



OVERVIEW OF HOW CALIFORNIA COUNTIES DELIVER HEALTH CARE SERVICES

Counties are responsible for health care for low-income uninsured residents who have no other sources of care. The county obligation to provide these services rests in Section 17000 of the Welfare and Institutions Code, which states:

Every county and every city and county shall relieve and support all incompetent, poor, indigent persons, and those incapacitated by age, disease, or accident, lawfully resident therein, when such persons are not supported and relieved by their relatives or friends, by their own means, or by state hospitals or other state or private institutions.

State law does not define how counties must meet this obligation. Counties have significant discretion in how to provide health care to uninsured, low-income residents. Among the 58 counties, there is variation among counties in regards to program design, eligibility, administration and funding. No two counties provide health services exactly the same way.

How do counties deliver services?

Counties provide health services in a number of different ways. Some counties own and operate hospitals and clinics. Currently 14 counties own and operate 19 hospitals statewide. Some counties only operate clinics and contract with private or University of California hospitals for care. At least 16 counties operate primary or specialty care clinics, delivering services such as dental and HIV care, separate from county hospital systems. Still others contract for all services.

Generally, the counties can be divided into four groups:

- *Provider Counties.* These counties own and operate county inpatient hospitals and, in most cases, clinics. The 14 counties that still own and operate hospitals include Alameda, Contra Costa, Kern, Los Angeles, Modoc, Monterey, Riverside, San Bernardino, San Francisco, San Joaquin, San Mateo, Santa Clara, Tuolumne, and Ventura. The number of county-owned and operated hospitals has decreased from 50 counties with 66 facilities in 1964. Provider counties serve a variety of patients beyond indigent adults, including uninsured persons of varying incomes, Medi-Cal recipients, and people with insurance.
- *Contract Counties.* Contract counties purchase indigent care services through contracts with one or more private or public hospitals for inpatient services and through community clinics or private physicians for outpatient services. Three counties contract with University of California hospitals. Others contract with private or district hospitals in their communities.
- *Hybrid Counties.* Hybrid counties do not own hospitals; rather, they contract with private hospitals for inpatient care but also operate some county owned clinics.
- *County Medical Services Program (CMSP) Counties.* The County Medical Services Program (CMSP) provides health coverage for low-income, indigent adults in 34, primarily rural California counties. On a monthly basis, approximately 40,000 indigent adults residing in these counties rely upon CMSP for benefit coverage.

There are some CMSP counties that are hybrid counties; these counties operate primary or specialty care clinics and provide services to Medi-Cal patients.