

Current (2018) Members of the Contra Costa County Mental Health Commission

Barbara Serwin, District II (Chair); Duane Chapman, District I (Vice Chair); Meghan Cullen, District V; Douglas Dunn, District III; Diana MaKieve, District II; Lauren Rettagliata, District II; Geri Stern District I; Gina Swirsding, District I; Patrick Field District III; Michael Ward, District V; Sam Yoshioka, District IV; Candace Andersen, BOS Representative for District II

Mental Health Commission
Wednesday January 10, 2018 from 4:30pm-6:30pm
At: 2425 Bisso Lane, Concord
Large (First Floor) Conference Room

I. Call to order/Introductions

II. Public Comment:

*Please note that all members of the public may comment on any item of public interest within the jurisdiction of the Mental Health Commission, 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. Time will be provided for public comment on the items on the agenda, after commissioner's comments, as they occur during the meeting.

III. Commissioner Comments

IV. Chair Announcements:

- 1) The next Assisted Outpatient Treatment meeting (AOT) will be on Friday, January 19, from 9 to 10:30am, at 50 Douglas Drive, 2nd floor Sequoia Conference room, in Martinez
- 2) Next Mental Health Commission meeting will be on Wednesday, February 7 in West County at the: Richmond Memorial Auditorium, 403 Civic Center Plaza, in Richmond, in the Bermuda room

V. APPROVE Minutes from the December 6, 2017 Meeting

VI. RECEIVE presentation and updates for the Value Stream Mapping process for Detention Mental Health by: Anna M. Roth, Chief Executive Officer for Contra Costa Regional Medical Centers and Detention Mental Health, and Erika Jenssen, MPH, Assistant to the Health Services Director, Design Director, Blue Zone

VII. RECEIVE presentation from Community Connect Program by: Sue Crosby, Community Connect Director and Emily Parmenter, Program Manager

VIII. RECEIVE presentation from MHSA/Finance Committee regarding updates and Behavioral Health Services budget information received on 11/16/17 by: Lauren Rettagliata, Chair and Douglass Dunn, Vice Chair

IX. DISCUSS membership changes and potential Committee Chair changes and Commission liaisons for 2018

X. RECEIVE Committee updates:

- 1) Quality of Care- Barbara Serwin
- 2) Justice Systems- Gina Swirsding
- 3) Ad hoc Bylaws- Meghan Cullen

XI. RECEIVE Commission liaison reports:

- 4) AOD Advisory Board – Sam Yoshioka
- 5) CPAW General Meeting – Douglas Dunn
- 6) Children's Committee – Gina Swirsding
- 7) Council on Housing Committee –TBD

XII. Adjourn



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

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES**

Wednesday December 6, 2017 – First Draft

At: 2425 Bisso Lane, Concord- Large Conference room

| Agenda Item / Discussion | Action / Follow-Up |
|---|--|
| <p>I. Call to Order / Introductions Commission Chair Duane Chapman called the meeting to order at 4:38pm</p> <p><u>Members Present:</u> Chair- Duane Chapman, District I Vice Chair- Barbara Serwin, District II (arrived at 5:05pm) Supervisor Candace Andersen, District II Diana MaKieve, District II Meghan Cullen, District V Michael Ward, District V (arrived at 4:47pm) Gina Swirsding, District I Douglas Dunn, District III Geri Stern, District I Lauren Rettagliata, District II Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u> Patrick Field, District III</p> <p><u>Other Attendees:</u> Fatima Matal Sol, Program Chief for Alcohol and Other Drugs (AOD) David Seidner, Program Chief for Detention Mental Health Vic Montoya, Psych Emergency Coordinated Care Services Adam Down, MH Project Manager (arrived @4:56pm) Jill Ray, Field Representative for District II, Supervisor Andersen’s Office Mark Goodwin, Representative for District III, Supervisor Burgis’ Office Jessica Donahue, Seneca Family of Agencies Robert Thigpen, Coordinator for Adult Community Support Workers Guita Bahramipour, AOD advisory board Margaret Netherby, NAMI member and MHC applicant (arrived @4:47pm) Liza A. Molina-Huntley, EA for MHC</p> | <p>EA-Transfer recording to computer</p> |
| <p>II. Public Comments:</p> <ul style="list-style-type: none"> • none | |
| <p>III. Commissioner Comments:</p> <ul style="list-style-type: none"> • Supervisor Andersen attended the “Stepping Up” conference in Phoenix, Arizona sponsored by NACo (National Association of Counties), a different way of looking at inmates that are suffering with mental illness, in the criminal justices system. Had an opportunity to tour the urgent care, in their detention facility, for mental health issues. Also toured the homeless campus, in Arizona, on 12 acres. They had many great and different ideas to address people suffering from mental illness. They are working on how to help someone from the initial contact and how to intercept, and help a person, before incarceration. The facility is successful and is privately run. Many inmates have substance abuse issues and they are providing treatment, while incarcerated. NACo is supporting the “Stepping Up Initiative”; it was a great opportunity to see what others are doing in Phoenix, as well as sharing some of the best practices. • Commissioners would like additional information regarding the facility visited and requested to please forward information regarding the conference to the EA, to forward to the Commissioners | <p>*District II office will forward information to EA, regarding facility visited, to forward to the MHC</p> <p>*Douglass Dunn will co-Chair the next AOT meeting on 1/19/18</p> |

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| <ul style="list-style-type: none"> Douglas Dunn- announced that the next Assisted Outpatient Treatment (AOT) meeting will be on Friday January 19, 2018, 10am to noon, at 50 Douglas Drive in Martinez, on the second floor- the meeting is open to the public | |
| <p>IV. Chair Announcements-</p> <ul style="list-style-type: none"> The Chair attended the meeting “Rich Minds” in West County- a group of citizens that have pulled together to inform the Board of Supervisors regarding gaps and what is needed, for mental health in West County. Expressed concern regarding the same mental health stigma, stated that no change has been made towards acceptance Addressed Commissioners regarding attendance commitment, for Mental Health Commission meetings and attendance for Committee meetings. Too many Committee meetings have been cancelled due to a lack of quorum. Each Commissioner should be assigned to one Committee and commit to attend the monthly Committee meeting and the full Commission meeting. Each Commissioner should commit to attend at least two monthly meetings, as part of their responsibilities, serving as Mental Health Commissioners. The Chair will try to continue to serve as the Vice Chair in 2018, as much as his health allows. Will decrease his participation in some of the Committees. He needs to focus on improving his health Announced the new Chair for 2018 will be Barbara Serwin, currently serving as Vice Chair. The 2018 Executive Committee consists of: Michael Ward, Mehgan Cullen, Diana MaKieve, Barbara Serwin and himself, as Vice Chair. Reminded Commissioners that the Commission is in a partnership and continue to follow the rules to assure that everybody with a mental health diagnosis is treated fairly and continue to work on fighting against mental health stigma by reaching out to their communities and government officials. All Committee meetings have been cancelled for the month of December and will resume their regular schedule in January The Mental Health Commission will have a meeting on Wednesday, January 10, 2018 at the same time at 2425 Bisso Lane in Concord. Act (MHSA) Three Year Program and Expenditure Plan update for Fiscal year 2018-19 will have their final “Community Forum” on Thursday December 7th, from 2:30pm to 5:30pm, at 35 Oak Street in Brentwood – RSVP via email at: mhsa@hsd.cccounty.us | <p>*All Committee meetings have been cancelled for December and will resume in January, regular schedule</p> <p>*MHC meeting will be held on 1/10/18, 4:30-6:30pm at 2425 Bisso in Concord</p> <p>*MHSA FINAL FORUM on 12/7/17, from 2:30pm to 5:30pm, at the Brentwood Community Center- please RSVP via email: mhsa@hsd.cccounty.us</p> |
| <p>V. MOTION to APPROVE minutes from November 1, 2017 meeting Sam Yoshioka moved to motion, Gina Swirsding seconded the motion *no corrections needed</p> <ul style="list-style-type: none"> VOTE: 10-0-0 YAYS: Supervisor Andersen, Duane, Gina, Doug, Diana, Mehgan, Geri, Lauren, Sam and Mike NAYS: none ABSTAIN: none ABSENT: Patrick Field and Barbara Serwin (arrived late) | <p>*Post final minutes to MH website at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p> |
| <p>VI. RECEIVE presentation introducing the Contra Costa County Drug Medi-Cal Organized Delivery System Plan- with Fatima Matal Sol, Alcohol and Other Drugs (AOD) Program Chief</p> <ul style="list-style-type: none"> Thanked the MHC for supporting the plan presented to the State The AOD advisory board is a major part and supporter for the AOD division The Drug-MediCal Waiver is a demonstration program that tests a new pyridine to provide health care services for individuals with substance abuse disorder, expanding the availability entitled -substance use disorder treatment for drug Medical beneficiaries and it creates a continuum of substance use disorder services and care, modeled after the American Society of Addiction Medicine Historically, when a person sought treatment for alcohol and drugs, they were admitted into a treatment facility wherever the person entered, whether it be a residential facility, without an accurate assessment determining the appropriate level of care The “Waiver” has changed the previous status quo- now all clients/patients are | <p>*See attachment of presentation</p> <p>*MHC requests that the Director of Behavioral Health Services provide updates, specifically of an AOD treatment facility (CBO) for West County at the next meeting on 1/10/18</p> <p>*Access line for AOD is:</p> |

assessed, according to the American Society of Addiction Medicine" (ASAM) criteria; after which, an appropriate level of care is determined to provide continuum of care

- AOD partners with the criminal justice system to provide treatment and care, upon release. Most clients have a criminal justice history
- The plan was embraced by Dr. William Walker, Health Services Director and by the Behavioral Health Director, Cynthia Belon. Most recently received a contract from the centers for Medicare and Medicaid, on June 30, 2017. Therefore, the program's plan is in the initial stages of development, operating for only the past five months
- ASAM has multiple levels of care, starting with goal management
- There are outpatient services, which are considered a care level one
- Intensive outpatient services are considered a level 2.1
- Residential services are considered 3.1 care level
- Recovery services, that are currently in an embryonic stage, requires case management, precision consultation and that the county provides medication assistant treatment
- Providing a continuum of services, is a requirement for the Drug Medical Waiver
- The law states that individuals can be ordered by a judge, to a residential treatment facility, in exchange for incarceration time. The sentenced time is credited, while the inmate is receiving treatment, in a residential facility
- Prior to the Medical Waiver, the time frame for residential treatment as mandated for 90 days
- Currently, with the changes due to the Medical Waiver, an assessment is done that determines the placement of the level of care that is appropriate and following the ASAM criteria, reevaluating while receiving treatment to determine changes, if needed, for the level of care needed.
- Services are required to be coordinated, in partnership, with the Mental Health Care Division and with the primary health care system
- Contra Costa has two managed care plans for Medical beneficiaries =CCHP (Contra Costa Health Plan) and Anthem Blue Cross
- It is also required that ASAM assessments and placement are done face-to-face, not over the phone
- There is a medical necessity for substance abuse disorders treatment is also a requirement
- The ASAM continuum promotes movement throughout the levels of care, depending on the person's needs and improvement while in treatment. The criterion is created by SAMHSA (Substance Abuse Mental Health Services Administration) federal level.
- AOD is now mandated, to be in compliance, to no longer have a waiting list; due to the changes in the Medical Waiver, AOD now must provide accessible entry into treatment, there is no longer a wait list. The wait list was eliminated as of July 1, 2017
- Enough beds are available there is enough capacity in the system. Although there is currently a gap in West County. There was a facility that was providing 40 beds unfortunately there ability to continue to provide services was lost. At the moment, people from West County is being transported from West County to Central and East County facilities
- The reason for the previous lack of beds was due to inmates, that were already sober and needed outpatient treatment, were being sentenced to residential treatment facilities, creating a waiting list for others in need of residential treatment
- Recovery is a journey and stepping up patients throughout the different levels of care, to fit their needs, is important to their recovery. Not all clients require residential treatment, that is only part of the services of care
- In process of preparing a report regarding the data, pre-Waiver and post-

**1-800-846-1652
(M-F 8am to 5pm)**

***Access line for Mental Health is:
1-888-678-7277
(24/7)**

***AOD will include website information on card with the access line**

Waiver for the same period of time. AOD is short staff by 12 and still meeting the same goals, prior to the Waiver.

- Currently placing clients in intensive outpatient, which is up to nine hours of treatment, where the individual can be employed or in school, while receiving treatment
- Questions:
 - I) Is there the same level of compliance; are people in the outpatient treatment having the same level of participation?
(not dropping off or out of the program/treatment)
 - II) Is the same level of success, being achieved with the patient, not relapsing?
 - III) Are the data and/or outcomes being tracked?
- Response: Addiction is a disease, for example a person that has diabetes can be in remission, a person that is experiencing addiction issues can relapse and are part of the recovery process and part of the disease.
- Due to the Medical Waiver, it has help the public to understand and become aware that alcohol and drug recovery is a medical issue
- Relapses need to be helped, not judged, and reengage the client/patient in the system, regardless of the number of times the person relapses.
- According to the ASAM criteria, the gains are minor, for individuals- each step is a success. Success is personal and varies from person to person
- Each person that is able to be readmitted into treatment is a success
- Success is measured by the number of times that the individual is readmitted into treatment, reducing number of relapses during a period, extended lengths of time between relapses are all measures of success
- Chair stated that the County is in the process of working out an agreement with a Community Based Organization (CBO) for alcohol and drug treatment, in West County and requests that the Director of Behavioral Health Services update the Commission at the January 10 meeting
- The Waiver requires timely access to services, allowing for longer periods of time in treatment for individuals involved in the criminal justice system and for pregnant women
- The Waiver requires AOD to provide more co-occurring support in all of the treatment facilities- this means that every facility, must have, a licensed practitioner of the healing arts; i.e. - an LMFT (Licensed Marriage Family Therapist), a Licensed Social Worker, a Psychologist for each facility. If someone has co-occurring disorders, there is the ability to provide the service. Especially for individuals that have low to moderate mental health disorders.
- Each provider that becomes "medical certified" must have a Medical Director
- Also required to provide pharmacotherapy through the provision of medication assisted treatment
- AOD will start co-locating substance abuse counselor in all mental health clinics and at homeless shelters, throughout Contra Costa, updates will be provided at a later time
- ** see attachment for the benefits of the Medical Waiver for the clients, providers and for the county. The Medical Waiver was an option for every county, not a requirement. Placements are made immediately, dependent on the willingness of the client.
- Contra Costa County opted for the Waiver because the Behavioral Health Services Division/AOD is forward thinking, because the Directors of both Health Services and Behavioral Health are dedicated to the health care needs of the residents of the county, because of the support of the advisory boards and because of the clients planning process requesting the changes
- Effective July 1, 2017- there is a Behavioral Health Access line, fully staffed with mental health specialists and substance abuse counselors
- Attended a conference – a doctor presented that prior to the most recent changes, diagnosis were seen singular, not dual- with the new changes, dual diagnosis is the present term and co-occurring disorders, much more complex

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| <ul style="list-style-type: none"> and cannot be treated separately • Question: How much funding came with the Waiver for AOD? • Response: The Waiver operates in the same way as mental health, the County needs to match the grant funding. The total amount received was \$60 million for a period of three years, including state funds that have to make provisions for counties that opted into the waiver, almost nothing came from County General Funds. The funding is based on utilization, more clients, more funding will be received, less clients, declines the funding. Growth will be slow, not all at once. • Question: will AOD information become part of the client’s electronic health record? • Response: AOD must adhere by 42-CFR code regulations part 2- which restricts the disclosure of information without the consent of the client. Currently, AOD/BHS is discussing the challenges of how to make it work. Mental Health has just recently gone live with EPIC/EHR, AOD has not and it might take more time to implement to assure that regulations are adhered to. County Counsel must approve, before implementing, all counties are undergoing the same challenges. | |
| <p>VII. RECEIVE report from Contra Costa Detention Mental Health regarding Penal Code 1369.1 Treatment Facility Designation at the Martinez Detention Facility – with David Seidner, Program Chief of Detention Mental Health</p> <ul style="list-style-type: none"> • The summary provided is part of the necessity facing Detention Mental Health Services with patients that are deemed incompetent to stand trial. In addition to brief information about the proposal, approved by the Board of Supervisors (BOS) on 12/5/17. • Individuals with mental health illness challenges, within the criminal justice system, the attorney for the defendant can request to the judge to suspend their criminal proceeding and declare a doubt to stand trial. The defendant will grow through an evaluation process, where the court can determine incompetent to stand trial. If the person is determined to be incompetent to stand trial, the criminal judge has an order of commitment and refers the inmate/patient to the department’s State hospital; then they will be responsible for restoring the person within the facility • Reference to the need for the proposal approved by the BOS (1369.1), individuals going through the process, there is a long waiting period, during the waiting period the inmate/patient that are struggling with their challenges can decline because they are not receptive to participating in active treatment. The proposal allows for the Sheriff’s Office, the Health Services Department and the Behavioral Health Services Division to make a request, to the BOS, for the Board Order (1369.1) which will designate the detention facility has a treatment facility. With the designation, Detention Mental Health has an opportunity to explore options for treatment, build services and policies, to treat individuals that are severely mentally ill and decrease their symptoms and decrease their stress • Question: who will be responsible for engaging the inmate in the program at the Martinez facility? • Response: inmates are referred to as “patients” in Detention Mental Health and the individuals in the legal status, will be under the care and will be tracked by Detention Mental Health Services. The team provides wraparound services to the individual. When individuals are struggling with their symptoms, and decline rapidly. What is currently possible is long term medication. With the approved Board Order, it provides another tool for needed intensive treatments, to offer patients in detention. • The Board Order (BO) will allow Detention Mental Health to explore different pathways to have a hearing process, or due process, so that a Psychiatrist can ask for a hearing and if deemed by the Commissioner that the individual needs the medication, then the BO provides the ability to provide the medications | <p>*See attachment in packet</p> |

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| <p>needed to assist the patient, to help improve their symptoms, and providing ongoing treatment</p> <ul style="list-style-type: none"> • Question: How long does it take for the individual to be assessed and deemed incompetent? • Response: Detention Mental Health is aware of part of the process but the criminal justice systems are the ones that have the expertise to respond correctly. The criminal justice system holds the data regarding the timeframe from arrest, booking, to the court proceedings, to the determination for 1369.1. That data resides outside of Detention Mental Health. The primary focus is to provide consistent continuity of care for all patients in detention, with privacy, safety and dignity. | |
| <p>VIII. RECEIVE updates regarding discussion held at the Family and Human Services Committee regarding response to Commission White Paper and BHS Grand Jury Response- Barbara Serwin, Vice Chair of the Mental Health Commission</p> <ul style="list-style-type: none"> • Barbara updated the Commission regarding responses and concerns. • Informed that MHC is currently working with Behavioral Health Services in moving forward, working through many critical topics, such as: physical improvements have been made to the West County clinic, various discussion regarding improvements of the Children’s clinics, including lead times, reducing pressure on PES (Psych Emergency Services). Vern Wallace provided an updated report, responding to the White Paper, after which, Barbara, Duane and Lauren developed a report (on behalf of the Commission), responding to the report created by Behavioral Health Services, updated version, by the Program Chief of Children, Teens and TAY (Transitional Aged Youth) • Various issues have or are in the process of being resolved and new issues were identified. Addressed concerns regarding new programs and measuring outcomes • The result of the meetings is that the Commission came to an agreement with Behavioral Health Services, to continue to collaborate and partner in update discussion, every six months, looking for progress on the issues that were identified in the White Paper. Chair and Vice Chair will continue to meet with the Director and Deputy Director to continue collaborating • The two reports have not been distributed • Barbara will forward both reports to the EA to distribute to the MHC, along with a cover letter summarizing the issues | <p>*Vice Chair will create a summary and forward to EA, along with both reports:</p> <p>1) MHC responses</p> <p>2) BHS responses (directly from Family and Human Services)</p> |
| <p>IX. RECEIVE Commission liaison Representative Reports</p> <ol style="list-style-type: none"> 1) AOD Advisory Board- Sam Yoshioka 2) CPAW General meeting-Douglas Dunn 3) Children’s Committee- Barbara Serwin 4) Council on Homelessness- no report, MHC member is not currently attending meetings | <p>*AOD will notify the MHC regarding future meetings for added attendance and support</p> |
| <p>X. HONOR outgoing Mental Health Commission Chair for 2017- Duane Chapman</p> <ul style="list-style-type: none"> • Supervisor Candace Andersen presented a Proclamation Honoring Duane Chapman for his years of service as Chair, on behalf of the entire Board of Supervisors. Supervisor Andersen read, to the outgoing Chair, the approved Proclamation stating gratitude for his work as an advocate for mental illness, mental health care, trainings and collaboration. Pictures were taken after the presentation • Vice Chair presented flowers to the Chair and distributed papers for everyone to write one word, from the heart, that describes the Chair. All papers will be collected and sent to the Chair as an action of gratitude for his services | |
| <p>XI. Adjourn Meeting @6:13pm</p> | |

Submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission

PURSUING HEALTH

*Anna M. Roth • Chief Executive Officer
Contra Costa Regional Medical Center,
Health Centers & Detention Health*

 *@AnnaMRoth*

A group of people are lying on their backs on a vibrant green lawn. In the foreground, a person's feet are raised high in the air, with their hands clasped between them. The background shows other people lying down, their forms slightly blurred. The word "HEALTH" is written in large, white, sans-serif capital letters across the center of the image. The overall scene is bright and sunny, with a bokeh effect in the background foliage.

HEALTH



PURPOSE

Contra Costa 2020



VISION

Contra Costa County will be the healthiest community in the nation.



PURPOSE

Creating optimal health for ALL through respectful relationships and high quality service.



PRIORITIES

- Patient and Family Centered
- Continuous Improvement
- Delivering Value



KEY INITIATIVES

- Access
- Capability Development
- Communications
- Integration
- Partnerships
- Population Health
- Safety



62%



59%



56%



51%



50%

Icons from FlatIcon



Have psychiatric diagnosis



On psychotropic medications





22%



6015



32%



22%



30%



12x

Increased risk
of death in the
first 2 weeks

3x

Increased risk
of death in the
first 2 years



24,000

Bookings Per Year

1500 Avg Daily Population

24,000



Health & Mental Status Screenings

858,000

Total Medications Given

42,000

Total Appointments



213,000

Psychiatric Medications Given



14,000

Mental Health Appointments

6,000



Secondary Mental Health Screenings

50%

35%

15%



Mild

Moderate

Serious

Mental Health Needs



Pursuing Health

Working in Detention Health

Erika Jenssen, MPH
Assistant to the Health Services Director
Design Director, Blue Zone



Go See
Ask Why

Show
Respect



Hearing from Patients

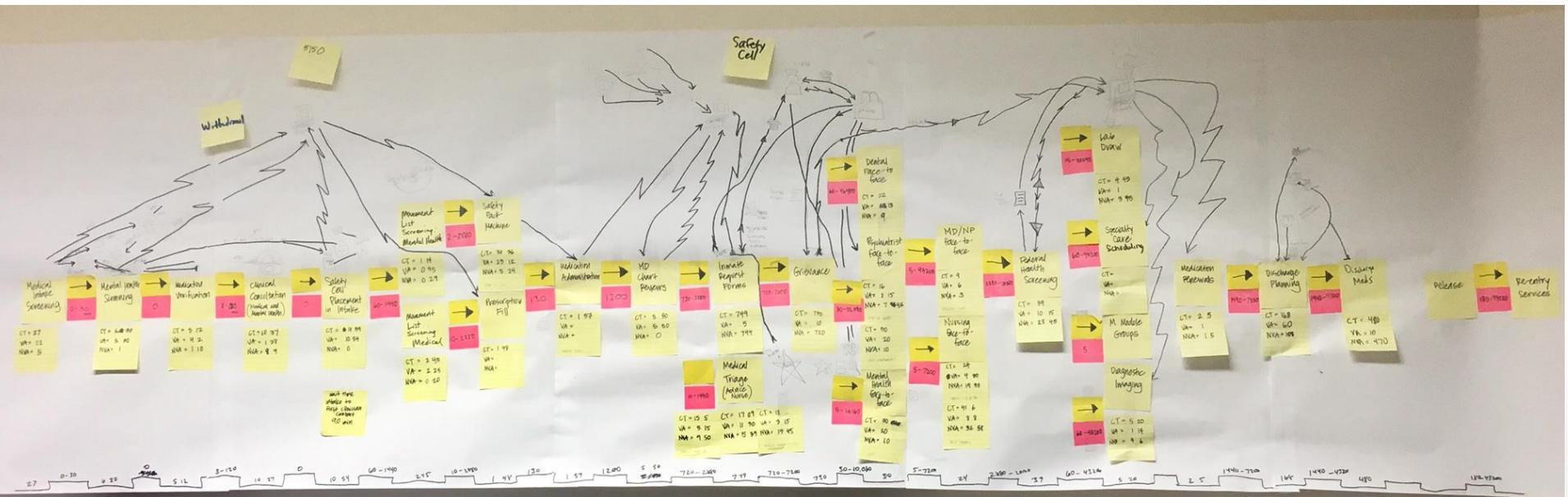
DETENTION HEALTH **Value Stream Mapping Event** *Report Out* *September 1, 2017*



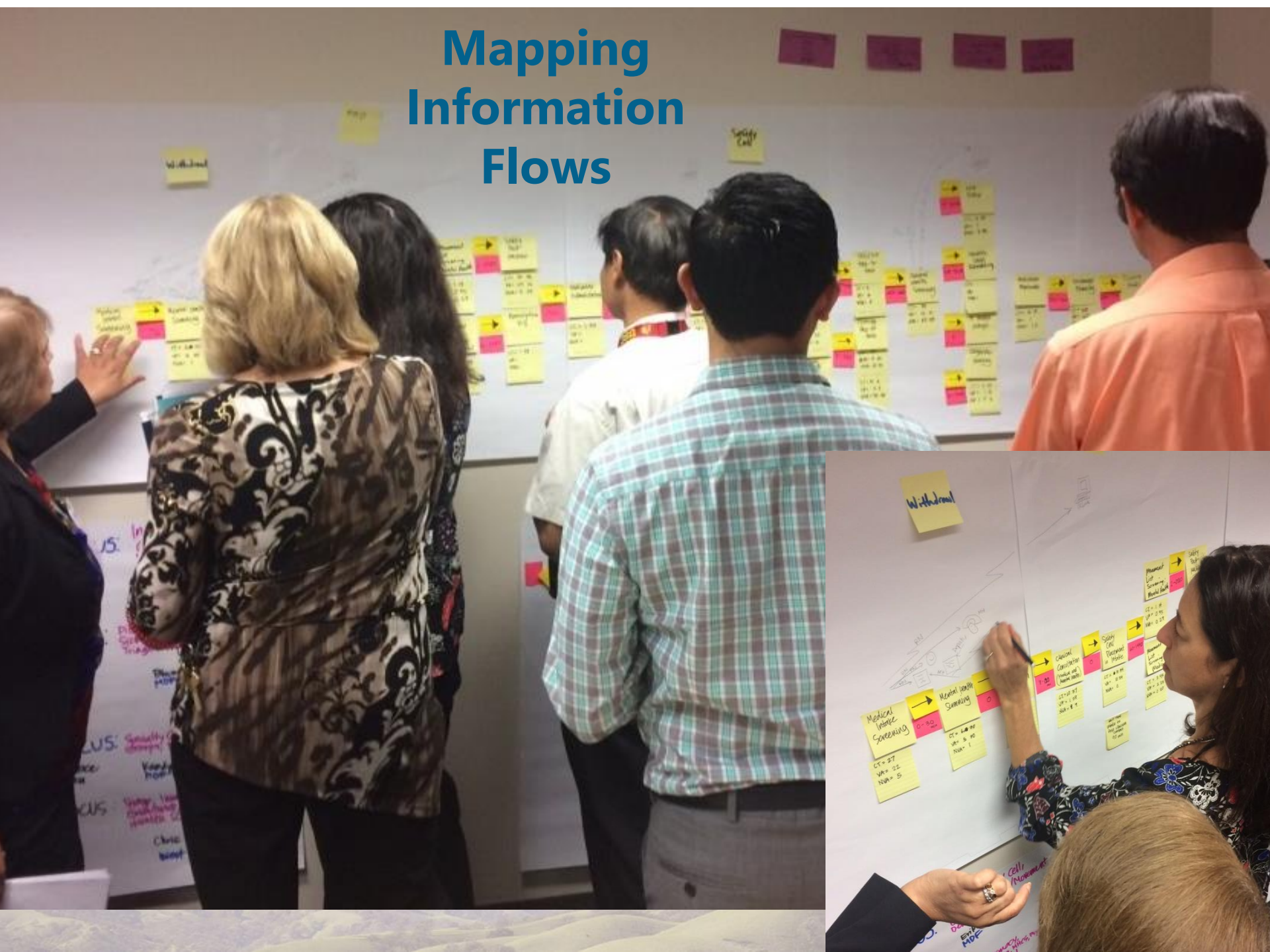
Contra Costa
Regional Medical Center
& Health Centers

A Division of Contra Costa Health Services

Current State Value Stream Map



Mapping Information Flows



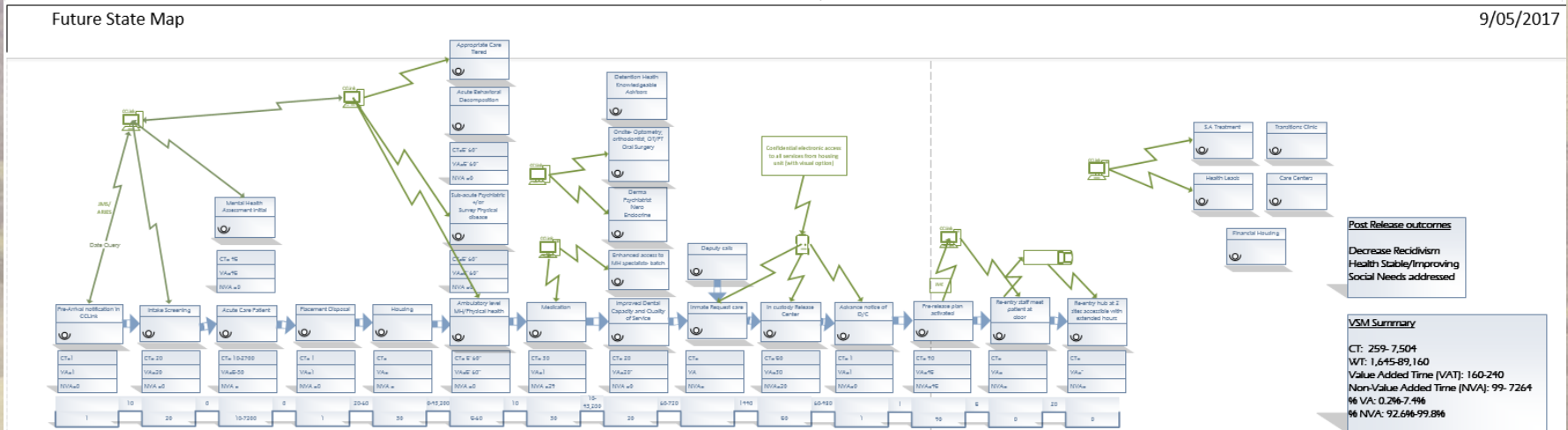
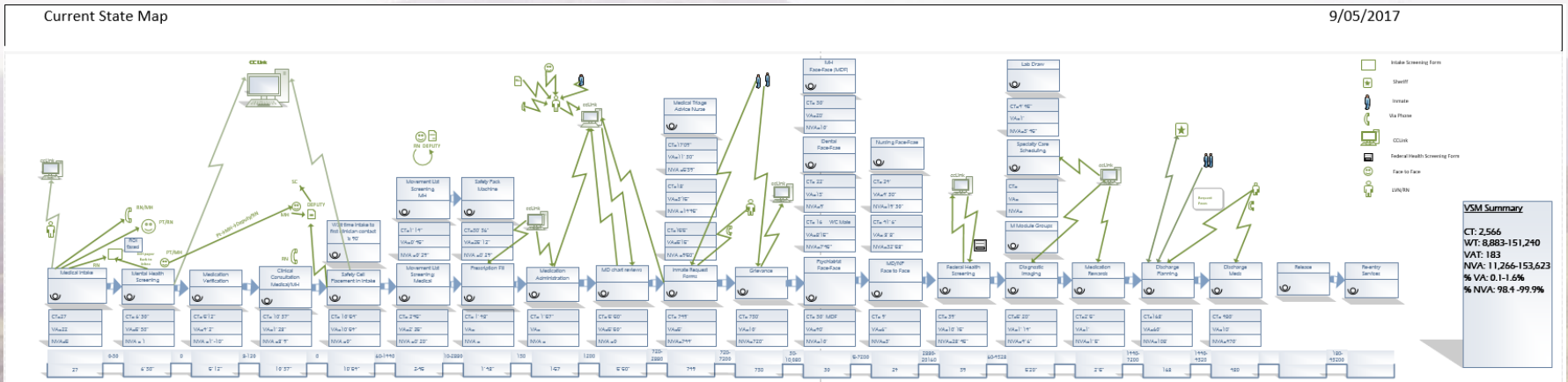
Working on Future State



Detention Health Value Stream Mapping Event

August 28 – September 1, 2017

Current State and Future State Map



AIM

Primary Driver

Secondary Driver

Identified Actions/Future Areas of Testing

STEPPING UP
Leverage all resources:
collaborative program
among agencies

Coordinated
re-entry

Pre-arrest/
Diversion

Inmate
engagement

Peer
engagement

One Care:
Provide high
quality care
for inmates
that
addresses all
mental,
physical and
psycho-social
needs and is
timely,
trauma
informed,
culturally
sensitive, and
respectful

Right Care/
Levels of Care
across
continuum of
health

Reliable and appropriate
spectrum of medication
options, such as injectable
and involuntary meds

Staff training

Social needs
screening pre-
release

Integrated
physical and
mental
health care
at the
community
standard

Care that is patient
centered, culturally
sensitive, and trauma
informed

Therapeutic
milieu

Groups:
therapy/
education

Test confidential
communication pathways/best
practice models

Using standardized screening
tools to sort patient into
appropriate levels of care

Timely
assessment
and care
delivery

Optimized intake process

Real time acuity/severity using
ccLink and JMS (ccDat)

Safe, clean
and
confidential
environment
of care

Tiered levels of care based
on standardized
assessment

Well informed assessment
utilizing ccLink and other sources
of information

Detention acute
and emergency
mental
health/LPS

Move care closer to need: Primary
Specialty, Acute psychiatry

Timely access to primary
and specialty and acute
care services

Test best practice movement
models: clinic, court, release

Restoration to
competency



**Contra Costa
Regional Medical Center
& Health Centers**

A Division of Contra Costa Health Services

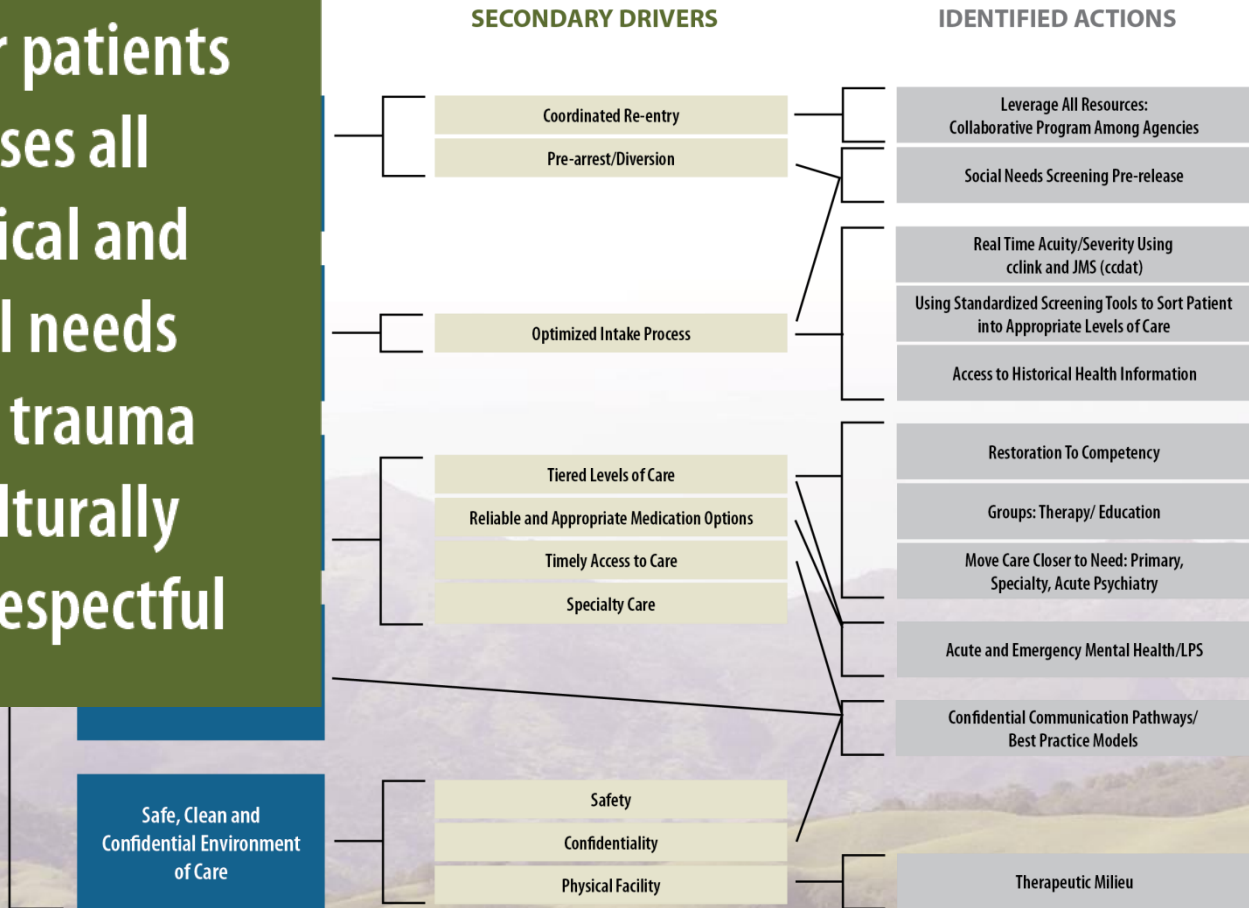
Driver Diagram



STRATEGIC INITIATIVES – 2017

DETENTION HEALTH DRIVER DIAGRAM

One Care: Provide high quality care for patients that addresses all mental, physical and psycho-social needs and is timely, trauma informed, culturally sensitive and respectful



A landscape of rolling green hills and mountains under a hazy sky. The hills are covered in lush green grass and scattered trees. The mountains in the background are more rugged and have a slightly purple hue due to the haze. The overall scene is peaceful and scenic.

Dignity

Privacy

Safety

Developing Metrics



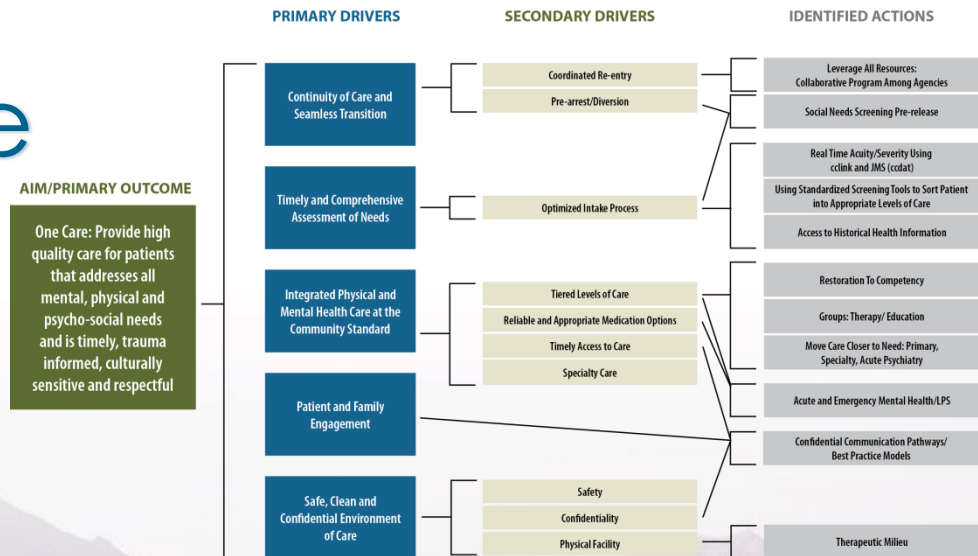
Rapid Improvement Events

- Intake
- Levels of Care
- Access
- Medication
- Re-Entry
- Specialty Care



STRATEGIC INITIATIVES – 2017

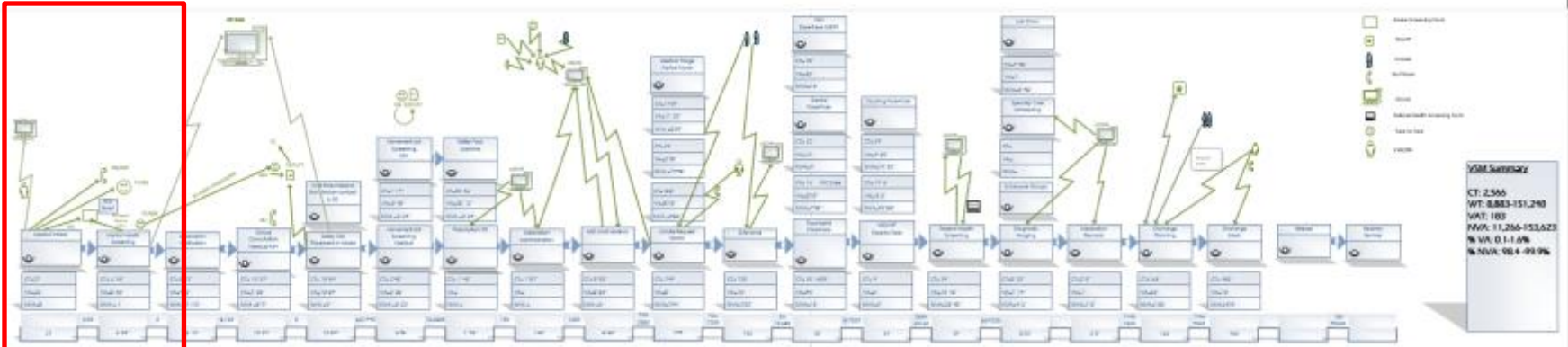
DETENTION HEALTH DRIVER DIAGRAM



Intake

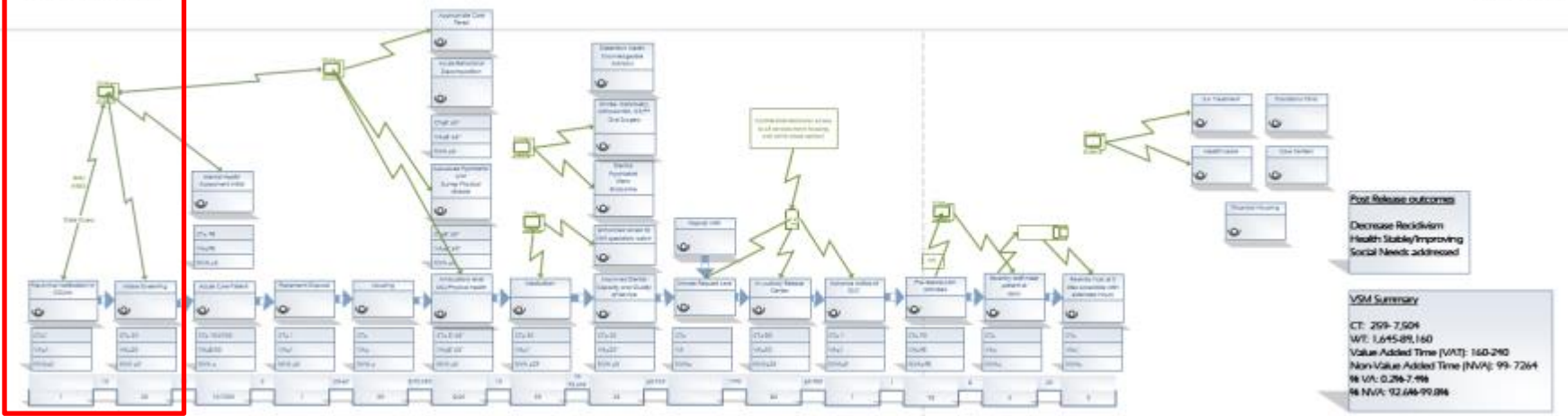
Current State Map

9/05/2017

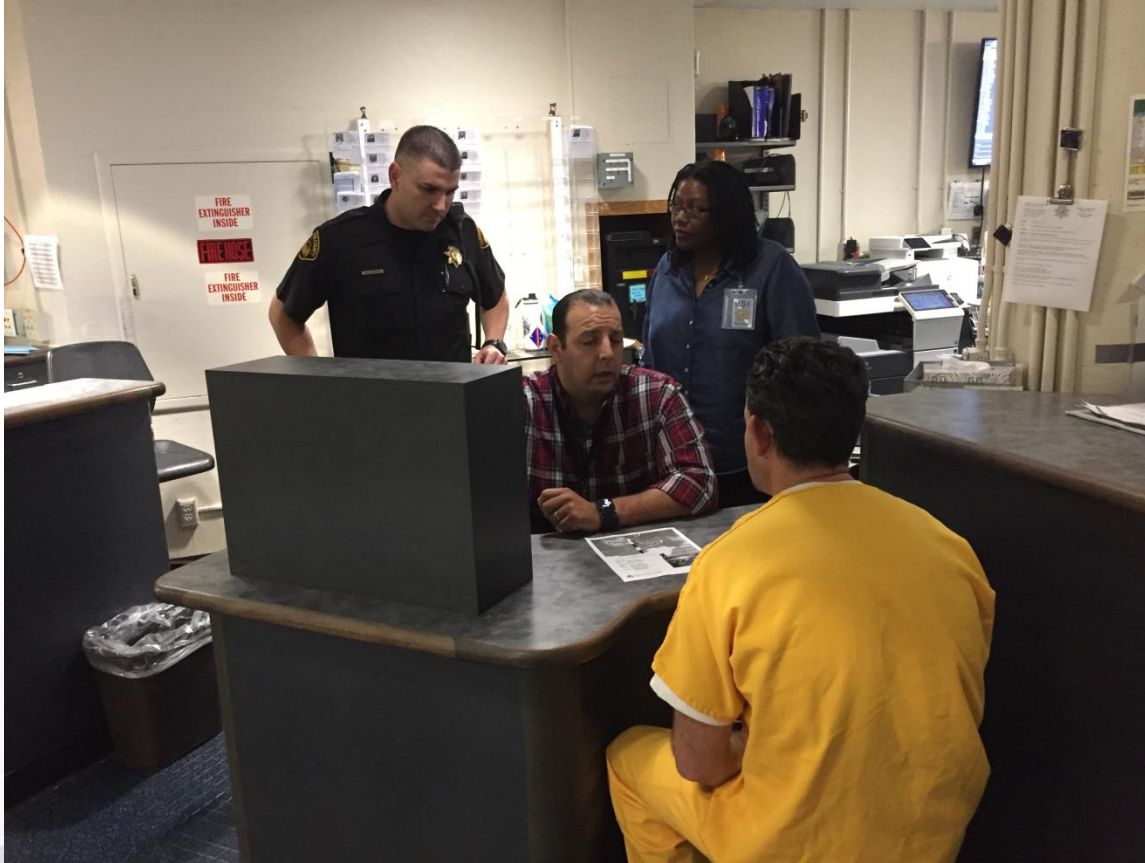


Future State Map

9/05/2017



Detention Health Pre-Release



65
Bookings
per day

Connected 11 patients (100%) to post-release health and social services

Intake Improvement Teams

1. Safe, Clean, Private, Orderly Space
2. Pre-release Planning
3. Nurse Screening
4. Mental Health Screening
5. Safety Cell

DETENTION HEALTH

Rapid Improvement Event

Levels of Care:

Emergent Mental Health



Contra Costa
Regional Medical Center
& Health Centers

A Division of Contra Costa Health Services

Why Emergent Level of Care?

- These patients are at very high risk of harm to self and staff
- Opportunity to reduce placement and time spent in safety cell
- Opportunity to address agitation by providing medication and behavioral interventions
- Opportunity to begin treatment plan for severe illness

Improvement Teams

1. Crisis Intervention
2. Medication
3. Behavioral Health Assessment



Observations of CCRMC psychiatric units



Exploring Safety Cell Events

26 safety cell events in November 2017

- 11 patient interviews and chart audits

Conclusions:

- 11 of 11 patients expressed negative impact of safety cell placement
- 9 of 11 crises may have been diverted with an appropriate intervention

Crisis Intervention & Safety Cell



Emergency Medication Administration

Individual meds stocked separately inside pharmacy

Emergency meds packaged together for quick access outside pharmacy



Change happens when
minds are opened and
hearts are broken

Adapted from Steven Aitchison



A landscape of rolling green hills and mountains under a hazy sky. The hills are covered in lush green grass and scattered trees. The mountains in the background are more rugged and have a slightly darker green color. The sky is a pale, hazy blue.

Dignity

Privacy

Safety

Next Steps for All of Us

Look

Listen


Act



Thank you

- Patients and their families
- Detention Health staff
- Our sponsors – Anna Roth & Matt Schuler
- Leadership Advisory Board
- Improvement teams



- 
- **Start with most vulnerable**
 - **Focus on what matters – basic needs**
 - **Smart realignment**
 - **Design for scale**
 - **Permission to be brilliant**

PURSUING THE PROMISE

The absence of love, belonging, and connection always leads to suffering.

Brené Brown





@AnnaMRoth



**Contra Costa
Regional Medical Center
& Health Centers**

A Division of Contra Costa Health Services



WHOLE PERSON CARE PROGRAM OVERVIEW

January 2018



Overview

- Medi-Cal 1115 waiver pilot program
 - Address underlying social & behavioral determinants of health
 - Increased coordination of services
 - Utilize data sharing across community to facilitate aims
- Awarded \$40M annually 2016-2020
 - 50/50 matching county funds
 - 27 California counties receiving approval
 - Awarded to Contra Costa County Health Services - administered through Contra Costa County Public Health Dept
 - Internally branded as 'CommunityConnect'

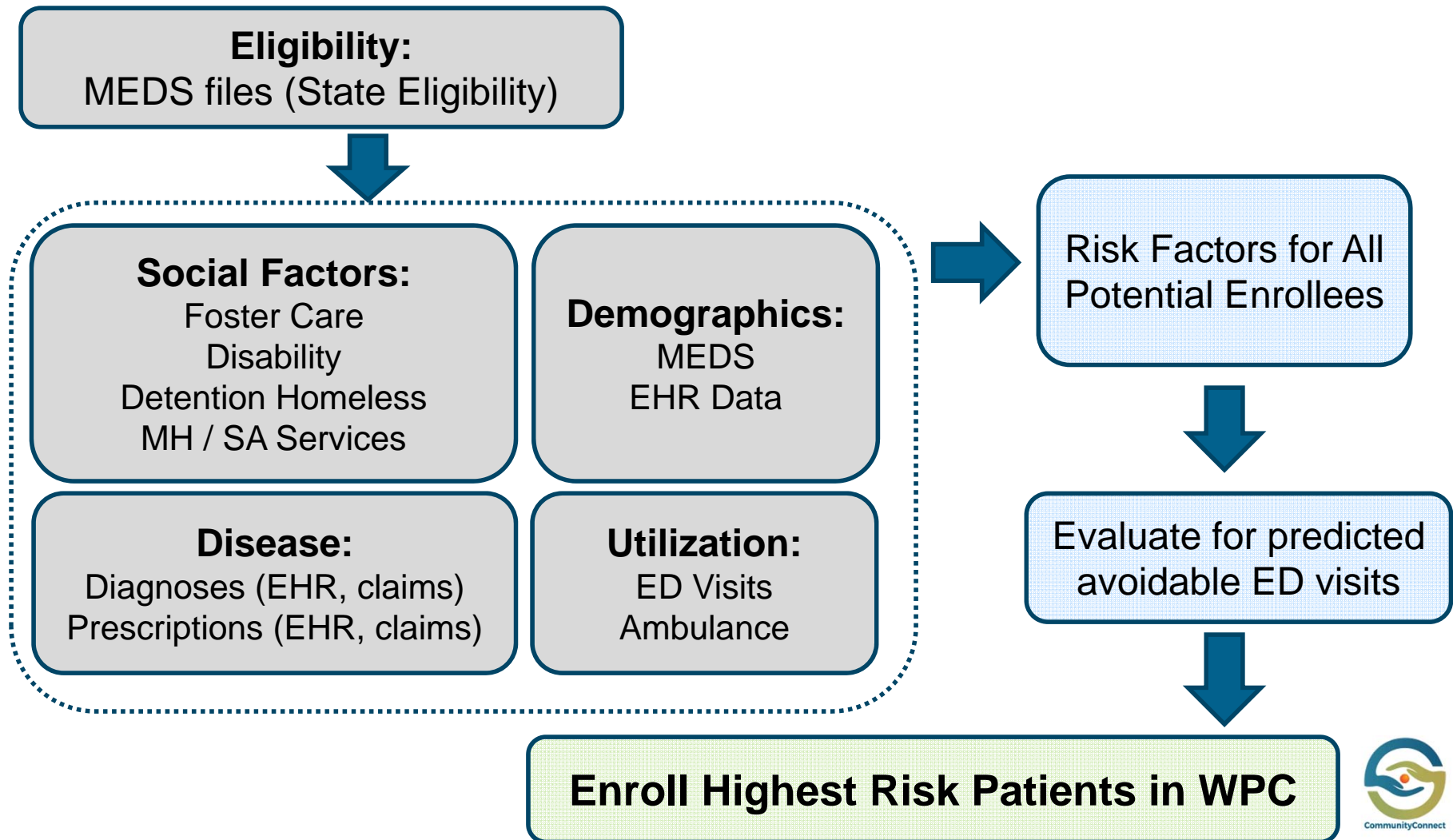


Target Population

- High utilizers of multiple systems, including:
 - IP, ED, Psych Emergency utilization
 - Criminal Justice, Homeless, Mental Health, Substance Use, Social Services
 - Foster Youth on psychoactive medications
- Data-driven Risk Model to identify eligible patients
 - Began with weighted model across Medical, Social and Utilization domains
 - Modified to predictive analytics



Identifying patients through the risk model



Program Organization

- 3 core areas



1. Direct Patient Services



2. Data Sharing



3. Sobering Center

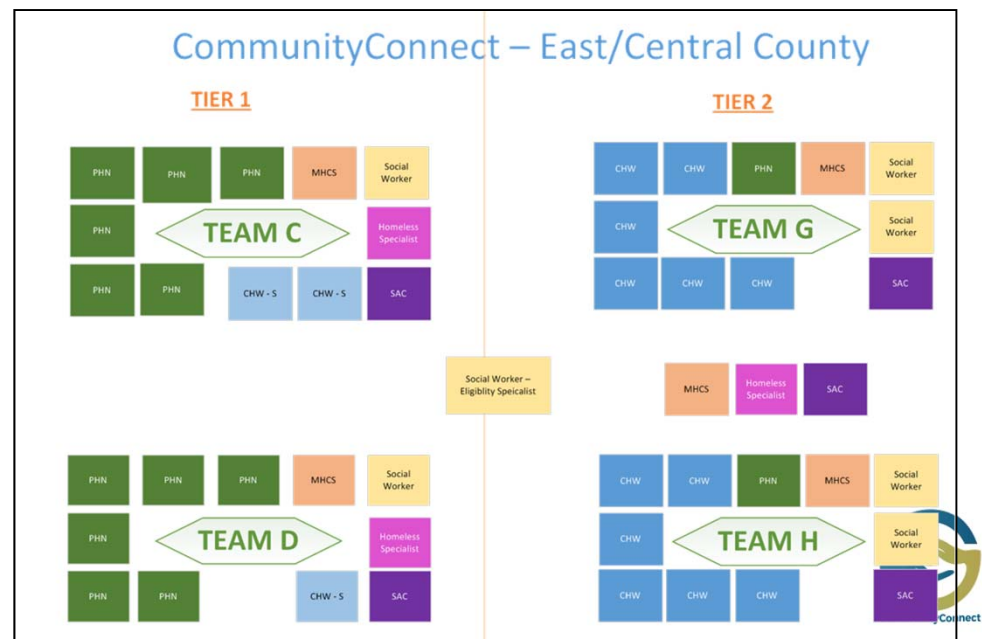
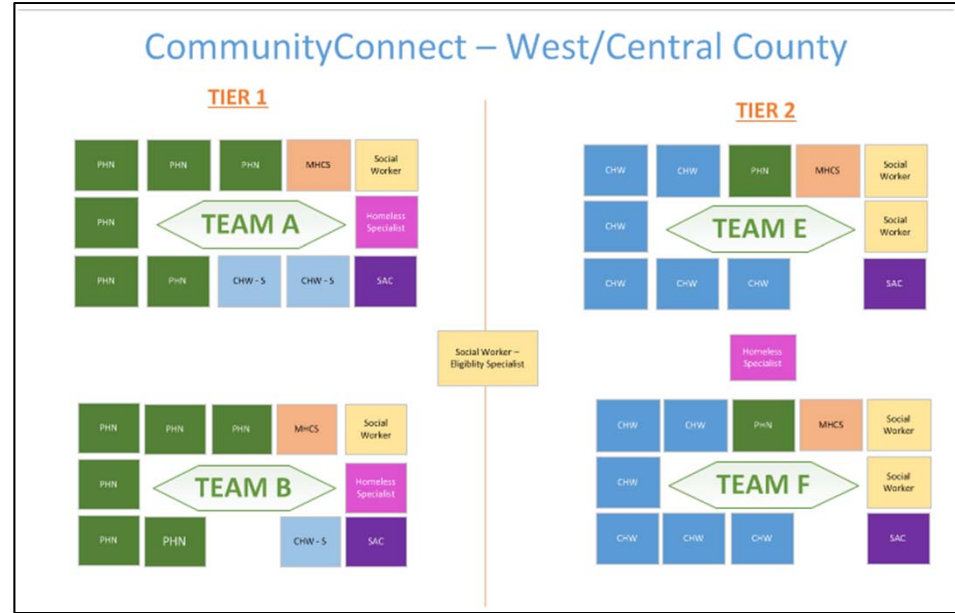
- 14,400 patients enrolled in Tier 1 or Tier 2
 - Original intent to capture higher acuity patients in Tier 1 but finding that acuity is high across all
 - Voluntary enrollment for 1 year
- Assigned to case manager
 - 120 case managers – multidisciplinary teams of PHN, SUD, MH, CHW, SW, Housing Specialists
- Services offered
 - Home visiting and telephonic case management
 - Restricted from providing billable Medi-Cal services
 - Core goals: develop connection to PCP, provide social needs resources and referrals, connect to MH, SA services
 - Legal Aid Support
 - Financial Management Payee Services
 - Transportation vouchers for non-medical transport
- Developing collaborations across internal system and with community partners

1. Direct Patient Services



Direct Services Team Structure

- Interdisciplinary teams aligned by county region and patient tier
- 150 permanent positions



- **Significant investment in increasing data sharing across the county**

- Expand EHR to BH and CommunityConnect departments
- Expand Health Leads Reach Social Resource tracking database
- Integration with EHSD social services data
- Population Health tools
- EDIE Emergency Dept notifications
- PreManage Community Events tracking
- Interfaces from 3rd party systems to shared EHR
- Patient-facing mobile applications for social needs and county services

2. Data Sharing



- **Goal to open non-licensed short-stay sobering facility**
- Challenged with political and neighborhood concerns in finding location
- Continue to search for location
- FFS Reimbursement Model

3. Sobering Center



QUESTIONS?



November 20, 2017

Dear Fellow Commissioners-

The MHSA Finance Committee has worked to provide the Commissioners with the necessary financial and budget information they need to perform their duties as advisors to the County Supervisors and the Mental Health Director. You will find the document Patrick Godley, the Chief Financial Officer of the Health Services Department, has compiled which will help you understand where the county receives funds from and how the county allocates the funds received.

Included below are the State of California's Welfare & Institution Code that compiles the Statutes and Laws that govern why a Mental Health Commission was created and the duties it is assigned.

It is with this information that we act as advocates and advisors for improving the care and treatment of those with a mental illness.

Lauren Rettagliata

Mental Health Commissioner
Chair, MHSA/Finance

.....

WIC Mental Health

5650. (a) The board of supervisors of each county, or boards of supervisors of counties acting jointly, shall adopt, and submit to the Director of Health Care Services in the form and according to the procedures specified by the director, a proposed annual county mental health services performance contract for mental health services in the county or counties.

(b) The State Department of Health Care Services shall develop and implement the requirements, format, procedure, and submission dates for the preparation and submission of the proposed performance contract.

5650.5. Any other provision of law referring to the county Short-Doyle plan shall be construed as referring to the county mental health services performance contract described in this chapter.

5651. The proposed annual county mental health services performance contract shall include all of the following:

- (a) The following assurances:
 - (1) That the county is in compliance with the expenditure requirements of Section 17608.05.
 - (2) That the county shall provide services to persons receiving involuntary treatment as required by Part 1 (commencing with Section 5000) and Part 1.5 (commencing with Section 5585).
 - (3) That the county shall comply with all requirements necessary

for Medi-Cal reimbursement for mental health treatment services and case management programs provided to Medi-Cal eligible individuals, including, but not limited to, the provisions set forth in Chapter 3 (commencing with Section 5700), and that the county shall submit cost reports and other data to the department in the form and manner determined by the State Department of Health Care Services.

(4) That the local mental health advisory board has reviewed and approved procedures ensuring citizen and professional involvement at all stages of the planning process pursuant to Section 5604.2. section 5604.2. (Amended by Stats. 1993, Ch. 564, Sec. 3.)

Cite as: Cal. Welf. & Inst. Code §5604.2.

(a)The local mental health board shall do all of the following:

(1)Review and evaluate the community's mental health needs, services, facilities, and special problems.

(2)Review any county agreements entered into pursuant to Section 5650.

(3)Advise the governing body and the local mental health director as to any aspect of the local mental health program.

(4)Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.

(5)Submit an annual report to the governing body on the needs and performance of the county's mental health system.

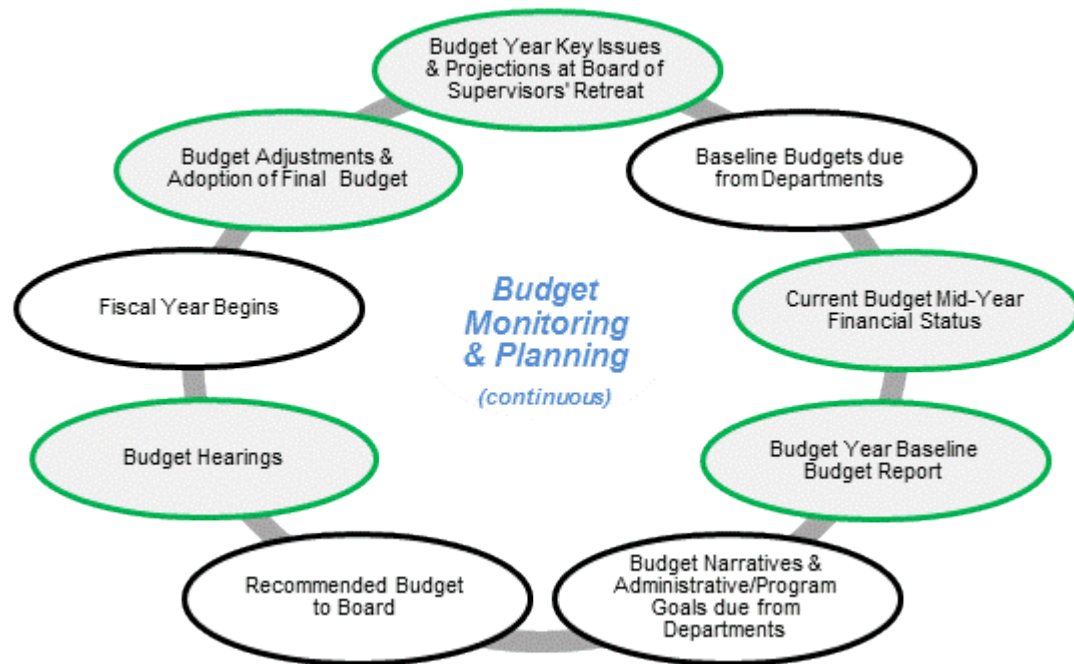
(6)Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.

(7)Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.

(8)Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b)It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

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.



Responses to 11/16/17
MHSA/Finance Committee
Budget Questions

Patrick Godley, MBA

Chief Operating Officer and Chief Financial Officer

Contra Costa Health Services

50 Douglas Drive, Suite 310 A

Martinez, CA 94533

925 957-5405

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

Response: The 2018/19 timeline has not been released by the County Administrator’s Office but is anticipated to be similar to last year’s.

Preliminary Budget Schedule FY 2017/18

| Major Activity | Due Date | Distribute | Board Date |
|---|----------|------------|------------|
| Board Order – Set Budget Schedule | | | 1/17 |
| Mid-Year Budget and FY 2016/17 Baseline Report Board Order/Presentation | | 1/26 | 1/31 |
| Budget Submissions | | | |
| Baseline Budgets | 2/10 | | |
| Venture Capital Project Request (optional) | 2/23 | | |
| Program/Recommended Budget Narrative | 2/23 | | |
| Administrative and Program Goals | 2/23 | | |
| Recommended Budget Document Budget Hearing (Budget Act requires 10 day between publication and hearing) | 3/31 | 4/07 | 4/18 |
| Budget Adoption Board Order/Presentation | 4/28 | 5/04 | 5/9 |

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?

Response: The County’s budget season starts in January and is based upon December’s projected revenues and expenditures as well as fiscal and programmatic adjustments for the upcoming year. For programmatic adjustments, Behavioral Health Administration works with Finance to ensure the inclusion of these adjustments in the budget.

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

Response: See Attachment A “Contra Costa County Update Budget & Key Issues” 1/31/17.

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?

Response: The County Administrator’s Office provides Health Services with a list of the revenue categories. Below is the breakdown for “Other Local Revenue, “Federal Assistance” and “State Assistance”. See Attachment B.

Other Local revenue: Patient revenue-HMO, Private pay/Insurance, AB109, 2011 Realignment, MHSA, Rent on Real Estate, Occupancy Fees, and Miscellaneous Revenue.

Federal assistance: Medicare, Medi-Cal, Grant from Department of Rehabilitation, Mental Health Block Grant, PATH Grant.

State assistance: Medi-Cal Administrative Activities Claims, School District Billings, 1991 Realignment.

- 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?

Response: Below is the information based on FY 17/18 budget:

- FFP: \$67.7M at 32%,
- MHSA: \$51.6M at 24%,
- 1991 Realignment: \$29M at 14%,
- 2011 Realignment: \$33.4M at 16%,
- Other (Medicare, HMO, Private pay/Insurance, MAA, etc...): \$12.7M at 6%, and
- County General Fund: \$17.3M at 8%.

- 6.) Please clarify a.) “permanent” overtime and b.) provide the amount being spent on paying overtime expenses by departments, clinics and staff classification.

a.) “Permanent” overtime is 1.5 times the regular hourly pay amount. The term “permanent” relates to the type of merit system position the employee occupies.

| | | | | |
|-----|---------------------------------------|-----------------------------|--|-------------------|
| b.) | <u>Permanent Overtime FY16/17</u> | | | |
| | <u>MHSA</u> | | | |
| | Administration | Clerk-Experienced Level | | 140.40 |
| | Administration | Clerk-Senior Level | | 1,151.82 |
| | Administration | Clerk-Specialist Level | | 7,414.99 |
| | Administration | Mental Hlth Clinical Spec | | 572.98 |
| | Adult Services | Mental Hlth Clinical Spec | | 7,353.67 |
| | PEI First Hope | Clerk-Experienced Level | | 291.21 |
| | PEI First Hope | Clerk-Senior Level | | 372.59 |
| | PEI First Hope | Mental Health Prog Manager | | 0.38 |
| | PEI First Hope | Mental Hlth Clinical Spec | | 2,895.11 |
| | Older Adult Services | Mental Hlth Clinical Spec | | 8,458.04 |
| | Prevention & Early Intervention (PEI) | Mental Hlth Clinical Spec | | 2,957.83 |
| | MHSA System Development | Mental Health Splcst li | | 103.99 |
| | | | | 31,713.01 |
| | <u>Admin & Support Svcs</u> | | | |
| | CNTRL MH DIV ADMIN | Mental Health Comm Supp Wkr | | 100.80 |
| | CNTRL MH DIV ADMIN | Mental Hlth Clinical Spec | | 597.71 |
| | CNTRL MH DIV ADMIN | MH COMMUNITY SUPPRT WKR | | (433.61) |
| | CNTRL MH DIV ADMIN | Secretary-Advanced Level | | 10,238.01 |
| | MH PROG UTILIZATION REV | Clerk-Senior Level | | 726.82 |
| | MH PROG UTILIZATION REV | Clerk-Specialist Level | | 13,754.09 |
| | MH PROG UTILIZATION REV | Mental Hlth Clinical Spec | | 241.25 |
| | ADULT MH PROGRAM ADMIN | Clerk-Specialist Level | | 1,744.50 |
| | ADULT MH PROGRAM ADMIN | Mental Hlth Clinical Spec | | 2,399.41 |
| | ADULT MH PROGRAM ADMIN | MH COMMUNITY SUPPRT WKR | | 900.57 |
| | TRANSITION TEAM | Registered Nurse | | 175.14 |
| | | | | 30,444.69 |
| | <u>CHILD & ADOLESCENT MH SVC</u> | | | |
| | HOSPITAL/RSDL SVCS | Clerk-Senior Level | | 23.78 |
| | CENTRAL COUNTY CHILD MH | Mental Hlth Clinical Spec | | 912.04 |
| | CHILD/FAMILY MH SVCS | Mental Hlth Clinical Spec | | 724.73 |
| | WEST COUNTY CHILD MH | Clerk-Senior Level | | 354.85 |
| | WEST COUNTY CHILD MH | Clerk-Specialist Level | | 723.18 |
| | WEST COUNTY CHILD MH | Mental Hlth Clinical Spec | | 136.61 |
| | JUVENILE PROBATION MH SVC | Mental Hlth Clinical Spec | | 3,288.66 |
| | EAST COUNTY CHILD MH | Mental Hlth Clinical Spec | | 482.52 |
| | WRAP AROUND PROGRAM-EAST | Mental Hlth Clinical Spec | | 4,402.98 |
| | | | | 11,049.35 |
| | <u>ADULT MH SVC</u> | | | |
| | WEST CO ADULT MH ELPORTAL | Mental Health Splcst li | | 641.30 |
| | WEST CO ADULT MH ELPORTAL | Mental Hlth Clinical Spec | | 49,444.14 |
| | EAST COUNTY ADULT MH | Clerk-Experienced Level | | 3,251.22 |
| | EAST COUNTY ADULT MH | Clerk-Senior Level | | 5,092.07 |
| | EAST COUNTY ADULT MH | Clerk-Specialist Level | | 2,485.03 |
| | EAST COUNTY ADULT MH | Mental Hlth Clinical Spec | | 60.31 |
| | EAST COUNTY ADULT MH | Registered Nurse | | 175.14 |
| | EAST COUNTY ADULT MH | Registered Nurse-Advanced | | 212.36 |
| | CENTRAL COUNTY ADULT MH | Clerk-Senior Level | | 1,064.55 |
| | CENTRAL COUNTY ADULT MH | Clerk-Specialist Level | | 821.66 |
| | CENTRAL COUNTY ADULT MH | Mental Hlth Clinical Spec | | 19,525.46 |
| | AB109 | Substance Abuse Counselor | | 87.19 |
| | | | | 82,860.43 |
| | <u>MEDI-CAL MANAGED CARE</u> | | | |
| | MEDI-CAL I/P MANAGED CARE | Mental Hlth Clinical Spec | | 9.52 |
| | MEDI-CAL O/P MANAGED CARE | Clerk-Experienced Level | | 7.28 |
| | MEDI-CAL O/P MANAGED CARE | Clerk-Senior Level | | 116.82 |
| | MEDI-CAL O/P MANAGED CARE | Clerk-Specialist Level | | 390.67 |
| | MEDI-CAL O/P MANAGED CARE | Mental Hlth Clinical Spec | | 2,235.86 |
| | | | | 2,760.15 |
| | Total | | | 158,827.63 |

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

Response: Overtime is a form of compensation and is reflected on the employee's federal W-2 form.

a.) Is there incidental overtime? If so, where is it recorded?

Response: No.

b.) Is the overtime rate tracked in various centers?

Response: Yes.

c.) Is there a projected incidental overtime rate?

Response: No.

d.) Is overtime used to offset the vacancies in various positions?

Response: Overtime is used to offset vacancies, cover for vacation and sick absences, etc.

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?

Response: The major revenue sources are Medi-Cal, 1991 Realignment, 2011 Realignment, and MHSA. Future stability depends on the county's ability to control costs and maintain a steady revenue stream.

- Medi-Cal revenue: revenue depends on the volume of approved claims.
- 1991 and 2011 Realignment: we have a set base for both funding streams.

Note: The 17/18 State Budget redirected all 1991 Realignment Vehicle License Fee (VLF) growth funding over three years, and then half of these revenues in years four and five, to offset IHSS costs. This redirection would preserve existing base funding for Health and Mental Health services but impact growth for these subaccounts over the next five years.

- MHSA: the source of funding comes from a statewide 1% income tax on personal income in-excess of \$1 million.

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.)?

Major Sources of Revenues

| | In Million FY 2017/18 Budgeted Amount |
|---------------------|--|
| Medi-Cal | \$ 67.7 |
| 1991 Realignment | \$ 29.0 |
| 2011 Realignment | \$ 33.4 |
| MHSA | \$ 51.6 |
| Others* | \$ 12.7 |
| County General Fund | \$ 17.3 |
| Total | \$ 211.7 |

*Others consisted of Medicare, HMO, Private pay/Insurance, Medi-Cal Administrative Activities Claims, Grant from Dept of Rehabilitation, Other State Aids, Mental Health Block Grant, PATH Grant, AB109, SSI, and School District Billings.

Expenditures of Major Services

| | In Million FY 2017/18 Budgeted Amount |
|-----------------------------|--|
| Child & Adolescent Svcs | \$ 58.7 |
| Adult Svcs | \$ 55.5 |
| MHSA | \$ 51.5 |
| Contra Costa Medical Center | \$ 24.7 |
| Managed Care | \$ 8.6 |
| Admin & Support Svcs | \$ 12.7 |
| Total | \$ 211.7 |

- a. Which areas of services have been growing?

Response: Children, Adult, and MHSA

- b. Are the expenditures of growth sustainable?

Response: Challenges exist.

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?

Response: MHSA surplus funds will be used to subsidize shortfalls. However, for all other Mental Health programs, programs may have to be adjusted in order to meet the level of revenue received.

Detention Mental Health

10.) In reference to page 245, in the Mental Health budget, what is the “care costs” for detention mental health services?

Response: Detention costs are not included in the Mental Health Division budget. They are included in the Detention Division budget.

a. What percentage is from AB109?

Response: There are no AB 109 care costs in the Mental Health Division budget.

AB 109 funding of \$1,097,784 is included in the Detention Division budget.

b. What is the percentage from BHS budget, broken down?

Response: AB 109 is in the Detention Division budget and represents 4.6% of the \$23,985,474 Detention Division budget.

c. What is the mental health care portion of the Detention budget?

Response: \$3,780,698. This includes Adult Detention mental health services of \$2,969,241 and Juvenile mental health services of \$811,457. These costs are included in the Detention budget, which is separate from the Mental Health budget.

d. Of the almost \$24 million allocated in the budget for detention, what percentage is distributed for mental health care?

Response: Mental Health care is 15.8% ($\$3,780,698 / \$23,985,474$).

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

Response: Yes. Response in progress.

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?

Response: This item requires discussion.

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

Response: Yes. Please refer to <http://www.co.contra-costa.ca.us/770/Budget-Documents>

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

Response: Please refer to <http://www.co.contra-costa.ca.us/770/Budget-Documents>

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

Response: Yes. Report to follow.

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?

Response: See Attachments C & D.

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)

Response: See Attachment E.

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?

Response: See Attachment E.

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?

Response: The Needs Assessment study conducted prior to the MHSA Three Year Program and Expenditure Plan for FY 2017-20 contains a breakdown of dollars spent in accordance to levels of care. This study encompasses the entire budget for mental health services for Contra Costa County, and compares to benchmarks recommended by the Mental Health Association in California in 1981. As a result, the benchmarks do not fully reflect the impact of the movement over time to decrease institutional services and increase community based outpatient services. Therefore, recommended expenditures in 1981 may be different than what is appropriate for standards of care today. There are currently no recognized state standards of expenditures for levels of care.

As for the expenditures and how funds are distributed – Mental Health Services Oversight and Accountability Commission (MHSOAC) posted MHSA expenditures by component for all Counties online and this information is available to the public.

Contra Costa County Update Budget & Key Issues

PRESENTATION TO
Board of Supervisors
January 31, 2017

Revised 1-31-17

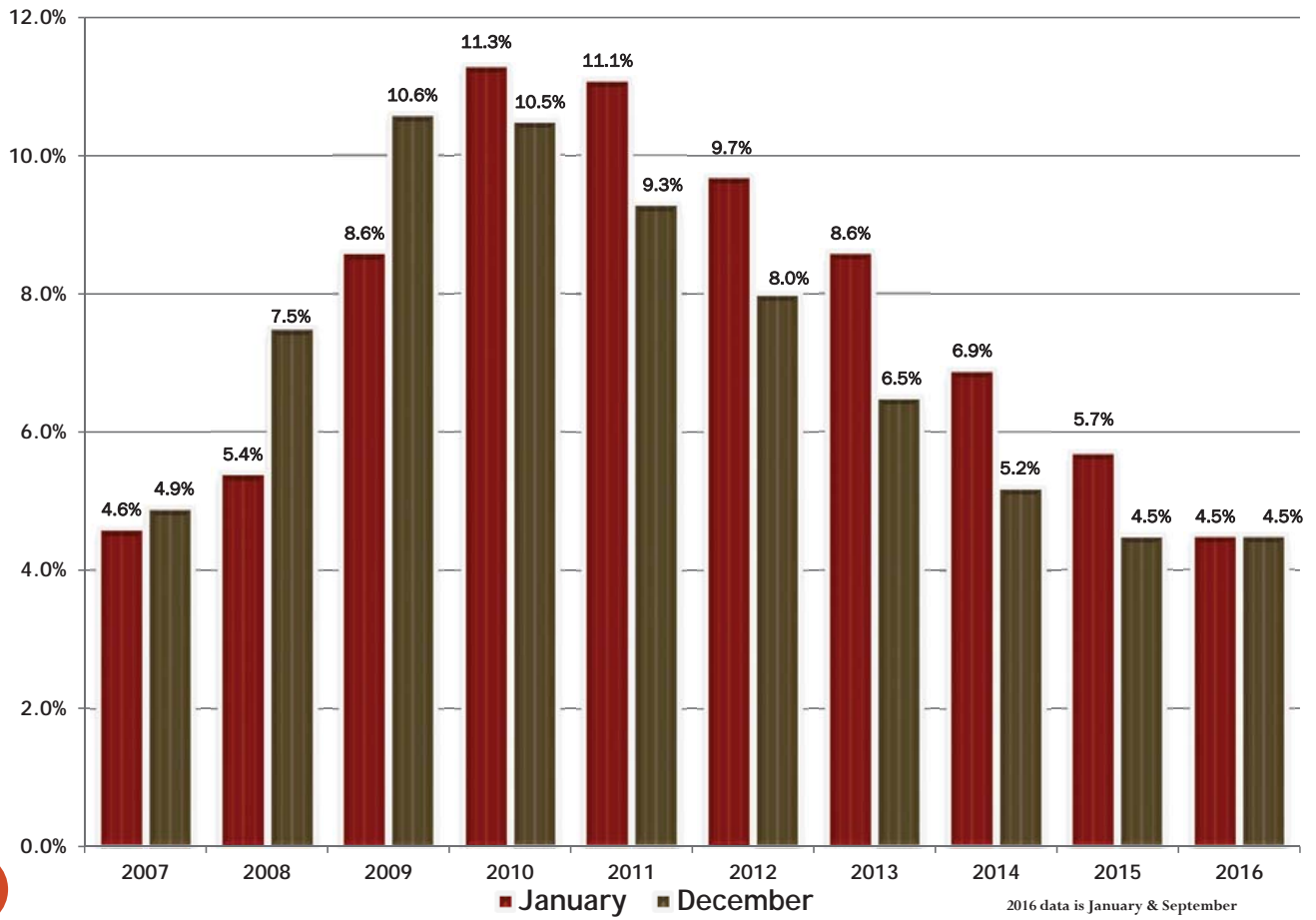
Contra Costa County Familiar Budget Drivers and Challenges for 2017 and Beyond

- Economic Forecast
- State & Federal Budgets
- Labor Negotiations
- Build Reserves
- Fund Infrastructure Needs (Repair & Maintenance)
- Adequately Fund Public Safety Departments
- Public Safety Realignment; AB 109 & Prop 47
- Reduce hospital dependency on General Fund

Bay Area Unemployment Rate December, 2016 (unadjusted)

| | |
|-----------------------|-------------|
| • San Mateo | 2.7% |
| • Marin | 2.9% |
| • San Francisco | 3.0% |
| • Santa Clara | 3.3% |
| • Sonoma | 3.7% |
| • Alameda | 3.8% |
| • Contra Costa | 4.0% |
| • Napa | 4.4% |
| • Solano | 5.1% |
| | |
| • 9 County Average | 3.7% |

Unemployment Rate 2007 - 2016



2016 Achievements

- New Department Heads and key staff
 - Two new Chief Deputies – Allison Picard and Eric Angstadt
 - County Probation Officer, Todd Billeci
 - County Librarian, Melinda Cervantes
 - Director of Human Resources, Dianne Dinsmore
 - Director of Child Support Services, Melinda Self
 - Labor Relations Manager, Jeff Bailey
- Settled labor contracts with all Bargaining Units providing for significant wage increases and paying 100% of increased Health Insurance Costs for 2016
- Budget structurally balanced for 6th year in a row, built on assumption of 6% increase in Assessed valuations, actual AV was 6.01%

2016 Achievements

- Settled Retiree Support Group (RSG) law suit resolving significant issues with 4,200 retirees without significant increase to Other Post-Employment Benefits Liability
- Reduced Other Post-Employment Benefits Unfunded Liability to \$764.3 Million as of January 01, 2016 valuation (was \$2.6 Billion in 2006) and current Other Post-Employment Benefits Trust Assets exceed \$214 Million.
- Maintained our AAA Bond Rating from Standard & Poor's, and received upgrade on Lease Bonds from Moody's (from A1 to Aa3) with both agencies commenting on fact that Contra Costa County was "fundamentally sound, and had a stable outlook for the future."
- Reissued \$52 M in existing Bonds, realizing net present value savings of \$4.5 M (8.17%)

2016 Achievements

- Created Sustainability Coordinator Position to coordinate the development and integration of the County's sustainability activities and to obtain new funding to support the County's sustainability efforts.
- Created Office of Reentry & Justice (ORJ) as a pilot project of the CAO, beginning in January 2017, to build on, align and formalize a cohesive structure for the work currently being provided by the CAO and the contracted Reentry Coordinator in advancement of public safety realignment and justice initiatives.

County Property Tax

- Property taxes declined by over 11% between 2009 and 2012. There were significant increases between 2014 and 2016. Now appears to be returning to a more normal increase of between 5% and 6% going into the next few years.
- Actual Contra Costa County experience:
 - 2009/10 (7.19% decline)
 - 2010/11 (3.38 decline)
 - 2011/12 (0.49% decline)
 - 2012/13 0.86% increase
 - 2013/14 3.45% increase
 - 2014/15 9.09% increase
 - 2015/16 7.53% increase
 - 2016/17 6.01% increase
 - 2017/18 5.00% increase projected

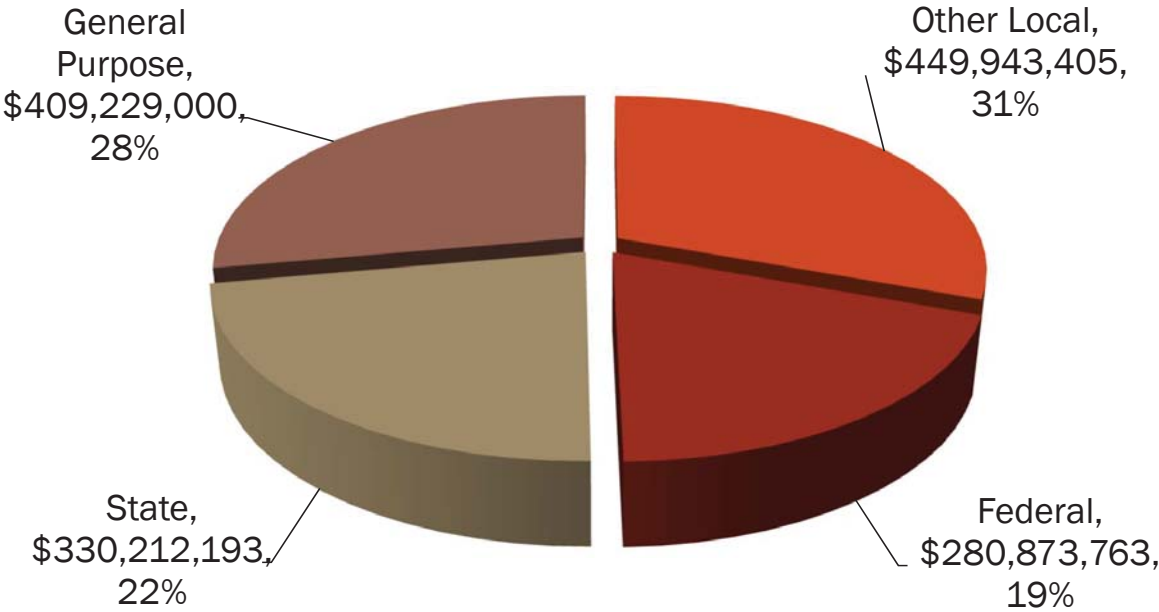
ConFire Property Tax

- For Fire, property taxes declined by over 13% between 2009 and 2013. These taxes then significant increased between 2014 and 2016. Likely to continue to increase by 6% or better for next few years as Redevelopment Zones continue to unwind.

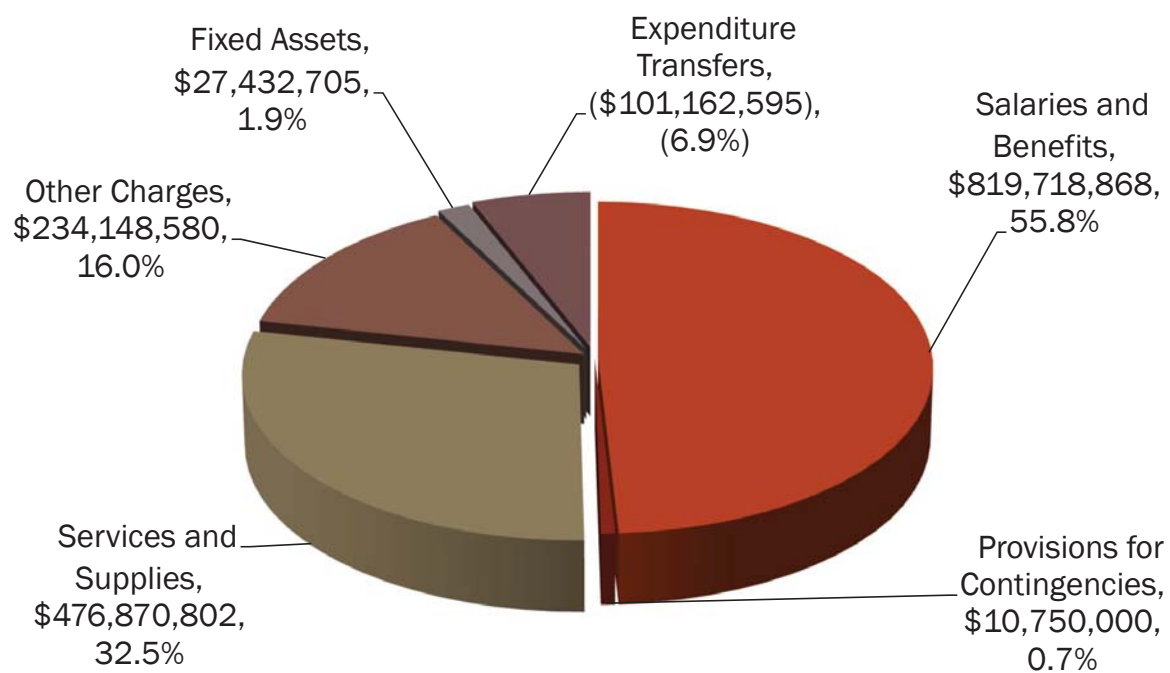
- Actual CCCFPD experience:

- 2009-10 (7.8%)
- 2010-11 (2.4%)
- 2011-12 (1.9%)
- 2012-13 (1.2%)
- 2013-14 5.9%
- 2014-15 9.3%
- 2015-16 6.9%
- 2016-17 6.32%
- 2017-18 6.00% increase projected

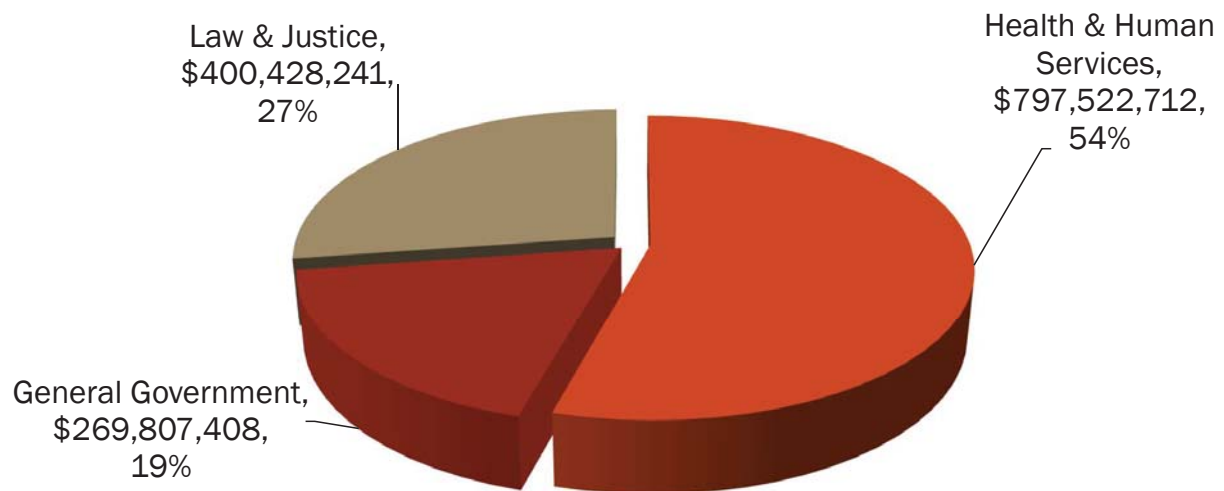
Total FY 16-17 Revenue \$1.470 Billion



Total FY 16-17 Expenditures \$1.468 Billion



FY 16-17 Distribution of Expenditures



FY 2016/17 Mid-Year Preliminary Stats

Budget Performing as Expected

| ALL FUNDS | Budget | Actual | Mid-Year 16-17 Percent | Mid-Year 15-16 Percent | Mid-Year 14-15 Percent | Mid-Year 13-14 Percent |
|-------------------------------|-------------------------|-----------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Expenditures | 3,234,153,761 | 1,406,467,968 | 43.5% | 40.8% | 43.5% | 43.6% |
| Revenues | 3,392,248,278 | 1,454,970,376 | 42.9% | 44.1% | 44.0% | 38.1% |
| GENERAL FUND | Budget | Actual | Percent | Percent | Percent | Percent |
| Expenditures | 1,557,245,599 | 661,433,864 | 42.5% | 41.6% | 43.7% | 43.0% |
| Revenues | 1,463,298,882 | 565,197,072 | 38.6% | 38.2% | 37.1% | 34.4% |
| Wages & Benefits | 816,162,179 | 373,703,086 | 45.8% | 46.0% | 45.9% | 44.8% |
| Services & Supplies | 521,983,114 | 210,190,080 | 40.3% | 38.5% | 41.3% | 40.9% |
| Other Charges | 230,924,427 | 107,855,910 | 46.7% | 46.4% | 51.0% | 49.1% |
| Fixed Assets | 79,514,132 | 11,218,888 | 14.1% | 8.5% | 15.1% | 7.3% |
| Inter-departmental Charges | (100,703,588) | (41,534,101) | 41.2% | 48.1% | 53.2% | 50.1% |
| Contingencies | 9,365,335 | 0 | 0.0% | 0.0% | 0.0% | 0.0% |
| Total Expenses | \$ 1,557,245,599 | \$ 661,433,864 | 42.5% | 41.6% | 43.7% | 43.0% |
| Taxes | 364,474,000 | 231,084,214 | 63.4% | 63.7% | 65.5% | 63.4% |
| Licenses, Permits, Franchises | 10,828,498 | 2,298,758 | 21.2% | 28.0% | 27.0% | 22.9% |
| Fines, Forfeitures, Penalties | 26,212,754 | 2,230,847 | 8.5% | 7.8% | 7.0% | 11.8% |
| Use of Money & Property | 3,259,444 | 2,023,892 | 62.1% | 10.3% | 59.9% | 54.0% |
| Federal/State Assistance | 544,849,272 | 173,534,913 | 31.9% | 28.3% | 29.3% | 22.7% |
| Charges for Current Services | 229,560,096 | 96,056,192 | 41.8% | 40.9% | 31.6% | 0.8% |
| Other Revenue | 284,114,818 | 57,968,256 | 20.4% | 28.4% | 26.7% | 30.8% |
| Total Revenues | \$ 1,463,298,882 | \$ 565,197,072 | 38.6% | 38.2% | 37.1% | 34.4% |

Contract Status

| | <u>Total Number of Permanent Employees</u> | <u>Contract Expiration Date</u> |
|---|--|-------------------------------------|
| <u>Settled</u> | | |
| AFSCME Local 2700, United Clerical, Technical and Specialized Employees | 1,534 | 6/30/2019 |
| AFSCME Local 512, Professional and Technical Employees | 269 | 6/30/2019 |
| California Nurses Association | 991 | 12/31/2017 |
| CCC Defenders Association | 69 | 6/30/2018 |
| CCC Deputy District Attorneys' Association | 93 | 6/30/2018 |
| Deputy Sheriff's Association, Mgmt Unit and Rank and File Unit | 810 | 6/30/2019 |
| District Attorney Investigator's Association | 16 | 6/30/2019 |
| IAFF Local 1230 | 280 | 6/30/2017 |
| IHSS SEIU - 2015 | 0 | 6/30/2018 |
| Physicians and Dentists of Contra Costa | 269 | 2/28/2017 |
| Probation Peace Officers Association | 243 | 6/30/2018 |
| Professional & Technical Engineers – Local 21, AFL-CIO | 990 | 6/30/2019 |
| Public Employees Union, Local One & FACS Site Supervisor Unit | 531 | 6/30/2019 |
| SEIU Local 1021, Rank and File and Service Line Supervisors Units | 967 | 6/30/2019 |
| Teamsters, Local 856 (New Contract) | 1,572 | 6/30/2019 |
| United Chief Officers' Association | 11 | 6/30/2017 |
| Western Council of Engineers | 23 | 6/30/2019 |
| Management Classified & Exempt & Management Project | 320 | n/a |
| | Total | 8,988 |

Infrastructure

- On March 31, 2015 the Board of Supervisors received an updated Comprehensive building condition assessment which identified a total of \$272.2 million in deferred facilities maintenance needs and capital renewal requirements
- \$5 Million was Budgeted in FY 2012/13
- \$10 Million in FY 2013/14, FY 2014/15, and FY 2015/16
- \$10 Million in current fiscal year 2016/17
- Recommending \$10 million for FY 2017/18
- Continue to fund facility lifecycle on a by-building cost-per-square foot basis – increase target from 1% to 3% total of \$2.55 million set by Finance Committee
- Continue to explore ‘cloud’ IT opportunities-
 - PeopleSoft ; Finance; Tax Systems all need upgrading
- County Administration Building
- Emergency Operations Center

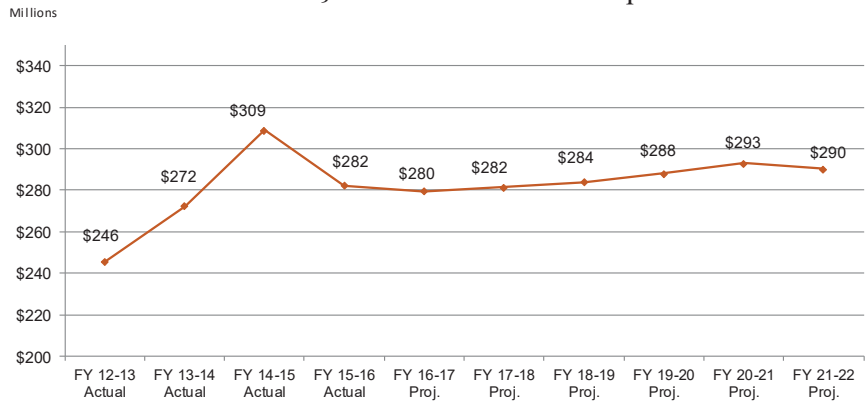
Cost Avoidance

- Contribution to Hospital/CCHP Enterprise Funds:
 - 2008/09 \$61,349,686
 - 2013/14 \$30,408,776 (50% decrease)
 - 2014/15 & 2015/16 no further reduction – Affordable Care Act (ACA) Implementation
 - 2016/17 reduce by additional \$3.2 Million to \$27,163,075
 - 2017/18 no further reduction, awaiting impact of changes to ACA
 - 2018/19 reduce by additional \$10 Million
 - 2019/20 and beyond – Expected Annual Contribution = \$10 Million
- New Federal Administration plans to eliminate Affordable Care Act (ACA) and replace it with ????????? Assumption is that we are likely to see Uncompensated Care burden increase over next 2-3 years as Affordable Care Act (ACA) unwinds

Pension Cost Management

- Following carefully
- Monitoring changes by State and CCCERA Board
 - New PEPRA Tiers as of 1/1/2013
 - No extension of amortization
 - No change in 5-year smoothing
 - No change in pooling
 - Change in assumed rate of return from 7.25% to 7.00% on 4/27/16
- Updates:
 - Negotiated 2% PEPRA COLAs with all bargaining groups
 - FY 2016-17 Recommended Budget - \$306 M
 - Chart now includes the final year of debt service for the County and Fire pension obligation bonds, both of which pay off in FY 2021-22

Actual and Projected* Retirement Expense



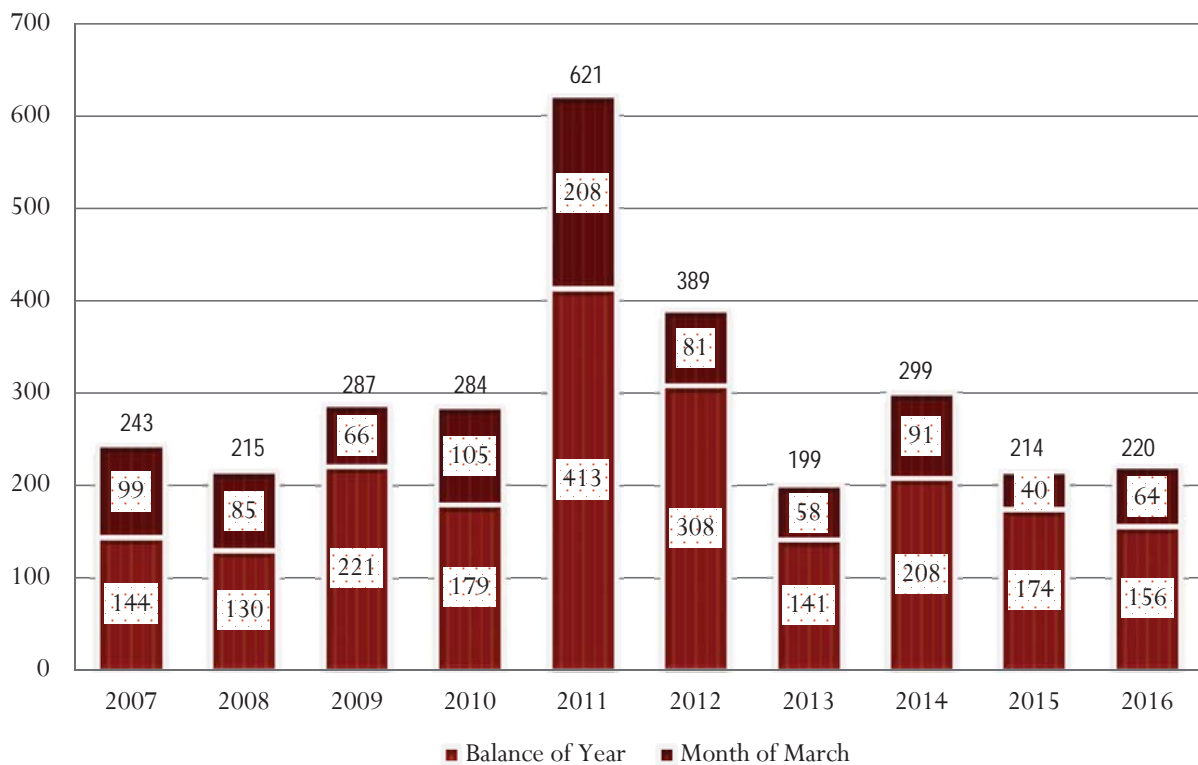
The chart includes four years of actual data, straight-line projection of current year (based upon six months of actual data), and projection of future years based upon current year wages and actuarial data provided by CCCERA's actuary (letter dated January 3, 2017) assuming that CCCERA achieves its assumed rate of return each of these years. This data will be updated in March for the FY 2017/18 budget based upon 12/31/2016 CCCERA market impacts.

Positive Changes in General Fund Balance

| | Beginning Fund Balance June 30, 2012 | Beginning Fund Balance June 30, 2013 | Beginning Fund Balance June 30, 2014 | Beginning Fund Balance June 30, 2015 | Beginning Fund Balance June 30, 2016 | % Change | Budgeted Fund Balance FY 2016-17 | % Change |
|--------------|---|---|---|---|---|---------------------|---|---------------------|
| Nonspendable | 16,474,000 | 6,103,000 | 7,946,000 | 10,764,000 | 9,807,000 | -8.9% | 9,807,000 | 0.0% |
| Restricted | 6,388,000 | 6,798,000 | 7,254,000 | 9,013,000 | 9,869,000 | 9.5% | 9,869,000 | 0.0% |
| Committed | 711,000 | 1,335,000 | 1,575,000 | 1,508,000 | 1,440,000 | -4.5% | 1,440,000 | 0.0% |
| Assigned | 47,246,000 | 57,754,000 | 78,136,000 | 94,169,000 | 116,089,000 | 23.3% | 116,089,000 | 0.0% |
| Unassigned | <u>81,541,000</u> | <u>115,518,000</u> | <u>142,293,000</u> | <u>179,883,000</u> | <u>232,953,000</u> | <u>29.5%</u> | <u>235,453,000</u> | <u>1.1%</u> |
| Total | 152,360,000 | 187,508,000 | 237,204,000 | 295,337,000 | 370,158,000 | 25.3% | 372,658,000 | 0.7% |

Retirements

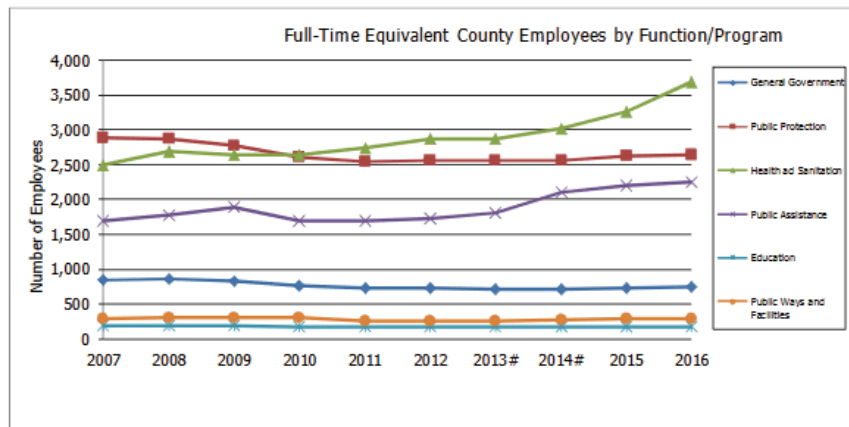
Abnormally high number of vacant positions due to unprecedented numbers of retirements during calendar year 2011 and 2012. Historically March retirements are the highest. Normal year would see approximately 260 Retirements.



Increase to Full-Time-Equivalent Positions

- After several years of no growth – steady increase has begun
- Increase of 1500 FTE in last five years

| | ACTUAL 2011-2012 | ACTUAL 2012-2013 | ACTUAL 2013-2014 | ACTUAL 2014-2015 | ACTUAL 2015-2016 | Budgeted 2016-2017 |
|----------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------------|
| General Government | 728 | 707 | 712 | 728 | 739 | 748 |
| Public Protection | 2,565 | 2,565 | 2,566 | 2,624 | 2,637 | 2,668 |
| Health and Sanitation | 2,876 | 2,866 | 3,014 | 3,259 | 3,693 | 3,693 |
| Public Assistance | 1,722 | 1,815 | 2,106 | 2,203 | 2,245 | 2,246 |
| Education | 175 | 175 | 175 | 178 | 180 | 180 |
| Public Ways and Facilities | <u>263</u> | <u>263</u> | <u>279</u> | <u>281</u> | <u>284</u> | <u>287</u> |
| Total | 8,329 | 8,391 | 8,852 | 9,273 | 9,778 | 9,822 |



Recruitments

- 2016 New Department Heads and key staff
 - Two new Chief Deputies – Allison Picard and Eric Angstadt
 - County Probation Officer, Todd Billeci
 - County Librarian, Melinda Cervantes
 - Director of Human Resources, Dianne Dinsmore
 - Labor Relations Manager, Jeff Bailey
 - Child Support Services Director, Melinda Self
- 2017 Recruitments:
 - Agriculture Commissioner/Weights & Measures
 - Health Services Director

Contra Costa County Fire Protection District

- CCC Fire Protection District budget stable; FY 16/17 - AV Growth 6.32%
- EMS ambulance contract implemented
 - Billing policies and procedures adopted
 - Insurance reimbursements began March 2016
 - First Quarterly Financial Report to the Board May 2016
- Capital project planning underway
 - Lafayette (Station 16) rebuild
 - San Pablo station rebuild in collaboration with the City of San Pablo
- Continuing financial concerns with East Contra Costa Fire Protection District (ECCFPD)

East Contra Costa Fire Protection District

- Brentwood and Oakley Cities Utility Tax failed
- Voters For Equal Protection – ECCFPD Funding Workshop on February 23, 2017 – 1 – 5 PM
- Chief Carman proposal to contract with CCCFPD to provide one Administrative “Chief”
- Unincorporated Area – Byron Bethany Irrigation District transfer of funds to Fire = \$730,000 per year

Fourth Station in Knightsen opened with One time funding:

| | <u>1stYear</u> | <u>2ndYear</u> | <u>Total</u> |
|-----------|------------------|--------------------|------------------|
| ECCFPD | 399,352 | \$474,626 | \$873,978 |
| Brentwood | \$190,485 | \$475,515 | \$666,000 |
| Oakley | \$109,315 | \$272,887 | \$382,202 |
| County | <u>\$ 89,127</u> | <u>\$222,490</u> | <u>\$311,617</u> |
| Totals | \$788,279 | \$1,445,518 | \$2,233,797 |

Contra Costa County Rodeo/Hercules Fire District

- Currently has 2 Stations
- One funded by SAFER Grant due to expire June of 2017 (\$1.3 M)
- Special Tax passed with 77.2% and will raise \$2.5 M starting in July 2017
- Chief Carman will contract with Pinole & Rodeo/Hercules to provide one Administrative “Chief” for both Districts

Beacon Economics – Dr. Thornberg

The Trump Factor

Positives

- *Something* will get done in Washington DC
- Institutions should be able to control worst impulses
- Infrastructure investment: stimulative if done right
- Tax cuts: stimulative if done right
- Financial deregulation good for housing, banks
- Americans hate Obamacare, but they tend to like the Affordable Care Act

Negatives

- Federal deficit likely to explode
- Potential for major trade war / strain on global relations
- Increase in wealth inequality
- Federal Reserve to cede control to Congress
- Corruption factor, personal baggage
- Backwards steps in immigration policies / skilled labor issues
- Backwards steps in environmental policies
- Revenge of the Left

State of California FY 17/18 Governor Brown's Budget Proposals

Positives

- Rainy Day Fund higher
- Projects that Cities and Counties will receive \$1.4 B from the Dissolution of Redevelopment Agencies

Negatives

- Projects Budget Revenues to be lower by \$1.5 B
- Coordinated Care Initiative (CCI) eliminated and costs returned to Counties
- Cap & Trade Revenues over estimated
- Projects Sales Tax Revenues to be flat for FY 17/18

Continued Reasons for Optimism

● **Positive Economic Outlook**

- California Economic Outlook Stable for next 2 – 3 Years
- AV revenue up 6% for FY 2016/17 and Projected to grow 5% in 2017/18

● **Positive County Results**

- Budget structurally balanced for sixth year in a row
- 3 year contracts with most bargaining units
- Employee Wages increased by 10% or more over next three years
- 1,500 new employee positions added in past 4 years
- Most Departments fully staffed
- OPEB managed
- Have begun pre-funding Infrastructure needs
- Fund Balance Increased
- Maintained our AAA Bond Rating from Standard & Poor's, and received upgrade on Lease Bonds from Moody's (from A1 to Aa3) with both agencies commenting on fact that Contra Costa County was "fundamentally sound, and had a stable outlook for the future."
- Pension Obligation Bond Matures 6/1/2022 (\$47,382,000)

Reasons for Concern

- “WINTER IS COMING” – Most economists are predicting the next Recession to occur in late 2019 or early 2020
- Prop 172 Sales Tax Revenues dropping for 2016/17 – currently predicted to be \$1 M less
- Revenues are not projected to keep up with expenditures for 2016/17 nor are they projected to do so for 2017/18 and beyond
- East County Fire District struggling
- Aging Technology – PeopleSoft; Finance ; & Tax Systems
- Labor Negotiations
- Pension Unfunded Liability = \$1.5 B
- Increased costs of benefits – Pension Assumed Rate of Return reduced from 7.25% to 7.00% - Actual Returns for 2015 = 2.4% & 2016 may not reach 7%
- Recreational and Medical Marijuana Regulation
- Unreasonable expectations given funding available

Focus On

- Focus on Current Needs but look for Long term solutions
- Increasing Wages to remain competitive as revenues increase
- Continuing to harness our organizational discipline and innovation
- Providing public services that improve the quality of life of our residents and the economic viability of our businesses
- Remember “there be dragons out there”



FY 2017-18 Budget Hearing Format

- Draft Agenda for Discussion Purposes
 - Introduction/Summary by County Administrator
 - Departmental Presentations last year:
 - Sheriff-Coroner
 - District Attorney
 - Chief Probation Officer
 - Health Services Director
 - Employment and Human Services Director
 - Specify changes for this year
 - Deliberation
- Recommend holding all hearing on April 18th
- Budget Adoption on May 9th

**“The Challenge is to solve today’s
problems without making those of
tomorrow even worse.”**

— Governor Jerry Brown, 2016 State of the State Address

Health Services

Health and Human Services

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 | Less Revenue Collections | Required General Fund Contribution | Expenditure Authority | Less Revenue Collections | Required General Fund Contribution | |
| | (1) | (2) | (3) | (4) | (5) | (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: | | | | | | | |
| <i>Mental Health</i> | \$191,036,617 | \$173,763,444 | \$17,273,173 | \$211,700,874 | \$194,409,686 | \$17,291,188 | \$18,015 |
| <i>Alcohol & Other Drugs</i> | 17,843,311 | 17,132,858 | 710,453 | 33,957,534 | 33,172,351 | 785,183 | 74,730 |
| <i>Homeless Programs</i> | 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: | | | | | | | |
| | <u>Expenditures</u> | <u>Revenue</u> | <u>Net Fund Cost</u> | <u>Expenditures</u> | <u>Revenue</u> | <u>Net Fund Cost</u> | <u>Change</u> |
| 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.

Health Services

Health and Human Services

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 |

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

Workload Indicator: The recommended FY 2017-2018 budget is based on 418,316 visits and an inpatient psychiatric average daily census of 18.0 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 MHA 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 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.

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 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

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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;

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- 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

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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

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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

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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 MSHA Three Year Program and Expenditure Plan for fiscal years 2017-20.

Revenues to the MSHA Trust Fund tend to change from year to year due to the dynamic nature of the revenue source. Any expenditures in excess of annual MSHA 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 MSHA expenditures are described below.

| <u>Program Type</u> | <u>\$ in Millions</u> |
|-----------------------------------|-----------------------|
| 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 MSHA Allocation | \$51.5 |

For the MSHA 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 | 100.0% | \$51,574,566 |
| (Transfers from the MSHA Fund) | | |
| FTE: 157.0 | | |

**Contra Costa County
Health Services Department
Mental Health Division Summary
FY 2017 - 18 Projection**

Prepared on 11/15/2017

| | 17/18 | 17/18 | 17/18 |
|----------------------------|-----------------------|-----------------------|---------------------|
| | Adopted Budget | September Projection | (Over) Under Budget |
| Salaries | \$ 38,596,298 | \$ 38,384,328 | \$ 211,970 |
| Benefits | 23,034,029 | 22,702,207 | 331,822 |
| Services & Supplies | 149,515,270 | 150,011,614 | (496,344) |
| Other Charges | 5,572,464 | 5,165,614 | 406,850 |
| Fixed Assets | 28,700 | 0 | 28,700 |
| Gross Expenditures | \$ 216,746,761 | \$ 216,263,763 | \$ 482,998 |
| Expenditure Transfers | (5,045,875) | (4,970,414) | (75,461) |
| Total Expenditures | \$ 211,700,886 | \$ 211,293,349 | \$ 407,537 |
| Revenue: | | | |
| Patient Revenue | \$ 73,085,030 | \$ 73,357,085 | \$ (272,055) |
| State Aid & Grant | 3,344,023 | 3,344,023 | 0 |
| Federal Aid & Grant | 3,347,605 | 3,347,605 | 0 |
| Realignment | 62,439,665 | 62,778,454 | (338,789) |
| MHSA | 51,574,743 | 50,772,981 | 801,762 |
| Other income | 618,620 | 513,279 | 105,341 |
| Total Revenue | 194,409,686 | 194,113,427 | 296,259 |
| County Contribution | \$ 17,291,200 | \$ 17,179,922 | \$ 111,278 |

Major Expenditures Definitions

| | |
|-------------------------|--|
| Salaries : | Permanent salaries, Temp salaries, Deferred compensation & other payroll expenses |
| Benefits : | F.I.C.A, Retirement expenses, Employee group insurance, Retiree health insurance, Other post employment benefits, Unemployment Insurance, Worker comp insurance & other benefit expenses |
| Services & Supplies : | Office supplies, Communications, Pharmaceutical supplies, Occupancy Costs, Maintenance costs, Travel expenses, Payments to contractors, County hospital services, Interdepartmental expenses & other expenses. |
| Other Charges : | Napa State Hospital |
| Expenditure Transfers : | MOU with EHSD, Probation & AB109, Fleet charges & other expenses |

Major Revenues Definitions

| | |
|-----------------------|--|
| Patient Revenue : | Medi-Cal, Medicare, Contra Costa Health Plan (CCHP) & Private Insurance. |
| State Aid & Grant : | Medi-Cal Administrative Activities Claims (MAA), Supplemental Security Income (SSI), Assembly Bill (SB) 109, Grant from Office of Statewide Health Planning & Development, & Grant from CA Department of Health Care Services. |
| Federal Aid & Grant : | Funding from Department of Rehabilitation, Mental Health Block Grant, Dual Diagnosis Grant, Path Grant & Court Collaborative Grant. |
| Realignment : | Sales Tax, Vehicle License Fee, EPSDT, Managed Care, Katie A & Health Families. |
| MHSA : | Mental Health Service Act |
| Other Income : | Rent on Real Estate, Occupancy Fees, School District Billing & Miscellaneous Revenue & Misc revenues. |

**Contra Costa Health Services
Mental Health Division
1991 and 2011 Realignment Spending Information
Projected Fiscal Year 2017-2018**

| | | |
|--|---|---|
| | FY17/18 Projected Realignment Revenue based on most recent State Allocation in FY16/17 | FY17/18 Projected Expenditures by Program |
| 1991 Realignment: | \$ 31,164,765 | |
| 2011 Realignment: | 29,647,017 | \$ 5,563,766 |
| Estimated FY16/17 Growth to be received in FY17/18 | 1,966,672 | 1,166,500 |
| Total Mental Health | <u>31,613,689</u> | 4,490,553 |
| Sub Total Mental Health Allocation | <u>62,778,454</u> | 11,078,095 |
| 2011 Realignment: | 4,483,225 | 1,526,825 |
| Substance Abuse Disorder | <u>67,261,679</u> | 7,339,025 |
| Grand Total Realignment | | <u>\$ 31,164,765</u> |
| | | |
| 2011 Realignment | | \$ 2,647,541 |
| Managed Care Outpatients | | 24,803,125 |
| Children's Contracts | | 4,163,024 |
| County Children's Clinics | | 31,613,689 |
| Total Mental Health | | 4,483,225 |
| Substance Abuse Disorder | | \$ 36,096,914 |
| 2011 Realignment Expenditures | | <u>\$ 67,261,679</u> |
| Total Realignment Expenditures | | |

Mental Health Contracts FY17/18 Payment Limit

| Health Providers: | Funding Sources with % | FY17/18 Payment Limit | FFP | REALIGNMENT | MHSA | Others (See footnote) | Prepared Date: | Thursday, November 16, 2017 |
|--|--|-----------------------|--------------|--------------|--------------|-----------------------|----------------|-----------------------------|
| Mental Health Services Act (MHSA) | | | | | | | | |
| TIDES CENTER | MHSA 100% | \$ 210,580 | | | \$ 210,580 | \$ - | | \$ 210,580 |
| YOUNG MEN'S BUSINESS ASSOCIATION OF THE EAST BAY | MHSA 100% | \$ 99,900 | | | \$ 99,900 | \$ - | | \$ 99,900 |
| NATIONAL COUNCIL FOR BEHAVIORAL HEALTH | MHSA WET 100% | \$ 35,000 | | | \$ 35,000 | \$ - | | \$ 35,000 |
| MENTAL HEALTH SYSTEMS, INC | FFP 35%,MHSA 65% | \$ 2,014,000 | \$ 704,900 | \$ 1,309,100 | | \$ - | | \$ 2,014,000 |
| LA CLINICA DE LA RAZA, INC | MHSA 100% | \$ 272,386 | | | \$ 272,386 | \$ - | | \$ 272,386 |
| FRED FINCH YOUTH CENTER | FFP 39%,MHSA 61% | \$ 1,469,946 | \$ 573,279 | | \$ 896,667 | \$ - | | \$ 1,469,946 |
| DESARROLLO FAMILIAR, INC | FFP 22%,MHSA 78% | \$ 256,944 | \$ 56,528 | | \$ 200,416 | \$ - | | \$ 256,944 |
| ANKA BEHAVIORAL HEALTH INC. | MHSA_WET 100% | \$ 20,000 | | | \$ 20,000 | \$ - | | \$ 20,000 |
| ANKA BEHAVIORAL | FFP 30%,MHSA 70% | \$ 990,080 | \$ 297,024 | | \$ 693,056 | \$ - | | \$ 990,080 |
| BALDWIN,RICHARD D MD | MHSA 100% | \$ 220,800 | | | \$ 220,800 | \$ - | | \$ 220,800 |
| BAY AREA COMMUNITY RESOURCES (new MHSA WET) | MHSA WET 100% | \$ 32,000 | | | \$ 32,000 | \$ - | | \$ 32,000 |
| CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY | MHSA 100% | \$ 900,000 | | | \$ 900,000 | \$ - | | \$ 900,000 |
| CONTRA COSTA INTERFAITH HOUSING | MHSA 100% | \$ 70,000 | | | \$ 70,000 | \$ - | | \$ 70,000 |
| COUNSELING OPTIONS & PARENT EDUCATION | 100% MHSA | \$ 238,702 | | | \$ 238,702 | \$ - | | \$ 238,702 |
| CONTRA COSTA INTERFAITH HOUSING, Inc. (WET) | MHSA-WET PROGRAM | \$ 20,600 | | | \$ 20,600 | \$ - | | \$ 20,600 |
| DESARROLLO FAMILY - MHSA-WET | MHSA WET 100% | \$ 12,000 | | | \$ 12,000 | \$ - | | \$ 12,000 |
| DEVINES HOMES - MARIA RIFORMO (Augmented B&C) | MHSA 8%,MH REAL 92% | \$ 48,000 | | \$ 44,160 | \$ 3,840 | \$ - | | \$ 48,000 |
| FIRST 5 | MHSA 100% | \$ 79,567 | | | \$ 79,567 | \$ - | | \$ 79,567 |
| GIRL VASANTA VENKAT | MHSA 16%,EPSDT 84% | \$ 267,040 | | \$ 225,440 | \$ 41,600 | \$ - | | \$ 267,040 |
| GRANHOLM CONSULTING, INC. | MHSA 100% | \$ 15,400 | | | \$ 15,400 | \$ - | | \$ 15,400 |
| LINCOLN | FFP 48%,CNTY REAL 36%,MHSA 14%,PUSD 2% | \$ 6,056,936 | \$ 2,908,425 | \$ 2,181,738 | \$ 816,773 | \$ 150,000 | | \$ 6,056,936 |
| MILAGROS NQUEZON,diba Woodhaven Home | MHSA 50%,MH REALI 50% | \$ 24,720 | | \$ 12,360 | \$ 12,360 | \$ - | | \$ 24,720 |
| MODESTO RESIDENTIAL | MHSA 100% | \$ 142,350 | | | \$ 142,350 | \$ - | | \$ 142,350 |
| Pro/Serv Agency, LLC | MHSA (100%) | \$ 20,000 | | | \$ 20,000 | \$ - | | \$ 20,000 |
| Rainbow (WET program) | 100% MHSA | \$ 10,000 | | | \$ 10,000 | \$ - | | \$ 10,000 |
| Recovery Innovations Inc | MHSA 78%,MH REAL 22% | \$ 1,248,184 | | \$ 274,600 | \$ 973,584 | \$ - | | \$ 1,248,184 |
| SENECA (MHSA-WET) | MHSA WET 100% | \$ 20,000 | | | \$ 20,000 | \$ - | | \$ 20,000 |
| SHELTER INC. | MHSA 100% | \$ 2,344,973 | | | \$ 2,344,973 | \$ - | | \$ 2,344,973 |
| TELECARE CORP. | FFP 30%,MHS 70% | \$ 2,139,856 | \$ 641,957 | | \$ 1,497,899 | \$ - | | \$ 2,139,856 |
| UNITED FAMILY CARE (Board and Care) | MHSA HOUSING 100% | \$ 467,456 | | | \$ 467,456 | \$ - | | \$ 467,456 |

*Others - Probation MIOCH Grant, Pittsburg USD, Mt. Diablo USD, West Contra Costa USD, CAL-WORKS, PATH Grant, Mental Health Block Grant, Hospital Utilization Review, Prop. 47, HUD, County GF and others.

Mental Health Contracts FY17/18 Payment Limit

| | | Funding sources with % | FY17/18 Payment Limit | FFP | REALIGNMENT | MHSA | Others (See footnote) | Prepared Date: | Thursday, November 16, 2017 |
|--------------------------|--|--------------------------------|-----------------------|------------|--------------|------------|-----------------------|----------------|-----------------------------|
| Health Providers: | | | | | | | | | |
| | Youth Homes Inc | FFP 43% MHSA 57% | \$ 688,000 | \$ 295,840 | | \$ 392,160 | \$ - | | \$ 688,000 |
| | YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE EAST BAY (MHSA-WET) | MHSA - WET 100% | \$ 4,000 | | | \$ 4,000 | \$ - | | \$ 4,000 |
| | Rachel B. Michaelsen, LCSW | MHSA - WET 100% | \$ 16,000 | | | \$ 16,000 | \$ - | | \$ 16,000 |
| | FRED FINCH YOUTH CENTER | MHSA - WET 100% | \$ 2,000 | | | \$ 2,000 | \$ - | | \$ 2,000 |
| | NAMI CONTRA COSTA | MHSA WET 100% | \$ 299,767 | | | \$ 299,767 | \$ - | | \$ 299,767 |
| | ASIAN COMMUNITY MH BOARD | MHSA 100% | \$ 137,917 | | | \$ 137,917 | \$ - | | \$ 137,917 |
| | Center for Human Development | MHSA 100% | \$ 142,129 | | | \$ 142,129 | \$ - | | \$ 142,129 |
| | Child Abuse Prevention Council | MHSA 100% | \$ 121,465 | | | \$ 121,465 | \$ - | | \$ 121,465 |
| | Contra Costa Crisis Center | MHSA 100% | \$ 301,636 | | | \$ 301,636 | \$ - | | \$ 301,636 |
| | Jewish Family & Children's Services of East Bay | MHSA 100% | \$ 169,403 | | | \$ 169,403 | \$ - | | \$ 169,403 |
| | LAO FAMILY COMMUNITY DEVELOPMENT | MHSA 100% | \$ 184,870 | | | \$ 184,870 | \$ - | | \$ 184,870 |
| | Lifelong Medical Care | MHSA 100% | \$ 126,977 | | | \$ 126,977 | \$ - | | \$ 126,977 |
| | Maria Pappas Business Consulting | MHSA 100% | \$ 12,600 | | | \$ 12,600 | \$ - | | \$ 12,600 |
| | Martinez Unified School District | MHSA 100% | \$ 180,353 | | | \$ 180,353 | \$ - | | \$ 180,353 |
| | Melny, Richard | MHSA 100% | \$ 133,120 | \$ 66,560 | \$ 66,560 | | \$ - | | \$ 133,120 |
| | Nancy E. Ebbert MD | 38% FFP, 38% Realign, 24% MHSA | \$ 332,800 | \$ 124,800 | \$ 124,800 | \$ 83,200 | \$ - | | \$ 332,800 |
| | Native American Health Center | MHSA 100% | \$ 234,789 | | | \$ 234,789 | \$ - | | \$ 234,789 |
| | People Who Care | MHSA 100% | \$ 216,614 | | | \$ 216,614 | \$ - | | \$ 216,614 |
| | Rainbow Community Center | MHSA 100% | \$ 737,245 | | | \$ 737,245 | \$ - | | \$ 737,245 |
| | RYSE | MHSA 100% | \$ 474,144 | | | \$ 474,144 | \$ - | | \$ 474,144 |
| | STAND Against Domestic Violence | MHSA 100% | \$ 130,207 | | | \$ 130,207 | \$ - | | \$ 130,207 |
| | The Contra Costa Clubhouses, Inc | MHSA 100% | \$ 565,883 | | | \$ 565,883 | \$ - | | \$ 565,883 |
| | The Latina Center | MHSA 100% | \$ 108,565 | | | \$ 108,565 | \$ - | | \$ 108,565 |
| | TRIPLE P AMERICA (C.O.P.E.) | MHSA 100% | \$ 225,000 | | | \$ 225,000 | \$ - | | \$ 225,000 |
| | NAMI CONTRA COSTA | MHSA WET 100% | \$ 62,963 | | | \$ 62,963 | \$ - | | \$ 62,963 |
| | Regents of UC San Francisco | MHSA WET 100% | \$ 3,600 | | | \$ 3,600 | \$ - | | \$ 3,600 |
| | COMMUNITY VIOLENCE SOLUTIONS | MHSA 100% | \$ 126,000 | | | \$ 126,000 | \$ - | | \$ 126,000 |
| | Rainbow Community Center | Revised FFP at 9%, 91% MHSA | \$ 510,125 | \$ 46,350 | | \$ 463,775 | \$ - | | \$ 510,125 |
| | The Contra Costa Clubhouses, Inc | MHSA 100% | \$ 103,000 | | | \$ 103,000 | \$ - | | \$ 103,000 |
| | Adult MH contracts | | | | | | | | |
| | CALIFORNIA DEPARTMENT OF STATE HOSPITALS | MH REAL 100% | \$ 4,678,570 | | \$ 4,678,570 | | \$ - | | \$ 4,678,570 |

*Others - Probation MIOCH Grant, Pittsburg USD., Mt. Diablo USD., West Contra Costa USD., CAL-WORKS, PATH Grant, Mental Health Block Grant, Hospital Utilization Review, Prop. 47, HUD, County GF and others.

Mental Health Contracts FY17/18 Payment Limit

| Health Providers: | Funding sources with % | FY17/18 Payment Limit | FFP | REALIGNMENT | MHSA | Others (See footnote) | Prepared Date: | Thursday, November 16, 2017 |
|--|--|-----------------------|--------------|--------------|--------------|-----------------------|----------------|-----------------------------|
| PORTIA BELLA HUWE BEHAVIORAL HEALTH | FFP 50%, REALIG 50% | \$ 1,427,122 | \$ 713,561 | \$ 713,561 | | \$ - | | \$ 1,427,122 |
| PATHWAYS FOR WELLNESS | FFP 50%, Realign 50% | \$ 230,308 | \$ 115,154 | \$ 115,154 | | \$ - | | \$ 230,308 |
| DESARROLLO FAMILY | FFP 18%, MH Block Grant 40% and Realig 42% | \$ 281,417 | \$ 49,266 | \$ 118,515 | | \$ 113,636 | | \$ 281,417 |
| CRESTWOOD-PATHWAY** | FFP 44%,MHSA 26%,MH REAL 30% | \$ 1,366,383 | \$ 594,865 | \$ 413,685 | \$ 357,833 | \$ - | | \$ 1,366,383 |
| ANKA BEHAVIORAL HEALTH, INCORPORATED | PATH GRANT 20%, MHBG 80% | \$ 710,595 | | | | \$ 710,595 | | \$ 710,595 |
| Anka Behavioral Health | FFP 35%, MH REAL 65% | \$ 4,341,030 | \$ 1,527,158 | \$ 2,813,871 | | \$ - | | \$ 4,341,030 |
| ASIAN COMMUNITY MENTAL HEALTH BOARD | MH REAL 100% | \$ 154,500 | | | \$ 154,500 | \$ - | | \$ 154,500 |
| CITY OF ANTIOCH | CAL BOARD OF STATE & COMMUNITY CORRECTIONS 100%-THROUGH PROP-47 | \$ 167,481 | | | | \$ 167,481 | | \$ 167,481 |
| CONSUMERS SELF HELP CENTER | MH REAL 100% | \$ 255,620 | | \$ 255,620 | | \$ - | | \$ 255,620 |
| CONTRA COSTA CRISIS CENTER | MH REAL 100% | \$ 100,672 | | | \$ 100,672 | \$ - | | \$ 100,672 |
| HEALTHRIGHT 360 | CA Board of State & Community Corrections | \$ 4,700,783 | | | | \$ 4,700,783 | | \$ 4,700,783 |
| JOHN WUIR BEHAVIORAL HEALTH CENTER | MH REAL 100% | \$ 1,550,000 | | \$ 1,550,000 | | \$ - | | \$ 1,550,000 |
| PORTIA BELLA HUWE BEHAVIORAL HEALTH | FFP 20%,MHSA 80% | \$ 2,025,059 | \$ 405,012 | | \$ 1,620,047 | \$ - | | \$ 2,025,059 |
| STATE DEPT OF REHAB (county match) | NO FUNDING ALLOCATION | \$ 1,401,573 | | | | \$ 1,401,573 | | \$ 1,401,573 |
| THE URBAN INSTITUTE | CAL BOARD OF STATE & COMMUNITY CORRECTIONS 100%-THROUGH PROP-47 | \$ 320,592 | | | | \$ 320,592 | | \$ 320,592 |
| MH SAMHWORKS | | | | | | | | |
| TOUCHSTONE | CAL WORKS 100% | \$ 165,000 | | | | \$ 165,000 | | \$ 165,000 |
| RUBICON PROGRAM (CALWORKS) | Calworks 100% | \$ 145,000 | | | | \$ 145,000 | | \$ 145,000 |
| STAND Against Domestic Violence | Calworks 100% | \$ 143,685 | | | | \$ 143,685 | | \$ 143,685 |
| DOROTHY KLEIN | CAL WORKS 100% | \$ 38,500 | | | | \$ 38,500 | | \$ 38,500 |
| CONTRA COSTA ARC | CALWORKS 100% | \$ 203,703 | | | | \$ 203,703 | | \$ 203,703 |
| IMD | | | | | | | | |
| OPT, INC. (CA PSYCHIATRIC TRANS) | MH REAL 77%, Detention 23% | \$ 1,322,000 | | \$ 1,022,000 | | \$ 300,000 | | \$ 1,322,000 |
| TELECARE CORP. | REALIGN AT 83%, HOSPITAL UR AT 19% | \$ 1,927,909 | | \$ 1,567,770 | | \$ 360,139 | | \$ 1,927,909 |
| HELOS HEALTHCARE | MH REAL 100% | \$ 473,840 | | \$ 473,840 | | \$ - | | \$ 473,840 |
| MENTAL HEALTH MANAGEMENT | MH REAL 100% | \$ 227,206 | | \$ 227,206 | | \$ - | | \$ 227,206 |
| CRESTWOOD BEHAVIORAL HEALTH, INC. | MHSA 9% REALG 91% | \$ 7,383,000 | | \$ 6,711,970 | \$ 671,030 | \$ - | | \$ 7,383,000 |
| Children's MH Contracts | | | | | | | | |
| La Clinica de La Raza | FFP 50%COUNTY REAL 50% | \$ 321,360 | \$ 160,680 | \$ 160,680 | | \$ - | | \$ 321,360 |
| VIVA TRANSCRIPTION CORP | MH REAL 100% | \$ 65,000 | | \$ 65,000 | | \$ - | | \$ 65,000 |
| COMMUNITY POTIONS FOR FAMILIES & YOUTH, INC. | FFP 45% - FED PROB MIOCR GRANT 45% & COUNTY PROB MIOCR GRANT 11% | \$ 567,904 | \$ 253,813 | | | \$ 314,091 | | \$ 567,904 |

*Others - Probation MIOCH Grant, Pittsburg USD, Mt. Diablo USD, West Contra Costa USD, CAL-WORKS, PATH Grant, Mental Health Block Grant, Hospital Utilization Review, Prop. 47, HUD, County GF and others.

Mental Health Contracts FY17/18 Payment Limit

| Health Providers: | Funding sources with % | FY17/18 Payment Limit | FFP | REALIGNMENT | MHSA | Others (See footnote) | Prepared Date: | Thursday, November 16, 2017 |
|---|--|-----------------------|--------------|--------------|------------|-----------------------|----------------|-----------------------------|
| TLC CHILD & FAMILY SERVICES | FFP 50%.COUNTY REAL 50% | \$ 75,000 | \$ 37,500 | \$ 37,500 | \$ | \$ | \$ | \$ 75,000 |
| ALTERNATIVE FAMILY SERVICES | FFP 50%.EPSDT 50% | \$ 1,005,370 | \$ 502,685 | \$ 502,685 | \$ | \$ | \$ | \$ 1,005,370 |
| Amador Institute Inc | FFP/Realign (50/50) | \$ 440,860 | \$ 220,430 | \$ 220,430 | \$ | \$ | \$ | \$ 440,860 |
| ASPIRANET | FFP 50%. REALIG 50% | \$ 257,500 | \$ 128,750 | \$ 128,750 | \$ | \$ | \$ | \$ 257,500 |
| BAY AREA COMMUNITY RESOURCES (new MHSA WET) | FFP 50%. Realign 50% | \$ 1,689,352 | \$ 844,676 | \$ 844,676 | \$ | \$ | \$ | \$ 1,689,352 |
| BERKELEY YOUTH ALTERNATIVES | FFP 50%.COUNTY REAL 50% | \$ 51,568 | \$ 25,784 | \$ 25,784 | \$ | \$ | \$ | \$ 51,568 |
| CATHOLIC CHARITIES CYO ARCHDIOCESE OF SAN FRANCISCO | FFP 50%.COUNTY REAL 50% | \$ 292,232 | \$ 146,116 | \$ 146,116 | \$ | \$ | \$ | \$ 292,232 |
| CCARC - First 5 (Lynn) | FFP 50%.CNTY REAL 50% | \$ 2,107,094 | \$ 1,053,547 | \$ 1,053,547 | \$ | \$ | \$ | \$ 2,107,094 |
| CENTER FOR PSYCHOTHERAPY | FFP50%.COUNTY REALIGN50% | \$ 549,328 | \$ 274,664 | \$ 274,664 | \$ | \$ | \$ | \$ 549,328 |
| CHAMBERLAIN CHILDREN'S CENTER | FFP 50%.CNTY REAL 50% | \$ 37,616 | \$ 18,808 | \$ 18,808 | \$ | \$ | \$ | \$ 37,616 |
| CHARIS YOUTH CENTER | FED.MEDI-CAL 50%.COUNTY REAL 50% | \$ 318,270 | \$ 159,135 | \$ 159,135 | \$ | \$ | \$ | \$ 318,270 |
| Child Therapy Institute | FFP and Realign (50/50) | \$ 334,750 | \$ 167,375 | \$ 167,375 | \$ | \$ | \$ | \$ 334,750 |
| COMMUNITY HEALTH FOR ASIAN AMERICANS | FFP 49%.COUNTY REAL 49%.REALIGN NON M-Cal 3% | \$ 1,932,680 | \$ 792,470 | \$ 840,210 | \$ | \$ | \$ | \$ 1,632,680 |
| COMMUNITY OPTIONS FOR FAMILIES | EPSDT 43%.CNTY REAL 29%.MHSA 28% | \$ 2,424,529 | \$ 1,039,868 | \$ 695,076 | \$ 689,585 | \$ | \$ | \$ 2,424,529 |
| CONTRA COSTA INTERFAITH HOUSING INC | FFP 50%.STATE EPSDT 50% | \$ 271,450 | \$ 135,725 | \$ 135,725 | \$ | \$ | \$ | \$ 271,450 |
| Discovery Practice Management, Inc. | County Funds 100% | \$ 77,868 | \$ | \$ 77,868 | \$ | \$ | \$ | \$ 77,868 |
| ECWHP (EARLY CHILD)- First 5 | FFP 50%.CNTY REAL 50% | \$ 2,829,054 | \$ 1,414,527 | \$ 1,414,527 | \$ | \$ | \$ | \$ 2,829,054 |
| EDGEWOOD CHILDREN'S CENTER | FFP 50%.CNTY REAL 50% | \$ 75,808 | \$ 37,904 | \$ 37,904 | \$ | \$ | \$ | \$ 75,808 |
| First Place For Youth | FFP 50%. Realign @ 50% | \$ 30,000 | \$ 15,000 | \$ 15,000 | \$ | \$ | \$ | \$ 30,000 |
| FRED FINCH YOUTH CTR - MT DIABLO SED | FFP 49%.EPSDT 49%.MT DIABLO USD2% | \$ 1,304,114 | \$ 642,057 | \$ 642,057 | \$ | \$ | \$ | \$ 1,304,114 |
| JA CHEIM SCHOOL | FFP 50%.CNTY REAL 50% | \$ 2,417,464 | \$ 1,208,732 | \$ 1,208,732 | \$ | \$ | \$ | \$ 2,417,464 |
| MILHOUS CHILDREN'S SERVICES INC (new name: Mountain Valley Child and Family Services) | FFP 50%.COUNTY REAL 50% | \$ 1,183,342 | \$ 591,671 | \$ 591,671 | \$ | \$ | \$ | \$ 1,183,342 |
| MT. DIABLO UNIFIED SCHOOL DISTRICT | FFP 46%.COUNTY REAL 46%.MT DIABLO USD 7% | \$ 3,616,637 | \$ 1,673,921 | \$ 1,673,921 | \$ | \$ | \$ | \$ 3,616,637 |
| SENECA MOBILE CRISIS (SB 90) | FFP 43%.MH REAL43%.MHSA 4%.County GF 9%. MIDUSD 1% | \$ 8,261,237 | \$ 3,576,622 | \$ 3,576,622 | \$ 370,927 | \$ | \$ | \$ 8,261,237 |
| STAND I FOR FAMILIES FREE OF VIOLENCE | FFP 50%.STATE EPSDT 50% | \$ 1,464,042 | \$ 732,021 | \$ 732,021 | \$ | \$ | \$ | \$ 1,464,042 |
| SUMMITVIEW CHILD & FAMILY SERVICES, INC | FFP 50%.COUNTY REAL 50% | \$ 159,136 | \$ 79,568 | \$ 79,568 | \$ | \$ | \$ | \$ 159,136 |
| UPLIFT FAMILY SERVICES | FFP 49%. REALIG EPSDT 49%. MIDUSD 1% | \$ 476,253 | \$ 235,552 | \$ 235,552 | \$ | \$ | \$ | \$ 476,253 |
| VICTOR TREATMENT CENTERS | FFP 50%.CNTY REAL 50% | \$ 255,234 | \$ 127,617 | \$ 127,617 | \$ | \$ | \$ | \$ 255,234 |
| WE CARE SERVICES FOR CHILDREN | FFP 50%. Realign 50% | \$ 1,833,024 | \$ 916,512 | \$ 916,512 | \$ | \$ | \$ | \$ 1,833,024 |
| WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT | FFP 50%.CNTY REAL 50%.WCC 1% | \$ 595,922 | \$ 295,461 | \$ 295,461 | \$ | \$ | \$ | \$ 595,922 |
| WEST CONTRA COSTA YOUTH SVC BUREAU | FFP 50%.CNTY REAL 50% | \$ 3,229,444 | \$ 1,614,722 | \$ 1,614,722 | \$ | \$ | \$ | \$ 3,229,444 |

*Others - Probation MIOCH Grant, Pittsburg USD., Mt. Diablo USD., West Contra Costa USD., CAL-WORKS, PATH Grant, Mental Health Block Grant, Hospital Utilization Review, Prop. 47, HUD, County GF and others.

