



Human Services

Section E

The Public Health Department's van reminds the community to make half their food fruits and vegetables for a healthy lifestyle.

Human Services Administration (4-120)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: HUMAN SERVICES ADMINISTRATION FUND: HEALTH			0012 4-120		
	ACTUAL EXPENDITURE 2013-14	ACTUAL EXPENDITURE 4-30-15	ADOPTED BUDGET 2014-15	CAO RECOMMEND 2015-16	% CHANGE OVER 2014-15	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	381,250	292,097	431,333	403,647	6.4-	
SERVICES AND SUPPLIES	18,151	8,199	14,400	39,500	174.3	
OTHER CHARGES	27,124	4,045	10,457	18,217	74.2	
* GROSS BUDGET	426,525	304,341	456,190	461,364	1.1	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	426,525	304,341	456,190	461,364	1.1	
OTHER REVENUES						
USER PAY REVENUES	365,130	111,076	383,799	390,567	1.8	
GOVERNMENTAL REVENUES	0	0	0	0	.0	
TOTAL OTHER REVENUES	365,130	111,076	383,799	390,567	1.8	
* UNREIMBURSED COSTS	61,395	193,265	72,391	70,797	2.2-	
ALLOCATED POSITIONS	3.00	3.00	3.00	3.00	.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 Health Division, the Mental Health & Substance Use Disorder Division, and the Welfare and Social Services Division.

- (\$8,499) Decrease in County Contribution – Group Insurances due to the County's transition to San Joaquin Valley Insurance Authority and resultant health insurance premium decrease

Services & Supplies

- \$25,000 Increase in Professional and Specialized Services related to an assessment of Electronic Personal & Health Information maintained by the Human Services Department

Major Budget Changes

Salaries & Benefits

- \$7,387 General increase due to negotiated Salaries and Benefits
- (\$26,574) Decrease in Extra Help

Other Charges

- \$6,000 Increase in Interfund Administrative Expense

Program Discussion

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

FY 2015-16 will be the third 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 been working with the Medi-Cal managed care plans to coordinate services. The Public Health division has also been working with the Medi-Cal managed care plans and the providers to coordinate services for this population. Continual changes at the State and Federal level will most likely require ongoing adjustments in the Department's operations.

The Department, and its three divisions, occupy approximately 110,000 square feet. Of this amount approximately 40,000 is leased. The continuing need for additional space, especially in the Welfare and Social Services division, and the need to coordinate services are requiring the Department to take intermediate steps to address the space needs of the divisions pending a coordinated plan. To this end the department will continue to work with the CAO's office to explore alternatives to address the facility needs of the department.

The cost of Human Services Administration has generally been apportioned among the

Department's three divisions based on the number of employees allocated to each division. Because the Director of Human Services' office is located in the Health Building, this budget has been placed in the Health Fund. Consequently, its Unreimbursed Cost represents the Health Fund's share of the Human Services-Administration budget.

Recommended Budget

This budget is recommended at \$461,364, which is an increase of \$5,174 (1.1%) compared to FY 2014-15.

The \$70,797 unreimbursed cost, which is decreased by \$1,594 (2.2%) from FY 2014-15, represents the Health Department's share of the Human Services-Administration budget. This Unreimbursed Cost is, in concept, partially funded by the General Fund through the General Fund's contribution to the Health Fund.

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

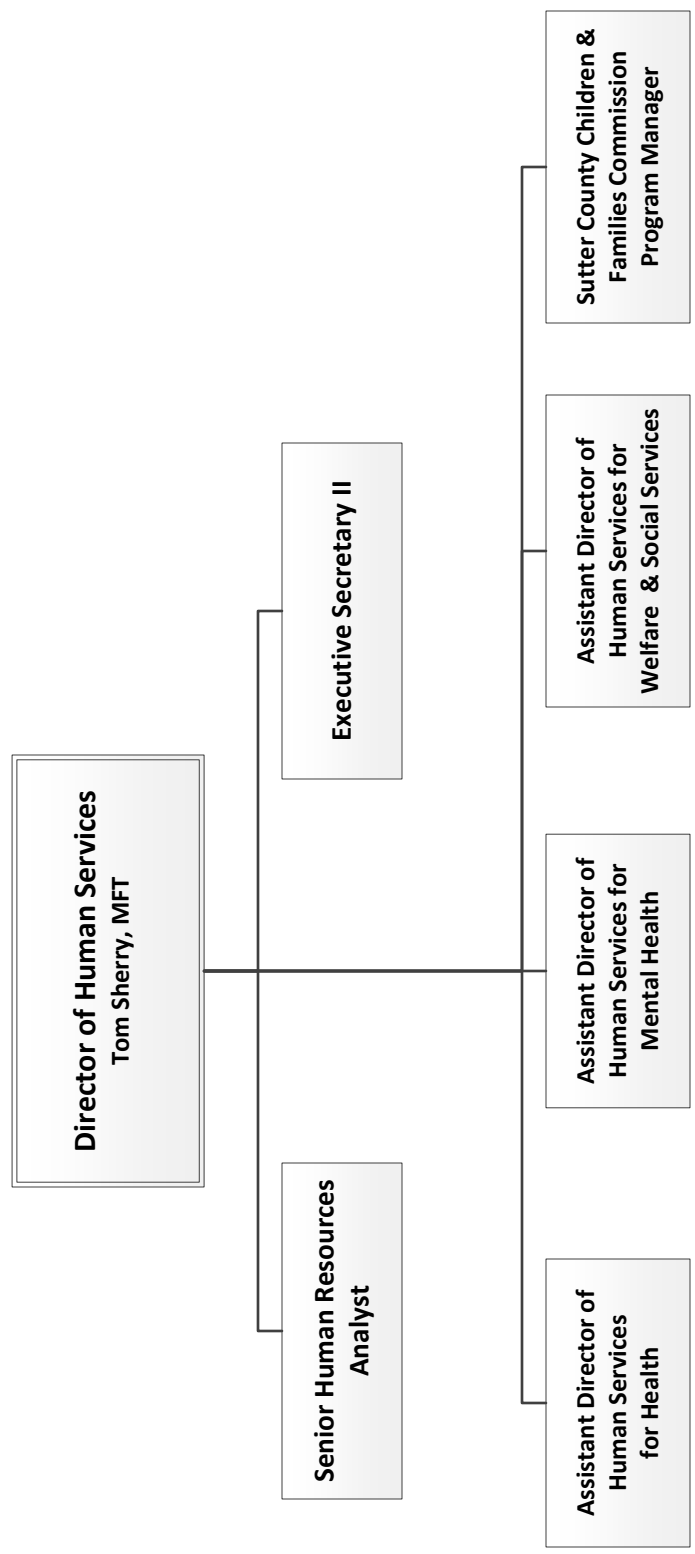
Use of Fund Balance

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 2015-2016**

Recommended



Human Services Health (4-103)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: COUNTY HEALTH		FUND: HEALTH		0012 4-103	
	ACTUAL EXPENDITURE 2013-14	ACTUAL EXPENDITURE 4-30-15	ADOPTED BUDGET 2014-15	CAO RECOMMEND 2015-16	% CHANGE OVER 2014-15	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	4,572,567	3,757,551	4,798,935	5,028,214	4.8	
SERVICES AND SUPPLIES	583,551	531,297	646,161	682,833	5.7	
OTHER CHARGES	350,374	243,260	324,362	466,434	43.8	
CAPITAL ASSETS	5,679	0	0	0	.0	
* GROSS BUDGET	5,512,171	4,532,108	5,769,458	6,177,481	7.1	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	5,512,171	4,532,108	5,769,458	6,177,481	7.1	
OTHER REVENUES						
USER PAY REVENUES	816,460	393,989	781,694	920,803	17.8	
GOVERNMENTAL REVENUES	2,238,006	1,465,758	2,238,705	2,370,024	5.9	
TOTAL OTHER REVENUES	3,054,466	1,859,747	3,020,399	3,290,827	9.0	
* UNREIMBURSED COSTS	2,457,705	2,672,361	2,749,059	2,886,654	5.0	
ALLOCATED POSITIONS	54.68	53.68	52.68	54.18	2.8	

Purpose

The Sutter County Health Department is responsible for the provision of health care services to residents of Sutter County. The Department accomplishes this through the operation of three distinct medical service units: Public Health, Sutter County PeachTree Clinic contract 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 Section 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 Clinical Services component of the Department is responsible for providing non-emergency medical care to Sutter County residents. The clinic fulfills the County Welfare and Institutions Code §17000 requirement to provide medical care to residents who are indigent. Since June 2011, this requirement is met through the County's contract with PeachTree Healthcare for the management and provision of services through the Outpatient Clinic.

The Jail Medical Services unit is responsible for the provision of healthcare to individuals held at or incarcerated in the County Jail, the

Human Services Health (4-103)

Tom Sherry, Director of Human Services

Jail Medical Services budget is discussed in a separate budget unit (4-134).

Major Budget Changes

Salaries & Benefits

- \$109,933 General increase due to negotiated Salaries and Benefits
- \$78,063 Increase related to the addition of one (1.0 FTE) Program Health Specialist during FY 2014-15 for grant related tasks
- \$30,840 Increase related to increasing a part-time Program Health Specialist (0.5 FTE) position to a full time (1.0 FTE) position during FY 2014-15 for grant related tasks
- \$110,210 Increase related to the addition of one (1.0 FTE) Public Health Nurse II position
- (\$91,123) Decrease related to the elimination of one (1.0 FTE) vacant Licensed Vocational Nurse position
- (\$8,644) Decrease in County Contribution – Group Insurances due to the County’s transition to San Joaquin Valley Insurance Authority and resultant health insurance premium decrease

Services & Supplies

- \$4,220 Increase in Household Expenses related to an increase

cost in janitorial supplies and infectious waste disposal

- \$3,992 Increase in Memberships related to the Health Officer’s membership to HOAC
- \$12,863 Increase in Special Departmental Expense related primarily to Grant funded purchases
- \$10,812 Increase in Employment Training and in Transportation and Travel related primarily to Grant funded training and travel

Other Charges

- \$4,188 Increase in Liability Insurance ISF premium charges as provided by the Human Resources Department
- \$51,351 Increase in Interfund Information Technology charges as provided by the General Services Department
- \$85,582 Increase in Interfund (A-87) Building Maintenance charges as provided by the Auditor-Controller’s Office

Revenues

- \$14,432 Increase in Rent Land and Buildings related to Lease Agreement with Peach Tree Healthcare, Inc.
- \$114,150 Increase in Interfund Misc. Transfer-In related to the Welfare Division’s (5-101)

transfer of SNAP-Ed Grant funds to the Health Division for related program services

- \$40,000 Increase in State Supplemental Nutrition Assistance Program Education Grant Funding
- \$95,585 Increase in 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 AB 85.

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 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).

Specialized Health 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;

Human Services Health (4-103)

Tom Sherry, Director of Human Services

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.

Funding of the Health Division

Overall, the FY 2015-16 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 AB 85).

The Health Division oversees five special revenue funds, where certain grant revenues are designated for specific program uses. These funds are: Bioterrorism Trust (fund 0-124), Bicycle Helmet Safety (0-178), Tobacco Education Trust (0-246), Vital Statistics Trust (0-287), and Child Passenger

Restraint (0-298). Revenue from these special revenue funds is transferred into the Health Division budget as needed to support the designated programs and related services, as dictated by the individual fund requirements.

Future Considerations

The Public Health Emergency Preparedness Program (PHEP) and the Pandemic Influenza (Pan Flu) Program coordinates preparedness and response activities for all public health emergencies. This includes natural disasters, acts of terrorism, and pandemic diseases. In FY 2014-15, additional one-time funding from PHEP was provided for Ebola response preparation.

This funding as well as the regular PHEP and Pan Flu funding provided the opportunity to plan and support surge capacity in the medical care and public health systems. Funding for these programs was 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. Training 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. 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.

Every ten years, the *Cost of Smoking in California* report analyzes the economic burden of smoking. This report illustrates the costs associated with smoking-related illnesses and premature death. The study found the overall cost of smoking for California in 2009 was \$18.1 billion. Included in this figure are the direct healthcare costs and indirect costs from lost productivity due to illness and premature death. According to the 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 be needed 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 \$6,177,481, with a net cost of \$2,886,654. This is an increase of \$137,595 (5.0%) compared to FY 2014-15.

The County has a required contribution of \$674,240 to satisfy the County's AB 8 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 cost for the Health budget unit is covered by 1991 Realignment revenue.

Revenue from the Lease Agreement with Peach Tree Healthcare, Inc. for leasing of the Health building and the equipment/fixtures has increased by \$14,432.

In the latter half of FY 2013-14, Colusa County discontinued the Personal Services Agreement which provided limited services of the Sutter County Health Officer to serve as County Health Officer for Colusa County as well; decreasing revenues by \$74,860. The County had been sharing the Health Officer position with Colusa County since FY 2010-11, with Colusa County responsible for 20% and Sutter County responsible for the remaining 80%. Loss of this contract shifts this cost to the General Fund.

It is recommended to eliminate one vacant and defunded Social Services Worker III position and one vacant Licensed Vocational Nurse, in addition it is recommended to add one Public Health Nurse II.

Of the 54.18 FTE positions contained in the Health Division budget, 31.14 FTE positions are directly grant funded.

Use of Fund Balance

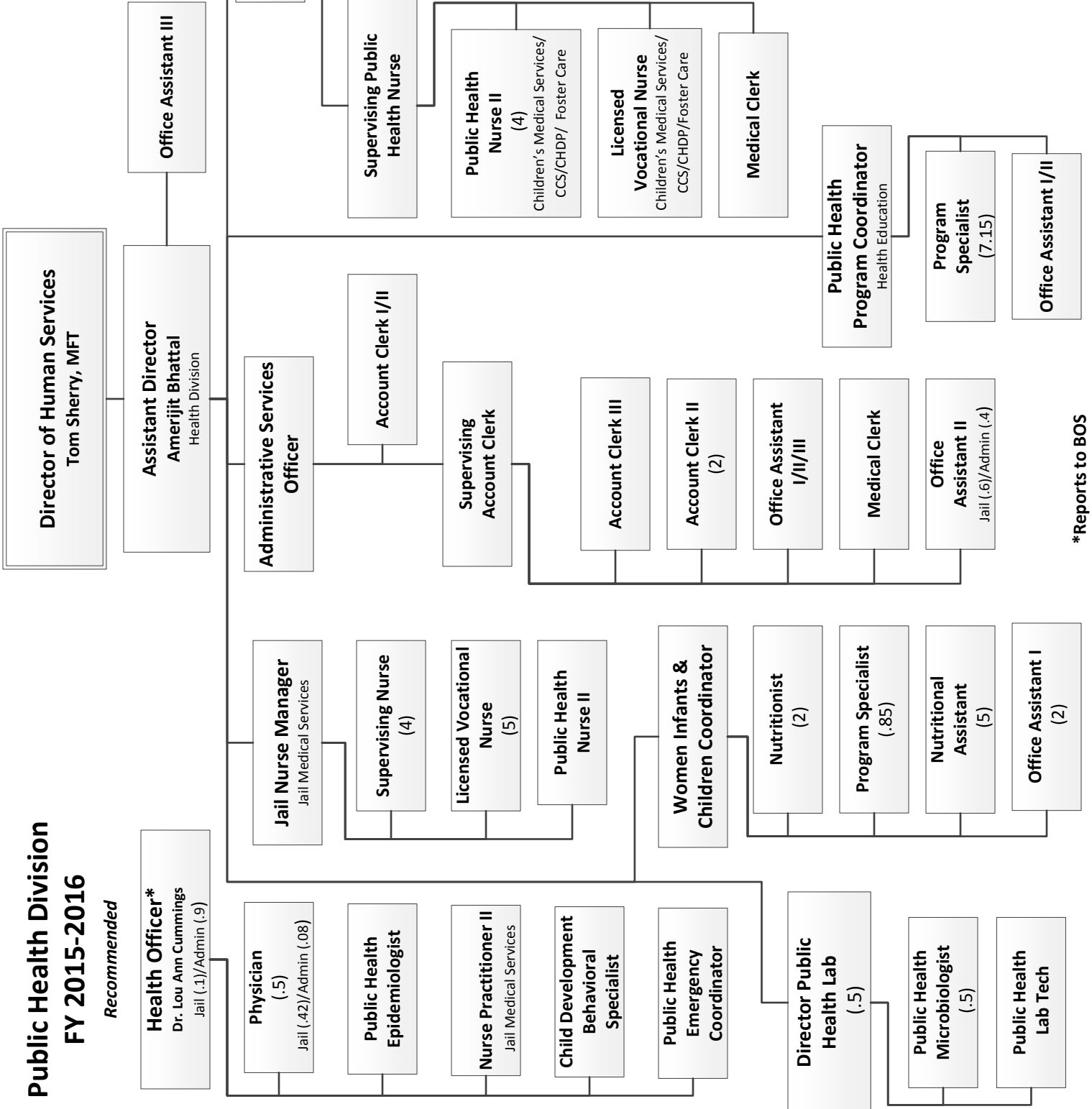
This budget unit is within the Health Fund.
The budget does not include the use of any
specific fund balance.

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Public Health Division FY 2015-2016

Recommended

Health Officer*
Dr. Lou Ann Cummings
Jail (.1)/Admin (.9)



*Reports to BOS

Human Services

Jail Medical Services (4-134)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: JAIL MEDICAL SERVICES		FUND: HEALTH		0012 4-134	
	ACTUAL EXPENDITURE	ACTUAL EXPENDITURE	ADOPTED BUDGET	CAO RECOMMEND	% CHANGE OVER	
	2013-14	4-30-15	2014-15	2015-16	2014-15	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	1,436,446	1,189,949	1,586,179	1,606,244	1.3	
SERVICES AND SUPPLIES	374,408	180,852	305,640	324,640	6.2	
OTHER CHARGES	1,208,260	531,805	722,137	736,670	2.0	
* GROSS BUDGET	3,019,114	1,902,606	2,613,956	2,667,554	2.1	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	3,019,114	1,902,606	2,613,956	2,667,554	2.1	
OTHER REVENUES						
USER PAY REVENUES	3,019,114	1,485,152	2,613,956	365,355	86.0-	
GOVERNMENTAL REVENUES	0	0	0	0	.0	
TOTAL OTHER REVENUES	3,019,114	1,485,152	2,613,956	365,355	86.0-	
* UNREIMBURSED COSTS	0	417,454	0	2,302,199	***	
ALLOCATED POSITIONS	13.12	13.12	13.12	13.12	.0	

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

- \$28,848 General increase due to negotiated Salaries and Benefits
- (\$8,783) Decrease in County Contribution – Group Insurances due to the County’s transition to San Joaquin Valley Insurance Authority and resultant health insurance premium decrease

Services & Supplies

- \$16,500 Increase in Professional/Specialized Services
 - \$30,000 - increase related to contract with CorrectCare-Integrated Health, Inc. to provide claims processing services and utilization management

Human Services

Jail Medical Services (4-134)

Tom Sherry, Director of Human Services

- (\$13,500) - decrease related to on-call physician being replaced with an extra help nurse practitioner

Other Charges

- \$2,035 Increase in Liability Insurance ISF premium charges as provided by the Human Resources Department
- \$10,786 Increase in Interfund Information Technology charges as provided by the General Services Department

Revenue

- (\$2,261,917) Decrease in Interfund revenue from Jail budget unit; now reflected in the Health Care - General (0012-4110) budget unit

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 AB 109 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 AB 109 revenue. The LVN, serves as support staff for the Family Nurse Practitioner and works in the medical clinic, which has resulted in an increase in the number of patients that nursing staff are able to see 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.

Anticipated 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 AB 109. 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

Human Services

Jail Medical Services (4-134)

Tom Sherry, Director of Human Services

justice system. Specifically, it reduces the penalties for certain non-violent, non-serious drug and property crimes. This will reduce the short-term incarcerations, but could ultimately result in a higher population in County jails as space is made available for those with longer sentences.

The provision of emergency medical or dental care to this population results in a substantial cost to the County. In general, costs increase proportionate to increases in the overall jail inmate population, and increase at a greater rate when combined with the longer lengths of incarceration that have come with the implementation of 2011 Realignment.

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, and pharmaceutical costs. Additional 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.

It should also be noted that increased sentences may require the implementation of more sophisticated healthcare services addressing chronic diseases and other long-term health care problems.

Future Considerations

An in-depth study of growth patterns in the Bureau of Prisons (BOP) found that the number of prisoners age 50 and older increased 330% from 1994 to 2011. The study, conducted by the Urban Institute, also projects that the proportion of BOP inmates age 50+, especially those age 65+, will

increase at a steep rate, and that older prisoners could make up nearly 28% of the BOP population by 2019. If this trend is applied to Sutter County inmate population, data-driven knowledge on older prisoners with associated training will be needed for healthcare providers and custody staff. Staff will need to be more knowledgeable about aging and the needs of aging prisoners and will need to develop cost-effective management of this population.

The National Commission on Correctional Health Care (NCCHC) is a not-for-profit organization which sets standards for health services in correctional facilities. In addition, when a Jail Medical agency has achieved NCCHC accreditation, it is an indication that the agency complies with a set of nationally recognized standards.

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 NCCHC 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 pursuing the feasibility of NCCHC accreditation. 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.

Human Services

Jail Medical Services (4-134)

Tom Sherry, Director of Human Services

Recommended Budget

This budget is recommended at \$2,667,554, which is an increase of \$53,598 (2.1%) compared to FY 2014-15.

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 AB 8 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 (4-134), and that any costs not funded by AB 109 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 AB 85, 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 \$294,693 of Jail Medical expenses with 1991 Realignment funds, with the balance funded by approved AB109 funds and the General Fund.

The Human Services Director does not concur with the recommendation to use a portion of 1991 Realignment funds to cover costs in the Jail Medical budget unit. At the time of this writing, discussions are continuing. Should information develop in the near future that would necessitate a change to the current

recommendation, the new recommendation, including appropriate documentation and budget adjustments, will be brought to your Board for consideration.

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. This line item is recommended at \$700,000, which is the same as FY 2014-15 Adopted Budget. During FY 2014-15 the County signed a contract with CorrectCare-Integrated Health, Inc. to provide claims processing services and utilization management, which should decrease the expenditures related to Support and Care. These expenditures will be monitored closely over the coming year.

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)

Tom Sherry, Director of Human Services

		E X E C U T I V E S U M M A R Y				
DEPT HEAD: TOM SHERRY	UNIT: NON-COUNTY PROVIDERS	FUND: HEALTH			0012 4-201	
	ACTUAL EXPENDITURE	ACTUAL EXPENDITURE	ADOPTED BUDGET	CAO RECOMMEND	% CHANGE OVER	
	2013-14	4-30-15	2014-15	2015-16	2014-15	
EXPENDITURES						
SERVICES AND SUPPLIES	26,400	22,000	26,400	26,400	.0	
OTHER CHARGES	383,760	50,208	617,711	570,224	7.7-	
* GROSS BUDGET	410,160	72,208	644,111	596,624	7.4-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	410,160	72,208	644,111	596,624	7.4-	
OTHER REVENUES						
USER PAY REVENUES	17,663	0	25,000	25,000	.0	
GOVERNMENTAL REVENUES	0	0	0	0	.0	
TOTAL OTHER REVENUES	17,663	0	25,000	25,000	.0	
* UNREIMBURSED COSTS	392,497	72,208	619,111	571,624	7.7-	
ALLOCATED POSITIONS	.00	.00	.00	.00	.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

- (\$47,929) Decrease in Interfund Environmental Health share of cost 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 will 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

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Non County Providers (4-201)

Tom Sherry, Director of Human Services

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.

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, actual expenses decreased by \$188,781 due to a one-time waiver of the CMSP Participation Fee. It is not known if this fee waiver will be applied in subsequent years.

As a program, CMSP was established in 1982. At that time, the medically indigent adults, or MIAs, were dropped from the Medi-Cal program and responsibility for provision of health services to this population was transferred to counties, along with specified funding. CMSP was established as a vehicle for smaller and rural counties to pool their resources and serve the population through a single benefit program administered by the State Department of Health Services. To participate in CMSP, counties "contracted back" with the State. California law, specifically Welfare and Institutions Code Section 16809 et seq., authorizes counties with populations up to 300,000 to participate in the program. The original CMSP legislation established a program comprised of State and county funds to provide care to indigent adults in small counties. In FY 2000-01, the State withdrew its contribution of \$20.5 million to the program. In addition, beginning that year, the State charged CMSP an additional \$3 million for administrative costs. CMSP has terminated the agreement with the State for management services and now contracts with Advanced Medical Management (AMM) for this service.

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

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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 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.

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.

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 2015-16. Environmental Health service is part of the County's required healthcare programs following 1991 Realignment. As long as Sutter County continues to meet its overall expenditure level for healthcare, for the receipt of 1991 Realignment dollars within the Health Fund, a reduction in the Interfund transfer to Environmental Health will ultimately reduce the amount of General Fund dollars that need to be transferred to the Health Fund to support public health activities.

Recommended Budget

This budget is recommended at \$596,624, with a net cost of \$571,624, which is a decrease of \$47,487 (7.7%) compared to FY 2014-15.

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

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

Human Services Non County Providers (4-201)

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

The budget also includes \$330,235 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.

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

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY					
DEPT HEAD: TOM SHERRY	UNIT: CALIFORNIA CHILDREN SERVICES FUND: HEALTH			0012 4-301	
	ACTUAL EXPENDITURE 2013-14	ACTUAL EXPENDITURE 4-30-15	ADOPTED BUDGET 2014-15	CAO RECOMMEND 2015-16	% CHANGE OVER 2014-15
EXPENDITURES					
SERVICES AND SUPPLIES	69,859	46,041	70,480	70,035	.6-
OTHER CHARGES	150,077	102,474	210,368	210,368	.0
* GROSS BUDGET	219,936	148,515	280,848	280,403	.2-
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	219,936	148,515	280,848	280,403	.2-
OTHER REVENUES					
USER PAY REVENUES	141,150	141,150	141,150	141,150	.0
GOVERNMENTAL REVENUES	0	4,278	0	0	.0
TOTAL OTHER REVENUES	141,150	145,428	141,150	141,150	.0
* UNREIMBURSED COSTS	78,786	3,087	139,698	139,253	.3-
ALLOCATED POSITIONS	.00	.00	.00	.00	.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 2015-16.

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

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

review (reviews continued medical eligibility – not initial medical eligibility).

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.

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 Vendor 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

In June 2011, AB 301, an act to amend Section 14094.3 of the Welfare and

Human Services

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

Tom Sherry, Director of Human Services

Institutions Code relating to Medi-Cal, was passed.

Existing law provides for the Medi-Cal program, administered by DHCS; and, it provides for the department to enter into contracts with managed care systems, hospitals, and prepaid health plans for the provision of various Medi-Cal benefits. Existing law prohibits 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, 2012. AB 301 would extend, to July 1, 2016, the termination of the prohibition against CCS covered services being incorporated into a Medi-Cal managed care contract. At this time, it appears likely that there will be no further extensions. If DHCS proceeds with its proposal, managed care plans would have to assume the cost of the benefits that CCS oversees and would be responsible for the management and oversight of pediatric subspecialty services. Because of this change, CCS may not be preserved, as it exists today with the current CCS infrastructure. DHCS continues to pursue pilot projects to examine organized healthcare delivery models for CCS eligible children. DHCS is also planning to renew its request to the federal government for a "1115 waiver," which allows states to waive sections of Medicaid law and use funds for research and demonstration projects. CCS is included in the waiver request, with DHCS indicating that it wishes to "explore options for improving care delivery, quality and cost" in CCS. It is unclear how this will impact the local CCS program.

Transition to Optional Targeted Low Income Children's Program (OTLICP)

The Healthy Families Program (HFP) provided comprehensive health, dental, and

vision benefits through contracts with selected insurance plans for children under age 19 who were not eligible for Medi-Cal.

Assembly Bill (AB) 1494, Chapter 28, Statutes of 2012, provided for the transition of Healthy Families Program (HFP) subscribers to the Medi-Cal Program beginning January 1, 2013, in four Phases throughout 2013.

Children in HFP have transitioned into Medi-Cal's new Optional Targeted Low Income Children's Program (OTLICP) covering children with incomes up to and including 250 percent of the Federal Poverty Level (FPL).

Sutter County children transitioned into Medi-Cal in the last phase, Phase 4, beginning in November 2013, as Sutter was a county that was not previously a Medi-Cal managed care county. In July 2013, DHCS announced the geographic expansion of Medi-Cal managed care in the 28 primarily rural fee-for-service (FFS) counties (Sutter County being one of the 28 counties). The transition of children into OTLICP has simplified eligibility and coverage for children and families, while providing additional benefits and lowering costs for children at certain income levels. A majority of the children enrolled in Sutter County CCS are in either the OTLICP or Medi-Cal programs, rather than the straight County CCS program.

Recommended Budget

This budget is recommended at \$280,403, which is decreased by \$445 (0.2%) compared to FY 2014-15.

At this time, the State has not determined the amount of its contribution to the Sutter County CCS Program for FY 2015-16. As

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

Tom Sherry, Director of Human Services

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.

Human Services Emergency Medical Services Fund (0-252)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY					
DEPT HEAD: TOM SHERRY	UNIT: EMERGENCY MEDICAL SERVICES		FUND: EMERGENCY MEDICAL SERVICES		0252 0-252
	ACTUAL EXPENDITURE 2013-14	ACTUAL EXPENDITURE 4-30-15	ADOPTED BUDGET 2014-15	CAO RECOMMEND 2015-16	% CHANGE OVER 2014-15
EXPENDITURES					
SERVICES AND SUPPLIES	96,314	61,503	130,802	130,802	.0
OTHER CHARGES	29,208	0	38,100	38,100	.0
* GROSS BUDGET	125,522	61,503	168,902	168,902	.0
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	125,522	61,503	168,902	168,902	.0
APPROPRIATION FOR CONTINGENCY	0	0	0	0	.0
INCREASES IN RESERVES	0	0	0	0	.0
* TOTAL BUDGET	125,522	61,503	168,902	168,902	.0
OTHER REVENUES					
USER PAY REVENUES	0	0	0	0	.0
GOVERNMENTAL REVENUES	111,972	930	152,620	152,620	.0
GENERAL REVENUES	1,714	97,188	0	0	.0
CANCELLATION OF OBLIGATED F/B	0	0	16,282	16,282	.0
GENERAL REVENUES	0	0	0	0	.0
AVAILABLE FUND BALANCE 7/1	0	0	0	0	.0
TOTAL AVAILABLE FINANCING	113,686	98,118	168,902	168,902	.0
* UNREIMBURSED COSTS	11,836	36,615-	0	0	.0
ALLOCATED POSITIONS	.00	.00	.00	.00	.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 2015-16.

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. Its 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 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

Human Services

Emergency Medical Services Fund (0-252)

Tom Sherry, Director of Human Services

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 \$168,902, which is unchanged compared to FY 2014-15.

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)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY					
DEPT HEAD: TOM SHERRY	UNIT: MENTAL HEALTH SERVICE		FUND: BI-COUNTY MENTAL HEALTH		0007 4-102
	ACTUAL EXPENDITURE 2013-14	ACTUAL EXPENDITURE 4-30-15	ADOPTED BUDGET 2014-15	CAO RECOMMEND 2015-16	% CHANGE OVER 2014-15
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	11,495,104	9,207,201	13,974,529	14,310,602	2.4
SERVICES AND SUPPLIES	5,352,568	5,610,755	7,177,256	7,050,524	1.8-
OTHER CHARGES	3,449,971	3,154,163	3,947,356	3,686,139	6.6-
CAPITAL ASSETS	76,371	194,741	52,000	0	100.0-
* GROSS BUDGET	20,374,014	18,166,860	25,151,141	25,047,265	.4-
* NET BUDGET	20,374,014	18,166,860	25,151,141	25,047,265	.4-
APPROPRIATION FOR CONTINGENCY	0	0	156,810	2,500,000	1,494.3
INCREASES IN RESERVES	0	0	0	0	.0
* TOTAL BUDGET	20,374,014	18,166,860	25,307,951	27,547,265	8.8
OTHER REVENUES					
USER PAY REVENUES	12,570,306	10,805,410	14,564,659	15,000,682	3.0
GOVERNMENTAL REVENUES	8,828,289	4,226,958	8,834,027	9,138,419	3.4
GENERAL REVENUES	21,086	11,080	25,000	12,000	52.0-
OTHER FINANCING SOURCES	0	6,598	0	0	.0
CANCELLATION OF OBLIGATED F/B	0	0	1,884,265	3,396,164	80.2
TOTAL OTHER REVENUES	21,419,681	15,050,046	25,307,951	27,547,265	8.8
* UNREIMBURSED COSTS	1,045,667-	3,116,814	0	0	.0
ALLOCATED POSITIONS	115.57	116.67	116.67	119.29	2.2

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 bi-county drug and alcohol services would be provided under the auspices of SYMHS. SYMHS provides the full range of clinical operations for 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 mentally ill, to the extent resources are available.

Major Budget Changes

Salaries & Benefits

- \$170,631 General increase due to negotiated Salaries and Benefits
- \$101,388 Increase related to the addition of one (1.0 FTE) Forensic Mental Health Specialist position for the Community

Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

- \$66,405 Correction Partnership during FY 2014-15
- \$66,405 Increase related to the partial reallocation of two Intervention Counselor positions (totaling 1.0 FTE) from the Mental Health Services Act Budget Unit (4-104)
- \$34,089 Increase related to the partial reallocation of one Psychiatrist position (0.1 FTE) from the Mental Health Services Act Budget Unit (4-104)
- (\$66,463) Decrease related to the partial reallocation of two Program Manager positions (totaling 0.48 FTE) to the Mental Health Services Act Budget Unit (4-104)
- \$56,870 Increase related to the addition of one (1.0 FTE) Account Clerk I/II position effective July 1, 2015
- \$96,831 Increase related to the addition of one (1.0 FTE) Mental Health Therapist I/II/III position in the Adult Outpatient Program effective July 1, 2015 to be recruited at a level II
- (\$68,099) Decrease related to the elimination of one vacant (1.0 FTE) Mental Health Worker II position in the First Steps Program

- \$25,000 Increase in Other Pay based on actual expenditures
- (\$80,579) Decrease in County Contribution – Group Insurances due to the County’s transition to San Joaquin Valley Insurance Authority and resultant health insurance premium decrease

Services & Supplies

- (\$450,256) Decrease in Professional Specialized Services
- \$200,000 Increase in Juvenile Dependency Proceeding/Physician account primarily due to the use of locum tenen psychiatrists while recruiting to fill vacancies

Other Charges

- (\$86,862) Decrease in Support & Care of Persons based on estimated needs
- \$65,000 Increase in Contribution to IMD Facilities
- (\$258,143) Decrease in Intrafund Overhead (A-87) Cost Plan charges as provided by the Auditor-Controller’s Office
- \$35,468 Increase in Interfund Information Technology charges as provided by the General Services Department

Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

Appropriation for Contingency

- \$2,343,190 Increase in Appropriation for Contingency to accommodate the uncertainties associated with estimating Mental Health revenues and expenses during Healthcare Reform implementation and Medi-Cal Audits

Revenues

- \$471,539 Increase in Interfund Transfer In Sales Tax revenues under 1991 Realignment based on statewide revenue projections
- \$300,000 Increase in State Mandated Costs based on funding requested in the State's Budget to pay off all unfunded mandate costs for local government for 2004 and prior

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.

Human Services Mental Health (4-102)

Tom Sherry, Director of Human Services

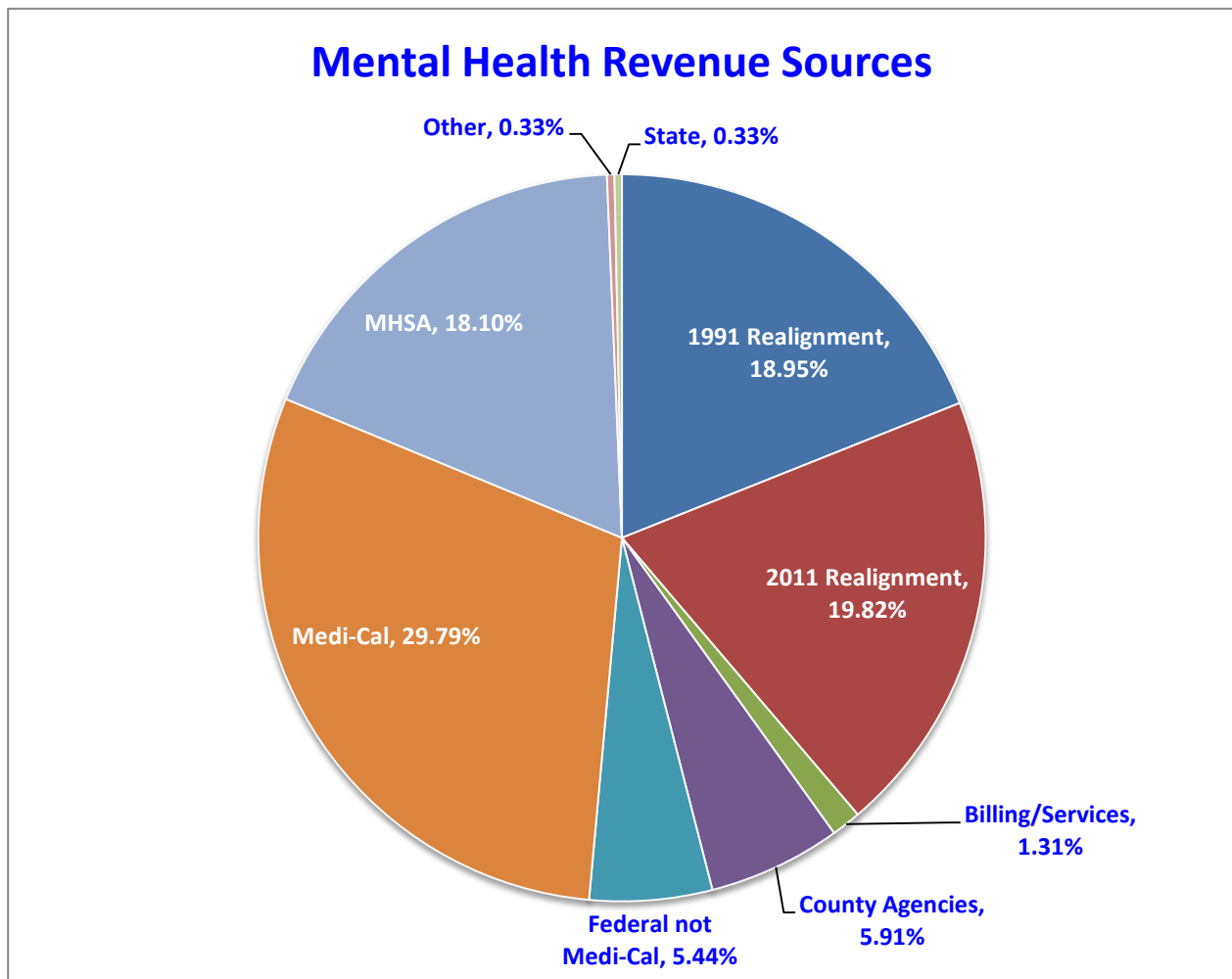
SYMHS provides substance use disorder treatment services to local residents under contracts with the California Department of Health Care Services (DHCS), which include significant funding from federal Substance Abuse Prevention and Treatment (SAPT) block grants; under the California Work Opportunity and Responsibility to Kids (CalWORKs) program for Sutter County; and under drug court funding.

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

services to individuals referred by the courts in both counties for mental health treatment and substance 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

Figure 1



Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

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 three 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 to Child Protective Services involved families in Sutter County and to the CalWORKs programs of both counties.

Healthcare Reform has been slow to impact SYMHS. Potential impacts include increases in the number of clients SYMHS will serve, increasing linkages to primary care providers, new requirements for claims submission and cost reporting, etc. SYMHS has not attempted to budget for implementation of new requirements and revenues related to Healthcare Reform. Once additional information has been received, SYMHS may return to the Board with additional budget adjustments to reflect these anticipated changes.

FY 2015-16 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 2015-16, SYMHS will charge \$946.66 per day on the Inpatient Unit. Other services are charged by the minute: \$7.13 per minute for Medication Support, \$2.99 per minute for Case Management/Brokerage, \$3.86 per minute for Mental Health Services, and \$5.74 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 2015-16 Mental Health budget.

- Since FY 2003-04, both locally and statewide, Mental Health Realignment allocations have remained flat or have 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. Even in more robust economic times, statewide growth in Realignment funding has gone to pay for increasing caseloads in Child Welfare Services, Foster Care, and/or In

Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

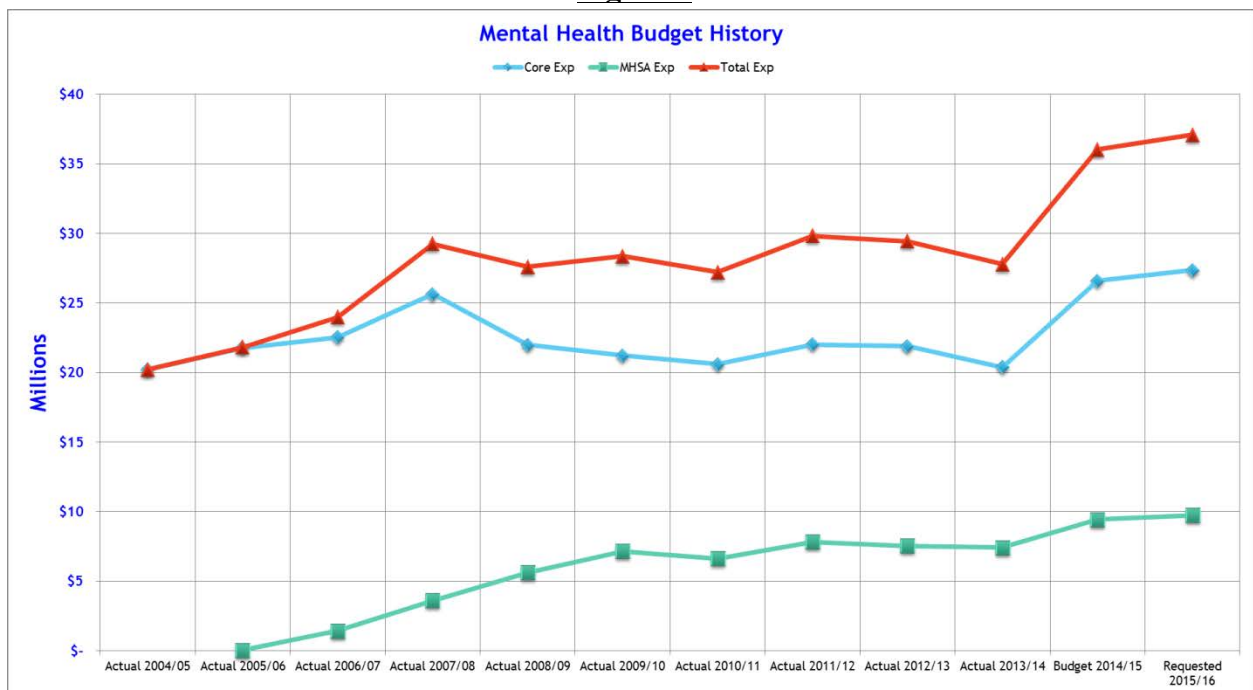
Home Supportive Services; programs which, by statute, have first draw on Realignment growth dollars. Mental Health is now set to start receiving Realignment growth. The Mental Health Division uses Realignment funding as match to draw down the Federal contributions to Medi-Cal.

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.

- 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

- 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. SGF 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.

Figure 2



Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

- Funding for Substance Use Disorder (SUD) prevention and treatment has remained flat or declined slightly for the last several years. New funding under Criminal Justice Realignment has allowed the addition of SUD programs at Probation and in the Jails.

The complexity of mental health and SUD funding and programs has increased for a variety of reasons, including 2011 Realignment and major changes to MHSA's payment methodology. This added complexity will require added administrative staff. During the economic recession, use of extra help employees was increased to contain costs and provide needed flexibility. This practice has become problematic due to provisions included in the Patient Protection and Affordable Care Act (ACA). The use of extra hire personnel in support functions has been greatly curtailed.

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 ACA.

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 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 and it is unknown what impact this may have on the State's auditing practices.

Recommended Budget

This budget is recommended at \$27,547,265, which is an increase of \$2,239,314 (8.8%) compared to FY 2014-15.

This budget unit receives no financing from the County General Fund. The sources of funding for Sutter-Yuba Mental Health Services are shown in Figure 1. Mental Health's funding history is shown graphically in Figure 2.

Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

The increase in total cost is largely due to increased personnel costs and an increased Appropriation for Contingency.

It is recommended to add one flexibly-staffed Mental Health Therapist I/II/III position in the Adult Outpatient Program to be recruited at level II, and to eliminate one vacant Mental Health Worker II in the First Steps Program. It is also recommended to add one flexibly-staffed Account Clerk I/II position. It is recommended that these actions be effective July 1, 2015.

Additionally, it is recommended to reallocate the following positions: Increase two Intervention Counselors by 0.5 FTE each from the Mental Health Services Act (MHSA) Budget Unit (4-104); increase one Psychiatrist by 0.1 FTE from the MHSA Budget Unit (4-104); decrease one Program Manager – Adult Services by 0.03 FTE to the MHSA Budget Unit (4-104); and decrease one Program Manager – SUDS by 0.45 FTE to the MHSA Budget Unit (4-104). It will appear as the following:

POSITION	CLASS	CURRENT		NEW	
		DEPT	FTE	DEPT	FTE
PRMSAA	Program Manager-SUD Services	4102	1.000	4102	0.550
				4104	0.450
PSYC1M	Psychiatrist - CONT	4102	0.900	4102	1.000
PSYC1Q	Psychiatrist - CONT	4104	0.100		
PRMAAA	Program Manager-Adult Services	4102	0.530	4102	0.500
		4104	0.470	4104	0.500

It is recommended that these actions be effective July 1, 2015.

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

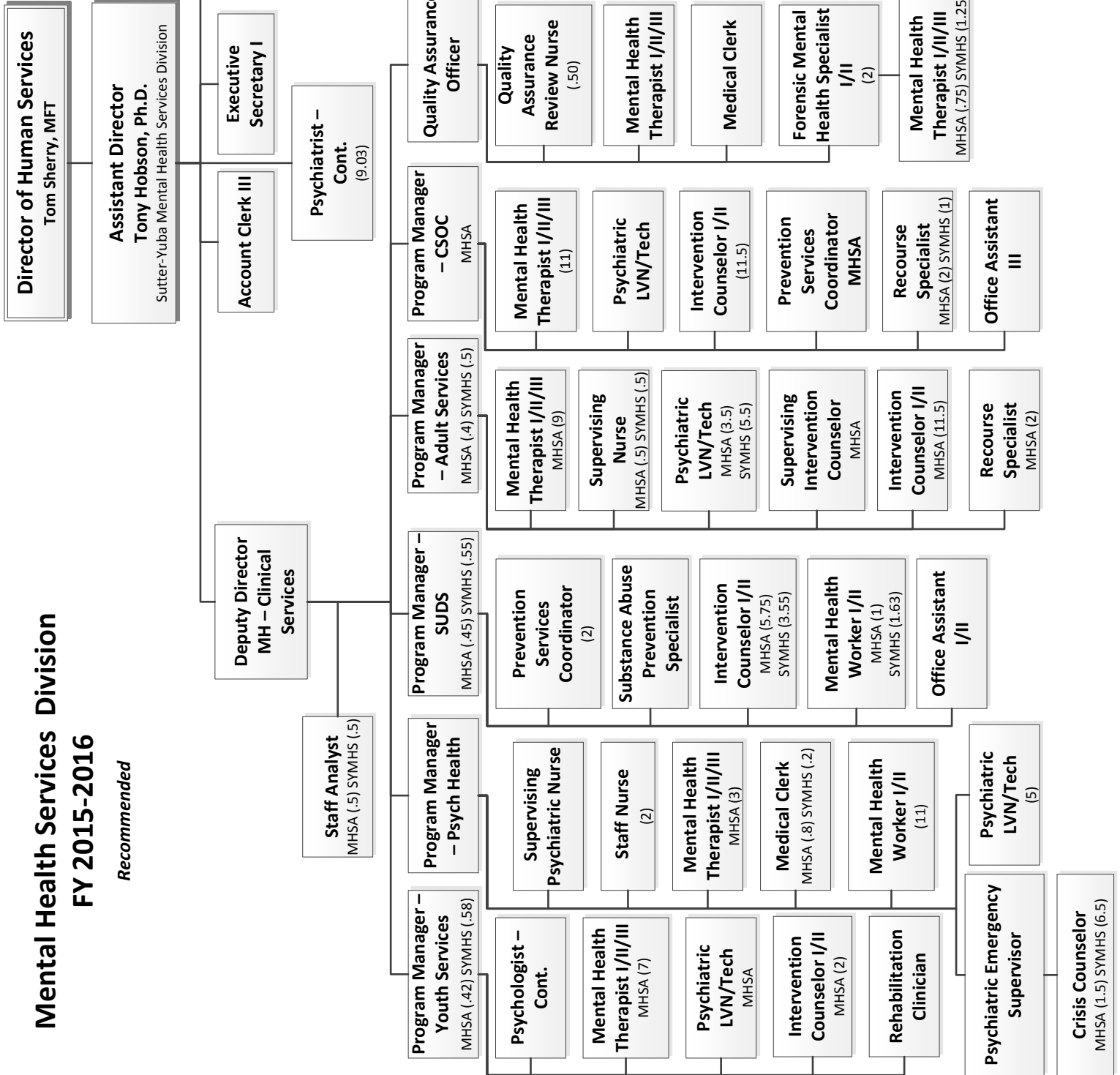
The Mental Health fund contained a Restricted Fund Balance in the amount of \$1,624,268 as of July 1, 2014. It is estimated that the Restricted Fund Balance will equal \$3,396,164 at July 1, 2015. It is recommended that the full amount, of the Restricted Fund Balance account (#31170) be cancelled in FY 2015-16 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 2015-2016

Recommended



Human Services Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY					
DEPT HEAD: TOM SHERRY	UNIT: MENTAL HEALTH SERVICES ACT		FUND: MENTAL HEALTH SERVICES ACT		0008 4-104
	ACTUAL EXPENDITURE 2013-14	ACTUAL EXPENDITURE 4-30-15	ADOPTED BUDGET 2014-15	CAO RECOMMEND 2015-16	% CHANGE OVER 2014-15
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	4,443,389	3,735,984	5,639,548	5,647,433	.1
SERVICES AND SUPPLIES	1,418,648	1,183,293	1,871,038	2,053,603	9.8
OTHER CHARGES	1,563,821	1,996,390	1,892,572	2,470,239	30.5
CAPITAL ASSETS	0	0	26,000	0	100.0-
* GROSS BUDGET	7,425,858	6,915,667	9,429,158	10,171,275	7.9
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	7,425,858	6,915,667	9,429,158	10,171,275	7.9
APPROPRIATION FOR CONTINGENCY	0	0	0	0	.0
INCREASES IN RESERVES	0	0	0	0	.0
* TOTAL BUDGET	7,425,858	6,915,667	9,429,158	10,171,275	7.9
OTHER REVENUES					
USER PAY REVENUES	865,837	615,072	922,820	825,358	10.6-
GOVERNMENTAL REVENUES	7,479,978	6,873,742	6,861,918	8,244,850	20.2
GENERAL REVENUES	75,421	58,957	45,000	83,000	84.4
CANCELLATION OF OBLIGATED F/B	0	0	1,599,420	1,018,067	36.3-
AVAILABLE FUND BALANCE 7/1	0	0	0	0	.0
TOTAL AVAILABLE FINANCING	8,421,236	7,547,771	9,429,158	10,171,275	7.9
* UNREIMBURSED COSTS	995,378-	632,104-	0	0	.0
ALLOCATED POSITIONS	56.89	57.79	58.79	58.17	1.1-

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.

Human Services Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

Major Budget Changes

Salaries & Benefits

- \$58,277 General increase due to negotiated Salaries and Benefits
- (\$89,902) Decrease related to the partial reallocation of two Intervention Counselors (totaling 1.0 FTE) to the Mental Health Budget Unit (4-102)
- (\$34,089) Decrease related to the partial reallocation of one Psychiatrist (0.1 FTE) to the Mental Health Budget Unit (4-102)
- \$66,463 Increase related to the partial reallocation of two Program Mangers (totaling 0.48 FTE) from the Mental Health Budget Unit (4-102)
- \$91,361 Increase related to the addition of one (1.0 FTE) Staff Analyst to provide oversight and coordination for Sutter-Yuba Mental Health Services MHSA programs
- (\$7,000) Decrease in Extra Help based on actual expenditures
- (\$78,255) Decrease in County Contribution – Group Insurances due to the County’s transition to San Joaquin Valley Insurance Authority and resultant health insurance premium decrease

Services & Supplies

- \$88,788 Increase in Professional/ Specialized Services based on estimated needs
- \$40,000 Increase in Memberships due to California Mental Health Services Authority, Prevention Early Intervention, Sustainability Funding JPA Membership

Other Charges

- \$124,170 Increase in Support and Care of Persons based on estimated needs
- \$100,000 Increase in Interfund Miscellaneous Transfer for reimbursement of administrative costs for Mental Health Services Act Programs to the Mental Health Budget (4-102)
- \$340,000 Increase in Interfund Other Department for reimbursement of medication support for Mental Health Services Act Programs to the Mental Health Budget (4-102)
- \$31,004 Increase in Interfund Information Technology charges as provided by the General Services Department

Revenues

- (\$107,320) Decrease in Interfund Transfer In - Wrap Around

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

based on estimated program costs

- \$1,382,932 Increase in budgeted State MHSAs revenue

Program Discussion

The Mental Health Services Act (MHSAs), also known as Proposition 63, was passed by the voters in November 2004. MHSAs funds for counties are used to expand and transform mental health services. The MHSAs 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 MHSAs components. These components and programs are listed below. It should be recognized that the capacity to accept clients into these programs is directly related to available staffing.

Community Services and Supports (CSS) Component

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

The Older Adult Services Program has been developed to serve older adults, aged 60 and over, who are physically or geographically isolated and who have psychiatric disabilities. Further priority is given to those whose cultural identity places them in underserved populations within our community. This program enables participants to obtain and maintain positive social connections; experience respect from their providers of mental health services; feel empowered and listened to in the process of planning and obtaining their services; and have continuity in their providers. This program also incorporates peer-delivered services; uses a family-friendly approach to service planning and delivery; and provides housing services and treatment leading to recovery, to promote the program's goals of reducing disparities in services and decreasing homelessness for mentally ill clients.

The Ethnic Outreach Program targets our major underserved populations: Latino, 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

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

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.

At the time of this writing, the FY 2015-16 MHSA Annual Plan Update is open for public comment. It proposes 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 goal of the Center is to reduce disparities in behavioral health services provided to this community. Services would be provided by existing bilingual 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

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).

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).

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

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 MHSA 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:

- (1) 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. They work with agencies in the community to enhance overall community capacity for prevention and early intervention.

They will expand mentoring programs for youth, expand use of the Strengthening Families model throughout the community, and support recreational opportunities for youth that fight stigma and build self-esteem.

- (2) 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

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

(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 (WeRC) 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 Annual MHSA Plan Update currently in public comment would discontinue this project. The Plan Update instead proposes 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 project would improve PES' ability to provide locally-accessible and timely crisis evaluation and support. The WeRC Project is still a goal for SYMHS that may become more feasible at a later date.

In late FY 2010-11, SYMHS received approval of its Electronic Health Record (EHR) System Project. This provided \$1,567,750 to implement EHR infrastructure, practice management, clinical data management, and computerized

provider order entry. The Anasazi system was selected to replace 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 2015-16.

Workforce Education and Training (WET) Component

During FY 2011-12, SYMHS received approval for its Workforce Education and Training Component. This provides \$180,000 annually for five years for training and higher education scholarships. This program has been coordinated by a consultant who assisted SYMHS in developing and implementing the training and scholarship programs. The trainings will focus on cultural competencies, service delivery, and workforce preparedness.

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

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

Hmong Healers and Mental Health professionals in order to improve mental health outcomes among Hmong clients.

FY 2015-16 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 2015-16, 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.

Recommended Budget

This budget is recommended at \$10,171,275, which is an increase of \$742,117 (7.9%) compared to FY 2014-15. 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.

It is recommended to add one Staff Analyst position to help serve as an MHSA Coordinator. MHSA coordinator duties have been fragmented among a number of Mental Health managers and an independent contractor. The proposed position would consolidate these responsibilities and would be responsible for program evaluation. It is requested that this new position be allocated effective July 1, 2015.

Realignment of responsibilities toward the MHSA Prevention and Early Intervention and SUDS Prevention Programs requires the following adjustments between Mental Health's two budget units. Therefore, it is recommended to reallocate the following positions: Decrease two Intervention Counselors by 0.5 FTE each to be moved to the Mental Health Budget Unit (4-102); decrease one Psychiatrist by 0.1 FTE to the Mental Health Budget Unit (4-102); increase one Program Manager – Adult Services by 0.03 FTE from the Mental Health Budget Unit (4-102); and increase one Program Manager – SUDS by 0.45 FTE from the Mental Health Budget Unit (4-102). It will appear as the following:

POSITION	CLASS	CURRENT		NEW	
		DEPT	FTE	DEPT	FTE
PRMSAA	Program Manager-SUD Services	4102	1.000	4102	0.550
				4104	0.450
PSYC1M	Psychiatrist - CONT	4102	0.900	4102	1.000
PSYC1Q	Psychiatrist - CONT	4104	0.100		
PRMAAA	Program Manager-Adult Services	4102	0.530	4102	0.500
PRMAAB	Program Manager-Adult Services	4104	0.470	4104	0.500

It is requested that these position adjustments be effective July 1, 2015.

It remains SYMHS' objective to keep the Mental Health budget and the Mental Health

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

Services Act budget in balance and to fully utilize all available funding in a fashion most advantageous to our counties. Accordingly, a thorough review was conducted of positions associated with MHSA-funded Prevention and Early Intervention (PEI) programs. As a result, positions are regularly reviewed and reallocated between the two budget units.

The MHSA fund also contains Non-Spendable Fund Balance amounts of \$328,563 (account #31014) for housing and \$2,167,780 (account #31031) recognizing the cash advance to the Mental Health Fund (0007). There are currently no planned uses for this fund balance.

Use of Fund Balance

The MHSA fund contained a Restricted Fund Balance in the amount of \$ 4,116,873 as of July 1, 2014. It is estimated the Restricted Fund Balance will equal \$1,018,067 at July 1, 2015. It is recommended that the full amount of the Restricted Fund Balance account (#31170) be cancelled in FY 2015-16 for use in the MHSA budget.

Human Services Welfare Administration (5-101)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: WELFARE ADMINISTRATION		FUND: WELFARE/SOCIAL SERVICES		0013 5-101	
	ACTUAL EXPENDITURE 2013-14	ACTUAL EXPENDITURE 4-30-15	ADOPTED BUDGET 2014-15	CAO RECOMMEND 2015-16	% CHANGE OVER 2014-15	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	13,168,800	10,823,464	14,678,028	15,054,824	2.6	
SERVICES AND SUPPLIES	2,210,564	1,236,097	2,028,385	2,074,822	2.3	
OTHER CHARGES	3,633,729	2,455,904	4,403,018	4,904,713	11.4	
CAPITAL ASSETS	150,442	68,607	21,500	0	100.0-	
* GROSS BUDGET	19,163,535	14,584,072	21,130,931	22,034,359	4.3	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	19,163,535	14,584,072	21,130,931	22,034,359	4.3	
OTHER REVENUES						
USER PAY REVENUES	2,725,253	1,136,345	2,600,665	2,409,005	7.4-	
GOVERNMENTAL REVENUES	16,473,265	7,237,856	16,935,316	17,912,160	5.8	
OTHER FINANCING SOURCES	0	3,158	0	0	.0	
TOTAL OTHER REVENUES	19,198,518	8,377,359	19,535,981	20,321,165	4.0	
* UNREIMBURSED COSTS	34,983-	6,206,713	1,594,950	1,713,194	7.4	
ALLOCATED POSITIONS	183.00	184.00	184.00	185.00	.5	

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.

- (\$84,192) Decrease in Group Insurance as provided by the Human Resource's Department

Services & Supplies

- \$32,748 Increase in Rents/Leases of Structures/Grounds related to increased rent and additional office space obtained during FY 2014-15

Major Budget Changes

Salaries & Benefits

- \$436,322 General increase due to negotiated Salaries and Benefits
- \$74,666 Increase related to the addition of one (1.0 FTE) Accountant I/II position effective July 1, 2015
- (\$50,000) Decrease in Overtime

Other Charges

- \$127,766 Increase related to Support & Care of Persons-CTEC related to One Stop contract for the extended subsidized employment program
- \$104,400 Increase in Interfund Miscellaneous Transfer related to the SNAP-ED grant

Human Services Welfare Administration (5-101)

Tom Sherry, Director of Human Services

- \$142,718 Increase in Interfund Information Technology charges as provided by the General Services Department
- \$131,579 Increase in (A-87) Cost Plan charges as provided by the Auditor-Controller's Department

Revenues

- \$104,400 Increase in State SNAP-ED grant
- \$897,548 Increase in Federal Welfare Administration funding related to the increase of federal share on the Calfresh and CW Single allocation which is more aligned to the actual revenue generated this current fiscal year

Program Discussion

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

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

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

Human Services Welfare Administration (5-101)

Tom Sherry, Director of Human Services

AB 74 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 more than 50 individuals were placed in jobs for up to 6 months. These job placements resulted in 13 unsubsidized jobs and 9 families no longer needing 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; and Transportation Assistance.

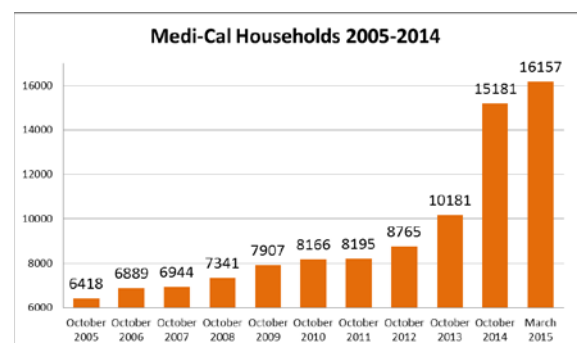
The Child and Adult Protective Services branch continues to work collaboratively with Mental Health, Health, Probation, the Courts, and other public service agencies by using a multidisciplinary team approach to address the problems of families and adults.

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 and \$243,274 for FY 2015-16.

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 137% from October 2005, at 6,418 cases, to October 2014, at 15,181 cases. As of March 2015, the Medi-Cal caseload has increased to 16,157 cases.



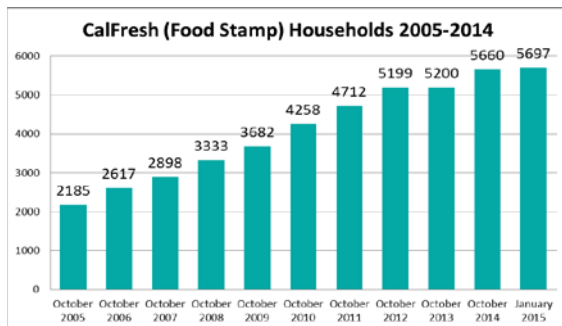
Human Services Welfare Administration (5-101)

Tom Sherry, Director of Human Services

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 159% from October 2005 at 2,185 cases to October 2014 at 5,660 cases. As of January 2015, the CalFresh caseload has increased to 5,697 cases.



Recommended Budget

This budget is recommended at \$22,034,359, which is an increase of \$903,428 (4.3%) compared to FY 2014-15. The Welfare and Social Services fund, as a whole, receives \$449,000 in financing from the General Fund in order to meet the County's Maintenance of Effort (MOE) for receipt of CalWORKs and related Realignment funding.

It is recommended that one (1.0 FTE) Accountant I position be added, with an effective date of July 1, 2015, to provide assistance to the Staff Services Manager in performing increased accounting, auditing, and fiscal duties resulting from expanded Welfare and Social Services programs.

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.

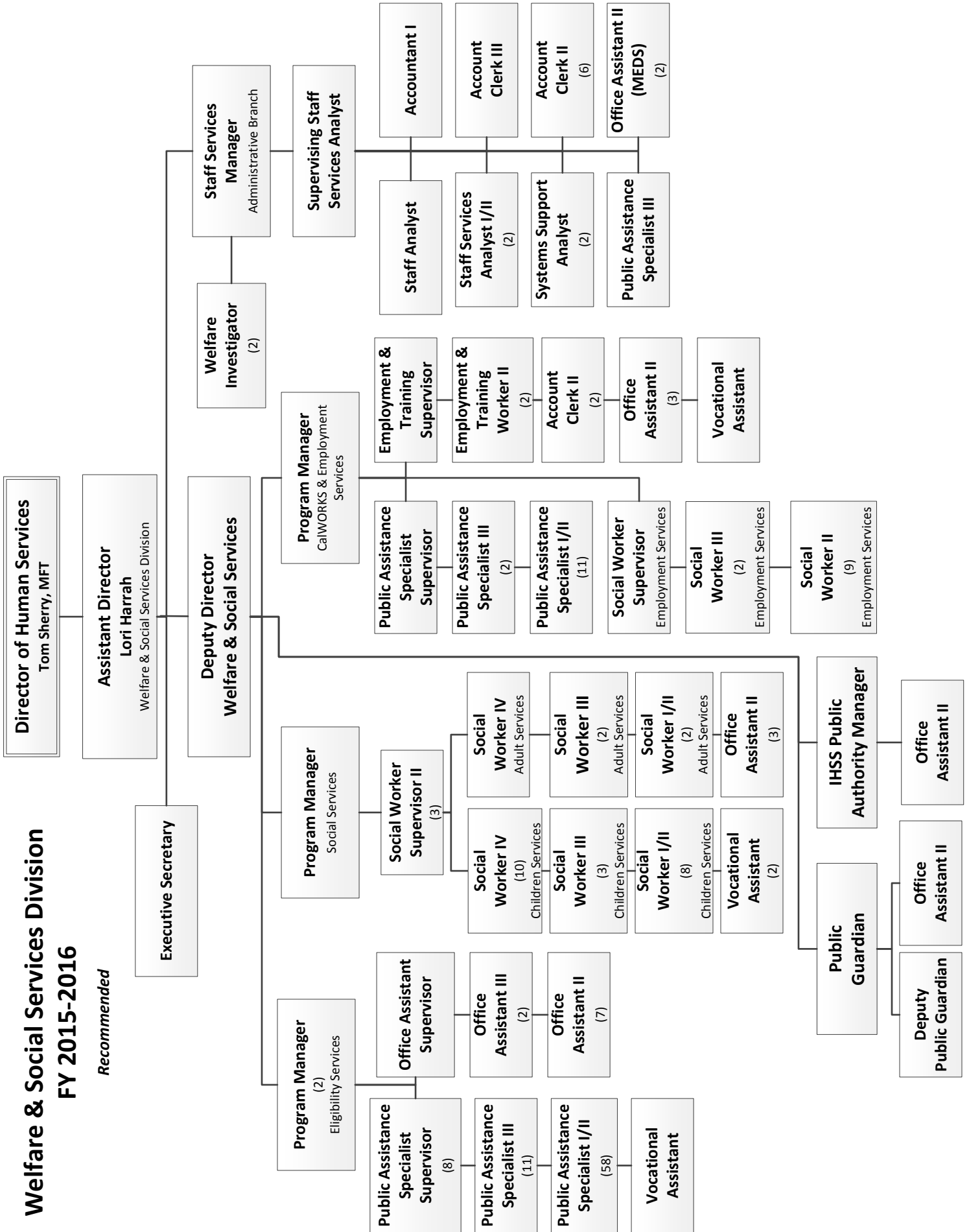
Use of Fund Balance

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 2015-2016

Recommended



EXECUTIVE SUMMARY					
DEPT HEAD: TOM SHERRY	UNIT: PUBLIC GUARDIAN & CONSERVATOR FUND: GENERAL				0001 2-709
	ACTUAL EXPENDITURE 2013-14	ACTUAL EXPENDITURE 4-30-15	ADOPTED BUDGET 2014-15	CAO RECOMMEND 2015-16	% CHANGE OVER 2014-15
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	204,322	161,142	213,561	245,476	14.9
SERVICES AND SUPPLIES	7,395	5,395	13,430	25,440	89.4
OTHER CHARGES	8,356	3,060	7,437	8,664	16.5
* GROSS BUDGET	220,073	169,597	234,428	279,580	19.3
INTRAFUND TRANSFERS	581	548	658	736	11.9
* NET BUDGET	220,654	170,145	235,086	280,316	19.2
OTHER REVENUES					
USER PAY REVENUES	87,216	59,156	87,894	87,894	.0
GOVERNMENTAL REVENUES	0	0	0	0	.0
TOTAL OTHER REVENUES	87,216	59,156	87,894	87,894	.0
* UNREIMBURSED COSTS	133,438	110,989	147,192	192,422	30.7
ALLOCATED POSITIONS	2.00	2.00	2.00	3.00	50.0

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

- \$54,975 Increase related to the addition of one (1.0 FTE) Office Assistant II position
- (\$24,073) Decrease due to the elimination of Extra Help

Services & Supplies

- \$12,000 Increase in Professional & Specialized Services for the allocation of the Accounting work done by staff from the Welfare Administration budget unit (5-101)

Program Discussion

The Public Guardian-Conservator provides two types of conservatorships: Mental

Human Services Public Guardian (2-709)

Tom Sherry, Director of Human Services

Health Conservatorships and Probate Conservatorships.

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

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

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

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

The Public Guardian’s office currently has two full-time staff, one Public Guardian and one Deputy Public Guardian, and two extra hire positions, an Account Clerk II and an Office Assistant II.

Currently, the Public Guardian’s office has seventy-one (71) Conservatees - twenty-five (25) of which are probate cases and forty-six (46) are LPS (mental health) cases.

Recommended Budget

This budget is recommended at \$280,316, which is an increase of \$45,230 (19.2%) compared to FY 2014-15. The General Fund provides 68.6% 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), is being evaluated and the Department will bring before your Board a corrected amount at a later date. It appears, at this time, that an update to the payment process and amounts will result in a decrease to the General Fund cost in 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.

E X E C U T I V E S U M M A R Y					
DEPT HEAD: TOM SHERRY	UNIT: IN-HOME SUPPORTIVE SRVS (IHSS) FUND: WELFARE/SOCIAL SERVICES				0013 5-201
	ACTUAL EXPENDITURE 2013-14	ACTUAL EXPENDITURE 4-30-15	ADOPTED BUDGET 2014-15	CAO RECOMMEND 2015-16	% CHANGE OVER 2014-15
EXPENDITURES					
OTHER CHARGES	1,704,322	1,454,858	1,763,974	1,829,446	3.7
* GROSS BUDGET	1,704,322	1,454,858	1,763,974	1,829,446	3.7
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	1,704,322	1,454,858	1,763,974	1,829,446	3.7
OTHER REVENUES					
USER PAY REVENUES	1,704,322	881,987	1,763,974	1,829,446	3.7
GOVERNMENTAL REVENUES	0	0	0	0	.0
TOTAL OTHER REVENUES	1,704,322	881,987	1,763,974	1,829,446	3.7
* UNREIMBURSED COSTS	0	572,871	0	0	.0
ALLOCATED POSITIONS	.00	.00	.00	.00	.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

- \$65,472 Increase in County IHSS MOE due to the inflation factor of 3.5%

Revenues

- \$65,472 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 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 \$9.74 per hour.

Recommended Budget

This budget is recommended at \$1,829,446, which is an increase of \$65,472 (3.7%) compared to FY 2014-15. This increase represents adjustment to FY 2014-15 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.

Human Services Temporary Aid for Needy Families (5-204)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: TANF-FAMILY GROUP		FUND: WELFARE/SOCIAL SERVICES		0013 5-204	
	ACTUAL EXPENDITURE 2013-14	ACTUAL EXPENDITURE 4-30-15	ADOPTED BUDGET 2014-15	CAO RECOMMEND 2015-16	% CHANGE OVER 2014-15	
EXPENDITURES						
OTHER CHARGES	8,836,501	7,669,424	9,983,192	9,840,000	1.4-	
* GROSS BUDGET	8,836,501	7,669,424	9,983,192	9,840,000	1.4-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	8,836,501	7,669,424	9,983,192	9,840,000	1.4-	
OTHER REVENUES						
USER PAY REVENUES	2,935,090	2,770,132	2,792,917	3,112,290	11.4	
GOVERNMENTAL REVENUES	5,848,513	3,869,637	6,982,580	6,511,710	6.7-	
TOTAL OTHER REVENUES	8,783,603	6,639,769	9,775,497	9,624,000	1.5-	
* UNREIMBURSED COSTS	52,898	1,029,655	207,695	216,000	4.0	
ALLOCATED POSITIONS	.00	.00	.00	.00	.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.

- \$240,000 Increase in State Aid related to CalWORKs grant increases
- (\$470,870) Decrease in Federal Aid offset by an increase in State Aid

Major Budget Changes

Other Charges

- (\$143,192) Decrease in Support and Care of Persons

Revenues

- \$ 62,763 Increase in Interfund Transfer-In Realignment
- \$ 16,610 Increase in State Aid related to the CalWORKs five-percent grant increase

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

Human Services

Temporary Aid for Needy Families (5-204)

Tom Sherry, Director of Human Services

3. The parent who is the primary wage earner is unemployed
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 \$9,840,000, which is a decrease of \$143,192 (1.4%) compared to FY 2014-15.

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).

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.

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

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)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: FOSTER CARE		FUND: WELFARE/SOCIAL SERVICES		0013 5-206	
	ACTUAL EXPENDITURE 2013-14	ACTUAL EXPENDITURE 4-30-15	ADOPTED BUDGET 2014-15	CAO RECOMMEND 2015-16	% CHANGE OVER 2014-15	
EXPENDITURES						
OTHER CHARGES	4,321,598	3,472,265	4,758,228	5,615,700	18.0	
* GROSS BUDGET	4,321,598	3,472,265	4,758,228	5,615,700	18.0	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	4,321,598	3,472,265	4,758,228	5,615,700	18.0	
OTHER REVENUES						
USER PAY REVENUES	1,523,375	685,270	1,389,358	1,653,214	19.0	
GOVERNMENTAL REVENUES	1,395,690	1,028,805	1,760,967	1,943,923	10.4	
TOTAL OTHER REVENUES	2,919,065	1,714,075	3,150,325	3,597,137	14.2	
* UNREIMBURSED COSTS	1,402,533	1,758,190	1,607,903	2,018,563	25.5	
ALLOCATED POSITIONS	.00	.00	.00	.00	.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.

related to increase in projected caseload

- \$40,706 Increase in State and Federal Aid related to Kinship Guardianship Assistance Payment Program increases
- \$142,250 Increase in Federal Aid for Foster Care related to increase in projected caseload

Major Budget Changes

Program Discussion

Other Charges

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

- \$857,472 Increase in Foster Care expenditures related to increase in projected caseload and group home placement costs

1. Welfare Department Institutional Placements fund payments for the placement costs of Sutter County Dependents who are placed in a group home.

Revenues

- \$263,856 Increase in Interfund Transfer-In Miscellaneous

2. Welfare Department Foster Home Placements fund payments for the placement costs of children who require

Human Services

Foster Care (5-206)

Tom Sherry, Director of Human Services

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 \$5,615,700 which is an increase of \$857,472 (18.0%) compared to FY 2014-15. 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)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: REFUGEE CASH ASSISTANCE		FUND: WELFARE/SOCIAL SERVICES		0013 5-207	
	ACTUAL EXPENDITURE 2013-14	ACTUAL EXPENDITURE 4-30-15	ADOPTED BUDGET 2014-15	CAO RECOMMEND 2015-16	% CHANGE OVER 2014-15	
EXPENDITURES						
OTHER CHARGES	730	8,844	14,800	14,800	.0	
* GROSS BUDGET	730	8,844	14,800	14,800	.0	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	730	8,844	14,800	14,800	.0	
OTHER REVENUES						
USER PAY REVENUES	0	0	0	0	.0	
GOVERNMENTAL REVENUES	730	7,972	14,800	14,800	.0	
TOTAL OTHER REVENUES	730	7,972	14,800	14,800	.0	
* UNREIMBURSED COSTS	0	872	0	0	.0	
ALLOCATED POSITIONS	.00	.00	.00	.00	.0	

Purpose

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

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.

Major Budget Changes

There are no major budget changes for FY 2015-16.

Recommended Budget

This budget is recommended at \$14,800, which is unchanged compared to FY 2014-15. The General Fund does not provide any financing to this budget unit. This budget unit is 100% federally funded.

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

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 Aid for Adoption (5-209)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: AID FOR ADOPTION		FUND: WELFARE/SOCIAL SERVICES		0013 5-209	
	ACTUAL EXPENDITURE 2013-14	ACTUAL EXPENDITURE 4-30-15	ADOPTED BUDGET 2014-15	CAO RECOMMEND 2015-16	% CHANGE OVER 2014-15	
EXPENDITURES						
OTHER CHARGES	4,481,471	3,453,330	4,879,788	4,986,000	2.2	
* GROSS BUDGET	4,481,471	3,453,330	4,879,788	4,986,000	2.2	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	4,481,471	3,453,330	4,879,788	4,986,000	2.2	
OTHER REVENUES						
USER PAY REVENUES	1,827,113	1,245,210	2,226,114	2,274,750	2.2	
GOVERNMENTAL REVENUES	1,759,607	1,108,785	1,911,636	1,953,000	2.2	
TOTAL OTHER REVENUES	3,586,720	2,353,995	4,137,750	4,227,750	2.2	
* UNREIMBURSED COSTS	894,751	1,099,335	742,038	758,250	2.2	
ALLOCATED POSITIONS	.00	.00	.00	.00	.0	

Purpose

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

Major Budget Changes

Other Charges

- \$106,212 Increase in Support & Care of Persons based on projected caseload increase

Revenues

- \$48,636 Increase in Interfund Transfer-In Miscellaneous related to projected caseload increase
- \$41,364 Increase in Federal Aid for Adoptions related to projected caseload increase

Program Discussion

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

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

Human Services

Aid for Adoption (5-209)

Tom Sherry, Director of Human Services

assistance payments), and Adult Protective Services.

Recommended Budget

This budget is recommended at \$4,986,000 which is an increase of \$106,212 (2.2%) compared to FY 2014-15. 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)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: GENERAL RELIEF-GENERAL		FUND: GENERAL		0001 5-302	
	ACTUAL EXPENDITURE 2013-14	ACTUAL EXPENDITURE 4-30-15	ADOPTED BUDGET 2014-15	CAO RECOMMEND 2015-16	% CHANGE OVER 2014-15	
EXPENDITURES						
SERVICES AND SUPPLIES	26,684	30,371	30,864	32,400	5.0	
OTHER CHARGES	19,386	20,150	36,864	34,560	6.3-	
* GROSS BUDGET	46,070	50,521	67,728	66,960	1.1-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	46,070	50,521	67,728	66,960	1.1-	
OTHER REVENUES						
USER PAY REVENUES	8,182	1,561	14,544	7,200	50.5-	
GOVERNMENTAL REVENUES	0	0	0	0	.0	
TOTAL OTHER REVENUES	8,182	1,561	14,544	7,200	50.5-	
* UNREIMBURSED COSTS	37,888	48,960	53,184	59,760	12.4	
ALLOCATED POSITIONS	.00	.00	.00	.00	.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

Services & Supplies

- \$1,536 Increase in projected Indigent Burial costs

Other Charges

- (\$2,304) Decrease in projected Support & Care costs

Revenues

- (\$7,200) 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

Human Services

General Relief (5-302)

Tom Sherry, Director of Human Services

Interim Assistance payments. All able-bodied persons receiving General Relief must participate in a job search and work project.

As stated in the Sutter County Indigent Burial Policy, approved by the Sutter County Board of Supervisors on August 16, 2005, the amount of money authorized to be paid for each individual service or product shall be adjusted every year beginning July 1, 2006 and on July 1 of each year thereafter. The amount will be adjusted to reflect the percentage change in the California Consumer Price Index, (CPI) All Urban Consumers, San Francisco-Oakland-San Jose subset published by the California Department of Industrial Relations, for the period beginning July 1 of the previous year and ending June 30 of the year in which the

calculation is to be made. Based on the 7/1/13 – 6/30/14 CPI, the rate increase for FY 2015-16 is 3.0%.

Recommended Budget

This budget is recommended at \$66,960, which is a decrease of \$768 (1.1%) compared to FY 2014-15. The General Fund provides 89.2% 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.