



CONTRA COSTA  
MENTAL HEALTH  
COMMISSION

1220 Morello Ave., Suite 100  
Martinez, CA 94553

Ph (925) 957-2619

Fax (925) 957-5156

cchealth.org/mentalhealth/mhc

Current (2020) Members of the Contra Costa County Mental Health Commission

Barbara Serwin, District II (Chair); Leslie May, District V (Vice Chair); Supervisor Diane Burgis, BOS Representative, District III; John Kincaid, District II; Joe Metro, District V; Douglas Dunn, District III; Graham Wiseman, District II; Geri Stern, District I; Gina Swirsding, District I; Sam Yoshioka, District IV; Katie Lewis, District I; Kira Monterrey, District III; Alana Russaw, District IV; Laura Griffin, District V; Candace Andersen, Alternate BOS Representative for District II

**Mental Health Commission (MHC)**

Hosts a Public Hearing for the Mental Health Services Act (MHSA) Three Year Plan FY 2020-2023

Wednesday, October 7, 2020 ♦ 4:00 pm - 6:00 pm

**VIA: Zoom Teleconference:**

<https://cchealth.zoom.us/j/6094136195>

**Meeting number:** 609 413 6195

**Join by phone:**

1 646 518 9805 US

**Access code:** 609 413 6195

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. Chair comments**
- V. Approval of the September 2<sup>nd</sup>, 2020 minutes**
- VI. ANNOUNCE 2021 MHC officer and Executive Committee election and FORM Nominating Committee (10 min)**
- VII. DISCUSS re-opening of “4D” (former Contra Costa Regional Medical Center (CCRMC) acute psychiatric unit) for adult patients coming from Psychiatric Emergency Services – Dr. Samir Shah, CCRMC CEO and Dr. Suzanne Tavano, Director of Behavioral Health Services (20)**
- VIII. RECEIVE Behavioral Health Services Director’s report -- Dr. Suzanne Tavano (10 min)**
- IX. Adjourn**

***-- The Public Hearing will follow the MHC meeting --***

*(Mental Health Commission, October 7, 2020 – Page One of Three)*



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

## **Call to Order the Public Hearing on the Mental Health Services Act Three Year Plan 2020 - 2023**

- I. Opening Comments by the Chair of the Mental Health Commission**
- II. Fiscal Years 2020 to 2023 Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan – Jennifer Bruggeman, Program Manager, MHSA Programs, Dr. Suzanne Tavano, Director of Behavioral Health Services, and Wendy Taylor, Program Manager, Behavioral Health Administration**
- III. Public Comment**

In the interest of time and equal opportunity, speakers are requested to **please adhere to a 3 minute time limit, per person**. In accordance to the **Brown Act**, if a member of the public addresses an item not on the agenda, no response, discussion or action on the item will occur, except for the purpose of clarification.
- IV. Commissioner Comments**
- V. DEVELOP a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisors**
- VI. Adjourn Public Hearing**

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

- (a) Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.

- (b) The mental health board established pursuant to [Section 5604](#) shall conduct a public hearing on the draft three year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the county mental health department for revisions.
  
- (c) The plans shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with [Section 5800](#) ), Part 3.6 (commencing with [Section 5840](#) ), and Part 4 (commencing with [Section 5850](#) ) funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the County Behavioral Health Directors Association of California.

**From:** Samir Shah <Samir.Shah@cchealth.org>  
**Date:** September 8, 2020 at 10:09:54 AM PDT  
**Subject: All Staff: PES COVID mitigation using 4D**

Dear Colleagues-

Now nine months into 2020 we have broadly changed the way we provide services and care for our patients and members in most settings. We have done this to improve access, improve safety, and rapidly innovate in response to the pandemic. However, one clinical area that remains challenging, despite our emphasis, is the Psychiatric Emergency Service.

As the exclusive PES for Contra Costa County we have struggled with overcrowding and high patient volumes for some time now. Although a comprehensive needs assessment for PES was already in process pre-pandemic, COVID-19 has accelerated our planning and innovation efforts to decrease the number of patients on the unit to support physical distancing and other measures to ensure staff and patient safety. Those of you that are familiar with the PES layout clearly understand the quarantine, isolation, and space limitations of the unit.

Based on analysis of PES data utilization, it was determined the most immediate change to achieve the desired outcome of decompression would be opening unit 4D for acute psychiatric admissions. The length of stay for adults on PES is directly related to inadequate access to inpatient hospital care. The longer patients wait for hospital admission, the more PES becomes congested. Even when traveling as far as Sacramento, an adequate number of inpatient beds for adults is not readily available.

Late last week we kicked off a 4D task force to help rapidly explore and implement opening of this locked unit. I am optimistic that we will be able to re-activate our license for 4D admissions with the help of this group of individuals comprised of front-line staff, behavioral health leadership, administrative leadership, facilities leadership, and the COVID operations logistics team.

As a system, our COVID-19 response experience has prepared us well to take on this challenge to improve infection control measures for this group of at-risk patients. Given priorities for infection prevention I am optimistic that we will be able to work rapidly with our regulatory bodies to make this happen in record time.

As the pandemic continues, we may continue to see COVID inflicted mental health crises. Improving access to acute services while improving infection prevention practices will be achieved by opening 4D.

I will endeavor to update you on our progress.

Samir B. Shah, M.D., F.A.C.S.  
Chief Executive Officer  
Contra Costa Regional Medical Center, Health Centers & Detention Health  
333 C Street  
Martinez, CA 94553  
925-370-5475 Phone  
925-370-5138 Fax  
Secretary:  
Aina.ferro@cchealth.org

**Questions for CCRMC CEO and Director of Behavioral Health Services  
re: Re-opening of 4D from the Mental Health Commission**

- What's the difference between 4C and 4D?
- Why 4D and not some other solution for creating more acute psychiatric beds?
- How long will opening 4D take?
- Is 4D a permanent solution?
- Is 4D viable in the long run?
  - What is the 4D business model?
  - How is this being financed (start-up costs, operational costs)?
- What will be the biggest impacts on PES with the freeing up of space?
- Will PES still be redesigned to better accommodate children?
  - Does more space at PES translate into any more space for children?
  - What is the expected timeline for the redesign?
  - How will this redesign be financed?
- What are the key regulatory challenges (physical plant, services)?
- After COVID, will regulatory requirements revert to pre-COVID requirements? If so, will 4D be able to comply?
- How will the community be involved in the design and implementation of 4D? How specifically will the MHC be involved?

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.** The 2020-23 Three Year Plan was prepared in response to a community program planning process that took place in late 2019 and early 2020. The plan was then posted for a 30-day public comment period on March 1, 2020. With the onset of COVID-19 in ensuing weeks, the Public Hearing was postponed and a request for extension was made to the Department of Health Care Services (5510 Form) in order to allow time to respond to the economic impact of the global pandemic. The Three-Year Plan was subsequently revised with stakeholder input to incorporate new fiscal realities, while also maintaining vital existing programs and services. 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:

- Expansion of Full Service Partnership (FSP) capacity by serving 40 additional adults, and services to include housing flex funds (page 32).
- 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 36).
- 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 41).

- Increased funding to provide on-site behavioral health care for persons residing in CCBHS sponsored permanent supportive housing units (page 49).

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

- Support to expand Mobile Crisis Response Team which serves adults across the County who are experiencing a mental health crisis (page 43-44)
- Providing outreach, education and linkage to treatment for families with very young children experiencing serious emotional disorders (page 50, 51).
- Providing dedicated staff to provide countywide suicide prevention education and training (page 57).
- Financially supporting County or contract workforce to be more culturally and linguistically responsive via the locally funded MHSA Loan Repayment Program in the behavioral health field and retention in the workforce (page 66).

**Funding.** Fiscal Year 2020-21 sets aside up to \$61.6 million in budget authority; a \$7 million annual increase from the previous Three-Year Plan (page 69). This increase in budget authority is significantly smaller than anticipated pre-COVID-19 and is primarily identified 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. Funding has also been added in response to the most recent Community Program Planning Process which recommended more support for early childhood mental health and suicide prevention training, as well as in support of building upon existing community crisis response strategies. In addition, MHSA funds have been used to address shortfalls in Realignment funds throughout the Behavioral Health Services system of care in order to preserve vital supports and services.

**Outcomes.** Performance indicators for the County's Full Service Partnership Programs (page 26) and Prevention and Early Intervention component (page 43) were updated in 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.

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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, PHN, Ph.D  
Behavioral Health Services Director

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# Needs Assessment

## Introduction

In 2019 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 doing the following: 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.

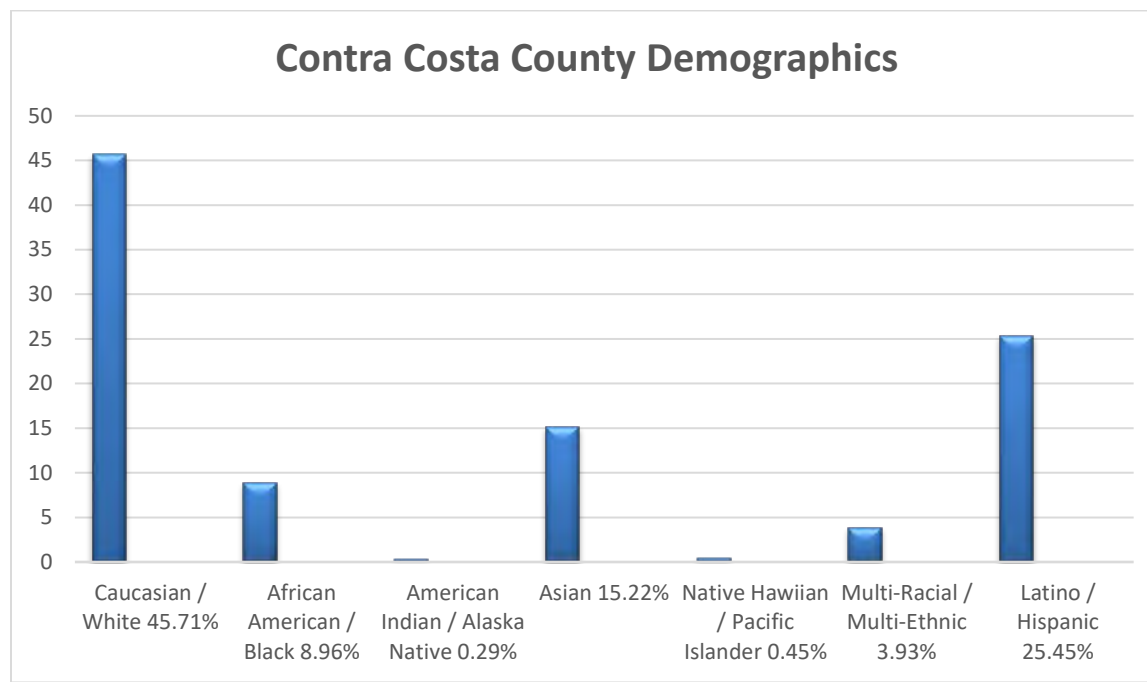
In 2019 Contra Costa Health Services Department (HSD) also launched its Envision Health planning process to understand, think about, deliver and support health in Contra Costa County to collectively address changing realities. As part of this process CCBHS is working with the community and partners in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

## Contra Costa County Population Summary

According to the most recent 2018 U.S. Census Bureau estimates, the population size in Contra Costa County was estimated at 1,150,215. It's estimated that about 9% of people in Contra Costa County are living in poverty and about 30% of the non-institutionalized residents have public health coverage, however with the passing of the Affordable Care Act the numbers of people eligible are foreseen to grow as Medi-Cal eligibility is considered for some cases to be up to 322% Federal Poverty Level (FPL). Information released by the State of California's Department of Finance projects that population size is expected to grow. Latino/Hispanic and Asian/ Pacific Islander communities will see larger population growth.

An estimate of current racial/ethnic demographic data is illustrated below in Figure 1. In addition, more than half of the population is 18 or older, with about 30% of the population being children. About a quarter of Contra Costa County residents are foreign born.

Figure 1: Contra Costa County 2019 Racial/ Ethnic Populations



### 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 that CCBHS serves more eligible clients than most counties in California. This is based upon prevalence estimates and **penetration rates** (meaning proportion of people being served in BHS in comparison to total Medi-Cal eligible population in the County) of economically under privileged children with serious emotional disturbance and adults with a serious mental illness, as compared with other counties. Whether consumers are appropriately served (in ways that align with their cultural values and linguistic needs) is an issue that has been raised by community stakeholders and advocates and is something that warrants on-going assessment and

evaluation. This has become even more relevant during the pandemic, as existing social and racial inequities have been exacerbated.

Particular findings revealed through this Needs Assessment include the following:

- 1) Persons who identify as Asian/Pacific Islander, and very young children are slightly under-represented 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:

<https://cchealth.org/mentalhealth/mhsa/pdf/2019-Needs-Assessment-Report.pdf>



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## Impact of COVID-19 on the Three-Year Program and Expenditure Plan

In late summer 2020, a thorough revision process took place with stakeholder involvement in order to address significant COVID-19 related budget shortfalls, while also maintaining the most vital services and supports. The March 2020 version of the Plan included significant expansion, particularly in the areas of housing, early childhood mental health, suicide prevention training and upgrading FSP's (ACT to fidelity). Ultimately, all existing contracts were renewed. Cuts were primarily made in the areas of planned future expansion. The below table highlights necessary changes made to the previously posted 2020-23 Three Year Program and Expenditure Plan draft, in light of the fiscal and community impact of COVID-19.

2020-23 COVID-19 Related 20-23 Plan Revision Summary	
Additional FSP ACT Enhancement	Removed
Permanent Supportive Housing and Housing Supports	Increased funding (at lower level)
Suicide Prevention Training	Increased funding (at lower level)
Early Childhood Mental Health Outreach	Increased funding (at lower level)
CSS Contracts (with blended MHSA & Realignment funding)	Increased MHSA funding portion in order to address Realignment shortfall
Community Crisis Response	Increased staffing

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## 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 MHSAs funded services and supports to prioritized needs, evaluates their effectiveness and fidelity to the intent of the Act, and informs future use of MHSAs 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 MHSAs 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 Informing Fiscal Year 2020-21

Since 2018, Community Forums have each focused on a unique theme, identified by stakeholders as a priority issue, 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%	<ul style="list-style-type: none"> <li>• What is supportive housing (vs other types of housing)?</li> <li>• Consumer perspective – Personal Story</li> </ul>
	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%)	<ul style="list-style-type: none"> <li>• Suicide Data – Contra Costa County</li> <li>• Youth Suicide Epidemic</li> <li>• Suicide Prevention Skills and Resources</li> </ul>
	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 team, 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  116 Participants, 28 Children, 7 Child Care Providers	White: 39%	Consumer / Family Member: 15%	*Children Under 18: 19%	Female: 93%	<ul style="list-style-type: none"> <li>• Early Childhood Mental Health Overview</li> <li>• Early Childhood Provider Presentations</li> <li>• Understanding and Healing Early Childhood Trauma</li> </ul>
	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. 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?
  - 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. What types of support are most helpful for parents of babies and young children?
    - 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. Who is providing Early Childhood Mental Health services in Contra Costa?
    - 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. What trainings do providers need to work with and to meet the needs of families with babies and young children?
    - 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 MHSAs 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 MHSAs 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 MHSAs 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 MHSAs 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. MHPA purchased vehicles to augment children, adult and older adult county operated clinic transportation assets, and additional staff are being hired through MHPA 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 MHPA funding the County has developed designated programs for individuals with serious mental illness who have been deemed to need 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 MHPA 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: MHPA funds the Older Adult Program, where three multi-disciplinary teams, one for each region of the County provide mental health services to older adults in their homes, in the community, and within a clinical setting. 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.

DRAFT

# 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 \$46.9 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. 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:

<b>Program/Plan Element</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 2020-21</b>
Personal Service Coordinators	Seneca Family Agencies	Countywide	75	2,174,196
Multi-dimensional Family Therapy	Lincoln Child Center	Countywide	60	989,969
Multi-systemic Therapy	Community Options for Family and Youth	Countywide	65	1,107,602
Children’s Clinic Staff	County Operated	Countywide	Support for full service partners	524,578
<b>Total</b>			<b>200</b>	<b>\$4,796,345</b>

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

Fred Finch Youth Center is located in West County and contracts with CCBHS to serve West and Central County. This program utilizes the assertive community treatment model as modified for young adults that includes a personal service

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

Youth Homes is located in East County and contracts with CCBHS to serve Central and East County. This program emphasizes the evidence-based practice of integrated treatment for co-occurring disorders, where youth receive mental health and substance abuse treatment from a single treatment specialist, and multiple formats for services are available, to include individual, group, self-help and family. Youth Home's Short Term Residential Therapeutic Program (STRTP) also provides intensive individual mental health services to foster youth with a need for Specialty Mental Health Services (SMHS) who are residents in one of the STRTP programs, including limited follow up services for youth post residential discharge and their families, if appropriate. Services provided are Assessment, Individual Therapy, Collateral (including family therapy), Individual and Group Rehab, Crisis Intervention, Case Management Brokerage (including Linkage and Advocacy, and Placement), and Medication Evaluation and Medication Monitoring. All services are provided in a trauma informed, culturally sensitive, client-and-family centered, team-based manner and are individually determined based on need.

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

<b>Program</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 20-21</b>
Transition Age Youth Full Service Partnership	Fred Finch Youth Center	West and Central County	70	1,503,789
Transition Age Youth Full Service Partnership	Youth Homes	Central and East County	30	726,662
Transition Age Youth STRTPS and Outpatient	Youth Homes	Central County	24	2,096,385
County support costs				32,782
<b>Total</b>			<b>150</b>	<b>\$4,359,618</b>

**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.

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. Prior to COVID-19, the Hume contract was increased in order to provide enhanced services including housing flex funds as well as serving 40 additional clients. 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 LatinX population whose preferred language is other than English.

The Adult Full Service Partnership Program is summarized below:

<b>Program/Plan Element</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 20-21</b>
Full Service Partnership	Hume Center	West County	75	4,147,691
		East County	75	
Full Service Partnership	Mental Health Systems	Central County	50	1,050,375
Full Service Partnership	Familias Unidas	West County	30	272,167
<b>Total</b>			<b>275</b>	<b>\$5,470,233</b>

**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:

<b>Program/Plan Element</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 20-21</b>
FSP Support, Rapid Access	County Operated	West, Central, East County	Support for Full Service Partners	1,854,720
<b>Total</b>				<b>\$1,854,720</b>

**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:

<b>Program/Plan Element</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 20-21</b>
Assisted Outpatient Treatment	Mental Health Systems, Inc.	Countywide	75	2,136,653

Assisted Outpatient Treatment Clinic Support	County Operated	Countywide	Support for Assisted Outpatient Treatment	412,586
<b>Total</b>			<b>75</b>	<b>\$2,549,239</b>

**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.

<b>Program/Plan Element</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 20-21</b>
Recovery and Wellness Centers	RI International	West, Central, East County	200	1,290,630
<b>Total</b>			<b>200</b>	<b>\$1,290,630</b>

**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.

**Bay Area Community Services (BACS).** The County contracts with BACS to operate two programs: 1) Nierika House, a short term crisis residential treatment program for adults living with a serious mental illness and dual diagnoses, located in Central County, and 2) Nevin House, a 16-bed facility in West County that provides transitional care in a therapeutic milieu for adults living with a co-occurring mental health and substance use disorders.

The Crisis Residential Program is summarized below:

<b>Program</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 20-21</b>
Hope House - Crisis Residential Program	Telecare	Countywide	200	2,204,052
Bay Area Community Services	BACS	West and Central		1,762,140
<b>Total</b>			<b>200</b>	<b>\$3,966,192</b>



**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, acquire or rehabilitate housing units, and recently added 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 funding Contra Costa was awarded funding in partnership with Satellite Affordable Housing Association for construction of 10 dedicated NPLH units for persons with serious mental illness at their Veteran’s Square Project in the East region of the County. For the second round Contra Costa applied for funding to construct permanent supportive housing units in the Central and West regions of the County. An award was granted to Resources for Community Development in the amount of \$6,000,103 for 13 NPLH Units at their Galindo Terrace development. 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 MHSAs funded housing services is summarized below:

<b>Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number of MHSAs beds, units budgeted</b>	<b>MHSAs Funds Allocated for FY 20-21</b>
Shelter Beds	County Operated	Countywide	75 beds (est.)	2,048,912
Augmented * Board and Care	Crestwood Healing Center	Countywide	80 beds	1,210,356
Augmented * Board and Care	Various	Countywide	330 beds	2,625,097
Scattered Site Housing	Shelter, Inc.	Countywide	119 units	2,420,426
Permanent Supportive Housing	Contractor Operated	Countywide	81 units	State MHSAs funded
Coordination Team	County Operated	Countywide	Support to Homeless Program	532,200
<b>Total Beds/Units</b>			<b>685 **</b>	<b>\$8,836,991</b>

\*Augmented Board and Care facility contracts vary in negotiated daily rate, and several contracts have both realignment as well as MHSAs 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 MHSAs funds budgeted are projections based upon the 1) history of actual utilization of beds paid by MHSAs funding, 2) history of expenditures charged to MHSAs, 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 MHSAs 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	3,036,899
IMPACT	County Operated	Countywide	138	381,744
<b>Total</b>			<b>375</b>	<b>\$3,418,633</b>

**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:

<b>Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 20-21</b>
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Wraparound Support	County Operated	Countywide	Supports Wraparound Program	1,419,138
EPSDT Expansion	County Operated	Countywide	Supports EPSDT Expansion	686,418
<b>Total</b>				<b>\$2,105,556</b>

**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 Services 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. MHA 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 MHA allocation for the Miller Wellness Center is summarized below:

Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHA Funds Allocated for FY 20-21
Supporting the Miller Wellness Center	County Operated	Countywide	Supports clients served by MWC	319,590
<b>Total</b>				<b>\$319,590</b>

**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 MHA 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	MHA Funds Allocated for FY 20-21
Supporting the Concord Health Center	County Operated	Central County	Supports clients served by Concord Health Center	254,496
<b>Total</b>				<b>\$254,496</b>

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

The allocation for the Liaison Staff is as follows:

<b>Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 20-21</b>
Supporting PES	County Operated	Countywide	Supports clients served by PES	145,907
<b>Total</b>				<b>\$145,907</b>

**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 allocations for Clinic Support Staff are as follows:

<b>Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 20-21</b>
Case Management	County Operated	Countywide	Supplements Clinic Staff	1,000,000
Resource Planning and Management	County Operated	Countywide	Supplements Clinic Staff	780,546
Transportation Support	County Operated	Countywide	Supplements Clinic Staff	139,490
Evidence Based Practices	County Operated	Countywide	Supplements Clinic Staff	381,744
<b>Total</b>				<b>\$2,301,780</b>

**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 and the addition of two positions.

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

<b>Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 20-21</b>
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Forensic Team	County Operated	Countywide	Support to the Forensic Team	381,744
MCRT	County Operated	Countywide	Supplements MCRT	1,276,560
<b>Total</b>				<b>\$1,658,304</b>

**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.

<b>Function</b>	<b>MHSA Funds Allocated for FY 20-21</b>
Medication Monitoring	241,158
Clinical Quality Management	726,568
Clerical Support	284,102
<b>Total</b>	<b>\$1,251,828</b>

2) Administrative Support.

<b>Function</b>	<b>MHSA Funds Allocated for FY 20-21</b>
Program and Project Managers	803,419
Clinical Coordinator	120,643
Planner/Evaluators	508,877
Family Service Coordinator	108,333
Administrative and Financial Analysts	466,373
Clerical Support	310,325
Stakeholder Facilitation (contract)	15,000
ACT/AOT Fidelity Evaluation (contract)	100,000
<b>Total</b>	<b>\$2,432,970</b>

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

<b>Full Service Partnerships</b>		<b>Number to be Served: 700</b>	<b>\$33,123,968</b>
	Children	4,796,345	
	Transition Age Youth	4,359,618	

	Adults	5,470,233	
	Adult Clinic Support	1,854,720	
	Assisted Outpatient Treatment	2,549,239	
	Wellness and Recovery Centers	1,290,630	
	Crisis Residential Center	3,966,192	
	MHSA Supportive Housing	8,836,991	
<b>General System Development</b>			<b>\$ 14,029,732</b>
	Older Adults	3,418,643	
	Children's Wraparound, EPSDT Support	2,105,556	
	Miller Wellness Center	319,590	
	Concord Health Center	254,496	
	Liaison Staff	145,907	
	Clinic Support	2,301,780	
	Forensic Team	1,658,304	
	Quality Assurance	1,251,829	
	Administrative Support	2,573,627	
	<b>Total</b>		<b>\$47,153,700</b>

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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 \$10.6 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 recent immigrants, inner city youth, older adults, Native Americans, and persons who identify as LGBTQI+.

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

<b>Prevention and Early Intervention Cultural and Linguistic Providers</b>	
<b>Provider</b>	<b>Primary Population(s) Served</b>
Asian Family Resource Center	Asian / Pacific Islander (API)
Building Blocks for Kids (BBK)	African American / LatinX
Center for Human Development	African American / LGBTQI+
Child Abuse Prevention Council	LatinX
COPE / First Five	African American / LatinX
Hope Solutions (Interfaith Housing)	African American / LatinX
James Morehouse Project	African American / API / LatinX
Jewish Family Community Services of the East Bay	Afghan / Russian / Mid East (and other recent immigrants)
La Clinica	LatinX
Lao Family Development	API (and other recent immigrants)
Latina Center	LatinX
Lifelong (SNAP Program)	African American
Native American Health Center	Native American
People Who Care	African American / LatinX
Rainbow Community Center	LGBTQI+
RYSE	African American / LatinX
Stand!	African American / LatinX

It was noted that PEI programs served a larger percentage of African American / Black and LatinX / Hispanic community members than seen in the overall population. The below table summarizes how demographic groups are served by PEI programs. It should be noted that a significant number of participants declined to respond to surveys.

<b>Demographic sub-group</b>	<b>% PEI clients served in FY 18-19</b>
Asian	7%
African American / Black	14%
Caucasian / White	42%
LatinX / Hispanic	31%
Native American / Alaskan Native	<1%
Native Hawaiian / Other Pacific Islander	<1%
Multi-Racial	2%

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. Of the 32,949 individuals who received PEI services in 18-19, 24% were Children & Transition Age Youth (TAY), 33% were Adults, 8% were Older Adults, and 36% declined to state. Further information about PEI Aggregate Data and Programs can be found in the Annual PEI Evaluation Report.

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 (Triple P) 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 Community 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:

<b>Program</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 20-21</b>
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Asian Family Resource Center	Countywide	50	146,317
COPE	Countywide	210	253,240
First Five	Countywide	(numbers included in COPE)	84,416
Hope Solutions	Central and East County	200	385,477
Jewish Family Services	Central and East County	350	179,720
Native American Health Center	Countywide	150	245,712
The Latina Center	West County	300	115,177
0-5 Children Outreach	Countywide	TBD	125,000
<b>Total</b>		<b>1,260</b>	<b>\$1,535,059</b>

## 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:

<b>Program</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 20-21</b>
Building Blocks for Kids	West County	400	223,404
Vicente	Central County	80	191,337
People Who Care	East County	200	229,795
Putnam Clubhouse	Countywide	300	600,345
RYSE	West County	2,000	518,110
<b>Total</b>		<b>2,980</b>	<b>\$1,762,991</b>

### **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 psychoeducation, education and employment support, and occupational therapy.

The allocation for this program is summarized below:

<b>Program</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>Funds Allocated for FY 20-21</b>
First Hope	Countywide	200	2,587,108
<b>Total</b>		<b>200</b>	<b>\$2,587,108</b>

### **Access and Linkage to Treatment**

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

a. Three programs are included in this category:

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

<b>Program</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>Funds Allocated for FY 20-21</b>
James Morehouse Project	West County	300	105,983

STAND! Against Domestic Violence	Countywide	750	138,136
Experiencing Juvenile Justice	Countywide	300	381,744
<b>Total</b>		<b>1,350</b>	<b>\$625,863</b>

### 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:

<b>Program</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>Funds Allocated for FY 2020-21</b>
Child Abuse Prevention Council	Central and East County	120	128,862
Center for Human Development	East County	230	161,644
La Clinica de la Raza	Central and East County	3,750	288,975
Lao Family Community Development	West County	120	196,128
Lifelong Medical Care	West County	115	134,710
Rainbow Community Center	Countywide	1,125	782,143
<b>Total</b>		<b>5,460</b>	<b>\$1,692,462</b>

### **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:

<b>Program</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Funds Allocated for FY 20-21</b>
OCE	County Operated	Countywide	218,861
CalMHSA	MOU	Countywide	78,000
<b>Total</b>			<b>\$296,861</b>

### **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, and 2) supporting a suicide prevention committee. Additional funds are allocated 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.

- 1) The Contra Costa Crisis Center provides services to prevent suicides by operating a certified 24-hour suicide prevention hotline. The hotline connects with people when they are most vulnerable and at risk for suicide, enhances safety, and builds a bridge to community resources. Staff conduct a lethality assessment on each call, provide support and intervention for the person in crisis, and make follow-up calls (with the caller’s consent) to persons who are at medium to high risk of suicide. MHSA funds enable additional paid and volunteer staff capacity, most particularly in the hotline’s trained multi-lingual, multi-cultural response.
- 2) 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:

<b>Plan Element</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>Funds Allocated for FY 20-21</b>
Contra Costa Crisis Center	Countywide	25,000	320,006
Suicide Prevention Training	Countywide		50,000
County Supported	Countywide	N/A	Included in PEI administrative cost
<b>Total</b>		<b>25,050</b>	<b>\$370,006</b>

## 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:

<b>Plan Element</b>	<b>Region Served</b>	<b>Yearly Funds Allocated</b>
Administrative and Evaluation Support	Countywide	158,090
<b>Total</b>		<b>\$158,090</b>

## Prevention and Early Intervention (PEI) Summary for FY 2020-21

Outreach for Increasing Recognition of Early Signs of Mental Illness	1,535,059	
Prevention	1,762,991	
Early Intervention	2,587,108	
Access and Linkage to Treatment	625,863	
Improving Timely Access to Mental Health Services for Underserved Populations	1,692,462	
Stigma and Discrimination Reduction	296,861	
Suicide Prevention	370,006	
Administrative, Evaluation Support	158,090	
<b>Total</b>		<b>\$9,028,430</b>

## 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. Funds have been added to expand services to reach additional board & care residents.

The allocation for these projects is summarized below:

<b>Project</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 20-21</b>
Coaching to Wellness	County Operated	Countywide	90	145,907
Partners in Aging	County Operated	Countywide	45	133,072
Overcoming Transportation Barriers	County Operated	Countywide	200	106,856
Center for Recovery and Empowerment	County Operated	West	80	1,152,936
Cognitive Behavioral Social Skills Training	County Operated	Countywide	240	400,403
Administrative Support	County	Countywide	Innovation Support	364,363
<b>Total</b>			<b>520</b>	<b>\$2,303,538</b>

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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:

<b>Program/Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>MHSA Funds Allocated for FY 20-21</b>
WET Coordination	County Operated	Countywide	386,542
Supporting Families	NAMI - CC	Countywide	618,000
Senior Peer Counseling	County Operated	Countywide	254,496
<b>Total</b>			<b>\$1,259,038</b>

### **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:

<b>Plan Element</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>MHSA Funds Allocated for FY 20-21</b>
Staff Training	Various vendors	Countywide	238,203
NAMI Basics/ Faith Net/ De Familia a Familia	NAMI-Contra Costa	Countywide	70,596
Crisis Intervention Training	County Sherriff's Department	Countywide	15,000
Mental Health First Aid	The National Council	Countywide	20,000
<b>Total</b>			<b>\$343,799</b>

### **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:

<b>Program</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Trained Yearly</b>	<b>MHSA Funds Allocated for FY 20- 21</b>
SPIRIT	OCE County Staff Contra Costa College	Countywide	50	346,258
				25,000
<b>Total</b>			<b>50</b>	<b>\$371,258</b>

### **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:

<b>Program</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Trained</b>	<b>MHSA Funds Allocated for FY 20-21</b>
Graduate Level Internships	County Operated	Countywide		252,350
Graduate Level Internships	Contract Agencies	Countywide		100,000
<b>Total</b>			<b>75</b>	<b>\$352,350</b>

## 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 language need, psychiatrists, hard to fill and retain positions, 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
<b>Total</b>				<b>\$300,000</b>

## Workforce Education and Training (WET) Component Budget Authorization for FY 2020-21:

Workforce Staffing Support	1,259,038
Training and Technical Assistance	343,799
Mental Health Career Pathways	371,258
Internship Program	352,350
Loan Forgiveness Program	300,000
<b>Total</b>	<b>\$2,626,445</b>



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## Capital Facilities/Information Technology

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

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

Electronic Mental Health Record System – Data Management. Contra Costa received approval from the State to utilize MHSAs 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 MHSAs Information Technology component funds to build into this electronic system CCBHS data management capability by means of ongoing and ad hoc 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.

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

#### **Information Technology:**

Electronic Mental Health Data Management System	250,000
Capital Facilities Projects	250,000
<b>Budgeted for FY 2020-21</b>	<b>\$500,000</b>

## 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.

	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/TN</b>	<b>TOTAL</b>
FY 20/21	47,153,698	9,028,430	2,303,538	2,626,445	500,000	61,612,111
FY 21/22	42,123,381	9,028,430	2,303,538	2,626,445	500,000	56,581,794
FY 22/23	41,373,381	9,028,430	2,303,538	2,626,445	250,000	55,581,794

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

<b>A. Estimated FY 2020/21 Available Funding</b>	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/TN</b>	<b>TOTAL</b>
1. Estimated unspent funds from prior fiscal years	35,264,485	6,931,380	5,088,324	835,529	3,819,504	51,939,221
2. Estimated new FY 20/21 funding	42,035,398	9,525,844	2,713,750	0	0	54,274,992
3. Transfers in FY 20/21	(8,108,453)			8,108,453		
4. Estimated available funding for FY 20/21	69,691,430	16,457,224	7,802,074	8,943,982	3,819,504	106,214,214
<b>B. Budget Authority For FY20/21</b>	47,153,698	9,028,430	2,303,538	2,626,445	500,000	61,612,111
C. Estimated FY 20/21 Unspent Fund Balance	22,037,732	7,428,794	5,498,536	6,317,537	3,319,504	44,602,103

### Fiscal Year 2021/22

<b>A. Estimated FY 2021/22 Available Funding</b>	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/TN</b>	<b>TOTAL</b>
1. Estimated unspent funds from prior fiscal years	20,037,732	7,428,794	5,498,536	6,317,537	3,19,504	44,602,103
2. Estimated new FY 21/22 funding	37,851,055	8,577,610	2,443,614	0	0	48,872,279
3. Transfers in FY 21/22						
4. Estimated available funding for FY 21/22	59,888,787	16,006,404	7,942,150	6,317,537	3,319,504	93,474,382
<b>B. Budget Authority For FY21/22</b>	42,123,381	9,028,430	2,303,538	2,262,445	500,000	56,331,794
C. Estimated FY 21/22 Unspent Fund Balance	17,265,406	6,977,974	5,638,612	3,691,092	2,819,504	36,892,588

### Fiscal Year 2022/23

<b>A. Estimated FY 2022/23 Available Funding</b>	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/TN</b>	<b>TOTAL</b>
1. Estimated unspent funds from prior fiscal years	17,765,406	6,977,974	5,638,612	3,691,092	2,819,504	36,892,588
2. Estimated new FY 22/23 funding	30,800,881	6,979,936	1,988,464	0	0	39,769,282
3. Transfers in FY 22/23						
4. Estimated available funding for FY 22/23	48,566,287	13,957,910	7,627,076	3,691,092	3,319,504	77,161,870

<b>B. Budget Authority For FY22/23</b>	41,373,381	9,028,430	2,303,538	2,262,445	250,000	55,581,794
D. Transfers in FY 22/23 to Prudent Reserve				0	0	
C. Estimated FY 22/23 Unspent Fund Balance	7,192,906	4,929,480	5,323,538	1,064,647	2,569,504	21,080,075

<b>Estimated Prudent Reserve for FY 20/21</b>	<b>7,579,248</b>
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**Notes.**

1. 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.
2. 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.
3. 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 \$8,108,453 for FY 2020/21, no transfers in FY 2021/22 and FY 2022/23.
4. 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. 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.
5. 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.

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## Evaluating the Plan

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

During each three-year period, each of the 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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