

<b>WET</b> Updated March 12, 2021	FY 2019-20			FY 2020-21			FY 2021-22			<b>FY 20/21 Budget Reduction            and FY21/22 Plan Update Notes</b>	<b>Original 3 Yr Plan Notes</b>
	Approved Budget	Actual Expenditures	% Change	FY 2020-21 Approved Budget	Projected Expenditures	% Change	Approved FY 2021-22 Budget	Proposed Changes	Requested Updated FY 2021-22 Budget		
<b>Workforce Staffing Support</b>	1,140,000	1,596,733	140%	1,710,584	1,373,599	80%	1,761,902	-	1,761,902	<b>FY 20/21:</b> Expenditures were lower than originally budgeted due to shift in activity to support the COVID-19 response, i.e., staff were redeployed to Disaster Response and hours worked were paid for through CARES Act.  <b>FY 21/22:</b> Keeping Workforce Staffing budget at current approved level.	Right Sized budget based off of historic data
<b>Training and Technical Assistance</b>	1,573,000	1,296,551	82%	1,223,390	956,398	78%	1,232,434	50,000	1,282,434	<b>FY 21/22:</b> Increase to cover additional funding for Mental Health First Aid, presenter fees for hosted trainings, trainings, and staff time based on historic spending level from FY 19/20.	Increased budget due to increase in training as well as additional costs for BH Training Facility.
<b>Mental Health Career Pathways</b>	927,000	869,871	94%	1,046,663	947,252	91%	1,046,663	-	1,046,663		Expansion of REI contract. Adding new curriculum courses for Peer Specialists
<b>Residencies and Internships</b>	238,381	169,362	71%	170,000	28,479	17%	170,000	(165,000)	5,000	<b>FY 21/22:</b> Decrease because Psychological Testing Program closed down starting Nov20	Right Sized budget based off of historic data
<b>Financial Incentives Programs</b>	654,225	266,098	41%	526,968	426,968	81%	526,968	120,000	646,968		Right Sized budget based off of historic data
<b>WET Statewide Five-Year Plan with CalMHSA</b>	-	-	0%	1,071,050	904,713	84%	-	-	-	<b>FY 20/21:</b> Savings of \$166,337 due to updated OC Contribution amounts as identified in SC PPT 11-16-20	
<b>Subtotal Of WET Programs</b>	\$ 4,532,606	\$ 4,198,615	93%	5,748,655	4,637,409	81%	4737967	5000	\$4,742,967		
<b>Administrative Costs</b>	552,676	471,835	85%	467,979	401,519	86%	482,018	(5,000)	477,018	<b>FY 21/22:</b> Right sizing due to historic spending levels.	Methodology for budgeting Admin Costs changed from using a flat 18% rate to using actuals from Previous year and adding a 3% inflation rate.
<b>Total MHS/WET Funds Requested</b>	\$ 5,085,282	\$ 4,670,450	92%	\$ 6,216,634	\$ 5,038,928	81%	\$ 5,219,985	\$ -	\$ 5,219,985		

1) All WET programs are now funded by CSS funds

CF-TN Updated March 12, 2021	FY 2019-20			FY 2020-21			FY 2021-22			FY 20/21 Budget Reduction and FY21/22 Plan Update Notes	Original 3 Yr Plan Notes
	FY 2019-20 Approved Budget	Actual Expenditures	% Change	FY 2020-21 Approved Budget	Projected Expenditures	% Change	Approved FY 2021-22 Budget	Proposed Changes	Requested Updated FY 2021-22 Budget		
<b>Capital Facilities Projects</b>											
Wellness Campus	16,600,000	16,600,000	100%	-	-	-	-	-	-		
Youth Core Services Building Upgrades	130,000	-	0%	-	-	-	-	-	-		
Crisis Stabilization Unit Renovations	850,000	850,000	100%	-	-	-	-	-	-		
Behavioral Health Training Facility	65,000	12,544	19%	65,000	21,504	33%	65,000	-	65,000		Capital Facility Costs for BH Training facility will be for 10 years. Started FY 18/19 ends FY 27/28
<b>SUBTOTAL Capital Facilities</b>	<b>17,645,000</b>	<b>17,462,544</b>	<b>99%</b>	<b>65,000</b>	<b>21,504</b>	<b>33%</b>	<b>65,000</b>	<b>-</b>	<b>65,000</b>		
<b>Technological Needs Projects</b>											
Electronic Health Record (E.H.R.)	10,815,504	5,493,602	51%	12,154,749	10,905,564	90%	8,466,752	7,575,632	16,042,384	FY 21/22: Proposed increase includes carrying over unspent funds from FY 20/21 and adding \$6.3 million to be used for: transitioning EHR from on-premises/ local management to cloud-based management to improve accessibility and functioning of the EHR for both county and county-contracted providers and integrating approved digital solutions with the EHR to exchange information, which will help to increase workforce efficiency. Funds will also be used to hire consultants to project manage the IT projects to ensure timely completion and execution of deliverables.	Funds are to continue the work of consolidating data from multiple sources into the EHR, as well as integrating with Contract Providers' health information exchange. EHR project costs will include, but not be limited to: software licenses, network infrastructure such as servers, storage and network monitoring appliances, and internal human resources and external consultants.  Adding \$1M budget for Data Integration System. These funds will support the development and ongoing support for a System of Care Data Integration System designed to coordinate appropriate data sharing across county departments and external stakeholders. Data integration will aid in providing essential and critical services that include mental health care to county residents in a more efficient and timely manner.
Administrative Costs	327,293	214,795	66%	300,000	166,153	55%	309,000	(109,000)	200,000		Beginning FY 18/19, methodology for budgeting Admin Costs changed from using a flat 18% rate to using actuals from Previous year and adding a 3% inflation rate.
<b>SUBTOTAL Technological Needs</b>	<b>11,142,797</b>	<b>5,708,397</b>	<b>51%</b>	<b>12,454,749</b>	<b>11,071,717</b>	<b>89%</b>	<b>8,775,752</b>	<b>7,466,632</b>	<b>16,242,384</b>		
<b>Total MHSA/CFTN Funds Requested</b>	<b>\$ 28,787,797</b>	<b>\$23,170,941</b>	<b>80%</b>	<b>\$12,519,749</b>	<b>\$11,093,221</b>	<b>89%</b>	<b>\$ 8,840,752</b>	<b>\$ 7,466,632</b>	<b>\$ 16,307,384</b>		

- 1) In the event costs of approved CF or TN projects are lower than originally anticipated, remaining funds may be used to fund future CF or TN projects. HCA and CEO Budget will monitor any carryover balances to ensure that all funds transferred to CFTN are spent within the 10-year reversion timeframe.
- 2) Project funds approved for a specific project within one FY of a Three-Year Plan may be used to cover that project's costs during a different FY within the Three-Year plan depending on the project's implementation timeline.