



Human Services

Section D

Public Health employee Ericka Lansdon (left) leads the jump rope during Family Fun Night in the Park at Regency Park in Yuba City; WIC employee Diane Bull provides nutritional information (upper right) during a Community Celebration of the smoke-free Gauche Aquatic Park in May.

Human Services Administration (4-120)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: HUMAN SERVICES ADMINISTRATION FUND: HEALTH			0012 4-120		
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	484,295	335,344	489,489	390,547	20.2-	
SERVICES AND SUPPLIES	21,162	13,849	22,510	28,100	24.8	
OTHER CHARGES	27,268	5,912	18,782	13,971	25.6-	
* GROSS BUDGET	532,725	355,105	530,781	432,618	18.5-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	532,725	355,105	530,781	432,618	18.5-	
OTHER REVENUES						
USER PAY REVENUES	451,990	104,905	446,088	365,345	18.1-	
GOVERNMENTAL REVENUES	0	0	0	0	.0	
TOTAL OTHER REVENUES	451,990	104,905	446,088	365,345	18.1-	
* UNREIMBURSED COSTS	80,735	250,200	84,693	67,273	20.6-	
ALLOCATED POSITIONS	5.00	5.00	5.00	4.00	20.0-	

Purpose

The Human Services-Administration budget contains the salary, benefits, and related support costs of the Director of Human Services and support staff. The Director provides executive leadership for the Department of Human Services, Sutter County's largest department, which is comprised of three divisions: the Health Division, the Mental Health Division, and the Welfare and Social Services Division. The Department's total approved budget for FY 2010-11 was more than \$84 million and contained over 380 Full Time Equivalent positions.

Major Budget Changes

Salaries & Benefits

- (\$113,286) Elimination of one filled Information Security and Compliance Manager position
- \$6,000 Increase in Extra Help funding

Services & Supplies

- \$5,590 General increase due primarily to increases in Rents/Leases Structures

Other Charges

- (\$4,811) Decrease in Interfund Information Technology charges

Human Services Administration (4-120)

Tom Sherry, Director of Human Services

Revenues

- (\$80,743) Decrease in transfers from the Mental Health and Welfare/Social Services Divisions for their respective shares of administrative support costs

Program Discussion

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

Major projects for this year include the continuing cash management for the Department's two largest divisions, Mental Health and Social Services. Continual changes at the State will again require the Department to monitor its cash flow needs and develop strategies to address this problem.

Efforts to increase integration of services provided by the Human Services Department and other agencies continue. Proposition 63 (Mental Health Services Act) and other legislation continue to provide additional incentives to work toward this goal. It is hoped these efforts will result in more efficient and effective service delivery and improved outcomes.

The planned construction of a new Human Services Building adjacent to the Mental Health Facility at 1965 Live Oak Boulevard, Yuba City, remains a long term goal when funding becomes available. Although funding for this project is currently unavailable, it is important to maintain this goal should an opportunity for funding arise in the future. The ability to coordinate services and increase efficiencies would be a

significant benefit from co-location of Department operations.

The cost of Human Services Administration has generally been apportioned between the Department's three Divisions based on the number of employees allocated to each Division. The state-mandated compliance program for the Mental Health Plan is now located in Mental Health. Because the Director of Human Services' office is located in the Health Building, this budget has been placed in the Health Fund.

Recommended Budget

This budget is recommended at \$432,618, which is a decrease of \$98,163 (18.5%) compared to FY 2010-11.

The biggest change in this budget is the elimination of the Information Security and Compliance Manager position. This position is recommended to be eliminated in order to reduce costs for the Human Services Department. Information security and compliance duties will be transferred to and split between two current employees.

It is recommended to continue to leave the Administrative Services Manager position vacant and unfunded. Extra Help funding is recommended at \$6,000 in the event additional administrative assistance is required.

The \$67,273 unreimbursed cost, which is decreased by \$17,420 (20.6%) over FY 2010-11, represents the Health Department's share of the Human Services-Administration budget. This Unreimbursed Cost is, in concept, partially funded by the General Fund through the General Fund's contribution to the Health Fund.

Use of Reserves/Designations

This budget unit does not include any reserves or designations.

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

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY					
DEPT HEAD: TOM SHERRY	UNIT: EMERGENCY MEDICAL SERVICES		FUND: EMERGENCY MEDICAL SERVICES		0252 0-252
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11
EXPENDITURES					
SERVICES AND SUPPLIES	149,245	119,858	253,325	125,802	50.3-
OTHER CHARGES	44,018	0	44,275	33,718	23.8-
* GROSS BUDGET	193,263	119,858	297,600	159,520	46.4-
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	193,263	119,858	297,600	159,520	46.4-
APPROPRIATION FOR CONTINGENCY	0	0	0	0	.0
INCREASES IN RESERVES	0	0	0	0	.0
* TOTAL BUDGET	193,263	119,858	297,600	159,520	46.4-
OTHER REVENUES					
USER PAY REVENUES	0	0	0	0	.0
GOVERNMENTAL REVENUES	2,576	795	175,000	149,520	14.6-
GENERAL REVENUES	176,471	114,273	0	0	.0
CANCELLATION P/Y DESIGNATIONS	0	0	128,421	10,000	92.2-
UNDESIGNATED FUND BALANCE 7/1	8,394	122,600	5,821-	0	100.0-
TOTAL AVAILABLE FINANCING	187,441	237,668	297,600	159,520	46.4-
* UNREIMBURSED COSTS	5,822	117,810-	0	0	.0
ALLOCATED POSITIONS	.00	.00	.00	.00	.0

Purpose

Sutter County Health is responsible for the administration of the Emergency Medical Services (EMS) Fund.

In 1987, State Senator Ken Maddy authored legislation that allowed counties to establish an EMS Fund. The County Board of Supervisors established such a fund in 1990 (Resolution 90-22), and designated the Health Department (which is now a division of the Human Services Department) as the administrative agency for the fund.

Major Budget Changes

Services & Supplies

- (\$25,480) Decrease due to total of claims submitted for payment now exceeds annual collections and does not include a decrease in designation as in 2010-11.

Other Charges

- (\$10,557) General decreases in Other Charges accounts due primarily to reduction of administrative costs

Revenues

- (\$25,480) Decrease in collections from fines.

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

Tom Sherry, Director of Human Services

Program Discussion

The EMS Fund (hereafter referred to by its more common name 'Maddy Fund') is intended to reimburse physicians and medical facilities for emergency services provided to patients who do not pay for the cost of their medical care. Its revenues are derived from penalty assessments on various criminal offenses and motor vehicle violations, traffic violator school fees, and revenues from taxes on tobacco products under Proposition 99 (the Tobacco Tax and Health Protection Act of 1988).

Counties must use Maddy revenues for purposes established in the statute. A County can use an amount equal to actual expenditures or up to 10% of total Maddy revenues for administration of the fund. Of the remaining funds, 58% is allocated to an account for physicians and surgeons who provide emergency medical services (and are not employed in County hospitals), 25% is allocated to an account for hospitals that provide emergency services as defined in State law, and 17% is allocated to an account for discretionary emergency medical related services as determined by the County.

For Maddy Funds established before July 1, 1991, such as Sutter County's, the law specifies a limit on the amount of revenues that counties can deposit in the funds. This limitation restricts the annual increase in revenues to no more than 10% and is tied to the annual growth, if any, in the County's total penalty assessments. The law allows Counties that had not established a Maddy Fund before July 1, 1991, to receive Maddy revenues from County penalty assessments without limitations on annual growth. Changes were made to the law in 2002 to establish limits on the amount of Maddy revenue that a County may retain in an

Emergency Services Fund reserve from year to year.

It should be noted that the majority of the revenues in the Designated Fund Balances were received prior to 2002, before the current reserve limits were established in law. The Designated Fund Balances do not appear in the budget because they are theoretically not available for current budgeted expenses. With Board approval, these reserve funds will be used in the event that the EMS Fund cannot make payments for all claims in a given year from current year revenues.

The State legislature, in FY 2010-11, was considering taking action to redirect \$55 million in local Maddy Funds to Medi-Cal. There was also a possibility that the legislature would utilize the entire Maddy Fund to backfill a like amount of General Fund dollars in Medi-Cal. This proposal which was to sweep all accounts: the 58% for emergency physician uncompensated care, 25% for trauma hospital funding and the 17% for "other EMS purposes" that Sutter County uses to help fund Sierra Sacramento Valley EMS agency was not approved.

After intense lobbying by the California Medical Association and California Chapter of the American College of Emergency Physicians an alternative proposal was introduced stating the following:

1. The current Maddy penalties (both original and SB 1773) would be eliminated.
2. A new statewide, \$4 penalty would be created, which would be distributed as follows:
 - 7.5% would stay at the County for pediatric trauma services

Human Services - Health

Emergency Medical Services Fund (0-252)

Tom Sherry, Director of Human Services

- 7% would stay at the County for “other EMS services” (this is the same language as the current 17% discretionary pot most counties use to help support their EMS Agencies)
- 53% would go to the State to backfill Medi-Cal (up to a maximum of \$55 million)
- 32.5% would go to a newly created State Emergency Physician’s Uncompensated Care Fund to be administered by the California Department of Public Health (CDPH)

3. Hospital funds would be completely eliminated (except for the pediatric trauma portion)

This would be a permanent change to the Maddy Fund. The 53% going to Medi-Cal would sunset after five years, at which time those funds would go into the Emergency Physicians Account.

At the time of this writing, the State legislature placed this recent proposal on hold as CDPH has not agreed to administer the Emergency Physician’s Uncompensated Care Fund. No changes to the Maddy Fund legislature were implemented at the time of this writing.

Recommended Budget

The Requested Budget is \$159,520, which is a decrease of \$138,080 compared to FY 2010-11. Further reductions are not recommended as budgeted expenses are based exactly on expected revenues.

Use of Reserves/Designations

The EMS fund contains Designated Fund Balance accounts for each type of expenditure, as established by law. Allocated funds that are not spent within the fiscal year are placed in the respective Designated Fund Balance account. The fund also includes a Designation for Future Appropriations as well as a Designation for EMS funds collected prior to 2002. Monies held within these accounts may be used in the future, with Board approval, in the event collections in the EMS decrease below current levels.

Projected Physician Revenue for FY 2011-12 is less than projected Physician Expenses; therefore the recommended budget includes a cancellation of prior year designations (account 37336) in the amount of \$10,000 to fund anticipated Physician Expense claims for FY 2011-12.

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: COUNTY HEALTH		FUND: HEALTH		0012 4-103	
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	5,652,984	4,947,894	6,139,018	5,988,657	2.4-	
SERVICES AND SUPPLIES	1,257,579	777,946	1,211,762	900,298	25.7-	
OTHER CHARGES	699,988	322,944	760,489	672,797	11.5-	
CAPITAL ASSETS	9,719	11,461	0	9,000	***	
* GROSS BUDGET	7,620,270	6,060,245	8,111,269	7,570,752	6.7-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	7,620,270	6,060,245	8,111,269	7,570,752	6.7-	
OTHER REVENUES						
USER PAY REVENUES	913,014	425,309	754,121	902,601	19.7	
GOVERNMENTAL REVENUES	2,124,973	1,325,428	2,057,303	1,886,264	8.3-	
GENERAL REVENUES	0	1	0	0	.0	
TOTAL OTHER REVENUES	3,037,987	1,750,738	2,811,424	2,788,865	.8-	
* UNREIMBURSED COSTS	4,582,283	4,309,507	5,299,845	4,781,887	9.8-	
ALLOCATED POSITIONS	67.60	67.60	67.60	64.80	4.1-	

Purpose

Sutter County Health is responsible for the operation of three distinct medical service units within the County. Those units are: Public Health, Sutter County PeachTree Clinic contract services, and Jail Medical Services.

Public Health is responsible for providing basic preventive health services to the residents of Sutter County to improve the health and wellness of the individual in accordance with the mandates of the Health and Safety Code or the California Code of Regulations, Title 17 and Title 22.

The Clinical Services component is responsible for providing non-emergency medical care to Sutter County residents. The clinic fulfills the County Welfare and Institutions Code 17000 requirement to provide medical care to residents who are indigent. Effective June 2011, this

requirement is met through the County's contract with PeachTree Healthcare for the management and provision of services through the Outpatient Clinic.

Jail medical services are provided to inmates in conformance with a Consent Decree the County entered into in 1994 with the United States District Court for the Eastern District of California.

Major Budget Changes

Salaries & Benefits

- (\$151,361) Elimination of one filled 0.7 FTE Physician position (transferred to Mental Health Services)
- (\$152,198) Elimination of two vacant full-time Licensed Vocational

Nurse positions in May of 2011

- \$112,225 Increase due to the addition of one Supervising Public Health Nurse position in May of 2011

Services & Supplies

- (\$311,464) General decrease in Medical, Dental, and Lab Supplies, related to the transfer of the management of the Outpatient Clinic

Other Charges

- (\$87,692) Decrease in various accounts due primarily to a decrease in Interfund Information Technology, Jail Support and Care of Persons, and A-87 Building Maintenance charges

Revenues

- \$264,645 Increase in revenue pursuant to the contract with PeachTree Healthcare for the rental and use of the County’s Outpatient Clinic facility
- (\$160,000) Decrease in Private Pay revenue due to the transfer of the management of the Outpatient Clinic
- (\$310,000) Decrease in clinic fee revenue due to clinic transfer to FQHC
- (\$40,000) Decrease due to Sutter County no longer participating in Medi-Cal Administrative Activities (MAA) program

Program Discussion

This budget funds the Health Division that staffs and operates the County’s Public Health unit, Jail Medical Services, and oversees the provision of services to medically indigent Sutter County residents.

The traditional role of public health services is generally directed toward the identification, removal, and control of the causes of disease which affect the community as a whole. Top priorities include communicable disease control, environmental health services and child health programs. That traditional role has been expanded to include 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. Preparing for and responding to public health emergencies, including natural disasters, acts of terrorism, and pandemic diseases is another added role.

Health Reorganization

Since the closing of the County hospital in 1983, Sutter County has operated an Outpatient Primary Care Clinic.

On April 5, 2011 the Board of Supervisors authorized PeachTree Healthcare to begin operation of the Outpatient Health Clinic on June 6, 2011 as “Sutter County PeachTree Clinic.” On May 17, 2011, the Board approved the reorganization of the Public Health Division. This budget request includes the required budget changes related to the approved clinic and Public Health operations changes.

The Board has approved the transfer of the management of the Outpatient Medical Clinic to PeachTree Healthcare; however, the County remains obligated in providing on-call and in-patient hospital service. The County has

provided this type of coverage since the closure of the Sutter County Hospital.

Sutter County indigent patients who require inpatient hospital care receive that service at either Fremont Medical Center or Rideout Hospital, both private nonprofit hospitals, under an agreement for medical services with Sutter County. The cost for physician on-call services is contained in this budget unit.

On May 17, 2011, the Board also authorized the reorganization of Public Health. This represents the first detailed review of operations since the Clinic and Public Health were combined in 1994. The realigned programs take into account emerging Public Health concerns such as obesity, heart disease, diabetes, stroke, and high blood pressure, which have become pertinent to Public Health in the recent decade.

To provide operational realignment to meet the needs of the community, the following programs were authorized by the Board under the Health Education and Promotion Unit: Targeted Chronic Disease Management; Community Chronic Disease Prevention; and, Injury Prevention. The Board also authorized the reorganization of the Public Health Nursing unit, which included providing adequate supervision for the Public Health Immunization clinic, Communicable Disease Control and Child Health Services.

Funding for the realigned programs is contained in the recommended budget.

Environmental Health

In FY 1993-94, the Board of Supervisors transferred environmental health services from Public Health to a newly created Community Services Department. The unreimbursed cost of the Environmental Health program is now reflected in the Non-County Providers budget unit (4-201). A memorandum of understanding

between the Health Officer and the Director of Environmental Health specifies the relationship of the Environmental Health service to the Public Health Division.

Public Health Laboratory Services

There has been a continuous decline in workload in Public Health Lab Services over the past six years. One reason for this decline may be due to an increase in use of private clinical lab services in the local area. Limited Public Health Lab tests are currently provided, resulting in reduced use of staff time. Reduced costs in the services and supplies budget are due in part to the reduced number of lab tests being performed. The FY 2010-11 adopted budget included 0.50 FTE Public Health Microbiologist. The remaining 0.50 FTE Public Health Microbiologist and 0.50 FTE Director of Public Health Lab are requested to be left vacant and unfunded this year due to the reduction in lab services. The department currently maintains a stand-by/on-call Public Health Microbiologist and has retained the Lab Director on a contract basis.

Jail Medical Services

Jail medical costs reflect the provision of nursing coverage in the jail seven days per week, 19.5 hours per day; sick-call coverage by Physicians and/or Nurse Practitioners; medical supplies including pharmaceuticals; emergency room care; inpatient hospital care; and dental care. All direct jail medical costs are contained in this budget unit. It should be noted that the administration of this program requires a significant amount of public health staff time from the Health Officer and Assistant Director of Human Services. These costs are contained within the administration program of this budget and are not reflected as direct jail medical costs.

The provision of medical care to the Sutter County Jail continues to be the single largest item in the Public Health/Clinical Services

Division budget. The jail medical services program has court imposed staffing requirements that limit the ability to reduce and contain costs. Clerical support is noted as one of the areas of staffing needs in the court order. The Jail Health program will fund and fill a 0.6 FTE Office Assistant II position that was left vacant and unfilled in FY 2010-11. As part of the reorganization plan, 0.6 FTE clerical support will be transferred to the Jail Health unit from the Administration unit.

The severity of inmate health conditions and the problems presented upon booking have resulted in utilization of more inpatient hospital days and emergency room visits and have contributed to an increase in expenses. In general, there is an on-going shift of resources from traditional public health programs to the jail medical program to meet the requirements of inmate health.

Specialized Health Programs

In addition to basic public health, indigent medical care, and jail medical services programs, the Health Division budget also funds various specialized health programs. These include administration of the California Children's Services Program; Emergency Medical Care Committee; administration of the Proposition 99 Tobacco Tax Fund, and Realigned Health Fund components; administration of the Emergency Medical Services Maddy Act Funds; representation of Sutter County to the County Medical Services Program (CMSP); Women, Infants, and Children's Supplemental Nutrition program.

Future Considerations

The Health Division's patient care management and billing software dates from 1992 and is in need of updating in order to meet reorganized and future needs. The software upgrade had been postponed pending a decision regarding proposed clinic reorganization and subsequent re-evaluation of

software requirements. With the approval of the reorganization of the Health Division, an evaluation for software updates and requirements is necessary. The update is expected to increase efficiency of data collection and records management, and to facilitate electronic health information exchange in Public Health.

Funding of the Health Division

Overall, the FY 2011-12 Health Division budget reflects an attempt to maintain programs at a consistent level based on current funding and actual need and to protect the public health of the community.

Health Division services are financed through a combination of County General Fund dollars, State grants and realignment funds. There is some uncertainty regarding the future level of State support for certain Public Health programs. The Women Infant and Children's (WIC) program has received an increase in the base allocation in previous fiscal years; however, it is reported by the State WIC program that an increase is unlikely in FY 2011-12.

The County has participated in the SB 910 Program (Targeted Case Management – TCM – and Medi-Cal Administrative Activities – MAA) since the inception of the program in 1992. Federal rules governing the program have been suspended without issuance of replacement rules. Because of the continued revision of State and Federal program rules, the Health Division will not participate in the program in FY 2011-12, however, will closely monitor program development.

The Health Division oversees six special revenue funds, where certain grant revenues are designated for specific program uses. These funds are: Bioterrorism Trust (fund 0-124), Pandemic Influenza Preparedness (fund 0-139), Bicycle Helmet Safety (fund 0-178), Tobacco Education Trust (fund 0-246), Vital Statistics Trust (fund 0-287), and Child

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

Recommended Budget

This budget is recommended at \$7,570,752, which is a decrease of \$540,517 (6.7%) compared to FY 2010-11. The General Fund has a state-mandated minimum funding requirement for Health known as a Maintenance of Effort (MOE). This recommended budget over-matches the MOE by \$215,793, which is a reduction of \$538,055 (71.4%) compared to FY 2010-11.

Due to the aforementioned transfer of the management of the Outpatient Clinic and expansion of Public Health programs, the recommended budget includes a number of changes to staffing. It should be noted that there are no layoffs related to these changes. Recommended changes include the elimination of:

- 0.7 FTE Physician
- 1.0 FTE Licensed Vocational Nurse
- 0.5 FTE Health Program Specialist
- 1.0 FTE Public Health Aide

The addition of:

- 1.0 FTE Supervising PHN
- 1.0 FTE Office Assistant I/II

In addition, the following positions partially backfilled with Extra Help in FY 2010-11, are also to be eliminated:

- 1.0 FTE Licensed Vocational Nurse
- 1.0 FTE Account Clerk I/II
- 0.6 FTE Office Assistant II

A 1.0 FTE grant funded WIC Nutrition

Assistant position was also added mid year unrelated to the Health Division reorganization.

The following is a summary of the aforementioned staffing changes:

2010-11 Adopted	67.6 FTE
Eliminated	- 3.2 FTE
Added	+2.0 FTE
Unfunded	-2.6 FTE
WIC Addition	+1.0 FTE
2011-12 Requested	64.8 FTE

Of the 64.8 FTE positions contained in the Health Department budget, 1.5 FTE positions are contracted to PeachTree Clinic, while 26.68 FTE positions are grant funded. The positions that are contracted to PeachTree Clinic and positions that are grant funded have no General Fund cost.

Use of Reserves/Designations

The Health Fund, separate from this budget unit, contains a Reserve for Imprest Cash (Petty Cash) and a Designation for Future Appropriations. In prior budget years, the Board of Supervisors has directed the funds contained in the Designation for Future Appropriations be utilized for future major capital asset purchases.

The General Fund contains a Designation for Wellness Program. A portion of this designation will be cancelled and transferred to the Health Fund in concept as part of the General Fund Contribution to Health, in support of the Wellness Program.

Human Services - Health Non County Providers (4-201)

Tom Sherry, Director of Human Services

E X E C U T I V E S U M M A R Y						
DEPT HEAD: TOM SHERRY	UNIT: NON-COUNTY PROVIDERS		FUND: HEALTH		0012 4-201	
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11	
EXPENDITURES						
SERVICES AND SUPPLIES	26,400	22,000	26,400	26,400	.0	
OTHER CHARGES	808,469	513,127	867,962	838,025	3.4-	
* GROSS BUDGET	834,869	535,127	894,362	864,425	3.3-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	834,869	535,127	894,362	864,425	3.3-	
OTHER REVENUES						
USER PAY REVENUES	27,129	0	26,775	23,718	11.4-	
GOVERNMENTAL REVENUES	0	0	0	0	.0	
TOTAL OTHER REVENUES	27,129	0	26,775	23,718	11.4-	
* UNREIMBURSED COSTS	807,740	535,127	867,587	840,707	3.1-	
ALLOCATED POSITIONS	.00	.00	.00	.00	.0	

Purpose

Sutter County Health administers this budget unit which includes the County's share of the cost of health programs which are provided to County residents by County Departments outside of the Health Fund or by health related non-County agencies.

Major Budget Changes

Other Charges

- (\$30,042) Decrease in Interfund transfer to Environmental Health reflecting recommended net reductions in the Environmental Health budget unit (2-725)

Program Discussion

This budget unit appropriates Sutter County's cost for participation in the Joint Powers Agreement for the Sierra Sacramento Valley Emergency Medical Services (EMS) Agency. The County Share in the EMS Agency is based on the per capita population rate of forty-one cents (\$0.41), plus a \$10,000 base, for a total of \$51,750. The anticipated cost for participation in this joint powers agreement is based on California State Department of Finance projections for the population of Sutter County. It is anticipated that additional funds will be required for this item should the Department of Finance population projections for Sutter County differ from those used by the Health Division. A portion of this fee is offset by the use of Emergency Medical Services Fund (Maddy Act) undesignated funds (Fund 0-252).

Human Services - Health Non County Providers (4-201)

Tom Sherry, Director of Human Services

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

Sutter County participates in the County Medical Services Program (CMSP) through an agreement between the County and Governing Board of the CMSP. This budget contains the participation fee (\$188,781) set by legislation for the County to participate in the CMSP. Under the agreement with the CMSP Governing Board, the County agrees to share in a risk limitation amount should the CMSP require more funds to operate the program. In prior years, the CMSP Governing Board did invoke the risk limitation requirements, which resulted in an increased cost to Sutter County of \$165,809. The CMSP Governing Board has yet to determine whether or not it will require additional funds to operate the program in FY 2011-12; however, the Governing Board did report a fund balance of total CMSP funds as of January 31, 2011 to be approximately \$172,000,000. Should the CMSP Governing Board vote to enforce a risk limitation, additional funds would have to be allocated to this budget unit. Although technically not part of the participation fee, the risk limitation payment and the participation fee are budgeted as one item under the CMSP Participation fee account.

The original CMSP legislation set up a program comprised of State funds and County funds to provide care to indigent adults in small Counties. In FY 2000-01, the State withdrew its contribution of \$20.5 million to the program. In addition, beginning that year, the State charged CMSP an additional \$3 million for administrative costs. A combination of factors, including program cost increases for pharmaceutical supplies and medical care coupled with the State reduction of funds and imposition of an administrative cost has resulted in the CMSP requiring additional funds to operate. Those additional

funds have come from the participating Counties. CMSP has attempted to remedy these additional costs by reducing benefits to providers, reducing the number of those eligible for the program by eliminating program eligibility to those with an income over 200% of the Federal poverty level, reducing benefits to eligible participants and entering into a pharmacy benefits contract. CMSP has terminated the agreement with the State for management services and now contracts with Anthem Blue Cross for this service.

Sutter County has participated in the CMSP since 1983. The County has the option of continuing participation in this program or operating its own medical services program for indigent adults. CMSP is a fee-for-services program with the scope of services identical to the Medi-Cal program. Should Sutter County operate its own program, the County would determine the scope of services and a provider group eligible for payment.

It is estimated that CMSP expends approximately \$5.2 million dollars for medical care to Sutter County indigent adults and receives approximately \$4.5 million of realignment money for that care. Sutter County directly contributes \$2,996,118 of realignment funds (shown in the Health Care-General budget unit 4-110) plus the cost of the participation fee and a risk assessment fee. The participation and risk payments are made with general fund monies. The additional realignment funds that CMSP receives are from "growth monies," which are appropriated directly to CMSP by the original realignment legislation. CMSP receives approximately \$1.5 million dollars, which represents the Sutter County share of realignment growth funds based on a calculation of the total growth fund available.

Human Services - Health

Non County Providers (4-201)

Tom Sherry, Director of Human Services

Should Sutter County withdraw from the CMSP, the only realignment funds available to Sutter County would be the \$2,996,118 contained in the original legislation. The realignment growth funds would be retained by CMSP and would not be available to Sutter County.

On November 2, 2010, the Federal government approved California's five year, "Bridge to Reform" Section 1115 waiver proposal through which California will advance program changes related in particular to Medi-Cal expansion. This will help the State transition to the federal reforms which are proposed to take effect in January, 2014. In addition, a program known as the Low Income Health Program (LIHP) is a new optional program to be established at the local level in California. It is authorized by Chapter 723, Statutes of 2010 (Assembly Bill 342), Welfare and Institutions Code Sections 15909-15915 and is approved under California's section 1115 (a) Medicaid Demonstration, "Bridge to Reform". The LIHP provides California with the opportunity to begin an early implementation of key coverage expansion components of the Patient Protection and Affordable Care Act and is authorized to use a combination of uncapped and restricted levels of Federal funds for the LIHP. The LIHP will expand health care coverage to eligible low-income adults, who are aged 19-64 and with family incomes at or below 200 percent of the Federal Poverty Level.

A recent analysis performed by the Lewin Group, under the direction of the Governing Board, indicates that the CMSP program could realize savings by implementing the LIHP depending on how far the eligibility level is extended and when the expansion is implemented. The CMSP Governing Board has submitted an application to the California Department of Health Care Services (DHCS) under the State's 1115 Medicaid waiver to

establish a LIHP for the 34 CMSP counties. The CMSP LIHP is expected to begin January 1, 2012.

Recommended Budget

This budget is recommended at \$864,425, which is a decrease of \$29,937 (3.3%) compared to FY 2010-11.

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

The County Share in the EMS Agency is \$51,750. The anticipated cost for participation in this joint powers agreement is based on California State Department of Finance projections for the population of Sutter County.

This budget contains the participation fee (\$188,781) set by legislation for the County to participate in the CMSP.

The budget also includes \$597,494 to be transferred to the Environmental Health budget unit, as Environmental Health service is part of the County's required health care Maintenance of Effort. Environmental Health (budget unit 2-725) is a division of the Community Services Department. The amount budgeted in the interfund account for Environmental Health is based on the Environmental Health division's budgeted Unreimbursed Cost for FY 2011-12.

Use of Reserves/Designations

This budget unit does not include any reserves or designations.

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

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: CALIFORNIA CHILDREN SERVICES			FUND: HEALTH	0012 4-301	
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11	
EXPENDITURES						
SERVICES AND SUPPLIES	60,247	32,010	60,000	63,000	5.0	
OTHER CHARGES	138,065	176,356	210,368	210,368	.0	
* GROSS BUDGET	198,312	208,366	270,368	273,368	1.1	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	198,312	208,366	270,368	273,368	1.1	
OTHER REVENUES						
USER PAY REVENUES	141,150	0	141,150	141,150	.0	
GOVERNMENTAL REVENUES	0	7,073	0	0	.0	
TOTAL OTHER REVENUES	141,150	7,073	141,150	141,150	.0	
* UNREIMBURSED COSTS	57,162	201,293	129,218	132,218	2.3	
ALLOCATED POSITIONS	.00	.00	.00	.00	.0	

Purpose

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

Major Budget Changes

Services & Supplies

- \$3,000 Increase due to medical malpractice insurance costs related to therapy services

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. The program provides diagnostic, treatment, and therapy services to children who are handicapped, have catastrophic illnesses, or are victims of accidents and whose families cannot afford wholly or in part to pay for these services. Therapy services are provided at the County level while diagnostic and treatment services are provided by private medical providers. Therapy services for Sutter County are provided at the Virginia School in Wheatland, with Yuba County providing therapy staff and Sutter County reimbursing Yuba County for a portion of the cost based on claims submitted by Yuba County.

Prior to FY 1991-92, the cost of services provided under the CCS program was shared between the State and the County on a 75/25 percent basis, respectively. The State's "realignment" of health, mental health, and social services programs, which was enacted in 1991, shifted a higher percentage of the

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

Tom Sherry, Director of Human Services

costs to counties. The cost sharing ratio is now 50/50. The additional 25% of cost shift to the County is offset from the realignment funds shifted to the County from the State. CCS realignment funds are by law placed in the Social Services Trust Account. The assumption made in placing CCS funds in the Social Services Trust Account was that it would assure funding of caseload growth every year. The 25% realigned amount transferred from the Social Services Trust Account is the only amount within the Health Division that is subject to growth allocation.

The California Department of Health Care Services (DHCS) in FY 2010-11 implemented a radically different methodology for funding both CCS County Administration and the Medical Therapy Program (MTP). This action was taken because DHCS had been overspending its State budget appropriations for both CCS County Administration and MTP for a number of years. A refinement of the methodology used last year is expected for FY 2011-12; however is not yet available at the time of this writing. In the past, the State made a commitment to match one dollar for each dollar a County appropriates for CCS service expenditures above its maintenance of effort (MOE) level, and provided additional State matching funds if a County appropriated additional funds to meet the demands of their local program. DHCS implemented a policy of capped allocations in FY 2008-09. This allocation policy in effect reduced funding an average of 17% when compared to FY 2007-08.

State statute requires a minimum County contribution, or "Maintenance of Effort" (MOE), to the CCS program equal to at least 50 percent of the total actual expenditures for the CCS program in FY 1990-91, unless the State certifies that a smaller amount is

required. Sutter County's MOE is \$154,465, with the State then matching that amount on a dollar-for-dollar basis. Historically, Sutter County policy has 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.

In recent years, State budget proposals have included either the elimination or reduction in the Healthy Families program. Although the program has not been projected to see reductions in FY 2011-12, there remains some uncertainty about the program at the current level of operation due to State budget concerns. Should changes occur in the Healthy Families program, there may be impacts to the CCS program in that counties may see cost increases due to children moving from Healthy Families (in which counties have a 17% share) to Basic CCS (in which counties have a 50% share). Approximately 25% of the total CCS caseload has Healthy Families insurance. In addition, the CCS County administration allocation may be reduced by as much as 33% (\$95,000) if the Healthy Families program is eliminated. With a potential decrease in funds, adjustments to program eligibility or services to this medically fragile population may be required.

Recommended Budget

This budget is recommended at \$273,368, which is an increase of \$3,000 (1.1%) compared to FY 2010-11. This budget unit does not receive any financing from the General Fund. The County's share of cost is met by a transfer of Welfare/Social Services Realignment funding.

At this time, the State has not determined the amount of its contribution to the Sutter

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

Tom Sherry, Director of Human Services

County CCS Program in FY 2011-12. As mentioned above, in the past, as a policy item, the County has budgeted an amount in excess of the MOE in order to meet the potential demand for service, which can be very volatile. This budget request for \$210,368 is consistent with the Board of Supervisors' past policy in this area. However, the Board could opt to reduce this budget request to the minimum MOE of \$154,465, to match a potential reduced State contribution. At this time it is unknown whether State contribution will match the amount appropriated over the MOE.

Use of Reserves/Designations

This budget unit does not include any reserves or designations.

Human Services Mental Health (4-102)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: MENTAL HEALTH SERVICE	FUND: BI-COUNTY MENTAL HEALTH			0007 4-102	
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	11,282,841	8,722,207	12,175,886	11,966,111	1.7-	
SERVICES AND SUPPLIES	5,797,990	4,669,655	5,259,542	4,783,346	9.1-	
OTHER CHARGES	4,181,413	2,705,423	4,600,991	4,150,265	9.8-	
* GROSS BUDGET	21,262,244	16,097,285	22,036,419	20,899,722	5.2-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	21,262,244	16,097,285	22,036,419	20,899,722	5.2-	
OTHER REVENUES						
USER PAY REVENUES	8,411,539	4,197,353	7,675,506	7,540,672	1.8-	
GOVERNMENTAL REVENUES	12,784,249	10,082,290	15,062,439	12,543,943	16.7-	
GENERAL REVENUES	21,854	19,796	15,000	16,000	6.7	
UNDESIGNATED FUND BALANCE 7/1	671,923-	715,829-	716,526-	799,107	211.5-	
TOTAL AVAILABLE FINANCING	20,545,719	13,583,610	22,036,419	20,899,722	5.2-	
* UNREIMBURSED COSTS	716,525	2,513,675	0	0	.0	
ALLOCATED POSITIONS	108.73	107.23	108.73	106.13	2.4-	

Purpose

Bi-County Mental Health, also referred to as Sutter-Yuba Mental Health Services (SYMHS), is a division of the Sutter County Human Services Department. Under a Joint Powers Agreement entered into between the counties of Sutter and Yuba in 1969, SYMHS provides mental health services to residents of both Counties. Subsequently, in the mid-1970s, by resolution of both Boards of Supervisors, it was determined that bi-county drug and alcohol services would be provided under the auspices of SYMHS. SYMHS provides the full range of clinical operations for specialty mental health services to eligible Sutter and Yuba County Medi-Cal beneficiaries; provides crisis and specialty mental health services for all Sutter and Yuba County residents regardless of

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

Major Budget Changes

Salaries & Benefits

- (\$502,904) Decrease in Salaries and Benefits due to defunding or eliminating 7.05 FTE vacant positions, offset by general salaries and benefits adjustments
- \$44,416 Increase in Special Pay, Other Pay and Extra Help accounts, plus associated FICA

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- \$12,850 Increase for anticipated Unemployment Insurance costs

Services & Supplies

- (\$476,196) Decrease in Services and Supplies due primarily to a decrease in utilization of locum tenens psychiatrists

Other Charges

- (\$750,000) Decrease in Contribution to Child Individualized Educational Program (IEP) due to suspension of the state's AB 3632 mandate for County mental health agencies to provide services to special education students with an IEP
- (\$100,000) Decrease in Contribution to Institutions for Mental Disease (IMD) Facilities based upon recent experience with placements in IMD facilities
- (\$131,125) Decrease in Interfund Information Technology charges
- \$725,375 Increase in Interfund Overhead (A-87) Cost charges as provided by the Auditor-Controller's Office

Revenues

- (\$144,000) Decrease in Inpatient Fees due to lower than anticipated direct payments from patients for use of the Psychiatric Health Facility (PHF) and use of a different revenue account for funds received from other counties for placement of their residents

- \$177,432 Increase in State Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for all children and youth who are Medi-Cal eligible

- \$564,960 Increase in State Inpatient consolidated SGF due to an increase in allocation SYMHS receives for the Medi-Cal Managed Care for Mental Health Plan for Sutter and Yuba Counties, previously paid from SGF

- \$132,000 Increase in State Mental Health Medi-Cal Administration revenue due to increased Medi-Cal billings

- (\$365,000) Elimination of State Aid for Mental Health Residential Care for Seriously Emotionally Disturbed Students revenue due to suspension of the AB 3632 mandate to provide services to special education students with an IEP

- (\$150,000) Decrease in State Mandated Costs revenue due to suspension of the AB 3632 mandate. SYMHS is owed millions of dollars in reimbursement for unfunded State mandates.

- (\$154,221) Decrease in Federal Grant revenue from the Edward Byrne Memorial Justice Assistance Grant (JAG/Byrne Grant)

- (\$2,446,246) Decrease in Federal Mental Health Medi-Cal funding reflecting the end of the increase in federal Medicaid match in the Federal American Recovery and Reinvestment Act

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Tom Sherry, Director of Human Services

- (\$202,609) Decrease in Federal Safe and Drug-Free Schools Grant due to end June 30, 2011
- \$1,515,633 Increase in Undesignated Fund Balance to reflect estimated funds available as a result of FY 2010-11 operations

Program Discussion

SYMHS typically serves over 5,000 unique mental health clients each year. Over the years there has been a significant increase in demand for mental health services due in part to expanded children's services supported by Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds, which became available in 1995. This together with the Medi-Cal consolidation that became effective in 1998 and the growth in local population has resulted in more than a doubling of clients being served.

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

SYMHS has a long term contract relationship with Victor Community Support Services, Inc. (VCSS). VCSS provides assessment and treatment services to youth on school campuses. Over the years their con-

tract has grown significantly in response to identified community need. These services are funded primarily through a combination of Medi-Cal and EPSDT. In addition, VCSS provided services to children with individualized educational programs (IEPs) which authorized mental-health services under Chapter 26.5 of the California Government Code. The state mandate for these services, also known as the AB 3632 mandate, has been suspended and it was not clear at the time of this writing what services and funding arrangement would be implemented to allow schools to comply with their Federal mandate to provide these services.

SYMHS provides drug and alcohol services to local residents under Net Negotiated Amount (NNA) contracts with the State Department of Drug and Alcohol Programs, which include significant funding from Federal Substance Abuse Prevention and Treatment (SAPT) block grants; under the California Work Opportunity and Responsibility to Kids (CalWORKs) program for Sutter County; and under drug court grant funding. SYMHS provides a number of judicially-linked programs. These include PC 1000 Drug Diversion services authorized under section 1000 of the California Penal Code; services to individuals referred by the courts in both Counties for mental health treatment and substance abuse counseling; psychiatric services to youth in juvenile hall and youth in the Maxine Singer Youth Guidance Center; services to inmates in both Counties' jails; and services to individuals involved in drug courts in both Counties.

Federal JAG/Byrne grants have funded a program operated jointly with the Sutter County Probation Department that provides substance abuse treatment to persons convicted of specific crimes. These grant funds

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come from the American Recovery and Reinvestment Act of 2009 and will only be available for a limited time.

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

SYMHS, through funding agreements with Sutter and Yuba Counties' Social Services agencies, provides additional treatment services for Child Protective Services in Sutter County and the CalWORKs programs of both Counties.

Recommended Budget

This budget is recommended at \$20,899,722, which is a decrease of \$1,136,697 (5.2%) compared to FY 2010-11. This budget unit receives no financing from the General Fund.

SYMHS' rates are required by federal law to be based on actual costs. Medi-Cal is billed using estimated rates which may not exceed statewide maximum allowable rates set by the California Department of Mental Health (DMH). These rates are reconciled to actual costs at the end of each fiscal year through a cost report process. DMH has held the statewide maximum allowable rates down for State budgeting purposes, guaranteeing that counties' mental health programs will operate at a loss when treating Medi-Cal beneficiaries.

To address this problem, the California Department of Health Care Services has negotiated a State Plan Amendment (SPA) with the Federal Centers for Medicare and Medi-

caid Services under which Counties will be reimbursed by the Federal government at the Federal matching rate for the difference between the statewide maximum allowable rates and actual cost. The SPA was approved for FY 2009-10 and has been tentatively approved for FY 2010-11. This new funding will be available upon cost report settlement, typically two years or more after expenses are incurred. The process for claiming this reimbursement is still under negotiation between the State and Federal governments.

For FY 2011-12, SYMHS will charge \$843.22 per day on the Inpatient Unit. Other services are charged by the minute: \$7.02 per minute for Medication Support, \$2.94 per minute for Case Management/Brokerage, \$3.80 per minute for Mental Health Services, and \$5.65 per minute for Crisis Intervention. NOTE: These rates will be adjusted upon completion of the FY 2009-10 Cost Report.

From a financial perspective, several factors are affecting the FY 2011-12 Mental Health budget.

- Since FY 2003-04, both locally and statewide, Mental Health realignment allocations have remained flat or declined. Mental health realignment revenues are based on portions of sales taxes and motor vehicle license fees. Although FY 2010-11 realignment revenues are currently running slightly higher than projected, for FY 2011-12 it is anticipated that SYMHS Realignment funding will remain flat. The cost of doing business has continued to increase. Even in more robust economic times, statewide growth in realignment funding has gone to pay for increasing caseloads in Child Welfare Services, foster care, and/or In

Human Services

Mental Health (4-102)

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

- For FY 2011-12 the Federal Medical Assistance Percentage (FMAP) has reverted to its historical level of 50% for the State of California. The FMAP is the share of Medi-Cal paid by the Federal Government. A higher FMAP requires less use of realignment funds as match to Medi-Cal. The American Reinvestment and Recovery Act of 2009 increased California's FMAP to 61.59% from December 1, 2008 through December 31, 2010. The Education, Jobs and Medicaid Assistance Act of 2010 provided for a phase-out period that reduced the FMAP in two quarterly steps in the first half of calendar year 2011.
- Governor Schwarzenegger's line-item veto of funding to reimburse Counties for past mental health services provided to seriously emotionally disabled special education students with IEP's, coupled with suspension of the AB 3632 mandate has deprived SYMHS of significant revenue. This has also created great uncertainty state-wide as to how schools will meet the requirements of their Federal mandate and what role County mental health agencies may have in this. At the time of this writing, no direction has been forthcoming from the State on this issue.
- The State has enacted legislation (AB 100) that redirects a statewide total of \$861 million in Mental Health Services Act (MHSA) funds in FY 2011-12 to

fund three traditional mental health programs previously funded by the State General Fund (SGF): EPSDT, Mental Health Managed Care, and Mental Health Services for Special Education Students (formerly the AB 3632 mandate). Estimated funding for the first two has been provided, but details such as program structure, claiming requirements and audit provisions have yet to be determined.

- Drug and Alcohol funding has also remained flat or declined slightly for the past five fiscal years. Thus, as costs of doing business have increased, staff costs in Drug and Alcohol have been reduced slightly by leaving vacancies unfilled. Additionally, the end of the long-running Safe and Drug-Free Schools Grant has reduced funding available for substance abuse prevention activities.

Due to these fiscal challenges, for FY 2011-12, the Division proposes to continue a "soft" hiring freeze, at the department level, with few exceptions. Most vacant positions were eliminated from this budget unit in the final FY 2009-10 budget. Additional positions have become vacant since then and SYMHS proposes to unfund or delete 6.3 FTEs. It remains SYMHS' objective to keep the Mental Health budget and the Mental Health Services Act budget in balance and to fully utilize all available funding in a fashion most advantageous to our Counties.

Mental Health is not recommending the elimination of any filled positions in FY 2011-12. However, the State has not completed its efforts to resolve its structural budget deficit and additional changes for mental health are still possible for the budget year. Once the State's budget is adopted, additional signifi-

cant adjustments to the Mental Health budget may be required.

The State's practice of deferring payments to Counties as a means of addressing its fiscal shortcomings continues to cause cash flow problems for SYMHS. The Board of Supervisors has assisted SYMHS in meeting this difficult challenge by authorizing borrowing from internal funds. SYMHS pays interest on these cash flow loans, but the State does not pay interest on the payments it defers. This practice in essence increases costs for SYMHS due to the additional cost of borrowing.

An additional area of concern is the effect of prior year audits. The State Department of Mental Health Audit Division is becoming much more aggressive in their audit reviews. Generally these audits occur between four and five years after the year the services were provided, which means any error discovered may have continued to be made in subsequent years. In effect, a relatively minor error made in one year could have a magnified effect over time.

Use of Reserves/Designations

The Mental Health fund contains a Reserve for Imprest Cash (Petty Cash) and a Reserve for Sutter County Use. No changes are recommended to the Reserve accounts in FY 2011-12.

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: MENTAL HEALTH SERVICES ACT		FUND: MENTAL HEALTH SERVICES ACT		0008 4-104	
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	4,140,807	3,345,574	5,140,920	4,511,287	12.2-	
SERVICES AND SUPPLIES	536,049	326,606	914,995	586,204	35.9-	
OTHER CHARGES	2,468,403	245,037	2,483,255	2,116,153	14.8-	
* GROSS BUDGET	7,145,259	3,917,217	8,539,170	7,213,644	15.5-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	7,145,259	3,917,217	8,539,170	7,213,644	15.5-	
APPROPRIATION FOR CONTINGENCY	0	0	0	0	.0	
INCREASES IN RESERVES	0	0	0	0	.0	
* TOTAL BUDGET	7,145,259	3,917,217	8,539,170	7,213,644	15.5-	
OTHER REVENUES						
USER PAY REVENUES	38,063	33,465	134,828	145,828	8.2	
GOVERNMENTAL REVENUES	9,254,730	6,023,750	8,065,749	6,620,700	17.9-	
GENERAL REVENUES	53,227	74,099	35,000	55,000	57.1	
UNDESIGNATED FUND BALANCE 7/1	1,897,170-	281,567	303,593	392,116	29.2	
TOTAL AVAILABLE FINANCING	7,448,850	6,412,881	8,539,170	7,213,644	15.5-	
* UNREIMBURSED COSTS	303,591-	2,495,664-	0	0	.0	
ALLOCATED POSITIONS	56.64	58.14	56.64	52.94	6.5-	

Purpose

The passage of Proposition 63, known as the Mental Health Services Act (MHSA), in November 2004, provided the first opportunity in many years for Sutter-Yuba Mental Health Services (SYMHS) to provide increased funding, personnel and other resources to support County mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. The MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. The MHSA budget unit (4-104) was created in FY 2005-

06, beginning with the Community Services and Supports component. The Mental Health Services Act requires counties to place MHSA funds in a local Mental Health Services Fund, invest the funds consistent with County practice for other funds, and transfer any interest earned back into the fund. The MHSA prohibits using MHSA funds to supplant funding that was previously provided for Mental Health Services by other sources.

Major Budget Changes

Salaries & Benefits

- (\$826,980) Decrease in Salaries and Benefits due to defunding or eliminating 11.4 FTE vacant positions
- \$197,347 General salary and benefits adjustments

Services & Supplies

- (\$328,791) Decrease Services and Supplies accounts due primarily to a reduction in Professional & Specialized Services expenses

Other Charges

- (\$151,951) Decrease in Support and Care of Persons due to reduced estimates for placements in psychiatric hospitals, skilled nursing facilities and rehabilitation centers
- (\$208,607) Decrease in Interfund Overhead (A-87) Cost charges as provided by the Auditor-Controller's Office

Revenues

- (\$332,900) Decrease in State MHSA revenue due to reduced State income tax revenues
- (\$90,336) Decrease in State funding for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) based on projected services

- \$309,465 Increase in State Mental Health Medi-Cal Administration revenue for projected Medi-Cal billings
- (\$1,331,278) Decrease in Federal Mental Health Medi-Cal revenue reflects the end of the increase in Federal Medicaid match included in the American Recovery and Reinvestment Act and projected billing for services in MHSA programs

Program Discussion

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

SYMHS has approved programs in three MHSA components. These components and programs are listed below. It should be recognized that the capacity to accept clients into these programs is directly related to available staffing.

Community Services and Supports (CSS) Component

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

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

- The **Older Adult Services Program** has been developed to serve older adults aged 60 and above who are physically or geographically isolated and have psychiatric disabilities. Further priority is given to those whose cultural identity places them in underserved populations within our community. The program enables participants to obtain and maintain positive social connections; experience respect from their providers of mental health services; feel empowered and listened to in the process of planning and obtaining their services; and have continuity in their providers. The program incorporates peer-delivered services; uses a family-friendly approach to service planning and delivery; and provides housing services and treatment, leading to recovery, to promote the program's goals of reducing disparities in services and decreasing homelessness.
- The **Ethnic Outreach Program** targets our major underserved populations: Latino, Hmong, and Punjabi speaking Asian Indians. Each program is intergenerational, serving children, youth, transition-aged youth, adults and older adults within each cultural group. Within these broader categories, females are specifically targeted as they are more likely to be underserved in our system, and specifically within these cultures.

The program enables participants to obtain and maintain positive social connections; live in safety and in a setting which is of their choosing; and have access to integrated mental health and drug and alcohol treatment for those with co-occurring disorders. Participants can also obtain assistance to engage in meaningful activity such as em-

ployment or education/training; receive services which recognize their developmental process as "normal" and do not marginalize issues of wellness; and experience respect from their providers of mental health services.

As a result, clients feel empowered and listened to in the process of planning and obtaining their services; have continuity in their providers; and have individualized service plans which recognize the uniqueness of each person within the context of their ethnic/racial/cultural identity.

- The **Integrated Full Service Partnership Program** serves individuals from all age groups with serious mental illnesses or serious emotional disturbances. This population is significantly more at risk for victimization, addiction disorders, overuse of emergency rooms, psychiatric hospitalizations, and incarceration in jails/juvenile justice institutions. Transition age youth are especially at risk to enter into the cycle of homelessness, unemployment, and substance abuse.

Within the Integrated Full Service Partnership, specific services are available to serve children ages 0-5 and youth aged 6-15 who have severe emotional disturbances or severe mental illnesses that result in significant social, emotional, or educational impairments and/or who are at risk of homelessness or going into out-of-home care. Children ages 0-5 are the most underserved population and have the most potential to need extensive resources over the longest time should they go untreated. SYMHS works with the Ethnic Outreach programs to find

Human Services

Mental Health Services Act (4-104)

Tom Sherry, Director of Human Services

children whose cultural identity places them in underserved populations within our community (Hispanic, Asian Indian or Hmong).

Services are available for Transition Age Youth (TAY) aged 16-25 who have severe emotional disturbances or mental illnesses that result in significant social, emotional, educational and/or occupational impairments or who are at risk of homelessness. TAY within our community who are unserved, underserved, or inappropriately served include young women with self-harming, high-risk behaviors; youth aging out of foster care, and youth transitioning from children's mental health/probation systems to adult systems. Priority for services is given to those with co-occurring substance abuse and mental health disorders, those at significant risk of gang involvement, the uninsured, and those whose cultural identity places them in underserved populations within our community.

Services are available for adults and older adults who have co-occurring mental health and substance abuse disorders and who are homeless, or at risk of homelessness. Priority will be given to those whose cultural identity places them in underserved populations within our community (Latino, Asian Indian or Hmong).

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

Prevention and Early Intervention (PEI) Component

The PEI component of MHSA was approved by the State and implemented by SYMHS during FY 2009-10. PEI approaches are intended to be transformational by restructuring the mental health system to a "help-first" approach. Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). A goal of PEI is to help mental health become part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

The SYMHS implementation of PEI has two major components:

- The **Community Prevention Team** is intended to serve individuals experiencing onset of serious psychiatric illness; children and youth in stressed families; children and youth at risk for school failure; children and youth at risk of or experiencing juvenile justice involvement; and underserved cultural populations. It will work with agencies in the community to enhance overall community capacity for prevention and early intervention. They will expand mentoring programs for youth, expand use of the Strengthening Families model throughout the community, and support recreational opportunities for youth that fight stigma and build self esteem.

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- The **First Onset** component is directed toward individuals experiencing the first onset of serious psychiatric illness. It includes mental health consultation with pediatricians or other primary care providers to improve individuals' access to quality mental health interventions by increasing providers' capacity to offer effective mental health guidance and early intervention service; implementation of Teen Screen, a program of voluntary school screening to identify youth at risk for suicide and potentially suffering from mental illness; provide Aggression Replacement Training® to aid in early identification of mental illness and address stigma issues with the goal of improving social skill competence, anger control, and moral reasoning; and provide education and training at sites in the local community.

In addition to the above PEI programs, MHSA includes within PEI funding for the following statewide projects: Suicide Prevention, Student Mental Health Initiative, and Stigma and Discrimination Reduction. Funding for these projects is allocated to each County, but the projects will be executed on a regional or statewide basis. SYMHS has joined with mental health agencies in 33 other Counties to form the California Mental Health Services Authority (CalMHSA) under a Joint Exercise of Powers Agreement (JPA) to implement these projects. SYMHS has reassigned its FY 2008-09 and FY 2009-10 allocations totaling \$300,400 to CalMHSA. Allocations for two additional years have not yet been assigned. Counties formed CalMHSA to ensure that the priorities of Counties were truly reflected in the execution of these important projects. The alternative was to

assign this funding to the California Department of Mental Health.

Capital Facilities and Technology Needs Component

During FY 2010-11, SYMHS received approval for its **Wellness & Recovery Center (WeRC) Project**. This provides \$197,550 to remodel the former nurses' quarters of the old county hospital, also known as the "little white house," to serve as the main activity space and offices for the Wellness and Recovery Program. SYMHS and Public Works are working to complete this project in FY 2011-12. The WeRC will also have "smart classrooms" that will incorporate computer equipment funded through the technology needs portion of this component.

At the time this is written, SYMHS is awaiting final approval of its **Electronic Health Record (EHR) System Project**. This will provide \$1,567,750 to implement EHR infrastructure, practice management, clinical data management, and computerized provider order entry. This will replace SYMHS's 1980s-vintage, COBOL-based information system with a modern EHR and billing system. This is a critical step toward compliance with upcoming Federal mandates for implementation of EHRs and Health Information Exchange. These funds will be budgeted upon final approval.

Recommended Budget

This budget is recommended at \$7,213,644, a decrease of \$1,325,526 (15.5%) compared to FY 2010-11. This budget unit receives no financing from the General Fund.

MHSA is a volatile and economically sensitive funding source. As a result of the current economic downturn, estimated funding

Human Services

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for future years will be limited. To live within these future estimates, Sutter-Yuba Mental Health Services (SYMHS) has maintained an internal “soft” hiring freeze at the department level since August 2008. It is anticipated that hiring to fill vacant positions will be very limited through FY 2011-12. The Department has held off on filling vacant positions in order to maintain current programs and to avoid layoffs to the greatest extent possible. In this budget, SYMHS is proposing to unfund or delete vacant positions totaling 11.4 FTEs.

The State has enacted legislation (AB 100) that redirects a state-wide total of \$861 million in Mental Health Services Act (MHSA) funds in FY 2011-12 to fund three traditional mental health programs previously funded by the State General Fund (SGF): Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), mental health managed care, and mental health services for special education students (formerly the AB 3632 mandate). The process by which Counties receive MHSA funding is also changing. Counties previously received funds 18 to 24 months after they were received by the State as tax revenue. The benefit of this approach was that it allowed Counties to plan ahead for changes in anticipated revenue. Funds will now be transferred to counties based on their allocations and approved MHSA plans monthly as tax revenue is received. Details of this process were still incomplete at the time of this writing. The process will now be managed by the Department of Finance instead of the Department of Mental Health.

It is anticipated the redirection of MHSA funds authorized by AB 100 will result in a reduction in MHSA funds received by Counties as compared to amounts previously

allocated, but this reduction will be at least partially mitigated by the new funding process. The net result on MHSA revenues is unclear.

For FY 2011-12, no Mental Health staff layoffs are being recommended at this time. However, the State has not completed its efforts to resolve its structural budget deficit and additional changes for mental health are possible. As further information becomes available, it may become necessary to make adjustments to the MHSA budget.

The State’s practice of deferring payments to counties as a means of addressing its fiscal shortcomings continues to cause cash flow problems for SYMHS. The Board of Supervisors has assisted SYMHS in meeting this difficult challenge by authorizing borrowing from internal funds of the Human Services Department. SYMHS pays interest on these cash flow loans, but the State does not pay interest on the payments it defers, thereby increasing costs for SYMHS.

Use of Reserves/Designations

The MHSA Fund (0008) contains a Reserve for MHSA/Housing Authority. No increases or decreases to this Reserve are recommended for FY 2011-12.

Human Services Public Guardian (2-709)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY					
DEPT HEAD: TOM SHERRY	UNIT: PUBLIC GUARDIAN & CONSERVATOR FUND: GENERAL				0001 2-709
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11
EXPENDITURES					
SALARIES AND EMPLOYEE BENEFITS	182,449	164,706	188,119	206,073	9.5
SERVICES AND SUPPLIES	7,636	6,813	11,560	13,490	16.7
OTHER CHARGES	8,314	3,566	8,736	8,009	8.3-
* GROSS BUDGET	198,399	175,085	208,415	227,572	9.2
INTRAFUND TRANSFERS	770	588	799	822	2.9
* NET BUDGET	199,169	175,673	209,214	228,394	9.2
OTHER REVENUES					
USER PAY REVENUES	99,909	70,633	97,894	91,894	6.1-
GOVERNMENTAL REVENUES	0	0	0	0	.0
TOTAL OTHER REVENUES	99,909	70,633	97,894	91,894	6.1-
* UNREIMBURSED COSTS	99,260	105,040	111,320	136,500	22.6
ALLOCATED POSITIONS	2.00	2.00	2.00	.00	100.0-

Purpose

The Public Guardian-Conservator is appointed by the Sutter County Superior Court as the personal representative (Conservator) for physically and/or mentally disabled individuals who cannot provide for their own food, clothing and shelter. The Conservator may be appointed to manage both the person and the estate of the conservatee, may give informed consent for medical and psychiatric treatment for those who may be deemed to be incompetent, and will be responsible to protect the rights and estates from those who may take advantage of/or project undue influence on the conservatees.

Major Budget Changes

Salaries & Benefits

- \$17,954 General salary and benefits adjustments

Service & Supplies

- \$2,700 Increase in Professional & Specialized Services for Conservatee moving assistance services on an as-needed basis

Program Discussion

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

Human Services

Public Guardian (2-709)

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

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

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

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

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

Currently, the Public Guardian’s office has sixty-six (66) Conservatees, twenty-nine (29) of which are probate cases and thirty seven (37) of which are LPS (mental health).

Recommended Budget

This budget is recommended at \$228,394, which is an increase of \$19,180 (9.2%) compared to FY 2010-11. The increase is primarily due to an adjustment in salary step-level for the Public Guardian-Conservator position. This position was mistakenly classified at a lower salary step in the previous fiscal year, and the correction took place in FY 2010-11.

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

Use of Reserves/Designations

This budget unit does not include any Reserves or Designations.

Human Services - Welfare Welfare Administration (5-101)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: WELFARE ADMINISTRATION	FUND: WELFARE/SOCIAL SERVICES			0013 5-101	
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11	
EXPENDITURES						
SALARIES AND EMPLOYEE BENEFITS	10,607,947	9,035,625	11,869,919	12,021,852	1.3	
SERVICES AND SUPPLIES	1,145,943	732,828	2,440,419	1,719,047	29.6-	
OTHER CHARGES	3,250,721	1,930,043	4,355,379	3,569,977	18.0-	
CAPITAL ASSETS	21,885	0	10,000	149,500	1,395.0	
* GROSS BUDGET	15,026,496	11,698,496	18,675,717	17,460,376	6.5-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	15,026,496	11,698,496	18,675,717	17,460,376	6.5-	
OTHER REVENUES						
USER PAY REVENUES	611,823	209,676	609,226	612,143	.5	
GOVERNMENTAL REVENUES	14,702,225	7,239,262	16,922,262	15,914,835	6.0-	
OTHER FINANCING SOURCES	4,452	0	0	0	.0	
TOTAL OTHER REVENUES	15,318,500	7,448,938	17,531,488	16,526,978	5.7-	
* UNREIMBURSED COSTS	292,004-	4,249,558	1,144,229	933,398	18.4-	
ALLOCATED POSITIONS	146.00	146.00	146.00	150.00	2.7	

Purpose

The Welfare and Social Services Division of the Human Services Department is responsible for the administration and management of multiple programs. This budget unit finances all personnel and operational costs for the Division.

- \$230,312 Increase in Salaries and Benefits due to addition of four Public Assistance Specialist I positions

Services & Supplies

- \$22,675 Increase in Computer Hardware for the purchase of replacement computers for the aging Child Welfare System/ Case Management System

Major Budget Changes

Salaries & Benefits

- (\$332,794) Decrease in Overtime and Extra Help to reflect completion of the conversion from the Income Maintenance ISAWS computer system to the C-IV system

- (\$619,753) Decrease in Professional/ Specialized Services to reflect remaining allocation provided by the State Department of Health Care Services in order to meet Medi-Cal Security requirements; these funds have no County share

Human Services - Welfare Welfare Administration (5-101)

Tom Sherry, Director of Human Services

Other Charges

- (\$241,185) Decrease in CalWORKs (Temporary Aid) Child Care expenses related to temporary exemption of adult participants in the Welfare to Work program
- (\$300,000) Decrease in Interfund Capital Projects budgeted amount related to the deferral of the Human Services Building project and the associated elimination of the Capital Projects budget unit
- (\$79,501) Decrease in Interfund Investigation due to a State reduction in funds for IHSS Investigations

Capital Assets

- \$79,500 Replacement of three vehicles for the Social Services Branch
- \$70,000 Replacement telephone system for Welfare office at 190 Garden Highway, Yuba City

Revenues

- (\$578,863) Decrease in State revenue related to reduction in related expenditures based upon recent experience
- \$97,883 Increase in State revenue due to creation of four Public Assistance Specialist positions
- \$115,156 Increase in Federal revenue due to creation of four Public

Assistance
positions

Specialist

- (\$627,101) Reduction in Federal revenue due to the elimination of Medi-Cal Security funding

Program Discussion

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

The Welfare Administration budget unit does not include direct costs of aid payments (for example, TANF, Adoptions Assistance Program, etc.) to recipients. These costs are reflected in other budget units within Welfare & Social Services.

A continuing endeavor of the Employment Services Branch is facilitating the employment and self-sufficiency of all TANF/CalWORKs recipients. Employment Services will continue to work with these clients in collaboration with private employers and private non-profit agencies.

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.

Regulatory changes to the Cal-Fresh (Food Stamps) program have expanded eligibility to households that were historically not eligible to the program. The United States Department of Agriculture (USDA) most

recent (2008) State level Supplemental Nutritional Assistance Program (SNAP, Cal-Fresh in California) participation rates indicate that only 50% of eligible Californians receive Cal-Fresh benefits. This represents an estimate of approximately 2.2 million eligible Californians not served.

California's overall SNAP participation rate was ranked second to last in the nation and the State's participation rate among the working poor (31%) is ranked last. Additional outreach via media and other publications as well as easier access to benefits such as on line applications and telephone interviews are now in place in California to encourage and increase participation in the Cal-Fresh program.

Recommended Budget

This budget is recommended at \$17,460,376, which is a decrease of \$1,215,341 (6.5%) compared to FY 2010-11.

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

Four new Public Assistance Specialist I/II positions are being recommended, effective July 1, 2011, to process an increase in Medi-Cal and Cal-Fresh applications and to assist the Department in managing its ongoing caseload. Both programs are becoming increasingly complex and are experiencing numerous changes. Without the addition of these new positions, current staff is unlikely to be able to continue completing eligibility determinations within time limits required

by law. This could result in audit findings and fines against the County.

Although Medi-Cal is referred to as one program, it has approximately 200 different categories with varying requirements and complex budgeting, which creates multiple budgets within a single family's case. The current emphasis on outreach for both Medi-Cal and Cal-Fresh is anticipated to further increase caseloads as the unemployment rate continues to hover around 17%.

Capital Assets recommendations include the purchase of one mini-van and two sedans to replace aging vehicles within the Division's fleet. In return, the Division is releasing six vehicles for surplus to aid in overall reduction of the County's fleet size.

The recommended new telephone system will replace the aging, and often malfunctioning, current system. The new system has increased capabilities, allowing of transferring of calls between the three separate locations the Division occupies.

The Governor's Proposed Budget for FY 2011-12 contains numerous reductions to social services programs. This budget has been prepared based on the allocations and expenditures as they exist in FY 2010-11. If, as a result of State actions, the Division receives reductions below anticipated levels, Human Services will reassess its resources and may return to the Board with recommended budget amendments.

Use of Reserves/ Designations

This budget unit does not include any reserves or designations.

Human Services - Welfare IHSS (5-201)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY					
DEPT HEAD: TOM SHERRY	UNIT: IN-HOME SUPPORTIVE SRVS (IHSS) FUND: WELFARE/SOCIAL SERVICES				0013 5-201
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11
EXPENDITURES					
OTHER CHARGES	1,629,545	1,407,867	1,887,790	1,723,189	8.7-
* GROSS BUDGET	1,629,545	1,407,867	1,887,790	1,723,189	8.7-
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	1,629,545	1,407,867	1,887,790	1,723,189	8.7-
OTHER REVENUES					
USER PAY REVENUES	1,229,906	905,305	1,229,906	1,229,906	.0
GOVERNMENTAL REVENUES	134,814	328,267	200,000	200,000	.0
TOTAL OTHER REVENUES	1,364,720	1,233,572	1,429,906	1,429,906	.0
* UNREIMBURSED COSTS	264,825	174,295	457,884	293,283	35.9-
ALLOCATED POSITIONS	.00	.00	.00	.00	.0

Purpose

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

The Sutter County IHSS Public Authority (PA) 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. This budget unit funds the County share of both

the provider payments and the IHSS Public Authority.

Major Budget Changes

Other Charges

- (\$164,601) Decrease in the County Share for IHSS provider wage and benefit costs primarily due to an increase in Federal Funding

Program Discussion

Appropriations in this budget provide for payment of the County's share of provider wages, which are paid to the State, as well as for the transfer of operating funds to the IHSS Public Authority. Funding for this budget unit has historically come from a combination of State Social Services Realignment sales tax revenue, State IHSS Waiver Program reimbursement revenue, and County general funds. Realignment

funds are transferred in to this budget unit from the Welfare/Social Services Realignment Trust fund (0-248).

As per an agreement between the Sutter County PA Governing Board and the IHSS Providers, the hourly wage for Providers is currently \$9.25 per hour.

Recommended Budget

This budget is recommended at \$1,723,189, which is a decrease of \$164,601 (8.7%) compared to FY 2010-11. The General Fund is not providing any financing to this budget unit for FY 2011-12. The County's share of cost is recommended to be met by a transfer of Welfare/Social Services Realignment funds.

Per the Federal Register, the Enhanced Federal Medical Assistance Percentages for Fiscal Year 2012 has been calculated pursuant to the Social Security Act. The enhanced Federal medical assistance percentage is 65%. The previous medical assistance percentage was 61.594%

Use of Reserves/Designations

This budget unit does not include any reserves or designations.

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

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: TANF-FAMILY GROUP	FUND: WELFARE/SOCIAL SERVICES			0013 5-204	
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11	
EXPENDITURES						
OTHER CHARGES	9,949,019	8,443,402	13,732,100	10,564,168	23.1-	
* GROSS BUDGET	9,949,019	8,443,402	13,732,100	10,564,168	23.1-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	9,949,019	8,443,402	13,732,100	10,564,168	23.1-	
OTHER REVENUES						
USER PAY REVENUES	0	0	0	0	.0	
GOVERNMENTAL REVENUES	9,722,971	7,399,381	13,438,798	10,350,064	23.0-	
TOTAL OTHER REVENUES	9,722,971	7,399,381	13,438,798	10,350,064	23.0-	
* UNREIMBURSED COSTS	226,048	1,044,021	293,302	214,104	27.0-	
ALLOCATED POSITIONS	.00	.00	.00	.00	.0	

Purpose

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

Major Budget Changes

Other Charges

- (\$3,167,932) Decrease in TANF expenditures due to projected caseload

Revenues

- (\$3,088,734) Decrease in Federal revenue related to projected caseload

Program Discussion

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

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

1. Either parent is physically or mentally incapacitated;
2. Either parent is deceased;
3. The parent who is the primary wage earner is unemployed;
4. Either parent is continually absent from the home in which the child resides.

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

Tom Sherry, Director of Human Services

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

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

Recommended Budget

This budget is recommended at \$10,564,168, which is a decrease of \$3,167,932 (23.1%) compared to FY 2010-11. The General Fund does not provide any financing to this budget unit. The County's share of cost is met with Welfare/Social Services Realignment funds.

Use of Reserves/Designations

This budget unit does not include any reserves or designations.

Human Services - Welfare Foster Care (5-206)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: TANF-FOSTER CARE	FUND: WELFARE/SOCIAL SERVICES			0013 5-206	
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11	
EXPENDITURES						
OTHER CHARGES	3,114,857	3,284,402	5,382,318	4,291,214	20.3-	
* GROSS BUDGET	3,114,857	3,284,402	5,382,318	4,291,214	20.3-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	3,114,857	3,284,402	5,382,318	4,291,214	20.3-	
OTHER REVENUES						
USER PAY REVENUES	0	4,784	0	0	.0	
GOVERNMENTAL REVENUES	2,137,434	1,398,674	3,534,504	2,840,434	19.6-	
TOTAL OTHER REVENUES	2,137,434	1,403,458	3,534,504	2,840,434	19.6-	
* UNREIMBURSED COSTS	977,423	1,880,944	1,847,814	1,450,780	21.5-	
ALLOCATED POSITIONS	.00	.00	.00	.00	.0	

Purpose

The Foster Care budget unit contains seven 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

- (\$1,091,104) Decrease in TANF Foster Care expenditures due to projected caseload

Revenues

- (\$694,070) General decrease in State and Federal revenues related to projected caseload

Program Discussion

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

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

3. Probation Department Institutional Placements funds payments for the placement costs of Juvenile Court Wards who are placed in a group home.
4. Seriously Emotionally Disturbed Children Institutional Placements funds payments for the placement costs of children who are in out of home placement care due to emotional disabilities.
5. Kinship Guardianship Assistance Payment Program funds the costs of children that are living with relatives other than their parents.
6. Transitional Housing Program-PLUS is a comprehensive housing and support program for youth ages 18-24 that have emancipated from foster care.
7. 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 seven programs fluctuate from year to year.

Recommended Budget

This budget is recommended at \$4,291,214, which is a decrease of \$1,091,104 (20.3%) compared to FY 2010-11. The General Fund does not provide any financing to this budget unit. The County's share of cost is met with Welfare/Social Services Realignment funds.

Use of Reserves/Designations

This budget unit does not include any reserves or designations.

Human Services - Welfare Refugee Cash Assistance (5-207)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY					
DEPT HEAD: TOM SHERRY	UNIT: REFUGEE CASH ASSISTANCE		FUND: WELFARE/SOCIAL SERVICES		0013 5-207
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11
EXPENDITURES					
OTHER CHARGES	2,723	0	14,800	14,800	.0
* GROSS BUDGET	2,723	0	14,800	14,800	.0
INTRAFUND TRANSFERS	0	0	0	0	.0
* NET BUDGET	2,723	0	14,800	14,800	.0
OTHER REVENUES					
USER PAY REVENUES	0	0	0	0	.0
GOVERNMENTAL REVENUES	2,723	0	14,800	14,800	.0
TOTAL OTHER REVENUES	2,723	0	14,800	14,800	.0
* UNREIMBURSED COSTS	0	0	0	0	.0
ALLOCATED POSITIONS	.00	.00	.00	.00	.0

Purpose

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

Major Budget Changes

There are no major budget changes for FY 2011-12.

Program Discussion

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

Recommended Budget

This budget is recommended at \$14,800. There is no change from the amount budgeted in FY 2010-11. The General Fund does not provide any financing to this budget unit. This budget unit is 100% federally funded.

Use of Reserves/ Designations

This budget unit does not include any reserves or designations.

Human Services - Welfare Aid for Adoption (5-209)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: AID FOR ADOPTION		FUND: WELFARE/SOCIAL SERVICES		0013 5-209	
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11	
EXPENDITURES						
OTHER CHARGES	3,275,248	2,893,988	4,262,000	3,849,700	9.7-	
* GROSS BUDGET	3,275,248	2,893,988	4,262,000	3,849,700	9.7-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	3,275,248	2,893,988	4,262,000	3,849,700	9.7-	
OTHER REVENUES						
USER PAY REVENUES	0	0	0	0	.0	
GOVERNMENTAL REVENUES	2,835,953	1,619,151	3,626,483	3,287,795	9.3-	
TOTAL OTHER REVENUES	2,835,953	1,619,151	3,626,483	3,287,795	9.3-	
* UNREIMBURSED COSTS	439,295	1,274,837	635,517	561,905	11.6-	
ALLOCATED POSITIONS	.00	.00	.00	.00	.0	

Purpose

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

Major Budget Changes

Other Charges

- (\$412,300) Decrease in Support & Care of Persons based on projected caseload

Revenues

- (\$338,688) General decrease in State and Federal revenues related to 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 other 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 \$3,849,700, which is a decrease of \$412,300 (9.7%) compared to FY 2010-11. The General Fund does not provide any financing to this budget unit. The County's share of cost is met with Welfare/Social Services Realignment funds.

Use of Reserves/ Designations

This budget unit does not include any reserves or designations.

Human Services - Welfare General Relief (5-301)

Tom Sherry, Director of Human Services

EXECUTIVE SUMMARY						
DEPT HEAD: TOM SHERRY	UNIT: GENERAL RELIEF	FUND: WELFARE/SOCIAL SERVICES			0013 5-301	
	ACTUAL EXPENDITURE 2009-10	ACTUAL EXPENDITURE 4-30-11	ADOPTED BUDGET 2010-11	CAO RECOMMEND 2011-12	% CHANGE OVER 2010-11	
EXPENDITURES						
SERVICES AND SUPPLIES	17,187	16,545	19,750	23,000	16.5	
OTHER CHARGES	31,418	33,182	80,600	60,550	24.9-	
* GROSS BUDGET	48,605	49,727	100,350	83,550	16.7-	
INTRAFUND TRANSFERS	0	0	0	0	.0	
* NET BUDGET	48,605	49,727	100,350	83,550	16.7-	
OTHER REVENUES						
USER PAY REVENUES	12,188	11,060	16,350	16,208	.9-	
GOVERNMENTAL REVENUES	0	0	0	0	.0	
TOTAL OTHER REVENUES	12,188	11,060	16,350	16,208	.9-	
* UNREIMBURSED COSTS	36,417	38,667	84,000	67,342	19.8-	
ALLOCATED POSITIONS	.00	.00	.00	.00	.0	

Purpose

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

Major Budget Changes

Services & Supplies

- \$3,250 Increase in Indigent Burial costs

Other Charges

- (\$20,050) Decrease in Support & Care costs based upon prior years' data

Program Discussion

The Welfare and Institutions Code requires that each County provide relief and support for all incompetent, poor, indigent persons, and those incapacitated by age, disease, or accident, who are lawfully residents in the County, when they are not supported by their friends, relatives, or by their own means. In order to comply with this mandate Sutter County administers the General Relief, Interim Assistance, and Indigent Burial programs. These programs are financed by County funds except for funds received from County 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 7/1/09 – 6/30/10 CPI, the rate increase for FY 2011-12 is 1.1%.

Recommended Budget

This budget is recommended at \$83,550, which is a decrease of \$16,800 (16.7%) compared to FY 2010-11.

Use of Reserves/Designations

This budget unit does not include any reserves or designations.