### MISSION

The County of El Dorado Health and Human Services Agency (HHSA), Department of Health Services, Behavioral Health Division strives to alleviate the suffering of mental illness by providing recovery-oriented, client-centered, culturally competent treatment services in collaboration with clients, families, and community partners. The Division seeks to eliminate disparities in service access and to reduce the stigma associated with mental illness while offering the highest quality behavioral healthcare to improve the community's health and safety, to strengthen individuals' resilience, and to promote restoration of healthy families. The Division also provides substance-use disorder programs to address alcohol and other drug related issues affecting the community.

### DEPARTMENT BUDGET SUMMARY

	15/16	16/17		17/18		17/18	Ch	ange from	%
	Actuals	Budget		Dept		CAO	E	Budget to	Change
			F	Requested	R	ecommend	R	ecommend	
Fines, Forfeiture & Penalties	\$ 63,956	\$ 75,000	\$	70,000	\$	70,000	\$	(5,000)	-7%
Use of Money	\$ 38,456	\$ 42,000	\$	42,000	\$	42,000	\$	-	0
State	\$ 6,027,353	\$ 6,580,092	\$	7,710,395	\$	7,710,395	\$	1,130,303	17%
Federal	\$ 8,442,862	\$ 7,911,329	\$	7,869,572	\$	7,869,572	\$	(41,757)	-1%
Charges for Service	\$ 714,254	\$ 603,900	\$	603,900	\$	603,900	\$	-	0%
Miscellaneous	\$ 415,160	\$ 104,000	\$	755,050	\$	755,050	\$	651,050	626%
Other Financing Sources	\$ 8,857,247	\$ 8,989,497	\$	7,967,258	\$	7,573,397	\$	(1,416,100)	-16%
Use of Fund Balance	\$ -	\$ 13,378,562	\$	13,664,307	\$	13,664,307	\$	285,745	2%
Total Revenue	\$ 24,559,288	\$ 37,684,380	\$	38,682,482	\$	38,288,621	\$	604,241	2%
Salaries and Benefits	\$ 7,719,039	\$ 9,654,842	\$	9,765,798	\$	9,765,798	\$	110,956	1%
Services & Supplies	\$ 5,449,411	\$ 8,155,655	\$	7,017,826	\$	7,017,826	\$	(1,137,829)	-14%
Other Charges	\$ 10,214,242	\$ 13,018,751	\$	12,541,417	\$	12,541,417	\$	(477,334)	-4%
Fixed Assets	\$ -	\$ 10,000	\$	10,000	\$	10,000	\$	-	0%
Operating Transfers	\$ 250	\$ 500,000	\$	673,000	\$	673,000	\$	173,000	35%
Intrafund Transfers	\$ 5,752,683	\$ 5,623,651	\$	6,362,097	\$	6,362,097	\$	738,446	13%
Intrafund Abatements	\$ (5,752,683)	\$ (5,623,651)	\$	(6,362,097)	\$	(6,362,097)	\$	(738,446)	13%
Contingencies (MHSA)	\$ -	\$ 6,345,132	\$	8,674,441	\$	8,280,580	\$	1,935,448	31%
Total Appropriations	\$ 23,382,942	\$ 37,684,380	\$	38,682,482	\$	38,288,621	\$	604,241	2%
<b>General Fund Contribution</b>	\$ 16,510	\$ 16,510	\$	16,510	\$	16,510	\$	-	0%
FTEs	87.00	93.80		92.55		92.55		(1.25)	-1%

## MAJOR BUDGET CHANGES

Revenues

State Intergovernmental

\$1,130,303 Increase in Mental Health Services Act (MHSA) Funding.

Miscellaneous

\$651,050 Increase primarily due to \$611,050 cost settlement refund from Psychiatric Health Facility (PHF) contract for FY 2015-16.

# Behavioral Health Division

### RECOMMENDED BUDGET • FY 2017 - 18

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(\$1,416,100) Net decrease in operating transfers, primarily for Outpatient and Alcohol and Drug Program (ADP) programs from 2011 Realignment funding (\$1,059,000), and transfers to Human Services Division to offset IHSS cost increase in Social Services (\$393,000).

### Fund Balance

\$285,745 Increase in estimated Fund Balance available based on projected FY 2016-17 activity.

### <u>Appropriations</u>

### Salaries and Benefits

\$110,956 General increase related to on-going staff costs, salary and benefit adjustments and an increase in Temporary Employees expense.

### Services and Supplies

- (\$400,000) Decrease in Professional and Special Services in the MHSA Innovation Program based on estimated program requirements for FY 2017-18.
- (\$413,057) Decrease in Special Projects and Special Department Expense based on estimated program requirements for FY 2017-18.
- (\$197,800) Decrease in MHSA software Licenses due to one-time expense in prior year related to Avatar clinical system and access.
- (\$126,972) Various adjustments to bring budget in line with actual expenditure requirements.

### Other Charges

- (\$145,335) Net Decrease in Ancillary Services and Ancillary Expenses for client services based on current trends.
- (\$108,032) Decrease in Health Services contract costs for drug and alcohol counseling contracts that were not renewed.
- (\$167,669) Decrease in Interfund charges from HHSA Administration division due to change in Internal Cost Rate (ICR).

### Fixed Assets

\$10,000 Appliance and Furniture replacements at the Psychiatric Health Facility (PHF).

### Other Financing Uses

\$173,000 Increase in Operating Transfers for MHSA Innovation Project 2 (Community-Based Engagement and Support System) per MHSA plan.

### Intrafund Transfers

\$271,715 Increase in transfer of Mental Health plan Administration costs to MHSA for ADP.

\$466,731 Increase due to change in method of how 2011 Realignment is transferred to ADP.

### Intrafund Abatement

(\$271,715) Increase in Abatement revenue (reimbursements shown as a negative cost) primarily due to allocation of additional ADP costs.

(\$466,731) Increase in Abatement revenue (reimbursement shown as a negative cost) due to change in method of how 2011 Realignment is transferred to ADP.

### Appropriation for Contingencies

\$1,935,448 Increase to Contingency to balance the fund, due primarily to additional Proposition 63 revenue available for MHSA.

### BUDGET SUMMARY BY PROGRAM

	Apı	propriations	Revenues	Net County Cost GF Contribution	Staffing
Alcohol & Drug Programs	\$	3,366,732	\$ 3,366,732	-	16.65
MHSA Programs	\$	21,656,059	\$ 21,656,059	-	48.04
Traditional Programs	\$	13,265,830	\$ 13,265,830	\$ 16,510	27.86
TOTAL	s	38,288,621	\$ 38,288,621	\$ 16,510	92.55

### PROGRAM SUMMARIES

### Traditional Behavioral Health Programs

The Behavioral Health Division's traditional programs include mandated and/or core programs that existed prior to the passage of the Mental Health Services Act (MHSA) in November 2004. The County General Fund contribution represents a required General Fund cash match to support mandated services. The majority of the services provided are Medi-Cal eligible services provided to predominantly Medi-Cal eligible clients. Primary traditional programs in order of relative magnitude include:

### Outpatient Mental Health Services for Children

These programs are primarily provided through contracted resources that provide a variety of therapeutic interventions for severely emotionally disturbed children, including assessments, treatment at the County's juvenile detention facilities, and consultation with schools, other community partners and families.

# Behavioral Health Division

### RECOMMENDED BUDGET • FY 2017 - 18

Psychiatric Health Facility (PHF)

Located in Placerville, El Dorado County contracts with Telecare Corporation to operate the PHF, a licensed, sixteen-bed, 24-hour, adult residential treatment facility providing inpatient services for persons requiring intensive psychiatric care, many of whom are involuntarily hospitalized. Although the County of El Dorado's residents receive first priority for required admissions, the Division contracts with several other counties to provide their residents with inpatient care on an as needed, as available, basis.

### Institutional and Residential Care

Involves appropriate placement and care of seriously mentally ill adults and seriously emotionally disturbed children when required, based on the level of severity of their illness/disturbance.

### Outpatient Mental Health Services for Adults

Provides initial mental health assessments for new clients, as well as mental health services for a limited number of severely mentally ill adults who are not enrolled in the MHSA Wellness and Recovery programs.

### Psychiatric Emergency Services (PES)

Ensures 24/7/365 on-call services provided predominantly at hospitals on both slopes of the County to respond to psychiatric crises, provide referrals for follow-up services and, when necessary, detain and admit individuals to a psychiatric hospital.

### Utilization Review/Quality Improvement

Ensures timely and appropriate access to services and compliance with Federal and State regulations, as well as quality improvement efforts, staff development programs, and clinical program evaluation.

Extra help staff and overtime is in support of traditional programs primarily to ensure availability of after-hours and on-call psychiatric emergency services. Extra help staff is sometimes used as a more cost effective way to provide other intermittent, mental health services, often when after-hours or weekend work is necessary.

### MHSA Programs

In November 2004, California voters passed Proposition 63, known as the Mental Health Services Act (MHSA). The MHSA is funded by a one percent (1%) tax on personal income in excess of \$1,000,000 for California residents. The Division's MHSA programs are designed to reduce disparity in service access and to promote mental health wellness and recovery by providing effective mental health interventions and critical supportive services to seriously mentally ill individuals, often to those client populations that were previously underserved or un-served. MHSA programs are designed to engage clients, and sometimes other supportive individuals, in playing a significant role in formulating client recovery plans. Community participation is also a key element of creating and monitoring our MHSA programs. MHSA funds cannot be used to supplant other funds, specifically Realignment, for programs that were in existence in 2004 when the Act was passed; however, MHSA funds can be used for expansion of traditional programs beyond the base 2004 service level.

# Health and Human Services Agency RECOMMENDED BUDGET • FY 2017 - 18

MHSA is composed of the following five components:

- Community Services and Supports (CSS)
- Workforce Education and Training (WET)
- Prevention and Early Intervention (PEI)
- Innovation
- Capital Facilities and Technological Needs (CFTN)

MHD currently has approved plans for all components except Innovation. Funding for each of these components is provided through county allocations. The funding for each component must be expended within a certain period of time or the funding reverts back to the State for redistribution. The CSS, PEI and Innovation components have a three-year reversion policy and continue to receive allocations on an annual basis; CFTN and WET have a ten-year reversion policy and are operating from fund balances as these components are no longer allocated MHSA funds. Primary MHSA programs include the following components:

Community Services and Supports (CSS)

Adult Wellness and Recovery Services – integrates a variety of available services and supports for seriously mentally ill adults, based on the type and level of service required for each individual. Services range from outreach and engagement (to reach homeless individuals and other high-risk populations), to diversified wellness and recovery strategies (including life skills training, groups, medication management, etc.), to full service partnerships (client-driven, recovery-oriented service plans offering a range of services and supports). Full service partnership clients may be eligible for limited transitional housing beds and/or housing subsidies. The Wellness Center also provides supportive services, such as linkage to primary healthcare, and peer support services.

Youth and Family Strengthening – provides wraparound services for youth at risk for out-of-home placement plus a variety of programs and services employing evidence-based practices, such as Incredible Years, Aggression Replacement Treatment and Trauma-Focused Cognitive Behavioral Therapy. High-risk youth about to be released from the County's juvenile detention facilities (and their families) will also be offered mental health, addiction and other specialized transition services to reduce recidivism and promote family reunification.

Housing offers funds for the development of permanent supportive housing and services for persons with serious mental illness who are homeless or at risk of homelessness and eligible to participate in the MHSA full service program. The housing program is jointly administered by the California Department of Health Care Services (DHCS) and the California Housing Finance Agency (CalHFA). Housing development funds allocated to the County have been assigned to CalHFA which is now responsible to review, approve and oversee housing developments after initial approval by the Board of Supervisors for the use of MHSA funds for the development.

Additional programs and/or services may be added as a result of community input into the FY 2017-18 MHSA planning process.

Workforce Education and Training (WET)

This program supports activities intended to remedy the shortage of qualified individuals to provide mental health services, as well as activities designed to assist in the transformation of current service delivery.

# Behavioral Health Division

RECOMMENDED BUDGET • FY 2017 - 18

Prevention and Early Intervention (PEI)

PEI promotes services aimed at preventing mental illness from becoming severe and debilitating. PEI programs also address health disparities, including culturally-specific outreach and engagement services, through contract providers, to the Latino and Native American populations. Our current health disparities program also addresses improved linkage between behavioral health, primary care, and natural community supports. Funding for training and technical assistance is also available locally on a limited basis. Statewide PEI programs are being addressed through the County's membership in CalMHSA, – a multi-county Joint Powers Authority.

#### Innovation

Consists of program(s) that test a new or adapted mental health practice or approach for the purpose of learning new practices supporting the delivery of mental health services and supports.

Capital Facilities and Technological Needs (CFTN)

Supports capital facilities and/or technology projects. This program includes the development and implementation of an integrated information system infrastructure which includes the establishment of an Electronic Health Record (EHR) system, electronic clinical assessment and outcome measurement tools for children and adults, an electronic care pathways system to facilitate linkage between behavioral health and primary health care providers, improvement of tele-psychiatry and videoconferencing capabilities to reach and serve underserved communities, related training and administrative/technical support, as well as updated technological hardware equipment and software.

Extra help staff and overtime is in support of MHSA programs primarily to ensure required level of service and activities identified in the approved MHSA plans. Extra help staff is sometimes used to provide other intermittent, mental health services, often when after-hours or weekend work is necessary.

## Alcohol and Drug Programs

These programs implement strategies designed to address alcohol and other drug related issues affecting communities, criminal justice and child welfare systems, and schools. Activities include education, raising public awareness of issues, promoting drug free alternatives for youth and adults, drug free workplace programs, activities to reunite families, where appropriate, and related services. Also included are drug court activities. Revenues in these programs include State and Federal funding, Local Realignment, miscellaneous revenues and court fines. The Local realignment is used for Drug Medi-Cal services and Drug Court Program.

### PENDING ISSUES AND POLICY CONSIDERATIONS

Traditional Behavioral Health program funding continues to present a challenge to the Agency since the majority of traditional funds are spent on out of county placements and placements in the Psychiatric Health Facility. Currently, two clients are placed in State Hospitals with an estimated cost of \$475,000 per year. The possible repeal of the ACA could impact federal Medi-Cal reimbursements which could further impact BHD funding.

### Mental Health Rehabilitation Center

The BHD is reviewing options for clients that reside in out of county long term placements. One option is establishing local alternatives, which could include a local Mental Health Rehabilitation Center (MHRC). This would bring clients closer to their support network of family and friends, as well as provide increased access to local Behavioral Health services. Determining the feasibility of establishing an MHRC in the County was approved by the BOS in January 2017. A portion of the traditional program fund balance has been earmarked as a possible funding source for this process.

### AB 403 – Continuum of Care Reform

AB 403 is a comprehensive reform effort to make sure that youth in foster care have their day-to-day physical, mental, and emotional needs met; that they have the greatest chance to grow up in permanent and supportive homes; and that they have the opportunity to grow into self-sufficient, successful adults. As noted previously, the full impact is unknown, but all indications are there will not be sufficient funding from the State to meet the new mandates. As stated earlier, a fiscal analysis conducted by the Legislative Analysis Office concluded that AB 403 would have a major fiscal impact on mental health services in the tens of millions of dollars statewide, and that due to 1991 Realignment, the responsibility of providing services rests on the counties.

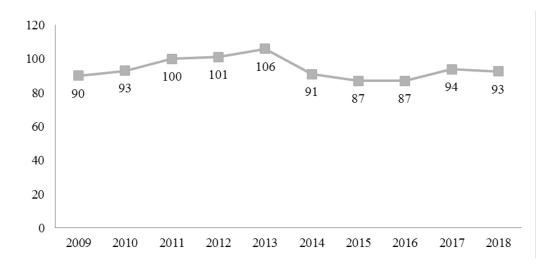
### Alcohol Drug Programs (ADP)

ADP is currently having challenges fiscally sustaining the current level of services. Currently, there are insufficient funding reserves to maintain services without the additional transfer of \$467,000 in 1991 Realignment funding from the Public Health Division. Absent a reduction of expenses, ADP may require a larger portion of the Realignment funding it shares with mental health programs in the future in order to remain solvent. HHSA is currently reviewing service delivery models as part of service integration in order to establish program controls as well as reviewing mandated program requirements.

### STAFFING TREND

Staffing for the Behavioral Health programs over the past ten years has varied due to program requirements and funding changes. Staffing levels increased to a high of 127 FTEs in FY 2007-08, primarily due to new MHSA revenues and programs. During the next fiscal year, staffing was significantly reduced due to funding constraints in the traditional mental health program areas. Following the significant downsizing in FY 2008-09, staffing stabilized and then gradually increased, as MHSA programs were more fully implemented and financial systems were developed to support accurate cost accounting and billing.

The staff allocation for FY 2017-18 is 92.55 FTEs. This includes a net reduction of 1.25 FTEs, when compared to authorized personnel allocations, and includes the deletion of .30 FTE as well as position true-ups and adjustments among HHSA divisions. A total of 69.05 FTEs are located on the West Slope and 23.5 FTEs in South Lake Tahoe. There are 27.86 FTEs in Mental Health Traditional programs, 48.04 FTEs in MHSA programs, and 16.65 FTEs in Alcohol and Drug Programs.



### RECOMMENDED BUDGET

The total Budget is recommended at \$38,288,621, which is an increase of \$604,241 (2%) over the FY 2016-2017 Adopted Budget.

There is no Net County Cost for Behavioral Health. General Fund support is provided at \$16,510 for the division's Maintenance of Effort (MOE) as directed by the State Department of Healthcare Services. This amount is consistent with prior years.

The Behavioral Health Division (BHD) is focusing on shifting client services to Mental Health Services Act (MHSA) programs for expanded service delivery, which could decrease expenditures in traditional programs. The shift to MHSA focused programs is in correlation to the approved MHSA plan and allows the BHD to develop more comprehensive recovery-oriented programs for the underserved target populations.

A new MHSA plan is created every three years and updated annually with approval by the Board of Supervisors. The next three-year MHSA plan is anticipated to be presented to the BOS in June or July 2017.

# Health and Human Services Agency RECOMMENDED BUDGET • FY 2017 - 18

### Traditional Behavioral Health Programs

The Recommended Budget for the Traditional Behavioral Health Programs is \$13,265,830, which represents an increase of approximately \$536,311 (4.3%) when compared to the FY 2016-17 Adopted Budget.

The Traditional programs are primarily funded by federal revenues, Realignment/State revenues, and charges for services to other counties and private payers. The increase is due to additional appropriations to transfer 1991 realignment funds to Social Services to cover the increase in In-Home Supportive Services costs, and an increase in contingency to reserve funds for future planning related to the feasibility of establishing a Mental Health Rehabilitation Center.

### Mental Health Services Act (MHSA) Program

The Recommended Budget for the MHSA Programs is \$21,656,059, which represents an increase of approximately \$996,199 (4.9%) when compared to the FY 2016-17 Adopted Budget.

The increase in the budget is primarily due to a projected increase in State revenue and corresponding increases in appropriations to include additional appropriations for the Community Hubs and increase in staff due to the anticipated change in the MHSA plan.

The Fiscal Year 2017-18 MHSA plan update is anticipated to be adopted in June or July 2017. MHSA programs are reviewed on an annual basis to determine which programs are successful in meeting program outcomes.

### Alcohol and Drug Programs

The Recommended Budget for Alcohol and Drug Programs is \$3,366,732, which represents a decrease of approximately \$928,269 (21.7%) when compared to the FY 2016-17 adopted budget. Alcohol and Drug Programs are funded primarily by realignment funds and federal revenues.

The decrease is primarily due to a decrease in staffing that was transferred to MHSA programs and an overall decrease in revenue. ADP is in the process of reorganizing their service delivery model due to decreased fund balances and reserves.

### CAO Adjustments

As discussed in other areas of the HHSA budget, the Department was asked to absorb the \$1.6 million cost increase to the Human Services – Social Service division that will occur as a result of the State's decision to eliminate the Coordinated Care Initiative and the In Home Support Services (IHSS) Maintenance of Effort. The Department's original budget request included absorbing a portion of the cost (\$466,731). In order to help offset the remaining \$1.1 million cost increase, the Department budgeted the transfer of \$393,861 of 1991 Realignment funding from Behavioral Health to Social Services. There is no operational impact on Behavioral Health in FY 2017-18 due to this transfer, other than a relative decrease to Appropriations for Contingency when compared to what the Contingency would be without the budgeted transfer. This additional transfer has been reflected in the CAO Recommendation.

# Behavioral Health Division RECOMMENDED BUDGET • FY 2017 - 18

### Source & Use of Funds

Based on the FY 2017-18 Governor's Budget, HHSA projects an 18 percent (\$658,000) decrease in 2011 Realignment revenue compared to the FY 2016-17 budgeted amounts, primarily due to a decrease in El Dorado County's allocation percentage of the State 2011 Behavioral Health subaccount. HHSA projects an additional 1 percent (\$33,000) decrease in 1991 Realignment funds, mainly due to an increase in the offset in this revenue for the care of two of the County's clients who are placed at state hospitals. HHSA projects a 19 percent (\$1.1 million) increase in MHSA revenue based on revenue projected from the Proposition 63 tax in the FY 2017-18 Governor's Budget.

The BHD use of Fund Balance (available fund balance, less appropriations for contingencies) is specific to sub-funds:

- \$1,090,599, a decrease of 0%, from Traditional Mental Health (Fund 11-110-001)
- \$4,110,045, a decrease of 26% (\$1.5 million), from MHSA (11-110-003)
- \$183,000, a decrease of 48 % (\$168,000), from Alcohol and Drug Special Revenue Funds

A new 3-year MHSA plan will be submitted to the Board in June and could result in changes in the use of fund balance for MHSA as part of the addenda budget process.

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### FINANCIAL INFORMATION BY FUND TYPE

**FUND TYPE:** 11 SPECIAL REVENUE FUND

**DEPARTMENT:** 41 MENTAL HEALTH

	MID-YEAR PROJECTION	CURRENT YR APPROVED BUDGET	DEPARTMENT REQUEST	CAO RECOMMENDED BUDGET	DIFFERENCE CURR YR CAO RECMD
TYPE: R REVENUE					
SUBOBJ SUBOBJ TITLE					
0320 COURT FINE: OTHER	67,005	75,000	70,000	70,000	-5,000
CLASS: 03 REV: FINE, FORFEITURE &	67,005	75,000	70,000	70,000	-5,000
0400 REV: INTEREST	41,477	42,000	42,000	42,000	0
CLASS: 04 REV: USE OF MONEY & PROPERTY	41,477	42,000	42,000	42,000	0
0663 ST: MENTAL HEALTH PROPOSITION 63	6,625,739	6,102,097	7,232,400	7,232,400	1,130,303
0880 ST: OTHER	477,995	477,995	477,995	477,995	0
CLASS: 05 REV: STATE INTERGOVERNMENTAL	L 7,103,734	6,580,092	7,710,395	7,710,395	1,130,303
1100 FED: OTHER	342,607	342,607	342,948	342,948	341
1101 FED: BLOCK GRANT REVENUES	908,529	961,623	961,623	961,623	0
1107 FED: MEDI CAL	6,405,085	6,487,099	6,412,449	6,412,449	-74,650
1108 FED: PERINATAL MEDI CAL	140,211	120,000	152,552	152,552	32,552
1127 FED: HEALTHY FAMILIES	11,829	0	0	0	0
CLASS: 10 REV: FEDERAL	7,808,261	7,911,329	7,869,572	7,869,572	-41,757
1640 MENTAL HEALTH SERVICES: PRIVATE INS	87,400	87,400	87,400	87,400	0
1641 MENTAL HEALTH SERVICES: PRIVATE	33,688	10,500	10,500	10,500	0
1642 MENTAL HEALTH SERVICES: OTHER	400,000	400,000	400,000	400,000	0
1643 MENTAL HEALTH SERVICES: CO	15,000	15,000	15,000	15,000	0
1644 MENTAL HEALTH SERVICES: PUBLIC	86,000	86,000	86,000	86,000	0
1649 MENTAL HEALTH SERVICES: OTHER	80	0	0	0	0
1740 CHARGES FOR SERVICES	5,000	5,000	5,000	5,000	0
CLASS: 13 REV: CHARGE FOR SERVICES	627,168	603,900	603,900	603,900	0
1940 MISC: REVENUE	104,794	104,000	755,050	755,050	651,050
CLASS: 19 REV: MISCELLANEOUS	104,794	104,000	755,050	755,050	651,050
2020 OPERATING TRANSFERS IN	827,487	996,305	996,305	996,305	0
2021 OPERATING TRANSFERS IN: VEHICLE	493,463	100,764	338,311	338,311	237,547
2026 OPERATING TRANSFERS IN: PHD SRF	3,499,272	4,135,676	3,076,024	3,076,024	-1,059,652
2027 OPERATING TRSNF IN: SALES TAX	3,573,390	3,756,752	3,556,618	3,162,757	-593,995
CLASS: 20 REV: OTHER FINANCING SOURCES	8,393,612	8,989,497	7,967,258	7,573,397	-1,416,100
0001 FUND BALANCE	4,261,880	13,378,562	13,664,307	13,664,307	285,745
CLASS: 22 FUND BALANCE	4,261,880	13,378,562	13,664,307	13,664,307	285,745
TYPE: R SUBTOTAL	28,407,931	37,684,380	38,682,482	38,288,621	604,241

## FINANCIAL INFORMATION BY FUND TYPE

**FUND TYPE**: 11 SPECIAL REVENUE FUND **DEPARTMENT**: 41 MENTAL HEALTH

		MID-YEAR PROJECTION	CURRENT YR APPROVED BUDGET	DEPARTMENT REQUEST	CAO RECOMMENDED BUDGET	DIFFERENCE CURR YR CAO RECMD
TYPE: I	E EXPENDITURE					
SUBOR	J SUBOBJ TITLE					
3000	PERMANENT EMPLOYEES / ELECTED	5,611,709	6,208,433	6,231,200	6,231,200	22,767
3001	TEMPORARY EMPLOYEES	262,515	178,499	294,707	294,707	116,208
3002	OVERTIME	128,695	62,164	68,575	68,575	6,411
3003	STANDBY PAY	39,840	69,100	69,100	69,100	0
3004	OTHER COMPENSATION	64,753	95,050	75,050	75,050	-20,000
3005	TAHOE DIFFERENTIAL	46,065	51,600	54,000	54,000	2,400
3006	BILINGUAL PAY	15,863	22,880	16,640	16,640	-6,240
3020	RETIREMENT EMPLOYER SHARE	1,139,410	1,395,606	1,254,237	1,254,237	-141,369
3022	MEDI CARE EMPLOYER SHARE	87,731	93,691	95,634	95,634	1,943
3040	HEALTH INSURANCE EMPLOYER	1,014,769	1,250,717	1,340,164	1,340,164	89,447
3042	LONG TERM DISABILITY EMPLOYER	15,972	15,972	16,308	16,308	336
3043	DEFERRED COMPENSATION EMPLOYER	9,042	13,019	16,035	16,035	3,016
3046	RETIREE HEALTH: DEFINED	91,435	91,435	107,423	107,423	15,988
3060	WORKERS' COMPENSATION EMPLOYER	67,976	67,976	74,225	74,225	6,249
3080	FLEXIBLE BENEFITS	36,925	38,700	52,500	52,500	13,800
CLASS	_	8,632,700	9,654,842	9,765,798	9,765,798	110,956
4020	CLOTHING & PERSONAL SUPPLIES	68	0	0	0	0
4040	TELEPHONE COMPANY VENDOR	11.767	11,750	11,750	11,750	0
4040	COUNTY PASS THRU TELEPHONE CHARGES	, -	,			0
4041	FOOD AND FOOD PRODUCTS	,	12,900	12,900	12,900	
4080	HOUSEHOLD EXPENSE	32,500	32,000	2,000	2,000	-30,000
		10,180	10,050	0	0	-10,050
4083	LAUNDRY	3,000	3,000	3,000	3,000	0
4084	EXPENDABLE EQUIPMENT	137	0	0	0	0
4085	REFUSE DISPOSAL	6,000	6,000	6,000	6,000	0
4086	JANITORIAL / CUSTODIAL SERVICES	34,140	34,140	36,705	36,705	2,565
4100	INSURANCE: PREMIUM	62,761	62,761	41,054	41,054	-21,707
4101	INSURANCE: ADDITIONAL LIABILITY	53,000	53,000	55,200	55,200	2,200
4143	MAINT: SERVICE CONTRACT	17,560	17,560	0	0	-17,560
4144	MAINT: COMPUTER	26,820	26,820	21,820	21,820	-5,000
4160	VEH MAINT: SERVICE CONTRACT	400	400	400	400	0
4180	MAINT: BUILDING & IMPROVEMENTS	5,100	5,100	5,100	5,100	0
4192	MAINTENANCE: LIGHTING	1,100	1,100	1,100	1,100	0
4200	MEDICAL, DENTAL & LABORATORY	52,275	52,275	52,000	52,000	-275
4220	MEMBERSHIPS	5,187	5,187	4,977	4,977	-210
4221	MEMBERSHIPS: LEGISLATIVE ADVOCACY	12,755	13,575	13,575	13,575	0
4260	OFFICE EXPENSE	7,050	7,050	7,050	7,050	0
4261	POSTAGE	1,266	2,815	2,765	2,765	-50
4262	SOFTWARE	3,945	3,945	0	0	-3,945
4264	BOOKS / MANUALS	3,400	3,400	0	0	-3,400
4266	PRINTING / DUPLICATING SERVICES	1,550	3,050	12,250	12,250	9,200
4300	PROFESSIONAL & SPECIALIZED SERVICES	806,207	707,000	307,000	307,000	-400,000
4313	LEGAL SERVICES	2,500	2,500	2,500	2,500	0
4318	INTERPRETER	1,100	1,100	1,100	1,100	0
4323	PSYCHIATRIC MEDICAL SERVICES	4,377,220	4,249,728	4,249,728	4,249,728	0
4324	MEDICAL, DENTAL, LAB & AMBULANCE SRV	3,000	3,550	3,000	3,000	-550
4337	OTHER GOVERNMENTAL AGENCIES	0	0	1,900	1,900	1,900
4341	SERVICE CONNECT EXPENSE	150	150	150	150	0

### FINANCIAL INFORMATION BY FUND TYPE

FUND TYPE: 11 SPECIAL REVENUE FUND DEPARTMENT: 41 MENTAL HEALTH

	MID-YEAR PROJECTION	CURRENT YR APPROVED BUDGET	DEPARTMENT REQUEST	CAO RECOMMENDED BUDGET	DIFFERENCE CURR YR CAO RECMD
4400 PUBLICATION & LEGAL NOTICES	16,000	16,000	0	0	-16,000
4420 RENT & LEASE: EQUIPMENT	17,922	12,650	12,650	12,650	0
4421 RENT & LEASE: SECURITY SYSTEM	8,306	8,306	8,306	8,306	0
4440 RENT & LEASE: BUILDING &	357,288	352,132	359,017	359,017	6,885
4460 EQUIP: SMALL TOOLS & INSTRUMENTS	50	50	50	50	0
4461 EQUIP: MINOR	33,474	31,100	2,500	2,500	-28,600
4462 EQUIP: COMPUTER	54,775	54,775	36,300	36,300	-18,475
4463 EQUIP: TELEPHONE & RADIO	1,832	1,832	1,832	1,832	0
4500 SPECIAL DEPT EXPENSE	142,161	132,032	4,500	4,500	-127,532
4501 SPECIAL PROJECTS	1,271,742	1,434,278	1,148,753	1,148,753	-285,525
4502 EDUCATIONAL MATERIALS 4503 STAFF DEVELOPMENT	9,708	9,369	3,969	3,969	-5,400
4503 STAFF DEVELOPMENT 4529 SOFTWARE LICENSE	108,770 303,126	109,270 303,126	122,270 105,326	122,270 105,326	13,000 -197,800
4532 CLIENT PROGRAM SERVICES	1,500	1,500	105,326	105,326	-1,500
4540 STAFF DEVELOPMENT (NOT 1099)	950	800	800	800	-1,500
4600 TRANSPORTATION & TRAVEL	43,432	43,948	43,948	43,948	0
4602 MILEAGE: EMPLOYEE PRIVATE AUT		26,631	26,631	26,631	0
4605 RENT & LEASE: VEHICLE	80,200	80,200	80,200	80,200	0
4606 FUEL PURCHASES	41,850	41,950	41,950	41,950	0
4608 HOTEL ACCOMMODATIONS	27,050	26,800	26,800	26,800	0
4620 UTILITIES	137,000	137,000	137,000	137,000	0
CLASS: 40 SERVICE & SUPPLIES	8,238,217	8,155,655	7,017,826	7,017,826	-1,137,829
5000 SUPPORT & CARE OF PERSONS	231,000	233,000	231,000	231,000	-2,000
5002 INSTITUTE MENTAL DISEASE MENTAL	1,448,145	2,421,070	2,421,070	2,421,070	0
5009 HOUSING	488,126	488,126	437,726	437,726	-50,400
5010 TRANSPORTATION SERVICES	2,500	2,500	2,500	2,500	0
5011 TRANSPORTATION EXPENSES	15,388	20,900	18,000	18,000	-2,900
5012 ANCILLARY SERVICES	544,023	544,023	296,813	296,813	-247,210
5013 ANCILLARY EXPENSES	22,684	22,500	124,375	124,375	101,875
5014 HEALTH SERVICES	4,878,545	6,537,888	6,429,856	6,429,856	-108,032
5300 INTERFND: SERVICE BETWEEN FUND	2,539,434	2,694,218	2,526,549	2,526,549	-167,669
5304 INTERFND: MAIL SERVICE	5,075	4,060	3,985	3,985	-75
5305 INTERFND: STORES SUPPORT	3,510	2,808	1,885	1,885	-923
5316 INTERFND: IS PROGRAMMING SUPPORT	,	20,000	20,000	20,000	0
5318 INTERFND: MAINTENANCE BLDG & IMPR	,	27,658	27,658	27,658	0
CLASS: 50 OTHER CHARGES	10,227,575	13,018,751	12,541,417	12,541,417	-477,334
6040 FIXED ASSET: EQUIPMENT	10,000	10,000	10,000	10,000	0
CLASS: 60 FIXED ASSETS	10,000	10,000	10,000	10,000	0
7000 OPERATING TRANSFERS OUT	500,000	500,000	673,000	673,000	173,000
CLASS: 70 OTHER FINANCING USES	500,000	500,000	673,000	673,000	173,000
7250 INTRAFND: NOT GEN FUND / SAME FUND	5,958,116	5,623,651	5,895,366	5,895,366	271,715
7258 INTRAFND: REALIGNMENT FUNDS	0	0	466,731	466,731	466,731
CLASS: 72 INTRAFUND TRANSFERS	5,958,116	5,623,651	6,362,097	6,362,097	738,446
7380 INTRFND ABATEMENTS: NOT GENERAL	-5,960,769	-5,623,651	-5,895,366	-5,895,366	-271,715
7388 INTRFND ABATEMENTS: REALIGNMENT	0	0	-466,731	-466,731	-466,731
CLASS: 73 INTRAFUND ABATEMENT	-5,960,769	-5,623,651	-6,362,097	-6,362,097	-738,446
7700 APPROPRIATION FOR CONTINGENCIES	0	6,345,132	8,674,441	8,280,580	1,935,448
CLASS: 77 APPROPRIATION FOR	0	6,345,132	8,674,441	8,280,580	1,935,448
TYPE: E SUBTOTAL	27,605,839	37,684,380	38,682,482	38,288,621	604,241
FUND TYPE: 11 SUBTOTAL	-802,092	0	0	0	0
DEPARTMENT: 41 SUBTOTAL	-802,092	0	0	0	0

## ORGANIZATIONAL CHART

# **Health and Human Services Agency**

# **Health Services Department**

### **Behavioral Health Division**

92.55 FTEs

Traditional Behavorial Health Programs 27.86 FTE					
Placerville	22.98				
Administrative Secretary	1.00				
Administrative Technician	0.90				
Assistant Director of Health Services	0.50				
Deputy Director	1.00				
Manager of Mental Health Programs	0.70				
Medical Office Assistant I/II	4.00				
Medical Records Technician	0.90				
Mental Health Aide	1.80				
Mental Health Clinical Nurse	0.50				
Mental Health Clinician IA/IB/II	4.55				
Mental Health Medical Director	0.71				
Mental Health Patient's Rights Advocate	0.40				
Mental Health Program Coordinator	1.03				
Mental Health Worker I/II	1.56				
Program Manager	0.80				
Psychiatric Technician I/II	0.55				
Psychiatrist I/II	0.59				
Public Health Nurse Practitioner	0.49				
Sr. Office Assistant	1.00				
South Lake Tahoe	4.88				
Administrative Technician	0.95				
Manager of Mental Health Programs	0.75				
Medical Office Assistant I/II	0.75				
Mental Health Clinician IA/IB/II	1.38				
Program Manager	1.00				
Psychiatric Technician I/II	0.05				

Men Hith Srvcs Act (MHSA) Programs	48.04 FTE
Placerville	34.32
Administrative Technician	1.10
Department Analyst I/II	1.00
Health Education Coordinator	0.15
Manager of Mental Health Programs	0.30
Mental Health Aide	4.45
Mental Health Clinical Nurse	0.50
Mental Health Clinician IA/IB/II	14.95
Mental Health Medical Director	0.29
Mental Health Program Coordinator	2.47
Mental Health Worker I/II	6.44
Program Assistant	0.10
Program Manager	0.20
Psychiatric Technician I/II	1.45
Psychiatrist I/II	0.41
Public Health Nurse Practitioner	0.51
South Lake Tahoe	13.72
Administrative Technician	0.05
Health Education Coordinator	0.10
Manager of Mental Health Programs	0.25
Medical Office Assistant I/II	0.25
Mental Health Clinician IA/IB/II	4.62
Mental Health Program Coordinator	1.00
Mental Health Worker I/II	3.00
Mental Health Worker I/II -LT	3.50
Psychiatric Technician I/II	0.95

Alcohol & Drug Programs 16.65 FTE	
Placerville	11.75
Alcohol and Drug Program Division Mgr	1.00
Disease Investigtn/Contrl Specialist I/II	0.50
Health Education Coordinator	4.35
Health Program Specialist	2.00
Mental Health Clinician IA/IB/II	1.00
Mental Health Program Coordinator	0.50
Office Assistant I/II	0.50
Program Assistant	0.90
Supv Health Education Coordinator	1.00
South Lake Tahoe	4.90
Health Education Coordinator	1.90
Health Program Specialist	1.00
Mental Health Clinician IA/IB/II	1.00
Supv Health Education Coordinator	1.00