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# **Report to the Family and Human Services Committee**

March 27, 2017

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Contra Costa County  
Mental Health Services

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Children's Mental Health  
Program Chief  
Vern Wallace, LMFT

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**RESPONSE TO FOLLOW-UP QUESTIONS FROM THE**

**FAMILY AND HUMAN SERVICES COMMITTEE**

**MEETING OF FEBRUARY 22, 2017**



(1) What services are currently provided at our County operated clinics for children’s mental health?

**Answer:** Please see Attachment A.

(2) What CBO contracts/contractors do we have providing EPSDT services?

(a) How much are those contracts?

(b) What population are those contracts serving?

**Answer:** Please see Attachment B.

(3) Provide an overview of what is included in the draft MHSA plan for expanded EPSDT services and the MHSA planning process.

(a) General description.

**Answer:** Please see Attachment C.

(b) What is the MHSA Budgeted amount?

**Answer:** The total budgeted amount for Fiscal Year 2016/17 is \$43,114,745. The total pending budgeted amount for Fiscal Year 2017/18 is \$51,574,566.

(4) How much EPSDT revenue does Mental Health receive?

**Answer:** The projected collection amount for Fiscal Year 2016/17 is \$61,788,182. The total pending budgeted amount for Fiscal Year 2017/18 is \$66,894,032. Fifty percent of these amounts are Federally funded.

(5) What is the process to increase funding/billing rates for EPSDT services?

**Answer:** EPSDT is a Medi-Cal service that is paid based on the County Maximum Allowance (CMA) rates. The CMA establishes the unit price the Behavioral Health Division will pay for services provided by all contracted Community Based Organizations (CBO).

The CMA applies to services rendered to the entire client population (Adult and Children's services). No age distinction and no distinction by funding source exists within the CMA.

The Behavioral Health Division can increase the CMA rates as service demand and finances allow.

The Recommended Budget includes a 3% COLA for the CBO's. Below are the CMA rates before and after the COLA.

Service Function	Time Base	FY 16/17 CMA with 3% COLA	FY 17/18 Proposed 3% CMA Rate Increase
Day Treatment Intensive Half Day	Client Half Day	\$148.45	\$152.90
Day Treatment Intensive Full Day	Client Full Day	\$208.50	\$214.75
Day Treatment Rehabilitation Half Day	Client Half Day	\$86.60	\$89.19
Day Treatment Rehabilitation Full Day	Client Full Day	\$135.18	\$139.23
Case Management, Brokerage	Staff Minute	\$2.08	\$2.14
Mental Health Services	Staff Minute	\$2.69	\$2.77
Medication Support	Staff Minute	\$4.96	\$5.10
Crisis Intervention	Staff Minute	\$4.00	\$4.12
Therapeutic Behavioral Services (TBS) - various	Staff Minute	\$0.44, \$1.66, \$1.81, \$1.99, \$2.06, \$2.69	\$0.45, \$1.70, \$1.86, \$2.04, \$2.12, \$2.77

(6) Are the EPSDT Rates the maximum we can claim?

**Answer:** The CMA rates are established at the maximum amount the Division can afford to fund across all service lines (Adult and Child). The CMA rates are not established by funding source; the Division does not charge or pay for services differently based on the payor (note: this is a consistent practice throughout the Health Services Department).

(7) Would more general purpose revenues allow for greater Federal match draw down?

**Answer:** Yes. Similar to other operating divisions of the Health Services Department payment for Medi-Cal services requires the County to provide the match to receive the Federal Funding. The more match available the larger the Federal draw down. Potential changes at the Federal level concerning the movement to a Medicaid block grant may alter this process in the future.

### Children's Behavioral Health Service by Clinic

Service Type	West County Children's Mental Health Clinic	Antioch Children's Behavioral Health	Central County Children's Mental Health Clinic
<b>Approximate Number of Active Charts</b>	1112	832	808
Psychiatric Services	x	x	x
<b>Outpatient Service</b>	x	x	x
Individual	x	x	x
<b>Family</b>	x	x	x
Group	x	x	x
<b>Crisis</b>	x	x	x
Collateral	x	x	x
<b>School Service and Consultation</b>	x	x	x
Parent Partners	x	x	x
<b>PIP Program</b>			x
Wrap Around Services	x	x	x
<b>Dialectical Behavior Therapy</b>	x	x	x
Triple P Parenting	x	x	x
<b>Head Start Program</b>	x	x	x
Parent Project		x	
<b>Wrap Around Services</b>	x	x	x
Cognitive Behavioral Therapy	x	x	x
<b>Trauma Focused Cognitive Behavioral Therapy</b>	x	x	x
Family Based Therapy Eating Disorder	x	x	x
<b>NA/AA</b>	x		
Dialectic Behavioral Therapy	x		x

The target population for each of the three Regional Clinics is the same. All serve the moderate to severe Seriously Emotionally Disturbed child and youth population 0 to 18/21 years old.

CHILDREN SYSTEM OF CARE CONTRACTS								
CONTRACT NUMBER	# of Prgms	CONTRACTOR	CONTRACT TYPE and Service Description	Population Served:	LOCATION	16-17 CPL	REALIGNMENT	MHSA
74-317	1	Alternative Family Services	EPSDT: MTFC & ITFC	EBP: Foster Care Population	Santa Rosa	\$976,087	\$488,044	
74-402	1	Aspiranet	EPSDT: TBS	Adolescent Population 12-18 yrs.	Turlock	\$250,000	\$125,000	
74-321	2	Bay Area Community Resources	EPSDT: School-Based OP	Adolescent population 12-18 yrs	Richmond	\$1,640,148	\$820,074	
74-399	1	CCC Interfaith Housing	EPSDT: Residential	Homeless Families	Pleasant Hill	\$206,963	\$103,482	
24-927	5	CHAA	EPSDT: WA; School Based; CoOccuring	Adolescents 12-18 yrs. East&West County	Richmond	\$1,585,124	815,737	
74-526	1	Community Options for Families	EPSDT: Functional Family Therapy (FFT)	EBP: Incarcerated Youth, Juvenile Hall, Ranch	Walnut Creek	\$551,362	-	
74-315	2	Community Options for Families	EPSDT TBS/Multi Systemic Therapy/ (MST)	EBP: Incarcerated Youth, Juvenile Hall, Ranch	Walnut Creek	\$2,353,912	\$674,831	\$ 669,500.00
74-495	1	Berkeley Youth Alternatives	EPSDT: School-Based OP	Adolescent population 12-18 yrs	Berkeley	\$100,066	\$50,033	
24-707	4	CCARC	EPSDT: Katie A; W/A; Substance Abuse;OP	0-5 Population	Pittsburg	\$2,045,722	\$1,022,861	
74-525	1	Center for Psychotherapy	EPSDT: Outpatient	Latency Age population East County	Antioch	\$400,000	\$200,000	
74-182	1	Chamberlain Children's Center	EPSDT: Group Home	Adolescent Group Home Population	Hollister	\$86,520	\$43,260	
74-128	2	Charis Youth Center	EPSDT: Group Home	Adolescent Group Home Population	Auburn	\$309,000	\$154,500	
74-517	1	Child Theraphy Institute	EPSDT: Outpatient Svcs.	Options/ MDFT/IHBS	San Rafael	\$325,000	\$162,500	
74-218	1	Desarrollo Familias	EPSDT: Outpatient Svcs.	Outpatient Services West County	Richmond	\$365,342	\$182,671	
24-308	3	Early Childhood Mental Health	EPSDT: Katie A; Wraparound	0-5 Population East County	Richmond	\$2,746,654	\$1,373,327	
24-859	2	Edgewood Childrens Center	EPSDT: Group Home	Crisis Residential for latency age population	San Francisco	\$123,600	\$61,800	
24-928	3	Fred Finch Youth Center	EPSDT: DD Res; School Based Svc.; TBS	County wide Res; Adolescent population 12-18	Oakland	\$1,256,714	\$623,357	
74-452	1	La Clinica	EPSDT; Outpatient Clinic	Spanish Speaking adolescent population	Antioch	\$412,000	\$206,000	
24-133	3	LaCheim School, Inc.	EPSDT: Group Home; School Based	Adolescents 12-18 yrs. East&West County	Richmond	\$2,347,052	\$1,173,526	
24-925	4	Lincoln Child Center	EPSDT MHSA: Katie A./MDFT/SEP	EBP: MDFT/Options/IHBS	East County	\$7,032,087	\$2,688,823	\$ 540,751
24-773	2	Mountain Valley ( formerly Milhous)	EPSDT Group Home	Adolescent Group Home Population	Nevada City	\$839,450	\$419,725	
74-371	2	Mount Diablo Unified School District	EPSDT: School-Based OP	Mt. D Collaborative Alliance/Sunrise	Concord	\$2,922,491	\$1,396,475	
74-058	8	Seneca Center	EPSDT MHSA: MRT; School Based; W/A;	Adolescents 12-18 yrs. All County	Concord	\$7,732,518	\$3,770,606	\$ 360,123
74-249	2	St. Vincent's Home for Boys	EPSDT: Group Home; TBS	Adolescent 12-18 hrs.	San Rafael	\$333,720	\$166,860	
74-051	1	STAND Against Domestic Violence	EPSDT: Respite & Mentoring	Adolescents 12-18 yrs. All County	Concord	\$1,421,400	\$710,700	
74-031	1	Summitview Child Treatment Center	EPSDT: Group Home	Adolescents 12-18 yrs.	Placerville	\$154,500	\$77,250	
24-941	1	TLC Child & Family Services	EPSDT: Group Home	Adolescents 12-18 yrs.	Sebastopol	\$75,000	\$37,500	
24-778	2	UPLIFT (Families First)	EPSDT: School Based	Adolescents 12-18 yrs.	Solara	\$462,382	\$228,691	
74-345	1	Victor Community Support Svcs	EPSDT: TBS	Adolescents in Group Home 12-18	Shasta County	\$20,600	\$10,300	
24-682	2	Victor Treatment	EPSDT: Group Home	Adolescents 12-18 yrs.	Chico/Redding	\$347,800	\$173,900	
74-191	1	West Contra Costa Unified School	EPSDT: School-Based; W/A Clinic	Adolescents 12-18 yrs.	Richmond	\$578,710	\$286,855	
24-705	3	We Care	EPSDT: W/A; OP; Katie A	0-5 Population Central County	Concord	\$1,779,635	\$889,818	
24-409	2	West CC Youth Services Bureau	EPSDT: W/A; School Based Svcs.	Adolescents 12-18/ West County population	Richmond	\$3,135,384	\$1,567,692	
24-315	4	YMCA Collaborative	EPSDT: School Based	Adolescents 12-18/ West County population	Richmond	\$984,464	\$511,759	
74-322	3	Youth Homes, Inc.	EPSDT: Group Home;TBS; KatieA	Adolescents 12-18/ All County population	Concord	\$3,737,320	\$1,868,660	
<b>Total:</b>	<b>75</b>					<b>\$49,638,727</b>	<b>\$23,086,616</b>	<b>\$1,570,374</b>

SED	Seriously emotionally disturbed
0-5	0 to 5 years old
DD	Dual Diagnosis
EBP	Evidence Based Practice Model
EPSDT	Early Periodic Screening & Diagnostic Treatment
FFT	Functional Family Therapy
IHBS	In Home Behavioral Services
ITFC	Intensive Treatment Foster Care
MHSA	Mental Health Services Act
MTFC	Multi Treatment Foster Care
SEP	School Engagement Program
TBS	Therapeutic Behavioral Health
W/A	Wrap Around

Note: Population consists of multi-cultural population  
Contracts funded with MHSA highlighted in yellow

**Presentation – Proposed EPSDT Expansion Funded by MHSA Three Year Plan  
Board of Supervisors’ Family and Human Services Committee - March 27, 2017**

The FY 17-20 MHSA Three Year Program and Expenditure Plan proposes to increase budget authority in total from \$43.1 million in current year to \$51.5 million annually for the three year period. New proposed programming includes \$3.7 million in MHSA funding for Children’s services to supplement the required expansion of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. (Note: \$3.7 million in matching federal funds included in the Mental Health operational budget.)

Recently the Department of Health Care Services has clarified that the continuum of EPSDT services are to be provided to any specialty mental health service beneficiary who needs it. In addition, newly enacted Assembly Bill 403 mandates statewide reform for care provided to foster care children, to include the County’s responsibility to provide Therapeutic Foster Care (TFC) services. This significant expansion of care responsibility, entitled Continuing Care Reform (CCR), proposes to utilize MHSA funds as the up-front match for the subsequent federal reimbursement that enables the County to provide the full scope of services, and includes adding County mental health clinicians, family partners and administrative support.

The total increase in MHSA budget authority, to include the EPSDT expansion, is to be paid for by a combination of anticipated increases in revenue from the state Mental Health Services Act Trust Fund, projected Medi-Cal reimbursements, and spending down a portion of the County’s unspent MHSA fund balance.

Sufficient MHSA funds are available to fully fund all proposed new and existing programs for the duration of this three year period. The estimated unspent MHSA Fund balance is forecasted to be needed at the end of this three year period in order to ensure sustainability of programs in the event of changes in the economy, federal financial participation, and/or emerging programming, such as the No Place Like Home Initiative.

Prior to MHSA Three Year Plan development a comprehensive quantitative needs assessment as well as a robust community program planning process was conducted. The needs assessment indicated that there was an equitable distribution of mental health services and funding for each of the three regions of the county, as well as self-identified race/ethnicities, age groups and gender. Across all three regions services to children ages 0-5 were slightly underrepresented. Stakeholders and interested community members came together in three community forums in East, Central and West County, where input was discussed and heard, and service needs prioritized. Services to young children remain a high priority.

As per statute this MHSA Three Year Program and Expenditure Plan is posted for public comment for 30 days until April 21. The Mental Health Commission will host a Public Hearing on May 3, with Contra Costa Behavioral Health Services responding to all significant public and Commission input. Board of Supervisor consideration of the Three Year Plan is anticipated for some time in June.

# Mental Health Services Act (MHSA) FY 2017-20 Three Year Program and Expenditure Plan

## OUTLINE OF DRAFT PLAN



# FY 2017-20 Plan Summary

- The Three Year Plan proposes to set aside \$51.6 million for fiscal year 2017-18 to fund 85 programs and plan elements. This is a proposed \$8.5 million annual increase in budget authority from the previous Three Year Plan.
- This increase will be offset by estimated additional Medical reimbursement, increase in state MHSA Trust Fund revenue, and use of unspent funds from previous years.
- It is anticipated that current total budget spending authority will not need to be reduced in order to fully fund MHSA programs and plan elements in the foreseeable future.

# Plan Outline Summary

- Introduction
- Table of Contents
- Vision
- Community Program Planning Process
- The Plan
- The Budget
- Evaluating the Plan
- Acknowledgements
- Appendices
  - Mental Health Service Maps
  - Program and Plan Element Profiles
  - Glossary
  - Certifications, Funding Summaries
  - Public Comment and Hearing
  - Board Resolution

# Introduction

- Describes MHSA, MHSA values, statutory and regulatory requirements
- Outlines changes to the current Three Year Plan
  - A description of this year's Needs Assessment and Community Program Planning Process
  - Addition of outcome indicators for FSP programs and PEI categories
  - Planning for re-purposing the County's Oak Grove facility
  - Introduces the "No Place Like Home Initiative"
  - Adds the Special Needs Housing Program
  - Funds the EPSDT expansion requirements
  - Expands children and adult mobile crisis response capacity
  - PEI programs are aligned with new required PEI categories
  - First Hope is adding a first psychotic break program
  - Two new innovative projects are introduced
  - A Family Support Program is added to the WET component
  - Mental Health First Aid is linked to community first responders
  - A Loan Forgiveness Program added to address workforce shortages
  - Funds added to allow for programs' increased cost of doing business

# Vision

We intend to utilize MHPA funding to assist Behavioral Health Services in addressing three key areas:

- Access – improve assistance with eligibility, transportation, shorten wait times, increase availability after hours, provide services that are culturally and linguistically competent
- Capacity – take the time to partner with the individual and his/her family to determine the level and type of care needed, coordinate necessary health, mental health and other needed resources, and then successfully work through challenging mental health issues
- Integration – work with our health, behavioral health and community partners as a team to provide multiple services coordinated to a successful resolution.

We need to continually challenge ourselves to improve our response to individuals and their families who need us the most, and may have the most difficult time accessing care.

# Needs Assessment

- In 2016 CCBHS conducted a data driven assessment of public mental health needs to complement the planning process.
- Prevalence and penetration rates were used to determine that the County is proportionally serving all three regions as well as by race/ethnicity, age group and identified gender. Asian/Pacific Islanders, Latina/os, children ages 0-5 and the elderly are slightly underrepresented. All service rates exceed state averages.
- Expenditure data indicate significant services available at all levels of care, with an oversubscription of funds paying for locked facilities.
- Workforce analysis indicate a critical shortage of psychiatry time, with an underrepresentation of Latina/os in the CCBHS workforce.

# Community Program Planning Process

- Describes the process
- Describes the Consolidated Planning and Advisory Workgroup and ongoing stakeholder participation
- Describes and summarizes results of the recently completed Community Program Planning Process for FY 2017-18
- Links prioritized needs to MHSA funded programs, projects and plan elements contained in the Three Year Plan

# Community Program Planning Process

## Highlights (1)

- CPAW planned and hosted three community forums
- Over 300 individuals attended forums in San Pablo (West), Pleasant Hill (Central), and Bay Point (East)
- Attendees self identified:
  - 23% as a consumer
  - 32% as a family member
  - 39% as a service provider
  - 14% as a community member
- Small group discussions addressed topical questions developed by consumer, family member and service provider representatives
- Attendees prioritized identified mental health needs

# Community Program Planning Process

## Highlights (2)

### Prioritized Needs:

1. More housing and homeless services
2. More support for family members
3. Better coordination of care
4. Children and youth in-patient and residential beds
5. Finding the right services when you need it
6. Improved response to crisis and trauma
7. Support for peer and family partners
8. Intervening early in psychosis
9. Getting care in my community, my culture, my language
10. Assistance with meaningful activity
11. Getting to and from services
12. Care for homebound frail and elderly
13. Serve those who need it the most
14. Help moving to a lower level of care as one gets better
15. Better program and fiscal accountability



# The Plan

- **Community Services and Supports (CSS)**
- **Prevention and Early Intervention (PEI)**
- **Innovation (INN)**
- **Workforce Education and Training (WET)**
- **Capital Facilities and Technology (CF/TN)**

Each component leads with a short description of the component and categories within the component, and then lists and describes each program or plan element, cost allocated, and number to be served.

# Community Services and Supports

\$37.6 million to fund programs and plan elements that provide services to approximately 2,000 individuals - children who are seriously emotionally disturbed, transition age youth (TAY), adults and older adults who are seriously mentally ill.

- **Full Service Partnerships** (\$23.7m):
  - 9 Full Service Partnership Programs serving all age groups and all county regions
  - Assisted Outpatient Treatment
  - FSP support staff at all children and adult clinics
  - 3 Wellness and Recovery Centers
  - Hope House (transitional residential center)
  - Oak Grove Youth Residential Center (in planning)
  - MHSA funded housing services (temporary, supported or permanent)
- **General System Development** (\$13.8m):
  - Children's Wraparound and EPSDT expansion
  - Older Adult Program
  - Clinical staff at the Miller Wellness Center, Concord Health Center
  - Clinic support and liaison staff to PES and CCRMC
  - Administrative support and quality assurance staff

# Prevention and Early Intervention

\$8.7 million to fund 25 MHSAs programs that provide prevention and early intervention services to approximately 13,000 individuals. All are designed to prevent mental illness from becoming severe and debilitating, and 1) creates access and linkage to mental health services, 2) reduces stigma and discrimination, and 3) provides outreach and engagement to underserved populations. All programs are in the following 7 categories:

1. Seven programs provide Outreach for Increasing Recognition of Early Signs of Mental Illness (\$1m)
2. Five programs provide Prevention Services that reduce risk factors and increase protective factors (\$1.6m)
3. The First Hope program provides Early Intervention Services for youth at risk of or who are experiencing early onset of psychosis (\$2.6m)
4. Four programs provide Access and Linkage to Mental Health Services (\$1.1m)
5. Six programs Improve Timely Access to Mental Health Services for Underserved Populations (\$1.5m)
6. The Office for Consumer Empowerment (OCE) provides leadership and staff support that addresses efforts to Reduce Stigma and Discrimination (\$.3m)
7. Contra Costa Crisis Center and County staff address Suicide Prevention (\$.6m)

# Innovation

\$2.1 million in FY 2017-18 to fund new or different patterns of service that contribute to informing the mental health system of care as to best or promising practices that can be subsequently added or incorporated into the system.

- 4 projects are approved and will be in operation for FY 17-18 (\$1.4m):
  - **Recovery Through Employment Readiness.** Contra Costa Vocational Services adding pre-vocational services for consumers as part of their mental health treatment plan
  - **Coaching to Wellness.** Adding peer wellness coaches to the adult clinics
  - **Partners in Aging.** Support for frail, homebound older adults
  - **Overcoming Transportation Barriers.** Assisting consumers overcome transportation barriers to accessing services
- 2 projects are in development, and are expected to be in operation during the Three Year Plan (\$.7m – estimated):
  - **CORE** – multi-disciplinary treatment team to serve youth with mental health and substance use disorders
  - **CBSST** – bringing cognitive behavioral social skills training to clients living in augmented board and care facilities

# Workforce Education and Training

\$2.6 million annually from Contra Costa's MHSAs unspent funds to recruit, support and retain a diverse, qualified paid and volunteer workforce. The five WET categories are:

1. **Workforce Staffing Support.** (\$1.23m) Funds the county operated senior peer counseling program, a new contract operated family support volunteer program, and WET administrative staff
2. **Training and Technical Assistance.** (\$.23 m) Funds Mental Health First Aid, Crisis Intervention Training, NAMI Basics/Faith Net/Familia de Familia and various county and contract staff trainings
3. **Mental Health Career Pathway Programs.** (\$.44m) Funds the college accredited SPIRIT course where approximately 50 individuals yearly are trained as peer providers and family partners
4. **Internship Programs.** (\$.35m) Provides approximately 75 graduate level clinical intern placements in county and contract operated community mental health programs to increase workforce diversity
5. **Financial Incentive Programs.** (\$.3m) Establishes a locally administered loan forgiveness program to address critical workforce shortages, such as psychiatrists, and supports upward mobility of community support workers

# Capital Facilities and Information

## Technology

This component enables counties to utilize MHSA funds on a one-time basis for major infrastructure costs necessary to implement MHSA services and supports, and to generally improve support to the County's community mental health service system. For FY 17-20:

- \$696,00 remaining of MHSA funds to complete and integrate Behavioral Health Services' electronic records system with the Epic system currently in use by the County's Health Services
  - Completion forecasted for FY 18-19
  - As per the provisions of the 2010 proposal any costs that exceed the originally approved \$6 million will be born by the County's Health Services Department

# Program Component Changes

Due to component fidelity the following programs and plan elements have changed component funding from current (FY 14-17) to proposed (FY 17-20) Three Year Plan:

- The Older Adult Senior Peer Counseling program has moved from CSS to WET
- Funding for the mental health clinicians at the Concord Health Center have moved from PEI to CSS
- Rainbow Community Center has moved from INN to PEI
- The Perinatal Depression (WELL) Project has moved from INN to PEI
- OCE staff supporting the SPIRIT program has moved from PEI to the WET component

# The Budget

- Provides estimated available funds, revenues, expenditures and projected fund balances by component for Fiscal Years 2017-18, 18-19 and 19-20
- Projected fund balances will be updated in subsequent FY 18-19 and 19-20 MHSAs Plan Updates as revenues and expenditures actualize
- Projected revenues include state MHSAs Trust Fund distribution, interest earned, and federal financial participation (Medi-Cal reimbursement)
- The County maintains a prudent reserve of \$7,125,250 to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. This is in addition to available unspent funds from previous years.

**NOTE: This current draft version contains dollar amounts that are approximate. This is because Finance is in the process of finalizing the Funding Summaries that will be included as Appendix E. The Budget in the Plan needs to match the Funding Summaries, and will be adjusted accordingly.**



# The Budget (2)

- \$7.8m in unspent CSS funds from previous years is transferred to the WET component in order to finance the proposed WET category expenditures for the three year period
- The \$1.7m received in 2016 for the Special Needs Housing Program has been added to the CSS budget for FY 17-18. Any of these funds not spent during FY 17-18 will be added to the FY 18-19 budget when the Three Year Plan is updated in 2018
- A collective increase in budget authority for FY 18-19 and 19-20 allows for an increase in the cost of doing business. Subsequent Three Year Plan annual budget authority will be reviewed based upon actual costs and adjusted, if appropriate, for Board of Supervisor review and approval
- 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 MHSA Trust Fund distribution or federal financial participation (Medi-Cal reimbursement)

# Evaluating the Plan

- Describes a program and fiscal review process with written report to determine whether MHSA funded programs:
  - Meet the letter and intent of MHSA
  - Support the needs, priorities and strategies identified in the community program planning process
  - Meet agreed upon outcomes and objectives
  - Are cost effective
- Includes a quarterly MHSA financial report to enable ongoing fiscal accountability.

# Acknowledgements

A thank you to individuals who shared their stories, provided input, and who are working to make the system better.

# Appendix A - Mental Health Service Maps

Provides six one page pictorial of all Contra Costa Mental Health's services broken down by the following:

- East County adult, older adult and transitional age youth
- East County Children's
- Central County adult, older adult and transitional age youth
- Central County Children's
- West County adult, older adult and transitional age youth
- West County Children's

# Appendix B - Program Profiles

Provides a profile of each MHSA funded program or plan element according to the following outline:

- Organization contact information
- Brief organization description
- Title(s) and brief description(s) of MHSA funded program or plan element
  - Total MHSA funds allocated
  - FY 15-16 outcomes
- Contains an alphabetized Program and Plan Element Profile Table of Contents

# Appendix C - Glossary

Provides an alphabetical listing and definition of terms and acronyms used in the document.

# Appendix D – Certifications

## Appendix E - Funding Summaries

- County Behavioral/Mental Health Director Certification
- County Fiscal Accountability Certification
- MHSOAC required funding summaries

# Appendix F - Public Comment, Hearing

## Appendix G – Board Resolution

- Will include evidence of Public Comment period and Hearing, and summary of public comments.
- Mental Health Commission’s review of draft plan and recommendations.
- Contra Costa Behavioral Health Service’s response to public comments and Mental Health Commission recommendations.
- Board of Supervisor Resolution



# Timeline

- **MAR 2** - 1<sup>st</sup> DRAFT Three Year Plan shared with CPAW/MHC for input
- **MAR 20** - 2D DRAFT Three Year Plan posted for 30 day public comment period
- **MAY 3** - Mental Health Commission (MHC) hosts Public Hearing on Three Year Plan
- **MAY (early)** – Public Comment, Hearing and MHC recommendations addressed
- **MAY (late)** - Three Year Plan submitted to County Administrator for inclusion on Board of Supervisors' (BOS) agenda
- **JUNE** – BOS considers Three Year Plan

# Issues for MHSA FY 17-20 Three Year Program and Expenditure Plan

- Any additional uses for MHSA funds that is not currently depicted in the Three Year Plan will eventually deplete the County's unspent reserve and potentially trigger a contraction of programs
- The County's level of participation in the "No Place Like Home" initiative is currently unknown
- Level of future federal financial participation for California is unknown
- Full budget impact of new initiatives is unknown
  - Re-purposing of Oak Grove facility
  - Full impact of Continuum of Care reform requirements for Children's System of Care
  - mobile crisis response teams

# Your Input Is Most Welcome!

Point of Contact:

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