

## BOARD OF DIRECTORS

President  
Joe Cannizzo

Vice President  
Mary Staunton

Treasurer  
David Alvarado

Secretary  
Katherine Richardson

Deirdre Biagi

Patrick Clarke

Jerry Ducey

Louise Evenson

Breanna Ford

Aaron George

Jonathan Korfhage

Doug Leich

Dave Mechler

Mitch Randall

Joe Rodriguez

David Waal

May 10, 2016

Good morning, my name is Leslie Gleason, and I serve as the Director of Program Operations with SHELTER, Inc. I am here to offer our deep gratitude to the Board of Supervisors and Contra Costa Health Services for providing critical funding for the family shelters and outreach services. Thanks to you, we can continue to provide emergency shelter to keep our most vulnerable families safe while they start their path back to stable housing and self-sufficiency. Thanks to you, and the many other groups and individuals who support Mountain View Shelter, families in crisis are able to take a breath, make a plan, and move forward. Working families, like parents who, when they had exhausted all other options, turned to couch surfing, with Mom and their four children staying indoors with friends while Dad slept outside in the family car. And despite this, he was still able to hold down a full-time job! The good news is that since coming to Mountain View, they can all be together, and Dad has even picked up a part-time job! Families with newborns, safe, warm, and showered with affection from staff, volunteers, and fellow guests. Thanks to your support, our family shelters can continue to be places where families are reunified, rejuvenated, and reconnected with the tools they need to forge ahead.

Like them, SHELTER, GRIP, and the people who count on us are rejuvenated by your act of support. We know there is work ahead to ensure stable funding for the full range of critical services to address homelessness in our County, and look forward to working with you and other supporters to be sure that every child in our County has a home.

Sincerely,

Leslie Gleason

Director of Program Operations





7.3  
Dan  
Seiger  
5pgs

May 9, 2016

Supervisor Candace Andersen  
Supervisor John Gioia  
Supervisor Federal Glover  
Supervisor Karen Mitchoff  
Supervisor Mary Piepho

Dear Board of Supervisors,

As a followup to meetings our representatives had with Supervisors Andersen and Mitchoff, we are writing to clarify some questions that arose regarding EPSDT funding and reimbursements.

To wit:

1. **Process:** See the attached schematic which illustrates the process and flow of funds for mental health services. It illustrates both the sources of funds, and gives an approximation of sequence. Note: up to 50% of total costs to the County are paid on a monthly basis from the State's behavioral sub-account. The remaining 50% paid by the Federal Government is reimbursed by the state upon submission of claims.
2. **Timing:** we indicated in our last letter that the state is now reimbursing the federal share in a matter of weeks vs. the previous time lag of 12 to 18 months. We do not have this in writing, but a representative of California Alliance of Child and Family Services has been told several times in the past few weeks by the financial staff of DHCS that this is now the case.
3. **Net cost to county; 50/50 share question:** please see the highlighted sections of pages 5 and 6, and the graph on page 7 of the attached "A Complex Case: Public Mental Health Delivery and Financing in California" by The California Health Care Foundation. These verify that counties typically pay approximately 3% of total costs for mental health care. "In addition to federal and state sources of funding, California's 58 counties use revenue from local property taxes, patient fees, and some payments from private insurance companies to fund mental health services. (See Figure 3 on page 7.) This amount totaled about \$150 million in FY 2012-13, roughly 3% of the total funding counties administer to provide mental health services for more than half a million adults and children statewide."
4. **Sources of state funds since Realignment:** See the following:
  - a. From pp. 14-15 of attached "StateBudgetBehavHealth April 2016 PDF":



“Government Code Section 30026.5(k) specifies that Medi-Cal Specialty Mental Health Services shall be funded from the Behavioral Health **Subaccount**, the Behavioral Health Growth Special Account, the Mental Health Subaccount (1991 Realignment), the Mental Health Account (1991 Realignment), and to the extent permissible under the Mental Health Services Act, the Mental Health Services Fund.”

And

“For the 2012-13, DHCS gave first priority to Behavioral Health **Growth** Account funding to reimburse counties for the two entitlement programs, Medi-Cal Specialty Mental Health EPSDT and Drug Medi-Cal. Specifically, this allocation provided additional funding to counties in which the approved claims for EPSDT and Drug Medi-Cal services in each fiscal year were greater than the funding they received in the respective fiscal year from the Behavioral Health subaccount.”

- b. The attached “FY 2013-14 GrowthAllocationInfoNotice PDF” demonstrates that the “first call” on growth is to make counties “whole” who exceeded the amount of money in their base account for the entitled services. DHCS/DoF continue to make these statements and have done so as recently as the senate budget hearings on April 21. In effect, this means that since a county is paid in advance for most expenditures, and reimbursed for the remainder, then counties do not need to take from other programs to expand EPSDT.

5. **Example:** The attached “Encl 2 – FY 2013-14 BH Growth Allocation Methodology” spreadsheet shows that the state paid Contra Costa County \$23.2 million from the Sub-account, and \$1.5 million from the ‘growth’ account + additional funding to bring reimbursements up to the traditional share.

We realise all this can be rather complex (hence the title of the report by the California Health Care Foundation), but we have made every attempt to provide clear and thorough documentation in support of our request.

We believe that taking into account all this information, the cost from County coffers for an additional 2% increase in reimbursements to community organizations for mental health services will be inconsequential, will leverage additional funds from the state, and ensure higher levels of funding from the state in future years.

We have communicated with Dr. Walker’s office to set up a meeting with him, but as you know, he has been on vacation and we have not been able to thus far.



## Human Services Alliance of Contra Costa

---

Our Director Dan Geiger will attend the Board of Supervisors meeting Tuesday, and will be available for any questions.

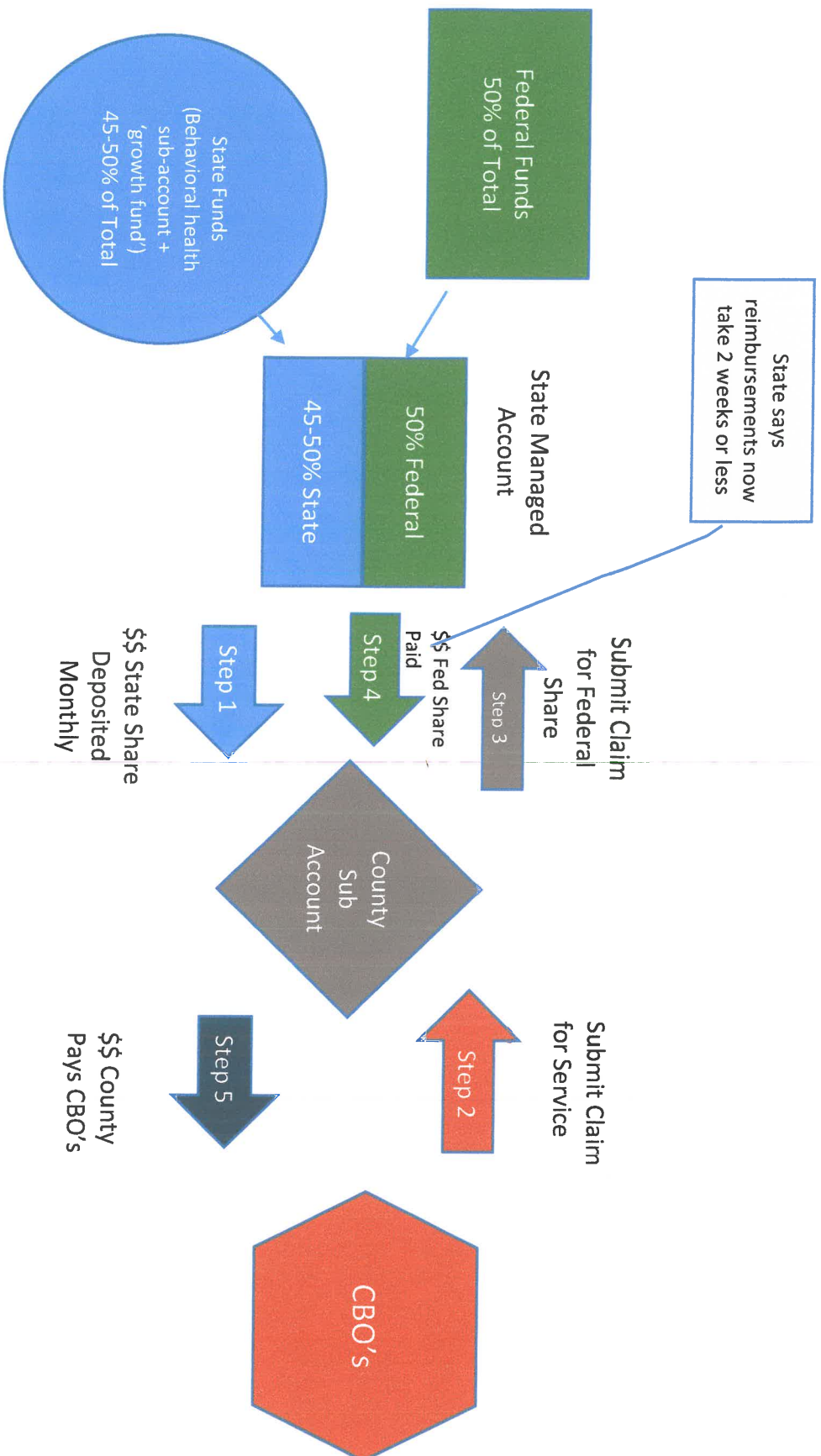
As always, your support for children's mental health services is deeply appreciated.

Human Services Alliance of Contra Costa

### **Member agencies**

Brighter Beginnings  
Center for Human Development  
Community Clinic Consortium  
Contra Costa ARC  
Contra Costa Crisis Center  
Contra Costa Interfaith Housing  
Early Childhood Mental Health Program  
Jewish Family and Community Services of the East Bay  
Fred Finch Youth Center  
Lincoln Child Center  
Putnam Clubhouse  
Rainbow Community Center  
Rubicon Programs  
Seneca Family of Agencies  
Shelter, Inc.  
STAND! For Families Free of Violence  
Ujima Family Recovery Services  
We Care Services for Children  
Youth Homes, Inc.

# EPSDT Reimbursement Schematic



Net cost to County, after all reimbursements = 0 to 5% of Total

California spent an estimated \$557 million from its General Fund in FY 2012–13 on mental health services outside the criminal justice system, primarily for purchasing psychiatric prescription drugs in the Medi-Cal program (\$205 million)<sup>17</sup> and providing school-based mental health services (formerly called AB 3632 services) to students with disabilities (\$350 million).<sup>18</sup>

### California’s Criminal Justice System and Mental Health Services

Mental health services associated with the criminal justice system are not discussed in detail in this paper because of the complexity of how mental health services are provided to this particular client population. The subject warrants a comprehensive discussion of its own.

Mental health services provided to individuals within the criminal justice system do significantly impact the state’s budget. California’s FY 2012–13 budget projected spending about \$1.6 billion on mental health services for 6,100 patients in five state hospitals.<sup>19</sup> About 90% of these patients are transferred to these hospitals from state prisons or county jails because they have severe mental disorders and are incompetent to stand trial or have been found not guilty due to insanity. The California Department of Corrections and Rehabilitation’s FY 2012–13 budget includes \$420 million for mental health services to prison inmates.<sup>20</sup> Also, California’s counties spend significant sums of money providing mental health services to individuals in local jails.<sup>21</sup>

### County Funding

In addition to federal and state sources of funding, California’s 58 counties use revenue from local property taxes, patient fees, and some payments from private insurance companies to fund mental health services. (See Figure 3 on page 7.) This amount totaled about \$150 million in FY 2012–13, roughly 3% of the total funding counties administer to provide mental health services for more than half a million adults and children statewide.<sup>22</sup> Of this locally generated money, \$25 million goes toward counties’ maintenance-of-effort (MOE) level of spending, the amount required to receive their portion of state sales tax revenue for mental health services. Counties’ required MOE ranges from zero in the smallest counties to about \$8.5 million in Los Angeles County.<sup>23</sup>

Most of the remaining \$125 million in local county funding is discretionary overmatch — local funds above the MOE amount that are used for a variety of mental health services. These funds may go toward Medi-Cal services, thereby allowing the county to draw down additional federal dollars. Counties may also spend overmatch dollars on non-Medi-Cal reimbursable services or on services provided to uninsured adults and children. Because it is discretionary, the overmatch funding fluctuates annually and varies between counties.

While no current analysis comparing each county’s total per capita mental health program revenues and expenditures is publicly available, it is widely assumed that the amounts vary greatly between counties. This variation is due to realignment policies (see below) that locked in historical funding levels at the state and county levels, varying local priorities, varying capabilities to leverage local resources to receive federal matching funds, and the discretionary levels of local overmatch funds, among other factors.

**REQUEST TO SPEAK FORM** (3 Minute Limit)

Complete this form and place it in the upright box near the speaker's podium, and wait to be called by the Chair.

Personal information is optional. This speaker's card will be incorporated into the public record of this meeting.

Name (PRINT): PETER R. COTTON - DIRECTOR

To ensure your name is announced correctly, you may want to include its phonetic spelling

Address: BRENTWOOD, CA 94513

City: 875 BRENTWOOD BLVD. # B

Phone: 925-726-1699 (C)

I am speaking for:  Myself

Organization: ECCFH.ORG

EAST CONTRA COSTA  
FELLOWSHIP HALL.

Does NOT want to speak

I wish to speak on Agenda Item #: C

Date: 5/10/16

My comments will be:  General

For

Against

I wish to speak on the subject of:

I do not want to speak but would like to leave comments for the Board to consider (Use the back of this form)

**Information for Speakers:**

1. Deposit this form into the upright box next to the speaker's podium before the Board's consideration of your item
2. Wait to be called by the chair. Please speak into the microphone at the podium.
3. Begin by stating your name and your city or area of residence, and whether you are speaking for yourself or on behalf of an organization.
4. If you have handout materials, give them to the Clerk.
5. Avoid repeating comments made by previous speakers.
6. The Chair may limit the time allocated to speakers so that all may be heard.

In lieu of speaking, I wish to submit these comments:

REQUEST THE HEALTH SERVICES  
DIRECTOR TO ALLOCATE  
FUNDING OF \$10K. TO COVER  
INCREASED RENT AND FUTURE  
GROWTH OF ECCFH IN SUPPORT  
SERVICES IN DRUG/ALCOHOL  
ABUSE COUNSELING RECOVERY  
GROUPS MEETINGS IN BRENTWOOD, CA.