

CALIFORNIA DISTRICT HOSPITAL PROFILE

California's healthcare districts are public entities organized to meet the needs of local communities throughout the state. Originally organized after World War II to bring hospital and healthcare resources to growing communities throughout California, healthcare districts are as relevant today as there were during 1950s and 1960; the greatest period of district expansion.

There are currently 46 healthcare districts, serving 34 California counties (see Map). Healthcare districts are the only public hospital in 22 of these counties and serve as a major resource for Medi-Cal and underserved populations. Healthcare districts can be found in urban, suburban and rural communities. Small rural districts may have only a few general acute care beds, while larger urban districts may have hundreds of beds with many specialized care units to meet regional needs. Healthcare districts work with the local community to develop programs and services which best match the area's needs.

Healthcare districts provide a wide range of services:

- Primary care clinics, including federally certified rural health clinics
- Acute care hospital services, including many secondary and tertiary service programs
- Rehabilitation services, short and long-term
- Skilled nursing services including federal Swing Bed Program and traditional long-term care
- Psychiatric and chemical dependency services
- Outreach programs
- Integrated healthcare delivery models, including linkages with the UC Health System and county governments

As public entities, healthcare districts are governed by an elected board of directors and subject to requirements of the Ralph M. Brown Act. The full scope of California Statutes pertaining to healthcare districts may be found in the Health & Safety Code Section 32000 et seq.

Many healthcare districts have already been organized into vertical and horizontally structured delivery systems. This infrastructure provides a strong platform upon which a care management platform may be built to serve the special needs of Senior and Persons with Disabilities (SPD). As California's Medi-Cal Program plans to improve quality of care while improving access and reducing cost, California's healthcare districts are very well positioned to serve as a key asset in the development and implementation of a care management program designed to address these critical issues in non-managed care areas of the state.

Healthcare districts believe that new funding directed at care management for SPD populations can make a significant difference to improve health, access and quality. Newly targeted care management can also reduce cost by avoiding hospital admissions or reducing lengths of stay should hospitalization become necessary.