

Bi-County Mental Health

Tom Sherry – Director

Purpose

Bi-County Mental Health, also referred to as Sutter-Yuba Mental Health Services (SYMHS), is a division of the Sutter County Human Services Department. Under a Joint Powers Agreement entered into between the counties of Sutter and Yuba in 1969, SYMHS provides mental health services to residents of both counties. Subsequently, in the mid-1970s, by resolution of both Boards of Supervisors, it was determined that bi-county drug and alcohol services would be provided under the auspices of SYMHS. SYMHS provides the full range of clinical operations for specialty mental health services to eligible Sutter and Yuba County Medi-Cal beneficiaries; provides crisis and specialty mental health services for all Sutter and Yuba County residents regardless of payor status; administers managed-care contracts for mental health services with private for profit and nonprofit agencies; and provides a comprehensive system of care for the mentally ill, to the extent resources are available.

Major Budget Changes

Salaries & Benefits

\$300,763 General increase in Salaries and Benefits, offset by a \$250,000 decrease in Extra Help staffing

Services & Supplies

(\$500,817) Decrease in Services and Supplies accounts primarily due to changes in the payment methodology for Drug Medi-Cal whereby providers now contract directly with the State

Other Charges

\$208,261 Increase in Support and Care of Persons to provide funding for hospitalizations and other residential placements.

\$158,810 Increase in Interfund Plant Acquisition to replace a portion of the roof on the main Mental Health building

(\$396,782) Decrease in Interfund Overhead (A-87) Cost Plan charges as provided by the Auditor-Controller's office

Capital Assets

\$87,000 Replacement of three mid-sized sedans and one small SUV

Appropriation for Contingency

1,000,000 Increase Appropriation for Contingency to accommodate the uncertainties associated with estimating Mental Health revenues

Revenues

\$125,000 Increase in Mental Health Services - Other County due to increased usage of beds on the Psychiatric Health Facility by other counties under contract

\$4,692,941 Increase in Interfund Transfer In – Realignment primarily due to the addition of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and State Inpatient Consolidation SGF (Managed Care) funding to realigned programs

(\$4,627,418) Decrease in State EPSDT Mental Health and Managed Care funding as these programs have now been realigned

\$289,138 Increase in estimated Inter-fund Transfer In-Sales Tax revenues under 1991 Realignment

(\$1,324,608) Decrease in Federal Drug Medi-Cal (DMC) as the state now receives and pays out the federal share directly to DMC providers

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\$308,259 Increase in Federal Mental Health Medi-Cal due to estimates based on current revenue

- Drug Courts
- Drug Medi-Cal
- Non-Drug Medi-Cal Treatment Services

Program Discussion

SYMHS serves on average over 4,400 unique mental health clients each year. Over the years there has been a significant increase in demand for mental health services due in part to expanded children's services supported by EPSDT funds which became available in 1995. This, together with the Medi-Cal consolidation that became effective in 1998 and the growth in local population, has resulted in more than a doubling of clients being served.

Under Medi-Cal consolidation, SYMHS has been the Mental Health Plan for the 40,000 Medi-Cal beneficiaries in Sutter and Yuba Counties. Mental health treatment is an entitlement under Medi-Cal. SYMHS is responsible for assessing and treating, or referring for treatment, all Medi-Cal eligible individuals who meet medical necessity criteria and seek Specialty Mental Health Services on either an inpatient or outpatient basis. In addition to providing direct services, SYMHS has established contracts with licensed therapists in the local community and statewide to serve area children who have been placed out-of-home.

In 1991, responsibility for providing Specialty Mental Health Services was realigned from the state to counties. Revenue to fund these services came from dedicated shares of Vehicle License Fees (VLF) and sales taxes. During FY 2011-12, the state realigned responsibility for additional mental health and Alcohol and Other Drug (AOD) services to counties along with an additional dedicated portion of sales taxes to fund them. The areas realigned are:

- EPSDT
- Mental Health Managed Care

All of these were previously funded by State General Fund monies.

SYMHS has a long-term contract relationship with Victor Community Support Services, Inc. (VCSS). VCSS provides assessment and treatment services to youth on school campuses. These services are funded primarily through a combination of Medi-Cal and EPSDT.

SYMHS has provided drug and alcohol services to local residents under Net Negotiated Amount (NNA) contracts with the State Department of Alcohol and Drug Programs (DADP), which include significant funding from federal Substance Abuse Prevention and Treatment (SAPT) block grants; under the California Work Opportunity and Responsibility to Kids (CalWORKs) program for Sutter County; and under drug court grant funding. Effective July 1, 2013, DADP is scheduled for elimination. DADP-administered programs are scheduled to be transferred to the Department of Health Care Services (DHCS).

SYMHS provides a number of judicially-linked programs. These include drug diversion services authorized under section 1000 of the California Penal Code (commonly referred to as PC 1000); services to individuals referred by the courts in both counties for mental health treatment and substance abuse counseling; psychiatric services to youth in juvenile hall and youth in the Maxine Singer Youth Guidance Center; services to inmates in both counties' jails; and services to individuals involved in drug courts in both counties. During FY 2011-12, as a result of realignment of responsibility for certain offenders from the state to counties, funding became available to continue and expand services in collaboration

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with the Probation Department. SYMHS now has four intervention Counselor positions and one Mental Health Therapist position that are stationed at Sutter County Probation to provide services related to Public Safety Realignment.

SYMHS also provides an intensive day treatment program to pregnant women and women with small children under its First Steps program. First Steps is widely recognized to be a very effective substance abuse treatment program with many successful graduates in our communities. Although responsibility for Drug Medi-Cal services has been realigned to counties, local DMC providers are still contracted directly with the DADP. There are currently three of these agencies in the community. It is anticipated that SYMHS may eventually assume responsibility for oversight of these contractor-provided services, but this transition has yet to be worked out. SYMHS, under funding agreements with Sutter and Yuba Counties' Social Services agencies, provides additional treatment services to Child Protective Services-involved families in Sutter County and to the CalWORKs programs of both counties.

The California Department of Mental Health (DMH) was eliminated effective July 1, 2012. DMH programs that impact SYMHS were mainly realigned into DHCS, but also to a lesser degree into the State Department of Social Services, the Office of Statewide Health Planning and Development, and the State Department of Public Health. The impact of Healthcare Reform on SYMHS is currently unknown. Potential impacts include increases in the number of clients SYMHS will serve, increasing linkages to primary care providers, new requirements for claims submission and cost reporting, etc... SYMHS has not attempted to budget for implementation of new requirements and revenues related to Healthcare Reform. When more is known, SYMHS will submit budget adjustments for consideration by the Board as required.

FY 2013 – 14 Budget Discussion SYMHS' rates are required by federal law to be based on actual costs. Medi-Cal is billed using estimated rates based on costs from a prior year and these rates are then reconciled to actual costs at the end of each fiscal year through a cost report process. For many years, reimbursements to counties were based on statewide maximum allowable (SMA) rates set by DMH. DMH held the SMA rates constant for several years for state budgeting purposes, guaranteeing that counties' mental health programs operated at a loss when treating Medi-Cal beneficiaries. To address this problem, DHCS has negotiated a State Plan Amendment (SPA) with the federal Centers for Medicare and Medicaid Services (CMS) under which counties will be reimbursed by the federal government at the federal matching rate for the difference between the SMA rates and counties' published rates based on actual cost. The SPA was approved for services provided in FY 2009-10. This new funding will be available upon cost report settlement, typically two years or more after expenses are incurred. The process for claiming this reimbursement is still under negotiation between the state and federal governments.

For FY 2013-14, SYMHS will charge \$952.74 per day on the Inpatient Unit. Other services are charged by the minute: \$6.44 per minute for Medication Support, \$2.70 per minute for Case Management/Brokerage, \$3.49 per minute for Mental Health Services, and \$5.19 per minute for Crisis Intervention. These rates will be adjusted upon completion of the FY 2011-12 Cost Report.

In addition to the above, the rate for the First Steps perinatal substance abuse treatment program is \$118.94 per day. Clients will be charged for these and for other substance abuse treatment services on a sliding fee schedule based on ability to pay. First Steps' rates are currently under study.

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From a financial perspective, several factors are affecting the FY 2013-14 Mental Health budget.

- Since FY 2003-04, both locally and statewide, Mental Health Realignment allocations have remained flat or declined. Mental Health Realignment (1991) revenue was originally based on portions of sales taxes and motor vehicle license fees, but due to 2011 Realignment, beginning in FY 2011-12 is based only on an increased portion of sales tax revenue. Even in more robust economic times, statewide growth in Realignment funding has gone to pay for increasing caseloads in Child Welfare Services, Foster Care, and/or In Home Supportive Services, programs which, by statute, have first draw on Realignment growth dollars. The Mental Health Division uses Realignment funding as match to draw down the federal contributions to Medi-Cal.
- For FY 2011-12, the state enacted legislation (AB 100) that “redirected” a state-wide total of \$861 million in Mental Health Services Act (MHSA) funds to fund three traditional mental health programs previously funded by the State General Fund (SGF): Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), mental health managed care, and mental health services for special education students (formerly the AB 3632 mandate). SGF monies that previously funded EPSDT and mental health managed care have been replaced by 2011 Realignment sales tax revenue. The mental health services previously mandated by AB 3632 for special education students are now the responsibility of the schools.
- AOD funding has remained flat or declined slightly for the last several years. New funding under Criminal Justice Realignment has allowed the addition of AOD programs at Probation.

The complexity of mental health and AOD funding and programs has increased for a variety of reasons, including 2011 Realignment and major changes to MHSA’s payment methodology. This added complexity may require added administrative staff. During the economic recession, use of extra help employees was increased to contain costs and provide needed flexibility. This practice is becoming problematic due to provisions included in the Patient Protection and Affordable Care Act (PPACA).

The State’s practice of deferring payments to counties as a means of addressing its fiscal shortcomings continues to cause cash flow problems for SYMHS. The Board of Supervisors has assisted SYMHS in meeting this difficult challenge by authorizing borrowing from internal funds of the Human Services Department. SYMHS pays interest on these cash flow loans, but the State does not pay interest on the payments it defers, so an added cost is imposed on SYMHS as a result.

An additional area of concern is the effect of prior year audits. Before its dissolution, the State Department of Mental Health Audit Division became much more aggressive in their audit reviews. Generally these audits occur between four and five years after the year the services were provided. This means that any error that is discovered may have continued to be made in the subsequent years. In effect, a relatively minor error made in one year could have a significant impact over time if that error continued to be made in subsequent years. Responsibility for these audits has now transitioned to the Department of Health Care Services and it is unknown what impact this may have on the state’s auditing practices.

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Recommended Budget

This budget is recommended at \$24,995,381, which is an increase of \$890,433 (3.7%) compared to FY 2012-13. The increase is primarily due to ongoing implementation of 2011 Realignment. This budget unit receives no financing from the County General Fund. The sources of funding for Sutter-Yuba Mental Health Services are shown in Figure 1. Mental Health's funding history is shown graphically in Figure 2.

For FY 2013-14, the Recommended Budget includes restoration of funding for one Intervention Counselor position that was previously frozen and addition of a 0.25 FTE Mental Health Therapist I/II/III position transferred from the Mental Health Services Act Budget (4-104) with both actions effective July 1, 2013. It is also recommended that all Office Assistant I (1 FTE) and Office Assistant II (5 FTEs) positions be reallocated as flexibly staffed Office Assistant I/II positions to give the Department flexibility in hiring decisions. Each of these positions would remain funded at their current level.

It remains SYMHS' objective to keep the Mental Health budget and the Mental Health Services Act budget in balance and to fully utilize all available funding in a fashion most advantageous to our counties. Accordingly, a thorough review was conducted of positions associated with MHSAs-funded Prevention and Early Intervention (PEI) pro-grams. As a result, funding for a number of positions needs to be adjusted in both Mental Health budget units and it is recommended that these changes be approved. The net impact of these adjustments on this Mental Health Services budget is +0.05 FTE and the net impact on the MHSAs budget is - 0.05 FTE. Changes requested for this budget unit as a result of this review are:

- Delete 0.10 FTE Program Manager – Children's System of Care
- Add 0.25 FTE Mental Health Therapist III
- Add 0.50 FTE Intervention Counselor II
- Delete 0.50 FTE Intervention Counselor I

It is requested that these changes be effective as of July 1, 2013.

Use of Fund Balance

The Mental Health fund contains a Restricted Fund Balance in the amount of \$141,992 as of July 1, 2012. It is estimated that the Restricted Fund Balance will equal \$1,535,468 at July 1, 2013. It is recommended that the full amount, \$1,535,468, of the Restricted Fund Balance account (#31170) be cancelled in FY 2013-14 for use in the Mental Health budget.

The Mental Health fund also contains a Restricted Fund Balance for Sutter County Use in the amount of \$51,419. There are no planned uses for this fund balance.

- Delete 0.10 FTE Psychiatrist

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Mental Health Services Act (4-104)

Purpose

The passage of Proposition 63, known as the Mental Health Services Act (MHSA), in November 2004, provided the first opportunity in many years for Sutter-Yuba Mental Health Services (SYMHS) to provide increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. The MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system.

The MHSA budget unit (4-104) was created in FY 2005-06, beginning with the Community Services and Supports component. The Mental Health Services Act requires counties to place MHSA funds in a local Mental Health Services Fund, invest the funds consistent with County practice for other funds, and transfer any interest earned back into the Fund. The MHSA prohibits using MHSA funds to supplant funding that was previously provided for Mental Health Services by other sources.

Major Budget Changes

Salaries & Benefits

\$305,650 General increase due to negotiated salaries and benefits

Services & Supplies

\$862,410 Increase in Professional and Specialized Services, due to the implementation of the Workforce Education and Training (WET) and the Innovation components of MHSA

(\$64,600) Decrease in Employment Training related to the implementation of the Anasazi Electronic Health Record (EHR) in FY 2012-13

Other Charges

(\$51,554) Decrease in Interfund Overhead (A-87) Cost Plan charges as provided by the Auditor-Controller's Office

Revenues

\$632,270 Increase in Interfund Transfer-In Realignment primarily due to funding under 2011 realignment for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

\$382,000 Increase in State MHSA revenue due to implementation of the WET and Innovation components of MHSA

(\$697,743) Decrease in State EPSDT MH due to realignment of EPSDT services

\$560,780 Increase in Federal Mental Health Medi-Cal revenue due to estimates based on current reimbursements

(\$60,000) Decrease in Interest Apportioned based on estimated interest earned on MHSA funds

Program Discussion

The Mental Health Services Act, also known as Proposition 63, was passed by the voters in November 2004. MHSA funds for counties are used to expand and transform mental health services.

SYMHS has approved programs in five of six MHSA components and has a plan in the approval process for the sixth MHSA component. These components and programs are listed below. It should be recognized that the capacity to accept clients into these programs is directly related to available staffing.

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Community Services and Supports (CSS) Component

The Urgent Services Program has been developed to serve all ages with distinct, age-appropriate services for youth and for adults who have acute mental health issues and are at greatest risk of harming themselves or others, are at risk of hospitalization, or are at risk of incarceration in jails or juvenile justice institutions. SYMHS also works with school-based counselors and other school personnel to identify children at greatest risk.

The Older Adult Services Program has been developed to serve older adults aged 60 and over who are physically or geographically isolated and who have psychiatric disabilities. Further priority is given to those whose cultural identity places them in underserved populations within our community. The program enables participants to obtain and maintain positive social connections; experience respect from their providers of mental health services; feel empowered and listened to in the process of planning and obtaining their services; and have continuity in their providers. The program incorporates peer-delivered services; uses a family-friendly approach to service planning and delivery; and provides housing services and treatment, leading to recovery, to promote the program's goals of reducing disparities in services and decreasing homelessness.

The Ethnic Outreach Program targets our major underserved populations: Latino, Hmong, and Punjabi speaking Asian Indians. Each program is inter-generational, serving children, youth, transition-aged youth, adults and older adults within each cultural group. Within these broader categories, females are specifically targeted as they are more likely to be underserved in our system, and specifically within these cultures. The program enables participants to obtain and maintain positive

social connections; live in safety and in a setting which is of their choosing; and have access to integrated mental health and drug and alcohol treatment for those with co-occurring disorders. Participants can also obtain assistance to engage in meaningful activity such as employment or education/training; receive services which recognize their developmental process as “normal” and do not marginalize issues of wellness; and experience respect from their providers of mental health services. As a result, clients feel empowered and listened to in the process of planning and obtaining their services; have continuity in their providers; and have individualized service plans which recognize the uniqueness of each person within the context of their ethnic/-racial/cultural identity.

The Integrated Full Service Partnership Program serves individuals from all age groups with serious mental illnesses or serious emotional disturbances. This population is significantly more at risk for victimization, addiction disorders, overuse of emergency rooms, psychiatric hospitalizations, and incarceration in jails/juvenile justice institutions. Transition age youth are especially at risk to enter into the cycle of homelessness, unemployment, and substance abuse.

Within the Integrated Full Service Partnership, specific services are available to serve children ages 0-5 and youth aged 6-15 who have severe emotional disturbances or severe mental illnesses that result in significant social, emotional, or educational impairments and/or who are at risk of homelessness or going into out-of-home care. Children ages 0-5 are the most underserved population and have the most potential to need extensive resources over the longest time should they go untreated. SYMHS works with the Ethnic Outreach programs to find children whose cultural identity places them in underserved

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populations within our community (Hispanic, Asian Indian or Hmong).

Services are available for Transition Age Youth (TAY) aged 16-25 who have severe emotional disturbances or mental illnesses that result in significant social, emotional, educational and/or occupational impairments or who are at risk of homelessness. TAY within our community who are unserved, underserved, or inappropriately served include young women with self-harming, high-risk behaviors; youth aging out of foster care, and youth transitioning from children's mental health/probation systems to adult systems. Priority for services is given to those with co-occurring substance abuse and mental health disorders, those at significant risk of gang involvement, the uninsured, and those whose cultural identity places them in underserved populations within our community.

Services are available for adults and older adults who have co-occurring mental health and substance abuse disorders and who are homeless, or at risk of homelessness. Priority will be given to those whose cultural identity places them in underserved populations within our community (Latino, Asian Indian or Hmong).

The Wellness Recovery Centers serve adults and older adults with serious and persistent mental illness who meet the target population criteria established by Sutter-Yuba Mental Health Services.

Prevention and Early Intervention (PEI) Component

The PEI component of MHSA was approved by the state and implemented by SYMHS during FY 2009-10. PEI approaches are intended to be transformational by restructuring the mental health system to a "help-first" approach. Prevention programs bring mental health awareness into the lives of all members of the

community through public education initiatives and dialogue. PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). A goal of PEI is to help mental health become part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

The SYMHS implementation of PEI has two major components:

- The Community Prevention Team is intended to serve individuals experiencing onset of serious psychiatric illness; children and youth in stressed families; children and youth at risk for school failure; children and youth at risk of or experiencing juvenile justice involvement; and underserved cultural populations. It will work with agencies in the community to enhance overall community capacity for prevention and early intervention. They will expand mentoring programs for youth, expand use of the Strengthening Families model throughout the community, and support recreational opportunities for youth that fight stigma and build self esteem.
- The First Onset component is directed toward individuals experiencing the first onset of serious psychiatric illness. It includes mental health consultation with pediatricians or other primary care providers to improve individuals' access to quality mental health interventions by increasing providers' capacity to offer effective mental health guidance and early intervention service; implementation of Teen Screen, a program of voluntary school screening to identify youth at risk for suicide and potentially suffering from mental illness; provide Aggression Replacement Training® to aid in early identification of mental illness and address stigma issues with the goal of

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improving social skill competence, anger control, and moral reasoning; and provide education and training at sites in the local community.

In addition to the above PEI programs, MHSA includes within PEI funding for the following statewide projects: Suicide Prevention, Student Mental Health Initiative, and Stigma and Discrimination Reduction. Funding for these projects is allocated to each county, but the projects will be executed on a regional or statewide basis. SYMHS has joined with mental health agencies in 48 other counties to form the California Mental Health Services Authority CalMHSA under a Joint Exercise of Powers Agreement (JPA) to implement these projects. SYMHS has reassigned its FY 2008-09 and FY 2009-10 allocations totaling \$300,400 to CalMHSA. Allocations for two additional years have not yet been assigned. Counties formed CalMHSA to ensure that the priorities of counties were truly reflected in the execution of these important projects. The alternative was to assign this funding to the Department of Mental Health.

Capital Facilities and Technology Needs Component

During FY 2010-11, SYMHS received approval for its Wellness & Recovery Center (WeRC) Project. This provides \$197,550 to remodel the former nurses' quarters of the old county hospital, also known as the "little white house," to serve as the main activity space and offices for the Wellness and Recovery Program. SYMHS and Public Works will continue working to complete this project as additional funding becomes available. The WeRC will also have "smart classrooms" that will incorporate computer equipment funded in the technology needs portion of this component.

In late FY 2010-11, SYMHS received approval of its Electronic Health Record (EHR) System

Project. This provided \$1,567,750 to implement EHR infrastructure, practice management, clinical data management, and computerized provider order entry. The Anasazi was selected to replace SYMHS's 1980s-vintage, COBOL-based information system with a modern EHR and billing system. This is a critical step toward compliance with upcoming federal mandates for implementation of EHRs and Health Information Exchange. EHR implementation began in FY 2011-12 and is proceeding in phases that will continue into FY 2013-14.

Workforce Education and Training Component

During FY 2011-12, SYMHS received approval for its Workforce Education and Training Component. This provides \$180,000 annually for five years to provide training and higher education scholarships. This program has been staffed with a coordinator who is developing and implementing the training and scholarship programs. The trainings will focus on cultural competencies, service delivery, and workforce preparedness.

Innovation

A plan to implement certain innovative practices has been tentatively approved by the state Mental Health Services Oversight and Accountability Commission and is in the formal process of local approval as this is written.

FY 2013-14 Budget Discussion

MHSA is a volatile and economically sensitive funding source. This funding decreased during the recent economic downturn, but is now recovering. SYMHS intends to direct MHSA funding that exceeds the amounts in their approved plans into the Prudent Reserve called for in the MHSA.

The process by which counties receive their MHSA funding has changed. Counties previously received funds 18 to 24 months after the state

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received the related tax revenue. However, funds are now being transferred to counties monthly, based on their allocations and approved MHSAs as tax revenue is received. The process is managed by the State Department of Finance.

It remains SYMHS' objective to keep the Mental Health budget and the Mental Health Services Act budget in balance and to fully utilize all available funding in a fashion most advantageous to our counties. Accordingly, a thorough review was conducted of positions associated with MHSAs-funded Prevention and Early Intervention (PEI) programs. As a result, positions are regularly reviewed and reallocated between the two budget units.

The State's practice of deferring payments to counties as a means of addressing its fiscal shortcomings continues to cause cash flow problems for SYMHS. The Board of Supervisors has assisted SYMHS in meeting this difficult challenge by authorizing borrowing from internal funds related to the Human Services Department. SYMHS pays interest on these cash flow loans, but the State does not pay interest on the payments it defers, so an added cost is imposed on SYMHS as a result.

Recommended Budget

This budget is recommended at \$9,635,971, which is an increase of \$1,084,733 (12.7%) compared to FY 2012-13. This increase is primarily due to the ongoing EHR project expenses and implementation of the WET and Innovation components of MHSAs. These expenses are funded by revenue from the State and from the federal share of reimbursement for services claimed to Medi-Cal. This budget unit receives no financing from the General Fund. See Figures 1 and 2 in the Mental Health (4-102) budget narrative for information on Mental Health funding sources and history.

During the economic recession, use of extra help employees was increased to contain costs and provide needed flexibility. This practice is becoming problematic due to provisions included in the Patient Protection and Affordable Care Act (PPACA). During FY 2012-13, the Board approved restoration of funding to an Intervention Counselor position, which had previously been frozen, to assist in addressing this problem. For FY 2013-14, the Recommended Budget includes restoration of funding for one Resource Specialist position that was previously frozen; a flexibly-staffed 0.25 FTE Mental Health Therapist I/II/III position (currently filled at the Mental Health Therapist II level) be transferred from the MHSAs budget (4-104) to the Mental Health Services budget (4-102); a vacant Day Treatment Coordinator position deleted and reallocated as a Supervising Intervention Counselor. It is recommended that these actions be effective July 1, 2013.

The recommended budget includes a reallocation of positions between the Mental Health and MHSAs budget units. It is recommended that these changes be approved effective July 1, 2013. The net impact of these adjustments on this MHSAs budget is -0.05 FTE and the net impact on the Mental Health Services budget (4-102) is +0.05 FTE.

Position reallocations affecting this budget unit are:

- Add 0.10 FTE Psychiatrist
- Add 0.10 FTE Program Manager – Children's System of Care
- Delete 0.25 FTE Mental Health Therapist III
- Delete 0.50 FTE Intervention Counselor II
- Add 0.50 FTE Intervention Counselor I

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Use of Fund Balance

The MHSAs fund contains a Restricted Fund Balance in the amount of \$1,159,747 as of July 1, 2012. It is estimated the Restricted Fund Balance will equal \$1,438,172 at July 1, 2013. It is recommended that the full amount, \$1,438,172, of the Restricted Fund Balance (account 31170) be cancelled in FY 2013-14 for use in the MHSAs budget.

The MHSAs fund also includes Non-Spendable Fund Balance amounts of \$328,564 (account 31014) for housing and \$2,123,478 (account 31031) recognizing the cash advance to the Mental Health Fund (0-007). There are no planned uses for this fund balance.