

Current (2018) Members of the Contra Costa County Mental Health Commission

Barbara Serwin, District II (Chair); Duane Chapman, District I (Vice Chair); Supervisor Diane Burgis, BOS representative, District III, Meghan Cullen, District V; Douglas Dunn, District III; Diana MaKieve, District II; Lauren Rettagliata, District II; Geri Stern District I; Gina Swirsding, District I; Patrick Field District III; Michael Ward, District V; Sam Yoshioka, District IV; Leslie May, District V, Candace Andersen, Alternate BOS Representative for District II

Mental Health Commission
Wednesday, April 4th, 2018 from 4:30pm-6:30pm
At: 550 Ellinwood Way, Pleasant Hill, CA

I. Call to order/Introductions

II. Public Comment:

*Please note that all members of the public may comment on any item of public interest within the jurisdiction of the Mental Health Commission, in accordance with the Brown Act, if a member of the public addresses an item, not on the agenda, no response, discussion or action on the item may occur. Time will be provided for public comment on the items on the agenda, after commissioner's comments, as they occur during the meeting.

III. Commissioner Comments

IV. Chair Announcements

V. APPROVE Minutes from the March 7th, 2018 Meeting

VI. RECEIVE presentation from Theresa Comstock, President of the CA Association of Local Behavioral Health Boards and Commissions:

- 1) Statewide Mental/Behavioral Health Issues
- 2) Resources for Boards/Commissions
- 3) Upcoming CALBHBC meeting and Mental/Behavioral Health Board training on April 20-21 in Redwood City

VII. SELECT a co-chair for the April 20th, 2018 AOT Workgroup Meeting, Warren Hayes, MHSA Program Manager

VIII. RECEIVE report from Matthew Luu, Deputy Director of Behavioral Health Services

IX. RECEIVE a presentation of the first DRAFT MHSA Three Year Plan Update for 2018-19, Warren Hayes, MHSA Program Manager

X. DISCUSS proposal to advocate to law enforcement for always requiring a medical evaluation at PES of people when they possess a weapon and/or who pose harm to self/others at the scene of a call for an involuntary hospitalization (5150) – Lauren Rettagliata, MHC Finance Chair

XI. Continued from March 7th full Commission meeting: REVIEW the *Contra Costa County Mental Health Commission Response to Behavioral Health Services Update to Grand Jury Report No. 1703 and Referrals 115 and 116* report presented at the Board of Supervisors' Family and Human Services Committee meeting, 10/30/17. DISCUSS Behavioral Health Services six-month updates. -- Barbara Serwin, Chair, MHC and Lauren Rettagliata, Chair, MHC Finance Committee

XII. RECEIVE Commission liaison reports and special meeting reports

- 1) AOD Advisory Board – Sam Yoshioka
- 2) CPAW General Meeting – Douglas Dunn
- 3) Council on Housing Committee –TBD
- 4) Detention Rapid Improvement Event – Barbara Serwin

XIII. Adjourn



**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
Wednesday March 7, 2018 – First Draft
At: 550 Ellinwood Way, Pleasant Hill, CA**

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions Commission Chair Barbara Serwin called the meeting to order at 4:32pm</p> <p><u>Members Present:</u> Chair- Barbara Serwin, District II Diana MaKieve, District II Douglas Dunn, District III Gina Swirsding, District I Sam Yoshioka, District IV Mike Ward, District III (arrived late@5:05pm) Geri Stern, District I Leslie May, District V</p> <p><u>Commissioners Absent:</u> Vice Chair- Duane Chapman, District I Supervisor Diane Burgis, District III Lauren Rettagliata, District II Meghan Cullen, District V Patrick Field, District III</p> <p><u>Other Attendees:</u> Anna M. Roth, Health Services Director for Contra Costa County Matthew Luu, Deputy Director of Behavioral Health Services Therese Becker, AMFT -East County Adult Mental Health Clinical Specialist Guita Bahramipour, AOD Advisory Board representative Linda Velarde, family member Susan Waters, Family Support Worker @East County Adult Mental Health clinic Dawn Morrow, Supervisor Burgis District III office Judy Bracken, public Marsha McInnis, family member Jill Ray, Field Representative for the District II office Joe Metro, District V applicant Dr. Jan Cobaleda-Kegler, Adult/Older Adult Program Chief for BHS Division (arrived @5:20pm) Adam Down, MH Project Manager Erika Raulston, family member Michael Lewis Dr. Frank Barham, retired psychiatrist</p>	
<p>II. Public Comments:</p> <ul style="list-style-type: none"> • Therese Becker-Clinician at East County Adult Mental Health clinic, stated that made an appointment for a patient to see a psychiatrist and was given an appointment date for 3/6/19. There is a shortage of available psychiatrists throughout the county. Searched for alternatives for the patient and connected the patient with the Miller-Wellness Center. Many of the patients are in poverty and do not have transportation and therefore cannot make appointments outside of their area. There are 2.8 FTE's at the East County Mental Health clinic, each see approximately 650-700 patients. There are five opened Case Manager positions, soon to be six, because another is resigning. After assessing a patient, it is difficult to make a referral to a Case Manager, when there are none available. The staff shortage makes it difficult to meet the patient's needs. • Concerned that patients that need an appointment to see a psychiatrist, may not be able to obtain an appointment until 2019 • Provided a list of concerns to be distributed 	

<p>III. Commissioner Comments:</p> <ul style="list-style-type: none"> • Gina- stated that the shortage of psychiatrists is prevalent everywhere. It is difficult, for people with private insurance, to obtain an appointment with a psychiatrist. There is a need for psychiatrists in West County as well. Other options need to be discussed and/or considered. Maybe Nurse Practitioners, trained in mental health medications, can prescribe medications for patients? • On March 24, at the Richmond Jr. High School, there will be a Foster Care Conference. Contact the Richmond Police Department, Crime Prevention Unit, for additional information • Doug- stated that the County has placed \$300,000 to assist clinicians and psychiatrists with their student loans, to attract more qualified staff. Upon employment, clinicians and psychiatrists can apply for the “student loan forgiveness program” provided by the County to assist in paying their educational debt. Suggests that maybe executive staff can assist more in recruiting graduates into employment with the county. • Sam- would like more consistent participation, at the Commission meetings, from the Director/Deputy Director. Mentioned that in surrounding counties, the Director is present and provides a report with updates to the Commission. It was previously agreed that the Director would submit a monthly written report to the Commission. Would like a monthly written report from the Director, or the Deputy Director, it should be agendized on an ongoing monthly basis, for discussion with the Commission. • Geri- is there any type of mechanism in place that searches for graduating psychiatrists as potential candidates for employment with the County? 	
<p>IV. Chair Announcements-</p> <ul style="list-style-type: none"> • Announced that EA is out on medical leave and being covered by supervisor Adam Down. • EA should return to her duties, later in the month • Requests Commissioners to forward to the Chair, regarding any topics, with interest in mental health, that are desired to be discussed by the Commission. • The Chair will keep track of agenda items • Attended a presentation by Judge Ginger Lerner-Wren, at the Common Wealth Club, where she was promoting her new book “A Court of Refuge: Stories from the Bench of America’s First Mental Health Court”- a brief excerpt from the book- “in 1997 her Broward County, in Florida, formed the first mental health court in the country and served as the first presiding judge. The court is for misdemeanor crimes, meant to divert patients to treatment and recovery. She would coach patients to triage unit for problem solving, rather than punishment. Anyone can refer a person to a court. When they enter the court, they enter a welcoming environment, with an attitude of “how can I help you?” The person is evaluated by a clinician on the spot, in the court room, and offered an option for treatment and hope, rather than time in jail. In the past 20 years of court, her court has diverted 20,000 people into treatment. She closed with the observation that mental health courts are increasingly being implemented, in a more traditional format, moving back to the vision that the court as part of the human rights framework.” Highly recommends the book. • Contra Costa County has just created and expanded a mental health court. An update can be requested for a future commission meeting 	
<p>V. MOTION to APPROVE minutes from February 7, 2018 meeting Gina Swirsding moved to motion, Diana MaKieve seconded the motion *corrections: Add Geri Stern was in attendance, but left the meeting, due to illness</p> <ul style="list-style-type: none"> • VOTE: 8-0-0 out of 13 Commissioners present • YAYS: Barbara Serwin, Diana MaKieve, Sam Yoshioka, Gina Swirsding, Douglas Dunn, Geri Stern, Mike Ward, and Leslie May • NAYS: none ABSTAIN: none • ABSENT: Supervisor Burgis, Duane Chapman, Patrick Field, Lauren Rettagliata and Meghan Cullen 	<p>*Post final minutes to MH website at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. DISCUSS proposal to send letter to law enforcement agencies to advocate for requiring evaluation at PES of people who pose harm to others at the scene of a call for an involuntary hospitalization (5150) – by Lauren Rettagliata</p>	<p>*Commissioner Lauren Rettagliata was not present. Item will be forwarded to the next Commission meeting</p>

<p>VII. REVIEW the document Contra Costa County Mental Health Commission Response to Behavioral Health Services Update to Grand Jury Report No. 1703 and Referrals 115 and 116 presented at the Board of Supervisors' Family and Human Services Committee meeting on 10/30/17. DISCUSS Behavioral Health Services six-month updates. -- Barbara Serwin, Chair, MHC and Lauren Rettagliata, Chair, MHC Finance Committee</p> <ul style="list-style-type: none"> • Chair, Barbara, referred to the attachments provided in the meeting packets and gave background of documents • Updated that Behavioral Health Services (BHS) did some reflecting and made changes to services and introduced new initiatives to address issues. • In August of 2017, the Board of Supervisors referred the issues to the Family and Human Services Committee (FHS), with Supervisors John Gioia from District I and Supervisor Candace Andersen from District II. • In October, there was a series of Commission and Behavioral Health Services (BHS) collaborative, open and friendly meetings to problem solve. The meetings were in preparation for the late October meeting with FHS. • BHS prepared a report, in response to the issues brought forth to the Grand Jury and the Commission responded to the BHS responses • There was a mandate made, by the Supervisors of the FHS Committee, stating an ongoing, twice yearly, BHS to provide updates on problems raised by the Commission in its response to BHS responses • April 2018, will mark the first six months, due for an update to be provided by BHS. After further discussion with the Director and Deputy Director of BHS, we are looking to getting on the calendar for the FHS Committee meeting in May • The Commission and BHS will be holding working meetings, now until the May update meeting, with the goal of prioritizing the problem areas that have been raised in the Commission paper. Do a collaborative, deep-dive, into key issues and potential solutions. The Chair, Vice Chair (stand in- Diana MaKieve) and Lauren Rettagliata as the co-author of the White Paper and the response paper, the Director and Deputy Director and Dr. Matthew White, Physician in charge of Psych Emergency Services (PES) • This will be an ongoing collaboration of problem identification and responses. The beginning of an organized process for addressing ongoing issues and working with BHS. • The first issue presented is to update the West County Children's clinic facility. A site visit was made and concerns made regarding the physical aspects of the facility. BHS has responded to the issues identified and brought together resources to improve the clinic. The recommended follow up is to tour the site again and review the progress. • Deputy Director, Matthew Luu- stated that the long term goal is to build a new building. The new building will house both Adult and Children's mental health, in a centralized building, adjacent to primary care in the city of San Pablo. BHS is trying to fix the issues that were identified in the report. Experts were brought in to test the current Children's clinic for asbestos, and none were found. • Adam- continued updating the Commission, regarding the repairs made to the current facility, the roof was sealed, the reception and clerical areas were painted, new carpet was installed in the reception and clerical areas, and new furniture was acquired for the reception area. There is substantial work is being done on the ventilation/HVAC systems. There was a meeting with risk management, American Disabilities Act department (ADA), public works and BHS staff to address additional ADA issues and find solutions to resolve the issues. • Sam- noted there is not a date on the report submitted by BHS to respond to FHS. Would like an update regarding the unspent MHSA funds and know what the BHS strategy is to utilize the unspent funds • Doug noted that he had been informed that the county is in the process of utilizing the unspent funds for payment of MHSA programs. • Chair- informed that the responses from BHS were submitted on October 27, 2017. The next issue, on the report, was to relocate First Hope and its "First Episode Psychosis Project Program" to a financially sustainable and appropriately designed facility. There was a consideration for the "Oak Grove" facility but it would cost the County approximately \$2 million to renovate the facility. The search for an adequate 	<p>*See attachments</p> <p>* The discussion will continue on to the next Commission meeting</p> <p>*the discussion is for public awareness of the issues</p> <p>*BHS will provide updates in May 2018</p>
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facility and location will continue. Additional concerns will be addressed at the next Commission meeting.

- Regarding the issue of addressing the shortage of psychiatrists, BHS has improved its recruitment efforts by contracting with staffing agencies to assist in the hiring of psychiatrists.
- Gina- noted that it is a nationwide concern and more psychologists and nurse practitioners are being used as viable options to meet the patient's needs.
- Matthew-updated that BHS has increased their efforts, using four recruiting agencies, and is currently searching and conducting interviews. A full time psychiatrist has been hired for East County and will start next week, Dr. Terry. There is another candidate, Dr. Barnes, who is currently under review and it is hoped that he will be able to start in April. Tele-psychiatry will be used, to extend services for patients, as an interim plan, until more psychiatrists are hired. Group therapy models, is another idea being considered to provide services to patients in a timely manner. Another strategy that BHS is considering is to requests volunteers, to cover clinics that are short staffed, to divert resources from one area of the County to another, until more positions are filled. Lastly, the "Loan Forgiveness Program," setting aside \$300,000 to assist graduating psychiatrists with the educational debt, for recruitment and retention employment purposes and there are potential candidates considering employment with the county. These are the strategies that BHS is currently working on to help resolve issues.
- CCHS Director, Anna Roth, suggested that Dr. Samir Shah is invited to update the Commission regarding the recruitment of psychiatrists. Tele-appointments are currently being used in primary care. The appointments are user friendly for patients, giving patients timely access to health care. The future will be to create virtual appointments where patients are given services, in their own homes, making it more convenient for patients.
- Chair- suggested looking into various ways to incentivize part-time psychiatrists, to become full time. Would like to regularly review a BHS report on the status of all psychiatry and mental health clinicians' positions, including newly or soon to be vacated positions. Would also like a report updating the Commission on how the Loan Forgiveness Program is being utilized. The Commission will participate, with the hiring team, to interview candidates for the Medical Mental Health Director position. Regarding personnel policy procedures, the Commission would like to urge the Board of Supervisors to review certain hiring policies and consider a reconstruction of certain processes, to facilitate the hiring process in a timelier manner.
- Adam- stated that the government hiring process is designed to be fair and equitable, not fast, there are civil service rules that government offices needs to adhere to
- Chair- Continuing on with the report- the next issue was how to relieve the impacted Psych Emergency Services (PES). The Chair read the data provided in a report, from 2016, to the attendees. Matthew Luu clarified that there has been vast improvements made at PES, since the collection of the data, almost two years ago. A request will be made for Dr. White to provide current data in May. Another question made was if the new electronic health record (EHR) system provides the ability to increase the flow of follow up information, from PES to treatment facilities. Matthew informed that the EHR is in the process of expanding and the goal is to be one record, for each patient.
- Another concern is Psych Emergency Services for children, which still need to be addressed. There is a critical need to separate the children from adult patients, into a child friendly area and improve the family consultation and waiting areas. Chair read the response from Dr. White, stating that proposals for a redesign of the areas need to be requested. The Commission will need to make the request to the Board of Supervisors to make the changes. The expansion of mobile services is intended to decrease the impact at PES. The Mental Health Evaluation Team (MHET) is coordinating responsiveness with three county police departments. Additional data requested- what are the numbers related to the children's mobile crisis response team? How many visits per month, what is the number of diversions from PES? The same request was requested for the adult services mobile crisis response team.
- The discussion will continue on to the next full commission meeting

<p>VIII. DISCUSS the status of committee membership and VOTE to approve assignments, Adam Down, MH Project Manager</p> <ul style="list-style-type: none"> • Chair- states that the Commission has held meetings in South and West County and would like there to be a Commission meeting in East County • Commissioners discussed various possibilities and scenarios, including traffic, transportation and spring break/school issues. Bay Point (Ambrose Center) or in Pittsburg maybe a consideration for a location and return to South County in San Ramon. • CCHS Director, Anna Roth, suggested to tour East County (Mental Health) as a potential location for the next regional meeting and obtain information before making changes • Sam- suggested not changing meeting dates or times because it will confuse the public and the meetings will have a low attendance. • Sam- suggested looking at other options for scheduling Commission meetings that might be more suitable- maybe the second or third Wednesday of the month? • Chair- will consider agendaizing suggestions • Public- People set aside the day and time, each month, to attend the meetings and when the schedule deviates from the regular day and time, it throws everybody off and confuses everyone • Adam suggests planning for May or June, because it takes time to reserve a location and to put together, instead of April, to allow time for planning. Will discuss with EA to research options and scheduling. Also suggested finalizing the options to be considered at the next Executive meeting on March 27, 2018 • Diana suggested touring the new Children’s clinic in Antioch and looking into planning the meeting at the clinic, or a nearby location. If the meeting is planned far out in advance to be able to notify attendees with ample time and to consider changing the timing of the meeting, an earlier timeframe, during non-peak traffic hours. Sometime during the year, to allow enough time. April does not allow enough time for planning • Adam informed that there are only two active members on the Quality of Care Committee and need more volunteers. All Committee rosters need to be approved by the Mental Health Commission. The Executive Committee has already been seated by vote for 2018. Verifying selection of standing committees, accepting nominations and volunteers for vacant committee assignments, decide if the ad hoc MHC Bylaws Committee will continue. The Executive Committee consists of Barbara Serwin, Duane Chapman, Diana MaKieve, Mike Ward and Meghan Cullen. There is word that Meghan will not be continuing with the Commission, but the seat has not been formally vacated, and the seat cannot be changed until the seat has been vacated and approved by the Board of Supervisors. The Executive Committee has five members, but only three are active; still, three members must be present for a quorum. Barbara, Diana and Mike must be present at the Executive meeting in order to have a meeting. • The MHSA/Finance meeting has proposed new members for 2018- Lauren Rettagliata will continue on as the Chair, Doug Dunn will continue on as the Vice Chair, Sam Yoshioka will continue on as a member, and Leslie May has volunteered to become a new member, there is one vacancy on the Committee left, each Committee can have three to five members. • MOTION TO ACCEPT AND APPROVE THE NEW MEMBERSHIP FOR THE 2018 MHSA/FINANCE COMMITTEE- Diana MaKieve moved to motion, Gina Swirsding seconded the motion VOTE: 7-0-0 Doug Dunn, Mike Ward, Barbara Serwin, Diana, Gina, Sam Yoshioka and Leslie May ABSENT: Duane Chapman, Supervisor Diane Burgis, Meghan Cullen, Geri Stern, Patrick Field and Lauren Rettagliata • The Justice Systems Committee proposes the members for 2018 to be: Diana MaKieve, Gina Swirsding, Mike Ward and Geri Stern, leaving one vacancy on the Committee. MOTION TO ACCEPT AND APPROVE THE NEW MEMBERSHIP FOR THE 2018 JUSTICE SYSTEMS COMMITTEE- Doug Dunn moved to motion, Gina Swirsding seconded the motion VOTE: 7-0-0 Doug Dunn, Mike Ward, Barbara Serwin, Diana, Gina, Sam Yoshioka and Leslie May ABSENT: Duane Chapman, Supervisor Diane Burgis, Meghan Cullen, Geri Stern, Patrick Field and Lauren Rettagliata 	<p>*Because of the increase in cancelled meetings, due to a lack of quorum, Adam or EA will inquire regarding adding the amendment to the MHC Bylaws to include the Executive Committee members, to be accounted for Committee members, in case a quorum is not met by the members present</p>
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<ul style="list-style-type: none"> The Quality of Care Committee has selected the 2018 members to be- Barbara Serwin to continue on as the Chair of the Committee, Gina Swirsding and Leslie May volunteered to become a new member, leaving two vacancies on the Committee, the quorum will be two members required for a meeting, moving forward, until new members volunteer to be added. MOTION TO ACCEPT AND APPROVE THE NEW MEMBERSHIP FOR THE 2018 Quality of Care COMMITTEE- Doug Dunn moved to motion, Gina Swirsding seconded the motion VOTE: 7-0-0 Doug Dunn, Mike Ward, Barbara Serwin, Diana, Gina, Sam Yoshioka and Leslie May ABSENT: Duane Chapman, Supervisor Diane Burgis, Meghan Cullen, Geri Stern, Patrick Field and Lauren Rettagliata Adam recommends, disbanding the “ad hoc” Bylaws Committee, and changing it to a “Task Force,” so that it is not subject to the Brown Act. This will give more flexibility to the meetings and will allow the members to complete the task of amending the Bylaws and will no longer be a public meeting. MOTION TO RECONSTITUTE THE AD HOC BYLAWS COMMITTEE, AS NOW A TASK FORCE, WITH THE EXISTING MEMBERS OF SAM YOSHIOKA, GINA SWIRSDING AND LESLIE MAY. Barbara Serwin will intermittently join the task force, as needed. Doug Dunn moved to motion, Gina Swirsding seconded the motion VOTE: 7-0-0 Doug Dunn, Mike Ward, Barbara Serwin, Diana, Gina, Sam Yoshioka and Leslie May ABSENT: Duane Chapman, Supervisor Diane Burgis, Meghan Cullen, Geri Stern, Patrick Field and Lauren Rettagliata MOTION TO INCORPORATE THE PREVIOUSLY APPROVED QUORUM AMENDMENT TO THE MENTAL HEALTH COMMISSION’S BYLAWS, AS SOON AS POSSIBLE AND FORWARD TO THE BOARD OF SUPERVISORS FOR APPROVAL OF THE AMENDMENT Doug Dunn moved to motion, Diana MaKieve seconded the motion VOTE: 7-0-0 Doug Dunn, Mike Ward, Barbara Serwin, Diana, Gina, Sam Yoshioka and Leslie May ABSENT: Duane Chapman, Supervisor Diane Burgis, Meghan Cullen, Geri Stern, Patrick Field and Lauren Rettagliata 	
<p>IX. RECEIVE Commission liaison reports and special meeting reports:</p> <ol style="list-style-type: none"> 1) AOT Workshop meeting – Douglas Dunn 2) AOD Advisory Board – Sam Yoshioka 3) CPAW General Meeting – Douglas Dunn 4) Children’s Committee – Gina Swirsding 5) Council on Housing Committee –TBD 6) Detention Rapid Improvement Read Out – Barbara Serwin 	<p>* Forwarded to the next Commission meeting</p>
<p>X. Adjourn Meeting @6:51pm</p>	

ECAMH registered nurses addressing Patient Safety concerns in regard to the current crisis:

- 1) On 9/26/17 Contra Costa County behavioral health service division (BHSD) transitioned to electronic healthcare record (EHR). The transition was quick, only one-half day of basic training was given to nurses to learn how to send in-baskets and how to chart a note. Paper charts of patients not seen for over 6 months are closed and sent away. When a patient suddenly presents or has been reopened after EHR implementation, no history is available. The nurse assessing patient has no collateral to verify information. The nurse has the responsibility to look for documentation to present the doctor with an SBAR (situation, background, assessment, recommendation) in order to treat the patient. The nurse has not been given the tools to be able to help the patient. The patient's safety is in jeopardy by not having information available.
- 2) Patients who have lost their doctor in 2017 and their new assigned appointment is in 2019, start describing their life story over and over again with each drop-in visit. These patients have demonstrated lack of trust in ECAMH by verbalizing an unwillingness to share information about their care with the nurses. One study states "the experienced rigidity and lack of mutuality encountered by service users gave rise to feelings of having to 'fight' the system, indifference and exhaustion" (Biringer, Harveit, Sundfor, Ruud, and Borg, 2017, p.13).
- 3) Lack of continuity of care increases hostility toward staff, decreases compliance towards prescribed medications, and increases self-medicating remedies such as drugs and ETOH. According to a study, "patients may benefit from stability in their relationship with their community mental health team in a number of ways. Long-term patient-clinician relationships are believed to contribute to trust and provide a point of stability" (Punti, Rugkasa, & Burns, 2016, p. 1641).
- 4) Lack of ongoing medical evaluation results in decreased compliance with treatment and decreased overall functionality. Patients without medication management do not take meds as prescribed, and the efficacy of the medications decreases leading to an increase in acuity of symptoms and consequently a decrease in quality of life. "Research has indicated that nonadherence to or discontinuation of medication treatment, and number of previous psychiatric hospitalizations are the strongest predictors of risk of readmission to inpatient psychiatric treatment" (Boaz, Becker, Andel, van Dorn, Choi, & Sikirica, 2013, p. 1225).
- 5) ECAMH work expectations for lead and staff nurses have increased dramatically. BHSD appears to believe nurses can treat patients without a current attending psychiatrist. The guidelines for use of psychotropic medications are referred to in Policy No. 553 found in BHSD manual.
- 6) The American Nursing Association (ANA) code of ethics and standards of professional performance (by which nurses must abide in order to advocate for patients' safety), states that nurses "ensure patient safety and that promote the patient's best interest." (ANA, 2018, p.5) Staff morale is down because nurses at ECAMH are not given the tools to reach the high standard of care, which is paramount to avoid harm to the patient health.

References

- ANA(2018). Code of ethics for nurses. Retrieved from:
<http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html>
- Biringer, E., Hartveit, M., Sundfør, B., Ruud, T., & Borg, M. (2017). Continuity of care as experienced by mental health service users - a qualitative study. *BMC Health Services Research, 17*(1), 1-15. 10.1186/s12913-017-2719-9
- Boaz, T. L., Becker, M. A., Andel, R., Van Dorn, R. A., Choi, J., & Sikirica, M. (2013). Risk factors for early readmission to acute care for persons with schizophrenia taking antipsychotic medications. *Psychiatric Services, 64*(12), 1225-1229. 10.1176/appi.ps.003382012
- Contra Costa Health Services (2015). Policy No. 553. Retrieved from:
<http://isite3/Policies/BH/Policy%20553%20Rev%2007-2015%20Guidelines%20for%20the%20Use%20of%20Psychotropic%20Medications.pdf>
- Puntis, S. R., Rugkåsa, J., & Burns, T. (2016). The association between continuity of care and readmission to hospital in patients with severe psychosis. *Social Psychiatry and Psychiatric Epidemiology, 51*(12), 1633-1643. 10.1007/s00127-016-1287-



CALBHB/C BAY AREA REGIONAL MEETING, Friday, April 20th, 2018

and announcing **April 21 CIBHS Mental/Behavioral Health Board Training***

Hotel Pullman – 223 Twin Dolphin Drive, Redwood City

Please Register: www.calbhbc.com or contact Mae Sherman: ellimae2000@yahoo.com 530-257-6904

CALBHB/C will pay *regional meeting*-related travel, meals and lodging for one member per Bay Area board/ commission, but all are welcome! *Registration for Mental/Behavioral Health Board Training is through CA Institute for Behavioral Health Solutions (CIBHS – see below**.)*

FRIDAY, April 20th - Tentative Agenda

8:30 am CA Behavioral Health “Planning Council” General Session: *CALBHB/C meetings follow Planning Council meetings so that folks can attend the Friday morning Planning Council General Session. There are often good speakers, and the Planning Council wants to hear from local MH/BH boards & commissions! At 8:40 am, CALBHB/C President Theresa Comstock addresses the Planning Council on behalf of CALBHB/C, followed by the Planning Council’s General Session, which ends at noon.*

12:00 pm **CALBHB/C** Complimentary Box Lunch for those [registered](#)

1:00 pm **CALBHB/C Bay Area Regional Meeting**

- Call to Order/Introductions: *Theresa Comstock, CALBHB/C President*
- Updates/Comments from State Commissions/Allied Organizations
- Disaster Readiness & Recovery: MH/BH Issues/Gaps/Programs (Speakers TBA)
- Mental Health Services Act (MHSA)
 - Fiscal Reporting Tool - Presentation
 - Community Planning Process – Discussion
- MH/BH Regional/Statewide Issues/Successes – Discussion

4:00 - 6 pm **CALBHB/C Governing Board Quarterly Meeting**

***Saturday April 21st, 2018 – TRAINING**

CA Institute for Behavioral Health Solutions (CIBHS) presents:

Mental/Behavioral Health Board Training, 9:30am – 3:00pm (Sign-In and Coffee at 9:00am)

Additional training registration for the Saturday training is required through the CIBHS website.

In the morning, the training will provide 2 hours of discussion about the roles and responsibilities of mental/behavioral health board members, ethics and the Brown Act. In the afternoon, the training will provide 2 hours of discussion about advocacy for issues. Board members will focus on how to encourage consumer, family member and community participation and how to focus on a particular issue of interest in the public arena. Board members should come prepared with their questions about board membership and be ready for a great discussion.

***Registration for the Saturday Mental/Behavioral Health Board Training is facilitated separately by CA Institute for Behavioral Health Solutions (CIBHS) and CIBHS will also pay training-related lodging for one member per county/jurisdiction, but more are welcome!*



California Association of Local Behavioral Health Boards and Commissions

SPRING 2018 Newsletter

www.facebook.com/CALBHBC

www.calbhbc.com



CALBHBC NEWSLETTER

CALBHBC: A STATEWIDE ORGANIZATION SUPPORTING THE WORK OF LOCAL MENTAL HEALTH & BEHAVIORAL HEALTH BOARDS AND COMMISSIONS.

What exercise is to the body,
employment is to the mind and morals.

Henry David Thoreau

Work helps us feel well. Employment is a major therapeutic tool, improving quality of life and reducing symptoms in those with severe mental illness. The following items are important for board/commission members to understand and consider as they advise locally and as they join with CALBHBC/C for statewide advocacy.

1. **IPS is a successful Employment Practice** "Individual Placement & Support" (IPS) as implemented in Alameda County, 20+ states and many countries is a successful practice:

- In CA, only 10% of people in the public mental health system work.
- IPS helps 50% or more of people get jobs. People are 2.5 times more likely to get a job with IPS vs. traditional rehab programs.
- People in IPS work longer stints, earn more money, and are more likely to become steady workers than people in traditional programs.

More IPS information & PowerPoint at: www.calbhbc.com/employment.html

2. **Peer Provider Certification—Time to Act! Legislation has been proposed, SB906:**

- Providing peer support standardization to ensure high quality care;
- Establishing core competencies that allow certified peers to work across county lines;
- Allowing providers to make use of the federal Medi-Cal match.

Ways to Act: (1) Advise Board of Supervisors to send letter in support. (2) Join CALBHBC/C at the Capitol in April. More at: www.calbhbc.com/peer-supports.html

Important Dates

Conference Calls

www.calbhbc.com/contact-us

Northern CA: March 9, 11:25am

Southern CA: March 9, 12:30 pm

Meetings/Training

Bay Area: April 20/21, Redwood City

Statewide: June 22/23, Los Angeles

Central: October 19/20, Folsom

Friday Meeting registration through
calbhbc.com/meetings-and-trainings.html

Saturday Training by CA Institute for
Behavioral Health Solutions (CIBHS)
calbhbc.com/meetings-and-trainings.html

Connect with CALBHBC/C

We want to connect with local board/commission members! Please share needs/issues/successes at meetings, by email: info@calbhbc.com or report form: www.calbhbc.com/report-form.html.

**HELP
WANTED**

Interim Executive Director

CALBHBC/C is seeking an individual with strong administrative, financial, communication and organizational skills who understands the role of California's mental/behavioral health boards and commissions.

This interim position would begin as a contract position with potential for a long-term staff position. Position Posting at: www.calbhbc.com/executive-director-posting.html

*CALBHBC/C is currently
an all-volunteer 501c3.*

Resources [\(link to website\)](#)

Best Practices Handbook:

for Mental/Behavioral Health Boards & Commissions

Brown Act (Open Meeting Rules)

Data Notebooks

Mental Health Services Act *Plans/Innovations*

Reports (Local & Statewide)

Templates/Sample Docs

Bylaws, Recruitment, Site Visit and more!

Training (Online and Handbooks)

And More! www.calbhbc.com/resources.html

Duties of Boards & Commissions

The local mental health board shall do all of the following: [\(CA WIC 5604.2\(a\)\)](#)

1. Review and evaluate the community's mental health needs, services, facilities, and special problems.
2. Review any county agreements entered into pursuant to [Section 5650](#).
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
5. Submit an [annual report](#) to the governing body on the needs and performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council. [\(Data Notebooks\)](#)
8. Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

[\(b\)](#) It is the intent of the Legislature that, as part of its duties pursuant to subdivision [5604.2](a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

Mental Health Services Act (MHSA) Summary

The Mental Health Services Act of 2004, passed by the voters as "Proposition 63," increased overall State funding for the community mental health system by imposing a 1% income tax on California residents with more than \$1 million per year in income. The stated intention of the proposition was to "transform" local mental health service delivery systems from a "fail first" model to one promoting intervention, treatment and recovery from mental illness. A key strategy in the act was the prioritization of prevention and early intervention services to reduce the long-term adverse impacts of untreated, serious mental illness on individuals, families and state and local budgets.

According to WIC 5813.5, MHSA Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:

1. To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.
2. To promote consumer-operated services as a way to support recovery.
3. To reflect the cultural, ethnic, and racial diversity of mental health consumers.
4. To plan for each consumer's individual needs.

The Six Components: The funds are divided into six components. County mental health agencies are required to develop detailed plans for the use of MHSA funds in each of these components, then submit those plans to the Mental Health Services Oversight and Accountability Commission (MHSOAC) or State for approval. The following are the components.

1. Community Program Planning (CPP)
2. Community Services and Supports (CSS)
3. Prevention and Early Intervention (PEI)
4. Innovation (INN)
5. Capital Facilities & Technology Needs (CFTN)
6. Workforce Education and Training (WET)

More Info:

Role of the Mental Health Board w/[On-Line Training](#)
Component Descriptions
and

Fiscal Information

On-line: www.calbhbc.com/mhsa-plans--updates.html

Mental Health Services Act (MHSA) Three Year Plan Update for FY 2018-19

OUTLINE OF DRAFT PLAN UPDATE



FY 18-19 Plan Update Summary

- The Three Year Plan proposes to set aside \$50.5 million for fiscal year 2018-19 to fund 85 programs and plan elements. This is no change from the budget authority authorized by the Board of Supervisors in June 2017.
- The Plan Update continues the Board approved strategy to spend down an average of \$6 million annually from the County's MHSA unspent fund balance.
- To avoid reversion to the State the Plan Update contains a plan to spend PEI and WET dollars by 2020 that were identified by the State as subject to reversion
- It is anticipated that current total budget spending authority will not need to be reduced in order to fully fund MHSA programs and plan elements in the foreseeable future.

Plan Outline Summary

- Introduction
- Table of Contents
- Vision
- Community Program Planning Process
- The Plan
- The Budget
- Evaluating the Plan
- Acknowledgements
- Appendices
 - Mental Health Service Maps
 - Program and Plan Element Profiles
 - Glossary
 - Certifications, Funding Summaries
 - Public Comment and Hearing
 - Board Resolution

Introduction

- Describes MHSA, MHSA values, statutory and regulatory requirements
- Highlights updates to the current Three Year Plan
 - A description of this year's Community Program Planning Process
 - Outcome indicators for FSP programs and PEI categories
 - Emerging programs and initiatives
 - Updated program profiles to reflect outcomes for FY 2016-17 for MHSA funded programs
 - Funding levels to allow for programs' increased cost of doing business

Vision

We intend to utilize MHSA funding to assist Contra Costa Behavioral Health Services in addressing three key areas:

- Access – improve assistance with eligibility, transportation, shorten wait times, increase availability after hours, provide services that are culturally and linguistically competent
- Capacity – take the time to partner with the individual and his/her family to determine the level and type of care needed, coordinate necessary health, mental health and other needed resources, and then successfully work through challenging mental health issues
- Integration – work with our health, behavioral health and community partners as a team to provide multiple services coordinated to a successful resolution.

We need to continually challenge ourselves to improve our response to individuals and their families who need us the most, and may have the most difficult time accessing care.

Needs Assessment

- In 2016 CCBHS conducted a data driven assessment of public mental health needs to complement the planning process.
- Prevalence and penetration rates were used to determine that the County is proportionally serving all three regions as well as by race/ethnicity, age group and identified gender. Asian/Pacific Islanders, Latina/os, children ages 0-5 and the elderly are slightly underrepresented. All service rates exceed state averages.
- Expenditure data indicate significant services available at all levels of care, with an oversubscription of funds paying for locked facilities.
- Workforce analysis indicate a critical shortage of psychiatry time, with an underrepresentation of Latina/os in the CCBHS workforce.

Community Program Planning Process

- Describes the process
- Describes the Consolidated Planning and Advisory Workgroup and ongoing stakeholder participation
- Describes and summarizes results of the recently completed Community Program Planning Process for FY 2018-19
- Links prioritized needs to MHSA funded programs, projects and plan elements contained in the Three Year Plan

Community Program Planning Process Highlights (1)

- CPAW planned and hosted three community forums
- 280 individuals attended forums in Richmond (West), Martinez (Central), and Brentwood (East)
- Attendees self identified:
 - 24% as a consumer
 - 23% as a family member
 - 38% as a service provider
 - 17% as a community member
- Small group discussions addressed topical questions developed by consumer, family member and service provider representatives
- Attendees prioritized identified mental health needs

Community Program Planning Process Highlights (2)

Prioritized Needs:

	Last Year
1. More housing and homeless services	1.
2. Getting care in my community, my culture, my language	9.
3. More support for family members	2.
4. Improved response to crisis and trauma	6.
5. Finding the right services when you need it	5.
6. Better coordination of care	3.
7. Getting to and from services	11.
8. Intervening early in psychosis	8.
9. Children and youth in-patient and residential beds	4.
10. Serve those who need it the most	13.
11. Support for peer and family partners	7.
12. Increased psychiatry time	unranked
13. Care for homebound frail and elderly	12.
14. Assistance with meaningful activity	10.
Unranked - Help moving to a lower level of care as one gets better	14.
Unranked - Better program and fiscal accountability	15.

The Plan

- **Community Services and Supports (CSS)**
- **Prevention and Early Intervention (PEI)**
- **Innovation (INN)**
- **Workforce Education and Training (WET)**
- **Capital Facilities and Technology (CF/TN)**

Each component leads with a short description of the component and categories within the component, and then lists and describes each program or plan element, cost allocated, and number to be served.

Community Services and Supports

\$36.8 million to fund programs and plan elements that provide services to approximately 2,000 individuals - children who are seriously emotionally disturbed, transition age youth (TAY), adults and older adults who are seriously mentally ill.

- **Full Service Partnerships** (\$22.6m):
 - 9 Full Service Partnership Programs serving all age groups and all county regions
 - Assisted Outpatient Treatment
 - FSP support staff at all children and adult clinics
 - 3 Wellness and Recovery Centers
 - Hope House (transitional residential center)
 - MHSA funded housing services (temporary, supported or permanent)
- **General System Development** (\$14.1m):
 - Children's Wraparound and EPSDT expansion
 - Older Adult Program
 - Clinical staff at the Miller Wellness Center, Concord Health Center
 - Clinic support and liaison staff to PES and CCRMC
 - Administrative support and quality assurance staff

Prevention and Early Intervention

\$8.9 million to fund 24 MHSAs programs that provide prevention and early intervention services to approximately 26,000 individuals. All are designed to prevent mental illness from becoming severe and debilitating, and 1) creates access and linkage to mental health services, 2) reduces stigma and discrimination, and 3) provides outreach and engagement to underserved populations. All programs are in the following 7 categories:

1. Seven programs provide Outreach for Increasing Recognition of Early Signs of Mental Illness (\$1.1m)
2. Five programs provide Prevention Services that reduce risk factors and increase protective factors (\$1.7m)
3. The First Hope program provides Early Intervention Services for youth at risk of or who are experiencing early onset of psychosis (\$2.7m)
4. Three programs provide Access and Linkage to Mental Health Services (\$.9m)
5. Six programs Improve Timely Access to Mental Health Services for Underserved Populations (\$1.6m)
6. The Office for Consumer Empowerment (OCE) provides leadership and staff support that addresses efforts to Reduce Stigma and Discrimination (\$.3m)
7. Contra Costa Crisis Center and County staff address Suicide Prevention (\$.4m)

Innovation

\$2.1 million in FY 2017-18 to fund 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.

- 3 projects are approved and will be in operation for FY 18-19 (\$1.4m):
 - Coaching to Wellness. Adding peer wellness coaches to the adult clinics
 - Partners in Aging. Support for frail, homebound older adults
 - Overcoming Transportation Barriers. Assisting consumers overcome transportation barriers to accessing services
- 2 projects are in development, and are expected to be in operation during the Three Year Plan (\$.8m – estimated):
 - CORE – multi-disciplinary treatment team to serve youth with mental health and substance use disorders
 - CBSST – bringing cognitive behavioral social skills training to clients living in augmented board and care facilities

Workforce Education and Training

\$2.6 million annually from Contra Costa's MHSAs unspent funds to recruit, support and retain a diverse, qualified paid and volunteer workforce. The five WET categories are:

1. **Workforce Staffing Support.** (\$1.23m) Funds the county operated senior peer counseling program, a new NAMI operated family volunteer support network, and WET administrative staff
2. **Training and Technical Assistance.** (\$.23 m) Funds Mental Health First Aid, Crisis Intervention Training, NAMI Basics/Faith Net/de Familia a Familia and various county and contract staff trainings
3. **Mental Health Career Pathway Programs.** (\$.5m) Funds the college accredited SPIRIT course where approximately 50 individuals yearly are trained as peer providers and family partners
4. **Internship Programs.** (\$.35m) Provides approximately 75 graduate level clinical intern placements in county and contract operated community mental health programs to increase workforce diversity
5. **Financial Incentive Programs.** (\$.3m) Establishes a locally administered loan repayment program to address critical workforce shortages, such as psychiatrists, and supports upward mobility of community support workers

Capital Facilities and Information Technology

This component enables counties to utilize MHSA funds on a one-time basis for major infrastructure costs necessary to implement mental health services and supports, and to generally improve support to the County's community mental health service system. For FY 17-20:

- **\$52,000 projected to be remaining for FY 18-19 of MHSA funds to complete and integrate Behavioral Health Services' electronic records system with the Epic system currently in use by the County's Health Services**
 - Completion forecasted for FY 18-19
 - As per the provisions of the 2010 proposal any costs that exceed the originally approved \$6 million will be born by the County's Health Services Department

The Budget

- Provides estimated available funds, revenues, expenditures and projected fund balances by component for Fiscal Years 18-19 and 19-20
- Projected fund balances will be updated in FY 19-20 MHSA Plan Update as revenues and expenditures actualize
- Projected revenues include state MHSA Trust Fund distribution, interest earned, and federal financial participation (Medi-Cal reimbursement)
- The County maintains a prudent reserve of \$7,125,250 to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. This is in addition to available unspent funds from previous years.

NOTE: This current draft version contains dollar amounts that are approximate. This is because Finance is in the process of finalizing the Funding Summaries that will be included as Appendix E. The Budget in the Plan needs to match the Funding Summaries, and will be adjusted accordingly.

The Budget (2)

- \$7.8m in unspent CSS funds from previous years is transferred to the WET component in order to finance the proposed WET category expenditures for the three year period
- The \$1.7m received in 2016 for the Special Needs Housing Program has been added to the CSS budget for FY 17-18. Any of these funds not spent during FY 17-18 will be carried over to the FY 18-19 budget
- A collective increase in budget authority for FY 18-19 and 19-20 allows for an increase in the cost of doing business. Subsequent Three Year Plan annual budget authority will be reviewed based upon actual costs and adjusted, if appropriate, for Board of Supervisor review and approval
- It is projected that the requested total budget authority for the Three Year Plan period enables the County to fully fund all proposed programs and plan elements while maintaining sufficient funding reserves (prudent reserve plus unspent funds from previous years) to offset any reduction in state MHSA Trust Fund distribution or federal financial participation (Medi-Cal reimbursement)

Evaluating the Plan

- Describes a program and fiscal review process with written report to determine whether MHSA funded programs:
 - Meet the letter and intent of MHSA
 - Support the needs, priorities and strategies identified in the community program planning process
 - Meet agreed upon outcomes and objectives
 - Are cost effective
- Includes a quarterly MHSA financial report to enable ongoing fiscal accountability.

Acknowledgements

A thank you to individuals who shared their stories, provided input, and who are working to make the system better.

Appendix A - Mental Health Service Maps

Provides six one page pictorial of all Contra Costa Mental Health's services broken down by the following:

- East County adult, older adult and transitional age youth
- East County Children's
- Central County adult, older adult and transitional age youth
- Central County Children's
- West County adult, older adult and transitional age youth
- West County Children's

Appendix B - Program Profiles

Provides a profile of each MHSA funded program or plan element according to the following outline:

- Organization contact information
- Brief organization description
- Title(s) and brief description(s) of MHSA funded program or plan element
 - Total MHSA funds allocated
 - FY 16-17 outcomes
- Contains an alphabetized Program and Plan Element Profile Table of Contents

Appendix C - Glossary

Provides an alphabetical listing and definition of terms and acronyms used in the document.

Appendix D – Certifications

Appendix E - Funding Summaries

- County Behavioral/Mental Health Director Certification
- County Fiscal Accountability Certification
- MHSOAC required funding summaries

Appendix F - Public Comment, Hearing

Appendix G – Board Resolution

- Will include evidence of Public Comment period and Hearing, and summary of public comments.
- Mental Health Commission’s review of draft plan and recommendations.
- Contra Costa Behavioral Health Service’s response to public comments and Mental Health Commission recommendations.
- Board of Supervisor Resolution

Plan for Spending Funds Subject to Reversion

- The State has determined \$2 million in unspent PEI funds distributed to Contra Costa in FY 09-10 are subject to reversion back to the State, and \$167K in WET funds distributed in FY 06-07 are subject to reversion
- AB 114 and DHCS Info Notice gives counties until June 30 to submit a Board approved plan to spend the money by 2020
- Draft Reversion Plan earmarks the following MHSA funded programs to fully spend funds subject to reversion:
 - Expansion of PEI First Hope Program to add treating youth experiencing first psychotic episode
 - New WET Loan Repayment Program
- Reversion Plan to accompany Three Year Plan Update

Timeline

- **APR 4/5** - 1st DRAFT Three Year Plan Update, to include Reversion Plan, shared with CPAW/MHC for input
- **APR 20 – MAY 20** - 2D DRAFT Three Year Plan Update posted for 30 day public comment period
- **JUN 6** - Mental Health Commission (MHC) hosts Public Hearing on Three Year Plan Update
- **JUN 11** – Public Comment, Hearing and MHC recommendations addressed - Three Year Plan Update submitted to County Administrator for inclusion on Board of Supervisors' (BOS) agenda
- **JUNE 19** – BOS considers Three Year Plan Update
- **JUNE 30** - Plan Update to include Reversion Plan sent to the State

Your Input Is Most Welcome!

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Contra Costa County

Mental Health Services Act
Three Year Program and
Expenditure Plan Update

Fiscal Year 2018 - 2019

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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 Update (Plan Update) for fiscal years 2018-19. This Plan Update starts July 1, 2018, and updates the MHSA Three Year Program and Expenditure Plan (Three Year Plan) that was initiated in July of 2017.

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

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

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

- A description of 2017 stakeholder participation has been incorporated into the Community Program Planning Process chapter. (pages 11-31)
- Full Service Partnership performance indicators for FY 2016-17 are included in the program description. (page 33)
- PEI performance indicators for FY 2016-17 are included in the PEI component description. (pages 51-52)
- Updates on implementing several new initiatives authorized in 2017 include:
 - Addressing residential treatment facility needs for youth (page 35)
 - The State initiative “No Place Like Home” (page 39)
 - The Special Needs Housing Program (page 40)
 - Expansion of the Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) program and addressing Continuum of Care Reform (CCR) requirements (pages 44-45)

- Mobile Crisis Response Teams in both Children’s and Adult Systems of Care (pages 33 and 47)
- Expansion of the First Hope Program to serve transition age youth experiencing a first onset of psychosis (pages 55-56)
- Progress on implementing the new Innovative Projects; Center for Recovery and Empowerment (CORE), and Cognitive Behavioral Social Skills Training (CBSST) (pages 63-64). The time limited Innovative Projects, Recovery through Employment Readiness and Women Embracing Life and Learning, have concluded, and are not included in the FY 2018-19 Plan Update.
- A Volunteer Family Support Network in the Workforce Education and Training Component (pages 65-66).
- Mental Health First Aid Training for first responders to provide ongoing mental health training, support and consultation (page 67).
- A locally administered Loan Repayment Program to address workforce shortages (page 69)
- The Budget is updated to reflect estimated new funding, available funding and unspent funds for FYs 2018-19 and 2019-20 (pages 71-73).
- Program Profiles are updated to reflect outcomes for FY 2016-17 for each MHSA funded program (Appendix B).

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

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

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

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

Results

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

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

Workforce analysis indicates a significant shortage of psychiatry time, both in county positions as well as contract psychiatrists. Compounding the issue of filling vacant psychiatrist positions is that Contra Costa County reimburses psychiatrists at a lower rate than neighboring counties. Latina/o and Asian/Pacific Islander populations are under-represented among county staff when compared to the county population. Finally, CCBHS has incrementally increased the number of bilingual staff each year, and has made available as needed phone, in-person and video interpretation services.

Recommendations

This quantitative needs assessment suggest attention in the following areas:

- Strengthen outreach and engagement strategies for identified underserved populations across the county.
 - Relevant Programs/Plan Elements. PEI programs will be fully compliant with new regulations that require documenting access and linkage to mental health treatment, with outreach and engagement to those populations who have been identified as underserved (page 51). 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 44). 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 62).
- Improve capacity to assist consumers move from locked facilities to community based services.
 - Relevant Programs/Plan Elements. The locally administered Special Needs Housing Program will be implemented during this Three Year Plan, and will utilize MHSA dollars to provide permanent supportive housing in the community to the seriously mentally ill (page 41).
- Explore strategies to recruit and retain psychiatrists and staff representing underserved populations.
 - Relevant Programs/Plan Elements. For the Three Year Plan CCBHS will implement a County funded Loan Repayment Program that specifically addresses critical psychiatry shortages (page 69). Additional funding has been added to the graduate level Internship Program to strengthen the recruitment of individuals who are bilingual and/or bi-cultural, and who can reduce the disparity of race/ethnicity identification of staff with that of the population served (page 68).

The full needs assessment report can be found at

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

The Community Program Planning Process

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

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

Community Forums for Fiscal Year 2018-19

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

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

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

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

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

- Need more outreach to the African American community, especially young males.
- LBGQT youth and elderly are marginalized and need to feel more safe.
- People who live on the streets are their own culture and don't get services.
- Young people get discouraged because of barriers (like Medi-Cal) and wait times.
- Activities for children need to be more affordable for their parents.
- Better educate people who are undocumented about what mental health services are available.
- **What should support look like for family members who are struggling with loved ones who are experiencing mental health challenges?**
 - Serve and support the whole family, not just the identified person experiencing mental health issues.
 - Families need help with what is out there, how to access services, and how to navigate through the system.
 - We need more volunteers that can represent the needs of my culture and community.
 - Support re-unification of families with their loved ones.
 - Increase NAMI's Family to Family classes throughout the county.
 - Provide more education about mental health issues to the kids who are in school. Most families have school age children.
- **How can we as a community improve our response to trauma and crisis?**
 - Need a rapid response from care providers trained to respond to trauma.
 - Need a recognized forum to report and vent in response to traumatic events in the community – should be manned at all times.
 - Provide support when people are not experiencing a crisis would help.
 - It is important to provide services early to avoid symptoms from becoming more severe.
 - We need more safe places for our youth and young adults, especially LBGQT youth.
 - Need a way to capture data regarding traumatic events in the community.
 - Psychiatric Emergency Services (PES) should utilize the entire 72 hour hold, and not release a person before they are stabilized.
 - Increase mental health response in schools. Collaborate better with educators.
 - All service providers should be trained and comfortable in asking about and responding to trauma and violence experienced by a client.
 - Share videos that address how to respond to trauma.
 - Need to advocate for more funding for survivors/victims of violence and trauma.
- **How can we improve access to mental health and medical services?**

- Improve accessibility with language providers, more information and education about local services.
- Need more doctors available in my community.
- Improve call system so people are not re-directed and go in circles, or put on hold for long periods so they hang up before getting help..
- Better educate CCBHS Access Line staff about existing behavioral health services in the community so that they can refer callers to multiple resources.
- Strengthen peer and family member support, whether paid or volunteer, to help access and navigate the system.
- Persons dually diagnosed (drug/alcohol and mental health) are turned away because they don't have the "right" diagnosis for the service provider. Broaden providers' scope of work.
- All service providers need to continually educate themselves as to the full spectrum of resources available in their community, who they serve, how to access them, and then help connect their clients to these resources.
- **How can providers of mental health, substance abuse disorders, homeless services and primary care better communicate and coordinate with each other?**
 - Providers should communicate with each other using language that respects that they are dealing with people, and not just objects.
 - Providers shouldn't be so rushed, and should prioritize time to collaborate with each other.
 - Providers should listen and share with each other when clients report problems with medications, such as not working or too strong or causing bad side effects.
 - Agree upon the intent and flexibility allowed in HIPAA laws and regulations (client's right to privacy).
- **How do we better respond to the various transportation challenges our clients and their families face in getting to and from services?**
 - Dedicate staff time to regularly advocate for more and better public transportation services.
 - Provide transportation for free when someone has no money, such as bus passes, clipper cards and BART tickets.
 - Provide more education on bus routes, schedules and other means of transportation, such as bike routes, and training on how to use them.
 - Advocate for County Connection to provide transportation services on holidays.
 - Advocate for AC Transit's bus schedule to expand at nights and weekends.
 - Advocate for all bus benches to have hang overs for waiting in bad weather.
 - Have the busses add stops within walking distance to key public services, such as food pantries; or add a van service specifically for this purpose

- **How do we prevent first psychotic episodes from becoming a lifelong debilitating illness?**
 - A safe, supportive environment like Putnam Clubhouse helped me recover from my first psychotic episode.
 - Experiencing homelessness can trigger a psychotic episode. Help finding a home can prevent psychosis.
 - Education in schools for teachers, parents and kids regarding mental health and how and where to access resources can be de-stigmatizing, and encourage getting help before psychosis sets in.
 - Especially educate young people who are high functioning and appear normal to be pro-active about getting help, instead of waiting for a psychotic episode.
 - Recognize the prevalent influence of substance abuse on youth's mental health, and treat both together and appropriately.
- **How do we best respond to seriously emotionally disturbed children and youth who need in-patient or crisis residential services?**
 - Need more residential services for children. MHSA can provide one-time funding to establish an in-patient or residential facility.
 - Conduct a listening survey with families of children who may need in-patient or residential services as to what they need.
 - Increase staffing for mobile response teams.
 - Partner with law enforcement to provide a more effective, coordinated response to seriously emotionally disturbed children who are reported as at risk for being restrained.
 - Develop safety plans for families of at risk children.

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

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

community, and coordination of effort between Health, Housing and Homeless Services and CCBHS.

Relevant program/plan elements: Sufficient affordable housing for all consumers of CCBHS is beyond the financial means of the County's Behavioral Health Services budget. It is estimated that up to 3,800 individuals in the County are homeless on any given night. The MHSA funded Housing Services category of the Community Services and Supports component is coordinating staff and resources with the Health, Housing and Homeless Services Division in order to improve and maximize the impact of the number of beds and housing units available, shorten wait times, and improve mental health treatment and life skills supports needed for consumers to acquire and retain housing. In anticipation of the statewide initiative "No Place Like Home" the Board of Supervisors authorized \$1.72 million be returned to the County for local administration of funds to support permanent supportive housing (page 40). In addition, an Innovative project entitled "Cognitive Behavioral Social Services Training" is planned to bring mental health care to individuals with serious mental illness in the County's augmented board and care facilities (pages 63-64).

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

Relevant program/plan elements: All MHSA funded prevention and early intervention programs provide outreach and engagement to individuals and underserved populations who are at-risk for suffering the debilitating effects of serious mental illness. These programs are culture specific, and will be evaluated by how well they assist individuals from non-dominant cultures obtain the cultural and linguistically appropriate mental health care needed (page 51). The training and technical assistance category of the Workforce Education and Training component utilizes MHSA funding to sensitize service providers to the issues impacting cultural

awareness and understanding, and mental health access and service delivery for underserved cultural and ethnic populations (page 66). 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 68).

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

Relevant program/plan elements: Children's Services utilizes family partners to actively engage families in the therapeutic process, and fields the evidence based practices of multi-dimensional family therapy and multi-systemic therapy, where families are an integral part of the treatment response (pages 33-34). Adult Services is expanding their family advocacy services to all three of their Adult Mental Health Clinics (page 37). In the Prevention and Early Intervention component the County provides clinicians dedicated to supporting families experiencing the juvenile justice system due to their adolescent children's involvement with the law (pages 56-57). Three programs provide family education designed to support healthy parenting skills (pages 53, 57). Project First Hope provides multi-family group therapy and psycho-education to intervene early in a young person's developing psychosis (pages 55-56). Rainbow Community Center has a family support component (page 58). The Workforce Education and Training Component funds NAMI's Family-to Family training, where emotional support and assistance with how to navigate the system is provided (pages 66-67). For this Three Year Plan NAMI - Contra Costa will be funded to recruit, train and develop family support volunteers to assist, educate and help families members navigate services and enhance their capacity to participate in their loved ones' recovery (pages 65-66).

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

Relevant program/plan elements: CCBHS should be part of a quality mental health response to traumatic violence experienced by the community. CCBHS is training and certifying a number of our mental health professionals to offer Mental Health

First Aid training to community groups who have a special interest in responding to trauma events. A component of the training will be strengthening the ability to identify the need for more intensive mental health care, as well as the ability to connect individuals to the right resources (page 67). Hope House, a crisis residential facility (pages 38-39), and the Miller Wellness Center (page 44) are now fully operational. CCBHS has been awarded state MHSA funding for a mobile, multi-disciplinary team for adults and older adults to partner with law enforcement to field a Mental Health Evaluation Team (MHET) (pages 47-48). Referrals are persons who have been in contact with the police on numerous occasions due to psychiatric issues, and are at a high risk for hospitalization or incarceration. MHSA funds will be used to augment and expand the capacity of CCBHS clinicians to assist law enforcement jurisdictions respond to persons experiencing psychiatric crises. Seneca Family of Agencies contracts with the County as part of the Children's Services full service partnership program, and provides a mobile response team for coordinating crisis support activities on behalf of youth and their families. Additional MHSA funding will support expanding the hours of availability of Seneca's mobile crisis response team's capacity to respond to children and their families when in crisis (page 33). 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 47).

5. Connecting with the right service providers in your community when you need it.

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

Relevant program/plan elements: Family partners are stationed at the children's and adult county operated clinics to assist family members and their loved ones navigate services (page 37). Clinicians are stationed at adult operated clinics to assist consumers with rapid access and connectivity to services (page 37). The Workforce Education and Training Component funds NAMI's Family-to Family training, where emotional support and assistance with how to navigate the system is provided (pages 66-67). For this Three Year Plan NAMI - Contra Costa will be funded to recruit, train and develop family support volunteers to assist, educate and help families members navigate services and enhance their capacity to participate in their loved ones' recovery (pages 66-67).

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

Relevant Program/Plan Elements. The Three Year Plan funds a number of multi-disciplinary teams that models effective integration of service providers for select groups of clients. However, this is a system issue that affects all programs and plan elements. The chapter entitled Evaluating the Plan describes the method by which every program and plan element will be evaluated as to the degree to which it communicates effectively with its community partners. The degree to which there is successful communication, cooperation and collaboration will be addressed in each written report, with program response and plan(s) of action required where attention is needed (page 74).

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

Relevant program/plan elements: Transportation assets and flexible funds to assist consumers get to and from services are included in supports provided in Full Service Partnerships. MHSA purchased vehicles to augment children, adult and older adult county operated clinic transportation assets, and additional staff are being hired through MHSA funding to drive consumers to and from appointments. The Innovative Project, Overcoming Transportation Barriers, has been implemented to provide a comprehensive, multi-faceted approach to transportation needs (page 63).

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

by Project First Hope from youth at risk for experiencing a psychotic episode to include those who have experienced a “first break”.

- Relevant program/plan elements: The Three Year Plan now includes funding to expand Project First Hope to serve teenagers and young adults experiencing a first psychotic episode (pages 55-56).

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

Relevant Program/Plan Elements. In response to recent state legislation CCBHS will be offering the continuum of early and periodic screening, diagnosis and treatment (EPSDT) services to any specialty mental health service child and young adult who needs it. The Needs Assessment has indicated that seriously emotionally disturbed children ages 0-5 are slightly underrepresented in receiving care. This additional funding will add capacity for the Children’s System of Care to serve more children ages 0-5. In addition, newly enacted Assembly Bill 403 mandates statewide reform for care provided to foster care children, to include the County’s responsibility to provide Therapeutic Foster Care (TFC) services. This expansion of care responsibility will enable the County to reduce the need for care in more restricted, locked facilities (pages 44-45).

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

Relevant program/plan elements: In February 2015, the Contra Costa Board of Supervisors passed a resolution authorizing \$2.25 million of MHSA funds to be utilized on an annual basis for providing mental health treatment as part of an assisted outpatient treatment (AOT) program. The County implements the standards of an assertive community treatment team as prescribed by Assembly Bill 1421, and thus meet the acuity level of a full service partnership. This program

provides an experienced, multi-disciplinary team who provides around the clock mobile, out-of-office interventions to adults, a low participant to staff ratio, and provides the full spectrum of services, to include health, substance abuse, vocational and housing services. Persons deemed eligible for assisted outpatient treatment are served, whether they volunteer for services, or are ordered by the court to participate (pages 37-38).

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

Relevant program/plan elements: CCBHS has strengthened its certification training for consumers who are preparing for a service provider role in the behavioral health system. Additional staff are funded to expand the SPIRIT curriculum to include preparing family members as well, provide ongoing career development and placement assistance, and develop ongoing supports for individuals with lived experience who are now working in the system (pages 67-68).

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

Relevant program/plan elements: The MHSA Three Year Plan now has funding to implement a County funded Loan Repayment Program that specifically addresses critical psychiatry shortages (page 69).

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

Relevant program/plan elements: MHSA funds the Older Adult Program, where three multi-disciplinary teams, one for each region of the County provide mental health services to older adults in their homes, in the community, and within a

clinical setting. Lifelong Medical Care is funded in the Prevention and Early Intervention component to provide services designed to support isolated older adults (page 58). 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 62-63).

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

Relevant program/plan elements: Putnam Clubhouse provides peer-based programming that helps individuals develop support networks, career development skills, and the self-confidence needed to sustain stable, productive and more independent lives. The Prevention and Early Intervention programs of Contra Costa Interfaith Housing, New Leaf Collaborative, People Who Care and RYSE all have services to assist young people navigate school successfully and engage in meaningful activity (pages 54-55).

Community Forums for Fiscal Year 2017-18

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

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

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

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

- **What should services in my culture look like?**
 - Diversity is important, and cultural differences should be understood and respected in a non-judgmental way. We need to be culturally humble. A diverse mental health workforce sends a message to non-dominant cultures that differences are honored.
 - We are getting more immigrants who need more support in understanding our laws.
 - Many of our immigrants come from war torn countries and suffer from post-traumatic stress disorder. Care providers need to understand how specific cultures deal with this disorder, as a common tendency is to hide mental illness.
 - Suggest using non-traditional means to gain trust and acceptance, such as music, art, multi-media, and gardening.
 - Suggest developing a cadre of paid and volunteer care providers of the same culture to go to people's homes, as people need to develop trust, and are often fearful of being subjected to legal action.
 - Youth, especially those with a non-heterosexual gender identity, are prone to bullying and are vulnerable to suicidal behavior.
 - For African and Hispanic Americans mental health care should be family centered and/or faith based.
 - Clinicians should understand the ramifications of assigning a mental illness diagnosis.
 - We need more clinicians who speak multiple languages – we are losing them to neighboring counties because of pay disparity.
 - The County should be current with race/ethnicity trends, where Latina/os are moving to the West and African Americans are moving to the Eastern part of the County.
 - Organizations, such as the Native American Health Center, should be educating mental health providers about the various Native American cultures.
 - Medication prescribers need to be sensitive to potential ethnic specific reactions.
 - We need to ensure that translated materials and language interpreters are sensitive to and being understood by the people needing this accommodation.

- **How can I get housing that I can afford?**
 - The housing market is way too expensive to enable low income people to afford rents. We need rent control.
 - Section 8 housing is too difficult to navigate to be a resource.
 - Affordable housing often means unsafe housing.
 - People need access to the internet and help navigating the application process.

- People searching for housing often need some form of stable short-term housing. Sometimes they may need to get help cleaning up and resting at these places so they can be presentable for interviews.
 - The east end of the County has the fastest growing population of people not being able to afford housing, and has the least resources to help with this problem.
 - Suggest a clearinghouse to assist individuals and their families to find affordable housing. Need to do a better job of sharing housing opportunity information. Need a one stop shopping approach, with a single application.
 - More shelter beds needed, especially in the wintertime when shelters have reached maximum capacity.
 - Public dollars should go to non-profits with supportive housing expertise, rather than banks and developers.
 - More shared housing capacity should be developed, such as elders pooling resources, and families with mental health experience taking in individuals into their homes. Cities should permit “mother-in-law” units.
 - Re-purpose abandoned or foreclosed structures for affordable housing.
 - Increase the number of board and care homes.
 - Advocate for the Board of Supervisors to spend more dollars for housing.
 - Flexible funding is needed to help pay for credit checks, first/last month’s rent, move in and out costs, and other expenses to enable individuals to obtain housing.
 - Organizations should partner to help people acquire and keep housing.
- **What should care look like for persons with serious mental illness who live in supportive housing?**
 - Services should be provided on site, or have a multi-disciplinary mobile team come to the sites. Mental health, substance abuse and primary health issues should be addressed holistically and in a coordinated fashion.
 - Include life skills support, such as budgeting and money management, cooking, cleaning, home maintenance and conflict resolution skills in order for individuals to keep their residence.
 - Care providers should partner with property managers to deal with behavior issues that might threaten an individual keeping their residency.
 - For augmented board and cares specific attention should be given to medication regimens, if professional staff are not located on site.
 - Family members living off site should be welcomed and included, as appropriate, and emphasis and rules should be supportive of family reunification.
 - Support groups, such as twelve step, should be encouraged.
 - Daily meaningful activities, such as self-care regimens, hobby groups, parenting classes, field trips, gardening, site maintenance, pre-vocational activities, before and

after school programs and social/cultural activities should be built in, whether at the site or arranged.

- Case management should not drop off when a consumer is placed, but should complement on-site services.
- Housing problems, such as bad food and bed bugs, can trigger mental health problems.
- Before being discharged from psychiatric hospitals persons should have dedicated attention to preparation for living in a less restricted environment, even if it means prolonging their stay to acquire these skills and coping mechanisms.
- It is important not to place supported living residences in high crime and drug environments.
- Each supportive living arrangement should be built into all consumer activities. The goal of improving a consumer's living situation should include moving out to better independent housing.
- All of the above would require many more dollars allocated than is currently being budgeted.

- **What does help getting to and from services look like?**

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

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

- **What should emotional support for family members look like?**
 - The biggest support comes from families who have been through similar experiences and who understand what a family is going through.
 - Mental illness affects the entire family, so emotional support should be for everyone, including the siblings.
 - Families often see disturbing behavior and don't recognize that there is a mental illness going on. Early education and awareness is key to de-stigmatizing, learning

coping mechanisms and getting loved ones the help they need. When first encountering mental illness they don't know what to do.

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

- **How should public mental health partner with the community when violence and trauma occur?**

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

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

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

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

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

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

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

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 MHPSA funding for the categories of Full Service Partnerships and General System Development.

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

Full Service Partnerships

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

In order to provide the full spectrum of needed services, the County makes available a variety of services that may be provided outside the particular agency that enters into a full service

partnership agreement with a client. These additional services are included here as part of providing the full spectrum of services in the Full Service Partnership category. As per statute requirements these services comprise the majority of the Community Services and Supports budget.

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

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

The following full service partnership programs are now established:

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

- 1) Personal Service Coordinators. Personal service coordinators are part of a program entitled Short Term Assessment of Resources and Treatment (START). Seneca Family of Agencies contracts with the County to provide personal services coordinators, a mobile crisis response team, and three to six months of short term intensive services to stabilize the youth in their community and to connect them and their families with sustainable resources and supports. Referrals to this program are coordinated by County staff on a countywide assessment team, and services are for youth and their families who are experiencing severe stressors, such as out-of-home placement, involvement with the juvenile justice system, co-occurring disorders, or repeated presentations at the County's Psychiatric Emergency Services.
Mobile Crisis Response - Additional MHSA funding supports the expansion of hours that Seneca's mobile crisis response teams are available to respond to children and their families in crisis. This expansion will begin in FY 2017-18, and will include availability to all regions of the county. Seneca will have two teams available from 7:00 A.M. until 10:00 P.M. with on call hours 24/7 and the ability to respond to the field during all hours if indicated and necessary.
- 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 2018-19
Personal Service Coordinators	Seneca Family Agencies	Countywide	75	1,000,203
Multi-dimensional Family Therapy	Lincoln Center	Countywide	60	874,417
Multi-systemic Therapy	Community Options for Family and Youth	Countywide	66	650,000
Children's Clinic Staff	County Operated	Countywide	Support for full service partners	765,807
Total			201	\$3,290,427

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

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

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

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

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

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

Youth				
County support costs				30,899
Total			100	\$2,472,339

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

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

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

The Adult Full Service Partnership Program is summarized below:

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 18-19
Full Service Partnership	Hume Center	West County	60	1,948,137
		East County	50	
Full Service Partnership <ul style="list-style-type: none">Includes Forensic clients	Anka Behavioral Health	Central County	50	815,540
		Countywide		
Full Service Partnership	Familias Unidas	West County	30	219,708
Total			190	\$2,983,385

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

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

Community Support Worker positions are stationed at all three adult clinics to support families of clients as they navigate and assist in the recovery of their loved ones.

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

Assisted Outpatient Treatment. In February 2015, the Contra Costa Board of Supervisors passed a resolution authorizing \$2.25 million of MHSA funds to be utilized on an annual basis for providing mental health treatment as part of an assisted outpatient treatment (AOT) program. The County implements the standards of an assertive community treatment team as prescribed by Assembly Bill 1421, and thus meet the acuity level of a full service partnership. This program provides an experienced, multi-disciplinary team who provides around the clock mobile, out-of-office interventions to adults, a low participant to staff ratio, and provides the full spectrum of services, to include health, substance abuse, vocational and housing services. Persons deemed eligible for assisted outpatient treatment are served, whether they volunteer for services, or are ordered by the court to participate. CCBHS contracts with Mental Health Systems, Inc. to provide the Assertive Community Treatment (ACT), while CCBHS has dedicated clinicians and administrative support within the Forensic Mental Health Clinic to 1) receive referrals in the community, 2) conduct outreach and

engagement to assist a referred individual, 3) conduct the investigation and determination of whether a client meets eligibility criteria for AOT, 4) prepare Court Petitions with supporting documentation and ongoing affidavits, 5) testify in court, 6) coordinate with County Counsel, Public Defender and law enforcement jurisdictions, 7) act as liaison with ACT contractor, and 8) participate in the development of the treatment plan.

The Assisted Outpatient Treatment Program is summarized below:

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

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

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

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

provider component, and will be able to treat co-occurring disorders, such as drug and alcohol abuse.

The Crisis Residential Program is summarized below:

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

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

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

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

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

be brought to the individuals who will be residing in these units. It is anticipated that mental health care as part of these units will necessitate an augmentation of current MHSA funds for supportive housing.

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

2. Augmented Board and Care. The County contracts with a number of licensed board and care providers and facilities to provide additional funds to augment the rental amount received by the facility from the SSI rental allowance. These additional funds pay for facility staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community. An individualized services agreement for each person with a serious mental illness delineates needed supplemental care, such as assistance with personal hygiene, life skills, prescribed medication, transportation to health/mental health appointments, and connection with healthy social activities. Of these 26 augmented board and care providers, seven are MHSA funded, and are facilities that augment their board and care with augmented care for the seriously mentally ill. An eighth provider, Crestwood Healing Center, has 64 augmented board and care beds in Pleasant Hill and 46 in Vallejo. In addition, Crestwood's Pleasant Hill facility has a 16 bed Pathways program that provides clinical mental health specialty services for up to a year (with a possible six month extension) for those residents considered to be most compromised by mental health issues.
3. Temporary Shelter Beds. The County's Health, Housing and Homeless Services Division operates a number of temporary bed facilities for adults and transitional age youth. CCBHS has a Memorandum of Understanding with the Health, Housing and Homeless Services Division that provides MHSA funding to enable individuals with a serious mental illness or a serious emotional disturbance to receive temporary emergency housing in these facilities. This agreement includes 400 bed nights per year for the Bissell Cottages and Appian House Transitional Living Programs, staff for the Calli House Youth Shelter, 23,360 bed nights for the Brookside and Concord temporary shelters, and 3,260 bed nights for the Respite Shelter in Concord.
4. Permanent Housing Units. Until 2016 the County participated in a specially legislated state run MHSA Housing Program through the California Housing Finance Agency

(CalHFA). In collaboration with many community partners the County embarked on a number of one-time capitalization projects to create 56 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from CCBHS contract and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Tabora Gardens in Antioch, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Anka Behavioral Health.

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

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

The allocation for MHPA funded housing services is summarized below:

Plan Element	County/Contract	Region Served	Number of MHPA beds, units budgeted	MHPA Funds Allocated for FY 18-19
Supportive Housing	Shelter, Inc.	Countywide	119 units	2,349,929
Supportive Housing	Housing initiative to be determined	Countywide	To be determined	220,000 (estimated)
Augmented	Crestwood:			

Board and Care*	Healing Center Our House	Pleasant Hill Vallejo	80 beds 46 beds	691,161
Augmented Board and Care*	Divines	West County	6 beds	5,340
Augmented Board and Care*	Modesto Residential	Modesto	6 beds	73,310
Augmented Board and Care*	Oak Hill	East County	6 beds	16,804
Augmented Board and Care*	Pleasant Hill Manor	Central County	18 beds	95,481
Augmented Board and Care*	United Family Care (Family Courtyard)	West County	61 beds	467,455
Augmented Board and Care*	Williams Board and Care Home	West County	6 beds	32,846
Augmented Board and Care*	Woodhaven	Central County	4 beds	12,731
Shelter Beds	County Operated	Countywide	75 beds (est)	1,989,235
Permanent Housing (CalHFFA)	County Operated	Countywide	56 units	One time funding spent
Permanent Housing (SNHP)	County Operated	Countywide	To be determined	Budgeted in FY 17-18
Coordination Team	County Operated	Countywide	Support to Homeless Program	538,185

Total ** \$6,492,477

*Augmented Board and Care facility contracts vary in negotiated daily rate, and several contracts have both realignment as well as MHSA as funding sources. Thus the budgeted amount for FY 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.

** 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 MHSAs 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. MHSAs funded mental health clinicians are integrated into a primary treatment team.

The Older Adult Mental Health Program is summarized below:

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

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

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

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

The MHSAs 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	1,654,519
EPSDT Expansion	County Operated	Countywide	Supports EPSDT Expansion	2,375,000*

Total **\$4,029,519**

* Estimated federal reimbursement is projected to offset the MHSAs funded portion of the EPSDT expansion, and will be returned to the MHSAs 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. MHSAs 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 MHSAs 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 18-19
Supporting the Miller Wellness Center	County Operated	Countywide	Supports clients served by MWC	329,414

Total **\$329,414**

Concord Health Center. The County's primary care system staffs the Concord Health Center, which integrates primary and behavioral health care. Two mental health clinicians are

funded by 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 18-19
Supporting the Concord Health Center	County Operated	Central County	Supports clients served by Concord Health Center	273,023
Total				\$273,023

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

The allocation for the Liaison Staff is summarized below:

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

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

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

treatment practices that have an established body of evidence that support successful outcomes.

The allocation for Clinic Support Staff are as follows:

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

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

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

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

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

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

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

The following functions and positions are summarized below:

1) Quality Assurance.

Function	MHSA Funds Allocated for FY 18-19
Medication Monitoring	238,321
Clinical Quality Management	709,414
Clerical Support	337,712
Total	\$1,285,447

2) Administrative Support.

Function	MHSA Funds Allocated for FY 18-19
Program and Project Managers	713,398
Clinical Coordinator	122,491
Planner/Evaluators	332,153
Family Service Coordinator	84,431
Administrative and Financial Analysts	592,359
Clerical Support	220,251
Community Planning	12,731
Assisted Outpatient Treatment Evaluation	100,000
Total	\$2,177,814

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

Full Service Partnerships		Number to be Served: 566	22,596,053
	Children	3,290,427	
	Transition Age Youth	2,472,339	
	Adults	2,983,385	
	Adult Clinic Support	1,825,273	
	Assisted Outpatient Treatment	2,464,008	
	Wellness and Recovery Centers	928,288	
	Crisis Residential Center	2,139,856	
	MHSA Housing Services	6,492,477	
General System Development			14,176,092
	Older Adults	3,489,711	
	Children's Wraparound, EPSDT Support	4,154,519	
	Miller Wellness Center	329,414	

	Concord Health Center	273,023	
	Liaison Staff	143,313	
	Clinic Support	1,327,638	
	Forensic Team	995,213	
	Quality Assurance	1,286,447	
	Administrative Support	2,177,814	
	Total		\$36,772,145

Prevention and Early Intervention

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

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

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

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

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

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

percentage of populations identified in the CCBHS 2016 quantitative Needs Assessment as underserved - Asian/Pacific Islanders, Latina/os, children ages 0-5 years, and adults ages 60 and over, as follows:

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

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

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

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

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

Outreach for Increasing Recognition of Early Signs of Mental Illness

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

- a. Seven programs are included in this category:
 - 1) Asian Family Resource Center provides culturally-sensitive education and access to mental health services for immigrant Asian communities, especially the Southeast Asian and Chinese population of Contra Costa County. Staff provide outreach, medication compliance education, community integration skills, and mental health system navigation. Early intervention services are provided to those exhibiting symptoms of mental illness, and participants are assisted in actively managing their own recovery process.

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

b. The allocation for this category is summarized below:

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

Prevention

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

a. Five programs are included in this category:

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

juvenile justice systems and behavioral health treatment programs. Various vocational projects are conducted both on and off the program’s premises, with selected participants receiving stipends to encourage leadership development. A licensed clinical specialist provides emotional, social and behavioral treatment through individual and group therapy.

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

b. The allocation for this category is summarized below:

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

Early Intervention

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

- a. The County operated First Hope Program serves youth who show early signs of psychosis, or have recently experienced a first psychotic episode. Referrals are

accepted from all parts of the County, and through a comprehensive assessment process young people, ages 12-25, and their families are helped to determine whether First Hope is the best treatment to address the psychotic illness and associated disability. A multi-disciplinary team provides intensive care to the individual and their family, and consists of psychiatrists, mental health clinicians, occupational therapists and employment/education specialists. These services are based on the Portland Identification and Early Referral (PIER) Model, and consists of multi-family group therapy, psychiatric care, family psycho-education, education and employment support, and occupational therapy. The expansion of First Hope, to include serving youth experiencing a first onset of psychosis, will begin during FY 2017-18, and includes securing a new site to accommodate the added staff, as well as creating, hiring and training new county staff.

b. The allocation for this program is summarized below:

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

Access and Linkage to Treatment

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

a. Three programs are included in this category:

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

Three clinicians are out-stationed at juvenile probation offices, and two clinicians work with the Oren Allen Youth Ranch. The clinicians provide direct short-term therapy and coordinate appropriate linkages to services and supports as youth transition back into their communities.

b. The allocation for this category is summarized below:

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

Improving Timely Access to Mental Health Services for Underserved Populations.

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

a. Six programs are included in this category:

- 1) The Center for Human Development serves the primarily African American population of Bay Point in Eastern Contra Costa County. Services consist of culturally appropriate education on mental health issues through support groups and workshops. Participants at risk for developing a serious mental illness receive assistance with referral and access to County mental health services. In addition, the Center for Human Development provides mental health education and supports for gay, lesbian, bi-sexual, and questioning youth and their supports in East County to work toward more inclusion and acceptance within schools and in the community.
- 2) The Child Abuse Prevention Council of Contra Costa provides a 23 week curriculum designed to build new parenting skills and alter old behavioral patterns, and is intended to strengthen families and support the healthy development of their children. The program is designed to meet the needs of Spanish speaking families in East and Central Counties.
- 3) La Clinica de la Raza reaches out to at-risk Latina/os in Central and East County to provide behavioral health assessments and culturally appropriate early intervention services to address symptoms of mental illness brought about by trauma, domestic

violence and substance abuse. Clinical staff also provide psycho-educational groups that address the stress factors that lead to serious mental illness.

- 4) Lao Family Community Development provides a comprehensive and culturally sensitive integrated system of care for Asian and Southeast Asian adults and families in West Contra Costa County. Staff provide comprehensive case management services, to include home visits, counseling, parenting classes, and assistance accessing employment, financial management, housing, and other service both within and outside the agency.
- 5) Lifelong Medical Care provides isolated older adults in West County opportunities for social engagement and access to mental health and social services. A variety of group and one-on-one approaches are employed in three housing developments to engage frail, older adults in social activities, provide screening for depression and other mental and medical health issues, and linking them to appropriate services.
- 6) Rainbow Community Center provides a community based social support program designed to decrease isolation, depression and suicidal ideation among members who identify as lesbian, gay, bisexual, transgender, or who question their sexual identity. Key activities include reaching out to the community in order to engage those individuals who are at risk, providing mental health support groups that address isolation and stigma and promote wellness and resiliency, and providing clinical mental health treatment and intervention for those individuals who are identified as seriously mentally ill.

b. The allocation for this category is summarized below:

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

Stigma and Discrimination Reduction

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

- a. The County operated Office for Consumer Empowerment (OCE) provides leadership and staff support to a number of initiatives designed to reduce stigma and discrimination, develop leadership and advocacy skills among consumers of behavioral health services, support the role of peers as providers, and encourage consumers to actively participate in the planning and evaluation of MHSA funded services. Staff from the OCE support the following activities designed to educate the community in order to raise awareness of the stigma that can accompany mental illness.
 - 1) The PhotoVoice Empowerment Project enables consumers to produce artwork that speaks to the prejudice and discrimination that people with behavioral health challenges face. PhotoVoice's vision is to enable people to record and reflect their community's strengths and concerns, promote critical dialogue about personal and community issues, and to reach policymakers to effect change.
 - 2) The Wellness Recovery Education for Acceptance, Choice and Hope (WREACH) Speakers' Bureau forms connections between people in the community and people with lived mental health and co-occurring experiences, using face to face contact by providing stories of recovery and resiliency and current information on health treatment and supports. Other related activities include producing videos, public service announcements and educational materials.
 - 3) The OCE facilitates Wellness Recovery Action Plan (WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based WRAP system in enhancing the efforts of consumers to promote and advocate for their own wellness. OCE also supports a writers' group in partnership with the Contra Costa affiliate of the National Alliance on Mental Illness (NAMI).
 - 4) The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OCE staff assist and support consumers and family members in participating in the various planning committees

and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.

- 5) Through the Each Mind Matters initiative California Mental Health Services Authority (CalMHSA) will provide technical assistance to encourage the County’s integration of available statewide resources on stigma and discrimination reduction and suicide prevention. For FY 2017-20 CCBHS will partner via Memorandum of Understanding (MOU) with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This linkage will expand the County’s capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities, such as Hispanic, African American, Asian Pacific Islander, LGBTQ, Native American and immigrant communities. Primary focus will be to reach Spanish speaking Latina/o communities via social media and materials adapted specifically for this population.

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

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

Suicide Prevention

- a. There are three plan elements that augment the County’s efforts to reduce the number of suicides in Contra Costa County; 1) augmenting the Contra Costa Crisis Center, 2) dedicating a clinical specialist to support the County’s 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 18-19
Contra Costa Crisis Center	Countywide	25,000	310,685
County Clinician	Countywide	50	133,742
County Supported	Countywide	N/A	Included in PEI administrative cost
		Total 25,050	\$444,427

PEI Administrative Support

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

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

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

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

Innovation

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

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

Approved Programs

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

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

occurring emotional disturbances. The CORE Project will be an intensive outpatient treatment program offering three levels of care; intensive, transitional and continuing care to adolescents dually diagnosed with substance use and mental health disorders. Services will be provided by a multi-disciplinary team, and will include individual, group and family therapy, and linkage to community services.

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

The above concepts were recommended by the Innovation Committee for development and were approved by the Mental Health Services Oversight and Accountability (MHSOAC) in August of 2017. These two projects are in the process of implementation.

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

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

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

Workforce Education and Training

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

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

Workforce Staffing Support

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

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

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

The MHSAs funding allocation for this category is summarized below:

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

Training and Technical Support

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

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

The MHSA funding allocation for this category is summarized below:

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

Mental Health Career Pathway Program

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

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

The MHSA funding allocation for this category is summarized below:

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

Internship Programs

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

The MHSA funding allocation for this category is summarized below:

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

Financial Incentive Programs

- 1) MHLAP. CCBHS will participate in the state level workforce, education and training funded Mental Health Loan Assumption Program (MHLAP) until it sunsets in 2018. Administered by the Office of Statewide Health Planning and Development, this program makes annual payments of up to \$10,000 to an educational lending institution on behalf of an employee who has incurred debt while obtaining education. The recipient is required to work in the public mental health system for a year (up to five years) before a payment is made.
- 2) Loan Repayment Program. For the Three year Plan CCBHS is implementing a County funded Loan Repayment Program that specifically addresses critical psychiatry shortages, and provides potential career advancement opportunities for CCBHS Community Support Workers performing in the roles of peer provider and family partner. The recently completed Needs Assessment of workforce staffing shortages revealed that only 43% of authorized County psychiatrist positions were filled in FY 2015-16. Contracts for non-county psychiatrist time have been utilized to make up the shortage, but actual utilization falls significantly short of what is authorized. While all county mental health programs struggle to be competitive with the private sector for psychiatry time, Contra Costa's pay for psychiatrists, both county and contract psychiatrists, significantly lags behind the pay provided by neighboring Bay Area county mental health programs. CCBHS will partner with the California Mental Health Services Authority (CalMHSA) to administer a loan repayment program patterned after the state level MHLAP, but differing in providing flexibility in the amount awarded each individual, and the County selecting the awardees based upon workforce need, such as psychiatrists.

The MHSA funding allocation for this category is summarized below:

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

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

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

Capital Facilities/Information Technology

The Capital Facilities/Information Technology component of the Mental Health Services Act enables counties to utilize MHSAs funds on a one-time basis for major infrastructure costs necessary to i) implement MHSAs 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 MHSAs funds to develop and implement an electronic mental health record system. The approved project is transforming the current paper and location-based system with an electronic system where clinical documentation can be centralized and made accessible to all members of a consumer's treatment team, with shared decision-making functionality. It is replacing the existing claims system, where network providers and contract agencies would be part of the system and be able to exchange their clinical and billing information with the County. The electronic health record system allow doctors to submit their pharmacy orders electronically, and permit sharing between psychiatrists and primary care physicians to allow knowledge of existing health conditions and drug inter-operability. When fully implemented it will allow consumers to access part of their medical record, make appointments, and electronically communicate with their treatment providers.

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

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

The Budget

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

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

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

Fiscal Year 2018/19

A.Estimated FY 2018/19 Available Funding	CSS	PEI	INN	WET	CF/TN	TOTAL
1.Estimated unspent funds from prior fiscal years	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
4.Estimated available funding for FY 19/20	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 subsequent fiscal years when known.
2. The remaining CF/TN funds of \$696,134 has been added to the FY 2017-18 budget. Any of these funds not spent for the Mental Health Electronic Records System in FY 2017-18 will be added to subsequent fiscal years when known. Any costs that are incurred above the total MHSA funds set aside for this project will be considered separately as a new and additional County funding obligation.

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

Evaluating the Plan

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

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

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

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

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

Acknowledgements

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

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

The MHSA Staff

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**Plan for Spending Reallocated Unspent Funds as per MHSUDS Information
 Notice No.: 17-059**

The following represents Contra Costa County’s Reallocation Plan that is in compliance with Department of Health Care Services (DHCS) MHSUDS Information Notice No.: 17-059, entitled Mental Health Services Act: Implementation of Welfare and Institutions Code Section 5892.1. Contra Costa is complying with the requirement that by July, 2018 counties have a plan to expend the amount of unspent Mental Health Services Act (MHSA) funds subject to reversion by June 30, 2020.

DHCS has notified Contra Costa that \$ 2,059,690 in unspent Prevention and Early Intervention (PEI) MHSA funds distributed to Contra Costa in FY 2009-10 are subject to reversion to the State, and \$167,226 in unspent Workforce Education and Training (WET) MHSA funds distributed in FY 2006-7 are subject to reversion. Contra Costa’s Reallocation Plan is as follows:

The Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update for Fiscal Year 2017/2020, or Three Year Plan Update (**Enclosed**) contains additional budget authority to establish new program services in the PEI and WET components that are in excess of anticipated revenues (pages 71-73 of enclosed Three Year Plan Update). According to accepted “first in, first out” strategy, reallocated funds will be the first dollars spent on the new programming. The following tables illustrate Contra Costa’s plan to spend DHCS identified reallocated funds by June 2020.

Table 1. First Hope Program - In the PEI category of Early Intervention, adding new staff to serve youth experiencing a first psychotic episode to the existing First Hope Program services that heretofore served youth who show early signs of psychosis (pages 55-56 of enclosed Three Year Plan Update).

Contra Costa		FY 14-17 First Hope Annual Budget	Reallocated funds projected to be spent
FY 17-18 First Hope Budget	2,377,280	1,685,607	127,322*
FY 18-19 First Hope Budget	2,651,791	1,685,607	966,184
FY 19-20 First Hope Budget	2,651,791	1,685,607	966,184
		Total	2,059,690

MHSA PEI Funds Subject to Reversion in FY 2009-10: 2,059,690

*Expenditures for FY 2017-18 projected to be significantly less than budget authority due to emerging nature of implementing First Hope’s first onset of psychosis programming.



Table 2. Loan Repayment Program - In the WET category of Financial Incentives, implementing a County funded loan repayment program to address critical psychiatry shortages (page 69 of enclosed Three Year Plan Update).

Contra Costa		FY 14-17 Financial Incentives Budget	Annual	Reallocated funds projected to be spent
FY 17-18 Budget	300,000		0	167,226*
			Total	167,226

MHSA WET Funds Subject to Reversion in FY 2006-7: 167,226

*Expenditures for FY 2017-18 projected to be significantly less than budget authority due to emerging nature of implementing the Loan Repayment Program.

The Contra Costa Board of Supervisors approved both of the above new and expanded programs in the MHSA Three Year Program and Expenditure for Fiscal Years 2017-20 after following the stakeholder process identified in WIC Section 5848, and, upon compliance with said statute, will consider within the specified time frame the above plan to spend reallocated funds that the State has determined to be subject to reversion.

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March 21, 2018

RE: California Auditor's Report on State Oversight of Mental Health Services Act (MHSA) Funds

The California State Auditor has completed and released its report that evaluated the effectiveness of the Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (OAC) in providing oversight and guidance to counties in their use of MHSA funding. The Auditor found that the State could better ensure the effective use of these funds, and determined that the State:

- Had not issued regulations and policies to Counties to determine acceptable levels of reserves, or unspent funding levels. The Auditor determined that \$2.5 billion was excessive.
- Had not developed a process for recovering MHSA funds from Counties after time frames for spending the funds had elapsed. The Auditor estimated that \$230 million should have been reverted back to the State for redistribution.
- Had not provided guidance to Counties on how they should treat interest earned on unspent MHSA funds. It was estimated that Counties had accumulated \$80 million in interest on unspent MHSA funds.
- Had not enforced reporting deadlines for Counties to submit MHSA Revenue and Expenditure Reports.

As part of this audit three Counties (Alameda, Riverside and San Diego) participated. The Auditor determined that all three Counties allocated funds appropriately, and had no findings related to Counties monitoring projects effectively.

During and subsequent to the audit process with resulting report the County Behavioral Health Director's Association (CBHDA) has supported the findings and recommendations of the State Auditor, and welcomes further leadership and timely guidance from DHCS and the OAC regarding acceptable MHSA reserve levels. In addition, Assembly Bill 114, signed by the Governor last legislative session, gives guidance on use of funds subject to reversion, and has been followed up by DHCS issuing Information Notices for Counties to develop plans to spend by June 2020 any funds the State has determined to be subject to reversion.

Contra Costa County

Unspent Funds and Prudent Reserve. Table A of the State Auditor's report indicates that as of July 1, 2016 Contra Costa County had a MHSA fund balance of \$45,956,000, which includes \$7,125,000 in Prudent Reserves and \$2,753,000 in accumulated interest. In June of 2017 the Board of Supervisors authorized an average yearly budget (\$51.3 million) in the MHSA Three Year Program and Expenditure Plan for FY 2017-20 that exceeded anticipated revenues (\$45.3 million annually) by an average of \$6 million per year. In partnership with stakeholders the County has already embarked on a Three Year



Plan to spend down the County's MHSA reserves to approximately \$25 million by July 2020. New and additional funding has been budgeted for supportive housing, additional services for children and youth, expanding the capacity for mobile crisis response teams, and developing stronger support for family members and loved ones of consumers. This program and funding strategy was the culmination of an extensive Community Program Planning Process where stakeholders participated in determining service priorities and provided input on what level of funding reserves were prudent for the County's Three Year Program and Expenditure Plan.

The Mental Health Services Act, as enacted in 2005, stipulates that counties are to establish a prudent reserve to ensure services do not have to be significantly reduced in years in which revenues are below the average of previous years (WIC Section 5892). This sound fiscal practice has been left up to counties to determine what level of reserve is prudent to ensure that existing programs can be sustained in future years. While MHSA revenues have been somewhat volatile over the years, in general revenues, on average, have exceeded inflation. This has put counties in the position of determining what level of risk to assume in budgeting more dollars than projected revenue.

Complicating this issue is the "No Place Like Home" state legislation that will unilaterally divert over \$2 billion from the State MHSA Trust Fund for permanent housing units for persons with mental illness. Affordable housing remains a Contra Costa priority, as it is a key element in quality mental health care. However, when fully implemented this state administered program is estimated to lessen disbursement to Contra Costa of over \$2 million annually in MHSA funds for local mental health services.

Funds Subject to Reversion. DHCS Information Notice No.: 17059 determined that Contra Costa had \$2,059,690 in 2009-10 Prevention and Early Intervention (PEI) revenue subject to reversion, and \$167,226 in 2006-7 Workforce Education and Training (WET) revenue subject to reversion. Contra Costa has chosen not to dispute these numbers, as the county's current MHSA Three Year Plan has already earmarked the unspent PEI funds to be spent on expanding the County's First Hope program to add additional staff to serve youth experiencing a first psychotic episode. In the WET category of Financial Incentives the County has implemented a County funded loan repayment program to address critical psychiatry shortages. Thus all identified funds subject to reversion will be spent by June 2020. As per DHCS requirement this plan will be sent to the State by June 30 of this year.

Interest Earned on Unspent Funds. The statute resulting from the Mental Health Services Act is silent on the use of interest earned on unspent funds. In the absence of state rulemaking Contra Costa has treated annual interest earned as revenue to be spent each year on local mental health services, rather than allow the funds to accumulate.

MHSA Revenue and Expenditure Reports. Each year Contra Costa has submitted accurate revenue and expenditure reports within the time frames stipulated by DHCS, and is interested in the State Auditor's unstated methodology for determining that, "only one of the 59 local mental health agencies submitted its fiscal year 2015-16 annual reporting by the regulatory deadline."

Contra Costa County has continued to responsibly manage its MHSA revenues, and, with stakeholder participation, has in place a Three Year Plan that not only maximizes spending for mental health services, but prudently plans for their sustainment in future years.

Contra Costa County Mental Health Commission Response to Behavioral Health Services Update to Grand Jury Report No. 1703 and Referrals 115 and 116

October 30th, 2017

This document is a response from the Mental Health Commission to the update by Behavioral Health Services to the Board of Supervisors Family and Human Services Committee regarding the Grand Jury Report No. 1703 and the White Paper published in March, 2016.

The process of updating the Family and Human Services Committee has been collaborative and fruitful. Over the past year, Behavioral Health has been working to address key challenges identified in the White Paper and more recently by the Grand Jury Report 1703. Over the past month and a half, the Commission and Behavioral Health have worked together to identify key improvements as well as ongoing challenges. This has involved a great deal of research, information exchange, and problem solving, and the development of a shared vision of how problem resolution can move forward in a positive direction. The process has resulted in the Behavioral Health Update and the ensuing Commission Response.

The Commission thanks the Board of Supervisors for giving serious consideration to the Grand Jury and Commission concerns and encouraging open discussions and collaboration. Thanks also to Behavioral Health for working so diligently to make strong headway and for the information sharing and frank discussions that have enabled us to air our differences of opinion and find common ground. We are grateful as well to Psyche Emergency Services for updating us on its current operations and challenges.

The remainder of this document consists of a Commission review of progress, questions, and suggested follow-up by the Commission and Board of Supervisors.

Upgrading the Current West County Children's Clinic Facility

The Commission recognizes that Behavioral Health is working diligently to improve the West County Children's Clinic, bringing together the necessary resources to make critical improvements as quickly as possible. The Commission is glad that the carpet will be replaced given its poor condition and the indeterminate lump underneath it. There were initial concerns that the carpet was installed over asbestos and therefore could not be replaced.

Recommended Follow Up:

- Visit the clinic in two months to review progress.

Acquiring a New Location for First Hope

The Commission recognizes the strong effort that is being made to relocate First Hope and its First-Episode Psychosis Program to a financially sustainable and appropriately designed facility.

Addressing the Shortage of Psychiatrists

The Commission believes that true prevention and early intervention start with hiring top-notch psychiatrists. Maintaining effective staffing levels and a building a team-like environment are also critical.

Behavioral Health has made significant progress in:

- clarifying the number of approved FTE positions and the number of filled positions and unfilled positions;
- and improving recruiting efforts by contracting with four staffing agencies for the hiring of contract psychiatrists, including Traditions, the agency that it has most recently contracted with.

Behavioral Health has long recognized that a key factor in its challenge in hiring is its inability to offer competitive compensation packages. Since most of the psychiatric staff is contracted, focusing attention on the rates and benefits of contract employees is particularly important. The Commission hopes that the more competitive compensation offered by the staffing agency Traditions will help attract candidates. The use of MHSA funds for student loan reimbursement should also be attractive.

Behavioral Health recognizes the importance of contracting with psychiatrists who are willing to work at least three days a week to maintain treatment continuity, simplify staffing planning, and support a team-oriented approach to care. Behavioral Health reports that it has discussed this need with its staffing agencies but, like other counties, is hampered by the regional- and nation-wide lack of child psychiatrists.

Questions:

- Behavioral Health states that it will consider whether an assessment will be made once current vacancies are filled. How will this determination be made? What kind of staffing assessment would potentially be made?
- Are MHSA student loan payment funds being fully utilized?
- Is there the possibility of incenting contracting psychiatrists to work a minimum of three days per week or more by a) offering a bonus for working 24 hours plus; or increasing their hourly fee for every hour worked over 24 hours?

Follow-up/Suggestions:

- Revisit the status of hiring in four months to see how hiring is progressing for unfilled psychiatry positions;
- Regularly review a Behavioral Health report on the status of all psychiatry and mental health clinician positions, including newly or soon to-be-vacated positions;

- Explore ways to incentivize contracting physicians to work a minimum of 24 hours per week;
- Annually review a report on the MHSA school loan payment program for psychiatrists to see how this program is being utilized.

Filling the Vacant Position of Medical Director

The Commission recognizes the challenges in filling the all-important Medical Director position. However, this process has been underway for two years now. Although a candidate was recently interviewed, the next interview is not scheduled until December, 2017. The Commission hopes that Behavioral Health can re-double its efforts to recruit and make timely, strong offers to qualified candidates over the next two months.

Follow-up/Suggestions:

- Review recruiting and hiring strategies to ensure they are as effective as possible.
- Revisit the hiring status of the Medical Director in two months.

Legacy Planning for High Level Positions

The issue of legacy planning within Behavioral Health has been raised by EQRO. In discussing the challenges around hiring a Medical Director position, the Commission learned that county hiring practices do not permit a Department to interview and fill a position until the incumbent has actually vacated the position. This is the case even if the retirement or departure is planned. The Commission is very concerned that this practice eliminates the ability to mentor and pass on institutional knowledge is lost. This in turn disrupts administration and services and, ultimately, continuity and quality of care. This practice will impact the management of the Children’s Division when the Director of the Division, Vern Wallace, retires this coming year after decades of holding the position. The Commission urges the Board of Supervisors to find a solution to the legacy problem.

Relief to Impacted Psyche Emergency Services (PES):

PES Internal Adjustments

The Commission recognizes how fortunate the county is to have a PES co-located with medical facilities where a true medical evaluation can happen. The Commission lauds the ongoing efforts of PES to find ways to manage an impacted environment with an increasing number of 5150 clients and a decrease in the number of voluntary clients.

Since the White Paper was published, it seems that PES’s main strategies for managing the new norm of an average 900 patients per month – still considerably higher than originally intended – has been to hire additional staff for the morning shift to expedite re-evaluation of overnight clients and to slightly reduce the average length of stay. This solution, plus a more stable daily census has resulted in a situation that is “mostly manageable”, with the current staffing pattern seen as “minimally acceptable.”

The Commission reads this situation either as 1) an increase in efficiency or 2) as a somewhat tenuous situation that is consistently stressful for staff, often leading to burn-out and turn-over, and that may decrease the amount of time that a consumer receives care. Lastly, is there the time and staff to follow up on whether the consumer is following the prescribed treatment? The Commission cannot be certain from the Update.

Questions:

- Is the current strategy viable long-term or do we need to commit to increasing staffing levels, potentially including psychiatrists, to reduce stress on staff and consumers and to enhance quality of care? How would the need for additional staff be evaluated?
- How has a decrease in the average length of stay has been achieved? Is it an increase in the number of staff in the morning or are we relying on quick turnarounds?
- Does this mean reduced time for a proper evaluation, adequate treatment and/or disposition?
- Has the experience of being a client at PES improved and have outcomes improved?
- Will the new electronic health record system provide the ability to follow the disposition of where PES patients receive their follow up and treatment?

Follow-up/Suggestions:

- Revisit staffing needs in six months
- Request clarifications on the amount of time for evaluation, stabilization, dispensation and opinions on how these metrics are impacting the consumer experience and quality of care.
- Request information on the capabilities of the Electronic Health Records to support the PES function of tracking patient post-PES treatment.

***Relief to Impacted Psyche Emergency Services (PES):
Addressing Children's Needs for the Facility***

The Commission fully agrees with the facility design changes that are required to separate children from adult clients and to improve the waiting, family consultation and treatment spaces for children. The Commission urges the Superintendents to support changes recommended by the Hospital and Clinics Unit for these high priority improvements.

Follow-up/Suggestions:

- Request proposals from the Hospital and Clinics Unit for redesigning the children's area of PES.

Relief to Impacted Psyche Emergency Services (PES): Expanded Mobile Relief Services

The expansion in mobile relief services is intended to decrease pressure on PES. The Commission is glad to see the increase in the hours of coverage of the Children's Mobile Crisis Response and the planned introduction of this service for the Adult System of Care. Also significant is the Adult program's coordination with the Forensic Mental Health Evaluation Team (MHET) and the three county police departments where MHET is located.

Questions:

- How will the impact of the Children and Adult Mobile Crisis Response on PES congestion be evaluated?
- What are the numbers related to the Children's Mobile Crisis Response, e.g. number of visits per month, number of diversions from PES? What are the projected numbers for the Adult service?
- How aware are all 23 law enforcement agencies of the three MHET teams?
- How will the 20 county law enforcement agencies outside the three that host MHETs activate a request for the adult mobile response team? How else will they interface?
- Forensics is open 8:00 AM to 5:00 PM. How will it interact with MHET when the teams will be used most frequently between 3:00 PM and 11:00 PM?

Unclear Staffing Needs of the Children's Division

The Behavioral Health update notes that the Children's Division staffing levels may not fully meet the needs of its several mandates and programs. The Division lost 40 line staff positions in 2008, and while several staff have been restored to respond to Katie A and Continuum of Care, Behavioral Health states that staffing levels are still *slightly* below the pre-2008 levels, despite the Affordable Care Act. Behavioral Health also reports that additional clinical and Family Partner staff are needed in the regional clinics. The Commission would like clarification to better understand what the Division's needs are. With the impending retirement of the Director of the Children's Division, Vern Wallace, the need for an adequate level of well-trained staff is essential.

Questions:

- What is the estimated number of Children's Division staff needed, by position?

Improvements to Family Support Services

Fully staffed Family Support services may have the impact of diverting consumers from PES. Family Partner positions in the Children's and Adult clinics that were empty, some for multiple years, are now filled. This is a critical step forward.

With the new MHSA NAMI Program for Family Support through family volunteers, Family Support Services is now comprised of three groups – the other two are 1) the Office of Consumer Empowerment with its 20 peer staff Family and Community Support Workers

and 2) the Family Coordinators. The key to success will be coordinating them to ensure efficient and effective deployment of the appropriate services.

Lastly, there are important family support programs being driven by volunteers. Dave Kahler, a Commissioner Emeritus, coordinates the CIT Training. He also has set up and runs the NAMI Crash Course, which has been seen over 1,000 family members in the past year. More direct involvement by Behavioral Health staff is needed in these crucial areas.

Questions:

- Does each of the adult clinics have a family advocate?
- How will the family advocates and coordinators interface with the new NAMI MHSA program?

Follow-up/Suggestions:

- Request a plan for coordinating and interfacing the three different family support services from Behavioral Health.

Determination of Wait Times at Clinics

The Grand Jury expressed a deep concern regarding wait times at the Children's clinics, as did the White Paper. The White Paper also expressed concerns regarding the Adult clinic wait times. What the Commission hears from the community on wait times differs significantly from Behavioral Health's numbers. EQRO 2016 has also questioned the Behavioral Health numbers and has stated that Behavioral Health's technique for calculating wait times is an estimate. It will be months until the impact of more psychiatrists on wait times will be known as it will take time for them to fully ramp up at the clinics.

The Commission and Behavioral Health do agree, however, that the new Behavioral Health information system should provide accurate data on how long it takes a patient to be initially assessed, receive non-medication treatment, and be assessed by a psychiatrist and receive medication treatment if warranted.

Follow-up/Suggestions:

- Revisit wait times as part of the 2017 External Quality Review process.
- Confer with information systems to ensure that the ability to accurately track wait times is being properly implemented.
- Request wait times as tracked by the new information system once the system has been up and running for four to six months.

Reduction of Wait Times for CBO and Private Therapist Appointments

The Grand Jury was very concerned about the availability of network providers for children who need to access treatment for moderate to severe mental illness. The Commission commends the new Access Line team for reducing abandoned calls from 15% to 2%.

Access Line data, however, does support the Grand Jury's concern, demonstrating that, in fact, that the five providers in East County are not able to meet demand.

Questions:

- How will the need for additional treatment providers for Children in East County be determined? Can Access Line data help estimate the number of needed providers?

Follow-up/Suggestions:

- Request a plan for determining the need for additional providers in East County and for acquiring the necessary number of providers.

The Continued Need for a Children's Residential Treatment Center

The Commission has advocated for a children's residential treatment center for the past two years on the behalf of the Children's Division. While creating a unit at the Contra Costa Regional Medical Center does not appear to be financially viable, the Commission continues to strongly support the Children's Division's efforts to find a workable solution for a treatment center. In particular, the Commission encourages more exploration into creating a regional solution of multiple surrounding counties participating in a pool of beds, thereby sharing costs and decreasing the risk of any one treatment center having to cover the cost of an unfilled bed. The Commission urges the Board of Supervisors to explore a regional solution to this critical problem.

Follow-up/Suggestions:

- Brainstorm a high level concept for a multi-county program for a children's residential treatment center. Present this concept to likely partners

The Need for Housing for Those With a Serious Mental Illness

The critical issue of housing for the Homeless with a Serious Mental Illness was a key issue raised by the White Paper. This concern was not addressed in the Behavioral Health Services update.

Supportive Services such as keeping an apartment clean and eating properly---these are services that the Regional Center provides those with a Developmental Disability—but these are not provided for those with a Serious Mental Illness. Non-Profit Housing Corporations must be involved on a larger scale to help develop a housing plan for those with a Serious Mental Illness.

Questions:

- How many clients of our Specialty Mental Health Clinics live in Non-Profit Housing Corporation developments such as Riverhouse? There were Behavioral Health ties directly into these facilities—what is happening now?
- What is done to assure that people with a mental illness are not just left on their own?

- How many Full Service Partnership clients are housed in unregulated Room and Boards?
- What are the plans to house the Homeless with a mental illness? Do we have a measurable plan?

Follow-up/Suggestions:

- Request a comprehensive plan for housing the Seriously Mentally Ill.

In closing, the Mental Health Commission hopes that its evaluations, questions and recommended follow up are received as intended – in the spirit of partnership and to stimulate ongoing dialog around the continuous improvement of our county's System of Care for those suffering from mental illness.

This report is respectfully submitted by:

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