

2014-2016 BUDGET WORKSHOP

Alcohol, Drug and Mental Health Services



A year of change

ADMHS Summary

- ∂ Operating \$92,198,760
- ∂ Capital \$323,914
- ∂ General Fund \$3,066,100 (3%)
- ∂ FTE's 338.13
- ∂ One Time Use of Fund Balance \$3.6M
- ∂ No Service Level Reductions
- ∂ Expansion Requests \$12.2M

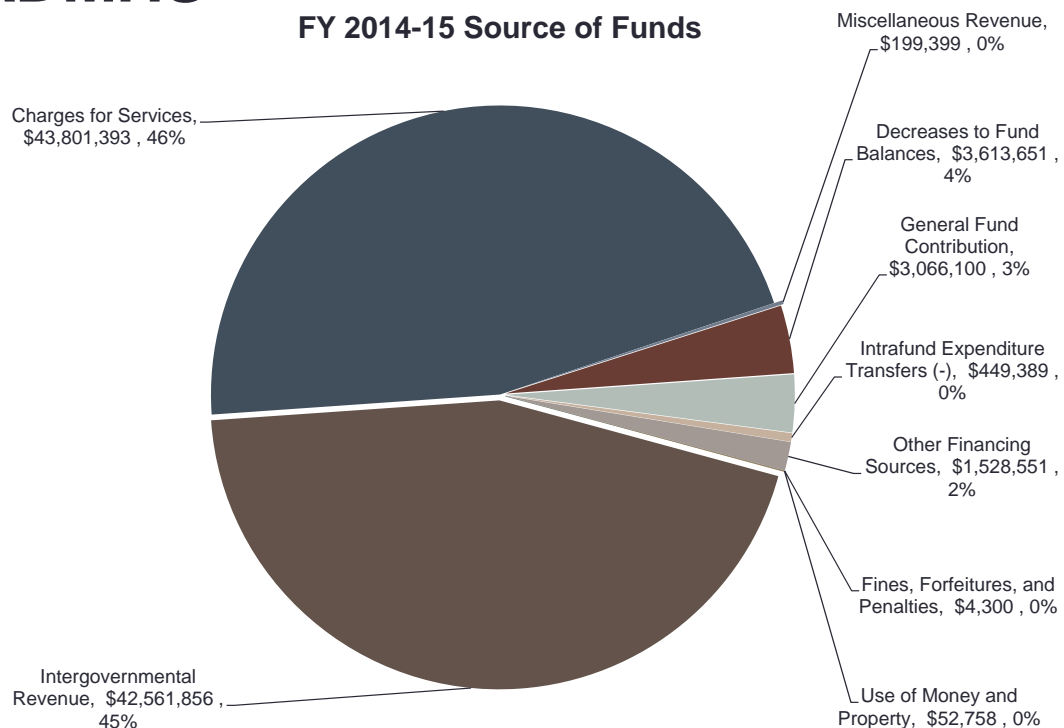
ADMHS

Summary

- o Capital Major Projects:
- o Lompoc Children's Outpatient Facility, \$200K, provides for building rehab and furniture associate with moving the Lompoc Children's Outpatient programs to a new leased facility.
- o Capital IT equipment: \$123,914.

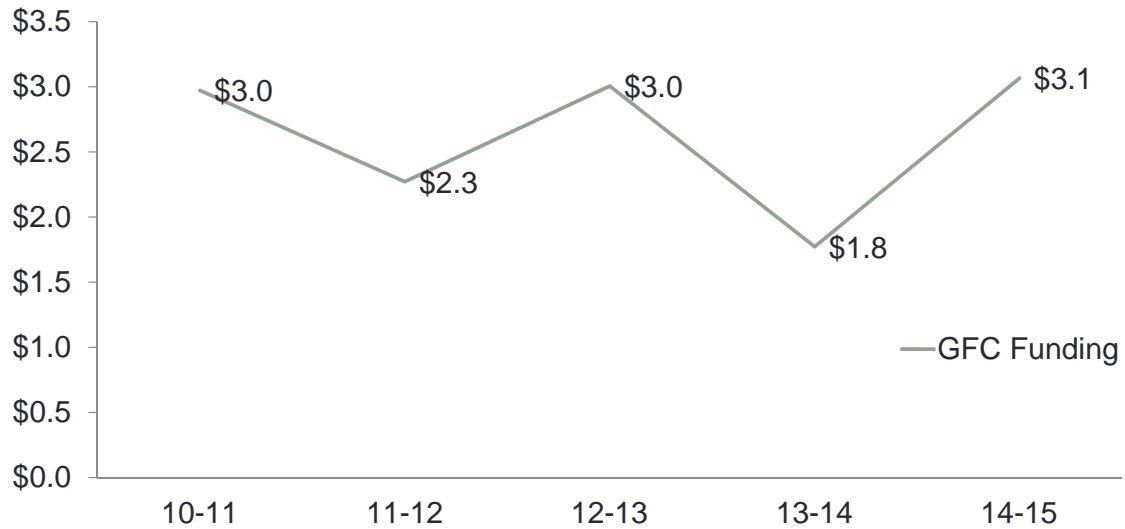
ADMHS

FY 2014-15 Source of Funds



ADMHS

GFC 5 Year Summary



ADMHS

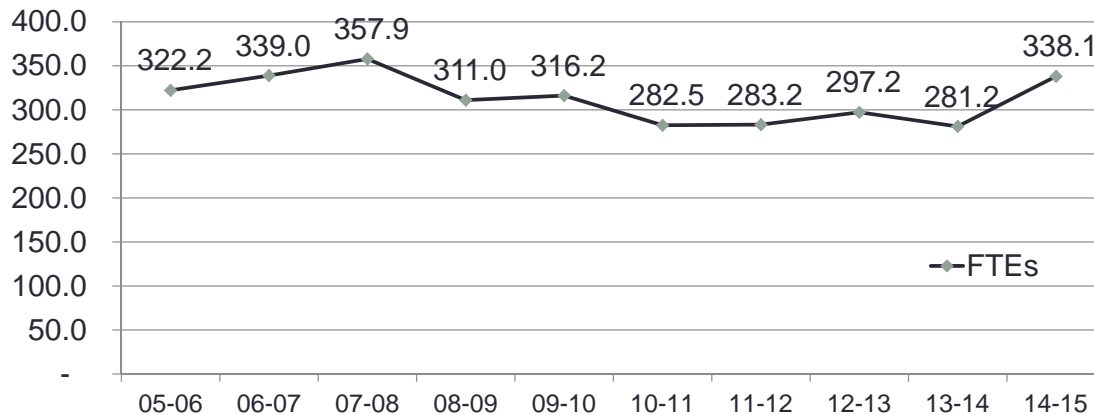
5 Year Summary Use of One-Time



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Staffing Summary

- o 281.2 FTE FY 13-14 Adopted
- o 338.1 FTE FY 14-15 Recommended



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FY 2013-14 Anticipated Accomplishments

- Commenced System Change effort including adopting Steering Committee Vision, Values and Guiding Principles
- Planned transformation of Outpatient program via MHSA
- Debuted Electronic Health Record system at PHF
- Additional services to foster care children (Katie A.)
- Received SB 82 Crisis grant funding: \$8.3M
- Commenced substance abuse screening at 2 PHD clinics
- Continued drug court services without grant funding

ADMHS

FY 2014-15 Objectives

- Continue development of comprehensive 21st Century Behavioral Health System
- Reduce length of acute hospital stays
- Complete planning of Consolidated Mental Health Treatment Center in Santa Maria in conjunction with Marian Medical Center
- Update scopes of work for all CBO service contracts
- Roll out MHSA-funded Outpatient programs that target specific populations using evidence-based practices

ADMHS

FY 2015-16 Objectives

- Continue implementation of comprehensive 21st Century Behavioral Health System
- Introduce new Behavioral Health contracts for CBOs
- Fully integrate substance abuse services into MHSA-funded Outpatient programs
- Develop MHSA-funded permanent housing programs

ADMHS

Performance Measures

Description	2012-13 Actual	FY 13-14 Estimated Actual	FY 14-15 Recommended
Reduce % of "High Cost" Medi-Cal beneficiaries	4.99%	4.80%	2.50%
Decrease average acute hospital length of stay	8.33 days	8.49 days	7 days
Reduce acute hospital readmit w/in 30 days rate	15.1%	13.7%	9.6%
Reduce acute bed days	7,282	8,035	8,603 (7,873*)

* Projected number of acute bed days with implementation of crisis care facilities effective 1/1/15

ADMHS

Performance Measures

Description	2012-13 Actual	FY 13-14 Estimated Actual	FY 14-15 Recommended
Reduce wait time in Emergency Rooms	22 hours	18 hours	18 hours (9 hours*)
Reduce time from 1 st contact to 1 st Dr. appt.: Children	31 days	33 days	23 days
Reduce time from 1 st contact to 1 st Dr. appt.: Adults	31 days	33 days	23 days
Increase # of ADP clients	4,000	4,000	5,200

* Projected wait time with implementation of crisis care facilities effective 1/1/15

ADMHS

FY 2014-15 Expansion Requests

Enhancement Request	Costs	FTE	Funding					Start
			GFC	State*	MHSA	Grant	Medi-Cal	
Crisis System Expansion	\$5.8M	29.50	\$0.0	\$0.9M	\$0.0	\$2.9M	\$2.0M	Q3
Temp. Housing Expansion	\$0.3M	0.00	\$0.0	\$0.3M	\$0.0	\$0.0	\$0.0	Q1
Clinics Transformation	\$1.3M	9.43	\$0.0	\$0.4M	\$0.2M	\$0.0	\$0.7M	Q1
Katie A. Excess Costs	\$1.7M	9.38	\$0.8M	\$0.0	\$0.0	\$0.0	\$0.9M	Q1
Homeless Services	\$0.3M	0.75	\$0.0	\$0.0	\$0.1M	\$0.0	\$0.2M	Q2
Forensic Services	\$0.7M	4.50	\$0.0	\$0.0	\$0.3M	\$0.0	\$0.4M	Q2
Administrative Support	\$1.1M	9.00	\$0.0	\$0.0	\$1.1M	\$0.0	\$0.0	Q1
Demand for Clinic Services	\$1.0M	18.50	\$0.0	\$0.3M	\$0.2M	\$0.0	\$0.5M	Q3
Totals	\$12.2M	81.06	\$0.8M	\$2.0M	\$1.9M	\$2.9M	\$4.6M	

ADMHS

FY 2014-15 Efficiency Changes

- Increased Medi-Cal revenue due to ACA
 - Medi-Cal penetration rate expected to increase from 75% to 85% (13.3% increase)
 - Average Medi-Cal FFP rate expected to increase from 50% to 61% (22.0 % increase), and
 - Provisional payment rates expected to increase by 4%
 - These three factors represent a 39.7% increase in Medi-Cal FFP
- Increased Medi-Cal revenue: \$11M per year for next 3 years
- Allows for majority of budget enhancement requests to be fully funded using new funding hierarchy without the need for more General Fund (except for Katie A.).

ADMHS

Key Challenges/Emerging Issues

- The department's primary challenge is developing a comprehensive 21st Century Behavioral Health system that produces the desired community outcomes in the most cost-effective manner possible.
- The department faces an ever-changing healthcare landscape with implications for specialty mental health and substance abuse systems.
 - ADMHS is still at risk of having its ADP portion of 2011 Realignment reduced in the same manner that the EPSDT portion was reduced in FY 13-14.
 - Funding is based on Medi-Cal penetration % and Medi-Cal FFP % assumptions.

ADMHS

Key Challenges/Emerging Issues

- The Budget Expansion Requests total \$12.2M to "balance" the department's different Systems of Care:
 - Expand the Prevention and Early Intervention System of Care
 - Expand the Crisis System of Care
 - Transform and expand the Adults' and Children's Outpatient Systems of Care
 - Reduce the Inpatient System of Care.
- Not implementing the Budget Expansion Requests will leave "unbalanced" systems of care that are inefficient, serve fewer people, and cost more to operate.

ADMHS

Summary

- These eight budget expansions are investments in the development of a comprehensive and cost-effective 21st Century Behavioral Health system over the next 3 -5 years.
- Efficient quality care will be based on achieving optimal outcomes for clients, not on their ability to pay.
- The success of the Behavioral Health system will be measured by a change in outcomes: reduced number and length of acute hospital stays, fewer days from first contact to first appointment and an increase in the total people served in preventive and pre-crisis settings.
- By efficiently re-allocating resources to the different systems of care, ADMHS will ultimately provide better and appropriate care, for more people, at a lower cost.

Alcohol, Drug and Mental Health

A Year of Change



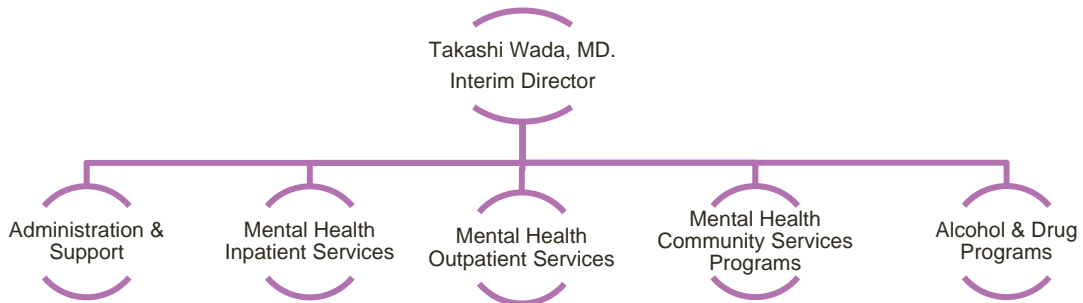
*Artwork by Patrick Begin, Founding Member, Healing Arts Council of Santa Barbara County
and Member, ADMHS Consumer and Family Member Advisory Committee*

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Budget & Full-Time Equivalents (FTEs) Summary

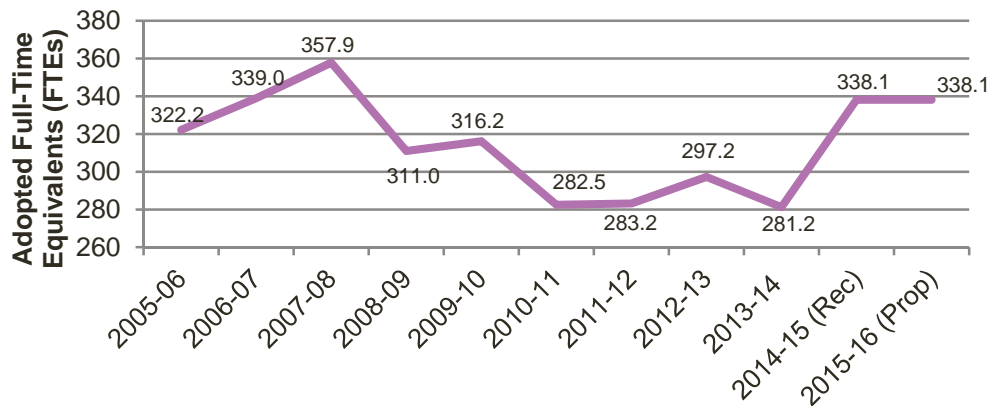
Operating	\$ 92,198,760
Capital	\$ 323,914
FTEs	338.1

Budget Programs Chart



Staffing Trend

The staffing trend values will differ from prior year budget books in order to show amounts without the impact of any vacancy factors.



Alcohol, Drug and Mental Health

Mission Statement

The mission of Alcohol, Drug & Mental Health Services is to promote the prevention of and recovery from addiction and mental illness among individuals, families, and communities, by providing effective leadership and delivering state-of-the-art, culturally competent services.

Department Description

At the end of June 2013, a comprehensive “**Systems Change**” initiative was begun at the direction of the Board of Supervisors based on two commissioned reports from TriWest Group and Health Management Associates (HMA) to review ADMHS inpatient and outpatient programs. “**Systems Change**” uses a continuous quality improvement (CQI) approach to address problems documented by the comprehensive reports. The unprecedented countywide “**Systems Change**” effort has focused on access to services, welcoming, increasing cultural competence, the integration of peer staff, improved services for children and individuals in crisis and enhanced forensic services for persons involved with the justice system.

“**Systems Change**” involves collaboration among all the partners in the system – ADMHS programs, community-based organizations (CBOs), other county and city departments, consumers, families, front line staff, change agents, team leaders, managers and system administrators.

The Fiscal Year 2014-15 Mental Health Services Act (MHSA) Plan Update proposes to integrate the principles of the Act into all outpatient programs and services. This involves the creation of new specialty teams at adult and children’s outpatient clinics that will adhere to the five guiding principles of MHSA: cultural competence, community collaboration, a client and family-driven system, seamless transitions between services and a focus on wellness and resiliency.

The Department is receiving grant funds for the establishment of crisis facilities, as well as greater revenue from changes to federal reimbursement rules associated with the Affordable Care Act. The increased funding will help facilitate the system change effort.

2013-14 Anticipated Accomplishments

Administration & Support

- Reorganized the Departmental administrative structure; hired a Deputy Director of Clinical Services; increased the allocation of the Medical Director to full time; established a Chief of Compliance and developed an Office of Strategy Management.
- Completed the first ever comprehensive evaluation of the Department, conducted by a consultant agency (TriWest Group). This effort has resulted in system change throughout the organization, including improvements in each individual program, internal workgroups and in comprehensive cross-system Action Teams, all working together and coordinated by a diverse and inclusive Behavioral Health Steering Committee to advance the overall vision of change.

Mental Health Inpatient Services

- Improved appropriate utilization of the Psychiatric Health Facility (PHF) as an acute care hospital.
- Expanded the electronic health record system to include the inpatient setting.
- Integrated alcohol and drug assessments.

Mental Health Outpatient Services

- Hired 11 additional FTEs within the Children’s System to serve foster children through the Core Practice Model of the Katie A.

Alcohol, Drug and Mental Health

settlement agreement, which mandates specific specialty mental health services for children in foster care..

- Planned the integration of the principles of the Mental Health Services Act (MHSA) into all outpatient programs and services to fully transform current programs and practices to align with the principles of MHSA.

Mental Health Community Services Programs

- Launched a continuous quality improvement (CQI) approach to address system-wide issues as part of an unprecedented countywide systems change initiative. Major areas of focus include access, welcoming, cultural competence, peer integration and improved services for children, individuals in crisis and persons involved with the justice system.
- Received SB82 grant funding to develop Crisis Triage teams in each region of the county.
- Applied for a grant (in partnership with Cottage Hospital) to fund a crisis stabilization unit and a crisis residential treatment facility in South County.

Alcohol & Drug Programs

- Worked to complete development of SBIRT (screening, brief intervention and referral to treatment) at two Public Health Department outpatient clinics.
- Sustained and expanded treatment services for non-justice involved clients throughout the county.

2014-16 Objectives

Administration & Support

- Begin a multi-year process to create a comprehensive behavioral health system that encompasses mental health services,

substance abuse services, physical health care services, and support services.

- Integrate departmental communication and organization through the development of communication, evaluation and training plans.

Mental Health Inpatient Services

- Maintain a high average daily census on an ongoing basis while reducing the length of stay.
- Complete planning with Marian Medical Center in North County to increase the number of inpatient psychiatric beds.

Mental Health Outpatient Services

- Expand the number of homeless shelter and board and care bed resources.
- Work with community based organizational providers to review and update all outpatient service contracts.

Mental Health Community Services Programs

- Integrate the principles of MHSA into all outpatient programs and services that includes adherence to established evidence-based practices delivered through specialty teams at all adult and children's outpatient clinics.
- Implement a crisis stabilization unit and crisis residential facility in the south county.
- Transform access and assessment services provided by CARES clinics into mobile assessment teams in all three regions.
- Expand the MHSA innovations programs to transform the justice alliance program into a forensic system of care and expand services to the homeless in each geographic region.

Alcohol, Drug and Mental Health

Alcohol and Drug Program

- Further integrate substance abuse services with the outpatient MHSA-funded programs.
- Implement state-approved, expanded Medical services.

*Changes & Operational Impact:
2013-14 Adopted to
2014-15 Recommended*

Staffing

- Increase of 56.9 FTEs. The increase in FTEs is due to the following:
 - 22.0 FTE are from the Mobile Crisis Triage grant approved in February 2013.
 - 19.0 additional extra help and Contractor on payroll FTEs that support the “System Change” effort and are funded through additional revenues.
 - 7.0 FTE are from the Juvenile Justice program that were maintained to provide services to the Probation Department at the Juvenile Hall and Boys’ Camp after proposed reductions in FY 2013-14..
 - 8.9 are the funding of authorized regular civil service FTEs that have been vacant and unfunded, that support the “System Change” effort.

The Department continues to undergo significant system change efforts to reallocate resources throughout the organization. The following is a breakdown of the additional FTEs by Budget Program.

- **Administration and Support: + 11.0 FTE**

4.5 FTE were moved from other Budget Programs, 5.0 FTE are extra help administrative support positions, and the remaining 1.5 FTE is due to the reallocation and reclassification of an unfunded authorized position within the Department

to provide sufficient support in the Patients’ Rights and Facilities programs.

- **Inpatient Services: + 0.5 FTE**

2.0 administrative FTE were moved to the Administration and Support Budget Program, offset by the 0.4 FTE increase in psychiatrist time for the PHF (now that the PHF Medical Director has also assumed the administrative management of the PHF). In addition, a reallocation and reclassification of 2.0 FTE unfunded authorized positions within the Department to support the PHF nurse supervision function, funded by operating revenues. There is a net increase of 0.11 in extra help and Contractors on Payroll FTE.

- **Outpatient Services: - 45.6 FTE**

The 45.6 FTE decrease is due to transforming the Outpatient clinic program into a set of MHSA-funded programs and moving Outpatient clinic staff to the Community Services Budget Program (47.5 FTE) and ADP Budget Program (0.3 FTE), while adding a net increase of 2.1 extra help and Contractors on Payroll FTE to support services to the Probation Department.

- **Community Services Programs: + 92.2 FTE**

The 92.2 FTE increase is due to the following:

- 47.5 FTE: Moved from Outpatient Services Budget Program.
- 7.0 FTE: Juvenile Justice program staff
- 22.0 FTE: Mobile Crisis Triage staff
- 11.8 FTE: Extra help staff and Contractors on Payroll to support MHSA-funded programs.
- 4.0 FTE: The reallocation and reclassification of unfunded authorized positions within the department to provide sufficient support in the Quality Assurance program and Outpatient programs.

Alcohol, Drug and Mental Health

o Alcohol and Drug Programs: - 1.3 FTE

The 1.3 FTE decrease is due to moving out 2.5 administrative FTE to the Administration and Support Budget Program, moving in 0.3 clinical FTE from the Outpatient Services Budget Program and the reallocation and reclassification of 1.0 FTE unfunded authorized position within the Department to provide supervision of the Alcohol and Drug Programs operations.

Expenditures

- Net operating expenditure increase of \$13,989,000:
 - o Salaries and Benefits: +\$4,841,000 reflects negotiated labor increases as well as the addition of 29.0 regular civil service and 19.0 extra help/Contractors on Payroll FTEs, and the funding of 8.9 previously unfunded but authorized FTEs.
 - o Services and Supplies: +\$8,503,000 is due primarily to a placeholder for Innovation program expenses (\$1.7 million, which has not been allocated by Object Level), an increase in out-of-county inpatient contract bed costs (\$1.9 million), and intra-department expenses that are offset by intra-department revenues (\$4.7 million).
 - o Other Charges: +\$645,000 is due primarily to increases in the Department's liability and Medical Malpractice insurance premiums, as well as costs for services provided by other departments.
- Net non-operating expenditures decrease of \$1,943,000:
 - o This is due to moving allocated funds for the Lompoc Outpatient Children's programs to a new location (+\$200,000), an increase in the Intrafund transfer within the Department for the reallocation of costs associated with the Quality Assurance program (+\$1.2 million, not an actual cost), offset by a reduction in the Intrafund Expenditure Transfers, Increases to Fund Balances, and Fund Balance Impact (-\$3.3 million).

These changes result in recommended operating expenditures of \$92,199,000, non-operating expenditures of \$3,078,000, for total expenditures of \$95,277,000. Non-operating expenditures primarily include capital assets, transfers, and increases to fund balances.

Revenues

- Net operating revenue increase of \$15,917,000:
 - o Intergovernmental Revenue: +3,606,000
 - +\$2.4 million in new SB 82 Crisis grant funds,
 - +\$2.7 million in increased MHSA revenue,
 - -\$1.3 million in reduced 2011 Realignment revenues, and
 - -\$135K in reduced federal grant revenues.
 - o Charges for Service: +\$12,301,000
 - +\$7.2 million in increased Medi-Cal revenue,
 - +\$1.5 million in increased revenue from other departments,
 - +\$395K in increased Medicare revenue,
 - +\$4.7 million due to increase in Intrafund revenue for administrative fees, and
 - -\$1.3 million due to reduction in Intrafund revenue for dual-funded employees (the last two are not actual revenue, just reallocation of administrative and personnel costs).
- Net non-operating revenue decrease of \$3,870,000:
 - o -\$4,400,000 reduction in funding from the General Fund for prior known liabilities that are assumed to be fully paid in FY 2013-14
 - o +\$1,300,000 increase in General Fund Contribution
 - o +\$1,100,000 increase in Intrafund revenue associated with the Quality Assurance program and the ADP Fund
 - o -\$1,600,000 reduction in the amount of the Department's fund balances used in FY 2014-15

These changes result in recommended operating revenues of \$86,620,000, non-operating revenues of \$8,657,000, resulting in total revenues of \$95,277,000. Non-operating revenues primarily

Alcohol, Drug and Mental Health

include General Fund Contribution, transfers, and decreases to fund balances.

*Changes & Operational Impact:
2014-15 Recommended to
2015-16 Proposed*

Expenditures

- Net expenditure decrease of \$419,000.
 - Salaries and Benefits: +\$875,000 reflects negotiated labor agreements and increases in County retirement and health insurance contributions.
 - Services and Supplies: -\$919,000 is due to a reduction in the expense placeholder amount for Innovation program costs and a projected decrease in building maintenance costs.
 - Other Charges: -\$60,000 is due to reduced costs for services provided by other departments.
 - Capital Assets: -\$241,000 is due to reduced one-time capital asset costs that are projected to occur only in FY 14-15.
 - Other Financing: -\$74,000 is due to reduced amounts paid to other departments.

Revenues

- Total Operating Revenues are increasing \$1,600,000 and Non-operating Revenue is decreasing by \$2,031,000 for a combined Net Total Revenue decrease of \$419,000.
 - Intergovernmental Revenue: +\$1.1 million reflects an increase in Realignment and MHSA revenue, offset by a decrease in federal grant revenue.
 - Charges for Service: +\$548,000 reflects an increase in Medi-Cal and Medicare revenue
 - Decrease to Restricted: -\$2.8 million decrease in the amount of Department's use of fund balances in FY 2015-16.
 - Fund Balance Impact: -\$758,000 projects the ADP fund to have a deficit in FY 2015-16.

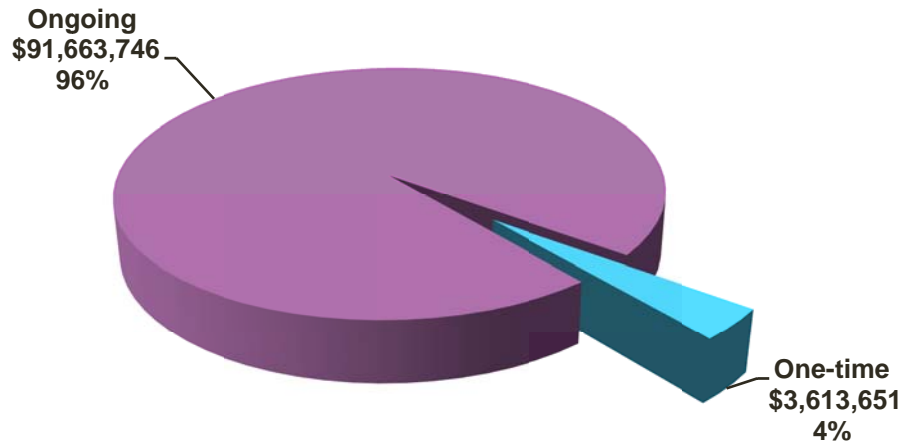
Related Links

For more information on the Alcohol, Drug and Mental Health Department, refer to the Web site at <http://www.countyofsb.org/admhs>.

Alcohol, Drug and Mental Health

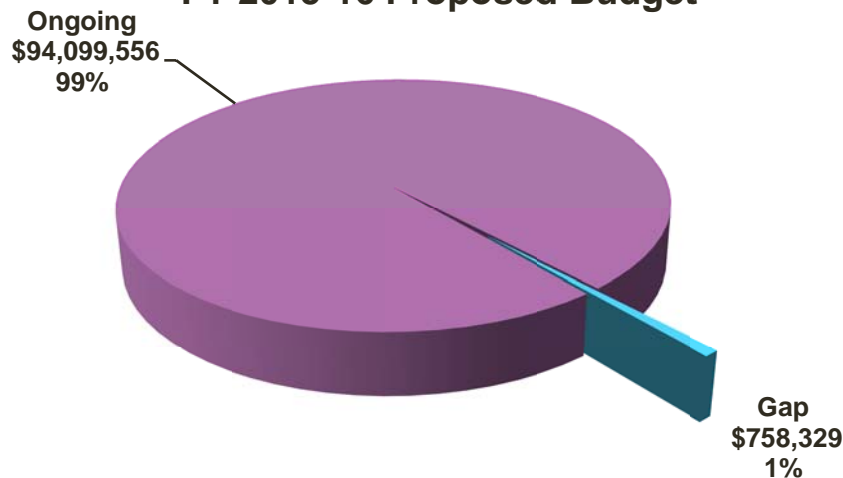
Gap Charts

FY 2014-15 Recommended Budget



The FY 2014-15 Recommended Budget relies the use of \$3,613,651 of one-time funds from the fund balances of the MHSA (\$2,449,465) and ADP Funds (\$1,164,186) to support the Department's ongoing operations.

FY 2015-16 Proposed Budget



The FY 2015-16 Proposed Budget projects a gap of \$758,329 between available funding and the funding required to maintain FY 2014-15 service levels. This funding gap is entirely in the Alcohol Drug Programs (ADP) Fund. The department will reduce costs in the ADP fund in FY 15-16 in order to have costs covered by the available funding.

Alcohol, Drug and Mental Health

Performance Measures

<u>Description</u>	<u>FY 2011-12 Actual</u>	<u>FY 2012-13 Actual</u>	<u>FY 2013-14 YTD Actual</u>	<u>FY 2014-15 Recommended</u>	<u>FY 2015-16 Proposed</u>
Budget Program 1: Administration and Support					
Reduce the percentage of “high cost” Medi-Cal beneficiaries (greater than \$30k per beneficiary, per year)	4.78% 232 out of 4,851	4.99% 269 out of 5,387	4.80% 254 out of 5,295	2.50% 157 out of 6,271	2.50% 157 out of 6,271
Budget Program 2: Mental Health Inpatient Services					
Decrease the percentage of clients who are readmitted to the PHF within 30 days of discharge by 30%	15.0% 81 out of 540	13.7% 87 out of 635	11.9% 44 out of 371	8.3% 53 out of 635	8.3% 53 out of 635
Decrease the average acute inpatient length of stay to 7 days, while decreasing the number of acute bed days (VDM, Hillmont, PHF)	8.56 days 6,475 bed days	8.33 days 7,282 bed days	8.49 days 8,035 bed days	7.00 days 8,603/7,873* bed days	7.00 days 8,603/7,873* bed days
Budget Program 4: Mental Health Community Services Programs					
Reduce Emergency Room wait times before transferring to an inpatient setting or outpatient care 50%	24 hours	18 hours	18 hours	9 hours	9 hours
Reduce time between admission and the first psychiatrist appointment by 30% for both adults and children	31 days	33 days	28 days	20 days	20 days
Budget Program 5: Alcohol and Drug Programs					
Increase the number of unique persons receiving substance abuse treatment services by 30%	4,114	4,309	4,500	5,850	5,850

*Projected number of acute bed days with implementation of crisis care facilities effective 1/1/14

Alcohol, Drug and Mental Health

Budget Overview

Staffing By Budget Program	2012-13 Actual	2013-14 Adopted	Change from FY13-14 Ado to FY14-15 Rec	2014-15 Recommended	2015-16 Proposed
Administration & Support	35.51	56.50	11.00	67.50	67.50
Mental Health Inpatient Services	41.33	42.49	0.51	43.00	43.00
Mental Health Outpatient Services	76.18	65.37	(45.62)	19.75	19.75
Mental Health Community Services Program	117.97	105.31	92.24	197.55	197.55
Alcohol & Drug Programs	16.10	11.58	(1.25)	10.33	10.33
Unallocated	0.08	-	-	-	-
Total	287.16	281.24	56.89	338.13	338.13
Budget By Budget Program					
Administration & Support	\$ 8,702,154	\$ 8,588,174	\$ 1,505,463	\$ 10,093,637	\$ 10,233,699
Mental Health Inpatient Services	9,949,100	9,195,572	1,373,383	10,568,955	10,701,615
Mental Health Outpatient Services	22,251,527	22,170,282	(8,034,672)	14,135,610	14,104,111
Mental Health Community Services Program	28,962,141	28,134,178	18,445,832	46,580,010	46,201,693
Alcohol & Drug Programs	9,813,682	10,121,353	699,195	10,820,548	10,853,420
Unallocated	(6,200)	-	-	-	-
Total	\$ 79,672,405	\$ 78,209,559	\$ 13,989,201	\$ 92,198,760	\$ 92,094,538
Budget By Categories of Expenditures					
Salaries and Employee Benefits	\$ 34,053,079	\$ 36,046,318	\$ 4,841,450	\$ 40,887,768	\$ 41,762,891
Services and Supplies	40,196,727	39,783,316	8,502,651	48,285,967	47,366,622
Other Charges	5,422,599	2,379,925	645,100	3,025,025	2,965,025
Total Operating Expenditures	79,672,405	78,209,559	13,989,201	92,198,760	92,094,538
Capital Assets	7,665	110,000	213,914	323,914	82,667
Other Financing Uses	1,525,069	1,031,032	1,156,302	2,187,334	2,113,291
Intrafund Expenditure Transfers (+)	815,095	585,130	(135,741)	449,389	449,389
Increases to Fund Balances	1,151,687	294,220	(176,220)	118,000	118,000
Fund Balance Impact (+)	-	3,001,003	(3,001,003)	-	-
Total	\$ 83,171,921	\$ 83,230,944	\$ 12,046,453	\$ 95,277,397	\$ 94,857,885
Budget By Categories of Revenues					
Fines, Forfeitures, and Penalties	\$ 3,407	\$ 4,300	\$ -	\$ 4,300	\$ 4,300
Use of Money and Property	19,280	44,714	8,044	52,758	52,758
Intergovernmental Revenue	43,728,184	38,955,860	3,605,996	42,561,856	43,626,660
Charges for Services	30,211,645	31,500,104	12,301,289	43,801,393	44,349,245
Miscellaneous Revenue	625,809	198,131	1,268	199,399	199,399
Total Operating Revenues	74,588,325	70,703,109	15,916,597	86,619,706	88,232,362
Other Financing Sources	2,331,003	4,753,945	(3,225,394)	1,528,551	1,528,551
Intrafund Expenditure Transfers (-)	815,095	585,130	(135,741)	449,389	449,389
Decreases to Fund Balances	2,370,694	5,265,435	(1,651,784)	3,613,651	803,254
General Fund Contribution	3,005,544	1,772,400	1,293,700	3,066,100	3,086,000
Fund Balance Impact (-)	61,259	150,925	(150,925)	-	758,329
Total	\$ 83,171,921	\$ 83,230,944	\$ 12,046,453	\$ 95,277,397	\$ 94,857,885

Alcohol, Drug and Mental Health

Staffing Detail

Staffing Detail By Budget Program	2012-13 Actual	2013-14 Adopted	Change from FY13-14 Ado to FY14-15 Rec	2014-15 Recommended	2015-16 Proposed
Administration & Support					
DIRECTOR	0.58	1.00	-	1.00	1.00
DEPUTY DIRECTOR	0.51	0.50	0.50	1.00	1.00
ASST DIRECTOR	1.00	1.00	0.50	1.50	1.50
CHIEF FINANCIAL OFFICER	1.00	1.00	-	1.00	1.00
PROGRAM MANAGER	0.85	1.00	1.00	2.00	2.00
DIVISION CHIEF	0.73	1.00	1.00	2.00	2.00
IT MANAGER	1.00	1.00	-	1.00	1.00
FISCAL MANAGER	0.89	1.00	-	1.00	1.00
EDP SYS & PROG ANLST SR	1.00	2.00	1.00	3.00	3.00
EDP SYS & PROG ANLST	2.00	3.00	(1.00)	2.00	2.00
COST ANALYST	0.85	2.00	1.00	3.00	3.00
ACCOUNTANT SUPERVISING	0.46	1.00	-	1.00	1.00
COMPUTER SYSTEMS SPEC SUPV	-	1.00	-	1.00	1.00
ADMIN OFFICE PRO	7.76	18.00	1.50	19.50	19.50
FINANCIAL OFFICE PRO	3.00	3.00	-	3.00	3.00
HR MANAGER	0.37	1.00	(1.00)	-	-
FINANCIAL SYS ANALYST	0.27	1.00	-	1.00	1.00
ACCOUNTANT	2.80	3.00	-	3.00	3.00
COMPUTER SYSTEMS SPEC	3.00	5.00	-	5.00	5.00
DEPT BUS SPEC	2.00	4.00	1.00	5.00	5.00
FACILITIES MANAGER	-	-	1.00	1.00	1.00
TEAM/PROJECT LDR-GEN	1.00	1.00	(1.00)	-	-
PATIENTS RIGHTS ADVOCATE	1.00	1.00	0.50	1.50	1.50
MEDICAL RECORDS ADMIN	1.00	1.00	-	1.00	1.00
BUILDING MAINT WORKER	0.97	1.00	-	1.00	1.00
EXTRA HELP	1.49	1.00	5.00	6.00	6.00
Administration & Support Total	35.51	56.50	11.00	67.50	67.50
Mental Health Inpatient Services					
MEDICAL DIRECTOR	0.51	1.00	-	1.00	1.00
PSYCHIATRIST	1.34	1.75	(0.10)	1.65	1.65
STAFF PHYSICIAN	0.50	0.50	-	0.50	0.50
PROGRAM MANAGER	1.00	1.00	(1.00)	-	-
PSYCHIATRIC NURSE SUPV	1.00	1.00	4.00	5.00	5.00
PSYCHIATRIC NURSE SR	1.00	1.00	(1.00)	-	-
ADMIN OFFICE PRO	1.43	2.50	(1.00)	1.50	1.50
PSYCHIATRIC NURSE	7.33	7.50	(2.50)	5.00	5.00
HEALTH CARE PROGRAM COORDINATO	-	-	1.00	1.00	1.00
ADMHS PRACTITIONER	3.53	3.50	(2.50)	1.00	1.00
ADMHS PRACTITIONER INTERN	-	-	1.00	1.00	1.00
NUTRITIONIST	0.65	1.00	-	1.00	1.00
ADMHS PSYCHIATRIC TECH	9.27	9.50	(4.50)	5.00	5.00
RECREATIONAL THERAPIST	1.50	1.50	-	1.50	1.50
ADMHS RECOVERY ASSISTANT	1.50	3.00	7.00	10.00	10.00
CONTRACTOR	0.45	0.49	0.71	1.20	1.20
EXTRA HELP	10.30	7.25	(0.60)	6.65	6.65
Mental Health Inpatient Services Total	41.33	42.49	0.51	43.00	43.00
Mental Health Outpatient Services					
PSYCHIATRIST	6.23	7.40	(7.15)	0.25	0.25

Alcohol, Drug and Mental Health

Staffing Detail Continued

Staffing Detail By Budget Program	2012-13 Actual	2013-14 Adopted	Change from FY13-14 Ado to FY14-15 Rec	2014-15 Recommended	2015-16 Proposed
DEPUTY DIRECTOR	0.24	0.50	(0.50)	-	-
PROGRAM MANAGER	0.67	2.00	(1.00)	1.00	1.00
DIVISION CHIEF	0.06	0.50	(0.50)	-	-
REGIONAL CLINIC MANAGER	0.90	2.70	(2.70)	-	-
ADMHS TEAM SUPV-CLIN PSYCH	0.15	-	-	-	-
CLIN PSYCHOLOGIST	3.74	2.00	(2.00)	-	-
PSYCHIATRIC NURSE SR	2.00	2.00	-	2.00	2.00
ADMIN OFFICE PRO	11.97	6.00	(5.00)	1.00	1.00
QUALITY ASSURANCE COORD	0.38	-	2.00	2.00	2.00
PSYCHIATRIC NURSE	2.21	2.20	(2.20)	-	-
DEPT BUS SPEC	1.62	2.00	-	2.00	2.00
ADMHS TEAM SUPV-PRACTITIONER	2.84	2.52	(1.52)	1.00	1.00
ADMHS PRACTITIONER	17.32	13.95	(8.95)	5.00	5.00
CLIN PSY POST DOC INTERN	0.96	1.00	(1.00)	-	-
ADMHS PRACTITIONER INTERN	3.78	3.00	(3.00)	-	-
ADMHS PSYCHIATRIC TECH	9.90	9.45	(7.95)	1.50	1.50
ADMHS CASE WORKER	6.54	7.25	(6.25)	1.00	1.00
CONTRACTOR	0.84	0.90	(0.03)	0.88	0.88
EXTRA HELP	3.84	-	2.12	2.12	2.12
Mental Health Outpatient Services					
Total	76.18	65.37	(45.62)	19.75	19.75
Mental Health Community Services Programs					
MEDICAL DIRECTOR	0.49	-	-	-	-
PSYCHIATRIST	3.93	4.78	6.42	11.20	11.20
DEPUTY DIRECTOR	0.25	-	-	-	-
ASST DIRECTOR	-	-	0.50	0.50	0.50
PROGRAM MANAGER	2.32	1.00	1.00	2.00	2.00
DIVISION CHIEF	2.92	2.50	(1.50)	1.00	1.00
REGIONAL CLINIC MANAGER	2.10	0.30	2.70	3.00	3.00
ADMHS TEAM SUPV-CLIN PSYCH	1.04	1.00	1.00	2.00	2.00
EDP SYS & PROG ANLST SR	1.00	-	-	-	-
EDP SYS & PROG ANLST	1.00	-	-	-	-
CLIN PSYCHOLOGIST	2.34	3.00	0.75	3.75	3.75
PSYCHIATRIC NURSE SR	1.00	1.00	1.00	2.00	2.00
COST ANALYST	0.50	-	-	-	-
COMPUTER SYSTEMS SPEC SUPV	1.00	-	-	-	-
ADMIN OFFICE PRO	6.87	4.00	6.00	10.00	10.00
QUALITY ASSURANCE COORD	0.38	-	-	-	-
HR MANAGER	0.63	-	-	-	-
PSYCHIATRIC NURSE	11.04	11.05	4.95	16.00	16.00
ACCOUNTANT	0.15	-	-	-	-
COMPUTER SYSTEMS SPEC	1.00	-	-	-	-
DEPT BUS SPEC	3.00	2.00	(1.00)	1.00	1.00
TEAM/PROJECT LDR-GEN	0.23	-	-	-	-
ADMHS TEAM SUPV-PRACTITIONER	1.82	3.48	9.52	13.00	13.00
ADMHS PRACTITIONER	18.88	18.55	15.45	34.00	34.00
CLIN PSY POST DOC INTERN	0.50	-	2.00	2.00	2.00
ADMHS REHABILITATION SPEC	4.00	4.00	-	4.00	4.00
ADMHS PRACTITIONER INTERN	5.61	7.00	10.00	17.00	17.00
ALCOHOL & DRUG SERVICE SPEC	4.35	5.00	-	5.00	5.00
ADMHS PSYCHIATRIC TECH	6.68	7.05	14.45	21.50	21.50

Alcohol, Drug and Mental Health

Staffing Detail Continued

Staffing Detail By Budget Program	2012-13 Actual	2013-14 Adopted	Change from FY13-14 Ado to FY14-15 Rec	2014-15 Recommended	2015-16 Proposed
ADMHS CASE WORKER	9.46	11.25	6.25	17.50	17.50
ADMHS RECOVERY ASSISTANT	12.35	13.00	1.00	14.00	14.00
CONTRACTOR	2.52	2.70	(1.50)	1.20	1.20
EXTRA HELP	8.62	2.65	13.25	15.90	15.90
Mental Health Community Services Programs Total	117.97	105.31	92.24	197.55	197.55
Alcohol & Drug Programs					
PROGRAM MANAGER	0.02	-	-	-	-
DIVISION CHIEF	0.02	-	-	-	-
FISCAL MANAGER	0.11	-	-	-	-
CLIN PSYCHOLOGIST	-	-	0.25	0.25	0.25
COST ANALYST	0.50	1.00	(1.00)	-	-
ADMIN OFFICE PRO	3.09	1.50	(1.50)	-	-
ACCOUNTANT	0.66	-	-	-	-
COMPUTER SYSTEMS SPEC	1.00	-	-	-	-
DEPT BUS SPEC	1.00	-	-	-	-
PROJECT MANAGER	1.00	1.00	-	1.00	1.00
ADMHS TEAM SUPV-PRACTITIONER	1.00	1.00	1.00	2.00	2.00
HEALTH CARE PROGRAM COORDINATOR	-	-	3.00	3.00	3.00
ADMHS PRACTITIONER	1.00	1.00	-	1.00	1.00
ADMHS PRACTITIONER INTERN	0.62	1.00	(1.00)	-	-
ALCOHOL & DRUG SERVICE SPEC	5.38	5.00	(2.00)	3.00	3.00
CONTRACTOR	0.07	0.08	-	0.08	0.08
EXTRA HELP	0.64	-	-	-	-
Alcohol & Drug Programs Total	16.10	11.58	(1.25)	10.33	10.33
Unallocated					
ADMHS PRACTITIONER INTERN	0.04	-	-	-	-
ADMHS PSYCHIATRIC TECH	0.04	-	-	-	-
Unallocated Total	0.08	-	-	-	-
Department Total	287.16	281.24	56.89	338.13	338.13