



CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

*Mental Health Services Act
Plan Update
Fiscal Year 2018 - 2019*



"Stay Alive and Share Your Light"

PhotoVoice Empowerment Project coordinated by Contra Costa Behavioral Health Services Office for Consumer Empowerment in collaboration with the Committee for Social Inclusion. Funded by MHSA.

PhotoVoice Empowerment Project

Each year, a piece of artwork from the PhotoVoice Empowerment Project is selected to be displayed on the cover of the annual Mental Health Services Act (MHSA) Three Year Plan. The PhotoVoice Empowerment Project enables consumers to produce artwork that is personal and allows for expression through poetry and narrative. The artwork speaks to the prejudice and discrimination that people with behavioral health challenges face.

The PhotoVoice Empowerment Project also empowers and enables consumers with behavioral health challenges to record and reflect their community's strengths and concerns, promote critical dialogue about personal and community issues, and reach policymakers to effect change. Special thanks to PhotoVoice participants for sharing their knowledge and artwork. The poem below accompanies the picture on the cover and was written by a PhotoVoice participant.

Look at these hands; they live, think and breathe.

Look at those hands; they live and breathe.

They are the same, but take a closer look.

They both show scars and they show pain... so write, paint, sing or scream.

*Beg the heavens to take you away, but you'll realize sooner or later,
all you had to do was peel the paint and see how precious a human's life can be
because our scars bleed gold and our light shines.*

So stay alive and share your light.

Let it kick the night out to let the sun rise.

Introduction

We are pleased to present Contra Costa County Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update (Plan Update) for fiscal years 2018-19. This Plan Update starts July 1, 2018, and updates the MHSA Three Year Program and Expenditure Plan (Three Year Plan) that was initiated in July of 2017.

The Three Year Plan describes programs that are funded by MHSA, what they will do, and how much money will be set aside to fund these programs. The Three Year Plan includes the components of Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities/Information Technology (CF/TN). Also, the Three Year Plan describes what will be done to evaluate plan effectiveness and ensure that all MHSA funded programs, projects and plan elements meet the intent and requirements of the Mental Health Services Act.

California approved Proposition 63 in November, 2004, and the Mental Health Services Act became law. The Act provides significant additional funding to the existing public mental health system, and combines prevention services with a full range of integrated services to treat the whole person. With the goal of wellness, recovery and self-sufficiency, the intent of the law is to reach out and include those most in need and those who have been traditionally underserved. Services are to be consumer driven, family focused, based in the community, culturally and linguistically competent, and integrated with other appropriate health and social services. Funding is to be provided at sufficient levels to ensure that counties can provide each child, transition age youth, adult and senior with the necessary mental health services and supports set forth in their treatment plan. Finally, the Act requires the Three Year Plan be developed with the active participation of local stakeholders in a community program planning process.

Plan Updates for FY 2018-19. No new MHSA funded programs, projects or plan elements are being added for FY 2018-19, and the projected budgets for the five components (CSS, PEI, INN, WET and CF/TN) remain the same. Highlights of changes and updates to the Three Year Plan for FY 2018-19 include the following:

- A description of 2017 stakeholder participation has been incorporated into the Community Program Planning Process chapter. (pages 11-30)
- Full Service Partnership performance indicators for FY 2016-17 are included in the program description. (page 32)
- PEI performance indicators for FY 2016-17 are included in the PEI component description. (pages 47-48)
- Updates on implementing several new initiatives authorized in 2017 include:
 - Addressing residential treatment facility needs for youth (page 34)
 - The State initiative “No Place Like Home” (page 38)
 - The Special Needs Housing Program (page 39)

- Expansion of the Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) program and addressing Continuum of Care Reform (CCR) requirements (pages 42)
- Mobile Crisis Response Teams in both Children's and Adult Systems of Care (pages 32 and 45)
- Expansion of the First Hope Program to serve transition age youth experiencing a first onset of psychosis (pages 51-52)
- Progress on implementing the new Innovative Projects; Center for Recovery and Empowerment (CORE), and Cognitive Behavioral Social Skills Training (CBSST) (pages 60-61). The time limited Innovative Projects, Recovery through Employment Readiness and Women Embracing Life and Learning, have concluded, and are not included in the FY 2018-19 Plan Update.
- A Volunteer Family Support Network in the Workforce Education and Training Component (pages 63-64).
- Mental Health First Aid Training for first responders to provide ongoing mental health training, support and consultation (page 64-65).
- A locally administered Loan Repayment Program to address workforce shortages (page 67)
- The Budget is updated to reflect estimated new funding, available funding and unspent funds for FYs 2018-19 and 2019-20 (pages 71-73).
- Program Profiles are updated to reflect outcomes for FY 2016-17 for each MHSA funded program (Appendix B).

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Note. The Program and Plan Element Profiles and the Glossary sections are included in the Appendices to provide more information regarding a specific program or plan element, and to assist in better understanding terms that are used.

Vision

The Mental Health Services Act serves as a catalyst for the creation of a framework that calls upon members of our community to work together to facilitate change and establish a culture of cooperation, participation and innovation. We recognize the need to improve services for individuals and families by addressing their complex behavioral health needs. This is an ongoing expectation. We need to continually challenge ourselves by working to improve a system that pays particular attention to individuals and families who need us the most, and may have the most difficult time accessing care.

Our consumers, their families and our service providers describe mental health care that works best by highlighting the following themes:

Access. Programs and care providers are most effective when they serve those with mental health needs without regard to Medi-Cal eligibility or immigration status. They provide a warm, inviting environment, and actively and successfully address the issues of transportation to and from services, wait times, availability after hours, services that are culturally and linguistically competent, and services that are performed where individuals live.

Capacity. Care providers are most appreciated when they are able to take the time to determine with the individual and his or her family the level and type of care that is needed and appropriate, coordinate necessary health, mental health and ancillary resources, and then are able to take the time to successfully partner with the individual and his or her family to work through the mental health issues.

Integration. Mental health care works best when health and behavioral health providers, allied service professionals, public systems such as law enforcement, education and social services, and private community and faith-based organizations work as a team. Effective services are the result of multiple services coordinated to a successful resolution.

We honor this input by envisioning a system of care that supports independence, hope, and healthy lives by making accessible behavioral health services that are responsive, integrated, compassionate and respectful.

Needs Assessment

Introduction

Contra Costa Behavioral Health Services (“CCBHS”) conducted a triennial quantitative assessment of public mental health need in preparation for developing the Fiscal Year 2017-20 Mental Health Services Act (“MHSA”) Three Year Program and Expenditure Plan (“Three Year Plan”). This data driven analysis complements the Community Program Planning Process (“CPPP”), where interested stakeholders provided input on priority needs and suggested strategies to meet these needs.

Data was obtained to determine whether CCBHS was: a) reaching the people it is mandated to serve, b) appropriately allocating its resources to provide a full spectrum of care, and c) experiencing any significant workforce shortfalls.

Benchmarks for the CCBHS target population were established for the county and county regions (East, Central, West) as well as by race/ethnicity, age group and identified gender to determine whether CCBHS was serving more or less than these benchmarks. Benchmarks for appropriate resourcing by level of mental health care, ranging from locked facilities to basic services for prevention and health maintenance, were also established to determine whether the level of funding CCBHS spent on each level met these benchmarks. Finally, all CCBHS position classifications were reviewed to determine whether any significant shortfalls existed between authorized versus filled positions, staffing demographics, and bilingual staff.

Results

Data analysis supports that CCBHS is serving the number of clients that approximate the estimated number of individuals requiring services, and moreover serves more eligible clients than the majority of counties in California. This is based upon prevalence estimates and penetration rates of low income children with serious emotional disturbance and adults with a serious mental illness as compared with other counties. In addition, each Contra Costa County region (West, Central, East) and demographic sub-population within the County are equitably and appropriately represented, with the exception of Asian/Pacific Islanders, Latina/os, children ages 0-5 years, and adults ages 60 and over as being slightly underrepresented in each region when compared to other sub-populations within Contra Costa County.

Fiscal Year 2015-16 expenditure data indicate services were available at every level of care as defined by the Level of Care Utilization System (LOCUS/CALOCUS). However, compared to benchmarks, CCBHS overspends on the most acute level of in-patient care (Level 6), and is below the benchmark in expenditures related to programs providing high intensity community-based services (Levels 4 and 5).

Workforce analysis indicates a significant shortage of psychiatry time, both in county positions as well as contract psychiatrists. Compounding the issue of filling vacant psychiatrist positions is that Contra Costa County reimburses psychiatrists at a lower

rate than neighboring counties. Latina/o and Asian/Pacific Islander populations are under-represented among county staff when compared to the county population. Finally, CCBHS has incrementally increased the number of bilingual staff each year, and has made available as needed phone, in-person and video interpretation services.

Recommendations

This quantitative needs assessment suggest attention in the following areas:

- Strengthen outreach and engagement strategies for identified underserved populations across the county.
 - Relevant Programs/Plan Elements. PEI programs will be fully compliant with new regulations that require documenting access and linkage to mental health treatment, with outreach and engagement to those populations who have been identified as underserved (page 47-48). The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program in the Children’s System of Care will receive additional MHSA funding for staff to serve children, to include ages 0-5, who are experiencing serious emotional disturbances (page 42). The Innovative Project, Partners in Aging, will be fully implemented during this Three Year Plan, whereby clinicians and community support workers will enhance the County’s Older Adult IMPACT Program (page 59-60).
- Improve capacity to assist consumers move from locked facilities to community based services.
 - Relevant Programs/Plan Elements. The locally administered Special Needs Housing Program will be implemented during this Three Year Plan, and will utilize MHSA dollars to provide permanent supportive housing in the community to the seriously mentally ill (page 39).
- Explore strategies to recruit and retain psychiatrists and staff representing underserved populations.
 - Relevant Programs/Plan Elements. For the Three Year Plan CCBHS will implement a County funded Loan Repayment Program that specifically addresses critical psychiatry shortages (page 67). Additional funding has been added to the graduate level Internship Program to strengthen the recruitment of individuals who are bilingual and/or bi-cultural, and who can reduce the disparity of race/ethnicity identification of staff with that of the population served (page 66).

The full needs assessment report can be found at:

<http://cchealth.org/mentalhealth/mhsa/pdf/2017-0316-mhsa-assessment.pdf>

The Community Program Planning Process

Each year CCBHS utilizes a community program planning process to 1) identify issues related to mental illness that result from a lack of mental health services and supports, 2) analyze mental health needs, and 3) identify priorities and strategies to meet these mental health needs.

CPAW. CCBHS continues to seek counsel from its ongoing stakeholder body, entitled the Consolidated Planning Advisory Workgroup (CPAW). Over the years CPAW members, consisting of consumers, family members, service providers and representative community members, have provided input to the Behavioral Health Services Director as each Three Year Plan and yearly Plan Update has been developed and implemented. CPAW has recommended that the Three Year Plan provide a comprehensive approach that links MHSA funded services and supports to prioritized needs, evaluates their effectiveness and fidelity to the intent of the Act, and informs future use of MHSA funds. CPAW has also recommended that each year's Community Program Planning Process build upon and further what was learned in previous years. Thus the Three Year Plan can provide direction for continually improving not only MHSA funded services, but also influencing the County's entire Behavioral Health Services Division. In addition, CPAW utilizes part of its monthly meeting time to be the planning and implementation resource for fielding each year's Community Forums.

Community Forums for Fiscal Year 2018-19

The theme for this year's venue was for interested individuals to meet and dialogue with service providers located in their community; specifically those programs funded to provide outreach and engagement to underserved areas and populations.

Approximately 280 individuals attended three forums in the fall of 2017 (October 5 in Richmond – West County, October 25 in Martinez – Central County, and December 7 in Brentwood – East County), and self-identified as one or more of the following:

- 24% - a consumer of mental health services
- 23% - a family member of a consumer of services
- 38% - a provider of mental health services
- 17% - an interested member of the community

Small Group Discussions. Participants actively discussed via small groups topical issues that were developed by CPAW representatives prior to the forums. Highlights of suggested strategies include:

- **What should housing and homeless services look like for persons with serious mental illness?**
 - Put multi-disciplinary behavioral health teams on site of apartment buildings specifically for persons who are homeless and seriously mentally ill.

- Provide life, social skills and job coaching on site to families experiencing crises so that they do not get evicted or lose custody of their children.
 - Be sure to include food, clothing, health and dental care, as persons who are homeless lack these essentials.
 - Provide onsite child care to enable parents to work or go to school.
 - Link transitional housing opportunities that are time limited to permanent supportive housing.
 - Increase board and care facilities in the community with funding augmentation for supporting residents with mental illness.
 - Bring medication support to the housing sites.
 - Have more Alcoholics Anonymous and Narcotics Anonymous groups available and accessible.
 - House the population needing conservatorship services.
 - Need to sort out the issue of persons being housed who are still drinking or using drugs versus those individuals needing/wanting to stay sober.
 - Provide Mental Health First Aid training to all non-clinical persons involved in supportive housing.
 - Make sure tiny housing communities (micro-pods) are connected to mental health services.
 - Help put supportive services higher on the political agenda for housing funding.
 - Push back with advocacy and education to communities who are rejecting supportive housing in their neighborhood.
 - Gentrification is making housing costs too expensive. We can't live or work in our community. We need strategies to offset this.
 - Who is in charge of the Projects?
- **How can care for my culture/community/age group be improved?**
 - Dialogue with different communities to define strategies that work for them.
 - Stress service provider trainings that are sensitive to diverse local cultures.
 - Need more translators and shorten wait times.
 - Need more service providers who look like us, share our values, and are from the community they serve.
 - Access Line needs to be sensitive to the fact that some people are reluctant to share mental health symptoms and personal information over the phone.
 - Re-visit what is meant by terms "culture" and "community".
 - There are no psychiatrists that are my color.
 - Need more people who speak Spanish.
 - Need more outreach to the African American community, especially young males.
 - LBGTQ youth and elderly are marginalized and need to feel more safe.
 - People who live on the streets are their own culture and don't get services.
 - Young people get discouraged because of barriers (like Medi-Cal) and wait times.
 - Activities for children need to be more affordable for their parents.

- Better educate people who are undocumented about what mental health services are available.
- **What should support look like for family members who are struggling with loved ones who are experiencing mental health challenges?**
 - Serve and support the whole family, not just the identified person experiencing mental health issues.
 - Families need help with what is out there, how to access services, and how to navigate through the system.
 - We need more volunteers that can represent the needs of my culture and community.
 - Support re-unification of families with their loved ones.
 - Increase NAMI's Family to Family classes throughout the county.
 - Provide more education about mental health issues to the kids who are in school. Most families have school age children.
- **How can we as a community improve our response to trauma and crisis?**
 - Need a rapid response from care providers trained to respond to trauma.
 - Need a recognized forum to report and vent in response to traumatic events in the community – should be manned at all times.
 - Provide support when people are not experiencing a crisis would help.
 - It is important to provide services early to avoid symptoms from becoming more severe.
 - We need more safe places for our youth and young adults, especially LGBTQ youth.
 - Need a way to capture data regarding traumatic events in the community.
 - Psychiatric Emergency Services (PES) should utilize the entire 72 hour hold, and not release a person before they are stabilized.
 - Increase mental health response in schools. Collaborate better with educators.
 - All service providers should be trained and comfortable in asking about and responding to trauma and violence experienced by a client.
 - Share videos that address how to respond to trauma.
 - Need to advocate for more funding for survivors/victims of violence and trauma.
- **How can we improve access to mental health and medical services?**
 - Improve accessibility with language providers, more information and education about local services.
 - Need more doctors available in my community.
 - Improve call system so people are not re-directed and go in circles, or put on hold for long periods so they hang up before getting help..
 - Better educate CCBHS Access Line staff about existing behavioral health services in the community so that they can refer callers to multiple resources.
 - Strengthen peer and family member support, whether paid or volunteer, to help access and navigate the system.

- Persons dually diagnosed (drug/alcohol and mental health) are turned away because they don't have the "right" diagnosis for the service provider. Broaden providers' scope of work.
- All service providers need to continually educate themselves as to the full spectrum of resources available in their community, who they serve, how to access them, and then help connect their clients to these resources.
- **How can providers of mental health, substance abuse disorders, homeless services and primary care better communicate and coordinate with each other?**
- Providers should communicate with each other using language that respects that they are dealing with people, and not just objects.
- Providers shouldn't be so rushed, and should prioritize time to collaborate with each other.
- Providers should listen and share with each other when clients report problems with medications, such as not working or too strong or causing bad side effects.
- Agree upon the intent and flexibility allowed in HIPAA laws and regulations (client's right to privacy).
- **How do we better respond to the various transportation challenges our clients and their families face in getting to and from services?**
- Dedicate staff time to regularly advocate for more and better public transportation services.
- Provide transportation for free when someone has no money, such as bus passes, clipper cards and BART tickets.
- Provide more education on bus routes, schedules and other means of transportation, such as bike routes, and training on how to use them.
- Advocate for County Connection to provide transportation services on holidays.
- Advocate for AC Transit's bus schedule to expand at nights and weekends.
- Advocate for all bus benches to have hang overs for waiting in bad weather.
- Have the busses add stops within walking distance to key public services, such as food pantries; or add a van service specifically for this purpose
- **How do we prevent first psychotic episodes from becoming a lifelong debilitating illness?**
- A safe, supportive environment like Putnam Clubhouse helped me recover from my first psychotic episode.
- Experiencing homelessness can trigger a psychotic episode. Help finding a home can prevent psychosis.
- Education in schools for teachers, parents and kids regarding mental health and how and where to access resources can be de-stigmatizing, and encourage getting help before psychosis sets in.
- Especially educate young people who are high functioning and appear normal to be pro-active about getting help, instead of waiting for a psychotic episode.

- Recognize the prevalent influence of substance abuse on youth’s mental health, and treat both together and appropriately.
- **How do we best respond to seriously emotionally disturbed children and youth who need in-patient or crisis residential services?**
 - Need more residential services for children. MHSA can provide one-time funding to establish an in-patient or residential facility.
 - Conduct a listening survey with families of children who may need in-patient or residential services as to what they need.
 - Increase staffing for mobile response teams.
 - Partner with law enforcement to provide a more effective, coordinated response to seriously emotionally disturbed children who are reported as at risk for being restrained.
 - Develop safety plans for families of at risk children.

Prioritizing Identified Unmet Needs. As part of each community forum participants were then asked to prioritize via applying dot markers the following identified unmet needs from previous years’ community program planning processes. This provides a means for evaluating perceived impact over time of implemented strategies to meet prioritized needs. Thus, service needs determined to be unmet in previous years can drop in ranking as the system successfully addresses these needs. Unmet needs are listed in order of priority as determined by forum participants, with previous Three Year Plan rankings provided for comparison.

1. **More housing and homeless services.** (last year’s rank: 1) The chronic lack of affordable housing make this a critical factor that affects the mental health and well-being of all individuals with limited means. However, it is especially deleterious for an individual and his/her family who are also struggling with a serious mental illness. A range of strategies that would increase housing availability include increasing transitional beds, housing vouchers, supportive housing services, permanent housing units with mental health supports, staff assistance to locate and secure housing in the community, and coordination of effort between Health, Housing and Homeless Services and CCBHS.

Relevant program/plan elements: Sufficient affordable housing for all consumers of CCBHS is beyond the financial means of the County’s Behavioral Health Services budget. It is estimated that up to 3,800 individuals in the County are homeless on any given night. The MHSA funded Housing Services category of the Community Services and Supports component is coordinating staff and resources with the Health, Housing and Homeless Services Division in order to improve and maximize the impact of the number of beds and housing units available, shorten wait times, and improve mental health treatment and life skills supports needed for consumers to acquire and retain housing. In anticipation of the statewide initiative “No Place Like Home” the Board of Supervisors authorized \$1.72 million be returned to the County for local

administration of funds to support permanent supportive housing (page 39). In addition, an Innovative project entitled “Cognitive Behavioral Social Services Training” is planned to bring mental health care to individuals with serious mental illness in the County’s augmented board and care facilities (pages 60-61).

- 2. Outreach to the underserved – provide care in my community, in my culture, in my language.** (last year’s rank: 9) Focus groups underscored that mental health stigma and non-dominant culture differences continue to provide barriers to seeking and sustaining mental health care. Emphasis should continue on recruiting and retaining cultural and linguistically competent service providers, training and technical assistance emphasis on treating the whole person, and the importance of providing on-going staff training on cultural specific treatment modalities. Also, culture-specific service providers providing outreach and engagement should assist their consumers navigate all levels of service that is provided in the behavioral health system. Transition age youth, to include lesbian, gay, bi-sexual, transgender and questioning youth, who live in at-risk environments feel particularly vulnerable to physical harassment and bullying. Stakeholders continued to emphasize MHSA’s role in funding access to all levels of service for those individuals who are poor and not Medi-Cal eligible.

Relevant program/plan elements: All MHSA funded prevention and early intervention programs provide outreach and engagement to individuals and underserved populations who are at-risk for suffering the debilitating effects of serious mental illness. These programs are culture specific, and will be evaluated by how well they assist individuals from non-dominant cultures obtain the cultural and linguistically appropriate mental health care needed (page 47-48). The training and technical assistance category of the Workforce Education and Training component utilizes MHSA funding to sensitize service providers to the issues impacting cultural awareness and understanding, and mental health access and service delivery for underserved cultural and ethnic populations (page 64-65). The Needs Assessment has indicated the underrepresentation of care provider staff who identify as Hispanic and Asian Pacific Islanders. Additional funds have been added to the Internship program to specifically recruit clinicians to address this underrepresentation (page 66).

- 3. More support for family members and loved ones of consumers.** (last year’s rank: 2) Critical to successful treatment is the need for service providers to partner with family members and significant others of loved ones experiencing mental illness. Stakeholders continued to underscore the need to provide families and significant others with education and training, emotional support, and assistance with navigating the system.

Relevant program/plan elements: Children’s Services utilizes family partners to actively engage families in the therapeutic process, and fields the evidence based practices of multi-dimensional family therapy and

multi-systemic therapy, where families are an integral part of the treatment response (pages 32-33). Adult Services is expanding their family advocacy services to all three of their Adult Mental Health Clinics (page 35-36). In the Prevention and Early Intervention component the County provides clinicians dedicated to supporting families experiencing the juvenile justice system due to their adolescent children's involvement with the law (pages 52-53). Three programs provide family education designed to support healthy parenting skills (pages 50, 53-54). Project First Hope provides multi-family group therapy and psycho-education to intervene early in a young person's developing psychosis (pages 51-52). Rainbow Community Center has a family support component (page 54). The Workforce Education and Training Component funds NAMI's Family-to-Family training, where emotional support and assistance with how to navigate the system is provided (pages 64-65). For this Three Year Plan NAMI - Contra Costa will be funded to recruit, train and develop family support volunteers to assist, educate and help families members navigate services and enhance their capacity to participate in their loved ones' recovery (pages 63-64).

4. **Improved response to crisis and trauma.** (last year's rank: 6) Response to crisis situations occurring in the community needs to be improved for both adults and children. Crisis response now primarily consists of psychiatric emergency services located at the Contra Costa Regional Medical Center (CCRMC). There are few more appropriate and less costly alternatives.

Relevant program/plan elements: CCBHS should be part of a quality mental health response to traumatic violence experienced by the community. CCBHS is training and certifying a number of our mental health professionals to offer Mental Health First Aid training to community groups who have a special interest in responding to trauma events. A component of the training will be strengthening the ability to identify the need for more intensive mental health care, as well as the ability to connect individuals to the right resources (page 64-65). Hope House, a crisis residential facility (pages 37), and the Miller Wellness Center (page 43) are now fully operational. CCBHS has been awarded state MHSA funding for a mobile, multi-disciplinary team for adults and older adults to partner with law enforcement to field a Mental Health Evaluation Team (MHET) (pages 45). Referrals are persons who have been in contact with the police on numerous occasions due to psychiatric issues, and are at a high risk for hospitalization or incarceration. MHSA funds will be used to augment and expand the capacity of CCBHS clinicians to assist law enforcement jurisdictions respond to persons experiencing psychiatric crises. Seneca Family of Agencies contracts with the County as part of the Children's Services full service partnership program, and provides a mobile response team for coordinating crisis support activities on behalf of youth and their families. Additional MHSA funding will support expanding

the hours of availability of Seneca's mobile crisis response team's capacity to respond to children and their families when in crisis (page 32). For this Three Year Plan MHPA funds will be used to augment and expand the capacity of the Forensic Team in order to field a countywide mobile crisis response intervention for adult consumers experiencing mental health crises (page 45).

- 5. Connecting with the right service providers in your community when you need it.** (last year's rank: 7) Mental health and its allied providers, such as primary care, alcohol and other drug services, housing and homeless services, vocational services, educational settings, social services and the criminal justice system provide a complexity of eligibility and paperwork requirements that can be defeating. Just knowing what and where services are can be a challenge. Easy access to friendly, knowledgeable individuals who can ensure connection to appropriate services is critical.

Relevant program/plan elements: Family partners are stationed at the children's and adult County operated clinics to assist family members and their loved ones navigate services (page 35-36). Clinicians are stationed at adult county operated clinics to assist consumers with rapid access and connectivity to services (page 33-36). The Workforce Education and Training Component funds NAMI's Family-to Family training, where emotional support and assistance with how to navigate the system is provided (pages 64-65). For this Three Year Plan NAMI - Contra Costa will be funded to recruit, train and develop family support volunteers to assist, educate and help families members navigate services and enhance their capacity to participate in their loved ones' recovery (pages 63-64).

- 6. Better coordination of care between providers of mental health, substance use disorders, homeless services and primary care.** (last year's rank: 5) Integrating mental health, primary care, drug and alcohol, homeless services and employment services through a coordinated, multi-disciplinary team approach has been proven effective for those consumers fortunate to have this available. Often cited by consumers and their families was the experience of being left on their own to find and coordinate services, and to understand and navigate the myriad of eligibility and paperwork issues that characterize different service systems. Also cited was the difficulty of coordinating education, social services and the criminal justice systems to act in concert with the behavioral health system.

Relevant Program/Plan Elements. The Three Year Plan funds a number of multi-disciplinary teams that models effective integration of service providers for select groups of clients. However, this is a system issue that affects all programs and plan elements. The chapter entitled Evaluating the Plan describes the method by which every program and plan element will be evaluated as to the degree to which it communicates effectively with its community partners. The degree to which there is successful

communication, cooperation and collaboration will be addressed in each written report, with program response and plan(s) of action required where attention is needed (page 75).

- 7. Getting to and from services.** (last year's rank: 11) The cost of transportation and the County's geographical challenges make access to services a continuing priority. Flexible financial assistance with both public and private transportation, training on how to use public transportation, driving individuals to and from appointments, and bringing services to where individuals are located, are all strategies needing strengthening and coordinating.

Relevant program/plan elements: Transportation assets and flexible funds to assist consumers get to and from services are included in supports provided in Full Service Partnerships. MHSA purchased vehicles to augment children, adult and older adult county operated clinic transportation assets, and additional staff are being hired through MHSA funding to drive consumers to and from appointments. The Innovative Project, Overcoming Transportation Barriers, has been implemented to provide a comprehensive, multi-faceted approach to transportation needs (page 59-60).

- 8. Intervening early in psychosis.** (Previous rank: 10) Teenagers and young adults experiencing a first psychotic episode are at risk for becoming lifelong consumers of the public mental health system. Evidence based practices are now available that can successfully address this population by applying an intensive multi-disciplinary, family based approach. A proposed strategy is to expand the target population now served by Project First Hope from youth at risk for experiencing a psychotic episode to include those who have experienced a "first break".

Relevant program/plan elements: The Three Year Plan now includes funding to expand Project First Hope to serve teenagers and young adults experiencing a first psychotic episode (pages 51-52).

- 9. Children and youth in-patient and residential beds.** (last year's rank: 4) In-patient beds and residential services for children needing intensive psychiatric care are not available in the county, and are difficult to find outside the county. This creates a significant hardship on families who can and should be part of the treatment plan, and inappropriately strains care providers of more temporary (such as psychiatric emergency services) or less acute levels of treatment (such as Children's' clinics) to respond to needs they are ill equipped to address. Additional funding outside the Mental Health Services Act Fund would be needed to add this resource to the County, as in-patient psychiatric hospitalization is outside the scope of MHSA.

Relevant Program/Plan Elements. In response to recent state legislation CCBHS will be offering the continuum of early and periodic screening, diagnosis and treatment (EPSDT) services to any specialty mental health

service child and young adult who needs it. The Needs Assessment has indicated that seriously emotionally disturbed children ages 0-5 are slightly underrepresented in receiving care. This additional funding will add capacity for the Children's System of Care to serve more children ages 0-5. In addition, newly enacted Assembly Bill 403 mandates statewide reform for care provided to foster care children, to include the County's responsibility to provide Therapeutic Foster Care (TFC) services. This expansion of care responsibility will enable the County to reduce the need for care in more restricted, locked facilities (pages 42).

10. Serve those who need it the most. (last year's rank: 13) Through MHSA funding the County has developed designated programs for individuals with serious mental illness who have been deemed to be in need of a full spectrum of services. These are described in the full service partnership category of the Community Services and Supports component. In spite of these programs, stakeholders report that a number of individuals who have been most debilitated by the effects of mental illness continue to cycle through the most costly levels of care without success.

Relevant program/plan elements: In February 2015, the Contra Costa Board of Supervisors passed a resolution authorizing \$2.25 million of MHSA funds to be utilized on an annual basis for providing mental health treatment as part of an assisted outpatient treatment (AOT) program. The County implements the standards of an assertive community treatment team as prescribed by Assembly Bill 1421, and thus meet the acuity level of a full service partnership. This program provides an experienced, multi-disciplinary team who provides around the clock mobile, out-of-office interventions to adults, a low participant to staff ratio, and provides the full spectrum of services, to include health, substance abuse, vocational and housing services. Persons deemed eligible for assisted outpatient treatment are served, whether they volunteer for services, or are ordered by the court to participate (pages 36).

11. Support for peer and family partner providers. (last year's rank: 7) CCBHS was acknowledged for hiring individuals who bring lived experience as consumers and/or family members of consumers. Their contributions have clearly assisted the County to move toward a more client and family member directed, recovery focused system of care. However, these individuals have noted the high incidence of turnover among their colleagues due to exacerbation of mental health issues brought on by work stressors, and lack of support for career progression. Individuals in recovery who are employed need ongoing supports that assist with career progression, and normalizes respites due to relapses.

Relevant program/plan elements: CCBHS has strengthened its certification training for consumers who are preparing for a service provider role in the behavioral health system. Additional staff are funded to

expand the SPIRIT curriculum to include preparing family members as well, provide ongoing career development and placement assistance, and develop ongoing supports for individuals with lived experience who are now working in the system (pages 65-66).

12. Increased psychiatry time. (last year: unranked) Stakeholders reported long waiting periods before they could see a psychiatrist. This is confirmed by the quantitative workforce needs analysis that indicates a significant shortage of psychiatrists to fill authorized county and contract positions. This leads to a lack of needed psychotropic medication prescriptions, lack of time for psychiatrists to work as part of the treatment team, and a compromised ability to monitor and regulate proper dosages.

Relevant program/plan elements: The MHPA Three Year Plan now has funding to implement a County funded Loan Repayment Program that specifically addresses critical psychiatry shortages (page 67).

13. Care for the homebound frail and elderly. (last year's rank: 12) Services for older adults continue to struggle with providing effective treatment for those individuals who are homebound and suffer from multiple physical and mental impairments. Often these individuals cycle through psychiatric emergency care without resolution.

Relevant program/plan elements: MHPA funds the Older Adult Program, where three multi-disciplinary teams, one for each region of the County provide mental health services to older adults in their homes, in the community, and within a clinical setting (page 41). Lifelong Medical Care is funded in the Prevention and Early Intervention component to provide services designed to support isolated older adults (page 54). The Innovative Project, Partners in Aging, trains and fields in-home peer support workers to engage older adults who are frail, homebound and suffer from mental health issues. This innovative project is being implemented in response to the Needs Assessment, where older adults have been identified as underrepresented in the client population (pages 59-60).

14. Assistance with meaningful activity. (last year's rank: 10) Stakeholders underscored the value of engaging in meaningful activity as an essential element of a treatment plan. Youth in high risk environments who are transitioning to adulthood were consistently noted as a high priority. For pre-vocational activities, suggested strategies include providing career guidance, assistance with eliminating barriers to employment, and assistance with educational, training and volunteer activities that improve job readiness. Stakeholders highlighted the need for better linkage to existing employment services, such as job seeking, placement and job retention assistance. For daily living skills, suggested strategies include assistance with money and benefits management, and

improving health, nutrition, transportation, cooking, cleaning and home maintenance skill sets.

Relevant program/plan elements: Putnam Clubhouse provides peer-based programming that helps individuals develop support networks, career development skills, and the self-confidence needed to sustain stable, productive and more independent lives (page 51). The Prevention and Early Intervention programs of Contra Costa Interfaith Housing, New Leaf Collaborative, People Who Care and RYSE all have services to assist young people navigate school successfully and engage in meaningful activity (pages 50-51).

Community Forums for Fiscal Year 2017-18

Last year's venue was to bring together by region consumers, family members, service providers and interested community members to focus on issues relevant to allocating resources for the FY 2017-20 Three Year Plan, and to solicit stakeholder participation in the implementation of new programming.

Over 300 individuals attended three forums (October 6 in San Pablo, November 3 in Pleasant Hill, December 1 in Bay Point), and self-identified as one or more of the following:

- 23% - a consumer of mental health services
- 32% - a family member of a consumer of services
- 39% - a provider of mental health services
- 14% - an interested member of the community

Small Group Discussions. Participants actively discussed in small groups topical issues that were developed by consumer, family member and service provider representatives before the forums. Highlights of the discussions include:

- **What should services in my culture look like?**
 - Diversity is important, and cultural differences should be understood and respected in a non-judgmental way. We need to be culturally humble. A diverse mental health workforce sends a message to non-dominant cultures that differences are honored.
 - We are getting more immigrants who need more support in understanding our laws.
 - Many of our immigrants come from war torn countries and suffer from post-traumatic stress disorder. Care providers need to understand how specific cultures deal with this disorder, as a common tendency is to hide mental illness.
 - Suggest using non-traditional means to gain trust and acceptance, such as music, art, multi-media, and gardening.
 - Suggest developing a cadre of paid and volunteer care providers of the same culture to go to people's homes, as people need to develop trust, and are often fearful of being subjected to legal action.

- Youth, especially those with a non-heterosexual gender identity, are prone to bullying and are vulnerable to suicidal behavior.
 - For African and Hispanic Americans mental health care should be family centered and/or faith based.
 - Clinicians should understand the ramifications of assigning a mental illness diagnosis.
 - We need more clinicians who speak multiple languages – we are losing them to neighboring counties because of pay disparity.
 - The County should be current with race/ethnicity trends, where Latina/os are moving to the West and African Americans are moving to the Eastern part of the County.
 - Organizations, such as the Native American Health Center, should be educating mental health providers about the various Native American cultures.
 - Medication prescribers need to be sensitive to potential ethnic specific reactions.
 - We need to ensure that translated materials and language interpreters are sensitive to and being understood by the people needing this accommodation.
- **How can I get housing that I can afford?**
 - The housing market is way too expensive to enable low income people to afford rents. We need rent control.
 - Section 8 housing is too difficult to navigate to be a resource.
 - Affordable housing often means unsafe housing.
 - People need access to the internet and help navigating the application process.
 - People searching for housing often need some form of stable short-term housing. Sometimes they may need to get help cleaning up and resting at these places so they can be presentable for interviews.
 - The east end of the County has the fastest growing population of people not being able to afford housing, and has the least resources to help with this problem.
 - Suggest a clearinghouse to assist individuals and their families to find affordable housing. Need to do a better job of sharing housing opportunity information. Need a one stop shopping approach, with a single application.
 - More shelter beds needed, especially in the wintertime when shelters have reached maximum capacity.
 - Public dollars should go to non-profits with supportive housing expertise, rather than banks and developers.
 - More shared housing capacity should be developed, such as elders pooling resources, and families with mental health experience taking in individuals into their homes. Cities should permit “mother-in-law” units.
 - Re-purpose abandoned or foreclosed structures for affordable housing.
 - Increase the number of board and care homes.
 - Advocate for the Board of Supervisors to spend more dollars for housing.
 - Flexible funding is needed to help pay for credit checks, first/last month’s rent, move in and out costs, and other expenses to enable individuals to obtain housing.

- Organizations should partner to help people acquire and keep housing.
- **What should care look like for persons with serious mental illness who live in supportive housing?**
 - Services should be provided on site, or have a multi-disciplinary mobile team come to the sites. Mental health, substance abuse and primary health issues should be addressed holistically and in a coordinated fashion.
 - Include life skills support, such as budgeting and money management, cooking, cleaning, home maintenance and conflict resolution skills in order for individuals to keep their residence.
 - Care providers should partner with property managers to deal with behavior issues that might threaten an individual keeping their residency.
 - For augmented board and cares specific attention should be given to medication regimens, if professional staff are not located on site.
 - Family members living off site should be welcomed and included, as appropriate, and emphasis and rules should be supportive of family reunification.
 - Support groups, such as twelve step, should be encouraged.
 - Daily meaningful activities, such as self-care regimens, hobby groups, parenting classes, field trips, gardening, site maintenance, pre-vocational activities, before and after school programs and social/cultural activities should be built in, whether at the site or arranged.
 - Case management should not drop off when a consumer is placed, but should complement on-site services.
 - Housing problems, such as bad food and bed bugs, can trigger mental health problems.
 - Before being discharged from psychiatric hospitals persons should have dedicated attention to preparation for living in a less restricted environment, even if it means prolonging their stay to acquire these skills and coping mechanisms.
 - It is important not to place supported living residences in high crime and drug environments.
 - Each supportive living arrangement should be built into all consumer activities. The goal of improving a consumer's living situation should include moving out to better independent housing.
 - All of the above would require many more dollars allocated than is currently being budgeted.
- **What does help getting to and from services look like?**
 - Services are too spread out in the County to be accessible. Many countywide services are located in central county, where public transportation is not available to the east and west ends of the County.
 - Using BART/buses can be daunting. Coaching to use public transportation independently would be helpful, to include coping with fears, safety concerns, and responding appropriately to bullying and discrimination.
 - Becoming eligible for discount passes can be difficult. Assistance in becoming eligible would be helpful, as well as the funding to be able to afford vouchers.

- Suggest a shuttle service that stops at common safe stops, and coordinates with people who live in close proximity to each other, and when people have health/mental health appointments.
 - Assist individuals connect with each other so they can ride together.
 - Coordinate appointment scheduling around public transportation schedules.
 - Explore voucher system with Uber/Lyft as a means of ride sharing door to door. Expand their business model to include minors.
 - Continue moving mental health care out to common safe spots, such as schools, colleges, health centers, so that care is brought closer to where consumers live.
 - Expand volunteer services so that drivers can transport consumers.
 - Advocate with transit authorities for more accessible public transportation routes and provide more benches and shelters.
 - Use smart phones to assist with linking to directions and public transportation availability.
- **Helping family members navigate mental health, medical, and alcohol and drug services – what should that look like?**
 - These services are housed separately, have different eligibility requirements, have different treatment approaches, are poorly coordinated both within themselves and with the education, social services and criminal justice systems, and often have differing, lengthy waiting periods before treatment happens. This is overwhelming for family members.
 - Care providers should work together to provide a more coordinated, whole person team approach that considers and responds to all co-occurring disorders that affect a person simultaneously, to include mental illness, developmental disabilities, health issues, and drug and alcohol problems.
 - Funding streams for these resources should be coordinated such that eligibility does not interfere with or prevent appropriate response and treatment by care providers.
 - Family members of consumers should be included as part of the treatment team, with assistance provided for them to become powerful natural supports in the recovery of their loved ones.
 - Resources should be allocated to establish paid staff to 1) support family members access and navigate current treatment systems, 2) develop family members with lived experience to act as subject matter experts in a volunteer capacity to educate and support other family members in understanding and best participating in the different systems of care, 3) provide outreach and education to the community to reduce stigma and discrimination pertaining to mental illness, and 4) partner with other organizations to increase community involvement and support in the care of persons with mental illness.
 - Support and education groups for families specific to different cultures and languages need to be increased throughout the County.
 - Family supports need to be developed in and by the various communities in the County, and need to be culturally and linguistically accessible to the families served, irrespective of their ability to pay.

- Provide a single place of contact in each region of the county for family members to obtain assistance with mobilizing treatment resources for their loved ones.
- **What should emotional support for family members look like?**
 - The biggest support comes from families who have been through similar experiences and who understand what a family is going through.
 - Mental illness affects the entire family, so emotional support should be for everyone, including the siblings.
 - Families often see disturbing behavior and don't recognize that there is a mental illness going on. Early education and awareness is key to de-stigmatizing, learning coping mechanisms and getting loved ones the help they need. When first encountering mental illness they don't know what to do.
 - Learning self-care is empowering.
 - Most helpful is respite care for parents to have a break.
 - Help in understanding, accessing and navigating services is a tremendous emotional support.
 - It is important for people providing emotional support to families to be culturally humble and honor a family's personal beliefs.
 - NAMI has perfected how to support family members and should be funded to expand this support to paid staff. Operating with only volunteers, NAMI has been limited in what they can do; especially providing family support in the east, west and southern portions of the county.
 - Providing NAMI funding would enable expanding outreach to families of youth and adults in the criminal justice system.
 - Recommend providing psychotherapy for family members who have a loved one experiencing mental illness.
- **How should public mental health partner with the community when violence and trauma occur?**
 - Schools can identify children traumatized and at risk, but teachers and staff are not equipped to adequately care for the child and their family. Via wraparound funding behavioral health should partner with education on site and in the homes to provide needed mental health services.
 - Children under five and kids with special needs are particularly vulnerable, and are often overlooked.
 - Persons who are homeless are in continuous trauma.
 - There appears to be a recent increase in violence toward immigrants, Muslims and persons who identify themselves as lesbian, gay, bi-sexual, transgender or who question their sexual identity or gender. There is increased fear among these individuals.
 - Mental health care should be extended to teachers, police, church staff, and other community organization first responders, as they are dealing with trauma as well. Working closely with the police is especially helpful.
 - Care should be brought to the community by staff who are trusted and culturally and linguistically responsive. Non-labeling and confidentiality are most important.

- Care providers who are not properly trained, ill-suited, or abuse the power of their position can do more damage than the trauma itself.
 - Relationships and trust should be established with community first responders before violence occurs, through training, workshops and community events.
 - First responders need better information regarding what mental health resources are present in their community, and how to access and navigate them.
 - The key role of drugs and alcohol leading to violence need to be recognized and included as part of the mental health care.
 - Attention should be focused on the perpetrators, in order to break the cycle of violence.
 - Some sort of infrastructure needs to be built such that mental health professionals can respond quickly when community trauma occurs.
 - Service should be provided immaterial of whether the family has insurance.
 - Mental health professionals should be aware and prepared to address learned desensitization, stigma of discussing feelings regarding experienced violence, and distrust of authority figures.
 - All behavioral health staff should stay current with the latest in trauma informed response and care.
 - Ending up in the County's psychiatric in-patient ward does not help the person, and often signals a failure to prevent hospitalization.
- **How do we care for young people who have both mental health and alcohol and drug problems?**
 - Currently there is no coordinated outpatient mental health and alcohol/drug treatment services for adolescents, and very limited in-patient treatment. This often leads to juvenile hall.
 - We should be providing all levels of care in one place, from intensive to continuing care.
 - First responders, such as mental health probation liaisons, delinquency boards, faith based groups and teachers trained to recognize symptoms can act as referral sources.
 - Should engage the whole family. Part of the therapy is education regarding addiction as being a "family disease." Also, there is the reality of relapse when returning a youth to a family that is still using and abusing drugs and alcohol.
 - Successful graduates of treatment are ideal to act as peer mentors.
 - Best practices should be determined by the culture the youth is a part of.
 - Mental health and substance use disorder professionals need to be cross trained in each other's disciplines, as well as how to work together as team.
 - Medi-Cal eligibility should not be a barrier, as the need in this age group is overwhelming and cuts across all levels of society.
 - Mental health providers should be able to bill Medi-Cal for substance use disorder treatment the same as they do for mental health disorders.
 - There should be a substance use disorder professional co-located at each regional mental health clinic.

- School district administrators should be partnered with to establish as part of the district's educational plan curricula regarding mental health/substance use disorders and the neuropsychiatry of addiction.
- Marketing and education efforts should utilize more social media modes than the current method of flyers and other hard copy materials.
- **How do we help people who get better move to lower levels of care?**
 - There should be discussion of and planning for use of less acute levels of service right from the beginning, so that consumers are prepared to demonstrate higher levels of self-care as they move to lower levels of professional care.
 - Systems of care should be as flexible and non-judgmental as possible to reduce resistance (stigma and embarrassment) when higher levels are needed due to external factors. These setbacks, when properly handled, enable greater learning and better use of lower levels of care when the person is ready.
 - All of our various programs need to do a better job of coordinating care and "warm hand offs" with each other.
 - Mentoring plays an important role in people's success. A single mentor with lived experience reinforces the goal of self-sufficiency and supports movement to different levels helps.
 - As many levels of care in one place helps. Permanent supportive housing, with many levels of care on site, is a good model.
 - Make sure that there is a lower level of care to go to and utilize. For example, returning to a gang as the only means for social connectivity is not helpful.
 - Emphasizing spirituality as part of the healing process at all levels facilitates a deeper and unified approach to wellness, and assists in seeing a level of care as a milestone, and not an end in itself.
 - Incorporating meaningful activity at all levels focuses on strengths, and can be built upon as one navigates care.
 - Varying levels of employment, from volunteering, to subsidized employment, to competitive jobs in the community can support recovery.
 - Recommend utilizing today's tools of apps and social media to facilitate incorporation of self-care into daily health and mental health habits.
 - Teaching life and social skills at all levels also is key to the recovery process.
 - Inclusion and involvement of the family and other natural supports are important.
 - The current model of state and federal reimbursements need to be addressed in order to incentivize counties to facilitate appropriate movement of consumers to lower cost treatment based upon their recovery progress, and not on the need of the system to save money. Current Medi-Cal billing makes this difficult.
- **What community mental health needs and strategies would you like to discuss that have not been mentioned?**
 - Pre-employment services need to be expanded so that people have the whole range of activities that can prepare them for employment, to include volunteer experiences and internships. These services are particularly lacking for

transitional age youth. Suggest partnering with the Career Resource Centers throughout the county.

- Aging felons are coming out of prison after experiencing many years of trauma and do not have any place to go or any support system.
- Young people experiencing a first psychotic break can receive effective treatment that enables recovery. This county needs funding to establish a first break program.
- NAMI should receive financial support to support and educate families of persons with mental health issues.
- The hearing impaired need mental health services.
- Many immigrants and undocumented persons are now fearful and distrustful of the system. We need to provide safe spaces for them to get the care they need.
- We need a substance use detoxification program in each region of the county that includes mental health treatment.
- We cannot get any psychiatry time in our part of the county.
- Would like one stop centers that are inclusive and inviting, such as senior centers and the Family Justice Center.
- People need to have services and supports in their native language.
- Children with special needs, such as learning and developmental disabilities have a hard time getting mental health services.
- Money management, or benefits counseling is no longer offered and is sorely needed for consumers so that they can access and navigate financial benefits, manage their money, and not get taken advantage of.
- Faith based spiritual work should be included as part of the recovery process.
- Foster youth mental health services are lacking.
- Youth need safe places to go where they see other youth that look like them and mental health discussions are normalized to reduce stigma and discrimination.
- Expand the SPIRIT program to support internships outside of behavioral health settings. Consider internships before as well as after the classroom training.
- More adequate psychiatric emergency facilities are needed.
- Children out of county placements are a hardship for the family.
- Parents of adult children with serious mental illness could use respite care.

Summary. The community program planning process identifies current and ongoing mental health service needs, and provides direction for MHSA funded programs to address these needs. It also informs planning and evaluation efforts that can influence how and where MHSA resources can be directed in the future.

The full complement of MHSA funded programs and plan elements described in this document are the result of current as well as previous community program planning processes. Thus, this year's planning process builds upon previous ones. It is important to note that stakeholders did not restrict their input to only MHSA funded services, but addressed the entire health and behavioral health system. The MHSA Three Year Program and Expenditure Plan operates within the laws and regulations provided for the use of the Mental Health Services Act Fund. Thus, the Three Year Plan contained

herein does not address all of the prioritized needs identified in the community program planning process, but does provide a framework for improving existing services and implementing additional programs as funding permits.

The following chapters contain programs and plan elements that are funded by the County's MHSA Fund, and will be evaluated by how well they address the Three Year Plan's Vision and identified needs as prioritized by the Community Program Planning Process.

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The Plan

Community Services and Supports

Community Services and Supports is the component of the Three-Year Program and Expenditure Plan that refers to service delivery systems for mental health services and supports for children and youth, transition age youth (ages 16-25), adults, and older adults (over 60). Contra Costa County Behavioral Health Services utilizes MHSAs funding for the categories of Full Service Partnerships and General System Development.

First approved in 2006 with an initial State appropriation of \$7.1 million, Contra Costa's budget has grown incrementally to approximately \$37 million annually in commitments to programs and services under this component. The construction and direction of how and where to provide funding began with an extensive and comprehensive community program planning process whereby stakeholders were provided training in the intent and requirements of the Mental Health Services Act, actively participated in various venues to identify and prioritize community mental health needs, and developed strategies by which service delivery could grow with increasing MHSAs revenues. The programs and services described below are directly derived from this initial planning process, and expanded by subsequent yearly community program planning processes, to include the plan for Fiscal Years 2017-20.

Full Service Partnerships

Contra Costa Behavioral Health Services both operates and contracts with mental health service providers to enter into collaborative relationships with clients, called Full Service Partnerships. Personal service coordinators develop an individualized services and support plan with each client, and, when appropriate, the client's family to provide a full spectrum of services in the community necessary to achieve agreed upon goals. Children (0 to 18 years) diagnosed with a serious emotional disturbance, transition age youth (16 to 25 years) diagnosed with a serious emotional disturbance or serious mental illness, and adults and older adults diagnosed with a serious mental illness are eligible. These services and supports include, but are not limited to, crisis intervention/stabilization services, mental health treatment, including alternative and culturally specific treatments, peer support, family education services, access to wellness and recovery centers, and assistance in accessing needed medical, substance abuse, housing, educational, social, vocational rehabilitation and other community services, as appropriate. A qualified service provider is available to respond to the client/family 24 hours a day, seven days a week to provide after-hours intervention.

In order to provide the full spectrum of needed services, the County makes available a variety of services that may be provided outside the particular agency that enters into a full service partnership agreement with a client. These additional services are included here as part of providing the full spectrum of services in the Full Service Partnership category. As per statute requirements these services comprise the majority of the Community Services and Supports budget.

Performance Indicators. The rates of in-patient psychiatric hospitalization and psychiatric emergency service (PES) episodes for persons participating in Full Service Partnerships indicate whether Contra Costa's FSP programs promote less utilization of higher acute and more costly care. For FY 2016-17 data was obtained for 585 participants who were served by FSP programs. Use of PES and in-patient psychiatric hospitalization was compared before and after

FSP participation, with the following results:

- A 32.1% decrease in the number of PES episodes
- A 55.5% decrease in the number of in-patient psychiatric hospitalizations
- A 20.8% decrease in the number of in-patient psychiatric hospitalization days

The following full service partnership programs are now established:

Children. The Children's Full Service Partnership Program is comprised of four elements, 1) personal services coordinators, 2) multi-dimensional family therapy for co-occurring disorders, 3) multi-systemic therapy for juvenile offenders, and 4) county operated children's clinic staff.

- 1) Personal Service Coordinators. Personal service coordinators are part of a program entitled Short Term Assessment of Resources and Treatment (START). Seneca Family of Agencies contracts with the County to provide personal services coordinators, a mobile crisis response team, and three to six months of short term intensive services to stabilize the youth in their community and to connect them and their families with sustainable resources and supports. Referrals to this program are coordinated by County staff on a countywide assessment team, and services are for youth and their families who are experiencing severe stressors, such as out-of-home placement, involvement with the juvenile justice system, co-occurring disorders, or repeated presentations at the County's Psychiatric Emergency Services.
- 2) Mobile Crisis Response. Additional MHSA funding supports the expansion of hours that Seneca's mobile crisis response teams are available to respond to children and their families in crisis. This expansion will begin in FY 2017-18, and will include availability to all regions of the county. Seneca will have two teams available from 7:00 A.M. until 10:00 P.M. with on call hours 24/7 and the ability to respond to the field during all hours if indicated and necessary.
- 3) Multi-dimensional Family Therapy (MDFT) for Co-occurring Disorders. Lincoln Child Center contracts with the County to provide a comprehensive and multi-dimensional family-based outpatient program for adolescents with a mental health diagnosis who are experiencing a co-occurring substance abuse issue. These youth are at high risk for continued substance abuse and other problem behaviors, such as conduct disorder and delinquency. This is an evidence based practice of weekly or twice weekly sessions conducted over a period of 4-6 months that target the youth's interpersonal functioning, the parents' parenting

practices, parent-adolescent interactions, and family communications with key social systems.

- 4) Multi-systemic Therapy (MST) for Juvenile Offenders. Community Options for Families and Youth (COFY) contracts with the County to provide home-based multiple therapist-family sessions over a 3-5 month period. These sessions are based on nationally recognized evidence based practices designed to decrease rates of anti-social behavior, improve school performance and interpersonal skills, and reduce out-of-home placements. The ultimate goal is to empower families to build a healthier environment through the mobilization of existing child, family and community resources.
- 5) Children’s Clinic Staff. County clinical specialists and family partners serve all regions of the County, and contribute a team effort to full service partnerships. Clinical specialists provide a comprehensive assessment on all youth deemed to be most seriously emotionally disturbed. The team presents treatment recommendations to the family, ensures the family receives the appropriate level of care, and family partners help families facilitate movement through the system.

The Children’s Full Service Partnership Program is summarized below. Note that the total amount of these programs is funded by a combination of Medi-Cal reimbursed specialty mental health services and MHSA funds.

Amounts listed are the MHSA funded portion of the total cost:

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2018-19
Personal Service Coordinators	Seneca Family Agencies	Countywide	75	1,000,203
Multi-dimensional Family Therapy	Lincoln Center	Countywide	60	874,417
Multi-systemic Therapy	Community Options for Family and Youth	Countywide	66	650,000
Children’s Clinic Staff	County Operated	Countywide	Support for full service partners	765,807
Total			201	\$3,290,427

Transition Age Youth. Eligible youth (ages 16-25) are individuals who are diagnosed with a serious emotional disturbance or serious mental illness, and experience one or more of the risk factors of homelessness, co-occurring substance abuse, exposure to trauma, repeated school failure, multiple foster care placements, and experience with the juvenile justice system.

Fred Finch Youth Center is located in West County and contracts with the CCBHS to serve West and Central County. This program utilizes the assertive community

treatment model as modified for young adults that includes a personal service coordinator working in concert with a multi-disciplinary team of staff, including peer and family mentors, a psychiatric nurse practitioner, staff with various clinical specialties, to include co-occurring substance disorder and bilingual capacity. In addition to mobile mental health and psychiatric services the program offers a variety of services designed to promote wellness and recovery, including assistance finding housing, benefits advocacy, school and employment assistance, and support connecting with families.

Youth Homes is located in East County contracts with CCBHS to serve Central and East County. This program emphasizes the evidence based practice of integrated treatment for co-occurring disorders, where youth receive mental health and substance abuse treatment from a single treatment specialist, and multiple formats for services are available, to include individual, group, self-help and family.

Planning and start-up funds have been set aside for this three year period to address residential treatment facility needs for transition age youth ages 18-26. Envisioned are co-located residential and supportive services to provide voluntary community level treatment with safe and stable housing for the most vulnerable and at-risk youth who are experiencing serious mental health issues. Initial funding for 2018 is included for program and budget planning and start-up costs, with implementation start date to be determined.

The Transition Age Youth Full Service Partnership Program is summarized below:

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 18-19
Transition Age Youth Full Service Partnership	Fred Finch Youth Center	West and Central County	70	1,485,941
Transition Age Youth Full Service Partnership	Youth Homes	Central and East County	30	705,499
Residential Treatment for Youth	To be determined	Countywide	To be determined	250,000
County support costs				30,899
Total			100	\$2,472,339

Adult. Adult Full Service Partnerships provide a full range of services to adults over the age of 18 who are diagnosed with a serious mental illness, are at or below 200% of the federal poverty level, and are uninsured or receive Medi-Cal benefits. Three contractors to the County will provide full service partnerships, and utilize a modified assertive community treatment model. This is a model of treatment made up of a multi-disciplinary mental health team, including a peer specialist, who work together to

provide the majority of treatment, rehabilitation, and support services that clients use to achieve their goals.

CCBHS contracts with Portia Bell Hume Behavioral Health and Training Center (Hume Center) to provide FSP services in the West and East regions of the County. Anka Behavioral Health takes the lead in providing full service partnership services to Central County, while Familias Unidas contracts with the County to provide the lead on full service partnerships for West County’s Hispanic population.

Anka Behavioral Health additionally serves those adults who have been charged with non-violent felonies or misdemeanors, who experience a serious mental illness/serious emotional disturbance, and are on probation. Contra Costa Behavioral Health’s Forensic Team refers those individuals who have been screened for services and need the full spectrum of care of a full service partnership program.

The Adult Full Service Partnership Program is summarized below:

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 18-19
Full Service Partnership	Hume Center	West County	60	1,948,137
		East County	50	
Full Service Partnership <u>Includes Forensic clients</u>	Anka Behavioral Health	Central County	50	815,540
		Countywide		
Full Service Partnership	Familias Unidas	West County	30	219,708
Total			190	\$2,983,385

Additional Services Supporting Full Service Partners. The following services are utilized by full service partners, and enable the County to provide the required full spectrum of services and supports.

Adult Mental Health Clinic Support. CCBHS has dedicated clinicians at each of the three adult mental health clinics to provide support, coordination and rapid access for full service partners to health and mental health clinic services as needed and appropriate. Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full Service Partnership services. Clinic management act as the gatekeepers for the Full Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the

regional Full Service Partnership programs. Full Service Partnership Liaisons provide support to the Full Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care. Community Support Worker positions are stationed at all three adult clinics to support families of clients as they navigate and assist in the recovery of their loved ones.

The Adult Mental Health Clinic Support is summarized below:

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
FSP Support, Rapid Access	County Operated	West, Central, East County	Support for Full Service Partners	1,825,309
Total				\$1,825,273

Assisted Outpatient Treatment. In February 2015, the Contra Costa Board of Supervisors passed a resolution authorizing \$2.25 million of MHSA funds to be utilized on an annual basis for providing mental health treatment as part of an assisted outpatient treatment (AOT) program. The County implements the standards of an assertive community treatment team as prescribed by Assembly Bill 1421, and thus meet the acuity level of a full service partnership. This program provides an experienced, multi-disciplinary team who provides around the clock mobile, out-of-office interventions to adults, a low participant to staff ratio, and provides the full spectrum of services, to include health, substance abuse, vocational and housing services. Persons deemed eligible for assisted outpatient treatment are served, whether they volunteer for services, or are ordered by the court to participate. CCBHS contracts with Mental Health Systems, Inc. to provide the Assertive Community Treatment (ACT), while CCBHS has dedicated clinicians and administrative support within the Forensic Mental Health Clinic to 1) receive referrals in the community, 2) conduct outreach and engagement to assist a referred individual, 3) conduct the investigation and determination of whether a client meets eligibility criteria for AOT, 4) prepare Court Petitions with supporting documentation and ongoing affidavits, 5) testify in court, 6) coordinate with County Counsel, Public Defender and law enforcement jurisdictions, 7) act as liaison with ACT contractor, and 8) participate in the development of the treatment plan.

The Assisted Outpatient Treatment Program is summarized in the following:

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 18-19
Assisted Outpatient Treatment	Mental Health Systems, Inc.	Countywide	75	2,015,710
Assisted Outpatient Treatment Clinic Support	County Operated	Countywide	Support for Assisted Outpatient Treatment	448,298
Total				\$2,464,008

Wellness and Recovery Centers. RI International contracts with the County to provide wellness and recovery centers situated in West, Central and East County to ensure the full spectrum of mental health services is available. These centers offer peer-led recovery-oriented, rehabilitation and self-help groups that teach self-management and coping skills. The centers offer Wellness Recovery Action Planning (WRAP), physical health and nutrition education, advocacy services and training, arts and crafts, and support groups.

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 18-19
Recovery and Wellness Centers	RI International	West, Central, East County	200	928,288
Total			200	\$928,288

Hope House - Crisis Residential Program. The County contracts with Telecare to operate a recently constructed MHSA financed 16 bed residential facility. This is a voluntary, highly structured treatment program that is intended to support seriously mentally ill adults during a period of crisis and to avoid in-patient psychiatric hospitalization. It also serves consumers being discharged from the hospital and long term locked facilities that would benefit from a step-down from institutional care in order to successfully transition back into community living. Services are designed to be up to a month in duration, are recovery focused with a peer provider component, and will be able to treat co-occurring disorders, such as drug and alcohol abuse.

The Crisis Residential Program is summarized below:

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 18-19
Hope House - Crisis Residential Program	Telecare	Countywide	200	2,139,856
Total			200	\$2,139,856

MHSA Housing Services. MHSA funded housing services supplements services provided by CCBHS and the County's Health, Housing and Homeless Services Division, and is designed to provide affordable housing for low income adults with a serious mental illness or children with a severe emotional disorder and their families who are homeless or at imminent risk of being homeless. The annual budget from the FY 2014-17 to FY 2017-20 has been increased from an average of \$5 million to over \$6 million annually to reflect the increase in commitment to permanent supportive housing, as well as to keep pace with the increased cost of housing.

Housing supports is comprised of five elements; 1) supportive housing, 2) augmented board and care facilities, 3) temporary shelter beds, 4) permanent housing units, and 5) a centralized county operated coordination team.

- 1) Supportive Housing. Shelter, Inc. contracts with the County to provide a master leasing program, in which adults or children and their families are provided

tenancy in apartments and houses throughout the County. Through a combination of self-owned units and agreements with landlords Shelter, Inc. acts as the lessee to the owners and provides staff to support individuals and their families move in and maintain their homes independently.

In addition, a number of potential permanent supportive housing initiatives, both local and statewide, are emerging where construction and/or re-purposing of housing units are being proposed during the upcoming Three Year Plan period. In July 2016 Assembly Bill 1618, or “No Place Like Home”, was enacted to dedicate in future years \$2 billion in bond proceeds throughout the State to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness or at risk of chronic homelessness. Also, a number of local concepts for construction and/or re-purposing of residential sites have been put forth. The County will need to demonstrate how supportive mental health services will be brought to the individuals who will be residing in these units. It is anticipated that mental health care as part of these units will necessitate an augmentation of current MHSA funds for supportive housing.

The Health, Housing and Homeless Division will take the lead during this three year period to make recommendations to the County for the appropriate level of permanent supportive housing units to be constructed/re-purposed, the funding sources, and, upon Board of Supervisor direction, implement a fair and impartial competitive process for determining any potential developer entities. The Health, Housing and Homeless Division will then partner with CCBHS to determine what additional level of County MHSA funds for mental health services will need to be authorized. A \$220,000 placeholder in the annual supportive housing services budget has been added with stakeholder support, and will be adjusted as projects are planned and brought before the Board of Supervisors.

- 2) Augmented Board and Care. The County contracts with a number of licensed board and care providers and facilities to provide additional funds to augment the rental amount received by the facility from the SSI rental allowance. These additional funds pay for facility staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community. An individualized services agreement for each person with a serious mental illness delineates needed supplemental care, such as assistance with personal hygiene, life skills, prescribed medication, transportation to health/mental health appointments, and connection with healthy social activities. Of these 26 augmented board and care providers, seven are MHSA funded, and are facilities that augment their board and care with augmented care for the seriously mentally ill. An eighth provider, Crestwood Healing Center, has 64 augmented board and care beds in Pleasant Hill and 46 in Vallejo. In addition, Crestwood’s Pleasant Hill facility has a 16 bed Pathways program that provides clinical mental health

specialty services for up to a year (with a possible six month extension) for those residents considered to be most compromised by mental health issues.

- 3) Temporary Shelter Beds. The County's Health, Housing and Homeless Services Division operates a number of temporary bed facilities for adults and transitional age youth. CCBHS has a Memorandum of Understanding with the Health, Housing and Homeless Services Division that provides MHSA funding to enable individuals with a serious mental illness or a serious emotional disturbance to receive temporary emergency housing in these facilities. This agreement includes 400 bed nights per year for the Bissell Cottages and Appian House Transitional Living Programs, staff for the Calli House Youth Shelter, 23,360 bed nights for the Brookside and Concord temporary shelters, and 3,260 bed nights for the Respite Shelter in Concord.
- 4) Permanent Housing Units. Until 2016 the County participated in a specially legislated state run MHSA Housing Program through the California Housing Finance Agency (CalHFA). In collaboration with many community partners the County embarked on a number of one-time capitalization projects to create 56 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from CCBHS contract and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Tabora Gardens in Antioch, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Anka Behavioral Health.

The aforementioned state run program ended in 2016, and was replaced by the Special Needs Housing Program (SNHP). The Contra Costa Board of Supervisors authorized this program to be locally administered by the County's Health, Housing and Homeless Division. In September 2016 the County received \$1.72 million in heretofore state level MHSA funds as the unspent balance from the previous CalHFA program. These funds have been added as unspent funds from previous years in the County's MHSA Fund. Health, Housing and Homeless Division will take the lead during this three year period to establish via Request for Proposals a competitive process to consider and award those proposals that best implement the purpose of the SNHP. The purpose is to provide permanent supportive housing assistance to the seriously mentally ill. Housing assistance means capital funding to build or rehabilitate housing for persons who are seriously mentally ill and homeless or at risk of homelessness. Funds can also be utilized for capitalized operating subsidies, rental assistance, security deposits, utility deposits, or other move-in cost assistance. This \$1.72 million was budgeted for FY 2017-18, but will be expended over the course of the Three Year Plan period that ends June, 2020.

- 5) Coordination Team. Mental Health Housing Services Coordinator and staff work closely with the Health, Housing and Homeless Services Division staff to coordinate referrals and placements, facilitate linkages with other Contra Costa mental health programs and services, and provide contract monitoring and quality control.

The allocation for MHSAs funded housing services is summarized below:

Plan Element	County/ Contract	Region Served	Number of MHSAs beds, units budgeted	MHSAs Funds Allocated for FY 18-19
Supportive Housing	Shelter, Inc.	Countywide	119 units	2,349,929
Supportive Housing	Housing initiative to be determined	Countywide	To be determined	220,000 (estimated)
<u>Augmented Board and Care*</u>	Crestwood: Healing Center Our House	Pleasant Hill Vallejo	80 beds 46 beds	<u>691,161</u>
Augmented Board and Care*	Divines	West County	6 beds	5,340
Augmented Board and Care*	Modesto Residential	Modesto	6 beds	73,310
Augmented Board and Care*	Oak Hill	East County	6 beds	16,804
Augmented Board and Care*	Pleasant Hill Manor	Central County	18 beds	95,481
Augmented Board and Care*	United Family Care (Family Courtyard)	West County	61 beds	467,455
Augmented Board and Care*	Williams Board and Care Home	West County	6 beds	32,846
Augmented Board and Care*	Woodhaven	Central County	4 beds	12,731
Shelter Beds	County Operated	Countywide	75 beds (est.)	1,989,235
Permanent Housing (CalHFFA)	County Operated	Countywide	56 units	One time funding spent
Permanent Housing (SNHP)	County Operated	Countywide	To be determined	Budgeted in FY 17-18
Coordination Team	County Operated	Countywide	Support to Homeless Program	538,185

Total \$6,492,477**

*Augmented Board and Care facility contracts vary in negotiated daily rate, and several

contracts have both realignment as well as MHSA as funding sources. Thus the budgeted amount for FY 18-19 may not match the total contract limit for the facility. Beds available and the amount of MHSA funds budgeted are projections based upon the 1) history of actual utilization of beds paid by MHSA funding, 2) history of expenditures charged to MHSA, and 3) projected utilization for the upcoming year.

** It is estimated that over 700 individuals per year will receive temporary or permanent supportive housing by means of MHSA funded housing services.

General System Development

General System Development is the service category in which the County uses Mental Health Services Act funds to improve the County's mental health service delivery system for all clients who experience a serious mental illness or serious emotional disturbance, and to pay for mental health services for specific groups of clients, and, when appropriate, their families. Since the Community Services and Supports component was first approved in 2006, programs and plan elements included herein have been incrementally added each year by means of the community program planning process. These services are designed to support those individuals who need services the most.

Funds are now allocated in the General System Development category for the following programs and services designed to improve the overall system of care:

Supporting Older Adults. There are two MHSA funded programs serving the older adult population over the age of 60, 1) Intensive Care Management, and 2) IMPACT (Improving Mood: Providing Access to Collaborative Treatment).

- 1) Intensive Care Management. Three multi-disciplinary teams, one for each region of the County provide mental health services to older adults in their homes, in the community, and within a clinical setting. The primary goal is to support aging in place and to improve consumers' mental health, physical health and overall quality of life. Each multi-disciplinary team is comprised of a psychiatrist, a nurse, a clinical specialist, and a community support worker. The teams deliver a comprehensive array of care management services, linkage to primary care and community programs, advocacy, educational outreach, medication support and monitoring, and transportation assistance.
- 2) IMPACT. IMPACT is an evidence-based practice which provides depression treatment to older adults in a primary care setting who are experiencing co-occurring physical health impairments. The model involves short-term (8 to 12 visits) problem solving therapy and medication support, with up to one year follow-up as necessary. MHSA funded mental health clinicians are integrated into a primary treatment team.

The Older Adult Mental Health Program is summarized below:

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 18-19
Intensive Care Management	County Operated	Countywide	237	3,085,578
IMPACT	County Operated	Countywide	138	404,133
Total			375	\$3,489,711

Supporting Children and Young Adults. There are two programs supplemented by MHSA funding that serve children and young adults; 1) Wraparound Program, and 2) EPSDT Expansion.

1) Wraparound Program. The County's Wraparound Program, in which children and their families receive intensive, multi-leveled treatment from the County's three children's mental health clinics, was augmented in 2008 by family partners and mental health specialists. Family partners are individuals with lived experience as parents of children and adults with serious emotional disturbance or serious mental illness who assist families with advocacy, transportation, navigation of the service system, and offer support in the home, community, and county service sites. Family partners participate as team members with the mental health clinicians who are providing treatment to children and their families. Mental Health Specialists are non-licensed care providers who can address culture and language specific needs of families in their communities. These professionals arrange and facilitate team meetings between the family, treatment providers and allied system professionals.

2) EPSDT Expansion. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federally mandated specialty mental health program that provides comprehensive and preventative services to low income children and adolescents that are conjointly involved with Children and Family Services. State realignment funds have been utilized as the up-front match for the subsequent federal reimbursement that enables the County to provide the full scope of services. This includes assessment, plan development, therapy, rehabilitation, collateral services, case management, medication support, crisis services, intensive home based services (IHBS), and Intensive Care Coordination (ICC). Recently the Department of Health Care Services has clarified that the continuum of EPSDT services are to be provided to any specialty mental health service beneficiary who needs it. In addition, newly enacted Assembly Bill 403 mandates statewide reform for care provided to foster care children, to include the County's responsibility to provide Therapeutic Foster Care (TFC) services. This significant expansion of care responsibility, entitled Continuing Care Reform (CCR), will utilize MHSA funds as the up-front match for the subsequent federal reimbursement that enables the County to provide the full scope of services, and includes adding County mental health clinicians, family partners and

administrative support.

The MHPA funded portion of the Children and Young Adult Programs are summarized in the following:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHPA Annual Funds Allocated
Wraparound Support	County Operated	Countywide	Supports Wraparound Program	1,654,519
EPSDT Expansion	County Operated	Countywide	Supports EPSDT Expansion	2,500,000*
Total				\$4,154,519

* Estimated federal reimbursement is projected to offset the MHPA funded portion of the EPSDT expansion, and will be returned to the MHPA fund.

Miller Wellness Center. The County has completed construction on a separate building near the Contra Costa Regional Medical Center that houses an assessment and recovery center. This county operated mental health treatment program for both children and adults is co-located with a primary care site, and is utilized to divert adults and families from the psychiatric emergency services (PES) located at the Regional Medical Center. Through a close relationship with Psychiatric Emergency Services children and adults who are evaluated at PES can quickly step down to the services at the Miller Wellness Center if they do not need hospital level of care. The Miller Wellness Center will also allow for urgent same day appointments for individuals who either are not open to the Contra Costa Behavioral Health System of Care, or have disconnected from care after previously been seen. The Miller Wellness Center is certified as a federally qualified health center, and as such, receives federal financial participation for provision of specialty mental health services. MHPA funding is utilized to supplement this staffing pattern with two community support workers to act as peer and family partner providers, and a program manager.

The MHPA allocation for the Miller Wellness Center is summarized below:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHPA Funds Allocated for FY 18-19
Supporting the Miller Wellness Center	County Operated	Countywide	Supports clients served by MWC	329,414
Total				\$329,414

Concord Health Center. The County's primary care system staffs the Concord Health Center, which integrates primary and behavioral health care. Two mental health clinicians are funded by MHPA to enable a multi-disciplinary team to provide an integrated response to adults visiting the clinic for medical services who have a co-occurring mental illness.

The allocation for this plan element is summarized below:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 18-19
Supporting the Concord Health Center	County Operated	Central County	Supports clients served by Concord Health Center	273,023
Total				\$273,023

Liaison Staff. CCBHS partners with CCRMC to provide Community Support Worker positions to liaison with Psychiatric Emergency Services (PES) in order to assist individuals experiencing a psychiatric crisis connect with services that will support them in the community. These positions are on the CCBHS Transition Team, and schedule regular hours at PES.

The allocation for the Liaison Staff are as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 18-19
Liaison Staff	County Operated	Countywide	Supports PES	143,313
Total				\$143,313

Clinic Support. County positions are funded through MHSA to supplement clinical staff implementing treatment plans at the adult clinics. These positions were created in direct response to identified needs surfaced in Community Program Planning Processes.

- 1) Resource Planning and Management. Dedicated staff at the three adult clinics assist consumers with money management and the complexities of eligibility for Medi-Cal, Medi-Care, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits. Money management staff are allocated for each clinic, and work with and are trained by financial specialists.
- 2) Transportation Support. The Community Program Planning Process identified transportation to and from clinics as a critical priority for accessing services. Toward this end one-time MHSA funds were utilized in Fiscal Years 2013-14 and 14-15 to purchase additional county vehicles to be located at the clinics. Community Support Workers, one for each adult clinic, have been added to the three clinics to be dedicated to the transporting of consumers to and from appointments.
- 3) Evidence Based Practices. Clinical Specialists, one for each Children’s clinic, have been added to provide training and technical assistance in adherence to the fidelity of treatment practices that have an established body of evidence that support successful outcomes.

The allocation for Clinic Support Staff are as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 18-19
Resource Planning and Management	County Operated	Countywide	Clinic Support	754,039
Transportation Support	County Operated	Countywide	Clinic Support	135,030
Evidence Based Practices	County Operated	Countywide	Clinic Support	438,569
Total				\$1,327,638

Forensic Team. Clinical specialists are funded by MHSA to join a multi-disciplinary team that provides mental health services, alcohol and drug treatment, and housing services to individuals with serious mental illness who are on probation and at risk of re-offending and incarceration. These individuals were determined to be high users of psychiatric emergency services and other public resources, but very low users of the level and type of care needed. This team works very closely with the criminal justice system to assess referrals for serious mental illness, provide rapid access to a treatment plan, and work as a team to provide the appropriate mental health, substance abuse and housing services needed.

Mobile Crisis Intervention Team. Currently the Forensic Team partners with law enforcement to field a Mental Health Evaluation Team (MHET). Funded by a state grant licensed clinicians (one for each County region) ride along with a Sherriff's Department officer assigned to the team, and the MHET contacts individuals in the community who have been referred by various law enforcement jurisdictions. Referrals are persons who have been in contact with the police on numerous occasions due to psychiatric issues, and are at a high risk for hospitalization or incarceration. The team evaluates the contacted individual and coordinates appropriate care in order to avoid a more restrictive intervention. For this Three Year Plan MHSA funds are being used to augment and expand the capacity of the Forensic Team in order to field a countywide mobile crisis response intervention for adult consumers experiencing mental health crises. Mental health clinicians and community support workers will work closely with the County's Psychiatric Emergency Services and law enforcement, if necessary, to address the high volume of residents in crises who would be better served in their respective communities.

The allocation for mental health clinicians on the Forensic Team are as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Forensic Team	County Operated	Countywide	Support to the Forensic Team	995,213
Total				\$995,213

Quality Assurance and Administrative Support. In 2008, the County first added needed positions via MHSA funding to perform various administrative support and quality assurance functions for statutory, regulatory and contractual compliance, as well as management of quality of care protocol. County staff time and funding to support the community program planning process are also included here. Utilizing the state's allowance guide of 15% of total MHSA budget for this support element, the County's total percentage has varied from 10% to 12% each year. County positions have been incrementally justified, authorized and added each year as the total MHSA budget has increased.

Contra Costa County's Board of Supervisors directed that the Health Services Department develop an evaluation design for the Assisted Outpatient Treatment (AOT) program to determine the difference, if any, in program impact and cost savings to the County for individuals ordered to participate in services versus those individuals who voluntarily participate in the same level and type of service. The implementation of AOT is a three-year term project, with continuance contingent upon demonstration of the efficacy of court ordered outpatient treatment. Resource Development Associates was selected as the Principal Investigator through a competitive bid process to apply their proposed independent, objective social research design to Contra Costa's AOT Program. The evaluation is expected to be ongoing through the Three year Plan.

The following functions and positions are summarized below:

1) Quality Assurance.

Function	MHSA Funds Allocated for FY 18-19
Medication Monitoring	245,471
Clinical Quality Management	730,696
Clerical Support	347,842
Total	\$1,324,009

2) Administrative Support.

Function	MHSA Funds Allocated for FY 18-19
Program and Project Managers	713,398
Clinical Coordinator	122,491
Planner/Evaluators	332,153
Family Service Coordinator	84,431
Administrative and Financial Analysts	553,797
Clerical Support	220,251
Community Planning	12,731
Assisted Outpatient Treatment Evaluation	100,000
Total	\$2,139,252

Community Services and Supports (CSS) FY 18-19 Program Budget Summary

Full Service Partnerships		Number to be Served: 566	22,596,053
	Children	3,290,427	
	Transition Age Youth	2,472,339	
	Adults	2,983,385	
	Adult Clinic Support	1,825,273	
	Assisted Outpatient Treatment	2,464,008	
	Wellness and Recovery Centers	928,288	
	Crisis Residential Center	2,139,856	
	MHSA Housing Services	6,492,477	
General System Development			14,176,092
	Older Adults	3,489,711	
	Children's Wraparound, EPSDT Support	4,154,519	
	Miller Wellness Center	329,414	
	Concord Health Center	273,023	
	Liaison Staff	143,313	
	Clinic Support	1,327,638	
	Forensic Team	995,213	
	Quality Assurance	1,324,009	
	Administrative Support	2,139,252	
	Total		\$36,772,145

Prevention and Early Intervention

Prevention and Early Intervention (PEI) is the component of the Three-Year Plan that refers to services designed to prevent mental illnesses from becoming severe and disabling. This means providing outreach and engagement to increase recognition of early signs of mental illness, and intervening early in the onset of a mental illness.

First approved in 2009, with an initial State appropriation of \$5.5 million Contra Costa's Prevention and Early Intervention budget has grown incrementally to \$8.9 million for FY 2018-19 in commitments to programs and services. The construction and direction of how and where to provide funding for this component began with an extensive and comprehensive community program planning process that was similar to that conducted in 2005-06 for the Community Services and Support component. Underserved and at risk populations were researched, stakeholders actively participated in identifying and prioritizing mental health needs, and strategies were developed to meet these needs. The programs and services described below are directly derived from this initial planning process, and expanded by subsequent yearly community program planning processes, to include current year.

New regulations for the PEI component went into effect on October 6, 2015. Programs in this component now focus their programming on one of the following seven PEI categories: 1) outreach for increasing recognition of early signs of mental illness; 2) prevention; 3) early intervention; 4) access and linkage to treatment; 5) improving timely access to mental health services for underserved populations; 6) stigma and discrimination reduction; 7) suicide prevention. All of the programs contained in this component help create access and linkage to mental health treatment, with an emphasis on utilizing non-stigmatizing and non-discriminatory strategies, as well as outreach and engagement to those populations who have been identified as traditionally underserved.

Performance Indicators. PEI regulations also have new data reporting requirements that will enable CCBHS to report on the following performance indicators:

- Outreach to Underserved Populations. Demographic data, such as age group, race/ethnicity and primary language enable an assessment of the impact of outreach and engagement efforts over time.

Demographic data was reported on 26,735 individuals served in Contra Costa Behavioral Health Services' Prevention and Early Intervention Programs for FY 2016-17. Within the seven PEI categories several programs focused their service delivery on traditionally underserved groups, such as new immigrants to this country, inner city youth and older adults, Native Americans, and persons who identify as lesbian, gay, bisexual, transgender or who are questioning their sexual identity. In addition, PEI programs served a larger percentage of populations identified in the CCBHS 2016 quantitative Needs Assessment as underserved - Asian/Pacific Islanders, Latina/os,

children ages 0-5 years, and adults ages 60 and over, as follows:

Demographic sub-group	% PEI clients served
Asian/Pacific Islanders	7.2
Latina/os	35.4
Young Children	8.9
Older Adults	19.5

In addition, 21% of persons served in PEI programs received services in their primary language of Spanish.

- Linkage to Mental Health Care. Number of people connected to care, and average duration of reported untreated mental illness enable an assessment over time of impact of programs on connecting people to mental health care.

For FY 2016-17 PEI programs reported that, as a result of their referrals, over 2,000 persons engaged in mental health treatment, and reported five weeks as the average length of time between referral and mental health service implementation. PEI programs estimated an average duration of untreated mental illness of 20 weeks for persons who were referred for treatment.

For the Three Year Plan for FY 2017-20 PEI programs are listed within the seven categories delineated in the PEI regulations.

Outreach for Increasing Recognition of Early Signs of Mental Illness

Programs in this category provide outreach to individuals with signs and symptoms of mental illness so they can recognize and respond to their own symptoms. Outreach is engaging, educating and learning from potential primary responders. Primary responders include, but are not limited to, families, employers, law enforcement, school, community service providers, primary health care, social services and faith based organizations.

a. Seven programs are included in this category:

- 1) Asian Family Resource Center provides culturally-sensitive education and access to mental health services for immigrant Asian communities, especially the Southeast Asian and Chinese population of Contra Costa County. Staff provide outreach, medication compliance education, community integration skills, and mental health system navigation. Early intervention services are provided to those exhibiting symptoms of mental illness, and participants are assisted in actively managing their own recovery process.
- 2) The Counseling Options Parenting Education (COPE) Family Support Center utilizes the evidence based practices of the Positive Parenting Program to help parents develop effective skills to address common child and youth behavioral issues that can lead to serious emotional disturbances. Targeting families

- residing in underserved communities this program delivers in English and Spanish a number of seminars, training classes and groups throughout the year.
- 3) First Five of Contra Costa, in partnership with the COPE Family Support Center, takes the lead in training families who have children up to the age of five. First Five also partners with the COPE Family Support Center to provide training in the Positive Parenting Program method to mental health practitioners who serve this at-risk population.
 - 4) Contra Costa Interfaith Housing provides on-site services to formerly homeless families, all with special needs, at the Garden Park Apartments in Pleasant Hill, the Bella Monte Apartments in Bay Point, and Los Medanos Village in Pittsburg. Services include pre-school and afterschool programs, such as teen and family support groups, assistance with school preparation, and homework clubs. These services are designed to prevent serious mental illness by addressing domestic violence, substance addiction and inadequate life and parenting skills.
 - 5) Jewish Family and Children's Services of the East Bay provides culturally grounded, community-directed mental health education and navigation services to refugees and immigrants of all ages in the Latino, Afghan, Bosnian, Iranian and Russian communities of Central and East County. Outreach and engagement services are provided in the context of group settings and community cultural events that utilize a variety of non-office settings convenient to individuals and families.
 - 6) The Native American Health Center provides a variety of culturally specific methods of outreach and engagement to educate Native Americans throughout the County regarding mental illness, identify those at risk for developing a serious mental illness, and help them access and navigate the human service systems in the County. Methods include an elder support group, a youth wellness group, a traditional arts group, talking circles, Positive Indian Parenting sessions, and Gatherings of Native Americans.
 - 7) The Latina Center serves Latino parents and caregivers in West Contra Costa County by providing culturally and linguistically specific twelve-week parent education classes to high risk families utilizing the evidence based curriculum of Systematic Training for Effective Parenting (STEP). In addition, the Latina Center trains parents with lived experience to both conduct parenting education classes and to become Parent Partners who can offer mentoring, emotional support and assistance in navigating social service and mental health systems.

The allocation for this category is summarized in the following:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 18-19
Asian Family Resource Center	Countywide	50	142,055
COPE	Countywide	210	245,864
First Five	Countywide	(numbers included in COPE)	81,955
Interfaith Housing	Central and East County	170	80,340
Jewish Community Services	Central and East County	350	174,485
Native American Health Center	Countywide	150	238,555
The Latina Center	West County	300	111,822
Total		1,230	\$1,075,076

Prevention

Programs in this category provide activities intended to reduce risk factors for developing a potentially serious mental illness, and to increase protective factors. Risk factors may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequality, substance abuse, domestic violence, previous mental illness, prolonged isolation, and may include relapse prevention for those in recovery from a serious mental illness.

a. Five programs are included in this category:

- 1) The Building Blocks for Kids Collaborative, located in the Iron Triangle of Richmond, train family partners from the community with lived mental health experience to reach out and engage at-risk families in activities that address family mental health challenges. Individual and group wellness activities assist participants make and implement plans of action, access community services, and integrate them into higher levels of mental health treatment as needed.
- 2) The New Leaf Program at Vicente Continuation High School in the Martinez Unified School District provides career academies for at-risk youth that include individualized learning plans, learning projects, internships, and mental health education and counseling support. Students, school staff, parents and community partners work together on projects designed to develop leadership skills, a healthy lifestyle and pursuit of career goals.
- 3) People Who Care is an after school program serving the communities of Pittsburg and Bay Point that is designed to accept referrals of at-risk youth from schools, juvenile justice systems and behavioral health treatment programs. Various vocational projects are conducted both on and off the program's premises, with selected participants receiving stipends to encourage leadership development. A licensed clinical specialist provides emotional, social and behavioral treatment through individual and group therapy.

- 4) Putnam Clubhouse provides peer-based programming for adults throughout Contra Costa County who are in recovery from a serious mental illness. Following the internationally recognized clubhouse model this structured, work focused programming helps individuals develop support networks, career development skills, and the self-confidence needed to sustain stable, productive and more independent lives. Features of the program provide respite support to family members, peer-to-peer outreach, and special programming for transition age youth and young adults.
- 5) The RYSE Center provides a constellation of age-appropriate activities that enable at-risk youth in Richmond to effectively cope with the continuous presence of violence and trauma in the community and at home. These trauma informed programs and services include drop-in, recreational and structured activities across areas of health and wellness, media, arts and culture, education and career, technology, and developing youth leadership and organizing capacity. The RYSE Center facilitates a number of city and system-wide training and technical assistance events to educate the community on mental health interventions that can prevent serious mental illness as a result of trauma and violence.

The allocation for this category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 18-19
Building Blocks for Kids	West County	400	216,897
New Leaf	Central County	80	185,764
People Who Care	East County	200	223,102
Putnam Clubhouse	Countywide	300	582,859
RYSE	West County	2,000	503,019
Total		2,980	\$1,705,143

Early Intervention

Early intervention provides mental health treatment for persons with a serious emotional disturbance or mental illness early in its emergence.

- a. The County operated First Hope Program serves youth who show early signs of psychosis, or have recently experienced a first psychotic episode. Referrals are accepted from all parts of the County, and through a comprehensive assessment process young people, ages 12-25, and their families are helped to determine whether First Hope is the best treatment to address the psychotic illness and associated disability. A multi-disciplinary team provides intensive care to the individual and their family, and consists of psychiatrists, mental health clinicians, occupational therapists and employment/education specialists. These services are based on the Portland Identification and Early Referral (PIER) Model, and consists of multi-family group therapy, psychiatric care, family psycho-education, education and employment support, and occupational therapy. The expansion of First Hope, to include serving youth experiencing a first onset of psychosis, will begin during FY

2017-18, and includes securing a new site to accommodate the added staff, as well as creating, hiring and training new county staff.

The allocation for this program is summarized below:

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 18-19
First Hope	Countywide	200	2,651,791
Total		200	\$2,651,791

Access and Linkage to Treatment

Programs in this category have a primary focus on screening, assessment, and connecting children and adults as early as practicable to necessary mental health care and treatment.

a. Three programs are included in this category:

- 1) The James Morehouse Project at El Cerrito High School, a student health center that partners with community based organizations, government agencies and local universities, provides a range of youth development groups designed to increase access to mental health services for at-risk high school students. These on-campus groups address coping with anger, violence and bereavement, factors leading to substance abuse, teen parenting and caretaking, peer conflict and immigration acculturation.
- 2) STAND! Against Domestic Violence utilizes established curricula to assist youth successfully address the debilitating effects of violence occurring both at home and in teen relationships. Fifteen week support groups are held for teens throughout the County, and teachers and other school personnel are assisted with education and awareness with which to identify and address unhealthy relationships amongst teens that lead to serious mental health issues.
- 3) Experiencing the Juvenile Justice System. Within the County operated Children’s Services five mental health clinicians support families who are experiencing the juvenile justice system due to their adolescent children’s involvement with the law. Three clinicians are out-stationed at juvenile probation offices, and two clinicians work with the Oren Allen Youth Ranch. The clinicians provide direct short-term therapy and coordinate appropriate linkages to services and supports as youth transition back into their communities.

The allocation for this category is summarized in the following:

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 18-19
James Morehouse Project	West County	300	102,897
STAND! Against Domestic Violence	Countywide	750	134,113
Experiencing Juvenile Justice	Countywide	300	695,855
Total		1,350	\$932,865

Improving Timely Access to Mental Health Services for Underserved Populations.

Programs in this category provide mental health services as early as possible for individuals and their families from an underserved population. Underserved means not having access due to challenges in the identification of mental health needs, limited language access, or lack of culturally appropriate mental health services. Programs in this category feature cultural and language appropriate services in convenient, accessible settings.

a. Six programs are included in this category:

- 1) The Center for Human Development serves the primarily African American population of Bay Point in Eastern Contra Costa County. Services consist of culturally appropriate education on mental health issues through support groups and workshops. Participants at risk for developing a serious mental illness receive assistance with referral and access to County mental health services. In addition, the Center for Human Development provides mental health education and supports for gay, lesbian, bi-sexual, and questioning youth and their supports in East County to work toward more inclusion and acceptance within schools and in the community.
- 2) The Child Abuse Prevention Council of Contra Costa provides a 23 week curriculum designed to build new parenting skills and alter old behavioral patterns, and is intended to strengthen families and support the healthy development of their children. The program is designed to meet the needs of Spanish speaking families in East and Central Counties.
- 3) La Clinica de la Raza reaches out to at-risk Latina/os in Central and East County to provide behavioral health assessments and culturally appropriate early intervention services to address symptoms of mental illness brought about by trauma, domestic violence and substance abuse. Clinical staff also provide psycho-educational groups that address the stress factors that lead to serious mental illness.
- 4) Lao Family Community Development provides a comprehensive and culturally sensitive integrated system of care for Asian and Southeast Asian adults and families in West Contra Costa County. Staff provide comprehensive case management services, to include home visits, counseling, parenting classes, and assistance accessing employment, financial management, housing, and other service both within and outside the agency.
- 5) Lifelong Medical Care provides isolated older adults in West County opportunities for social engagement and access to mental health and social services. A variety of group and one-on-one approaches are employed in three housing developments to engage frail, older adults in social activities, provide screening for depression and other mental and medical health issues, and linking them to appropriate services.
- 6) Rainbow Community Center provides a community based social support program designed to decrease isolation, depression and suicidal ideation among members who identify as lesbian, gay, bisexual, transgender, or who question

their sexual identity. Key activities include reaching out to the community in order to engage those individuals who are at risk, providing mental health support groups that address isolation and stigma and promote wellness and resiliency, and providing clinical mental health treatment and intervention for those individuals who are identified as seriously mentally ill.

The allocation for this category is summarized below:

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 2018-19
Child Abuse Prevention Council	Central and East County	120	125,109
Center for Human Development	East County	230	146,393
La Clinica de la Raza	Central and East County	3,750	280,558
Lao Family Community Development	West County	120	190,416
Lifelong Medical Care	West County	115	130,786
Rainbow Community Center	Countywide	1,125	759,362
Total		5,460	\$1,632,624

Stigma and Discrimination Reduction

Activities in this category are designed to 1) reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to having a mental illness, 2) increase acceptance, dignity, inclusion and equity for individuals with mental illness and their families, and 3) are culturally congruent with the values of the population for whom changes, attitudes, knowledge and behavior are intended.

- a. The County operated Office for Consumer Empowerment (OCE) provides leadership and staff support to a number of initiatives designed to reduce stigma and discrimination, develop leadership and advocacy skills among consumers of behavioral health services, support the role of peers as providers, and encourage consumers to actively participate in the planning and evaluation of MHSA funded services. Staff from the OCE support the following activities designed to educate the community in order to raise awareness of the stigma that can accompany mental illness.
 - 1) The PhotoVoice Empowerment Project enables consumers to produce artwork that speaks to the prejudice and discrimination that people with behavioral health challenges face. PhotoVoice's vision is to enable people to record and reflect their community's strengths and concerns, promote critical dialogue about personal and community issues, and to reach policymakers to effect change.
 - 2) The Wellness Recovery Education for Acceptance, Choice and Hope (WREACH) Speakers' Bureau forms connections between people in the community and people with lived mental health and co-occurring experiences, using face to face

contact by providing stories of recovery and resiliency and current information on health treatment and supports. Other related activities include producing videos, public service announcements and educational materials.

- 3) The OCE facilitates Wellness Recovery Action Plan (WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based WRAP system in enhancing the efforts of consumers to promote and advocate for their own wellness. OCE also supports a writers' group in partnership with the Contra Costa affiliate of the National Alliance on Mental Illness (NAMI).
- 4) The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OCE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.
- 5) Through the Each Mind Matters initiative California Mental Health Services Authority (CalMHSA) will provide technical assistance to encourage the County's integration of available statewide resources on stigma and discrimination reduction and suicide prevention. For FY 2017-20 CCBHS will partner via Memorandum of Understanding (MOU) with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This linkage will expand the County's capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities, such as Hispanic, African American, Asian Pacific Islander, LGBTQ, Native American and immigrant communities. Primary focus will be to reach Spanish speaking Latina/o communities via social media and materials adapted specifically for this population.

The allocation for stigma and discrimination efforts are summarized in the following:

Program	County/Contract	Region Served	Funds Allocated for FY 18-19
OCE	County Operated	Countywide	270,628
CalMHSA	MOU	Countywide	78,000
Total			\$348,628

Suicide Prevention

- a. There are three plan elements that augment the County's efforts to reduce the number of suicides in Contra Costa County; 1) augmenting the Contra Costa Crisis Center, 2) dedicating a clinical specialist to support the County's suicide prevention efforts, and 3) supporting a suicide prevention committee.

- 1) The Contra Costa Crisis Center provides services to prevent suicides by operating a certified twenty four hour suicide prevention hotline. The hotline connects with people when they are most vulnerable and at risk for suicide, enhances safety, and builds a bridge to community resources. Staff conduct a lethality assessment on each call, provide support and intervention for the person in crisis, and make follow-up calls (with the caller's consent) to persons who are at medium to high risk of suicide. MHSA funds enable additional paid and volunteer staff capacity, most particularly in the hotline's trained multi-lingual, multi-cultural response.
- 2) The County fields a mental health clinical specialist to augment mental health clinics for responding to those individuals identified as at risk for suicide. This clinician receives referrals from behavioral health professionals of persons deemed to be at risk, and provides a short term intervention and support response, while assisting in connecting the person to more long term care.
- 3) A multi-disciplinary, multi-agency Suicide Prevention Committee has been established, and has published a countywide Suicide Prevention Strategic Plan. This ongoing committee oversees the implementation of the Plan by addressing the strategies outlined in the Plan. These strategies include i) creating a countywide system of suicide prevention, ii) increasing interagency coordination and collaboration, iii) implementing education and training opportunities to prevent suicide, iv) implementing evidence based practices to prevent suicide, and v) evaluating the effectiveness of the County's suicide prevention efforts.

The allocation for this category is summarized in the following:

Plan Element	Region Served	Number to be Served Yearly	Funds Allocated for FY 18-19
Contra Costa Crisis Center	Countywide	25,000	310,685
County Clinician	Countywide	50	133,742
County Supported	Countywide	N/A	Included in PEI administrative cost
Total		25,050	\$444,427

PEI Administrative Support

Staff have been allocated by the County to provide administrative support and evaluation of programs and plan elements that are funded by MHSA. The allocation for this activity is summarized below:

Plan Element	Region Served	Yearly Funds Allocated
Administrative and Evaluation Support	Countywide	135,607
Total		\$135,607

Prevention and Early Intervention (PEI) Summary for FY 2018-19

Outreach for Increasing Recognition of Early Signs of Mental Illness	1,075,076
Prevention	1,705,143
Early Intervention	2,651,791
Access and Linkage to Treatment	932,865
Improving Timely Access to Mental Health Services for Underserved Populations	1,632,624
Stigma and Discrimination Reduction	348,628
Suicide Prevention	444,427
Administrative, Evaluation Support	135,607
Total	\$8,926,161

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Innovation

Innovation is the component of the Three Year Program and Expenditure Plan that funds new or different patterns of service that contribute to informing the mental health system of care as to best or promising practices that can be subsequently added or incorporated into the system. Innovative projects for CCBHS are developed by an ongoing community program planning process that is sponsored by the Consolidated Planning Advisory Workgroup through its Innovation Committee.

New Innovation Regulations went into effect in October 2015. As before, innovative projects accomplish one or more of the following objectives; i) increase access to underserved groups, ii) increase the quality of services, to include better outcomes, iii) promote interagency collaboration, and iv) increase access to services. While Innovation projects have always been time-limited, the Innovation Regulations have placed a five-year time limit on Innovation projects. During FYs 2015-16 and 16-17, CCBHS staff and stakeholders reviewed and ensured that all existing and emerging Innovation projects complied with the Innovation Regulations.

Approved Programs

The following programs have been approved, implemented, and funds have been allocated for Fiscal Year 2018-19:

- 1) Coaching to Wellness. Individuals who have experience as a consumer and/or family member of the mental health system have been trained to provide mental health and health wellness coaching to recipients of integrated health and mental health services within CCBHS. These peer providers are part of the County's Behavioral Health Services integration plans that are currently being implemented. Three Wellness Coaches are paired with two Wellness Nurses, and are assigned to the adult mental health clinics. The Coaches have received training specific to the skill sets needed to improve health and wellness outcomes for consumers. The Coaching to Wellness Project began implementation in FY 2015-16.
- 2) Partners in Aging. Older adults who are frail, homebound and suffer from mental health issues experience higher rates of isolation, psychiatric emergency interventions, and institutionalization that could be prevented. When fully implemented this project will field three field-based peer support workers to engage older adults who have been identified by their IMPACT clinicians, primary care providers, or Psychiatric Emergency Services as individuals who need additional staff care in order to avoid repeated crises, engage in ongoing mental health treatment, increase their skills in the activities of daily living, and engage appropriate resources and social networks. The Partners in Aging Project began implementation in FY 2016-17.
- 3) Overcoming Transportation Barriers. Transportation challenges provide a constant barrier to accessing mental health services. A comprehensive study was completed via the County's community program planning process, and a

number of needs and strategies were documented. Findings indicated a need for multiple strategies to be combined in a systemic and comprehensive manner. These strategies include training consumers to independently navigate public transportation, providing flexible resources to assist with transportation costs, educating consumers regarding schedules, costs and means of various modes of public transportation, and creating a centralized staff response to coordinate efforts and respond to emerging transportation needs. Three Peer Specialists address these needs and provide a means to inform the mental health system of care regarding solutions for improving transportation access to care. The Overcoming Transportation Barriers Project began implementation in FY 2016-17.

The allocation for these projects are summarized below:

Project	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 18-19
Coaching to Wellness	County Operated	Countywide	90	474,089
Partners in Aging	County Operated	Countywide	45	181,067
Overcoming Transportation Barriers	County Operated	Countywide	200	241,450
Administrative Support	County	Countywide	Innovation Support	463,227
Total			335	\$1,359,833

Emerging Programs

The following concepts have been designated to be Innovation Projects, and are on track to be fully developed, approved and implemented during the period of this Three Year Plan:

- 1) Center for Recovery and Empowerment (CORE). CCBHS recognizes substance abuse/dependence in adolescence as it negatively affects physical, social, emotional and cognitive development. Early onset of alcohol or other drug use is one of the strongest predictors of later alcohol dependence. This is a priority because CCBHS does not have a coordinated system of care to provide treatment services to youths with addictions and co-occurring emotional disturbances. The CORE Project will be an intensive outpatient treatment program offering three levels of care; intensive, transitional and continuing care to adolescents dually diagnosed with substance use and mental health disorders. Services will be provided by a multi-disciplinary team, and will include individual, group and family therapy, and linkage to community services.
- 2) Cognitive Behavioral Social Skills Training (CBSST). Many consumers spend years residing at County augmented board and care facilities with little or no mental health treatment provided, and little or no functional improvement taking place. Often this lack of progress results in multiple admissions to the County's Psychiatric Emergency

Services and other, more costly, interventions. Cognitive Behavioral Social Skills Training (CBSST) is an emerging practice with demonstrated positive results for persons with severe and persistent mental illness. The CBSST Project proposes to apply this therapeutic practice to the population of individuals that have been placed in augmented board and care facilities. The CBSST Project will create a clinical team, consisting of a licensed clinician and peer support worker, to lead cognitive behavioral social skills training groups at board and care facilities. Adults with serious mental illness will learn and practice skills that will enable them to achieve and consolidate recovery based skills. The above concepts were recommended by the Innovation Committee for development and were approved by the Mental Health Services Oversight and Accountability (MHSOAC) in August of 2017. These two projects are in the process of implementation.

The Mental Health Services Act states that five percent of MHSOAC funds will be for Innovation Projects. In order to meet this five percent requirement funds are set aside for the two emerging projects listed above.

Innovation (INN) Component Yearly Program Budget Summary for FY 18-19

Projects Implemented	1,359,833
Funds allocated for emerging projects	800,000
Total	\$2,159,833

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Workforce Education and Training

Workforce Education and Training is the component of the Three Year Plan that provides education and training, workforce activities, to include career pathway development, and financial incentive programs for current and prospective CCBHS employees, contractor agency staff, and consumer and family members who volunteer their time to support the public mental health effort. The purpose of this component is to develop and maintain a diverse mental health workforce capable of providing consumer and family-driven services that are compassionate, culturally and linguistically responsive, and promote wellness, recovery and resilience across healthcare systems and community-based settings.

The County's Workforce, Education and Training Component Plan was developed and approved in May 2009, with subsequent yearly updates. The following represents funds and activities allocated in the categories of 1) Workforce Staffing Support, 2) Training and Technical Assistance, 3) Mental Health Career Pathway Programs, 4) Internship Programs, and 5) Financial Incentive Programs.

Workforce Staffing Support

- 1) Workforce Education and Training Coordination. County staff are designated to develop and coordinate all aspects of this component. This includes conducting a workforce needs assessment, coordinating education and training activities, acting as an educational and training resource by participating in the Greater Bay Area Regional Partnership and state level workforce activities, providing staff support to County sponsored ongoing and ad-hoc workforce workgroups, developing and managing the budget for this component, applying for and maintaining the County's mental health professional shortage designations, applying for workforce grants and requests for proposals, coordinating intern placements throughout the County, and managing the contracts with various training providers and community based organizations who implement the various workforce education and training activities.
- 2) Supporting Family Members. For the Three Year Plan a cadre of volunteers will be recruited, trained and supervised for the purpose of supporting family members and significant others of persons experiencing mental illness. Critical to successful treatment is the need for service providers to partner with family members and significant others of loved ones experiencing mental illness. Family members of consumers should be provided with assistance to enable them to become powerful natural supports in the recovery of their loved ones. Stakeholders continue to underscore the need to provide families and significant others with education and training, emotional support, and assistance with navigating the behavioral health system. Via a competitive Request for Qualifications process CCBHS is contracting with NAMI – Contra Costa to recruit, train and develop family members with lived experience to act as subject matter experts in a volunteer capacity to educate and support other family

members in understanding and best navigating and participating in the different systems of care.

- 3) Senior Peer Counseling Program. The Senior Peer Counseling Program within the Contra Costa Mental Health Older Adult Program recruits, trains and supports volunteer peer counselors to reach out to older adults at risk of developing mental illness by providing home visits and group support. Two clinical specialists support the efforts aimed at reaching Latina/o and Asian American seniors. The volunteers receive extensive training and consultation support.

The MHSa funding allocation for this category is summarized below:

Program/Plan Element	County/ Contract	Region Served	MHSA Funds Allocated for FY 18-19
WET Coordination	County Operated	Countywide	341,026
Supporting Families	NAMI - CC	Countywide	600,000
Senior Peer Counseling	County Operated	Countywide	287,914
Total			\$1,228,940

Training and Technical Support

- 1) Staff Training. Various individual and group staff trainings will be funded that support the values of the Mental Health Services Act. As a part of the MHSa community program planning process, staff development surveys, CCBHS's Training Advisory Workgroup and Reducing Health Disparities Workgroup, stakeholders identified six staff training and training-related themes; 1) Client Culture, 2) Knowledge and Skills, 3) Management, 4) Orientation, 5) Career Development, and 6) Interventions/Evidence Based Practices. Within these themes a number of training topics were listed and prioritized for MHSa funding in the Three Year Plan.
- 2) NAMI Basics/Faith Net/Family to Family (De Familia a Familia). NAMI-Contra Costa will offer these evidence based NAMI educational training programs on a countywide basis to culturally diverse family members and care givers of individuals experiencing mental health challenges. These training programs are designed to support and increase family members' knowledge of mental health issues, navigation of systems, coping skills, and connectivity with community resources that are responsive and understanding of the challenges and impact of mental illness on the entire family.
- 3) Crisis Intervention Training. CCBHS partners with the County's Sherriff's Department to provide three day Crisis Intervention Trainings twice a year for law enforcement officers so that they are better able to respond safely and compassionately to crisis situations involving persons with mental health issues. Officers learn from mental health professionals, experienced officers, consumers and family members who advise, problem-solve and support with verbal de-escalation skills, personal stories, and provide scenario-based training on responding to crises.

- 4) Mental Health First Aid Instructor Training. CCBHS works with the National Council to train staff to become certified instructors for Mental Health First Aid. These instructors will then provide Mental Health First Aid Training to community and faith based organizations and agencies who are often first responders to community trauma, violence or natural disaster. Mental Health First Aid is a proprietary evidence based in-person training for anyone who wants to learn about mental illness and addictions, including risk factors and warning signs. This eight hour training provides participants with a five step action plan to help a person in crisis connect with professional, peer, social, and self-help care. Participants are given the opportunity to practice their new skills and gain confidence in helping others who may be developing a mental health or substance use challenge, or those in distress.

The MHSA funding allocation for this category is summarized below:

Plan Element	County/Contract	Region Served	MHSA Funds Allocated for FY 18-19
Staff Training	Various vendors	Countywide	133,150
NAMI Basics/ Faith Net/ De Familia a Familia	NAMI-Contra Costa	Countywide	61,850
Crisis Intervention Training	County Sherriff's Department	Countywide	15,000
Mental Health First Aid	The National Council	Countywide	20,000
Total			\$230,000

Mental Health Career Pathway Program

- 1) Service Provider Individualized Recovery Intensive Training (SPIRIT) is a college accredited recovery oriented, peer led classroom and experiential-based program for individuals with lived mental health experience as a consumer or a family member of a consumer. This classroom and internship experience leads to a certification for individuals who successfully complete the program, and is accepted as the minimum qualifications necessary for employment within CCBHS in the classification of Community Support Worker. Participants learn peer provider skills, group facilitation, Wellness Recovery Action Plan (WRAP) development, wellness self-management strategies and other skills needed to gain employment in peer provider and family partner positions in both county operated and community based organizations. The Office for Consumer Empowerment (OCE) offers this training annually, and supplements the class with a monthly peer support group for those individuals who are employed by the County in various peer and family partner roles.

For the Three Year Plan the SPIRIT Program has been expanded to provide support and assistance with placement and advancement for SPIRIT graduates consistent with their career aspirations.

The MHSA funding allocation for this category is summarized below:

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
SPIRIT	OCE County Staff Contra Costa College	Countywide	50	469,016 30,000
Total				\$499,016

Internship Programs

CCBHS supports internship programs which place graduate level students in various County operated and community based organizations. Particular emphasis is put on the recruitment of individuals who are bilingual and/or bi-cultural, individuals with consumer and/or family member experience, and individuals who can reduce the disparity of race/ethnicity identification of staff with that of the population served. CCBHS provides funding to enable up to 75 graduate level students to participate in paid internships in both county operated and contract agencies that lead to licensure as a Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), Clinical Psychologist and Mental Health Nurse Practitioner. These County financed internships are in addition to the state level workforce education and training stipend programs that are funded by the California Office of Statewide Health Planning and Development. This state funded stipend program requires that participants commit to working in community public mental health upon graduation. The County's assessment of workforce needs has determined that a combination of state and locally financed internships has enabled the County and its contractors to keep pace with the annual rate of turnover of licensed staff.

The MHSA funding allocation for this category is summarized below:

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Graduate Level Internships	County Operated	Countywide		245,000
Graduate Level Internships	Contract Agencies	Countywide		100,000
Total			75	\$345,000

Financial Incentive Programs

- 1) MHLAP. CCBHS will participate in the state level workforce, education and training funded Mental Health Loan Assumption Program (MHLAP) until it sunsets in 2018. Administered by the Office of Statewide Health Planning and Development, this program makes annual payments of up to \$10,000 to an educational lending institution on behalf of an employee who has incurred debt while obtaining education. The recipient is required to work in the public mental health system for a year (up to five years) before a payment is made.

- 2) Loan Repayment Program. For the Three year Plan CCBHS is implementing a County funded Loan Repayment Program that specifically addresses critical psychiatry shortages, and provides potential career advancement opportunities for CCBHS Community Support Workers performing in the roles of peer provider and family partner. The recently completed Needs Assessment of workforce staffing shortages revealed that only 43% of authorized County psychiatrist positions were filled in FY 2015-16. Contracts for non-county psychiatrist time have been utilized to make up the shortage, but actual utilization falls significantly short of what is authorized. While all county mental health programs struggle to be competitive with the private sector for psychiatry time, Contra Costa's pay for psychiatrists, both county and contract psychiatrists, significantly lags behind the pay provided by neighboring Bay Area county mental health programs. CCBHS will partner with the California Mental Health Services Authority (CalMHSA) to administer a loan repayment program patterned after the state level MHLAP, but differing in providing flexibility in the amount awarded each individual, and the County selecting the awardees based upon workforce need, such as psychiatrists.

The MHSAs funding allocation for this category is summarized below:

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2018-19
Loan Repayment	CalMHSA	Countywide	To be determined	300,000
Total				\$300,000

**Workforce Education and Training (WET) Component Budget Authorization
for FY 2018-19:**

Workforce Staffing Support	1,228,940
Training and Technical Assistance	230,000
Mental Health Career Pathways	499,016
Internship Program	345,000
Loan Forgiveness Program	300,000
Total	\$2,602,956

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Capital Facilities/Information Technology

The Capital Facilities/Information Technology component of the Mental Health Services Act enables counties to utilize MHSA funds on a one-time basis for major infrastructure costs necessary to i) implement MHSA services and supports, and ii) generally improve support to the County's community mental health service system.

For the Three Year Plan Contra Costa has one Information Technology Project in progress.

Electronic Mental Health Record System. Contra Costa received approval from the State in 2010 to utilize up to \$6 million in MHSA funds to develop and implement an electronic mental health record system. The approved project is transforming the current paper and location-based system with an electronic system where clinical documentation can be centralized and made accessible to all members of a consumer's treatment team, with shared decision-making functionality. It is replacing the existing claims system, where network providers and contract agencies would be part of the system and be able to exchange their clinical and billing information with the County. The electronic health record system allow doctors to submit their pharmacy orders electronically, and permit sharing between psychiatrists and primary care physicians to allow knowledge of existing health conditions and drug inter-operability. When fully implemented it will allow consumers to access part of their medical record, make appointments, and electronically communicate with their treatment providers.

Subsequent to approval for this project Contra Costa Health Services, to include Contra Costa Regional Medical Center, the ambulatory care clinics and the Contra Costa Health Plan, converted existing systems to an integrated electronic medical record system, entitled EPIC. This conversion of the larger health care system initiated an analysis to determine the feasibility of using the EPIC system for behavioral health services. The analysis indicated significant functionality gaps in the clinical documentation and billing for specialty mental health services, as it utilized a different billing format. Closing the gap required significant development efforts by EPIC system staff. Initiation of the electronic mental health record system was delayed until EPIC was fully operational in Contra Costa's Health Service Division, and functionality between EPIC's capacity and the electronic mental health record's objectives could be determined. This was solved by the certification of EPIC's Tapestry module, and work began in FY 2013-14. The Epic Tapestry project will have the capacity to communicate and share information with EPIC and other systems currently in use by contract providers and other entities involved in the treatment and care of clients. The project is scheduled to be completed in two years. As per the 2010 proposal, funding from the County's Health Services Department would be sought for any costs that exceed the originally approved \$6 million.

**MHSA funds estimated to be available for the FY 2017-20 three year period:
\$696,134**

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The Budget

Previous chapters provide detailed projected budgets for individual MHTSA plan elements, projects, programs, categories and components for FY 2018-19. The following table summarizes a budget estimate of total MHTSA spending authority by component for each of the two remaining years of the Three Year Plan.

FY	CSS	PEI	INN	WET	CF/TN	TOTAL
FY 18/19	36,772,145	8,926,161	2,159,833	2,602,956	52,299	50,513,394
FY 19/20	37,690,971	9,191,606	2,200,628	2,668,145	0	51,751,349

Appendix E, entitled *Funding Summaries*, provides a FY 2017-18 through FY 2019-20 Three Year Mental Health Services Act Expenditure Plan. This funding summary matches budget authority with projected revenues, and shows sufficient MHTSA funds are available to fully fund all programs, projects and plan elements for the duration of the three year period. The following fund ledger depicts projected available funding versus total budget authority for each of the remaining two years of the Three Year Plan:

Fiscal Year 2018/19

A. Estimated FY 2018/19 Available Funding	CSS	PEI	INN	WET	CF/TN	TOTAL
1. Estimated unspent funds from prior fiscal years	28,641,704	6,396,435	4,985,500	6,090,981	296,802	46,411,422
2. Estimated new FY 18/19 funding	36,648,598	8,387,150	2,207,145	0	0	47,242,893
3. Transfers in FY 18/19	0	0	0	0	0	0
4. Estimated available funding for FY 18/19	65,290,303	14,783,584	7,192,644	6,090,981	296,802	93,654,315
B. Budget Authority For FY18/19	36,772,145	8,926,161	2,159,833	2,602,956	52,299	50,513,394
C. Estimated FY 18/19 Unspent Fund Balance	28,518,158	5,857,423	5,032,811	3,488,025	244,503	43,140,920

Fiscal Year 2019/20

A. Estimated FY 2019/20 Available Funding	CSS	PEI	INN	WET	CF/TN	TOTAL
1. Estimated unspent funds from prior fiscal years	28,518,158	5,857,423	5,032,811	3,488,025	244,503	43,140,920
2. Estimated new FY 19/20 funding	37,374,973	8,568,743	2,254,932	0	0	48,198,649
3. Transfers in FY 19/20	0	0	0	0	0	0
4. Estimated available funding for FY 19/20	65,893,131	14,426,167	7,287,744	3,488,025	244,503	91,339,569
B. Budget Authority For FY19/20	36,690	9,191,606	2,200,628	2,668,145	0	51,751,349
C. Estimated FY 19/20 Unspent Fund Balance	28,202,160	5,234,561	5,087,116	819,880	244,503	39,588,220

Prudent Reserve: \$7,125,250

Notes.

1. Estimated FY 2017/18 available funding for the CSS component includes \$1,722,486 in funds received from the State in FY 16/17 for county administration of the Special Needs Housing Program (SNHP). Use of these funds are restricted to expenditures as allowed by this program. The one-time SNHP funding of \$1,722,486 has been added to the FY 2017-18 budget. Any of these funds not spent during FY 2017-18 will be added to subsequent fiscal years when known.
2. The remaining CF/TN funds of \$696,134 has been added to the FY 2017-18 budget. Any of these funds not spent for the Mental Health Electronic Records System in FY 2017-18 will be added to subsequent fiscal years when known. Any costs that are incurred above the total MHSA funds set aside for this project will be considered separately as a new and additional County funding obligation.

3. A collective increase in budget authority for programs, projects and plan elements for the second and third year of the Three Year Plan allows for an increase in the cost of doing business for both the County and service providers contracting with the County. Subsequent Three Year Plan Annual Update budget authority will be reviewed based upon recent actual costs and adjusted, if appropriate, for Board of Supervisor review and approval.
4. The Mental Health Services Act requires that 20% of the total of new funds received by the County from the State MHSA Trust Fund go for the PEI component. The balance of new funding is for the CSS component. From the total of CSS and PEI components, five percent of the total new funding is to go for the Innovation (INN) component, and is to be equally divided between the CSS and PEI allotment. The estimated new funding for each fiscal year includes this distribution.
5. Estimated new funding for each fiscal year includes the sum of the distribution from the State MHSA Trust Fund, interest earned from the County's MHSA fund, and federal financial reimbursement for qualified Medi-Cal expenditures utilizing MHSA funds as match, to include the EPSDT special fund sub-account.
6. The County may set aside up to 20% of the average amount of funds allocated to the County for the previous five years for the Workforce, Education and Training (WET) component, Capital Facilities, Information Technology (CF/TN) component, and a prudent reserve. For this three year period the County has allocated in FY 2017-18 \$7,565,790 for the WET component, and is depicted as a transfer from the CSS component in FY 2017-18.
7. The MHSA requires that counties set aside sufficient funds, entitled a prudent reserve, to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. The County's prudent reserve balance through June 30, 2017 is estimated to be \$7,125,250. This figure is in addition to the estimated available unspent funds from previous years.
8. It is projected that the requested total budget authority for the Three Year Plan period enables the County to fully fund all proposed programs and plan elements while maintaining sufficient funding reserves (prudent reserve plus unspent funds from previous years) to offset any reduction in state MHSA Trust Fund distribution or federal financial participation (Medi-Cal reimbursement).

Evaluating the Plan

Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review process has been implemented to a) improve the services and supports provided, b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policies.

During each three year period, each of the MHSA funded contract and county operated programs undergoes a program and fiscal review. This entails interviews and surveys of individuals both delivering and receiving services, review of data, case files, program and financial records, and performance history. Key areas of inquiry include:

- Delivering services according to the values of the Mental Health Services Act.
- Serving those who need the service.
- Providing services for which funding was allocated.
- Meeting the needs of the community and/or population.
- Serving the number of individuals that have been agreed upon.
- Achieving the outcomes that have been agreed upon.
- Assuring quality of care.
- Protecting confidential information.
- Providing sufficient and appropriate staff for the program.
- Having sufficient resources to deliver the services.
- Following generally accepted accounting principles.
- Maintaining documentation that supports agreed upon expenditures.
- Charging reasonable administrative costs.
- Maintaining required insurance policies.
- Communicating effectively with community partners.

Each program receives a written report that addresses each of the above areas. Promising practices, opportunities for improvement, and/or areas of concern will be noted for sharing or follow-up activity, as appropriate. The emphasis will be to establish a culture of continuous improvement of service delivery, and quality feedback for future planning efforts.

In addition, a quarterly MHSA Financial Report is generated that depicts funds budgeted versus spent for each program and plan element included in this plan. This enables ongoing fiscal accountability, as well as provides information with which to engage in sound planning.

Acknowledgements

We acknowledge that this document is not a description of how Contra Costa Behavioral Health Services has delivered on the promise provided by the Mental Health Services Act. It is, however, a plan for how the County can continually improve upon delivering on the promise. We have had the honor to meet many people who have overcome tremendous obstacles on their journey to recovery. They were quite open that the care they received literally saved their life. We also met people who were quite open and honest regarding where we need to improve. For these individuals, we thank you for sharing.

We would also like to acknowledge those Contra Costa stakeholders, both volunteer and professional, who have devoted their time and energy over the years to actively and positively improve the quality and quantity of care that has made such a difference in people's lives. They often have come from a place of frustration and anger with how they and their loved ones were not afforded the care that could have avoided unnecessary pain and suffering. They have instead chosen to model the kindness and care needed, while continually working as a team member to seek and implement better and more effective treatment programs and practices. For these individuals, we thank you, and feel privileged to be a part of your team.

The MHSA Staff

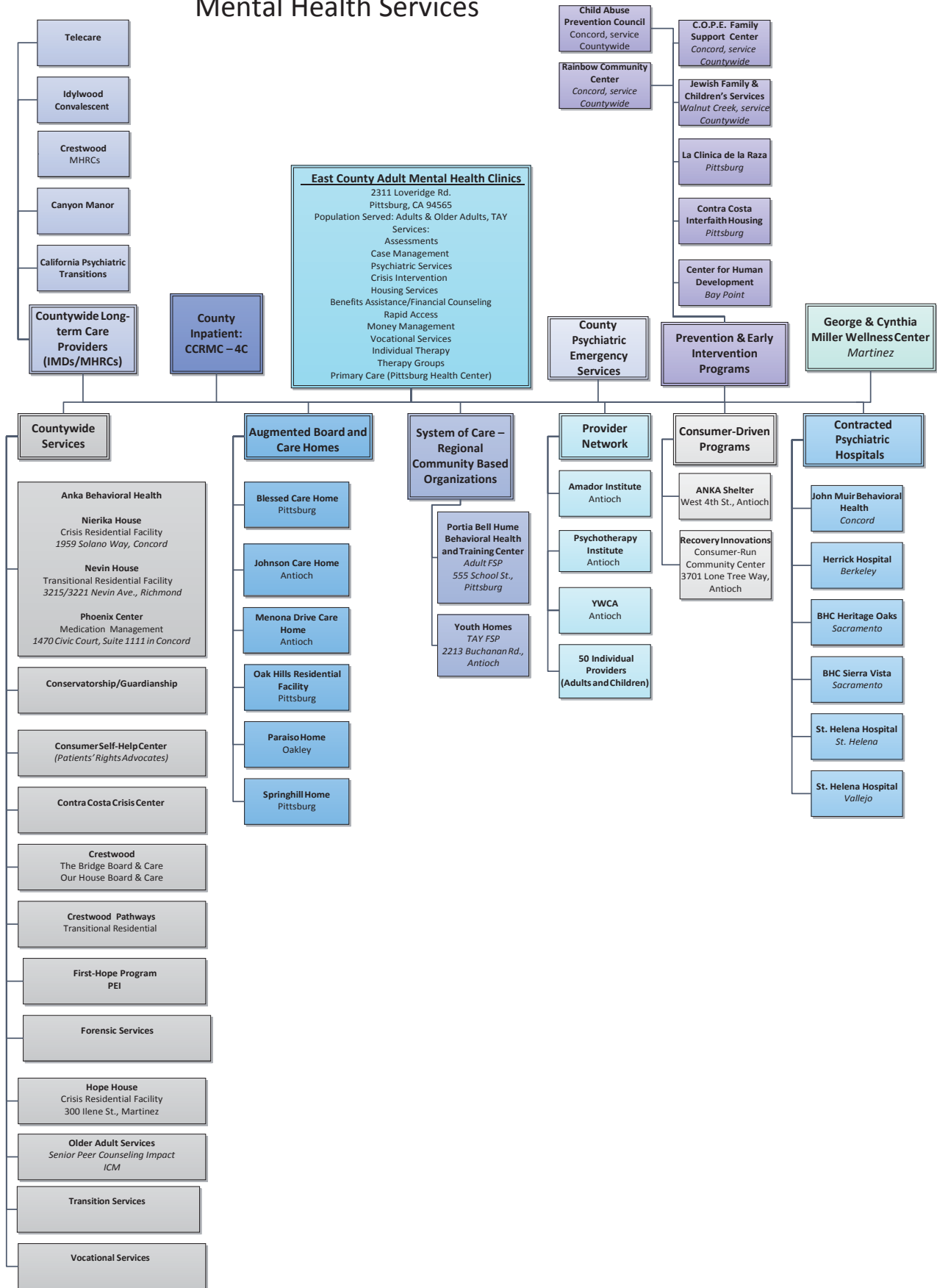
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Mental Health Service Maps

Mental Health Services Act funded programs and plan elements are only a portion of the total funding that supports public mental health services provided by Contra Costa County employees and staff employed by contractors. The backbone of the CCMH system of care is its three county operated Children's and three county operated Adult clinics that serve the Western, Central and Eastern regions of the county.

The following six service maps provide a visual picture, or architecture, of the constellation of types of Contra Costa Mental Health's programs, and thus enable the viewer to see the inclusion of MHSA funded services as part of the entire system of care.

East County Adult Mental Health Services

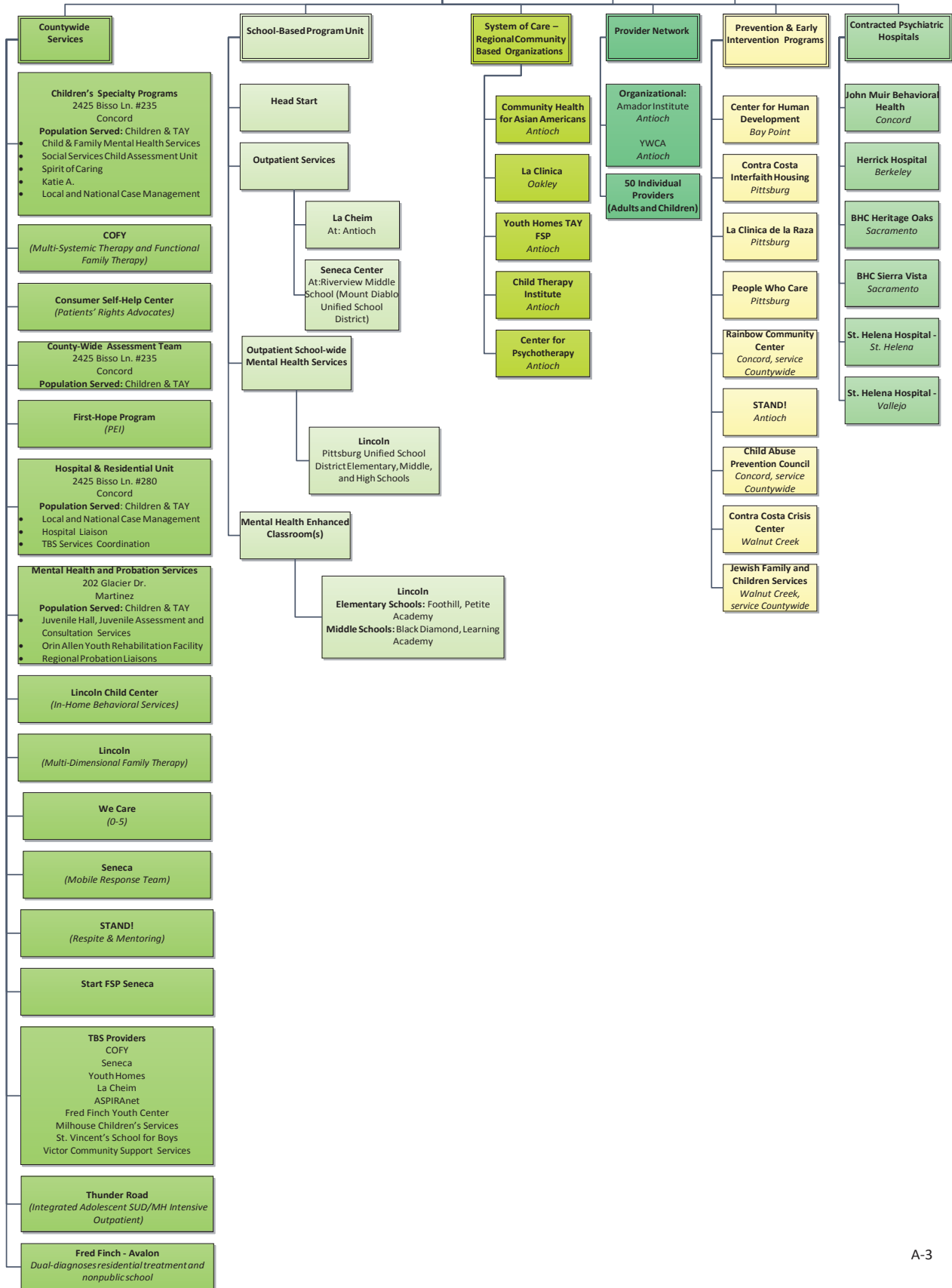


East County Children's Mental Health Services

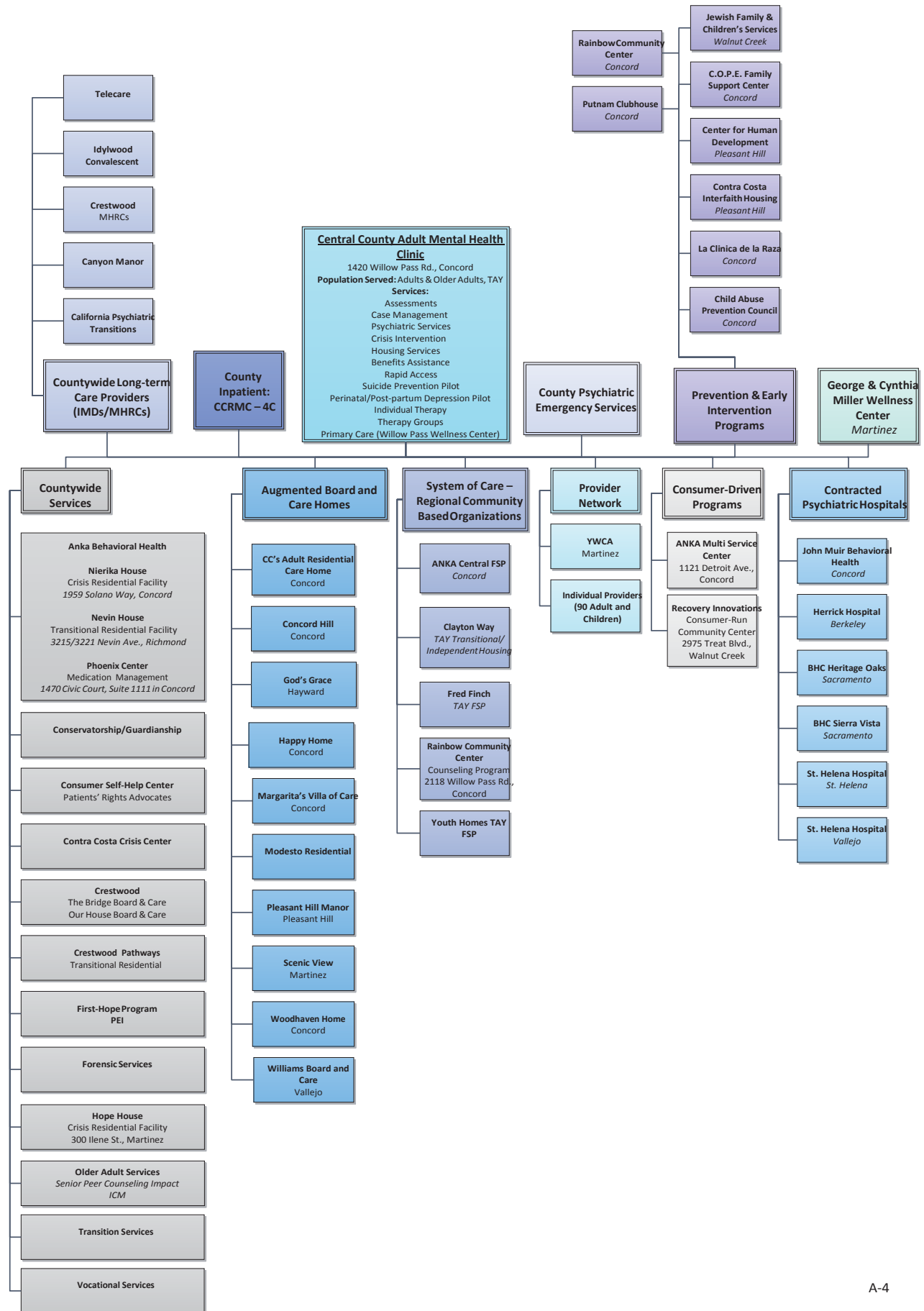
Antioch Children's Behavioral Health
 2335 Country Hills Drive
 Antioch, CA 94509
 Population Served: Children and TAY
 Services:
 • Head Start Program
 • Psychiatric Services
 • Outpatient Services
 • Parent Partners
 • Parent Project
 • Wrap Around Services
 • Cognitive Behavioral Therapy
 • Dialectical Behavior Therapy
 • Trauma Focused Cognitive Behavioral Therapy
 • Triple P Parenting
 • Family Based Therapy for Eating Disorders

**County Psychiatric
Emergency Services**

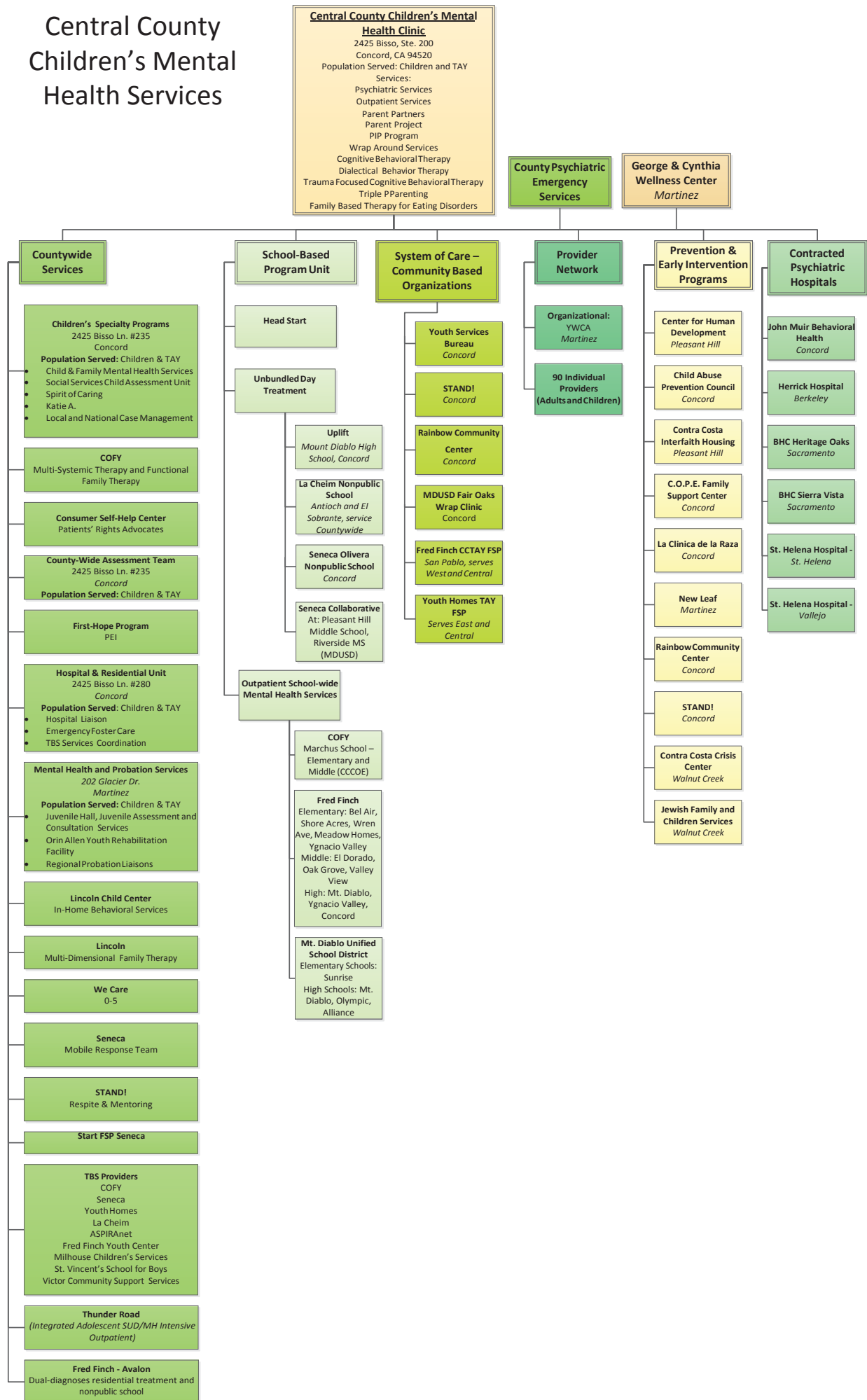
**George & Cynthia
Wellness Center
Martinez**



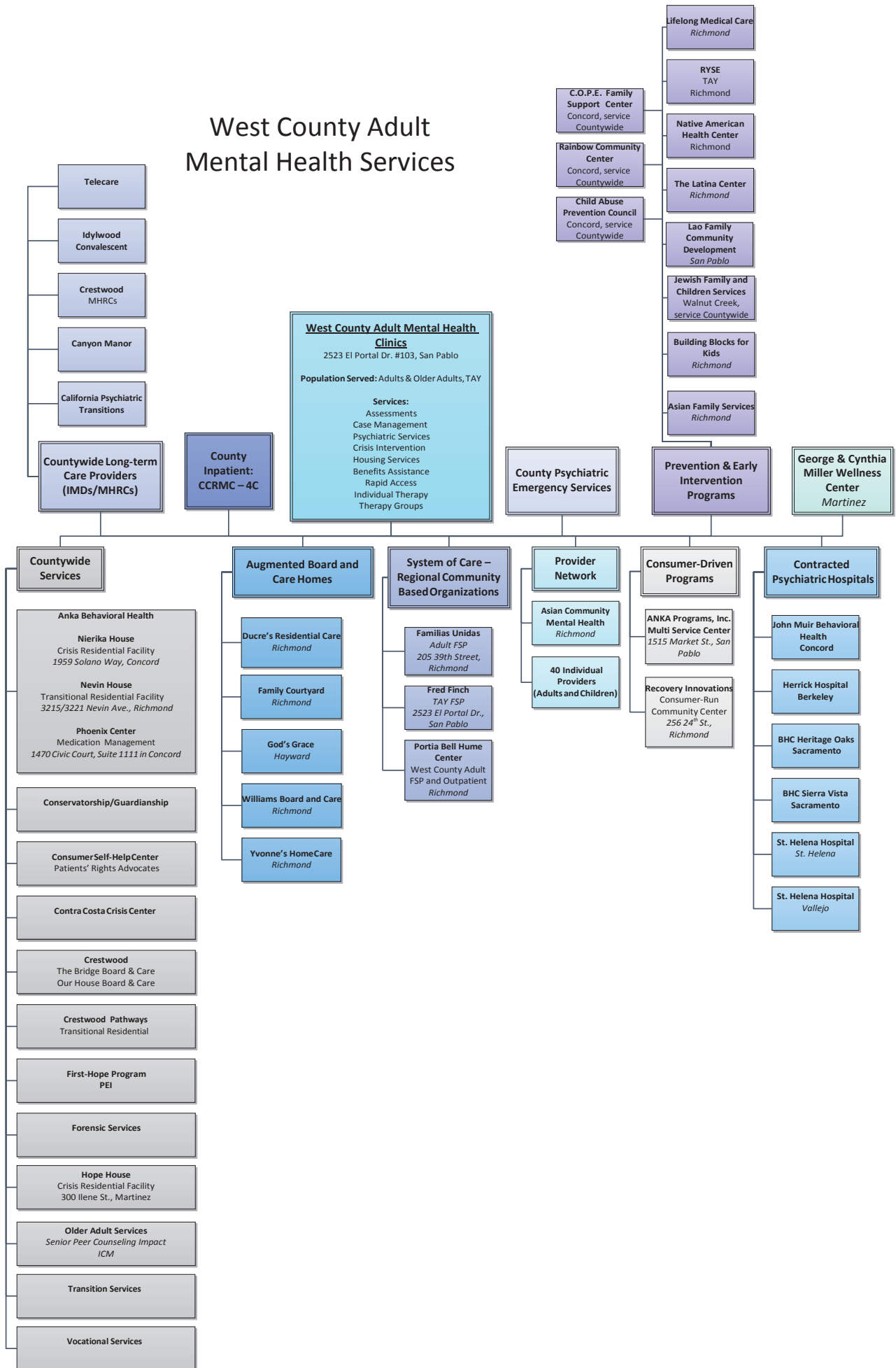
Central County Adult Mental Health Services



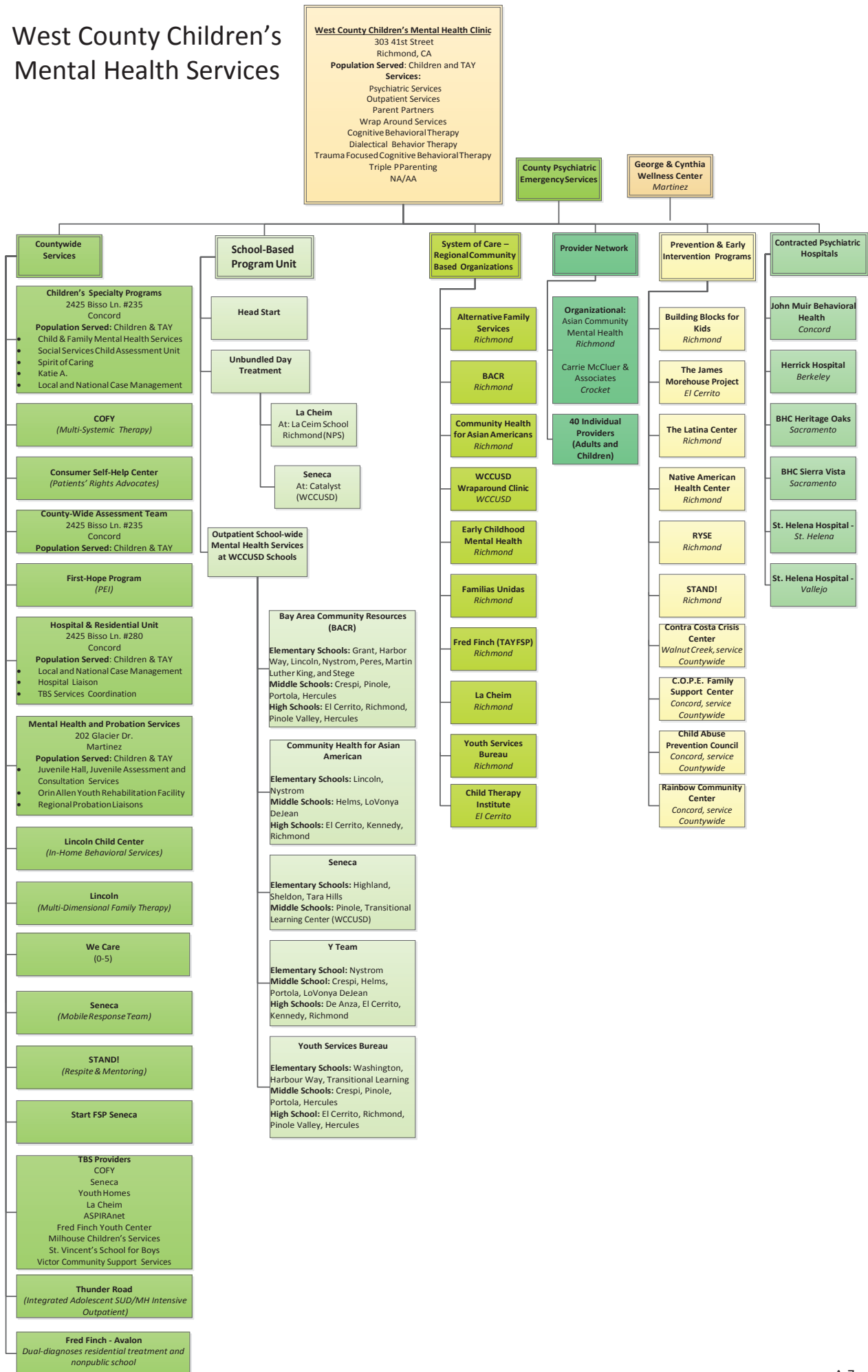
Central County Children's Mental Health Services



West County Adult Mental Health Services



West County Children's Mental Health Services



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Program and Plan Element Profiles

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Anka Behavioral Health, Inc.

Point of Contact: Chris Withrow, Chief Executive Officer.

Contact Information: 2975 Treat Blvd Suite C-5, Concord, CA 94518

(925) 219-9009, cwithrow@ankabhi.org

1. General Description of the Organization

Anka's mission is to eliminate the impact of behavioral health problems for all people. Anka serves more than 15,000 individuals annually and employs nearly 1,000 professional, specialized staff members. Anka's philosophy is to treat the whole person by fully integrating care of both mind and body, always using clinically-proven, psycho-social models designed to promote health and wellness while containing costs.

2. Program: Adult Full Service Partnership - CSS

The Adult Full Service Partnership (FSP) joins the resources of Anka Behavioral Healthcare and Costa County Behavioral Health Services, and utilizes a modified assertive community treatment model.

Anka's FSP program includes collaborative services with the Contra Costa Adult Forensic Team to case manage consumers who are on Contra Costa County Probation. The program serves adults who reside in Contra Costa County, who have been charged with non-violent felonies or misdemeanors, and who experience a serious mental illness/serious emotional disturbance. Previously, the Contra Costa's Behavioral Health Court directly provided referrals to Anka.

- a. Scope of Services: Services use an integrated multi-disciplinary team approach, based on a modified Assertive Community Treatment (ACT) model of care. Services include outreach and engagement, case management, outpatient mental health services, including services for individuals with co-occurring mental health and alcohol and other drug problems, crisis intervention, medication support, housing support, flexible funds, vocational services, educational services, and recreational and social activities. Anka staff are available to consumers on a 24/7 basis.
- b. Target Population: Adults in Central County who are diagnosed with a serious mental illness, are at or below 300% of the federally defined poverty level, and are uninsured or receive Medi-Cal benefits.
- c. Payment Limit: \$791,751
- d. Number served: In FY 16/17 Anka Central FSP served 60 individuals.
- e. Outcomes: Below are the FY 16/17 outcomes for Anka Central FSP.
 - Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction

Pre- and post-enrollment utilization rates for 60 Anka Central FSP participants enrolled in the FSP program during FY 16-17

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% Change
PES episodes	177	173	0.280	0.270	-3.57
Inpatient episodes	42	28	0.067	0.044	-34.3
Inpatient days	787	934	1.156	1.328	+14.9

* Data on service utilization were collected from the county's internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients' monthly rates of service utilization pre-enrollment to clients' post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:

- $(\text{No. of PES episodes during pre-enrollment period}) / (\text{No. of months in pre-enrollment period}) = \text{Pre-enrollment monthly PES utilization rate}$
- $(\text{No. of PES episodes during post-enrollment period}) / (\text{No. of months in post-enrollment period}) = \text{Post-enrollment monthly PES utilization rate}$

Asian Community Mental Health Services (ACMHS)

Point of Contact: Sun Karnsouvong

Contact Information: Asian Family Resource Center (AFRC), 12240 San Pablo Ave,
Richmond, CA 94805

(510) 970-9750, Sunk@acmhs.org

1. General Description of the Organization

ACMHS provides multicultural and multilingual services, empowering the most vulnerable members of our community to lead healthy, productive and contributing lives.

2. Program: Building Connections (Asian Family Resource Center) - PEI

- a. Scope of Services: Asian Family Resource Center (AFRC) a satellite site of Asian Community Mental Health Services (ACMHS) will provide comprehensive and culturally-sensitive, appropriate education and access to Mental Health Services for Asian and Pacific Islander (API) immigrant and refugee communities, especially the Southeast Asians and Chinese population of Contra Costa County. ACMHS will employ multilingual and multidisciplinary staff from the communities which they serve. Staff will provide the following scope of services.
 - i. Outreach and Engagement Services: Individual and/or community outreach and engagement to promote mental health awareness, educate community member on signs and symptoms of mental illness, provide mental health workshops, and promote mental health wellness through community events. Engage community member in various activities to screen and assess for mental illness and/or assist in navigating them into the service systems for appropriate interventions: community integration skills to reduce MH stressors, older adult care giving skills, basic financial management, survival English communication skills, basic life skills, health and safety education and computer education, structured group activities (on topics such as, coping with adolescents, housing issues, aid cut-off, domestic violence, criminal justice issues, health care and disability services), mental health education and awareness, and health/mental health system navigation. ACMHS, in collaboration with community based organizations, will participate in 3-5 mental health and wellness events to provide wellness and mental health outreach, engagement, and education to API immigrants and refugees in the Contra Costa County.
 - ii. Individual Mental Health Consultation: This service will also be provided to those who are exhibiting signs of mental illness early in its manifestation, to assess needs, identify signs/symptoms of mental health crisis/trauma, provide linkages/referrals or assist in navigating them into the mental health system in a culturally responsive manner without stigma, and provide wellness support groups to prevent escalations in mental health symptoms or stressors, accessing essential community resources, and linkages/referral to mental

health services. Peer Navigators will be utilized to support participants to access services in a culturally sensitive manner. These services will be provided for a period of less than one year unless psychosis is present. ACMHS will serve a minimum of 75 high risk and underserved Southeast Asian community members within a 12 month period, 25 of which will reside in East County with the balance in West and Central County.

- b. Target Population: Asian and Pacific Islanders immigrants and refugees (especially Chinese and Southeast Asian population) in Contra Costa County
- c. Payment Limit: \$137,917
- d. Number served: In FY 16/17: 249 high risk and underserved community members.
- e. Outcomes:
 - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits.
 - Most respondents to surveys report increased knowledge of mental health resources and benefits available.
 - 85% respondents reported better linkage to community resources.
 - 80% respondents reported a reduction in mental health symptoms, while 91% reported having less stress in their life after completion of the program.

Building Blocks for Kids (BBK)

Point of Contact: Sheryl Lane

Contact Information: 310 9th Street, Richmond, CA 94801

(510) 232-5812, slane@bbk-richmond.org

1. General Description of the Organization

Building Blocks for Kids Richmond Collaborative is a place-based initiative with the mission of supporting the healthy development and education of all children, and the self-sufficiency of all families, living in the BBK Collaborative zone located in central Richmond, California. BBK's theory of change is simple and enduring: we believe that providing effective supportive services and investing in individual transformation serves thriving families, which yields community change.

2. Program: Not Me Without Me (PEI)

- a. Scope of Services: Building Blocks for Kids Collaborative, a project of Tides Center, will provide diverse households in the Iron Triangle neighborhood of Richmond, CA with improved access to mental health education, and mental health support. The *Not About Me Without Me* prevention and early intervention work addresses MHSA's PEI goal of providing Prevention services to increase recognition of early signs of mental illness, and intervening early in the onset of a mental illness._

Accordingly, the goals are three-fold: (1) working with BBK Zone families to ensure that they are knowledgeable about and have access to a network of supportive and effective mental health information and services; (2) reduce risk for negative outcomes related to untreated mental illness for parents/primary caregivers and children whose risk of developing a serious mental illness is significantly higher than average including cumulative skills-based training opportunities on effective parenting approaches; and, (3) train and support families to self-advocate and directly engage the services they need.

This work represents an evolution in our *Not About Me Without Me* approach to service provision by working toward a coordinated, comprehensive system that will support families in not just addressing mental illness and recovering from traumatic experiences but will fortify them to create community change. This system will continue to put resident interests and concerns at the fore and additionally be characterized by a model that enables organizations to: work more effectively and responsively with underserved residents in the Richmond community; improve outcomes; reduce barriers to success; increase provider accountability, and create a truly collaborative and healing environment using strategies that are non-stigmatizing and non-discriminatory.

- b. Target Population: Children and families living in Central and South Richmond.

- c. Payment Limit: \$210,580
- d. Number served: In FY 16/17: 676 individuals
- e. Outcomes
 - BBK hosted monthly gatherings to actively engage community members in the development and education of their children, while becoming aware of healthy and effective methods to strengthen family bonds. Families that work with BBK report improved access to mental health education and mental health support services.
 - BBK hosted monthly Sanctuary support groups for mothers and other female care providers to participate in a series of intimate, culturally responsive sessions each month. Mothers that work with BBK, feel fortified to affect community change and have increased access to needed mental health services.
 - BBK partnered with COPE and Child Abuse Prevention Council to offer weekly evidence based parenting classes. Care providers develop a strong knowledge base on child development and positive parenting skills.
 - BBK hosted a seven-week summer program to ensure that children in Central Richmond neighborhoods have access to at least one healthy meal per day, that family members have access to health promoting fitness activities that they can do individually or together as a family, and that families have access to enrichment activities.

Center for Human Development (CHD)

Point of Contact: David Carrillo

Contact Information: 901 Sun Valley Blvd., Suite 220, Concord, CA 94520

(925) 349-7333, david@chd-prevention.org

1. General Description of the Organization

Center for Human Development (CHD) is a community-based organization that offers a spectrum of Prevention and Wellness services for at-risk youth, individuals, families, and communities in the Bay Area. Since 1972 CHD has provided wellness programs and support aimed at empowering people and promoting positive growth. Volunteers work side-by-side with staff to deliver quality programs in schools, clinics, and community sites throughout Contra Costa as well as nearby counties. CHD is known for innovative programs and is committed to improving the quality of life in the communities it serves.

2. Program: African American Wellness Program and Youth Empowerment Program, PEI

- a. **Scope of Services:** The Center for Human Development will implement the African American Wellness Program (formerly African American Health Conductor Program) and between the four programs components will provide a minimum of 150 unduplicated individuals in Bay Point, Pittsburg, and surrounding communities with mental health resources. The purpose is to increase client emotional wellness; reduce client stress and isolation; and link African American clients, who are underserved due to poor identification of needs and lack of outreach and engagement to mental health services. Key activities include: outreach at community events, culturally appropriate education on mental health topics through Mind, Body, and Soul support groups and community health education workshops in accessible and non-stigmatizing settings, and navigation assistance for culturally appropriate mental health referrals as early in the onset as possible.

The Center for Human Development will implement the Empowerment Program, a Youth Development project, that will provide a minimum of 80 unduplicated LGBTQ youth and their allies in Antioch, Pittsburg, and surrounding East County communities with strength-based educational support services that build on youths' assets, raise awareness of mental health needs identification, and foster resiliency. Key activities will include: a) Three weekly educational support groups that will promote emotional health and well-being, increase positive identity and self-esteem, and reduce isolation through development of concrete life skills; b) one leadership group that will meet a minimum of twice a month to foster community involvement; and c). referral linkage to culturally appropriate mental health services providers in East County as early in the onset as possible.

- b. Target Population: Wellness Program: African American residents (East County) at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County
- c. Payment Limit: \$136,990
- d. Number served: In FY 16/17: 681
- e. Outcomes:
 - i. Wellness Program
 - Mind-Body-Soul support groups in Pittsburg and Bay Point throughout the year with topics such as “Depression and Stress”, Maintaining Emotional Well Being, Guide to Vitamins and Minerals in Fresh Foods, Self-Care (Physical, Emotional, Mental and Spiritual).”
 - Several community health / mental health workshops throughout the year.
 - 100% of the participants in the Mind-Body-Soul peer health education support groups reported and increased wellness (wellbeing).
 - Participants in AA Wellness Program received navigational support for their service referral needs.
 - ii. Empowerment Program
 - LGBTQ youth empowerment support groups at Pittsburg and throughout the year with topics such as: “Family and Peer Conflict, Challenges to Relationships, Community Violence and Loss, Queer History and Activism.”
 - 85% of the participants in the Empowerment Psycho-Educational Leadership support groups reported and increased sense of emotional health and well-being.
 - 100% of participants in Empowerment in need of counseling services were informed and referred to LGBTQ-sensitive resources available to youth.

Central County Adult Mental Health Clinic (Contra Costa Behavioral Health)

Point of Contact: Kennisha Johnson, Mental Health Program Manager
Contact Information: 1420 Willow Pass Rd., Ste. 200, Concord, CA 94520
(925) 646-5480, Kennisha.Johnson@hsd.cccounty.us

1. General Description of the Organization

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The Central Adult Mental Health Clinic operates within Contra Costa Mental Health's Adult System of Care, and provides assessments, case management, therapy, groups, psychiatric services, crisis intervention, peer support, housing services, and benefits assistance. Within the Adult Mental Health Clinic are the following MHSA funded programs and plan elements:

2. Plan Element: Adult Full Service Partnership Support - CSS

Contra Costa Mental Health has dedicated clinical staff at each of the three adult mental health clinics to provide support, coordination and rapid access for full service partners to health and mental health clinic services as needed and appropriate. Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full Service Partnership services. Clinic management acts as the gatekeepers for the Full Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full Service Partnership programs. Full Service Partnership Liaisons provide support to the Full Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care.

3. Plan Element: Clinic Support - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to 1) assist consumers in obtaining benefits they are entitled to, educate consumers on how to maximize use of those benefits and manage resources, and 2) provide transportation support for consumers and families.

- a. Clinic Target Population: Adults aged 18 years and older who live in Central County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Total Number served by clinic: For FY 16-17: Approximately 3,110 Individuals.

Central County Children’s Mental Health Clinic (Contra Costa Behavioral Health)

Point of Contact: Gerold Loenicker, Mental Health Program Manager
Contact Information: 2425 Bisso, Ste. 200, Concord, CA 94520,
(925) 521-5744, Gerold.Loenicker@hsd.cccounty.us

1. General Description of the Organization

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The Central Children’s Mental Health Clinic operates within Contra Costa Mental Health’s Children’s System of Care, and provides psychiatric and outpatient services, family partners, and wraparound services. Within the Children’s Mental Health Clinic are the following MHSa funded plan elements:

2. Plan Element: Clinic Support - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in the following areas:

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
- A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic.
- Support for full service partners.
 - a. Target Population: Children aged 17 years and younger, who live in Central County, are diagnosed with a serious emotional disturbance or serious mental illness, and are uninsured or receive Medi-Cal benefits.
 - b. Number served by clinic: For FY 16/17: Approximately 1,224 Individuals.

Child Abuse Prevention Council (CAPC)

Point of Contact: Carol Carrillo

Contact Information: 2120 Diamond Blvd #120, Concord, CA 94520

(925) 798-0546, ccarrillo@capc-coco.org

1. General Description of the Organization

The Child Abuse Prevention Council has worked for many years to prevent the maltreatment of children. Through providing education programs and support services, linking families to community resources, mentoring, and steering County-wide collaborative initiatives, CAPC has led Contra Costa County's efforts to protect children. It continually evaluates its programs in order to provide the best possible support to the families of Contra Costa County.

2. Program: The Nurturing Parenting Program, PEI

- a. Scope of Services: The Child Abuse Prevention Council of Contra Costa will provide an evidence-based curriculum of culturally, linguistically, and developmentally appropriate, Spanish speaking families in East County, and Central County's Monument Corridor. Four classes will be provided for 12-15 parents each session and approximately 15 children each session 0-12 years of age. The 22 week curriculum will immerse parents in ongoing training, free of charge, designed to build new skills and alter old behavioral patterns intended to strengthen families and support the healthy development of their children in their own neighborhoods. Developmental assessments and referral services will be provided to each family served in the program using strategies that are non-stigmatizing and non-discriminatory. Families will be provided with linkages to mental health and other services as appropriate. Providing the Nurturing Parenting Program in the Monument Corridor of Concord and the Brentwood First Five Center allows underserved parents and children access to mental health support in their own communities and in their primary language.
- b. Target Population: Latino children and their families in Central and East County.
- c. Payment Limit: \$121,465
- d. Number served: In FY 16/17: 114 parents and children
- e. Outcomes:
 - Four 22 week classes in Central and East County serving parents and their children.
 - All parent participants completed pre- and post-tests. All parents improved their scores on at least four out of five 'parenting constructs' (appropriate expectations, empathy, discipline, self-awareness, and empowerment).

Community Options for Families and Youth, Inc. (COFY, Inc.)

Point of Contact: David Bergesen

Contact Information: 3478 Buskirk Avenue, Suite 260, Pleasant Hill CA 94523
(925) 943-1794, d.bergesen@cofy.org

1. General Description of the Organization

Community Options for Families and Youth (COFY) is a multi-disciplinary provider of mental health services. COFY's mission is to work with youth whose high-intensity behaviors place them at risk of hospitalization or residential treatment. Their mental health clinicians work collaboratively with caregivers, educators, and social service professionals to help exasperated families restore empathic relationships and maintain placement for their children.

2. Program: Multisystemic Therapy (MST) – Full Service Partnership (FSP) - CSS

Multisystemic Therapy ("MST") is an intensive family and community based treatment that addresses the multiple determinants of serious anti-social behavior. The MST approach views individuals as being surrounded by a network of interconnected systems that encompasses individual, family, and extra familial (peers, school, community) factors. Intervention may be necessary in any one or a combination of these systems, and using the strengths of each system to facilitate positive change. The intervention strives to promote behavioral change in the youth's natural environment. Family sessions are provided over a three to five month period. These sessions are based on nationally recognized evidence based practices designed to decrease rates of anti-social behavior, improve school performance and interpersonal skills, and reduce out-of-home placements. The ultimate goal is to empower families to build a healthier environment through the mobilization of existing child, family, and community resources.

- a. Scope of Services: Services include but are not limited to outreach and engagement, case management, outpatient mental health services, crisis intervention, collateral services, flexible funds. COFY MST staff must be available to consumer on a 24/7 basis.
- b. Target Population: Children who have a serious emotional disturbance or serious mental illness, and have been identified as a juvenile offender or are at risk of involvement with Probation due to delinquent behavior. Services are county-wide.
- c. Payment Limit: 689,585
- d. Number served: In FY16/17 COFY FSP served 105 individuals.
- e. Outcomes:
 - Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction

Pre- and post-enrollment utilization rates for 105 Community Options for Families and Youth, Inc. participants enrolled in the FSP program during FY 16-17

	<i>No. pre-enrollment</i>	<i>No. post-enrollment</i>	<i>Rate pre-enrollment</i>	<i>Rate post-enrollment</i>	<i>% Change</i>
<i>PES episodes</i>	8	4	0.008	0.004	-50
<i>Inpatient episodes</i>	4	2	0.004	0.002	-50
<i>Inpatient days</i>	24	11	0.020	0.009	-55
<i>JACS</i>	22	21	0.031	0.029	-6.45

Contra Costa Crisis Center

Point of Contact: Tom Tamura

Contact Information: P.O. Box 3364 Walnut Creek, CA 94598

925 939-1916, x107, TomT@crisis-center.org

1. General Description of the Organization

The mission of the Contra Costa Crisis Center is to keep people alive and safe, help them through crises, and connect them with culturally relevant resources in the community

2. Program: Suicide Prevention Crisis Line

a. Scope of Services:

- Contra Costa Crisis Center will provide services to prevent suicides throughout Contra Costa County by operating a nationally certified 24-hour suicide prevention hotline. The hotline lowers the risk of suicide by assuring 24 hour access to real time services rendered by a trained crisis counselor who not only assesses suicide and self-harm lethality and provides intervention, but links callers to numerous mental health treatment options. This linkage occurs via referral to culturally relevant mental health services as well as provides REAL TIME warm transfer to those services when appropriate. Because the hotline operates continuously regardless of time or day, all callers receive timely intervention and access to service WHEN THEY NEED IT and immediately upon their request. The Crisis Center's programs are implemented (including agency program and hiring policies, bylaws, etc.) in a welcoming and intentionally non-discriminatory manner. Much of our outreach activities and staff/volunteer training activities center around increased awareness of myriad mental health issues as well as mental health services consumer stigma reduction in effort to increase community comfort at accessing services and in referring those in need.
- Key activities include: answering local calls to toll-free suicide hotlines, including a Spanish-language hotline; the Crisis Center will maintain an abandonment rate at or below national standard; assisting callers whose primary language other than English or Spanish through use of a tele-interpreter service; conducting a lethality assessment on each crisis call consistent with national standards; making follow-up calls to persons (with their consent) who are at medium to high risk of suicide with the goal of 99% one-month follow up survival rate; and training all crisis line staff and volunteers in a consistent and appropriate model consistent with AAS (American Association of Suicidology) certification. As a result of these service activities >99% of people who call the crisis line and are assessed to be at medium to high risk of suicide will be survivors one month later; the Crisis Center will continuously recruit and train crisis line volunteers to a minimum pool of 25 multilingual/culturally competent individuals within the

contract year; Spanish-speaking counselors will be provided 80 hours per week.

- The Crisis Center will provide community outreach and education about how to access crisis services. Priority and vigorous outreach efforts are directed to underserved and hard to reach populations such as youth, elderly, isolated, persons with limited English, LGBTQ, etc. and focus changes as community needs emerge and are identified.
 - The Crisis Center will liaison with the County Coroner to provide referrals for grieving survivors (and mitigating contagion).
 - In Partnership with County Mental Health, the Contra Costa Crisis Center will co-chair the Countywide Suicide Prevention Committee.
- b. Target Population: Contra Costa County residents in crisis.
- c. Payment Limit: \$301,636
- d. Number served: In FY 16/17: 26,074 crisis calls were fielded.
- e. Outcomes:
- Calls were answered in both English and Spanish 12 hours each day and in English with Spanish tele-interpreter back up during late night/early morning hours 8 hours per day.
 - Average response time was 7.7 seconds and call abandonment rate was 3.5 (losing less than half of industry standard number of calls).
 - Lethality assessments were provided for 100% of callers rated mid to high level risk.
 - Responded to 12,415 calls from people in crisis, suicidal or experiencing mental health issues.
 - New volunteers trained and maintained pool of 40+ volunteers.

Contra Costa Interfaith Housing (CCIH)

Point of Contact: Sara Marsh

Contact Information: 399 Taylor Blvd. Ste. 115, Pleasant Hill, CA 94530

(925) 944-2244, Sara@ccinterfaithhousing.org

1. General Description of the Organization

Contra Costa Interfaith Housing (CCIH) provides permanent, affordable housing and vital, on-site support services to homeless and at-risk families and individuals in Contra Costa County. By providing services on-site at the housing programs where individuals and families live, we maximize timeliness and access to services. This model also minimizes the discriminatory barriers to support, due to lack of transportation or other resources.

2. Program: Strengthening Vulnerable Families

a. Scope of Services:

- Contra Costa Interfaith Housing, Inc. (CCIH) will provide an array of on-site, on-demand, culturally appropriate and evidence-based approaches for its “Strengthening Vulnerable Families” program, which serves formerly homeless families and families at risk for homelessness and for mental illness. CCIH provides services on-site in affordable housing settings and case managers are available fulltime to residents. This structure helps to eliminate barriers to timely access to services. Culturally aware youth enrichment and case management providers assist youth and families to access a multitude of community services, including mental health treatment. By incorporating these services among general support, potential stigma related to mental health referrals is reduced. By providing services to all residents, potential biased or discriminatory service delivery is avoided.
- At Garden Park Apartments in Pleasant Hill, on-site services are delivered to 28 formerly homeless families. Programming at this site is designed to improve parenting skills, child and adult life skills, and family communication skills. Program elements help families stabilize, parents achieve the highest level of self-sufficiency possible, and provide early intervention for the youth in these families who are at risk for ongoing problems due to mental illness, domestic violence, substance addiction, poverty and inadequate life skills. Key activities include: case management, family support, harm reduction support, academic 4-day-per-week homework club, early childhood programming, teen support group, and community-building events.
- CCIH will also provide an Afterschool Program and mental health and case management services at two sites in East Contra Costa County: Bella Monte Apartments in Bay Point and Los Medanos Village in Pittsburg and at one site in Concord: Lakeside Apartments. These complexes offer permanent affordable housing to low-income families at risk for homelessness. The total number of households being offered services that are covered under this grant will be 155.

Anticipated impact for services at these sites will be improved school performance by the youth and improved parenting skills and mental health for these families due to lowered stress regarding their housing status (eviction prevention) and increased access to resources and benefits. Increased recognition of early signs of mental illness will be achieved as well, due to the on-site case management staff's ability to respond to possible family concerns about family members' mental health, as they arise.

- CCIH staff is also able to help community providers be aware of early signs of mental illness in their clients, and support sensitive care and timely treatment for these issues.
- b. Target Population: Formerly homeless/at-risk families and youth.
 - c. Payment Limit: \$78,000
 - d. Number served: FY 16/17: 264
 - e. Outcomes:
 - Improved school functioning and regular attendance of school-aged youth in afterschool programs.
 - Improved family functioning and confidence as measured by the self-sufficiency matrix (SSM) and individual family goals and eviction prevention. (SSM evaluates 20 life skill areas including mental health, physical health, child custody, employment, housing stability).

Counseling Options Parent Education (C.O.P.E.) Family Support Center

Point of Contact: Cathy Botello

Contact Information: 2280 Diamond Blvd #460, Concord, CA 94520

(925) 689-5811, cathy.botello@copefamilysupport.org

1. General Description of the Organization

C.O.P.E.'s mission is to prevent child abuse by providing comprehensive support services to strengthen family relationships and bonds, empower parents, encourage healthy relationships, and cultivate nurturing family units to encourage an optimal environment for the healthy growth and development of parents and children through parent education.

2. Programs: Triple P Positive Parenting Education and Support (PEI)

- a. **Scope of Services:** In partnership with First 5 Contra Costa Children and Families Commission and Contra Costa County Behavioral Health Services, C.O.P.E. is funded to deliver Positive Parenting Program classes to parents of children ages 0–17. The C.O.P.E Family Support Center (Contractor) will provide approximately 21 services using the evidence-based Triple P — Positive Parenting Program Level 2 Seminar, Level 3 Primary Care, Level 4 Group, Level 5 Pathways, Level 5 Enhanced, Level 5 Transitions, Level 5 Lifestyle multi-family support groups, at low or no cost to parents of children two to seventeen years of age.

The program utilizes an evidence based self-regulatory model that focuses on strengthening the positive attachment between parents and children by building a parent's capacity for the following five aspects:

- i. **Self-sufficiency** - having the ability to use one's own resources to independently solve problems and decrease reliance on others;
- ii. **Self-efficacy** - having the confidence in performing daily parenting tasks;
- iii. **Self-management** - having the tools and skills needed to enable change;
- iv. **Personal agency** - attributing the changes made in the family to own effort or the effort of one's child;
- v. **Problem-solving** - having the ability to apply principles and strategies, including creating parenting plans to manage current or future problems.

All classes are available in Spanish, Arabic, Farsi and/or English. In order to outreach to the community about the curriculum and benefits of Triple P Parenting, C.O.P.E. provides management briefings, orientation and community awareness meetings to partner agencies. C.O.P.E. supports and organizes annual trainings for other partnering agencies, including pre-accreditation trainings, fidelity oversight and clinical and peer support in an effort to build and maintain a pool of Triple P practitioners.

- b. Target Population: Contra Costa County parents of children and youth with identified special needs. Our targeted population includes caregivers residing in underserved communities throughout Contra Costa County.
- c. Payment Limit: \$238,703
- d. Number served: For FY 16/17: 321 (6–17) and 229 (0–5).
- e. Outcomes:
- MHSA: Completed 30, Level 2-5 parent education classes and seminars addressing a variety of parenting problems.
 - First 5: Completed 17 Level 4 parent education classes
 - Pre-and-Post Test show improvements in measures of parenting style (laxness, over-reactivity, and hostility), decrease of depression, anxiety and stress measures, and decrease in frequency of child problem behavior, improvement in child adjustment behavior and caregivers level of stress about these behaviors.

Clinical Highlights for FY 16-17:

Depression – parents self-report on symptoms such as hopelessness and dysphoria, decreased by 19% overall

Anxiety – parents self-report on symptoms such as anxiousness and situational anxiety, decreased by 29% overall

Stress – parents self-report on symptoms such as nervousness, muscle tension and inability to relax, decreased by 31% overall

Laxness – measures permissive parenting style, decreased by 11% on Child scale, 21% on Adolescent scale overall

Over-reactivity – measures anger, meanness and irritability, decreased by 15% on Child scale, 8% on Adolescent scale overall

Hostility – measures use of physical or verbal force, decreased by 10% on Child scale, 18% on Adolescent scale overall

Intensity of Behavior Problems which measures the frequency of each problem behavior: decreased by approximately 14% overall

Behavior Problems which reflects parent tolerance of the behaviors and the distress: decreased by approximately 42% from pre-to-post test overall

Hostility which measures use of physical or verbal force, decreased by 11% overall

Crestwood Behavioral Health, Inc.

Point of Contact: Travis Curran, Campus Administrator for Pleasant Hill Campus
Contact Information: 550 Patterson Boulevard, Pleasant Hill, CA 94523
(925) 938-8050, tcurran@cbhi.net

1. General Description of the Organization

The mission at Crestwood Healing Center is to partner with Contra Costa County clients, employees, families, business associates, and the broader community in serving individuals affected by mental health issues. Together, they enhance quality of life, social interaction, community involvement and empowerment of mental health clients toward the goal of creating a fulfilling life. Clients are assisted and encouraged to develop life skills, participate in community based activities, repair or enhance primary relationships, and enjoy leisure activities. A supportive, compassionate, and inclusive program increases motivation and commitment.

2. Program: The Pathway Program (Mental Health Housing Services – CSS)

The Pathway Program provides psychosocial rehabilitation for 16 clients who have had little, if any, previous mental health treatment. The program provides intensive skills training to promote independent living. Many clients complete their high school requirements, enroll in college or are participating in competitive employment by the end of treatment.

a. Scope of Services:

- Case management.
- Mental health services.
- Medication management.
- Crisis intervention.
- Adult residential.

b. Target Population: Adults aged 18 years and older, who live in Central County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

c. Annual MHSA Payment Limit: \$ 1,140,877

d. Number served For FY 16/17: 16 beds available at Pathways in Pleasant Hill. 64 beds available at The Bridge in Pleasant Hill. 24 beds available at Our House in Vallejo.

e. Outcomes: To be determined.

Desarrollo Familiar, Inc. (Familias Unidas)

Point of Contact: Lorena Huerta, Executive Director.

Contact Information: 205 39th Street, Richmond, CA 94805

(510) 412-5930, LHuerta@Familias-Unidas.org.

1. General Description of the Organization

Familias Unidas exists to improve wellness and self-sufficiency in Latino and other communities. The agency accomplishes this by delivering quality mental health counseling, service advocacy, and information/referral services. Familias Unidas programs include: mental health, education and prevention, youth development, and wrap-around services.

2. Program: Familias Unidas – Full Service Partnership - CSS

Familias Unidas provides a comprehensive range of services and supports in Contra Costa County to adults with serious emotional disturbance/serious mental illness who are homeless or at serious risk of homelessness. Services are based in West Contra Costa County.

a. Scope of Services:

- Services are provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care. Services include:
- Outreach and engagement
- Case management
- Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
- Crisis Intervention
- Collateral services
- Medication support (may be provided by County Physician)
- Housing support
- Flexible funds
- Contractor must be available to the consumer on a 24/7 basis

b. Target Population: Adults in West County, who are diagnosed with a serious mental illness, are homeless or at imminent risk of homelessness, are at or below 300% of the federally defined poverty level, and are uninsured or receive Medi-Cal benefits.

c. Payment Limit: \$ 213,309

d. Number served: For FY 16/17: 29 Individuals

e. Outcomes: For FY 16/17:

- No change in incidence of psychiatric crisis
- Increase of the incidence of restriction

**Pre-and post-enrollment utilization rates for 29 Familias Unidas (Desarrollo Familiar, Inc.) FSP
Participants enrolled in the FSP program during FY 16-17**

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	% Change
<i>PES episodes</i>	9	11	0.035	0.035	0
<i>Inpatient episodes</i>	1	3	0.006	0.010	+66.7
<i>Inpatient days</i>	5	39	0.032	0.125	+290.6

* Data on service utilization were collected from the county's internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients' monthly rates of service utilization pre-enrollment to clients' post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:

- $(\text{No. of PES episodes during pre- enrollment period}) / (\text{No. of months in pre-enrollment period}) = \text{Pre-enrollment monthly PES utilization rate}$
- $(\text{No. of PES episodes during post-enrollment period}) / (\text{No. of months in post-enrollment period}) = \text{Post-enrollment monthly PES utilization rate}$

Divine's Home

Point of Contact: Maria Riformo.

Contact Information: 2430 Bancroft Lane, San Pablo, CA 94806

(510) 222-4109, HHailey194@aol.com

1. General Description of the Organization

The County contracts with Divine's Home, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

2. Program: Augmented Board and Cares – MHSA Housing Services - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 60 years and older, who live in Western Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Annual MHSA Payment Limit: \$ 5,184.00
- d. Number served: For FY 16/17: Capacity of 2 beds.

East County Adult Mental Health Clinic (Contra Costa Behavioral Health)

Point of Contact: Beverly Fuhrman, Program Manager

Contact Information: 2311 Loveridge Rd., Pittsburg, CA 94565

(925) 431-2621, Beverly.Fuhrman@hsd.cccounty.us

1. General Description of the Organization

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The East Adult Mental Health Clinic operates within Contra Costa Mental Health's Adult System of Care, and provides assessments, case management, psychiatric services, crisis intervention, housing services, and benefits assistance. Within the Adult Mental Health Clinic are the following MHPA funded programs and plan elements:

2. Plan Element: Adult Full Service Partnership Support - CSS

Contra Costa Mental Health has dedicated clinicians at each of the three adult mental health clinics to provide support, coordination and rapid access for full service partners to health and mental health clinic services as needed and appropriate. Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full Service Partnership services. Clinic management act as the gatekeepers for the Full Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full Service Partnership programs. Full Service Partnership Liaisons provide support to the Full Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care.

3. Plan Element: Clinic Support - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in 1) obtaining benefits they entitled to, educate consumers on how to maximize use of those benefits and manage resources, and 2) provide transportation support for consumers and families.

- a. Clinic Target Population: Adults aged 18 years and older, who live in East County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Total Number served by clinic: For FY 16-17 Approximately 2,633 Individuals.

4. Plan Element: Coaching to Wellness - INN

The Coaching to Wellness program provides an additional level of support for adult mental health consumers with certain chronic health conditions through intensive peer and nurse support. With components from intensive peer support coupled with

leveraging existing resources in the County, the Coaching to Wellness program provides a holistic team approach to providing care to our consumers. The goals of the program are to: 1) Improve consumer perception of their own wellness and well-being; 2) Increase healthy behaviors and decrease symptoms for consumers; and 3) Increase cross-service collaboration among primary and mental health care staff.

- a. Target Population: Adults aged 18 years and older who are currently receiving psychiatric-only services at a County-operated Adult clinic; Diagnosed with a serious mental illness (but at a stage to be engaged in recover); Diagnosed with a chronic health risk condition of cardiac, metabolic, respiratory, and/or have weight issues; Expressed an interest in the program; and indicated a moderate to high composite score on mental health and medical levels of support needed.
- b. Total Budget: \$222.752
- c. MHSA-funded Staff: 5.0 Full-time equivalents
- d. Total Number served: For FY 16/17: 73 individuals
- e. Outcomes: Evaluation of the program includes pre- and post-surveys that measure key indicators in areas such as: perceived recovery, functioning, and quality of life. Self-rated health and mental health data is collected by the Wellness Coaches and Nurses at most individual contacts and vitals collected and levels of support assessed by the Wellness Nurses as needed. Satisfaction and achievement on self-identified wellness goals recorded at post-program. Other proposed indicators include primary care and mental health appointment attendance, and utilization rate of involuntary psychiatric emergency admissions and/or acute psychiatric admissions.

East County Children’s Mental Health Clinic (Contra Costa Behavioral Health)

Point of Contact: Eileen Brooks, Program Manager

Contact Information: 2335 Country Hills Drive, Antioch, CA 94509

(925) 608-8735, Eileen.Brooks@hsd.cccounty.us

1. General Description of the Organization

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The East Children’s Mental Health Clinic operates within Contra Costa Behavioral Health’s Children’s System of Care, and provides psychiatric and outpatient services, family partners, and wraparound services. Within the Children’s Behavioral Health Clinic are the following MHSa funded plan elements:

2. Plan Element: Clinic Support - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in the following areas:

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the clinic. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
 - A Clinical Specialist/EBP Team Leader in each regional clinic who provides technical assistance, clinical consultation, and oversight of evidence-based practices in the clinic.
 - Support for full service partnership programs.
- a. Target Population: Children and youth aged 5 through 22 years, who live in East County, are diagnosed with a serious emotional disturbance or serious mental illness, and are uninsured or receive Medi-Cal benefits.
 - b. Number served by clinic: For FY 16/17: Approximately 1,537 Individuals.

First Five Contra Costa

Point of Contact: Wanda Davis

Contact Information: 1486 Civic Ct, Concord CA 94520

(925) 771-7328, wdavis@firstfivecc.org

1. General Description of the Organization

The mission of First 5 Contra Costa is to foster the optimal development of children, prenatal to five years of age. In partnership with parents, caregivers, communities, public and private organizations, advocates, and county government, First Five supports a comprehensive, integrated set of sustainable programs, services, and activities designed to improve the health and well-being of young children, advance their potential to succeed in school, and strengthen the ability of their families and caregivers to provide for their physical, mental, and emotional growth.

2. Programs: Triple P Positive Parenting Program - (PEI)

- a. Scope of Services: First Five Contra Costa and Contra Costa Behavioral Health jointly fund the Triple P Positive Parenting Program that is provided to parents of 0 to 5 children. The intent is to reduce the maltreatment of children by increasing a family's ability to manage their children's behavior and to normalize the need for support to develop positive parenting skills. The Triple P program provides timely access to service by placing the classes throughout county and offering classes year round. The Program has been proven effect across various cultures, and ethnic groups. Triple P is an evidence based practice that provides preventive and intervention support. First 5 Contra Costa provides over-site to of the subcontractor, works closely with the subcontractor on program implementation, identify, recruit and on board new Triple P Practitioners, management the database, review of outcome measurements, and quality improvement efforts. The partnership intended outcome is the outreach for increase recognition of early signs of mental illness._
- b. Target Population: Contra Costa County parents of at risk 0–5 children.
- c. Payment Limit: \$79,568
- d. Number served: For FY 16/17: 241 parents of children 0–5 yrs. (C.O.P.E.)
- e. Outcomes:
 - Completed 16 Level 4 Triple P parent education classes and 9 Level 2 seminars for parents of children age 0–5 (C.O.P.E.)

Clinical Highlights for FY 16-17:

Depression – parents self-report on symptoms such as hopelessness and dysphoria, decreased by 40% overall

Anxiety – parents self-report on symptoms such as anxiousness and situational anxiety, decreased by 40% overall

First Hope (Contra Costa Behavioral Health)

Point of Contact: Jude Leung, Program Manager

Contact Information: 1034 Oak Grove Rd, Concord, CA 94518

(925) 681-4450, yatmingjude.leung@hsd.cccounty.us

1. General Description of the Organization

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The First Hope program operates within Contra Costa Mental Health's Children's System of Care but is a hybrid program serving both children and young adults.

2. Program: First Hope: Early Identification and Intervention in Psychosis - PEI

- a. Scope of Service: The mission of the First Hope program is to reduce the incidence of psychosis and the secondary disability of those developing a psychotic disorder in Contra Costa County through:
 - Early Identification of young people between ages 12 and 25 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness.
 - Engaging and providing immediate treatment to those identified as "at risk", while maintaining progress in school, work and social relationships.
 - Providing an integrated, multidisciplinary team approach including psychoeducation, multi-family groups, individual and family therapy, case management, occupational therapy, supported education and vocation, family partnering, and psychiatric services within a single service model.
 - Outreach and community education with the following goals: 1) identifying all young people in Contra Costa County who are at risk for developing a psychotic disorder and would benefit from early intervention services; and 2) reducing stigma and barriers that prevent or delay seeking treatment through educational presentations.
- b. Target Population: 12-25 year old transition age youth and their families
- c. Total Budget: \$2,377,280
- d. Staff: 14 FTE full time equivalent multi-disciplinary staff
- e. Number served: For FY 16/17: 119 clients and their families served (assessments and clinical services). On any given day, between 55 and 70 clients and their families are open to services. Additionally, First Hope provided ongoing outreach education reaching 1,086 participants in the community and 149 initial phone screenings and consultation to at risk individuals, families, or providers.
- f. Outcomes:
 - Help clients manage Clinical High Risk symptoms
 - Help clients maintain progress in school, work, relationships
 - Reduce the stigma associated with symptoms
 - Prevent development of psychotic illnesses

- Reduce necessity to access psychiatric emergency services/ inpatient care

g. Long Term Public Health Outcomes:

- Reduce conversion rate from Clinical High Risk symptoms to schizophrenia
- Reduce incidence of psychotic illnesses in Contra Costa County
- Increase community awareness and acceptance of the value and advantages of seeking mental health care early

Forensic Mental Health (Contra Costa Behavioral Health)

Point of Contact: Marie Scannell, Program Manager

Contact Information: 1430 Willow Pass Road, Suite 100, Concord CA 94520

(925) 288-3915, Marie.Scannell@hsd.cccounty.us

1. General Description of the Organization

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The Forensic Services team operates within Contra Costa Mental Health's Adult System of Care, and works closely with Adult Probation, *the courts, and local police departments*.

2. Program: Forensic Services

The Forensics Services team is a multidisciplinary team comprised of mental health clinical specialists, registered nurses and community support workers. The purpose of the team is to engage and offer voluntary services to participants who are seriously and persistently mentally ill and are involved in the criminal justice system. Forensic Services hosts office hours at the three regional probation offices to enhance the opportunity for screening and service participation. The co-located model allows for increased collaboration among the participants, service providers, and Deputy Probation Officers.

The Forensic MHCS, CSWs, and nurses coordinate to offer Case Management services, individual therapy, and evidence based group therapies (CBSST, Seeking Safety and WRAP). WRAP services are also provided on an individual basis. In addition, monthly Case Coordination meetings are held for each probation department (east, west, and central) with the Probation Officers, Forensic MH staff, and other community providers. These meetings are used to discuss and coordinate services for individual probationers that are facing challenges in engaging and utilizing services.

The forensic staff participates in continuation of care by initiating contacts with probationers while in custody. These contact are both pre-release and during probation violations. In addition the Forensic CSW provides WRAP groups in MDF and will begin a WRAP group in WCDF in the near future.

The Forensic MHCS primarily located at east county probation has begun coordination of, and providing, services for the TAY population in conjunction with re-entry services. AOT: The Forensic Mental Health Team (FMHT) manages and provides an Assistant Outpatient Treatment Program, aka Laura Law AB 1421. The FMHT works in conjunction with contracted services provided by Mental Health Systems (MHS). All requests for potential AOT services come through the FMHT.

The FMHT is responsible to determine if the requestors meet the requirements as stated in the Welfare and Institution code and if the person for whom the request is being made meets the 9 criteria for eligible AOT services. The FMHT also provides linkage to other services for individuals that do not meet all the criteria for AOT.

- a. Scope of Services: Authorized in Fiscal Year 2011-12 four clinical specialists were funded by MHSA to join Forensics Services Team. These clinicians provide services to individuals who were determined to be high users of psychiatric emergency services and other public resources, but very low users of the level and type of care needed. This team works very closely with the criminal justice system to assess referrals for serious mental illness, provide rapid access to a treatment plan, and work as a team to provide the appropriate mental health, substance abuse and housing services needed.
- b. Target Population: Individuals who are seriously and persistently mentally ill who are on probation and at risk of re-offending and incarceration.
- c. Budget: \$982,245
- d. MHSA-Funded Staff: 4.0 Full-time equivalent
- e. Number Served in FY 16/17:
 - i. AB109 team: 175 cases were referred, 106 were screened for services, 45 opened for case management
 - ii. MHET team: 327+referred
- f. Number Served For Calendar Year January – December 2017:
 - i. AOT team: 165 referrals received, 34 determined to be AOT eligible, 29 engaged or re-engaged with a provider, 69 investigated and closed, 33 ongoing investigations

Fred Finch Youth Center

Point of Contact: Kimberly Powers, LCSW, Program Director

Contact Information: 2523 El Portal Drive, Suite 201, San Pablo, CA 94806

(510) 439-3130 ext. 6107, kimberlypowers@fredfinch.org

1. General Description of the Organization

Fred Finch Youth Center (FFYC) seeks to provide innovative, effective, caring mental health and social services to children, young adults, and their families that allow them to build on their strengths, overcome challenges, and live healthy and productive lives. FFYC serves children, adolescents, young adults, and families facing complex life challenges. Many have experienced trauma and abuse; live at or below the poverty line; have been institutionalized or incarcerated; have a family member that has been involved in the criminal justice system; have a history of substance abuse; or have experienced discrimination or stigma.

2. Program: Contra Costa Transition Age Youth Full Service Partnership - CSS

Fred Finch Youth Center is the lead agency that collaborates with the Contra Costa Youth Continuum of Services, The Latina Center and Contra Costa Mental Health to provide a full service partnership program for transition age youth in West and Central Contra Costa County.

- a. Scope of Services: Services will be provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care. The team includes a personal service coordinator working in concert with a multi-disciplinary team of staff, including peer and family mentors, a psychiatric nurse practitioner, staff with various clinical specialties, including co-occurring substance disorder and bi-lingual capacity. Services include:
 - Outreach and engagement
 - Case management
 - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
 - Crisis Intervention
 - Collateral
 - Medication support (may be provided by County Physician)
 - Housing support
 - Flexible funds
 - Referrals to Money Management services as needed
 - Supported Employment Services
 - Available to consumer on 24/7 basis
- b. Target Population: Young adults with serious mental illness or serious emotional disturbance. These young adults exhibit key risk factors of homelessness, limited English proficiency, co-occurring substance abuse, exposure to trauma, repeated school failure, multiple foster-care or family-caregiver placements, and

experience with the juvenile justice system and/or Psychiatric Emergency Services. FFYC serves Central and West County.

- c. Payment Limit: \$1,442,661
- d. Number served: For FY 16/17: 69 Individuals.
- e. Outcomes: For FY 16/17:
 - Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 69 Fred Finch FSP participants enrolled in the FSP program during FY 16-17

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%Change
<i>PES episodes</i>	68	31	0.106	0.045	-57.5
<i>Inpatient episodes</i>	26	7	0.042	0.010	-76.2
<i>Inpatient days</i>	162	49	0.25	0.062	-75.2

* Data on service utilization were collected from the county's internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients' monthly rates of service utilization pre-enrollment to clients' post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:

- $(\text{No. of PES episodes during pre-enrollment period}) / (\text{No. of months in pre-enrollment period}) = \text{Pre-enrollment monthly PES utilization rate}$
- $(\text{No. of PES episodes during post-enrollment period}) / (\text{No. of months in post-enrollment period}) = \text{Post-enrollment monthly PES utilization rate}$

George and Cynthia Miller Wellness Center (Contra Costa Behavioral Health)

Point of Contact: Thomas Tighe, Mental Health Program Manager

Contact Information: 25 Allen Street, Martinez CA 94553

(925) 890-5932, Thomas.Tighe@hsd.cccounty.us

1. General Description of the Organization

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The George and Cynthia Miller Wellness Center is a Federally Qualified Health Center under the Contra Costa Health Services Hospital and Clinics Division.

2. Program: George and Cynthia Miller Wellness Center (Formerly the Assessment and Recovery Center)

- a. Scope of Services: The George and Cynthia Miller Wellness Center (Miller Wellness Center) provides a number of services to the Contra Costa Behavioral Health Services' system of care consumers that includes the diversion of children and adults from Psychiatric Emergency Services (PES). Children and adults who are evaluated at PES may step-down to the Miller Wellness Center if they do not need hospital level of care. The Miller Wellness Center offers urgent same-day appointments for individuals who are not open to the Contra Costa Mental Health System, or who have disconnected from care after previously being seen. Services include brief family therapy, medication refills, substance abuse counseling, and general non-acute assistance. In addition, the Center provides appointments for patients post psychiatric inpatient discharge. This provides the opportunity for a successful transition that ensures that medications are obtained and appointments are scheduled in the home clinic. The behavioral health service site is located in a Federally Qualified Health Center with separate entrances from the physical health side.
- b. Target Population: Children and adults who are being diverted from PES, transition from inpatient, and consumers not yet connected to the outpatient system of care.
- c. Total Budget: \$319,819
- d. Staff funded through MHSA: 3 FTE – A Program Manager, and two Community Support Workers.
- e. Number Served: To Be Determined
- f. Outcomes: To Be Determined

James Morehouse Project at El Cerrito High, YMCA East Bay

Point of Contact: Jenn Rader (Director)

Contact Information: 540 Ashbury Ave, El Cerrito, CA 94530

(510) 231-1437, jenn@jmh.org

1. General Description of the Organization

The James Morehouse Project (JMP) works to create positive change within El Cerrito High School through health services, counseling, youth leadership projects and campus-wide school climate initiatives. Founded in 1999, the JMP assumes youth have the skills, values and commitments to create change in their own lives and the life of the school community. The JMP partners with community and government agencies, local providers and universities.

2. Program: James Morehouse Project (JMP) - PEI

- a. Scope of Services: The James Morehouse Project (JMP), the school health center at El Cerrito High School (fiscal sponsor: YMCA of the East Bay), will provide services that increase access to mental health/health services and a wide range of innovative youth development programs for 300 multicultural youth in West Contra Costa County. The JMP will provide a wide range of innovative youth development programs through an on-campus collaborative of community-based agencies, local universities and County programs. Key activities designed to improve students' well-being and success in school include: AOD Prevention; Migrations/Journeys (immigration/acclimation); Bereavement Groups (loss of a loved one); Culture Keepers (youth of color leadership); Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse); Peer Conflict Mediation; Mindfulness skills (anger/stress management); Young men's gender/relationship.

As an on-campus student health center, the JMP is uniquely situated to maximize access and linkage to mental health services for young people from underserved communities. The JMP connects directly with young people at school and provides timely, ongoing and consistent services to youth on-site. Because the JMP also offers a wide range of youth development programs and activities, JMP space has the energy and safety of a youth center. For that reason, students do not experience any stigma around coming into the health center or accessing services.

- b. Target Population: Students at-risk for trauma and violence at El Cerrito HS
- c. Payment Limit: \$97,000
- d. Numbers Served: For FY 16/17: 300+
- e. Outcomes:
 - Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth.

- Increased well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth.
- Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth.
- Reduced likelihood of ECHS youth being excluded from school.
- Strengthened culture of safety, connectedness and inclusion schoolwide.

f. Measures of Success

- 90% of participating students will show an improvement across a range of resiliency indicators, using a resiliency assessment tool that measures change in assets within the academic year, 2017 to 2018.
- 90% of participating students will report an increase in well-being through self-report on a qualitative evaluation tool within the academic year, 2017 to 2018.
- ECHS School Climate Index (SCI) score will increase by 15 or more points from 2017 to 2018.

Jewish Family & Community Services East Bay (JFCS East Bay)

Point of Contact: Amy Weiss, Director of Refugee & Immigrant Services
Contact Information: 1855 Olympic Blvd. #200, Walnut Creek, CA 94596
(925) 927-2000, aweiss@jfcs-eastbay.org

1. General Description of the Organization

Rooted in Jewish values and historical experiences, and inspired by the diverse communities the agency serves, JFCS East Bay promotes the well-being of individuals and families by providing essential mental health and social services to people of all ages, races, and religions. Established in 1877, JFCS East Bay's long tradition of caring directly impacts the lives of approximately 6,000 Alameda and Contra Costa residents each year. The agency provides services in three main program areas: Refugees & Immigrants, Children & Parents, and Adults & Seniors. Woven throughout these services is a comprehensive volunteer program.

2. Program: Community Bridges

- a. Scope of Services: During the term of this contract, Jewish Family & Community Services East Bay will assist Contra Costa Mental Health to implement the Mental Health Services Act (MHSA), Prevention and Early Intervention Program "Reducing Risk of Developing Mental Illness" by providing Outreach and Engagement to Underserved Communities with the Community Bridges Program, providing culturally grounded, community-directed mental health education and navigation services to 200 to 300 refugees and immigrants of all ages and sexual orientations in the Afghan, Syrian, Iranian, Iraqi, African, and Russian communities of central Contra Costa County. Prevention and early intervention-oriented program components include culturally and linguistically accessible mental health education; early assessment and intervention for individuals and families; and health and mental health system navigation assistance. Services will be provided in the context of group settings and community cultural events, as well as with individuals and families, using a variety of convenient non-office settings such as schools, senior centers, and client homes. In addition, the program will include mental health training for frontline staff from JFCS East Bay and other community agencies working with diverse cultural populations, especially those who are refugees and immigrants. The Contractor's program shall be carried out as set forth in the Work Plan for this Contract, which is incorporated herein by reference, a copy of which is on file in the office of the County's Mental Health Director and a copy of which the County has furnished to the Contractor.

Individuals receiving Contractor's services pursuant to this Agreement are hereinafter referred to as "Clients." These clients are also Clients of the County's Mental Health Division and other County-approved referral agencies.

- b. Target Population: Immigrant and refugee families of Contra Costa County at risk for developing a serious mental illness.
- c. Payment Limit: \$164,469
- d. Number served: For FY16/17: 331
- e. Outcomes:
 - Conduct pre- and post-assessments of 100 to 200 clients.
 - Provide bilingual/bicultural case management/systems navigation for 125 to 175 clients.
 - Provide 4 trainings on cross-cultural mental health concepts for 35 to 40 frontline staff from JFCS East Bay and other community agencies.
 - Provide 2 (2-hour) mental health education classes to 20-24 Arabic-speaking clients.
 - Provide 4 (2-hour) mental health education classes to 10-12 Dari/Farsi-speaking seniors.
 - Provide 4 (2-hour) Dari/Farsi-bilingual parenting classes to 10-12 Afghan and Iranian parents.
 - Provide 4 (2-hour) mental health education classes to 10-12 Russian-speaking seniors.
 - Refer 25 to 45 high-risk individuals to bilingual therapy services in the community or, as capacity allows, to JFCS East Bay's bilingual therapist.

Juvenile Justice System – Supporting Youth (Contra Costa Behavioral Health)

Point of Contact: Daniel Batiuchok, Program Manager
Contact Information: 202 Glacier Drive, Martinez, CA 94553
(925) 957-2739, Daniel.Batiuchok@hsd.cccounty.us

1. General Description of the Organization

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The staff working to support youth in the juvenile justice system operate within Contra Costa Mental Health's Children's System of Care.

2. Program: Mental Health Probation Liaisons and Orin Allen Youth Ranch Clinicians - PEI

County mental health clinicians strive to help youth experiencing the juvenile justice system become emotionally mature and law abiding members of their communities. Services include screening and assessment, consultation, therapy, and case management for inmates of the Juvenile Detention Facility and juveniles on probation, who are at risk of developing or struggle with mental illness or severe emotional disturbance.

a. Scope of Services:

Orin Allen Youth Rehabilitation Facility (OAYRF)

OAYRF provides 100 beds for seriously delinquent boys ages 13-21, who have been committed by the Juvenile Court. OAYRF provides year-round schooling, drug education and treatment, Aggression Replacement Training, and extracurricular activities (gardening, softball). Additionally, the following mental health services are provided at OAYRF: psychological screening and assessment, crisis assessment and intervention, risk assessment, individual therapy and consultation, family therapy, psychiatric, case management and transition planning.

Mental Health Probation Liaison Services

MHAPS has a team of three mental health probation liaisons stationed at each of the three field probation offices (in East, Central, and West Contra Costa County). The mental health probation liaisons are responsible for assisting youth and families as they transition out of detention settings and return to their communities. Services include: providing mental health and social service referrals, short term case management, short term individual therapy, short term family therapy. Additionally, the mental health probation liaisons are responsible for conducting court-ordered mental health assessments for youth within the county detention system.

b. Target Population: Youth in the juvenile justice system in need of mental health support

- c. Payment Limit: \$702,521
- d. Staff: 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch
- e. Number served: For FY 16/17: 300+
- f. Outcomes:
 - Help youth address mental health and substance abuse issues that may underlie problems with delinquency
 - Increased access to mental health services and other community resources for at risk youth
 - Decrease of symptoms of mental health disturbance
 - Increase of help seeking behavior; decrease stigma associated with mental illness.

La Clinica de la Raza

Point of Contact: Joanna Locke

Contact Information: PO Box 22210, Oakland, CA, 94623

(510) 535 2911, jlocke@laclinica.org

1. General Description of the Organization

With 35 sites spread across Alameda, Contra Costa and Solano Counties, La Clínica delivers culturally and linguistically appropriate health care services to address the needs of the diverse populations it serves. La Clínica is one of the largest community health centers in California.

2. Program: Vías de Salud and Familias Fuertes (PEI)

- a. Scope of Services: La Clínica de La Raza, Inc. (La Clínica) will implement Vías de Salud (Pathways to Health) to target Latinos residing in Central and East Contra Costa County with: a) 3,000 depression screenings; b) 500 assessment and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation; and c) 1,000 follow-up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment. La Clínica's PEI program category is Improving Timely Access to Services for Underserved Populations.

Contractor will also implement Familias Fuertes (Strong Families), to educate and support Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. The project activities will include: 1) Screening for risk factors in youth ages 0-18 (750 screenings); 2) 150 Assessments (includes child functioning and parent education/support) with the a Behavioral Health Specialist will be provided to parents/caretakers of children ages 0-18; 3) Two hundred (200) follow up visits with children/families to provide psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues. The goal is to be designed and implemented to help create access and linkage to mental health treatment, be designed, implemented and promoted in ways that improve timely access to mental health treatment services for persons and/or families from underserved populations, and be designed, implemented and promoted using strategies that are non-stigmatizing and non-discriminatory.

- b. Target Population: Contra Costa County Latino residents at risk for developing a serious mental illness.
- c. Payment Limit: \$272,386
- d. Number served For FY 16/17: 4696 clients
- e. Outcomes: Vias de Salud - Participants of support groups reported reduction in isolation and depression. Familias Fuertes - 100% of parents reported increased

knowledge about positive family communication, 100% of parents reported improved skills, behavior, and family relationships.

The Latina Center

Point of Contact: Miriam Wong

Contact Information: 3701 Barrett Ave #12, Richmond, CA 94805

(510) 233-8595, mwong@thelatinacenter.org

1. General Description of the Organization

The Latina Center is an organization of and for Latinas that strive to develop emerging leaders in the San Francisco Bay Area through innovative training, support groups and leadership programs. The mission of The Latina Center is to improve the quality of life and health of the Latino Community by providing leadership and personal development opportunities for Latina women.

2. Program: Our Children First/Primero Nuestros Niños- PEI

- a. Scope of Services: The Latina Center (TLC) provides culturally and linguistically specific parenting education and support to at least 300 Latino parents and caregivers in West Contra Costa County that 1) supports healthy emotional, social and educational development of children and youth ages 0-15, and 2) reduces verbal, physical and emotional abuse. The Latina Center enrolls primarily low- income, immigrant, monolingual/bilingual Latino parents and grandparent caregivers of high-risk families in a 12-week parenting class using the Systematic Training for Effective Parenting (STEP) curriculum or PECES in Spanish (Padres Eficaces con Entrenamiento Eficaz). Parent Advocates are trained to conduct parenting education classes, and Parent Partners are trained to offer mentoring, support and systems navigation. TLC provides family activity nights, creative learning circles, cultural celebrations, and community forums on parenting topics.
- b. Target Population: Latino Families and their children in West County at risk for developing serious mental illness.
- c. Payment Limit: \$108,565
- d. Number served: FY 16/17: 307
- e. Outcomes:
 - 100% of the 307 parent participants surveyed responded that the program has helped them become a better parent, improve their relationships with their family, improved communication with their children and given them more strategies for relating to and raising their children.
 - 25 classes were held in Richmond/San Pablo schools, churches and community centers.
 - Goal to engage Latino fathers
 - Referrals to a peer support group at The Latina Center where one can obtain emotional support and developed personal skills (i.e. learned to identify and manage their emotions, learned to identify domestic violence, learned to implement stress management techniques, and more).

LAO Family Community Development

Point of Contact: Kathy Chao Rothberg

Contact Information: 1865 Rumrill Blvd. Suite #B, San Pablo, Ca 94806

(510) 215-1220, krothberg@lfcd.org

1. General Description of the Organization

Founded in 1980, Lao Family Community Development, Inc. (LFCD) annually assists more than 15,000 diverse refugee, immigrant, limited English, and low-income U.S. born community members in achieving long-term financial and social self-sufficiency. LFCD operates in 3 Northern California counties delivering timely, linguistically, and culturally appropriate services using an integrated service model that addresses the needs of the entire family unit, with the goal of achieving self-sufficiency in one generation.

2. Program: Health and Well-Being for Asian Families - PEI

- a. Scope of Services: Lao Family Community Development, Inc. provides a comprehensive and culturally sensitive Prevention and Early Intervention Program that combines an integrated service system approach for serving underserved Asian and South East Asian adults throughout Contra Costa County. The program activities designed and implemented include: comprehensive case management; evidence based educational workshops using the Strengthening Families Curriculum; and peer support groups. Strategies used reflect non-discriminatory and non-stigmatizing values. We will provide outreach, education and support to a diverse underserved population to facilitate increased development of problem solving skills, increase protective factors to ensure families emotional well-being, stability, and resilience. We will provide timely access, referral and linkage to increase client's access to mental health treatment and health care providers in the community based, public and private system. LFCD provides in language outreach, education, and support to develop problem solving skills, and increase families' emotional well-being and stability, and help reduce the stigmas and discriminations associated with experiencing mental health. The staff provides a client centered, family focused, strength based case management and planning process, to include home visits, brief counseling, parenting classes, advocacy and referral to other in-house services such as employment services, financial education, and housing services. These services are provided in clients' homes, other community based settings and the offices of LFCD in San Pablo.
- b. Target Population: South Asian and South East Asian Families at risk for developing serious mental illness.
- c. Payment Limit: \$180,275
- d. Number served: For FY 16/17: 125
- e. Outcomes:

- 100% of program participants completed the Lubben Social Networking Scale assessments.
- High participation and completion rates suggest cohesiveness among participants and reduction of social isolation.

Lifelong Medical Care

Point of Contact: Kathryn Stambaugh

Contact Information: 2344 6th Street, Berkeley, CA 94710

(510) 981-4156, kstambaugh@lifelongmedical.org

1. General Description of the Organization

Founded in 1976, LifeLong Medical Care (LifeLong) is a multi-site safety-net provider of comprehensive medical, dental, behavioral health and social services to low-income individuals and families in West Contra Costa and Northern Alameda counties. In 2017, LifeLong provided approximately 300,000 health care visits to 61,000 people of all ages.

2. Program: Senior Network and Activity Program (SNAP) - PEI

- a. Scope of Services: LifeLong's PEI program, SNAP, brings therapeutic drama, art, music and wellness programs to isolated and underserved older adults in Richmond. SNAP encourages lifelong learning and creativity, reduces feelings of depression and social isolation, and connects consumers with mental health and social services as needed. All services are designed with consumer input to promote feelings of wellness and self-efficacy, reduce the effects of stigma and discrimination, build community connections, and provide timely access to underserved populations who are reluctant or unable to access other mental health and social services.

SNAP provides services on-site at three housing locations, including weekly group activities, one-on-one check-ins, and case management. Activities vary based on consumer interests; some examples include choir, theater, art, board games, word games, special events, and holiday celebrations. Services also include quarterly outings, screening for depression and isolation, information and referral services, and outreach to invite participation in group activities and develop a rapport with residents.

Services are designed to improve timely access to mental health treatment services for persons and/or families from underserved populations, utilizing strategies that are non-stigmatizing and non-discriminatory. The expected impact of these services includes: Reducing isolation and promoting feelings of wellness and self-efficacy; increasing trust and reducing reluctance to revealing unmet needs or accepting support services; decreasing stigma and discrimination among underserved populations; and improving quality of life by wellness and self-efficacy; increasing trust and reducing reluctance to revealing unmet needs or accepting support services; decreasing stigma and discrimination among underserved populations: and improving quality of life by reducing loneliness and promoting friendships and connections with others.

- b. Target Population: Seniors in low income housing projects at risk for developing serious mental illness.

- c. Payment Limit: \$126,977
- d. Number served: For FY 16/17: 144
- e. Outcomes:
 - More than 50% of participants demonstrated self-efficacy and purpose by successfully completing at least one long-term project.
 - 100% of respondents self-reported improvement in mood as a result of participating in SNAP.
 - 100% of respondents reported satisfaction with the SNAP program.

Lincoln Child Center

Point of Contact: Christine Stoner-Mertz, CEO

Contact Information: 1266 14th St, Oakland CA 94607

(510) 273-4700, chrisstoner@lincolnchildcenter.org

1. General Description of the Organization

Lincoln Child Center was founded in 1883 as the region's first volunteer-run, non-sectarian, and fully integrated orphanage. As times and community needs evolved, Lincoln's commitment to vulnerable children remained strong. In 1951, Lincoln began serving abused, neglected and emotionally challenged children. Today, as a highly respected provider of children's services, Lincoln has a continuum of programs to serve challenged children and families throughout the Bay Area. Their community based services include early intervention programs in the Oakland and Pittsburg School Districts aimed at stopping the cycle of violence, abuse and mental health problems for at-risk children and families.

2. Program: Multi-Dimensional Family Therapy (MDFT) – Full Service Partnership CSS

Multidimensional Family Therapy (MDFT), an evidence-based practice, is a comprehensive and multi-systemic family-based outpatient program for youth and adolescents with co-occurring substance use and mental health disorders who may be at high risk for continued substance abuse and other problem behaviors, such as conduct disorder and delinquency. Working with the youth and their families, MDFT helps youth develop more effective coping and problem solving skills for better decision making, and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems. Services are delivered over 4 to 6 months, with weekly or twice-weekly, face-to-face contact, either in the home, the community or in the clinic.

a. Scope of Services:

- Services include but are not limited to:
- Outreach and engagement
- Case management
- Outpatient Mental Health Services
- Crisis Intervention
- Collateral Services
- Group Rehab
- Flexible funds
- Contractor must be available to consumer on 24/7 basis

b. **Target Population:** Children in West, Central and East County experiencing co-occurring serious mental health and substance abuse disorders. Youth and their families can be served by this program.

c. **Payment Limit:** \$556,973

d. **Number Served:** The program served 68 clients in FY16/17.

e. Outcomes: For FY 16/17:

- Reduction in incidence of psychiatric crisis
- Reduction of the incidence of restriction

Pre- and post-enrollment utilization rates for 68 Lincoln Child Center, participants enrolled in the FSP program during FY 16-17

	<i>No. pre-enrollment</i>	<i>No. post-enrollment</i>	<i>Rate pre-enrollment</i>	<i>Rate post-enrollment</i>	<i>% Change</i>
<i>PES episodes</i>	7	2	0.014	0.004	-71.4
<i>Inpatient episodes</i>	5	1	0.008	0.002	-75
<i>Inpatient days</i>	20	5	0.036	0.012	-66.7
<i>JACS</i>	21	14	0.037	0.027	-27.0

PH Senior Care, LLC (Pleasant Hill Manor)

Point of Contact: Evelyn Mendez-Choy

Contact Information: 40 Boyd Road, Pleasant Hill CA, 94523

(925) 937-5348, emendez@northstarsl.com

1. General Description of the Organization

The County contracts with Pleasant Hill Manor, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

2. Program: Augmented Board and Cares – MHSA Housing Services - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 60 years and older, who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Annual MHSA Payment Limit: \$ 90,000
- d. Number served: For FY 16/17: 23 beds available.

Mental Health Services Act Housing Services (Contra Costa Health, Housing, and Homeless)

Point of Contact: Jenny Robbins, LCSW, Housing and Services Administrator
Contact Information: 2400 Bisso Lane, Suite D2, Concord, CA 94520
(925) 608-6000, Jenny.Robbins@hsd.cccounty.us

1. General Description of the Organization

The Behavioral Health Services Division partners with the Health, Housing and Homeless Division to provide permanent and temporary housing with supports for person experiencing a serious mental illness and who are homeless or at risk of being homeless.

2. Program: Homeless Programs -- Temporary Shelter Beds

The County's Health Housing and Homeless Services Division operates a number of temporary bed facilities in West and Central County for transitional age youth and adults. CCBHS, maintains a Memorandum of Understanding with the Health Housing and Homeless Services Division that provides additional funding to enable up to 64 individuals with a serious mental illness per year to receive temporary emergency housing for up to four months.

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed, and are homeless.
- b. Total MHSA Portion of Budget: \$1,989,235
- c. Number Served in FY 16/17: 64 beds fully utilized for 365 days in the year.

3. Program: Permanent Housing

Having participated in a specially legislated MHSA Housing Program through the California Housing Finance Agency the County, in collaboration with many community partners, the County completed a number of one-time capitalization projects to create 50 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from Contra Costa Behavioral Health contract and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Anka Behavioral Health.

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed and are homeless or at risk of homelessness.
- b. Total MHSA Portion of Budget: One Time Funding Allocated
- c. Number Served in FY 16/17: 56 units.

4. Program: Coordination Team

The CCBHS Health Housing and Homeless Services Coordinator and staff work closely with County's Homeless Services Division staff to coordinate referrals and placements, facilitate linkages with other Contra Costa mental health programs and

services, and provide contract monitoring and quality control of 26 augmented board and care providers to provide permanent supportive housing for chronically homeless disabled individuals.

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed and are homeless or at risk of homelessness.
- b. Total FTE: 4.0 FTE
- c. Total MHSA Portion of Budget: \$549,348
- d. Number Served in FY 16/17: Approximately 700 individuals per year receive permanent or temporary supportive housing by means of MHSA funded housing services.

Mental Health Systems, Inc.

Point of Contact: Laura V. Otis-Miles, Ph.D., CPRP

Contact Information: 2280 Diamond Blvd., #500, Concord, CA 94520

(858) 573-2600, lotis@mhsinc.org

1. General Description of the Organization

Mental Health Systems (MHS) provides mental health services and substance abuse treatment designed to improve the lives of individuals, families and communities. MHS operates over 80 programs throughout central and southern California and has recently contracted with Contra Costa Behavioral Health to provide Assisted Outpatient Treatment/Assertive Community Treatment services to residents of Contra Costa County.

2. Program: MHS Contra Costa ACTiOn Team - CSS

Mental Health Systems, Inc. (MHS) will provide Assisted Outpatient Treatment (AOT) services and subsequent Assertive Community Treatment (ACT) Full Service Partnership (FSP) services for up to 75 eligible adults in Contra Costa County. Program services shall meet the requirements of AB 1421 (Laura's Law) while respecting the choice, autonomy and dignity of individuals struggling with the symptoms of serious mental illness (SMI) and/or co-occurring substance abuse disorders.

The Contra Costa ACTiOn program will be inclusive of outreach, engagement and support in the investigatory process of AOT determination and the subsequent provision of ACT services. MHS' FSP program model will incorporate an ACT Team whose multidisciplinary members will provide intensive community-based services to adults with SMI and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria and agree to voluntarily accept services.

- a. Scope of Services: The AOT/ACT Adult Full Service Partnership is a collaborative program that joins the resources of Mental Health Systems, Inc. and Contra Costa County Behavioral Health Services in a program under the auspices of the Mental Health Services Act (MHSA). ACT is an evidence-based treatment model approved by Substance Abuse and Mental Health Services Administration (SAMHSA). The primary goal of ACT is recovery through community treatment and rehabilitation.
- b. Target Population: Adults diagnosed with serious mental illness and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria for FSP services and agree to voluntarily accept services.
- c. Payment Limit: \$1,957,000
- d. Number Served: The program served 16 clients in FY16/17.
- e. Outcomes: For FY 16/17:
 - Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction

Pre-and post-enrollment utilization rates for 16 Mental Health Systems FSP participants enrolled in the FSP program during FY 16-17

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	% Change
PES episodes	166	33	0.097	0.019	-80.4
Inpatient episodes	26	9	0.177	0.052	-70.6
Inpatient days	177	124	1.219	0.066	-94.6

* Data on service utilization were collected from the county's internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients' monthly rates of service utilization pre-enrollment to clients' post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:

- (No. of PES episodes during pre- enrollment period)/ (No. of months in pre-enrollment period) =Pre-enrollment monthly PES utilization rate
- (No. of PES episodes during post-enrollment period)/ (No. of months in post-enrollment period) =Post-enrollment monthly PES utilization rate

Modesto Residential Living Center, LLC.

Point of Contact: Dennis Monterosso

Contact Information: 1932 Evergreen Avenue, Modesto CA, 95350

(209)530-9300, info@modestoRLC.com

1. General Description of the Organization

The County contracts with Modesto Residential, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

2. Program: Augmented Board and Cares – MHSA Housing Services - CSS

The County contracts with Modesto Residential Living Center, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who lived in Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits, and accepted augmented board and care at Modesto Residential Living Center.
- c. Annual MHSA Payment Limit: \$ 71,175
- d. Number served: For FY 16/17: Capacity of 6 beds.

Native American Health Center (NAHC)

Point of Contact: Chirag Patel

Contact Information: 2566 MacDonald Ave, Richmond, CA 94804

(510) 434-5483, chiragp@nativehealth.org

1. General Description of the Organization

The Native American Health Center serves the California Bay Area Native Population and other under-served populations. NAHC has worked at local, state, and federal levels to deliver resources and services for the urban Native American community and other underserved populations, to offer include medical, dental, behavioral health, nutrition, perinatal, substance abuse prevention, HIV/HCV care coordination and prevention services.

2. Program: Native American Wellness Center – PEI

- a. Scope of Services: Native American Health Center provides outreach for the increase recognition of early signs of mental illness. To this end, they provide mental health prevention groups and quarterly events for Contra Costa County Community Members. These activities help develop partnerships that bring consumers and mental health professionals together to build a community that reflects the history and values of Native American people in Contra Costa County. Community-building activities done by NAHC staff, community members, and consultants, include an elder's support group, youth wellness group (including suicide prevention and violence prevention activities). Quarterly cultural events and traditional arts groups including: beading, quilting, shawl making and drumming. Other activities include: Positive Indian Parenting to teach life and parenting skills, Talking Circles that improve communications skills and address issues related to mental health, including domestic violence, individual and historical trauma and Gathering of Native Americans (GONA) to build a sense of belonging and cohesive community. Expected outcomes include increases in social connectedness, communication skills, parenting skills, and knowledge of the human service system in the county.

Program Staff conduct cultural competency trainings for public officials and other agency personnel. Staff assist with System Navigation including individual peer meetings, referrals to appropriate services (with follow-up), and educational sessions about Contra Costa County's service system.

- b. Target Population: Native American residents of Contra Costa County (mainly west region), who are at risk for developing a serious mental illness.
- c. Payment Limit: \$231,419
- d. Number served: For FY 16/17: 47
- e. Outcomes:

- Program participants will increase social connectedness within a twelve month period.
- Program participants will increase family communications.
- Participants that engaged in referrals and leadership training increased their ability to navigate the mental health/health/education systems.

Oak Hills Residential Facility

Point of Contact: Rebecca Lapasa

Contact Information: 141 Green Meadow Circle, Pittsburg, CA 94565

(925) 709-8853, Rlapasa@yahoo.com

1. **General Description of the Organization:** The County contracts with Oak Hills, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.
2. **Program: Augmented Board and Cares – MHSA Housing Services - CSS**
 - a. **Scope of Services:** Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
 - b. **Target Population:** Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
 - c. **Annual MHSA Payment Limit:** \$16,315.00
 - d. **Number served:** For FY 16/17: 6 beds.

Office for Consumer Empowerment (Contra Costa Behavioral Health)

Point of Contact: Jennifer Tuipulotu, Program Coordinator

Contact Information: 1330 Arnold Drive #140, Martinez, CA 94553

(925) 957-5206, Jennifer.Tuipulotu@hsd.cccounty.us

1. General Description of the Organization

The office for Consumer Empowerment is a County operated program that supports the entire Behavioral Health System, and offers a range of trainings and supports by and for individuals who have experience receiving behavioral health services. The goals are to increase access to wellness and empowerment knowledge for participants of the Behavioral Health System.

2. Program: Reducing Stigma and Discrimination – PEI

a. Scope of Services

- The PhotoVoice Empowerment Project equips individuals with lived mental health and co-occurring experiences with the resources of photography and narrative in confronting internal and external stigma and overcoming prejudice and discrimination in the community.
- The Wellness and Recovery Education for Acceptance, Choice and Hope (WREACH) Speakers' Bureau encourages individuals with lived mental health and co-occurring experiences, as well as family members and providers, to effectively present their recovery and resiliency stories in various formats to a wide range of audiences, such as health providers, academic faculty and students, law enforcement, and other community groups.
- Staff leads and supports the Committee for Social Inclusion. This is an alliance of community members and organizations that meet regularly to promote social inclusion of persons who use behavioral health services. The committee promotes dialogue and guides projects and initiatives designed to reduce stigma and discrimination, and increase inclusion and acceptance in the community.
- Staff provides outreach and support to peers and family members to enable them to actively participate in various committees and sub-committees throughout the system. These include the Mental Health Commission, the Consolidated Planning and Advisory Workgroup and sub-committees, and Behavioral Health Integration planning efforts. Staff provides mentoring and instruction to consumers who wish to learn how to participate in community planning processes or to give public comments to advisory bodies.
- Staff partner with NAMI Contra Costa to offer a writers' group for people diagnosed with mental illness and family members who want to get support and share experiences in a safe environment.

3. Program: Mental Health Career Pathway Program -- WET

- #### **a. Scope of Services:** The Mental Health Service Provider Individualized Recovery Intensive Training (SPIRIT) is a recovery-oriented peer led classroom and experientially based college accredited program that prepares individuals to

become providers of service. Certification from this program is a requirement for many Community Support Worker positions in Contra Costa Behavioral Health. Staff provide instruction and administrative support, and provide ongoing support to graduates who are employed by the County.

4. **Program: Overcoming Transportation Barriers – INN**

- a. Scope of Services: The Overcoming Transportation Barriers program is a systemic approach to develop an effective consumer-driven transportation infrastructure that supports the entire mental health system of care. The goals of the program are to improve access to mental health services, improve public transit navigation, and improve independent living and self-management skills among peers. The program targets peers and caregivers throughout the mental health system of care.
- b. Target Population: Participants of public mental health services and their families; the general public.
- c. Total MHSA Funding for FY 2016-17: \$864,671
- d. Staff: 11 full-time equivalent staff positions.
- e. Outcomes:
 - Increased access to wellness and empowerment knowledge and skills by participants of mental health services.
 - Decrease stigma and discrimination associated with mental illness.
 - Increased acceptance and inclusion of mental health peers in all domains of the community.

Older Adult Mental Health (Contra Costa Behavioral Health)

Point of Contact: Heather Sweeten-Healy, LCSW, Mental Health Program Manager or Ellie Shirgul, PsyD, Mental Health Program Supervisor

Contact Information: 2425 Bisso Lane, Suite 100, Concord, CA 94520

(925)-521-5620, Heather.Sweeten-Healy@hsd.cccounty.us,

Ellen.Shirgul@hsd.cccounty.us

1. General Description of the Organization

The Older Adult Mental Health Clinic is in the Adult System of Care and provides mental health services to Contra Costa's senior citizens, including preventive care, linkage and outreach to under-served at risk communities, problem solving short-term therapy, and intensive care management for severely mentally ill individuals.

2. Program: Intensive Care Management Teams - CSS

The Intensive Care Management Teams (ICMT) provides mental health services to older adults in their homes, in the community and within a clinical setting. Services are provided to Contra Costa County residents with serious psychiatric impairments who are 60 years of age or older. The program provides services to those who are insured through Medi-Cal, dually covered under Medi-Cal and MediCare, or uninsured. The primary goal of these teams is to support aging in place as well as to improve consumers' mental health, physical health, prevent psychiatric hospitalization and placement in a higher level of care, and provide linkage to primary care appointments, community resources and events, and public transportation in an effort to maintain independence in the community. Additionally, the teams provide services to those who are homeless, living in shelters, or in residential care facilities. There are three multi-disciplinary Intensive Care Management Teams, one for each region of the county that increases access to resources throughout the county.

3. Program: Improving Mood Providing Access to Collaborative Treatment (IMPACT) - CSS

IMPACT is an evidence-based practice which provides depression treatment to individuals age 55 and over in a primary care setting. The IMPACT model prescribes short-term (8 to 12 visits) Problem Solving Therapy and medication consultation with up to one year of follow-up as necessary. Services are provided by a treatment team consisting of licensed clinicians, psychiatrists, and primary care physicians in a primary care setting. The target population for the IMPACT Program is adults age 55 years and older who are receiving health care services at a federally qualified health center. The program focuses on treating older adults with late-life depression and co-occurring physical health impairments, such as cardio-vascular disease, diabetes, or chronic pain. The primary goals of the Impact Program are to prevent more severe psychiatric symptoms, assist clients in accessing community resources as needed, reducing stigma related to accessing mental health treatment and providing access to therapy to this underserved population.

4. Program: Senior Peer Counseling - PEI

This program reaches out to isolated and mildly depressed older adults in their home environments and links them to appropriate community resources in a culturally competent manner. Services are provided by Senior Peer Volunteers, who are trained and supervised by the Senior Peer Counseling Coordinators. Both the Latino and Chinese Senior Peer Counseling Programs are recognized as a resource for these underserved populations. This program serves older adults age 55 and older who are experiencing aging issues such as grief and loss, multiple health problems, loneliness, depression and isolation. Primary goals of this program are to prevent more severe psychiatric symptoms and loss of independence, reduce stigma related to seeking mental health services, and increase access to counseling services to these underserved populations.

- a. Target Population: Depending on program, Older Adults aged 55 or 60 years and older experiencing serious mental illness or at risk for developing a serious mental illness.
- b. Total Budget: Intensive Care Management - \$2,995,707; IMPACT - \$392,362; Senior Peer Counseling - \$370,479.
- c. Staff: 27 Full time equivalent multi-disciplinary staff.
- d. Number served: For FY 16/17: ICMT served 245 individuals; IMPACT served 217 individuals; Senior Peer Counseling Program trained and supported 68 volunteers and served 527 individuals.
- e. Outcomes: For IMPACT and ICM: Changes in Level of Care Utilization System (LOCUS) scores, reductions in Psychiatric Emergency Service visits, reductions in hospitalizations, decreased Patient Health Questionnaire (PHQ-9) scores, and reduced isolation, which is assessed by the PEARLS (ICM only). The SPC Program is in the process of implementing a Loneliness Scale that will be administered at intake, and at the end of counseling to assess levels of isolation and loneliness.

5. Program: Partners in Aging - INN

Program was implemented on September 1st, 2016. Partners in Aging adds up to two Community Support Workers, up to 3 Student Interns and 8 hours/week of Psychiatric Services to the IMPACT program. It is designed to increase the ability of the IMPACT program to reach out to underserved older adult populations through outreach at Psychiatric Emergency Services and in the community. Through Partners in Aging, IMPACT will also be able to provide more comprehensive services, including providing linkage to Behavioral Health, Ambulatory Care, and Alcohol and Other Drugs services. Peer support, rehab, and in-home and in-community coaching will allow the skills learned through psychotherapy to be practiced in the community.

- a. Scope of Services: Community Support Workers and Student Interns provide linkage, in-home and in-community peer support, and health/mental health coaching to consumers open to or referred to the IMPACT program. In addition, the CSW and Student Intern provide outreach to staff at Psychiatric Emergency

Services and in the community. They are available to meet with consumers at PES that meet the criteria for IMPACT to provide outreach, and linkage to services. The Student Intern also is able to provide brief AOD screening and referrals, as well as conducting intakes, assessments, and providing individual psychotherapy. Additionally, a Geropsychiatrist will be available 8 hours/week to provide consultation, and in-person evaluations of IMPACT clients.

- b. Target Population: The target population for the IMPACT Program is adults age 55 years and older who are receiving health care at a federally qualified health center. The program focuses on treating older adults with late-life depression or anxiety and co-occurring physical health impairments, such as cardio-vascular disease, diabetes, or chronic pain. Partners in Aging is also focused on providing outreach and services to older adults who are experiencing both mental health symptoms and alcohol or drug misuse.
- c. Annual Payment Limit: \$250,000
- d. Number served: For FY 16/17: 27 individuals
- e. Outcomes: Reductions in Level of Care Utilization System (LOCUS) scores, reductions in Psychiatric Emergency Service visits, reductions in hospitalizations, and decreased Patient Health Questionnaire (PHQ-9) scores would indicate the effectiveness of this program. In addition, PIA clients are being administered the PEARLS, which will provide additional outcome data related to social activities, pleasant activities and physical activity.

People Who Care (PWC) Children Association

Point of Contact: Constance Russell

Contact Information: 2231 Railroad Ave, Pittsburg, CA 94565

(925) 427-5037, PWC.cares@comcast.net

1. General Description of the Organization

People Who Care Children Association has provided educational, vocational and employment training programs to children ages 12 through 21 years old, since 2001. Many are at risk of dropping out of school and involved with, or highly at risk of entering, the criminal juvenile justice system. The mission of the organization is to empower children to become productive citizens by promoting educational and vocational opportunities, and by providing training, support and other tools needed to overcome challenging circumstances.

2. Program: PWC Afterschool Program (PEI)

- a. Scope of Services: Through its Clinical Success After School Program, People Who Care (PWC) Children Association provides Prevention services through providing work experience for 200 multicultural at-risk youth residing in the Pittsburg/Bay Point and surrounding East Contra Costa County communities, as well as, programs aimed at increasing educational success among those who are either at-risk of dropping out of school, or committing a repeat offense. Key activities include job training and job readiness training, mental health intervention, support and linkage to mental health counseling, as well as civic and community service activities.
- b. Target Population: At risk youth with special needs in East Contra Costa County.
- c. Payment Limit: \$216,604
- d. Number served: For FY 16/17: 216
- e. Outcomes:
 - Participants in "Youth Green Jobs Training Program" increased their knowledge and skills related to entrepreneurship, alternative energy resources and technologies, and "Green Economy" through economically friendly projects that consist of sustainability guidelines that reinforce no harm upon ecosystems or the environment.
 - Through civic engagement, participants have increased interest in issues concerning the well-being of their community by participating in town halls held by congress, and meetings with local government and city officials, to discuss topics that have arisen around the well-being and educational opportunities for youth.
 - Participants of the "PWC After-School Program" showed improved youth resiliency factors (i.e., self-esteem, relationship, and engagement).
 - 75% of participants did not re-offend while participating in the program

- Participants in "PWC After-School Program" reported having a caring relationship with an adult in the community or at school.
- 75% showed increase in school day attendance among "PWC After-School Program" participants.
- 75% decrease in the number of school tardiness among "PWC After-School Program" participants.

Portia Bell Hume Behavioral Health and Training Center

Point of Contact: Chris Celio, PsyD, Program Manager (Community Support Program East)

Contact Information: 555 School Street, Pittsburg, CA 94565

(925) 481-4433, ccelio@humecenter.org

Point of Contact: Miguel Hidalgo-Barnes, PsyD, Program Manager (Community Support Program West)

Contact Information: 3095 Richmond Pkwy #201, Richmond, CA 94806

(925) 481-4412, mhidalgo-barnes@humecenter.org

1. General Description of the Organization

The Hume Center is a Community Mental Health Center that provides high quality, culturally sensitive and comprehensive behavioral health care services and training. The agency strives to promote mental health, reduce disparities and psychological suffering, and strengthen communities and systems in collaboration with the people most involved in the lives of those served. We are committed to training behavioral health professionals to the highest standards of practice, while working within a culture of support and mutual respect. We provide a continuity of care in Contra Costa that includes prevention and early intervention, comprehensive assessment services, behavioral consultation services, outpatient psychotherapy and psychiatry, case management, Partial Hospitalization services, and Full Service Partnership Programs.

2. Program: Adult Full Service Partnership - CSS

The Adult Full Service Partnership is a collaborative program that joins the resources of Hume Center and Contra Costa County Behavioral Health Services.

a. Goal of the Program:

- Prevent repeat hospitalizations
- Transition from institutional settings
- Attain and/or maintain medication compliance
- Improve community tenure and quality of life
- Attain and/or maintain housing stability
- Attain self-sufficiency through vocational and educational support
- Strengthen support networks, including family and community supports
- Limit the personal impact of substance abuse on mental health recovery

b. Referral, Admission Criteria, and Authorization:

- i. **Referral:** To inquire about yourself or someone else receiving our Full Service Partnership Services in our Community Support Program (CSP) East program, please call our Pittsburg office at (925) 432-4118. For services in our CSP West program, please contact our Richmond office at (510) 778-2816.
- ii. **Admission Criteria:** This program serves adult aged 26 to 59 who are diagnosed with severe mental illness and are:
 - Frequent users of emergency services and/or psychiatric emergency services

- Homeless or at risk of homelessness
 - Involved in the justice system or at risk of this
 - Have Medi-Cal insurance or are uninsured
- iii. Authorization: Referrals are approved by Contra Costa Behavioral Health Division.
- c. Scope of Services: Services will be provided using an integrated team approach called Community Support Program (CSP). Our services include:
- Community outreach, engagement, and education to encourage participation in the recovery process and our program
 - Case management and resource navigation for the purposes of gaining stability and increasing self-sufficiency
 - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
 - Crisis Intervention, which is an immediate response to support a consumer to manage an unplanned event and ensure safety for all involved, which can include involving additional community resources
 - Collateral services, which includes family psychotherapy and consultation. These services help significant persons to understand and accept the consumer's condition and involve them in service planning and delivery.
 - Medication support, including medication assessment and ongoing management (may also be provided by County Physician)
 - Housing support, including assisting consumers to acquire and maintain appropriate housing and providing skill building to support successful housing. When appropriate, assist consumers to attain and maintain MHSA subsidized housing.
 - Flexible funds are used to support consumer's treatment goals. The most common use of flexible funds is to support housing placements through direct payment of deposit, first/last month's rent, or unexpected expenses in order to maintain housing.
 - Vocational and Educational Preparation, which includes supportive services and psychoeducation to prepare consumers to return to school or work settings. This aims to return a sense of hope and trust in themselves to be able to achieve the goal while building the necessary skills, support networks, and structures/habits.
 - Recreational and Social Activities aim to assist consumers to decrease isolation while increasing self-efficacy and community involvement. The goal is to assist consumers to see themselves as members of the larger community and not marginalized by society or themselves.
 - Money Management, which is provided by a contract with Criss Cross Money Management, aims to increase stability for consumers who have struggled to manage their income. Services aim to increase money management skills to reduce the need for this service.

- 24/7 Afterhours/Crisis Line is answered during non-office hours so that consumers in crisis can reach a staff member at any time. Direct services are provided on weekends and holidays as well.
- d. Target Population: Adults diagnosed with severe mental illness in East, Central and West County who are diagnosed with a serious mental illness, are at or below 300% of the federally defined poverty level, and are uninsured or receive Medi-Cal benefits.
- e. Payment Limit: For FY 16-17 (East and West CSP): \$1,891,395
- f. Number served: For FY 16/17: 36 individuals (East); and 75 individuals (West)
- g. Outcomes: For FY 16/17 (East):
 - Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction
 - For FY (West): 1. Reduction in incidence of psychiatric crisis 2. Increase of the incidence of restriction

Pre- and post-enrollment utilization rates for 36 Hume East FSP participants enrolled in the FSP program during FY 16-17

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%Change
PES episodes	222	143	0.551	0.352	-36.1
Inpatient episodes	39	16	0.093	0.037	-60.2
Inpatient days	455	695	1.056	1.609	+52.4

Pre- and post-enrollment utilization rates for 75 Hume West FSP participants enrolled in the FSP program during FY 16-17

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	76	67	0.084	0.074	-11.9
Inpatient episodes	7	11	0.008	0.012	+50
Inpatient days	43	115	0.048	0.128	+166.7

* Data on service utilization were collected from the county's internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients' monthly rates of service utilization pre-enrollment to clients' post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:

- $(\text{No. of PES episodes during pre-enrollment period}) / (\text{No. of months in pre-enrollment period}) = \text{Pre-enrollment monthly PES utilization rate}$
- $(\text{No. of PES episodes during post-enrollment period}) / (\text{No. of months in post-enrollment period}) = \text{Post-enrollment monthly PES utilization rate}$

Primary Care Clinic Behavioral Health Support (Contra Costa Behavioral Health)

Point of Contact: Kelley Taylor, Ambulatory Care Clinic Supervisor
Contact Information: 3052 Willow Pass Rd. Concord, CA, 94519
(925)-681-4100, Kelley.Taylor@hsd.cccounty.us

1. General Description of the Organization

Behavioral health clinicians staff the county Primary Care Health Centers in Concord. The goal is to integrate primary and behavioral health care. Two mental health clinicians are part of a multi-disciplinary team with the intent to provide timely and integrated response to those at risk, and/or to prevent the onset of serious mental health functioning among adults visiting the clinic for medical reasons.

2. Plan Element: Clinic Support - CSS

- a. Scope of Services: Perform brief mental health assessment and intervention with adults, children, and their families. Provide short term case management, mental health services, individual and family support, crisis intervention, triage, coordination of care between primary care and Behavioral Health Services. Tasks also include linkage to schools, probation, social services and community services and lead groups at County Primary Care Center.
- b. Target Population: Adults in central county, who present at the clinic for medical reasons
- c. Number served by clinic: For FY 16/17: 200+.
- d. Outcomes: Improve overall health for individuals through decrease medical visit and increase coping with life situations.

Putman Clubhouse

Point of Contact: Tamara Hunter, Executive Director and Molly Hamaker, Director of Finance

Contact Information: 3024 Willow Pass Rd #230, Concord, CA 94519

(925) 691-4276, Tamara: (510) 926-0474, tamara@putnamclubhouse.org; Molly: (925) 708-6488, molly@putnamclubhouse.org

1. General Description of the Organization

Putnam Clubhouse provides a safe, welcoming place, where participants (called members), recovering from mental illness, build on personal strengths instead of focusing on illness. Members work as colleagues with peers and a small staff to maintain recovery and prevent relapse through work and work-mediated relationships. Members learn vocational and social skills while doing everything involved in running The Clubhouse.

2. Program: Preventing Relapse of Individuals in Recovery - PEI

a. Scope of Services:

- i. Project Area A: Putnam Clubhouse's peer-based programming helps adults recovering from psychiatric disorders access support networks, social opportunities, wellness tools, employment, housing, and health services. The work-ordered day program helps members gain prevocational, social, and healthy living skills as well as access vocational options within Contra Costa. The Clubhouse teaches skills needed for navigating/accessing the system of care, helps members set goals (including educational, vocational, and wellness), provides opportunities to become involved in stigma reduction and advocacy. Ongoing community outreach is provided throughout the County via presentations and by distributing materials, including a brochure in both English and Spanish.. The Young Adult Initiative provides weekly activities and programming planned by younger adult members to attract and retain younger adult members in the under-30 age group. Putnam Clubhouse helps increase family wellness and reduces stress related to caregiving by providing respite through Clubhouse programming and by helping Clubhouse members improve their independence.
- ii. Project Area B: Putnam Clubhouse assists the Office for Consumer Empowerment (OCE) by providing career support through hosting Career Corner, an online career resource for mental health consumers in Contra Costa County, and holding countywide career workshops.

b. **Target Population:** Contra Costa County residents with identified mental illness and their families.

c. **Payment Limit:** \$565,883 FY 16/17

d. **Number served:** 384 members FY 16/17

e. **Outcomes (FY 16/17):**

- 79 new members enrolled; 11 were young adults ages 18-25 years.

- 78% of family members who completed a survey reported that Clubhouse activities and programs provided them with respite care and 98% reported a high level of satisfaction with Clubhouse activities and programs.
- 83% of family members of program participants and 86% of members completing the annual survey reported that the member's independence increased; 86% of members completing the survey reported an increase in peer contacts.
- 94% of members & caregivers completing the annual survey reported an increase in mental, physical, and emotional well-being
- 87% of members using career services were "very satisfied" or "satisfied" with the services related to employment and education.
- 156 members began and/or sustained paid employment with Clubhouse support.
- 55 members received support starting and/or continuing school attendance.
- Members experienced a significant decrease in hospitalizations/re-hospitalizations and out-of-home placements
- 2017 Community Picnic in May 2017 had 402 people in attendance and was coordinated by the Clubhouse in collaboration with multiple agencies, including OCE.
- 2016 SPIRIT graduation had 291 people in attendance and was coordinated by the Clubhouse.
- Consumer holiday party in December 2016 had 398 people in attendance and was coordinated by the Clubhouse in collaboration with multiple agencies, including OCE.
- The Clubhouse administered the MHSIP consumer surveys for two separate weeks at area clinics under the supervision of Contra Costa Mental Health.

Rainbow Community Center

Point of Contact: Philip Arca

Contact Information: 2118 Willow Pass Rd, Concord, CA 94520.

(925) 692-0090, execdirect@rainbowcc.org

1. General Description of the Organization

The Rainbow Community Center of Contra Costa County builds community and promotes well-being among Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) people and our allies. Services are provided in our main office in Concord, our satellite location in West County, and in East County by arrangements with partner organizations.

2. Programs: A.) Outpatient Behavioral Health and Training and B.) Community-based Prevention and Early Intervention (PEI)

a. Scope of Services:

- i. **Outpatient Services:** Rainbow works with LGBTQ mental health consumers to develop a healthy and un-conflicted self-concept by providing individual, group, couples, and family counseling, as well as case management and linkage/brokerage services. Services are available in English, Spanish, and Portuguese.
 - ii. **Pride and Joy:** Three-tiered prevention and early intervention model. Tier One: outreach to hidden groups, isolation reduction and awareness building. Tier Two: Support groups and services for clients with identified mild to moderate mental health needs. Tier Three: Identification and linkage of clients with high levels of need and who require system navigation support. Services are aimed at underserved segments of the LGBTQ community (seniors, people living with HIV, and community members with unrecognized health and mental health disorders).
 - iii. **Youth Development:** Three tiered services (see above) aimed at LGBTQ youth as a particularly vulnerable population. Programming focuses on building resiliency against rejection and bullying, promoting healthy LGBTQ identity, and identifying and referring youth in need of higher levels of care. Services are provided on-site and at local schools.
 - iv. **Inclusive Schools:** Community outreach and training involving school leaders, staff, parents, CBO partners, faith leaders and students to build acceptance of LGBTQ youth in Contra Costa County schools, families, and faith communities.
- b. **Target Population:** LGBTQ community of Contra Costa County who are at risk of developing serious mental illness.
 - c. **Payment Limit:** \$737,245 for PEI, including counseling and case management services onsite and at Contra Costa schools.
 - d. **Number served:** For FY 16/17: 1) Behavioral Health Services: 216. 2) PEI total served is 1165.

e. Outcomes:

- Outpatient Clinic - 216 individuals received one on one services (counseling and case management programs) and QscOUT groups were provided to over 36 youth.
- Pride & Joy-2 congregate meals per months for over 106 LGBTQ Seniors; One-on-one brief intervention for 76 Tier 3 members and 210 Tier 2 members; Newsletters sent to over 2700 households, Facebook membership of 4249 LGBTQ
- Youth Support Programming -Rainbow reached 128 youth via outreach activities, 159 youth in group-level programming at RCC offices, and 11 youth through one-on-one work. An additional 72 youth participated in groups and activities in school-based venues (individual behavioral counseling/case management services were provided and reported in a separate Innovation/MHSA contract), with roughly 30 more youth who participated at a Rainbow outreach event at Mt. Diablo High School in Fall 2016.

RI International Inc. (formerly known as Recovery Innovations)

Point of Contact: April Langro, Recovery Services Administrator

Contact Information: 3711 Lone Tree Way Antioch, Ca. 94509

2975 Treat Blvd. C-8 Concord, Ca. 94518

2101 Vale Rd. #300 San Pablo, Ca. 94806

(925)494-4008, April.Langro@riinternational.com

1. General Description of the Organization

Founded by Eugene Johnson in 1990 as META Services, an Arizona non-profit corporation, RI International developed and provided a range of traditional mental health and substance abuse services for adults with long term mental health and addiction challenges. In 1999, RI International began pioneering an innovative initiative: the creation of the new discipline of Peer Support Specialist. Now, 18 years later, this experience has transformed the RI International workforce to one in which Peer Support Specialists and professionals work together on integrated teams to deliver recovery-based services. The RI International experience had a global impact on the mental health field serving as a demonstration that recovery from mental illness and/or addiction is possible. Based on this transformation experience, RI International operates recovery-based mental health services in 21 communities in five states and New Zealand and has provided recovery training and transformation consultation in 27 states and five countries abroad.

2. Program: RI International Wellness and Recovery Centers – CSS

RI International provides Adult Wellness Cities that serve individuals experiencing mental and/or behavioral health challenges in West, Central and East County. Wellness Cities provide a variety of wellness and recovery-related classes and groups, one-on-one coaching, vocational opportunities, links to community resources, and recreational opportunities in a peer supported environment. The classes, groups and coaching are recovery-oriented and facilitated by peer recovery coaches. Coaches work with citizens to establish individualized goals, wellness recovery action plans (WRAP), self-help and coping skills, support networks and a commitment to overall wellness. All services provided are related to at least one of the nine dimensions of wellness; social, intellectual, spiritual, physical, emotional, occupational, home and community living, financial, and finally recreation and leisure. Participants seeking services become “Citizens” of the city. Citizens develop a 6 month partnership with RI International and are assigned a peer Recovery Coach who has experienced their own success in recovery by obtaining education, coping skills, self-management and/or sobriety. They share what they have learned and walk alongside each citizen on their individualized and strength-based path to recovery.

a. Scope of Services:

- Peer and Family Support
- Personal Recovery Planning using the seven steps of Recovery Coaching

- Workshops, Education Classes, Support Groups and Community-Based Activities
 - Vocational Opportunities – Employment Prep and Placement Program through the Employment Services Coordinator position.
 - Community Outreach and Collaboration with Behavioral Health Partners and Providers – NAMI, HUME, MHET team, Project Homeless Connect, WREACH, OCE, SPIRIT, CORE, etc.
 - Links to Resources - Assist participants to coordinate medical, mental health, medication, housing, and other community services through Recovery Care Coordinator position.
 - Wellness Recovery Action Plan (WRAP) classes
 - SPIRIT Program – obtain attendance records from the OCE and process reimbursement (stipend) for students.
 - Lunch, AM and PM snacks for participants
- b. Target Population: Adult mental health participants in Contra Costa County. Recovery Innovations services will be delivered within each region of the county through Wellness and Recovery Centers located in Antioch, Concord and San Pablo.
- c. Annual MHSA Payment Limit: \$ 901,250
- d. Number served: FY 16/17: 412 (373 are active, regular participants)
- e. Outcomes:
- 26% of citizens who attend one WRAP class complete the class
 - 25 % who attended one WELL class completed the class
 - 33% of those who attend one Facing Up to Health class completed the class
 - 29% of those who attend one “My Personal Wellness Plan” completed the class

Resource Development Associates

Point of Contact: Roberta Chambers

Contact Information: 230 4th Street, Oakland, CA 94607

(510) 488-4345, rchambers@resourcedevelopment.net

1. General Description of the Organization

Resource Development Associates (RDA) has over thirty years of experience evaluating complex and multi-systems initiatives within California's mental health system as well as evaluation that explores the intersection between the mental health and justice systems. Through these experiences, we have researched and developed numerous strategies and practices related to: a collaborative approach to evaluation; supporting new programs during the formative phase as well as existing programs with evaluation implementation; timely and ongoing reporting of data for continuous quality improvement and compliance; and outcome measurement that helps counties and programs understand individual, program, and systems level outcomes. For this evaluation, we seek to explore not only what the programs are achieving in terms of outcomes but also how the programs are achieving the observed results.

2. Program: Assisted Outpatient Treatment (AOT) Program Evaluation - CSS

Resource Development Associates will 1) design and implement a program evaluation that determines the difference, if any, in program impact and cost savings to the County for individuals who are ordered to participate in behavioral health services versus those individuals who voluntarily participate in the same level and type of services, and 2) provide a comprehensive report to the County and the State Department of Health Care Services on or before May 1st of each contract year. The variables for reporting are detailed in Welfare and Institutions Code Section 5348(d) (1-14), and require both quantitative and qualitative variables (including conducting interviews with behavioral health consumers and their families).

- a. Scope of Services: The total study period will be three years, with three cohorts representing the above groups established. Individuals will be matched by age, gender, race/ethnicity, diagnoses, level of severity of psychiatric disability, income level, and length of active participation in the program. For program and fiscal impact, cohorts will be compared at pre- and post-program intervention on the performance and cost indicators of 1) change in level of functioning, to include successful step down to lower levels of care, 2) number and cost of psychiatric crises interventions, such as the County's Psychiatric Emergency Service (PES), 3) days and cost of psychiatric hospital confinement (State and/or local) and incarceration, 4) incidence of engagement in significant, meaningful participation in the community, 5) engagement in conservatorship, and 6) return to previous level of functioning prior to AOT intervention (recidivism). For cost savings, cohorts will be compared at pre- and post-program intervention on County dollars spent on each cohort.

- b. Target Population: Adults diagnosed with serious mental illness and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria for FSP services and agree to voluntarily accept services as provided by Mental Health Systems, Inc. and in partnership with Contra Costa Behavioral Health Services.
- c. MHSA Payment Limit: For 17-18: \$99,375; For 18-19: \$99,375
- d. Outcomes: RDA seeks to answer the following overarching questions related to the implementation of Assisted Outpatient Treatment/Assertive Community Treatment:
- How faithful are ACT services to the ACT model?
 - What are the outcomes for people who participate in AOT, including the DHCS required outcomes?
 - What are the differences in demographics, service patterns, psychosocial outcomes, and cost between those who agree to participate in ACT services without court involvement and those who participate with an AOT court order or voluntary settlement agreement?
 - What are the differences in demographics, service utilization, psychosocial outcomes, and cost between those who engage in existing full service partnership services and those who receive ACT services?

RYSE Center

Point of Contact: Kanwarpal Dhaliwal

Contact Information: 205 41st Street, Richmond, CA 94805

(925) 374-3401, Kanwarpal@rysecenter.org

1. General Description of the Organization

RYSE is a youth center in Richmond that offers a wide range of activities, programs, and classes for young people including media arts, health education, career and educational support, and youth leadership and advocacy. RYSE operates within a community Behavioral health model and employs trauma informed and healing centered approaches in all areas of engagement, including one-on-one, group and larger community efforts. In these areas, RYSE focuses on the conditions, impact, and strategies to name and address community distress, stigma, and mental health inequities linked to historical trauma and racism, as well as complex, chronic trauma. This focus enables RYSE to provide culturally relevant, empathetic, and timely community mental health and wellness services, resources, and supports across all our program areas and levels of engagement.

2. Program: Supporting Youth - PEI.

a. Scope of Services:

- i. Trauma Response and Resilience System (TRRS): develop and implement Trauma and Healing Learning Series for key system partners, facilitate development of a coordinated community response to violence and trauma, evaluate impact of trauma informed practice, provide critical response and crisis relief for young people experiencing acute incidents of violence (individual, group, and community-wide).
- ii. Health and Wellness: support young people (ages 13 to 21) from the diverse communities of West County to become better informed (health services) consumers and active agents of their own health and wellness, support young people in expressing and addressing the impact of stigma, discrimination, and community distress; and foster healthy peer and youth-adult relationships. Activities include mental health counseling and referrals, outreach to schools, workshops and 'edutainment' activities that promote inclusion, healing, and justice, youth assessment and implementation of partnership plans (Chat it Up Plans).
- iii. Inclusive Schools: Facilitate collaborative work with West Contra Costa schools and organizations working with and in schools aimed at making WCCUSD an environment free of stigma, discrimination, and isolation for LGBTQ students. Activities include assistance in provision of LGBT specific services, conducting organizational assessments, training for adults and students, engaging students in leadership activities and providing support groups at target schools, etc.

- b. Target Population: West County Youth at risk for developing serious mental illness.
- c. Payment Limit: \$488,368
- d. Unique Number served: FY 16/17: 746 youths
- e. Outcomes:
 - i. Trauma and Resilience:
 - RYSE Youth Restorative Justice (formerly Justice Project) served at least 110 young people through probation referrals, community service, juvenile hall workshops and/or presentations, and drop-in programming
 - 90% of total number of youth involved in the Youth Restorative Justice Project reported increased and/or strong sense of self-efficacy, hope and community engagement.
 - Participants in each session report increased understanding of trauma-informed youth development.
 - 200 stakeholders and 87 organizations participated in Trauma and Healing Learning Series through four local sessions.
 - At least 91% of Learning Series participants report increased understanding of trauma-informed youth development.
 - ii. Health and Wellness/Youth Development:
 - At least 2017 members completed wellness plans (including tailored intakes and partner/case management plans)
 - At least 322 members participated in at least 2 program activities aimed at supporting healthy peer relationships, community engagement, and leadership
 - At least 82% of members participated reported positively on indicators of social-emotional well-being such as increased feelings of hope, control over their lives, and a sense of stability and safety, and reduced feelings of isolation.
 - 82% of members report RYSE programs and services helped them pay attention to their feelings.
 - Of those who report participation in community mental health programs, 80% report that coming to RYSE helped them pay more attention to their feelings and emotions.
 - Of those who report participation in community mental health programs, 79% report RYSE helped them feel it is okay and beneficial to be in programs or services that support their mental health.
 - 100% of RYSE staff (youth and adults) were trained to utilize RYSE social media as a means to address stigma and inequity, elevate stories of resiliency, and foster peer-lead/consumer-lead information sharing and education around mental health issues impacting young people in West Contra Costa County

iii. Inclusive Schools:

- At least 95% of members who identify as LGBTQQ report positive sense of self-efficacy, positive peer relations, youth-adult relations, and agency consistent with all survey respondents (see v. above).
- At least 45% of RYSE member survey respondents (N=112) report participation in at least one program on LGBTQQ awareness in the last 3 months (April-June 2016).
- Of this group, 90% report better understanding of LGBTQQ identity.
- Stakeholders involved in the Inclusive Schools Coalition (renamed West Contra Costa LGBTQQ Youth Advocacy Network) will report increased understanding of the priorities and needs of LGBTQ youth and their peers. The Trauma and Healing Learning Series included at least 14 adult stakeholders from the following organizations involved in the Inclusive Schools Coalition: Rainbow Community Center, James Morehouse Project/El Cerrito High School, West Contra Costa Family Justice Center, and Contra Costa Mental Health Services Administration.

Seneca Family of Agencies

Point of Contact: Jessica Donohue, Program Director

Contact Information: 2351 Olivera Road, Concord, CA, 94520

(925) 808-8724, jessica_donohue@senecacenter.org

1. General Description of the Organization

Seneca Center for Children and Families is a leading innovator in the field of community-based and family-based service options for emotionally troubled children and their families. With a continuum of care ranging from intensive residential treatment, to in-home wraparound services, to public school-based services, Seneca is one of the premier children's mental health agencies in Northern California.

2. Program: Short Term Assessment of Resources and Treatment (START) - Full Service Partnership - CSS

Seneca Family of Agencies (SFA) provides an integrated, coordinated service to youth who frequently utilize crisis services, and may be involved in the child welfare and/or juvenile justice system. START provides three to six months of short term intensive services to stabilize the youth in their community, and to connect them and their families with sustainable resources and supports. The goals of the program are to 1) reduce the need to utilize crisis services, and the necessity for out-of-home and emergency care for youth enrolled in the program, 2) maintain and stabilize the youth in the community by assessing the needs of the family system, identifying appropriate community resources and supports, and ensuring their connection with sustainable resources and supports, and 3) successfully link youth and family with formal services and informal supports in their neighborhood, school and community.

a. Scope of Services:

- Outreach and engagement
- Linkage
- Assessment
- Case management
- Plan development
- Crisis Intervention
- Collateral
- Flexible funds
- Contractor must be available to consumer on 24/7 basis

b. Target Population: The target population for the program includes youth with a history of multiple psychiatric hospitalizations and crisis interventions, imminent risk of homelessness, who have a serious mental illness and/or are seriously emotionally disturbed, and are not being served, or are being underserved, by the current mental health system. Youth in the program can be Medi-Cal eligible or uninsured.

c. Payment Limit: \$ 808,215

d. Number served: Number served in FY 16/17: 85 individuals

e. Outcomes:

- Establish linkage with ongoing resources/support.
- Reduction in incidence of psychiatric crisis
- Reduction of the incidence of restriction

Pre-and post-enrollment utilization rates for 85 Seneca Start FSP Participants enrolled in the FSP program during FY 16-17

	<i>No. pre-enrollment</i>	<i>No. post-enrollment</i>	<i>Rate pre-enrollment</i>	<i>Rate post-enrollment</i>	<i>% Change</i>
<i>PES episodes</i>	102	30	0.152	0.041	-73.0
<i>Inpatient episodes</i>	19	10	0.032	0.015	-53.1
<i>Inpatient days</i>	138	47	0.242	0.073	-69.8

** Data on service utilization were collected from the county’s internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients’ monthly rates of service utilization pre-enrollment to clients’ post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:*

- *(No. of PES episodes during pre- enrollment period)/ (No. of months in pre-enrollment period) =Pre-enrollment monthly PES utilization rate*
- *(No. of PES episodes during post-enrollment period)/ (No. of months in post-enrollment period) =Post-enrollment monthly PES utilization rate*

SHELTER, Inc.

Point of Contact: John Eckstrom, Chief Executive Officer
Contact Information: P.O. Box 5368, Concord, CA 94524
(925) 957-7595, john@shelterinc.org

1. General Description of the Organization

The mission of SHELTER, Inc. is to prevent and end homelessness for low-income, homeless, and disadvantaged families and individuals by providing housing, services, support, and resources that lead to self-sufficiency. SHELTER, Inc. was founded in 1986 to alleviate Contra Costa County's homeless crisis, and its work encompasses three main elements: 1) prevent the onset of homelessness, including rental assistance, case management, and housing counseling services, 2) ending the cycle of homelessness by providing housing plus services including employment, education, counseling and household budgeting to help regain self-sufficiency and 3) providing permanent affordable housing for over 200 low-income households, including such special needs groups as transition-age youth, people with HIV/AIDS, and those with mental health disabilities.

2. Program: Supportive Housing - CSS

SHELTER, Inc. provides a master leasing program, in which adults or children and their families are provided tenancy in apartments and houses throughout the County. Through a combination of self-owned units and agreements with landlords SHELTER, Inc. acts as the lessee to the owners and provides staff to support individuals and their families move in and maintain their homes independently. Housing and rental subsidy services are provided to residents of the County who are homeless and that have been certified by Contra Costa Behavioral Health as eligible. This project is committed to providing housing opportunities that provide low barriers to obtaining housing that is affordable, safe and promotes independence to MHSA consumers.

a. Scope of Services.

- Provide services in accordance with the State of California Mental Health Service Act (MHSA) Housing Program, the Contra Costa County Behavioral Health Mental Health Division's Work Plan, all State, Federal and Local Fair Housing Laws and Regulations, and the State of California's Landlord and Tenants Laws.
- Provide consultation and technical support to Contra Costa Behavioral Health with regard to services provided under the housing services and rental subsidy program.
- Utilize existing housing units already on the market to provide immediate housing to consumers through master leasing and tenant based services.
- Acquire and maintain not less than 100 master-leased housing units throughout Contra Costa County.
- Negotiate lease terms and ensure timely payment of rent to landlords.
- Leverage housing resources through working relationships with owners of affordable housing within the community.

- Integrate innovative practices to attract and retain landlords and advocate on behalf of consumers.
- Leverage other rental subsidy programs including, but not limited to, Shelter Plus Care and HUD Housing Choice Voucher (Section 8).
- Reserve or set aside units of owned property dedicated for MHSA consumers.
- Ensure condition of leased units meet habitability standards by having Housing Quality Standard (HQS) trained staff conduct unit inspections prior to a unit being leased and annually as needed.
- Establish maximum rent level to be subsidized with MHSA funding to be Fair Market Rent (FMR) as published by US Department of Housing and Urban Development (HUD) for Contra Costa County in the year that the unit is initially rented or meeting rent reasonableness utilizing the guidelines established by HUD and for each year thereafter.
- Provide quality property management services to consumers living in master leased and owned properties.
- Maintain property management systems to track leases, occupancy, and maintenance records.
- Maintain an accounting system to track rent and security deposit charges and payments.
- Conduct annual income re-certifications to ensure consumer rent does not exceed 30% of income minus utility allowance. The utility allowance used shall be in accordance with the utility allowances established by the prevailing Housing Authority for the jurisdiction that the housing unit is located in.
- Provide and/or coordinate with outside contractors and SHELTER, Inc. maintenance staff for routine maintenance and repair services and provide after-hours emergency maintenance services to consumers.
- Ensure that landlords adhere to habitability standards and complete major maintenance and repairs.
- Process and oversee evictions for non-payment of rent, criminal activities, harmful acts upon others, and severe and repeated lease violations.
- Work collaboratively with full service partnerships and/or County Mental Health Staff around housing issues and provide referrals to alternative housing options.
- Attend collaborative meetings, mediations and crisis interventions to support consumer housing retention.
- Provide tenant education to consumers to support housing retention.
- b. Target Population: Consumers eligible for MHSA services. The priority is given to those who are homeless or imminently homeless and otherwise eligible for the full service partnership programs.
- c. Annual Payment Limit: \$2,281,484. (FY17-18)
- d. Number served: For FY 16/17 SHELTER, Inc. served 118 consumers.
- e. Outcomes: SHELTER, Inc. reports on the following outcomes:

- Quality of life: housing stability.

GOAL: 70% of MHSA Consumers residing in master leased housing shall remain stably housed for 18 months or longer.

In FY16-17, the vast majority of consumers in master-leased units remained housed for the entire year, and many had been stably housed for 3 plus years. One new consumer moved in during FY16/17, and remained housed at the end of the fiscal year. For those who moved out during the fiscal year, 90% of the consumers who exited the program had been stably housed for 18 months or longer.

GOAL: 70% of MHSA Consumers residing in SHELTER, Inc. owned property shall remain stably housed for 12 months or longer.

In FY16-17, the majority of consumers in agency-owned units remained housed for the entire year, and many had been stably housed for 2-5 years. Six new consumers moved in during FY16/17, and five remained housed at the end of the fiscal year. For those who moved out during the fiscal year, 90% of the consumers who exited the program had been stably housed for 12 months or longer.

STAND! For Families Free of Violence

Point of Contact: Sharon Turner

Contact Information: 1410 Danzig Plaza #220, Concord, CA 94520

925-676-2845, SharonT@standffov.org, rubys@standffov.org

1. General Description of the Organization

STAND! For Families Free of Violence is a provider of comprehensive domestic violence and child abuse services in Contra Costa County, offering prevention, intervention, and treatment programs. STAND! builds safe and strong families through early detection, enhanced support services, community prevention and education, and empowerment to help individuals rebuild their lives. STAND! enlist the efforts of local residents, organizations and institutions, all of whom are partners in ending family violence. STAND! is a founding member of the "Zero Tolerance for Domestic Violence Initiative", a cross-sector organization working for fifteen years to help end domestic violence, sexual assault and children exposed to violence.

2. Program: "Expect Respect" and "You Never Win With Violence" - PEI.

- a. Scope of Services: STAND! provides services to address the effects of teen dating violence/domestic violence and help maintain healthy relationships for at-risk youth throughout Contra Costa County. STAND! uses two evidence-based, best-practice programs: "Expect Respect" and "You Never Win with Violence" to directly affect the behaviors of youth to prevent future violence and enhance positive mental health outcomes for students already experiencing teen dating violence. Primary prevention activities include educating middle and high school youth about teen dating through the 'You Never Win with Violence' curriculum, and providing school personnel, service providers and parents with knowledge and awareness of the scope and causes of dating violence. The program strives to increase knowledge and awareness of the tenets of a healthy adolescent dating relationship. Secondary prevention activities include supporting youths experiencing, or at-risk for, teen dating violence by conducting 20 gender-based, 15-week support groups. Each school site has a system for referring youth to the support groups. As a result of these service activities, youth experiencing, or youth who are at-risk for, teen dating violence will demonstrate an increased knowledge of 1)the difference between healthy and unhealthy teen dating relationships, 2) an increased sense of belonging to positive peer groups, 3) an enhanced understanding that violence does not have to be "normal", and 4) an increased knowledge of their rights and responsibilities in a dating relationship.
- b. Target Population: Middle and high school students at risk of dating violence.
- c. Payment Limit: \$130,207
- d. Number served: 2143 participants
- e. Outcomes:
 - 241 participated in "Expect Respect" in nine groups at six sites.
 - 18 youth leaders trained.

- 78 adults were trained on the dynamics of teen dating violence including how to identify it, how to be an advocate for youth experiencing any kind of violence and how to refer youth to appropriate services.

Telecare Corporation

Point of Contact: Clearnise Bullard, Program Administrator and Jim Christopher, Clinical Director

Contact Information: 300 Ilene Street, Martinez, CA 94553
(925) 313-7980, cbullard@telecarecorp.com, jchristopher@telecarecorp.com

1. General Description of the Organization

Telecare Corporation was established in 1965 in the belief that persons with mental illness are best able to achieve recovery through individualized services provided in the least restrictive setting possible. Today, they operate over 100 programs staffed by more than 2,500 employees in California, Oregon, Washington, Arizona, Nebraska, North Carolina, Texas, New Mexico and Pennsylvania and provide a broad continuum of services and supports, including Inpatient Acute Care, Inpatient Non-Acute/Sub-Acute Care, Crisis Services, Residential Services, Assertive Community Treatment (ACT) services, Case Management and Prevention services.

2. Program: Hope House Crisis Residential Facility - CSS

Telecare Corporation operates Hope House, a voluntary, highly structured 16-bed Short-Term Crisis Residential Facility (CRF) for adults between the ages of 18 and 59. Hope House serves individuals who require crisis support to avoid hospitalization, or are discharging from the hospital or long-term locked facilities and need step-down care to transition back to community living. The focus is client-centered and recovery-focused, and underscores the concept of personal responsibility for the resident's illness and independence. The program supports a social rehabilitation model, which is designed to enhance an individual's social connection with family and community so that they can move back into the community and prevent a hospitalization. Services are recovery based, and tailored to the unique strengths of each individual resident. The program offers an environment where residents have the power to make decisions and are supported as they look at their own life experiences, set their own paths toward recovery, and work towards the fulfillment of their hopes and dreams. Telecare's program is designed to enhance client motivation to actively participate in treatment, provide clients with intensive assistance in accessing community resources, and assist clients develop strategies to maintain independent living in the community and improve their overall quality of life. The program's service design draws on evidence-based practices such as Wellness Action and Recovery Planning (WRAP), motivational interviewing, and integrated treatment for co-occurring disorders.

a. Scope of Services:

- Individualized assessments, including, but not limited to, psychosocial skills, reported medical needs/health status, social supports, and current functional limitations within 72 hours of admission.
- Psychiatric assessment within 24 hours of admission.
- Treatment plan development with 72 hours of admission.
- Therapeutic individual and group counseling sessions on a daily basis to assist clients in developing skills that enable them to progress towards self-sufficiency and to reside in less intensive levels of care.
- Crisis intervention and management services designed to enable the client to cope with the crisis at hand, maintaining functioning status in the community, and prevent further decompensation or hospitalization.

- Medication support services, including provision of medications, as clinically appropriate, to all clients regardless of funding; individual and group education for consumers on the role of medication in their recovery plans, medication choices, risks, benefits, alternatives, side effects and how these can be managed; supervised self-administration of medication based on physician's order by licensed staff; medication follow-up visit by a psychiatrist at a frequency necessary to manage the acute symptoms to allow the client to safely stay at the Crisis Residential Program, and to prepare the client to transition to outpatient level of care upon discharge.
 - Co-occurring capable interventions for substance use following a harm reduction modality in addition to weekly substance abuse group meetings as well as availability of weekly AA and NA meetings in the community.
 - Weekly life skills groups offered to develop and enhance skills needed to manage supported independent and independent living in the community.
 - A comprehensive weekly calendar of activities, including physical, recreational, social, artistic, therapeutic, spiritual, dual recovery, skills development and outings.
 - Peer support services/groups offered weekly.
 - Engagement of family in treatment, as appropriate.
 - Assessments for involuntary hospitalization, when necessary.
 - Discharge planning and assisting clients with successful linkage to community resources, such as outpatient mental health clinics, substance abuse treatment programs, housing, full service partnerships, physical health care, and benefits programs.
 - Follow-up with client and their mental health service provider following discharge to ensure that appropriate linkage has been successful.
 - Daily provision of meals and snacks for residents.
 - Transportation to services and activities provided in the community, as well as medical and court appointments, if the resident's case manager or county worker is unavailable, as needed.
- b. Target Population: Adults ages 18 to 59 who require crisis support to avoid psychiatric hospitalization, or are discharging from the hospital or long-term locked facilities and need step-down care to transition back to community living.
- c. Payment Limit: \$2,077,530.00
- d. Number served: Hope House had 226 client admissions in FY16/17 and an unduplicated client count of 195.
- e. Outcomes:
- Reduction in severity of psychiatric symptoms: Discharge at least 90% of clients to a lower level of care.
 - Consumer Satisfaction: Maintain an overall client satisfaction score of at least 4.0 out of 5.0.

United Family Care, LLC (Family Courtyard)

Point of Contact: Juliana Taburaza.

Contact Information: 2840 Salesian Avenue, Richmond CA, 94804.

(510) 235-8284, JuTaburaza@gmail.com

1. General Description of the Organization

The County contracts with United Family Care, LLC (Family Courtyard), a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

2. Program: Augmented Board and Care Housing Services - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 60 years and older who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Annual MHSA Payment Limit: \$ 467,456
- d. Number served: For FY 16/17: 61 beds available.

Vicente Martinez High School - Martinez Unified School District

Point of Contact: Lori O'Connor – Vicente Martinez High School Principal

Contact Information: 925 Susana Street, Martinez, CA 94553

(925) 335 – 5880, loconnor@martinez.k12.ca.us

1. General Description of the Organization

The program serves Vicente Martinez High School 9-12th grade, at-risk students with a variety of experiential and leadership opportunities that support social, emotional and behavioral health, career exposure and academic growth while also encouraging, linking and increasing student access to direct mental health services. These services are also provided to Briones School students grades 6-12th. The program is jointly facilitated within a unique partnership between Martinez Unified School District (MUSD) and the New Leaf Collaborative (501c3).

2. Program: Vicente Martinez High School & Briones School- PEI

- a. Scope of Services: Vicente Martinez High School and Briones School provides its students of all cultural backgrounds an integrated, mental health focused, learning experience. Key services include student activities that support:
- Individualized learning plans
 - Mindfulness and stress management interventions
 - Team and community building
 - Character, leadership, and asset development
 - Place-based learning, service projects that promote hands-on learning and intergenerational relationships
 - Career-focused exploration, preparation and internships
 - Direct mental health counseling
 - Timely access and linkage to direct mental health counseling

Services support achievement of a high school diploma, transferable career skills, college readiness, post-secondary training and enrollment, democratic participation, social and emotional literacy and mental/behavioral health. All students also have access to a licensed Mental Health Counselor for individual and group counseling.

All students enrolled in Vicente and Briones have access to the variety of intervention services through in-school choices that meet their individual learning goals. Students at Vicente attend classes with 23 or less students led by teachers and staff who have training in working with at-risk students and having restorative conversations. Briones students experience one-on-one weekly meetings with their teachers. Students regularly monitor their own progress through a comprehensive advisory program designed to assist students to become more self-confident through various academic, leadership, communication, career and holistic health activities.

- b. Target Population: At-risk high school students in Central County
- c. Payment Limit: \$180,353
- d. Number served: For FY 2016-2017: 124
- e. Outcomes:
 - i. Engagement Focus: Increased engagement of Vicente/Briones students in PEI related services.
 - ii. Short Term Focus: Increased mental health resiliency among Vicente/Briones students.
 - iii. Intermediate Focus: Students enrolled in Vicente and Briones will:
 - Develop an increased ability to overcome social, familial, emotional, psychiatric, and academic challenges and hence work toward academic, vocational, relational, and other life goals
 - Participate in four or more different PEI related activities throughout the school year
 - Decrease incidents of negative behavior
 - Increase attendance rates

Vocational Services: Recovery through Employment Readiness

Point of Contact: Elena Eagan

Contact Information: 1430 Willow Pass Road, Suite 230 Concord, CA 94520

(925)-288-3950, Elena.Eagan@hsd.cccounty.us

1. General Description of the Organization

Contra Costa Vocational Services (CCVS) is a program within Contra Costa County Adult Mental Health Programs. CCVS currently has four (4) internal programs including Vocational Services, Benefits Counseling, Support Educational Services and Recovery through Employment Readiness. The Greater East Bay District of the Department of Rehabilitation (DOR) and the Contra Costa Mental Health Vocational Services (CCCMHVS) combined staff and resources to provide vocational rehabilitation services to persons with psychiatric and substance abuse disabilities.

2. Program: Recovery Through Employment Readiness (Innovation)

- a. Scope of Services: Recover through Employment Readiness integrates a vocational rehabilitation counselor as part of the mental health multi-disciplinary team. This team implements a treatment plan for persons with serious mental illness. As identified on the treatment plan the vocational rehabilitation counselor will partner with the consumer to address any and all issues that affect employment readiness prior to any potential referral to the existing job placement specialists and job coaches that are part of the mental health cooperative program. In addition to the vocational rehabilitation counselor providing counseling, life coaching and advocacy in the community, the new program design would provide flexible funding that would enable timely removal of barriers due to a lack of consumer resources. This Innovation Program will add pre-vocational preparation services designed to address common barriers that prevent many consumers from participating in these employment services. These preparation services will be client determined and implemented at the client's pace with the assistance of a highly trained vocational rehabilitation counselor, working in collaboration with the mental health treatment team. The learning goal is to significantly increase the number of consumers actively working on their vocational rehabilitation as part of their mental health treatment plan. The Contra Costa Clubhouses, Inc. will work in partnership with the Contra Costa Mental Health Cooperative Program to assist clients with educational, training, transportation and miscellaneous expenses directly supporting pre-vocational activities by overseeing the administration of the project's Flexible Funds.
- b. Payment Limit: \$100,000
- c. Target Population: Target population will be adults who are determined to be seriously mentally ill, meet medical necessity, and are being served by Contra Costa Mental Health's Adult System of Care.
- d. Number Served: In FY 16-17: 91 Individuals

- e. Outcomes: After extensive research, planning and evaluation, the Innovation program was rolled out to Central County on November 1, 2015 to address any data tracking, vendor issues and workflow improvements prior to rolling it out to East and West Counties. The Innovation Program was rolled out to East County on February 1, 2016 and to West County on May 1, 2016. During Fiscal Year 2016-17, a total of 116 services were provided to 91 clients who participated at least once in referred service. Out of the 91 clients who received services, 37 clients had successfully been placed in jobs, are in job search or had been referred to the Department of Rehabilitation. The remainder 41 clients declined Vocational Counseling Services, ceased employment due to health issues or failed to comply/follow through. There were 13 consumers (14%) who were enrolled into the project, but are still pending follow through from receipt of services provided to one of the referrals indicated above as it is unclear during the time of this report whether those consumers would fall under the successful or unsuccessful categories.

West County Adult Mental Health Clinic (Contra Costa Behavioral Health)

Point of Contact: Robin O'Neill, Mental Health Program Manager

Contact Information: 2523 El Portal Drive, San Pablo, CA 94806

(510) 215-3700, robin.oneill@hsd.cccounty.us

1. General Description of the Organization

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The East Adult Mental Health Clinic operates within Contra Costa Mental Health's Adult System of Care, and provides assessments, case management, psychiatric services, crisis intervention, housing services, and benefits assistance. Within the Adult Mental Health Clinic are the following MHA funded programs and plan elements:

2. Plan Element: Adult Full Service Partnership Support - CSS

Contra Costa Mental Health has dedicated clinicians at each of the three adult mental health clinics to provide support, coordination and rapid access for full service partners to health and mental health clinic services as needed and appropriate. Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full Service Partnership services. Clinic management acts as the gatekeepers for the Full Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full Service Partnership programs. Full Service Partnership Liaisons provide support to the Full Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care.

3. Plan Element: Clinic Support - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to 1) assist consumers in obtaining benefits they entitled to, educate consumers on how to maximize use of those benefits and manage resources, and 2) provide transportation support for consumers and families.

- a. Clinic Target Population: Adults aged 18 years and older who live in West County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Total Number served by clinic: For FY 16-17: Approximately 2,597 Individuals.

West County Children's Mental Health Clinic (Contra Costa Behavioral Health)

Point of Contact: Chad Pierce, Mental Health Program Manager

Contact Information: 303 41st St Richmond, CA 94805

(510) 374-7208, Chad.Pierce@hsd.cccounty.us

1. General Description of the Organization

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The Central Children's Mental Health Clinic operates within Contra Costa Mental Health's Children's System of Care, and provides psychiatric and outpatient services, family partners, and wraparound services. Within the Children's Mental Health Clinic are the following MHSa funded plan elements:

2. Plan Element: Clinic Support - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in the following areas: Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.

A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic.

Support for full service partners.

- a. Target Population: Children aged 17 years and younger, who live in West County, are diagnosed with a serious emotional disturbance or serious mental illness, and are uninsured or receive Medi-Cal benefits
- b. Number served by clinic: For FY 16/17: Approximately 1,708 Individuals.

Williams Board and Care

Point of Contact: Frederick Williams, Katrina Williams
Contact Information: 430 Fordham Drive, Vallejo, CA
(707) 731-2326, Fred_Williams@b-f.com

1. General Description of the Organization

The County contracts with Williams Board and Care, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

2. Program: Augmented Board and Care - Housing Services - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Annual MHSA Payment Limit: \$ 31,889
- d. Number served: For FY 16/17: 6 beds available.

Woodhaven

Point of Contact: Milagros Quezon

Contact Information: 3319 Woodhaven Lane, Concord, CA 94519

(925) 349-4225, Rcasuperprint635@comcast.net

1. General Description of the Organization

The County contracts with Woodhaven, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

2. Program: Augmented Board and Care - Housing Services - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Annual MHSA Payment Limit: \$ 12,360
- d. Number served: For FY 16/17: 5 beds available.

Youth Homes, Inc.

Point of Contact: Candy Espino, Executive Director

Contact Information: 3480 Buskirk Ave #210, Pleasant Hill, CA 94523

(925) 933-2627, Candy@youthhomes.org

1. General Description of the Organization

Youth Homes, Inc. is committed to serving the needs of abused and neglected children and adolescents in California's San Francisco Bay Area. Youth Homes provides intensive residential treatment programs and community-based counseling services that promote the healing process for seriously emotionally abused and traumatized children and adolescents.

2. Program: Transition Age Youth Full Service Partnership - CSS

Youth Homes implements a full service partnership program using a combination of aspects of the Integrated Treatment for Co-Occurring Disorders model (also known as Integrated Dual Disorders Treatment – IDDT) and aspects of the Assertive Community Treatment model. These models are recognized evidence based practice in which the Substance Abuse and Mental Health Services Administration (SAMHSA) has created a tool kit to support implementation. Integrated Treatment for Co-Occurring Disorders is an evidence-based practice for treating clients diagnosed with both mental health and a substance abuse disorders. Through Integrated Treatment for Co-Occurring Disorders, consumers receive mental health and substance abuse treatment from a single “integrated treatment specialist” so consumers do not get lost in the health care system, excluded from treatment, or confused by going back and forth between separate mental health and substance abuse programs. It is not expected that all full service partners will be experiencing a substance use issue; however, for those who have co-occurring issues, both disorders can be addressed by one single provider.

a. Scope of Services:

- Outreach and engagement
- Case management
- Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
- Crisis Intervention
- Collateral
- Medication support (may be provided by County Physician)
- Housing support
- Flexible funds
- Money Management
- Vocational Services
- Contractor must be available to consumer on 24/7 basis

b. Target Population: Young adults ages 16 to 25 years with serious emotional disturbance/serious mental illness, and who are likely to exhibit co-occurring disorders with severe life stressors and are from an underserved population.

Services are based in East Contra Costa County as well as Central Contra Costa County.

- c. Annual MHSA Payment Limit: \$ 684,950
- d. Number served: For FY 16/17: 42 individuals
- e. Outcomes: For FY 16/17:
 - Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction

Pre- and post-enrollment utilization rates for 42 Youth Homes FSP Participants enrolled in the FSP program during FY 16-17

	<i>No. pre-enrollment</i>	<i>No. post-enrollment</i>	<i>Rate pre-enrollment</i>	<i>Rate post-enrollment</i>	<i>% Change</i>
<i>PES episodes</i>	132	122	0.315	0.272	-13.7
<i>Inpatient episodes</i>	55	30	0.127	0.067	-47.2
<i>Inpatient days</i>	456	317	1.145	0.704	-38.5

** Data on service utilization were collected from the county’s internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients’ monthly rates of service utilization pre-enrollment to clients’ post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:*

- *(No. of PES episodes during pre- enrollment period)/ (No. of months in pre-enrollment period) =Pre-enrollment monthly PES utilization rate*
- *(No. of PES episodes during post-enrollment period)/ (No. of months in post-enrollment period) =Post-enrollment monthly PES utilization rate.*

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Glossary

Assembly Bill 1421. AB 1421, also known as **Laura's Law**, enacted in 2002, would create an assisted outpatient treatment program for any person who is suffering from a mental disorder and meets certain criteria. The program would operate in counties that choose to provide the services. Adoption of this law enables a court, upon a verified petition to the court, to order a person to obtain and participate in assisted outpatient treatment. The bill provides that if the person who is the subject of the petition fails to comply with outpatient treatment, despite efforts to solicit compliance, a licensed mental health treatment provider may request that the person be placed under a 72-hour hold, based on an involuntary commitment. The law would be operative in those counties in which the county board of supervisors, by resolution, authorized its application and made a finding that no voluntary mental health program serving adults, and no children's mental health program, would be reduced as a result of the implementation of the law.

Assertive Community Treatment (ACT). Assertive Community Treatment is an intensive and highly integrated approach for community mental health service delivery. It is an outpatient treatment for individuals whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness. Its mission to promote the participants' independence, rehabilitation, and recovery, and in so doing to prevent homelessness, unnecessary hospitalization, and other negative outcomes. It emphasizes out of the office interventions, a low participant to staff ratio, a coordinated team approach, and typically involves a psychiatrist, mental health clinician, nurse, peer provider, and other rehabilitation professionals.

Assisted Outpatient Treatment (AOT). Assisted Outpatient Treatment is civil court ordered mental health treatment for persons demonstrating resistance to participating in services. Treatment is modeled after assertive community treatment, which is the delivery of mobile, community-based care by multidisciplinary teams of highly trained mental health professionals with staff-to-client ratios of not more than one to ten, and additional services, as specified, for adults with the most persistent and severe mental illness. AOT involves a service and delivery process that has a clearly designated personal services coordinator who is responsible for providing or assuring needed services. These include complete assessment of the client's needs, development with the client of a personal services plan, outreach and consultation with the family and other significant persons, linkage with all appropriate community services, monitoring of the quality and follow through of services, and necessary advocacy to ensure each client receives those services which are agreed to in the personal services plan. AOT is cited as part of Assembly Bill 1421, or Laura's Law.

Augmented Board and Care. Board and care facilities licensed by the State also contract with Contra Costa Mental Health to receive additional funding to provide a therapeutic environment and assist residents gain their independence through recovery and wellness activities. Extra staff time is devoted to creating a home-like atmosphere, often with shared housekeeping activities, and provide or coordinate a variety of therapeutic, educational, social and vocational activities. Persons who experience severe and persistent mental illness are eligible.

Behavioral Health System (BHS). This term refers to the grouping of Contra Costa Mental Health, Homeless Services, and Alcohol and Other Drug Services under one division of the Health Services Department.

Capital Facilities/Information Technology (CF/TN). Capital Facilities and Information Technology is the title of one of five components of the Mental Health Services Act. This component enables a county to utilize MHPA funds for one-time construction projects and/or installation or upgrading of electronic systems, such as mental health records systems.

Case Management. Case Management refers to a service in which a mental health clinician develops and implements a treatment plan with a consumer. This treatment plan contains a diagnosis, level of severity, agreed upon goals, and actions by the consumer, the case manager, and other service providers to reach those goals. The mental health clinician provides therapy and additionally takes responsibility for the delivery and/or coordination of both mental and rehabilitation services that assist the consumer reach his/her goals.

Clinical Specialist. Clinical Specialist, in the context of this document, refers to a licensed or registered intern in the specialties of social work, marriage and family therapy, psychology, psychiatric nurse practitioner, licensed professional clinical counselor, or psychiatrist. A Clinical Specialist is capable of signing a mental health consumer's treatment plan that can enable the County to bill Medi-Cal for part of the cost to deliver the service.

Clubhouse Model. The Clubhouse Model is a comprehensive program of support and opportunities for people with severe and persistent mental illness. In contrast to traditional day-treatment and other day program models, Clubhouse participants are called "members" (as opposed to "patients" or "clients") and restorative activities focus on their strengths and abilities, not their illness. The Clubhouse is unique in that it is not a clinical program, meaning there are no therapists or psychiatrists on staff. All participation in a clubhouse is strictly on a voluntary basis. Members and staff work side-by-side as partners to manage all the operations of the Clubhouse, providing an opportunity for members to contribute in significant and meaningful ways. A Clubhouse

is a place where people can belong as contributing adults, rather than passing their time as patients who need to be treated. The Clubhouse Model seeks to demonstrate that people with mental illness can successfully live productive lives and work in the community, regardless of the nature or severity of their mental illness.

Community Forum. In this context a community forum is a planned group activity where consumers, family members, service providers, and representatives of community, cultural groups or other entities are invited to provide input on a topic or set of issues relevant to planning, implementing or evaluating public services.

Community Program Planning Process. This a term used in regulations pertaining to the Mental Health Services Act. It means the process to be used by the County to develop Three-Year Expenditure Plans, and updates in partnership with stakeholders to 1) identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act, 2) Analyze the mental health needs in the community, and 3) identify and re-evaluate priorities and strategies to meet those mental health needs.

Community Services and Supports (CSS). Community Services and Supports is the title of one of five components funded by the Mental Health Services Act. It refers to mental health service delivery systems for children and youth, transition age youth, adults, and older adults. These services and supports are similar to those provided in the mental health system of care that is not funded by MHSA. Within community services and supports are the categories of full service partnerships, general system development, outreach and engagement, and project based housing programs.

Consolidated Planning Advisory Workgroup (CPAW). CPAW is an ongoing advisory body appointed by the Contra Costa Mental Health Director that provides advice and counsel in the planning and evaluation of services funded by MHSA. It is also comprised of several sub-committees that focus on specific areas, such as stigma reduction, homelessness, and services to the four age groups. It is comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services.

Consumers. In this context consumers refer to individuals and their families who receive behavioral health services from the County, contract partners, or private providers. Consumers can be also referred to as clients, participants or members.

Contra Costa Mental Health (CCMH). CCMH is one of 58 counties, the City of Berkeley, and the Tri-Cities area East of Los Angeles legislatively empowered to

engage in a contract, or Mental Health Plan, with the state to perform public mental health services. This enables Contra Costa County to utilize federal, state, county and private funding for these mental health services. The Mental Health Services Act is one source of state funding. CCMH is divided into a Children's System of Care and an Adult and Older Adult System of Care.

Co-occurring Disorders. Co-occurring disorders refers to more than one behavioral and/or medical health disorder that an individual can experience and present for care and treatment. Common examples are an individual with a substance abuse disorder coupled with a mental health diagnosis, or a developmental disability, such as autism, coupled with a thought disorder.

Cultural Competence. Cultural competence means equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.

Employment Services. Employment Services is a continuum of services and supports designed to enable individuals to get and keep a job. It includes 1) pre-vocational services, such as removing barriers to employment, 2) employment preparation, to include career counseling and education, training and volunteer activity support, 3) job placement, to include job seeking, placement assistance and on-the-job training, and 4) job retention, to include supported employment.

EPIC System. Epic is a nationwide computer software company that offers an integrated suite of health care software centered on a database. Their applications support functions related to patient care, including registration and scheduling; clinical systems for doctors, nurses, emergency personnel, and other care providers; systems for lab technicians, pharmacists, and radiologists; and billing systems for insurers.

Evidence Based Practices. This term refers to treatment practices that follow a prescribed method that has been shown to be effective by the best available evidence. This evidence is comprised of research findings derived from the systematic collection of data through observation and experiment, and the formulation of questions and testing of hypotheses.

Family Partners. Also referred to as Parent Partners, this professional brings lived experience as a family member of an individual with a serious mental illness to their provision of services. They often participate as a member of a multi-disciplinary team providing mental health treatment, and assist families understand, acquire and navigate the various services and resources needed.

Family-to-Family Training. Family-to-Family is an educational course for family, caregivers and friends of individuals living with mental illness. Taught by trained

volunteer instructors from the National Alliance for the Mentally Ill it is a free of cost twelve week course that provides critical information and strategies related to caregiving, and assists in better collaboration with mental health treatment providers.

Federal Poverty Level. This is a total household income amount that the federal government provides an annual guideline that defines whether individuals are living above or below the poverty level. For example, a family of four is determined to live under the poverty level if their total income in 2014 is \$23,850.

Focus Groups. In this context focus groups are a means for a small group (usually 8-15) of individuals to provide input, advice and counsel on practices, policies or proposed rulemaking on matters that affect them. Often these individuals are grouped by similar demographics or characteristics in order to provide clarity on a particular perspective.

Forensic. In this context this is a term that is connected to individuals involved in the legal court system. Public mental health services utilizing this term identify individuals with mental health issues also involved in the court system.

Full Service Partnership (FSP). Full service partnership is a term created by the Mental Health Services Act as a means to require funding from the Act to be used in a certain manner for individuals with serious mental illness. Required features of full service partnerships are that there be a written agreement, or individual services and supports plan, entered into with the client, and when appropriate, the client's family.

This plan may include the full spectrum of community services necessary to attain mutually agreed upon goals. The full spectrum of community services consists of, but is not limited to, mental health treatment, peer support, supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education, wellness centers, culturally specific treatment approaches, crisis intervention/stabilization services, and family education services.

Also included are non-mental health services and supports, to include food, clothing, housing, cost of health care and co-occurring disorder treatment, respite care, and wrap-around services to children. The County shall designate a personal service coordinator or case manager for each client to be the single point of responsibility for services and supports, and provide a qualified individual to be available to respond to the client/family 24 hours a day, seven days a week.

The Full Service Partnership category is part of the Community Services and Supports (CSS) component of the Mental Health Services Act. At least 50% of the funding for CSS is to go toward supporting the County's full service partnership category.

General System Development. This is a term created by the Mental Health Services Act, and refers to a category of services funded in the community services and supports component, and are similar to those services provided by community public mental health programs authorized in the Welfare and Institutions Code. MHSA funded services contained in the general system development category are designed to improve and supplement the county mental health service delivery system for all clients and their families.

Greater Bay Area Regional Partnership. Regional partnership means a group of County approved individuals and/or organizations within geographic proximity that acts as an employment and education resource for the public mental health system. These individuals and/or organizations may be county staff, mental health service providers, clients, clients' family members, and any individuals and/or organizations that have an interest in developing and supporting the workforce of the public mental health system. The Greater Bay Area Regional Partnership refers to an ongoing effort of individuals and/or organizations from the twelve county greater California bay area region.

IMPACT (Improving Mood: Providing Access to Collaborative Treatment). This refers to an evidence based mental health treatment for depression utilized specifically for older adults, and is provided in a primary care setting where older adults are concurrently receiving medical care for physical health problems. Up to twelve sessions of problem solving therapy with a year follow up is provided by a licensed clinical therapist, with supervision and support from a psychiatrist who specializes in older adults. The psychiatrist assesses for and monitors medications as needed, and both the clinician and psychiatrist work in collaboration with the primary care physician.

Innovation (INN). Innovation is the component of the Mental Health Services Act that funds new or different patterns of service that contribute to informing the mental health system of care as to best or promising practices that can be subsequently added or incorporated into the system. These innovative programs accomplish one or more of the following objectives; i) increase access to underserved groups, ii) increase the quality of services, to include better outcomes, iii) promote interagency collaboration, and iv) increase access to services. All new Innovation programs shall be reviewed and approved by the Mental Health Services Oversight and Accountability Commission. The Act states that five per cent of a County's revenues shall go for Innovation.

Iron Triangle. This term refers to the central area of the city of Richmond that is bordered on three sides by railroad tracks. The communities within this area have a high number of households living below the poverty level, and have a high need for social services, to include public mental health.

Laura's Law. See **Assembly Bill 1421.**

Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ). Persons in these groups express norms different than the heterosexism of mainstream society, and often experience stigmatism as a result. Lesbian refers to women whose primary emotional, romantic, sexual or affectional attractions are to other women. Gay refers to men whose primary emotional, romantic, sexual or affectional attractions are to other men. Bi-sexual refers to men or women whose primary emotional, romantic, sexual, or affectional attractions are to both women and men. Transgender is a term that includes persons who cross-dress, are transsexual, and people who live substantial portions of their lives as other than their birth gender. People who are transgender can be straight, gay, lesbian or bi-sexual. Questioning refers to someone who is questioning their sexual and/or gender orientation.

Licensed Clinical Specialist. In this context the term licensed clinical specialist is a County civil service classification that denotes a person meeting minimum mental health provider qualifications, to include possessing a license to practice mental health treatment by the California Board of Behavioral Sciences (BBS). An intern registered by BBS also qualifies. A licensed clinical specialist or registered intern can sign mental health treatment plans that qualify for federal financial participation through the Medi-Cal program.

Medi-Cal. Medi-Cal is California's version of the federal Medi-Caid program, in which health and mental health care can be provided by public health and mental health entities to individuals who do not have the ability to pay the full cost of care, and who meet medical necessity requirements. The federal Medi-Caid program reimburses states approximately half of the cost, with the remainder of the cost provided by a variety of state and local funding streams, to include the MHSA.

Mental Health Career Pathway Program. Mental Health Career Pathway Programs are education, training and counseling programs designed to recruit and prepare individuals for entry into and advancement in jobs in the public mental health system. These programs are a category listed as part of the workforce education and training component of the Mental Health Services Act.

Mental Health Commission (MHC). The County's Mental Health Commission are individuals, often with lived experience as a consumer and/or family member of a consumer, who are appointed as representatives of the County's Board of Supervisors to provide 1) oversight and monitoring of the County's mental health system, 2) advocacy for persons with serious mental illness, and 3) advise the Board of Supervisors and the mental health director.

Mental Health Loan Assumption Program (MHLAP). This is a program that makes payments to an educational lending institution on behalf of an employee who has

incurred debt while obtaining an education, provided the individual agrees to work in the public mental health system for a specified period of time and in a capacity that meets the employer's workforce needs. The MHLAP is funded by the Mental Health Services Act in the workforce education and training component.

Mental Health Services Act (MHSA). Also known as Proposition 63, the Mental Health Services Act was voted into law by Californians in November 2004. This program combines prevention services with a full range of integrated services to treat the whole person, with the goal of self-sufficiency for those who may have otherwise faced homelessness or dependence on the state for years to come. The MHSA has five components; community services and supports, prevention and early intervention, innovation, workforce education and training, and capital facilities and technology. An additional one percent of state income tax is collected on incomes exceeding one million dollars and deposited into a Mental Health Services Fund. These funds are provided to the County based upon an agreed upon fair share formula.

Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan. Each County prepares and submits a three year plan, which shall be updated at least annually and approved by the County's Board of Supervisors. The plan will be developed with local stakeholders by means of a community program planning process, and will include programs and funding planned for each component, as well as providing for a prudent reserve. Each plan or update shall indicate the number of children, adults and seniors to be served, as well as reports on the achievement of performance outcomes for services provided.

Mental Health Services Oversight and Accountability Commission (MHSOAC). The Mental Health Services Oversight and Accountability Commission was established by the MHSA to provide state oversight of MHSA programs and expenditures, and is responsible for annually reviewing and approving each county mental health program for expenditures pursuant to the components of Innovation and Prevention and Early Intervention.

Mental Health Professional Shortage Designations. This is a term used by the federal Human Resource Services Administration to determine areas of the country where there is a verified shortage of mental health professionals. These geographical areas are then eligible to apply for a number of federal programs where financial incentives in recruiting and retention are applied to address the workforce shortage.

Money Management. This is a term that refers to services that can encompass all aspects of assisting an individual plan and manage financial benefits and resources. It can include counseling on the interplay of work and other sources of income on Medi-Cal, Medicare, Social Security Disability Income (SSDI), and Supplemental Security

Income (SSI). It can include becoming a conservator of funds for an individual who has been deemed to be unable to manage their own funds.

Multi-dimensional Family Therapy (MDFT). MDFT is an evidence based comprehensive and multi-systemic family-based outpatient or partial hospitalization program for substance-abusing adolescents, adolescents with co-occurring substance use and mental disorders, and those at high risk for continued substance abuse. Treatment is delivered in a series of 12 to 16 weekly or twice weekly 60 to 90 minute sessions. Treatment focuses on the social interaction areas of parents and peers, the parents' parenting practices, parent-adolescent interactions in therapy, and communications between family members and key social systems, such as school and child welfare.

Multi-systemic Therapy (MST). MST is an evidence based mental health service that is a community-based, family driven treatment for antisocial/delinquent behavior in youth. The focus is on empowering parents and caregivers to solve current and future problems, and actively involves the entire ecology of the youth; family, peers, school and the neighborhood.

National Alliance on Mental Illness (NAMI). NAMI is the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raise awareness and build a community for hope for all of those in need. NAMI is the foundation for hundreds of NAMI State Organizations, NAMI Affiliates and volunteer leaders who work in local communities across the country to raise awareness and provide essential and free education, advocacy and support group programs.

Needs Assessment. In this context needs assessment means that part of the community program planning process where the mental health services and supports needs of the community are identified and assessed. This includes identifying populations, age groups and communities that remain unserved, underserved or inappropriately served.

Office of Statewide Health Planning and Development (OSHPD). The Office of Statewide Health Planning and Development (OSHPD) is a state department that assists California improve the structure and function of its healthcare delivery systems and promote healthcare accessibility. OSHPD is the state entity responsible for the implementation of various MHPA state level funded workforce education and training programs, such as the mental health loan assumption program, psychiatric residency programs, and several graduate stipend and internship programs.

Outreach and Engagement. In this context outreach and engagement is a MHSa term that is a community services and support category, and a category in which prevention and early intervention services can be provided. Services are designed to reach out and engage individuals in mental health care who have a serious mental illness, or are at risk of developing a serious mental illness. These are individuals who have not sought services in a traditional manner due to cultural or linguistic barriers.

Peer Provider. This is a term that refers to a professional who brings lived experience as a mental health consumer to their provision of services. They often participate as a member of a multi-disciplinary team providing mental health treatment, and assist consumers and their families understand, acquire and navigate the various services and resources needed.

Personal Service Coordinators. Personal service coordinators, also known as case managers, refers to a mental health clinician who develops and implements an individual services and support plan with an individual diagnosed with a serious mental illness, and who is part of a full service partner program under the MHSa. This plan contains a diagnosis, level of severity, agreed upon goals, and actions by the consumer, the personal services coordinator, and other service providers to reach those goals. The personal service coordinator provides therapy, and additionally takes responsibility for the delivery and/or coordination of both mental health and rehabilitation services that assist the consumer reach his/her goals.

PhotoVoice Empowerment Program. The County sponsors classes designed to enable individuals to create artwork consisting of a photograph and a personally written story that speak to or represent the challenges of prejudice, discrimination and ignorance that people with behavioral health challenges face. These artworks are then displayed in the community to educate, raise awareness and reduce stigma.

Portland Identification and Early Referral (PIER) Model. This is an evidence based treatment developed by the PIERS Institute of Portland, Maine. It is an early intervention program for youth, ages 12-25 who are at risk for developing psychosis. It is a multi-disciplinary team approach consisting of a structured interview to assess risk for psychosis, multi-family group therapy, psychiatric care, family psycho-education, supported education and employment, and occupational therapy.

Positive Parenting Program. The Triple P Positive Parenting Program is an evidence based practice designed to increase parents' sense of competence in their parenting abilities. It is a multilevel system of family intervention that aims to prevent severe emotional and behavioral disturbances in children by promoting positive and nurturing relationships between parent and child. Improved family communication and reduced conflict reduces the risk that children will develop a variety of behavioral and emotional

problems.

Post-traumatic Stress Disorder (PTSD). Post-traumatic stress disorder (PTSD) is an emotional illness that is classified as an anxiety disorder, and usually develops as a result of a terribly frightening, life-threatening, or otherwise highly unsafe experience. PTSD sufferers re-experience the traumatic event or events in some way, tend to avoid places, people, or other things that remind them of the event (avoidance), and are exquisitely sensitive to normal life experiences (hyper arousal).

Prevention and Early Intervention (PEI). Prevention and Early Intervention is a term created by the Mental Health Services Act, and refers to a component of funding in which services are designed to prevent mental illnesses from becoming severe and disabling. This means providing outreach and engagement to increase recognition of early signs of mental illness, and intervening early in the onset of a mental illness. Twenty percent of funds received by the Mental Health Services Act are to be spent for prevention and early intervention services.

Pre-vocational Employment Services. These are services that enable a person to actively engage in finding and keeping a job. Often the services remove barriers to employment services, such as counseling on how working affects benefits, stabilizing medications, obtaining a driver's license or general education diploma, and resolving immigration or other legal issues.

Prudent Reserve. This is a term created by the Mental Health Services Act, and refers to a County setting aside sufficient MHSA revenues in order to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years.

Psychiatric Emergency Services (PES). The psychiatric emergency services unit of Contra Costa County is located next door to the Emergency Room of the Regional Medical Center in Martinez. It operated 24 hours a day, seven days a week, and consists of psychiatrists, nurses and mental health clinicians who are on call and available to respond to individuals who are brought in due to a psychiatric emergency. Persons who are seen are either treated and released, or admitted to the in-patient psychiatric hospital ward.

Psychiatric Residency. Physicians who specialize in psychiatry complete a four year residency program at one of several schools of psychiatry, such as that located at the University of California at San Francisco. This is essentially a paid work study arrangement, where they practice under close supervision and concurrently take coursework. At the final residency year the psychiatrist can elect to work in a medical setting, teach, do research, or work in a community mental health setting.

Serious Mental Illness (SMI). Adults with a serious mental illness are persons eighteen years and older who, at any time during a given year, have a diagnosable mental, behavioral, or emotional disorder that meet the criteria of the Diagnostic and Statistical Manual, and the disorder has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

Seriously Emotionally Disturbed (SED). Children from birth up to age eighteen with serious emotional disturbance are persons who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual and results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Service Provider Individualized Recovery Intensive Training (SPIRIT). SPIRIT is a recovery oriented, peer led classroom and experiential-based , college accredited educational program for individuals with lived experience as a consumer of mental health services. It is sponsored by Contra Costa Mental Health and Contra Costa Community College, and successful completion satisfies the minimum qualifications to be considered for employment by the County as a Community Support Worker.

Stakeholders. Stakeholders is a term defined in the California Code of Regulations to mean individuals or entities with an interest in mental health services, including but not limited to individuals with serious mental illness and/or serious emotional disturbance and/or their families, providers of mental health and/or related services such as physical health care and/or social services, educators and/or representatives of education, representatives of law enforcement, and any organization that represents the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.

Stigma and Discrimination. In this context these terms refer to the negative thoughts and/or behaviors that form an inaccurate generalization or judgment, and adversely affects the recovery, wellness and resiliency of persons with mental health issues. These thoughts and behaviors can include any person who has an influence on a person's mental health well-being, to include the person experiencing the mental health issue.

Substance Use Disorder. A substance use disorder is a disorder in which the use of one or more substances leads to a clinically significant impairment or distress. Although the term substance can refer to any physical matter, substance abuse refers to the overuse of, or dependence on, a drug leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others. The disorder is

characterized by a pattern of continued pathological use of a medication, non-medically indicated drug or toxin which results in repeated adverse social consequences related to drug use, such as failure to meet work, family, or school obligations, interpersonal conflicts, or legal problems.

Supported Employment. Supported employment is a federal vocational rehabilitation term that means competitive work for individuals with the most significant disabilities that occurs in integrated work settings, or settings in which individuals are working toward competitive work. Such work is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Supported employment usually means that a professional support person, or job coach, assists the individual in a competitive work setting until assistance is no longer needed.

Supportive Housing. Supportive housing is a combination of housing and services intended as a cost-effective way to help people live more stable, productive lives. Supportive housing is widely believed to work well for those who face the most complex challenges—individuals and families confronted with homelessness and who also have very low incomes and/or serious, persistent issues that may include substance abuse, addiction or alcoholism, mental illness, HIV/AIDS, or other serious challenges to a successful life. Supportive housing can be coupled with such social services as job training, life skills training, alcohol and drug abuse programs, community support services, such as child care and educational programs, and case management to populations in need of assistance. Supportive housing is intended to be a pragmatic solution that helps people have better lives while reducing, to the extent feasible, the overall cost of care.

Systematic Training for Effective Parenting (STEP). Systematic Training for Effective Parenting (STEP) is a parent education program published as a series of books developed and published by the psychologists Don Dinkmeyer Sr., Gary D. McKay and Don Dinkmeyer Jr. The publication was supplemented by an extensive concept for training and proliferation. STEP has reached more than four million parents and has been translated into several languages. It provides skills training for parents dealing with frequently encountered challenges with their children that often result from autocratic parenting styles. STEP is rooted in Adlerian psychology and promotes a more participatory family structure by fostering responsibility, independence, and competence in children; improving communication between parents and children; and helping children learn from the natural and logical consequences of their own choices.

Transition Age Youth (TAY). Transition Age Youth is a term meaning individuals who are between the age of 16 years and 25 years of age. Specific mental health programs that address this age group are in the adult system of care, and were designed to assist

in the transition of services from the children's system of care, where individuals stop receiving services at 18.

Workforce Education and Training (WET). Workforce Education and Training is a term created by the Mental Health Services Act, and refers to the component of the MHSA that funds programs and service that assist in the recruitment and retention of a skilled and culturally competent mental health workforce.

Wellness Recovery Action Plan (WRAP). The Wellness Recovery Action Plan, or WRAP, is an evidence-based practice that is used by people who are dealing with mental health and other kinds of health challenges, and by people who want to attain the highest possible level of wellness. It was developed by a group of people who have a lived experience with mental health difficulties and who were searching for ways to resolve issues that had been troubling them for a long time. WRAP involves listing one's personal resources and wellness tools, and then using those resources to develop action plans to use in specific situations.

Wraparound Services. Wraparound services are an intensive, individualized care management process for children with serious emotional disturbances. During the wraparound process, a team of individuals who are relevant to the well-being of the child or youth, such as family members, other natural supports, service providers, and agency representatives collaboratively develop an individualized plan of care, implement this plan, and evaluate success over time. The wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends and other people drawn from the family's social networks. The team convenes frequently to measure the plan's components against relevant indicators of success. Plan components and strategies are revised when outcomes are not being achieved.

Wellness Recovery Education for Acceptance, Choice and Hope (WREACH). The WREACH Speaker's Bureau is sponsored by Contra Costa Behavioral Health Services, and is designed to reduce the stigma that consumers and family members often face in the workplace, behavioral and physical health care systems, and in their communities. The WREACH program forms connections between people in the community and people with lived mental health and co-occurring disorders experiences by providing opportunities for sharing stories of recovery and resiliency, and sharing current information on health treatment and supports. Workshops are held to teach people and their families how to write and present their recovery and resilience stories. These individuals are then connected with audiences that include behavioral health providers, high school and college staff and students, law enforcement, physical health providers and the general community.

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MHSA COUNTY COMPLIANCE CERTIFICATION

County: Contra Costa

Three-Year Program and Expenditure Plan Update

Local Mental Health Director	Program Lead
Name: Matthew White	Name: Warren Hayes
Telephone Number: 925-957-5150	Telephone Number: 925-957-2616
E-mail:	E-mail:
Matthew.White@hsd.cccounty.us	Warren.Hayes@hsd.cccounty.us
County Mental Health Mailing Address: Contra Costa County Mental Health Administration 1340 Arnold Drive #200 Martinez, CA 94553	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and non-supplantation requirements.

This Three year Program and Expenditure Plan Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three Year Program and Expenditure Plan Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on June 19, 2017..

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.



Matthew White, M.D.
Contra Costa Mental Health Director

DATE:

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Contra Costa County

X Three-Year Program and Expenditure Plan

Annual Update

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Matthew White	Name: Robert R. Campbell
Telephone Number: 925-957-5150	Telephone Number: 925-646-2181
E-mail: Matthew.White@hsd.cccounty.us	E-mail: bcamp@ac.cccounty.us
Local Mental Health Mailing Address: Contra Costa County Mental Health Administration 1340 Arnold Dr. #200 Martinez, CA 94553	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Matthew P White

Local Mental Health Director (PRINT)

Robert R Campbell

Signature

Date

I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 11, 2017 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Robert Campbell

County Auditor Controller / City Financial Officer (PRINT)

Robert Campbell 6/12/18

Signature

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FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

County: Contra Costa

Date: 6/6/2018

	MHSA Funding						Total
	A	B	C	D	E	F	
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve	
A. Estimated FY 2017/18 Funding							
1. Unspent Funds from Prior Fiscal Years	33,788,244	5,187,196	4,640,317	269,711	931,813	-	44,817,281
2. New FY2017/18 Funding	35,124,728	8,781,182	2,310,837				46,216,747
3. Transfer in FY2017/18 ^{a/}	(7,795,034)			7,795,034			-
4. Available Funding for FY2017/18	61,117,938	13,968,378	6,951,154	8,064,745	931,813	-	91,034,028
B. Projected FY2017/18 MHSA Expenditures	32,476,234	7,571,943	1,965,655	1,973,764	635,011	-	44,622,607
C. Estimated FY2018/19 Funding							
1. Unspent Funds from Prior Fiscal Years	28,641,704	6,396,435	4,985,499	6,090,981	296,802	-	46,411,421
2. Estimated New FY2018/19 Funding	36,648,598	8,387,150	2,207,145				47,242,893
3. Transfer in FY2018/19 ^{a/}	-						-
4. Estimated Available Funding for FY2018/19	65,290,302	14,783,585	7,192,644	6,090,981	296,802	-	93,654,314
D. Budgeted FY2018/19 Expenditures	36,772,145	8,926,161	2,159,833	2,602,956	52,299	-	50,513,394
E. Estimated FY2019/20 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	28,518,157	5,857,424	5,032,811	3,488,025	244,503	-	43,140,920
2. Estimated New FY2019/20 Funding	37,374,973	8,568,743	2,254,932				48,198,648
3. Transfer in FY2019/20 ^{a/}	-						-
4. Estimated Available Funding for FY2019/20	65,893,130	14,426,167	7,287,743	3,488,025	244,503	-	91,339,568
F. Budgeted FY2019/20 Expenditures	37,690,970	9,191,606	2,200,628	2,668,145	-	-	51,751,349
G. Estimated FY2019/20 Unspent Fund Balance	28,202,160	5,234,561	5,087,115	819,880	244,503	-	39,588,219
H. Estimated Local Prudent Reserve Balance							
1. Estimated Local Prudent Reserve Balance on June 30, 2017							7,125,250
I. Estimated Beginning Balance for FY 2018/19							
1. Estimated Unspent Funds from Fiscal Year 2017-18							46,411,421
2. Estimated Local Prudent Reserve Balance on June 30, 2017							7,125,250
3. Estimated Total Beginning Balance							53,536,671

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: June 6, 2018

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	2,471,762	2,471,762				
2. Transition Age Youth	1,888,556	1,888,556				
3. Adult	1,847,573	1,847,573				
4. Adult Mental Health Clinic Support	878,616	878,616				
5. Assisted Outpatient Treatment	3,130,337	3,130,337				
6. Wellness and Recovery Centers	1,190,687	1,190,687				
7. Crisis Residential Center	2,142,627	2,142,627				
8. MHSA Housing Services	8,704,199	8,704,199				
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
Non-FSP Programs						
1. Older Adult Mental Health Program	3,460,982	3,460,982				
2. Children's Wraparound Support	1,298,995	1,298,995				
3. Miller Wellness Center	324,984	324,984				
4. Concord Health Center	326,948	326,948				
5. Liaison Staff	134,899	134,899				
6. Clinic Support	995,694	995,694				
7. Forensic Team	435,968	435,968				
8. Quality Assurance	1,127,690	1,127,690				
9. Administrative Support	2,115,717	2,115,717				
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
CSS Administration						
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	32,476,234	32,476,234	0	0	0	0
FSP Programs as Percent of Total	68.5%					

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: June 6, 2018

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	3,290,427	3,290,427				
2. Transition Age Youth	2,472,339	2,472,339				
3. Adult	2,983,385	2,983,385				
4. Adult Mental Health Clinic Support	1,825,273	1,825,273				
5. Assisted Outpatient Treatment	2,464,008	2,464,008				
6. Wellness and Recovery Centers	928,288	928,288				
7. Crisis Residential Center	2,139,856	2,139,856				
8. MHSA Housing Services	6,492,477	6,492,477				
9.						
10.						
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12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
Non-FSP Programs						
1. Older Adult Mental Health Program	3,489,711	3,489,711				
2. Children's Wraparound Support	4,154,519	4,154,519				
3. Miller Wellness Center	329,414	329,414				
4. Concord Health Center	273,023	273,023				
5. Liaison Staff	143,313	143,313				
6. Clinic Support	1,327,638	1,327,638				
7. Forensic Team	995,213	995,213				
8. Quality Assurance	1,324,009	1,324,009				
9. Administrative Support	2,139,252	2,139,252				
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
CSS Administration						
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	36,772,145	36,772,145	0	0	0	0
FSP Programs as Percent of Total	61.4%					

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: June 6, 2018

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	3,313,400	3,313,400				
2. Transition Age Youth	2,539,010	2,539,010				
3. Adult	3,072,849	3,072,849				
4. Adult Mental Health Clinic Support	1,880,069	1,880,069				
5. Assisted Outpatient Treatment	2,537,928	2,537,928				
6. Wellness and Recovery Centers	956,136	956,136				
7. Crisis Residential Center	2,204,052	2,204,052				
8. MHSA Housing Services	6,680,652	6,680,652				
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
Non-FSP Programs						
1. Older Adult Mental Health Program	3,594,402	3,594,402				
2. Children's Wraparound Support	4,204,155	4,204,155				
3. Miller Wellness Center	339,296	339,296				
4. Concord Health Center	281,214	281,214				
5. Liaison Staff	147,613	147,613				
6. Clinic Support	1,367,468	1,367,468				
7. Forensic Team	1,008,569	1,008,569				
8. Quality Assurance	1,324,008	1,324,008				
9. Administrative Support	2,240,149	2,240,149				
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
CSS Administration						
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	37,690,970	37,690,970	0	0	0	0
FSP Programs as Percent of Total	61.5%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan

Prevention and Early Intervention (PEI) Component Worksheet

County: Contra Costa

Date: June 6, 2018

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,022,168	1,022,168				
2. Prevention	2,036,299	2,036,299				
3. Access and Linkage to Treatment	224,751	224,751				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,613,659	1,613,659				
5. Stigma and Discrimination Reduction	305,671	305,671				
6. Suicide Prevention	380,172	380,172				
7. Administrative support	191,828	191,828				
8. Perinatal Depression Project	16,977	16,977				
9.						
10.						
PEI Programs - Early Intervention						
11. First Hope	1,780,418	1,780,418				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
PEI Administration	0					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	7,571,943	7,571,943	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan

Prevention and Early Intervention (PEI) Component Worksheet

County: Contra Costa

Date: June 6, 2018

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,075,076	1,075,076				
2. Prevention	1,705,143	1,705,143				
3. Access and Linkage to Treatment	932,865	932,865				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,632,624	1,632,624				
5. Stigma and Discrimination Reduction	348,628	348,628				
6. Suicide Prevention	444,427	444,427				
7. Administrative support	135,607	135,607				
8.						
9.						
10.						
PEI Programs - Early Intervention						
11. First Hope	2,651,791	2,651,791				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
PEI Administration						
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	8,926,161	8,926,161	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan

Prevention and Early Intervention (PEI) Component Worksheet

County: Contra Costa

Date: June 6, 2018

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
Outreach for Increasing Recognition of Early Signs of Mental Illness	1,059,624	1,059,624				
Prevention	1,704,999	1,704,999				
Access and Linkage to Treatment	1,198,430	1,198,430				
Improving Timely Access to Mental Health Services for Underserved Population	1,571,522	1,571,522				
Stigma and Discrimination Reduction	308,741	308,741				
Suicide Prevention	461,892	461,892				
Administrative support	155,054	155,054				
Perinatal Depression Project 9.						
10.						
PEI Programs - Early Intervention						
11. First Hope	2,731,344	2,731,344				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
PEI Administration						
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	9,191,606	9,191,606	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act
Expenditure Plan
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: June 6, 2018

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Recovery Through Employment Readiness	44,246	44,246				
2. Coaching to Wellness	698,623	698,623				
3. Partners in Aging	225,719	225,719				
4. Overcoming Transportation Barriers	44,910	44,910				
5. Administrative Support	359,459	359,459				
6. Emerging Projects	592,698	592,698				
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
INN Administration						
Total INN Program Estimated Expenditures	1,965,655	1,965,655	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act
Expenditure Plan
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: June 6, 2018

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
I. Estimated Beginning Balance for FY 2016/17						
INN Programs						
1. Coaching to Wellness	474,089	474,089				
2. Partners in Aging	181,067	181,067				
3. Overcoming Transportation Barriers	241,450	241,450				
4. Administrative Support	463,227	463,227				
5. Emerging Projects	800,000	800,000				
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
INN Administration						
Total INN Program Estimated Expenditures	2,159,833	2,159,833	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act
Expenditure Plan
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: June 6, 2018

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Recovery Through Employment Readiness	100,000	100,000				
2. Coaching to Wellness	502,909	502,909				
3. Partners in Aging	192,094	192,094				
4. Overcoming Transportation Barriers	256,154	256,154				
5. Administrative Support	449,471	449,471				
6. Emerging Projects	700,000	700,000				
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
INN Administration						
Total INN Program Estimated Expenditures	2,200,628	2,200,628	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan

Workforce, Education and Training (WET) Component Worksheet

County: Contra Costa

Date: June 6, 2018

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	708,865	708,865				
2. Training and Technical Support	172,727	172,727				
3. Mental Health Career Pathway Program	339,710	339,710				
4. Internship Programs	452,462	452,462				
5. Financial Incentive Programs	300,000	300,000				
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
WET Administration						
Total WET Program Estimated Expenditures	1,973,764	1,973,764	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan

Workforce, Education and Training (WET) Component Worksheet

County: Contra Costa

Date: June 6, 2018

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
I. Estimated Beginning Balance for FY 2016/17						
WET Programs						
1. Workforce Staffing Support	1,228,940	1,228,940				
2. Training and Technical Support	230,000	230,000				
3. Mental Health Career Pathway Program	499,016	499,016				
4. Internship Programs	345,000	345,000				
5. Financial Incentive Programs	300,000	300,000				
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
WET Administration						
Total WET Program Estimated Expenditures	2,602,956	2,602,956	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan

Workforce, Education and Training (WET) Component Worksheet

County: Contra Costa

Date: June 6, 2018

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	1,303,783	1,303,783				
2. Training and Technical Support	244,007	244,007				
3. Mental Health Career Pathway Program	460,435	460,435				
4. Internship Programs	359,920	359,920				
5. Financial Incentive Programs	300,000	300,000				
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
WET Administration						
Total WET Program Estimated Expenditures	2,668,145	2,668,145	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Contra Costa

Date: June 6, 2018

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
11. Electronic Health Records System - Adminis	635,011	635,011				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	635,011	635,011	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: <u>Contra Costa</u>	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
11. Electronic Health Records System - Adminis	52,299	52,299				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	52,299	52,299	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Contra Costa

Date: June 6, 2018

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

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**PUBLIC COMMENT
PUBLIC HEARING
MHSA FISCAL YEAR 2018/2019
Annual Update to the Three Year
Program and Expenditure Plan**

Mental Health Services

- Crisis Services
- Problem Resolution Process
- Internship Program
- Training Opportunities
- Mental Health Services Act (MHSA)**
- Wellness & Education
- Workforce Education & Training
- Links
- Newsletter
- Clinical Documentation Forms
- Laura's Law
- Mental Health Commission

Related Links

- Consolidated Planning Advisory Workgroup (CPAW)
- Behavioral Health Services
- Alcohol & Other Drugs
- Homeless Program
- Quality Management

Popular Pages

- mycclink - Patient Website
- Measles
- HeartSafe Community

Mental Health Services Act (MHSA) in Contra Costa County

Contra Costa County Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan integrates the components of Community Services and Supports, Prevention and Early Intervention, Innovation, Workforce Education and Training, and Capital Facilities/Information Technology.

This Plan describes county operated and contract programs that are funded by MHSA, what they will do, and how much money will be set aside to fund these programs. Also, the plan will describe what will be done to evaluate their effectiveness and ensure they meet the intent and requirements of the Mental Health Services Act.

California approved Proposition 63 in November, 2004, and the Mental Health Services Act became law. The Act provides significant additional funding to the existing public mental health system, and combines prevention services with a full range of integrated services to treat the whole person. With the goal of wellness, recovery and self-sufficiency, the intent of the law is to reach out and include those most in need and those who have been traditionally underserved. Services are to be consumer driven, family focused, based in the community, culturally and linguistically competent, and integrated with other appropriate health and social services. Funding is to be provided at sufficient levels to ensure that counties can provide each child, transition age youth, adult and senior with the necessary mental health services, medications and support set forth in their treatment plan. Finally, the Act requires this Three Year Plan be developed with the active participation of local stakeholders in a community program planning process.

Attached is a [form](#) and [instructions](#) should an individual wish to request a review of any issues related to:

LATEST INFORMATION

Contra Costa Behavioral Health Services has posted the Mental Health Services Act [Three Year Program and Expenditure Plan Update 2018-2019](#) for 30 day public comment. Please use these [public comment forms \(English\)](#) | [Spanish](#) to make any public comment. The public comment period begins on Monday, April 23, 2018, and ends Wednesday, May 23, 2018. A public hearing will be held on Wednesday, June 6, 2018 at 5:15pm at 550 Ellinwood Way in Pleasant Hill.

MHSA Needs [Assessment / Three Year Program and Expenditure Plan 2017-2020](#) | [Spanish](#)

LINKS & RESOURCES

Find Mental Health Services in [West County](#), [East County](#) and [Central County](#) [Consolidated Planning Advisory Workgroup \(CPAW\)](#)
[County Behavioral Health Director's Association of California, Mental Health Services Act](#)

The MHSA Community Program Planning Process.
Consistency between approved MHSA plans and program implementation.
The provision of MHSA funded mental health services.

Community Services & Supports	Prevention & Early Intervention	Innovation
Workforce Education & Training	Capital Facilities/Information Technology	

Community Services and Supports

Community Services and Supports is the component of the Three-Year Program and Expenditure Plan that refers to service delivery systems for mental health services and supports for children and youth, transition age youth (ages 16-25), adults, and older adults (over 60). Contra Costa County Mental Health utilizes MHSA funding for the categories of Full Service Partnerships and General System Development.

First approved in 2006 with an initial State appropriation of \$7.1 million Contra Costa's budget has grown incrementally to \$31.5 million annually in commitments to programs and services under this component. The construction and direction of how and where to provide funding began with an extensive and comprehensive community program planning process whereby stakeholders were provided training in the intent and requirements of the Mental Health Services Act, actively participated in various venues to identify and prioritize community mental health needs, and developed strategies by which service delivery could grow with increasing MHSA revenues.

For more information:

Mental Health Services Act
Contra Costa Mental Health Administration
1220 Morello Ave. Suite 100
Martinez, CA 94553 [\[Map & Directions\]](#)
mhsa@hsd.cccounty.us

[\[help with \]](#) [PDF files \]](#)



CONTRA COSTA
COUNTY MENTAL
HEALTH
COMMISSION

1340 Arnold Dr. Suite
200
Martinez, California
94553

Ph (925) 957-5140

Fax (925) 957-5156

ccmentalhealth.org/mhc

Current (2018) Members of the Contra Costa County Mental Health Commission

Barbara Serwin, District II (Chair); Duane Chapman, District I (Vice Chair); Supervisor Diane Burgis, BOS representative, District III, Geri Stern District I; Gina Swirsding, District I; Diana MaKieve, District II; Lauren Rettagliata, District II; Douglas Dunn, District III; Julie Ann Neward, District III; Sam Yoshioka, District IV; Michael Ward, District V; Leslie May, District V; Joe Metro, District V; Candace Andersen, Alternate BOS Representative for District II

The Mental Health Commission

**Hosts a Public Hearing for the Mental Health Services Act (MHSA) Three Year Plan
*updates**

Wednesday, June 6, 2018 from 4:30pm-6:30pm

At: 550 Ellinwood Way, Pleasant Hill, CA

Call to order/Introductions

Public Comments:

*Please note that all members of the public may comment on any item of public interest within the jurisdiction of the Mental Health Commission, in accordance with the Brown Act, if a member of the public addresses an item, not on the agenda, no response, discussion or action on the item may occur. Time will be provided for public comment on the items on the agenda, after commissioner's comments, as they occur during the meeting.

Commissioner Comments-

Chair Announcements/Comments-

APPROVE Minutes from the May 2, 2018 Meeting

RECEIVE Behavioral Health Services report-- Dr. Matthew White, Behavioral Health Services
Acting Director

FORM ad hoc committee to define MHC information needs regarding key indicators of
consumer and overall mental health system outcomes-- Barbara Serwin, MHC Chair

DISCUSS MHC Retreat plan-- Barbara Serwin, MHC Chair

**Report on Commission membership vacancies and Committee membership needs-
Liza Molina-Huntley, MHC Executive Assistant**

Adjourn

*****The Public Hearing will follow the Commission meeting***



If special accommodations are required to attend any meeting, due to a disability, please
contact the Executive Assistant of the Mental Health Commission, at: (925) 957-5140



Call to order-Public Hearing on the Mental Health Services Act Three Year Plan *updates

Opening Comments by the Mental Health Commission Chair:

Review of authority for Public Hearing, Welfare & Institutions Code 5848 (a) (b). A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans. The Mental Health Commission shall conduct a public hearing on the draft plan and annual updates at the close of the 30 day comment period . The Mental Health Commission shall review the adopted plan or update and make recommendations to the County Mental Health Department for revisions.

8. Review of Public Hearing purpose to confirm and complete .the process.

III. Fiscal Years 2017 to 2020 Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan- by Warren Hayes, MHSA Program Manager.

The plan is available for review at: <http://cchealth.org/mentalhealth/>

Public Comment regarding the Plan-

Members of the public may comment on any item of public interest within the jurisdiction of the Mental Health Commission .

Public Comment cards are available on the table at the back of the room; please give your card to the Executive Assistant of the Mental Health Commission.

In the interest of time and equal opportunity, speakers are requested to **please adhere to a 3 minute time limit, per person.** In accordance to the **Brown Act**, if a member of the public addresses an item not on the agenda, no response, discussion or action on the item will occur, except for the purpose of clarification.

Commissioner Comments-

Members of the Commission may comment on any item of public interest within the jurisdiction of the Mental Health Commission .

Commissioner Comment cards are available at your seats. Please give your card to the Executive Assistant of the Mental Health Commission .

In the interest of time and equal opportunity, speakers are requested to please adhere to a 3 minute maximum time limit, per person. In accordance with the Brown Act, if a member of the public addresses an item not on the agenda, no response, discussion or action on the item will occur, except for the purpose of clarification.

Develop a list of Comments and Recommendations to the County Mental Health Administration (MHA) and to the Board of Supervisors (BOS)

Adjourn- Public Hearing

Public Hearing Presentation MHA Three Year Program and Expenditure Plan Update for FY 2018-19

Contra Costa Behavioral Health Services is pleased to present the Draft Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update for Fiscal Year 2018-19. Included for your consideration this evening are copies of the draft plan update, and copies of a summary outline of the plan. We welcome your input. The Three Year Plan Update proposes to set aside \$50.5 million for fiscal year 2018-19 in order to fund over 80 programs and plan elements.

The Three Year Plan Update includes \$36.8 million to fund 39 programs and plan elements in the Community Services and Supports component that will serve approximately 2,000 individuals who are experiencing a serious mental illness. Our Prevention and Early Intervention component plans to set aside \$8.9 million to fund 26 programs serving approximately 26,000 persons, and are designed to prevent mental illness from becoming severe and debilitating. \$2.1 million is budgeted for five Innovative Projects, and \$2.6 million is set aside for programs to recruit, train, retain and support our public mental health workforce. Finally, our Capital Facilities/Information Technology component will utilize the remaining MHSA funds allocated for implementation of the electronic mental health records project.

An inclusive Community Program Planning Process engaged stakeholders in identifying service gaps, prioritizing community public mental health needs, and suggesting strategies to meet these needs. All identified service gaps and prioritized needs from the Community Program Planning Process are referenced and addressed in the Three Year Plan Update.

FY 2016-17 performance indicators for our Full Service Partnerships and our Prevention and Early Intervention programs are included in the program description, and individual program outcomes are listed by program in Appendix B.

No new MHSA funded programs, projects or plan elements are being added for FY

2018-19, and the projected budgets for the five components remain the same. We anticipate that the plan's proposed total budget spending authority will not need to be reduced in the foreseeable future, and that all MHSA programs and plan elements can be sustained at their proposed level of funding.

As per direction of the California Department of Health Care Services the draft plan update includes a plan to spend by June 2020 funds that DHCS has identified as potentially subject to reversion back to the state.

Again, we welcome both Public and Commission comment and input this evening. The Draft Three Year Plan will be sent to the Board of Supervisors for review once we have included our written response to any substantive recommendations for revisions received by either the Public or the Commission.

Contra Costa Behavioral Health Services Administration Responses to Public Comments, Public Hearing and Mental Health Commission Comments and Recommendation

As per Section 5848 of the California Welfare and Institutions Code the County shall summarize and analyze any substantive written recommendations for revisions by the public and/or the Mental Health Commission to the MHSA Three Year Program and Expenditure Plan.

30 DAY PUBLIC COMMENT PERIOD

No written public comments were received.

PUBLIC HEARING

No Public Comments were received.

MENTAL HEALTH COMMISSION COMMENTS

Upon completion of the Public Comment period Mental Health Commission members provided individual comments. A summary of commissioner comments and Behavioral Health Services Administration (CCBHS) responses are as follows:

I am concerned about people who have received services before, but need them again and their difficulty in getting services. I also concerned about the growing number of seniors who have medical problems and are losing their housing. Finally, is the Native American Health Center open?

Response. CCBHS shares these concerns and the new Health Services Director and Acting Behavioral Health Services Director have placed access to services and supportive housing as top priorities to be addressed. The Native American Health Center is open and continues to be funded in the MHSA Three Year Plan.

I notice that there is no community members here for the public hearing. What are we doing to get the word out?

Response. Contra Costa has an extensive dialogue period prior to this formal public hearing. We put substantial resources to both invite the public to participate with us as each year's MHSA Plan is developed, as well as advertise the public hearing. We surmise that the heavy participation in our dialogue and planning period enables stakeholders to have their input heard and incorporated, and have made the determination that this part of the planning process is where they can most effectively utilize their time.

Is the Mental Health Evaluation Team countywide? There is a lot of gun violence and I don't think a lot of people understand how the Medi-Cal eligibility works.

Response. Yes, the MHET Team serves the entire county, but is funded by a small grant that only is able to field one team. Mobile response crisis teams are now funded in this Three Year Plan, and will greatly expand CCBHS's ability to respond as events happen across the county. They will serve people regardless of their insurance status, or ability to pay. As staff come on line CCBHS will provide education to the community as to their availability.

What happens when innovative projects sunset, and are they evaluated?

Response. Innovative Projects by definition have up to five years, depending upon the time frame stipulated to learn from these new and different patterns of service. We have had a handful of these projects sunset in the last two years. Each has had an extensive ongoing evaluation process with which CPAW Innovation Committee actively participates. These projects were either incorporated into our larger system of care with permanent funding, or ended because they were time limited by definition. MHSA Team staff provide an extensive final evaluation report on each project that has ended, is shared with stakeholders, and then sent to the state.

Regarding the Capital Facilities/Information Technology electronic health record project, what has been accomplished with the original \$6 million of MHSA money, how much is left, and what will the County need to ask for additionally to finish?

Response. The objectives of fielding an electronic mental health charting system by county operated programs and e-prescribing by psychiatrists has been accomplished so far. Replacing the current billing system will go live on July 1. To be accomplished is including organizational providers in the charting and billing process, and consumer capacity for communicating and scheduling with their service providers. Approximately \$50,000 of the original \$6 million of MHSA funds remain. The county will be completing the aforementioned objectives with available non-MHSA funding. Because the county has chosen to integrate mental health with primary care within the county's EPIC system the total cost of the project has exceeded the scope as originally designed. This strategic move is intended to further the integration and communication between mental health and primary care providers, and was beyond the scope of the project as originally envisioned.

Our school teachers need to be trained to identify and respond to mental health issues as they arise in the classroom. Do we have money in the plan to do this?

Response. The Workforce Education and Training Component has budgeted funds to train mental health trainers to provide Mental Health First Aid training to teachers, first

responders and others in the community. Our challenge has been for the education system, school districts and schools to use this resource. Also, we provide funding in several programs that are in high schools to model exemplary practices in responding to youth experiencing mental health issues. More importantly, several years ago the state transferred millions of dollars from the Department of Mental Health to the Department of Education just for this purpose. Today's practice leaves it up to parents to advocate for this care to be funded through an Individual Education Plan once a student has been determined to be eligible for special needs.

The Three Year Plan Vision statement emphasizes partnership as part of the statements pertaining to capacity and integration. Right now consumers and their families are at a disadvantage because they get information after the fact and piecemeal. I think we should provide better information to them beforehand so that they can better assist service providers to partner with them and each other.

Response. CCBHS concurs. The funding of the new program, Family Support Volunteer Network, is intended to enable trained volunteers to better inform consumers and their families as to programs, their eligibility, and how to navigate the system as needs change.

I think that MHSA funding calls forth that every program that receives funding must provide measurable outcomes. If MHSA does not require it I believe we should require it. In particular, augmented board and care facilities and county operated clinics do not list outcomes.

Response. The Mental Health Services Act requires that the State shall establish requirements for the content of the Plan, and shall include reports on the achievement of performance outcomes for services. Contra Costa's Three Year Plan complies with and does specify performance outcomes for MHSA funded programs, but does not list outcomes for programs where MHSA supplements the total service delivery, such as county operated clinics and augmented board and care facilities that are part of a larger program of service. This would contribute to an incomplete perception of the impact of MHSA dollars. CCBHS is embarking on a means of performance indicators in which CCBHS leadership and stakeholders, such as the Mental Health Commission, can agree upon, share and use to identify areas for improvement and exemplary practices to be duplicated. These performance indicators would apply to the entirety of the Mental Health Plan, and not just MHSA.

MENTAL HEALTH COMMISSION RECOMMENDATION

The Mental Health Commission thanked all those present today for their participation in the Public Hearing of the MHSA Three Year Program and Expenditure Plan Update for fiscal year 2018-19. This hearing fulfills the Commissions duties under the Mental Health Services Act requirements. The Commission elected not to provide any recommendations.

Response. The Behavioral Health Services Administration appreciates the support provided by the Commission to collaboratively conduct a public hearing on the draft MHSA Three Year Program and Expenditure Plan.

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
Hosts a Public Hearing for the
Mental Health Services Act (MHSA)
Three Year Plan Update**

Wednesday, June 6, 2018

At: 550 Ellinwood Way, Pleasant Hill, CA

Agenda Item / Discussion	Action /Follow-Up
<p>Call to Order / Introductions Commission Chair Barbara Serwin called the meeting to order at 4:41pm</p> <p><u>Members Present:</u> Chair- Barbara Serwin, District II Vice Chair- Duane Chapman, District I Supervisor Diane Burgis, District III Diana MaKieve, District II (left @5:32pm) Geri Stern, District I (arrived @4:50pm) Gina Swirsding, District I Michael Ward, District V Sam Yoshioka, District IV Joe Metro, District V Julie Ann Neward, District III</p> <p><u>Commissioners Absent:</u> Douglas Dunn, District III Lauren Rettagliata, District II Leslie May, District V</p> <p><u>Other Attendees:</u> Erika Jenssen, Assistant to the Health Services Director for Contra Costa Count Dr. Matthew White, Chief Psychiatrist, Medical Director for BHS and Interim Director for BHS Mark Goodwin, Chief of Staff for District III Jill Ray, Field Representative for District II, Supervisor District II Dr. Chris Farnitano, Contra Costa Health Services Miriam Rosa- CCC Health Services Linda Velarde- Public Dr. Matt Lindgren, Kaiser Antioch Mental Health Services Warren Hayes, MHSA Program Manager Morvarid Naghshineh, Planner Evaluator Robert Thigpen, Adult- Behavioral Health Family Services Coordinator Liza A. Molina-Huntley, EA - MHC</p>	
<p><u>Public Comments:</u> <u>None</u></p>	
<p><u>Commissioner Comments:</u> <u>Supervisor Burgis welcomed new Commissioner from District III, Julie Ann Neward</u> <u>Vice Chair- made a referral to the AOT program and received a voicemail. Discussed matter with Warren Hayes.</u> <u>Vice Chair- announced and invited to attend the "June-Teen" celebration in Richmond, on June 16</u></p>	<p>Interested in serving as a volunteer on the Mental Health Commission? Apply online at: https://ca-contracostacounty2.civicplus.com/6408/Boards-and-Commissions-Database</p>

<p><u>Chair Announcements/Comments:</u> <u>Welcomed new Commissioners, Joe Metro and Julie Ann Neward.</u> <u>Previously discussed the Bylaws Task Force, at the Executive Committee, meetings will resume- assigned Sam Yoshioka to be in charge of resuming meetings</u> <u>Please note that the next MHC meeting will be on Wednesday, July 11 at the same time and place, due to the regularly scheduled meeting falls on the July 4 holiday</u> <u>Announced that the Adult Mobile Crisis Team launched in May.</u> <u>Attended the quarterly meeting, impressed with goals, operations and communications with law enforcement. Would like for the team to provide updates, at a future MHC meeting</u> <u>Informed gaining new Commissioners and losing a valued Commissioner, Lauren Rettagliata. Announced that the Commissioner will continue to attend meetings, currently attending a family gathering.</u> <u>Jill Ray, Field Representative from the District II office, informed that a Commissioner's appointed seat, continues beyond the expiration date, for an additional 90 days or until the seat is filled</u></p>	<p>* Next MHC meeting- 7/11/18, 4:30pm to 6:30pm at: 550 Ellinwood Way in Pleasant Hill</p>
<p>MOTION to APPROVE minutes from May 2, 2018 meeting Duane Chapman moved to motion, Supervisor Diane Burgis seconded the motion Corrections noted for final posting VOTE: 9-0-0 YAYS: Supervisor Diane Burgis, Barbara Serwin, Duane Chapman, Diana MaKieve, Mike Ward, Sam Yoshioka, Gina Swirsding, Julie Ann Neward, Joe Metro NAYS: none ABSTAIN: none ABSENT: Douglas Dunn, Lauren Rettagliata, Leslie May, Geri Stern, Patrick Field</p>	<p>*Post final corrected minutes to MHC website at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>RECEIVE Behavioral Health Services updates –Dr. Matthew White, Behavioral Health Services Acting Director and Medical Director for Behavioral Health Services Dr. White- Dr. Ko will be starting in East County in July. Two child psychiatrists will be hired, one for the Central County Children’s clinic and another for West County Children’s clinic, making progress in filling psychiatrists positions. Looking to hire a couple of more psychiatrists in East County, and two more psychiatrists, one for adults in Central County and another for West County Focusing on the quality of services and access to care Value Stream mapping event will occur in East County starting in June, to help identify where changes and improvements are needed. The Report Out will be on Friday at 12:15pm, on June 15, at the Pittsburg Health Center (2311 Loveridge Road in Pittsburg) IT department is working on a dashboard to facilitate access to information, (real-time data), working on making adjustments to be able to provide more accurate data (see handout of dashboard preview) Commissioner Sam Yoshioka requested data for West and Central clinics. Dr. White will provide more information, after adjustments have been made, and the accuracy of the data is verified Public member, Linda Velarde, inquired regarding Tele-psychiatry services, if the services were only over the phone and how is the success rate gauged? Dr. White clarified that it is a video monitor system; the psychiatrist is able to see the patient, while at a different location. The system is utilized to provide continued services of care, by decreasing</p>	<p>*See attachment (Dr. White) **View video on the Rapid Improvement Event at: https://cchealth.org/video/2018-0323-dh-report-out.php</p>

appointment wait times. In the future, satisfaction surveys will be conducted to weigh Tele-psychiatrists services, versus psychiatrists' services. Noted the lack of follow-up, pertaining to patient care, and would like to see more focus on follow-up care in the future

Supervisor Burgis: Tele-psychiatry was developed because it was difficult to fill psychiatry positions in East County, it is an option, to provide people with continued access to care and services, rather than have patients wait a long time for an appointment. The technology is an acceptable and sometimes a preferred way for patients, particularly for East County, due to transportation issues. Thanked Dr. White for embracing the challenges and finding options, during his short two months, as Acting Behavioral Health Director

The Children/Teens Program Chief for Behavioral Health Services position has been vacant for several months; a ranked list of the potential candidates was created by an interviewing panel committee. Interviews will be offered to the first four on the list. Discussed with the Chair and Vice Chair of the MHC on how to include the MHC in the process. The Chair and Vice Chair agreed today, to initially, discuss the values and the rankings that want to be used to evaluate, develop specific criteria and questions to evaluate the candidates. Both technical skills and characteristics will be considered. The panel will also include Matthew Luu, the Deputy Director for Behavioral Health Services and Fatima Mata Sol, Program Chief of Alcohol and Other Drugs (AOD). Before making a final decision, will review the interviews and discuss the candidates, with the Chair and Vice Chair of the MHC, will make a final decision after discussion

Commissioner Gina Swirsding inquired if graduate students are hired as interns. Warren Hayes, MHSA Program Manager, informed that there are approximately 30 graduate student interns working throughout all the clinics, annually. The interns contribute their time and earn a student worker pay and earn their required hours. The county draws from these students, to hire for continued employment (MHSA funded). There is separate funding, for Community Based Organizations (CBOs) to be able to hire graduate student interns, the same as the County does. The primary focus of the Work Force Education and Training Internship program is to insure that the workforce is responsive to the diversity and cultural differences in our community

FORM ad hoc committee to define MHC information needs regarding key indicators of consumer and overall mental health system outcomes—Barbara Serwin, MHC Chair

Chair- Dr. White and Warren Hayes has invited the MHC to work together to identify the kinds of information needs, questions that the MHC has requested in the past. The plan is to sit down and do some brainstorming and compile the list of information needs that the MHC is able to identify at this moment in time. We will work with a team to implement information reports that gives us information and answers to the questions.

Warren- over the years, there has been a recurring theme in domains of interests, areas that the stakeholders have been consistently inquiring about. If stakeholders are defining the areas, the same as the leadership and the staff that run the programs, then there is an opportunity to have discussions regarding what is the current status and where improvements

*** Information ad hoc Committee members are: Barbara Serwin, Duane Chapman, Joe Metro, Julie Ann Neward and Gina Swirsding**

<p>need to be made. Will assist in facilitating the discussion between the MHC and leadership to define the areas, so that the questions that stakeholders have are answered, (i.e. finance, personnel, quality assurance, access). The objective will be to provide the information requested, in a “user friendly” format. The Chair is offering the MHC to participate in the process, without active participation from the MHC and the leadership, it will not be successful.</p> <p>Chair- Thinking, how we could pull those kinds of questions together, I would like to suggest that we form an ad hoc committee to focus on this task. Does anyone have an interest in participating? The following Commissioners expressed their interests in participating in the ad hoc committee: Joe Metro, Gina Swirsding,</p> <p>EA- If a task force is formed with MHC members, then it is not subject to the Brown-Act Regulations because a task force is not a public meeting; but if the MHC decides to form an ad hoc committee, it is a public meeting and subject to the Brown-Act Regulations (agendas must be posted, publically (website too), at least 96 hours prior to the meeting, with three to five members forming a committee</p> <p>Chair- would like an ad hoc committee to be formed, so that minutes are taken and the full Commission can be informed and there will be a continued opportunity to be adding to the list of questions, it would be more dynamic and obtain more quantitative information</p> <p>Diana- Will the ad hoc committee only includes Commissioners, not interactive with key staff from BHS?</p> <p>Warren- if an ad hoc committee is created, that is subject to the Brown-Act, which means that it is a public meeting and discussion, along with being posted and advertised. My commitment is to bring a product to the committee, for review and discussion, then it will be reviewed by the full Commission for further input</p> <p>Duane- requested a copy of the MHC Bylaws to review the process. The MHC Bylaws states that every ad hoc Committee should have a Chair person, a minimum of three and maximum of five people and the Commission shall agree to appoint members, abiding by the Brown-Act and the County’s Better Government Ordinance</p> <p>Chair- I am interested in participating. Duane, also expressed interest in participating and Julie Ann Neward. May I have a motion to form the committee?</p> <p>Gina Swirsding, MOTIONED to form an ad hoc Information Committee, seconded by Supervisor Diane Burgis. Members are: Barbara Serwin, Duane Chapman, Joe Metro, Julie Ann Neward and Gina Swirsding VOTE: 10-0-0 YAYS: Barbara Serwin, Duane Chapman, Gina Swirsding, Supervisor Diane Burgis, Geri Stern, Joe Metro, Julie Ann Neward, Diana MaKieve, Michael Ward, Sam Yoshioka NAYS: none ABSTAIN: none ABSENT: Douglas Dunn, Lauren Rettagliata, Leslie May</p>	
<p>DISCUSS MHC Retreat plan- Barbara Serwin, MHC Chair</p> <p>Chair- Would like to introduce a new concept, rather than having the format of Commissioners being presented with information, training or information about finance; prefers to have a more interactive retreat, to integrate Behavioral Health Services staff, with the Commission. With the goals of developing more trust, more understanding of each other’s positions and roles and responsibilities. Would like to incorporate team</p>	<p>*MHC Retreat will tentatively be on Wednesday, September 12, from 3pm to 6:30pm, location TBD, facilitator TBD *MHC meeting will not be held in September</p>

<p>building exercises as well, choose a couple of problem areas and brainstorm together. We want to make it as easy as possible so that everyone can participate, have the retreat during a regular scheduled commission meeting, maybe start around 3pm, to allow for more time, without having to set aside an entire day. As far as locations, we are looking into the IBEW Union hall, (2017/2016 MHC Retreat location), on Arnold Drive in Martinez. The MHC would like to invite the Behavioral Health Services Program Chiefs and management team, including Dr. Matthew White Acting Director, Anna Roth, Director of Health Services, Supervisor Diane Burgis and it will be a public meeting as well. A very important key aspect is to have a very strong facilitator on board, to direct activities and keep everything moving. The retreat will be from 3pm to 6:30pm, with a break. The tentative date is: Wednesday, September 5. Commissioners: Geri Stern, Gina Swirsding, Joe Metro, and Supervisor Burgis will not be able to attend on 9/5/18. Chair requested that EA change reservation to September 12, if available at the IBEW location, or other dates will have to be discussed. Commissioners Joe Metro and Geri Stern will not be able to attend on 9/12/18 either. Requested a show of hands, in favor of holding the retreat, in lieu of a regular MHC meeting in September. The option is to have a full commission meeting, in addition to the retreat in September, (two meetings), and the second option is to not have the full commission meeting, only the retreat.</p> <p>All in favor of having only a retreat in September? VOTE: 10-0-0 YAYS: Supervisor Burgis, Duane Chapman, Barbara Serwin, Gina Swirsding, Michael Ward, Julie Ann Neward, Joe Metro, Geri Stern, Sam Yoshioka, and Diana MaKieve NAYS: none ABSTAIN: none Absent: Douglas Dunn, Lauren Rettagliata, Leslie May</p> <p>Supervisor Burgis: Maybe the facilitator will be able to post questions early, to get those that cannot participate on that day, can still be able to do written contributions, and during the meeting, their contributions can be incorporated and presented to the group.</p> <p>Chair- A facilitator plan will be in place and distributed before the retreat. We are looking internally for a facilitator, within BHS.</p>	
<p>Report on Commission membership vacancies and Committee membership needs- Liza Molina-Huntley, MHC Executive Assistant</p>	<p>* Forward to 7/11/18 MHC meeting</p>
<p><u>Chair adjourned Meeting @5:32pm</u></p>	



**Public Hearing for the
Mental Health Services Act (MHSA)
Three Year Plan *updates**

<p>The Chair, called to order- The Public Hearing on the Mental Health Services Act (MHSA) Three Year Plan *updates at 5:32 pm</p>	
<p>Opening Comments by the Mental Health Commission Chair- Barbara Serwin</p>	
<p>Fiscal Years 2017 to 2020 Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan- by Warren Hayes, MHSA Program Manager Warren- This is an annual, formal event, and is required by the law/statue- Welfare and Institutions Code 5848 (WIC 5848). Every county that receives MHSA funds has to abide by the law and have a public hearing. This is done to make sure that stakeholders have the opportunity to comment, on the MHSA Three Year Program and Expenditure Plan, or plan update. In Contra Costa County, takes the intent of the law to heart. We start the process, a year prior to this meeting. We start with the Consolidated Planning Advisory Workgroup (CPAW) planning community forums, which were held last year in the fall and winter, in different regions of the county. A first draft was put together and presented in March to the MHC, (*included in meeting packet) the entire process, up to April 23, is a continued dialogue, receiving comments from stakeholders. On April 23, by law we are required to take the latest draft and post it on the website and advertise for the community to provide public comment and forms were provided to assist in obtaining the information. The time frame is 30 days, which ended on May 23, 2018. We ask the MHC, to host an official public hearing, at the end of the time frame (6/6/18). The purpose of the public hearing is to allow the community and the Commission, the opportunity to officially, formally comment on the three year plan. Contra Costa Behavioral Health Services is required to formally respond to any public comment that asks for any substantive changes to the plan. Any changes are required to go before the Board of Supervisors for consideration, for the upcoming year. The public and the Commissioners may comment at this time, regarding the plan updates and will be included in the plan. There are various appendices, appendix "F" will be for the public comment process, where it is documented that the plan was posted on line for public viewing, that the plan's public hearing was included on the MHC agenda, that the MHC minutes reflect that the public hearing occurred and that any substantive comments for revision the County has officially responded to. This evening is not to engage in questions and answers dialogue, that process has been completed. This is to ensure that we are meeting the</p>	<p>*Plan is available for review at: http://cchealth.org/mentalhealth/ **See attachment (Warren Hayes) (copies of the plan and summary outline were provided to the public and are viewable online)</p>

<p>requirements of the statute. I will read the one page attachment; it will be included in the minutes and then ask the Chair of the MHC to request the public and the Commission for any comments. Finally, the MHC can make any recommendations, for Behavioral Health Services to respond to.</p> <p>Warren- (see attachment)</p>	
<p>Public Comment regarding the Plan <u>Chair, Barbara Serwin, opened the forum for discussion by asking if anyone would like to make any public comments during the meeting, no public comments were made.</u></p>	
<p>Commissioner Comments- Gina- (@1:04:40 on the recording)</p>	
<p>Develop a list of Comments and Recommendations to the County Mental Health Administration (MHA) and to the Board of Supervisors (BOS)</p>	
<p>Chair of MHC, adjourned the Public Hearing @6:22pm</p>	

Public Hearing Presentation

MHSA Three Year Program and Expenditure Plan Update for FY 2018-19

Contra Costa Behavioral Health Services is pleased to present the Draft Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update for Fiscal Year 2018-19. Included for your consideration this evening are copies of the draft plan update, and copies of a summary outline of the plan. We welcome your input. The Three Year Plan Update proposes to set aside \$50.5 million for fiscal year 2018-19 in order to fund over 80 programs and plan elements.

The Three Year Plan Update includes \$36.8 million to fund 39 programs and plan elements in the Community Services and Supports component that will serve approximately 2,000 individuals who are experiencing a serious mental illness. Our Prevention and Early Intervention component plans to set aside \$8.9 million to fund 26 programs serving approximately 26,000 persons, and are designed to prevent mental illness from becoming severe and debilitating. \$2.1 million is budgeted for five Innovative Projects, and \$2.6 million is set aside for programs to recruit, train, retain and support our public mental health workforce. Finally, our Capital Facilities/Information Technology component will utilize the remaining MHSA funds allocated for implementation of the electronic mental health records project.

An inclusive Community Program Planning Process engaged stakeholders in identifying service gaps, prioritizing community public mental health needs, and suggesting strategies to meet these needs. All identified service gaps and prioritized needs from the Community Program Planning Process are referenced and addressed in the Three Year Plan Update.

FY 2016-17 performance indicators for our Full Service Partnerships and our Prevention and Early Intervention programs are included in the program description, and individual program outcomes are listed by program in Appendix B.

No new MHSA funded programs, projects or plan elements are being added for FY 2018-19, and the projected budgets for the five components remain the same. We anticipate that the plan's proposed total budget spending authority will not need to be reduced in the foreseeable future, and that all MHSA programs and plan elements can be sustained at their proposed level of funding.

As per direction of the California Department of Health Care Services the draft plan update includes a plan to spend by June 2020 funds that DHCS has identified as potentially subject to reversion back to the state.

Again, we welcome both Public and Commission comment and input this evening. The Draft Three Year Plan will be sent to the Board of Supervisors for review once we have included our written response to any substantive recommendations for revisions received by either the Public or the Commission.

**Contra Costa Behavioral Health Services Administration Responses to Public
Comments, Public Hearing and Mental Health Commission Comments and
Recommendation**

As per Section 5848 of the California Welfare and Institutions Code the County shall summarize and analyze any substantive written recommendations for revisions by the public and/or the Mental Health Commission to the MHSA Three Year Program and Expenditure Plan.

30 DAY PUBLIC COMMENT PERIOD

No written public comments were received.

PUBLIC HEARING

No Public Comments were received.

MENTAL HEALTH COMMISSION COMMENTS

Upon completion of the Public Comment period Mental Health Commission members provided individual comments. A summary of commissioner comments and Behavioral Health Services Administration (CCBHS) responses are as follows:

I am concerned about people who have received services before, but need them again and their difficulty in getting services. I also concerned about the growing number of seniors who have medical problems and are losing their housing. Finally, is the Native American Health Center open?

Response. CCBHS shares these concerns and the new Health Services Director and Acting Behavioral Health Services Director have placed access to services and supportive housing as top priorities to be addressed. The Native American Health Center is open and continues to be funded in the MHSA Three Year Plan.

I notice that there is no community members here for the public hearing. What are we doing to get the word out?

Response. Contra Costa has an extensive dialogue period prior to this formal public hearing. We put substantial resources to both invite the public to participate with us as each year's MHSA Plan is developed, as well as advertise the public hearing. We surmise that the heavy participation in our dialogue and planning period enables stakeholders to have their input heard and incorporated, and have made the determination that this part of the planning process is where they can most effectively utilize their time.

Is the Mental Health Evaluation Team countywide? There is a lot of gun violence and I don't think a lot of people understand how the Medi-Cal eligibility works.

Response. Yes, the MHET Team serves the entire county, but is funded by a small grant that only is able to field one team. Mobile response crisis teams are now funded in this Three Year Plan, and will greatly expand CCBHS's ability to respond as events happen across the county. They will serve people regardless of their insurance status,

or ability to pay. As staff come on line CCBHS will provide education to the community as to their availability.

What happens when innovative projects sunset, and are they evaluated?

Response. Innovative Projects by definition have up to five years, depending upon the time frame stipulated to learn from these new and different patterns of service. We have had a handful of these projects sunset in the last two years. Each has had an extensive ongoing evaluation process with which CPAW Innovation Committee actively participates. These projects were either incorporated into our larger system of care with permanent funding, or ended because they were time limited by definition. MHSA Team staff provide an extensive final evaluation report on each project that has ended, is shared with stakeholders, and then sent to the state.

Regarding the Capital Facilities/Information Technology electronic health record project, what has been accomplished with the original \$6 million of MHSA money, how much is left, and what will the County need to ask for additionally to finish?

Response. The objectives of fielding an electronic mental health charting system by county operated programs and e-prescribing by psychiatrists has been accomplished so far. Replacing the current billing system will go live on July 1. To be accomplished is including organizational providers in the charting and billing process, and consumer capacity for communicating and scheduling with their service providers. Approximately \$50,000 of the original \$6 million of MHSA funds remain. The county will be completing the aforementioned objectives with available non-MHSA funding. Because the county has chosen to integrate mental health with primary care within the county's EPIC system the total cost of the project has exceeded the scope as originally designed. This strategic move is intended to further the integration and communication between mental health and primary care providers, and was beyond the scope of the project as originally envisioned.

Our school teachers need to be trained to identify and respond to mental health issues as they arise in the classroom. Do we have money in the plan to do this?

Response. The Workforce Education and Training Component has budgeted funds to train mental health trainers to provide Mental Health First Aid training to teachers, first responders and others in the community. Our challenge has been for the education system, school districts and schools to use this resource. Also, we provide funding in several programs that are in high schools to model exemplary practices in responding to youth experiencing mental health issues. More importantly, several years ago the state transferred millions of dollars from the Department of Mental Health to the Department of Education just for this purpose. Today's practice leaves it up to parents to advocate for this care to be funded through an Individual Education Plan once a student has been determined to be eligible for special needs.

The Three Year Plan Vision statement emphasizes partnership as part of the statements pertaining to capacity and integration. Right now consumers and their families are at a disadvantage because they get information after the fact and piecemeal. I think we should provide better information to them beforehand so that they can better assist service providers to partner with them and each other.

Response. CCBHS concurs. The funding of the new program, Family Support Volunteer Network, is intended to enable trained volunteers to better inform consumers

and their families as to programs, their eligibility, and how to navigate the system as needs change.

I think that MHSA funding calls forth that every program that receives funding must provide measurable outcomes. If MHSA does not require it I believe we should require it. In particular, augmented board and care facilities and county operated clinics do not list outcomes.

Response. The Mental Health Services Act requires that the State shall establish requirements for the content of the Plan, and shall include reports on the achievement of performance outcomes for services. Contra Costa's Three Year Plan complies with and does specify performance outcomes for MHSA funded programs, but does not list outcomes for programs where MHSA supplements the total service delivery, such as county operated clinics and augmented board and care facilities that are part of a larger program of service. This would contribute to an incomplete perception of the impact of MHSA dollars. CCBHS is embarking on a means of performance indicators in which CCBHS leadership and stakeholders, such as the Mental Health Commission, can agree upon, share and use to identify areas for improvement and exemplary practices to be duplicated. These performance indicators would apply to the entirety of the Mental Health Plan, and not just MHSA.

MENTAL HEALTH COMMISSION RECOMMENDATION

The Mental Health Commission thanked all those present today for their participation in the Public Hearing of the MHSA Three Year Program and Expenditure Plan Update for fiscal year 2018-19. This hearing fulfills the Commissions duties under the Mental Health Services Act requirements. The Commission elected not to provide any recommendations.

Response. The Behavioral Health Services Administration appreciates the support provided by the Commission to collaboratively conduct a public hearing on the draft MHSA Three Year Program and Expenditure Plan.

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June 26, 2018

California Department of Health Care Services
 1501 Capitol Avenue, MS 4000, P.O. Box 997413
 Sacramento, CA 95899-7413
 E-mail: MHSA@dhcs.ca.gov

RE: Plan for Spending Reallocated Unspent Funds as per MHSUDS Information Notice No.: 17-059

The following represents Contra Costa County's Reallocation Plan that is in compliance with Department of Health Care Services (DHCS) MHSUDS Information Notice No.: 17-059, entitled Mental Health Services Act: Implementation of Welfare and Institutions Code Section 5892.1. Contra Costa is complying with the requirement that by July, 2018 counties have a plan to expend the amount of unspent Mental Health Services Act (MHSA) funds subject to reversion by June 30, 2020.

DHCS has notified Contra Costa that \$ 2,059,690 in unspent Prevention and Early Intervention (PEI) MHSA funds distributed to Contra Costa in FY 2009-10 are subject to reversion to the State, and \$167,226 in unspent Workforce Education and Training (WET) MHSA funds distributed in FY 2006-7 are subject to reversion. Contra Costa's Reallocation Plan is as follows:

The Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update for Fiscal Year 2017/2020, or Three Year Plan Update (enclosed) contains additional budget authority to establish new program services in the PEI and WET components that are in excess of anticipated revenues (pages 71-73 of enclosed Three Year Plan Update). According to accepted "first in, first out" strategy, reallocated funds will be the first dollars spent on the new programming. The following tables illustrate Contra Costa's plan to spend DHCS identified reallocated funds by June 2020.

Table 1. First Hope Program - In the PEI category of Early Intervention, adding new staff to serve youth experiencing a first psychotic episode to the existing First Hope Program services that heretofore served youth who show early signs of psychosis (pages 55-56 of enclosed Three Year Plan Update).

Contra Costa		FY 14-17 First Hope Annual Budget	Reallocated funds projected to be spent
FY 17-18 First Hope Budget	2,377,280	1,685,607	127,322*
FY 18-19 First Hope Budget	2,651,791	1,685,607	966,184
FY 19-20 First Hope Budget	2,651,791	1,685,607	966,184
		Total	2,059,690

MHSA PEI Funds Subject to Reversion in FY 2009-10: 2,059,690

*Expenditures for FY 2017-18 projected to be significantly less than budget authority due to emerging nature of implementing First Hope's first onset of psychosis programming.



Table 2. Loan Repayment Program - In the WET category of Financial Incentives, implementing a County funded loan repayment program to address critical psychiatry shortages (page 69 of enclosed Three Year Plan Update).

Contra Costa		FY 14-17 Financial Incentives Annual Budget	Reallocated funds projected to be spent
FY 17-18 Budget	300,000	0	167,226*
		Total	167,226

MHSA WET Funds Subject to Reversion in FY 2006-7: 167,226

*Expenditures for FY 2017-18 projected to be significantly less than budget authority due to emerging nature of implementing the Loan Repayment Program.

The aforementioned Reallocation Plan and enclosed MHSA Three Year Program and Expenditure Plan Update for FY 2018-19 was posted for the required 30-day public review and comment period from April 20, 2018 through May 20, 2018, with a public hearing on June 6, 2018, and was adopted by the Contra Costa County Board of Supervisors on June 26, 2018.

As required we have posted the Reallocation Plan and Contra Costa's Three Year Plan Update on the County's web site via the following link: <http://cchealth.org/mentalhealth/mhsa>.

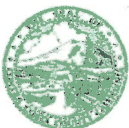
If you have any questions on this request, please contact: Warren Hayes, Contra Costa Behavioral Health Services, 925-957-2616, or warren.hayes@hsd.cccounty.us.

Thank you.

Sincerely,

Karen Mitchoff, District IV
Chair of the Contra Costa County Board of Supervisors

Enclosure: Contra Costa County Adopted Reallocation Plan and MHSA Three Year Program and Expenditure Plan Update for FY 2018-19





Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: June 26, 2018

Subject: Mental Health Services Act (Proposition 63): Three Year Program and Expenditure Plan Update for Fiscal Year 2018/19

RECOMMENDATION(S):

ACCEPT the recommendation of the Behavioral Health Services Director to adopt the Mental Health Services Act Three Year Program and Expenditure Plan Update for Fiscal Years 2018/19.

AUTHORIZE and DIRECT the Chair of the Board of Supervisors to sign the attached letter to the Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) to inform DHCS and the MHSOAC of the Board's approval of the adoption of this Plan Update.

FISCAL IMPACT:

Adoption of the Mental Health Services Act Three Year Program and Expenditure Plan Update, Fiscal Year 2018/19 assures continued MHSA funding for Fiscal Year 2018/19 in the amount of \$50,513,394.

BACKGROUND:

Proposition 63 was passed by California voters in the November 2004 election. Now known as the Mental Health Services Act (MHSA), the legislation provides public mental health

APPROVE

OTHER

RECOMMENDATION OF CNTY
ADMINISTRATOR

RECOMMENDATION OF BOARD
COMMITTEE

Action of Board On: **06/26/2018** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: June 26, 2018

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Matthew White, M.D.,
925-957-5201

By: June McHuen, Deputy

BACKGROUND: (CONT'D)

funding by imposing an additional one percent tax on individual taxable income in excess of one million dollars. There are a total of five MHSA components which have been enacted out over time by the State with the goal of creating a better program of mental health services and supports in California's public mental health systems. The five components include: Community Services and Supports; Prevention and Early Intervention; Workforce Education and Training; Capital Facilities and Technology; and Innovation. There are multiple programs operated within each component. This is a State mandated program under Section 5848 of the Welfare and Institutions Code.

This Plan Update starts July 1, 2018 and updates the MHSA Three Year Program and Expenditure Plan (Three Year Plan) that was initiated in July 2017. No new MHSA funded programs, projects or plan elements are being added for FY 2018-19, and the projected budgets for the five MHSA components remain the same.

CONSEQUENCE OF NEGATIVE ACTION:

MHSA revenue will not be able to be spent without the authorization from the Board of Supervisors.

ATTACHMENTS

Letter to Dept of Health Care Services on Reallocation Plan
The MHSA Plan Update FY 2018-19 Final