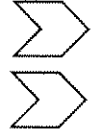


HEALTH & HUMAN SERVICES AGENCY

Jeffrey Brown, Director



BEHAVIORAL HEALTH

Michael Heggarty, Director

| | | |
|--------------------------|--|--------------|
| <input type="checkbox"/> | Behavioral Health Administration (40103) | \$ 1,440,635 |
| <input type="checkbox"/> | Children's Behavioral Health (40104) | 6,486,358 |
| <input type="checkbox"/> | Alcohol & Drug Programs (40105) | 1,556,050 |
| <input type="checkbox"/> | Adult Behavioral Health (40110) | 8,519,187 |
| <input type="checkbox"/> | Behavioral Health Realignment (40119) | 1,812,767 |

Total \$ 19,814,997





Behavioral Health Summary

| | <u>07/08</u> <u>Actual</u> | <u>08/09</u> <u>Adopted</u> | <u>08/09</u> <u>Estimated</u> | <u>09/10</u> <u>Proposed</u> | <u>09/10</u> <u>Adopted</u> | <u>% Change</u> <u>From Prior</u> <u>Adopted</u> |
|----------------------------------|-------------------------------|--------------------------------|----------------------------------|---------------------------------|--------------------------------|--|
| Revenues | | | | | | |
| Taxes | - | - | - | - | - | NA |
| Licenses, Permits & Franchises | - | - | - | - | - | NA |
| Fines, Forfeitures, & Penalties | - | - | - | - | - | NA |
| Use of Money & Property | 78,287 | 90,412 | 82,537 | 17,113 | 17,113 | -81.1% |
| Federal/State Intergovernmental | 11,011,213 | 12,724,655 | 14,019,140 | 17,237,711 | 17,237,711 | 35.5% |
| Charges for Services | 289,269 | 267,427 | 255,218 | 211,061 | 211,061 | -21.1% |
| Miscellaneous Revenues | 57,436 | 51,318 | 51,029 | 44,237 | 44,237 | -13.8% |
| Other Financing Sources | 3,272,467 | 3,455,418 | 1,798,820 | 2,277,882 | 2,277,882 | -34.1% |
| General Fund Transfers | 71,893 | 71,893 | 71,893 | 36,893 | 36,893 | -48.7% |
| General Fund Allocation | - | - | - | - | - | NA |
| Total Revenues | 14,780,565 | 16,661,123 | 16,278,637 | 19,824,897 | 19,824,897 | 19% |
| Expenses | | | | | | |
| Salaries & Benefits | 3,884,620 | 4,448,140 | 3,577,848 | 4,514,842 | 4,514,842 | 1.5% |
| Services & Supplies | 7,711,533 | 10,602,671 | 12,293,199 | 14,685,905 | 14,685,905 | 38.5% |
| Other Charges | 970 | 87,850 | 45,000 | 35,000 | 35,000 | -60.2% |
| Overhead Cost Allocation (A87) | 772,593 | 554,032 | 554,032 | 686,212 | 686,212 | 23.9% |
| Capital Assets | - | - | - | - | - | NA |
| Other Financing Uses | 3,098,845 | 3,478,157 | 2,067,266 | 2,296,675 | 2,296,675 | -34.0% |
| Interfund Activity | (933,685) | (2,322,346) | (2,394,931) | (2,403,637) | (2,403,637) | 3.5% |
| Contingency | - | - | - | - | - | NA |
| Total Expenses | 14,534,876 | 16,848,504 | 16,142,414 | 19,814,997 | 19,814,997 | 18% |
| Fund Balance Added (Used) | 245,689 | (187,381) | 136,223 | 9,900 | 9,900 | |
| Staffing: | 43.00 | 45.00 | 44.00 | 44.00 | 44.00 | |

| | June 30, 2009 Projected Fund Balance | FY 09/10 Revenue | FY 09/10 Expense | FY 09/10 Net Change | June 30, 2010 Projected Fund Balance |
|---|--|---------------------|---------------------|------------------------|--|
| Health & Human Services Agency Fund #1589 | 755,167 | 12,998,686 | 12,989,757 | 8,929 | 764,096 |
| Mental Health Services Act Fund #1512 | 3,535,236 | 4,160,055 | 4,145,055 | 15,000 | 3,550,236 |
| Com. Based Family Program Fund #1142 | 3,474 | 19,143 | 18,793 | 350 | 3,824 |
| Children's Trust Fund #1156 | 4,629 | 14,000 | 14,000 | - | 4,629 |
| Prop 36 SACPA Fund #1136 | 26,310 | 363,490 | 369,501 | (6,011) | 20,299 |
| Nevada Co. Council on Alcohol Fund #1144 | 123,449 | 22,169 | - | 22,169 | 145,618 |
| Drug Education Trust Fund #1145 | 8,032 | 6,650 | - | 6,650 | 14,682 |
| Alcohol Education Program Fund #1146 | 70,187 | 15,418 | - | 15,418 | 85,605 |
| Managed Care Fund #1623 | 8,037 | 466,137 | 465,124 | 1,013 | 9,050 |
| Health & Welfare Local Trust: BH Fund #1480 | 1,801,502 | 1,759,149 | 1,812,767 | (53,618) | 1,747,884 |
| | | 19,824,897 | 19,814,997 | 9,900 | |



Behavioral Health Administration

Mission Statement:

The mission of this Budget Unit is to provide direction, quality assurance, and clerical support for all programs of the Behavioral Health Department.

Service Description:

The Behavioral Health Department (BH) is part of the Health and Human Services Agency. BH provides services to individuals with serious emotional disturbances, serious mental illnesses, and substance abuse disorders. This is the administrative budget unit, which is comprised of three sub-units: General Administration, Quality Assurance, and Clerical.

Major Accomplishments in 2008-09:

- Implemented a comprehensive Quality Assurance (QA) program including; establishment of QA committees meeting monthly; twice yearly documentation reviews; Performance Improvement Project implementation; comprehensive consumer survey; annual QA workplan with multiple quality assessment projects and measures; staff training; and, provider survey.
- Refined productivity process including monthly reports and detailed monitoring techniques.
- Improved productivity for billable direct services—increased from an average of -20% below target to +1% above target.
- Developed database for budget entry and monitoring, fiscal and service reports and ad hoc analysis of contractor and programs.
- Developed process to monitor and review contract services, expenditures and revenue/billing.
- Designed reports for monitoring MHSA and other funding for sustainability of programs and maximizing revenues.
- Hired new Accountant; restructured 3 administrative staff jobs to best use individual skills and incorporate team approach; changed supervisory responsibilities and lead roles for maximum effectiveness.
- Increased Medi-Cal billings by 67% from prior year from an average of \$341,000 per month to \$572,000; increased Medi-Cal for administration

by 85% from an average of \$154,000 in 07-08 to \$286,000 in 08-09.

- Submitted and got approved an MHSA Plan update that resulted in \$3,450,000 funding to Behavioral Health Community Supports and Services, including \$1,029,000 for a “prudent reserve” rainy day fund.
- MHSA proposal approval for \$639,000 in capital facility/building projects and \$340,000 for a new Electronic Health Record and billing system.
- More than doubled the MHSA wraparound services from 100 client slots and \$1.7 million expenditures in 07-08 (started mid-year) to 180 client slots and \$4.0 million estimated expenditures in 08-09.
- Completed DMH Assignment of Housing and selected MHSA Housing Developer to start pre-development on housing program.

Objectives & Performance Measures for 2009-010:

Objective:

Ensure that the Quality Assurance Program meets all state and federal requirements, that appropriate review and analysis of quality measures for services are carried out and that measures are implemented to cure deficiencies and improve quality.

Performance Measures:

- Review and analyze results of annual EQRO review, provide results to QA committees and implement necessary changes to practice.
- Prepare and implement annual Quality Improvement Work Plan in accord with state and federal requirements.
- Organize and carry out chart documentation reviews twice annually and correct deficiencies through staff training.
- Implement necessary practice changes mandated by DMH audit.
- Participate in required Performance improvement projects and use results to assess the need for change in practice.
- Conduct monthly meetings of the QA committees to provide the overview and actions mandated by our MHP Implementation Plan.



Behavioral Health Administration

Objective:

Provide strong fiscal management through timely and accurate reporting, continual review of individual program fiscal status, and maximization of revenue sources according to program guidelines.

Performance Measures:

- Provide quarterly fiscal trainings for all management staff.
- Develop dashboard with key indicators of service and fiscal health.
- Implement consistent, best practice cost allocation methodology across all funding sources, grants and programs.
- Review overall and individual program fiscal status quarterly.
- Continue to develop a sustainability plan for Behavioral Health Services.
- Process contract renewals and encumbrances by the end of fiscal year or other County deadlines.

Objective:

Provide sound personnel management for the department through managing staff resources and adhering to county policies.

Performance Measures:

- Review all staff assignments for appropriateness of skills and job descriptions.
- Ensure 95% of performance evaluations are completed on time.
- Review every internal vacancy for need prior to requesting to refill the position.
- Ensure that productivity standards for billable direct service for each position are kept updated and that 100% of employees have written, individualized productivity goals that will be monitored throughout the year and reflected in performance evaluations.
- Develop a sick leave usage guideline for the department.

Objective:

Maximize the efficiency and effectiveness of the Department through the provision of leadership for departmental programs and fostering of partnerships with community based organizations and stakeholders.

Performance Measures:

- Director to meet monthly (at least 10 times per year) with Mental Health Board.

- Director to meet at least 3 times in the FY with the general membership &/or executive committee of the local chapter of NAMI.
- Participate regularly in monthly meetings of the Forensic Task Force on Mental Illness, the Palm Tree Group, The MHSA Steering Committee, and the Children's System of Care Steering Committee.
- Participate regularly in meetings of the California Mental Health Director's Association (CMHDA) and County Alcohol and Drug Program Administrators Association of California (CADPAAC) and their subsidiaries, e.g. Small Counties and Superior Region to gather current information and advocate on behalf of the interests of Nevada County.
- Provide ad hoc reports as needed for management, communication and planning purposes.
- Administrative Services Officer to participate in conference calls and attend regular meetings of the Financial Services Committee (CMHDA sub-committee), the Medi-Cal Policy Committee (CMHDA sub-committee), and the Northern California Association of Mental Health Administrators.
- Quality Assurance Manager to attend monthly meetings and annual conference of the Northern California Quality Improvement Coordinators.
- MHSA Coordinator to participate in conference calls and attend monthly meetings for Small Counties MHSA Coordinators.

Objective:

Implement the Mental Health Services Act (Proposition 63) Housing, Prevention, Capital Facilities and Technologies, and Workforce Development and Training Plans; as approved by the State Department of Mental Health.

Performance Measures:

- Establish and implement tracking mechanisms for program performance and data.
- Ensure that Latino outreach/engagement activities outlined in the CSS plan occur as stated in the plan.
- Submit and get approval for Housing, Workforce Education and Training, Prevention and Early Intervention, Innovation plans, and Technology plans.
- Initiate MHSA Steering Committee with new goals and functions related to implementation



Behavioral Health Administration

and new integrated plan review and recommendation. Provide training to establish organization and roles.

- Plan and write an integrated MHSA Plan with all major components represented.

Objective:

Ensure that accounts receivable systems and processes work efficiently and reliably and provide tools for billing, reporting to the Department of Mental Health and administrative management.

Performance Measures:

- Regularly collect balances outstanding more than 180 days—work with the California Mental Health Directors and DMH on resolutions.
- Develop management system to monitor other revenue sources, including State General Fund payments related to Early Periodic, Screening, Diagnosis and Treatment (EPSDT) Medi-Cal, special education revenues (Individuals with Disabilities Education Act and State General Fund), Medicare payments, managed care allocations, and realignment payments and transfers. Reconcile discrepancies between expected revenue and actual payments in a timely.
- Develop full complement of standing reports, including acute inpatient utilization, Institute for Mental Disease utilization, and Board and Care costs, for administrative use.
- Develop in-house expertise in creation of ad hoc reports.

Objective:

Implement a new billing system, to allow for best practice approach to billing and Electronic Health Record clinical components.

Performance Measures:

- Develop contract with the vendor selected during the RFP process by September, 2009.
- Perform fit/gap analysis and develop procedures for changes in business processes by December 2009.
- Train staff by June 2010.
- Convert data June 2010.
- Go live July 1, 2010.

| | |
|--------------------------|------------------------------|
| Service Budget Unit Code | - 40103 |
| Office/Department | - HHS/Behavioral Health |
| Major Service Area | - Health & Sanitation/Health |



Behavioral Health Administration (40103)

| | <u>07/08</u> <u>Actual</u> | <u>08/09</u> <u>Adopted</u> | <u>08/09</u> <u>Estimated</u> | <u>09/10</u> <u>Proposed</u> | <u>09/10</u> <u>Adopted</u> | <u>% Change</u> <u>From Prior</u> <u>Adopted</u> |
|----------------------------------|-------------------------------|--------------------------------|----------------------------------|---------------------------------|--------------------------------|--|
| Revenues | | | | | | |
| Taxes | - | - | - | - | - | NA |
| Licenses, Permits & Franchises | - | - | - | - | - | NA |
| Fines, Forfeitures, & Penalties | - | - | - | - | - | NA |
| Use of Money & Property | 58,543 | 70,000 | 70,000 | 15,000 | 15,000 | -78.6% |
| Federal/State Intergovernmental | 781,666 | 921,275 | 1,184,272 | 1,457,378 | 1,457,378 | 58.2% |
| Charges for Services | 92 | - | - | - | - | NA |
| Miscellaneous Revenues | 2,244 | - | - | - | - | NA |
| Other Financing Sources | 764,845 | 10,213 | - | - | - | -100.0% |
| General Fund Transfers | - | - | - | - | - | NA |
| General Fund Allocation | - | - | - | - | - | NA |
| Total Revenues | 1,607,390 | 1,001,488 | 1,254,272 | 1,472,378 | 1,472,378 | 47% |
| Expenses | | | | | | |
| Salaries & Benefits | 864,603 | 1,019,084 | 927,855 | 1,117,120 | 1,117,120 | 9.6% |
| Services & Supplies | 1,148,103 | 1,318,812 | 1,251,943 | 1,543,256 | 1,543,256 | 17.0% |
| Other Charges | - | - | - | - | - | NA |
| Overhead Cost Allocation (A87) | 282,663 | 554,032 | 554,032 | 686,203 | 686,203 | 23.9% |
| Capital Assets | - | - | - | - | - | NA |
| Other Financing Uses | - | - | - | - | - | NA |
| Interfund Activity | (742,412) | (1,960,440) | (1,851,466) | (1,905,944) | (1,905,944) | NA |
| Contingency | - | - | - | - | - | NA |
| Total Expenses | 1,552,957 | 931,488 | 882,364 | 1,440,635 | 1,440,635 | 55% |
| Fund Balance Added (Used) | 54,433 | 70,000 | 371,908 | 31,743 | 31,743 | |
| Staffing: | 10.17 | 11.25 | 11.25 | 12.25 | 12.25 | |

2009/10 Fund Analysis:

| | | Revenues | Expenses | Fund Balance Added (Used) |
|--------------------------------|------------|------------------|------------------|------------------------------|
| Health & Human Services Agency | Fund #1589 | 875,079 | 858,336 | 16,743 |
| Mental Health Services Act | Fund #1512 | 597,299 | 582,299 | 15,000 |
| | | 1,472,378 | 1,440,635 | 31,743 |

Comments/Analysis of Differences:

Expenditures for services and supplies and overhead cost allocation represent all rate charges being applied to this SBU and being reimbursed from other SBU's in interfund activity. FY 09-10 staffing reflect the addition of a Sr. Admin Analyst position being exchanged for a Behavioral Health Worker position in SBU 40105 Alcohol and Drug to accommodate the increased administrative workload seen with the number of large contracts that are procured for services.

Public Hearing Comments:

Adopted as proposed.



Children's Behavioral Health

Mission Statement:

The mission of the Children's Behavioral Health service budget unit is to address the mental health needs of Nevada County children and adolescents with serious emotional disturbances.

Service Description:

This service budget unit is part of the mental health services of the Behavioral Health Department. The Department itself is one of three in the Health and Human Services Agency.

The unit makes services available to residents of the community through direct provision and contracting mechanisms. All acute inpatient care, residential care, Assertive Community Therapy, Wraparound Services and some individual weekly therapy, are provided by out of county contractors. Services include assessment, case management, various forms of psychotherapeutic treatment, and early assessment and intervention services. The unit also provides early prevention services in the form of consultation to child care providers and parent education classes for parents of children ages two to five years old.

In addition to direct services and contract monitoring, the unit provides Case Management for Mental Health Services funded by Medicaid (Medi-Cal). Under this program, staff of this budget service unit manages all funding for Specialty Mental Health Services for eligible Nevada County Medi-Cal beneficiaries. This management includes authorization of payment for services subject to federal and state statutes and regulations. Medi-Cal is a Federal Entitlement program and therefore its Mental Health services must be provided to all eligible persons on an as needed basis, determined by "Medical Necessity."

The unit participates with the educational community to provide assessment, case management and psychotherapeutic treatment for seriously emotionally disturbed special education pupils under Government Code Chapter 26.5 and applicable Federal law. This is a Federal entitlement program,

which mandates "free and appropriate education, regardless of handicap." For our purposes, serious emotional disturbance is the relevant handicapping condition.

In the provision of all services, the unit seeks to develop and maintain strong collaboration with and responsiveness to stakeholders in the community such as organized consumer and family organizations, public and private agencies. There is an emphasis on schools and the court related agencies such as Juvenile Probation and Child Protective Services.

Major Accomplishments in 2008-09:

- Secured ongoing grant funding from the First 5 Commission to maintain our evening consultation programs.
- Provided evening therapy services that were successful in 2008. In the time period 7/01/08 to 12/31/08 there were 23 families served in evening hour programs. Families participating in evening hour therapy showed a 90% increase in positive communication with their children according to outcome measures. We had two parenting classes that were attended by 29 different families. One of our therapists consulted with families and staff members about their children's behavior at all of the drug shelters and treatment facilities, the Domestic Violence Shelter and the homeless shelters working an average of six hours per week
- Maintained a treatment service presence in the schools for the AB3632 Mental Health Services for Special Education Children program by assigning individual staff to school sites. Staff provides services to SED students at the school sites and at the Laura Wilcox building. We were able to maintain adequate services in the Special Day Class programs for Emotionally Disturbed students administered by the County Office of Education. Funding for AB3632 programs has been secured by a combination of State of California General Fund allocations and funding from the Individuals with Disabilities in



Children's Behavioral Health

Education Act funding passed through the local SELPA. The remainder of funding is provided through the SB90 claiming mechanism. This funding mechanism remains intact in the most recent state budget for FY08/09 and fully covers the cost of providing these mandated services. We treated 78 children under this funding source during this time period.

- We have two separate providers that we refer our most needy youth to for intensive treatment, or full service partnerships, Victor Community Support Services and EMQ/Families First. These agencies see the family frequently in the family home, school or in the community. They "Do whatever it takes" to keep youth out of trouble and safely in home and at school.
- The state stopped our Mentally Ill Offenders Crime Reduction grant and we continued this program under EPSDT Medi-Cal. Victor Support Services continued to treat 38 youth with an intensive Assertive Community Treatment model. This program also receives some ongoing Mental Health Services Act money.
- EMQ/Families First also does intensive services or full service partnerships and has served 36 youth so far this year.
- Recruited outside private practice mental health providers to provide outpatient services to Medi-Cal clients. These providers have seen 73 youth that we have referred to them.
- Created a contract with Sierra Adoption Services to provide psychotherapy to youth who are in the adoption process. Sierra Adoption Services has seen 29 youth so far this year.
- Created a multi-agency oversight committee to monitor and refer youth to our intensive full service partnerships therapeutic services.
- Wrote a plan and received approval from the state to use Senate Bill 163 funding to fund the "California Children's Wraparound" program.
- Wrote an Request for Proposal to find a provider for Senate Bill 163 funding for the "California Children's Wraparound" program.
- Children's therapists have increased their productivity. Since school started in September 2008 our productivity has been on average 7% over the benchmark. Our average benchmark

has been that our therapists are to bill a little over 70% of their time.

Objectives & Performance Measures for 2009-10:

Objective:

Keep at-risk children safely at home, successful in school and out of trouble in the community by providing mental health treatment and case management and coordinating efforts with other service providers.

Performance Measures:

- Provide mental health services to an estimated 350 children.
- Provide AB3232 services to Special Education pupils to an estimated 50 children.
- Provide Assertive Community Treatment services (through contract partners) to an estimated 75 children.
- Increase the percentage of Child Welfare Services children with open cases served to 80%.
- Offer services to a minimum of 80% of Probation children with open cases and Medi-Cal.
- Decrease the average school absence rate for the child cases.

Objective:

Increase accessibility to mental health services for children and their families in order for them to obtain the help they need in an environment that promotes their self-sufficiency.

Performance Measures:

- Establish a weekly Therapist presence at all Family Resource Centers.
- Establish a weekly Therapist presence at all schools identified by the Superintendent of Schools as having a high poverty rate.
- Increase the number of children and families provided services offsite.
- Provide evening services to 50 families and children.

Objective:

Continue to increase coordination of care between



Children's Behavioral Health

systems such as Public Health, Probation, Child Welfare Services, the Courts, Schools, Faith-based Communities and others.

Performance Measures:

- Coordinate weekly meetings with a minimum of 5 agencies participating to coordinate care for identified children.
- Provide monthly training to an estimated 30 (per class) line staff representing a minimum of 6 agencies.

Objective:

Continue to meet the benchmarks for Child clinical staff productivity to ensure that staff are maximizing the amount of time spent providing billable services by ensuring that Behavioral Health Supervisors meet regularly with staff to provide training and support and sign off on all EMS forms used to submit billable time.

Performance Measures:

- Monthly feedback will be provided to each clinical staff member regarding his/her productivity.
- 90% of staff will continue to attain their individual benchmark.
- The overall Children's benchmark will be attained for each period.

| | |
|--------------------------|------------------------------|
| Service Budget Unit Code | - 40104 |
| Office/Department | - HHSA/Behavioral Health |
| Major Service Area | - Health & Sanitation/Health |



Children's Behavioral Health (40104)

| | 07/08 <u>Actual</u> | 08/09 <u>Adopted</u> | 08/09 <u>Estimated</u> | 09/10 <u>Proposed</u> | 09/10 <u>Adopted</u> | % Change From Prior <u>Adopted</u> |
|----------------------------------|------------------------|-------------------------|---------------------------|--------------------------|-------------------------|--|
| Revenues | | | | | | |
| Taxes | - | - | - | - | - | NA |
| Licenses, Permits & Franchises | - | - | - | - | - | NA |
| Fines, Forfeitures, & Penalties | - | - | - | - | - | NA |
| Use of Money & Property | 667 | 350 | 350 | 350 | 350 | 0.0% |
| Federal/State Intergovernmental | 2,975,167 | 3,307,845 | 4,556,027 | 5,930,466 | 5,930,466 | 79.3% |
| Charges for Services | 117,945 | 131,808 | 108,721 | 110,996 | 110,996 | -15.8% |
| Miscellaneous Revenues | - | - | - | - | - | NA |
| Other Financing Sources | 266,070 | 994,943 | 66,630 | 444,896 | 444,896 | -55.3% |
| General Fund Transfers | - | - | - | - | - | NA |
| General Fund Allocation | - | - | - | - | - | NA |
| Total Revenues | 3,359,849 | 4,434,946 | 4,731,728 | 6,486,708 | 6,486,708 | 46% |
| Expenses | | | | | | |
| Salaries & Benefits | 1,094,190 | 1,273,309 | 1,084,869 | 1,565,139 | 1,565,139 | 22.9% |
| Services & Supplies | 1,570,955 | 2,600,670 | 3,673,606 | 5,070,218 | 5,070,218 | 95.0% |
| Other Charges | - | 20,000 | - | - | - | -100.0% |
| Overhead Cost Allocation (A87) | 138,241 | - | - | - | - | NA |
| Capital Assets | - | - | - | - | - | NA |
| Other Financing Uses | 22,495 | 576,857 | 18,793 | 18,793 | 18,793 | -96.7% |
| Interfund Activity | (73,157) | (35,890) | (45,890) | (167,792) | (167,792) | NA |
| Contingency | - | - | - | - | - | NA |
| Total Expenses | 2,752,724 | 4,434,946 | 4,731,378 | 6,486,358 | 6,486,358 | 46% |
| Fund Balance Added (Used) | 607,125 | - | 350 | 350 | 350 | |
| Staffing: | 12.10 | 12.75 | 12.75 | 14.675 | 14.675 | |

2009/10 Fund Analysis:

| | | Revenues | Expenses | Fund Balance Added (Used) |
|---------------------------------|------------|------------------|------------------|------------------------------|
| Health & Human Services Agency | Fund #1589 | 5,340,486 | 5,340,486 | - |
| Com. Based Family Program | Fund #1142 | 19,143 | 18,793 | 350 |
| Children's Trust | Fund #1156 | 14,000 | 14,000 | - |
| Mental Health Services Act Fund | Fund #1512 | 1,113,079 | 1,113,079 | - |
| | | 6,486,708 | 6,486,358 | 350 |

Comments/Analysis of Differences:

Fiscal years 08-09 and 09-10 Federal/State Intergovernmental revenues show an increase due to Medi-Cal, EPSDT, MHSA and SB 163 grant funding. There has been an increase in Medi-Cal and EPSDT funding primarily due to the implementation of MHSA services. Expenditures reflect increases in contracts to provide MHSA and grant related services. Cost Allocation charges are being paid for in Behavioral Health Admin and reimbursed by the various SBU's. Staffing has been reallocated to better reflect staff assignments.

Public Hearing Comments:

Adopted as proposed.



Alcohol and Drug Programs

Mission Statement:

The mission of this service budget unit is to prevent, reduce, or discontinue the damage alcohol and other drug (AOD) abuse has on individuals, families, and communities.

Service Description:

This unit provides a full range of alcohol and drug services to residents of Nevada County. Services are offered by contract providers and by county employees. Outpatient contract providers deliver peri-natal outpatient drug free [ODF] and day rehabilitation [DR] services for substance dependent pregnant and/or parenting women. Contract providers also furnish alcohol and drug abuse prevention programs, outpatient counseling, and assessment and referral services. Residential recovery contract providers supply 24-hour recovery services for men and women and also offer transitional housing for clients which is clean and sober living with outpatient treatment. Nevada County AOD staff provides prevention and youth mentoring services. County operated administrative services manage the AOD budget, contracts, service coordination, and monitors cost and quality of AOD services with Adult Drug Courts, Prop 36 Court, and Juvenile Drug Court.

This unit collaborates with other county resources, schools, and non-profit agencies to develop, support, and implement AOD services that no one agency or program could provide alone.

Major Accomplishments in 2008/09:

- Nevada County AOD continued to successfully coordinate and provide treatment services without exceeding federal Substance Abuse Prevention and Treatment [SAPT] and state alcohol and drug program [ADP] funding allocations.
- Nevada County Alcohol and Drug Program successfully passed the ADP Negotiated Net Amount [NNA] Contract Compliance Review for Fiscal Year 2007/08 without a finding of non-compliance. The successful management of this account protects the \$896,942 Nevada

County receives in AOD treatment and prevention funds.

- The AOD unit worked collaboratively with the Prop 36 Court and other county departments to continue the Offender Treatment Program [OTP] using the SACPA [Prop 36] funds that were acquired by submitting an application for funding to the California Alcohol and Drug Program. This funding enhanced and expanded Prop 36 AOD residential services for high-risk drug addicts. OTP allowed the AOD department to expand program by Eight [8] 90-day residential slots.
- Prop 36 funds allow the AOD department to serve Twenty-Five [25] clients for Sixty [60] days each. It is projected that these funds will be fully expended by the end of 08/09.
- Nevada County Friday Night Live Substance Abuse Prevention Program and partners are in the second year of successful implementation of the Prevention by Design Strategic Initiative "Five Steps Program." The Five Steps Program is a state required prevention program. These steps included assessing the needs, forming a coalition, and working within the coalition to modify local business practices. Prevention by Design is an evidence-based process appropriate to the needs, settings, and circumstances of Nevada County communities.
- In collaboration with the business community, non-profits, and the Nevada County Superintendent of Schools, Nevada County AOD Program continued the 40 Developmental Assets Prevention Program which included giving trainings to the Nevada Union Joint School District, County Department Heads and Earl Jamison High School. 40 Developmental Assets provides AOD prevention services to children, youth, and adolescents countywide. The goal of the program is to reduce drug and alcohol use in Nevada County's youth by building and strengthening adult-child relationships.
- The California Friday Night Live Partnership Methamphetamine Prevention Initiative Project Grant, which was an 18 month grant Nevada County, received \$70,000 for, ended on November 30th 2008. This project achieved an



Alcohol and Drug Programs

increase in environmental support for youth through a multi-faceted outreach and education program targeted at environmental change and prevention activities. Examples of accomplishments include: approximately 40 radio shows on related topics, an Art and Film contest and festival directed by the Methamphetamine Action Team; attended by 200 participants, 40 art entries and 10 film entries and development and implementation of a youth survey regarding methamphetamine issues in Nevada County.

- A part-time temporary prevention coordinator was hired to expand the Friday Night Live and mentoring programs in schools.
- Nevada County Friday Night Live completed the first year of successful implementation of the Truckee Mentoring Program using the \$10,000 allocated by the Board of Supervisors from the County General Fund.
- The second year of successful implementation of a Media Campaign for the Nevada County community incorporating some ideas from the Montana Meth Project PSA's in newspaper, radio and internet. The Meth Action Team funding ended on September 30th 2008, so the group has merged with the Youth Sector of the Coalition for a Drug Free Nevada County and is continuing to sustain and promote a media campaign to inform residents of new, emerging drugs and trends. Presented this campaign to the BOS.
- 62% of Nevada County AOD Program outpatient and residential clients not involved in a court ordered program successfully completed treatment programs. Over 70% of clients involved in a Nevada County drug court successfully completed recovery programs. These rates of program completion are significantly higher than the California over-all rates. The UCLA study on California successful program completion found that statewide the successful program completion rate is 34%.
- The Coalition for a Drug Free Nevada County and Law Enforcement partnered to create and implement a prescription drug collection drive and media campaign.
- County AOD and the Coalition for a Drug Free Nevada County partnered with Nevada Union High School to put on an Ecstasy/Meth Awareness Assembly in Spring 2008.

- In the second year of successful implementation of the Department of Justice Grant within Behavioral Health to add 15 slots for People with Co-Occurring Disorders to existing Mental Health Court and to provide for intensive case management and therapy.
- Added out of county residential treatment component with Progress House to our continuum of care.
- Added Common Goals and Prop 36 as additional Drug Medi-Cal provider components to our continuum of care.

Objectives & Performance Measures

2009/10:

Objective:

Ensure that Nevada County residents with substance abuse addiction are provided effective Alcohol and other Drug (AOD) outpatient and residential treatment program services.

Performance Measures:

- Provide AOD services to an estimated 175 new referrals.
- Complete an estimated 140 AOD assessments.
- Provide case coordination to an estimated 200 clients, ensuring that each is enrolled in appropriate programs.
- Provide residential treatment for an estimated:
 - 75 Prop 36 clients
 - 50 other clients.

Objective:

Continue to reduce the incidence of youth using drugs by partnering with the Department of Public Health and continuing the operation the Nevada County Friday Night Live and Club Live Programs.

Performance Measures:

- Provide services to approximately 135 youth through Friday Night Live and Club Live Programs.
- Provide Mentoring Services to approximately 60 youth.

Objective:

Maintain the Truckee Youth Mentoring Program, which provides early intervention and prevention AOD services to youth from 11 to 14 years of age. This drug prevention service is provided in Eastern Nevada County through the Nevada County Friday



Alcohol and Drug Programs

Night Live [FNL] program in collaboration with other community organizations such as Nevada County Big Brothers and Big Sisters.

Performance Measures:

- Maintain this mentoring program for peer-to-peer high-risk youth project in Eastern Nevada County.
- Continue to collaborate and partner with other Nevada County peer-to-peer programs to provide early intervention services to high-risk youth in Truckee.
- Maintain a mentoring caseload of approximately 15 high-risk youth that are middle school age kids age 11 to 14 that are displaying precursors to drug and alcohol abuse.
- Maintain program support with Truckee High School and Middle School administrators and staff.
- Continue to provide training and support to peer mentors.
- Explore alternative funding streams.
- Maintain program student-to-student ratio of 15 to 15: Fifteen high school age students [mentors] to fifteen middle school high-risk students.

Objective:

Inform and educate Nevada County residents of new, emerging, and dangerous illicit drugs involving highly addictive, synthetic opiates through organizing an information and education campaign.

Performance Measure:

- Collaborate with the Substance Abuse Advisory Board, the Coalition for a Drug Free Nevada County and other community drug prevention programs, schools, and health care providers to maintain/continue county-wide media campaign.

| | |
|--------------------------|------------------------------|
| Service Budget Unit Code | - 40105 |
| Office/Department | - HHSA/Behavioral Health |
| Major Service Area | - Health & Sanitation/Health |



Alcohol & Drug Programs (40105)

| | 07/08 <u>Actual</u> | 08/09 <u>Adopted</u> | 08/09 <u>Estimated</u> | 09/10 <u>Proposed</u> | 09/10 <u>Adopted</u> | % Change From Prior <u>Adopted</u> |
|----------------------------------|------------------------|-------------------------|---------------------------|--------------------------|-------------------------|--|
| Revenues | | | | | | |
| Taxes | - | - | - | - | - | NA |
| Licenses, Permits & Franchises | - | - | - | - | - | NA |
| Fines, Forfeitures, & Penalties | - | - | - | - | - | NA |
| Use of Money & Property | 3,638 | 7,187 | 7,187 | 750 | 750 | -89.6% |
| Federal/State Intergovernmental | 1,710,919 | 1,580,842 | 1,351,772 | 1,529,551 | 1,529,551 | -3.2% |
| Charges for Services | 7,549 | 7,926 | 7,926 | 5,926 | 5,926 | -25.2% |
| Miscellaneous Revenues | 54,706 | 51,318 | 51,029 | 44,237 | 44,237 | -13.8% |
| Other Financing Sources | 211,431 | 42,993 | - | - | - | -100.0% |
| General Fund Transfers | 41,000 | 41,000 | 41,000 | 6,000 | 6,000 | -85.4% |
| General Fund Allocation | - | - | - | - | - | NA |
| Total Revenues | 2,029,243 | 1,731,266 | 1,458,914 | 1,586,464 | 1,586,464 | -8% |
| Expenses | | | | | | |
| Salaries & Benefits | 654,475 | 506,129 | 253,182 | 275,821 | 275,821 | -45.5% |
| Services & Supplies | 1,223,900 | 1,311,717 | 1,301,920 | 1,280,229 | 1,280,229 | -2.4% |
| Other Charges | - | - | - | - | - | NA |
| Overhead Cost Allocation (A87) | 70,974 | - | - | - | - | NA |
| Capital Assets | - | - | - | - | - | NA |
| Other Financing Uses | 111,431 | 42,993 | - | - | - | -100.0% |
| Interfund Activity | (13,712) | - | - | - | - | NA |
| Contingency | - | - | - | - | - | NA |
| Total Expenses | 2,047,068 | 1,860,839 | 1,555,102 | 1,556,050 | 1,556,050 | -16% |
| Fund Balance Added (Used) | (17,825) | (129,573) | (96,188) | 30,414 | 30,414 | |
| Staffing: | 7.11 | 4.75 | 4.75 | 2.85 | 2.85 | |

2009/10 Fund Analysis:

| | | Revenues | Expenses | Fund Balance Added (Used) |
|--------------------------------|------------|------------------|------------------|------------------------------|
| Health & Human Services Agency | Fund #1589 | 1,178,737 | 1,186,549 | (7,812) |
| Prop 36 SACPA | Fund #1136 | 363,490 | 369,501 | (6,011) |
| Nevada Co. Council on Alcohol | Fund #1144 | 22,169 | - | 22,169 |
| Drug Education Trust | Fund #1145 | 6,650 | - | 6,650 |
| Alcohol Education Program | Fund #1146 | 15,418 | - | 15,418 |
| | | 1,586,464 | 1,556,050 | 30,414 |

Comments/Analysis of Differences:

Revenues remain flat in FY 09-10 after seeing a 10% decrease in FY 08-09. Expenditures reflect the move of the Friday Night Live and SAPT Programs to Public Health with services and supplies being reduced to reflect contract decreases and the reallocation of staffing to better reflect staff assignment.

Public Hearing Comments:

Adopted as proposed.



Adult Behavioral Health

Mission Statement:

The mission of the Adult Behavioral Health service budget unit is to provide direct treatment and related support services to mentally ill adults.

Service Description:

The services provided by this unit include:

- Psychiatric services, by physicians specializing in psychiatry, including diagnostic and medication evaluation and medication management and psychiatric input to treatment planning, and program development.
- Case Management services by both Behavioral Health Therapists and Behavioral Health Workers.
- Psychotherapy, for individuals and groups, by professionally trained Behavioral Health Therapists as well as community-based psychotherapists to provide medically necessary services to Nevada County Medi-Cal beneficiaries.
- Assertive Community Treatment services to adults on probation, in jail, dangerous to themselves and/or others, at risk of committing additional crimes, or at risk of institutional care and treatment.
- Crisis intervention, including evaluation of the need for inpatient services, by contracted Crisis Workers and Therapists on staff as well as additional crisis services to the emergency departments at Sierra Nevada Memorial Hospital and Tahoe Forest Hospital.
- Authorization of Care for Medi-Cal recipients, by professionally trained Therapists.
- Psychotherapy and Case Management for CALWORKS clients in need of this, due to mental health and/or substance abuse issues, which inhibit success in their CALWORKS work-directed programs.
- Professional support to Mental Health Court.
- Acute inpatient care by contracted institutional facilities including hospitals and psychiatric health facilities.
- Locked skilled nursing care by contract Institutions for Mental Disease (IMD).
- Residential Care by contracted board and care and social rehabilitation transitional facilities;

and day treatment by both staff and contracted facilities.

Major Accomplishments in 2008-09:

- Reduced utilization of Institutions for Mental Disease providers (a costly subset of the department's residential placements) by 11% for the most seriously ill members of our target population by proactively monitoring all placements and client needs, providing intensive local treatment and supports, and coordinating care with the Turning Point Assertive Community Treatment (ACT) Program.
- A new intensive case management program, structured along the lines of an ACT model, was created to support clients to meet their goals for employment, housing, and other meaningful activities in the community, as well as for reducing substance abuse.
- An average of 560 adults with serious mental illness were provided regular ongoing services by Behavioral Health case managers and 80% of patients were seen by a nurse or case manager within 7 days of discharge from acute hospitalization as documented on the Remote to Local Transition Form.
- Coordinated with the Turning Point Treatment Center to implement for the first time in Nevada County the use of Assertive Community Treatment services, serving as many as 89 clients at a time.
- Coordinated with Turning Point Treatment Center to work with both a special program for those on probation and in the jail, using Mentally Ill Offender Crime Reduction (MIOCR) grant funds and for the general population of severely mentally ill clients through Mental Health Services Act funds. When the State of California eliminated the MIOCR grant, those 42 clients were able to continue receiving services with Turning Point, along with the other clients being served with the MHSA funds.
- Increased level of service for Mental Health Court by implementing an in-house treatment team tailored under the guidelines of ACT model using COD grant funds.



Adult Behavioral Health

- Implemented a new Psychologist intern program that provides assessment and therapy for COD and other clients at the clinic, which is the first time in over four years these services could be offered to clients being served by our clinic.
- 100% of all active clients receiving medications at the clinic were able to see their psychiatrist within six weeks of their last appointment, unless it was clinically productive for that client to go for a longer time between appointments.
- Implemented a new Medication Services plan form that takes into account multiple aspects of medical care for those who see the psychiatrist.
- Case Managers saw 100% of new patients assigned by their team leader within 7 days of this assignment.
- Reviewed Medi-Cal criteria of all clients, and successfully transition eligible clients to primary care providers, raising the percentage of overall clients on Medi-Cal at the clinic by 10%. This will increase the amount of costs that Medi-Cal will be reimbursing in 2008 and 2009.
- Improved staff productivity, increasing the number of billable units by 15 percent in the last six months.
- Assessed 11 clients for AB1421, Laura's Law, and successfully traversed the long legal process to implement an involuntary application of treatment on a client deteriorating in the community.

Objectives & Performance Measures for 2009-10:

Objective:

Provide intensive outpatient case management services, known as the New Directions program, to the most seriously mentally ill clients at the clinic.

Performance Measures:

- Provide regular on-going Medication Services to 560 adult clients, and intensive case management services to 75 clients.
- New Directions program, which provides intensive case management, will help 15 clients find their own housing or a competitive job.

Objective:

Minimize utilization of Institutions for Mental Disease, out-of-county Board and Care and Day Treatment providers, and acute psychiatric

hospitalizations through provision of case management and supportive services and the proactive monitoring of all placements and client needs.

Performance Measures:

- Maintain 11% reduction in number of days of IMD usage to less than 2,914.
- Transition 3 IMD clients to a lower level of care.

Objective:

Increase enrollment of the COD granted funded clients being served in Mental Health Court.

Performance Measures:

- Increase the number of COD clients in Mental Health Court to a total of 15, raising the current population by 50%.
- 90% of clients in the COD program will have Medi-Cal.

Objective:

Meet the benchmarks for Adult clinical staff productivity to ensure that staff is maximizing the amount of time spent providing billable services by ensuring that Behavioral Health Supervisors meet regularly with staff to provide training and support, and sign off on all EMS forms used to submit billable time.

Performance Measures:

- Support staff will provide monthly feedback to staff regarding their productivity.
- 90% of staff will attain their individual benchmark.

Objective:

Implement AB1421 Assisted Outpatient Treatment (Laura's Law).

Performance Measures:

- Serve at least 3 individuals in the Turning Point Program under AB1421.
- Educate and coordinate with contracted acute psychiatric facilities to ensure acceptance of AB1421 eligible hospitalizations.
- Provide Training and Education Program to include client and family advocacy organizations for purposes of improving the delivery of services to persons who qualify for Laura's Law.

Objective:

Assure that individuals are receiving insurance benefits that they are eligible for through programs such as SSI, Medi-Cal, CMSP, and Healthy Families



Adult Behavioral Health

by providing a monthly report of all uninsured individuals to BH Supervisors, and collaboratively partnering with other departments and organizations to assist with appropriate applications.

Performance Measures:

- Review 100% of uninsured clients with collaborative team to identify potential eligibility and coordinate application assistance.
- Continue to increase the proportion of adult Medi-Cal clients to above 75% of the total clients.
- Enroll 100% of those clients who qualify into a health benefit program.

Objective:

Improve coordination of after-care planning and intensive case management for clients released from psychiatric hospitalizations.

Performance Measures:

- Adult staff will meet with clients within 7 days upon the discharge of a psychiatric hospitalization, mostly on the same day, completing an after-care, PIP, coordination plan to meet all of their medical, social, housing, and other needs. Follow up on the progress of this plan will occur within 14 days.
- Clients needing Medications Services following discharge from the hospital will see a psychiatrist at the clinic within 10 days.

| | |
|--------------------------|------------------------------|
| Service Budget Unit Code | - 40110 |
| Office/Department | - HHSA/Behavioral Health |
| Major Service Area | - Health & Sanitation/Health |



Adult Behavioral Health (40110)

| | <u>07/08</u> | <u>08/09</u> | <u>08/09</u> | <u>09/10</u> | <u>09/10</u> | <u>% Change</u> |
|----------------------------------|------------------|------------------|------------------|------------------|------------------|-------------------|
| | <u>Actual</u> | <u>Adopted</u> | <u>Estimated</u> | <u>Proposed</u> | <u>Adopted</u> | <u>From Prior</u> |
| | | | | | | <u>Adopted</u> |
| Revenues | | | | | | |
| Taxes | - | - | - | - | - | NA |
| Licenses, Permits & Franchises | - | - | - | - | - | NA |
| Fines, Forfeitures, & Penalties | - | - | - | - | - | NA |
| Use of Money & Property | 15,439 | 12,875 | 5,000 | 1,013 | 1,013 | -92.1% |
| Federal/State Intergovernmental | 3,664,922 | 5,001,678 | 5,198,813 | 6,592,060 | 6,592,060 | 31.8% |
| Charges for Services | 163,683 | 127,693 | 138,571 | 94,139 | 94,139 | -26.3% |
| Miscellaneous Revenues | 486 | - | - | - | - | NA |
| Other Financing Sources | 2,030,121 | 2,407,269 | 1,732,190 | 1,832,986 | 1,832,986 | -23.9% |
| General Fund Transfers | - | - | - | - | - | NA |
| General Fund Allocation | - | - | - | - | - | NA |
| Total Revenues | 5,874,651 | 7,549,515 | 7,074,574 | 8,520,198 | 8,520,198 | 13% |
| Expenses | | | | | | |
| Salaries & Benefits | 1,271,352 | 1,649,618 | 1,311,942 | 1,556,762 | 1,556,762 | -5.6% |
| Services & Supplies | 3,768,575 | 5,371,472 | 6,065,730 | 6,792,202 | 6,792,202 | 26.4% |
| Other Charges | 970 | 67,850 | 45,000 | 35,000 | 35,000 | -48.4% |
| Overhead Cost Allocation (A87) | 280,715 | - | - | - | - | NA |
| Capital Assets | - | - | - | - | - | NA |
| Other Financing Uses | 542,045 | 688,201 | 459,317 | 465,124 | 465,124 | -32.4% |
| Interfund Activity | (104,404) | (326,016) | (497,575) | (329,901) | (329,901) | NA |
| Contingency | - | - | - | - | - | NA |
| Total Expenses | 5,759,253 | 7,451,125 | 7,384,414 | 8,519,187 | 8,519,187 | 14% |
| Fund Balance Added (Used) | 115,398 | 98,390 | (309,840) | 1,011 | 1,011 | |
| Staffing: | 13.62 | 16.25 | 15.25 | 14.225 | 14.225 | |

2009/10 Fund Analysis:

| | | Revenues | Expenses | Fund Balance Added (Used) |
|---------------------------------|------------|------------------|------------------|------------------------------|
| Health & Human Services Agency | Fund #1589 | 5,604,384 | 5,604,386 | (2) |
| Mental Health Services Act Fund | Fund #1512 | 2,449,677 | 2,449,677 | - |
| Managed Care | Fund #1623 | 466,137 | 465,124 | 1,013 |
| | | 8,520,198 | 8,519,187 | 1,011 |

Comments/Analysis of Differences:

FY 08-09 estimated and FY 09-10 proposed revenues reflect increases in MHSA and Medi-cal due to more billable hours being claimed, thus saving the use of realignment dollars. Expenses reflect contracts increases for the MHSA program and a new contract with Placer County to provide triage services. Staffing has been reallocated to better reflect staff assignments and there was a deletion of the Staff Psychiatrist position in FY 08-09.

Public Hearing Comments:

Adopted as proposed.



Behavioral Health Realignment

Service Description:

Funding for Health and Social Services Programs is provided to the County by the State of California from sales tax and motor vehicle license fees. These funds are maintained by the County in the Health and Welfare Local Trust Fund, more commonly known as the Realignment Fund. This Service Budget Unit represents the sales tax portion of the Realignment Fund allocated for Behavioral Health.

| | |
|--------------------------|------------------------------|
| Service Budget Unit Code | - 40119 |
| Office/Department | - HHSA/Behavioral Health |
| Major Service Area | - Health & Sanitation/Health |



Behavioral Health Realignment (40119)

| | <u>07/08</u> <u>Actual</u> | <u>08/09</u> <u>Adopted</u> | <u>08/09</u> <u>Estimated</u> | <u>09/10</u> <u>Proposed</u> | <u>09/10</u> <u>Adopted</u> | <u>% Change</u> <u>From Prior</u> <u>Adopted</u> |
|----------------------------------|-------------------------------|--------------------------------|----------------------------------|---------------------------------|--------------------------------|--|
| Revenues | | | | | | |
| Taxes | - | - | - | - | - | NA |
| Licenses, Permits & Franchises | - | - | - | - | - | NA |
| Fines, Forfeitures, & Penalties | - | - | - | - | - | NA |
| Use of Money & Property | - | - | - | - | - | NA |
| Federal/State Intergovernmental | 1,878,539 | 1,913,015 | 1,728,256 | 1,728,256 | 1,728,256 | -9.7% |
| Charges for Services | - | - | - | - | - | NA |
| Miscellaneous Revenues | - | - | - | - | - | NA |
| Other Financing Sources | - | - | - | - | - | NA |
| General Fund Transfers | 30,893 | 30,893 | 30,893 | 30,893 | 30,893 | 0.0% |
| General Fund Allocation | - | - | - | - | - | NA |
| Total Revenues | 1,909,432 | 1,943,908 | 1,759,149 | 1,759,149 | 1,759,149 | -10% |
| Expenses | | | | | | |
| Salaries & Benefits | - | - | - | - | - | NA |
| Services & Supplies | - | - | - | - | - | NA |
| Other Charges | - | - | - | - | - | NA |
| Overhead Cost Allocation (A87) | - | - | - | 9 | 9 | NA |
| Capital Assets | - | - | - | - | - | NA |
| Other Financing Uses | 2,422,874 | 2,170,106 | 1,589,156 | 1,812,758 | 1,812,758 | -16.5% |
| Interfund Activity | - | - | - | - | - | NA |
| Contingency | - | - | - | - | - | NA |
| Total Expenses | 2,422,874 | 2,170,106 | 1,589,156 | 1,812,767 | 1,812,767 | -16% |
| Fund Balance Added (Used) | (513,442) | (226,198) | 169,993 | (53,618) | (53,618) | |

Staffing: None

2009/10 Fund Analysis:

| | | Revenues | Expenses | Fund Balance Added (Used) |
|----------------------------------|------------|------------------|------------------|------------------------------|
| Health & Welfare Local Trust: BH | Fund #1480 | 1,759,149 | 1,812,767 | (53,618) |
| | | 1,759,149 | 1,812,767 | (53,618) |

Comments/Analysis of Differences:

Revenues reflect an 8% drop in Sales Tax realignment and a 10% drop in MVLFF revenues for FY 08-09 estimated and FY 09-10 budget.

Public Hearing Comments:

Adopted as proposed.



