



Beilenson Hearing for Reduction of Public Health Services

Board of Supervisors Meeting
April 1, 2008

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Samblin
at Board Hearing of 4/1/08
#39



Today's Purpose

Conduct a Beilenson Hearing regarding program reductions proposed by the Public Health Department and approved in concept at March 4, 2008 Board of Supervisors meeting.



Beilenson Hearing

Required by California Health and Safety Code 1442.5 prior to reducing the level of public health services.

- Hold a public hearing to hear from the Public Health Department about the proposed reduction of services, how the decision was made and what the impact will be on the indigent population.
- Receive input from the public on the proposed changes.
- Make findings based on evidence and testimony that the proposed action will or will not have a detrimental impact on the health care needs of the indigents of the county.



Definition of Indigent Persons

- 17000. *Every county and every city and county shall relieve and support all incompetent, poor, indigent persons, and those incapacitated by age, disease, or accident, lawfully resident therein, when such persons are not supported and relieved by their relatives or friends, by their own means, or by state hospitals or other state or private institutions. (Generally ≤ 100% FPL)*



Background:

- Public Health is not in General Fund and must survive on its dedicated funding streams and grants
- Health Realignment is the primary funding stream that supports core mandated public health functions
- Health Realignment revenues available to supplement PH programs is 19% less than in FY 04/05, while staff and supplies costs have increased, State programs have continued to be flat funded, A87 charges for public health services have gone from \$0 to \$850K in four years.



Bottom line

- Service priorities have been established in order to live within annual health realignment revenue stream and continue to protect and promote the community's health
- 50% of annual health realignment for program is projected to be dedicated to support clinic and laboratory services in FY 08/09 if current scope retained

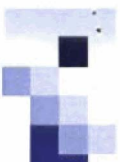


Department Priorities for use of Health Realignment

Priority 1 Communicable Disease Prevention and Treatment

Priority 2 Community Health & Chronic Disease Prevention

Priority 3 Personal Healthcare Services



Recommended Use of Health Realignment in

FY 08/09

- Retain Priority 1 Level Services:
 - Communicable Disease Prevention and Treatment, including:
 - Testing/ treatment of sexually transmitted infections & tuberculosis
 - Immunizations for vaccine preventable diseases
 - Screening and referral for HIV and Hepatitis B&C
- Retain Priority 2 Level Services
 - Maternal Child Adolescent Health (MCAH)
 - Community Nursing
 - Health Promotions
 - Vital Statistics
- Eliminate Priority 3 Level Services:
 - Personal Healthcare Services
 - Family Planning
 - Pregnancy Testing
 - Breast Exams & Pap Smears
 - Well Child Exams



Reduction in Staff Proposed for FY 08/09 (WS & SLT)

- Eliminate 14.05 FTE allocations
 - 2.8 PHNP/PA (filled)
 - 1.0 Microbiologist (vacant)
 - 3.0 Medical Office Assistants (filled)
 - 1.0 Sr. Medical Office Assistant (vacant)
 - 2.0 Sr. Medical Billing Assistants (filled)
 - 1.0 Medical Billing Assistant (filled)
 - 1.0 Health Program Manager (filled)
 - 1.0 Administrative Technician (vacant)
 - 1.0 Senior Office Assistant (filled)
 - 0.25 Homemaker (vacant)

- A resolution adjusting the number and classification of authorized allocations for the Public Health Department has been provided for Board action.



Fiscal Impact

- Proposed redesign and focus on communicable disease is estimated to result in \$600,000 worth of Health Realignment savings in FY 08/09

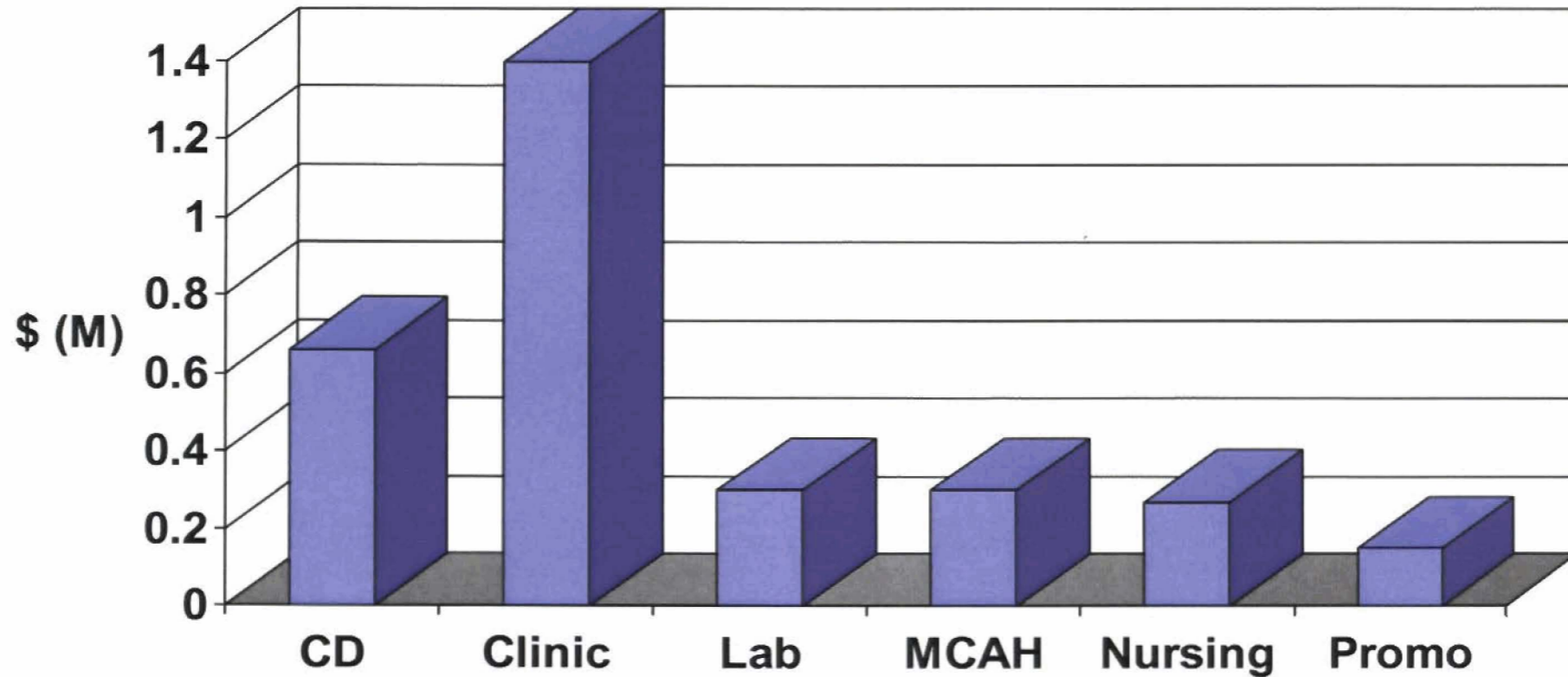
Savings is required to maintain and support other current priority Public Health programs and infrastructure

- Long term goal is to continue to improve Department's ability to promote and protect the public's health by focusing on Priorities 1 and 2

Any necessary additional reductions will be accomplished through regular FY 08/09 Budget process

\$3 M Sales Tax and VLF Needed (if current programs retained)

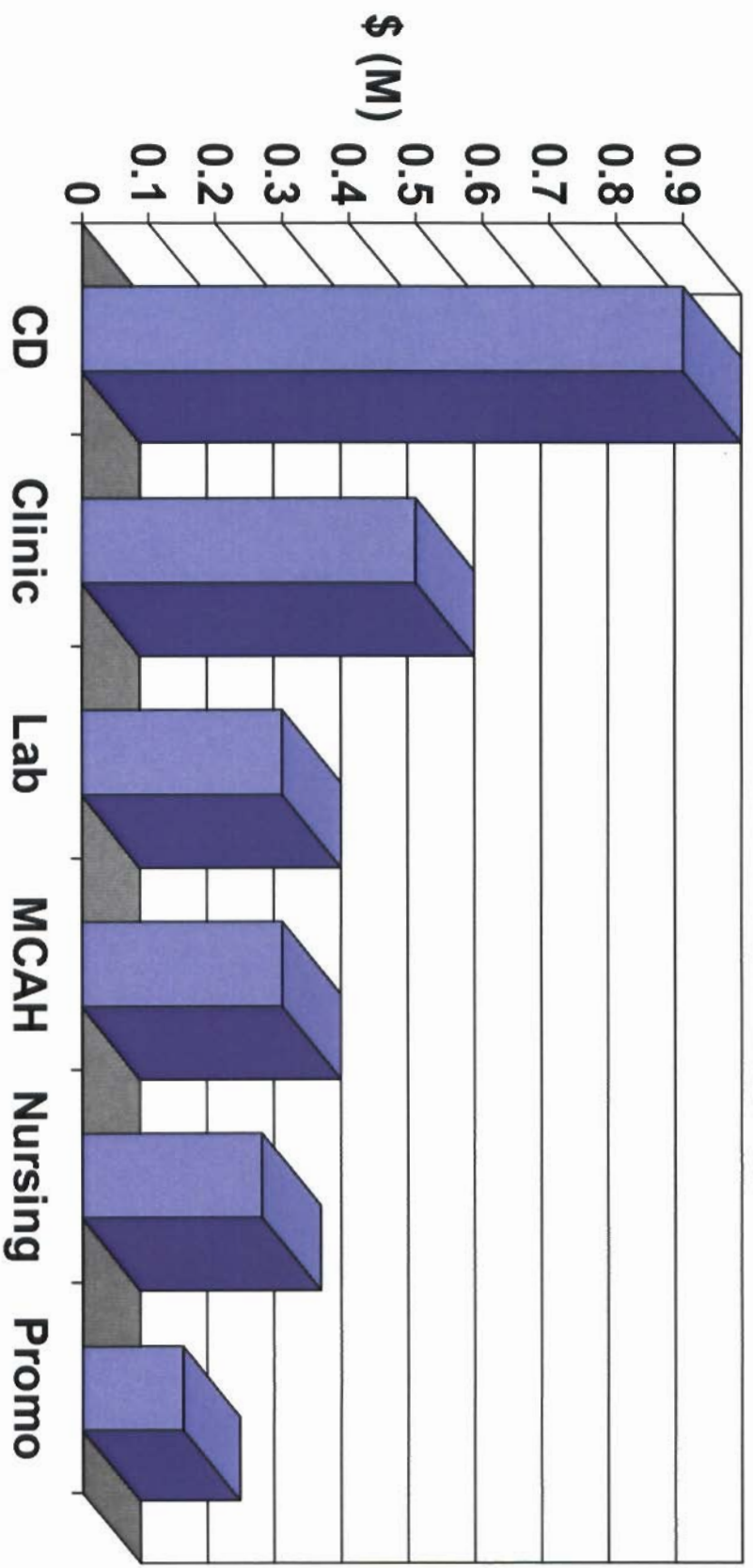
Expenditures by Program Area





\$2.4 M Sales Tax and VLF is available

Expenditures by Program Area





Service Impact:

Affected Providers/Site Addresses	Services Reduced	Affected Population
<p>El Dorado County Public Health Department 931 Spring Street; Placerville Hours: 8:00 A.M. - Noon, 1:00 - 5:00 P.M.; M - F</p> <p>El Dorado County Public Health Department 1360 Johnson Boulevard; South Lake Tahoe Hours: 8:00 A.M. - Noon, 1:00 - 5:00 P.M.; M - F</p>	<p>Family Planning Breast Exams Pap Smears</p> <p>Well Child Exams</p>	<p>Income \leq 200% Federal Poverty Level Medi-Cal County Medical Services Program (CMSP)</p> <p>Children & Youth, ages 0 - 21, with income level & insurance listed above except CMSP</p>



What are other service options for impacted patients?

- 40% on the West Slope and 30% in SLT report they utilize another medical home
- 60% to 70% report they don't have another medical home. Potential service options include but are not limited to:
 - EDC Community Health Center – limited access, CHDP provider/not F-Pact, Cancer Detection Program
 - Western Sierra Medical Center –access for Pollock Pines/Camino patients, applying to be F-Pact provider
 - Marshall Medical – limited access, F-Pact providers
 - Divide Wellness Center – access for Georgetown/Coloma/Cool patients, F-Pact and CHDP provider, Cancer Detection Program
 - Barton Community Clinic – limited access, F-Pact and CHDP provider, Cancer Detection Program
 - Planned Parenthood – SLT only: three ½ days a month, no clinical services. Interested in expanding service capacity in Tahoe and possibly West Slope.



Transition Period:

- Services Eliminated by June 30, 2008
 - Family Planning, Pregnancy Testing, Breast Exams, Pap Smears and Cancer Detection Program for 18 and older
 - Well Child Exams (Immunizations are retained)
- Services with extended transition period
 - Family Planning & Pregnancy Testing for under 18 years (Department to report back to BOS on status of transition at September Budget Hearing)



Number of Persons Who Used Services Proposed for Elimination in FY 06/07

- Placerville - 2,335 (under 18 estimated to be 300)
- South Lake Tahoe - 1,642 (under 18 estimated to be 200)

Percentage of indigent population is difficult to predict but most likely less than 5%



Consequence if not approved:

- Program redesign must happen in FY 08/09 in order to live within annual health realignment revenue stream and continue to provide core functions
- Reductions will have to occur in other health realignment supported programs if recommended action not taken, primarily:
 - Maternal Child Adolescent Health (MCAH)
 - Nursing Services
 - Communicable Disease (existing level of service)
 - Health Promotion
 - Administration/Finance



Next Steps:

- BOS to hold public hearing and take public input. Make findings based on evidence and testimony that the proposed action will or will not have a detrimental impact on the health care needs of the indigents of the county.
- BOS to approve proposal for implementation effective ^{by} July 1, 2008 for all proposed reductions except for family planning & related services for under 18.
- BOS to approve amended Authorized Personnel Allocation Resolution deleting positions from the Department's personnel allocation
- Department to proceed with implementation in conjunction with Human Resources and report back in September on transition of family planning and related services for under 18.



Questions, Comments, Direction