



Recommended Budget
Fiscal Year 2013-14

Department of Health and Human Services

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Primary Health Services Health Care Reform Implementation

- Affordable Care Act begins January 1, 2014
- Single adults without children with income levels up to 138% of Federal Poverty Level (FPL) become eligible for Medi-Cal
- Transition began in FY 2012-13 with Low Income Health Program by enrolling CMISP-eligible single adults with incomes up to 67% of FPL
- Goal: 10,000 to 14,000 County indigent care participants ready to transition to Medi-Cal on January 1, 2014

Primary Health Services Health Care Reform Implementation

2013-14 Recommended Budget:

- \$7.1 million reduction in treatment budget
- Reduction to be offset by clients shifting from LIHP to Medi-Cal
- Potential \$9.2 million Health Realignment revenue sweep by State
 - CSAC and counties working on counter-proposal:
no Realignment funds go back to State for two fiscal years

Behavioral Health Services

- Includes additional funding for MHSA program expansion; requires community planning process
- Continued funding for two 16-bed Crestwood psychiatric health facilities, allowing for Medi-Cal claiming
- Continue to coordinate with hospital emergency departments to refer clients to Intake Stabilization Unit (ISU) to avoid hospitalizations

Behavioral Health Services Services for AB109 Population

- Additional funds anticipated for treatment and rehabilitation of realigned state prisoners
- Community Corrections Partnership public hearing held to obtain public comment on service gaps for this population
- Substance Abuse and Mental Health Workgroup recommended priorities for substance abuse and mental health services

Child Protective Services Quality Assurance Framework

- Comprehensive Quality Assurance (QA) Framework with Continuous Quality Improvement (CQI) processes throughout CPS
- Responsive to CPS Oversight Committee and Casey Family Program recommendations
- Moves case reviews beyond critical incidents to systematic policy and practice reviews
- Strong QA Framework critical to improving safety, permanency, well-being and accountability

Senior & Adult Services Maintenance of the Senior Volunteer Services

- Housed in and managed by DHA
- Programs include:
 - Foster Grandparent Program
 - Retired and Senior Volunteer Program (RSVP)
 - Senior Companion Program
- Provides important services throughout Sacramento, including some Adult Protective Services

Senior & Adult Services Financial Abuse Prevention

- 2011 Realignment growth sustains senior financial abuse program in Adult Protective Services
- Retains expert investigators who respond to reports of financial abuse of elders and dependent adults in Sacramento County

Public Health Officer Tuberculosis (TB) Clinic

- Staff stability:
 - 0.5 Nurse Practitioner to provide full clinician coverage
 - 1.0 Communicable Disease Investigator to ensure completion of contact investigation and follow up of high-risk contacts
 - 1.0 Public Health Nurse to ensure case management of all active TB cases
 - 1.0 Medical Assistant to ensure all active TB cases receive daily Direct Observed Therapy (DOT)
- Prompt evaluation of outbreaks and treatment of exposed individuals will prevent transmission of the disease in the community.