Contra Costa County

# Mental Health Services Act Three Year Program and Expenditure Plan

Fiscal Year 2017 - 2020

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# Introduction

We are pleased to present Contra Costa County Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan (Three Year Plan) for fiscal years 2017-20. This Three Year Plan starts July 1, 2017, and integrates 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).

This 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. Also, the Three Year Plan will describe what will be done to evaluate their effectiveness and ensure they meet the intent and requirements of the Mental Health Services Act.

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

**Plan Changes for FY 2017-20.** Significant changes to the FY 2014-17 Three Year Plan that are incorporated into the FY 2017-20 Three Year Plan include:

- A data driven assessment of community mental health needs in Contra Costa County (pages 9-10).
- A description of this year's Community Program Planning Process (pages 11-27).
- Outcome indicators for FY 2016-17 are included in the County's Full Service Partnerships program description (page 29).
- The County is planning to re-purpose their county owned Oak Grove facility in Concord to establish a 24 bed residential treatment facility for youth ages 16-24. (page 35)
- A description of the State initiative "No Place Like Home" is introduced (page 36).
- The Special Needs Housing Program has been added (page 37).
- MHSA funding has been added to support Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) expansion requirements (pages 40-41).
- Funding has been added to expand the County's Mobile Crisis Response capacity in both Children's and Adult Systems of care.(pages 29 and 43).
- New PEI outcome indicators are described (page 46).
- PEI programs are aligned with the seven new PEI categories (pages 46-55).

- The County's First Hope Program has added staff to now serve transition age youth experiencing a first psychotic break (page 50).
- Two emerging Innovative projects are described; Center for Recovery and Empowerment, and Cognitive Behavioral Social Skills Training (pages 57-58).
- A Family Support Program is added to the Workforce Education and Training Component (pages 59-60).
- Mental Health First Aid Training is linked to community first responders to provide ongoing mental health training, support and consultation (page 63).
- A locally administered Loan Forgiveness Program to address workforce shortages is added. (page 65).

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**Note.** Program and plan element profiles and a glossary section 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.

Cynthia Belon, L.C.S.W.
Behavioral Health Services Director

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# Needs Assessment

Introduction

Contra Costa Behavioral Health Services (CCBHS) conducted a 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 recommended standards. Finally, all CCBHS position classifications were reviewed to determine whether any significant shortfalls existed between authorized versus filled positions, staffing demographics, and bi-lingual 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 over spends 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 Program/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 46). 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 41). The Innovative Project, Partners in Aging, will be fully implemented during this Three Year Plan, whereby clinicians and community support workers will enhance the County's Older Adult IMPACT Program (page 58).
- Improve capacity to assist consumers move from locked facilities to community based services.
    - Relevant Program/Plan Elements. The locally administered Special Needs Housing Program will be implemented during this Three Year Plan, and will utilize $1.72 million to provide permanent supportive housing in the community to the seriously mentally ill (page 38).
- Explore strategies to recruit and retain psychiatrists and staff representing underserved populations.
    - Relevant Program/Plan Elements. For the Three year Plan CCBHS will implement a County funded Loan Forgiveness Program that specifically addresses critical psychiatry shortages (page 66). Additional funding has been added to the graduate level Internship Program to strengthen the recruitment of individuals who are bi-lingual and/or bi-cultural, and who can reduce the disparity of race/ethnicity identification of staff with that of the population served (page 65).

The full needs assessment report can be found at XXXXXXXXXXXXXXXXXXXXXXXXXXXX

# 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 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.

**Community Forums.** CPAW has been the central planning and implementation resource for fielding each year's Community Program Planning Process. Last year's venue was to engage consumers and family members who participate in MHSA funded Prevention and Early Intervention programs that provide outreach and engagement to underserved populations in their respective communities. This year's venue was to bring together via three community forums consumers, family members, service providers and interested community members by Contra Costa County region (West, Central, and East).

Over 300 individuals attended these 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

<u>Small Group Discussions</u>. Participants actively discussed in small groups ten 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 it is full.
- 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 needed to pay for credit checks, first/last month’s rent, moving in and out, and other expenses to enable individuals to obtain housing.
- Organizations should partner to help people get 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.

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- 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 build into all of their activities the goal of improving a consumers living situation, to include moving out to better, more independent housing.
- All of the above would require many more dollars allocated than is currently being budgeted.

- **What does help getting to and from services look like?**
  - Services are too spread out in the County to be accessible. Many countywide services are located in central county, where public transportation is not available to the east and west ends of the County.
  - Using BART/buses can be daunting. Coaching to use public transportation independently would be helpful, to include coping with fears, safety concerns, and responding appropriately to bullying and discrimination.
  - Becoming eligible for discount passes can be difficult. Assistance in becoming eligible would be helpful, as well as the funding to be able to afford vouchers.
  - Suggest a shuttle service that stops at common safe stops, and coordinates with people who live in close proximity to each other, and when people have health/mental health appointments.
  - Assist individuals connect with each other so they can ride together.
  - Coordinate appointment scheduling around public transportation schedules.
  - Explore voucher system with Uber/Lyft as a means of ride sharing door to door. Expand their business model to include minors.
  - Continue moving mental health care out to common safe spots, such as schools, colleges, health centers, so that care is brought closer to where consumers live.
  - Expand volunteer services so that drivers can transport consumers.
  - Advocate with transit authorities for more accessible public transportation routes and provide more benches and shelters.
  - Use smart phones to assist with linking to directions and public transportation availability.

- **Helping family members navigate mental health, medical, and alcohol and drug services – what should that look like?**
  - These services are housed separately, have different eligibility requirements, have different treatment approaches, are poorly coordinated both within themselves and with the education, social services and criminal justice systems, and often have

differing, lengthy waiting periods before treatment happens. This is overwhelming for family members.
  - Care providers should work together to provide a more coordinated, whole person team approach that considers and responds to all co-occurring disorders that affect a person simultaneously, to include mental illness, developmental disabilities, health issues, and drug and alcohol problems.
  - Funding streams for these resources should be coordinated such that eligibility does not interfere with or prevent appropriate response and treatment by care providers.
  - Family members of consumers should be included as part of the treatment team, with assistance provided for them to become powerful natural supports in the recovery of their loved ones.
  - Resources should be allocated to establish paid staff to 1) support family members access and navigate current treatment systems, 2) develop family members with lived experience to act as subject matter experts in a volunteer capacity to educate and support other family members in understanding and best participating in the different systems of care, 3) provide outreach and education to the community to reduce stigma and discrimination pertaining to mental illness, and 4) partner with other organizations to increase community involvement and support in the care of persons with mental illness.
  - Support and education groups for families specific to different cultures and languages need to be increased throughout the County.
  - Family supports need to be developed in and by the various communities in the County, and need to be culturally and linguistically accessible to the families served, irrespective of their ability to pay.
  - Provide a single place of contact in each region of the county for family members to obtain assistance with mobilizing treatment resources for their loved ones.

- **What should emotional support for family members look like?**
  - The biggest support comes from families who have been through similar experiences and who understand what a family is going through.
  - Mental illness affects the entire family, so emotional support should be for everyone, including the siblings.
  - Families often see disturbing behavior and don't recognize that there is a mental illness going on. Early education and awareness is key to de-stigmatizing, learning coping mechanisms and getting loved ones the help they need. When first encountering mental illness they don't know what to do.
  - Learning self-care is empowering.
  - Most helpful is respite care for parents to have a break.
  - Help in understanding, accessing and navigating services is a tremendous emotional support.

- It is important for people providing emotional support to families to be culturally humble and honor a family's personal beliefs.
- NAMI has perfected how to support family members and should be funded to expand this support to paid staff. Operating with only volunteers, NAMI has been limited in what they can do; especially providing family support in the east, west and southern portions of the county.
- Providing NAMI funding would enable expanding outreach to families of youth and adults in the criminal justice system.
- Recommend providing psychotherapy for family members who have a loved one experiencing mental illness.

- **How should public mental health partner with the community when violence and trauma occur?**
  - Schools can identify children traumatized and at risk, but teachers and staff are not equipped to adequately care for the child and their family. Via wraparound funding behavioral health should partner with education on site and in the homes to provide needed mental health services.
  - Children under five and kids with special needs are particularly vulnerable, and are often overlooked.
  - Persons who are homeless are in continuous trauma.
  - There appears to be a recent increase in violence toward immigrants, Muslims and persons who identify themselves as lesbian, gay, bi-sexual, transgender or who question their sexual identity or gender. There is increased fear among these individuals.
  - Mental health care should be extended to teachers, police, church staff, and other community organization first responders, as they are dealing with trauma as well. Working closely with the police is especially helpful.
  - Care should be brought to the community by staff who are trusted and culturally and linguistically responsive. Non-labeling and confidentiality are most important.
  - Care providers who are not properly trained, ill-suited, or abuse the power of their position can do more damage than the trauma itself.
  - Relationships and trust should be established with community first responders before violence occurs, through training, workshops and community events.
  - First responders need better information regarding what mental health resources are present in their community, and how to access and navigate them.
  - The key role of drugs and alcohol leading to violence need to be recognized and included as part of the mental health care.
  - Attention should be focused on the perpetrators, in order to break the cycle of violence.

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- 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.

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- **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.

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- 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.

Prioritizing Identified Needs. As part of the event participants were then asked to prioritize via applying dot markers the following identified 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. 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.** (Previous rank: 1) The chronic lack of affordable housing make this a critical factor that affects the mental health and well-being of all individuals with limited means. However, it is especially deleterious for an individual and his/her family who are also struggling with a serious mental illness. A

range of strategies that would increase housing availability include increasing transitional beds, housing vouchers, supportive housing services, permanent housing units with mental health supports, staff assistance to locate and secure housing in the community, and coordination of effort between Health, Housing and Homeless Services and CCBHS.

- Relevant program/plan elements: Sufficient affordable housing for all consumers of CCBHS is beyond the financial means of the County's Behavioral Health Services budget. It is estimated that up to 3,800 individuals in the County are homeless on any given night. The MHSA funded Housing Services category of the Community Services and Supports component is coordinating staff and resources with the Health, Housing and Homeless Services Division in order to improve and maximize the impact of the number of beds and housing units available, shorten wait times, and improve mental health treatment and life skills supports needed for consumers to acquire and retain housing (pages 35-38). In anticipation of the statewide initiative "No Place Like Home" the Board of Supervisors authorized $1.72 million be returned to the County for local administration of funds to support permanent supportive housing (page 36). 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 (page 59).

2. **More support for family members and loved ones of consumers.** (Previous rank: 11) 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 (page 29-30, 40). Adult Services is expanding their family advocacy services to all three of their Adult Mental Health Clinics (page 33, 40-41). 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 (page 51). Two programs provide family education designed to support healthy parenting skills (page 47). Project First Hope provides multi-family group therapy and psycho-education to intervene early in a young person's developing psychosis (page 50). Rainbow Community Center has a family support component (page 52).

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 (page 63). For this Three Year Plan a community based organization 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 (page 61-62).

3. **Better coordination of care between providers of mental health, substance use disorders, homeless services and primary care.** (Previous rank: 3) Integrating mental health, primary care, drug and alcohol, homeless services and employment services through a coordinated, multi-disciplinary team approach has been proven effective for those consumers fortunate to have this available. Often cited by consumers and their families was the experience of being left on their own to find and coordinate services, and to understand and navigate the myriad of eligibility and paperwork issues that characterize different service systems. Also cited was the difficulty of coordinating education, social services and the criminal justice systems to act in concert with the behavioral health system.
    - Relevant Program/Plan Elements. The Three Year Plan funds a number of multi-disciplinary teams that models effective integration of service providers for select groups of clients. However, this is a system issue that affects all programs and plan elements. The chapter entitled Evaluating the Plan describes the method by which every program and plan element will be evaluated as to the degree to which it communicates effectively with its community partners. The degree to which there is successful communication, cooperation and collaboration will be addressed in each written report, with program response and plan(s) of action required where attention is needed (page 71).

4. **Children and youth in-patient and residential beds.** (Previous rank: 6) 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 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 (page 40-41).

5. **Finding the right services when you need it.** (Previous rank: 8) 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 operated clinics to assist consumers with rapid access and connectivity to services (page 33). 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 (page 62). For this Three Year Plan a community based organization 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 (page 61-62).

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

   Relevant program/plan elements: CCBHS should be part of a quality mental health response to traumatic violence experienced by the community. CCBHS is training and certifying a number of our mental health professionals to offer Mental Health First Aid training to community groups who have a special interest in responding to trauma events. A component of the training will be strengthening the ability to identify the need for more intensive mental health care, as well as the ability to connect individuals to the right resources (page 63). Hope House, a crisis

residential facility, and the Miller Wellness Center are now fully operational (pages 34-5, 41). 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 (page 43). 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 (page 29).

7. **Support for peer and family partner providers.** (Previous rank: 7) CCBHS was acknowledged for hiring individuals who bring lived experience as consumers and/or family members of consumers. Their contributions have clearly assisted the County to move toward a more client and family member directed, recovery focused system of care. However, these individuals have noted the high incidence of turnover among their colleagues due to exacerbation of mental health issues brought on by work stressors, and lack of support for career progression. Individuals in recovery who are employed need ongoing supports that assist with career progression, and normalizes respites due to relapses.
   - Relevant program/plan elements: CCBHS has strengthened its certification training for consumers who are preparing for a service provider role in the behavioral health system. Additional staff are funded to expand the SPIRIT curriculum to include preparing family members as well, provide ongoing career development and placement assistance, and develop ongoing supports for individuals with lived experience who are now working in the system (pages 63-64).

8. **Intervening early in psychosis.** (Previous rank: 5) 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 (page 50).

9. **Getting care in my community, in my culture, in my language.** (Previous 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: 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 (pages 46-56). 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 (pages 62-63). The Needs Assessment has indicated the underrepresentation of care provider staff who identify as Hispanic and Asian Pacific Islanders. Additional funds have been added to the Internship program to specifically recruit clinicians to address this underrepresentation (page 64).

10. **Assistance with meaningful activity.** (Previous rank: 2) Stakeholders underscored the value of engaging in meaningful activity as an essential element of a treatment plan. Youth in high risk environments who are transitioning to adulthood were consistently noted as a high priority. For pre-vocational activities, suggested strategies include providing career guidance, assistance with eliminating barriers to employment, and assistance with educational, training and volunteer activities that improve job readiness.

Stakeholders highlighted the need for better linkage to existing employment services, such as job seeking, placement and job retention assistance. For daily living skills, suggested strategies include assistance with money and benefits management, and improving health, nutrition, transportation, cooking, cleaning and home maintenance skill sets.

- Relevant program/plan elements: Putnam Clubhouse provides peer-based programming that helps individuals develop support networks, career development skills, and the self-confidence needed to sustain stable, productive and more independent lives (page 49). An Innovation project from Vocational Services staff of CCBHS has implemented a new and different pattern of service that expands Contra Costa Vocational Services capacity to provide more pre-vocational services to enable greater access to existing employment services (page 57). The Prevention and Early Intervention programs of Contra Costa Interfaith Housing (page 47), New Leaf Collaborative (page 49), People Who Care (page 49) and RYSE (page 49) all have services to assist young people navigate school successfully and engage in meaningful activity.

11. **Getting to and from services.** (Previous rank: 10) 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 (pages 28-34). 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 (page 42). The Innovative Project, Overcoming Transportation Barriers, has been implemented to provide a comprehensive, multi-faceted approach to transportation needs (pages 58-59).

12. **Care for homebound frail and elderly.** (Previous rank: 14) 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 (pages 39-40). Lifelong Medical Care is funded in the Prevention

and Early Intervention component to provide services designed to support isolated older adults (pages 52-53). The Innovative Project, Partners in Aging, trains and fields in-home peer support workers to engage older adults who are frail, homebound and suffer from mental health issues. This innovative project is being implemented in response to the Needs Assessment, where older adults have been identified as underrepresented in the client population (pages 58-59).

13. **Serve those who need it the most.** (Previous rank: 12) Through MHSA funding the County has developed designated programs for individuals with serious mental illness who have been deemed to be in need of a full spectrum of services. These are described in the full service partnership category of the Community Services and Supports component. In spite of these programs, stakeholders report that a number of individuals who have been most debilitated by the effects of mental illness continue to cycle through the most costly levels of care without success.
    - Relevant program/plan elements: In February 2015, the Contra Costa Board of Supervisors passed a resolution authorizing $2.25 million of MHSA funds to be utilized on an annual basis for providing mental health treatment as part of an assisted outpatient treatment (AOT) program. The County implements the standards of an assertive community treatment team as prescribed by Assembly Bill 1421, and thus meet the acuity level of a full service partnership. This program provides an experienced, multi-disciplinary team who provides around the clock mobile, out-of-office interventions to adults, a low participant to staff ratio, and provides the full spectrum of services, to include health, substance abuse, vocational and housing services. Persons deemed eligible for assisted outpatient treatment are served, whether they volunteer for services, or are ordered by the court to participate (pages 33-34).

14. **Help with moving to a lower level of care as people get better.** (Previous rank: 13) Levels of care range from in-patient hospitalization to intensive case management to therapy and medication to self-care recovery services. Stakeholders (both care providers and receivers) consistently cited the difficulty in moving from one level of care to another. Consumers often cited the disincentive to getting better, as it meant loss of care altogether. Consumers and their families indicated that this system inattention to level of care movement often interfered with the important work of minimizing or eliminating the level of psychotropic medications needed to maintain recovery and wellness. Often a “meds only” service response was not responsive to appropriate lower levels of medication and/or psychosocial support alternatives. Care providers indicated that they faced the choice of either ending service or justifying continuance of a more intensive level of care than was needed. Continuity of care from a more intensive to a less intensive level and vice-versa need to be improved.

- Relevant Plan Element. This is a system-wide emphasis 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 meets the needs of the community and/or population. The degree to which there is successful integration between levels of care will be addressed in each written report, with program response and plan(s) of action required where attention is needed (page 71).

15. **Better communication, program and fiscal accountability to enable stakeholder participation.** (Previous rank: 15) The stakeholder community has requested CCBHS to provide more transparent and ongoing program and fiscal information and decision-making in order to better understand what is working well, what needs to improve, and what needs to change in order to address identified priority needs. This would enable a better working partnership in planning, implementation and evaluation between consumers, their families, service providers, and administration.
    - Relevant Plan Element. The chapter entitled Evaluating the Plan outlines a comprehensive program and fiscal review of every MHSA funded program that will be conducted in the next three years. These reviews and written reports will provide a transparent means for better aligning resources with needs on an ongoing basis. A monthly program and budget report has been developed and now provides an ongoing means of program and fiscal communication between administration and stakeholders (page 71).

**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 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 $37.6 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. 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 who 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.

Outcome Indicators. The rates of in-patient psychiatric hospitalization and psychiatric emergency service (PES) episodes for persons participating in Full Service Partnerships indicate whether Contra Costa's FSP programs promote less utilization of higher acute and more costly care. For FY 2016-17 610 individuals were served in FSPs. Data was able to be obtained for 547 participants, and use of PES and in-patient psychiatric hospitalization was compared before and after FSP participation, with the following results:

- A 41.9% decrease in the number of PES episodes
- A 62.2% decrease in the number of in-patient psychiatric hospitalizations
- A 45.2% 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.
   Mobile Crisis Response - 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.
2) 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.

3) 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.
4) 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 helps 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 2017-18** |
|---|---|---|---|---|
| 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 | 743,502 |
| | | **Total** | **201** | **$3,268,122** |

**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 bi-lingual capacity. In addition to mobile mental health and psychiatric services the program offers a variety of services designed to promote wellness and recovery, including assistance finding housing, benefits advocacy, school and employment assistance, and support connecting with families.

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

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 17-18** |
|---|---|---|---|---|
| Transition Age Youth Full Service Partnership | Fred Finch Youth Center | West and Central County | 70 | 1,442,661 |
| Transition Age Youth Full Service Partnership | Youth Homes | Central and East County | 30 | 684,950 |
| County support costs | | | | 30,000 |
| | | **Total** | **100** | **$2,157,611** |

**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 in Fiscal Year 2016-17, and utilize a modified assertive community treatment model. This is a model of treatment made up of a multi-disciplinary mental health team, including a peer specialist, who work together to provide the majority of treatment, rehabilitation, and support services that clients use to achieve their goals.

CCBHS contracts with Portia Bell Hume Behavioral Health and Training Center (Hume Center) to provide FSP services in the West and East regions of the County. Anka Behavioral Health

takes the lead in providing full service partnership services to Central County, while Familias Unidas contracts with the County to provide the lead on full service partnerships for West County's Hispanic population.

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

The Adult Full Service Partnership Program is summarized below:

| **Program/Plan Element** | **County/Contract** | **Region Served** | **Number to be Served Yearly** | **MHSA Funds Allocated for FY 17-18** |
|---|---|---|---|---|
| Full Service Partnership | Hume Center | West County<br><br>East County | 60<br><br>50 | 1,891,395 |
| Full Service Partnership<br><br>• Includes Forensic clients | Anka Behavioral Health | Central County<br><br>Countywide | 50 | 791,751 |
| Full Service Partnership | Familias Unidas | West County | 30 | 213,309 |
| | | **Total** | **190** | **$2,896,455** |

**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.

| 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 | 1,772,145 |
| | | **Total** | | **$1,772,145** |

**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 below:

| Program/Plan Element | County/Contract | Region Served | Number to be Served Yearly | MHSA Funds Allocated for FY 17-18 |
|---|---|---|---|---|
| Assisted Outpatient Treatment | Mental Health Systems, Inc. | Countywide | 75 | 1,957,000 |

| | | | | |
|---|---|---|---|---|
| Assisted Outpatient Treatment Clinic Support | County Operated | Countywide | Support for Assisted Outpatient Treatment | 435,241 |
| | | **Total** | **75** | **$2,392,241** |

**Wellness and Recovery Centers.** Recovery Innovations 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, which teach self-management and coping skills. The centers offer wellness recovery action plan (WRAP) groups, 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 17-18 |
|---|---|---|---|---|
| Recovery and Wellness Centers | Recovery Innovations | West, Central, East County | 200 | 901,250 |
| | | **Total** | **200** | **$901,250** |

**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 17-18 |
|---|---|---|---|---|
| Hope House - Crisis Residential Program | Telecare | Countywide | 200 | 2,077,530 |
| | | **Total** | **200** | **$2,077,530** |

**Oak Grove Youth Residential Program.** The County is in planning stages to re-purpose their county owned Oak Grove facility in Concord to establish a 24 bed residential

treatment facility for youth ages 16-24. This will be a co-located residential and supportive services operation 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. The planning process will include stakeholder participation in planning the facility and its operations, to be followed by a competitive bid process to select a vendor to operate the program. Initial funding for FY 2017-18 is included for program and budget planning and start-up costs, with implementation later in the fiscal year. MHSA Three Year Plan Updates will address full year costs when more definitive information is available.

First Year costs are summarized below:

| **Program** | **Contract** | **Region Served** | **Number to be Served Yearly** | **MHSA Funds Allocated for FY 17-18** |
|---|---|---|---|---|
| Oak Grove Youth Residential Program | To be determined | Countywide | Up to 24 beds | $250,000 |
| | | **Total** | **24 (est)** | **$250,000** |

**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 $5.1 million to $8 million to reflect the increase in commitment to permanent supportive housing, as well as to keep pace with the increased cost of housing.

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

1. Supportive Housing. Shelter, Inc. contracts with the County to provide a master leasing program, in which adults or children and their families are provided tenancy in apartments and houses throughout the County. Through a combination of self-owned units and agreements with landlords Shelter, Inc. acts as the lessee to the owners and provides staff to support individuals and their families move in and maintain their homes independently.

   In addition, a number of potential permanent supportive housing initiatives, both local and statewide, are emerging where construction and/or re-purposing of housing units are being proposed during the upcoming Three Year Plan period. In July 2016 Assembly Bill 1618, or "No Place Like Home", was enacted to dedicate in future years

$2 billion in bond proceeds throughout the State to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness or at risk of chronic homelessness. Also, a number of local concepts for construction and/or re-purposing of residential sites have been put forth. The County will need to demonstrate how supportive mental health services will be brought to the individuals who will be residing in these units. It is anticipated that mental health care as part of these units will necessitate an augmentation of current MHSA funds for supportive housing.

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

2. Augmented Board and Care. The County contracts with a number of licensed board and care providers and facilities to provide additional funds to augment the rental amount received by the facility from the SSI rental allowance. These additional funds pay for facility staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community. An individualized services agreement for each person with a serious mental illness delineates needed supplemental care, such as assistance with personal hygiene, life skills, prescribed medication, transportation to health/mental health appointments, and connection with healthy social activities. Of these 26 augmented board and care providers, seven are MHSA funded, and are facilities that augment their board and care with augmented care for the seriously mentally ill. An eighth provider, Crestwood Healing Center, has 64 augmented board and care beds in Pleasant Hill and 46 in Vallejo. In addition, Crestwood's Pleasant Hill facility has a 16 bed Pathways program that provides clinical mental health specialty services for up to a year (with a possible six month extension) for those residents considered to be most compromised by mental health issues.
3. Temporary Shelter Beds. The County's Health, Housing and Homeless Services Division operates a number of temporary bed facilities for adults and transitional age youth. CCBHS has a Memorandum of Understanding with the Health, Housing and Homeless Services Division that provides MHSA funding to enable individuals with a serious mental illness or a serious emotional disturbance to receive temporary emergency housing in these facilities. This agreement includes 400 bed nights per year

for the Bissell Cottages and Appian House Transitional Living Programs, staff for the Calli House Youth Shelter, 23,360 bed nights for the Brookside and Concord temporary shelters, and 3,260 bed nights for the Respite Shelter in Concord.

4. Permanent Housing Units. Until 2016 the County participated in a specially legislated state run MHSA Housing Program through the California Housing Finance Agency (CalHFA). In collaboration with many community partners the County embarked on a number of one-time capitalization projects to create 50 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from CCBHS contract and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Tabora Gardens in Antioch, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Anka Behavioral Health.

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

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 17-18** |
|---|---|---|---|---|
| Supportive Housing | Shelter, Inc. | Countywide | 119 units | 2,281,484 |

| | | | | |
|---|---|---|---|---|
| Supportive Housing | Housing initiative to be determined | Countywide | To be determined | 220,000 (estimated) |
| Augmented Board and Care* | Crestwood:<br>Healing Center<br>Our House | <br>Pleasant Hill<br>Vallejo | <br>60 beds<br>22 beds | <br>567,391<br>103,639 |
| Augmented Board and Care* | Divines | West County | 6 beds | 5,184 |
| Augmented Board and Care* | Modesto Residential | Modesto | 6 beds | 71,175 |
| Augmented Board and Care* | Oak Hill | East County | 6 beds | 16,315 |
| Augmented Board and Care* | Pleasant Hill Manor | Central County | 18 beds | 92,700 |
| Augmented Board and Care* | United Family Care (Family Courtyard) | West County | 61 beds | 453,840 |
| Augmented Board and Care* | Williams Board and Care Home | West County | 6 beds | 31,889 |
| Augmented Board and Care* | Woodhaven | Central County | 4 beds | 12,360 |
| Shelter Beds | County Operated | Countywide | 75 beds (est) | 1,931,296 |
| Permanent Housing | County Operated | Countywide | 50 units | One time funding spent |
| Permanent Housing | County Operated | Countywide | To be determined | One time funding of $1,722,486 to be allocated |
| Coordination Team | County Operated | Countywide | Support to Homeless Program | 522,511 |
| | | **Total** | ** | **$8,032,270** |

***** 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 17-18 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.

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** 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 17-18 |
|---|---|---|---|---|
| Intensive Care Management | County Operated | Countywide | 237 | 2,995,707 |
| IMPACT | County Operated | Countywide | 138 | 392,362 |

| | | |
|---|---|---|
| **Total** | 375 | **$3,388,069** |

**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 below:

| Plan Element | County/Contract | Region Served | Number to be Served Yearly | MHSA Annual Funds Allocated |
|---|---|---|---|---|
| Wraparound Support | County Operated | Countywide | Supports Wraparound Program | 1,606,329 |
| EPSDT | County Operated | Countywide | Supports | 2,500,000* |

| | | | | |
|---|---|---|---|---|
| Expansion | | | EPSDT Expansion | |
| | | **Total** | | **$4,106,329** |

***** 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 17-18** |
|---|---|---|---|---|
| Supporting the Miller Wellness Center | County Operated | Countywide | Supports clients served by MWC | 319,819 |
| | | | **Total** | **$319,819** |

**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 17-18** |
|---|---|---|---|---|
| Supporting the Concord Health | County Operated | Central County | Supports clients served by | 265,071 |

| | | | | |
|---|---|---|---|---|
| Center | | | Concord Health Center | |
| | | | **Total** | **$265,071** |

**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 is summarized below:

| Plan Element | County/Contract | Region Served | Number to be Served Yearly | MHSA Funds Allocated for FY 17-18 |
|---|---|---|---|---|
| Liaison Staff | County Operated | Countywide | Supports PES | 139,139 |
| | | **Total** | | **$139,139** |

**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 17-18 |
|---|---|---|---|---|
| Resource Planning and Management | County Operated | Countywide | Clinic Support | 732,077 |

| | | | | |
|---|---|---|---|---|
| Transportation Support | County Operated | Countywide | Clinic Support | 131,097 |
| Evidence Based Practices | County Operated | Countywide | Clinic Support | 425,795 |
| | | **Total** | | **$1,288,969** |

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

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

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

| **Plan Element** | **County/Contract** | **Region Served** | **Number to be Served Yearly** | **MHSA Annual Funds Allocated** |
|---|---|---|---|---|
| Forensic Team | County Operated | Countywide | Support to the Forensic Team | 982,245 |
| | | **Total** | | **$982,245** |

**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 17-18** |
|---|---|
| Medication Monitoring | 231,379 |
| Clinical Quality Management | 688,751 |
| Clerical Support | 327,876 |
| **Total** | **$1,248,006** |

2) Administrative Support.

| **Function** | **MHSA Funds Allocated for FY 17-18** |
|---|---|
| Program and Project Managers | 692,619 |
| Clinical Coordinator | 118,923 |
| Planner/Evaluators | 322,479 |
| Family Service Coordinator | 81,972 |
| Administrative and Financial Analysts | 575,106 |
| Clerical Support | 213,836 |
| Community Planning | 12,360 |
| Assisted Outpatient Treatment Evaluation | 100,000 |
| **Total** | **$2,117,296** |

**Community Services and Supports (CSS) FY 17-18 Program Budget Summary**

| | | | |
|---|---|---|---|
| Full Service Partnerships | | Number to be Served: 566 | 23,747,624 |
| | Children | 3,268,122 | |
| | Transition Age Youth | 2,157,611 | |

| | | | |
|---|---|---|---|
| | Adults | 2,896,455 | |
| | Adult Clinic Support | 1,772,145 | |
| | Assisted Outpatient Treatment | 2,392,241 | |
| | Wellness and Recovery Centers | 901,250 | |
| | Crisis Residential Center | 2,077,530 | |
| | MHSA Housing Services | 8,032,270 | |
| | Oak Grove Youth Residential Program | 250,000 | |
| General System Development | | | 13,854,943 |
| | Older Adults | 3,388,069 | |
| | Children's Wraparound, EPSDT Support | 4,106,329 | |
| | Miller Wellness Center | 319,819 | |
| | Concord Health Center | 265,071 | |
| | Liaison Staff | 139,139 | |
| | Clinic Support | 1,288,969 | |
| | Forensic Team | 982,245 | |
| | Quality Assurance | 1,248,006 | |
| | Administrative Support | 2,117,296 | |
| | | **Total** | **$37,602,567** |

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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 $8.7 million for FY 2017-18 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.

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

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

Starting July 2016 programs have been reporting on the above indicators, and baseline data will be available in Fiscal Year 2017-18 for data gathered for FY 2016-17.

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.

b. The allocation for this category is summarized below:

| **Program** | **Region Served** | **Number to be Served Yearly** | **MHSA Funds Allocated for FY 17-18** |
|---|---|---|---|
| Asian Family Resource Center | Countywide | 50 | 133,900 |
| COPE | Countywide | 210 | 231,750 |
| First Five | Countywide | (numbers included in COPE) | 77,250 |
| Interfaith Housing | Central and East County | 170 | 66,461 |
| Jewish Community Services | Central and East County | 350 | 164,469 |
| Native American Health Center | Countywide | 150 | 219,825 |
| The Latina Center | West County | 300 | 105,142 |
| | **Total** | **1,230** | **$998,797** |

**Prevention**

Programs in this category provide activities intended to reduce risk factors for developing a potentially serious mental illness, and to increase protective factors. Risk factors may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequality, substance

abuse, domestic violence, previous mental illness, prolonged isolation, and may include relapse prevention for those in recovery from a serious mental illness.

a. Five programs are included in this category:

1) The Building Blocks for Kids Collaborative, located in the Iron Triangle of Richmond, train family partners from the community with lived mental health experience to reach out and engage at-risk families in activities that address family mental health challenges. Individual and group wellness activities assist participants make and implement plans of action, access community services, and integrate them into higher levels of mental health treatment as needed.
2) The New Leaf Program at Vicente Continuation High School in the Martinez Unified School District provides career academies for at-risk youth that include individualized learning plans, learning projects, internships, and mental health education and counseling support. Students, school staff, parents and community partners work together on projects designed to develop leadership skills, a healthy lifestyle and pursuit of career goals.
3) People Who Care is an after school program serving the communities of Pittsburg and Bay Point that is designed to accept referrals of at-risk youth from schools, juvenile justice systems and behavioral health treatment programs. Various vocational projects are conducted both on and off the program's premises, with selected participants receiving stipends to encourage leadership development. A licensed clinical specialist provides emotional, social and behavioral treatment through individual and group therapy.
4) Putnam Clubhouse provides peer-based programming for adults throughout Contra Costa County who are in recovery from a serious mental illness. Following the internationally recognized clubhouse model this structured, work focused programming helps individuals develop support networks, career development skills, and the self-confidence needed to sustain stable, productive and more independent lives. Features of the program provide respite support to family members, peer-to-peer outreach, and special programming for transition age youth and young adults.
5) The RYSE Center provides a constellation of age-appropriate activities that enable at-risk youth in Richmond to effectively cope with the continuous presence of violence and trauma in the community and at home. These trauma informed programs and services include drop-in, recreational and structured activities across areas of health and wellness, media, arts and culture, education and career, technology, and developing youth leadership and organizing capacity. The RYSE Center facilitates a number of city and system-wide training and technical assistance events to educate the community on mental health interventions that can prevent serious mental illness as a result of trauma and violence.

b. The allocation for this category is summarized below:

| Program | Region Served | Number to be Served Yearly | MHSA Funds Allocated for FY 17-18 |
|---|---|---|---|
| Building Blocks for Kids | West County | 400 | 198,681 |
| New Leaf | Central County | 80 | 175,100 |
| People Who Care | East County | 200 | 209,702 |
| Putnam Clubhouse | Countywide | 300 | 549,402 |
| RYSE | West County | 2,000 | 474,240 |
| | **Total** | **2,980** | **$1,607,125** |

**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.

b. The allocation for this program is summarized below:

| Program | Region Served | Number to be Served Yearly | Funds Allocated for FY 17-18 |
|---|---|---|---|
| First Hope | Countywide | 200 | 2,574,554 |
| | **Total** | **200** | **$2,574,554** |

**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. Four programs are included in this category:

1) The James Morehouse Project at El Cerrito High School, a student health center that partners with community based organizations, government agencies and local universities, provides a range of youth development groups designed to increase access to mental health services for at-risk high school students. These on-campus groups address coping with anger, violence and bereavement, factors leading to substance abuse, teen parenting and caretaking, peer conflict and immigration acculturation.
2) STAND! Against Domestic Violence utilizes established curricula to assist youth successfully address the debilitating effects of violence occurring both at home and in teen relationships. Fifteen week support groups are held for teens throughout the County, and teachers and other school personnel are assisted with education and awareness with which to identify and address unhealthy relationships amongst teens that lead to serious mental health issues.
3) Experiencing the Juvenile Justice System. Within the County operated Children's Services five mental health clinicians support families who are experiencing the juvenile justice system due to their adolescent children's involvement with the law. Three clinicians are out-stationed at juvenile probation offices, and two clinicians work with the Oren Allen Youth Ranch. The clinicians provide direct short-term therapy and coordinate appropriate linkages to services and supports as youth transition back into their communities.
4) Women Embracing Life and Learning (WELL). This program is a collaboration between CCBHS, Public Health Nursing and the Women, Infant and Child (WIC) program. This service integrates a coordinated approach to addressing perinatal and post-partum depression among women in order to improve health outcomes and prevent serious mental illness. The Central County WIC office screens for symptoms of depression, refers women at risk to the multi-disciplinary team, and the team provides one-on-one and group counseling, medication support as appropriate, and referral and linkage to additional treatment as needed.

b. The allocation for this category is summarized below:

| **Program** | **Region Served** | **Number to be Served Yearly** | **Funds Allocated for FY 17-18** |
|---|---|---|---|
| James Morehouse Project | West County | 300 | 97,026 |
| STAND! Against Domestic Violence | Countywide | 750 | 126,415 |
| Experiencing Juvenile Justice | Countywide | 300 | 702,521 |
| WELL Project | Central County | 50 | 201,632 |
| | **Total** | **1,400** | **$1,129,635** |

**Improving Timely Access to Mental Health Services for Underserved Populations.**

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

a. Six programs are included in this category:

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

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

b. The allocation for this category is summarized below:

| Program | Region Served | Number to be Served Yearly | Funds Allocated for FY 2017-18 |
|---|---|---|---|
| Child Abuse Prevention Council | Central and East County | 120 | 122,393 |
| Center for Human Development | East County | 230 | 136,990 |
| La Clinica de la Raza | Central and East County | 3,750 | 264,453 |
| Lao Family Community Development | West County | 120 | 175,023 |
| Lifelong Medical Care | West County | 115 | 122,539 |
| Rainbow Community Center | Countywide | 1,125 | 659,912 |
| | **Total** | **5,460** | **$1,481,310** |

**Stigma and Discrimination Reduction**

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

a. The County operated Office for Consumer Empowerment (OCE) provides leadership and staff support to a number of initiatives designed to reduce stigma and discrimination, develop leadership and advocacy skills among consumers of behavioral health services, support the role of peers as providers, and encourage consumers to actively participate in the planning and evaluation of MHSA funded services. Staff from the OCE support the following activities designed to educate the community in order to raise awareness of the stigma that can accompany mental illness.

1) The PhotoVoice Empowerment Program enables consumers to produce artwork that speaks to the prejudice, discrimination and ignorance that people with behavioral health challenges face.
2) The Wellness Recovery Education for Acceptance, Choice and Hope (WREACH) Speaker's 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, and supports ongoing support groups in partnership with the Contra Costa chapter of the National Alliance for the Mentally Ill (NAMI). These groups include a writer's group and a self-help group led by NAMI certified facilitators.
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, alcohol and other drug, and homeless services within the Behavioral Health Services Division. In addition, OCE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.
5) Through the Each Mind Matters initiative California Mental Health Services Authority (CalMHSA) will provide technical assistance to encourage the County's integration of available statewide resources on stigma and discrimination reduction and suicide prevention. For FY 2017-20 CCBHS will partner via Memorandum of Understanding (MOU) with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This linkage will expand the County's capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities, such as Hispanic, African American, Asian Pacific Islander, LGBTQ, Native American and immigrant communities. Primary focus will be to reach Spanish speaking Latina/o communities via social media and materials adapted specifically for this population.

b. The allocation for stigma and discrimination efforts are summarized below:

| **Program** | **County/Contract** | **Region Served** | **Funds Allocated for FY 17-18** |
|---|---|---|---|
| OCE | County Operated | Countywide | 217,495 |

| | | | |
|---|---|---|---|
| CalMHSA | MOU | Countywide | 78,000 |
| | | **Total** | **$295,495** |

**Suicide Prevention**

a. There are three plan elements that augment the County's efforts to reduce the number of suicides in Contra Costa County; 1) augmenting the Contra Costa Crisis Center, 2) dedicating a clinical specialist to support the County's adult clinics, 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 the adult clinics for responding to those individuals identified as at risk for suicide. This clinician receives referrals from psychiatrists and clinicians 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.

b. The allocation for this category is summarized below:

| **Plan Element** | **Region Served** | **Number to be Served Yearly** | **Funds Allocated for FY 17-18** |
|---|---|---|---|
| Contra Costa Crisis Center | Countywide | 25,000 | 301,636 |
| County Clinician | Countywide | 50 | 133,742 |
| County Supported | Countywide | N/A | Included in PEI administrative cost |
| | | **Total 25,050** | **$435,378** |

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**PEI Administrative Support**

A Mental Health Program Supervisor position has 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 Support | Countywide | 146,154 |
| | **Total** | **$146,154** |

## Prevention and Early Intervention (PEI) Summary for FY 2017-18

| | |
|---|---|
| Outreach for Increasing Recognition of Early Signs of Mental Illness | 998,797 |
| Prevention | 1,607,125 |
| Early Intervention | 2,574,554 |
| Access and Linkage to Treatment | 1,129,635 |
| Improving Timely Access to Mental Health Services for Underserved Populations | 1,481,310 |
| Stigma and Discrimination Reduction | 295,495 |
| Suicide Prevention | 435,378 |
| Administrative Support | 146,154 |
| **Total** | **$8,668,448** |

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# Innovation

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

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

**Approved Programs**

The following programs have been approved, implemented, and funds have been allocated for Fiscal Year 2017-18:

1) Recovery Through Employment Readiness. The community program planning process has placed an urgent priority on the County providing pre-vocational and employment services to a large number of mental health consumers who are not currently receiving this service. An analysis indicates that Contra Costa Vocational Services currently partners with the California Department of Rehabilitation to provide a “place and train” model of employment services. This model screens applicant for readiness to enter competitive employment, and then provides job placement and supported employment services to facilitate job retention. However, a large number of individuals who need training, education and other pre-employment services are being screened out. A new and innovative model has been developed to combine a “train and place” approach with the existing “place and train” approach in order to serve a larger number of consumers who represent a broader spectrum of readiness for employment. Contra Costa Vocational Services partners with the Putnam Clubhouse to enable flexible funds to be made available for pre-employment goods and services. The Recovery Through Employment Readiness Project began in FY 2015-16.

2) 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.
3) 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.
4) Overcoming Transportation Barriers. Transportation challenges provide a constant barrier to accessing mental health services. A comprehensive study was completed via the County's community program planning process, and a number of needs and strategies were documented. Findings indicated a need for multiple strategies to be combined in a systemic and comprehensive manner. These strategies include training consumers to independently navigate public transportation, providing flexible resources to assist with transportation costs, educating consumers regarding schedules, costs and means of various modes of public transportation, and creating a centralized staff response to coordinate efforts and respond to emerging transportation needs. Three Peer Specialists address these needs and provide a means to inform the mental health system of care regarding solutions for improving transportation access to care. The Overcoming Transportation Barriers Project began implementation in FY 2016-17.

The allocation for these projects are summarized below:

| **Project** | **County/Contract** | **Region Served** | **Number to be Served Yearly** | **MHSA Funds Allocated for FY 17-18** |
|---|---|---|---|---|
| Recovery Through Employment Readiness | County Operated in partnership with Putnam Clubhouse | Countywide | 100 | 100,000 |

| | | | | |
|---|---|---|---|---|
| Coaching to Wellness | County Operated | Countywide | 90 | 474,089 |
| Partners in Aging | County Operated | Countywide | 45 | 181,067 |
| Overcoming Transportation Barriers | County Operated | Countywide | 200 | 241,450 |
| Administrative Support | County | Countywide | Innovation Support | 423,670 |
| | | **Total** | **435** | **$1,420,226** |

**Emerging Programs**

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

1) Center for Recovery and Empowerment (CORE). CCBHS recognizes substance abuse/dependence in adolescence as it negatively affects physical, social, emotional and cognitive development. Early onset of alcohol or other drug use is one of the strongest predictors of later alcohol dependence. This is a priority because CCBHS does not have a coordinated system of care to provide treatment services to youths with addictions and co-occurring emotional disturbances. The CORE Project will be an intensive outpatient treatment program offering three levels of care; intensive, transitional and continuing care to adolescents dually diagnosed with substance use and mental health disorders. Services will be provided by a multi-disciplinary team, and will include individual, group and family therapy, and linkage to community services.

2) Cognitive Behavioral Social Skills Training (CBSST). Many consumers spend years residing at County augmented board and care facilities with little or no mental health treatment provided, and little or no functional improvement taking place. Often this lack of progress results in multiple admissions to the County's Psychiatric Emergency Services and other, more costly, interventions. Cognitive Behavioral Social Skills Training (CBSST) is an emerging practice with demonstrated positive results for persons with severe and persistent mental illness. The CBSST Project proposes to apply this therapeutic practice to the population of individuals that have been placed in augmented board and care facilities. The CBSST Project will create a clinical team, consisting of a licensed clinician and peer support worker, to lead cognitive behavioral social skills training groups at board and care facilities. Adults with serious mental illness will learn and practice skills that will enable them to achieve and consolidate recovery based skills.

The above concepts have been recommended by the Innovation Committee for development and submittal to the Mental Health Services Oversight and Accountability (MHSOAC) for

approval. Detailed project descriptions will be submitted to the MHSOAC for approval in a separate document. These concepts have been discussed by stakeholders in this year's community program planning process, and are consistent with stakeholder identified priorities.

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

## Innovation (INN) Component Yearly Program Budget Summary for FY 17-18

| | | | |
|---|---|---|---|
| Projects Implemented | | | 1,420,226 |
| Funds allocated for emerging projects | | | 700,000 |
| | | **Total** | **$2,120,226** |

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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 will seek an organization to recruit, train and develop family members with lived experience to act as subject matter experts in a volunteer capacity to educate and support other family

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

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

The MHSA funding allocation for this category is summarized below:

| Program/Plan Element | County/Contract | Region Served | MHSA Funds Allocated for FY 17-18 |
|---|---|---|---|
| WET Coordination | County Operated | Countywide | 341,026 |
| Supporting Families | Contractor TBD | Countywide | 600,000 |
| Senior Peer Counseling | County Operated | Countywide | 287,914 |
| | | **Total** | **$1,228,940** |

**Training and Technical Support**

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

4) Mental Health First Aid Instructor Training. CCBHS will be engaging the National Council to train staff to become 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 staff instructors will be part of CCBHS's Emergency Response Team, with liaison responsibilities to these first responder entities, should the Emergency Response Team be activated.

The MHSA funding allocation for this category is summarized below:

| Plan Element | County/Contract | Region Served | MHSA Funds Allocated for FY 17-18 |
|---|---|---|---|
| Staff Training | Various vendors | Countywide | 133,150 |
| NAMI Basics/Faith Net/De Familia a Familia | NAMI-Contra Costa | Countywide | 61,850 |
| Crisis Intervention Training | County Sherriff's Department | Countywide | 15,000 |
| Mental Health First Aid | The National Council | Countywide | 20,000 |
| | | **Total** | **$230,000** |

**Mental Health Career Pathway Program**

The 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 counseling 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<br>Contra Costa College | Countywide | 50 | 405,726<br>30,000 |
| | | **Total** | | **$435,726** |

**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. 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 Forgiveness Program. For the Three year Plan CCBHS will also implement a County funded Loan Forgiveness Program that specifically addresses critical psychiatry shortages, and provides potential career advancement opportunities for CCBHS Community Support Workers performing in the roles of peer provider and family partner. The recently completed Needs Assessment of workforce staffing shortages revealed that only 43% of authorized County psychiatrist positions were filled in FY 2015-16. Contracts for non-county psychiatrist time have been utilized to make up the shortage, but actual utilization falls significantly short of what is authorized. While all county mental health programs struggle to be competitive with the private sector for psychiatry time, Contra Costa's pay for psychiatrists, both county and contract psychiatrists, significantly lags behind the pay provided by neighboring Bay Area county mental health programs. CCBHS will partner with the California Mental Health Services Authority (CalMHSA) to administer a loan forgiveness 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 2017-18 |
|---|---|---|---|---|
| Loan Forgiveness | CalMHSA | Countywide | To be determined | 300,000 |
| | | **Total** | | **$300,000** |

## Workforce Education and Training (WET) Component Budget Authorization for FY 2017-18:

| | | | |
|---|---|---|---|
| Workforce Staffing Support | | | 1,226,455 |
| Training and Technical Assistance | | | 230,000 |
| Mental Health Career Pathways | | | 438,211 |
| Internship Program | | | 345,000 |
| Loan Forgiveness Program | | | 300,000 |
| | | **Total** | **$2,539,666** |

## Capital Facilities/Information Technology

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

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

Electronic Mental Health Record System. Contra Costa received approval from the State in 2010 to utilize up to $6 million in MHSA funds to develop and implement an electronic mental health record system. The approved project is intended to transform 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 would replace 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 proposed system would allow doctors to submit their pharmacy orders electronically, and permit sharing between psychiatrists and primary care physicians to allow knowledge of existing health conditions and drug inter-operability. It would also allow consumers to access part of their medical record, make appointments, and electronically communicate with their treatment providers.

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

**MHSA funds estimated to be available for FY 2017-18: $643,835**

# The Budget

Previous chapters provide detailed projected budgets for individual MHSA plan elements, projects, programs, categories and components for FY 2017-18. The following table summarizes the total MHSA spending authority by component for each year of the Three Year Plan.

| | CSS | PEI | INN | WET | CF/TN | TOTAL |
|---|---|---|---|---|---|---|
| FY 17/18 | 37,602,567 | 8,668,448 | 2,120,226 | 2,539,666 | 643,835 | 51,574,742 |
| FY 18/19 | 36,772,145 | 8,926,161 | 2,159,833 | 2,602,956 | 52,299 | 50,513,394 |
| FY 19/20 | 37,690,971 | 9,191,606 | 2,200,628 | 2,668,145 | 0 | 51,751,349 |

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

## Fiscal Year 2017/18

| **A.Estimated FY 2017/18 Available Funding** | **CSS** | **PEI** | **INN** | **WET** | **CF/TN** | **TOTAL** |
|---|---|---|---|---|---|---|
| 1.Estimated unspent funds from prior fiscal years | 32,180,600 | 4,779,776 | 4,617,267 | 233,569 | 696,134 | 42,507,346 |
| 2. Estimated new FY 17/18 funding | 34,873,771 | 7,943,443 | 2,090,380 | 0 | 0 | 44,907,594 |
| 3. Transfers in FY 17/18 | (7,795,034) | | | 7,795,034 | | |
| 4.Estimated available funding for FY 17/18 | 59,259,337 | 12,723,219 | 6,707,646 | 8,028,603 | 696,134 | 87,414,939 |
| **B.Budget Authority For FY17/18** | 37,602,567 | 8,668,448 | 2,120,226 | 2,539,666 | 643,835 | 51,574,742 |
| C.Estimated FY 17/18 Unspent | 21,656,770 | 4,054,771 | 4,587,420 | 5,488,937 | 53,299 | 35,840,197 |

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| | | | | | | |
|---|---|---|---|---|---|---|
| Fund Balance | | | | | | |

## Fiscal Year 2018/19

| **A.Estimated FY 2018/19 Available Funding** | **CSS** | **PEI** | **INN** | **WET** | **CF/TN** | **TOTAL** |
|---|---|---|---|---|---|---|
| 1.Estimated unspent funds from prior fiscal years | 21,656,770 | 4,054,771 | 4,587,420 | 5,488,937 | 52,299 | 35,840,197 |
| 2. Estimated new FY 18/19 funding | 34,405,520 | 8,076,380 | 2,125,363 | 0 | 0 | 45,607,263 |
| 3. Transfers in FY 18/19 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.Estimated available funding for FY 18/19 | 57,062,290 | 12,131,151 | 6,712,784 | 5,488,937 | 52,299 | 81,447,460 |
| **B.Budget Authority For FY18/19** | 36,772,145 | 8,926,161 | 2,159,833 | 2,602,956 | 52,299 | 50,513,394 |
| C.Estimated FY 18/19 Unspent Fund Balance | 20,290,145 | 3,304,990 | 4,552,951 | 2,885,981 | 0 | 30,934,066 |

## 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 | 20,290,145 | 4,204,990 | 4,552,951 | 2,885,981 | 0 | 30,934,066 |
| 2. Estimated new FY 19/20 funding | 35,405.520 | 8,076,380 | 2,125,363 | 0 | 0 | 45,607,263 |
| 3. Transfers in FY 19/20 | 0 | 0 | 0 | 0 | 0 | 0 |

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| | | | | | | |
|---|---|---|---|---|---|---|
| 4.Estimated available funding for FY 19/120 | 55,695,664 | 11,281,370 | 6,678,314 | 2,885,981 | 0 | 76,541,328 |
| **B.Budget Authority For FY19/20** | 36,690 | 9,191,606 | 2,200,628 | 2,668,145 | 0 | 51,751,349 |
| C.Estimated FY 19/20 Unspent Fund Balance | 18,004,693 | 2,089,764 | 4,477,686 | 217,836 | 0 | 24,789,979 |

## Prudent Reserve: $7,125,250

**Notes.**

1. Estimated FY 2017/18 available funding for the CSS component includes $1,722,486 in funds received from the State in FY 16/17 for county administration of the Special Needs Housing Program (SNHP). Use of these funds are restricted to expenditures as allowed by this program. The one-time SNHP funding of $1,722,486 has been added to the FY 2017-18 budget. Any of these funds not spent during FY 2017-18 will be added to the FY 2018-19 budget when the Three Year Plan is updated in 2018.
2. The remaining CF/TN funds of $696,134 has been added to the FY 2017-18 budget. Any of these funds not spent for the Mental Health Electronic Records System in FY 2017-18 will be added to the FY 2018-19 budget when the Three Year Plan is updated in 2018. Any costs that are incurred above the total MHSA funds set aside for this project will be considered separately as a new and additional County funding obligation.
3. A collective increase in budget authority for programs, projects and plan elements for the second and third year of the Three Year Plan allows for an increase in the cost of doing business for both the County and service providers contracting with the County. Subsequent Three Year Plan Annual Update budget authority will be reviewed based upon recent actual costs and adjusted, if appropriate, for Board of Supervisor review and approval.
4. The Mental Health Services Act requires that 20% of the total of new funds received by the County from the State MHSA Trust Fund go for the PEI component. The balance of new funding is for the CSS component. From the total of CSS and PEI components, five percent of the total new funding is to go for the Innovation (INN) component, and is to be equally divided between the CSS and PEI allotment. The estimated new funding for each fiscal year includes this distribution.
5. Estimated new funding for each fiscal year includes the sum of the distribution from the State MHSA Trust Fund, interest earned from the County's MHSA fund, and federal

financial reimbursement for qualified Medi-Cal expenditures utilizing MHSA funds as match, to include the EPSDT special fund sub-account.

6. The County may set aside up to 20% of the average amount of funds allocated to the County for the previous five years for the Workforce, Education and Training (WET) component, Capital Facilities, Information Technology (CF/TN) component, and a prudent reserve. For this three year period the County is allocating $7,565,790 for the WET component, and is depicted as a transfer from the CSS component in FY 2017-18.
7. The MHSA requires that counties set aside sufficient funds, entitled a prudent reserve, to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. The County's prudent reserve balance through June 30, 2017 is estimated to be $7,125,250. This figure is in addition to the estimated available unspent funds from previous years.
8. It is projected that the requested total budget authority for the Three Year Plan period enables the County to fully fund all proposed programs and plan elements while maintaining sufficient funding reserves (prudent reserve plus unspent funds from previous years) to offset any reduction in state MHSA Trust Fund distribution or federal financial participation (Medi-Cal reimbursement).

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# 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 contract and county operated programs and plan elements receiving MHSA funds will undergo 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 or plan element 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 monthly 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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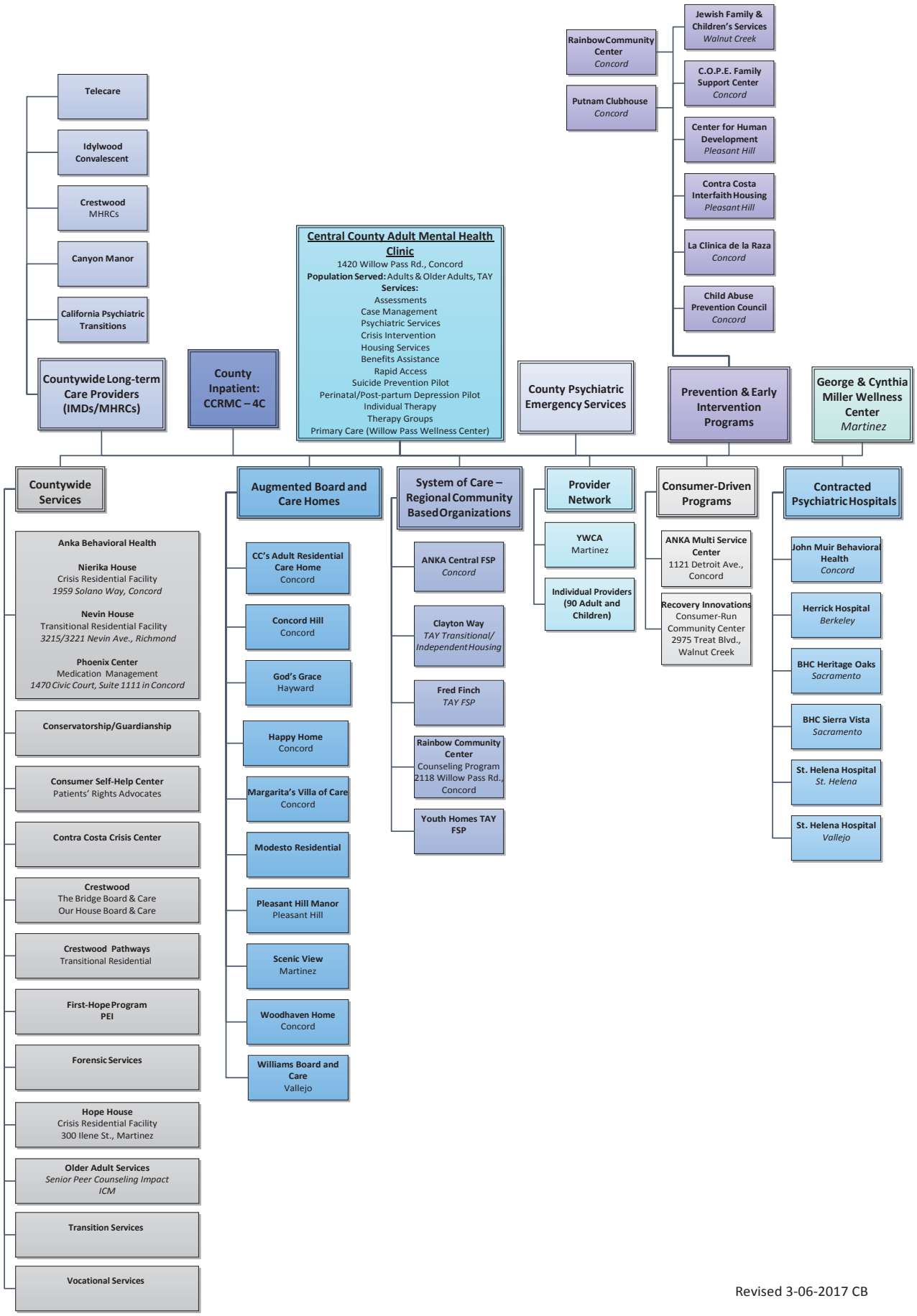
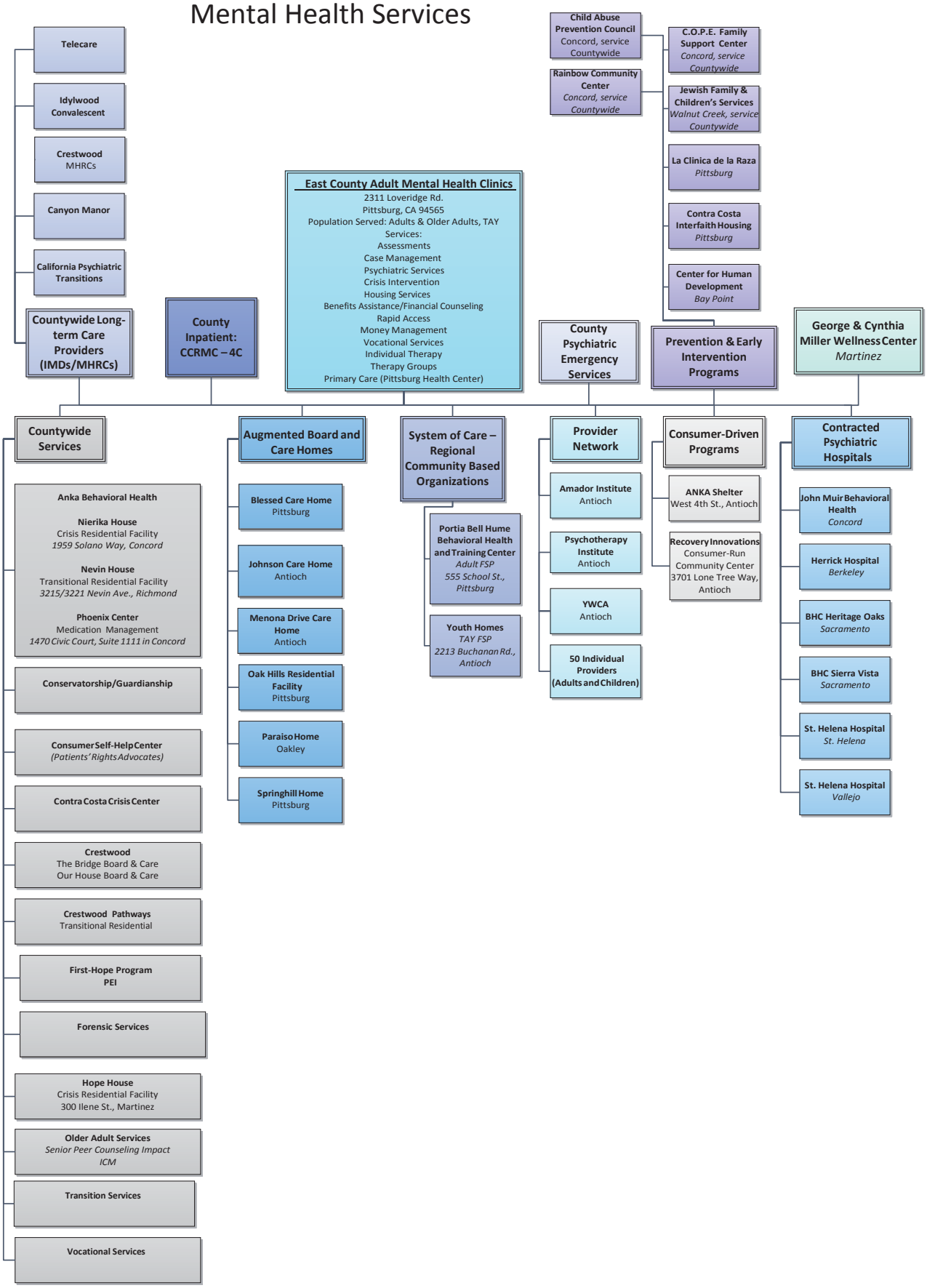
# Central County Adult Mental Health Services



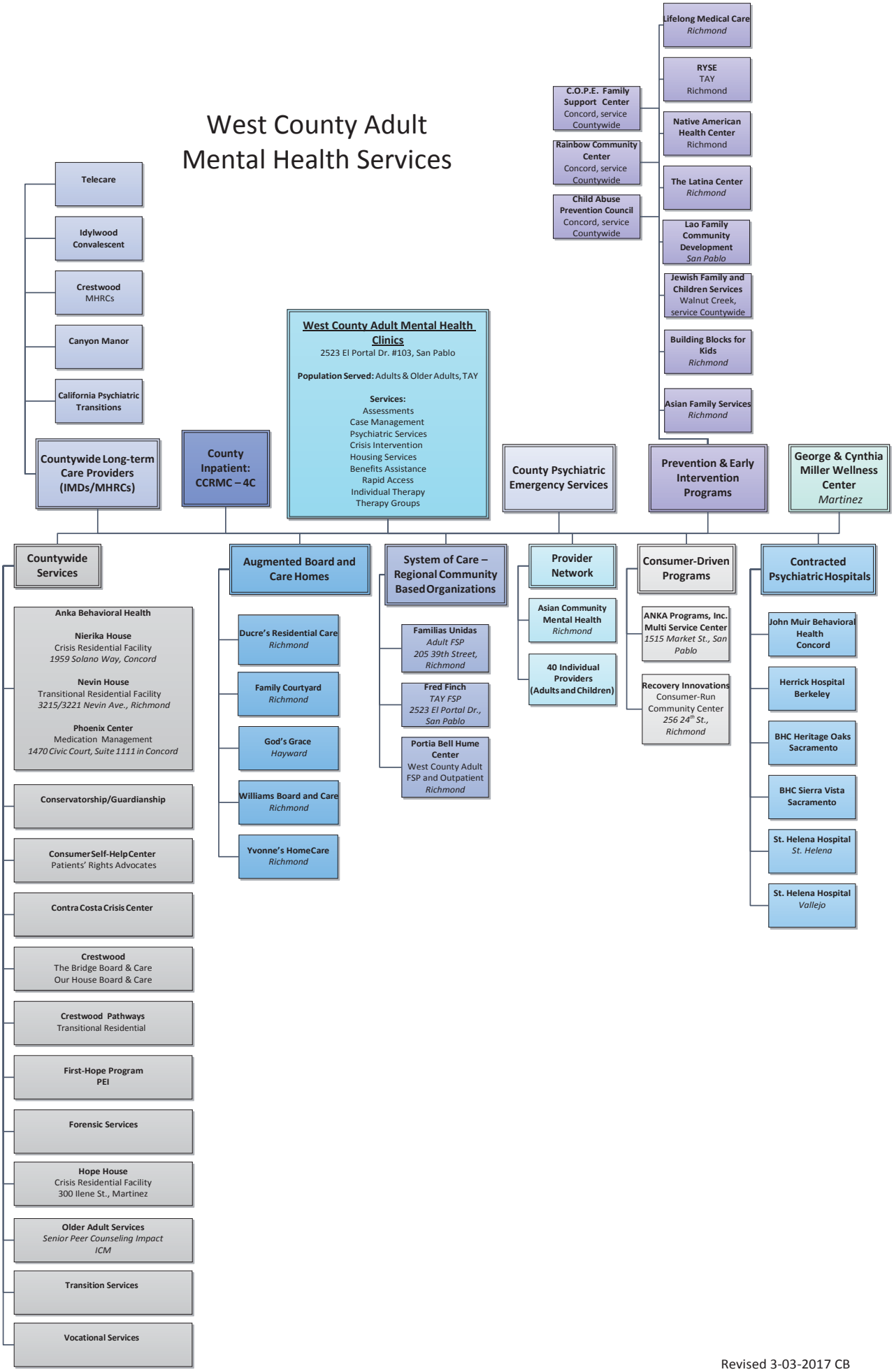

Revised 3-06-2017 CB

# East County Adult Mental Health Services




Revised 3-03-2017 CB

# West County Adult Mental Health Services




Revised 3-03-2017 CB

# Central County Children's Mental Health Services

**Central County Children's Mental Health Clinic**
2425 Bisso, Ste. 200
Concord, CA 94520
Population Served: Children and TAY
Services:
Psychiatric Services
Outpatient Services
Parent Partners
Parent Project
PIP Program
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*

## Countywide Services

**Children's Specialty Programs**
2425 Bisso Ln. #235
Concord
**Population Served:** Children & TAY
- Child & Family Mental Health Services
- Social Services Child Assessment Unit
- Spirit of Caring
- Katie A.
- Local and National Case Management

**COFY**
Multi-Systemic Therapy and Functional Family Therapy

**Consumer Self-Help Center**
Patients' Rights Advocates

**County-Wide Assessment Team**
2425 Bisso Ln. #235
*Concord*
**Population Served:** Children & TAY

**First-Hope Program**
PEI

**Hospital & Residential Unit**
2425 Bisso Ln. #280
*Concord*
**Population Served**: Children & TAY
- Hospital Liaison
- Emergency Foster Care
- TBS Services Coordination

**Mental Health and Probation Services**
*202 Glacier Dr.*
*Martinez*
**Population Served:** Children & TAY
- Juvenile Hall, Juvenile Assessment and Consultation Services
- Orin Allen Youth Rehabilitation Facility
- Regional Probation Liaisons

**Lincoln Child Center**
In-Home Behavioral Services

**Lincoln**
Multi-Dimensional Family Therapy

**We Care**
0-5

**Seneca**
Mobile Response Team

**STAND!**
Respite & Mentoring

**Start FSP Seneca**

**TBS Providers**
COFY
Seneca
Youth Homes
La Cheim
ASPIRAnet
Fred Finch Youth Center
Milhouse Children's Services
St. Vincent's School for Boys
Victor Community Support Services

**Thunder Road**
*(Integrated Adolescent SUD/MH Intensive Outpatient)*

**Fred Finch - Avalon**
Dual-diagnoses residential treatment and nonpublic school

## School-Based Program Unit

**Head Start**

**Unbundled Day Treatment**

- **Uplift**
  *Mount Diablo High School, Concord*
- **La Cheim Nonpublic School**
  *Antioch and El Sobrante, service Countywide*
- **Seneca Olivera Nonpublic School**
  *Concord*
- **Seneca Collaborative**
  At: Pleasant Hill Middle School, Riverside MS (MDUSD)

**Outpatient School-wide Mental Health Services**

- **COFY**
  Marchus School – Elementary and Middle (CCCOE)
- **Fred Finch**
  Elementary: Bel Air, Shore Acres, Wren Ave, Meadow Homes, Ygnacio Valley
  Middle: El Dorado, Oak Grove, Valley View
  High: Mt. Diablo, Ygnacio Valley, Concord
- **Mt. Diablo Unified School District**
  Elementary Schools: Sunrise
  High Schools: Mt. Diablo, Olympic, Alliance

## System of Care – Community Based Organizations

- **Youth Services Bureau**
  *Concord*
- **STAND!**
  *Concord*
- **Rainbow Community Center**
  *Concord*
- **MDUSD Fair Oaks Wrap Clinic**
  Concord
- **Fred Finch CCTAY FSP**
  *San Pablo, serves West and Central*
- **Youth Homes TAY FSP**
  *Serves East and Central*

## Provider Network

- **Organizational:**
  YWCA
  *Martinez*
- **90 Individual Providers (Adults and Children)**

## Prevention & Early Intervention Programs

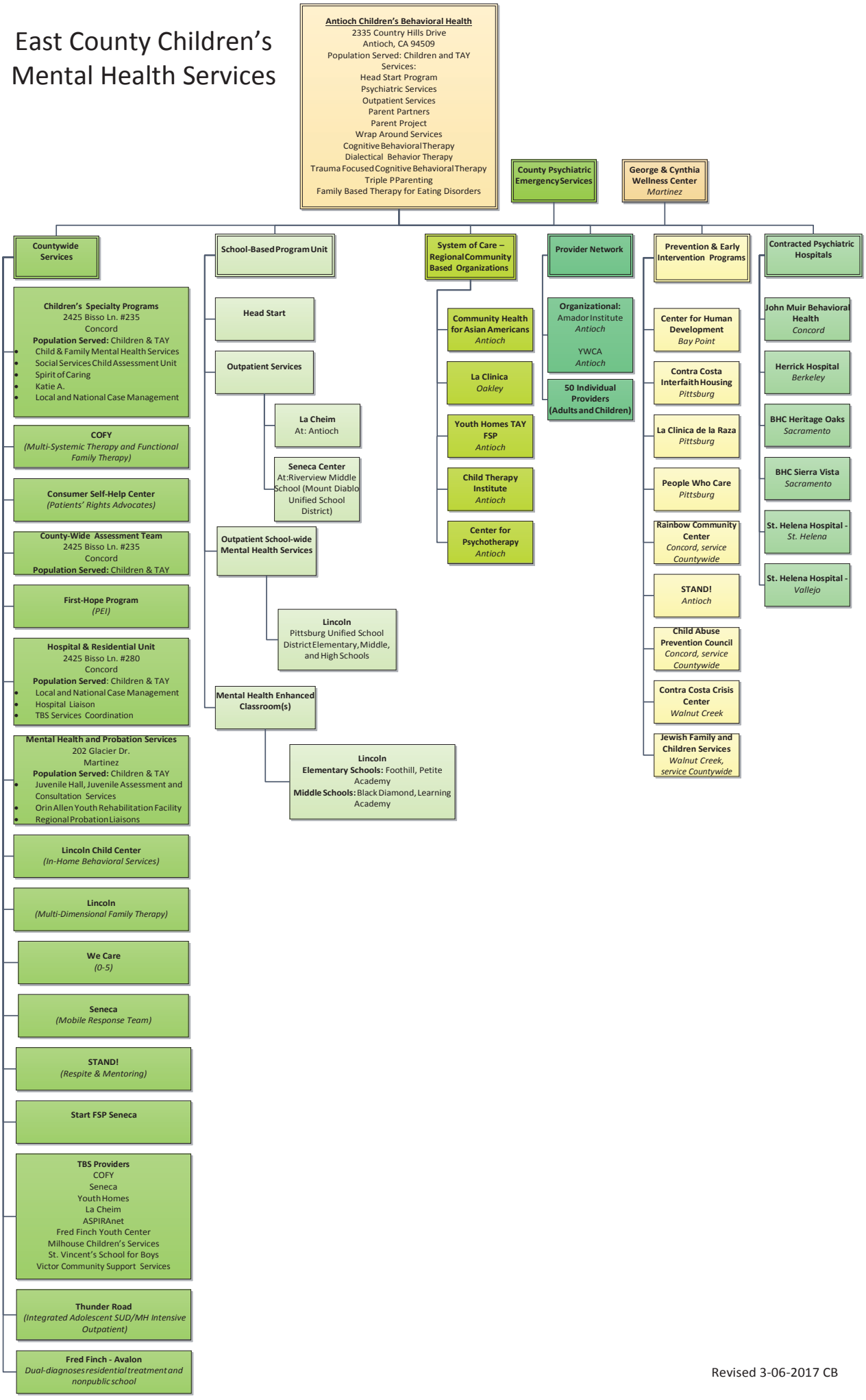
- **Center for Human Development**
  *Pleasant Hill*
- **Child Abuse Prevention Council**
  *Concord*
- **Contra Costa Interfaith Housing**
  *Pleasant Hill*
- **C.O.P.E. Family Support Center**
  *Concord*
- **La Clinica de la Raza**
  *Concord*
- **New Leaf**
  *Martinez*
- **Rainbow Community Center**
  *Concord*
- **STAND!**
  *Concord*
- **Contra Costa Crisis Center**
  *Walnut Creek*
- **Jewish Family and Children Services**
  *Walnut Creek*

## Contracted Psychiatric Hospitals

- **John Muir Behavioral Health**
  *Concord*
- **Herrick Hospital**
  *Berkeley*
- **BHC Heritage Oaks**
  *Sacramento*
- **BHC Sierra Vista**
  *Sacramento*
- **St. Helena Hospital -**
  *St. Helena*
- **St. Helena Hospital -**
  *Vallejo*

Revised 3-6-2017 CB

# East County Children's Mental Health Services




Revised 3-06-2017 CB

# West County Children's Mental Health Services

**West County Children's Mental Health Clinic**
303 41st Street
Richmond, CA
**Population Served**: Children and TAY
**Services:**
Psychiatric Services
Outpatient Services
Parent Partners
Wrap Around Services
Cognitive Behavioral Therapy
Dialectical Behavior Therapy
Trauma Focused Cognitive Behavioral Therapy
Triple P Parenting
NA/AA

**County Psychiatric Emergency Services**

**George & Cynthia Wellness Center**
*Martinez*

## Countywide Services

**Children's Specialty Programs**
2425 Bisso Ln. #235
Concord
**Population Served:** Children & TAY
- Child & Family Mental Health Services
- Social Services Child Assessment Unit
- Spirit of Caring
- Katie A.
- Local and National Case Management

**COFY**
*(Multi-Systemic Therapy)*

**Consumer Self-Help Center**
*(Patients' Rights Advocates)*

**County-Wide Assessment Team**
2425 Bisso Ln. #235
Concord
**Population Served:** Children & TAY

**First-Hope Program**
*(PEI)*

**Hospital & Residential Unit**
2425 Bisso Ln. #280
Concord
**Population Served**: Children & TAY
- Local and National Case Management
- Hospital Liaison
- TBS Services Coordination

**Mental Health and Probation Services**
202 Glacier Dr.
Martinez
**Population Served:** Children & TAY
- Juvenile Hall, Juvenile Assessment and Consultation Services
- Orin Allen Youth Rehabilitation Facility
- Regional Probation Liaisons

**Lincoln Child Center**
*(In-Home Behavioral Services)*

**Lincoln**
*(Multi-Dimensional Family Therapy)*

**We Care**
(0-5)

**Seneca**
*(Mobile Response Team)*

**STAND!**
*(Respite & Mentoring)*

**Start FSP Seneca**

**TBS Providers**
COFY
Seneca
Youth Homes
La Cheim
ASPIRAnet
Fred Finch Youth Center
Milhouse Children's Services
St. Vincent's School for Boys
Victor Community Support Services

**Thunder Road**
*(Integrated Adolescent SUD/MH Intensive Outpatient)*

**Fred Finch - Avalon**
*Dual-diagnoses residential treatment and nonpublic school*

## School-Based Program Unit

**Head Start**

**Unbundled Day Treatment**

- **La Cheim**
  At: La Ceim School
  Richmond (NPS)
- **Seneca**
  At: Catalyst
  (WCCUSD)

**Outpatient School-wide Mental Health Services at WCCUSD Schools**

**Bay Area Community Resources (BACR)**
**Elementary Schools:** Grant, Harbor Way, Lincoln, Nystrom, Peres, Martin Luther King, and Stege
**Middle Schools:** Crespi, Pinole, Portola, Hercules
**High Schools:** El Cerrito, Richmond, Pinole Valley, Hercules

**Community Health for Asian American**
**Elementary Schools:** Lincoln, Nystrom
**Middle Schools:** Helms, LoVonya DeJean
**High Schools:** El Cerrito, Kennedy, Richmond

**Seneca**
**Elementary Schools:** Highland, Sheldon, Tara Hills
**Middle Schools:** Pinole, Transitional Learning Center (WCCUSD)

**Y Team**
**Elementary School:** Nystrom
**Middle School:** Crespi, Helms, Portola, LoVonya DeJean
**High Schools:** De Anza, El Cerrito, Kennedy, Richmond

**Youth Services Bureau**
**Elementary Schools:** Washington, Harbour Way, Transitional Learning
**Middle Schools:** Crespi, Pinole, Portola, Hercules
**High School:** El Cerrito, Richmond, Pinole Valley, Hercules

## System of Care – Regional Community Based Organizations

- **Alternative Family Services** *Richmond*
- **BACR** *Richmond*
- **Community Health for Asian Americans** *Richmond*
- **WCCUSD Wraparound Clinic** *WCCUSD*
- **Early Childhood Mental Health** *Richmond*
- **Familias Unidas** *Richmond*
- **Fred Finch (TAY FSP)** *Richmond*
- **La Cheim** *Richmond*
- **Youth Services Bureau** *Richmond*
- **Child Therapy Institute** *El Cerrito*

## Provider Network

**Organizational:**
Asian Community Mental Health
*Richmond*

Carrie McCluer & Associates
*Crocket*

**40 Individual Providers (Adults and Children)**

## Prevention & Early Intervention Programs

- **Building Blocks for Kids** *Richmond*
- **The James Morehouse Project** *El Cerrito*
- **The Latina Center** *Richmond*
- **Native American Health Center** *Richmond*
- **RYSE** *Richmond*
- **STAND!** *Richmond*
- **Contra Costa Crisis Center** *Walnut Creek, service Countywide*
- **C.O.P.E. Family Support Center** *Concord, service Countywide*
- **Child Abuse Prevention Council** *Concord, service Countywide*
- **Rainbow Community Center** *Concord, service Countywide*

## Contracted Psychiatric Hospitals

- **John Muir Behavioral Health** *Concord*
- **Herrick Hospital** *Berkeley*
- **BHC Heritage Oaks** *Sacramento*
- **BHC Sierra Vista** *Sacramento*
- **St. Helena Hospital -** *St. Helena*
- **St. Helena Hospital -** *Vallejo*

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## Anka Behavioral Health, Inc.

Point of Contact: Chris Withrow, Chief Executive Officer.
Contact Information: 1850 Gateway Boulevard, Suite #900, Concord CA 94520, (925) 825–4700, cwithrow@ankabhi.org

1. **General Description of the Organization**

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

2. **Program: Adult Full Service Partnership - CSS**

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

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

   a. Scope of Services: Services use an integrated multi-disciplinary team approach, based on a modified Assertive Community Treatment (ACT) model of care. Services include outreach and engagement, case management, outpatient mental health services, including services for individuals with co-occurring mental health and alcohol and other drug problems, crisis intervention, medication support, housing support, flexible funds, vocational services, educational services, and recreational and social activities. Anka staff are available to consumers on a 24/7 basis.
   b. Target Population: Adults between the ages of 26 to 59 in Central County who are diagnosed with a serious mental illness, are at or below 300% of the federally defined poverty level, and are uninsured or receive Medi-Cal benefits.
   c. Payment Limit: $791,751
   d. Number served: In FY15/16 Anka Central FSP served 70 individuals.
   e. Outcomes: Below are the FY 15/16 outcomes for Anka Central FSP.
      - Increase in incidence of psychiatric crisis
      - Reduction of the incidence of restriction

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**Table 1. Pre- and post-enrollment utilization rates for 70 Anka Central FSP participants enrolled in the FSP program during FY 15-16**

| | No. pre-enrollment | No. post-enrollment | Rate pre-enrollment | Rate post-enrollment | %change |
|---|---|---|---|---|---|
| *PES episodes* | 239 | 277 | 0.315 | 0.354 | +12.3 |
| *Inpatient episodes* | 46 | 36 | 0.065 | 0.046 | -29.2 |
| *Inpatient days* | 593 | 530 | 0.773 | 0.651 | -15.7 |

** 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:*

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

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

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## Asian Community Mental Health Services (ACMHS)

Point of Contact: Sun Karnsouvong
Contact Information: Asian Family Resource Center (AFRC), 12240 San Pablo Ave, Richmond, Ca.
Sunk@acmhs.org

1. **General Description of the Organization**
   ACMHS provides multicultural and multilingual services, empowering the most vulnerable members of our community to lead healthy, productive and contributing lives.
2. **Program: Building Connections (Asian Family Resource Center) - PEI**
   a. Scope of Services: Asian Family Resource Center (AFRC) a satellite site of Asian Community Mental Health Services (ACMHS) will provide comprehensive and culturally-sensitive, appropriate education and access to Mental Health Services for Asian and Pacific Islander (API) immigrant and refugee communities, especially the Southeast Asians and Chinese population of Contra Costa County. ACMHS will employ multilingual and multidisciplinary staff from the communities which they serve. Staff will provide the following scope of services.
      i. Outreach and Engagement Services: individual and/or community outreach and engagement to promote mental health awareness, educate community member on signs and symptoms of mental illness, provide mental health workshops, and promote mental health wellness through community events. Engage community member in various activities to screen and assess for mental illness and/or assist in navigating them into the service systems for appropriate interventions: community integration skills to reduce MH stressors, older adult care giving skills, basic financial management, survival English communication skills, basic life skills, health and safety education and computer education, structured group activities (on topics such as, coping with adolescents, housing issues, aid cut-off, domestic violence, criminal justice issues, health care and disability services), mental health education and awareness, and health/mental health system navigation. ACMHS, in collaboration with community based organizations, will participate in 3-5 mental health and wellness events to provide wellness and mental health outreach, engagement, and education to API immigrants and refugees in the Contra Costa County.

      ii. Individual Mental Health Consultation: this service will also be provided to those who are exhibiting signs of mental illness early in its manifestation, to assess needs, identify signs/symptoms of mental health crisis/trauma, provide linkages/referrals or assist in navigating them into the mental

health system in culturally responsive manner without stigma, and provide wellness support groups to prevent escalations in mental health symptoms or stressors, accessing essential community resources, and linkages/referral to mental health services. Peer Navigators will be utilized to support participants to access services in a cultural sensitive manner. These services will be provided for a period of less than one year unless psychosis is present. ACMHS will serve a minimum of 75 high risk and underserved Southeast Asian community members within a 12 month period, 25 of which will reside in East County with the balance in West and Central County.

b. Target Population: Asian and Pacific Islanders immigrants and refugees (especially Chinese and Southeast Asian population) in Contra Costa County
c. Payment Limit: $133,900
d. Number served: In FY 15/16: 50 high risk and underserved community members.
e. Outcomes:
   - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits.
   - Most respondents to survey report increased knowledge of mental health resources and benefits available.
   - 85% respondents reported better linkage to community resources.
   - 80% respondents reported a reduction in mental health symptoms, while 91% reported having less stress in their life after completion of the program.

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## Building Blocks for Kids (BBK)

Point of Contact: Jennifer Lyle.
Contact Information: 310 9th Street, Richmond, Ca 94804, (510) 232-5812
jlyle@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 downtown Richmond, California. The Collaborative consists of member residents, member organizations, and working groups that work toward community change in the area of wellness and health, education, and community engagement.

2. **Program: Not Me Without Me (PEI)**

   a. Scope of Services:
   Building Blocks for Kids Collaborative, a project of Tides Center, will provide diverse households in the Iron Triangle neighborhood of Richmond, CA with improved access to mental health education, and Mental Health support. This sixth year of the *Not About Me Without Me* prevention and early intervention work addresses MHSA's PEI goal of providing Prevention services to increase recognition of early signs of mental illness, and intervening early in the onset of a mental illness. Accordingly, the goals of the proposed sixth year 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 Richmond
   c. Payment Limit: $204,447
   d. Number served: In FY 15/16: 538 Individuals (includes outreach and education events).

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e. Outcomes:

- Over the course of the 15/16 year, BBK worked with Richmond parents to present to foundations, organizations and city and county providers.
- BBK held Sanctuary groups and parents who attend have consistently reported developing a plan for supporting mental wellness for themselves.
- BBK partnered with COPE and Child Abuse Prevention Council to offer evidence based parenting classes.

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## Center for Human Development (CHD)

Point of Contact: David Carrillo
Contact Information: 901 Sun Valley Blvd., Suite 220, Concord, CA 94520
(925) 349-7333, david@chd-prevention.org

1. **General Description of the Organization**

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

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

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

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

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b. Target Population: Wellness Program: African American residents (East County) at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County
c. Payment Limit: $136,990
d. Number served: In FY 15/16: 238 individuals were served in both programs combined. 159 in the African American (AA) Wellness Program and 79 in the Empowerment Program.
e. Outcomes:
   iii. 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 2015/2016.
      - Participants in AA Wellness Program received navigational support for their service referral needs.
   iv. Empowerment Program
      - LGBTQ youth empowerment support groups at Pittsburg and throughout the year with topics such as: “Family and Peer Conflict,” “Challenges to Relationships,” “Community Violence and Loss,” “Queer History and Activism.”
      - 85% of the participants in the Empowerment Psycho-Educational Leadership support groups reported and increased sense of emotional health and well-being within fiscal year 2015-2016.
      - 100% of participants in Empowerment in need of counseling services were informed and referred to LGBTQ-sensitive resources available to youth.

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

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

1. **General Description of the Organization**

   The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The Central Adult Mental Health Clinic operates within Contra Costa Mental Health's Adult System of Care, and provides assessments, case management, 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 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.

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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 15-16: Approximately 3,325 Individuals.

**4. Program: Suicide Prevention Pilot - PEI**

A Mental Health Clinical Specialist provides routine follow up care and linkage services for Central County clients who access Psychiatric Emergency Services and are at risk for suicide. In addition, the clinician provides comprehensive assessment as well as group and individual therapy for suicidal patients at Concord Adult Mental Health. This clinician also supports countywide efforts to bring awareness to Suicide Prevention by participating in the Suicide Prevention Committee, the LGBTI committee and the Training Advisory group.

a. Target Population: Clients at risk of suicide.
b. Total Budget: $123,493
c. Staff: 1 Full time equivalent
d. Number Served:40+
e. Outcomes:
   - Decrease in Suicide Rate (among clients open to Concord Adult Mental Health)
   - Increase in Cognitive Behavioral Therapy Participation
   - Trained in QPR, and acts as a trainer to primary responders in the community

**5. Program: Women Embracing Life and Learning (WELL) - INN**

WELL is a collaboration between Contra Costa Mental Health Services, Public Health Nursing and the Women Infant and Child (WIC) project. It is integrating perinatal/postpartum depression services into the services currently provided at the Central County WIC office. The target population consists of mothers who receive services from the Central County WIC office who screen positive for perinatal and/or post-partum depression. The goals of the project are to learn: 1) which elements of the collaboration are most/least effective and why; 2) if the collaboration leads to an increase in awareness about mental health services and a decrease in the mothers' perception of stigma associated with depression; and 3) improved health outcomes for the women participating in the collaboration.

a. Target Population: Low income mothers with perinatal/postpartum depression.
b. Total Budget: $194,652
c. Staff: 2.62 Full time equivalent
d. Number Served: For FY 15/16: 71 individuals

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e. Outcomes: The WELL Project strives to accomplish the following outcomes:
   - A decrease in psychiatric symptoms
   - A decrease in mental health stigma
   - To determine if the program may have resulted in changes in the above outcomes, data for these outcomes will be compared before and after program participation. The baseline data will be derived from participants at enrollment, and the post data will be derived from participants at graduation or upon dropping out from the program. Data related to psychiatric symptoms will be obtained from the PHQ-9. Data related to mental health stigma will be obtained from a measurement tool that will be determined.

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

The Overcoming Transportation Barriers program is a systematic approach to develop an effective consumer-driven transportation infrastructure that supports the entire mental health system of care. The goals of the project are as follows: 1) improve access to mental health services; 2) improve system navigation; 3) improve independent living and self-management skills among clients.

a. Target Population: Consumers of all ages and families served by the County-operated mental health clinics, with potential to expand to community-based organizations.
b. Budget: $314,830
c. Staff: 3.0 Full-time equivalent
d. Number Served: Program began in FY 15/16. The expected case load is approximately 10-20 consumers per clinic for an approximately six month service duration period.
e. Outcomes: Program will include indicators in areas such as: appointment adherence, perceived safety and barriers, resource utilization, as well as tracking of program activities and changes in policy and practices.

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

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

1. **General Description of the Organization**

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

2. **Plan Element: Clinic Support - CSS**

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

   - Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
   - A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic.
   - Support for full service partners.

   a. Target Population: Children aged 17 years and younger, who live in Central County, are diagnosed with a serious emotional disturbance or serious mental illness, and are uninsured or receive Medi-Cal benefits.

   b. Number served by clinic: For FY 15/16: Approximately 1,283 Individuals.

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## Child Abuse Prevention Council (CAPC)

Point of Contact: Carol Carillo
Contact Information: 2120 Diamond Blvd #120, Concord, CA 94520
capccarol@sbcglobal.net

1. **General Description of the Organization**
   The Child Abuse Prevention Council has worked for many years to prevent the maltreatment of children. Through providing education programs and support services, linking families to community resources, mentoring, and steering County-wide collaborative initiatives, CAPC has led Contra Costa County's efforts to protect children. It continually evaluates its programs in order to provide the best possible support to the families of Contra Costa County.
2. **Program: The Nurturing Parenting Program, PEI**
   a. Scope of Services: The Child Abuse Prevention Council of Contra Costa will provide an evidence-based curriculum of culturally, linguistically, and developmentally appropriate, Spanish speaking families in East County, and Central County's Monument Corridor. Four classes will be provided for 12-15 parents each session and approximately 15 children each session 0-12 years of age. The 22 week curriculum will immerse parents in ongoing training, free of charge, designed to build new skills and alter old behavioral patterns intended to strengthen families and support the healthy development of their children in their own neighborhoods. Developmental assessments and referral services will be provided to each family served in the program using strategies that are non-stigmatizing and non-discriminatory. Families will be provided with linkages to mental health and other services as appropriate. Providing the Nurturing Parenting Program in the Monument Corridor of Concord and the Brentwood First Five Center allows underserved parents and children access to mental health support in their own communities and in their primary language.
   b. Target Population: Latino children and their families in Central and East County.
   c. Payment Limit: $117,928
   d. Number served: In FY 15/16: 68+ 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).

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## Community Options for Families and Youth, Inc.

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

1. **General Description of the Organization**

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

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

   Multisystemic Therapy ("MST") in 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 12 to 17 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: for FY 2015-2016 MHSA portion: $650,000
   d. Number served: In FY15/16 COFY FSP served 91 individuals.
   e. Outcomes: For clients served in 2015: Percent of clients with no new arrests: 71.43%, living in the home: 80.95%, and working or in school: 80.95%

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**Table 2. Pre- and post-enrollment utilization rates for 91 Community Options for Families and Youth, Inc. participants enrolled in the FSP program during FY 15-16**

| | No. pre-enrollment | No. post-enrollment | Rate pre-enrollment | Rate post-enrollment | %change |
|---|---|---|---|---|---|
| *PES episodes* | 15 | 9 | 0.017 | 0.011 | -35.2 |
| *Inpatient episodes* | 3 | 1 | 0.002 | 0.001 | -50 |
| *Inpatient days* | 14 | 7 | 0.012 | 0.012 | 0 |
| *JACS* | 20 | 19 | 0.029 | 0.028 | -3.44 |

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## Community Violence Solutions

Point of Contact: Cynthia Peterson, Executive Director
Contact Information: 2101 Van Ness Street, San Pablo, CA 94806,
(510) 307-4121, cpeterson@cvsolutions.org

1. **General Description of the Organization**

   Community Violence Solutions (CVS) is dedicated to working in partnership with the community to end sexual assault and family violence through prevention, crisis services, and treatment. Formerly called Rape Crisis Center, CVS was founded by the Greater Richmond Interfaith Program in 1974. Since then, CVS has expanded its services to all of Contra Costa and Marin Counties.

2. **Program: Reluctant to Rescue (Innovation)**

   The intent of this project is to "increase the quality of services, including better outcomes". Community Violence Solutions (CVS) named the project "Reluctant to Rescue" because it recognized the highly complex dynamic situations that often prevent the "rescue" of youth victimized by sexual exploitation. Through this project, CVS is exploring the effectiveness of various service modalities by addressing two of its operating assumptions. First, commercially sexually exploited (CSEC) youth are nearly always traumatized sexual assault victims; yet, exploited youth do not always see themselves as victims and, as a result, often do not respond to the same approaches as other sexual assault victims. Interventions might be more effective if they: a) assisted youth in recognizing the physical risks and health problems associated with the sex trade and b) addressed the youth's ability to earn a living through paid job training. Addressing trauma and other psychosocial issues may need to occur later in the intervention. Second, the ways and reasons youth enter a situation of exploitation are often not same reasons they remain in this "work". Therefore, interventions should address these changes. Staff adapts their outreach to engage youth where they are located, providing safe, accessible drop-in centers, and providing mental health and support services. This project is developing promising practices to identify exploited and at-risk youth, coordinate with and educate public entities, such as law enforcement, and mobilize resources to assist youth leave exploited situations.

   a. Scope of Services: The project recognizes youth as experts in their own experiences and relies on their feedback and expressions of need to inform the development of services and multiple service routes. Accordingly, the project initially approaches the issue of sex for pay with respectful inquiry instead of specific ideas of intervention and service. Youth share information through guided interviews and focus groups. The proposed project seeks to gain detailed information directly from the youth in order to help develop interventions that address complex motivations for entering and continuing in sexual exploitation. CVS utilizes the youth-generated information to inform curriculum

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development and intensive training with a core group of CSEC parents, guardians, and foster parents who are open to increasing their skills and willing to care for these challenging and challenged youth. CVS coordinates all aspects of the project and, as appropriate, brings community partners in to deliver specific services requested by youth.

Two drop-in centers are staffed and respond to needs of youth expressed in the qualitative data collected during Phase I of the project. CVS contracts with specific individuals and/or other agency providers to serve identified needs.

b. Target Population: Sexually exploited youth (ages 16 to 25 years) and youth at risk of sexual exploitation.
c. Annual Payment Limit: $126,000
d. Number served: For FY 15/16: 110 youth
e. Outcomes:
    - Reduction in incidence of incarceration
    - Reduction in depression symptoms

Community Violence Solutions collected baseline data using the Children and Adolescent Needs and Strengths Assessment (CANS) in FY 12/13; however, due to the transient nature of the target population, in FY 14/15 it was determined that the CANS is not the appropriate screening tool to use. The agency developed a new outcome measurement tool and outcomes will be included in fiscal year 16/17.

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## Contra Costa Crisis Center

Point of Contact: Rhonda James
Contact Information: P.O. Box 3364 Walnut Creek, CA 94598
925 939-1916
RhondaJ@crisis-center.org

1. **General Description of the Organization**

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

2. **Program: Suicide Prevention Crisis Line**

   a. Scope of Services:

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

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Crisis Center will continuously recruit and train crisis line volunteers to a minimum pool of 25 multilingual/culturally competent individuals within the contract year; Spanish-speaking counselors will be provided 80 hours per week.

- The Crisis Center will provide community outreach and education about how to access crisis services. Priority and vigorous outreach efforts are directed to underserved and hard to reach populations such as youth, elderly, isolated, persons with limited English, LGBQT, 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) and for culling statistical data on deaths ruled as suicide or undetermined (as well as homicides or accidents with possibility of suicidal activity by decedent).
- In Partnership with County Mental Health, the Contra Costa Crisis Center will co-chair the Countywide Suicide Prevention Committee.

b. Target Population: Contra Costa County residents in crisis.
c. Payment Limit: $301,636
d. Number served: In FY 15/16: 25,605 crisis calls were fielded.
e. Outcomes:
    - Calls were answered in both English and Spanish 12 hours each day and in English with Spanish tele-interpreter back up during late night/early morning hours 8 hours per day.
    - Average response time was 5 seconds and call abandonment rate was 1.9 (losing less than half of industry standard number of calls).
    - Lethality assessments were provided for 100% of callers rated mid to high level risk.
    - Delivered 14 Suicide Prevention presentations.
    - New volunteers trained and maintained pool of 40+ volunteers.

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## Contra Costa Interfaith Housing (CCIH)

Point of Contact: Sara Marsh
Contact Information: 399 Taylor Blvd. Ste. 115, Pleasant Hill, CA 94530
(925) 944-2244, Sara@ccinterfaithhousing.org

1. **General Description of the Organization**

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

2. **Program: Strengthening Vulnerable Families**

   a. Scope of Services:

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

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that are covered under this grant will be 155. Anticipated impact for services at these sites will be improved school performance by the youth and improved parenting skills and mental health for these families due to lowered stress regarding their housing status (eviction prevention) and increased access to resources and benefits. Increased recognition of early signs of mental illness will be achieved as well, due to the on-site case management staff's ability to respond to possible family concerns about family members' mental health, as they arise.

- CCIH staff is also able to help community providers be aware of early signs of mental illness in their clients, and support sensitive care and timely treatment for these issues.

b. Target Population: Formerly homeless/at-risk families and youth.
c. Payment Limit: $66,462
d. Number served: FY 15/16: 275
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).

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## Counseling Options Parent Education (C.O.P.E.)

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 services in order 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, Family Commission and County Behavioral Health, C.O.P.E. is funded to deliver Positive Parenting Program classes to parent of children age 0 – 17. The C.O.P.E Family Support Center (Contractor) will provide approximately 21 services using the evidence-based Triple P — Positive Parenting Program Level 2 Seminar, Level 3 Primary Care, Level 4 Group, Level 5 Pathways, Level 5 Enhanced, Level 5 Transitions, Level 5 Lifestyles Multi-Family Support Groups, at no cost to parents of children two years to seventeen years of age.

      The program utilizes a self-regulatory model that focuses on strengthening the positive attachment between parents and children by helping parents to develop effective skills to manage common child behavioral issues. Our targeted population includes caregivers residing in underserved communities throughout Contra Costa County.

      All classes are available in Spanish and/or English and level 4 is available in Arabic and Farsi. In regards to the curriculum on Triple P Parenting, C.O.P.E. provides management briefings, orientation and community awareness meetings to partner agencies. They support and organize trainings, 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.

   c. Payment Limit: $231,750(6 – 17), through First Five: $77,250 (0 – 5).

   d. Number served: For FY 15/16: 230 (6 – 17) and 241 (0 – 5).

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e. Outcomes:

- Completed 28 parent education classes of for various levels of parenting problems.
- Pre and Post Test show improvements in measures of parenting style (laxness, over-reactivity, and hostility), decrease of depression/anxiety measures, and decrease in frequency of child problem behavior, improvement in child adjustment behavior and caregivers level of stress about these behaviors.

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## Crestwood Behavioral Health, Inc.

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

1. **General Description of the Organization**

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

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

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

   a. Scope of Services
      - Case management.
      - Mental health services.
      - Medication management.
      - Crisis intervention.
      - Adult residential.

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

   c. Annual MHSA Payment Limit: $ 885,960

   d. Number served: For FY 15/16: 16 beds available at Pathways in Pleasant Hill. 64 beds available at The Bridge in Pleasant Hill. 30 beds available at Our House in Vallejo.

   e. Outcomes: To be determined.

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## Desarrollo Familiar, Inc. (Familias Unidas)

Point of Contact: Lorena Huerta, Executive Director.
Contact Information: 205 39th Street, Richmond, CA 94805
(510) 412–5930, LHuerta@Familias-Unidas.org.

1. **General Description of the Organization**
   Familias Unidas exists to improve wellness and self-sufficiency in Latino and other communities. The agency accomplishes this by delivering quality mental health counseling, service advocacy, and information/referral services. Familias Unidas programs include: mental health, education and prevention, youth development, and wrap-around services.
2. **Program: Familias Unidas – Full Service Partnership - CSS**
   Familias Unidas provides a comprehensive range of services and supports in Contra Costa County to adults with serious emotional disturbance/serious mental illness who are homeless or at serious risk of homelessness. Services are based in West Contra Costa County.
   a. Scope of Services
      - Services are provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care. Services include:
      - Outreach and engagement
      - Case management
      - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
      - Crisis Intervention
      - Collateral services
      - Medication support (may be provided by County Physician)
      - Housing support
      - Flexible funds
      - Contractor must be available to the consumer on a 24/7 basis
   b. Target Population: Adults between the ages of 26 and 59 in West County, who are diagnosed with a serious mental illness, are homeless or at imminent risk of homelessness, are at or below 300% of the federally defined poverty level, and are uninsured or receive Medi-Cal benefits.
   c. Payment Limit: $ 213,395 (this includes Federal Financial Participation, FFP)
   d. Number served: For FY 15/16: 32 Individuals
   e. Outcomes: For FY 15/16:
      - Reduction in incidence of psychiatric crisis
      - Reduction of the incidence of restriction

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**Table 3. Pre-and post-enrollment utilization rates for 32 Familias Unidas (Desarrollo Familiar, Inc.) FSP Participants enrolled in the FSP program during FY 15-16**

| | No. pre-Enrollment | No. post-enrollment | Rate pre-enrollment | Rate post-enrollment | % change |
|---|---|---|---|---|---|
| *PES episodes* | 12 | 13 | 0.039 | 0.033 | -15.3 |
| *Inpatient episodes* | 1 | 2 | 0.005 | 0.005 | 0 |
| *Inpatient days* | 5 | 6 | 0.026 | 0.015 | -42.3 |

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

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

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

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## 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 West County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
   c. Annual MHSA Payment Limit: $ 5,184.00
   d. Number served:  For FY 15/16: 6 beds available.

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

Point of Contact: Beverly Fuhrman, Program Manager
Contact Information: 2311 Loveridge Rd., Pittsburg, CA 94565,
(925) 431-2621, Beverly.Fuhrman@hsd.cccounty.us

1. **General Description of the Organization**
   The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The East Adult Mental Health Clinic operates within Contra Costa Mental Health's Adult System of Care, and provides assessments, case management, psychiatric services, crisis intervention, housing services, and benefits assistance. Within the Adult Mental Health Clinic are the following 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 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 15-16: Approximately 2,888 Individuals.

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4. **Plan Element: Coaching to Wellness/Performance Improvement Project - 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: Program began in FY 15/16. The expected case load is approximately 10-20 consumers per clinic for an approximately six month service duration period.
   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.

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

Point of Contact: Eileen Brooks, Program Manager
Contact Information: 3501 Lone Tree Way, #200, Antioch, CA 94509,
(925) 427-8545, Eileen.Brooks@hsd.cccounty.us

1. **General Description of the Organization**

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

2. **Plan Element: Clinic Support - CSS**

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

   - Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
   - A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic.
   - Support for full service partners.

   a. Target Population: Children aged 17 years and younger, who live in 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 15/16: Approximately 1,521 Individuals.

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## First Five Contra Costa

Point of Contact: Wanda Davis
Contact Information: 1486 Civic Ct, Concord Ca 94520. (925) 771-7300
wdavis@firstfivecc.org

1. **General Description of the Organization**
   The mission of First 5 Contra Costa is to foster the optimal development of children, prenatal to five years of age. In partnership with parents, caregivers, communities, public and private organizations, advocates, and county government, First Five supports a comprehensive, integrated set of sustainable programs, services, and activities designed to improve the health and well-being of young children, advance their potential to succeed in school, and strengthen the ability of their families and caregivers to provide for their physical, mental, and emotional growth.
2. **Programs: Triple P Positive Parenting Program - (PEI)**
   a. Scope of Services: First Five Contra Costa and Contra Costa Behavioral Health jointly fund the Triple P Positive Parenting Program that is provided to parents of 0 to 5 children. The intent is to reduce the maltreatment of children by increasing a family's ability to manage their children's behavior and to normalize the need for support to develop positive parenting skills. The Triple P program provides timely access to service by placing the classes throughout county and offering classes year round. The Program has been proven effect across various cultures, and ethnic groups. Triple P is an evidence based practice that provides preventive and intervention support. First 5 Contra Costa provides over-site to of the subcontractor, works closely with the subcontractor on program implementation, identify, recruit and on board new Triple P Practitioners, management the database, review of outcome measurements, and quality improvement efforts. The partnership intended outcome is the outreach for increase recognition of early signs of mental illness.
   b. Target Population: Contra Costa County parents of at risk 0 – 5 children.
   c. Payment Limit: $77,250
   d. Number served: For FY 15/16: 241 parents of children 0 – 5 yrs ( C.O.P.E.)
   e. Outcomes:
      - Completed 16 parent education classes and nine seminar for parents of children age 0 – 5 (C.O.P.E.)

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## First Hope (Contra Costa Behavioral Health)

Point of Contact: Phyllis Mace, Mental Health Program Supervisor
Contact Information: 1034 Oak Grove Rd, Concord, CA 94518 (925) 681-4450
Phyllis.Mace@hsd.cccounty.us

1. **General Description of the Organization**
   The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The First Hope program operates within Contra Costa Mental Health's Children's System of Care but is a hybrid program serving both children and young adults.
2. **Program: First Hope: Early Identification and Intervention in Psychosis - PEI**
   a. Scope of Service: The mission of the First Hope program is to reduce the incidence and associated disability of psychotic illnesses 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 counseling, case management, occupational therapy, supported education and vocation and psychiatric management 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: $1,685,607
   d. Staff: 14 FTE full time equivalent multi-disciplinary staff
   e. Number served: For FY 15/16: 73 clients and their families served (assessments and clinical services). On any given day, the between 55 and 70 clients and their families are open to services. Additionally, First Hope provided ongoing outreach education reaching 561 participants in the community and 157 initial phone screenings and consultation to at risk individuals, families, or providers.
   f. Outcomes:
      - Help clients manage prodromal 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 serves/ inpatient care

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Long Term Public Health Outcomes:

- Reduce conversion rate from prodromal 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.

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## Forensic Mental Health (Contra Costa Behavioral Health)

Point of Contact: Marie Scannell, Program Manager
Contact Information: 1430 Willow Pass Road, Suite 100, Concord CA 94520.
(925) 288-3915. Marie.Scannell@hsd.cccounty.us

1. **General Description of the Organization**

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

2. **Program: Forensic Services**

   The Forensics Services team is a multidisciplinary team comprised of mental health clinical specialists, registered nurses, alcohol and other drugs specialists, homeless benefits specialists, 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.

   a. Scope of Services: Authorized in Fiscal Year 2011-12 four clinical specialists were funded by MHSA to join Forensics Services Team. These clinicians provide services to individuals who were determined to be high users of psychiatric emergency services and other public resources, but very low users of the level and type of care needed. This team works very closely with the criminal justice system to assess referrals for serious mental illness, provide rapid access to a treatment plan, and work as a team to provide the appropriate mental health, substance abuse and housing services needed.
   b. Target Population: Individuals who are seriously and persistently mentally ill who are on probation and at risk of re-offending and incarceration.
   c. Budget: $982,245
   d. MHSA-Funded Staff: 4.0 Full-time equivalent
   e. Number Served in FY 15/16:
      i. AB109 team: 127 cases were referred, and 29 additional cases were screened.
      ii. MHET team: 200+ referred
      iii. AOT team: This program started 2/1/16, and the numbers are only for the first few months of 2016. 108 referrals received, 38 determined to be AOT eligible, and 17 enrolled in ACT.

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f. Outcomes: The Forensics Team will report on the following outcomes in future MHSA Plans:
   - Percentage of clients screened who are opened by the Forensics Team
   - Percentage of clients who are opened by the Forensics Team who receive a first appointment at the mental health clinic

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## Fred Finch Youth Center

Point of Contact: Kimberly Powers, LCSW, Program Director
Contact Information: 2523 El Portal Drive, Suite 201, San Pablo, CA 94806, (510) 439–3130, ext. 6107, kimberlypowers@fredfinch.org

1. **General Description of the Organization**

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

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

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

   a. Scope of Services: Services will be provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care. The team includes a personal service coordinator working in concert with a multi-disciplinary team of staff, including peer and family mentors, a psychiatric nurse practitioner, staff with various clinical specialties, including co-occurring substance disorder and bi-lingual capacity. Services include:
      - Outreach and engagement
      - Case management
      - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
      - Crisis Intervention
      - Collateral
      - Medication support (may be provided by County Physician)
      - Housing support
      - Flexible funds
      - Referrals to Money Management services as needed
      - Supported Employment Services
      - Available to consumer on 24/7 basis

   b. Target Population: Young adults ages 16 to 25 years 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-

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

c. Payment Limit: $1,442,661
d. Number served: For FY 15/16: 89 Individuals.
f. Outcomes: For FY 15/16:
   - Reduction in incidence of psychiatric crisis
   - Reduction of the incidence of restriction

**Table 4. Pre- and post-enrollment utilization rates for 89 Fred Finch FSP participants enrolled in the FSP program during FY 15-16**

| | No. pre-enrollment | No. post-enrollment | Rate pre-enrollment | Rate post-enrollment | % change |
|---|---|---|---|---|---|
| *PES episodes* | 91 | 47 | 0.116 | 0.062 | -46.5 |
| *Inpatient episodes* | 36 | 11 | 0.049 | 0.015 | -69.3 |
| *Inpatient days* | 259 | 61 | 0.344 | 0.086 | -75 |

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

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

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

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

Point of Contact: Thomas Tighe, Mental Health Program Manager
Contact Information: 25 Allen Street, Martinez CA 94553.
(925) 890-5932 Thomas.Tighe@hsd.cccounty.us

1. **General Description of the Organization**

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

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

   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.

   a. 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.
   b. Total Budget: $319,819
   c. Staff funded through MHSA: 3 FTE – A Program Manager, and two Community Support Workers.
   d. Number Served: To Be Determined
   e. Outcomes: To Be Determined

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## James Morehouse Project at El Cerrito High, YMCA East Bay

Point of Contact: Jenn Rader (Director)
Contact Information: 540 Ashbury Ave, El Cerrito, CA 94530 (510) 231-1437
jenn@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), the school health center at El Cerrito High School (fiscal sponsor: YMCA of the East Bay), will provide services that increase access to mental health/health services and a wide range of innovative youth development programs for 300 multicultural youth in West Contra Costa County. The JMP will provide a wide range of innovative youth development programs through an on-campus collaborative of community-based agencies, local universities and County programs. Key activities designed to improve students' well-being and success in school include: AOD Prevention; Migrations/Journeys (immigration/acculturation); Bereavement Groups (loss of a loved one); Culture Keepers (youth of color leadership); Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse); Peer Conflict Mediation; Mindfulness skills (anger/stress management); Young men's gender/relationship.

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

   b. Target Population: At-risk students at El Cerrito High School
   c. Payment Limit: $97,000
   d. Numbers Served: For FY 15/16: 300+

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e. Outcomes:

- Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth.
- Increase in 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.
- Reduce likelihood of ECHS youth being excluded from school.
- Strengthened culture of safety, connectedness and inclusion schoolwide

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, 2016 to 2017.
- 90% of participating students will report an increase in well-being through self-report on a qualitative evaluation tool within the academic year, 2016 to 2017.
- ECHS School Climate Index (SCI) score will increase by 15 or more points from 2016 to 2017.

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## Jewish Family and Community Services East Bay (JFCS/ East Bay)

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

1. **General Description of the Organization**

   Jewish Family & Community Services/ East Bay is one of the oldest and largest family service institutions in the United States. Today, JFCS/ East Bay serves 76,000 people annually with the bi-lingual, bi-cultural social services designed to strengthen individuals, families, and the community. As a problem-solving center for residents of several Bay Area counties, JFCS/ East Bay strives to be a lifeline for children, families, and older adults facing life transitions and personal crises.

2. **Program: Community Bridges.**

   a. Scope of Services: During the term of this contract, Jewish Family & Community Services East Bay will assist Contra Costa Mental Health to implement the Mental Health Services Act (MHSA), Prevention and Early Intervention Program "Reducing Risk of Developing Mental Illness" by providing Outreach and Engagement to Underserved Communities with the Community Bridges Program, providing culturally grounded, community-directed mental health education and navigation services to 300-400 refugees and immigrants of all ages and sexual orientations in the Afghan, Syrian, Iranian, Iraqi, African, and Russian communities of central Contra Costa County. Prevention and early intervention-oriented program components include culturally and linguistically accessible mental health education; early assessment and intervention for individuals and families; and health and mental health system navigation assistance. Services will be provided in the context of group settings and community cultural events, as well as with individuals and families, using a variety of convenient non-office settings such as schools, senior centers, and client homes. In addition, the program will include mental health training for frontline staff from JFCS East Bay and other community agencies working with diverse cultural populations, especially those who are refugees and immigrants. The Contractor's program shall be carried out as set forth in the Work Plan for this Contract, which is incorporated herein by reference, a copy of which is on file in the office of the County's Mental Health Director and a copy of which the County has furnished to the Contractor.

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

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b. Target Population: Immigrant and refugee families of Contra Costa County at risk for developing a serious mental illness.
c. Payment Limit: $164,469
d. Number served: For FY 15/16: 341
e. Outcomes: Clients received individual mental health, health, system navigation support
   - Mental Health Education Groups (attendance ranging between 10 and 58), covering a wide range of topics including parenting, cultural adjustment of immigrants, hoarding, early signs of mental illness.
   - Cross cultural mental health training series aimed at helping service providers (20 to 41 per training) understand importance of cross cultural issues.

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

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

1. **General Description of the Organization**

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

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

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

   a. Scope of Services:

      *Orin Allen Youth Rehabilitation Facility (OAYRF)*
      OAYRF provides 100 beds for seriously delinquent boys ages 13-21, who have been committed by the Juvenile Court. OAYRF provides year-round schooling, drug education and treatment, Aggression Replacement Training, and extracurricular activities (gardening, softball). Additionally, the following mental health services are provided at OAYRF: psychological screening and assessment, crisis assessment and intervention, risk assessment, individual therapy and consultation, family therapy, psychiatric services (pilot expected to begin fall 2015), case management and transition planning

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

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b. Target Population: Youth in the juvenile justice system in need of mental health support
c. Total Budget: $500,000
d. Staff: 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch
e. Number served: For FY 15/16: 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.

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## La Clinica de la Raza

Point of Contact: Leslie Preston
Contact Information: La Clinica Monument, 2000 Sierra Rd, Concord, 94518.
(510) 535-6200 Lpreston@laclinica.org

1. **General Description of the Organization**
   With 31 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: Vias de Salud and Familias Fuertes (PEI)**
   a. Scope of Services: La Clínica de La Raza, Inc. (La Clínica) will implement Vías de Salud (Pathways to Health) to target Latinos residing in Central and East Contra Costa County with: a) 3,000 depression screenings; b) 500 assessment and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation; and c) 1,000 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment. La Clínica's PEI program category is Improving Timely Access to Services for Underserved Populations.

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

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b. Target Population: Contra Costa County Latino residents at risk for developing a serious mental illness.
a. Payment Limit: Vias de Salud: $148,464. Familias Fuertes: $115,988.
b. Number served For FY 15/16: 5748 Screens were administered to 4696 clients
c. Outcomes: Vias de Salud - Participants of support groups reported reduction in isolation and depression. Familias Fuertes - 100% of parents reported increased knowledge about positive family communication, 100% of parents reported improved skills, behavior, and family relationships.

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## The Latina Center

Point of Contact: Miriam Wong, 3701 Barrett Ave #12, Richmond, CA 94805
(510) 233-8595, miriamrwong@gmail.com

1. **General Description of the Organization**

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

2. **Program: Familias Fuertes - 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: $105,403

   d. Number served: For 15/16: 307

   e. Outcomes:

      - 100% of the 307 parent participants surveyed responded that the program has helped them become a better parent, improve their relationships with their family, improved communication with their children and given them more strategies for relating to and raising their children.
      - 25 classes were held in Richmond/San Pablo schools, churches and community centers.
      - Goal to engage Latino Fathers
      - Referrals to a peer support group at The Latina Center where one can obtained emotional support and developed personal skills (i.e. learned to identify and manage their emotions, learned to identify domestic violence, learned to implement stress management techniques, and more).

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## LAO Family Community Development

Point of Contact: Kathy Chao Rothberg
Contact Information: 1865 Rumrill Blvd. Suite #B, San Pablo, Ca 94806
(510) 215-1220 KRothberg@lfcd.org

1. **General Description of the Organization**

   Founded in 1980, Lao Family Community Development, Inc. (LFCD) annually assists more than 15,000 diverse refugee, immigrant, limited English, and low-income U.S. born community members in achieving long-term financial and social self-sufficiency. LFCD delivers 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 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 includes: 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 client homes and other community based settings and the offices of Lao Family in San Pablo.

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b. Target Population: South Asian and South East Asian Families at risk for developing serious mental illness.
c. Payment Limit: $169,926
d. Number served: For FY 15/16: 124
e. Outcomes:
    - 100% of program participants completed the Lubben Social Networking Scale assessments.
    - High participation and completion rates suggest cohesiveness among participants and reduction of social isolation.

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## Lifelong Medical Care

Point of Contact: Kathryn Stambaugh
Contact Information: 2344 6th Street, Berkeley, CA 94710 (510) 981-4156
kstambaugh@lifelongmedical.org

1. **General Description of the Organization**
   Founded in 1976, LifeLong Medical Care (LifeLong) is a multi-site safety-net provider of comprehensive medical, dental, behavioral health and social services to low-income individuals and families in West Contra Costa and Northern Alameda counties. In 2015, LifeLong provided over 225,000 health care visits to more than 45,000 people of all ages.

2. **Program: Senior Network and Activity Program (SNAP) and Elderly Learning Community (ELC) - PEI**
   a. Scope of Services: Lifelong Medical Care reaches isolated and underserved older adults in West Contra Costa County and links them to mental health care through door-to-door outreach in public housing and referrals from community and county organizations, such as Senior Peer Counseling and Adult Protective Services. All services are designed with consumer input to promote feelings of wellness and self-efficacy, address feelings of anxiety and depression, 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 services.

      LifeLong's PEI services include two components: the Senior Network and Activity Program (SNAP) and the Elders Learning Community (ELC). SNAP brings therapeutic and life-changing drama, art, music and wellness programs to public housing residents. The program operates on-site at two locations (Nevin Plaza and Friendship Manor) at least seven times per month, with transportation provided between these sites. 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. The Elders Learning Community is an arts, education, and engagement program for highly isolated older adults that connects consumers with trained volunteer learning partners as well as other consumers who share similar interests. The ELC also provides case management services, connecting seniors to local resources as a way to help them remain living independently.

      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

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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: $123,279
d. Number served: For FY 15/16: 136
e. Outcomes:
    - More than 50% of participants demonstrated self-efficacy and purpose by successfully completing at least one long-term project through SNAP or the ELC.
    - On average, PHQ-2 scores improved by 40% among participants who completed the screening tool.

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## Lincoln Child Center

Point of Contact: Christine Stoner-Mertz, CEO
Contact Information: 1266 14th St, Oakland CA 94607, (510) 273-4700
chrisstoner@lincolnchildcenter.org

1. **General Description of the Organization**

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

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

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

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

b. Target Population: Children ages 11 to 19 years 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: $874,417

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d. Number served: The program served 78 clients in FY15/16.

e. Outcomes: For FY 15/16:

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

**Table 5. Pre- and post-enrollment utilization rates for 78 Lincoln Child Center, participants enrolled in the FSP program during FY 15-16**

| | No. pre-enrollment | No. post-enrollment | Rate pre-enrollment | Rate post-enrollment | %change |
|---|---|---|---|---|---|
| *PES episodes* | 19 | 9 | 0.032 | 0.012 | -62.5 |
| *Inpatient episodes* | 2 | 2 | 0.003 | 0.004 | +33.3 |
| *Inpatient days* | 6 | 8 | 0.010 | 0.004 | -60 |
| *JACS* | 25 | 15 | 0.037 | 0.022 | -40.5 |

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## LTP CarePro, Inc. (Pleasant Hill Manor)

Point of Contact: Tony Perez.
Contact Information: 40 Boyd Road, Pleasant Hill CA, 94523,
(925) 937-5348, phm@att.net

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 Central County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
   c. Annual MHSA Payment Limit: $ 92,700
   d. Number served: For FY 15/16: 21 beds available.

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

Point of Contact: Jenny Robbins, LCSW, Housing and Services Administrator, Contact Information: 1350 Arnold Drive, Suite 202, Martinez CA 94553. (925) 313-7706. Jenny.Robbins@hsd.cccounty.us

1. **General Description of the Organization**

   The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The County-operated MHSA Housing Services operates within Contra Costa Homeless Program.

2. **Program: Homeless Programs -- Temporary Shelter Beds**

   The County's Homeless Services Division operates a number of temporary bed facilities in West and Central County for transitional age youth and adults. In 2010, CCMH entered into a Memorandum of Understanding with the Homeless Services Division that provides additional funding to enable up to 64 individuals with a serious mental illness per year to receive temporary emergency housing for up to four months.

   a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed, and are homeless.
   b. Total MHSA Portion of Budget: $1,931,296
   c. Number Served in FY 15/16: 64 beds fully utilized for 365 days in the year.

3. **Program: Permanent Housing**

   Having participated in a specially legislated MHSA Housing Program through the California Housing Finance Agency the County, in collaboration with many community partners, the County completed a number of one-time capitalization projects to create 40 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from Contra Costa Mental 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 15/16: 50 units.
   d. Outcome: To Be Determined

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4. **Program: Coordination Team**

Behavioral Health Housing 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. In addition, the Homeless Program receives MHSA funds to cover repair and maintenance costs for mental health consumers receiving services through the Destination Home program. Destination Home is spearheaded by the Contra Costa Health Services Homeless Program 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: $522,511
d. Number Served in FY 15/16: Support to MHSA Housing Services and the Homeless Program.

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## Mental Health Systems, Inc.

Point of Contact: Crystal Luna-Yarnell, MFT, Program Manager
Contact Information: 2280 Diamond Blvd., #500, Concord, CA 94520
(925) 483-2223 cluna@mhsinc.org

1. **General Description of the Organization**
   Mental Health Systems (MHS) provides mental health services and substance abuse treatment designed to improve the lives of individuals, families and communities. MHS operates over 80 programs throughout central and southern California and has recently contracted with Contra Costa Behavioral Health to provide Assisted Outpatient Treatment/Assertive Community Treatment services to residents of Contra Costa County.
2. **Program: MHS Contra Costa ACTiOn Team - CSS**
   Mental Health Systems, Inc. (MHS) will provide Assisted Outpatient Treatment (AOT) services and subsequent Assertive Community Treatment (ACT) Full Service Partnership (FSP) services for up to 75 eligible adults in Contra Costa County. Program services shall meet the requirements of AB 1421 (Laura's Law) while respecting the choice, autonomy and dignity of individuals struggling with the symptoms of serious mental illness (SMI) and/or co-occurring substance abuse disorders.
   The Contra Costa ACTiOn program will be inclusive of outreach, engagement and support in the investigatory process of AOT determination and the subsequent provision of ACT services. MHS' FSP program model will incorporate an ACT Team whose multidisciplinary members will provide intensive community-based services to adults with SMI and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria and agree to voluntarily accept services.
   a. Scope of Services: The AOT/ACT Adult Full Service Partnership is a collaborative program that joins the resources of Mental Health Systems, Inc. and Contra Costa County Behavioral Health Services in a program under the auspices of the Mental Health Services Act (MHSA). ACT is an evidence-based treatment model approved by Substance Abuse and Mental Health Services Administration (SAMHSA). The primary goal of ACT is recovery through community treatment and rehabilitation.
   b. Target Population: Adults diagnosed with serious mental illness and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria for FSP services and agree to voluntarily accept services.
   c. Payment Limit: $1,957,000
   d. Number Served: The program served 13 clients in FY15/16.

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e. Outcomes: For FY 15/16:
   - Reduction in incidence of psychiatric crisis
   - Reduction of the incidence of restriction

**Table 6. Pre-and post-enrollment utilization rates for 13 Mental Health Systems FSP participants enrolled in the FSP program during FY 15-16**

| | No. pre-Enrollment | No. post-enrollment | Rate pre-enrollment | Rate post-enrollment | %change |
|---|---|---|---|---|---|
| *PES episodes* | 82 | 14 | 0.641 | 0.096 | -85.0 |
| *Inpatient episodes* | 18 | 3 | 0.166 | 0.019 | -88.5 |
| *Inpatient days* | 124 | 16 | 1.160 | 0.102 | -91.2 |

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

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

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

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## Modesto Residential Living Center, LLC.

Point of Contact: Dennis Monterosso.
Contact Information: 1932 Evergreen Avenue, Modesto CA, 95350.
(209)530-9300. info@modestoRLC.com

1. **General Description of the Organization**
   The County contracts with Modesto Residential, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.
2. **Program: Augmented Board and Cares – MHSA Housing Services - CSS**
   The County contracts with Modesto Residential Living Center, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.
   a. Scope of Services: Augmented residential services, including but not limited to:
      - medication management
      - nutritional meal planning
      - assistance with laundry
      - transportation to psychiatric and medical appointments
      - improving socialization
      - assist with activities of daily living (i.e., grooming, hygiene, etc.)
      - encouraging meaningful activity
      - other services as needed for individual residents
   b. Target Population: Adults aged 18 years to 59 years who lived in Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits, and accepted augmented board and care at Modesto Residential Living Center.
   c. Annual MHSA Payment Limit: $ 71,175
   d. Number served: For FY 15/16: Capacity of 6 beds, average of 3 beds filled each month.

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## Native American Health Center (NAHC)

Point of Contact: Anthony Taula-Lieras
Contact Information: 2566 MacDonald Ave, Richmond, 94804
(510) 434-5483, AnthonyT@nativehealth.org

1. **General Description of the Organization**

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

2. **Program: Native American Wellness Center – PEI**

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

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

   b. Target Population: Native American residents of Contra Costa County (mainly west region), who are at risk for developing a serious mental illness.
   c. Payment Limit: $219,824
   d. Number served: For FY 15/16: 242

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e. Outcomes:

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

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## 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 Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
   c. Annual MHSA Payment Limit: $ 16,315.00
   d. Number served: For FY 15/16: 6 beds.

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## Office of Consumer Empowerment (Contra Costa Behavioral Health)

Point of Contact: Jennifer Tuipulotu
Contact Information: 1340 Arnold Drive #200, Martinez, Ca 94553
(925) 957-5105, Jennifer.Tuipulotu@hsd.cccounty.us

1. **General Description of the Organization**
   The Office of Consumer Empowerment is a County operated program that supports the entire Behavioral Health System, and offers an range of trainings and supports by and for individuals who have experience receiving mental health services. The goals are to increase access to wellness and empowerment knowledge for consumers of the Behavioral Health System.
2. **Program: Reducing Stigma and Discrimination – PEI**
   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 Mental Health. Staff provide instruction and administrative support, and provide ongoing support to graduates who are employed by the County.
      - The Wellness Recovery Education for Acceptance, Choice and Hope (WREACH) Speaker's Bureau develops individuals with lived mental health and co-occurring experiences to effectively present their recovery and resiliency stories in various formats to a wide range of audiences, such as health providers, schools, law enforcement, and other community groups.
      - Staff lead and support 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 guides projects and initiatives designed to reduce stigma and discrimination, and increase inclusion and acceptance in the community.
      - Staff provides outreach and support to consumers 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 certified facilitators to offer self-help groups for people diagnosed with mental illness who want to get support and share experiences in a safe environment.

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b. Target Population: Consumers of public mental health services and their families; the general public.
c. Total MHSA Funding: $682,985
d. Staff: 6.5 full-time equivalent staff positions.
e. Outcomes:
    - Increased access to wellness and empowerment knowledge and skills by consumers of mental health services.
    - Decrease stigma and discrimination associated with mental illness.
    - Increased acceptance and inclusion of mental health consumers in all domains of the community.

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## Older Adult Mental Health (Contra Costa Behavioral Health)

Point of Contact: Heather Sweeten-Healy, LCSW, Mental Health Program Manager, Ellie Shirgul, PsyD, Mental Health Program Supervisor
Contact Information: 2425 Bisso Lane, Suite 100, Concord, CA 94520, (925)-521-5620, Heather.Sweeten-Healy@hsd.cccounty.us, ellen.shirgul@hsd.cccounty.us

1. **General Description of the Organization**

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

2. **Program: Intensive Care Management Teams - CSS**

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

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

   IMPACT is an evidence-based practice which provides depression treatment to individuals age 55 and over in a primary care setting. The IMPACT model prescribes short-term (8 to 12 visits) Problem Solving Therapy and medication consultation with up to one year of follow-up as necessary. Services are provided by a treatment team consisting of licensed clinicians, psychiatrists, and primary care physicians in a primary care setting. The target population for the IMPACT Program is adults age 55 years and older who are at 300% or below of the Federal Poverty Level, are insured by Medi-Cal, Medi-Cal and MediCare, or are uninsured. The program focuses on treating older adults with late-life depression and co-occurring physical health impairments, such as cardio-vascular disease, diabetes, or chronic pain. The primary goals of the Impact Program are to prevent more severe psychiatric symptoms, assist clients in accessing community resources as needed, reducing stigma related to accessing mental health treatment and providing access to therapy to this underserved population.

4. **Program: Senior Peer Counseling - PEI**

   This program reaches out to isolated and mildly depressed older adults in their home environments and links them to appropriate community resources in a culturally

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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: 26 Full time equivalent multi-disciplinary staff.
d. Number served: For FY 15/16: ICMT served individuals; IMPACT served Individuals; Senior Peer Counseling Program trained and supported 40 volunteer Peers and served 120 individuals.
e. Outcomes: Changes in Level of Care Utilization System (LOCUS) scores (Impact and ICM only), reductions in Psychiatric Emergency Service visits, reductions in hospitalizations, decreased Patient Health Questionnaire (PHQ-9) scores (Impact only), and reduced isolation, which is assessed by the PEARLS.

**5. Program: Partners in Aging (Innovation)**

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. It 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 will also be able to provide more comprehensive services, including providing linkage to Behavioral Health, Ambulatory Care, and Alcohol and Other Drugs services. Peer support, rehab, and in-home and in-community coaching will allow the skills learned through psychotherapy to be practiced in the community. Partners in Aging is also designed to provide SBIRT (Screening, Brief Intervention and Referral to Treatment) services and referrals to IMPACT consumers who screen positive for alcohol or drug misuse.

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

screening and referrals, as well as conducting intakes, assessments, and providing individual psychotherapy. Additionally, a Geropsychiatrist will be available 8 hours/week to provide consultation, and in-person evaluations of IMPACT clients.

b. Target Population: The target population for the IMPACT Program is adults age 55 years and older who are insured by Medi-Cal, Medi-Cal and MediCare, or are uninsured. The program focuses on treating older adults with moderate to severe late-life depression or anxiety and co-occurring physical health impairments, such as cardio-vascular disease, diabetes, or chronic pain. Partners in Aging is also focused on providing outreach and services to older adults who are experiencing both mental health symptoms and alcohol or drug misuse.
c. Annual Payment Limit: $250,000
d. Number served: It is estimated that Partners in Aging will serve approximately 50 to 75 consumers in its first year. IMPACT served 215 consumers in the FY 15/16, and it is estimated that around 25% of these consumers will require services from Partners in Aging staff.
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.

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## People Who Care (PWC) Children Association

Point of Contact: Constance Russell
Contact Information: 2231 Railroad Ave, Pittsburg, 94565
Ph: (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) Children Association 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: $209,702

   d. Number served: For FY 15/16: 191

   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.
      - 75% showed increase in school day attendance among "PWC After-School Program" participants.
      - 74% decrease in the number of school tardiness among "PWC After-School Program" participants.

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## Portia Bell Hume Behavioral Health and Training Center

***Program: Community Support Program East***

Point of Contact: Chris Celio, PsyD, Program Manager
Contact Information: 555 School Street, Pittsburg, CA 94565
(925) 481-4433, ccelio@humecenter.org

***Program: Community Support Program West***

Point of Contact: Miguel Hidalgo-Barnes, PsyD, Program Manager
Contact Information: 3095 Richmond Pkwy #201, Richmond 94806
925-481-4412; mhidalgo-barnes@humecenter.org

1. **General Description of the Organization**

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

2. **Program: Adult Full Service Partnership - CSS**

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

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

   b. Referral, Admission Criteria, and Authorization:
      1. 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.

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2. Admission Criteria: This program serves adult aged 26 to 59 who are diagnosed with severe mental illness and are:
    i. Frequent users of emergency services and/or psychiatric emergency services
    ii. Homeless or at risk of homelessness
    iii. Involved in the justice system or at risk of this
    iv. Have Medi-Cal insurance or are uninsured
3. Authorization: Referrals are approved by Contra Costa Behavioral Health Division.

c. Scope of Services: Services will be provided using an integrated team approach called Community Support Program (CSP). Our services include:

- Community outreach, engagement, and education to encourage participation in the recovery process and our program
- Case management and resource navigation for the purposes of gaining stability and increasing self-sufficiency
- Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
- Crisis Intervention, which is an immediate response to support a consumer to manage an unplanned event and ensure safety for all involved, which can include involving additional community resources
- Collateral services, which includes family psychotherapy and consultation. These services help significant persons to understand and accept the consumer's condition and involve them in service planning and delivery.
- Medication support, including medication assessment and ongoing management (may also be provided by County Physician)
- Housing support, including assisting consumers to acquire and maintain appropriate housing and providing skill building to support successful housing. When appropriate, assist consumers to attain and maintain MHSA subsidized housing.
- Flexible funds are used to support consumer's treatment goals. The most common use of flexible funds is to support housing placements through direct payment of deposit, first/last month's rent, or unexpected expenses in order to maintain housing.
- Vocational and Educational Preparation, which includes supportive services and psychoeducation to prepare consumers to return to school or work settings. This aims to return a sense of hope and trust in themselves to be able to achieve the goal while building the necessary skills, support networks, and structures/habits.

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- Recreational and Social Activities aim to assist consumers to decrease isolation while increasing self-efficacy and community involvement. The goal is to assist consumers to see themselves as members of the larger community and not marginalized by society or themselves.
- Money Management, which is provided by a contract with Criss Cross Money Management, aims to increase stability for consumers who have struggled to manage their income. Services aim to increase money management skills to reduce the need for this service.
- 24/7 Afterhours/Crisis Line is answered during non-office hours so that consumers in crisis can reach a staff member at any time. Direct services are provided on weekends and holidays as well.

d. Target Population: Adults diagnosed with severe mental illness between the ages of 26 through 59 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 15-16 (East and West CSP): $1,430,000
For FY 16-17 (East and West CSP): $1,966,077

f. Number served: For FY 15/16: 31 individuals (East);
60 existing FSPs transferred from Rubicon (West) in April of 2016.

g. Outcomes: No outcomes data for the CSP West Program are included below, as the transition between Rubicon to Hume was completed in early 2016, however, the CSP West program will be reporting on similar outcome measures in the next MHSA Plan Update.

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**Table 7. Pre- and post-enrollment utilization rates for 31 Hume East FSP participants enrolled in the FSP program during FY 15-16**

| | No. pre-enrollment | No. post-enrollment | Rate pre-enrollment | Rate post-enrollment | %change |
|---|---|---|---|---|---|
| *PES episodes* | 206 | 168 | 0.556 | 0.459 | -17.4 |
| *Inpatient episodes* | 36 | 18 | 0.096 | 0.048 | -50 |
| *Inpatient days* | 399 | 397 | 1.07 | 1.06 | -0.93 |

** 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*

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

Point of Contact Anita De Vera, Mental Health Program Manager,
Betsy Orme, Mental Health Program Manager
Contact Information: 2523 El Portal Drive, San Pablo, CA 94806,
(510)-215-3700, 2500 Alhambra Ave, Martinez (925) 370-5000
Anita.Devera@hsd.cccounty.us besty.Orme@hsd.cccounty.us

1. **General Description of the Organization**

   Behavioral health clinicians staff the county Primary Care Health Centers in Martinez and Richmond. 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 - PEI**

   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 and West county, who present at the clinic for medical reasons

   c. Number served by clinic: For FY 15/16: 200+.

   d. Outcomes: Improve overall health for individuals through decrease medical visit and increase coping with life situations.

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## Putman Clubhouse

Point of Contact: Tamara Hunter, Clubhouse Director;
Molly Hamaker, Executive Director
Contact Information: 3024 Willow Pass Rd #230, Concord CA 94519; 925-691-4276; www.putnamclubhouse.org; Tamara: 510-926-0474, tamara@putnamclubhouse.org; Molly: 925-708-6488, molly@putnamclubhouse.org

1. **General Description of the Organization**

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

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

   a. Scope of Services:

      i. Project Area A: Putnam Clubhouse's peer-based programming helps adults recovering from psychiatric disorders access support networks, social opportunities, wellness tools, employment, housing, and health services. The work-ordered day program helps members gain prevocational, social, and healthy living skills as well as access vocational options within Contra Costa. The Clubhouse teaches skills needed for navigating/accessing the system of care, helps members set goals (including educational, vocational, and wellness), provides opportunities to become involved in stigma reduction and advocacy. Ongoing community outreach is provided throughout the County via presentations and by distributing materials, including a brochure in both English and Spanish. In collaboration with the Office of Consumer Empowerment, the Clubhouse hosts Career Corner, an online career resource blog for mental health consumers in Contra Costa. 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 of Consumer Empowerment (OCE) in developing a new, comprehensive peer and family-member training program in Contra Costa County that will expand upon the existing SPIRIT courses and prepare students to be certified as peer and family providers in California.

iii. Project Area C: Putnam Clubhouses assists the Department of County Mental Health in a number of other projects, including organizing community events and the administering consumer perception surveys.

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

c. Payment Limit: $549,402.

d. Number served: For FY 15/16: 314 members.

e. Outcomes:

- 74 new members enrolled; 23 were young adults ages 18-25 years.
- 85% of family members who completed a survey reported that Clubhouse activities and programs provided them with respite care and 96% reported a high level of satisfaction with Clubhouse activities and programs.
- 90% of family members of program participants and 86% of members completing the annual survey reported that the member's independence increased; 90% of members completing the survey reported an increase in peer contacts.
- 90% of members & caregivers completing the annual survey reported an increase in mental, physical, and emotional well-being
- 90% of members using career services were "very satisfied" or "satisfied" with the services related to employment and education.
- Members began and/or sustained paid employment with Clubhouse support.
- Members received support starting and/or continuing school attendance.
- Members experienced a significant decrease in hospitalizations/re-hospitalizations and out-of-home placements
- 2015 SPIRIT graduation coordinated by the Clubhouse; SPIRIT video created.
- Consumer holiday party in December coordinated by the Clubhouse in collaboration with multiple agencies, including OCE.
- The Clubhouse administered the MHSIP consumer surveys for two separate weeks at area clinics under the supervision of Contra Costa Mental Health.

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## Rainbow Community Center (RCC)

Point of Contact: Ben-David Barr
Contact Information: 2118 Willow Pass Rd, Concord, CA 94520.
(925) 692-0090, Ben@rainbowcc.org

1. **General Description of the Organization**
   The Rainbow Community Center of Contra Costa County (RCC) builds community and promotes well-being among Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) people and our allies. Services are the main office in Concord and in East and West County in locations by arrangement with partner organizations.
2. **Programs: A.) Outpatient Behavioral Health and Training (INN), B.) Community-based Prevention and Early Intervention (PEI)**
   a. Scope of Services:
      i. Outpatient Services: RCC 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. Onsite translation support is available in Vietnamese.
      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 LBGTQ 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: $495,267 for Innovation program; $227,120 for PEI including counseling and case management services onsite and at Contra Costa schools);

d. Number served: For FY 15/16: 1) Behavioral Health Services: 286. 2) PEI total served is 1053 participants with the following breakdowns: Pride and Joy: 804 in-person participants (includes 105 LGBTQ seniors and 80 HIV+ people); 3) Youth Development: 380 participants (including 178 on school sites); 4) Inclusive Schools: is measured in numbers of school sites supported, trainings offered, and school policies developed. Over 4000 community members receive health promotion messages and mental health resources via Rainbow's Facebook page, and 2000 households via RCC's bi-monthly newsletter.

e. Outcomes:

   i. Outpatient Clinic:
      - 286 individuals received one on one services (counseling and case management programs)
      - Cultural competency trainings were provided to over 11 adult mental health providers, including county clinics
      - 15 behavioral health interns completed RCC's clinical training program in FY16

   ii. Prevention and Early Intervention/Pride and Joy:
      - Over half of program participants indicated an increase in people they could talk to if they had a problem. Nearly two thirds self-reported better mental health.
      - RCC identified at least 98 adult individuals in need of higher level of care and provided navigation support
      - RCC hosted senior lunches two times per month with 30 to 40 participants each lunch and over 750 meals served

   iii. Youth Development:
      - Over 70% of youth participants reported that the program helped them with having supports to turn to in a crisis. Over 80% of participants reported the program helped them come out to friends and family.
      - ·Events and trainings promoted youth leadership, including a "Build Your Own Gay Straight Alliance" workshop for middle school students and a youth-led "Pride Palooza" event for families and peers

   iv. Inclusive Schools:
      - Nine trainings were delivered to over 100 providers at youth-serving organizations, including Mt. Diablo Unified School District, county children's clinics, and community-based youth organizations
      - Welcoming Schools and Communities Summit was held in Central County - more than 80 parents, youth and faith leaders attended the one day event and learned strategies to create more welcoming environments for LGBTQ youth. Workshops included "Spiritual Trauma and Mental Health Among LGBTQ People", "Exploring Identity Development with LGBTQI+ and Ally Youth", "How Can I Help? Addressing the Emotional and Mental Health Needs of Trans

and Gender Nonconforming Youth" and "Now What? Taking Steps Towards Accepting and Inclusive Schools"

- Post-summit surveys showed that adult participants felt better prepared to support LGBTQ youth. They also indicated they were likely to implement a new policy or practice they learned about at the event.

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## RI International Inc. (formerly known as Recovery Innovations)

Point of Contact: April Langro, Recovery Services Administrator
Contact Information: 3701 Lone Tree Way Antioch, Ca. 94509
2975 Treat Blvd. C-8 Concord, Ca. 94518
2101 Vale Rd. #300 San Pablo, Ca. 94806
(925)494-4008, April.Langro@riinternational.com

1. **General Description of the Organization**

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

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

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

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a. Scope of Services:
   - Peer and Family Support
   - Personal Recovery Planning using the seven steps of Recovery Coaching
   - Workshops, Education Classes, Support Groups and Community-Based Activities
   - Vocational Opportunities – Citizen Contributor Program
   - 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
   - Wellness Recovery Action Plan (WRAP) classes
   - SPIRIT Program – obtain attendance records from the OCE and process reimbursement (stipend) for students.
   - Lunch, AM and PM snacks for participants
b. Target Population: Adult mental health participants in Contra Costa County. Recovery Innovations services will be delivered within each region of the county through Wellness and Recovery Centers located in Antioch, Concord and San Pablo.
c. Annual MHSA Payment Limit: $901,250
d. Number served: FY 15/16: 451 (217 are active, regular participants)
e. Outcomes: 34% of citizens who attend one WRAP class complete the class, 37% who attended one WELL class completed the class, 34% of those who attend one Facing Up to Health class completed the class, and 34% of those who attend one “My Personal Wellness Plan” completed the class.

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## Resource Development Associates

Point of Contact: Roberta Chambers
Contact Information: 230 4th Street, Oakland, CA 94607 (510) 488-4345
rchambers@resourcedevelopment.net

1. **General Description of the Organization**

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

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

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

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

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savings, cohorts will be compared at pre- and post-program intervention on County dollars spent on each cohort.

b. Target Population: Adults diagnosed with serious mental illness and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria for FSP services and agree to voluntarily accept services as provided by Mental Health Systems, Inc. and in partnership with Contra Costa Behavioral Health Services.
c. MHSA Payment Limit: For FY 15-16: $ 101, 875; For FY 16-17: $99,375
d. Outcomes: RDA seeks to answer the following overarching questions related to the implementation of Assisted Outpatient Treatment/Assertive Community Treatment:
   - How faithful are ACT services to the ACT model?
   - What are the outcomes for people who participate in AOT, including the DHCS required outcomes?
   - What are the differences in demographics, service patterns, psychosocial outcomes, and cost between those who agree to participate in ACT services without court involvement and those who participate with an AOT court order or voluntary settlement agreement?
   - What are the differences in demographics, service utilization, psychosocial outcomes, and cost between those who engage in existing full service partnership services and those who receive ACT services?

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## RYSE Center

Point of Contact: Kanwarpal Dhaliwal
Contact Information: 205 41st Street, Richmond. CA 94805 (925) 374-3401
Kanwarpal@rysecenter.org http://www.rysecenter.org/

1. **General Description of the Organization**

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

2. **Program: Supporting Youth - PEI.**

a. Scope of Services:

i. Trauma Response and Resilience System (TRRS): develop and implement Trauma and Healing Learning Series for key system partners, facilitate development of a coordinated community response to violence and trauma, evaluate impact of trauma informed practice, provide critical response and crisis relief for young people experiencing acute incidents of violence (individual, group, and community-wide).

ii. Health and Wellness: support young people (ages 13 to 21) from the diverse communities of West County to become better informed (health services) consumers and active agents of their own health and wellness, support young people in expressing and addressing the impact of stigma, discrimination, and community distress; and foster healthy peer and youth-adult relationships. Activities include mental health counseling and referrals, outreach to schools, workshops and 'edutainment' activities that promote inclusion, healing, and justice, youth assessment and implementation of partnership plans (Chat it Up Plans).

iii. Inclusive Schools: Facilitate collaborative work with West Contra Costa schools and organizations working with and in schools aimed at making WCCUSD an environment free of stigma, discrimination, and isolation for LGBTQ students. Activities include assistance in provision of LGBT specific services, conducting organizational assessments, training for adults and students, engaging students in leadership activities, and providing support groups at target schools, etc.

b. Target Population: West County Youth at risk for developing serious mental illness.
c. Payment Limit: FY 15-16: $474,144
d. Unique Number served: For FY 15/16: 408 youths
e. Outcomes:
   iv. Trauma and Resilience
      - RYSE Youth Restorative Justice (formerly Justice Project) served young people through probation referrals, community service, juvenile hall workshops and/or presentations, and drop-in programming
      - 90% of total number of youth involved in the Youth Restorative Justice Project reported increased and/or strong sense of self-efficacy, hope, and community engagement
      - Participants in each session report increased understanding of trauma-informed youth development.
      - 200 stakeholders and 87 organizations participated in Trauma and Healing Learning Series local sessions.
   v. Health and Wellness/Youth Development
      - Members will complete wellness plans
      - Members will participate in at least 2 program activities aimed at supporting healthy peer relationships, community engagement, and leadership
      - RYSE youth members will report positively on indicators of social-emotional well-being such as increased feelings of hope, control over their lives, and a sense of stability and safety, and reduced feelings of isolation.
      - 100% of RYSE staff (youth and adults) were trained to utilize RYSE social media as a means to address stigma and inequity, elevate stories of resiliency, and foster peer-lead/consumer-lead information sharing and education around mental health issues impacting young people in West Contra Costa County
   vi. Inclusive Schools
      - Youth members who identify as LGBTQQ report positive sense of self-efficacy, positive peer relations, youth-adult relations, and agency consistent with all survey respondents (see above).
      - Stakeholders involved in the Inclusive Schools Coalition (renamed West Contra Costa LGBTQQ Youth Advocacy Network) will report increased understanding of the priorities and needs of LGBTQ youth and their peers.

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## Seneca Family of Agencies

Point of Contact: Jessica Donohue, Program Director
Contact Information: 2351 Olivera Road, Concord, CA, 94520,
(925) 808–8724, jessica_donohue@senecacenter.org

1. **General Description of the Organization**

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

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

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

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

   b. Target Population: The target population for the program includes youth 18 years and under 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: $ 562,915

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d. Number served: Number served in FY 15/16 -- Total 103: West 35, Central 23, and East 45
e. Outcomes:
   - Reduction in incidence of psychiatric crisis
   - Reduction of the incidence of restriction

**Table 8. Pre-and post-enrollment utilization rates for 101 Seneca Start FSP Participants enrolled in the FSP program during FY 15-16**

| | No. pre-enrollment | No. post-enrollment | Rate pre-enrollment | Rate post-enrollment | %change |
|---|---|---|---|---|---|
| *PES episodes* | 124 | 29 | 0.143 | 0.033 | -76.9 |
| *Inpatient episodes* | 21 | 6 | 0.028 | 0.007 | -75 |
| Inpatient days | 142 | 26 | 0.194 | 0.027 | -86.0 |

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

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

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

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## Shelter, Inc.

Point of Contact: John Eckstrom, Chief Executive Officer.

Contact Information: 1333 Willow Pass Rd. Suite 206, CA, 94520, (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 residents of Contra Costa County by providing resources that lead to self-sufficiency. Shelter, Inc. was founded in 1986 to alleviate the 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 3 to 24 months of housing in combination with supportive services, such as job training, educational services, health care, and counseling, and 3) providing affordable housing for nearly 250 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 Housing Program, the 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 120 master-leased housing units throughout Contra Costa County.
      - Negotiate lease terms and ensure timely payment of rent to landlords.

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- 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 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.

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b. Target Population: Consumers eligible for MHSA services. The priority is given to those who are homeless or imminently homeless and otherwise eligible for the full service partnership programs.
c. Annual Payment Limit: $2,281,484.
d. Number served: For FY 14/15: Shelter, Inc. served 117 consumers. FY 15/16 Target: 117 consumers.
e. Outcomes: Shelter, Inc. will report on the following outcomes in future MHSA Plans.
   - Quality of life: housing stability.

   The outcomes are being revised to take into account unforeseen changes in FSP service provision.

   - FORMER GOAL: 80% of MHSA Consumers residing in master leased housing shall remain stably housed for 24 months or longer.

     FY 14/15, 68% of MHSA Consumers residing in master leased housing remained stably housed for 24 months or longer (Note: SHELTER, Inc. was awarded a contract expansion in February 2014 which increased capacity from 109 to 120. The addition of new Consumers to housing during the second half of the contract year had an impact on this outcome. At the time of the contract expansion the number served was 101. A major change occurred in the Adult FSP programs; the Bridges to Home collaboration ended and Rubicon Programs closed its Central Contra County office and stopped sending referrals for vacant housing. Some Consumers graduated from the FSP programs and no longer qualified for Clinic based Mental Health case management because their symptoms improved. Some Consumers were solely receiving medication management through County Mental Health Clinics. The reduction in case management support resulted in some Consumers not being able to maintain their housing. Several new FSP Providers were brought in and referrals for housing resumed late in the last quarter which all had an impact on this outcome.

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

     This outcome is being revised taking into account a higher than expected number of newly housed Consumers due to the contract expansion. Additionally there are Consumers who have graduated from their FSP, and/or are receiving light case management, and/or

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are receiving medication management from a County Mental Health Clinics. All of these factors impact housing retention.

- FORMER GOAL: 90% of MHSA Consumers residing in Shelter, Inc. owned property shall remain stably housed for 16 months or longer.

  FY 14/15 71% of MHSA Consumers residing in SHELTER, Inc. owned housing remained stably housed for 16 months or longer. The Bridges to Home FSP collaborative dissolved and Rubicon Programs closed its Central Contra County office which had an impact on consumers living in Central and East County where a majority of SHELTER, Inc. owned properties were set aside for MHSA Consumers.

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

  This outcome has been revised taking into account that the a majority of the new housing placements in SHELTER, Inc. owned properties occurred at the later part of the contract year in 2014. Additionally, new FSP programs with differing service models have impacted housing retention.

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## STAND! For Families Free of Violence

Point of Contact: Sharon Turner

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

SharonT@standffov.org, rubys@standffov.org

1. **General Description of the Organization**

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

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

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

   b. Target Population: Middle and high school students at risk of dating violence.

   c. Payment Limit: $126,415

   d. Number served: For FY 15/16 : 2143 participants

   e. Outcomes:
      - 241 participated in "Expect Respect" in nine groups at six sites.
      - 18 youth leaders trained.
      - 78 adults were trained on the dynamics of teen dating violence including how to identify it, how to be an advocated for youth experiencing any kind of violence and how to refer youth to appropriate services.

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## Telecare Corporation

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

   a. Scope of Services:
      - Individualized assessments, including, but not limited to, psychosocial skills, reported medical needs/health status, social supports, and current functional limitations within 72 hours of admission.
      - Psychiatric assessment within 24 hours of admission.
      - Treatment plan development with 72 hours of admission.

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- Therapeutic individual and group counseling sessions on a daily basis to assist clients in developing skills that enable them to progress towards self-sufficiency and to reside in less intensive levels of care.
- Crisis intervention and management services designed to enable the client to cope with the crisis at hand, maintaining functioning status in the community, and prevent further decompensation or hospitalization.
- Medication support services, including provision of medications, as clinically appropriate, to all clients regardless of funding; individual and group education for consumers on the role of medication in their recovery plans, medication choices, risks, benefits, alternatives, side effects and how these can be managed; supervised self-administration of medication based on physician's order by licensed staff; medication follow-up visit by a psychiatrist at a frequency necessary to manage the acute symptoms to allow the client to safely stay at the Crisis Residential Program, and to prepare the client to transition to outpatient level of care upon discharge.
- Co-occurring capable interventions for substance use following a harm reduction modality in addition to weekly substance abuse group meetings as well as availability of weekly AA and NA meetings in the community.
- Weekly life skills groups offered to develop and enhance skills needed to manage supported independent and independent living in the community.
- A comprehensive weekly calendar of activities, including physical, recreational, social, artistic, therapeutic, spiritual, dual recovery, skills development and outings.
- Peer support services/groups offered weekly.
- Engagement of family in treatment, as appropriate.
- Assessments for involuntary hospitalization, when necessary.
- Discharge planning and assisting clients with successful linkage to community resources, such as outpatient mental health clinics, substance abuse treatment programs, housing, full service partnerships, physical health care, and benefits programs.
- Follow-up with client and their mental health service provider following discharge to ensure that appropriate linkage has been successful.
- Daily provision of meals and snacks for residents.
- Transportation to services and activities provided in the community, as well as medical and court appointments, if the resident's case manager or county worker is unavailable, as needed.

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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: FY 16/17: $2,077,530.00
d. Number served: Number to be served yearly: 200. Hope House served 193 clients in FY 15/16.
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.

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## 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 Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

   c. Annual MHSA Payment Limit: $ 453,840.

   d. Number served: For FY 15/16: 61 beds available.

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## Vicente Martinez High School - Martinez Unified School District

Point of Contact: Lori O'Conner – Vicente Martinez High School Principal,
Contact Information: 925 Susana Street, Martinez, CA 94553
(925) 335 – 5880, loconnor@martinez.k12.ca.us

1. **General Description of the Organization**

   The program serves Vicente Martinez High School 10-12th grade, at-risk students with a variety of experiential and leadership opportunities that support social, emotional and behavioral health, career exposure and academic growth while also encouraging, linking and increasing student access to direct mental health services. These services are also provided to Briones School students grades 6-12th. The program is jointly facilitated within a unique partnership between Martinez Unified School District (MUSD) and the New Leaf Collaborative (501c3).

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

   a. Scope of Services: Vicente Martinez High School and Briones School provides its students of all cultural backgrounds an integrated, mental health focused, learning experience. Key services include student activities that support:
      - individualized learning plans
      - mindfulness and stress management interventions
      - team and community building
      - character, leadership, and asset development
      - place-based learning, service projects that promote hands-on learning and intergenerational relationships
      - career-focused exploration, preparation and internships
      - direct mental health counseling
      - timely access and linkage to direct mental health counseling

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

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

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b. Target Population: At-risk high school students in Central County
c. Payment Limit: $175,100
d. Number served: For FY 15/16: 121.
e. Outcomes:
    i. Engagement Focus: Increased engagement of Vicente/Briones students in PEI related services.
    ii. Short Term Focus: Increased mental health resiliency among Vicente/Briones students.
    iii. Intermediate Focus: Students enrolled in Vicente and Briones will:
        - Develop an increased ability to overcome social, familial, emotional, psychiatric, and academic challenges and hence work toward academic, vocational, relational, and other life goals
        - Participate in four or more different PEI related activities throughout the school year
        - Decrease incidents of negative behavior
        - Increase attendance rates

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## Vocational Services: Recovery through Employment Readiness

Point of Contact: Elena Eagan
Contact Information: 1430 Willow Pass Road, Suite 230 Concord, CA 94520
(925)-288-3950, Elena.Eagan@hsd.cccounty.us

1. **General Description of the Organization**

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

2. **Program: Recovery Through Employment Readiness (Innovation)**

   a. Scope of Services

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

   b. Target Population: Target population will be adults who are determined to be seriously mentally ill, meet medical necessity, and are being served by Contra Costa Mental Health's Adult System of Care.

   c. Number Served: In FY 15-16: 41 Individuals

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d. Outcomes: After extensive research, planning and evaluation, the Innovation program was rolled out to Central County on November 1, 2015 to address any data tracking, vendor issues and workflow improvements prior to rolling it out to East and West Counties. The Innovation Program was rolled out to East County on February 1, 2016 and to West County on May 1, 2016. During Fiscal Year 2015-16, a total of 46 services were provided to 41 clients who participated at least once in referred service. Out of the 41 clients who received services, 14 clients have successfully been placed in jobs, are in job search or have been referred to the Department of Rehabilitation. The remainder 27 clients declined Vocational Counseling Services, ceased employment due to health issues or failed to comply/follow through.

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

Point of Contact: Anita De Vera, Mental Health Program Manager
Contact Information: 2523 El Portal Drive, San Pablo, CA 94806,
(510) 215-3700, Anita.Devera@hsd.cccounty.us

1. **General Description of the Organization**

   The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The East Adult Mental Health Clinic operates within Contra Costa Mental Health's Adult System of Care, and provides assessments, case management, psychiatric services, crisis intervention, housing services, and benefits assistance. Within the Adult Mental Health Clinic are the following 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 15-16: Approximately 2,679 Individuals.

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

Point of Contact: Chad Pierce, Mental Health Program Manager
Contact Information: 303 41st St Richmond, CA 94805,
(510) 374-7208, Chad.Pierce@hsd.cccounty.us

1. **General Description of the Organization**

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

2. **Plan Element: Clinic Support - CSS**

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

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
- A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic.
- Support for full service partners.

a. Target Population: Children aged 17 years and younger, who live in West County, are diagnosed with a serious emotional disturbance or serious mental illness, and are uninsured or receive Medi-Cal benefits.

b. Number served by clinic: For FY 15/16: Approximately 1,632 Individuals.

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## 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 and Central Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
   c. Annual MHSA Payment Limit: $ 31,889
   d. Number served: For FY 15/16: 6 beds available.

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## Woodhaven

Point of Contact: Milagros Quezon.
Contact Information: 3319 Woodhaven Lane, Concord, CA 94519.
Rcasuperprint635@comcast.net (925) 349-4225

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 and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
   c. Annual MHSA Payment Limit: $ 12,360
   d. Number served: For FY 15/16: 5 beds available.

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## Youth Homes, Inc.

Point of Contact: Candy Espino, Executive Director
Contact Information: 3480 Buskirk Ave #210, Pleasant Hill, CA 94523,
(925) 933–2627, Candye@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 -- 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
      - Money Management
      - Vocational Services
      - Contractor must be available to consumer on 24/7 basis

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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: $ 688,00
d. Number served: For FY 15/16: 42 individuals
e. Outcomes: For FY 15/16:
   - Reduction in incidence of psychiatric crisis
   - Reduction of the incidence of restriction

**Table 9. Pre- and post-enrollment utilization rates for 42 Youth Homes FSP Participants enrolled in the FSP program during FY 15-16**

| | No. pre-enrollment | No. post-enrollment | Rate pre-enrollment | Rate post-enrollment | %change |
|---|---|---|---|---|---|
| *PES episodes* | 134 | 83 | 0.297 | 0.192 | -35.3 |
| *Inpatient episodes* | 60 | 26 | 0.132 | 0.061 | -53.7 |
| *Inpatient days* | 469 | 228 | 1.063 | 0.601 | -43.4 |

** 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:*

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

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

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# Glossary

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

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

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

**Augmented Board and Care.** Board and care facilities licensed by the State also contract with Contra Costa Mental Health to receive additional funding to provide a

therapeutic environment and assist residents gain their independence through recovery and wellness activities. Extra staff time is devoted to creating a home-like atmosphere, often with shared housekeeping activities, and provide or coordinate a variety of therapeutic, educational, social and vocational activities. Persons who experience severe and persistent mental illness are eligible.

**Behavioral Health Services (CCBHS).** This term refers to the grouping of Contra Costa Mental Health and Substance Use Disorders Services (previously Alcohol and Other Drug Services) under one division of the Health Services Department.

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

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

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

**Clubhouse Model. The** Clubhouse Model is a comprehensive program of support and opportunities for people with severe and persistent mental illness. In contrast to traditional day-treatment and other day program models, Clubhouse participants are called "members" (as opposed to "patients" or "clients") and restorative activities focus on their strengths and abilities, not their illness. The Clubhouse is unique in that it is not a clinical program, meaning there are no therapists or psychiatrists on staff. All participation in a clubhouse is strictly on a voluntary basis. Members and staff work side-by-side as partners to manage all the operations of the Clubhouse, providing an opportunity for members to contribute in significant and meaningful ways. A Clubhouse is a place where people can belong as contributing adults, rather than passing their time as patients who need to be treated. The Clubhouse Model seeks to demonstrate that people with mental illness can successfully live productive lives and work in the community, regardless of the nature or severity of their mental illness.

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

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

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

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

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

**Contra Costa Mental Health (CCMH).** CCMH is one of 58 counties, the City of Berkeley, and the Tri-Cities area East of Los Angeles legislatively empowered to engage in a contract, or Mental Health Plan, with the state to perform public mental health services. This enables Contra Costa County to utilize federal, state, county and private funding for these mental health services. The Mental Health Services Act is one source of state funding. CCMH is divided into a Children's System of Care and an Adult and Older Adult System of Care.

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

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

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

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

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

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

**Family-to-Family Training.** Family-to-Family is an educational course for family, caregivers and friends of individuals living with mental illness. Taught by trained volunteer instructors from the National Alliance for the Mentally Ill it is a free of cost twelve week course that provides critical information and strategies related to caregiving, and assists in better collaboration with mental health treatment providers.

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

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

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

**Full Service Partnership (FSP).** Full service partnership is a term created by the Mental Health Services Act as a means to require funding from the Act to be used in a certain manner for individuals with serious mental illness. Required features of full service partnerships are that there be a written agreement, or individual services and supports plan, entered into with the client, and when appropriate, the client's family. This plan may include the full spectrum of community services necessary to attain mutually agreed upon goals. The full spectrum of community services consists of, but is not limited to, mental health treatment, peer support, supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education, wellness centers, culturally specific treatment approaches, crisis intervention/stabilization services, and family education services. Also included are non-mental health services and supports, to include food, clothing, housing, cost of health care and co-occurring disorder treatment, respite care, and wrap-around services to children. The County shall designate a personal service coordinator or case manager for each client to be the single point of responsibility for services and supports, and provide a qualified individual to be available to respond to the client/family 24 hours a day, seven days a week.

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

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

improve and supplement the county mental health service delivery system for all clients and their families.

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

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

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

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

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

**Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ).** Persons in these groups express norms different than the heterosexism of mainstream society, and often experience stigmatism as a result. Lesbian refers to women whose primary emotional, romantic, sexual or affectional attractions are to other women. Gay refers to men whose primary emotional, romantic, sexual or affectional attractions are to other men.

Bi-sexual refers to men or women whose primary emotional, romantic, sexual, or affectional attractions are to both women and men. Transgender is a term that includes persons who cross-dress, are transsexual, and people who live substantial portions of their lives as other than their birth gender. People who are transgender can be straight, gay, lesbian or bi-sexual. Questioning refers to someone who is questioning their sexual and/or gender orientation.

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

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

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

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

**Mental Health Loan Assumption Program (MHLAP).** This is a program that makes payments to an educational lending institution on behalf of an employee who has incurred debt while obtaining an education, provided the individual agrees to work in the public mental health system for a specified period of time and in a capacity that meets the employer's workforce needs. The MHLAP is funded by the Mental Health Services Act in the workforce education and training component.

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

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

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

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

**Money Management.** This is a term that refers to services that can encompass all aspects of assisting an individual plan and manage financial benefits and resources. It can include counseling on the interplay of work and other sources of income on Medi-Cal, Medicare, Social Security Disability Income (SSDI), and Supplemental Security Income (SSI). It can include becoming a conservator of funds for an individual who has been deemed to be unable to manage their own funds.

**Multi-dimensional Family Thera**py **(MDFT).** MDFT is an evidence based comprehensive and multi-systemic family-based outpatient or partial hospitalization

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

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

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

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

**Office of Statewide Health Planning and Development (OSHPD).** The Office of Statewide Health Planning and Development (OSHPD) is a state department that assists California improve the structure and function of its healthcare delivery systems and promote healthcare accessibility. OSHPD is the state entity responsible for the implementation of various 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 outreach and engagement is a MHSA term that is a community services and support category, and a category in which prevention and early intervention services can be provided. Services are designed to reach out and engage individuals in mental health care who have a serious mental illness, or are

at risk of developing a serious mental illness. These are individuals who have not sought services in a traditional manner due to cultural or linguistic barriers.

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

**Perinatal Depression.** Perinatal depression is depression that occurs during pregnancy and up to twelve months after giving birth. It can be caused by changes in hormones during pregnancy and after having a baby. It can also be caused by the many stresses of being a new mother. Postpartum depression, or depression after delivery, is different from post-partum "blues," which peak three to five days after delivery and usually end within two weeks after the baby's birth. A woman with perinatal depression has symptoms that last two weeks or longer.

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

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

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

**Positive Parenting Program.** The Triple P Positive Parenting Program is an evidence based practice designed to increase parents' sense of competence in their parenting

abilities. It is a multilevel system of family intervention that aims to prevent severe emotional and behavioral disturbances in children by promoting positive and nurturing relationships between parent and child. Improved family communication and reduced conflict reduces the risk that children will develop a variety of behavioral and emotional problems.

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

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

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

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

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

**Psychiatric Residency.** Physicians who specialize in psychiatry complete a four year residency program at one of several schools of psychiatry, such as that located at the University of California at San Francisco. This is essentially a paid work study

arrangement, where they practice under close supervision and concurrently take coursework. At the final residency year the psychiatrist can elect to work in a medical setting, teach, do research, or work in a community mental health setting.

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

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

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

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

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

**Substance Use Disorder.** A substance use disorder is a disorder in which the use of one or more substances leads to a clinically significant impairment or distress. Although

the term substance can refer to any physical matter, substance abuse refers to the overuse of, or dependence on, a drug leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others. The disorder is characterized by a pattern of continued pathological use of a medication, non-medically indicated drug or toxin which results in repeated adverse social consequences related to drug use, such as failure to meet work, family, or school obligations, interpersonal conflicts, or legal problems.

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

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

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

**Transition Age Youth (TAY).** Transition Age Youth is a term meaning individuals who are between the age of 16 years and 25 years of age. Specific mental health programs that address this age group are in the adult system of care, and were designed to assist in the transition of services from the children's system of care, where individuals stop receiving services at 18.

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

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

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

**Wellness Recovery Education for Acceptance, Choice and Hope (WREACH).** The WREACH Speaker's Bureau is sponsored by Contra Costa Behavioral Health Services, and is designed to reduce the stigma that consumers and family members often face in the workplace, behavioral and physical health care systems, and in their communities. The WREACH program forms connections between people in the community and people with lived mental health and co-occurring disorders experiences by providing opportunities for sharing stories of recovery and resiliency, and sharing current information on health treatment and supports. Workshops are held to teach people and their families how to write and present their recovery and resilience stories. These

individuals are then connected with audiences that include behavioral health providers, high school and college staff and students, law enforcement, physical health providers and the general community.

# MHSA COUNTY COMPLIANCE CERTIFICATION

County: Contra Costa

Three-Year Program and Expenditure Plan

| Local Mental Health Director | Program Lead |
|---|---|
| Name: Cynthia Belon | Name: Warren Hayes |
| Telephone Number: 925-957-5150 | Telephone Number: 925-957-5154 |
| E-mail: | E-mail: |
| Cynthia.Belon@hsd.cccounty.us | Warren.Hayes@hsd.cccounty.us |
| County Mental Health Mailing Address:<br>Contra Costa County<br>Mental Health Administration<br>1340 Arnold Drive #200<br>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 October 28, 2014.

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.

_____ _____

Cynthia Belon, LCSW

Contra Costa Mental Health Director

DATE

# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: _____

☐ Three-Year Program and Expenditure Plan
☐ Annual Update
☐ Annual Revenue and Expenditure Report

| Local Mental Health Director | County Auditor-Controller / City Financial Officer |
|---|---|
| Name:<br>Telephone Number:<br>E-mail: | Name:<br>Telephone Number:<br>E-mail: |
| Local Mental Health Mailing Address: | |

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.

_____ _____
Local Mental Health Director (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, _____, 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 _____ for the fiscal year ended June 30,_____. I further certify that for the fiscal year ended June 30,_____, 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.

_____ _____
County Auditor Controller / City Financial Officer (PRINT) Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

| FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Funding Summary | | | | | | | | |
| County: | Contra Costa | | | | | Date: | 2/10/2017 | |
| | | MHSA Funding | | | | | | |
| | | 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 | Total |
| **A. Estimated FY 2017/18 Funding** | | | | | | | | |
| 1. | Unspent Funds from Prior Fiscal Years | 32,180,600 | 4,779,776 | 4,617,267 | 233,569 | 696,134 | - | 42,507,346 |
| 2. | New FY2017/18 Funding | 34,873,772 | 7,943,443 | 2,090,379 | | | | 44,907,594 |
| 3. | Transfer in FY2017/18[a/] | (7,795,034) | | | 7,795,034 | | | - |
| 4. | Available Funding for FY2017/18 | 59,259,338 | 12,723,219 | 6,707,646 | 8,028,603 | 696,134 | - | 87,414,940 |
| **B. Budgeted FY2017/18 MHSA Expenditures** | | 37,602,567 | 8,668,448 | 2,120,226 | 2,539,666 | 643,835 | - | 51,574,742 |
| | | | | | | | | |
| **C. Estimated FY2018/19 Funding** | | | | | | | | |
| 1. | Unspent Funds from Prior Fiscal Years | 21,656,771 | 4,054,771 | 4,587,420 | 5,488,937 | 52,299 | - | 35,840,198 |
| 2. | Estimated New FY2018/19 Funding | 35,405,520 | 8,076,380 | 2,125,363 | | | | 45,607,263 |
| 3. | Transfer in FY2018/19[a/] | - | | | | | | |
| 4. | Estimated Available Funding for FY2018/19 | 57,062,291 | 12,131,151 | 6,712,783 | 5,488,937 | 52,299 | - | 81,447,461 |
| **D. Budgeted FY2018/19 Expenditures** | | 36,772,145 | 8,926,161 | 2,159,833 | 2,602,956 | 52,299 | - | 50,513,394 |
| | | | | | | | | |
| **E. Estimated FY2019/20 Funding** | | | | | | | | |
| 1. | Estimated Unspent Funds from Prior Fiscal Years | 20,290,146 | 3,204,990 | 4,552,950 | 2,885,981 | - | - | 30,934,067 |
| 2. | Estimated New FY2019/20 Funding | 35,405,520 | 8,076,380 | 2,125,363 | | | | 45,607,263 |
| 3. | Transfer in FY2019/20[a/] | - | | | | | | |
| 4. | Estimated Available Funding for FY2019/20 | 55,695,666 | 11,281,370 | 6,678,313 | 2,885,981 | - | - | 76,541,330 |
| **F. Budgeted FY2019/20 Expenditures** | | 37,690,970 | 9,191,606 | 2,200,628 | 2,668,145 | - | - | 51,751,349 |
| **G. Estimated FY2019/20 Unspent Fund Balance** | | 18,004,696 | 2,089,764 | 4,477,685 | 217,836 | - | - | 24,789,981 |
| | | | | | | | | |
| **H. Estimated Local Prudent Reserve Balance** | | | | | | | | |
| | 1. Estimated Local Prudent Reserve Balance on June 30, 2017 | | 7,125,250 | | | | | |
| | | | | | | | | |
| **I. Estimated Beginning Balance for FY 2017/18** | | | | | | | | |
| | 1. Estimated Unspent Funds from Fiscal Year 2016-17 | | 42,507,346 | | | | | |
| | 2. Estimated Local Prudent Reserve Balance on June 30, 2017 | | 7,125,250 | | | | | |
| | **3. Estimated Total Beginning Balance** | | **49,632,596** | | | | | |
| | | | | | | | | |

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## 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: March 16, 2017

| | Fiscal Year 2017/18 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CSS Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **FSP Programs** | | | | | | |
| 1. Children | 3,268,122 | 3,268,122 | | | | |
| 2. Transition Age Youth | 2,157,611 | 2,157,611 | | | | |
| 3. Adult | 2,896,455 | 2,896,455 | | | | |
| 4. Adult Mental Health Clinic Support | 1,772,145 | 1,772,145 | | | | |
| 5. Assisted Outpatient Treatment | 2,392,241 | 2,392,241 | | | | |
| 6. Wellness and Recovery Centers | 901,250 | 901,250 | | | | |
| 7. Crisis Residential Center | 2,077,530 | 2,077,530 | | | | |
| 8. MHSA Housing Services | 8,032,270 | 8,032,270 | | | | |
| 9. Oak Grove Youth Residential Program | 250,000 | 250,000 | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |

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## 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: March 16, 2017

| | | | | | | |
|---|---|---|---|---|---|---|
| **Non-FSP Programs** | | | | | | |
| 1. Older Adult Mental Health Program | 3,388,069 | 3,388,069 | | | | |
| 2. Children's Wraparound Support | 4,106,329 | 4,106,329 | | | | |
| 3. Miller Wellness Center | 319,819 | 319,819 | | | | |
| 4. Concord Health Center | 265,071 | 265,071 | | | | |
| 5. Liaison Staff | 139,139 | 139,139 | | | | |
| 6. Clinic Support | 1,288,969 | 1,288,969 | | | | |
| 7. Forensic Team | 982,245 | 982,245 | | | | |
| 8. Quality Assurance | 1,248,006 | 1,248,006 | | | | |
| 9. Administrative Support | 2,117,296 | 2,117,296 | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| **CSS Administration** | 0 | | | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 37,602,567 | 37,602,567 | 0 | 0 | 0 | 0 |
| **FSP Programs as Percent of Total** | 63.2% | | | | | |

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## 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: March 16, 2017

| | Fiscal Year 2018/19 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CSS Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **FSP Programs** | | | | | | |
| 1. Children | 3,290,426 | 3,290,426 | | | | |
| 2. Transition Age Youth | 2,222,339 | 2,222,339 | | | | |
| 3. Adult | 2,983,349 | 2,983,349 | | | | |
| 4. Adult Mental Health Clinic Support | 1,825,309 | 1,825,309 | | | | |
| 5. Assisted Outpatient Treatment | 2,464,008 | 2,464,008 | | | | |
| 6. Wellness and Recovery Centers | 928,288 | 928,288 | | | | |
| 7. Crisis Residential Center | 2,139,856 | 2,139,856 | | | | |
| 8. MHSA Housing Services | 6,492,478 | 6,492,478 | | | | |
| 9. Oak Grove Youth Residential Program | 250,000 | 250,000 | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |

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## 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: March 16, 2017

| | | | | | | |
|---|---|---|---|---|---|---|
| **Non-FSP Programs** | | | | | | |
| 1. Older Adult Mental Health Program | 3,489,711 | 3,489,711 | | | | |
| 2. Children's Wraparound Support | 4,154,519 | 4,154,519 | | | | |
| 3. Miller Wellness Center | 329,414 | 329,414 | | | | |
| 4. Concord Health Center | 273,023 | 273,023 | | | | |
| 5. Liaison Staff | 143,314 | 143,314 | | | | |
| 6. Clinic Support | 1,327,639 | 1,327,639 | | | | |
| 7. Forensic Team | 995,212 | 995,212 | | | | |
| 8. Quality Assurance | 1,285,446 | 1,285,446 | | | | |
| 9. Administrative Support | 2,177,814 | 2,177,814 | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| **CSS Administration** | 0 | | | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 36,772,145 | 36,772,145 | 0 | 0 | 0 | 0 |
| **FSP Programs as Percent of Total** | 61.4% | | | | | |

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## 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: March 16, 2017

| | 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 | 2,289,010 | 2,289,010 | | | | |
| 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. Oak Grove Youth Residential Program | 250,000 | 250,000 | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |

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## 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: March 16, 2017

| | | | | | | |
|---|---|---|---|---|---|---|
| **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. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| **CSS Administration** | 0 | | | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 37,690,970 | 37,690,970 | 0 | 0 | 0 | 0 |
| **FSP Programs as Percent of Total** | 61.5% | | | | | |

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## 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: March 16, 2017

| | 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 | 998,797 | 998,797 | | | | |
| 2. Prevention | 1,607,125 | 1,607,125 | | | | |
| 3. Access and Linkage to Treatment | 1,129,635 | 1,129,635 | | | | |
| 4. Improving Timely Access to Mental Health Services for Underserved Population | 1,481,310 | 1,481,310 | | | | |
| 5. Stigma and Discrimination Reduction | 295,495 | 295,495 | | | | |
| 6. Suicide Prevention | 435,378 | 435,378 | | | | |
| 7. Administrative support | 146,154 | 146,154 | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 11. First Hope | 2,574,554 | 2,574,554 | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **PEI Administration** | 0 | | | | | |
| **PEI Assigned Funds** | 0 | | | | | |
| **Total PEI Program Estimated Expenditures** | 8,668,448 | 8,668,448 | 0 | 0 | 0 | 0 |

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## 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: March 16, 2017

| | 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 | 1,028,761 | 1,028,761 | | | | |
| 2. Prevention | 1,655,339 | 1,655,339 | | | | |
| 3. Access and Linkage to Treatment | 1,163,524 | 1,163,524 | | | | |
| 4. Improving Timely Access to Mental Health Services for Underserved Population | 1,525,749 | 1,525,749 | | | | |
| 5. Stigma and Discrimination Reduction | 302,020 | 302,020 | | | | |
| 6. Suicide Prevention | 448,439 | 448,439 | | | | |
| 7. Administrative support | 150,538 | 150,538 | | | | |
| 8. 0 | 0 | 0 | | | | |
| 9. 0 | 0 | 0 | | | | |
| 10. | 0 | | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 11. First Hope | 2,651,791 | 2,651,791 | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **PEI Administration** | 0 | | | | | |
| **PEI Assigned Funds** | 0 | | | | | |
| **Total PEI Program Estimated Expenditures** | 8,926,161 | 8,926,161 | 0 | 0 | 0 | 0 |

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## 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: March 16, 2017

| | 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. Administrative support | 155,054 | 155,054 | | | | |
| 8. 0 | 0 | 0 | | | | |
| 9. 0 | 0 | 0 | | | | |
| 10. | 0 | | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 11. First Hope | 2,731,344 | 2,731,344 | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **PEI Administration** | 0 | | | | | |
| **PEI Assigned Funds** | 0 | | | | | |
| **Total PEI Program Estimated Expenditures** | 9,191,606 | 9,191,606 | 0 | 0 | 0 | 0 |

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## FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
## Innovations (INN) Component Worksheet

County: Contra Costa

Date: March 16, 2017

| | Fiscal Year 2017/18 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **INN Programs** | | | | | | |
| 1. Recovery Through Employment Readiness | 100,000 | 100,000 | | | | |
| 2. Coaching to Wellness | 474,039 | 474,039 | | | | |
| 3. Partners in Aging | 181,067 | 181,067 | | | | |
| 4. Overcoming Transportation Barriers | 241,450 | 241,450 | | | | |
| 5. Administrative Support | 423,670 | 423,670 | | | | |
| 6. Emerging Projects | 700,000 | 700,000 | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |

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## FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
## Innovations (INN) Component Worksheet

County: Contra Costa

Date: March 16, 2017

| | | | | | | |
|---|---|---|---|---|---|---|
| **INN Administration** | 0 | | | | | |
| **Total INN Program Estimated Expenditures** | 2,120,226 | 2,120,226 | 0 | 0 | 0 | 0 |

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## FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
## Innovations (INN) Component Worksheet

County: Contra Costa

Date: March 16, 2017

| I. Estimated Beginning Balance for FY 2016/17 | 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 |
| **INN Programs** | | | | | | |
| 1. Recovery Through Employment Readiness | 100,000 | 100,000 | | | | |
| 2. Coaching to Wellness | 488,261 | 488,261 | | | | |
| 3. Partners in Aging | 186,499 | 186,499 | | | | |
| 4. Overcoming Transportation Barriers | 248,693 | 248,693 | | | | |
| 5. Administrative Support | 436,380 | 436,380 | | | | |
| 6. Emerging Projects | 700,000 | 700,000 | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |

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## FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
## Innovations (INN) Component Worksheet

County: Contra Costa

Date: March 16, 2017

| | | | | | | |
|---|---|---|---|---|---|---|
| **INN Administration** | 0 | | | | | |
| **Total INN Program Estimated Expenditures** | 2,159,833 | 2,159,833 | 0 | 0 | 0 | 0 |

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## FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
## Innovations (INN) Component Worksheet

County: Contra Costa

Date: March 16, 2017

| | Fiscal Year 2019/20 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **INN Programs** | | | | | | |
| 1. Recovery Through Employment Readiness | 100,000 | 100,000 | | | | |
| 2. Coaching to Wellness | 502,909 | 502,909 | | | | |
| 3. Partners in Aging | 192,094 | 192,094 | | | | |
| 4. Overcoming Transportation Barriers | 256,154 | 256,154 | | | | |
| 5. Administrative Support | 449,471 | 449,471 | | | | |
| 6. Emerging Projects | 700,000 | 700,000 | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |

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## FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
## Innovations (INN) Component Worksheet

County: Contra Costa

Date: March 16, 2017

| | | | | | | |
|---|---|---|---|---|---|---|
| **INN Administration** | 0 | | | | | |
| **Total INN Program Estimated Expenditures** | 2,200,628 | 2,200,628 | 0 | 0 | 0 | 0 |

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## 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: March 16, 2017

| | 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 | 1,228,940 | 1,228,940 | | | | |
| 2. Training and Technical Support | 230,000 | 230,000 | | | | |
| 3. Mental Health Career Pathway Program | 435,726 | 435,726 | | | | |
| 4. Internship Programs | 345,000 | 345,000 | | | | |
| 5. Financial Incentive Programs | 300,000 | 300,000 | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **WET Administration** | 0 | | | | | |
| **Total WET Program Estimated Expenditures** | 2,539,666 | 2,539,666 | 0 | 0 | 0 | 0 |

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## 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: March 16, 2017

| I. Estimated Beginning Balance for FY 2016/17 | 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 |
| **WET Programs** | | | | | | |
| 1. Workforce Staffing Support | 1,265,808 | 1,265,808 | | | | |
| 2. Training and Technical Support | 236,900 | 236,900 | | | | |
| 3. Mental Health Career Pathway Program | 447,898 | 447,898 | | | | |
| 4. Internship Programs | 352,350 | 352,350 | | | | |
| 5. Financial Incentive Programs | 300,000 | 300,000 | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **WET Administration** | 0 | | | | | |
| **Total WET Program Estimated Expenditures** | 2,602,956 | 2,602,956 | 0 | 0 | 0 | 0 |

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## 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: March 16, 2017

| | 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. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **WET Administration** | 0 | | | | | |
| **Total WET Program Estimated Expenditures** | 2,668,145 | 2,668,145 | 0 | 0 | 0 | 0 |

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## 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: March 16, 2017

| | 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. | 0 | | | | | |
| 2. | 0 | | | | | |
| 3. | 0 | | | | | |
| 4. | 0 | | | | | |
| 5. | 0 | | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| 6. Electronic Health Records System - Adminis | 643,835 | 643,835 | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **CFTN Administration** | 0 | | | | | |
| **Total CFTN Program Estimated Expenditures** | 643,835 | 643,835 | 0 | 0 | 0 | 0 |

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## 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: March 16, 2017

| | 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. | 0 | | | | | |
| 2. | 0 | | | | | |
| 3. | 0 | | | | | |
| 4. | 0 | | | | | |
| 5. | 0 | | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| 6. Electronic Health Records System - Adminis | 52,299 | 52,299 | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **CFTN Administration** | 0 | | | | | |
| **Total CFTN Program Estimated Expenditures** | 52,299 | 52,299 | 0 | 0 | 0 | 0 |

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## 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: March 16, 2017

| | 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. | 0 | | | | | |
| 2. | 0 | | | | | |
| 3. | 0 | | | | | |
| 4. | 0 | | | | | |
| 5. | 0 | | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **CFTN Administration** | 0 | | | | | |
| **Total CFTN Program Estimated Expenditures** | 0 | 0 | 0 | 0 | 0 | 0 |

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