COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

SHEILA A. SHIMA
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

BOARD OF SUPERVISORS
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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

Reply To: (213) 738-4601
Fax: (213) 386-1297

April 5, 2007

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

APPROVAL TO AMEND 6 EXISTING DEPARTMENT OF MENTAL HEALTH LEGAL ENTITY AGREEMENTS AND TO ENTER INTO 1 NEW LEGAL ENTITY AGREEMENT TO IMPLEMENT THE MENTAL HEALTH SERVICES ACT – COMMUNITY SERVICES AND SUPPORTS PLAN FOR FIELD CAPABLE CLINICAL SERVICES AND SERVICE EXTENDERS IN DMH CONTRACTED PROGRAMS FOR FISCAL YEARS 2006-07 AND 2007-08 (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD

Approve and instruct the Director of Mental Health or his designee to prepare, sign, and execute 1) a Department of Mental Health (DMH) Legal Entity Agreement (Agreement) previously Board approved in Item No. 28 of agenda June 27, 2006, with one (1) new provider, and 2) contract amendments, substantially similar to Attachment I, with six (6) existing DMH Contract Providers for the implementation of the Mental Health Services Act (MHSA) - DMH contracted Field Capable Clinical Services (FCCS) and Service Extenders for older adults. The Fiscal Year (FY) 2006-07 two-month pro-rated cost for FCCS Contracted Programs and cost of the Service Extenders is $732,579 funded with $593,954 in MHSA funding and $138,626 in Federal Financial Participation (FFP) Medi-Cal revenue; the FY 2007-08 annual FCCS Contracted Program and Service Extender cost is $4,977,513 funded with $3,189,930 MHSA funding and $1,787,583 FFP (Attachment II). The new Agreement and Amendments will be effective upon Board approval or May 1, 2007, whichever is later, through FY 2007-08.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

In keeping with DMH's Mental Health Services Act (MHSA) Community Services and Supports (CSS) plan, Board approval is being requested to enter into a new Agreement with one (1) new agency (Jewish Family Services of Los Angeles), and to amend the Agreements of six (6) existing DMH Contracted Providers (Heritage Clinic and the Community Assistance Program, Hillview Mental Health Center, Pacific Clinics, San Fernando Valley Community Mental Health Center, Inc., Special Services for Groups, and St. Joseph Center) as detailed in Attachment II to implement DMH Contracted FCCS programs serving individuals age 60 and above in each Service Area as part of the Department's overall transformation to a Recovery Model of community-based, client and family driven, recovery-oriented services and supports.

FCCS is the first DMH system-wide, locally based, clinical program to focus exclusively on this underserved population. Each agency will receive funding to employ a multi-disciplinary core team to provide an array of field based services offered to FCCS clients in the location of their choice. Many older adults are affected by the stigma of mental illness and will not seek services from a mental health agency. For that reason, over 60 percent of the services will be field based and delivered in community location(s) that are frequented by older adults such as primary care settings, senior/public housing complexes, senior centers, and homeless shelters, or in their places of residence if they are frail or homebound. Agencies will also receive funding to train and hire Service Extenders. Service Extenders are volunteer peer counselors trained to work with older adults. Service Extenders will receive a stipend for the volunteer services they provide.

As noted in the CSS Plan, the goal of FCCS is to provide clinical services that are culturally competent in collaboration with senior community networks and to sustain wellness by assisting older adults with mental illness in achieving their desired outcomes including a safe living arrangement, access to needed services, meaningful activities and relationships, and help when in crisis. The goal of the Service Extender Program is to minimize social isolation and improve community functioning of older adults through a network of peer counselors, reflective of the community to be served.

In addition to furthering the goals of the MHSA, the recommended actions are intended to fill a longstanding gap in the service delivery system by identifying older adults with serious mental illness who are not currently being served, as well as those who are significantly underserved, and have reduced personal or community functioning, are homeless or at risk of becoming homeless, institutionalized, hospitalized, or requiring nursing home care or emergency room services. By providing specialized mental

health services in locations preferred by and/or sensitive to the unique needs and limitations of older adults, FCCS will enhance access to mental health services for those who historically have encountered obstacles to receiving care.

Implementation of Strategic Plan Goals

The recommended Board action is consistent with the Countywide Strategic Plan, Goal No. 1, "Service Excellence," Goal No. 3, "Organizational Effectiveness," and Goal No. 7, "Health and Mental Health." The FCCS services are expected to improve the delivery, efficiency, and effectiveness of mental health operations.

FISCAL IMPACT/FINANCING

There is no increase in net County cost.

The FY 2006-07 total cost of the requested action for the DMH Contracted FCCS and Service Extender Program is $732,579 funded with $593,954 MHSA funds and $138,626 in FFP Medi-Cal revenue. The DMH Contracted Service Extender Program cost of $93,450 is included in the MHSA funding. Adequate funding is included in the Department's FY 2006-07 Adopted Budget.

The FY 2007-08 total annualized cost for the program, which will be included in the Department's FY 2007-08 budget process, is $4,977,513 funded with $3,189,930 MHSA funds and $1,787,583 in FFP Medi-Cal revenue. The Service Extender Program cost of $186,900 is included in the MHSA funding. Adequate funding is included in the Department's FY 2007-08 Proposed Budget.

Funding beyond FY 2007-08 for DMH Contracted FCCS programs will be included in the Department's next three-year MHSA plan.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

FCCS is the first system-wide, locally based, clinical program focused on Older Adults, age 60 years and older. DMH contracted FCCS services will allow the mental health system in Los Angeles County to build its capacity to serve this significantly underserved population with specifically trained professional and paraprofessional staff working together as part of a multi-disciplinary clinical treatment team. Over 60 percent of the services will be field based and delivered in community location(s) that are frequented by older adults such as primary care settings, senior/public housing complexes, senior centers, and homeless shelters. Frail or homebound elderly

individuals with serious mental illness will receive services in their place of residence. Many older adults are affected by the stigma of mental illness and will not seek services from a mental health agency. Collaborations with non-mental health agencies increase the scope of locations where care can be most effectively delivered, and will enhance the identification and appropriate treatment of older adults with mental illness. Over 64 percent of Los Angeles County's CSS Plan funding for older adults is devoted to the provision of FCCS.

DMH plans to implement both directly operated and contracted FCCS programs, strategically located throughout the County. Your Board provided authorization for the implementation of directly operated FCCS programs on March 6, 2007. Board approval is now being requested to award funding to implement DMH contracted FCCS programs to agencies successful in the Department's Request for Services (RFS) No. 8 competitive bid process initiated in October 2006. Attachment II provides details about the results of the process with dollar amounts to be awarded for each agency.

Consistent with State guidelines and the specialized clinical and program requirements for FCCS programs, the Department will allow two (2) months of funding to providers to be used to cover allowable one-time costs. Providers may distribute such funding as allowable by the State, among several one-time non-Medi-Cal billable costs including 1) intensive outreach and engagement for hard to reach clients, 2) client supportive services such as housing, and 3) specialized program expenses including, but not limited to, recruitment of new FCCS staff.

In addition to the multi-disciplinary FCCS team, DMH contracted FCCS programs will recruit Service Extender volunteers to augment FCCS services for isolated older adults. Service Extender volunteers will be trained to work with this population, and they will receive stipends based on the amount of time they commit to the program.

The attached Agreement and Amendment formats have been approved as to form by County Counsel. The Chief Administrative Office (CAO) has reviewed the proposed actions. Clinical and administrative staff of DMH will continue to administer and supervise the FCCS services, evaluate the programs to ensure that quality services are being provided to clients, and ensure that Agreement provisions and Department policies are being followed.

CONTRACTING PROCESS

DMH invited community-based agencies to pre-qualify prior to applying for MHSA funds by submitting a Statement of Qualifications (SOQ) in response to a Request for

Statement of Qualifications (RFSQ) open solicitation process. The SOQ process was to ensure that each agency demonstrated a basic level of capability (e.g., financial viability, proof of liability insurance, registration as a County vendor) and for agencies to identify the types of services, age groups to be served, and geographic locations in which they want to provide services. If agencies met MHSA requirements, DMH executed MHSA amendments with current DMH providers and MHSA Agreements with new agencies that placed them on the Department's MHSA Master Agreement List, making them eligible to receive RFS related to their service provision capabilities and interest.

On October 31, 2006, DMH issued RFS No. 8 to 75 qualified bidders on the Master Agreement list indicating an interest in providing Older Adult Field Capable Clinical Services on their SOQ. DMH sent agencies who expressed interest in providing Older Adult Field Capable Clinical Services a notice of the release of the RFS along with a compact disc of the RFS, and invited them to attend a mandatory Proposers' Conference on November 14, 2006. Representatives from 25 contract agencies attended the Proposers' Conference for RFS No. 8.

By the deadline of January 4, 2007, DMH received ten (10) proposals in response to RFS No. 8. Soon after, DMH convened two (2) review panels composed of five (5) individuals, each representing consumers, community members, other County departments, and DMH staff to assess and score the proposals. Simultaneously, review of the budget and reference contacts were conducted by DMH staff. The total scores were subsequently reviewed by DMH's Executive Management Team, which then finalized its recommendations. DMH plans to award funds to seven (7) bidders as detailed on Attachment II.

Of the three (3) providers who were not awarded RFS No. 8 funding, only one (1) has requested a Debriefing and therefore, still has the right to request a Contractor Selection Review. However, contract awards should not be delayed pending any such review because DMH will identify sufficient unspent MHSA dollars and will return to your Board in the next fiscal year if the Contractor is successful in appeal.

IMPACT ON CURRENT SERVICES

Implementation of the FCCS program is anticipated to vastly improve the Los Angeles County mental health system's ability to deliver field based clinical services to individuals with serious mental illness who are age 60 and older and are reluctant or unable to seek services from a traditional mental health clinic. DMH contracted FCCS programs will use a multi-disciplinary team approach to deliver services in settings

where older adults receive their health care, congregate for socialization, and seek faith-based services. FCCS contracted programs will also provide services where older adults reside, in senior housing or family homes, which they often cannot or will not leave. Most teams will be supplemented by Service Extenders, who are volunteer peer counselors trained to work with older adults. It is anticipated that DMH contracted FCCS programs will deliver services to approximately 960 older adult clients annually when FCCS is fully implemented.

CONCLUSION

The DMH will need one (1) copy of the adopted Board's action. It is requested that the Executive Officer of the Board notifies the DMH's Contracts Development and Administration Division at (213) 738-4684 when these documents are available.

Respectfully submitted,

Marvin J. Southard, D.S.W.
Director of Mental Health

MJS:RK:RK

Attachments (2)

c: Chief Administrative Officer
County Counsel
Chairperson, Mental Health Commission

Attachment I

CONTRACT NO. _____

AMENDMENT NO. __

THIS AMENDMENT is made and entered into this ___ day of _____, 2007, by and between the COUNTY OF LOS ANGELES (hereafter "County") and_____ (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated_____, identified as County Agreement No._____, and any subsequent amendment(s) (**if applicable**) (hereafter collectively "Agreement" **or** hereafter "Agreement"); and

WHEREAS, for Fiscal Years (FY) 2006-07 and 2007-08, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, the Mental Health Services Act (MHSA), adopted by the California electorate on November 2, 2004, creates a new permanent revenue source, administered by the State Department of Mental Health (SDMH), for the transformation and expanded delivery of mental health services provided by State and County agencies and requires the development of integrated plans for prevention, innovation, and system of care services; and

WHEREAS, in order to qualify for MHSA funds, Contractor has experience and training in its specialized field and has submitted to the County a Proposal Package in response to County's Request For Services (RFS) for the provision of such services, and Contractor has been selected to deliver Field Capable Clinical Services (FCCS) and Service Extenders services as added to the Agreement's Service Exhibit listing; and

WHEREAS, for FY 2006-07, County and Contractor intend to amend Agreement to add MHSA FCCS funds in the amount of $_____, and add non-Early and Periodic

Screening, Diagnosis, and Treatment-Federal Financial Participation (non-EPSDT-FFP) in the amount of $_____; and

WHEREAS, for FY 2006-07, County and Contractor intend to amend Agreement to add MHSA Service Extenders funds in the amount of $_____; and

WHEREAS, for FY 2007-08, County and Contractor intend to amend Agreement to add MHSA FCCS funds in the amount of $_____, and add non-EPSDT-FFP in the amount of $_____; and

WHEREAS, for FY 2007-08, County and Contractor intend to amend Agreement to add MHSA Service Extenders funds in the amount of $_____; and

ONE-TIME COSTS:

WHEREAS, for FYs 2006-07 and 2007-08, County and Contractor intend to amend Agreement whereby in FY 2006-07, MHSA funds totaling $_____ can be used to cover MHSA allowable FCCS one-time costs, and in FY 2007-08, MHSA funds totaling $_____ can be used to cover MHSA allowable FCCS one-time costs. SDMH has not defined MHSA allowable one-time costs. Accordingly, anticipated MHSA allowable costs are identified in Attachment I, which represents County's best effort to identify allowable one-time costs. Such costs may ultimately be subject to disallowance by SDMH.

WHEREAS, if Contractor terminates its Agreement within 24 months of the effective date of this Amendment or execution of an Agreement that includes MHSA allowable one-time costs, or if Contractor fails to achieve a 75 percent (75%) enrollment level after 12 months, any or all of MHSA allowable one-time funds received by Contractor from County may be due by Contractor to County at the sole discretion of Director; and

WHEREAS, Contractor shall comply with all statutes, regulations, and directives pertaining to MHSA allowable one-time costs as they currently exist or as they may be modified by the State or County, and in no event shall County be obligated to pay contractor for one-time costs not claimable to the MHSA.

REVISED MCA:

WHEREAS, for FY 2006-07, the total MCA will be increased by $_____ with a revised MCA of $_____; and

WHEREAS, for FY 2007-08, the total MCA will be increased by $_____ with a revised MCA of $_____; and

MHSA FUNDS:

WHEREAS, for FY 2006-07, County and Contractor intend to amend Agreement to add Subparagraph FF. (1) under Paragraph 4 (FINANCIAL PROVISIONS) to include whereby in the event MHSA funds are not available to pay MHSA claims or if the State denies any or all of the MHSA claims submitted by County on behalf of Contractor, County is not responsible for any substantive payment obligation; and

MHSA FLEXIBILITY OF ONE-TIME AND CLIENT SUPPORTIVE SERVICES (CSS) FUNDS:

WHEREAS, for FYs 2006-07 and 2007-08, County and Contractor intend to amend the Agreement to include language which will allow Contractors flexibility in serving FCCS and Service Extenders' consumers. Paragraph 4 (FINANCIAL PROVISIONS), Subparagraph FF. (3) Shift of allowable one-time MHSA Funds for FY 2006-07 only shall be revised accordingly. Under this provision, Contractors will be able to shift without prior DMH approval up to 100 percent (100%) of unspent MHSA one-time funds and up to 5 percent of CSS – FCCS and Service Extenders' funds as identified in the Agreement's Financial Summary to pay for MHSA mental health treatment services ; and

REDUCTION/REALLOCATION OF MHSA FUNDS:

WHEREAS, not withstanding the provisions set forth in Paragraph 4 (FINANCIAL PROVISIONS), Subparagraph DD (Delegated Authority) of this Agreement, County shall evaluate Contractor utilization of MHSA funding allocated under this Agreement and shall adjust and reallocate amounts to any one or a combination of the following: 1) another Legal Entity contractor, 2) DMH directly operated clinics, and/or 3) the County DMH reserve of unallocated

funding for MHSA services. Amounts to be reduced and reallocated will be based on County's projected underutilization of such MHSA funds; and

WHEREAS, County will perform its utilization review after the initial MHSA amendments are executed and annually thereafter, or as deemed necessary by County based on County's review of utilization of such MHSA funds under this Agreement. Notification of such actions to Contractor will follow timeframes prescribed in Paragraph 4 (FINANCIAL PROVISIONS), Subparagraph DD (Delegated Authority); and

WHEREAS, for FY 2006-07, County and Contractor intend to amend Agreement to add a new service delivery site located at (address), (city), CA (zip code), and new Provider Number **TBA**. The services to be provided at this site are _____ (Mode ___, Service Function Codes (SFC) ___), _____ (Mode ___, SFC ___), and _____ (Mode ___, SFC ____).

NOW, THEREFORE, County and Contractor agree that Agreement shall be amended only as follows:

1. Paragraph 4 (FINANCIAL PROVISIONS), Subparagraph C (Reimbursement For Initial Period) shall be deleted in its entirety and the following substituted therefore:

"C. Reimbursement For Initial Period: The Maximum Contract Amount for the Initial Period of this Agreement as described in Paragraph 1 (TERM) shall not exceed _____ DOLLARS ($_____) and shall consist of County, State, and/or Federal funds as shown on the Financial Summary. This Maximum Contract Amount includes Cash Flow Advance which is repayable through cash and/or appropriate Service Function Code (SFC) units and/or actual and allowable costs as authorized by other provisions of this Agreement. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder during the Initial Period. Furthermore, Contractor shall

inform County when up to 75 percent (75%) of the Maximum Contract Amount has been incurred. Contractor shall send such notice to those persons and addresses which are set forth in Paragraph 61 (NOTICES)."

2. Paragraph 4 (FINANCIAL PROVISIONS), Subparagraph D (Reimbursement For First Automatic Renewal Period) shall be deleted in its entirety and the following substituted therefore:

"D. Reimbursement If Agreement Is Automatically Renewed:

(1) Reimbursement For First Automatic Renewal Period: The Maximum Contract Amount for the First Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) shall not exceed _____DOLLARS ($_____) and shall consist of County, State, and/or Federal funds as shown on the Financial Summary. This Maximum Contract Amount includes the Cash Flow Advance which is repayable through cash and/or appropriate SFC units and/or actual and allowable costs as authorized by other provisions of this Agreement. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder during the First Automatic Renewal Period. Furthermore, Contractor shall inform County when up to 75 percent (75%) of the Maximum Contract Amount has been incurred. Contractor shall send such notice to those persons and addresses which are set forth in Paragraph 61 (NOTICES)."

3. For FYs 2006-07 and 2007-08, Paragraph 4 (FINANCIAL PROVISIONS), Subparagraph FF (MHSA Funds) shall be deleted in its entirety and the following substituted therefore:

"FF: Mental Health Services Act (MHSA) Funds:

(1) In the event that MHSA funds are not available to pay MHSA claims or that State denies any or all of the MHSA claims, including one-time costs, submitted by County on behalf of Contractor, Contractor understands and agrees that County

is not responsible for any substantive payment obligation and, accordingly, Contractor shall not seek any payment from County and shall indemnify and hold harmless County for any and all liability for payment of any or all of the denied MHSA claims or for the unavailability of MHSA funds to pay for MHSA claims.

(2) Payments to Contractor may be suspended if Director, for good cause, determines that Contractor is in default under any of the provisions of this Agreement. In the event that Contractor's Agreement is terminated within 24 months of the effective date of this Amendment or execution of an Agreement that includes MHSA one-time funds, or Contractor fails to achieve a 75 percent (75%) enrollment level after 12 months, any or all of MHSA one-time funds received by Contractor from County shall be due by Contractor to County."

(3) Shift of Allowable One-Time and CSS MHSA Funds for FYs 2006-07 and 2007-08: County and Contractor shall enter into a good faith negotiation prior to the implementation of MHSA Full Service Partnership (FSP), IMD Step-down facilities, Enriched Residential, and/or Field Capable Clinical Services (FCCS) and Service Extenders services regarding the allocation of MHSA for allowable one-time Client Supportive Services/Support Services and/or Community Outreach Services as identified on Attachment I. Once this allocation has been negotiated, based on actual services delivered, and without the prior approval of the Department, Contractor may shift up to 100 percent (100%) of the allowable one-time MHSA funds and 5 percent of the allowable CSS – FCCS and Service Extenders' funds as identified in the Financial Summary to MHSA FSP, IMD Step Down Facilities, Enriched Residential, and FCCS and Service Extenders' services, that may be used as non-EPSDT-FFP match (Match), as long as the MCA is not exceeded and with the provision that at settlement, MHSA funds will

be first used for Match if the amount needed for Match exceeds the amount projected by Contractor.

Any such shift of funds shall be in compliance with all County, State, and Federal regulations."

4. Financial Summary - __ for FY 2006-07 shall be deleted in its entirety and replaced with Financial Summary - __ for FY 2006-07, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary - __ for FY 2006-07 shall be deemed amended to state "Financial Summary - __ for FY 2006-07."

5. Financial Summary - __ for FY 2007-08 shall be deleted in its entirety and replaced with Financial Summary - __ for FY 2007-08, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary - __ for FY 2007-08 shall be deemed amended to state "Financial Summary - __ for FY 2007-08."

6. Attachment III, Service Delivery Site Exhibit, shall be deleted in its entirety and replaced with the revised Attachment III, Service Delivery Site Exhibit dated _____. All references in Agreement to Attachment III, Service Delivery Site Exhibit shall be deemed amended to state Attachment III, Service Delivery Site Exhibit dated _____.

7. Attachment IV, Service Exhibits, shall be deleted in their entirety and replaced with the revised Attachment IV, Service Exhibits dated _____. All referenced in Agreement to Attachment IV, Service Exhibits shall be deemed amended to state Attachment IV, Service Exhibits dated _____.

8. Contractor shall provide services in accordance with the Contractor's Fiscal Year _____ Negotiation Package for this Agreement and any addenda thereto approved in writing by Director.

9. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

/

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by County's Director of Mental Health or his designee, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
MARVIN J. SOUTHARD, D.S.W.
Director of Mental Health

_____
CONTRACTOR

By _____

Name _____

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM
OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By _____
Chief, Contracts Development
and Administration Division

AW: RFS 8 – FCCS AMENDMENT

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
OLDER ADULT PROGRAM ADMINISTRATION
FIELD CAPABLE CLINICAL SERVICES (FCCS) - RFS 8
AWARDS BY LEGAL ENTITY

ATTACHMENT II

FY 2006/07

NAME OF AGENCY	Sup District	Service Area	1 MHSA-FCCS Non-M/C	2 MHSA-FCCS One-time Exp	3 MHSA-FCCS CSS	4 MHSA-FCCS FFP Match	5=sum(1-4) MHSA-FCCS SubTotal	6 *Non EPSDT FFP*	7= 5 + 6 MHSA-FCCS Total	8 MHSA Serv. Ext.	9=7+ 8 TOTAL PROGRAM	MAXIMUM CONTRACT ALLOCATION 10 Latest MCA	11 Increase to MCA	12=10+11 Revised MCA
Heritage Clinic	all	1,2,3,4,8	$ 12,167	$ 38,333	$ 2,916	$ 34,084	$ 87,500	$ 17,084	$ 104,584	$ 16,337	$ 120,921	$ 1,037,670	$ 120,921	$ 1,158,591
Hillview MHC	3,5	2	4,167	7,000	-	9,666	$ 20,833	9,666	$ 30,499	$ 3,890	$ 34,389	8,557,319	$ 34,389	8,591,708
Jewish Family Services	all	2,4,5,8	-	103,333	-	-	$ 103,333	-	$ 103,333	$ 19,294	$ 122,627	-	$ 122,627	122,627
Pacific Clinics	1,4,5	3,7	33,333	5,000	1,650	60,017	$ 100,000	60,017	$ 160,017	$ 18,671	$ 178,688	53,464,359	$ 178,688	53,643,047
St. Joseph's Center	3	5	9,889	19,078	-	700	$ 29,667	700	$ 30,367	$ 5,539	$ 35,906	488,205	$ 35,906	524,111
SFV CMHC, Inc.	3,5	2	11,111	10,000	1,111	11,111	$ 33,333	11,111	$ 44,444	$ 6,224	$ 50,668	24,041,510	$ 50,668	24,092,178
Special Service for Groups	all	2,3,4,6,7,8	41,527	40,047	4,217	40,047	$ 125,838	40,047	$ 165,885	$ 23,495	$ 189,380	$20,487,865	$ 189,380	$20,677,245
TOTAL			**$ 112,194**	**$ 222,791**	**$ 9,894**	**$ 155,625**	**$ 500,504**	**$ 138,625**	**$ 639,129**	**$ 93,450**	**$ 732,579**			

FY 2007/08

NAME OF AGENCY	Sup District	Service Area	1 MHSA-FCCS Non-M/C	2 MHSA-FCCS One-time Exp	3 MHSA-FCCS CSS	4 MHSA-FCCS FFP Match	5=sum(1-4) MHSA-FCCS SubTotal	6 *Non EPSDT FFP*	7= 5 + 6 MHSA-FCCS Total	8 MHSA Serv. Ext.	9=7+ 8 TOTAL PROGRAM	MAXIMUM CONTRACT ALLOCATION 10 Latest MCA	11 Increase to MCA	12=10+11 Revised MCA
Heritage Clinic	all	1,2,3,4,8	$ 175,000	$ 20,000	$ 17,500	$ 312,500	$ 525,000	$ 312,500	$ 837,500	$ 32,674	$ 870,174	$ 537,900	$ 870,174	$ 1,408,074
Hillview MHC	3,5	2	25,000	6,889	-	93,111	$ 125,000	93,111	$ 218,111	7,780	$ 225,891	9,453,400	$ 225,891	$ 9,679,291
Jewish Family Services	all	2,4,5,8	206,667	-	20,667	392,666	$ 620,000	392,666	$ 1,012,666	38,587	$ 1,051,253	-	$ 1,051,253	$ 1,051,253
Pacific Clinics	1,4,5	3,7	200,000	61,667	20,000	318,333	$ 600,000	318,333	$ 918,333	37,342	$ 955,675	59,256,900	$ 955,675	$60,212,575
St. Joseph's Center	3	5	59,000	-	3,000	116,000	$ 178,000	116,000	$ 294,000	11,078	$ 305,078	488,200	$ 305,078	$ 793,278
SFV CMHC, Inc.	3,5	2	66,667	12,222	6,667	114,444	$ 200,000	114,444	$ 314,444	12,447	$ 326,891	26,528,100	$ 326,891	$26,854,991
Special Services for Groups	all	2,3,4,6,7,8	249,160	40,047	25,294	440,529	$ 755,030	440,529	$ 1,195,559	46,991	$ 1,242,550	23,013,400	$ 1,242,550	$24,255,950
TOTAL			**$ 981,494**	**$ 140,825**	**$ 93,128**	**$ 1,787,583**	**$ 3,003,030**	**$ 1,787,583**	**$ 4,790,613**	**$ 186,900**	**$ 4,977,513**			