



**EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY**

MEMO

Date: February 1, 2016
To: Larry Combs
Interim CAO
From: Don Ashton, M.P.A.
Director
Subject: Request to process attached Budget Transfer for the Health and Human Services Agency (HHSA) – Mental Health Division (MH), Traditional Outpatient Program. Transfer from Diversion Program contracted services to In-house service.

Additional Information/Justification:

HHSA is requesting an increase in staff allocations of a 1.0 FTE Mental Health Clinician. HHSA proposes to shift appropriations from the current contracted Diversion program to provide the services in-house with a 1.0 Mental Health Technician. The Diversion Program is designed to serve court ordered Diversion and Incompetent to Stand Trial, Penal Code 1370 (IST 1370), individuals. The individuals in this program have been incarcerated facing either misdemeanor or felony charges or are unable to stand trial due to a mental illness or a mental illness with co-occurring developmental disability. There are no changes in revenues this is a line item shift of appropriations.

Appropriations Increase:

Index Code	Sub-Object	Description	Amount
418720	3000	Permanent Employee	\$ 150,000
418720	7250	Intrafund Transfer (Not General Fund)	\$ 350,000
Total:			\$ 500,000

Appropriations Decrease:

Index Code	Sub-Object	Description	Amount
418720	5000	Support and Care of Person	\$500,000
Total:			\$500,000

Signature: 

Date: 2/2/16

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29126 GOV. CODE)

BUDGET TRANSFER REQUEST #2

Health and Human Service Agency-Mental Health

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	1,000,000
NUMBER OF LINES	3
TRANSACTION CODE TOTAL*	40

I HEREBY REQUEST AND CERTIFY THAT THE TRANSFER OF APPROPRIATIONS AND/OR ESTIMATED REVENUES LISTED ON THIS FORM ARE BETWEEN INDEX CODES WITH THE SAME FUND STRUCTURE, AND WITHIN THE SAME DEPARTMENT. THIS TRANSFER WILL NOT INCREASE OR DECREASE THE TOTAL DEPARTMENTAL APPROVED BUDGET.

2/1/2016
DATE

Handwritten signature and date 2/2/16
DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.
REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.
A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE*

* 002 = INCREASE ESTIMATED REVENUE * 013 = INCREASE IN APPROPRIATION / CAO APPROVED
* 003 = DECREASE ESTIMATED REVENUE * 014 = DECREASE IN APPROPRIATION / CAO APPROVED

S F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	013	418720	3000		150,000	FY 15-16 BUD Restoration of Competency
2	013	418720	7250		350,000	FY 15-16 BUD Restoration of Competency
3	014	418720	5000		500,000	FY 15-16 BUD Restoration of Competency
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

JOE HARN, C.P.A. AUDITOR/CONTROLLER

CHIEF ADMINISTRATIVE OFFICE

REVIEWED FOR FORMAT BY _____

APPROVED

BY _____

REJECTED

DATE _____

DATE _____

CHIEF ADMINISTRATIVE OFFICE - ANALYST