Contra Costa
Health Services

CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

1220 Morello Ave, Suite 100
Martinez, California 94553
Ph (925) 957-2619
Fax (925) 957-5156
https://cchealth.org/mentalhealth/mhc/

# Mental Health Commission
## MHSA-Finance and Quality of Care Committees Joint Meeting
## Thursday, April 16, 2020, 3:00-5:00pm
## Via: Zoom Teleconference:
## https://zoom.us/j/6094136195
## Meeting number: 609 413 6195

**Join by phone:**
**888-788-0099 US Toll Free**
**877-853-5247 US Toll Free**
**Access code: 609 413 6195**

# AGENDA

I. **Call to order/Introductions**

II. **Public comments**

III. **Commissioner comments**

IV. **APPROVE minutes from March 19th, 2020 joint meeting**

V. **DISCUSS MHSA Fiscal and Programs Review process and report template with emphasis on Quality of Care information, with Jennifer Bruggeman, MHSA Program Manager**

VI. **DISCUSS MHSA Fiscal and Programs Review schedule to date and impact of COVID-19 on the schedule; and CREATE schedule for MHSA-Finance Committee review of reports**

VII. **RECEIVE an update on the status of MHSA Three Year Plan budget possible adjustments due to the economic impact of COVID-19 pandemic; and DISCUSS process for evaluating and prioritizing possible adjustments, with Dr. Suzanne Tavano, BHS Director**

VIII. **Adjourn**

*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. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute time limit. If special accommodations are required to attend any meeting, due to a disability, please contact the Executive Assistant of the Mental Health Commission, at: (925) 957-2619*

# Mental Health Commission Executive Committee Meeting 8/27/19

***Transitioning the MHC Site Visit Project to the Quality of Care Committee***

The Mental Health Commission Executive Committee has performed foundation work on creating a policy for MHC site visits on and off for the past two years. It's a challenging issue and it's been difficult to sustain momentum. Regular site visits, however, are a mandated responsibility of the Mental Health Commission, and as such we need an active program of site visits in place. Executive Committee has gathered enough background information that it is possible to transfer the project to the Quality of Care Committee for full development.

To date, the Executive Committee has reviewed the site visit policies of the counties of San Francisco, Napa, Orange and Ventura. It has also discussed the issue of BHS site visits with the prior director of BHS, Cynthia Belon, director of BHS Adult Services, Jan Kobaleda-Kegler, and of MHSA site visits with the director of MHSA, Warren Hayes. It also has discussed past site visit practices with prior Commissioner Lauren Rettagliata.

The key take-always from this research are:

Background:

- In the past there have been periods of regular MHC site visits and periods of ad hoc site visits. For the past five years at least there has not been a formal MHC site visit program in place.
- MHSA has a mandated and very structured site review process. Each MHSA site is reviewed every three years in a very detailed, proscribed way.
- BHS does not have a standard site visit policy and does not have an annual site visit schedule.
- Two years or so, under prior director of BHS Cynthia Belon, BHS drafted a site visit form for use by the MHC. It was not, however, adopted by the BHS.

Recommendations:

- To maximize efficiencies, the MHC site visits should complement the BHS and MHSA site visits rather than compete with them
    - The MHC should not attempt to duplicate certain efforts by BHS and MHSA in their own site reviews, especially reviews of more technical issue, e.g. compliance and financials.
    - The MHC should focus instead on the consumer experience and the family and caregiver experience. Other reviews do not focus their energies on this topic.
- The scope of sites is any and all mental health related treatment facilities, including those operated by CCRMC, e.g. PES, 4D.
- MHC site visits need to be a mandatory responsibility of all Commissioners, not just leadership or Quality of Care Committee members.

- MHC site visits should be part of the educational process for Commissioners, at least one occurring early in the period of duty of Commissioners.
- There should be a minimum of two Commissioners to participate in a given site visit. The number could be higher but at least two is recommended.
- The MHC site visit policy should include a method and rationale for selecting which sites will be visited each year. It should also include a stated means for assigning sites to individual Commissioners—whether sites are actually assigned to Commissioners or whether Commissioners choose sites from a list.
- The MHC site visit policy should include a standardized form and process that specifies what information should be collected and how.
- The approach to collecting information from consumers and family members and caregivers should allow for some free-flow conversation rather than being solely a list of short answer questions or ratings
- The process of an MHC site visit needs to ensure that consumers feel trusting and anonymous so that they can speak their minds without fear of reprisal.
- Formal MHC site visits should be scheduled with the facility in advance so that staff can be prepared and enough consumers and family members and caregivers can be available to conduct a worthwhile visit.
- The formal site visit program doesn't proclude ad hoc informal site visits.
- The results of site visits should be shared out to other Commissioners; BHS, CCRMC and MHSA staff; and the Public.

# MHSA Program Review Schedule FY 2017-20

| | Program/Plan Element | Lead Staff | Month | Site Visit Date | MHC/CPAW Volunteers | Final |
|---|---|---|---|---|---|---|
| 1. | RYSE | Jennifer Bruggeman | OCT 2017 | Oct. 26 | * | YES |
| 2. | Fred Finch Youth Center | Stephanie Chenard | NOV 2017 | Nov. 8 | * | YES |
| 3. | Child Abuse Prevention | Jennifer Bruggeman | NOV 2017 | Nov. 13 | | YES |
| 4. | Youth in Juvenile Justice | Jennifer Bruggeman | DEC 2017 | Dec. 19 | | YES |
| 5. | Rainbow Center | Jennifer Bruggeman | JAN 2018 | Jan. 25 | * | YES |
| 6. | Building Blocks for Kids | Jennifer Bruggeman | FEB 2018 | Feb. 13 | | Yes |
| 7. | James Morehouse | Jennifer Bruggeman | MAR 2018 | Mar 2 | | Yes |
| 8. | Native American Health | Jennifer Bruggeman | APR 2018 | Apr 19 | | Yes |
| 9. | Center Human Development | Jennifer Bruggeman | MAY 2018 | May 11 | | Yes |
| 10. | Familias Unidas | Windy Taylor | MAY 2018 | May 21 | | Yes |
| 11. | STAND! | Jennifer Bruggeman | JUN 2018 | June 25 | | Yes |
| 12. | New Leaf | Jennifer Bruggeman | SEP 2018 | Sept 12 | | Yes |
| 13. | Anka | Windy Taylor | SEP 2018 | Oct 1 | | Yes |
| 14. | Jewish Family Services | Jennifer Bruggeman | OCT 2018 | Nov 19 | | Yes |
| 15. | Hume Center - West | Windy Taylor | OCT 2018 | Oct 31 | | Yes |
| 16. | Hume Center - East | Windy Taylor | NOV 2018 | Nov 15 | | Yes |
| 17. | Recovery Innovations | Genoveva Zesati | NOV 2018 | Nov 29 | * | Yes |
| 18. | People Who Care | Jennifer Bruggeman | DEC 2018 | Nov 7 | | Yes |
| 19. | OCE | Jennifer Bruggeman | JAN 2019 | Jan 18 | | Yes |
| 20. | Mental Health Systems | Windy Taylor | JAN 2019 | Jan 31 | * | Yes |
| 21. | Asian Family Center | Jennifer Bruggeman | FEB 2019 | Feb 28 | | Yes |
| 22. | Suicide Prevention | Jennifer Bruggeman | MAR 2019 | Mar 27 | | Yes |
| 23. | CC Interfaith Housing | Jennifer Bruggeman | APR 2019 | Apr 18 | * | Yes |
| 24. | Youth Homes | Windy Taylor | APR 2019 | APR 11 | | Yes |
| 25. | CC Crisis Center | Jennifer Bruggeman | JUN 2019 | Jul 11 | * | Yes |
| 26. | NAMI | Genoveva Zesati | NOV 2019 | Nov 20 | | PEND |
| 27. | Telecare | Windy Taylor | AUG 2019 | Aug 22 | | Yes |
| 28. | The Latina Center | Jennifer Bruggeman | SEP 2019 | Sep 30 | | Yes |
| 29. | Lifelong Medical Care | Jennifer Bruggeman | OCT 2019 | Oct 24 | | Yes |



As of: March 5, 2020

| | Program/Plan Element | Lead Staff | Month | Site Visit Date | MHC/CPAW Volunteers | Final |
|---|---|---|---|---|---|---|
| 30. | La Clinica de la Raza | Jennifer Bruggeman | NOV 2019 | Dec 13 | | Yes |
| 31. | COFY | Windy Taylor | DEC 2019 | Dec 10 | * | Yes |
| 32. | Putnam Clubhouse | Jennifer Bruggeman | FEB 2020 | Feb 25 | | PEND |
| 33. | Rainbow | Jennifer Bruggeman | FEB 2020 | Feb 28 | | PEND |
| 34. | COPE and First Five | Jennifer Bruggeman | MAR 2020 | | | |
| 35. | First Hope | Jennifer Bruggeman | APR 2020 | | * | |
| 36. | Lincoln Child Center | Windy Taylor | APR 2020 | | | |
| 37. | Seneca | Windy Taylor | MAY 2020 | | | |
| 38. | Crestwood | Peter Ordaz | JUN 2020 | | * | |
| 39. | Older Adult Program | Windy Taylor | JUN 2020 | | | |
| 40. | Miller Wellness Center | Windy Taylor | JUN 2020 | | | |

# Mental Health Services Act (MHSA)

# Program and Fiscal Review

I. **Date of On-site Review:**
**Date of Exit Meeting:**

II. **Review Team:**

III. **Name of Program/Plan Element:**

IV. **Program Description.**

V. **Purpose of Review.** Contra Costa Behavioral Health Services (CCBHS) is committed to evaluating the effective use of funds provided by the Mental Health Services Act (MHSA). Toward this end a comprehensive program and fiscal review was conducted of _____(name of program). The results of this review are contained herein, and will assist in a) improving the services and supports that are provided; b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan; and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

VI. **Summary of Findings.**

VII. **Review Results.** The review covered the following areas:

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSA General Standards). Does the program/plan element collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, is it culturally competent, and client and family driven?
**Method.** Consumer, family member and service provider interviews and consumer surveys.
**Discussion.**
**Results.**

| Questions | Responses: | | | | |
|---|---|---|---|---|---|
| **Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:** *(Options: strongly agree, agree, disagree, strongly disagree, I don't know)* | Strongly Agree | Agree | Disagree | Strongly Disagree | I don't know |
| | 4 | 3 | 2 | 1 | 0 |
| 1. Help me improve my health and wellness | | | | | |
| 2. Allow me to decide my own strengths and needs | | | | | |
| 3. Work with me to determine the services that are most helpful | | | | | |
| 4. Provide services that are sensitive to my cultural background. | | | | | |
| 5. Provide services that are in my preferred language | | | | | |
| 6. Help me in getting needed health, employment, education and other benefits and services. | | | | | |
| 7. Are open to my opinions as to how services should be provided | | | | | |
| 8. What does this program do well? | | | | | |
| 9. What does this program need to improve upon? | | | | | |
| 10. What needed services and supports are missing? | | | | | |
| 11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? *(Options: Very important, Important, Somewhat important, Not Important.)* | Very Important | Important | Somewhat Important | Not Important | |
| | 4 | 3 | 2 | 1 | |
| 12. Any additional comments? | | | | | |

2. **Serve the agreed upon target population.** For Community Services and Supports, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance? For Prevention and Early Intervention, does the program prevent the development of a serious mental illness or serious emotional disturbance, and help reduce disparities in service?

Does the program serve the agreed upon target population (such as age group, underserved community).?
**Method**. Compare the program description and/or service work plan with a random sampling of client charts or case files.
**Discussion.**
**Results.**

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon?
   **Method.** Compare the service work plan or program service goals with regular reports and match with case file reviews and client/family member and service provider interviews.
   **Discussion.**
   **Results.**

4. **Meet the needs of the community and/or population.** Is the program or plan element meeting the needs of the population/community for which it was designed? Has the program or plan element been authorized by the Board of Supervisors as a result of a community program planning process? Is the program or plan element consistent with the MHSA Three Year Program and Expenditure Plan?
   **Method.** Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews. Review client surveys.
   **Discussion.**
   **Results.**

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years?
   **Method.** Match program description/service work plan with history of monthly reports and verify with supporting documentation, such as logs, sign-in sheets and case files.
   **Discussion.**
   **Results.**

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending?
   **Method.** Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as case files or charts. Outcome domains include, as appropriate, incidence of restriction, incidence of psychiatric crisis, meaningful activity, psychiatric symptoms, consumer satisfaction/quality of life, and cost effectiveness. Analyze the level of success by the context, as appropriate, of pre- and post-intervention, control versus experimental group, year-to-year difference, comparison with similar programs, or measurement to a generally accepted standard.
   **Discussion.**
   **Results.**

7. **Quality Assurance.** How does the program/plan element assure quality of service provision?
   **Method.** Review and report on results of participation in County's utilization review, quality management incidence reporting, and other appropriate means of quality of service review.
   **Discussion.**
   **Results.**

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act, and how well does staff comply with the protocol?
   **Method.** Match the HIPAA Business Associate service contract attachment with the observed implementation of the program/plan element's implementation of a protocol for safeguarding protected patient health information.
   **Discussion.**
   **Results.**

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support?
   **Method.** Match history of program response with organization chart, staff interviews and duty statements.
   **Discussion.**
   **Results.**

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings?
    **Method.** Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.
    **Discussion.**
    **Results.**

11. **Fiscal resources sufficient to deliver and sustain the services.** Does the organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element?
    **Method.** Review audited financial statements (contractor) or financial reports (county). Review Board of Directors meeting minutes (contractor). Interview fiscal manager of program or plan element.
    **Discussion.**
    **Results.**

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does the organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles?
    **Method.** Interview with fiscal manager of program or plan element.
    **Discussion.**
    **Results.**

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing?
    **Method.** Reconcile financial system with monthly invoices. Interview fiscal manager of program or plan element.
    **Discussion.**
    **Results.**

14. **Documentation sufficient to support allowable expenditures.** Does the organization have sufficient supporting documentation (payroll records and timecards, receipts, allocation bases/statistics) to support program personnel and operating expenditures charged to the program or plan element?
    **Method.** Match random sample of one month of supporting documentation for each fiscal year (up to three years) for identification of personnel costs and

operating expenditures charged to the cost center (county) or invoiced to the county (contractor).
**Discussion.**
**Results.**

15. **Documentation sufficient to support expenditures invoiced in appropriate fiscal year.** Do the organization's financial system year end closing entries support expenditures invoiced in appropriate fiscal year (i.e., fiscal year in which expenditures were incurred regardless of when cash flows)?
**Method.** Reconcile year end closing entries in financial system with invoices. Interview fiscal manager of program or plan element.
**Discussion.**
**Results.**

16. **Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the organization's allocation of administrative/indirect costs to the program or plan element commensurate with the benefit received by the program or plan element?
**Method.** Review methodology and statistics used to allocate administrative/indirect costs. Interview fiscal manager of program or plan element.
**Discussion.**
**Results.**

17. **Insurance policies sufficient to comply with contract.** Does the organization have insurance policies in effect that are consistent with the requirements of the contract?
**Method.** Review insurance policies.
**Discussion.**
**Results.**

18. **Effective communication between contract manager and contractor.** Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise?
**Method.** Interview contract manager and contractor staff.
**Discussion.**
**Results.**

**VIII. Summary of Results.**

**IX. Findings for Further Attention.**

**X. Next Review Date.**

**XI. Appendices.**

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget (Contractor)

Appendix C – Yearly External Fiscal Audit (Contractor)

Appendix D – Organization Chart

**XII. Working Documents that Support Findings.**

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)

March 27, 2020

Dr. Mark Ghaly, Secretary
California Health and Human Services Agency
1600 Ninth Street, Room 460
Sacramento, CA 95814

Dr. Bradley P. Gilbert, Director
California Department of Health Care Services
1501 Capitol Avenue
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Toby Ewing, Executive Director
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

**Re: Request for Flexibility with Mental Health Service Act Requirements to Address COVID-19 Public Health Crisis**

Dear Secretary Ghaly, Director Gilbert, and Mr. Ewing:

With an unprecedented and evolving public health crisis unfolding, all counties have focused on trying to do what is best for our clients in addressing the associated risks and impacts of COVID-19. This situation has presented county behavioral health with new fiscal and logistical challenges in ensuring we can meet the moment so that our clients – existing and new – can continue to access vital mental health and substance use disorder services through the public behavioral health safety net. The California Health and Human Services Agency (Agency), the Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (OAC) have been responsive partners in exploring solutions to the innumerable problems that have arisen. On behalf of our membership, CBHDA is requesting further collaboration to implement the orders, statutory and regulatory changes necessary to ensure we can leverage additional Mental Health Services Act (MHSA) funds, to more appropriately respond to the challenges associated with COVID-19.

Requests for urgent assistance:

- **Flexibility to Move Funds Between and Within Components:** Based on our experience the past couple of weeks, we anticipate that many counties will exhaust reserves in the upcoming

months and need to make difficult financing and programmatic decisions. These choices are still more difficult because of the rigidity in MHSA funding allocations for different MHSA components. MHSA dictates funding levels for each component including:

1. Community Services and Supports (CSS) - 76% of Revenue
2. Prevention and Early Intervention (PEI) - 19% of Revenue
3. Innovation (INN) - 5% of Revenue

Additionally, within many of the components existing funding mandates limit flexibility in responding to the expected economic crisis and maintaining core services for those most in need. For example, the MHSA places limits on: funding capital and workforce using only funds from CSS; requirements that the majority of CSS funds be used for full service partnerships; and requirements that 51% of PEI funds be used for those under the age of 25.

Unless counties are granted the flexibility to make funding decisions which align with the significant changes in our service delivery and overall funding needs, as MHSA funds decline, counties will be forced to make unreasonable funding decisions. Counties, for example, may be required to expend MHSA funding to implement a new innovation program, while at the same time, reducing services for CSS clients with serious mental illness, or counties may be unable to address critical workforce or capital needs directly related to the aftermath of COVID-19 response because diminishing CSS funds are unavailable.

- *CBHDA requests flexibility in distributing MHSA funds across different components and within components to ensure core services for those with serious mental illness are maintained as MHSA resources become more scarce.*

- **Flexibility on Deadlines:** Multiple MHSA deadlines related to funds subject to reversion are converging at the exact time the COVID-19 crisis hit. Counties are required to expend Assembly Bill (AB) 114 (Chapter 38, Statutes of 2017) reverted funds by July 1, 2020 and based on guidance issued in March 2019, counties are required to transfer any funds in excess of prudent reserve levels by June 30, 2020. In addition, some MHSA funds that counties planned to expend before the end of the fiscal year because these funds are subject to reversion cannot move forward due to COVID-19 related restrictions on public convenings and stakeholder engagement. Counties have been diligently working to meet these deadlines, but COVID-19 has impacted this situation in multiple ways, including the inability to secure mandated community approvals. Many counties intended to comply with deadlines through changes in existing plans or in newly developed Three-Year Plans. Plans must be approved by a variety of entities and are subject to a local review process as outlined in Section 3315 of Title 9 of the California Code of Regulations (CCR). Other counties cannot finalize bids and other processes because of statewide stay at home mandates. Many of the mandated approval and programmatic processes are not available at this time and will take time to reschedule once the current state of emergency is lifted.

  - *Because COVID-19 prevents counties from completing the mandated approval and programmatic processes to meet these deadlines, CBHDA requests the state extend the deadlines on funds subject to reversion at the end of this fiscal year by 6-12 months after the state of emergency has been lifted.*

- **Request to Suspend Certain Data Collection Requirements:** As county staff and contracted providers transition to telephone and telehealth services, Prevention and Early-Intervention (PEI) providers are unable to secure the comprehensive demographic information required by CCR Section 3560.010 and to meet requirements in CCR 3706(b). Contractors and county staff want to continue to provide services but are unable to comply with these Sections under these conditions. Phone calls and video conferencing do not provide adequate opportunity to ensure completion of surveys and other tools used to document demographic information. Contractors and staff can document contacts and services to ensure accountability.

    - *CBHDA requests the state waive demographic reporting requirements outlined in CCR Sections 3560.010 and 3706(b) or provide assurances that counties will not face adverse program review/audit findings or any other penalty for not complying with these Sections while services are being delivered primarily via telephone or telehealth.* Contractors and staff will continue to document contacts and services and report this information as required.

- **Request the Use of Discretion to Allow Performance Contract Amendments Without Requiring Three-Year Plan Updates:** Counties are using every resource at their disposal to combat COVID-19 and continue services for those in need. The financial strain is already evident as counties train staff and transition to new service delivery models. Counties are limited in their ability to use MHSA funds to support the response to COVID-19 because changes in an existing MHSA plan typically requires a 30-day comment period and a Performance Contract amendment. DHCS has the authority to amend a MHSA Performance Contract if a county requests funding for a new program/service that was not part of the County's MHSA Performance Contract, pursuant to CCR Section 3350. Under this Section, DHCS has the authority to allow this request for funding for a new program/service without requiring a county to submit an update to the Three-Year Plan.

    - *To allow for timely county response to COVID-19, CBHDA request that DHCS allow counties to secure MHSA funding for new programs or services to address COVID-19 challenges through a Performance Contract amendment without requiring a county to submit an update to the Three-Year Plan.*

- **Request to Extend Three-Year Plan Updates, Submission of RERs, and Suspend Engagement with Local Mental Health Boards:** As mentioned previously, to secure authorization to expend MHSA resources, counties must comply with various requirements involving approval and reviews from other local stakeholders such as Boards of Supervisors and community members. Counties had been in the process of finalizing Three-Year plans including securing the necessary approvals and reviews when California declared a state of emergency. Because of necessary public health initiatives including social distancing and stay at home orders, many counties are now unable to comply with all the requirements for a timely submission of their Three-Year Plan. Without an approved Three-Year Plan,

complying with other requirements such as timely submission of Updates and Revenue and Expenditure Reports (RERs) are also impacted.

- *For counties unable to complete the requirements to submit their Three-Year Plan because of COVID-19 related circumstances, CBHDA requests DHCS and the OAC extend the deadline for the Three-Year Plan submission and Updates. These counties should be allowed to use their existing approved Three-Year Plan and Updates to expend MHSA funds until a new plan can be approved.*

- *CBHDA also requests extended deadlines for RER submissions, PEI and Innovation Reports and all other MHSA reporting requirements impacted by the inability to secure an approved Three-Year plan or by staffing limitations associated with COVID-19 response.*

- *CBHDA requests DHCS suspend requirements counties are unable to meet because of COVID-19, such as newly enacted requirements related to local mental health boards outlined in AB 1352 (Chapter 460, Chapter of 2019).*

- *CBHDA requests assurances that counties will not face penalties, including adverse findings on program reviews/audits or the withholding of MHSA funds, for the inability to comply with MHSA timely submission requirements so long as delays are attributable to circumstances related to COVID-19.*

CBHDA is appreciative of DHCS' communication to directors that it intends to suspend all MHSA audits. We assume this includes data collection and data submission associated with MHSA audits, and desk reviews. CBHDA strongly supports this decision and thanks DHCS for this action.

I want to reiterate the tremendous support that we have received from Agency, the OAC and DHCS in this time of crisis, and respectfully request your consideration of these additional requests spurred by the extraordinary circumstances we are all experiencing.

Sincerely,

Michelle Doty Cabrera
Executive Director
County Behavioral Health Directors Association of California

CC: Dr. Kelly Pfeifer, Deputy Director, Behavioral Health, DHCS
Marlies Perez, Chief, Community Services Division, DHCS
John Connolly, Deputy Secretary, California Health and Human Services Agency
Richard Figueroa Jr., Office of Governor Newsom
Tam Ma, Office of Governor Newsom
Marjorie Swartz, Principal Consultant, Office of Senate pro Tem Atkins
Scott Ogus, Consultant, Senate Budget and Fiscal Review Committee

Kimberly Chen, Senate Committee on Health
Agnes Lee, Policy Consultant, Speaker's Office of Policy
Andrea Margolis, Consultant, Assembly Committee on Budget
Scott Bain, Assembly Committee on Health
Judy Babcock, Assembly Committee on Health

March 29, 2020

The Honorable Gavin Newsom
Governor, State of California
1303 10th Street, Suite 1173
Sacramento, CA 95814

Dear Governor Newsom:

We are a diverse coalition of state and local organizations representing consumers, family members, parents, caregivers, advocates, providers, and other stakeholders committed to preserving the goals and services provided by the Mental Health Services Act (MHSA). Our organizations include those working alongside state, county and local decision makers; individuals living with mental illness that are involved with the criminal justice system; and those who are homeless or at risk of becoming homeless. Together, we are dedicated to elevating the conversation around behavioral health to advance and preserve prevention, early intervention, treatment and recovery-based services and supports.

We recognize that the unprecedented and fast-moving nature of the COVID-19 outbreak has required a swift and flexible response on the part of state and local agencies, as it has for our organizations. We stand ready to work with the Administration to inform and guide any short-term changes in MHSA needed for the duration of this crisis, from our vantage point on the frontlines of affected communities. Given the impacts of COVID-19 on communities already facing significant barriers to accessing health care, the MHSA's guiding principle of client-and community- driven care matter now more than ever.

At the same time, we caution against making sweeping, long-term changes in the MHSA during this crisis without the stakeholder involvement and significant deliberation required to understand the lasting impact of such permanent changes on affected communities. **We are united and resolute that community-based, client-driven services and supports must remain in place for people living with behavioral health care needs who are receiving PEI, CSS, and INN services funded by the MHSA.**

Many of our coalition members, both entities and individuals, were instrumental in the passage of the MHSA. From drafting its language to rallying communities in a comprehensive ground-level campaign to gather support, the MHSA was a true grassroots effort driven by and for the voices of those it was designed to serve. More than 15 years after the passage of the MHSA, there have been numerous conversations about its effectiveness, its purpose, and whether it has delivered on its promise to transform California's mental health care system. However, too many of these discussions are taking place at the state level, without the full inclusion of consumers and families – the very populations that stand to be the most impacted by any changes to the MHSA.

We are united in the belief that the core values of the MHSA must be retained. As stated in the MHSA: *"with effective treatment and support, including client-centered, family-driven, and community-based services that are culturally and linguistically competent and provided in an integrated services system, recovery from mental illness is feasible. The MHSA, if adequately enforced, provides California with the ability to save lives and save money by committing to the provision of timely, adequate services"* (Excerpt from Section 2 (e,f))

Our Unified Guiding Principles are as follows:

- Diverse **stakeholders must be meaningfully involved** in discussions and decisions regarding any proposed changes to the MHSA.
- The MHSA must retain the **voluntary** nature of services that the Act is based upon.
- The local Community Planning Process is a **foundation** of the MHSA and must remain a key foundation of service planning and delivery.
- The MHSA must continue to be guided by the MHSA General Standards (Community Collaboration; Cultural Competence; Client Driven; Family Driven; Wellness, Recovery, and Resilience Focused and Integrated Service Experience) 9 CCR § 3320.
- Services must continue to be driven by **clients, family members, and those with lived experience**.
- California must support a public mental health system that is **not a fail-first system**.
- MHSA funds should not be utilized as a way to solve the homelessness issue in its entirety with the exception of utilizing funds to assist those who are homeless and also have a mental illness.
- People currently receiving services should not lose those services.

- The MHSA must continue funding **community-based services** (full-service partnerships) that meet people where they are at. These services are the foundation of the MHSA and they have proven to be successful.
- Local control and fund allocation are crucial to ensure programs and services are designed to meet the needs of the many unique and diverse populations across the state.
- Collection, analysis and dissemination of data and outcome measures are essential to ensure that MHSA funds are spent consistent with the intent of the Act.
- Strong enforcement and accountability are critical to the success and effectiveness of the MHSA.

We urge you to uphold the MHSA by including individuals with lived experience and all potentially affected client stakeholder groups in all discussions regarding any changes to the MHSA, **including temporary changes**. We also urge you to ensure that the vision, values and general standards of the MHSA, which we worked so hard to create, remain intact. **These include the foundational principles of stakeholder involvement at all stages of service planning evaluation and delivery, and prioritizing voluntary community-based services.**

Again, we are sensitive to the crisis our state is experiencing, and understand that the state and counties are examining myriad ways to bolster the safety net, but we also believe that any changes should ensure that the spirit and intent of the Act are upheld and that safeguards are put in place to protect the provisions of the MHSA that so many fought for. We stand ready, willing, and able to assist you with these efforts.

Sincerely,

Susan Gallagher, MMPA, Executive Director
**Cal Voices**

Christine Stoner-Mertz. LCSW, CEO
**California Alliance of Child and Family Services**

Sally Zinman, Executive Director
**California Association of Mental Health Peer Run Organizations**

Betty Dahlquist, MSW, CPRP, Executive Director
**California Association of Social Rehabilitation Agencies**

Le Ondra Clark Harvey, PhD, Director of Policy and Legislative Affairs
**California Council of Community Behavioral Health Agencies**

Linda Tenerowicz, Senior Policy Advocate
**California Pan-Ethnic Health Network**

Curtis Child, JD, Director of Legislation
**Disability Rights California**

Heidi Strunk, President and CEO
**Mental Health America of California**

Jessica Cruz, MPA/HS, Executive Director
**NAMI California**

Poshi Walker, MSW, Co-Director
**#Out4MentalHealth**

Stacie Hiramoto, MSW, Executive Director **Racial and Ethnic Minorities Health Disparities Coalition**

Pam Hawkins, Policy Analyst
**United Parents**

CC: Dr. Kelly Pfeifer, Deputy Director, Behavioral Health, DHCS
Marlies Perez, Chief, Community Services Division, DHCS
Mark Ghaly, Secretary, California Health and Human Services Agency
John Connolly, Deputy Secretary, California Health and Human Services Agency
Richard Figueroa Jr., Office of Governor Newsom
Tam Ma, Office of Governor Newsom
Marjorie Swartz, Principal Consultant, Office of Senate pro Tem Atkins
Scott Ogus, Consultant, Senate Budget and Fiscal Review Committee
Kimberly Chen, Senate Committee on Health
Agnes Lee, Policy Consultant, Speaker's Office of Policy
Andrea Margolis, Consultant, Assembly Committee on Budget
Scott Bain, Assembly Committee on Health
Judy Babcock, Assembly Committee on Health
Toby Ewing, Mental Health Services Oversight and Accountability Commission

**Analysis--Prop. CC MHSA Programs Growth: 2020-2023--D. Dunn--Chair, MHC MHSA-Finance Committee**

| | |
|---|---|
| Est.MHSA 2019-2020 Budget: | $ 54,751,349 |
| Proj. MHSA 2022-2023 Budget: | $ 69,202,370 |
| **Proj. Dollar Growth as of 3/1/20:** | **$ 14,451,021** |
| | |
| 2019-2020 Unspent Funds: | $ 47,370,693 |
| 2022-2023 Unspent Funds as of 2/1/2020 Projection: | $ 27,000,000 |
| **2/1/2020 Proposed Spend-Down:** | **$ 20,370,693** |
| | |
| 2022-2023 Unspent Funds as of 3/1/2020 Projection: | $6,729,080 |
| **3/1/2020 Proposed Spend-Down:** | **$ 40,641,613** |
| | |
| 2019-2020 Prudent Reserves: Well under 20-33% guidelines of CSS Funds--3 Yr. Avg. | $7,579,248 |
| | |
| Proposed 2022-2023 Prud. Res. @20% of CSS Funds--3 Yr. Avg. | $ 12,547,691 |
| **Increase at 20% of CSS Funds:** | **$ 4,968,443** |
| | |
| Proposed 2022-2023 Prud. Res. @33% of CSS Funds--3 yr. Avg. | $ 16,182,280 |
| **Increase at 33% of CSS Funds** | **$ 8,603,032** |
| | |
| 2019-2020 CSS Spending: | $ 37,690,970 |
| Proj. 2022-2023 CSS Spending: | $50,493,614 |
| **Proj. Increase as of 3/1/2020:** | **$12,802,644** |
| | |
| 2019-2020 PEI Spending: | $ 9,191,606 |
| Proj. 2022-2023 PEI Spending: | $ 11,261,845 |
| **Proj. Increase as of 3/1/2020:** | **$ 2,070,239** |
| | |
| 2019-2020 Innovations Spending: | $ 2,200,628 |
| Proj. 2022-2023 Inn. Spending: | 2,981,461 |
| **Proj. Increase as of 3/1/2020:** | **$ 780,833** |
| | |
| 2019-2020 WET Spending: | $ 2,668,145 |
| Proj. 2022-2023 WET Spending: | $ 3,165,450 |
| **Proj. Increase as of 3/1/2020:** | **$ 497,305** |
| | |
| 2019-2020 CFTN Spending: | $ 3,000,000 |
| Proj. 2022-2023 CFTN Spending: | $ 1,300,000 |
| **Proj. Decrease as of 3/1/2020** | **$ (1,700,000)** |

**Sources: Pp. E-1 thru E-17 of 2019-2020 MHSA Update; 2/6/2020 CPAW MHSA Summary; & 3/1/2020 DRAFT of Proposed 20220-2023 Three Year MHSA Plan**

CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

# MHSA Three Year Program and Expenditure Plan

## Proposed New Programming and Budget for FY 2020-23

1

## Supportive Housing

- Provide Full Service Partnerships (FSPs) with flexible housing funds
- Maximize No Place Like Home participation to increase inventory of permanent supportive housing units
- Increase on site permanent supportive housing services and supports
- Retain and recruit additional augmented board and care beds

2

2

## Assertive Community Treatment

Add multi-disciplinary adult and transition age youth FSP staffing to enable provision of Assertive Community Treatment (ACT) to fidelity.

3

3

## Short Term Residential Treatment

Provide Capital Facility funds to enable existing STRTP facility to serve the highest acuity children within the County rather than out of county placement.

4

4

## Early Childhood

Provide outreach, education and linkage to treatment for families with very young children experiencing serious emotional disorders.

5

5

## Suicide Prevention

Field staff to provide countywide suicide prevention education and training.

6

6

## Mental Health Career Pathway Program

- Financially support County and contract peer and family support providers with lived experience via the MHSA Loan Repayment Program to pursue higher education leading to career advancement in the behavioral health field and retention in the workforce.
- Add County Mental Health Specialist positions to augment case management capacity in the adult mental health clinics.

7

7

## Internship Program

Add funding to the MHSA graduate level internship program to increase the capacity of Behavioral Health to provide treatment providers who are proficient in languages other than English.

8

8

## Capital Facilities

Re-purpose the Oak Grove site to house and treat transition age youth.

9

9

## Information Technology

Build Behavioral Health electronic data management capacity to enable better analysis, decision-making, communication and oversight of services.

10

10

# Proposed FY 20-23 Budget

- Increase FY 19-20 budget from $54.8m to $62m annually for FY 20-23.
- Annual increased budget of $7.2m to be used for new and additional services, one time capital facility and information technology projects, and increase in cost of doing business.
- With projected $53.8m in annual MHSA revenue plus interest, leaves an annual estimated $8.2m reduction in unspent funds.

11

11

# Fund Ledger

| | |
|---|---|
| Estimated fund balance as of July 1, 2020 | 51.6m |
| Estimated revenue for FY 20-21 | + 53.8m |
| Revenue available for FY 20-21 | 105.4m |
| Proposed budget for FY 20-21 | - 62.0m |
| Estimated fund balance as of July 1, 2021 | 43.4m |
| Estimated revenue for FY 21-22 | + 53.8m |
| Revenue available for FY 21-22 | 97.2m |
| Proposed budget for FY 21-22 | - 62.0m |
| Estimated fund balance as of July 1, 2022 | 35.2m |
| Estimated revenue for FY 22-23 | + 53.8m |
| Revenue available for FY 22-23 | 89.0m |
| Proposed budget for FY 22-23 | - 62.0m |
| Estimated fund balance as of July 1, 2023 | 27.0m |

12

12

## Assumptions

- Projected revenue from State MHSA Trust Fund remains flat for the next three years.
- Legislative initiatives do not compromise MHSA funds under County control.
- Annual cost of doing business allowance remains at 3%.
- Any emerging capital facility projects or new services will be addressed via upcoming annual Three Year Plan Updates, and will impact the MHSA unspent fund balance.

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## Point of Contact

Warren Hayes
Mental Health Program Chief
1220 Morello Avenue
Martinez, CA
warren.hayes@cchealth.org
925-957-2616

**All comments, questions, input and guidance are most welcome!**

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1121 L Street, Suite 300
Sacramento CA 95814
T 916.553.4167
steinberginstitute.org

STEINBERG INSTITUTE

ADVANCING BRAIN HEALTH POLICY & INSPIRING LEADERSHIP

March 26, 2020

Governor Gavin Newsom
California State Capitol
Sacramento, CA 95814

Dear Governor Newsom,

Thank you so much for the truly extraordinary leadership you are providing both the State and the nation during this unprecedented health and economic crisis. Your leadership has provided precisely the right needed calm and strength at a time of such uncertainty and challenge.

Given the breadth and intensity of the pandemic and its deleterious effects on the mental health of so many Californians, the Steinberg Institute is requesting that you issue an emergency Executive Order to temporarily waive certain requirements of the Mental Health Services Act (MHSA) to help create the flexibility and capacity counties currently need to focus on providing mental health services wherever and whenever they are needed most.

At this point in the pandemic, county mental health departments and their provider networks are actively reengineering care delivery systems just to keep critical services operating for the most seriously ill patients. The unprecedented scope of adjustments needed to care for patients during this crisis calls for funding flexibility. This flexibility is possible in the Community Service Supports (CSS) component of MHSA, but not in either Prevention, Early Intervention (PEI), Innovation (INN), or prudent reserve (PR) components. It also urges consideration of a reduction in administrative functions such as reporting and stakeholder process requirements as these draw capacity from the urgent need for care delivery.

Many of the County behavioral health departments are expecting to be asked to free up acute psychiatric hospital beds within weeks to secure adequate space for patients with COVID-19 who need life-saving ICU care. At the same time, these local behavioral health departments are needing to scramble to secure additional safe treatment beds and isolable housing where unsheltered mentally ill Californians can live, receive care, and minimize the risk of spreading the coronavirus. All the while counties are faced with the risk of an ever growing workforce shortage as some professionals are understandably concerned about their health and that of their families.

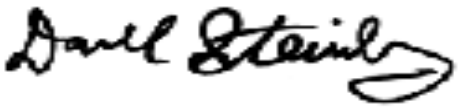
The Institute suggests that additional flexible funding, along with release from administrative processes during this time, could assist local agencies to manage these expanding mental health challenges.

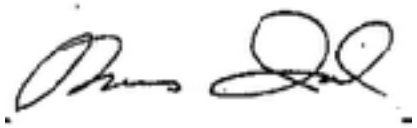
Based on the above, we request at this time of crisis that you temporarily consider permitting counties to:

1. Transfer local MHSA funds from PEI accounts, INN accounts and PR accounts into CSS accounts to optimize the amount of flexible funding available to support and care for those living with serious mental illness as well as those providing this care;
2. Use funds transferred into CSS to pay for the care of patients in much needed treatment facilities that cannot currently receive federal funds (MediCal) due to the IMD exclusion;
3. Place the MHSA reporting and stakeholder requirements on hold by extending the deadline for counties to submit 3-year plans until Q2 of next fiscal year in order to allow counties to focus on the provision of services; and,
4. Allow counties to utilize funds as they see fit to provide staff with the support they need to maintain their engagement in the provision of these vital services.

We are grateful for your consideration of these recommendations and thank you for your leadership during this daunting crises.

In partnership,





Darrell Steinberg
Founder

Tom Insel, MD
Chair

# Contra Costa County

# Mental Health Services Act Three Year Program and Expenditure Plan

## Fiscal Year 2020 - 2023

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# Executive Summary

We are pleased to present Contra Costa County Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan (Three Year Plan) for fiscal years 2020-23. This Three Year Plan starts July 1, 2020, and will be updated annually in fiscal years 2021-22 and 2022-23.

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

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

**Program Changes and Updates.** Significant changes to the FY 2017-20 Three Year Plan that are incorporated into the FY 2020-23 Three Year Plan are a response to the community program planning process that has identified and prioritized behavioral health services and supports needs (page 9 and 11). Foremost among prioritized service and support needs are a variety of supportive housing strategies that increase the ability of persons most challenged by serious mental illness to live in the community:

- Funding to enable Full Service Partnership Programs to provide Assertive Community Treatment (ACT) to fidelity with flexible housing supports as an alternative to in-patient hospitalization or incarceration (page 29).
- An update to the County's participation in the State initiative "No Place Like Home" for increasing permanent supportive housing units for persons experiencing serious mental illness and who are homeless or at risk of chronic homelessness (page 32).
- Increasing case management service and housing support capacity to the county operated adult mental health clinics by adding Mental Health Specialists with lived experience as a consumer or family member of a consumer (page 39).
- Increased funding to provide on-site behavioral health care for persons residing in CCBHS sponsored permanent supportive housing units (page 47).

- Providing capital facility outlay to enable a Short Term Residential Treatment Program (STRTP) to be located within the County, be dedicated for high acuity children, and prevent out-of-county placements (page 67).
- Providing capital facility outlay for the re-purposing of the County owned Oak Grove facility for housing and treatment of transition age youth (page 68).

Additional prioritized service needs that have been added to the Three Year Plan include:

- Providing outreach, education and linkage to treatment for families with very young children experiencing serious emotional disorders (page 46).
- Providing dedicated staff to provide countywide suicide prevention education and training (page 53).
- Adding funding to the MHSA Internship Program to increase the capacity of CCBHS to provide treatment providers who are proficient in languages other than English (page 64).
- Financially supporting County or contract peer and family support providers via the locally funded MHSA Loan Repayment Program to pursue higher education leading to career advancement in the behavioral health field and retention in the workforce (page 65).
- Providing Information Technology staff to build CCBHS data management capacity within the EPIC and ShareCare electronic health record systems (page 67).

**Funding.** Fiscal Year 2020-21 sets aside up to $67.8 million in budget authority; a $13 million annual increase from the previous Three Year Plan (pages 67-9). This continues the Board of Supervisor approved strategy to spend down the County's MHSA unspent fund balance in order to prevent reversion of the funds back to the State. This increase in budget authority is primarily to fund a variety of supportive housing strategies, such as flexible housing funds, increasing the number of temporary and permanent supportive housing beds and units, and fielding additional staff dedicated to assisting individuals get and keep their housing. Approximately 41% of the MHSA budget is now dedicated to assisting clients acquire and maintain housing that is integrated in the community and a part of their treatment plan.

It is anticipated that total budget spending authority will not need to be reduced in order to fully fund MHSA programs and plan elements for the three year period.

**Outcomes.** Performance indicators for the County's Full Service Partnership Programs (page 26) and Prevention and Early Intervention component (page 46) have been updated for Fiscal Year 2018-19. In addition Appendix B contains individual program profiles of MHSA programs and plan elements, and includes FY 18-19 performance outcomes.

# Table of Contents



## The Plan



## Appendices

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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 behavioral health care that works best by highlighting the following themes:

**Access.** Programs and care providers are most effective when they serve those with behavioral 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, behavioral 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 behavioral health issues.

**Integration.** Behavioral 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.

Suzanne K. Tavano, Ph.D.
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 (Needs Assessment) in preparation for developing the Fiscal Year 2020-23 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.

In 2019 Contra Costa Health Services Department (HSD) also launched its Envision Health planning process to understand, think about, deliver and support health in Contra Costa County to collectively address changing realities. As part of this process CCBHS is working with the community and partners in planning for health realities for 10, 20 and even 30 years into the future.

## Method

The data collected and used in this Needs Assessment included quantitative and qualitative data studies collected from various County sources, as well as State and other reports referenced in the report. The following areas of inquiry were identified in analyzing the information presented in this Needs Assessment:

1) The populations in Contra Costa County CCBHS intends to serve and which populations are being served.
2) The demographic composition of the Contra Costa County population.
3) How CCBHS is aligning its resources to provide a full spectrum of services at the appropriate level, while also being culturally and linguistically responsive.
4) How CCBHS is developing its workforce to address and implement identified service needs.
5) Identified service gaps and how CCBHS addresses these service gaps.

## Findings

Data analysis supports that overall CCBHS is serving most clients/consumers/peers and families requiring services, and moreover serves more eligible clients than most counties in California. This is based upon prevalence estimates and penetration rates of economically under privileged children with serious emotional disturbance and adults with a serious mental illness, as compared with other counties.

Particular findings revealed through this Needs Assessment include the following:

1) Persons who identify as Asian/Pacific Islander, and very young children are slightly underrepresented when considering penetration rates in comparison to other demographic groups within Contra Costa County.
2) There continues to be an ongoing shortage of affordable housing and housing supports for those individuals and families affected by serious mental illness.
3) Based on data analysis and stakeholder input, there is a need to strengthen services that can support children, youth and adults who are most severely challenged by emotional disturbances or mental illness.
4) Suicide prevention, awareness, and training is needed throughout the County, with special consideration for youth and young adults.
5) Workforce analysis indicates a continued shortage of staff capable of prescribing psychotropic medications.
6) There are minimal career progression opportunities for the classifications of peer specialists and family partners.
7) Staff capacity for communicating in languages other than English continues to be a need, specifically for Spanish and Asian/Pacific Islander languages.
8) Persons identifying as LatinX/ Hispanic and Asian/Pacific Islander are under-represented in the CCBHS workforce.
9) CCBHS is lacking a state of the art electronic data management system to support more effective decision-making, evaluation of services and communication with stakeholders.

**Recommendation**

CCBHS recognizes the importance of fielding programs and services that are responsive to clients and their families as well as the development of a workforce that can support and respond to the needs of those served. Input gathered through this data driven analysis complements the Community Program Planning Process (CPPP), where stakeholders, to include clients, family members, service providers, allied health and social service agencies and the community in general provide input in various methods to prioritize needs.

The above findings are addressed in this MHSA Three Year Program and Expenditure Plan for FY 2020-23. It is recommended that CCBHS work together with all stakeholders to make the very best of the resources provided by this Three Year Plan.

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 (CPPP) to accomplish the following:

- Identify issues related to mental illness that result from a lack of mental health services and supports
- Analyze mental health needs
- 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 to inform Fiscal Year 2020-21**

Since 2018, Community Forums have each focused on a unique theme, identified by stakeholders, and developed in collaboration with our CBO partners. In the past year, approximately 371 individuals of all ages participated in the community program planning process by attending the forums described below.

- July 18, 2019 (San Pablo – West County) – Supportive Housing
- September 12, 2019 (San Ramon - South County) – Suicide Prevention
- November 2, 2019 (Pittsburg – East County) – Early Childhood Mental Health

***Supportive Housing Community Forum – West County***

***San Pablo, 7/18/19***

***Event sponsored in partnership with Contra Costa Interfaith Housing***

| Total Present | Ethnicity | Affiliation | Age | Gender | Keynote Speaker Topics |
|---|---|---|---|---|---|
| 110 | White: 41% | Consumer / Family Member: 32% | Under 25: 10% | Female: 66% | • What is supportive housing (vs other types of housing)?<br>• Consumer perspective – Personal Story |
| | African American / Black: 28% | Service Provider: 26% | 26-59: 67% | Male:29% | |
| | Hispanic: 13% | CCBHS Staff: 16% | Over 60: 20% | Other: 5% | |
| | API: 13% | Other 15% | | | |
| | Native American/ Alaskan Native: 4% | | | | |
| | Other: 9% | | | | |

**Small Group Discussions.** The following questions were discussed in small break-out groups. The top issues brought up by participants are summarized below:

Question 1: What kind of housing assistance is most helpful?

- Case managers with cultural humility
- Help with money management / budgeting
- Life skills training
- On-site nutritional counseling & activities
- Employment and educational support
- Linkages to food and other community resources
- Legal assistance / tenants' rights advocacy
- Substance use disorder support
- Clarity on public housing policies and procedures
- More housing, housing first model
- Parenting support
- Flex funds – help with move in costs
- Transportation
- Conflict resolution / safety

Question 2: What qualities make a good case manager?

- Empathy / compassion
- Cultural humility
- Bilingual / bicultural
- Flexibility
- Patience
- Trust / rapport
- Good communication

- Reliable, follows through
- Lived experience – share their story
- Employers should give smaller caseloads, address burnout & compassion fatigue to reduce employee turnover

Question 3: How should support be made available?

- As needed, 24/7
- On-site
- Culturally appropriate
- Peer to peer
- Accessible in all regions
- Improve transportation
- Home visits
- Case management "teams"

Question 4: Other comments?

- Explore alternative housing options – i.e. tiny homes, co-housing
- What happens when caregivers of mentally ill people die (i.e. elderly parents)?
- More step-down options from IMD's; IMD's should be local
- Tenant Advisory Board
- Transportation – agencies should have vans, provide vouchers
- ACT team approach
- More money for housing
- Prison Re-Entry

***Suicide Prevention Community Forum – South County***

***San Ramon, 9/12/19***

***Event sponsored in partnership with Contra Costa Crisis Center***

| Total Present | Ethnicity | Affiliation | Age | Gender | Keynote Speaker Topics |
|---|---|---|---|---|---|
| 110 | White: 50 (54%) | Consumer / Family Member 25 (27%) | Under 25: 7 (8%) | Female: 62 (67%) | • Suicide Data – Contra Costa County<br>• Youth Suicide Epidemic<br>• Suicide Prevention Skills and Resources |
| | Hispanic: 15 (16%) | Service Provider 52 (57%) | 26-59: 69 (75%) | Male: 27 (29%) | |
| | African American / Black: 10 (11%) | CCBHS Staff 16 (17%) | Over 60: 17 (19%) | Other: 3 (3%) | |
| | API: 9 (10%) | Other 12 (13%) | | | |
| | Native American/ Alaskan Native: 0% | | | | |
| | Other: 12 (13%) | | | | |

**Small Group Discussions.** The following questions were discussed in small break-out groups. The top issues brought up by participants are listed below in order of popularity.

1. What resources exist in your community for those affected by suicide?
    - Participants were able to identify 45 unique resources that ranged from CBO's, faith-based groups, crisis services, county programs, school based and law enforcement related services.

2. What resources/services do you want to see more of?
    - Language services – more language hotlines other than Spanish, more printed materials, more beyond interpretation, work force that reflects community – more bilingual/bicultural staff, more trainings in other languages
    - Training for school communities
    - Peer support
    - Training for law enforcement (including training during police academy) and first responders
    - Normalize mental health by starting conversations in early childhood – destigmatize
    - More housing, explore modular housing
    - Family support/advocacy
    - Family training and education around suicide prevention
    - Commitments to serve regardless of "eligibility requirements"

3. What are some practices in your community or culture that promote health and wellness?
    - Spirituality / Church / Prayer
    - Law enforcement – crisis intervention services, peer support ream, first responders, community events
    - Exercise / Sports
    - Outdoor activity / Nature
    - Mindfulness / yoga / meditation
    - Inclusivity

4. Any other thoughts or ideas to share related to this topic?
    - More education / outreach / cultural exchange
    - More scholarships / low cost opportunities for minorities and low-income people to get therapy
    - Promote more mental health resources online
    - More community events on suicide prevention & general prevention, especially in schools
    - Staff – more providers of color, more care for staff to prevent burnout, promote empathy & compassion
    - More peer respite models

***Early Childhood (0-5) Mental Health Community Forum – East County***
***Pittsburg, 11/2/19***

***Event sponsored in partnership with First Five Contra Costa and the Early Childhood Prevention and Intervention Coalition***

| Total Present | Ethnicity | Affiliation | Age | Gender | Key-Note Speaker Topics |
|---|---|---|---|---|---|
| 151 Total<br><br>*116 Participants, 28 Children, 7 Child Care Providers* | White: 39% | Consumer / Family Member: 15% | **Children Under 18: 19%* | Female: 93% | • Early Childhood Mental Health Overview<br><br>• Early Childhood Provider Presentations<br><br>• Understanding and Healing Early Childhood Trauma |
| | Hispanic: 30% | Service Provider: 54% | 18-25: 5% | Male:6% | |
| | Black: 18% | CCBHS Staff: 10% | 26-59: 85% | Other: 1% | |
| | API: 11% | Other: 23% | Over 60: 10% | | |
| | Native American/ Alaskan Native: 4% | | | | |
| | Other: 8% | | | | |

**Children were entertained in an adjacent activity room and did not complete demographic forms. They are represented in total number only.*

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

1. <u>What would help reduce the stigma associated with "mental health" and increase understanding that early childhood mental health means supporting healthy social-emotional development in babies and young children?</u>
    - Improve messaging around mental health
    - Re-brand, create a jingle, use celebrity advocates, social media
    - Educate around behavioral health as an illness, remove blame/shame
    - Person first language – you are not your illness
    - Workshops
    - Change the narrative around mental health
    - Understand the impact of trauma, including intergenerational trauma
    - Role of the pediatrician/medical provider is key – establish trust/rapport
    - Pediatricians to focus on behavioral health, not just physical, screen for ACES, improve cultural sensitivity, ask the right questions without judgement
    - Increase general community knowledge of mental health and normal development
    - Build community – enhance natural supports, utilize peers, let people know they're not alone

- Access & Quality of care
- Early Intervention

2. <u>What types of support are most helpful for parents of babies and young children?</u>
   - Welcoming & Inclusive spaces
   - Strength-based approach to working with parents
   - Use faith leaders and trusted members of the community
   - Community connections to those with similar experiences
   - Free events / support groups
   - Support for new parents, including home visits
   - More general information / education
   - School based mental health services and teacher education around mental health
   - Reduce barriers such as childcare, transportation, basic needs
   - Include and empower fathers, build on natural supports
   - Community agencies

3. <u>Who is providing Early Childhood Mental Health services in Contra Costa?</u>
   - First 5, We Care, Lynn Center, ECMHS, Regional Center, Coco Kids, ABCD Clinic, 211 – Help Me Grow, MOPS (mothers of preschoolers), Lincoln Child Center, Seneca, Fred Finch, Seneca, Head Start, Kinship Support Services, parents, community advocates, county services, wrap around services, faith communities, play groups, city parks and outdoor spaces.
   - Barriers include childcare, fear in immigrant communities, healthcare should do better at promoting community resources, economics, generational gaps, inequity, transportation, de-centralized services

4. <u>What trainings do providers need to work with and to meet the needs of families with babies and young children?</u>
   - Trauma / Cultural Sensitivity trainings throughout community
   - Workshops on stages of development, brain science, attachment/bonding
   - Teacher trainings – development stages, cultural humility, early intervention
   - General info on community resources – more use of technology to promote

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

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

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

   Relevant program/plan elements: Sufficient affordable housing for all consumers of CCBHS is beyond the financial means of the County's Behavioral Health Services budget. In 2019, it is estimated that nearly 2300 individuals in the County are homeless on any given night, which is a 43% increase since 2017. 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.

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

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

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

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

4. **Outreach to the underserved – provide care in my community, in my culture, in my language.** (last year's rank: 2) Focus groups underscored that mental health

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

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

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

   Relevant program/plan elements: CCBHS should be part of a quality mental health response to traumatic violence experienced by the community. CCBHS has trained and certified 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 is strengthening the ability to identify the need for more intensive mental health care, as well as the ability to connect individuals to the right resources. Hope House, a crisis residential facility, and the Miller Wellness Center are two newer community resources. CCBHS was awarded state MHSA funding for a mobile, multi-disciplinary team for adults and older adults to partner with law enforcement to field a Mental Health Evaluation Team (MHET). Referrals are persons who have

been in contact with the police on numerous occasions due to psychiatric issues and are at a high risk for hospitalization or incarceration. MHSA funds are 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 supports expanded hours of availability of Seneca's mobile crisis response team's capacity to respond to children and their families when in crisis. CCBHS also fields a countywide Mobile Crisis Response Team (MCRT) to support adult consumers experiencing mental health crises. MHSA also provides funding to the Contra Costa Crisis Center, which fields a 24/7 call center nationally certified by the American Association of Suicidology.

6. **Connecting with the right service providers in your community when you need it.** (last year's rank: 5) 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 in navigating services. Clinicians are stationed at adult county operated clinics to assist consumers with rapid access and connectivity to services. The Workforce Education and Training Component funds NAMI's Family-to-Family training, where emotional support and assistance with how to navigate the system is provided, as well as the Family Volunteer Support Network which recruits, trains and develops family support volunteers to support family members to navigate services and enhance their capacity to participate in their loved ones' recovery.

7. **Better coordination of care between providers of mental health, substance use disorders, homeless services and primary care.** (last year's rank: 6) 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.

8. **Children and youth in-patient and residential beds.** (last year's rank: 9) 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 adds capacity for the Children's System of Care to serve more children ages 0-5. In addition, 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 enables the County to reduce the need for care in more restricted, locked facilities.

9. **Intervening early in psychosis.** (Previous rank: 8) 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.

   Relevant program/plan elements: Project First Hope has expanded its target population from youth at risk for experiencing a psychotic episode to include those who have experienced a "first break".

10. **Getting to and from services.** (last year's rank: 7) 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.

11. **Serve those who need it the most.** (last year's rank: 10) 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 costliest 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.

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

    Relevant program/plan elements: MHSA funds the Older Adult Program, where three multi-disciplinary teams, one for each region of the County provide mental health services to older adults in their homes, in the community, and within a clinical setting. Lifelong Medical Care is funded in the Prevention and Early Intervention component to provide services designed to support isolated older adults. The Innovative Project, Partners in Aging, trains and fields in-home peer

support workers to engage older adults who are frail, homebound and suffer from mental health issues. This innovative project is being implemented in response to the Needs Assessment, where older adults have been identified as underrepresented in the client population.

13. **Increased psychiatry time.** (last year: 12) 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: MHSA has supported the implementation of a County funded Loan Repayment Program that specifically addresses critical psychiatry shortages.

14. **Assistance with meaningful activity.** (last year's rank: 14) 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, Vicente Martinez Continuation High School, People Who Care and RYSE all have services to assist young people navigate school successfully and engage in meaningful activity.

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

The full complement of MHSA funded programs and plan elements described in this document are the result of current as well as previous community program planning processes. Thus, this year's planning process builds upon previous ones. It is important

to note that stakeholders did not restrict their input to only MHSA funded services but addressed the entire health and behavioral health system. The MHSA Three Year Program and Expenditure Plan operates within the laws and regulations provided for the use of the Mental Health Services Act Fund. Thus, the Three-Year Plan contained herein does not address all of the prioritized needs identified in the community program planning process but does provide a framework for improving existing services and implementing additional programs as funding permits.

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

# The Plan

## Community Services and Supports

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

First approved in 2006 with an initial State appropriation of $7.1 million, Contra Costa's budget has grown incrementally to approximately $42.4 million for FY 2020-21 in commitments to programs and services under this component. The construction and direction of how and where to provide funding began with an extensive and comprehensive community program planning process whereby stakeholders were provided training in the intent and requirements of the Mental Health Services Act, actively participated in various venues to identify and prioritize community mental health needs, and developed strategies by which service delivery could grow with increasing MHSA revenues. The programs and services described below are directly derived from this initial planning process, and expanded by subsequent yearly community program planning processes.

### 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 and substance use disorder treatment, including alternative and culturally specific treatments, peer and family support services, access to wellness and recovery centers, and assistance in accessing needed medical, 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 2018-19 data was obtained for 472 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 38.9% decrease in the number of PES episodes
A 60.1% decrease in the number of in-patient psychiatric hospitalizations
A 32.0% decrease in the number of in-patient psychiatric hospitalization days

The following full service partnership programs are now established:

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

1) Personal Service Coordinators. Personal service coordinators are part of a program entitled Short Term Assessment of Resources and Treatment (START). Seneca Family of Agencies contracts with the County to provide personal services coordinators, a mobile crisis response team, and three to six months of short term intensive services to stabilize the youth in their community and to connect them and their families with sustainable resources and supports. Referrals to this program are coordinated by County staff on a countywide assessment team, and services are for youth and their families who are experiencing severe stressors, such as out-of-home placement, involvement with the juvenile justice system, co-occurring disorders, or repeated presentations at the County's Psychiatric Emergency Services.
2) Mobile Crisis Response. Additional MHSA funding supports the expansion of hours that Seneca's mobile crisis response teams are available to respond to children and their families in crisis. This expansion began in FY 2017-18, and includes availability to all regions of the county. Seneca has two teams available from 7:00 A.M. until 10:00 P.M. with on call hours 24/7 and the ability to respond to the field during all hours if indicated and necessary.
3) Multi-dimensional Family Therapy (MDFT) for Co-occurring Disorders. Lincoln Child Center contracts with the County to provide a comprehensive and multi-

dimensional family-based outpatient program for adolescents with a mental health diagnosis who are experiencing a co-occurring substance abuse issue. These youth are at high risk for continued substance abuse and other problem behaviors, such as conduct disorder and delinquency. This is an evidence based practice of weekly or twice weekly sessions conducted over a period of 4-6 months that target the youth's interpersonal functioning, the parents' parenting practices, parent-adolescent interactions, and family communications with key social systems.

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

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

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

| Program/Plan Element | County/Contract | Region Served | Number to be Served Yearly | MHSA Funds Allocated for FY 2020-21 |
|---|---|---|---|---|
| Personal Service Coordinators | Seneca Family Agencies | Countywide | 75 | 1,030,209 |
| Multi-dimensional Family Therapy | Lincoln Center | Countywide | 60 | 900,650 |
| Multi-systemic Therapy | Community Options for Family and Youth | Countywide | 65 | 669,500 |
| Children's Clinic Staff | County Operated | Countywide | Support for full service partners | 556,053 |
| | | **Total** | **200** | **$3,156,412** |

**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.

1) Fred Finch Youth Center is located in West County and contracts with 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.
2) Youth Homes is located in East County and contracts with CCBHS to serve Central and East County. This program emphasizes the evidence based practice of integrated treatment for co-occurring disorders, where youth receive mental health and substance abuse treatment from a single treatment specialist, and multiple formats for services are available, to include individual, group, self-help and family.
3) Assertive Community Treatment (ACT) to fidelity within Transition Age Youth Full Service Partnerships. Full Service Partnerships for transition age youth will be augmented with multi-disciplinary staff to enable services to be enhanced to an Assertive Community Treatment to fidelity level, and provide the program with flexible housing funds to be available for those youth who are homeless or at risk of chronic homelessness.

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 20-21** |
|---|---|---|---|---|
| Transition Age Youth Full Service Partnership | Fred Finch Youth Center | West and Central County | 70 | 1,576,435 |
| Transition Age Youth Full Service Partnership | Youth Homes | Central and East County | 30 | 748,463 |
| Providing ACT to fidelity | TBD | Countywide | 50 | 500,000 |
| County support costs | | | | 32,782 |
| | | **Total** | **150** | **$2,857,680** |

**Adult.** Adult Full Service Partnerships provide a full spectrum of services and

supports 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. For this Three Year Plan contractors to the County will provide assertive community treatment (ACT) to fidelity, and be enabled to apply flexible funds to house those who are homeless or at risk for chronic homelessness. This is model of treatment is made up of a multi-disciplinary mental health team, including peer/family partners, who work together to provide mental health and substance use disorder treatment, rehabilitation, and support services that enable clients to achieve their treatment 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. Mental Health Systems 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 that specialize in serving the County's Latina/o population whose preferred language is other than English.

Additional funds will be utilized during this Three Year Plan to add staff and flexible supportive housing supports to the FSP programs in order to achieve ACT to fidelity.

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 20-21** |
|---|---|---|---|---|
| Full Service Partnership | Hume Center | West County<br><br>East County | 75<br><br>75 | <br><br>4,272,121 |
| Full Service Partnership | Mental Health Systems | Central County | 50 | 1,081,886 |
| Full Service Partnership | Familias Unidas | West County | 30 | 233,088 |
| Providing ACT to fidelity | TBD | countywide | 45 | 1,000,000 |
| | | **Total** | **275** | **$6,587,095** |

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

**Adult Mental Health Clinic Support.** CCBHS has dedicated clinicians at each of the three adult mental health clinics to provide support, coordination and rapid access for full service partners to health and mental health clinic services as needed and appropriate.

Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency

Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full Service Partnership services. Clinic management act as the gatekeepers for the Full Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full Service Partnership programs. Full Service Partnership Liaisons provide support to the Full Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care. Community Support Worker positions are stationed at all three adult clinics to support families of clients as they navigate and assist in the recovery of their loved ones.

The Adult Mental Health Clinic Support is summarized below:

| Program/Plan Element | County/ Contract | Region Served | Number to be Served Yearly | MHSA Funds Allocated for FY 20-21 |
|---|---|---|---|---|
| FSP Support, Rapid Access | County Operated | West, Central, East County | Support for Full Service Partners | 2,162,603 |
| | | **Total** | | **$2,162,603** |

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

The Assisted Outpatient Treatment Program is summarized in the following:

| Program/ Plan Element | County/ Contract | Region Served | Number to be Served Yearly | MHSA Funds Allocated for FY 20-21 |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| Assisted Outpatient Treatment | Mental Health Systems, Inc. | Countywide | 75 | 2,138,466 |
| Assisted Outpatient Treatment Clinic Support | County Operated | Countywide | Support for Assisted Outpatient Treatment | 481,075 |
| | | **Total** | **75** | **$2,619,541** |

**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 20-21 |
|---|---|---|---|---|
| Recovery and Wellness Centers | RI International | West, Central, East County | 200 | 1,002,790 |
| | | **Total** | **200** | **$1,002,790** |

**Hope House - Crisis Residential Program.** The County contracts with Telecare to operate a 16 bed crisis 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 short term, are recovery focused with a peer provider component, and 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 20-21 |
|---|---|---|---|---|
| Hope House - Crisis Residential Program | Telecare | Countywide | 200 | 2,270,173 |
| | | **Total** | **200** | **$2,270,173** |

**MHSA Funded Housing Supports.** MHSA funds for housing supports supplements that which is provided by CCBHS and the County's Health, Housing and Homeless Services Division, and is designed to provide various types of affordable shelter and 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 chronic homelessness. Annual expenditures have been dynamic due to the variability of need, availability of beds and housing units, and escalating cost.

Housing supports are categorized as follows; 1) temporary shelter beds, 2) augmented board and care facilities or homes, 3) scattered site, or master leased housing, 4) permanent supportive housing, and 5) a centralized county operated coordination team.

1) 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.
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 augmented board and care providers, there are currently seven that are MHSA funded, and augment their board and care with additional agreed upon care for persons with seriously mental illness. These include Divines, Modesto Residential, Oak Hill, Pleasant Hill Manor, United Family Care (Family Courtyard), Williams Board and Care Home, and Woodhaven. An eighth provider, Crestwood Healing Center, has 64 augmented board and care beds in Pleasant Hill, and 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. During this three year period CCBHS will seek to maintain and increase the number of augmented board and care beds available for adults with serious mental illness.
3) Scattered Site Housing. Shelter, Inc. contracts with the County to provide a master leasing program, in which adults or children and their families are provided tenancy in apartments and houses throughout the County. Through a combination of self-owned units and agreements with landlords Shelter, Inc. acts

as the lessee to the owners and provides staff to support individuals and their families move in and maintain their homes independently.

For this Three Year Plan the adult and transition age youth Full Service Partnership Programs will have funds added to enable flexible housing capacity as described above. The cost for this capacity is added to the respective budgets for the FSP Programs, and is not reflected here.

4) Permanent Supportive Housing. Until 2016 the County participated in a specially legislated state run MHSA Housing Program through the California Housing Finance Agency (CalHFA). In collaboration with many community partners the County embarked on a number of one-time capitalization projects to create 56 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from CCBHS contract and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Tabora Gardens in Antioch, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Contra Costa Interfaith Housing.

   The aforementioned state run program ended in 2016, and was replaced by the Special Needs Housing Program (SNHP). The County received and distributed $1.73 million in heretofore state level MHSA funds in order to preserve these housing units, and recently add 5 additional units of permanent supportive housing at the St. Paul Commons in Walnut Creek.

   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 are at risk of chronic homelessness. Local applications for construction and/or re-purposing of residential sites are being developed and submitted to the state. For the first round of NPLH state MHSA funding Contra Costa was awarded construction funding in partnership with Satellite Affordable Housing Association to enable 10 units to be built and dedicated for persons with serious mental illness in the East region of the County. For the second round Contra Costa has applied for funding to construct permanent supportive housing units in the Central and West regions of the County. If awarded these units will be built and occupied during this Three Year Plan. CCBHS will continue to apply for State NPLH permanent supportive housing funds in future rounds in order to add this valuable resource as part of the full spectrum of care necessary for recovery from mental illness.

5) Coordination Team. Mental Health Housing Services Coordinator and staff work closely with the Health, Housing and Homeless Services Division staff to

coordinate referrals and placements, facilitate linkages with other Contra Costa mental health programs and services, and provide contract monitoring and quality control.

The allocation for MHSA funded housing services is summarized below:

| Plan Element | County/ Contract | Region Served | Number of MHSA beds, units budgeted | MHSA Funds Allocated for FY 20-21 |
|---|---|---|---|---|
| Shelter Beds | County Operated | Countywide | 75 beds (est.) | 2,110,379 |
| Augmented * Board and Care | Crestwood Healing Center | Countywide | 80 beds | 1,210,356 |
| Augmented * Board and Care | Various | Countywide | 330 beds | 3,859,885 |
| Scattered Site Housing | Shelter, Inc. | Countywide | 119 units | 2,493,039 |
| Permanent Supportive Housing | Contractor Operated | Countywide | 81 units | State MHSA funded |
| Coordination Team | County Operated | Countywide | Support to Homeless Program | 620,545 |
| | | **Total Beds/Units** | **685 **** | **$10,294,204** |

*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 20-21 may not match the total contract limit for the facility and beds available. 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. CCBHS will continue to look for and secure additional augmented board and care beds. Annual Three Year Plan Updates will reflect adjustments in budgeted amounts.

****** It is estimated that over 1,000 individuals per year are receiving temporary or permanent supportive housing by means of MHSA funded housing services and supports. CCBHS is and will continue to actively participate in state and locally funded efforts to increase the above availability of supportive housing for persons with serious mental illness.

**General System Development**

General System Development is the service category in which the County uses Mental Health Services Act funds to improve the County's mental health service delivery system for all clients who experience a serious mental illness or serious emotional disturbance, and to pay for mental health services for specific groups of clients, and, when appropriate, their families. Since the Community Services and Supports component was first approved in 2006, programs and plan elements included herein

have been incrementally added each year by means of the community program planning process. These services are designed to support those individuals who need services the most.

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

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

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

The Older Adult Mental Health Program is summarized below:

| **Program** | **County/ Contract** | **Region Served** | **Number to be Served Yearly** | **MHSA Funds Allocated for FY 20-21** |
|---|---|---|---|---|
| Intensive Care Management | County Operated | Countywide | 237 | 3,470,717 |
| IMPACT | County Operated | Countywide | 138 | 515,409 |
| | | **Total** | **375** | **$3,986,126** |

**Supporting Children and Young Adults.** There are two programs supplemented by MHSA funding that serve children and young adults; 1) Wraparound Program, and 2) expansion of the Early and Periodic Screening, Diagnosis and Treatment Program.

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, often in successful recovery with lived experience as a consumer or family member, 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. 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, Assembly Bill 403 mandates statewide reform for care provided to foster care children, to include the County's responsibility to provide Therapeutic Foster Care (TFC) services. This significant expansion of care responsibility, entitled Continuing Care Reform (CCR), will utilize MHSA funds as the up-front match for the subsequent federal reimbursement that enables the County to provide the full scope of services, and includes adding County mental health clinicians, family partners and administrative support.

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

| Plan Element | County/ Contract | Region Served | Number to be Served Yearly | MHSA Funds Allocated for FY 20-21 |
|---|---|---|---|---|
| Wraparound Support | County Operated | Countywide | Supports Wraparound Program | 1,654,715 |
| EPSDT Expansion | County Operated | Countywide | Supports EPSDT Expansion | 800,363 |
| | | **Total** | | **$2,455,078** |

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

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

| Plan Element | County/ Contract | Region Served | Number to be Served Yearly | MHSA Funds Allocated for FY 20-21 |
|---|---|---|---|---|
| Supporting the Miller Wellness Center | County Operated | Countywide | Supports clients served by MWC | 351,549 |
| | | | **Total** | **$351,549** |

**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 20-21 |
|---|---|---|---|---|
| Supporting the Concord Health Center | County Operated | Central County | Supports clients served by Concord Health Center | 296,743 |
| | | | **Total** | **$296,743** |

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

The allocation for the Liaison Staff are as follows:

| Plan Element | County/ Contract | Region Served | Number to be Served Yearly | MHSA Funds Allocated for FY 20-21 |
|---|---|---|---|---|
| Supporting PES | County Operated | Countywide | Supports clients served by PES | 170,127 |
| | | | **Total** | **$170,127** |

**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 prior Community Program Planning Processes.

1) Case Management. For this three year period MHSA funds will be used to add Mental Health Specialist positions to increase the county operated adult clinics' case management capacity. These non-licensed staff will provide mental health and community support services to persons with serious mental illness, to include planning and monitoring of economic, vocational, educational, medical, socialization and housing services, linkage to requisite services, performing client advocacy and crisis intervention, and supporting clients in developing and maintaining the life skills required to achieve self-sufficiency. Adding these positions will increase the capacity of the clinics' mental health licensed staff to provide clinical treatment.

2) 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.

3) 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 purchased in prior years to purchase additional county vehicles to be located at the clinics. Community Support Workers have been added to adult clinics to be dedicated to the transporting of consumers to and from appointments.

4) 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 20-21 |
|---|---|---|---|---|
| Case Management | County Operated | Countywide | Supplements Clinic Staff | 1,865,600 |
| Resource Planning and Management | County Operated | Countywide | Supplements Clinic Staff | 827,379 |
| Transportation Support | County Operated | Countywide | Supplements Clinic Staff | 147,859 |
| Evidence Based Practices | County Operated | Countywide | Supplements Clinic Staff | 404,649 |
| | | | **Total** | **$3,245,487** |

**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 supports to individuals with serious mental illness who are either referred by the courts for diversion from incarceration, or on probation and at risk of re-offending and incarceration. These individuals were determined to be high users of psychiatric emergency services and other public resources, but very low users of the level and type of care needed. This team works very closely with the criminal justice system to assess referrals for serious mental illness, provide rapid access to a treatment plan, and work as a team to provide the appropriate mental health, substance abuse and housing services needed.

**Mobile Crisis Response Team (MCRT).** During the FY 2017-20 Three Year Plan the Forensic Team expanded its mobile crisis response capacity from fielding a mobile Mental Health Evaluation Team (MHET) with law enforcement to fielding a full Mobile Crisis Response Team to respond to adult consumers experiencing mental health crises in the community. Mental health clinicians and community support workers will work closely with the County's Psychiatric Emergency Services and law enforcement, if necessary, to respond to residents in crises who would be better served in their respective communities. MHSA funds will be utilized to supplement funding that enables this team to respond seven days a week with expanded hours of operation.

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 Funds Allocated for FY 20-21 |
|---|---|---|---|---|
| Forensic Team | County Operated | Countywide | Support to the Forensic Team | 445,114 |
| MCRT | County Operated | Countywide | Supplements MCRT | 1,255,033 |
| | | | **Total** | **$1,700,147** |

**Quality Assurance and Administrative Support.** MHSA funding supplements

County resources to enable CCBHS **to** provide required administrative support, quality assurance and program evaluation functions for statutory, regulatory and contractual compliance, as well as management of quality of care protocols, such as fidelity to Assisted Outpatient Treatment and Assertive Community Treatment. County staff time and funding to support the mandated MHSA community program planning process are also included here. County positions have been incrementally justified, authorized and added each year as the total MHSA budget has increased.

The following functions and positions are summarized below:

1) Quality Assurance.

| **Function** | **MHSA Funds Allocated for FY 20-21** |
|---|---|
| Medication Monitoring | 281,190 |
| Clinical Quality Management | 847,178 |
| Clerical Support | 331,263 |
| **Total** | **$1,459,631** |

2) Administrative Support.

| **Function** | **MHSA Funds Allocated for FY 20-21** |
|---|---|
| Program and Project Managers | 936,786 |
| Clinical Coordinator | 140,110 |
| Planner/Evaluators | 593,351 |
| Family Service Coordinator | 126,316 |
| Administrative and Financial Analysts | 708,358 |
| Clerical Support | 359,768 |
| Stakeholder Facilitation (contract) | 15,000 |
| ACT/AOT Fidelity Evaluation (contract) | 100,000 |
| **Total** | **$2,979,689** |

**Community Services and Supports (CSS) FY 20-21 Program Budget Summary**

| | | | |
|---|---|---|---|
| Full Service Partnerships | | Number to be Served: 700 | 30,950,498 |
| | Children | 3,156,412 | |
| | Transition Age Youth | 2,857,680 | |
| | Adults | 6,587,095 | |
| | Adult Clinic Support | 2,162,603 | |
| | Assisted Outpatient Treatment | 2,619,541 | |
| | Wellness and Recovery Centers | 1,002,790 | |
| | Crisis Residential Center | 2,270,173 | |
| | MHSA Supportive Housing | 10,294,204 | |
| General System Development | | | 16,644,577 |
| | Older Adults | 3,986,126 | |
| | Children's Wraparound, EPSDT Support | 2,455,078 | |
| | Miller Wellness Center | 351,549 | |
| | Concord Health Center | 296,743 | |
| | Liaison Staff | 170,127 | |
| | Clinic Support | 3,245,487 | |
| | Forensic Team | 1,700,147 | |
| | Quality Assurance | 1,459,631 | |
| | Administrative Support | 2,979,689 | |
| | **Total** | **$47,595,075** | |

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# Prevention and Early Intervention

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

First approved in 2009, with an initial State appropriation of $5.5 million Contra Costa's Prevention and Early Intervention budget has grown incrementally to approximately $9.7 million annually in commitments to programs and services. The construction and direction of how and where to provide funding for this component began with an extensive and comprehensive community program planning process that was similar to that conducted in 2005-06 for the Community Services and Support component. Underserved and at risk populations were researched, stakeholders actively participated in identifying and prioritizing mental health needs, and strategies were developed to meet these needs. The programs and services described below are directly derived from this initial planning process, and expanded by subsequent yearly community program planning processes, to include current year.

New regulations for the PEI component went into effect on October 6, 2015. Programs in this component now focus their programming on one of the following seven PEI categories: 1) outreach for increasing recognition of early signs of mental illness; 2) prevention; 3) early intervention; 4) access and linkage to treatment; 5) improving timely access to mental health services for underserved populations; 6) stigma and discrimination reduction; and 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:

1) 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 32,949 individuals served in Contra Costa Behavioral Health Services' Prevention and Early Intervention Programs for FY 2018-19. Within the seven PEI categories several programs focused their service delivery on traditionally underserved groups, such as new immigrants to this country, inner city youth, older adults, Native Americans, and persons who identify as lesbian, gay, bi-sexual, transgender or who are questioning their sexual identity.

The following table illustrates primary populations served in Fiscal Year 18-19 by Prevention and Early Intervention providers.

| Mental Health Cultural and Linguistic Providers | |
|---|---|
| **Provider** | **Primary Population(s) Served** |
| Asian Family Resource Center | Asian / Pacific Islander (API) |
| Building Blocks for Kids (BBK) | African American / Latino |
| Center for Human Development | African American / LGBTQ |
| Child Abuse Prevention Council | Latino |
| COPE / First Five | African American / Latino |
| Hope Solutions (Interfaith Housing) | African American / Latino |
| James Moorehouse Project | African American / API / Latino |
| Jewish Family and Childrens' Services – East Bay | Afghan / Russian / Mid East (and other recent immigrants) |
| La Clinica | Latino |
| Lao Family Development | API (and other recent immigrants) |
| Latina Center | Latino |
| Lifelong (SNAP Program) | African American |
| Native American Health Center | Native American |
| People Who Care | African American / Latino |
| Rainbow Community Center | LGBTQ |
| RYSE | African American / Latino |
| Stand! | African American / Latino |

In addition, PEI programs served a significantly larger percentage of populations identified in the CCBHS quantitative needs assessment as slightly underserved; namely, Asian/Pacific Islanders, and young children, as follows:

| **Demographic sub-group** | **% PEI clients served in FY 18-19** |
|---|---|
| Asian/Pacific Islander | 10 |
| Young Children | 12 |

In addition, 23% of persons served in PEI programs received services in their primary language of Spanish.

2) 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 2018-19 PEI programs reported that, as a result of their referrals 1,872 persons engaged in mental health treatment, and reported four 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 17 weeks for persons who were referred for treatment.

For the Three Year Plan for FY 2020-23 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.

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) Hope Solutions (formerly 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, Los Medanos Village in Pittsburg, and supportive housing sites throughout the County. Services include coordination and assistance with accessing needed community resources, 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.

In addition, additional funding will be added for this Three Year Plan to provide prevention and early intervention services to families with young children who are experiencing serious emotional disturbances. The Needs Assessment and Community Program Planning Process has identified 0-5 age children with serious emotional disturbances as underserved. The FY 2017-20 MHSA Three Year Plan substantially increased funding for increasing treatment capacity in the Children's System of Care. The FY 2020-23 MHSA Three Year Plan will dedicate funding to provide outreach, engagement, training, education and linkage to mental health care for families with young children who are exposed to violence, physical and emotional abuse, parental loss, homelessness, the effects of substance abuse, and other forms of trauma.

The allocation for this category is summarized in the following:

| **Program** | **Region Served** | **Number to be Served Yearly** | **MHSA Funds Allocated for FY 20-21** |
|---|---|---|---|
| Asian Family Resource Center | Countywide | 50 | 150,706 |
| COPE | Countywide | 210 | 260,836 |
| First Five | Countywide | (numbers included in COPE) | 86,949 |
| Hope Solutions | Central and East County | 200 | 385,477 |
| Jewish Family Services | Central and East County | 350 | 185,111 |
| Native American Health Center | Countywide | 150 | 256,559 |
| The Latina Center | West County | 300 | 125,753 |

| | | | |
|---|---|---|---|
| 0-5 Children Outreach | Countywide | TBD | 500,000 |
| | **Total** | **1,260** | **$1,951,391** |

**Prevention**

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

a. Five programs are included in this category:

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

presence of violence and trauma in the community and at home. These trauma informed programs and services include drop-in, recreational and structured activities across areas of health and wellness, media, arts and culture, education and career, technology, and developing youth leadership and organizing capacity. The RYSE Center facilitates a number of city and system-wide training and technical assistance events to educate the community on mental health interventions that can prevent serious mental illness as a result of trauma and violence.

The allocation for this category is summarized below:

| Program | Region Served | Number to be Served Yearly | MHSA Funds Allocated for FY 20-21 |
|---|---|---|---|
| Building Blocks for Kids | West County | 400 | 231,340 |
| Vicente | Central County | 80 | 197,076 |
| People Who Care | East County | 200 | 236,689 |
| Putnam Clubhouse | Countywide | 300 | 650,322 |
| RYSE | West County | 2,000 | 533,439 |
| | **Total** | **2,980** | **$1,848,866** |

**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 allocation for this program is summarized below:

| Program | Region Served | Number to be Served Yearly | Funds Allocated for FY 20-21 |
|---|---|---|---|
| First Hope | Countywide | 200 | 3,016,558 |
| | **Total** | **200** | **$3,016,558** |

**Access and Linkage to Treatment**

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

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

The allocation for this category is summarized in the following:

| **Program** | **Region Served** | **Number to be Served Yearly** | **Funds Allocated for FY 20-21** |
|---|---|---|---|
| James Morehouse Project | West County | 300 | 109,167 |
| STAND! Against Domestic Violence | Countywide | 750 | 142,280 |
| Experiencing Juvenile Justice | Countywide | 300 | 492,830 |
| **Total** | | **1,350** | **$744,277** |

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

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

this category feature cultural and language appropriate services in convenient, accessible settings.

a. Six programs are included in this category:

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

and providing clinical mental health treatment and intervention for those individuals who are identified as seriously mentally ill.

The allocation for this category is summarized below:

| Program | Region Served | Number to be Served Yearly | Funds Allocated for FY 2020-21 |
|---|---|---|---|
| Child Abuse Prevention Council | Central and East County | 120 | 132,728 |
| Center for Human Development | East County | 230 | 166,493 |
| La Clinica de la Raza | Central and East County | 3,750 | 297,644 |
| Lao Family Community Development | West County | 120 | 202,012 |
| Lifelong Medical Care | West County | 115 | 138,751 |
| Rainbow Community Center | Countywide | 1,125 | 805,607 |
| | **Total** | **5,460** | **$1,743,235** |

**Stigma and Discrimination Reduction**

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

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

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

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

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

| Program | County/Contract | Region Served | Funds Allocated for FY 20-21 |
|---|---|---|---|
| OCE | County Operated | Countywide | 246,121 |
| CalMHSA | MOU | Countywide | 78,000 |
| | | **Total** | **$348,733** |

**Suicide Prevention**

There are three plan elements that support the County's efforts to reduce the number of suicides in Contra Costa County; 1) augmenting the Contra Costa Crisis Center, 2)

dedicating a clinical specialist to support the County's suicide prevention efforts, and 3) supporting a suicide prevention committee.

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

The allocation for this category is summarized in the following:

| **Plan Element** | **Region Served** | **Number to be Served Yearly** | **Funds Allocated for FY 20-21** |
|---|---|---|---|
| Contra Costa Crisis Center | Countywide | 25,000 | 629,606 |
| County Clinician | Countywide | 50 | 148,371 |
| County Supported | Countywide | N/A | Included in PEI administrative cost |
| | **Total** | **25,050** | **$777,977** |

**PEI Administrative Support**

Staff time has been allocated by the County to provide administrative support and evaluation of programs and plan elements that are funded by MHSA. The allocation for

this activity is summarized below:

| Plan Element | Region Served | Yearly Funds Allocated |
|---|---|---|
| Administrative and Evaluation Support | Countywide | 167,575 |
| **Total** | | **$167,575** |

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

| | |
|---|---|
| Outreach for Increasing Recognition of Early Signs of Mental Illness | 1,951,391 |
| Prevention | 1,848,866 |
| Early Intervention | 3,016,558 |
| Access and Linkage to Treatment | 744,277 |
| Improving Timely Access to Mental Health Services for Underserved Populations | 1,743,235 |
| Stigma and Discrimination Reduction | 348,733 |
| Suicide Prevention | 777,977 |
| Administrative, Evaluation Support | 184,333 |
| **Total** | **$10,615,370** |

# Innovation

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

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

The following programs have been approved, implemented, and funds have been allocated for Fiscal Year 2020-21:

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 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, and will sunset in FY 20-21.

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. Field-based peer support workers engage older adults who have been identified by their IMPACT clinicians, primary care providers, or Psychiatric Emergency Services as individuals who need additional staff care in order to avoid repeated crises, engage in ongoing mental health treatment, increase their skills in the activities of daily living, and engage appropriate resources and social networks. The Partners in Aging Project began implementation in FY 2016-17.

3) Overcoming Transportation Barriers. Transportation challenges provide a constant barrier to accessing mental health services. A comprehensive study

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

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

5) Cognitive Behavioral Social Skills Training (CBSST). The project is designed to enhance the quality of life for the those residing in enhanced board & care homes by incorporating meaningful activity and skills into their daily routines and increasing overall functional improvement. Cognitive Behavioral Social Skills Training (CBSST) is an emerging practice with demonstrated positive results for persons with severe and persistent mental illness. The CBSST Project applies this therapeutic practice to the population of individuals that have been placed in augmented board and care facilities. The CBSST Project has a clinical team, consisting of a licensed clinician and peer support worker, to lead cognitive behavioral social skills training groups at board and care facilities. Adults with serious mental illness learn and practice skills that enable them to achieve and consolidate recovery based skills, while decreasing the need for costly interventions such as PES admissions.

The allocation for these projects are summarized below:

| **Project** | **County/ Contract** | **Region Served** | **Number to be Served Yearly** | **MHSA Funds Allocated for FY 20-21** |
|---|---|---|---|---|
| Coaching to Wellness | County Operated | Countywide | 90 | 170,127 |
| Partners in Aging | County Operated | Countywide | 45 | 155,162 |
| Overcoming Transportation Barriers | County Operated | Countywide | 200 | 126,553 |
| Center for Recovery and Empowerment | County Operated | West | 80 | 1,464,421 |
| Cognitive Behavioral Social Skills Training | County Operated | Countywide | 240 | 469,202 |
| Administrative Support | County | Countywide | Innovation Support | 424,848 |
| | | **Total** | **520** | **$2,810,313** |

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# Workforce Education and Training

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

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

**Workforce Staffing Support**

1) Workforce Education and Training Coordination. County staff are designated to develop and coordinate all aspects of this component. This includes conducting a workforce needs assessment, coordinating education and training activities, acting as an educational and training resource by participating in the Greater Bay Area Regional Partnership and state level workforce activities, providing staff support to County sponsored ongoing and ad-hoc workforce workgroups, developing and managing the budget for this component, applying for and maintaining the County's mental health professional shortage designations, applying for workforce grants and requests for proposals, coordinating intern placements throughout the County, and managing the contracts with various training providers and community based organizations who implement the various workforce education and training activities.
2) Supporting Family Members. For the Three Year Plan a cadre of volunteers are 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. CCBHS contracts with NAMI – Contra Costa to recruit, train and develop family members with lived experience to act as

subject matter experts in a volunteer capacity to educate and support other family members in understanding and best navigating and participating in the different systems of care.

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

The MHSA funding allocation for this category is summarized below:

| Program/Plan Element | County/ Contract | Region Served | MHSA Funds Allocated for FY 20-21 |
|---|---|---|---|
| WET Coordination | County Operated | Countywide | 450,698 |
| Supporting Families | NAMI - CC | Countywide | 636,540 |
| Senior Peer Counseling | County Operated | Countywide | 296,743 |
| | **Total** | | **$1,383,981** |

**Training and Technical Support**

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

escalation skills, personal stories, and provide scenario-based training on responding to crises.

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

The MHSA funding allocation for this category is summarized below:

| Plan Element | County/Contract | Region Served | MHSA Funds Allocated for FY 20-21 |
|---|---|---|---|
| Staff Training | Various vendors | Countywide | 300,000 |
| NAMI Basics/ Faith Net/ De Familia a Familia | NAMI-Contra Costa | Countywide | 65,617 |
| Crisis Intervention Training | County Sherriff's Department | Countywide | 16,391 |
| Mental Health First Aid | The National Council | Countywide | 21,855 |
| | **Total** | | **$403,863** |

**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. The SPIRIT Program also

provides 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 Trained Yearly | MHSA Funds Allocated for FY 20-21 |
|---|---|---|---|---|
| SPIRIT | OCE County Staff<br>Contra Costa College | Countywide | 50 | 367,033<br>30,000 |
| | | **Total** | **50** | **$433,736** |

**Internship Programs**

CCBHS supports internship programs which place graduate level students in various County operated and community based organizations. Particular emphasis is put on the recruitment of individuals who are bi-lingual and/or bi-cultural, individuals with consumer and/or family member experience, and individuals who can reduce the disparity of race/ethnicity identification of staff with that of the population served. CCBHS provides funding to enable approximately 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 and separate from 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 Trained | MHSA Funds Allocated for FY 20-21 |
|---|---|---|---|---|
| Graduate Level Internships | County Operated | Countywide | | 312,160 |
| Graduate Level Internships | Contract Agencies | Countywide | | 150,000 |
| | | **Total** | **75** | **$462,160** |

**Financial Incentive Programs**

Loan Repayment Program. For the Three Year Plan CCBHS is continuing its County funded and administered Loan Repayment Program that addresses critical staff shortages, such as psychiatrists, and provides potential career advancement opportunities for CCBHS Community Support Workers and contract providers performing in the roles of peer provider and family partner. CCBHS partners with the California Mental Health Services Authority (CalMHSA) to administer a loan repayment program patterned after state level loan repayment programs, but differing in providing flexibility in the amount awarded each individual, and the County selecting the awardees based upon workforce need.

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 2020-21 |
|---|---|---|---|---|
| Loan Repayment | CalMHSA | Countywide | Variable | 300,000 |
| | | | **Total** | **$300,000** |

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

| | |
|---|---|
| Workforce Staffing Support | 1,383,981 |
| Training and Technical Assistance | 403,863 |
| Mental Health Career Pathways | 433,736 |
| Internship Program | 462,160 |
| Loan Forgiveness Program | 300,000 |
| **Total** | **$2,983,740** |

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# Capital Facilities/Information Technology

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

For the Three Year Plan Contra Costa has two Capital Facility Projects.

1) Oak Grove Facility. $3 million in MHSA planning and start-up funds ("soft costs") were set aside during the MHSA FY 2017-20 Three Year Plan to address supportive housing needs for transition age youth. Envisioned at the county facility located at 1034 Oak Grove Road in Concord is assertive community treatment (ACT) level intensive services co-located with permanent supportive housing units in order to provide voluntary community level treatment with safe and stable housing for the most vulnerable and at-risk youth who are experiencing serious mental health issues. Projected one-time facility renovation costs will be transferred from unspent CSS component funds in to the CF/TN component. An additional $2 million has been set aside for this Three Year Plan to be combined with anticipated No Place Like Home construction loan funding to build 20 permanent supportive housing units and renovate the existing administration building on the county owned property. Residential and supportive services will be co-located to provide voluntary assertive community treatment level services with safe and stable housing for the most vulnerable and at-risk youth who are experiencing serious mental health issues.
2) Short Term Residential Treatment Program. One time renovation funds will be utilized to convert the county owned East Bay Shelter at 2025 Sherman Drive to meet treatment requirements for a high acuity six bed Short Term Residential Treatment Program (STRTP) for young children ages 8-13. Currently there exists a shortage of these beds throughout California, with none here in Contra Costa County. Thus children are placed out of county with difficulty, increased cost, and adverse impact on families and loved ones. Youth Homes currently provides STRTP services for teens at the Sherman Drive site, and will be utilizing their three other STRTP sites to serve this older population.

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

Electronic Mental Health Record System – Data Management. Contra Costa received approval from the State to utilize MHSA funds to develop and implement an electronic mental health record system. The project has transformed the current paper and location-based system with an electronic system where clinical documentation can be centralized and made accessible to all members of a consumer's treatment team, with shared decision-making functionality. It replaced 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 now allows doctors to submit their pharmacy orders electronically, permit sharing between psychiatrists and primary care physicians to allow knowledge of existing health conditions and drug inter-operability, and allows consumers to access part of their medical record, make appointments, and electronically communicate with their treatment providers.

For the upcoming three year period CCBHS will set aside MHSA Information Technology component funds to build into this electronic system CCBHS data management capability by means of ongoing and adhoc reports. These reports will be electronically accessed via the Health Services' iSITE, and will depict a series of performance indicators, such as productivity, service impact, resource management, and quality assurance. This will enable more effective analysis, decision-making, communication and oversight of services by providing visibility of selected indicators that can influence the quality and quantity of behavioral health care that is provided.

**MHSA funds budgeted for the FY 2020-23 Three Year Period:**

**Capital Facilities:**

| | |
|---|---|
| Oak Grove Project | $5,800,000 |
| STRTP Project | 300,000 |
| **Budgeted for FY 2020-21** | **$3,300,000** |

**Information Technology:**

| | |
|---|---|
| Electronic Mental Health Data Management System | 1,500,000 |
| **Budgeted for FY 2020-21** | **$500,000** |

# The Budget

Previous chapters provide detailed projected budgets for individual MHSA plan elements, projects, programs, categories and components for FY 2020-21. The following table summarizes the total MHSA spending authority by component for each year of the Three Year Plan.

| | CSS | PEI | INN | WET | CF/TN | TOTAL |
|---|---|---|---|---|---|---|
| FY 20/21 | 47,595,075 | 10,615,370 | 2,810,313 | 2,983,740 | 3,800,000 | 67,804,498 |
| FY 21/22 | 49,022,927 | 10,933,831 | 2,894,622 | 3,073,252 | 2,500,000 | 68,424,632 |
| FY 22/23 | 50,493,614 | 11,261,845 | 2,981,461 | 3,165,450 | 1,300,000 | 69,202,370 |

Appendix E, entitled *Funding Summaries,* provides a FY 2020-21 through FY 2022-23 Three Year Mental Health Services Act Expenditure Plan. This funding summary matches budget authority with projected revenues, and shows sufficient MHSA funds are available to fully fund all programs, projects and plan elements for the duration of the three year period. The following fund ledger depicts projected available funding versus total budget authority for each year of the Three Year Plan:

## Fiscal Year 2020/21

| A. Estimated FY 2020/21 Available Funding | CSS | PEI | INN | WET | CF/TN | TOTAL |
|---|---|---|---|---|---|---|
| 1.Estimated unspent funds from prior fiscal years | 32,461,767 | 5,956,226 | 5,084,164 | 3,600,877 | 3,823,559 | 50,926,593 |
| 2. Estimated new FY 20/21 funding | 42,760,581 | 9,690,181 | 2,760,567 | 0 | 0 | 55,211,329 |
| 3. Transfers in FY 20/21 | (9,595,034) | | | 7,795,034 | 1,800,000 | |
| 4.Estimated available funding for FY 20/21 | 65,627,314 | 15,646,407 | 7,844,731 | 11,395,911 | 5,623,559 | 106,137,922 |
| **B.Budget Authority For FY20/21** | 47,595,075 | 10,615,370 | 2,810,313 | 2,983,740 | 3,800,000 | 67,804,498 |
| C.Estimated FY 20/21 Unspent Fund Balance | 18,032,239 | 5,031,037 | 5,034,418 | 8,412,171 | 1,823,559 | 38,333,424 |

## Fiscal Year 2021/22

| A.Estimated FY 2021/22 Available Funding | CSS | PEI | INN | WET | CF/TN | TOTAL |
|---|---|---|---|---|---|---|
| 1.Estimated unspent funds from prior fiscal years | 18,032,239 | 5,031,037 | 5,034,418 | 8,412,171 | 1,823,559 | 38,333,424 |
| 2. Estimated new FY 21/22 funding | 42,760,581 | 9,690,181 | 2,760,567 | 0 | 0 | 55,211,329 |
| 3. Transfers in FY 21/22 | (2,000,000) | | | | 2,000,000 | |
| 4.Estimated available funding for FY 21/22 | 58,792,820 | 14,721,218 | 7,794,985 | 8,412,171 | 3,823,559 | 93,544,753 |
| **B.Budget Authority For FY21/22** | 49,022,927 | 10,933,831 | 2,894,622 | 3,073,252 | 2,500,000 | 68,424,632 |
| C.Estimated FY 21/22 Unspent Fund Balance | 9,769,893 | 3,787,387 | 4,900,363 | 5,338,919 | 1,323,559 | 25,120,121 |

## Fiscal Year 2022/23

| A.Estimated FY 2022/23 Available Funding | CSS | PEI | INN | WET | CF/TN | TOTAL |
|---|---|---|---|---|---|---|
| 1.Estimated unspent funds from prior fiscal years | 9,769,893 | 3,787,387 | 4,900,363 | 5,338,919 | 1,323,559 | 25,120,121 |
| 2. Estimated new FY 22/23 funding | 42,760,581 | 9,690,181 | 2,760,567 | 0 | 0 | 55,211,329 |
| 3. Transfers in FY 22/23 | | | | | | |
| 4.Estimated available funding for FY 22/23 | 52,530,474 | 13,477,568 | 7,660,930 | 5,338,919 | 1,323,559 | 80,331,450 |
| **B.Budget Authority For FY22/23** | 50,493,614 | 11,261,845 | 2,981,461 | 3,165,450 | 1,300,000 | 69,202,370 |

| | | | | | | |
|---|---|---|---|---|---|---|
| D.Transfers in FY 22/23 to Prudent Reserve | (2,000,000) | (1,900,000) | (500,000) | 0 | 0 | (4,400,000) |
| C.Estimated FY 22/23 Unspent Fund Balance | 36,860 | 315,723 | 4,179,469 | 2,173,469 | 23,559 | 6,729,080 |

| | |
|---|---|
| **Estimated Prudent Reserve for FY 20/21** | **7,579,248** |
| **Estimated Interest Earned During Three Year Plan Period** | **568,443** |
| **Transfers to Prudent Reserve in FY 22/23** | **4,400,000** |
| **Estimated Prudent Reserve for FY 22/23** | **12,547,691** |

**Notes.**

1. A collective increase in budget authority for programs, projects and plan elements for the third year of the Three Year Plan has projected an increase in the cost of doing business for both the County and service providers contracting with the County. This budget authority will be reviewed and updated based upon recent actual costs and projected revenue and adjusted, if appropriate, for Board of Supervisor review and approval.
2. The Mental Health Services Act requires that 20% of the total of new funds received by the County from the State MHSA Trust Fund go for the PEI component. The balance of new funding is for the CSS component. From the total of CSS and PEI components, five percent of the total new funding is to go for the Innovation (INN) component, and is to be equally divided between the CSS and PEI allotment. The estimated new funding for each fiscal year includes this distribution.
3. Estimated new funding year includes the sum of the distribution from the State MHSA Trust Fund and interest earned from the County's MHSA fund.
4. The County may set aside up to 20% annually 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 $9,595,034 for FY 2020/21, $2,000,000 for FY 2021/22, and $4,400,000 for FY 2022/23.
5. The MHSA requires that counties set aside sufficient funds, entitled a Prudent Reserve, to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. The County's prudent reserve balance through June 30, 2020 is $7,579,248, and includes

interest earned. With projected transfers in FY 2022/23 and interest earned the Prudent Reserve is projected to be at $12,547,691. This amount is less than the estimated maximum allowed of $13,188,000 as per formula stipulated in Department of Health Care Services Information Notice No. 19-037.

6. It is projected that the requested total budget authority for the Three Year Plan period enables the County to fully fund all proposed programs and plan elements while maintaining sufficient funding reserves (prudent reserve plus unspent funds from previous years) to offset any reduction in state MHSA Trust Fund distribution.

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

# Acknowledgements

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

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

The MHSA Staff

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# Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for FY 2020-23

## OUTLINE OF DRAFT PLAN

CONTRA COSTA HEALTH SERVICES

# FY 20-23 Plan Summary

- The Three Year Plan proposes to set aside approximately $67.8 million for fiscal years 2020-23 to fund 85 programs and plan elements. This proposes an additional $13 million in budget authority authorized by the Board of Supervisors in June 2019.
- The $13 million increase is requested to fund prioritized service needs determined by our Community Program Planning Process, to include significant additional dollars for supportive housing for persons with serious mental illness, and projected annual increases in the cost of doing business.
- This continues the Board approved strategy to spend down the County's MHSA unspent fund balance in order to prevent reversion to the State.
- 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 for the three year period.

# Plan Outline Summary

- Executive Summary
- 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

# Executive Summary

- Provides an overview of MHSA, MHSA values, statutory and regulatory requirements
- Highlights program updates and changes to the current Three Year Plan, to include the Community Program Planning Process
- Summarizes the overall budget increase, focus on supportive housing, and strategy to spend down the County's MHSA unspent fund balance
  - Approximately 41% of budget authority is now dedicated to assisting individuals get and keep housing that is integrated in the community
- Outlines where performance indicators and program outcomes are located in the plan

# Vision

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

- Improve access to community mental health and substance use disorder care that is culturally and linguistically responsive to the diverse communities that we serve.
- Partner with clients and their families to determine and provide the level and type of care needed, and coordinate for other needed resources.
- 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

Provides a quantitative assessment of behavioral health needs that complement the Community Program Planning Process.

- The County is proportionally serving all three regions. Asian/Pacific Islanders and children ages 0-5 are slightly underrepresented on our caseloads - all service rates exceed statewide 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 shortage of psychiatry time and clinicians who speak languages other than English.

# 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 and community forums for FY 2020-21
- Links prioritized needs to MHSA funded programs, projects and plan elements contained in the Three Year Plan

# Community Program Planning Process
# Prioritized Service Needs

| FY 20-21: | | FY 19-20: |
|---|---|---|
| 1. | More housing and homeless services | 1. |
| 2. | More support for family members and loved ones of consumers | 3. |
| 3. | Support for peer and family partner providers | 11. |
| 4. | Outreach to the underserved – provide care in my community, | 2. |
| 5. | Improved response to crisis and trauma | 4. |
| 6. | Connecting with the right service providers in your community | 5. |
| 7. | Better coordination of care | 6. |
| 8. | Children and youth in-patient and residential beds | 9. |
| 9. | Intervening early in psychosis | 8. |
| 10. | Getting to and from services | 7. |
| 11. | Serve those who need it the most | 10. |
| 12. | Care for homebound frail and elderly | 13. |
| 13. | Increased psychiatry time | 12. |
| 14. | Assistance with meaningful activity | 14. |

# 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

$47.6 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 (FSPs)** ($31m):
  - 9 FSP Programs serving all age groups and all county regions – **NEW** ACT to fidelity with flexible supportive housing funds
  - 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 and permanent) - **NEW** – more funding for augmented board & care and housing supports
- **General System Development** ($16.6m):
  - Children's Wraparound and EPSDT expansion
  - Older Adult Program
  - Clinic support Staff – **NEW** – MH Specialists as case managers - adult
  - Clinic staff at PES, CCRMC, Miller Wellness Center, Concord Health Center
  - Administrative support and quality assurance staff

# Prevention and Early Intervention (1)

$10.6 million to fund 25 MHSA programs that provide prevention and early intervention services to approximately 33,000 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** ($2m) **NEW** – adding Early Childhood Mental Health Program
2. Five programs provide **Prevention Services** that reduce risk factors and increase protective factors ($1.8m)

# Prevention and Early Intervention (2)

3. The First Hope program provides **Early Intervention Services** for youth at risk of or who are experiencing early onset of psychosis or a first episode ($3m)
4. Three programs provide **Access and Linkage to Mental Health Services** ($.75m)
5. Six programs **Improve Timely Access to Mental Health Services for Underserved Populations** ($1.7m)
6. The Office for Consumer Empowerment (OCE) provides leadership and staff support that addresses efforts to **Reduce Stigma and Discrimination** ($.35m)
7. Contra Costa Crisis Center and County staff address **Suicide Prevention** ($.8m) **NEW** – increased funding for county wide suicide prevention education and training

- Administration and Evaluation ($.2m)

# Innovation

$2.8 million in FY 2020-21 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.

- **Coaching to Wellness**. ($.2m) Adding peer wellness coaches to the adult clinics
- **Partners in Aging** . ($.2m) Support for frail, homebound older adults
- **Overcoming Transportation Barriers**. ($.1m) Assisting consumers overcome transportation barriers to accessing services
- **CORE** ($1.4m) Multi-disciplinary intensive care treatment team to serve youth with mental health and substance use disorders
- **CBSST** ($.5) Bringing cognitive behavioral social skills training to clients living in augmented board and care facilities
- Administration and Project Evaluation (.4m)

# Workforce Education and Training

$3 million annually from Contra Costa's MHSA unspent funds to recruit, support and retain a diverse, qualified paid and volunteer workforce. The five WET categories are:

1. **Workforce Staffing Support**. ($1.4m) Funds the county operated senior peer counseling program, NAMI's family volunteer support network, and WET administrative staff
2. **Training and Technical Assistance.** ($.4 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.** ($.4m) Funds the college accredited SPIRIT course where approximately 50+ individuals yearly are trained as peer providers and family partners
4. **Internship Programs**. ($.5m) Provides approximately 75 graduate level clinical intern placements in county and contract operated community mental health programs to increase workforce diversity
   NEW – more funding to recruit interns with multiple language proficiencies
5. **Financial Incentive Programs**. ($.3m) Establishes a locally administered loan repayment program to address workforce shortages and support upward mobility of community support workers/peer/family specialists

# 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 behavioral health system. For FY 20-21:

- Capital Facilities
  - **NEW** - $3.2m to renovate two county owned buildings at the Oak Grove site for supportive housing and FSP services to transition age youth
  - **NEW** - $.3m to re-purpose two county owned buildings at Sherman Drive site for Short Term Residential Program for high acuity children ages 8-15
- Information Technology
  - **NEW** - $.5m to build data management capacity into the County's electronic health record and ShareCare systems for better behavioral health decision-making and communication with stakeholders

# The Budget

- Provides estimated available funds, revenues, expenditures and projected fund balances by component for Fiscal Years 20-23
- Projected revenues include state MHSA Trust Fund distribution and interest earned
- The County currently maintains a prudent reserve of $7.5 million to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. It is projected that an additional $4.4 million can be transferred to the Prudent Reserve during the Three Year Plan
- A collective increase in budget authority for 20-23 proposes an increase in the cost of doing business, and is subject to Board of Supervisor approval
- It is projected that the requested budget enables the County to fund all proposed programs while maintaining sufficient funding reserves

# 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 pictorials 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 according to the following outline:

- Organization contact information
- Brief organization description
- Title(s) and brief description(s) of MHSA funded program
  - Total MHSA funds allocated
  - FY 18-19 outcomes
- Contains an alphabetized Program 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

# Timeline

- **MAR** - DRAFT Three Year Plan shared with CPAW/MHC for input, posted for 30 day comment period
- **APR** - Mental Health Commission (MHC) hosts Public Hearing on Three Year Plan
- **MAY** – Public Comment, Hearing and MHC recommendations addressed - Three Year Plan submitted to County Administrator for inclusion on Board of Supervisors' (BOS) agenda
- **JUN** – BOS considers Three Year Plan

# Your Input Is Most Welcome!

Point of Contact:
Warren Hayes
MHSA Program Chief
1220 Morello Avenue, Suite 100
925-957-2616
warren.hayes@cchealth.org

CONTRA COSTA
HEALTH SERVICES

NAMI California
National Alliance on Mental Illness

March 30, 2020



**NAMI California**
1851 Heritage Lane # 150
Sacramento, CA 95815
916-567-0163

Governor Gavin Newsom
California State Capitol
Sacramento, CA 95814

Dear Governor Newsom,

Thank you for your outstanding leadership in the face of the unprecedented crisis faced by our state. In developing a proactive and strategic response to this crisis, the National Alliance on Mental Illness, California (NAMI CA) is urging state and local government leaders to continue to honor the values outlined in the Mental Health Services Act (MHSA) during this critical time for those living with mental illnesses and their families. NAMI CA represents 62 Affiliates across California who work every day to serve their communities as well as our more than 60,000 active advocates in California who care deeply about fixing the broken mental health care system in our great state.

We have recently reviewed ideas about how MHSA funds can be used as we meet the COVID-19 crisis head on while continuing to ensure services are getting to those in need. Some suggestions including eliminating stakeholder involvement, having flexibility in utilizing the "components" of funding, and extending the 3-year plan requirements, among others. We must be strategic in how we utilize MHSA funds. Therefore, NAMI CA suggests the following as strategies to be used:

- **Prudent Reserve Funds as a Spending Priority**

Any changes to funding streams or services must follow the use of the Prudent Reserve set-aside monies. When NAMI CA helped create and pass the original Prop 63, part of the intention was to ensure there were mechanisms in place to address crises and anticipate changes to funding levels. One of the ways we anticipated dealing with those changes was through the Prudent Reserves in which all counties hold up to 33% of funds in reserves. We must ensure that counties are able to access their prudent reserves immediately and any barriers to doing so must be eliminated.

We suggest that counties that need flexibility in MHSA component availability, first use their prudent reserves before making changes to the Act by allowing flexibility of funds used between categories. We fought for set asides to bend the cost curve through prevention and early intervention for example. We would hate to see the focus shift, albeit temporarily, away from programs that aim to intervene when a mental illness is first beginning to manifest.

- **Unspent Funds as a spending priority**

  In your 2020 State of the State address, you prescribed there to be a significant among in unspent MHSA funds. In the times of uncertainty and as a way of utilizing those funds accordingly, NAMI CA suggests counties utilizing this source of funding to offset any funds needed during the COVID-19 crisis.

- **Flexibility must come with documentation**

  Any use of MHSA funds outside their original purpose or designation must be documented and posted for public comment. Transparency from governmental leaders is critical in maintaining public confidence in the processes by which we are governed. This documentation should be robust and clearly connect to how the COVID-19 crisis requires changes to programing and service requirements under the current law.

- **Changes must be time limited**

  In addition to robust documentation, any changes to funding streams must be time limited with 60-90 day limit with the sole purpose of meeting this moment for Californians. As we continue to adjust to this new reality as a state, we expect our processes and funding will do the same, but we cannot overreach and destroy the systems of care that families depend on in order to do so.

- **Encourage innovation in both county and state processes**

  Public processes must evolve to meet this moment in California. Part of that evolution must incorporate the use of online platforms by government entities to communicate with stakeholders, including broadcast of accessible meeting and hearings as well as methods by which stakeholders can provide public comment to our government officials. Some counties such as San Bernardino have exemplified how to work with

stakeholders remotely to ensure all voices can be on the record. We can no longer rely on antiquated models of engagement where resident must come to one location for information and public engagement. Further, to best serve the needs of our great and diverse state, we must adapt to and embrace available technologies designed to enhance and support better health outcomes for all residents. Exploring how technology can serve to increase access could be an excellent MHSA Innovation project for example, and NAMI CA would like to work and support counties in this endeavor.

**Stay true to our core values, listen to stakeholders including families and consumers first.**

It is important that we do not let this crisis deter us from the core values we've set forth as a state. Crisis must be a time that we cling closer to our values, not abandon them. MHSA has a strong core value in being driven by those it serves, which includes families and consumers. We must put partnerships above politics as we move through this time. Those partnerships must include the stakeholders that are most impacted by the policy decisions being made.

Our core values exist to guide us in uncertain situations and serve as a north star to light our path forward. The core values of the MHSA tell us that in this critical moment, it is of utmost importance to be led by the voices of the families and individuals we serve. We must increase all efforts to provide transparency and trust in order to truly meet this moment as a state for all Californians.

We stand ready to help do our part, our fervent hope is that families won't be left behind in this time of greatest need.

In partnership,

Jessica Cruz, MPA/HS
Chief Executive Officer
NAMI California

CC: Dr. Mark Ghaly, Secretary, California Health and Human Services Agency
Dr. Bradley P. Gilbert, Director, DHCS
Toby Ewing, Executive Director, MHSOAC
Michelle Cabrera, Executive Director, California Behavioral Health Directors Association

Dr. Kelly Pfeifer, Deputy Director, Behavioral Health, DHCS
Marlies Perez, Chief, Community Services Division, DHCS
John Connolly, Deputy Secretary, California Health and Human Services Agency
Richard Figueroa Jr., Office of Governor Newsom
Tam Ma, Office of Governor Newsom
Marjorie Swartz, Principal Consultant, Office of Senate pro Tem Atkins
Scott Ogus, Consultant, Senate Budget and Fiscal Review Committee
Kimberly Chen, Senate Committee on Health
Agnes Lee, Policy Consultant, Speaker's Office of Policy
Andrea Margolis, Consultant, Assembly Committee on Budget
Scott Bain, Assembly Committee on Health
Judy Babcock, Assembly Committee on Health

Desert Sun.

# Newsom: 7,000 hotel rooms ready for homeless in California amid coronavirus

**Risa Johnson, Palm Springs Desert Sun** 58 mins ago

Gov. Gavin Newsom announced on Friday that California has secured about 7,000 hotel rooms — and is on the way to 15,000 — for its homeless population.

The Federal Emergency Management Agency will be providing 75% reimbursement for the efforts, dubbed "Project Room Key," with money going specifically toward housing homeless individuals who are most at risk for COVID-19, have been exposed, or are already infected with the virus, Newsom said.

*Bing COVID-19 tracker: Latest numbers by country and state*

"This is first in the nation," Newsom said at a midday news conference. "Their support is profoundly significant to address this crisis head-on. It's all around making sure that we address the most vulnerable Californians with the kind of acuity and focus that is required of this moment."

Standing in front of a Sacramento-area hotel where he said 30 homeless people were now staying, Newsom said occupancy agreements included the possibility of extensions and purchase options for the sites, as a way to help get people off the streets permanently. He said homelessness in California was "the crisis that predated" the COVID-19 crisis.

© Rich Pedroncelli, AP  Gov. Gavin Newsom discuses California's efforts to convert hotels and motels into isolation housing for the homeless threatened by the coronavirus during a news conference near Sacramento, Calif. April 3, 2020.

"We're not just thinking short-term," he said.



The governor said while surely an undercount, there have been 14 confirmed COVID-19 cases among homeless people in the state, including one death in Santa Clara.

Newsom said the nonprofit World Central Kitchen would be working with local restaurants to provide three free meals a day at the sites.

> Governor @GavinNewsom provides an update on the state's emergency actions to protect Californians experiencing homelessness and the public from #COVID19 . #StayHomeSaveLives https://t.co/jAfuY7CSpI
>
> — Office of the Governor of California (@CAgovernor) April 3, 2020

**More:** Coronavirus update: California gets power to take over hotels, motels to isolate patients

**More:** Riverside County announces emergency housing for homeless individuals amid pandemic

Sacramento Mayor Darrell Steinberg, who chairs a state task force on homelessness, thanked the governor for "leaning in" to the crisis.

"I want to thank you and your organization for providing the resources, the tools, and the technical assistance for our county partners and our city partners to be able to do what we all have wanted to do and now have the opportunity to do, and that is to bring people in, and not by the hundreds, but by the thousands," Steinberg said.

Newsom said on Friday that 10,710 people statewide had tested positive for COVID-19. He said 2,188 people were hospitalized and 901 people were in intensive care units.

**1/183 SLIDES** © Taya Gray/The Desert Sun Full screen



Healthcare workers and Riverside County employees conduct COVID-19 testing at the Riverside County Fairgrounds in Indio, Calif., on Thursday, April 2, 2020. Riverside County Health System will continue testing at the fairgrounds by appointment Tuesdays through Saturdays until further notice.

*Risa Johnson covers Native American affairs in the Coachella Valley and beyond. She can be reached at risa.johnson@desertsun.com or (760) 778-4737. Follow her on Twitter @risamjohnson.*

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