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Prepared by HomeBase / The Center for Common Concerns
Message from the Director

In 2012, we set in motion an ambitious plan to align multiple systems of care within the Contra Costa Behavioral Health Services Division (BHSD) to deliver welcoming, integrated mental health and substance use disorder services to individuals and families in need of critical wellness, recovery and resiliency supports. With so many people with diverse needs, the effectiveness of our efforts to create a more integrated and responsive system of care is vital.

Since 2012, BHSD staff and leadership have navigated a multi-year integration planning process, including participation by community stakeholders in services and program design for our system of care. Pilot initiatives around integration, such as co-located mental health services at Discovery House and the integration of mental health and substance use disorder services at the El Portal Clinic, have helped us to explore the benefits of integration and the most effective routes to improve service delivery.

The BHSD Strategic Plan was developed using a rigorous six-month planning process, engaging the BHSD Executive Team and individuals representing BHSD and community-based organization leadership across all programs, services, and management functions. Additionally, we analyzed program-specific assessment tools and conducted one-on-one interviews with managers and subject-matter experts. We now present the Strategic Plan, which not only defines key integration strategies and actions in alignment with our mission, vision, and guiding principles, but also serves as our roadmap for system-wide integration of Contra Costa County behavioral health services into the future.

With much enthusiasm and confidence, we now move forward to more fully implement integrated behavioral health services. This five-year BHSD Strategic Plan (“Plan”) will guide our care delivery transformation from 2017-2022. The Plan is anchored in our core philosophy of “Any Door is the Right Door” so that we meet consumers where they are when they are in need. Further, it will be supported by a framework of strategies, actions and measures that will propel forward action on our key priorities, including:

- Comprehensive Coordinated Care,
- Treatment, Housing and Supports,
- Data Systems and Evaluation, and
- Division Operations and Infrastructure.

I personally ask each of you to review this Plan and discuss it with your peers, teams and leaders as we work together to infuse these priorities throughout our system of care. Collectively and in partnership with our network of partner agencies and organizations and the other Divisions within the Health Services Department, we will continue to make progress in our key priorities and ultimately function as an integrated, customer-oriented system of care that is complexity-capable, trauma-informed, culturally-competent, and recovery- and resiliency-oriented. We are committed to continuous quality improvement, flexibility, and innovation, all of which enhance our efforts to successfully transform our system of care in the years to come.

Thank you for your ongoing dedication and commitment to the individuals and families we support.

Sincerely,

Cynthia Belon, LCSW
Director
Contra Costa County Behavioral Health Division
Our Mission, Vision, and Guiding Principles

Mission
The mission of Contra Costa Behavioral Health, in partnership with consumers, families, staff, and community-based agencies, is to provide welcoming, integrated services for mental health, substance use, homelessness and other needs that promote wellness, recovery, and resiliency while respecting the complexity and diversity of the people we serve.

Vision
Contra Costa Behavioral Health envisions a system of care that supports independence, hope, and healthy lives by making accessible behavioral health services that are integrated, responsive, compassionate, and respectful.

Guiding Principles
Our organization and each one of our employees value: consumers and communities, accountability, partnerships, fiscal prudence, quality services, and organizational excellence where innovation and partnerships merge to enable our residents to enjoy a safe, healthy and prosperous life. To that end we:

- Encourage and create ethical and tenacious leadership to implement effective behavioral health policies and programs.
- Provide high-quality services with respect and responsiveness to all.
- Foster an integrated system of behavioral health care service, community health improvement, and safety.
- Anticipate community behavioral health needs and change to meet those needs.
- Work in partnership with our consumer, providers, cities, and diverse communities.

Guiding Principles of Reducing Health Disparities
Contra Costa Health Services is committed to eliminating health disparities because our mission is to care for and improve the health of all who live in Contra Costa County with special attention to those who are most vulnerable to health problems. Disparities based on race, ethnicity, language, socioeconomic status or other reasons are inconsistent with our mission.

CCHS is committed to being respectful and responsive to all people we serve and with whom we work. This means we serve people in settings in which they can feel safe and comfortable; we provide services without discrimination and with respect for cultural and language differences; and we respect each other.

CCHS recognizes that differences in race, ethnicity, age, gender, sexual orientation, language, physical ability, socioeconomic class, education and many other factors can affect how we relate to patients, clients, customers, communities and each other.

CCHS provides training and related activities for employees to increase our knowledge and appreciation of diverse cultures and to become comfortable and effective in a diverse environment.

CCHS recognizes that beyond our differences lies a common purpose to work together to improve health.
Behavioral Health Services Delivery in Contra Costa County

Who We Are and How We Serve
The Contra Costa County Behavioral Health Services Division combines what was formerly the Mental Health and Substance Use Disorder programs into a single system of care that supports independence, hope, and healthy lives by making services more accessible. This integration is a response to the growing desire to have improved consumer outcomes through a systems approach that emphasizes “any door is the right door.”

By partnering with consumers, families, community-based agencies, and the Health, Housing, and Homeless Services Division, Behavioral Health staff coordinate and collaborate to care for the whole person, recognizing the challenges of serving complex populations with multiple disorders, including connecting them to a full array of housing and services as needed.

The intended outcome is a system of care that is welcoming, recovery/resiliency oriented, culturally-capable, accessible, continuous and comprehensive, all of which promote physical, social and emotional wellness and well-being.
Who We Serve
Many people begin their relationship with Contra Costa Behavioral Health because of an immediate need, such as chemical dependency or acute mental health issues. In particular, BHSD supplies extensive services to consumers who are also homeless or experiencing a housing crisis.

Regardless of the services that consumers use, our staff works with them to identify all their challenges, and customizes a multi-disciplinary care plan tailored to produce lasting, meaningful improvement in the quality of their lives.

Through its integrated system of care, BHSD provides flexible, effective treatment to our culturally-diverse residents with complex needs.
Contra Costa Behavioral Health Division 2017-2022 Strategic Plan

Phases of Integration

The Contra Costa Behavioral Health Services Division has been engaged in a multi-year system and services integration plan comprised of three phases.

**Phase 1: PLANNING & RESEARCH (2012-2013)**
Systems and process orientation and development.

**Phase 2: PROGRAM DESIGN (2013-2015)**
Deep analysis and alignment of policies and practices.

**Phase 3: IMPLEMENTATION & CONTINUOUS QUALITY IMPROVEMENT (2014 - Ongoing)**
System transformation through implementation of prioritized strategies, including launches of pilot initiatives.

In **Phase 1 – Planning and Research**, BHSD established the transitional infrastructure we would need to launch our systems transformation, and initiated the learning and relationship development essential to true collaboration and partnership. BHSD formed a variety of integrated groupings and conducted simultaneous discussions that involved County leadership and staff, Community Based Organization (CBO) partners, and consumers and family members to help identify how the systems and its programs then functioned, and to identify and assess opportunities for change and improvement. These early discussions provided an essential base for the transformation process, allowing BHSD to look at internal operations and assess their recovery- and resiliency-oriented complexity capability; understand the operations of other systems and agencies; develop a shared vision, understanding and vocabulary; and to forge relationships and trust.
During **Phase 2 – Program Design**, BHSD continued and deepened the discussion, planning and analysis initiated in Phase 1. Primarily through the Services & Programs Integration Implementation Design (SPIID) Teams structure, BHSD identified key practices for integrated care and developed common frameworks for how they should be implemented across four lifecycle populations: Children, Transitional Age Youth (TAY), Adults, and Older Adults.

Supported by Phase 2 efforts, in **Phase 3 – Implementation and Continuous Quality Improvement**, the BHSD Executive Team has piloted integration strategies and evidence-based practices throughout BHSD and developed this Strategic Plan to guide the full system-wide implementation of integration and transformation strategies as we go forward.

**SPIID Teams:**

**A Community Engagement Process**

Services & Programs Integration Implementation Design (SPIID) Teams were design teams that helped design the integration of Behavioral Health Division services and programs.

Organized by lifecycle population, each including families: Children, Transition Age Youth, Adults, and Older Adults, the SPIID Teams carried out design work focused on a number of service components, including outreach, engagement, assessment, and triage; prevention and early intervention; treatment; housing and supports; and wellness, resiliency, and recovery.

The SPIID Teams served as a venue for community engagement by including a variety of key stakeholders, including community-based organizations, consumers, and family members, and engaged in program knowledge sharing and promoting integration efforts underway.
Contra Costa Behavioral Health Division 2017- 2022 Strategic Plan

Strategic Planning Overview

Approach and Acknowledgments

To complete this strategic planning process, the BHSD Executive Team met through a series of half-day sprints to review Services and Programs Integration Implementation Design (SPIID) Team materials and national best practices research to develop goals, actions, and measures around each of the priorities identified in this Strategic Plan.

Thank you to everyone who contributed thoughts and ideas, including BHSD Executive Team Members; BHSD Program Managers; the Office for Consumer Empowerment; SPIID Team Members; Consumers and Family Members; Clinical Social Workers; Peer Support Workers; Parent Partners; the Mental Health Commission; the Alcohol and Other Drugs (AOD) Advisory Board; the Consolidated Planning Advisory Workgroup (CPAW); National Alliance on Mental Illness (NAMI) Members; the Contra Costa Council on Homelessness; Contra Costa Health Services Partners; and Community-Based Organizations and other stakeholders.

Timeline of Strategic Planning Process

- Reviewed local and national best practice research
- Developed goals, actions, measures by sub-topic

Executive Team Sprints
(May-Oct. 2016)

Program Managers Meetings
(Sept.-Nov. 2016)

- Reviewed and updated draft content, including Program Managers’ input
- Refined goals, actions, and measures

Executive Team Plan Review
(Oct. - Dec. 2016)

Strategic Plan Release
(Jan. 2017)

- Plan disseminated to Division
- Implementation led by Executive Team
Priorities at a Glance

**Priority 1: Comprehensive Coordinated Care**
- Welcoming, Engaging, and Culturally- and Linguistically-Appropriate Care
- Any Door is the Right Door
- Prevention & Early Intervention
- Seamless Referrals
- Communication, Collaboration, and Community Education

**Priority 2: Treatment, Housing and Supports**
- Integrated Case Conferencing
- Multidisciplinary Integrated Service Teams
- Continuum of Housing Options
- Harm Reduction
- Trauma-Informed Care
- Drug Medi-Cal Waiver

**Priority 3: Data Systems and Evaluation**
- Continuous Quality Improvement
- Develop Electronic Health Record
- Identify and Assess Outcomes
- Develop Indicators for Behavioral Health

**Priority 4: Division Operations and Infrastructure**
- Robust Workforce
- Purchasing & Facilities
- Workplace Safety & Preparedness
- Contracts Management
- Fiscal Planning & Fund Development
Priority 1: Comprehensive Coordinated Care

The overarching principle of all our efforts is to provide comprehensive coordinated care. This begins with a research-informed focus on prevention and early intervention across our programs. These efforts have been shown to improve efficiency and success while reducing reliance on emergency services, ensuring that traditionally underserved populations have access to needed care.

Next – and this is a theme throughout our new strategic plan – we will be integrating all our efforts wherever possible, achieving many gains by streamlining administration and sharing resources and ideas to offer and provide excellent service to our consumers. To this end, we will ensure that “every door is the right door,” wherein no matter where they enter our system, all consumers will encounter staff trained in cross-discipline competencies who will deliver streamlined, effective, culturally-sensitive care that gets the consumer where they want to go. This improves consumers’ experiences and is also cost-effective. Once they’ve entered the system, we make transfers and referrals to appropriate services as simply and smoothly as possible. This will facilitate timely service provision, which will help people achieve overall health and well-being.

- **Goal 1:** Provide consumers with welcoming, engaging, and culturally- and linguistically-appropriate consumer-centered care in an environment that promotes wellness, recovery, and resiliency.
- **Goal 2:** Demonstrate a Division-wide commitment to the “any door is the right door” approach, ensuring that regardless of initial entry point, all consumers’ connections to appropriate services are streamlined and effective.
- **Goal 3:** Promote prevention and early intervention as critical components of the Behavioral Health Services Division’s continuum of care and treatment options.
- **Goal 4:** Establish simple consumer referral processes that consistently and comprehensively provide seamless, coordinated care for consumers as they transition across the Division’s continuum of services and service settings in order to meet their current needs.
- **Goal 5:** Improve communications, collaboration, and community education by increasing public understanding about mental and substance use disorders and by strengthening and coordinating care.

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**Coordinating Levels of Care**

A major feature of the integrated BHSD is the coordination of levels of care, to support consumers in seamlessly navigating higher and lower levels of care as their needs change over time. Working both within the County’s mental health and substance use disorder services, and in partnership with community-based providers, adults, families, and children, including those with co-occurring disorders, can navigate the system smoothly through the Behavioral Health Access Line and integrated case conferencing at the El Portal Clinic.
Priority 2: Treatment, Housing, and Supports

Coordinating treatment, housing, and supports leads to better outcomes for consumers. Based on innovative projects within our county, such as incorporating mental health clinicians into our Discovery House residential recovery services, this approach is a centerpiece of our integrated Behavioral Health Services Division.

In keeping with this approach, consumers will be greeted by teams with broader expertise capable of efficiently and rapidly guiding them toward services. Through our harm reduction approach, we offer compassionate, non-judgmental treatment that minimizes harmful effects without condemning them. Based on each consumer’s readiness for change, we welcome everyone to whatever services they choose to receive.

Further, our trauma-informed, consumer-centered, and culturally-sensitive approach will take into account consumers’ history of physical and emotional trauma. This will engage consumers and encourage a willingness to share information and receive services, bridging the knowledge and trust gaps that often limit effective service provision. With the collective integration and coordination of treatment, housing, and support efforts, including support from caregivers, family members, and significant others, our consumers will be much more likely to experience positive results and achieve their treatment goals.
• **Goal 1**: Increase the delivery of services that are planned, coordinated, and cost-effective through the development and expansion of **multidisciplinary integrated service teams**.

• **Goal 2**: Develop and implement a shared vision of integrated case conferencing across the Behavioral Health Services Division for providing coordinated care for complex and co-occurring cases.

• **Goal 3**: Working with the newly-formed Health, Housing, and Homeless Services Division, the Behavioral Health Services Division will help cultivate and leverage a **continuum of housing options** that provides accessible and appropriate housing opportunities to all consumers, regardless of the complexity of their housing and health needs.

• **Goal 4**: Demonstrate a commitment to utilizing the **harm reduction approach** as a cornerstone philosophy in the provision of co-occurring, consumer-centered, integrated care for consumers.

• **Goal 5**: Deliver **trauma-informed care** through the adoption of a strengths-based framework for service provision, grounded in an understanding of and responsiveness to the impact of trauma on consumer behavioral health and recovery.

• **Goal 6**: Implement the strategies and services outlined in the **Drug Medi-Cal Organized Delivery System Waiver Implementation Plan**.

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### Drug Medi-Cal Organized Delivery System

Implementation of the Drug Medi-Cal Organized Delivery System waiver serves as a unique opportunity to move toward an integrated system of behavioral health services. Leveraging our current system of care and contracted providers, BHSD will create an organized service delivery system that:

- Provides an integrated system of SUD treatment that delivers timely access to treatment where people are located
- Delivers the appropriate level of treatment based on medical necessity in the least restrictive environment
- Responds to the unique treatment needs of each individual
- Supports the sustained recovery of beneficiaries and their families
Priority 3: Data Systems and Evaluation

Data and evaluation inform our service delivery system by allowing us to monitor performance and understand service needs. As we work towards the implementation of an Electronic Health Record (EHR), our service delivery system will capture more clinical data and client outcomes electronically. Our EHR will transform our ability to be data-driven, cultivating an environment for assembling and employing robust, reliable clinical data and statistics, and rigorously monitoring program performance, to accelerate towards our goals.

- **Goal 1**: Utilize data to drive **continuous quality improvement**.
  - We will cultivate the necessary environment to assemble and employ robust, reliable statistics.
  - We will then utilize these statistics to rigorously monitor program performance.
  - This monitoring will facilitate and accelerate advancement toward the Plan’s goals and, ultimately, the improvement and transformation of BHSD capacity and service delivery.
  - These efforts will be led by the EHR Executive Steering Committee, the Integration Manager, and the QI Unit.

- **Goal 2**: Develop electronic reporting capacity to regularly examine quality, access, and timeliness of services through the Behavioral Health **Electronic Health Record**.

- **Goal 3**: Identify **outcome measure(s)** to assess consumer performance, and use a data management system to support data collection and reporting.

- **Goal 4**: Develop nationally-recognized **indicators for Behavioral Health**, consistent with the Mental Health Plan and Substance Use Disorder Medical Waiver.
Priority 4: Division Operations and Infrastructure

Operations and infrastructure serve as the foundation of the Behavioral Health Services Division, providing a solid basis from which to build upon our system of care. By maximizing efficiency and reducing redundancies in our integrated Division, we will have strong personnel equipped with the tools they need to achieve the priorities articulated throughout this Plan.

- **Goal 1**: Develop a robust workforce that can deliver the most favorable outcomes in reducing behavioral health disparities for consumers.
- **Goal 2**: Assure that purchasing and facilities are upgraded and coordinated to distribute effectively all goods and services needed for service delivery.
- **Goal 3**: Elevate workplace safety and preparedness procedures and standards in order to optimize consumer and employee well-being.
- **Goal 4**: Review and improve the contracts management process to promote Division-wide operational and management efficiencies for BHSD and its providers.
- **Goal 5**: Engage in fiscal planning and fund development activities aligned with consumer needs.

**Well-Trained Workforce**

Delivering on our promise of an integrated Division requires continuing our constant training and staff development in proven methodologies. Using trainings, providing ongoing consultation, orienting to guidelines like the American Society of Addiction Medicine (ASAM) criteria, and building evidence-based practices (EBPs) like Cognitive Behavioral Therapy for Psychosis and Cognitive Behavioral Social Skills Training into the clinic infrastructure will support the priorities of comprehensive coordinated care and treatment, housing and supports.
Where We Go From Here

Thank you for reviewing the Contra Costa Behavioral Health Division 2017 - 2022 Strategic Plan! The execution and implementation of the Strategic Plan will be spearheaded by the Behavioral Health Services Division Executive Team through our Management Implementation Plan, which includes detailed action steps to carry out our key goals and priorities. Implementation will also be guided through annual work plans that identify key parties and our timeline.

To contribute to our work and/or learn more about the Contra Costa Behavioral Health Division, please visit our website:

cchealth.org/bhs

To stay up-to-date on our progress, please sign up for our Behavioral Health Connection Newsletter:

tinyurl.com/BHConnection

Glossary of Acronyms

AOD: Alcohol and Other Drugs
ASAM: American Society of Addiction Medicine
BHSD: Behavioral Health Services Division
CBO: Community-Based Organization
CPAW: Consolidated Planning Advisory Workgroup
EHR: Electronic Health Records
EBPs: Evidence-Based Practices
LCSW: Licensed Clinical Social Worker
NAMI: National Alliance on Mental Illness
SPIID: Teams Services & Programs Integration Implementation Design Teams
SUDs: Substance Use Disorders
TAY: Transition Age Youth