OF HUNDADOLD

#### COUNTY OF HUMBOLDT

AGENDA ITEM NO.

C-14

For the meeting of: August 18, 2015

Date:

July 8, 2015

To:

Board of Supervisors

From:

Phillip R. Crandall, Director & Suchley

Department of Health and Human Services Public Health

Subject:

Transfer from General Fund Contingencies to Inmate Medical (requires a 4/5 vote)

#### RECOMMENDATION(S):

That the Board of Supervisors:

1. Approves the attached transfer from Contingencies (1100-990) in the amount of \$110,000 for fiscal year 2014-15 for unanticipated expenditures in the Inmate Medical budget (1100-490) (requires 4/5 vote).

#### SOURCE OF FUNDING:

General Fund

#### DISCUSSION:

The request before your Board today will adjust county budgets for Fiscal Year (FY) 2014-15 to account for unanticipated charges that occurred at the end of the fiscal year.

The requested transfer from Contingencies will increase the expense category for jail medical catastrophic care by \$110,000. Jail medical services are contracted to California Forensic Medical Group (CFMG). The contract between the county and CFMG stipulates that CFMG pays for the first \$15,000 of catastrophic care per inmate per year. When the cost of care exceeds the \$15,000 the county is liable to pay the

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Prepared by: Olivia Wilder, Budget Specialist	CAO Approval _	Chex Ollyhan
REVIEW: Auditor County Counsel	Human Resources	Other
TYPE OF ITEM:  X Consent Departmental Public Hearing Other  PREVIOUS ACTION/REFERRAL:		BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT Upon motion of Supervisor Lovelace  Ayes Sundberg, Lovelace, Fennell, Bohn, Bass Nays Abstain Absent
Board Order No		and carried by those members present, the Board hereby approves the recommended action contained in this Board report.  Dated: Aug. 18, 2015  By:

remaining amount. In June the county received six invoices for catastrophic care that total \$110,000. The increase to the budget is needed to cover these additional charges.

The requested transfer will increase the overall budget for Medical Care from \$2,734,707 to 2,844,707. Healthcare for inmates is a cost mandated by the State of California under California Administrative Code Section 1200, Title 15 and therefore requires a transfer from Contingencies.

#### FINANCIAL IMPACT:

Approval of the attached transfer from Contingencies is necessary for the Auditor's Office to close the books for FY 2014-15. The Inmate Medical budget unit had no additional revenues available to cover the increased costs and therefore a transfer from Contingencies in the amount of \$110,000 is required. The current balance in the General Fund Contingency account for FY 2014-15 is \$2,604,767.

The proposed Agreement supports the Board's Strategic Framework by protecting vulnerable populations and providing community-appropriate levels of service.

#### **OTHER AGENCY INVOLVEMENT:**

None

#### ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board could choose to not approve the recommendations; however, this is not recommended because these adjustments are needed as part of the year end procedures.

#### ATTACHMENTS:

Attachment A – Transfer from Contingencies

### COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

DEPARTMENT: _	Inmate Medic	cal Care	DEPARTM	ENT #: _	1100 490	OSTING DATE:	6/30/2015
1.) The reason for t	Transfer withir Transfer betwee Increase/decreas	fer request is: n expenditure/reven expenditure/ease Intrafund Tome Contingence ease budget unit ofer funds in Fixesfer	revenue categransfer accourties (with Board appropriation ad Assets <\$10	ory (with it (with I d Approv (with Bo ),000 (C	n CAO & A Board App val)* vard approv AO & Audi	uditor Approval) roval)*  val)* tor Approval)	Original only Original +1 Original +1 Original +1 Original +1 Original +1 Original +1
Amo	ount: 110,000.00	Transfer to Ac 1100490 3			fer from A 100990 20		
Φ	110,000.00	1100490 3	175	1	100990 20	110	
						, 21	
-			2				
affected account of the space below the affected account of the space below th	penses occurred balance is curre	transfer cannot that exceed but ently \$2,604,767	be delayed ur	til next t	oudget yea	r.	ces in
b) Expenses occum	ed III 14/15 IISCA	ı year.					
4.) Department Auth	norization:		Date 4	30/15	(signed)	SLIL	ia Wilder
5.) Account balance	s verified by Au	ditor-Controller	Date 8/2	2/15	(signed)	MIM	ellet
S.)/Approved	/Not a	approved	_/Recommen	ded _	/Not i	recommended	
County Adr	ministrative Offic	er:	Date		(signed)		
			INSTRUCTIONS	3			
SEND ORIGINAL REC	QUEST FOR BUD	GET TRANSFER I	DIRECTLY TO 1	HE AUD	ITOR-CONT	TROLLER.	
Requires copy of Board	d Order to be attache	d			Posted by		

## County of Humboldt 1100990 - Reserve for Contingencies Revenues and Expenditures with Encumbrances For the Period Ending June 30, 2015

	Adopted Budget	Adjusted Budget	Month to Date	Fiscal Year to Date	Encumbrances	Remaining Balance	Percentage Used
Revenues	7						
70 Other Revenues							
710050 Fund Balance Transfer		650,000.00		(20, 8,88, 27)		650,000.00	0.0%
Other Revenues		650,000.00				650,000.00	0.0%
Total Revenues		650,000.00				650,000.00	0.0%
Expenditures							
02 Services and Supplies							
2010 Contingencies-Co General Fund	1,550,000.00	2,604,767.00			(000,001)	2,604,767.00	0.0%
Services and Supplies	1,550,000.00	2,604,767.00				2,604,767.00	0.0%
Total Expenditures	1,550,000.00	2,604,767.00				2,604,767.00	0.0%
Net Revenues Over (Under) Expenditures	(1,550,000.00)	(1,954,767.00)				(1,954,767.00)	

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1100490 - Medical Care County of Humboldt

# Revenues and Expenditures with Encumbrances For the Period Ending June 30, 2015

	Adometed	Adimeter	Month	Tisaal Voon		Domoining	Doroontogo
	Budget	Budget	to Date	to Date	Encumbrances	Balance	Used
Revenues				5			
50 Other Governmental Agencies							
530000 Tobacco Lawsuit Settlement	1,215,245.00	1,215,245.00		1,173,534.36		41,710.64	%9.96
Other Governmental Agencies	1,215,245.00	1,215,245.00		1,173,534.36		41,710.64	%9.96
60 Charges for Current Services							
Charges for Current Services							
70 Other Revenues						\ \{\alpha \}	
707004 Prescription Card Fee	6,500.00	6,500.00	515.00	3,216.25		3,283.75	49.5%
Other Revenues	6,500.00	6,500.00	515.00	3,216.25		3,283.75	49.5%
Total Revenues	1,221,745.00	1,221,745.00	515.00	1,176,750.61		44,994.39	96.3%
Expenditures							
02 Services and Supplies				×			
Services and Supplies							
03 Other Charges		12		2		3 _	
	430,851.00		25				
3171 Jail Medical Costs 3175 Tail Medical Catastronhic Care	2,710,167.00	2,734,597.00	227,883.08	2,734,596.96	7001	2.88	97.4%
er (	3,155,518.00	2,734,707.00	227,883.08	2,734,704.08			100.0%
Total Expenditures	3,155,518.00	2,734,707.00	227,883.08	2,734,704.08		2.92	100.0%
Net Revenues Over (Under) Expenditures	(1,933,773.00)	(1,512,962.00)	(227,368.08)	(1,557,953.47)		44,991.47	v.

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### COUNTY OF HUMBOLDT REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

DEPARTMENT:	Inmate Medi	cal Care	DEPARTME	ENT #: 1100 4	190 OSTING DATE:	6/30/2015
The reason for x	Transfer within Transfer betw Increase/decr Transfer to or Increase/decr Establish/tran	n expenditure/reveen expenditure/ease Intrafund Trom Contingenceese budget unit	revenue categoransfer accouncies (with Board appropriation (ed Assets <\$10	ory (with CAO t (with Board A I Approval)* (with Board ap ,000 (CAO & A	& Auditor Approval) Approval)*  proval)* Auditor Approval)	Original only Original +1 Original +1 Original +1 Original +1 Original +1 Original +1
Amo	ount: 110,000.00	Transfer to Ac 1100490 3		Transfer from 110099		
the state of the s	penses occurred balance is curr	y transfer cannot d that exceed but rently \$2,604,767	be delayed un	til next budget		ces in
Exponed decan		21 y 0 011.			A II	/ /
Department Aut	horization:		Date 7	30/15 (signe	ed)	ia Wilde
Account balance	es verified by Au	ditor-Controller	Date 5	(signe		
/Approved	d/Not		/Recommen	,	Not recommended ed)	Mugh
			INSTRUCTIONS			
				)		
END ORIGINAL RE	QUEST FOR BUD	GET TRANSFER			CONTROLLER.	

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1100490 - Medical Care County of Humboldt

# Revenues and Expenditures with Encumbrances For the Period Ending June 30, 2015

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Expenditures							
02 Services and Supplies							
Services and Supplies						3	
03 Other Charges							
	430,851.00					Č	
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