




**CONTRA COSTA
MENTAL HEALTH COMMISSION**

**CONTRA COSTA
MENTAL HEALTH
COMMISSION**

1340 Arnold Drive, Suite 200
Martinez, CA 94553

Ph (925) 313-9553
Fax (925) 957-5156

cchealth.org/mentalhealth/mhc

Current (2022) Members of the Contra Costa County Mental Health Commission

Barbara Serwin, District II (Chair); Laura Griffin, District V (Vice Chair); Supervisor Candace Andersen, BOS Representative, District II;
Douglas Dunn, District III; Michael Hudson, District IV, Kathy Maibaum, District IV; Leslie May, District V; Joe Metro, District V;
Alana Russaw, District IV; Rhiannon Shires, District II; Geri Stern, District I; Gina Swirsding, District I; Graham Wiseman, District II
Diane Burgis, Alternate BOS Representative for District III

Mental Health Commission (MHC)

Wednesday, January 5th, 2022, ♦ 4:30 pm - 6:30 pm

VIA: Zoom Teleconference:

<https://cchealth.zoom.us/j/6094136195>

Meeting number: 609 413 6195

Join by phone:

1 646 518 9805 US

Access code: 609 413 6195

AGENDA

- I. 4:30 Call to Order/Introductions**
- II. 4:34 Moment of Silence for Richard Clayton, spouse of Supervisor Diane Burgis**
- III. 4:35 Public Comments**
- IV. 4:45 Commissioner Comments**
- V. 4:55 Chair Comments/Announcements**
 - i. Second module of Commissioner Orientation “Introduction to Behavioral Health Services” will be presented BEFORE THE FEBRUARY Commission meeting at 3:30 to 4:20 PM**
 - ii. Commissioners encouraged to attend the annual Budget Year Key Issues & Projections at the January Board of Supervisors’ Retreat**
- VI. 5:00 APPROVE December 1st, 2021 Meeting Minutes**
- VII. 5:05 “Get to know your Commissioner” (Cmsr. Geri Stern / Cmsr. Joe Metro)**
- VIII. 5:15 DISCUSS potential models for Commissioner meeting conduct:**
 - **Contra Costa County 2021 “Advisory Body Handbook” (pg 17) recommended conduct for Commissioners**
 - **Mental Health Services Act (MHSA) meeting “working agreement” example**
 - **California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) Conduct Agreement and other models**
- IX. 5:25 DISCUSS Crestwood Our House in Vallejo site visit and 2022 (January-April) targeted sites, Angela Beck, Executive Assistant, Mental Health Commission**

(Agenda continued on Page Two)



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.



Mental Health Commission (MHC) Agenda (Page Two)

Wednesday, January 5th, 2022 ◊ 4:30 pm - 6:30 pm

- X. 5:30 DISCUSS priority Commission topics for 2022, Commissioner Barbara Serwin**
- XI. 5:40 DISCUSS and VOTE on the Motion brought forth from the December 16, 2021 MHSA-Finance Committee Meeting (Agenda Item VII):**
“The Mental Health Commission requests county Behavioral Health Services for additional funding, including MHSA and other funding sources, in the amount of \$3 million for Assisted Outpatient Treatment and other programs placement of misdemeanor incompetent to stand trial (MIST) clients.”
- XII. 5:47 DISCUSS and VOTE on the Motion brought forth from the December 16, 2021 Quality of Care Committee Meeting (Agenda Item IX):**
“The Mental Health Commission advises Behavioral Health Services and the Board of Supervisors to fund a comprehensive needs assessment of the county’s continuum of care system of placing, tracking, treating, and housing the specialty mental health population.”
- XIII. 5:55 DISCUSS Behavioral Health Services (BHS) 2022-2023 budget and MHSA three-year plan budget update, Commissioner Barbara Serwin**
- Review the BHS budget cycle and timing of stake-holder input
 - Review the MHSA three year plan budget update process and timing of stake-holder input
 - 2022 BHS and MHSA priorities
 - 2022 Commission priorities
 - Next steps
- XIV. 6:15 Behavioral Health Services Director’s Report, Dr. Suzanne Tavano (6:25 Questions/Comments for BHS Director’s Report)**
- XV. 6:30 Adjourn**

ATTACHMENTS:

- A. 2022 Mental Health Commission Priorities Survey Results**
- B. Advisory Body Handbook 2021, Pg 17 – Meeting Conduct**
- C. CPAW Working Agreement**
- D. CALBHB/C Conduct Agreement**
- E. Site Visit Assignments**
- F. Finance Committee Motion**
- G. Proposed MHS Budget FY22-25 MIST Population**
- H. Quality of Care Committee Motion**
- I. Budget Process**
- J. Budget Preparation For Fiscal Year 2021-2022 and Beyond**
- K. BHS FY 2021-2022 Recommended Budget**
- L. MHSA Plan Update FY 2021/22 Budget**

Topics to Focus on During 2022

Mental Health Commission, 2021 Retreat, 11/3/21 Survey Results

*Note: Topics (in the form of goals) from 2021 that are incomplete but relevant committee is still actively working on will remain in place and 2022 topics will be added to these 2021 topics.

- 1. Advocate for the full implementation of parity in health insurance coverage such that mental health expenses are covered at the same level as physical health expenses (66.67%)**
- 2. Evaluate mental health services in K-12 public schools (e.g. Wellness in School Program) (61.11%)**
- 3. Evaluate where per capita funding for mental health services is being spent within the county (50%)**
- 4. *Advocate for ending the permanently legal financial discrimination that disallows Federal Medicaid payment for treatment provided by Institutions for Mental Disease, e.g. hospitals, nursing facilities, or other institutions with more than 16 beds (the IMD exclusion) (50%)***
- 5. *Advocate for a transparent and data-driven assessment of community mental health needs, beginning with the consolidation and sharing of data that is already collected (44.44%)***
- 6. *Evaluate the availability and adequacy of mental health services for traditionally under-served populations (e.g. teens, Veterans, persons of color, certain ethnic groups) across all county districts (44.44%)***
- 7. Advocate for providing free mental health medications and services for the homeless population (38.89%)**
- 8. Understand the policies and impact of the new California Advancing and Innovating Medi-Cal (Cal AIM) improvements across the Medi-Cal system (33.33%)**
- 9. Advocate for improved transportation options for people with a mental illness to mental health services, resources and events (27.78%)**
- 10. Advocate for the creation of mental health support groups for participants who all have the same diagnosis, with or without facilitation by a therapist (27.78%)**

11. Assess the mental health needs of victims of human trafficking and advocate for needed resources (22.22%)
12. Ensure that the MHC provides full community representation (22.22%)
13. Advocate for ADA access and services for mental health facilities (16.67%)

Major 2021 annual goals or topics initiated during 2021:

- *Advocate for funding of housing, services and programming for the 60 75 IST (Finance Committee topic)
- *Assess the existing Lanterman-Petris-Short (LPS) Act Conservatorship program and advocate for essential improvements (Justice Committee)
- *Continue to advocate for an adequate number of in-patient treatment beds (placements) in county-accessible mental health residential facilities (Quality of Care Committee)

CONTRA COSTA COUNTY

ADVISORY BODY HANDBOOK

GUIDELINES & RESOURCES
FOR BOARDS, COMMITTEES, COMMISSIONS, AND
COUNCILS GOVERNED BY THE CONTRA COSTA
COUNTY BOARD OF SUPERVISORS

Revised October 2021

From the Contra Costa County "Advisory Body Handbook" recommended Commission meeting conduct, page 17
URL: <https://www.contracosta.ca.gov/DocumentCenter/View/29076/Advisory-Body-Handbook-2021?bidId=>

Contra Costa County
Clerk of the Board of Supervisors
(925) 655-2000
ClerkoftheBoard@cob.cccounty.us



Format of Meeting Minutes

It is most important that the minutes accurately record the committee's official decisions and actions. Minutes should include a brief description of any motion considered (whether or not it is approved) and must record the vote taken on the motion. Votes must be recorded in the minutes using the format required in California law. Minutes must be prepared using the legally required format—which includes rollcall votes—described in [Appendix 17](#) and [Appendix 18](#).

Attendance, absence, or late arrivals of committee members should be recorded in the minutes. The minutes may include the major points made during the discussion, although not all discussion is recorded. Public visitors are not required to sign in and their presence or absence at the meeting should not be included in the minutes.

Following the meeting, the vote should be made public by posting the adopted minutes or record of actions for each meeting in the same physical location where meeting agendas are posted, and by posting an electronic copy of the minutes on the County's website/AgendaCenter.

IV. EFFECTIVE ADMINISTRATION OF COUNTY ADVISORY BODIES

Responsibilities of Advisory Body Members

Understanding and Contributing to the Committee's Purpose, Priorities, and Goals

Committee members should strive to fulfill the committee's purpose, priorities, and goals. The committee's mandate is reflected in the establishing legislation and in committee bylaws.

Reviewing Agendas and Supporting Documents

Committee members should review all materials, including agendas and supporting documents, in advance of meetings. Be prepared to ask questions as needed and to discuss the items on the agenda as part of committee deliberations. Your active participation is important.

Conduct at Meetings

Committee members should be aware of, and adhere to, appropriate meeting behavior. Members of the County's boards, commissions, committees, and councils should strive at all times to work constructively with other committee members, to respect and consider alternative points of view, and to engage actively in committee business. The following specific guidelines should be observed:

- Be attentive, respectful, and courteous to members of the public and fellow committee members.
- Avoid interrupting persons who are speaking.
- Avoid any personal remarks; focus on the subject matter.

Your professionalism will help the committee gain respect and influence.

Absence from Meetings

Regular attendance at meetings is vital to the overall effectiveness of the committee. Always notify the staff and chairperson of any expected absences.

The most important reason that regular attendance is needed is the requirement for every committee to establish a quorum at each meeting in order to conduct its business. In the absence of a quorum (the minimum number of members), the meeting must be cancelled. If the quorum is not present at the

Working Agreement

The counsel and advice of all participants in the CPAW process is highly valued in planning and evaluating Mental Health Services Act (MHSA) funded programs and services. In order for all voices to be expressed in a productive, safe and respectful environment, the CPAW body has developed and adopted the following set of self-governance agreements for all participants at all types of CPAW meetings:

1. Come prepared to discuss the published agenda items and handouts.
2. We are committed to starting and finishing on time. Please help us by being on time, speaking only to the topic at hand, and coming back from breaks on time.
3. Place yourself on mute and turn your cell phone ringers off.
4. Avoid providing any distractions, such as side bar conversations.
5. Wait to be recognized before speaking and keep your comments brief.
6. Please identify to the group your perspective, affiliation or potential conflict of interest if you are participating in discussions that lead to group positions or recommendations.
7. When internal group decisions need to be made, such as CPAW or sub-committee governance issues, members will attempt to reach consensus, or, if necessary, decide by a simple majority. For a group position or recommendation made through CPAW to Contra Costa Mental Health, participants may be asked if they support, do not support, or do not wish to take a position. The number of CPAW members and non-members in each response category should be reported.
8. It is okay to disagree politely and respectfully, as different perspectives are welcomed and encouraged.
9. Please refrain from criticizing in a negative manner a specific person or agency during the meeting and in group communications. Outside of the meeting please speak to the staff supporting the meeting for assistance in having your concerns heard and addressed through the appropriate channels.
10. An individual may be asked to leave should he/she behave in a manner that threatens the safety of our group members or does not honor the terms of this working agreement.

Conduct Agreement from CALBHB/C

- 1. Treat everyone with dignity and respect (Added by MHC Chair)**
- 2. Practice active listening**
- 3. Focus on issues**
- 4. Use “Person-First” language (see below)**
- 5. No swearing**
- 6. No personal attacks or criticism (of self or others)**
- 7. One person speaks at a time—no side bars**
- 8. Keep comments short if possible—do not monopolize discussion**
- 9. Limit the use of acronyms—“When in doubt, spell it out.”**
- 10. Turn off or silence cell phones**

MHC SITE VISIT ASSIGNMENTS

Updated Site Visits for 2022 – January through April

JANUARY

(Crestwood) Our House, Vallejo, CA. Enhanced B&C / ARF (36 CCC Beds)
SVTeam: Doug Dunn, Kathy Maibaum, **Leslie May**. Mentor: N/A

FEBRUARY

Hope House, Martinez, CA. Med CRT / Crisis Residential (16 CCC Beds)
SVTeam: Geri Stern, *Mike Hudson(?)*. Mentor: **Barbara Serwin**

MARCH

Harmony House, Walnut Creek, CA. Large B&C / RCFE (5 CCC Beds)
SVTeam: *Graham Wiseman, Gina Swirsding*. Mentor: **Laura Griffin**

APRIL

(Crestwood) Bridge, Pleasant Hill, CA. Large B&C / ARF (64 CCC Beds)
** Pathways (same site, diff program). Enhanced B&C / Social Rehab (16 CCC Beds)
SVTeam: *Mike Hudson, Alana Russaw, (4) TBD* Mentor: TBD

One site per month with actual dates to be determined. There is a lot of administrative work, scheduling and coordination with the site staff and mandatory notifications. Email updates to the commissioners (and mentors) as the visits are scheduled for each site, as necessary, leading up to the site visit.

Note: Site visits will be scheduled for one (1) day and it is requested the entire day is blocked out. The size of the site determines the number of commissioners needed to conduct the necessary interviews.

>>>>Please email me individually your weekly availability times, so that I can try to accommodate (avoid impacting) your schedules as much as possible.

Mental Health Commission
Proposed Motion(s)

Agenda Item XI

Meeting Date: January 5th, 2021

**Motion (original): MHSA-Finance Committee Meeting 12/16/21
(Agenda Item VII)**

MOTION:

The Mental Health Commission (MHC) requests county Behavioral Health Services for additional funding, including MHSA and other funding sources, in the amount of \$3 million for Assisted Outpatient Treatment and other programs placement of misdemeanor incompetent to stand trial (MIST) clients.

Proposed MHS, Inc. Budget for the current 22-25 Contra Costa Misdemeanor Incompetent to Stand Trial (MIST) Population

Attached, please find MIST Budget for AOT - Mental Health Systems. Below are some highlights:

1. Increase in current staff salaries.
2. Adding additional staff members to build on the current team to work with additional MIST clients. We are requesting additional staff to meet the needs of MIST clients within a smaller staff/client ratio.
3. Increase housing funds to have additional two master leases in Concord.
4. Adding additional office space to Diamond Blvd. location for the new team.

Please let us know if you have any questions, concerns, or feedback.

Carolyn

Carolyn Goldstein-Hidalgo, LMFT, CADC-II, BCBA
Vice President
Mental Health Systems
Cell (925) 231-5507
carolyn.hidalgo@mhsinc.org
www.mhsinc.org

BUDGET PROPOSAL
Contra Costa ACTION - MIST
TOTAL BUDGET
12-Month Budget
0

Contractor: Mental Health Systems, Inc. Contract #: #REF! Amendment #: _____
 Budget Period: 12 Months State Provider Code: 37- D/M-C Provider Code: _____

LINE ITEM: Consultants (Services rendered by persons who are members of a particular profession or possess a special skill and who are not officers or employees of the contractor) (Provide a Brief Description & Justification): Cover the cost of psychiatry services for clients.	Total Amount \$ 270,400
LINE ITEM: Wraparound Funds (Provide a Brief Description & Justification): Includes client provisions such as clothing, transport, birth certificates, employment related needs such as tools to begin a job, & items such as food, furnishings for household setup & maintenance. Also covers costs for supplies & services for client recreational & occupational therapy as well as the rewarding of behaviors as client goals are reached.	Total Amount \$ 6,000
LINE ITEM: Gift Cards (Provide a Brief Description & Justification): N/A	Total Amount \$ -
LINE ITEM: Building Rent or Lease (Provide a Brief Description & Justification): This amount is comprised of building rent or lease + utilities for office space.	Total Amount \$ 33,612
LINE ITEM: Building Repair & Maintenance (Provide a Brief Description/Justification): Minor repairs and maintenance for facility including, but not limited to replacement of locks, minor breakage, internal phone line repairs, and other repairs required for safe operation of the program at the leased facility. This also includes the cleaning of the building and alarm service.	Total Amount \$ 4,321
LINE ITEM: Equipment Rent & Lease (e.g., copiers, fax machines, vehicles, point-of-sale equipment, etc.) (Provide a Brief Description & Justification): Expenses are for rental or leasing of equipment that may be needed at facility including a copier and 4 leased vehicles for client transport.	Total Amount \$ 42,843

BUDGET PROPOSAL
Contra Costa ACTION - MIST
TOTAL BUDGET
12-Month Budget
0

Contractor: Mental Health Systems, Inc. Contract #: #REF! Amendment #: _____
 Budget Period: 12 Months State Provider Code: 37- D/M-C Provider Code: _____

LINE ITEM: Equipment Repair & Maintenance	Total Amount \$ 50,030
(Provide a Brief Description & Justification): Equipment Repairs/Maintenance encompasses the cost of a maintenance contract for the copier, monitoring of internet firewall, and the repair of other equipment not covered by maintenance agreements such as computers, printers, and telephones. Also includes repair and maintenance on the program vehicles.	
LINE ITEM: Telecommunications (e.g., internet, telephone, long distance, cell phones, cable or satellite TV, etc.)	Total Amount \$ 26,388
(Provide a Brief Description & Justification): Includes expense for installation and recurring costs of telephones, pagers, fax machine, internet services, MS Teams user fees, and LAN phone service. Expenses may be somewhat greater or less for individual months.	
LINE ITEM: Utilities (e.g., gas, electricity, water, sewer, burglar alarm, etc.)	Total Amount \$ -
(Provide a Brief Description & Justification): N/A	
LINE ITEM: Medical Supplies (For Client Use Only)	Total Amount \$ 3,000
(Provide a Brief Description & Justification): Consists of purchase of miscellaneous items such as latex gloves, cotton, alcohol swipes, etc.	
LINE ITEM: Minor Equipment	Total Amount \$ 66,699
(Provide a Brief Description & Justification): Represents minor equipment purchases such as phones, cell phones, calculators, printers, CPU and monitors, fax machines, or furniture for replacement purposes of existing equipment that in the normal course of use is worn out and either cannot be repaired or is not practical to have repaired. Includes the purchase of new equipment and furniture to accommodate new staff. Expenses cannot be attributed to a specific amount per month.	
LINE ITEM: Office Supplies	Total Amount \$ 12,134
(Provide a Brief Description & Justification): Represents supplies utilized for program operation, including office supplies (paper, pens, pencils, folders, staples, paper clips, printer cartridges, binders, folder tabs, etc.), and postage. This also includes supplies for equipment like extension cords, and surge protectors. Expenses cannot be attributed to a specific amount per month. This also pays for housekeeping supplies such as cleaning products, bathroom products, non stationary paper goods, cleaning and trash supplies.	

BUDGET PROPOSAL
Contra Costa ACTION - MIST
TOTAL BUDGET
12-Month Budget
0

Contractor: Mental Health Systems, Inc. Contract #: #REF! Amendment #: _____
 Budget Period: 12 Months State Provider Code: 37- D/M-C Provider Code: _____

LINE ITEM: Other Supplies	Total Amount \$ 8,266
(Provide a Brief Description & Justification): Software expenses are included here. These are software expenses needed for items such as MS Office 365 user fees, as well as updates.	
LINE ITEM: Printing	Total Amount \$ 740
(Provide a Brief Description & Justification): Includes costs for employment advertisements, printing of brochures, stationery, business cards, and curriculum. Printing expenses for the production of client materials to orient them to the program and for information materials for other referral sources, which assist in treatment.	
LINE ITEM: Drug Testing	Total Amount \$ 3,840
(Provide a Brief Description & Justification): Covers the cost of client drug testing	
LINE ITEM: Laboratory Services (e.g., non-drug testing for Clients, etc.)	Total Amount
(Provide a Brief Description & Justification): N/A	
LINE ITEM: Pharmaceutical Cost	Total Amount \$ 1,200
(Provide a Brief Description & Justification): Covers the cost of paying for client pharmaceuticals	
LINE ITEM: Client Transportation (e.g., Bus Passes/Tokens, Day Trippers, etc.)	Total Amount \$ 1,980
(Provide a Brief Description & Justification): Covers the cost of client transportation in the form of bus passes/tokens and mileage for staff when transporting clients.	

BUDGET PROPOSAL
Contra Costa ACTION - MIST
TOTAL BUDGET
12-Month Budget
0

Contractor: Mental Health Systems, Inc. Contract #: #REF! Amendment #: _____
 Budget Period: 12 Months State Provider Code: 37- D/M-C Provider Code: _____

LINE ITEM: Travel (includes mileage reimbursement)	Total Amount \$ 32,632
(Provide a Brief Description & Justification): Travel includes reimbursements for mileage for staff transporting clients, traveling to and from events, meetings and trainings in conjunction with program operations and responsibilities. Out of county travel is in this budget for designated staff to attend training and travel to the corporate office when necessary. Out of county travel can include flights, hotels, ME&I, rental cars. Also includes gas for leased vehicles.	
LINE ITEM: Accounting, Auditing and Legal Fees	Total Amount \$ 200
(Provide a Brief Description & Justification): Covers the cost of estimated cost related to the OMB-A133 Single Audit	
LINE ITEM: Dues & Subscription	Total Amount \$ -
(Provide a Brief Description & Justification): N/A	
LINE ITEM: Insurance (e.g., worker's compensation, professional liability, etc.)	Total Amount \$ 31,472
(Provide a Brief Description & Justification): Insurance consists of professional liability insurance, which is pro-rated to this program based upon the ratio of program expenses (excluding purchased services) divided by program expenses for all MHS programs during each period of allocation. Workers' compensation insurance based upon workers' compensation ratings for employee classifications in this program applied through actual hours worked. Unemployment insurance is calculated on the first \$7,000 of employee salaries (calendar year). This line also includes insurance for Auto's, Commercial, D&O, Umbrella, Criminal Dishonesty, and Sexual Misconduct.	
LINE ITEM: Staff Training & Education	Total Amount \$ 15,600
(Provide a Brief Description & Justification): Staff Development/Training costs include CPR and First Aid trainings for staff, user fees for Relias, registrations for staff development and trainings held in collaboration with the program's mission.	
LINE ITEM: Tax/Licenses/Fees (e.g., Professional Licenses, Memberships)	Total Amount \$ 13,114
(Provide a Brief Description & Justification): Represents Municipality licenses (fire inspections, permits, etc) paid on an annual basis. Building and professional licensing fees, staff license and certification renewals, etc. This also covers the monthly user license fee for Avatar/Welligent (EHR System/3rd Party Billing), IT security user fees and associated costs, and can include program DHCS certification costs as required.	

BUDGET PROPOSAL
Contra Costa ACTION - MIST
TOTAL BUDGET
12-Month Budget
0

Contractor: Mental Health Systems, Inc. Contract #: #REF! Amendment #: _____
 Budget Period: 12 Months State Provider Code: 37- _____ D/M-C Provider Code: _____

LINE ITEM: Other Business Services (e.g., printing, background check for employees/volunteers, recruitment, advertising, professional subscriptions, FedEx, UPS, US Postal Service, etc.)	Total Amount \$ 3,360
(Provide a Brief Description & Justification): Other Business Services Expenses are comprised of the HIPAA compliant shredding services, and other miscellaneous services. Also includes associated costs for hiring of new employees such as TB screenings, assessments, drug screenings, background checks, and fingerprinting.	
LINE ITEM: Interpreter Services	Total Amount \$ 500
(Provide a Brief Description & Justification): Covers the cost of providing interpreters when a bilingual staff isn't available.	
Other: Payee Services	Total Amount \$ -
(Provide a Brief Description & Justification): N/A	
Other: Curriculum	Total Amount \$ 1,200
(Provide a Brief Description & Justification): Training materials (videos, workbooks, etc.) and other supplies specifically for psychoeducational groups for families, caretakers, and/or clients.	

BUDGET PROPOSAL
Contra Costa ACTION - MIST
TOTAL BUDGET
12-Month Budget

PERSONNEL	No. of Positions	Monthly Salary or Hourly Rate	% of Project Time	Months	Hours	TOTAL
Monthly Salary Positions						
Hourly Positions						
Case Manager (Licensed or BBS Reg PSC)	1.0	\$ 29.00	100%	12.00	173	\$ 60,320.00
Case Manager (Licensed or BBS Reg PSC)	1.0	\$ 29.00	100%	12.00	173	\$ 60,320.00
Registered Nurse	1.0	\$ 70.00	100%	12.00	173	\$ 145,600.00
Family and Peer Advocate	1.0	\$ 24.00	100%	12.00	173	\$ 49,920.00
Peer Support Specialist	1.0	\$ 24.00	100%	12.00	173	\$ 49,920.00
Housing Specialist	1.0	\$ 25.00	100%	12.00	173	\$ 52,000.00
Housing Specialist	1.0	\$ 25.00	100%	12.00	173	\$ 52,000.00
Dual Recovery Specialist	1.0	\$ 29.00	100%	12.00	173	\$ 60,320.00
Night Monitor (Peer)	1.0	\$ 25.00	100%	12.00	173	\$ 52,000.00
Night Monitor (Peer)	1.0	\$ 25.00	100%	12.00	173	\$ 52,000.00
Night Monitor (Peer)	1.0	\$ 25.00	100%	12.00	173	\$ 52,000.00
Night Monitor (Peer)	1.0	\$ 25.00	100%	12.00	173	\$ 52,000.00
Increases for ACT Staff	1.0	\$ 77.50	100%	12.00	173	\$ 161,191.68
LVN (ACT Side)	1.0	\$ 35.00	100%	12.00	173	\$ 72,800.00
TOTAL STAFF SALARIES						\$ 972,391.68
Total Staff Benefits (% of Total Staff Salaries)			Current Percentage =	25.00%		243,097.92
TOTAL PERSONNEL COSTS						\$ 1,215,489.60
SUBCONTRACTORS/CONSULTANT COSTS		Direct Hours		Proposed Rate		
Consultants - Psychiatrist		1040		\$ 260		\$ 270,400.00
TOTAL SUBCONTRACTORS/CONSULTANT COSTS						\$ 270,400.00
OPERATING COSTS						
Building Rent & Leases						\$ 33,612.00
Building Repairs/Maintenance						\$ 4,321.00
Equipment Rent & Leases						\$ 42,843.00
Equipment Repair/Maintenance						\$ 50,030.00
Telecommunications						\$ 26,388.00
Utilities						\$ -
Medical Supplies						\$ 3,000.00
Minor Equipment						\$ 66,699.00
Equipment Purchases > \$5,000						\$ -
Office Supplies						\$ 12,134.00
Other Supplies						\$ 8,266.00
Printing						\$ 740.00
Drug Testing Supplies						\$ 3,840.00
Travel						\$ 32,632.00
Accounting/Auditing/Legal Fees						\$ 200.00
Dues and Subscriptions						\$ -
Insurance						\$ 31,472.00
Staff Development/Training/Education						\$ 15,600.00
Tax/License/Fees						\$ 13,114.00
Other Business Services						\$ 3,360.00
Interpreter Services						\$ 500.00
TOTAL OPERATING COSTS						\$ 348,751.00
FLEX FUNDS						
Wraparound Funds						\$ 6,000.00
Gift Cards						\$ -
Pharmaceutical Costs						\$ 1,200.00
Client Transportation						\$ 1,980.00
Client Housing						\$ 765,945.46
Payee Services						\$ -
Client Curriculum						\$ 1,200.00
TOTAL FLEX FUNDS						\$ 776,325.46
SUBTOTAL ANNUAL DIRECT EXPENSES						\$ 2,610,966.06
TOTAL INDIRECT COSTS						14.90%
TOTAL GROSS COST FOR 12-months						\$ 3,000,000.00

Mental Health Commission
Proposed Motion(s)

Agenda Item XII

Meeting Date: January 5th, 2021

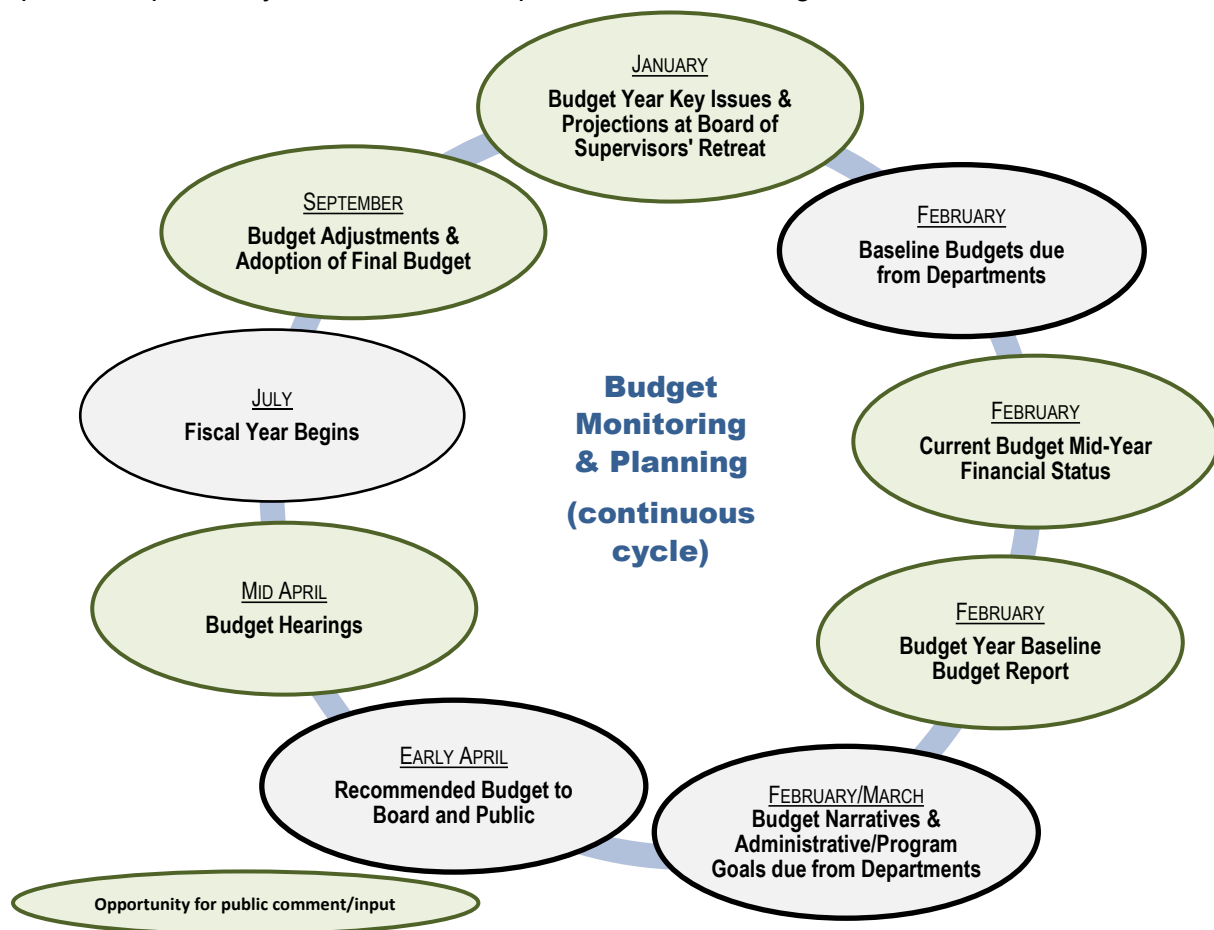
**Motion (original): Quality of Care Committee Meeting 12/16/21
(Agenda Item IX)**

MOTION:

The Mental Health Commission advises Behavioral Health Services and the Board of Supervisors to fund a comprehensive needs assessment of the county's continuum of care system of placing, tracking, treating, and housing the specialty mental health population.

BUDGET PROCESS

The County budget process is a continuous cycle of developing, monitoring and planning, with specific steps each year to achieve adoption of the Final Budget.



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 ensuing 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, which include direction for departments to work with their respective advisory committees and community-based organizations; departmental budget submissions; meetings with Departments in February and March; and presentation of the State Controller's Office required Recommended Budget Schedules 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.

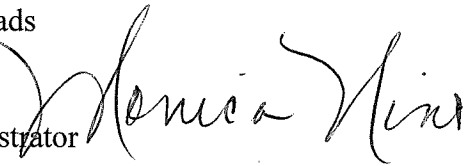
After public hearings and budget deliberations, the Board adopts the Recommended Budget no later May 31 (pursuant to the Budget Policy). After the State budget is passed (legally due by June 15) and County fiscal year-end closing activities are completed in August, a Final Budget is prepared for Board 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.)

County of Contra Costa
OFFICE OF THE COUNTY ADMINISTRATOR
MEMORANDUM

DATE: January 5, 2021

TO: Department Heads

FROM: Monica Nino,
County Administrator



SUBJECT: BUDGET PREPARATION FOR FISCAL YEAR 2021-22 and Beyond

Our amazing employees, balanced budgets and close attention to finances helped us to get through the first year of the COVID-19 Pandemic. We will need to be extremely vigilant to get through the next few years. For the past several years, our goal has been to avoid returning to the time when we were cutting programs, reducing the number of employees, or cutting wages and benefits. Unfortunately, that avoidance is not likely to continue.

Our continuing concern is to maintain the health of our community; balance of fiscal security; the needs of our residents; and the livelihoods of our employees.

For Fiscal year 2021-22 we will continue our efforts to address significant issues including:

- achieving successful negotiations with California Nurses Association;
- budgeting for the increased cost of wages and benefits including significantly increased health insurance subsidies for our employees;
- continuing the long process of fixing our infrastructure deferred maintenance of over \$260 Million;
- continuing succession planning for key administration and department head positions;
- continue preparation for the likely changes to how we deliver critical health services to all residents of the county.
- all of this will need to be accomplished while we continue to deal with a Pandemic that is devastating our revenue and human resources; changing demographic trends; increased reliance on technology and social media; and extreme economic volatility. I know that we have a great team of Department Heads and employees in Contra Costa County and that the County Board is ready to take on these challenges.

The purpose of this memo is to assist you in preparing your FY 2021-22 budget request and related documents, and to set the stage for the future fiscal years. The majority of departments will receive an allocation of general purpose revenues that is similar to that of the current year. These targets are necessary to balance the resources available to us. Although we expect to build the budget on an assumption of a 4.0% increase in the property tax, while the actual amount is unknown, the 4.0% has been allocated into the budget assumptions. In considering program adjustments our overall goal continues to be minimizing *to the extent possible* the impact on service delivery to the public. Department staff should discuss their budgets with their respective advisory committees and solicit their written suggestions. As always, department staff should also work closely with CAO staff in developing their budget.

Budget Preparation

January 4, 2021

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We are committed to continuing to make budget decisions that support solid financial footing. For FY 2021-22, departments are asked to submit both a **Baseline Budget** and a **Recommended Budget Request**. As has become our norm, we would like to be able to quantify the impact of budget changes on our County's service delivery and employees. Following is a summary of the information requirements for the 2021-22 and future budgets.

Baseline Budget

A "baseline budget" approach will be used. That approach identifies any projected funding gap either positive or negative by determining the level of resources required to provide in the budget year the same level of service provided in the prior year. The advantage to this approach is that it permits the quantification of funding based on an assumed level of service to the public. The Baseline will be measured against the projection of service level in December, 2020.

The Baseline Budget begins with the current adjusted budget. It is enhanced by anticipated salary and benefit increases/decreases and one-time adjustments. The salary and benefit increases are derived from the employee and position information your staff has reviewed and CAO staff have updated, and applies the cost adjustment factors presented in Attachment A. Retiree Health base amounts are included at the FY 2020-21 levels. Due to variances by department in the number of retirements each year, departments should work with their CAO analysts to update projections accurately for FY 2021-22. Adjustments should also be made for revenues and interdepartmental charges.

Interdepartmental charges from Information Technology, Telecommunications, and Public Works will be sent to you (or are available on the Intranet). Departments that charge other departments must advise those departments as soon as possible to ensure accurate budgeting.

Vacancy Factor

A few departments have established vacancy factors. Existing vacancy factors should be included as part of Baseline Budget requests. This means, if a department has a \$1 million vacancy factor in the current year, the Baseline Budget should include a \$1 million vacancy factor.

Wages – Special Note

The majority of our bargaining units have contracts in place for FY 2021-22. Salary and Benefit projections are based upon increases negotiated and increases projected to be negotiated by FY 2021-22. Given the projected wage and benefit costs, as well as likely funding reductions at both the Federal and State level, it will be challenging to increase funding to departments without a designated source of revenue above and beyond the property tax.

Revenue Review

You are reminded that every department must perform a thorough review of the department's fines/fees/revenues to maximize our resources. This is critical in maximizing delivery of services to our residents. Please include reference to your detailed review of fines, fees and revenues in the transmittal memo.

Budget Preparation

January 4, 2021

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Recommended Budget Request

The Recommended Budget Request begins with the Baseline Budget as adjusted. Departments are asked to submit a budget plan based on the CAO Target level of net County cost (Attachment B). Note that targets may be less than those provided for the current fiscal year.

State Budget Impacts

Consistent with Board policy, when the State cuts or increases revenues used for specific County programs, the County will make reductions or increases in those specific program areas. The County is unable to back-fill loss of state and federal funding with County resources. As always, due to the estimated time-line for an adopted State Budget, it is anticipated that the County Administrator will return to the Board after the adoption of the State Budget with any program cut recommendations necessary for our local budget to stay in balance.

OPEB Pre-Pay

As provided by Board policy, the FY 2021-22 budget must include pre-funding resources for the County's Other Post Employment Benefit (OPEB) trust. The Recommended Budget will again include approximately \$20 million for transfer to our OPEB PARS trust, which will be spread to departments **based upon ratio of cost as of July 1, 2020**. The total contribution is the same level as that in the current fiscal year and the smallest contribution the County Administrator's Office can recommend.

Workers Compensation

Subject to Board Policy, the FY 2021-22 budget will include resources for the County's Workers Compensation Internal Services fund. Policy requires a minimum of an 80% confidence level, which is currently being met. Rates will remain the same, in the aggregate, in FY 2021-22 from the current year.

Fleet/Internal Services Fund

All vehicle costs will be budgeted and charged to operating departments. Full depreciation costs are built into all charges.

Facilities Life-Cycle Investment Program

Per Budget Policy, the FY 2021-22 budget process will again include a strategic planning and financing process for facilities renewal and new construction projects (short and long term capital budgets) and a comprehensive management program for the County's general government real estate assets relative to acquisition, use, disposition, and maintenance. This process will include funding decisions for maintaining the County's facility assets, allowing the Board of Supervisors to weigh competing funding decisions using credible information. Our FY 2021-22 recommendations will include both currently critical and potentially critical projects.

In addition to funding budget year projects, building lifecycle funding in the amount of \$2,550,000 will continue to be set-aside on a cost-per-foot basis for future projects. Use GASB accounts established for this purpose (Building Lifecycle – accounts 2265, 2892, 2894, 3625, and 3623). This funding will be included in Public Works estimates available on the department's Intranet page, unless the space houses a claiming department that cannot make a claim for these expenses. If in doubt, please contact your CAO analyst.

Every department is encouraged to continue to target Real-estate Asset Management Program opportunities (RAMP) such as negotiating reduced rents, consolidations, and moving into County owned space. Please contact Public Works for additional support in this area.

Budget Preparation

January 4, 2021

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Fiscal Year 2021-22 Public Safety Communication System Funding

East Bay Regional Communication System (EBRCS). The EBRCS system serves as the County standard for radio communications. User departments are charged for monthly subscription fees passed through by the EBRCS JPA and infrastructure depreciation and overhead costs incurred by the County, allocated on a per radio basis. These costs will continue to be reflected within rates distributed by the Department of Information Technology for budget purposes. For more information, please contact Julie Enea at Julie.enea@cao.cccounty.us.

Bay Area Regional Interoperable Communication System (BayRICS). The BayRICS system development process will continue in fiscal year 2021-22. Fiscal 2021-22 costs are expected to reflect only the annual JPA membership fee, which will be reflected within rates distributed by the Department of Information Technology for budget purposes. For more information, please contact Julie Enea.

Electronic and Narrative Budget Submission

The Baseline Budget and Recommended Budget requests are due by **February 5, 2021**. Please adhere to the instructions provided at the budget system training sessions that are further elaborated upon in Attachment C. In addition to the financial data entered in BFM, please provide a narrative detailing the impact of any program changes (including FTE impact). All changes should be submitted in the “Program Adjustment List” format (Attachment D). This is the same format used in the last several Recommended Budgets. Make sure to fully explain the impact of all service delivery changes.

Supplemental or Enhanced Budget Requests

Departments should avoid submitting budget requests that exceed their Baseline Budget levels, as we do not anticipate the ability to fund them. Should extraordinary circumstances result in a request being made, an exhaustive justification must be provided.

Available Resources for Departments

The Board of Supervisors adopted a Budget Policy in 2006, which included a resource intended to improve departmental operations. The FY 2021-22 Budget will again make these resources available to departments. Approximately \$2 million in reserve funding is available for technology projects to be used to increase efficiencies and economies in departments that do not have resources available within their normal operating budgets for such expenses. Requests for these funds should be submitted by February 19. Requests should include sufficient detail for the County Administrator to make award recommendations and should minimally include name of project, amount of funding requested, description of how money will be spent, and expected immediate and on-going benefit from the expenditure.

Program/Recommended Budget Narrative

The current program budget format used in the Recommended Budget will continue to be used for FY 2021-22. This is the section of the Recommended Budget document that includes summary boxes presenting program budget data. Please review your current year program budget and update it for FY 2021-22. For consistency, when assembling summary boxes, please be sure to use Gross Expenditures for the “Expenditures” line and include any 5000 account transfers under “Financing”. The “Funding Sources” section of each box should list these funding sources as “Transfers”.

Performance Measurement will be included in the Recommended Budget and will again appear after the CAO Recommendation section and before the Administrative and Program Goals section. In the Performance Measurement section, each department will include one measurement of its performance towards completing each of its Administrative and Program Goals for fiscal 2020-21. For example, if a

Budget Preparation

January 4, 2021

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department listed three goals for fiscal year 2020-21, then three performance measurements would be presented in this section - one for each of the goals for the prior year.

Please work with your CAO analyst to determine appropriate measures of your department's goals and to update your department's Administrative and Program Goals for FY 2021-22. Please emphasize goals that are measurable so that performance can be measured and tracked over time. Department goals should align with the County Administrator's goals for the County:

- Fiscal Health
- Health of the Community
- Public Education
- Service Delivery Efficiency and Effectiveness
- Teamwork and Organizational Development

Preliminary Budget Development Schedule

A preliminary budget schedule is included in Attachment E. The schedule will be provided to staff at the budget system training sessions.

County Performance Reports

In response to a 2007 Grand Jury Report, the County Administrator posted County Performance Reports reflecting year-end information on the County's website (site listed below). For the past several years, the County Administrator has requested that departments update this information as part of the annual budget process. Instructions for updating the reports are attached (Attachment F). The most recent reports can be assessed here: [<http://ca-contracostacounty.civicplus.com/index.aspx?nid=798>]

Departmental Organizational Charts

Please include a functional organization chart for your department showing the names of key management personnel for reference by County Administrator's Office staff.

Future Planning Budget

As you develop your FY 2021-22 budgets, keep in mind that personnel costs are expected to increase, and revenues are expected to decrease over the next several years. Therefore, departments should devise budget strategies that will not only balance the current fiscal year but anticipate funding challenges for the next five years.

Summary of Submission Deadlines

- | | |
|-------------------------------------|-------------|
| 1. Baseline Budgets | February 5 |
| 2. Technology Resources | February 19 |
| 3. Program Budget Narratives | February 19 |
| 4. Administrative and Program Goals | February 19 |
| 5. County Performance Reports | March 1 |

Attachments:

- | | |
|---|-------------------------------------|
| A – Salary and Benefit Assumptions | B – Target Level of Net County Cost |
| C – Budget System Training Materials | D – Program Adjustment List |
| E – Preliminary Budget Development Schedule | F – Performance Report Instructions |

cc: County Administrator; Budget Officers; CAO Budget Staff; Budget Division, Auditor's Office

**2021 – 2022
Salary and Benefit Assumptions**

1. Salary Adjustments/Merit Pays
All Board approved salary adjustments have been included in the forecast. These adjustments have been applied to salary and to all appropriate supplemental or added pays for each employee. Merit step increases for eligible employees are included in the forecast. For the CNA bargaining group expiring September 30, 2021, contact Lisa Driscoll for the assumptions used for FY 2021-22.
2. Health and Dental Plans
Current 2021 rates were used for July 2021 through November 2021. For December 2021 through June 2022 an estimated medical inflation rate of 8.00% was applied to County and PEMHCA plans. These rate periods were combined, and a weighted average cost was projected using 2021 actual enrollment. The annual administration charge for benefits (AF) is \$450. Note: the AF flat fee is for budgeting purposes only—actual charges are based upon actual monthly experience, spread as a percentage of payroll.
3. Retiree Health and Dental
For December 2021 through June 2022 an estimated medical inflation rate of 5.25% was applied to County and Safety plans. Data is based upon the current number of retirees as of December 31, 2020. Departments should work with their CAO analysts to update projections accurately.
4. Long Term Disability Insurance
The charge for long-term disability insurance will remain at 1.00% for FY 2021-22.
5. Workers Compensation
Workers Compensation rates in 2021-2022 for the County will remain, in the aggregate, at \$1.75/\$100 and will be reduced for Fire from \$7.50/\$100 to \$5.00/\$100.
6. Unemployment Insurance
Unemployment insurance will be 0.20% in FY 2021-22 (0.10% in FY 2020-21).
7. Social Security
The same rates were used. The OASDI salary cap of \$142,800 for the period of January 1, 2021 through December 31, 2021 and estimated to be \$147,950 for the period January 1, 2022 through June 30, 2022.
8. Retirement/Pension Obligation Bond Debt Service (POB)
Pension obligation bond debt service will rise slightly in FY 2021-22; however, rates will decrease slightly in FY 2021-22 due to growth in the wage base. These rates are combined with CCCERA rates for a net Retirement rate. Rates in the aggregate will decrease slightly for the majority of employees. FY 2021-22 Retirement rates are included in PCF information. For more detailed information, contact Laura Strobel (51091).
9. Overtime and Temporary Salaries
These accounts are not included in the salary forecast but are included in the baseline budget at the same level as the FY 2020-2021 January Adjusted Budget.
10. All Other Benefits and Supplemental Pays
Benefits and Supplemental Pays for each employee are included in the forecast as they are in PeopleSoft as of December 10, 2020. Supplemental pays are included for employees if received during calendar year 2020. If you have a question about whether a pay item is included, call Laura Strobel (51091) or Lisa Driscoll (51023).

Attachment B

Individual departmental Targets will be distributed to Department Heads and Administrative Services Officers directly. Note that non-General Fund Departments have no CAO net County cost target.

Budget System Instructions for Preparing Department Budget Requests

Prior to entering data into the budget system, you should understand the types of data that are or should be included in each column, and the interrelationship between the columns. Exhibit I describes these points for each column.

Baseline Budget Request

Your request should be completed in Budget Formulation and Management (BFM) using the Budget Form at Stage 5201. You use the form entitled 'Baseline Request'. Remember the following:

1. Your CAO Target net County cost can be found in the '2021-22 CAO Target' column.
2. Your pay-go retiree health care costs (account 1061) and your OPEB pre-pay cost (account 1062) are included in the 2021-22 CAO Baseline. Your retiree health care costs should be projected/adjusted and entered in column '2021-22 Department Change'.
3. Enter in the estimated costs for Data Processing, General Services charges and facility lease and debt service which have been sent to you or are available on the internet.
4. Building Occupancy and Fleet Maintenance Budget estimates are available on the web at to <http://10.110.10.30/division/finance>.
5. Charges from other departments must be entered on the forms to be included in your budget.
6. Adjust the baseline budget for increases in revenues as well as expenses – it is your responsibility to review every departmental revenue every year to maximize resources.
7. Budget forms are used to make **incremental changes** to existing data. The forms are accessed at the finance level flag.
8. Do not allocate costs or revenues to other Departments or Agencies when completing the Budget Forms. If you will be charging another department, you should notify the department to be charged of the amount and the service and gain their consent. If agreement is reached, enter the charge in the appropriate form, the department receiving the service should budget the expenditure.

Recommended Budget Request

Your request should be completed in BFM using the Budget Form at Stage 5301. You use the form entitled 'Budget Modification Form'. Remember the following:

1. Budget forms are used to make **incremental changes** to existing data. The forms are accessed at the finance level flag.
2. Remember to re-run a Budget Development Spreadsheet view after saving your data to verify that you have not exceeded your CAO target. Column '2021-22 Recommended Budget' should match or be less than '2021-22 CAO Target'.

Justification

Please insure that your justification for each budget change is sufficient so that your CAO analyst can reasonably understand and discuss the matter with you.

Data Checks

In order to check the changes you have entered on the forms, you should print and review the "120 Budget Development" report.

FY 2021-22
Department Name Department
Program Adjustment List

Order	Reference to Mand/Disc List	Program Name	Services	FTE	Net County Cost Impact	Impact
			Totals	x.x	\$ xxx,xxx	

Preliminary Budget Schedule FY 2021/22

Major Activity	Due Date	Distribute	Board Date
Board Order – Set Budget Schedule			1/19
Mid-Year Budget and FY 2020/21 Baseline Report Board Order/Presentation		1/21	1/26
Budget Submissions			
Baseline Budgets	2/5		
Venture Capital Project Request (optional)	2/19		
Program/Recommended Budget Narrative	2/19		
Administrative and Program Goals	2/19		
Recommended Budget Document Budget Hearing (Budget Act requires 10 day between publication and hearing)	4/1	4/15	4/20
Budget Adoption Board Order/Presentation	5/03	5/06	5/11

Report Format

Using the format submitted last year, please update your agency's Performance Report, addressing each of the five topics below.

As of June 30, 2020:

I. Department Mission, Mandate or Goal

This statement of purpose provides the lens through which the department's actions should be viewed. In most cases, departmental purpose is established and altered by legislative action on federal, state or local levels. Departmental purpose also evolves over time in response to changes in demographics, social needs, economic demands, and constituent preferences.

II. Major Program Descriptions

Descriptions are presented by departmental divisions. Divisions may be based on program activity, functional responsibility, or statutory requirement. This section, which is mirrored in the Recommended Budget, includes budget and number of employees.

III. Accomplishments

Departments accomplish more than is identified or listed in this report. This section does not include routine activities, initiation of activities, or activities underway but not complete. These accomplishments will also be used in preparation of our annual CAFR.

IV. Challenges

Challenges may address any of three categories: Internal to Department, Internal to County, and External to County. Many challenges faced by departments are unique to that profession or activity; however, challenges may also fall into common themes.

V. Performance Indicators

Performance indicators offer a snapshot view of a department's activity. Since no department or division within a department performs a single task or single objective, the indicators are selective. The benefit of performance indicators is that they initiate the discussion about how the department is operating and document patterns of performance. Some departments include indicators that reflect service impacts, or results, or outcomes. Departments are invited to include more information in this section than is provided in the Recommended Budget.

Health Services

Health and Human Services

Behavioral Health Division - Mental Health

General Fund	2019-20 Actuals	2020-21 Budget	2021-22 Baseline	2021-22 Recommended	Change
Expense					
Salaries And Benefits	64,313,478	80,885,246	84,693,000	84,693,000	0
Services And Supplies	171,853,685	166,774,865	163,121,000	163,121,000	0
Other Charges	3,944,498	3,893,307	3,945,000	3,945,000	0
Fixed Assets	17,899	0	0	0	0
Expenditure Transfers	(7,699,212)	(6,887,469)	(8,057,000)	(8,057,000)	0
Expense Total	232,430,349	244,665,949	243,702,000	243,702,000	0
Revenue					
Other Local Revenue	86,015,117	111,061,118	100,237,073	100,237,073	0
Federal Assistance	33,804,622	79,916,661	91,853,882	91,853,882	0
State Assistance	82,879,380	36,383,170	34,306,045	34,306,045	0
Revenue Total	202,699,119	227,360,949	226,397,000	226,397,000	0
Net County Cost (NCC):	29,731,230	17,305,000	17,305,000	17,305,000	0
Allocated Positions (FTE)	548.2	557.2	562.2	562.2	0.0
Financial Indicators					
Salaries as % of Total Exp	28%	33%	35%	35%	
% Change in Total Exp		5%	0%	0%	
% Change in Total Rev		12%	0%	0%	
% Change in NCC		(42%)	0%	0%	
Compensation Information					
Permanent Salaries	38,052,649	45,074,008	47,129,128	47,129,128	0
Temporary Salaries	1,158,358	1,257,531	1,319,316	1,319,316	0
Permanent Overtime	257,935	210,348	327,167	327,167	0
Deferred Comp	456,555	610,925	686,448	686,448	0
Perm Physicians Salaries	1,183,551	4,196,146	4,945,629	4,945,629	0
Perm Phys Addnl Duty Pay	32,645	20,250	22,584	22,584	0
Comp & SDI Recoveries	(12,459)	(114,767)	(114,768)	(114,768)	0
FICA/Medicare	3,027,043	3,856,523	3,819,599	3,819,599	0
Ret Exp-Pre 97 Retirees	114,794	146,212	146,212	146,212	0
Retirement Expense	11,396,682	14,729,606	14,970,721	14,970,721	0
Employee Group Insurance	6,191,412	8,104,970	8,915,208	8,915,208	0
Retiree Health Insurance	1,337,164	1,423,754	1,344,998	1,344,998	0
OPEB Pre-Pay	563,321	577,086	554,955	554,955	0
Unemployment Insurance	22,235	51,171	104,021	104,021	0
Workers Comp Insurance	663,218	863,387	665,737	665,737	0
Labor Received/Provided	(131,625)	(121,905)	(143,956)	(143,956)	0

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

Workload Indicator: The recommended FY 2021-22 budget is based on 401,106 Mental Health encounters; an average daily census of 18 patients at the CCRMC inpatient psychiatric unit; 15,920 days in Institute for Mental Disease (IMD); 73,233 days in Board and Care; and 182 days in State hospitals.

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

- The Department of Health Care Services (DHCS) released its Medi-Cal Healthier California for All, formerly known as California Advancing and Innovating Medi-Cal (CalAIM) proposal in October 2019. The proposed changes represent an important shift in the way Medi-Cal plans and providers must provide care and services to the state's Medi-Cal population.

Fundamentally, it is a framework for the upcoming Medicaid waiver renewals, (including the Drug Medi-Cal Organized Delivery System [DMC-ODS]), that will encompass "broader delivery system, program and payment reform across Medi-Cal." The key goals of the proposal include:

- Identify and manage member risk and need through Whole Person Care Approaches and addressing Social Determinants of Health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

1. Child and Adolescent Services

Description: 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 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, Social Services and Education 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 provide mental health services, crisis intervention, case management, and psychiatric services.

c. Outpatient Clinic Treatment and Outreach Services: Outpatient clinic, school-site and in-home services including psychiatric diagnostic assessment, medication, therapy, case management, wraparound, collateral support, Family Partnership, and crisis intervention services for SED children and adolescents and their families. In 2020, Contra Costa BHS reconstituted its Mentorship Program to help youth struggling with severe emotional disturbance improve family, school, and social functioning by providing non-traditional therapeutic support. The hiring process for Mental Health Specialist I and II positions was completed to bring mentors on board.

d. 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 services 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 or adolescent's ability to benefit from their education, stay out of trouble, and remain at home.

Health Services

Health and Human Services

e. Early and Periodic Screening Diagnosis and Treatment (EPSDT) 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.

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

g. Mobile Response Team: The Mobile Crisis Response Team is comprised of six teams of masters-level therapists who provide short-term triage, assessment, de-escalation, stabilization and emergency services to SED children and adolescents and their families in order to prevent acute psychiatric crises and subsequent hospitalization. The Behavioral Health Services Division expanded this program in 2018. With added hours of operation and additional staff, the team is better able to respond to the entire County population. The expanded hours of operation for in-field services are from 7 a.m. to 11 p.m. on weekdays, and from 11 a.m. to 9 p.m. on weekends.

The Mobile Response Team will be instrumental in creating a county-wide Family Urgent Response Team (FURS) to respond to family crises of children/youth who were at any point in their lives involved with the foster care system. SB 80 (2019) obligates placing agencies (Child Welfare and Probation) and Behavioral Health to establish FURS.

h. 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. In collaboration with the Employment & Human Services Department's (EHSD) Community Services Bureau, mental health supports are provided to preschoolers at Head Start program sites throughout the County.

i. School-Based Partnerships for School-Based Mental Health Services and Educationally Related Mental Health Services (ERMHS). Mental Health Services are provided as part of a child's or adolescent'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. Since the transition from AB3632 to Education Related Mental Health Services (ERMHS) in 2011, Mental Health has partnered with several school districts in the County in an effort to identify students who may need services at an earlier stage or additional support to maintain their existing educational placement. Services include individual, group, or family psychotherapy; collateral support; and case management.

In 2020-2021, the Division has continued to foster collaborative relationships between Behavioral Health and Local Educational Agencies (LEAs) for provision of mental health services for students in general education and special education. Collaboratives include West Contra Costa Unified School District, Martinez Unified School District, Mt. Diablo Unified School District, Pittsburg Unified School District, and Antioch Unified School District. Children's Behavioral Health supports the mental health component of various levels of educational intervention, including general education, counseling enriched classrooms, and day treatment programs in non-public schools.

j. Pathways to Wellbeing (Katie A. Programming): Following the 2011 court settlement in Katie A. v Bonta, Children's Mental Health, in partnership with EHSD Children and Family Services (CFS) and the Probation Department, has developed a legally mandated service delivery system to serve youth needing augmented supports, particularly youth involved with CFS and the Probation Department. These services are identified as Intensive Care Coordination (ICC) and In-Home Behavioral Services (IHBS). All youth who meet specified eligibility criteria are offered ICC services. The need for IHBS is determined by the Child and Family Team.

k. Probation Mental Health: In collaboration with and supported by funding from the Probation Department, Children's Mental Health provides a full range of services to youth involved in the justice system. Children's Mental Health provides assessment, treatment, and case management to youth in detention and diversion programs. Mental Health was able to contract with Community Options for Families and Youth (COFY) to provide Functional Family Therapy and multi-systemic therapy aimed at reducing recidivism for youth struggling with mental illness and delinquent behavior.

l. Continuum of Care Reform (CCR): The Continuum of Care Reform (CCR) is the legislative and policy framework for implementing the understanding that youth who are forced to live apart from their families are best served in nurturing family homes. To achieve that end, CCR requires close interagency collaboration between Child Welfare, Probation, and Behavioral Health.

CCR effectively eliminates the Rate Classification Level (RCL) system for group homes and implements the Short-Term Residential Treatment Program (STRTP) model based on the idea that congregate care should be a short-term treatment intervention, not a permanent solution. CCR also introduces a new service category, Therapeutic Foster Care (TFC), for foster home-based intensive treatment. In Contra Costa County, EHSD Children and Family Services (CFS), Probation Department and Mental Health have worked very closely in rolling out CCR. It was widely understood that Mental Health would have to expand services for foster youth to support home-based treatment. In 2018, the Division pursued phase two of CCR expansion by increasing staffing for Wraparound, the Family Partner program, and Utilization Review. Mental Health and EHSD also renewed their Interagency Agreement whereby \$2,000,000 in realignment funds are reallocated from EHSD to Mental Health to support three contracts for a range of outpatient services to support a step down in placement levels and sustain home-based care. These funds will continue to sustain these programs in the coming fiscal year. In 2019, Mental Health continued its CCR expansion by establishing five Mental Health

Specialist and one Mental Health Program Supervisor positions for a Mentorship Program. Mental Health is contracting with providers that successfully transitioned their group homes to STRTPs. Mental Health has selected a provider for Therapeutic Foster Care (TFC) and entered a contract to provide TFC services.

m. Presumptive Transfer: The State passed AB 1299, enacting an initiative to attempt to correct the issue of foster children who were placed out of their county of jurisdiction and were not receiving behavioral health services in a timely manner. AB 1299 allows the county of jurisdiction to transfer the responsibility for the provision of specialty mental health services to the county of residence. Policy and procedures are in development both at the State and local level. With respect to resolving financial demands between counties and as a result of Presumptive Transfer, Contra Costa decided to participate in the Joint Power Authority facilitated by the California Mental Health Services Authority (MHSA).

n. Evidenced Based Practices: Child and Adolescent Mental Health has instituted system-wide trainings and support for several evidence-based practices (EBPs), including Trauma-Focused Cognitive Behavioral Therapy, Cognitive Behavioral Therapy for Depression, Dialectical Behavioral Therapy, Family Based Treatment for Eating Disorder (FBT) and Wraparound Services. EBPs 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 promote trauma-focused care regionally.

o. First Hope: The First Hope program provides services aimed at early intervention in psychosis. It has two components: the Clinical High Risk Program (CHR) and the First Episode Program (FEP). First Hope staff performs an extensive initial assessment to determine whether a young person is at risk of developing a psychosis (Clinical High Risk program) or whether the person already had a first break (First Episode Program). The aim of the CHR program is to prevent a psychotic disorder, and the aim of the FEP is to mitigate the impact of the first episode of psychosis, restore

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functioning and prevent further progress of psychosis. While the CHR program has been active since 2014, the FEP started providing services in 2019. Hiring for the First Episode Program has largely been completed. In October 2018, First Hope moved to a new location to accommodate for its new program component.

p. CANS Implementation. Following a State mandate, Mental Health implemented the Child/Adolescent Needs and Strengths (CANS) assessment. Regulations require monthly reporting to the State. The Division is contracting with vendors regarding data gathering and reporting systems and ongoing technical assistance regarding CANS implementation.

Child & Adolescent Services Summary		
Service:		Mandatory
Level of Service:		Discretionary
Expenditures:		\$67,396,412
Financing:		66,078,459
Net County Cost:		1,317,953
Funding Sources:		
Federal	46.0%	\$31,028,180
Local	45.9%	30,920,973
Transfer	5.8%	3,940,099
State	0.3%	189,207
General Fund	2.0%	1,317,953
FTE:	113.5	
Note: Excludes Support Services costs included under the Administrative component of the budget.		

2. Adult Services

Description: Provides services to clients 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 with acute and/or severe mental disorders and their families. 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 Don Brown 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 Behavioral 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. Client-Run Community Centers: Centers in Pittsburg, Concord and San Pablo provide empowering self-help services based on the Recovery Vision, a concept that individuals can recover from severe mental disorders with peer support. The centers, which are client 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 disorder specialty services provided for CalWORKs participants who are referred by the Employment and Human Services Department to reduce barriers to employment. Services include outpatient services for mental health and substance use disorders plus supportive services for participants and their immediate family members.

h. The Behavioral Health Access Line: 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 substance abuse counselors, 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, Court Ordered and court-involved services, and co-responding with local law enforcement agencies

Forensics mental health 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. Per the SMART Re-entry MOU between the Behavioral Health Division and the Office of Re-entry and Justice (ORJ), Forensic staff provide mental health services to East County Transitional Age Youth (TAY) referred from the Probation Department

during their re-entry to the community from custody. Services provided are: medication support, case management, Wellness Recovery Action Planning, and Seeking Safety groups. Court-ordered and court-involved services include restoration for Incompetent to Stand Trial (IST) misdemeanor cases, Mental Health Diversion 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, make appropriate referrals to AOT services for those who meet criteria and refer to other services for those who do not meet the criteria.

j. Mental Health Diversion provides pre-trial Mental Health Diversion services via AB 1810 funding for individuals referred from the court with serious mental illness. Per penal code 1001.36, clients charged with a misdemeanor or felony, who suffer from a serious mental disorder listed in the DSM5, the symptoms of which can respond to treatment, are eligible to receive Mental Health Diversion if the mental disorder played a significant part in the commission of the charged offense. The Forensic Diversion team provides mental health treatment and wraparound services across a continuum of care to meet clients' needs to effectively manage their mental health symptoms and live successfully in the community. Services include: medication evaluation and ongoing medication support, assessment, and group and individual therapy.

k. Mobile Crisis Response Team (MCRT) provides crisis intervention response to clients experiencing mental health crises seven days a week, Monday through Friday from 8:30 am to 10:30 pm and Saturday and Sunday from 8:30 am to 5:00 pm. MCRTs coordinate crisis response and 5150s with law enforcement and County emergency services. The goal is to decrease 5150s, reduce psychiatric emergency services (PES) visits, and refer clients to appropriate services in their communities.

l. Mental Health Evaluation Teams (MHETs), pair a licensed clinician with a police officer to engage with a target population of

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individuals with mental illness who have frequent contact with law enforcement. Via MOUs with three police departments (Pittsburg, Walnut Creek, and Richmond) the MHETs provide clients and families across the three County regions with psychiatric follow-up and much needed linkage to services and community resources. Planning is underway, via a grant from the Concord Police Department, to fund one FTE MHET clinician to partner with a Concord police officer. Planning is also underway with the Sheriff's department to fund one FTE MHET clinician to partner with a Sheriff's deputies in regions supported by the Sheriff's Department.

m. *Rapid Access*: Provides drop-in services at the mental health clinics to clients who have recently been admitted to and subsequently discharged from Psychiatric Inpatient Hospital Services, the CCRMC Crisis Stabilization Unit, or Detention. Provides needs assessments; short-term case management/therapy; and 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.

n. *Older Adult Program*: Provides mental health services to Contra Costa's seniors, 60 years of age or older, including preventive care, linkage, and outreach to under-served and/or at-risk communities. The Senior Peer Counseling Program reaches out to isolated and mildly depressed older adults (age 55-plus) 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 that provides problem-solving short-term therapy for individuals aged 55 and older with moderate to severe depression, anxiety, and PTSD. The Intensive Care Management Program provides mental health services to severely mentally ill older adults aged 60-plus 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.

o. *Transition Team*: Provides short-term intensive case management services and linkage to ongoing services for severely and persistently mentally ill adults ages 18-59 who are in need of mental health services. Transition Team referrals come primarily from inpatient psychiatric hospitals, Psychiatric Emergency Services, homeless services, and occasionally from law enforcement. The clients 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 clients with the additional support and guidance to successfully access these services and to stay in treatment. Once clients are stable enough, the Transition Team refers them to one of our outpatient mental health clinics for ongoing treatment and support.

p. *Evidence Based Practice (EBPs)*: The adult system of care has instituted trainings in several evidence-based practices (EBPs) across all three regions of the Division. These include Cognitive Behavioral Social Skills Training (CBSST), and Cognitive Behavioral Treatment for Psychosis (CBTp), Cognitive Behavioral Therapy for Depression (CBT for Depression), Dialectical Behavioral Therapy (DBT), Wellness Recovery Action Plan (WRAP), and Multifamily Groups in the Treatment of Severe Psychotic Disorders. To support successful implementation of EBPs, EBP Team Leaders have been identified in each of the three adult regional clinics as well as in the Older Adult and Forensics programs. EBP Team Leaders provide ongoing consultation and support to staff using EBPs, as well as monitor the use of outcome measures identified to collect data and outcomes of the clients receiving EBP services. Outcome measures being implemented are the Patient Health Questionnaire (PHQ9), the Generalized Anxiety Disorder (GAD7), the Independent Living Skills Survey (ILSS), and the Recovery Assessment Scale (RAS).

The Adult Needs and Strengths Assessment (ANSA) was implemented across the Adult System of Care in December 2020. The ANSA

is an open domain assessment tool for use in service delivery systems that address the mental health of adults and their families. It is a reliable information integration tool to aid in developing individual plans of care, monitoring outcomes, and assisting with planning systems of care for adults with behavioral health issues. Behavioral Health contracts with vendors for data gathering, reporting systems, and ongoing technical assistance regarding ANSA implementation.

q. Augmented Board and Cares for Older Adult Mental Health Clients: The Behavioral Health Division's Adult System of Care expanded its bed capacity for older adult Behavioral Health consumers requiring supports for activities of daily living and medical care as well as supports for their mental health needs. Increasing the bed capacity has greatly reduced wait lists for older adult clients needing specialized care services. Case management services are provided by Older Adult Mental Health.

r. Trauma Informed Systems of Care: Behavioral Health's strategic plan identifies trauma informed care as a priority. Behavioral Health strives to deliver trauma informed care through the adoption of a strengths-based framework for service provision, grounded in an understanding of and responsiveness to the impact of trauma on client behavioral health and recovery. Behavioral Health coordinates with system partners – EHSD, H3, Public Health, First Five, Primary Care - to provide trauma-informed trainings and activities via trauma informed learning collaboratives and trauma informed leadership trainings.

Adult Services Summary		
Service:	Mandatory	
Level of Service:	Discretionary	
Expenditures:	\$68,289,324	
Financing:	67,500,151	
Net County Cost:	789,173	
Funding Sources:		
State	43.5%	\$29,681,505
Federal	40.3%	27,535,820
Local	9.0%	6,165,925
Transfer	6.0%	4,116,901
General Fund	1.2%	789,173
FTE: 162.7		
Note: Excludes Support Services costs 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.

ccLink Optimization Efforts:

The Behavioral Health Division has been using ccLink (Electronic Health Record) for clinical documentation since late 2017, and as a result, is more effectively coordinating care with providers across all of Health Services. Since the implementation and subsequent enhancements, clients have benefited from improved access to and understanding of their own care, as well as more efficient workflows for staff providing services to clients. ccLink has also helped to support data collection and outcomes-oriented program evaluation for the benefit of clients served. In 2020, there were

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numerous significant enhancements to ccLink including but not limited to:

- A Community Based Organization (CBO) Portal for all MH and AOD CBOs: The Provider Portal allows designated staff members at each CBO to “view” necessary medical and mental health information for the purpose of coordinating care.
- Clinical Services Information (CSI) Timeliness workflows to capture CSI Timeliness for foster youth, including the implementation of the Acuity Screening and timeliness data capture for children referred to Emergency Foster Care and Community Wide Assessment Team
- New ccLink departments for Youth Hospital and Residential, Child and Family MH, and countywide Wraparound
- Automatic sharing of the Behavioral Health Partnership Plan notes through MyChart to comply with the 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program regulations.
- Adult Needs and Strengths Assessment (ANSA) Implementation
- Implemented Utilization Review (UR) Chart Alerts system across all Behavioral Health System programs for clinicians and psychiatrists to more effectively track UR documentation that requires action; this replaced the prior UR checklist which previously replaced the “red sticker” on the paper chart.
- COVID-19 related enhancements:
 - Implemented method for tracking in-person, telephone, and video visits based on patient preference.
 - Implemented Zoom software to clinicians, nurses, and psychiatrists for the purpose of telehealth due to COVID-19.

Support Services Summary		
Service:		Discretionary
Level of Service:		Discretionary
Expenditures:		\$18,773,978
Financing:		8,952,907
Net County Cost:		9,821,071
Funding Sources:		
State	23.6%	\$4,435,333
Federal	20.1%	3,767,550
Local	4.0%	750,024
General Fund	52.3%	9,821,071
FTE: 91.2		

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.

In October 2020, the expansion of the inpatient psychiatric care unit increased bed capacity by an additional twelve (12) beds. The purpose of this expansion was to improve access to acute services and overcrowding and wait times for acute in-patient hospital admissions for adults.

Local Hospital Inpatient Psychiatric Services Summary		
Service:		Mandatory
Level of Service:		Mandatory
Expenditures:		\$15,769,431
Financing:		13,881,491
Net County Cost:		1,887,940
Funding Sources:		
Federal	84.4%	\$13,311,653
Local	3.6%	569,838
General Fund	12.0%	1,887,940

5. Outpatient Mental Health Crisis Services

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:	\$16,038,958	
Financing:	14,215,565	
Net County Cost:	1,823,393	
Funding Sources:		
Federal	68.6%	\$11,005,344
Local	20.0%	3,210,221
General Fund	11.4%	1,823,393

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 its patients. The Behavioral Health Division also maintains a network of over 200 contracted outpatient providers (therapists and psychiatrists) 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:	\$11,093,897	
Financing:	9,428,427	
Net County Cost:	1,665,470	
Funding Sources:		
Federal	46.9%	\$5,205,335
Local	38.1%	4,223,092
General Fund	15.0%	1,665,470
FTE:	22.0	

7. Mental Health Services Act (MHSA)/ Proposition 63

Description: Approved by California voters in November 2004, Proposition 63 imposes a 1% tax on incomes in excess of \$1 million and directs those collections to the provision of mental health services. The Mental Health Services Act (MHSA) has expanded mental health care programs for children, transition age youth, adults and older adults. Services are client and family driven and include culturally and linguistically appropriate approaches to address the needs of underserved populations. They must include prevention and early intervention, as well as innovative approaches to increasing access, improving outcomes, and promoting integrated service delivery. The MHSA added Section 5891 to the Welfare & Institutions Code, which reads in part, *“The funding established pursuant to this Act shall be utilized to expand mental health services. These funds shall not be used to supplant existing state or county funds utilized to provide mental health services”*. Funds are transferred to specific Health Services Mental Health programs and fund 172.8 FTEs.

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

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

FY 2020-21 was the first year of the MHSA Three Year Program and Expenditure Plan for FY 2020-23. In August 2020, a request for extension was requested due to the fiscal impact of COVID-19. The plan extension is valid through June 30, 2021.

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. The projected FY 2021-22 MHSA expenditures are described below.

<u>Program Type</u>	<u>\$ in Millions</u>
Community Support System	\$40,267,273
Prevention and Early Intervention	9,028,430
Work Force Education & Training	2,610,935
Capital Facilities	250,000
Innovation	2,240,330
Total MHSA Allocation	\$54,396,968

For the MHSA Three Year Program and Expenditure Plan Update for FY 2020-23 (Three-Year Plan), the statutorily required Community Program Planning process concluded with a 30-day public comment period and public hearing which took place in October 2020. Responses to substantive stakeholder input were incorporated into the final Three-Year Plan Update that was approved by the Board of Supervisors on February 9, 2021.

Mental Health Services Act		
Service:		Mandatory
Level of Service:		Discretionary
Expenditures:		\$54,397,000
Financing:		54,397,000
Net County Cost:		0
Funding Sources:		
Local	100.0%	\$54,397,000
(Transfers from the MHSA Fund)		
FTE:	172.8	

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Mental Health Services Act (MHSA) Trust Fund/Proposition 63

Mental Health Services Act Fund (Prop 63)	2019-20 Actuals	2020-21 Budget	2021-22 Baseline	2021-22 Recommended	Change
Expense					
Expenditure Transfers	50,624,127	61,960,015	54,397,000	54,397,000	0
Expense Total	50,624,127	61,960,015	54,397,000	54,397,000	0
Revenue					
Other Local Revenue	1,457,764	,1,879,898	1,458,000	1,458,000	0
State Assistance	42,719,076	60,080,117	52,939,000	52,939,000	0
Revenue Total	44,176,840	61,960,015	54,397,000	54,397,000	0
Net Fund Cost (NFC):	(6,447,287)	0	0	0	0
Financial Indicators					
% Change in Total Exp		22%	12%	0%	
% Change in Total Rev		40%	12%	0%	
% Change in NFC		(100%)	0%	0%	

Description: Approved by California voters in November 2004, Proposition 63 imposes a 1% tax on incomes in excess of \$1 million and directs those collections to the provision of mental health services. These collections are deposited into the Trust Fund and maintained per regulation. Periodically, funds are transferred from this fund to the Mental Health General Fund budget unit to finance mental health programs approved in the Mental Health Services Act (MHSA) Three Year Plan.

Mental Health Services Act		
Service:	Mandatory	
Level of Service:	Discretionary	
Expenditures:	\$54,397,000	
Financing:	54,397,000	
Net Fund Cost:	0	
Funding Sources:		
State	97.0%	\$52,939,000
Local	3.0%	1,458,000

The Budget

Previous chapters provide detailed projected budgets for individual MHSA plan elements, projects, programs, categories and components for FY 2021-22. The following table summarizes a budget estimate of total MHSA spending authority by component.

	CSS	PEI	INN	WET	CF/TN	TOTAL
FY 21-22	40,562,961	9,064,668	2,185,630	2,365,051	250,000	54,428,310

Appendix E, entitled *Funding Summaries*, provides a FY 2020-21 through FY 2022-23 Three Year Mental Health Services Act Expenditure Plan. This funding summary matches budget authority with projected revenues and shows sufficient MHSA funds are available to fully fund all programs, projects and plan elements for the duration of the three-year period. The following fund ledger depicts projected available funding versus total budget authority for FY 21-22:

A. Estimated FY 2021-22 Available Funding	CSS	PEI	INN	WET	CF/TN	TOTAL
1. Estimated unspent funds from prior fiscal years	18,176,875	5,743,210	4,608,780	5,647,684	318,996	34,495,545
2. Estimated new FY 21-22 funding	32,049,539	8,012,384	2,108,522	0	0	42,170,445
3. Transfers in FY 21-22						
4. Estimated available funding for FY 21-22	50,226,414	13,755,594	6,717,302	5,647,684	318,996	76,665,990
B. Budget Authority for FY 21-22	40,562,961	9,064,668	2,185,630	2,365,051	250,000	54,428,310
C. Estimated FY 21-22 Unspent Fund Balance	9,663,453	4,690,926	4,531,672	3,282,633	68,996	22,237,680

Estimated Prudent Reserve for FY 21-22	7,579,248
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Notes.

1. The Mental Health Services Act requires that 20% of the total of new funds received by the County from the State MHSA Trust Fund be allocated for the PEI component. The balance of new funding is for the CSS component. The exception to this funding percentage mandate is for instances in which a County has Innovation (INN) projects; in which 5% combined PEI & CSS funding will be utilized to fund INN. CCBHS has existing INN projects and therefore the funding

percentages are divided as follows; 76% CSS, 19% PEI, and 5% INN. The estimated new funding for each fiscal year includes this distribution.

2. Estimated new funding year includes the sum of the distribution from the State MESA Trust Fund and interest earned from the County's MESA fund.
3. The County may set aside up to 20% annually of the average amount of funds allocated to the County for the previous five years for the Workforce, Education and Training (WET) component, Capital Facilities, Information Technology (CF/TN) component, and a prudent reserve. For this period the County has allocated no transfers in FY 2021-22.
4. The MESA requires that counties set aside sufficient funds, entitled a Prudent Reserve, to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. The County's prudent reserve balance through June 30, 2021 is \$7,579,248, and includes interest earned. This amount is less than the estimated maximum allowed of \$13,188,000 as per formula stipulated in Department of Health Care Services Information Notice No. 19-037.
5. It is projected that the requested total budget authority for the Three-Year Plan period enables the County to fully fund all proposed programs and plan elements while maintaining sufficient funding reserves (prudent reserve plus unspent funds from previous years) to offset any reduction in state MESA Trust Fund distribution.

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