

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

MHSA/FINANCE COMMITTEE

Thursday July 19, 2018 ♦ 3:30-5:00 pm

**1340 Arnold Drive, suite 200, in Martinez
Second floor, large conference room**

AGENDA

- I. Call to order/Introductions**
- II. Public Comment**
- III. Commissioner Comments**
- IV. APPROVE Minutes from May 17, 2018 meeting**
- V. DISCUSS election of New Chair (** Doug Dunn, current Vice Chair) recruit members**
- VI. COMMITTEE review attachments and discuss what financial information the Committee would like to receive from Contra Costa Behavioral Health Services**
- VII. DISCUSS the format and frequency for financial data to be reported**
- VIII. DISCUSS potential agenda items for the August 16, MHSA/Finance meeting**
- IX. Adjourn**



MHSA/FINANCE Committee
MONTHLY MEETING MINUTES
May 17, 2018 – First Draft

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Chair, Lauren Rettagliata called the meeting to order at 1:14pm.</p> <p>Members Present: Chair- Lauren Rettagliata, District II Vice-Chair-Douglas Dunn, District III (arrived at 1:16pm) Leslie May, District V (arrived at 1:13pm) Sam Yoshioka, District IV</p> <p>Members Absent: -none</p> <p>Other Attendees: Joe Metro, District V Barbara Serwin, Chair of MHC (arrived at 1:56pm) Jan Cobaleda-Kegler, Adults and Older Adults Program Chief Warren Hayes, MHSA Program Manager Jill Ray, District Supervisor II Office Margaret Netherby, family member Liza A. Molina-Huntley, ASA II-Executive Assistant (EA) for the MHC</p>	<p style="text-align: center;">Executive Assistant:</p> <ul style="list-style-type: none"> • Transfer recording to computer. • Update Committee attendance
<p>II. Public comments:</p> <ul style="list-style-type: none"> • none 	
<p>III. Commissioners comments:</p> <ul style="list-style-type: none"> • Leslie- there has been items on the agenda/minutes that have not been addressed. One of the items is discussing the attendance of Commissioners on Committees and their responsibilities as Committee members and should be discussed further at the full commission meeting. Also, in regards to Commissioner's remarks made during a meeting, please wait to discuss the remarks made in the presence of the Commissioner who made the remarks, to allow the opportunity for clarification and discussion purposes. • Sam agrees, suggested that the matter be raised at the Executive Committee 	
<p>IV. Chair announcements/comments:</p> <ul style="list-style-type: none"> • none 	
<p>V. Approve minutes from April 19, 2018 meeting- MOTION to approve minutes made by Sam Yoshioka, seconded by Lauren Rettagliata VOTE: 3-0-1 YAYS: Lauren, Sam and Doug NAYS: none ABSTAIN: Leslie May ABSENT: none</p>	<p>*Executive Assistant will post finalized minutes on website at: http://cchealth.org/mentalhealth/mhc/agendasminutes.php</p>
<p>VI. DISCUSS understanding the framework of the county's Adult Mental Health Services and the Adult System of Care with Dr. Jan Cobaleda-Kegler, Adult and Older Adult Program Chief</p> <ul style="list-style-type: none"> ➤ Part one: program narrative <ul style="list-style-type: none"> • Chair, Lauren, turned the meeting over to Sam Yoshioka, since he created the agenda for this month's meeting • Sam- developed the agenda, to start the understanding process and gain an overview of the services being rendered. Eventually, it would be beneficial for the Committee, to have the perspective of the Director of Behavioral Health Services. 	<p>*To access the County website go to: http://www.co.contra-costa.ca.us/</p> <p>*To access the Behavioral Health Services website, go to: https://cchealth.org/bhs/</p> <p>*To access Mental Health Services go</p>

He attempted to ask the Deputy Director, but he was unavailable. He thought best to ask the person in charge of the frontline, the Program Chief of Adults and Older Adults, Dr. Jan Cobaleda-Kegler. His purpose for the agenda is to provide a framework of the services. On the County's website, some of the accessible tabs are categorized as: government, departments (E-Z) where the Health Services Department can be found, which takes a person to the Behavioral Health website and Mental Health Services how to: Access Services, Children & Families, Adults & Caregivers, Clinics, Crisis Services, and Resources. The information available to the public, on the website, is well organized. Jan is present; to help the Committee and the public, understand and share the details of one of the major portions of our services which are Adult Services. Warren Hayes will be present, later, to discuss the financial piece of the service programs.

- Dr. Jan Cobaleda-Kegler, Program Chief for the Adult and Older Adult Mental Health Services: provided an overview of the how the system is organized and will help to answer questions pertaining to services being provided by the department. The fiscal details are managed by the Finance department.
- Lauren, Chair- Does the department draw up a bottom up budget to present to the Finance Department, stating their department needs?
- Jan- no they do not. Each department is given a budget. (* *see attachment in meeting packet on website, for 5/17/18) The largest amounts of consumers, obtaining services, are located in the central area of the county.
- Each region has a Regional Clinics for both Adult and Children's Mental Health Services.
- Reviewed the organizational structure provided in the packet, for the Health Services Department/Behavioral Health Services Division.
- There are two new programs, being implemented simultaneously: one is the State Initiative -Proposition 47 Program, starting in the City of Antioch, partnering with the Antioch Police Department and Health Right 360. The new program is called **CoCo Lead Plus**; created to break the cycle of recidivism for low level offenders and offer a mandatory treatment plan, housing, substance/alcohol counseling, and vocational services, while implementing system change in a broader sense. Behavioral Health Services is charged with managing and the administration of the grant. It is a very involved stakeholder process. There is an advisory committee and an operations and policy committee; to review and agree on the process and implementation of the program. Health Right 360 subcontracts services, to filter the funds back into the community, to do the work.
- The second new program will be the **Mobile Crisis Response Team; which will start by the end of May, for adults.** The offices will be at 1350 Arnold Drive, in Martinez; the team staff members will be out on the field the majority of the time. The Mobile Crisis Response Team will have their own 1-800 number, for public access and it will be announced on the website. The public can still dial 211, to obtain access to the services/team.
- The Conservatorship program has a manager and a supervisor, and report to the Program Chief for Adults. The program oversees the Lanterman-Petris-Short Act (LPS) for conserved

to:<https://cchealth.org/mentalhealth/>

****please view attachment provided in the meeting packet for 5/17/18 at:**
<http://cchealth.org/mentalhealth/mhc/agendasminutes.php>

***To access the County's Financial information go to:**
<http://www.contracosta.ca.gov/756/Financial-Information>

individuals that are suffering grave disability due to mental illness issues and probate conservatorships for people who are not capable of handling their own affairs due to dementia or more physical problems.

- The Housing Coordinator is responsible for all the augmented Board and Cares, admission, reviewing referrals for admissions to our augmented Board and Cares and the Super Board and Cares. This person also assists to find placements for individuals leaving locked facilities.
- The liaison for the Institutions for Mental Diseases (IMD) and the State Hospitals, Joe Ortega RN, works directly under the Deputy Director for Behavioral Health Services, the Program Chief for the Adult Mental Health system of care and the Housing Coordinator.
- The Family Support Partners (FSP's) liaisons and the managers of the clinics work closely with the Housing Coordinator.
- When a person is being released from a locked facility, the team works collectively to find available and treatment appropriate placements, for the person in need of services.
- All clinics are funded by MediCal, to provide the needed services. MediCal, Realignment and MHSA funds finance the programs. MediCal Insurance is very prescriptive, a person is eligible for MediCal, or denied. The other insurances are the MHP is the Mental Health Plan, which differs from the Contra Costa Health Plan (CCHP).
- The Adult System of Care consists of all the previously described and noted programs, serving the moderate to severely mental ill population.
- Individuals that have mild to moderate mental health needs can apply for the CCHP to obtain services.
- There are a total of four clinics: Pittsburg, Concord, El Portal and the older adult clinic. The first clinic to integrate with primary care was the Pittsburg clinic, mainly because it is co-located with the Health Center. The Concord clinic has a small wellness health clinic on site. This is to provide more inclusive services to the specific area. In West County, a new building will be built, on the campus of the same site where the West County Health Services clinic is located, in San Pablo. The building will be completed within approximately two years.
- The ACCESS LINE, checks callers for MediCal eligibility. The County provides services to individuals who are MediCal eligible and/or do not have any insurance. Those without insurance, apply for medical, so that the County is reimbursed for the services being provided, to continue providing services. The Operations and Finance departments handle all the bookkeeping, budgets and funding. The Adult System of Care focuses on providing the services for the people in need that are in the county. Because the county is a MediCal provider, the completion of paperwork is required, in order to authorize services, and obtain reimbursement for the treatment provided.
- The newly implemented Electronic Health Record (EHR) assists in tracking data and in streamlining the paperwork, one complete record, for each patient. All charting is done on the EHR; paper charting is no longer done. The Utilization Review Department reviews charts to make sure billing is being done accurately. If not charts are not done accurately, then a disallowance will occur and will effect funding reimbursements. The county does perform regular quality review audits, to

reinforce charting accurately. The Finance Department keeps records of the costs for salaries and other expenditures. All information is provided in the County budget, which can be found online, (over 500 pages).

- Assessments determine the level of care needed for the patient. The Adult System of Care is responsible for the assessment, making sure that the people meet the criteria for the programs, provide quality services, and document adequately so that the county can be reimbursed for the services rendered
- Leslie- asked if Kaiser contracts with the county for mental health services
- Jan- informed that because Kaiser does not provide certain mental health care services for moderate to severe mental illness, they do contract with the county and other hospitals in the Bay Area for their consumers that need care. There are individuals that have Kaiser-MediCal, and receive their health care through Kaiser and their mental health care needs, for moderate to severe mental illness, are provided by the county.
- If a person has been a Kaiser patient, through private funding, the person can apply for MediCal and continue to receive their health care through Kaiser (Kaiser-MediCal). Kaiser makes the determination, not MediCal and not the County and must refer and authorize services, outside of Kaiser, prior to receiving the services.
- Sam- do you know what the costs are for doing business for adult services and for children services?
- Jan- The Finance Department can provide the information
- Lauren- It was noted in 2016, that the county spends a lot more money on people in locked facilities, than on the people in county facilities
- Jan- the purpose is to infuse more services into the community to support the consumers in the county.
- Due to the increase in the minimum wage, it disqualifies people from receiving MediCal. MediCal hopefully will adjust the income level amount, accordingly, to allow the new low-income amount, to continue to qualify for the MediCal health plan. Numbers of MediCal recipients declined significantly, (for ages 22 to 59), in 2017. The wage increase started in January of 2017. These amounts and changes are made by the Federal government. The county is working to qualify more people on to the county health plan, to continue to provide services for people who need the services. Unfortunately, the county will not be able to obtain MediCal reimbursement for some of the services.
- Sam- it is bothersome that there are vacancies and if there is a need, that the county should be able to take care of the patient, regardless of health plan eligibility
- Jan- most residential facilities operate at a full capacity level; as soon as person is discharged, another person is waiting to get into a facility.
- Warren Hayes, MHS Program Manager- MHS funding allowed for the development of more programs. In his new role as an Executive Team member of the Behavioral Health Services Division, will be expanding assistance and support to work collaboratively with the MHC and Committees, to provide clarity and information. The Finance Department for the County offers a vast amount of information, accessible on line, which can be overwhelming and not appealing or

understandable in answering the Commission and Committee member's questions. Will assist in translating the financial information that answers the member's questions, helping members gain clarity and understanding in regards to the financial portion of the programs and the BHS division. Would like to be the conduit between the MHC and the BHS Division

- Chair-Lauren: noted the differences of previous plans and appreciates the clarity that Warren has brought to the MHSA plans and to the stakeholders, making the information easier to comprehend. Last year, the Governor of the State, decided to take \$600 million of the Realignment funds were taken out of the budget for the treatment and care for people that are severely mentally ill and given to another good program, In Home Support Services. Regardless, the Realignment funds are the money set aside for treatment and according to the California WIC code receive services to the extent that resources are available. Taking \$600 million dollars out of the budget and not returning the funds, which limit the amount of services that can be provided for this population in need. One of the problems that we have is funding for the expensive programs for the severely mentally ill because the services are extensive. We need for our county, Administrators and Supervisors, to step up and request that the money taken from the State is returned to the county and used for the purpose that it was intended for. The State now has \$9 billion dollars in excess
- Jill- informed that the state has turned over the responsibility, for IHSS, to the county.
- The advocacy efforts will need to be directed towards the State Legislature
- Chair- can the county take back the money that was taken to fund IHSS, from Realignment I?
- Warren- what would be helpful for the MHC is to determine, what exact impact does it have on the 2018-2019 total budget? By starting a qualitative analysis, then advocacy efforts can be more effective.
- If there are legislative ideas or goals, forward suggestions to the Board of Supervisors, to be considered for support on behalf of the BOS. The MHC would be a great partner, to help the Board of Supervisors consider areas of support
- The County Behavioral Health Directors Association, they have analyst in Sacramento, and they forward all pending legislation, grouped by category.
- Chair- so when something like this happens, how do we as a county reevaluate, to see how we can best make use of what is done, so the funds don't leave those with a severe mental illness; who knows how much \$600 million is going to impact our budget, but it will impact. Can we take a deeper look into that it least impacts those with a severe mental illness and capture some of those dollars?
- Sam- In terms of the adults services, we have the list of the programs- how are we collecting the service information, how many consumers are being served and how are we keeping track of the costs of the services provided by all the different programs?
- Warren- it is an area that needs to be constructed. We are currently in the process of developing and building an Executive Dashboard: a performance indicator score sheet, with key information that a person in a leadership position would want

to track. When it becomes available, the information will be forwarded to the MHC. The MHC can help build the dashboard, so that the information can be readily available for the MHC/Committee

- Sam- Can the EPIC system provide some of the information, such as: the number of consumers served in each program area?
- Warren- the implementation of the EPIC system has not been completed
- Chair- we need to move forward with the next item, everyone needs to weigh in on the items for the next agenda

VII. DISCUSS potential agenda items for the June 21 MHSA/Finance meeting

- Leslie- who do we meet with to find out about the budget? We need to see the breakdown of the budgets for these different agencies. Would like to set a start date to start the discussion regarding the building of the dashboard.
- Doug- do we want to consider for the June meeting, the level of detail, for the agenda, that I sent to the EA in May?
- Lauren- Mr. Godley came in November 2017, and answered all of the Committee’s questions in a very detailed report
- What is that the Committee wants to see, so the information can be provided?
- Leslie- lets determine what it is that we want to see first and we need to discuss it and decide at the next meeting- what is it that we actually want to see. I do not want to look at the entire budget, it’s too much information.
- Chair Lauren- Doug, I read your email and yours is very very in depth
- Jill- suggested that the document provided by Mr. Godley in November, be reviewed.
- Chair Lauren- that information has not been changed, since the budget is annual.
- Doug- in my email, I put some attachments with it, to lay out a roadmap of the kind of information that I thought would be useful to the Committee. I did not send it to all the members, due to the Brown-Act Regulations.
- Leslie- I would like that any information that is shared, to be forward to the rest of the Committee members or the entire Commission, at one time, so that everyone is on the same page. I did not see Doug’s email.
- Barbara- the document that Doug is talking about is the team is putting together an agenda for the next meeting. So he sent the items to Liza, to start the process, as opposed to some information document put together and not shared, it was part a process.
- Chair Lauren- the Brown–Act allows for transparency, but sometimes it hinders us in our ability to view and discuss things. We cannot go back and forth with each other because it cuts the public out of the discussion. Doug, I did read your email and two things I want to say: the documents that Pat Godley has, when they were brought to us, they were presented in paper form. Requested the EA to send, the document that Mr. Godley brought to the November 2017 meeting (in electronic form), and send it out to the entire MHC, via bcc. MHC Chair, Barbara Serwin agrees. All members should review the documents, once received, to continue the discussion at the next meeting.
- Warren- agrees for the documents to be reviewed first, this

action will help to define what information the Committee wants to track and why. The Finance Department can provide hundreds of pages of information, but too much information will not help the Committee focus on what the system of care is doing, what the context is and how it compares to the previous year

- Chair Lauren and MHC Chair agree
- Joe Metro- a financial dashboard, so that the key people can provide the key elements to the Committee, after the Committee defines the key elements. Educate and train the Committee, put together the dashboard so that we can see variances and specific items
- Sam- it is a great idea, it will take too long and I am not sure that we can all agree on the design. Suggest that the Committee look at the existing reports that the finance department gives to the Chiefs, managers, supervisors.
- Warren- that would be step two, step one is for the Committee to focus on what information it wishes to track
- Doug- I put together in my email, attachments, of what we could track, if we want to. Should I put together an email and forward it to the EA, to forward to the members?
- Committee consensus to review the document provided by Mr. Godley in November and continue discussion at the next meeting. MHC Chair requests that Warren, return next month to the Committee, with the manager's view of the information and see where the data intersect.
- Warren- it is a translation of financial information, that is where the dashboard is helpful
- Is there a sample dashboard available, the Committee requested that Warren bring the sample to the next meeting? Warren has agreed to bring the sample dashboard, for the Committee to discuss at the next meeting
- Chair, Lauren- to the EA, take Doug's agenda, and send document from Mr. Godley to the MHC and add the format of the dashboard, as an item for review and discussion. Sam we are not ready to discuss the reports at this time. Committee agreed that it is not necessary to invite staff members from the Finance Department at this time.
- **The EA posted the document, provided by Mr. Godley in 2017, on the website at: <https://cchealth.org/mentalhealth/mhc/>, under: "Budget Questions, MHSA/Finance Committee, meeting 11/16/17, budget questions and responses".**
- Jan- will review the financial document too and suggests maybe a semi-annual or quarterly report be requested
- MHC Chair, Barbara- the Committee can focus on reviewing the document and the format that Warren will provide, first, and continue the discussion at the next meeting and tune in to what needs to be provided at the following meeting. Jan will attend the next meeting
- Sam- no we need the existing reports that the managers receive, it doesn't matter if the report is monthly or quarterly
- Chair Lauren- Sam and Doug will discuss the agenda; Doug will be Chairing the Committee, moving forward. Request that the EA include Doug's documents and let the group decide what is relevant and what is not at the next meeting, post the documents separately

VIII. Adjourned at 3:05pm

**Contra Costa County
Health Services Department
Mental Health Division Summary
FY 2016 - 17 Projection**

Prepared on 1/12/2017

	16/17	16/17	16/17
	<u>Adopted Budget</u>	<u>November Projection</u>	<u>(Over) Under Budget</u>
Salaries	\$ 36,475,685	\$ 35,060,520	\$ 1,415,165
Benefits	21,491,895	20,763,629	728,266
Services & Supplies	131,051,217	130,453,409	597,808
Other Charges	5,257,325	5,564,778	(307,453)
Fixed Assets	<u>28,700</u>	<u>25,000</u>	<u>3,700</u>
Gross Expenditures	\$ 194,304,822	\$ 191,867,336	\$ 2,437,486
Expenditure Transfers	<u>(3,268,205)</u>	<u>(3,611,647)</u>	<u>343,442</u>
Total Expenditures	\$ 191,036,617	\$ 188,255,689	\$ 2,780,928
Revenue:			
Patient Revenue	\$ 66,115,751	\$ 65,587,553	\$ 528,198
State Aid & Grant	3,132,172	3,196,968	(64,796)
Federal Aid & Grant	2,813,547	2,884,651	(71,104)
Realignment	57,701,103	58,639,666	(938,563)
MHSA	43,114,746	40,368,116	2,746,630
Other income	<u>886,124</u>	<u>927,410</u>	<u>(41,286)</u>
Total Revenue	173,763,443	171,604,364	2,159,079
County Contribution	<u>\$ 17,273,174</u>	<u>\$ 16,651,325</u>	<u>\$ 621,849</u>

 Patient Revenue : Medi-Cal, Medicare, Contra Costa Health Plan (CCHP) & Private Insurance.

 State Aid & Grant : Medi-Cal Administrative Activities Claims (MAA), Supplemental Security Income (SSI), Assembly Bill (SB) 109, Grant from Office of Statewide Health Planning & Development, & Grant from CA Department of Health Care Services.

 Federal Aid & Grant : Funding from Department of Rehabilitation, Mental Health Block Grant, Dual Diagnosis Grant, Path Grant & Court Collaborative Grant.

 Realignment : Sales Tax, Vehicle License Fee, EPSDT, Managed Care, Katie A & Health Families.

 MHSA : Mental Health Service Act

 Other Income : Rent on Real Estate, Occupancy Fees, School District Billing & Miscellaneous Revenue & Misc revenues.

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

	FY17/18 Projected Realignment Revenue based on most recent State Allocation in FY16/17		FY17/18 Projected Expenditures by Program
1991 Realignment:	\$ 31,164,765	<u>1991 Realignment</u>	
2011 Realignment:	29,647,017	State Hospital	\$ 5,563,766
Estimated FY16/17 Growth to be received in FY17/18	1,966,672	Managed Care Inpatients	1,166,500
Total Mental Health	31,613,689	Institutions for Mental Disease (IMD)	4,490,553
		Adult Contracts	11,078,095
		Board & Care	1,526,825
		County Adult Clinics	7,339,025
Sub Total Mental Health Allocation	62,778,454	<u>1991 Realignment Expenditures</u>	<u>\$ 31,164,765</u>
2011 Realignment:	4,483,225		
Substance Abuse Disorder	4,483,225	<u>2011 Realignment</u>	
Grand Total Realignment	67,261,679	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
		<u>2011 Realignment Expenditures</u>	<u>\$ 36,096,914</u>
		Total Realignment Expenditures	\$ 67,261,679

Mental Health Contracts FY17/18 Payment Limit

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	\$ 704,500	\$ 1,309,500			\$ 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	\$ 573,379		\$ 896,567		\$ 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 800%	\$ 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
COMPTON COSTA INTERFAITH HOUSING, INC (WET)	MHSA-WET PROGRAM	\$ 20,600			\$ 20,600		\$ 20,600
DESARROLLO FAMILIAR - MHSA WET	MHSA WET 100%	\$ 12,000			\$ 12,000		\$ 12,000
DEVYRES HOMES - MARIA RIFORMA (Augmented B&C)	MHSA 8%, MH REAL 32%	\$ 48,000		\$ 44,160	\$ 3,840		\$ 48,000
FIRST 5	MHSA 100%	\$ 79,567			\$ 79,567		\$ 79,567
GIRI, VASANTA VENKAT	MHSA 16%, FPCOT 84%	\$ 267,040			\$ 41,600		\$ 267,040
GRANHOUM CONSULTING, INC.	MHSA 100%	\$ 15,400			\$ 15,400		\$ 15,400
LINCOLN	FFP 48%, CNTY REAL 56%, MHSA 14%, PLUSD 2%	\$ 6,056,936	\$ 2,908,425	\$ 2,181,738	\$ 816,773	\$ 150,000	\$ 6,056,936
MILAGROS MQUEZON dba Woodhaven Home	MHSA 50%, MH REAL 50%	\$ 24,720		\$ 12,360	\$ 12,360		\$ 24,720
MODIESTO 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		\$ 274,000	\$ 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%, MHIS 70%	\$ 2,139,856	\$ 641,957		\$ 1,497,899		\$ 2,139,856
UNITED FAMILY CARE (Board and Care)	MHSA HOUSING 100%	\$ 467,456			\$ 467,456		\$ 467,456

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

Mental Health Contracts FY17/18 Payment Limit

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
NAAMI 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
LACO FAMILY COMMUNITY DEVELOPMENT	MHSA 100%	\$ 184,870			\$ 184,870	\$ -	\$ 184,870
Lifelong Medical Care	MHSA 100%	\$ 126,977			\$ 126,977	\$ -	\$ 126,977
Mania Pappas Business Consulting	MHSA 100%	\$ 12,600			\$ 12,600	\$ -	\$ 12,600
Martinez Unified School District	MHSA 100%	\$ 180,353			\$ 180,353	\$ -	\$ 180,353
Milroy, Richard	MHSA 100%	\$ 66,560	\$ 66,560			\$ -	\$ 66,560
Nancy E. Ekbert 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
RNPE	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
NAAMI 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%, 31% MHSA	\$ 510,125	\$ 46,350		\$ 463,775	\$ -	\$ 510,125
The Contra Costa Clubhouses, Inc	MHSA 100%	\$ 109,000			\$ 109,000	\$ -	\$ 109,000
Adult MH contracts							
CALIFORNIA DEPARTMENT OF STATE HOSPITALS	MH REAL 100%	\$ 4,678,570	\$ 4,678,570	\$ 4,678,570	\$ -	\$ -	\$ 4,678,570

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

Mental Health Contracts FY17/18 Payment Limit

Health Providers:	Funding Sources with %	FY17/18 Payment Limit	FFP	REALIGNMENT	MHSA	Others (See Footnote)	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 Realign 42%	\$ 281,417	\$ 49,256	\$ 118,515		\$ 113,636	\$ 281,417
CRESTWOOD-PATHWAY**	FFP 44% MHSA 26% MH REAL 30%	\$ 1,366,383	\$ 594,365	\$ 413,685	\$ 357,833	\$ -	\$ 1,366,383
ANKA BEHAVIORAL HEALTH, INCORPORATED	PATH GRANT 20%, M+HG 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 PROF-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 27%, MHSA 80%	\$ 2,025,059	\$ 405,012		\$ 1,620,047		\$ 2,025,059
STATE DEPT OF REHAB (county match)	IND FUNDING ALLOCATION	\$ 1,401,573				\$ 1,401,573	\$ 1,401,573
THE URBAN INSTITUTE	CAL BOARD OF STATE & COMMUNITY CORRECTIONS 100%-THROUGH PROF-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 ABC	CALWORKS 100%	\$ 203,703				\$ 203,703	\$ 203,703
IMD							
CPT, INC. (CA PSYCHIATRIC TRANS)	MH REAL 77%, Detention 23%	\$ 1,022,200		\$ 1,022,200		\$ 300,000	\$ 1,322,200
TELECAR CORP.	REALIGN AT 81%, HOSPITAL UR AT 19%	\$ 1,927,909		\$ 1,567,770		\$ 360,138	\$ 1,927,909
HELIOS HEALTHCARE	MH REAL 100%	\$ 473,840		\$ 473,840		\$ -	\$ 473,840
MENTAL HEALTH MANAGEMENT	MH REAL 100%	\$ 227,206		\$ 227,206		\$ -	\$ 227,206
CRESTWOOD BEHAVIORAL HEALTH, INC.	MHSA 9%, REALIG 91%	\$ 7,383,000		\$ 6,713,970	\$ 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 MIOCH GRANT 45% & COUNTY PROB MIOCH GRANT 11%	\$ 567,904	\$ 253,813			\$ 314,091	\$ 567,904

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

Mental Health Contracts FY17/18 Payment Limit

Health Providers:	Funding Sources with %	FY17/18 Payment Limit	FFP	REALIGNMENT	MHSA	Others (See footnote)	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%	\$ 1,065,370	\$ 502,685	\$ 562,685		\$ -	\$ 1,065,370
Amador Institute Inc	FFP/Realign (50/50)	\$ 440,860	\$ 220,430	\$ 220,430		\$ -	\$ 440,860
ASPIRANET	FFP 50% REALIGN 50%	\$ 257,500	\$ 128,750	\$ 128,750		\$ -	\$ 257,500
BAY AREA COMMUNITY RESOURCES (new MHSA MET)	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 CVO 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	FFP 50% COUNTY REALIGNS 5%	\$ 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 MEDICAL 50% COUNTY REAL 50%	\$ 318,270	\$ 159,135	\$ 159,135		\$ -	\$ 318,270
Child Therapy Institute	FFP and Realign (50/50)	\$ 334,750	\$ 167,375	\$ 167,375		\$ -	\$ 334,750
COMMUNITY HEALTH FOR ASIAN AMERICANS	FFP 49% COUNTY REAL 49% REALIGN NONI M-Gal 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
ECHMP (EARLY CHILD) - First 5	FFP 50% CNTY REAL 50%	\$ 2,829,054	\$ 1,414,527	\$ 1,414,527		\$ -	\$ 2,829,054
EDGEWOOD CHILDREN'S CENTER	FFP 50% CNTY REAL 50%	\$ 75,808	\$ 37,904	\$ 37,904		\$ -	\$ 75,808
First Place For Youth	FFP 50% Realign @ 50%	\$ 30,000	\$ 15,000	\$ 15,000		\$ -	\$ 30,000
FRED FINCH-YOUTH CTR - MT DIABLO SED	FFP 49% EPSDT 49% MT DIABLO USD 2%	\$ 1,304,114	\$ 642,057	\$ 642,057		\$ 20,000	\$ 1,304,114
LA CHEM SCHOOL	FFP 50% CNTY REAL 50%	\$ 2,417,864	\$ 1,208,932	\$ 1,208,932		\$ -	\$ 2,417,864
MIL-HOUS CHILDREN'S SERVICES INC (new name: Mountain Valley Child and Family Services)	FFP 50% COUNTY REAL 50%	\$ 1,183,942	\$ 591,971	\$ 591,971		\$ -	\$ 1,183,942
MT. DIABLO UNIFIED SCHOOL DISTRICT	FFP 48% COUNTY REAL 46% MT DIABLO USD 7%	\$ 3,616,637	\$ 1,673,921	\$ 1,673,921		\$ 268,796	\$ 3,616,637
SENECA MOBILE CRISIS (SB 90)	FFP 43% MH REAL 43% MHSA 4% County GF 9% MDOUSD 1%	\$ 8,261,237	\$ 3,576,622	\$ 3,576,622	\$ 370,927	\$ 737,096	\$ 8,261,237
STANDI 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% REALIGN EPSDT 49% MDOUSD 1%	\$ 476,253	\$ 238,126	\$ 238,126		\$ 5,130	\$ 476,253
VICTOR TREATMENT CENTERS	FFP 50% CNTY REAL 50%	\$ 255,234	\$ 127,617	\$ 127,617		\$ -	\$ 255,234
WE CARE SERVICES FOR CHILDREN	FFP 50% Realign 50%	\$ 1,833,024	\$ 916,512	\$ 916,512		\$ -	\$ 1,833,024
WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT	FFP 50% CNTY REAL 50% MCC 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 REALIG 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.

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?

MHSA Quarterly Budget Report
Fiscal Year 2017-18
July 2017 through December 2017

Summary

	<u>Approved MHSa Budget</u>	<u>Projected Expenditure</u>	<u>Expenditures</u>
CSS	37,602,567	32,294,938	11,301,126
PEI	8,668,448	7,679,739	3,044,516
INN	2,120,229	1,932,496	656,178
WET	2,539,664	1,964,299	738,593
CF/ TN	643,835	634,991	861
TOTAL	<u>51,574,743</u>	<u>44,506,463</u>	<u>15,741,274</u>

Approved MHSa Budget means the funds set aside, or budgeted, for a particular line item prior to the start of the fiscal year.

Projected Expenditures means the funds that are estimated to be spent by the end of the fiscal year.

Expenditures means the funds actually spent in the fiscal year by the end of the month for which the report was made

Disclosures:

1) Cost Centers are used to track expenditures. MHSa cost centers are: 5713, 5714, 5715, 5721, 5722, 5723, 5724, 5725, 5727, 5735, 5753, 5764, 5868, 5957. MHSa program plan elements include expenditures from multiple MHSa cost centers. Therefore, expenditures reported in the County's Expenditure Detail Report may not tie exactly to the MHSa program plan elements.

2) Various projected expenditures are based on rolling average of actual expenses.

CSS Summary

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Full Service Partnerships			
Children	2,798,275	2,488,128	1,365,158
Transition Age Youth	2,407,611	1,909,753	520,486
Adults	5,288,696	5,053,822	1,569,741
Adult Clinic FSP Support	1,772,145	901,072	(212,124)
Recovery Center	901,250	1,190,687	380,552
Hope House	2,077,530	2,161,310	1,080,655
Housing Services	8,502,116	8,129,127	2,013,488
Full Service Partnership Sub-Total	<u>23,747,623</u>	<u>21,833,899</u>	<u>6,717,956</u>
General System Development			
Older Adults	3,388,068	3,518,131	1,720,895
Children's Wraparound	1,669,810	1,452,430	724,183
Assessment and Recovery Center - Miller Wellness Center	319,819	324,986	81,249
Clinic Support	1,355,630	1,050,632	214,962
Forensic Team	424,628	179,636	83,001
Mobile Response Team	550,000	72,881	-
MH Clinicians in Concord Health Center	281,686	317,074	52,329
EPSDT Expansion	2,500,000	311,667	-
Quality Assurance	1,255,831	1,117,161	527,156
Administrative Support	2,109,471	2,116,440	1,179,394
General System Development Sub-Total	<u>13,854,943</u>	<u>10,461,039</u>	<u>4,583,170</u>
	<u><u>37,602,567</u></u>	<u><u>32,294,938</u></u>	<u><u>11,301,126</u></u>

CSS- FSP Children

	<u>Approved MHA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Personal Service Coordinators- Seneca	808,215	622,244	259,268 ¹
Multi-dimensional Family Therapy- Lincoln Center	556,973	579,444	338,316
Multi-systemic Therapy- COFY	689,585	689,585	482,170
Children's Clinic Staff- County Staff	743,502	596,855	285,404
Total	2,798,275	2,488,128	1,365,158

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

CSS- FSP Transition Age Youth

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Fred Finch Youth Center	1,442,661	1,258,692	375,933 1
Youth Homes	684,950	592,776	136,244 1
Oak Grove	250,000	41,667	- 1
Misc. Costs	30,000	16,619	8,309 2
Total	2,407,611	1,909,753	520,486

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

2) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA related program costs.

CSS- FSP Adults- Agency Contracts

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Assisted Outpatient Treatment	2,392,241	1,897,575	656,283 1
Anka	791,751	754,501	222,001 1
Familias Unidas (Desarrollo)	213,309	245,286	55,568 1
Hume Center	1,891,395	2,025,059	590,854 1
Crestwood Behavioral Health	-	129,549	43,183 1
Rubcon- Terminated FY16/17	-	1,853	1,853 2
Total	5,288,696	5,053,822	1,569,741

Note:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) This contract was terminated in FY16/17. This amount is paid for missing invoices for FY16/17.

CSS- Supporting FSPs

	<u>Approved MHA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Adult Clinic Support			
FSP Support, Rapid Access, Wellness Nurses	1,772,145	901,072	(212,124) ²
Recovery Centers- Recovery Innovation	901,250	1,190,687	380,552 ¹
Hope House- Crisis Residential Program	2,077,530	2,161,310	1,080,655
Total	4,750,925	4,253,069	1,249,083

Note:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) Negative expenditure in these programs is due to temporary fiscal adjustment. The adjustment will be reversed in next quarter.

**CSS- Supporting FSPs
Housing Services**

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>	
Supporting Housing- Shelter, Inc	2,281,484	2,281,484	-	1
Special Needs Housing Program	1,722,486	1,722,486	-	1
Supporting Housing- TBD	220,000	-	-	2
Augmented Board & Care - Crestwood	1,140,877	1,076,985	342,175	1
Augmented Board & Care - Divines	5,184	1,824	912	
Augmented Board & Care - Modesto Residential	71,175	77,353	43,875	
Augmented Board & Care - Oak Hills	16,315	16,315	8,158	
Augmented Board & Care - Pleasant Hill Manor	92,700	81,840	37,200	
Augmented Board & Care - United Family Care	453,840	414,725	152,458	1
Augmented Board & Care - Williams	31,889	30,560	15,280	
Augmented Board & Care - Woodhaven	12,360	9,270	4,635	
Shelter Beds- County Operated	1,931,296	1,931,296	1,172,169	
Housing Coordination Team - County Staff	522,510	484,988	236,626	3
Total	8,502,116	8,129,127	2,013,488	

Note:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) Supporting Housing is in planning phase.

3) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA related program costs.

CSS- General System Development Services

	<u>Approved MHA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Older Adult Clinic - Intensive Care Management, IMPACT	3,388,068	3,518,131	1,720,895 1
Wraparound Support - Children's Clinic	1,669,810	1,452,430	724,183 1
Assessment and Recovery Center (MWC)	319,819	324,986	81,249 1
Money Management - Adult Clinics	779,316	117,221	32,401 1
Transportation Support - Adult Clinics	151,951	97,321	52,092 1
Evidence Based Practices - Children's Clinics	424,363	356,086	169,215 1
Forensic Team - County Operated	424,628	179,636	83,001 1
Mobile Response Team	550,000	72,881	- 1
MH Clinicians in Concord Health Center	281,686	317,074	52,329 1
EPSDT Expansion	2,500,000	311,667	- 1
Misc. Costs	-	480,004	(38,746) 1,2
Total	10,489,641	7,227,438	2,876,619

Note:

- 1) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHA related program costs.
- 2) Negative expenditure in these programs is due to temporary fiscal adjustment. The adjustment will be reversed in next quarter.

**CSS- General System Development
Administrative Support**

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Quality Assurance			
Medication Monitoring	226,630	220,522	110,261 1
Clinical Quality Management	712,369	600,292	268,762 1
Clerical Support	316,833	296,347	148,133 1
Quality Assurance Total	1,255,831	1,117,161	527,156
Administrative Support			
Projected and Program Managers	698,838	729,097	435,789 1
Clinical Coordinators	118,265	117,955	58,977 1
Planner/ Evaluators	324,084	429,188	201,168 1
Family Service Coordinator	82,915	78,060	39,030 1
Administrative/ Fiscal Analysts	552,923	327,367	194,016 1
Clerical Support	220,086	191,268	92,768 1
Community Planning Process- Consultant Contracts	112,360	109,769	90,779 1
Misc. Costs	133,735	133,735	66,868 1
Administrative Support Total	2,109,471	2,116,440	1,179,394
Total	3,365,302	3,233,601	1,706,550

Note:

1) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA related program costs.

PEI Summary

	<u>Approved MHSa Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Prevention- Outreach and Engagement			
Reducing Risk of Development a Series Mental Illness			
Increasing Recognition of Early Signs of Mental Illness	1,035,575	1,022,168	339,161 1
Underserved Communities	1,580,477	1,613,659	643,160 1
Prevention	2,351,312	2,060,206	668,857 1
Stigma and Discrimination Reduction	295,211	305,688	113,538 1
Access and Linkage to Treatment	230,107	224,751	70,389 1
Perinatal Depression Project	201,632	34,003	- 1
Suicide Prevention	439,541	382,460	127,272 1
Prevention Sub-Total	6,133,854	5,642,934	1,962,376
Early Intervention - Project First Hope	2,377,280	1,846,887	1,005,910 1
Administrative Support	157,314	189,917	235,725 1
Total	8,668,448	7,679,739	3,204,012

Note:

1) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSa related program costs.

PEI- Outreach for Increasing Recognition of Early Signs of Mental Illness

	<u>Approved MHA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Cc Interfaith	70,000	68,456	26,079 1
Triple P America Inc (COPE)	238,703	238,699	79,173 1
First 5 Cc Children & Fam	79,568	79,568	18,222 1
Latina Ctr, The	108,565	108,565	33,351 1
Asian Comm Mental Hlth	137,917	141,303	80,720
Jewish Family/Chld Svcs	169,403	143,196	54,855 1
Native American Hlth Ctr	231,419	242,382	46,761 1
Total	1,035,575	1,022,168	339,161

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

PEI- Improving Timely Access to MH Svcs for Underserved Populations

	<u>Approved MHA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Rainbow Comm Ctr	737,245	737,245	355,346 1
La Clinica De La Raza	272,386	272,386	43,672 1
Lao Family Comm Devel	180,275	214,485	108,505
Center For Human Devel	142,129	141,100	50,659 1
Lifelong Medical Care	126,977	126,977	39,982 1
Child Abuse Preven Cncl	121,465	121,466	44,997 1
Total	1,580,477	1,613,659	643,160

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

PEI - Prevention

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>	
Martinez Usd - Project New Leaf	180,353	135,468	56,918	1
People Who Care	216,604	188,009	88,453	1
Ryse Youth Center	488,368	488,368	-	1
Tides Center- BBK	210,580	210,580	68,654	1
Contra Costa Clubhouses	565,883	565,682	242,039	1
Families Experiencing Juvenile Justice System	689,524	472,098	212,793	1
Total	2,351,312	2,060,206	668,857	

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

PEI

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
PEI- Stigma and Discrimination Reduction			
CalMHSA PEI	78,000	78,000	-
Reducing Stigma	217,211	227,688	113,538
	<u>295,211</u>	<u>305,688</u>	<u>113,538</u>
PEI-Access and Linkage to Treatment			
West Contra Costa YMCA JMP	99,900	99,910	24,975
Stand	130,207	124,841	45,414
	<u>230,107</u>	<u>224,751</u>	<u>70,389</u>
PEI- Suicide Prevention			
C C Crisis Center	301,636	310,685	125,265
Preventing Suicide	137,905	71,775	2,007
	<u>439,541</u>	<u>382,460</u>	<u>127,272</u>
PEI- Perinatal Depression Project	201,632	34,003	-
Administrative Support	157,314	189,917	235,725
Early Intervention			
Project First Hope	2,377,280	1,846,887	1,005,910
Total	<u>3,701,084</u>	<u>2,983,706</u>	<u>1,552,834</u>

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

2) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA related program costs.

INN

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Supporting LGBTQ Youth- Rainbow Community Center	-	-	159,496 3
Reluctant to Rescue- Community Violence Solutions	100,000	21,972	9,155 1
CBSST	200,000	53,789	-
CORE	500,000	138,955	-
WELL Project	-	476,478	146,395 2
Coaching to Wellness	515,794	622,539	176,829 2
Partners in Aging	163,986	209,300	60,248 2
Overcoming Transportation Barriers	216,934	68,781	6,003 2
Administrative Support	423,515	340,682	98,051 2
Total	<u>2,120,229</u>	<u>1,932,496</u>	<u>656,178</u>

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

2) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA related program costs.

3) This contract is combined with the Rainbow contract in PEI component. Fiscal adjustment will be made to move the existing expenditure amount from INN to PEI.

WET

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Staff Training and Technical Assistant			
NAMI Basics and Faith Leadership Educational Programs	61,850	10,695	- 1
Crisis Intervention Training	35,000	35,000	1,200 1
Various Training and Technical Assistance Consultants	133,150	125,150	33,955 1
MH Career Pathway	400,938	339,710	65,800 1
Residency Internship Program			
Graduate Level Internships- Contract Agencies	100,000	140,000	24,051 1
Graduate Level Internships- County Operated	339,471	307,266	129,573 2
Financial Incentive Program	300,000	300,000	300,000
NAMi-Contra Costa Family Support Network Volunteer Program	600,000	300,000	- 3
Workforce Staffing Support	569,255	406,478	184,015 2
Total	<u>2,539,664</u>	<u>1,964,299</u>	<u>738,593</u>

Note:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA related program costs.
- 3) This program is in planning phase.

Capital Facilities/ Information Technology

	<u>Approved MHA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Electronic Mental Health Records System	643,835	634,991	861 ¹
Total	643,835	634,991	861

Note:
 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

Contra Costa Behavioral Health Services Quarterly Report to the Mental Health Commission

July 2018

Preliminary DRAFT Concept Outline

Concept

- A quarterly Director's report that depicts domains and indicators to enable a common understanding of the state of CCBHS with stakeholders
- Enables attention to performance indicators within CCBHS
- The following report format is preliminary and any listed data is illustrative only

Domains

- Access to Services
- Staffing Capacity
- Finance
- Services Provided
- Key Performance Indicators
- Quality Assurance
- Topical Areas of Interest

Access to Services

- Concept: how long it takes for someone to get a first appointment for mental health care
- Possible Performance Indicators: percentage of routine, urgent and psychiatry appointments made within a prescribed time standard
- Example: could include the percentage of appointments offered - routine (within 10 business days), urgent (within two business days), and psychiatry (within 15 business days)
- Context: could depict previous time periods to indicate trends – could compare regions and/or clinics

Staffing Capacity

- Concept: how many people we have to serve the public
- Possible Performance Indicators: numbers of key staff, such as clinicians, psychiatrists, community support workers, administrative staff
- Example: could show number of staff available in key staffing classifications, what the County has authorized, or number in key staffing classifications that are vacant and being actively recruited to fill
- Context: could depict previous time periods to indicate trends – could compare regions and/or clinics

Finance

- Concept: how much money we have to spend
- Possible Performance Indicators: how much revenues and expenditures are budgeted, spent and generated, and how much revenues and expenditures are projected by the end of the fiscal year
- Example: could depict the above by cost center each quarter
- Context: could depict previous time periods to indicate trends in revenues and expenditures

Services Provided

- Concept: how many persons are being served
- Possible Performance Indicators: number served by level of service, such as locked facilities, unlocked facilities, full service partnerships, case management, clinic services, provider network
- Example: could depict the above each quarter
- Context: could depict previous time periods to indicate over time possible changes in numbers served from higher to lower level of care
 - could compare regions

Key Performance Indicators

- Concept: key data not otherwise covered in the rest of the domains that speak to the impact of service delivery
- Possible Performance Indicators:
 - number of psychiatric emergency service (PES) admissions per month
 - reduction in PES admissions, in-patient hospitalizations, homelessness after full service partnership participation
 - number of persons connected to care by prevention and early intervention programs
 - consumer/family member survey results
- Examples: could update the above as data becomes available
- Context: could depict previous time periods to indicate impact over time

Quality Assurance

- Concept: information not otherwise covered in the rest of the domains that speak to compliance with state and federal requirements for quality assurance
- Possible Performance Indicators:
 - Department of Health Care Services Triennial Audit
 - Annual External Quality Review
 - Medi-Cal billing disallowance rate
 - Network adequacy of service providers
 - Penetration rates
 - Number and type of grievances/complaints filed and status
- Examples: could provide key data points on the above as available
- Context: could provide previous data to depict trends

Topical Areas of Interest

- Concept: a report on emerging issues, initiatives or programs of interest
- Possible Performance Indicators: time line, milestones for implementation, issue resolution
- Examples:
 - Electronic Mental Health Record System
 - Psychiatry shortage; tele-psychiatry
 - Continuum of Care Reform Implementation
 - 24/7 Mobile Crisis Response Team
 - Family Volunteer Support Network
 - First Hope Expansion
 - Mental Health Supportive Housing Plan