

Public Health  
RECOMMENDED BUDGET • FY 2020-21

MISSION

The mission of the County of El Dorado Health and Human Services Agency Public Health Department is to promote the health and safety of people and the communities of El Dorado County. The Department provides leadership and expertise in the areas of prevention, health care access, information sharing, collaboration with community partners, health and safety education, and direct client services aimed at promoting individual and family health and wellness particularly for at-risk, underserved, and uninsured populations.

The Department provides these services in a caring, professional, and fiscally responsible way, maximizing the resources available.

DEPARTMENT BUDGET SUMMARY

**DEPT : 54 PUBLIC HEALTH**

Description	Prior Year Actual	Current Year Adopted	CAO Recommended	Difference from Adopted
License, Pmt, Fran	63,572	115,000	115,000	0
Fines & Penalties	272,527	375,500	25,500	(350,000)
Rev Use Money/Prop	100,777	53,650	93,050	39,400
IG Rev - State	1,570,177	1,698,905	1,834,072	135,167
IG Rev - Federal	2,523,164	2,404,007	2,483,208	79,201
Other Gov Agency	305,269	380,000	423,811	43,811
Service Charges	432,604	621,626	445,102	(176,524)
Miscellaneous Rev	390,974	46,125	21,625	(24,500)
Other Fin Sources	10,827,602	11,104,381	11,214,455	110,074
Residual Equity	0	0	1	1
Fund Balance	0	10,861,478	10,448,657	(412,821)
<b>Total Revenue</b>	<b>16,486,665</b>	<b>27,660,672</b>	<b>27,104,481</b>	<b>(556,191)</b>
Salaries & Benefits	7,043,405	7,816,728	7,539,098	(277,630)
Services & Supplies	5,087,627	5,926,657	5,720,996	(205,661)
Other Charges	2,587,106	3,083,066	2,401,320	(681,746)
Other Fin Uses	1,013,882	6,094,447	885,357	(5,209,090)
Residual Equity Xfer	0	0	2	2
Intrafund Transfers	500,407	518,374	545,869	27,495
Intrafund Abatement	(500,407)	(463,374)	(545,869)	(82,495)
Contingency	0	4,684,774	10,557,708	5,872,934
<b>Total Appropriations</b>	<b>15,732,022</b>	<b>27,660,672</b>	<b>27,104,481</b>	<b>(556,191)</b>
<b>FUND 1109 PUBLIC HEALTH TOTAL</b>	<b>(754,644)</b>	<b>0</b>	<b>0</b>	<b>0</b>

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## MAJOR BUDGET CHANGES

### Revenue

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#### *Fine & Penalties*

(\$350,000) Decrease in Court Fines due to the transfer of the Emergency Medical Services (EMS) fund to the Chief Administrative Office.

#### *State Funding*

\$100,000 Increase in the Communicable Disease (CD) Infectious Disease Grant.

\$46,367 Increase in Multipurpose Senior Service Program (MSSP) allocation (\$23,136) and Tobacco Use Prevention Program (TUPP) (\$26,231).

#### *Federal Revenue*

\$115,801 Increase to California Children's Services (CCS) funding (\$83,665), and MSSP Program funding (\$32,136).

(\$40,000) Decrease to Supplemental Nutrition Education Program (SNAP-ED) funding.

#### *Charges for Service*

(\$149,444) Decrease in Interfund Charges revenue due primarily to the discontinuation of Public Health Administration cost allocations to Animal Services (\$122,041) and other smaller adjustments.

#### *Other Financing Sources*

\$254,673 Increase in transfer in from 1991 Public Health (PH) Realignment Vehicle License Fee revenue (\$240,993) and Sales Tax revenue (\$13,680)

\$358,182 Increase in General Fund support for Jail and Juvenile Hall medical contract due to annual contract increase, includes reduction from closure of the Placerville Juvenile Hall.

(\$400,000) Decrease in transfer from Behavioral Health Mental Health Service Act (MHSA) Innovation Fund for the Community HUB program based on the MHSA Plan.

(\$102,529) Decrease in transfer of PH Realignment to the MSSP Program (\$102,529) due to Grant increase.

#### *Fund Balance*

(\$286,386) Net decrease in projected fund balance related to Public Health Realignment and from Reserves.

(\$149,950) Decrease in projected Tobacco Settlement fund balance.

(\$6,198) Decrease in projected Public Health Accreditation fund balance.

\$26,574 Increases in projected fund balance for several smaller programs.

### Appropriations

#### *Salaries and Benefits*

(\$190,252) Decrease in salaries and benefits due to transfer of Ambulance Billing program (1.0 FTE Fiscal Technician and 1.0 FTE Administrative Technician) to the Chief Administrative Office.

\$163,760 Net increase in salary and benefits adjustments including merit increases.

\$30,000 Increase in Standby Pay associated with a change in the Manager Association labor agreement to require on-call pay for managers.

\$87,474 Increase in CalPERS retirement costs.

(\$193,957) Decrease in County's share of cost for health insurance benefits.

\$11,602 Increase in Unemployment Insurance fund contribution.

(\$186,257) Decrease in Workers' Compensation premium charge to bring the program funding level to an acceptable confidence level, as provided by the Risk Management Division.

#### *Services and Supplies*

(\$619,927) Decrease due to transfer of Emergency Medical Services (EMS) fund to the Chief Administrative Office.

\$358,182 Increase in Jail and Juvenile Hall medical contract with Wellpath, formerly California Forensic Medical Group (CFMG).

(\$41,206) Decrease in Oral Health (\$14,238) and SNAP-Ed program (\$26,968) spending due to the grant contract reduction.

\$132,688 Increase due to County Medical Services Program (CMSP) cost transfer from staffing to Professional Services.

(\$12,252) Decrease in Travel and Training expenses pursuant to Chief Administrative Office direction in recognition of COVID-19 related travel restrictions.

(\$33,676) General Liability insurance premium charge recommended at \$0 to bring the program funding level to an acceptable confidence level, as provided by the Risk Management Division.

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## *Other Charges*

- (\$161,384) Net decrease in Support and Care of Persons expense in the Public Health Nursing programs (\$170,879), offset by increase in Transportation Expense (\$4,530) and Ancillary Services (\$4,965) primarily in the Nursing programs.
- (\$522,964) Net decrease in Interfund transfers due to lower ICR charges from the HHS Administration and Finance Department (\$569,547), offset by an increase in A-87 Cost Allocation Plan charges (\$46,583).

## *Other Financing Uses*

- (\$5,068,000) Decrease of Operating Transfers Out primarily due to the one-time transfer of \$5,000,000 to Contingency for the South Lake Tahoe campus, previously budgeted in Accumulated Capital Outlay (ACO) fund.
- \$24,000 Increase due to transfer to Environmental Management for the Communicable Disease (CD) Infectious Disease Grant.
- (\$165,000) Decrease of Operating Transfers Out for Spring Street Project deferred maintenance.

## *Intrafund Transfer*

- \$82,495 Increase due to the discontinuation of Public Health Admin allocation to Animal Services, as Animal Services is now a stand-alone department.
- (\$55,000) Decrease due to transfer of Emergency Medical Services (EMS) fund to the Chief Administrative Office.

## *Intrafund Transfer Abatement*

- (\$82,495) Increase to abatement (shown as negative) due to discontinuation of the Public Health Admin charge to Animal Services.

## *Contingency*

- \$5,478,248 Increase due to the set aside of Public Health Realignment Fund Balance.
- \$350,000 Increase due to planned move of EMS Emergency Medical Services (EMS) fund to the Chief Administrative Office.
- \$44,703 Net increase due to a projected decrease in the use of fund balances for program activities.

## PROGRAM SUMMARIES

### *Public Health (PH) Administration*

This section includes the programmatic administrative support to the Public Health Department (which manages about 30 programs), and primarily addresses the areas of policies and procedures and accreditation. Revenues include use of Realignment to assist programs within Public Health for the purposes of supporting administrative cost within the same sub fund 11090 001 and for programs within their own sub fund that have non-billable administrative cost. There is an increase this year due to the South Lake Tahoe property purchase and renovation project and uncontrolled cost increase.

### *Communicable Disease (CD), Vital Stats*

Programs in this section address communicable disease prevention, provide basic clinical services, surveillance and control, vital statistics, and health information collection, analysis, and reporting. Revenues in these programs include PH Realignment, health fees, State funding and Federal funding.

### *Community Nursing*

The Public Health nurses and associated staff provide community/school based skilled early intervention and case management services designed to improve health outcomes, reduce disease incidence and protect the public from vaccine preventable illness with special emphasis on women of child bearing age and medically fragile children. In addition, the Public Health Nurses provide direct support to preparedness and communicable disease areas related to mitigation efforts as appropriate. These activities are accomplished through administration of the following core programs: Maternal, Child, Adolescent Health (MCAH); California Children Services (CCS); Healthy Families; Community Hub Program, Child Health and Disability Prevention (CHDP); the Early Periodic Screening, Diagnosis, and Treatment (EPSDT, a State and Federal mandate of Medi-Cal), Health Care for Children in Foster Care, Child Lead Poisoning Prevention Program, High Risk CPS Intervention and Immunization campaigns. Extra help funding is for public health nursing staff to assist with seasonal flu clinics and to assist with the CHDP program. The General Fund contribution reflects a required County match (from Department 15) for the CCS and Healthy Families programs. Revenues in these programs include PH Realignment, Social Services Realignment, Mental Health Services Act (MHSA) Innovation Fund, First 5, Probation AB 109 Realignment, County General Fund (required match), Health Fees, transfer from Human Services, and State and Federal funding.

### *Multipurpose Senior Services Program (MSSP)*

The Multipurpose Senior Services Program (MSSP) prevents premature institutionalization by offering comprehensive physical and psychosocial assessments and provides ongoing case management services. Revenues in this program come from the State, Federal and Public Health Realignment.

### *AIDS and HIV Programs*

These programs provide for surveillance and testing activities related to AIDS and HIV, as well as services and assistance, such as housing and case management, to persons affected by HIV. Revenues in these programs come from State and Federal funding for AIDS/HIV and PH Realignment.

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## *Public Health Laboratory/LEA*

Public Health uses a contracted Laboratory for any needed services. Local Enforcement Agency (LEA) responsibilities are mandated under the Public Resources Code and involve enforcement of State solid waste laws (currently primarily through contracted services). Revenue in this program comes from health fees, the State, transfer from various County departments for services, and PH Realignment.

## *Institutional Care Programs*

The Institutional medical care program provides medical services for the inmate/ward populations at the County adult/juvenile detention facilities through a contract with the California Forensic Medical Group. The General Fund contribution reflects County support (from Department 15) for detention medical services. Revenue in this program includes County General Fund, Probation AB 109 Realignment, and State and local program Realignment (SLPR) match.

## *Women Infants and Children (WIC)*

The Supplemental Food Program for Women, Infants and Children (WIC) serves low to moderate-income pregnant, breastfeeding, and postpartum women, and infant/children up to age 5 who are at nutritional risk. The program offers nutrition education, breastfeeding support and food vouchers. Revenue in this program includes Federal funding and PH Realignment.

## *Tobacco Settlement Programs*

Discretionary funds are made available through the County's allocation from the State's Tobacco Settlement Agreement and following prior Board direction are designated for capital improvement projects for housing HHSA programs.

## *Health Promotions*

Public Health supports a variety of health promotion programs and targeted services. Included are outreach and enrollment services to identify and provide health insurance options, (particularly for uninsured/underinsured children), implement focused nutrition education interventions, (particular for the people eligible for Supplemental Nutrition Assistance Program (SNAP), services to connect individuals to appropriate health care services, programs aimed at increasing child safety through the proper use of car seats and safety helmets, and other aligned services. Responsibilities also include evaluation and development of health promotion strategies to prevent chronic disease and improve health outcomes for general and targeted populations (including indigent, institutionalized, and CMSP populations) and administration of domestic violence prevention and response contracts. Revenues in these programs include marriage licenses, court fines and Federal funding.

## *County Medical Services Program (CMSP) Pilot Program*

CMSP County Wellness & Prevention Pilot Project was approved by County Medical Services Program Governing Board on October 2016. This pilot project is to focus on Community Wellness through collaboration with community based healthcare providers, Eligibility Workers employed through the County Social Services Department of HHSA and the Public Health department of HHSA in an effort to increase the number of CMSP enrollees and to further the efforts of Community Wellness within the County. The program was originally approved for a three-year period ending December 31, 2019. The CMSP Governing Board approved an extension, along with a change in the scope of work. HHSA is partnering with Marshal Hospital and the program was extended through December 31, 2020.

*Tobacco Use Prevention Program (TUPP) and Oral Health Program*

This program provides services targeted at tobacco use prevention, cessation, and improvement of oral health. Revenues in these programs come from State tobacco funds available through AB 75, Proposition 56 (Tobacco Tax Act) and the transfer of Realignment funds.

## FUTURE/PENDING ISSUES

*South Lake Tahoe Facility*

In coordination with County Facilities, HHSa is in the process of creating a South Lake Tahoe (SLT) HHSa campus. The first step was to purchase a building that required capital improvements known as the Sandy Way project. The Social Services Income Maintenance Division moved into Sandy Way in October 2019. The Sandy Way building will allow for improved utilization of space for both staff and clients. The second step in the process will be the rebuilding of the El Dorado Center building. HHSa is currently reviewing potential available funding for the project.

*Community HUB Funding*

As of February 27, 2020, the Community Hubs Program received State approval to extend the MHSA Innovation funding through June 30, 2021. MHSA Innovation provides a significant amount of funding to the Hubs and once expired there is no other identified funding to replace it. Since FY 2016-17, the Community Hub pilot program has established a presence in the libraries of all five Supervisor Districts. Open Houses were conducted in early February 2018 to inform the community of its services. The Hubs provide community support and access to HHSa services. There are a number of funding concerns, which include the under-utilization of MHSA Innovation funds, the over-utilization of PH 1991 Realignment, and the sustainability of the programs after MHSA funding has expired. Public Health does not have sustainable funding available to the Hubs in its current structure after 2021. The program manager is actively seeking funding support to sustain this program. HHSa will continue to keep the Board informed about the funding concerns and solutions for this program.

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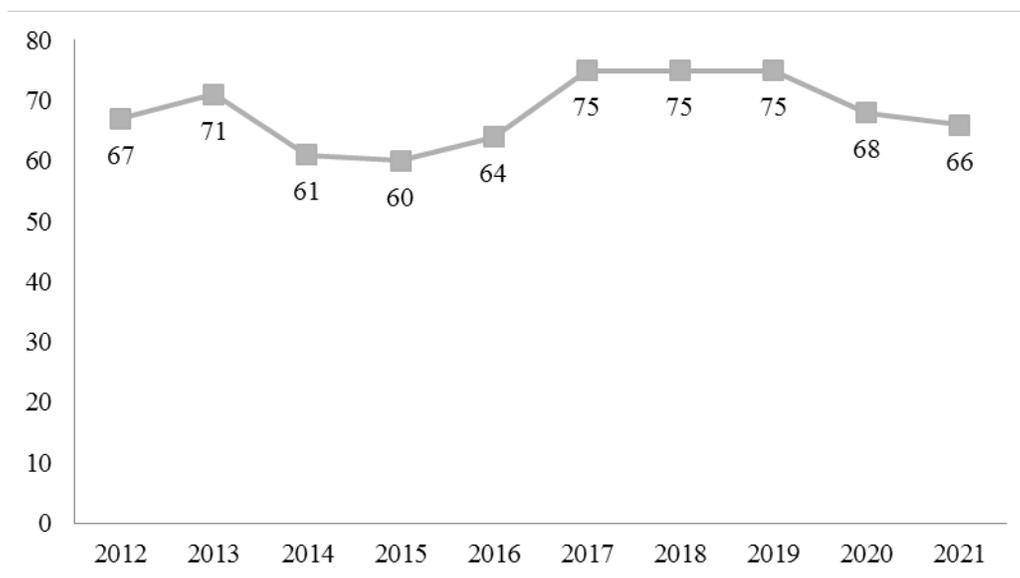
## RECOMMENDED BUDGET • FY 2020-21

### BUDGET SUMMARY BY PROGRAM

	Appropriations	Revenues	Use of Realignment	General Fund Contribution	Staffing
Public Health Admin	\$ 9,546,151	\$ 9,546,151	\$ -	\$ -	1.95
Communicable Disease, Vital Stats	\$ 1,620,407	\$ 1,620,407	\$ 1,375,207	\$ -	10.25
Community Nursing	\$ 6,521,032	\$ 6,521,032	\$ 2,018,501	\$ 464,552	36.15
Multipurpose Senior Services Program (MSSP)	\$ 493,688	\$ 493,688	\$ 172,316	\$ -	2.95
AIDS & HIV Programs	\$ 16,518	\$ 16,518	\$ 4,102	\$ -	0.10
Public Health Laboratory	\$ 115,514	\$ 115,514	\$ 22,074	\$ -	0.05
EMSA Fund	\$ 350,000	\$ 350,000	\$ -	\$ -	-
Institutional Care Program	\$ 4,493,295	\$ 4,493,295	\$ -	\$ 4,243,295	-
Women Infants & Children (WIC)	\$ 992,857	\$ 992,857	\$ 158,851	\$ -	9.10
Tobacco Programs	\$ 1,321,136	\$ 1,321,136	\$ -	\$ -	-
Health Promotions	\$ 336,034	\$ 336,034	\$ 13,010	\$ -	2.10
County Medical Services Program (CMSP)	\$ 377,303	\$ 377,303	\$ -	\$ 233,492	-
Tobacco Use Prevention	\$ 920,546	\$ 920,546	\$ 289,760	\$ -	3.30
<b>Total</b>	<b>\$ 27,104,481</b>	<b>\$ 27,104,481</b>	<b>\$ 4,053,821</b>	<b>\$ 4,941,339</b>	<b>65.95</b>

### STAFFING TREND

The recommended staff allocation for FY 2020-21 is 65.95 FTEs. This is a net reduction of 2.05 FTEs when compared to the FY 2019-20 Adopted Budget, and includes the transfer of 2.0 FTEs (1.0 Administrative Technician and 1.0 Fiscal Technician) to the Chief Administrative Office to support Ambulance Billing, and the deletion of .80 vacant Limited Term Health Program Specialist. This also includes the net transfer of .75 FTE from other HHS departments to Public Health. There are 58.5 FTEs located on the West Slope and 7.45 FTEs located on South Lake Tahoe.



## RECOMMENDED BUDGET

The Budget for the Public Health Department is recommended at \$27,104,481. This is a decrease of \$556,191 (2%) when compared to the FY 2019-20 Adopted Budget. The General Fund provides 18.2% of the funding for the Public Health Department.

The total General Fund contribution to the Public Health Department is \$4,941,339, which is an increase of \$358,182 (7.8%) when compared to the FY 2019-20 Adopted Budget. This increase is attributed to an increase in the Jail and Juvenile Hall medical contract with California Forensic Medical Group (CFMG). The FY 2019-20 Adopted Budget included a downward adjustment of \$283,000 for an estimated reduction in services as a result of closing the Placerville Juvenile Hall. The actual decrease was less, and the Adopted Budget was amended to transfer savings from other areas. The Recommended Budget for FY 2020-21 for Jail Medical costs is \$4,233,295, which includes an increase of 3.6% to the base rate.

There is no change to the General Fund contribution for the County Medical Services Program (CMSP) participation fee of \$233,492. Should CMSP opt to not collect this fee, it is recommended that the budgeted funds be reduced.

The Public Health Department is also funded by 1991 and 2011 Realignment. Realignment funding provides \$4,053,821 (15%) of the funding for the Department, and is decreased by \$521,038 (11.4%) when compared to the FY 2019-20 Adopted Budget.

### CAO Adjustments

The CAO office reduced the cost of Jail Medical expenses by \$90,292 to be in line with the amended contract with CFMG, which was adjusted down for the closure of the Placerville Juvenile Hall.

### Sources and Uses of Funds

The Public Health Department is funded primarily by state and federal revenue streams, 1991 and 2011 Realignment, General Fund and Public Health Fund Balance. Mental Health Service Act (MHSA) funding will support the Community HUB program until June 2021.

Revenue is decreased by approximately \$556,191 in the following programmatic areas:

<b>Program Area</b>	<b>Revenue Change</b>
Public Health Admin	\$ 94,715
Communicable Disease/Vital Stats	\$ 40,252
Community Nursing	\$ (242,125)
Multipurpose Senior Services Program (MSSP)	\$ (38,257)
AIDS & HIV Programs	\$ (704)
Public Health Laboratory	\$ (3,548)
Institutional Care Program	\$ 358,182
EMSA Fund	\$ (341,499)
Women Infants & Children (WIC)	\$ (186,905)
Tobacco Settlement	\$ (232,124)
Health Promotions	\$ (30,853)
County Medical Svs. Prgm (CMSP)	\$ 25,496
Tobacco Use Prevention	\$ 1,179
<b>Total</b>	<b>\$ (556,191)</b>

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The chart below summarizes budgeted changes in Fund Balance in FY 2020-21:

<b>Program</b>	<b>FY 2020-21 Beg. Fund Balance</b>	<b>Budgeted Use of Fund Balance</b>	<b>FY 2020-21 Ending Fund Balance</b>
PH Admin	\$ 8,806,072	\$ (243,239)	\$ 9,049,311
Medi-Cal Admin (MAA-SRF)	\$ 117,973	\$ 70,712	\$ 47,261
Tobacco Settlement	\$ 1,152,136	\$ 41,000	\$ 1,111,136
Car Seat Restraint	\$ 22,367	\$ 22,367	\$ -
Bicycle Helmets	\$ 2	\$ 2	\$ -
<b>Total</b>	<b>\$ 10,098,550</b>	<b>\$ (109,158)</b>	<b>\$ 10,207,708</b>