

Pain Isn't Always Obvious

**KNOW
THE SIGNS**



Suicide Is Preventable

Human Services

Section E

Sutter-Yuba Mental Health participates in the statewide effort to reduce suicide through education and resources. The Human Services Department is comprised of Sutter-Yuba Mental Health Services, Sutter County Public Health, and the Welfare & Social Services Division.

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 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	407,429	290,634	381,219	380,626	.2-
SERVICES AND SUPPLIES	22,842	23,945	30,815	14,300	53.6-
OTHER CHARGES	13,173	4,760	14,126	39,055	176.5
* GROSS BUDGET	443,444	319,339	426,160	433,981	1.8
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	443,444	319,339	426,160	433,981	1.8
OTHER REVENUES					
USER PAY REVENUES	405,744	85,474	356,272	364,767	2.4
GOVERNMENTAL REVENUES	0	0	0	0	.0
GENERAL REVENUES	24-	0	0	0	.0
TOTAL OTHER REVENUES	405,720	85,474	356,272	364,767	2.4
* UNREIMBURSED COSTS	37,724	233,865	69,888	69,214	1.0-
ALLOCATED POSITIONS	4.00	4.00	4.00	3.00	25.0-

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 2012-2013 was a little more than \$80 million and approximately 385 FTEs.

Major Budget Changes

Services & Supplies

- (\$12,251) Decrease in Rent/Leases; moving employee out of rental

space and into County-owned space

- (\$1,700) Decrease in Utilities; moving employee out of rental space

Other Charges

- \$22,500 Interfund Plant Acquisition project to remodel County-owned space in order to move employee out of rented office space

Program Discussion

This budget funds the Director and support staff that provides leadership and administrative support functions for the Department of Human Services, the County's largest department.

Human Services Administration (4-120)

Tom Sherry, Director of Human Services

A major project this year is the County's role in implementing the Affordable Care Act (ACA). The State is currently developing their plan for implementing the ACA. The three divisions of the Human Services Department will each be affected differently by the State's plans. 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. It is not unusual for heavily supported state and federal programs to be housed in leased facilities. In fact, federal funding programs create disincentives for owning rather than leasing facilities. 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 to coordinate services and increase efficiencies would be a significant benefit from co-location of Department operations. In the meantime, the Department will continue to explore alternatives to address the facility needs of the department.

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

Recommended Budget

This budget is recommended at \$433,981, which is an increase of \$7,821 (1.8%) compared to FY 2012-13.

The \$69,214 unreimbursed cost, which is decreased by \$674 (1.0%) over FY 2012-13, 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.

One Plant Acquisition project is recommended to remodel County-owned space within the Health Facility in order to move one Human Services employee out of rented office space. Once this project is complete, the three remaining Human Services staff will be co-located within the Health Facility.

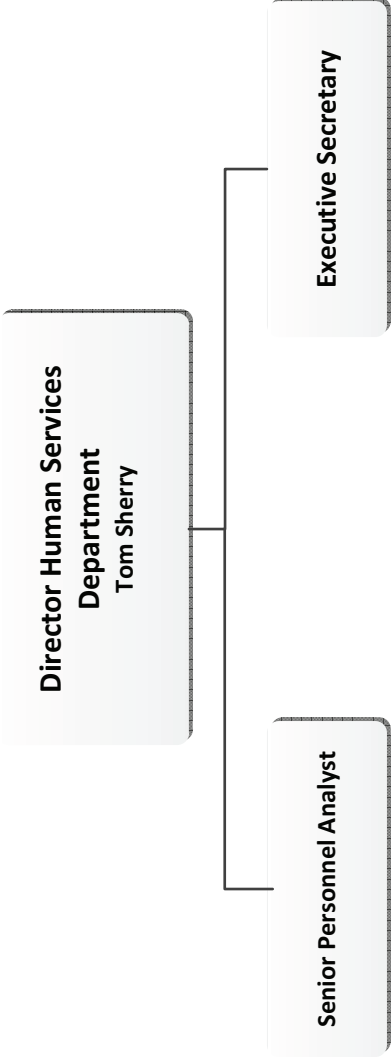
It is recommended that the vacant and unfunded Administrative Services Manager position be eliminated from the position allocation schedule. There is no budget reduction associated with this recommendation, as the position has been unfunded.

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 2013-2014**

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 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	4,639,165	3,599,275	5,009,591	4,860,584	3.0-	
SERVICES AND SUPPLIES	722,574	488,577	780,774	696,060	10.9-	
OTHER CHARGES	325,037	238,784	357,090	355,591	.4-	
CAPITAL ASSETS	57,479	0	5,700	0	100.0-	
* GROSS BUDGET	5,744,255	4,326,636	6,153,155	5,912,235	3.9-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	5,744,255	4,326,636	6,153,155	5,912,235	3.9-	
OTHER REVENUES						
USER PAY REVENUES	1,115,063	591,633	1,178,341	905,151	23.2-	
GOVERNMENTAL REVENUES	1,972,743	1,278,855	2,078,439	2,203,404	6.0	
GENERAL REVENUES	212-	0	0	0	.0	
OTHER FINANCING SOURCES	3,650	0	0	0	.0	
TOTAL OTHER REVENUES	3,091,244	1,870,488	3,256,780	3,108,555	4.6-	
* UNREIMBURSED COSTS	2,653,011	2,456,148	2,896,375	2,803,680	3.2-	
ALLOCATED POSITIONS	58.73	57.38	57.23	54.68	4.5-	

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.

Human Services Health (4-103)

Tom Sherry, Director of Human Services

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

- (\$56,322) Elimination of one (1.0 FTE) vacant Nutrition Assistant position
- (\$127,598) Elimination of one (1.0 FTE) vacant Family Nurse Practitioner position
- (\$83,684) Remove funding for one vacant Public Health Nurse II / Social Services Worker III position pending approval of funding in revised Medi-Cal Administrative Activities program plan

Services & Supplies

- (\$93,483) Net decrease in Office Expenses, Special Departmental Expenses, Office Equipment, Educational Materials, and Transportation and Travel; offset by increases in Medical Malpractice Insurance and Medical Dental Lab Supplies

Revenues

- (\$150,000) Loss of CMSP revenue – grant ended for CMSP Pilot Project
- (\$150,260) Reduction in contract revenue due to County employees no

longer contracted to Peach Tree Clinic

- \$23,649 Increase in State Tuberculosis Program funding
- \$19,000 Increase in SB910 Case Management funding associated with the Medi-Cal Administrative Activities plan
- \$62,051 Increase in State California Children's Services based on estimated state share of the 2012-13 allocation
- \$50,000 Increase in Nutrition Assistance Program Education (SNAP-Ed) grant award
- (\$23,071) Reduction in WIC revenue due to caseload reduction

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, 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. It is estimated that Sutter County will have 5,395 additional residents eligible for Medi-Cal under the ACA.

Adults with incomes between 138 and 400% FPL will be 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.

Medi-Cal Expansion in California

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

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. To date, neither option provides assurances about how much 1991 health realignment will be available for local health purposes.

Another area of concern is the realignment of additional programs to counties. If counties are to take on new risks associated with new programs, counties may need constitutional protections from future actions of the state legislature, federal government, and courts. Additionally, counties need assurances that revenues will grow concurrently with program mandates and costs.

Public Health Laboratory Services

There has been a continuous decline in workload in Public Health Lab Services over the past several years. One reason for this decline may be 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 use of staff time. The Department currently maintains a stand-by/on-call Public Health Microbiologist and has retained the 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 4-103 Budget Unit.

Specialized Health Programs

The Health Division budget also funds various specialized health programs. These include

administration of the California Children's Services Program; TB Control Program; 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); 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

In 2010, California developed an Operational Plan for the development and implementation of Health Information Exchange (HIE) services. The Health Division is working with the California Department of Public Health on an electronic disease reporting and surveillance system integrated with electronic laboratory reporting (ELR). The California Reportable Disease Information Exchange (CalREDIE) is a computer application that the California Department of Public Health (CDPH) has implemented for web-based disease reporting and surveillance and the Communicable Disease Control program is participating in the implementation phase of CalREDIE. In addition, the Health Division is planning 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 surveillance systems. As mentioned in years

past, the Health Division's patient care management and billing software dates from 1992 and is in need of updating in order to meet reorganized and future needs. The update is expected to increase efficiency of data collection and records management, and to facilitate electronic health information exchange in Public Health.

Funding of the Health Division

Overall, the FY 2013-14 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 State support for certain Public Health programs, especially those programs funded by the federal government due to sequestration. At the time of this writing, very little has emerged from Congress about how the sequester cuts will be implemented. Congress has been focused on both how to fund the federal government through the end of the federal fiscal year (FFY 2013) and proposals for FFY 2014.

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 2013-14. Should State funding for this program be further reduced during FY 2013-14, the Department will return to the Board of Supervisors with a recommendation to incorporate funding changes in the FY 2013-14 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 (fund 0-287), and Child Passenger Restraint (fund 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 \$5,912,235 with a net unreimbursed cost of \$2,803,680, which is a decrease of \$92,695 (3.2%) compared to FY 2012-13. 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 recommended budget over-matches the MOE by approximately \$44,000, which is a reduction of \$115,140 (72%) compared to the FY 2012-13 Adopted Budget.

In prior years, a full-time (1.0 FTE) Nurse Practitioner position and a half-time (0.5 FTE) Licensed Vocational Nurse position were contracted to PeachTree Clinic. The clinic notified the County in FY 2012-13 that those positions were no longer needed. The Nurse Practitioner position is currently vacant. In addition, a Nutritional Assistant position is vacant and not filled due to a decrease in caseload. The budget reflects the elimination of these vacant positions and the corresponding revenue loss.

Funding for one vacant Public Health Nurse II / Social Services Worker III position has been removed from the budget recommendation, pending approval of funding in revised Medi-Cal Administrative Activities (MAA) program plan. It is anticipated that the Department will request the position be refunded with approval of the revised MAA plan.

Additionally, 10% of the Health Officer position and 60% of one Office Assistant II position have been removed from this budget unit and included in the Jail Medical Services budget unit (4-134) to more accurately reflect time spent.

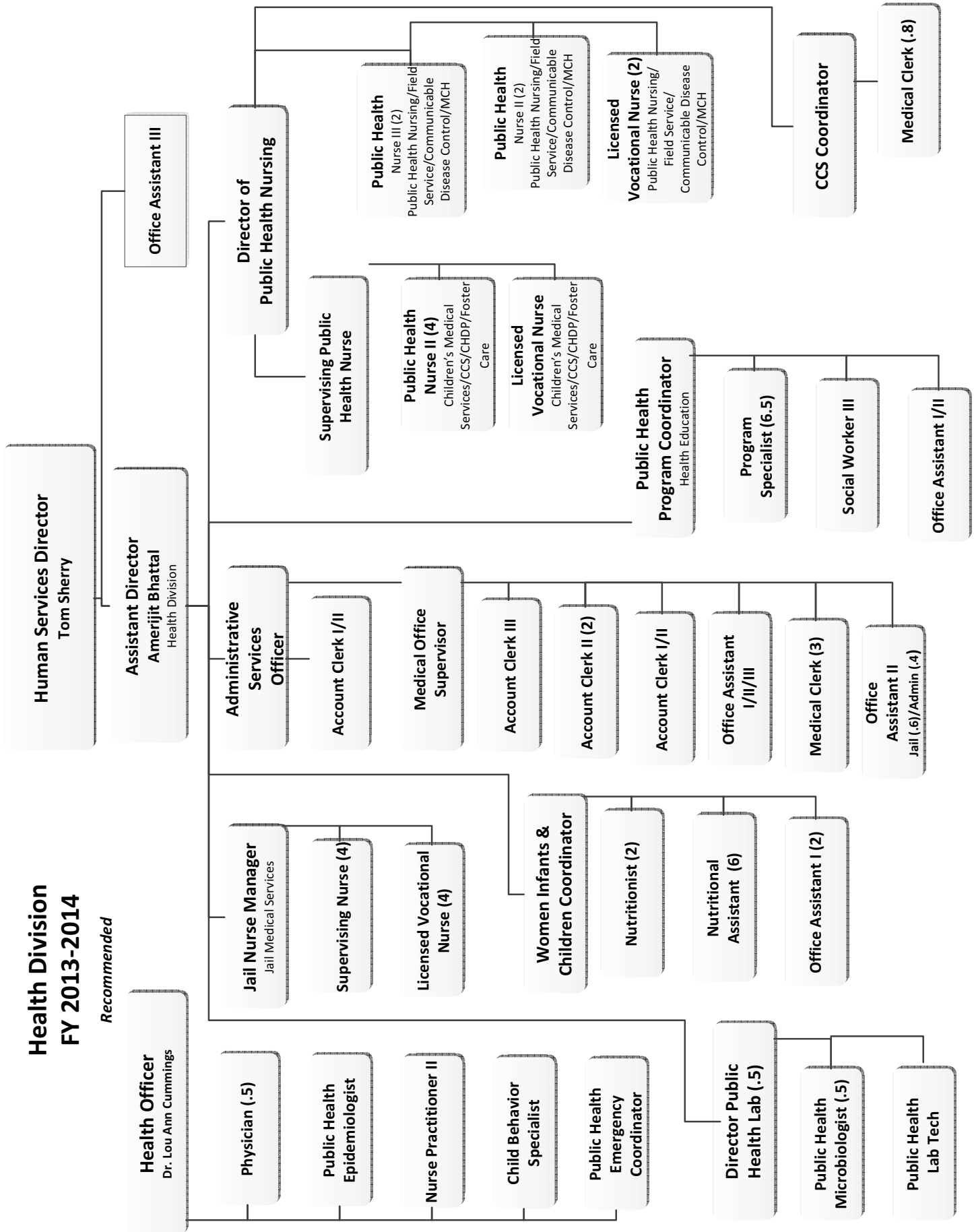
Of the remaining 54.68 FTE positions contained in the Health Department budget, 30.19 FTE positions are directly grant funded.

Use of Fund Balance

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

Health Division FY 2013-2014

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 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	1,110,805	930,219	1,254,976	1,297,623	3.4	
SERVICES AND SUPPLIES	342,151	237,001	298,825	296,410	.8-	
OTHER CHARGES	580,764	502,183	531,912	551,870	3.8	
* GROSS BUDGET	2,033,720	1,669,403	2,085,713	2,145,903	2.9	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	2,033,720	1,669,403	2,085,713	2,145,903	2.9	
OTHER REVENUES						
USER PAY REVENUES	0	1,446,252	2,085,713	2,145,903	2.9	
GOVERNMENTAL REVENUES	0	0	0	0	.0	
TOTAL OTHER REVENUES	0	1,446,252	2,085,713	2,145,903	2.9	
* UNREIMBURSED COSTS	2,033,720	223,151	0	0	.0	
ALLOCATED POSITIONS	8.57	10.42	10.57	11.12	5.2	

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

- \$42,647 General increase due to negotiated salaries and benefits

Other Charges

- \$19,958 Partial transfer of Interfund costs for IT and other charges from the Health budget unit to reflect shared use

Revenue

- \$60,190 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.

In FY 2012-13, two additional permanent Registered Nurse positions were added to the budget to help reduce overtime required by regular staff and to help reduce the use of Extra Help staffing.

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 given the current level of Jail Medical Services staffing.

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.

Compared to the prior year, there is 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.

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 longer lengths of incarceration.

Severity of Inmate Health and Mental Health Conditions

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

Human Services

Jail Medical Services (4-134)

Tom Sherry, Director of Human Services

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 and orthopedic surgeries 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 an 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.

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 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 currently being reviewed by the Department of Health Care Services.

Recommended Budget

This budget is recommended at \$2,145,903, which is an increase of \$60,190 (2.9%) compared to FY 2012-13. Jail Medical Services are 100% funded by the General Fund.

Support & Care of Persons expense reflects

Human Services Jail Medical Services (4-134)

Tom Sherry, Director of Human Services

direct expenditures related to the hospitalizations and other outside care of inmates. This line item is recommended at \$530,000. There is no recommended change from the prior year. However, in FY 2012-13 this reflected an increase of \$210,000, or 65%, over the FY 2011-12 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

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: NON-COUNTY PROVIDERS		FUND: HEALTH		0012 4-201	
	ACTUAL EXPENDITURE 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13	
EXPENDITURES						
SERVICES AND SUPPLIES	26,400	22,000	26,400	26,400	.0	
OTHER CHARGES	820,939	559,888	774,565	621,476	19.8-	
* GROSS BUDGET	847,339	581,888	800,965	647,876	19.1-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	847,339	581,888	800,965	647,876	19.1-	
OTHER REVENUES						
USER PAY REVENUES	20,365	0	23,718	23,718	.0	
GOVERNMENTAL REVENUES	0	0	0	0	.0	
TOTAL OTHER REVENUES	20,365	0	23,718	23,718	.0	
* UNREIMBURSED COSTS	826,974	581,888	777,247	624,158	19.7-	
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 which are provided to County residents by County Departments outside of the Health Fund or by health related non-County agencies.

Major Budget Changes

Other Charges

- (\$153,089) Decrease in Interfund transfer to Environmental Health reflecting recommended net reductions in the Environmental Health budget unit (2-725)

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 designated as the local EMS agency for each of the member counties (which include Placer, Yolo, Yuba, Sutter, Nevada, Colusa, Butte, Shasta, Tehama, and Siskiyou) 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 \$52,750. 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

Human Services

Non County Providers (4-201)

Tom Sherry, Director of Human Services

the rate of \$0.41 differs from the time of this writing. 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. The Department anticipates bringing a revision to the agreement with S-SV EMS to the Board in the near future. The revised agreement will delegate additional local Emergency Medical Services (EMS) Agency responsibilities, contained in the Sutter County Ambulance Services Ordinance.

This budget unit also appropriates \$26,400 for a contract with Bi-County Ambulance Services for indigent medical transportation. 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.

County Medical Services Program

Background

Sutter County participates in the County Medical Services Program (CMSP) through an agreement between the County and Governing Board of the CMSP. CMSP and its authority are established in California Welfare and Institutions Code Section 16809 et seq. This budget contains the participation fee (\$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 2013-14. 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.

As a program, CMSP was established in 1982 at the 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 funds 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 identical 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.

It is estimated that CMSP expends approximately \$5.2 million dollars for medical

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care to Sutter County indigent adults and receives approximately \$4.5 million of 1991 Realignment money for that care. Sutter County directly contributes \$2,996,118 of realignment funds (shown in the Health Care-General budget unit 4-110) plus the cost of the participation fee and, when required, a risk assessment fee. The participation and risk payments are made in concept with general fund monies. The additional 1991 Realignment funds that CMSP receives are from “growth monies,” which are appropriated directly to CMSP by the original 1991 Realignment legislation. CMSP receives approximately \$1.5 million dollars, which represents the Sutter County share of Realignment growth funds based on a calculation of the total growth fund available. Should Sutter County withdraw from the CMSP, the only 1991 Realignment funds available to Sutter County would be the \$2,996,118 contained in the original legislation. The Realignment growth funds would be retained by CMSP and would not be available to Sutter County.

The statute authorizes 39 counties to participate in the program. Today, 35 counties participate. CMSP serves roughly 70,000 average monthly enrollees through two programs: CMSP and Path2Health, the CMSP Low Income Health Program, or LIHP. Sutter County has roughly 2,000 average monthly enrollees.

It is important to note that the strength of the revenues supporting CMSP is inversely related to the need for health care services by low income people. When revenues are strong, the economy is strong and more people have jobs; some may have health coverage. When the economy declines, people lose work and the need for health care services increases. Recognizing this dynamic, the CMSP Governing Board retained a Contingency Reserve. Since 2000, the CMSP program has

taken a number of steps to strengthen CMSP and assure it can serve enrollees in the 35 counties with available Realignment revenues. Through these changes, and because of a strong economy in the period of 2004 through 2007, the program was able to build a Contingency Reserve to support the program should annual expenses exceed annual revenues. By 2008, this Reserve was approximately \$250 million.

During the 2008-2011 recession, demand for services grew 50% in three years and by June 30, 2012 the Contingency Reserve was reduced to less than \$2 million. Because the CMSP Governing Board established a Low Income Health Program (LIHP) beginning January 1, 2012, operations continued with the support of federal matching funds and an effective transition was made without interruption of health coverage to the growing population and prevented any cuts to eligibility, benefits, or provider payment rates services to CMSP and Path2Health enrollees.

Low Income Health Program (LIHP)

On November 2, 2010, the Federal government approved California’s five year, “Bridge to Reform” Section 1115 waiver proposal through which California advanced program changes related in particular to Medi-Cal expansion. This was to help the State transition to the federal reforms which are proposed to take effect in January, 2014. In addition, a program known as the Low Income Health Program (LIHP), an optional program, was established. It is authorized by Chapter 723, Statutes of 2010 (Assembly Bill 342), Welfare and Institutions Code Sections 15909-15915 and is approved under California’s section 1115 (a) Medicaid Demonstration, “Bridge to Reform.” On October 27, 2011, the CMSP Governing Board approved implementation and operation of Path2Health as an LIHP pilot project from January 1, 2012 to December 31, 2013 in all its counties

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including Sutter. The LIHP provides the CMSP Board with the opportunity to begin an early implementation of key coverage expansion components of the Patient Protection and Affordable Care Act (ACA) of 2010, and is authorized to use a combination of uncapped and restricted levels of Federal funds for the LIHP. Path2Health, the CMSP Governing Board approved LIHP, expands no-cost medical coverage to uninsured, low-income adults who are aged 19-64 with incomes up to 100 percent of the federal poverty level (about \$10,890 for a single person annually).

Health Realignment funds have been used to match the federal LIHP funds, pay for services to enrollees in CMSP that do not qualify for the LIHP, and for program administration. The maintenance of effort amount established under the LIHP program is approximately \$125 million.

On January 1, 2014, CMSP and Path2Health eligible individuals meeting the Federal citizenship/identity requirements and with incomes at or below 138% of the federal poverty level (FPL) would likely become Medi-Cal eligible. At that time, those individuals covered through LIHP will transition into the Medi-Cal program or the new statewide Health Benefits Exchange under the ACA, known as Covered California.

Medi-Cal Expansion

With an effective date of January 1, 2014 for the Medi-Cal expansion, there is urgency for the State to determine how the Medi-Cal program will be expanded to include low income, single adults. The Medi-Cal expansion in CMSP counties should happen within the State system. Under this approach, the State would be responsible for contracting with Medi-Cal managed care plans, determining network adequacy, and addressing

billing, cost sharing and associated legal issues.

For FY 2013-14, the CMSP/Path2Health Budget is predicated upon a full year of Health Realignment funding. This funding is required to make claims payment for continued residual populations that do not become eligible for Medi-Cal or Covered California and for medical claims of covered LIHP and CMSP enrollees for the last six months of calendar year 2013. These "incurred but not paid" claims, as they are known, will be paid over the first 6-9 months of 2014, and are a part of the calculation that requires full Health Realignment funding through FY 2013-14.

Beginning January 1, 2014, it is expected that LIHP enrollees move to Medi-Cal because they will be eligible under federal rules. The movement of other populations in CMSP to Medi-Cal or Covered California is less certain, and will be affected by the application process for those not immediately transferred to Medi-Cal and by decisions of individuals about whether or not to apply for Covered California during its Open Enrollment period. It is anticipated a continuing residual service population of up to 50% of the eligible population remains.

It should be recognized that there are no costs to the State of California for the Medi-Cal expansion for three years, 2014-2016, and in consideration of this fact, no transfer of Health Realignment funds should be considered unless:

- There are net costs to the State associated with Medi-Cal's expansion to cover low income, single adults;
- Counties retain sufficient Health Realignment funds to address residual responsibilities, including serving the

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remaining uninsured and carrying out public health service obligations; and,

- Counties, including CMSP counties, retain free-up revenues beyond documented net State costs and utilize these resources for reinvestment in local health and public health systems and programs.

Beginning in FY 2014-15, if the maintenance of effort calculation used for CMSP's participation in the LIHP were used, roughly \$100 million would be retained by CMSP for continued services to residual populations and roughly \$125 million would be retained by CMSP for reinvestment in rural health delivery systems. Under this policy approach, roughly \$250 million would be retained by CMSP counties for reinvestment before the State experiences any costs with the Medi-Cal expansion population.

It is the CMSP Governing Board's position that Health Realignment revenues should be retained by the CMSP counties and the Governing Board until the State experiences costs for the expansion population. The Governing Board will utilize these revenues to serve the residual populations left uncovered by the Medi-Cal expansion, and the remaining funds will be reinvested in the health care infrastructure of the CMSP counties, specifically provider network and infrastructure development for primary care, specialty care, behavioral health, and health home supports. With the Medi-Cal expansion in rural counties, provider network capacity to serve the population is vital.

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). The unreimbursed cost of the

Environmental Health program is now reflected in the Non-County Providers budget unit (4-201). 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 \$379,945 to be transferred to the Environmental Health budget unit (2-725), a division of the Development Services Department. The amount budgeted in the interfund account for Environmental Health is based on the Environmental Health division's budgeted Unreimbursed Cost for FY 2013-14. Environmental Health service is part of the County's required health care Maintenance of Effort (MOE). As long as Sutter County continues to meet its overall Health Care MOE for the receipt of 1991 Realignment dollars, a reduction in this expense item will ultimately reduce the required General Fund contribution to the Health Fund.

Recommended Budget

This budget is recommended at \$647,876, with a net unreimbursed cost of \$624,158, which is a decrease of \$153,089 (19.7%) compared to FY 2012-13.

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. This is considered a General Fund cost.

The County Share in the EMS Agency is recommended at \$52,750. 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

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Emergency Medical Services Special Revenue Fund (0-252), in the amount of \$23,718.

This budget contains the participation fee (\$188,781) set by legislation for the County to participate in the CMSP. This is considered a General Fund cost.

The budget also includes \$379,945 to be transferred to the Environmental Health budget unit. The recommended amount represents a reduction of \$153,089 over the FY 2012-13 Adopted Budget due to reductions in the Development Services Department and the Environmental Health Division budget.

Use of Fund Balance

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

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 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13	
EXPENDITURES						
SERVICES AND SUPPLIES	64,655	50,937	64,500	70,480	9.3	
OTHER CHARGES	210,368	30,927	210,368	210,368	.0	
* GROSS BUDGET	275,023	81,864	274,868	280,848	2.2	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	275,023	81,864	274,868	280,848	2.2	
OTHER REVENUES						
USER PAY REVENUES	141,150	0	141,150	141,150	.0	
GOVERNMENTAL REVENUES	0	11,044	0	0	.0	
TOTAL OTHER REVENUES	141,150	11,044	141,150	141,150	.0	
* UNREIMBURSED COSTS	133,873	70,820	133,718	139,698	4.5	
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

Services & Supplies

- \$5,980 General increase in therapy services costs provided under agreement with Yuba County

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 age 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 the

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

Tom Sherry, Director of Human Services

program. 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).

Therapy services are provided at the County level while diagnostic and treatment services are provided by private medical providers. 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 the 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 percent 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. It should be noted that in FY 2011-12 the State did contribute additional funding due to some highly expensive medical procedures required for a few of the enrolled cases.

The growth in CCS caseloads and program costs has steadily increased over time. This increase places 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-Medical or non-Healthy Families cases) exceeded the State allocation and Emergency Relief Funding was granted by the State which covers 100% of most costs, with the exception of Vendor Therapy. The relief funds are available on a first come first served basis and are not guaranteed. If 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.

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

Tom Sherry, Director of Human Services

Healthy Families Program

The Healthy Families Program (HFP) provides comprehensive health, dental, and vision benefits through contracts with selected insurance plans for children under age 19 who are not eligible for Medi-Cal. Children enrolled in HFP have access to all covered services that are medically necessary. If the HFP member is eligible for CCS services, the local CCS program pays for specific services and equipment that the CCS program has authorized if the services are provided by CCS-approved providers.

Should changes occur in the Healthy Families program in the future, there may be impacts to the CCS program in that counties may see cost increases due to children moving from Healthy Families (in which counties have a 17% share) to Basic CCS (in which counties have a 50% share) for those children who do not qualify for Medi-Cal. Approximately 25% of the total CCS caseload has Healthy Families insurance. In addition, the CCS County Administration allocation could be reduced by as much as 33% (\$95,000) if the Healthy Families program is eliminated.

Pursuant to Assembly Bill (AB) 1494, (Committee on Budget, Chapter 28, Statutes of 2012), as of January 1, 2013, HFP enrollees are being transitioned to Medi-Cal as allowed under federal law in California. This is occurring in four separate phases over the course of one year in California; Sutter County children are scheduled to be transitioned in the last phase. 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 and are expected to be completed June 30, 2013. In both Healthy

Families and Medi-Cal, CCS services are generally “carved out” of the health plans’ responsibility. Thus, the transition will not affect 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 an increase of \$5,980 (2.2%) compared to FY 2012-13. This budget unit receives a portion of its financing from the General Fund, with the balance of the 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 in FY 2013-14. 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

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

Tom Sherry, Director of Human Services

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 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13
EXPENDITURES					
SERVICES AND SUPPLIES	111,899	63,082	125,802	125,802	.0
OTHER CHARGES	33,675	0	33,718	36,218	7.4
* GROSS BUDGET	145,574	63,082	159,520	162,020	1.6
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	145,574	63,082	159,520	162,020	1.6
APPROPRIATION FOR CONTINGENCY	0	0	0	0	.0
INCREASES IN RESERVES	0	0	0	0	.0
* TOTAL BUDGET	145,574	63,082	159,520	162,020	1.6
OTHER REVENUES					
USER PAY REVENUES	0	0	0	0	.0
GOVERNMENTAL REVENUES	134,155	802	149,520	152,020	1.7
GENERAL REVENUES	10,118	97,864	0	0	.0
CANCELLATION OF OBLIGATED F/B	0	0	10,000	10,000	.0
GENERAL REVENUES	0	0	0	0	.0
AVAILABLE FUND BALANCE 7/1	0	0	0	0	.0
TOTAL AVAILABLE FINANCING	144,273	98,666	159,520	162,020	1.6
* UNREIMBURSED COSTS	1,301	35,584-	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 2013-14.

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 account for physicians and surgeons who provide emergency medical services (and

Human Services

Emergency Medical Services Fund (0-252)

Tom Sherry, Director of Human Services

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. With Board approval, these reserve funds will be used in the event that the EMS Fund cannot make payments for all claims in a given year from current year revenues.

Recommended Budget

This budget is recommended at \$162,020, which is an increase of \$2,500 (1.6%) compared to FY 2012-13.

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 in the future, with Board approval, in the event collections in the EMS fund decrease below current levels.

Projected Physician Revenue for FY 2013-14 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 \$10,000 to fund anticipated Physician Expense claims for FY 2013-14.

Human Services Mental Health (4-102)

Tom Sherry, Director of Human Services

E X E C U T I V E S U M M A R Y					
DEPT HEAD: TOM SHERRY	UNIT: MENTAL HEALTH SERVICE		FUND: BI-COUNTY MENTAL HEALTH		0007 4-102
	ACTUAL EXPENDITURE 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	11,216,469	9,130,730	12,532,482	12,806,232	2.2
SERVICES AND SUPPLIES	6,346,459	4,492,554	7,539,554	7,065,750	6.3-
OTHER CHARGES	4,452,027	2,335,333	4,032,912	4,036,399	.1
CAPITAL ASSETS	0	0	0	87,000	***
* GROSS BUDGET	22,014,955	15,958,617	24,104,948	23,995,381	.5-
* NET BUDGET	22,014,955	15,958,617	24,104,948	23,995,381	.5-
APPROPRIATION FOR CONTINGENCY	0	0	0	1,000,000	***
INCREASES IN RESERVES	0	0	0	0	.0
* TOTAL BUDGET	22,014,955	15,958,617	24,104,948	24,995,381	3.7
OTHER REVENUES					
USER PAY REVENUES	9,560,062	10,121,116	9,959,170	15,207,471	52.7
GOVERNMENTAL REVENUES	12,377,178	5,482,624	13,903,666	8,217,322	40.9-
GENERAL REVENUES	92,365	19,404	100,120	35,120	64.9-
OTHER FINANCING SOURCES	5,032	0	0	0	.0
CANCELLATION OF OBLIGATED F/B	0	0	141,992	1,535,468	981.4
TOTAL OTHER REVENUES	22,034,637	15,623,144	24,104,948	24,995,381	3.7
* UNREIMBURSED COSTS	19,682-	335,473	0	0	.0
ALLOCATED POSITIONS	108.64	112.14	110.14	113.44	3.0

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 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 payor status; administers managed-care contracts for mental health services with private for profit and nonprofit agencies; and provides a comprehensive system of care for the mentally ill, to the extent resources are available.

Major Budget Changes

Salaries & Benefits

- \$300,763 General increase in Salaries and Benefits, offset by a \$250,000 decrease in Extra Help staffing

Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

Services & Supplies

- (\$500,817) Decrease in Services and Supplies accounts primarily due to changes in the payment methodology for Drug Medi-Cal whereby providers now contract directly with the State

Other Charges

- \$208,261 Increase in Support and Care of Persons to provide funding for hospitalizations and other residential placements
- \$158,810 Increase in Interfund Plant Acquisition to replace a portion of the roof on the main Mental Health building
- (\$396,782) Decrease in Interfund Overhead (A-87) Cost Plan charges as provided by the Auditor-Controller's office

Capital Assets

- \$87,000 Replacement of three mid-sized sedans and one small SUV

Appropriation for Contingency

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

Revenues

- \$125,000 Increase in Mental Health Services - Other County due to increased usage of beds on the Psychiatric Health Facility by other counties under contract

- \$4,692,941 Increase in Interfund Transfer In – Realignment primarily due to the addition of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and State Inpatient Consolidation SGF (Managed Care) funding to realigned programs

- (\$4,627,418) Decrease in State EPSDT Mental Health and Managed Care funding as these programs have now been realigned

- \$289,138 Increase in estimated Interfund Transfer In - Sales Tax revenues under 1991 Realignment

- (\$1,324,608) Decrease in Federal Drug Medi-Cal (DMC) as the state now receives and pays out the federal share directly to DMC providers

- \$308,259 Increase in Federal Mental Health Medi-Cal due to estimates based on current revenue

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 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 more than a doubling of clients being served.

Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

Under Medi-Cal consolidation, SYMHS has been the Mental Health Plan for the 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 Alcohol and Other Drug (AOD) 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 primarily through a combination of Medi-Cal and EPSDT.

SYMHS has provided drug and alcohol services to local residents under Net Negotiated Amount (NNA) contracts with the State Department of Alcohol and Drug Programs (DADP), 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. Effective July 1, 2013, DADP is scheduled for elimination. DADP-administered programs are scheduled to be transferred to the Department of Health Care Services (DHCS).

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; 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

Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

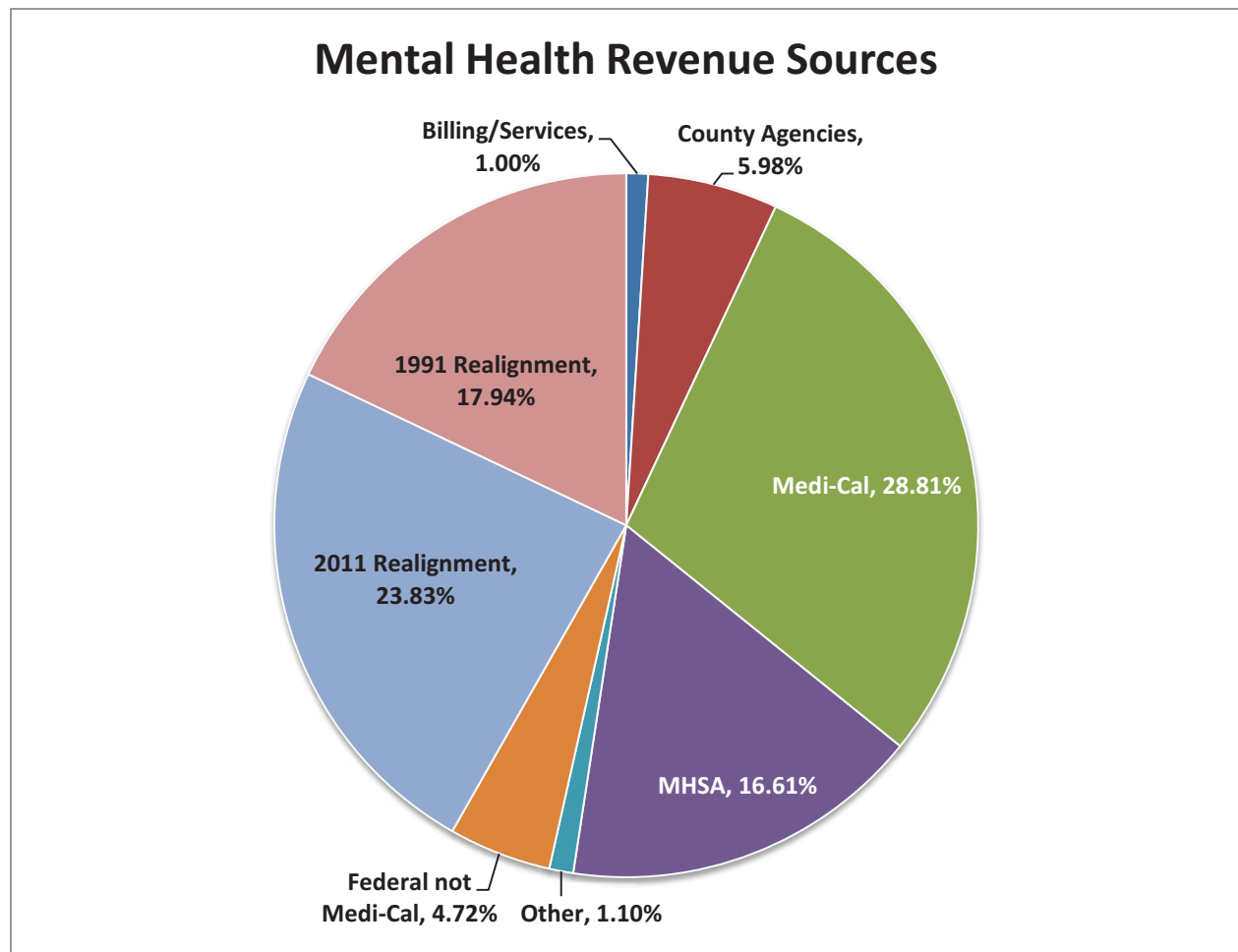
Steps program. First Steps is widely recognized to be a very effective substance abuse treatment program with many successful graduates in our communities.

Although responsibility for Drug Medi-Cal services has been realigned to counties, local DMC providers are still contracted directly with the DADP. There are currently three of these agencies in the community. It is anticipated that SYMHS may eventually assume responsibility for oversight of these contractor-provided services, but this transition has yet to be worked out.

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. The California Department of Mental Health (DMH) was eliminated effective July 1, 2012. DMH programs that impact SYMHS were mainly realigned into DHCS, but also to a lesser degree into the State Department of Social Services, the Office of Statewide Health Planning and Development, and the State Department of Public Health.

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



Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

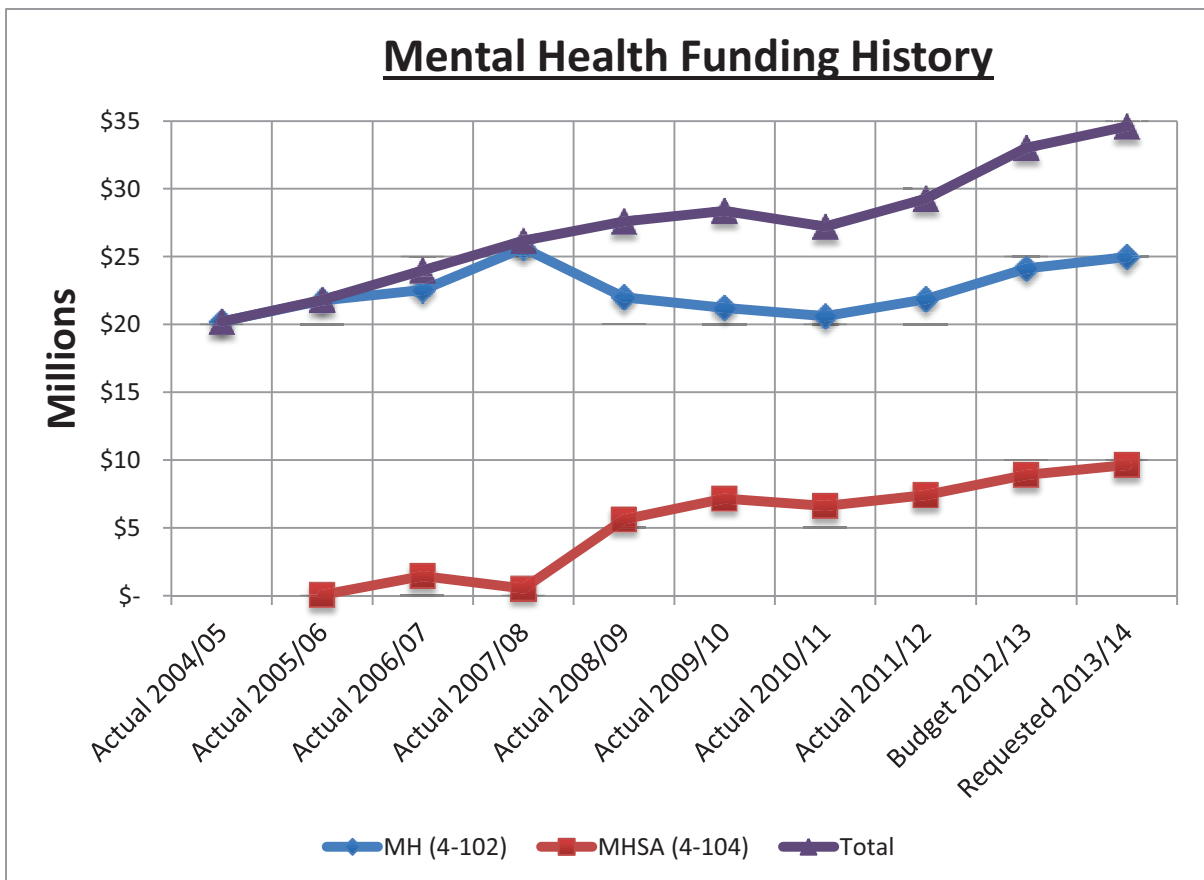
requirements and revenues related to Healthcare Reform. When more is known, SYMHS will submit budget adjustments for consideration by the Board as required.

FY 2013-14 Budget Discussion

SYMHS' rates are required by federal law to be based on actual costs. Medi-Cal is billed using estimated rates 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 cost report process. For many years, reimbursements to counties were based on statewide maximum allowable (SMA) rates set by DMH. DMH held the SMA rates constant for several years for state budgeting purposes, guaranteeing that counties' mental health programs operated at a loss when treating Medi-Cal beneficiaries. To address this problem, DHCS has negotiated a State Plan Amendment (SPA) with the federal Centers for Medicare and

Medicaid Services (CMS) under which counties will be reimbursed by the federal government at the federal matching rate for the difference between the SMA rates and counties' published rates based on actual cost. The SPA was approved for services provided in FY 2009-10. This new funding will be available upon cost report settlement, typically two years or more after expenses are incurred. The process for claiming this reimbursement is still under negotiation between the state and federal governments.

For FY 2013-14, SYMHS will charge \$952.74 per day on the Inpatient Unit. Other services are charged by the minute: \$6.44 per minute for Medication Support, \$2.70 per minute for Case Management/Brokerage, \$3.49 per minute for Mental Health Services, and \$5.19 per minute for Crisis Intervention. These rates will be adjusted upon completion of the FY 2011-12 Cost Report.



Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

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

From a financial perspective, several factors are affecting the FY 2013-14 Mental Health budget.

- Since FY 2003-04, both locally and statewide, Mental Health Realignment allocations have remained flat or declined. Mental Health Realignment (1991) revenue was originally based on portions of sales taxes and motor vehicle license fees but, due to 2011 Realignment, beginning in FY 2011-12 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.
- For FY 2011-12, the state enacted legislation (AB 100) that “redirected” a state-wide total of \$861 million in Mental Health Services Act (MHSA) funds to fund three traditional mental health programs previously funded by the State General Fund (SGF): Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), mental health managed care, and mental health services for special education students (formerly the AB 3632 mandate). 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.

- AOD funding has remained flat or declined slightly for the last several years. New funding under Criminal Justice Realignment has allowed the addition of AOD programs at Probation.

The complexity of mental health and AOD funding and programs has increased for a variety of reasons, including 2011 Realignment and major changes to MHSA's payment methodology. This added complexity may require added administrative staff. During the economic recession, use of extra help employees was increased to contain costs and provide needed flexibility. This practice is becoming problematic due to provisions included in the Patient Protection and Affordable Care Act (PPACA).

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 internal 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

Human Services

Mental Health (4-102)

Tom Sherry, Director of Human Services

year the services were provided. This means that any error that is discovered may have continued to be made in the 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 \$24,995,381, which is an increase of \$890,433 (3.7%) compared to FY 2012-13. The increase is primarily due to ongoing implementation of 2011 Realignment. 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.

For FY 2013-14, the Recommended Budget includes restoration of funding for one Intervention Counselor position that was previously frozen and addition of a 0.25 FTE Mental Health Therapist I/II/III position transferred from the Mental Health Services Act Budget (4-104) with both actions effective July 1, 2013. It is also recommended that all Office Assistant I (1 FTE) and Office Assistant II (5 FTEs) positions be reallocated as flexibly staffed Office Assistant I/II positions to give the Department flexibility in hiring decisions. Each of these positions would remain funded at their current level.

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, funding for a number of positions needs to be adjusted in both Mental Health budget units and it is recommended that these changes be approved. The net impact of these adjustments on this Mental Health Services budget is +0.05 FTE and the net impact on the MHSA budget is -0.05 FTE. Changes requested for this budget unit as a result of this review are:

- Delete 0.10 FTE Psychiatrist
- Delete 0.10 FTE Program Manager – Children's System of Care
- Add 0.25 FTE Mental Health Therapist III
- Add 0.50 FTE Intervention Counselor II
- Delete 0.50 FTE Intervention Counselor I

It is recommended that these changes be effective July 1, 2013.

Use of Fund Balance

The Mental Health fund contains a Restricted Fund Balance in the amount of \$141,992 as of July 1, 2012. It is estimated that the Restricted Fund Balance will equal \$1,535,468 at July 1, 2013. It is recommended that the full amount, \$1,535,468, of the Restricted Fund Balance account (#31170) be cancelled in FY 2013-14 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.

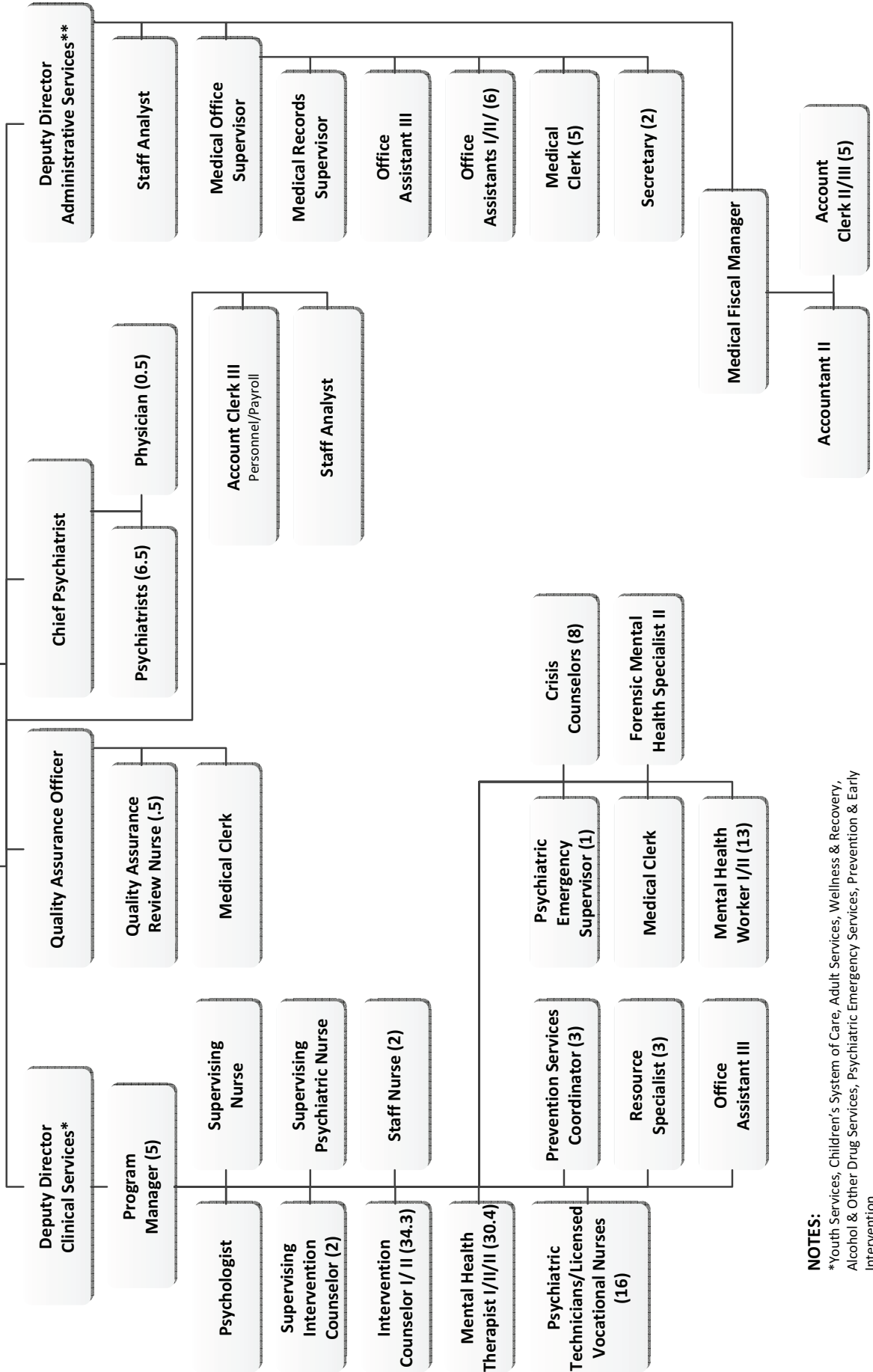
Mental Health Division FY 2013-2014

Recommended

Director Human Services Department
Tom Sherry

Assistant Director of Human Services
Bradford R. Luz, Ph.D
Mental Health Division

Executive Secretary



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 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	4,268,076	3,404,882	4,917,728	5,223,378	6.2
SERVICES AND SUPPLIES	1,481,219	1,042,056	1,638,690	2,487,034	51.8
OTHER CHARGES	2,068,712	160,905	1,994,820	1,925,559	3.5-
* GROSS BUDGET	7,818,007	4,607,843	8,551,238	9,635,971	12.7
* NET BUDGET	7,818,007	4,607,843	8,551,238	9,635,971	12.7
APPROPRIATION FOR CONTINGENCY	0	0	0	0	.0
INCREASES IN RESERVES	0	0	0	0	.0
* TOTAL BUDGET	7,818,007	4,607,843	8,551,238	9,635,971	12.7
OTHER REVENUES					
USER PAY REVENUES	250,950	91,905	326,320	956,090	193.0
GOVERNMENTAL REVENUES	6,334,114	6,375,949	6,873,172	7,118,209	3.6
GENERAL REVENUES	159,498	98,340	192,000	123,500	35.7-
CANCELLATION OF OBLIGATED F/B	0	0	1,159,746	1,438,172	24.0
AVAILABLE FUND BALANCE 7/1	0	0	0	0	.0
TOTAL AVAILABLE FINANCING	6,744,562	6,566,194	8,551,238	9,635,971	12.7
* UNREIMBURSED COSTS	1,073,445	1,958,351-	0	0	.0
ALLOCATED POSITIONS	53.19	54.19	53.19	54.29	2.1

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

- \$305,650 General increase due to negotiated salaries and benefits

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

Services & Supplies

- \$862,410 Increase in Professional and Specialized Services, due to the implementation of the Workforce Education and Training (WET) and the Innovation components of MHSA
- (\$64,600) Decrease in Employment Training related to the implementation of the Anasazi Electronic Health Record (EHR) in FY 2012-13

Other Charges

- (\$51,554) Decrease in Interfund Overhead (A-87) Cost Plan charges as provided by the Auditor-Controller's Office

Revenues

- \$632,270 Increase in Interfund Transfer-In Realignment primarily due to funding under 2011 realignment for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- \$382,000 Increase in State MHSA revenue due to implementation of the WET and Innovation components of MHSA
- (\$697,743) Decrease in State EPSDT MH due to realignment of EPSDT services
- \$560,780 Increase in Federal Mental Health Medi-Cal revenue due to estimates based on current reimbursements

- (\$60,000) Decrease in Interest Apportioned based on estimated interest earned on MHSA funds

Program Discussion

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

SYMHS has approved programs in five of six MHSA components and has a plan in the approval process for the sixth MHSA component. 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

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

within our community. The program enables participants to obtain and maintain positive social connections; experience respect from their providers of mental health services; feel empowered and listened to in the process of planning and obtaining their services; and have continuity in their providers. 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.

- The Ethnic Outreach Program targets our major underserved populations: Latino, Hmong, and Punjabi-speaking Asian Indians. Each program is inter-generational, 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,

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

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 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 Recovery Centers serve 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:

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

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

reasoning; and provide education and training at sites in the local community.

In addition to the above PEI programs, MHSA includes, within PEI, funding for the following statewide projects: Suicide Prevention, Student Mental Health Initiative, and Stigma and Discrimination Reduction. Funding for these projects is allocated to each county, but the projects will be executed on a regional or statewide basis. SYMHS has joined with mental health agencies in 48 other counties to form the California Mental Health Services Authority (CalMHSA) under a Joint Exercise of Powers Agreement (JPA) to implement these projects. SYMHS has reassigned its FY 2008-09 and FY 2009-10 allocations totaling \$300,400 to CalMHSA. Allocations for two additional years have not yet been assigned. Counties formed CalMHSA to ensure the priorities of counties were truly reflected in the execution of these important projects. The alternative was to assign this funding to the 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. SYMHS and Public Works will continue working to complete this project as additional funding becomes available. 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 2013-14.

Workforce Education and Training 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 staffed with a coordinator who is 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 tentatively approved by the state Mental Health Services Oversight and Accountability Commission and is in the formal process of local approval as this is written.

FY 2013-14 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

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

into the Prudent Reserve called for in the MHSA.

The process by which counties receive their MHSA funding has changed. 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. The 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.

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 internal funds related to 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.

Recommended Budget

This budget is recommended at \$9,635,971, which is an increase of \$1,084,733 (12.7%) compared to FY 2012-13. This increase is primarily due to the ongoing EHR project

expenses and implementation of the WET and Innovation components of MHSA. These 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.

During the economic recession, use of extra help employees was increased to contain costs and provide needed flexibility. This practice is becoming problematic due to provisions included in the Patient Protection and Affordable Care Act (PPACA). During FY 2012-13, the Board approved restoration of funding to an Intervention Counselor position, which had previously been frozen, to assist in addressing this problem. For FY 2013-14, the Recommended Budget includes restoration of funding for one Resource Specialist position that was previously frozen; a flexibly-staffed 0.25 FTE Mental Health Therapist I/II/III position (currently filled at the Mental Health Therapist II level) be transferred from the MHSA budget (4-104) to the Mental Health Services budget (4-102); a vacant Day Treatment Coordinator position deleted and reallocated as a Supervising Intervention Counselor. It is recommended that these actions be effective July 1, 2013.

The recommended budget includes a reallocation of positions between the Mental Health and MHSA budget units. It is recommended that these changes be approved effective July 1, 2013. The net impact of these adjustments on this MHSA budget is -0.05 FTE and the net impact on the Mental Health Services budget (4-102) is +0.05 FTE.

Human Services Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

Position reallocations affecting this budget unit are:

- Add 0.10 FTE Psychiatrist
- Add 0.10 FTE Program Manager – Children’s System of Care
- Delete 0.25 FTE Mental Health Therapist III
- Delete 0.50 FTE Intervention Counselor II
- Add 0.50 FTE Intervention Counselor I

Use of Fund Balance

The MHSA fund contains a Restricted Fund Balance in the amount of \$1,159,747 as of July 1, 2012. It is estimated the Restricted Fund Balance will equal \$1,438,172 at July 1, 2013. It is recommended that the full amount, \$1,438,172, of the Restricted Fund Balance (account 31170) be cancelled in FY 2013-14 for use in the MHSA budget.

The MHSA fund also includes Non-Spendable Fund Balance amounts of \$328,564 (account 31014) for housing and \$2,123,478 (account 31031) recognizing the cash advance to the Mental Health Fund (0-007). There are 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 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	10,921,926	9,084,723	12,280,260	12,895,745	5.0	
SERVICES AND SUPPLIES	1,272,006	813,504	1,589,308	2,913,231	83.3	
OTHER CHARGES	2,502,703	1,723,205	3,290,405	3,333,252	1.3	
CAPITAL ASSETS	111,892	21,110	27,000	171,657	535.8	
* GROSS BUDGET	14,808,527	11,642,542	17,186,973	19,313,885	12.4	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	14,808,527	11,642,542	17,186,973	19,313,885	12.4	
OTHER REVENUES						
USER PAY REVENUES	2,498,453	1,657,021	2,967,853	2,981,868	.5	
GOVERNMENTAL REVENUES	13,814,354	4,287,581	13,604,452	15,790,215	16.1	
GENERAL REVENUES	2,890-	0	0	0	.0	
OTHER FINANCING SOURCES	16,215	0	0	0	.0	
TOTAL OTHER REVENUES	16,326,132	5,944,602	16,572,305	18,772,083	13.3	
* UNREIMBURSED COSTS	1,517,605-	5,697,940	614,668	541,802	11.9-	
ALLOCATED POSITIONS	155.00	155.00	155.00	161.00	3.9	

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.

- \$251,759 General increase due to negotiated salaries and benefits

Services & Supplies

- \$231,491 Increase in Services and Supplies primarily due to anticipated increases in transportation costs
- \$1,314,759 Increase for Customer Service Call Center project costs

Major Budget Changes

Salaries & Benefits

- \$363,726 Increase in Salaries and Benefits due to the recommended addition of six (6) Public Assistance Specialist I/II positions

Other Charges

- \$58,850 Increase in Interfund Plant Acquisition for a roof replacement project

Human Services Welfare Administration (5-101)

Tom Sherry, Director of Human Services

Capital Assets

- \$21,500 One mid-sized sedan replacement vehicle for the Social Services Branch
- \$20,000 Telephone system upgrade for new training room
- \$120,157 Virtual Desktop Interface for secure integration of County and State application for the Customer Service Center
- \$10,000 HVAC unit to cool telecommunications room supporting the Customer Service Center

Revenues

- \$2,185,763 Increase in Federal and State revenue; \$1,314,759 related to funding for the Customer Service Center project

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 the “public safety” programs which include Child Welfare Services, Foster Care, Adoptions (administration of services and assistance payments), and Adult Protective Services. It 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 the enactment of 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 has approximately 668 adults that will be affected by the redesign and require WTW re-engagement coordination and WTW supportive services.

Human Services Welfare Administration (5-101)

Tom Sherry, Director of Human 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. 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 requires that County Welfare Departments begin open enrollment on October 1, 2013 for Health coverage to begin January 1, 2014. Sutter County has been 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. This totaled \$1,092,432 for FY 2013-14. In addition to this amount, an additional \$222,327 in expenses and matching State revenue is being requested for the following items:

Capital Assets

\$120,157 - Virtual Desktop Interface (VDI) solution is necessary to allow for the secure integration of the Sutter County network applications and the State Tech Center applications within the Sutter County Customer Service Center.

\$10,000 - New HVAC unit required to cool the Telecommunications (Telco) room which will support the Customer Service Center Technology.

Services and Supplies

\$18,000 - Electrical upgrade and cabling costs required to implement the Customer Service Center Technology.

\$27,959 - Microsoft licensing required for the Customer Service Center Virtual Desktop Interface (VDI) solution.

\$46,211 - Tenant Improvement costs due to the relocation of the staff training area to new leased space. The existing training area will be used for the Customer Service Center.

Counties have experienced a dramatic increase in demand for Medi-Cal, County Medical Services Program (CMSP) and the CAIFRESH programs over the last 4 years due to regulatory changes, the recession and subsequent job loss or reduction in work hours. In Sutter County, the Medi-Cal Caseload has grown approximately 20% from October 2008 at 7,341 cases to October 2012 at 8,765 cases. As of March 2013, the Medi-Cal caseload has increased to 9,499 cases. More than 23,000 individuals in Sutter County are receiving Medi-Cal benefits (8,700 children). An additional 3,300 children will be transitioned from the Healthy Families program to Medi-Cal in Sutter County beginning September 2013. Additionally, 1,900 CMSP/Path2Health individuals are case managed by the Department and will be impacted in various ways by the ACA. Sutter County is expecting an estimated 5,395 additional residents to be newly eligible for Medi-Cal under the ACA. A conservative recommendation for increased staffing is included in the 2013-14 budget with a requested effective date of July 1, 2013, adding six Public Assistance Specialist positions to handle the increased caseloads.

Human Services Welfare Administration (5-101)

Tom Sherry, Director of Human Services

Recommended Budget

This budget is recommended at \$19,313,885 which is an increase of \$2,126,912 (12.4%) compared to FY 2012-13. 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.

The recommended position allocation includes a request for increased staffing of six (6) full-time Public Assistance Specialist positions, with an effective date of July 1, 2013, to handle the increased caseloads related to the implementation of the Customer Service Center.

Capital Assets recommendations include the purchase of one mid-sized sedan (\$21,500), to replace an aging vehicle within the Division's fleet, and, related to the Customer Service Center, a telephone system upgrade (\$20,000), purchase of the VDI computer equipment (\$120,157), and a new HVAC unit (\$10,000) for the telecommunications area.

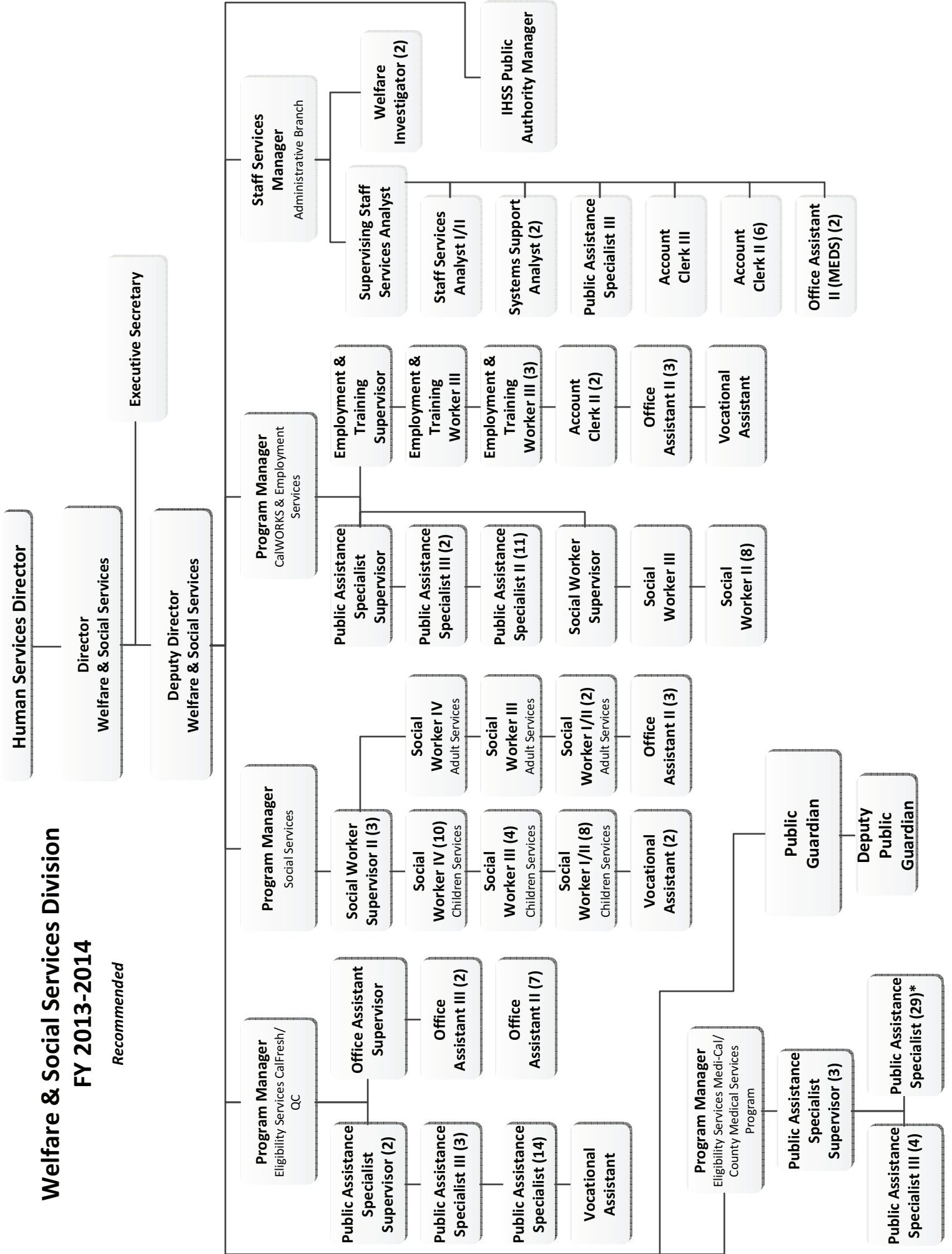
During FY 2011-12, Public Safety Realignment was implemented, which realigned the responsibility for many programs from the State to counties. Because of this shift in funding, Sutter County was mandated to establish the County Local Revenue Fund 2011 (0-140). For FY 2012-13, the Social Services Realignment 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 2013-2014

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 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	205,168	159,253	206,389	210,059	1.8
SERVICES AND SUPPLIES	7,621	5,845	13,610	13,670	.4
OTHER CHARGES	7,007	3,763	9,567	9,465	1.1-
* GROSS BUDGET	219,796	168,861	229,566	233,194	1.6
INTRAFUND TRANSFERS	698	286	723	727	.6
* NET BUDGET	220,484	169,147	230,289	233,921	1.6
OTHER REVENUES					
USER PAY REVENUES	90,581	67,150	89,894	87,894	2.2-
GOVERNMENTAL REVENUES	0	0	0	0	.0
GENERAL REVENUES	4-	0	0	0	.0
TOTAL OTHER REVENUES	90,577	67,150	89,894	87,894	2.2-
* UNREIMBURSED COSTS	129,907	101,997	140,395	146,027	4.0
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 2013-14.

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.

Human Services Public Guardian (2-709)

Tom Sherry, Director of Human Services

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

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

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

The Public Guardian’s office has 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 represents sixty-six (63) Conservatees, twenty-six (26) of which are probate cases and thirty-seven (37) of which are LPS (mental health).

Recommended Budget

This budget is recommended at \$233,921, which is an increase of \$3,692 (1.6%) compared to FY 2012-13. The General Fund provides 62.4% of the funding for this budget unit, an increase of 1.5% over the prior year primarily due to a budgeted \$2,000 decrease in revenue coupled with a \$3,730 increase in salaries and benefits.

No reductions are recommended for this budget unit. Any reductions to staffing would necessitate a reduction in service to conservatees and may cause frequent closing of the office while staff are attending court hearings and providing mandated services to conservatees.

Use of Fund Balance

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

EXECUTIVE SUMMARY					
DEPT HEAD: TOM SHERRY	UNIT: IN-HOME SUPPORTIVE SRVS (IHSS) FUND: WELFARE/SOCIAL SERVICES				0013 5-201
	ACTUAL EXPENDITURE 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13
EXPENDITURES					
OTHER CHARGES	1,941,590	1,382,470	2,124,938	1,704,322	19.8-
* GROSS BUDGET	1,941,590	1,382,470	2,124,938	1,704,322	19.8-
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	1,941,590	1,382,470	2,124,938	1,704,322	19.8-
OTHER REVENUES					
USER PAY REVENUES	1,529,906	1,361,864	1,924,938	1,704,322	11.5-
GOVERNMENTAL REVENUES	278,731	168,475	200,000	0	100.0-
TOTAL OTHER REVENUES	1,808,637	1,530,339	2,124,938	1,704,322	19.8-
* UNREIMBURSED COSTS	132,953	147,869-	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 nonfederal share of IHSS services and IHSS Public Authority (PA) administration. This budget unit funds the County share of both the provider payments and the IHSS PA.

Major Budget Changes

Other Charges

- (\$289,541) Decrease in IHSS County Share primarily due to the implementation of SB 1036
- (\$131,075) Decrease in Contribution to Other Agencies primarily due to the implementation of SB 1036

Revenues

- (\$200,000) Decrease in State 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 PA Governing Board and the IHSS Providers, the hourly wage for Providers is currently \$9.25 per hour.

Recommended Budget

This budget is recommended at \$1,704,322, which is a decrease of \$420,616 (19.8%) compared to FY 2012-13. This decrease is due to the implementation of SB 1036, which established an MOE for each county's IHSS expenses. Any costs over the MOE amount are paid by the State. The General Fund does not providing 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 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13	
EXPENDITURES						
OTHER CHARGES	8,785,628	7,052,458	9,507,753	9,507,744		.0
* GROSS BUDGET	8,785,628	7,052,458	9,507,753	9,507,744		.0
INTRAFUND TRANSFERS	0	0	0	0		.0
* NET BUDGET	8,785,628	7,052,458	9,507,753	9,507,744		.0
OTHER REVENUES						
USER PAY REVENUES	2,062,072	1,524,960	4,820,426	2,165,175		55.1-
GOVERNMENTAL REVENUES	6,563,695	0	4,449,624	7,104,875		59.7
TOTAL OTHER REVENUES	8,625,767	1,524,960	9,270,050	9,270,050		.0
* UNREIMBURSED COSTS	159,861	5,527,498	237,703	237,694		.0
ALLOCATED POSITIONS	.00	.00	.00	.00		.0

Purpose

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

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.

Major Budget Changes

Revenues

- \$2,655,251 Increase in Federal Aid based upon prior year actual amounts received and offset by a decrease in Realignment share of costs

Human Services

Temporary Aid for Needy Families (5-204)

Tom Sherry, Director of Human Services

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

All able-bodied adults receiving TANF are required to participate in the CalWORKs Employment Services program. The program requires recipients to participate in a work training or job search activity for a minimum number of hours each week in order to remain eligible for assistance. In addition to participation requirements, there is a time limit for adults on cash assistance.

Recommended Budget

This budget is recommended at \$9,507,744, which is relatively unchanged compared to FY 2012-13. The General Fund does not provide any financing to this budget unit. The County's share of cost, \$237,694, is met with Welfare/Social Services 1991 Realignment funds (Fund 0-248).

As in FY 2012-13, 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. This year's recommendation reflects a technical budget adjustment and has no net effect on the budget. 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 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13
EXPENDITURES					
OTHER CHARGES	3,849,275	3,123,610	3,749,099	4,025,172	7.4
* GROSS BUDGET	3,849,275	3,123,610	3,749,099	4,025,172	7.4
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	3,849,275	3,123,610	3,749,099	4,025,172	7.4
OTHER REVENUES					
USER PAY REVENUES	791,797	650,953	1,103,398	1,198,266	8.6
GOVERNMENTAL REVENUES	1,353,348	894,735	1,459,969	1,508,549	3.3
TOTAL OTHER REVENUES	2,145,145	1,545,688	2,563,367	2,706,815	5.6
* UNREIMBURSED COSTS	1,704,130	1,577,922	1,185,732	1,318,357	11.2
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

- \$276,073 Increase in Foster Care expenditures due to increase in projected caseload and increase in group home placement costs

Revenues

- \$94,868 Increase in Interfund Transfer-In Miscellaneous due to reduction in Federal Foster Care revenue

Program Discussion

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

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

Human Services

Foster Care (5-206)

Tom Sherry, Director of Human Services

3. Probation Department Institutional Placements funds payments for the placement costs of Juvenile Court Wards who are placed in a group home.
4. Kinship Guardianship Assistance Payment Program funds the costs 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 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 had occurred in the past. The County Local Revenue Fund 2011 and the Social Services Realignment Fund 2011 are discussed in greater detail in their own budget 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.

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 \$4,025,172 which is an increase of \$276,073 (7.4%) compared to FY 2012-13. The General Fund does not provide any financing to this budget unit. The County's share of cost, \$1,318,357, is met with Welfare/Social Services 1991 Realignment funds (Fund 0-248).

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 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13
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 2013-14.

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 2012-13. 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 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13
EXPENDITURES					
OTHER CHARGES	3,798,854	3,421,785	4,154,209	4,550,196	9.5
* GROSS BUDGET	3,798,854	3,421,785	4,154,209	4,550,196	9.5
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	3,798,854	3,421,785	4,154,209	4,550,196	9.5
OTHER REVENUES					
USER PAY REVENUES	1,656,109	1,076,955	1,889,407	2,077,565	10.0
GOVERNMENTAL REVENUES	1,504,736	1,199,718	1,635,000	1,780,110	8.9
TOTAL OTHER REVENUES	3,160,845	2,276,673	3,524,407	3,857,675	9.5
* UNREIMBURSED COSTS	638,009	1,145,112	629,802	692,521	10.0
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.

- \$145,110 Increase in Federal Aid for Adoptions related to projected caseload increase

Major Budget Changes

Other Charges

- \$395,987 Increase in Support & Care of Persons based on projected caseload increase

Revenues

- \$188,158 Increase in Interfund Transfer-In Miscellaneous 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

Human Services

Aid for Adoption (5-209)

Tom Sherry, Director of Human Services

from the State General Fund to a special local revenue fund for counties to fund the “public safety” programs which include Child Welfare Services, Foster Care, Adoptions (administration of services and assistance payments), and Adult Protective Services.

Recommended Budget

This budget is recommended at \$4,550,196 which is an increase of \$395,987 (9.5%) compared to FY 2012-13. 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 had occurred in the past. The County Local Revenue Fund 2011 and the Social Services Realignment Fund 2011 are discussed in greater detail in their own budget 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 2011-12	ACTUAL EXPENDITURE 4-30-13	ADOPTED BUDGET 2012-13	CAO RECOMMEND 2013-14	% CHANGE OVER 2012-13	
EXPENDITURES						
SERVICES AND SUPPLIES	25,627	21,065	20,700	26,500	28.0	
OTHER CHARGES	32,985	28,475	54,500	44,640	18.1-	
* GROSS BUDGET	58,612	49,540	75,200	71,140	5.4-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	58,612	49,540	75,200	71,140	5.4-	
OTHER REVENUES						
USER PAY REVENUES	10,462	11,940	14,588	14,544	.3-	
GOVERNMENTAL REVENUES	0	0	0	0	.0	
TOTAL OTHER REVENUES	10,462	11,940	14,588	14,544	.3-	
* UNREIMBURSED COSTS	48,150	37,600	60,612	56,596	6.6-	
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 loan 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

- \$5,800 Increase in projected Indigent Burial costs

Other Charges

- (\$9,860) 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,

Human Services

General Relief (5-302)

Tom Sherry, Director of Human Services

Interim Assistance, and Indigent Burial programs. These programs are financed by County funds except for funds received from burial permits and reimbursement from Interim Assistance payments. All able-bodied persons receiving General Relief must participate in a job search and work project.

As stated in the Sutter County Indigent Burial Policy, approved by the Sutter County Board of Supervisors on August 16, 2005, the amount of money authorized to be paid for each individual service or product shall be adjusted every year beginning July 1, 2006 and on July 1 of each year thereafter. The amount will be adjusted to reflect the percentage change in the California Consumer Price Index, (CPI) All Urban Consumers, San Francisco-Oakland-San Jose subset published by the California Department of Industrial Relations, for the period beginning July 1 of the previous year and ending June 30 of the year in which the calculation is to be made. Based on the 7/1/11 – 6/30/12 CPI, the rate increase for FY 2013-14 is 2.6%.

Recommended Budget

This budget is recommended at \$71,140, which is a decrease of \$4,060 (5.4%) compared to FY 2012-13. The General Fund provides 79.6% of the financing for this budget unit, and is reduced by \$4,016 (6.6%) over the prior year.

Use of Fund Balance

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