Executive Committee Teleconference Meeting

AGENDA

July 25, 2013

3:00 p.m. – 4:00 p.m.

Call-In Information: 1-877-339-2412,
Conference Code: 2250381321

Teleconference Meeting Locations:

CalMHSA
3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670
(916) 859-4829

Butte County
109 Parmac Road, Suite 2A
Chico, CA 95926
(530) 891-2850

Los Angeles County
550 S. Vermont Ave, 10th Floor
Los Angeles, CA 90020
(213) 738-6152

Monterey County
1270 Natividad Road
Salinas, CA 93906
(831) 755-4509

Placer County
11512 B Avenue
Auburn, CA 95603
(530) 889-7256

San Diego County
3255 Camino Del Rio South
San Diego, CA 92108
(619) 563-2733

Sonoma County
3322 Chanate Road
Santa Rosa, CA 95404
(707) 565-5157

Sutter/Yuba County
1965 Live Oak Boulevard
Yuba City, CA 95991
(530) 822-7200

Tuolumne County
105 Hospital Road
Sonora, CA 95370
(209) 533-6245

CalMHSA Executive Committee Teleconference

Agenda

Thursday, July 25, 2013
3:00 p.m. – 4:00 p.m.

In compliance with the Americans with Disabilities Act, if you are a disabled person and you need a disability-related modification or accommodation to participate in this meeting, please contact Laura Li at (916) 859-4818 (telephone) or (916) 859-4805 (facsimile). Requests must be made as early as possible, and at least one full business day before the start of the meeting.

Materials relating to an item on this agenda submitted to this Committee after distribution of the agenda packet are available for public inspection at 3043 Gold Canal Drive, Suite 200, Rancho Cordova, CA, 95670, during normal business hours.

1. **CALL TO ORDER**
2. **ROLL CALL AND INTRODUCTIONS**
3. **INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT -** The Executive Committee welcomes and encourages public participation in its meetings. This time is reserved for members of the public (including Stakeholders) to address the Committee concerning matters on the Agenda, however due to duration and single issue on this agenda time will be limited to two minutes per person and ten minutes total.

   For Agenda items, public comment will be invited at the time those items are addressed. Each interested party is to indicate their interest at the request of the Chair upon conclusion of Committee discussion of each item. When it appears there are several members of the public wishing to address the Committee on a specific item, at the outset of the item, the Committee Chair may announce the maximum amount of time that will be allowed for presentation of testimony on that item.

   Since this meeting is by teleconference, members of the public will have the option of going to one of the identified meeting sites, or calling in. For public comment, and comment on any agenda item(s) and/or non-agenda item(s), first comments will be requested from each noticed location, then from persons who have called in. Members of the public calling in are requested to send an email to calmhsa@georgehills.com during the meeting stating their name and the subject of their comment (emails must be received prior to moving to the next agenda item).
4. **APPROVAL OF AGENDA AS POSTED (OR AMENDED)**

5. CONSENT CALENDAR – If the Committee would like to discuss any item listed, it may be pulled from the Consent Calendar

A. Minutes from the May 9, 2013 Executive Committee Meeting 4
Recommendation: Approval of the consent calendar.

6. FINANCIAL MATTERS

A. Strategic Planning Session Follow-up – Future Project Planning and Development 5
Recommendation: Refine and prepare the CalMHSA Options for Future Project Planning and Development for discussion and consideration at the August 15, 2013 CalMHSA Board of Directors Meeting.

7. PROGRAM MATTERS

A. DHCS Feasibility Study – Short-Doyle 3 7
Recommendations:

1. **Approve CalMHSA staff to work with DHCS and CMHDA to implement the DHCS Feasibility Study for Short-Doyle 3.**
2. **Approve an allocation method for determining county share of cost for the DHCS Feasibility Study for Short-Doyle 3.**
3. **Approve Presidential appointment of CalMHSA members as a Task Force—or steering committee—for this project.**

8. GENERAL DISCUSSION

A. Report from CalMHSA President – Wayne Clark 9
- Statewide and National Association Memberships
- Other

Recommendation: Discussion and/or action as deemed appropriate.

9. CLOSING COMMENTS - This time is reserved for comments by Committee members and staff to identify matters for future Committee business.

A. Committee

B. Staff

10. ADJOURNMENT

CONSENT CALENDAR
Agenda Item 5.A

SUBJECT: Consent Calendar

ACTION FOR CONSIDERATION:

Approval of the consent calendar.

BACKGROUND AND STATUS:

The Consent Calendar consists of items that require approval or acceptance but are self-explanatory and require no discussion. If the Executive Committee would like to discuss any item listed, it may be pulled from the Consent Calendar.

A. Minutes from the May 9, 2013 Executive Committee Teleconference

FISCAL IMPACT:

None

RECOMMENDATION:

Approval of the consent calendar.

TYPE OF VOTE REQUIRED:

Majority vote of the Executive Committee

REFERENCE MATERIALS ATTACHED:

- Minutes from the May 9, 2013 Executive Committee Teleconference

FINANCIAL MATTERS
Agenda Item 6.A

SUBJECT: Strategic Planning Session Follow-up – Future Project Planning and Development

ACTION FOR CONSIDERATION:

Refine and prepare the CalMHSA Options for Future Project Planning and Development for discussion and consideration at the August 15, 2013 CalMHSA Board of Directors Meeting.

BACKGROUND AND STATUS:

At the CalMHSA Strategic Planning Meeting on April 12, 2013, the CalMHSA Board unanimously validated the following:

1. CalMHSA should reaffirm counties' desire to work together for fiscal and administrative reasons to achieve overall efficiencies.
2. CalMHSA should sustain certain MHSA Statewide Prevention and Early Intervention (PEI) Initiatives.
3. CalMHSA should expand into other non-MHSA (non-PEI) Initiatives, as well as other non-MHSA projects (e.g., State Hospital Beds).
4. CalMHSA should be available to assist in the following fiscal and administrative capacity:
    a. Statewide
    b. Regional
    c. Local

As part of the discussion at the Strategic Planning meeting regarding these validations, Board members discussed a number of possible ways to fund projects in the future and directed CalMHSA staff to develop options for their consideration and discussion. From the various options that were discussed, the numerous options have been refined to three options for Board discussion and consideration. The Draft CalMHSA Options for Future Project Planning and Development (attached) explains these three options and the advantages and disadvantages of each option.

FISCAL IMPACT:

None

RECOMMENDATION:

Refine and prepare the CalMHSA Options for Future Project Planning and Development for discussion and consideration at the August 15, 2013 CalMHSA Board of Directors Meeting.

TYPE OF VOTE REQUIRED:

Majority vote of the Executive Committee.

REFERENCE MATERIALS ATTACHED:

- Draft CalMHSA Options for Funding Future Project Planning and Development Table

PROGRAM MATTERS
Agenda Item 7.A

SUBJECT: DHCS Feasibility Study – Short-Doyle 3

ACTIONS FOR CONSIDERATION:

1. Affirm member county request to participate in the funding of CMHDA/DHCS Feasibility Study for Short-Doyle 3.

2. Affirm that CalMHSA staff are assigned to work with DHCS and CMHDA to implement the DHCS Feasibility Study for Short-Doyle 3.

3. If CalMHSA members approve actions 1 and 2, determine the preferred allocation method for calculating cost per county (e.g., population, MHSA allocation formulas). Total estimated cost for the feasibility study is $250,000, to be allocated across participating counties.

BACKGROUND AND STATUS:

At the recent CiMH/CMHDA Information Technology Conference, the Department of Health Care Services (DHCS) Chief Information Officer (CIO) indicated the need to explore options to transition from Short-Doyle 2 Medi-Cal to a new claims system. DHCS leadership emphasized the need to engage counties in the process of determining options for the new system, referred to as Short-Doyle 3. In response, the CMHDA Financial Services and Information Technology (IT) Committee members and staff proposed a migration from the state-operated Short-Doyle 2 system to HIPAA-compliant county-based encounter data systems that use certified vendors/systems to collect and store encounter information in a HIPAA-compliant format locally. This solution is intended to simplify the federal reimbursement process for the state and counties, and allow counties and their vendors to fully implement the federal information coding and exchange requirements. For more information, please refer to the attached draft proposal provided by CMHDA and DHCS for discussion purposes only.

At the CMHDA Governing Board Meeting on May 8, 2013, CMHDA members voted to approve the IT Committee's CMHDA/DHCS Short-Doyle 3 Feasibility Study Partnership Proposal. Subsequently CMHDA and DHCS recommended that CalMHSA provide fiscal and administrative support to implement the feasibility study. The role of CalMHSA in implementing the feasibility study has not yet been finalized but initial activities include entering into a contract with a provider to conduct the feasibility study. A scope of work is being developed by DHCS, CMHDA and CalMHSA. At this time, CalMHSA staff seeks to ascertain member interest in participating in the feasibility study, both individually and as

a JPA. If members vote to participate in the feasibility study, staff requests a discussion to determine the preferred allocation method for calculating cost per county. Attached are proposed costs per county based on population and by utilizing MHSA allocation formulas.

FISCAL IMPACT:

Total estimated cost for the feasibility study is $250,000, to be allocated across participating counties. CalMHSA administrative expenses would be included in this total and would align with the indirect cost guidelines (up to 8%) determined by the CalMHSA Finance Committee.

RECOMMENDATIONS:

1. Approve CalMHSA staff to work with DHCS and CMHDA to implement the DHCS Feasibility Study for Short-Doyle 3.
2. Approve an allocation method for determining county share of cost for the DHCS Feasibility Study for Short-Doyle 3.
3. Approve Presidential appointment of CalMHSA members as a Task Force—or steering committee—for this project.

TYPE OF VOTE REQUIRED:

Majority vote of the Executive Committee.

REFERENCE MATERIALS ATTACHED:

- Short Doyle 3 Project Feasibility and Development Steering Committee Opportunity (Alternative Policy Paper)
- County Cost Allocation Scenarios

ADMINISTRATIVE MATTERS
Agenda Item 8.A

SUBJECT: Report from CalMHSA President – Wayne Clark

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate.

BACKGROUND AND STATUS:

CalMHSA President Wayne Clark, will provide general information and updates regarding the JPA.

- Statewide and National Association Memberships
- Other

FISCAL IMPACT:

None

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

Majority vote of the Executive Committee, as deemed appropriate.

REFERENCE MATERIALS ATTACHED:

- None

CalMHSA Executive Committee
Meeting Minutes from May 9, 2013

Teleconference start time: 2:40 p.m.

MEMBERS PRESENT:
Wayne Clark, PhD, Monterey County
Maureen Bauman, LCSW, Placer County
Karen Baylor, PhD, LMFT, San Luis Obispo County
Scott Gruendl, MPA, Glenn County, Superior Region
Michael Kennedy, MFT, Sonoma County, Bay Area Region
Brad Luz, PhD, Sutter/Yuba Counties, Central Region
Rita Austin, LCSW, Tuolumne County, Central Region
CaSonya Thomas, MPA, CHC, San Bernardino County, Southern Region
Karen Stockton, PhD, MSW, Modoc County, Superior Region
Anne Robin, MFT, Butte County, Superior Region

MEMBERS ABSENT:
Jo Robinson, San Francisco City & County, Bay Area Region
Marvin Southard, DSW, Los Angeles County, Los Angeles Region
William Arroyo, MD, Los Angeles County, Los Angeles Region
Frank Warren, San Luis Obispo County, Southern Region

STAFF:
John Chaquica, CalMHSA
Ann Collentine, CalMHSA
Stephanie Welch, CalMHSA
Doug Alliston, Murphy, Campbell, Guthrie & Alliston, PLC
Sarah Brichler, CalMHSA
Laura Li, CalMHSA
Maya Maas, CalMHSA
Michelle Yang, CalMHSA
Jaikelle Meeks, CalMHSA

OTHERS:
Kim Ganade-Torres, San Francisco City and County
Michele Violett, Nevada County
Autumn Valero, California Institute for Mental Health (CiMH)
Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)

1. CALL TO ORDER

Wayne Clark, PhD, Monterey County, CalMHSA President, Executive Committee Chair, called the meeting to order.

2. ROLL CALL AND INTRODUCTIONS

Laura Li, CalMHSA, called roll and a quorum was established at 2:40 p.m. Ms. Li asked for introductions by members of the public, at both the posted locations as well as on the phone.

3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

Doug Alliston, Legal Counsel, reviewed the meeting process. The Chair will take comment from members first. Once members have commented, he will open the subject up for public comment by call-in location followed by comment by those calling in from unposted locations. Roll call of Committee members at posted locations will be taken on substantive matters.

4. APPROVAL OF AGENDA AS POSTED (OR AMENDED)

President Clark entertained a motion to approve the agenda as posted.

Action: A motion was made to approve the agenda as posted.

Motion – Karen Stockton, Modoc County
Second – Michael Kennedy, Sonoma County

Public comment was heard from the following individual(s):
None

5. APPROVAL OF CONSENT CALENDAR

President Clark entertained a motion to approve the consent calendar as posted.

Action: A motion was made to approve the consent calendar as posted.

Motion – Karen Baylor, San Luis Obispo County
Second – Scott Gruendl, Glenn County

Public comment was heard from the following individual(s):
None

6. PROGRAM MATTERS

A. SDR Consortium

Chair Clark asked Stephanie Welch, CalMHSA Senior Program Manager, to present on the SDR Consortium. Ms. Welch provided background on the project, including the recently terminated contract with Mental Health Consumer Concerns (MHCC). Because of the short time frame of the Statewide PEI Projects

completion date of June 30, 2014, staff is recommending the immediate solution of having George Hills Company, CalMHSA's administration firm, contract and hire staff to oversee and manage the Consortium project. Ms. Welch then gave an overview of the recommendation being presented for Executive Committee approval.

Scott Gruendl, Glenn County, noted the first contractor selected spent $300,000 of their $1.5 million contract prior to contract termination, while MHCC had spent about $200,000. Ms. Welch assured the Committee staff is doing an assessment of all expenditures to date.

Mr. Gruendl then stated this project is vital for the other Statewide PEI projects to take place.

Action: ***Authorize conduct of SDR Consortium by CalMHSA staff, effective immediately. Authorize contract for up to $1,000,000 between CalMHSA and staff employer George Hills Company for such work, with provisions similar to the prior contracts negotiated with MHCC. The contract's administrative fee shall not exceed standard practice with other CalMHSA contractors. Authorize Wayne Clark and Scott Gruendl to negotiate and sign contract with George Hills Company consistent with Board's authorization.***

Motion – Michael Kennedy, Sonoma County
Second – Karen Stockton, Modoc County

Public comment was heard from the following individual(s):
None

7. GENERAL DISCUSSION

A. Report from CalMHSA President – Wayne Clark

a. Other

President Clark read the slate to be presented for a vote at the June 13, 2013 Board of Directors meeting. He briefly explained the contract with the Department of Health Care Services has been extended, with details to be worked out.

Recommendation: ***Discussion and/or action as deemed appropriate.***

Public comment was heard from the following individual(s):
None

8. ADJOURNMENT

Hearing no further comments, the meeting was adjourned at 3:00 p.m.

Action: ***A motion was made to adjourn the meeting.***

Motion – Anne Robin, Butte County
Second – Michael Kennedy, Sonoma County

Motion passed unanimously.

California Mental Health Services Authority

Options for Future Project Planning and Development

Generally all options shall be presented in proposal form describing in sufficient detail to the project (scope and budget estimate of each proposed), such that a member could submit to CAO, BOS, and/or other for appropriation or other approval.

OPTIONS	ADVANTAGES	DISADVANTAGES
1. Counties pool funds when interested in a potential project(s) to cover cost of planning and development. This option has two scenarios:		
A. This proposal would be funded by dues or other described source and all members would contribute or,	• Ability to respond quickly to opportunities that arise, once funding in place. • Establishes unity amongst JPA members for the betterment of JPA purpose. • Straightforward and ease of calculation and possible return/carryover of funds.	• Perception and inherent connotation of the word “dues,” and thus all members cannot participate. • The JPA Agreement addresses the option of participating in projects and not planning and development, thus there is some confusion. • Board members may need Board of Supervisor approval for non-PEI projects.
B. Project participation and funding would be determined by each county member and project. Initial investment of planning and development would be returned for all participating members who invested through the funding of an approved project.	• Members have the choice of participating in funding of investment of each by project. • Participating members would see a “hard” return on investment built into every approved project.	• Late joining counties would not have money at risk initially. • Projects would be fragmented • Non-participants receive benefit of information without cost.
2. Project funding would be based on estimated FTE for research specialist or other skill set to work on the proposal. The counties have an option to participate on a project, for funding purposes. FTE or a portion would be dedicated to planning and development with the cost of the FTE allocated to member counties—rather than having dues or funding a process, counties would be funding a position.	• FTE estimates of cost may assist with approval by BOS and perception of project funding. • Costs are attached to a position and not a project per se.	• May be difficult to determine expertise needed especially if multiple projects are desired. • May not be an acceptable approach to participating members.
3. The JPA could become more "skeletal" in the future (e.g., tapping existing county personnel, including county counsel). Rather than buying into an FTE or adding an FTE with contract administrator, CalMHSA member(s) would provide at cost or	• This option allows for great flexibility while reducing contract costs. • Broad base of resources to consider. • If the costs of the providing county are not required to be	• May delay response to opportunities. • Reliance on county members to provide resources. • Required reimbursements to counties could lead to greater costs.

OPTIONS	ADVANTAGES	DISADVANTAGES
donation of existing county personnel. This option may be scaled such that member counties do only the planning and development or the actual project implementation or both.	reimbursed it would be a savings. • Could establish member expertise in certain subject matters.	• Reliance on personnel who may leave the county and expertise goes away.
4. Establish an initial Planning and Development fund, requiring. a one-time investment from counties, replenished from implemented projects. Amount to start with is relatively smaller than the $300,000 original proposed.	• A modification of number 1 above, which could be a great start as will reduce initial financial impact. • Could be a compliment to number 5 below. • Ability to quickly respond to opportunities.	• Funding may not be enough, requiring multiple approvals at CalMHSA and at each county. • Reinvestment may be required at a future date. • Still need to address what it is titled and ability to be approved by BOS
5. GHC will perform all planning and development for 2013-14 (including cost of proposal) at no cost. This does not include the State Hospital Bed project and any payments to other service providers. This in-kind contribution would be reimbursed if the project is approved. All future costs of anticipated planning and development would be inclusive in future contracts for GHC.	• No up-front costs to county members. • Avoids debates of dues, charging all members or not, and investment cost.	• Some members may not be interested in reimbursing if project approved. • Determining cost value of reimbursement.

DRAFT FOR DISCUSSION ONLY

SHORT DOYLE 3 PROJECT FEASIBILITY AND DEVELOPMENT STEERING COMMITTEE OPPORTUNITY

Chris Cruz, the Chief Information Officer (CIO) for DHCS, recently attended and presented at the CiMH/CMHDA Information Technology Conference in San Diego. During his presentation he indicated that DHCS has determined that they need to begin the process of transition from the Short Doyle 2 claims system to a new platform and system, which could be Short Doyle 3 or possibly an alternative. He also emphasized the need to fully engage the counties in this process, to assure that the new system meets our mutual needs for timely payment and encounter reporting.

The CMHDA Financial Services and IT Committee members and staff have proposed an alternative to a centralized stat- operated claims adjudication system. Instead of a SD 3, we have proposed the migration from the state-operated SD 2 system to HIPAA-compliant county based encounter data systems that use certified vendors/systems to collect and store encounter information in a HIPAA-compliant format locally. The county would use this information to support a quarterly Certified Public Expenditure (CPE) claim to be submitted to DHCS for the purposes of federal interim payment. As required by federal regulation, this interim payment would be reconciled and settled annually, consistent with the CMS-approved cost reporting and Upper Payment Limit (UPL) protocols specified in our 1915(b) waiver and state plans. This reimbursement structure would remain in place until an actuarially sound case rate or capitation protocol was developed and approved by DHCS and CMS.

In addition to simplifying the federal reimbursement process for the state and counties, this would allow counties and their vendors to fully implement the federal information coding and exchange requirements associated with HIPAA, HL7, meaningful use, and the Healthcare Information Technology Standards required for information exchange with the health plans and their contractors.

Chris Cruz has invited the counties, through CMHDA, to participate as partners in the feasibility and project development process for this transition. He has developed a preliminary cost estimate for the feasibility study of $250,000. He has asked if the counties, as full partners, could contribute to this cost, and participate in the steering committee. CMHDA staff recommends that counties consider this request, and the opportunity that it represents, to collaboratively develop an alternative to SD 2.

County	ALLOCATION METHOD #1 2012 Population	Study Cost Estimate	ALLOCATION METHOD #2[1] MHSA Allocation	Study Cost Estimate
Alameda	1,439,317	$ 9,458.88	3.68%	$ 9,200.00
Alpine*	1,129	$ 7.42	0.003%	$ 8.33
Amador	37,035	$ 243.39	0.08%	$ 191.67
Berkeley City	115,403	$ 758.40	0.32%	$ 804.17
Butte	221,539	$ 1,455.91	0.55%	$ 1,362.50
Calaveras	44,742	$ 294.03	0.10%	$ 254.17
Colusa	21,411	$ 140.71	0.05%	$ 129.17
Contra Costa	1,079,597	$ 7,094.88	2.31%	$ 5,779.17
Del Norte	28,290	$ 185.92	0.06%	$ 158.33
El Dorado	180,561	$ 1,186.61	0.36%	$ 904.17
Fresno	947,895	$ 6,229.36	2.52%	$ 6,304.17
Glenn	27,992	$ 183.96	0.07%	$ 166.67
Humboldt	134,827	$ 886.05	0.32%	$ 791.67
Imperial	176,948	$ 1,162.86	0.47%	$ 1,179.17
Inyo	18,495	$ 121.55	0.04%	$ 87.50
Kern	856,158	$ 5,626.48	2.15%	$ 5,383.33
Kings	151,364	$ 994.73	0.38%	$ 945.83
Lake	63,983	$ 420.48	0.15%	$ 370.83
Lassen	33,658	$ 221.19	0.06%	$ 158.33
Los Angeles	9,745,172	$ 64,043.15	29.26%	$ 73,137.50
Madera	152,218	$ 1,000.34	0.41%	$ 1,025.00
Marin	256,069	$ 1,682.83	0.58%	$ 1,441.67
Mariposa	17,905	$ 117.67	0.04%	$ 91.67
Mendocino	87,428	$ 574.56	0.21%	$ 512.50
Merced	262,305	$ 1,723.81	0.71%	$ 1,779.17
Modoc	9,327	$ 61.30	0.02%	$ 50.00
Mono	14,348	$ 94.29	0.03%	$ 70.83
Monterey	426,762	$ 2,804.59	1.14%	$ 2,850.00
Napa	139,045	$ 913.77	0.31%	$ 775.00
Nevada	98,292	$ 645.95	0.22%	$ 550.00
Orange	3,090,132	$ 20,307.68	8.22%	$ 20,554.17
Placer	361,682	$ 2,376.90	0.70%	$ 1,750.00
Plumas*	19,399	$ 127.49	0.04%	$ 87.50
Riverside	2,268,783	$ 14,909.95	5.45%	$ 13,629.17
Sacramento	1,450,121	$ 9,529.88	3.38%	$ 8,445.83
San Benito	56,884	$ 373.83	0.14%	$ 345.83
San Bernardino	2,081,313	$ 13,677.94	5.38%	$ 13,454.17
San Diego	3,177,063	$ 20,878.97	8.48%	$ 21,200.00
San Francisco	825,863	$ 5,427.39	1.99%	$ 4,983.33
San Joaquin	702,612	$ 4,617.41	1.69%	$ 4,225.00
San Luis Obispo	274,804	$ 1,805.95	0.64%	$ 1,600.00
San Mateo	739,311	$ 4,858.59	1.67%	$ 4,166.67
Santa Barbara	431,249	$ 2,834.07	1.13%	$ 2,820.83
Santa Clara	1,837,504	$ 12,075.68	4.83%	$ 12,079.17
Santa Cruz	266,776	$ 1,753.19	0.72%	$ 1,787.50
Shasta	178,586	$ 1,173.63	0.45%	$ 1,112.50
Sierra*	3,086	$ 20.28	0.01%	$ 16.67
Siskiyou	44,154	$ 290.17	0.09%	$ 225.00
Solano	420,757	$ 2,765.12	1.02%	$ 2,550.00
Sonoma	491,829	$ 3,232.19	1.10%	$ 2,750.00
Stanislaus	521,726	$ 3,428.67	1.29%	$ 3,225.00
Sutter/Yuba	167,948	$ 1,103.72	0.38%	$ 941.67
Tehama*	63,406	$ 416.69	0.15%	$ 379.17
Tri-Cities	217,617	$ 1,430.13	0.51%	$ 1,283.33
Trinity	13,526	$ 88.89	0.03%	$ 66.67
Tulare	451,977	$ 2,970.29	1.21%	$ 3,029.17
Tuolumne	54,008	$ 354.93	0.12%	$ 304.17
Ventura	835,981	$ 5,493.89	2.09%	$ 5,220.83
Yolo	204,118	$ 1,341.42	0.52%	$ 1,300.00
	38,041,430	$ 250,000.00	100.00%	$ 250,000.00

Population based on 2012 Census estimates: http://quickfacts.census.gov/qfd/states/06000.html

Based on MHSA TTACB allocation formula

* non-member county that has not assigned funds

[1] MHSA allocation formula considers factors beyond population (e.g., the number of households with incomes below 200% of the poverty line; the size of the uninsured population; the prevalence of mental illness; and available resources, including self-sufficiency).