Contra Costa
Health Services

CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

1340 Arnold Drive, Suite 200
Martinez, California 94553
Ph (925) 957-5140
Fax (925) 957-5156
ccmentalhealth.org/mhc

Mental Health Commission

Wednesday February 7, 2018 from 4:30pm-6:30pm

WEST COUNTY: Richmond Memorial Auditorium- Bermuda room
403 Civic Center Plaza, Richmond, CA

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**

V. **APPROVE Minutes from January 10, 2018 meeting**

VI. **Updates from Assistant Sheriff Schuler and Captain Tom Chalk**

VII. **RECEIVE update on Behavioral Health Services efforts relating to housing for the seriously mentally ill- Dr. Jan Cobaleda-Kegler, Program Chief for Adults and Aging Adults**

VIII. **RECEIVE "special report" from MHSA/Finance Committee regarding Behavioral Health Services budget information received on 11/16/17- Lauren Rettagliata, Chair and Doug Dunn, Vice Chair**

IX. **REVIEW the Contra Costa County Mental Health Commission Response to Behavioral Health Services Update to Grand Jury Report No. 1703 and Referrals 115 and 116 reports presented at the Board of Supervisors' Family and Human Services Committee meeting on 10/30/17. DISCUSS Behavioral Health Services six-month updates- Barbara Serwin, Chair of the Mental Health Commission and Lauren Rettagliata, Chair of the MHSA/Finance Committee**

X. **REVIEW the Mental Health Commission Bylaws regarding attendance and quorum, including the impact on Behavioral Health Services staff and carrying out the timeliness of the Commission's order of business- Liza M.-Huntley, Executive Assistant to the Mental Health Commission and Barbara Serwin, Chair of the Mental Health Commission**

XI. **RECEIVE Commission liaison reports and special meeting reports:**

1) **Detention Rapid Improvement Report Out- Barbara Serwin**
2) **AOT Workgroup meeting- Douglas Dunn**
3) **AOD Advisory Board – Sam Yoshioka**
4) **CPAW General Meeting – Douglas Dunn**
5) **Children's Committee –**
6) **Council on Homelessness –**

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 January 10, 2018 – First Draft
At: 2425 Bisso Lane, Concord- Large Conference room

	Agenda Item / Discussion	Action / Follow-Up
I.	**Call to Order / Introductions** Commission Chair Barbara Serwin called the meeting to order at 4:42pm Members Present: Chair- Barbara Serwin, District II (arrived @4:42pm) Supervisor Candace Andersen, District II Supervisor Diane Burgis, District III Diana MaKieve, District II Meghan Cullen, District V Douglas Dunn, District III Geri Stern, District I (arrived @4:51pm) Lauren Rettagliata, District II Sam Yoshioka, District IV Commissioners Absent: Vice Chair- Duane Chapman, District I Gina Swirsding, District I Mike Ward, District III Patrick Field, District III Other Attendees: Anna M. Roth, Chief Executive Officer for CCRMC and Detention Mental Health Miriam Rosa, Care Continuum Services Coordinator/Interim Assistant to CEO/CCRMC Erika Jenssen, , Assistant to the Health Services Director/Design Director Blue Zone Matthew F. Schuler, Assistant Sheriff, Custody Services Bureau David Seidner, Program Chief for Detention Mental Health Vic Montoya, Psych Emergency Coordinated Care Services Sefanit Mekuria, Provider for Juvenile Hall/CCRMC Dr. Dan Batiuchok, Manager for Juvenile Mental Health Detention and Probation Services Emily Parmenter, Program Manager for Whole Person Care/Community Connect program Jill Ray, Field Representative for District II, Supervisor Andersen's Office Mark Goodwin, Chief of Staff, Supervisor Burgis' Office Helen Kearns, Chief of Operations for Behavioral Health Services Division Adam Down, MH Project Manager Robert Thigpen, Coordinator for Adult Community Support Workers Jennifer Tuipulotu, Director OCE Robert Roman, OCE Leslie May, MHC applicant Erika Raulston, MHC applicant Margaret Netherby, NAMI member, family member and MHC applicant Stephanie Regular-Deputy for Public Defender for the Mental Health Division/Attorney Karen Tobin, family member Robert Tobin, family member Cindy Gibbons Dr. Francis Barham, retired psychiatrist Teresa Pasquini Liza A. Molina-Huntley, EA for MHC	**EA-Transfer recording to computer and post final minutes, after approval on 2/7/18**
II.	**Public Comments:** • none	
III.	**Commissioner Comments:** • Announced Teresa Pasquini and Lauren Rettagliata were in Sacramento and met with two Senators and two Assembly members in hopes to fashion legislation that will be an end to the carve out for specialty mental health, to achieve parity, such as other illnesses • Supervisor Candace Andersen introduced District III Supervisor, Diane Burgis, as the newly assigned Supervisor representative for the Mental Health Commission and Supervisor Candace Andersen will now be the alternate Supervisor, for the Mental Health Commission. • Jill Ray, from the District II Supervisor's office, will continue to attend meetings, along with Mark Goodwin from the District III Supervisor's office.	***Supervisor Diane Burgis is assigned to MHC for 2018 and Supervisor Candace Andersen will be the alternate**

IV.	**Chair Announcements-** **1)** Next AOT meeting will be on **1/19/18 *new time @9am to 10:30am at 50 Douglas Drive, 2nd floor Sequoia Conference room in Martinez** **2)** Next Mental Health Commission meeting will be in **West County, on February 7, at the Richmond Memorial Auditorium, 403 Civic Center Plaza, Richmond, in the Bermuda room**	
V.	**MOTION to APPROVE minutes from December 6, 2017 meeting** **Sam Yoshioka moved to motion, Meghan Cullen seconded the motion** ***no corrections needed** • **VOTE: 8-0-0** • **YAYS: Supervisor Andersen, Supervisor Diane Burgis, Barbara Serwin, Doug Dunn, Diana MaKieve, Meghan Cullen, Sam Yoshioka, and Lauren Rettagliata** • **NAYS: none ABSTAIN: none** • **ABSENT: Duane Chapman, Gina Swirsding, Mike Ward, Patrick Field and Geri Stern (arrived late for vote @4:51pm)**	***Post final minutes to MH website at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php**
VI.	**RECEIVE presentation and updates for the Improvement efforts including the Value Stream Mapping process for Detention Mental Health by: Anna M. Roth, Chief Executive Officer for CCRMC and Detention Mental Health and Erika Jensen, MPH Assistant to the Health Services Director and Design Director Blue Zone** • **CEO, Anna M. Roth**- Invited everyone to attend the Report Out event on Friday, January 26, at 10am at 651 Pine Street in Martinez in the Board of Supervisors Chambers • Mental Health and General Health coincide, although perspectives may differ, both are no longer compartmentalized, Health Care is caring for the person, as a whole. • Contra Costa Health Centers and Detention provide care for over 200,000 members, the system assures that everyone is included • Contra Costa Regional Medical Center is the County's Psychiatric Evaluation Center • The strategy is to integrate all systems and create one health system, including detention • The promise to treat everyone with dignity and respect, seeing everyone as an individual, offering health care to everyone • Patient inquiries were conducted at our West County Health Center and when asked what the top five health issues were the answers were not relevant to illness, the response received included the following: 62% of people stated access to nutritious food and 59% stated access to housing. • The Mission Statement, for Contra Costa Health Services, is to care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems. This statement clarifies where change needs to begin • CCRMC opened a "Social Needs Resource Desk," partnering with Health Leads, delivering over 9000 resources to those in needs; it is expected to have the service available at all clinics throughout the county. • Whole Person Care is now addressing the 4000 highest at risk and the 10,000 rising risk population to redirect the cycle of homelessness. • CORE teams, from the Health, Home and Homelessness Division (H3), are reaching out to all homeless individuals throughout the County • A new app was launched called "**COCOHealth**" and is now accessible to access resources throughout the county, including referrals to access food, shelter, all resources. Follow up is also provided to assure that the service was delivered or accessed. • Changes are being made at all levels to provide better services to everyone • Focus on the homeless population to provide assistance. Out of over half a million people are homeless in the United States, 22% of those that are homeless live in California, there are 6000 homeless in Contra Costa County and 32% of the homeless in Contra Costa County have a diagnosed mental health condition, 22% have a physical health issue and 30% are at risk for incarceration. These numbers are conservative, some studies show higher numbers. • State of Washington did a study and found that in the first two weeks, after being released from incarceration; formerly incarcerated people are 12 times more likely to	***See attachment** ***Invitation will be forwarded to Report out event 1/26/18 at 10am in Martinez, BOS Chambers** ***COCOHEALTH app newly launched to access resources throughout the county**

die than their non-incarcerated counterparts. Incarcerated and formerly incarcerated are highest at risk. At two years later, formerly incarcerated are still three times more likely to die.

- Contra Costa County bookings are approximately 24,000 per year, the average daily census, across all detention facilities are approximately 1500. A total of 858,000 doses of medication are given each year in detention facilities, of which 213,000 are psychiatric medications there are 42,000 total appointments each year, of which 14,000 are mental health appointments. Every individual that is booked into Detention receives an initial screening; with approximately half are released shortly with a citation Approximately 50% of individuals with mental health issues are mild, around 35% have moderate mental health issues and about 15% have severe mental health issues, requiring more intense care. The most recent study, from the Bureau of Statistics reflected that conservatively, approximately 35% of the incarcerated population had some sort of mental health issue.
- Contra Costa County Mental Health Detention and the Sheriff's Office have been collaborating to improve mental health service at the jails. Erika Jenssen and Dr. Chris Farnitano have been brought on board as leads and advisors
- **Erika Jenssen Assistant to Health Services Director and Design Director of Blue Zone:** Erika and Dr. Farnitano, along with the Sheriff's Office and the staff, have launched an improvement project focused on improving health care in the Detention facilities. .
- The first step was to observe the current process at the detention facilities, ask questions and included additional team members to view the concepts and understand all the different complexities happening in the detention facilities.
- In detention, there are different health care workflows - intake is like an emergency room or acute care setting and there are other areas that are like an outpatient clinic.
- A team of 15-20 staff members, from the detention facilities and from outside of detention, collectively created a Value Stream Mapping. Identifying the different processes and creating a journey from the patient's perspective, starting with intake. The Value Stream Mapping process initiated prior by observing the process, asking questions, interviewing and shadowing patients in detention, to document the current situation in detention. This process was followed by brainstorming on where to possibly streamline processes to eliminate duplication, identify problems, identify where improvement was needed and discuss problem solving ideas. This process involved a vast amount of detail, segmented into two areas: the current process and the possibilities for the future.
- The primary goal is to offer individuals, in detention, the same level of care that is offered to all residents in Contra Costa County, care that meets their psychological, medical and social needs, and that is trauma-informed, respectful, and culturally competent. Everyone should receive the same level of care, in or out of detention.
- **The three main principles are: DIGNITY, PRIVACY and SAFETY for all staff, individuals in detention and visitors**
- Main areas to focus more on included: INTAKE, LEVELS OF CARE= MILD, MODERATE AND SEVERE, and 5 more. The next step is to take the time to dive deeper into the patient's perspective of each area and assure that access to the appropriate level of care is available to everyone, including access to needed medications.
- Another consideration is how to keep continuity of care: before, during and after incarceration for patients, including specialty care for both medical and mental health care.
- Each area is segmented, studied by a team for a week, and divided into sub-teams, to address different topics and on Friday the team Reports Out about what improvements there have been and what other issues were identified**. The previous Report Outs can be found on the website at: cchealth.org/video or search for "detention".**
- The first area of focus was the intake process, where every patient gets screened by a nurse for all health issues. It is important to make a plan and address the health issues as soon as possible. It is important to set the tone for providing health care services. The goal is to assess needs and make a plan to get out, discharge planning, during intake. Out of 11 patients where the team tested a workflow for pre-release

planning (also called discharge planning), all 11 patients connected with the services to which they were referred.

- The second phase of focus was "Emergent Mental Health". It was decided that a deeper dive was needed into this area, due to what occurs during intake and because patients can decompensate or need additional support while they are incarcerated, and we want to assure that they get the mental health care that they need and address the issues early on, especially those who are risk to harm themselves and/or to others, or people that are in crisis, at any point during their incarceration time.
- The "Safety Cell" is a padded area, with no furniture, for those who are at risk to harm themselves or others. The issue addressed was how to shorten the length of time a patient is in the Safety Cell, or eliminate the time for some patients, by addressing the patient's needs early on during intake. How can we avoid patients being placed in a Safety Cell? It was viewed as an opportunity to create a treatment plan for patients with severe mental health issues.
- The three teams are: CRISIS INTERVENTION, MEDICATION AND BEHAVIORAL HEALTH ASSESSMENT. How to obtain a broader assessment, including information about substance abuse in the behavioral health assessment. Each area and space was addressed, cleaned up and organized to create a respectful space both for staff and patients.
- One of the patients was quoted stating: "going into the Safety Cell made my situation worse!" Another patient informed the Charge Nurse, Fermata, that they were hearing voices in the Safety Cell. What was realized was that the venting system was connected to the staff area and if staff were talking, the person in the Safety Cell could hear them and could not distinguish between the voices in their head and the voices they were hearing. In conclusion, 9 out of 11 patients that were placed in the Safety Cell could have been averted if early intervention had been applied.
- The entire process has been very instrumental, to ask staff and patients, what can be improved and what their ideas are, it is both inspiring and motivating to both staff and patients. Thank you to all the health, mental health, detention, and Sheriff's staff members, our leadership advisory board, Asst. Sheriff Schuler and Anna Roth our CEO, Jill Ray, Teresa Pasquini and to the Improvement Team.
- **Anna Roth, CEO:** It is not "rocket science" but it is improvement science and it is a disciplined approach, a lot of rigor and thought has gone into taking on such a daunting task. We started with the most vulnerable individuals. We asked people in waiting rooms and in detention; "tell us what most matters to you?" the top five responses were not what we predicted. Every team uses data, for every decision that is made, not just numbers and observations, but also by inquiring directly with patients. Placing 20 people in a room, for a week, is equaled to 800 man hours, thus far, over 2500 man hours have been invested in this project. This is not work for the faint at heart, it takes a lot of discipline to align the work and release staff and coordinate with the Sheriff's Office, including a lot of creative thinking from the Leadership Advisory Board, helping us think through the list of problems and how to prioritize, address and resolve each problem. The Health staff, Custody staff and the patients were given the opportunity to be brilliant and came up with really great ideas.
- **Referencing Astronaut, Captain Scott Kelley, who spent a year in space and sent amazing photos from space. Quoting- "before I went to space, I use to think that the sky was the limit but the sky is not the limit". What we are learning is that we have imposed limits on ourselves and we think that things have to be a certain way but they don't necessarily have to. It is not easy to dissect an entire operation; it takes strong leadership and thank you to everyone for their courage to take this journey, which has just started.**
- **Ending quote, by Brene Brown: "the absence of love, belonging and connection always leads to suffering". The highest at risk are those who are currently incarcerated. We take our responsibility to serve this population, seriously. This is at the heart of our Mission, with special attention to those who are most vulnerable. Appreciates the interest and support, from the Commission, in this particular population, I hope to return to continue the conversation and that you will be present at the Report Out on January 26.**

VII.	**RECEIVE presentation from COMMUNITY CONNECT program by: Emily Parmenter, Program Manager** • Sue Crosby was unfortunately, unable to attend. • Community Connect is part of Whole Person Care, under the MediCal 2020 Waiver • Purpose is to connect residents to services, addressing underlying social and behavioral determinants of health, develop connection to PCP, provide social needs resources and referrals to connect to Mental Health • Developing collaborations across internal systems and with community partners • The target population being served are high end users of multiple systems, such as: PES Psych Emergency, IP, ED, Criminal Justice, Homeless, Mental Health, AOD, Substance Abuse services • The program is a data driven risk model to identify eligible patients meaning that patients are identified by MediCal eligibility, social factors, disease, demographics, and high repeat users of services • The three primary core areas are: directing patient services, data sharing and the sobering center • Over 14,000 patients have been enrolled, enrollment is voluntary, patients are assigned to a case manager offering home visits, telephonic case management, legal aid support, financial management payee services, transportation vouchers for nonmedical transport • The Sobering Center does have a location that has been identified in Martinez. • Community Connect is meeting regularly with other systems of care to assure not to duplicate efforts and has been successful at discovering duplication and redirecting patients • Community Connect is in its' third year, of a five year grant. The first two years were planning and the past year has seen full enrollment in their services.	***See attachment**
VIII.	**RECEIVE presentation from MHSA/Finance Committee regarding updates and Behavioral Health Services budget information received on 11/16/17 by: Lauren Rettagliata, and Douglas Dunn**	***Presentation postponed to 2/7/18 MHC meeting in West County**
IX.	**DISCUSS membership changes and potential Committee Chair changes and Commission liaisons for 2018** • Each Commissioner was given a selection chart to submit their Committee preferences for 2018. • EA will make copies of collected charts and distribute to each Committee • Committees will elect new Chairs, Vice Chairs and members for 2018 • Committees will forward the new 2018 membership to the Mental Health Commission for final approval	***Committee members will be elected during and at the next Committee meeting**
X.	**RECEIVE Committee updates:** **1) Quality of Care-Barbara Serwin (no meeting in December)** **2) Justice Systems- Gina Swirsding (not present)** **3) Ad hoc Bylaws- Meghan Cullen (left early @5:18pm)**	***Updates postponed to next MHC meeting, after Committee elections**
XI.	**RECEIVE Commission liaison reports:** **1) AOD Advisory Board- Sam Yoshioka** **2) CPAW General meeting-Douglas Dunn/Lauren Rettagliata** **3) Children's Committee- TBD** **4) Council on Homelessness- TBD**	
XII.	**Adjourn Meeting @6:24pm**	

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

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 Statues 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.

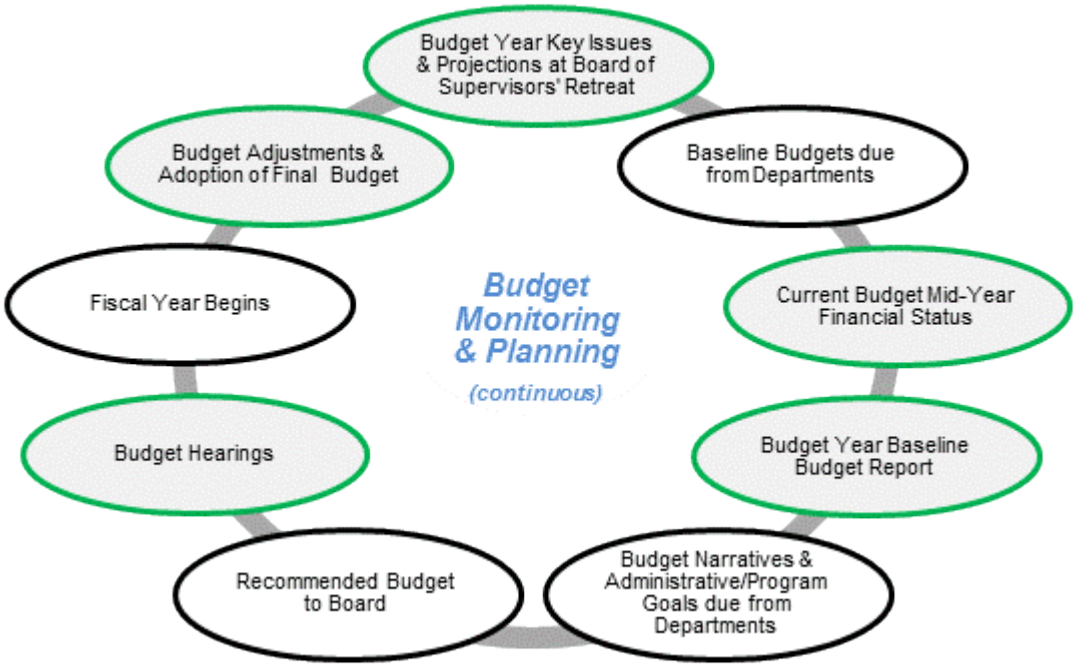
(6)Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.

(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.

CONTRA COSTA
HEALTH SERVICES

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.)

Permanent Overtime FY16/17		
MHSA		
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 Spclist Ii	103.99
		31,713.01
Admin & Support Svcs		
CNTRL MH DIV ADMIN	Mental Health Comm Supp Wkı	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
CHILD & ADOLESCENT MH SVC		
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
ADULT MH SVC		
WEST CO ADULT MH ELPORTAL	Mental Health Spclist Ii	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
MEDI-CAL MANAGED CARE		
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

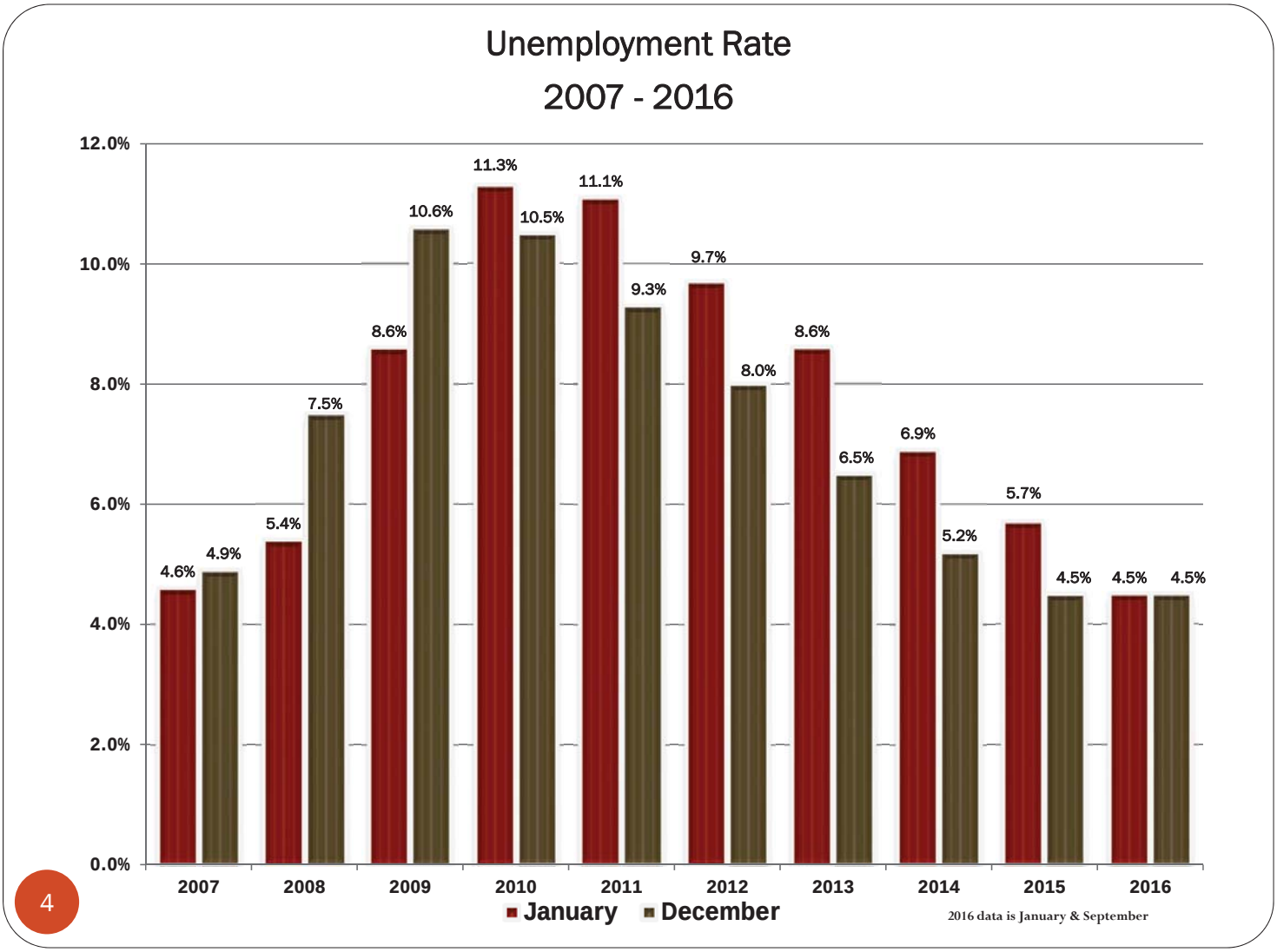
Revised 1-31-17

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
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
4.6%
4.9%
5.4%
7.5%
8.6%
10.6%
11.3%
10.5%
11.1%
9.3%
9.7%
8.0%
8.6%
6.5%
6.9%
5.2%
5.7%
4.5%
4.5%
4.5%
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
January
December
2016 data is January & September

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.

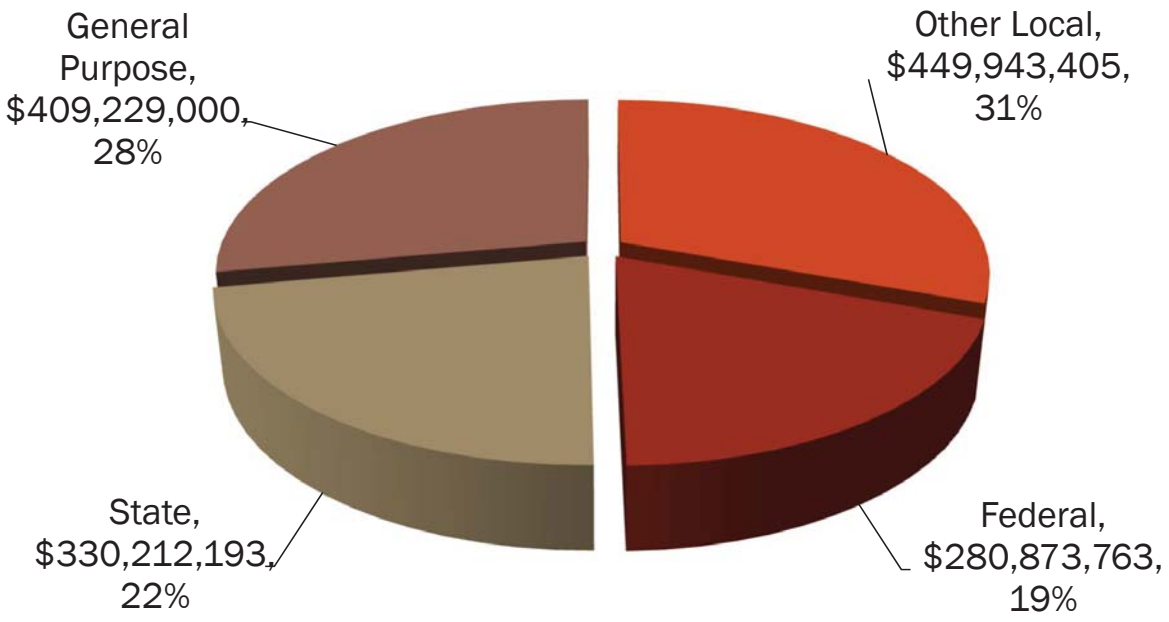
County Property Tax

- 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

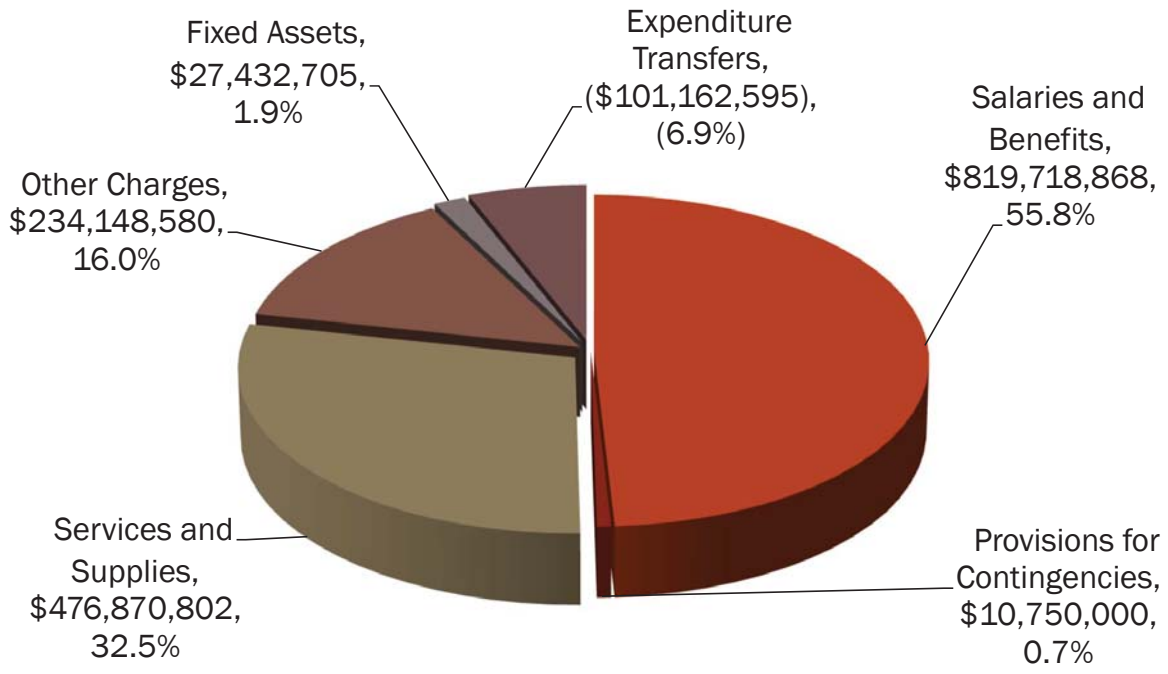
ConFire Property Tax

- 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

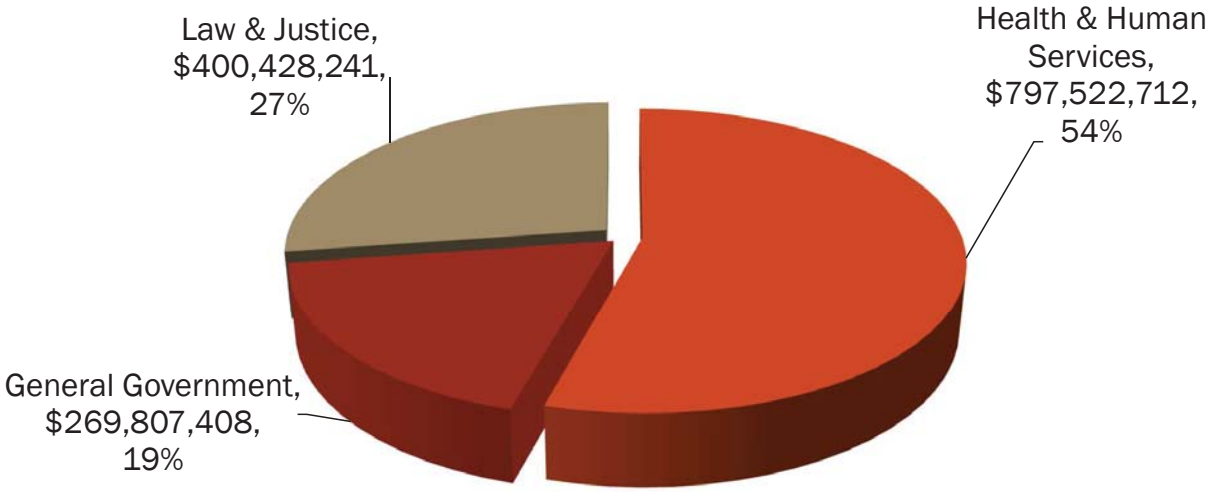
Total FY 16-17 Revenue $1.470 Billion



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

	Total Number of Permanent Employees	Contract Expiration Date
Settled		
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

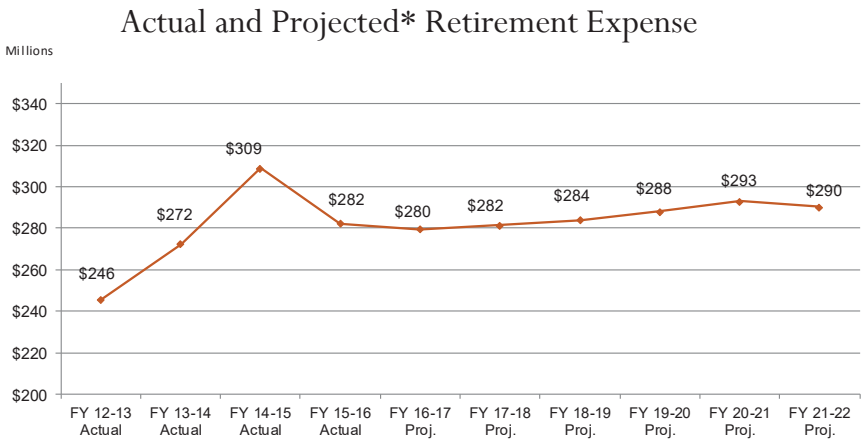
- On March 31, 2015 the Board of Supervisors received an updated Comprehensive building condition assessment which identified a total of $272.2 million in deferred facilities maintenance needs and capital renewal requirements
- $5 Million was Budgeted in FY 2012/13
- $10 Million in FY 2013/14, FY 2014/15, 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



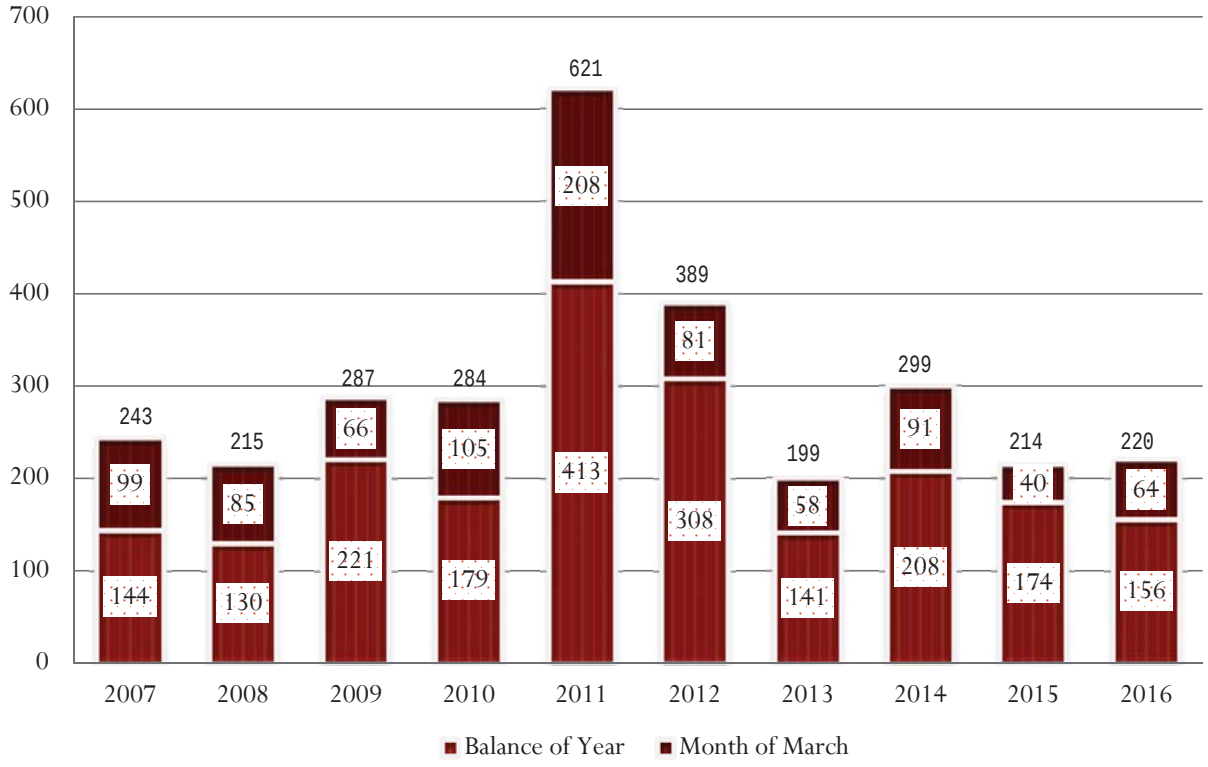
The chart includes four years of actual data, straight-line projection of current year (based upon six months of actual data), and projection of future years based upon current year wages and actuarial data provided by CCCERA's actuary (letter dated January 3, 2017) assuming that CCCERA achieves its 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	81,541,000	115,518,000	142,293,000	179,883,000	232,953,000	29.5%	235,453,000	1.1%
Total	152,360,000	187,508,000	237,204,000	295,337,000	370,158,000	25.3%	372,658,000	0.7%

Retirements

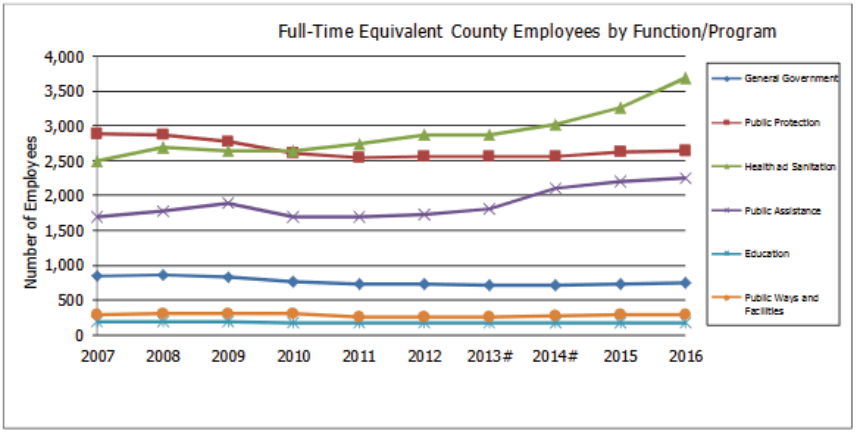
Abnormally high number of vacant positions due to unprecedented numbers of retirements during calendar year 2011 and 2012. Historically March retirements are the highest. Normal year would see approximately 260 Retirements.



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
Eduction	175	175	175	178	180	180
Public Ways and Facilities	263	263	279	281	284	287
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:

	1st Year	2nd Year	Total
ECCFPD	399,352	$474,626	$873,978
Brentwood	$190,485	$475,515	$666,000
Oakley	$109,315	$272,887	$382,202
County	$ 89,127	$222,490	$311,617
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			
	Expenditure Authority	Less Revenue Collections	Required General Fund Contribution	Expenditure Authority	Less Revenue Collections	Required General Fund Contribution	GF Change – FY 16/17 Adopted to Rec'd (Col 6 minus Col 3)
	(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:							
Mental Health	$191,036,617	$173,763,444	$17,273,173	$211,700,874	$194,409,686	$17,291,188	$18,015
Alcohol & Other Drugs	17,843,311	17,132,858	710,453	33,957,534	33,172,351	785,183	74,730
Homeless Programs	5,737,745	4,006,387	1,731,358	6,903,915	4,707,061	2,196,854	465,496
Public Health	51,105,453	31,102,911	20,002,542	74,673,785	54,258,815	20,414,970	412,428
Environmental Health	20,825,500	21,103,728	(278,228)	21,163,150	21,484,275	(321,125)	(42,897)
Detention	23,566,313	1,126,648	22,439,665	23,985,474	1,549,282	22,436,192	(3,473)
Conservatorship	3,491,591	403,859	3,087,732	3,700,765	613,034	3,087,731	(1)
California Children's Services	10,148,932	7,368,702	2,780,230	10,443,472	7,780,727	2,662,745	(117,485)
Public Administrator	482,352	392,352	90,000	628,853	293,641	335,212	245,212
Sub-Total General Fund	**$324,237,814**	**$256,400,889**	**$67,836,925**	**$387,157,822**	**$318,268,872**	**$68,888,950**	**$1,052,025**
Total General & Enterprise Funds	**$1,617,242,210**	**$1,522,242,210**	**$95,000,000**	**$1,759,556,492**	**$1,664,556,492**	**$95,000,000**	**$0**
Other Special Revenue Fund Units:							
	Expenditures	**Revenue**	**Net Fund Cost**	**Expenditures**	**Revenue**	**Net Fund Cost**	**Change**
Emergency Medical Services	$1,692,403	$1,692,403	$0	$1,692,403	$1,692,403	$0	$0
Ambulance Service Area	5,012,779	5,012,779	0	5,000,676	5,000,676	0	0
Total Special Funds:	**$6,705,182**	**$6,705,182**	**$0**	**$6,693,079**	**$6,693,079**	**$0**	**$0**
Grand Total All Funds:	*$1,623,947,392*	*$1,528,947,392*	*$95,000,000*	*$1,766,249,571*	*$1,671,249,571*	*$95,000,000*	*$0*

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

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 MHSA contract providers.

1. Child and Adolescent Services

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

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

b. Out-of-Home Residential Care/Treatment Service Programs: Mental Health works in collaboration with Probation and Social Service to support these placements and their mental health component. Structured 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Adult Services

Description: Provides services to consumers over 18 years old.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. Support Services

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

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

4. Local Hospital Inpatient Psychiatric Services

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

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

5. Outpatient Mental Health Crisis Service

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

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

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

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

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

7. Mental Health Services Act/ Proposition 63

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

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

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

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

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

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

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

Mental Health Services Act

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

FTE: 157.0

Attachment C

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

Prepared on 11/15/2017

	17/18 Adopted Budget	17/18 September Projection	17/18 (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 Rehabiliation, Mental Health Block Grant, Dual Diagnosis Grant, Path Grant & Court Collabrative 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.

Prepared by: Kathleen Tong
Reviewed by: Faye Ny

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
1991 Realignment:	$ 31,164,765
2011 Realignment:	29,647,017
Estimated FY16/17 Growth to be received in FY17/18	1,966,672
Total Mental Health	31,613,689
Sub Total Mental Health Allocation	**62,778,454**
2011 Realignment:	
Substance Abuse Disorder	4,483,225
Grand Total Realignment	**67,261,679**

	FY17/18 Projected Expenditures by Program
1991 Realignment	
State Hospital	$ 5,563,766
Managed Care Inpatients	1,166,500
Institutions for Mental Disease (IMD)	4,490,553
Adult Contracts	11,078,095
Board & Care	1,526,825
County Adult Clinics	7,339,025
1991 Realignment Expenditures	$ 31,164,765
2011 Realignment	
Managed Care Outpatients	$ 2,647,541
Children's Contracts	24,803,125
County Children's Clinics	4,163,024
Total Mental Health	31,613,689
Substance Abuse Disorder	4,483,225
2011 Realignment Expenditures	$ 36,096,914
Total Realignment Expenditures	**$ 67,261,679**

Attachment D

Mental Health Contracts FY17/18 Payment Limit

Prepared Date: Thursday, November 16, 2017

Health Providers:	Funding Sources with %	FY17/18 Payment Limit	FFP	REALIGNMENT	MHSA	Others (See footnote)	100% FUNDING
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
GIRI, 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 N.QUEZON,dba 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.

Attachment E

Mental Health Contracts FY17/18 Payment Limit

Prepared Date: Thursday, November 16, 2017

Health Providers:	Funding Sources with %	FY17/18 Payment Limit	FFP	REALIGNMENT	MHSA	Others (See footnote)	100% FUNDING
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

Prepared Date: Thursday, November 16, 2017

Health Providers:	Funding Sources with %	FY17/18 Payment Limit	FFP	REALIGNMENT	MHSA	Others (See footnote)	100% FUNDING
PORTIA BELLA HUME 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 MUIR BEHAVIORAL HEALTH CENTER	MH REAL 100%	$ 1,550,000		$ 1,550,000		$ -	$ 1,550,000
PORTIA BELLA HUME 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							
CPT, INC. (CA PSYCHIATRIC TRANS)	MH REAL 77%, Detention 23%	$ 1,322,000		$ 1,022,000		$ 300,000	$ 1,322,000
TELECARE CORP.	REALIGN AT 81%, HOSPITAL UR AT 19%	$ 1,927,909		$ 1,567,770		$ 360,139	$ 1,927,909
HELIOS HEALTHCARE	MH REAL100%	$ 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

Prepared Date: Thursday, November 16, 2017

Health Providers:	Funding Sources with %	FY17/18 Payment Limit	FFP	REALIGNMENT	MHSA	Others (See footnote)	100% FUNDING
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 Realignment (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%	$ 1,632,680	$ 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
ECMHP (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 DAIBLO USD2%	$ 1,304,114	$ 642,057	$ 642,057		$ 20,000	$ 1,304,114
LA 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		$ 268,795	$ 3,616,637
SENECA MOBILE CRISIS (SB 90)	FFP 43%,MH REAL43%,MHSA 4%, County GF 9%, MDUSD 1%	$ 8,261,237	$ 3,576,622	$ 3,576,622	$ 370,927	$ 737,066	$ 8,261,237
STAND! 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%, MDUSD 1%	$ 476,253	$ 235,552	$ 235,552		$ 5,150	$ 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%, Realignment 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		$ 5,000	$ 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.

Mental Health Contracts FY17/18 Payment Limit

						Prepared Date:	Thursday, November 16, 2017
Health Providers:	**Funding Sources with %**	**FY17/18 Payment Limit**	**FFP**	**REALIGNMENT**	**MHSA**	**Others (See footnote)**	**100% FUNDING**
YMCA of CONTRA COSTA/SACRAMENTO	FFP 50%; Realign @ 50%	$ 769,275	$ 384,638	$ 384,638		$ -	$ 769,275
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE EAST BAY	FFP 48%,COUNTY REAL 48%,NON MC 4%	$ 1,012,826	$ 486,886	$ 525,940		$ -	$ 1,012,826
YOUTH HOMES	FFP 50%,EPSDT 50%	$ 3,849,440	$ 1,924,720	$ 1,924,720		$ -	$ 3,849,440
MANAGE CARE - 5982-5983							
BHC Sierra Vista Hospital, INC	MH REALG 100%	$ 250,000		$ 250,000		$ -	$ 250,000

*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.

Contra Costa County Mental Health Commission Response to Behavioral Health Services Update to Grand Jury Report No. 1703 and Referrals 115 and 116

October 30th, 2017

This document is a response from the Mental Health Commission to the update by Behavioral Health Services to the Board of Supervisors Family and Human Services Committee regarding the Grand Jury Report No. 1703 and the White Paper published in March, 2016.

The process of updating the Family and Human Services Committee has been collaborative and fruitful. Over the past year, Behavioral Health has been working to address key challenges identified in the White Paper and more recently by the Grand Jury Report 1703. Over the past month and a half, the Commission and Behavioral Health have worked together to identify key improvements as well as ongoing challenges. This has involved a great deal of research, information exchange, and problem solving, and the development of a shared vision of how problem resolution can move forward in a positive direction. The process has resulted in the Behavioral Health Update and the ensuing Commission Response.

The Commission thanks the Board of Supervisors for giving serious consideration to the Grand Jury and Commission concerns and encouraging open discussions and collaboration. Thanks also to Behavioral Health for working so diligently to make strong headway and for the information sharing and frank discussions that have enabled us to air our differences of opinion and find common ground. We are grateful as well to Psyche Emergency Services for updating us on its current operations and challenges.

The remainder of this document consists of a Commission review of progress, questions, and suggested follow-up by the Commission and Board of Supervisors.

Upgrading the Current West County Children's Clinic Facility

The Commission recognizes that Behavioral Health is working diligently to improve the West County Children's Clinic, bringing together the necessary resources to make critical improvements as quickly as possible. The Commission is glad that the carpet will be replaced given its poor condition and the indeterminate lump underneath it. There were initial concerns that the carpet was installed over asbestos and therefore could not be replaced.

Recommended Follow Up:

- Visit the clinic in two months to review progress.

Acquiring a New Location for First Hope

The Commission recognizes the strong effort that is being made to relocate First Hope and its First-Episode Psychosis Program to a financially sustainable and appropriately designed facility.

Addressing the Shortage of Psychiatrists

The Commission believes that true prevention and early intervention start with hiring top-notch psychiatrists. Maintaining effective staffing levels and a building a team-like environment are also critical.

Behavioral Health has made significant progress in:

- clarifying the number of approved FTE positions and the number of filled positions and unfilled positions;
- and improving recruiting efforts by contracting with four staffing agencies for the hiring of contract psychiatrists, including Traditions, the agency that it has most recently contracted with.

Behavioral Health has long recognized that a key factor in its challenge in hiring is its inability to offer competitive compensation packages. Since most of the psychiatric staff is contracted, focusing attention on the rates and benefits of contract employees is particularly important. The Commission hopes that the more competitive compensation offered by the staffing agency Traditions will help attract candidates. The use of MHSA funds for student loan reimbursement should also be attractive.

Behavioral Health recognizes the importance of contracting with psychiatrists who are willing to work at least three days a week to maintain treatment continuity, simplify staffing planning, and support a team-oriented approach to care. Behavioral Health reports that it has discussed this need with its staffing agencies but, like other counties, is hampered by the regional- and nation-wide lack of child psychiatrists.

Questions:

- Behavioral Health states that it will consider whether an assessment will be made once current vacancies are filled. How will this determination be made? What kind of staffing assessment would potentially be made?
- Are MHSA student loan payment funds being fully utilized?
- Is there the possibility of incenting contracting psychiatrists to work a minimum of three days per week or more by a) offering a bonus for working 24 hours plus; or increasing their hourly fee for every hour worked over 24 hours?

Follow-up/Suggestions:

- Revisit the status of hiring in four months to see how hiring is progressing for unfilled psychiatry positions;
- Regularly review a Behavioral Health report on the status of all psychiatry and mental health clinician positions, including newly or soon to-be-vacated positions;

- Explore ways to incentivize contracting physicians to work a minimum of 24 hours per week;
- Annually review a report on the MHSA school loan payment program for psychiatrists to see how this program is being utilized.

Filling the Vacant Position of Medical Director

The Commission recognizes the challenges in filling the all-important Medical Director position. However, this process has been underway for two years now. Although a candidate was recently interviewed, the next interview is not scheduled until December, 2017. The Commission hopes that Behavioral Health can re-double its efforts to recruit and make timely, strong offers to qualified candidates over the next two months.

Follow-up/Suggestions:

- Review recruiting and hiring strategies to ensure they are as effective as possible.
- Revisit the hiring status of the Medical Director in two months.

Legacy Planning for High Level Positions

The issue of legacy planning within Behavioral Health has been raised by EQRO. In discussing the challenges around hiring a Medical Director position, the Commission learned that county hiring practices do not permit a Department to interview and fill a position until the incumbent has actually vacated the position. This is the case even if the retirement or departure is planned. The Commission is very concerned that this practice eliminates the ability to mentor and pass on institutional knowledge is lost. This in turn disrupts administration and services and, ultimately, continuity and quality of care. This practice will impact the management of the Children's Division when the Director of the Division, Vern Wallace, retires this coming year after decades of holding the position. The Commission urges the Board of Supervisors to find a solution to the legacy problem.

Relief to Impacted Psyche Emergency Services (PES):
PES Internal Adjustments

The Commission recognizes how fortunate the county is to have a PES co-located with medical facilities where a true medical evaluation can happen. The Commission lauds the ongoing efforts of PES to find ways to manage an impacted environment with an increasing number of 5150 clients and a decrease in the number of voluntary clients.

Since the White Paper was published, it seems that PES's main strategies for managing the new norm of an average 900 patients per month – still considerably higher than originally intended – has been to hire additional staff for the morning shift to expedite re-evaluation of overnight clients and to slightly reduce the average length of stay. This solution, plus a more stable daily census has resulted in a situation that is "mostly manageable", with the current staffing pattern seen as "minimally acceptable."

The Commission reads this situation either as 1) an increase in efficiency or 2) as a somewhat tenuous situation that is consistently stressful for staff, often leading to burn-out and turn-over, and that may decrease the amount of time that a consumer receives care. Lastly, is there the time and staff to follow up on whether the consumer is following the prescribed treatment? The Commission cannot be certain from the Update.

Questions:

- Is the current strategy viable long-term or do we need to commit to increasing staffing levels, potentially including psychiatrists, to reduce stress on staff and consumers and to enhance quality of care? How would the need for additional staff be evaluated?
- How has a decrease in the average length of stay has been achieved? Is it an increase in the number of staff in the morning or are we relying on quick turnarounds?
- Does this mean reduced time for a proper evaluation, adequate treatment and/or disposition?
- Has the experience of being a client at PES improved and have outcomes improved?
- Will the new electronic health record system provide the ability to follow the disposition of where PES patients receive their follow up and treatment?

Follow-up/Suggestions:

- Revisit staffing needs in six months
- Request clarifications on the amount of time for evaluation, stabilization, dispensation and opinions on how these metrics are impacting the consumer experience and quality of care.
- Request information on the capabilities of the Electronic Health Records to support the PES function of tracking patient post-PES treatment.

Relief to Impacted Psyche Emergency Services (PES): Addressing Children's Needs for the Facility

The Commission fully agrees with the facility design changes that are required to separate children from adult clients and to improve the waiting, family consultation and treatment spaces for children. The Commission urges the Superintendents to support changes recommended by the Hospital and Clinics Unit for these high priority improvements.

Follow-up/Suggestions:

- Request proposals from the Hospital and Clinics Unit for redesigning the children's area of PES.

Relief to Impacted Psyche Emergency Services (PES): Expanded Mobile Relief Services

The expansion in mobile relief services is intended to decrease pressure on PES. The Commission is glad to see the increase in the hours of coverage of the Children's Mobile Crisis Response and the planned introduction of this service for the Adult System of Care. Also significant is the Adult program's coordination with the Forensic Mental Health Evaluation Team (MHET) and the three county police departments where MHET is located.

Questions:

- How will the impact of the Children and Adult Mobile Crisis Response on PES congestion be evaluated?
- What are the numbers related to the Children's Mobile Crisis Response, e.g. number of visits per month, number of diversions from PES? What are the projected numbers for the Adult service?
- How aware are all 23 law enforcement agencies of the three MHET teams?
- How will the 20 county law enforcement agencies outside the three that host MHETs activate a request for the adult mobile response team? How else will they interface?
- Forensics is open 8:00 AM to 5:00 PM. How will it interact with MHET when the teams will be used most frequently between 3:00 PM and 11:00 PM?

Unclear Staffing Needs of the Children's Division

The Behavioral Health update notes that the Children's Division staffing levels may not fully meet the needs of its several mandates and programs. The Division lost 40 line staff positions in 2008, and while several staff have been restored to respond to Katie A and Continuum of Care, Behavioral Health states that staffing levels are still *slightly* below the pre-2008 levels, despite the Affordable Care Act. Behavioral Health also reports that additional clinical and Family Partner staff are needed in the regional clinics. The Commission would like clarification to better understand what the Division's needs are. With the impending retirement of the Director of the Children's Division, Vern Wallace, the need for an adequate level of well-trained staff is essential.

Questions:

- What is the estimated number of Children's Division staff needed, by position?

Improvements to Family Support Services

Fully staffed Family Support services may have the impact of diverting consumers from PES. Family Partner positions in the Children's and Adult clinics that were empty, some for multiple years, are now filled. This is a critical step forward.

With the new MHSA NAMI Program for Family Support through family volunteers, Family Support Services is now comprised of three groups – the other two are 1) the Office of Consumer Empowerment with its 20 peer staff Family and Community Support Workers

and 2) the Family Coordinators. The key to success will be coordinating them to ensure efficient and effective deployment of the appropriate services.

Lastly, there are important family support programs being driven by volunteers. Dave Kahler, a Commissioner Emeritus, coordinates the CIT Training. He also has set up and runs the NAMI Crash Course, which has been seen over 1,000 family members in the past year. More direct involvement by Behavioral Health staff is needed in these crucial areas.

Questions:

- Does each of the adult clinics have a family advocate?
- How will the family advocates and coordinators interface with the new NAMI MHSA program?

Follow-up/Suggestions:

- Request a plan for coordinating and interfacing the three different family support services from Behavioral Health.

Determination of Wait Times at Clinics

The Grand Jury expressed a deep concerned regarding wait times at the Children's clinics, as did the White Paper. The White Paper also expressed concerns regarding the Adult clinic wait times. What the Commission hears from the community on wait times differs significantly from Behavioral Health's numbers. EQRO 2016 has also questioned the Behavioral Health numbers and has stated that Behavioral Health's technique for calculating wait times is an estimate. It will be months until the impact of more psychiatrists on wait times will be known as it will take time for them to fully ramp up at the clinics.

The Commission and Behavioral Health do agree, however, that the new Behavioral Health information system should provide accurate data on how long it takes a patient to be initially assessed, receive non-medication treatment, and be assessed by a psychiatrist and receive medication treatment if warranted.

Follow-up/Suggestions:

- Revisit wait times as part of the 2017 External Quality Review process.
- Confer with information systems to ensure that the ability to accurately track wait times is being properly implemented.
- Request wait times as tracked by the new information system once the system has been up and running for four to six months.

Reduction of Wait Times for CBO and Private Therapist Appointments

The Grand Jury was very concerned about the availability of network providers for children who need to access treatment for moderate to severe mental illness. The Commission commends the new Access Line team for reducing abandoned calls from 15% to 2%.

Access Line data, however, does support the Grand Jury's concern, demonstrating that, in fact, that the five providers in East County are not able to meet demand.

Questions:

- How will the need for additional treatment providers for Children in East County be determined? Can Access Line data help estimate the number of needed providers?

Follow-up/Suggestions:

- Request a plan for determining the need for additional providers in East County and for acquiring the necessary number of providers.

The Continued Need for a Children's Residential Treatment Center

The Commission has advocated for a children's residential treatment center for the past two years on the behalf of the Children's Division. While creating a unit at the Contra Costa Regional Medical Center does not appear to be financially viable, the Commission continues to strongly support the Children's Division's efforts to find a workable solution for a treatment center. In particular, the Commission encourages more exploration into creating a regional solution of multiple surrounding counties participating in a pool of beds, thereby sharing costs and decreasing the risk of any one treatment center having to cover the cost of an unfilled bed. The Commission urges the Board of Supervisors to explore a regional solution to this critical problem.

Follow-up/Suggestions:

- Brainstorm a high level concept for a multi-county program for a children's residential treatment center. Present this concept to likely partners

The Need for Housing for Those With a Serious Mental Illness

The critical issue of housing for the Homeless with a Serious Mental Illness was a key issue raised by the White Paper. This concern was not addressed in the Behavioral Health Services update.

Supportive Services such as keeping an apartment clean and eating properly---these are services that the Regional Center provides those with a Developmental Disability—but these are not provided for those with a Serious Mental Illness. Non-Profit Housing Corporations must be involved on a larger scale to help develop a housing plan for those with a Serious Mental Illness.

Questions:

- How many clients of our Specialty Mental Health Clinics live in Non-Profit Housing Corporation developments such as Riverhouse? There were Behavioral Health ties directly into these facilities—what is happening now?
- What is done to assure that people with a mental illness are not just left on their own?

- How many Full Service Partnership clients are housed in unregulated Room and Boards?
- What are the plans to house the Homeless with a mental illness? Do we have a measurable plan?

<u>Follow-up/Suggestions</u>:

- Request a comprehensive plan for housing the Seriously Mentally Ill.

In closing, the Mental Health Commission hopes that its evaluations, questions and recommended follow up are received as intended – in the spirit of partnership and to stimulate ongoing dialog around the continuous improvement of our county's System of Care for those suffering from mental illness.

This report is respectively submitted by:

Duane Chapman
Chair, Mental Health Commission

Barbara Serwin,
Vice Chair, Mental Health Commission

Lauren Rettagliata
Past Chair, Mental Health Commission

ARTICLE IV
MEMBERSHIP

SECTION 2. ATTENDANCE

2.1 Attendance requirements

a) Regular attendance at Commission meetings is mandatory for all Commission members.
   1) A member who is absent from four (4) regularly scheduled Commission meetings in any calendar year shall be deemed to have resigned from the Commission. In such event the former Commission member's status will be noted at the next scheduled Commission meeting and shall be recorded in the Commission's minutes. The Chairperson shall, without further direction from the Commission, apprise the Board of Supervisors of the member's resignation and request the appointment of a replacement.
   2) Each Commissioner will ensure that when s/he attends Commission-sponsored meetings (excluding Commission and Commission Committee meetings) or activities representing her/himself as a Commissioner, s/he expresses only those views approved by the Commission.

ARTICLE V
MEETINGS

SECTION 3. QUORUM

A quorum is one person more than one-half of the appointed members. The Commission and Committees must have a quorum present in order to hold a meeting.