

Bi-County Mental Health

Tom Sherry, Director

Program Description (4-102)

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 specialty 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 payer status; administers managed-care contracts for mental health services with private for profit and non-profit agencies; and provides a comprehensive system of care for the mentally ill, to the extent resources are available.

(\$66,463) Decrease due to the partial reallocation of two Program Mangers (total of 0.48 FTE) to the Mental Health Services Act Budget Unit (4-104)

\$56,870 Increase due to the addition of one (1.0 FTE) Account Clerk I/II effective July 1, 2015

\$96,831 Increase due to the addition of one (1.0 FTE) Mental Health Therapist I/II/III in the Adult Outpatient Program effective July 1, 2015 to be recruited at a level II

(\$68,099) Decrease due to the elimination of one vacant (1.0 FTE) Mental Health Worker II in the First Steps Program

\$25,000 Increase in Other Pay based on actual expenditures

(\$80,579) Decrease in County Contribution – Group Insurances due to the County’s transition to San Joaquin Valley Insurance Authority and resultant health insurance premium decrease

Major Budget Changes

Salaries & Benefits

\$170,631 General increase due to negotiated Salaries and Benefits

\$101,388 Increase due to the addition of one (1.0 FTE) Forensic Mental Health Specialist position for the Community Correction Partnership during FY 2014-15

\$66,405 Increase due to the partial reallocation of two Intervention Counselors (total of 1.0 FTE) from the Mental Health Services Act Budget Unit (4-104)

\$34,089 Increase due the partial reallocation of one Psychiatrist (0.1 FTE) from the Mental Health Services Act Budget Unit (4-104)

Services & Supplies

(\$450,256) Decrease in Professional Specialized Services

\$200,000 Increase in Juvenile Dependency Proceeding/Physician account primarily due to the use of locum tenen psychiatrists while recruiting to fill vacancies

Other Charges

(\$86,862) Decrease in Support & Care of Persons based on estimated needs

\$65,000 Increase in Contribution to IMD Facilities

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(\$258,143) Decrease in Intrafund Overhead (A-87) Cost Plan charges as provided by the Auditor-Controller's Office

\$35,468 Increase in Interfund Information Technology charges as provided by the General Services Department

Appropriation for Contingency

\$2,343,190 Increase in Appropriation for Contingency to accommodate the uncertainties associated with estimating Mental Health revenues and expenses during Healthcare Reform implementation and Medi-Cal Audits

Revenues

\$471,539 Increase in Interfund Transfer In Sales Tax revenues under 1991 Realignment based on statewide revenue projections

\$300,000 Increase in State Mandated Costs based on funding requested in the State's Budget to pay off all unfunded mandate costs for local government for 2004 and prior

Program Discussion

Sutter-Yuba Mental Health Services (SYMHS) has served between 5,500 and 6,000 unique mental health clients each year, for the last several years. There has been a significant increase in demand for mental health services due in part to expanded children's services supported by Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds which became available in 1995. This, together with the Medi-Cal consolidation that became effective in 1998, and growth in local population, has resulted in the level of service provided today by SYMHS to mental health clients in Sutter and Yuba Counties.

Under Medi-Cal consolidation, SYMHS has been the Mental Health Plan for more than 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 Substance Use Disorder (SUD) services to counties along with an additional dedicated portion of sales taxes to fund them. The areas realigned are:

- EPSDT
- Mental Health Managed Care
- Drug Courts
- Drug Medi-Cal
- Non-Drug Medi-Cal Treatment Services

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 through a combination of Medi-Cal and EPSDT.

SYMHS provides substance use disorder treatment services to local residents under contracts with the California Department of Health Care Services (DHCS), which include

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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 funding.

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.

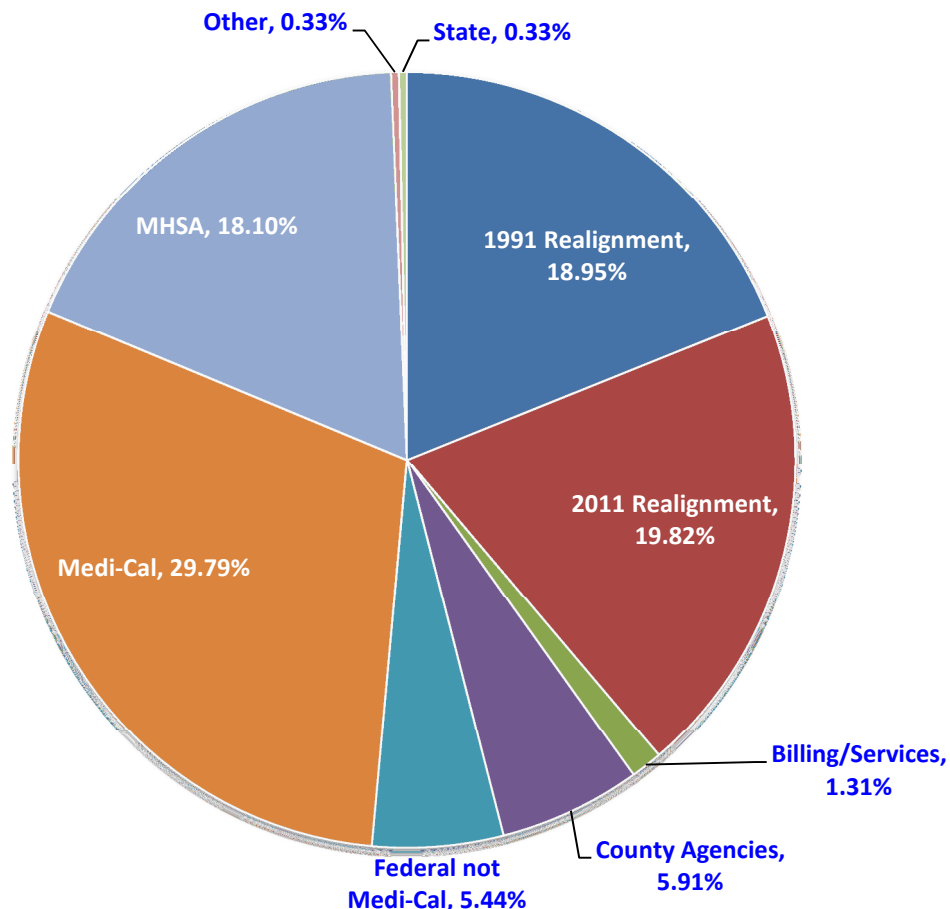
During FY 2011-12, Public Safety Realignment

shifted responsibility for certain offenders from the state to counties and funding became available to continue and expand services in collaboration 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 (DMC) services has been realigned to counties, local DMC providers are still contracted directly

Mental Health Revenue Sources



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with DHCS. There are currently three of these agencies in the community. It is anticipated that SYMHS will eventually assume responsibility for oversight of these contractor-provided services.

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.

Healthcare Reform has been slow to impact SYMHS. 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. Once additional information has been received, SYMHS may return to the Board with additional budget adjustments to reflect these anticipated changes.

Budget Discussion

SYMHS' rates are required by federal law to be based on actual costs. Medi-Cal is billed using interim rates, estimated 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 mandated cost report process. For FY 2015-16, SYMHS will charge \$946.66 per day on the Inpatient Unit. Other services are charged by the minute: \$7.13 per minute for Medication Support, \$2.99 per minute for Case Management/Brokerage, \$3.86 per minute for Mental Health Services, and \$5.74 per minute for Crisis Intervention. These interim rates are based on the FY 2013-14 Cost Report and may be adjusted upon completion of the FY 2014-15 Cost Report.

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

From a financial perspective, several factors are affecting the FY 2015-16 Mental Health budget.

- Since FY 2003-04, both locally and statewide, Mental Health Realignment allocations have remained flat or have 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 it 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. Mental Health is now set to start receiving Realignment growth. The Mental Health Division uses Realignment funding as match to draw down the Federal contributions to Medi-Cal.

- The State Budget Act in 2011 enacted Public Safety Realignment transferring approximately \$5.6 billion in State fiscal responsibilities for public safety programs from the State to the counties. Funding for the programs is provided largely through a dedicated portion (1.0625 percent) of State sales and use taxes, and a small portion of redirected Vehicle License Fee revenues. Proposition 30, approved by the voters in November 2012, provided constitutional protections for this revenue source. While nearly all 2011-realigned programs were transferred to counties in FY 2011-12, Medi-Cal Specialty Mental Health Services, which includes EPSDT services for children and youth, was not realigned until FY

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2012-13 because the Legislature diverted \$861 million in Mental Health Services Act (MHSA) funds to support those programs in FY 2011-12.

- For FY 2012-13 and subsequent fiscal years, the Legislature enacted SB 1020 of 2012, which establishes a permanent financial structure for 2011 Realignment. This bill together with SB 1009 of 2012 includes changes to state laws governing Medi-Cal Specialty Mental Health to effectuate its 2012-13 realignment to counties. 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.

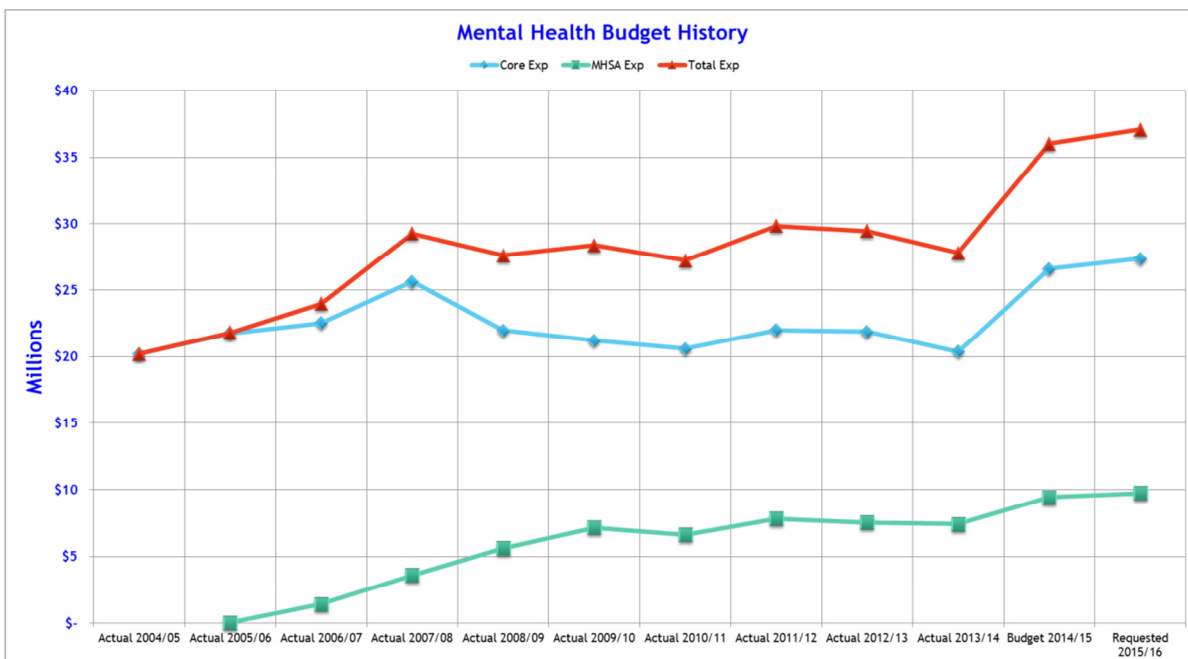
- Funding for Substance Use Disorder (SUD) prevention and treatment has remained flat or declined slightly for the last several years. New funding under Criminal Justice Realignment has allowed the addition of SUD programs at Probation and in the Jails.

The complexity of mental health and SUD funding and programs has increased for a variety of reasons, including 2011 Realignment and major changes to MHSA's payment methodology. This added complexity will require added administrative staff. During the

economic recession, use of extra help employees was increased to contain costs and provide needed flexibility. This practice has become problematic due to provisions included in the Patient Protection and Affordable Care Act (ACA). The use of extra hire personnel in support functions has been greatly curtailed.

Extra hire personnel are still essential to the business model for operation of Mental Health's Psychiatric Health Facility (PHF), which provides inpatient treatment, and Psychiatric Emergency Services (PES), which provides crisis services, both of which operate on a 24/7 basis. Extra hire personnel provide essential flexibility in meeting staffing requirements for the PHF that vary based on patient census and acuity. They also provide standby services for both the PHF and PES. Mental Health has worked closely with the Human Resources Department and the County Administrator's Office to ensure use of extra hire personnel in compliance with the ACA.

2011 Realignment has decreased the State's practice of deferring payments to counties as a means of addressing its fiscal shortcomings. The Board of Supervisors assisted SYMHS in meeting the difficult cash flow problems caused by the State's past deferral of payments to counties by authorizing borrowing from other funds of the Mental Health Department.



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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. SYMHS continues to pay down this borrowing.

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 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.

Recommended Budget

This budget is recommended at \$27,547,265, which is an increase of \$2,239,314 (8.8%) compared to FY 2014 15.

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.

The increase in total cost is largely due to increased personnel costs and an increased Appropriation for Contingency.

It is recommended to add one flexibly-staffed Mental Health Therapist I/II/III position in the Adult Outpatient Program to be recruited at level II, and to eliminate one vacant Mental Health Worker II in the First Steps Program.

It is also recommended to add one flexibly-staffed Account Clerk I/II position. It is recommended that these actions be effective July 1, 2015.

Additionally, it is recommended to reallocate the following positions: Increase two Intervention Counselors by 0.5 FTE each from the Mental Health Services Act (MHSA) Budget Unit (4-104); increase one Psychiatrist by 0.1 FTE from the MHSA Budget Unit (4-104); decrease one Program Manager – Adult Services by 0.03 FTE to the MHSA Budget Unit (4-104); and decrease one Program Manager – SUDS by 0.45 FTE to the MHSA Budget Unit (4-104). It will appear as the following:

It is recommended that these actions be effective July 1, 2015.

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.

Use of Fund Balance

The Mental Health fund contained a Restricted Fund Balance in the amount of \$1,624,268 as of July 1, 2014. It is estimated that the Restricted Fund Balance will equal \$3,396,164 at July 1, 2015. It is recommended that the full amount, of the Restricted Fund Balance account (#31170) be cancelled in FY 2015-16 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.

Program Description (4-104)

The passage of Proposition 63, known as the Mental Health Services Act (MHSA), in

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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

\$58,277 General increase due to negotiated Salaries and Benefits

(\$89,902) Decrease due to the partial reallocation of two Intervention Counselors (total of 1.0 FTE) to the Mental Health Budget Unit (4-102)

(\$34,089) Decrease due the partial reallocation of one Psychiatrist (0.1 FTE) to the Mental Health Budget Unit (4-102)

\$66,463 Increase due to the partial reallocation of two Program Managers (total of 0.48 FTE) from the Mental Health Budget Unit (4-102)

\$91,361 Increase due to the addition of one (1.0 FTE) Staff Analyst to provide oversight and coordination for Sutter-Yuba Mental Health Services MHSAs programs

(\$7,000) Decrease in Extra Help based on actual expenditures

(\$78,255) Decrease in County Contribution – Group Insurances due to the County’s transition to San Joaquin Valley Insurance Authority and resultant health insurance premium decrease

Services & Supplies

\$88,788 Increase in Professional/ Specialized Services based on estimated needs

\$40,000 Increase in Memberships due to California Mental Health Services Authority, Prevention Early Intervention, Sustainability Funding JPA Membership

Other Charges

\$124,170 Increase in Support and Care of Persons based on estimated needs

\$100,000 Increase in Interfund Miscellaneous Transfer for reimbursement of administrative costs for Mental Health Services Act Programs to the Mental Health Budget (4-102)

\$340,000 Increase in Interfund Other Department for reimbursement of medication support for Mental Health Services Act Programs to the Mental Health Budget (4-102)

\$31,004 Increase in Interfund Information Technology charges as provided by the General Services Department

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Revenues

(\$107,320) Decrease in Interfund Transfer In - Wrap Around based on estimated program costs

\$1,382,932 Increase in budgeted State MHSAs revenue

Program Discussion

The Mental Health Services Act (MHSA), 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. The MHSA has five components:

- Community Services and Support
- Prevention & Early Intervention
- Innovation
- Capital Facilities/Technological Needs
- Workforce Education and Training

Sutter-Yuba Mental Health Services (SYMHS) has approved programs in all five MHSA components. 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.

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 adults who have acute mental health issues and are at greatest risk of harming themselves, or others, 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. This 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. This program also 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 for mentally ill clients.

The Ethnic Outreach Program targets our major underserved populations: Latino, Hmong, and Punjabi-speaking Asian Indians. Each program is intergenerational, 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. This 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 activities 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

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providers; and have individualized service plans which recognize the uniqueness of each person within the context of their ethnic/racial/cultural identity.

At the time of this writing, the FY 2015-16 MHA Annual Plan Update is open for public comment. It proposes a significant change for the Ethnic Outreach Program: establishment of a Latino Outreach Center to provide a new service location at Holly Oak Square on Garden Highway. This proposal was developed in collaboration with stakeholder groups from the Latino community to provide culturally-competent services in an environment with reduced stigma and near affordable housing that is home to many Latino Medi-Cal beneficiaries. The goal of the Center is to reduce disparities in behavioral health services provided to this community. Services would be provided by existing bi-lingual SYMHS staff.

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 and 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 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 or 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 and Recovery Center serves 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 MHA was approved by the State and implemented by SYMHS during FY 2009-10. PEI approaches are intended to be transformational by restructuring the mental

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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:

(1) 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. They 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.

(2) 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 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 the priorities of counties were truly reflected in the execution of these important projects. The alternative was to assign this funding to the former 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. The cost for this project came in significantly higher than the initial estimates and the Annual MHSA Plan Update currently in public comment would discontinue this project. The Plan Update instead proposes to use the MHSA Capital Facilities funds for a much-needed expansion of

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the Psychiatric Emergency Services (PES) area at SYMHS' main site on Live Oak Blvd. The project would improve PES' ability to provide locally-accessible and timely crisis evaluation and support. The WeRC Project is still a goal for SYMHS that may become more feasible at a later date.

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 system 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 2015-16.

Workforce Education and Training (WET) Component

During FY 2011-12, SYMHS received approval for its Workforce Education and Training Component. This provides \$180,000 annually for five years for training and higher education scholarships. This program has been coordinated by a consultant who assisted SYMHS in 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 approved by the State Mental Health Services Oversight and Accountability Commission. One project is to assign a Mental Health Therapist to each County's Probation Department to provide

treatment services, one within the jail setting, and another at the day reporting center. The second project provides additional support to TAY after they age out of the program with the objective of reducing addiction disorders, overuse of emergency rooms, psychiatric hospitalizations, and incarceration in jails and justice institutions. The third project is to increase cooperation between traditional Hmong Healers and Mental Health professionals in order to improve mental health outcomes among Hmong clients.

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 changed in FY 2011-12. Counties previously received funds 18 to 24 months after the State received the related tax revenue. However, funds are now being transferred to counties monthly based on their allocations and approved MHSA plans, as tax revenue is received. This process is managed by the State Department of Finance.

MHSA revenue is projected to increase in FY 2015-16, but revenue above the requirements of the approved MHSA Plan will be retained in the Mental Health Services Fund for future use or for inclusion in the Prudent Reserve consistent with the Mental Health Services Act.

Recommended Budget

This budget is recommended at \$10,171,275, which is an increase of \$742,117 (7.9%) compared to FY 2014-15. MHSA program

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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.

It is recommended to add one Staff Analyst position to help serve as an MHSA Coordinator. MHSA coordinator duties have been fragmented among a number of Mental Health managers and an independent contractor. The proposed position would consolidate these responsibilities and would be responsible for program evaluation. It is requested that this new position be allocated effective July 1, 2015.

Realignment of responsibilities toward the MHSA Prevention and Early Intervention and SUDS Prevention Programs requires the following adjustments between Mental Health's two budget units. Therefore, it is recommended to reallocate the following positions: Decrease two Intervention Counselors by 0.5 FTE each to be moved to the Mental Health Budget Unit (4-102); decrease one Psychiatrist by 0.1 FTE to the Mental Health Budget Unit (4-102); increase one Program Manager – Adult Services by 0.03 FTE from the Mental Health Budget Unit (4-102); and increase one Program Manager – SUDS by 0.45 FTE from the Mental Health Budget Unit (4-102). It will appear as the following:

| POSITION | CLASS | CURRENT | | NEW | |
|----------|--------------------------------|---------|-------|------|-------|
| | | DEPT | FTE | DEPT | FTE |
| PRMSAA | Program Manager-SUD Services | 4102 | 1.000 | 4102 | 0.550 |
| | | | | 4104 | 0.450 |
| PSYC1M | Psychiatrist - CONT | 4102 | 0.900 | 4102 | 1.000 |
| PSYC1Q | Psychiatrist - CONT | 4104 | 0.100 | | |
| PRMAAA | Program Manager-Adult Services | 4102 | 0.530 | 4102 | 0.500 |
| PRMAAB | Program Manager-Adult Services | 4104 | 0.470 | 4104 | 0.500 |

It is requested that these position adjustments be effective July 1, 2015.

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 MHSA-funded Prevention and Early Intervention (PEI) programs. As a result, positions are regularly reviewed and reallocated between the two budget units.

The MHSA fund contained a Restricted Fund Balance in the amount of \$ 4,116,873 as of July 1, 2014. It is estimated the Restricted Fund Balance will equal \$1,018,067 at July 1, 2015. It is recommended that the full amount of the Restricted Fund Balance account (#31170) be cancelled in FY 2015-16 for use in the MHSA budget.