented a pilot project that more appropriately aligns the necessary alcohol and other drug treatment and recovery support for women for a minimum of one year
- Using the recommendations of a one-year stakeholder collaborative process, completed a Request for Proposals process and negotiated contract with the selected contractor for countywide emergency and ambulance services
- Expanded behavioral health services provided through primary care through a partnership with Ravenswood Family Health Center

#### Major Issues to be Addressed

- **Poverty and Disparities**—the Department must continue to thoughtfully address pressing long-term health issues that are rooted in communities and reflect many underlying factors linked with poverty and disparities, while also addressing day-to-day imperatives of ensuring basic health and safety and assisting vulnerable people to achieve a better quality of life
- **Chronic Disease**—it is recognized that chronic diseases, including mental illness and addiction to alcohol, tobacco, and other drugs take an enormous toll on the community; categorical funding and resulting programmatic limitations make it challenging to address such issues with a public health perspective targeting behavior and community change

- **Disaster Preparedness and Threat of Pandemic Influenza**—international and national research continues to emphasize the need for substantial attention toward activities related to preparing local government and the community for the possible spread of Avian Influenza. These efforts will address basic individual / family health and safety, as well as potential interruptions of vital government and business functions that may follow an outbreak in the community. These efforts will also provide an opportunity to address implications for the threat of other man-made and natural disasters that require continued attention
- **Increasing Healthcare Costs**—the federal government projects that healthcare costs will increase by an average of more than 7% per year until 2015, with even greater increases expected for public healthcare spending. These cost pressures will strain existing systems as public funding sources are expected to remain relatively flat
- **Healthcare Access Barriers**—increasing healthcare costs, the size and composition of the primary care workforce, and changing population demographics have resulted in barriers to healthcare access for children and adults, both locally and beyond. Sustained improvement in population health is hampered by these challenges
- **Workforce Capacity and Diversity**—the Department must continue to invest in a workforce that is aligned with the diversity of the communities being served and recognizes the need for differing health approaches for the county's diverse communities
- **Major Demographic Shifts**—significant changes in healthcare needs are anticipated as the population ages. It is necessary to think strategically regarding how best to anticipate and plan for needed systems changes
- **Anticipated Reforms and Strains in the Criminal Justice System**—state and local reforms and actions targeting the criminal justice system have major implications for healthcare and behavioral healthcare systems, costs, and workforce capacity. Local efforts, such as expansion of the *Choices* substance abuse treatment program to promote successful reentry of inmates and the Mentally Ill Offender Crime Reduction (MIOCR) program for women offenders, begin to anticipate these challenges but it is clear that further changes in the criminal justice system will affect the need for resources and support within health systems
- **Community Capacity**—there is a need to be mindful of the community's capacity to address priority health issues and how best to partner with the community in promoting health and well-being, including the community's level of preparedness for a disaster. The recession facing the country strains the vitality of community based organizations that play a role in sustaining a healthy community
- **Data-Informed Practices**—the Department will be challenged to keep up with the vast amount of "best practice" and "evidence-based" research that emerges on health issues and incorporates the findings most relevant for the community, its assets, and its needs
- **Critical Infrastructure**—there is a need to invest in critical infrastructure (space, information technology, seismically sound buildings) necessary to support the many programs and initiatives for which the Health System is responsible
- **Public Healthcare Policy**—state and federal policy-makers must continually be informed of County efforts to innovate and pilot community based solutions for building a healthy community. As the spectrum of public health expands to include elements of land use / planning and sustainable agriculture, new public policy approaches must emerge



## Key Department Initiatives

### 1. Engaging and Partnering with Communities: Healthy Communities San Mateo

#### Alignment to Shared Vision:

- Healthy Community

#### Major Issues to be Addressed:

- A growing body of research shows that many U.S. population groups, including racial and ethnic minority groups such as African Americans, Hispanics / Latinos, Asian Americans, American Indians, Alaska Natives, and Pacific Islanders, as well as some geographic and / or socioeconomic groups such as low-income and rural populations, experience a disproportionately high burden of disease and mortality
- San Mateo County exhibits these same trends in health disparities, and reducing them requires concerted actions across a wide range of factors including place, partnerships, and addressing the social determinants of health such as education, inequality, income, and community power
- Research and practice have affirmed the important roles that communities play in shaping health outcomes through family and peer supports, social and cultural norms, built environment characteristics, transportation systems, food systems, and other factors that are rooted in communities

**Goals:**

- Reduce health disparities
- Engage the community in addressing the social determinants of health

**Objectives:**

- By 2010, reduce levels of childhood overweight from 25% to 20%
- By 2010, reduce proportion of youth using alcohol, tobacco, and other drugs from 26% to 21%
- Increase primary prevention activities in communities experiencing the highest burden of disease and mortality
- Follow-up on recommendations heard from communities during Mental Health Services Act planning through focused efforts to improve access to mental health services, initially focusing on partnerships with at least two ethnic communities in the county

**Major Milestones:**

- Continue community engagement in implementation of communitywide plans to prevent childhood obesity among other chronic diseases and substance abuse
- Implement key recommendations from internal assessment to promote youth development aimed at strengthening approaches across Health System programs
- Disseminate findings and identify local program and policy implications from the locally created model that projects the impact of the aging of the population for San Mateo County's healthcare, housing, and transportation planning
- Implement community access and engagement initiatives in two areas of the county—Daly City / South San Francisco and East Palo Alto / Menlo Park—to improve access to mental health services for underserved ethnic communities within the county
- Assist community partners in refining Pandemic Influenza plans and developing the institutional learning required to make these plans effective
- Build on Department work in analyzing geography and school links represented by contracts for services targeting children and families by linking findings and follow-up recommendations with work of other County departments

**County Partners:**

- Human Services Agency
- San Mateo Medical Center
- Health Plan of San Mateo
- First Five of San Mateo County
- Human Resources Department
- Department of Housing
- Parks Department
- Planning and Building Department
- SamTrans
- County Office of Education

**FY 2009-10 Budget Impact:**

In addition to the 8.0 FTE staff in Health Policy and Planning who will continue to lead and coordinate these efforts, existing resources across System divisions are being redirected toward this initiative. This work is being conducted in partnership with several county and community organizations.

## 2. Influencing Systems and Policy: Health System Redesign / Chronic Disease Model of Care

**Alignment to Shared Vision:**

- Healthy Community

**Major Issues to be Addressed:**

- Increasing prevalence of chronic disease
- Demographic shifts indicating a 72% increase in the older adult population over the next 10-15 years
- Balance current needs that exceed available resources with the legitimate needs of future populations
- Continued escalation in the cost of delivering healthcare services
- Significantly higher rates of chronic medical disease among clients with a mental health diagnosis than other publicly insured adults

**Goals:**

- Improve access to services and care, with a concentrated focus on preventive services
- Improve management of chronic disease across systems to ensure efficiency and effectiveness in care coordination and targeting of medical resources

**Objectives:**

- By 2011, design and implement a sustainable and creative approach to healthcare delivery that incorporates key recommendations of the Health Management Associates Phase 2 Final Report and the recommendations of the Blue Ribbon Task Force
- Decrease Emergency Department, and higher levels of care use
- Increase linkages between delivery of mental health, primary care and community-based services

**Major Milestones:**

- The Board of Supervisors (BOS) approved a transfer of the indigent care program administration from the County to Health Plan of San Mateo effective January 1, 2009 which continues movement toward a seamless and coordinated coverage program for the population with incomes below 200% of the Federal Poverty Level, in alignment with the recommendations of the Blue Ribbon Task Force
- Uninsurance rates for children have been reduced from 9.1% to 1.4% between 2003 and 2007
- The BOS accepted preliminary (July 2007) and final planning phase (May 2008) recommendations from the Blue



- Ribbon Task Force that establish a shared vision for universal health coverage for adults in San Mateo County
- Awarded a San Mateo County STARS award in FY 2008-09 for program performance for the efforts of the Healthier Outcomes through Multidisciplinary Engagement team, which assists clients who had accessed the Emergency Department seven or more times during the prior year in achieving improved access to primary and specialty care
  - Analyzed linkages between primary care and behavioral health and recovery services across five models involving San Mateo Medical Center, Behavioral Health and Recovery Services, Ravenswood Family Health Center, and Health Plan of San Mateo. Based on this analysis, designed and implemented approach to improve care for older adults at-risk for depression who are served within primary care settings
  - Implemented a revised Memorandum of Understanding among, Behavioral Health and Recovery Services, Aging and Adult Services, and Health Plan of San Mateo that improves incentive alignment to maximize Medi-Cal enrollment and furthers Behavioral Health and Recovery Services programmatic initiatives aimed at strengthening the capacity for addressing co-occurring client needs (clients with both a mental health and substance abuse diagnosis) across settings

**County Partners:**

- Human Services Agency
- Health Plan of San Mateo
- County Counsel
- County Manager's Office

**FY 2009-10 Budget Impact:**

The County Manager's Office has invested \$609,041 in FY 2008-09 to further this work. Existing Health System resources are being redirected to contribute in this area, with additional resources invested from a variety of county and community partners.

**Other Significant Objectives by Program**

The Health Department includes the following programs:

- Health Administration
- Health Policy and Planning
- Aging and Adult Services
- Behavioral Health and Recovery Services
- Community Health
- Family Health Services
- Correctional Health Services

The following program objectives will significantly contribute to Departmental success (additional program-level objectives are included in individual Program Plans):

**Health Policy and Planning**

- Reduce health disparities in partnership with County departments and the community
- Improve access to healthcare

**Aging and Adult Services**

- Enhance the older adult system of care through use of the Uniform Assessment Tool
- Expand program involvement of seniors and adults with disabilities
- Explore long-term care integration
- Increase capacity for conservatee placements

**Behavioral Health and Recovery Services**

- Maximize the efficiency and cost effectiveness of youth and adult services
- Initiate the implementation phase of seven community prevention partnerships

**Community Health**

- Improve efficiency and use of services
- Continue pandemic influenza planning and preparation
- Complete an emergency and ambulance services Request for Proposals
- Achieve three-year outcomes developed by the community for the Tobacco Prevention Program

**Family Health Services**

- Maintain an infant breastfeeding rate over 75%
- Maintain an immunization rate of 80% for children at age two

**Correctional Services**

- Perform 95% of juvenile and adult histories and physicals in a timely manner
- Increase community and funding support for therapeutic community, jail-based programs
- Provide nutritional consultations and education services to 700 customers

Health Department (5000B)  
ALL FUNDS

FY 2009-10 and 2010-11 Budget Unit Summary

	Actual 2006-07	Actual 2007-08	Revised 2008-09	Recommended 2009-10	Change 2009-10	Recommended 2010-11
<b>SOURCES</b>						
Licenses, Permits and Franchises	1,840,112	1,872,587	2,092,312	2,143,334	51,022	2,152,158
Fines, Forfeitures and Penalties	1,605,124	2,100,132	2,806,618	2,567,901	(238,717)	2,673,725
Use of Money and Property	585,238	695,265	571,355	494,016	(77,339)	494,016
Intergovernmental Revenues	114,888,318	122,532,293	125,347,361	132,508,416	7,161,055	133,497,535
Charges for Services	40,348,823	44,469,978	50,881,183	52,444,659	1,563,476	54,994,720
Interfund Revenue	5,681,671	5,880,894	5,625,186	5,773,571	148,385	5,773,571
Miscellaneous Revenue	12,770,824	11,576,614	10,078,991	9,992,986	(86,005)	9,976,930
Other Financing Sources	155,153	35,430	76,795	76,795		76,795
<b>Total Revenue</b>	<b>177,875,263</b>	<b>189,163,193</b>	<b>197,479,801</b>	<b>206,001,678</b>	<b>8,521,877</b>	<b>209,639,450</b>
Fund Balance	20,693,910	24,182,897	23,350,946	21,907,480	(1,443,466)	21,855,563
<b>TOTAL SOURCES</b>	<b>198,569,173</b>	<b>213,346,090</b>	<b>220,830,747</b>	<b>227,909,158</b>	<b>7,078,411</b>	<b>231,525,013</b>
<b>REQUIREMENTS</b>						
Salaries and Benefits	102,563,309	112,769,983	124,115,933	130,308,111	6,192,178	137,353,808
Services and Supplies	89,261,456	100,080,998	96,985,206	97,170,445	185,239	96,386,337
Other Charges	52,583,998	58,437,706	61,995,474	63,789,625	1,794,151	63,496,653
Fixed Assets	920,186	148,746	35,250	24,250	(11,000)	
Other Financing Uses	74,834	206,103				
<b>Gross Appropriations</b>	<b>245,403,783</b>	<b>271,643,536</b>	<b>283,131,863</b>	<b>291,292,431</b>	<b>8,160,568</b>	<b>297,236,798</b>
Intrafund Transfers	(25,278,726)	(31,506,804)	(28,046,696)	(27,458,525)	588,171	(27,210,757)
<b>Net Appropriations</b>	<b>220,125,057</b>	<b>240,136,732</b>	<b>255,085,167</b>	<b>263,833,906</b>	<b>8,748,739</b>	<b>270,026,041</b>
Contingencies/Dept Reserves	9,290,866	14,111,614	13,434,781	12,934,781	(500,000)	12,436,879
Non-General Fund Reserves	5,385,731	5,798,449	6,100,935	5,855,730	(245,205)	6,043,616
<b>TOTAL REQUIREMENTS</b>	<b>234,801,654</b>	<b>260,046,795</b>	<b>274,620,883</b>	<b>282,624,417</b>	<b>8,003,534</b>	<b>288,506,536</b>
<b>NET COUNTY COST</b>	<b>36,232,481</b>	<b>46,700,705</b>	<b>53,790,136</b>	<b>54,715,259</b>	<b>925,123</b>	<b>56,981,523</b>
<b>AUTHORIZED POSITIONS</b>						
Salary Resolution	1,063.0	1,100.0	1,094.0	1,089.0	(5.0)	1,089.0
Funded FTE	1,001.7	1,050.0	1,047.6	1,045.7	(1.9)	1,045.7

## FY 2009-10 Budget Overview

### TOTAL SOURCES

Total Sources increased by \$7,078,411 or 3.2% from the FY 2008-09 Revised to the FY 2009-10 Recommended Budget due to the following changes:

#### Licenses, Permits and Franchises

There is a net increase of \$51,022 in this funding source primarily due to a projected increase in Agricultural Commissioner / Sealer registration and inspection fees and licenses.

#### Fines, Fees and Forfeitures

There is a net decrease of \$238,717 in this funding source due to a reduction in Environmental Health fees, court fines, and the administrative fee drawn by Emergency Medical Services (EMS) from the EMS Trust Fund.

#### Use of Money and Property

There is a decrease of \$77,339 in this funding source due to expected lower interest allocations based on current trends.

#### Intergovernmental Revenues

There is a net increase of \$7,161,055 in this funding source. Revenue increases totaling \$13,456,244 include: additional revenue for Mental Health Services Act (MHSA) of \$8,436,738 and state mandated cost reimbursement (SB 90) of \$3,925,999; an additional \$503,697 in Public Health and Family Health revenues primarily due to increased grants for Children's Nutrition Program (WIC) and AIDS Programs; other grants/allocations for Environmental Health of \$444,825 and revenue from Federal government of \$144,985. These increases more than offset projected revenue reductions that total \$6,295,189, including a decrease of \$2,666,218 in Early Periodic Screening and Diagnostic Treatment (EPSDT) due to the anticipated approval by voters of Proposition 1E on May 19; a decrease of \$1,450,243 in Health System's Realignment Sales Tax and Vehicle License Fee (VLF); decrease in Federal In-Home Supportive Services (IHSS) revenue of \$1,638,909; and other reductions of \$539,819 that consist of decreases in reimbursements from other government agencies due to conclusion of grants or reductions in allocations.

#### Charges for Services

There is a net increase of \$1,563,476 in this funding source. Behavioral Health and Recovery Services revenues are increased by \$1,319,762 due to the increase in reimbursable rates for service coming from treatment of CareAdvantage clients as well as to anticipated efficiencies in Medicare billing. Departmental Medi-Cal Administrative Activities (MAA) and Targeted Case Management (TCM) revenues are estimated to increase by \$510,839 while Environmental Health, Public Guardian and Public Health fees are projected to have a combined increase of \$559,559. The total increase more than offsets reductions in the Medi-Cal Federal Financial Participation (FFP) amounting to \$626,684 as well as a decrease of \$200,000 in Household Hazardous Waste funding.

#### Interfund Revenue

There is an increase of \$148,385 in this funding source due to increase in laboratory charges to the Medical Center by Public Health.

#### Miscellaneous Revenue

There is a net decrease of \$86,005 in this funding source due to decreased Children's Health Initiative (CHI) funding from foundations and other organizations, elimination of fines as a result of new contract terms from American Medical Response (AMR) for failing to meet minimum response time, and completion of grants for a total of \$505,474. These decreases are partially offset by increases in Tobacco Settlement and various revenues of \$419,469.

#### Fund Balance

There is a decrease of \$1,443,466 in this funding source. Fund Balance used for one-time projects and purchases in FY 2008-09 has been eliminated. The decrease in Fund Balance has been partially offset with savings generated by positions held vacant in FY 2008-09.

### TOTAL REQUIREMENTS

Total Requirements increased by \$8,003,534 or 2.9% from the FY 2008-09 Revised to the FY 2009-10 Recommended Budget due to the following changes:

#### Salaries and Benefits

There is a net increase of \$6,192,178 in this expenditure category due to inclusion of merit increases, annualized negotiated labor increases, and increase in retiree health costs due to transition from pay-as-you-go method to funding the Annual Required Contribution (ARC). Five positions in Correctional Food Services have been deleted in order to achieve cost savings for the Probation Department.

Services and Supplies

There is a net increase of \$185,239 in this expenditure category. Agreements with outside hospitals and community based organizations increased by \$1,028,311, which is comprised of an increase of \$1,684,353 in the cost of the Mental Health Services Act full partnership program and a reduction of \$656,042 from other programs. A total of \$843,072 in reductions partially offset increases. These reductions include: training costs in the amount of \$229,332; drug and pharmacy in the amount of \$115,765; internal transfers of cost in the amount of \$152,972; office furniture cost for \$120,974; and \$224,029 in miscellaneous reductions.

Other Charges

There is a net increase of \$1,794,151 in this expenditure category primarily due to increased charges to Behavioral Health and Recovery Services of \$1,343,415 for clients placed at non-County institutions; an increase in automation costs for \$896,972; and an increase of \$1,612,629 for the County's share of Independent Providers costs in the Public Authority because of an anticipated increase in IHSS hours. Increases are partially offset with a decrease of \$450,814 in contracts; a reduction of \$358,222 in rental costs for leased facilities; elimination of costs and internal charges between divisions within Public Health in the amount of \$1,222,340 with no impact to client services; and miscellaneous reductions in the amount of \$27,489 in other operating divisions.

Fixed Assets

There is a decrease of \$11,000 in this expenditure category due to the elimination of one-time projects completed in Correctional Food Services in FY 2008-09.

Intrafund Transfers

There is a decrease of \$588,171 in this expenditure category due to reductions in reimbursements for administrative and support services within Health and reimbursements from other County General Fund departments.

Contingencies/Departmental Reserves

There is a net decrease of \$745,205 in this expenditure category due the projected use of reserves in year-end closing. The balance in General Fund Reserves represents 5.3% of Net Appropriations, which exceeds the County's 2% Reserves policy by \$8,027,296. The General Fund Reserve will cover potential costs for audit adjustments, mandated requirements of the Mental Health Services Act, housing projects in BHRS, the hand-held inspection equipment project in Environmental Health, a reserve against Bioterrorism costs in Public Health, and reserves for the Department-wide Information Technology Strategic Plan (ITSP). Non-General Fund Reserves have decreased by \$245,205 to \$5,855,730.

**NET COUNTY COST**

There is a net increase of \$925,123 or 1.72% in this Department's General Fund allocation. This increase is primarily due to merit increases, annualization of mid-year position changes and the increase in retiree health costs due to the transition from the pay-as-you-go method to funding the Annual Required Contribution (ARC).

## FY 2010-11 Budget Overview

**TOTAL SOURCES**

Total Sources increased by \$3,615,855 or 1.6% from the FY 2009-10 to the FY 2010-11 Recommended Budget due to the following changes:

Licenses, Permits and Franchises

There is an increase of \$8,824 in this funding source due to additional revenue for underground tank permits.

Fines, Fees and Forfeitures

There is an increase of \$105,824 in this funding source primarily for court fines for the EMS Trust Fund (Maddy Fund).

Intergovernmental Revenues

There is a net increase of \$989,119 in this funding source. Revenue increases totaling \$1,053,669 include: Mental Health Services Act (MHSA) of \$351,567; allocation for Women, Infant and Children's (WIC) Program of \$273,990, Realignment Sales Tax and Vehicle License Fee (VLF) of \$426,172 and a minor increase in Proposition 172 funds of \$1,940. There is a reduction of \$64,550 due to the conclusion of grants or reductions in state allocations.

Charges for Services

There is a net increase of \$2,550,061 in this funding source. BHRS revenues increased by \$1,447,690 due to the increase in Medi-Cal claimable activities. Departmental Medi-Cal Administrative Activities (MAA) and Targeted Case Management (TCM) revenues are estimated to increase by \$663,000 due to changes in the Federal Medical Assistance Payment (FMAP) rate. Environmental Health, Public Guardian and Public Health fees are projected to increase by \$439,371.

Miscellaneous Revenue

There is a net decrease of \$16,056 in this funding source primarily due to the decreases in revenue from grants and foundations in Health Policy and Planning, including the elimination of grants for the Health Redesign Initiative.

Fund Balance

The decrease of \$21,917 in this funding source is primarily due to one-time projects and purchases in FY 2009-10. The decrease in Fund Balance has been partially offset with savings generated by positions held vacant in FY 2009-10.

**TOTAL REQUIREMENTS**

Total Requirements increased by \$5,882,119 or 2.0% from the FY 2009-10 to the FY 2010-11 Recommended Budget due to the following changes:

Salaries and Benefits

There is a net increase of \$7,045,697 in this expenditure category due to inclusion of merit increases, annualized negotiated labor increases, mid-year position changes and increase in retiree health costs due to transition from pay-as-you-go method to funding the Annual Required Contribution (ARC).

Services and Supplies

There is a net decrease of \$784,108 in this expenditure category due to reductions in contract costs in order to meet the Department's operating need and conclusion of projects. This decrease includes the elimination of \$437,985 for costs related to the Health Redesign Initiative.

Other Charges

There is a net decrease of \$292,972 in this expenditure category due to lower automation charges and a reduction in motor vehicle replacement charges in Agriculture Commissioner / Sealer.

Fixed Assets

There is a decrease of \$24,250 in this expenditure category due to deletion of one-time purchase of equipment.

Intrafund Transfers

There is a decrease of \$247,768 in this expenditure category due to reduced administrative and support services charges within Health and other General Fund departments.

Contingencies/Departmental Reserves

There is a net decrease of \$310,016 in this expenditure category, representing a decrease of \$497,902 in General Fund Reserves partially offset by an increase of \$187,886 in Emergency Medical Services (EMS) Fund Reserves. The balance in General Fund Reserves represents 4.94% of Net Appropriations, which exceeds the County's 2% Reserves policy by \$7,405,910. The majority of General Fund Reserves have been designated for specific purposes such as potential audit adjustments, mandated requirements of the Mental Health Services Act, housing projects in BHRS, hand-held inspection equipment in Environmental Health, a reserve against Bioterrorism costs in Public Health, and the Department-wide Information Technology Strategic Plan (ITSP).

**NET COUNTY COST**

There is a increase of \$2,266,264 or 4.1% in this Department's General Fund allocation. This increase is due primarily to merit increases, annualization of mid-year position changes and the increase in retiree health costs due to the transition from the pay-as-you-go method to funding the Annual Required Contribution (ARC).