



Alameda County  
Health Care Services Agency

# Measure A & TMSF Reauthorization Timeline Fiscal Year 2016-17 to 2018-19



Presentation to Board Health Committee  
March 11, 2015

## AGENDA

- History and Background
- Past Allocation Process
- FY 2016-17 to 2018-19  
Reauthorization Timeline



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## MEASURE A HISTORY

### March 2, 2004

71% voters passed Measure A, the essential health care services tax ordinance, that imposed a half-cent retail transactions and use tax

### June 3, 2014

75% voters passed Measure AA to amend and extend existing half-cent sales tax for another 15 years, until 2034



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## MEASURE A SERVICES

- Emergency medical
- Hospital inpatient
- Outpatient
- Public health
- Mental health
- Substance abuse services



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## MEASURE A POPULATION

Indigent, low-income and uninsured adults, children, families, seniors and other residents of Alameda County



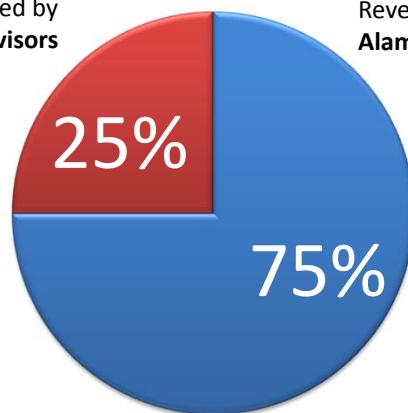
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## MEASURE A ALLOCATION

Revenue allocated by  
**Board of Supervisors**

Revenue transferred to  
**Alameda Health System (AHS)**



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## 25% REVENUE ALLOCATION

The Measure A ordinance stipulates that 25% of revenue shall be allocated by the Board of Supervisors based on **demonstrated need** and County's commitment to a **geographically dispersed network of providers** for the following purposes:

1. Critical **medical services** provided by community-based health care providers;
2. To partially offset uncompensated care costs for **emergency care** and related **hospital admissions**; and
3. For essential **public health, mental health and substance abuse services**.



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## ADDITIONAL BOARD CRITERIA

1. Grants approved for 3 fiscal years unless otherwise specified or adjusted by the Board;
2. Funds reflect geographic and cultural diversity of the County and provide services in most geographically accessible manner possible;
3. Funds spent on priority population, specifically indigent, low-income and uninsured adults, children, families and seniors;



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## ADDITIONAL BOARD CRITERIA

4. Funds distributed according to existing administrative protocols or systems and to existing safety net providers to minimize administrative costs and duplicate processes; and
5. Encourage coordination among providers and an integrated approach to delivery of services



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## ANNUAL MEASURE A REVENUES RECEIVED TO DATE



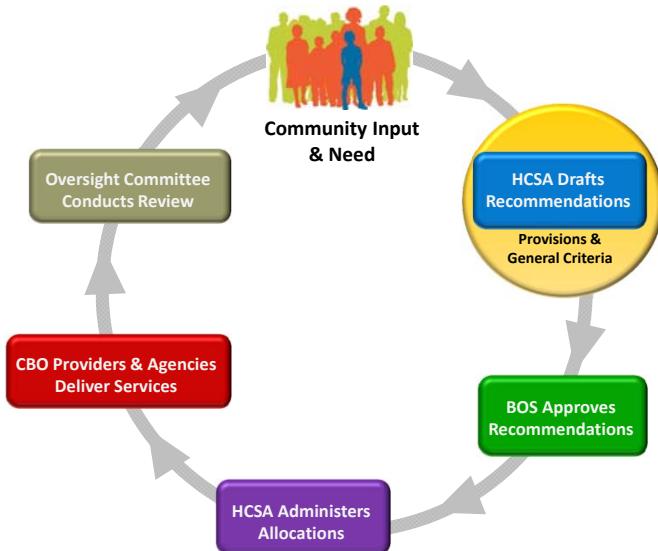
NOTE FY 15 total revenue received only through first 8 months of fiscal year as of May 1, 2015.



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## PAST ALLOCATION PROCESS



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## COMMUNITY INPUT (MEASURE A)

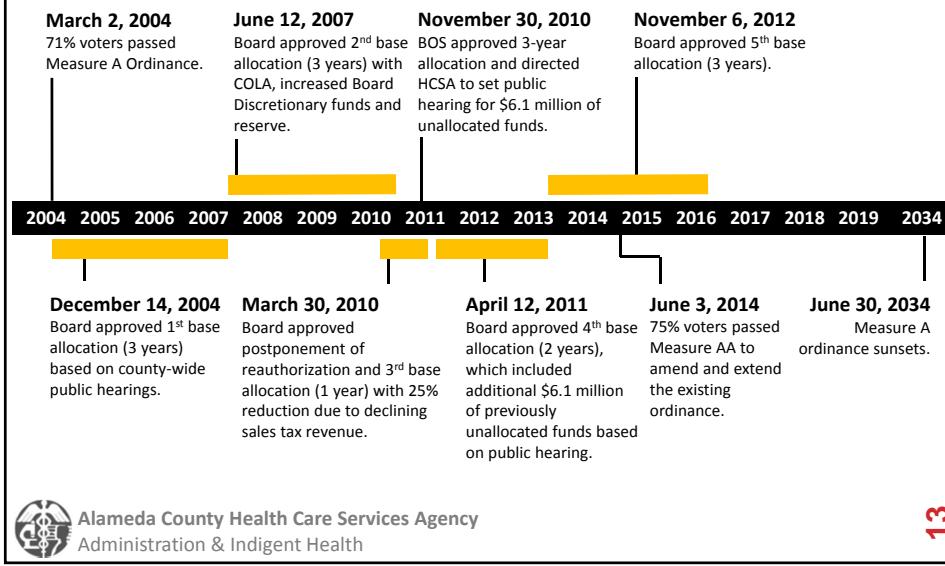
Allocation	Process	Timeline
FY 04-05 to 06-07	10 Countywide Public Hearings 331 unique speakers	9/30/04 to 10/21/04
FY 07-08 to 09-10	<b>Base Allocation</b> Health Committee presentation <b>\$2M Unallocated Funds (Capital Projects)</b> Request for Proposal	6/12/07
FY 10-11	Health Committee presentation	3/30/10
FY 11-12 to 12-13	<b>Base Allocation</b> Health Committee presentation <b>\$6.1M Unallocated Funds</b> 1 Public Hearing 125 public comments for \$30M in requests	1/24/11
FY 13-14 to 15-16	<b>Base Allocation</b> Health Committee presentation	11/6/12

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## ALLOCATION HISTORY



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## MEASURE A CURRENT ALLOCATIONS

ALLOCATION BY CATEGORY	AMOUNT
MEDICAL SERVICES	\$12,403,605
MENTAL HEALTH SERVICES	\$5,201,353
PUBLIC HEALTH SERVICES	\$3,184,008
SUBSTANCE ABUSE SERVICES	\$2,383,719
PRIORITY POPULATIONS	\$4,531,935
BOARD DISCRETIONARY FUNDS	\$750,000
DIRECT SERVICE PLANNING & ADMINISTRATION	\$400,000
<b>TOTAL</b>	<b>\$28,854,621</b>



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## MEASURE A CURRENT ALLOCATIONS

MEDICAL SERVICES	AMOUNT
Primary Care Community-Based Organizations	\$5,370,494
Non-County Hospitals	\$3,000,000
School Health Centers	\$1,957,784
Fire Station Health Portals	\$750,000
EMS Corps	\$604,942
Medical Costs for Juvenile Justice Health Services	\$506,063
Direct Medical and Support Services	\$214,322
<b>SUBTOTAL</b>	<b>\$12,403,605</b>



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## MEASURE A CURRENT ALLOCATIONS

MENTAL HEALTH SERVICES	AMOUNT
Criminal Justice Mental Health Services	\$4,306,000
Behavioral Health Providers	\$535,353
Juvenile Justice Center Mental Health Services	\$360,000
<b>SUBTOTAL</b>	<b>\$5,201,353</b>

PUBLIC HEALTH SERVICES	AMOUNT
Public Health Prevention Initiative	\$3,184,008
<b>SUBTOTAL</b>	<b>\$3,184,008</b>



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## MEASURE A CURRENT ALLOCATIONS

SUBSTANCE ABUSE SERVICES	AMOUNT
Cherry Hill Detox & Sobering Station	\$2,143,224
Behavioral Health Providers	\$240,495
<b>SUBTOTAL</b>	<b>\$2,383,719</b>



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## MEASURE A CURRENT ALLOCATIONS

PRIORITY POPULATIONS	AMOUNT
<b>CHILDREN &amp; FAMILIES</b>	
Alameda Boys & Girls Club	\$3,000,000
Alameda County Asthma Start	\$1,957,784
Alameda County Dental Health	\$750,000
Center for Early Intervention on Deafness	\$604,942
School-Based Behavioral Health Initiative	\$506,063
Health Enrollment for Children	\$214,322
Youth and Family Opportunity Initiatives	\$2,597,817
<b>SUBTOTAL</b>	<b>\$3,922,919</b>



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## MEASURE A CURRENT ALLOCATIONS

PRIORITY POPULATIONS	AMOUNT
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### NEWCOMERS & IMMIGRANTS

Health Services for Day Laborers	\$267,903
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Mental Health Services for Immigrants	\$80,371
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### SENIORS

Senior Injury Prevention Program	\$100,000
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Center for Elder's Independence	\$53,581
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City of Fremont Aging & Family Services	\$53,581
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City of San Leandro Senior Services	\$53,581
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<b>SUBTOTAL</b>	<b>\$609,016</b>
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## MEASURE A CURRENT ALLOCATIONS

BOARD DISCRETIONARY FUNDS	AMOUNT
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Board of Supervisors Discretionary Funds	\$750,000
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<b>SUBTOTAL</b>	<b>\$750,000</b>
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DIRECT SERVICE PLANNING & ADMINISTRATION	AMOUNT
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Direct Service Planning & Administration	\$400,000
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<b>SUBTOTAL</b>	<b>\$400,000</b>
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## TOBACCO MASTER SETTLEMENT FUNDS (TMSF) HISTORY

- Distributed by State to the counties
- Alameda County securitized in 2002 and 2006
- Proceeds to pre-fund debt service
- Resulted in general fund savings enabling the County to maintain the commitment of \$8M annually to health care initiatives
- HCSA and Board allocated uses for the funds:
  - ▶ \$8M for health care initiatives
  - ▶ \$6M for debt service



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## COMMUNITY INPUT (TMSF)

Allocation	Process	Timeline
FY 01-02 to 10-11	Health Committee presentation followed by Board approval (3 times with minimal changes to original allocation)	~2001 to 2010
FY 11-12 to 12-13	<b>Base Allocation</b> Health Committee presentation <b>\$.525M Unallocated Funds</b> 1 Public Hearing 125 public comments for \$30M in requests	1/24/11
FY 13-14 to 15-16	<b>Base Allocation</b> Health Committee presentation	11/6/12



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## TMSF ORIGINAL ALLOCATIONS

Allocation	Amount
Expanded Behavioral Health Care Coverage for Indigents	\$2,000,000
School Linked Services <ul style="list-style-type: none"> <li>▪ School Health Clinics</li> <li>▪ School-Based Behavioral Health Care</li> </ul>	\$2,000,000
Expanded Health Coverage for Indigents <ul style="list-style-type: none"> <li>▪ In-Home Support Services (IHSS)</li> <li>▪ Expansion of Insurance Coverage</li> </ul>	\$2,000,000
Tobacco Control and Public Health	\$2,000,000
<b>TOTAL</b>	<b>\$8,000,000</b>



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## TMSF CURRENT ALLOCATIONS

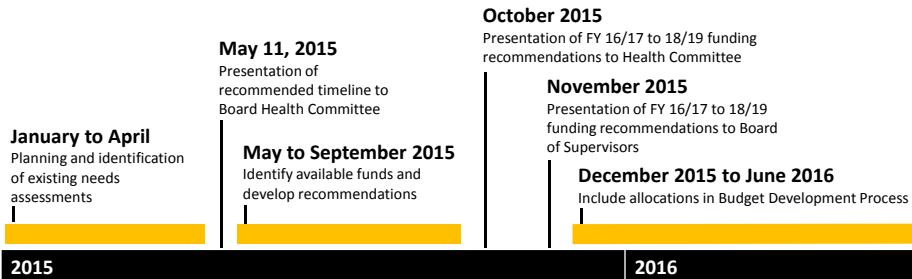
Allocation	Amount
EPSDT Expansion	\$2,000,000
School-Based Behavioral Health	\$1,400,000
School Health Centers	\$1,000,000
Public Health	\$1,175,000
Expanded Health Coverage (IHSS)	\$1,000,000
Tobacco Control	\$1,000,000
Health Insurance Enrollment/Healthy Smiles Dental	\$425,000
<b>TOTAL</b>	<b>\$8,000,000</b>



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## PROPOSED MEASURE A AND TMSF REAUTHORIZATION TIMELINE



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## PROPOSED REAUTHORIZATION CRITERIA

1. Ensure continuity of critical health care services currently funded by Measure A and TMSF
  - A. Maintain long-term base allocations for another 3 years with minimal changes
  - B. Include long-term providers in base allocation



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## PROPOSED REAUTHORIZATION CRITERIA

2. Prioritize services in underinvested areas or areas experiencing declining funding using existing needs assessment process
  - A. School readiness – ICPC recommendations
  - B. Older Adults – AAA plan – Countywide plan for seniors
  - C. Private hospitals



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## PROPOSED REAUTHORIZATION CRITERIA

3. Allocate additional funding, if available, through an RFP process to meet address critical health care needs based on data



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# Questions & Discussion

