

**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**

Description	Prior Year Actual	Current Year Adopted	CAO Recommended	Difference from Adopted
License, Pmt, Fran	68,103	115,000	115,000	0
Fines & Penalties	306,522	375,500	375,500	0
Rev Use Money/Prop	80,860	53,650	53,650	0
IG Rev - State	1,459,686	1,630,826	1,698,905	68,079
IG Rev - Federal	2,931,268	2,846,512	2,404,007	(442,505)
Other Gov Agency	375,240	414,600	380,000	(34,600)
Service Charges	422,659	702,254	621,626	(80,628)
Miscellaneous Rev	605,420	77,125	46,125	(31,000)
Other Fin Sources	8,801,264	11,057,338	11,104,381	47,043
Fund Balance	0	7,681,546	10,385,821	2,704,275
<b>Total Revenue</b>	<b>15,051,023</b>	<b>24,954,351</b>	<b>27,185,015</b>	<b>2,230,664</b>
Salaries & Benefits	7,213,604	8,194,519	7,816,728	(377,791)
Services & Supplies	5,100,978	6,416,582	5,947,669	(468,913)
Other Charges	2,161,962	2,823,489	3,083,066	259,577
Other Fin Uses	1,685,865	4,355,246	6,094,447	1,739,201
Intrafund Transfers	416,526	601,956	518,374	(83,582)
Intrafund Abatement	(416,526)	(601,956)	(463,374)	138,582
Contingency	0	3,164,515	4,188,105	1,023,590
<b>Total Appropriations</b>	<b>16,162,409</b>	<b>24,954,351</b>	<b>27,185,015</b>	<b>2,230,664</b>
<b>FUND 1109 PUBLIC HEALTH TOTAL</b>	<b>1,111,386</b>	<b>0</b>	<b>0</b>	<b>0</b>

**MAJOR BUDGET CHANGES**

Revenue

*State Funding*

\$119,309 Increase in Tobacco revenue primarily due to Oral Health grant rollover authority of unspent funds (\$128,651), offset by reduction in Proposition 56 Tobacco Tax fund (\$9,342).

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\$14,760 Increase in California Children Services (CCS) funding.

(\$65,990) Decrease due to shift of Emergency Preparedness program to the Chief Administrative Office (CAO).

### *Federal Revenue*

(\$442,505) Decrease due to shift of Emergency Preparedness program to the CAO.

### *Other Governmental Agencies*

(\$34,600) Decrease due to shift of Emergency Preparedness program and Emergency Medical Services (EMS) to the CAO.

### *Charges for Service*

(\$60,000) Decrease in Health Fees primarily in the Public Health Lab due to adjustment based on prior year actual (\$54,000), and in EMS due to shift to the CAO (\$6,000).

(\$20,628) Decrease in Interfund Revenue, charges to other departments, to bring in line with prior year actual.

### *Miscellaneous Revenue*

(\$31,000) Decrease due to shift of EMS to CAO.

### *Other Financing Sources*

\$106,704 Increase in General Fund support for Jail and Juvenile Hall medical contract.

\$81,047 Increase in General Fund support for the California Children Services (CCS) program due to increase in ongoing costs.

(\$161,436) Decrease in General Fund support due to the EMS program shift to the CAO.

\$244,008 Increase in transfer from Behavioral Health MHSA Innovation Fund for the Community HUB program based on the MHSA Plan.

(\$10,000) Decrease in OES grant from Sheriff's Office due to the Emergency Preparedness Programs shifting to the CAO.

(\$355,600) Decrease in expected transfer in of 1991 Public Health (PH) Realignment Vehicle License Fee revenue.

\$134,793 Increase of Sales Tax Realignment transfers (\$134,793) and 1991 Social Service Realignment transfer to support CCS Programs (\$30,265).

*Fund Balance*

\$1,064,893	Increase in projected fund balance related to Public Health Realignment funding.
\$160,000	Increase to the projected Tobacco Settlement fund balance.
(\$154,054)	Decrease to the projected fund balance for Public Health Accreditation, EMS Special Revenue Fund and Car Seat Special Revenue Fund.
(\$866,564)	Decrease to projected fund balance for EMS Ground Emergency Medical Transport (GEMT) due to shift of EMS to the CAO.
\$2,500,000	Increase in use of Fund Balance from reserves for the South Lake Tahoe campus capital project

Appropriations

*Salaries and Benefits*

(\$866,737)	Decrease in salaries and benefits due to shift of EMS and Emergency Preparedness Programs to the CAO.
\$352,693	Increase in salaries primarily due to negotiated wage increases.
\$189,972	Increase in CalPERS retirement costs.
\$4,339	Increase to Medi-Care in relation to negotiated wage increases.
\$194,629	Increase in County's share of cost for health insurance benefits.
(\$97,361)	Decrease in budgeted Unemployment Insurance fund contribution.
(\$161,114)	Net decrease in cost applied benefits for Retiree Health, Worker's Compensation and other miscellaneous benefits.

*Services and Supplies*

(\$550,024)	Decrease due to shift of the EMS and Emergency Preparedness programs to the CAO.
\$128,651	Increase in Oral Health spending due to the grant contract rollover of unspent funds from prior years.
\$106,704	Net increase in CFMG contract for Jail and Juvenile Hall medical support.
(\$154,131)	Decrease due to aligning other service and supply costs to prior year actuals.

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### *Other Charges*

\$197,074	Increase to Support and Care of Persons expense primarily in the Public Health Nursing programs.
(\$303,207)	Decrease to Interfund transfers due to shift of the EMS and Emergency Preparedness programs to CAO.
\$370,103	Increase in Interfund transfers due to the increase of the Indirect Cost Rate for Administration and Finance support.

### *Other Financing Uses*

\$2,757,461	Increase of Operating Transfers Out primarily due to the one-time transfer of Public Health fund balance to the Accumulated Capital Outlay (ACO) fund for the South Lake Tahoe campus capital project (\$5,000,000).
(\$1,018,260)	Decrease of Operating Transfers Out due to placing the balance of the Tobacco Settlement funds into contingency for Health and Human Services Agency capital projects.

### *Contingency*

\$1,178,260	Increase due to the set aside of Tobacco Settlement funds for Health and Human Services Agency capital projects.
(\$98,114)	Net decrease due to a projected increase to the use of fund balances for program activities.

## PROGRAM SUMMARIES

### *Emergency Medical Services (EMS) and Emergency Preparedness and Response*

The Board of Supervisors approved the transfer of the EMS and Emergency Preparedness program operations and administrative support to the Chief Administrative Office (CAO) effective July 1, 2019. Beginning in FY 2019-20 these functions will become a separate division of the CAO Budget and reflected in the CAO budget narrative.

### *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, 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.

*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.

*Emergency Medical Services (EMS) Special Revenue Fund (SRF)*

EMS SRF receives court fines that fund Emergency Services, which include physicians, surgeons and hospitals. The Maddie fund pays for contracts with hospitals and physicians and surgeons for indigent patients who receive emergency medical services. A specific portion (15%) is set aside to fund pediatric trauma services (Ritchie fund).

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## *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 required 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 Tobacco Settlement Agreement and are allocated for capital improvement projects for housing HHSA program staff.

## *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 approved for a three year period. Program is expected to end December 31, 2019.

## *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 will require capital improvements known as the Sandy Way project. HHSa is currently delivering client services in antiquated county facilities. The Sandy Way building will allow for improved utilization of space for both staff and clients. The Sandy Way project is expected to be completed in late summer of 2019. The second step in the process will be the rebuilding of the El Dorado Center building. HHSa is currently in the design phase of this building. The Department, along with the CAO staff, including Facilities, will review potential options for funding the construction phase of the project and present options to the Board. The project could be delayed until sufficient funding to complete the project is identified.

*Community HUB Funding*

FY 2019-20 is a pivotal year for the Community HUB Project since a large amount of its funding will expire in June 2020. 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. This project is heavily funded by the Mental Health Service Act (MHSA) Innovation allocation funding. There are a number of funding concerns with the program, including the under-utilization of MHSA Innovation funds, the over-utilization of PH 1991 realignment, and funding sustainability beyond June 2020, when the current funding expires. Public Health does not have sufficient funding resources to sustain the HUBs program in its current structure after 2020. The program manager is actively seeking funding support to sustain this program as the MHSA innovation funding declines. HHSa will continue to keep the Board informed about the funding concerns and solutions for this program.

BUDGET SUMMARY BY PROGRAM

	Appropriations	Revenues	Use of Realignment	General Fund Contribution	Staffing
Public Health Admin	\$ 8,975,779	\$ 8,975,779	\$ -	\$ -	2.20
Communicable Disease, Vital Stats	\$ 1,580,155	\$ 1,580,155	\$ 1,390,355	\$ -	9.25
Community Nursing	\$ 6,763,157	\$ 6,763,157	\$ 2,204,265	\$ 464,552	36.15
Multipurpose Senior Services Program (MSSP)	\$ 531,945	\$ 531,945	\$ 274,845	\$ -	2.95
Aids & HIV Programs	\$ 17,222	\$ 17,222	\$ 4,806	\$ -	0.10
Public Health Laboratory	\$ 119,062	\$ 119,062	\$ 15,622	\$ -	0.05
EMSA Fund	\$ 691,499	\$ 691,499	\$ -	\$ -	-
Institutional Care Program	\$ 4,135,113	\$ 4,135,113	\$ -	\$ 3,885,113	-
Women Infants & Children (WIC)	\$ 1,179,762	\$ 1,179,762	\$ 345,756	\$ -	9.10
Tobacco Programs	\$ 1,553,260	\$ 1,553,260	\$ -	\$ -	-
Health Promotions	\$ 366,887	\$ 366,887	\$ 5,183	\$ -	1.10
County Medical Services Program	\$ 351,807	\$ 351,807	\$ 18,315	\$ 233,492	0.80
Tobacco Use Prevention	\$ 919,367	\$ 919,367	\$ 315,712	\$ -	4.30
Ambulance Billing	\$ -	\$ -	\$ -	\$ -	2.00
<b>Total</b>	<b>\$ 27,185,015</b>	<b>\$ 27,185,015</b>	<b>\$ 4,574,859</b>	<b>\$ 4,583,157</b>	<b>68.00</b>

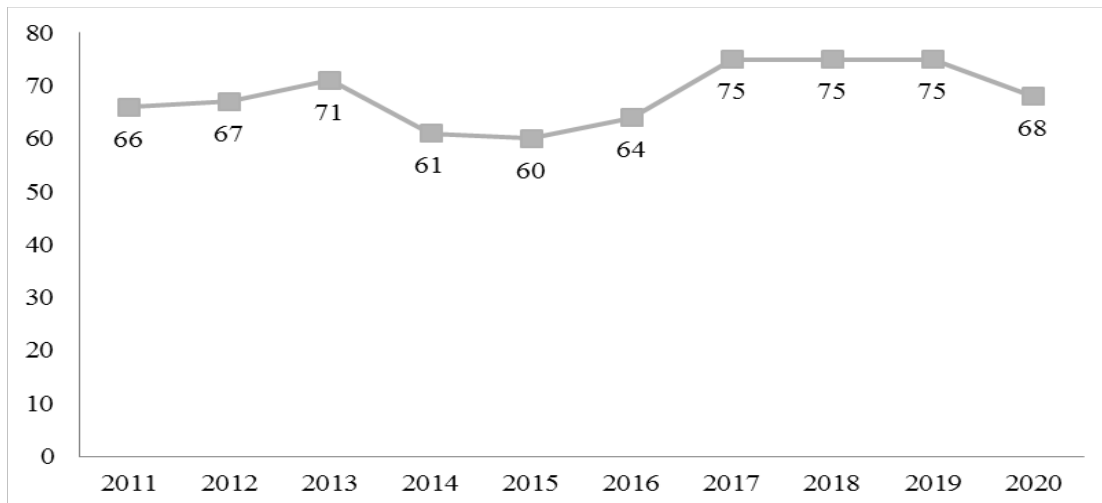
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### STAFFING TREND

The recommended staff allocation for FY 2019-20 is 68.00 FTEs. This is a net reduction of 7.0 FTE, and includes the transfer of 4.7 FTEs in the EMS and Emergency Preparedness program to the Chief Administrative Office. This transfer was approved by the Board of Supervisors to be effective July 1, 2019. This also includes the transfer of 2.25 from Public Health to other HHSA divisions due to program needs. There are 60.55 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 \$27,185,015. After restating the FY 2018-19 Adopted Budget to remove the EMS and Emergency Preparedness budgets, this is an increase of \$3,971,800 (16.3%) when compared to the revised FY 2018-19 Adopted Budget. The General Fund provides 16.9% of the funding for the Public Health Department, and is increased by \$187,751 (4.3%) when compared to the FY 2018-19 Adopted Budget.

The total General Fund contribution to the Public Health Department is \$4,583,157, which is an increase of \$187,751 (4.3%). This increase is attributed to the following:

- Increase of \$81,047 (21.1%) to California Children Services Admin/Diagnostic, due to increases in employee costs and a decrease in Federal and State revenue. Total General Fund cost for this program is \$464,552.
- Increase of \$106,704 (2.8%) to the Jail and Juvenile Hall medical contract, California Forensic Medical Group (CFMG), due to a contract increase. This budget includes a projected adjustment downward of \$283,000, as a result of closing the Placerville Juvenile Hall. The budgeted contract cost is \$3,885,113.

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. A General Fund contribution of \$161,436 is being reduced as a result of the transfer of the EMS program to the Chief Administrative Office.



The Public Health Division is also funded by 1991 and 2011 Realignment. Realignment funding provides \$4,574,859 (16.8%) of the funding for the Division, and is increased by \$476,131 (11.6%) when compared to the FY 2018-19 Adopted Budget.

It should also be noted that County Service Areas (CSAs) funds for ambulance transport services, CSA 3 and CSA 7 have been transferred from Public Health to the Chief Administrative Office, resulting in a decrease of \$25,077,880 in FY 2018-19 budgeted revenue and appropriations in the Public Health Department of HHSA.

### CAO Adjustments

The contract with CFMG for jail and juvenile hall medical programs was reduced by \$283,000 due to reduced support as a result of the closure of the Placerville Juvenile Hall in 2019. HHSA will renegotiate the contract with CFMG in the upcoming months.

Additionally, Realignment revenue transferring from HHSA to the CAO for Emergency Preparedness program was increased by \$30,411 to result in a status quo budget.

### Sources and Uses of Funds

The Public Health Division 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 2020.

Revenue is increased by a net of \$1.4 million in the following programmatic areas:

Program Area	Net Change	Notes
Communicable Disease/Vital Stats	\$ 152,193	Increase Use of PH Realignment
Community Nursing	\$ 734,392	Increased Use of PH Realignment and MHSA Innovation to Nursing Programs, and \$81K in GF for CA Children Support
Multipurpose Senior Services Program (MSSP)	\$ 52,481	Increased Use of PH Realignment
AIDS & HIV Programs	\$ (961)	Decreased Use of PH Realignment
Public Health Laboratory	\$ (74,839)	Decreased Use of PH Realignment
Institutional Care Program	\$ 106,704	Increased use of GF due to contract increase
EMSA Fund	\$ (5,014)	
Women Infants & Children (WIC)	\$ 84,026	Increased Use of PH Realignment
Tobacco Settlement	\$ 160,000	Increased projected Fund Balance
Health Promotions	\$ (23,836)	Decreased Use of PH Realignment
County Medical Svs. Prgm (CMSP)	\$ 2,732	
Tobacco Use Prevention	\$ 217,542	Increased Use of PH Realignment
Ambulance Billing	\$ -	
<b>Total</b>	<b>\$ 1,405,420</b>	

The chart below summarizes budgeted changes in Fund Balance:

Program	FY 2019-20 Beg. Fund Balance	Budgeted Use of Fund Balance	FY 2019-20 Ending Fund Balance	Notes
PH Admin	\$ 3,500,000	\$ 521,395	\$ 2,978,605	PH Fund Balance
PH General	\$ 5,000,000	\$ 5,000,000	\$ -	From reserves for SLT
Medi-Cal Admin (MAA-SRF)	\$ 140,408	\$ 109,168	\$ 31,240	For Public Health Accreditation
EMSA Fund	\$ 339,999	\$ 339,999	\$ -	
Tobacco Settlement	\$ 1,384,260	\$ 206,000	\$ 1,178,260	For Capital Improvements
Car Seat Restraint	\$ 21,152	\$ 21,152	\$ -	
Bicycle Helmets	\$ 2	\$ 2	\$ -	
<b>Total</b>	<b>\$ 10,385,821</b>	<b>\$ 6,197,716</b>	<b>\$ 4,188,105</b>	

# Health and Human Services Agency

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## ORGANIZATIONAL CHART

<b>Health and Human Services Agency</b>	
<b>Public Health</b>	
<i>68 FTEs</i>	
<b>Public Health Programs</b>	<b>County Service Areas &amp; Ambulance Billing</b>
<i>FTEs 66.00</i>	<i>FTEs 2.00</i>
<b>Public Health Programs</b>	<b>Ambulance Billing</b>
<b>Placerville</b>	<b>Placerville</b>
<b>58.55</b>	<b>2.00</b>
Care Management Counselor I/II	Administrative Technician
1.00	1.00
Community Health Advocate	Fiscal Technician
6.00	1.00
Department Analyst I/II	
1.20	
Deputy Director	
1.00	
Disease Investigtn/Contrl Specialist I/II	
0.50	
Epidemiologist I/II	
0.40	
Health Education Coordinator	
2.50	
Health Program Specialist	
4.00	
Health Program Specialist -LT	
0.80	
Medical Office Assistant I/II	
3.80	
Nutrition Services Supervisor	
1.00	
Nutritionist	
1.20	
Occupational/Physical Therapist	
2.90	
Program Assistant	
7.20	
Program Manager	
1.20	
Public Health Nurse I/II	
14.10	
Public Health Officer	
1.00	
Sr. Licensed Vocational Nurse	
1.00	
Sr. Office Assistant	
1.95	
Supv Health Education Coordinator	
1.00	
Supv Occupational/Physl Therapist	
0.80	
Supv Public Health Nurse	
4.00	
<b>South Lake Tahoe</b>	<b>7.45</b>
Medical Office Assistant I/II	2.00
Occupational/Physical Therapist	0.25
Office Assistant I/II	1.00
Program Assistant	1.60
Public Health Nurse I/II	0.80
Public Health Nurse Practitioner	0.80
Supv Health Education Coordinator	1.00