

# Behavioral Health

## RECOMMENDED BUDGET • FY 2020-21

### MISSION

The County of El Dorado Health and Human Services Agency (HHS), Behavioral Health Department strives to alleviate the suffering of mental illness by providing recovery-oriented, client-centered, culturally competent treatment services in collaboration with clients, families, and community partners. The Department seeks to eliminate disparities in service access and to reduce the stigma associated with mental illness while offering the highest quality behavioral healthcare to improve the community's health and safety, to strengthen individuals' resilience, and to promote restoration of healthy families. The Department also provides substance-use disorder programs to address alcohol and other drug related issues affecting the community.

### DEPARTMENT BUDGET SUMMARY

**DEPT : 53    BEHAVIORAL HEALTH**

Description	Prior Year Actual	Current Year Adopted	CAO Recommended	Difference from Adopted
Fines & Penalties	49,583	70,000	71,500	1,500
Rev Use Money/Prop	266,165	177,100	116,700	(60,400)
IG Rev - State	7,393,005	8,467,262	8,976,727	509,465
IG Rev - Federal	9,230,917	13,595,220	13,925,198	329,978
Service Charges	471,284	667,000	484,500	(182,500)
Miscellaneous Rev	934,196	174,000	118,000	(56,000)
Other Fin Sources	7,382,155	8,363,940	9,544,355	1,180,415
Fund Balance	0	14,152,561	11,389,109	(2,763,452)
<b>Total Revenue</b>	<b>25,727,303</b>	<b>45,667,083</b>	<b>44,626,089</b>	<b>(1,040,994)</b>
Salaries & Benefits	9,114,447	11,881,723	12,984,418	1,102,695
Services & Supplies	6,020,350	7,183,115	8,196,310	1,013,195
Other Charges	12,007,049	20,868,613	19,669,802	(1,198,811)
Fixed Assets	24,391	133,000	0	(133,000)
Other Fin Uses	538,703	950,000	650,000	(300,000)
Intrafund Transfers	4,664,904	7,285,809	5,361,382	(1,924,427)
Intrafund Abatement	(4,664,804)	(7,285,809)	(5,361,382)	1,924,427
Contingency	0	4,650,632	3,125,559	(1,525,073)
<b>Total Appropriations</b>	<b>27,705,039</b>	<b>45,667,083</b>	<b>44,626,089</b>	<b>(1,040,994)</b>
<b>FUND 1110 MENTAL HEALTH TOTAL</b>	<b>1,977,736</b>	<b>0</b>	<b>0</b>	<b>0</b>

### MAJOR BUDGET CHANGES

#### Revenues

#### *Intergovernmental State*

\$509,465      Increase in Proposition 63 Mental Health Services Act (MHSA) revenue (\$702,394) and Mental Health Traditional revenue (\$18,308), offset by decrease in Substance Use Disorders (SUDS) program revenue (\$211,762) to align with prior year activity.

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### *Federal Intergovernmental*

\$340,802 Increase primarily due to increased Federal Title XIX as result of SUDS staff beginning to bill Medi-Cal for clinic services beginning in late FY 2019-20.

### *Other Financing Sources*

\$186,708 Increase in Operating Transfers In due primarily to an increase in AB109 funding for MHSA and SUDS services.

\$100,000 Increase in Operating Transfers In for SUDS Drug Medi-Cal Organized Delivery System (ODS) services to Child Welfare clients.

\$381,295 Increase in 2011 Realignment revenue transfer in due to increased available fund balance in the special revenue fund.

\$512,412 Increase in 1991 Realignment revenue due primarily to an accounting change to transfer the State's charge to the County for its share of state and private hospital costs (known as the Hospital and Managed Care offsets) from a reduction in 1991 Realignment revenue to an expenditure beginning in FY 2020-21.

### *Fund Balance*

(\$2,763,452) Net decrease in estimated Fund Balance based on projected activity. Mental Health Traditional (\$344,962), MHSA (\$2,227,947) and SUDS (\$185,747).

## Appropriations

### *Salaries and Benefits*

\$679,199 Net Increase in salaries and benefits due to addition of 3.0 FTE Mental Health Clinician IA/IB/II positions and 6.0 FTE Mental Health Worker I/II positions to support new Stepping Up Initiative funded by MHSA and other personnel adjustments.

\$112,200 Increase in Temporary Help (\$95,000) and Overtime (\$17,200) to align with prior year actual.

\$141,000 Increase in Standby Pay associated with a change in the Manager Association labor agreement to require on-call pay for managers.

\$160,056 Increase in CalPERS retirement costs, partially related to the addition of 9.0 FTEs for the Stepping Up Initiative program.

\$39,060 Increase in Unemployment Insurance.

\$22,450 Increase in Retiree Health cost applied charges.

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(\$51,270) Decrease in Workers' Compensation premium charge to bring the program funding level to an acceptable confidence level, as provided by the Risk Management Division.

### *Services and Supplies*

\$500,000 Increase in Special Projects due to the addition of another \$500,000 from MHSA Capital Facilities and Technology Needs (CFTN) funds to pay for the procurement of an Integrated Care Facility. There is now \$1 million set aside for this purchase.

\$242,592 Increase in Other Governmental Agencies due an accounting change to shift the object used for the payment of the County's share of both the statewide Office of Inspector General (OIG) and Affordable Care Act (ACA) audits. In FY 2019-20, these repayments were shown as a reduction to Federal Medi-Cal revenue.

\$147,250 Increase in Professional Services primarily due to the contracting of an outside consultant to review, assess and make recommendations for the improvement of the El Dorado County Adult Behavioral Health outpatient and inpatient system of care.

\$47,540 Annual inflationary increase for the Telecare contract for operation of the Psychiatric Health Facility (PHF).

(\$46,472) General Liability insurance premium charge recommended at \$0 to bring the program funding level to an acceptable confidence level, as provided by the Risk Management Division.

\$112,285 Net increase in other Services and Supplies to align with prior year actual, including Janitorial (\$55,334) and Computer Equipment (\$21,000), Software Licenses (\$17,298).

### *Other Charges*

\$328,756 Increase in Support and Care of Persons primarily due to an accounting change to transfer Hospital and Managed Care Offsets from a reduction in 1991 Realignment revenue to an expenditure beginning in FY 2020-21.

(\$649,859) Net decrease in Institute of Mental Disease (IMD), Housing, Transportation and Health Services (\$710,068) offset with increases (\$60,209) to align with prior year actual and projected spending plan.

(\$877,708) Net decrease due to a lower Internal Cost Rate (ICR) charge from HHSA Administration and Finance Department (\$895,161) offset by an increase in A-87 Cost Plan charges (\$17,453).

### *Other Financing Uses*

(\$400,000) Decrease in the MHSA Innovation contribution for the Public Health Community Hub Project to align with prior year actual.

\$100,000 Increase in the transfer to Child Welfare Services to pay for children's parenting classes for MHSA Prevention and Early Intervention (PEI) clients.

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## *Intrafund Transfers*

(\$1,924,427) Decrease in Intrafund Transfers due to a decrease in the Behavioral Health Department's administration cost, due to an accounting methodology change whereby the Internal Cost Rate, which previously was charged to Behavioral Health Administration and then allocated to the programs via an intrafund transfer, will now be directly charged to the programs.

## *Intrafund Transfer Abatements*

\$1,924,427 Increase in Intrafund Transfer Abatements due to the decrease in Intrafund Transfers identified above.

## *Appropriation for Contingencies*

(\$1,525,073) Overall decrease to Contingency primarily due to decreased fund balance.

## PROGRAM SUMMARIES

### Traditional Behavioral Health Programs

The Behavioral Health Department's (BHD) traditional programs include mandated and/or core programs that existed prior to the passage of the Mental Health Services Act (MHSA) in November 2004. The County General Fund contribution represents a required General Fund cash match to support mandated services. The majority of services provided are Medi-Cal-eligible services provided to predominantly Medi-Cal-eligible clients. Primary traditional programs in order of relative magnitude include:

#### *Outpatient Mental Health Services for Children*

These programs are primarily provided through contracted resources that provide a variety of therapeutic interventions for severely emotionally disturbed children, including assessments, and in consultation with schools, other community partners, and families.

#### *Outpatient Mental Health Services for Adults*

Provides initial mental health assessments for new clients, as well as mental health services for a limited number of severely mentally ill adults who are not enrolled in the MHSA Wellness and Recovery programs.

#### *Psychiatric Health Facility (PHF)*

Located in Placerville, El Dorado County contracts with the Telecare Corporation to operate the PHF, a licensed, 16-bed, 24-hour, acute, non-medical facility providing adult inpatient services for persons requiring intensive psychiatric care, many of whom are involuntarily hospitalized. Although the County of El Dorado's residents receive first priority for required admissions, the Department contracts with several other counties to provide their residents with inpatient care on an as needed, as available, basis.

*Institutional and Residential Care*

Involves appropriate placement and care of seriously mentally ill adults and seriously emotionally disturbed children when required based on the level of severity of their illness/disturbance.

*Psychiatric Emergency Services (PES)*

Ensures 24/7/365 on-call services provided predominantly at hospitals on both slopes of the County to respond to psychiatric crises, provide referrals for follow-up services and, when necessary, detain and admit individuals to a psychiatric hospital.

*Utilization Review/Quality Improvement*

Ensures timely and appropriate access to services and compliance with Federal and State regulations, as well as quality improvement efforts, staff development programs, and clinical program evaluation.

Extra-help staff and overtime are used in support of traditional programs primarily to ensure availability of after-hours and on-call psychiatric emergency services. Extra-help staff is sometimes used as a more cost-effective way to provide other intermittent, mental health services, often when after-hours or weekend work is necessary.

**MHSA Programs**

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In November 2004, California voters passed Proposition 63, known as the Mental Health Services Act (MHSA). The MHSA is funded by a one percent (1%) tax on personal income in excess of \$1,000,000 for California residents. The Department's MHSA programs are designed to reduce disparity in service access and to promote mental health wellness and recovery by providing effective mental health interventions and critical supportive services to seriously mentally ill individuals, often to those client populations that were previously underserved or un-served. MHSA programs are designed to engage clients, and sometimes other supportive individuals, in playing a significant role in formulating client recovery plans. Community participation is also a key element of creating and monitoring our MHSA programs. MHSA funds cannot be used to supplant other funds, specifically Realignment, for programs that were in existence in 2004 when the Act was passed; however, MHSA funds can be used for expansion of traditional programs beyond the base 2004 service level.

MHSA is composed of the following five components:

- Community Services and Supports (CSS)
- Workforce Education and Training (WET)
- Prevention and Early Intervention (PEI)
- Innovation
- Capital Facilities and Technological Needs (CFTN)

The Behavioral Health Department currently has approved plans for all components. Funding for each of these components is provided through county allocations from the State. The funding for each component must be expended within a certain period of time or the funding reverts back to the State for redistribution. The CSS, PEI and Innovations components have a five-year reversion policy and continue to receive allocations on an annual basis; CFTN and WET have a ten-year reversion policy and are operating from fund balances as these components are no longer allocated MHSA funds. Primary MHSA programs include the following components:

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### *Community Services and Supports (CSS)*

Adult Wellness and Recovery Services – integrates a variety of available services and supports for seriously mentally ill adults, based on the type and level of service required for each individual. Services range from outreach and engagement (to reach homeless individuals and other high-risk populations), to diversified wellness and recovery strategies (including life skills training, groups, medication management, etc.), to full-service partnerships (client-driven, recovery-oriented service plans offering a range of services and supports). Full-service partnership clients may be eligible for limited transitional housing beds and/or housing subsidies. The Wellness Center also provides supportive services, such as linkage to primary healthcare, and peer support services.

Youth and Family Strengthening – provides wraparound services for youth at risk for out-of-home placement plus a variety of programs and services employing evidence-based practices, such as Aggression Replacement Treatment and Trauma-Focused Cognitive Behavioral Therapy. High-risk youth about to be released from the County’s juvenile detention facility (and their families) will also be offered mental health, addiction and other specialized transition services to reduce recidivism and promote family reunification.

Housing offers funds for the development of permanent supportive housing and services for persons with serious mental illness who are homeless or at risk of homelessness and eligible to participate in the MHSA full-service program. The housing program is jointly administered by the California Department of Health Care Services (DHCS) and the California Housing Finance Agency (CalHFA). Housing development funds allocated to the County have been assigned to CalHFA who is now responsible to review, approve and oversee housing developments after initial approval by the Board of Supervisors for the use of MHSA funds for the development.

Additional programs and/or services may be added as a result of community input into the FY 2020-21 MHSA planning process.

### *Workforce Education and Training (WET)*

This program supports activities intended to remedy the shortage of qualified individuals to provide mental health services, as well as activities designed to assist in the transformation of current service delivery.

### *Prevention and Early Intervention (PEI)*

PEI promotes services aimed at both preventing mental illness and providing early intervention at the onset of a mental illness to keep it from becoming severe and debilitating. PEI programs also address health disparities, including culturally specific outreach and engagement services, through contract providers, to the Latino and Native American populations. Our current health disparities program also addresses improved linkage between behavioral health, primary care, and natural community supports. In addition, PEI includes programs aimed at mental health stigma and discrimination reduction. Statewide PEI programs are being addressed through the County’s membership in CalMHSA, a multi-county Joint Powers Authority.

### *Innovation*

Consists of program(s) that test a new or adapted mental health practice or approach for the purpose of learning new practices supporting the delivery of mental health services and supports. The current Innovation programs are: a partnership between Senior Nutrition and Behavioral Health to reach home

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bound older adults in need of mental health services, and the HUBS, which are managed in the Public Health Nursing Programs. The HUBS provide outreach and health supports to the community using the local libraries as a home base.

### *Capital Facilities and Technological Needs (CFTN)*

Supports capital facilities and/or technology projects. This program includes the development and implementation of an integrated information system infrastructure which includes the establishment, maintenance, and enhancement of an Electronic Health Record (EHR) system, electronic clinical assessment and outcome measurement tools for children and adults, an electronic care pathways system to facilitate linkage between behavioral health and primary health care providers, improvement of tele-psychiatry and videoconferencing capabilities to reach and serve underserved communities, related training and administrative/technical support, as well as updated technological hardware equipment and software. In addition, the CFTN program includes funding for the future requisition of an Integrated Care Facility, formerly known as the Community Wellness Center.

Extra help staff and overtime is used in support of MHPA programs primarily to ensure required level of service and activities identified in the approved MHPA plans. Extra help staff is sometimes used to provide other intermittent, mental health services, often when after-hours or weekend work is necessary.

### Substance Use Disorders (SUDS) Programs

These programs implement strategies designed to address alcohol and other drug related issues affecting communities, criminal justice and child welfare systems, and schools. Activities include education, raising public awareness of issues, promoting drug-free alternatives for youth and adults, drug-free workplace programs, activities to reunite families, where appropriate, and related services. Also included are drug court activities. Revenues in these programs include State and Federal funding, Local Realignment, miscellaneous revenues and court fines. The Local realignment is used for Drug Medi-Cal services and Drug Court Program.

Beginning June 1, 2019, Behavioral Health opted into participating in the Organized Delivery System (ODS) Waiver Program for a more comprehensive substance abuse treatment approach. The waiver is a California pilot program effective through 2021 and enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidence-based practices in substance abuse treatment, and coordinates with other systems of care. Participating counties can offer an expanded range of SUDS treatment modalities for Medi-Cal beneficiaries including a Narcotic Treatment Program, non-perinatal residential substance abuse treatment, withdrawal management, and recovery services.

## FUTURE/PENDING ISSUES AND POLICY CONSIDERATIONS

Traditional Behavioral Health program funding continues to present a challenge to the County since the majority of traditional Realignment funds are spent on a relatively small number of out-of-county placements and placements in the Psychiatric Health Facility. Currently, one client is placed in a State Hospital with an estimated cost of \$240,000 per year. Just a few clients placed at high-cost facilities can have a significant effect on the use of Realignment funds.

### *State Audits*

The State continues to make progress on auditing and settling past County Medi-Cal cost reports and recently completed its audit of the FY 2012-13 cost report. These audits often involve large settlements,

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in both directions, which can have a significant effect on the Departments available fund balances. Since the State is significantly behind in this process, it is expected that the State will be auditing and settling multiple years within a single fiscal year, which could lead to even greater fund balance changes. It is expected that any amounts determined to be owed back to the State would likely be repaid via reductions in 1991 Realignment.

### *SUDS Organized Delivery System (ODS) Waiver and Clinic-Based Programs*

On June 1, 2019, HHSA entered into an agreement with the Department of Health Care Services (DHCS) to provide a Drug Medi-Cal (DMC) Organized Delivery System (ODS) program. The program has been ramping up over FY 2019-20 with new contract providers being added and County staff beginning to provide DMC-billable services. The first year has served an expanded population and provided more services to the Medi-Cal population. Because the program is still in its initial stage, there is not sufficient information available to illustrate what the future of ODS will look like in terms of clients served and the cost of those services. The FY 2020-21 Budget is based on anticipated continued service growth and associated revenues compared to current year actual service levels.

Behavioral Health's Substance Use Disorder Services (SUDS) Program recently became a certified Drug Medi-Cal provider and began providing billable clinic services in January 2020. It is anticipated that most of the SUDS Drug Medi-Cal staff will be able to bill Medi-Cal for 50% of their time. This will have a significant positive effect on SUDS revenue and reduce the program's dependence on 2011 Realignment funds. This will, in turn, allow for more 2011 Realignment funds to be available for Mental Health Traditional programs, thereby reducing its dependency on Fund Balance.

### *CalAIM Initiative*

The State recently announced the CalAIM initiative which has the stated goals of:

- Identifying and managing member risk and need through Whole Person Care approaches and addressing Social Determinants of Health;
- Moving Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improving quality outcomes and driving delivery system transformation through value-based initiatives, modernization of systems, and payment reform.

The initiative's Medi-Cal payment reform would eliminate the current cost report and settlement to cost requirements and would instead implement "peer" county rates. Counties would be allowed to be paid in excess of their actual cost, with the excess being reinvested into counties' mental health programs. In addition, counties would be allowed to include incentive payments for quality outcomes in their contracts with service providers.

### *Adult Behavioral Health System of Care Changes*

The Behavioral Health Department has contracted with a consultant to conduct a review and assessment of the County's Adult Behavioral Health Outpatient and Inpatient System of Care. The review has already begun but may continue into FY 2020-21. This review will include both County-operated and contract provider programs and will be for both Mental Health and SUDS programs. The contractor will develop recommendations for alternate models for delivering adult services, and a transition plan for the implementation of these models. Management decisions based on these recommendations will likely have both a programmatic and financial impact on the Behavioral Health Department.

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### NEW SERVICES

#### *Stepping Up Initiative*

The FY 2020-21 MHSA Plan includes funding to be utilized to support the County’s Stepping Up Initiative, in collaboration with the Courts, to provide a Pre-Trial Diversion Program and Collaborative Court Models. Community Services and Supports (CSS) funding will be used to create a Full-Service Partnership Justice Program for the Specialty Mental Illness/Medi-Cal and Indigent population, providing assessment, therapy, case management, medication support, rehabilitation services, and SUDS inpatient services. Prevention and Early Intervention (PEI) funding will be used to create an outreach and engagement program for the mild to moderate population involved in the criminal justice system, providing early assessment for entry into the program and case management services. The focus will be to connect individuals to appropriate services in the community.

The initial start-up includes nine (9) new staffing positions in the Behavioral Health Department, funded by MHSA revenues, fund balance and Medi-Cal federal reimbursement. The program and funding will be re-evaluated for sustainability at the end of the three-year MHSA Plan.

#### *MHSA Plan*

The Mental Health Services Plan Act (MHSA) Plan is a three-year plan, beginning with FY 2020-21. The Plan is in process and not available for this budget submission. The Plan includes anticipated large changes, including the implementation of the new MHSA Justice programs mentioned above. Upon Board of Supervisor approval of the Plan later this year, HHSA will update the MHSA budget to reflect the approved Plan.

### BUDGET SUMMARY BY PROGRAM

	Appropriations	Revenues	Net County Cost GF Contribution	Staffing
Substance Use Disorders Programs	\$ 5,705,779	\$ 5,705,779	-	24.18
MHSA Programs	\$ 24,862,965	\$ 24,862,965	-	59.58
Traditional Programs	\$ 14,057,345	\$ 14,057,345	\$ 16,510	33.29
<b>TOTAL</b>	<b>\$ 44,626,089</b>	<b>\$ 44,626,089</b>	<b>\$ 16,510</b>	<b>117.05</b>

### STAFFING TREND

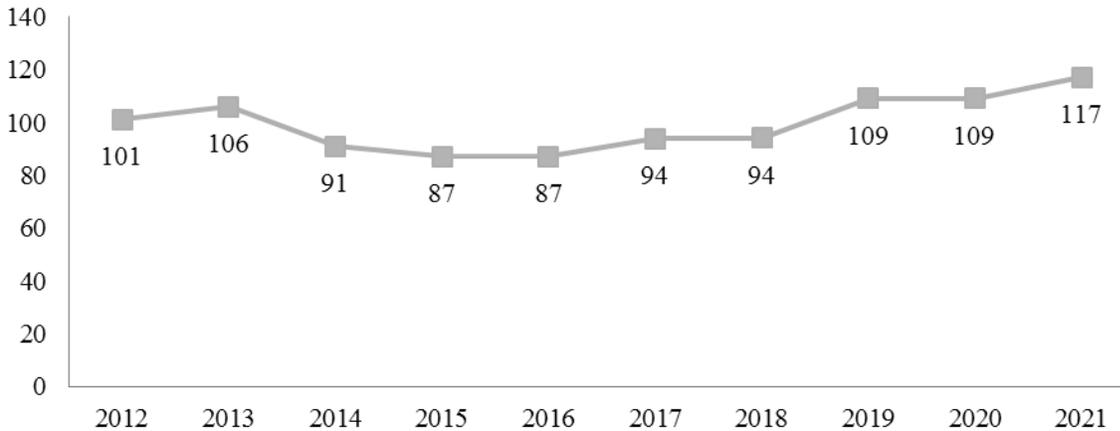
The staff allocation for FY 2020-21 is recommended at 117.05 FTEs, which is a net increase of 8.0 FTE when compared to the FY 2019-20 Adopted Budget. This includes the addition of 6.0 FTE Mental Health Worker I/II positions and 3.0 Mental Health Clinician IA/IB/II positions to support the new Stepping Up Initiative. Internal transfers within HHSA include the transfer from Behavior Health to Public Health of .50 FTE Disease Investigation & Control Specialist I/II and .50 FTE Sr. Department Analyst to the HHSA Administration and Finance Department. This also includes an allocation change to reflect the Department’s current staffing as approved through an alternatively filled position of 1.0 FTE Mental Health Program Coordinator IA/IB/II position for a 1.0 FTE Mental Health Clinician IA/IB/II position. All new positions are funded by MHSA revenue, fund balance and Medi-Cal federal reimbursement.

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A total of 92.55 FTEs are located on the West Slope and 24.50 FTEs in South Lake Tahoe. There are 33.29 FTEs in Mental Health Traditional programs, 59.58 FTEs in MHSA programs, and 24.18 FTEs in Substance Use Disorders Program.



## RECOMMENDED BUDGET

This Budget is recommended at \$44,626,089, which is a decrease of \$1,040,994 (2.2%) when compared to the FY 2019-20 Adopted Budget. The General Fund provides \$16,510 for the Department's Maintenance of Effort (MOE) as directed by the State Department of Healthcare Services. This amount is unchanged from prior years.

### Traditional Behavioral Health Programs

The Recommended Budget for the Traditional Behavioral Health Programs is \$14,057,345, which is an increase of \$803,570 (6.1%) when compared to the FY 2019-20 Adopted Budget.

The increase in the budget is primarily due to increases in Salaries and Benefits, consultant costs for the evaluation of the Adult System of Care, Federal and State audit repayments, and an accounting change to recorder the Managed Care Offset (MCO) as an expense instead of as a revenue reduction.

The Traditional programs are primarily funded by federal revenues, Realignment/state revenues, and charges for services to other counties and private payers.

### Mental Health Services Act (MHSA) Program

The Recommended Budget for the MHSA Programs is \$24,862,965, which is a increase of \$1,620,414 (7.0%) when compared to the FY 2019-20 Adopted Budget.

The increase in the budget is primarily due to the addition of the Stepping Up Initiative, which adds 9.0 FTE positions in FY 2020-21, an increase in funding for an integrated Care Facility, and expenditures according to the MHSA Plan.

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The FY 2020-21 MHSA plan update is anticipated to be adopted in June or July 2020. MHSA programs are reviewed on an annual basis to determine which programs are successful in meeting program outcomes.

### Substance Use Disorder (SUDS) Programs

The Recommended Budget for Substance Use Disorder Programs is \$5,705,779, which is a decrease of \$3,464,978 (37.8%) when compared to the FY 2019-20 Adopted Budget.

The decrease is primarily due to the implementation of the Organized Delivery System (ODS) Waiver Program in FY 2019-20, which increased staff and contracts to providers for expanded client services.

SUDS Programs are funded primarily by Federal and State revenue and Realignment funds.

### CAO Adjustments

No CAO Adjustments are recommended.

### Sources and Uses of Funds

The Behavioral Health Department is funded primarily by State Proposition 63 MHSA revenue, which results from a one percent (1%) tax on personal income in excess of \$1 million for California residents, State Realignment revenue, and Federal funding to support the Medi-Cal ODS Waiver program.

The Behavioral Health Fund Balance use is budgeted as follows:

Program	FY 2020-21 Est Beginning Fund Balance	Budgeted Fund Balance Use	FY 2020-21 Est Ending Fund Balance
SUDS Programs	\$ -	\$ -	\$ -
MHSA Programs	\$ 9,869,336	\$ 7,949,821	\$ 1,919,515
Traditional Programs	\$ 1,519,773	\$ 313,729	\$ 1,206,044
<b>TOTAL</b>	<b>\$ 11,389,109</b>	<b>\$ 8,263,550</b>	<b>\$ 3,125,559</b>