

HEALTH & HUMAN SERVICES

SECTION E



Photo courtesy Michelle Zearfoss

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0012 - HEALTH				Dept: 4120	
Unit Title: HUMAN SERVICES ADMINISTRATION					
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/14/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	519,096	680,056	1,078,384	1,557,581	44.4
SERVICES AND SUPPLIES	258,167	122,091	99,472	125,166	25.8
OTHER CHARGES	873	80	21,170	23,242	9.8
CAPITAL ASSETS	17,198	0	0	0	0.0
INTRAFUND TRANSFERS	0	0	0	-148,194	100.0
OTHER FINANCING USES	1,104	1,370	1,153	6,273	444.1
NET BUDGET	<u>796,438</u>	<u>803,597</u>	<u>1,200,179</u>	<u>1,564,068</u>	<u>30.3</u>
REVENUE					
CHARGES FOR SERVICES	688,253	336,373	1,063,169	1,537,260	44.6
MISCELLANEOUS REVENUES	0	39	0	0	0.0
TOTAL OTHER REVENUE	<u>688,253</u>	<u>336,412</u>	<u>1,063,169</u>	<u>1,537,260</u>	<u>44.6</u>
UNREIMBURSED COSTS	108,185	467,185	137,010	26,808	-80.4
ALLOCATED POSITIONS	5.00	9.00	7.00	9.00	28.6

Purpose

The Health and Human Services-Administration budget contains the salary, benefits, and related support costs of the Director of Health and Human Services and support staff. The Director provides executive leadership for the Department of Health and Human Services, Sutter County's largest department, which has been comprised of three divisions: Behavioral Health & Substance Use Disorder Division, Public Health Division, and Welfare and Social Services Division. In an effort to provide a more integrated agency the Department will be reorganizing to six branches, tentatively identified as: Administration and Finance, Adult Services, Children's Services, Clinical Services, Public Health, and Public Assistance.

Major Budget Changes

Salaries & Benefits

- \$87,387 General increase in negotiated salaries and benefits
- \$391,810 Increase related to the addition of two (2.0 FTE) Branch Directors during FY 2017-18

Services & Supplies

- (\$40,000) Decrease related to transfer of Homeless Consultant Contract to the homeless program within Public Health
- \$39,636 General increase in multiple service and supply accounts, primarily computer hardware and training, due to increased number of employees

- \$8,037 Increase in ISF IT Services charges as provided by the General Services Department
- \$23,208 Increase due to reclassification of charges for services provided by Internal Service Funds to Services & Supplies object level

Other Charges

- (\$18,021) Decrease due to reclassification of charges for services provided by Internal Service Funds to Services & Supplies object level
- \$23,040 Increase in Interfund Maintenance/Improvements related to projects at 446 Second Street facility

Program Discussion

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

FY 2018-19 will be the sixth year of the Department's involvement in the implementation of the Affordable Care Act (ACA). The five other branches of the Health and Human Services Department are each

affected differently by the ACA. The Public Assistance branch has had the primary responsibility of enrolling beneficiaries in the expanded Medi-Cal system. Adult's, Children's, and Clinical Services which include behavioral health, adult protective services, child protective services, and emergency services have experienced an expanded population to service while at the same time working with the Medi-Cal managed care plans to coordinate services. The Public Health branch has also been working with the Medi-Cal managed care plans and the providers to coordinate services for this population. Continual changes at the State and Federal level will likely require ongoing adjustments in the Department's operations.

Recommended Budget

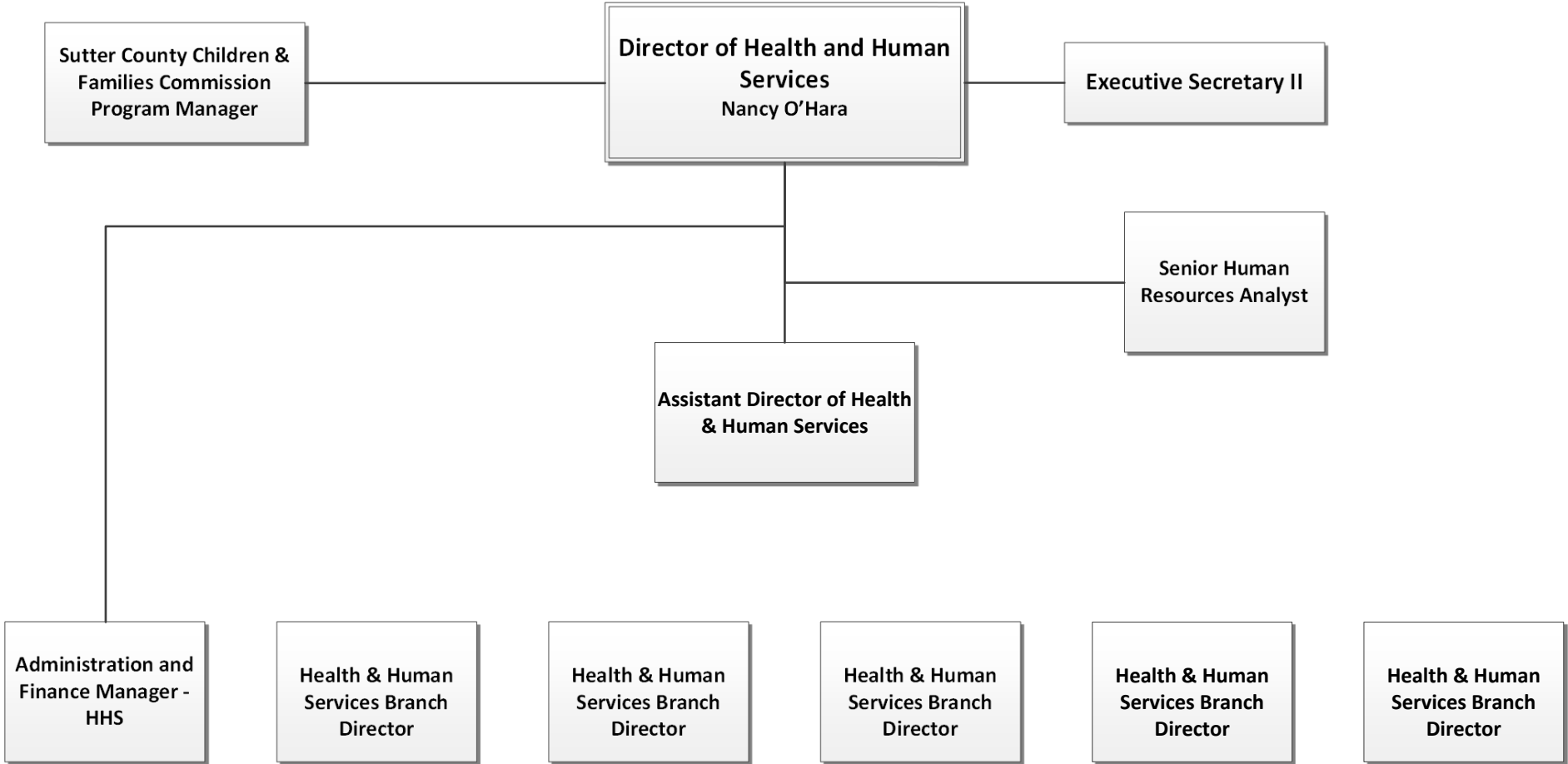
This budget is recommended at \$1,564,068 which is an increase of \$363,889 (30.3%) over FY 2017-18. The General Fund provides 1.7% of the funding for this budget unit and is decreased by \$110,202 (80.4%) for FY 2018-19. The decrease in General Fund contribution is related to a change in cost allocation to more accurately reflect the budget unit's costs.

Use of Fund Balance

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

**Health and Human Services
Administration
FY 2018-2019**

Recommended



County of Sutter

E-3

2018-19 Recommended Budget

****Department Reorganization in Process****

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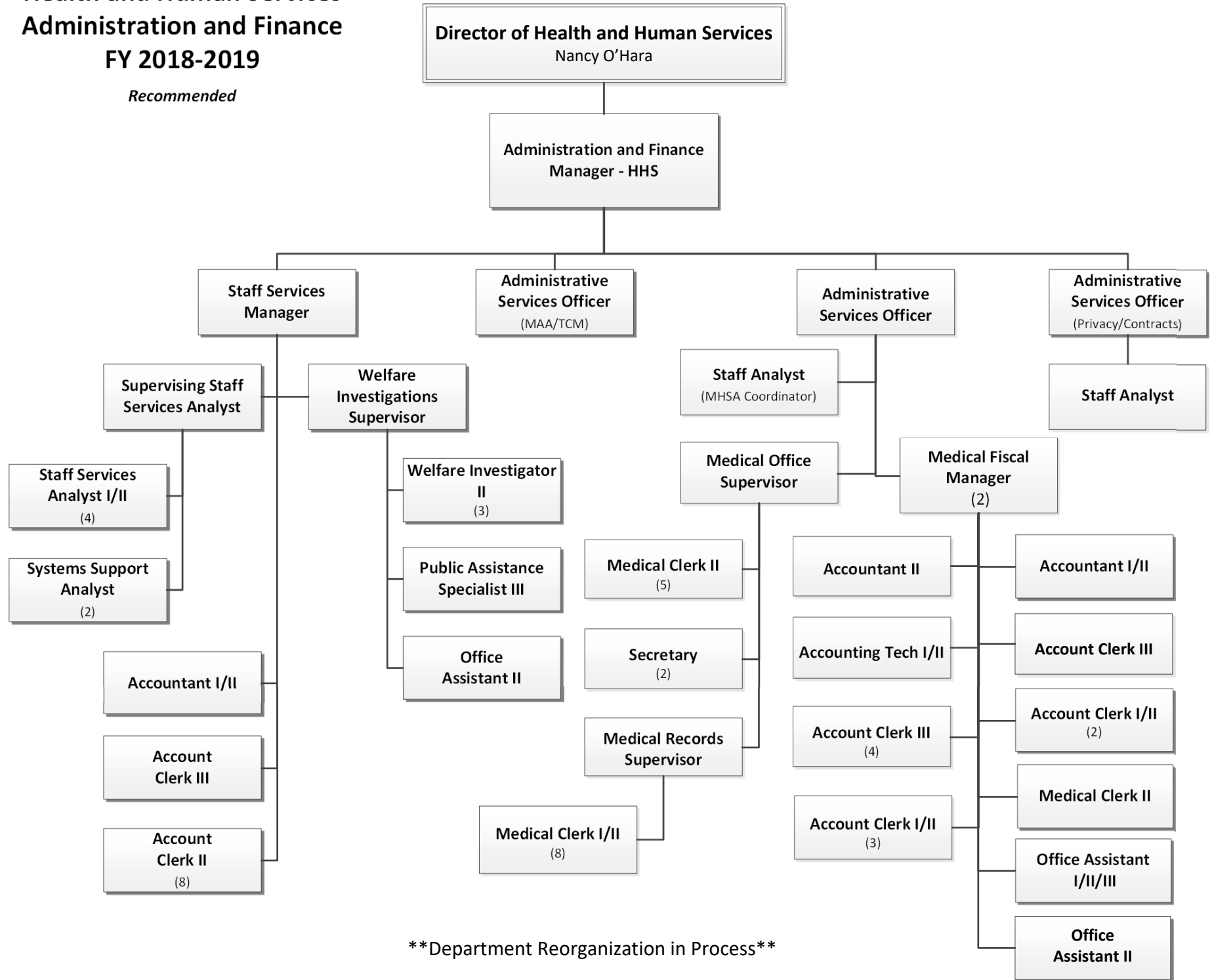
Health and Human Services Administration and Finance FY 2018-2019

Recommended

County of Sutter

E-5

2018-19 Recommended Budget



****Department Reorganization in Process****

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Health and Human Services – Behavioral Health FY 2018-2019

Recommended

Director of Health and Human Services
Nancy O'Hara

Health and Human Services Branch Director

Health and Human Services Branch Director

Executive Secretary I

Deputy Director BH – Clinical Services

Psychiatrist – Cont.
(Medical Director)

Supervising Nurse

Psychiatric LVN/Tech
(11)

Psychiatrist – Cont.
(8.63)

Quality Assurance Officer

Program Manager – Clinical Services
(Youth & Family Services)

Program Manager – Community Services
(SUDS)

Program Manager – Clinical Services
(Adult Outpatient)

Program Manager – Psych Health

Program Manager – Clinical Services
(Forensic Services)

Program Manager – Community Services
(Prevention)

Staff Analyst

Quality Assurance Review Nurse

Mental Health Therapist I/II/III
(2)

Medical Clerk II

Psychologist – Cont.

Mental Health Therapist III
(5)

Mental Health Therapist I/II
(13)

Rehabilitation Clinician
(2)

Intervention Counselor I/II
(12)

Secretary

Prevention Services Coordinator
(2)

Mental Health Therapist I/II

Intervention Counselor I/II
(6.3)

Mental Health Worker II

Mental Health Worker I – LT
(0.5)

Medical Clerk II

Mental Health Therapist III
(6)

Mental Health Therapist I/II
(7)

Supervising Intervention Counselor

Intervention Counselor I/II
(10)

Recourse Specialist
(2)

Mental Health Worker I/II
(5)

Supervising Psychiatric Nurse

Staff Nurse
(2)

Mental Health Therapist I/II
(2)

Psychiatric LVN/Tech
(6)

Mental Health Worker I/II
(11)

Medical Clerk II

Mental Health Therapist III
(2)

Forensic Mental Health Specialist I/II
(6)

Intervention Counselor I/II
(4.85)

Psychiatric Emergency Supervisor

Mental Health Therapist I/II
(5)

Crisis Counselor
(9)

Crisis Counselor - LT
(2)

Prevention Services Coordinator

Intervention Counselor I/II
(3)

Recourse Specialist
(4)

****Department Reorganization in Process****

County of Sutter

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2018-19 Recommended Budget

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**Health and Human Services
Public Health
FY 2018-2019**

Recommended

Director of Health and Human Services
Nancy O'Hara

**Health and Human Services
Branch Director**

Office Assistant III

Health Officer*
Dr. Lou Ann Cummings

**Women Infants & Children
Coordinator**

**Director of
Public Health Nursing**

Office Assistant I/II

**Public Health
Epidemiologist**

**Child Development
Behavioral
Specialist**

**Public Health
Emergency
Coordinator**

**Health Program
Specialist
(.50)**

**Nutritionist - LT
(2)**

**Health Program
Specialist
(.95)**

**Nutritional
Assistant
(5)**

**Office Assistant I
(2)**

**Public Health
Program Coordinator**
Health Education

**Health Program
Specialist
(11.75)**

**Staff Nurse / Public
Health Nurse II
(Jail)**

**Supervising Public
Health Nurse**

**Public Health
Nurse III
(2)**
Disease Control/MCH

**Public Health
Nurse II
(5)**

**Staff Nurse / Public
Health Nurse II
(3)**

**Licensed
Vocational Nurse
(2)**

CCS Caseworker

**Medical Clerk II
(3)**

*Reports to BOS

Department Reorganization in Process

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Health and Human Services – Welfare and Social Services FY 2018-2019

Recommended

County of Sutter

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2018-19 Recommended Budget

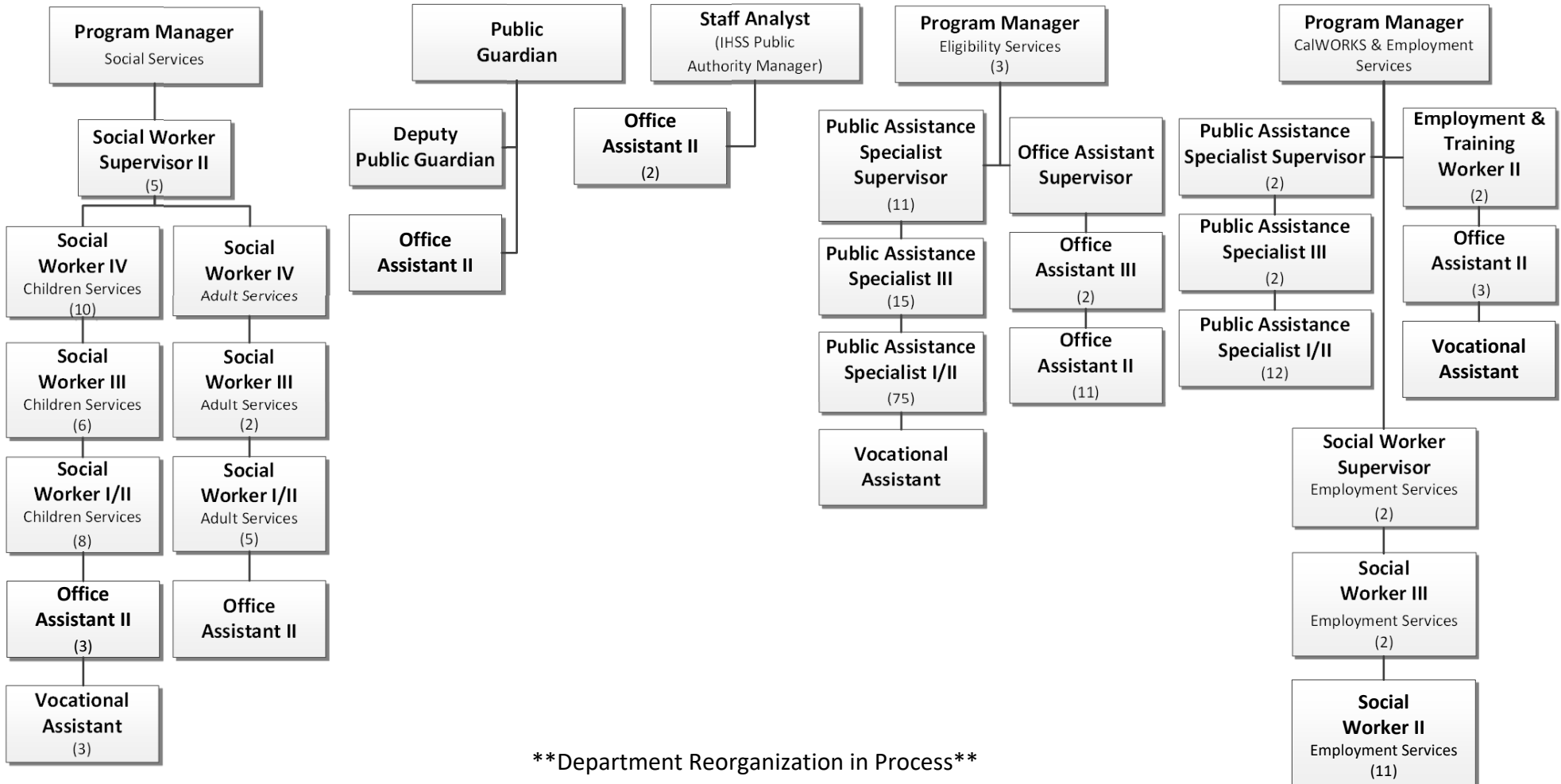
Director of Health and Human Services
Nancy O'Hara

Health and Human Services Branch Director

Health and Human Services Branch Director

Deputy Director Welfare & Social Services

Executive Secretary



****Department Reorganization in Process****

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0007 - BI-COUNTY BEHAVIORAL HEALTH					Dept: 4102
Unit Title: BEHAVIORAL HEALTH					
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/24/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	14,069,294	12,799,767	16,720,291	24,487,546	46.5
SERVICES AND SUPPLIES	7,030,290	4,769,720	4,988,131	7,906,984	58.5
OTHER CHARGES	4,586,750	5,473,399	5,036,547	5,244,294	4.1
CAPITAL ASSETS	77,052	0	173,500	111,450	-35.8
INCREASES IN RESERVES	0	0	3,260,032	0	-100.0
OTHER FINANCING USES	55,876	53,685	57,879	990,455	1,611.3
NET BUDGET	25,819,262	23,096,571	30,236,380	38,740,729	28.1
REVENUE					
REVENUE USE MONEY PROPERTY	24,169	-19,331	30,000	0	-100.0
INTERGOVERNMENTAL REVENUES	7,947,170	6,549,558	10,220,939	10,690,268	4.6
CHARGES FOR SERVICES	15,219,416	13,984,623	19,590,548	1,513,352	-92.3
MISCELLANEOUS REVENUES	72,920	88,599	66,150	65,504	-1.0
OTHER FINANCING SOURCES	2,326	95,846	328,743	26,402,690	7,931.4
CANCELLATION OF OBLIGATED FB	0	0	0	68,915	100.0
TOTAL OTHER REVENUE	23,266,001	20,699,295	30,236,380	38,740,729	28.1
UNREIMBURSED COSTS	2,553,261	2,397,276	0	0	0.0
ALLOCATED POSITIONS	129.26	135.57	134.13	205.56	53.3

Purpose

Sutter Yuba Behavioral Health (SYBH), under a Joint Powers Agreement entered into by the counties of Sutter and Yuba in 1969, provides the full-range of specialty mental health and substance use disorder services to eligible Sutter and Yuba County Medi-Cal beneficiaries; provides crisis and specialty mental health services for all Sutter and Yuba County residents regardless of payer status; administers managed-care contracts for mental health services with private for-profit and non-profit agencies; and provides a comprehensive system of care for the seriously mentally ill, to the extent resources are available.

The Mental Health Services Act (MHSA) addresses a broad continuum of prevention, early intervention, and service needs and the

necessary infrastructure, technology, and training elements that support this system for both counties.

Beginning in Fiscal Year 2018-19 Health and Human Services has integrated the operating budgets of the traditional mental health services and the Mental Health Services Act budget (4-104). In practice, Sutter Yuba Behavioral Health has always been an integrated operation.

Major Budget Changes

Salaries & Benefits

- \$561,932 General increase due to negotiated salaries and benefits
- \$7,285,006 Increase in salaries and benefits related to the integration of

Health and Human Services Behavioral Health (4-102)

Nancy O'Hara, Director

- MHSA to the Behavioral Health operating budget
- \$105,212 Increase related to the addition of one (1.0 FTE) flexibly-staffed Mental Health Therapist I/II/III position, effective July 1, 2018
- \$79,661 Increase related to the increase of one part-time (0.5 FTE) Quality Assurance/Review Nurse position to one full-time (1.0 FTE) Quality Assurance/Review Nurse position, effective July 1, 2018
- (\$264,556) Decrease due to reclassification of ISF Workers' Compensation costs to Services & Supplies object level

Services & Supplies

- \$1,896,150 Increase in Services & Supplies related to the integration of MHSA to the Behavioral Health operating budget
- (\$257,369) Decrease in Professional and Specialized Services due to care charges moved to Other Charges object level
- \$90,500 Increase in Employment Training
- \$79,351 Increase in ISF Worker's Comp Premium charges as provided by the Human Resources Department
- \$114,440 Increase in ISF IT Services charges as provided by the General Services Department

- \$936,014 Increase due to reclassification of charges for services provided by Internal Services Funds to Services & Supplies object level

Other Charges

- \$257,369 Increase due to care charges moved from Services & Supplies object level to Other Charges object level
- \$207,965 Increase in Interfund Human Services Admin related to additional staffing and organizational changes
- (\$428,015) Decrease in Plant Acquisition due to capital projects budgeted in Other Financing Uses object level
- (\$620,431) Decrease due to reclassification of charges for services provided by Internal Service Funds to Services & Supplies object level
- \$123,200 Increase in Interfund Maintenance/Improvements related to Improvements at 1965 Live Oak Blvd – Psychiatric Health Facility as provided by the General Services Department
- \$111,078 Increase in Interfund Overhead Cost Plan charges as provided by the Auditor-Controller's Office
- \$1,122,235 Increase related to the integration of MHSA to the Behavioral Health operating budget
- (\$500,000) Decrease related to the integration of MHSA to the Behavioral Health operating budget

Capital Assets

- \$42,950 Replacement vehicle, handicap equipped van
- \$26,950 Replacement vehicle, van
- \$41,550 Replacement vehicle, SUV cage car

Other Financing Uses

- \$311,872 Increase due to Countywide microwave network project
- \$151,561 Increase related to fire sprinkler and window replacement Capital Project for the inpatient unit at 1965 Live Oak Blvd
- \$454,015 Increase related to Capital Project for constructing/paving parking lot and lighting at 1965 Live Oak Blvd

Revenues

- \$1,320,000 Increase in Revenues related to the integration of MHSA to the Behavioral Health operating budget
- (\$470,000) Decrease in Medi-Cal Admin and UR/QA Medi-Cal Revenue as charged by the Medi-Cal Cost Report
- \$389,800 Increase in several Federal Programs
- (\$1,203,607) Decrease in Federal Mental Health Medi-Cal based on prior year data

- \$8,123,645 Increase in Operating Transfer-In related to the integration of MHSA to the Behavioral Health operating budget

Program Discussion

Sutter-Yuba Behavioral Health (SYBH) has served between 5,500 and 6,000 unique mental health clients each year, for the last several years. Over the past decade, there has been an increase in demand for behavioral health services for a variety of reasons in both counties, including, but not limited to, Medi-Cal consolidation, expanded children's services, growth in population, and 1991 and 2011 Realignment.

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

The areas realigned are:

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

These services, previously funded by State General Fund monies, are now funded through VLF and sales tax. SYBH has a contract with Youth for Change to provide community-based services to youth.

Health and Human Services Behavioral Health (4-102)

Nancy O'Hara, Director

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

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

During FY 2011-12, Public Safety Realignment shifted responsibility for certain offenders from the state to counties and funding became available to continue and expand services in collaboration with the Probation Department. SYBH has staff that are integrated with Yuba and Sutter County Probation to provide services related to Public Safety Realignment.

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

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

assume responsibility for oversight of these contractor-provided services in the future.

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

Currently extra help personnel are essential to the operation of Behavioral Health's Psychiatric Health Facility (PHF), which provides inpatient treatment, and Psychiatric Emergency Services (PES), which provides crisis services, both of which operate on a 24 hour per day, 7 days per week basis

During FY 2016-17, SYBH entered into a relationship with Rideout Memorial Hospital. Psychiatric Emergency Services (PES) Crisis Counselors are embedded 24/7 at Adventist Health-Rideout Emergency Department (ED). Individuals placed on an involuntary hold under Welfare and Institutions Code §5150 are now taken directly to the Adventist Health-Rideout ED for assessment. This arrangement has proven to be beneficial for SYBH, Adventist Health-Rideout, and the community. Crisis services are still available for voluntary clients 24/7 at the main SYBH facility on Live Oak Boulevard.

Healthcare Reform, also known as the Affordable Care Act (ACA) impacted SYBH. Impacts include changes in the clients SYBH serves, increasing linkages to primary care providers, new requirements for claims submission and cost reporting, etc. These impacts continue to evolve and SYBH services evolve with them.

Work has continued on the 850 Gray Ave project which will eventually move the

majority of Health and Human Services to one facility. This would empty the modular building at the Live Oak Boulevard site, which has exceeded its useful life span. Following the move, the modular building will be removed and returned to its owner.

Mental Health Services Act

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

The MHSA has five components:

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

SYBH has had approved programs in all five MHSA components. These components and programs can be found in Sutter Yuba Behavioral Health MHSA Plan.

FY 2018-19 Budget Discussion

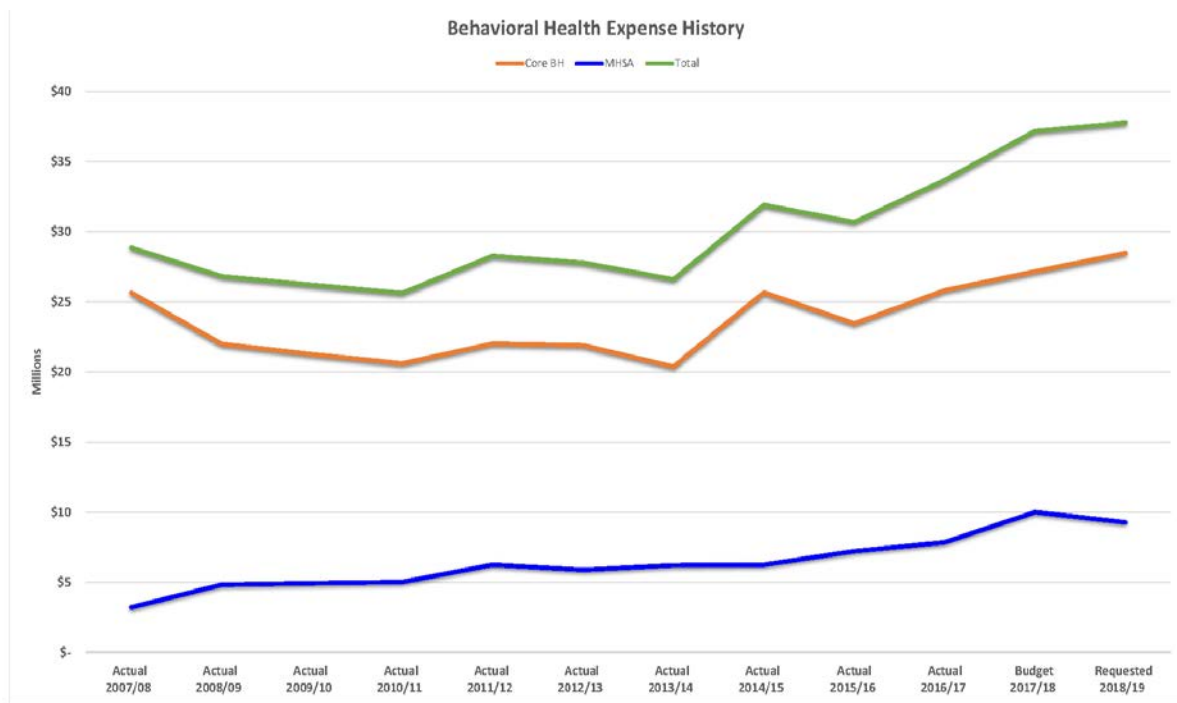
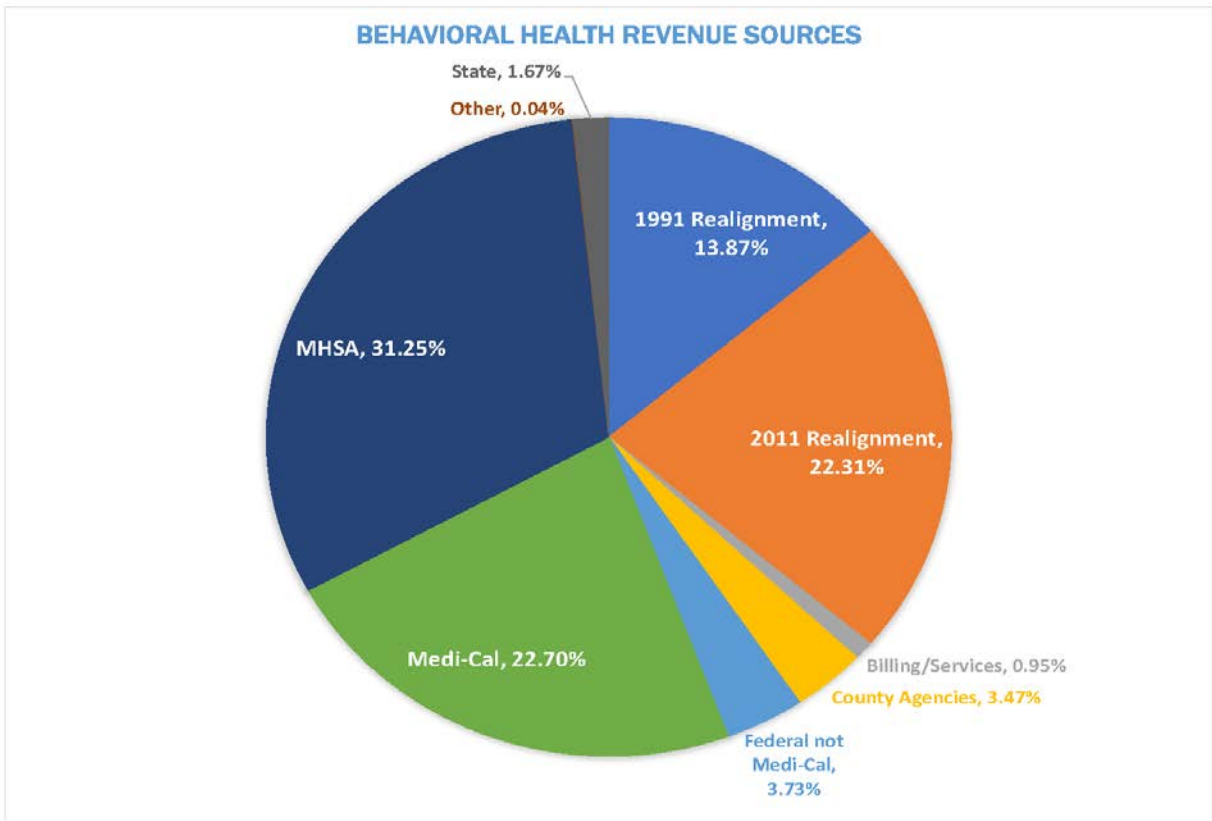
Sutter Yuba Behavioral Health's rates are required by federal law to be based on actual costs. Medi-Cal is billed using interim rates,

estimated based on costs from a prior year, and these rates are then reconciled to actual costs at the end of each fiscal year through a mandated cost report process. For FY 2018-19, SYBH will charge \$1,136.55 per day on the Inpatient Unit. Other services are charged by the minute: \$8.23 per minute for Medication Support, \$3.42 per minute for Case Management/Brokerage, \$4.42 per minute for Mental Health Services, and \$6.57 per minute for Crisis Intervention. These interim rates are based on the FY 2013-14 Cost Report and may be adjusted upon completion of the FY 2014-15 and FY 2015-16 Cost Reports.

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

From a financial perspective, several factors are affecting the FY 2018-19 Behavioral Health budget.

- Mental Health Realignment (1991) revenue originally based on portions of sales taxes and motor vehicle license fees is now based only on an increased portion of sales tax revenue due to 2011 Realignment
- Statewide growth in Realignment funding paid for increasing caseloads in Child Welfare Services, Foster Care, and/or In Home Supportive Services (IHSS) programs, by statute, have first draw on Realignment growth dollars



- Realignment funding is used as a match to draw down the Federal share of Medi-Cal revenue
- Untimely and inconsistent audits conducted by the Department of Health Care Services - audits can be four to five years in arrears
- No Place Like Home Initiative (NPLHI), passed in 2016, will divert a portion of MHSA funds to provide bond funds for affordable housing to a target population of individuals, who are living with serious mental illness and who are homeless or at risk of homelessness. Some of the funding will be in the form of grants for which counties, or groups of counties, will have to compete for. A smaller portion will provide technical assistance grants, of which Sutter County has received \$75,000 and Yuba County anticipates receiving \$75,000.

The complexity of mental health and SUDS funding and programs has increased for a variety of reasons, including 2011 Realignment and major changes to MHSA's payment methodology. This increased complexity along with other state regulations has required additional administrative staff in Administration and Finance and in Quality Assurance.



Recommended Budget

This budget is recommended at \$38,740,729 which is an increase of \$8,504,349 (28.1%) over FY 2017-18; however, this increase is primarily a result of the operating budget being combined into one budget unit.

The combined operating budget between Behavioral Health Services (4-102) and MHSA (4-104) for FY 2017-18 was \$36,979,635 when discounting expenses for transfers between budget units. The FY 2018-19 recommended budget of \$38,740,729, is an increase of \$1,761,094 (4.8%) for FY 2018-19.

The following new/increased positions are recommended to be effective July 1, 2018:

- Addition of one (1.0 FTE) flexibly-staffed Mental Health Therapist I/II/III position
- Increase of one part-time (0.50 FTE) Quality Assurance/Review Nurse position to one full-time (1.0 FTE) Quality Assurance/Review Nurse position

Capital Assets are recommended at \$111,450 for the purchase of three replacement vehicles, effective July 1, 2018:

- \$42,950 Replacement vehicle, handicap equipped van
- \$26,950 Replacement vehicle, van
- \$41,550 Replacement vehicle, SUV cage car

Capital improvement projects related to inpatient unit at 1965 Live Oak Blvd has been budgeted in the Capital Improvement Projects budget unit (1-800):

- \$151,561 for fire sprinkler and window replacement
- \$389,015 for construction and paving of parking lot
- \$65,000 for lighting in the main parking lot

It remains SYBH's objective to keep Behavioral Health programs in balance and to fully utilize all available funding most advantageous to our counties. By creating Bi-county Behavioral Health through a Joint Powers Agreement, our two counties have provided more resources and a greater array of services for those with serious mental illness or substance use disorders than our two counties would be able to provide separately. The staff of Sutter-Yuba Behavioral Health is proud of the services provided for the citizens of Sutter and Yuba Counties for almost 50 years.

Use of Fund Balance

The Behavioral Health fund contained a Restricted Fund Balance in the amount of (\$3,990,184) as of July 1, 2017. It is estimated that the Restricted Fund Balance will equal \$0 at July 1, 2018. It is not recommended to use any Restricted Fund Balance in FY 2018-19.

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

Health and Human Services

Mental Health Services Act (4-104)

Nancy O'Hara, Director

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0008 - MENTAL HEALTH SERVICES ACT				Dept: 4104	
Unit Title: MENTAL HEALTH SERVICES ACT					
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/24/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	5,694,065	5,890,809	7,285,006	0	-100.0
SERVICES AND SUPPLIES	1,736,766	1,399,060	1,896,150	0	-100.0
OTHER CHARGES	2,445,657	4,796,337	5,903,867	0	-100.0
CAPITAL ASSETS	58,574	547	23,500	0	-100.0
OTHER FINANCING USES	4,789	3,187	4,796	12,733,677	265,406.2
NET BUDGET	9,939,851	12,089,940	15,113,319	12,733,677	-15.7
REVENUE					
REVENUE USE MONEY PROPERTY	91,943	137,534	159,000	150,000	-5.7
INTERGOVERNMENTAL REVENUES	10,101,760	8,971,657	9,320,000	8,000,000	-14.2
CHARGES FOR SERVICES	1,189,257	259,543	1,112,145	0	-100.0
MISCELLANEOUS REVENUES	7,072	1,984	0	0	0.0
OTHER FINANCING SOURCES	486	0	0	0	0.0
CANCELLATION OF OBLIGATED FB	0	0	4,522,174	4,583,677	1.4
TOTAL OTHER REVENUE	11,390,518	9,370,718	15,113,319	12,733,677	-15.7
UNREIMBURSED COSTS	-1,450,667	2,719,222	0	0	0.0
ALLOCATED POSITIONS	64.80	69.48	69.93	0.00	0.0

Purpose

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.

Beginning in Fiscal Year 2018-19, Health and Human Services has integrated the operating budgets of the traditional mental health services, now Behavioral Health Services, and the Mental Health Services Act budgets; however, by statute it will continue to use this fund to invest the MHSA funds and transfer funding as needed to the operating budget. In practice, Sutter Yuba

Behavioral Health has always been an integrated operation.

Major Budget Changes

Salaries & Benefits

- (\$7,285,006) Decrease in Salaries and Benefits related to the integration of MHSA to the Behavioral Health operating budget (4-102)

Services & Supplies

- (\$1,896,150) Decrease in Services and Supplies related to the integration of MHSA to the Behavioral Health operating budget

Other Charges

- (\$1,293,835) Decrease in Other Charges related to the integration of MHSA to the Behavioral Health operating budget
- (\$4,610,032) Decrease due to reclassification of Other Charges -Interfund Expenditures to Other Financing Uses – Operating Transfers

Other Financing Uses

- \$8,118,849 Increase in Operating Transfer Out related to the integration of MHSA to the Behavioral Health operating budget
- \$4,610,032 Increase due to reclassification of Other Charges -Interfund Expenditures to Other Financing Uses – Operating Transfers

Revenues

- (\$2,432,145) Decrease in Revenues related to the integration of MHSA to the Behavioral Health operating budget

Program Discussion

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

families. MHSA funds for counties are used to expand and transform mental health services.

The MHSA has five components:

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

SYBH has had approved programs in all five MHSA components. These components and programs can be found in the Sutter Yuba Behavioral Health MHSA Plan.

FY 2018-19 Funding

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

Recommended Budget

This budget is recommended at \$12,733,677, which is a decrease of \$2,379,642 (15.7%) compared to FY 2017-18; however, this decrease is a result of the operating budgets being combined into the Behavioral Health Services budget unit (4-102).

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

Nancy O'Hara, Director

Use of Fund Balance

The MHSA fund contained a Restricted Fund Balance in the amount of \$9,028,654 as of July 1, 2017. It is estimated the Restricted Fund Balance will equal \$5,724,611 at June 30, 2018. It is recommended that \$4,583,677 of the Restricted Fund Balance account

(#31170) be cancelled in FY 2018-19 for use in the MHSA budget. It is estimated the Restricted Fund Balance will equal \$1,140,934 as of July 1, 2018.

The MHSA fund also contains Non-Spendable Fund Balance amounts of \$874,458 (#31014) for housing.

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0012 - HEALTH					
Unit Title: COUNTY HEALTH					Dept: 4103
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/14/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	4,270,535	4,372,263	5,624,930	5,953,924	5.8
SERVICES AND SUPPLIES	829,797	719,996	853,776	1,156,623	35.5
OTHER CHARGES	400,498	306,839	672,592	336,572	-50.0
CAPITAL ASSETS	111,074	7,160	0	8,000	100.0
INTRAFUND TRANSFERS	0	0	0	148,194	100.0
OTHER FINANCING USES	75,968	75,732	78,967	214,146	171.2
NET BUDGET	<u>5,687,872</u>	<u>5,481,990</u>	<u>7,230,265</u>	<u>7,817,459</u>	<u>8.1</u>
REVENUE					
FINES, FORFEITURES, PENALTIES	1	6	0	0	0.0
REVENUE USE MONEY PROPERTY	56,315	0	0	0	0.0
INTERGOVERNMENTAL REVENUES	2,542,561	1,419,885	3,249,152	3,067,755	-5.6
CHARGES FOR SERVICES	405,653	178,654	432,832	220,548	-49.0
MISCELLANEOUS REVENUES	376	232	150	0	-100.0
OTHER FINANCING SOURCES	4,005	0	20,000	593,757	2,868.8
TOTAL OTHER REVENUE	<u>3,008,911</u>	<u>1,598,777</u>	<u>3,702,134</u>	<u>3,882,060</u>	<u>4.9</u>
UNREIMBURSED COSTS	2,678,961	3,883,213	3,528,131	3,935,399	11.5
ALLOCATED POSITIONS	52.13	57.20	54.70	57.20	4.6

Purpose

The Sutter County Health and Human Services – Public Health Branch serves to protect, promote, and improve the health of all residents of Sutter County. This Branch accomplishes this through the operation of three distinct service areas: Public Health Programs, Indigent Care Services, and Jail Medical Services.

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

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

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

not pay for the cost of their medical care. These services are addressed in their own narratives.

Jail Medical Services provides healthcare to individuals incarcerated in the County Jail. The Jail Medical Services budget unit (4-134) is also discussed in its own narrative.

Major Budget Changes

Salaries & Benefits

- \$217,203 Increase related to the addition of positions during FY 2017-18
- (\$31,702) Decrease due to reclassification of ISF Worker's Compensation costs to Services & Supplies object level
- \$143,493 General increase due to negotiated Salaries and Benefits

Services & Supplies

- \$37,855 Increase in Subscriptions and Publications related to an increase in advertising for Tobacco program
- (\$76,880) Decrease in Professional and Specialized Services related to contract for Local Dental Services
- \$30,471 Increase in ISF IT Services charges as provided by the General Services Department
- \$347,685 Increase due to reclassification of charges for services provided by Internal Services Funds to Services & Supplies object level

Other Charges

- (\$304,124) Decrease due to reclassification of charges for services provided by Internal Service Funds to Services & Supplies object level
- (\$36,090) Decrease in Interfund Cost Plan charges as provided by the Auditor-Controller's Office

Capital Assets

- \$8,000 Replacement refrigerator for vaccine storage

Intrafund Transfers

- \$148,194 Increase in Intrafund Human Services Administration related to additional staffing and organizational changes

Other Financing Uses

- \$135,672 Increase due to microwave network project

Revenues

- (\$44,361) Decrease in Medi-Cal Outreach due to program discontinuation
- (\$210,669) Decrease in State Local Dental Pilot revenue
- \$106,677 Increase in State CCS Admin grant allocation
- (\$70,000) Decrease in SNAP-Ed Allocation
- \$384,922 Increase in revenue from Prop 56 Tobacco Trust

Program Discussion

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

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

Historically, the top priorities have included communicable disease control, 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. This branch is also responsible for preparing for and responding to public health emergencies, including natural disasters, acts of terrorism, and pandemic diseases.

Indigent Health Care and County Medical Services Program (CMSP)

Welfare and Institutions Code §17000 requires counties to provide healthcare to indigent adults. Medi-Cal expansion, through the Affordable Care Act (ACA), passed by Congress in March 2010, covers adults up to 138% of Federal Poverty Level (FPL) which has provided expanded coverage for indigent adults.

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

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

Since the implementation of the ACA, the Public Health Branch has implemented innovative public health programs and services, including outreach to vulnerable populations and targeted health promotion and chronic disease prevention campaigns through CMSP.

Repeal of the ACA would increase the number of uninsured through loss of Medi-Cal or Covered California coverage, which causes an increased use of emergency rooms.

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

Jail Medical Services (JMS)

Effective May 1, 2017, the County began contracting with California Forensic Medical Group (CFMG) for Jail medical and behavioral health services. The Public Health Branch assists with oversight of the jail medical services at the Sutter County Jail. The jail medical costs and program description are

reflected in the Jail Medical Services (4-134) budget unit.

Homeless Project

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

As part of this effort to reduce homelessness, the Board approved a full-time position in the Health Services budget for FY 2016-17 dedicated to homeless services. This position, a Health Program Specialist (HPS), has provided Health and Human Services the ability to conduct outreach services to the homeless population and gather statistical information assisting in determining the best course of action in serving this population. In FY 2017-18, the HPS and a working team of individuals (staff from Behavioral Health, Substance Use Disorders Services, Social Services & Welfare, and an Extra Help Public Health Nurse) focused on homeless clients to provide evaluation and referral to appropriate services and ultimately into stable housing.

In order to move individuals into stable housing it is necessary to provide an assessment of the individual's ability to maintain housing and meet the necessities of daily living. Having staff focused on this task

will provide appropriate, targeted assistance and improve the opportunities for success to homeless individuals.

The Public Health Branch proposes to assign a portion of an Epidemiologist to work with local partnerships to develop data collection methods that will assist in data driven interventions to maximize resources for this project. Funding designated for the Extra Help Public Health Nurse in FY 2017-18 will be allocated to the Epidemiologist position to dedicate time to this project. A portion of a Public Health Nurse from an existing Public Health program will be assigned to work in the program to fulfill the needs of the program.

Accreditation

The Public Health Branch is preparing to become an accredited "Public Health Department." Public Health Accreditation is the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. It is the issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity.

The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of the Public Health Branch as well as to improve service, value, and accountability to stakeholders. The Accreditation Coordinator is responsible for managing and coordinating the accreditation process within the Public Health Branch Accreditation Team. It is anticipated that the Community Health Assessment and an associated Community Health Improvement Plan will be developed in FY 2018-19.

Funding of the Public Health Branch

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

Overall, the FY 2018-19 Public Health Branch budget reflects an attempt to maintain programs at a consistent level along with increased services to protect the public health of the community, with consideration given to current funding and actual needs of the community. Public Health Branch services are financed through a combination of County General Fund dollars, State grants, and 1991 Realignment funds.

The Public Health Branch oversees six special revenue funds, where certain grant revenues are designated for specific program uses. These funds are: Bioterrorism Trust Fund (0-124), Emergency Medical Services Fund (0-252) Bicycle Helmet Safety Fund (0-178), Tobacco Education Trust Fund (0-246), Vital Statistics Trust Fund (0-287), and Child Passenger Restraint Fund (0-298). Revenue from these special revenue funds are transferred into the Health Branch budget as needed to support the designated programs and related services, as dictated by the individual fund requirements. The Local Health and Welfare Trust – Health Fund (0-247) has historically been overseen by the staff in the County Administrative Office.

Recommended Budget

This budget is recommended at \$7,817,459 which is an increase of \$587,194 (8.1%) over FY 2017-18. The General Fund provides 50.3% of the funding for the Health budget unit and is increased by \$407,268 (11.5%) for FY 2018-19. This increase is primarily due to the Countywide microwave network project, which is Public Health's portion, budgeted at \$212,948.

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

Of the 57.20 FTE positions contained in the Public Health budget, 33.35 FTE positions are directly grant funded.

Capital Assets are recommended at \$8,000 for the purchase of a failing vaccine storage refrigerator. This is recommended to be approved as of July 1, 2018.

Use of Fund Balance

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

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0012 - HEALTH					Dept: 4134
Unit Title: JAIL MEDICAL SERVICES					
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/14/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	1,270,846	88,927	180,302	156,443	-13.2
SERVICES AND SUPPLIES	752,592	2,393,562	2,920,932	3,110,930	6.5
OTHER CHARGES	452,604	17,196	175,435	138,293	-21.2
OTHER FINANCING USES	1,302	95	1,304	13,007	897.5
NET BUDGET	2,477,344	2,499,780	3,277,973	3,418,673	4.3
REVENUE					
FINES, FORFEITURES, PENALTIES	860	1,167	0	0	0.0
CHARGES FOR SERVICES	248,351	18,152	0	0	0.0
OTHER FINANCING SOURCES	0	189,333	365,355	365,355	0.0
TOTAL OTHER REVENUE	249,211	208,652	365,355	365,355	0.0
UNREIMBURSED COSTS	2,228,133	2,291,128	2,912,618	3,053,318	4.8
ALLOCATED POSITIONS	1.00	1.00	1.00	1.00	0.0

Purpose

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

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

Major Budget Changes

Services & Supplies

- \$171,012 Increase in Professional and Specialized Services related to increases in contracts for services

Program Discussion

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

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

**Continued Impacts of 2011 Realignment
& Proposition 47**

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

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

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

Recommended Budget

This budget is recommended at \$3,418,673, which is an increase of \$140,700 (4.3%) over FY 2017-18. The General Fund provides 89.3% of the funding for this budget and is increased \$140,700 (4.8%) for FY 2018-19. The increase is primarily due to contract medical services costs.

Costs related to the provision of health care to individuals held at or incarcerated in the County Jail, including administration costs, that are not funded by AB109 Public Safety Realignment funds are funded by a combination of 1991 Realignment funding and General Fund contributions (prior to the State's implementation of 1991 Realignment, services were funded through a combination of general revenues and AB8 funding).

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

Use of Fund Balance

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

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0012 - HEALTH					
Unit Title: NON-COUNTY PROVIDERS					Dept: 4201
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/14/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
SERVICES AND SUPPLIES	26,400	22,000	26,400	26,400	0.0
OTHER CHARGES	348,000	203,335	667,382	736,924	10.4
NET BUDGET	<u>374,400</u>	<u>225,335</u>	<u>693,782</u>	<u>763,324</u>	<u>10.0</u>
REVENUE					
CHARGES FOR SERVICES	12,822	0	25,000	0	-100.0
OTHER FINANCING SOURCES	0	0	0	25,000	100.0
TOTAL OTHER REVENUE	<u>12,822</u>	<u>0</u>	<u>25,000</u>	<u>25,000</u>	<u>0.0</u>
UNREIMBURSED COSTS	361,578	225,335	668,782	738,324	10.4
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

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

Major Budget Changes

Other Charges

- \$69,542 Increase in Interfund Environmental Health as provided by the Development Services Department

Program Discussion

Emergency Medical Services

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

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

The S-SV EMS Agency performs the duties of qualification, accreditation, and authorization of

Health and Human Services

Non County Providers (4-201)

Nancy O'Hara, Director

all pre-hospital care personnel, EMS system design, and compliance with related local and state regulations.

County Medical Services Program

Sutter County has participated in the CMSP since 1983. Sutter County participates in the County Medical Services Program (CMSP) through an agreement between the County and Governing Board of the CMSP. CMSP provides limited-term health coverage for uninsured low-income, indigent adults that are not otherwise eligible for other publicly funded health programs, in 35 rural and semi-rural counties. CMSP and its authority are established in California Welfare and Institutions Code §16809 et seq. This budget contains the CMSP Participation Fee of \$188,781, an amount set by legislation for the County to participate in the CMSP. The County's required CMSP Participation Fee, which pursuant to WIC §16809.3(d) may not be paid with Health Realignment funds, and pursuant to WIC §16990(e) may not be included in determining compliance with any other statutory Maintenance of Effort provisions, is paid for with a General Fund contribution (reflected as revenue in the Health – General budget unit). This participation fee was not eliminated with Health Realignment and AB 85. However, in FY 2014-15 through FY 2017-18, actual expenses decreased by \$188,781 due to a waiver of the CMSP Participation Fee. It is not known if this fee waiver will be applied in subsequent years.

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

services through CMSP. The changes pertaining to CMSP counties and the Governing Board were a part of a set of changes that redirected Health Realignment funding from all counties to the State beginning in January 2014.

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

The expansion of the Medi-Cal program due to the implementation of the Affordable Care Act (ACA) has resulted in a significant reduction in the number CMSP enrollees throughout the counties including Sutter County. The Governing Board, since FY 2016-17, has been proposing revisions to its mission to include developing pilot projects and alternative products that support improved delivery of health care services.

Environmental Health

In FY 1993-94, the Board of Supervisors transferred Environmental Health Services from Public Health to the Development Services Department (Community Services at

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that time). Since that time, the unreimbursed cost of the Environmental Health program has been reflected in the Non-County Providers budget unit.

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

Recommended Budget

This budget is recommended at \$763,324, which is an increase of \$69,542 (10.0%) over FY 2017-18. The General Fund provides 96.7% of the financing for this budget unit, and is increased by \$69,542 (10.4%) over FY 2017-18.

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

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

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

The budget also includes \$496,935 to be transferred to the Environmental Health (2-725) budget unit.

Use of Fund Balance

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

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

Nancy O'Hara, Director

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0012 - HEALTH					Dept: 4301
Unit Title: CALIFORNIA CHILDREN SERVICES					
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/14/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
SERVICES AND SUPPLIES	0	0	70,480	70,480	0.0
OTHER CHARGES	46,917	71,215	210,368	210,368	0.0
NET BUDGET	46,917	71,215	280,848	280,848	0.0
REVENUE					
CHARGES FOR SERVICES	141,150	0	141,150	0	-100.0
OTHER FINANCING SOURCES	0	0	0	141,150	100.0
TOTAL OTHER REVENUE	141,150	0	141,150	141,150	0.0
UNREIMBURSED COSTS	-94,233	71,215	139,698	139,698	0.0
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

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

Major Budget Changes

There are no major budget changes for FY 2018-19.

Program Discussion

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

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

For counties with populations under 200,000 (dependent counties), the Children's Medical Services (CMS) Branch provides medical case management and eligibility and benefits determination through its regional offices located in Sacramento, San Francisco, and Los Angeles. Dependent counties interact directly with families and make decisions on financial and residential eligibility. Some dependent counties have opted to participate in the Case Management Improvement Project (CMIP) to partner with regional offices in determining medical eligibility and service authorization. The regional offices

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

Nancy O'Hara, Director

also provide consultation, technical assistance, and oversight to independent counties, individual CCS paneled providers, hospitals, and the Special Care Centers within their region. DHCS and Sutter County professional medical staff work in partnership to manage the caseload of children enrolled in this program. Sutter County CCS program has been considered a CMIP Level II program, which includes additional roles such as Durable Medical Equipment authorization, extension of treatment authorization, and annual medical review.

In an effort to provide timely services to children, in FY 2017-18 Sutter County voluntarily applied for and was approved to change from a CMIP Level II to Level III with the understanding that the DHCS will be available to review cases and provide assistance. Sutter County can request a change in CMIP status back to a Level II at any time.

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

is subject to the Realignment growth allocation.

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

CCS and Managed Care

The growth in CCS caseloads and program costs has steadily increased over time. This increase places demands both on the service delivery side and on the financing of the program. As fiscal pressures have increased on the California State Budget, the State CCS program is now limiting the state's financial participation in the program, which is further de-stabilizing the program.

DHCS has developed a proposed "Whole-Child Model" (WCM) to be implemented in specified counties only. This model is described as an organized delivery system that will assure comprehensive, coordinated services through enhanced partnerships among Medi-Cal managed care plans, children's hospitals, specialty care providers, and counties.

In 2016, SB 586 (Chapter 625, Statutes of 2016) was enacted, which transitions the care coordination and service authorization functions for Medi-Cal beneficiaries from the

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

Nancy O'Hara, Director

county, to the managed care plan in 21 County Organized Health System (COHS) counties. Counties will continue to assume these functions for non-Medi-Cal CCS beneficiaries. Further, counties will continue to make initial and periodic financial, residential and medical eligibility determinations for all CCS beneficiaries. The Medical Therapy Program will also remain the county's responsibility. There are 33 counties where the WCM is not offered, Sutter County, being in this group of counties. The non-COHS counties remain carved out of managed care until 2022 and until an evaluation of the WCM has been completed.

Recommended Budget

This budget is recommended at \$280,848, which is the same as FY 2017-18.

At this time, the State has not determined the amount of its contribution to the Sutter County CCS Program for FY 2018-19. As mentioned above, in the past, as a policy item, the County has budgeted an amount in excess of the county share of cost in order to meet the potential demand for service, which can be very volatile. The budget recommendation is consistent with the Board of Supervisors' past policy in this area and is the same as the prior year's Adopted Budget. However, the Board could opt to reduce this budget request to the minimum county share of cost of \$154,465, to match a potential reduced State contribution. At this time it is not known whether the State contribution would match the amount appropriated.

Use of Fund Balance

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

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

Nancy O'Hara, Director

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0252 - EMERGENCY MEDICAL SERVICES				Dept: 0252	
Unit Title: EMERGENCY MEDICAL SERVICES					
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/15/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
SERVICES AND SUPPLIES	80,691	25,415	130,802	131,000	0.2
OTHER CHARGES	21,972	595	38,100	500	-98.7
PROVISIONS FOR CONTINGENCIES	0	0	5,500	0	-100.0
OTHER FINANCING USES	0	0	0	38,100	100.0
NET BUDGET	102,663	26,010	174,402	169,600	-2.8
REVENUE					
FINES, FORFEITURES, PENALTIES	79,859	75,169	152,620	80,000	-47.6
REVENUE USE MONEY PROPERTY	3,464	6,530	5,500	5,500	0.0
CANCELLATION OF OBLIGATED FB	0	0	16,282	84,100	416.5
TOTAL OTHER REVENUE	83,323	81,699	174,402	169,600	-2.8
UNREIMBURSED COSTS	19,340	-55,689	0	0	0.0
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

Established by the Board of Supervisors in 1990 through Resolution 90-22, Sutter County Health and Human Services – Public Health Branch administers the Emergency Medical Services (EMS) Fund, referred to as Maddy Funds. Counties must use Maddy Fund revenues for purposes established in the statute.

Major Budget Changes

Other Charges

- (\$37,600) Decrease due to reclassification of Other Charges – Interfund Expenditures to Other Financing Uses – Operating Transfers

Other Financing Uses

- \$38,100 Increase due to reclassification of Other Charges – Interfund Expenditures to Other Financing Uses – Operating Transfers

Revenues

- (\$72,620) Decrease in court fines and penalty assessments collected based on prior year actuals

Program Discussion

The EMS Fund ('Maddy Fund') reimburses physicians and medical facilities for emergency services provided to patients who are unable to pay for the cost of their medical care. With more patients covered through Medi-Cal because of Medi-Cal expansion because of Affordable Care Act (ACA) or

Health and Human Services

Emergency Medical Services Fund (0-252)

Nancy O'Hara, Director

other insurance through Covered California, there have been fewer patients who are unable to pay for the cost of their medical care. Maddy Fund revenues are derived from penalty assessments on various criminal offenses, motor vehicle violations, traffic violator school fees, and revenues from taxes on tobacco products under Proposition 99 (the Tobacco Tax and Health Protection Act of 1988).

Recommended Budget

This budget is recommended at \$169,600, which is a decrease of \$4,802 (2.8%) compared to FY 2017-18. This budget does not receive funding from the General Fund.

Use of Fund Balance

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

The fund also includes a Restricted Fund Balance account for EMS funds collected prior to 2002. Monies held within these accounts may be used, with Board approval, in the event collections in the EMS fund decrease below current levels. The Recommended Budget includes a cancellation of \$69,100 from the Restricted Fund Balance 2002 account (#31108) to offset a portion of the County's share of cost in the Sierra Sacramento Valley Emergency Medical Services (S-SV EMS) Agency and to offset the reduction of revenues. This total cost of the Sierra Sacramento Valley Emergency Medical Services (S-SV EMS) Agency is currently recommended at \$51,208, in the Non-County Provider (4-201) budget unit.

Projected Physician Revenue for FY 2018-19 is less than projected Physician Expenses; therefore, the Recommended Budget includes a Cancellation of Obligated Fund Balance from the Restricted Fund Balance Physicians account (#31113) in the amount of \$15,000, the same as FY 2017-18, to fund anticipated Physician Expense claims for FY 2018-19.

Health and Human Services Welfare Administration (5-101)

Nancy O'Hara, Director

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0013 - WELFARE/SOCIAL SERVICES					
Unit Title: WELFARE ADMINISTRATION				Dept: 5101	
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/18/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	15,645,535	15,553,047	19,274,659	20,502,280	6.4
SERVICES AND SUPPLIES	2,877,518	2,729,549	2,537,626	3,894,926	53.5
OTHER CHARGES	4,104,596	3,295,443	5,777,492	5,341,650	-7.5
CAPITAL ASSETS	136,017	6,959	83,500	66,000	-21.0
OTHER FINANCING USES	64,962	1,421,877	61,484	493,210	702.2
NET BUDGET	22,828,628	23,006,875	27,734,761	30,298,066	9.2
REVENUE					
INTERGOVERNMENTAL REVENUES	18,540,970	14,993,298	22,338,361	24,962,352	11.7
CHARGES FOR SERVICES	2,835,776	3,348,468	3,130,072	3,290,015	5.1
MISCELLANEOUS REVENUES	18,567	1,949	16,500	17,000	3.0
OTHER FINANCING SOURCES	14,757	0	8,000	0	-100.0
TOTAL OTHER REVENUE	21,410,070	18,343,715	25,492,933	28,269,367	10.9
UNREIMBURSED COSTS	1,418,558	4,663,160	2,241,828	2,028,699	-9.5
ALLOCATED POSITIONS	215.00	225.00	225.00	232.00	3.1

Purpose

The Welfare and Social Services budget unit is operated by the Health and Human Services Department. Health and Human Services, Sutter County's largest department, was previously comprised of three divisions: Behavioral Health & Substance Use Disorder Division, Public Health Division, and Welfare and Social Services Division. In an effort to provide a more integrated agency the Department will be changing to six branches, tentatively identified as: Administration and Finance, Adult Services, Children's Services, Clinical Services, Public Health, and Public Assistance.

This budget unit finances personnel and operational costs for a portion of the tentatively identified Administration and Finance Branch, Adult Services Branch, Children's Services Branch, and 100% of the Public Assistance Branch.

Major Budget Changes

Salaries & Benefits

- \$884,656 General increase due to negotiated salaries and benefits
- \$79,236 Increase related to the addition of one (1.0 FTE) Public Assistance Specialist III position effective July 1, 2018
- \$284,644 Increase related to the addition of four (4.0 FTE) flexibly staffed Public Assistance Specialist I/II positions effective July 1, 2018
- \$63,426 Increase related to the addition of one (1.0 FTE) Office Assistant II position effective July 1, 2018

Health and Human Services Welfare Administration (5-101)

Nancy O'Hara, Director

- \$59,792 Increase related to the addition of one (1.0 FTE) Vocational Trainee/Assistant position effective July 1, 2018
- (\$129,134) Decrease due to reclassification of ISF Workers' Compensation costs to Services & Supplies object level

Services & Supplies

- (\$96,925) Decrease in Software License & Maintenance related to one-time renewal on the Covered CA software and replacement C-IV computers in FY 2017-18
- \$61,000 Increase in Computer Hardware related to additional positions and replacement of aging computers
- \$52,950 Increase in Professional and Specialized Services related to security guard services
- (\$76,840) Decrease in Data Processing Services related to C-IV system
- \$226,089 Increase in Rents/Leases Structures/Grounds primarily due to office lease at 680 N Walton
- \$98,289 Increase in ISF IT Services charges as provided by the General Services Department
- \$1,023,464 Increase due to reclassification of charges for services provided by Internal Service Funds to Services & Supplies object level

Other Charges

- \$100,250 Increase in Support & Care of Persons related to behavioral health services for children with special needs
- \$265,937 Increase in Interfund Human Services Admin related to additional staffing and organizational changes
- \$ 84,615 Increase in Cost Plan charges as provided by the Auditor - Controller's Office
- \$161,318 Increase in Interfund Maintenance/Improvements related to interior and exterior improvements at 190 Garden Hwy as provided by the General Services Department
- (\$176,436) Decrease in Interfund Plant Acquisition due to completion of Capital Improvement Project in FY 2017-18
- (\$874,585) Decrease due to reclassification of charges for services provided by Internal Service Funds to Services & Supplies object level

Capital Assets

- \$26,000 Replacement vehicle, hybrid sedan
- \$20,000 Replacement mid-size vehicle
- \$20,000 Replacement mid-size vehicle

Other Financing Uses

- \$353,762 Increase due to countywide microwave network project
- \$87,818 Increase due to capital projects for paving parking lot at 190 Garden Hwy location

Revenues

- (\$96,020) Decrease in State Public Assistant Staff Cost Reimbursement
- (\$135,055) Decrease in Federal Public Assistant Staff Cost Reimbursement
- \$178,410 Increase in State Welfare Administration funding
- \$2,679,896 Increase in Federal Welfare Administration funding
- \$152,443 Increase in Interfund Transfer from the Social Services Realignment Fund 2011

Program Discussion

The responsibilities of the Public Assistance, Adult Services, and Children's Services Branches within this budget unit include eligibility determinations for assistance programs, CalWORKs Employment Services, Child Welfare Services, Adult Services, and other related activities as mandated by Federal and State law.

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

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

The FY 2011-12 State budget permanently shifted 1.06% of existing State Sales Taxes from the State General Fund to a Special Local Revenue fund for counties to fund "public safety" programs, which include Child Welfare Services, Foster Care, Adoptions (administration of services and assistance payments), and Adult Protective Services. The State budget also included the shift of Adoption services to the County, with the option for the County to contract back with the State for those services. The Department has chosen to contract with the State to provide adoption services for the County, and use the designated Realignment funding to pay for the service.

CalWORKs/Employment Services provides financial assistance for basic needs and a wide array of services and supports for families to enter and remain in the workforce. Parents are required to participate in Welfare to Work (WTW) activities as a condition of receiving cash aid. WTW activities include unsubsidized and subsidized employment, self-employment, community service, adult basic education, job skills training,

vocational education, job search/job readiness assistance, mental health counseling, substance abuse treatment, domestic abuse services, homeless/housing support services, and other activities necessary to assist recipients in obtaining employment.

CalWORKs/Employment Services continues to administer early engagement strategies per AB74, by providing expanded WTW services which included the implementation of the Subsidized Employment program on July 1, 2014, the Family Stabilization program on May 1, 2014, the Online CalWORKs Appraisal Tool (OCAT) on October 1, 2015, and the Housing Support Program (HSP) on November 1, 2016.

Caseworkers complete the OCAT for each participant, which is an in-depth assessment that identifies client strengths and barriers by gathering and providing information about employment and educational history, housing stability, physical and behavioral health, and domestic abuse. This assessment is used to develop an individualized welfare-to-work plan immediately upon entry into the program.

Family Stabilization services provides intensive case management and crisis intervention services to address homelessness, mental health, substance abuse, transportation, and domestic violence, related needs to ensure a basic level of stability in combination with existing barrier removal services to ensure progress towards job readiness.

HSP services uses a Rapid-Rehousing model to assist families in quickly obtaining permanent housing by offering emergency and permanent housing assistance in combination with wrap-around services to foster housing retention and stability.

CalWORKs/Employment Services continues to administer the Subsidized Employment program in partnership with Sutter County One Stop and in collaboration with Employers, nonprofits, and local public agencies to match parents with jobs and providing a connection to the labor force. Participants develop employment skills leading to job retention and more employable candidates transitioning to self-sufficiency. Wages are fully or partially subsidized with jobs in many industries. Participants build job skills, employment history, and stability to transition into permanent unsubsidized employment.

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

One purpose of the Patient Protection and Affordable Care Act (ACA) of 2010 is to provide affordable healthcare for all Americans. Health Care Reform legislation required that County Welfare Departments begin open enrollment on October 1, 2013 for Health coverage to begin January 1, 2014. Sutter County was approved for funding to implement a Customer Service Center using C-IV Customer Service Center hardware and software technology. A Task Based business model has allowed workers to manage ongoing cases more efficiently by processing specific tasks rather than managing entire caseloads.

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

Health and Human Services Welfare Administration (5-101)

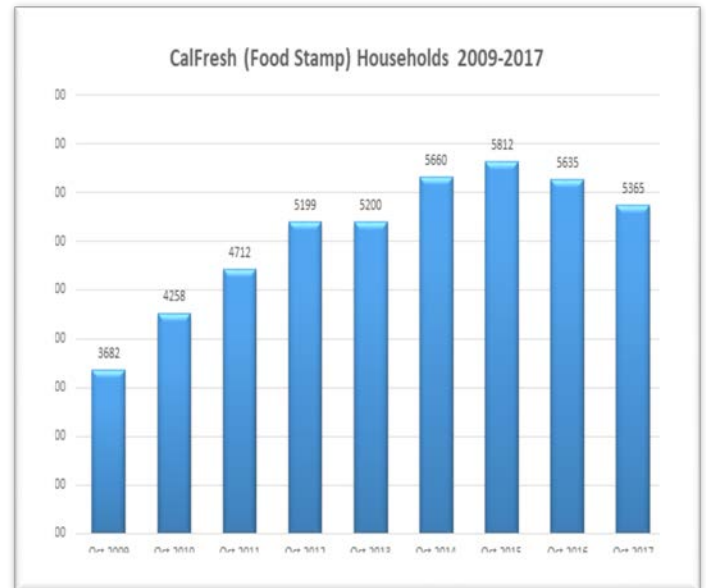
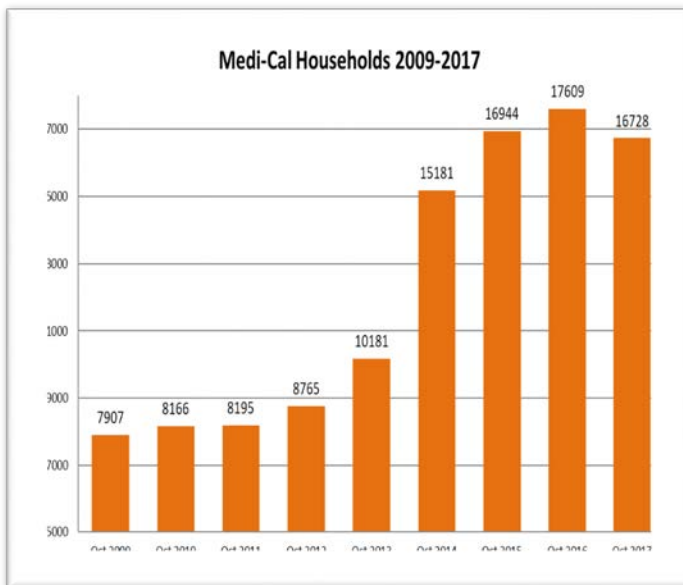
Nancy O'Hara, Director

In Sutter County, the Medi-Cal caseload, number of households, grew approximately 112% from October 2009, at 7,907 cases, to October 2017, at 16,728 cases (see Medi-Cal Households 2009-2017 graph).

Approximately 38,000 individuals in Sutter County are receiving Medi-Cal benefits. Sutter County added over 5,000 additional households to Medi-Cal under the Affordable Care Act who qualified for Medi-Cal on January 1, 2014 under the Affordable Care Act's expanded Medicaid eligibility criteria.

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

The CalFresh caseload has grown approximately 46% from October 2009 at 3,682 cases to October 2017 at 5,365 cases (see CalFresh Households 2009-2017 graph).



Recommended Budget

This budget is recommended at \$30,298,066, which is an increase of \$2,563,305 (9.2%) over FY 2017-18.

The Welfare and Social Services fund, as a whole, receives \$449,000 in financing from the General Fund in order to meet the County's Maintenance of Effort (MOE) for receipt of CalWORKs and related Realignment funding.

The following new positions are recommended to be effective July 1, 2018:

- Addition of one (1.0 FTE) Public Assistance Specialist III position
- Addition of four (4.0 FTE) flexibly staffed Public Assistance Specialist I/II positions
- Addition of one (1.0 FTE) Office Assistant II position
- Addition of one (1.0 FTE) Vocational Trainee/Assistance position

Capital Assets, recommended to be approved as of July 1, 2018, are recommended at \$66,000 for the purchase of three replacement vehicles. The Department has requested two mid-size sedans (\$20,000 per) and one mid-size hybrid sedan (\$26,000).

Interior and exterior maintenance and improvements for the facility at 190 Garden Hwy have been budgeted in Building Maintenance budget unite 1-700 program 73. The General Services Department is responsible for this maintenance project.

In addition, a capital improvement project has been budgeted in the Capital Improvement (1-800) budget unit for Construct/Pave Asphalt Parking Lots at 190 Garden Hwy. This parking lot is located between Welfare/Social Services and General Services; however it is primarily used by Welfare/Social Services employees and clientele. The funding for this project has been allocated between the two departments.

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

Use of Fund Balance

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

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0001 - GENERAL					
Unit Title: PUBLIC GUARDIAN & CONSERVATOR					Dept: 2709
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/15/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	227,769	190,935	268,236	305,662	14.0
SERVICES AND SUPPLIES	28,568	19,985	30,305	43,320	42.9
OTHER CHARGES	957	0	15,664	0	-100.0
INTRAFUND TRANSFERS	84	72	2,933	156	-94.7
OTHER FINANCING USES	340	347	354	4,172	1,078.5
NET BUDGET	<u>257,718</u>	<u>211,339</u>	<u>317,492</u>	<u>353,310</u>	<u>11.3</u>
REVENUE					
CHARGES FOR SERVICES	<u>193,216</u>	<u>145,630</u>	<u>215,297</u>	<u>246,761</u>	<u>14.6</u>
TOTAL OTHER REVENUE	<u>193,216</u>	<u>145,630</u>	<u>215,297</u>	<u>246,761</u>	<u>14.6</u>
UNREIMBURSED COSTS	64,502	65,709	102,195	106,549	4.3
ALLOCATED POSITIONS	3.00	3.00	3.00	3.00	0.0

Purpose

The Public Guardian acts as the legally appointed conservator for persons found by the Superior Court to be unable to properly care for themselves or their finances or who can't resist undue influence or fraud. Such persons may suffer from severe mental illness, dementia or are simply older, frail and vulnerable adults.

The main responsibility of the conservator is to provide each conservatee with the best and most independent living arrangement as possible, within their abilities and resources. The conservator assures that all personal, financial, and medical care and services needed to maintain a safe and comfortable living environment are provided for the conservatee.

Major Budget Changes

Salaries & Benefits

- \$37,426 General increases due to negotiated salaries and benefits

Services & Supplies

- \$17,447 Increase due to reclassification of charges for services provided by Internal Service Funds to Services & Supplies object level

Other Charges

- (\$15,664) Decrease due to reclassification of charges for services provided by Internal Service Funds to Services & Supplies object level

Revenue

- \$33,464 Increase in Interfund MH Admin Conservator Services related to increased LPS caseload and costs

Program Discussion

The Public Guardian-Conservator serves as conservator of a person and/or estate of individuals needing protective intervention. The two types of conservatorships, Lanterman-Petris-Short (LPS) and probate, can only be established by order of the superior court.

Lanterman-Petris-Short Act (Welfare and Institutions Code §5000, et seq.), conservatorships are established to arrange mental health treatment and placement for people who are unable to provide for their food, clothing, shelter, and treatment needs, because of a mental disorder. LPS Conservatorship provides a legal framework for the delivery of services to individuals needing psychiatric treatment, but who are unwilling or unable to accept it. The Public Guardian-Conservator is responsible for directing the mental health treatment and placement of their clients. Referrals for LPS conservatorship can only come from a psychiatrist who is authorized to do LPS evaluations.

Probate Conservatorships are primarily established for adults who cannot care for themselves or manage their own finances.

This type of conservatorship is often used for older adults with severe limitations and for younger people who have serious cognitive impairments. The Public Guardian-Conservator is involved in all aspects of their clients' lives, including fiscal management, housing, medical care and placement, and advocacy. Referrals for probate conservatorship usually come from another community agency, institution, or physician.

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.

Currently, the Public Guardian's office has eighty-one (81) Conservatees, thirty-two (32) of which are probate cases and forty-nine (49) of which are LPS cases.

Recommended Budget

This budget is recommended at \$353,310 which is an increase of \$35,818 (11.3%) over FY 2017-18. The General Fund provides 30.2% of the financing for this budget unit, and is increased by \$4,354 (4.3%) over FY 2017-18.

Use of Fund Balance

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

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0013 - WELFARE/SOCIAL SERVICES					
Unit Title: IN-HOME SUPPORTIVE SRVS (IHSS)					Dept: 5201
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/15/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
OTHER CHARGES	1,893,478	1,816,235	3,076,198	2,807,639	-8.7
NET BUDGET	<u>1,893,478</u>	<u>1,816,235</u>	<u>3,076,198</u>	<u>2,807,639</u>	<u>-8.7</u>
REVENUE					
CHARGES FOR SERVICES	1,893,477	3,429,561	3,076,198	0	-100.0
OTHER FINANCING SOURCES	0	0	0	2,807,639	100.0
TOTAL OTHER REVENUE	<u>1,893,477</u>	<u>3,429,561</u>	<u>3,076,198</u>	<u>2,807,639</u>	<u>-8.7</u>
UNREIMBURSED COSTS	1	-1,613,326	0	0	0.0
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

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

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

The IHSS program pays providers to care for qualified aged, blind, or disabled individuals who require personal care and/or homemaking assistance in order to continue living in their homes. CDSS makes the payments to the providers, and then invoices the County for its share of the costs.

Commencing July 1, 2017, the State discontinued the Coordinated Care Initiative which ended the County Maintenance of

Effort, and reinstate a 35% county share of all non-federal program costs.

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

Major Budget Changes

Other Charges

- (\$332,106) Decrease in IHSS-County Share
- \$ 63,547 Increase in Contribution to Other Agencies related to the reinstatement of funding of the Public Authority (PA) Admin costs

Revenues

- (\$268,559) Decrease in 1991 Realignment Revenue based on budget requirements

Program Discussion

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

Per an agreement between the Sutter County Public Authority Governing Board and the IHSS Providers, the hourly wage for providers is currently \$11.00 per hour. Effective January 1, 2019 state minimum wage increases to \$12.00.

Recommended Budget

This budget is recommended at \$2,807,639, which is a decrease of \$268,559 (8.7%) compared to FY 2017-18. Caseload growth is anticipated during FY 2018-19 despite the reduction in budget. This is due to actual costs being lower than anticipated in FY 2017-18, and budget being subsequently reduced for FY 2018-19.

The General Fund does not provide any financing to this budget unit. The County's share of cost is met with Welfare and Social Services 1991 Realignment funds (0-248).

Use of Fund Balance

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

Health and Human Services

Temporary Aid for Needy Families (5-204)

Nancy O'Hara, Director

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0013 - WELFARE/SOCIAL SERVICES					
Unit Title: TANF-FAMILY GROUP				Dept: 5204	
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/15/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
OTHER CHARGES	9,066,446	8,385,458	9,632,076	10,815,108	12.3
NET BUDGET	9,066,446	8,385,458	9,632,076	10,815,108	12.3
REVENUE					
INTERGOVERNMENTAL REVENUES	3,600,793	2,902,033	3,555,708	4,086,480	14.9
CHARGES FOR SERVICES	5,972,315	5,550,411	5,875,566	6,478,250	10.3
TOTAL OTHER REVENUE	9,573,108	8,452,444	9,431,274	10,564,730	12.0
UNREIMBURSED COSTS	-506,662	-66,986	200,802	250,378	24.7
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

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

Major Budget Changes

Other Charges

- \$1,183,032 Increase in Support and Care of Persons related to an increase in projected caseload and costs

Revenues

- \$550,772 Increase in Federal/State TANF related to an increase in projected caseload and costs
- \$319,420 Increase in Interfund Transfer-In Realignment related to an

increase in projected caseload and costs

- \$283,264 Increase in Interfund Transfer In Special Revenue related to an increase in projected caseload and costs

Program Discussion

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

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

- Either parent is physically or mentally incapacitated
- Either parent is deceased
- The parent who is the primary wage earner is unemployed

Health and Human Services

Temporary Aid for Needy Families (5-204)

Nancy O'Hara, Director

- Either parent is continually absent from the home in which the child resides.

If any of the above circumstances exists, and the child plus his/her caretaker meets the property and income tests, a TANF case including the child, his/her caretaker, and other related children living in the home, if eligible, may be established. Most qualified persons also receive Medi-Cal 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 \$10,815,108, which is an increase of \$1,183,032 (12.3%) over FY 2017-18.

The FY 2013-14 State budget passed by the Legislature includes funding to provide a five-percent grant increase effective March 1, 2014. AB 85 amended the Welfare and Institutions Code Section 17600.10(a)(5) that requires counties to establish a new subaccount wherein funds for the five-percent grant increase will be deposited. The five-percent increase will be funded through the redirection of 1991 Realignment general growth revenues from Social Services and

Health to a new 1991 subaccount created for this purpose. Counties will not have a share of cost for grant increases provided from funding in the new subaccount, the Family Support Fund (0-227).

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

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

The General Fund does not provide any financing to this budget unit. The County's share of cost is met with Welfare and Social Services 1991 Realignment (0-248) funds.

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

Use of Fund Balance

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

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0013 - WELFARE/SOCIAL SERVICES					
Unit Title: FOSTER CARE				Dept: 5206	
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/15/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
OTHER CHARGES	5,744,358	5,891,870	6,611,490	9,124,380	38.0
NET BUDGET	5,744,358	5,891,870	6,611,490	9,124,380	38.0
REVENUE					
INTERGOVERNMENTAL REVENUES	1,934,724	1,614,139	1,969,750	3,529,841	79.2
CHARGES FOR SERVICES	1,560,328	1,289,642	2,052,500	2,130,920	3.8
TOTAL OTHER REVENUE	3,495,052	2,903,781	4,022,250	5,660,761	40.7
UNREIMBURSED COSTS	2,249,306	2,988,089	2,589,240	3,463,619	33.8
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

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

Major Budget Changes

Other Charges

- \$2,371,470 Increase in Support and Care related to implementation of the Short-Term Residential Therapeutic Program and an increase in projected caseload and costs

- \$141,420 Increase in Interfund Transfer-Out Wrap Around due to wrap around placement costs

Revenues

- \$78,420 Increase in Interfund Transfer-In related to an increase in projected caseload and costs
- \$1,554,941 Increase in Federal Aid for Foster Care related to an increase in projected caseload and costs

Program Discussion

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

1. Welfare Department Institutional Placements fund payments for the placement costs of Sutter County

Dependents who are placed in a group home.

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

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

Recommended Budget

This budget is recommended at \$9,124,380, which is an increase of \$2,512,890 (38.0%) over FY 2017-18.

The General Fund does not provide any financing to this budget unit. The County's share of cost is met with Welfare and Social Services 1991 Realignment (0-248) funds.

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

Use of Fund Balance

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

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

Nancy O'Hara, Director

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0013 - WELFARE/SOCIAL SERVICES			Dept: 5207		
Unit Title: REFUGEE CASH ASSISTANCE					
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/15/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
OTHER CHARGES	5,920	5,277	14,800	14,800	0.0
NET BUDGET	5,920	5,277	14,800	14,800	0.0
REVENUE					
INTERGOVERNMENTAL REVENUES	8,144	4,597	14,800	14,800	0.0
TOTAL OTHER REVENUE	8,144	4,597	14,800	14,800	0.0
UNREIMBURSED COSTS	-2,224	680	0	0	0.0
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

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

Major Budget Changes

There are no major budget changes for FY 2018-19.

Program Discussion

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

Recommended Budget

This budget is recommended at \$14,800, which is the same as FY 2017-18. The General Fund does not provide any financing to this budget unit. This budget unit is 100% federally funded.

Use of Fund Balance

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

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0013 - WELFARE/SOCIAL SERVICES					
Unit Title: AID FOR ADOPTION					
					Dept: 5209
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/15/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
OTHER CHARGES	3,960,628	3,985,963	4,572,000	4,770,000	4.3
NET BUDGET	3,960,628	3,985,963	4,572,000	4,770,000	4.3
REVENUE					
INTERGOVERNMENTAL REVENUES	1,656,379	1,411,407	1,836,000	1,980,000	7.8
CHARGES FOR SERVICES	1,724,706	1,397,975	2,052,000	2,092,500	2.0
TOTAL OTHER REVENUE	3,381,085	2,809,382	3,888,000	4,072,500	4.7
UNREIMBURSED COSTS	579,543	1,176,581	684,000	697,500	2.0
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

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

Major Budget Changes

Other Charges

- \$198,000 Increase in Support & Care of Persons related to an increase of projected caseload

Revenues

- \$144,000 Increase in Federal Aid for Adoptions related to an increase of projected caseload

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.

Recommended Budget

This budget is recommended at \$4,770,000 which is an increase of \$198,000 (4.3%) over FY 2017-18.

The General Fund does not provide any financing to this budget unit. The County's share of cost is met with Welfare and Social Services 1991 Realignment (0-248) funds.

The State's share of Adoption costs, which is realized as revenue by the County, flows

Health and Human Services Aid for Adoption (5-209)

Nancy O'Hara, Director

from the County Local Revenue Fund 2011 (0-140) through the Social Services Realignment Fund 2011 (0-245) as opposed to being directly received by the Division through the Welfare and Social Services Fund as had occurred in the past. The County Local Revenue Fund 2011 and the Social Services Realignment Fund 2011 are discussed in greater detail in their own budget narratives.

Use of Fund Balance

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

COUNTY OF SUTTER EXECUTIVE SUMMARY Fiscal Year 2018-2019					
Fund: 0001 - GENERAL					
Unit Title: GENERAL RELIEF-GENERAL					Dept: 5302
	2016-2017 Actual Expenditure	2017-2018 YTD as of 05/15/2018	2017-2018 Adopted Budget	2018-2019 CAO Recommended	2017-2018 % Change Over
EXPENDITURES					
SERVICES AND SUPPLIES	34,641	28,635	31,400	34,900	11.1
OTHER CHARGES	20,327	13,418	36,000	33,000	-8.3
NET BUDGET	<u>54,968</u>	<u>42,053</u>	<u>67,400</u>	<u>67,900</u>	<u>0.7</u>
REVENUE					
CHARGES FOR SERVICES	8,151	5,722	3,400	7,400	117.6
TOTAL OTHER REVENUE	<u>8,151</u>	<u>5,722</u>	<u>3,400</u>	<u>7,400</u>	<u>117.6</u>
UNREIMBURSED COSTS	46,817	36,331	64,000	60,500	-5.5
ALLOCATED POSITIONS	0.00	0.00	0.00	0.00	0.0

Purpose

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

Major Budget Changes

There are no major budget changes for FY 2018-19.

Program Discussion

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

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

amount will be adjusted to reflect the percentage change in the California Consumer Price Index, (CPI) All Urban Consumers, San Francisco-Oakland-San Jose subset published by the California Department of Industrial Relations, for the period beginning July 1 of the previous year and ending June 30 of the year in which the calculation is to be made. Based on the 7/1/16 – 6/30/17 CPI, the rate increase for FY 2018-19 is 3.5%.

Recommended Budget

This budget is recommended at \$67,900, which is an increase of \$500 (0.7%) over FY 2017-18. The General Fund provides 89.1% of the financing for this budget unit.

Use of Fund Balance

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