CONTRA COSTA
MENTAL HEALTH COMMISSION

CONTRA COSTA
MENTAL HEALTH
COMMISSION
1340 Arnold Drive, Suite 200
Martinez, CA 94553
Ph (925) 313-9553
Fax (925) 957-5156
cchealth.org/mentalhealth/mhc

Mental Health Commission (MHC)

Wednesday, July 7th, 2021 ◊ 4:30 pm - 6:30 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

AGENDA

I. Call to Order/Introductions (10 minutes)

II. Public Comments (5 minutes)

III. Commissioner Comments (5 minutes)

IV. Chair Comments/Announcements (5 minutes)

- **Mental Health Commission 2021 Retreat October 6, 2021 from 3:30 – 6:30 PM**
- **Site Visit Program sign-ups in early August**

V. APPROVE June 2nd, 2021 Meeting Minutes (5 minutes)

VI. RECEIVE Presentation of State Hospital plans to reduce patient population, Commissioner Douglas Dunn, Contra Costa Mental Health Commission (10 minutes)

VII. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano (10 minutes)

VIII. Adjourn @ 5:20 pm.

-- The Public Hearing will follow the MHC meeting –

(Agenda continued on Page Two)

CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

Mental Health Commission (MHC) Draft Agenda (Page Two)

Wednesday, July 7th, 2021 ◊ 4:30 pm - 6:30 pm

Call to Order the Public Hearing on the 2021-2022 Mental Health Services Act Plan Update

I. Opening Comments by the Chair of the Mental Health Commission

II. 2021-2022 Mental Health Services Act (MHSA) Plan Update by Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services

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 with the **Brown Act**, if a member of the public addresses an item not on the agenda, no response, discussion, or action on the item 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 servicespursuant 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.

NAMI California
National Alliance on Mental Illness

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

May 24, 2021

The Honorable Nancy Skinner
Chair, Senate Budget Committee
State Capitol Building, Room 5094
Sacramento, CA 95814

The Honorable Philip Ting
Chair, Assembly Budget Committee
State Capitol Building, Room 6026
Sacramento, CA 95814

The Honorable Susan Eggman
Chair, Senate Budget Subcommittee
#3 – Health and Human Services
State Capitol Building, Room 4052
Sacramento, CA 95814

The Honorable Dr. Joaquin Arambula
Chair, Assembly Budget Subcommittee
#1 – Health and Human Services
State Capitol Building, Room 5155
Sacramento, CA 95814

SUBJECT: May Revision Proposal to Discontinue State Hospital Treatment for Lanterman-Petris-Short (LPS) Act Civil Commitments — OPPOSE

Dear Chair Skinner, Chair Ting, Chair Eggman, and Chair Arambula:

On behalf of the National Alliance on Mental Illness - California (NAMI-CA), we respectfully write in opposition to the Governor's May Revision proposal to terminate LPS Act civil commitment treatment in state hospitals.

NAMI-CA is the statewide affiliate of the country's largest mental health advocacy organization, the National Alliance on Mental Illness. Our over 110,000 active advocates and 62 affiliates include many people living with serious mental illnesses, their families, and supporters. NAMI-CA advocates on their behalf, providing education and support to its members and the broader community.

While serious mental illness affects 1 in 20 adults in the U.S., the incidence of symptoms so severe that treatment and confinement in a state hospital are necessary is *extremely* rare. The current population of individuals civilly committed under the LPS Act for state hospital treatment in California is under 800 individuals. By the time these individuals reached the state hospital level of care under a LPS Act commitment, courts have determined that they present a danger to self or others, or are unable to provide for their basic needs, due to mental illness. Additionally, the courts would have also determined that *only* the physically secure, 24-hour care offered by a state hospital is appropriate for the individual.

NAMI-CA is very concerned about the feasibility of the Governor's proposal to move this high-risk population out of the state hospitals and into community settings over the next three years. As acknowledged by the Governor's behavioral health infrastructure budget proposal, California already lacks adequate treatment facilities and housing for the broader population of people living with serious mental illness in the community. This population would certainly be served in local facilities instead of state hospitals if treatment facilities with the needed security, staffing, and clinical expertise existed today.

NAMI California
National Alliance on Mental Illness

Given the security and safety risks combined with medical and mental health complexities of this population, an assessment of the risks or benefits of transferring this high-risk group to new facilities that do not currently exist deserves much more consideration and planning than are available between release of the May Revision on May 14 and the Legislature's June 15 budget deadline.

Finally, NAMI-CA is dismayed the Governor's proposal to transfer nearly 800 patients out of State Hospitals' care is driven *not* by the best interests or clinical needs of the patient population, but rather, the state hospital system's involvement in litigation requiring them to expand capacity for felony-charged Incompetent to Stand Trial individuals. While we acknowledge this legal pressure point for the state, it is unacceptable to put the lives and safety of other state hospital patients with serious mental illness on the line. Thankfully, California has been largely successful in reducing the proportion of people living with mental illness committed involuntarily to institutional settings. However, for the small number who need this most restrictive level of care, it is simply unreasonable to eliminate state hospitals as a treatment option in a state with no similar capacity at the local level.

For these reasons, NAMI-CA urges you to reject this May Revision proposal. I may be reached at jessica@namica.org or (916) 567-0163 with any questions you may have. Thank you.

Sincerely,

Jessica Cruz, MPA/HS
Chief Executive Officer

Cc: Dr. Mark Ghaly, Secretary, California Health and Human Services Agency (CHHSA)
Stephanie Clendendin, Director, California Department of State Hospitals (DSH)
Keely Martin Bosler, Finance Director, California Department of Finance (DOF)
Stephanie Welch, Deputy Secretary, CHHSA
Dr. Katherine Warburton, Medical Director, DSH
Christina Edens, Deputy Director, DSH
Richard Figueroa, Office of Governor Gavin Newsom
Tam Ma, Office of Governor Gavin Newsom
Adam Dorsey, Program Budget Manager, DOF
Nina Hoang, Principal Program Budget Analyst, DOF
Marjorie Swartz, Office of the Senate President Pro Tempore
Agnes Lee, Office of the Speaker of the Assembly
Chris Woods, Office of the Senate President Pro Tempore
Jason Sisney, Office of the Speaker of the Assembly
Scott Ogus, Senate Budget and Fiscal Review Subcommittee No. 3
Andrea Margolis, Assembly Committee on Budget Subcommittee No. 1
Anthony Archie, Senate Republican Caucus
Joe Parra, Senate Republican Caucus
Tim Conaghan, Senate Republican Caucus
Joe Shinstock, Assembly Republican Fiscal Office
Corey Hashida, Legislative Analyst's Office

Scarlet D. Hughes, Executive Director, California Association of Public Administrators, Public Guardians, and Public Conservators
Michelle Doty Cabrera, Executive Director, County Behavioral Health Directors Association
Kelly Brooks-Lindsey, Partner, Hurst Brooks Espinosa, Urban Counties of California
Sarah Dukett, Legislative Advocate, Rural County Representatives of California

May 25, 2021

The Honorable Nancy Skinner
Chair, Senate Budget Committee
State Capitol Building, Room 5094
Sacramento, CA 95814

The Honorable Susan Eggman
Chair, Senate Budget Subcommittee #3
– Health and Human Services
State Capitol Building, Room 4052
Sacramento, CA 95814

The Honorable Philip Ting
Chair, Assembly Budget Committee
State Capitol Building, Room 6026
Sacramento, CA 95814

The Honorable Dr. Joaquin Arambula
Chair, Assembly Budget Subcommittee #1 –
Health and Human Services
State Capitol Building, Room 5155
Sacramento, CA 95814

RE: May Revision Proposal to Discontinue Lanterman-Petris-Short Department of State Hospital Contracts with Counties—OPPOSE

Dear Chair Skinner, Chair Ting, Chair Eggman, and Chair Arambula:

The County Behavioral Health Directors Association (CBHDA), California State Association of Counties (CSAC), Urban Counties of California (UCC), Rural County Representatives of California (RCRC), California State Association of Public Administrators, Public Guardians, and Public Conservators (CAPAPGPC), County Welfare Directors Association (CWDA), and County of Los Angeles must respectfully oppose the May Revision proposal to discontinue State Hospital contracts with counties for Lanterman-Petris-Short (LPS) conservatees over three years. This proposal would effectively close the State Hospital to LPS conservatees in two months' time and put close to a thousand LPS conservatees throughout the state at risk. Such a consequential policy change needs adequate time for counties and the state to thoughtfully assess and plan for the population's needs and ensure safe, available, appropriate community-based alternatives exist prior to discharge. The population of LPS conservatees currently receiving treatment are among the most vulnerable and high-risk LPS

conservatees in the state. They are medically fragile, and in the case of Murphy Conservatees, likely pose a significant public safety risk. We urge the Administration to withdraw this late May Revision proposal and instead work collaboratively with counties and the Legislature to develop a joint proposal to assist with the state's growing Department of State Hospitals (DSH) census, inclusive of both individuals with felonies who have been found incompetent to stand trial (IST) and LPS conservatees.

In January, the state proposed to pilot the realignment of responsibility from the state to counties for the felony IST population through the Community Care Demonstration Project for Felony ISTs (CCDP-IST). CCDP-IST included funding to treat individuals at the local level rather than the state hospital and targeted serving 1,252 ISTs annually at the local level. While the Administration has withdrawn its CCDP-IST proposal in the May Revision, it has replaced it with an equally, if not more concerning, proposition for counties.

Counties have a long relationship with the Department of State Hospitals for the treatment of LPS conservatees, dating back to the establishment of the county-based community mental health system. Under current law, California counties are ***required*** to contract with DSH for LPS conservatees (WIC 4331), and the DSH is required in statute to, "consult, in advance, with the counties regarding any changes in state hospital facilities or operations which would significantly impact access to care or quality of care, or significantly increase costs" (WIC 4332). Due to the parallel requirement for counties to place individuals in the least restrictive level of care, including LPS conservatees, and the much higher rates charged for DSH facilities, the state hospitals are today a last resort placement for county behavioral health clients. A significant portion of the population counties contract with the State Hospitals to serve are Murphy Conservatees, who, in addition to being found mentally incompetent under the LPS Act, have been charged with felonies involving death, great bodily harm, or a serious threat to the physical well-being of another person. These individuals are among the most high-risk populations in the state. Often, due to the nature of their criminogenic risk, there are no suitable or willing local placement options for Murphy Conservatees.

The remaining LPS conservatee population is also high-risk and extremely vulnerable by virtue of the severity of their mental illness. DSH has a unique treatment capacity in the form of a specialized medical unit for individuals that are both medically and psychiatrically complex. Today, there are no local placement options for civilly committed LPS and Murphy conserved clients with significant medical and psychiatric co-morbidities. Because local treatment providers have the option to accept or deny mental health patients, it can be extremely challenging to identify willing providers at the local level to accept some of our most medically complex psychiatric patients. Building out additional parallel treatment capacity at the local level will take significant time and expenditure – well beyond the three years proposed by the Administration. The DSH has been an invaluable state placement option for these individuals, and counties highly value our partnership with the state hospitals, as well as the quality of care delivered by their teams.

Under this May Revision proposal, DSH would immediately halt any new admissions of LPS patients, beginning July 1, 2021, and seek to reduce the current LPS population of 778 individuals at DSH by a third each year, beginning in 2021-22. This proposal would mean that counties would need to identify over 250 local placement options for highly vulnerable populations with almost no time to adequately plan, let alone build out additional capacity, or face a penalty in the form of a 150% increase in the state hospital bed rate. County behavioral health capacity was significantly compromised during the

pandemic, which highlighted the challenges of creating surge capacity when limited by the constraints of the Institutes of Mental Disease (IMD) exclusion, which limits the capacity of providers and results in higher costs at the local level.

Without better forethought, planning, and dedicated resources, including cooperative state and local planning to ensure the availability of quality treatment providers at the local level willing to accept these individuals and serve their needs, counties are concerned that this change in policy will result in significant harm to our patients and local communities.

Counties urge the Legislature to view the proposed closure of the state hospitals to LPS conservatees as comparable in scale and importance to the closure of state-operated developmental centers under the Department of Developmental Services (DDS) in 2012. Following the decision to close state developmental centers, the state convened a taskforce that developed and released a robust plan for the future of developmental center residents which included: 1) a more gradual transition of individuals to the local level, 2) the availability of community services and supports to support their transition into community living, 3) strong consumer protections, and 4) state department accountability. We believe that individuals with serious mental illness on an LPS conservatorship deserve comparable levels of consideration and safety planning to ensure that any effort to phase out the use of the state hospitals for LPS conservatees ensures the success of the population at the local level post-transition.

For these reasons, counties must respectfully oppose the discontinuation of LPS contracts proposed in the 2021-2022 May Revision and urge the Legislature to reject the May Revision proposal. Counties are ready to partner with the state and the Legislature to develop viable and timely alternatives to address the state hospitals' capacity concerns in a way that ensures that individuals served at the local level have timely access to quality treatment while mitigating the potential risks to public safety. If you have any questions, please feel free to reach out to any of the organizations below.

Sincerely,

Michelle Doty Cabrera
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Sarah Dukett
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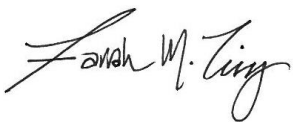

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Cc: Dr. Mark Ghaly, Secretary, Health and Human Services Agency (HHSA)
Stephanie Clendenin, Director, DSH
Keely Martin Bosler, Finance Director, California Department of Finance (DoF)
Stephanie Welch, Deputy Secretary, HHSA
Dr. Katherine Warburton, Medical Director, DSH
Christina Edens, Deputy Director, DSH
Richard Figueroa, Office of Governor Gavin Newsom
Tam Ma, Office of Governor Gavin Newsom
Adam Dorsey, Program Budget Manager, DoF
Nina Hoang, Principal Program Budget Analyst, DoF
Marjorie Swartz, Office of the Senate President Pro Tempore
Agnes Lee, Office of the Speaker of the Assembly
Chris Woods, Office of the Senate President Pro Tempore
Jason Sisney, Office of the Speaker of the Assembly
Scott Ogus, Senate Budget and Fiscal Review Subcommittee No. 3
Andrea Margolis, Assembly Committee on Budget Subcommittee No. 1
Anthony Archie. Senate Republican Caucus
Joe Parra, Senate Republican Caucus
Tim Conaghan, Senate Republican Caucus
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NAMI Contra Costa County
National Alliance on Mental Illness

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June 8, 2021

Gavin Newsom, Governor, State of California
1303 10th Street, Suite 1173l
Sacramento, California 95814

RE: Strongly Oppose and Actively End Dept. of State Hospitals (DSH) "patient dumping"

Based on increasing alarming personal experiences, we are quite aware the Department of State Hospitals (DSH), because of an ACLU and Public Defenders lawsuit, is actively engaging in "patient dumping" of both LPS Conservatorship and Incompetent to Stand Trial (IST) patients. For example, an African-American young man was recently arrested by the Contra Costa Sheriff Dept. SWAT team, given a Mental Health Evaluation, then jailed in the Martinez jail, then given a judicial involuntary 1 year medication order after being determined he was IST, then finally after 5 months in jail, sent to a state hospital for competency restoration. Usually, state competency restoration state hospital stays are for 4-6 months. However, after only 2 months, this person was dumped from the particular state hospital back to where he was originally arrested (talk about "re-trauma"!) without any medications or discharge plan! The mother was forced to rescue him from this re-traumatizing experience. As a result, he is mentally doing quite poorly and the mother is really struggling to try and get him additional help.

In addition, we increasingly know of citizens who have been LPS Conserved for decades in state hospitals suddenly being released without warning and dumped back to families without any Conditional Release Program (CONREP) guidance or medications. In Contra Costa detention facilities, we also increasingly know of **persons, primarily of color, being declared "unrestorable." This is absolutely unconscionable!** Arbitrary and capricious DSH discharge decisions are taking us back to the prison "back hole" days in the 19th century when Dorothea Dix found "the most mentally vulnerable among us" being treated like terribly abused animals. Is this what we want to allow to the very "least among these my brethren"??? (Matthew 25:40).

These unconscionable actions are being driven by a proposed flat 2021-2022 DSH budget which proposes to phase out both IST (including 12-15 Contra Costa residents under an LPS Murphy Conservatorship) and **all** LPS patients by June 30, 2024. This is unbelievable because of the state's unexpected $76B surplus! DSH facilities can afford to be expanded to promptly end and reverse the unconscionable discriminatory situations revealed in this letter.

Here in Contra Costa County, over 350, or 50%, of the 700 persons incarcerated are of color. In addition, nearly 300 or over 40% of them live with a most severe mental illness, with most waiting for a DSH bed.. Do we want to continue backwards and allow our local jails and state prisons to officially become the new asylums, especially for Black, Indigenous Persons of Color (BIPOC)? We collectively must do far better!!

Toward that end, we ask you and the legislature to "change course" and consider the following:

- Utilize unused property and either refurbish or build new buildings on various state hospital properties (especially Napa and Metropolitan State Hospitals) to expand Incompetent to Stand Trial (IST) facilities for persons that can be restored to competency.
- For LPS Murphy Conservatees, also further utilize these properties to expand the number of beds as well as specialized treatment and services for this very most vulnerable population.

As emphasized in the recent NAMI California letter on this issue, **State Hospitals have the specialized staff, facilities and programs for these persons that counties, even a mainly suburban county such as Contra Costa, do not have the funding to possess.**

NAMI Contra Costa County

RE: <u>Strongly Oppose</u> & <u>Actively End</u> <u>Dept. of State Hospitals (DSH)</u> <u>"patient dumping"</u> **2**

- For LPS Consevatees, we strongly ask that you and the legislature put real pressure on the Department of Health Care Services (DHCS) to **<u>promptly apply</u>** for the federal up to 30 day waiver of the federal Medicaid (Medi-Cal) Institute of Mental Diseases (IMD) Reimbursement Exclusion for persons 21-64 years of age. The DHCS wants to wait until fiscal 2021-2022 to perhaps apply for this waiver. As a result, the state is leaving up to $70 Million annually "on the table" that county Behavioral Health departments could be reimbursed to help this very vulnerable population. For Contra Costa Behavioral Health Services (CCBHS) this would mean an additional $1-1.5M/year in reimbursement for the 120-150 persons requiring this level of care. <u>This is not "chump change."</u>
- For this same population, we also strongly ask that you and the legislature actively support the growing bipartisan federal legislative effort to permanently repeal this most discriminatory Reimbursement of care exclusion. For California, this would mean an additional $800 Million or so of additional Medi-Cal Reimbursement for its most vulnerable citizens. For Contra Costa Behavioral Health Services, this would mean at least an addition $25M in annual Medi-Cal Reimbursement which would allow needed "build out" of badly needed additional IMD (locked facility beds) as well as greatly expanded "step down" community based outpatient services.

For the large majority of California citizens (15%) living with mental health challenges, community based services can work well. However, for the 5% living with severe mental health challenges, the above requested changes are desperately "overdue." While we strongly support your $12B plan to end homeless in California over the next several years, supportive reimbursed wrap-around services (including locked facility help when necessary) are vitally needed for our most vulnerable citizens. **<u>Otherwise, the state will be saying it is OK in the 21st century to "dump" our most vulnerable from state hospitals back to local jails without any proper supports whatever! This directly runs counter to decriminalizing those of our citizens, especially of color, living with severe mental illness.</u>**

With a $76B state surplus, we know there is the citizen political will for funding and implementing the items listed above to ensure proper long-term **<u>non-criminal</u>** humane and compassionate care for the most vulnerable among us. Will you and the legislature show the political will to listen and follow the social political will of the citizens of Contra Costa County and California as a whole? We trust that you and the legislature will and thank you for making the "high calling" effort to expand the DSH budget and reverse DSH patient dumping of our most vulnerable citizens.

Don E. Green	Gigi R. Crowder	Douglas W. Dunn
President	Executive Director	Chair, Legislative Committee,
NAMI Contra Costa	NAMI Contra Costa	NAMI Contra Costa

CC: Senator Steve Glazer, D-District 7
Senator Lonnie Hancock, D-District 9
Senator William "Bill" Dodd, D-District 3
Assemblymember Rebeca Bauer-Kahan, D-District 16
Assemblymember Jim Frazier, D-District 11
Assemblymember Tim Grayson,D-District 14
Assemblymember Buffy Wicks, D-District 15

Supervisor Diane Burgis, Supervisor, District 3, Chair of the Board, 2021
Supervisor Federal Glover, Supervisor, District 5, Vice Chair of the Board, 2021
Supervisor Candace Andersen, Supervisor, District 2, Member, Contra Costa Mental Health Commission
Supervisor John Gioia, Supervisor, District 1
Supervisor Karen Mitchoff, Supervisor, District 4

Anna M. Roth, RN, MPH, Director, Contra Costa Health Services
Erika Jenssen MPH, Deputy Director, Contra Costa Health Services
Suzanne Tavano, PhD, Director, Contra Costa Behavioral Health Services
Matthew Luu, LCSW, Deputy Director, Contra Costa Behavioral Health Services
Jan Cobelada-Keglar, PsyD, Adult and Older Adult Program Chief
Marie Scannell, PhD, Program Manager-Forensic Mental Health, Contra Costa Behavioral Health

Teresa Pasquini June 28, 2021 CA Assn. of Counties Legislative Summary

- **Behavioral Health Behavioral Health Continuum Infrastructure Program:** The budget framework includes $443,499,000 for the Governor's Behavioral Health Continuum Infrastructure Program until June 30, 2026. Of that amount, $150 million is earmarked to support mobile crisis infrastructure, $100 million for justice-involved initiatives through 2024, $30 million for a Population Health Management service only if legislation is enacted that clarifies its implementation, and $4.6 million for interoperability or data exchange purposes. Many details remain unclear and more implementation negotiation, and perhaps even a standalone trailer bill, is expected.

- **Behavioral Health Quality Improvement Program:** The budget deal retains $21.75 million for county behavioral health departments to implement CalAIM components while ensuring quality behavioral health care.

- **Mental Health Services Act Flexibility:** As part of the budget deal, AB/SB 134 extends the deadline for a county to submit its three-year Mental Health Services Act (MHSA) plan for one more year, to July 1, 2022. The bill also authorizes a transfer of $187 million from the Federal Trust Fund to DHCS to "support community mental health services." CSAC is working to determine exactly the purpose of this funding. AB/SB 134 is a majority vote bill because it does not alter the main intend of the MHSA as approved by the voters.

- **Department of State Hospitals:** Counties engaged in nearly two months of negotiations with the state in search of viable solutions to reducing the 1,600-person wait list for individuals who have committed a felony and been found to be Incompetent to Stand Trail (IST) to be admitted from county jails into treatment at a state hospital. AB/SB 129 dedicates $255 million (and up to $75 million more upon approval) to allow the Department of State Hospitals (DSH) to contract for additional capacity in the community. The Governor had proposed in his May Revision Budget to halt admissions of county Lanterman-Petris-Short (LPS) conservatees at state hospitals to clear beds for felony IST individuals on the wait list. Counties vociferously opposed this plan, as it would have sent ill LPS conservatees back to counties with no assistance in creating local placements for these complex cases. Fortunately, the Legislature agreed and the budget deal announced to date does not include a halt to LPS admissions. The health trailer bill, AB/SB 133, authorizes DSH to begin charging counties for IST individuals who are either restored or declared unrestorable if the county does not take a person back into custody 10 days after the notification. CSAC expects additional trailer bill language, likely in another bill this summer, to create a more formal state-led IST working group of all stakeholders. This working group would develop recommendations to solve the waitlist issue, but, if it cannot be successful, DSH would be authorized to discontinue LPS admissions. **CSAC and county affiliates will be key members of the proposed working group, but the timelines and details of this framework remain in flux and are not included in the budget bills before the Legislature today.** The Budget also includes $12.7 million to partner with local county jails to re-evaluate individuals deemed Incompetent to Stand Trial on a felony charge who have waited in jail 60 days or more pending placement to a state hospital treatment program.

Apparent County Behavioral Health Directors Assn. of CA (CBHDA) DSH Negotiations Summary
Dr. Suzanne Tavano, Contra Costa Behavioral Health Services Director—June 29, 2021

Multiple major issues involved to follow regarding Dept. of State Hospitals (DSH) negotiations:

1. **Misdemeanor IST (MIST):**
   Result: No longer eligible for admission to a state hospital

2. **Felony IST (FIST):**
   Result: Mandatory reduction in wait time once a person is declared Felony IST. Focus will be on courts decreasing determinations of FIST status and on local treatment as alternative to state hospitals.

3. **Re-determination of Felony Incompetent to Stand Trial (FIST) status:**
   Result: If a person detained in custody receives treatment and shows evidence of ability to participate in court proceedings after being determined FIST, a re-determination of status might occur. This might lead to cancelation of referral to a state hospital.

4. **Consequence of insufficient FIST reduction:**
   Result: If state hospital capacity for FIST continues to be exceeded, discharge of LPS clients back to the county will occur.

5. **Penalties for untimely return to county:**
   Result: If a county is found to not arrange discharge of clients as soon as DSH determines its level of care is not needed, the county will pay a daily penalty for each day beyond discharge date set by DSH.

6. **Focus on least restrictive environment:**
   Result: This is a centerpiece to DSH reform and will carry through to all levels of care.

7. **Persons found non-restorable:**
   Result: Will be returned to the county. If there is validated potential of danger to the community, a conversion to an LPS Murphy Conservatorship most likely will occur. If not determined dangerous, will be a county responsibility to arrange and provide care.

NOTE: The average length of stay for a LPS conserved person in a state hospital is 12 times longer than a Felony Incompetent to Stand Trial (FIST) person.

Given the above interlinked issues, a lot of responsibility will fall to counties BHS departments and especially Detention Health personnel. Families and stakeholders at large will need to understand that the state is mandating an anticipated focus on least restrictive, community based care and clearly intends to decrease state hospital utilization.

CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

MHSA 3 Year Plan 21-22 Annual Update - Overview

Public Hearing

Mental Health Commission Meeting

7/7/21

Acknowledgements

- 2020-23 Plan - Covid Extension
- 20-23 Three Year Plan adopted by the Board of Supervisors in February 2021
- 21-22 Plan Update *Draft* completed & posted for 30-day public comment on May 3, 2021
- Plan is a snap shot in time
- Public Hearing @ Mental Health Commission meeting on July 7, 2021

Supportive Housing

Updates to No Place Like Home participation

Supportive Housing Services Team

Ongoing Goal - to increase on-site permanent supportive housing services and supports

Early Childhood Mental Health

RFP awarded to Early Childhood Prevention & Intervention Coalition (ECPIC)

Services will include: Outreach, In-Home Support & Parenting Classes for families with children ages 0-5

Funding: $125K /yr

Prevention & Early Intervention (PEI) enhancement to Children's System of Care

Suicide Prevention

- RFP awarded to Contra Costa Crisis Center
- Suicide Prevention Hospital Follow Up Program
- $50K annual funding
- Prevention and Early Intervention (PEI) enhancement to countywide suicide prevention efforts

Mental Health Career Pathways

Expand Loan Repayment Program to Community Support Workers (Peer Providers) and Mental Health Clinical Specialists

Goals of increasing retention and language capacity among workforce

Workforce Education and Training (WET) – Greater Bay Area Regional Partnership with CalMHSA & OSHPD

Looking Ahead…

Innovation

Community Crisis Response

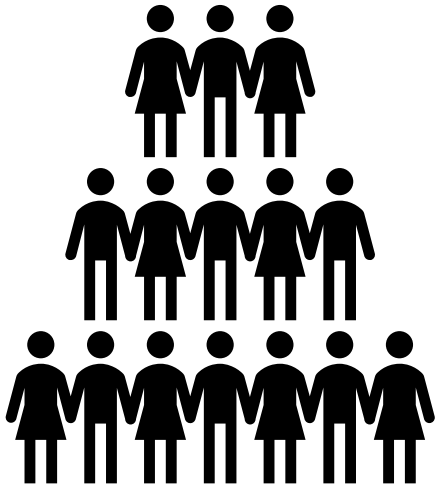
Certified Peer Counselor Initiative

Housing

Community Program Planning (CPP)
MHSA Presentations and Events

Summary of Community Program Planning Process (CPPP)

- ✓ Total Number of Participants: Approx. 350
- ✓ Participants included: Providers (County & CBO), Community Members, Peers, Family Members, Community Partners & Advocates
- ✓ Increased participation from diverse communities and peers & family members
- ✓ Events were free & open to the public



Community Feedback from CPPP

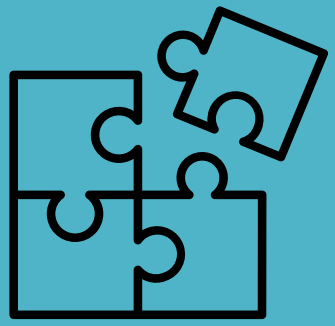
Prioritizing Needs

What does wellness look like in your community?

- No barriers to treatment, especially for people of color & those with disabilities
- No stigma
- Opportunities to access safe outdoor spaces & to practice spirituality
- Comprehensive resource hubs

What's working well?

- Telehealth
- Mobile Crisis Services – including MCRT, H3 CORE, MHET
- Hotlines – Crisis Center, 211, Access Line, Anonymous Hotlines
- Non-Profit CBO's
- Language Access – Crisis Center's Grief Groups in Spanish
- Older Adult Services



What are the service gaps? What's missing?

- Affordable Housing – with on-site services
- More access to technology (including training)
- Culturally appropriate care – including language access (and materials printed in multiple languages)
- Mental Health Supports – including training and education
- More virtual mental health services, especially for youth
- More promotion of existing resources
- More community crisis response services
- Greater access to county funding & resources for CBO's
- Specific mental health programs tailored toward the African American community and TAY of color
- Peer respite centers
- Re-entry support services

What populations are most at risk?

- Youth, including former foster youth
- Teens – many have had to quit school to get jobs to support family
- Seniors
- Homeless population, including homeless youth
- Immigrants, refugees, minorities and low- income people
- Single mothers
- People with disabilities
- People with substance use disorders (SUD) – use is on the rise during COVID

Projected FY 21-22 budget of $54.4m

Unspent Fund balance $29.1m

Prudent Reserve remains unchanged at $7m

Proposed FY 21-22 Budget

2020-23 Fund Ledger

Estimated fund balance as of July 1, 2020	52.7m
Anticipate FY 20-21 Revenue inclusive of interest earned	+50.6m
Proposed budget for FY 20-21	- 61.9m
Estimated Ending balance as of July 1, 2021	41.4m
Estimated Unspent Fund for FY 21-22	+ 41.4m
Anticipated FY 21/22 Revenue inclusive of interest earned	42.1m
Proposed budget for FY 21-22	- 54.4m
Estimated fund balance as of July 1, 2022	29.1m
Estimated Unspent Fund FY 22-23	+ 29.1m
Anticipated FY 22-23 Revenue inclusive of Interest Earned	36.4.m
Proposed budget for FY 22-23	- 54.1m
Estimated fund balance as of July 1, 2023	11.4m

How can the community provide input?

View the Plan on CC Behavioral Health Website: https://cchealth.org/bhs/

Provide a Public Comment online, by email or by phone: https://cchealth.org/bhs/mhsa@cchealth.org; 925-313-9525

Public Hearing Mental Health Commission meeting

MHSA Consolidated Planning & Advisory Workgroup (CPAW) meetings

Community Forums

Executive Summary

We are pleased to present Contra Costa Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update (Plan Update) for fiscal years 2021-22. This Plan Update starts July 1, 2021 and updates the MHSA Three Year Program and Expenditure Plan (Three Year Plan) that was initiated in July of 2020. The past year has been unprecedented in many ways. We look forward to continued community partnerships that have emerged in 2020 to address the pandemic, health inequities and community crisis response services. These on-going efforts will continue to provide learning opportunities that guide our work moving forward.

The Three-Year Plan describes programs that are funded by the 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 responsive, 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 (CPPP).

Highlights of changes and updates to the Plan Update for 2021-22 include the following:

- Budget updated to reflect estimated available funding for FY 21-22 (Pg. 61)
- Full Service Partnership performance indicators for FY 19-20 (Pg. 23)
- Prevention and Early Intervention Data & Performance Indicators (Pg. 39)
- No Place Like Home (NPLH) and housing updates (Pg. 30)
- New PEI Programs currently in the Request for Proposal (RFP) process:
  - Early Childhood Mental Health Outreach & Education (Pg. 42)
  - Suicide Prevention Training & Education (Pg. 48)
- Information on Suicide Prevention Coalition and new Youth Subcommittee (Pg. 49)
- Expansion of Loan Repayment Program to address mental health career pathways and cultural responsiveness (Pg. 56)

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The Plan

Appendices

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Vision

The Mental Health Services Act serves as a catalyst for the creation of a framework that calls upon members of our community to work together to facilitate change and establish a culture of cooperation, participation, and innovation. We recognize the need to improve services for individuals and families by addressing their complex behavioral health needs. This is an ongoing expectation. We need to continually challenge ourselves by working to improve a system that pays particular attention to individuals and families who need us the most and may have the most difficult time accessing care.

Our consumers, their families and our service providers describe behavioral health care that works best by highlighting the following themes:

Access. Programs and care providers are most effective when they serve those with behavioral health needs without regard to Medi-Cal eligibility or immigration status. They provide a warm, inviting environment, and actively and successfully address the issues of transportation to and from services, wait times, availability after hours, services that are culturally and linguistically competent, and services that are performed where individuals live.

Capacity. Care providers are most appreciated when they are able to take the time to determine with the individual and his or her family the level and type of care that is needed and appropriate, coordinate necessary health, behavioral health and ancillary resources, and then are able to take the time to successfully partner with the individual and his or her family to work through the behavioral health issues.

Integration. Behavioral health care works best when health and behavioral health providers, allied service professionals, public systems such as law enforcement, education and social services, and private community and faith-based organizations work as a team. Effective services are the result of multiple services coordinated to a successful resolution.

We honor this input by envisioning a system of care that supports independence, hope, and healthy lives by making accessible behavioral health services that are responsive, integrated, compassionate and respectful.

Suzanne K. Tavano, PHN, Ph. D
Behavioral Health Services Director

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Needs Assessment

Introduction

In 2019 CCBHS conducted a triennial quantitative and qualitative needs assessment of public mental health needs in preparation for developing the Fiscal Year 2020-23 MHSA Three Year Plan. This data driven analysis complements the 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.

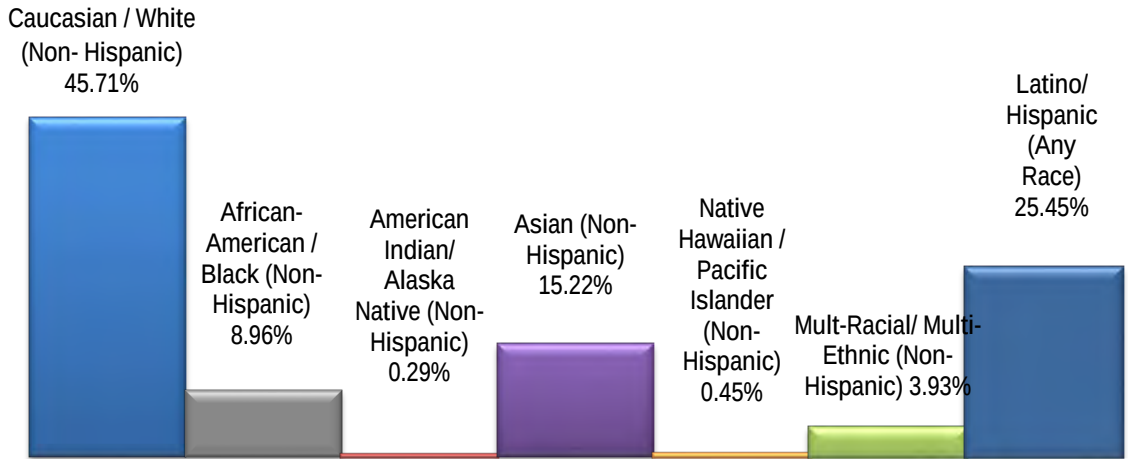
In 2019 Contra Costa Health Services (CCHS) also launched its Envision Health planning process to understand, think about, deliver and support health in Contra Costa County to collectively address changing realities. As part of this process CCBHS is working with the community and partners in planning 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 Projected 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 CCBHS 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 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 Update for FY 2021-22. 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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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), which convenes on a monthly basis. Over the years CPAW members, consisting of consumers, family members, service providers and representative community members, have provided input to the Behavioral Health Services Director as each Three-Year Plan and yearly Plan Update has been developed and implemented. CPAW has recommended that the Three-Year Plan provide a comprehensive approach that links MHSA funded services and supports to prioritized needs, evaluates their effectiveness and fidelity to the intent of the Act, and informs future use of MHSA funds. CPAW has also recommended that each year's Community Program Planning Process build upon and further what was learned in previous years. Thus, the Three-Year Plan can provide direction for continually improving not only MHSA funded services, but also influencing the County's entire Behavioral Health Services Division. In addition, CPAW utilizes part of its monthly meeting time to be the planning and implementation resource for fielding each year's Community Forums.

Community Forums Informing Fiscal Year 2021-22

With the onset of the COVID-19 pandemic in 2020, all stakeholder meetings and events shifted to a virtual platform. A total of six community planning events were held in multiple settings and about 351 people participated in the CPPP. Stakeholders continued to provide input and forum themes were focused on topics identified by the community as timely. They included:

- Evolution of the Peer Movement in Contra Costa – September 23, 2020
- Hope & Wellness in Our Diverse Communities – January 28, 2021

We also garnered community input through a collaboration with the Health Services COVID-19 Historically Marginalized Community Engagement Unit (HMCEU) and the workgroups which were established in 2020 through a partnership between Contra Costa Health Services, and the various divisions that fall under it; including BHS, as well as other County agencies, community-based organizations, and community members that banned together in response to assist communities in Contra Costa County disproportionally impacted by COVID-19. MHSA presentations & community discussion took place at the following HMCEU meetings:

- COVID-19 Aging & Older Adult Workgroup – March 10, 2021
- COVID-19 HMCEU Meeting – March 11, 2021
- COVID-19 African American Workgroup – March 11, 2021

We plan to present to the remaining groups in the upcoming months: COVID-19 Latino Workgroup, COVID-19 Asian/ Pacific Islander Workgroup and the COVID-19 Youth & Young Adult Workgroup.

An additional evening community forum was conducted entirely in Spanish and hosted in partnership with Visión y Compromiso and Contra Costa Health Services. The event was focused on education on the COVID-19 vaccine, as well as a presentation on the MHSA with an opportunity for community input. Additionally, mental health resources were shared with a focus on those which offer services in Spanish.

- *Nuestra Comunidad, Nuestro Bienestar* (Our Community, Our Wellbeing) – March 16, 2021

Evolution of the Peer Movement in Contra Costa (9/23/2020)

- *Event sponsored in partnership with Native American Health Center*
- *Total Registered:154*

The community forum provided information on the MHSA, as well as guest speakers, storytelling, and space to allow for community input through Talking Circles. Interactive stretch breaks were included to address the virtual burn out. Presentations and healing space was led by the Native American Health Center (NAHC), BHS's Office for Consumer Empowerment, and two peer advocates with a history in Contra Costa sharing information on Peer Respites and the importance of Peer Advocacy. The table below reflects 32 survey responses received.

Race/ Ethnicity	Affiliation	Age Range	Gender Identity	Sexual Orientation	Previously Attended a BHS Forum
American Indian/ Native American/ Alaska Native: 0% Asian/ Pacific Islander: 3% Black/ African American: 19% Caucasian/ White: 45% LatinX/ Hispanic: 19% Middle Eastern/ North African: 0% Prefer to Self- Describe: 10% Decline to State: 3%:	Peer/Consumer / Client: 62.5% Family Member of a Peer/ Consumer/ Client: 37.5% Service Provider: 41% CCBHS Staff: 28% Other: 6%	18-25 years: 0% 26-35 years: 9% 36-45 years: 37.5% 46-55 years: 16% 56-65 years: 25% 66+ years: 12.5%	Female: 75% Male: 25% Transgender: 0% Gender- queer: 0% Questioning: 0% Decline to State: 0%	Bisexual: 12.5% Gay: 3% Heterosexual/ Straight: 78% Lesbian: 0% Queer: 0% Questioning: 3% Decline to State: 3%	Yes: 68% No: 29% Don't Know: 3%

Talking Circles. The following questions were used to engage in small group sharing. Participants also had the chance to bring up other items in relation to behavioral health and wellness. The information is summarized on the following pages.

1. If you could design a perfect program or service for you, what would it look like?
    - Supports like sports, music, instruments, dancing, acting, gardening, art and animals to connect and break down barriers. It helps people relax. Teambuilding and socializing. Use food when getting together, share a meal.
    - Include family members as part of the network of support
    - More wholistic approach, spiritual, meditation, medicine didn't work, felt sedated and turned to homeopathy-worked on inner self and outer self-improved. Also include more faith leaders and connections with communities.
    - Peer driven/led. Personal experience provides value and is effective versus people without experiences making decisions with just book knowledge. Peers understand, shared struggles in similar situations.
    - SPIRIT type program should be offered in high schools, so students understand mental health and self-care
    - Feel peer respites are needed in Contra Costa County.
    - Classes like WREACH should be more widely available. Learning how to tell your story is very important.
    - A program that removes police from being first responders. Having peers and behavior health responders operate as a team, would be first responders, operating 24 hours on rotating schedule. Would also consist of PET training, WRAP groups and other groups. Police would be called by team if needed.

2. When you were first connected to services or supports, what was the attitude of the service or wellness provider and was that helpful or not helpful?
    - Was part of large group in my Intensive Outpatient Program, felt there was not enough support due to group size, and staff to client ratio was unrealistic.
    - Trying to get services through school was difficult- felt put-off, no support and wasn't helpful. Staff weren't educated and informed on mental health.
    - Connected to SPIRIT Program at CC College, other staff and administrators had little to no understanding or knowledge of mental health education.
    - Felt unsupported, until connecting to Putnam (peer program), virtual services still helping a lot, also connected to NAHC. I haven't had a panic attack in 2 months.
    - Insurance often dictates experiences/ treatment/ access to treatment due to money, what they will/ won't cover, etc. All deserve quality.

3. Have you or your loved one ever received services or supports from a peer provider? If yes, how was it different from receiving services or supports from other behavioral health or wellness providers?
    - More personable, understanding
    - Taking SPIRIT and being able to share my story I feel like a weight is off my shoulders. I graduated from nursing school and had book knowledge, but none on peers. I never heard of it, I used to be so judgmental.
    - Peers offered hope. "When I talked to them, they never told me what I NEEDED TO DO they asked me WHAT I THOUGHT I OUGHT TO DO."
    - Peers are more of a warm handoff. Develop trust that therapy may work.

- Having peers alongside other mental health professional is so important. Peers told me “You are not alone!” “I’ve been there too and you can feel better.” They talked with me alone, helped me feel safe to ask questions I had about meeting with a psychiatrist. No judgement. They gave me hope and reached out to me after the appointment, offered emotional support and shared what I could do next. It was so important that they were part of my first experience. I went from hopeless to having hope, feeling that someone understood my fear.

4. Are you familiar with peer run respite centers? If there was a respite center for you to decompress for a few days that was run by peers; would you be interested?
    - Support at respite needs to be diverse and safe. There should be some support to get there safely as well.
    - Peer support wasn’t available at time of crisis, but now is. When my loved one experiences crisis, it is very helpful.
    - Yes, and support having Peer Respite Centers! Needed in this County.
    - Yes, feels like a step down from crisis residential and step up from board and care
    - Would deter unnecessary visits to Psych emergency and reduce systematic trauma.
    - Sometimes just need a place to rest and get thoughts straightened out. It would be a safe place to recover in a crisis.

5. Other General Comments:
    - Yoga and stretching really helped stay engaged during forum
    - Re-entry from jail to the outside; found many had mental health needs weren’t met. Incarcerated people need to get support that. Agencies inside jail system are not able to refer incarcerated people to resources outside jail system. It would be helpful so when they are released they connect with providers.
    - Families with loved ones who became incarcerated wonder why they have serious troubles and what was next. Mental health goes untreated, and a high percentage are African American males.
    - Wouldn’t it be nice if when Back to School happened each year, students and families would receive flyers on mental health resources, along with PE schedule, PTA info, sports program, etc.
    - Peer programs like Putnam and RI are ideal to provide a place for ALL individuals (including those recently released from incarceration). Helps combat loneliness/ isolation. COVID-19 is a current barrier to this.

Hope & Wellness Community Forum (1/28/2021)

- *Event in partnership with SPIRIT Alumni-Chaplain Creekmore, BHS Office for Consumer Empowerment, Sojourner Truth Presbyterian Church, the BHS Self-Care Team, and Teacher & Chef Cindy Gershen.*
- *Total Registered: 89*

The community forum provided information on the MHSA, as well as guest speakers, sharing about what supports their mental health and highlighting some of the various ways communities support their mental health, wellness, and recovery. Information and resources on mental health and wellness supports in the County were also included. Space for community input was allowed through Talking Circles. An interactive stretch break was included to address the virtual burn out. The table below reflects 22 survey responses received, as well as 54 responses received via a Zoom poll.

Race/ Ethnicity	Affiliation	Age Range	Gender Identity	Sexual Orientation	Previously Attended a BHS Forum
American Indian/ Native American/ Alaska Native: 0% Asian/ Pacific Islander: 4.5% Black/ African American: 18% Caucasian/ White: 55% LatinX/ Hispanic: 9% Middle Eastern/ North African: 0% Prefer to Self- Describe: 9% Decline to State: 4.5%:	Peer/ Consumer/ Client: 27% Family Member of a Peer/ Consumer/ Client: 36% Behavioral/ Mental Health Service Provider: 50% Decline to State: 0% Other: 18%	18-25 years: 0% 26-35 years: 5% 36-45 years: 43% 46-55 years: 5% 56-65 years: 19%: 66+ years: 24% Decline to State: 5%	Female: 68% Male: 23% Transgender: 4.5% Genderqueer: 0% Questioning: 0% Decline to State: 4.5%	Bisexual: 9% Gay: 0% Heterosexual/ Straight: 86% Lesbian: 0% Queer: 0% Questioning: 0% Decline to State: 5% Prefer to Self-Describe: 0%	Yes: 59% No: 34% Don't Know: 7% *Please note: These responses were collected via a Zoom Poll during the forum.

Talking Circles. The following questions were used to engage in small group sharing. Participants also had the chance to bring up other items in relation to behavioral health and wellness. The information is summarized below.

1. What does mental health and wellness look like in your community?
    - Members of the community have really leaned into existing supports and are engaging in self-care and holistic health. Self-care activities include; reading books on wellness, focusing on healthy eating, practicing mindfulness, journaling, exercising.
    - Younger generations appear to be more vocal about mental health concerns.
    - Overall participants are extremely pleased and appreciative of the innovative and adaptive adjustments programs have made to continue services during COVID-19.
    - Virtual platforms, such as Zoom, have been invaluable to keeping people connected, linking folks to services and educating providers, consumers, and the rest of the

public.

- There has been notable effort to provide access to technology and provide education on how to use this technology so consumers can access services.
- Participants feel providers are very cognizant of the unique challenges COVID-19 and remote services has presented, and there has been an increase in intentional effort on their part to engage in outreach and to check in regularly and stay connected.
- Zoom has increased ease and frequency of access for those who were hesitant or had institutional or physical barriers to accessing services in person in the past.
- Technology has also allowed more coordination and communication between local government, community-based organizations, the State, community stakeholders, etc. For some, technology has been a challenge in receiving services.

2. What community supports are helpful or working well?
    - Putnam Clubhouse, online services are offered throughout the entire day and into the evening to allow people to stay involved, stay connected, and reduce isolation. There have been successful efforts to get consumers access to the technology they need to stay connected (e.g., smartphones, Chromebooks) and staff has been educating consumers on how to use the technology.
    - Leadership has recognized the strain on clinical staff and has provided and encouraged virtual staff self-care sessions.
    - Notably, programs and resources designed to address food insecurity have really stepped up to the plate to address the challenges COVID-19 has exacerbated in this arena.
    - While challenges persist, there was a strong consensus that resources and programs are working as well as possible and are doing their best, especially under the circumstances. These include but are not limited to: schools/ teachers, food banks, churches, support groups, peer support workers, etc. While housing remains a challenging area, various housing services are among those that have been working hard with the tools they have.
    - Participants also noted the tremendous work first responders do and the dedication they've demonstrated throughout this entire crisis over the last year.

3. What supports and services would you like to see more of during these challenging times?
    - There is a call for folks unable to get into a hotel before because they didn't qualify, for example transition age youth (TAY) and adults without preexisting conditions to be given access to hotel rooms.
    - Housing for high-risk groups severely mentally ill (SMI), substance use disorder (SUD), etc. needs to be expanded and prioritized.
    - Need for more residential programs, crisis residentials, high quality board and cares, room and boards, etc., especially for those with SMI, SUD or co-occurring disorders
    - Want leadership to explore how to utilize existing housing and housing development more creatively and effectively and prioritize this housing for the homeless population.

- There's a need for more hygiene support for the homeless population (e.g., facilities with showers, laundry, toiletry resources, etc.)
- More affordable housing and increase education and support services for those at risk of losing housing, or are looking for housing, as their issues might be easily resolved with this dedicated support.
- More virtual groups/fun activities for younger kids and pre-teens
- More resources for other languages (Tagalog, Farsi, etc.)
- More partnering between health systems (e.g., CCC, John Muir, Sutter, Kaiser, etc.).
- More integration not just within County and its contracted partners but also with other large healthcare systems.
- More programs who can safely operate outdoors.
- Ongoing gaps and challenges that are also salient for participants include: food Insecurity, transportation barriers, financial support for undocumented folks left out of stimulus checks, families addressing unique challenges related to COVID-19, racial equity and addressing systemic racism.

4. What community groups or populations are most at risk?
    - Concerns about the older adult population- at increased risk for isolation and less likely to be able to take advantage of virtual platforms as they are traditionally not as technologically savvy.
    - Children and teens -this age group is dealing with challenges such as; remote learning, isolation from friend groups, spending more time in abusive or neglectful homes, physical, emotional, and/or developmental needs not being adequately addressed due to school closures, unique challenges for children from homes that don't have internet connection, have parents whose first language isn't English, come from homes with undocumented family members, increase in childhood mental health concerns related to all the above and a concern about increase in youth suicides as a result.
    - People who are homeless or at risk of becoming homeless.
    - Those with SMI, SUD or co-occurring behavioral health diagnoses.
    - Low-income individuals and families.
    - Individuals and families with language barriers.
    - LGBTQI+
    - Medically fragile Individuals
    - Black, Indigenous, People of Color (BIPOC)

COVID -19 Historically Marginalized Communities Engagement Unit and its Workgroups (3/10/2021 and 3/11/2021)

- *Event in partnership with Contra Costa Health Services*
- *Total Attendees: 96*

The MHSA team provided an abbreviated version of the community forums at the HMCEU meetings. Information on the MHSA was provided, as well as space to allow for community input through small group discussions. The table below reflects a combined total of 10 survey responses received.

Race/ Ethnicity	Affiliation	Age Range	Gender Identity	Sexual Orientation	Previously Attended a BHS Forum
American Indian/ Native American/ Alaska Native: 0% Asian/ Pacific Islander: 10% Black/ African American: 40% Caucasian/ White: 10% LatinX/ Hispanic: 20% Middle Eastern/ North African: 10% Prefer to Self- Describe: 0% Decline to State: 10%:	Peer/ Consumer/ Client: 60% Family Member of a Peer/ Consumer/ Client: 40% Behavioral/ Mental Health Service Provider: 0% Other Health Services Provider/ Staff: 30% Decline to State: 10% Other: 10%	18-25 years: 10% 26-35 years: 30% 36-45 years: 20% 46-55 years: 20% 56-65 years: 20%: 66+ years: 0% Decline to State: 0%	Female: 100% Male: 0% Transgender: 0% Genderqueer: 0% Questioning: 0% Decline to State: 0%	Bisexual: 0% Gay: 0% Heterosexual/ Straight: 100% Lesbian: 0% Queer: 0% Questioning: 0% Decline to State: 0% Prefer to Self-Describe: 0%	Yes: 20% No: 70% Don't Know: 0% Decline to State: 0%

Small Group Discussions. The following questions were used to engage in small group sharing. Participants also had the chance to bring up other items in relation to behavioral health and wellness. The information is summarized below.

1. What does mental health and wellness look like in your community?
   - No barriers to treatment, especially for people of color & those with disabilities
   - No stigma
   - Opportunities to access safe outdoor spaces & to practice spirituality
   - Comprehensive resource hubs

2. What community supports are helpful or working well?
   - Telehealth
   - Mobile Crisis Services – including MCRT, H3 CORE, MHET
   - Hotlines – Crisis Center, 211, Access Line, Anonymous Hotlines
   - Non-Profit CBO's
   - Language Access – Crisis Center's Grief Groups in Spanish

- Older Adult Services

3. What supports and services would you like to see more of during these challenging times?
   - Affordable Housing – with on-site services
   - More access to technology (including training)
   - Culturally appropriate care – including language access (and materials printed in multiple languages)
   - Mental Health Supports – including training and education
   - More virtual mental health services, especially for youth
   - More promotion of existing resources
   - More community crisis response services
   - Greater access to county funding & resources for CBO's
   - Specific mental health programs tailored toward the African American community and TAY of color

4. What community groups or populations are most at risk?
   - Youth, including former foster youth
   - Teens – many have had to quit school to get jobs to support family
   - Seniors
   - Homeless population, including homeless youth
   - Immigrants, refugees, minorities and low- income people
   - Single mothers
   - People with disabilities
   - People with substance use disorders (SUD) – use is on the rise during COVID.

Nuestra Comunidad, Nuestro Bienestar (Our Community, Our Wellbeing) (3/16/2021)

- *Event in partnership with Contra Costa Health Services and Visión y Compromiso*
- *Total Attendees: 12*
- *Conducted completely in Spanish*

The virtual event provided a presentation and information on the COVID-19 vaccine and vaccinations efforts in Contra Costa. There was also a presentation on the MHSA and space to allow for community input through small discussion groups. Information on mental health resources aimed at serving Spanish speaking communities were also shared. The table below reflects 7 survey responses collected.

Race/ Ethnicity	Affiliation	Age Range	Gender Identity	Sexual Orientation	Previously Attended a BHS Forum
American Indian/ Native American/ Alaska Native: 0% Asian/ Pacific Islander: 0% Black/ African American: 0% Caucasian/ White: 0% LatinX/ Hispanic: 100% Middle Eastern/ North African: 0% Prefer to Self- Describe: 0% Decline to State: 0%:	Peer/ Consumer/ Client: 14% Family Member of a Peer/ Consumer/ Client: 14% Behavioral/ Mental Health Service Provider: 14% Decline to State: 0% Other: 60%	18-25 years: 0% 26-35 years: 29 % 36-45 years: 43% 46-55 years: 14% 56-65 years: 0%: 66+ years: 14% Decline to State: 0%	Female: 86% Male: 14% Transgender: 0% Genderqueer: 0% Questioning: 0% Decline to State: 0%	Bisexual: 14% Gay: 0% Heterosexual/ Straight: 72% Lesbian: 0% Queer: 0% Questioning: 0% Decline to State: 0% Prefer to Self-Describe: 14%	Yes: 57% No: 43% Don't Know: 0% Decline to State: 0%

Small Group Discussions. The following questions were used to engage in small group sharing. Participants also had the chance to bring up other items in relation to behavioral health and wellness. The information is summarized below.

1. What does mental health and wellness look like in your community?
   - Community supports
   - Events like this
   - Church.

2. What community supports are helpful or working well?
   - La Clinica
   - The Latina Center
   - Familias Unidas
   - Catholic Charities of the East Bay
   - The promotoras (health promoters) that are part of Health Services.

3. What supports and services would you like to see more of during these challenging times?
    - Education on Public Charge - it keeps changing. Many people are afraid to reach out for help. There needs to be more education on this topic.
    - Would like to have specific focus on Latino Mental Health support groups, similar to La Clinica, and done in community.
    - More support, especially in far east Contra Costa County. Very little Spanish speaking programs to support mental health and not much offered after Antioch. BART doesn't run past Antioch, makes access to mental health difficult
    - Would love to see yoga or other physical health classes offered, both in person and virtually in Spanish. This is being done in English, it would be great to offer in Spanish.
    - There is still a lot of stigma in the Latino community and not much understanding of mental health, wellness. There needs to be more education for the Spanish speaking communities on mental health.

4. What community groups or populations are most at risk?
    - In this County many people affected by COVID-19 are part of Latino community. Many were also financial providers – mothers, fathers, uncles, aunts and now family is struggling financially, along with toll on mental health.
    - Many of the children with only Spanish speaking parents, will need extra support returning to school.

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 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.

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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 $40.4 million for FY 2021-22 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 2019-20 data was obtained for 518

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 60.8% decrease in the number of PES episodes
- A 71.9% decrease in the number of in-patient psychiatric hospitalizations
- A 49.7% 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 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 category 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 summarized below are the MHSA funded portion of the total cost for Children programming:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2021-22
Personal Service Coordinators	Seneca Family of Agencies (FSP)	Countywide	75	843,600
Multi- dimensional Family Therapy	Lincoln Child Center (FSP)	Countywide	60	874,417
Multi-systemic Therapy	Community Options for Family and Youth (FSP)	Countywide	65	650,000
Children's Clinic Staff	County Operated	Countywide	Support for full service partners	516,518
		Total	**200**	**$2,884,535**

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

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

Amounts summarized below are the MHSA funded portion for Transition Age Youth Full Service Partnership programming:

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
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
County support costs				32,782
		Total	**150**	**$2,263,233**

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 Spanish.

Amounts summarized below are the MHSA funded portion for Adult Full Service Partnership Programming:

Program/ Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
Full Service Partnership	Hume Center	West County East County	70 (Adult) 5 (Older Adult) 70 (Adult) 5 (Older Adult)	4,147,691
Full Service Partnership	Mental Health Systems, Inc.	Central County	47 (Adult) 3 (Older Adult)	1,050,375
Full Service Partnership	Familias Unidas	West County	28 (Adult) 2 (Older Adult)	272,167
		Total	**275**	**$5,470,233**

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.

Amounts summarized below are the MHSA funded portion for Adult Mental Health Clinic Support:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
FSP Support, Rapid Access	County Operated	West, Central, East County	Support for Full Service Partners	1,763,101
		Total		**$1,763,101**

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.

Amounts summarized below are the MHSA funded portion for Assisted Outpatient Treatment programming:

Program/ Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
Assisted Outpatient Treatment	Mental Health Systems, Inc.	Countywide	70 (Adult) 5 (Older Adult)	2,136,653
Assisted Outpatient Treatment Clinic Support	County Operated	Countywide	Support for Assisted Outpatient Treatment	412,586
		Total	**75**	**$2,549,239**

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.

Amounts summarized below are the MHSA funded portion for Wellness and Recovery Centers:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
Recovery and Wellness Centers	RI International	West, Central, East County	200	1,002,791
		Total	**200**	**$1,002,791**

Hope House - Crisis Residential Center. 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.

Amounts summarized below are the MHSA funded portion for the Crisis Residential Center programming:

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
Hope House - Crisis Residential Center	Telecare	Countywide	200	2,204,052
		Total	**200**	**$2,204,052**

MHSA Housing Services. 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 to move in and maintain their homes independently.
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 Hope Solutions (formerly 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. Due to COVID-19 challenges in program implementation of the SNHP, the Department of Health Care Services (DHCS) notified county mental health plans that the deadline to use funds was extended to June 30, 2021.

   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 $6,000,163 for 13 NPLH Units at their Galindo Terrace development. In 2020, an

award was made by CCBHS to Resources for Community Development for the complete non-competitive allocation amount of $2,231,574 for a combination project (use of both competitive and non-competitive funds) for a total amount of NPLH financing in the amount of $14,456,028. If awarded the full amount of requested funds, this development would result in 29 dedicated NPLH units in Central County. Awards are expected in June of 2021. CCBHS is actively working to develop opportunities for participation in the fourth and final round of State NPLH permanent supportive housing funds under the current bond authority 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. A Chief of Supportive Housing Services position has been added to oversee the Coordination Team and MHSA funded housing units.

Amounts summarized below are the MHSA allocation for MHSA funded housing services:

Plan Element	County/ Contract	Region Served	Number of MHSA beds, units budgeted	MHSA Funds Allocated for FY 21-22
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	335 beds	3,000,682
Scattered Site Housing	Shelter, Inc.	Countywide	119 units	2,420,426
Permanent Supportive Housing	Contractor Operated	Countywide	81 units	State MHSA funded
Coordination Team	County Operated	Countywide	Support to Homeless Program	532,200
		Total Beds/Units	**685 ****	**$9,212,576**

*Augmented Board and Care facility contracts vary in negotiated daily rate, and several contracts have both realignment as well as MHSA as funding sources. Thus, the budgeted amount for FY 21-22 may not match the total contract limit for the facility and beds available. The amount of MHSA funds budgeted are projections based upon the 1) history of actual utilization of beds paid by MHSA funding, 2) history of expenditures charged to MHSA, and 3) projected utilization for the upcoming year. CCBHS will continue to look for and secure additional augmented board and care beds. Annual Three-Year Plan Updates will reflect adjustments in budgeted amounts.

****** It is estimated that over 1,000 individuals per year are receiving temporary or permanent supportive housing by means of MHSA funded housing services and supports. CCBHS is and will continue to actively participate in state and locally funded

efforts to increase the above availability of supportive housing for persons with serious mental illness.

Non-FSP Programs (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.

Amounts summarized below are the MHSA funded portion for Older Adult Mental Health Program:

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
Intensive Care Management	County Operated	Countywide	237	3,036,899
IMPACT	County Operated	Countywide	138	381,744
		Total	**375**	**$3,418,643**

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 is 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 Wraparound Support/ EPSDT Support are summarized in the following:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
Wraparound Support	County Operated	Countywide	Supports Wraparound Program	1,412,040
EPSDT Expansion	County Operated	Countywide	Supports EPSDT Expansion	686,418
			Total	**$2,098,458**

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. MHSA funding is utilized to supplement this staffing pattern with two community support workers to act as peer and family partner providers, and a program manager.

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

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
Supporting the Miller Wellness Center	County Operated	Countywide	Supports clients served by MWC	319,590
			Total	**$319,590**

Concord Health Center. The County's primary care system staffs the Concord Health Center, which integrates primary and behavioral health care. Two mental health clinicians are funded by MHSA to enable a multi-disciplinary team to provide an integrated response to adults visiting the clinic for medical services who have a co-occurring mental illness.

The MHSA allocation for the Concord Health Center is summarized below:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
Supporting the Concord Health Center	County Operated	Central County	Supports clients served by Concord Health Center	254,496
			Total	**$254,496**

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:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
Supporting Liaison Staff	County Operated	Countywide	Supports clients served by PES	145,907
			Total	**$145,907**

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) Resource Planning and Management. Dedicated staff at the three adult clinics assist consumers with money management and the complexities of eligibility for Medi-Cal, Medi-Care, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits. Money management staff are allocated for each clinic, and work with and are trained by financial specialists.
2) Transportation Support. The Community Program Planning Process identified transportation to and from clinics as a critical priority for accessing services. Toward this end one-time MHSA funds were 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.
3) Evidence Based Practices. Clinical Specialists, one for each Children's clinic, have been added to provide training and technical assistance in adherence to the fidelity of treatment practices that have an established body of evidence that support successful outcomes.

The MHSA allocation for Clinic Support are as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
Resource Planning and Management	County Operated	Countywide	Supplements Clinic Staff	730,914
Transportation Support	County Operated	Countywide	Supplements Clinic Staff	285,397
Evidence Based Practices	County Operated	Countywide	Supplements Clinic Staff	381,744
			Total	**$1,398,055**

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 MHSA allocation for the Forensic Team are as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
Forensic Team	County Operated	Countywide	Support to the Forensic Team	381,744
MCRT	County Operated	Countywide	Supplements MCRT	1,244,646
			Total	**$1,626,390**

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 MHSA allocation for the following functions and positions are summarized below:

1) Quality Assurance.

Function	MHSA Funds Allocated for FY 21-22
Medication Monitoring	241,158
Clinical Quality Management	726,568
Clerical Support	284,103
Total	**$1,251,829**

2) Administrative Support.

Function	MHSA Funds Allocated for FY 21-22
Program and Project Managers	923,730
Clinical Coordinator	120,643
Planner/Evaluators	478,080
Family Service Coordinator	108,333
Administrative and Financial Analysts	607,030
Clerical Support	347,017
Stakeholder Facilitation (contract)	15,000
ACT/AOT Fidelity Evaluation (contract)	100,000
Total	**$2,699,833**

Community Services and Supports (CSS) FY 21-22 Program Budget Summary

Full Service Partnership (FSP Programs)		**Number to be Served: 700**	**$27,349,760**
	Children	2,884,535	
	Transition Age Youth	2,263,233	
	Adults – Includes total funding listed in *Adult Full Service Partnership Programming* table and *Adult Mental Health Clinic Support* table.	7,233,334	
	Assisted Outpatient Treatment	2,549,239	
	Wellness and Recovery Centers	1,002,791	
	Crisis Residential Center	2,204,052	
	MHSA Housing Services	9,212,576	
Non-FSP Programs (General System Development)			**$13,213,201**
	Older Adult Mental Health Program	3,418,643	
	Children's Wraparound, EPSDT Support	2,098,458	
	Miller Wellness Center	319,590	
	Concord Health Center	254,496	
	Liaison Staff	145,907	
	Clinic Support	1398,055	
	Forensic Team	1,626,390	
	Quality Assurance	1,251,829	
	Administrative Support	2,699,833	
		Total	**$40,562,961**

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Prevention and Early Intervention

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

First approved in 2009, with an initial State appropriation of $5.5 million Contra Costa's Prevention and Early Intervention budget has grown incrementally to approximately $9 million annually in commitments to programs and services. The construction and direction of how and where to provide funding for this component began with an extensive and comprehensive community program planning process that was similar to that conducted in 2005-06 for the Community Services and Support component. Underserved and at-risk populations were researched, stakeholders actively participated in identifying and prioritizing mental health needs, and strategies were developed to meet these needs. The programs and services described below are directly derived from this initial planning process, and expanded by subsequent yearly community program planning processes, to include current year.

New regulations for the PEI component went into effect on October 6, 2015. Programs in this component now focus their programming on one of the following seven PEI categories: 1) outreach for increasing recognition of early signs of mental illness; 2) prevention; 3) early intervention; 4) access and linkage to treatment; 5) improving timely access to mental health services for underserved populations; 6) stigma and discrimination reduction; and 7) suicide prevention. All 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 historically underserved.

Performance Indicators

The table below illustrates the reported number of individuals served in FY 2019-20 in the seven PEI categories.

PEI Program Component	FY 19-20 Estimated Numbers Served
Early Intervention	960
Outreach for Increasing Recognition of Early Signs of Mental Illness	2,105
Prevention	2,109
Stigma and Discrimination Reduction	465
Access and Linkage to Treatment	2,183
Suicide Prevention	21,577
Improving Timely Access to Mental Health Services for Underserved Populations	3,043
Total	32,442

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.
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.

Demographic data was reported for individuals served in Contra Costa Behavioral Health Services' Prevention and Early Intervention Programs for FY 2019-20. Within the seven PEI categories several programs focused their service delivery on historically marginalized groups, such as immigrants, young children, underserved youth, older adults, Black, Indigenous, People of Color (BIPOC), and persons who identify as LGBTQI+.

The following table illustrates *primary populations* served in FY 2019-20 by Prevention and Early Intervention providers.

Prevention and Early Intervention Cultural and Linguistic Providers	
Provider	**Primary Population(s) Served**
Asian Family Resource Center	Asian / Pacific Islander (API) recent immigrant communities
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 / Middle East (and other recent immigrants)
La Clinica	LatinX
Lao Family Development	API (and other recent immigrants)
Latina Center	LatinX
Lifelong (SNAP Program)	African American, Older Adults
Native American Health Center	Native American
People Who Care	African American / LatinX underserved youth
Rainbow Community Center	LGBTQI+, All Ages (youth – Older Adult)
RYSE	African American / LatinX/ LGBTQI+, underserved and Transition Aged Youth
STAND!	African American / LatinX

The following table summarizes estimated demographic groups as they were served by PEI programs in FY 2019-20. It should be noted that a significant number of participants declined to respond to demographic information and in general conducting surveys and self-reporting on behalf of clients served by PEI programs decreased, most likely due to COVID-19. The percentages listed are most likely higher than what is illustrated, based upon comparison from data collected in previous years.

Demographic sub-group	% PEI clients served in FY 19-20
Asian	6%
African American / Black	10%
Caucasian / White	23%
LatinX / Hispanic	12%
Multi-Racial	2%
Native American / Alaskan Native	1%
Native Hawaiian / Other Pacific Islander	2%
Other	<1%

In addition, at least 6% of persons served in PEI programs received services in their primary language of Spanish, while at least another 3% received services in other languages.

For FY 2019-20 PEI programs reported that, as a result of their referrals 883 persons engaged in mental health treatment and reported 4.5 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 56 weeks for persons who were referred for treatment. Of the 32,442 individuals who received PEI services in FY 2019- 2020, 18% were Children & Transition Age Youth (TAY), 28% were Adults, 8% were Older Adults, and 46% either declined to state or did not make data available. It is estimated that in FY 2019-20, over 60% of PEI programs offered services that are geared toward young people between the ages of 0-25. Further information about PEI Aggregate Data and Programs can be found in the Annual PEI Evaluation Report posted on the Contra Costa MHSA site.

For the FY 2021-22 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 (fiscal sponsor Contra Costa ARC) 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 2021-22 MHSA Three Year Plan Update dedicates 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 the Outreach for Increasing Recognition of Early Signs of Mental Illness category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
Asian Family Resource Center	Countywide	50	150,408
COPE	Countywide	210	253,238
First Five	Countywide	(numbers included in COPE)	84,214
Hope Solutions	Central and East County	200	385,477
Jewish Family Community Services of the East Bay	Central and East County	350	179,720
Native American Health Center	Countywide	150	250,257
The Latina Center	West County	300	125,538
0-5 Children Outreach RFP TBD	Countywide	TBD	125,000
	Total	**1,260**	**$1,553,852**

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.

Five programs are included in this category:

1) The Building Blocks for Kids Collaborative (fiscal sponsor Tides) 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 afterschool 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 several 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 the Prevention category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
Building Blocks for Kids	West County	400	224,602
Vicente	Central County	80	191,336
People Who Care	East County	200	229,795
Putnam Clubhouse	Countywide	300	631,672
RYSE	West County	2,000	503,019
	Total	**2,980**	**$1,780,424**

Early Intervention

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

One program is included in this category:

1) 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 the Early Intervention category is summarized below:

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 21-22
First Hope	Countywide	200	2,587,108
	Total	**200**	**$2,587,108**

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.

Three programs are included in this category:

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

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 21-22
James Morehouse Project	West County	300	105,987
STAND! Against Domestic Violence	Countywide	750	138,136
Experiencing Juvenile Justice	Countywide	300	381,744
	Total	**1,350**	**$625,867**

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.

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 LatinX 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 the Improving Timely Access to Mental Health Services for Underserved Populations category is summarized below:

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 2021-22
Child Abuse Prevention Council	Central and East County	120	128,862
Center for Human Development	East County	230	161,644
La Clínica 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	782,141
	Total	**5,460**	**$1,692,460**

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.

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.
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 er 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 the Stigma and Discrimination Reduction category is below:

Program	County/Contract	Region Served	Funds Allocated for FY 21-22
OCE	County Operated	Countywide	218,861
CalMHSA	MOU	Countywide	78,000
		Total	**$296,861**

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. In 2021, a subcommittee was convened to address **Youth Suicide Prevention**. In the light of the pandemic, school-based providers and people living and working with youth have expressed great concern about their mental health during these challenging times. The group meets in the late afternoon in order to encourage participation of students and young people.

The allocation for the Suicide Prevention category is summarized below

Plan Element	Region Served	Number to be Served Yearly	Funds Allocated for FY 21-22
Contra Costa Crisis Center	Countywide	25,000	320,006
Suicide Prevention RFP TBD	Countywide	TBD	50,000
County Supported	Countywide	N/A	Included in PEI administrative cost
	Total	**25,050**	**$370,006**

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 PEI Administration is summarized below:

Plan Element	Region Served	Yearly Funds Allocated
Administrative and Evaluation Support	Countywide	158,090
	Total	**$158,090**

Prevention and Early Intervention (PEI) Summary for FY 2021-22

Outreach for Increasing Recognition of Early Signs of Mental Illness	1,553,852
Prevention	1,780,424
Early Intervention	2,587,108
Access and Linkage to Treatment	625,867
Improving Timely Access to Mental Health Services for Underserved Populations	1,692,460
Stigma and Discrimination Reduction	296,861
Suicide Prevention	370,006
Administrative, Evaluation Support	158,090
Total	**$9,064,668**

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Innovation

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

Innovation Regulations went into effect 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. In the upcoming year, we anticipate the programs noted below will be sunsetting. We expect to work with the community to identify new innovation projects and will report our progress in the next Plan Update.

The following programs have been approved, implemented, and funds have been allocated for Fiscal Year 2021-22:

1) 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. Project to sunset this fiscal year.
2) 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. Project to sunset this fiscal year.
3) 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.

4) 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 Innovation projects is summarized below:

Project	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 21-22
Partners in Aging	County Operated	Countywide	45	133,072
Overcoming Transportation Barriers	County Operated	Countywide	200	106,856
Center for Recovery and Empowerment (CORE)	County Operated	West	80	1,180,936
Cognitive Behavioral Social Skills Training (CBSST)	County Operated	Countywide	240	400,403
Administrative Support	County	Countywide	Innovation Support	364,363
		Total	**565**	**$2,185,630**

Workforce Education and Training

Workforce Education and Training (WET) 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.

CCBHS's WET 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 WET 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 National Alliance on Mental Illness Contra Costa (NAMI CC) 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 CCBHS 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 for Workforce Staffing Support is summarized below:

Program/Plan Element	County/ Contract	Region Served	MHSA Funds Allocated for FY 21-22
WET Coordination	County Operated	Countywide	140,658
Supporting Families	NAMI CC	Countywide	618,000
Senior Peer Counseling	County Operated	Countywide	238,986
		Total	**$997,644**

Training and Technical Support

1) Staff Training. Various individual and group staff trainings will be funded that support the values of the MHSA. 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)/ Conversations with Local Law Enforcement. NAMI CC will offer these evidence-based NAMI educational training programs on a countywide basis to family members, care givers of individuals experiencing mental health challenges, faith leaders/ communities, and local law enforcement. These training programs and classes are designed to support and increase 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. NAMI CC shall offer NAMI Basics and Family to Family/ De Familia a Familia in Spanish and Chinese languages. NAMI CC shall also offer Conversations with Local Law Enforcement. This shall allow for conversations between local law enforcement and consumers/families through CCBHS's Crisis Intervention Training (CIT) as well as other conversations in partnership with local law enforcement agencies throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.
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 Training and Technical Support is summarized below:

Plan Element	**County/ Contract**	**Region Served**	**MHSA Funds Allocated for FY 21-22**
Staff Training	Various vendors	Countywide	238,203
NAMI Basics/ Faith Net/ Family to Family/ De Familia a Familia/ Conversations with Local Law Enforcement	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
		Total	**$343,799**

Mental Health Career Pathway Program

1) Service Provider Individualized Recovery Intensive Training (SPIRIT). 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 the Mental Health Career Pathway Program is summarized in the following:

Program	County/ Contract	Region Served	Number to be Trained Yearly	MHSA Funds Allocated for FY 21-22
SPIRIT	OCE County Staff			346,258
	Contra Costa College	Countywide	50	25,000
		Total	**50**	**$371,258**

Internship Programs

1) Internships. 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 Internship Programs is summarized below:

Program	County/ Contract	Region Served	Number to be Trained	MHSA Funds Allocated for FY 21-22
Graduate Level Internships	County Operated	Countywide		252,350
Graduate Level Internships	Contract Agencies	Countywide		100,000
		Total	**75**	**$352,350**

Financial Incentive Programs

1) 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 to each individual, and the County selecting the awardees based upon workforce need.

To maximize retention and recruitment, CCBHS will also participate in the Greater Bay Area Regional Partnership Program which is a partnership between the Bay Area counties, the Office of Statewide Health Planning and Development, and CalMHSA which will serve to enhance CCBHS's existing Loan Repayment Program and shall allow for a wider reach in addressing staffing and language needs.

The MHSA funding allocation for Financial Incentive Programs is summarized below:

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2021-22
Loan Repayment	CalMHSA	Countywide	Variable	300,000
			Total	**$300,000**

Workforce Education and Training (WET) Component Budget Authorization for FY 2021-22:

Workforce Staffing Support	997,644
Training and Technical Assistance	343,799
Mental Health Career Pathways	371,258
Internship Program	352,350
Loan Forgiveness Program	300,000
Total	**$2,365,051**

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Capital Facilities/Information Technology

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

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

Information Technology

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

   For the upcoming three-year period CCBHS will set aside MHSA Information Technology component funds to build into this electronic system CCBHS data management capability by means of ongoing and 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.

Capital Facilities

1) Capital Facilities Project. Funds have been set aside to support upcoming Capital Facilities projects that may arise in the upcoming cycle.

Capital Facilities/ Information Technology (CFTN) Budget Authorization for FY 2021-22:

Electronic Mental Health Data Management System	125,000
Capital Facilities Projects	125,000
Total	**$250,000**

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The Budget

Previous chapters provide detailed projected budgets for individual MHSA plan elements, projects, programs, categories and components for FY 2021-22. The following table summarizes a budget estimate of total MHSA spending authority by component.

	CSS	PEI	INN	WET	CF/TN	TOTAL
FY 21-22	40,562,961	9,064,668	2,185,630	2,365,051	250,000	54,428,310

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 FY 21-22:

A. Estimated FY 2021-22 Available Funding	**CSS**	**PEI**	**INN**	**WET**	**CF/TN**	**TOTAL**
1.Estimated unspent funds from prior fiscal years	18,176,875	5,743,210	4,608,780	5,647,684	318,996	34,495,545
2. Estimated new FY 21-22 funding	32,049,539	8,012,384	2,108,522	0	0	42,170,445
3. Transfers in FY 21-22						
4.Estimated available funding for FY 21-22	50,226,414	13,755,594	6,717,302	5,647,684	318,996	76,665,990
B. Budget Authority for FY 21-22	40,562,961	9,064,668	2,185,630	2,365,051	250,000	54,428,310
C. Estimated FY 21-22 Unspent Fund Balance	9,663,453	4,690,926	4,531,672	3,282,633	68,996	22,237,680

Estimated Prudent Reserve for FY 21-22	**7,579,248**

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 be allocated for the PEI component. The balance of new funding is for the CSS component. The exception to this funding percentage mandate is for instances in which a County has Innovation (INN) projects; in which 5% combined PEI & CSS funding will be utilized to fund INN. CCBHS has existing INN projects and therefore the funding

percentages are divided as follows; 76% CSS, 19% PEI, and 5% INN. 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 period the County has allocated no transfers in FY 2021-22.
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, 2021 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.

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.

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Acknowledgements

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

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

The MHSA Staff

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