



CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

***Mental Health Services Act
Plan Update
Fiscal Year 2019 - 2020***



The Path to Recovery

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

The 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.

The Broken Road

This skateboard is me; the road is the path of life. I've learned that the path of life has many cracks and turns and is not easy to skate on, like it's not easy to move when you are sad. The cracks and turns of mental illness are what you have no control over. When you have a hard life you may want to stop, to just quit, but you can't. If you stop skating when you hit the cracks, you will get nowhere. Falling into one crack might save you from falling into an even bigger one later on. You need to get back up and try again. You can't focus on what you did; you need to focus on what you're going to do. You need to know that every turn you take will get you closer to a smooth, straight path.

A very big crack is school, where some people get picked on. Depression is what I struggle with; my ADHD makes it hard to focus. When I was younger I just thought I was stupid, but now I know what it is. I go on this path of life blind, making wrong turns everywhere, getting the label "EMO" and tend to believe there is no one to turn to. Some people fall and quit, while others get back up and prepare for another fall. The fact is, if you quit, you won't know what to do if you come across it again. I know suicide will not be a smart path to take. In my life I know that I can't give up; if I keep going I will eventually get to where I need to go. Most people lack knowledge; family and friends don't accept them so they think they are alone.

Just like we can learn from the cracks and turns riding our skateboards, we can learn about the positive elements of mental illness. Mental illness may seem like all it does is trip you up, but there is also a lot to learn. We need positive people to look up to. Facebook, TV, radio and other social networks teenagers often go to can be our skateboards for sharing the good side of mental illness and educating people so they understand that mental illness is a not bad thing.

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 2019-20. This Plan Update starts July 1, 2019, 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 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 2019-20. For FY 2019-20 \$3 million will be transferred from unspent MHSA funds in the CSS component to the CF/TN component to renovate county owned facilities at 1034 Oak Grove Road in Concord to become a residential treatment facility with accompanying assertive community treatment. This in anticipation of new programming for transition age youth to be served at the site that is estimated to begin in the FY 2020-23 MHSA Three Year Plan. (Page 75)

No new MHSA funded programs, projects or plan elements are being added for the four components of CSS, PEI, INN and WET, and budgeted component amounts remain the same as were projected in the FY 2017-20 Three Year Plan.

Highlights of changes and updates to the Three Year Plan for FY 2019-20 include the following:

- A description of 2018-19 stakeholder participation has been incorporated into the Community Program Planning Process chapter. (pages 9-34)

- Full Service Partnership performance indicators for FY 2017-18 are included in the program description. (page 36)
- PEI performance indicators for FY 2017-18 are included in the PEI component description. (pages 53-54)
- Updates on implementing several new initiatives authorized in 2017 include:
 - Addressing residential and assertive community treatment needs for youth at the Oak Grove facilities. (page 38)
 - The State initiative “No Place Like Home” (page 43)
 - The Special Needs Housing Program (page 43)
 - Mobile Crisis Response Teams in both Children’s and Adult Systems of Care (pages 36 and 49)
 - Expansion of the First Hope Program to serve transition age youth experiencing a first onset of psychosis (pages 57-58)
 - Progress on implementing the new Innovative Projects; Center for Recovery and Empowerment (CORE), and Cognitive Behavioral Social Skills Training (CBSST) (page 66)
 - A Volunteer Family Support Network in the Workforce Education and Training Component (pages 69-70)
 - A locally administered Loan Repayment Program to address workforce shortages (page 73)
- The Budget is updated to reflect estimated new funding, available funding and unspent funds for FYs 2019-20 (pages 77-78).
- Program Profiles are updated to reflect outcomes for FY 2017-18 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.

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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.

Behavioral Health Director
Dr. Suzanne Tavano

Medical Director
Dr. Matthew P. White

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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 suggests 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 57). 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 50). 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 (69).
- 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 (pages 47-48).
- 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 77). 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 76).

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 2019-20

Three community forums were held, with stakeholders choosing a separate theme for each event:

- June 21 (Concord – Central County) – Supporting Family Members
- November 13 (Antioch – East County) – Serving Transition Age Youth
- January 16 (Richmond – West County) – Serving Immigrant Communities

Approximately 283 individuals attended these forums, and participants self-identified as the following:

20% - a consumer of mental health services
27% - a family member of a consumer of services
40% - a provider of mental health services
13% - an interested member of the community

14% - under 25
55% - age 26 – 59
31% - over 60

40% - white or Caucasian
29% - Hispanic or Latina/o
14% - black or African American
13% - Asian/Pacific Islander
3% - Native American
1% - other

Small Group Discussions. Participants actively discussed via small groups topical issues that were developed by CPAW representatives and an electronic survey prior to the three forums. Highlights of small group input include:

Supporting Family Members - Concord

- **What should support look like for family members who are struggling with loved ones who are experiencing mental health challenges?**
 - Communication is a problem. We don't hear about events, resources or group activities that will help us; especially in East County. Suggest calendars should be posted in every doctor's office; the NAMI newsletter should be more widely distributed to non-members.
 - Too many of the public services are geared toward people in crisis and not people who have a mental illness but are stable.
 - We as parents and caregivers need peer support for better self-care.
 - We have to wait too long to receive clinic services.
 - We need help applying for benefits, as it is too difficult, and we need help navigating the different resources needed for our loved ones. Suggest case managers for families.
 - More peer specialists and family partners are needed.
 - Fund education programs for families, such as what NAMI offers.
- **What outreach and engagement activities should happen to better care for underserved populations and communities?**
 - Our service providers need to go to where underserved people are located and engage them in their own community.
 - Families are afraid to call 911 because they don't want their loved ones hurt or killed.
 - Remove the stigma by providing more education on what mental health is and how to help. Train doctors, police, firemen, hospitals.
 - People with developmental disabilities have no services that address their problems that co-occur with mental illness.
 - Mental health needs are not appropriately addressed when receiving services for drug and alcohol abuse.
 - People need help to function on their own, but are not considered seriously disabled enough to be made eligible for services.
 - People are jailed instead of treated.
 - People are dropped off at Psychiatric Emergency Services, but no follow-up services are coordinated.
 - Youth who are developing a psychosis need early intervention before they turn to drugs and alcohol.
- **What should housing and homeless services look like for persons with serious mental illness?**
 - Permanent funding is needed to subsidize the cost of renting versus what someone with a serious mental illness can afford.

- Mental health services need to be co-located or nearby to where persons with serious mental illness live to assist them maintain their residences.
- Needs to be a better understanding on how to access and be considered for housing services and rent subsidies.
- Those leaving a locked treatment facility need a safe place to live in the community that has supports available. Right now they have no place to go.
- People in room and boards need more and better attention by our mental health providers.
- There needs to be a more coordinated plan to enable people to move from higher levels of care (locked treatment facilities) to lower levels of care (permanent supportive housing).
- Provide more beds for the seriously mentally ill.

Serving Transition Age Youth – Antioch

Small group discussions began with sharing community resources with each other that pertained to immigrant communities. The following topics were then discussed:

- **How can resources in East Contra Costa County be strengthened or better utilized to support youth?**
 - Educate our youth on how to access services and make them more user friendly to youth.
 - Need trained youth peer support workers to help navigate.
 - There needs to be more psychiatry time out here in East County.
 - Need more funding for teams to wrap around youth in trouble.
 - Services brochure geared to youth would help.
 - Minorities are at an increased disadvantage to obtain needed services.
 - Homeless families are becoming a big problem. Schools need to have basic necessities available, and facilitate confidential dialogue regarding shelter, food, clothing needs and how to access these basic necessities.
 - Educate parents of young children regarding resources so that they are aware and able to use when needed.
 - We just need more resources out here.
- **How can we better support youth and families dealing with suicide and better support awareness in the community?**
 - Provide better education on recognizing warning signs and what to do.
 - Can there be a better protocol around the use of a 5150 so that it is not so traumatizing to everyone.
 - We need more therapeutic supports on campus.
 - Care is incident driven and does not follow up on individual and family for long term treatment and recovery.
 - Issues impacting youth today are different than 20-30 years ago, such as cyberbullying.
 - Racially disparate treatment impacts how issues are addressed and how care is provided.
 - Inadequate responses to past events impacts a family/youth's willingness to seek resources in the future.
 - Have more peer providers in the 18-25 age range. Need more peers to share their story. Lived experience is very important.
 - Provide more multi-lingual suicide prevention services, especially in Spanish

- **What are some barriers for youth in accessing mental health?**
 - We have not done a good job of addressing non-English speaking language needs.
 - Youth often do not feel comfortable confiding to family, healthcare providers.
 - Minority youth do not feel there is parity in opportunity and education; this compounds other general youth pressures.
 - There needs to be more extensive services on weekends and evenings.
 - Cultural pressures often do not help mental health issues.
 - Family values and bad communication within the family often interfere with getting help. Need to understand what “help” means to a youth.
 - Self-medication (drugs, alcohol) affects everybody and complicates treatment.
 - Bring more services to the campus, where the students are.
 - School staff should be better prepared to know and promote mental health resources that are off campus.
 - Youth are afraid that if they share they will be stigmatized or bullied.
- **How can we better support schools to make them a safer place?**
 - Make sure every school has a system in place and are trained on how to respond appropriately to early warning signs.
 - Ask students for their input, listen, and incorporate.
 - Include the parents via groups to discuss current issues and environmental stressors.
 - Plan themed, regularly scheduled events with available resources on-site. Provide parent and youth only areas within these events.
 - Provide severe consequences for bullying, including social media.
 - Provide trauma informed training for teachers. Ensure that it is required and on their paid time.
 - Teachers are often not familiar with issues in the community; can escalate without awareness.
 - Need to consider emotional safety as well as physical safety.
 - More and better training for the police on appropriate responses to mental health issues that students may exhibit.
- **How do we better reach and engage those who are underserved to provide more culturally respectful and embracive services (For example; youth, people of color, services in other languages, supporting immigrant communities, multi-generational families, LGBTQ)?**
 - Better inclusion is facilitated through language diversity in event announcements and information dissemination.
 - Better inclusion of culture through culture-focused events that celebrate diversity.
 - Honest, appointed representatives of diverse cultural communities drive appropriate responses and consideration of program funding.
 - Youth in underserved populations need availability of emotional support resources at school to address home stressors.
 - Faith based outreach.
 - Normalize mental health issues for everyone by empowering voices to be heard and react with compassion.
 - Providers need to be continually culturally humble and learn from the diverse groups they serve.

- Encourage parents of diverse backgrounds to participate in the Parent Teacher Association (PTA).

In addition to small group discussion, participants prioritized areas relevant to youth where mental health service needs were indicated. These areas were developed and submitted via a survey that was conducted prior to the community forum:

1. Suicide
2. Understanding mental health/illness
3. Resources in East Contra Costa County to support mental health in youth
4. Culturally competent services available to youth
5. Support of youth and their families experiencing homelessness or who are at risk of homelessness
6. Housing
7. Bullying
8. What is helpful in time of crisis
9. Issues affecting immigrant communities
10. Barriers to mental health
11. School safety
12. Social media/electronic addiction
13. Sexual harassment/dating violence
14. Services that are relevant and appropriate for you and your child's needs
15. Performance expectations

Serving Immigrant Communities – Richmond

Small group discussions began with sharing community resources with each other that pertain to immigrant communities. The following topics were then discussed:

- **What are some strategies to build power, safety and sustainability for immigrant communities?**
 - Ask community members what they need versus assuming.
 - Facilitate family networks that can share information and support each other.
 - Increase funding to organizations dedicated to serve these populations and make it sustainable.
 - Increase staff capacity to communicate in the preferred language of immigrant communities – in person is best.
 - Assist these communities to develop English language proficiency.
 - Involve these communities in the development of resources and develop leadership.
 - Engage law enforcement.
 - Challenge service providers to integrate inclusive practices that reflect what the community needs.
 - Build safe places for those in fear where services can be provided.
 - Build relationships with foreign consulates.
- **Explore the role of peer support workers in this community. How may they assist with system navigation?**

- Peer support workers build rapport with the target community. Their experience is more relatable and can better motivate others.
- Don't have to explain a lot, they understand.
- Their stories of lived experience can provide hope.
- Older youth can be powerful mentors to younger youth.
- Can be supportive and make productive time when people are waiting for treatment.
- Ensure the value of establishing trust is practiced throughout service provision.
- Facilitate immigrant communities to develop their own to become peer support workers.
- Ensure peer support workers from these communities are valued and respected.
- Encourage volunteering from these communities.
- Facilitate groups where family members can share experiences and information.
- Be sure that staff are well trained, so they don't provide wrong information.
- Can assist with transportation needs.
- **How to better understand and access existing legal services?**
 - Very hard to find, even online.
 - Provide more free information and consultation and provide after hours.
 - There is a real fear of calling the police when they are needed.
 - Need to be transparent and honest about how accessing services may affect them.
 - Promote and give information to churches, adult education classes.
 - Need to understand that existing legal resources are at capacity.
 - The problem is language capacity. If the language is not spoken, then they don't get served.
 - Require lawyers to do pro bono work as part of their credentialing process.
 - Suggest establishing an immigrant empowerment center that is a one stop shop.
 - Locally we have the Family Justice Center and the East Bay Community Law Center. Legal Aid is at the West County Health Center on Thursday afternoons.
- **What can be done to address misconceptions around "safe" services that do not count when federal immigration authorities determine whether a person wanting to live in the U.S. will be a financial liability, or public charge?**
 - Provide information in diverse languages in community open areas.
 - Provide public service information campaigns. More flyers in multiple languages.
 - Provide one stop shop services that are safe and tailored to immigrant communities.
 - All service providers need correct and accurate training that they can share; especially knowing "safe places" they can refer a person.

- Educate persons who are in positions of power.
- Educate everyone about public charge and the proposed new rule making.

In addition to small group discussion participants prioritized areas relevant to immigrant communities where mental health service needs were indicated. These areas were both prioritized via a survey conducted prior to the community forum, as well as during the forum via dot markers. Combining both exercises produced the following in priority order:

1. Strategies for offsetting fear/mistrust in the community
2. Peer support for immigrants
3. Need for more interpreters/translation services
4. Better understanding of existing mental health services
5. Better understanding of existing legal services
6. Re-building trust in the community
7. Understanding “sanctuary” cities and school districts in Contra Costa County
8. Addressing misconceptions around safe services – improving messaging
9. Local law enforcement versus ICE – understanding differences
10. The decrease in number of people accessing “low risk” benefits, such as healthcare, food stamps, WIC

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 last year’s Three Year Plan rankings provided for comparison.

Current Year’s Rank		Previous Year’s Rank
1.	More housing and homeless services	1
2.	More support for family members and loved ones of consumers	3
3.	Support for peer and family partner providers	11
4.	Improved response to crisis and trauma	4
5.	Connecting with the right service providers in your community when you need it	5
6.	Outreach to the underserved – provide care in my community, in my culture, in my language	2
7.	Increased psychiatry time	12
8.	Intervening early in psychosis	8
9.	Children and youth in-patient and residential beds	9
10.	Getting to and from services	7
11.	Better coordination of care between providers of mental health, substance use disorders, homeless services and primary care	6
12.	Care for the homebound frail and elderly	13
13.	Assistance with meaningful activity	14
14.	Serve those who need it the most	10

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.
 - LGBTQ youth and elderly are marginalized and need to feel safer.
 - 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 makes 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. 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.

- 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. 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. 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.

- 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. Adult Services is expanding their family advocacy services to all three of their Adult Mental Health Clinics. 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. Three programs provide family education designed to support healthy parenting skills. Project First Hope provides multi-family group therapy and psycho-education to intervene early in a young person's developing psychosis. Rainbow Community Center has a family support component. 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. 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.

- 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. Hope House, a crisis residential facility, and the Miller Wellness Center 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). 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. For this Three Year Plan MHSA 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.

- 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. Clinicians are stationed at adult county operated clinics to assist consumers with rapid access and connectivity to services. 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. 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.

- 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.

- 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.

- 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.

- 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.

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.

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 normalize 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.

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 MHSA Three Year Plan now has funding to implement a County funded Loan Repayment Program that specifically addresses critical psychiatry shortages.

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: MHSA 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. Lifelong Medical Care is funded in the Prevention and Early Intervention component to provide services designed to support isolated older adults. 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.

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. 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.

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 to 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.

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 for 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 2017-18 data was obtained for 605 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 50.3% decrease in the number of PES episodes

A 31.7% decrease in the number of in-patient psychiatric hospitalizations

A 23.8% 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 began in FY 2017-18, and includes availability to all regions of the county. Seneca has 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 2019-20
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	468,267
Total			201	\$2,992,887

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 and 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.

Oak Grove Facility. Planning and start-up funds have been set aside for this three year period to address short-term residential treatment program (STRTP) needs for transition age youth ages 15-26. Envisioned at the county facility located at 1034 Oak Grove Road in Concord is assertive community treatment (ACT) level intensive services co-located with the STRTP in order 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 2019 is included for program and budget planning and start-up costs, with full funding budgeted for FY 2020-21. Projected one-time facility renovation costs will be transferred from unspent CSS component funds in to the CF/TN component.

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 19-20
Transition Age Youth Full Service Partnership	Fred Finch Youth Center	West and Central County	70	1,530,519
Transition Age Youth Full Service Partnership	Youth Homes	Central and East County	30	726,663
Residential Treatment for Youth	To be determined	Countywide	To be determined	250,000
County support costs				31,828
Total			100	\$2,539,010

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.

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 19-20
Full Service Partnership	Hume Center	West County	60	2,006,581
		East County	50	
Full Service Partnership	Anka Behavioral Health	Central County	50	839,969
		Countywide		
Full Service Partnership	Familias Unidas	West County	30	226,300
Total			190	\$3,072,850

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	1,696,080
Total				\$1,696,080

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 19-20
Assisted Outpatient Treatment	Mental Health Systems, Inc.	Countywide	75	2,076,181
Assisted Outpatient Treatment Clinic Support	County Operated	Countywide	Support for Assisted Outpatient Treatment	461,747
Total				\$2,537,928

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 19-20
Recovery and Wellness Centers	RI International	West, Central, East County	200	956,136
Total			200	\$956,136

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 19-20
Hope House - Crisis Residential Program	Telecare	Countywide	200	2,204,052
Total			200	\$2,204,052

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 \$7 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 are comprised of five elements; 1) scattered site housing, 2) augmented board and care facilities, 3) temporary shelter beds, 4) permanent supportive housing, and 5) a centralized county operated coordination team.

- 1) Scattered Site 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.

- 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 Supportive Housing. 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. The County has received \$1.72 million in heretofore state level MHSA funds as the unspent balance from the previous CalHFA program. Health, Housing and Homeless Division will take the lead during this three year period to utilize these funds to add additional permanent supportive housing units for persons with serious mental illness and who are homeless, at risk for chronic homelessness, and need this level of service to maintain themselves in the community. These funds are to be used as capital funding to purchase, build or renovate housing units, and include 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.

In addition, a potential for additional permanent supportive housing units has emerged during the current 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. Local concepts for construction and/or re-purposing of residential sites are being put forth for consideration to be included in the County's application, both competitive and non-competitive, to the state. 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. CCBHS will partner with the Department of Conservation and Development and the Health, Housing and Homeless Division to make recommendations to the County for the appropriate level of permanent supportive housing units to be purchased, constructed or re-purposed, the funding sources, and, upon Board of Supervisor direction, implement a fair and impartial competitive process for determining any potential developer entities. Dependent upon the number and cost of permanent supportive housing units proposed CCBHS will 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 approved.

- 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 MHSA funded housing services is summarized below:

Plan Element	County/ Contract	Region Served	Number of MHSA beds, units budgeted	MHSA Funds Allocated for FY 19-20
Supportive Housing	Shelter, Inc.	Countywide	119 units	2,420,426
Supportive Housing	Housing initiative to be determined	Countywide	To be determined	220,000 (estimated)
Augmented Board and Care*	Crestwood: Healing Center Our House	Pleasant Hill Vallejo	64 beds 30 beds	1,210,356
Augmented Board and Care*	Divines	West County	6 beds	5,500
Augmented Board and Care*	Modesto Residential	Modesto	6 beds	75,570
Augmented Board and Care*	Oak Hill	East County	6 beds	17,309
Augmented Board and Care*	Pleasant Hill Manor	Central County	26 beds	98,345
Augmented Board and Care*	United Family Care (Family Courtyard)	West County	50 beds	481,479
Augmented Board and Care*	Williams Board and Care Home	West County	6 beds	33,831
Augmented Board and Care*	Woodhaven	Central County	4 beds	13,133
Shelter Beds	County Operated	Countywide	75 beds (est.)	2,048,912
Permanent Housing (CalHFFA)	County Operated	Countywide	50 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	554,331
Total			**	\$7,179,112

*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 19-20 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 19-20
Intensive Care Management	County Operated	Countywide	237	3,265,023
IMPACT	County Operated	Countywide	138	442,032
Total			375	\$3,707,055

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 MHSA 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	MHSA Annual Funds Allocated
Wraparound Support	County Operated	Countywide	Supports Wraparound Program	1,332,798
EPSDT Expansion	County Operated	Countywide	Supports EPSDT Expansion	2,500,000*
Total				\$3,832,798

* Estimated federal reimbursement is projected to offset the MHSA funded portion of the EPSDT expansion, and will be returned to the MHSA 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. MHSA 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 MHSA allocation for the Miller Wellness Center is summarized below:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 19-20
Supporting the Miller Wellness Center	County Operated	Countywide	Supports clients served by MWC	339,296
Total				\$339,296

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 MHSA 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 19-20
Supporting the Concord Health Center	County Operated	Central County	Supports clients served by Concord Health Center	295,293
Total				\$295,293

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 19-20
Liaison Staff	County Operated	Countywide	Supports PES	155,456
Total				\$155,456

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 19-20
Resource Planning and Management	County Operated	Countywide	Clinic Support	678,088
Transportation Support	County Operated	Countywide	Clinic Support	155,456
Evidence Based Practices	County Operated	Countywide	Clinic Support	416,374
Total				\$1,249,918

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 Response 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 Sheriff'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 countywide mobile crisis response teams 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 respond to 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	1,045,008
Total				\$1,045,008

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 19-20
Medication Monitoring	246,307
Clinical Quality Management	783,138
Clerical Support	229,941
Total	\$1,259,386

2) Administrative Support.

Function	MHSA Funds Allocated for FY 19-20
Program and Project Managers	1,095,482
Clinical Coordinator	128,533
Planner/Evaluators	389,432
Family Service Coordinator	93,114
Administrative and Financial Analysts	570,674
Clerical Support	238,554
Community Planning	12,731
Assisted Outpatient Treatment Evaluation	100,000
Total	\$2,628,520

Community Services and Supports (CSS) FY 19-20 Program Budget Summary

Full Service Partnerships		Number to be Served: 566	23,178,060
	Children	2,992,887	
	Transition Age Youth	2,539,010	
	Adults	3,072,850	
	Adult Clinic Support	1,696,080	
	Assisted Outpatient Treatment	2,537,928	
	Wellness and Recovery Centers	956,136	
	Crisis Residential Center	2,204,052	
	MHSA Housing Services	7,179,112	
General System Development			14,512,730
	Older Adults	3,707,055	
	Children's Wraparound, EPSDT Support	3,832,798	
	Miller Wellness Center	339,296	
	Concord Health Center	295,293	
	Liaison Staff	155,456	
	Clinic Support	1,249,918	
	Forensic Team	1,045,008	
	Quality Assurance	1,259,386	
	Administrative Support	2,628,520	
Total		\$37,690,971	

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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 approximately \$9 million annually 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 25,024 individuals served in Contra Costa Behavioral Health Services' Prevention and Early Intervention Programs for FY 2017-18. 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, 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	5
Latina/os	39
Young Children	14
Older Adults	16

In addition, 34% 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 2017-18 PEI programs reported that, as a result of their referrals, 1,831 persons engaged in mental health treatment, and reported seven 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 12 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 19-20
Asian Family Resource Center	Countywide	50	146,317
COPE	Countywide	210	253,240
First Five	Countywide	(numbers included in COPE)	84,416
Interfaith Housing	Central and East County	170	82,750
Jewish Community Services	Central and East County	350	179,720
Native American Health Center	Countywide	150	245,712
The Latina Center	West County	300	115,177
Total		1,230	\$1,107,332

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) 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 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 19-20
Building Blocks for Kids	West County	400	223,404
Vicente	Central County	80	191,337
People Who Care	East County	200	229,795
Putnam Clubhouse	Countywide	300	600,345
RYSE	West County	2,000	518,110
Total		2,980	\$1,762,991

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 began during FY 2017-

18, included 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 19-20
First Hope	Countywide	200	2,522,056
Total		200	\$2,522,056

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 mindfulness (anger/stress management), violence and bereavement, environmental and societal factors leading to substance abuse, peer conflict mediation and immigration/acclimation.
- 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 19-20
James Morehouse Project	West County	300	105,983
STAND! Against Domestic Violence	Countywide	750	138,136
Experiencing Juvenile Justice	Countywide	300	760,379
Total		1,350	\$1,004,498

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 fields two programs under this category. The first is an African American wellness group that serves the Bay Point community in East 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. The second program provides mental health education and supports for LGBTQ 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 2019-20
Child Abuse Prevention Council	Central and East County	120	128,862
Center for Human Development	East County	230	150,785
La Clinica de la Raza	Central and East County	3,750	288,975
Lao Family Community Development	West County	120	196,128
Lifelong Medical Care	West County	115	134,710
Rainbow Community Center	Countywide	1,125	782,143
Total		5,460	\$1,681,603

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) advocate for services that 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 partners 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 19-20
OCE	County Operated	Countywide	412,931
CalMHSA	MOU	Countywide	78,000
Total			\$490,931

Suicide Prevention

- a. There are three plan elements that support 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 19-20
Contra Costa Crisis Center	Countywide	25,000	320,006
County Clinician	Countywide	50	133,762
County Supported	Countywide	N/A	Included in PEI administrative cost
Total		25,050	\$453,768

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	168,427
Total		\$168,427

Prevention and Early Intervention (PEI) Summary for FY 2019-20

Outreach for Increasing Recognition of Early Signs of Mental Illness	1,107,332
Prevention	1,762,991
Early Intervention	2,522,056
Access and Linkage to Treatment	1,004,498
Improving Timely Access to Mental Health Services for Underserved Populations	1,681,603
Stigma and Discrimination Reduction	490,931
Suicide Prevention	453,768
Administrative, Evaluation Support	168,427
Total	\$9,191,606

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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.

The following programs have been approved, implemented, and funds have been allocated for Fiscal Year 2019-20:

- 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.

- 4) 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 youth with addictions and co-occurring emotional disturbances. The CORE Project is 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 includes individual, group and family therapy, and linkage to community services.
- 5) Cognitive Behavioral Social Skills Training (CBSST). The project is designed to enhance the quality of life for the those residing in enhanced board & care homes by incorporating meaningful activity and skills into their daily routines and increasing overall functional improvement. 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 applies this therapeutic practice to the population of individuals that have been placed in augmented board and care facilities. The CBSST Project has 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 learn and practice skills that enable them to achieve and consolidate recovery based skills, while decreasing the need for costly interventions such as PES admissions.

The allocation for these projects are summarized below:

Project	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 19-20
Coaching to Wellness	County Operated	Countywide	90	619,579
Partners in Aging	County Operated	Countywide	45	176,222
Overcoming Transportation Barriers	County Operated	Countywide	200	191,842
Center for Recovery and Empowerment	County Operated	West	80	614,467
Cognitive Behavioral Social Skills Training	County Operated	Countywide	240	168,334
Administrative Support	County	Countywide	Innovation Support	430,184
Total			520	\$2,200,628

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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 MHSAs funding allocation for this category is summarized below:

Program/Plan Element	County/ Contract	Region Served	MHSA Funds Allocated for FY 19-20
WET Coordination	County Operated	Countywide	302,826
Supporting Families	NAMI - CC	Countywide	618,000
Senior Peer Counseling	County Operated	Countywide	377,072
Total			\$1,297,898

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 MHSAs 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 MHSAs 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 19-20
Staff Training	Various vendors	Countywide	238,203
NAMI Basics/ Faith Net/ De Familia a Familia	NAMI-Contra Costa	Countywide	63,706
Crisis Intervention Training	County Sherriff's Department	Countywide	15,000
Mental Health First Aid	The National Council	Countywide	20,000
Total			\$336,909

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	358,338
				30,000
Total				\$388,338

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 bi-lingual 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 2018-19. 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 has implemented 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 2016 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, lags behind the pay provided by neighboring Bay Area county mental health programs. CCBHS partners 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 MHSA funding allocation for this category is summarized below:

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2019-20
Loan Repayment	CalMHSA	Countywide	To be determined	300,000
Total				\$300,000

Workforce Education and Training (WET) Component Budget Authorization for FY 2019-20:

Workforce Staffing Support	1,297,888
Training and Technical Assistance	336,909
Mental Health Career Pathways	388,338
Internship Program	345,000
Loan Forgiveness Program	300,000
Total	\$2,668,145

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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 Capital Facility Project in progress.

Oak Grove. \$3 million has been set aside to renovate and retrofit two county owned buildings and to certify this campus as a 16 bed Short Term Residential Therapeutic Program (STRTP) to address residential treatment requirements for transition age youth ages 15-26 who have been determined to need high acuity mental health treatment services in an unlocked environment. Residential and supportive services will be co-located to provide voluntary assertive community treatment level services with safe and stable housing for the most vulnerable and at-risk youth who are experiencing serious mental health issues.

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 has transformed 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 replaces 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 allows 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 has 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 during this MHS Three Year Plan. 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 2019-20: \$3,000,000

The Budget

Previous chapters provide detailed projected budgets for individual MHTSA plan elements, projects, programs, categories and components for FY 2019-20. The following table summarizes a budget estimate of total MHTSA spending authority by component.

FY	CSS	PEI	INN	WET	CF/TN	TOTAL
19/20	37,690,971	9,191,606	2,200,628	2,668,145	3,000,000	54,751,349

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 FY 19-20:

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	34,200,303	7,280,019	5,574,224	2,968,717	918,094	50,941,356
2. Estimated new FY 19/20 funding	38,897,321	9,724,330	2,559,034	0	0	51,180,685
3. Transfers in FY 19/20	(3,000,000)	0	0	0	3,000,000	0
4. Estimated available funding for FY 19/20	70,097,623	17,004,349	8,133,259	2,968,717	3,918,094	102,122,042
B. Budget Authority For FY19/20	37,690,971	9,191,606	2,200,628	2,668,145	3,000,000	54,751,349
C. Estimated FY 19/20 Unspent Fund Balance	32,406,652	7,812,743	5,932,631	300,572	918,094	47,370,692

Prudent Reserve: \$7,579,248

Notes.

1. A collective increase in budget authority for programs, projects and plan elements for the third year of the Three Year Plan has projected an increase in the cost of doing business for both the County and service providers contracting with the County. This budget authority will be reviewed and updated based upon recent actual costs and projected revenue and adjusted, if appropriate, for Board of Supervisor review and approval.
2. 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.
3. Estimated new funding 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.
4. 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 \$7,565,790 for the WET component, and \$3 million in FY 19/20 for the CF/TN component. This is depicted as transfers from the CSS component.
5. 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, 2018 is \$7,579,248, and includes interest earned. This figure is in addition to the estimated available unspent funds from previous years.
6. 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.

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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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Appendix A

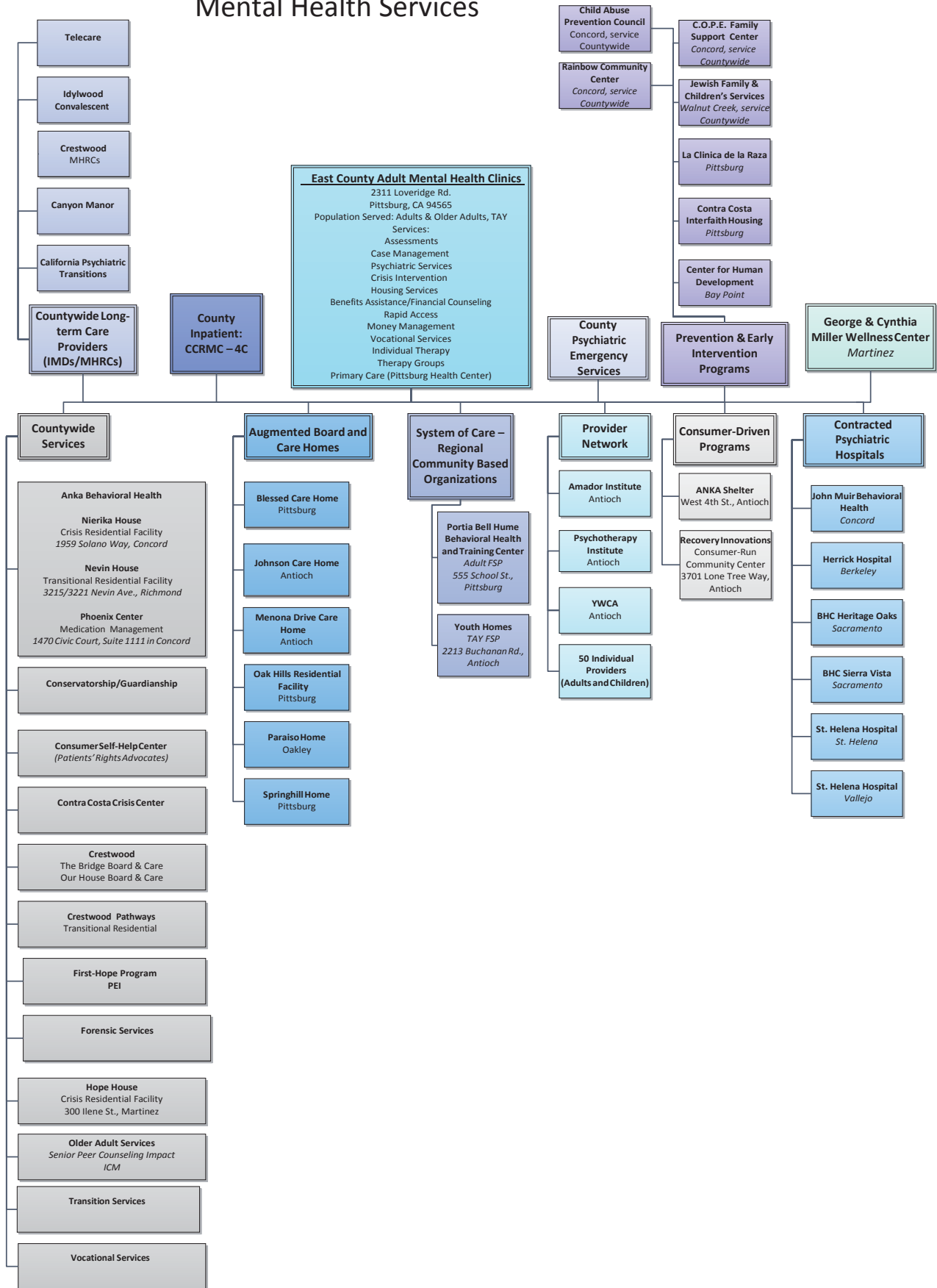
Mental Health Service Maps

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.

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East County Adult Mental Health Services

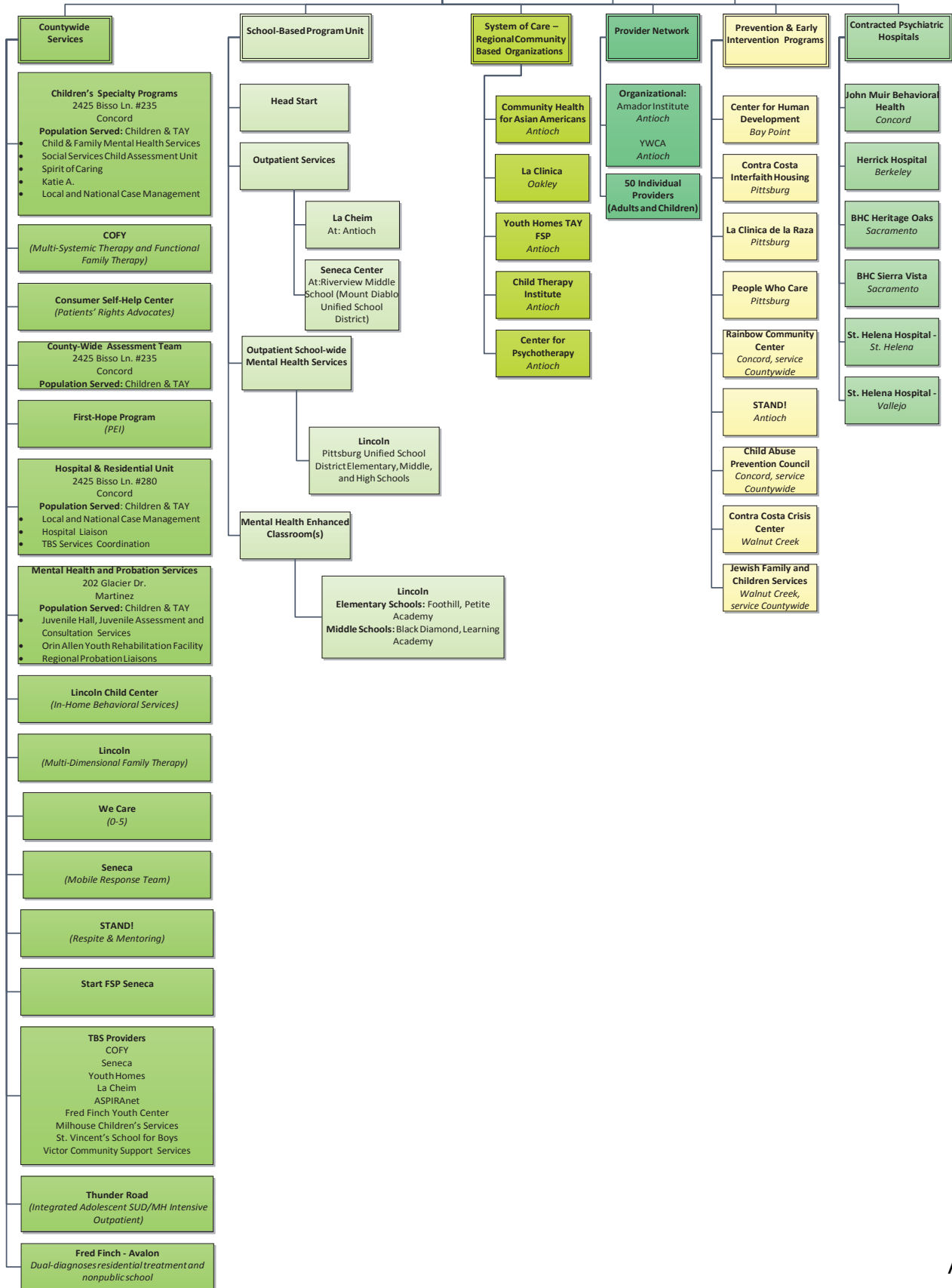


East County Children's Mental Health Services

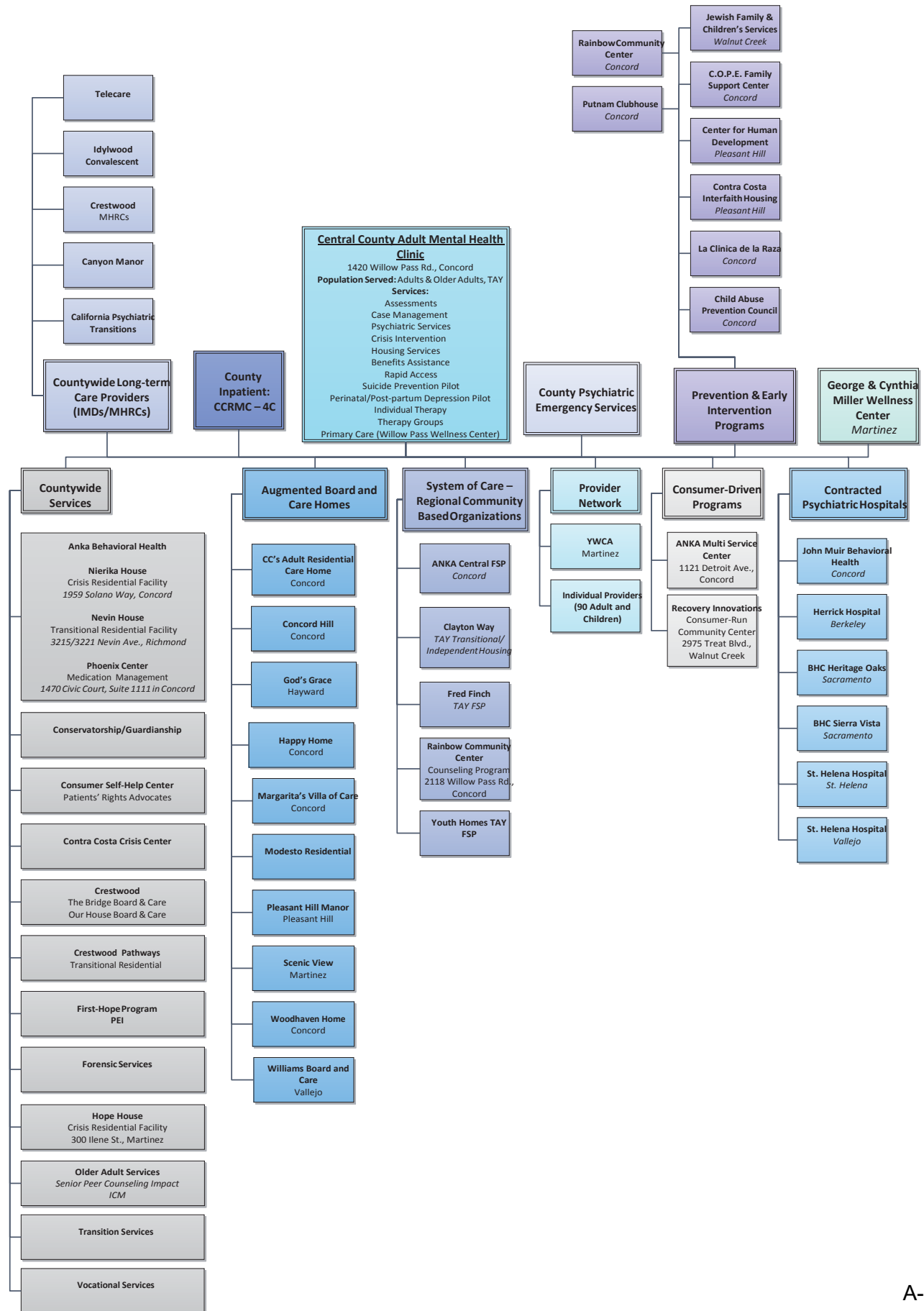
Antioch Children's Behavioral Health
 2335 Country Hills Drive
 Antioch, CA 94509
 Population Served: Children and TAY
 Services:
 • Head Start Program
 • Psychiatric Services
 • Outpatient Services
 • Parent Partners
 • Parent Project
 • Wrap Around Services
 • Cognitive Behavioral Therapy
 • Dialectical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

**County Psychiatric
Emergency Services**

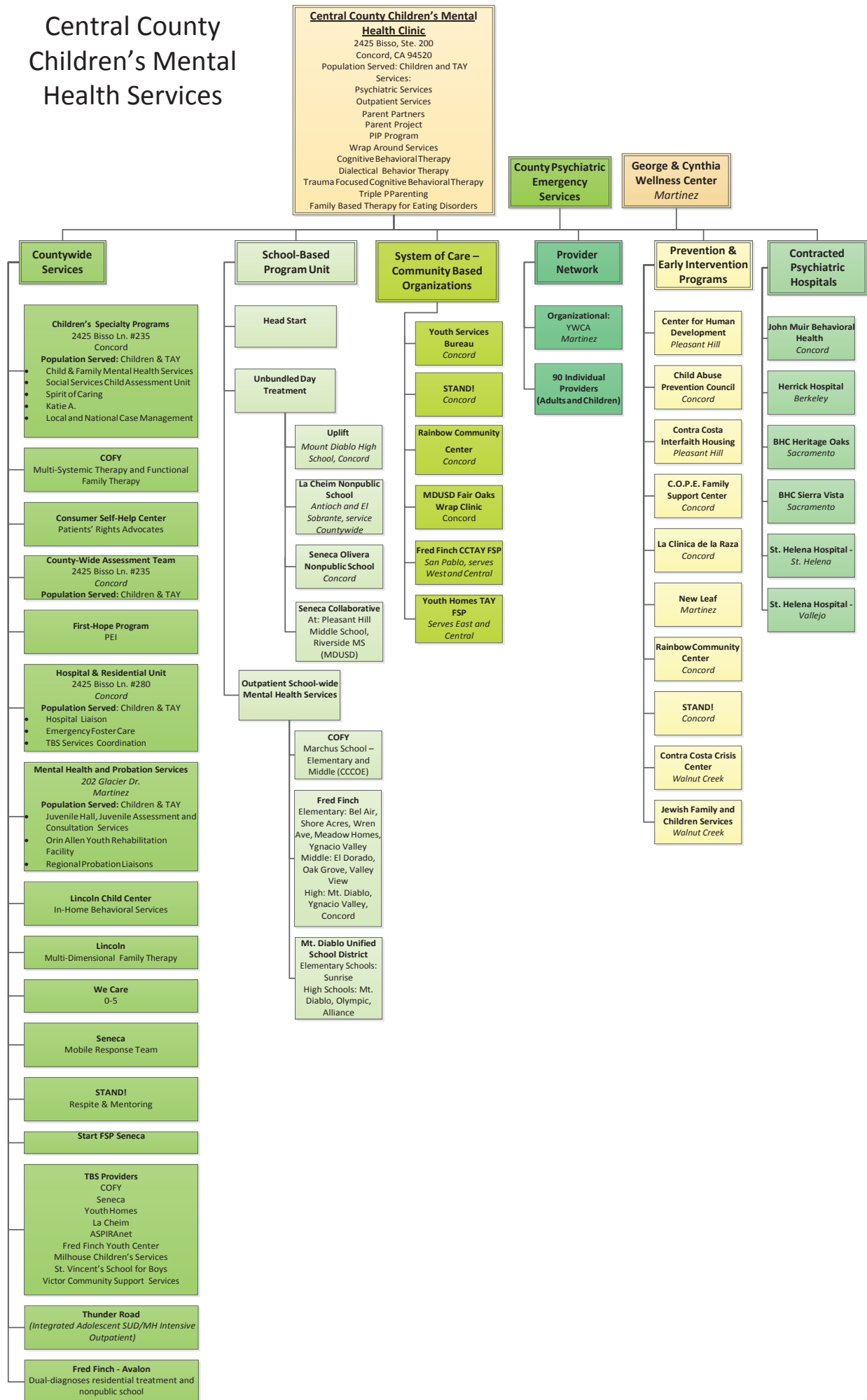
**George & Cynthia
Wellness Center
Martinez**



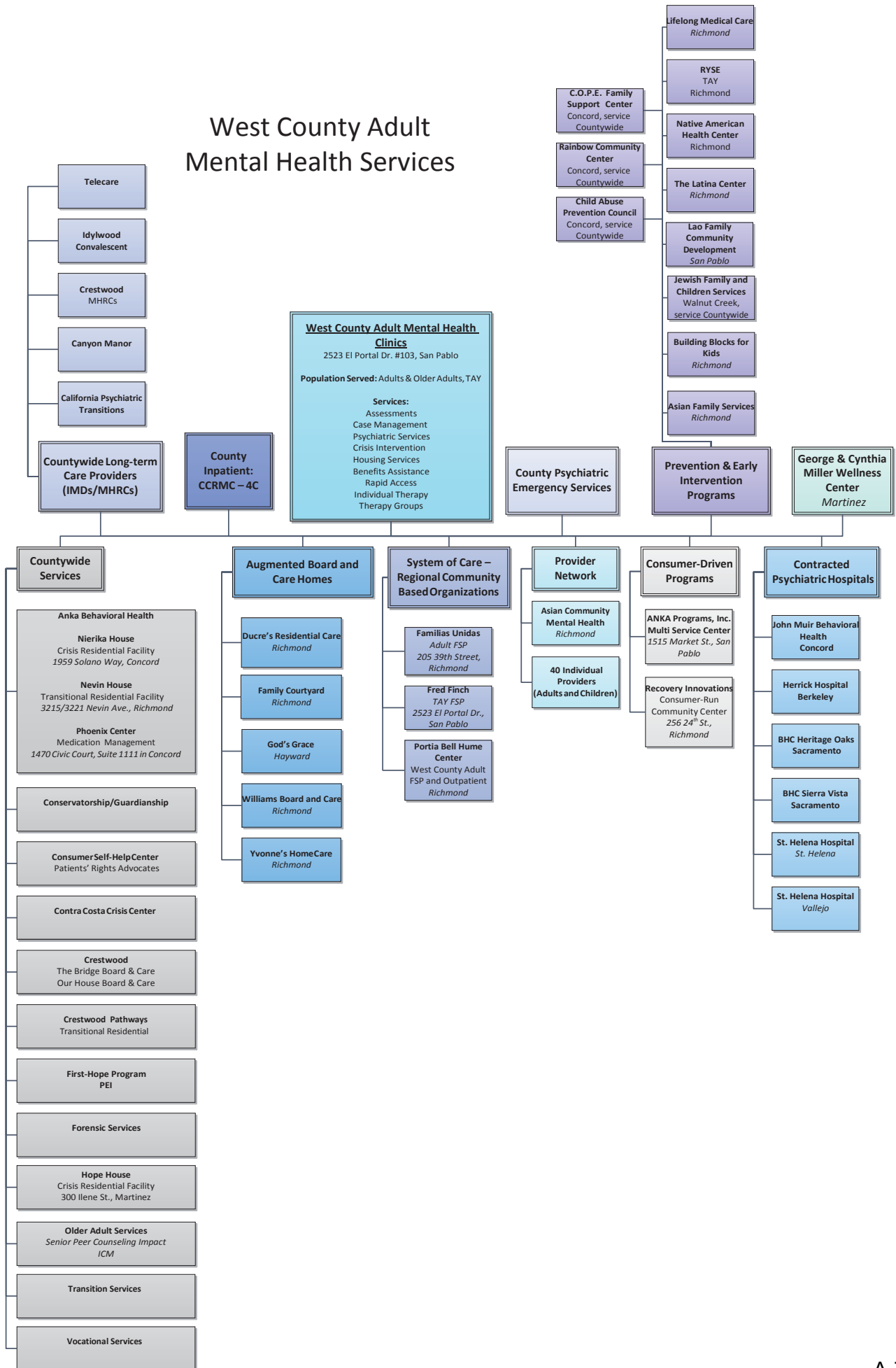
Central County Adult Mental Health Services



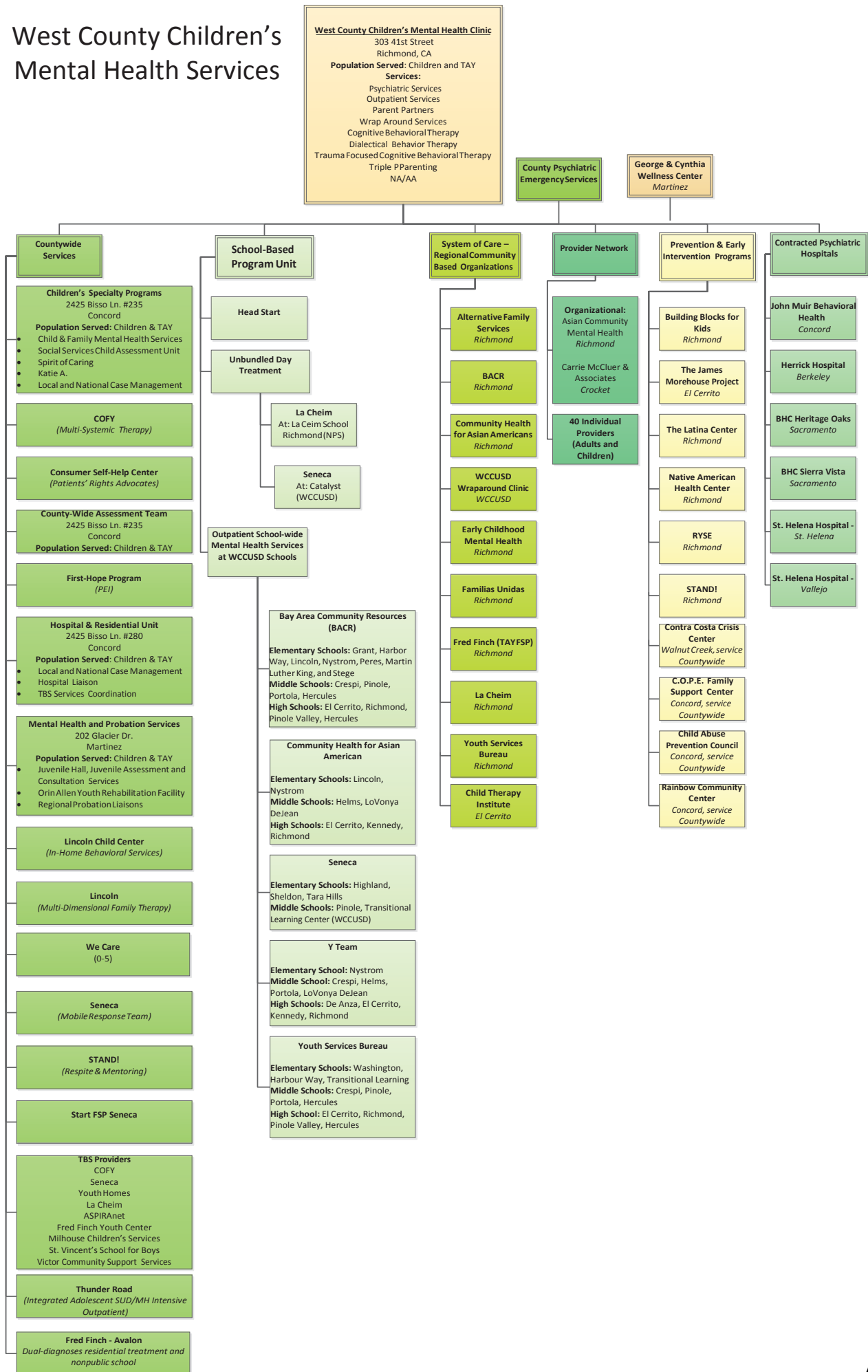
Central County Children's Mental Health Services



West County Adult Mental Health Services



West County Children's Mental Health Services



Appendix B

Program and Plan Element Profiles

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Anka Behavioral Health, Inc.

www.ankabhi.org

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 Health and Costa County Behavioral Health Services, and utilizes a modified assertive community treatment model.

The program serves adults who reside in Contra Costa County, who experience a serious mental illness/serious emotional disturbance.

- 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: FY 18/19 \$815,540
- d. Number served: In FY 17/18 Anka Central FSP served 39 individuals.
- e. Outcomes: Below are the FY 17/18 outcomes for Anka Central FSP.
 - Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 60 Anka Central FSP participants enrolled in the FSP program during FY 17-18

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
<i>PES episodes</i>	167	102	0.283	0.158	-44.1%
<i>Inpatient episodes</i>	55	47	0.061	0.058	-4.92
<i>Inpatient days</i>	567	578	0.783	0.853	+8.93

** 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*

Asian Community Mental Health Services (ACMHS)

www.acmhs.org

Point of Contact: Sun Karnsouvong

Contact Information: Asian Family Resource Center (AFRC), 12240 San Pablo Avenue, 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 education and access to mental health services for Asian and Asian Pacific Islander (API) immigrant and refugee communities, especially the Southeast Asian 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 members on signs and symptoms of mental illness, provide mental health workshops, and promote mental health wellness through community events. Engage community members 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 immigrants and refugees in the Contra Costa County.
 - ii. **Individual Mental Health Consultation:** This service will also be provided to those who are exhibiting early signs of mental illness, to assess needs, identify signs/symptoms of mental health crisis/trauma, provide linkages/referrals or assist in navigation into the mental health system, provide wellness support groups, access essential community resources, and linkage/referral to mental health services. Peer Navigators will be utilized to support participants in accessing 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 Islander immigrant and refugee communities (especially Chinese and Southeast Asian population) in Contra Costa County

- c. Payment Limit: FY 18-19: \$142,054
- d. Number served: In FY 17-18: 554 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.
 - Services are offered in the language of the consumer.
 - Program hosted two community wellness events and psycho-education workshops for the community.

Building Blocks for Kids (BBK)

www.bbk-richmond.org

Point of Contact: Sheryl Lane

Contact Information: 310 9th Street, Richmond, CA 94804

(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 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 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 MHSAs' 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: FY 18-19: \$216,897

d. Number served: In FY 17-18: 649 Individuals (includes outreach and education events).

e. Outcomes:

- Over the course of the 17-18 year, BBK Health and Wellness Team met with 33 community organizations, government agencies and individuals around partnering and collaboration.
- BBK held Sanctuary groups and parents who attend have consistently reported that they learned something new about holistic health, and that they intended to follow up with a partner organization that they learned about through BBK sponsored events.
- Summer Program at Belding Garcia Park, and expanded programming to Monterey Pines Apartments in South Richmond. Children participating received at least one healthy meal per day and family members had access to wellness activities and developmental playgroups.
- BBK partnered with COPE and Child Abuse Prevention Council to offer weekly evidence-based parenting classes. Care providers developed a strong knowledge base on child development and positive parenting skills.

Center for Human Development (CHD)

<http://chd-prevention.org/>

Point of Contact: David Carrillo, Executive Director

Contact Information: 901 Sun Valley Boulevard, 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 program 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 in East County at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County
- c. **Payment Limit:** FY 18-19: \$156,936
- d. **Number served:** In FY 17-18: 342 individuals were served in both programs combined. 268 in the African American (AA) Wellness Program and 74 in the Empowerment Program.

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) within fiscal year.
- Participants in AA Wellness Program received navigational support for their service referral needs.

ii. Empowerment Program

- LGBTQ youth empowerment support groups in Pittsburg and Antioch throughout the year with topics such as: “Family and Peer Conflict,” “Challenges to Relationships,” “Community Violence and Loss,” “Queer History and Activism,” “Stress, Anxiety and Depression,” “Identity Development and Coming Out.”
- 85% of the participants in the Empowerment Psycho-Educational Leadership support groups reported an increased sense of emotional health and well-being within fiscal year.
- 100% of participants in Empowerment in need of counseling services were informed and referred to LGBTQ-sensitive resources available to youth.
- 36 LGBTQ Youth Support Groups facilitated at Pittsburg High, 26 at Deer Valley High, and 42 at Rivertown Resource Center.

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

<https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Kennisha Johnson, Mental Health Program Manager

Contact Information: 1420 Willow Pass Road, Suite 200, Concord, CA 94520

(925) 646-5480, Kennisha.Johnson@CCHHealth.org

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 17-18: Approximately 2,157 Individuals.

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

<https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Betsy Hanna, Psy.D, Mental Health Program Manager

Contact Information: 2425 Bisso Lane, Suite 200, Concord, CA 94520

(925) 521-5767, Betsy.Hanna@CCHHealth.org

1. General Description of the Organization

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health and Alcohol & Other Drugs into a single system of care. The Central 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 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 17/18: Approximately 969 Individuals.

Child Abuse Prevention Council (CAPC)

www.capc-coco.org

Point of Contact: Carol Carrillo

Contact Information: 2120 Diamond Boulevard #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 East County 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: FY 18-19: \$125,109
- d. Number served: In FY 17-18: 140 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.)

www.cofy.org

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: FY 18/19 \$650,000
- d. Number served: In FY17/18 COFY FSP served 97 individuals.
- e. Outcomes:
 - Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction
 - Increase in incidence of psychiatric crisis

Table 1. Pre- and post-enrollment utilization rates for 139 Community Options for Families and Youth, Inc. participants enrolled in the FSP program during FY 17-18

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	2	5	0.002	0.005	+15%
<i>Inpatient episodes</i>	0	1	0.000	0.001	0
<i>Inpatient days</i>	0	6	0.000	0.004	0
<i>JACS</i>	33	24	0.037	0.026	-29.7%

Contra Costa Crisis Center

www.crisis-center.org

Point of Contact: Tom Tamura, Executive Director

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

(925) 939-1916, Ext. 107, 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 - PEI

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 an 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 multi-lingual/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 Behavioral 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: FY 18-19: \$310,685
- d. Number served: In FY17-18: 30,932 crisis calls were fielded.
- e. Outcomes:
 - Spanish language coverage was provided 80 hours/week
 - Call abandonment rate was 1.5%
 - Lethality assessments were provided for 100% of callers rated mid to high level risk.
 - Responded to 1,345 calls from people in crisis, suicidal or experiencing mental health issues.
 - A pool of 25 volunteers was maintained, and 2 volunteer trainings were offered during the year

Contra Costa Interfaith Housing (CCIH)

<http://ccinterfaithhousing.org/>

Point of Contact: Sara Marsh, Director of Support Services

Contact Information: 399 Taylor Boulevard, Suite 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 - PEI

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. These complexes offer permanent affordable housing to low-income families at risk for homelessness. The total number of households offered services under this grant was 274. 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: FY 18-19: \$72,100
- d. Number served: In FY 17-18: 428 clients
- 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

<http://copefamilysupport.org/>

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 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:** FY 18-19: \$245,863 (ages 6–17), through First Five: \$81,955 (ages 0–5).
- d. **Number served:** In FY 17-18: 337

e. Outcomes:

- Offered Triple P evidenced based parenting classes at 27 site locations across the county
- Pre and Post Test Survey results indicate program participants showed a 41% decrease in depression, 34% decrease in anxiety, and 33% decrease in overall stress
- Access and linkage to on-going treatment supported through warm hand off referrals for housing, vocational, legal and mental health services
- Program served 246 individuals in parenting classes, and 91 individuals for case management services.

Crestwood Behavioral Health, Inc.

<https://crestwoodbehavioralhealth.com/>

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:** \$1,210,356

d. **Number served For FY 17/18:** 64 beds available at The Bridge in Pleasant Hill. 30 beds available at Our House in Vallejo.

e. **Outcomes:** To be determined.

Desarrollo Familiar, Inc. (Familias Unidas)

<http://www.familias-unidas.org/>

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:** FY 18/19 \$219,708

d. **Number served:** For FY 17/18: 17 Individuals

e. **Outcomes:** For FY 17/18:

- Program participants will experience a net reduction in their Psychiatric Emergency Services utilization rate of at least 40% when the annual utilization rate for the clients' most recent 12 months of service, or total number of months the client has been enrolled for less than 12 months, is compared to the pre-enrollment rate.*
- Program participants will experience a net reduction in their inpatient utilization rate of at least 60% when the annual utilization rate for the clients' most recent 12 months of service, or total number of months if a client has been enrolled for less than 12 months, is compared to the pre-enrollment rate.*
- 75% of FSP participants placed into housing will receive housing support to maintain housing stability or be progressively placed into more independent living environments, as appropriate.

- 75% of FSP participants will rank Familias Unidas FSP services with a score of 4 or higher in the Client Satisfaction Questionnaire (CSQ-8), twice annually, or upon client discharge from the program.
- Less than 25% of active Familias Unidas FSPs will be arrested or incarcerated post-enrollment measured at the end of the fiscal year.
- Collect baseline data utilizing an engagement in meaningful activity/quality of life assessment tool (tool to be determined).
- No change in incidence of psychiatric crisis
- Increase of the incidence of restriction

Table 1. Pre-and post-enrollment utilization rates for 23 Familias Unidas (Desarrollo Familiar, Inc.) FSP Participants enrolled in the FSP program during FY 17-18

	No. pre-Enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
<i>PES episodes</i>	23	15	0.094	0.058	-38.3%
<i>Inpatient episodes</i>	9	2	0.033	0.007	-78.8%
<i>Inpatient days</i>	36	366	0.130	1.326	+920%

** 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*

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: \$ 5,340

d. Number served: For FY 17/18: Capacity of 6 beds.

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

<https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Beverly Fuhrman, Program Manager

Contact Information: 2311 Loveridge Road, Pittsburg, CA 94565

(925) 431-2621, Beverly.Fuhrman@CCHHealth.org

1. General Description of the Organization

East County Adult Mental Health Services operates within Contra Costa Mental Health's Adult System of Care. Services are provided within a Care Team model that is comprised of a team of psychiatrists, nurses, therapists, community support workers and family support worker. The initial assessment, Co-Visit, is provided jointly by a psychiatrist and a therapist where both mental health and medication needs are addressed at this initial visit. Other services include crisis intervention, individual/group therapy, case management, housing services, benefits assistance, vocational services, and linkage to community-based programs and agencies.

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 17-18 Approximately 2,231 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 17/18: 46 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)

<https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Eileen Brooks, Program Manager

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

(925) 608-8735, Eileen.Brooks@CCHealth.org

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 17/18: Approximately 774 Individuals.

First Five Contra Costa

<http://www.first5coco.org/>

Point of Contact: Wanda Davis

Contact Information: 1486 Civic Court, 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 age 0 - 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 effective 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 of the subcontractor, works closely with the subcontractor on program implementation, identifying, recruiting and on-boarding new Triple P Practitioners, management of the database, review of outcome measurements, and quality improvement efforts. The partnership is intended to provide outreach for increasing recognition of early signs of mental illness.
- b. **Target Population:** Contra Costa County parents of at risk 0–5 children.
- c. **Payment Limit:** FY 18-19: \$81,955
- d. **Number served:** In FY 17-18: 182 parents of children age 0–5 yrs. (C.O.P.E.)
- e. **Outcomes:**
 - Completed 17 parenting classes for East and West County parents of children age 0–5 (C.O.P.E.)
 - i. **Clinical Highlights for FY 17-18:**
 - **Depression** – parents self-report on symptoms such as hopelessness and dysphoria, decreased by 41% overall
 - **Anxiety** – parents self-report on symptoms such as anxiousness and situational anxiety, decreased by 34% overall
 - **Stress** – parents self-report on symptoms such as nervousness, muscle tension and inability to relax, decreased by 33% overall
 - **Intensity of Behavior Problems** which measures the frequency of each problem behavior, decreased by 19% as indicated by the chart above
 - **Behavior Problems** which reflect parent tolerance of the behaviors and the distress, decreased by 43%

First Hope (Contra Costa Behavioral Health)

<http://www.firsthopeccc.org/>

Point of Contact: Jude Leung, Mental Health Program Manager

Contact Information: 391 Taylor Boulevard Suite 100, Pleasant Hill, CA 94523

(925) 608-6550, YatMingJude.Leung@CCHealth.org

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 Behavioral 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: FY 18-19: \$2,463,474
- d. Staff: 14 FTE full time equivalent multi-disciplinary staff
- e. Number served: FY 17-18: 118 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 224 participants in the community and 179 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@CCHHealth.org

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 - CSS

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 and clinicians provides WRAP & CBSST groups in MDF. The Forensic MHCS 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 Mental Health Systems (MHS) to provide contracted services. 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. 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 17/18: 270

Fred Finch Youth Center

<https://www.fredfinch.org/>

Point of Contact: Kimberly Powers, LMFT, 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 a Peer Mentor and Family Partner, 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
- a. 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.
- b. Payment Limit: FY 18/19 \$1,485,941
- c. Number served: For FY 17/18: 54
- d. Outcomes: For FY 17/18:
 - Reduction in incidence of psychiatric hospitalizations

- School enrollment increased in the Fall and Housing decreased.
- Although Employment dropped somewhat, Competitive Employment remained steady.
- ANSA data: Individual Strengths and Depression Domains goals were met, exceeding the targeted goal percentage. Life Domain Functioning, Behavioral/Emotional Needs and Improvement in at least one Domain all decreased respectively and appear in range of meeting the stated goal.
- Continued contributing factors include: Active Socialization and Community building efforts that address communication/interpersonal skills, symptom management, identity development and holistic incorporation such as Workshops that target specific needs such as: Planned Parenthood (Healthy Sexuality) & Nutrition and bringing in 2018; New Laws, Immigration, Current Events Impact, etc. CCTAY continues to offer social outings, community connection, advocacy and participant led activities to promote confidence, build self-esteem, leadership and independent living skills, communication, etc. in order to increase overall treatment success and outcomes.

Table 1. Pre- and post-enrollment utilization rates for 56 Fred Finch FSP participants enrolled in the FSP program during FY 17-18

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
<i>PES episodes</i>	50	25	0.101	0.046	-54.5%
<i>Inpatient episodes</i>	24	6	0.050	0.013	-74%
<i>Inpatient days</i>	162	30	0.334	0.001	-99.7%

* 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:

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

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

<https://cchealth.org/centers/mwc.php>

Point of Contact: Thomas Tighe, Mental Health Program Manager

Contact Information: 25 Allen Street, Martinez CA 94553

(925) 890-5932, Thomas.Tighe@CCHealth.org

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) - CSS

- 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 (JMP) at El Cerrito High, YMCA East Bay

<http://www.jamesmorehouseproject.org/>

Point of Contact: Jenn Rader, Director

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

(510) 231-1437, jenn@jmhop.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), a school health center at El Cerrito High School (fiscal sponsor: YMCA of the East Bay), offers access to care and wellness through a wide range of innovative youth development programs for 300 multicultural youth in West Contra Costa County. Through strategic partnerships with community-based agencies, local universities and county programs, JMP offers three main program areas that include: Counseling & Youth Development, Restorative School-Wide Activities, and Medical & Dental Services. Key activities designed to improve students' well-being and success in school include: AOD Prevention; Migrations/Journeys (immigration/acclulturation); 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; and Dynamic Mindfulness.

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 stigma around coming into the health center or accessing services.

- b. **Target Population:** At-risk students at El Cerrito High School
- c. **Payment Limit:** FY 18-19: \$102,900
- d. **Numbers Served:** For FY 17-18: 413
- 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.
 - i. 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)

<https://jfcs-eastbay.org/>

Point of Contact: Amy Weiss, Director of Refugee and Immigrant Services
Contact Information: 1855 Olympic Boulevard, #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 - PEI

- a. Scope of Services: During the term of this contract, Jewish Family & Community Services East Bay will assist Contra Costa Behavioral 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.
- b. Target Population: Immigrant and refugee families of Contra Costa County at risk for developing a serious mental illness.
- c. Payment Limit: FY 18-19: \$174,485
- d. Number served: FY 17-18: 330 clients
- e. Outcomes:
 - Provided assessment and short-term intervention to 141 bilingual clients.
 - Provided individual health and mental health navigation services to 141 clients.
 - Provided 4 trainings on cross-cultural mental health concepts for 35 to 40 frontline staff from JFCS East Bay and other community agencies.
 - Provided 2 (2-hour) mental health education classes to 20-24 Arabic-speaking clients.
 - Provided 4 (2-hour) mental health education classes to 10-12 Dari/Farsi-speaking seniors.
 - Provided 4 (2-hour) Dari/Farsi-bilingual parenting classes to 10-12 Afghan and Iranian parents.

- Provided 4 (2-hour) mental health education classes to 10-12 Russian-speaking seniors.
- Referred 27 high-risk individuals to bilingual therapy services with JFCS East Bay's bilingual therapist.

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

Point of Contact: Daniel Batiuchok, Mental Health Program Manager

Contact Information: 202 Glacier Drive, Martinez, CA 94553

(925) 957-2739, Daniel.Batiuchok@CCHHealth.org

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 Behavioral Health's Children's System of Care.

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

Clinicians - PEI

County behavioral 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 (MHPLS): MHPLS 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: FY 18-19: \$695,855

d. Staff: 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch

e. Number served: FY 17-18: 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 Clínica de la Raza

<https://www.laclinica.org/>

Point of Contact: Whitney Greswold, Planner

Contact Information: P.O. Box 22210, Oakland, CA 94623

(510) 535 2911, wgreswold@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 Specialist 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:** FY 18-19: \$280,558
- d. **Number served:** In FY 17-18: 7669 consumers
- e. **Outcomes:**
- i. **Vías de Salud**
 - Participants of support groups reported reduction in isolation and depression
 - Offered 7,153 depression screenings, 633 assessments and early intervention services, 1,554 follow-up services
 - ii. **Familias Fuertes**

- 100% of parents reported increased knowledge about positive family communication
- 100% of parents reported improved skills, behavior, and family relationships
- Offered 1,618 screenings for youth, 151 assessments for youth, 287 follow-up visits with families

LAO Family Community Development

<https://lfc.org/>

Point of Contact: Kathy Chao Rothberg, Chief Executive Officer or Brad Meyer
Contact Information: 1865 Rumrill Boulevard, Suite #B, San Pablo, CA 94806
(510) 215-1220, krothberg@lfc.org or bmeyer@lfc.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:** FY 18-19: \$190,416
- d. **Number served:** In FY 17-18: 127
- e. **Outcomes:**
 - 100% of program participants completed the Lubben Social Networking Scale (LSNS) assessments. Results indicate program participation leads to a decrease in social isolation.
 - Held 5 Strengthening Families Program (SFP) Educational Workshops
 - Held 4 Thematic Peer Support Group Events – in various locations including outdoor parks and spaces
 - 92% of program participants were satisfied with services

The Latina Center

<https://thelatinacenter.org/>

Point of Contact: Miriam Wong

Contact Information: 3701 Barrett Avenue #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 strives 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: FY 18-19: \$111,545
- d. Number served: In FY 17-18: 240 parents, 91 youth
- e. Outcomes:
 - Workshops reached an additional 67 participants
 - Latina Center offered a free summer camp which served 91 children
 - A total of 240 parents participated in evidenced based parenting curriculum

Lifelong Medical Care

<https://www.lifelongmedical.org/>

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 low-income housing locations in West County, including weekly group activities, one-on-one check-ins, and case management. Activities vary based on consumer interests, but may 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 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:** FY 18-19: \$130,786
- d. **Number served:** In FY 17-18: 154
- e. **Outcomes:**
- More than 50% of participants demonstrated self-efficacy and purpose by successfully completing at least one long-term project.
 - 93% of respondents self-reported improvement in mood as a result of participating in SNAP.
 - 98% of respondents reported satisfaction with the SNAP program.

Lincoln Child Center

<http://lincolnfamilies.org/>

Point of Contact: Allison Staulcup Becwar, LCSW President & CEO

Contact Information: 1266 14th St, Oakland CA 94607

(510) 867-0944 allisonbecwar@lincolnfamilies.org

1. General Description of the Organization

Lincoln 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 youth and family 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 as well as family based services 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 adolescents with co-occurring substance use and mental health disorders who may be at high risk for continued substance abuse and other challenging behaviors, such as emotional dysregulation, defiance 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 with a 4 to 6 weeks after care component.

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:** FY 18/19 \$874,417

d. **Number Served:** The program served 61 clients in FY17/18.

e. **Outcomes:** For FY 17/18:

- Reduction in incidence of juvenile justice involvement
- Reduction of the incidence of restriction
- Reduction in incidence of psychiatric crisis

Table 1. Pre- and post-enrollment utilization rates for 61 Lincoln Child Center, participants enrolled in the FSP program during FY 17-18

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	9	6	0.017	0.015	-11.8%
<i>Inpatient episodes</i>	5	3	0.012	0.006	-50%
<i>Inpatient days</i>	27	11	0.066	0.025	-62.1%
<i>JACS</i>	17	21	0.042	0.050	+19.0%

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: \$ 95,481

d. Number served: For FY 17/18: 26 beds available.

Mental Health Services Act Housing Services (Contra Costa Health, Housing, and Homeless - H3)

<https://cchealth.org/h3/>

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@CCHealth.org

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 - CSS

The County's Health Housing and Homeless Services Division operate 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: \$2,048,912
- c. Number Served in FY 17/18: 75 beds fully utilized for 365 days in the year.

3. Program: Permanent Housing - CSS

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 17/18: 50 units.

4. Program: Coordination Team - CSS

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: \$603,230
- d. Number Served in FY 17/18: Approximately 700 individuals per year receive permanent or temporary supportive housing by means of MHSA funded housing services.

Mental Health Systems, Inc.

<https://www.mhsinc.org/listing/contra-costa-action-team/>

Point of Contact: Alicia Austin-Townsend, MA

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

(925) 483-2223, atownsend@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: FY 18/19 \$2,015,710
- d. Number Served: The program served 47 clients during the 16/17 fiscal year and 68 clients during the 17/18 fiscal year.
- e. Outcomes: For FY 17/18
 - ACT treatment adherence was 66% overall.
 - Consumers receiving ACT services had a decrease in crisis episodes from 91% to 52%.
 - Consumers had a decrease in psychiatric hospitalizations from 55% to 31%.
 - Consumers had a decrease in jail bookings from 67% to 31%.
 - 62% of consumers obtained or maintained housing while in ACT.
 - 21% of consumers were employed between July and August 2018.

Table 1. Pre-and post-enrollment utilization rates for 39 Mental Health Systems FSP participants enrolled in the FSP program during FY 17-18

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	%change
<i>PES episodes</i>	241	69	0.694	0.205	-70.5%
<i>Inpatient episodes</i>	42	13	0.107	0.036	-66.4%
<i>Inpatient days</i>	536	330	1.235	0.795	-35.6%

* 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:

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

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: \$ 73,310

d. Number served: For FY 17/18: Capacity of 6 beds.

National Alliance on Mental Illness Contra Costa (NAMI CC)

<http://www.namicontracosta.org/>

Point of Contact: Gigi Crowder

Contact Information: 2151 Salvio Street, Suite V, Concord, CA 94520

(925) 942-0767, Gigi@namicontracosta.org

1. General Description of the Organization

NAMI CC has been assisting people affected by mental illness for over 30 years now. Services provide support, outreach, education, and advocacy to those affected by mental illness. NAMI's office is located in central Contra Costa County and the program has partnerships with other community and faith based organizations throughout the county that allow them to utilize their space and meet with people in their communities.

2. Program: Family Volunteer Support Network (FVSN) - WET

NAMI CC will recruit, train and manage a network of volunteers with lived experience to support families and loved ones of people experiencing mental health issues. These volunteers will be an extended support network of resources, while assisting families in navigating the behavioral health system. This group of subject matter experts will help families gain a basic understanding of various mental health and substance abuse issues, learn to advocate for themselves or their loved one's needs and become a network to other families experiencing similar situations.

- a. Scope of Services: Operate a main site in the Central region of the county and utilize satellite sites to extend outreach to other regions for the purpose of conducting volunteer training, support groups, and other educational activities that will build and maintain a cadre of volunteers.
 - Continuously recruit volunteers from all county regions, communities, economic levels, age groups, cultures, race/ethnicities and sexual preferences
 - Partner with organizations who specifically prepare individuals for volunteer service in community; such as CCBHS's SPIRIT program.
 - Develop and maintain training curriculum as defined in Service Work Plan that prepares volunteers for their role in supporting family members and loved ones of persons experiencing mental health issues.
 - Establish partnerships with CCBHS and community and faith-based organizations; as well as ethnic and culturally specific agencies to coordinate family support efforts, assist CCBHS's connectivity with families of consumers, stay abreast and adapt to current and future needs. Key CCBHS partnerships include the Family Partner (Children's System of Care), Family Support Worker (Adult System of Care) Programs, and the Office for Consumer Empowerment.
- b. Target Population: Family members and care givers of individuals with lived mental health issues.
- c. Payment Limit: \$600,000
- d. Number served in FY 17-18: N/A – Program opened doors August 2018.
- e. Outcomes:
 - Staff, and pilot the FVSN Program.
 - Open one administrative office in central Contra Costa County, and maintain three satellite locations in east, west, and south Contra Costa County.
 - Partner with other CCBHS, community, and faith-based organizations to support families affected by mental health issues.
 - Develop training curriculum for FVSN Program.

- Start recruitment of volunteers.
- 3. **Program: Family Psycho Education Program (Family to Family: Spanish, Mandarin, and Cantonese, FaithNet, and NAMI Basics) - WET**
 - a. **Scope of Services:** Family to Family is an evidence based NAMI educational training program offered throughout the county in Spanish, Mandarin and Cantonese languages to family members and caregivers of individuals experiencing mental health challenges. This training is designed to support and increase a family member's/care giver's knowledge of mental health, its impact on the family, navigation of systems, connections to community resources; and coping mechanisms. NAMI FaithNet is an interfaith resource network of NAMI members, friends, clergy and congregations of all faith traditions who wish to encourage faith communities to be welcoming and supportive of persons and families living with mental illness. NAMI Basics is aimed to give an overview about mental health, how best to support a loved one at home, at school and when in getting medical care. The course is taught by a trained team of individuals and loved ones with lived experience.
 - Develop and implement a training program to help address the unique needs of the specified population, helping to serve Spanish, Mandarin and Cantonese speaking communities to help families develop coping skills to address challenges posed by mental health issues in the family, and develop skills to support the recovery of loved ones.
 - Instruction related to the mental health concepts, wellness and recovery principles, symptoms of mental health issues; as well as education on how mental illness and medications affect loved ones.
 - The training will be augmented by utilizing sites, such as faith centers and community based organizations throughout the county on an as needed basis in order to enable access to diverse communities with the goal of reaching the broadest audiences
 - b. **Target Population:** Family members, care givers and loved ones of individuals who have experienced or are experiences mental health issues.
 - c. **Payment Limit:** \$64,851
 - d. **Number served:** For FY 17/18: 890
 - e. **Outcomes:**
 - Deliver six Family-to-Family (12) week trainings during FY 17-18.
 - Hold four FaithNet events during FY 17-18.
 - Deliver four NAMI Basics (6) session trainings during FY 17-18.
 - All trainings will educate individuals on how to manage crises, solve problems, communicate effectively, learn the importance of self-care, and assist in developing confidence and stamina to provide support with compassion, and learn about the impact of mental illness on the family.
 - Feedback will inform decision making. Family member participation surveys will be created, administered and collected on a regular basis. Information collected will be analyzed to adjust methods to better meet the needs of all involved. Surveys will gauge participant knowledge, and level of confidence and understanding of mental health, advocacy and the public mental health system.

Native American Health Center (NAHC)

<http://www.nativehealth.org/>

Point of Contact: Chirag Patel, Catherine Nieva-Duran

Contact Information: 2566 MacDonald Avenue, Richmond, 94804

(510) 434-5483, chiragp@nativehealth.org or catherinen@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 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 increasing 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 communication 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:** FY 18-19: \$241,831
- d. **Number served:** In FY 17-18: 162
- 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 will increase 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: \$16,604

d. Number served: For FY 17/18: 6 beds.

Office for Consumer Empowerment (OCE) (Contra Costa Behavioral Health)

Point of Contact: Jennifer Tuipulotu, Program Manager
Contact Information: 1330 Arnold Drive #140, Martinez, CA 94553
(925) 957-5206, Jennifer.Tuipulotu@CCHealth.org

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 2018-19: \$894,671

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)

<https://cchealth.org/mentalhealth/#simpleContained4>

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@cchealth.org, Ellen.Shirgul@cchealth.org

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 - WET

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: 28 Full time equivalent multi-disciplinary staff.
- d. Number served: For FY 17/18: ICMT served 238 individuals; IMPACT served 440 individuals; Senior Peer Counseling Program trained and supported 34 volunteers and served 267 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 the Depression Anxiety Stress Scales (DASS) that will be administered at intake, and at the end of counseling to assess levels of anxiety and depression.

5. Program: Partners in Aging - INN

Partners in Aging is an Innovation Project that 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. The project is designed to increase the ability of the IMPACT program to reach out to underserved older adult populations through outreach at the Miller Wellness Center and Psychiatric Emergency Services. Through Partners in Aging, IMPACT has provided more comprehensive services, including providing linkage to Behavioral Health, Ambulatory Care, and community resources. 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 provided 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 Miller Wellness Center. They are available to meet with consumers at PES and MWC that meet the criteria for IMPACT to provide outreach, and linkage to services. The Student Intern conducts intakes, assessments, and provides 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 receiving health care services at the Federally Qualified Health Center for the IMPACT Program is adults age 55 years and older. 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 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 17/18: 38 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.

People Who Care (PWC) Children Association

<http://www.peoplewhocarechildrenassociation.org/>

Point of Contact: Constance Russell, Executive Director

Contact Information: 2231 Railroad Avenue, 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 After School Program, People Who Care (PWC) will provide 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 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: FY 18-19: \$223,102
- d. Number served: For FY 17-18: 212
- 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.
 - Participants of the PWC After-School Program showed improved youth resiliency factors (i.e., self-esteem, relationship, and engagement).
 - More than 50% of participants did not re-offend during the participation in the program
 - Participants in PWC After School Program reported having a caring relationship with an adult in the community or at school.
 - Majority of participants showed an increase in school day attendance and decrease in school tardiness.

Portia Bell Hume Behavioral Health and Training Center

<https://www.humecenter.org/>

Point of Contact: Reynold Fujikawa, PsyD, Program Manager (Community Support Program East)

Contact Information: 555 School Street, Pittsburg, CA 94565

(925) 384.7727, rfujikawa@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. They are committed to training behavioral health professionals to the highest standards of practice, while working within a culture of support and mutual respect. They 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 and older 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 MHPA 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 sub-contractors, 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 17-18 (East and West CSP): \$1,948,137
- f. Number served: For FY 17/18: 48 individuals (East); and 68 individuals (West)
- g. Outcomes: For FY 17/18 (East):
- Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction
 - For FY (West): 1. Reduction in incidence of psychiatric crisis 2. Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 51 Hume East FSP participants enrolled in the FSP program during FY 17-18

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	279	140	0.495	0.263	-36.1%
<i>Inpatient episodes</i>	44	10	0.075	0.016	-60.2%
<i>Inpatient days</i>	572	519	0.966	0.848	-12.2%

Table 1. Pre- and post-enrollment utilization rates for 76 Hume West FSP participants enrolled in the FSP program during FY 17-18

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	127	81	0.140	0.089	-36.4%
<i>Inpatient episodes</i>	21	13	0.023	0.014	-39.1%
<i>Inpatient days</i>	287	232	0.315	0.254	-19.4%

* 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)

<https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Kelley Taylor, Ambulatory Care Clinic Supervisor

Contact Information: 3052 Willow Pass Road, Concord, CA 94519

(925) 681-4100, Kelley.Taylor@CCHealth.org

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 17/18: 200+.
- d. Outcomes: Improve overall health for individuals through decrease medical visit and increase coping with life situations.

Putnam Clubhouse

<https://www.putnamclubhouse.org/>

Point of Contact: Tamara Hunter, Executive Director

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

(925) 691-4276 or (510) 926-0474, tamara@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.
 - iii. Project Area C: Putnam Clubhouses assists Contra Costa County Behavioral Health in a number of other projects, including organizing community events and by assisting with administering consumer perception surveys.
 - iv. Project Area D: Putnam Clubhouse assists Contra Costa County Behavioral Health in implementing the Portland Identification and Early Referral (PIER) program for individuals at risk of psychosis, First Hope, by providing logistical and operational support.
- b. **Target Population:** Contra Costa County residents with identified mental illness and their families.
- c. **Payment Limit:** FY 18-19: \$598,468
- d. **Number served:** In FY 17-18: 308
- e. **Outcomes (FY17-18):**
- 70 new members enrolled and participated in at least one activity

- Held 4 career workshops
- Prepared 9,000 meals for members
- Provided 54,437 hours of Clubhouse programming to members
- Clubhouse membership made a positive impact by decreasing hospitalizations

Rainbow Community Center

<https://www.rainbowcc.org/>

Point of Contact: Kevin McAllister, Executive Director

Contact Information: 2118 Willow Pass Road, Concord, CA 94520

(925) 692-0090, kevin.mcallister@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

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:** FY 18-19: \$759,362 for PEI, including counseling and case management services onsite and at Contra Costa schools.
- d. **Number served:** In FY 17-18: 1460
- e. **Outcomes:**
- Rainbow held 28 trainings during the year
 - Rainbow's Inclusive School Coalition served the following four districts: Mt. Diablo, Pittsburg, Acalanes, West Contra Costa Unified.
 - Youth Support Programming served: 144 youth via outreach; 176 youth in groups; 43 through one on one work; 387 through school-based outreach; 118 through mental health services, and 65 through psycho-social groups.

- Pride & Joy program reached 1,054 members of the community through events/groups; 387 through brief intervention; and 204 through individual services.

RI International Inc. (formerly known as Recovery Innovations)

<https://riinternational.com/our-services/california/contra-costa/>

Point of Contact: April Langro, Recovery Services Administrator

Contact Information: 3701 Lone Tree Way, Antioch, CA 94509

2975 Treat Boulevard C-8, Concord, CA 94518

2101 Vale Road #300, San Pablo, CA 94806

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

1. General Description of the Organization

RI International was founded as META Services, an Arizona non-profit corporation. It has developed and provided a range of traditional mental health and substance abuse services for adults with long term mental health and addiction challenges. RI International pioneered an innovative initiative: the creation of the new discipline of Peer Support Specialist. 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 has 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 transformation experience, RI International operates recovery-based mental health services in over 20 communities in five states and one location in New Zealand. RI International has provided recovery training and transformation consultation in 27 states and five countries abroad.

2. Program: RI International Wellness Cities – CSS

RI International provides Adult Wellness Cities that serve individuals or *citizens* experiencing mental and/or behavioral health challenges in west, central and east Contra Costa 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, a wellness recovery action plan (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; physical, emotional, intellectual, social, spiritual, occupational, home and community living, financial and recreation/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.

Other services provided are case management support by the Recovery Care Coordinator. The position assists individuals with linkages that provide independence, education and support in the community. The Employment Services Coordinator also helps RI citizens that are ready in their path to recovery with support of positive employment opportunities; whether it be paid or volunteer work.

a. Scope of Services:

- Peer and family support
- Personal recovery planning using the seven steps of Recovery Coaching
- Monthly one on one coaching and meaningful outcome tracking

- Workshops, education classes, evidence-based IMR groups, community based activities using the 9 Dimensions of Wellness (physical, emotional, intellectual, social, spiritual, occupational, home/community living, financial, recreation/leisure)
 - Community outreach and collaboration
 - Assist participants to coordinate medical, mental health, medication and other community services through Care Coordination
 - Supportive employment program through the use of an Employment Specialist position as well as the Employment Prep & Placement (E3P) Program
 - Wellness Recovery Action Plan (WRAP) classes
 - Snacks and lunch meals during weekdays for participants
 - Further enhance services by providing transportation to community based activities using the 9 Dimensions of Wellness (physical, emotional, intellectual, social, spiritual, occupational, home/community living, financial, recreation/leisure)
 - Community Outreach and Collaboration with Mental Health Partners and Providers – NAMI, HUME, WET team, Project Homeless Connect, WREACH, SPIRIT, CORE, etc.
 - Links to Resources - Assist participants to coordinate medical, mental health, medication, housing, and other community services
 - SPIRIT Program – obtain attendance records from the OCE and process reimbursement (stipend) for SPIRIT students.
- b. Target Population: Adult mental health participants in Contra Costa County. RI International services will be delivered within each region of the county through Wellness Cities located in Antioch, Concord and San Pablo.
- c. Annual MHSA Payment Limit: \$973,583.33
- d. Number served: FY 17/18: 363 (340 were active, regular participants)
- e. Outcomes: For FY 17-18, RI International served a total of 363 citizens, of which 71.2% or 258 developed a Wellness Recovery Action Plan (WRAP). 93.9% or 340 also met with a Recovery Coach at least once a month while receiving services. Attendance numbers for the four core classes during FY 17-18 are as follows:
- 63 attended WRAP classes
 - 57 attended WELL classes
 - 48 attended Facing up to Health classes
 - 65 attended the 9 Dimensions of Wellness classes
 - RI International was also able to offer Illness Management Recovery (IMR) classes to RI Citizens; funded through Substance Abuse and Mental Health Services Administration (SAMHSA).

RYSE Center

<https://rysecenter.org/>

Point of Contact: Kanwarpal Dhaliwal, Co-found and Associate Director

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.

1. 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: FY 18-19: \$488,368
 - d. Unique Number served: In FY 17-18: 680 young people
 - e. Outcomes:
 - 254 RYSE members participated in at least two programs within the integrative model

- 7 youth-generated videos were created to address health, social inequity and stigma reduction.
- RYSE served 34 youth through the Hospital-Linked Violence Intervention Program (R2P2)
- RYSE reached at least 1105 adults through community-wise and sector specific trauma-informed care trainings, presentations and gatherings.
- RYSE reached at least 500 young people through their Queer Trans Summit
- 75 young people received services through RYSE's school-linked services

Seneca Family of Agencies

<http://www.senecafoa.org/>

Point of Contact: Jennifer Blanza, Program Director
Contact Information: 3200 Clayton Road, Concord, CA, 94519
(415) 238-9945; jennifer_blanza@senecacenter.org

1. General Description of the Organization

Seneca Family of Agencies 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 crisis intervention, 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:** FY 18/19 \$ 1,000,203

d. **Number served:** Number served in FY 17/18: 61 individuals

e. Outcomes:

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

Table 1. Pre-and post-enrollment utilization rates for 60 Seneca Start FSP Participants enrolled in the FSP program during FY 17-18

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	86	39	0.167	0.092	-44.9%
<i>Inpatient episodes</i>	24	22	0.047	0.05	-6.38%
<i>Inpatient days</i>	145	135	0.278	0.301	-8.27%

** 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.

<https://shelterinc.org/>

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: \$2,349, 929
- d. Number served: For FY 17/18 Shelter, Inc. served 118 consumers.
- e. Outcomes: SHELTER, Inc. reports on the following outcomes:
 - Quality of life: housing stability.
 - i. 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.
 - ii. 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

<http://www.standffov.org/>

Point of Contact: Reina Sandoval Beverly

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

(925) 676-2845, reinasb@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! enlists 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 childhood exposure 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 helps 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 impact youth behavior by preventing future violence and enhancing 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 around the tenets of a healthy adolescent dating relationship. Secondary prevention activities include supporting youth 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 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: FY 18-19: \$134,113
- d. Number served: For FY 17-18: 2179 participants
- e. Outcomes:
 - 77 *You Never Win with Violence* presentations reached 1987 participants
 - 18 *Expect Respect* groups reached 192 participants
 - Youth Against Violence: 10 youth leaders trained in summer 2017
 - Adult Allies: 31 adults trained in two presentations

Telecare Corporation

<https://www.telecarecorp.com/>

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 24 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, using the Telecare Co-Occurring Education Group materials for substance use following a harm reduction modality 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 255 client admissions in FY17/18 and an unduplicated client count of 232.
- 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: \$467,455
- d. Number served: For FY 17/18: 50 beds available.

Vicente Martinez High School - Martinez Unified School District

<http://vmhs-martinez-ca.schoolloop.com/>

Point of Contact: Lori O'Connor

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 students of Briones School, an independent study program located on the same campus. The program has been 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 provide their 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.

Students enrolled in Vicente and Briones have access to the variety of programs/services that meet their individual learning goals. Classes have a maximum of 23 students, and are led by teachers and staff who have training in working with at-risk students and using restorative justice techniques. Students regularly monitor their own progress through a comprehensive advisory program designed to assist them in becoming 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: FY 18-19: \$185,763

d. Number served: In FY 17-18: 140 Transition Aged Youth (TAY)

e. Outcomes:

i. Goals: 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
 - Increase mental health resiliency
 - Participate in four or more different PEI related activities throughout the school year
 - Decrease incidents of negative behavior
 - Increase attendance rates
- ii. Goals: During the 17-18 School Year:
- 95% of Vicente students enrolled during the 17-18 school year participated in PEI related activities.
 - PEI services were extended to Briones independent study students; 37% participated in services.
 - All seniors participated in a minimum of 15 hours of service learning.
 - Staff organized and hosted 70 different types of activities and events to enrich the curricula.
 - All students were offered mental health counseling.
 - Developmental Assets Profile (DAP) assessment was administered to all students.

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

<https://cchealth.org/mentalhealth/#simpleContained4>

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@CCHealth.org

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 MHSa 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 17-18: Approximately 2,435 Individuals.

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

<https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Chad Pierce, Mental Health Program Manager

Contact Information: 303 41st Street, Richmond, CA 94805

(510) 374-7208, Chad.Pierce@CCHealth.org

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 West 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 1718: Approximately 473 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: \$32,846

d. Number served: For FY 17/18: 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: \$ 12,731

d. Number served: For FY 17/18: 4 beds available.

Youth Homes, Inc.

<https://www.youthhomes.org/>

Point of Contact: Candy Espino, Chief Executive Officer or
Kim Chilvers, Chief Program Officer

Contact Information: 3480 Buskirk Ave #210, Pleasant Hill, CA 94523
(925) 933-2627, Candy@youthhomes.org; Kimc@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:** \$ 705,499

d. **Number served:** For FY 17/18: 39 individuals

- e. Outcomes: For FY 17/18:
 - Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 40 Youth Homes FSP Participants enrolled in the FSP program during FY 17-18

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	137	95	0.388	0.252	-35.0%
<i>Inpatient episodes</i>	56	17	0.171	0.045	-73.6%
<i>Inpatient days</i>	437	252	1.402	0.606	-56.8%

* *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.*

Appendix C

Glossary

AB 1421 or Laura's Law - Assembly Bill 1421. Enacted in 2002, to create an assisted outpatient treatment program for any person who is suffering from a mental disorder and meets certain criteria. The program operates 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.

ACT - Assertive Community Treatment. 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.

ADA - Americans with Disabilities Act. Prohibits discrimination against people with disabilities in several areas, including employment, transportation, public accommodations, communications and access to state and local government' programs and services.

AOD – Alcohol and Other Drugs. Is an office like Mental Health that is part of the division of Behavioral Health Services. Behavioral Health Services is under the Health Services Department.

AOT - Assisted Outpatient Treatment. A 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 under AB 1421 or Laura's Law.

APA - American Psychological Association. The mission of the APA is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

BHS - Behavioral Health Services. Is a grouping of Contra Costa Mental Health and Alcohol and Other Drug Services which make up the division of BHS. BHS is under the Health Services Department.

Board and Care - Augmented Board and Care. A facility 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 create 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.

BOS - Board of Supervisors. Appointed body that is responsible for; 1) appointing most County department heads, except elected officials, and providing for the appointment of all other County employees, 2) providing for the compensation of all County officials and employees, 3) creating officers, boards and commissions as needed, appointing members and fixing the terms of office, 4) awarding all contracts except those that are within the authority delegated to the County Purchasing Agent, 5) adopting an annual budget, 6) sponsoring an annual audit made of all County accounts, books, and records, 7) supervising the operations of departments and exercising executive and administrative authority through the County government and County Administrator 8) serving as the appellate body for Planning and Zoning issues, 9) serving as the County Board of Equalization (the Board has created an Assessment Appeals Board to perform this function

Brown Act. Established in 1953; ensures the public's right to attend and participate in meetings of local legislative bodies. It declares that the California public commissions, boards and councils and the other public agencies in this state exist to aid in the conduct of the people's business. Actions should be taken openly and their deliberations be conducted openly. The people should remain informed so that they may retain control over the instruments they have created. The Brown Act has been interpreted to apply to email communication as well.

CalMHSA - California Mental Health Services Authority. The mission of CalMHSA is to provide member counties a flexible, efficient, and effective administrative/fiscal structure focused on collaborative partnerships and pooling efforts in 1) development and implementation of common strategies and programs, 2) fiscal integrity, protections, and management of collective risk, 3) accountability at state, regional, and local levels.

CAO - County Administrator's Officer. The County Administrator's Office is responsible for; 1) staffing the Board of Supervisors and Board committees, 2)

overseeing implementation of Board directives, 3) planning, monitoring, and overseeing County operations, 4) ensuring that Board policies are carried out in the most efficient, cost-effective, and service oriented manner, 5) supervising appointed Department Heads and performing general administrative duties, 6) preparing the annual budget, 7) administering the County's labor management relations program, including managing the collective bargaining process, grievance investigations, providing training and counseling to managers and employees, as well as problem resolution

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.

CASRA - California Association of Social Rehabilitation Agencies. A statewide non-profit organization that service clients of the California public mental health system. Member agencies provide a variety of services to enhance the quality of life and community participation of youth, adults and older adults living with challenging mental health issues.

CBHDA – California Behavioral Health Director’s Association. A non-profit advocacy association representing the behavioral health directors from each of California’s 58 counties, as well as two cities (Berkeley and Tri-City). Through advocacy, lobbying and education efforts, CBHDA promotes the reduction of individual and community problems related to unaddressed behavioral health issues. CBHDA regularly brings together behavioral health professionals to discuss ways to inform public policy and improve the delivery of behavioral health services.

CBO - Community Based Organization. An agency or organization based in the community that is often a non-profit.

CCMH - Contra Costa Mental Health. 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.

CFO - Chief Financial Officer. Abbreviation used to describe term.

CF/TN - Capital Facilities/Information Technology. The title of one of five components of the MHSA. This component enables a county to utilize MHSA funds for one-time construction projects and/or installation or upgrading of electronic systems, such as mental health records systems.

CHHS – California Health and Human Services Agency. The agency which oversees twelve departments and five offices that provides a range of health care services, social services, mental health services, alcohol and drug services, income assistance, and public health services to Californians. More than 33,000 people work for departments in CHHS at state headquarters in Sacramento, regional offices throughout the state, state institutions and residential facilities serving the mentally ill and people with developmental disabilities.

CIBHS - California Institute for Behavioral Health Solutions. A non-profit agency that helps health professionals, agencies and funders improve the lives of people with mental health and substance use challenges through policy, training, evaluation, technical assistance, and research.

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. 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 consumers, 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.

COLA - Cost of Living Adjustment. Abbreviation used to describe term.

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.

Conservatorship - A probate conservatorship is a court proceeding where a judge appoints a responsible person (called a conservator) to care for another adult who cannot care for him/herself or his/her finances.

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

Co-Occurring Disorders or Dual Diagnosis. 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.

CPAW - Consolidated Planning Advisory Workgroup. 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.

CPPP - 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.

CSS - Community Services and Supports. The title of one of five components funded by the MHSA. 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.

CSW – Community Support Worker. Peer Provider in Contra Costa County public mental health system.

CTYA – Children’s, Teens, and Young Adults. Abbreviation used to describe term.

Cultural Competence. In this context, refers to equal access to services of equal quality provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.

DHCS - Department of Health Care Services. The mission of DHCS is to provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

DSM IV - Diagnostic and Statistical Manual of Mental Disorders Fifth Edition. The

handbook used by health care professionals to diagnosis mental disorders. *DSM* contains descriptions, symptoms, and other criteria for diagnosing mental disorders

Dual Diagnosis. See **Co-Occurring Disorders.**

Employment or Vocational Services. 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. 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.

EPSDT - Early and Periodic Screening, Diagnosis and Treatment. A federally mandated specialty mental health program that provides comprehensive and preventative services to low income children and adolescents that are also involved with Children and Family Services.

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. In Contra Costa County, Family or Parent Partners have a job classification of Community Support Worker.

Family-to-Family Training. An educational course for family, caregivers and friends of individuals living with mental illness. Taught by trained volunteer instructors from NAMI CC 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.

51/50 – Fifty One Fifty. Refers to the Welfare and Institutions Code of California for the temporary, involuntary psychiatric commitment of individuals who present a danger

to themselves or others due to signs of mental illness.

FY- Fiscal Year. A fiscal year is a specified 12-month period used for accounting and reporting purposes. In Contra Costa County, the fiscal year runs from July 1st of one year to June 30th of the next year.

Focus Groups. In this context, refers to 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.

Forensics. In this context, refers to the term used for individuals involved in the legal court system with mental health issues.

4C. Term used to refer to Psychiatric Ward of Contra Costa County Regional Medical Center.

FSP - Full Service Partnership. A term created by the MHSA 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 MHSA. At least 50% of the funding for CSS is to go toward supporting the County's full service partnership category.

General System Development. A term created by the MHSA, 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 regions.

HSD - Health Services Department. The largest department of County government. The mission of HSD is to care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems. Behavioral Health Services is one of the nine divisions under HSD.

HIPAA - Health Information Portability and Accountability Act. Enacted into law in 1996 and provides the following; 1) the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs, 2) reduce health care fraud and abuse, 3) mandates industry-wide standards for health care information on electronic billing and other processes, and 4) requires the protection and confidential handling of protected health information

HPSA - Health Professional Shortage Area. A geographic area, population, or facility with a shortage of primary care, dental, or mental health providers and services. The Health Resources and Services Administration (HRSA) and State Primary Care Offices (PCOs) work together using public, private, and state-provided data to determine when such a shortage qualifies for designation as a HPSA.

H3 – Health, Housing and Homeless Services Division. Division under Health Services that partners with Behavioral Health Services and focuses on the integration of housing and homeless services across this County's health system. It coordinates health and homeless services across county and in the community; and works with key partners to develop strategies to address the community's health and social needs.

IMD – Institution for Mental Disease. Any institution that, by its overall character is a facility established and maintained primarily for the care and treatment of individuals with mental diseases. The guidelines used to evaluate if the overall character of a facility is that of an IMD are based on whether the facility: 1) Is licensed or accredited as a psychiatric facility; 2) Is under the jurisdiction of the state's mental health authority; 3) Specializes in providing psychiatric/psychological care and treatment, which may be ascertained if indicated by a review of patients' records, if an unusually large proportion of the staff has specialized psychiatric/psychological training, or if a facility is established and/or maintained primarily for the care and treatment of individuals with mental diseases; or 4) Has more than 50 percent of all its patients admitted based on a current need for institutionalization as a result of mental diseases.

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.

INN - Innovation. A component of the MHSA 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; 1) increase access to underserved groups, 2) increase the quality of services, to include better outcomes, 3) promote interagency collaboration, and 4) 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. 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 **AB 1421.**

LCSW - Licensed Clinical Social Worker. Abbreviation used to describe term. See **Clinical Specialist.**

LGBTQ - Lesbian, Gay, Bi-sexual, Transgender, Questioning. 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, refers to the term 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.

LMFT - Licensed Marriage Family Therapist. Abbreviation used to describe term. See **Clinical Specialist.**

LPS – Lanterman Petris Short Act. The LPS Act refers to Sections 5150, 5151 and 5152 of the Welfare and Institutions Code (WIC). It is a California law governing the involuntary civil commitment of individuals who - due to mental illness - pose a danger to self or others, or who are gravely disabled and require inpatient psychiatric care. It was named for its co-authors — Assembly member Frank Lanterman and Senators Nicholas C. Petris and Alan Short. The intent of the LPS Act is to end inappropriate lifetime commitment of people with mental illness and firmly establish the right to due process in the commitment process while significantly reducing state institutional expense.

LRP - Loan Repayment Program. Abbreviation used to describe term.

MDFT - Multi-Dimensional Family Therapy. 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.

Medi-Cal. 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. Programs designed to educate, train, recruit prepare, and counsel 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 (WET) component of the MHSA.

MHP - Mental Health Plan. An agreement each county has with the state detailing the services that are to be provided.

Mental Health Professional Shortage Designations. Term used by the federal Human Resource Services Administration (HRSA) 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.

MH – Mental Health. Abbreviation used for term.

MHC - Mental Health Commission. A group of 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.

MHLAP - Mental Health Loan Assumption Program. 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 MHSA in the Workforce Education and Training component.

MHSA - Mental Health Services Act or Proposition 63. Was voted into law by Californians in November 2004. This Act 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.

MHSA Three Year Plan - Mental Health Services Act Three Year Program and Expenditure Plan. Each County prepares and submits a three year plan, which shall be updated at least annually; known as the **Plan or Annual Update** 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.

MHSIP - Mental Health Statistics Improvement Program. Is a survey used in Contra Costa as required by DHCS. QI staff elicit feedback from survey sites regarding barriers to acceptable response rates, and based on this, implemented a variety of strategies including training a substantial volunteer workforce to assist with participant recruitment and survey completion.

MHSOAC - Mental Health Services Oversight and Accountability Commission. 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.

Money Management. 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.

MST - Multi-Systemic Therapy. 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.

NAMI - 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. In Contra Costa County, there is a NAMI Contra Costa Office or NAMI CC.

Needs Assessment. Refers to part of the community program planning process (CPPP) 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.

NOFA – Notice of Funding Availability. Abbreviation used to describe term.

NPLH – No Place Like Home or Proposition 2. Allows the state to approve the use of the MHSA Funds to build and rehabilitate housing for those with mental illness who are homeless or at-risk of becoming homeless.

OCE – Office for Consumer Empowerment. A Contra Costa County operated program under the Behavioral Health Services division that offers a range of trainings and supports by and for individuals who have experience receiving mental health services. The goal is to increase access to wellness and empowerment for consumers; and to engage in their own individual recovery and become active in the community. This office leads the SPIRIT, WREACH, and WRAP programs.

OSHPD - Office of Statewide Health Planning and Development. 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 MHSA 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, 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 which 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. 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. In Contra Costa County, Peer Providers have a job classification of Community Support Worker.

PEI - Prevention and Early Intervention. A term created by the MHSA, 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 MHSA are to be spent for prevention and early intervention services.

PES - Psychiatric Emergency Services. A unit of the Contra Costa County Regional Medical Center located next door to the Emergency Room in the county hospital 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.

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.

PIER Model - Portland Identification and Early Referral 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 which 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.

PSC - Personal Service Coordinators. Refers to a mental health clinician or case manager 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.

PTSD - Post-Traumatic Stress Disorder. An emotional illness that 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).

Public Health Services. A division under Health Services whose mission is to promote and protect the health and well-being of individuals, families and community in Contra Costa County.

Public Mental Health System. This term is used to describe the public system that is in place to provide mental health services. There are 64 counties and 2 cities that receive MHSA funds to support their public mental health system. Each county's system is uniquely structured where services are provided by county staff or through contractors; such as community based organizations and other agencies.

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. Term created by the MHSA, 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 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.

QA/ QI - Quality Assurance and Quality Improvement. Entities in Contra Costa County responsible for monitoring the Mental Health Plan's effectiveness by providing oversight and review of clinics, organizations, and clinicians providing services to consumers. The goals are to perform program development and coordination work to implement and maintain a quality management program that effectively measures, assesses, and continuously improves the access to and quality of care and services provided to the County's mental health consumers. The Quality Management Coordinator is responsible for Chairing and facilitating the Quality Improvement Committee (QIC) and ensuring members receive timely and relevant information.

RFA - Request for Application. Abbreviation used to describe term.

RFI - Request for Information. Abbreviation used to describe term.

RFP - Request for Proposal. Abbreviation used to describe term.

RFQ - Request for Qualifications. Abbreviation used to describe term.

RHD - Reducing Health Disparities. Abbreviation used to describe term.

SAMHSA - Substance Abuse and Mental Health Services Administration. The agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

SB - Senate Bill. Abbreviation used to describe term.

SNHP – Special Needs Housing Program. Allows local governments to use MHPA and other local funds to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness.

SNF - Skilled Nursing Facility. A special facility or part of a hospital that provides medically necessary services from nurses, physical and occupational therapists, speech pathologists and audiologist. A SNF aims to prevent hospitalizations, optimize antipsychotic medication use, and serve as an intermediate step into the community.

STRTP – Short Term Residential Treatment Program. A residential treatment model that serves youth who have high-level mental health needs or are seriously emotionally disturbed. The goal of STRTPs is to focus on stabilizing high-needs youth to allow an expedient and successful transition to a home setting.

SED - Seriously Emotionally Disturbed. 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.

SMI - Serious Mental Illness. 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.

SOC – System of Care. Term used to refer to this county's public mental health system.

SPIRIT - Service Provider Individualized Recovery Intensive Training. 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, refers 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.

SUD - Substance Use Disorder. 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.

STEP - Systematic Training for Effective Parenting. 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.

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. 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.

TAY - Transition Age Youth. 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.

Triple P - Positive Parenting Program. 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.

WET - Workforce Education and Training. A term created by the MHSA, 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.

WIC - Welfare and Institutions Code. Regulations set that address services relating to welfare, dependent children, mental health, handicapped, elderly, delinquency, foster care, Medi-Cal, food stamps, rehabilitation, and long-term care, to name a few.

WRAP - Wellness Recovery Action Plan. 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. 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.

WREACH - Wellness Recovery Education for Acceptance, Choice and Hope. The WREACH Speaker's Bureau 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.

Appendix D

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Contra Costa

Three-Year Program and Expenditure Plan Annual Update

Local Mental Health Director	Program Lead
Name: Matthew P. White, M.D.	Name: Warren Hayes
Telephone Number: 925-957-5150	Telephone Number: 925-957-2616
E-mail: Matthew.P.White@cchealth.org	E-mail: Warren.Hayes@cchealth.org
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 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 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 11, 2019.

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 P. White, M.D.
 Contra Costa Mental Health Director



 Date

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MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Contra Costa County

X Three-Year Program and Expenditure Plan Update

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Matthew P. White	Name: Robert R. Campbell
Telephone Number: 925-957-5150	Telephone Number: 925-646-2181
E-mail: Matthew.P.White@cchealth.org	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 counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Matthew P. White
Local Mental Health Director (PRINT)

[Signature] 5/23/19
Signature Date

I hereby certify that for the fiscal year ended June 30, 2018, 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 12/14/18 for the fiscal year ended June 30, 18. I further certify that for the fiscal year ended June 30, 2018, 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 if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

HARJIT S. NAMAL
County Auditor Controller / City Financial Officer (PRINT)

[Signature] 5/21/19
Signature Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

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Appendix E

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

County: Contra Costa

Date: 5/6/2019

	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. FY 2017/18 Funding							
1. Unspent Funds from Prior Fiscal Years	33,351,035	4,924,948	4,775,229	319,579	992,492	-	44,363,283
2. New FY2017/18 Funding	35,879,436	8,966,924	2,359,717				47,206,077
3. Transfer in FY2017/18 ^{a/}	(1,600,000)			1,600,000			-
4. Available Funding for FY2017/18	67,630,471	13,891,872	7,134,946	1,919,579	992,492	-	91,569,360
B. FY2017/18 MHSA Expenditures	29,756,637	6,626,940	2,472,018	1,606,283	11,205	-	40,473,083
C. Estimated FY2018/19 Funding							
1. Unspent Funds from Prior Fiscal Years	37,873,834	7,264,932	4,662,928	313,296	981,287	-	51,096,277
2. Estimated New FY2018/19 Funding	35,436,667	8,859,167	2,331,360				46,627,194
3. Transfer in FY2018/19 ^{a/}	(5,000,000)			5,000,000			-
4. Estimated Available Funding for FY2018/19	68,310,501	16,124,099	6,994,288	5,313,296	981,287	-	97,723,471
D. Projected FY2018/19 Expenditures	34,110,198	8,844,080	1,420,063	2,344,579	63,194	-	46,782,114
E. Estimated FY2019/20 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	34,200,303	7,280,019	5,574,226	2,968,717	918,093	-	50,941,357
2. Estimated New FY2019/20 Funding	38,897,321	9,724,330	2,559,034				51,180,685
3. Transfer in FY2019/20 ^{a/}	(3,000,000)				3,000,000		-
4. Estimated Available Funding for FY2019/20	70,097,624	17,004,349	8,133,260	2,968,717	3,918,093	-	102,122,042
F. Budgeted FY2019/20 Expenditures	37,690,970	9,191,606	2,200,628	2,668,145	3,000,000	-	54,751,349
G. Estimated FY2019/20 Unspent Fund Balance	32,406,654	7,812,743	5,932,632	300,572	918,093	-	47,370,693
H. Estimated Local Prudent Reserve Balance							
1. Estimated Local Prudent Reserve Balance on June 30, 2018							7,579,248
I. Estimated Beginning Balance for FY 2019/20							
1. Estimated Unspent Funds from Fiscal Year 2018-19							50,941,357
2. Estimated Local Prudent Reserve Balance on June 30, 2018							7,579,248
3. Estimated Total Beginning Balance							58,520,605

**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 11, 2019

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
FSP Programs						
1. Children	2,443,687	2,443,687				
2. Transition Age Youth	1,793,353	1,793,353				
3. Adults	3,210,135	3,210,135				
4. Assisted Outpatient Treatment	2,358,271	2,358,271				
5. Adults Clinic FSP Support	855,982	855,982				
6. Recovery Center	970,728	970,728				
7. Crisis Residential Center	2,312,360	2,312,360				
8. Housing Services	6,082,491	6,082,491				
9.						
10.						
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14.						
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17.						
18.						
19.						
Non-FSP Programs						
1. Older Adult Mental Health Program	3,385,811	3,385,811				
2. Children's Wraparound Support	1,316,723	1,316,723				
3. Miller Wellness Center	323,300	323,300				
4. Clinic Support	1,033,493	1,033,493				
5. Forensic Team	213,738	213,738				
6. Mobile Response Team	118,756	118,756				
7. Concord Health Center	277,271	277,271				
8. Liaison Staffs	134,864	134,864				
9. Quality Assurance	1,100,067	1,100,067				
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
CSS Administration	1,825,608	1,825,608				
CSS MHA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	29,756,637	29,756,637	0	0	0	0
FSP Programs as Percent of Total	67.3%					

**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 11, 2019

	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	2,361,215	2,361,215				
2. Transition Age Youth	1,357,321	1,357,321				
3. Adult	3,522,452	3,522,452				
4. Adult Mental Health Clinic Support	1,075,781	1,075,781				
5. Assisted Outpatient Treatment	2,101,023	2,101,023				
6. Wellness and Recovery Centers	986,682	986,682				
7. Crisis Residential Center	2,134,103	2,134,103				
8. MHSA Housing Services	8,406,256	8,406,256				
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19.						
Non-FSP Programs						
1. Older Adult Mental Health Program	3,582,500	3,582,500				
2. Children's Wraparound Support	1,284,724	1,284,724				
3. Miller Wellness Center	338,234	338,234				
4. Concord Health Center	329,607	329,607				
5. Liaison Staff	148,145	148,145				
6. Clinic Support	1,131,444	1,131,444				
7. Forensic Team	261,503	261,503				
8. Quality Assurance	1,125,030	1,125,030				
9. EPSDT	466,147	466,147				
10. Mobile Response Team	891,746	891,746				
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
CSS Administration	2,606,286	2,606,286				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	34,110,198	34,110,198		0	0	0
FSP Programs as Percent of Total	64.3%					

**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 11, 2019

	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.						
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14.						
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17.						
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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 11, 2019

	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	957,035	957,035				
2. Prevention	1,860,512	1,860,512				
3. Access and Linkage to Treatment	211,518	211,518				
4. Improving Timely Access to Mental Health Services for Underserved Population	847,827	847,827				
5. Stigma and Discrimination Reduction	208,595	208,595				
6. Suicide Prevention	367,307	367,307				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
11. First Hope	1,975,625	1,975,625				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
PEI Administration	198,520	198,520				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	6,626,940	6,626,940	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 11, 2019

	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	1,033,447	1,033,447				
2. Prevention	2,001,690	2,001,690				
3. Access and Linkage to Treatment	204,900	204,900				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,424,676	1,424,676				
5. Stigma and Discrimination Reduction	296,643	296,643				
6. Suicide Prevention	415,100	415,100				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
11. First Hope	3,254,672	3,254,672				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
PEI Administration	212,951	212,951				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	8,844,080	8,844,080	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 11, 2019

	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						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,059,624	1,059,624				
2. Prevention	1,704,999	1,704,999				
3. Access and Linkage to Treatment	1,198,430	1,198,430				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,571,522	1,571,522				
5. Stigma and Discrimination Reduction	308,741	308,741				
6. Suicide Prevention	461,892	461,892				
7. 0	155,054	155,054				
8.						
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 11, 2019

	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. Coaching to Wellness	684,307	684,307				
2. Partners in Aging	179,967	179,967				
3. Overcoming Transportation Barriers	105,759	105,759				
4. WELL Project	222,540	222,540				
5. LBGTQ- Youth	742,835	742,835				
6. CBSST	33,834	33,834				
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10.						
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20.						
INN Administration	502,775	502,775				
Total INN Program Estimated Expenditures	2,472,018	2,472,018	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 11, 2019

	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. CBSST	162,339	162,339				
2. CORE	188,327	188,327				
3. WELL Project	50,754	50,754				
4. Coaching to Wellness	383,645	383,645				
5. Partners in Aging	129,977	129,977				
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19.						
20.						
INN Administration	505,021	505,021				
Total INN Program Estimated Expenditures	1,420,063	1,420,063	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 11, 2019

	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. Coaching to Wellness	100,000	100,000				
2. Partners in Aging	502,909	502,909				
3. Overcoming Transportation Barriers	192,094	192,094				
4. WELL Project	256,154	256,154				
5. LBGTQ- Youth	449,471	449,471				
6. CBSST	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 11, 2019

	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	39,704	39,704				
2. Training and Technical Support	373,013	373,013				
3. Mental Health Career Pathway Program	303,981	303,981				
4. Internship Programs	404,674	404,674				
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	184,911	184,911				
Total WET Program Estimated Expenditures	1,606,283	1,606,283	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 11, 2019

	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	430,491	430,491				
2. Training and Technical Support	225,969	225,969				
3. Mental Health Career Pathway Program	353,155	353,155				
4. Internship Programs	450,858	450,858				
5. Financial Incentive Programs	300,000	300,000				
6. Family Support Network Volunteer Program	584,107	584,107				
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
WET Administration						
Total WET Program Estimated Expenditures	2,344,579	2,344,579	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 11, 2019

	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 11, 2019

	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	11,205	11,205				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	11,205	11,205	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 11, 2019

	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	63,194	63,194				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	63,194	63,194	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 11, 2019

	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. Oak Grove Improvement	3,000,000	3,000,000				
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	3,000,000	3,000,000	0	0	0	0

Appendix F



**PUBLIC COMMENT
PUBLIC HEARING
MHSA FISCAL YEAR 2019/2020
Annual Update to the Three Year
Program and Expenditure Plan**

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Mental Health Services

- Crisis Services
- Problem Resolution Process
- Mental Health Services Act (MHSA)**
- Wellness & Education
- Workforce Education & Training
- Laura's Law
- Links
- Newsletter
- Internship Program
- Training Opportunities
- Provider Services
- Network Provider Resources
- Clinical Documentation Forms
- Suicide Prevention Committee
- Mental Health Commission

Related Links

- Quality Improvement & Quality Assurance (QI/QA)
- Outcome Measures
- Consolidated Planning Advisory Workgroup (CPAW)
- Behavioral Health Services
- Alcohol & Other Drugs

Popular Pages

- myccLink - Patient Website

[Home](#) > [Behavioral Health](#) > [Mental Health](#) > [Mental Health Services Act \(MHSA\) in Contra Costa County](#)






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 selfsufficiency, 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

LATEST INFORMATION

- Contra Costa Behavioral Health Services has posted the Mental Health Services Act  [Three Year Program and Expenditure Plan Update 2019-2020](#) |  [Spanish](#) for 30 day public comment. Please use these public comment forms  [English](#) |  [Spanish](#) to make any public comment. The public comment period begins on Friday, March 29, 2019, and ends Monday, April 29, 2019. A public hearing will be held on Wednesday, May 1, 2019 at 5:15 pm at 550 Ellinwood Way in Pleasant Hill.
- VIDEO: [2018 Antioch Forum](#)
- VIDEO: [2019 MHSA Immigrant Community Forum](#)
-  [MHSA FY 17-18 Revenue and Expenditure Report](#)

LINKS & RESOURCES

- Find Mental Health Services in  [West County](#),  [East County](#) and  [Central County](#)
-  [CCBHS Needs Assessment](#)
-  [MHSA 3 Year Plan 2017-2020](#)
-  [MHSA Plan Update FY 2018-2019](#) |  [Spanish](#)
- [Consolidated Planning Advisory Workgroup \(CPAW\)](#)
- [County Behavioral Health Director's Association of California, Mental Health Services Act](#)

Popular Pages

[myccLink - Patient Website](#)

[Measles](#)

[HeartSafe Community](#)

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.

[Association of California, Mental Health Services Act](#)

Attached is a [form](#) and [instructions](#) should an individual wish to request a review of any issues related to:

- 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@cchealth.org

[\[help with PDF files \]](#)



CONTRA COSTA
MENTAL HEALTH
COMMISSION

1220 Morello Ave., Suite 100
Martinez, CA 94553

Ph (925) 957-2619

Fax (925) 957-5156

cchealth.org/mentalhealth/mhc

Current (2019) Members of the Contra Costa County Mental Health Commission

Barbara Serwin, District II (Chair); Leslie May, District V (Vice Chair); Supervisor Diane Burgis, BOS Representative, District III; Joe Metro, District V; Douglas Dunn, District III; Diana MaKieve, District II; Geri Stern, District I; Gina Swirsding, District I; Tasha Kamegai-Karadi, District IV; Sam Yoshioka, District IV; John Kincaid, District II; Candace Andersen, Alternate BOS Representative for District II

The Mental Health Commission (MHC)

Hosts a Public Hearing for the Mental Health Services Act (MHSA) Three Year Plan FY 19-20 Update
Wednesday, May 1st, 2019 from 4:30pm-6:30pm

At: 1875 Arnold Drive, Martinez, CA

- I. Call to Order/Introductions**
- II. RECEIVE PRESENTATION on West County Re-entry, Treatment and Housing Facility Update-** with Tom Chalk, Captain, West County Detention Division|
- III. RECEIVE Behavioral Health Services Report-** Dr. Matthew White, Medical Director and Acting Behavioral Health Director, Contra Cost Behavioral Health Services
- IV. DISCUSS Mental Health Awareness Month Presentation to the Board of Supervisors**
- V. CONSIDER and APPROVE recommended revisions to February 6th, 2019 Meeting Minutes**
- VI. APPROVE April 3rd, 2019 Meeting Minutes**
- VII. Public Comments**
- VIII. Commissioner Comments**
- IX. Chair Comments/Announcements**
- X. Adjourn**

◇ The Public Hearing will follow the Commission Meeting ◇



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 957-2619 to arrange.

I. Call to Order the Public Hearing on the Mental Health Services Act Three Year Plan Fiscal Year 2019-2020 Update

II. Opening Comments by the Mental Health Commission Chair

III. Fiscal Years 2017 to 2020 Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan- by Warren Hayes, Mental Health Program Chief, Contra Costa Behavioral Health Services

This plan is electronically available for review at : <http://cchealth.org/mentalhealth/mhsa/>

IV. Public Comment

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.

V. Commissioner Comments

VI. Develop a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisors

VII. Adjourn Public Hearing

Authority for Public Hearing: California Welfare and Institutions Code(WIC) § 5848

(a) Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. 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.

(b) The mental health board established pursuant to [Section 5604](#) shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the county mental health department for revisions.

(c) The plans shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with [Section 5800](#)), Part 3.6 (commencing with [Section 5840](#)), and Part 4 (commencing with [Section 5850](#)) funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the County Behavioral Health Directors Association of California.

MENTAL HEALTH COMMISSION
Mental Health Services Act Three Year Plan Public Hearing
May 1st, 2019
1875 Arnold Drive, Martinez, CA
First Draft

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order the Public Hearing on the Mental Health Services Act Three Year Plan Fiscal Year 2019-2020 Update / Introductions Cmsr. B. Serwin, MHC Chair, called the public hearing to order @ 5:34pm</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Diane Burgis, Supervisor, District III Cmsr. Gina Swirsding, District I Cmsr. John Kincaid, District II Cmsr. Diana MaKieve, District II Cmsr. Douglas Dunn, District III Cmsr. Tasha Kamegai-Karadi, District IV Cmsr. Sam Yoshioka, District IV</p> <p><u>Members Absent:</u> Cmsr. Leslie May, Vice-Chair, District V Cmsr. Geri Stern, District I Cmsr. Joe Metro, District V</p> <p><u>Other Attendees:</u> Mark Goodwin, Chief of Staff for Supervisor D. Burgis, District III Dom Pruett, Field Representative for Supervisor C. Andersen, District II Christy Pierce, Public Defender’s Office Jackie Bradford, Public Participant Y’Anad Burrell, Public Participant Michael Molina, Public Participant Linda Velarde, Public Participant Erika Jenssen, Assistant to the Health Services Director Dr. Matthew White, Acting Behavioral Health Director and Medical Director, Contra Costa Behavioral Health Services (CCBHS) Robert Thigpen, CCBHS Dr. Jan Cobaleda-Kegler, Program Chief, Adult and Older Adult Services, CCBHS Steve Harris, Ph.D., Director, Planning and Evaluation, Contra Costa Health Services Warren Hayes, MH Program Chief, CCBHS David Seidner, Program Manager, Detention Mental Health Sarah Kennard, Executive Assistant to the Mental Health Commission</p>	
<p>II. Opening Comments by the Mental Health Commission Chair</p> <ul style="list-style-type: none"> • This is a formal, official public hearing in accordance with the California Welfare and Institutions Code. This public hearing marks the end of the public comment period for this year’s update. • This event is to document that Contra Costa County has satisfied the requirements of the Welfare and Institutions Code. • This public hearing structure is not designed for dialogue regarding the draft plan update; opportunities for stakeholder representative review and discussion of the draft plan update were offered during the April Mental Health Commission MHSA-Finance Committee Community Discussion and during the April meeting of the Consolidated Planning Advisory Workgroup. A copy of the powerpoint presentation provided at each of these stakeholder group discussions was provided at the public hearing, as well as copies of the 	

<p>draft plan update.</p> <ul style="list-style-type: none"> • B. Serwin asked that all public comments be kept to a three-minute time limit. 	
<p>III. Fiscal Years 2017 to 2020 Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan- by Warren Hayes, Mental Health Program Chief, Contra Costa Behavioral Health Services</p> <ul style="list-style-type: none"> • W. Hayes read into the record: “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 2019-20. 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. <p>The Three Year Plan Update proposes to set aside \$54.7 million for fiscal year 2019-20 in order to fund over 80 programs and plan elements.</p> <p>The Three Year Plan Update includes \$37.7 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 or serious emotional disturbance. Our Prevention and Early Intervention component plans to set aside \$9.2 million to fund 26 programs serving approximately 26,000 persons and are designed to prevent mental illness from becoming severe and debilitating. \$2.2 million is budgeted for five Innovative Projects, and \$2.7 million is set aside for programs to recruit, train, retain and support our public mental health workforce. Overall, with one exception, these component totals represent a 3% increase in the cost of doing business and are totals that were approved by the Board of Supervisors prior to the start of this current three year period.</p> <p>The one exception is our request to the Board to transfer \$3 million dollars from our unspent fund balance to the Capital Facilities/Information Technology component. These funds are to pay for construction costs for re-purposing our county owned Oak Grove facilities to house both a Short Term Residential Treatment Program and an Assertive Community Treatment Program for transition age youth. We are anticipating launching the programs in the fall of 2020, and thus the ongoing service costs will be requested in the FY 2020-2023 Three Year Plan.</p> <p>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.</p> <p>FY 2017-18 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.</p> <p>No new MHSA funded programs, or plan elements are being added for FY 2019-20. 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.</p> <p>As per direction of the California Department of Health Care Services the draft plan update will include our plan, as submitted last year, to spend by June 2020 funds that DHCS has identified as potentially subject to reversion back to the state. This plan will be included in our current Plan Update submittal to</p>	

<p>DHCS.</p> <p>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.”</p>	
<p>IV. Public Comment</p> <ul style="list-style-type: none"> • J. Bradford noted that in reviewing the plan update document that there are a lot of redundancies in the programs and there is significant overhead in administrative costs for these 86 programs. She noted that she would like the Commission to review the programs to see if there are ways to combine programs to reduce cost and waste. • J. Bradford commented that many programs did not have outcomes listed and expressed concern that the program outcomes did not have statistics or facts. • Y. Burrell commented that there was a lack of public transportation accessibility for attending this public hearing and that she did not feel that information for this public hearing was widely distributed. 	
<p>V. Commissioner Comments</p> <ul style="list-style-type: none"> • G. Swirsding commented that there is a lack of psychiatry availability for MediCal and Medicare disabled and elderly persons who also have mental illness. She noted that county clinics are temporarily assisting this population. • D. Dunn commented that he would Contra Costa Behavioral Health Services to expeditiously address any service gaps that result from a community based organization discontinuing contract services. • B. Serwin commented that she did not see a section that addresses use of funds that would otherwise be subject to reversion. • B. Serwin commented that the plan update document does a wonderful job of providing detailed explanations of the programs and the community program planning process, and she would like to see the plan update include information on the program and fiscal review process. 	
<p>VI. Develop a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisors</p> <p>D. Burgis moved to recommend the following for consideration by the County Mental Health Administration and the Board of Supervisors, seconded by J. Kincaid:</p> <p>That information regarding the program and fiscal review process be included in the Mental Health Services Act Plan Update;</p> <p>That information regarding clinic use for Medicare patients be expanded or included in the Mental Health Services Plan Update;</p> <p>That Contra Costa Behavioral Health Services and Mental Health Services Act work expeditiously to ensure all service needs identified be addressed and remain functional.</p>	
<p>VII. Adjourn Public Hearing</p> <p>Public Hearing was adjourned at 5:57pm</p>	

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Public Hearing Presentation

MHSA Three Year Program and Expenditure Plan Update for FY 2019-20

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 2019-20. 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 \$54.7 million for fiscal year 2019-20 in order to fund over 80 programs and plan elements.

The Three Year Plan Update includes \$37.7 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 or serious emotional disturbance. Our Prevention and Early Intervention component plans to set aside \$9.2 million to fund 26 programs serving approximately 26,000 persons and are designed to prevent mental illness from becoming severe and debilitating. \$2.2 million is budgeted for five Innovative Projects, and \$2.7 million is set aside for programs to recruit, train, retain and support our public mental health workforce. Overall, with one exception, these component totals represent a 3% increase in the cost of doing business and are totals that were approved by the Board of Supervisors prior to the start of this current three year period.

The one exception is our request to the Board to transfer \$3 million dollars from our unspent fund balance to the Capital Facilities/Information Technology component. These funds are to pay for construction costs for re-purposing our county owned Oak Grove facilities to house both a Short Term Residential Treatment Program and an Assertive Community Treatment Program for transition age youth. We are anticipating launching the programs in the fall of 2020, and thus the ongoing service costs will be requested in the FY 2020-2023 Three Year Plan.

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 2017-18 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, or plan elements are being added for FY 2019-20. 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 will include our plan, as submitted last year, to spend by June 2020 funds that

DHCS has identified as potentially subject to reversion back to the state. This plan will be included in our current Plan Update submittal to DHCS.

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 Recommendations

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

The following comments were provided by participants in the public hearing:

- There are a lot of redundancies in the programs and significant administrative costs. Recommend that the Mental Health Commission review the programs to see if there are ways to combine programs to reduce cost and waste.

Response. CCBHS closely monitors administrative costs via program and fiscal reviews as well as close contract monitoring of service providers. Overall, Contra Costa stays well under 15% of administrative overhead, which is significantly below industry standard. Each program has been incrementally implemented in response to stakeholder identification of service need. However, the Commission is in place to provide an independent perspective to this issue, and CCBHS welcomes any and all input as to how and where administrative cost savings can be effected and re-purposed for service provision.

- Many programs do not have outcomes listed, and outcomes should have statistics or facts.

Response. All programs have outcomes listed as per statutory requirement. However, MHSA funded plan elements do not, as the elements are supplemental to programs that are not funded by MHSA. These outcomes are provided in other CCBHS venues.

- There is a lack of public transportation to this hearing, and information for the hearing was not widely distributed.

Response. CCBHS welcomes feedback regarding accessibility and communication shortfalls, and we will incorporate this feedback in to next year's planning. The public is most welcome to attend and participate. For clarification, this location was accessible by public transportation, and the event was posted on the CCBHS web site, in an accessible physical location, as well as advertised to a large listserv of stakeholders and organizations.

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:

- There is a lack of psychiatry availability for MediCal/Medicare eligible persons who are elderly and dually diagnosed with health and mental health issues.

Response. CCBHS serves this population but is hampered by a shortage of psychiatry availability throughout the behavioral health system. Significant progress has been made in the last year to recruit and retain psychiatrists, and CCBHS will continue to work on this priority via a number of strategies. This will positively affect our response to this most vulnerable population.

- I did not see a section that addresses use of funds that would otherwise be subject to reversion.

Response. Last year at this time the Board of Supervisors approved our plan to spend funds identified for possible reversion by the Department of Health Care Services. We will include a copy of this approved plan with our submittal this year to ensure the state will not revert funds.

- I would like to see the Plan Update include information on the program and fiscal review process.

Response. The Plan Update chapter entitled *Evaluating the Plan* provides information on the MHSA Program and Fiscal review process. The MHSA CPAW web page posts electronically the final reports on programs as they are evaluated. Each report is quite lengthy and would pose a significant challenge if included in the Plan Update.

MENTAL HEALTH COMMISSION RECOMMENDATIONS

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 2019-20. This hearing fulfills the Commission's duties under the Mental Health Services Act requirements. The Commission recommends the following for consideration:

- Information regarding the program and fiscal review process be included in the Mental Health Services Act Plan Update.

Response. The Plan Update chapter entitled *Evaluating the Plan* provides information on the MHSA Program and Fiscal review process. The Commission receives the final reports on programs as they are evaluated, and the CPAW web page posts these reports for the public. Each report is quite lengthy and would pose a significant challenge if included in the Plan Update.

- Information regarding clinic use for Medicare patients be expanded or included in the Mental Health Services Act Plan Update.

Response. All of Contra Costa Behavioral Health Services are available to individuals regardless of insurance coverage, to include Medicare. CCBHS appreciates this input as a recommendation for our entire system to be more explicit to Medicare beneficiaries that behavioral health services are available to them.

- CCBHS work expeditiously to ensure all MHSA funded service needs identified be addressed and remain functional.

Response. This recommendation arose from an emerging report that a contract service provider was declaring bankruptcy and terminating services. CCBHS is

working diligently to identify quality service providers, to include county staff, that will maintain uninterrupted behavioral health care. All stakeholders, to include the Mental Health Commission, will be kept apprised of developments, short-term solutions, and will be invited to participate in longer term planning to improve our system of care.

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 Update for fiscal year 2019-20.

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Appendix G

C.175

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: June 11, 2019



**Contra
Costa
County**

Subject: Mental Health Services Act (Proposition 63): Three Year Program and Expenditure Plan Update for Fiscal Year 2019/20

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 2019/20; and AUTHORIZE and DIRECT the Chair of the Board of Supervisors to send a letter to that effect 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 their 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 2019/20 assures continued MHSA funding for Fiscal Year 2019/20 in the amount of \$54,751,349.

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 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 Welfare & Institutions Code.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **06/11/2019** 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 11, 2019
David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Matthew White M.D.
925-957-5201

By: Stephanie Mello, Deputy

cc: Marcy Wilhelm, Windy Taylor

ATTACHMENTS

Update Summary

Cover Letter

Final Plan

MHSA Three Year Program and Expenditure Plan Update for FY 2019-20

SUMMARY

The Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update proposes to set aside \$54.7 million for fiscal year 2019-20 in order to fund over 80 programs and plan elements.

The Three Year Plan Update includes \$37.7 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. The Prevention and Early Intervention component plans to set aside \$9.2 million to fund 26 programs serving approximately 26,000 persons and are designed to prevent mental illness from becoming severe and debilitating. \$2.2 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 \$3 million for project costs associated with a planned program of services for transition age youth at the county owned Oak Grove facility.

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 2017-18 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.

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 (DHCS) the Three Year Plan Update includes the plan approved last year by the Board of Supervisors to spend by June 2020 funds that DHCS has identified as potentially subject to reversion back to the state.

Section 5848(b) requirements of the California Welfare and Institutions Code have been fulfilled, in that the Three Year Plan Update has been publicly posted for stakeholder comment for a minimum of thirty days, and on May 1, 2019 the Mental Health Commission hosted a public hearing. All substantive comments and recommendations from this process have been included in the Three Year Plan Update, and Contra Costa Behavioral Health Administration has addressed in writing any substantive recommendations for revisions.

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ANNA M. ROTH, RN, MS, MPH
HEALTH SERVICES DIRECTOR

MATTHEW P. WHITE, MD
ACTING BEHAVIORAL HEALTH DIRECTOR



CONTRA COSTA
BEHAVIORAL HEALTH

MENTAL HEALTH SERVICES ACT

1220 Morello Avenue, Suite 100
Martinez, Ca 94553

Ph (925) 957-2617
Fax (925) 957-2624

June 11, 2019

Mental Health Services Oversight and Accountability Commission
1300 17th St., Suite 1000
Sacramento, CA 95811
E-mail: mhsoac@mhsoac.ca.gov

Dear Mental Health Services Oversight and Accountability Commission:

Enclosed you will find the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update for Fiscal Year 2019-20. Included in Appendix G is the signed Prudent Reserve Assessment form per WIC section 5892(b)(2) and DHCS MHSUDS Information Notice 1819.

Attached as separate documents are:

- The Board approved Plan for Spending Reallocated Unspent Funds as of June 26, 2018 per DHCS MHSUDS Information Notice 17-059
- The Innovation Annual Report for FY 2017-18
- The Prevention and Early Intervention Evaluation Report for FY 2015-18

The Draft MHSA Three Year Program and Expenditure Plan Update for FY 2019-20 was posted for the required 30 day public review and comment period from March 29, 2019 through April 29, 2019, with a public hearing on May 1, 2019. The MHSA Three Year Program and Expenditure Plan Update for FY 2019-20 was adopted by the Contra Costa Board of Supervisors on June 11, 2019.

Should you have any questions please contact: Matthew P. White, MD, Acting Behavioral Health Services Director, 925-957-5150, or MatthewP.White@cchealth.org.

Thank You.

Sincerely,

John Gioia, District 1
Chair of the Contra Costa County Board of Supervisors

Enclosure: Contra Costa County Adopted MHSA Three Year Program and Expenditure Plan Update for FY 2019-20



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**MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT/REASSESSMENT**

County/City: Contra Costa

Fiscal Year: 2019-20

Local Mental Health Director

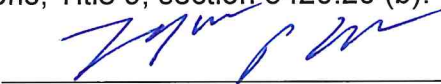
Name: Matthew P. White, M.D.

Telephone: 925-957-5150

Email: Matthew P. White@cchealth.org

I hereby certify¹ under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Matthew P. White, M.D.



5/23/19

Local Mental Health Director (PRINT NAME)

Signature

Date

¹ Welfare and Institutions Code section 5892 (b)(2)
DHCS 1819 (02/19)

**Contra Costa County
Mental Health Services Act
Maximum Prudent Reserve Level Calculation**

	Overall MHSA			CSS Component Allocation 76% of Overall MHSA		
	Appointiment Received	Interest Earned	Total	Appointiment Received	Interest Earned	Total
FY13/14	28,085,078.51		28,085,078.51	21,344,659.67	-	21,344,659.67
FY14/15	39,312,663.70		39,312,663.70	29,877,624.41	-	29,877,624.41
FY15/16	32,115,245.21		32,115,245.21	24,407,586.36	-	24,407,586.36
FY16/17	41,775,216.85		41,775,216.85	31,749,164.81	-	31,749,164.81
FY17/18	46,070,781.70		46,070,781.70	35,013,794.09	-	35,013,794.09
	187,358,985.97	-	187,358,985.97	142,392,829.34	-	142,392,829.34

Maximum MHSA Prudent Reserve Level	9,492,855.29	33%
Contra Costa County FY17/18 Prudent Reserve	7,579,248.17	
Under the Maximum Level?	YES	