

# Summary

## All Health Care Services Budgets

Greg Diederich, Health Care Services Director

	2017-2018 Actual	2018-2019 Adjusted	2019-2020 Requested	2019-2020 Recommended	Increase/ (Decrease)
<b>Expenditures</b>					
Salaries & Benefits	\$111,186,909	\$130,211,769	\$135,317,182	\$135,317,182	\$5,105,413
Services & Supplies	83,997,799	120,987,835	129,359,269	129,359,269	8,371,434
Centrally-Budgeted Expenses	3,200,781	3,674,161	4,286,097	4,286,097	611,936
Other Charges & Uses	2,587,422	7,462,027	8,059,635	8,059,635	597,608
Fixed Assets	1,243,556	4,965,296	6,396,559	6,396,559	1,431,263
Operating Transfers Out	3,677,174	4,767,996	4,674,632	4,674,632	(93,364)
<b>Total Expenditures</b>	<b>\$205,893,641</b>	<b>\$272,069,084</b>	<b>\$288,093,374</b>	<b>\$288,093,374</b>	<b>\$16,024,290</b>
Expenditure Reimbursements	(27,515,210)	(33,815,385)	(32,706,604)	(32,706,604)	1,108,781
<b>Total Appropriations</b>	<b>\$178,378,431</b>	<b>\$238,253,699</b>	<b>\$255,386,770</b>	<b>\$255,386,770</b>	<b>\$17,133,071</b>
<b>Earned Revenues By Source</b>					
Licenses/Permits/Franchises	\$1,016,439	\$906,740	\$970,782	\$970,782	\$64,042
Fines/Forfeitures/Penalties	1,161	61,427	61,427	61,427	0
Interest/Rents	245,091	121,000	420,000	420,000	299,000
Aid From Other Governments	91,450,422	128,330,190	134,731,621	134,731,621	6,401,431
Charges For Services	68,783,198	73,758,018	81,068,211	81,068,211	7,310,193
Miscellaneous Revenues	3,092,972	1,313,208	713,459	713,459	(599,749)
Operating Transfers In	6,872,451	8,584,200	8,714,317	8,714,317	130,117
Fund Balance	(10,547,857)	1,099,354	3,043,632	3,043,632	1,944,278
<b>Total Revenues</b>	<b>\$160,913,877</b>	<b>\$214,174,137</b>	<b>\$229,723,449</b>	<b>\$229,723,449</b>	<b>\$15,549,312</b>
<b>Net County Cost</b>	<b>\$17,464,554</b>	<b>\$24,079,562</b>	<b>\$25,663,321</b>	<b>\$25,663,321</b>	<b>\$1,583,759</b>
<b>Staffing</b>					
Allocated Positions	965.0	1,021.0	1,038.0	1,038.0	17.0
Temporary (Full-Time Equivalent)	204.6	180.4	161.5	161.5	(18.9)
<b>Total Staffing</b>	<b>1,169.6</b>	<b>1,201.4</b>	<b>1,199.5</b>	<b>1,199.5</b>	<b>(1.9)</b>

This is a summary of the budgets administered by the Director of Health Care Services (HCS), including:

- 2022621000 Correctional Health Services
- 4040300000 Mental Health Pharmacy
- 4040500000 Mental Health Services
- 4040600000 Substance Abuse Services
- 4040700000 Behavioral Health Administration
- 4041000000 Public Health Services
- 4041200000 Public Guardian/Conservator
- 4041800000 Emergency Medical Services

- 4045415000 California Children's Services
- 4049500000 HCS Administration
- 4049600000 Whole Person Care Program
- 5055600000 Veterans Services Office

### Board Strategic Priorities 2019-2020 through 2021-2022

The 2019-2020 recommended budget for the HCS Agency focuses on implementation of the Board Strategic Priorities as adopted by the Board on April 9, 2019. The Board Strategic

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Priorities for fiscal years 2019-2020 through 2021-2022 are a continuation of the Board's original five key priorities established in 2015. The Board has updated and augmented the goals associated with these strategic priorities to reflect the Board's direction related to water issues, health, collaboration, and homelessness. The following highlights provide an overview of several projects, programs, and activities administered by the HCS Agency.

### Ensure Fiscal Responsibility

HCS Divisions continually seek to maximize State and Federal funding in order to provide services to clients, thereby reducing demands on the County's General Fund. Grants and community support are also leveraged to sustain programs in an effort to minimize County costs and/or impacts on service delivery.

Correctional Health Services (CHS) participates in the State's Medi-Cal County Inmate Program (MCIP), which allows Medi-Cal reimbursement for allowable inpatient hospital services provided to MCIP-eligible inmates. Such costs would otherwise be a County General Fund obligation as CHS has historically reimbursed San Joaquin General Hospital (SJGH) or paid tertiary care centers for services provided to this population. With the implementation of MCIP, costs to CHS are reduced as SJGH is now reimbursed directly from the State at applicable Medi-Cal rates for these services.

CHS, in coordination with HCS Administration, performed a detailed staffing and fiscal analysis comparing the cost of correctional health services in San Joaquin County to several other counties in California. The analysis showed that the average medical cost per inmate was favorable compared to contracted counties. The analysis also showed that all compliance and standard of care measures are being met, and in addition to providing medical and psychiatric care, CHS is able to provide liaisons to the Collaborative Courts and other system partners to help reduce recidivism, as well as leverage funding outside of the General Fund. Additionally, most counties with a public hospital continue to deliver correctional health services internally due to operational efficiencies and enhanced quality of care provided to this mandated population.

In July 2018, Behavioral Health Services (BHS) began implementing the County's Drug Medi-Cal Organized Delivery System (DMC-ODS). DMC-ODS provides counties with tools to help control costs associated with the 2011 realignment of DMC, especially in the rapidly growing area of Narcotic Treatment Programs. DMC-ODS also provides the ability to draw down additional Federal funds to support residential treatment programs.

BHS redesigned its quality improvement and contract monitoring process with an emphasis on providing technical

assistance to enhance services provided by community contractors. Most contracts are moving to a rate-based payment methodology to better ensure compliance with State and Federal regulations.

Public Health Services (PHS) continues to make progress in decreasing its Net County Cost for laboratory services. In January 2019, the Board approved an agreement with Stanislaus County to share services and expand the laboratory's role as a regional service provider, further decreasing the net cost of laboratory operations. PHS is also partnering with SJGH to eliminate duplication of laboratory testing and leveraging the ability for PHS to bill third-party insurance payers for laboratory services. PHS is actively seeking additional funding from private, State, and Federal grants, and senior managers are participants in advocating to increase State funding for local health departments through their professional organizations.

Emergency Medical Services (EMS) includes provisions in its ambulance contracts to provide for mandated emergency ambulance services without the need for County subsidies, while capping the County's indigent emergency ambulance costs at State Medi-Cal reimbursement rates. The receipt of ambulance service provider performance penalty revenue has allowed EMS to offset its entire Net County Cost over the past two fiscal years and also provided initial funding toward future capital project needs.

HCS Administration, in coordination with PHS and General Services, continues moving forward on a Public Health replacement facility to replace the existing 55-year old building and adjacent laboratory. Work has begun on initial planning and it is anticipated that recommendations will be developed in early 2020. In addition, other HCS functions are being evaluated to determine if there are opportunities for efficiencies through co-location. At present, HCS Agency functions such as administration, finance, human resources, and information technology are scattered throughout various facilities. Centralizing staff in a single location could improve productivity, quality, and standardization, as well as increase the potential for efficiencies, both in terms of staffing and overhead costs.

HCS seeks to reduce Countywide health care costs by working to establish collaborations between systems to better position the County from the impacts of potential changes to Medi-Cal funding streams and an eventual shift toward alternative payment methodologies that may require participating in risk-sharing payment arrangements.

### Promote Good Governance and Increase Organizational Capabilities

In conjunction with SJGH, HCS will continue to support the Federally Qualified Health Center Look-Alike (FQHC-LAL)

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primary care clinics branded as the San Joaquin County Clinics (SJCC). HCS provides administrative support for the SJCC Community Board and serves as the County point of contact for State and Federal agencies. BHS provides integrated behavioral health staffing to the clinics; PHS provides home visits for high-risk maternal clients and other integrated staffing and programmatic support; and Whole Person Care (WPC) has integrated with SJGH's Population Health Team and assists SJGH in meeting Medicaid waiver objectives in the areas of improved perinatal care, behavioral health, and complex care management for high-risk medical populations.

Both the HCS and BHS Directors maintain seats on the Board of Directors for the San Joaquin Community Health Information Exchange (HIE), a nonprofit corporation established to develop and implement technologies to compliantly share medical information between safety net providers. Work efforts have expanded access to include additional public and private health and hospital systems in San Joaquin, Stanislaus, and Merced counties. In coordination with the WPC Program, in April 2019, the HIE expanded functionality for real-time care coordination and population health management via a cloud-based care coordination platform.

HCS and BHS are active in a wide variety of collaborative efforts throughout San Joaquin County to improve the community, including public safety and reducing adverse impacts on the community by individuals suffering with the effects of mental illness. Staff are actively involved with the Homelessness Task Force, Opioid Safety Coalition, Human Trafficking Task Force, the Law Enforcement Assisted Diversion Project, Stepping Up Initiative, Healthy Communities Coalition, Community Corrections Partnership, Community Health Leadership Council, and County Threat Assessment Team.

BHS continues implementation of its Integrated Information System Infrastructure Project, which is partially funded by the Mental Health Services Act (MHSA). This system has modernized and transformed clinical and administrative information systems to support improved utilization management, quality of care, operational efficiency, data analytics, and timeliness of financial data, ultimately improving health outcomes for County residents. It is anticipated that the County's PeopleSoft financial system will allow BHS to reduce many redundant accounting processes associated with maintaining its own detailed general ledger and cost accounting systems.

MHSA funds are being used to expand Full Service Partnership Programs to provide mental health services and supports necessary to individuals who are unserved or underserved, and are experiencing homelessness, justice

involvement, or have other indicators of severe unmet need; provide increased early intervention programs for children and youth through school-based interventions and suicide prevention strategies, as well as services for children involved with Child Welfare Services or human trafficking. Funds are also directed towards efforts to improve public safety by assisting law enforcement partners in diverting certain non-violent and non-serious offenders with behavioral health concerns from the criminal justice system into community-based treatment alternatives, including building partnerships to focus on individuals who are potentially incompetent to stand trial.

BHS will use MHSA funds to support the expansion of service hours for the Mobile Crisis Support Teams to provide on-site clinical assessment and interventions in partnership with first responders, hospital emergency rooms, children's group homes, and the Mary Graham Children's Shelter.

BHS continues to implement its "Homeward Bound" Initiative, which is supported by a combination of MHSA Innovations and Proposition 47 grant funds. Homeward Bound includes a community-based Behavioral Health Assessment and Respite Center operated by Community Medical Centers that serves as a "friendly front door" to services for unserved and underserved individuals who may be reluctant to access the public mental health system. Homeward Bound also includes medically-monitored withdrawal management and medication-assisted treatment programs. Homeless individuals may be eligible for a grant-funded housing assistance project operated by the Central Valley Low Income Housing Corporation, and a second Innovations project component entitled "Progressive Housing" increases housing options for individuals with mental health challenges by developing a number of small-scale housing facilities. All of these services target major gaps in the County's service delivery system and are vital in addressing the recent increase in opioid use disorders.

PHS works closely with County departments, community partners, residents, and other entities on convening discussions on ways to improve population health and address health disparities in disadvantaged and distressed communities. Whenever possible, PHS strives for a "Health in All Policies" approach that calls for public health professionals to work with many partners, such as schools, law enforcement, health care providers, community service providers, faith-based organizations, transportation officials, and resident grassroots leaders who can help communities make healthier choices.

PHS continues efforts to become accredited by the national Public Health Accreditation Board (PHAB). Following completion of a Community Health Needs Assessment and a Community Health Improvement Plan in spring 2017, PHS

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developed its 2017-2022 Strategic Plan, which was the final prerequisite to initiate the accreditation application process. In November 2018, a site visit was conducted by a PHAB team to evaluate the Department's conformity to national public health practices. In March 2019, PHAB notified PHS that the accreditation decision has been deferred until some additional documentation can be submitted and reviewed. PHS will submit the required action plan and anticipates achieving national accreditation status by early 2020.

The EMS system is the ultimate safety-net for persons experiencing acute illness or injury, or requiring immediate access to medical care. EMS regularly collaborates with other County departments and external organizations to ensure the ability of the pre-hospital care system to meet the needs of all of the County's citizens and visitors. EMS maintains an active and up-to-date website and uses electronic messaging and social media to keep system personnel, providers, stakeholders, and the general public informed of EMS services, activities, and other important information. In 2019-2020, EMS will continue to enhance its data analytics capabilities to better monitor fire-medical and ambulance resource utilization and deployment.

EMS continues to implement recommendations from the consultant report that assessed EMS system best practices. Ultimately, these changes should lead to enhanced collaboration with system partners, improvements in pre-hospital care, and greater organizational capability.

In July 2018, EMS officially implemented a system of care tailored to patients who have experienced a stroke, including the designation of qualified hospitals as "primary stroke centers" to focus on rapid identification, treatment, and under specific circumstances, transfer to comprehensive stroke centers or tertiary hospitals outside San Joaquin County. EMS will work collaboratively with the system participants to evaluate system performance and implement adjustments as needed. EMS will also continue monitoring and evaluating the County's trauma system, including oversight of SJGH's performance as a designated Level III Trauma Center, and adherence to established timelines and benchmarks.

The Veterans Services Office (VSO) plays a critical role on behalf of County veterans by delivering information regarding available services and providing assistance with obtaining entitled benefits. In 2019-2020, the VSO will continue to assist the Federal Department of Housing and Urban Development-Veterans Affairs Supportive Housing program by referring and informing low-income and disabled veterans of eligibility for case management, clinical services, and housing vouchers, and by assisting in the preparation of health care and disability claims.

In 2019-2020, CHS will review potential accreditation by the National Commission on Correctional Health Care.

Emphasis will be placed on compliance with relevant standards with a focus on potential opportunities for quality of care improvement within the jail medical setting given the substantial changes to the inmate population since the passage of Assembly Bill (AB) 109.

HCS Administration, in coordination with the County Administrator's Office and Sheriff's Office (SO), will continue planning for implementation of the Medical Examiner's Office within HCS and the transition away from the Sheriff-Coroner model to be completed by June 30, 2020. Integration of certain support services within HCS Administration and a potential to eventually co-locate with EMS, would increase organizational capability for the Agency.

### **Improve Public Safety and Enhance Overall Criminal Justice System**

HCS is active in a wide variety of collaborative efforts throughout the County that improve public safety. HCS is the lead County entity and single point of contact with the State Department of Health Care Services for the County's WPC Program. The Program is intended to coordinate physical health, behavioral health, and social services for vulnerable Medi-Cal beneficiaries who are high users of multiple health care systems and continue to have poor outcomes. WPC Program services are being leveraged by additional funding from MHSA for the Assessment and Respite Center, and Proposition 47 funds for a medically-monitored withdrawal management program, both of which are operated in partnership with Community Medical Centers. The WPC Program helps to improve public safety and enhances the overall criminal justice system by reducing recidivism.

In May 2016, the Board of Supervisors adopted a resolution in support of the Stepping Up Initiative (R-16-80). This national initiative is designed to help advance counties' efforts to safely reduce the prevalence of individuals with mental illness in jails. Since adoption, HCS has facilitated a series of meetings with several law and justice partners, providers, and other key stakeholders to help support the implementation of innovative and proven practices that can safely divert individuals with mental illness away from the criminal justice system and into community-based treatment, thus helping to improve public safety.

In April 2019, CHS was successful in obtaining continuing funding from the Community Corrections Partnership (CCP) to support universal screening and assessment for behavioral health conditions during the jail booking process. This service expansion increases early detection and identification of individuals who potentially have an undiagnosed mental illness, a substance use disorder, or who are active mental health consumers. Early identification of individuals in need of mental health services helps reduce recidivism rates for

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individuals at-risk of re-incarceration. At-risk individuals are referred for target-specific case management while still in custody, as well as linkages to services upon being released. Staff also assist individuals through the court process, prepare them for release back to the community, and follow through on the discharge plan for up to 30 days post-release.

HCS sponsored a Sequential Intercept Mapping workshop in 2018 that was facilitated by academic consultants to identify potential opportunities in the criminal justice process for diversion and/or behavioral health interventions, and to design a preliminary action plan specific to the County. Efforts continue to identify and secure funding to support these priorities and fully implement the Stepping Up Initiative concepts.

CHS continues to collaborate with the SO and the Department of State Hospitals on a program to provide competency restoration services for individuals with felony charges who are determined incompetent to stand trial. Instead of being retained in the Jail Medical Unit while awaiting admission to a State hospital facility, inmates may be ordered by the Court to a County-operated facility to receive State-funded services in order to encourage timely resolution and minimize the amount of time the inmate is incarcerated. In May 2019, the Board of Supervisors approved the agreement with the State and the necessary staffing, equipment, and operational costs have been included in the recommended 2019-2020 budget for CHS and the SO.

BHS and HCS are working in partnership with the Offices of the District Attorney and Public Defender to develop an AB 1810-funded grant proposal to implement a pre-arraignment diversion plan. Eligible participants would include individuals who have been charged with certain non-violent felonies as a result of a diagnosed serious mental illness and who may potentially be incompetent to stand trial. The intent would be to have participants receive treatment in a community setting.

BHS contracts to provide Crisis Intervention Training for Law Enforcement to all County law enforcement organizations on a quarterly basis. This program aims to increase the understanding of mental illness among law enforcement officers with the goal of improving the outcomes of interactions between law enforcement and people experiencing mental health difficulties. The collaborative efforts of BHS aim to provide the best level of care to those with serious mental illness and substance use disorders, while working to reduce stigma and improve overall public safety.

Safe and affordable housing is instrumental in assisting individuals to recover from mental health and substance use disorders and to reduce recidivism among offenders. In accordance with the County's Strategic Priorities on Homelessness, BHS will be using MHSA and "No Place Like

Home" grant funds to increase the availability of both transitional and permanent supportive housing. The HCS Director, along with numerous staff from BHS, CHS, and PHS fully participate on the County's Homelessness Taskforce and all sub-committees. The WPC Program requires all participating entities who enroll clients into services to coordinate discharge planning for homeless individuals, including data entry into the Homeless Management Information System.

The Public Guardian/Conservator's Office provides assessment and case management services to eligible individuals who are referred by the Collaborative Courts and help to support individuals living in the least restrictive environment possible.

PHS is collaborating with other County departments and community agencies as part of an opioid coalition to address opioid misuse and abuse. The coalition provides outreach to health care providers and the general public. Other activities include increasing availability of Naloxone to individuals at risk for opioid overdose. The coalition will increase funding opportunities through their eligibility to apply for State and Federal funding.

PHS strives to improve public health and safety through its focus on protecting residents from harm through promotion of safe and healthy communities. PHS collaborates with community partners to promote public safety by preventing early deaths; addressing communicable diseases; promoting safer, more walkable neighborhoods; preventing injuries; and reducing the impact of both acute and chronic diseases.

### Promote Economic Development

The HCS Director is a Board member of the iHub San Joaquin representing the Health Care focus area and the promotion of local economic development within the health care technology sector with an emphasis on innovation and expanded health care career opportunities.

HCS has sponsored the Community Health Leadership Council since its inception in 2000 with the purpose of convening key community decision makers to identify the most critical health care challenges confronting San Joaquin County. In partnership with San Joaquin Delta College, the Council helped to launch HealthForce Partners in 2018, which brings together the area's major health care businesses, educational institutions, and workforce development agencies to advance the development of health care workforce strategies and training programs.

PHS promotes economic development through programs that focus on reducing barriers to healthy living. Participants receive support to graduate from high school, maintain housing, obtain healthy food, and increase compliance with

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medical regimens and appointments. Through this support, individuals are better prepared to be healthy contributing members of the community.

EMS estimates that ground ambulance transport alone generates over \$45.0 million in annual economic activity in the County. In 2019-2020, EMS will continue to work to quantify the annual economic activity generated throughout the EMS system including trauma centers, specialty care centers, and other related services.

In 2017-2018, the most recent year for which full-year data is available, the VSO collaborated with other agencies to ensure that San Joaquin County veterans received \$9.6 million in overall benefits, including retroactive payments and assistance from other agencies.

The VSO historically awards 200-300 military dependent students with the California College Fee Waiver. Students receive no direct compensation, but are authorized to attend California State Colleges, Universities, and community colleges with little to no financial burden. In 2018-2019, the VSO granted \$1,633,000 in college savings to 362 military dependent students.

Affordable housing projects are anticipated to be developed within the County via potential funding allocations from the No Place Like Home Program. These projects will not only provide much needed low-income supportive housing units, but will also promote economic development.

Other HCS activities planned for 2019-2020 in support of the Board Strategic Priorities include:

- Providing leadership and guidance for health care-related policy issues and legislation at the State and Federal levels, developing position statements for pending legislation or County advocacy, as well as meeting with elected officials in support of the County's legislative platform.
- Assessing and monitoring 1991 Realignment funds (derived from vehicle license fees and State sales tax), which provide funds to support indigent health care and

mental health services, as well as other major State-funded programs, such as 2011 Realignment, MHSA funds, EMS-Maddy Fund, and California Children's Services.

- Working collaboratively with community partners to develop and further the goals outlined in the PHS Community Health Improvement Plan.
- Engaging with qualified providers on service delivery options to expand the availability of inpatient psychiatric beds and substance use disorder treatment capacity.
- Serving as liaison with Health Plan of San Joaquin to maximize the use of safety net facilities, including BHS, SJGH, and SJCC for the transition of additional Medi-Cal eligible populations into Medi-Cal Managed Care.
- Assisting with advocacy for expanded local Veterans Affairs medical facilities and services, such as the planned Community-Based Outpatient Clinics in French Camp.
- Evaluating opportunities for system integration, enhanced coordination of care, and opportunities for quality improvement and compliance across the divisions of the HCS Agency and SJGH, as well as applicable safety-net partners.
- Continuing active participation with the Continuum of Care and coordinating homeless initiative programs to help address the findings of the Taskforce and as approved by the Board of Supervisors.
- Participating in the CCP to ensure programmatic and legal responsibilities for medical and mental health care for State inmates and newly-sentenced offenders in County Jail facilities.
- Participating in the County's PeopleSoft reimplementation executive steering committee.
- Continuing to participate in the County's review of, and enhancements to, emergency operations plans.

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### Health Care Services - Summary of Net County Cost (2019-2020 Proposed Budget)

Budget	Name	Required Match/ MOE*	Overmatch/ Discretionary	Total Net County Cost	Total Budget (Expenditures)	NCC% of Total Budget
2022621000	Correctional Health Services	0	12,471,604	12,471,604	16,233,455	76.8%
4040300000	Mental Health Pharmacy	0	0	0	11,561,628	0.0%
4040500000	Mental Health Services	1,610,759	0	1,610,759	160,342,591	1.0%
4040600000	Substance Abuse Services	379,489	396,799	776,288	26,498,809	2.9%
4040700000	Behavioral Health Administration	0	0	0	16,229,308	0.0%
4041000000	Public Health Services	331,881	10,524,753	10,856,634	28,435,861	37.0%
4041200000	Public Guardian/Conservator	0	928,073	928,073	4,197,613	22.1%
4041800000	Emergency Medical Services	0	543,931	543,931	3,148,112	17.3%
4045415000	California Children's Services	545,334	1,259,939	1,805,273	7,076,749	25.5%
4049500000	HCS Administration	0	0	0	4,699,699	0.0%
4049600000	Whole Person Care Program	0	0	0	9,041,789	0.0%
5055600000	Veterans Services Office	0	317,760	317,760	627,760	50.6%
<b>Total</b>		\$2,867,463	\$26,442,859	\$29,310,322	\$288,093,374	10.2%

\* MOE (Maintenance of Effort)