



Human Services

Section E

Sutter-Yuba Mental Health Services staff posed for a picture used on the cover of a special section published in the Appeal-Democrat, and distributed throughout the two counties, describing available services and programs.

Human Services Administration (4-120)

Edmund C. Smith, Interim Director of Human Services

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0012 - HEALTH					Dept: 4120
Unit Title: HUMAN SERVICES ADMINISTRATION					
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/20/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	369,509	268,858	403,647	384,676	-4.7
SERVICES AND SUPPLIES	13,181	15,018	39,500	40,150	1.6
OTHER CHARGES	8,791	6,218	19,032	75,397	296.2
OTHER FINANCING USES	0	0	0	1,107	0.0
NET BUDGET	<u>391,481</u>	<u>290,094</u>	<u>462,179</u>	<u>501,330</u>	<u>8.5</u>
REVENUE					
USER PAY REVENUES	331,043	112,306	390,567	369,497	-5.4
TOTAL OTHER REVENUE	<u>331,043</u>	<u>112,306</u>	<u>390,567</u>	<u>369,497</u>	<u>-5.4</u>
UNREIMBURSED COSTS	60,438	177,788	71,612	131,833	84.1
ALLOCATED POSITIONS	3.00	3.00	3.00	3.00	0.0

Purpose

The Human Services-Administration budget contains the salary, benefits, and related support costs of the Director of 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 Public Health Division, the Mental Health & Substance Use Disorder Division, and the Welfare and Social Services Division.

Major Budget Changes

Salaries & Benefits

- (\$18,971) Decrease related to anticipated reduction of starting step of new Human Services Director from the retired incumbent

Other Charges

- \$57,200 Increase in Interfund Capital Projects

Program Discussion

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

FY 2016-17 will be the fourth year of the Department's involvement in the implementation the Affordable Care Act (ACA). The three divisions of the Human Services Department are each affected 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

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Edmund C. Smith, Interim Director of Human Services

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.

Mental Health

In the 2016-2017 budget year, new space is being proposed for Mental Health Children's Outpatient Services which will allow for removal of the modular units currently housing staff at 1965 Live Oak Blvd. There will be one time moving costs that will be reflected in the Mental Health budget, as well as a share of cost to remove the modular units.

Mental Health management staff is in discussion with leadership of Rideout Regional Health Care to relocate much of the Psychiatric Emergency Services from the current 1965 Live Oak Blvd. location to the new emergency department of the hospital in Marysville, California. This is anticipated to be a much improved service location benefiting the patients served by the Mental Health Program, Rideout Regional Health Care, and local law enforcement. Mental Health Staff is working with hospital staff to create a separate psychiatric crisis recovery center in the hospital Emergency Department.

Welfare and Social Services

In the 2016-2017 budget year, new space is being proposed for the Child Protective Services and the Adult Protective Services functions of this division. This is also in connection to the removal of the modular units at the 1965 Live Oak Blvd location. As

with Mental Health, there will be some one time relocation costs as well as a share of cost to remove the modular units. This relocation will provide additional space to accommodate the continual growth the Welfare and Social Services Division is experiencing by the increase demand created by the Affordable Care Act.

Public Health

In the 2016-2017 budget, there will be a reduction due to the closure of the Public Health Laboratory. A small amount of funding will be retained to accommodate shipment of specimens to designated laboratories for testing. Additionally, Peach Tree Healthcare will be leaving the Public Health Building in mid to late summer; this will result in a revenue loss due to rental income but current plans include the District Attorney moving into vacated space and costs related to space utilization will be included in the Public Health budget.

Recommended Budget

This budget is recommended at \$501,330, which is an increase of \$39,151 (8.5%) over FY 2015-16.

The \$131,833 unreimbursed cost, which is an increase of \$60,221 (84.1%) compared to FY 2015-16, represents the Public Health Department's share of the Human Services Administration budget. This increase is primarily due to an additional \$57,200 budgeted in Interfund Capital Projects. This Unreimbursed Cost is, in concept, partially funded by the General Fund through the General Fund's contribution to the Health Fund.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the

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Edmund C. Smith, Interim Director of Human Services

Health Information Technology for Economic and Clinical Health (HITECH) Act require health care providers to have in place privacy and security protections for health information. These privacy and security protections were required to be in place in 2005-06. Part of this process included a risk analysis to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information. Since it has been about ten years since this was last accomplished the Department is recommending that another risk analysis be performed; \$25,000 has been included in the Professional and Specialized Services account to accomplish this task.

Renewed efforts are being made to evaluate the feasibility of creating a “one stop shop” for the Human Services Department functions. Additionally, discussions have been held with Rideout Regional Healthcare to lease the former Sun Ridge Hospital property on Stabler Lane for our CPS/APS, Children’s Mental Health Outpatient and System of Care programming. Relocation of the CPS/APS and Youth Services programs will serve to address concerns voiced in past years by the Sutter County Grand Jury regarding the condition of the modular units that currently house those functions. The FY 2016-17 budget includes \$57,200 in Capital Projects funding for consultant and engineering expenses associated with these projects.

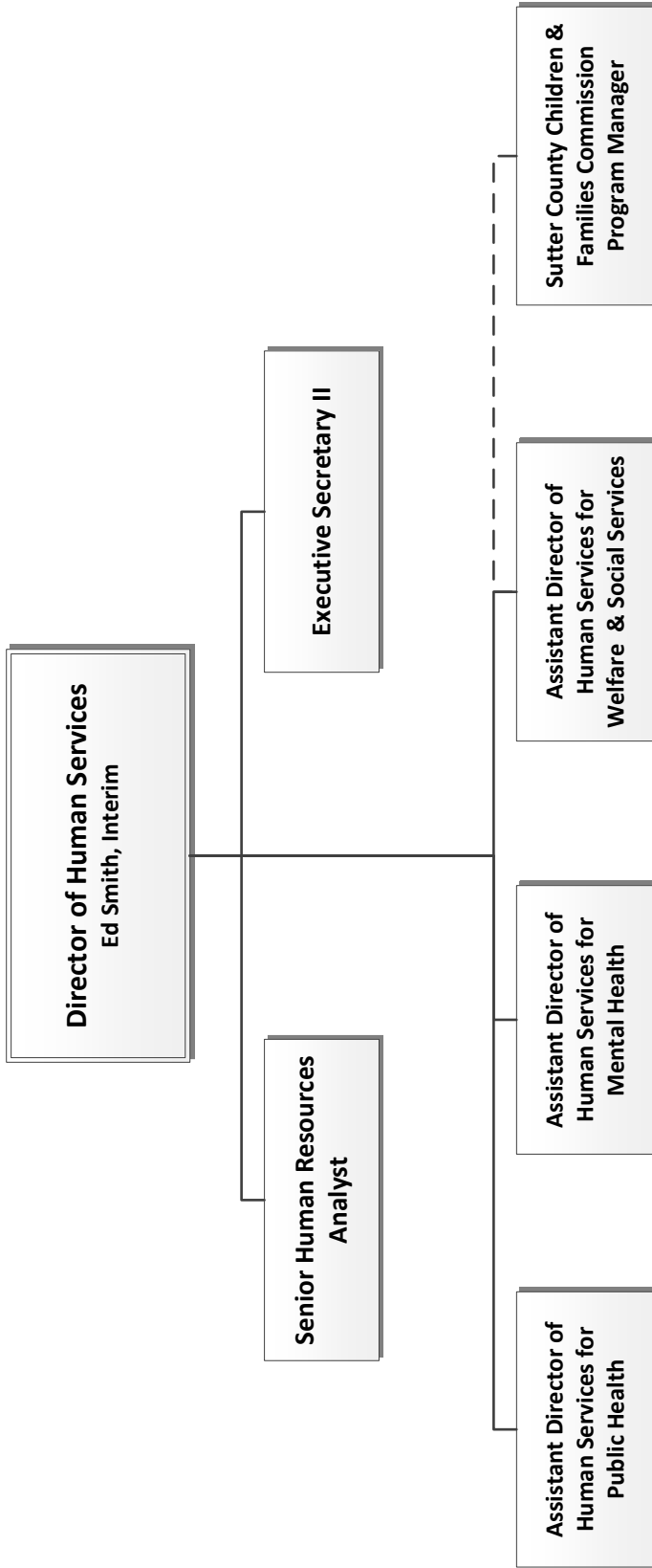
Use of Fund Balance

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

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Human Services Administration FY 2016-2017

Recommended



Human Services Health (4-103)

Edmund C. Smith, Interim Director of Human Services

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0012 - HEALTH		Dept: 4103			
Unit Title: COUNTY HEALTH					
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/31/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	4,639,144	3,737,096	5,028,214	4,981,608	-0.9
SERVICES AND SUPPLIES	575,231	552,349	684,271	567,052	-17.1
OTHER CHARGES	330,297	158,148	509,995	630,879	23.7
CAPITAL ASSETS	4,990	26,523	0	77,000	100.0
OTHER FINANCING USES	73,813	0	0	71,216	100.0
NET BUDGET	5,623,475	4,474,116	6,222,480	6,327,755	1.7
REVENUE					
USER PAY REVENUES	618,528	233,524	869,560	450,635	-48.2
GOVERNMENTAL REVENUES	2,071,079	1,649,767	2,370,024	2,726,675	15.0
GENERAL REVENUES	62,825	51,916	54,660	56,977	4.2
TOTAL OTHER REVENUE	2,752,432	1,935,207	3,294,244	3,234,287	-1.8
UNREIMBURSED COSTS	2,871,043	2,538,909	2,928,236	3,093,468	5.6
ALLOCATED POSITIONS	53.68	53.63	54.18	51.23	-5.4

Purpose

The Sutter County Human Services-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, Indigent Care Services, and Jail Medical Services.

Public Health is 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. CMSP program is discussed in a separate budget unit (4-201). 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. The EMS program is

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discussed in a separate budget unit (0-252). In addition, since June 2011, there has been a contract with PeachTree Healthcare for the management and provision of services through what used to be the County operated Outpatient Clinic for non-emergency medical care services.

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 discussed in a separate budget unit (4-134).

Major Budget Changes

Salaries & Benefits

- \$31,208 General increases due to negotiated Salaries and Benefits
- (\$73,354) Decrease related to elimination of one (1.0 FTE) vacant Public Health Lab Tech position during FY 2015-16
- \$26,006 Increase related to transferring a portion (0.1 FTE) of the Health Officer position out of Jail Medical (4-134) back to the Health budget unit effective July 1, 2016
- \$75,571 Increase related to the addition of one (1.0 FTE) Accountant I/II position effective July 1, 2016
- (\$66,540) Decrease related to the elimination of one (1.0 FTE) vacated Account Clerk III position effective July 1, 2016

- (\$39,497) Decrease related to the elimination one vacant part-time (0.5 FTE) Health Program Specialist - Limited Term position, this term has ended and this position is vacant effective July 1, 2016

Services & Supplies

- (\$8,455) Decrease in Medical/Dental Lab Supplied related to Lab Closure
- (\$38,244) Decrease in Professional/Specialized Services related to Lab Closure
- (\$73,813) Decrease in Rents & Leases Equipment related to restructuring of Opterra Energy Efficiency Project Payment

Other Charges

- \$33,234 Increase in Interfund A-87 Building Maintenance charges as provided by the Auditor-Controller's Office
- \$66,913 Increase in Interfund Plant Acquisition

Capital Assets

- \$35,000 Upgrade telephone system and new phones
- \$42,000 Upgrade current keycard security system to add additional circuits for entry points.

Residual Equity Transfer-Out

- \$71,216 Increase in Operating Transfer Out related to implementation of the Opterra Energy Efficiency Project offset by an anticipated reduction in Utilities expense

Revenues

- (\$418,925) Decrease in User Pay Revenue related to reclassification of some revenues to Government Revenues and anticipated reduction in funding for laboratory fees, health fees, and mental health interfund costs
- \$356,651 Increase in Governmental Revenues related to the reclassification from User Pay Revenues and increases of funds from Federal and State grants, including Federal Bio Terrorism Grants, State SB 910 Case Management funding, MCAH grant, CHDP grant, and Federal Women, Infant and Children Grant Funding

Program Discussion

This budget funds the 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)

The Health Division also operates Jail Medical Services at the Sutter County Jail. The Jail medical costs and program description are

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reflected in the Jail Medical Services budget unit (4-134). Prior to FY 2012-13, this program had been combined in the Health budget unit (4-103).

Public Health Laboratory Services

Since the establishment of Local Public Health Laboratories (LPHLs) in the 1950's, a number of PHLs have closed and Counties have either contracted with a neighboring lab or consolidated labs through a Joint Powers Agreement as a cost savings measure and due to reduced lab testing.

Sutter County has maintained a PHL to provide testing for water samples, rabies, and other items. Over time demand for testing has declined to the point that maintaining a laboratory did not appear to be in the best interest of Sutter County. As mentioned above many counties have created alliances whereby they contract with other agencies for all Public Health Laboratory services. During FY 2015-16 Sutter County did the same and will experience significant budgetary savings. Sutter County entered into a contract to outsource all laboratory testing to a regional laboratory and reassigned one staff member

Specialized Health Programs

Current Programs

The Health Division budget also funds various specialized health programs through a combination of grant and County funds. These include administration of the California Children's Services (CCS) Program; Child Health and Disability Prevention (CHDP) program; Tuberculosis Control Program; HIV/AIDS Surveillance program; Communicable Disease (CD)

Control program; Health Care Program for Children in Foster Care (HCPCFC); Community Chronic Disease Prevention Program; Public Health Immunization and TB skin testing Clinic; Childhood Lead Prevention Program; Childhood Injury Prevention Programs including Bicycle Helmet and Car Seat programs; Medi-Cal Outreach and Enrollment program; Medi-Cal Administrative Activities (MAA) program; Vital Statistics Registration for Births and Deaths; administration of the Proposition 99 Tobacco Tax Fund and 1991 Realigned Health Fund components; administration of the Emergency Medical Services Maddy Act Funds; representation of Sutter County to the County Medical Services Program (CMSP); Public Health Emergency Preparedness program; Pandemic Influenza program; and the Women, Infants, and Children's (WIC) Supplemental Nutrition program as well as the Supplemental Nutrition Assistance Program Education (SNAP-Ed) grant program. The latter programs, WIC and SNAP -Ed are on a federal fiscal year (FFY). The SNAP -Ed program, in FFY 16 (FY 2015-16) received a one-time increase in funding. This required the addition of two limited term full time Health Program Specialist (HPS) positions in order to complete the Scope of Work for that year. At the time of this writing, the program was anticipated to return to the original funding which would reduce the HPS positions in Health due to lack of grant funding.

Requested Programs

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. The Health Division proposes to assign a portion of a Health Program Specialist (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.

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 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.

Funding of the Health Division

Overall, the FY 2016-17 Health Division budget reflects an attempt to maintain programs at a consistent level 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 (as modified by AB85).

The Health Division oversees six 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), 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 Fund (0-247) has historically been overseen by the staff in the County Administrative Office.

Future Considerations

Public Health Emergency Preparedness (PHEP) and Pan Flu grant funding has provided the opportunity to plan and support surge capacity in the medical care and public health systems. Funding for these programs is from Federal and State funds that support the Department’s emergency preparedness activities. There is uncertainty if the funding for PHEP and Pan Flu programs will continue

after the current funding cycle that ends in FY 2016-17. The Division has incorporated some of the PHEP tasks into the roles of employees outside of these programs. However, ongoing updates and training for emergency preparedness will be unavailable if the funding is discontinued.

Chronic Disease Control efforts continue with the health care agency community, to improve individual and population health outcomes. The Division continues to promote healthy behaviors related to obesity, diabetes prevention, and cardiovascular health. The goal is to increase healthy communities using evidence-based prevention strategies that reached the largest number of Sutter County residents. Two staff who were trained in the Stanford Chronic Disease Self-Management program retired in FY 2015-16. Staff training for additional staff will be required to provide low-cost programs that help individuals with chronic conditions learn how to manage and improve their own health.

Communicable Disease Control program continues to work to prevent and control infectious diseases. These include illnesses such as Measles, tuberculosis, and emerging infections such as Ebola and Zika Virus. Increasing staffing in this area in the future is critical to Public Health for timely response and control of communicable disease incidence in the community.

According to the *Cost of Smoking in California* report which analyzes the economic burden of smoking report, in Sutter County alone, smoking costs our community more than \$56 million every year. Sutter County adults and youth have a higher rate of smoking than the State average. Our Tobacco Control program's goals are: achieve fewer smoking-attributable deaths;

reduce real costs of smoking; and lower smoking prevalence rates. Targeted efforts will continue in the following areas: (1) to have eighty-percent of a multi-unit public housing complex be designated as tobacco free; (2) work with community tobacco retailers in reducing availability of tobacco and electronic nicotine delivery devices (ENDDs) to youth; and, (3) provide support and education that encourages smoke free campuses in the community.

Recommended Budget

This budget is recommended at \$6,327,755, which is an increase of \$105,275 (1.7%) over FY 2015-16.

The County has a required contribution of \$674,240 to satisfy the County's AB8 required match (which is interpreted to remain intact following the passage of AB 85). The County's contribution is reflected in the Health General budget unit (4-110) and the Health – County Share budget unit (4-112). The balance of cost for the Health budget unit is covered by 1991 Realignment revenue.

Due to the closure of the Public Health Laboratory it is recommended to eliminate one vacant and defunded Public Health Microbiologist position and one vacant and defunded Director of Public Health Lab. In FY 2015-16 it was recommended to eliminate a vacated Public Health Lab Technician.

In addition the following position changes are recommended effective July 1, 2016.

- Eliminate one vacant and defunded Account Clerk I/II position
- Eliminate one vacated Account Clerk III position.
- Add one Accountant I/II position
- Transfer a portion (0.1 FTE) of the

Human Services Health (4-103)

Edmund C. Smith, Interim Director of Human Services

Health Officer position out of Jail Medical (4-134) back to the Health budget unit

The Department anticipates a reduction in SNAP-Ed grant funding, therefore instead of defunding one (1.0 FTE) Health Program Specialist position in SNAP-Ed effective October 1, 2016, it is being recommended to use the existing full time HPS to fulfill the combined duties of addressing the Homeless population health concerns, grant writing, and Accreditation Coordinator duties. In essence this position would no longer be grant funded, but covered with County contribution and 1991 Realignment.

Capital Assets are recommended at \$77,000 for a telephone system and keycard security system upgrade.

Residual Equity Transfer-Out is budgeted at \$71,261 for payment of the Department's share of the Opterra Energy Efficiency Project. The Health facility had solar panels constructed that will offset Utility costs as well as Lighting and HVAC upgrades to help reduce the Departments energy usage.

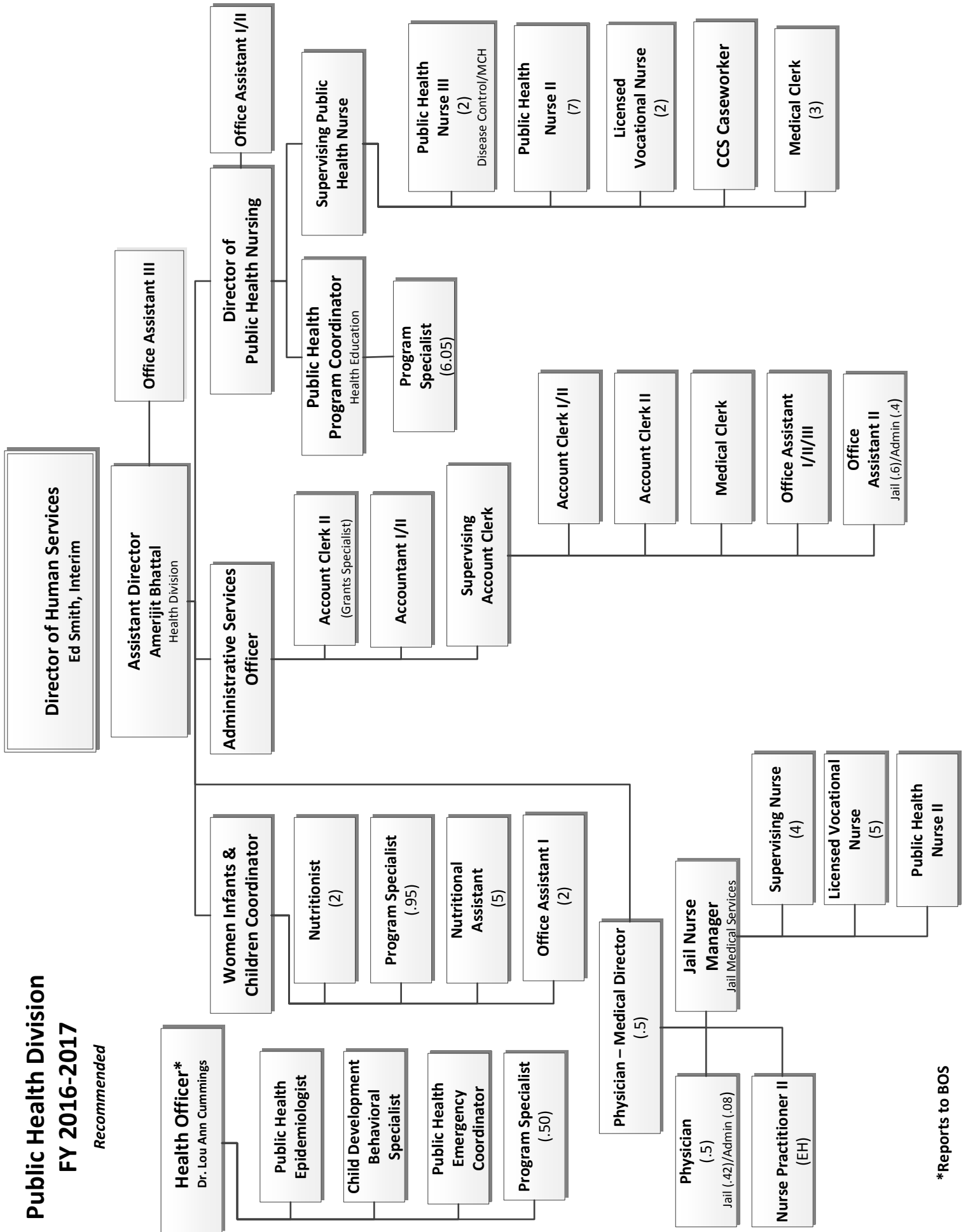
Of the 51.98 FTE positions contained in the Health Division budget, 29.55 FTE positions are directly grant funded.

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



*Reports to BOS

Human Services Jail Medical Services (4-134)

Edmund C. Smith, Interim Director of Human Services

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0012 - HEALTH				Dept: 4134	
Unit Title: JAIL MEDICAL SERVICES					
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/31/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	1,502,498	1,254,232	1,606,244	1,685,851	5.0
SERVICES AND SUPPLIES	247,547	241,287	324,640	321,720	-0.9
OTHER CHARGES	687,717	403,772	750,106	679,601	-9.4
NET BUDGET	<u>2,437,762</u>	<u>1,899,291</u>	<u>2,680,990</u>	<u>2,687,172</u>	<u>0.2</u>
REVENUE					
USER PAY REVENUES	2,436,644	156,477	365,355	365,355	0.0
GENERAL REVENUES	0	377	0	0	0.0
TOTAL OTHER REVENUE	<u>2,436,644</u>	<u>156,854</u>	<u>365,355</u>	<u>365,355</u>	<u>0.0</u>
UNREIMBURSED COSTS	1,118	1,742,437	2,315,635	2,321,817	0.3
ALLOCATED POSITIONS	13.12	13.12	13.12	12.52	-4.6

Purpose

The operation of the Jail Medical Services program is the responsibility of the Sutter County Department of Human Services. The Director of Sutter County 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.

Major Budget Changes

Salaries & Benefits

- \$15,235 General increase due to negotiated Salaries and Benefits
- \$158,219 Increase related to the addition of a part-time (0.5 FTE) Physician - Contract position to serve as the Medical Director for the Jail
- (\$131,945) Decrease related to the elimination of one (1.0 FTE) vacant Nurse Practitioner II position (to be hired as Extra Help)
- (\$26,006) Decrease related to transferring a portion (0.1 FTE) of the Health Officer out of Jail Medical back to the Health budget unit (4-103)

Human Services Jail Medical Services (4-134)

Edmund C. Smith, Interim Director of Human Services

- \$64,104 Increase in Extra Help to hire an Extra Help Nurse Practitioner II and to fill behind staff on leaves of absences

Other Charges

- (\$71,742) Decrease in Support & Care of Persons costs projected related to the use of a Third Party Medical Claims Administrator

Program Discussion

The Jail Medical Services budget represents the costs of providing nursing coverage in the jail seven days per week, 19.5 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.

Jail Medical Staffing

The Jail Medical Services (JMS) program is maintaining its current level of staffing. Staffing is budgeted to have one Registered Nurse (RN) and one Licensed Vocational Nurse (LVN) assigned for each of the two shifts, seven days per week. In order to cover the staffing requirements for holiday coverage and other anticipated and unanticipated leaves of absence, the Jail Medical Services program has historically hired Extra Help nursing staff to create a “pool” of nurses to draw upon.

The complexity of inmate health and longer inmate stays due to the State’s implementation of the AB109 Public Safety Realignment has added complexities to meeting the healthcare needs of inmates. In FY 2013-14, two additional permanent positions, a Public Health Nurse (PHN) and

an LVN, were added to the budget and paid for by a transfer-in of AB109 revenue. The LVN, serves as support staff for the Physician and/or Family Nurse Practitioner and works in the medical clinic, which has resulted in an increase in the number of patients that are seen in a day. The PHN assists inmates in the application process for medical insurance prior to their release. This position also coordinates healthcare with medical providers to continue care for some of the medically high-risk inmates.

In FY 2015-16, a full-time Nurse Practitioner assigned to the JMS program retired and the position was vacant for a majority of the year as there were no applicants in the recruitment process. A Professional and Specialized Services Agreement was secured with a local physician who specializes in Internal Medicine and Infectious Diseases to cover the medical service needs. It is planned to continue the Agreement in FY 2016-17 with the physician and use a currently employed Extra Help Nurse Practitioner to cover some of the other services.

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

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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.

Future Considerations

The JMS nursing and medical staff have been working to update policies and procedures to meet the National Commission on Correctional Health Care (NCCCHC) standards for health services in correctional facilities. The JMS program have thus far met seventy-five percent of the requirements for accreditation (50 out of the 67 set of nationally recognized standards) and are currently close to meeting one hundred percent for NCCCHC accreditation.

Accreditation compliance provides the necessary reports and data to make fact-based, informed management decisions. It also strengthens an agency's accountability, within both the agency and the community, through a continuum of standards that clearly define authority, performance, and responsibilities. Being NCCCHC accredited can limit an agency's liability and risk exposure because it demonstrates that internationally recognized standards and best practices for correctional healthcare settings have been met.

The JMS program is planning to submit the application for NCCCHC accreditation in FY 2016-17. It is believed that with the accreditation, there is objective validation of the areas in which our healthcare services are meeting national standards. They also help identify areas for improvement. Accreditation will help promote and document an efficient, well-managed system of healthcare delivery and as stated previously, minimizes the occurrence of adverse events, thus reducing healthcare-related liability.

Recommended Budget

This budget is recommended at \$2,687,172, which is an increase of \$6,182 (0.2%) over FY 2015-16.

The following position changes are recommended effective July 1, 2016: add a part-time (0.5 FTE) Physician - Contract position to serve as the Medical Director for the Jail, eliminate vacant Nurse Practitioner II position, and transfer a portion (0.1 FTE) of the Health Officer out of Jail Medical back to the Health budget unit (4-103).

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 Human Services Director, it was recommended that all Jail Medical services costs be removed from the Health budget unit (4-103) and placed into a separate budget unit

Human Services

Jail Medical Services (4-134)

Edmund C. Smith, Interim Director of Human Services

(4-134), and that any costs not funded by AB109 Public Safety Realignment funds be funded entirely by the General Fund. Beginning again for FY 2015-16, due in part to an increase in MVIL 1991 Realignment funding through the recent 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. This budget recommendation, in essence, funds \$365,355 of Jail Medical expenses with 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 budget unit (2-301) and the General Revenues budget unit (1-209). 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.

Support & Care of Persons expense reflects direct expenditures related to the hospitalizations and other outside care of inmates. This line item is recommended at \$628,258, which is a decrease of \$71,742 compared to FY 2015-16. During FY 2014-15 the County signed a contract with CorrectCare-Integrated Health, Inc. to provide claims processing services and utilization management, which should continue to decrease the expenditures related to Support and Care.

Use of Fund Balance

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

Human Services Non County Providers (4-201)

Edmund C. Smith, Interim Director of Human Services

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0012 - HEALTH Unit Title: NON-COUNTY PROVIDERS			Dept: 4201		
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/20/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
SERVICES AND SUPPLIES	26,400	22,000	26,400	26,400	0.0
OTHER CHARGES	157,079	50,298	570,224	572,970	0.5
NET BUDGET	183,479	72,298	596,624	599,370	0.5
REVENUE					
USER PAY REVENUES	20,099	0	25,000	25,000	0.0
TOTAL OTHER REVENUE	20,099	0	25,000	25,000	0.0
UNREIMBURSED COSTS	163,380	72,298	571,624	574,370	0.5
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

Sutter County Health Department 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

- \$2,746 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.

Human Services

Non County Providers (4-201)

Edmund C. Smith, Interim Director of Human Services

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

Human Services

Non County Providers (4-201)

Edmund C. Smith, Interim Director of Human Services

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.

\$2,746 (0.5%) over FY 2015-16.

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.

Environmental Health

In FY 1993-94, the Board of Supervisors transferred environmental health services from Public Health to the Community Services Department (now the Development Services Department). 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.

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.

Therefore, this budget unit includes an amount to be transferred to the Environmental Health budget unit (2-725), 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 2016-17. 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.

The budget also includes \$332,981 to be transferred to the Environmental Health budget unit (2-725).

Use of Fund Balance

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

Recommended Budget

This budget is recommended at \$599,370, with a net cost of \$574,370, which is an increase of

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

Edmund C. Smith, Interim Director of Human Services

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0012 - HEALTH				Dept: 4301	
Unit Title: CALIFORNIA CHILDREN SERVICES					
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/20/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
SERVICES AND SUPPLIES	62,987	51,969	70,035	70,480	0.6
OTHER CHARGES	112,682	37,433	210,368	210,368	0.0
NET BUDGET	175,669	89,402	280,403	280,848	0.2
REVENUE					
USER PAY REVENUES	141,150	141,150	141,150	141,150	0.0
GOVERNMENTAL REVENUES	23,048	45,865	0	0	0.0
TOTAL OTHER REVENUE	164,198	187,015	141,150	141,150	0.0
UNREIMBURSED COSTS	11,471	-97,613	139,253	139,698	0.3
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 2016-17.

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).

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

Edmund C. Smith, Interim Director of Human Services

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 Vended 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 increased by \$445 (0.2%) over FY 2015-16.

At this time, the State has not determined the amount of its contribution to the Sutter County CCS Program for FY 2016-17. 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.

Emergency Medical Services Fund (0-252)

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0252 - EMERGENCY MEDICAL SERVICES				Dept: 0252	
Unit Title: EMERGENCY MEDICAL SERVICES					
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/20/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
SERVICES AND SUPPLIES	88,811	67,049	130,802	130,802	0.0
OTHER CHARGES	33,236	0	38,100	38,100	0.0
PROVISIONS FOR CONTINGENCIES	0	0	0	5,500	0.0
NET BUDGET	122,047	67,049	168,902	174,402	3.3
REVENUE					
USER PAY REVENUES	127,069	1,339	152,620	152,620	0.0
GENERAL REVENUES	3,827	81,591	0	5,500	0.0
CANCELLATION OF PRIOR YR RESRV	0	0	16,282	16,282	0.0
TOTAL OTHER REVENUE	130,896	82,930	168,902	174,402	3.3
UNREIMBURSED COSTS	-8,849	-15,881	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 Human Services Department) as the administrative agency for the fund.

Major Budget Changes

There are no major budget changes for FY 2016-17.

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).

Counties must use Maddy revenues for

Emergency Medical Services Fund (0-252)

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 an increase of \$5,500 (3.3%) over FY 2015-16.

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 budget unit (4-201).

Projected Physician Revenue for FY 2015-16 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 2014-15, to fund anticipated Physician Expense claims for FY 2015-16.

Human Services Mental Health (4-102)

Edmund C. Smith, Interim Director of Human Services

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0007 - BI-COUNTY MENTAL HEALTH					
Unit Title: MENTAL HEALTH SERVICE					Dept: 4102
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/20/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	11,358,184	10,612,268	14,411,977	14,941,868	3.7
SERVICES AND SUPPLIES	6,530,139	5,370,274	6,421,173	7,024,102	9.4
OTHER CHARGES	7,674,364	3,099,159	3,766,340	4,201,092	11.5
CAPITAL ASSETS	48,539	49,583	14,377	99,450	591.7
PROVISIONS FOR CONTINGENCIES	0	0	0	0	0.0
OTHER FINANCING USES	39,235	0	0	46,698	0.0
NET BUDGET	<u>25,650,461</u>	<u>19,131,284</u>	<u>24,613,867</u>	<u>26,313,210</u>	<u>6.9</u>
REVENUE					
USER PAY REVENUES	14,583,835	10,438,260	15,000,682	16,621,653	10.8
GOVERNMENTAL REVENUES	9,820,116	4,610,328	9,239,794	8,635,006	-6.5
GENERAL REVENUES	14,569	200,990	12,000	18,000	50.0
OTHER FINANCING SOURCES	6,598	3,915	0	0	0.0
CANCELLATION OF PRIOR YR RESRV	0	0	361,391	1,038,551	187.4
TOTAL OTHER REVENUE	<u>24,425,118</u>	<u>15,253,493</u>	<u>24,613,867</u>	<u>26,313,210</u>	<u>6.9</u>
UNREIMBURSED COSTS	1,225,343	3,877,791	0	0	0.0
ALLOCATED POSITIONS	116.67	121.26	119.29	124.39	4.3

Purpose

Bi-County Mental Health, also referred to as Sutter-Yuba Mental Health Services (SYMHS), is a division of the Sutter County Human Services Department. Under a Joint Powers Agreement entered into between the counties of Sutter and Yuba in 1969, SYMHS provides specialty mental health services to residents of both counties. Subsequently, in the mid-1970s, by resolution of both Boards of Supervisors, it was determined that SYMHS would also provide bi-county drug and alcohol services. SYMHS 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

- \$184,741 General increase due to negotiated Salaries and Benefits
- \$105,000 Overall Increase in Special Pay, Other Pay, and Extra Help
- \$51,606 Increase related to the addition of one (0.625 FTE funded in this budget unit) Rehabilitation

Human Services Mental Health (4-102)

Edmund C. Smith, Interim Director of Human Services

Clinician to be effective July 1, 2016

Yuba Counties for services to mentally ill conservatees

- \$41,285 Increase related to the addition of one Crisis Counselor position (0.5 FTE funded in this budget unit) effective July 1, 2016
- \$92,040 Increase related to the addition of one (1.0 FTE) flexibly-staffed Licensed Psychiatric Technician/LVN effective July 1, 2016
- \$55,219 Increase related to the addition of one (1.0 FTE) Medical Clerk I/II position effective July 1, 2016

- \$94,093 Increase in Interfund Overhead (A-87) Cost Plan charges as provided by the Auditor-Controller's Office

Capital Assets

- \$99,450 Replacement of four (4) aging vehicles

Residual Equity Transfer-Out

- \$46,698 Increase in Operating Transfer Out related to implementation of the Opterra Energy Efficiency Project offset by an anticipated reduction in Utilities expense

Services & Supplies

- \$571,062 Increase in total Professional Specialized Service accounts based on estimated need for contracted services

Revenues

- \$1,478,294 Increase in Interfund In – Realignment revenues from 2011 Realignment based on statewide revenue projections

Other Charges

- \$280,415 Increase in Support & Care of Persons based on estimated needs
- (\$82,000) Decrease in Contribution to Homeless. Work associated with outreach to the homeless mentally ill was previously performed by a contractor, but has now been brought in-house
- \$96,553 Increase in Interfund Conservator associated with a change in the way SYMHS provides funding to the Public Guardians of both Sutter and

- (\$300,000) Decrease in Interfund Admin – Miscellaneous Department due to anticipated decreased reimbursement from MHSA-funded programs for medication support services

- \$630,910 Increase in Interfund Transfer In - Sales Tax revenues from 1991 Realignment based on statewide revenue projections

- (\$100,000) Decrease in Interfund Miscellaneous Revenue due to anticipated decreased reimbursement for

Human Services

Mental Health (4-102)

Edmund C. Smith, Interim Director of Human Services

administrative support to
MHSA-funded programs

- (\$300,000) Decrease in State Mandated Costs revenue based on payment in full of all unfunded mandate costs for local government for 2004 and prior
- (\$358,500) Decrease in Federal Mental Health Medi-Cal revenue based on current estimate

Program Discussion

Sutter-Yuba Mental Health Services (SYMHS) has served between 5,500 and 6,000 unique mental health clients each year, for the last several years. 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 SYMHS to mental health clients in Sutter and Yuba Counties.

Under Medi-Cal consolidation, SYMHS 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. SYMHS 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, SYMHS has established 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.

SYMHS has 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.

SYMHS provides substance use disorder treatment services to local residents under contracts with the California Department of Health Care Services (DHCS), which include significant funding from federal Substance Abuse Prevention and Treatment (SAPT) block grants.

SYMHS provides a number of judicially-linked programs. These include drug diversion services authorized under section 1000 of the California Penal Code;

Human Services

Mental Health (4-102)

Edmund C. Smith, Interim Director of Human Services

services to individuals referred by the courts in both counties for mental health treatment and substance abuse counseling; psychiatric services to youth in juvenile hall and youth in the Maxine Singer Youth Guidance Center; services to inmates in both counties' jails; 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. SYMHS 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.

SYMHS 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 abuse 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 SYMHS will eventually assume responsibility for oversight of these contractor-provided services.

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

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

As this budget was being prepared, work was in progress to move Mental Health's youth outpatient programs, along with Social Services programs and other portions of the Welfare and Social Services Division, to a facility on Stabler Lane. 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.

Human Services Mental Health (4-102)

Edmund C. Smith, Interim Director of Human Services

Work has resumed to evaluate the feasibility of constructing a new Human Services building on the Live Oak boulevard site.

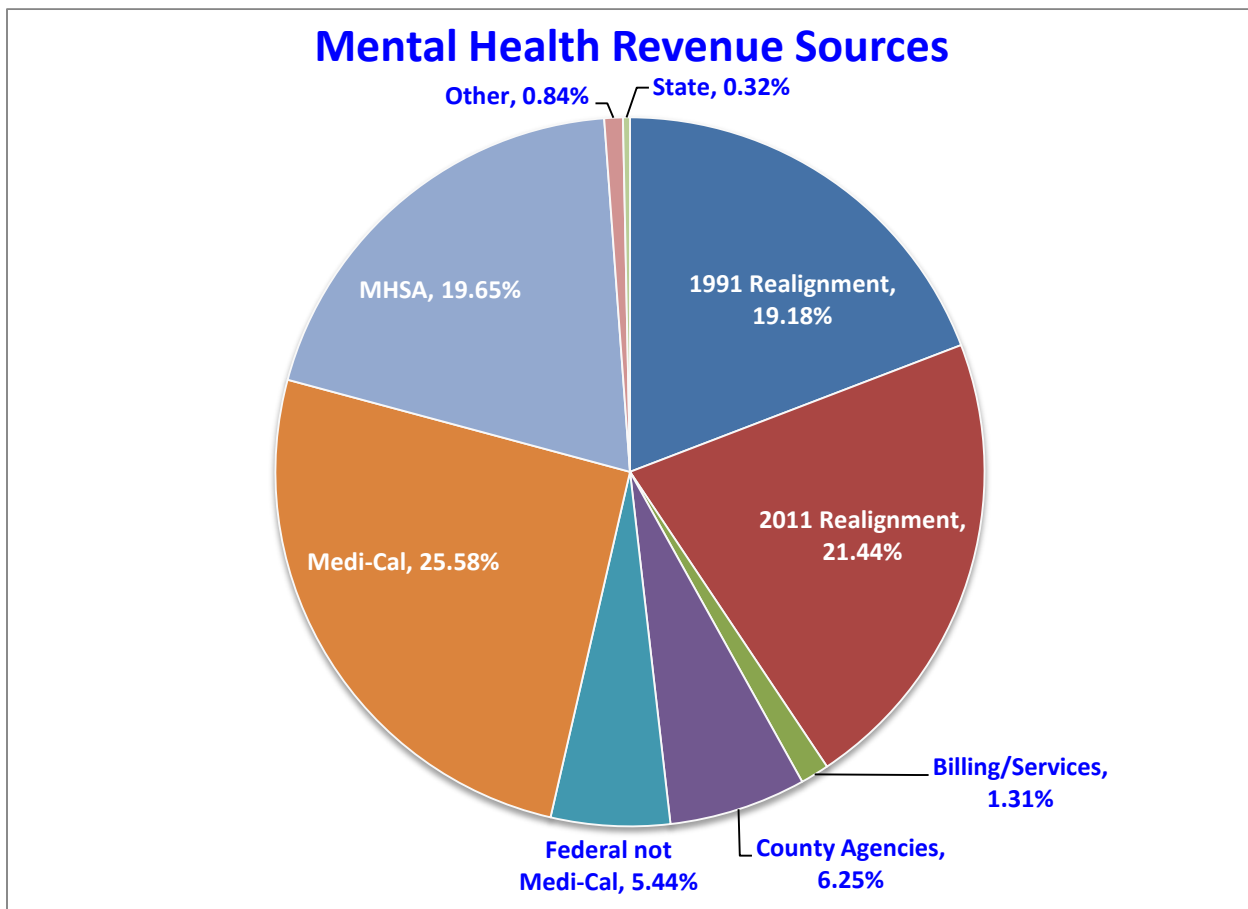
FY 2016-17 Budget Discussion

SYMHS' 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 2016-17, SYMHS 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 2016-17 Mental 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



Human Services Mental Health (4-102)

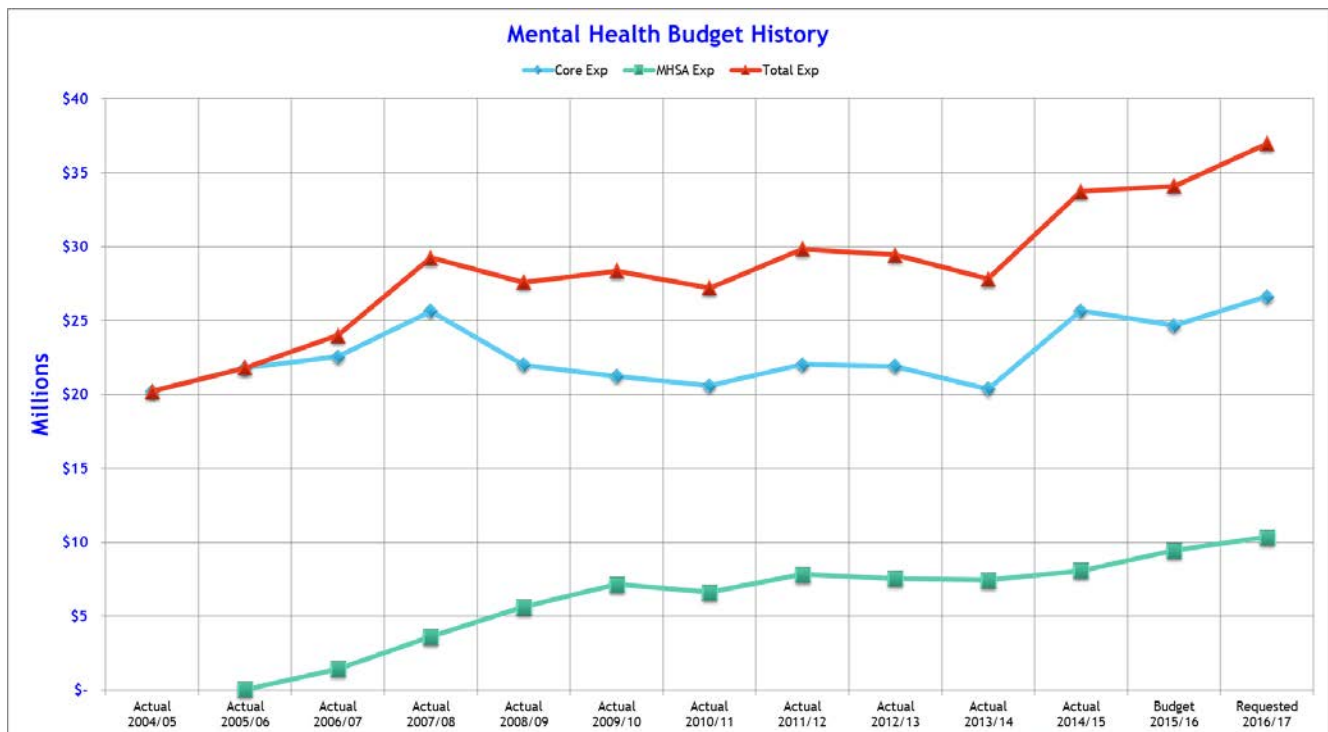
Edmund C. Smith, Interim Director of Human Services

Care, and/or In Home Supportive Services; programs which, by statute, have first draw on Realignment growth dollars. Mental Health has start receiving Realignment growth. The Mental Health Division uses Realignment funding as match to draw down the Federal contributions to 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 the 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.

- 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 together with SB 1009 of 2012 includes changes to state laws governing Medi-Cal Specialty Mental Health to effectuate 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.



Human Services

Mental Health (4-102)

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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 Mental 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 hour per day, 7 days per week basis. Extra hire personnel provide 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 in compliance 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 SYMHS 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. SYMHS 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 SYMHS as a result. SYMHS 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 error that is 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, timeliness and consistency of audits remain ongoing issues for counties.

Recommended Budget

This budget is recommended at \$26,313,210, which is an increase of \$1,699,343 (6.9%) over FY 2015-16.

This budget unit receives no financing from the General Fund. The sources of funding for Sutter-Yuba Mental Health 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, 2016:

- Add one Rehabilitation Clinician position to be recruited as a registered occupational therapist or recreational therapist - 62.5% funded by the Mental Health budget with the remainder funded by the Mental Health Services Act budget (4-104)
- Add one Crisis Counselor - 50% funded by the Mental Health budget with the

Human Services

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remainder funded by the Mental Health Services Act budget (4-104)

- Add one flexibly-staffed Psychiatric Technician/LVN position
- Add one flexibly-staffed Medical Clerk I/II position

Capital Assets are recommended at \$99,450 for the purchase of four replacement vehicles. The Department has requested three mid-sized sedans and one small SUV.

Residual Equity Transfer-Out is budgeted at \$46,698 for payment of the Department's share of the Opterra Energy Efficiency Project. The Mental Health Building on Live Oak Blvd had Lighting and HVAC upgrades to help reduce the building's energy usage. In addition, the properties on Plumas and E. Onstott Rd will benefit from the Acacia property Solar Panel array that will offset Utility costs. This payment reflects Mental Health's proportional share of the payment.

It remains SYMHS' 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.

Use of Fund Balance

The Mental Health fund contained a Restricted Fund Balance in the amount of \$310,386 as of July 1, 2015. It is estimated that the Restricted Fund Balance will equal \$2,477,080 at July 1, 2016. It is recommended that \$1,038,551 of the Restricted Fund Balance be cancelled in FY 2016-17 for use in the Mental Health budget.

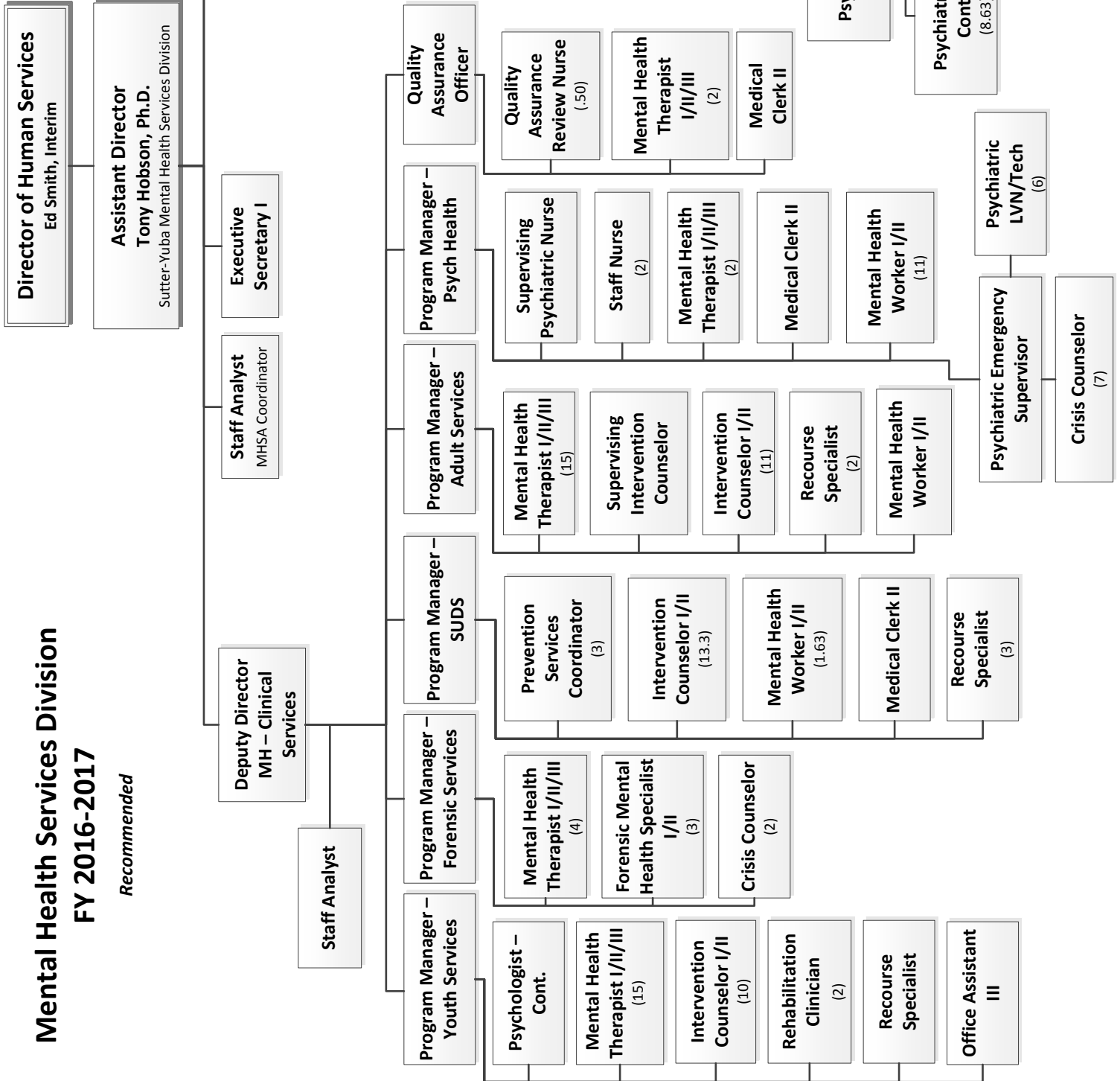
The Mental Health fund also contains a Restricted Fund Balance for Sutter County use in the amount of \$51,419. There are no planned uses for this fund balance.



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Mental Health Services Division FY 2016-2017

Recommended



Human Services Mental Health Services Act (4-104)

Edmund C. Smith, Interim Director of Human Services

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0008 - MENTAL HEALTH SERVICES ACT				Dept: 4104	
Unit Title: MENTAL HEALTH SERVICES ACT					
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/20/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	4,715,273	4,408,587	5,647,433	6,273,365	11.1
SERVICES AND SUPPLIES	892,169	1,167,374	2,014,520	2,066,203	2.6
OTHER CHARGES	2,457,548	1,512,979	2,509,322	2,066,817	-17.6
CAPITAL ASSETS	24,180	0	0	0	0.0
NET BUDGET	8,089,170	7,088,940	10,171,275	10,406,385	2.3
REVENUE					
USER PAY REVENUES	863,066	675,660	825,358	1,047,566	26.9
GOVERNMENTAL REVENUES	10,177,327	6,224,419	8,244,850	7,678,500	-6.9
GENERAL REVENUES	81,876	77,264	83,000	194,000	133.7
CANCELLATION OF PRIOR YR RESRV	0	0	1,018,067	1,486,319	46.0
TOTAL OTHER REVENUE	11,122,269	6,977,343	10,171,275	10,406,385	2.3
UNREIMBURSED COSTS	-3,033,099	111,597	0	0	0.0
ALLOCATED POSITIONS	57.79	61.80	58.17	62.67	7.7

Purpose

The passage of Proposition 63, known as the Mental Health Services Act (MHSA), in November 2004, provided the first opportunity in many years for Sutter-Yuba Mental Health Services (SYMHS) 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. The 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 MHSA budget unit (4-104) was created in FY 2005-06, beginning with the Community Services and Supports component. 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

- \$476,205 General increase due to negotiated Salaries and Benefits and position additions during FY 2015-16
- \$30,963 Increase related to the addition of one (0.375 FTE funded in this budget unit) Rehabilitation Clinician to be effective July 1, 2016

Human Services Mental Health Services Act (4-104)

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- \$41,285 Increase related to the addition of one Crisis Counselor position (0.5 FTE funded in this budget unit) effective July 1, 2016

Other Charges

- (\$94,170) Decrease in Support and Care of Persons based on estimated needs
- (\$100,000) Decrease in Interfund Miscellaneous Transfer due to anticipated decreased reimbursement to the Mental Health Budget (4-102) for administrative support to MHSA-funded programs
- (\$300,000) Decrease in Interfund Other Department due to anticipated decreased reimbursement from MHSA-funded programs for medication support services provided by physicians funded in the Mental Health Budget (4-102)

Revenues

- \$90,000 Increase in Interfund Transfer In - Wrap Around based on estimated program costs
- \$143,600 Increase in Interfund In – Realignment revenues from 2011 Realignment based on statewide revenue projections
- (\$611,500) Decrease in Federal Mental Health Medi-Cal revenue based on current estimate

- \$105,000 Increase in Interest Apportioned to the MHSA Fund based on current estimates

- \$481,933 Increase in Cancellation of Obligated Fund Balance

Program Discussion

The Mental Health Services Act (MHSA), also known as Proposition 63, was passed by the voters in November 2004. MHSA funds for counties are used to expand and transform mental health services. The MHSA has five components:

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

Sutter-Yuba Mental Health Services (SYMHS) has approved programs in all five MHSA 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, at risk of hospitalization, or are at risk of incarceration in jails or juvenile justice institutions. SYMHS also works with

Human Services

Mental Health Services Act (4-104)

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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, Hmong, and Punjabi-speaking Asian Indians. 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 MHSA 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 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 SYMHS 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

Human Services Mental Health Services Act (4-104)

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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. SYMHS works with the Ethnic Outreach programs to find children whose cultural identity places them in underserved populations within our community (Hispanic, Asian Indian, and Hmong) and who are in need of 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 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 abuse 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 Mental Health Services.

Prevention and Early Intervention (PEI) Component

The PEI component of MHSAs was approved by the State and implemented by SYMHS 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 SYMHS 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

Mental Health Services Act (4-104)

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 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. SYMHS 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. SYMHS has

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

During FY 2010-11, SYMHS received approval for its Wellness & Recovery Center Project. This provides \$197,550 to remodel the former nurses' quarters of the old county hospital, also known as the "little white house," to serve as the main activity space and offices for the Wellness and Recovery Program. The cost for this project came in significantly higher than the initial estimates and the project was discontinued. The current Annual Plan Update instead proposed to use the MHSA Capital Facilities funds for a much-needed expansion of the Psychiatric Emergency Services (PES) area at SYMHS' main site on Live Oak Blvd. The need for the PES expansion was overcome by events when PES services for individuals on involuntary holds under Welfare and Institutions Code Section 5150 was relocated to the Rideout Memorial Hospital Emergency Room. The FY 2016/17 Annual Plan Update 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, SYMHS received approval for its Electronic Health Record (EHR) System Project. This provided \$1,567,750 to implement EHR infrastructure, practice management, clinical data

Human Services Mental Health Services Act (4-104)

Edmund C. Smith, Interim Director of Human Services

management, and computerized provider order entry. The Anasazi system was selected to replace SYMHS'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 2016-17.

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, SYMHS received approval for its WET Component. This provides \$180,000 annually for five years for training and higher education scholarships. This program was coordinated by a consultant who assisted SYMHS in developing and implementing the training and scholarship programs and is now coordinated by a Staff Analyst who serves as the MHSA Coordinator. Trainings focus on cultural competencies, service delivery, and workforce preparedness. Work is in progress toward implementation of an online training service.

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. 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 justice institutions. The third project is to increase cooperation between traditional Hmong Healers and Mental Health professionals in order to improve mental health outcomes among Hmong clients.

FY 2016-17 Funding

MHSA is a volatile and economically sensitive funding source. This funding decreased during the recent economic downturn, but is now recovering. SYMHS 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 State Department of Finance.

MHSA revenue is projected to increase in FY 2016-17, but 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.

The Governor's May Revision to the proposed FY 2016-17 State Budget included support for a Senate measure to divert Mental Health Services Act funds to securitize a \$2

Human Services Mental Health Services Act (4-104)

Edmund C. Smith, Interim Director of Human Services

billion bond for chronically homeless individuals. The amount to be diverted statewide is up to \$130 million per year for 20 years. The estimated impact on Sutter and Yuba Counties is a reduction in MHSA revenues of up to \$600,000 per year based on current MHSA funding allocation methodologies. As proposed, the funds would be administered by the Department of Housing & Community Development and counties would have to compete for grant funding for homeless housing projects.

Recommended Budget

This budget is recommended at \$10,406,385, which is an increase of \$235,110 (2.3%) compared to FY 2015-16. 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 General Fund. See Figures 1 and 2 in the Mental Health (4-102) budget narrative for information on Mental Health funding sources and history.

The following new positions are recommended to be effective July 1, 2016:

- Add one Rehabilitation Clinician position to be recruited as a registered occupational therapist or recreational therapist - 37.5% funded by the MHSA budget with the remainder funded by the Mental Health budget (4-102).
- Add one Crisis Counselor - 50% funded by the MHSA budget with the remainder funded by the Mental Health budget (4-102).

It remains SYMHS' 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.

Use of Fund Balance

The MHSA fund contained a Restricted Fund Balance in the amount of \$6,662,407 as of July 1, 2015. It is estimated the Restricted Fund Balance will equal \$5,644,340 at July 1, 2016. It is recommended that \$1,486,319 of the Restricted Fund Balance account (#31170) be cancelled in FY 2016-17 for use in the MHSA budget.

The MHSA fund also contains Non-Spendable Fund Balance amounts of \$874,458 (#31014) for housing and \$2,184,370 (#31031) recognizing the cash advance to the Mental Health Fund (0007).



Human Services Welfare Administration (5-101)

Edmund C. Smith, Interim Director of Human Services

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0013 - WELFARE/SOCIAL SERVICES			Dept: 5101		
Unit Title: WELFARE ADMINISTRATION					
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/20/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	13,494,414	11,865,438	15,326,165	16,858,640	10.0
SERVICES AND SUPPLIES	1,752,240	1,573,477	2,074,822	2,376,531	14.5
OTHER CHARGES	4,043,028	3,199,503	5,037,431	4,215,818	-16.3
CAPITAL ASSETS	142,164	119,581	0	66,000	0.0
OTHER FINANCING USES	40,030	0	0	44,082	0.0
NET BUDGET	19,471,876	16,757,999	22,438,418	23,561,071	5.0
REVENUE					
USER PAY REVENUES	2,422,636	1,582,181	2,422,632	2,826,070	16.7
GOVERNMENTAL REVENUES	14,950,942	12,277,087	18,169,874	19,044,879	4.8
OTHER FINANCING SOURCES	3,158	4,656	0	3,000	0.0
TOTAL OTHER REVENUE	17,376,736	13,863,924	20,592,506	21,873,949	6.2
UNREIMBURSED COSTS	2,095,140	2,894,075	1,845,912	1,687,122	-8.6
ALLOCATED POSITIONS	184.00	203.00	188.00	207.00	10.1

Purpose

The Welfare and Social Services Division of the 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.

and eight (8.0 FTE) Public Assistance Specialist I/II positions during FY 2015-16

Major Budget Changes

Salaries & Benefits

- \$438,272 General increase due to negotiated Salaries and Benefits
- \$613,608 Increase related to the addition of one (1.0 FTE) Public Assistance Specialist Supervisor, one (1.0 FTE) Public Assistance Specialist III,

- \$55,023 Increase related to the addition of one (1.0 FTE) Office Assistant II position
- \$164,514 Increase related to the addition of two (2.0 FTE) Staff Services Analyst I/II positions
- \$85,900 Increase related to the addition of one (1.0 FTE) Social Worker III - Child Services position
- \$124,973 Increase related to the addition of one (1.0 FTE) Program Manager position
- \$50,185 Increase in Other Pay to include Social Services On-Call Stand-by Pay

Human Services Welfare Administration (5-101)

Edmund C. Smith, Interim Director of Human Services

Services & Supplies

- \$25,000 Increase in Maintenance Structure/Improvement related to improvements at 190 location
- \$157,340 Increase in Software License & Maintenance related to the Customer Service Center technology deployment
- \$ 65,920 Increase in Computer Hardware to purchase new computers, replacement of old printers and laptops
- \$ 33,911 Increase in Professional Services related to the investigation and ergonomic evaluation and training services
- \$32,700 Increase in Office Equipment to purchase furniture for the 10 approved positions during FY 2015-16
- \$22,000 Increase in Transportation & Travel related to group home visits

Other Charges

- (\$ 11,861) Decrease in Interfund Postage charges as provided by the General Services Department
- (\$250,000) Decrease in Interfund Miscellaneous Transfer related to the non-renewal of the SNAP-ED grant
- (\$236,000) Decrease in Interfund Investigation charges due to the termination of the contract with the District Attorney's office

- (\$339,537) Decrease in (A-87) Cost Plan charges as provided by the Auditor-Controller's Department

Capital Assets

- \$66,000 Replacement of three aging vehicles

Residual Equity Transfer-Out

- \$44,082 Increase in Operating Transfer Out related to implementation of the Opterra Energy Efficiency Project offset by an anticipated reduction in Utilities expense

Revenues

- (\$71,335) Decrease in State funding on CMSP cases which shifted to Medi-Cal
- \$471,273 Increase in 2011 Realignment State funding
- (\$250,000) Decrease in State Supplemental Nutrition Educ
- \$1,122,743 Increase in State Medi-Cal 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.

Human Services Welfare Administration (5-101)

Edmund C. Smith, Interim Director of Human Services

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 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 2014-15, 46 individuals were placed in jobs for up to 6 months, 24 attained unsubsidized employment, and 9 families no longer needed CalWORKs assistance. Through December 31, 2015, 54 have been placed, 6 attained unsubsidized employment, and 6 families no longer need CalWORKs assistance.

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

Human Services Welfare Administration (5-101)

Edmund C. Smith, Interim Director of Human Services

to offer comprehensive services and consistent life skills reinforcement.

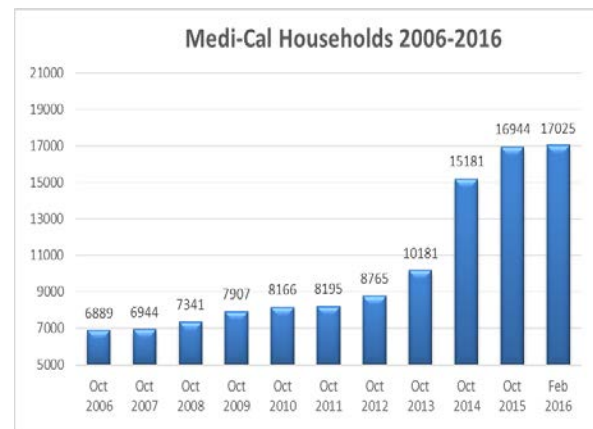
The Online CalWORKs Appraisal Tool (OCAT) was implemented October 1, 2015 providing a standardized statewide WTW appraisal tool that will provide in depth appraisals of client strengths and barriers to employment. Use of the OCAT will lead to greater opportunities for CalWORKs clients by identifying 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 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 and \$245,400 for FY 2016-17.

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 146% from October 2006, at 6,889 cases, to October 2015, at 16,944 cases. As of February 2016, the Medi-Cal caseload has slightly decreased to 17,025 cases.



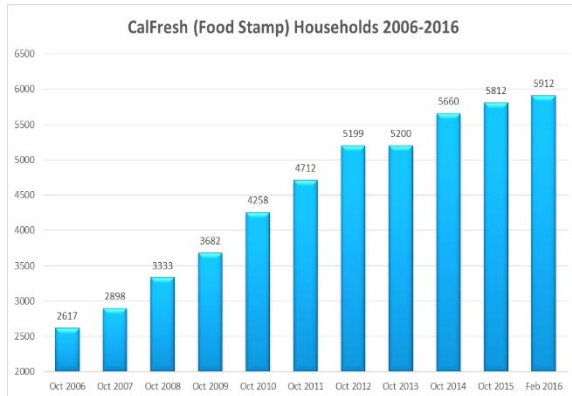
Approximately 32,000 individuals in Sutter County are receiving Medi-Cal benefits. In 2014, Sutter County added over 5,000 additional households to Medi-Cal under the Affordable Care Act who qualified for Medi-Cal on January 1, 2014 under the Affordable Care Act's expanded Medicaid eligibility criteria.

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 122% from October 2006 at 2,617 cases to October 2015 at 5,812 cases. As of February 2016, the CalFresh caseload has increased to 5,912 cases.

Human Services Welfare Administration (5-101)

Edmund C. Smith, Interim Director of Human Services



Recommended Budget

This budget is recommended at \$23,561,071 which is an increase of \$1,122,653 (5%) compared to FY 2015-16. 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.

Capital Assets are recommended at \$66,000 for the purchase of three replacement vehicles. The Department has requested three mid-size sedans.

It is recommended to add the following positions effective July 1, 2016:

- One Office Assistant II position
- Two Staff Services Analyst positions
- One Social Worker III - Child Services position
- One Program Manager position

Residual Equity Transfer-Out is budgeted at \$44,082 for payment of the Department's share of the Opterra Energy Efficiency Project. The Welfare facility at 190 Garden Hwy had solar panels constructed that will offset Utility costs as well as Lighting and HVAC upgrades to help reduce the

Departments energy usage. While the Welfare facility at 539 Garden Hwy will benefit from the Acacia property Solar Panel array that will offset Utility costs.

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 and the Social Services Realignment Fund 2011 are discussed in greater detail in their own budget narratives.

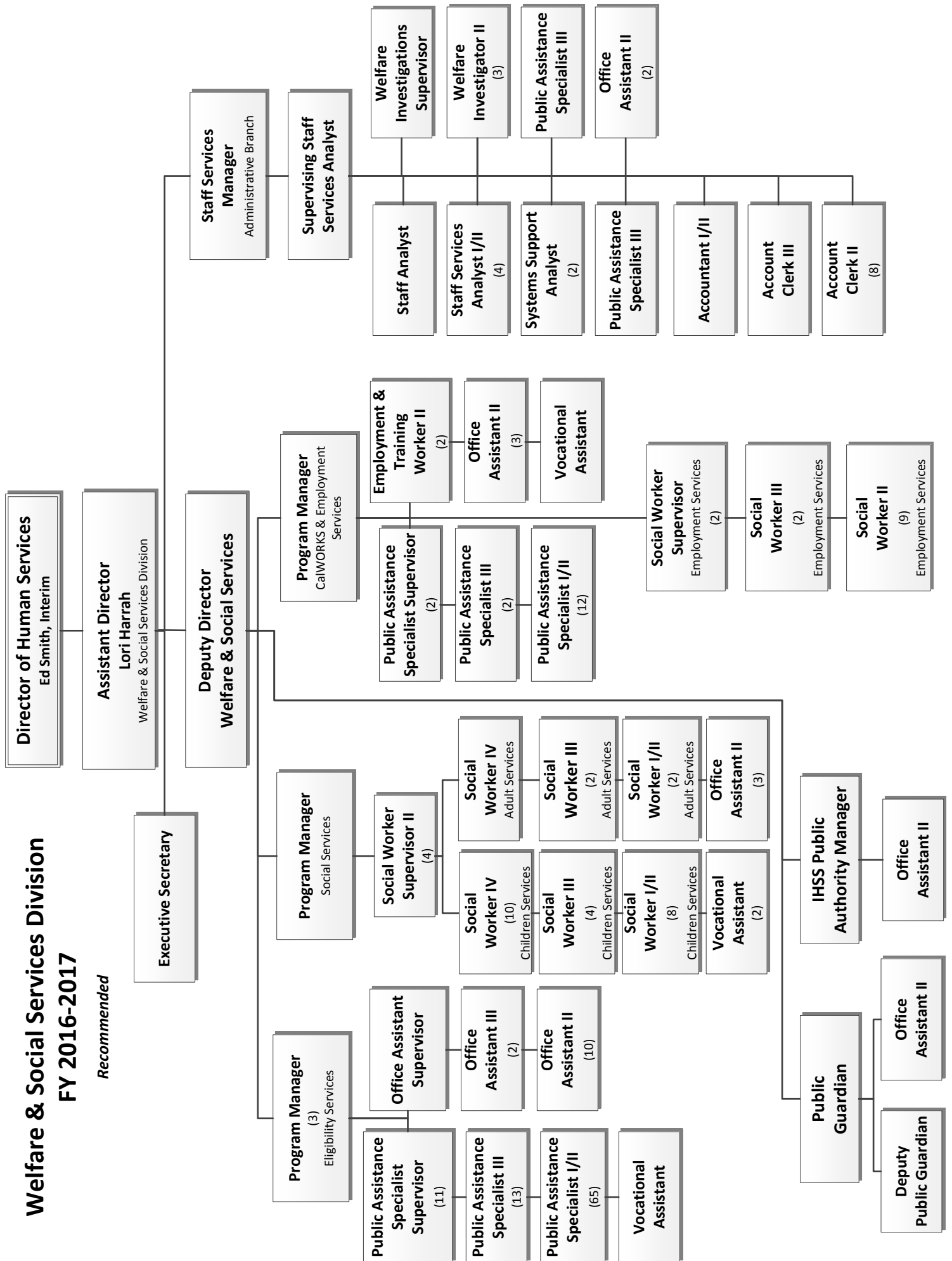
Use of Fund Balance

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

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Welfare & Social Services Division FY 2016-2017

Recommended



COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0001 - GENERAL					
Unit Title: PUBLIC GUARDIAN & CONSERVATOR					Dept: 2709
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/20/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	198,331	197,324	245,476	227,659	-7.3
SERVICES AND SUPPLIES	8,167	7,889	25,440	27,670	8.8
OTHER CHARGES	154,467	4,655	9,479	15,922	68.0
INTRAFUND TRANSFERS	681	528	736	750	1.9
OTHER FINANCING USES	0	0	0	340	0.0
NET BUDGET	<u>361,646</u>	<u>210,396</u>	<u>281,131</u>	<u>272,341</u>	<u>-3.1</u>
REVENUE					
USER PAY REVENUES	85,009	66,758	87,894	198,427	125.8
TOTAL OTHER REVENUE	<u>85,009</u>	<u>66,758</u>	<u>87,894</u>	<u>198,427</u>	<u>125.8</u>
UNREIMBURSED COSTS	276,637	143,638	193,237	73,914	-61.7
ALLOCATED POSITIONS	2.00	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

- (\$17,817) Decrease in Salaries & Benefits due to several retirements and hiring new staff at lower steps

Services & Supplies

- \$ 2,200 Increase in Memberships related to the addition of California State Association of Public Administrator/ Public Guardians/ Public Conservators Small County Membership Fee

Other Charges

- \$ 1,736 Increase in Interfund Insurance ISF Premium as

provided by the Human Resources Department

- \$2,485 Increase in Interfund Information Technology charges as provided by the General Services Department
- \$2,613 Increase in Interfund Employee Wellness Services charges as provided by Human Resources Department

Revenues

- \$14,000 Increase in Interfund Conservator Investigation
- \$96,533 Increase in Interfund MH Admin Conservator Services related to an updated payment process as provided by Mental Health

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 “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 sixty-six (66) Conservatees, twenty-five (25) of which are probate cases and forty (41) of which are LPS (mental health) cases.

Recommended Budget

This budget is recommended at \$272,341, which is a decrease of \$8,790 (3.1%) compared to FY 2015-16. The General Fund provides 27.1% of the funding for this budget unit.

The percentage and manor in which the Mental Health budget unit (4-102) is paying for LPS cases, through Interfund MH Admin Conservator Services account (#46519), was evaluated and the Department provided an update to the payment process and amounts which resulted in an increase in interfund revenue.

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 2016-2017					
Fund: 0013 - WELFARE/SOCIAL SERVICES					
Unit Title: IN-HOME SUPPORTIVE SRVS (IHSS)				Dept: 5201	
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/20/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
OTHER CHARGES	1,774,553	1,661,526	1,829,446	1,893,477	3.5
NET BUDGET	1,774,553	1,661,526	1,829,446	1,893,477	3.5
REVENUE					
USER PAY REVENUES	1,774,553	914,723	1,829,446	1,893,477	3.5
TOTAL OTHER REVENUE	1,774,553	914,723	1,829,446	1,893,477	3.5
UNREIMBURSED COSTS	0	746,803	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%. This budget unit funds the County IHSS MOE requirement.

Major Budget Changes

Other Charges

- \$64,031 Increase in County IHSS MOE due to the inflation factor of 3.5%

Revenues

- \$64,031 Increase in funding related to the implementation of SB 1036

Program Discussion

Appropriations in this budget provide for payment of the County IHSS MOE requirement. Funding for this budget unit has

Human Services IHSS (5-201)

Edmund C. Smith, Interim Director of Human Services

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 \$10.00 per hour.

Recommended Budget

This budget is recommended at \$1,893,477, which is an increase of \$64,031 (3.5%) compared to FY 2015-16. This increase represents adjustment to FY 2015-16 which was based on the preliminary County IHSS MOE and the inflation factor of 3.5% based

on the final County IHSS MOE. The inflation factor increase of 3.5% is part of the implementation of SB 1036 which established an MOE for each county's IHSS expenses. The County's MOE is met with Welfare and Social Services 1991 Realignment funds (0-248). Any costs over the MOE amount are paid by the State.

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.

Temporary Aid for Needy Families (5-204)

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0013 - WELFARE/SOCIAL SERVICES					
Unit Title: TANF-FAMILY GROUP				Dept: 5204	
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/20/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
OTHER CHARGES	9,202,473	8,366,861	9,840,000	9,660,000	-1.8
NET BUDGET	9,202,473	8,366,861	9,840,000	9,660,000	-1.8
REVENUE					
USER PAY REVENUES	6,194,721	4,125,904	3,112,290	6,114,780	96.5
GOVERNMENTAL REVENUES	3,045,790	2,835,558	6,511,710	3,343,720	-48.7
TOTAL OTHER REVENUE	9,240,511	6,961,462	9,624,000	9,458,500	-1.7
UNREIMBURSED COSTS	-38,038	1,405,399	216,000	201,500	-6.7
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

Other Charges

- (\$180,000) Decrease in Support and Care of Persons

Revenues

- \$822,000 Increase in Interfund Transfer-In Realignment
- \$2,180,490 Increase in State Aid related to the CalWORKs general

and five-percent grant increases

- (\$3,167,990) Decrease in Federal Aid offset by an increase in State Aid

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:

1. Either parent is physically or mentally incapacitated
2. Either parent is deceased
3. The parent who is the primary wage earner is unemployed

Temporary Aid for Needy Families (5-204)

- 4. 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 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 \$9,660,000, which is a decrease of \$180,000 (1.8%) compared to FY 2015-16.

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.

Human Services Foster Care (5-206)

Edmund C. Smith, Interim Director of Human Services

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0013 - WELFARE/SOCIAL SERVICES					
Unit Title: FOSTER CARE					
					Dept: 5206
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/20/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
OTHER CHARGES	4,391,417	4,354,980	5,615,700	5,967,550	6.3
NET BUDGET	4,391,417	4,354,980	5,615,700	5,967,550	6.3
REVENUE					
USER PAY REVENUES	1,448,839	912,878	1,653,214	1,897,500	14.8
GOVERNMENTAL REVENUES	1,563,720	1,228,135	1,943,923	1,693,900	-12.9
TOTAL OTHER REVENUE	3,012,559	2,141,013	3,597,137	3,591,400	-0.2
UNREIMBURSED COSTS	1,378,858	2,213,967	2,018,563	2,376,150	17.7
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

- \$351,850 Increase in Support and Care - Foster Care expenditures related to increase in projected caseload and group home placement costs

Revenues

- \$244,286 Increase in Interfund Transfer-In related to increase in projected caseload
- (\$15,658) Decrease in State and Federal Aid related to Kinship Guardianship Assistance Payment Program
- (\$234,365) Decrease in Federal Aid for Foster Care related to decrease 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.

Human Services

Foster Care (5-206)

Edmund C. Smith, Interim Director of Human Services

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 \$5,967,550 which is an increase of \$351,850 (6.3%) over FY 2015-16. 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 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.

Human Services Refugee Cash Assistance (5-207)

Edmund C. Smith, Interim Director of Human Services

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0013 - WELFARE/SOCIAL SERVICES			Dept: 5207		
Unit Title: REFUGEE CASH ASSISTANCE					
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/20/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
OTHER CHARGES	10,196	3,246	14,800	14,800	0.0
NET BUDGET	10,196	3,246	14,800	14,800	0.0
REVENUE					
GOVERNMENTAL REVENUES	9,655	4,050	14,800	14,800	0.0
TOTAL OTHER REVENUE	9,655	4,050	14,800	14,800	0.0
UNREIMBURSED COSTS	541	-804	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.

Recommended Budget

This budget is recommended at \$14,800, which is unchanged compared to FY 2015-16. The General Fund does not provide any financing to this budget unit. This budget unit is 100% federally funded.

Major Budget Changes

There are no major budget changes for FY 2016-17.

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.

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.

Human Services Aid for Adoption (5-209)

Edmund C. Smith, Interim Director of Human Services

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0013 - WELFARE/SOCIAL SERVICES					
Unit Title: AID FOR ADOPTION				Dept: 5209	
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/20/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
OTHER CHARGES	4,144,149	3,734,751	4,986,000	4,874,400	-2.2
NET BUDGET	4,144,149	3,734,751	4,986,000	4,874,400	-2.2
REVENUE					
USER PAY REVENUES	1,869,907	1,351,854	2,274,750	2,232,900	-1.8
GOVERNMENTAL REVENUES	1,665,208	1,252,995	1,953,000	1,897,200	-2.9
TOTAL OTHER REVENUE	3,535,115	2,604,849	4,227,750	4,130,100	-2.3
UNREIMBURSED COSTS	609,034	1,129,902	758,250	744,300	-1.8
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.

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.

Major Budget Changes

Other Charges

- (\$111,600) Decrease in Support & Care of Persons based on projected caseload decrease

Revenues

- (\$41,850) Decrease in Interfund Transfer-In Miscellaneous related to projected caseload decrease
- (\$55,800) Decrease in Federal Aid for Adoptions related to projected caseload decrease

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

Human Services Aid for Adoption (5-209)

Edmund C. Smith, Interim Director of Human Services

assistance payments), and Adult Protective Services.

Recommended Budget

This budget is recommended at \$4,874,400 which is a decrease of \$111,600 (2.2%) compared to FY 2015-16. 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 (0-248).

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.

Human Services General Relief (5-302)

Edmund C. Smith, Interim Director of Human Services

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2016-2017					
Fund: 0001 - GENERAL				Dept: 5302	
Unit Title: GENERAL RELIEF-GENERAL					
	2014-2015 Actual Expenditure	2015-2016 YTD as of 05/20/2016	2015-2016 Adopted Budget	2016-2017 CAO Recommended	2015-2016 % Change Over
EXPENDITURES					
SERVICES AND SUPPLIES	33,147	13,839	32,400	33,120	2.2
OTHER CHARGES	24,785	27,691	34,560	36,000	4.2
NET BUDGET	<u>57,932</u>	<u>41,530</u>	<u>66,960</u>	<u>69,120</u>	<u>3.2</u>
REVENUE					
USER PAY REVENUES	<u>3,547</u>	<u>3,917</u>	<u>7,200</u>	<u>3,200</u>	<u>-55.6</u>
TOTAL OTHER REVENUE	<u>3,547</u>	<u>3,917</u>	<u>7,200</u>	<u>3,200</u>	<u>-55.6</u>
UNREIMBURSED COSTS	54,385	37,613	59,760	65,920	10.3
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

Revenues

- (\$4,000) Decrease in projected reimbursement from Interim Assistance payments

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

Human Services General Relief (5-302)

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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 7/1/14 – 6/30/15 CPI, the rate increase for FY 2016-17 is 2.3%.

Recommended Budget

This budget is recommended at \$69,120, which is an increase of \$2,160 (3.2%) over FY 2015-16. The General Fund provides 95.4% 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.