



Health & Human Services

Section E

The Health and Human Services Department established shelters in the community of Sutter (above) when the County was evacuated on February 12, 2017 as the result of a serious threat of failure of the emergency spillway at Oroville Dam. In addition to the shelters, thousands slept in cars on the streets of Sutter.

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0012 - HEALTH				Dept: 4120	
Unit Title: HUMAN SERVICES ADMINISTRATION					
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	306,076	458,189	384,676	1,078,384	180.3
SERVICES AND SUPPLIES	17,788	112,535	40,150	99,472	147.8
OTHER CHARGES	27,235	1,562	75,397	21,170	-71.9
OTHER FINANCING USES	1,060	1,104	1,107	1,153	4.2
NET BUDGET	<u>352,159</u>	<u>573,390</u>	<u>501,330</u>	<u>1,200,179</u>	<u>139.4</u>
REVENUE					
CHARGES FOR SERVICES	293,170	188,196	369,497	1,063,169	187.7
MISCELLANEOUS REVENUES	17	0	0	0	0.0
TOTAL OTHER REVENUE	<u>293,187</u>	<u>188,196</u>	<u>369,497</u>	<u>1,063,169</u>	<u>187.7</u>
UNREIMBURSED COSTS	58,972	385,194	131,833	137,010	3.9
ALLOCATED POSITIONS	3.00	5.00	3.00	7.00	133.3

Purpose

The Health and Human Services-Administration budget contains the salary, benefits, and related support costs of the Director of Health and Human Services and support staff. The Director provides executive leadership for the Department of Human Services, Sutter County's largest department, which is comprised of three divisions: the Behavioral Health & Substance Use Disorder Division, the Public Health Division, and the Welfare and Social Services Division.

Major Budget Changes

Salaries & Benefits

- \$168,663 Increase related to the addition of one (1.0 FTE) Administrative and Finance Manager – HHS during FY 2016-17
- \$137,205 Increase related to transfer of one (1.0 FTE) Administrative Services Officer during FY 2016-17
- \$183,681 Increase related to the addition of one (1.0 FTE) Chief Assistant Director for Health and Human Services effective July 1, 2017
- \$117,824 Increase related to the addition of one (1.0 FTE) Administrative Services Officer position effective July 1, 2017
- \$86,335 General increase due to negotiated Salaries and Benefits

Services & Supplies

- \$59,322 General increase in multiple service and supply accounts due to increased number of employees in budget unit

Program Discussion

This budget funds the Director and support staff that provides leadership, financial, and administrative support functions for the Department of Health and Human Services.

FY 2017-18 will be the fifth year of the Department's involvement in the implementation of the Affordable Care Act (ACA). The three divisions of the Health and Human Services Department are each effected differently by the ACA. The Welfare and Social Services Division has had the primary responsibility of enrolling beneficiaries in the expanded Medi-Cal system. Mental Health and Substance Use Disorder Division has an expanded population they are servicing while at the same time working with the Medi-Cal managed care plans to coordinate services. The Public Health Division has also been working with the Medi-Cal managed care plans and the providers to coordinate services for this population. Continual changes at the State and Federal level will most likely require ongoing adjustments in the Department's operations.

Recommended Budget

This budget is recommended at \$1,200,179, which is an increase of \$698,849 (139.4%) over FY 2016-17, primarily due to the increased number of employees.

The \$137,010 unreimbursed cost, which is an increase of \$5,177 (3.9%) over FY 2016-17, represents the Public Health Department's share of the Health and Human Services Administration budget. This unreimbursed cost is, in concept, partially funded by the General Fund through the General Fund's contribution to the Health Fund and through 1991 Realignment funds.

Renewed efforts are being made to create a consolidated facility for the Health and Human Services Department functions, and it is anticipated that significant progress will be seen during the 2017-18 fiscal year.

It is recommended to add one (1.0 FTE) Chief Assistant Director for Health and Human Service as a continued reorganization effort of the department with several anticipated retirements department-wide. This position will provide additional managerial oversight and help provide departmental efficiencies and continuity.

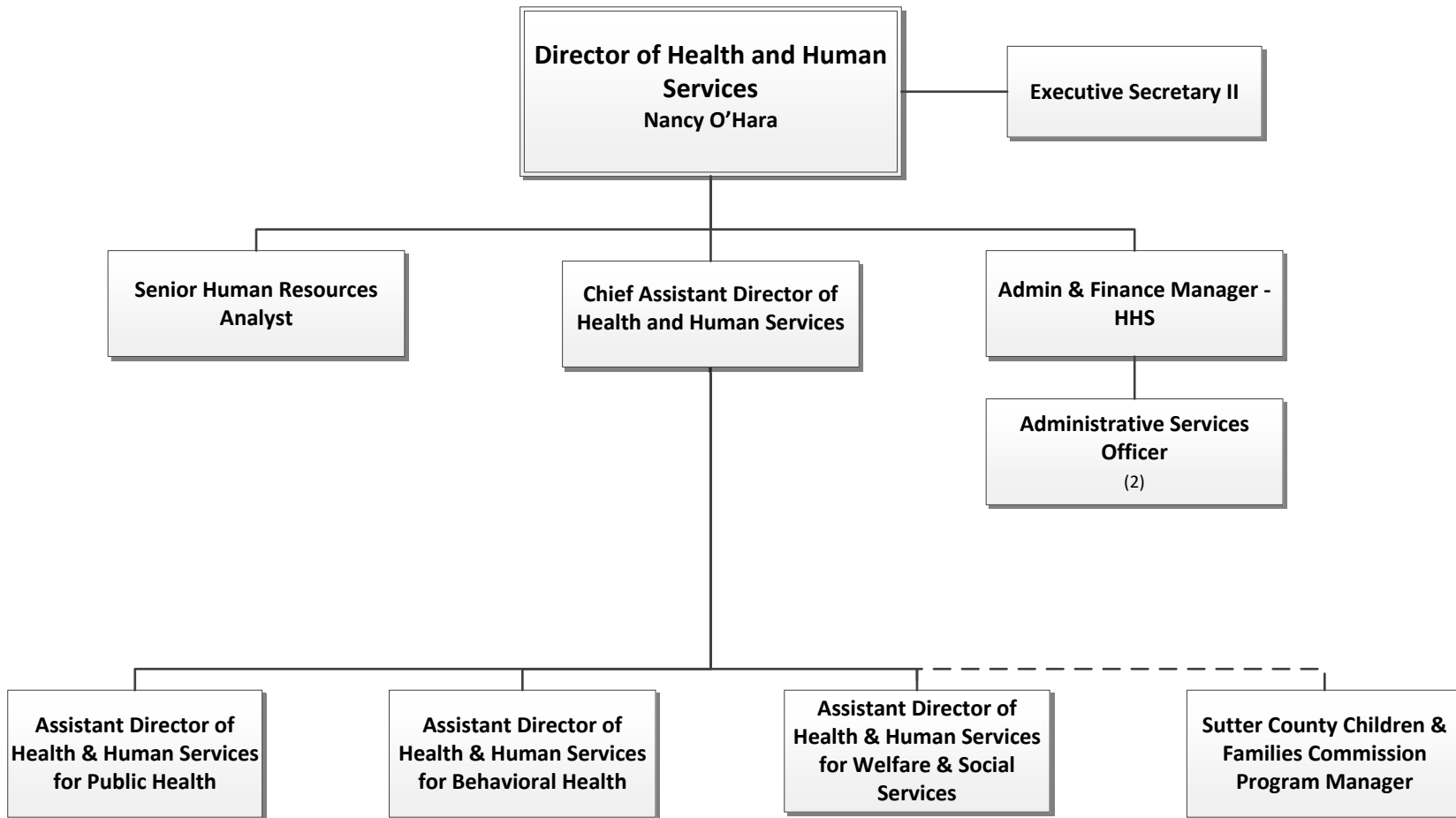
It is also recommended to add one (1.0 FTE) Administrative Services Officer position, this position will be focused on contract quality assurance, especially with the California Forensic Medical Group; HIPPA, division accreditations, and other financial and administrative duties.

Use of Fund Balance

This budget unit is within the Health Fund. The budget does not include the use of any specific fund balance.

**Health and Human Services
Administration
FY 2017-2018**

Recommended



COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0007 - BI-COUNTY BEHAVIORAL HEALTH					Dept: 4102
Unit Title: BEHAVIORAL HEALTH					
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	12,300,940	12,923,821	15,074,280	16,720,291	10.9
SERVICES AND SUPPLIES	6,579,639	5,122,110	6,625,655	5,792,936	-12.6
OTHER CHARGES	4,361,966	3,490,536	4,201,436	5,036,547	19.9
CAPITAL ASSETS	153,364	76,923	99,450	173,500	74.5
INCREASES IN RESERVES	0	0	678,733	0	-100.0
OTHER FINANCING USES	54,027	53,573	46,698	57,879	23.9
NET BUDGET	<u>23,449,936</u>	<u>21,666,963</u>	<u>26,726,252</u>	<u>27,781,153</u>	<u>3.9</u>
REVENUE					
REVENUE USE MONEY PROPERTY	207,003	9,098	18,000	30,000	66.7
INTERGOVERNMENTAL REVENUES	6,938,745	5,071,129	9,275,749	9,220,939	-0.6
CHARGES FOR SERVICES	15,496,006	11,567,185	17,365,753	16,200,516	-6.7
MISCELLANEOUS REVENUES	52,103	72,141	66,750	66,150	-0.9
OTHER FINANCING SOURCES	10,873	0	0	328,743	100.0
CANCELLATION OF OBLIGATED FB	0	0	0	1,934,805	100.0
TOTAL OTHER REVENUE	<u>22,704,730</u>	<u>16,719,553</u>	<u>26,726,252</u>	<u>27,781,153</u>	<u>3.9</u>
UNREIMBURSED COSTS	745,206	4,947,410	0	0	0.0
ALLOCATED POSITIONS	121.26	129.26	124.39	134.13	7.8

Purpose

Bi-County Behavioral Health, also referred to as Sutter-Yuba Behavioral Health (SYBH), is a division of the Sutter County Department of Health and Human Services. Under a Joint Powers Agreement entered into by the counties of Sutter and Yuba in 1969, SYBH provides specialty mental health services to residents of both counties.

SYBH provides the full-range of specialty mental health services to eligible Sutter and Yuba County Medi-Cal beneficiaries; provides crisis and specialty mental health services for all Sutter and Yuba County residents regardless of payer status; administers managed-care contracts for mental health services with private for-profit and non-profit agencies; and provides a

comprehensive system of care for the seriously mentally ill, to the extent resources are available.

Major Budget Changes

Salaries & Benefits

- \$306,179 General increase due to negotiated Salaries and Benefits and position additions during FY 2016-17
- \$240,000 Increase in Special Pay, Other Pay, and Extra Help
- \$313,311 Increase related to the addition of three (3.0 FTE) flexibly-staffed Mental Health Therapist I/II/III

Health and Human Services Behavioral Health (4-102)

Nancy O'Hara, Director

positions, effective July 1, 2017, budgeted at the MHT II-level

- \$39,237 Increase related to the addition of one (1.0 FTE) flexibly-staffed Intervention Counselor I/II position funded 50% in this budget unit, effective July 1, 2017, the remainder of this position will be funded in the Mental Health Services Act (4-104) budget unit
- \$15,841 Increase related to the addition of one (1.0 FTE) Program Manager – Community Services position (0.125 FTE funded in this budget unit), effective July 1, 2017, the remainder of this position will be funded in the Mental Health Services Act (4-104) budget unit
- \$70,533 Increase related to transferring full funding of a Program Manager – Community Services position (1.0 FTE) to this budget unit, the position was previously partly funded (0.45 FTE) in the Mental Health Services Act (4-104) budget unit
- (\$44,460) Decrease related to splitting funding of an existing Resource Specialist position (0.5 FTE funded in this budget unit), effective July 1, 2017, the remainder of this position will be funded in the Mental Health Services Act (4-104) budget unit
- \$44,257 Increase related to splitting funding of an existing Intervention Counselor I/II position (0.5 FTE funded in this budget unit), effective July 1, 2017, the remainder of this position will

continue to be funded in the Mental Health Services Act (4-104) budget unit

- \$26,743 Increase related to splitting funding of an existing Prevention Services Coordinator position (0.25 FTE funded in this budget unit) effective July 1, 2017, the remainder of this position will continue to be funded in the Mental Health Services Act (4-104) budget unit

Services & Supplies

- (\$466,950) Decrease in total Professional Specialized Service accounts based on estimated need for contracted services

Other Charges

- \$428,015 Increase in Interfund Plant Acquisition related to two (2) Capital Improvement projects budgeted in the Capital Improvement (1-801) budget unit: Construct/Pave Asphalt Parking Lots at Behavioral Health and Fire Sprinklers and Window Replacement at Inpatient Unit
- \$237,859 Increase in Interfund Overhead (A-87) Cost Plan charges as provided by the Auditor-Controller's Office

Capital Assets

- \$173,500 Replacement of six (6) aging vehicles

Revenues

- \$160,609 Increase in Federal Mental Health Medi-Cal based on estimated billing
- (\$398,332) Decrease in Interfund Transfer In – Realignment revenues from 2011 Realignment based on statewide revenue projections and Department of Finance changes to county allocations
- (\$431,961) Decrease in Interfund Transfer In - Sales Tax revenues from 1991 Realignment based on statewide revenue projections

Program Discussion

Sutter-Yuba Behavioral Health (SYBH) has served between 5,500 and 6,000 unique mental health clients each year, for the last several years (See chart in Mental Health Services Act budget narrative). There has been a significant increase in demand for mental health services due in part to expanded children's services supported by Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds which became available in 1995. This, together with the Medi-Cal consolidation that became effective in 1998, and growth in local population, has resulted in the level of service provided today by SYBH to behavioral health clients in Sutter and Yuba Counties.

Under Medi-Cal consolidation, SYBH has been the Mental Health Plan for more than 40,000 Medi-Cal beneficiaries in Sutter and Yuba Counties. Mental health treatment is an entitlement under Medi-Cal. SYBH is responsible for assessing and treating, or referring for treatment, all Medi-Cal eligible individuals who meet medical necessity

criteria and seek Specialty Mental Health Services on either an inpatient or outpatient basis. In addition to providing direct services, SYBH contracts with licensed therapists in the local community and statewide to serve area children who have been placed out-of-home.

In 1991, responsibility for providing Specialty Mental Health Services was realigned from the state to counties. Revenue to fund these services came from dedicated shares of Vehicle License Fees (VLF) and sales taxes. During FY 2011-12, the State realigned responsibility for additional mental health and Substance Use Disorder (SUD) services to counties along with an additional dedicated portion of sales taxes to fund them. The areas realigned are:

- EPSDT
- Mental Health Managed Care
- Drug Courts
- Drug Medi-Cal
- Non-Drug Medi-Cal Treatment Services

All of these were previously funded by State General Fund monies.

SYBH has had a long-term contract relationship with Victor Community Support Services, Inc. (VCSS). VCSS provides assessment and treatment services to youth on school campuses. These services are funded through a combination of Medi-Cal and EPSDT. In FY 2017-18, SYBH plans to issue a Request for Proposals to seek bids for a revised package of mental health services for youth.

SYBH provides substance use disorder treatment services to residents of Sutter and Yuba Counties under contracts with the California Department of Health Care

Health and Human Services

Behavioral Health (4-102)

Nancy O'Hara, Director

Services (DHCS), which include significant funding from federal Substance Abuse Prevention and Treatment (SAPT) block grants.

SYBH provides several judicially-linked programs. These include drug diversion services authorized under section 1000 of the California Penal Code; services to individuals referred by the courts in both counties for mental health treatment and substance use disorder counseling; psychiatric services to youth in juvenile hall and youth in the Maxine Singer Youth Guidance Center; and services to individuals involved in drug courts in both counties.

During FY 2011-12, Public Safety Realignment shifted responsibility for certain offenders from the state to counties and funding became available to continue and expand services in collaboration with the Probation Department. SYBH now has four Intervention Counselor positions and one Mental Health Therapist position that are stationed at Sutter County Probation to provide services related to Public Safety Realignment.

SYBH also provides an intensive day treatment program to pregnant women and women with small children under its First Steps program. First Steps is widely recognized to be a very effective substance use disorder treatment program with many successful graduates in our communities.

Although responsibility for Drug Medi-Cal (DMC) services has been realigned to counties, local DMC providers are still contracted directly with DHCS. There are currently two of these agencies in the community. It is anticipated that SYBH will eventually assume responsibility for

oversight of these contractor-provided services.

SYBH, under funding agreements with Sutter and Yuba Counties' Social Services agencies, provides additional treatment services in the Child Protective Services and the California Work Opportunity and Responsibility to Kids (CalWORKs) programs of both counties.

Healthcare Reform has impacted SYBH. Impacts include changes in the clients SYBH will serve, increasing linkages to primary care providers, new requirements for claims submission and cost reporting, etc. These impacts are evolving and SYBH has not attempted to budget specifically for implementation of new requirements and revenues related to Healthcare Reform. As new requirements become clear, SYBH may return to the Board with budget adjustments to reflect these anticipated changes.

During the last year, SYBH has entered a new relationship with Rideout Memorial Hospital. Psychiatric Emergency Services (PES) Crisis Counselors are embedded 24/7 at the Rideout Emergency Department (ED). Individuals placed on an involuntary hold under Welfare and Institutions Code Section 5150 are now taken directly to the Rideout ED for assessment. This arrangement is beneficial for SYBH, Rideout, and the community. Crisis services are still available for voluntary clients 24/7 at the main SYBH facility on Live Oak Boulevard.

As this budget was being prepared, work continued to find a location to move Behavioral Health's youth outpatient programs, along with Social Services programs and other portions of the Welfare and Social Services Division, to another facility. This would empty the modular

building at the Live Oak Boulevard site, which has exceeded its useful life span. Following the move, the modular building will be removed and returned to its owner.

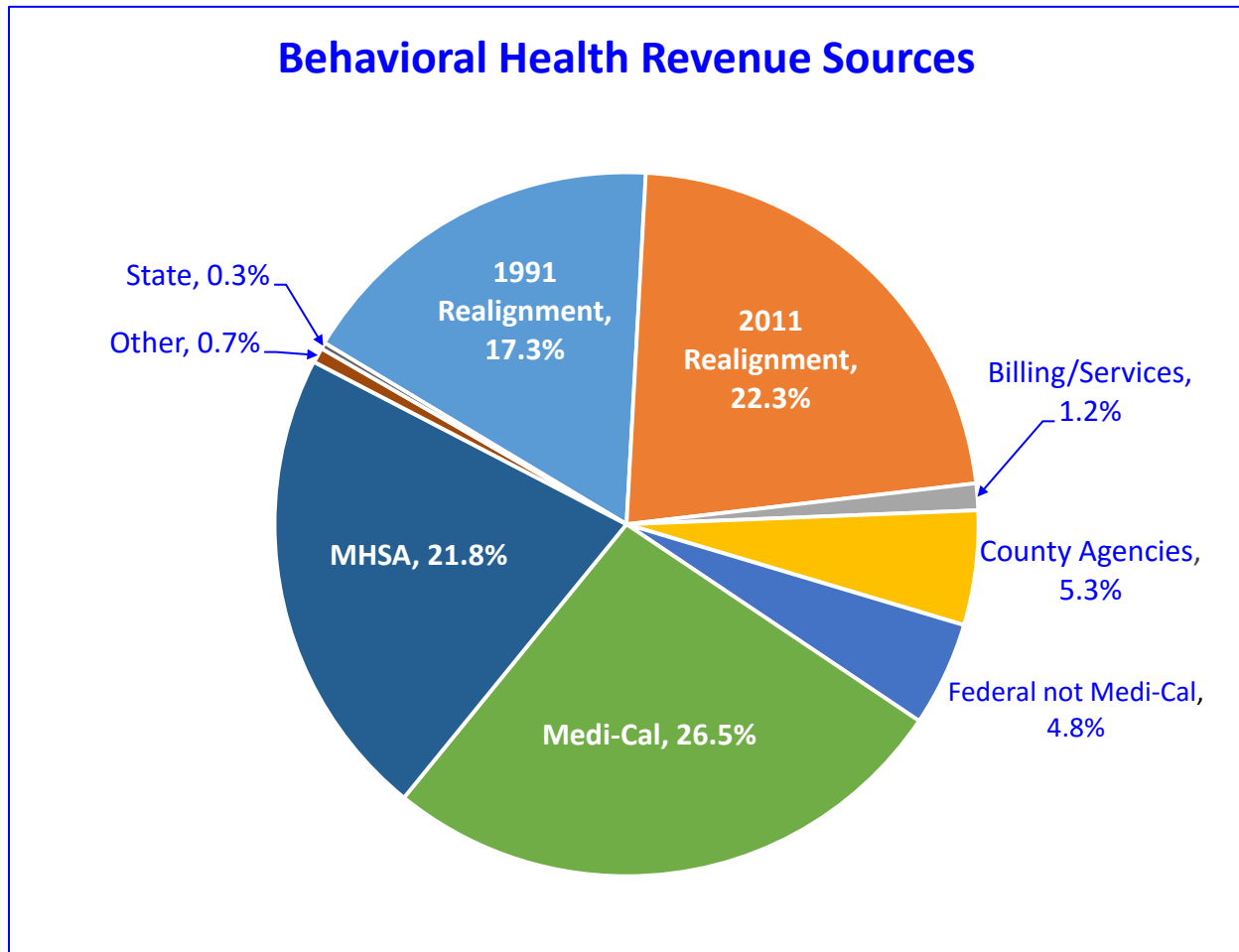
FY 2017-18 Budget Discussion

SYBH's rates are required by federal law to be based on actual costs. Medi-Cal is billed using interim rates, estimated based on costs from a prior year, and these rates are then reconciled to actual costs at the end of each fiscal year through a mandated cost report process. For FY 2017-18, SYBH will charge \$1,136.55 per day on the Inpatient Unit. Other services are charged by the minute: \$8.23 per minute for Medication Support, \$3.42 per minute for Case Management/Brokerage, \$4.42 per minute

for Mental Health Services, and \$6.57 per minute for Crisis Intervention. These interim rates are based on the FY 2013-14 Cost Report and may be adjusted upon completion of the FY 2014-15 Cost Report.

In addition to the above, the rate for the First Steps perinatal substance abuse treatment program is \$118.94 per day. Clients are charged for these and for other substance use disorder treatment services on a sliding fee schedule based on ability to pay.

From a financial perspective, several factors are affecting the FY 2017-18 Behavioral Health budget. Until recently, both locally and statewide, Mental Health Realignment allocations remained flat or declined. Mental Health Realignment (1991) revenue was originally based on portions of sales taxes



and motor vehicle license fees but, due to 2011 Realignment, beginning in FY 2011-12, it is based only on an increased portion of sales tax revenue. Statewide growth in Realignment funding paid for increasing caseloads in Child Welfare Services, Foster Care, and/or In Home Supportive Services; programs which, by statute, have first draw on Realignment growth dollars. The state has recently started allocating 1991 Realignment growth to Mental Health. The Behavioral Health Division uses Realignment funding as match to draw down the Federal share of Medi-Cal.

- The State Budget Act in 2011 enacted Public Safety Realignment transferring approximately \$5.6 billion in State fiscal responsibilities for public safety programs from the State to the counties. Funding for programs is provided largely through a dedicated portion (1.0625 percent) of State sales and use taxes, and a small portion of redirected Vehicle License Fee revenues. Proposition 30, approved by the voters in November 2012, provided constitutional protections for this revenue source. While nearly all 2011-realigned programs were transferred to counties in FY 2011-12, Medi-Cal Specialty Mental Health Services, which includes EPSDT services for children and youth, was not realigned until FY 2012-13 because the Legislature diverted \$861 million in Mental Health Services Act (MHSA) funds to support those programs in FY 2011-12.
- Unlike 1991 Realignment, the proportion of 2011 Realignment allocated to each county is not set in law. The California Department of Finance has adjusted the 2011 Realignment allocation methodology, adding a measure of uncertainty to this funding source. These

adjustments take place during the fiscal year.

- For FY 2012-13 and subsequent fiscal years, the Legislature enacted SB 1020 of 2012, which establishes a permanent financial structure for 2011 Realignment. This bill and SB 1009 of 2012 include changes to state laws governing Medi-Cal Specialty Mental Health to implement its 2012-13 realignment to counties. State General Fund monies that previously funded EPSDT and mental health managed care have been replaced by 2011 Realignment sales tax revenue. The mental health services previously mandated by AB 3632 for special education students are now the responsibility of the schools.
- Funding for Substance Use Disorder (SUD) prevention and treatment has remained flat or declined slightly for the last several years. New funding under Criminal Justice Realignment has allowed the addition of SUD programs at Probation and in the Jails.

The complexity of mental health and SUD funding and programs has increased for a variety of reasons, including 2011 Realignment and major changes to MHSA's payment methodology. This increased complexity has required added administrative staff in the Business Office and in Quality Assurance.

Extra hire personnel are still essential to the business model for operation of Behavioral Health's Psychiatric Health Facility (PHF), which provides inpatient treatment, and Psychiatric Emergency Services (PES), which provides crisis services, both of which operate on a 24 hours per day, 7 days per week basis. Extra hire personnel provide

Health and Human Services Behavioral Health (4-102)

Nancy O'Hara, Director

essential flexibility in meeting staffing requirements for the PHF that vary based on patient census and acuity. They also provide standby services for both the PHF and PES. Mental Health has worked closely with the Human Resources Department and the County Administrator's Office to ensure use of extra hire personnel complies with the Affordable Care Act.

2011 Realignment has decreased the State's practice of deferring payments to counties as a means of addressing its fiscal shortcomings. The Board of Supervisors assisted SYBH in meeting the difficult cash flow problems caused by the State's past deferral of payments to counties by authorizing borrowing from other funds of the Mental Health Department. SYBH pays interest on these cash flow loans, but the State does not pay interest on the payments it defers, so an added cost is imposed on SYBH as a result. SYBH continues to pay down this borrowing.

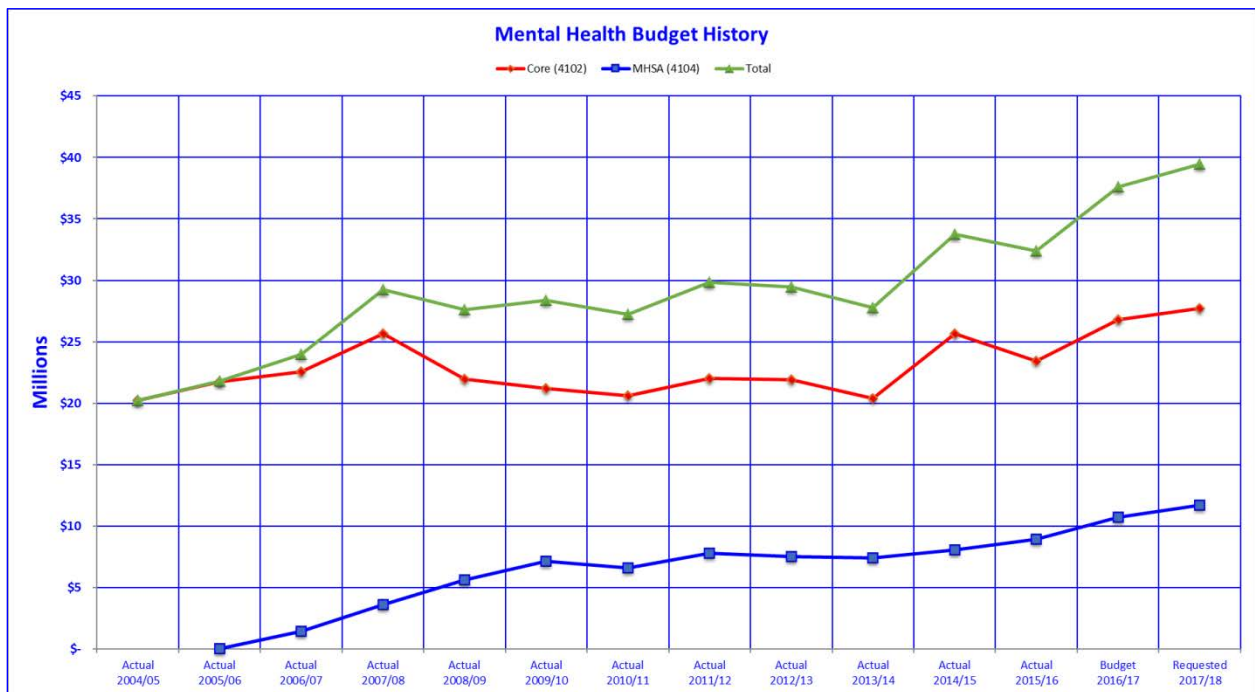
An additional area of concern is the effect of prior year audits. Before its dissolution, the

State Department of Mental Health Audit Division became much more aggressive in their audit reviews. Generally, these audits occur between four and five years after the year the services were provided. This means that any process errors that are discovered may have continued to be made in subsequent years. In effect, a relatively minor error made in one year could have a significant impact over time if that error continued to be made in subsequent years. Responsibility for these audits has now transitioned to the Department of Health Care Services, but timeliness and consistency of audits have not improved and continue to be significant ongoing issues for counties.

Recommended Budget

This budget is recommended at \$27,781,153 which is an increase of \$1,054,901 (3.9%) over FY 2016-17.

This budget unit receives no financing from the County General Fund. The sources of funding for Sutter-Yuba Mental Health



Health and Human Services Behavioral Health (4-102)

Nancy O'Hara, Director

Services are shown in the *Mental Health Revenue Sources* chart. Mental Health's funding history is shown graphically in the *Mental Health Budget History* chart.

The increase in total cost is largely due to increased costs for personnel and for contracted services.

The following new positions are recommended to be effective July 1, 2017:

- Add one Program Manager – Community Services. This position would manage Behavioral Health's Prevention Programs and the Health and Human Services Department's efforts to address the problem of homelessness. This position would be funded 87.5% by the MHSA (4-104) budget unit, and 12.5% by the Behavioral Health (4-102) budget unit, with the Health (4-103) budget unit and the Welfare and Social Services (5-101) budget unit each reimbursing 25% of the salary and benefits cost of the position.
- Add three flexibly-staffed Mental Health Therapist (MHT) I/II/III positions in Psychiatric Emergency Services (PES). This would bring the total MHTs in PES to five, providing for one MHT per shift in this 24/7/365 operation.
- Add one Intervention Counselor, 50% funded by the Behavioral Health budget (4-102) with the remainder funded by the Mental Health Services Act budget (4-104), in Prevention. This position would allow more school-based Behavioral Health prevention programs.

Behavioral Health has a number of positions that have funding split between this budget and the MHSA (4-104) budget. SYBH

requests funding changes for the following positions:

- Program Manager Community Services for SUD Treatment, currently 55% 4-102 and 45% 4-104, change to 100% 4-102 if the requested new Program Manager Community Services position is approved.
- Intervention Counselor I/II in Prevention Programs, currently funded 100% 4-104, change to 50% 4-102 and 50% 4-104.
- Prevention Services Coordinator in Prevention Programs, currently funded 100% 4-104, change to 75% 4-104 and 25% 4-102.
- Resource Specialist in Prevention Programs, currently funded 100% 4-102, change to 50% 4-102 and 50% 4-104.

Capital Assets are recommended at \$173,500 for the purchase of six replacement vehicles. The Department has requested two full-sized SUVs outfitted as cage cars, three mid-sized sedans, and one small SUV, effective July 1, 2017.

Two capital improvement project have been budgeted in the Capital Improvement (1-801) budget unit:

- Construct/Pave Asphalt Parking Lots at Behavioral Health (Project Number 1804) – there are three (3) parking areas that need to be repaved or paved at the Behavioral Health Division, this project funding will be split proportionally based on the A-87 cost plan between Behavioral Health, Welfare/Social Services, and the Public Guardian

- Behavioral Health Fire Sprinklers and Window Replacement at the Inpatient Unit (Project Number 1805) – This project is a safety issue and is required by the State Fire Marshall

It remains SYBH's objective to keep the Mental Health budget and the Mental Health Services Act budget in balance and to fully utilize all available funding in a fashion most advantageous to our counties. By creating Bi-county Behavioral Health through a Joint Powers Agreement, our two counties have provided more resources and a greater array of services for the those with serious mental illness or substance use disorders than our two counties would be able to provide separately. The staff of Sutter-Yuba Behavioral Health is proud of the services we have provided for the citizens of Sutter and Yuba Counties for over 45 years.

Use of Fund Balance

The Behavioral Health fund contained a Restricted Fund Balance in the amount of (\$730,152) as of July 1, 2016. It is estimated that the Restricted Fund Balance will equal \$3,367,653 at July 1, 2017. It is recommended that \$1,934,805 of the Restricted Fund Balance (Account #31170) be cancelled in FY 2017-18 for use in the Behavioral Health budget.

The Behavioral Health fund also contains a Restricted Fund Balance for Sutter County use in the amount of \$51,419. These funds will be used for the facility improvements in the SYBH Psychiatric Health Facility.



Behavioral Health Services Division FY 2017-2018

Recommended

Director of Health and Human Services
Nancy O'Hara

Assistant Director
Tony Hobson, Ph.D.
Sutter-Yuba Behavioral Health Services Division

Psychiatrist – Cont.
(Medical Director)

Supervising Nurse

Psychiatrist – Cont.
(8.63)

Psychiatric LVN/Tech
(11)

Staff Analyst **Deputy Director BH – Clinical Services** **Staff Analyst**
MHS A Coordinator **Executive Secretary I** **Deputy Director BH – Admin Services**

Program Manager – Clinical Services
(Youth & Family Services)

Program Manager – Clinical Services
(Forensic & Crisis Services)

Program Manager – Community Services
(SUDS)

Program Manager – Clinical Services
(Adult Outpatient)

Program Manager – Psych Health

Program Manager – Community Services
(Prevention)

Staff Analyst

Medical Office Supervisor

Psychologist – Cont.

Mental Health Therapist III
(6)

Mental Health Therapist I/II
(10)

Forensic Mental Health Specialist I

Intervention Counselor I/II
(10)

Rehabilitation Clinician
(2)

Recourse Specialist

Secretary

Forensic Mental Health Specialist I/II
(5)

Psychiatric Emergency Supervisor

Mental Health Therapist I/II
(5)

Crisis Counselor
(9)

Crisis Counselor - LT
(2)

Prevention Services Coordinator
(2)

Intervention Counselor I/II
(12.3)

Mental Health Worker II

Mental Health Worker I – LT
(0.624)

Medical Clerk II

Mental Health Therapist III
(7)

Mental Health Therapist I/II
(10)

Supervising Intervention Counselor

Intervention Counselor I/II
(12)

Recourse Specialist
(2)

Mental Health Worker I/II
(5)

Supervising Psychiatric Nurse

Staff Nurse
(2)

Mental Health Therapist I/II
(2)

Psychiatric LVN/Tech
(6)

Mental Health Worker I/II
(11)

Medical Clerk II

Prevention Services Coordinator

Intervention Counselor I/II
(2)

Recourse Specialist
(3)

Quality Assurance Officer

Quality Assurance Review Nurse
(.50)

Mental Health Therapist III
(2)

Medical Clerk II

Medical Clerk II
(5)

Secretary
(2)

Medical Records Supervisor

Medical Clerk I/II
(8)

Medical Fiscal Manager

Accountant II

Account Clerk III
(4)

Account Clerk I/II
(4)

County of Sutter

E-13

2017-18 Recommended Budget

Health and Human Services Mental Health Services Act (4-104)

Nancy O'Hara, Director

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0008 - MENTAL HEALTH SERVICES ACT					Dept: 4104
Unit Title: MENTAL HEALTH SERVICES ACT					
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	5,106,714	5,142,688	6,273,365	7,285,006	16.1
SERVICES AND SUPPLIES	1,399,707	1,405,536	2,066,203	1,896,150	-8.2
OTHER CHARGES	2,407,268	1,303,554	2,416,817	2,643,835	9.4
CAPITAL ASSETS	0	0	0	23,500	100.0
OTHER FINANCING USES	4,791	3,592	0	4,796	100.0
NET BUDGET	8,918,480	7,855,370	10,756,385	11,853,287	10.2
REVENUE					
REVENUE USE MONEY PROPERTY	149,040	120,583	194,000	159,000	-18.0
INTERGOVERNMENTAL REVENUES	8,335,934	8,127,951	8,028,500	9,320,000	16.1
CHARGES FOR SERVICES	1,009,022	960,470	1,047,566	1,112,145	6.2
MISCELLANEOUS REVENUES	504	1,800	0	0	0.0
CANCELLATION OF OBLIGATED FB	0	0	1,486,319	1,262,142	-15.1
TOTAL OTHER REVENUE	9,494,500	9,210,804	10,756,385	11,853,287	10.2
UNREIMBURSED COSTS	-576,020	-1,355,434	0	0	0.0
ALLOCATED POSITIONS	61.80	64.80	62.67	69.93	11.6

Purpose

The Mental Health Services Act (MHSA) addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that will effectively support this system.

The Mental Health Services Act requires counties to place MHSA funds in a local Mental Health Services Fund, invest the funds consistent with county practice for other funds, and transfer any interest earned back into the Fund. The MHSA prohibits using MHSA funds to supplant funding that was previously provided for Mental Health Services by other sources.

Major Budget Changes

Salaries & Benefits

- \$572,572 General increase due to negotiated Salaries and Benefits and position additions during FY 2016-17
- \$110,890 Increase related to the addition of one (1.0 FTE) Program Manager – Community Services position (0.875 FTE funded in this budget unit) effective July 1, 2017, the remainder of this position will be funded in the Behavioral Health (4-102) budget unit
- \$281,540 Increase related to the addition of four (4.0 FTE) Mental Health Worker I positions, effective July 1, 2017

Health and Human Services

Mental Health Services Act (4-104)

Nancy O'Hara, Director

- \$104,437 Increase related to the addition of one (1.0 FTE) flexibly-staffed Mental Health Therapist I/II/III position, effective July 1, 2017, budgeted at the MHT II-level
- \$39,275 Increase related to the addition of one (1.0 FTE) flexibly-staffed Intervention Counselor I/II position funded 50% in this budget effective July 1, 2017, the remainder of this position is budgeted in the Behavioral Health (4-102) budget unit
- (\$70,533) Decrease related to transferring funding of a Program Manager – Community Services position (1.0 FTE) to the Behavioral Health (4-102) budget unit, the position was previously partly funded (0.45 FTE) in this budget unit
- \$44,460 Increase related to splitting funding of an existing Resource Specialist position (0.5 FTE funded in this budget unit) effective July 1, 2017, the remainder of this position will continue to be funded in the Behavioral Health (4-102) budget unit
- (\$44,257) Decrease related to splitting funding of an existing Intervention Counselor I/II position (0.5 FTE funded in this budget unit) effective July 1, 2017, the remainder of this position will be funded in the Behavioral Health (4-102) budget unit

- (\$26,743) Decrease related to splitting funding of an existing Prevention Services Coordinator position (0.75 FTE funded in this budget unit) effective July 1, 2017, the remainder of this position will be funded in the Behavioral Health (4-102) budget unit

Other Charges

- (\$100,000) Decrease in Interfund Other Department due to anticipated decreased reimbursement from MHSA-funded programs for medication support services provided by physicians

Revenues

- \$391,500 Increase in Federal Mental Health Medi-Cal revenue based on current estimate
- \$900,000 Increase in State Aid Mental Health Services Act revenue based on current estimates

Program Discussion

The Mental Health Services Act (MHSA), also known as Proposition 63, was passed by the voters in November 2004. The passage of Proposition 63, provided the first opportunity in many years for Sutter-Yuba Behavioral Health (SYBH) to provide increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. MHSA funds for counties are used to expand and transform mental health services.

Health and Human Services

Mental Health Services Act (4-104)

Nancy O'Hara, Director

The MHSAs have five components:

- Community Services and Support
- Prevention & Early Intervention
- Innovation
- Capital Facilities and Technological Needs
- Workforce Education and Training

Sutter-Yuba Behavioral Health (SYBH) has approved programs in all five MHSAs components. These components and programs are listed below. It should be recognized that the capacity to accept clients into these programs is directly related to available staffing.

Community Services and Supports (CSS) Component

The Urgent Services Program has been developed to serve all ages with distinct, age-appropriate services for youth and adults who have acute mental health issues and are at greatest risk of harming themselves or others, are at risk of hospitalization, or are at risk of incarceration in jails or juvenile justice institutions. SYBH also works with school-based counselors and other school personnel to identify children at greatest risk.

The Older Adult Services Program has been developed to serve older adults, aged 60 and over, who are physically or geographically isolated and who have psychiatric disabilities. Further priority is given to those whose cultural identity places them in underserved populations within our community. This program enables participants to obtain and maintain positive social connections; experience respect from their providers of mental health services; feel empowered and listened to, in the process of planning and obtaining their services; and have continuity in their providers. This

program also incorporates peer-delivered services; uses a family-friendly approach to service planning and delivery; and provides housing services and treatment leading to recovery, to promote the program's goals of reducing disparities in services and decreasing homelessness for mentally ill clients.

The Ethnic Outreach Program targets our major underserved populations: Latino and Hmong-speaking individuals. Each program is intergenerational, serving children, youth, transition-aged youth, adults, and older adults within each cultural group. Within these broader categories, females are specifically targeted, as they are more likely to be underserved in our system, and specifically within these cultures. This program enables participants to obtain and maintain positive social connections; live in safety and in a setting which is of their choosing; and have access to integrated mental health and drug and alcohol treatment for those with co-occurring disorders. Participants can also obtain assistance to engage in meaningful activities such as employment or education/training; receive services which recognize their developmental process as "normal" and do not marginalize issues of wellness; and experience respect from their providers of mental health services. As a result, clients feel empowered and listened to in the process of planning and obtaining their services; have continuity in their providers; and have individualized service plans which recognize the uniqueness of each person within the context of their ethnic/racial/cultural identity.

The approved FY 2015-16 MHSAs Annual Plan Update included a significant change for the Ethnic Outreach Program: establishment of a Latino Outreach Center to provide a new service location at Holly Oak Square on

Health and Human Services

Mental Health Services Act (4-104)

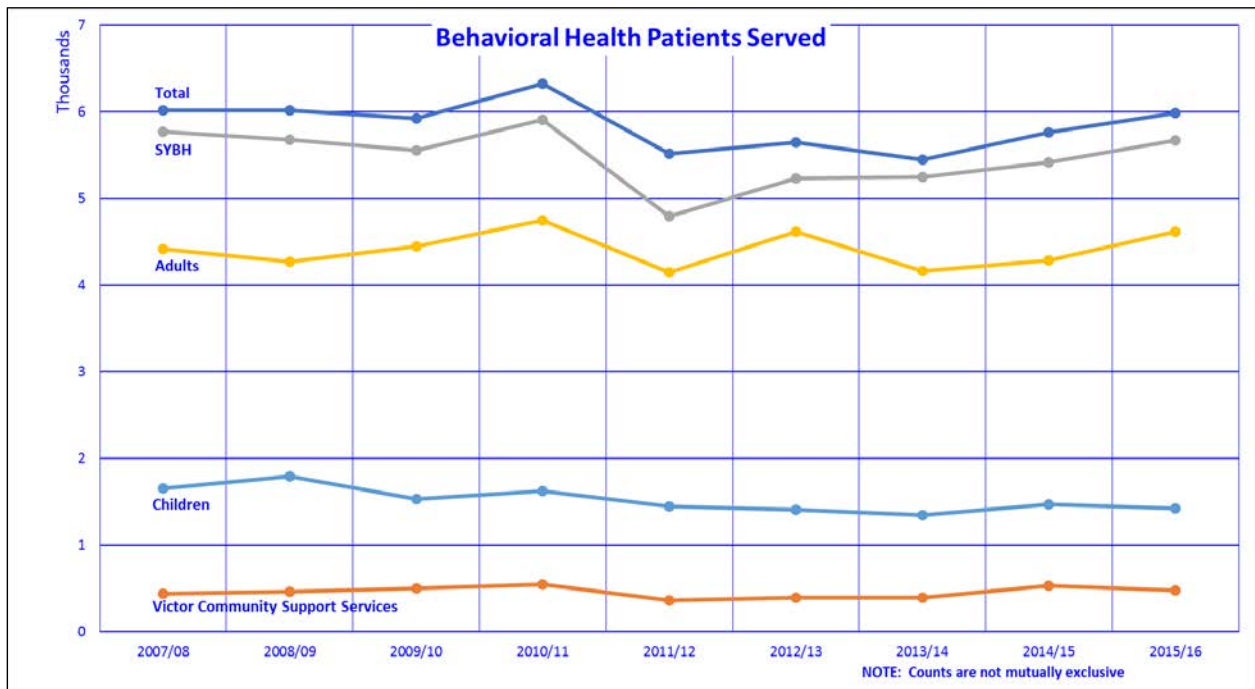
Nancy O'Hara, Director

Garden Highway. This proposal was developed in collaboration with stakeholder groups from the Latino community to provide culturally-competent services in an environment with reduced stigma and near affordable housing that is home to many Latino Medi-Cal beneficiaries. The Center is now up and running with the goal of reducing disparities in behavioral health services provided to the Latino community. Services are provided by bi-lingual SYBH staff.

The Integrated Full Service Partnership Program serves individuals from all age groups with serious mental illnesses or serious emotional disturbances. This population is significantly more at risk for victimization, addiction disorders, overuse of emergency rooms, psychiatric hospitalizations, and incarceration in jails and juvenile justice institutions. Transition age youth are especially at risk to enter into the cycle of homelessness, unemployment, and substance abuse.

Within the Integrated Full Service Partnership, specific services are available to serve children ages 0-5 and youth aged 6-15 who have severe emotional disturbances or severe mental illnesses that result in significant social, emotional, or educational impairments and/or who are at risk of homelessness or going into out-of-home care. Children ages 0-5 are the most underserved population and have the most potential to need extensive resources over the longest time should they go untreated. SYBH works with the Ethnic Outreach programs to find children whose cultural identity places them in underserved populations within our community (Latino and Hmong) and who need mental health services.

Services are available for Transition Age Youth (TAY) aged 16-25 who have severe emotional disturbances or mental illnesses that result in significant social, emotional, educational, and/or occupational impairments or who are at risk of homelessness. TAY within our community who are unserved, underserved, or



Health and Human Services

Mental Health Services Act (4-104)

Nancy O'Hara, Director

inappropriately served include young women with self-harming, high-risk behaviors; youth aging out of foster care; and youth transitioning from children's mental health or probation systems to adult systems. Priority for services is given to those with co-occurring substance abuse and mental health disorders, those at significant risk of gang involvement, the uninsured, and those whose cultural identity places them in underserved populations within our community.

Services are available for adults and older adults who have co-occurring mental health and substance use disorders and who are homeless, or at risk of homelessness. Priority will be given to those whose cultural identity places them in underserved populations within our community (Latino, Asian Indian, and Hmong).

The Wellness and Recovery Center serves adults and older adults with serious and persistent mental illness who meet the target population criteria established by Sutter-Yuba Behavioral Health.

Prevention and Early Intervention (PEI) Component

The PEI component of MHSA was approved by the State and implemented by SYBH during FY 2009-10. PEI approaches are intended to be transformational by restructuring the mental health system to a "help-first" approach. Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). A goal of PEI is

to help mental health become part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

The SYBH implementation of PEI has two major components:

- The Community Prevention Team is intended to serve individuals experiencing onset of serious psychiatric illness; children and youth in stressed families; children and youth at risk for school failure; children and youth at risk of or experiencing juvenile justice involvement; and underserved cultural populations. The team works with agencies in the community to enhance overall community capacity for prevention and early intervention. They will expand mentoring programs for youth, expand use of the Strengthening Families model throughout the community, and support recreational opportunities for youth that fight stigma and build self-esteem.
- The First Onset component is directed toward individuals experiencing the first onset of serious psychiatric illness. It includes mental health consultation with pediatricians or other primary care providers to improve individuals' access to quality mental health interventions by increasing providers' capacity to offer effective mental health guidance and early intervention service; implementation of Teen Screen, a program of voluntary school screening to identify youth at risk for suicide and potentially suffering from mental illness; provide Aggression Replacement Training® to aid in early identification of mental illness and address stigma issues with the goal of improving social skill

Health and Human Services

Mental Health Services Act (4-104)

Nancy O'Hara, Director

competence, anger control, and moral reasoning; and provide education and training at sites in the local community.

In addition to the above PEI programs, MHSA includes, within PEI, funding for the following statewide projects: Suicide Prevention, Student Mental Health Initiative, and Stigma and Discrimination Reduction. Funding for these projects is allocated to each county, but the projects will be executed on a regional or statewide basis. SYBH has joined with mental health agencies in 48 other counties to form the California Mental Health Services Authority (CalMHSA) under a Joint Exercise of Powers Agreement (JPA) to implement these projects. SYBH reassigned its FY 2008-09 and FY 2009-10 allocations totaling \$300,400 to CalMHSA. Allocations for two additional years have not yet been assigned. Counties formed CalMHSA to ensure the priorities of counties were truly reflected in the execution of these important projects. The alternative was to assign this funding to the former Department of Mental Health.

Capital Facilities and Technology Needs Component

This MHSA component provides \$197,550 for Capital Facilities projects. Previous plans to utilize this funding have proven not to be viable due to cost or changed circumstances. The Fiscal Years 2017-20 Three-Year Program and Expenditure Plan currently in process would redirect these funds toward remodeling space in the main clinic building for educational programs directed primarily towards Wellness and Recovery Program clients.

In late FY 2010-11, SYBH received approval for its Electronic Health Record (EHR) System Project. This provided \$1,567,750 to

implement EHR infrastructure, practice management, clinical data management, and computerized provider order entry. The Anasazi system was selected to replace SYBH's 1980s-vintage, COBOL-based information system with a modern EHR and billing system. This is a critical step toward compliance with upcoming federal mandates for implementation of EHRs and Health Information Exchange. EHR implementation began in FY 2011-12 and is proceeding in phases that will continue into FY 2017-18.

Work is also under way to select and implement an outcome measures tracking system. This system would pull data on patient and program outcomes from the EHR for analysis to provide information for data-driven decision-making.

Workforce Education and Training (WET) Component

During FY 2011-12, SYBH received approval for its WET Component. This provides \$180,000 annually for five years for training and higher education scholarships. This program is now coordinated by a Staff Analyst who serves as the MHSA Coordinator. Trainings focus on cultural competencies, service delivery, and workforce preparedness.

During FY 2016-17, an online training system was implemented using WET funds. This training system provides for specialized behavioral health courses, allows SYBH to upload its own training materials, such as all of the behavioral health policies and in-service training PowerPoint presentations, and enables centralized tracking and reporting of employee training for improved compliance with regulatory and licensing training requirements.

Innovation

A plan to implement certain innovative practices has been approved by the State Mental Health Services Oversight and Accountability Commission. One project is to assign a Mental Health Therapist to each County's Probation Department to provide treatment services, one within the jail setting and another at the day reporting center, and then analyze the results to determine which method provides better outcomes. The second project provides additional support to TAY after they age out of the program with the objective of reducing addiction disorders, overuse of emergency rooms, psychiatric hospitalizations, and incarceration in jails and other criminal justice institutions. The third project is to increase cooperation between traditional Hmong Healers and Mental Health professionals to improve mental health outcomes among Hmong clients.

The Fiscal Years 2017-20 Three-Year Program and Expenditure Plan currently in process includes a significant update for the SYBH Innovation Plan: The Hmong Spiritual Healing Project will be discontinued due to significant implementation barriers. These barriers include the inability to contract with a local cultural broker to help with the coordination and purchase of unique materials needed for the traditional ceremonies and Behavioral Health staffing challenges, related to skills needed for document translation and interpreting.

The FY 2017-20 Three-Year Plan also includes notification that the TAY Innovation Project will be concluding its three-year project timeframe in March 2017. Collected outcome data has shown there is value in offering this type of less intensive Full Service Partnership (FSP) approach, as used

in the TAY Innovation Project. This has prompted some restructuring of the final phase of the TAY Program and the transition process to the Adult FSP Program.

FY 2017-18 Funding

MHSA is a volatile and economically sensitive funding source. This funding decreased during the recent economic downturn, but is now recovering. SYBH intends to direct MHSA funding that exceeds the amounts in their approved plans into the Prudent Reserve called for in the MHSA.

The process by which counties receive their MHSA funding changed in FY 2011-12. Counties previously received funds 18 to 24 months after the State received the related tax revenue. However, funds are now being transferred to counties monthly based on their allocations and approved MHSA plans, as tax revenue is received. This process is managed by the California Department of Finance.

MHSA revenue is projected to decrease slightly (approximately 1.15%) in FY 2017-18, but remains sufficient to support the MHSA Plan and the requested budget. Revenue above the requirements of the approved MHSA Plan will be retained in the Mental Health Services Fund for future use or for inclusion in the Prudent Reserve consistent with the Mental Health Services Act.

In 2016 the State Legislature passed and the Governor signed AB 1618 to create the No Place Like Home Initiative (NPLHI), which will divert a portion of MHSA funds to provide \$2 billion in bond funds for affordable housing to the target population of individuals who are living with a serious mental illness and who are homeless or are at

Health and Human Services

Mental Health Services Act (4-104)

Nancy O'Hara, Director

risk of homelessness. The amount to be diverted from MHSA funds statewide is capped at \$140 million per year. The estimated impact on Sutter and Yuba Counties in FY 2017-18 is a reduction in MHSA revenues of about \$630,000 based on estimated statewide MHSA revenues and current funding allocation methodologies. The NPLHI will be administered by the Department of Housing & Community Development. Of the \$2 billion in NPLHI funding, \$1.8 billion would be in the form of grants for which counties, or groups of counties, would have to compete. The remaining \$200 million would provide technical assistance grants or would be apportioned to counties based on population and level of homelessness. At the time this is being written, NPLHI guidance is still under development.

Recommended Budget

This budget is recommended at \$11,853,287, which is an increase of \$1,096,092 (10.2%) over FY 2016-17. MHSA program expenses are funded by revenue from the State and from the Federal share of reimbursement for services claimed to Medi-Cal. This budget unit receives no financing from the County General Fund. See the *Mental Health Revenue Sources* chart and the *Mental Health Budget History* chart in the Behavioral Health (4-102) budget narrative for information on Behavioral Health funding sources and history, respectively.

The following new positions are recommended to be effective July 1, 2017:

- Add one Program Manager – Community Services. This position would manage Behavioral Health's Prevention Programs and the Health and Human Services Department's efforts to address the problem

of homelessness. This position would be funded 87.5% by the MHSA (4-104) budget unit, and 12.5% by the Behavioral Health (4-102) budget unit, with the Health (4-103) budget unit and the Welfare and Social Services (5-101) budget unit each reimbursing 25% of the salary and benefits cost of the position.

- Add three bi-lingual Mental Health Worker (MHW) I positions in the Ethnic Outreach Program: two bilingual in Spanish and English to work in the Latino Outreach Center and one bi-lingual in Hmong and English to work in the Hmong Outreach Center. These MHWs would provide bilingual interpreting services in clinical settings, data entry in the electronic medical record, and transporting and providing paraprofessional level support to seriously mentally ill clients. An increase of three bi-lingual slots is also requested for these positions.
- Add one MHW I position in the MHSA Adult/Older Adult Programs. This MHW would transport clients as required and provide other assistance to case managers in these programs. This will allow case managers to spend more time on activities that are billable to Medi-Cal.
- Add one flexibly-staffed Mental Health Therapist (MHT) I/II/III to the Transition Age Youth (TAY) Program. The TAY Program supervisor, a MHT III, is currently the only therapist for the program. His current caseload is about double that of the typical caseload for therapists in Full Service Partnership programs who do not also have supervisory responsibilities.
- Add one Intervention Counselor - 50% funded by the Mental Health Services Act (4-104) budget unit with the remainder

Health and Human Services Mental Health Services Act (4-104)

Nancy O'Hara, Director

funded by the Behavioral Health (4-102) unit in Prevention. This position would allow more school-based Behavioral Health prevention programs.

Behavioral Health has a number of positions that have funding split between this budget and the Behavioral Health (4-102) budget. SYBH requests funding changes for the following positions:

- Program Manager Community Services for SUD Treatment, currently 55% 4-102 and 45% 4-104, change to 100% 4-102 if the requested new Program Manager Community Services position is approved.
- Intervention Counselor I/II in Prevention Programs, currently funded 100% 4-104, change to 50% 4-102 and 50% 4-104.
- Prevention Services Coordinator in Prevention Programs, currently funded 100% 4-104, change to 75% 4-104 and 25% 4-102.

- Resource Specialist in Prevention Programs, currently funded 100% 4-102, change to 50% 4-102 and 50% 4-104.

Capital Assets are recommended at \$23,500 for the purchase of one replacement vehicle. The Department has requested one mid-sized sedan, effective July 1, 2017.

Use of Fund Balance

The MHSA fund contained a Restricted Fund Balance in the amount of \$7,484,316 as of July 1, 2016. It is estimated the Restricted Fund Balance will equal \$5,976,645 at July 1, 2017. It is recommended that \$1,262,142 of the Restricted Fund Balance account (#31170) be cancelled in FY 2017-18 for use in the MHSA budget.

The MHSA fund also contains Non-Spendable Fund Balance amounts of \$874,458 (#31014) for housing and \$2,210,682 (#31031) recognizing the cash advance to the Behavioral Health Fund (0007).



COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0012 - HEALTH				Dept: 4103	
Unit Title: COUNTY HEALTH					
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	4,322,835	3,861,679	4,981,608	5,624,930	12.9
SERVICES AND SUPPLIES	574,581	477,235	567,052	785,835	38.6
OTHER CHARGES	476,089	390,286	630,879	672,592	6.6
CAPITAL ASSETS	26,600	105,208	77,000	0	-100.0
OTHER FINANCING USES	73,139	74,775	71,216	78,967	10.9
NET BUDGET	5,473,244	4,909,183	6,327,755	7,162,324	13.2
REVENUE					
FINES, FORFEITURES, PENALTIES	16	0	0	0	0.0
REVENUE USE MONEY PROPERTY	56,983	50,800	56,977	0	-100.0
INTERGOVERNMENTAL REVENUES	2,507,054	2,065,214	2,726,675	3,179,019	16.6
CHARGES FOR SERVICES	468,028	199,348	450,485	435,024	-3.4
MISCELLANEOUS REVENUES	183	376	150	150	0.0
OTHER FINANCING SOURCES	0	0	0	20,000	100.0
TOTAL OTHER REVENUE	3,032,264	2,315,738	3,234,287	3,634,193	12.4
UNREIMBURSED COSTS	2,440,980	2,593,445	3,093,468	3,528,131	14.1
ALLOCATED POSITIONS	53.63	53.23	51.23	54.70	6.8

Purpose

The Sutter County Health and Human Services-Public Health Division is responsible for the provision of health care services to residents of Sutter County. The Division accomplishes this through the operation of three distinct medical service areas: Public Health Programs, Indigent Care Services, and Jail Medical Services.

Public Health programs are responsible for providing basic preventive health services to the residents of Sutter County to improve the health and wellness of the individual in accordance with the mandates of the Health and Safety Code, the California Code of Regulations, Title 17 and Title 22. Under Health and Safety Code §101025, counties have a broad mandate to preserve and protect the public health of their communities. Traditional public health functions focus on the overall health of our

communities in ways that are usually beyond the scope of health insurance, such as monitoring, investigating, and containing communicable and food-borne disease outbreaks; planning for and responding to local disasters; ensuring our water supplies are safe; educating the public about emerging health risks and prevention measures; and tracking the health status of our communities in order to develop community-based responses.

The Indigent Care component of the Division addresses the non-emergency and emergency medical care to Sutter County indigent residents. The County Medical Services Program (CMSP) fulfills the County Welfare and Institutions Code §17000 requirement to provide medical care to residents who are indigent. An Emergency Medical Services (EMS) Fund, established as required by law, reimburses physicians and medical facilities for

emergency services provided to patients who do not pay for the cost of their medical care. These services are addressed in their own narratives.

The Jail Medical Services unit is responsible for the provision of healthcare to individuals held at or incarcerated in the County Jail, the Jail Medical Services budget is also discussed in its own narrative.

Major Budget Changes

Salaries & Benefits

- \$263,458 General increases due to negotiated Salaries and Benefits
- \$31,359 Net increase in Extra Help for a 0.46 Public Health Nurse II for the Homeless Pilot Project
- \$118,134 Increase related to adding one (1.0 FTE) Staff Nurse/Public Health Nurse II to the MCAH Program effective July 1, 2017
- \$85,270 Increase related to adding one (1.0 FTE) Health Program Specialist for the Local Dental Pilot Project effective July 1, 2017
- \$32,079 Increase related to increasing a 0.25 FTE Health Program Specialist to 0.50 FTE for the Health Accreditation project effective July 1, 2017
- \$15,654 Increase related to increasing a 0.50 FTE Health Program Specialist to 0.70 FTE to work in the CMSP Program effective July 1, 2017

Services & Supplies

- \$57,227 Increase in several Services and Supplies accounts due to the addition of new programs and employees
- \$114,430 Increase in Professional & Specialized Services due to addition of Local Dental Pilot Project
- \$24,665 Increase in Office Equipment due to additions for new employees and replacement of aged non-ergonomic desks, chairs, tables, etc.

Other Charges

- (\$12,609) Decrease in Interfund A-87 charges as provided by the Auditor-Controller's Office
- \$100,000 Increase in Support and Care of Persons for Homeless Pilot Project

Revenues

- (\$56,977) Decrease in Rent Land and Buildings related to the Peach Tree Clinic vacating the Public Health building June 30, 2017
- \$452,344 Net increase in Intergovernmental Revenues due to the addition of the Local Dental Pilot Project, and other increases, decreases and reclassifications of revenues
- \$75,000 Net increase in Miscellaneous Revenues due to addition of CMSP program

Program Discussion

This budget funds the Public Health Division that staffs and operates the County's Public Health programs and oversees the provision of services to medically indigent Sutter County residents.

The Public Health services and programs are dedicated to promotion, protection, and improvement of the health of Sutter County residents. The goal of the services and programs is to optimize the health and well-being of the people in Sutter County, primarily through population-based programs, strategies, and initiatives.

Historically, the top priorities have included communicable disease control, environmental health services, and child health programs. In recent years the priorities have included the provision of a number of special programs for community and individual wellness and improvement of lifestyle, with the goal of reducing chronic disease incidence. The Division is also responsible for preparing for and responding to public health emergencies, including natural disasters, acts of terrorism, and pandemic diseases.

Indigent Health Care

Welfare and Institutions Code §17000 requires counties to provide health care to indigent adults. Medi-Cal expansion as a result of Affordable Care Act (ACA), passed by Congress in March 2010, covers adults up to 138% of Federal Poverty Level (FPL). Adults with incomes between 138% and 400% FPL are eligible for subsidized coverage through Covered California. However, unlike Medi-Cal, these adults have limited windows to enroll in coverage. If an adult misses open enrollment, he or she will

have to wait for the next open enrollment period. In the meantime, that adult may qualify for a county indigent program.

All counties have retained responsibilities for public health and health care services for indigent adults. Funding for these services was addressed through AB85.

Jail Medical Services (JMS)

Effective May 1, 2017, the County began contracting with CFMG for Jail medical and behavioral health services. The Health Division assists with oversight of these Jail Medical Services at the Sutter County Jail. The Jail medical costs and program description are reflected in the Jail Medical Services (4-134) budget unit.

Homeless Pilot Project

Public Health is seeing a crisis playing out on the streets of our county's communities. These are the homeless men and women, some living with disabling conditions. It is a common goal of many of our community leaders and residents to end homelessness in general for those homeless community members who share this goal. To achieve this goal, attention has to be given to useful interventions. Interventions that are data driven, are research informed, and prioritize more immediate access, for example, to permanent housing. Intervention strategies that work have to be reinforced and attention to applying for governmental or private grants to address those strategies is crucial.

As part of this effort to reduce homelessness, the Board approved a full time position in the Health Services budget for FY 2016-17 dedicated to homeless services. This position, a Health Program Specialist (HPS), has provided Health and Human Services the

ability to conduct outreach services to the homeless population and gather statistical information assisting in determining our best course of action in serving this population. The HPS and a working team of individuals (staff from Behavioral Health, Substance Use Disorders Services, and Social Services & Welfare) focus on homeless clients to provide evaluation and referral to appropriate services and ultimately into stable housing.

In order to move individuals into stable housing it is necessary to provide an assessment of the individual's ability to maintain housing and meet the necessities of daily living. Having staff focused on this task will provide appropriate, targeted assistance and improve the opportunities for success to homeless individuals.

The Health Division proposes to assign a portion of a HPS to work with local partnerships to apply for grant resources to address the needs of the homeless population. In addition, this position would apply for other grants to enhance the Public Health services to the general county population.

Accreditation

The Health Division is preparing to become an accredited "Public Health Department". Public Health Accreditation is the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. It is the issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity. The Health Division proposes to assign a 0.50 FTE Health Program Specialist (HPS) to assist with the accreditation process.

The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of our Public Health Division as well as to improve service, value, and accountability to stakeholders. A designated Accreditation Coordinator is desired who would be responsible for managing and coordinating the accreditation process within the Health Division Accreditation Team from early preparation for accreditation, through the accreditation decision, and the post-accreditation annual reports to PHAB. It is requested that a portion of a HPS position would have the role of the Accreditation Coordinator who would be the primary and single point of contact for communication between the Health Division and PHAB staff throughout the entire accreditation process.

CMSP

In 2013, in anticipation of the implementation of the federal Affordable Care Act (ACA) and the expansion of Medi-Cal to cover low income uninsured adults, the provisions of Health Realignment were substantially revised and most revenue previously dedicated to indigent health care was redirected to the State of California. Counties participating in CMSP retained only a portion of the revenue for continued provision of health care services to the remaining uninsured left uncovered by the ACA. Today, CMSP is funded exclusively by this revenue. As the United States Congress begins to repeal the ACA, counties face a great deal of uncertainty.

Those who lose their Medi-Cal or Covered California coverage in the absence of the ACA will again have to wait until a health issue becomes an emergency to seek care – care that is the most expensive and with the poorest health outcomes.

The ACA Medicaid Expansion has significantly reduced the number of uninsured adults by providing health care coverage and access to services.

Since the implementation of the ACA, the Public Health Division has implemented innovative public health programs and services, including outreach to vulnerable populations and targeted health promotion and chronic disease prevention campaigns through the County Medical Services Program (CMSP).

The repeal of the ACA without a comprehensive and simultaneous replacement may lead to our Public Health program to rapidly reconstitute indigent health care systems in an uncertain marketplace and fundamentally reduce our capacity to continue prevention strategies.

Local Dental Pilot Program (LDPP)

On December 30, 2015, Department of Health Care Services (DHCS) received approval from the Centers for Medicare and Medicaid Services (CMS) of the state's project titled "California Medi-Cal 2020 Demonstration" and will provide the State with approximately \$6.2 billion in federal funds over the course of this five-year waiver period from December 30, 2015 through December 31, 2020 to help transform the way Medi-Cal provides services to its more than 13 million members, and improve quality of care, access, and efficiency.

The California Medi-Cal 2020 Demonstration program has four initiatives, one of which is known as the Dental Transformation Initiative (DTI).

The California Medi-Cal 2020 Demonstration includes \$750 million in

funding for a DTI. The DTI is divided in 4 "domains." One of the four domains, called the LDPP, is for innovative approaches to achieving the overall DTI goals.

Sutter County Public Health Division has worked with four other counties (Butte, Plumas, Yuba, and Nevada counties) and developed a joint grant application that addresses the DTI. The Lead Agency for the Joint County DTI project is Butte County. The Pacific Center for Special Care at the University of the Pacific School of Dentistry (UOP) has developed and tested an innovative and customizable oral health delivery system called the Virtual Dental Home (VDH) system of care. The VDH model relies on community-based practice of specially trained dental hygienists and assistants who collect dental records and provide preventive care for patients in community settings, such as schools, Head Start preschools and nursing homes. They send that information through a secure telehealth system to a dentist at a clinic or dental office who establishes a diagnosis and creates a dental treatment plan. UOP is interested in using the DTI funding in the 1115 waiver to expand the use of the VDH system, improve oral health of currently underserved groups, and reduce the financial and human consequences of neglected dental disease.

The LDDP DTI application from Butte, Nevada, Sutter, Yuba, and Plumas Counties will expand the capacity of the oral health care system in Sutter County by engaging pre-schools and Federally Qualified Health Centers in a dental care delivery system that will bring prevention and early intervention oral health services to children that normally do not receive any care until they have advanced disease. Linking prevention and early intervention care delivered by allied

dental personnel in these locations with more advanced care in dental offices and clinics will produce a full system of care, improve the oral health of the population, and lower the significant personal, societal, and financial costs that result from neglected dental disease. At the time of this writing, the joint application has been preliminarily approved. A full-time Health Program Specialist position is being requested to coordinate this program.

Funding of the Health Division

The Health Division budget funds various specialized health programs through a combination of grant, 1991 Health Realignment, and County funds.

Overall, the FY 2017-18 Health Division budget reflects an attempt to maintain programs at a consistent level along with increased services to protect the public health of the community, with consideration given to current funding and actual needs of the community. Health Division services are financed through a combination of County General Fund dollars, State grants, and 1991 Realignment funds.

The Health Division oversees seven special revenue funds, where certain grant revenues are designated for specific program uses. These funds are: Bioterrorism Trust Fund (0-124), Emergency Medical Services Fund (0-252) Bicycle Helmet Safety Fund (0-178), Tobacco Education Trust Fund (0-246), Aids Education PC 261.5(e) (0-254), Vital Statistics Trust Fund (0-287), and Child Passenger Restraint Fund (0-298). Revenue from these special revenue funds are transferred into the Health Division budget as needed to support the designated programs and related services, as dictated by the individual fund requirements. The Local Health and Welfare Trust – Health Fund

(0-247) has historically been overseen by the staff in the County Administrative Office.

Recommended Budget

This budget is recommended at \$7,162,324 which is an increase of \$834,569 (13.2%) over FY 2016-17.

The County has a required contribution of \$674,240 to satisfy the County's AB8 required match. The County's contribution is reflected in the Health Care - General (4-110)-budget unit and the Health - County Share (4-112) budget unit. The balance of cost for the Health budget unit is covered by 1991 Health Realignment revenue.

New this year SB910 revenue has been moved to the Health Care - General (4-110) budget unit.

The following position changes are recommended effective July 1, 2017.

- Increase one vacant 0.25 FTE Health Program Specialist to 0.50 FTE
- Increase one filled .050 FTE Health Program Specialist to 0.70 FTE
- Add one (1.0 FTE) Health Program Specialist position
- Add one (1.0 FTE) Staff Nurse/Public Health Nurse II position

Of the 54.70 FTE positions contained in the Health Division budget, 35.46 FTE positions are directly grant funded.

Use of Fund Balance

This budget unit is within the Health Fund. The budget does not include the use of any specific fund balance.

**Public Health Division
FY 2016-2017**

Recommended

County of Sutter

E-29

2017-18 Recommended Budget

Director of Health and Human Services
Nancy O'Hara

Assistant Director
Amerijit Bhattal
Public Health Division

Office Assistant III

Health Officer*
Dr. Lou Ann Cummings

Medial Fiscal Manager

Women Infants & Children Coordinator

Director of Public Health Nursing

Office Assistant I/II

- Public Health Epidemiologist
- Child Development Behavioral Specialist
- Public Health Emergency Coordinator
- Program Specialist (.50)

- Account Clerk II (Grants Specialist)
- Accountant I/II
- Account Clerk I/II
- Account Clerk II (1.5)
- Medical Clerk
- Office Assistant I/II/III
- Office Assistant II

- Nutritionist (2)
- Program Specialist (.95)
- Nutritional Assistant (5)
- Office Assistant I (2)

- Public Health Program Coordinator (Health Education)
- Program Specialist (8.75)
- Staff Nurse / Public Health Nurse II (Jail)

- Supervising Public Health Nurse
- Public Health Nurse III (2) Disease Control/MCH
- Public Health Nurse II (5)
- Staff Nurse / Public Health Nurse II (3)
- Licensed Vocational Nurse (2)
- CCS Caseworker
- Medical Clerk (3)

*Reports to BOS

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0012 - HEALTH				Dept: 4134	
Unit Title: JAIL MEDICAL SERVICES					
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	1,451,614	1,270,829	1,685,851	180,302	-89.3
SERVICES AND SUPPLIES	297,432	221,508	321,720	2,920,932	807.9
OTHER CHARGES	604,007	456,570	679,601	175,435	-74.2
OTHER FINANCING USES	1,303	977	0	1,304	100.0
NET BUDGET	2,354,356	1,949,884	2,687,172	3,277,973	22.0
REVENUE					
FINES, FORFEITURES, PENALTIES	474	792	0	0	0.0
CHARGES FOR SERVICES	312,199	191,651	365,355	0	-100.0
MISCELLANEOUS REVENUES	2,453	0	0	0	0.0
OTHER FINANCING SOURCES	0	0	0	365,355	100.0
TOTAL OTHER REVENUE	315,126	192,443	365,355	365,355	0.0
UNREIMBURSED COSTS	2,039,230	1,757,441	2,321,817	2,912,618	25.4
ALLOCATED POSITIONS	13.12	1.00	12.52	1.00	-92.0

Purpose

The operation of the Jail Medical Services program is the responsibility of the Sutter County Health and Human Services – Health Division. The Director of Sutter County Health and Human Services or his/her designee is the Health Authority responsible for the arrangement of all levels of healthcare, including medical and nursing coverage.

Jail Medical Services are provided to inmates in conformance with an Amended Settlement Agreement the County entered into in 1994 with the United States District Court for the Eastern District of California, and in accordance with the minimum standards of the California Board of Corrections and Title 15 of the California Code of Regulations.

On February 28, 2017 a contract with California Forensic Medical Group, Inc.

(CFMG) was approved beginning May 1, 2017 to provide Medical and Behavioral Health Services at the Sutter County Jail.

Major Budget Changes

Salaries & Benefits

- (\$1,505,549) Decrease in Salaries and Benefits related to the outsourcing of Jail Medical Services to CFMG during FY 2016-17

Services & Supplies

- \$2,840,832 Increase in Professional and Specialized Services related to the contract with CFMG
- (\$241,620) Decrease in Services and Supplies accounts related to outsourcing of Jail Medical Services to CFMG

Other Charges

- (\$500,000) Decrease in Support & Care of Persons costs related to outsourcing of CFMG

Program Discussion

The Jail Medical Services budget represents the costs of providing nursing coverage in the jail seven days per week, 24 hours per day; sick-call coverage by Physicians and/or Nurse Practitioners; medical supplies including pharmaceuticals; emergency room care; inpatient hospital care; referrals to medical specialty providers; and dental care.

On February 28, 2017 a contract with California Forensic Medical Group, Inc. (CFMG) was approved beginning May 1, 2017 to provide Medical and Behavioral Health Services at the Sutter County Jail.

Continued Impacts of 2011 Realignment & Proposition 47

According to the Board of State and Community Corrections, the average length of stay, in days, for sentenced inmates has increased by ten percent since implementation of AB109. In addition, there has been a gradual increase in average length of stay prior to release for all sentenced and non-sentenced inmates. Demand on jail medical services continues as the overall complexity and serious nature of inmate healthcare needs remain high.

On November 4, 2014, California voters approved Proposition 47, which makes significant changes to the state's criminal justice system. Specifically, it reduces the penalties for certain non-violent, non-serious drug and property crimes. This will reduce the short-term incarcerations, but could ultimately result in a higher population in County jails as

space is made available for those with longer sentences.

The severity of inmate health, mental health, and substance use disorders and the problems presented upon booking continue to result in high utilization of inpatient hospital days, emergency room visits, pharmaceutical costs, and JMS staff time. Specialty medical services such as kidney dialysis, orthopedic surgeries, and high medication costs associated with HIV infections, diabetes, as well as liver and kidney diseases have jointly contributed to an increase in medical supply costs and expenses related to the support and care of inmates.

Recommended Budget

This budget is recommended at \$3,277,973 which is an increase of \$590,801 (22.0%) over FY 2016-17.

Costs related to the provision of health care to individuals held at or incarcerated in the County Jail, including administration costs, have traditionally been funded by a combination of 1991 Realignment funding and General Fund contributions (prior to the State's implementation of 1991 Realignment, services were funded through a combination of general revenues and AB8 funding). For the fiscal years 2012-13 through 2014-15, due to a significant decline in 1991 Realignment revenues and other county revenue sources (related to the Recession) and based on a request from the Health and Human Services Director, it was recommended that all Jail Medical services costs be removed from the Health (4-103) budget unit and placed into a separate budget unit (4-134), and that any costs not funded by AB109 Public Safety Realignment funds be funded entirely by the General Fund. Beginning again in FY 2015-16, due in part to an increase in MVIL 1991 Realignment funding through the recent

Health and Human Services Jail Medical Services (4-134)

Nancy O'Hara, Director

passage of AB85, a relatively small portion of expense currently shown in the Jail Medical budget unit is recommended to be funded by 1991 Realignment funds, with the balance funded by approved AB109 funds and the General Fund.

The total cost of Jail Medical services is cost-applied back to the Jail budget through a separate Interfund Transfer between the Jail (2-301) budget unit and the General Revenues (1-209) budget unit. It should be noted that this transfer is for presentation purposes, and does not result in any increased cost or revenue in the overall budget.

Use of Fund Balance

This budget unit is within the Health Fund. The budget does not include the use of any specific fund balance.

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0012 - HEALTH Unit Title: NON-COUNTY PROVIDERS			Dept: 4201		
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
SERVICES AND SUPPLIES	26,400	24,200	26,400	26,400	0.0
OTHER CHARGES	256,736	50,869	572,970	667,382	16.5
NET BUDGET	283,136	75,069	599,370	693,782	15.8
REVENUE					
CHARGES FOR SERVICES	16,373	0	25,000	25,000	0.0
TOTAL OTHER REVENUE	16,373	0	25,000	25,000	0.0
UNREIMBURSED COSTS	266,763	75,069	574,370	668,782	16.4
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

Sutter County Health and Human Services – Health Division administers this budget unit, which includes the County’s share of the cost of health programs that are provided to County residents by County Departments outside of the Health Fund or by health related non-County agencies.

Major Budget Changes

Other Charges

- \$94,412 Increase in Interfund Environmental Health as provided by the Development Services Department

Program Discussion

Emergency Medical Services

This budget unit appropriates Sutter County’s cost for participation in the Joint Powers

Agreement for the Sierra Sacramento Valley Emergency Medical Services (S-SV EMS) Agency. S-SV EMS is a nine county Joint Powers Agency that is designated as the local EMS agency for Placer, Yuba, Sutter, Nevada, Colusa, Butte, Shasta, Tehama, and Siskiyou Counties under the authority of the Government Code, State of California (Section 6500, et seq.). Sutter County’s share in the EMS Agency is based on the per capita population rate of forty-one cents (\$0.41), plus a \$10,000 base, for a total of \$51,208. The calculated cost for participation in this joint powers agreement is based on California State Department of Finance projections for the population of Sutter County. It is anticipated that additional funds may be required for this item should the Department of Finance population projections for Sutter County differ from those used by the Health Division or if the per capita rate of \$0.41 changes. A portion of this fee is offset by the use of Emergency Medical Services Fund (Maddy Act) undesignated funds (0-252), reflected as an Interfund revenue in this budget unit.

Health and Human Services

Non County Providers (4-201)

Nancy O'Hara, Director

The S-SV EMS Agency performs the duties of qualification, accreditation, and authorization of all pre-hospital care personnel, EMS system design, and compliance with related local and state regulations.

County Medical Services Program

Sutter County participates in the County Medical Services Program (CMSP) through an agreement between the County and Governing Board of the CMSP. CMSP provides limited-term health coverage for uninsured low-income, indigent adults that are not otherwise eligible for other publicly funded health programs, in 35 rural and semi-rural counties. CMSP and its authority are established in California Welfare and Institutions Code Section 16809 et seq. This budget contains the CMSP Participation Fee of \$188,781, an amount set by legislation for the County to participate in the CMSP. The County's required CMSP Participation Fee, which pursuant to WIC Section 16809.3(d) may not be paid with Health Realignment funds, and pursuant to WIC Section 16990(e) may not be included in determining compliance with any other statutory Maintenance of Effort provisions, is paid for with a General Fund contribution (reflected as revenue in the Health – General budget unit). This participation fee was not eliminated with Health Realignment and AB 85. However, in FY 2014-15 and FY 2015-16, actual expenses decreased by \$188,781 due to a waiver of the CMSP Participation Fee. It is not known if this fee waiver will be applied in subsequent years.

Sutter County has participated in the CMSP since 1983. The County has the option of continuing participation in this program or operating its own medical services program for indigent adults. CMSP is a fee-for-services program with the scope of services similar to the Medi-Cal program. Should Sutter County

operate its own program, the County would determine the scope of services and a provider group eligible for payment.

The Governing Board has received funding from counties participating in CMSP and funds allocated to CMSP from State Health Realignment revenues. As a part of the FY 2013-14 State Budget, changes were enacted that reduced Health Realignment funding provided to counties and the CMSP Governing Board for the delivery of healthcare services through CMSP. The changes pertaining to CMSP counties and the Governing Board were a part of a set of changes that redirected Health Realignment funding from all counties to the State beginning in January 2014.

Welfare and Institutions Code Section 17600.50(a) was enacted as part of the Realignment Trailer Bills to the FY 2013-14 State Budget and reduced overall funding for CMSP beginning January 2014. A redirection of 60% of the Health Realignment revenues that would otherwise be provided to CMSP counties and the Governing Board now goes to the new State Account, the Family Support Services Subaccount. Importantly, the new law limits the amount of Health Realignment funds that will be redirected from each CMSP county in any year to the amount each county would otherwise pay to the CMSP Governing Board to participate in CMSP. Section 17600.50(a) effectively protects County Health Realignment funding for local purposes and limits each CMSP County's Health Realignment contribution to the State, and provides funding to CMSP to assist in providing services for the remaining uninsured.

The expansion of the Medi-Cal program due to the implementation of the Affordable Care Act (ACA) has resulted in a significant reduction in the number CMSP enrollees throughout the counties including Sutter County. The

Governing Board will consider proposing revisions to its mission to include developing pilot projects and alternative products that support improved delivery of health care services.

Environmental Health

In FY 1993-94, the Board of Supervisors transferred environmental health services from Public Health to the Development Services Department (Community Services at that time). Since that time, the unreimbursed cost of the Environmental Health program has been reflected in the Non-County Providers budget unit. A Memorandum of Understanding between the Health Officer and the Director of Environmental Health specifies the relationship of the Environmental Health service to the Public Health Division.

Therefore, this budget unit includes an amount to be transferred to the Environmental Health (2-725) budget unit, a division of the Development Services Department. The amount budgeted in the Interfund account for Environmental Health is based on the Environmental Health division's budgeted Unreimbursed Cost for FY 2017-18. Environmental Health service is part of the County's required healthcare programs following 1991 Realignment. As long as Sutter County continues to meet its overall expenditure level for healthcare, for the receipt of 1991 Realignment dollars within the Health Fund, a reduction in the Interfund transfer to Environmental Health will ultimately reduce the amount of General Fund dollars that need to be transferred to the Health Fund to support public health activities.

Recommended Budget

This budget is recommended at \$693,782, which is an increase of \$94,412 (15.8%) over FY 2016-17. The General Fund provides 96.4% of the financing for this budget unit, and is increased by \$94,412 (16.4%) over FY 2016-17.

The County is currently in a multi-year contract with Bi-County Ambulance Services for indigent medical transportation. The annual cost for these services is \$26,400.

The County share for participation in the EMS Agency is recommended at \$51,208. The anticipated cost for participation in this joint powers agreement is based on California State Department of Finance projections for the population of Sutter County. This cost is partially offset with a transfer in from the Emergency Medical Services Special Revenue Fund (0-252), in the amount of \$25,000.

This budget continues to reflect the CMSP Participation Fee of \$188,781, as set by statute, for the County to participate in the CMSP.

The budget also includes \$427,393 to be transferred to the Environmental Health (2-725) budget unit.

Use of Fund Balance

This budget unit is within the Health Fund. The budget does not include the use of any specific fund balance.

Health and Human Services California Children's Services (CCS) (4-301)

Nancy O'Hara, Director

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0012 - HEALTH					
Unit Title: CALIFORNIA CHILDREN SERVICES				Dept: 4301	
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
SERVICES AND SUPPLIES	75,232	0	70,480	70,480	0.0
OTHER CHARGES	47,836	46,917	210,368	210,368	0.0
NET BUDGET	123,068	46,917	280,848	280,848	0.0
REVENUE					
INTERGOVERNMENTAL REVENUES	60,447	0	0	0	0.0
CHARGES FOR SERVICES	141,150	141,150	141,150	141,150	0.0
TOTAL OTHER REVENUE	201,597	141,150	141,150	141,150	0.0
UNREIMBURSED COSTS	-78,529	-94,233	139,698	139,698	0.0
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

The California Children's Services (CCS) Program is a State mandated program to the County under Article 2, Section 248 of the Health and Safety Code.

Major Budget Changes

There are no major budget changes for FY 2017-18.

Program Discussion

California Children's Services

The California Children's Services (CCS) program has been in continuous operation since it was established in 1927 by the State Legislature. CCS is a statewide tax-supported program of specialized medical care and rehabilitation for eligible children. It is a program that is administered as a partnership between county health departments and the California Department

of Health Care Services (DHCS). The program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under the age of 21 with a CCS-eligible medical condition for which families cannot afford wholly, or in part, to pay. Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae.

DHCS and Sutter County professional medical staff work in partnership to manage the caseload of children enrolled in this program. Sutter County CCS program is considered a Level II program, which includes additional roles such as Durable Medical Equipment authorization, extension of treatment authorization, and annual medical review (reviews continued medical eligibility – not initial medical eligibility).

Health and Human Services California Children's Services (CCS) (4-301)

Nancy O'Hara, Director

Therapy services are provided at the county level, while diagnostic and treatment services are provided by private medical providers. The Medical Therapy Program (MTP) provides physical therapy, occupational therapy, and Medical Therapy Conference (MTC) services for children who have handicapping conditions, generally due to neurological or musculoskeletal disorders. MTP services for Sutter County are provided in an outpatient clinic setting at the Virginia School in Wheatland, with Yuba County providing therapy staff. Sutter County reimburses Yuba County for a portion of the cost, based on claims submitted by Yuba County. One of the therapy staff, a Physical Therapist who worked in the MTP clinic for two decades or more, retired from Yuba County. At the time of this writing, the position was vacant due to lack of responses to Yuba County's recruitment efforts. Joint efforts between Sutter County and Yuba County are continuing to explore options to fill this void.

Prior to FY 1991-92, the cost of services provided under the CCS program was shared between the State and the County on a 75/25 percent basis, respectively. The State's "realignment" of health, mental health, and social services programs, which was enacted in 1991, shifted a higher percentage of the costs to counties. The cost-sharing ratio is now 50/50. The additional 25% of cost shift to Sutter County is offset from the 1991 Realignment funds shifted to the County from the State. CCS Realignment funds are, per statute, placed in the Social Services Trust Account. The assumption made in placing CCS funds in the Social Services Trust Account was that it would assure funding of caseload growth every year. The 25% realigned amount that is transferred from the Social Services Trust Account is the only amount within the Health Division that

is subject to the Realignment growth allocation.

State statute requires a minimum county share of cost for the CCS program equal to at least 50% of the total actual expenditures for the CCS program in FY 1990-91, unless the State certifies that a smaller amount is required. Sutter County's share of cost is established at \$154,465, with the State then matching that amount on a dollar-for-dollar basis. Historically, Sutter County policy had been to budget an "overmatch" to the State's contribution of \$154,465, with the understanding that the State would contribute additional matching funds as needed. The county share of cost is met with Realignment revenues.

Cost for actual services provided can vary widely from year to year. Annual service related expenditures have ranged between \$82,647 and \$225,629 since FY 2009-10. Any significant growth in CCS caseloads would place demands both on the service delivery side (particularly due to a decreasing pool of specialists and/or therapists and due to necessity for County staff to review each case in order to authorize services) and on the financing of the program.

In FY 2011-12 the County CCS program expenses for the Basic CCS cases (non-Medical or non-Healthy Families cases) exceeded the State allocation and Emergency Relief Funding was granted by the State, which covers 100% of most costs, with the exception of Vendored Therapy. The relief funds are available on a first come first served basis and are not guaranteed. If State or Realignment funds were to not be available to pay claims, the County would be required to pay for services rendered to Sutter County children, or services would be suspended by the State.

CCS and Managed Care

Existing law provides for the Medi-Cal program, which is administered by the DHCS and under which qualified low-income persons receive health care benefits. Existing law provides for DHCS to enter into contracts with managed care systems, hospitals, and prepaid health plans for the provision of various Medi-Cal benefits. Existing law prohibited services covered by the CCS program from being incorporated into a Medi-Cal managed care contract entered into after August 1, 1994, until January 1, 2016, except with respect to contracts entered into for county organized health systems in specified counties. AB 187/Bonta was introduced in January 2015 which would extend the termination of the prohibition against CCS covered services being incorporated into a Medi-Cal managed care contract entered into after August 1, 1994, until January 1, 2017. On October 10, 2015, the Governor signed AB 187/Bonta into law, which extends the carve out for the California Children's Services program to January 1, 2017.

DHCS continues to pursue pilot projects to examine organized healthcare delivery models for CCS eligible children. It is desired by the local counties and DHCS to work together thoughtfully, responsibly and appropriately to transform the CCS program.

DHCS has developed a proposed "Whole-Child Model" to be implemented in specified counties only. This model is described as an organized delivery system that will assure comprehensive, coordinated services through

enhanced partnerships among Medi-Cal managed care plans, children's hospitals, specialty care providers, and counties. There are 33 counties where the Whole-Child Model is not offered, Sutter County being in this group of counties. DHCS proposes to extend the CCS carve-out for three years, to January 1, 2019 in these counties.

Recommended Budget

This budget is recommended at \$280,848, which is the same as FY 2016-17.

At this time, the State has not determined the amount of its contribution to the Sutter County CCS Program for FY 2017-18. As mentioned above, in the past, as a policy item, the County has budgeted an amount in excess of the county share of cost in order to meet the potential demand for service, which can be very volatile. The budget recommendation for \$210,368 is consistent with the Board of Supervisors' past policy in this area and is the same as the prior year's Adopted Budget. However, the Board could opt to reduce this budget request to the minimum county share of cost of \$154,465, to match a potential reduced State contribution. At this time it is not known whether the State contribution would match the amount appropriated.

Use of Fund Balance

This budget unit is within the Health Fund. The budget does not include the use of any specific fund balance.

Health and Human Services Emergency Medical Services Fund (0-252)

Nancy O'Hara, Director

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0252 - EMERGENCY MEDICAL SERVICES				Dept: 0252	
Unit Title: EMERGENCY MEDICAL SERVICES					
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
SERVICES AND SUPPLIES	86,702	44,960	130,802	130,802	0.0
OTHER CHARGES	27,074	0	38,100	38,100	0.0
PROVISIONS FOR CONTINGENCIES	0	0	5,500	5,500	0.0
NET BUDGET	113,776	44,960	174,402	174,402	0.0
REVENUE					
FINES, FORFEITURES, PENALTIES	99,669	67,366	152,620	152,620	0.0
REVENUE USE MONEY PROPERTY	9,006	5,794	5,500	5,500	0.0
CANCELLATION OF OBLIGATED FB	0	0	16,282	16,282	0.0
TOTAL OTHER REVENUE	108,675	73,160	174,402	174,402	0.0
UNREIMBURSED COSTS	5,101	-28,200	0	0	0.0
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

Sutter County Health Department is responsible for the administration of the Emergency Medical Services (EMS) Fund.

In 1987, State Senator Ken Maddy authored legislation that allowed counties to establish an EMS Fund. The County Board of Supervisors established such a fund in 1990 (Resolution 90-22), and designated the Health Department (which is now a division of the Health and Human Services Department) as the administrative agency for the fund.

Major Budget Changes

There are no major budget changes for FY 2017-18

Program Discussion

The EMS Fund (hereafter referred to by its more common name, 'Maddy Fund') is intended to reimburse physicians and medical facilities for emergency services provided to patients who do not pay for the cost of their medical care. With more patients eligible for Medi-Cal because of the Medi-Cal expansion as a result of Affordable Care Act (ACA), passed by Congress in March 2010 and patients eligible for other insurances through Covered California, it is anticipated that there may be fewer patients who do not pay for the cost of their medical care. Maddy Fund revenues are derived from penalty assessments on various criminal offenses, motor vehicle violations, traffic violator school fees, and revenues from taxes on tobacco products under Proposition 99 (the Tobacco Tax and Health Protection Act of 1988).

Health and Human Services

Emergency Medical Services Fund (0-252)

Nancy O'Hara, Director

Counties must use Maddy revenues for purposes established in the statute. A county can use an amount equal to actual expenditures or up to 10% of total Maddy revenues for administration of the fund. Of the remaining funds, 58% is allocated to an account for physicians and surgeons who provide emergency medical services (and are not employed in county hospitals), 25% is allocated to an account for hospitals that provide emergency services, as defined in State law, and 17% is allocated to an account for discretionary emergency medical related services as may be determined by the county.

For Maddy Funds established before July 1, 1991, such as Sutter County's, the law specifies a limit on the amount of revenues that counties can deposit in the fund. This limitation restricts the annual increase in revenues to no more than 10% and is tied to the annual growth, if any, in the county's total penalty assessments. The law allows counties that had not established a Maddy Fund before July 1, 1991, to receive Maddy revenues from county penalty assessments without limitations on annual growth. Changes were made to the law in 2002 to establish limits on the amount of Maddy revenue that a county may retain in an Emergency Services Fund reserve from year to year.

It should be noted that the majority of the revenues in the Restricted Fund Balances were received prior to 2002, before the current reserve limits were established in law. The Restricted Fund Balances do not appear in the budget because they are, theoretically, not being made available for current budgeted expenses. However, with Board approval through the budgeting process, these reserve funds can be used in the event that the EMS Fund cannot make payments for claims or transfers, in a given year, from current year revenues.

Recommended Budget

This budget is recommended at \$174,402, which is the same as FY 2016-17

Use of Fund Balance

The EMS fund contains Restricted Fund Balance accounts for each type of expenditure, as established by statute. Allocated funds that are not spent within the fiscal year are placed in the respective Obligated Fund Balance account.

The fund also includes a Restricted Fund Balance account for EMS funds collected prior to 2002. Monies held within these accounts may be used, with Board approval, in the event collections in the EMS fund decrease below current levels. The Recommended Budget includes a cancellation of \$1,282 from the Restricted Fund Balance 2002 account (#31108) to offset a portion of the County's share of cost in the Sierra Sacramento Valley Emergency Medical Services (S-SV EMS) Agency. This total cost is currently recommended at \$51,208, in the Non-County Provider (4-201) budget unit.

Projected Physician Revenue for FY 2016-17 is less than projected Physician Expenses; therefore, the recommended budget includes a Cancellation of Obligated Fund Balance from the Restricted Fund Balance Physicians account (#31113) in the amount of \$15,000, the same as FY 2016-17, to fund anticipated Physician Expense claims for FY 2016-17.

Health and Human Services Welfare Administration (5-101)

Nancy O'Hara, Director

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0013 - WELFARE/SOCIAL SERVICES			Dept: 5101		
Unit Title: WELFARE ADMINISTRATION					
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	13,781,242	14,340,368	16,913,663	19,274,659	14.0
SERVICES AND SUPPLIES	1,883,308	1,809,126	2,376,531	2,537,626	6.8
OTHER CHARGES	4,271,742	3,517,276	4,215,818	5,777,492	37.0
CAPITAL ASSETS	119,652	135,947	66,000	83,500	26.5
OTHER FINANCING USES	63,008	61,080	44,082	61,484	39.5
NET BUDGET	20,118,952	19,863,797	23,616,094	27,734,761	17.4
REVENUE					
INTERGOVERNMENTAL REVENUES	17,698,715	11,084,636	19,099,902	22,338,361	17.0
CHARGES FOR SERVICES	2,429,188	1,077,907	2,810,070	3,130,072	11.4
MISCELLANEOUS REVENUES	15,370	18,567	16,000	16,500	3.1
OTHER FINANCING SOURCES	8,702	0	3,000	8,000	166.7
TOTAL OTHER REVENUE	20,151,975	12,181,110	21,928,972	25,492,933	16.3
UNREIMBURSED COSTS	-33,023	7,682,687	1,687,122	2,241,828	32.9
ALLOCATED POSITIONS	203.00	215.00	207.00	225.00	8.7

Purpose

The Welfare and Social Services Division of the Health and Human Services Department is responsible for the administration and management of multiple programs. This budget unit finances all personnel and operational costs for the Division.

- \$76,694 Increase related to the addition of one (1.0 FTE) Public Assistance Specialist III position, effective July 1, 2017
- \$409,334 Increase related to the addition of six (6.0 FTE) Public Assistance Specialist I/II positions, effective July 1, 2017

Major Budget Changes

Salaries & Benefits

- \$1,663,996 General increase due to negotiated Salaries and Benefits
- \$87,215 Increase related to the addition of one (1.0 FTE) Public Assistance Specialist Supervisor position, effective July 1, 2017
- \$193,344 Increase related to the addition of two (2.0 FTE) Social Worker Employment Services positions, effective July 1, 2017
- \$65,000 Increase in Overtime and Extra Help
- (\$134,587) Decrease in Workers' Compensation as provided by the Human Resources Department

Health and Human Services Welfare Administration (5-101)

Nancy O'Hara, Director

Services & Supplies

- \$113,320 Increase in Services and Supply accounts related to the establishment of direct billing and the elimination of several Interfund/Intrafund accounts
- \$40,000 Increase in Special Dept Expense Ancillary related to cost of a work, education and training for Employment Services participants

Other Charges

- \$500,000 Increase in Housing Support related to the Homeless efforts
- (\$140,520) Decrease in Other Charges related to the establishment of direct billing and the elimination of several Interfund/Intrafund accounts
- \$137,748 Increase in Interfund Information Technology charges as provided by the General Service Department
- \$402,778 Increase in A-87 Cost Plan charges as provided by the Auditor - Controller's Department
- \$62,818 Increase in Interfund Employee Wellness Services charges as provided by the Human Resources Department
- \$176,436 Increase in Interfund Plant Acquisition related to two (2) Capital Improvement projects budgeted in the Capital Improvement (1-801) budget unit. Construct/Pave Asphalt

Parking Lots at 190 Garden Hwy and a proportional share of Construct/Pave Asphalt Parking Lots at Behavioral Health

Capital Assets

- \$23,500 Replacement of one aging vehicle
- \$60,000 Record retention CPS and eligibility files project

Revenues

- \$1,445,498 Increase in State Welfare Administration funding
- \$1,532,710 Increase in Federal Welfare Administration funding

Program Discussion

The responsibilities of the Welfare and Social Services Division of the Human Services Department include eligibility determinations for assistance programs, CalWORKs Employment Services, Child and Adult Protective Services, and other related activities as mandated by Federal and State law.

The Welfare Administration budget unit does not include the direct cost of aid payments (for example TANF or Adoptions Assistance Program payments) to recipients. These costs are reflected in their own budget units within the Welfare and Social Services Division.

The FY 2011-12 State budget permanently shifted 1.06% of existing State Sales Taxes from the State General Fund to a Special Local Revenue fund for counties to fund "public safety" programs, which include

Health and Human Services Welfare Administration (5-101)

Nancy O'Hara, Director

Child Welfare Services, Foster Care, Adoptions (administration of services and assistance payments), and Adult Protective Services. The State budget also included the shift of Adoption services to the County, with the option for the County to contract back with the State for those services. The Department has chosen to contract with the State to provide adoption services for the County, and use the designated Realignment funding to pay for the service.

A continuing endeavor of the Employment Services Branch is facilitating the employment and self-sufficiency of all TANF/CalWORKs recipients. Employment Services will continue to work with these clients in collaboration with private employers and private non-profit agencies. Effective January 1, 2013, SB1041 implemented a number of significant programmatic changes to the CalWORKs program. Major changes included new rules for Annual Reporting for Child Only (ARCO) cases, Semi-Annual Reporting (SAR), Welfare to Work (WTW) 24 Month Time Clock Limit, redesign of the WTW Assessment, Appraisal and Plan writing components, alignment of required WTW participation hours with Federal TANF hourly requirements, re-engagement of individuals who were previously exempt for care of young children, and elimination of core/non-core activities. The Department serves approximately 1,041 adults that were affected by the redesign, which require WTW re-engagement coordination and WTW supportive services.

AB74 implemented Early Engagement strategies by provided funding to counties to expand or implement a Subsidized Employment Program for CalWORKs clients. Effective July 1, 2014 CalWORKs expanded our collaboration with Sutter County One Stop to include Subsidized

Employment services such as employer development, case management, payroll, and employer of record responsibilities. Subsidized employment creates job opportunities by providing the client a connection to the labor force and the development of employment skills leading to job retention and more employable candidates transitioning to self-sufficiency as well as meeting the State required Work Percentage Rate. During FY 2016-17, 47 individuals were placed in jobs for up to 6 months and 14 attained unsubsidized employment.

Family Stabilization Services were implemented May 1, 2014, providing intensive case management, and specialized services to adults and children in CalWORKs who are experiencing an identified hardship or crisis that is destabilizing the family and would interfere with their ability to work or participate in WTW activities. Services and Resources include Emergency or Transitional Housing; Mental Health and Substance Abuse Services; Transportation Assistance, and intensive case management to offer comprehensive services and consistent life skills reinforcement.

The Online CalWORKs Appraisal Tool (OCAT) was implemented October 1, 2015 providing a standardized statewide WTW appraisal tool that will provide in depth appraisals of client strengths and barriers to employment. Use of the OCAT will lead to greater opportunities for CalWORKs clients by identifying strengths and barriers immediately upon a client's entry into the WTW program.

The Child and Adult Protective Services branch continues to work collaboratively with Mental Health, Health, Probation, the Courts, and other public service agencies by

Health and Human Services Welfare Administration (5-101)

Nancy O'Hara, Director

using a multidisciplinary team approach to address the problems of families and adults.

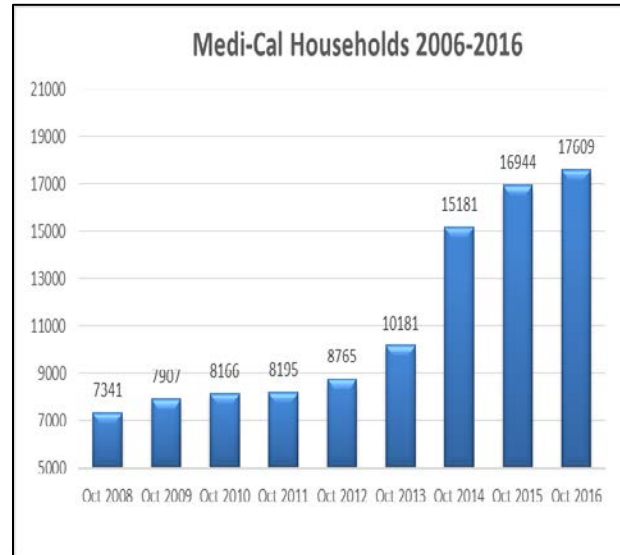
One purpose of the Patient Protection and Affordable Care Act (ACA) of 2010 is to provide affordable healthcare for all Americans. Health Care Reform legislation required that County Welfare Departments begin open enrollment on October 1, 2013 for Health coverage to begin January 1, 2014. Sutter County was approved for funding to implement a Customer Service Center using C-IV Customer Service Center hardware and software technology. A Task Based business model has allowed workers to manage ongoing cases more efficiently by processing specific tasks rather than managing entire caseloads. During FY 2012-13, the Board of Supervisors approved the initial plan and expenses, including the conceptual plan for FY 2013-14 with budgeted cost of \$1,092,432. The Customer Service Center continuing cost on production operation charges is budgeted at \$244,655 for FY 2014-15, \$243,274 for FY 2015-16, \$245,400 for FY 2016-17 and \$266,540 for FY 2017-18.

Counties have experienced a dramatic increase in demand for Medi-Cal and the CalFresh programs over the last 10 years due to regulatory changes, the recession, and subsequent job loss or reduction in work hours.

In Sutter County, the Medi-Cal caseload, or number of households, grew approximately 139% from October 2008, at 7,341 cases, to October 2016, at 17,609 cases.

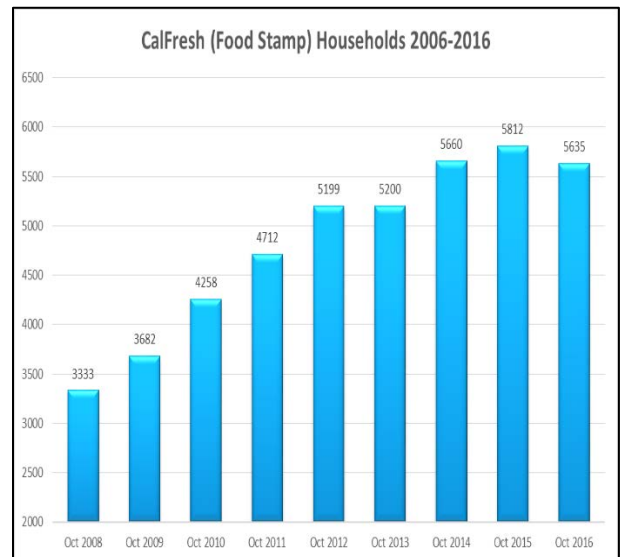
Approximately 38,500 individuals in Sutter County are receiving Medi-Cal benefits. Sutter County added over 5,000 additional households to Medi-Cal under the Affordable Care Act who qualified for Medi-Cal on

January 1, 2014 under the Affordable Care Act's expanded Medicaid eligibility criteria.



The ACA has significantly expanded the scope of the Medi-Cal program which results in programmatic changes that requires additional on-going analytical work.

The CalFresh caseload has grown approximately 69% from October 2008 at 3,333 cases to October 2016 at 5,635 cases.



Recommended Budget

This budget is recommended at \$27,734,761 which is an increase of \$4,118,667 (17.4%) over FY 2016-17. The Welfare and Social Services fund, as a whole, receives \$449,000 in financing from the General Fund in order to meet the County's Maintenance of Effort (MOE) for receipt of CalWORKs and related Realignment funding.

It is recommended to add the following positions effective July 1, 2017:

- One Public Assistance Specialist Supervisor position
- One Public Assistance Specialist III position
- Six Public Assistance Specialist I/II positions
- Two Social Worker Employment Services I/II
- Six premium pay slots for bi-lingual translators

Capital Assets are recommended at \$23,500 for the purchase of one replacement vehicle. The Department has requested one mid-size sedan, effective July 1, 2017.

Two capital improvement projects have been budgeted in the Capital Improvement (1-801) budget unit:

- Construct/Pave Asphalt Parking Lots at 190 Garden Hwy – Welfare/SS and General Services (Project Number 1806) – This parking lot is located between Welfare/Social Services and General Services; however it is primarily used by Welfare/Social Services employees and clientele. The funding for this project has been allocated between these two departments.

- Construct/Pave Asphalt Parking Lots at Behavioral Health (Project Number 1804) – there are three (3) parking areas that need to be repaved or paved at the Behavioral Health Division, this project funding will be split proportionally based on the A-87 cost plan between Behavioral Health, Welfare/Social Services, and the Public Guardian

During FY 2011-12, Public Safety Realignment was implemented, which realigned the responsibility for many programs from the State to counties. Because of this shift in funding, Sutter County was mandated to establish the County Local Revenue Fund 2011 (0-140). For FY 2012-13, the Social Services Realignment Fund 2011 (0-245) was established to transfer funds from the County Local Revenue Fund 2011 to the operating budgets of the Welfare and Social Services Division. The shift in funding simply changed the flow of funding from the State to the County without affecting the overall amount of funding for programs. The County Local Revenue Fund 2011 is discussed in greater detail in its own budget narrative.

Use of Fund Balance

This budget unit is within the Welfare and Social Services Fund. The budget does not include the use of any specific fund balance.

This Page Left Intentionally Blank

Welfare & Social Services Division FY 2017-2018

Recommended

Director of Health and Human Services

Nancy O'Hara

Assistant Director

Lori Harrah

Welfare & Social Services Division

Executive Secretary

**Deputy Director
Welfare & Social Services**

**Senior Staff Services
Manager**

Administrative Branch

Program Manager

Eligibility Services

(3)

Program Manager

Social Services

Program Manager

CalWORKS & Employment
Services

**Supervising Staff
Services Analyst**

**Public Assistance
Specialist
Supervisor**
(11)

**Office Assistant
Supervisor**

**Social Worker
Supervisor II**
(5)

**Public Assistance
Specialist Supervisor**
(2)

**Employment &
Training
Worker II**
(2)

**Staff Services
Analyst I/II**
(4)

**Welfare
Investigations
Supervisor**

**Public Assistance
Specialist III**
(14)

**Office
Assistant III**
(2)

**Social
Worker IV**
Children Services
(11)

**Social
Worker IV**
Adult Services

**Public Assistance
Specialist III**
(2)

**Office
Assistant II**
(3)

Staff Analyst

**Welfare
Investigator II**
(3)

**Public Assistance
Specialist I/II**
(71)

**Office
Assistant II**
(10)

**Social
Worker III**
Children Services
(6)

**Social
Worker III**
Adult Services
(2)

**Public Assistance
Specialist I/II**
(12)

**Vocational
Assistant**

**Systems Support
Analyst**
(2)

**Public Assistance
Specialist III**

**Vocational
Assistant**

**Social
Worker I/II**
Children Services
(8)

**Social
Worker I/II**
Adult Services
(5)

**Social Worker
Supervisor**
Employment Services
(2)

Accountant I/II

**Office
Assistant II**

**Public
Guardian**

**IHSS Public
Authority Manager**

**Social
Worker III**
Employment Services
(2)

**Account
Clerk III**

**Account
Clerk II**
(8)

**Deputy
Public Guardian**

**Office
Assistant II**

**Office
Assistant II**
(2)

**Social
Worker II**
Employment Services
(11)

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0001 - GENERAL				Dept: 2709	
Unit Title: PUBLIC GUARDIAN & CONSERVATOR					
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	226,105	210,592	227,659	268,236	17.8
SERVICES AND SUPPLIES	9,723	11,418	27,670	30,305	9.5
OTHER CHARGES	14,022	5,492	15,922	15,664	-1.6
INTRAFUND TRANSFERS	1,001	84	750	2,933	291.1
OTHER FINANCING USES	327	340	340	354	4.1
NET BUDGET	<u>251,178</u>	<u>227,926</u>	<u>272,341</u>	<u>317,492</u>	<u>16.6</u>
REVENUE					
CHARGES FOR SERVICES	<u>86,072</u>	<u>162,907</u>	<u>198,427</u>	<u>215,297</u>	<u>8.5</u>
TOTAL OTHER REVENUE	<u>86,072</u>	<u>162,907</u>	<u>198,427</u>	<u>215,297</u>	<u>8.5</u>
UNREIMBURSED COSTS	165,106	65,019	73,914	102,195	38.3
ALLOCATED POSITIONS	3.00	3.00	3.00	3.00	0.0

Purpose

The Public Guardian-Conservator is appointed by the Sutter County Superior Court as the personal representative (Conservator) for physically and/or mentally disabled individuals who cannot provide for their own food, clothing and shelter. The Conservator may be appointed to manage both the person and the estate of the conservatee, may give informed consent for medical and psychiatric treatment for those who may be deemed to be incompetent, and will be responsible to protect the rights and estates from those who may take advantage of/or project undue influence on the conservatees.

Major Budget Changes

Salaries & Benefits

- \$21,455 Net General increases due to negotiated Salaries and Benefits
- \$12,713 Increase in Extra Help

Revenue

- \$18,870 Increase in Interfund MH Admin Conservator Services related to contract with Sutter-Yuba Behavioral Health for case management of LPS cases

Program Discussion

The Public Guardian-Conservator provides two types of conservatorships: Mental Health Conservatorships and Probate Conservatorships.

Lanterman-Petris-Short (LPS) Act (Cal. Welfare & Institutions Code, sec. 5000 et seq.), Mental Health Conservatorships are reserved for persons requiring mental health treatment that often requires placement in locked psychiatric facilities.

Probate Conservatorships are for individuals that have a prominent medical condition that renders the person unable to make daily decisions about his/her care and/or finances.

Individual persons are referred to the Public Guardian-Conservator through a multitude of local service providers based on a specific disorder or medical condition.

Since a conservatorship is an action of the "last resort," the Public Guardian program is administered with the highest ethical regard for the conservatee's best interests.

The Public Guardian's office has three full-time staff, one Public Guardian, one Deputy Public Guardian, and one Office Assistant II.

Currently, the Public Guardian's office has seventy-two (72) Conservatees, twenty-six (26) of which are probate cases and forty-six (46) of which are LPS (mental health).

Recommended Budget

This budget is recommended at \$317,492 which is an increase of \$45,151 (16.6%) over FY 2016-17. The General Fund provides 32.2% of the financing for this budget unit, and is increased by \$28,281 (38.3%) over FY 2016-17.

Use of Fund Balance

This budget unit is within the General Fund. The budget does not include the use of any specific fund balance.

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0013 - WELFARE/SOCIAL SERVICES			Dept: 5201		
Unit Title: IN-HOME SUPPORTIVE SRVS (IHSS)					
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
OTHER CHARGES	1,829,448	1,709,009	1,893,477	3,076,198	62.5
NET BUDGET	1,829,448	1,709,009	1,893,477	3,076,198	62.5
REVENUE					
CHARGES FOR SERVICES	1,829,446	1,420,108	1,893,477	3,076,198	62.5
TOTAL OTHER REVENUE	1,829,446	1,420,108	1,893,477	3,076,198	62.5
UNREIMBURSED COSTS	2	288,901	0	0	0.0
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

In-Home Supportive Services (IHSS) is a statewide program under the direction of the California Department of Social Services (CDSS).

The Sutter County IHSS Public Authority Governing Board was established in 2002 in response to Assembly Bill 1682 (Chapter 90, Statutes of 1999), to act as the employer of record for Sutter County IHSS providers for the purposes of negotiating salary, benefits, and work related issues.

The IHSS program pays providers to care for qualified aged, blind, or disabled individuals who require personal care and/or homemaking assistance in order to continue living in their homes. CDSS makes the payments to the providers, and then invoices the County for its share of the costs. Commencing July 1, 2012, SB 1036 requires all counties to have a County IHSS Maintenance of Effort (MOE) and pay the County IHSS MOE instead of paying the non-federal share of IHSS services, IHSS

administration, and Public Authority administration. Effective July 1, 2014 the County IHSS MOE base shall be adjusted by an inflation factor of 3.5%.

Commencing July 1, 2017 the State discontinues the Coordinated Care Initiative which ends the County MOE, and reinstate a 35% county share of all non-federal program costs.

This budget unit funds the County share of both the provider payments and the IHSS Public Authority administration costs.

Major Budget Changes

Other Charges

- \$1,073,429 Increase in IHSS County share due to overall growth, increase statewide minimum wage and implementation of overtime regulations
- \$109,292 Increase in Contribution to Other Agencies related to the

reinstatement of funding of the
PA Admin costs

Revenues

- \$1,182,721 Increase in Interfund Transfer
In 1991 Realignment due to the
increase of county share of cost

Program Discussion

Appropriations in this budget provide for payment of the County's share of provider wages, which are paid to the State, as well as for the transfer of operating funds to the IHSS Public Authority. Funding for this budget unit has historically come from a combination of State Social Services Realignment Sales Tax revenue, and Realignment funds which are transferred into this budget unit from the Welfare and Social Services Realignment Trust Fund (0-248).

Per an agreement between the Sutter County Public Authority Governing Board and the IHSS Providers, the hourly wage for providers is currently \$10.50 per hour. Effective January 1, 2018 state minimum wage increase to \$11.00.

Recommended Budget

This budget is recommended at \$3,076,198, which is an increase of \$1,182,721 (62.5%) compared to FY 2016-17. This increase is due to projected caseload growth of 6%, increase in statewide minimum wage and the implementation of overtime regulations. The County's share of cost is met with Welfare and Social Services 1991 Realignment funds (0-248).

The General Fund does not provide any financing to this budget unit.

Use of Fund Balance

This budget unit is within the Welfare and Social Services Fund. The budget does not include the use of any specific fund balance.

Health and Human Services

Temporary Aid for Needy Families (5-204)

Nancy O'Hara, Director

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0013 - WELFARE/SOCIAL SERVICES			Dept: 5204		
Unit Title: TANF-FAMILY GROUP					
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
OTHER CHARGES	9,107,425	8,987,195	9,660,000	9,632,076	-0.3
NET BUDGET	9,107,425	8,987,195	9,660,000	9,632,076	-0.3
REVENUE					
INTERGOVERNMENTAL REVENUES	3,342,301	3,431,409	3,343,720	3,555,708	6.3
CHARGES FOR SERVICES	5,892,849	3,534,773	6,114,780	5,875,566	-3.9
TOTAL OTHER REVENUE	9,235,150	6,966,182	9,458,500	9,431,274	-0.3
UNREIMBURSED COSTS	-127,725	2,021,013	201,500	200,802	-0.3
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

This budget unit finances the Temporary Assistance to Needy Families (TANF) cash assistance program. The TANF program assists eligible families and/or children who meet specific income, property, and other regulatory requirements. This budget unit is primarily financed with Federal and State funding.

Major Budget Changes

There are no major budget changes for FY 2017-18.

Program Discussion

TANF is a public assistance program which provides for children who are deprived of the care and support of one or both of their parents. In most cases it also provides for the child's caretaker(s).

A child is considered to be deprived of care and support if one of the following situations exists:

- Either parent is physically or mentally incapacitated
- Either parent is deceased
- The parent who is the primary wage earner is unemployed
- Either parent is continually absent from the home in which the child resides.

If any of the above circumstances exists, and the child plus his/her caretaker meets the property and income tests, a TANF case including the child, his/her caretaker, and other related children living in the home, if eligible, may be established. Most qualified persons also receive a Medi-Cal card and CalFresh Supplemental Nutrition Assistance.

All able-bodied adults receiving TANF are required to participate in the CalWORKS Employment Services program. The program requires recipients to participate in a

Health and Human Services

Temporary Aid for Needy Families (5-204)

Nancy O'Hara, Director

work training or job search activity for a minimum number of hours each week in order to remain eligible for assistance. In addition to participation requirements, there is a time limit for adults on cash assistance.

Recommended Budget

This budget is recommended at \$9,632,076, which is a decrease of \$27,924 (0.3%) compared to FY 2016-17.

The FY 2013-14 State budget passed by the Legislature includes funding to provide a five-percent grant increase effective March 1, 2014. AB 85 amended the Welfare and Institutions Code Section 17600.10(a)(5) that requires counties to establish a new subaccount wherein funds for the five-percent grant increase will be deposited. The five-percent increase will be funded through the redirection of 1991 Realignment general growth revenues from Social Services and Health to a new 1991 subaccount created for this purpose. Counties will not have a share of cost for grant increases provided from funding in the new subaccount, the Family Support Fund (0-227).

Also effective FY 2013-14, the State has started remitting SB1041 TANF child support collections pass-through funds to the County.

Commencing FY 2014-15, Welfare and Institutions Code Section 17601.50 requires the State to provide additional funding to the Family Support Fund for CalWORKs grant increases. This is funded through the redirection of 1991 Realignment sales tax and sales tax growth revenues from Social Services and Health.

The General Fund does not provide any financing to this budget unit. The County's share of cost is met with Welfare and Social Services 1991 Realignment funds.

As in previous fiscal years, the State's share of TANF costs, which is realized as revenue by the County, flows through the County Local Revenue Fund 2011 (0-140) as opposed to being directly received by the Division through the Welfare and Social Services Fund as had occurred in the past. The County Local Revenue Fund 2011 is discussed in greater detail in its own budget narrative.

Use of Fund Balance

This budget unit is within the Welfare and Social Services Fund. The budget does not include the use of any specific fund balance.

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0013 - WELFARE/SOCIAL SERVICES			Dept: 5206		
Unit Title: FOSTER CARE					
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
OTHER CHARGES	4,820,184	5,659,807	5,967,550	6,611,490	10.8
NET BUDGET	4,820,184	5,659,807	5,967,550	6,611,490	10.8
REVENUE					
INTERGOVERNMENTAL REVENUES	1,635,152	1,255,190	1,693,900	1,969,750	16.3
CHARGES FOR SERVICES	1,249,531	1,008,766	1,897,500	2,052,500	8.2
TOTAL OTHER REVENUE	2,884,683	2,263,956	3,591,400	4,022,250	12.0
UNREIMBURSED COSTS	1,935,501	3,395,851	2,376,150	2,589,240	9.0
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

The Foster Care budget unit contains six programs which provide financial aid on behalf of children who are living in out-of-home placements or are at risk of being removed from their home. These funds are provided on behalf of children whose families are unable or unwilling to care for them and who are in need of temporary or long-term substitute parenting or assisted parenting.

Major Budget Changes

Other Charges

- \$643,940 Increase in Support and Care - Foster Care expenditures related to increase in projected caseload, and increase in group home and wrap around placement costs

Revenues

- \$155,000 Increase Interfund Transfer-In related to increase in projected caseload
- \$255,400 Increase in Federal Aid for Foster Care related to increase in projected caseload

Program Discussion

This budget unit provides Foster Care financing for six programs as follows:

1. Welfare Department Institutional Placements fund payments for the placement costs of Sutter County Dependents who are placed in a group home.
2. Welfare Department Foster Home Placements fund payments for the placement costs of children who require out of home care due to the removal from their parents' care.

3. Probation Department Institutional Placements fund payments for the placement costs of Juvenile Court Wards who are placed in a group home.
4. Kinship Guardianship Assistance Payment Program funds the cost of children that are living with relatives other than their parents.
5. Transitional Housing Program-PLUS is a comprehensive housing and support program for youth ages 18-24 that have emancipated from foster care.
6. Wrap-Around is a family-centered, strength-based process that is designed to promote re-establishment of youth and families into community support systems.

The FY 2011-12 State budget permanently shifted 1.06% of existing State Sales Taxes from the State General Fund to a Special Local Revenue fund for counties to fund the "public safety" programs which include Child Welfare Services, Foster Care, Adoptions (administration of services and assistance payments), and Adult Protective Services.

Caseloads within each of the six programs fluctuate from year to year.

Recommended Budget

This budget is recommended at \$6,611,490 which is an increase of \$643,940 (10.8%) over FY 2016-17. The General Fund does not provide any financing to this budget unit. The County's share of cost is met with Welfare and Social Services 1991 Realignment funds.

The State's share of Foster Care costs, which is realized as revenue by the County, flows from the County Local Revenue Fund 2011 (0-140) through the Social Services Realignment Fund 2011 (0-245) as opposed to being directly received by the Division through the Welfare and Social Services Fund as had occurred in the past. The County Local Revenue Fund 2011 is discussed in greater detail in its own budget narrative.

Use of Fund Balance

This budget unit is within the Welfare and Social Services Fund. The budget does not include the use of any specific fund balance.

Health and Human Services Refugee Cash Assistance (5-207)

Nancy O'Hara, Director

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0013 - WELFARE/SOCIAL SERVICES			Dept: 5207		
Unit Title: REFUGEE CASH ASSISTANCE					
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
OTHER CHARGES	4,118	5,920	14,800	14,800	0.0
NET BUDGET	4,118	5,920	14,800	14,800	0.0
REVENUE					
INTERGOVERNMENTAL REVENUES	3,787	4,640	14,800	14,800	0.0
TOTAL OTHER REVENUE	3,787	4,640	14,800	14,800	0.0
UNREIMBURSED COSTS	331	1,280	0	0	0.0
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

The Refugee Cash Assistance Program (RCA) is a federally mandated and funded program established to assist refugees with resettlement.

Major Budget Changes

There are no major budget changes for FY 2017-18.

Program Discussion

The RCA program assists refugees with resettlement and services towards self-support by providing cash assistance, medical assistance, and social services. RCA is provided to refugees who have been determined to be ineligible for CalWORKs or SSI/SSP. RCA eligibility is for an eight month period, beginning with the month of entry into the United States.

Recommended Budget

This budget is recommended at \$14,800, which is unchanged compared to FY 2016-17. The General Fund does not provide any financing to this budget unit. This budget unit is 100% federally funded.

Use of Fund Balance

This budget unit is within the Welfare and Social Services Fund. The budget does not include the use of any specific fund balance.

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0013 - WELFARE/SOCIAL SERVICES				Dept: 5209	
Unit Title: AID FOR ADOPTION					
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
OTHER CHARGES	4,114,216	3,960,658	4,874,400	4,572,000	-6.2
NET BUDGET	4,114,216	3,960,658	4,874,400	4,572,000	-6.2
REVENUE					
INTERGOVERNMENTAL REVENUES	1,680,757	1,107,642	1,897,200	1,836,000	-3.2
CHARGES FOR SERVICES	1,820,696	1,155,247	2,232,900	2,052,000	-8.1
TOTAL OTHER REVENUE	3,501,453	2,262,889	4,130,100	3,888,000	-5.9
UNREIMBURSED COSTS	612,763	1,697,769	744,300	684,000	-8.1
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

The Adoptions Assistance program provides cash payments to parents who have adopted children out of the Child Welfare System, in order to provide for the special needs of the child they are adopting.

Major Budget Changes

Other Charges

- (\$302,400) Decrease in Support & Care of Persons based on projected caseload decrease

Revenues

- (\$180,900) Decrease in Interfund Transfer-In Miscellaneous related to projected caseload decrease
- (\$61,200) Decrease in Federal Aid for Adoptions related to projected caseload decrease

Program Discussion

The Adoptions Assistance program provides financial assistance to adoptive parents in cases where children have been relinquished for adoption or parental rights have been terminated. Children eligible for this program are special needs children who were previously dependents of the Juvenile Court. These children often have barriers such as mental, physical, emotional, or medical disabilities. Eligibility and determination of grant amounts are established and administered by the California Department of Social Services, which then provides payment instructions to the County for payment to the adoptive parents.

The FY 2011-12 State budget permanently shifted 1.06% of existing State Sales Taxes from the State General Fund to a Special Local Revenue fund for counties to fund the “public safety” programs which include Child Welfare Services, Foster Care, Adoptions (administration of services and

assistance payments), and Adult Protective Services.

Recommended Budget

This budget is recommended at \$4,572,000 which is a decrease of \$302,400 (6.2%) compared to FY 2016-17. The General Fund does not provide any financing to this budget unit. The County's share of cost is met with Welfare and Social Services 1991 Realignment (0-248) funds.

The State's share of Adoption costs, which is realized as revenue by the County, flows from the County Local Revenue Fund 2011 (0-140) through the Social Services Realignment Fund 2011 (0-245) as opposed to being directly received by the Division through the Welfare and Social Services Fund as had occurred in the past. The County Local Revenue Fund 2011 and the Social Services Realignment Fund 2011 are discussed in greater detail in their own budget narratives.

Use of Fund Balance

This budget unit is within the Welfare and Social Services Fund. The budget does not include the use of any specific fund balance.

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2017-2018					
Fund: 0001 - GENERAL				Dept: 5302	
Unit Title: GENERAL RELIEF-GENERAL					
	2015-2016 Actual Expenditure	2016-2017 YTD as of 06/09/2017	2016-2017 Adopted Budget	2017-2018 CAO Recommended	2016-2017 % Change Over
EXPENDITURES					
SERVICES AND SUPPLIES	20,627	31,721	33,120	31,400	-5.2
OTHER CHARGES	29,717	19,703	36,000	36,000	0.0
NET BUDGET	50,344	51,424	69,120	67,400	-2.5
REVENUE					
CHARGES FOR SERVICES	9,373	7,319	3,200	3,400	6.2
TOTAL OTHER REVENUE	9,373	7,319	3,200	3,400	6.2
UNREIMBURSED COSTS	40,971	44,105	65,920	64,000	-2.9
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

This budget provides funding for the General Relief Cash Assistance, Interim Assistance, and Indigent Burial programs. The General Relief Cash Assistance program is for indigent persons who do not qualify for any other cash assistance program and who are temporarily unable to finance their own needs. The Interim Assistance program is a program for indigent persons while they are pending Supplemental Security Income/State Supplementary Payment approval. The Indigent Burial program is for the burial of individuals who had no burial coverage and whose families, if known, are financially unable to provide for the burial.

Major Budget Changes

There are no major budget changes for FY 2017-18.

Program Discussion

The Welfare and Institutions Code requires that each county provide relief and support for all incompetent, poor, indigent persons, and those incapacitated by age, disease, or accident, which are lawfully residents in the County, when they are not supported by their friends, relatives, or by their own means. In order to comply with this mandate, Sutter County administers the General Relief, Interim Assistance, and Indigent Burial programs. These programs are financed by County funds except for funds received from burial permits and reimbursement from Interim Assistance payments. All able-bodied persons receiving General Relief must participate in a job search and work project.

As stated in the Sutter County Indigent Burial Policy, approved by the Sutter County Board of Supervisors on August 16, 2005, the amount of money authorized to be paid for each individual service or product shall be adjusted every year beginning July 1, 2006 and on July 1 of each year thereafter. The

amount will be adjusted to reflect the percentage change in the California Consumer Price Index, (CPI) All Urban Consumers, San Francisco-Oakland-San Jose subset published by the California Department of Industrial Relations, for the period beginning July 1 of the previous year and ending June 30 of the year in which the calculation is to be made. Based on the 7/1/16 – 6/30/17 CPI, the rate increase for FY 2017-18 is 2.7%.

Recommended Budget

This budget is recommended at \$67,400, which is a decrease of \$1,720 (2.5%) compared to FY 2016-17. The General Fund provides 95.0% of the financing for this budget unit.

Use of Fund Balance

This budget unit is within the General Fund. The budget does not include the use of any specific fund balance.