

Behavioral Health

RECOMMENDED BUDGET • FY 2018-19

MISSION

The County of El Dorado Health and Human Services Agency (HHS), 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

	16-17 Actuals	17-18 Budget	18-19 Dept Requested	18-19 CAO Recommend	Change from Budget to Recommend	% Change
Fines, Forfeiture & Penalties	\$ 54,722	\$ 70,000	\$ 70,000	\$ 70,000	\$ -	0%
Use of Money	\$ 79,912	\$ 42,000	\$ 42,000	\$ 42,000	\$ -	0
State	\$ 7,641,089	\$ 8,216,582	\$ 8,200,032	\$ 8,200,032	\$ (16,550)	0%
Federal	\$ 8,976,556	\$ 9,181,391	\$ 9,686,853	\$ 9,686,853	\$ 505,462	6%
Charges for Service	\$ 675,986	\$ 622,400	\$ 622,400	\$ 622,400	\$ -	0%
Miscellaneous	\$ 739,734	\$ 144,000	\$ 144,000	\$ 144,000	\$ -	0%
Other Financing Sources	\$ 8,049,563	\$ 8,316,649	\$ 7,794,440	\$ 7,794,440	\$ (522,209)	-6%
Use of Fund Balance	\$ -	\$ 16,271,168	\$ 16,194,620	\$ 16,194,620	\$ (76,548)	0%
Total Revenue	\$ 26,217,562	\$ 42,864,190	\$ 42,754,345	\$ 42,754,345	\$ (109,845)	0%
Salaries and Benefits	\$ 8,063,111	\$ 9,878,573	\$ 11,500,178	\$ 11,500,178	\$ 1,621,605	16%
Services & Supplies	\$ 5,545,418	\$ 7,105,742	\$ 7,313,048	\$ 7,313,048	\$ 207,306	3%
Other Charges	\$ 9,584,507	\$ 13,528,801	\$ 14,054,204	\$ 14,054,204	\$ 525,403	4%
Fixed Assets	\$ -	\$ 10,000	\$ 133,000	\$ 133,000	\$ 123,000	1230%
Operating Transfers	\$ 131,907	\$ 673,000	\$ 705,992	\$ 705,992	\$ 32,992	5%
Intrafund Transfers	\$ 5,178,384	\$ 6,579,591	\$ 7,409,990	\$ 7,409,990	\$ 830,399	13%
Intrafund Abatements	\$ (5,178,370)	\$ (6,579,591)	\$ (7,409,990)	\$ (7,409,990)	\$ (830,399)	13%
Contingencies (MHSA)	\$ -	\$ 11,468,074	\$ 9,047,923	\$ 9,047,923	\$ (2,420,151)	-21%
Reserves	\$ -	\$ 200,000	\$ -	\$ -	\$ (200,000)	-100%
Total Appropriations	\$ 23,324,957	\$ 42,864,190	\$ 42,754,345	\$ 42,754,345	\$ (109,845)	0%
General Fund Contribution	\$ 16,510	\$ 16,510	\$ 16,510	\$ 16,510	\$ -	0%
FTEs	92.55	94.05	109.05	109.05	15.00	16%

MAJOR BUDGET CHANGES

Revenues

Federal Intergovernmental

\$505,462 Increase in Federal Title XIX revenue due to Organized Delivery System (ODS) Waiver Activity approved for implementation in FY 2018-19.

Other Financing Sources

(\$522,209) Decrease in Operating Transfers In as the 10% transfer of 1991 Realignment from the Public Health Division is not recommended for FY 2018-19.

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Fund Balance

(\$76,548) Decrease in estimated Fund Balance based on projected FY 2017-18 activity.

Appropriations

Salaries and Benefits

\$1,383,202 Increase related primarily to the addition of 15.0 FTEs to support new programs. 6.0 positions will transfer from the HHSA Administrative division for the Mental Health Plan, and 9.0 FTEs will be added.

\$56,341 Increase in Overtime based on prior year activity.

Services and Supplies

\$207,306 Increase in Professional Services of (\$215,676) for the AB114 Juvenile Justice Program, psychiatric placements, and housing support, offset by decreases in other areas to align with prior year actual.

Other Charges

\$122,828 Net increase due to additional Support & Care contracts (\$215,000) offset by decreases in other accounts to align with prior year actual (\$92,172), mostly in Ancillary Services.

\$402,575 Increase in charges from HHSA Administration Division due to change in Internal Cost Rate (ICR) increase of 5%.

Fixed Assets

\$123,000 Net increase due to purchase of a mobile van (\$100,000) to support the Early Intervention Model to reach and create efficiencies handling Adult and Older System of Care clients, and purchase of a replacement vehicle (\$33,000) since the current vehicle is at end of life.

Other Financing Uses

\$32,992 Increase in the MHSA Innovation contribution for the Public Health Community Hub Project.

Intrafund Transfers

\$830,399 Increase in transfers primarily due to an increased Admin Indirect Cost Rate and due to Mental Health billing and contract staff moving from the Administration Division to Mental Health Plan Administration.

Intrafund Abatement

(\$830,399) Increase in Abatement revenue (reimbursements shown as a negative cost) directly related to the Intrafund Transfers above.

Appropriation for Contingencies

(\$2,420,151) Decrease to Contingency to balance the fund, due primarily to additional budgeted costs related to the updated MHSA Plan.

Reserves

(\$200,000) Decrease due to elimination of transfer for prudent reserve due to change in MHSA regulations.

PROGRAM SUMMARIES

Traditional Behavioral Health Programs

The Behavioral Health Division's (BHD) 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.

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.

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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.

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)

Behavioral Health Division currently has approved plans for all components. 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 Innovations 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 who 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 2018-19 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.

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.

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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. The current Innovation programs are: Restoration of Competency, providing outpatient mental health services to those awaiting trial and the Hubs, which are managed in the Public Health Nursing Programs. The HUBS provide outreach and health supports to the community using the local Libraries as a home base.

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 used 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.

Behavioral Health has opted into participating in the Organized Delivery System (ODS) Waiver Program for a more comprehensive substance abuse treatment approach. The waiver is a California pilot program effective through 2020 and enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidence based practices in substance abuse treatment, and coordinates with other systems of care. Participating counties can offer an expanded range of substance use disorder treatment modalities for Medi-Cal beneficiaries including a Narcotic Treatment Program, non-perinatal residential substance abuse treatment, withdrawal management, and recovery services. The implementation plan and rate proposals have been approved by the State. Based on state timelines, HHSA is targeting a fall of 2018 implementation.

FUTURE/PENDING ISSUES AND POLICY CONSIDERATIONS

Traditional Behavioral Health program funding continues to present a challenge to the County 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 Affordable Care Act could impact federal Medi-Cal reimbursements, which could further impact Behavioral Health Division funding.

Mental Health Rehabilitation Center

The Behavioral Health Division is continuing to review 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. Proceeding with 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 Analyst’s 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 with the counties.

1991 Realignment Changes

The State budget redirects the 1991 Realignment Vehicle License Fee (VLF) growth funds from Mental Health subaccount to pay for In Home Support Services (IHSS) costs that were shifted to counties. This became effective in FY 2017-18 and is to last for three years. In the two years that follow, half of those VLF growth funds will be redirected to pay for IHSS. The projected loss of growth revenues to EDC for the next three years is as follows:

FY 2018-19	FY 2019-20	FY 2020-21	Total
\$ 95,443	\$ 92,964	\$ 42,763	\$ 342,727

In addition to VLF growth, all future 1991 Realignment Sales Tax growth will be redirected to fund IHSS. Realignment growth in past years has afforded Behavioral Health the opportunity to build a prudent fund balance. Should future revenue sources decline, service delivery levels may have to be adjusted to coincide within available revenues.

The Behavioral Health Division historically received a 10% transfer of 1991 Realignment funds from the Public Health Division to pay for clients in State Hospital Beds and to fund staff in ADP who provide services for Child Protective Services. This year the transfer will be discontinued due to established fund balances within Behavioral Health. Public Health savings will be preserved for a planned capital project and improvements in South Lake Tahoe.

Mentally Ill Offenders Crime Reduction (MIOCR) Grant Expiration

The 3-year Mentally Ill Offenders Crime Reduction (MIOCR) grant funding ends in FY 2017-18; however, the grant source requires HHS to continue to operate the program through FY 2018-19. After FY 2017-18, the 3.5 FTEs and program activities that are currently funded by the MIOCR grant will be absorbed into other MHSA funded programs.

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NEW SERVICES

Organized Delivery System (ODS) Waiver Program

Behavioral Health has opted into participating in the Organized Delivery System (ODS) Waiver Program for a more comprehensive substance abuse treatment approach. The waiver is a California pilot program effective through 2020 and enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidence based practices in substance abuse treatment, and coordinates with other systems of care. Participating counties can offer an expanded range of substance use disorder treatment modalities for Medi-Cal beneficiaries including a Narcotic Treatment Program, non-perinatal residential substance abuse treatment, withdrawal management, and recovery services. The implementation plan and rate proposals have been approved by the State. The State has a backlog of counties entering the program and the HHSA implementation is scheduled for Fall of 2018.

Psychiatric Emergency Response Team (PERT):

The Psychiatric Emergency Response Team (PERT) began operations in FY 2017-18 which, in partnership with the Sherriff's Department, deploys a mobile crisis unit when a psychiatric emergency call is received. PERT is intended to reduce inappropriate involuntary detention and emergency room admits for psychiatric crisis incidents. The Behavioral Health Division is providing funding to the Sherriff's department through the Mental Services Act funding.

Mobile Unit Van for Adult and Older Adult System of Care:

The Mobile Unit Van for the Adult and Older Adult System of Care will allow Behavioral Health staff and community partners to engage the older adult population who may be isolated due to circumstances beyond their control. Many older adults are geographically and socially isolated which puts them at risk of crisis. The van will allow HHSA to provide regional services in an effort to reduce incidents of crisis and improve the overall health and welfare of our community. This is program will be funded by MHSA Prevention and Early Intervention funding.

BUDGET SUMMARY BY PROGRAM

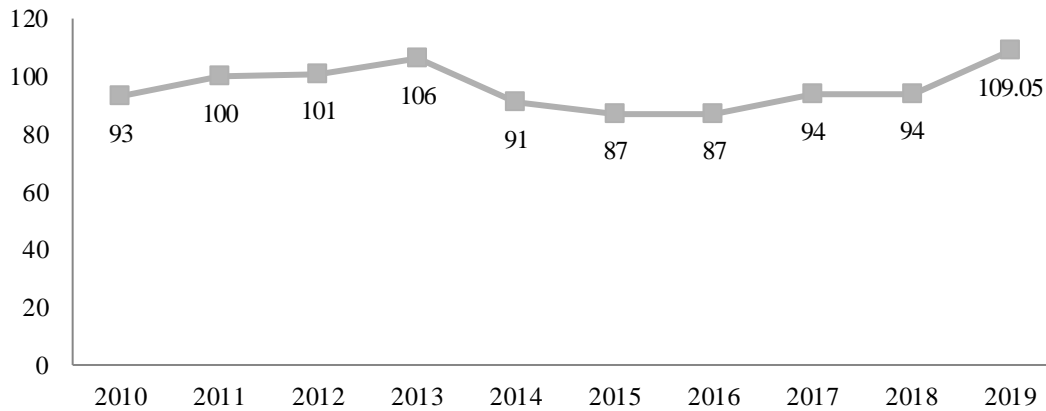
	Appropriations	Revenues	Net County Cost GF Contribution	Staffing
Alcohol & Drug Programs	\$ 4,954,415	\$ 4,954,415	-	25.67
MHSA Programs	\$ 24,480,436	\$ 24,480,436	-	49.57
Traditional Programs	\$ 13,319,494	\$ 13,319,494	\$ 16,510	33.81
TOTAL	\$ 42,754,345	\$ 42,754,345	\$ 16,510	109.05

STAFFING TREND

The staffing level 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 2018-19 is recommended at 109.05 FTEs. This reflects an increase of 15.0 FTEs to support new program needs. 6.0 of these will be transferred from the HHSA Administrative division. 8.0 new FTEs are budgeted to support the ODS Waiver Program and 1.0 is an additional Mental Health Program Coordinator IA/IB/II FTE to support Traditional Crisis Intervention. Positions being added to support the ODS Waiver Program are: 3.0 Health Education Coordinators, 1.0 Fiscal Technician, 1.0 IT Department Systems Analyst, 2.0 Mental Health Clinician IA/IB/II, and 1.0 Mental Health Program Coordinator IA/IB/II. HHSA will fill these positions as the program is implemented and service levels are determined. The new positions are funded with Medi-Cal federal, state general fund and 2011 Realignment dollars.

A total of 88.38 FTEs are located on the West Slope and 20.67 FTEs in South Lake Tahoe. There are 33.81 FTEs in Mental Health Traditional programs, 49.57 FTEs in MHSA programs, and 25.67 FTEs in Alcohol and Drug Programs.



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The Budget for Behavioral Health is recommended at \$42,754,345, which is a decrease of \$109,845 (0.2%) when compared to the FY 2017-18 Adopted Budget. The General Fund provides \$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.

Unemployment Insurance fund charges are included at \$182,062; however, as noted in the Budget Summary, this reflects an incorrect system calculation and will be reduced in September of 2018 with the Adopted Budget.

Traditional Behavioral Health Programs

The Recommended Budget for the Traditional Behavioral Health Programs is \$13,319,494, which is a decrease of \$554,795 (4%) when compared to the FY 2017-18 Adopted Budget.

The decrease is due to an increase in the Intrafund Abatements which spread administrative costs to Behavioral Health Programs, and a reduction to contingency offset by increased staffing costs and client services. The Traditional programs are primarily funded by federal revenues, realignment/state revenues, and charges for services to other counties and private payers.

Mental Health Services Act (MHSA) Program

The Recommended Budget for the MHSA Programs is \$24,480,436, which is a decrease of \$548,982 (2.2%) when compared to the FY 2017-18 Adopted Budget.

The decrease in the budget is primarily due a prior year fund balance transfer from MHSA to Traditional which will not occur in FY 2018-19, a reduction in funds set aside for reserve, and a reduction to appropriations for contingency. These reductions were partially offset by an increase to staffing, client services and fixed assets.

The FY 2018-19 MHSA plan update is anticipated to be adopted in June or July 2018. 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 \$4,954,415, which is an increase of \$993,932 (25.1%) when compared to the FY 2017-18 Adopted Budget. Alcohol and Drug Programs are funded primarily by Realignment funds and federal revenues.

The increase is primarily due to opting into the ODS Waiver Program, which increased staff and contracts to providers for client services.

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CAO Adjustments

The addition of personnel to support new programs, including the ODS Waiver Program in ADP, is recommended by the Chief Administrative Office (\$1,064,000). The addition of a mobile van to support the early intervention of Adult and Older System of Care clients (\$100,000) and the replacement of a vehicle that is at its end of life (\$33,000) are also recommended by the Chief Administrative Office. HHSa requested additional funding to expand their lease of the Victory Mine building in Diamond Springs, including furniture, rent, security system, mover, janitorial (\$234,500). The Chief Administrative Office is not recommending this at this time, as much of this would be an on-going cost and sufficient long-term funding has not been identified.

Source & Use of Funds

HHSa is budgeting a decrease of \$548,982 in MHSA revenue due to the discontinuance of MIOCR grant revenue, a decrease in traditional program revenue of \$554,795 due to the reduction of 1991 Realignment revenue by discontinuing the 10% transfer from Public Health, and an increase of \$993,932 in ADP revenue anticipated in federal and state revenue for the ODS Waiver program. Total revenue for the division is budgeted to decrease by \$109,845.

The Behavioral Health Fund Balance use is budgeted as follows:

Program	Beginning FY 2018-19 Fund Balance	Fund Balance Use	Ending FY 2018-19 Fund Balance
Alcohol & Drug Programs	\$ 3,518,568	\$ 2,246,713	\$ 1,271,855
MHSA Programs	\$ 12,434,379	\$ 4,658,311	\$ 7,776,068
Traditional Programs	\$ 241,673	\$ 241,673	\$ -
TOTAL	\$ 16,194,620	\$ 7,146,697	\$ 9,047,923

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FINANCIAL INFORMATION BY FUND TYPE

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

		CURRENT YR APPROVED BUDGET	DEPARTMENT REQUEST	CAO RECOMMENDED BUDGET	DIFFERENCE CURR YR CAO RECMD
TYPE: R REVENUE					
SUBOBJ	SUBOBJ TITLE				
0320	COURT FINE: OTHER	70,000	70,000	70,000	0
CLASS: 03	REV: FINE, FORFEITURE &	70,000	70,000	70,000	0
0400	REV: INTEREST	42,000	42,000	42,000	0
CLASS: 04	REV: USE OF MONEY & PROPERTY	42,000	42,000	42,000	0
0663	ST: MENTAL HEALTH PROPOSITION 63	7,584,313	7,584,313	7,584,313	0
0880	ST: OTHER	632,269	615,719	615,719	-16,550
CLASS: 05	REV: STATE INTERGOVERNMENTAL	8,216,582	8,200,032	8,200,032	-16,550
1100	FED: OTHER	373,008	373,008	373,008	0
1101	FED: BLOCK GRANT REVENUES	1,022,727	1,022,727	1,022,727	0
1107	FED: MEDI CAL	7,510,495	7,610,901	7,610,901	100,406
1108	FED: PERINATAL MEDI CAL	275,161	680,217	680,217	405,056
CLASS: 10	REV: FEDERAL	9,181,391	9,686,853	9,686,853	505,462
1640	MENTAL HEALTH SERVICES: PRIVATE INS	87,400	87,400	87,400	0
1641	MENTAL HEALTH SERVICES: PRIVATE	5,000	5,000	5,000	0
1642	MENTAL HEALTH SERVICES: OTHER	400,000	400,000	400,000	0
1643	MENTAL HEALTH SERVICES: CO	5,000	5,000	5,000	0
1644	MENTAL HEALTH SERVICES: PUBLIC	125,000	125,000	125,000	0
CLASS: 13	REV: CHARGE FOR SERVICES	622,400	622,400	622,400	0
1940	MISC: REVENUE	144,000	144,000	144,000	0
CLASS: 19	REV: MISCELLANEOUS	144,000	144,000	144,000	0
2020	OPERATING TRANSFERS IN	993,853	993,853	993,853	0
2021	OPERATING TRANSFERS IN: VEHICLE	517,244	517,244	517,244	0
2026	OPERATING TRANSFERS IN: PHD SRF	3,193,607	3,193,607	3,193,607	0
2027	OPERATING TRSNF IN: SALES TAX	3,611,945	3,089,736	3,089,736	-522,209
CLASS: 20	REV: OTHER FINANCING SOURCES	8,316,649	7,794,440	7,794,440	-522,209
0001	FUND BALANCE	16,271,168	16,194,620	16,194,620	-76,548
CLASS: 22	FUND BALANCE	16,271,168	16,194,620	16,194,620	-76,548
TYPE: R SUBTOTAL		42,864,190	42,754,345	42,754,345	-109,845
TYPE: E EXPENDITURE					
SUBOBJ	SUBOBJ TITLE				
3000	PERMANENT EMPLOYEES / ELECTED	6,337,202	7,282,587	7,282,587	945,385
3001	TEMPORARY EMPLOYEES	294,707	294,707	294,707	0
3002	OVERTIME	75,000	131,341	131,341	56,341
3003	STANDBY PAY	69,100	69,100	69,100	0
3004	OTHER COMPENSATION	41,050	33,501	33,501	-7,549
3005	TAHOE DIFFERENTIAL	53,744	48,000	48,000	-5,744
3006	BILINGUAL PAY	16,640	18,574	18,574	1,934
3020	RETIREMENT EMPLOYER SHARE	1,263,522	1,495,202	1,495,202	231,680
3022	MEDI CARE EMPLOYER SHARE	97,332	106,560	106,560	9,228
3040	HEALTH INSURANCE EMPLOYER	1,361,991	1,563,414	1,563,414	201,423
3041	UNEMPLOYMENT INSURANCE EMPLOYER	0	182,062	182,062	182,062
3042	LONG TERM DISABILITY EMPLOYER	16,602	18,195	18,195	1,593
3043	DEFERRED COMPENSATION EMPLOYER	16,035	16,049	16,049	14
3046	RETIREE HEALTH: DEFINED	107,423	113,720	113,720	6,297
3060	WORKERS' COMPENSATION EMPLOYER	74,225	73,166	73,166	-1,059
3080	FLEXIBLE BENEFITS	54,000	54,000	54,000	0
CLASS: 30	SALARY & EMPLOYEE BENEFITS	9,878,573	11,500,178	11,500,178	1,621,605

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DEPARTMENT: 41 BEHAVIORAL HEALTH

		CURRENT YR APPROVED BUDGET	DEPARTMENT REQUEST	CAO RECOMMENDED BUDGET	DIFFERENCE CURR YR CAO RECMD
4040	TELEPHONE COMPANY VENDOR	11,750	11,750	11,750	0
4041	COUNTY PASS THRU TELEPHONE CHARGES	12,900	12,900	12,900	0
4060	FOOD AND FOOD PRODUCTS	1,000	1,000	1,000	0
4080	HOUSEHOLD EXPENSE	46,525	0	0	-46,525
4083	LAUNDRY	3,000	3,000	3,000	0
4085	REFUSE DISPOSAL	6,000	6,000	6,000	0
4086	JANITORIAL / CUSTODIAL SERVICES	36,705	39,480	39,480	2,775
4100	INSURANCE: PREMIUM	41,054	45,467	45,467	4,413
4101	INSURANCE: ADDITIONAL LIABILITY	45,200	45,200	45,200	0
4144	MAINT: COMPUTER	11,820	11,820	11,820	0
4160	VEH MAINT: SERVICE CONTRACT	400	400	400	0
4180	MAINT: BUILDING & IMPROVEMENTS	5,100	5,100	5,100	0
4192	MAINTENANCE: LIGHTING	1,100	1,100	1,100	0
4200	MEDICAL, DENTAL & LABORATORY	4,000	4,000	4,000	0
4220	MEMBERSHIPS	4,977	4,977	4,977	0
4221	MEMBERSHIPS: LEGISLATIVE ADVOCACY	13,575	13,575	13,575	0
4260	OFFICE EXPENSE	6,950	6,950	6,950	0
4261	POSTAGE	2,715	2,715	2,715	0
4266	PRINTING / DUPLICATING SERVICES	3,050	3,050	3,050	0
4300	PROFESSIONAL & SPECIALIZED SERVICES	413,822	629,498	629,498	215,676
4313	LEGAL SERVICES	2,500	2,500	2,500	0
4323	PSYCHIATRIC MEDICAL SERVICES	4,508,536	4,508,536	4,508,536	0
4324	MEDICAL,DENTAL,LAB & AMBULANCE SRV	3,000	3,000	3,000	0
4337	OTHER GOVERNMENTAL AGENCIES	900	171	171	-729
4341	SERVICE CONNECT EXPENSE	150	150	150	0
4420	RENT & LEASE: EQUIPMENT	12,650	12,650	12,650	0
4421	RENT & LEASE: SECURITY SYSTEM	8,306	8,306	8,306	0
4440	RENT & LEASE: BUILDING &	359,017	365,656	365,656	6,639
4460	EQUIP: SMALL TOOLS & INSTRUMENTS	50	50	50	0
4462	EQUIP: COMPUTER	36,300	35,300	35,300	-1,000
4463	EQUIP: TELEPHONE & RADIO	1,337	1,337	1,337	0
4500	SPECIAL DEPT EXPENSE	6,509	6,509	6,509	0
4501	SPECIAL PROJECTS	766,609	766,609	766,609	0
4502	EDUCATIONAL MATERIALS	3,050	3,050	3,050	0
4503	STAFF DEVELOPMENT	85,064	108,564	108,564	23,500
4529	SOFTWARE LICENSE	270,547	271,104	271,104	557
4540	STAFF DEVELOPMENT (NOT 1099)	800	800	800	0
4600	TRANSPORTATION & TRAVEL	55,515	56,015	56,015	500
4602	MILEAGE: EMPLOYEE PRIVATE AUTO	33,054	33,254	33,254	200
4605	RENT & LEASE: VEHICLE	76,455	76,755	76,755	300
4606	FUEL PURCHASES	41,950	41,950	41,950	0
4608	HOTEL ACCOMMODATIONS	24,800	25,800	25,800	1,000
4620	UTILITIES	137,000	137,000	137,000	0
CLASS: 40	SERVICE & SUPPLIES	7,105,742	7,313,048	7,313,048	207,306

Health and Human Services Agency

RECOMMENDED BUDGET • FY 2018-19

FINANCIAL INFORMATION BY FUND TYPE

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

		CURRENT YR APPROVED BUDGET	DEPARTMENT REQUEST	CAO RECOMMENDED BUDGET	DIFFERENCE CURR YR CAO RECMD
5000	SUPPORT & CARE OF PERSONS	431,000	380,500	380,500	-50,500
5002	INSTITUTE MENTAL DISEASE MENTAL	2,421,070	2,686,070	2,686,070	265,000
5009	HOUSING	494,437	529,437	529,437	35,000
5010	TRANSPORTATION SERVICES	2,500	2,500	2,500	0
5011	TRANSPORTATION EXPENSES	18,000	18,000	18,000	0
5012	ANCILLARY SERVICES	282,868	0	0	-282,868
5013	ANCILLARY EXPENSES	9,409	9,409	9,409	0
5014	HEALTH SERVICES	7,080,808	7,256,272	7,256,272	175,464
5300	INTERFND: SERVICE BETWEEN FUND	2,735,181	3,137,756	3,137,756	402,575
5304	INTERFND: MAIL SERVICE	3,985	3,483	3,483	-502
5305	INTERFND: STORES SUPPORT	1,885	1,677	1,677	-208
5316	INTERFND: IS PROGRAMMING SUPPORT	20,000	1,600	1,600	-18,400
5318	INTERFND: MAINTENANCE BLDG & IMPRV	27,658	27,000	27,000	-658
5321	INTERFND: COLLECTIONS	0	500	500	500
CLASS: 50	OTHER CHARGES	13,528,801	14,054,204	14,054,204	525,403
6040	FIXED ASSET: EQUIPMENT	10,000	0	0	-10,000
6045	FIXED ASSET: VEHICLES	0	133,000	133,000	133,000
CLASS: 60	FIXED ASSETS	10,000	133,000	133,000	123,000
7000	OPERATING TRANSFERS OUT	673,000	705,992	705,992	32,992
CLASS: 70	OTHER FINANCING USES	673,000	705,992	705,992	32,992
7250	INTRAFND: NOT GEN FUND / SAME FUND	6,579,591	7,409,990	7,409,990	830,399
CLASS: 72	INTRAFUND TRANSFERS	6,579,591	7,409,990	7,409,990	830,399
7380	INTRFND ABATEMENTS: NOT GENERAL	-6,579,591	-7,409,990	-7,409,990	-830,399
CLASS: 73	INTRAFUND ABATEMENT	-6,579,591	-7,409,990	-7,409,990	-830,399
7700	APPROPRIATION FOR CONTINGENCIES	11,468,074	9,047,923	9,047,923	-2,420,151
CLASS: 77	APPROPRIATION FOR	11,468,074	9,047,923	9,047,923	-2,420,151
7800	TO RESERVE	200,000	0	0	-200,000
CLASS: 78	RESERVES: BUDGETARY ONLY	200,000	0	0	-200,000
9999	PRIOR PERIOD ADJUSTMENT	0	0	0	0
CLASS: 99	PRIOR PERIOD ADJUSTMENT	0	0	0	0
TYPE: E SUBTOTAL		42,864,190	42,754,345	42,754,345	-109,845
FUND TYPE: 11	SUBTOTAL	0	0	0	0
DEPARTMENT: 41	SUBTOTAL	0	0	0	0

ORGANIZATIONAL CHART

Health and Human Services Agency			
Behavioral Health			
<i>109.05 FTEs</i>			
Traditional Behavioral Hlth Programs 33.81 FTEs		Mental Health Services Act (MHSA) 49.57 FTEs	
Traditional Behavioral Health Programs		Mental Health Services Act (MHSA) Programs	
Placerville 30.43		Placerville 36.78	
Administrative Secretary	1.00	Administrative Technician	1.15
Administrative Technician	1.85	Department Analyst I/II	0.50
Assistant Director of Health Services	1.00	Health Education Coordinator	0.18
Department Analyst I/II	1.50	Manager of Mental Health Programs	0.50
Deputy Director	1.00	Mental Health Aide	4.45
Fiscal Technician	1.00	Mental Health Clinical Nurse	0.64
Manager of Mental Health Programs	0.50	Mental Health Clinician IA/IB/II	14.66
Medical Office Assistant I/II	4.00	Mental Health Medical Director	0.07
Medical Records Technician	0.90	Mental Health Program Coordinator IA/IB,	2.55
Mental Health Aide	1.80	Mental Health Worker I/II	6.95
Mental Health Clinical Nurse	0.36	Mental Health Worker I/II -LT	1.00
Mental Health Clinician IA/IB/II	5.17	Program Assistant	0.10
Mental Health Medical Director	0.93	Program Manager	0.35
Mental Health Patient's Rights Advocate	0.40	Psychiatric Technician I/II	1.35
Mental Health Program Coordinator IA/IB,	1.95	Psychiatrist I/II	0.80
Mental Health Worker I/II	2.05	Public Health Nurse Practitioner	0.43
Program Manager	1.65	Sr. Department Analyst	1.00
Psychiatric Technician I/II	0.65	Supv Health Education Coordinator	0.10
Psychiatrist I/II	0.20		
Public Health Nurse Practitioner	0.57	South Lake Tahoe 12.79	
Sr. Department Analyst	0.95	Administrative Technician	0.05
Sr. Office Assistant	1.00	Manager of Mental Health Programs	0.22
		Medical Office Assistant I/II	0.30
South Lake Tahoe 3.38		Mental Health Clinician IA/IB/II	5.77
Administrative Technician	0.95	Mental Health Program Coordinator IA/IB,	0.95
Manager of Mental Health Programs	0.78	Mental Health Worker I/II	2.00
Medical Office Assistant I/II	0.70	Mental Health Worker I/II -LT	2.50
Mental Health Clinician IA/IB/II	0.90	Psychiatric Technician I/II	1.00
Mental Health Program Coordinator IA/IE	0.05		
		Alcohol and Drug Programs 25.67 FTEs	
		Alcohol & Drug Programs	
		Placerville 21.27	
		Alcohol and Drug Program Division Mgr	1.00
		Disease Investigtn/Contrl Specialist I/II	0.50
		Fiscal Technician	2.00
		Health Education Coordinator	7.82
		Health Program Specialist	2.00
		IT Department Specialist	1.00
		IT Department Systems Analyst	1.00
		Mental Health Clinician IA/IB/II	3.00
		Mental Health Program Coordinator IA/IB,	0.50
		Office Assistant I/II	0.50
		Program Assistant	0.90
		Sr. Department Analyst	0.05
		Supv Health Education Coordinator	1.00
		South Lake Tahoe 4.40	
		Health Education Coordinator	1.50
		Health Program Specialist	1.00
		Mental Health Clinician IA/IB/II	1.00
		Supv Health Education Coordinator	0.90