

# RESOURCE MANAGEMENT-GENERAL REVENUE

## Fund 0064 General-Resource Management, Budget Unit 400

State Controller Schedules  
 County Budget Act  
 January 2010 Edition, revision #1

County of Shasta  
 Financing Sources and Uses by Budget Unit by Object  
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Schedule 9

**Budget Unit:** 400 - RESOURCE MGMT GEN REVENUES (FUND 0064)  
**Function:** HEALTH & SANITATION  
**Activity:** HEALTH

Detail By Revenue Category and Expenditure Object	2010-11 Actuals	2011-12		2012-13 Recommended	2012-13 Adopted by the Board of Supervisors
		Actual <input checked="" type="checkbox"/>	Estimated <input type="checkbox"/>		
1	2	3	4	5	
REVENUE FROM MONEY & PROPERTY	\$40,622	\$33,379		\$40,000	\$40,000
<b>Total Revenues:</b>	\$40,622	\$33,379		\$40,000	\$40,000
<b>Total Expenditures/Appropriations:</b>	\$0	\$0		\$0	\$0
<b>Net Cost:</b>	(\$40,622)	(\$33,379)		(\$40,000)	(\$40,000)

### PROGRAM DESCRIPTION

The Resource Management General Revenue budget unit reflects revenue or charges allocated to the Resource Management Fund as a result of cash flow needs.

### BUDGET REQUESTS

The FY 2012-13 requested budget includes \$40,000 in revenue generated from Interest Income on the department's fund reserves.

### SUMMARY OF RECOMMENDATIONS

The CEO concurs with the requested budget.

### PENDING ISSUES AND POLICY CONSIDERATIONS

None.

### DEPARTMENT HEAD CONCURRENCE OR APPEAL

Not applicable.

### FINAL BOARD ACTION

Adopted as presented in the proposed budget.

**RESOURCE MANAGEMENT-ENVIRONMENTAL HEALTH DIVISION**  
**Fund 0064 General-Resource Management, Budget Unit 402**  
**Russ Mull, Director of Resource Management**

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Schedule 9

**Budget Unit:** 402 - ENVIRONMENTAL HEALTH (FUND 0064)  
**Function:** HEALTH & SANITATION  
**Activity:** HEALTH

Detail By Revenue Category and Expenditure Object	2010-11 Actuals	2011-12 Actual <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	2012-13 Recommended	2012-13 Adopted by the Board of Supervisors
1	2	3	4	5
LICENSES, PERMITS & FRANCHISES	\$980,312	\$1,057,933	\$893,436	\$893,436
FINES, FORFEITURES & PENALTIES	\$12,191	\$15,379	\$0	\$0
INTERGOVERNMENTAL REVENUES	\$180,652	\$77,972	\$270,986	\$270,986
CHARGES FOR SERVICES	\$390,833	\$298,310	\$291,793	\$291,793
MISCELLANEOUS REVENUES	\$33	\$903	\$340	\$340
OTHR FINANCING SOURCES TRAN IN	\$116,708	\$113,072	\$114,837	\$114,837
OTHER FINANCING SRCS SALE C/A	\$1,590	\$0	\$0	\$0
<b>Total Revenues:</b>	<b>\$1,682,321</b>	<b>\$1,563,570</b>	<b>\$1,571,392</b>	<b>\$1,571,392</b>
SALARIES AND BENEFITS	\$1,075,283	\$1,153,581	\$1,636,903	\$1,636,903
SERVICES AND SUPPLIES	\$276,686	\$298,695	\$465,288	\$465,288
OTHER CHARGES	\$76,465	\$51,488	\$64,188	\$64,188
CAPITAL ASSETS	\$2,638	\$2,191	\$30,000	\$30,000
INTRAFUND TRANSFERS	(\$116,244)	(\$116,456)	(\$112,856)	(\$112,856)
<b>Total Expenditures/Appropriations:</b>	<b>\$1,314,828</b>	<b>\$1,389,500</b>	<b>\$2,083,523</b>	<b>\$2,083,523</b>
<b>Net Cost:</b>	<b>(\$367,492)</b>	<b>(\$174,069)</b>	<b>\$512,131</b>	<b>\$512,131</b>

**PROGRAM DESCRIPTION**

The Environmental Health Division of the Department of Resource Management is charged with the responsibility for enforcement of pertinent California health laws, rules, regulations, and Shasta County Ordinances. This responsibility covers Shasta County as well as the three incorporated cities within the County. Additionally, they provide technical environmental services to Trinity County.

This Division also provides specific permit and inspection programs which involve sewage disposal, individual wells, solid waste, hazardous materials storage and disclosure, underground tanks, food service facilities, public drinking water systems, swimming pools, housing and institutions, and medical waste management. By pulling together these various programs, Environmental Health additionally performs a comprehensive environmental review of proposed land use projects. Environmental Health also serves as the enforcement agency responsible for solid waste and garbage code enforcement.

**BUDGET REQUESTS**

The FY 2012-13 requested budget includes expenditures in the amount of \$2.1 million and revenues in the amount of \$1.4 million. The FY 2012-13 expenditures are increased by \$462,838 and revenues are increased by \$162,818 as compared to FY 2011-12 adjusted budget. The FY 2012-13 requested budget expenditures exceed revenue by \$690,131, an increase of \$300,020 as compared to the FY 2011-12 adjusted budget and will be covered by fund balance. The General Fund continues to support one full-time Senior Environmental Health Specialist position that works with un-reimbursed community Environmental Health programs.

The Community Education Section, which was started in 1989 and has been for the most part 100 percent grant funded, was discontinued in FY 2010-11 due to the elimination of most state grants. This resulted in the layoff of 1.5 staff. Some remaining activity in Household Hazardous Waste collection will be maintained with existing Environmental Health positions and Extra Help.

**SUMMARY OF RECOMMENDATIONS**

The CEO concurs with the requested budget.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

None.

**DEPARTMENT HEAD CONCURRENCE OR APPEAL**

The department head concurs with this budget as recommended.

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**FINAL BOARD ACTION**

Adopted as presented in the proposed budget.

# MENTAL HEALTH SERVICES ACT

Fund 0081 Mental Health Services Act, Budget Unit 404

Marta McKenzie, R.D., M.P.H., Health and Human Services Agency Director

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**Budget Unit:** 404 - MENTAL HEALTH SERVICES ADMIN (FUND 0081)

**Function:** HEALTH & SANITATION

**Activity:** MENTAL HEALTH

Detail By Revenue Category and Expenditure Object	2010-11 Actuals	2011-12		2012-13 Recommended	2012-13 Adopted by the Board of Supervisors
		Actual <input checked="" type="checkbox"/>	Estimated <input type="checkbox"/>		
1	2	3	4	5	
REVENUE FROM MONY & PROPERTY	\$63,015	\$33,427		\$60,000	\$60,000
INTERGOVERNMENTAL REVENUES	\$12,295,793	\$5,874,161		\$6,144,642	\$6,144,642
MISCELLANEOUS REVENUES	\$6,118	\$22,658		\$0	\$0
<b>Total Revenues:</b>	<b>\$12,364,927</b>	<b>\$5,930,247</b>		<b>\$6,204,642</b>	<b>\$6,204,642</b>
SALARIES AND BENEFITS	\$3,724,850	\$4,178,536		\$3,053,273	\$3,053,273
SERVICES AND SUPPLIES	\$3,006,313	\$3,767,850		\$4,741,397	\$4,741,397
OTHER CHARGES	\$461,841	\$801,027		\$819,164	\$819,164
CAPITAL ASSETS	\$22,402	\$0		\$1,350,077	\$1,350,077
INTRAFUND TRANSFERS	\$0	(\$249)		\$0	\$0
OTHER FINANCING USES	\$0	\$60,274		\$0	\$0
<b>Total Expenditures/Appropriations:</b>	<b>\$7,215,406</b>	<b>\$8,807,439</b>		<b>\$9,963,911</b>	<b>\$9,963,911</b>
<b>Net Cost:</b>	<b>(\$5,149,520)</b>	<b>\$2,877,192</b>		<b>\$3,759,269</b>	<b>\$3,759,269</b>

## PROGRAM DESCRIPTION

The Mental Health Services Act (MHSA), passed by the voters as Proposition 63 in November 2004, represents a new funding stream to enable comprehensive and transformational approaches to community-based mental health services and supports for persons with, and at risk of serious mental illness. The goals of the MHSA are to define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care; to reduce the long-term adverse impact on individuals, families, and state and local budgets resulting from untreated serious mental illness; to expand the kinds of successful, innovative service programs for children, adults and seniors begun in California, including culturally and linguistically competent approaches for underserved populations; to provide funds to adequately meet the needs of children and adults who can be identified and enrolled in programs under this measure; and to ensure that all funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.

These services are to be developed and implemented in collaboration with consumers of mental health services and their family members, as well as community stakeholders. MHSA encourages outreach and engagement to populations that are currently not served or are considered underserved in existing mental health delivery systems.

Funded components of MHSA include the following:

- Community Services and Supports (CSS): A variety of services are provided for residents experiencing acute psychiatric crises. The funds are also utilized to increase access to services and to increase positive outcomes for those individuals with a severe mental illness.

- Prevention and Early Intervention (PEI): PEI activities focus on successful identification and management of mental illnesses early in the onset of the illness for both youth and adults, decreasing stigmatization and other mental health community awareness efforts, suicide prevention, trauma oriented supports for youth, and behavioral health services for older adults.
- Workforce Education and Training (WET): WET activities address staffing shortages in the public mental health profession by creating educational and training opportunities to expand and enhance the mental health workforce.
- Capital Facilities/Technological Needs (CF/TN): The projects in this plan include the development of a variety of technology uses related to electronic health records, and capital facilities improvement strategies to support the programs and services implemented through the MHSA.
- Innovation: Innovation funds can be used for projects which increase access to underserved groups and increase the quality of services.

**BUDGET REQUESTS**

The appropriation request of \$9.9 million represents a decrease of \$2.8 million (22%) from the FY 2011-12 adjusted budget. Because of the nature of how the funds flow and the state's delay in approving component plans, Shasta County has been faced with the need to expend large amounts of previous years' funding. By the end of FY 2011-12, most of the prior years' unspent funds will have been expended in accordance with the approved plans. As a result, program costs had to be reduced in the budget year to more closely match current revenues. The budget does propose to spend down a significant share of the required prudent reserve, which is allowed by the State. Revenues have been decreasing for the past two years, but they are forecasted to increase by 10 to 20 percent in FY 2012-13 and in subsequent years as the economy recovers.

Revenues in the amount of \$6.2 million (decrease of 51%) to support activities in this cost center come exclusively from the MHSA revenues and federal and state reimbursement for Medi-Cal covered youth and adult mental health services provided to MHSA supported clients. The excess of expenditures over revenue in the amount of \$3.7 million will come from reserves from prior years' unspent funds as well as a portion of the prudent reserve. There is no required match or General Fund contribution for program activities or the prudent reserve.

**SUMMARY OF RECOMMENDATIONS**

Minor adjustments are needed to appropriately budget funds and address funding transfers for salary and benefit calculations.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

The FY 2012-13 budget includes shifting the County-operated Crisis Stabilization Service to a contracted service provider integrated into the opening of a psychiatric health facility (PHF) in Redding. In 2011, the HHSR released a request for proposals for a new PHF to be located in Shasta County. During negotiations for the facility, it was proposed that, since the contractor would already be operating a 24-hour facility to manage psychiatric crises, the provider would be able to take over the crisis stabilization function. This will allow a more seamless process to address the needs of individuals in acute mental health crisis and provide for placement in the least restrictive environment including psychiatric hospitalization, if necessary.

MHSA continues to be a target of budget solutions at the state level. Statewide MHSA funds were diverted in FY 2011-12 to replace 1991 mental health realignment funds diverted to support a higher county share of cost for CalWORKs assistance payments. Although this was to be a one-time diversion, taking money from Proposition 63 funds was listed in spring 2012 as one of the many options to omit the need for tax increases.

With the elimination of the State Department of Mental Health scheduled for FY 2012-13, state-level MHSA oversight will decrease substantially. Beginning next fiscal year, MHSA plans will likely be reviewed and approved by the Board of Supervisors for each respective county. This is anticipated to increase administrative efficiency and allow for a more community-centered approval process.

**DEPARTMENT HEAD CONCURRENCE OR APPEAL**

The department head concurs with the recommended budget.

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**FINAL BOARD ACTION**

Adopted as presented in the proposed budget.

**PUBLIC HEALTH-COUNTY MEDICAL SERVICES**  
**Fund 0061 General-CMSP, Budget Unit 409**  
**Marta McKenzie, R.D., M.P.H., Health and Human Services Agency Director**

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**Budget Unit:** 409 - COUNTY MEDICAL SERVICES PROG (FUND 0061)  
**Function:** HEALTH & SANITATION  
**Activity:** MEDICAL CARE

Detail By Revenue Category and Expenditure Object	2010-11 Actuals	2011-12		2012-13 Recommended	2012-13 Adopted by the Board of Supervisors
		Actual <input checked="" type="checkbox"/>	Estimated <input type="checkbox"/>		
1	2	3	4	5	
INTERGOVERNMENTAL REVENUES	\$8,556,430	\$0	\$0	\$0	\$0
<b>Total Revenues:</b>	<b>\$8,556,430</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
SERVICES AND SUPPLIES	\$0	\$18,932	\$0	\$0	\$0
OTHER CHARGES	\$8,556,430	\$0	\$0	\$0	\$0
<b>Total Expenditures/Appropriations:</b>	<b>\$8,556,430</b>	<b>\$18,932</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net Cost:</b>	<b>\$0</b>	<b>\$18,932</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**PROGRAM DESCRIPTION/BUDGET REQUESTS**

There are no budget requests for FY 2012-13. All revenues and expenditures are included in budget units 411 (Public Health) and 412 (Shasta County Health Care). Realignment statute enacted by the State of California in 1991 required that Vehicle License Fees specifically for health programs be deposited in the local Health Account. The 409 cost center was set up to meet the statutory requirement. In the past, Vehicle License Fees were deposited and an offsetting expenditure reflected the deduction of the County Medical Services Program (CMSP) statutory contribution.

Because Public Health is in a separate county fund, realignment revenue can be deposited directly into the Public Health account and still meet the statutory requirements. Beginning with FY 2011-12, all Health realignment revenue is reflected in the 411 and 412 budget units. The Shasta County Auditor-Controller approved of this change.

**SUMMARY OF RECOMMENDATIONS**

The CEO concurs with the requested budget.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

None.

**DEPARTMENT HEAD CONCURRENCE OR APPEAL**

The department head concurs with the recommended budget.

**FINAL BOARD ACTION**

Adopted as presented in the proposed budget.

# MENTAL HEALTH

Fund 0080 Mental Health, Budget Unit 410

Marta McKenzie, R.D., M.P.H., Health and Human Services Agency Director

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**Budget Unit:** 410 - MENTAL HEALTH (FUND 0080)  
**Function:** HEALTH & SANITATION  
**Activity:** MENTAL HEALTH

Detail By Revenue Category and Expenditure Object	2010-11 Actuals	2011-12		2012-13 Recommended	2012-13 Adopted by the Board of Supervisors
		Actual <input checked="" type="checkbox"/>	Estimated <input type="checkbox"/>		
1	2	3	4	5	
REVENUE FROM MONEY & PROPERTY	\$8,476	\$21,646	\$22,000	\$22,000	
INTERGOVERNMENTAL REVENUES	\$14,960,433	\$18,506,076	\$16,275,705	\$16,275,705	
CHARGES FOR SERVICES	\$205,703	\$276,801	\$245,150	\$245,150	
MISCELLANEOUS REVENUES	\$6,987	\$28,767	\$0	\$0	
OTHR FINANCING SOURCES TRAN IN	\$276,777	\$351,014	\$276,778	\$276,778	
OTHER FINANCING SRCS SALE C/A	\$1,177	\$2,526	\$0	\$0	
<b>Total Revenues:</b>	<b>\$15,459,557</b>	<b>\$19,186,832</b>	<b>\$16,819,633</b>	<b>\$16,819,633</b>	
SALARIES AND BENEFITS	\$6,187,266	\$6,299,512	\$6,671,059	\$6,671,059	
SERVICES AND SUPPLIES	\$2,237,342	\$2,635,169	\$3,122,544	\$3,122,544	
OTHER CHARGES	\$8,937,782	\$10,149,694	\$9,483,287	\$9,483,287	
CAPITAL ASSETS	\$4,264	\$0	\$0	\$0	
INTRAFUND TRANSFERS	(\$993,568)	(\$1,167,141)	(\$1,395,469)	(\$1,395,469)	
OTHER FINANCING USES	\$1,829	\$5,868	\$0	\$0	
<b>Total Expenditures/Appropriations:</b>	<b>\$16,374,917</b>	<b>\$17,923,102</b>	<b>\$17,881,421</b>	<b>\$17,881,421</b>	
<b>Net Cost:</b>	<b>\$915,359</b>	<b>(\$1,263,729)</b>	<b>\$1,061,788</b>	<b>\$1,061,788</b>	

## PROGRAM DESCRIPTION

Per statute, the role of County mental health services is to assist persons experiencing chronic and persistent mental illnesses, and children with serious emotional disturbances, to access services and programs to better manage the illness, achieve personal goals, and to develop skills necessary to maintain recovery. For persons with Medi-Cal coverage, mental health services are largely provided under a managed care (Mental Health Plan) that is currently overseen by the State Department of Mental Health.

Outpatient specialty mental health services for Medi-Cal eligible and indigent individuals are authorized by the County. These services are provided directly by staff and through contract providers. Funding is provided by a combination of state, federal, and local dollars, including Medi-Cal Federal Financial Participation, Mental Health realignment, other state revenues including the managed care contract allocation, private pay patients and insurance companies, and a County General Fund statutory Maintenance of Effort (MOE) contribution to receive Mental Health realignment.

Other areas of program significance include the continued provision of youth mental health services through the County's interagency child welfare system which includes a service and financial partnership between various HHSA programs, as well as Shasta County Office of Education and Shasta County Probation. The provision of short and long-term involuntary treatment and residential services are also a responsibility of this budget unit for adults and a shared responsibility with Social Services for foster children.

## BUDGET REQUESTS

Overall, salaries and benefits are projected at \$6.6 million, an increase of \$501,108 (8%) from the FY 2011-12 adjusted budget. This is largely due to a significant increase in health insurance costs for employees, as well as the redirection of staff from Mental Health Services Act (MHSA) funded programs. Staff routinely work in both Mental Health (410) and MHSA (404) budgets with their costs allocated based upon the client that they are serving or the activities performed. In this manner, clients receive quality services without regard to the funding source. The cost of inpatient hospitalization and treatment in Institutes for Mental Diseases (IMDs) continues to be problematic. Reducing these costs, which are largely unreimbursed, is a particular focus for the current and future budget years.

The FY 2012-13 budget request includes projected revenues in the amount of \$16.8 million and appropriations of \$17.9 million. The resulting \$1.1 million deficit is proposed to be absorbed by Mental Health fund balance reserves. Despite significant revenue losses and escalating costs over the past several years, we have been able to maintain a reasonable level of services for clients.

## SUMMARY OF RECOMMENDATIONS

Some business costs are charged to Mental Health by HHS Administration (502) using the Professional Services Accounting Services account in this cost center; an additional \$13,772 is needed to support those costs. Minor adjustments to salary and benefit accounts are needed to address funding transfers.

## PENDING ISSUES AND POLICY CONSIDERATIONS

A number of important policy issues are currently affecting Mental Health. Shasta County has operated without an agreement for its Mental Health Managed Care Plan since June 30, 2009. This is a State contract that each county enters into to access federal Medi-Cal funding for community mental health services. Throughout the negotiations, the state has allowed counties continued access to federal Medicaid funds, and continued to pay (albeit reduced) the counties' managed care allocation from State general funds. A contract is currently being finalized at the State level and should be presented to counties for approval during the current fiscal year.

However, two major issues remain. Counties retain the first right of refusal for becoming the managed care provider of mental health services for the severely mentally ill Medi-Cal eligible population. Because Medi-Cal is an entitlement, the counties take on all obligations to provide medically necessary services in their jurisdiction. Mental Health realignment funds are used in part to match federal funds for covered services, although there are many unreimbursed costs and persons ineligible for Medi-Cal services that must be funded by Mental Health realignment or other resources. The proposed agreement does not specify the amount of realignment funding that the State would take from counties should the county refuse to be the managed care provider. This continues to be the subject of discussion with State administrative staff, but no clear resolution is anticipated immediately.

Further, settlement of the Katie A. lawsuit makes mental health services for foster children an entitlement. However, no additional funding or guidance on how to determine what services will be authorized/required has been included in the new agreement or realignment funding. Finally, the Governor's budget proposal to move all Healthy Families children into Medi-Cal would create an additional Medi-Cal population presumably eligible for services under the counties' managed care obligation. These issues and others continue to be the subject of much discussion between the State administration and counties, but no clear resolution has yet emerged.

Revenue projection continues to be difficult in this budget due to a dynamic environment created by the State's budget crisis. The FY 2011-12 State budget "realigned" the managed care contribution, youth Medi-Cal State match, and school-based mental health services, and replaced the State general fund support with a one-time transfer from the Mental Health Services Act fund reserves held at the State. Funding for community mental health services that came from 1991 sales tax and vehicle license fee realignment were diverted to fund the state's share of CalWORKs assistance payments, as part of the one-year budget solution. The State's FY 2012-13 budget will be largely based upon the assumption that

voters will pass a tax initiative in November that will fund education and public safety, allowing the State to redirect existing funds to health and human services realigned to counties in 2011. Should the state have to look for additional areas to cut, local mental health services may continue to be vulnerable.

**DEPARTMENT HEAD CONCURRENCE OR APPEAL**

The department head concurs with the recommended budget.

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**FINAL BOARD ACTION**

Adopted as presented in the proposed budget.

# PUBLIC HEALTH

Fund 0196 Public Health, Budget Unit 411

Marta McKenzie, R.D., M.P.H., Health and Human Services Agency Director

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**Budget Unit:** 411 - PUBLIC HEALTH (FUND 0196)

**Function:** HEALTH & SANITATION

**Activity:** HEALTH

Detail By Revenue Category and Expenditure Object	2010-11 Actuals	2011-12		2012-13 Recommended	2012-13 Adopted by the Board of Supervisors
		Actual <input checked="" type="checkbox"/>	Estimated <input type="checkbox"/>		
1	2	3	4	5	
LICENSES, PERMITS & FRANCHISES	\$5,044	\$5,228	\$6,000	\$6,000	\$6,000
FINES, FORFEITURES & PENALTIES	\$4,445	\$3,546	\$5,000	\$5,000	\$5,000
REVENUE FROM MONEY & PROPERTY	\$12,668	\$14,384	\$10,000	\$10,000	\$10,000
INTERGOVERNMENTAL REVENUES	\$10,221,763	\$10,625,753	\$10,712,234	\$10,712,234	\$10,712,234
CHARGES FOR SERVICES	\$1,124,376	\$1,449,535	\$1,301,641	\$1,301,641	\$1,301,641
MISCELLANEOUS REVENUES	\$243,109	\$174,252	\$443,570	\$443,570	\$443,570
OTHR FINANCING SOURCES TRAN IN	\$46,712	\$49,901	\$44,924	\$44,924	\$44,924
<b>Total Revenues:</b>	<b>\$11,658,119</b>	<b>\$12,322,602</b>	<b>\$12,523,369</b>	<b>\$12,523,369</b>	<b>\$12,523,369</b>
SALARIES AND BENEFITS	\$8,949,624	\$9,078,627	\$9,376,665	\$9,376,665	\$9,376,665
SERVICES AND SUPPLIES	\$5,577,776	\$5,713,764	\$6,257,056	\$6,257,056	\$6,257,056
OTHER CHARGES	\$405,968	\$422,569	\$492,045	\$492,045	\$492,045
CAPITAL ASSETS	\$8,968	\$91,016	\$75,000	\$75,000	\$75,000
INTRAFUND TRANSFERS	(\$2,919,785)	(\$3,149,573)	(\$3,172,027)	(\$3,172,027)	(\$3,172,027)
OTHER FINANCING USES	\$62,330	\$490,096	\$213,550	\$213,550	\$213,550
<b>Total Expenditures/Appropriations:</b>	<b>\$12,084,882</b>	<b>\$12,646,501</b>	<b>\$13,242,289</b>	<b>\$13,242,289</b>	<b>\$13,242,289</b>
<b>Net Cost:</b>	<b>\$426,763</b>	<b>\$323,898</b>	<b>\$718,920</b>	<b>\$718,920</b>	<b>\$718,920</b>

## PROGRAM DESCRIPTION

The purpose of Public Health is to work with the community to protect and improve health by actively promoting activities that prevent disease and injury before they occur and controlling communicable diseases. As Public Health continues to maintain this focus, its role in protecting the public has become even more crucial with newly emerging diseases and bioterrorism threats, as well as the growing impact of chronic diseases on the population.

The budget unit includes essential public health services that assist in the creation of conditions for good health in the community. Most of the programs within the four divisions in the Public Health Branch and two divisions in the Regional Services Branch are included in the 411 budget unit. Additionally, the public health nursing function within the Adult and Children's Services Branches also resides in this budget unit.

## BUDGET REQUESTS

The total expenditure request of \$13.2 million is relatively flat compared to the FY 2011-12 adjusted budget. This is primarily due to a reduction in charges transferred to other county departments. Overall staffing levels are expected to decrease with a reduction of approximately \$200,000 from the FY 2011-12 adjusted budget. This reduction comes despite a \$300,000 increase in employee health insurance costs, causing additional positions to be held vacant for salary savings. Operating expenses reflect a decrease of more than \$600,000 from the FY 2011-12 adjusted budget. This is mainly attributable to a decrease in advertising and marketing services previously supported by outside grant funds.

As in previous years, the budget includes capital asset requests of \$75,000 as a placeholder to allow the purchase of replacement laboratory equipment quickly should aging equipment become inoperable. This authority will be utilized only if the equipment fails and cannot reasonably be repaired.

Anticipated revenue of \$12.5 million reflects an increase of 8.7 percent over the FY 2011-12 adjusted budget. Overall, intergovernmental revenues are projected to be approximately \$600,000 above the FY 2011-12 adjusted budget. Because Public Health continues to seek additional funds in keeping with its strategic focus from multiple sources to replace lost realignment and categorical funding, FY 2012-13 revenues are projected to be approximately \$1 million higher than the FY 2011-12 adjusted budget and consistent with current year projections.

The Public Health FY 2012-13 budget contains a General Fund contribution of the statutory maintenance of effort level of \$184,049 necessary to obtain realignment revenue. As in the past, the majority of the General Fund (\$139,125 for FY 2012-13) goes to Health Services (412) for the contracted Local Emergency Medical Services Agency (LEMSA) services, maintains county hospital records, and provides a reserve for payment of indigent health claims that fall within Shasta County indigent aid and care standards. The remaining County General Fund contribution (\$44,924) supports activities in the main Public Health budget (411).

Overall, the department projects utilization of department reserves in the amount of \$605,185 for FY 2011-12 and \$718,920 for FY 2012-13. At this time, Public Health has sufficient reserves to support this level of deficit spending, and deficits have not in previous years materialized to the extent budgeted. It is important for Public Health to maintain a reasonable level of reserves to sustain cash balances without having to borrow while awaiting payment for reimbursement-based programs. Public Health continues to take a very conservative approach to budget and maintains cost controls and efficiencies within its programs that allow maintenance of sufficient reserves to continue critical public health services in difficult budget years.

#### **SUMMARY OF RECOMMENDATIONS**

A net zero adjustment is needed for the nutritional menu reviews now charged to the Jail (260) and Juvenile Hall (262) budgets; services were previously charged to Sheriff (235) and Probation (263). In addition, a minor adjustment is needed to address a benefit calculation.

#### **PENDING ISSUES AND POLICY CONSIDERATIONS**

The most pressing challenge continues to be the impact of the steep decline in realignment revenue. Public Health has a projected base allocation level of \$9.6 million for FY 2012-13, which is more than a half million dollars below the level of realignment revenue received in FY 2000-01. Public Health continues to provide the statutory \$5.36 million contribution to the County Medical Services Program (CMSP) to provide healthcare services for indigent Shasta County adults. In the past, the state deducted approximately 85% of Public Health realignment payments to pay the CMSP obligations, until the full annual payment had been made. Beginning in FY 2009-10, the CMSP board agreed to "smooth" the CMSP payment, dividing it into 10 equal installments, which are deducted from realigned vehicle license fee revenues. This has allowed Public Health to receive more realignment revenue earlier in the year, helping to sustain cash balances while awaiting payment for expenditure-based programs.

#### **DEPARTMENT HEAD CONCURRENCE OR APPEAL**

The department head concurs with the recommended budget.

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#### **FINAL BOARD ACTION**

Adopted as presented in the proposed budget.

**PUBLIC HEALTH-HEALTH SERVICES**  
**Fund 0196 Public Health, Budget Unit 412**  
**Marta McKenzie, R.D., M.P.H., Health and Human Services Agency Director**

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**Budget Unit:** 412 - SHASTA COUNTY HEALTH CARE (FUND 0196)  
**Function:** HEALTH & SANITATION  
**Activity:** MEDICAL CARE

Detail By Revenue Category and Expenditure Object	2010-11 Actuals	2011-12	2012-13 Recommended	2012-13 Adopted by the Board of Supervisors
		Actual <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>		
1	2	3	4	5
INTERGOVERNMENTAL REVENUES	\$0	\$0	\$5,361,013	\$5,361,013
CHARGES FOR SERVICES	\$49,484	\$49,449	\$84,296	\$84,296
MISCELLANEOUS REVENUES	\$0	\$18,932	\$0	\$0
OTHR FINANCING SOURCES TRAN IN	\$431,706	\$432,515	\$433,494	\$433,494
<b>Total Revenues:</b>	<b>\$481,190</b>	<b>\$500,896</b>	<b>\$5,878,803</b>	<b>\$5,878,803</b>
SERVICES AND SUPPLIES	\$113,652	\$111,371	\$172,784	\$172,784
OTHER CHARGES	\$382,050	\$379,823	\$5,744,850	\$5,744,850
CAPITAL ASSETS	\$3,602	\$0	\$0	\$0
INTRAFUND TRANSFERS	(\$71,353)	(\$73,047)	(\$76,615)	(\$76,615)
APPROP FOR CONTINGENCY	\$0	\$0	\$30,000	\$30,000
<b>Total Expenditures/Appropriations:</b>	<b>\$427,952</b>	<b>\$418,147</b>	<b>\$5,871,019</b>	<b>\$5,871,019</b>
<b>Net Cost:</b>	<b>(\$53,237)</b>	<b>(\$82,749)</b>	<b>(\$7,784)</b>	<b>(\$7,784)</b>

**PROGRAM DESCRIPTION**

The cost center accounts for the County Medical Services Program (CMSP) participation fee and obligation (a program to support medical care costs for indigent county residents), contingency reserve for medically indigent adults who do not qualify for CMSP, the cost of the County's contract with Sierra-Sacramento Valley Emergency Medical Services (SSV-EMS) to provide statutorily required regulatory oversight of EMS services, and the cost associated with operating, maintaining, and replacing equipment for the Shasta County EMS communication system. In addition, this cost center is responsible for the maintenance and storage of Shasta General Hospital records since the hospital's closure in 1987, including requests for copies of records, subpoenas, lien payments, correspondence and purging of files.

Costs in this program are supported by fees charged to ambulance providers and base hospitals for maintenance of the EMS communications system as well as a portion of the County General Fund maintenance of effort (MOE) required to secure Public Health realignment, and the statutory County General Fund payment of the CMSP participation fee.

**BUDGET REQUESTS**

The budget request includes the cost of the SSV- EMS Local Emergency Services Agency (LEMSA) contract of approximately \$87,000, which is consistent with the FY 2011-12 adjusted budget. This budget also continues the lease of space in central Redding for hospital records storage. The budget includes the costs of operating and maintaining EMS communication system equipment along with offsetting fee revenue. Revenue in excess of projected expenditures in the amount of \$7,784 for both the current and budget years will be held in reserve for future EMS-related equipment replacement. The CMSP participation fee is set in statute and remains the same in previous years. This year's budget includes the CMSP obligation of \$5.3 million and a like amount of 1991 realignment revenue. Also included is \$30,000 in a Contingency Reserve account for health care claims from medically indigent adults that are not

CMSP-eligible but fall within the County's Welfare and Institutions Code §17000 obligation.

**SUMMARY OF RECOMMENDATIONS**

The CEO concurs with the requested budget.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

As a CMSP county, Shasta County participates in the CMSP Path2Health expansion of benefits to childless adults without health insurance. This program is funded by counties through their CMSP participation. Ultimately, the costs will be borne by a combination of CMSP and federal Medicaid funds. In 2014, the State is supposed to take over responsibility for most indigent health care, and the future of CMSP and Public Health realignment is uncertain. Should health care reform be reversed by the Supreme Court or a new Congress and presidential administration, statewide efforts to expand coverage will have to be reexamined to determine viability.

**DEPARTMENT HEAD CONCURRENCE OR APPEAL**

The department head concurs with the recommended budget.

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**FINAL BOARD ACTION**

Adopted as presented in the proposed budget.

**PUBLIC HEALTH-CALIFORNIA CHILDREN'S SERVICES**  
**Fund 0196 Public Health, Budget Unit 417**  
**Marta McKenzie, R.D., M.P.H., Health and Human Services Agency Director**

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**Budget Unit:** 417 - CALIFORNIA CHILDRENS SERVICES (FUND 0196)  
**Function:** HEALTH & SANITATION  
**Activity:** CALIFORNIA CHILDRENS SERVICES

Detail By Revenue Category and Expenditure Object	2010-11 Actuals	2011-12		2012-13 Recommended	2012-13 Adopted by the Board of Supervisors
		Actual <input checked="" type="checkbox"/>	Estimated <input type="checkbox"/>		
1	2	3	4	5	
INTERGOVERNMENTAL REVENUES	\$1,490,249	\$1,513,051	\$1,852,313	\$1,852,313	
CHARGES FOR SERVICES	\$15	\$45	\$500	\$500	
MISCELLANEOUS REVENUES	\$126	\$1,897	\$1,000	\$1,000	
OTHER FINANCING SOURCES TRAN IN	\$131,171	\$131,171	\$131,171	\$131,171	
<b>Total Revenues:</b>	<b>\$1,621,562</b>	<b>\$1,646,164</b>	<b>\$1,984,984</b>	<b>\$1,984,984</b>	
SALARIES AND BENEFITS	\$1,167,259	\$1,240,641	\$1,453,713	\$1,453,713	
SERVICES AND SUPPLIES	\$308,063	\$312,076	\$345,315	\$345,315	
OTHER CHARGES	\$248,190	\$210,058	\$343,953	\$343,953	
<b>Total Expenditures/Appropriations:</b>	<b>\$1,723,514</b>	<b>\$1,762,776</b>	<b>\$2,142,981</b>	<b>\$2,142,981</b>	
<b>Net Cost:</b>	<b>\$101,951</b>	<b>\$116,611</b>	<b>\$157,997</b>	<b>\$157,997</b>	

**PROGRAM DESCRIPTION**

California Children's Services (CCS) is a state-mandated program which provides diagnostic, treatment, case management, and therapy services for children and young adults under the age of 21 with severe disabilities/diseases that may be improved or corrected with special medical and therapy services. Low and moderate-income families are assisted with unusual medical expenses associated with caring for their disabled children. This program is funded by Social Services realignment revenue, categorical state funding, Medi-Cal fee for service, Public Health reserves, and a County General Fund appropriation.

**BUDGET REQUESTS**

The FY 2012-13 expenditure request represents a decrease of approximately \$280,000 from the FY 2011-12 adjusted budget, primarily due to a reduction in salaries from holding positions vacant and a reduction in administrative charges allocated to this cost center. The county share of cost in this program continues to outpace available Social Services realignment funding for this program, and Public Health is currently using fund balance reserves to fund the increased county cost to operate the CCS program. The County General Fund contribution to this program is unchanged from the previous fiscal year at \$131,171.

**SUMMARY OF RECOMMENDATIONS**

The CEO concurs with the requested budget.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

This is the eleventh full year of CCS operating under Public Health oversight and we continue to closely monitor expenditures for both administrative and diagnostic and treatment services. As in previous years, these costs are somewhat unpredictable due to fluctuations in Healthy Families and Medi-Cal client ratios and varying high-risk medical needs among CCS children. Therefore, due to the possibility of additional

medical care costs, Medi-Cal and Healthy Families caseloads, and the decline and continued uncertainty of realignment revenues, Public Health bears the risk for the additional costs.

**DEPARTMENT HEAD CONCURRENCE OR APPEAL**

The department head concurs with the recommended budget.

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**FINAL BOARD ACTION**

Adopted as presented in the proposed budget.

**MENTAL HEALTH-ALCOHOL AND DRUG PROGRAMS**  
**Fund 0080 Mental Health, Budget Unit 422**  
**Marta McKenzie, R.D., M.P.H., Health and Human Services Agency Director**

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**Budget Unit: 422 - ALCOHOL & DRUG PROGRAMS (FUND 0080)**  
**Function: HEALTH & SANITATION**  
**Activity: DRUG & ALCOHOL ABUSE SERVICES**

Detail By Revenue Category and Expenditure Object	2010-11 Actuals	2011-12		2012-13 Recommended	2012-13 Adopted by the Board of Supervisors
		Actual <input checked="" type="checkbox"/>	Estimated <input type="checkbox"/>		
1	2	3	4	5	
FINES, FORFEITURES & PENALTIES	\$26,534	\$23,737		\$28,300	\$28,300
INTERGOVERNMENTAL REVENUES	\$2,624,342	\$2,411,122		\$2,325,968	\$2,325,968
CHARGES FOR SERVICES	\$25,740	\$22,821		\$23,090	\$23,090
MISCELLANEOUS REVENUES	\$0	\$81,800		\$25,000	\$25,000
OTHR FINANCING SOURCES TRAN IN	\$4,500	\$3,195		\$3,195	\$3,195
<b>Total Revenues:</b>	<b>\$2,681,116</b>	<b>\$2,542,676</b>		<b>\$2,405,553</b>	<b>\$2,405,553</b>
SALARIES AND BENEFITS	\$1,198,168	\$1,135,435		\$1,277,988	\$1,277,988
SERVICES AND SUPPLIES	\$954,596	\$854,425		\$869,850	\$869,850
OTHER CHARGES	\$499,304	\$438,078		\$492,611	\$492,611
INTRAFUND TRANSFERS	(\$3,307)	(\$13,124)		(\$3,000)	(\$3,000)
<b>Total Expenditures/Appropriations:</b>	<b>\$2,648,762</b>	<b>\$2,414,814</b>		<b>\$2,637,449</b>	<b>\$2,637,449</b>
<b>Net Cost:</b>	<b>(\$32,354)</b>	<b>(\$127,861)</b>		<b>\$231,896</b>	<b>\$231,896</b>

**PROGRAM DESCRIPTION**

Alcohol and Drug Program's (ADP) mission is to improve the quality of life in Shasta County by reducing the impact and incidence of alcohol and other drug use, misuse and abuse. The program provides prevention, intervention and treatment services embedded throughout HHSA programs, and through community contract providers. Outpatient counseling services are available to those in need of substance abuse treatment. Specialized treatment programs are offered for adolescents, seniors, and individuals with co-existing conditions of mental illness and substance abuse dependence. Residential alcohol and drug treatment is provided through contracts with local providers.

**BUDGET REQUESTS**

The FY 2012-13 appropriation request is \$2.6 million, a decrease of \$161,487 (5.7%) from the FY 2011-12 adjusted budget. The decrease is largely attributed to reallocation of staff to different cost centers offset by an increase in projected adult residential expenditures. Revenue in this cost center is expected to be \$2.4 million, a decrease of \$47,205 (2%) from the FY 2011-12 adjusted budget. The Alcohol and Drug Program contains several programs that were realigned in 2011 through the State budget process. State funding for Drug Medi-Cal, Drug Court, non Medi-cal Alcohol and Drug Services, and Perinatal Drug services was eliminated in place of sales tax revenues dedicated to this funding stream. County General Fund of \$3,195 in this program supports the county share of cost, which combines with realigned funds to draw down the federal revenues. Realignment funding appears to be flowing consistent with State funding reductions, but much is still unknown about FY 2012-13 funding. We will watch this revenue stream closely to ensure that it is sufficient to fund planned activities and make expenditure adjustments if necessary. A budget deficit in this program of \$231,896 is proposed to be absorbed by fund balance reserves, which are sufficient to sustain this level of fund balance draw.

**SUMMARY OF RECOMMENDATIONS**

The Substance Abuse & Crime Prevention Program (424) budget is being eliminated as there is no State funding. However, a \$10,186 Central Service Cost A-87 credit remains; an adjustment in this cost center satisfies the credit.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

Through the 2011 Public Safety Realignment, responsibility for Alcohol and Drug program activities passed to the counties with a share of state sales tax to replace the state general fund contribution. Among the programs realigned is responsibility for Drug Medi-Cal, a federal entitlement. Because this entitlement can expand rapidly with health care reform and parity laws, it presents a financial risk to the county in future years. We are advocating for appropriate funding to support growing costs and will be monitoring how 2011 realignment will be structured into the future to protect county liability.

**DEPARTMENT HEAD CONCURRENCE OR APPEAL**

The department head concurs with the recommended budget.

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**FINAL BOARD ACTION**

Adopted as presented in the proposed budget.

# MENTAL HEALTH-SUBSTANCE ABUSE & CRIME PREVENTION PROGRAM

Fund 0189 Substance Abuse Crime Prevention, Budget Unit 424

Marta McKenzie, R.D., M.P.H., Health and Human Services Agency Director

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**Budget Unit:** 424 - SUBSTANCE ABUSE CRIME PREVENT (FUND 0189)  
**Function:** HEALTH & SANITATION  
**Activity:** DRUG & ALCOHOL ABUSE SERVICES

Detail By Revenue Category and Expenditure Object	2010-11 Actuals	2011-12		2012-13 Recommended	2012-13 Adopted by the Board of Supervisors
		Actual <input checked="" type="checkbox"/>	Estimated <input type="checkbox"/>		
1	2	3	4	5	
REVENUE FROM MONEY & PROPERTY	\$727	\$598	\$0	\$0	
CHARGES FOR SERVICES	\$5	\$0	\$0	\$0	
MISCELLANEOUS REVENUES	\$0	\$91,679	\$0	\$0	
<b>Total Revenues:</b>	<b>\$732</b>	<b>\$92,277</b>	<b>\$0</b>	<b>\$0</b>	
SERVICES AND SUPPLIES	\$0	\$130,019	\$0	\$0	
OTHER CHARGES	\$6,481	\$58,004	\$0	\$0	
<b>Total Expenditures/Appropriations:</b>	<b>\$6,481</b>	<b>\$188,024</b>	<b>\$0</b>	<b>\$0</b>	
<b>Net Cost:</b>	<b>\$5,749</b>	<b>\$95,746</b>	<b>\$0</b>	<b>\$0</b>	

## PROGRAM DESCRIPTION

On November 7, 2000, Californians passed Proposition 36, the Substance Abuse and Crime Prevention Act of 2000 (SACPA). This initiative mandated that any person convicted of a nonviolent drug possession offense and any parolee determined by the Parole Authority to have committed a nonviolent drug possession offense (or violated any other drug-related condition of parole) would be diverted from incarceration into licensed or certified community-based drug treatment programs.

Alcohol and Drug Programs (ADP) was designated as the lead agency responsible for implementation and ongoing coordination of SACPA. To insure that all impacted parties had input into how SACPA operated in Shasta County, the SACPA Implementation Committee was convened for the purposes of monitoring this program. Along with Alcohol and Drug Program staff, the committee included representatives from the following agencies: County Probation, District Attorney, Mental Health, County Administrative Office, Public Defender's Office, Shasta County Superior Court of California, and California State Parole.

In FY 2009-10 and FY 2010-11, this program was not funded by the State; funding is not projected to be restored.

## BUDGET REQUESTS

Reserves in the SACPA fund (fund 0081) are anticipated to be depleted by the end of FY 2011-12. No appropriation request is made for FY 2012-13.

## SUMMARY OF RECOMMENDATIONS

The CEO concurs with the requested budget.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

Funding for this program has been eliminated. SACPA laws are still in existence and the court can continue to allow offenders to participate in treatment services funded through other programs or self-pay.

**DEPARTMENT HEAD CONCURRENCE OR APPEAL**

The department head concurs with the recommended budget.

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**FINAL BOARD ACTION**

Adopted as presented in the proposed budget.

**MENTAL HEALTH-PERINATAL PROGRAM**  
**Fund 0080 Mental Health, Budget Unit 425**  
**Marta McKenzie, R.D., M.P.H., Health and Human Services Agency Director**

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**Budget Unit:** 425 - PERINATAL (FUND 0080)  
**Function:** HEALTH & SANITATION  
**Activity:** DRUG & ALCOHOL ABUSE SERVICES

Detail By Revenue Category and Expenditure Object	2010-11 Actuals	2011-12		2012-13 Recommended	2012-13 Adopted by the Board of Supervisors
		Actual <input checked="" type="checkbox"/>	Estimated <input type="checkbox"/>		
1	2	3	4	5	
INTERGOVERNMENTAL REVENUES	\$550,695	\$383,906		\$610,337	\$610,337
CHARGES FOR SERVICES	\$0	\$116		\$0	\$0
MISCELLANEOUS REVENUES	\$0	\$49,418		\$0	\$0
OTHR FINANCING SOURCES TRAN IN	\$15,017	\$15,017		\$15,017	\$15,017
<b>Total Revenues:</b>	<b>\$565,712</b>	<b>\$448,457</b>		<b>\$625,354</b>	<b>\$625,354</b>
SALARIES AND BENEFITS	\$341,679	\$393,859		\$413,018	\$413,018
SERVICES AND SUPPLIES	\$240,671	\$156,947		\$153,529	\$153,529
OTHER CHARGES	\$25,263	\$97,826		\$122,493	\$122,493
INTRAFUND TRANSFERS	(\$26,868)	(\$31,111)		(\$32,000)	(\$32,000)
<b>Total Expenditures/Appropriations:</b>	<b>\$580,746</b>	<b>\$617,522</b>		<b>\$657,040</b>	<b>\$657,040</b>
<b>Net Cost:</b>	<b>\$15,033</b>	<b>\$169,064</b>		<b>\$31,686</b>	<b>\$31,686</b>

**PROGRAM DESCRIPTION**

The Perinatal Substance Abuse Prevention Program provides a full range of specialized treatment services to substance dependent women who are pregnant or who have children under the age of 18 years. In addition to alcohol and drug day-treatment services, intensive case management, childcare, transportation, parenting classes, and transitional living assistance services are also provided. The Perinatal Program promotes a drug-free lifestyle with an emphasis on developing a strong mother/child relationship.

Funding for services is a combination of Perinatal State General Fund, Federal Substance Abuse Prevention and Treatment Block Grant Perinatal Set-Aside funds, Federal Drug Medi-Cal, and 2011 Realignment funds that are allocated to Shasta County specifically for this type of service.

For FY 2012-13, the program will continue efforts to increase substance abuse counseling and treatment services, particularly for women who are involved with our child protective services. Substance abuse is one of the leading causes of child neglect, so stepped up efforts in this program are anticipated to help to reduce out of home placement of children.

**BUDGET REQUESTS**

Overall expenditures are projected at \$657,040, a decrease of approximately \$118,000 (15%) from the FY 2011-12 adjusted budget. The decrease is mainly attributed to reductions in salaries and benefits and services and supplies. County General Fund support is requested at \$15,017 as a continuing County Maintenance of Effort match cost. An overall deficit of \$31,686 is projected for FY 2012-13. Program fund balance reserves are sufficient to sustain this deficit.

**SUMMARY OF RECOMMENDATIONS**

A net zero adjustment of \$168,848 is proposed to reflect anticipated revenue in a realignment account.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

State General Fund contribution for this program was realigned to counties as part of the 2011 Public Safety Realignment as a part of the state's FY 2011-12 budget. Issues surrounding 2011 realignment remain unresolved. Since Drug Medi-Cal was realigned to counties, the counties have taken on a significant federal entitlement program. Funds may have to be diverted from Perinatal and other behavioral health programs in future years to fund Drug Medi-Cal services should realignment revenues fail to fully support services.

**DEPARTMENT HEAD CONCURRENCE OR APPEAL**

The department head concurs with the recommended budget.

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**FINAL BOARD ACTION**

Adopted as presented in the proposed budget.