

**SANTA BARBARA COUNTY
BOARD AGENDA LETTER**



Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Agenda Number:
Prepared on: 11/30/04
Department Name: Public Health
Department No.: 041
Agenda Date: 12/14/04
Placement: Administrative
Estimate Time:
Continued Item: NO
If Yes, date from:

TO: Board of Supervisors

FROM: Roger E. Heroux, MPA, Director
Public Health Department

STAFF CONTACT: Jane Overbaugh
Primary Care & Family Health Division
Public Health Department

SUBJECT: **Expanded Medical Services in Carpinteria**

Recommendation(s):

That the Board of Supervisors:

- A. Direct the Public Health Department (PHD) staff to proceed with the implementation of PHD-operated expanded services and staffing at Carpinteria Community Clinic.
- B. Adopt a Personnel Resolution effective December 20, 2004, in budget unit 5210 to add the following positions that are necessary to fully staff the Carpinteria Clinic.

Add: One (0.6 FTE) Staff Physician I/II (007102/007103), Range 7190-E/Range 7290-E, (\$6413/mo & \$6741/mo)
One (0.6 FTE) Health Care Practitioner (003930), Range 6116, (\$3074/mo-\$3754/mo)
Two (2.0 FTE) Medical Assistant (005123), Range 4566, (\$2365/mo-\$2888/mo)
One (1.0 FTE) Office Assistant, Supervising (001660), Range 4796, (\$2653/mo-\$3239/mo)
One (1.0 FTE) Patient Representative (005644), Range 4626, (\$2437/mo-\$2975/mo)
One (1.0 FTE) Office Assistant II (001701), Range 4266, (\$2037/mo-\$2486/mo)

Alignment with Board Strategic Plan:

The recommendations are primarily aligned with Goal No. 1, “*An Efficient Government Able to Respond Effectively to the Needs of the Community*”, and Goal No. 2, “*A Safe and Healthy Community in Which to Live, Work, and Visit*”.

Executive Summary and Discussion:

Approximately twenty percent of children in Santa Barbara County are without any type of health insurance, the highest percentage of any county in the state. The Carpinteria County Health Clinic is the primary provider of medical care to the uninsured and underinsured residents of the Carpinteria Community. The largest segment of our clinic population is Hispanic women and children, and we have seen our patient demand increase 40% over the past six years. There is also a growing demand from the

homeless population and residents of the Salvation Army recovery program. Additionally, our clinic currently serves as primary care provider for 591 Santa Barbara Regional Health Authority Medi-Cal patients. With very few private providers accepting Medi-Cal patients in this community our clinic endeavors to continue to meet the growing demand. With our current 45 day wait for appointments, we are unable to provide timely access to those who rely on us for care. Because of existing space constraints at Franklin Clinic, the only alternative for these patients to access care is to travel to our main clinic site on Calle Real. This is a tremendous hardship for many of our patients who lack transportation and childcare for their children.

Two years ago we recognized the need to plan for the growing demand for services in Carpinteria and expanded our physical space by adding 750 square feet, which included three additional exam rooms. In October 2003 we implemented phase one of our expansion plan and added twelve additional primary care provider hours, which resulted in a 9.2% increase in patient visits from 7072 in FY 02/03 to 7726 in FY 03/04.

We are recommending that the Public Health Department implement Phase 2 of the planned expansion of Carpinteria Clinic to meet the growing need and fully utilize our new space. The expanded services would provide an additional 24 hours of Primary Care, 21.5 hours of Pediatrics, 4 hours of CHDP, and 4 hours of Family Planning. This will result in the following level of service in the Carpinteria Clinic per week: 33.5 hours of Pediatrics, 8 hours of CHDP, 8 hours of Family Planning, 4 hours of Obstetrics, and 60 hours of Primary Care. With this expansion, our patient visit capacity would almost double, and would allow the implementation of a Pediatric Wellness program, with targeted efforts in the area of obesity and diabetes prevention.

As a Federally Qualified Health Center (FQHC) with a special reimbursement rate system based upon Federal/State standards, we are in a position to offer services to this population of uninsured and underinsured patients, many who are covered by Medi-Cal.

To date, the PHD has initiated or developed plans to initiate the following:

- Plans to modify existing work spaces and add additional workstations and equipment, based on additional staffing requirements. The staffing model was developed based on what is minimally necessary to support the number of varied providers and services we offer and is consistent with the Management Group Management Association report of June 2004 which detailed current trends in staff to provider ratios. It will also eliminate the existing shared staffing model with Franklin clinic, which results in inefficiencies and inadequate provider support in both clinics;
- Execute a recruitment plan with the County's Human Resources Department based upon staffing requirements;
- Initiate and phase in additional services on or about January 2005.

Mandates and Service Levels:

The provision of primary care services are mandated by California Administrative Code, Title 17, Chapter 3, Article 2, Sections 1276, 2500, 2501, 2502, 2503 and 2505; California Administrative Code, Title 17, Chapter 3, Subchapter 1; and Section 17000 of the Welfare and Institutions Code.

The County is statutorily mandated to care for patients who have no visible means of support. Failure to provide for services to this uninsured population may result in Carpinteria patients receiving care in Santa

Barbara. The ability to receive care at those locations is limited to the space available and the distance for the patients to travel to receive the care.

Fiscal and Facilities Impacts:

If directed by your Board, the PHD will move forward with preparations in anticipation of the implementation of Phase II of the expansion of the Carpinteria Clinic on or about January 1, 2005. Based upon departmental projections, the costs for operating the expanded clinic are estimated at \$316,000 for the six-month period ending June 30, 2004, including approximately \$55,000 one-time startup costs for equipment, supplies, and additional workstations. On-going annual direct and indirect costs are projected to be approximately \$522,000 annually. The department will use its special revenue funds designated for FQHC program expansion, to cover any costs necessary to get the clinic ready.

In addition, based upon current caseload for the target population in the Carpinteria area, the patient financial mix for services is projected at 60% Medi-Cal eligible, 22% uninsured, and 18% Other insurances. Because of the high rate of Medi-Cal eligible patients, FQHC Medi-Cal reimbursement for the services provided at the center are projected to cover the on-going program costs, once the center is operational.

Upon direction by your Board, PHD will return with a Budget Revision request to amend its Adopted FY 04-05 budget by \$316,000 to allow for the expenditures necessary to implement the plan for the Carpinteria Clinic. This will have the effect of increasing the Carpinteria Clinic's cost center on page D-184 from \$2,518,245 to \$2,834,245.

Special Instructions:

Please send a signed copy of the Personnel Resolution to Sandra Viola in the Human Resources Department and Alan T. Kasehagen at PHD Human Resources.

Concurrence:

Human Resources Department