



Human Services

Section E

The Public Health Division of the Human Services Department assisted the Yuba City Youth Commission in securing a grant for recreation equipment for children at Mahal Plaza. The Health Department fosters healthy nutrition education and the importance of keeping youth active.

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 2012-13	ACTUAL EXPENDITURE 4-30-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	363,274	307,841	380,626	390,583	2.6	
SERVICES AND SUPPLIES	27,501	17,014	14,300	14,400	.7	
OTHER CHARGES	9,801	4,635	39,055	10,457	73.2-	
* GROSS BUDGET	400,576	329,490	433,981	415,440	4.3-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	400,576	329,490	433,981	415,440	4.3-	
OTHER REVENUES						
USER PAY REVENUES	332,650	120,205	364,767	349,515	4.2-	
GOVERNMENTAL REVENUES	0	0	0	0	.0	
TOTAL OTHER REVENUES	332,650	120,205	364,767	349,515	4.2-	
* UNREIMBURSED COSTS	67,926	209,285	69,214	65,925	4.8-	
ALLOCATED POSITIONS	4.00	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 Division, and the Welfare and Social Services Division. The Department's total approved budget for FY 2013-14 was a little more than \$86 million and approximately 424 FTEs.

Major Budget Changes

Salaries & Benefits

- \$9,957 General increase due to negotiated Salaries and Benefits

Other Charges

- (\$22,500) Decrease in Interfund Plant Acquisition reflecting completion of one project in FY 2013-14
- (\$5,356) Decrease in Interfund Information Technology as provided by the General Services Department

Program Discussion

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

A continuing focus this year is the County's role in implementing the Affordable Care Act (ACA). The State and divisions of this department are currently involved in implementing the ACA. The three divisions

Human Services Administration (4-120)

Tom Sherry, Director of Human Services

of the Human Services Department will each be affected differently by the ACA. The long term effects on the Department will probably not be known for a few years. Continual changes at the State 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 planned construction of a new Human Services Building adjacent to the Mental Health Facility at 1965 Live Oak Boulevard, Yuba City, remains a long term goal; however, construction of such a facility will have to wait until the financial feasibility of the project improves. The continuing need for additional space and the need to coordinate services are moving the Department to consider intermediate steps to address the space needs of the divisions. To this end, the Department will continue to explore alternatives to address its facility needs.

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 \$415,440, which is a decrease of \$18,541 (4.3%) compared to FY 2013-14.

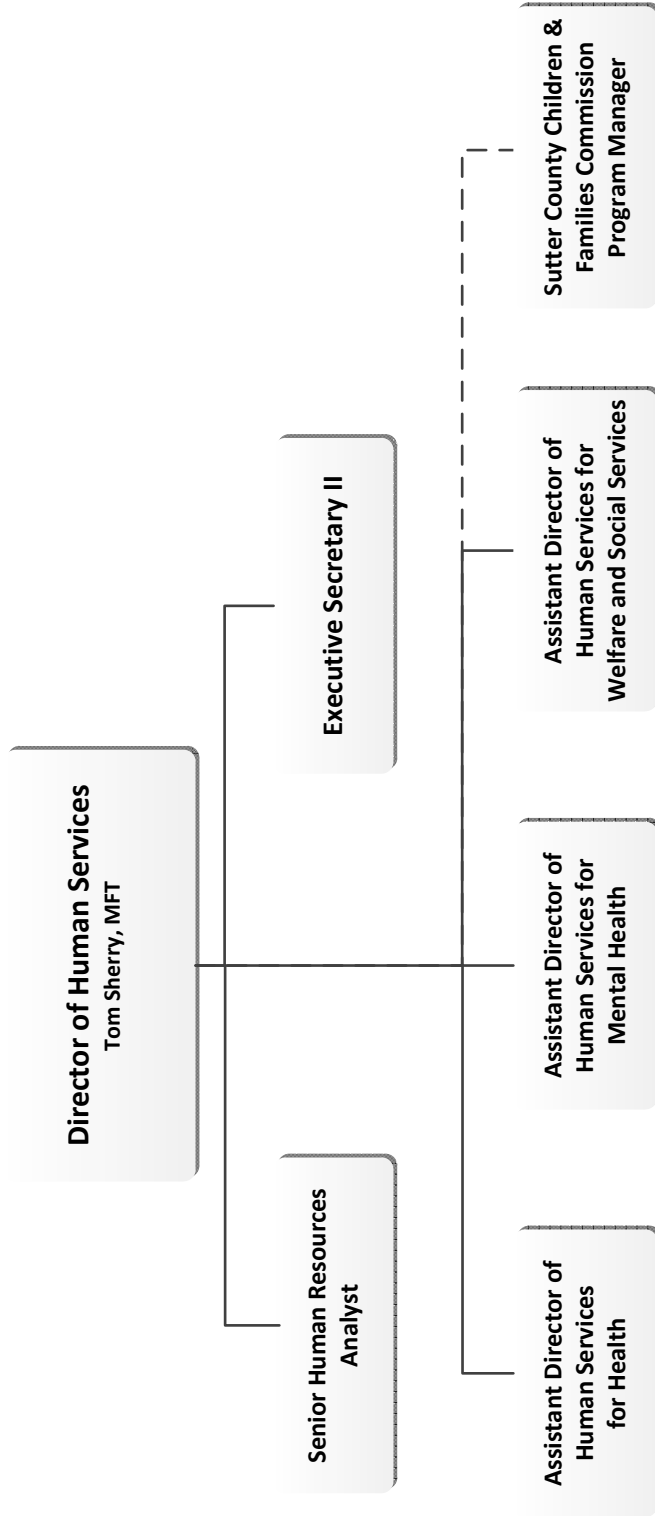
The \$65,925 unreimbursed cost, which is decreased by \$3,289 (4.8%) from FY 2013-14, represents the Health Department's share of the Human Services-Administration budget. This Unreimbursed Cost is, in concept, partially funded by the General Fund through the General Fund's contribution to the Health Fund.

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 Administration
FY 2014-2015**

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 2012-13	ACTUAL EXPENDITURE 4-30-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	4,474,265	3,651,319	4,860,584	4,756,064	2.2-	
SERVICES AND SUPPLIES	685,476	456,407	696,060	640,374	8.0-	
OTHER CHARGES	344,386	222,380	355,591	324,362	8.8-	
CAPITAL ASSETS	0	5,679	0	0	.0	
* GROSS BUDGET	5,504,127	4,335,785	5,912,235	5,720,800	3.2-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	5,504,127	4,335,785	5,912,235	5,720,800	3.2-	
OTHER REVENUES						
USER PAY REVENUES	991,456	362,370	905,151	781,694	13.6-	
GOVERNMENTAL REVENUES	1,927,981	1,450,563	2,203,404	2,187,017	.7-	
TOTAL OTHER REVENUES	2,919,437	1,812,933	3,108,555	2,968,711	4.5-	
* UNREIMBURSED COSTS	2,584,690	2,522,852	2,803,680	2,752,089	1.8-	
ALLOCATED POSITIONS	57.38	54.68	54.68	53.68	1.8-	

Purpose

Sutter County Health is responsible for the operation of three distinct medical service units within the County. Those units are: 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 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.

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

Major Budget Changes

Salaries & Benefits

- (\$56,913) Decrease due to elimination of one (1.0 FTE) vacant Nutrition Assistant position
- (\$56,913) Decrease due to defunding of one (1.0 FTE) vacant Account Clerk I/II position
- \$9,306 General increase due to negotiated Salaries and Benefits

Services & Supplies

- \$51,193 Net increase reflecting anticipated first year cost due to implementation of the Chevron Energy Savings and Infrastructure Upgrade Project
- (\$106,879) Net decrease in Lab Supplies, Communications, Professional and Specialized Services, Office Expenses, and other various line items; offset by increases in Medical Malpractice Insurance, and other various line items.

Other Charges

- (\$15,795) Decrease in Interfund Information Technology charges as provided by the General Services Department
- (\$14,476) Decrease in Interfund Overhead (A-87) Cost Plan charges as provided by the Auditor-Controller's Office

Revenues

- (\$35,760) Decrease in revenue related to Lease Agreement with Peach Tree Healthcare, Inc. for leasing of the Health building and the equipment/fixtures
- (\$74,860) Colusa County contract discontinued in FY 2013-14 for Health Officer

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 are dedicated to promotion, protection, and improvement of the health of Sutter County residents. 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. It is generally understood that all counties will have indigent health responsibilities post-Affordable Care Act (ACA) implementation which was passed by Congress in March 2010. In most counties,

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Tom Sherry, Director of Human Services

those obligations will decline but not disappear. The Medi-Cal expansion, as a result of ACA, will cover adults up to 138% Federal Poverty Level (FPL). However, not all residents are eligible for the Medi-Cal expansion, including legal immigrants who have been here less than five years and undocumented persons. It is estimated that 3 to 4 million Californians will remain uninsured five years after implementation. It is difficult to ascertain how many will be uninsured in Sutter County. At the time of this writing, California had 968,500 individuals enrolled in Medi-Cal, with nearly 67% of that number coming from Low Income Health Programs (LIHP) enrollees being transferred into the Medi-Cal program.

Adults with incomes between 138% and 400% FPL are eligible for subsidized coverage through Covered California. However, unlike Medi-Cal, these adults will have limited windows to enroll in coverage. If an adult misses open enrollment, he or she will have to wait nine months for the next open enrollment period. In the meantime, that adult may qualify for a county indigent program.

Additionally, counties may experience higher costs associated with the remaining uninsured population. For example, the remaining uninsured may utilize emergency services more frequently due to the nature of coverage available to this population.

All counties will have remaining responsibilities for public health and indigent adults. It is crucial for the health and welfare of all California residents that counties retain sufficient Realignment funds to deliver public health and remaining indigent services.

Medi-Cal Expansion in California

The ACA, Medi-Cal Expansion, and Covered California topics are discussed in the Non-County Provider (4-201) narrative.

Public Health Laboratory Services

The continuous decline in tests in Public Health Lab Services over the past several years continues due to an increase in use of private clinical lab services in the local area. Limited Public Health Lab tests are currently provided, resulting in reduced lab space needed. The lab work area in FY 2013-14 was reduced with minimal remodeling of the space to allow for Human Services staff office space. The Department currently maintains a full time Public Health Lab Technician, a stand-by/on-call Public Health Microbiologist and has retained a Lab Director on a contract basis.

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; Communicable Disease (CD) Control program; Health Care Program for Children in Foster Care (HCPCFC); Community Chronic Disease Prevention Program; Public Health Immunization Clinic; Childhood Lead

Prevention Program; Injury Prevention Programs; 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.

Future Considerations

The Health Division continues to work with Centers for Disease Control and Prevention (CDC) to implement a "BioSense Program." This program is run by the CDC that tracks health problems as they evolve and provides public health officials with data, information and tools needed to better prepare for and coordinate responses to safeguard and improve the health of American people. BioSense 2.0 is the system that the Health Division is reviewing for receiving and managing public health and surveillance information. BioSense 2.0 will provide the Health Division with the ability to contribute and access data that will support existing and potential expansion of its public health and ~~The Health Care Program~~ ~~for Children in Foster Care (HCPCFC)~~ is a public health nursing program located in county child welfare service agencies to provide public health nurse (PHN) expertise in meeting the medical, dental, mental and developmental needs of children and youth in foster care. The local Child Health and Disability Prevention (CHDP) program is administratively responsible for the HCPCFC. The State Budget Act of 1999

appropriated State General Funds to the California Department of Social Services (CDSS) for the purpose of increasing the use of PHNs in meeting the health care needs of children in foster care. The enabling legislation for the HCPCFC is Assembly Bill 1111. This legislation defined the components of the program and added to the Welfare and Institutions Code, Section 16501.3 (a) through (e). Although there had been some discussion about transitioning the HCPCFC down to county Social Services in FY 2014-15, the California Department of Social Services (CDSS) is postponing the transition of the program to July 1, 2015 (FY 2015-16). Funding for this program was included in 2011 Realignment, but transition down to the counties has been delayed pending federal approval to continue to pull down the 75% enhanced match.

Chronic Disease Control efforts will continue with community health care agency collaboration and health program integration to improve individual and population health outcomes. The goal of the efforts is to increase healthy communities and bend the medical care cost curve using evidence-based prevention strategies and interventions for maximum impact that reaches the largest number of Sutter County residents.

Funding of the Health Division

Overall, the FY 2014-15 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. There is some uncertainty regarding the future level of

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State support for certain Public Health programs.

The Women Infant and Children's (WIC) program received a decrease in the base allocation in the previous fiscal year; and, due to declining statewide caseload, a decrease in State WIC program funding is likely to occur again in FY 2014-15. Should State funding for this program be further reduced during FY 2014-15, the Department will return to the Board of Supervisors with a recommendation to incorporate funding changes in the FY 2014-15 Adopted Budget.

The County has participated in the SB 910 Program for Medi-Cal Administrative Activities (MAA) since the inception of the program in 1992. Federal rules governing the program have been suspended without issuance of replacement rules. Under the terms of the Medi-Cal Administrative Activities program the County must prepare and submit a claiming plan which is approved by the State and the Federal Centers for Medicaid and Medicare Services (CMS). Medi-Cal administrative activities which are allowable for reimbursement are those which improve the availability and accessibility of Medi-Cal services to Medi-Cal eligible and potentially eligible individuals and their families. Activities which are eligible are: Medi-Cal Outreach, Facilitating Medi-Cal Application, Medi-Cal Non-Emergency Transportation, Training, Contracting for Medi-Cal Services, Program Planning and Policy Development, Medi-Cal Administrative Activities Coordination and Claims Administration.

The Health Division oversees six special revenue funds, where certain grant revenues are designated for specific program uses. These funds are: Bioterrorism Trust (fund 0-124), Pandemic Influenza Preparedness (fund 0-139), Bicycle Helmet Safety (fund 0-178), Tobacco Education Trust (fund 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.

Recommended Budget

This budget is recommended at \$5,720,800 with an unreimbursed cost of \$2,752,089, which is a decrease of \$51,591 (1.8%) compared to FY 2013-14. The majority of this cost is offset by 1991 Realignment revenue.

The County has a Maintenance of Effort (MOE), or minimum funding requirement, as a condition of receiving 1991 Realignment funding from the State. Sutter County's MOE is \$674,240. The County's MOE contribution is reflected in the Health – General budget unit (4-110) and the Health – County Share budget unit (4-112).

Revenue from the Lease Agreement with Peach Tree Healthcare, Inc. for leasing of the Health building and the equipment/fixtures is reduced by \$35,760. The equipment and fixtures were not new at the time of the lease and are now fully depreciated. The Board of Supervisors approved this change in the Lease Agreement in July of 2013; however, this change was not reflected in the FY 2013-14 Budget.

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

Human Services Health (4-103)

Tom Sherry, Director of Human Services

responsible for the remaining 80%. Loss of this contract shifts this cost to the General Fund.

It is recommended to defund one vacant Account Clerk I/II position for FY 2014-15, as well as to eliminate one vacant Nutritional Assistant position in the WIC program due to a decrease in caseload.

Funding for one vacant Public Health Nurse II / Social Services Worker III position has been removed from the budget recommendation, as it was in FY 2013-14. The Department will continue to work on a revised Medi-Cal Administrative Activities (MAA) program plan. Pending approval of funding and the revised MMA plan, it is anticipated that the Department will request the position be refunded.

In addition, one vacant 0.5 FTE Health Program Specialist position is defunded as grant funding for this position is not available.

Of the remaining 51.18 FTE positions contained in the Health Department budget, 28.78 FTE positions are directly grant funded.

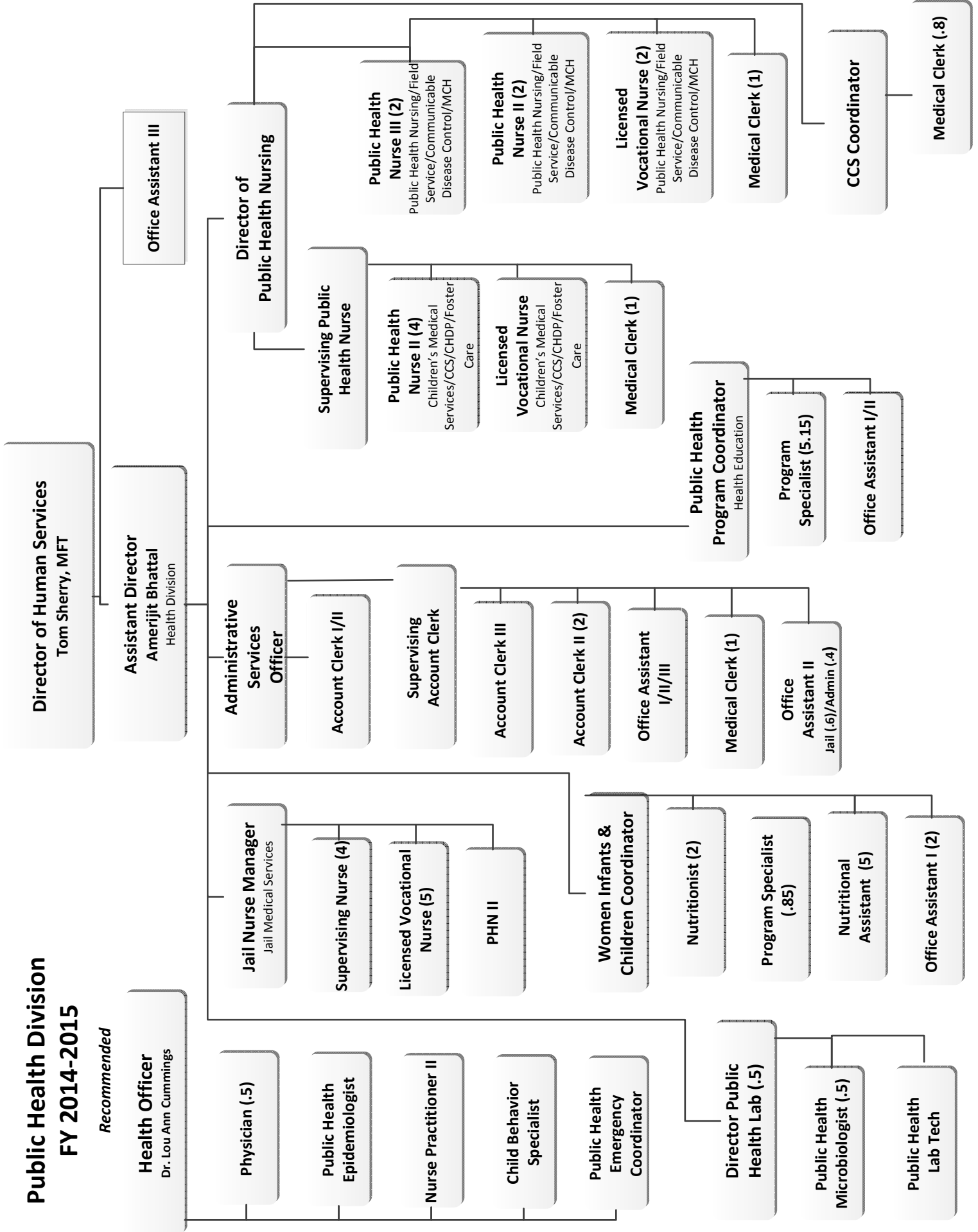
Use of Fund Balance

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 2014-2015

Recommended



Human Services Jail Medical Services (4-134)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: JAIL MEDICAL	FUND: HEALTH			0012 4-134	
	ACTUAL EXPENDITURE 2012-13	ACTUAL EXPENDITURE 4-30-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	1,166,814	1,132,919	1,489,022	1,586,179	6.5	
SERVICES AND SUPPLIES	322,005	256,673	296,410	305,640	3.1	
OTHER CHARGES	656,037	1,004,678	551,870	722,137	30.9	
* GROSS BUDGET	2,144,856	2,394,270	2,337,302	2,613,956	11.8	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	2,144,856	2,394,270	2,337,302	2,613,956	11.8	
OTHER REVENUES						
USER PAY REVENUES	2,143,824	2,289,592	2,337,302	2,613,956	11.8	
GOVERNMENTAL REVENUES	0	0	0	0	.0	
TOTAL OTHER REVENUES	2,143,824	2,289,592	2,337,302	2,613,956	11.8	
* UNREIMBURSED COSTS	1,032	104,678	0	0	.0	
ALLOCATED POSITIONS	10.42	13.12	11.12	13.12	18.0	

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

- \$82,157 General increase due to negotiated Salaries and Benefits
- \$15,000 Increase in Overtime due to allowing Overtime payouts rather than accruing CTO

Other Charges

- \$170,000 Increase in costs for Support and Care of Persons due to increased hospitalizations and medical and dental services for inmates

Revenue

- \$266,014 Increase in Interfund Jail Medical payment from the Sheriff – Jail 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.

It should be noted that general administrative oversight of this program, including staff time from the Assistant Director of Human Services and some of the Business Office staff from the Health Division, is not directly reflected in the budget unit. These costs are contained within the administration program of the Public Health budget unit (4-103) and are not considered direct jail medical costs.

Jail Staffing

The Jail Medical Services program is required to maintain staffing requirements that were agreed to by the court and the County. The staffing requirements by the court specific to nursing coverage includes one Registered Nurse (RN) on site during either the day shift or the evening shift, seven days per week, and either one RN or one Licensed Vocational Nurse (LVN) on site during the other day shift or evening shift as appropriate, seven days per week. In order to cover the staffing requirements for 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 the increase in the number of inmates due to the State’s implementation of the AB 109 Public Safety Realignment, coupled with longer inmate stays, has made it increasingly challenging to meet the healthcare needs of

inmates within the timeframe desired by the inmates. In FY 2013-14, two additional permanent positions, a Public Health Nurse and an LVN, were added to the budget and paid for by AB 109 funding. These positions were requested to help provide inmate care and provide for discharge planning and post release case management for inmates with chronic serious health care needs.

2011 Realignment - Anticipated Impacts

With the passage of AB 109 and the State’s implementation of 2011 Realignment, which became effective October 1, 2011, counties have assumed new corrections, re-entry and community supervision responsibilities for people convicted of certain non-serious, non-violent felonies. This realignment refers to changes in the assignment of program and fiscal responsibilities between the State and local governments.

Over the past year, there has been a notable increase in demand on jail medical services. This may be due in part to the number of state prisoners transferred to the local jail and/or the rate of recidivism in Sutter County applied to state prisoners paroled, as well as the overall complexity and serious nature of inmate health care needs.

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 likely at a greater rate when combined with the longer lengths of incarceration that have come with the implementation of 2011 Realignment.

Severity of Inmate Health and Mental Health Conditions

A 2009 published research report in the *Journal of Epidemiology & Community Health*

Human Services

Jail Medical Services (4-134)

Tom Sherry, Director of Human Services

found a greater prevalence of chronic diseases in jail populations. The report titled “Prevalence of chronic medical conditions among jail and prison inmates in the USA compared with the general population,” compared the incarcerated population to other adults (using a nationally representative, cross-sectional survey). They found that jail inmates had a significantly higher prevalence of certain chronic diseases (including hypertension, diabetes, heart attack, asthma, arthritis, cervical cancer and hepatitis). The severity of inmate health & mental health conditions 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 liver and kidney diseases have jointly contributed to an increase in medical supply costs and expenses related to the support and care of inmates.

Compounding the fact that people in jails are less healthy than the general population, they are also far more likely to be uninsured. According to a 2009-10 Kaiser Family Foundation report, almost one in four adults (ages 19-64) are uninsured in California. Research on patterns of health care use showed that the uninsured are more likely to forego needed care and less likely to receive preventative services or the appropriate care to manage chronic illness. Research also shows that nine out of ten people detained and incarcerated in jails do not have health insurance or the financial resources to pay for medical care upon release.

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

Health Care Eligibility and Coverage for Inmates

Some County Jail Inmates meet Medicaid’s eligibility requirements and are eligible to enroll in the program, but they are not covered by Medicaid. This is because federal law does not allow for federal Medicaid funding – called Federal Financial Participation (FFP) – to pay for medical care provided to individuals who are “inmates of a public institution,” which is commonly referred to as the “inmate exception.” This has resulted in counties covering the full cost of jail inmates’ health care services rather than eligible detainees receiving coverage through Medicaid. Specifically, Federal law (42 CFR 435.1009) generally prohibits claiming federal Medicaid funds for health care services provided to inmates residing in correctional facilities.

The ACA does not change the “inmate exception”. However, a recent change does allow a related exception: inpatient care of inmates at hospitals or certain other non-correctional health facilities may be covered by Medicaid. Federal funding for inpatient health care takes on greater significance now that a much broader segment of the jail population will become eligible for Medi-Cal.

Covered California, California’s new health insurance exchange, became effective on January 1, 2014. This insurance coverage is for persons with incomes that are between 133% to 400% of the federal poverty level. At this time, there is no defined coverage for jail inmates. Inmates who are released from jail will qualify as having a “change in housing circumstance” that allows an application outside of the Open Enrollment Period.

A recently formulated program known as Medi-Cal Inmate Eligibility Program (MCIEP) was developed to provide Medi-Cal-covered services to eligible California State Prison inmates who receive in-patient medical services off the grounds of the correctional facility. The MCIEP was implemented on

Human Services

Jail Medical Services (4-134)

Tom Sherry, Director of Human Services

April 1, 2011. It is anticipated that county inmates will also be eligible for enrollment into Medi-Cal through this program. The county claiming process for claims submission for in-patient services is still in the process of being reviewed by the Department of Health Care Services (DHCS). A request to DHCS has been submitted at the time of this writing to participate in a “pre-testing program” for the County Inmate Program Claiming. Three counties will be chosen for this program.

Recommended Budget

This budget is recommended at \$2,613,956, which is an increase of \$276,654 (11.8%) compared to FY 2013-14. Jail Medical Services are 86.5% funded by the General Fund and 13.5% funded by AB109 for FY 2014-15.

Support & Care of Persons expense reflects direct expenditures related to the hospitalizations and other outside care of inmates. This line item is recommended at \$700,000, reflecting an increase of \$170,000, or 32%, over the FY 2013-14 Adopted Budget. These expenditures will be monitored closely over the coming year.

The cost of providing medical services to the Sutter County Jail is, in effect, transferred to the Jail budget unit (2-301), within the Public Safety fund (0015), through the recording of an Interfund Jail Medical transfer. This transfer essentially transfers the unreimbursed cost of the Jail Medical Services program from the Health Fund to the Public Safety fund. The General Fund covers all unreimbursed costs in the Public Safety fund.

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

DEPT HEAD: TOM SHERRY		EXECUTIVE SUMMARY		UNIT: NON-COUNTY PROVIDERS		FUND: HEALTH		0012 4-201	
	ACTUAL EXPENDITURE	ACTUAL EXPENDITURE	ADOPTED BUDGET	CAO RECOMMEND	% CHANGE OVER				
	2012-13	4-30-14	2013-14	2014-15	2013-14				
EXPENDITURES									
SERVICES AND SUPPLIES	26,400	19,800	26,400	26,400	.0				
OTHER CHARGES	604,485	239,038	621,476	617,711	.6-				
* GROSS BUDGET	630,885	258,838	647,876	644,111	.6-				
INTRAFUND TRANSFERS	0	0	0	0	.0				
* NET BUDGET	630,885	258,838	647,876	644,111	.6-				
OTHER REVENUES									
USER PAY REVENUES	20,102	0	23,718	25,000	5.4				
GOVERNMENTAL REVENUES	0	0	0	0	.0				
TOTAL OTHER REVENUES	20,102	0	23,718	25,000	5.4				
* UNREIMBURSED COSTS	610,783	258,838	624,158	619,111	.8-				
ALLOCATED POSITIONS	.00	.00	.00	.00	.0				

Purpose

Sutter County Health 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

There are no major budget changes for FY 2014-15.

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.). The County 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 \$50,766. 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. 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 and if the rate of \$0.41 changes. A portion of this fee is offset by the use of Emergency Medical Services Fund (Maddy Act) undesignated funds (Fund 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.

Human Services

Non County Providers (4-201)

Tom Sherry, Director of Human Services

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 healthcare coverage to low-income adults 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 participation fee of \$188,781 set by legislation for the County to participate in the CMSP. Under the agreement with the CMSP Governing Board, the County agrees to share in a risk limitation amount should the CMSP require more funds to operate the program. The CMSP Governing Board has yet to determine whether or not it will require additional funds to operate the program in FY 2014-15. Should the CMSP Governing Board vote to enforce a risk limitation, additional funds would need to be allocated to this budget unit. Although technically not part of the participation fee, the risk limitation payment and the participation fee are budgeted as one item under the CMSP Participation fee account. Sutter County directly pays the cost of the participation fee and, when required, a risk assessment fee.

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 transferred to counties 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 set up 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 Anthem Blue Cross 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, funds allocated to CMSP from State Health Realignment revenues, and, with regard to Path2Health (a Low Income Health Program which was a pilot project of CMSP), Federal Medicaid matching funds, but the authority for Path2Health and the associated Federal Medicaid matching funds expired December 31, 2013. As a part of the FY 2013-14 State Budget, changes were enacted that reduced Health Realignment funding provided to counties and the CMSP Governing Board for the delivery of healthcare services through CMSP. The changes pertaining to CMSP counties and the Governing Board were a part of a set of changes that redirected Health Realignment funding from all counties to the State beginning in January 2014.

Welfare and Institutions Code Section 17600.50(a) was enacted as part of the Realignment Trailer Bills to the FY 2013-14 State Budget which reduced overall funding for CMSP beginning January 2014, resulting from the loss of State Health Realignment

Human Services

Non County Providers (4-201)

Tom Sherry, Director of Human Services

funding (composed of State Sales Tax and Vehicle License Fee revenues) for CMSP. This code requires a redirection of 60% of the Health Realignment revenues that would otherwise be provided to CMSP counties and the Governing Board to a 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 to the amount the County would otherwise pay to participate in CMSP, and provides funding to CMSP to assist in providing services for the remaining uninsured.

On September 26, 2013, the CMSP Governing Board adopted a Resolution accepting and approving the provisions set forth in the new law; confirming acceptance for the approach set forth in Section 17600.50(a) in determining payments to the Family Support Services Subaccount. Sutter County also adopted a Resolution in October 2013 ratifying this Resolution of the Governing Board and the provisions set forth in Section 17600.50(a). The calculation for determining the 60/40 split for CMSP counties is done in the aggregate. All Health Realignment funds (base and growth) going to CMSP counties (including both the funds the counties pay to the CMSP and the funds kept at the county level for public health), Health Realignment funds that go to the CMSP Governing Board (base and growth), and the aggregate MOE for all CMSP counties are used in the calculation. The resulting aggregate split for the CMSP counties (if current Realignment data were used) would actually be 62% of total Health Realignment funds being redirected to the state

and 38% of the total being retained by the CMSP counties and CMSP Governing Board.

At the time of this writing, entities such as CSAC were learning that the 1991 Realignment allocations to the Health Subaccount contained errors. It was apparent that some lingering issues remain with the monthly allocations and redirections. The process to ensure correct allocations and redirection of 1991 Realignment funding under AB 85 and SB 98 is complicated at best.

Medi-Cal Expansion in California

On January 1, 2014, some CMSP and all Path2Health eligible individuals meeting the Federal citizenship/identity requirements and with incomes at or below 138% of the Federal Poverty Level (FPL), have become Medi-Cal eligible. Those individuals covered through Path2Health have transitioned into the Medi-Cal program or the new statewide Health Benefits Exchange under the ACA, known as Covered California.

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.

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

Human Services

Non County Providers (4-201)

Tom Sherry, Director of Human Services

Health is based on the Environmental Health division's budgeted Unreimbursed Cost for FY 2014-15. Environmental Health service is part of the County's required healthcare Maintenance of Effort (MOE). As long as Sutter County continues to meet its overall healthcare MOE 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 \$644,111, with a net unreimbursed cost of \$619,111, which is a decrease of \$5,047 (0.8%) compared to FY 2013-14.

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 in the EMS Agency is recommended at \$50,766. The anticipated cost for participation in this joint powers agreement is based on California State Department of Finance projections for the population of Sutter County. This cost is partially offset with a transfer in from the Emergency Medical Services Special Revenue Fund (0-252), in the amount of \$25,000.

This budget continues to reflect the participation fee of \$188,781 set by legislation for the County to participate in the CMSP. This participation fee was not eliminated with Health Realignment and SB 85.

The budget also includes \$378,164 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 - Health 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 2012-13	ACTUAL EXPENDITURE 4-30-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14
EXPENDITURES					
SERVICES AND SUPPLIES	67,397	52,416	70,480	70,480	.0
OTHER CHARGES	82,647	108,096	210,368	210,368	.0
* GROSS BUDGET	150,044	160,512	280,848	280,848	.0
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	150,044	160,512	280,848	280,848	.0
OTHER REVENUES					
USER PAY REVENUES	141,150	141,150	141,150	141,150	.0
GOVERNMENTAL REVENUES	11,044	0	0	0	.0
TOTAL OTHER REVENUES	152,194	141,150	141,150	141,150	.0
* UNREIMBURSED COSTS	2,150-	19,362	139,698	139,698	.0
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 2014-15.

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 the 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. The Sutter County CCS program is a Level II program which includes additional roles such as Durable Medical Equipment authorization, extension of treatment authorization, and annual medical review (reviews continued medical eligibility – not initial medical eligibility).

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

Tom Sherry, Director of Human Services

Therapy services are provided at the county level, while diagnostic and treatment services are provided by private medical providers. The Medical Therapy Program (MTP) provides physical therapy, occupational therapy, and Medical Therapy Conference (MTC) services to children who meet specific medical criteria. 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, by law, 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 transferred from the Social Services Trust Account is the only amount within the Health Division that is subject to growth allocation.

State statute requires a minimum county contribution, or "Maintenance of Effort" (MOE), to 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 MOE 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.

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 because County staff must 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-Medi-Cal 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 funds were to not be available to pay claims, the County would be required to pay for rendered services or services to Sutter County children 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 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

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

Tom Sherry, Director of Human Services

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 entered into after August 1, 1994. At this time, it appears likely that there will be no further extensions. If DHCS goes ahead 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 has been pursuing pilot projects to examine organized healthcare delivery models for CCS eligible children. It is unclear how this will impact the local CCS program.

Healthy Families Transition to the Medi-Cal Program

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) as a component of the State budget which also had implications for the HFP transition to Medi-Cal. The transition of HFP enrollees to Medi-Cal is projected to simplify eligibility and coverage for children and families while providing additional benefits and lowering costs for children at certain income levels. In both Healthy Families and Medi-Cal, CCS services are generally "carved out" of the health plans' responsibility. Thus, the transition has not affected a child's ability to access CCS services.

HFP and Medi-Cal have nearly equivalent health benefits with a few exceptions. The main difference is that a Medi-Cal eligible child under the age of 21 has access to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program through which the child can receive benefits for "medically necessary" services that are otherwise limited (such as by frequency) or not covered by Medi-Cal in order to correct or ameliorate a condition.

Recommended Budget

This budget is recommended at \$280,848, which is the same as FY 2013-14. This budget unit receives a portion of its financing from the General Fund, with the balance of the

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

Tom Sherry, Director of Human Services

County's share of cost met by a transfer in of Welfare/Social Services 1991 Realignment funding.

At this time, the State has not determined the amount of its contribution to the Sutter County CCS Program for FY 2014-15. As mentioned above, in the past, as a policy item, the County has budgeted an amount in excess of the MOE in order to meet the potential demand for service, which can be very volatile. This budget request 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 MOE of \$154,465, to match a potential reduced State contribution. At this time it is unknown whether State contribution will match the amount appropriated over the MOE.

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 2012-13	ACTUAL EXPENDITURE 4-30-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14
EXPENDITURES					
SERVICES AND SUPPLIES	107,579	27,998	125,802	130,802	4.0
OTHER CHARGES	33,241	0	36,218	38,100	5.2
* GROSS BUDGET	140,820	27,998	162,020	168,902	4.2
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	140,820	27,998	162,020	168,902	4.2
APPROPRIATION FOR CONTINGENCY	0	0	0	0	.0
INCREASES IN RESERVES	0	0	0	0	.0
* TOTAL BUDGET	140,820	27,998	162,020	168,902	4.2
OTHER REVENUES					
USER PAY REVENUES	0	0	0	0	.0
GOVERNMENTAL REVENUES	121,729	1,593	152,020	152,620	.4
GENERAL REVENUES	9,185	84,123	0	0	.0
CANCELLATION OF OBLIGATED F/B	0	0	10,000	16,282	62.8
GENERAL REVENUES	0	0	0	0	.0
AVAILABLE FUND BALANCE 7/1	0	0	0	0	.0
TOTAL AVAILABLE FINANCING	130,914	85,716	162,020	168,902	4.2
* UNREIMBURSED COSTS	9,906	57,718-	0	0	.0
ALLOCATED POSITIONS	.00	.00	.00	.00	.0

Purpose

Sutter County Health 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 2014-15.

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 and 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 the remaining funds, 58% is allocated to an

Human Services

Emergency Medical Services Fund (0-252)

Tom Sherry, Director of Human Services

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 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 funds. 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 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 an increase of \$6,882 (4.2%) compared to FY 2013-14.

Use of Fund Balance

The EMS fund contains Restricted Fund Balance accounts for each type of expenditure, as established by law. 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 \$50,766, in budget unit 4-201.

Projected Physician Revenue for FY 2014-15 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, an increase of \$5,000 compared to FY 2013-14, to fund anticipated Physician Expense claims for FY 2014-15.

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 2012-13	ACTUAL EXPENDITURE 4-30-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	11,335,784	9,306,640	12,895,226	13,974,529	8.4
SERVICES AND SUPPLIES	6,528,021	4,082,817	7,008,408	7,177,256	2.4
OTHER CHARGES	4,031,623	2,388,223	4,036,399	3,936,429	2.5-
CAPITAL ASSETS	0	0	87,000	52,000	40.2-
* GROSS BUDGET	21,895,428	15,777,680	24,027,033	25,140,214	4.6
* NET BUDGET	21,895,428	15,777,680	24,027,033	25,140,214	4.6
APPROPRIATION FOR CONTINGENCY	0	0	332,016	1,532,016	361.4
INCREASES IN RESERVES	0	0	0	0	.0
* TOTAL BUDGET	21,895,428	15,777,680	24,359,049	26,672,230	9.5
OTHER REVENUES					
USER PAY REVENUES	16,141,828	8,054,760	15,019,384	14,564,659	3.0-
GOVERNMENTAL REVENUES	5,970,665	4,006,261	8,437,061	8,834,027	4.7
GENERAL REVENUES	34,922	18,548	35,120	25,000	28.8-
CANCELLATION OF OBLIGATED F/B	0	0	867,484	3,248,544	274.5
TOTAL OTHER REVENUES	22,147,415	12,079,569	24,359,049	26,672,230	9.5
* UNREIMBURSED COSTS	251,987-	3,698,111	0	0	.0
ALLOCATED POSITIONS	112.14	115.57	112.07	116.67	4.1

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

- \$417,872 General increase due to negotiated Salaries and Benefits
- \$172,385 Increase due to one vacant Psychiatrist position increasing from part-time (0.5 FTE) to full time (1.0 FTE) during FY 2013-14

Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

- \$174,386 Addition of 2 Psychiatric Tech/ Psychiatric LVN positions during FY 2013-14
- \$9,998 Net Increase due to the elimination of one vacant Supervising Intervention Counselor position and the addition of one Resource Specialist position during FY 2013-14
- \$75,467 Net increase due to the elimination of one vacant part time (0.4 FTE) Physician position and the addition of one part time (0.5 FTE) Psychiatrist position
- \$63,741 Addition of one Account Clerk III position
- \$90,454 Addition of one flexibly staffed Mental Health Therapist I/II/III position
- \$75,000 Increases in Extra Help and Overtime based on actual expenditures

Services & Supplies

- \$100,000 Increase in Juvenile Dependency Proceeding/Physician account primarily due to the use of locum tenen psychiatrists while recruiting to fill vacancies

Other Charges

- (\$161,700) Decrease in Interfund Plant Acquisition
- \$60,492 Increase in Interfund Information Technology charges as provided by the General Services Department

Capital Assets

- (\$87,000) Decrease for purchase of replacement vehicles in FY 2013-14
- \$52,000 Increase for the purchase of two additional vehicles

Appropriation for Contingency

- \$1,200,000 Increase in Appropriation for Contingency to accommodate the uncertainties associated with estimating Mental Health revenues and expenses during Healthcare Reform implementation

Revenues

- (\$230,000) Decrease in Outpatient Insurance and Medicare based on actual billing and reimbursement experience
- (\$129,199) Decrease in Interfund Transfer In – Sales Tax revenues under 1991 Realignment
- (\$562,000) Decrease in State Mental Health Medi-Cal. These are Federal funds for reimbursement for certain costs associated with Medi-Cal administration. This decrease results from a federally-driven change in the methodology for determining these costs
- \$771,227 Increase in Federal Utilization Review/Quality Assurance revenue due to increased program activity and a requested new Mental Health Therapist

Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

I/II/III position eligible for 50% reimbursement in this program

- \$200,450 Increase in Federal Mental Health Medi-Cal due to estimates based on actual billing and reimbursement rates

Program Discussion

SYMHS serves on average over 4,400 unique mental health clients each year. Over the 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 the growth in local population, has resulted in a continuing increase in the number of clients being served.

Under Medi-Cal consolidation, SYMHS has been the Mental Health Plan for more than 40,000 Medi-Cal beneficiaries in Sutter and Yuba Counties. Mental health treatment is an entitlement under Medi-Cal. SYMHS is responsible for assessing and treating, or referring for treatment, all Medi-Cal eligible individuals who meet medical necessity criteria and seek Specialty Mental Health Services on either an inpatient or outpatient basis. In addition to providing direct services, SYMHS has established contracts with licensed therapists in the local community and statewide to serve area children who have been placed out-of-home.

In 1991, responsibility for providing Specialty Mental Health Services was realigned from the state to counties. Revenue to fund these services came from dedicated shares of Vehicle License Fees (VLF) and sales taxes. During FY 2011-12, the State realigned

responsibility for additional mental health and Substance Use Disorder (SUD) services to counties along with an additional dedicated portion of sales taxes to fund them. The areas realigned are:

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

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

SYMHS has a long-term contract relationship with Victor Community Support Services, Inc. (VCSS). VCSS provides assessment and treatment services to youth on school campuses. These services are funded through a combination of Medi-Cal and EPSDT.

SYMHS provides drug and alcohol treatment services to local residents under Net Negotiated Amount (NNA) contracts with the State 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 grant funding.

SYMHS provides a number of judicially-linked programs. These include drug diversion services authorized under section 1000 of the California Penal Code (commonly referred to as PC 1000); 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;

Human Services Mental Health (4-102)

Tom Sherry, Director of Human Services

services to inmates in both counties' jails; and services to individuals involved in drug courts in both counties.

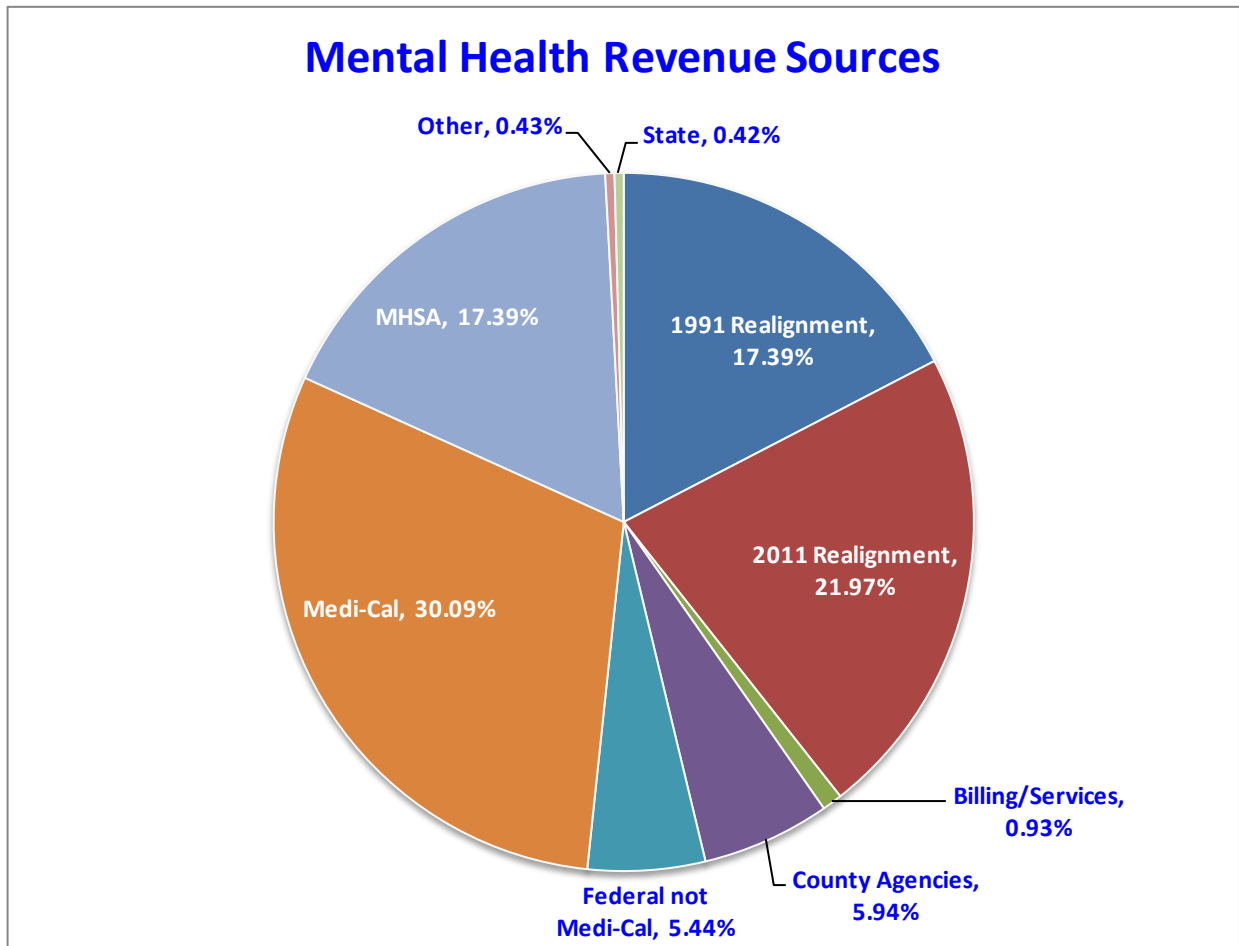
During FY 2011-12, as a result of realignment of responsibility for certain offenders from the State to counties, funding became available to continue and expand services in collaboration with the Probation Department. SYMHS now has four Intervention Counselor positions and one Mental Health Therapist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

SYMHS also provides an intensive day treatment program to pregnant women and women with small children under its First Steps program. First Steps is widely recognized to be a very effective substance

abuse treatment program with many successful graduates in our communities.

Although responsibility for Drug Medi-Cal (DMC) services has been realigned to counties, local DMC providers are still contracted directly with DHCS. There are currently 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.



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The impact of Healthcare Reform on SYMHS is currently unknown. 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 2014-15 Budget Discussion

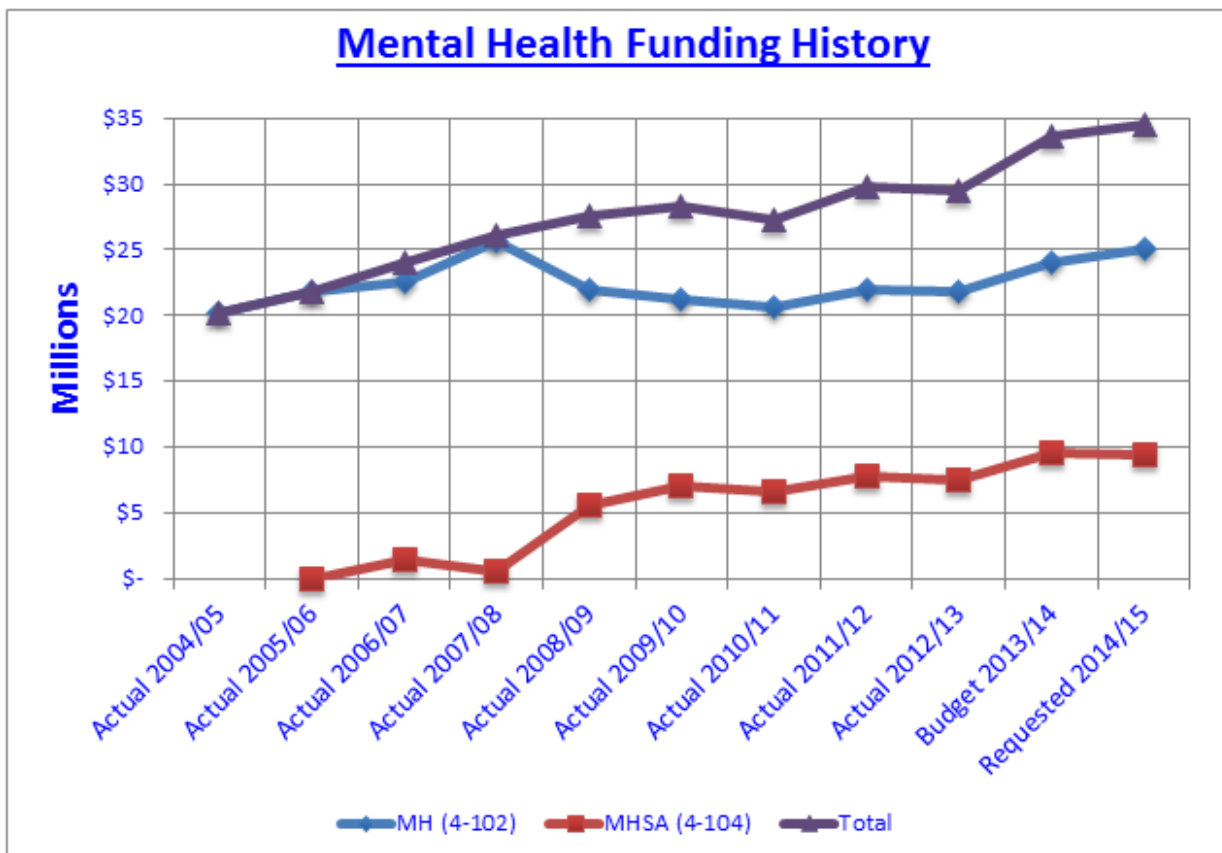
SYMHS' rates are required by federal law to be based on actual costs. Medi-Cal is billed using interim rates, estimated based on costs from a prior year, and these rates are then reconciled to actual costs at the end of each fiscal year through a mandated cost report process. For FY 2014-15, SYMHS will charge \$933.68 per day on the Inpatient Unit. Other services are charged by the minute: \$7.02 per

minute for Medication Support, \$2.94 per minute for Case Management/Brokerage, \$3.80 per minute for Mental Health Services, and \$5.65 per minute for Crisis Intervention. These interim rates are based on the FY 2012-13 Cost Report and may be adjusted upon completion of the FY 2013-14 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 abuse treatment services on a sliding fee schedule based on ability to pay.

From a financial perspective, several factors are affecting the FY 2014-15 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



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

- The State Budget Act in 2011 enacted Public Safety Realignment transferring approximately \$5.6 billion in State fiscal responsibilities for public safety programs from the State to the counties. Funding for the programs is provided largely through a dedicated portion (1.0625 percent) of State sales and use taxes, and a small portion of redirected Vehicle License Fee revenues. Proposition 30, approved by the voters in November 2012, provided constitutional protections for this revenue source. While nearly all 2011-realigned programs were transferred to counties in FY 2011-12, Medi-Cal Specialty Mental Health Services, which includes EPSDT services for children and youth, was not realigned until FY 2012-13 because the Legislature diverted Mental Health Services Act (MHSA) funds to support those programs in FY 2011-12. For FY 2011-12, the State enacted legislation (AB 100) that “redirected” a state-wide total of \$861 million in MHSA funds to fund three traditional mental health programs previously funded by the State General Fund (SGF): EPSDT, mental health managed care, and mental health services for special education students (formerly the AB 3632 mandate).

- 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.
- 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.

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) and 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

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provides crisis services, which operate on a 24/7 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.

The State's practice of deferring payments to counties as a means of addressing its fiscal shortcomings continues to cause cash flow problems for SYMHS. The Board of Supervisors has assisted SYMHS in meeting this difficult challenge by authorizing borrowing from other funds of the Human Services 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.

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 \$26,672,230, which is an increase of \$2,313,181 (9.5%) compared to FY 2013-14.

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.

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

It is recommended to purchase two passenger vehicles for this budget unit. Mini-vans are used by the Mental Health Department primarily to transport clients.

It is recommended to add one flexibly-staffed Mental Health Therapist I/II/III position and one Account Clerk III position.

Additionally, it is recommended to eliminate one vacant part-time contract employee physician position with funding split between Mental Health's two budget units (0.4 FTE in 4-102 and 0.1 FTE in 4-104) and add one 0.5 FTE contract employee psychiatrist position funded entirely in budget unit 4-102.

Mental Health requests that all of these actions be effective July 1, 2014. It should also be noted that two limited-term positions, a flexibly-staffed Psychiatric Technician/Psychiatric LVN and an Intervention Counselor I, approved by the Board during FY 2012-13, were deleted from the position allocation schedule in FY 2013-14 mid-year because the conditions for ending the limited terms of the positions had been met.

Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

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

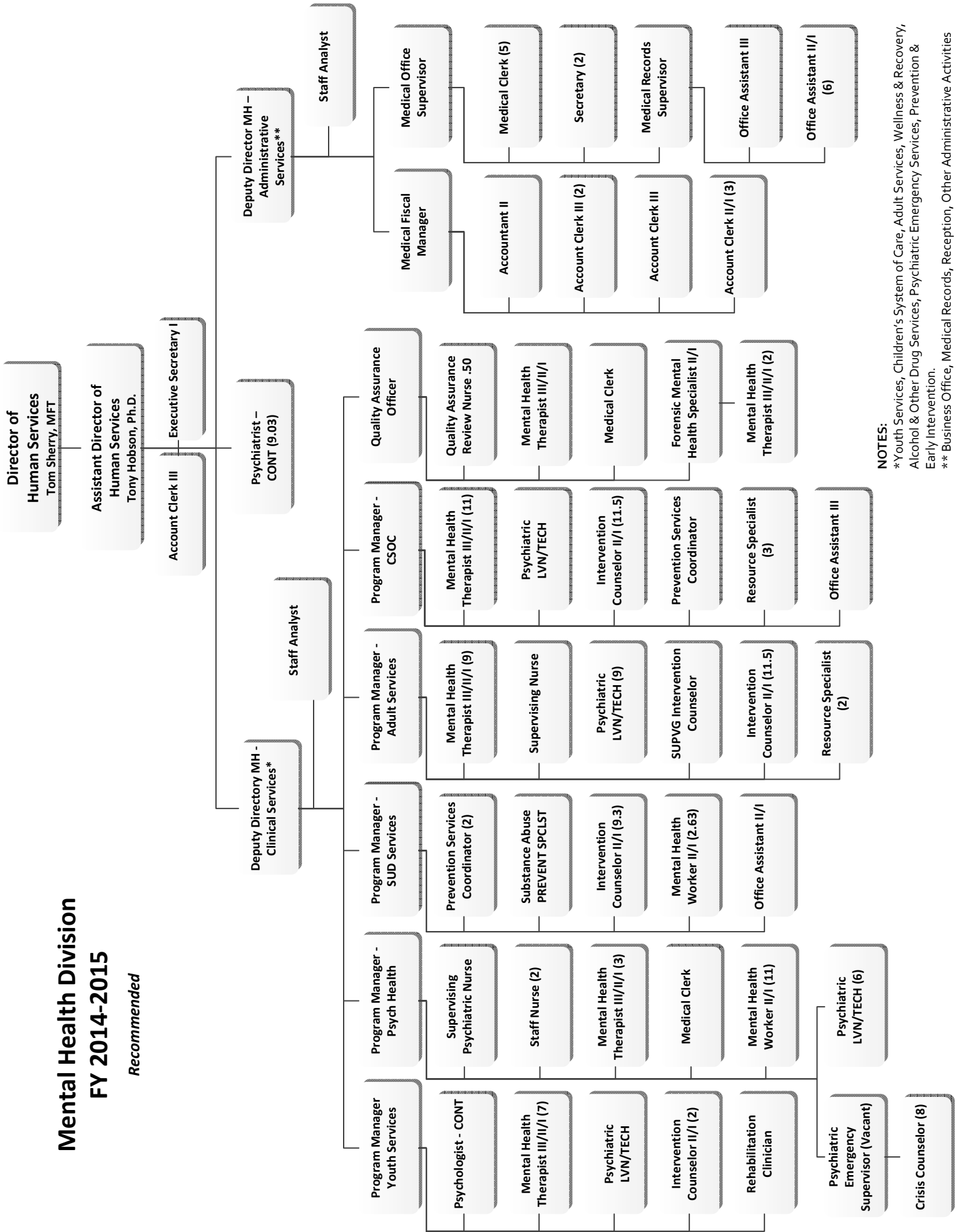
The Mental Health fund contained a Restricted Fund Balance in the amount of \$606,137 as of July 1, 2013. It is estimated that the Restricted Fund Balance will equal \$3,248,544 at July 1, 2014. It is recommended that the full amount, of the Restricted Fund Balance account (#31170) be cancelled in FY 2014-15 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 Division FY 2014-2015

Recommended



NOTES:

*Youth Services, Children's System of Care, Adult Services, Wellness & Recovery, Alcohol & Other Drug Services, Psychiatric Emergency Services, Prevention & Early Intervention.
 ** Business Office, Medical Records, Reception, Other Administrative Activities

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 2012-13	ACTUAL EXPENDITURE 4-30-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	4,251,994	3,554,876	5,223,378	5,639,548	8.0
SERVICES AND SUPPLIES	1,282,365	1,195,179	2,487,034	1,871,038	24.8-
OTHER CHARGES	2,016,987	186,697	1,925,559	1,887,146	2.0-
CAPITAL ASSETS	0	0	0	26,000	***
* GROSS BUDGET	7,551,346	4,936,752	9,635,971	9,423,732	2.2-
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	7,551,346	4,936,752	9,635,971	9,423,732	2.2-
APPROPRIATION FOR CONTINGENCY	0	0	0	0	.0
INCREASES IN RESERVES	0	0	0	0	.0
* TOTAL BUDGET	7,551,346	4,936,752	9,635,971	9,423,732	2.2-
OTHER REVENUES					
USER PAY REVENUES	215,695	583,331	956,090	922,820	3.5-
GOVERNMENTAL REVENUES	9,289,966	4,763,680	7,118,209	6,861,918	3.6-
GENERAL REVENUES	152,286	55,675	123,500	45,000	63.6-
CANCELLATION OF OBLIGATED F/B	0	0	1,438,172	1,593,994	10.8
AVAILABLE FUND BALANCE 7/1	0	0	0	0	.0
TOTAL AVAILABLE FINANCING	9,657,947	5,402,686	9,635,971	9,423,732	2.2-
* UNREIMBURSED COSTS	2,106,601-	465,934-	0	0	.0
ALLOCATED POSITIONS	54.19	56.89	53.89	58.79	9.1

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.

Major Budget Changes

Salaries & Benefits

- \$42,710 General increase due to negotiated Salaries and Benefits

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

- \$84,839 Addition of one Resource Specialist position funded by Prevention and Early Intervention funds
- (\$25,587) Elimination of one part-time (0.1 FTE) Physician position
- \$247,566 Addition of two Mental Health Therapist I/II/III positions and one Intervention Counselor I/II position funded with Innovation funds during FY 2013-14
- \$66,642 Addition of one Mental Health Worker I position to the Wellness and Recovery Program during FY 2013-14

Services & Supplies

- (\$624,727) Decrease in Professional and Specialized Services due to implementation of the Electronic Health Record (EHR) project in FY 2013-14

Capital Assets

- \$26,000 Increase for the purchase of one additional vehicle

Revenues

- (\$193,761) Decrease in budgeted State MHSAs revenue
- (\$65,750) Decrease in State Mental Health Medi-Cal
- (\$55,000) Decrease in Interest Apportioned based on estimated interest earned on MHSAs funds

Program Discussion

The Mental Health Services Act, 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

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 for adults who have acute mental health issues and are at greatest risk of harming themselves, or others, are at risk of hospitalization, or are at risk of incarceration in jails or juvenile justice institutions. 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. The program enables participants to obtain and

Human Services

Mental Health Services Act (4-104)

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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. The program 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. The 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 activity such as employment or education/training; receive services which recognize their developmental process as "normal" and do not marginalize issues of wellness; and experience respect from their providers of mental health services. As a result, clients feel empowered and listened to in the process of planning and obtaining their services; have continuity in their providers; and have individualized service plans which recognize the uniqueness of each person within the context of their ethnic/racial/cultural identity.

The 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/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 or 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/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

Human Services

Mental Health Services Act (4-104)

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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 or Hmong).

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

Prevention and Early Intervention (PEI) Component

The PEI component of 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. It works with agencies in the community to enhance overall community capacity for prevention and early intervention. They will expand mentoring programs for youth, expand use of the Strengthening Families model throughout the community, and support recreational opportunities for youth that fight stigma and build self-esteem.
- (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

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

Capital Facilities and Technology Needs Component

During FY 2010-11, SYMHS received approval for its Wellness & Recovery Center (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 WeRC will also have "smart classrooms" that will incorporate computer equipment funded in the technology needs portion of this component.

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 2014-15.

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 the other at the day reporting center. The second project provides additional support to TAY after they age out of the program with the objective of reducing addiction disorders, overuse of emergency rooms, psychiatric hospitalizations, and incarceration in jails and justice institutions. The third project is to increase cooperation between traditional Hmong Healers and Mental Health professionals in order to improve mental health outcomes among Hmong clients.

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

FY 2014-15 Budget Discussion

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.

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. 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.

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 Affordable Care Act (ACA) and 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 Psychiatric Emergency Services (PES), which provides crisis services, which operate on a 24/7 basis and which is partially funded in the MHSA Budget. Extra Hire personnel provide standby

services for PES. Mental Health has worked closely with the Human Resources Department and the County Administrator's Office to ensure use of extra hire personnel complies with the ACA.

MHSA revenue is projected to increase in FY 2014-15, 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 \$9,423,732, a decrease of \$212,239 (2.2%) compared to FY 2013-14. This decrease is primarily due to completion of the initial phases of the EHR project. 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 purchase one passenger vehicle, a mini-van, for this budget unit.

It is recommended to add one Resource Specialist position for the Prevention and Early Intervention Program. PEI program has been difficult to manage because the workload has been divided among 19 people, with 18 of these positions funded only in small part by PEI. Most of their time is spent performing other clinical functions within Mental Health. This position would replace 8 of these fractional positions within PEI. If approved, this position would be recruited as bi-lingual (Spanish), in order to improve our ability to reach out to this under-served community.

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Mental Health Services Act (4-104)

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SYMHS requests that this position be effective July 1, 2014.

Additionally, it is recommended to eliminate one vacant part-time contract employee physician position with funding split between Mental Health's two budget units (0.4 FTE in 4-102 and 0.1 FTE in 4-104).

It should also be noted that one limited-term position, a flexibly-staffed Psychiatric Technician/ Psychiatric LVN, approved by the Board during FY 2012-13, was deleted from the position allocation schedule in FY 2013-14 because the conditions for ending the limited term of the position had been met. Additionally during FY 2013-14, there was the addition of two Mental Health Therapist I/II/III positions, one Intervention Counselor I/II position funded with Innovation funds, and one Mental Health Worker I position to the Wellness and Recovery Program.

There is a budgeted decrease in State Mental Health Medi-Cal of \$65,750. These are Federal funds for reimbursement for certain costs associated with Medi-Cal administration. This decrease results from a federally-driven change in the methodology for determining these costs.

Use of Fund Balance

The MHSA fund contained a Restricted Fund Balance in the amount of \$3,228,332 as of July 1, 2013. It is estimated the Restricted Fund Balance will equal \$1,593,994 at July 1, 2014. It is recommended that the full amount, \$1,593,994, of the Restricted Fund Balance (account 31170) be cancelled in FY 2014-15 for use in the MHSA budget.

The MHSA fund also includes Non-Spendable Fund Balance amounts of \$328,563 (account 31014) for housing and \$2,145,205 (account 31031) recognizing the cash advance to the

Mental Health Fund (0007). There are currently no planned uses for this fund balance.

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 2012-13	ACTUAL EXPENDITURE 3-31-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	11,287,264	9,454,368	13,986,667	14,678,028	4.9	
SERVICES AND SUPPLIES	2,094,937	1,616,418	2,913,231	2,028,385	30.4-	
OTHER CHARGES	2,826,801	1,365,227	3,333,252	4,146,754	24.4	
CAPITAL ASSETS	21,183	131,970	171,657	21,500	87.5-	
* GROSS BUDGET	16,230,185	12,567,983	20,404,807	20,874,667	2.3	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	16,230,185	12,567,983	20,404,807	20,874,667	2.3	
OTHER REVENUES						
USER PAY REVENUES	3,061,406	1,057,636	2,981,868	2,600,665	12.8-	
GOVERNMENTAL REVENUES	13,226,836	8,671,326	16,881,137	16,696,696	1.1-	
GENERAL REVENUES	8,029-	0	0	0	.0	
OTHER FINANCING SOURCES	4,404	0	0	0	.0	
TOTAL OTHER REVENUES	16,284,617	9,728,962	19,863,005	19,297,361	2.8-	
* UNREIMBURSED COSTS	54,432-	2,839,021	541,802	1,577,306	191.1	
ALLOCATED POSITIONS	155.00	183.00	161.00	184.00	14.3	

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.

- \$90,000 Increase in overtime due to additional workload on Medi-Cal and CalHeers cases and Covered CA open enrollment periods
- \$20,743 Increase in Interfund Worker's Compensation charges as provided by the Human Resource's Department

Major Budget Changes

Salaries & Benefits

- \$503,583 General increase due to negotiated Salaries and Benefits
- \$77,035 Increase in Salaries and related Benefits due to addition of one full-time Staff Services Analyst I position

Services & Supplies

- (\$884,846) Decrease related to one-time Customer Service Call Center project costs in FY 2013-14

Other Charges

- (\$58,850) Decrease related to Interfund Plant Acquisition for a roof

Human Services Welfare Administration (5-101)

Tom Sherry, Director of Human Services

replacement project completed in FY 2013-14

- (\$50,913) Decrease in Interfund Information Technology as provided by the General Services Department
- \$877,646 Increase to reflect A-87 costs that are now being budgeted to this program

Capital Assets

- (\$171,657) Decrease in Capital Assets due to completion of Customer Service Center, training room, and vehicle from FY2013-14
- \$21,500 One replacement mid-sized sedan

Program Discussion

The responsibilities of the Welfare & 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, Adoptions Assistance Program payments) to recipients. These costs are reflected in other budget units within the Welfare & 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, 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 668 adults that were affected by the redesign and which require WTW re-engagement coordination and WTW supportive services.

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.

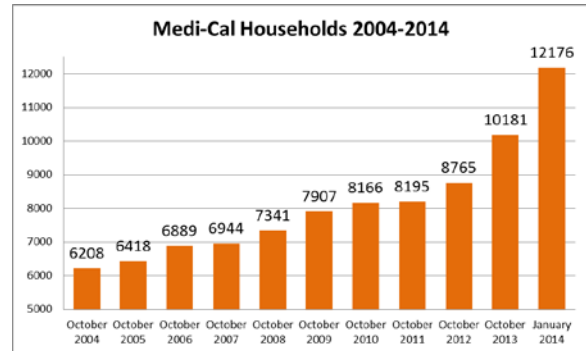
Human Services Welfare Administration (5-101)

Tom Sherry, Director of Human Services

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 will allow 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. For FY 2014-15 the Customer Service Center continuing cost on production operation charges is budgeted at \$244,655.

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

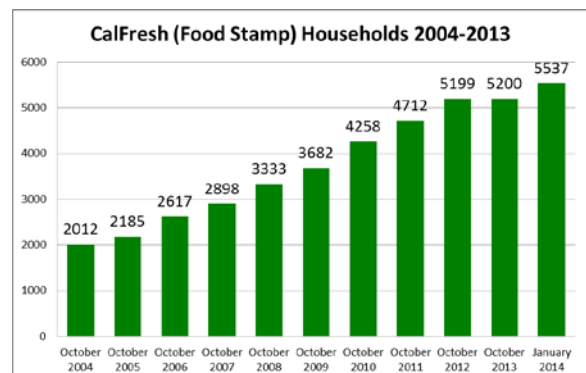
In Sutter County, the Medi-Cal caseload, or number of households, grew approximately 64% from October 2004, at 6,208 cases, to October 2013, at 10,181 cases. As of January 2014, the Medi-Cal caseload has increased to 12,176 cases.



Approximately 25,500 individuals in Sutter County are receiving Medi-Cal benefits. Sutter County is expecting an estimated 5,395 additional residents to be newly eligible to Medi-Cal under the Affordable Care Act primarily resulting from the absorption of the children from the former Healthy Families Program and from the Low-Income Health Program (LIHP) 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 158% from October 2004 at 2,012 cases to October 2013 at 5,200 cases. As of January 2014, the CalFresh caseload has increased to 5,537 cases.



Human Services Welfare Administration (5-101)

Tom Sherry, Director of Human Services

Recommended Budget

This budget is recommended at \$20,874,667 which is an increase of \$469,860 (2.3%) compared to FY 2013-14. The Welfare/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) full-time Staff Services Analyst I/II position be added, with an effective date of July 1, 2014, to handle the increased analytical duties related to the implementation of the ACA.

Capital Assets are recommended at \$21,500 for the purchase of one mid-sized sedan to replace an aging vehicle.

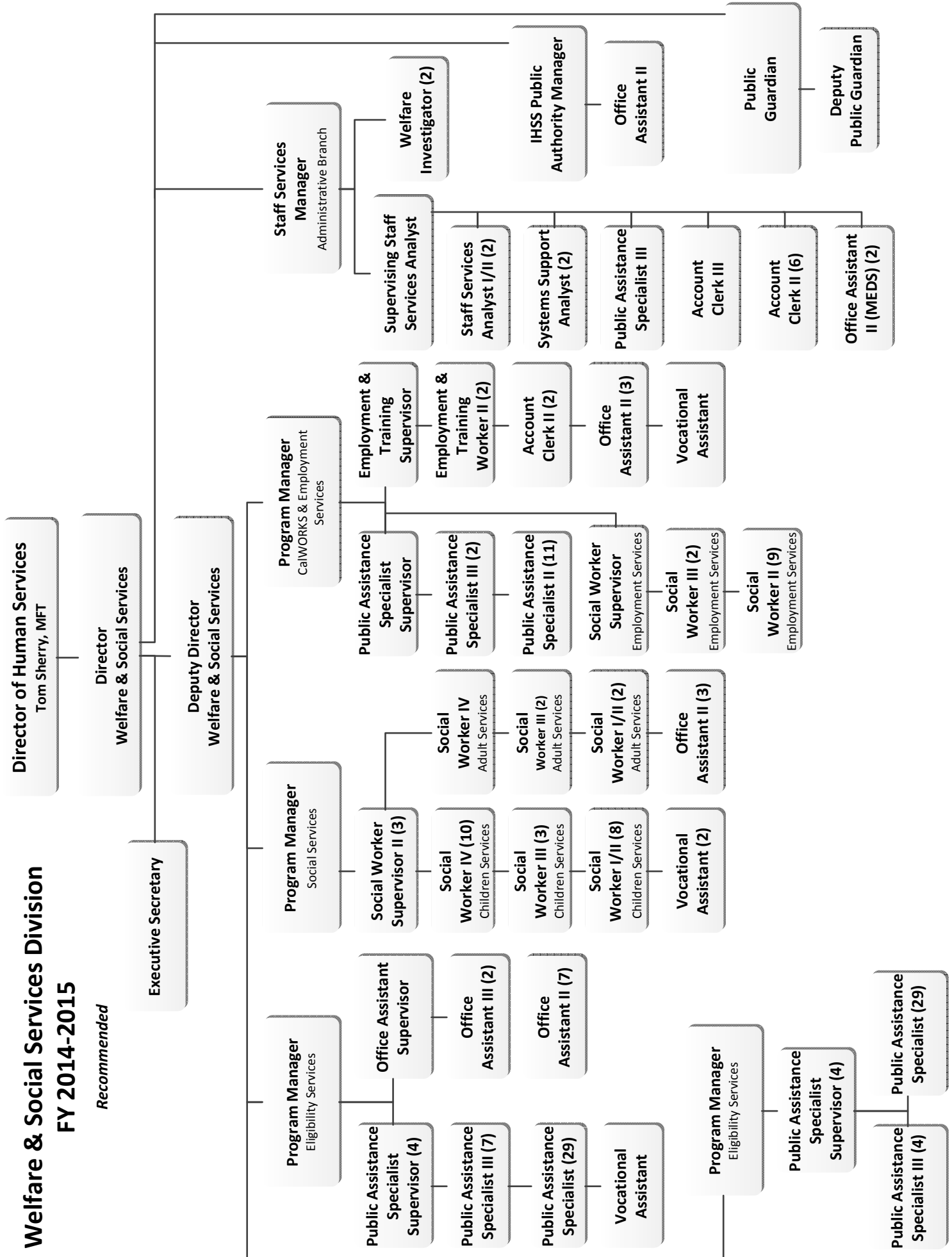
During FY 2011-12, Public Safety Realignment was implemented, which realigned the responsibility for many programs from the State to counties. Because of this shift in funding, Sutter County was mandated to establish the County Local Revenue Fund 2011 (0-140). For FY 2012-13, the Social Services Realignment 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 narrative.

Use of Fund Balance

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

Welfare & Social Services Division FY 2014-2015

Recommended



Human Services Public Guardian (2-709)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY					
DEPT HEAD: TOM SHERRY	UNIT: PUBLIC GUARDIAN & CONSERVATOR FUND: GENERAL			0001 2-709	
	ACTUAL EXPENDITURE 2012-13	ACTUAL EXPENDITURE 3-31-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	198,729	146,190	210,059	213,561	1.7
SERVICES AND SUPPLIES	7,346	5,636	13,670	13,430	1.8-
OTHER CHARGES	6,545	4,289	9,465	7,437	21.4-
* GROSS BUDGET	212,620	156,115	233,194	234,428	.5
INTRAFUND TRANSFERS	743	275	727	658	9.5-
* NET BUDGET	213,363	156,390	233,921	235,086	.5
OTHER REVENUES					
USER PAY REVENUES	87,713	53,257	87,894	87,894	.0
GOVERNMENTAL REVENUES	0	0	0	0	.0
TOTAL OTHER REVENUES	87,713	53,257	87,894	87,894	.0
* UNREIMBURSED COSTS	125,650	103,133	146,027	147,192	.8
ALLOCATED POSITIONS	2.00	2.00	2.00	2.00	.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

There are no major budget changes for FY 2014-15.

Program Discussion

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

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

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

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

Human Services

Public Guardian (2-709)

Tom Sherry, Director of Human Services

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

The Public Guardian’s office has 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 sixty-six (66) Conservatees, twenty-six (26) of which are probate cases and forty (40) are LPS (mental health) cases.

Recommended Budget

This budget is recommended at \$235,086, which is an increase of \$1,165 (0.5%) compared to FY 2013-14. The General Fund provides 62.6% of the funding 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.

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 2012-13	ACTUAL EXPENDITURE 3-31-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14
EXPENDITURES					
OTHER CHARGES	1,790,760	1,278,243	1,704,322	1,763,974	3.5
* GROSS BUDGET	1,790,760	1,278,243	1,704,322	1,763,974	3.5
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	1,790,760	1,278,243	1,704,322	1,763,974	3.5
OTHER REVENUES					
USER PAY REVENUES	1,572,380	786,190	1,704,322	1,763,974	3.5
GOVERNMENTAL REVENUES	168,843	0	0	0	.0
TOTAL OTHER REVENUES	1,741,223	786,190	1,704,322	1,763,974	3.5
* UNREIMBURSED COSTS	49,537	492,053	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 and IHSS 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 share of both the provider payments and the IHSS Public Authority.

Major Budget Changes

Other Charges

- \$59,652 Increase in County IHSS MOE and Contribution to Other Agencies due to the inflation factor of 3.5%

Revenues

- \$59,652 Increase in funding due to the implementation of SB 1036

Program Discussion

Appropriations in this budget provide for payment of the County's share of provider wages, which are paid to the State, as well as for the transfer of operating funds to the IHSS Public Authority. Funding for this budget unit has historically come from a combination of State Social Services Realignment Sales Tax revenue, State IHSS Waiver Program reimbursement revenue, and Realignment funds which are transferred into this budget unit from the Welfare/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 \$9.25 per hour.

Recommended Budget

This budget is recommended at \$1,763,974, which is an increase of \$59,652 (3.5%) compared to FY 2013-14. This increase represents the inflation factor of 3.5% as 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/Social Services 1991 Realignment funds (Fund 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/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 2012-13	ACTUAL EXPENDITURE 3-31-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14	
EXPENDITURES						
OTHER CHARGES	8,446,562	6,523,257	9,507,744	9,983,192	5.0	
* GROSS BUDGET	8,446,562	6,523,257	9,507,744	9,983,192	5.0	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	8,446,562	6,523,257	9,507,744	9,983,192	5.0	
OTHER REVENUES						
USER PAY REVENUES	2,070,348	1,778,370	2,165,175	2,792,917	29.0	
GOVERNMENTAL REVENUES	6,216,115	4,377,289	7,104,875	6,982,580	1.7-	
TOTAL OTHER REVENUES	8,286,463	6,155,659	9,270,050	9,775,497	5.5	
* UNREIMBURSED COSTS	160,099	367,598	237,694	207,695	12.6-	
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.

Major Budget Changes

Other Charges

- \$475,448 Increase in Support and Care of Persons

Revenues

- \$30,000 Increase in TANF child support collections pass-through
- \$475,390 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;
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

Human Services

Temporary Aid for Needy Families (5-204)

Tom Sherry, Director of Human Services

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 \$9,983,192, which is an increase of \$475,448 (5.0%) compared to FY 2013-14.

The 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 account wherein funds for the 5% 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.

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/Social Services 1991 Realignment funds (Fund 0-248).

As in FY 2013-14, 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/Social Services Fund as has 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/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 2012-13	ACTUAL EXPENDITURE 3-31-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14	
EXPENDITURES						
OTHER CHARGES	3,835,845	3,206,663	4,025,172	4,758,228	18.2	
* GROSS BUDGET	3,835,845	3,206,663	4,025,172	4,758,228	18.2	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	3,835,845	3,206,663	4,025,172	4,758,228	18.2	
OTHER REVENUES						
USER PAY REVENUES	1,084,028	945,052	1,198,266	1,389,358	15.9	
GOVERNMENTAL REVENUES	1,151,507	988,076	1,508,549	1,760,967	16.7	
GENERAL REVENUES	1,643-	0	0	0	.0	
TOTAL OTHER REVENUES	2,233,892	1,933,128	2,706,815	3,150,325	16.4	
* UNREIMBURSED COSTS	1,601,953	1,273,535	1,318,357	1,607,903	22.0	
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.

Major Budget Changes

Other Charges

- \$733,056 Increase in Foster Care expenditures due to increase in projected caseload and increase in group home placement costs

Revenues

- \$191,092 Increase in Interfund Transfer-In Miscellaneous related to increase in projected caseload
- \$243,178 Increase in Federal aid for Foster Care related to increase in projected caseload

Program Discussion

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

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

Human Services

Foster Care (5-206)

Tom Sherry, Director of Human Services

placement costs of children who require out of home care due to the removal from their parents' care.

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

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

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

Recommended Budget

This budget is recommended at \$4,758,228 which is an increase of \$733,056 (18.2%) compared to FY 2013-14. The General Fund does not provide any financing to this budget unit. The County's share of cost is

met with Welfare/Social Services 1991 Realignment funds (Fund 0-248).

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/Social Services Fund as has 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/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 2012-13	ACTUAL EXPENDITURE 3-31-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14	
EXPENDITURES						
OTHER CHARGES	0	0	14,800	14,800	.0	
* GROSS BUDGET	0	0	14,800	14,800	.0	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	0	0	14,800	14,800	.0	
OTHER REVENUES						
USER PAY REVENUES	0	0	0	0	.0	
GOVERNMENTAL REVENUES	0	0	14,800	14,800	.0	
TOTAL OTHER REVENUES	0	0	14,800	14,800	.0	
* UNREIMBURSED COSTS	0	0	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.

Major Budget Changes

There are no major budget changes for FY 2014-15.

Program Discussion

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

Recommended Budget

This budget is recommended at \$14,800. There is no change from the amount budgeted in FY 2013-14. The General Fund does not provide any financing to this budget unit. This budget unit is 100% federally funded.

Use of Fund Balance

This budget unit is within the Welfare/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 2012-13	ACTUAL EXPENDITURE 3-31-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14	
EXPENDITURES						
OTHER CHARGES	4,090,162	3,292,295	4,550,196	4,879,788	7.2	
* GROSS BUDGET	4,090,162	3,292,295	4,550,196	4,879,788	7.2	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	4,090,162	3,292,295	4,550,196	4,879,788	7.2	
OTHER REVENUES						
USER PAY REVENUES	1,876,034	1,129,248	2,077,565	2,226,114	7.2	
GOVERNMENTAL REVENUES	1,591,069	1,124,549	1,780,110	1,911,636	7.4	
GENERAL REVENUES	3,915-	0	0	0	.0	
TOTAL OTHER REVENUES	3,463,188	2,253,797	3,857,675	4,137,750	7.3	
* UNREIMBURSED COSTS	626,974	1,038,498	692,521	742,038	7.2	
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

- \$329,592 Increase in Support & Care of Persons based on projected caseload increase

Revenues

- \$148,549 Increase in Interfund Transfer-In Miscellaneous related to projected caseload increase
- \$131,526 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,

Human Services

Aid for Adoption (5-209)

Tom Sherry, Director of Human Services

Adoptions (administration of services and assistance payments), and Adult Protective Services.

Recommended Budget

This budget is recommended at \$4,879,788 which is an increase of \$329,592 (7.2%) compared to FY 2013-14. The General Fund does not provide any financing to this budget unit. The County's share of cost is met with Welfare/Social Services 1991 Realignment funds (Fund 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/Social Services Fund as has 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/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		FUND: GENERAL		0001 5-302	
	ACTUAL EXPENDITURE 2012-13	ACTUAL EXPENDITURE 3-31-14	ADOPTED BUDGET 2013-14	CAO RECOMMEND 2014-15	% CHANGE OVER 2013-14	
EXPENDITURES						
SERVICES AND SUPPLIES	31,996	17,704	26,500	30,864	16.5	
OTHER CHARGES	32,824	14,328	44,640	36,864	17.4-	
* GROSS BUDGET	64,820	32,032	71,140	67,728	4.8-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	64,820	32,032	71,140	67,728	4.8-	
OTHER REVENUES						
USER PAY REVENUES	18,253	5,230	14,544	14,544	.0	
GOVERNMENTAL REVENUES	0	0	0	0	.0	
TOTAL OTHER REVENUES	18,253	5,230	14,544	14,544	.0	
* UNREIMBURSED COSTS	46,567	26,802	56,596	53,184	6.0-	
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

- \$4,364 Increase in projected Indigent Burial costs

Other Charges

- (\$7,776) Decrease in projected Support & Care costs

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, who are lawfully residents in the County, when they are not supported by their friends, relatives, or by their own means. In order to comply with this mandate, Sutter County administers the General Relief, Interim Assistance, and Indigent Burial programs. These programs are financed by County funds except for funds received from burial permits and reimbursement from Interim Assistance payments. All able-bodied persons receiving General Relief must participate in a job search and work project.

Human Services

General Relief (5-302)

Tom Sherry, Director of Human Services

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 7/1/12 – 6/30/13 CPI, the rate increase for FY 2014-15 is 2.6%.

Recommended Budget

This budget is recommended at \$67,728, which is a decrease of \$3,412 (4.8%) compared to FY 2013-14. The General Fund provides 78.5% 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.