

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary	
Request Item No: 912000IA01	For Fiscal Year: 2019
Requesting Organization: 91200000 COUNTY JAIL	Date of Request: 20-Mar-19
Budget Adjust Type(s): New Revenue or Expense FTE Action	Ongoing (Y or N): Y
	If Yes, next year's CF impact: \$1,093,259 -0-
	Net FTE Change: 8.00

Description and Justification:
 New MAT Program - Jail Health Services: The Jail Health Services Division is submitting this budget adjustment request in order to implement a Medication Assisted Treatment (M.A.T.) program in collaboration with Salt Lake County Behavioral Health, the State and Community Partner. This program will allow individuals currently receiving certain treatment for opioid addiction a continuity of care while in the Facility. Funding is currently available through a state grant received by SLCo Behavioral Health through September 2019 with a very high likely hood that the funding will be renewed. This budget request includes 8 FTE's and is prorated based on a projected program start date of May 1, 2019 with an offsetting revenue projection through September.

Program will be funded by inter fund charge to Behavioral Health. In the event funding runs dry, a request will be made during the normal budget process.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	110 GENERAL FUND
Fund Impact (Budgetary)	(\$272,265)
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	(\$272,265)

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SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
9120000900 JAIL HEALTH SERVICES	804,640 532,375	804,640	0	272,265 -0-
TOTALS	804,640	804,640	0	272,265

Approvals

Division Director:	Date: _____
Dept. or Elected Fiscal Mgr: <i>Carric Huchworth</i>	Date: <u>3-21-19</u>
Dept. Dir. or Elected Official: <i>Rosie Rivera</i>	Date: <u>3-21-19</u>
Facilities Division Director: (Capital Projects Only)	Date: _____
Chief Financial Officer: <i>[Signature]</i>	Date: <u>3/26/19</u>
Mayor or Designee: <i>Ein Ostruck</i>	Date: <u>3/26/19</u>
Council Action: _____	Date: _____

Budget Adjustment Detail

Budget Year: 2019 * **Requesting Department:** 9120000 COUNTY JAIL
Budget Period: Pre-June Interim * **Req Item No:** 912000A01 * **Adjustment Title:** New MAT Program - Jail Health Services
Adjustment Type(s): New Revenue or Expense FTE Action

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	912000900	601030 PERMANENT AND	GT031		321,429
110	912000900	603005 SOCIAL SECURIT	GT031		24,689
110	912000900	603025 RETIREMENT OR	GT031		59,338
110	912000900	603040 LTD CONTRIBUTI	GT031		1,286
110	912000900	603050 HEALTH INSURAN	GT031		58,339
110	912000900	609070 UNIFORM AND EC	GT031		5,760
110	912000900	615025 COMPUTER COM	GT031		16,400
110	912000900	615030 COMMUNICATION	GT031		18,000
110	912000900	615035 SMALL EQUIPME	GT031		10,000
110	912000900	621020 TELEPHONE	GT031		4,200

TOTAL EXPENDITURES Page 1: \$519,339
TOTAL EXPENDITURES ALL PAGES: \$804,840

Revenue Budget String(s):

FUND	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	912000900	431160 INTERFUND REVE	GT031		804,640

TOTAL REVENUES Page 1: 663,376
TOTAL REVENUES ALL PAGES: 804,640

Balance Sheet/Fund Unrestriction String(s): Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictions; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT or 499999	
		BAL_SHT or 499999	
		BAL_SHT or 499999	

TOTAL BALANCE SHEET CHANGE: \$0

* **Ongoing (Y or N):** Y **No. of New FTEs:** 8.00 (2)
If Yes, next year's CF Impact: \$4,000,259 **No. of New Time Limited FTEs:** 0.00 (2)
 No. of Transferred FTEs: 0.00 (2)
 No. of Abolished FTEs: 0.00 (2)

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

Description and Justification: (Attach additional pages as needed.)*

The Jail Health Services Division is submitting this budget adjustment request in order to implement a Medication Assisted Treatment (M.A.T.) program in collaboration with Salt Lake County Behavioral Health, the State and Community Partner. This program will allow individuals currently receiving certain treatment for opioid addiction a continuity of care while in the Facility. Funding is currently available through a state grant received by SLCo Behavioral Health through September 2019 with a very high likely hood that the funding will be renewed. This budget request includes 8 FTE's and is prorated based on a projected program start date of May 1, 2019 with an offsetting revenue projection through September.

(1) If the request is for a grant, include the dates the grant will expire and what obligations are required of the County after the grant expires.

REQUEST FOR INTERIM/JUNE/YEAR-END BUDGET ADJUSTMENT (Additional Detail)

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	9120000900	853040 IN-CUSTODY CON	GT031		173,587
110	9120000900	853055 IN-CUSTODY PHAF	GT031		111,734
					\$285,301

Revenue Budget String(s):

FUND	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
					\$0

Position Management Information

INSTRUCTIONS: Complete one section for each position. To facilitate efficient execution of HR actions, please complete ALL fields as requested. TO fields are required for all position actions while FROM fields only need to be entered for position transfers. Print pages for completed sections and attach to the budget adjustment form.

Position 1	
Position Number (For changes to existing positions)	
Existing/Proposed Job Start Date	5/1/2019
Existing/Proposed Job Code	612-2
Existing/Proposed Job Title	Jail Nurse
Position Type: Full-Time (FT), Part-Time (PT)	FT
Time Limited? Yes / No	No
If Time Limited, expected expiration date	
Location Code (four digit number)	1003
Fund	To: 110 From:
PS/BRASS Sub Department Id	To: 9120000900 From:
Reports To Position Number	00001373
Reports To Job Title	Jail Nursing Supervisor
FTE (Example: .50 / .75 / 1.0)	To: 3 From:
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	N

Position 2	
Position Number (For changes to existing positions)	
Existing/Proposed Job Start Date	5/1/2019
Existing/Proposed Job Code	
Existing/Proposed Job Title	SUD Counselors
Position Type: Full-Time (FT), Part-Time (PT)	FT
Time Limited? Yes / No	No
If Time Limited, expected expiration date	
Location Code (four digit number)	1003
Fund	To: 110 From:
PS/BRASS Sub Department Id	To: 9120000900 From:
Reports To Position Number	New Position
Reports To Job Title	New MAT Program Manager
FTE (Example: .50 / .75 / 1.0)	To: 3 From:
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	N

Position 3	
Position Number (For changes to existing positions)	
Existing/Proposed Job Start Date	5/1/2019
Existing/Proposed Job Code	
Existing/Proposed Job Title	MAT Program Manager
Position Type: Full-Time (FT), Part-Time (PT)	FT
Time Limited? Yes / No	No
If Time Limited, expected expiration date	
Location Code (four digit number)	1003
Fund	To: 110 From:
PS/BRASS Sub Department Id	To: 9120000900 From:
Reports To Position Number	00001258
Reports To Job Title	Director of Nursing
FTE (Example: .50 / .75 / 1.0)	To: 1 From:
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	N

Total No. of New FTEs:	8
Total No. of New Time Limited FTEs:	0
Total No. of Transferred FTEs:	0
Total No. of Abolishments:	0
Total No. of Other Actions:	0

(a) Totals will transfer to the "Adj Request" tab's FTE section.

Council Approval section below to be completed only by Council Staff and to be submitted to HR for final processing.

Council Approved:	Yes:	No:	Date:	Signature:
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Position 4	
Position Number (For changes to existing positions)	
Existing/Proposed Job Start Date	5/1/2019
Existing/Proposed Job Code	470
Existing/Proposed Job Title	Office Coordinator
Position Type: Full-Time (FT), Part-Time (PT)	FT
Time Limited? Yes / No	No
If Time Limited , expected expiration date	
Location Code (four digit number)	1003
Fund	To: 110 From:
PS/BRASS Sub Department Id	To: 9120000800 From:
Reports To Position Number	New Position
Reports To Job Title	New MAT Program Manager
FTE (Example: .50 / .75 / 1.0)	To: 1 From:
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	N

Position 5	
Position Number (For changes to existing positions)	
Existing/Proposed Job Start Date	
Existing/Proposed Job Code	
Existing/Proposed Job Title	
Position Type: Full-Time (FT), Part-Time (PT)	
Time Limited? Yes / No	
If Time Limited , expected expiration date	
Location Code (four digit number)	
Fund	To: From:
PS/BRASS Sub Department Id	To: From:
Reports To Position Number	
Reports To Job Title	
FTE (Example: .50 / .75 / 1.0)	To: From:
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	

Position 6	
Position Number (For changes to existing positions)	
Existing/Proposed Job Start Date	
Existing/Proposed Job Code	
Existing/Proposed Job Title	
Position Type: Full-Time (FT), Part-Time (PT)	
Time Limited? Yes / No	
If Time Limited , expected expiration date	
Location Code (four digit number)	
Fund	To: From:
PS/BRASS Sub Department Id	To: From:
Reports To Position Number	
Reports To Job Title	
FTE (Example: .50 / .75 / 1.0)	To: From:
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	