- Health & Human Services Department SCP match funding recommendation for FY2011 based on hospital request(s)
- SFC Funding Scenario(s) Recommendation for FY 2011
- SCP Match Approval for all eligible hospitals must be committed to Health & Human Services by February 15<sup>th</sup> (this deadline already reflects a one month extension).





# Immediate budget consideration Sole Community Provider Payment

## Common Assumptions for the various scenarios presented:

- ➤ GRT budget projections for FY 2011 are down 5%. Total projected \$8.55 million.
- ➤ Required maintenance of Indigent Program at FY 2010 level of \$1,840,100.
- Continuation of programs funded by grant dollars based entirely on awards received.

All scenarios will require a significant use of cash reserves, or significant cuts to Fire Operations and General Funds (including support for Corrections), or both.

#### **Forecast for Fiscal Year 2011**

SCP PAYMENT FUNDING	Scenario 1	Scenario 2
Total GRT Revenue Available	\$8,550,000	<u>\$8,550,000</u>
	Å= 404 000	40.005.776
SCP Payment	\$5,101,000	\$8,395,776
	(based on PY Indigent claims)	(as recommended by State of NM)
Total County Funded Programs	<u>\$12,775,606</u>	<u>\$9,173,074</u>
Total	\$17,876,606	\$17,568,850
County Deficit	-\$9,326,606	-\$9,018,850
,		
<u>Health</u>	SFC Funded	SFC Funded
Indigent Primary Care	\$1,840,100	
Maternal Child Healthcare Support	\$180,000	\$180,000
Mobile Health Van	\$227,208	\$227,208
Sobering/Assessment	\$879,176	
Teen Court	\$73,100	\$73,100
Health Administration	\$381,373	\$381,373
Other Services	<del>+</del>	<i>4-0-701</i>
Inmate Medical Care	\$4,847,000	\$4,099,744
Espanola E-911	\$0	\$0
RECC	\$3,350,380	\$3,330,380
Other Services	\$25,000	
Senior Service	\$881,269	\$881,269
ParaTransit	\$91,000	\$0
Total	\$12,775,606	\$9,173,074

## Total SCP Payment \$5,101,000

#### **Programs to Fund**

Indigent Primary Care Fund Maternal Child Healthcare Mobile Healthcare Van Teen Court Support Health Administration Sobering/Assessments

#### **Programs/Contracts to Eliminate**

Espanola E-911

#### **DOING THE MATH:**

SCP Payment (\$5,101,000)
Funded Health Programs (\$3,507,857)

Use of Indigent Fund Cash
Indigent GRT Revenue \$4,275,000

EMS GRT Revenue \$4,275,000

Balance to Fund RECC \$1,781,243

#### IMPACT TO OTHER FUNDS

#### **RECC Operations**

EMS GRT Revenue \$1,781,243

EMS Fund Cash \$1,569,137

Total RECC Operations Budget \$3,350,380

Fire Operations Fund — "safe" for one year

#### General Fund

Fund 100% of Inmate Med.	\$4	\$4,847,000*			
Fund Teen Court w/Match	\$	73,100			
Fund 100% Paratransit	\$	91,000			
Fund 100% of Senior Services	<u>\$</u>	881,269			
Total Impact to General Fund	\$5	,893,369			

#### **RESULT**

- Elimination of some "Non-Core" Programs
- Reduction of some "Non-Core" Programs
- Significant cuts to the Corrections Operations
- Reduce One-Time Set Asides (More Cash)

This scenario will also result in the loss of General Fund and other staff members.

<sup>\*</sup> In addition to the Cash already transferred from the General Fund to support Corrections

## Scenario 1 – Detailed Amounts

		HOW WILL WE FUND IT?					FTEs
		Revenue	\$	8,550,000			
Scenario 1		Cut or Reduce "Non-Core"					
SCP Payment	\$ 5,101,672	Youth Recreation	\$	80,000			
		Open Space & Trails	\$	226,056			2.9
Programs to Fund		Libraries	\$	80,666			
Indigent	\$ 1,840,100	Transportation	\$	120,000			
Maternal Child Healthcare	\$ 180,000	Satellite Offices	\$	66,578	Ten	nps	
Mobile Health Van	\$ 227,208	Summer Intern Program	\$	63,800	Ten	nns	
Sobering	\$ 749,176	RPA	\$	173,000		.60	1.0
Assessments	\$ 130,000	Energy Efficiency Program	\$	60,000			1.0
Health Administration	\$ 381,373	Intergovernmental Summit	\$	7,700			1.0
Teen Court	\$ 73,100	Graffiti Program	\$	37,090	Ten	nn	
Paratransit	\$ 91,000	Boys & Girls Clubs	\$	150,000	1011	·Ρ	
		Total Programs Cut	Y	130,000	\$	1,064,890	
Inmate Medical	\$ 4,847,001	Total Frograms Cut			Ą	1,004,030	
RECC	\$ 3,350,380	Retirees (Possible legislative ac	tion)		\$	2,900,000	52.0
Senior Programs	\$ 881,269	Retirees (1 ossible legislative ac	cionij		Ų	2,300,000	32.0
Total Needed to Fund All	\$ 17,852,279	At-Will Employees			\$	891,000	8.0
		Community Funds (12%)	\$	17,000			
		Transparency	\$	50,499			1.0
<b>Contract to Eliminate</b>		Community Project (50%)	\$	341,860			4.0
Espanola E-911		Roads Projects (50%)	\$	584,694			8.0
		Planning (25%)	\$	135,827			2.0
		E-911/GIS (25%)	\$	185,000			2.0
		<b>Total General Fund Cuts</b>			\$	1,314,880	
		Corrections (12%)	\$	2,600,000		-	30.0
		Fire Admin (25%)	\$	1,014,355			7.0
		TOTAL AVAIL. W/CUTS ADDED	\$	18,335,125			118.9

## Total SCP Payment \$8,400,000

#### **County Will Keep Programs**

Maternal Child Healthcare

Mobile Healthcare Van

Health Administration

Support of Teen Court

Grants (Teen Court, DWI)

#### Programs transitioned to hospital:

**Indigent Primary Care** 

Sobering/Assessments/ATR

Portion of Inmate Medical

Medical Providers (Fire & RECC)

**Paratransit** 

#### **Programs/Contracts to Eliminate**

Espanola E-911

#### DOING THE MATH:

**SCP Payment** 

**Funded Health Programs** 

**Indigent Fund Cash** 

**Indigent GRT Revenue** 

**EMS GRT Revenue** 

**Balance to Fund RECC** 

(\$8,400,000)

788,581)

\$2,000,000

\$4,275,000

\$4,275,000

\$1,361,419

#### IMPACT TO OTHER FUNDS

#### **RECC Operations**

EMS GRT Revenue	\$1,361,419			
EMS Fund <u>Cash</u>	\$1,068,961			
FIRE OPERATIONS TRANSFER	\$ 900,000			
Total RECC Operations Budget	\$3.330.380			

#### **General Fund**

Fund 100% of Senior Services	\$	881,269
Fund 90% of Inmate Medical	\$4,	249,744*
Fund Teen Court – Match	\$	73,100

Total Impact to General Fund \$5,204,113

#### **RESULT**

- Elimination of some "Non-Core" Programs
- Reduction of some "Non-Core" Programs
- **Significant cuts to the Corrections Operations**
- Significant cuts to Fire Operations

This scenario will also result in the loss of General Fund and other staff members.

#### Other Considerations -

- **Employees taken on by hospital would lose** Government benefits
- Discussion with bargaining units will be required.

<sup>\*</sup> In addition to the Cash already transferred from the General Fund to support

## Scenario 2 – Detailed Amounts

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			Revenue	\$	8,550,000			FTEs
			Cuts or Reductions "Non-Core	II .				
Scenario 2	Co	unty	Youth Recreation	\$	80,000			
SCP Payment	\$	8,400,000	Open Space & Trails	\$	226,056			2.9
•			Libraries	\$	80,666			
Programs to Fund			Transportation	\$	120,000			
MCH	\$	180,000	Satellite Offices	\$	66,578	Ter	mps	
Health Admin	\$	381,373	Summer Intern Program	\$	63,800	Ter	mps	
Mobile Health Van	\$	227,208	RPA	\$	173,000			1.0
Teen Court	\$	73,100	Boys & Girls Clubs	\$	150,000			
			<b>Energy Efficiency Program</b>	\$	60,000			1.0
Other Services			Intergovernmental Summit	\$	7,700			
Seniors	\$	881,269	Graffiti Program	\$	37,090	Ter	mp	
RECC	\$	3,330,380	<b>Total Program Cuts</b>			\$	1,064,890	
Inmate Medical	\$	4,099,744						
			Retirees (Possible legislative a	ction		\$	2,900,000	52.0
Subtotal	\$	17,573,074						
Release of Annual Medical Invoices	\$	150,000	At-Will Employees			\$	891,000	8.0
Total Needed to Fund All		17,573,074						
	Ψ.		Community Funds (12%)	\$	17,000			
			Transparency	\$	100,997			1.0
			Community Project (50%)	\$	341,860			4.0
			Roads Projects (50%)	\$	584,694			8.0
Contract to Eliminate			Planning (25%)	\$	135,827			2.0
Espanola E-911			E-911/GIS (25%)	\$	185,000			2.0
			<b>Total General Fund Cuts</b>			\$	1,365,378	
			Corrections (12%)	\$	2,600,000			30.0
			Fire Admin (25%)	\$	1,014,355			7.0
								_

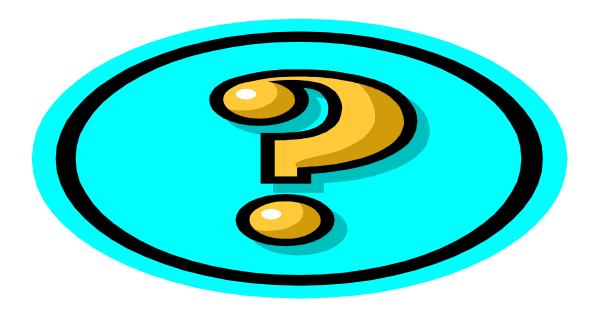
TOTAL AVAIL.W/CUTS ADDED

\$18,385,623

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### **Direct Services Provided by Hospital:**

<u>Health</u>	
Indigent Primary Care	\$1,840,100
Sobering/Assessment	\$879,176
Subtotal Health	<u>\$2,719,276</u>
Other Services	
Inmate Medical Care	
Medical Provider	\$190,000
Pharmaceutical	\$268,000
RECC - Medical Provider	\$20,000
Other Services - Medical Provider	\$25,000
ParaTransit	\$91,000
Subtotal Other Services	<u>\$594,000</u>
Immediate Release of Medical Invoices	\$150,000
Total	\$3,463,276



It is not always what we know or analyzed before we make a decision that makes it a great decision. It is what we do after we make the decision to implement and execute it that makes it a good decision. William Pollard