Contra Costa
Health Services

CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

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The Mission Statement of the MHSA/Finance Committee: In accordance with our mandated duties of Welfare & Institutions Code 5604, and aligned with the Mental Health Commission's MHSA Guiding Principles, and the intent and purpose of the law, the MHSA/Finance Committee will work in partnership with all stakeholders, all community-based organizations and County providers to review and assess system integration and transformation in a transparent and accountable manner

MHSA/Finance Committee Meeting
Thursday November 16, 2017 ♦ 1:00-3:00 pm
2425 Bisso Lane, Concord
Second floor conference room

AGENDA

I. Call to order/Introductions

II. Public Comment

III. Commissioner Comments

IV. Chair Announcements

V. APPROVE Minutes from October 19, 2017 meeting

VI. DISCUSS the Mental Health Division budget with the Chief Operating and Financial Officer- Pat Godley

VII. DISCUSS Committee accomplishments in 2017 and Yearend Report

VIII. DISCUSS and REVIEW Committee's Mission Statement

IX. REVIEW and ACCEPT 2018 goals

X. Adjourn

In accordance with the Brown Act, if a member of the public addresses an item not on the agenda, no response, discussion or action on the item may occur. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute time limit.
If special accommodations are required to attend any meeting, due to a disability, please contact the Executive Assistant of the Mental Health Commission, at: (925) 957-5140

MHSA-FINANCE Committee
MONTHLY MEETING MINUTES
October 19, 2017 – First Draft

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Chair, Lauren Rettagliata called the meeting to order at 1:22 pm. **Commissioners Present**: Chair- Lauren Rettagliata, District II (arrived @1:19pm) Vice-Chair-Douglas Dunn, District III (arrived @1:22pm) Sam Yoshioka, District IV Diana MaKieve, District II (arrived @1:38pm) **Commissioners Absent**: Duane Chapman, District I **Other Attendees**: Katy White, MFT- Care Management Unit and Access Line Program Manager (left @2:10pm) Adam Down-MH Project Manager Jennifer Tuipulotu, Office of Consumer Empowerment Program Manager Erika Raulston, family member –District V Leslie May, family member- District V Jill Ray, Field Representative, District II Liza A. Molina-Huntley, Executive Assistant	**Executive Assistant:** • **Transfer recording to computer.** • **Update Committee attendance**
II. Public comments: • none	
III. Commissioners comments: • Questioned why the committee is reviewing the program reviews and stated that the program reviews are best to be reviewed by the Quality of Care Committee • Meeting packet is too large and was rejected by outside email addresses. • Moving forward- attachments will not be printed or attached via email, a link will be provided to view the documents on the website. This will eliminate individuals from having computer issues due to the large attachments. • **On page 264, in the Health Services budget**, (found online, on the County's website) has updated information regarding the Mental/Behavioral Health's budget. A clear understanding of the almost $200 million and what and how the money is being spent.	***EA- will included link to the posted agenda meeting packet on meeting announcements, they will no longer be attached to the email, nor will attachments be printed**
IV. Chair announcements/comments: • NAMI general meeting this evening, (10/19/17) with Dr. Steven Seagar, from 7-9pm at the Concord John Muir in Concord room 1 • Next Mental Health Commission meeting will be in South County at the San Ramon Regional Medical Center at 6001 Norris Canyon Road in San Ramon in the South Conference room.	***EA provided maps to the MHC meeting on 11/1/17 at the meeting**
V. Approve minutes from September 21, 2017 meeting **MOTION to approve minutes made by Douglas Dunn , seconded by Sam Yoshioka** **VOTE: 4-0-0** **YAYS: Lauren, Doug, Sam and Diana** **NAYS: none ABSTAIN: none ABSENT: Duane Chapman** • Chair wants to know who the responsible party is to follow up on motions made. EA's supervisor informed that there is an order or process, to forwarding requests and he has forwarded the request to the appropriate office/person, if and when the request is feasibly attainable. • Member stated a lot of the information being requested is online; each individual that is interested in obtaining the information can look up the information, without sending requests and waiting for a response. Each person can search documents online, to speed up the process, whether the information is at the	***Executive Assistant** ***Correct minutes and post finalized minutes.**

	County or State level, there are a lot of public, posted documents available online. • State is inundated with documents; most recently inquired about a document and was told that the State was working on the 2010 year • Member would like to refer requests for financial documentation to be for the entire Mental Health budget, the committee can look at the Behavioral Health budget later.	
VI.	**DISCUSS the network providers and services with Katy White MFT- Care Management Unit and ACCESS Line Program Manager** • The Grand Jury, regarding the White Paper, were concerned about individuals trying to access CBO's (Community Based Organizations) found it very difficult to access to receive mental health services. The Committee is interested in program, to be presented and all the information to be provided and would like to obtain a deeper understanding of the new program and the progress that is being made • The presenter currently manages three departments, all with unique and overlapping functions. Each can provide information to the previous statement made by the Chair. Presenter provided handouts from the program to the attendees • ACCESS line started in 2016, did contract with OPTIMUM, an afterhours answering services including weekends. Test calls show improvements. • In 2014 the county had a very high rate of ended calls, due to clients hanging up for being on hold for 20 minutes or more. Approximately 40-50% of the callers would hang-up. • In 2016, the abandoned call rate was 15% and the average wait time is three minutes • Currently the abandoned call rate is 2%; the average wait time is 90 seconds, or a minute and a half. • Since July of this year, due to the "Drug-MediCal waiver," more counselors are available to help individuals wanting to access drug and alcohol services and a separate connection is available, to access directly • Combined incoming calls are, mental health 450 and 375 for incoming AOD (Alcohol and Other Drugs) calls for a total of 825 incoming calls • ACCESS line implemented a separate module to allow access to CCLINK, (an electronic health record software program) and data is accessible • There has been complaints about long wait times and improvements are being made • When an individual calls the ACCESS line, a screening is done to determine the client's acuity: low to moderate, moderate to severe and depending on the acuity level, the client will be referred to the appropriate service. After the referral has been completed, ACCESS is no longer involved in the client's follow up • CBO's are for the moderate to severe, as are the county clinics and once the client has been referred, ACCESS will no longer be involved and will not have any information about tracking, timely access to care, dispositions- ACCESS is a completely separate program • ACCESS does have a network of contracted providers. ACCESS provides up to three verbal referrals, the consumer will choose one and call and schedule an appointment. ACCESS has implemented an additional service, where a Community Support Worker (CSW) will do outreach calls, within a few days, verifies with client if they obtained an appointment. If not, then the CSW will explore why not and help to make sure the client gets connected. At times, it is difficult to reach the person, for various reasons. There has been a lot of success with the CSW's following up. • The top barrier is either that the beneficiary hasn't called the provider yet, known when the follow up call is made, or they report that the provider hasn't returned their call • Report is from the beginning of 2017 to September of 2017, 2200 beneficiaries to	*** EA will add handouts to 10-19-17 minutes** ***Chair is working with MHC Vice Chair – to responding to the White Paper and will utilize information provided by presenter to correct information is added into the report** ***Presenter will forward brochure to EA to include in minutes**

network providers. The average number of business days, from the time that the request is made, was nine days. The average number of days to obtain an appointment was 10 days, sometimes the first provider option was declined and a second option was accepted.

- Concerns from the community state that there is a shortage of psychiatrists, are more people seeing social workers and/or clinicians?
- The mental health clinics are very impacted and that is being addressed separately. On the network there are approximately 170 providers, of which two are psychiatrists. There are limited psychiatric options available on the network, currently referring back to the primary physician or to the clinics
- There is different data regarding appointments: therapists' appointments versus psychiatrists' appointments. Psychiatrists' appointments are further out, but the average number of days to obtain an appointment, includes obtaining psychiatrists appointments as well. If the average number of appointments were categorized, separating obtaining appointments for therapists and for psychiatrists, the average number of days to obtain an appointment with a therapist would be less than the current average number of days stated
- The Grand Jury reported that 68% of the people that called in appointment not available
- Unsure where the data for the previous statement was obtained and difficult to address if the source is unknown. There are 170 outpatient contracted providers and all providers are seeing clients. Central County had 12-15 available providers, East County has five (currently a high shortage in East County and a higher rate are currently offered to contract more), and West County has approximately 20 providers taking new clients. At any given time, network providers are impacted. Some providers have caseloads of 40 or more and some are not taking on new clients. Probably 68% of the providers are full, but we are not referring to the providers that are full. It is evident that more network providers are needed in East County and as a whole, across the county; the county is trying to obtain more providers, by offering higher rates and actively recruiting.
- Every call that come into ACCESS, is followed up, unless the individual decides that they no longer want the services. At least 50% of the callers are reached. Out of the people that called, at least 87% obtained an appointment, 72% of individuals show up to their appointments (claim created). Last year, 55% of the individuals showed up to their appointments, new data shows improvement. Interventions being done, following up with a call to check if person received an appointment, has increased the rates of successful appointments obtained and lessen the drop-off rate and continue to improve
- The number one barrier, per the Grand Jury's report, when the provider was called, a different story was told. Some providers stated that a number was not received, so they could not return the phone call or called and no voice mail was set up, or appointment options were offered and were declined. There are discrepancies between the reports. There are a lot of interventions in place to address the issues and are working on improving the rates.
- Currently in charge of the network and recruitment is something that is ongoing, there is staffing shortages and currently doing best with what is available. Providers that are currently with the county, refer other providers. Continues to advocate for higher rates
- Out of the total number of calls received, is charged to mental health?
- Currently doing MediCal Administrative Billing (MAB), it is a different type of billing, not overseeing that particular area, overseen by the administrative area.
- The CSW calls approximately two weeks later, after the appointment, and the client is asked if they're willing to do a five question satisfaction survey. Results were provided in the handout. Since implemented, 405 surveys were completed, approximately 90 clients reached, declined; 73% stated excellent experience calling ACCESS, 23% stated good experience, unsatisfactory was 1%. Clients experience with the clinician referral provided: 81% stated excellent, 14% good.

	Next question was regarding the ease to make an appointment: 48% stated very easy, 33% stated easy, 14% fair, 5% hard/difficult. Then asked what their experience was with the network provider: 72% excellent, 16% good and so on. Some did not see a provider. Survey is taken over the phone, clients do not have to read or write. The report also includes positive comments, neutral comments and negative comments • Is there a way to separate the data by county regions? East, West and Central? • Presenter will try to divide data, by region, as requested • What is the commitment to follow up on the satisfaction surveys? • No one has asked for ACCESS to do the satisfaction survey, this is being implementing because ACCESS is committed to improving the service, responding and reviewed at each monthly meeting. We want to provide service delivery and timely access to care, and identify the barriers so we can continue to improve. There are issues, people are not getting connected but we are doing everything possible to ensure that people do get connected and improve upon that. Some decline services and that is a barrier. Another barrier and area of need is Spanish speaking providers • What percentages of the calls come into the "after hours/weekend" Optimum provider? • It is a small percentage, two to three calls per night. What Optimum does is, they screen for crisis and have a referral list to readily refer the caller to an available service, they are clinicians and are able to complete the screening and refer for crisis. They can give out grievance appeals information, along with referrals to general resources. Optimum sends a long each night to ACCESS and ACCESS follows up with a phone call the next day. It is the best option, without hiring around the clock staff. • What is the "no show" rate within the clinics is there a big difference between the clinics and the CBO's? • CCLINK just started in the clinics as of 9/26/17- CBO's are on their own, and are not on CCLINK, so there is no data. Regarding the clinics, I do not know what the rate is, since it has not been a full month since they started. We will be able to retrieve the information in the future, too soon to tell. We know there are problems, we are addressing the issues and working on a platform towards improvement.	
VII.	**DISCUSS and identify budget questions for meeting with Chief financial Officer on November 16-** • The Chief Financial/Operations Officer, (CFO) has confirmed his attendance to the November 16, MHSA/Finance Committee. • Important to understand page 264, states the recommended budget for the county. The Mental Health budget is $200 million and the question is how is the money spent? • It is believed that a report is being created by Pat Godley, for the Board of Supervisors and we should be able to view the report so we can understand the budget, expenditures, and costs. There is a division between inpatient and outpatient care. Most of the "costs centers" are under Anna Roth, because some of her responsibilities are inpatient mental health, including detention mental health. We need to ask these questions and hopefully we will get accurate information. The other side is the outpatient piece of the budget and that might be under one or more managers. It is important to know what is being contracted out, services that are being provided by other sources. Where the realignment funds are being spent is important, what is the funding sources that makes up the $200 million and where is the money being spent? Medi-Cal and Family Funding Participation (FFP) dollars being spent, what part of the mental health funding go, we would like specifics and current information • The Chair has requested that all of the committee's members send their questions, regarding the budget, to her and she will forward the questions to the EA by November 2. The EA will forward the questions to the CFO/COO by November 3, 2017.	***Chair will forward questions to EA no later than November 2, 2017- to forward to CFO/COO by November 3**

- The Chair requests that questions noted during this committee, to forward to the questions to the Committee members to review
- The County's budget is centralized and there are thousands of costs center. It is almost impossible to take all the costs centers and put it into a report that would be accurate and extremely time consuming. Informational reports that are shared are reports that have already been produced and publicized on the County website. Each manager has there portion of the budget and what is allowed to be spent, by category. All of the budget documents that go before the BOS are on the County website. To create something different is much more complex, there are many different funding streams. Clinic's budgets are very different and Medi-Cal is months and everything is centralized. Purchasing is done for all clinics and billing is done for all clinics. Different programs, for example, First Hope that are stand alone because a portion of funding is allotted to the them, the County does not pay the entire portion of each program's budget. Public health operates on a lot of grants, federal grants, there is a pot of money and every penny must be accounted for, every dollar is monitored, assuring that all the checks and balances are in place. The finance requests may seem simple but it is a lot more complicated due to all the funding streams, costs centers and expense categories
- It is difficult for the public to understand why the finances are so complicated and maybe someone from the Finance department needs to provide some training and/or explain the budget and the process.
- The new building, being built for West County Behavioral Health, must have received a budget and a funding stream. It is a large expense and the committee would like to be informed of occurrences like this, the budget and where the funding came from
- The building was on Capital Projects list and it goes through the Board of Supervisor's Finance committee. When a County building is being built, it is worked through the General Services Department, which is now part of the Public Works Department. The Capital Facilities Report shows every single building the County has and deferred maintenance. Projects go through the Finance Committee that goes before the Board of Supervisors for approval. Some projects are done by the Public Works Department, some projects are contracted out, depending on the project and the decision is made by the Board of Supervisors
- As a Commissioner, to minimize the amount of paperwork and to obtain the right amount of budget detail, in order to ask intelligent questions, would like the budget broken down: per contract (as shown for Realignment) for all the categories, including patient revenue (FFP), Federal, State, Realignment and MHSA (not necessary previously provided by Warren Hayes). The question is if the breakdown, by level of care, outlined on a projected basis, is it done annually, or is it broken down after the budget year is over (as the breakdown is done in the Needs Assessment document) can the same breakdown be done for the entire Mental Health budget and updated to be current? It is uncertain if "State Assistant" is MHSA and a question that needs to be answered by the Finance Department. The MHSA budget for 2017-2018 is $52 million dollars, out of the $200 million Mental Health budget.
- The Needs Assessment Report was just to highlight a "bench mark" that was developed in the early 80's. At the time, it was the only report to build from and it is cited in the report.
- **Q1- If there is a report being prepared for the Board of Supervisors and the Health Services Director, a copy be provided to the Mental Health Commission and explained**
- **Q2-(page 264) under revenues, what constitutes as "other local revenue" and "federal assistance" and "state assistance"? Would like page 264 (in the budget) broken down, line by line.**
- **Q3- As in the Needs Assessment is there a breakdown, according to the "level of care"; if not, can it be provided? Trying to make comparison to state**

	standards- how are funds distributed would like details • **Q4- how was the budget built, what are the milestones?** • **Q5- What are the building blocks that are used from the programs and clinics to come up with the recommended budget for fiscal year** • **Q6- What percentage of the budget and the dollar amounts of the budget, is attributed and distributed between, Federal Financial Participation (FFP), Mental Health Services Act (MHSA), Realignment funding I and II and the County General funding stream?** • **Q7- Would like to see a cost center report (identified for each department, not just the numbers), along with the different the details for the expenditures of each costs center and the responsible management for each cost center. Each manager should be able to explain to the commission the cost expenditure of their area of management. The managers should know the budget and expenditures for their departments or area.** • **Q8-What is the amount being spent on paying overtime expenses (due to lack of sufficient staff)? It is stated as "permanent overtime, but it is unclear and would like it to be broken down by clinic, departments, staff classification** • **Q9- would like the finalized Mental Health budget for 2015-2016** • **Q10- What percentage of the Mental Health budget is the care costs (page 245), for detention mental health, what percentage is from AB109 and Behavioral Health budget, broken down. Would like to know what the mental health care portion of detention is? Of the almost $24 million in the budget, what percentage is used for mental health care?** • **Q11- send all further questions to Doug and Lauren, to forward to CFO- before next meeting** • **The Chief Financial/Operating Officer, Pat Godley, prepared and distributed to the Committee in March of 2017, a financial document called <u>Contra Costa County Mental Health Division's Summary 2016-2017 Projection</u> (page 264, in the budget, broken down). Is this document, a building block that is used to create the budget? The Commission/Committee would like the document expanded and more details provided than what was presented in the one page document, a breakdown for the entire Mental Health budget ending for the fiscal year 2016-2017, that would answer all the questions stated during the committee.**	
VIII.	**DISCUSS committee accomplishments in 2017** • The accomplishments for 2017 need to be listed, by meeting. The Chair and Vice Chair will go through and discussed the committee's accomplishments for the year. Several members of the committee attend CPAW meetings to keep informed and updated regarding the development of MHSA budget. Committee members are welcome to contribute and send their perspectives to the Chair to consolidate into one report.	
IX.	**DISCUSS committee goals for 2018** • Chair congratulated all members for submitting their committee goals for 2018 on time. Diana's goal was specific to older adults, viewed as important. • Focus of the committee, should be on mental health budget and not duplicate the work being done by Community Planning Advisory Workgroup (CPAW) with the MHSA budget. • CPAW was not the body to get the program and fiscal reviews done and to make sure that those that are contracted are meeting the fidelity standards that we wanted for the residents. • CPAW- created for the community, refer and advisory only providing ideas to the Behavioral Director. The MHC is the advisory body to both, the Director and Board of Supervisors, CPAW is not. • The primary focus of the committee needs to be on the $200 million, the	**1) Committee members will submit their questions to the Chair by Thursday November 2, 2017.** **2) The Chair will review, consolidate and forward the questions to the EA.** **3) The EA will**

overall budget, and (page 264) - including Realignment I/II, FFP, MHSA and other funding sources, streams/grants in 2018. What will happen when funding grants is lost and where will the supplement come from? • The Chair agreed for the committee to focus on the entire budget and to look at how dollars are spent- example: how are Realignment dollars spent and what are the priorities in spending each dollar? How the dollars are leveraged? **MOTION made by Lauren Rettagliata, to review and educate ourselves/Commission, regarding all revenue streams for the Mental Health Services Division and in particularly, this year, take a closer look at aging adults in Contra Costa County, committing to the goals set forth by Diana MaKieve, as the Committee's goals for 2018, motion seconded by Diana MaKieve** **VOTE: 4-0-0 YAYS: Lauren Rettagliata, Diana MaKieve, Sam Yoshioka, Douglas Dunn NAYS: none ABSTAIN: none ABSENT: Duane Chapman**	**forward the committee's questions to the Chief Financial/Operating Officer, Pat Godley**
X. DISCUSS Program Reviews attached: C.O.P.E. and Lincoln Center • Program reviews were not discussed or reviewed	
XI. Adjourned at 3:09pm	

Minutes provided by
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS-Behavioral Health Administration

Behavioral Health ACCESS Line

1-888-678-7277

Tips from the Community Support Worker/ What's the Inside Scoop?

"The best time to call to get through is weekday mornings 8am-10am"

"Telephone screenings can take anywhere from 10-30+ minutes"

"Prepare yourself for the personal questions that will be part of the screening, but know that you'll be treated with kindness and respect."

Additional Resources:

Contra Costa Crisis Line/ Suicide Hotline: 1-800-833-2900

Homeless Hotline:

Information and Referral: 211

Domestic Violence Hotline: 1-800-215-5555

CONTRA COSTA HEALTH SERVICES

Behavioral Health ACCESS Line

1-888-678-7277

The First Step to Mental Health Wellness

Contra Costa Behavioral Health ACCESS Line

1-888-678-7277

Behavioral Health ACCESS Line:
Mental Health & Substance Use Resources
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The Behavioral Health ACCESS Line is the Mental Health and Substance Use Disorder resource line for Contra Costa County.

We are open 24 hours a day, seven days a week.

For non-urgent calls, it is best to call during regular business hours: 8am-5pm, Monday-Friday, except Holidays.

Interpreters or staff are available for ALL languages.

Behavioral Health ACCESS Line

1-888-678-7277

What does the Access Line do?

- Complete telephone screenings to determine appropriate care and referrals
- Provide MediCal authorization to Network Providers
- Assist with mental health emergencies or crisis situations
- Linkage to a Substance Use Counselor
- Linkage to Homeless/housing resources

Who is eligible for services?

- Anyone can call to be screened and to request information about community mental health, substance use, and homeless/housing resources
- Eligibility for services will be determined as part of the screening process

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The First Step to Mental Health Wellness

Contra Costa Behavioral Health ACCESS Line

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Budget questions for 11/16/17 meeting

The MHSA/Finance Committee is looking forward to gaining better insight regarding the division's budget, how it's built and its components. The committee has compiled questions to grow in understanding and in partnership with County of Contra Costa

1) The Budget Process
2) Behavioral Heath Specific Budget Questions
3) Detention Mental Health
4) Information Requests
5) MHSA Budget Questions

The MHSA/Finance Committee will meet on Thursday, November 16, 2017, from 1pm to 3pm, at 2425 Bisso Lane in Concord in the second floor conference room.

Budget Process:

1) What is the timeline of the Mental Health Division budget?

2) How is the budget for the Mental Health Division built, and what are the building blocks that are used, from the programs and clinics, to come up with the recommended budget for the fiscal year?

3) How does the county establish priorities over the requests during the budgeting process?

Behavioral Health Specific Budget Questions:

4) In reference to page 264, of the Mental Health Division budget, under the "revenues" category, what constitutes as "other local revenue" and "federal assistance" and "state assistance", can the categories be clarified and broken down, line by line?

5) What percentage and dollar amounts, of the budget that is attributed and distributed between, Federal Financial Participation (FFP), Mental Health Services Act (MHSA), Realignment funding I & II and the County General funding stream?

6) Please clarify "permanent overtime and provide the amount being spent on paying overtime expenses by departments, clinics and staff classification?

7) In the General Fund Summary (page 243), regarding overtime pay, why is permanent overtime listed in "Compensation Information"?

a. Is there incidental overtime? If so, where is it recorded?
b. Is the overtime rate tracked in various centers?
c. Is there a projected incidental overtime rate?
d. Is overtime used to offset the vacancies in various positions?

8) Referencing the budget unit 0467-Health Services- Mental Health (page 157)

1. What are the major sources of revenues and their stability for the near future?
2. What are the expenditures of major services-(i.e.: children, children and families, adult services and caregivers, mental health clinics, mental health crisis services, etc.)?
    a. Which areas of services have been growing?
    b. Are the expenditures of growth sustainable?

9) In 2017, there may be a shortage in MHSA funding, approximately $8.5 million less, from $51.5 million to $42 million. The MHSA Program Manager informed on 11/1/17, that spending is under the budgeted amount, but if there is a shortfall, we are need to slow down spending the MHSA surplus or cutback on programming.
    a. What happens when our revenue, either General Fund, State or Federal forecast/expected dollars are less than expected?

Detention Mental Health

10) In reference to page 245, in the Mental Health budget, what is the "care costs" for detention mental health services?
a. What percentage is from AB109
b. What is the percentage from BHS budget, broken down
c. What is the mental health care portion of detention
d. Of the almost $24 million allocated in the budget for detention, what percentage is distributed for mental health care?

11) May the Committee/Commission obtain the mental health care costs, per person, in juvenile hall?

Information Requests

12) If a Financial Report, for the Mental Health/Behavioral Health Division, is being prepared for the Board of Supervisors and for the BHS Director, can a copy be provided to the Mental Health Commission? Can the document please be explained?

13) Can a copy of the finalized Mental Health budget for the fiscal year 2015-2016 be provided and broken down?

14) When possible, the committee/commission would like a breakdown of the Mental Health Division budget, for the fiscal year ending in 2016-2017.

15) Can a copy be provided of the cost report?

16) In the financial document provided in March of 2017, by Pat Godley to the MHSA/Financial Committee, titled "Contra Costa County Mental Health Division's Summary (CCCMHD) 2016-2017 Projections, can this document be broken down like page 264 in the Mental Health budget and expanded and additional details provided?

17) During the March meeting with Mr. Godley, it was indicated FFP (Patient Revenue) contracts could be listed by contract summary similar to Realignment I and II contracts, (please see document attached)

18) May the Committee/Commission, obtain this information, per contract summary detail (Patient Revenue, Realignment, MHSA, and County Contribution) for the most recent completed fiscal year?

MHSA:

19) In reference to the "Needs Assessment," created by the MHSA Program Manager, Warren Hayes, can a breakdown be created, in accordance to the different levels of care? Can a comparison chart be created with how Contra Costa compares to state standards, regarding expenditures and how funds are distributed?

State Controller Schedules	Contra Costa County	Schedule 9
County Budget Act	Financing Sources and Uses by Budget Unit by Object	
January 2010 Edition, revision #1	Governmental Funds	
	Fiscal Year 2015-2016	

Group: **100300 - GENERAL FUND**
Budget Unit: **0467 - HLTH SERVICES-MNTL HLTH**

Function: **HEALTH AND SANITATION**
Activity: **HOSPITAL CARE**

Detail by Revenue Category and Expenditure Object	2013-2014 Actuals	2014-2015 Actuals	2015-2016 Recommended	2015-2016 Adopted by the Board of Supervisors
1	2	3	4	5
LICENSE/PERMIT/FRANCHISES	$71,675	$70,000	$70,000	$70,000
FINES/FORFEITS/PENALTIES	179,361	0	179,361	179,361
USE OF MONEY & PROPERTY	15,900	15,900	5,232,372	5,232,372
INTERGOVERNMENTAL REVENUE	37,297,443	27,285,690	31,776,167	31,776,167
CHARGES FOR SERVICES	58,343,204	60,808,940	59,175,998	59,175,998
MISCELLANEOUS REVENUE	60,862,342	62,567,183	69,326,380	69,326,380
Total Revenue	**$156,769,925**	**$150,747,714**	**$165,760,278**	**$165,760,278**
Salaries and Benefits	$47,359,690	$50,268,521	$52,414,453	$52,414,453
Services and Supplies	120,107,958	122,181,396	122,913,125	122,913,125
Other Charges	4,463,344	3,900,017	4,608,955	4,608,955
Fixed Assets	393,057	52,850	0	0
Expenditure Transfers	(2,852,847)	(3,038,808)	(2,789,521)	(2,789,521)
Total Expenditures/Appropriations	**$169,471,202**	**$173,363,976**	**$177,147,012**	**$177,147,012**
Net Cost	**$12,701,278**	**$22,616,263**	**$11,386,734**	**$11,386,734**

Behavioral Health Division - Mental Health

General Fund	2013-14 Actual	2014-15 Budget	2015-16 Baseline	2015-16 Recommended	Change
EXPENDITURES					
Salaries and Benefits	47,359,690	56,639,588	52,414,453	52,414,453	0
Services and Supplies	120,107,958	106,389,950	122,913,125	122,913,125	0
Other Charges	4,463,344	4,436,061	4,608,955	4,608,955	0
Fixed Assets	393,057	0	0	0	0
Expenditure Transfers	(2,852,847)	(1,420,556)	(2,789,521)	(2,789,521)	0
TOTAL EXPENDITURES	**169,471,202**	**166,045,043**	**177,147,012**	**177,147,012**	**0**
REVENUE					
Other Local Revenue	65,489,829	65,433,897	80,382,113	80,382,113	0
Federal Assistance	57,451,162	56,298,115	56,367,957	56,367,957	0
State Assistance	33,828,933	33,020,602	29,010,208	29,010,208	0
GROSS REVENUE	**156,769,925**	**154,752,614**	**165,760,278**	**165,760,278**	**0**
NET COUNTY COST (NCC)	**12,701,278**	**11,292,429**	**11,386,734**	**11,386,734**	**0**
Allocated Positions (FTE)	443	443	413	413	0
FINANCIAL INDICATORS					
Salaries as % of Total Exp	27%	34%	29%	29%	
% Change in Total Exp		(2%)	7%	0%	
% Change in Total Rev		(1%)	7%	0%	
% Change in NCC		(11%)	1%	0%	
COMPENSATION INFORMATION					
Permanent Salaries	24,352,249	28,476,490	28,299,565	28,299,565	0
Temporary Salaries	1,834,738	1,105,404	1,347,012	1,347,012	0
Permanent Overtime	131,735	119,832	85,984	85,984	0
Deferred Comp	108,974	235,732	188,451	188,451	0
Hrly Physician Salaries	171,845	77,604	81,924	81,924	0
Perm Physicians Salaries	2,225,862	3,112,852	2,050,909	2,050,909	0
Perm Phys Addnl Duty Pay	12,304	37,022	2,906	2,906	0
Comp & SDI Recoveries	(103,353)	(114,769)	(114,769)	(114,769)	0
FICA/Medicare	2,072,575	2,528,134	2,684,097	2,684,097	0
Ret Exp-Pre 97 Retirees	115,703	128,449	123,850	123,850	0
Retirement Expense	10,431,402	13,447,561	10,214,270	10,214,270	0
Employee Group Insurance	3,776,269	4,776,829	4,549,366	4,549,366	0
Retiree Health Insurance	1,343,402	1,382,857	1,478,226	1,478,226	0
OPEB Pre-Pay	410,737	410,737	410,737	410,737	0
Unemployment Insurance	107,308	141,656	96,831	96,831	0
Workers Comp Insurance	663,547	773,198	915,094	915,094	0
Labor Received/Provided	(295,607)	0	0	0	0

Description: To serve serious and persistent mentally disabled adults and seriously emotionally disabled children and youth.

Workload Indicator: The recommended FY 2015-2016 budget is based on 439,104 visits and an inpatient psychiatric average daily census of 19.0 patients.

Impact: The recommended budget maintains the current level of services.

1. Child and Adolescent Services

Description: Child and Adolescent Services provides services to children under age 18, and up to age 21 for emotionally disturbed individuals.

a. Local Institutional/Hospital Care: Acute psychiatric inpatient treatment for children and adolescents is provided in private hospitals in order to avoid placing minors in the same psychiatric unit as adults at Contra Costa Regional Medical Center. Case management services are provided by the Children's Hospital and Residential Treatment Program.

b. Out-of-Home Residential Care/Treatment Service Programs: Mental Health works in collaboration with Probation and Social Service to support these placements and their mental health component. Structured residential therapeutic treatment service programs for seriously emotionally disturbed (SED) children and adolescents providing individual, group and family therapy and wrap-around teams. Case management services are provided at various children's hospital units in Northern California and the Residential Treatment Program.

c. Intensive Day Treatment Services: Therapeutic treatment, educational and activity programs (less than 8 hours per day) for children/adolescents who have behavioral/emotional disorders or are seriously emotionally disturbed (SED), psychosocially delayed or "at high risk." Many of these services are attached to Residential Treatment Centers outside Contra Costa County.

d. Outpatient Clinic Treatment and Outreach Services: Outpatient clinic, school-site and in-home services, including psychiatric diagnostic assessment, medication, therapy, wrap-around, collateral support, Family Partnership, and crisis intervention services for seriously emotionally disturbed (SED) children and adolescents and their families.

e. Child/Adolescent Case Management Services: Case managers provide screening, assessment, evaluation, advocacy, placement and linkage services to assist children and adolescents in obtaining continuity of care within the mental health, health care, and social service systems. Community and school-based prevention and advocacy programs provide community education, resource development, parent training, workshops, and development of ongoing support/advocacy/action groups. Services are provided to enhance the child's ability to benefit from their education, stay out of trouble, and remain at home.

f. EPSDT (Early and Periodic Screening Diagnosis and Treatment) Program: Provides comprehensive mental health services to Medi-Cal eligible severely emotionally disturbed persons under age 21 and their families. Services include assessment; individual, group and family therapy; crisis intervention; medication; day treatment; and other services as needed. Specialized services are available in cases of emergency foster placement.

***g. Therapeutic Behavior Services* (TBS):** TBS provides one-on-one behaviorally focused shadowing of children and youth, on a short-term basis, to prevent high level residential care or hospitalization, and ameliorate targeted behaviors preventing success.

h. Mobile Response Team*:* The mobile crisis response team, comprised of a Masters level therapist and a family support partner, provides short-term triage and emergency services to seriously emotionally disturbed children, adolescents and their families in order to prevent acute psychiatric crises and subsequent hospitalization.

i. Mental Health Services for Children 0-5 Years of Age: Three contract agencies provide a wide array of outpatient, and in-home services to SED children, children in foster care, or

children at risk of significant developmental delays and out-of-home placement.

j. Special Education Services – Educationally Related Mental Health Services (ERMHS). Mental Health Services are provided as part of a youth's Individualized Education Plan (IEP) to fulfill a mandate under federal law to provide a free and appropriate public education to students with special needs in the least restrictive educational environment. Services include: individual, group, or family psychotherapy, day treatment services, collateral, case management, and residential placement.

In Contra Costa County there are approximately 166,000 public school students. Over 33,000 of these students, or approximately 20%, are enrolled in Special Education. Prior to FY 2010/2011, funding for these mandated services had been federal IDEA funds, State Mandate Claims (SB-90), Medi-Cal and State General Funds. In the Budget Act of 2010-2011, the mandate was suspended and the responsibility to fund these services was transferred from County Mental Health to the local school districts and SELPA's (Special Education Local Plan Areas). An MOU was developed and signed by County Mental Health and the SELPAs, with supporting contracts going before the Board for approval. This budget assumes that the responsibility for funding continued ERMHS Non-Medi-Cal services will remain with the local school districts and SELPA's.

As part of the State 2004-05 Budget, all 2003-04 and prior SB-90 claims were deferred with the requirement to pay them over no more than five years beginning in 2006-07. In the State 2005-06 Budget, Government Code Section 17617 was amended to pay these claims over 15 years from 2006-07 through 2020-21. Subsequent budgets have suspended payments. The cumulative balance due from the State, and residing as an accounts receivable of the General Fund, is $7.7 million.

The proposed 2014-2015 Governors budget included $900 million in funding for payment of 2004 and prior outstanding mandated claims. The payments are proposed to be made in FY 2015/2016 for $748 million and FY 2016/2017 for $152 million. At this time, it is unknown when payments will be received for the $7.7 million outstanding balance.

k. Transitional Age Youth Residential Treatment Program at Oak Grove: The Collaborative Continuum of Care "C5" closed in 2010 after the governor signed legislation vetoing funding for AB3632 services. A new school-based program located in Mt. Diablo Unified School District called Olivera was developed for high-end youth. Best practice models including wraparound are being employed to avert residential placement.

l. Olivera: A first step alternative to, as well as a step down from, residential placements that provides a non-public school with Intensive Day Treatment and wrap services. The program includes five classrooms – three for Mt. Diablo Unified School District and two for other SELPAs within Contra Costa.

m. Oak Grove Treatment Center: The County facility at 1034 Oak Grove Road in Concord, is in program development and currently houses the First Hope program for the early intervention for psychosis with emphasis on multi-family treatment consistent with the Psychosis Intervention Early Recovery (PIER) model.

n. Katie A. Programming: Children's Mental Health, in partnership with Child and Family Services, is in the second year development stages of a new legally mandated service delivery system to serve Katie A. youngsters in the foster care system. These youngsters meet specific criteria to be included in the Katie A. subclass and receive augmented services as defined in the legal settlement. These new services are identified as Intensive Care Coordination (ICC) and In Home Behavioral Services (IHBS). All youngsters in the subclass will receive ICC services and the need for IHBS will be determined by the Child and Family Teams.

o. Evidenced Based Practices: Children's Mental Health has instituted system wide training in several evidenced based practices (EBP's) including Cognitive Behavioral Therapy, Trauma Focused Behavioral Therapy, Cognitive therapy for depression, Dialectic Behavioral

therapy and Wraparound services. Evidenced Based Practices are being supported by placing EBP team leaders in each of the regional clinics with centralized training and ongoing supervision groups. Additionally, these teams are part of a Bay Area Collaborative to further trauma focused care regionally.

Child & Adolescent Services Summary		
Service:		Mandatory
Level of Service:		Discretionary
Expenditures:		$46,841,581
Financing:		46,508,151
Net County Cost:		333,430
Funding Sources:		
Local	47.4%	$22,224,117
Federal	51.8%	24,284,034
State	0.0%	0
General Fund	0.8%	333,430
FTE: 82.4		

2. Adult Services

Description: Provides services to consumers over 18 years old.

***a. Crisis/Transitional/Supervised Residential Care*:** Short-term, crisis residential treatment for clients who can be managed in an unlocked, therapeutic, group living setting and who need 24-hour supervision and structural treatment for up to 30 days to recover from an acute psychotic episode. This service can be used as a short-term hospital diversion program to reduce the length of hospital stays. This service also includes 24-hour supervised residential care and semi-supervised independent living services to increase each client's ability to learn independent living skills and to transition ("graduate") from more restrictive levels of residential supervision to less restrictive (i.e., more independent) living arrangements, including board and care facilities.

b. Outpatient Clinic Treatment and Outreach Services: Provides scheduled outpatient clinic services, including psychiatric diagnostic assessment, medication, short-term individual and group therapy, rehabilitation, and collateral support services for seriously and persistently mentally ill (SPMI) clients and their families with acute and/or severe mental disorders. Also includes community outreach services not related to a registered clinic client.

c. Case Management Services: Case managers provide screening, assessment, evaluation, advocacy, placement and linkage services in a community support model. Case management is also provided through supportive housing services, as well as the clinics in West, East and Central County. County clinics include peer providers on case management teams.

d. Mental Health Homeless Outreach/ Advocacy Services: The homeless shelter in Antioch and the three regional drop-in multi-purpose service centers assist the homeless mentally ill to secure counseling, transportation, clothing, vocational training, financial/benefit counseling, and housing. Case management can be arranged through this program, if determined necessary.

e. Vocational Services: The Mental Health Division contracts with the California Department of Rehabilitation under a cooperative agreement with the State Department of Health Care Services to provide comprehensive vocational preparation and job placement assistance. Services include job search preparation, job referral, job coaching, benefits management, and employer relations. This is one of the only mental health collaborations providing services to individuals with co-occurring disorders in the State.

f. Consumer-Run Community Centers: Centers in Pittsburg, Concord and San Pablo provide empowering self-help services based on the Recovery Vision, which is the concept that individuals can recover from severe mental disorders with peer support. The Centers, which are consumer operated, provide one-to-one peer support, social and recreational activities, stress

management, money management, and training and education in the Recovery Vision.

g. Substance Abuse and Mental Health for CalWORKs (SAMHWORKs): Mental health and substance use disorders specialty services provided for CalWORKs participants referred by the Employment and Human Services Department to reduce barriers to employment. Services include outpatient mental health, substance use disorders, and supportive services for participants and their immediate family members.

h. AB109: Under AB109, County Adult Mental Health receives referrals from Probation. Probationers have five days upon prison release to report to their Probation Officer (PO) to review their probation orders. At their initial meeting, the PO determines whether the individual received "custody" mental health services and/or was released with a 30 day supply of psychotropic medications. POs may then offer the individual a referral to Behavioral Health to be assessed for their voluntary continuation of medications and need for focused forensic case management services.

Adult Services Summary

Service:		Mandatory
Level of Service:		Discretionary
Expenditures:		**$**45,641,868
Financing:		41,212,166
Net County Cost:		4,429,702
Funding Sources:		
Local	11.0%	$7,274,046
Federal	32.4%	14,778,802
State	46.9%	19,159,317
General Fund	9.7%	4,429,702
FTE: 121.9		

3. Support Services

Description: Functions include personnel administration, staff development training, procuring services and supplies, physical plant operations, contract negotiations and administration, program planning, development of policies and procedures, preparation of grant applications and requests for proposals, monitoring service delivery and client complaints, utilization review and utilization management, quality assurance and quality management, quality improvement, computer system management, and interagency coordination.

Support Services Summary

Service:		Discretionary
Level of Service:		Discretionary
Expenditures:		$11,526,372
Financing:		11,526,372
Net County Cost:		0
Funding Sources:		
Local	9.0%	$1,033,332
Federal	11.0%	1,265,048
State	80.0%	9,227,992
FTE: 54.5		

4. Local Hospital Inpatient Psychiatric Services

Description: Provides acute inpatient psychiatric care at Contra Costa Regional Medical Center, involuntary evaluation and crisis stabilization for seriously and persistently mentally ill clients who may be a danger to themselves or others.

Local Hospital Inpatient Psychiatric Services Summary		
Service:		Mandatory
Level of Service:		Mandatory
Expenditures:		$10,080,577
Financing:		7,711,009
Net County Cost:		2,369,568
Funding Sources:		
Local	9.6%	$972,213
Federal	66.0%	6,652,853
State	0.9%	85,943
General Fund	23.5%	2,369,568

5. Outpatient Mental Health Crisis Service

Description: The outpatient clinic provides crisis intervention and stabilization, psychiatric diagnostic assessment, medication, emergency treatment, screening for hospitalization and intake, disposition planning, and placement/ referral services. Services are provided at the CCRMC Crisis Stabilization Unit.

Outpatient Mental Health Crisis Service Summary		
Service:		Mandatory
Level of Service:		Mandatory
Expenditures:		$11,432,014
Financing:		7,177,981
Net County Cost:		4,254,033
Funding Source:		
Local	15.3%	$1,744,826
Federal	45.0%	5,142,281
State	2.5%	290,874
General Fund	37.2%	4,254,033

6. Medi-Cal Psychiatric Inpatient/Outpatient Specialty Services (Managed Care)

Description: Community based acute psychiatric inpatient hospital services and outpatient specialty mental health services are provided for Medi-Cal eligible adults and children.

Medi-Cal Managed Care Services Summary		
Service:		Mandatory
Level of Service:		Mandatory
Expenditures:		$8,509,854
Financing:		8,509,854
Net County Cost:		0
Funding Sources:		
Local	47.2%	$4,018,833
Federal	49.9%	4,244,939
State	2.9%	246,082
FTE: 11.0		

7. Mental Health Services Act/ Proposition 63

Description: Approved by California voters in November 2004, Proposition 63 imposes a 1% tax on incomes in excess of $1 million and directs those collections to the provision of mental health services. The Mental Health Services Act (MHSA) has expanded mental health care programs for children, transition age youth, adults, and older adults. Services are client and family driven and include culturally and linguistically appropriate approaches to address the needs of underserved populations. They must include prevention and early intervention as well as innovative approaches to increasing access, improving outcomes and promoting integrated service delivery. The MHSA added Section 5891 to the Welfare & Institutions Code, which reads in part, “The funding established pursuant to this Act shall be utilized to expand mental health services.

These funds shall not be used to supplant existing state or county funds utilized to provide mental health services".

The first yearly MHSA Program and Expenditure Plan for Community Services and Supports was approved by the Board of Supervisors and submitted to the State Department of Mental Health on December 22, 2005. The Prevention and Early Intervention component was added in 2009, and the remaining components of Innovation, Workforce Education and Training, and Capital Facilities/Information Technology were added in FY 2010 -11. Each subsequent year an Annual Update was approved, which included program refinements, program changes when indicated, and the development of new programs identified by a local stakeholder driven community program planning process. Contra Costa's first integrated Three Year Program and Expenditure Plan was submitted and approved. One new stakeholder supported program has been initiated in FY 14-15 and several are planned for initiation in FY 15-16. These include:

- Initiated in FY 14-15: In 2015, the George and Cynthia Miller Wellness Center will add mental health staff that will allow for children and adults to obtain urgent same day clinical and recovery based services.

- New: The Board of Supervisors have resolved to implement Laura's Law, or AB1421, in Contra Costa County. As a result, MHSA will fund the treatment portion of implementing AB 1421. This includes providing a mobile, multidisciplinary team to serve the most seriously disabled adults who have demonstrated resistance to mental health treatment.

- New: An Innovation Project to provide Community Support Workers to assist mentally ill homebound older adults link to supportive community services, increase facility in activities of daily living, and to reduce the incidence of costly psychiatric emergency responses.

- New: An Innovation Project to fund staff to facilitate a coordinated countywide transportation response to enable consumers and their families a better access to mental health services.

- Hope House: The County is contracting with Telecare to operate Hope House, a recently constructed MHSA financed 16 bed residential facility. This is a voluntary, highly structured treatment program that is intended to support seriously mentally ill adults during a period of crisis and to avoid inpatient psychiatric hospitalization. It will also serve consumers being discharged from the hospital and long term locked facilities who would benefit from a step-down from institutional care in order to successfully transition back into community living. Services are designed to be up to a month in duration, are recovery focused with a peer provider component, and will be able to treat co-occurring disorders, such as drug and alcohol abuse.

The projected FY 2015/2016 MHSA expenditures are described below. For the upcoming year, projected expenditures will exceed the anticipated annual revenue. Expenditures in excess of the annual revenue will be funded from the Trust Fund carryover surplus. MHSA programs will be evaluated over the next 12 months and an adjusted expenditure plan will be developed to align annual expenditures and revenues.

Program Type	$ in Millions
Community Support System	31.3
Prevention and Early Intervention	6.9
Work Force Education & Training	0.8
Capital Facilities	2.9
Innovation	1.2
Total MHSA Allocation	**$43.1**

Mental Health Services Act	
Service:	Mandatory
Level of Service:	Discretionary
Expenditures:	$43,114,746
Financing:	43,114,746
Net County Cost:	0
Funding Sources:	
Local 100.0% (Transfers from the MHSA Fund)	$43,114,746
FTE: 142.9	

State Controller Schedules	Contra Costa County	Schedule 9
County Budget Act	Financing Sources and Uses by Budget Unit by Object	
January 2010 Edition, revision #1	Governmental Funds	
	Fiscal Year 2016-2017	

Group: **100300 - GENERAL FUND**
Function: **HEALTH AND SANITATION**
Budget Unit: **0467 - HLTH SERVICES-MNTL HLTH**
Activity: **HOSPITAL CARE**

Detail by Revenue Category and Expenditure Object	2014-2015 Actuals	2015-2016 Actuals	2016-2017 Recommended	2016-2017 Adopted by the Board of Supervisors
1	2	3	4	5
LICENSE/PERMIT/FRANCHISES	$70,000	$70,000	$0	$0
USE OF MONEY & PROPERTY	15,900	17,700	15,900	15,900
INTERGOVERNMENTAL REVENUE	27,285,690	33,704,862	32,746,012	32,746,012
CHARGES FOR SERVICES	60,808,940	61,573,004	66,115,751	66,115,751
MISCELLANEOUS REVENUE	62,567,183	68,829,759	74,885,781	74,885,781
Total Revenue	**$150,747,714**	**$164,195,325**	**$173,763,444**	**$173,763,444**
Salaries and Benefits	$50,268,521	$50,039,693	$57,967,580	$57,967,580
Services and Supplies	122,181,396	125,971,967	131,051,217	131,051,217
Other Charges	3,900,017	5,564,185	5,257,325	5,257,325
Fixed Assets	52,850	23,781	28,700	28,700
Expenditure Transfers	(3,038,808)	(2,280,322)	(3,268,205)	(3,268,205)
Total Expenditures/Appropriations	**$173,363,976**	**$179,319,304**	**$191,036,617**	**$191,036,617**
Net Cost	**$22,616,263**	**$15,123,979**	**$17,273,173**	**$17,273,173**

State Controller Schedules	Contra Costa County	Schedule 8
County Budget Act	Detail of Financing Uses by Function, Activity and Budget Unit	
January 2010 Edition, revision #1	Governmental Funds	
	Fiscal Year 2016-2017	

Function, Activity, and Budget Unit	2014-2015 Actuals	2015-2016 Actuals	2016-2017 Recommended	2016-2017 Adopted by the Board of Supervisors
1	2	3	4	5
HEALTH AND SANITATION				
HEALTH				
0450 - HEALTH SVCS-PUBLIC HEALTH	$42,617,715	$44,908,600	$51,105,453	$51,105,453
0451 - CONSERVATOR/GUARDIANSHIP	2,872,652	3,095,560	3,491,591	3,491,591
0452 - HEALTH SVCS-ENVIRON HLTH	17,869,240	17,398,868	20,825,500	21,632,328
0454 - PUBLIC ADMINISTRATOR	0	325,796	482,352	482,352
0463 - HSD HOMELESS PROGRAM	1,765,716	1,762,707	0	0
Total HEALTH	**$65,125,323**	**$67,491,531**	**$75,904,896**	**$76,711,724**
CALIFORNIA CHILDREN SVCS				
0460 - HLTH SVC-CALIF CHILD SVCS	$9,004,594	$9,195,369	$10,148,932	$10,148,932
Total CALIFORNIA CHILDREN SVCS	**$9,004,594**	**$9,195,369**	**$10,148,932**	**$10,148,932**
HOSPITAL CARE				
0294 - HEALTH SERVICES	$187	$0	$0	$0
0450 - HEALTH SVCS-PUBLIC HEALTH	1,123,554	1,009,982	0	0
0463 - HSD HOMELESS PROGRAM	2,988,413	3,061,208	5,737,745	5,737,745
0465 - HLTH SVS-HOSPITAL SUBSIDY	23,478,433	27,308,055	27,163,075	27,163,075
0466 - ALCOHOL & OTHER DRUGS SVC	14,383,025	15,623,149	17,843,311	17,843,311
0467 - HLTH SERVICES-MNTL HLTH	173,363,976	179,319,304	191,036,617	191,036,617
0468 - HLTH SVCS-CHIP AB75 TOBACCO	0	0	0	50
0471 - EMERGENCY MEDICAL SVCS	1,776,137	2,230,070	1,692,403	2,115,249
0475 - PROP 63 MH SVCS ACCT	35,549,561	39,602,717	43,114,746	43,114,746

Behavioral Health Division - Mental Health

General Fund	2014-15 Actual	2015-16 Budget	2016-17 Baseline	2016-17 Recommended	Change
EXPENDITURES					
Salaries and Benefits	50,268,521	52,414,453	57,967,580	57,967,580	0
Services and Supplies	122,181,396	122,891,594	131,051,217	131,051,217	0
Other Charges	3,900,017	4,608,955	5,257,325	5,257,325	0
Fixed Assets	52,850	21,531	28,700	28,700	0
Expenditure Transfers	(3,038,808)	(2,789,521)	(3,268,205)	(3,268,205)	0
TOTAL EXPENDITURES	**173,363,976**	**177,147,012**	**191,036,617**	**191,036,617**	**0**
REVENUE					
Other Local Revenue	64,682,407	80,382,113	77,488,622	77,488,622	0
Federal Assistance	61,721,379	56,367,957	66,342,357	66,342,357	0
State Assistance	24,343,927	29,010,208	29,932,465	29,932,465	0
GROSS REVENUE	**150,747,714**	**165,760,278**	**173,763,444**	**173,763,444**	**0**
NET COUNTY COST (NCC)	**22,616,262**	**11,386,734**	**17,273,173**	**17,273,173**	**0**
Allocated Positions (FTE)	413	449	449	449	0
FINANCIAL INDICATORS					
Salaries as % of Total Exp	28%	29%	30%	30%	
% Change in Total Exp		2%	8%	0%	
% Change in Total Rev		10%	5%	0%	
% Change in NCC		(50%)	52%	0%	
COMPENSATION INFORMATION					
Permanent Salaries	26,187,561	28,299,565	32,189,094	32,189,094	0
Temporary Salaries	1,732,138	1,347,012	1,239,171	1,239,171	0
Permanent Overtime	107,625	85,984	122,328	122,328	0
Deferred Comp	151,630	188,451	270,198	270,198	0
Hrly Physician Salaries	105,967	81,924	90,556	90,556	0
Perm Physicians Salaries	2,107,362	2,050,909	2,313,776	2,313,776	0
Perm Phys Addnl Duty Pay	3,842	2,906	1,499	1,499	0
Comp & SDI Recoveries	(151,270)	(114,769)	(114,768)	(114,768)	0
FICA/Medicare	2,176,568	2,684,097	2,779,451	2,779,451	0
Ret Exp-Pre 97 Retirees	115,797	123,850	124,116	124,116	0
Retirement Expense	11,542,737	10,214,270	10,960,760	10,960,760	0
Employee Group Insurance	3,741,679	4,549,366	5,084,324	5,084,324	0
Retiree Health Insurance	1,341,697	1,478,226	1,435,615	1,435,615	0
OPEB Pre-Pay	410,737	410,737	410,737	410,737	0
Unemployment Insurance	90,730	96,831	103,115	103,115	0
Workers Comp Insurance	725,625	915,094	957,608	957,608	0
Labor Received/Provided	(121,905)	0	0	0	0

Description: To serve serious and persistent mentally disabled adults and seriously emotionally disabled children and youth.

Workload Indicator: The recommended FY 2016-2017 budget is based on 429,444 visits and an inpatient psychiatric average daily census of 19.0 patients.

Impact: The recommended budget maintains the current level of services. The budget includes a three percent (3%) cost of living adjustment for the Mental Health Community Based Organization (CBO) Adult, Children, and MHSA contract providers.

1. Child and Adolescent Services

Description: Child and Adolescent Services provides services to children under age 18, and up to age 21 for emotionally disturbed individuals.

a. Local Institutional/Hospital Care: Acute psychiatric inpatient treatment for children and adolescents is provided in private hospitals in order to avoid placing minors in the same psychiatric unit as adults at the Contra Costa Regional Medical Center. Case management services are provided by the Children's Intensive Treatment Services Case Management Team.

b. Out-of-Home Residential Care/Treatment Service Programs: Mental Health works in collaboration with Probation and Social Service to support these placements and their mental health component. Structured residential therapeutic treatment service programs for seriously emotionally disturbed (SED) children and adolescents provide individual, group and family therapy and wrap-around teams. Case management services are provided at various children's hospital units in Northern California.

c. Intensive Day Treatment Services: Therapeutic treatment and activity programs (less than 8 hours per day) for children/adolescents who have behavioral/emotional disorders or are seriously emotionally disturbed (SED), psychosocially delayed or "at high risk." All of these services are attached to Residential Treatment Centers outside Contra Costa County.

d. Outpatient Clinic Treatment and Outreach Services: Outpatient clinic, school-site and in-home services, including psychiatric diagnostic assessment, medication, therapy, wrap-around, collateral support, Family Partnership, and crisis intervention services for seriously emotionally disturbed (SED) children and adolescents and their families.

e. Child/Adolescent Case Management Services: Case managers provide screening, assessment, evaluation, advocacy, placement and linkage services to assist children and adolescents in obtaining continuity of care within the mental health, Juvenile Probation Health Care, and Social Service systems. Community and school-based prevention and advocacy programs provide community education, resource development, parent training, workshops, and development of ongoing support/advocacy/action groups. Services are provided to enhance the child's ability to benefit from their education, stay out of trouble, and remain at home.

f. EPSDT (Early and Periodic Screening Diagnosis and Treatment) Program: Provides comprehensive mental health services to Medi-Cal eligible severely emotionally disturbed persons under age 21 and their families. Services include assessment; individual, group and family therapy; crisis intervention; medication; day treatment; and other services as needed.

***g. Therapeutic Behavior Services* (TBS):** TBS provides one-on-one behaviorally focused shadowing of children and youth, on a short-term basis, to prevent high level residential care or hospitalization, and ameliorate targeted behaviors preventing success.

h. Mobile Response Team: The mobile crisis response team, comprised of a Masters level therapist and a family support partner, provides short-term triage and emergency services to seriously emotionally disturbed children, adolescents and their families in order to prevent acute psychiatric crises and subsequent hospitalization.

i. Mental Health Services for Children 0-5 Years of Age: Several contract agencies

provide a wide array of outpatient, and in-home services to SED children, children in foster care, or children at risk of significant developmental delays and out-of-home placement.

j. Special Education Services – Educationally Related Mental Health Services (ERMHS). Mental Health Services are provided as part of a youth's Individualized Education Plan (IEP) to fulfill a mandate under federal law to provide a free and appropriate public education to students with special needs in the least restrictive educational environment. Services include: individual, group, or family psychotherapy, day treatment services, collateral, and case management.

In Contra Costa County there are approximately 166,000 public school students. Over 33,000 of these students, or approximately 11.5 percent, are enrolled in Special Education. Prior to FY 2010/2011, funding for these mandated services had been federal IDEA funds, State Mandate Claims (SB-90), Medi-Cal and State General Funds. In the Budget Act of 2010-2011, the mandate was suspended and the responsibility to fund these services was transferred from County Mental Health to the local school districts and SELPA's (Special Education Local Plan Areas). An MOU was developed and signed by County Mental Health and the SELPAs, with supporting contracts going before the Board for approval. This budget assumes that the responsibility for funding continued ERMHS Non-Medi-Cal services will remain with the local school districts and SELPA's.

As part of the State 2004-05 Budget, all 2003-04 and prior SB-90 claims were deferred with the requirement to pay them over no more than five years beginning in 2006-07. In the State 2005-06 Budget, Government Code Section 17617 was amended to pay these claims over 15 years from 2006-07 through 2020-21. Subsequent budgets suspended payments.

The proposed 2014-2015 Governor's budget included $900 million in funding for payment of 2004 and prior outstanding mandated claims. The 2004 and prior years claims were fully paid as of July 16, 2015. The corresponding interest was fully paid as of October 12, 2015.

k. Olivera: A first step alternative to, as well as a step down from, residential placements that provides a non-public school with Intensive Day Treatment and wrap services. The program includes five classrooms – three for Mt. Diablo Unified School District and two for other SELPAs within Contra Costa.

l. Oak Grove Treatment Center: The County facility at 1034 Oak Grove Road in Concord, is in program development and currently houses the First Hope program for the early intervention for psychosis with emphasis on multi-family treatment consistent with the Psychosis Intervention Early Recovery (PIER) model.

m. Katie A. Programming: Children's Mental Health, in partnership with Child and Family Services, is in the third year development stages of a new legally mandated service delivery system to serve Katie A. youngsters in the foster care system. These youngsters meet specific criteria to be included in the Katie A. subclass and receive augmented services as defined in the legal settlement. These new services are identified as Intensive Care Coordination (ICC) and In Home Behavioral Services (IHBS). All youngsters in the subclass will receive ICC services and the need for IHBS will be determined by the Child and Family Teams.

n. Evidenced Based Practices: Children's Mental Health has instituted system wide training in several evidenced based practices (EBP's) including Cognitive Behavioral Therapy, Trauma Focused Behavioral Therapy, Cognitive therapy for depression, Dialectic Behavioral therapy and Wraparound services. Additionally, we are adding an EBP for eating disorders and are in the early stages of development for that initiative. Evidenced Based Practices are being supported by placing EBP team leaders in each of the regional clinics with centralized training and ongoing supervision groups. Additionally, these teams are part of a Bay Area Collaborative to further trauma focused care regionally.

Child & Adolescent Services Summary		
Service:		Mandatory
Level of Service:		Discretionary
Expenditures:		$53,653,957
Financing:		52,822,741
Net County Cost:		831,216
Funding Sources:		
Local	44.7%	$23,984,459
Federal	51.5%	27,657,536
Transfer	2.2%	1,180,746
General Fund	1.6%	831,216
FTE: 83.0		

2. Adult Services

Description: Provides services to consumers over 18 years old.

***a. Crisis/Transitional/Supervised Residential Care*:** Short-term, crisis residential treatment for clients who can be managed in an unlocked, therapeutic, group living setting and who need 24-hour supervision and structural treatment for up to 30 days to recover from an acute psychotic episode. This service can be used as a short-term hospital diversion program to reduce the length of hospital stays. This service also includes 24-hour supervised residential care and semi-supervised independent living services to increase each client's ability to learn independent living skills and to transition ("graduate") from more restrictive levels of residential supervision to less restrictive (i.e., more independent) living arrangements, including board and care facilities.

b. Outpatient Clinic Treatment and Outreach Services: Provides scheduled outpatient clinic services, including psychiatric diagnostic assessment, medication, short-term individual and group therapy, rehabilitation, and collateral support services for seriously and persistently mentally ill (SPMI) clients and their families with acute and/or severe mental disorders. Also includes community outreach services not related to a registered clinic client.

c. Case Management Services: Case managers provide screening, assessment, evaluation, advocacy, placement and linkage services in a community support model. Case management is also provided through supportive housing services, as well as the clinics in West, East and Central County. County clinics include peer providers on case management teams.

d. Mental Health Homeless Outreach/ Advocacy Services: The homeless shelter in Antioch and the three regional drop-in multi-purpose service centers assist the homeless mentally ill to secure counseling, transportation, clothing, vocational training, financial/benefit counseling, and housing. Case management can be arranged through this program, if determined necessary.

e. Vocational Services: The Mental Health Division contracts with the California Department of Rehabilitation under a cooperative agreement with the State Department of Health Care Services to provide comprehensive vocational preparation and job placement assistance. Services include job search preparation, job referral, job coaching, benefits management, and employer relations. This is one of the only mental health collaborations providing services to individuals with co-occurring disorders in the State.

f. Consumer-Run Community Centers: Centers in Pittsburg, Concord and San Pablo provide empowering self-help services based on the Recovery Vision, which is the concept that individuals can recover from severe mental disorders with peer support. The Centers, which are consumer operated, provide one-to-one peer support, social and recreational activities, stress management, money management, and training and education in the Recovery Vision.

g. Substance Abuse and Mental Health for CalWORKs (SAMHWORKs): Mental health and substance use disorders specialty services provided for CalWORKs participants referred by the Employment and Human Services Department to reduce barriers to employment.

Services include outpatient mental health, substance use disorders, and supportive services for participants and their immediate family members.

h. The Behavioral Health Access Line: is a call center serving as the entry point for mental health and substance use services across the county. The Access Line, staffed with licensed mental health clinicians and an Alcohol and Drug counselor, operates 24 hours a day, seven days a week. The Access Line provides phone screenings, risk assessments, referrals, and resources to consumers seeking mental health or substance use services.

i. Forensics Mental Health Services: This Unit is comprised of three areas of service delivery through Adult Felony Probation involvement (AB 109 and General Supervision), Court Ordered services and co-responding with local Law Enforcement agencies (Mental Health Evaluation Team). Forensics Clinicians are co-located with the Probation Department and Law Enforcement agencies for field based outreach, mental health screening and linkage to the adult mental health system of care. The court involved services include restoration for Incompetent to Stand Trial (IST) Misdemeanor cases and the implementation of Assisted Outpatient Treatment (AOT), also known as Laura's Law.

j. Rapid Access*:* Provide drop-in services at the mental health clinics to clients that have recently been to admitted to Psychiatric Inpatient Hospital Services, CCRMC Crisis Stabilization Unit or Detention. Provide needs assessments, short term case management/therapy, referrals and linkage to appropriate services including medication assessments, individual therapy, group therapy, case management, AOD services, homeless services and financial counseling.

k. Older Adult Program: The Older Adult Mental Health Program is in the Adult System of Care and provides mental health services to Contra Costa's seniors who are age 60+, including preventative care, linkage and outreach to under-served at risk communities. The Senior Peer Counseling Program reaches out to isolated and mildly depressed older adults who are 55+ in their home environments and refers them to appropriate community resources, as well as provides lay-counseling in a culturally competent manner. The IMPACT Program uses an evidence-based practice which provides problem-solving short-term therapy for depression (moderate to severe) treatment to individuals age 55+ in a primary care setting. The Intensive Care Management Program provides mental health services to severely mentally ill older adults who are 60+ in their home, the community, and within a clinical setting. There are three multi-disciplinary teams, one for each region of the county. Services include screening and assessment, medication management, case management services including advocacy, placement, linkage and referral.

l. Transition Team: The Transition Team provides short term intensive case management services and linkage to ongoing services for severely and persistently mentally ill adults age 18-59 who are in need of mental health services. Transition Team referrals come primarily from inpatient psychiatric hospitals, psychiatric emergency, homeless services and occasionally from law enforcement. These consumers range from individuals who are experiencing their first psychiatric symptoms to those who have had long term psychiatric disabilities but have been unable or unwilling to accept mental health treatment on their own. The Transition Team provides these consumers with the additional support and guidance to successfully access these services and to stay in treatment. Once consumers are stable enough, Transition Team refers them to one of our Outpatient Mental Health Clinics for ongoing treatment and support.

m. Mentally Ill Offender Crime Reduction Grant (MIOCR): The MIOCR 2003 Act was passed to address the following:

- Create mental health courts.
- Offer specialized training to criminal justice staff in identifying symptoms in order to respond appropriately to people with mental illness.
- Develop programs to promote public safety.
- Develop programs to support intergovernmental cooperation between

state and local government agencies with respect to the mentally ill offenders.

The County Probation Department applied for and was awarded the MIOCR Grant. The amount is approximately $1 million dollars for a 3 year period. An RFP went out and the Community Options for Families and Youth (COFY) was selected as the vendor who will work closely with the County Probation Department to prevent recidivism. The BH Division will provide technical assistance and support.

n. Evidence Based Practice: EBPs have been primarily developed in the CCBHS children's system of care and as a result their staff culture has started to change. However the adult system of care experiences fewer strides in implementing evidence based practices and to date have none systematically implemented across the system of care. The expansion of the evidence based practices within the County are currently being discussed and direct efforts will be made to identify leadership in support of the change, cross train staff from the children's system to the adult system of care, and to identify and fully implement at least one evidence based practice for the entire adult system of care. Similar to the children's system of care, evidence based practice should be supported by EBP team leaders in each of the regional clinics with centralized training and ongoing supervision groups. Staff will need to be trained prior to implementation.

Adult Services Summary

Service:		Mandatory
Level of Service:		Discretionary
Expenditures:		$53,363,681
Financing:		44,583,372
Net County Cost:		8,780,309
Funding Sources:		
Local	7.0%	$3,736,939
Federal	38.2%	20,387,215
State	34.9%	18,639,731
Transfer	3.4%	1,819,487
General Fund	16.5%	8,780,309
FTE: 121.0		

3. Support Services

Description: Functions include personnel administration, staff development training, procuring services and supplies, physical plant operations, contract negotiations and administration, program planning, development of policies and procedures, preparation of grant applications and requests for proposals, monitoring service delivery and client complaints, utilization review and utilization management, quality assurance and quality management, quality improvement, computer system management, and interagency coordination.

Support Services Summary		
Service:		Discretionary
Level of Service:		Discretionary
Expenditures:		$12,309,697
Financing:		12,309,697
Net County Cost:		0
Funding Sources:		
Local	0.5%	$58,128
Federal	9.8%	1,208,069
State	87.5%	10,775,528
Transfer	2.2%	267,972
FTE: 69.0		

4. Local Hospital Inpatient Psychiatric Services

Description: Provides acute inpatient psychiatric care at Contra Costa Regional Medical Center, involuntary evaluation and crisis stabilization for seriously and persistently mentally ill clients who may be a danger to themselves or others.

Local Hospital Inpatient Psychiatric Services Summary		
Service:		Mandatory
Level of Service:	Mandatory	
Expenditures:		$10,807,738
Financing:		7,689,200
Net County Cost:		3,118,538
Funding Sources:		
Local	2.8%	$303,770
Federal	67.3%	7,272,322
State	1.0%	113,108
General Fund	28.9%	3,118,538

5. Outpatient Mental Health Crisis Service

Description: The outpatient clinic provides crisis intervention and stabilization, psychiatric diagnostic assessment, medication, emergency treatment, screening for hospitalization and intake, disposition planning, and placement/ referral services. Services are provided at the CCRMC Crisis Stabilization Unit.

Outpatient Mental Health Crisis Service Summary		
Service:		Mandatory
Level of Service:		Mandatory
Expenditures:		$12,632,487
Financing:		8,089,377
Net County Cost:		4,543,110
Funding Source:		
Local	16.3%	$2,061,228
Federal	45.3%	5,717,509
State	2.4%	310,640
General Fund	36.0%	4,543,110

6. Medi-Cal Psychiatric Inpatient/Outpatient Specialty Services (Managed Care)

Description: Community based acute psychiatric inpatient hospital services and outpatient specialty mental health services are provided for Medi-Cal eligible adults and children.

Medi-Cal Managed Care Services Summary		
Service:		Mandatory
Level of Service:		Mandatory
Expenditures:		$8,422,516
Financing:		8,422,516
Net County Cost:		0
Funding Sources:		
Local	50.2%	$4,229,352
Federal	48.7%	4,099,706
State	1.1%	93,458
FTE: 19.0		

7. Mental Health Services Act/ Proposition 63

Description: Approved by California voters in November 2004, Proposition 63 imposes a 1 percent tax on incomes in excess of $1 million and directs those collections to the provision of mental health services. The Mental Health Services Act (MHSA) has expanded mental health care programs for children, transition age youth, adults, and older adults. Services are client and family driven and include culturally and linguistically appropriate approaches to address the needs of underserved populations. They must include prevention and early intervention as well as innovative approaches to increasing access, improving outcomes and promoting integrated service delivery. The MHSA added Section 5891 to the Welfare & Institutions Code, which reads in part, "The funding established pursuant to this Act shall be utilized to expand mental health services. These funds shall not be used to supplant existing state or county funds utilized to provide mental health services".

The first yearly MHSA Program and Expenditure Plan for Community Services and Supports was approved by the Board of Supervisors and submitted to the State Department of Mental Health on December 22, 2005. The Prevention and Early Intervention component was added in 2009, and the remaining components of Innovation, Workforce Education and Training, and Capital Facilities/Information Technology were added in FY 2010 -11. Each subsequent year an Annual Update was approved, which included program refinements, program changes when indicated, and the development of new programs identified by a local stakeholder driven community program planning process. Contra Costa's first integrated Three Year Program and Expenditure Plan was submitted and approved for Fiscal years 2014-17.

One new stakeholder supported program was initiated in FY 15-16: The Board of Supervisors resolved to implement Laura's Law, or AB1421, in Contra Costa County. As a result, MHSA is funding the treatment portion of implementing AB 1421. This includes providing a multidisciplinary team to outreach, engage and treat the most seriously disabled adults who have demonstrated resistance to mental health treatment.

Revenues to the MHSA Trust Fund tend to change from year to year due to the dynamic nature of the revenue source. Any expenditures in excess of annual MHSA revenues can be funded from the Trust Fund carryover surplus. However, for the last three fiscal years average total expenditures have been less than the average of annual revenues. The projected FY 2016/2017 MHSA expenditures are described below.

Program Type	$ in Millions
Community Support System	$31.60
Prevention and Early Intervention	8.00
Work Force Education & Training	0.65
Capital Facilities	0.85
Innovation	2.00
Total MHSA Allocation	$43.10

For FY 2016-17 the MHSA community program planning process concludes with a 30 day public comment period and public hearing on April 6, 2016. Responses to substantive stakeholder input will be incorporated in the final MHSA FY 2016-17 Plan Update that will be submitted for Board of Supervisor consideration on or after April 19, 2016.

Mental Health Services Act		
Service:		Mandatory
Level of Service:		Discretionary
Expenditures:		$43,114,746
Financing:		43,114,746
Net County Cost:		0
Funding Sources:		
Local (Transfers from the MHSA Fund)	100.0%	$43,114,746
FTE: 157.0		

State Controller Schedules	Contra Costa County	Schedule 9
County Budget Act	Financing Sources and Uses by Budget Unit by Object	
January 2010 Edition, revision #1	Governmental Funds	
	Fiscal Year 2017-2018	

Group: **100300 - General Fund**
Budget Unit: **0467 - HLTH SERVICES-MNTL HLTH**

Function: **Health And Sanitation**
Activity: **Hospital Care**

Detail by Revenue Category and Expenditure Object	2015-2016 Actuals	2016-2017 Actuals	2017-2018 Recommended	2017-2018 Adopted by the Board of Supervisors
1	2	3	4	5
License/Permit/Franchises	$70,000	$0	$0	$0
Use Of Money & Property	17,700	19,375	15,900	15,900
Intergovernmental Revenue	33,704,862	36,064,092	33,046,895	33,046,895
Charges For Services	61,573,004	57,351,935	73,085,030	73,085,030
Miscellaneous Revenue	68,829,759	75,800,036	88,261,861	88,261,861
Total Revenue	**$164,195,325**	**$169,235,437**	**$194,409,686**	**$194,409,686**
Salaries And Benefits	$50,039,693	$51,851,978	$61,630,317	$61,630,317
Services And Supplies	125,971,967	133,887,198	149,515,268	149,515,268
Other Charges	5,564,185	5,165,614	5,572,464	5,572,464
Fixed Assets	23,781	(8,199)	28,700	28,700
Expenditure Transfers	(2,280,322)	(3,831,345)	(5,045,875)	(5,045,875)
Total Expenditures/Appropriations	**$179,319,304**	**$187,065,246**	**$211,700,874**	**$211,700,874**
Net Cost	**$15,123,979**	**$17,829,809**	**$17,291,188**	**$17,291,188**

State Controller Schedules	Contra Costa County	Schedule 8
County Budget Act	Detail of Financing Uses by Function, Activity and Budget Unit	
January 2010 Edition, revision #1	Governmental Funds	
	Fiscal Year 2017-2018	

Function, Activity, and Budget Unit	2015-2016 Actuals	2016-2017 Actuals	2017-2018 Recommended	2017-2018 Adopted by the Board of Supervisors
1	2	3	4	5
Health And Sanitation				
Health				
0450 - HEALTH SVCS-PUBLIC HEALTH	$45,918,581	$50,256,015	$74,673,785	$74,673,785
0451 - CONSERVATOR/GUARDIANSHIP	3,095,560	3,582,644	3,700,765	3,700,765
0452 - HEALTH SVCS-ENVIRON HLTH	17,398,868	18,402,917	21,163,150	22,004,070
0454 - PUBLIC ADMINISTRATOR	325,796	403,220	628,853	628,853
0463 - HEALTH, HOUSING & HOMELESS	4,823,914	5,516,577	6,903,915	6,903,915
Total Health	**$71,562,720**	**$78,161,374**	**$107,070,468**	**$107,911,388**
California Children Svcs				
0460 - HLTH SVC-CALIF CHILD SVCS	$9,195,369	$9,544,961	$10,443,472	$10,443,472
Total California Children Svcs	**$9,195,369**	**$9,544,961**	**$10,443,472**	**$10,443,472**
Hospital Care				
0465 - HLTH SVS-HOSPITAL SUBSIDY	$27,308,055	$27,436,066	$26,111,050	$26,361,050
0466 - ALCOHOL & OTHER DRUGS SVC	15,623,149	15,512,267	33,957,534	33,957,534
0467 - HLTH SERVICES-MNTL HLTH	179,319,304	187,065,246	211,700,874	211,700,874
0468 - HLTH SVCS-CHIP AB75 TOBACCO	0	0	0	51
0471 - EMERGENCY MEDICAL SVCS	2,230,070	1,486,246	1,692,403	2,493,588
0475 - PROP 63 MH SVCS ACCT	39,602,717	38,221,901	51,574,743	51,574,743
Total Hospital Care	**$264,083,295**	**$269,721,726**	**$325,036,603**	**$326,087,839**
Sanitation				
0473 - KELLER SRCHRGE/MITGN PROG	$367,619	$385,061	$367,546	$367,546
Total Sanitation	**$367,619**	**$385,061**	**$367,546**	**$367,546**
Total Health And Sanitation	**$345,209,002**	**$357,813,121**	**$442,918,090**	**$444,810,246**

Behavioral Health Division - Mental Health

General Fund	2015-16 Actuals	2016-17 Budget	2017-18 Baseline	2017-18 Recommended	Change
Expense					
Salaries And Benefits	50,039,693	57,940,193	61,630,317	61,630,317	0
Services And Supplies	125,971,967	131,051,217	149,515,268	149,515,268	0
Other Charges	5,564,185	5,257,325	5,572,464	5,572,464	0
Fixed Assets	23,781	28,700	28,700	28,700	0
Expenditure Transfers	(2,280,322)	(3,240,818)	(5,045,875)	(5,045,875)	0
Expense Total	**179,319,304**	**191,036,617**	**211,700,874**	**211,700,874**	**0**
Revenue					
Other Local Revenue	71,428,011	77,488,622	90,813,435	90,813,435	0
Federal Assistance	61,980,585	66,342,357	73,723,857	73,723,857	0
State Assistance	30,786,729	29,932,465	29,872,394	29,872,394	0
Revenue Total	**164,195,325**	**173,763,444**	**194,409,686**	**194,409,686**	**0**
Net County Cost (NCC):	**15,123,979**	**17,273,173**	**17,291,188**	**17,291,188**	**0**
Allocated Positions (FTE)	**456.7**	**458.7**	**474.0**	**474.0**	**0.0**
Financial Indicators					
Salaries as % of Total Exp	28%	30%	29%	29%	
% Change in Total Exp		7%	11%	0%	
% Change in Total Rev		6%	12%	0%	
% Change in NCC		14%	0%	0%	
Compensation Information					
Permanent Salaries	27,770,077	32,161,707	35,139,375	35,139,375	0
Temporary Salaries	1,551,233	1,239,171	1,089,655	1,089,655	0
Permanent Overtime	142,389	122,328	226,631	226,631	0
Deferred Comp	211,588	270,198	377,640	377,640	0
Hrly Physician Salaries	76,799	90,556	73,845	73,845	0
Perm Physicians Salaries	1,663,524	2,313,776	1,688,976	1,688,976	0
Perm Phys Addnl Duty Pay	2,208	1,499	172	172	0
Comp & SDI Recoveries	(95,540)	(114,768)	(114,768)	(114,768)	0
FICA/Medicare	2,253,389	2,779,451	2,953,424	2,953,424	0
Ret Exp-Pre 97 Retirees	110,720	124,116	125,596	125,596	0
Retirement Expense	10,029,554	10,960,760	11,762,778	11,762,778	0
Employee Group Insurance	3,817,542	5,084,324	5,502,087	5,502,087	0
Retiree Health Insurance	1,305,439	1,435,615	1,374,490	1,374,490	0
OPEB Pre-Pay	410,737	410,737	410,737	410,737	0
Unemployment Insurance	93,186	103,115	102,201	102,201	0
Workers Comp Insurance	893,507	957,608	1,039,383	1,039,383	0
Labor Received/Provided	(196,661)	0	(121,905)	(121,905)	0

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b. Out-of-Home Residential Care/Treatment Service Programs: Mental Health works in collaboration with Probation and Social Service to support these placements and their mental health component. Structured Short Term Residential Treatment Program services (STRTP) for seriously emotionally disturbed (SED) children and adolescents provides individual, group, family therapy and wrap-around teams. Case management services are provided at various STRTP's in California and the nation.

c. Intensive Day Treatment Services: Therapeutic treatment and activity programs (less than 8 hours per day) for children/adolescents who have behavioral/emotional disorders or are seriously emotionally disturbed (SED), psychosocially delayed or "at high risk." All of these services are attached to Residential Treatment Centers outside Contra Costa County.

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f. EPSDT (Early and Periodic Screening Diagnosis and Treatment) Program: Provides comprehensive mental health services to Medi-Cal eligible severely emotionally disturbed persons under age 21 and their families. Services include assessment; individual, group and family therapy; crisis intervention; medication; day treatment; and other services as needed.

***g. Therapeutic Behavior Services* (TBS):** TBS provides one-on-one behaviorally focused shadowing of children and youth on a short-term basis to prevent high level residential care or hospitalization, and to ameliorate targeted behaviors preventing success.

***h. Mobile Response Team**:* The mobile crisis response team, comprised of a Masters level therapist and a family support partner, provides short-term triage and emergency services to seriously emotionally disturbed children, adolescents and their families in order to prevent acute psychiatric crises and subsequent hospitalization. With expanded hours being

added the team will be better able to respond to the entire County population of East County, West County, and Central County with far less wait time and many more hours of availability. The Behavioral Health Division is looking to expand this program and program expansion will be a work-in-progress pending funding availability.

i. Mental Health Services for Children 0-5 Years of Age: Several contract agencies provide a wide array of outpatient, and in-home services to SED children, children in foster care, or children at risk of significant developmental delays and out-of-home placement.

j. Special Education Services – Educationally Related Mental Health Services (ERMHS). Mental Health Services are provided as part of a youth's Individualized Education Plan (IEP) to fulfill a mandate under federal law to provide a free and appropriate public education to students with special needs in the least restrictive educational environment. Services include: individual, group, or family psychotherapy, day treatment services, collateral, and case management.

In Contra Costa County there are approximately 166,000 public school students. Over 33,000 of these students, or approximately 20%, are enrolled in Special Education. Prior to FY 2010/2011, funding for these mandated services had been federal IDEA funds, State Mandate Claims (SB-90), Medi-Cal and State General Funds. In the Budget Act of 2010-2011, the mandate was suspended and the responsibility to fund these services was transferred from County Mental Health to the local school districts and SELPA's (Special Education Local Plan Areas). An MOU was developed and signed by County Mental Health and the SELPAs, with supporting contracts going before the Board for approval. This budget assumes that the responsibility for funding continued ERMHS Non-Medi-Cal services will remain with the local school districts and SELPA's.

As part of the State 2004-05 Budget, all 2003-04 and prior SB-90 claims were deferred with the requirement to pay them over no more than five years beginning in 2006-07. In the State 2005-06 Budget, Government Code Section 17617 was amended to pay these claims over 15 years from 2006-07 through 2020-21. Subsequent budgets suspended payments.

The proposed 2014-2015 Governor's budget included $900 million in funding for payment of 2004 and prior outstanding mandated claims. The 2004 and prior years claims were fully paid as of July 16, 2015. The corresponding interest was fully paid as of October 12, 2015.

k. Olivera: A first step alternative to, as well as a step down from, residential placements that provides a non-public school with Intensive Day Treatment and wrap services. The program includes five classrooms – three for the Mt. Diablo Unified School District and two for other SELPAs within Contra Costa.

l. Oak Grove Treatment Center: The County facility at 1034 Oak Grove Road in Concord is in program development and currently houses the First Hope program for the early intervention for psychosis, with emphasis on multi-family treatment consistent with the Psychosis Intervention Early Recovery (PIER) model.

m. Katie A. Programming: Children's Mental Health, in partnership with Child and Family Services, is in the fourth year development stage of a new legally mandated service delivery system to serve Katie A. youngsters in the foster care system. These youngsters meet specific criteria to be included in the Katie A. subclass and receive augmented services as defined in the legal settlement. These new services are identified as Intensive Care Coordination (ICC) and In Home Behavioral Services (IHBS). All youngsters in the subclass will receive ICC services, and the need for IHBS will be determined by the Child and Family Teams***.***

n. Mentally Ill Offender Crime Reduction Grant (MIOCR): The MIOCR 2003 Act was passed to address the following:

- Create mental health courts;
- Offer specialized training to criminal justice staff in identifying symptoms in order to respond appropriately to people with mental illness;

- Develop programs to promote public safety;
- Develop programs to support intergovernmental cooperation between state and local government agencies with respect to the mentally ill offenders.

The County Probation Department applied for and was awarded the MIOCR Grant. The amount is approximately $1,000,000 for a 3 year period. An RFP went out and the Community Options for Families and Youth (COFY) was selected as the vendor who will work closely with the County Probation Department to prevent recidivism. The Behavioral Health Division will provide technical assistance and support.

o. Continuum of Care Reform (CCR): In 2017 Continuum of Care Reform will serve to expand Katie A. services and provide needed treatment to all children in foster care. CCR effectively eliminates the Rate Classification Level (RCL) system and implements the Short-Term Residential Programs (STRTPs) model while requiring interagency development of child serving partnerships. It is currently in development and Residential Treatment Centers are transitioning to STRTP status and Foster Family Agencies are converting to Resource Family Agencies providing vitally needed services to our most at risk youth. This is a new program and will be a work-in-progress pending funding availability.

p. Evidenced Based Practices: Children's Mental Health has instituted system wide training in several evidenced based practices (EBP's) including Cognitive Behavioral Therapy, Trauma Focused Behavioral Therapy, Cognitive therapy for depression, Dialectic Behavioral therapy, and Wraparound services. Additionally, we are adding an EBP for eating disorders and are in the early stages of development for that initiative. Evidenced Based Practices are being supported by placing EBP team leaders in each of the regional clinics with centralized training and ongoing supervision groups. Additionally, these teams are part of a Bay Area Collaborative to further trauma focused care regionally.

Child & Adolescent Services Summary		
Service:		Mandatory
Level of Service:		Discretionary
Expenditures:		$63,476,541
Financing:		62,722,888
Net County Cost:		753,653
Funding Sources:		
Federal	50.1%	$31,429,476
Local	43.5%	27,253,498
Transfer	6.4%	4,039,914
General Fund	1.2%	753,653
FTE: 85.5		
Note: Excludes Support Services Costs included under the Administrative component of the budget.		

2. Adult Services

Description: Provides services to consumers over 18 years old.

***a. Crisis/Transitional/Supervised Residential Care*:** Short-term, crisis residential treatment for clients who can be managed in an unlocked, therapeutic, group living setting and who need 24-hour supervision and structural treatment for up to 30 days to recover from an acute psychotic episode. This service can be used as a short-term hospital diversion program to reduce the length of hospital stays. This service also includes 24-hour supervised residential care and semi-supervised independent living services to increase each client's ability to learn independent living skills and to transition ("graduate") from more restrictive levels of residential supervision to less restrictive (i.e., more independent) living arrangements, including board and care facilities.

b. Outpatient Clinic Treatment and Outreach Services: Provides scheduled outpatient clinic services, including psychiatric diagnostic assessment, medication, short-term individual and group therapy, rehabilitation, and collateral support services for seriously and persistently mentally ill (SPMI) clients and their

families with acute and/or severe mental disorders. Also includes community outreach services not related to a registered clinic client.

c. Case Management Services: Case managers provide screening, assessment, evaluation, advocacy, placement and linkage services in a community support model. Case management is also provided through supportive housing services, as well as the clinics in West, East and Central County. County clinics include peer providers on case management teams.

d. Mental Health Homeless Outreach/ Advocacy Services: The homeless shelter in Antioch assists the homeless mentally ill to secure counseling, transportation, clothing, vocational training, financial/benefit counseling, and housing. Case management can be arranged through this program, if determined necessary.

e. Vocational Services: The Mental Health Division contracts with the California Department of Rehabilitation under a cooperative agreement with the State Department of Health Care Services to provide comprehensive vocational preparation and job placement assistance. Services include job search preparation, job referral, job coaching, benefits management, and employer relations. This is one of the only mental health collaborations providing services to individuals with co-occurring disorders in the State.

f. Consumer-Run Community Centers: Centers in Pittsburg, Concord and San Pablo provide empowering self-help services based on the Recovery Vision, which is the concept that individuals can recover from severe mental disorders with peer support. The Centers, which are consumer operated, provide one-to-one peer support, social and recreational activities, stress management, money management, and training and education in the Recovery Vision.

g. Substance Abuse and Mental Health for CalWORKs (SAMHWORKs): Mental health and substance use disorders specialty services provided for CalWORKs participants referred by the Employment and Human Services Department to reduce barriers to employment. Services include outpatient mental health, substance use disorders, and supportive services for participants and their immediate family members.

h. The Behavioral Health Access Line is a call center serving as the entry point for mental health and substance use services across the county. The Access Line, staffed with licensed mental health clinicians and an Alcohol and Drug counselor, operates 24 hours a day, seven days a week. The Access Line provides phone screenings, risk assessments, referrals, and resources to consumers seeking mental health or substance use services.

i. Forensics Mental Health Services: This Unit is comprised of three areas of service delivery through Adult Felony Probation involvement (AB 109 and General Supervision), Court Ordered services, and co-responding with local Law Enforcement agencies (Mental Health Evaluation Team). Forensics Clinicians are co-located at the Probation Department and Law Enforcement agencies for field based outreach, mental health screening and linkage to the adult mental health system of care. The court involved services include restoration for Incompetent to Stand Trial (IST) misdemeanor cases and the implementation of Assisted Outpatient Treatment (AOT), also known as Laura's Law. Forensics clinicians receive referrals to AOT from qualified requestors; complete an investigation to determine eligibility for AOT; and make appropriate referrals to AOT services for those who meet criteria and refer to other services for those who do not meet criteria. This is AOT's first year of implementation.

j. Rapid Access*:* Provide drop-in services at the mental health clinics to clients that have recently been admitted to Psychiatric Inpatient Hospital Services, the CCRMC Crisis Stabilization Unit, or Detention. Provides needs assessments, short term case management/therapy, referrals and linkage to appropriate services including medication assessments, individual therapy, group therapy, case management, Alcohol and Other Drugs (AOD) services, homeless services and financial counseling.

k. Oak Grove Residential Program: The Behavioral Health Division is planning to develop and implement a transitional residential program with three components: a residential treatment program, a step down program, and an outpatient services program. The Oak Grove program will provide a highly effective, comprehensive standard of care. This program will serve an age group ranging from 18 to 26 year's old with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). The program will include eligible young adults struggling with serious life challenges as well as 21 to 26 year old Medi-Cal eligible Transition Aged Youth (TAY) grappling with the new emotional challenges presented by the transition to adulthood. By partnering with these consumers and providing comprehensive, whole person care, Oak Grove will support these young adults as they transition back to their communities. This is a new program and will be a work-in-progress pending funding availability.

l. Older Adult Program: The Older Adult Mental Health Program provides mental health services to Contra Costa's seniors who are age 60+, including preventative care, linkage and outreach to under-served at risk communities. The Senior Peer Counseling Program reaches out to isolated and mildly depressed older adults who are 55+ in their home environments and refers them to appropriate community resources, as well as provides lay-counseling in a culturally competent manner. The IMPACT Program uses an evidence-based practice which provides problem-solving short-term therapy for depression (moderate to severe) treatment to individuals age 55+ in a primary care setting. The Intensive Care Management Program provides mental health services to severely mentally ill older adults who are 60+ in their home, the community, and within a clinical setting. There are three multi-disciplinary teams, one for each region of the county. Services include screening and assessment, medication management, and case management services including advocacy, placement, linkage and referral.

m. Transition Team: The Transition Team provides short term intensive case management services and linkage to ongoing services for severely and persistently mentally ill adults age 18-59 who are in need of mental health services. Transition Team referrals come primarily from inpatient psychiatric hospitals, psychiatric emergency, homeless services, and occasionally from law enforcement. The consumers range from individuals who are experiencing their first psychiatric symptoms to those who have had long term psychiatric disabilities but have been unable or unwilling to accept mental health treatment on their own. The Transition Team provides these consumers with the additional support and guidance to successfully access these services and to stay in treatment. Once consumers are stable enough, Transition Team refers them to one of our Outpatient Mental Health Clinics for ongoing treatment and support.

n. Evidence Based Practice (EBPs): have been primarily developed in the children's system of care and as a result their staff culture has started to change. However the adult system of care has experienced fewer strides in implementing evidence based practices. In 2017, the adult system of care plans to implement two Evidence Based Practice Models across the Division, in all three regions. EBP trainings will include training for therapists as well as peer providers, and will be available to both Substance Use Disorder (SUD) staff as well as Mental Health staff. Planning is underway to identify leadership to support the change and implement on-going supervision of the practice of EBPs. Similar to the children's system of care, evidence based practice should be supported by EBP team staff leaders in each of the regional clinics with centralized training and ongoing supervision groups. The goal is to develop "train the trainer capacity" within the adult system of care, build a community of practice that supports professional growth and development, and provides quality training in best practices. The overall goal is to improve outcomes. Planning is underway to choose an appropriate outcomes tool for use in the Adult System of Care. This pilot will provide important learning and information to guide implementation of outcomes across the Division as a whole.

o. **Mobile Crisis Intervention Team (MCIT):** The Behavioral Health Division is planning to develop and implement a 24/7 mobile crisis

response team for consumers experiencing mental health crisis. The Mobile Crisis Intervention Team (MCIT) will be an interdisciplinary team composed of mental health clinicians, community support workers, and a Family Nurse Practitioner who will provide assessment, brief crisis response, short-term triage, and emergency services to severely persistently mentally ill consumers and their families in order to prevent acute psychiatric crises and subsequent hospitalization. The MCIT will work closely with law enforcement partners to decrease 5150s and PES visits, and to refer consumers to appropriate services in their communities. This is a new program and will be a work-in-progress pending funding availability.

Adult Services Summary		
Service:		Mandatory
Level of Service:		Discretionary
Expenditures:		$55,560,393
Financing:		52,806,620
Net County Cost:		2,753,773
Funding Sources:		
State	52.8%	$29,355,123
Federal	32.9%	18,303,279
Local	7.6%	4,214,252
Transfer	1.7%	933,966
General Fund	5.0%	2,753,773
FTE: 127.3		

Note: Excludes Support Services Cost included under the Administrative component of the budget.

3. Support Services

Description: Functions include personnel administration, staff development training, procuring services and supplies, physical plant operations, contract negotiations and administration, program planning, development of policies and procedures, preparation of grant applications and requests for proposals, monitoring service delivery and client complaints, utilization review and utilization management, quality assurance and quality management, quality improvement, computer system management, and interagency coordination.

Support Services Summary		
Service:		Discretionary
Level of Service:		Discretionary
Expenditures:		$12,799,648
Financing:		1,841,574
Net County Cost:		10,958,074
Funding Sources:		
Federal	13.8%	$1,767,150
Transfer	0.6%	71,995
Local	0.0%	2,429
General Fund	85.6%	10,958,074
FTE: 76.5		

4. Local Hospital Inpatient Psychiatric Services

Description: Provides acute inpatient psychiatric care at Contra Costa Regional Medical Center, involuntary evaluation and crisis stabilization for seriously and persistently mentally ill clients who may be a danger to themselves or others.

Local Hospital Inpatient Psychiatric Services Summary		
Service:		Mandatory
Level of Service:		Mandatory
Expenditures:		$10,777,951
Financing:		9,820,858
Net County Cost:		957,093
Funding Sources:		
Federal	82.6%	$8,906,955
Local	7.5%	804,292
State	1.0%	109,611
General Fund	8.9%	957,093

5. Outpatient Mental Health Crisis Service

Description: The outpatient clinic provides crisis intervention and stabilization, psychiatric diagnostic assessment, medication, emergency treatment, screening for hospitalization and intake, disposition planning, and placement/ referral services. Services are provided at the CCRMC Crisis Stabilization Unit.

Outpatient Mental Health Crisis Service Summary		
Service:		Mandatory
Level of Service:		Mandatory
Expenditures:		$13,893,610
Financing:		13,012,104
Net County Cost:		881,506
Funding Source:		
Federal	73.7%	$10,234,305
Local	19.8%	2,751,713
State	0.2%	26,086
General Fund	6.3%	881,506

6. Medi-Cal Psychiatric Inpatient/Outpatient Specialty Services (Managed Care)

Description: The Behavioral Health Division operates the County Mental Health Plan, a Managed Care Organization (MCO). The Behavioral Health Division provides Medi-Cal Psychiatric Inpatient and Outpatient Specialty Services through a network of providers. The Behavioral Health Division maintains a network of inpatient psychiatric care providers within Contra Costa County and throughout the Bay Area in order to meet the needs of our patients. The Behavioral Health Division also maintains a network of over 240 contracted outpatient providers who provide services to Medi-Cal beneficiaries. These outpatient services include individual therapy, group therapy, and medication management services for both children and adults who require Specialty Mental Health Services.

Medi-Cal Managed Care Services Summary		
Service:		Mandatory
Level of Service:		Mandatory
Expenditures:		$8,664,040
Financing:		7,676,951
Net County Cost:		987,089
Funding Sources:		
Local	48.6%	$4,212,685
Federal	35.6%	3,082,693
State	4.4%	381,573
General Fund	11.4%	987,089
FTE: 21.0		

7. Mental Health Services Act/ Proposition 63

Description: Approved by California voters in November 2004, Proposition 63 imposes a one percent tax on incomes in excess of $1 million and directs those collections to the provision of mental health services. The Mental Health Services Act (MHSA) has expanded mental health care programs for children, transition age youth, adults, and older adults. Services are client and family driven and include culturally and linguistically appropriate approaches to address the needs of underserved populations. They must include prevention and early intervention as well as innovative approaches to increasing access, improving outcomes and promoting integrated service delivery. The MHSA added Section 5891 to the Welfare & Institutions Code, which reads in part, “The funding established pursuant to this Act shall be utilized to expand mental health services. These funds shall not be used to supplant existing state or county funds utilized to provide mental health services”.

The first yearly MHSA Program and Expenditure Plan for Community Services and Supports was approved by the Board of Supervisors and submitted to the State Department of Mental Health on December 22, 2005. The Prevention and Early Intervention component was added in

2009, and the remaining components of Innovation, Workforce Education and Training, and Capital Facilities/Information Technology were added in FY 2010 -11. Each subsequent year an Annual Update was approved, which included program refinements, program changes when indicated, and the development of new programs identified by a local stakeholder driven community program planning process. Contra Costa's first integrated Three Year Program and Expenditure Plan was submitted and approved for fiscal years 2014-17.

FY 2017-18 will be the first year of Contra Costa's MHSA Three Year Program and Expenditure Plan for fiscal years 2017-20.

Revenues to the MHSA Trust Fund tend to change from year to year due to the dynamic nature of the revenue source. Any expenditures in excess of annual MHSA revenues can be funded from the Trust Fund carryover surplus. However, for the last three fiscal years average total expenditures have been less than the average of annual revenues. The projected FY 2017/2018 MHSA expenditures are described below.

Program Type	$ in Millions
Community Support System	$37.6
Prevention and Early Intervention	8.7
Work Force Education & Training	2.5
Capital Facilities	0.6
Innovation	2.1
Total MHSA Allocation	$51.5

For the MHSA Three Year Program and Expenditure Plan for FY 2017-20 (Three Year Plan) the statutorily required Community Program Planning process concludes with a 30 day public comment period and public hearing in April 2017. Responses to substantive stakeholder input will be incorporated in the final Three Year Plan that will be submitted for Board of Supervisor consideration on or after April 2017.

Mental Health Services Act

Service:		Mandatory
Level of Service:		Discretionary
Expenditures:		$51,574,566
Financing:		51,574,566
Net County Cost:		0
Funding Sources:		
Local (Transfers from the MHSA Fund)	100.0%	$51,574,566

FTE: 157.0

2017-18 Baseline to 2017-18 Recommended

Budget Unit Description	2017-18 Baseline Service Level			2017-18 Recommended Service Level			GF Change – FY 16/17 Adopted to Rec'd (Col 6 minus Col 3)
	Expenditure Authority (1)	Less Revenue Collections (2)	Required General Fund Contribution (3)	Expenditure Authority (4)	Less Revenue Collections (5)	Required General Fund Contribution (6)	
Enterprise Funds:							
Hospital & Clinics – EF I	$621,250,524	$598,875,762	$22,374,762	$621,250,524	$598,875,762	$22,374,762	$0
EF-2 M-Cal Plan	680,094,504	680,094,504	0	680,094,504	680,094,504	0	0
EF-3 Comm Plan	70,953,642	70,953,642	3,736,288	70,953,642	70,953,642	3,736,288	0
Major Risk Ins. Program	100,000	100,000	0	100,000	100,000	0	0
Sub-Total Enterprise Funds(A)	**$1,372,398,670**	**$1,350,023,908**	**$26,111,050**	**$1,372,398,670**	**$1,350,023,908**	**$26,111,050**	**$0**
General Fund Units:							
Behavioral Health:							
Mental Health	$211,700,874	$194,409,686	$17,291,188	$211,700,874	$194,409,686	$17,291,188	$0
Alcohol & Other Drugs	33,957,534	33,172,351	785,183	33,957,534	33,172,351	785,183	0
Homeless Programs	6,903,915	4,707,061	2,196,854	6,903,915	4,707,061	2,196,854	0
Public Health	74,673,785	54,258,815	20,414,970	74,673,785	54,258,815	20,414,970	0
Environmental Health	21,163,150	21,484,275	(321,125)	21,163,150	21,484,275	(321,125)	0
Detention	23,985,474	1,549,282	22,436,192	23,985,474	1,549,282	22,436,192	0
Conservatorship	3,700,765	613,034	3,087,731	3,700,765	613,034	3,087,731	0
California Children's Services	10,443,472	7,780,727	2,662,745	10,443,472	7,780,727	2,662,745	0
Public Administrator	628,853	293,641	335,212	628,853	293,641	335,212	0
Sub-Total General Fund	**$387,157,822**	**$318,268,872**	**$68,888,950**	**$387,157,822**	**$318,268,872**	**$68,888,950**	**$0**
Total General & Enterprise Funds	**$1,759,556,492**	**$1,668,292,780**	**$95,000,000**	**$1,759,556,492**	**$1,668,292,780**	**$95,000,000**	**$0**
Other Special Revenue Fund Units:							
	Expenditures	**Revenue**	**Net Fund Cost**	**Expenditures**	**Revenue**	**Net Fund Cost**	**Change**
Emergency Medical Services	$1,692,403	$1,692,403	$0	$1,692,403	$1,692,403	$0	$0
Ambulance Service Area	5,000,676	5,000,676	0	5,000,676	5,000,676	0	0
Total Special Funds:	**$6,693,079**	**$6,693,079**	**$0**	**$6,693,079**	**$6,693,079**	**$0**	**$0**
Grand Total All Funds:	***$1,766,249,571***	***$1,674,985,859***	***$95,000,000***	***$1,766,249,571***	***$1,674,985,859***	***$95,000,000***	***$0***

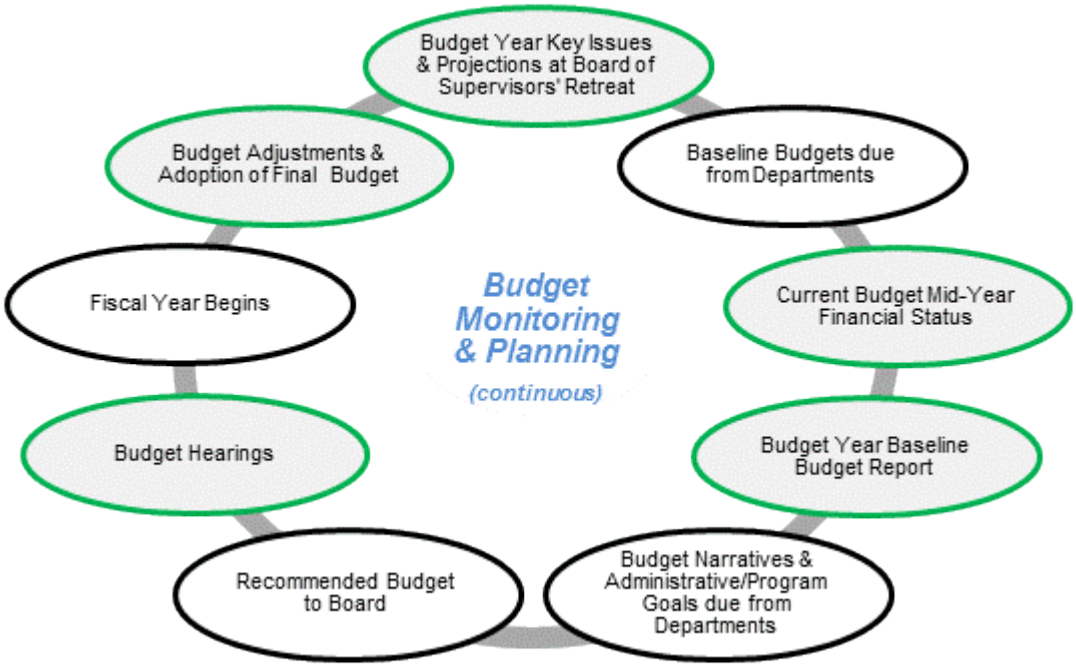
A. General Fund subsidy contribution to the Enterprise Funds is provided through General Fund unit 0465.

2016-17 Adopted to 2017-18 Recommended

Budget Unit Description	2016-17 Adopted Budget			2017-18 Recommended Service Level			GF Change – FY 16/17 Adopted to Rec'd (Col 6 minus Col 3)
	Expenditure Authority (1)	Less Revenue Collections (2)	Required General Fund Contribution (3)	Expenditure Authority (4)	Less Revenue Collections (5)	Required General Fund Contribution (6)	
Enterprise Funds:							
Hospital & Clinics – EF I	$548,463,622	$525,036,835	$23,426,787	$621,250,524	$598,875,762	$22,374,762	($1,052,025)
EF-2 M-Cal Plan	666,062,024	666,062,024	0	680,094,504	680,094,504	0	0
EF-3 Comm Plan	77,678,750	73,942,462	3,736,288	70,953,642	67,217,354	3,736,288	0
Major Risk Ins. Program	800,000	800,000	0	100,000	100,000	0	0
Sub-Total Enterprise Funds[A]	**$1,293,004,396**	**$1,265,841,321**	**$27,163,075**	**$1,372,398,670**	**$1,346,287,620**	**$26,111,050**	**($1,052,025)**
General Fund Units:							
Behavioral Health:							
Mental Health	$191,036,617	$173,763,444	$17,273,173	$211,700,874	$194,409,686	$17,291,188	$18,015
Alcohol & Other Drugs	17,843,311	17,132,858	710,453	33,957,534	33,172,351	785,183	74,730
Homeless Programs	5,737,745	4,006,387	1,731,358	6,903,915	4,707,061	2,196,854	465,496
Public Health	51,105,453	31,102,911	20,002,542	74,673,785	54,258,815	20,414,970	412,428
Environmental Health	20,825,500	21,103,728	(278,228)	21,163,150	21,484,275	(321,125)	(42,897)
Detention	23,566,313	1,126,648	22,439,665	23,985,474	1,549,282	22,436,192	(3,473)
Conservatorship	3,491,591	403,859	3,087,732	3,700,765	613,034	3,087,731	(1)
California Children's Services	10,148,932	7,368,702	2,780,230	10,443,472	7,780,727	2,662,745	(117,485)
Public Administrator	482,352	392,352	90,000	628,853	293,641	335,212	245,212
Sub-Total General Fund	**$324,237,814**	**$256,400,889**	**$67,836,925**	**$387,157,822**	**$318,268,872**	**$68,888,950**	**$1,052,025**
Total General & Enterprise Funds	**$1,617,242,210**	**$1,522,242,210**	**$95,000,000**	**$1,759,556,492**	**$1,664,556,492**	**$95,000,000**	**$0**
Other Special Revenue Fund Units:							
	Expenditures	**Revenue**	**Net Fund Cost**	**Expenditures**	**Revenue**	**Net Fund Cost**	**Change**
Emergency Medical Services	$1,692,403	$1,692,403	$0	$1,692,403	$1,692,403	$0	$0
Ambulance Service Area	5,012,779	5,012,779	0	5,000,676	5,000,676	0	0
Total Special Funds:	**$6,705,182**	**$6,705,182**	**$0**	**$6,693,079**	**$6,693,079**	**$0**	**$0**
Grand Total All Funds:	***$1,623,947,392***	***$1,528,947,392***	***$95,000,000***	***$1,766,249,571***	***$1,671,249,571***	***$95,000,000***	***$0***

A. General Fund subsidy contribution to the Enterprise Funds is provided through General Fund unit 0465.

Budget Process



As depicted in the preceding illustration, the County Budget Process is a continuous cycle of developing, monitoring and planning. At the same time, there are certain steps involved in developing the annual budget.

Budget Development.

The County's fiscal year spans from July 1 to June 30; however, the budget development process begins as early as December with the Board of Supervisors setting a Preliminary Budget Schedule for preparation of the up-coming budget. The County Administrator presents the Board, Department Heads and the public with an analysis of key issues and budget projections in January, followed by budget instructions, departmental budget submissions, meetings with Departments in February and March and presentation of the State Controller's Office required Budget Schedules and Recommended Budget for Board consideration in April. Absent the adoption of the County's Recommended Budget by June 30, the State Controller's Office Recommended Budget Schedules are passed into the new fiscal year as the spending authority until a Final Budget is adopted. Unlike the State Controller's Office Recommended and Final Budget schedules, which are solely publications of financial State Schedules required by State Statutes collectively referred to as the *County Budget Act*, the County Recommended Budget includes detailed information and narrative regarding the County, including its current and projected financial situation; the programs/services and administrative/program goals of individual Departments; and the County Administrator's budgetary recommendations for the upcoming budget year. After public hearings and budget deliberations, the Board adopts the Recommended Budget by May 31 (pursuant to Board Policy). After the State budget is passed (legally due by June 15) and County fiscal year-end closing activities are completed in August, a Final Budget is prepared for Board consideration. (Pursuant to the County Budget Act, the deadline for adopting a Final Budget is October 2 each year. This allows

incorporation of any needed adjustments resulting from the State budget.) If significant changes to programs or revenues are required based upon the State budget and/or closing activities, public Budget Hearings regarding the Final Budget may be scheduled.

Budget Monitoring & Budget Adjustments.
The County Administrator monitors actual expenditures and revenue receipts each month and mid-year adjustments may be made so that the County's Budget remains in balance throughout the fiscal year. On an annual basis, the County Administrator's staff prepares a report presented to the Board of Supervisors that details the activity within each budget category and provides summary information on the status of the County's Budget. Actions that are necessary to ensure a healthy budget status at the end of the fiscal year are recommended in the budget status report; other items which have major fiscal impacts are also reviewed.

Supplemental appropriations, which are normally financed by unanticipated revenues during the year, and any amendments or transfers of appropriations between summary accounts or departments, must be approved by the Board of Supervisors. Pursuant to a Board of Supervisor Resolution, the County Administrator is authorized to approve transfers of appropriations among summary accounts within a department as deemed necessary and appropriate. Accordingly, the legal level of budgetary control by the Board of Supervisors is at the department level.

Year End Report MHSA Finance 2016

A priority of the MHSA/Finance Committee is to insure that funding for Mental Health is focused on improving the care and treatment for people diagnosed with a mental illness. At each meeting Warren Hayes provides an update on the MHSA spending and an overview of the Program & Fiscal Reviews. This committee also has asked to be updated and kept informed on Realignment I & II funding. We also received all County contracts for the first time. As a committee we are becoming more knowledgeable about how care and treatment is financed. In that vein, we have also asked to receive, on a regular ongoing basis, Federal Financial Participation (FFP, i.e. Medi-Cal and Medicare) reimbursement funding reports. FFP reimbursement comprises around 50% or greater of county mental health funding. Health Services Finance Department indicated they would try to comply. With this knowledge we hope to improve the lives of those who rely on the county for their care.

The committee will focus on understanding the systems in use in our county. We need to consider what the options are and collaborate with the Quality of Care Committee on housing issues. This committee has noted that there needs to be a plan in place that determines if the funds spent are: improving the quality of treatment and care, keeping the status quo, or causing treatment and care to deteriorate. We have improved our knowledge of homelessness, housing and shelter procedures for the mentally ill. We reviewed our housing partnerships, searching for models that work best to provide the most successful transitions and supports toward wellness. We did search for space and funding, to be used to improve and increase housing for our seriously mentally ill.

The main focus of a sub-committee was to prepare and collaborate with the Behavioral Health Department and the Behavioral Health Care Partnership to produce the Mental Health System & Budget Crisis document. It was contemplated, that this report would have an impact on how the budget for mental health is developed. The document and presentation, asked the Board of Supervisors to give budget priority to systemic deficits in care that are not being addressed in the current budget process.

2017 Action Plan

Goal – Effectively tracking funding spent on Mental Health—is funding being leveraged to recoup maximum dollars from federal and state funding?

Task 1

- Receiving and Reviewing MHSA Program and Fiscal review
    - Success Criteria—improve outcomes for consumers by identifying areas for improvement.
        - Time Frame—ongoing
            - Resources-- MHSA Administrative Chief and Staff

Task 2

- Receiving Quarterly MHSA Budget Reports
    - Success Criteria—able to identify weaknesses in planned funding.
        - Time Frame—ongoing
            - Resources—Health Services Chief Financial Officer and Staff

Task 3

- Twice yearly review of 1991 & 2011 Realignment Income & Spending
    - Success Criteria—able to identify weaknesses in planned funding.
        - Time Frame—ongoing
            - Resources—Health Services Chief Financial Officer and Staff

Task 4

- Twice yearly review of Federal Financial Participation Income & Spending
    - Success Criteria—able to identify weaknesses in planned funding.
        - Time Frame—ongoing
            - Resources—Health Services Chief Financial Officer and Staff

Goal – Improving services for those with a mental illness with federal funding, state realignment funding, and county funding.

Task 1

- Assure that services are funded are being provided
    - Success Criteria—Reports from BH Admin that show care provided is being accessed
        - Time Frame—each program or incident documented.
            - Resources --BH Admin., Onsite visits, Feedback from patients and consumers

Task 2

- Work on the 3 year Plan and Yearly update
    - Success Criteria—
        - Time Frame – Ongoing emphasis on October through December
            - MHSA Staff, CPAW

Task 3

- Public Hearing on MHSA Plan

Goal -- Effectively tracking those who are seriously mentally ill who have housing, those who use shelter beds, and those that are homeless so that the committee can study options that are working and advocate for programs that will reduce homelessness

Task 1

- Reduce homelessness for those with a mental illness

Task 2

- Improve housing availability at all levels

Task 3

- Learn of housing models that are successful and have a proven track record

MHSA/FINANCE Committee
Mission Statement

- **In accordance with our mandated duties of Welfare & Institutions Code 5604 and aligned with the Mental Health Commission's MHSA Guiding Principles, and the intent and purpose of the law, the MHSA/Finance Committee will work in partnership with all stakeholders, all community-based organizations and County providers to review and assess system integration and transformation in a transparent and accountable manner.**

Proposed MHSA/Finance Committee Goals 2018

Review and educate ourselves/commission regarding the revenue streams for mental health services for aging adults in Contra Costa County. Are we set to meet the possible growth of this population in both revenue and services in the coming years?

Realignment income and spending - Review and educate ourselves/commission regarding the income and spending; what potential is there for change, plus or minus, over time. What are the potential gaps/weaknesses to anticipate/identify?

MHSA Budget oversight and Program and Physical Review - educate ourselves/commission regarding improvement to outcomes for consumers. Identify/anticipate gaps in services or funding to continue the improvement of outcomes for consumers.

Adopted by committee on October 19, 2017