Little Hoover Commission
Publicly-Funded Health Care, Alameda County

1. **Goals:**

The mission of the Alameda County Health Care Services Agency is to provide fully integrated health care services through a comprehensive network of public and private partnerships that ensures optimal health and well being and respects the diversity of all residents.

This mission is accomplished through the four departments that make up the HCSA (Public Health, Behavioral Care, Environmental Health, and Administration/Indigent Care and cross-jurisdictional services), along with the Alameda County Medical Center (ACMC, including Highland General Hospital and its clinics) which the County of Alameda contracts with for the provision of acute inpatient, acute emergency care and trauma, acute rehab, skilled nursing, and specialty and primary care services.

The HCSA Budget is approximately $490 million annually with ACMC budget just over $400 million, $100 million of which reflects contracts with HCSA and its departments. Approximately 83% of HCSA revenue is derived from State/Federal/Grants/Fees with the remaining 17% being County general funds, both mandated and non-mandated.

The County of Alameda County is blessed with numerous not-for-profit community-based providers (CBO) and community hospitals, including two non-public DSH hospitals, and a public MediCal/Healthy Families managed care provider, The Alameda Alliance for Health.

2. **Challenges:**

Alameda County, like all counties in this State, suffers from a disjointed and fragmented public and private health care system that has evolved over the last thirty years with only modest attempts at system integration and coordination. Uninsured residents of our county approximate 16% of our populations, and even with substantial local support, those providers that serve the uninsured and underinsured disproportionately, struggle constantly to achieve fiscal and program stability. The regressive nature of poverty further complicates the provision of services and adds to health care costs. Most of our high cost/frequent utilizing clients suffer from lack of housing, multiple diagnosis, and marginal to nonexistent support systems making routine compliance and follow-up care, essential for stabilization, difficult at best.

As service components or departments (Mental Health, hospitals, etc.) struggle to survive and absent any "overall design" or agreement as to a pre-eminent system approach, they have become more aggressive in seeking resolutions to their particular survival issues. This has increased the competition among provider sectors and making integration and coordination among them more difficult. The State's initiative process is both a vehicle to address specific service/provider program problems, as well as a barrier to real reform, as we try to solve our system fragmentation and inadequacy the same way we built it: **one piece at a time**. Just over the last two decades: we have had Prop 99, Prop 10, Prop 36, and the Mental Health Services Act, along with State Re-alignment, MediCal managed care, and multiple variations of State/Federal MediCal hospital financing reforms. All of them were well-intentioned initiatives, and all addressed significant funding and service gaps in each of the target areas they championed. None, however, provided a context for better integration of services, or were tied to real system reform.

3. Strategies:

Alameda County is attempting to address the gaps in health coverage, the fragmentation of the system, and disparity in provider reimbursements and fiscal stability in a multitude of ways. These include:

a. **Positioning the County HCSA as a lead agency** in the convening and coordination of health system issues across both the public and provider sectors, e.g., lead in developing Alameda Alliance for Health, First Five of Alameda County, etc.;
b. **Promotion and support to both public, CBO, and private providers** through direct funding support and coordination;
c. **Promotion of integrated services** where need and opportunities are greatest, e.g. school-based or linked services;
d. **Promotion of efforts to expand health insurance coverage** through stationing of eligibility workers in community clinics, aggressive enrollment and retention services targeting the eligible but not enrolled residents, development of an electronic/web-based coverage application process (i.e., One-E-App), and direct but limited funding of health insurance for limited number of uninsured children/youth;
e. **Commitment of discretionary County funds** beyond State/Federal mandates;
f. **Active pursuit of new revenue streams at local level,** e.g., Emergency Medical Services tax that supports first responders and subsidizes all three trauma centers; and Measure A, Essential Health Services Act, that authorizes a one-half cent sales tax dedicated to stabilizing the County public hospital (75%) and to support critical behavioral health, public health, primary care, and other components, public and private, of the County health care system (25% of funds);

g. **Active leveraging with State/Federal funds to maximize available revenue**, e.g., State Plan Amendments that allow non-public DSH and trauma hospitals to match local support with Federal matching funds.

4. Attachments:

a. HCSA Program Overview/Org Chart;
b. Map: School-Based Health Center sites;
c. Map: Indigent Care Provider Network;
d. Map: Public Health Services Provider Network;
e. Map: Mental Health Services Managed Care Provider Network;
f. Map: Adult Mental Health Services Providers;
g. Map: Alcohol and Drug Treatment Services Provider Network;
h. Map: Mental Health Board and Care Home Services Provider network

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